

# Adaptive Challenges and the Mindsets to Tackle Them

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# The Institute for Healthcare Improvement

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## Mission

Improve health and health care worldwide.

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## Vision

Everyone has the best care and health possible.

Courage

Love

Values

Equity

Trust

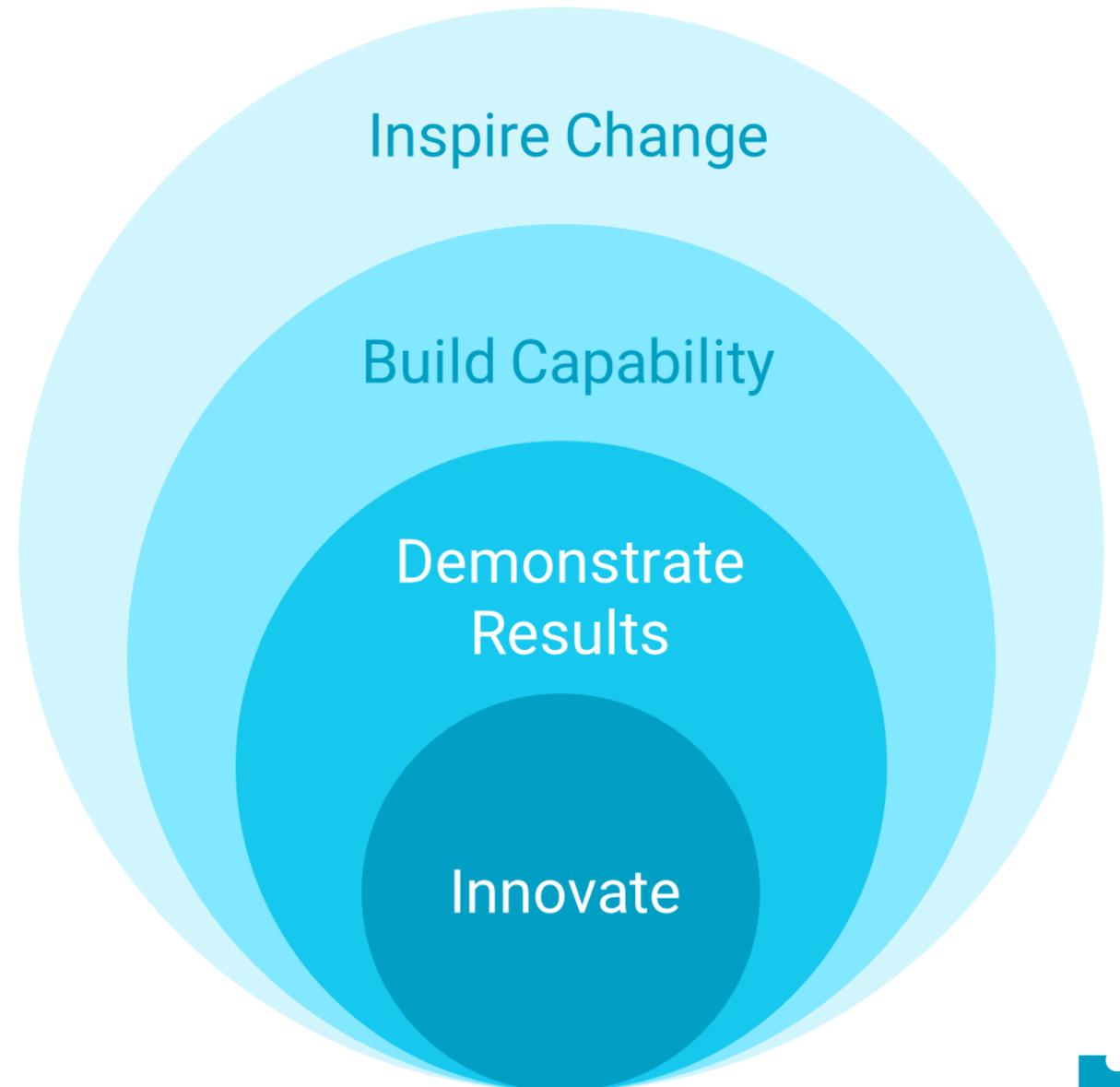
# IHI's Approach

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## A Scientific Method for Improvement

IHI develops and applies practical, scientific improvement and management methods to change and sustain performance in health and health systems across the world.

We spark and harvest fresh ideas, create real person-centered results, strengthen local capabilities, and generate optimism and will for change.



