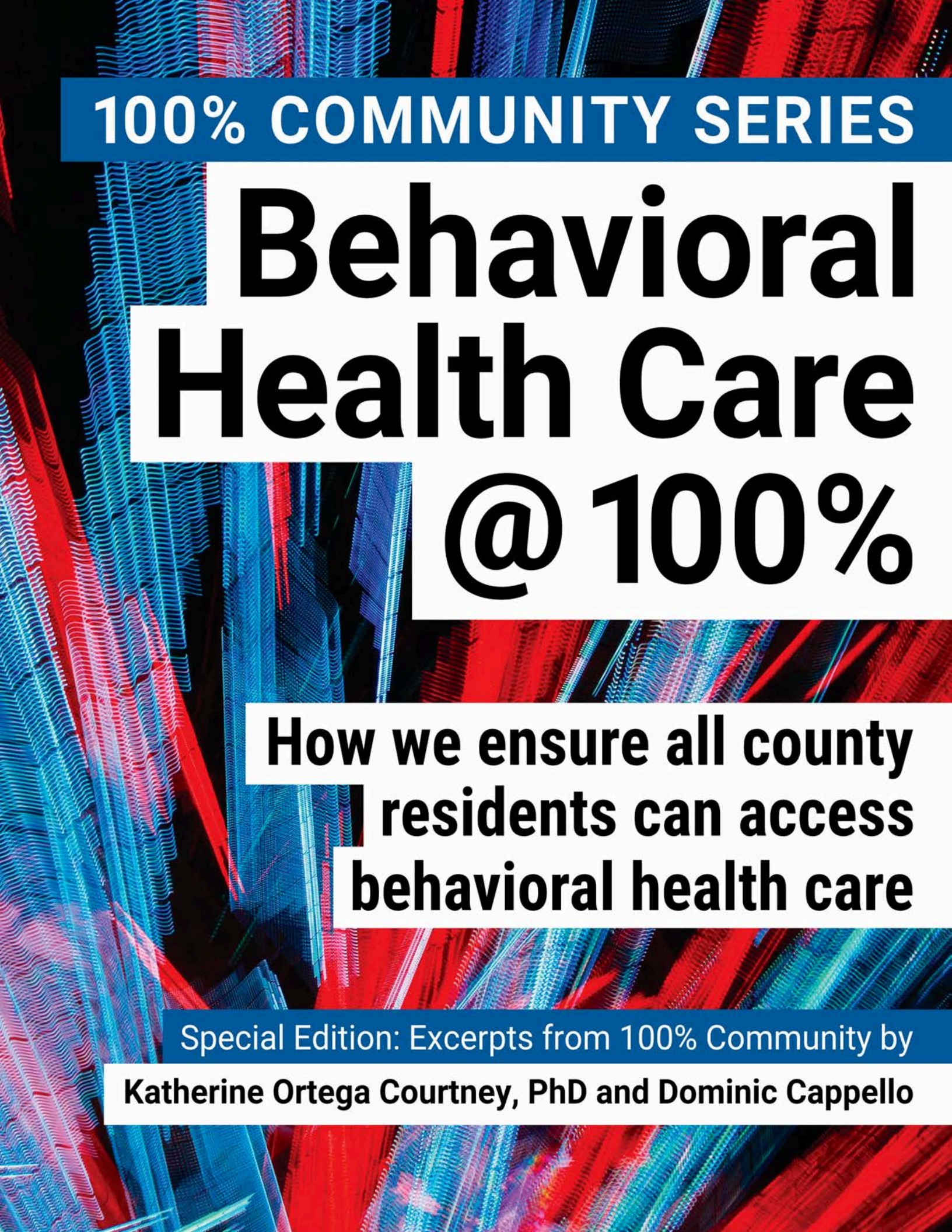

100% COMMUNITY SERIES

Behavioral Health Care @100%

How we ensure all county residents can access behavioral health care

Special Edition: Excerpts from 100% Community by

Katherine Ortega Courtney, PhD and Dominic Cappello

100% COMMUNITY SERIES

About This Edition

We hope you enjoy this free PDF version of *Behavioral Health@100%*. If a printed edition or kindle-formatted edition of the book would be helpful as you participate in the 100% course and initiative, you will find alternative formats available at https://aae.how/298.

Behavioral@100%

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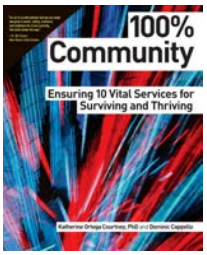


Book design: Bram Meehan

Introduction

The book explores the impact of mental health care disparities, including lack of affordable and accessible behavioral health care, and how county systems of care can be increased to ensure access for children, families and all community members. *Behavioral Health Care@100%* details how county leaders can collaborate to ensure that a countywide system of behavioral health care is created from existing and new public and private care programs to meet the needs of our all county residents. *Behavioral Health Care@100%,* built around excerpts from the groundbreaking *100% Community: Ensuring 10 Vital Services for Surviving and Thriving, inspires in times both calm and chaotic*, through public health crises and economic disruptions.

INSIDE: EVERYTHING YOU NEED TO INNOVATE

Excerpts from 100% Community include:

- About This Edition (from the full edition of 100% Community)
- Foreword
- The Unskippable Preface: We're in this together
- Introduction to the Book, Course, Initiative and Movement
- Always Read the Instructions
- Chapter 29: Continuous Quality Improvement Guides Us with Data
- Chapter 30: Loss and Change: Understanding the Difference Between a Technical and Adaptive Challenge
- Chapter 31: Sharing the Vision to Achieve Collective Impact
- Chapter 44: Behavioral Health Care@100%

Appendices: Your Vital Toolkit for Getting Started includes:

- The 100% Community Survey
- Assessing Action Team's Knowledge

- What about Endnotes?
- Developing a Community Project with CQI
- Evaluation Begins With Questions
- Engaging with Elected Lawmakers
- 100% Community-County Program Org Chart
- 100% Community-Partnerships
- 100% Community Initiative-Logic Model
- 100% Community-Timeline
- Crisis-proof County Readiness Checklist

About the Authors

www.TenVitalServices.org

About This Edition

Katherine Ortega Courtney, PhD and Dominic Cappello

As national, state and local leaders use the phrase, "We're all in this together," this book shows how we move, united, from crisis to cohesion. "This is the framework we urgently need," is a response we're getting to our new edition of *100% Community*.

This edition is the result of an eight month review by colleagues across our very interconnected nation, and globe, both pre and post the announcement of the COVID-19 pandemic. As with all things in this time of change, some might say paradigm shift, publishing a book is no longer the act of generating words that become frozen in time. With our technologies and activist thought leaders, content specialists, editors and colleagues working every day with community members, our chapters evolved dramatically since our advance review copy edition was published. Once COVID-19 was acknowledged as a global pandemic, the reviews of our 100% Community model, especially the focus on ensuring medical care and other survival services took on a sense of urgency. Suddenly, state and local leaders saw how vital it was to ensure such services exist for everyone—as suddenly people from across all income groups, in both urban and rural settings, expressed a profound sense of vulnerability.

Leaders are seeing how important it is to identify gaps in vital services and create a process for addressing them efficiently and cost-effectively. It is also clear how interconnected services are—medical issues became a transportation issue, followed by food and housing security issues. What strikes us most in our conversations with those reviewing the book and mobilizing with it as the crisis and responses evolve, is how valuable it is to finally have a framework for doing the capacity-building work across a state on a county level.

100% Community provides a tested framework that connects the dots, informed by data and research, empowered by technology, and guided thoughtfully by collaboration. Our model brings together all ten community-serving sectors committed to all of us surviving as well as thriving.

This edition is designed to guide us today—as well as generate feedback and be improved and enriched by you—the reader. This is a living document, meant to evolve as our shifting society does in response to a public health crisis. We look forward to your suggestions on how to improve our process of continuous quality improvement on a countywide scale, including all our proposed projects, designed to create a seamless local system of health, safety, resilience and readiness. We look forward to you joining us as a virtual editor and very real contributor and collaborator as we support every community across the nation becoming a 100% Community, where together we thrive.

Foreword

Committing to the services for surviving and thriving

Dr. Bill Soules, New Mexico State Senator

"How do we ensure that all our children, parents and grandparents—all our community members—can survive any public health crisis, and equally important, thrive after chaotic times end?" This is a question we face everyday and one that requires an answer now. This is a dialogue we must have on the state and local level, as that is where true power exists to make measurable change impacting every child and adult.

100% Community is the step-by-step guide to addressing our most pressing health, safety and education challenges. Some of these challenges have long histories like adverse childhood experiences, trauma, substance misuse and social adversity, while others have been sprung on us quite unexpectedly. The book prepares each community for those unknown and expected challenges by ensuring each county, city and town is fully resourced with health care, stable shelter, secure food systems, transportation and other vital family services the authors call the services for surviving and thriving.

100% Community is a first-of-its-kind blueprint for each city and county to follow and create a seamless system of health, safety and education. The authors, longtime advocates for childhood safety and health, are dedicated to building strong resilient communities through a data-driven, cross-sector and technology-empowered strategy. They empower us all to achieve measurable results.

100% Community clearly lays out what state, county, city and education leaders must do to make every community a place where access to vital services is the number one priority. The authors' hypothesis is very simple: if we provide each community member access to the five survival services and five thriving services, we are all poised to address any challenge—be it man made, a virus, or a force of nature.

It's apparent to all that we live on a very interconnected planet where new challenges can emerge at any moment. And, we still have a great deal of work left to do to address long-lingering challenges related to health and education disparities. We also know solutions abound. We can take care of our neighbors and families through accessible community systems of care. We can measure the capacity of our vital services and commit to investing in their capacity to serve every resident. And, we can use technology to help us monitor the accessibility and user-friendliness of those vital services.

100% Community is a must-read for lawmakers, change agents and community influencers across our public and private sectors. It will change how you view solutions to a host of historical social challenges, as well as how you gauge our capacity to be ready for the next inevitable crisis. For all of us who believe that we can make everyone's health, safety, resilience and readiness for crisis a priority, this book shows the way.

Dr. Bill Soules is a lifelong educator, committed to students and their families. As a New Mexico state senator, he has worked to connect the dots between public education, public health and economic development to create communities where everyone can thrive.

100% Ready

Matt Probst, PA-C, Medical Director

As the medical director of rural health clinics in Northern New Mexico, the benefits of the 100% Community initiative to my practice and entire community were immediately clear to me. I've been told by the developers of the initiative that I hold the record for speed-reading *100% Community,* recruiting colleagues to lead the initiative's ten action teams and facilitating a book club focused on the book's key strategies. That all turned out to be good timing as a public health crisis hit soon after we had our countywide initiative mobilized.

Our clinics serve some of the most vulnerable populations in the nation and our county of San Miguel has endured many long-standing health, safety and education challenges. *100% Community* provided the framework for problems I was committed to solving with partnerships I've had for decades. The book's strategies also organized our readiness for the public health crisis called the COVID-19 pandemic.

This virus is teaching us an important lesson—our nation's entire health care system is not well enough equipped and prepared to optimally provide care in a public health crisis. The health care workforce shortage in many places, especially rural areas, will be magnified by the heightened need for health care. I believe we will eventually become stronger from this wake up call, but now is the time to come together and mobilize action teams in the ten interrelated family-serving sectors. In doing so we will identify gaps in services that leave care out of reach for families. We will also learn about our organization's weaknesses and will likely learn from some mistakes. For now we all have to do the best we can, with what we have, until we can expand services. It's go time.

We can be guided by the 100% Community model to expand coordinated efforts, use technology to be more effective, and implement a data-driven process to address gaps in our array of fragile community services. The authors lay out the steps for ensuring that all ten surviving and thriving services can meet the needs of residents of all ages. This means we need transportation solutions so car-free residents can get vital services. We need fully resourced community schools that have school-based health care for students and their families. In our medical arena, we need job training to improve capacity ensuring a continuum of care, from wellness and primary prevention of coronavirus infection to ICU hospitalization. Especially in a public health emergency, we realize that food is health care, transportation is health care, housing is health care, supporting each other is health care. This cross-sector "we"aving is one in which every strand provides support for the others.

With COVID-19, we were introduced to the concept of social distancing. That was likely less shocking for those of us in rural areas than others. Neighbors working together and helping neighbors is as common a rural practice as living miles apart. Now I see people wanting to connect and help more than ever before. In a strange way, social distancing has brought our scattered communities closer together.

100% Community is a comprehensive guide to big picture systems change, one we have been needing for decades to address health disparities. With my county team guided by the book, we've been empowered to mobilize all family-serving service sector leaders and elected officials, united in creating a system of care across the entire county that I believe will serve as a model for the entire country.

Matt Probst, PA-C is the medical director of El Centro Family Health serving northern New Mexico, featured in the documentary The Providers, *and is serving as the 100% Community San Miguel County community organizer.*

The Unskippable Preface

We're all in this together

We face stark challenges. Pandemics and economic disruptions make once comfortable lives vulnerable, while those already enduring adversity find life impossible. *100% Community* is the reset button, providing the roadmap for how we work together in new ways to create local systems of health, safety, education and economic stability.

In *100% Community,* we provide you and your community with the insights to ensure that ten vital services are working well in times both calm and chaotic. We call these services that none of us can do without, the "surviving services" which start with medical care and include behavioral health care, safe housing, secure food and transport to vital services.

Once these services are secure, we move on to ensuring access to what we call the "thriving services" which include: parent supports, early childhood learning programs, community schools, youth mentors and job training. Each of these services play a vital role in keeping us safe from challenges—both predictable and unexpected.

Prepared

100% Community shows how we create a local system of readiness that makes us crisis-proof. In a world where any day can present the next public health crisis, we can make all our communities as strong and prepared as possible—ready to weather any storm—guided by courage, compassion, cooperation and timely facts.

We know that by investing in strong local systems of care, safety and education, we can decrease health disparities along with adverse childhood experiences, trauma, substance misuse, violence and untreated mental health problems.

Learning From Challenges

For many decades, we have faced man-made and natural public health and safety challenges. We have an opportunity to learn from every one of them. Explore our timeline of challenges that children and adults have endured in the US.

- **1982: AIDS/HIV Epidemic.** While health advocates seek calm, there are calls to bar infected people from public places. HIV/AIDS reveals the need for compassionate public health policy and care. *(American Journal of Preventive Medicine,* 1998, article by Felitti, et al.)
- **1995: Terrorist Bombing On Federal Building In Oklahoma City.** The US is reminded that domestic terrorism is very real and of the importance of highly-resourced first responders. 168 people are killed and 680 injured.
- **1998: Groundbreaking Adverse Childhood Experience (ACEs) Study Exposes High Rates Of Trauma.** Nation learns of alarming and costly health impact of ACEs leading to trauma, substance misuse and physical and emotional health challenges. Calls for ensuring that families have the resources to be trauma-free go unheeded. Thus begins two decades of near silence on childhood adversity and trauma. *(American Journal of Preventive Medicine,* 1998, article by Felitti, et al.)
- **2001: 9/11 Terrorist Attack On World Trade Center In NYC, Pentagon And Planes.** The immediate public response included hoarding duct tape, water, supplies and guns. The death toll was 2977 fatalities, over 25,000 injuries.
- **2003: The Threat Of SARS, Caused By A New Coronavirus.** SARS spreads to more than two dozen countries, including the US, yet does not result in strengthening of the public healthcare and emergency response system.

- **2005: Hurricane Katrina.** Disaster showcases a lack of effective planning at the state and federal level, lacking a transport plan out of the city as well as ordering residents to a shelter of last resort without any provisions for food, water or sanitary conditions.
- **2008: Worldwide Financial Crisis.** Economic crisis destabilizes families, health care and community services across every state.
- **2012: Opioid Epidemic In The United States.** Researchers identify high rates of substance misuse straining health care systems and disrupting families. *(Pain Physician,* 2012, article Manchikanti, et al.)
- **2014: "1 In 8 U.S. Children Will Be Confirmed As Victims Of Maltreatment By Age 18."** Our children remain vulnerable without a strategic plan to reduce high rates of abuse and neglect. *(JAMA Pediatrics*, 2014, article by Wildman et al.)
- **2020: COVID-19 Pandemic.** US states, guided by fast-acting governors, declare states of emergency. Coronavirus exposes lack of access to health care and other vital family and community services.

Technology Timeline

We include a timeline of technological advances that has profoundly changed the way we can communicate and address crises. As you read this list of tech companies and their accomplishments, you can also see that we can harness this technology to address a public health crisis.

- **1999:** Amazon ships 20 million items globally, establishing a global delivery system that works in both calm and chaotic times
- **2007:** First iPhone released, revolutionizing connectivity, especially valuable in times of change and crisis
- **2010:** YouTube has over 2 billion views a day, creating a global video system to empower and educate the public

- **2012:** Twitter has over 100 million users and 340 million tweets a day, showcasing our capacity to share messages and alerts
- **2020:** Google has 63,000 searches per second, showcasing our capacity to get immediate answers and research solutions from across the nation and globe

Resourced and Ready

We know that we can fix this fragile state of vulnerability and unpreparedness, and we know how. By harnessing data, research and technology, the public and private sectors can work together with unprecedented collaboration to ensure that ten vital services are accessible to 100% of us. These empowering services create a network of care and connectedness—the recipe for safe families and communities.

100% Community provides a tested step-by-step guide to creating a seamless local system of health, safety and training. Insights from decades of real-world experience facing crisis provide context and expertise to ensure vital local systems that leave no one behind.

A Book Guiding an Initiative

100% Community guides each locality in creating the 100% Community initiative with five steps toward creating well-resourced, resilient and crisis-proof communities. 100% Community is a comprehensive blueprint for state and city leaders working in collaboration, empowered by state-of-the-art technology, to reach our urban and rural communities.

During any public health or safety crisis we must ask "How are our most vulnerable children, parents and grandparents doing? Can they access vital services and care?" In rural and under-resourced urban areas, our work fixing gaps in services is urgently needed.

Step By Step

Guided by 100% Community, we can make everyone's health, safety and resilience the highest priority in times of crisis and calm. We connect and align with the work of leaders in each county including each mayor and city councilor, county commissioner, school board member, state lawmakers, and public health and crisis readiness professional. Together, with ten vital services accessible to 100%, we're all stronger and safer.

- **Step 1: Create a local team.** Assemble 100% Community team in each county, with representatives from each of the ten surviving and thriving sectors. Create phone/video conferencing to mobilize and organize.
- **Step 2: Read *100% Community* to guide work.** All team members read *100% Community* to get in alignment on how to assess, plan, act and evaluate—as it relates to ensuring vital family and community services.
- **Step 3: Survey residents on access to vital services.** Local teams use our 100% Community survey to ask family members in all counties about their access to the ten surviving and thriving services. *100% Community* provides the steps to implement the survey in each community across a county using technology and key family destinations like grocery stores.
- **Step 4: Analyze data, identify gaps in services.** Once survey data reveal which populations and communities lack easy access to ten key services, a local 100% Community team can analyze data to identify why gaps in services exist. *100% Community* offers strategies for assessing all the reasons why services may be unavailable and how one service (like transportation) impacts another (like access to medical care).

- **Step 5: Begin addressing gaps in services.** 100% Community initiative teams mobilize county stakeholders to begin working immediately on fixing gaps in health care and related family services. Teams work in alignment with current state, city and county efforts. *100% Community* guides local teams through a data-driven process of continuous quality improvement focused on making all services accessible and all part of an interconnected countywide system.

New Vision. New Goals. New Priorities

Guided by *100% Community,* we can make everyone's health, safety and resilience the highest priority of each mayor and city councilor, county commissioner, school board member, state lawmakers and public health professional. Together, with ten vital services accessible to 100%, we're all stronger and safer.

Acknowledgments

To the many caring folks who inspired, informed and empowered. We thank you for your calm and courage.

To those who serve in the state capital of New Mexico, we first thank New Mexico Governor Michelle Lujan Grisham, who guides with intelligence, compassion and courage. We are also grateful for the insights of Lt. Governor Howie Morales, Dr. Tim Hand with the State Public Education Department, Dr. Jennifer Sallee and Jovanna Archuleta with the Department of Early Childhood and Care Department, Mariana Padilla leading the Children's Cabinet and Attorney General Hector Balderas.

In Bernalillo County, NM we thank Dr. Supreetha Gubbala, Janet McHard, Yolanda Montoya-Cordova, Dr. Shannon Morrison, Dubra Karnes Padilla, State Senator Michael Padilla, Peter Rice, Robin Swift, State Representative Liz Thomson, State Senator Gerald Ortiz y Pino, Alexandria Taylor and Katherine Trujillo.

In Doña Ana County, NM we express our deepest thanks to our champions Las Cruces City Councilmember Kasandra Gandara and State Senator Dr. Bill Soules. We also thank Dr. Esther Devall, State Representative Joanne Ferrary, State Senator Mary Kay Papen, David Greenberg, Randy Harris of Great Conversations, all participants in Resilience Leaders and Melody Munson-McGee, Erica Surova, Dr. Jon Boren and Dr. Michele Banner at New Mexico State University.

In Otero County, NM, kudos to champion Colleen Tagle.

In Rio Arriba County, NM we thank President Dr. Richard Bailey at Northern New Mexico College, the LANL Foundation team, Joanne Gillespie, Christian Madrid, Jennifer Manzanares, Roger Montoya, Cindy Padilla, Patricia Alvarado and Leticia Bernal.

In Roosevelt County, NM we thank Dr. Melissa Hardin at Eastern New Mexico University.

In San Miguel County, NM, we offer a loud shout out to Matt Probst, PA-C, our visionary collaborator who works as the medical director of El Centro Family Health, Dr. Peter Skelton from NMSU, Dr. Kim Blea at Highlands University, the entire 100% Community: San Miguel County team and state Senator Pete Campos.

In Santa Fe County, NM we are grateful for the insights of Miguel Acosta, Marty Braniff, The Brindle Foundation, Richard Eeds, Dr. Pam Etre-Perez, Ari and Brooke Gilder, Deborah Harris, Teresa Leger Fernandez, Richard Lindahl, Yash Morimoto, Krya Ochoa, Rachel O' Connor, Santa Fe Community College president Dr. Rebecca Rowley, Heidi Rogers, Julie Sanchez, David Sherman, Dr. Michael Schwab, Drew Tulchin, Mayor Alan Webber, State Senator Peter Wirth, Don Usner, Katy Yanda, Kelly Pope and Dr. Maya Yu.

