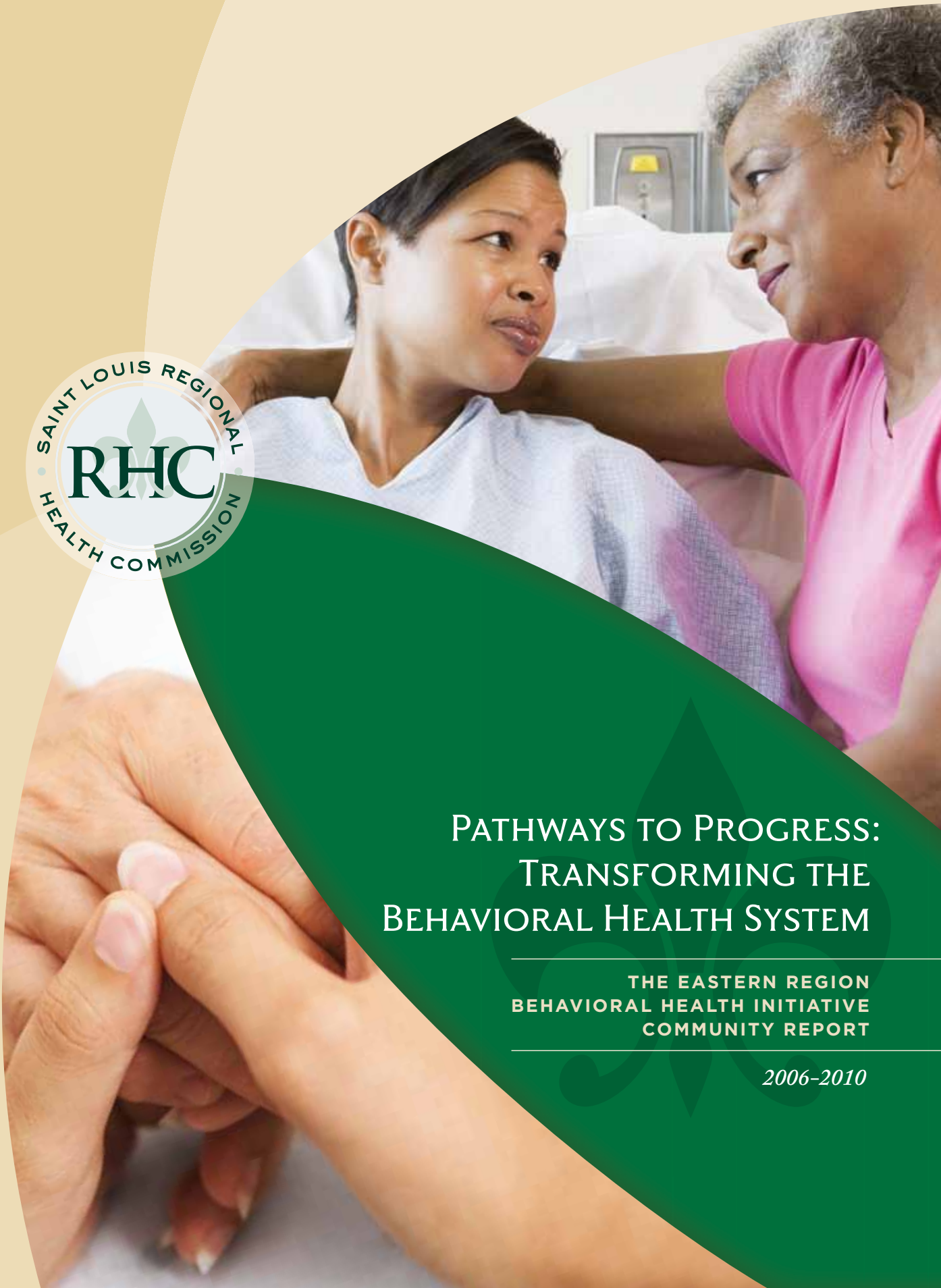


SAINT LOUIS REGIONAL HEALTH COMMISSION

RHC

Pathways to Progress: Transforming the Behavioral Health System

THE EASTERN REGION BEHAVIORAL HEALTH INITIATIVE COMMUNITY REPORT

2006-2010

Table of Contents

Opening Letter

PETER SORTINO

ROBERT FRUEND, JR.

