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FY 2020 – 2022 Community Mental Health Fund

Needs Assessment, Investment Framework & Priorities

November 2018

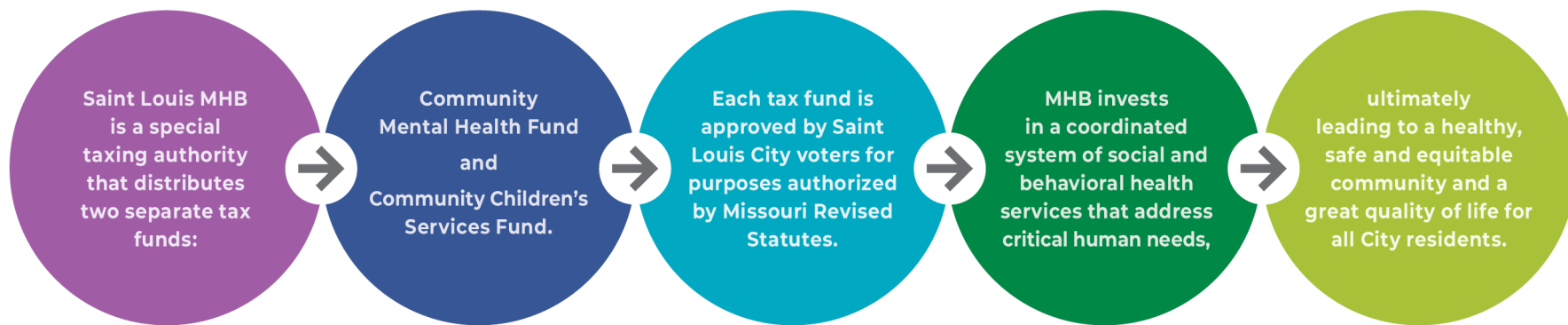
Welcome and Remarks

Carolyn Jackson

Chair, MHB Board of Trustees

Jama Dodson

MHB Executive Director



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Today's Objectives

1. Share Needs Assessment Key Findings & Recommendations
2. Review FY20-22 Community Mental Health Fund Investment Framework & Priorities
3. Provide an overview of the application process
4. Answer your questions

2018 Adult Behavioral Health Community Needs Assessment

Alison Kraus

Program Manager Evaluation and Communication

Behavioral Health Network

of Greater St. Louis

BHN is a collaborative effort of providers, advocacy organizations, government leaders and community members dedicated to developing an accessible and coordinated system of behavioral healthcare, with a focus on the un/underinsured and underserved in Missouri's Eastern Region (City of St. Louis and Missouri counties of Franklin, Jefferson, Lincoln, St. Charles, St. Louis & Warren).

Mission: To improve our community by leading behavioral health planning and coordination.

Vision: Through the development of a coordinated, accessible, effective and accountable system of behavioral health and support services, the people in our region will reach their highest potential.



Needs Assessment

Focal Areas

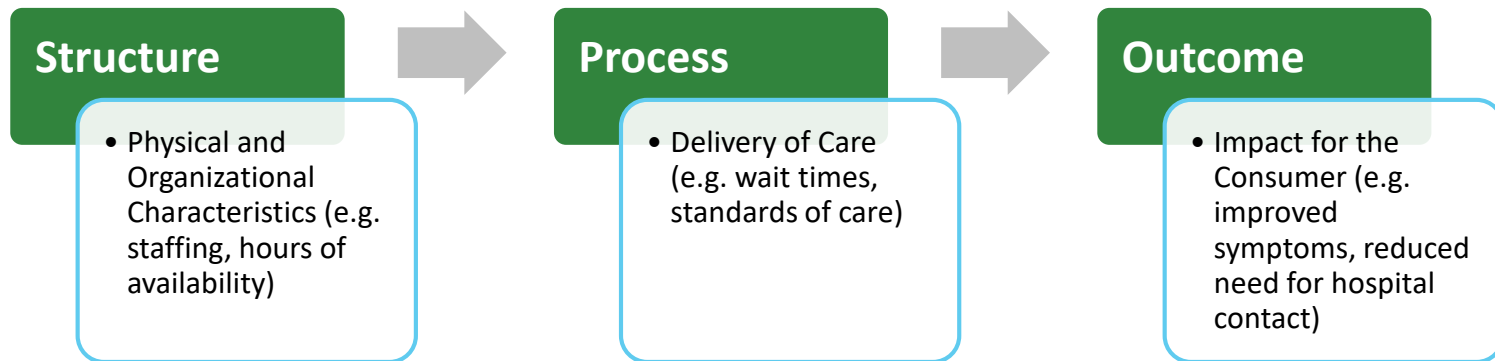
- Adults
 - Primary focus on ages 18+
- Behavioral Health (BH)
 - Including mental health and substance use
 - Broadly encompassing concerns at all levels of severity and points on the service continuum
- Geography
 - St. Louis City