In Socorro County, NM we thank Representative Gail Armstrong, Kathleen Ocampo, Dr. Sharon Sessions at New Mexico Tech and JC Trujillo.

In Taos Pueblo we are grateful to Aurora Valdez and Katherine Chavez for their invaluable insights on community life.

In Valencia County, NM we thank Ginny Adame and the health council.

We thank our colleagues to the east in Owensboro, Daviess County, Kentucky, Rosemary Condor, Ashley Evans Smith and Erica Wade. To our Arizona neighbors in Navajo County, we sent a shout out to Michael Gaffney, Kate Dobler and Allison Hephner. Further west in Seattle, King County we acknowledge the luminous contributions of Bennie Soto and Norma Straw. Going south to San Diego County, California, we salute the contributions of firefighter Brian Fox.

We formally state our huge admiration for allies in the northeast city of New York. First, Lauri Halderman is to be rewarded for always championing the book project with razor sharp intelligence and much appreciated wit. Mary Ellen O'Neill gets kudos for inspired conversations about the publishing industry. We thank our energetic editor Riley Pearsall who deciphered jargon, acronyms and southwest slang to craft a voice that allows readers to take on an incredibly complex topic.

Just north of us in Denver, we offer thanks to evaluation specialist Dr. Julie McCrae and our editorial consultant Collin Lenzi.

Further east across the Atlantic, we were inspired by Nikita Lukianets, Olivier Malafronte and Isla Reddin, our artificial intelligence gurus in Nice, France.

We are grateful to Bram Meehan who served as the calm voice of reason and creative director amid tumultuous times. We are most profoundly grateful to the absolutely amazing, patient and all around talented colleague, collaborator and technical guru Gregory Sherrow.

On a personal level, deepest gratitude to the people who have given their unconditional support, without whom none of this would be possible. Katherine expresses gratitude to Dr. Jon and Julia Courtney, and Andrew, Paul and Evita Ortega. Dominic salutes Laura Davis, Heather Race, Faith Russler, "little brother" Isaac and twin sister Paula.

Introduction to the Book, Course, Initiative and Movement

We're Ready When You Are

YOUR CAPACITY TO do something profoundly important in this era of rapid change is within reach, which is why you're holding this book. Despite torrents of information, advances in technology and best intentions, we have yet to ensure that all residents have access to the services for surviving and thriving. You don't have to dig into the data to know how dire things can be for many. We know fixing this predictable and preventable state of affairs is the right thing to do. We know how to do it.

Whether during so-called "normal times" or episodes of crisis, there are key local services that keep us healthy, safe and resilient.

Our goal in writing *100% Community* was to bring a strategy to all local leaders for ensuring that the services for surviving and thriving are in place for all residents.

Developing the list for what we call our 100% Community five "surviving" services was easy to accomplish long before a global pandemic and economic disruption hit. All it took was one public health crisis to show us just how important these services are and, equally important, where gaps in these services existed in both urban and rural areas.

Our list of five "thriving" services came together as we took a close look at which ones empower children and parents, giving all family members the resources to succeed in school, job readiness and community life which in turn make them even better prepared to handle crises. These services include parent supports, early childhood learning programs, fully resourced community school with health clinic, youth mentors and job training.

We developed *100% Community* by meeting with providers in all our ten surviving and thriving service sectors, sharing the strategies to increase access to ten vital services, as well as increasing the user-friendliness and overall quality of services. As we talked with community providers it became clear that our focus on ten vital services could have a significant impact on reducing a host of social challenges, including lack of readiness for a public health crisis.

With robust communities equipped with ten accessible and user-friendly services, we could expect to see a reduction in every costly public health and education challenge: substance misuse, depression, suicidal ideation, untreated mental health challenges, low school achievement and school drop out, bullying and school violence, domestic violence, sexual assault, low birth weigh babies, teen pregnancy, poor nutrition, and lack of job readiness. In addition, our model for well-resourced communities was the recipe for true readiness in times of unexpected challenges and crises.

By the time we we had our first draft of this book reviewed by a wide circle of providers, systems thinkers and technology users, it was clear that the strategies outlined in our book would prepare every city, town and community for almost every public health, safety and education challenge we could think of. It would also address long standing disparities that kept every resident from accessing vital supports. We worked hard to showcase, sector by sector, how we can use technology to rethink how we provide services in the most effective way possible.

As you read *100% Community*, you will also be reading the textbook for our course that guides the 100% Community initiative. It is our hope that the initiative supports a movement to make our ten surviving and thriving services a requirement of every community, setting a new standard for urban and rural health. We also hope to see a commitment to public health and crisis-preparedness the priority of every state, city and county elected official.

100% Community offers all our elected leaders and the public a blueprint for designing local infrastructure—a system of services—that ensures all our families and community members survive and, equally important, thrive.

No more tinkering

If you just want to tinker around the edges with our lives, and yours, in the balance then our bold, data-driven 100% Community plan of action is not for you. If you are looking for the next social Mars-shot-level initiative designed to fix everything that's wrong with how the United States treats its residents, please keep reading.

Let us be very clear. Solving problems related to health care access and all the services we require will take courageous efforts in state capital buildings, city halls, county offices, school board meeting rooms, community centers and university presidents' offices.

We all must recognize that it's up to each of our fifty states to customize our 100% Community strategy for ensuring vital services. No easy fixes, no miracle app, just one radically simple strategy to implement county-by-county.

100%

Let us start by revisiting our favorite percentage: 100%. We're all in this situation together—and we need to keep working until 100% of us are safe and secure.

Ask any socially-engaged, caring person about the status of this nation and you will most likely learn that, deep in their gut, they know that there's something very wrong with this country. There is a nagging feeling, especially when you have ample resources and a comfortable life, that—for a country that prides itself on compassion—we are not living in the American culture we were supposed to evolve into. Somehow, we strayed from the ideal symbolized by a huge statue in New York Harbor welcoming the most vulnerable families on the planet. This is made clear everytime we have a public health and safety crisis.

Our plan depends only on you and the elected leaders who guide states and localities.

About the design of this book

Regardless of whether you bought a print copy or downloaded a digital version of *100% Community,* we have designed this book so that you can get the most out of the resources contained within. If you're reading this on a device, you can quickly access the websites with urls provided. If you have a good old-fashioned print copy instead, we have made the links easy to type into your browser. This book is required reading for our 100% Community course that is guiding local stakeholders—people just like you—in finally making each community, town and city a place where all residents can survive and thrive.

About naming names

People whose full names are cited have given their consent to appear within these pages—otherwise, we have created fictional identities to protect the privacy of those who wanted them. We believe all folks deserve to be able to share their insights with us anonymously. We are grateful to all who we engaged with, even if we have to agree to disagree with some of them.

About Eric's Story and Jen and Marie's Story

Throughout the book we refer to two families. They represent composites of several families and we have changed all names to respect their privacy. Addressing their very real struggles is at the core of our book and work.

There's fourteen-year-old Eric and his family who have a long history of struggles and relying on community services to solve problems. We also share the story of Jen and her ten-year-old daughter Marie. They are getting by okay. Jen has a steady job with the state government and Marie is doing well with her studies. They live in a community experiencing various disruptions. We share their story to provide insights into the services families and all community members need after being impacted by a public health and safety crisis.

About Katherine's Journal and Dom's Journal

We collectively have more than a century of life experience on this planet, and have spent most of that time working to solve some of our biggest social challenges in the public and private sectors. We wanted the opportunity to share some of our own stories in this book—ranging from lobbying leaders, to brainstorming in basements, designing apps, dreaming of Oprah's support and keeping focused (and sane) while enduring tedious, meandering, brain-melting meetings.

Thinking global, fixing local

Our world is one where our phones, tablets, laptops and desktops all scream for attention, asking us to save humans around the world. One "like" is all any site wants (along with a donation). Our entire 100% Community hypothesis rests on getting change agents within one tiny geographic area on the planet—just one county, your county—to focus on raising everyone up.

Why a county, you may ask. Why not just focus on a city, or work in only one community at a time? What we found across the nation is that many counties are either rural and/or vastly under-resourced, with punishing disparities and all the problems that come with lack of resources. But a city within that county might be doing much better and have a larger economic base from which to fund solutions. City-county partnerships are our goal.

As you will read, fixing decades of health disparities and all the problems related to access to services may sound, to be candid, impossible. You will learn that it will take, in each county, only a majority of your city council, county commissions and school boards. That's fewer than 100 people who control the priorities and budgets of key services.

As for focusing on only one community, we know within each county certain areas have suffered historically, and they should be prioritized. We again advocate for using our county model, as city, county, school and higher education budgets—if combined and mobilized—can raise up every community within county borders.

Our vision is quite pragmatic. If we get all 3000+ counties working in the US, we reinvent the nation and make vital services available to all. We have so much to gain by sharing a vision and collaborating.

Always Read the Instructions

What Am I Holding in My Hand?

How to use this book to change your life and your world

MAYBE YOU HAVE a few hours to yourself on a quiet weekend afternoon. Why fill it reading this book? The answer is simple. We need people like you to join us in our radically simple, completely pragmatic and measurable initiative.

Our mission is, if we may be so bold, to ensure the health, safety and resilience of 100% of our families and all community members. Far from a pie in the sky moonshot dream, we have been putting this plan into action across New Mexico in some of the most forgotten communities in the nation. And what we have seen is nothing short of amazing. People all over, from city counselors and college presidents to school teachers to tech programmers, are engaging with our work.

We did arrange the chapters in an order that made sense to us, but you can jump across from chapter to any other chapter if there's a pressing issue you can't wait to explore or if that's just how your brain is wired. Once you read all the chapters, we hope that our words will eventually coalesce into a bold vision and a clear action plan inside your head.

Our campaign's mantra has been "connect the dots" and as you read our chapters, you'll see how we connect the dots between health care, transportation and a secure food supply. Inside you will find topics as varied as emergency preparedness, first responder capacity, health equity, disparities, adverse childhood experiences, trauma and historical trauma.

PART THREE

Countdown to 100%

Our community-empowered and data-driven strategy

CHAPTER 29

Continuous Quality Improvement Guides Us with Data

How the data-driven framework of continuous quality improvement gets us to results

When we "Google it," how many results come up?

- without data you're just a person with an opinion: 813,000,000
- without an opinion you're just another person with data: 224,000,000
- facts often kill a good argument: 757,000,000
- predictive analytics world: 44,500,000
- why data scares people: 12,200,000

Amid the clutter, solutions await

WHO NEEDS DATA when you have three million dollars burning a hole in your pocket? Imagine you have three million dollars to spend as part of your job as a high level state government director. Imagine you are in charge of a $500 million government agency that serves the state's most vulnerable families, many of whom are struggling with long, painful histories of substance misuse, domestic violence and untreated mental health challenges. Many have felt the harshness of health and education disparities, of growing up and living in communities bereft of easy to access mental healthcare and other vital services.

So, back to that three million tax dollars—yours to spend.

You could use a slice of that money to gather and analyze data to better understand to what degree these families can't access vital services and, equally important, why these parents and youth can't access them. You could use data to survey local elected leaders about what keeps them from funding services. You could use the data-driven framework of continuous quality improvement (CQI) to assess the root causes that lead family members and entire communities to put their kids at risk for entering the child welfare system.

Or you could invest three million into a slick public relations media campaign.

Yes indeed, you can pay to have a very polished one-minute public service announcement that essentially says, "Get it together and fix yourselves." This campaign will not be tied to any capacity-building process, nor will any funding be spent on actually improving services in any significant ways. But, there are high hopes that this message of empowerment will do…something.

This hypothetical three million dollar media campaign, or ones like it produced all over the nation, didn't build in any funds for evaluation. We can't know what happened as a result of telling traumatized families to fix themselves, if they even saw the media. We can hazard a guess that slick media messages ring pretty hollow to not only our most vulnerable populations, but also to the hard-working community service people who struggle to keep their agency doors open to keep homelessness, hunger and lack of health care to a minimum.

The era of wastefulness is over

Our point is that any governments or businesses that fail to use data to understand a problem won't be fixing those problems any time soon, and all the slick media we can produce does not have the power to change the behaviors of those trapped, generation after generation, in a world of health disparities and social adversity.

"Without data you're just a person with an opinion" is a quote from Edwards Deming, a leader of the Continuous Quality Improvement (CQI) movement.

On the other hand, *"Without an opinion, you're just a person with data"* is a quote that counters Deming and is used often by those who feel that we are currently awash in data, while what's required is critical thinking to guide us.

Can both quotes be right, or at least be instructive? If so, where does that leave you, our readers, who should be gearing up to take on some pretty serious challenges with only the guidance of data and strong opinions about social justice?

In our work with CQI, you don't want to start with opinions: you want to look at what we call "objective facts," supported by repeated experiments, studies or real-world examples. For example, the original 1990s ACEs study revealed that when children have been traumatized by adults, we can document and track their physical and mental health challenges. And, if we provide to people the basic services shown to eliminate health, education and opportunity disparities, we must gather data to document higher rates of health, safety, school achievement and job readiness, along with effective parenting skills in caring households.

Today, we have more data than we know what to do with. As you read this, most likely your credit card history is telling the Internet your buying habits which is preparing all sorts of customized advertising to scream for your attention. We are now entering the era of artificial intelligence, where data drives thinking machines that tell us everything from who we should date to which cat litter box to buy, but what about telling us which children are most at risk for child abuse?

Truth be told, even before this era of peak data, we had all the information we needed to understand that if you allow entire communities to live in areas where jobs are scarce, family resources near non-existent, schools are failing, behavioral health care is unaffordable, and only a local economy of drug dealing provides families with revenue, we should know how it all plays out: health disparities and social adversity.

So data tell us precisely where in a county our most vulnerable families live. We've had it mapped out for years, thanks to census data and the work of epidemiologists within Public Health. Our survey tells us why services are so hard to connect with, since both parents and youth share with us their daily challenges to find support.

So if data already tell us the why and where, it's now time to use data to answer the question: "What the hell should we do to finally turn this all around?" Given that the solutions are staring us in the face, that question shouldn't be too hard to answer.

Data are tools, but they require smart and caring people to use them

Our work with 100% Community is focused on a very specific strategy: ensure that five "surviving services" and five "thriving services" are accessible to 100% of county residents in order to ensure access to medical care and other vital services in times both calm and chaotic. It's darn simple. To provide those services, all we need is the political will, a hypothesis of how we can solve the problem, and the capacity to assess, plan, act and evaluate.

Our 100% Community course (and thousands of similar CQI trainings available online and face-to-face) will take you from a concern ("Which residents can't access medical care?") to a state of disbelief ("What? Families are actually living without electricity and water?") to what we hope is a combination of urgency and compassion ("I am so gonna get a 100% Community project going to fix that!").

The history of data-driven decision-making is still being written

If you are like most folks in most states, the term "data-driven" is plastered over almost everything we do within government, and it's also what is guiding start-ups and established businesses. The trick is to actually use the data staring back at us on our screens—though that's still a challenge in some localities. We have seen millions of dollars go to projects that are based on hunches, what's been done before or the whim of the director.

Spending millions of tax dollars on nothing more than a whim should be illegal.

As you start your 100% Community innovations, focused on increasing access to services, you will enter a fascinating world of both quantitative data (intimidating numbers to some, candy to data-nerds) and qualitative data that come from the stories and inspiring life experiences of our friends, neighbors and all residents. Folks, especially those unfamiliar with data analysis, are often surprised to find out that the term "data-driven" means listening closely to residents and paying very good attention to the stories of children, parents and grandparents. Data folks know that all stories matter.

Once they are collected, analyzed and published, the stories of our diverse community members can provide the foundation for our CQI work. Yes indeed, we are in the storytelling business, and you are part of the story.

As we mentioned earlier in the book, our 100% Community initiative and all its training is focused on building systems—specifically ten systems that, if they are working well, significantly increase access to timely vital care and support while reducing the root causes of long-standing challenges that include health, education and opportunity disparities.

Our course graduates are not focused on raising awareness through workshops or public service announcements. Sure, there's a place for workshops and lessons and awareness, but that is not our main focus, as that's been tried for decades but rarely makes a dent in disparities.

We must commit to going upstream to supply current health care clinics, build new health care services and behavioral health care clinics and turn public schools into full-service community schools with new funding and staffing for school-based health clinics that serve students and family members. The necessity of this work is backed up by data and research. We also use data to guide us as we seek to turn dead downtowns into thriving centers for community meetings, arts districts and farmer's markets. Like all entrepreneurial innovators, we depend on research to guide us every step of the way, so that we can assess both what communities need and our capacity to meet that need. From there, we move to planning, action and evaluation. While there are hundreds of frameworks to use for implementing social change and innovations, we don't think there's anything clearer than good old-fashioned and time-tested CQI, a simple four-step process that has successfully reinvented entire industries on a global level and can most certainly guide your work with *100% Community*.

Your crash course in CQI

As we have discussed throughout the book, CQI is the ongoing process of identifying, describing and analyzing strengths and problems, then testing, implementing, learning from and revising solutions.

CQI is an ongoing effort to improve products, services, or processes. These efforts can seek small or incremental improvement over time or, in some cases, lead to a huge "breakthrough" improvement all at once. All aspects of an organization's processes, including co-worker's collaboration and serving clients, are constantly evaluated and improved in the light of their user-friendliness, efficiency and flexibility. Within the public sectors, CQI is seen as a tool used to provide changes that are both measurable and meaningful to the public.

Many people have contributed to the field of quality improvement, notably Edward Deming who is best known for his work in Japan with the leaders of Japanese automobile industry in the 1950s.

There are a number of key actions of the CQI Process. The following are those we find especially important:

- Identify an issue using data or some other reliable source of information.
- Research ideas around the reasoning behind that issue and the current level of performance.
- Set a time-bound, measurable goal the team wishes to achieve after reviewing the issue.
- Develop action steps to address the issue.

Action steps should include the person/people responsible and the target date for completion of the action step.

Track and adjust the action steps to determine if planned interventions are working.

Close the feedback loop by sharing the information learned with others.

CQI is our most favored model for quality improvement when working in the public sector with the goal of getting to results. Many people have invented various forms of quality improvement but if you scratch the service of most of them, you will see that improving a system or solving challenges comes down to four skills: assessing, planning, acting and evaluating.

CQI is the framework that will be guiding all action teams in the 100% Community Initiative. Every stakeholder involved in a particular sector should have at least a basic understanding of the CQI framework. With some projects the problem identified may be a lack of quality on the part of a particular agency. If this is the case, the action teams may propose to the agency leadership that CQI may be used to address agency's challenges. Action teams may discover in the assessment process that it's not the quality (or lack of quality) of an organization that's the problem, instead it may be that there is not an organization to provide the service.

The key components of the CQI cycle that we use are assess, plan, act and evaluate.

- Assess: Using data, a change agent or action team will identify the magnitude of a challenge, the capacity of local organizations to address a challenge.
- Plan: After analyzing data, a change agent or action team will build a measurable plan. This planning starts with researching evidence-informed solutions (to problems associated with lack of timely access to vital services or services lacking user-friendliness). We recommend using a planning tool called a logic model that identifies the goal, inputs/partners needed, activities and measurable outcomes.
- Act: Implement plan, working with strategic partnerships, with measurable short term, intermediate and long-term outcomes.
- Evaluate: Monitor progress with all stakeholders.

Each of these four components, or phases, comes with a set of questions to ensure that the change agent or action team is using data to support the improvement process every step of the way.

CQI is a Team Process

CQI cannot operate in a vacuum. Objectives, goals, and implementation are shared responsibilities and activities. When the team shares an understanding of the process, the team can move forward as one. When an action team works together, CQI is fully supported.

Quality Data and the CQI process

We need quality data that is accurate and timely in order to assess a challenge. Data need to be current and analyzed with care to support the entire CQI process. Our action teams focused on the surviving and thriving services will be in contact with a wide variety of agencies providing specific services. Data will need to guide all attempts at improvement.

Who Wants CQI and Who Doesn't

State and local stakeholders, including elected leaders, have a wide range of reactions to both CQI and a data-driven process. Data, used correctly, will show where systems aren't working or don't exist where they should. Many want this information in the fields of health, safety, education and economic development—and across the public sector. There are also those who prefer to use hunches or opinions to guide work, rather than data.

POSITIVE RESPONSES

- Opens up all aspects of work to possible improvement
- Frees up ways of thinking about work (we've never done it that way before)
- Reframes the idea of failure and turns it into an experiment.
- Makes it a process of discovery and adaptation
- Allows for growth and encourages growth
- Helps to keep priorities upfront
- Can change the culture of the office/organization
- Improves organizational accountability
- Refines service delivery process

- Supports flexibility when services need to change
- Enhances information management, client tracking and documentation
- Lends itself to design of new programs and program components
- Allows creative/innovative solutions

- NEGATIVE REACTIONS OR DISRUPTIVE RESPONSES
- People may feel threatened by CQI and use of data to assess their work, leading to fears of being judged.
- People feel a sense of loss as the old way of making decisions (by hunch, or idea of a higher up) is traded in for a data-driven process.
- It spotlights processes, services or products that aren't working, and this may shine light on ineffective investments and investors.
- It may show how certain populations are experiencing social adversity, injustices and health, education and opportunity disparities.

We provide more information about the CQI process in the Appendices, including sample answers to all the CQI questions focused on assessing, planning, acting and evaluating. We use the example of an action team considering the development of a school-based behavioral health center to illustrate how CQI works.

Dom's Journal

I was once offered what appeared to be a dream job in Seattle, thanks to my work designing data-driven continuous quality improvement programs in the child welfare systems of New York City, Connecticut and New Mexico. I would be the Senior Director of Quality Improvement and Design at a well-endowed nonprofit agency devoted to, as their PR and executive director promised, "eradicating health disparities." I would design new training and mobilize strategies to help each county in the state of Washington work towards health equity. In my entrepreneurial mind, I thought, "If I can get this model working on a statewide level, it could become a national model." For someone seeking to have an agency backing up my work, this was too good an offer to pass up. So, after meeting with the agency's leadership in Seattle, I jumped at the chance to finally work as a team (rather than as a solo consultant as I have done most of my life) and have the resources of a well-established agency to support what I hoped would be groundbreaking work.