# What's an Adaptive Challenge?



# A Simple (Technical) Challenge

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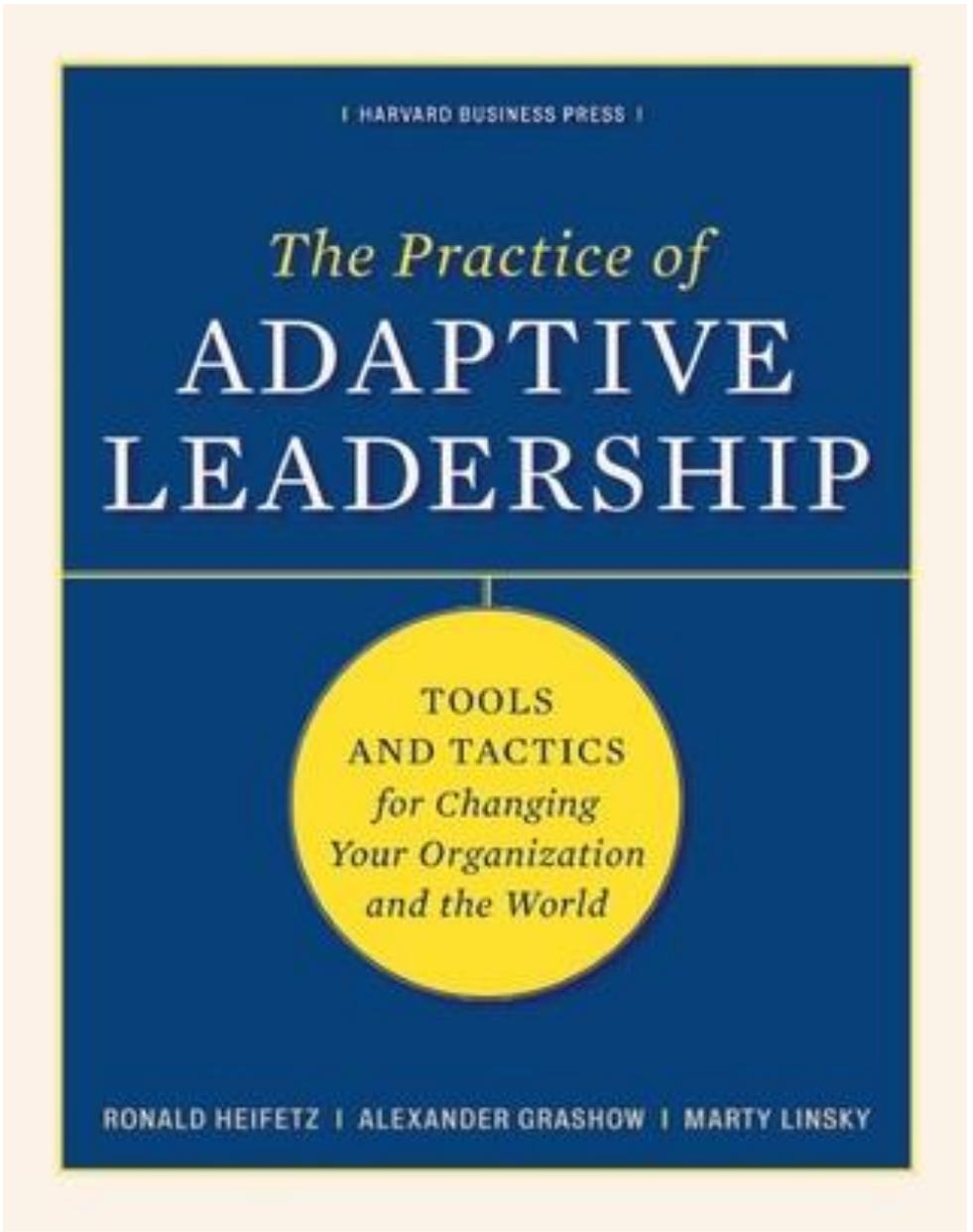
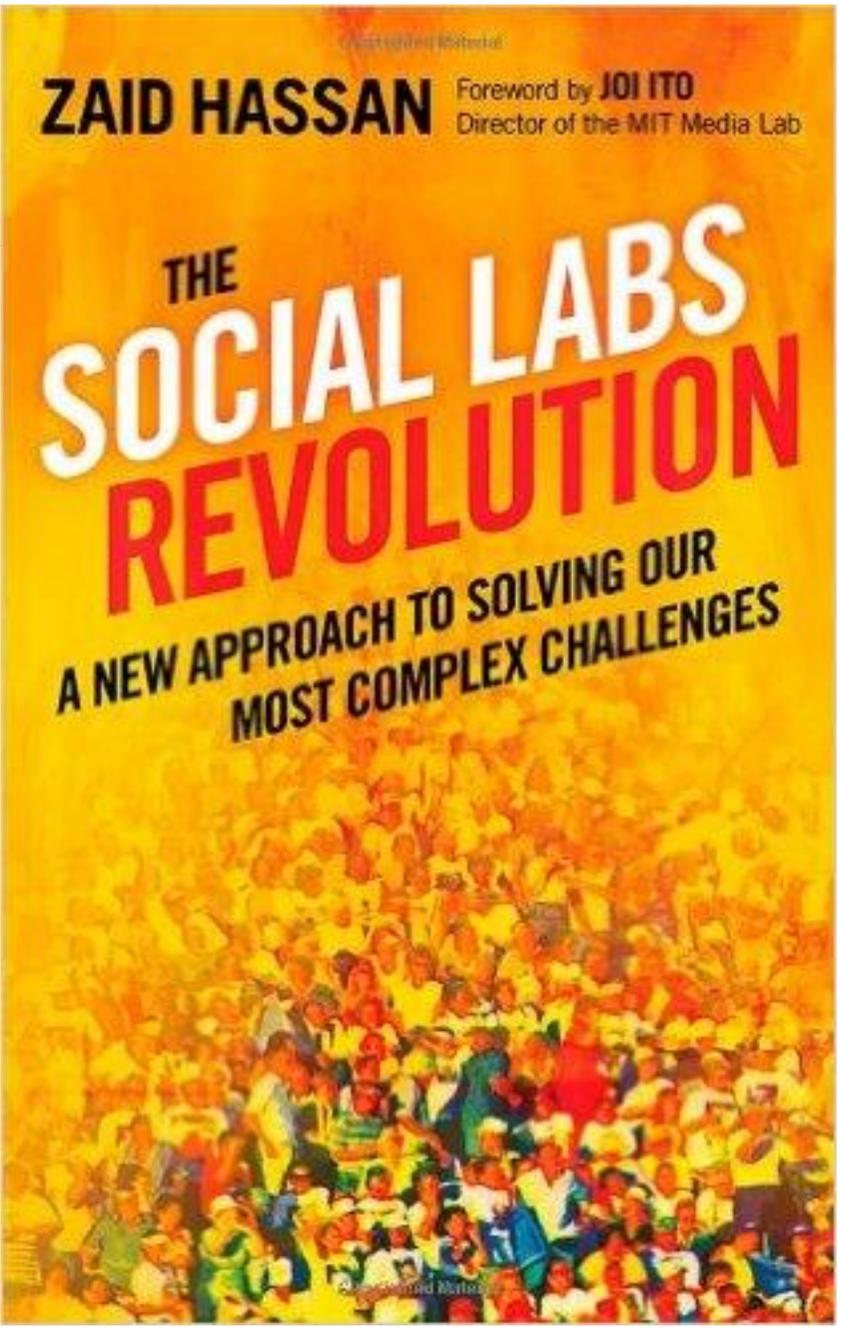


# A Complicated (Technical) Challenge



# An Adaptive (or Complex) Challenge





# Let's unpack this a little...

## An Adaptive Challenge - a social situation that meets the following criteria:

	In plain English...
1. <i>The situation is <b>emergent</b></i>	Adaptive Challenges have many components that are always Changing. So there is no way to know what the situation will look like in the future.
2. <i>There is a <b>constant flow of information</b> to negotiate</i>	Adaptive Challenges have new information and sources of information continually available.
3. <i>Actors are <b>constantly adapting their behavior</b></i>	The people, organizations, and systems involved are continually adjusting what they do, often without consulting with others working on this



# Report Out

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Please raise your hand if at least one of your projects or an aspect of your work involves addressing an adaptive challenge/ complex problem:

- What is the adaptive challenge (name it)?
- How does it meet the criteria for being an adaptive or complex (rather than a technical) challenge?