Since the St. Louis Regional Health Commission's (RHC) inception in 2001, our mission has been to improve access to health care and reduce health disparities in the St. Louis region. Over the past decade, the region has made numerous strides to improve its health care delivery system, especially its "health care safety net" – health care providers who are dedicated to providing care for all, regardless of the ability to pay. Some of these successes include:

- Preserved over $225 million to date for outpatient health care services for the uninsured not otherwise available
- Increased access to outpatient safety net health care services in community health centers by over 120,000 visits between 2001 and 2008 – from 730,000 to over 850,000 visits annually
- Prevented over 75,000 visits to the area's emergency departments through the preservation and improvement of the region's community health center network
- Integrated our region's health care system for greater efficiency, including:
  - Formed the St. Louis Integrated Health Network (IHN), an umbrella organization for safety net providers in the St. Louis region. The IHN has implemented numerous programs to improve quality and access between health centers and hospitals in the areas of highest need
  - Completed the merger between St. Louis ConnectCare's primary care clinics and two Federally-Qualified Health Centers - access to medical homes improved for tens of thousands of citizens
  - Reduced wait times by 85% for specialty care for the uninsured at St. Louis ConnectCare
- Created the "Health Literacy Task Force" and held the 2006 Regional Health Literacy Summit, which was the genesis for the newly formed "Health Literacy Missouri" organization now in operation across the State of Missouri
- Increased reporting mechanisms for purposes of fact-based planning and accountability
- Became a national model for improving access to health care services for the uninsured

In 2006, the State of Missouri, mental health and substance abuse providers, and community advocates partnered with the RHC to begin a "Behavioral Health Initiative." The group set the ambitious goal of looking beyond "how things have always been done" to engage in long-term, innovative problem solving and strategic planning to improve behavioral health services in the Eastern Region of Missouri.

Over the past four years, we have had a number of successes together and have taken some critical steps towards improving access to behavioral health services in the region, including:

- Fostered greater collaboration and integration between the region's physical and behavioral health providers
- Facilitated discussions and raised awareness around reducing stigma and improving cultural competency
- Implemented important system changes to improve services for behavioral health consumers
- Created a "blueprint for change" to improve the Eastern Region Behavioral Health system, with the input of hundreds across the community
- Approved the recommendations of the Access to Behavioral Health Task Force (2009) that form the basis for dramatically improving access to behavioral health services in the next several years
- Provided forums for open dialogue and collaborations
- Developed strategies for the long-term sustainability of our efforts

Our initiative has been recognized nationally by the Substance Abuse and Mental Health Services Administration (SAMHSA), an agency within the U.S. Department of Health and Human Services (HHS), as "an excellent example of local implementation of transformational principles and a model of state/local collaboration that other regions and states would do well to emulate. Its involvement of stakeholders at all levels and its commitment to not only improve behavioral health services but to fully integrate them with primary health care is a practical and effective approach that is particularly noteworthy." The initiative has also been commended by Boston University's Center for Psychiatric Rehabilitation Recovery Conference as a best practice for the inclusion of consumers and family members in our work and planning processes.

This report is intended to summarize the efforts and successes of the Eastern Region Behavioral Health Initiative from 2006-2010, and to highlight the collaboration's success as a model for our entire region. The full, detailed "blueprint" for transforming behavioral health services in our region can be found at www.stlrhc.org. Hundreds of individuals have volunteered their time to create this blueprint, implement initial changes, and make this initiative a success. The Commissioners wish to thank everyone involved for their contribution to this process – a list of all team members is included at the end of this report. We want to particularly acknowledge the leadership provided by members of the Behavioral Health Steering Committee, Behavioral Health Advisory Board, and the Access to Behavioral Health Task Force during this process.