I have to blame myself for what happened, as I utterly failed to do due diligence and review the organization's reports that evaluated their work over the last five years. Had I done so, it would have been clear that they had not moved the needle regarding health equity work in any significant way. After a month on the job, it all started to fall apart. The executive director was not interested in measurable social change and had absolutely no interest in doing data-driven work. At one point she said, "Can you design your training—based on your 'data leaders' programs—without using the word data?"

Things went downhill very quickly from there. To sum it all up, when listening to a director's rhetoric and looking at an agency's slickest websites showcasing noble visions and endeavors serving the the public, scratch the surface to see if there's really anything of substance there. If not, run.

Katherine's Journal

I was meeting with a friend who had recently attended a "community conversation" hosted by a foundation, which was in the process of trying to identify their priorities so they could fund and award grants accordingly. When I asked her how it went, she had a funny look on her face. She said, "I don't know how to describe it. It was like they were fishing for certain information, and if someone offered something that didn't align with what they wanted, they would either change the subject or ask leading questions. It was really strange, since the invite for the meeting said the goal was 'authentic community feedback,' but they clearly just wanted to be able to say they had engaged the community even though they really didn't want to hear what we had to say." Unfortunately, this is something I have seen and heard about a lot as a researcher. As we've been talking to the communities we are working with, one thing I have heard in almost every community is that they are tired of people pretending to listen to them. Community members are very perceptive, and can tell when outreach is authentic and when it is something they need to check off a list. When you gather stories and qualitative data, it is so important to actually listen.

Bottom line: To create a seamless system of care, safety and education, your county, and all those providing the services for surviving and thriving, will need to invest in the process of continuous quality improvement.

CHAPTER 30

Loss and Change: Understanding the Difference between Technical and Adaptive Challenges

Adaptive Leadership is a way of addressing and facilitating change. It's a model that we avoid at our peril.

When we "Google it," how many results come up?

- adaptive leadership framework: 24,500,000
- loss aversion definition: 13,000,000
- technical vs. adaptive challenges: 136,000,000
- the single biggest failure of leadership is to treat adaptive challenges like technical problems: 29,600,000

Amid the clutter, solutions await

LOSS VERSUS CHANGE is a concept that is fundamental to our work with 100% Community, but you really, really need to read yet another book to fully understand why. To understand why, let's talk about Dennis, who did not read *Adaptive Leadership* by Heifetz, Grashow and Linsky and suffered a huge professional defeat.

Picture young, bright and energetic Dennis, who is an avid bike enthusiast. He works for a local government, and he's been given the go-ahead and budget to implement a dream project: implementing bike paths throughout the city. He's done his homework on all the technical aspects of the project, and researched studies on how other cities have achieved this same objective. Key staff are on board to begin creating barriers between the car lanes and new bike lanes on the main street downtown. For Dennis and his colleagues, this means there's less room for polluting cars and a delineated path for the city's environmentally-conscious bike community. What's not to love? Well, as the construction begins, some very well connected business people based downtown start placing angry calls to the mayor's office. Turns out that the "review" process was so badly publicized and attended that few of the stakeholders downtown along the proposed bike paths had heard about this project and what it would do for their businesses. To them, bike paths meant losing customer parking. Long story short, some wealthy, well-connected people got the mayor and city council to halt the project for an undefined cooling-off period to allow time for further community input.

So what happened here? Dennis had the technical part of the proposed project down perfectly, from the cooperation of the contractors and city workers to the budget, timeline and even environmentally safe road paint. However, he failed to understand that bike paths meant change and loss for those next to them. Business owners feared losing business due to less parking, and, just as important, they and local residents felt as though they had lost control of their neighborhood. Their tiny part of planet Earth had been destabilized by the Death Star. To them, it was all happening too fast, and nobody had bothered to explain the positive effects of bike paths, like bringing new clients into their neighborhood. The ultimate goal should be to create a neighborhood people wanted to visit and linger in—designed for people, not cars.

This entire process is summed up expertly in a book with the inspiring full title *The Practice of Adaptive Leadership: Tools and Tactics for Changing Your Organization and World* by Ronald Heifetz, Alexander Grashow and Marty Linsky. Its main thesis is that there are two types of challenges: one type is "technical," like how Dennis had his plans and paints in line, while the other is "adaptive" and focuses on how humans fear loss and must be convinced to buy into change in a very thoughtful way, lest they push back as they did to unprepared Dennis.

Trust us, you'll really want to know this stuff

Before we can proceed with our bold plans for the 100% Community initiative, which in many ways represents a huge change from the status quo, we need to pause. We're talking about redesigning communities, cities and counties so they have ten vital user-friendly services to provide vital care in times both calm and chaotic.

You may be thinking, "Who wouldn't love our vision and plans?" or "Who doesn't want to support surviving and thriving services?" but, unless we explain why we're doing what we're doing, lots of people won't feel the love.

Instead, they'll ask:

- "Who's paying for this?"
- "Do all residents really deserve services?"
- "Don't you know we're already doing all this?"
- "Why spend time, energy and money on this when most folks are OK?"
- "Why revitalize our downtown when people probably won't visit anyway?"
- "Who's gonna make money off any of this?"
- "If this project gets funding, then won't that mean less funding for my agency?"
- Lastly, "I just don't understand how this is even possible?"

Change, to many people, is just plain loss, which can be scary. We already live in a culture that tells us at every possible opportunity that the world is falling apart. For people over 60, who happen to represent a huge voting bloc, as well as people in positions of local and state power, things are moving far too fast to keep up.

The field of study that focuses on change, called Adaptive Leadership, is one we all would benefit greatly from, even if we just had a basic understanding of the difference between a technical challenge and an adaptive one. Confusing the two can set projects back—sometimes indefinitely.

It's adaptive challenges that cause leadership and followers to retreat from (and at times actively fight against) change, unless there is a process to help them see the benefits. If you only buy one book this year, it should probably be this one, since you've already read most of it. But, if you want to splurge and get another, it should be *Adaptive Leadership.* (And if you take our 100% Community course, it's required reading, so you'll be ahead of the curve.)

Some things we promise you'll be gratified to learn and/or have reinforced by reading the book:

- Understanding the root causes of the challenge you seek to solve.
- Reflecting on why your agency or community hasn't been able to move the needle on the challenge for decades or forever.
- Identifying those in power on the city council, county commission, school board or chamber of commerce who could be allies, as well as who may initially attempt to block your progress.
- Assessing your own personal, professional and political power, and how you might leverage it.
- Designing what we call a change initiative, innovation or experiment to test out a new protocol, program or policy to improve the quality of a service or expand services.

- Adapt to changing political, cultural and commercial landscapes and focus on building trusting relationships.
- Using push-back and resistance as teachable moments, moving forward with compassion and understanding.

The "balcony"

One key element of *Adaptive Leadership* is the idea of "getting on the balcony," i.e. stepping back from a challenge to get the big picture. Assessing the history of the problem, the active players on both sides of an issue related to your project and everyone who might be impacted directly or indirectly by your proposed changes will be invaluable when you're trying to determine what to do next. Trust us, the authors really know their stuff, and there's an entire industry built around *Adaptive Leadership,* one which we fully support. You can even order audio versions of the book and supplemental resources with Kate Winslet narrating.

Participants from our pilot site in Las Cruces, NM have learned effective strategies based, in part, on the key elements of adaptive leadership in order to create buy-in for change initiatives designed to service communities, cities and towns. They have formed ten action teams, each one focused on a surviving and thriving sector, in order to assess gaps in services in order to begin fixing them. In your tool box of frameworks, models and all around inspiring concepts, *Adaptive Leadership* is one invaluable tool.

Qualities to aspire to

Out of respect for the authors of *Adaptive Leadership*, we can't reproduce all their brilliance on these pages, but let us end by reflecting on qualities related to being an adaptive leader. Adaptive leaders are self-aware and committed to understanding others. They speak truth—often uncomfortable truths—but always with respect so those being led feel valued. They're transparent and lead by example. Our favorite is that they're lifelong learners and support that same quality in those they lead.

Dom's Journal

We once went into a county and co-sponsored, with a local committee, two community forums on addressing childhood trauma and getting the county, as we like to say, " to 100% (getting buy-in for the 100% Community initiative)." The reaction from the attendees was, for the most part, positive, and locals indicated interest in continuing dialogue and joining committees, task forces and action teams.

This forum coincided with an article that came out and painted a very distressing picture of local high school students, who had been traumatized and marginalized by the school district. The result was that a school superintendent told the organizer of the forums and blossoming committees that she could no longer work on anything associated with ACEs or trauma. Calls came into us from forum organizers asking what to do, as they felt their community had separated into those seeking change and those just wanting to stay "out of the papers" and news media—especially since the less than flattering article had gone viral and been reposted to almost every county's local paper's website. This was a classic adaptive challenge.

Katherine's Journal

Just like people, entire organizations can be traumatized, which can make change even harder—especially when bringing up adaptive challenges. You might be surprised when people respond to seemingly straightforward questions in dramatic and sometimes very surprising ways. More often than not, it is because they have been conditioned to avoid anything that might rock the boat, and the implication of change triggers a fear response.

I was once having lunch with a colleague I had known for a long time, who worked for the state's department of health. She had always been supportive of our work and I wanted to talk to her about the idea of bringing behavioral health clinics into the schools.

Me: Given that in four high school classes (at a mixed income school) more than 3/4 of the class had more than three ACEs—many with 7, 8, 9 and a heartbreaking 10, might we assume students in a neighboring county could also be enduring high rates of abuse, neglect, trauma and adversity?

Colleague: Possibly.

Me: Would it be helpful for these students and their parents to have easy access to behavioral health care, in the form of school-based mental health care?

Colleague: I don't think I am qualified to answer that question.

What I sensed was fear. And, this makes sense. For a government agency where most of the staff are just trying to make it through the day, even bringing up ACEs can trigger a fear response. Acknowledging ACEs within students starts down the path of what might seem a daunting task, making school-based behavioral health care available for students and their family members. What was happening in this exchange was a classic adaptive challenge. Yes, there are manuals on how to develop a school-based behavioral health care center—technical guidelines on how to find funding and secure staffing. But, we can't get to even talking about the "how" to address the challenge, because of fear.

Bottom line: To facilitate urgently needed change we must know the difference between a technical challenge (where the path is clear) and an adaptive challenge (where there are no guides or maps and we enter uncharted waters). We can only ensure surviving and thriving services for all residents by addressing a mountain of adaptive challenges, especially in times of crisis and rapid change.

CHAPTER 31

Sharing the Vision to Achieve Collective Impact

Why the collective impact model is the best for producing collaborative innovation

When we "Google it," how many results come up?

- what is the collective impact model: 172,000,000
- what are examples of collective impact success: 126,000,000
- how did collective impact improve reading skills: 56,200,000
- how did collective impact save a river: 18,500,000
- collective impact vs collaboration: 64,500,00

Amid the clutter, solutions await

A SHARED VISION is required for any successful social movement—and *100% Community* is as much a movement as it is a mobilizing strategy.

In the last few decades, our nation learned to mobilize around two costly heath and safety challenges: motor vehicle injury by wearing seat belts and reducing respiratory problems and cancer by ending smoking on planes and in share work and public buildings.

We were even pretty "Johnny on the spot" when we thought Ebola might enter the US. We as a nation knew exactly how to focus on our collective attention and millions of dollars on that particular health threat and solve it. Another virus presented different challenges to a different set of leaders.

What is baffling to many health advocates is that after decades of health and safety crises, from AIDS to COVID-19, ensuring that all residents have access to services for surviving and thriving, including timely medical care, has not been a priority.

Until now.

Our work detailed in *100% Community*, uses two lenses. One is the lens of the social determinants of health and decades of research on reducing health and education disparities to guide local mobilization around ten vital services shown to empower families and increase health, safety and education. The other lens is that of emergency preparedness, learning from previous crises, that we are all much more vulnerable than we think.

Local leaders engaged with the 100% Community initiative are committed to thriving children, students, families and all community members. They are doing the data-driven and collaborative work of setting up ten action teams (each team focused on a surviving and thriving service) in each county to do both small-scale and large-scale, long-term projects. The 100% Community initiative is building the capacity to increase the services of health clinics, food banks and other vital services. They are working to support the development of full service community schools with health care for students and families. This community mobilizing work requires a framework shown to move people toward a shared goal and vision.

This process of sharing a vision has been packaged as a process called Collective Impact. It has decades of research behind it, and many meaningful projects have been completed by following its guidelines

In the article "Collective Impact," written by John Kania and Mark Kramer and published in the *Stanford Social Innovation Review,* developers of the collective impact model discuss how large-scale social change requires broad cross-sector coordination and the importance of social sector focused collaboration instead of the isolated intervention of individual organizations. They describe how successful collective impact initiatives typically have five conditions that together produce true alignment and lead to powerful results: a common agenda, shared measurement systems, mutually reinforcing activities, continuous communication, and backbone support organizations.

The 100% Community initiative uses the collective impact model because it focuses on the power of strong leadership to get results through a shared vision and goals. The philosophy of collective impact can be applied to many large scale projects, such as creating a system of mental health services across the county to reduce childhood trauma, so we empower our 100% Community action teams with the collective impact model, along with the other tools in our toolbox.

As you mobilize around an innovation, you will find the collective impact model essential. Like so many of the frameworks that guide our 100% Community initiative, the best ones are the simplest. And, what could be simpler (and more powerful) than sharing a vision?

10 Visions within a One Shared Vision

The 100% Community initiative, as you well know by now, envisions a county where all residents have access to ten vital services. Within that process are a thousand different moving parts. Some of those components of the initiative are the ten action teams, each focused on one vital service/service sector. They function, in some ways, as county coalitions within one mothership coalition. Within each action team are innovations in various stages of development and implementation. These innovations have one purpose: ensure access to quality services for all county residents. The goal is to ensure that all activities are transparent and in alignment.

Katherine's Journal

I managed a large collective impact project for almost three years. During that time I had a close-up view of what does and doesn't work in collective impact. The good news is that it does, in general, work. People from different institutions can come together and focus on one problem, and when that happens, it can have a huge impact. But, just like everything else, it is really easy for collective impact to become a buzzword. Much like "trauma-informed," collective impact seems to be something everyone is doing right now, but unless those five components are in place, it can be really difficult to actually make a difference. Just like you can't force a couple of two-year-olds to play in the sandbox together if they don't want to, you can't force organizations to either. That is why the shared agenda is so important. If people are able to set aside egos, scarcity mentality and let go of past bad experiences, it becomes apparent that so many of our government and nonprofit institutions have the same goal: safe and successful kids and families. When organizations can agree on a shared agenda, powerful things can happen.

Dom's Journal

We need to build a collective vision of how we all benefit from ensuring every family has the resources needed to thrive. But, this will take time and patience. At one community forum that managed to attract about seventy residents—despite competing with a local softball game—there was a lively discussion about the ten sectors needed to keep kids safe. There was total agreement in favor of the argument that yes, these ten services did indeed help families become stronger and healthier. The disagreement came when some folks shared the sentiment, "Our county's parents should have access to services, but only if they 'deserve' them." "Deserve" was the hot button word, and it represents an attitude you will find in most places. Without meaning to sound glib, we figured that committing to 100% of parents makes it all pretty straight-forward. All parents merit support because all children are a priority.

Bottom line: With a shared vision and goals, a stable economic base and an understanding of how to use data and communication, you can achieve collective impact to solve the biggest challenges.

PART FOUR

Workbook for Action Teams

How every community can provide the ten vital services to empower all residents

CHAPTER 44

Behavioral Health Care@100%

Behavioral Health Care@100% means all residents can connect with care and feel empowered to use it. We now need to create a seamless countywide system of care.

When we begin to "Google it" for solutions:

- emotional health goals: 186,000,000
- mental health care in rural areas: 142,000,000
- mental health care system case study: 219,000,000
- mental health care and human rights: 251,000,000
- mental health, faith and spirituality: 41,600,000

Amid the clutter, solutions await

Eric's Story

He does his best to get through the day, just like most of us. To look at Eric you might see a somewhat intimidating teen, tall for his age, with a dark hoodie covering half his face. But get to know him and he reveals an earnest, childlike quality. He's happy to spend time with a thoughtful adult who listens to him. After months of hanging out, if you were to become his mentor, he might reveal a little about his childhood. He knows all about child protective services: "Yeah, things were bad when I was younger," he might say. "Bad" means a score of seven on the adverse childhood experience (ACEs) survey, noting how many forms of abuse and neglect he has endured. You may also learn, to your surprise, that this soft-spoken young man will punch walls and doors in anger. He becomes sullen for days. He runs away for weeks. And he's failing out of school. All this might have been prevented if the adults Eric grew up with had accessed mental health care and other vital family services to address their own challenges. But for Eric, his friends and their parents, the norm is not counseling, which is too difficult to access and talking to strangers feels really uncomfortable. Instead, the default for Eric may be "manning up" or suffering in silence.

Jen and Marie's Story

Jen and Marie feel blessed with a positive outlook that serves both of them well, even in difficult times. Especially in times of crisis, this mother-daughter team provides mutual support. However, they are worried about Jen's cousin, Sam, who has been drinking heavily. He's been struggling with substance misuse for a while but now, having lost his job, he's clearly binge drinking and hasn't been as reliable as he normally is. Jen is looking to find Sam a mental health care clinic that can help him. Jen has discovered that finding services is not a straightforward process. She isn't sure how much services cost or how quickly Sam can get access. Jen wonders why there isn't there a single online directory listing all mental health care providers and their fees, their availability and a bio describing the counselor's expertise and experience.

BEHAVIORAL HEALTH CARE should not be thought of as a luxury. It is a vital component of comprehensive health care. It belongs in our list of five survival services, along with medical care, housing, food and transportation. Behavioral health care is a powerful tool for creating a safe and healthy community. During a crisis (whether from a virus, natural disaster or terrorism), existing behavioral healthcare systems become a critical tool for survival. Uncertainty puts incredible strain on all people, especially those who were already dealing with childhood trauma, untreated adult trauma, or a myriad of untreated mental health challenges. Behavioral health care, in all its many forms, needs to be easily accessible, affordable and culturally appropriate.

In this chapter we take on a very complicated system with a long history of challenges. We provide an overview of behavioral health care including many strategies for addressing mental health disparities and related problems. Get ready to be overwhelmed and also inspired. We will guide you through the steps needed to turn ideas about increasing services and improving services into action.

Speaking of ideas bubbling up, you will want to visit our 100% Community site that houses our 100% Innovation Center, where new ideas for projects to increase and improve vital services are added constantly *(https://aae.how/288)*.

We urgently need a local system of care.

Healing and preventing a host of mental health challenges requires a robust behavioral health care system in every community. The key word is system, because scattered and disconnected public and private agencies, or individuals who offer various forms of behavioral health care, simply won't get the job done. Whether we use the term *behavioral health care, mental health care* or *systems promoting emotional well-being,* the focus is to create a network of services to address in the most effective way possible all forms of mental health challenges.

The web will overwhelm you with articles, books and news from academic and medical conferences that document how we prevent mental health challenges, and how we treat them. The behavioral health community knows an enormous amount about ending our high rates of emotional health challenges, including what is referred to as a substance use disorder. (Many have stopped using the terms "substance abuse" or "substance misuse.") Now, we just need advocates to demand that we implement this vital care in every community.

What this chapter is not.

We wish to acknowledge up front that this is not a chapter on all the various forms of care that may be used to address behavioral health challenges. This is written to be useful information for people who believe all of us deserve mental health care. Each state confronts a diverse spectrum of people who need help in this area, from those that require long-term medical care and residential programs to those who would benefit from less intensive, short-term counseling that focuses on practical solutions to situational problems. This chapter is a blueprint for creating a countywide system of comprehensive behavioral health care in a variety of traditional, indigenous and experimental approaches. It's a guide to ensuring that all residents have access to a community of compassionate people who find peace-of-mind and meaning in their lives by helping others.

While this chapter and its innovations focus on more "Western" approaches to behavioral health care, we also acknowledge the role of faith-based and other organizations that teach spiritual practices shown to create calm, stability and a sense of meaning. There are practices from civilizations both ancient and modern that contribute to mental health. We hope our readers explore them.

Who's hurting?

It won't take much research to see the symptoms of mental health challenges in your county; look at arrest totals for child maltreatment, suicides, sexual assault, domestic violence, DWI and assault. Add to that drug overdose numbers and health problems related to alcohol and other mind-altering substances. Finally, student and parent scores from the ACEs survey will provide a fairly complete picture of how local residents are doing on the mental health front.

First things first

What are the root causes of the lack of access to behavioral health care in the US?

Why are people being challenged as they seek to access affordable behavioral health care? It's a complex picture, but let's dive in and get the dialogue rolling.

- Public health crisis: As the result of a crisis, there may be a disruption in affordable mental health. Also, people may lose their jobs and the capacity to afford care when they may need it most.

- Lack of Health Insurance: In the United States, your health insurance varies depending on where you (or your spouse or parent) work, which means that every time employment or familial relationships are disrupted, so is health insurance. If you get a great new job or get married, you also get to deal with health insurance paperwork, and that's the best case scenario. We also inflict this burdensome chore on those who were recently laid off and those who are getting divorced—even those fleeing an abusive relationship. Enrolling in health insurance, especially if you don't get it through a job, can be cumbersome and complex. Inevitably, a certain percentage of the population won't figure it out or won't recognize that they really need to figure it out, limiting their access to behavioral health care. The soaring costs of purchasing even employer-sponsored health insurance prevent many individuals and families from enrolling.
- Lack of Coverage: Health insurance isn't always comprehensive, and behavioral health benefits are more limited than other kinds of care. Sometimes, you can get the care you need for a $5 copayment. Sometimes, you have to pay the full price until you hit your $6,000 deductible. It just depends on your plan. Those with less comprehensive plans, and not a lot of pocket money, are effectively shut out of the system.
- Inability to Access: The people who need it most are often unable to pay for it, or lack the wherewithal to fill out the insurance paperwork. Teens running away from (or getting thrown out of) abusive homes, women fleeing abusive relationships, and those descending into addiction are unlikely to come to the system of their own accord; the system is not likely to find them either.