**Why Tackling an Adaptive Challenge as  
if it were a Technical Challenge is  
Disastrous!**



“The most common cause of failure in leadership is produced by treating adaptive challenges as if they were technical problems.”

Ron Heifetz, The Practice of Adaptive Leadership



Type of Problem or Challenge	Problem	Solution	Who's Work	Type of Work
Technical Example	Broken Arm  <i>Problem is Clear</i>	Set the Arm in a cast  <i>Solution is clear</i>	Doctor  <i>Expert</i>	One proven fix  <i>Expert Fix</i>
Adaptive Example	Reduce % of people with pre-diabetes who develop diabetes  <i>Causes of problem are <u>not</u> clear or vary</i>	Requires learning of root causes, factors and opportunities  <i>Solution is <u>not</u> clear</i>	Many people. Orgs. & systems including people with pre-diabetes  <i>Multiple Actors</i>	Many ideas could contribute to a solution  <i>Experiment to make progress</i>



# Technical Challenge

- ✓ Is clearly defined
- ✓ Can be solved by experts
- ✓ Can be resolved in short(er) time spans
- ✓ **Can be issued by edict**
- ✓ Is solved by authority/leadership or delegates
- ✓ Requires informative learning, but basic perceptions remain the same
- ✓ Faces less resistance

# Adaptive Challenge

- ✓ Is harder to define
- ✓ Must be solved by people, not experts
- ✓ Has long-term outcomes
- ✓ **Requires changes in attitude, beliefs, behaviors**
- ✓ Requires collaboration
- ✓ Requires transformative learning & shifts in perceptions
- ✓ Faces more resistance

*Adapted from Leadership on the Line: Staying Alive through the Dangers of Leading (R. Heifetz and M. Linsky)*



# Mindsets for Addressing Adaptive Challenges



## Common Responses to tackling Adaptive Challenges/Complex Problems

- Someone (else) should really do something about this problem
- That wouldn't work for us because...
- We can use better monitoring and compliance to control this and improve the situation
- If only they did what we/our report told them to do, we would have solved the issue already
- We tried something like that before and it didn't work
- By following the detailed workplan that our panel of experts produced, we can solve this!
- We don't have the resources/people/expertise needed to do this
- If we take this on and fail, we'll put our funding/reputation at risk
- There is too much about this that we can't control
- Let's meet to discuss and plan this out fully before we decide to do anything
- We need to get all stakeholders to buy-in before we can tackle this
- We are just not ready to take this on
- We've always done it this way!

# Tackling Complex Challenges

- These mindsets are connected to and feed off each other
- Trying these Mindsets will allow you to get started
- Embracing these mindsets will keep you energized and allow you to be resilient
- You can cultivate these mindsets in yourself and others
- These mindsets are powerful tools within themselves
- The methods and tools you will learn throughout this initiative, including the Model for Improvement, will work even better if you cultivate these mindsets





# Cultivating a Growth Mindset

Based on the work  
of Carol Dweck

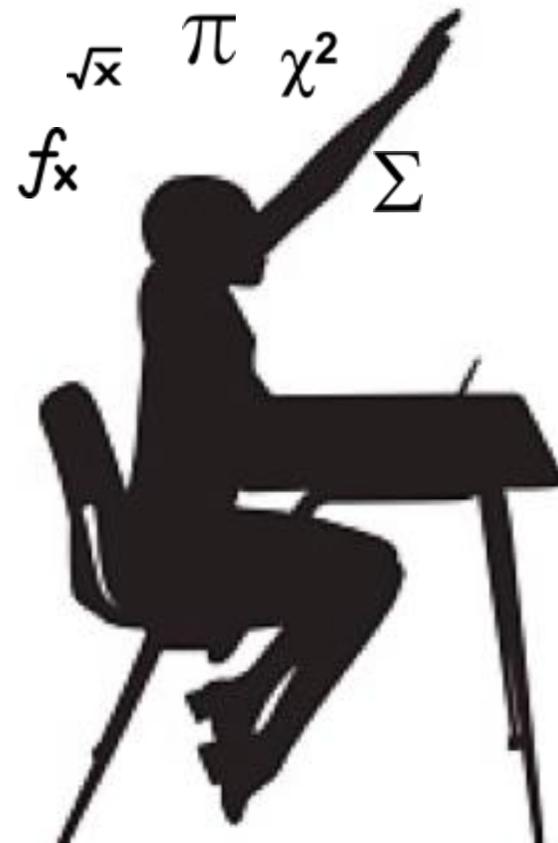
# Carol Dweck's 4 Options (and what the research says)

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1. Your intelligence and abilities are something very basic about you that you can't change very much.
2. You can learn new things, but you can't really change how intelligent you are.
3. No matter how much intelligence you have, you can always change it quite a bit.
4. You can always substantially change how intelligent you are.









# Strategies for Cultivating a Growth Mindset

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- Learn to hear a fixed mindset in yourself and others
- Make an effort to add “yet” to statements that otherwise end in failure (e.g. instead of “I can’t figure out how this works” reframe as “I haven’t **YET** figured out how this works”)
- You can prime yourself and others to tackle a complex challenge using the growth mindset by remembering something you couldn’t do (or do well) in the past that now you are good at
- Remember that groups who believe they can improve, are able to stick with a problem and are resilient in the face of setbacks
- Remember that the power of a growth mindset is supported by science



*Or Just Watch This Video*

The Power of a Growth Mindset

# Growth Mindset Discussion

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- Take 2 minutes in pairs or triads to discuss:
  - One thing that you used to be horrible at, that you became proficient (or expert) at with time and practice
  - 1 area in which you can cultivate a growth mindset in yourself and/or others in your current work
- Now let's discuss how the Growth Mindset could be applied to Equity in OC





# Failing Forward

To Make Progress on Adaptive Challenges

# Embracing Failing Forward



















You had your shot at walking, but failed. I guess you will always be a crawler.