Needs Assessment Aims

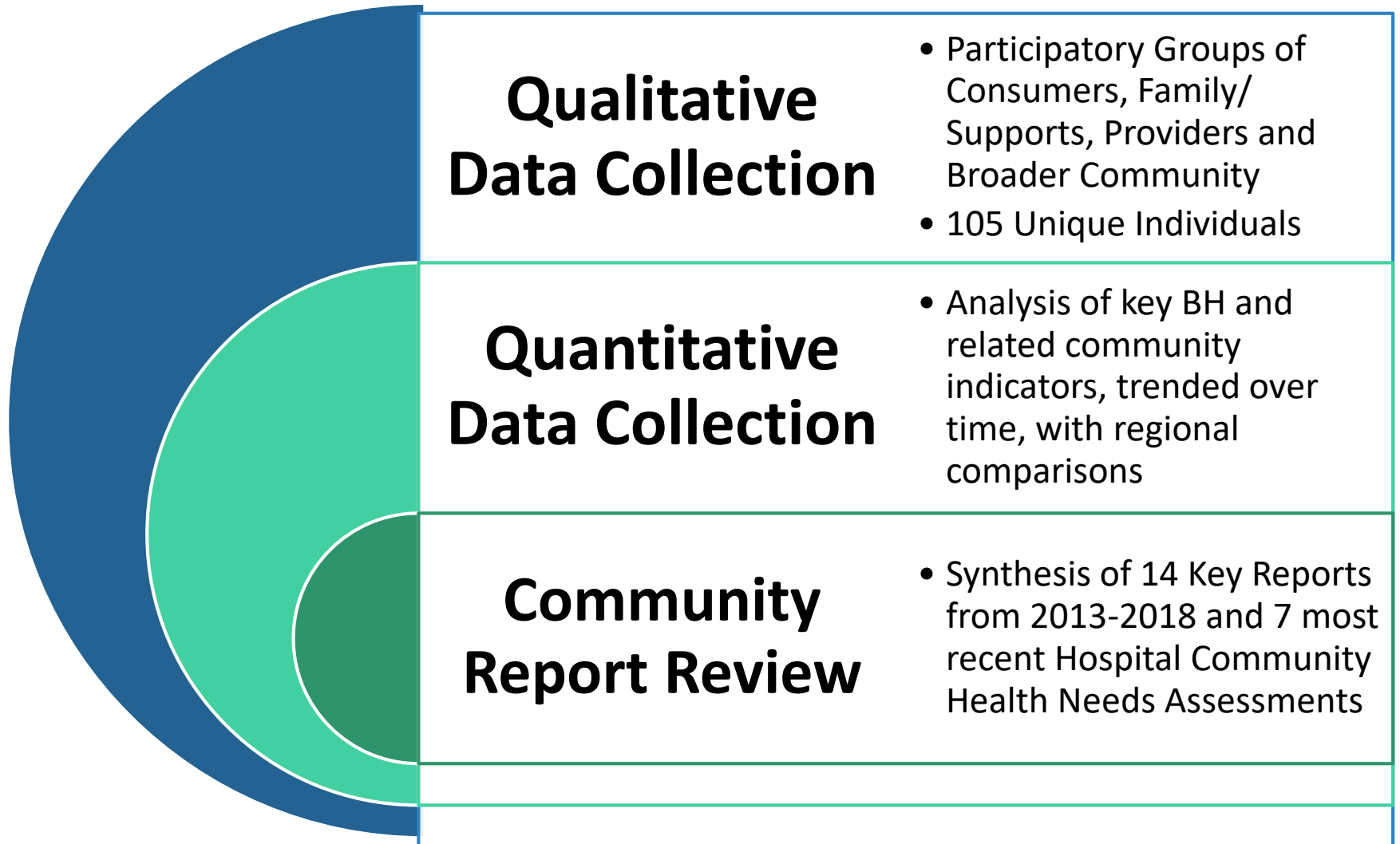
- Defining Assets and Strengths
- Identifying Needs, Gaps & Assessing Barriers
- Recognizing Opportunities
- Determining Strategic Recommendations