In addition, we express our appreciation to Keith Schafer, Joe Parks, Felix Vincenz, Scott Giovenetti, Laurent Javois and the entire team at the Department of Mental Health, State of Missouri, for their sponsorship and financial support of this project. We especially thank Diane McFarland, Benton Goon, Virginia Selleck, and the Missouri Office of Transformation, Department of Mental Health, for their unwavering support of our efforts. We also thank James Kimmey, Kathryn DeForest, and the team at the Missouri Foundation for Health, as well as Don Cuvo and the team at the St. Louis Mental Health Board for their financial support of the initiative.

Karl Wilson, Eastern Region Behavioral Health Initiative Steering Committee Chair, and Joe Yancey, Chair of the Eastern Regional Behavioral Advisory Board, have spent countless hours spearheading this initiative for the region, and should be acknowledged for their extraordinary leadership and vision over the past four years.

We especially would like to thank the behavioral health providers in the Eastern Region, the advocates, consumers, and community members that collaborated to design and implement the changes highlighted in this report. The successes of this initiative are due to their dedication, commitment, and vision.

While the St. Louis Regional Health Commission will no longer be directly involved with the facilitation of the Eastern Region Behavioral Health Initiative after June 2010, we are excited about the commitment the St. Louis community has made to continue this important work. We look forward to working with the newly formed "Behavioral Health Network of Greater St. Louis" described on page 32 of this report, the State of Missouri, providers, advocates, and community members as they continue to implement the changes for improvement identified during this initiative. Behavioral health is a critical component in maintaining and improving the overall health of our community. We are pleased to issue this report as a testament to our community's ability to work across organizational and geographic boundaries to build a healthier St. Louis.

Sincerely,

PETER SORTINO
Chairman

ROBERT FRUEND, JR.
Chief Executive Officer

"The Eastern Region of Missouri has not only improved access and services, but they also served as a pilot that allowed the state to learn from its experience and to develop a framework for replicating the approach in other regions of the state…Particularly noteworthy in Missouri is that mental health planning is addressed within the context of overall health care."

STATE AND LOCAL PARTNERSHIPS: TRANSFORMATION IN ACTION, SAMHSA'S MENTAL HEALTH TRANSFORMATION STATE INCENTIVE GRANT NEWSLETTER, NOVEMBER 2009

Introduction: Laying the Groundwork

The Eastern Region is defined by the Missouri Department of Mental Health Administrative Agents' service delivery areas, which include: St. Charles, Franklin, Jefferson, Lincoln, St. Louis, and Warren Counties and St. Louis City.

The behavioral health providers in Missouri's "Eastern Region" have a long and proud history of providing vital services in our community, and historically have shared numerous successes despite facing many external challenges. In 2006, new Federal funding was awarded to Missouri – the Substance Abuse and Mental Health (SAMHSA) State Incentive "Transformation Grant," a multimillion dollar grant to improve and transform the behavioral health system of Missouri. Spurred by this Federal initiative, and with the generous financial support of the Missouri Foundation for Health (MFH), leaders of the region's behavioral health organizations began to discuss how they could work together to improve quality and access across the Eastern Region for those with mental illness and substance abuse issues.