# Typical (Technical) Views of Planning, Success & Failure

- If we plan enough, we won't make any mistakes
- If we follow our workplan, we will be successful
- Our experts' recommendations now just need to be implemented
- We shouldn't begin work until we have figured everything out
- If we make a mistake, we risk our reputation, funding or worse
- We can't afford to make a mistake because we work with people
- If we do make a mistake, we should hide it (or blame others)
- Only share our successes
- Get it right the first time!



# What if we applied to other complex challenges?



Learning to ride a bike



Developing a new medicine



Developing software



The Wright Brothers and the first airplane



Learning to play an instrument



**Insert Your Initiative Here!**



# What is “Failing Forward”?

Failing Forward is a mindset that acknowledges:

- We cannot plan our way to improvement of an adaptive challenge, **we must experiment**
- Virtually all innovation, improvement or acquisition of a new skill **requires that we both make mistakes and learn from them**
- **Mistakes are to be embraced** as long as we have learned something from which we might **improve on our next attempt**
- **Mistakes are to be shared** as openly as our successes (we can learn just as much, if not more from “failures”)



<b>Characteristic</b>	<b>Failing</b>	<b>Failing Forward</b>
<b>Motto</b>	Get it Right the First Time	Experiment, fail (quickly) and improve
<b>World View</b>	Solving problems is like baking a cake	Solving problems is like raising a child
<b>Government Solution</b>	Implement our Experts' Recommendations	Partner with us to figure out solutions over time
<b>Beginning Premise</b>	If we plan enough, we can get it right	we can figure it out over time by testing our ideas, tracking our progress and putting in place a process for improvement
<b>Implementation Protocol</b>	Follow the long-range strategic plan, work plan or expert panel's recommendations	Long-term goals but short-term planning. Test idea, iterate/improve as needed, and chart new course if called for
<b>Use of Data</b>	Data is used for judgment - to report on past activities	Data is used for learning/improvement - to test ideas, guide activities and inform decisions
<b>When things go wrong...</b>	Hide mistakes and/or blame others (they didn't do what we told them to do)	Ask – What can we do better next time? Share mistakes, celebrate them as critical learning, refine initial ideas or develop new ideas
<b>Follow-up from mistakes</b>	Increase intensity , continue doing the exact same thing or stop doing it entirely	Next step is dependent on lessons learned



# Remembering Failing Forward

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# Failing Forward Discussion

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- ❖ In pairs or triads, think about a time you have made a mistake in your current work and lessons others could learn from this.
- ❖ Let's discuss some of our fail-forwards and learn from and with each other!





Adopting a  
Bias Toward  
Action!



Life is what happens to you while you're busy making other plans.

Inequitable outcomes for Orange County is what happens while you're busy making a 10 year strategic plan to reduce inequities

*-John Lennon, "Beautiful Boy"*

*-Fictional John Lennon, Agile Problem Solving Expert*

# Cultivating a Bias Toward Action

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“It's a terrible thing, I think, in life to wait until you're ready. I have this feeling now that actually no one is ever ready to do anything. There is almost no such thing as ready. There is only now. And you may as well do it now. Generally speaking, now is as good a time as any.”

*Hugh Laurie, Actor*



# Complex Challenges by their nature are...

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- impossible to fully plan for
- always changing

**But in spite this (or because of this), we have to embrace a  
Bias Toward Action**



You don't have  
to see the  
Whole Staircase.  
Just take the  
**FIRST STEP**

# Just Start...

- **Despite Outstanding Research or lack of “evidence”**
- **Despite Unanswered Questions**
- **Despite Not Knowing the “Solution(s)”**
- **You can learn your way into solutions**
- **Because what you come up with will be better than what currently exists**



# Work With and Steal Shamelessly From Others (and give Them Credit)

- Likely someone from your sector has solved the problem or a piece of it
- If not, likely someone from your sector is currently trying to solve the problem
- If not, likely someone from your sector has tried to solve the problem and has failed (and you can learn from them and/or work with them)
- If not, someone from an adjacent sector has worked to solve a similar problem
- If not, someone from a completely different sector has worked to solve a problem that could be helpful with the problem you are facing
- We NEVER need to work in isolation!



# Bias Toward Action Discussion

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- Working by yourself develop a list of 2 or more things that you've put off starting (for various reasons) that you can do to move your work forward when you get back to your office or home
- Let's discuss how we might cultivate a Bias Toward Action in our work in Orange County!



# From a Technical Approach to an Adaptive Approach

Contra Costa County



# The Need & Challenge

*~ 200,000 people in Contra Costa County*

*(Contra Costa County consists of 1.2M people, 19 cities, and 718 square miles)*



**1 in 5 adults**

experience mental  
health issues



**Third most**

common  
ambulance call



**8,000+**

visits to Psychiatric  
Emergency Services



# Suffering is Unacceptable

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- People are suffering
- Racism and stigma
- Loss of life, criminalization and incarceration
- No comprehensive response system in place
- Poor use of existing emergency response workers



# The Solution: Behavioral Health the 4<sup>th</sup> Arm of Emergency Response



Law Enforcement



Medical



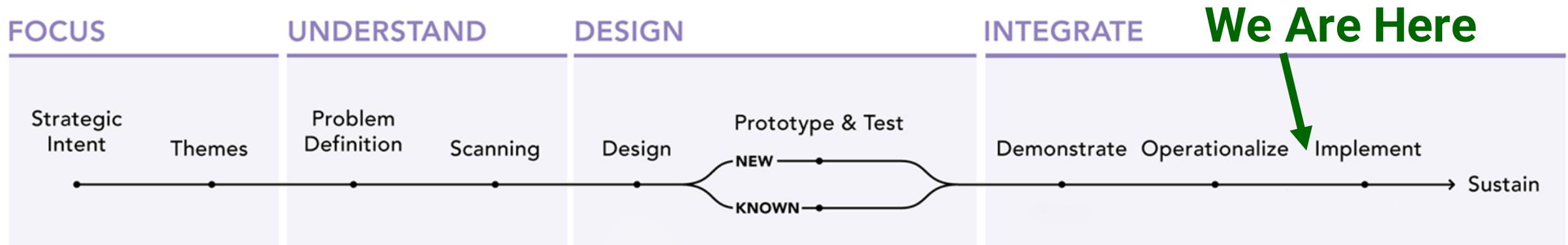
Fire



Behavioral Health



# Accelerating Learning & Spread Improvement Model to Tackle the Challenge, Create, & Integrate the Solution (incorporating the MFI)