Framework

Donabedian Model of Quality of Care



Methods



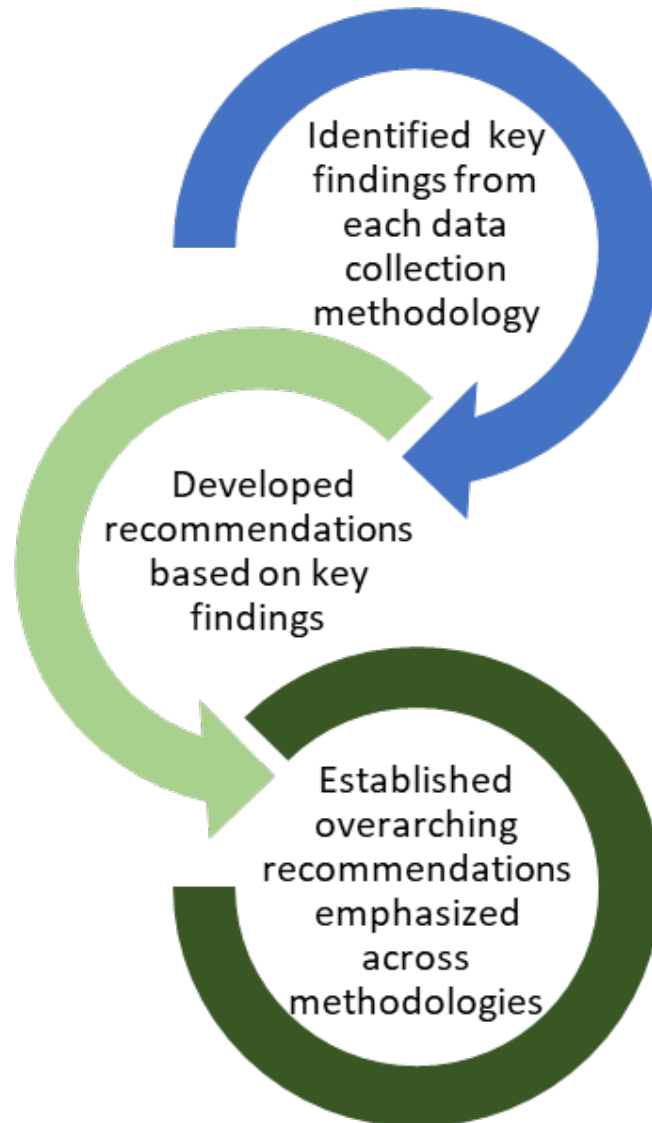
14 Regional Reports

1. Project LAUNCH Environmental Scan, 2013
2. RECAST Needs Assessment, 2017
3. MHB Adult Mental Health Needs Assessment, 2015
4. City of St. Louis Dept. of Health Community Health Assessment (CHA) & Community Health Improvement Plan (CHIP), 2014-2017
5. Coro Report of Behavioral Health Stakeholders, 2016
6. Regional Health Commission Access to Care, 2017
7. United Way Community Needs Assessment
8. St. Louis County Dept. of Public Health CHNA & CHIP, 2014
9. United Way 2020, 2014
10. Forward through Ferguson, 2015
11. For the Sake of All, 2014
12. BHN Behavioral Health Provider Inventory, 2017
13. Ready by 21 Landscape Report, 2015
14. Promise Zone Needs Assessment and Crosswalk

7 Hospital CHNAs

1. Barnes-Jewish Hospital
2. SSM St. Mary's Hospital
3. SSM St. Louis University Hospital
4. Mercy St. Anthony's Medical Center
5. Christian Hospital
6. Mercy Hospital St. Louis
7. SSM DePaul Hospital