- Stigma: Lots of people still view mental health problems as a personal character weakness and think those afflicted should suck it up and deal. Not helping matters is the obvious fact that broken mental health is not as visible as broken physical health. Needless to say, this deters a lot of people from getting the help they need, even if the money or insurance situation allows it. Others don't wish their employers to know about a mental health diagnosis, so won't use their insurance to pay for mental health care.
- Lack of providers: In some areas, there are chronic shortages of mental health providers. If you have to make ten calls just to find someone accepting new patients in order to make an appointment three months from now, access is effectively quite limited. Ditto if the provider works on the other side of a large city or in the next county over and you lack transportation.

- Lack of Options: For the toughest cases, caseworkers don't have the rapport that might lead people to get help and in the even tougher cases, they don't have great options for forcing people to get help. Here we're talking about severe mental illness, like the schizophrenic homeless guy who yells at nobody in particular while wandering around downtown. With a time machine, maybe we could go back before things got so out of hand and make sure he got into the sort of assisted residential situation he needed. Or with enough time and energy invested in building a rapport, we might be able to still get him there, but that's an investment not a lot of local governments make (when local governments invest in mental health, they generally expect the patients to come to them). It's also possible that his mental illness would prevent him from ever responding to such outreach, but even then, our options for getting him care are few. Unless he's or she's a danger to himself or others, authorities generally can't intervene to force treatment on the theory that we all have the right to refuse medical treatment. Even when emergency care is mandated, it is usually of such short duration that it doesn't help solve the problem. Whether this is good or bad policy is a subject on which reasonable people can disagree, but it does have the effect of putting our fragmented, hard-to-access system beyond the reach of the people who could really use it.

"Why don't people just get the help they need?"

Behavioral health care can be very difficult to find. Even harder to pay for. In times of personal or public health crisis, behavioral health care may be urgently needed so we must find a way to address shortages of affordable, effective care. Dubra Karnes-Padilla, who worked for many years at a college teaching health and wellness in New Mexico, shares, “The stories that faculty were hearing from students about their traumatizing life situations were heartbreaking, affecting the students’ mental and physical health. We weren’t equipped to handle the behavioral health issues we were encountering on campus. I advocated repeatedly to the campus leadership that a mental health counselor be hired to address our students’ needs, to keep our campus safe and help students succeed. Instead of a behavioral health counselor, I witnessed more security staff being hired.”

With data from the **100% Community Survey** (See Appendices) and other sources, you will learn from parents and youth where in your county behavioral health care access challenges exist and why. While global, national and state data are interesting (and deeply troubling), the real data that informs your work are generated by your 100% Community initiative and your deeper dive into the communities within your county borders. You may find that access issues are clustered in certain localized areas or across the entire county. The challenge may be bigger or smaller than you originally imagined.

Where on earth is this challenge fixed?

Behavioral Health Care@100% is looking at tested behavioral health solutions, focused on innovations, projects, policies and programs being implemented in large and small cities around the world.

If you have come this far, you know that ending untreated mental health care challenges starts with knowing the magnitude of the problem and where and why access to services is a problem and why access is a challenge for both youth and adults.

Our mental health relies on many factors. It ultimately depends on having access to caring people, both lay types like parents, friends, colleagues and teachers, as well as professionals. This means our solutions must go beyond fee-for-service providers. It's up to all of us, and our elected leaders, to permanently end mental health disparities.

We present a challenge to you, and your local businesspeople and government leaders: ***create a seamless countywide system of accessible behavioral health so untreated mental health challenges are history and every child, student, family and community can thrive.***

Below, we offer only a sliver of the innovations that have been shown to reduce untreated mental health challenges. Some are quite new, thanks to changes in technology. They merit experimentation and evaluation. We do not lack for possible solutions, just the political will.

The innovations you're about to explore can be developed with three important frameworks.

As we say in all ten sector chapters, we want to reference the data-driven framework called **Continuous Quality Improvement** and its four phases: assessment, planning, action and evaluation (revisit Chapter 29). This four-step process will guide your development of innovations in the arena of behavioral health. And, as a gentle reminder, you will want to use **Collective Impact** (revisit Chapter 31) to organize your project and **Adaptive Leadership** (revisit Chapter 30) to determine if the particular challenge you seek to solve is technical, with established protocols for moving forward, or adaptive, where you are entering new uncharted territory without a clear path.

Designing a countywide family-friendly behavioral health care system

The past: How did we get to this point of needing a family-friendly behavioral health care system? Who exactly needs it anyway? What problems is the system supposed to solve? Why don't people just fix themselves without outside help?

The present (action agenda): Within this subject, we've identified ten strategies—called innovation areas—that can be used to tackle the behavioral health care access problem. Within those, we suggest about twenty 100% Community projects that you (yes, you) can take on, thus propelling your community towards family-friendly mental health care in its many forms.

The future (goals): With enough work on these innovations/projects, we'll get to the point where Innovation #10—the creation of a City/County Department of Family-Friendly Behavioral Health Care—becomes a reality. With a state-of-the-art system of care in place, the goal is for 100% of our county's families report excellent support and service.

A menu of innovations and projects

You are about to review approximately twenty projects that can, if completed successfully, improve the quality and accessibility of current services. The ultimate long-term goal of these innovations and projects is to ensure that 100% of county residents have access to this vital service. Your task is to review all projects, individually and as part of an action team, to identify which one you wish to implement. In the time it takes to enjoy a grande latte, you can give our menu a quick read to see which project pops out at you.

10 innovations your action team can implement

The following innovations represent strategies that have the capacity to increase access to behavioral health care.

(Note: for more information on Action Teams, see Appendices.)

Innovation #1 sets your action team up for success using a software system to track progress with all innovations within a county. Innovations #2 through #9 are options to explore and implement. Innovation #10 sets your team up to very well-informed change agents. Be aware that some of these innovations and projects could be completed in a few months but others might require at least a year commitment or far more.

Eric's Story

Eric and his family have lived with so much emotional crisis, it's a testament to their resilience that they function well enough to continue with school and work. Rather than list all the ACEs endured by Eric and his parents, grandparents and siblings, we can safely say that this family may represent at least a quarter of your residents. Many of your county's community agencies work in silos, taking on only a piece of the problem (such as substance use, human trafficking, bullying, domestic violence, hunger, homelessness, etc.). We must understand that unprecedented collaboration throughout the public sectors is needed. If every public sector worker viewed social problems through the social determinants of health lens, it becomes clear the challenges facing the Erics of your county are connected.

Innovation #1: Designing a county data system to track supply and demand within behavioral health care

The "all-important behavioral care analysis" project

Most of the time somebody uses a behavioral health care provider and that visit is paid for by insurance, data on that visit is collected. The Health Insurance Portability, Access and Accountability Act (HIPAA) means that health visits are reported in the aggregate. You can't see whether a particular person received care, but you can know how many women aged 30–39 received care, for example. Gaining access to behavioral health information is harder than other data, because laws and policies see this information as sensitive due to the enduring stigma about mental illness. It is also cumbersome for many kinds of behavioral health providers to manage billing insurance companies for care, so they make the patient file the claim.

No one number will provide a complete picture of a community's health. By gathering multiple data sources and tracking them over time, you should be able to get an idea of how much behavioral health care insecurity exists in your community. Here's your list:

- Available data: Your state Behavioral Health or Mental Health Department should have aggregate data for the whole state and maybe some by county.
- Sources of care: Locate the sources of behavioral health care, both private and public. Include the following: emergency rooms, urgent care centers, doctor's offices, hospitals, community health centers, free clinics, school clinics, pastoral counseling centers, social workers, licensed mental health counselors and psychologists.
- Access limitations: Determine the operating hours and eligibility requirements for every source. Do they take Medicaid, Medicare, self-pay patients? Do you have to be a US citizen to get care?

- ER data: How many behavioral health patients does the hospital Emergency Department serve each year? How many of these cases are transported by ambulance? How many of those patients were there due to violence, injury or threat to harm self or others? Were these patients identified and tracked for behavioral health issues?
- Community mental health center: Does your community have one? Does a federally-qualified health center or tribal health center have a behavioral health staff?
- Free clinic data: Does your community have a free clinic? How many patients can it handle on average? Is care restricted to certain age groups or other populations?
- Clergy: Many clergy provide initial behavioral health support to their members. You may have to call pastors/faith-based organization leaders. Note how many sessions they offer on average, and whether they have a credential in pastoral care or behavioral health.
- Elder service agencies: How many have social workers or other behavioral health care providers on staff? Who is eligible for care?
- School districts: Is there a school-based health center in your community? What services are provided, what age group(s) do they serve? How many visits occur in an average month? Do your schools have volunteer or paid school nurses on staff?
- Homeless shelters: Many serve substance using or mentally ill clients routinely. Who do they call when they can't manage a client with behavioral health or addiction issues?
- Domestic violence shelters: They may track visits to shelter program supports. Maybe take a snapshot once per month and track over time.
- Child welfare data: While not easy to acquire, there may be a way to assess data on adult and child clients needing behavioral health care.

- American Community Survey: The ACS is an ongoing survey that provides vital information on a yearly basis about the United States and its people. Information from the survey generates data that help determine how more than $675 billion in federal and state funds are distributed each year.
- 100% Community Survey: This is the survey your initiative will implement that asks residents to what degree they can access behavioral health services, and why access to these services may be challenging.

As mentioned, this won't be as simple an assessment as those for other sectors, but if you get these numbers, you should be able to tell if the situation in your community is going in a good or bad direction. In this project, you will be gathering as much data as you can to paint a picture of local behavioral health care, the first step in identifying challenges.

Deliverables: Create a one-page overview/update on the status of behavioral health care to present to the 100% Community team and stakeholders. (Rough time frame: 3–6 months)

The "behavioral care accessibility analysis" project

Your mission is to figure out where people of limited means can access behavioral health care. Make a list of all sliding scale clinics, health department operations, public hospitals designated for charity care, school-based health centers and the like, then see what you can learn about how accessible they are. Ask patients, or maybe even the administration, how many days or weeks it would take to get seen by a behavioral health care provider, or how many hours the average wait time for care is. As a bonus, you could call up a few psychologists, psychiatrists and health centers to see if they take Medicaid.

Deliverables: Create a one-page overview/update, ideally with supplementary maps, on the status of behavioral health care to present to the 100% Community team and stakeholders. (Rough time frame: 3 months)

The "what's ailing you?" project

This is an advanced project, and may not be possible in your state, but here's the background: As part of the ongoing effort to identify ways to reduce health care costs, many states have developed something called an all-payer claims database, and your state may be one of them. The idea is that instead of hoarding all this useful information for proprietary reasons, all payers (translation: insurance companies) would be forced to turn over data on what behavioral health services they are buying to a central state authority for further analysis. These data would, of course, be anonymized but should provide a helpful level of detail regarding the number of people receiving various treatments and the cost. We can also infer from this data the types of medical problems people have.

So if your state has one of these programs, and if the data are actually accessible to lay members of the public, then you may have an interesting data analysis project on your hands. Because this varies everywhere, our best advice is to find an expert at the local university to help see what you can find. Look for leading causes of death, the most expensive procedures, the most common ailments, ways in which your local area deviates from other parts of the state and other interesting trends.

Deliverables: Create a one-page overview/update on what the database shows for your county and present to the 100% Community team and stakeholders. (Rough time frame: 5–7 months)

- All-payer Claims Databases: *http://aae.how/118*

The "does our behavioral health care exist, and if so, where should it be?" project

Your behavioral health care system (notice the term "system," as it should be one seamless system serving the entire county) should serve all residents, but especially your community's most critical areas: communities with high rates of child welfare involvement, low income areas, areas with high unemployment, high schools with low achievement and high dropout rates. Find or make a map of the county, then make a map of all "high risk" areas and all behavioral programs. Next, see how well those two maps overlap. Also take a look at service frequency: is care, in its many forms, being offered when the need is the highest? Whether care "serves" the most critical areas depends on more than what the map looks like. This may become a strengths-based process, as you can identify where excellent assets exist and how they can be strengthened.

Deliverables: After analyzing your data, including all you can find on all forms of behavioral health care planning challenges and opportunities, present your findings to the 100% Community team. (Suggested time frame: 3 months)

- US census (the big version, not fast facts): *https://aae.how/170*
- CDC Data and Publications: *https://aae.how/171*

The "can you get cared for from here?" project

This might best be done in conjunction with the transportation task force/action team, but here's the mission: Map out all your county's behavioral health facilities, then figure out how accessible they are using only public transit. Look at service frequency, hours of operation, etc. Try to figure out if an average patient with a doctor's appointment could make it work without a car. If you feel really creative, create a map in Google Maps showing where services are and where transit goes. If you are feeling adventurous, your action team could attempt to walk to services.

Deliverables: Create a short summary of where health care facilities located and how accessible they are using transit. Present initial findings to the entire 100% Community team and stakeholders. (Suggested time frame: 3 months)

- How to do custom Google Maps: *https://aae.how/24*
- American Community Survey: *https://aae.how/25*

Innovation #2: Ensuring current accessible behavioral health care programs are fully supported

The "who's working on accessible behavioral health?" project

While state lawmakers support various forms of behavioral health care supports, often local communities are home to programs and activist groups that also work on the issue. Maybe it's a non-profit that supports a free drop-in mental health clinic on a campus, or a private charity that helps out with family mental health care emergencies, or a group that lobbies for school-based behavioral health care. Your mission here is to make an inventory of those organizations and figure out what they're doing.

Deliverables: Create a short summary of financial support needs for behavioral health care programs serving our most vulnerable populations and present to the entire 100% Community team and stakeholders. (Suggested time frame: 3–6 months)

Innovation #3: Engaging the private sector in supporting behavioral health care innovations

The "cool technology of care in the future" project

In some rural and urban areas without a seamless health care system, some health advocates are experimenting with behavioral health telesupport to reach rural folks. Of course, this requires access to a stable, high-speed internet connection, not something every community has yet.

Deliverables: Do your research and initial analysis of various forms of tech-empowered behavioral health care supports, including phone apps for cognitive behavioral therapy (CBT), mindfulness, etc. Your public library may also have some books on self-care. Write up a one-pager including the status of programs and products you identified, how they have been evaluated, and how they might benefit families, then present to the 100% Community team and countywide network of behavioral health care advocates and providers for feedback. (Suggested time frame: 1–3 months)

- Health Resources and Services Administration (HRSA) Behavioral Health: *https://aae.how/172*
- Pro Bono Mental Health Handbook: *https://aae.how/173*
- Pocket Confidant Self-Coaching: *https://aae.how/174*
- "Depression" Apps: *https://aae.how/175*
- Mental Health Apps: *https://aae.how/176*

Innovation #4: Harnessing technology to create an online directory and resources

The "plain language on existing websites" project

In some cities, counties and school systems, thoughtful behavioral health care professionals and support staff spend a great deal of time and effort trying to design perfect websites with intuitive listings of behavioral health care services offerings, easy-to-read maps to get you to such services and other features to facilitate sign up for care and prevention programs. Your mission is to figure out whether your public agencies—including city government, county government and school district, are taking this opportunity to simply and efficiently provide on a website behavioral health care offered locally, downloadable and printable brochures and schedules in all relevant languages, or (bonus points) present information through an app.

Deliverables: Begin researching (yes, this is a big project if you live in a large city) all private and public behavioral health care and local government websites to identify what types of services are currently accessible. Note how clearly fees and accessibility are presented on websites. Present your findings to the 100% Community team and local stakeholders in the behavioral health care community. After feedback, network with local behavioral health care folks (and a web designer and graphic designer) to explore improving the user-friendliness of existing behavioral health care service websites. (Suggested time frame: 3–6 months)

Innovation #5 : Generating public awareness and engagement

The "create the Behavioral Health Care@100% user-friendly website" project

This is where you design and launch your own family-friendly website for the public to post vital information on behavioral health care services. As mentioned earlier, websites don't just pop up easily, but there are free services online to help with design.

Deliverables: Research behavioral health care organization, clinic and private practice websites across your county and state. You might even find great ideas across the nation and globe. Present your findings on the user-friendliness of existing local care websites to the 100% Community team. After feedback, network with local behavioral health care folks (and a web designer and graphic designer) to explore improving the user-friendliness of care websites. You can also include information on your Behavioral Health Care@100% action team and how you are working to improve local behavioral health care and related supports. (Suggested time frame: 3–6 months)

The "be patient and focused" project

Even completing a few of these projects will put you among the best educated one percent when it comes to accessible behavioral health care in your area, and one way you could put that know-how to good use is by serving on an advisory board or commission. Many school, city, county and higher education organizations have them, and there are often more generic school support boards or advisory panels looking for members as well. This is your opportunity to ensure that affordable care arguments are heard, progress is made and that the alignment of accessible care services becomes a reality. This is also an opportunity to connect with like-minded colleagues.

Deliverables: Attend at least a quarter's worth of meetings, then present to the 100% Community team your analysis of current committee/task force working groups—including how data-driven and results-focused they appear to be. The goal is to work in alignment with existing groups and to be mutually supportive. (Suggested time frame: 4 months)

The "can we address the stigma of mental health care so it's seen as normal as fixing a broken arm?" project

Convene people in your region (and via teleconferencing, your state) to discuss how we promote behavioral health care to those communities who may not understand it or fear and distrust it. We must listen closely to learn why people may be uncomfortable with behavioral health care. This will require public education campaigns, websites, social marketing and changes in the school curricula and how we educate our health and behavioral health care providers. Take time to read the Colorado Children's Campaign's valuable insights into ACEs prevention.

Deliverables: Write a short summary of recommendations and who could implement such an ongoing countywide awareness campaign. Present a one-page brief to the 100% Community team and stakeholders in mental health care. (Suggested time frame: 3–6 months)

- Colorado Children's Campaign on ACEs: *https://aae.how/177*

The "can we view substance use disorders as chronic diseases like heart disease?" project

Convene people in your region (and via teleconferencing, your state) to discuss how we promote the care and treatment of people with substance use disorders. This may require public education campaigns, websites, social marketing and changes in the school curricula and how we educate our health and behavioral health care providers. You may find insights within the publications posted on the Center for Addiction website.

Deliverables: Write a short summary of recommendations and who could implement such an ongoing countywide awareness campaign. Note that many awareness campaigns have few results to show for all the resources put into them. Present a one-page brief to the 100% Community team and stakeholders in mental health care. (Suggested time frame: 3 months)

- Center on Addiction-Research: *https://aae.how/178*

The "email Behavioral Health Care@100% often" project

Email and social marketing are good tools for outreach. Social marketing strategies, just like website development, can be challenging. Yet there are "how to" websites that can help facilitate this process. (Revisit Tech: Chapter 36.) You should work to reach all stakeholders who have the concerns of families (and all residents) on their radar. You can send updates on the work of your action teams to raise awareness and garner support.

Populations to target:

- Youth-serving groups
- Family-serving groups
- Faith-based groups
- Cultural groups
- Elected officials
- Twelve-step groups or similar support groups
- School-based health care providers

- Public and private behavioral health care providers
- Local health care providers and agencies providing mental health care
- Substance misuse treatment providers

Deliverables: Identify the most tech-savvy in your network, then create a countywide list of stakeholders to email. Create a rough message and graphic identity for your messaging. Test it out with the 100% Community team and behavioral health care providers, tweak, and off you go. If you use a mailing service that can track your email's performance, check open rates after three months to assess responses. If you email your network directly, gauge how many of the messages received a reply or initiated action. (Suggested time frame: 4 months)

Innovation #6: Make sure your education system is on board

The "let's explore the Santa Fe 'Sky Center' model" project

Learn how the Sky Center at Ortiz Middle School in Santa Fe, New Mexico brings behavioral health care to students and their parents. The Sky Center specializes in counseling youth and their families who may be experiencing a number of challenges including suicidal ideation. Students are referred for school difficulties, depressed mood, suicidal thoughts, family conflict and loss, substance use, bullying, and a number of other related issues. Counselors specialize in culturally sensitive family treatment. The goal is to empower young people and their families to cope with the stress of traumatic events and the everyday pressures and challenges of this modern age. The center is also a teaching facility, training the next generation of school behavioral health care specialists.

Deliverables: Explore the Sky Center site and connect with staff to fully understand their model, how they were formed and funded and their unique way of meeting the needs of students and family members. Also ask about their model of training future behavioral health counselors. Present your findings in a one-page brief to the 100% Community team, school community leaders, and student support network. (Suggested time frame: 1–2 months)

- Sky Center in Santa Fe, NM: *https://aae.how/59*

The "Can the 'Madison Public Schools model for care' work for us" project

In Madison, Wisconsin is bringing behavioral health care to students. Madison schools recognize that one in five of their students have a diagnosable mental health condition. To meet this need, the Foundation for Madison's Public Schools has partnered with community clinicians and funding partners to provide mental health services to students who do not have access outside of the school's walls. The program is currently in five of their schools, with plans to expand to the rest of the school district.

Deliverables: Explore their site and connect with staff to fully understand their model, how they were formed and funded and their unique way of meeting the needs of students and family members. Present your findings in a one-page brief to the 100% Community team, school community leaders and student support network. (Suggested time frame: 1 month)

- Madison Public Schools: *https://aae.how/60*

The "analyze the 'rural Kentucky online care' model" project

Harvard Independent Schools in Eastern Kentucky were faced with the challenge of obtaining confidential mental health care services for students in a community where many faculty and staff are related and have known each other their entire lives. This school has elected to use an online mental health program, called Ripple Effects, to meet the mental health needs of students. We need to look closely at their evaluation to see if this model can work effectively.

Deliverables: Explore their site and connect with staff to fully understand their model, how they were formed and funded and their unique way of meeting the needs of students and family members. Look closely at any data that may have an online component. Present your findings in a one-page brief to the 100% Community team, school community leaders, and student support network. (Suggested time frame: 1 month)

- Rural Schools: *https://aae.how/61*

Innovation #7: Ensuring that local higher education is engaged in solutions, research and evaluation

The "convene behavioral health provider training programs to talk about addressing provider scarcity" project

This project brings together university departments of behavioral health, and other accredited educational institutions, to consider offering future mental health care providers subsidized or free schooling if they agree to serve in high need communities for five years. Currently the title IV-E grant is used to support developing the workforce in child welfare. Could this model be used to populate the general behavioral health care practitioner base? How? This is a long-term project for those willing to commit. There are many questions to answer in order to create a system that decreases scarcity of behavioral health care providers. We do have models for subsidized medical education, including psychiatry to increase care in places with shortages. We believe the need for this model is great. It could be a practical way to develop a robust system of accessible behavioral health care in both rural and urban settings.