## Fall 2020

Mayor's Conference

## Winter 2020

Value Stream Mapping:

- AIM – anyone, anywhere, anytime
- Priority improvement areas

## Spring – Summer 2021

- Developed A3 model
- Rapid improvement events:
  - Developing solutions
  - Testing solutions
  - Putting it all together
- Launched A3 Miles Hall Crisis Call Center pilot

## Fall 2021 – present

- Implementation process
- Program structure, including the governing body, integration group & workstreams
- Data & evaluation
- Refine, spread & scale



# Observations & Learnings

Team	PRE-CRISIS / BEFORE THE CRISIS			DURING THE CRISIS / CALL FOR HELP		CRISIS RESPONSE/ POST CRISIS	
Observation / Interview Locations	PROVIDER CLINICS - KAISER, SUTTER, JOHN MUIR	ACCESS LINE	CCHP ADVICE RN, OTHER ADVICE RN LINES	911 - MEDICAL & LAW DISPATCH	EMERGENCY DEPARTMENT	MENTAL HEALTH EVALUATION TEAM	TRANSITION TEAM
MILLER WELLNESS	HEALTHCARE FOR THE HOMELESS	CORE HOMELESS OUTREACH TEAM	PSYCHIATRIC EMERGENCY DEPARTMENT	LAW ENFORCEMENT	FAMILY MEMBERS / LIVED EXPERIENCE	JUVENILE HALL	
HUMES, NAMI, COMMUNITY-BASED ORGS	211	COUNTY CLINICS	FAMILY MEMBERS / LIVED EXPERIENCE		MOBILE RESPONSE TEAM (YOUTH)	MOBILE CRISIS RESPONSE TEAM	
FAMILY MEMBERS / LIVED EXPERIENCE	DISCOVERY CENTER	DISCOVERY HOUSE			ALCOHOL AND OTHER DRUGS PROGRAMS		



# Lived Experience Themes



Cultural  
responsiveness  
training



Teams that reflect  
culturally diverse  
communities served



Peer and Family  
support at every  
level of service



Service with  
kindness, respect  
& dignity



# Current System Experiences

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## Rebekah on behalf of her daughter

*“Had she not been locked down she would not be with us today.”*



*I had to scream and yell so hard to get her the help she deserved [...] I shouldn't have had to work so hard.”*

- *Rebekah believes that had her daughter received the proper care and housing she needed the first time they sought help, their prolonged encounters with law enforcement and clinicians could have been prevented.*



# Lived Experience within the AAPI Community

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**Tianmei** "I hope there is an easier way to send a patient to get [treatment], not wait until they harm someone [requiring police get involved]. My husband and I still have not recovered."

**Shelly from NAMI** on behalf of two different families

"There were language barriers that some understood and others didn't.

"We need language support and cultural support."

"It took more than 20 minutes for the ambulance to arrive. Waiting times [cause anxiety] because it is a life saving [moment] with young lives in danger."

"[Law enforcement] treated a mentally-ill 14 year-old like a criminal. I wish the police officers had CIT training."