Process



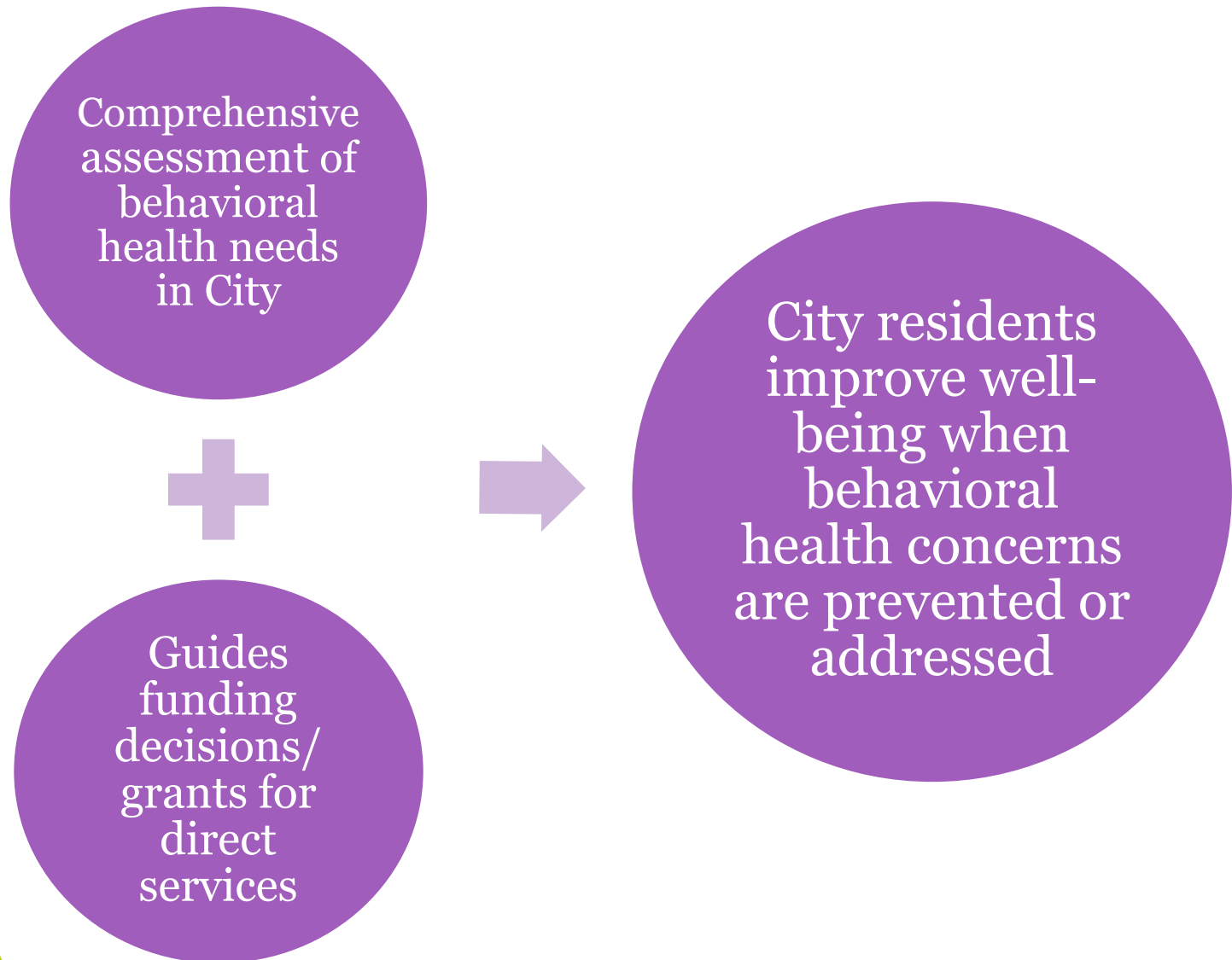


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Needs Assessment Key Findings & Recommendations

Jama Dodson
MHB Executive Director

MHB's Approach



What is the data telling us?

Some things are getting better...



Median
income is
higher



Unemployment
is lower



Violent
crime has
decreased



Behavioral
health ER
visits are
declining

What is the data telling us?

Some things have not improved or gotten worse...



Housing
instability



Homelessness



Poverty
rates



BH hospital
utilization

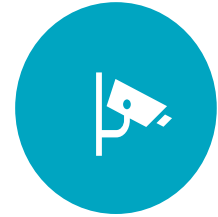
What else is the data telling us?