Deliverables: Explore your state's higher education systems to identify who might be offering incentives to students going into counseling. Which institutions might have the capacity in the future? You are likely to find incentive programs for psychiatrists or those committing to a career in child welfare. Dig deep in your state and perhaps other states, to learn how incentive programs for behavioral health care providers are currently funded—or could be funded and developed. Present your findings in a one-page brief to the 100% Community team. (Suggested time frame: 3–6 months)

- Title IV-E Stipend Paying for MSW: *https://aae.how/181*

The "Learn how Oregon does incentives" project

Learn how Oregon is using medical students and degrees to reach their underserved areas in need of quality medical care. Provider incentive programs aid in supporting underserved communities in their recruitment and retention of high-quality providers. The Office of Rural Health (ORH) partners with the Oregon Health Authority (OHA) and the Health Resources Service Administration (HRSA) to offer a variety of programs, each with their own requirements and benefits. ORH works with health care providers to find incentive programs that will help them take their skills where they're most needed. ORH also works with Oregon practice sites to identify incentive programs that can assist with their recruitment and retention efforts.

Deliverables: Examine Oregon's model and discuss with colleagues within behavioral health care. Create a one-page summary and present to the 100% Community team. (Suggested time frame: 1 month)

- Oregon Health Authority (OHA): *https://aae.how/124*
- Health Resources Service Administration (HRSA) Loan repayment program: *https://aae.how/125*

The "Emotional Care for U" project

Learn how a small university in rural New Mexico rises to meet the needs of its student body for medical care, then imagine if this model was funded and crafted to provide behavioral health care. The goal is campus-based behavioral health care and navigation to local care. Eastern New Mexico University partnered with a local health care provider for preventive and acute care as well as immunizations. ENMU Health Services offers preventive and acute health services, similar to your family health care clinic, at little or no cost to students with a current ENMU student ID. In addition to flu shots, blood tests, prescriptions and other medical services, the program makes health awareness presentations to student groups and provides family planning services, Pap smears, STI (sexually transmitted infections) screening and treatment, and contraception products.

Deliverables: Explore the program's website and engage with staff to learn about the program. Gather evaluation if available and analyze. Create a one-page brief on the program and recommendations for further research. (Suggested time frame: 1 month)

- La Casa ENMU Student Health Services: *https://aae.how/126*

The "ECHO and telemedicine for mental health care provider mentoring" project

Project ECHO uses ongoing telementoring to equip primary care practitioners in rural areas with the knowledge they need to provide high-quality specialty care. Created by Sanjeev Arora, MD, a social entrepreneur and liver disease specialist at the University of New Mexico Health Sciences Center in Albuquerque, Project ECHO is a nationally and globally recognized model for bringing best practice health care to patients who can't get it because of where they live. Project ECHO uses a hub-and-spoke telementoring model to move knowledge instead of people. By participating in weekly virtual clinics with teams of specialist mentors, primary care practitioners in rural and underserved areas acquire the expertise they need to treat patients with complex health problems including: hepatitis C, HIV, chronic pain, opioid addiction, mental illness, diabetes and cancer.

Deliverables: Explore the program's website and engage with staff to learn about the program. Gather evaluation if available and analyze. Create a one-page brief on the program and recommendations for further research. (Suggested time frame: 1–3 month)

- Project ECHO: *https://aae.how/127*
- Robert Wood Johnson Foundation on Project ECHO: *https://aae.how/128*

The "Evaluate the effectiveness of mental health first aid in the US—especially in areas with few care providers" project

Addressing mental health in rural America requires creativity and ingenuity. The Mental Health First Aid model is a training that equips the community to recognize a person in need and funnel them to available services. The good news is that it can increase awareness of mental health challenges. Since it should only be used when there is a system of affordable and accessible behavioral health care in the community in which the training takes place, this severely limits its use in the US.

Deliverables: Explore the program's website and engage with staff or users of the training to learn about the program's effectiveness. Look closely at where this training took place and if an assessment of existing behavioral health care occurred before training people to refer residents to care. Gather evaluations if available and analyze. Create a one-page brief on the program and recommendations for further research. (Suggested time frame: 1–3 months)

- Mental Health First Aid: *https://aae.how/182*

The "integrate ACEs data and 100% Community Survey into primary care" project

Before you see a doctor or other health care provider, you first fill out forms detailing any surgeries you've had, which medications you're allergic to, whether you use drugs, how often you drink, whether you feel safe at home and other factoids that medical professionals find useful. This all makes sense, but there's something missing: data on ACE scores and information from the 100% Community Survey. This information would be useful to doctors were they to collect it. Your mission is to persuade a doctor, or group of doctors, to add those surveys to their intake process. This would likely take place under the auspices of a university researching how knowing such things might change how medical care is administered.

Deliverables: Connect with colleagues at a health clinic to discuss the possibility of using the ACEs *Survey and 100% Community Survey as part of screening patients. Compile your insights, and hopefully some evaluation data, then share with the 100% Community team. (Suggested time frame: 1–3 years.)*

- The National Institutes of Health: *https://aae.how/129*
- Health providers assessing and treating food and housing problems: *https://aae.how/130*

The "evaluate the 'mental health & psychosocial support (MHPSS) model'" project

The online mhpss.net platform provides a hosted online platform to connect stakeholders in the field and actively support the sharing of knowledge and resources. The mhpss.net platform is a scalable interface for knowledge-exchange. It uses both social networking technology, and deployment of online technical hosts to enable practitioners, policy-makers and other stakeholders to access and apply evidence-based and most-promising approaches.

Deliverables: Explore the program's website and engage with staff, or users of the model to learn about the resources offered. Gather information about the users of the site if available and analyze. Create a one-page brief on the program and recommendations for further research. (Suggested time frame: 1–3 months)

- Mental health and psychosocial support: *https://aae.how/183*

The "What are the-cutting edge, groundbreaking approaches to substance misuse?" project

Here we share innovations, including how Portugal's people are doing after they decriminalized drug use in 2000, moving all drug-related challenges from the legal arena to the public health arena. Convene leaders in higher education and public health to make recommendations on how to share new approaches to treating substance use disorders.

Deliverables: Write a one-page summary of the convening with recommendations for next steps and share widely. (Suggested time frame: 1–3 months)

- Portugal: *Country Drug Report: https://aae.how/184*
- Guardian's "Long Read" on Portugal's drug policy: *https://aae.how/185*
- NPR: *In Portugal, Drug Use Treated as a Medical Issue, Not a Crime: https://aae.how/186*

Innovation #8: Supporting city and county governments in behavioral health care innovation

The "learn how other localities in the nation are addressing behavioral health care" project

Behavioral health care is about more than just ensuring that we have enough trained counselors to meet the needs of families enduring behavioral health care challenges. We need to make training and professional development easy to access for all providers—new or seasoned. We also need to support public awareness campaigns to encourage residents from all socio-economic levels, with various beliefs about care, to engage with the care being offered. We need to track advances in technology-based solutions and insist on evaluating new approaches that are coming from the public and private sectors. The answers to these questions may spawn new items on your to-do list.

Deliverables: This can be one long research project, seeking best practice and promising practices in behavioral health care—especially programs that decrease behavioral health disparities. After a month of research, write a one-page brief on what you discover, and ask for feedback from your 100% Community team. (Suggested time frame: 3–6 months)

Innovation #9: Identifying how the federal and state levels can strengthen local services

The "invest wisely in care for all" project

This is where an action team identifies every potential foundation who might support behavioral health care agencies and providers who ensure access for all.

Deliverables: Dive into exploring the world of philanthropy online to identify which agencies might support reducing behavioral health care disparities. Create a summary of who is out there investing in behavioral health care for all. Write a one-page summary and share with the 100% Community team. (Suggest time frame 3 months)

The "we need a state coalition to make great things happen" project

If all the players work together in a county, through collaboration and the strategic use of data and technology, we find a way to ensure that no child, youth, parent, or grandparent lacks access to care. We are not trying to simplify our nation's and the state's most complex challenges in a sentence. We are advocating for the start of long local dialogue about how we end behavioral health disparities. This is a conversation that's been going on for decades involving the public and private sector. This particular project is about joining or creating a countywide and statewide network of health advocates and providers who believe that behavioral health care is a survival service and what cost-effective, far-sighted and civilized governments ensure. A coalition will allow you to have a strong voice in your community as well as your city, county and state government. You may find that local lawmakers, while sympathetic of issues, do not see addressing behavioral health disparities as the role of county or city government. For this reason, coalitions matter and they can be a force for awareness.

Your county and state network can educate local lawmakers about a new role for government: ensuring no child, student or parent is marginalized because they can't afford care. This coalition can work to elect officials who will prioritize access to care for all, using technology to connect everyone in the network with a shared vision, common goals, shared activities, data-use, communication and messaging, and evaluation processes. Your action teams starts with identifying who is in the lead with behavioral health care reform.

Deliverables: Find some passionate change agents and conduct informational interviews with sector stakeholders to assess interest in a county or state coalition. Assess the data-driven and result-focused quality of current coalitions. Create a one-pager to present to your 100% Community team and countywide network of behavioral health care agencies on your initial findings. (Suggested time frame: 3–6 months)

Innovation #10: Institutionalizing the work by developing the City Department of Behavioral Health and funding for innovations

The "County/City Partnership that funds the Department of Behavioral Health Care" project

Elevator pitch: When Eric's mom scans the website for city hall for counseling for her son, she should be able to see right next to the Departments of Police, Fire and Parks—Department of Behavioral Health Care. Why not? It's a vital resource we can't live without. Clearly, a large segment of the county's needs these resources. We can live without parks, but lack of access to mental health care is not an option. Beyond maintaining a website, every year this department would assess the need for behavioral health care support programs, evaluate the effectiveness of current programs, support ongoing research on best practices in policy and programs and promote creative ways to fund all initiatives.

Potential investors: mayors, city councilors, county commissioners and advocates for children's health, and behavioral health care providers and researchers.

The "convene your fellow behavioral health advocates and enhance your skills in public speaking, committee briefing and how to get to a lawmaker" project

This project is a crash course that you develop with local experts about how to contact local and state leaders, give an elevator pitch on your projects, and the protocol for committee hearings that can lead to funding.

Deliverables: Find an accomplished colleague with good public speaking skills along with a professional with experience lobbying/networking with elected leaders. Together, discuss how a workshop for the entire 100% Community team could be created to enhance skills. Assess interest with teams, make a workshop plan, deliver, and evaluate. (Suggested time frame: 3 months)

The "know your stuff before you meet the mayor" project

Innovation #10, in some ways, is putting it all together. By this we mean that, by the time your action team becomes familiar with all nine innovation areas and their projects, you will be prepared to meet with elected officials and stakeholders to discuss ways to strengthen your city's supports in the area of behavioral healthcare.

Deliverables: Identify at least one colleague to join you in reviewing every innovation project in this chapter. This means diving into the research, starting with our links, to help inform and support your project. Conduct an assessment of all 100% Community team members to identify which projects are of interest or are already in development. From here, present your global overview of project development with the entire 100% Community team for feedback. (Suggested time frame: 3 months)

The "create a bold vision and strategic plan" project

It's time to create a detailed plan for this new (or improved) local Department of Behavioral Health Care. As with previous projects, you will have learned its potential strengths and weaknesses, possible funding sources and who the players are. You'll be in a great position to document what's working well, and can be kept as it is or expanded, and what needs to change.

Deliverables: After an assessment of county behavioral health care (see Innovation #1) and a survey of all 100% Community team members to identify which projects are of interest and in development, develop a draft outline of a strategic plan for a Department of Behavioral Health. From here, present the draft plan to the entire 100% Community team for feedback. (Suggested time frame: 3–6 months)

The "create a 'no family goes without care' tax" project

There are many ways for state, county and city governments to raise money to address a social need. For example, California created a fund to end climate change with a surcharge on eating out. Some cities have a 10% tax on gross receipts for marijuana sales. Other localities tax certain food products. This project is designed to focus on how to think creatively to identify mechanisms for funding behavioral health care. In some localities, ending lack of behavioral health care may be just as important as addressing climate change.

Deliverables: This requires lots of research and digging deep into policy, public awareness and evaluation. Things can get complicated when it comes to designing taxes that address social needs. Explore all you can, chat with an elected official or two (or their support staff) about generating funds and write up all you learned for the 100% Community team. (Suggested time frame: 3–6 months)

- 1% surcharge to help fight climate change (model to adapt to support behavioral health): *https://aae.how/187*
- Explore marijuana revenue use model: *https://aae.how/188*
- Explore surcharge model: *https://aae.how/189*
- Explore surcharge on unhealthy foods: *https://aae.how/114*

The "Use Cause Marketing to allow customers to donate part of their sales to funding behavioral healthcare" project

Cause marketing has been around since at least the early eighties, when a credit card company offered to donate a portion of their revenues to the renovation of the Statue of Liberty. Many companies link up with charities. From raising money to address AIDS to the Breast Cancer Research Foundation, many health-related organizations have been very successful at using cause marketing to raise funds. New York State has some important things to say about cause marketing. So might your state. We are not suggesting that this type of fundraising is a sustainable answer to lack of resources, but it's an interesting model to understand.

Deliverables: This requires lots of research into how to generate revenue in new ways. Tech will be part of this, too. Explore and write up what you learned for the 100% Community team. (Suggested time frame: 3–6 months)

- New York Office of the Attorney General on Cause Marketing: *https://aae.how/190*

The "Crisis-proof County Readiness Checklist" project

It's here you work with city and county emergency preparedness to assess readiness for a public health crisis that impacts behavioral health care. See Appendices.

Deliverables: Explore all you can, connecting with key officials and sector leaders, and write up a summary for the 100% Community team. (Suggested time frame: 3 months)

You're all about emotional health.

We're connecting the dots between behavioral health care and all aspects of family, school and work life.

Know that your work in health care impacts all the vital services that, in turn, impact childhood, student and workforce success.

Our entire 100% Community model is based on cross-sector work, asking all county stakeholders to connect the dots between what we call our five "survival" sectors and five "thriving" sectors. As you concentrate on behavioral health care services and programs that reduce care disparities, consider your works' impact on the following interrelated sectors that comprise the focus of our entire 100% Community process.

SERVICES FOR SURVIVING

- Food: Parents with mental health challenges may struggle with work and ensuring access to food for their children. Teens who are essentially parenting themselves, with trauma due to ACEs, may struggle to identify where to find food for themselves and family members.
- Housing: Homeless and those escaping from domestic violence to shelter and rapid-rehousing will require trauma-informed behavioral health care.
- Medical/Dental Care: Our physical health depends on our mental health—it's all connected.
- **Behavioral Health Care: This is you!**
- Transportation: We need to ensure that public transport exists to get family members to accessible behavioral health care programs.

- Parent Supports: For new parents in vulnerable spots, knowing how to access behavioral health care for all family members is a vital skill.
- Early Childhood Learning Programs: Children and their parents may need behavioral health care during their time in a learning center.
- Community Schools: Schools (including colleges and university campuses) have large segments of the student population enduring the impact of ACEs and trauma. For this reason, school-based behavioral health care is vital.
- Youth Mentors: Mentoring programs need to train mentors how to relate to their mentees, many of whom may have high ACEs scores. The basics of behavioral health will be of great value in mentor training with ongoing follow up case work.
- Job Training: Employees can be supported in the workplace by having options for various forms of behavioral health care.

Monumental achievements start with one step

Promoting innovations in behavioral health care with the long-term goal of reaching all who need support, is nothing less than profound.

Our goal is to set you up for success so steps can be carefully taken, moving from short, to intermediate, to long-term goals. It all starts with one innovation developed, launched and evaluated for success.

With 100% Community, you have joined one of the few initiatives working in a data-driven and cross-sector process to end mental health care disparities that have existed in this nation as long as it has been a nation. We don’t underestimate the challenges ahead, nor do we overstate ourselves when we say to you that you can accomplish measurable and meaningful work with collaboration, creativity and a framework for success.

If you are ready to get started with your countdown to 100% with behavioral health, you might be tempted to skip the other nine chapters focused on key services to create healthy families and communities. We do, however, strongly recommend that you review the nine other chapters to gain a deeper understanding of our entire cross-sector process. You might be surprised how often your focus area of behavioral health care plays a role in many areas of family and community life.

Bottom line: Until mental health care disparities are history, we need a countywide monitored system of services to strengthen behavioral health care for all our residents

Keywords: apps for finding mental health care, online mental health care, the future of mental health care

There's an app for that: If you search for mental health care apps, you will find pages of self-help solutions and apps designed to make you feel better about yourself. The rarer, and arguably, more solution-oriented apps help connect you with a licensed therapist. These range from apps to help physically locate a therapist who would be a good match for your situation to apps that connect you virtually to someone with the qualifications to help. Start with TherapistFinder, The Crisis Text Line and CounselChat. Compare their goals, solutions and claims with each other and to other apps that come up in your search. Keeping track of these solutions may come in handy as you come across situations where traditional methods are not available.

Q+A: Perspectives from the real world

Deborah Harris worked as clinician and adjunct faculty at the University of New Mexico Department of Psychiatry, where she provided direct service and program development on the adolescent inpatient unit and supervision and teaching for psychiatry residents. Deborah now provides training and reflective supervision and consultation for agencies and individual practitioners on a state and national level, with a specific focus on rural, frontier and indigenous communities.

In times of a public health crisis what do you see as the immediate and long term needs in your area of work?

Like most areas of human service work right now, the impact is both immediate and will have unforetold ripple effects long into the future. Specific to my area of Infant and Early Childhood Mental Health the immediate need for practitioners is to find ways to keep connected to families who need services including home visiting, developmental guidance, evaluations and treatment, risk assessments and response to abuse and neglect incidences. The practitioners and agencies that I consult with have been remarkably quick in responding and finding creative ways to stay in touch with families through Telehealth, phone and even dropping off supplies and developmental toys for families. Personally, my consultation and training time on Zoom has gone up exponentially in response to programs and agencies requesting training and support for their providers from home visitors to experienced trauma clinicians.

At greatest risk and need are those in more isolated and rural parts of our state (and other states I work with). Bandwidth access may be poor or limited, families may not have tablets or personal devices with which to stay in contact. As has been well documented, isolation and stress increases the risk for abuse and domestic violence. We will need to remain available and find ways to continue to both monitor and respond to those at most risk during this pandemic as well as for the long term needs that come with unemployment, lack of housing, and disruption of many social services due to overwhelm and financial strains. On the bright side, I have been so impressed with the collective response to those we serve and it gives me great faith that this is an opportunity to think outside of the box we have operated in for so long.

Each community faces numerous mental health challenges. Can you share what you have observed through your work?

I have seen some positive changes with regard to the awareness and acknowledgment of the importance of early childhood development (including prenatal, infancy and early childhood periods). There is a greater understanding of trauma's impact on brain development, physical and mental health, and personality development. Clinicians, judges, attorneys, legislators and policy makers have the hard data and proven evidence that early experiences matter from brain research and the longitudinal ACEs study.

In my 30-plus years of work in the field of infant mental health in New Mexico, I have observed a growing acceptance of these facts and an openness to using the data when decisions are made regarding children's needs. That said, all this progress is still not nearly enough to meet the needs of preventing childhood deaths, minimizing or eliminating the childhood trauma experienced in every corner of our state, and addressing and treating its impact. The bottom line is that childhood wellbeing in New Mexico is still not yet a high priority issue. And until it is, children will continue to be treated as second class citizens, and their critical needs will be minimized.

What other concerns come to mind in times like these?

I believe that we will need to find ongoing solutions to funding, reimbursement and accessibility as well as new and innovative ways to support the work force with state of the art training and more rapid response to both he needs of the providers (for training, supervision and consultation) and the needs of the very young and most vulnerable in our communities.

Some people have a difficult time connecting the dots between childhood trauma *and the impact later in youth and adulthood. Can you talk about the long term impact of* ACEs *and* trauma*?*

We can look at the long term impact of Adverse Childhood Experiences and traumatic situations from many angles. It is indisputable that babies and young children remember what happens to them and they demonstrate this experience through their psychological development, the emotional quality of their relationships and how they progress cognitively, socially, emotionally and even physically.

It's clear that a child's developing brain and neurobiology is negatively impacted by trauma at critical periods, and yet, early childhood mental health interventions do not usually include a systematic assessment of child exposure to traumatic events. Dr. Jack Shonkoff and the Developing Child Center at Harvard has published numerous papers on the physiological assault of toxic stress and trauma. To quote from some of his work:

> *[Childhood trauma] produces serious disruptions of the developing brain and other biological systems that can lead to a wide range of problems in health and development. Persistently elevated stress hormones can disrupt brain circuits that affect memory and the ability to focus attention and regulate behavior. Excessive inflammation and metabolic responses to stress in childhood increase the risk of heart disease, diabetes, depression, and other chronic illnesses in the adult years. Unlike "positive" or "tolerable" stress, which can build resilience, the extended absence of the nurturing protection provided by a parent or other responsive caregiver produces a toxic stress response that increases the risk of serious impairments that can last a lifetime.*

Research has also shown that this kind of hindrance to development is also true when young children experience life-threatening events and chronic, on-going adverse and traumatic conditions. Generational trauma has now been added to the ACEs pyramid and we know that historical trauma—unresolved, unacknowledged and unrepaired—is passed down to subsequent generations and reveals itself in the chronic repetition of emotional and physical distress. Unfortunately, in New Mexico we have more than our share of historical trauma that has been passed down and we see this re-enacted over and over again. I believe this is a great contributor, along with poverty and lack of resources, to our ranking at the bottom for childhood well-being.

We have yet to invent a countywide system of accessible behavioral health care for all. Instead we have individual providers with pay-for service or limited access with programs like Medicaid. How does a city and county begin to collaborate to address mental health care disparities?