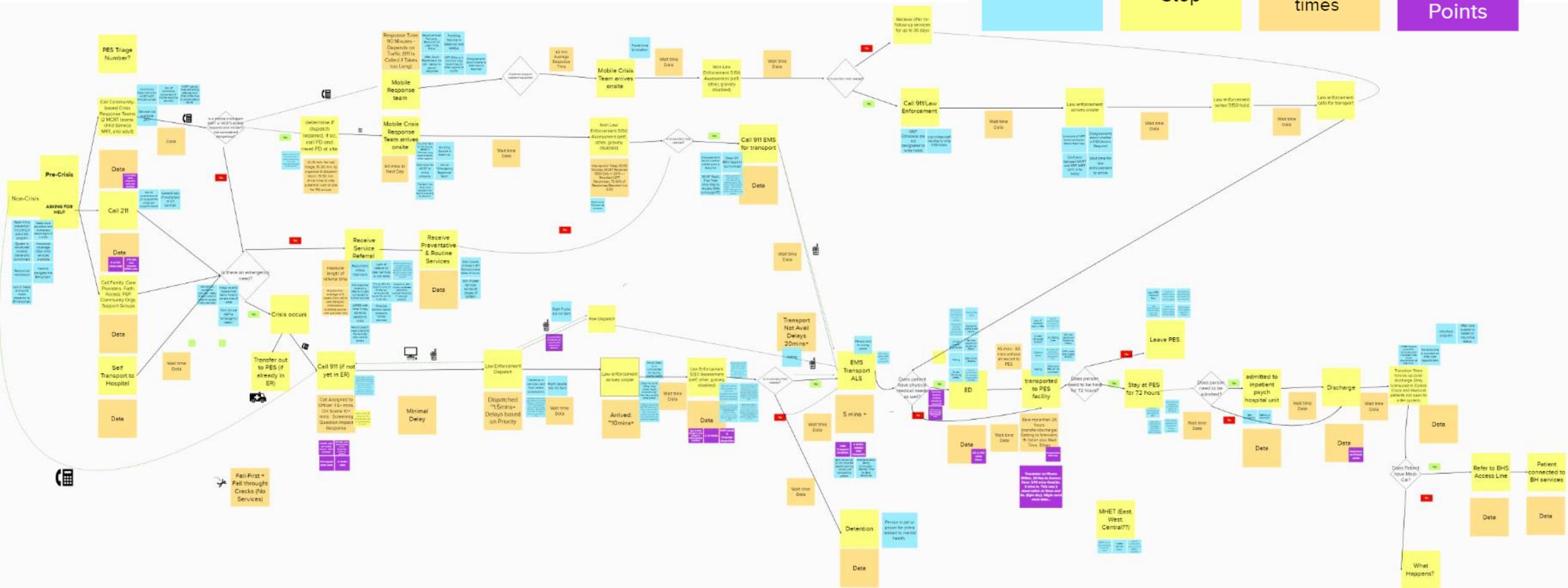
# Current State Map

Blue = Waste

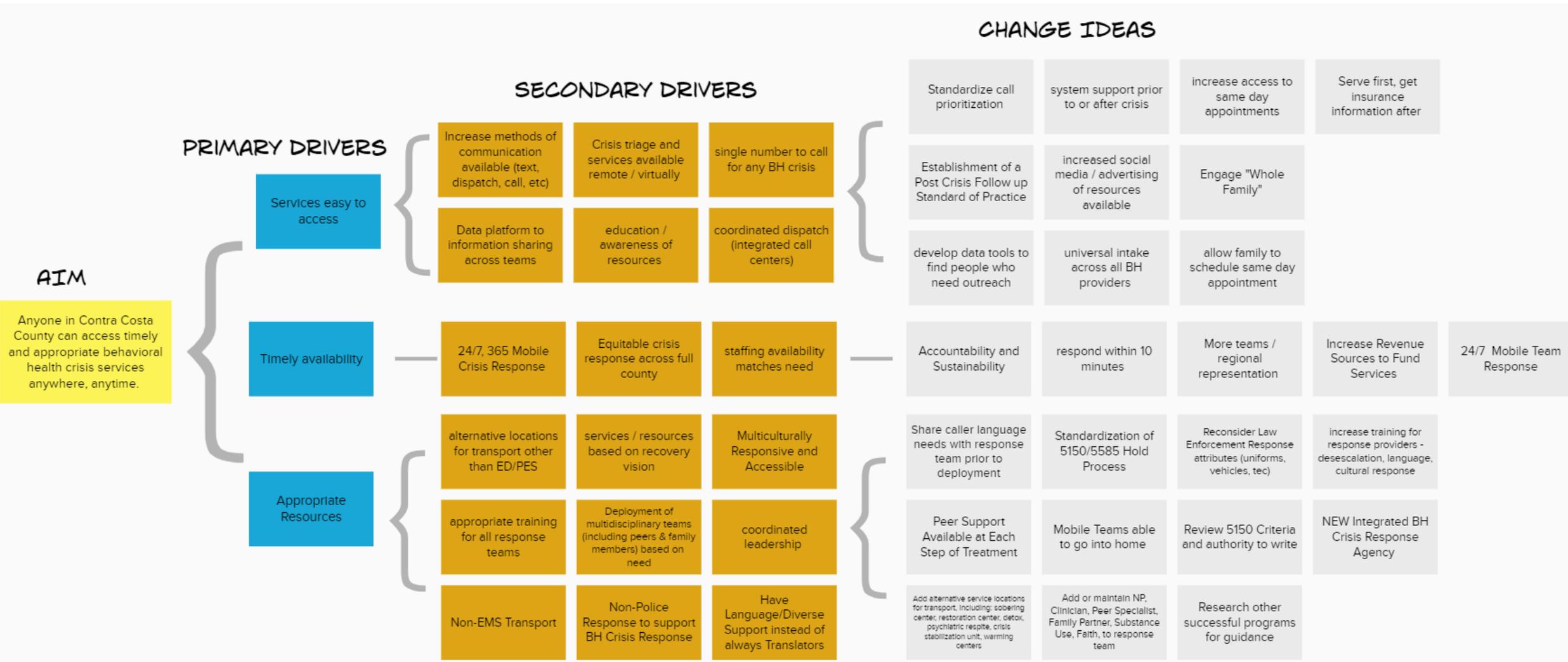
Yellow = Process Step

Orange = Data Cycle and wait times

Purple = Specific Data Points



# Driver Diagram



# Priority Improvement Areas

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**Single Phone  
Number**



**Mobile 24/7  
Response**



**Non-Police  
Mobile Crisis  
Team**



**Alternate  
Destinations**

# A3 Model

**A Need for Help**



**CRISIS CALL**

(individual, family, third party, 211, access line, community health provider)

**Someone to Talk To**



**A3 MILES HALL  
Crisis Call Center**

**911**

**Someone to Respond**



Level 1 Teams

Level 2 Teams

Level 3 Teams

Firefighters

Paramedics

Police

**A Place to Go**



**A3 Campus:**

- Peer Respite
- Sobering Center
- Urgent Care

**Other Destinations:**

- Psych Emergency Services
- Medical Emergency Departments



# The Entry Point

**A3 MILES HALL**  
**Crisis Call Center**

**833-443-2672**

**Mon - Fri, 8 a.m. - 6:30 p.m.**



Staffed by clinicians

Triage behavioral health calls

De-escalate when possible

Dispatch response teams

Goal: Operate 24/7



# Estimated Goals & Timelines

**By Dec. 2023: 34 response teams, 10 min. response time, enhanced technology & A3 campus open**

**We Are Here**

*The timing of these milestones is estimated & may change. Last updated 9/1/2022.*

June 2022 Happening Now	July – Sept 2022	Oct – Dec 2022	Jan – Apr 2023	May – Aug 2023	Sept – Dec 2023
A3 Miles Hall Crisis Call Center open	Workflow enhancements & training with law enforcement <b>(POST training drafts under review)</b>	Workflow, training & tech enhancements 30% of patrol officers & dispatchers trained	A3 campus construction 50% of patrol officers & dispatchers trained	A3 campus construction 75% of patrol officers & dispatchers trained	A3 campus open 100% of patrol officers & dispatchers trained
Hours of operation: Mon – Fri, 8 a.m. – 6:30 p.m.	Expand hours: Saturday (8 hours) <b>(contemplating when to extend the hours based on demand with new teams)</b>	Expand hours: Sunday (8 hours)	Expand hours: weekdays: 8 – 12 a.m. weekends: + 8 hours	Expand hours: weekends + 4 hours	Operating 24/7
3 response teams	8 response teams <b>(we'll have hired 6 new people to increase to 6 teams)</b>	16 response teams	23 response teams	30 response teams	34 response teams
Average response time for field visits: 60> minutes	Average response time for field visits: <b>50 minutes (Average response times of 55 minutes)</b>	Average response time for field visits: 40 minutes	Average response time for field visits: 30 minutes	Average response time for field visits: 20 minutes	Average response time for field visits: 10 minutes