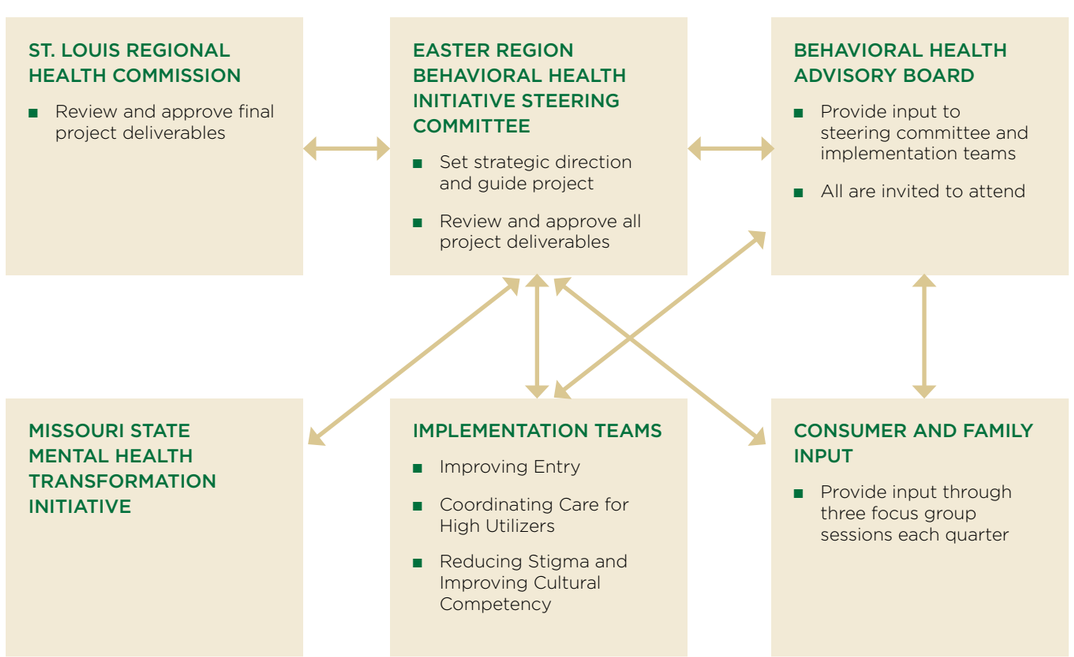
Eastern Region Behavioral Health Steering Committee

At the same time, members of the St. Louis Regional Heath Commission (RHC) renewed discussions concerning the need to address access to behavioral health services in our community. From the inception of the RHC in 2001, community members and physicians raised the issue of the importance of adequate access to community-based behavioral health services in the St. Louis region. Although the RHC had issued recommendations in 2003 for improving these services, RHC implementation efforts had focused on other portions of the region's health care system. In 2006, after the implementation of several successful initiatives that helped to preserve and dramatically increase access to health care for the uninsured in St. Louis, community members and the physician community intensified their requests for direct RHC action in the behavioral health arena.

Leaders within the State of Missouri's Department of Mental Health (DMH) involved in both endeavors realized the potential benefits of collaboration and brought these two efforts together to form a coordinated, regional undertaking to facilitate change and improvement within the region's public behavioral health system.

The initiative began with the formation of two committees: the **Behavioral Health Steering Committee**, designed to set the strategic direction and to guide projects, and the **Behavioral Health Advisory Board**, designed to give consumers and direct service providers a voice and input into the entire process. In addition to these new bodies, the Commission and the RHC's Community Advisory Board and Provider Services Advisory Board members were engaged monthly to provide input from the broader St. Louis community into this new effort.

EASTERN REGION BEHAVIORAL HEALTH INITIATIVE STRUCTURE



Once the committees were formed, the RHC and the members of the two committees convened the Eastern Region Public Behavioral Health Planning Project. A key part of the initial planning phase was producing an assessment of the Eastern Region. The assessment revealed system fragmentation, a lack of adequate information about service availability, limited social supports (such as housing and vocational services), limited funding, and minimal coordination between the behavioral and physical health systems. It was out of these initial findings that a vision arose for a new system of care, and recommendations were made in 2006/2007 for achieving this vision.

The term **"behavioral health"** is used to indicate both mental health and substance abuse care. **"Mental health"** is defined as individuals without significant substance abuse involvement. **"Co-occurring"** is used when speaking of the intersecting needs of mental health and substance abuse.

EASTERN REGION BEHAVIORAL HEALTH INITIATIVE VISION STATEMENT

VISION – To improve service delivery, the network of service providers will look beyond "how things have always been done" to engage in long term, innovative problem solving and strategic planning that is client focused. Examples of visionary approaches to care mentioned during interviews include:

- Integrating services, both in practice and in principle, so that there is an inherent understanding that using the term "physical health" assumes behavioral health needs. Therefore, primary care providers address both mental and physical health needs in everyday practice.
- Services are utilized efficiently using an integrated, holistic approach that is strength based and promotes resiliency. The health care delivery model must be evidence-based.
- The health care system prioritizes funding to support early intervention and services that prevent crises from occurring.