I have been working in the field of infant and early childhood mental health for over 35 years, primarily in rural communities where services are scarce, access is difficult and systems are confusing to navigate. Inadequate funding is a perennial problem, but I feel that lack of collaboration is perhaps an even bigger barrier to successfully overcoming the disparities in access to mental health care. There are good early childhood mental health and family therapy providers in New Mexico (although certainly not enough), and there is a workforce that is well trained in infant and early childhood mental health and a smaller number that is trained in assessing and treating early childhood trauma and the impact of ACEs. However, this professional force is spread across agencies and is not adequately networked. The knowledge, skills and best intentions of a scattered field of providers cannot address the problem at hand. To successfully reach and meet the needs of traumatized young children and their families there must be a well-structured system of oversight that "connects the dots" of service provision. This can only happen if there is true communication, based on trust and a shared understanding of the problem and a shared commitment to addressing it. Such an effort must address entrenched, siloed programs, ego-driven agendas, turf wars and monetary territorialism. Children's needs are left by the wayside by a lack of communication and collaboration among the very departments that were created to serve children and families.

I would be remiss not to also emphasize that at the state and local level, those working on the front lines in the child protection system have unmanageable caseloads. They need training and support to meet the challenges of working with profoundly distressing situations every day, all day. This results in a high turnover rate in this workforce. And this, along with a lack of training and education regarding trauma and its early and life-long impacts, most often results in inconsistencies in approach and decision-making when dealing with vulnerable and traumatized young children.

We asked a few questions of Robin Swift, a long-time public health advocate in New Mexico. She works with Project ECHO on projects related to behavioral health care provider mentoring at the University of New Mexico.

What are the biggest behavioral health care challenges facing the community?

It's a long list that includes: lack of access to care, expensive care, not enough providers and few trauma-informed care providers.

How do community change agents begin to address this long standing challenge?

Think about recruitment of the kinds of professionals you need. Establish a scholarship fund to train promising college graduates in the field. Recognize service providers who go "above and beyond" to help people.

Many behavioral health care providers in the private and public sectors do not see themselves as part of a "system" of care—they are siloed. How does a county create a network of providers to create a virtual community?

Figure out incentives for cooperation. Consider having the hospital "buy" practices and insure them under a central liability policy.

How is technology impacting the capacity of behavioral health care providers to serve families?

Telemedicine can bring a skilled behavioral health provider virtually to patients. Many patients are anxious about using such a service for behavioral health and need to be educated about how the process works and its benefits. Apps and self-help strategies work best if there's someone to tell about your successes or roadblocks. Also, Project ECHO at the University of New Mexico can train primary medical care providers to integrate behavioral health care into their practices, and it provides them a community of peer support as well.

Speaking of real world perspectives, we are constantly updating our electronic and paper edition of 100% Community. If you would like to share a perspective, please contact us.

Innovations and Project Checklist

Progress-at-a-glance for Action Teams

Innovation #1: Designing a county data system to track supply and demand within behavioral health care

- The “all-important behavioral care analysis” project
- The “behavioral care accessibility analysis” project
- The “what’s ailing you” project
- The “does our behavioral system exist and if so, where should it be” project
- The “can you get cared for from here?” project

Innovation #2: Ensuring currently accessible behavioral health care programs are fully supported

- The “who’s working on accessible behavioral health?” project

Innovation #3: Engaging the private sector in supporting behavioral health care innovations

- The “cool technology of care in the future” project

Innovation #4: Harnessing technology to create an online directory and resources

- The “plain language on existing websites” project

Innovation #5 : Generating public awareness and engagement

- The “create the Behavioral Health Care@100% user-friendly website” project
- The “be patient and focused” project

- The “can we address the stigma of mental health care so it’s as normal as fixing a broken arm?” project
- The “can we view substance use disorders as chronic diseases like heart disease?” project
- The “email Behavioral Health Care@100% often” project

Innovation #6: Make sure your education system is on board

- The “let’s explore the Santa Fe ‘Sky Center’ model” project
- The “Can the ‘Madison Public Schools model for care’ work for us” project
- The “analyze the ‘rural Kentucky online care’ model” project

Innovation #7: Ensuring that local higher education is engaged in solutions, research and evaluation

- The “convene behavioral health provider training programs to talk about addressing provider scarcity” project
- The “Learn how Oregon does incentives” project
- The “Emotional Care for U” project
- The “ECHO and telemedicine for health care provider mentoring” project
- The “Evaluate the effectiveness of mental health first aid in the US—especially in areas with few care providers” project
- The “integrate ACEs data and the 100% Community Survey into primary care” project
- The “evaluate the ‘mental health & psychosocial support (MHPSS) model’” project
- The “What are the cutting edge, groundbreaking approaches to substance misuse?” project

Innovation #8: Supporting city and county governments in behavioral health care innovation

- The “learn how other localities in the nation are addressing behavioral health care” project

Innovation #9: Identifying how the federal and state levels can strengthen local services

- The “invest wisely in care for all” project
- The “we need a state coalition to make great things happen” project

Innovation #10: Institutionalizing the work by developing the City Department of Behavioral Health and funding for innovations

- The “County/City partnership that funds the Department of Behavioral Health Care” project
- The “convene your fellow behavioral health advocates and enhance your skills in public speaking, committee briefing and how to get to a lawmaker” project
- The “know your stuff before you meet the mayor” project
- The “create a bold vision and strategic plan” project
- The “create a ‘no family goes without care’ tax” project
- The “Cause Marketing to allow customers to donate part of their sales to funding behavioral health care” project.
- The “Crisis-proof County Readiness Checklist” project

Next Steps

Gather your action team* to:

- Prioritize projects
- Assign tasks
- Schedule timelines

*Ideally, you are part of an action team, which is part of a countywide 100% Community initiative (which could be part of a statewide campaign). If you are reading this as a solo prospective change agent, please contact us to connect with like-minded local folks and get the synergy and support needed to take on projects.

Appendices

Your vital toolkit for getting started

APPENDIX A

100% Community Survey

How do we know if parents, youth and all residents have access to vital services? We ask them. The 100% Community Survey will provide you with a better understanding of who can access ten vital services for surviving and thriving in times calm and chaotic

WE START BY asking our county residents questions about the services that should be helping them. The 100% Community survey is based on the Resilient Community Experience Survey first published in *Anna, Age Eight: The data-driven prevention of childhood trauma and prevention* by Katherine Ortega Courtney, PhD and Dominic Cappello in 2018. It was further developed with input from family-serving organizations in New Mexico and Kentucky. The survey is being implemented to assess not only the degree to which parents and youth can access the 10 "surviving" and "thriving" services, but reasons why access may be challenging.

We are including the short version of the survey, first published in 2018, and can provide you with the current version upon request. This version includes the important additional questions focused on why services may be challenging to access.

The survey can be customized to assess youth populations, as well as other populations. We support each of our 100% Community county initiatives in an extensive assessment and evaluation process. Our 100% Community course provides in-depth support for the ongoing process of research, assessment and evaluation.

See next page for survey.

1. Please select your neighborhood: *(as you customize the survey, include all communities)*

2. Please describe your household. If you do not have any children, or you are not a guardian or caregiver for a child, please skip to question. Select all that apply
    - Single-parent household
    - Two-parent household
    - Grandparent guardian
    - Foster guardian
    - Grandparent, aunt, uncle, relative or friend/mentor responsible for helping a child get services like health care, dental care, etc.
    - Parent of adult children
    - I do not have children/I am not a guardian or caregiver for a child
    - I provide childcare in my home or in a childcare center
    - Other, please explain:

3. How many children do you care for under the age of 5?

0 1 2 3 4 or more children

4. How many children do you care for between the ages of 5 and 18?

0 1 2 3 4 or more children

Note: The following survey is provided to show only an overview of the questions. The current survey asks respondents why they might have difficulty accessing a particular survey.

How do you rate the following services in your community? The term "accessible" means affordable and/or not a burden to get to, and not subject to long waiting lists.

5. **Mental health care services to provide counselors to speak with about emotional problems, treat depression and untreated mental health challenges, and address adverse childhood experiences and trauma**

   Very accessible Accessible Not very accessible Not Accessible Don't know

6. **Medical and dental care to increase health, resiliency and longevity**

   Very accessible Accessible Not very accessible Not Accessible Don't know

7. **Housing programs to prevent homelessness and provide a safe place if a home is unsafe**

   Very accessible Accessible Not very accessible Not Accessible Don't know

8. **Food pantries and programs to reduce hunger**

   Very accessible Accessible Not very accessible Not Accessible Don't know

9. **Public transport that ensures residents get to vital social services, work or school**

   Very accessible Accessible Not very accessible Not Accessible Don't know

10. **Job training to provide access to jobs with livable wages**

    Very accessible Accessible Not very accessible Not Accessible Don't know

11. **Early childhood programs that strengthen early learning**

    Very accessible Accessible Not very accessible Not Accessible Don't know

12. **Family-centered schools. (Schools that offer support with academics, tutoring, family support, and health and social services, and do so before, during and after school, on weekends, and over summer break. They also offer counseling services and can screen students and family members for emotional trauma and mental health challenges, or refer them to local behavioral health care agencies.)**

    Very accessible Accessible Not very accessible Not Accessible Don't know

13. **Parent supports, including home visitation and respite programs, to strengthen families and reduce the chance of childhood injury, trauma or maltreatment**

    Very accessible Accessible Not very accessible Not Accessible Don't know

14. **Youth mentors to provide strong role models and support for every boy and girl**

    Very accessible Accessible Not very accessible Not Accessible Don't know

APPENDIX B

Assessing Action Team Members' Knowledge: A Readiness Survey

The 100% Community course provides Action Team members with all the resources and skills to address gaps in vital services.

WE WANT TO set up action teams to succeed in increasing the services for surviving and thriving on a countywide scale. To do this requires that we provide training for all those wishing to get to results. It helps all members of the 100% Community initiative, at the beginning, to know what degree potential co-organizers and action team members understand the twenty key concepts guiding 100% Community initiative.

Action Team Pre and Post Survey

Please answer the following questions about working in a 100% Community Action Team. On a scale from 0 to 6, 0 indicates "strongly disagree" and 6 indicates "strongly agree."

1. I can describe the five services for surviving presented in 100% Community:

Strongly Disagree 0 1 2 3 4 5 6 *Strongly Agree*

2. I can describe the five services for thriving presented in 100% Community:

Strongly Disagree 0 1 2 3 4 5 6 *Strongly Agree*

3. I can describe the social determinants of health and how it guides our work:

Strongly Disagree 0 1 2 3 4 5 6 *Strongly Agree*

4. I can describe why all ten sectors should be accessible to 100% of our residents:

Strongly Disagree 0 1 2 3 4 5 6 *Strongly Agree*

5. I can describe the benefits of public and private sector partnerships:
Strongly Disagree 0 1 2 3 4 5 6 *Strongly Agree*

6. I can describe what "data-driven" and "cross-sector" mean:
Strongly Disagree 0 1 2 3 4 5 6 *Strongly Agree*

7. I can describe the components of the collective impact model:
Strongly Disagree 0 1 2 3 4 5 6 *Strongly Agree*

8. I can describe the four phases of continuous quality improvement:
Strongly Disagree 0 1 2 3 4 5 6 *Strongly Agree*

9. I can describe the importance of working in alignment with existing local efforts:
Strongly Disagree 0 1 2 3 4 5 6 *Strongly Agree*

10. I can identify the local organizations currently providing services in my chosen sector:
Strongly Disagree 0 1 2 3 4 5 6 *Strongly Agree*

11. I understand how to design a logic model:
Strongly Disagree 0 1 2 3 4 5 6 *Strongly Agree*

12. I can describe why we use evidence-informed strategies:
Strongly Disagree 0 1 2 3 4 5 6 *Strongly Agree*

13. I can describe the difference between a technical challenge and an adaptive challenge:
Strongly Disagree 0 1 2 3 4 5 6 *Strongly Agree*

14. I understand how to create a clearly defined evaluation plan for a project:
Strongly Disagree 0 1 2 3 4 5 6 *Strongly Agree*

15. I feel comfortable describing the goals and expectations of the Action Team:
Strongly Disagree 0 1 2 3 4 5 6 *Strongly Agree*

16. I understand how the Action Team can benefit my agency and community:

Strongly Disagree 0 1 2 3 4 5 6 *Strongly Agree*

17. I can describe the impact of adverse childhood experiences and trauma on communities:

Strongly Disagree 0 1 2 3 4 5 6 *Strongly Agree*

18. I understand how state, county, city and school government (elected leaders and influential government staff and stakeholders) can impact local initiatives like 100% Community

Strongly Disagree 0 1 2 3 4 5 6 *Strongly Agree*

19. I understand how technology can be used to support 100% Community innovations and projects.

Strongly Disagree 0 1 2 3 4 5 6 *Strongly Agree*

20. I understand the importance of self-care while working to ensure the ten vital services for surviving and thriving.

Strongly Disagree 0 1 2 3 4 5 6 *Strongly Agree*

APPENDIX C

What about Endnotes?

You want to know more. Excellent. We want you to explore the research and back stories behind solutions. To support you—intrepid innovator—moving from reader to change agent, we rethought the entire concept of endnotes.

IN MANY PUBLICATIONS an endnote is source citation that refers the readers to a specific place at the end of the paper where they can find out the source of the information or words quoted or mentioned in the paper. In the era of ebooks, readers want their resources as they read, not tucked away hundreds of pages further on.

Throughout this book, we have used a short-URL coding system to create updatable URLs that provide additional information about a particular resource or concept. By placing these short-URLs (e.g. *https://aae.how/24*) in the digital and print versions of the book, we can keep track of which URLs are working correctly and which need to be updated (governments, especially, love to change URLs without notice or let them vaporize altogether—a process known as "URL rot"). The short-URL system also lets us count how many times each outside resource is accessed. This way, we know which links our readers find most useful. But, don't worry, we don't have a way to track who clicks on what, and wouldn't even if we could.

Throughout *100% Community* and all our special editions based on it, you will find a wealth of resources through these short-URLs attached to most projects. Please do let us know if one fails to work or, just as importantly, if you know of amazing resources we missed and should include in the future. We will be updating the electronic version of the book constantly and we plan to make new print editions every year.

APPENDIX D

Action Teams That Achieve Results

The public sector in the United States has a long history of setting up coalitions to address social challenges. Where has that gotten us? We need to be brave enough to ask, "What seems to be inherently wrong with the 'task force' and 'coalition' model?"

THINGS MUST BE done differently to achieve different results. In our experience most coalitions end up as monthly convenings where good hearted, like-minded folks network, rather than engage in result-focused enterprises. If we are to be completely candid, if all the coalitions in the country were doing data-driven work focused on ensuring the health, safety and education of the public, health and education disparities would not be such a harsh reality for so many. With so much work focused in the name of community health, residents shouldn't be reporting on the 100% Community survey that they can't access medical care in a timely manner. Yet they do.

So let's do things very, very differently. Instead of using the term task force, we replace it with action teams. And we ask folks, before they join the 100% Community initiative, "Are you committing to measurable and meaningful results?" We work more like a private sector than the public sector in that we are setting clear short, intermediate and long-term objectives that lead to an increase in user-friendly vital services like health care, food, transportation and safe housing.

We use Food Innovations as examples below, but these apply universally to all 10 sectors.

Setting up your action team

1. Identify co-facilitators: We are firm believers in synergy, so identify at least two participants to serve as co-facilitators for a year, supporting and tracking all action team activities.
2. Create a command center: Set up a space to incubate ideas and solutions. While tech does connect us, real time synergy with colleagues is needed on the local level to support relationship-building, networking and the development of innovations and projects. In times of a public health crisis, this command center may need to be virtual using technology.

Continued next page.

3. Create an email mailing list and communications strategy: Identify all those engaged in your survival or thriving sector's businesses and services and gather together their email addresses and other contact information (if available). Using any of the solutions found in the "technology" chapter, create a mailing list of these contacts. This list should contain all county elected officials, stakeholders and those working on the state level with impact on sector-related issues. Establish a manageable frequency for the mailings (weekly, monthly, etc) and create goals for the messaging (e.g. ten percent of recipients should sign up for the free talk next month).
4. Engage diverse folks in your action teams: Engage people of all ages in the public and private sectors. Learn more here about youth incubators at Gooddler, a good way to engage young people in socially-engaged work.
    - Gooddler Youth Incubator: *https://aae.how/217*
5. Create an incubator: Explore all types of incubators for social enterprises that are sponsored by colleges and may include service-learning, community-based research, problem-based learning, civic work and others. Ashoka U, the higher education arm of Ashoka, a four-decade old incubator for social entrepreneurs recently created social entrepreneurship courses and programs in over two hundred campuses.
    - Compact Community Engagement: *https://aae.how/218*

6. Establish collective impact guidelines: To begin with, collective impact is a model for community projects that says each project should have the following:
    - a shared vision with all involved
    - shared goals
    - shared understanding of use of data
    - shared understanding of inter-connected activities
    - a solid economic base

    Take the time to consider and write out a guideline for each item. These will inform the action team process of developing innovations and projects.
7. Create a yearly calendar and logic model and track progress: Your team will need to create a shared calendar to promote all monthly activities (including deadlines for projects) and track progress with each action team to ensure measurable and meaningful results with short, intermediate and long-term outcomes. Check out the “technology” chapter for ideas on shared calendars.
8. Create a shared space online for notes, minutes and documents: As you work with others across your county or state, you will want to make certain that everyone has access to the latest documents. In the old days we used to send around an email with a Word Doc attached claiming that the attached version was the latest (it usually wasn’t). A better way is to establish a repository where a single “authorized” version of each document can be accessed by the entire team. The “technology” chapter has more information on this.

9. Create guidelines for communicating (emails, newsletters, text messages, etc): Communication has become easier in the Internet Age, but it hasn't grown any simpler. We strongly recommend that you create guidelines on how people should communicate. This may sound too basic to bother with, but how many times has someone sent you something important through a text message and then you can't find it a month later? With dozens or more people working together, it helps to establish the correct way to communicate with individuals and the group. For example, you may decide that any communication that requires clear action (researching something, calling someone, getting something sent to the printer) must be sent through email so that it is archivable and searchable (alternatives are systems like Basecamp and Trello), you could also establish that all meetings (online or in person) must be summarized in writing and stored in a Google Doc in your shared Google Drive. Thinking about this ahead of time will save a lot of headaches in the future.
10. Ensure that all action team members take the 100% Community online course and read the appropriate 100% Community publications: Teams can't make progress if everyone is pushing in a different direction. We have found that even if everyone in a group comes from a different background or has a different area of specialization, if they have all read the same materials, watched the same videos and listened to the same interviews and podcasts, progress happens like clockwork.

Your Action Team within the County 100% Community initiative

Ideally, there are ten action teams within a county, each one focused on a surviving or thriving sector. The goal of the action team is radically simple: ensure that all residents have access to your service areas. And ensure that the services provided are of quality and affordability (which in some cases mean sliding fee scale). (And yes, we fully understand that what we have just described is a huge undertaking—one that will unfold over the years project by project.)

You and your entire 100% Community folks will be working in a loop (guided by the continuous quality improvement four-step process)—moving from assessment to planning to action to evaluation. All your projects (detailed in this book) will be at different phases throughout the year.

Assessment phase

In the assessment phase, ensure the 100% Community Survey reaches your county's most vulnerable populations: Your main 100% Community initiative will take the lead on the survey, assessing access to 10 sectors, including yours. You want to ensure the survey captures the magnitude of the problem accessing vital service facing youth and adults.

In the assessment phase, assess the gaps in services, identified by surveying, and reasons for them. You'll be one of the few counties in the nation with a countywide survey with results from parents telling you where gaps in vital services are. Yes, rather than depend on what agencies think they know, we actually asked real people how difficult is was to access services. Equally important, you will have feedback on why accessing services might be tough for the mom working two jobs with two kids or a teen without a car. As you review the survey results it will become clear which of the 100% Community innovations and projects detailed in this book should be priorities and where in the county they need to exist.

As a 100% Community Action Team, you should make it a priority to have identified every service organization in your county that is part of your sector. This means, for example, that the Food@100% Action Team has a spreadsheet or directory (aka “a database”) with every food support-related entity in the county, with names of agency directors, emails and websites. Action Teams focused on all ten surviving and thriving sectors should be known throughout the county as the ultimate convener and supporter of organization leaders. Your team should know all the other teams working in your field and working in alignment.

Planning Phase

In the planning phase, support all sector related innovations developing an internal strategic plan using a logic model: A logic model in an innovation plan that includes the hypothesis guiding the project, the partnerships needed, measurable activities and short and long-term objectives.

In the planning phase, use the Adaptive Leadership model. Ensure that action teams members are well versed in Adaptive Leadership (we cover it in our 100% Community course) to identify whether the problem being addressed is a technical or adaptive challenge.

In the planning phase, create a public city and/or county position paper and strategic plan on ending gaps in services. We go over all the elements of such a paper and plan in our 100% Community course. There are also excellent examples of writing such a plan we happily share.

Action Phase

In the action phase, communicate with county stakeholders about your mission. Consider adopting, for example, if you were the Food@100% Action Team, "Access to food as a right" and other positive messages about supporting the food industry and farmers in collaborating with food support agencies to end local food insecurity and hunger. Read how a city made access to food a right of citizenship. A city in Brazil recruited local farmers to help do something US cities have yet to do: end hunger. All ten surviving and thriving sectors Action Teams could modify this campaign to promote innovation within their particular sector. We talk about creating and testing social messages in our 100% Community course.

In the action phase, aligning with local government: Ensuring all Action Team members work with current city and county efforts to address their particular sector and services. The long-term goal**: Institutionalizing the prevention efforts—with a City Department of Food Security (or Transport, Housing, Behavioral Health,etc.).** This will only happen if alignment with current local work is done in a respectful and collaborative manner.

Evaluation Phase

In the evaluation phase, present at your yearly 100% Community Summit on Trauma-Free and Thriving Children—and consider convening your own sector-specific events. This Summit is your Action Team's opportunity to report to the public on your progress with innovations and projects. A least yearly an Action Team should convene with all county players working in their surviving or thriving sector. In many ways the 100% Community initiative is ten coalitions in one. All these coalitions need to be nurtured, identifying new players in each sector and inviting them into the countywide process of continuous quality improvement, following the Collective Impact guidelines.