Most BH risk factors and outcomes in the City are worse, compared to County & State



City adults face greater BH challenges and needs



Complex social service system is difficult to navigate

Who is impacted?

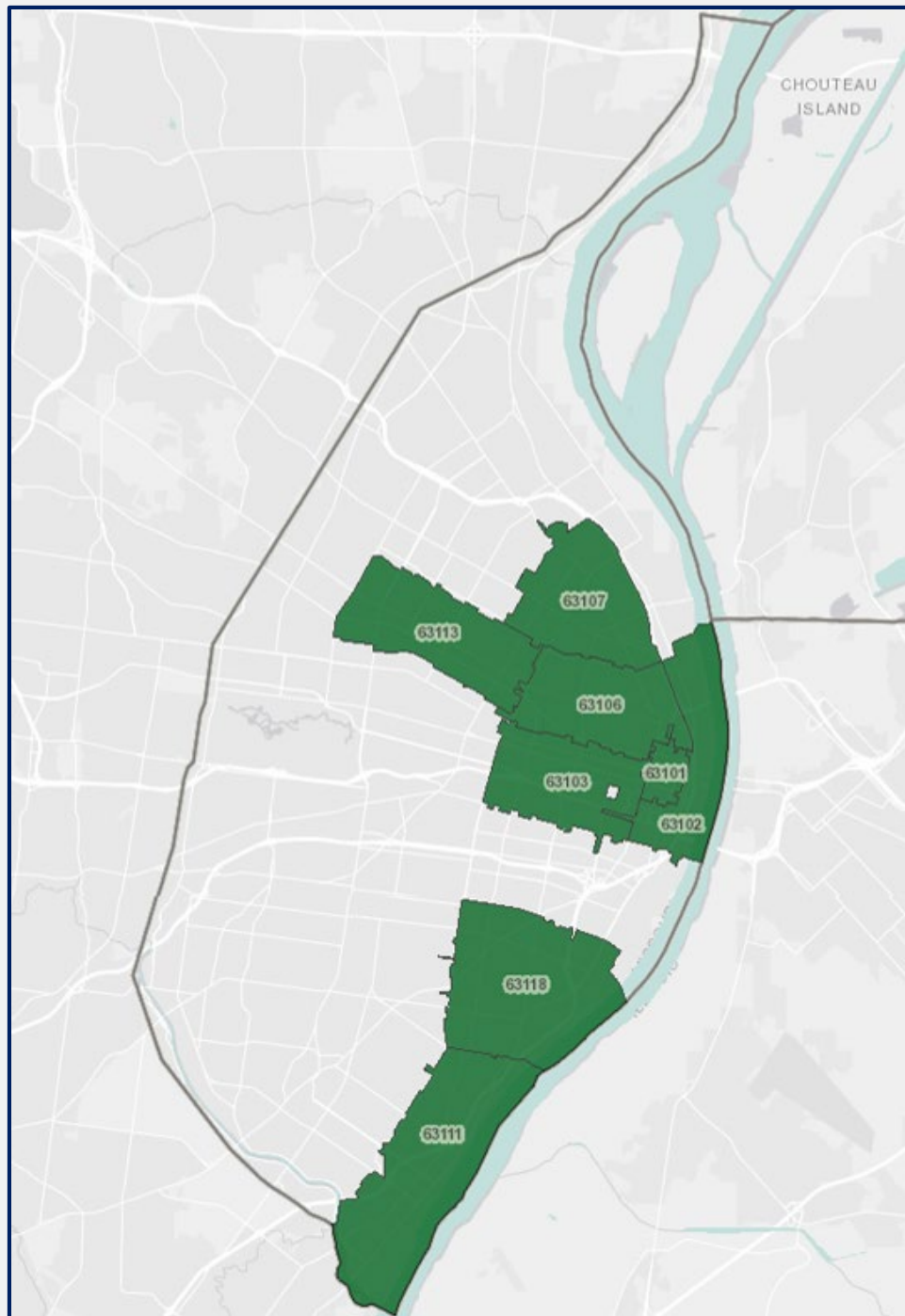


- **Criminal justice-involved**
- **Transition-age** young adults (ages 19-24)
- Experiencing **homelessness** or housing instability
- **Co-morbid** behavioral and physical health conditions
- **Co-occurring** mental health and substance use issues
- Lesbian, Gay, Bisexual, Transgender, Queer (**LGBTQ+**)
- Exposed to community **violence and trauma**
- Communities experiencing **high poverty and risk indicators**
- **Seniors** (age 60+)