# Where We Stand Today

- A3 Miles Hall Crisis Call Center open  
Monday – Friday, 8 a.m. – 6:30 p.m.
- Two response teams
  - Average of 60 minutes (call & response time)
  - 2 new hires & 1 candidate in the pipeline
- Refining triage process
- A3 campus construction project
- Collaborating on training



**Over 40%**  
of calls are from  
family or law  
enforcement



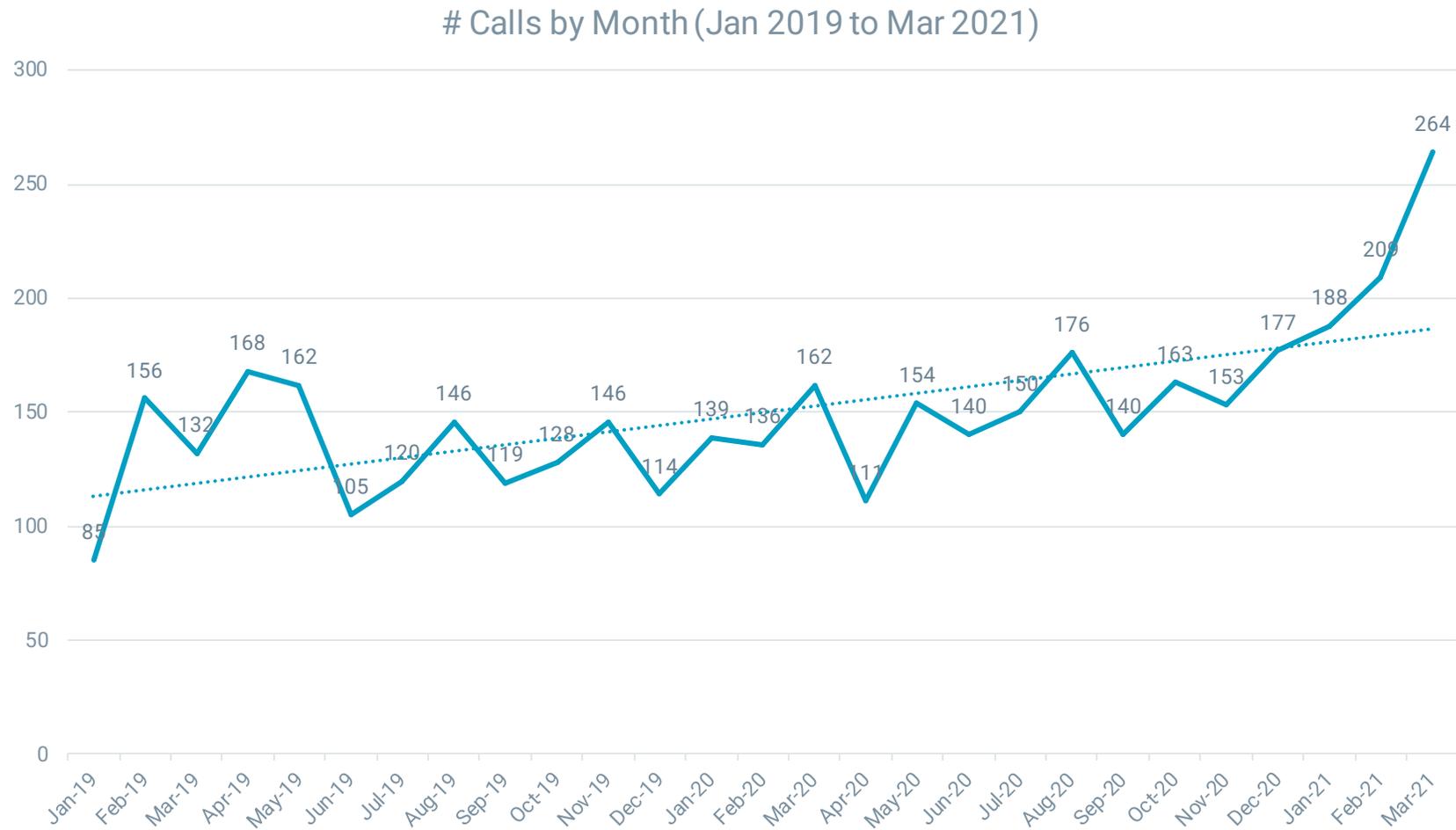
**Over 50%**  
of calls are about psychosis,  
aggression or suicide