IN THE EVALUATION PHASE, AFTER THE 100% COMMUNITY SUMMIT

Publish a report on successes and challenges in all ten sectors, sending it to all county, city and school board elected officials, along with family-serving agency directors. This report should come with a link to the annual 100% Community Survey that identified gaps in services. Ideally, this should lead to ongoing dialogue about addressing gaps, improving services and the impact of the 100% Community projects. At this point, Action Teams return to the assessment phase and conduct the 100% Community Survey again to see to what degree the “needle was moved.” For example, parents and youth reporting more access to surviving and thriving services. In times both calm and chaotic, we should be seeing access to health care and all survival services grow steadily if our work is successful.

APPENDIX E

Developing a 100% Community Project with CQI

We are solving some of society's biggest challenges. When you join the 100% Community initiative you will be supported in exploring how data guide us and collaboration gets us to results. Welcome to Continuous Quality Improvement (CQI).

THERE ARE TWO ways to approach a project. Trust the hunch of a colleague or boss. The other strategy is to follow the data-driven four phases of continuous quality improvement (CQI): assess, plan, act and evaluate. The first might work, the second definitely does. We provide you with two overviews. First, CQI-at-a-glance followed by CQI with questions and sample answers. Note: In our 100% Community course participants get lots of experience using CQI to set them up for result-focused project development.

CQI at-a-glance

Phase One: Assess

- Identify the challenge to be addressed.
- Use data to better understand the problem.
- Use data to confirm that the challenge is a priority.
- Use data to drill down to the root causes of the challenge.

Phase Two: Planning

- Identify which components of the challenge you will prioritize in your project.
- Research evidence-informed solutions to the challenge.

- Identify a timeline, roles and responsibilities, costs, and other elements related to the overall implementation of the project.
- Develop a logic model that outlines the theory of change and how progress will be measured.

Phase Three: Action

- Secure buy-in from key stakeholders and those who may be impacted by the project.
- Begin project implementation.
- Monitor activity in the plan-making adjustments as needed.
- Ensure data are collected throughout the action phase.

Phase Four: Evaluation

- Analyze all relevant data gathered during the project.
- Determine the strengths and weaknesses of the project.
- Determine the impact of the project on the challenge.
- Communicate with all stakeholders the results of the project and return to the assessment phase.

CQI: questions for each phase with sample answers

The following Q+A is designed to provide 100% Community course participants with a sample of how to answer the key continuous quality improvement questions (CQI) related to developing a local innovation/project.

Q+A: Assessment

QUESTION: *What is the challenge you identified?*

EXAMPLE: Our students at our middle school face emotional and physical challenges due in part of adverse childhood experiences. Students at our school use alcohol and recreational drugs at early ages, as well as consider suicide.

QUESTION: *What data did you use to identify the challenge?*

EXAMPLE: The 100% Community survey indicated that a large segment of the student population may lack access to both medical care and behavioral health care for a variety of reasons including cost, travel challenges, and inconvenient hours for family members. The Youth Risk and Behavior Survey (YRBS), specifically the data around initiation of alcohol use by age 12 and rates of suicidal thoughts by both middle and high school students. Data from the 2009 Public Health Survey of Adults that asked questions about ACEs. Data from the article, "The Prevalence of Confirmed Maltreatment Among US Children, 2004 to 2011" in *JAMA* (2014) by Wildman, Emanuel and Leventhal, concluded that maltreatment will be confirmed for 1 in 8 US children by 18 years of age. The authors reported that this was far greater than the 1 in 100 children whose maltreatment has been confirmed annually by child welfare systems across the nation. For black children, the cumulative prevalence is 1 in 5; for Native American children, 1 in 7.

QUESTION: *What do data tell you about the size of the challenge?*

EXAMPLE: According to the most recent Youth Risk Behavior Survey (YRBS), 1 out of 5 middle school students report suicidal thoughts. Slightly less for HS students in the county. Many students at our middle school did not take the YRBS, therefore the need may be greater than we thought.

QUESTION: *What do data tell you about which populations are being impacted by the challenge?*

EXAMPLE: Data from the article, "The Prevalence of Confirmed Maltreatment Among US Children, 2004 to 2011" in *JAMA* 2014 by Wildman, Emanuel, and Leventhal that concluded that maltreatment will be confirmed for 1 in 5 black children, and 1 in 7 Native American children. 1 in 5 children live in households where the income is below the federal poverty income. Our middle school is located in a zip code that has a mix of incomes and many students with different ethnicities, with a significant proportion being Hispanic.

QUESTION: *What do data tell you about the current capacity of your agency, community or county to address the challenge?*

EXAMPLE: The rates of underage substance use and suicide ideation have not changed significantly for many years indicating a lack of community capacity to address the challenge. Our school does not have staff to address substance use with our middle schoolers nor their parents. There is limited funding for our school to increase behavioral health services for our students.

QUESTION: *Which data can confirm that your challenge is a priority?*

Binge drinking rates, from the YRBS, among MS and HS students indicate a challenge.

Rates of suicidal thoughts are present in middle school and continue to high school (from the Youth Risk Behavior Survey). Depression among adults and ACEs scores from the latest Behavioral Risk Factor Surveillance System (BRFSS) public health survey of adults.

QUESTION: *What data and/or research illustrates the root causes of the challenge?*

EXAMPLE: We are exploring root causes of suicidal thoughts by looking at academic literature and books on suicidal thoughts. There can be a host of reasons—including Adverse Childhood Experiences. Past research on ACEs shows that there is a link between adult behavioral health outcomes and early childhood experiences. In our state 60% of adults report having at least one ACEs according our state Public Health Adult Survey. In small samples, as many as three-quarters of high school students report having 3 or more ACEs. Some with 7 to 10 ACEs.

Q+A: Planning Phase

QUESTION: *Which component of the challenge will you address with a local project?*

EXAMPLE: There were many issues we identified (substance use, depression, ACEs and suicidal thoughts). We wish to focus on addressing depression in students, as well as adverse childhood experiences. We want to explore evidence-informed prevention processes.

QUESTION: *Describe your review of research focused on your challenge?*

EXAMPLE: More ACE research to come:

- CDC's Adverse Childhood Experiences (ACEs) Information: *https://aae.how/219*
- Category Archives: *Adverse childhood experiences: https://aae.how/220*
- Robert Wood Johnson Foundation on Adverse Childhood Experiences: *https://aae.how/221*
- Youth Risk Behavior Surveillance System (Depression in Youth): *https://aae.how/222*

QUESTION: *What potential evidence-informed solutions exist in the research?*

EXAMPLE: Because ACEs represent a number of challenges (child abuse, neglect, growing up in households with violence or substance abuse, or with adults with mental health challenges, etc.), we want to first focus on identifying the challenges/ACEs endured by our middle school students. We understand that our students and their parents may have untreated trauma due to ACEs. In some households ACEs continue. We seek, at first, to be able to offer to students and their family members behavioral health care that is easily accessible and culturally appropriate.

We reviewed research on current evidence-informed solutions for ACEs. There are many challenges and approaches to addressing child abuse, neglect, growing up in households with violence or substance abuse, etc. We understand that families have many needs such as stable housing, secure food and access to medical care and transportation. We have been reviewing the literature on community schools which have funding for school-based behavioral health care among many other services. We are prioritizing school-based behavioral health care.

Since we mainly have influence at our middle school, we want to focus on first identifying/ACEs endured by our middle school students and helping our students and their families access behavioral health care. One approach we found is called Screening, Brief Intervention and Referral to Treatment (*https://aae.how/223*). We are still reviewing many forms of support that could be made available if our school had a behavioral health care center.

QUESTION: *What is the hypothesis that illustrates how your actions might solve the challenge? (As in, "if you do A, then B will happen.")*

EXAMPLE: If we can increase our capacity to provide behavioral health care at our school, we can implement ACEs screening. With a team of school-based behavioral health care providers, we can help students and their families to get quality, culturally appropriate and easily accessible behavioral health. Behavioral health treatment can lead to a reduction in early substance misuse, depression and suicidal thoughts. We can help parents to address their problematic behaviors so that ACEs end in their household. We also will have the staff to help parents and youth navigate to vital services like food, safe housing and transport, along with being able to assess to what degree these services exist locally.

QUESTION: *What are your key steps, timelines, roles and responsibilities related to your project?*

EXAMPLE: Our course project requires creating awareness of the epidemic levels of ACEs and the relationship between ACEs and early substance misuse, depression and suicidal thoughts. This awareness is a short-term outcome.

Intermediate-term, we are looking into creating funding for more behavioral health care staff at the school.

Long-term, we want to fund the creation of a school-based health/wellness center with the capacity to offer behavioral health care to both students and their family members. This is a long-term project requiring, increased funding, and buy in from stakeholders on the school, district, city and county levels. We may also need support from state government and health care institutions.

QUESTION: *What unintended consequences might you encounter?*

EXAMPLE: Other school-based health centers we have looked at have had different reactions. Some have been very welcomed by the entire school community. Others have had backlash from parents who do not approve of behavioral health care or school-based health centers for fear that "personal family issues" may be revealed or that health centers may provide unwelcome health advice to youth.

We also may find that there are not enough appropriate referrals in our community to help families access vital services once we do identify problems related to ACEs.

Some behavioral health care agencies are limited to which services they can provide.

Q+A: Action Phase

QUESTION: *How will you secure buy in for the course project (innovation or change initiative) in your workplace and/or community?*

EXAMPLE: We will start with qualitative data. We hope to do informational interviews with local school management, school board members, parents, students, city hall, county government and the local hospital and behavioral health care providers. We will use their input to get buy-in. We need to build support among potential funders. We can then seek to gather data on the magnitude of ACEs, along with substance misuse and suicidal ideation, within our student and parent populations.

QUESTION: *Which, of all your proposed activities, are the most vital?*

EXAMPLE: Buy-in from school principal and school board for phase one: creating awareness of the challenges and potential solutions. We also need ongoing awareness of ACEs from our school staff and parents. For our long-term goals, we will need establishing funding to be one of our most vital activities. For all of our efforts, we will need data (qualitative and quantitative) as a vital component to educate and ensure buy-in along the way.

QUESTION: *How will you begin implementation of the course project?*

EXAMPLE: We will start by contacting the state Department of Health (DOH), Office of School and Adolescent Health and the state coalition for school-based health to learn the latest policies on school-based health centers. We will also explore how some school-based health centers were funded. We have identified fully resourced community schools in the state and schools with fully-funded behavioral health care centers. From there we begin our process of information gathering through interviews with stakeholders.

QUESTION: *How will you record and monitor activities as your course project unfolds?*

EXAMPLE: All information interviews with stakeholders will be recorded, documented and filed on Google docs. We will also do surveys—via Google forms and record findings.

QUESTION: *What will your process be for making adjustments to your course project?*

EXAMPLE: We will meet monthly to assess progress. We will consider adjustments using the data we are collecting along the way as part of our process.

QUESTION: *How will you ensure data is collected along the way as your course project unfolds?*

EXAMPLE: We will have a monthly report at our meeting on all findings (qualitative and quantitative data, research articles on our topic areas)—and create a quarterly update sent out to all participants and stakeholders.

Q+A: Evaluation Phase

QUESTION: *How will you analyze and share all relevant data with those working on the experiment?*

EXAMPLE: Analysis will require our team working with a data specialist. We have identified one at our local college. We will create a database that all our members can access and a project management system called Freedcamp, to share all documents.

QUESTION: *How will you ensure that your data and evaluation are presented in an easy to understand manner?*

EXAMPLE: We will have a data expert on our team and run all data by a data committee. We will ask for support from the Office of School Health-DOH—in reviewing data. We will use data visualization (for example Tableau software) to help increase awareness.

QUESTION: *How will you determine the strengths and weaknesses of the course project?*

EXAMPLE: Strengths will be assessed by the aspects of the project that are going well and moving forward with support from stakeholders. Weaknesses will be identified by areas that have limited ability to make movement forward on our project.

QUESTION: *How will you determine the impact of the course project on your challenge?*

EXAMPLE: The overall impact for the project is long-term. Our initial phase is awareness which will be determined by follow-up surveys. Our intermediate phase will be determined by assessing the amount of funding we have been able to secure and number of providers we have been able to hire. Long-term outcomes can be monitored over the years. We can use measures from the YRBS on substance use, depression and suicidal thoughts, the number of ACEs screens we are able to complete at our middle school per year, and the number of students and families that are receiving services due to school ACEs screening.

QUESTION: *How will you identify the unintended consequences?*

EXAMPLE: We need to set up a process to track the parent's reactions to school-based behavioral health. Surveys and informational interviews can be valuable tools to identify the unintended consequences.

QUESTION: *How will you measure if people (employees and/or residents impacted by the course project) are better off?*

EXAMPLE: We will use surveys and existing data to assess:

- Short term: The amount of constructive dialogue between school staff, parents, students and district personal on the topic access to health care and other vital services, along with the health challenges of students
- The percentage of awareness of school staff, parents and students of the local rates of ACEs, depression and substance misuse and potential evidence-based solutions
- Usage of local behavioral health agencies by parents and youth
- Usage of the counseling staff by students and family members
- Amount of funding for school and community support for school-based behavioral health including financial support

- Long term: significant changes in access to behavioral health care for our students and their family members, we should see a decrease in problems associated with youth depression, substance use and suicidal thoughts—as indicated by Youth Risk and Behavior Survey

QUESTION: *How will you ensure that you communicate with all stakeholders on the results of the experiment?*

EXAMPLE: We will use the internet and social networking tools to share our progress and successes—as well as challenges. We will make sure our monthly meetings include time to plan communication with stakeholders who are not able to attend meetings.

Finding answers

As you can see from this example of CQI question and answers, local community stakeholders can create a very informative and thoughtful strategic plan to take on a project. Please let the 100% Community course instructors or coaches know if you need assistance answering any question as you develop your project plan. We look forward to supporting the development of your course project/innovation. Make you sure to review the course website's research page for links to research articles and other resources.

APPENDIX F

Evaluation Begins with Questions

Consider our questions that inform our evaluation of the countywide 100% Community initiative. You have taken on a complex process with many moving parts. We need to constantly ensure that all components of the 100% Community initiative are working across the county.

AS YOU DESIGN your local county initiative, consider asking the following questions.

- To what degree do residents have access to the following ten vital services?
    1. Behavioral Health Care
    2. Medical/Dental Care
    3. Housing
    4. Food
    5. Transportation
    6. Early Childhood Learning Programs or Affordable Childcare
    7. Community Schools
    8. Youth Mentor Programs
    9. Parent Supports
    10. Job Training
- To what degree are the ten surviving and thriving services rated as user-friendly and easy to access by parents, youth and all community members?
- To what degree do county stakeholders (local government management, non-profit agency leadership, foundation staff) use a data-driven framework to strengthen and align services in order to increase access to services?

- To what degree do schools and campuses have medical and behavioral health care in place to ensure that students are not marginalized due to health disparities and given the support to achieve academically?
- To what degree do the education systems (K–12, college) align with job markets?
- To what degree do residents, service providers and lawmakers have access to technology to strengthen education, communication, collaboration and problem-solving?
- To what degree do local child welfare offices have the capacity to use data, quality improvement and technology to collaborate with county partners, refer parents and youth to vital services, and decrease child maltreatment?
- To what degree is the public given the opportunity (through face-to-face and online forums) to share their concerns, ideas and questions related to increasing vital services and creating resilient families and communities?
- To what degree is the private sector engaged in the strengthening of community systems of family health, safety, education and economic development?
- To what degree is the public aware of historical trauma, adverse childhood experiences and health disparities?

Our long-term goals in each county follow.

Eleven goals of 100% Community

1. Increase access to the five services for surviving including medical/dental care, behavioral health care, food security programs, housing security programs and transportation to vital services.
2. Increase access to the five thriving services including parent supports, early childhood learning programs, fully resourced community schools with health care, youth mentors and job training .

3. Increased elementary and high school attendance, performance and graduation rates.
4. Increased enrollment and attendance at local community colleges, vocational programs or colleges.
5. Increased use of youth and family services to promote physical and mental health
6. Decreased substance misuse.
7. Decreased violence (bullying, harassment, intimate partner violence, domestic violence, child abuse, gun violence).
8. Agencies in ten sectors have data-driven plans to serve 100% of residents.
9. Funding for survival and thriving services to meet need secured locally through city and county government.
10. Increased public/private partnerships ensuring ongoing innovation to strengthen systems of health and safety, with a focus on technology.
11. Increased reports of health, safety and resilience in children and youth documented through a school-based survey such as the Youth Risk and Behavior Survey (used with middle and high school students) and adult surveys such as the State Department of Health's Behavioral Risk Factor Surveillance System (BRFSS).

Evaluation is critical to the success of each county's 100% Community initiative. Your institutions of higher learning should be able to provide you with support in this area.

APPENDIX G

Engaging with Elected Lawmakers

Your 100% Community innovations and projects will depend on support from local and state leadership. Start building those relationships thoughtfully, strategically and respectfully.

TO SUCCEED WITH your mission to ensure that services for surviving and thriving, including timely medical care, are accessible to all county residents, consider a very long sentence that describes basic communication in six components:

Who says what to whom for what reason through which process with what results?

What this 14-word sentence details is everything you need to know about communicating with those leaders and stakeholders who hold the success of your project in their hands by controlling the priorities and budgets of state, county, city and school departments. As you contemplate connecting with an elected leaders whether a state senator, city council member or school board member, be very clear about the following:

- ***Who?*** The "who" is you, or more accurately, who is doing the reaching out and, ideally, the face-to-face meeting. This might be you, Rayna F. Sanchez, private citizen. It could be Rayna, leader of the 100% Community initiative of Lea County Action Team on Food Security. It might be the entire ten-person action team. Or better yet, it might be Rayna representing the 100% Community initiative which represents twenty-five food security-related agencies serving thousands of people a day throughout the county. When you begin to reach out to others, be very aware of what we call your "public face" and who you represent. Elected officials and the staff who most likely may make an appointment will see a solo resident very different than someone who legitimately represents hundreds if not thousands of residents/constituents.
- ***Says what?*** What is your message? If you are leading the 100% Community action team on medical care, you may have many messages but focus on the top three most important issues. You may wish to share with a state senator that, 1) based on the results from the 100% Community Survey, 75% of parents report having little or no access to medical care. 2) Based on data from other public health data focused on health and safety, there is a significant need for medical health care. 3) Your research strongly suggests that one of the most effective strategies for improving access to care for both parents and their children is through school-based health care centers and you would like support for a bill focused on funding such centers across your county.

- ***To Whom?*** Be very clear about whom you need to connect with and why the relationships matters. If your issue is seeking funding to support a countywide system of affordable housing, a school board member might not be "the whom" you need to be speaking with—at least at first. If you have identified a particular project that you are seeking funding for, it might be a local or state lawmaker instead. You will want to research all the lawmakers that might impact your work in housing (or the other nine sectors). You should know an elected leader's voting record and interests and it would also help to know a bit about a leader's staff. Remember, you are building relationships that will take time. Due diligence will bring rewards.
- ***For what reason?*** Again, as mentioned earlier, be very clear about why you are seeking a meeting and building a relationship with a lawmaker and their staff. Do you want to introduce the mission of the 100% Community initiative and build awareness of health disparities? Do you wish to hand deliver a copy of the book, *100% Community*? Do you want to share data focused on documenting a problem that desperately needs to be addressed by funding through a city budget, or the development of a state senate or house bill? Might you want a policy created by the school board? Be very clear about your communication strategy and your reasons for meeting. You will want to focus on building awareness of the challenges residents ensure as a result of lack of vital services. After that, you can determine mutual interest in the issue and if a lawmaker might support prevention strategies.

- ***Through which process?*** You, like hundreds if not thousands of residents, want the ear of an elected official. You not only wish to be heard, you want a partner in the city hall or state house for a mission and cause you feel deeply about. You will most likely be starting with multiple emails, then a phone call, in order to secure an appointment. You might be meeting with staff a few times before you actually meet with a lawmaker. It all depends on the city, county and state. In some political environments, things are quite horizontal or "flat," meaning that even state lawmakers are very accessible and not living on some lofty cloud. In other localities, lawmakers can be very hard to reach. It's all about personal style. If you meet with staff or a lawmaker, just follow the golden rule: be polite. Go prepared with a one-pager that clearly describes your project and why it's important. Have reliable data to make a point. Show up early. Listen closely. Your mission, in a first meeting, is not about getting a "yes"—it's about exploring a connection to assess if you and your action team might be in alignment with a lawmaker.
- ***With what results?*** The goal of any meeting with an elected official and their staff should be to make a connection, share vital information and explore mutual interest in a 100% Community project (by the way, in some situations it's the staff who may become your biggest supporter, so never be dismissive of the support staff who often wield great power). After your meeting, you and your action team members should assess what took place—or at least what you think took place. Follow up with a thank you in electronic or paper form and continue to share updates with staff and leaders.

Elected leaders are just like you except...

In our journey, we have met (and by “met” it might be a long collaboration or a handshake and a one-minute exchange) with many elected leaders, from school board members to city council members, mayors, county commissioners, state lawmakers, congress people, a Lt. governor and governor (plus cabinet level secretaries who run multi-million dollar state agencies). If you didn’t know their titles (and that they control the funding that can make or break your project), you might perceive them as your basic nice business person with a spouse, kids, mortgage and hopes for keeping the public health and safe for life's expected and unexpected challenges. These folks are civil servants and doing important work. Regardless of which side of the aisle (or aisles) they may sit, they have chosen the public sector to focus their energies in the hopes of helping. How they wish to help is for you to discover. We believe that the slogan "we're all in this together" is one most elected officials understand.

A course for elected officials

There is no course for elected leaders when they first enter office (or those stakeholders running multi-million dollar state and local agencies), on addressing health disparities and lack of access to vital services (but we're working on it). What this means is that you may have the job of educating many of our state and local elected leaders and stakeholders. In all fairness to our leaders and the general public, the subject of health disparities or the social determinants of health is not taught in public or private schools or most of higher education. You have an opportunity to do vital public awareness that leads to results and you have the tools to start the job. The biggest tool in the toolbox is the book you’re holding in your hand.