CLIENT CENTERED – Improved service delivery will be client-centered so that individuals can achieve a productive and fulfilling life regardless of the level of health assumed attainable. Client-centeredness is viewed as the approach that should be "the guiding and unifying principle and practice across the public and private behavioral health/health system." The system of care will focus on the client – from the first entry into the system to the referral process to service delivery. The focus will be on understanding a client's unique needs and connecting that person to community resources to attain the very best quality of life possible.

ADVOCACY – Advocacy will continue to be a key role for service providers, clients, and concerned others as well as for the identified advocacy organizations. Education and awareness are essential for overcoming the stigma of and the complacency about mental illness and substance abuse. Health service providers, legislators, policy makers, families with loved ones who live with mental illness, insurance and managed care companies, and the greater community were identified as target audiences.

AWARENESS – In order to improve the health care encounter, the quality of care and the overall responsiveness of the public behavioral health system, discriminatory, systemic, and structural barriers will be removed. Barriers which can impede provider, client, and the community's understanding and awareness include the stigma associated with behavioral health issues as well as racial, ethnic, economic, geographical (i.e. city and rural), and cognitive differences.

ACCOUNTABILITY - Expected results, goals, and outcomes will be clearly articulated and agreed upon in partnership between the client and the network of community providers that support the client and family on an ongoing basis. Data will be regularly collected and shared to address questions of whether outcomes have been met for the individual client, for the organization, and for the health care system as a whole. Technical assistance should be made available to providers to ensure that desired outcomes will be reached and a standard level of care will be administered throughout the health care system. On-going feedback and continuous quality improvement will be encouraged and expected at all levels of the system.

"The dream is to have a system where people get to where they need to be. A challenge for us will be to really focus on our work because sometimes people get caught up in the details and lose sight of the big picture. Ultimately this isn't about us. We're accountable to consumers."

KARL WILSON, *Steering Committee Chair and President and CEO of Crider Health Center*

The vision and recommendations formed the foundation for the "Eastern Regional Behavioral Health Initiative (ERBHI)" and the following three years of work toward a more responsive, coordinated, and accessible adult behavioral health care system in the St. Louis region.

Throughout this work, hundreds of individuals have dedicated time on 18 separate teams, task forces, advisory boards, workgroups, or committees, including:

- Behavioral Health Steering Committee
- Behavioral Health Advisory Board
- Access to Behavioral Health Task Force
- Coordinating Care for "High Utilizers"
  - Implementation Team
  - Outreach and Engagement Subcommittee
  - Clinical Review Team
- Reducing Stigma and Improving Cultural Competency Implementation Team
- Improving Entry Implementation Team
  - Improving Entry Joint Task Force
  - Access Tool Scope Subcommittee
  - Client Engagement Subcommittee
  - Operationalize Access Subcommittee
- Community Access Transformation Team (with State of MO)
  - Access Center Workgroup
  - Funding Workgroup
  - Database Design and Management Workgroup
  - Urgent Care Workgroup
- Behavioral Health Network Development Team

Community Health Forum

Behavioral Health Advisory Board

The initiative's achievements were made possible through the commitment of the individuals serving on these teams to design and implement a new system of care in the region. Also, the support of the Missouri Office of Transformation, Department of Mental Health was essential throughout the entire process. A roster of each team has been included at the back of this report.

In addition, the RHC held numerous community forums and focus groups to obtain feedback at every stage in the process. A report from each focus group can be found at www.stlrhc.org, and the RHC especially wishes to thank the consumers and family members that took time to express their experiences with our health care system so that we could find ways to make the system more responsive to their needs.

In 2009, the RHC chartered an **"Access to Behavioral Health Task Force"** charged with examining important financing and structural issues within the region's behavioral health system that had not been addressed by the initiative to date. The Task Force was led by the RHC's Chairman, Peter Sortino, and created a set of recommendations that added to the original vision and addressed core changes needed in our community to dramatically increase access to behavioral health services in our region.