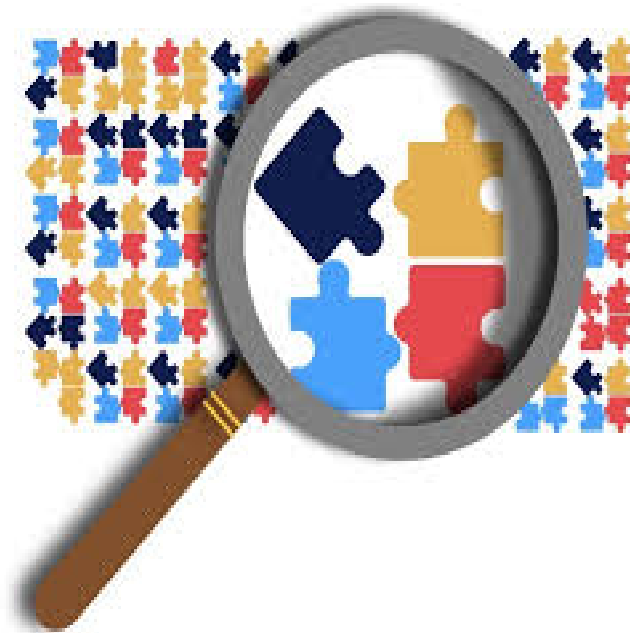
High-Need Geographic Areas

(Areas/zip codes experiencing
high poverty and risk indicators)

**63101, 63102, 63103, 63106,
63107, 63111, 63113, 63118**



Needs and Gaps



- **Access and options** for MH and SU services & support
- Community level **violence & trauma** support
- Services for specific, **vulnerable populations**
- Focus on **crisis prevention**
- Services for the **whole family**
- Attention to needs that **support recovery**:
 - Transportation
 - Housing stability
 - Basic needs

Barriers that pose challenges



- Affordability
- Accessibility
- Availability
- Navigation
- Negative Experiences
- Stigma

Resources and Assets

- **Strong existing services** and supports
- **Growing** range of **treatment services and settings**
- More attention paid to **outreach** and **transitions of care** support
- Providers oriented toward and **addressing BH and broad recovery needs**
- **Collaborative** provider relationships



Six Recommendations



Expand service capacity & develop **innovative** approaches



Improve **access** & remove **barriers** by offering more **navigational assistance**



Implement more **recovery-oriented** & **evidence-based** BH services



Build capacity to **interrupt crises earlier** & **respond** more **innovatively / effectively**



Prioritize services for **high need geographic areas** and **vulnerable populations**



Foster more successful recovery by **addressing social determinants** of health

1. Expand service capacity to help more people and develop innovative approaches to address behavioral health needs

Expand BH service capacity

Opportunities:

- *Specialty services*
- *Grow existing successful services, EB programs or other innovative approaches*
- *Expand transitions of care*
- *Address psychiatric care shortage*

2. Improve access by removing barriers and providing navigation assistance

**Remove barriers &
provide more
navigation
assistance**

Opportunities:

- *Linkage & referral networks*
- *Navigation assistance “no wrong door”*
- *Affordable psychiatric medications*
- *Integration of BH with primary health care*
- *Care coordination*

3. Implement more recovery-oriented, evidence-based approaches for adult behavioral health care

BH services oriented to recovery and resilience

Opportunities:

- *Independent living skills*
- *Peer support & EBP*
- *Targeted prevention & early intervention*
- *Intergenerational approaches*
- *Stigma reduction*
- *Trauma-informed providers*

4. Build capacity of BH providers to interrupt or prevent crises at earlier stages and respond in more innovative & effective ways

Prevent / interrupt crises earlier and more effectively

Opportunities:

- *Build capacity of providers to effectively intervene earlier in crises*
- *Alternatives to ER*
- *More access to diagnoses & evaluation*
- *Partnerships/cross-sector referrals prior to crises*

5. Prioritize services and supports for high-need geographic areas and vulnerable populations

Prioritize BH needs for high need areas and populations

Opportunities:

- *Use proven effective interventions for specific populations*
- *Identify ways to reduce different barriers for vulnerable pops.*
- *Locate or expand services in specific geographic areas*
- *Peer support & EBP*

6. Foster more successful recovery by addressing social determinants of health as part of interventions

BH interventions that incorporate basic needs / social determinants

Opportunities:

- *Provider partnerships to address comprehensive range of needs*
- *Decrease barriers to access (i.e., locations, hours, child care, etc.)*
- *Affordable housing with supportive services*
- *Support for gaining access to insurance*



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FY20 – 22 Community Mental Health Fund (CMHF) Application Process Overview

Cassandra Kaufman
MHB Deputy Director

FY20-22 CMHF Investment Framework

- Consistent with MHB's mission
- Supported by 2018 Adult Needs Assessment findings and recommendations
- Strategically aligned with community priorities and regional calls to action that support behavioral health wellness and recovery for St. Louis City adults
- Revised funding framework aligns strategies, outcomes and standardized outcome indicators

Community Level Indicators

- Prevalence of Behavioral Health Needs (mental illness, serious mental illness, substance use disorder)
- Acute Adult Behavioral Health Services - ER visits & hospitalizations for:
 - mental health
 - alcohol use
 - substance use
 - suicide and intentional self-injury
- City Residents who received Comprehensive Psychiatric Services and/or Substance Use Services via DMH
- Community-Based Behavioral Health, Crisis-Intervention & Substance Use Treatment Service Utilization

MHB FY20 - 22 Community Mental Health Fund Investment Framework

FOCUS OF FUND:

Adults with behavioral health concerns improve their health & wellness, live a self-directed life, and strive to reach their fullest potential

IMPACT AREA: Behavioral health wellness & recovery

Desired Outcomes: St. Louis City adults...

Experience healthy functioning

Have skills, resources, and opportunities that support behavioral health wellness

Standard Outcome Indicators:

Maintain/improve daily functioning

Develop/strengthen independent living skills

Reduce/effectively manage symptoms

Secure/maintain safe, stable housing

Maintain/improve management of co-morbid conditions

Secure/maintain gainful employment and/or pursue other educational attainment

Maintain/improve management of co-occurring conditions

Resolve legal issues and/or requirements

Avoid/reduce substance use

Develop/maintain natural supports
(e.g. relationships with family, peers and others)

Priority Populations:

Criminal-justice involved individuals; Transition-age young adults (ages 19-24); Individuals experiencing homelessness or housing instability; Individuals with co-morbid behavioral and physical health needs; Individuals with co-occurring mental health and substance use needs/substance use populations; Lesbian, Gay, Transgender, Queer (LGBTQ+); Individuals that have experienced community violence and trauma; Seniors (ages 60+); Communities experiencing high poverty and risk indicators (e.g. highest levels of acute care users for various BH needs)

Saint Louis MHB FY20 - 22 Community Mental Health Fund Key Priorities

Key Priority A:	Key Priority B:	Key Priority C:
Expand service capacity to meet the needs of more people and develop innovative approaches to address behavioral health needs	Improve access to existing behavioral health services by removing barriers and offering more navigational assistance	Interrupt or prevent behavioral health crises at earlier stages and respond to crises in more innovative and effective ways
<i>Opportunities:</i>	<i>Opportunities:</i>	<i>Opportunities:</i>
Expand specialty services (outreach, intensive outpatient programs/treatment, 24/7 crisis access/response services, inpatient supports, longer-term care/case management/follow-up especially post-crisis, medication assisted treatment)	Strengthen access points for adults to know about BH services and navigate to care	Reorganize service arrays to build the capacity of service providers to prevent, interrupt and intervene in crises
Add capacity by expanding existing successful services, evidence-based approaches, or innovative programs	Strengthen linkage and referral networks and support navigation services for "no wrong door"	Explore options that are alternatives to Emergency Rooms
Develop transition opportunities for those who have maintained stability to be served through other alternatives to traditional or lower levels of care	Increase navigation assistance to improve access and engagement to existing BH services	Provide BH screenings, earlier intervention, and referral linkages to social services and primary care across sectors
Support creative approaches to address the shortage of psychiatric care (support primary care providers to manage care of those with mild to moderate BH needs, Advance Practice Nursing, consultation/telehealth)	Enhance care coordination within and across agencies to improve access and engagement, including improving infrastructure for standardized shared information/communication between agencies	Increase diagnosis and evaluation availability and accessibility to improve early identification and treatment of BH needs
	Improve transitions of care and follow-up activities for adults who transfer between internal programs, external providers or across care settings	Collaborate with violence prevention and crime victim advocates, law enforcement and criminal justice systems to effectively respond to adult BH needs post-incarceration
	Develop targeted partnerships and opportunities to promote access to affordable psychiatric medications	Utilize motivational interviewing and peer models to foster engagement in services at critical intervention points, particularly for hard-to-engage populations and those without guardianship or supports
	Support integration, including co-location of BH in other settings particularly primary care and trusted community institutions (e.g. faith community)	Explore barriers to care access prior to crisis and address them through partnerships with acute and community-based providers