Katherine's Journal

As Dom and I finalized the version of the book you are currently reading, it occurred to us that our state lawmakers are truly at a unique crossroads. The seven colliding crises we mentioned at the beginning of the book can be a catalyst for huge improvement on a statewide scale. Our state lawmakers have a unique opportunity to address problems our residents have been facing for centuries, in addition to new ones. Our first draft follows:

Solutions *Seven Local Opportunities*

- *Public health crisis prevention and care: as each state learns valuable lessons from the COVID-19 pandemic, where gaps in care exist, state and local leaders strengthen health care and create a seamless system to ensure timely care to address current challenges and future public health crises.*
- *Local economic development: each state learns from the economic disruption of 2020 and the crash of 2008, with each city hall developing a robust city-county Department of Economic Innovation and Development to support crisis-proof economies.*
- *Ongoing capacity-building: county and city governments collaborate to create a local government program that focuses on identifying gaps in ten vital surviving and thriving services. It ensures that all local governmental and non-governmental agencies work to create a seamless system of care and safety.*
- *Historical health and safety challenges addressed: all local government. and nongovernmental agencies, working in collaboration with higher education, public schools and public health, commit to ending long-standing challenges that include health disparities, education disparities, adverse childhood experiences, substance misuse, violence and historical trauma.*

- *Digital divide disappears: a public-private partnership ensures that all areas of the state have access to the internet—and all residents can access it for tele-medicine, remote education, remote work options, training, job interviews, and all job readiness and placement activities.*
- *Emergency response aligns with local government: emergency management leaders work with local leaders to refine systems of crisis readiness to ensure efficient communication, dispatch and all vital county-city services during a crisis.*
- *State leadership empowered by data and collaboration: state leadership develops unprecedented levels of collaboration to ensure the health, safety and resilience of all state residents.*

APPENDIX H

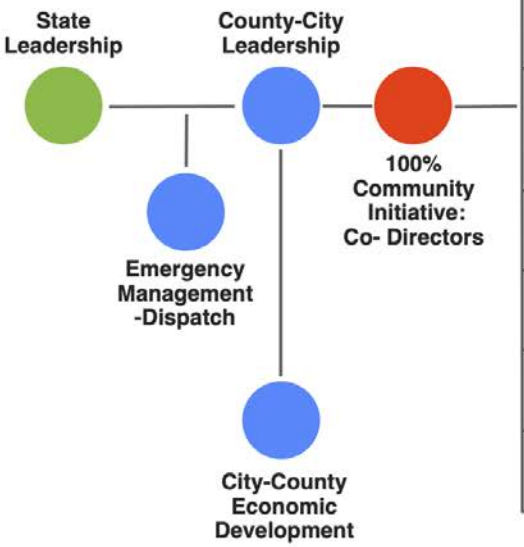
100% Community—County Program Org Chart

Supporting all county 100% Community initiatives

This org chart is meant to serve as a guide. 100% Community leadership, working in collaboration with elected county and city leadership, should compare this org chart with a county's Emergency Management org chart to align chain of command in a public crisis situation.

ORG CHART

100% Community-County-City Initiative
This is a generalized representation of how a county-focused initiative can organize. Each county will develop its own organizational structure.



Survival Services Action Teams


Food


Housing


Medical/Dental Care


Behavioral Health Care


Transportation

Thriving Services Action Teams


Parent Supports


Early Childhood Learning


Community Schools

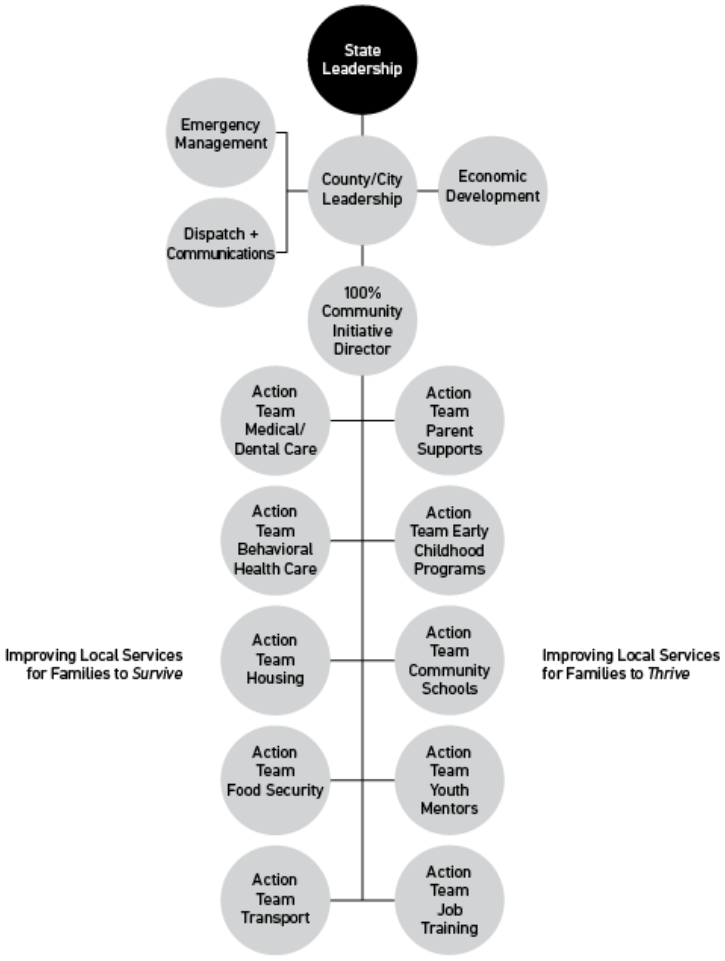

Youth Mentors


Job Training

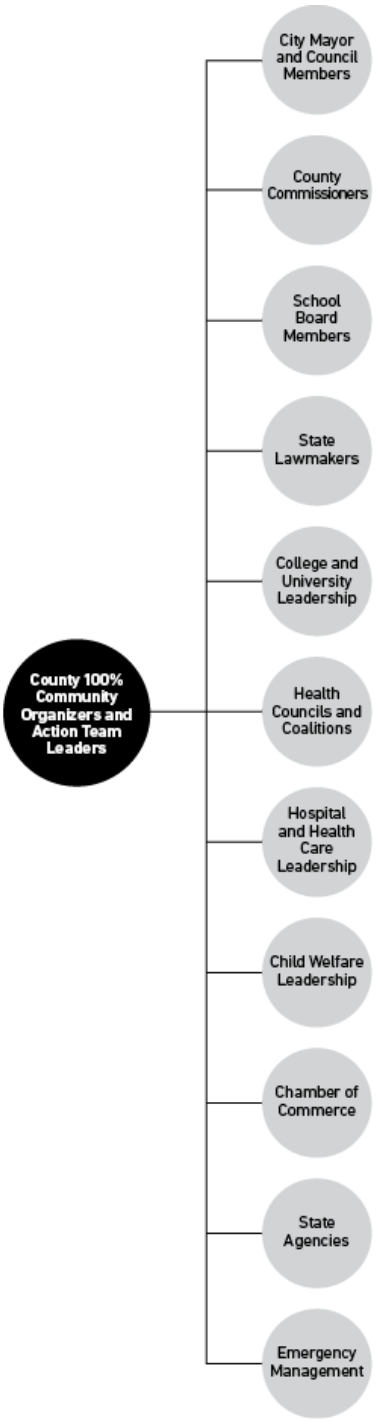
APPENDIX I

100% Community—Partnerships

Building the countywide collaborative system to ensure trauma-free and thriving children, students and families

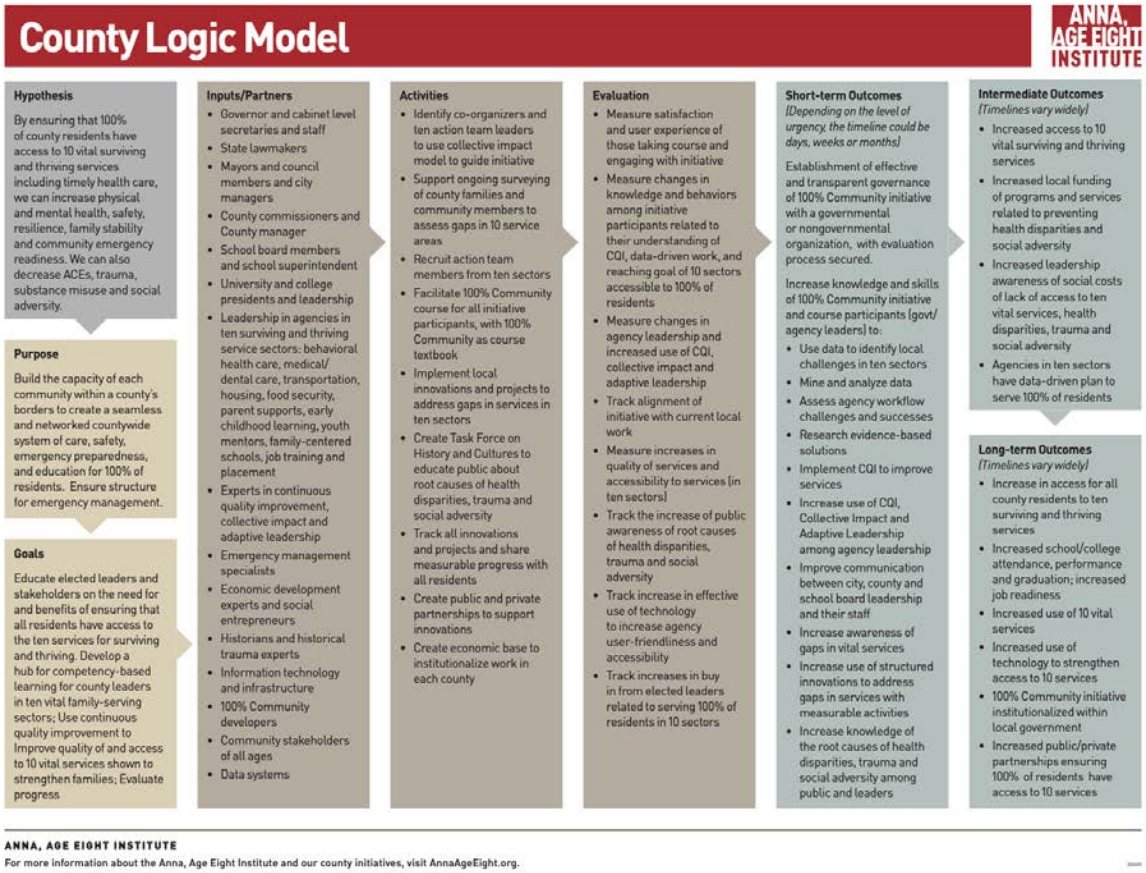


Action Teams are incubators, working in alignment with existing local programs in the public and private sectors.


County 100% Community Organizers and Action Team Leaders
City Mayor and Council Members
County Commissioners
School Board Members
State Lawmakers
College and University Leadership
Health Councils and Coalitions
Hospital and Health Care Leadership
Child Welfare Leadership
Chamber of Commerce
State Agencies
Emergency Management

APPENDIX J

100% Community Initiative Logic Model



APPENDIX K

100% Community—Timeline

The following is a general timeline for the 100% Community initiative. It is a customizable process that can be designed to meet the needs of a specific county. Each county's progress will unfold based on the collaborative capacity of local county, city and school government, as well as local higher education, non-governmental agencies and state entities.

Now ● A local champion (you) reads and reflects on the book 100% Community.

Year 1 ● The local champion connects with the 100% Community developers to explore the county's capacity to take on the 100% Community initiative.

Year 1 ● A local champion identifies two initiative co-community organizers (you might be one of them) and 10 Action Team Leaders (one for each of our ten surviving and thriving sectors).

Year 1 ● The potential initiative team (co-organizers and action team leaders) read and discuss 100% Community and conduct a readiness self assessment (asking, are we ready to launch such a groundbreaking initiative?).

Year 1 ● 100% Community Readiness Workshop for the county team completed.

Year 1 ● Team implements a survey of county parents, youth and community members to identify gaps in ten vital services. Results are analyzed by team with support from 100% Community developers. Gaps in vital services are identified, as well as reasons for the lack of accessibility.

Year 1 ● A County Summit is launched to share survey results with all elected leaders in the county and stakeholders.

Year 1 ● All team members complete the 100% Community Course. Course graduates demonstrate an understanding of continuous quality improvement (CQI).

Year 1–5 ● Action Teams implement innovations and projects, using the CQI "assess-plan-act-evaluate" process, designed to increase the quality and accessibility of 10 vital surviving and thriving services.

Year 1–5 ● Community organizers monitor improvements in ten vital services (increases in quality and accessibility) by ongoing assessment and evaluation.

Year 5 ● The work of the 100% Community initiative is institutionalized by the creation of a local government Department of Family and Community Resilience (this supports a collaborative process of the county, cities, schools, higher education and public health). The goal is 100% of county residents have access to ten services, resulting in increases in health, safety, resilience and emergency preparedness.

APPENDIX L

Crisis-proof County Readiness Checklist

How initiative action team leaders can start work in each of their ten sectors to prepare for a public health crisis

We are strengthening our capacity to ensure that representatives from each of the ten sectors are communicating and working in alignment. When we say alignment, we mean within the 100% Community initiative and with state, county and city leadership including emergency management and dispatch. Our goal is to ensure that services like health care, food and transportation (among 10 services) are working in coordination and meeting the needs of all residents with a special emphasis on our most vulnerable county populations. The following checklist will vary from county to county, depending on a variety of factors and the degree of urgency.

This checklist is designed for all ten action team leaders to review, with their action team members.

Surviving/Thriving Services

Medical Care@100% Action Team

- Which agency do you represent and are you having emergency meetings now?
- Are agencies collaborating to ensure a continuum of care from prevention of viral infection to ICU hospitalization?
- Is there a local number residents can call to get help finding a local provider in a timely manner?
- Do healthcare providers know how they can best reach patients, via phone and/or online?
- Who is in charge of all the county's health care organizations during a public health crisis?

- Do all organizations have the supplies they need to address a public health crisis?
- Where do local health clinics call for supplies?

Food@100% Action Team

- Which agency do you represent and are you having emergency meetings now?
- Are free food delivery services in place during a stay at home order?
- Is there a local number residents can call to get help finding a local provider of food supports in a timely manner?
- Who is in charge of addressing food shortages during a public health crisis?
- How well stocked are food banks and food pantries?
- What would be prudent to have in supply to address a public health crisis?
- Who is checking in with senior centers, schools, and shelters to assess the need for food?

Transportation@100% Action Team

- Which agency do you represent and are you having emergency meetings now?
- Is there a local number residents can call to get help finding a local provider for public transport options in a timely manner?
- Who is in charge of public transport during a public health crisis?
- Who do the public call for help with transport?

Behavioral Health@100% Action Team

- Which agency do you represent and are you having emergency meetings now?

- Is there a local number residents can call to get help finding a local provider in a timely manner?
- Do mental health care providers know how they can best reach clients, via phone and/or online?
- Who is in charge of all the county's behavioral health care organizations during a public health crisis?
- Do all organizations have the supplies they need to address mental health care issues during a public health crisis?
- Where do local mental health care health clinics call for support?

Housing@100% Action Team

- Which agency do you represent and are you having emergency meetings now?
- Who is checking in with shelters to assess additional needs to ensure viral infection protection guidelines can be implemented during stay at home order?
- Is there a local number residents can call to get help finding a local provider of emergency shelter in a timely manner?
- Who is in charge to support temporary housing during a public health crisis?
- Who can reach emergency housing experts during a public health crisis?

Parent Supports@100% Action Team

- Which agency do you represent and are you having emergency meetings now?
- Is there a local number parents can call if they have serious challenges with family life but don't wish to engage with child welfare?
- Do parent educators know how they can best reach parents, via phone and/or online?

- Have all staff helped parents identify a health care provider who they can access easily?
- In case of a crisis, do parents know where to call for medical help?
- Who can contact the county's network of parent support staff during a public health crisis?
- Have staff been trained how and when to keep in contact with parents during a public health crisis?

Child Care/Early Childhood Learning@100% Action Team

- Which agency do you represent and are you having emergency meetings now?
- Is there a local number parents can call if they have serious challenges with family life but don't wish to engage with child welfare?
- Do early childhood learning programs and child care providers know how they can best reach parents, via phone and/or online?
- Have all staff helped parents identify a medical care provider they can access easily?
- In case of crisis, do parents know where to call for medical help?
- Who can contact the county's network of early childhood learning program staff during a public health crisis?
- Who can contact the county's network of early childhood educators during a public health crisis?
- Have early childhood educators been trained how and when to keep in contact with parents during a public health crisis?

Schools/School Clinics@100% Action Team

- Which agency do you represent and are you having emergency meetings now?
- Is there a number that students can call for support if they face challenges at home but do not wish to involve child welfare?

- Do school leaders know how they can best reach students and their families, via phone and/or online?
- Have all educators and school staff helped parents and students identify a health care provider who they can access easily?
- In case of crisis, do parents and students know where to go for medical help?
- Who can contact the county's network of school educators and staff during a public health crisis?
- Have school directors been trained how and when to keep in contact with staff during a public health crisis?
- Do school food banks have enough supplies for an extended period during a public health crisis?
- Do school-based health centers have staff trained to operate during a public health crisis?
- What supplies might they need to serve school staff, students and families?
- Who is in charge of food and how do schools keep food services going for students?
- Are school-based health care providers trained to offer services and support during a public health crisis? What supplies might they need?
- How can all schools be prepared to serve as a shelter if need be?

Youth Mentors/Youth Support@100% Action Team

- Which agency do you represent and are you having emergency meetings now?
- Have all mentors helped their mentees and their parents identify a health care provider who they can access easily?
- Do mentors know how they can best reach mentees and their families, via phone and/or online?
- In case of crisis, do mentees and parents know where to go for medical help?

- Who can contact the county's network of youth mentor staff during a public health crisis?
- Who can contact the county's network of youth mentors during a public health crisis?
- Have mentors been trained how and when to keep in contact with mentees during a public health crisis?

Job Training@100% Action Team

- Which agency do you represent and are you having emergency meetings now?
- Who can evaluate shifting demands in work sectors and coordinate a shift in workforce to ensure both employment and delivery of vital services?
- Have all training staff helped trainees identify a health care provider who they can access easily?
- Do educators and trainers know how they can best reach students, via phone and/or online?
- In case of crisis, do trainees know where to go for medical help?
- Who can contact the county's network of job training staff during a public health crisis?
- Who is in the county can be contacted if there is severe disruption in employment?
- Who can be contacted to help people with employee benefits during disruption?

General City/County Services

The 100% Community initiative leaders work in alignment with call city and county government programs, strengthening the systems of care, safety and resilience.

Liaison to State Government

- Who on the local level is the contact person with state leadership?

City Hall/County Government

- Who is in charge of city and county government and chain of command during a public health crisis.

Emergency Management/Dispatch/Fire/Police/Sheriff/First Responders

- Identify who is in charge during a public health crisis?

Sanitation/Trash pick up

- Who is in charge of this vital service?

During a public health crisis, how might this service be impacted?

- What are protocols if service is disrupted?

For more information about a "crisis-proof" or "crisis-readiness" checklist, please contact us.

About the Authors

Dr. Katherine Ortega Courtney is an advocate for strengthening continuous quality improvement in all family-serving organizations, from health care to transportation, to create a seamless system of health and safety in each county. She promotes a data-driven, cross-sector and technology-empowered county capacity-building process. She is also the co-author, with Dominic Cappello, of *100% Community: Ensuring 10 Vital Services for Surviving and Thriving* to guide local leadership in every state and county in their work designing fully resourced cities and towns where vital services like health care, among ten surviving and thriving services, meet the needs of all families and community members. She and Cappello are also co-authors of *Anna, Age Eight: The data-driven prevention of childhood trauma and maltreatment,* which serves as a long overdue call-to-action for each state to end adverse childhood experiences (ACEs), trauma, social adversity and health disparities. Dr. Courtney has a PhD in Experimental Psychology from Texas Christian University, where she studied at the Institute of Behavioral Research. Dr. Courtney worked with the State of New Mexico for eight years, first as the Juvenile Justice Epidemiologist, then as Bureau Chief of the Child Protective Services Research, Assessment and Data Bureau, where she co-developed the Data Leaders for Child Welfare program. She has worked in policy, research and has led community initiatives through her work at the Santa Fe Community Foundation and the NM Early Childhood Development Partnership.

Dominic Cappello is a *New York Times* bestselling author and advocate for continuous quality improvement, promoting a data-driven, cross-sector and technology-empowered county capacity-building process. Cappello is also the co-author, with Dr. Ortega Courtney, of *100% Community: Ensuring 10 Vital Services for Surviving and Thriving* to guide local leadership in every state and county in their work designing fully resourced cities and towns where vital services like health care, among ten surviving and thriving services, meet the needs of all families and community members. He and Dr. Courtney are also co-authors of *Anna, Age Eight: The data-driven prevention of childhood trauma and maltreatment,* which serves as an urgently needed call-to-action for each state to end adverse childhood experiences (ACEs), trauma, social adversity and health disparities. Cappello worked for the New Mexico Department of Health Epidemiology and Response Division and the New Mexico Child Protective Services Research, Assessment and Data Bureau, where he co-developed the Data Leaders for Child Welfare program, which he implemented in New York City, Connecticut, New Mexico and Pennsylvania. Cappello has a Master of Arts in Liberal Studies with an emphasis in Language and Communication from Regis University. He is the creator of the *Ten Talks* book series on family health and safety that gained a national audience when he discussed his work on *The Oprah Winfrey Show*. Cappello also curated Santa Fe's first public Tedx conference to showcase technology and socially-engaged solutions to all our public health and safety challenges.

100% Community Publications

Everything you need to start your local 100% Community initiative is here. Please contact us to learn about our book and training series to support your local work.

Books by Katherine Ortega Courtney, PhD and Dominic Cappello:

- *Anna, Age Eight: The data-driven prevention of childhood trauma and maltreatment*
- *100% Community: Ensuring 10 Vital Services for Surviving and Thriving*

Contact the authors at www.tenvitalservices.org

COMING FALL 2020

Special Edition: Excerpts from *100% Community* designed for 100% Community initiative community organizers, action team members, evaluators and community residents:

- *100% Community Workbook*
- *Leadership@100%*
- *Food@100%*
- *Housing@100%*
- *Medical and Dental Care@100%*
- *Behavioral Health Care@100%*
- *Transportation@100%*
- *Parent Support@100%*
- *Early Childhood Learning@100%*
- *Community Schools@100%*
- *Youth Mentors@100%*
- *Job Training@100%*

- *My Family@100%*
- *My Life@100%*
- *Asessment@100%*