**1 in 4**  
callers need an  
in-person response



# Actual Data from Just One Source (Mobile Crisis Response Team)



# A3 Campus Construction

A Place  
to Go



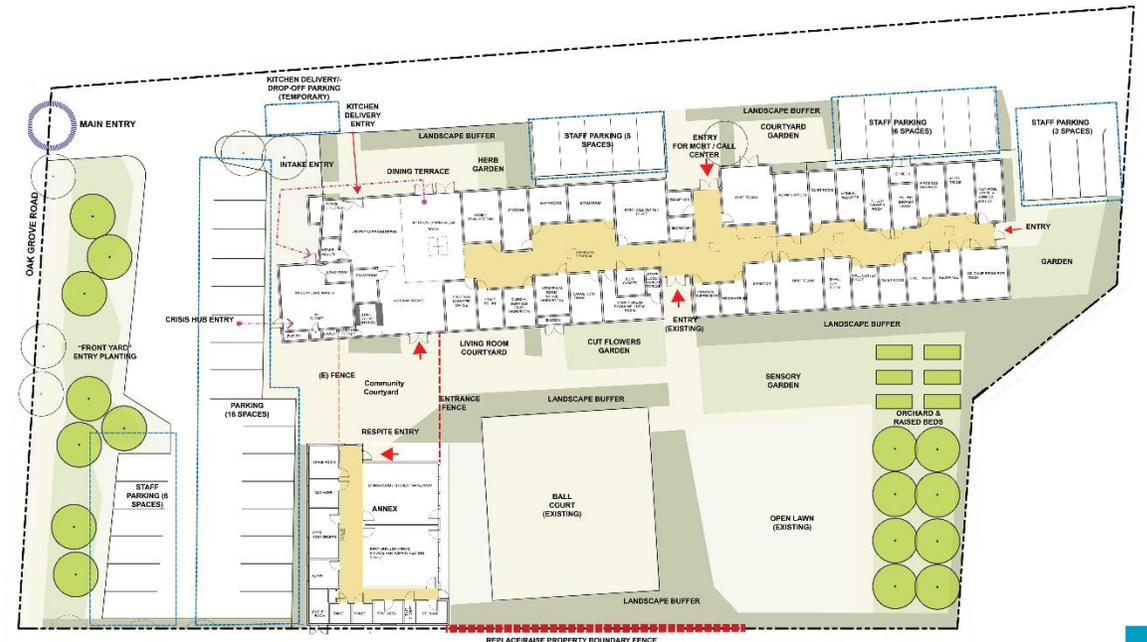
## A3 Campus:

- Peer Respite
- Recharge Center
- Urgent Care

## Other Destinations:

- Psych Emergency Services
- Medical Emergency Departments

- Facility renovation – 1034 Oak Grove Road, Concord
- Anticipated opening by winter 2023
- A3 Services:
  - Miles Hall Crisis Call Center
  - Alternative destinations
    - Peer Respite
    - Recharge Center
    - Urgent Care



# A3 Funding

- Measure X half-cent sales tax
  - \$5 million for infrastructure & technology
  - \$20 million annually beginning July 2023
- Federal funding
  - \$1 million to add two crisis response teams
  - \$1 million to renovate the A3 Campus
- Contra Costa Regional Health Foundation
  - Financial support for process

A3 Contra Costa Community Crisis Initiative (10-20-2021)			
	Estimated Annual Salary & Benefits	ONE-TIME Total Cost	ON-GOING Total Cost
<b>Miles Hall Community Crisis Call Center</b>			
1 Psychiatrist	\$348,563.00		348,563.00
1 Behavioral Crisis System of Care Director	\$202,558.00		202,558.00
11 Mental Health Clinicians- Call Center	\$147,673.00		1,624,403.00
1 Secretary	\$76,381.00		76,381.00
1 Overall-Project Manager	\$168,656.00		168,656.00
2 Overall Program Managers	\$168,656.00		337,312.00
1 IT Clinical System Analyst	\$234,682.03		234,682.03
1 Planner Evaluator	\$123,539.00		123,539.00
5 Administrative Support	\$76,381.00		381,905.00
<b>Hub Crisis Services/Alternate Destination</b>			
4 Licensed Mental Health Clinicians	\$147,673.00		590,692.00
9 Substance Abuse Counselors	\$112,596.00		1,013,364.00
4 Peer Support Workers	\$64,599.00		258,396.00
9 Registered Nurses	\$213,978.07		1,925,802.66
<b>Collaborative Response Teams- 34 Teams</b>			
24 Licensed Mental Health Clinicians	\$147,673.00		3,544,152.00
10 Emergency Medical Technicians	\$66,138.25		661,382.50
24 Peer Support Workers	\$64,599.00		1,550,376.00
5 Law Enforcement Officers	\$185,260.00		926,300.00
10 Outreach Specialists	\$54,266.07		542,660.67
10 Medical Social Worker	\$108,465.76		1,084,657.65
<b>Other Costs</b>			
a. 24 Vehicles	\$29,415.00		705,960.00
b. 34 Radios & Equipment	\$1,719.00		41,256.00
c. Physical Location for Crisis Services		3,387,290.86	228,908.81
d. Regional Deployment Centers - 3 additional locations in Far East, East and West	\$486,000.00		1,458,000.00
e. Computers, phones and ongoing communication costs	\$83,400.00		83,400.00
f. Dispatching Technology purchase, installation and configuration		1,239,105.00	
g. Electronic Health Record configuration and maintenance including billing and revenue tracking		373,604.00	858,000.00
h. Training	\$147,673.00		147,673.00
i. Evaluation and ongoing quality improvement		0.00	881,020.00
		\$5,000,000	\$20,000,000
<b>Footnotes:</b>			
1. Physical Location for Hub costs includes cost of full repairs and, furniture, and then ongoing maintenance need			
2. Vehicles - 24 because not all 34 teams will be deployed at one time			
3. Radios & Equipment - 24 radios because not all 34 teams will be deployed at one time			
4. Regional Deployment Centers costs are based on current budgeted occupancy costs for Mobile Crisis Response Team location.			
5. Dispatching Technology includes estimated costs for CAD, RapidSOS and Dispatch computers.			



# Failing Forward & Learning

- 
- *Didn't have the right team members with lived experiences or involve neighborhood members upfront*
  - *Most people didn't trust the improvement process and had never worked together (e.g., Police, BH, lived experiences, Fire Services, EMS, First Responders) in the Design process or implementation*
  - *Didn't understand how difficult it is to change Police, Fire, EMS, other First Responders protocols around crisis responses and getting MOU's in place for coordinated dispatch efforts*
  - *Didn't understand multiple sources and systems who receive client crisis calls (e.g., Crisis Center, Mobile Crisis Response Team for Adults, Mobile Response Team for Adolescents, 911, 988) or how to integrate them for 988 (July 2022)*
  - *Didn't understand how difficult it would be to hire or source resources to do the work*
  - *Major technology integration issues and challenges (e.g., EPIC, ERSI, in-contact) for dispatch, workflows, and customer relationship management*



CONTRA COSTA



Providing timely, appropriate behavioral health crisis services to ***anyone, anywhere*** at ***anytime*** in Contra Costa County.

***Providing hope...***

***Play “Rent – Seasons of Hope song”***



**Thank YOU!**





***Please evaluate  
this session***

**Aim your phone's camera  
at the code, and a short  
survey will open. Thanks  
for helping us improve.**