ACCESS TO BEHAVIORAL HEALTH TASK FORCE SUMMARY OF KEY RECOMMENDATIONS

The Access to Behavioral Health Task Force developed a total of twenty-six recommendations. For the purposes of this summary, the recommendations will be discussed in the following three categories:

1. Increase consumer choice when seeking behavioral health services
2. Utilize community health centers as new access points for behavioral health services
3. Reorganize behavioral health system to enhance efficiency and leverage additional resources

1. Increase consumer choice when seeking behavioral health services

In the Eastern Region, there is widespread perception that individuals are limited to accessing services from a community mental health center on the basis of complex residential requirements that consequently limit patient choice of provider when seeking behavioral health services.

The Task Force recommends that processes, procedures and other barriers to freedom of access be removed so individuals may seek services from any Eastern Region community behavioral health agency regardless of where they live in the Eastern Region.

Crider Health Center, Wentzville, Missouri

2. Utilize community health centers as new access points for behavioral health services

Assessment data and feedback from provider and consumer focus groups indicate capacity constraints severely limit treatment options for individuals without a severe and persistent mental health illness, or who cannot access the public behavioral health system in the Eastern Region. Therefore, it is anticipated that developing access points at community health centers for behavioral health services will increase capacity by allowing primary care and mental health providers to meet those needs within the same facilities.

In addition, the integration of physical and behavioral health services has been shown to: improve clinical coordination of care, increase access to behavioral health services to allow for the appropriate treatment of behavioral health conditions, and reduce stigma associated with receiving treatment for a behavioral health illness.

The Access to Behavioral Health Task Force has recommended the development of "comprehensive health centers" through the exploration of collaborations, partnerships, affiliations, or mergers between community behavioral health organizations and community health centers in conjunction with the appropriate linkage of consumers and patients to healthcare homes that best fit their complete health needs.

3. Reorganize behavioral health system to enhance efficiency and leverage additional resources

In anticipation of resources generated from Psychiatric Acute Care Transformation (PACT), an initiative to transfer the current inpatient acute care beds owned and operated by the Missouri Department of Mental Health (DMH) at Metropolitan St. Louis Psychiatric Center (MPC) to a community hospital provider, Community Mental Health Centers and behavioral health stakeholders collaborated to develop a plan for a regional access system and enhanced community-based services with redirected State dollars.

The Access to Behavioral Health Task Force supports PACT and recommends that State dollars be redirected to support the consensus-based plan generated by the Eastern Region Community Mental Health Centers and behavioral health stakeholders. This plan is to develop a regional access system and enhance community-based services to prevent unnecessary inpatient hospitalizations and reduce length of stay in acute care settings. The Task Force also recognizes that the regional planning efforts of behavioral health providers should explore opportunities to develop collaborations, affiliations and partnerships between Comprehensive Psychiatric Services (CPS) Division and Alcohol and Drug Abuse (ADA) Division providers/services in the Eastern Region.

The Task Force also recommends an ongoing assessment of all potential funding sources for behavioral health services in the Eastern Region in order to identify total availability of resources, leverage additional funds, and ensure efficient use of resources to meet the needs of the community. The Task Force also supports any initiatives to redesign the State disability process in the Eastern Region that reduce delays in Medicaid eligibility determinations.

Metropolitan St. Louis Psychiatric Center (MPC)

The Eastern Region Behavioral Health Initiative

The Eastern Region Behavioral Health Initiative evolved into a complex endeavor over its four-year existence. The work products created for the region are available in the Behavioral Health section of the RHC's website at www.stlrhc.org. Despite the complexity of the work at hand, three overarching themes became apparent as the work progressed:

1. Our region's health care system can become more **"person-centered,"** focusing on individuals' needs. Dedicated action is needed to reduce the pervasiveness of the stigma of mental illness in our community and within our health care system, and to increase consumer choice in seeking care.
2. **Integration of physical health and behavioral health services** is a critical step for the region. This integration will improve service delivery, increase convenience for patients, reduce the reported stigma of receiving behavioral health services, maximize revenues into the Eastern Region for public behavioral health services, and achieve cost efficiencies.
3. **Structural changes to the organization of the public behavioral health system itself** can dramatically improve access and quality of the care provided in the Eastern Region.