FAQs

- Governed by State statute R.S.Mo. 215.975
- Services limited to St. Louis City Residents ages 18 and older
- Must meet MHB's general eligibility requirements specified in Community Investment Policies
- Funded projects must meet DMH certification standards or hold appropriate national accreditations
- Individuals receiving clinical/therapeutic services must have a diagnosis

Community Mental Health Fund Statute

1. Outpatient services
2. Day care services
3. Emergency services
4. Diagnostic and treatment services
5. Liaison and follow-up services
6. Consultation and education services
7. Rehabilitation services
8. Prevention Services
9. Screening services
10. Follow-up care services
11. Transitional living services
12. Alcoholism and alcohol abuse prevention and treatment services
13. Drug addiction and drug abuse prevention and treatment services

Grant Application Process

- Web-based grant portal
- Two-step process
 1. Pre-Application Phase (Concept Paper/Intent to Apply)
 2. Application Phase (Grant Application/Proposal)
- Current grantees complete Intent to Apply vs. Concept Paper
- Standardized outcome indicators (2nd cycle)
- 3-year funding cycle FY20-22 (July 2019 – June 2022)
- 3 funding priorities + 9 priority consumer populations

Enhancements to Application Process

- Use Racial Equity lens to guide decision-making and funding
- Community reviewers (consumers and/or family of consumers) in Trustee review and recommendation process
- Limit concept papers to maximum of 2 per organization (programs not currently funded by MHB)
- Continue efforts to streamline and strengthen process

Pre-Application Phase Timeline

Date	Activity
Nov. 1	Community meeting to share needs assessment findings and announce opening of FY20-22 CMHF Application Process
Nov. 5	Grant portal opens for Pre-Application submissions
Nov. 8 & 14	Pre-Application workshops for current/potential applicants
Nov. 30	Pre-Application submission deadline
Jan. 17	Trustees approve Concept Papers invited to submit full application

Application Phase Timeline

Date	Activity
Jan. 22	Grant portal re-opens for full application submissions
Jan. 24 & 30	Application workshops
Feb. 1 – 22	Technical assistance
Mar. 1	Application deadline
May 8 – 14	Joint Trustee/Community Reviewer Meetings
May 16	Trustees approve FY20-22 CMHF grantees and FY20 funding awards
May 20 – Jun. 6	Contracting process
May 30 & Jun. 5	New Cycle Grantee Orientation Sessions

Pre-Application Workshops

Registration opened on MHB's website September 28, 2018

- **Thursday, November 8**
 - Afternoon session: 2:00 PM – 4:30 PM
- **Wednesday, November 14**
 - Morning session: 9:00 AM – 10:30 AM

**St. Louis Community College
Harrison Education Center
3140 Cass Ave.
St. Louis, MO 63106**

By the Numbers

- Current FY19 CMHF funding = \$2.37 million
 - 15 funded projects/grants
 - Average grant = \$157,870
 - Range = \$70,088 to \$266,605
- FY17-19 CMHF Application Process
 - 22 concept papers + 14 intents to apply = 36 pre-applications
 - 14 or 100% intents to apply (currently funded) + 12 or 55% of concept papers invited to submit full application
 - 26 or 72% of all pre-applications invited to submit full application
 - 15 or 60% of full applications submitted were awarded funding
- **Projected FY20 funding available through competitive application process = Approximately \$2.5 million**

Question & Answer Session

Lisa Potts

MHB Project Director

Thank You

For more information or to register for the
Pre-Application Workshops visit

[www. stlmhb.com](http://www.stlmhb.com)