We have organized this report of the Eastern Region's Behavioral Health Initiative 2006-2010 around these three macro-themes, as follows:

Person-Centered Care

"Consumers should be given a voice in the public care system by developing a mechanism through which they can continue to give feedback on their needs and concerns. Ongoing consumer input and opportunity for advocacy will make our system much more responsive to those it is set up to serve."

SHARON BOWLAND, BEHAVIORAL HEALTH INITIATIVE FOCUS GROUP FACILITATOR

One of the key themes of the Eastern Region's Behavioral Health Initiative (ERBHI) is that the system should be redesigned to focus on the needs of the consumer, as identified by family members and consumers themselves. Throughout the initiative, consumers and community members consistently identified the issues of consumer voice, reducing stigma, and improving consumer choice as key factors for building a "person centered" system of care in the Eastern Region. Much of the focus of the ERBHI's work was centered on these core themes, described as follows:

Reducing Stigma and Increasing Cultural Competency RESPECT Training

"Keeping the focus on the client is the first priority. Clients must be engaged in two ways: 1) to provide input in the changes being discussed and 2) any changes being discussed must be centered on the success of the client."

RHC EASTERN REGION BEHAVIORAL HEALTH REPORT, 2006

"Services must be tailored to the needs of the individual, rather than expecting the individual to conform to the system."

FOCUS GROUP PARTICIPANT

Voice of the Consumer

Throughout the Eastern Region Behavioral Health Initiative, consumers and family members were brought together to ensure that their voices were heard. Even before the initiative formally began, the RHC hosted focus groups for consumers and family members to provide input into the 2006 Behavioral Health Assessment. One of the key "lessons learned" from this report was the importance of including consumers and families throughout the entire process. Early on, it was clear that without consumer support, it would not be possible to make real and lasting improvements to the behavioral health system. The voices of consumers and family members gave insight, focus, and direction to the recommendations and implementation initiatives. Results from these focus groups were highlighted nationally at Boston University's Center for Psychiatric Rehabilitation Recovery Conference and the National Association of State Mental Health Program Directors (NASMHPD) Transformation Leadership Institute in Washington, D.C. as innovative and a best-practice model for other communities.

Striving Towards Excellence: Addressing Issues Related to Stigma and Cultural Competency

One of the main issues voiced by the consumer and family focus groups hosted by the RHC in 2006, was that ***"stigma is pervasive"*** and creates barriers to effective care. One person stated, "Consumers reported feeling distressed at hospital emergency rooms where mental health issues were frequently given less immediate attention. ***Consumers felt providers at every level should receive training to learn how to treat consumers with generosity, dignity, and respect."***

Their voices were heard, and in April of 2009, the **Reducing Stigma and Increasing Cultural Competency Implementation Team** was formed.

This team developed an evidenced-based training curriculum to reduce stigma and increase cultural competency within organizations that serve consumers of behavioral health services.

The curriculum focused on concepts of cultural competency and respect for individuals with a behavioral health illness in order to

JACKIE LUKITSCH, *Executive Director for the National Alliance on Mental Illness (NAMI) – St. Louis*

National Alliance on Mental Illness' (NAMI) Respect Award

In the summer of 2009, the local chapter of NAMI awarded the first two RESPECT Awards—one for an "Outstanding Mental Health Agency" to Places for People and one for an "Outstanding Mental Health Professional" to Janet Gianino. The RESPECT Award is designed to recognize those in our communities who are doing an outstanding job of recognizing and incorporating the principles of RESPECT into their daily routines. NAMI St. Louis utilized its Consumer Advisory Committee to develop initial award criteria and make the final selections of the winners. The nomination process invites both consumers and family members to nominate an individual and agency that has provided them or their families with outstanding and respectful mental health services. "I was inspired to create the RESPECT Award after hearing Joel Slack, President of RESPECT International, speak at a seminar," said Jackie Lukitsch, Executive Director of NAMI St. Louis. "He spoke so passionately about the powerful impact just a few outstanding behavioral health professionals had on his path to recovery. Up until this point the initiative had talked about the importance of RESPECT, but we had never done anything to recognize the dedicated professionals who work, often thanklessly, to help us in our most difficult moments. The RESPECT Award is our way to say Thank You."

Guiding Principles of RESPECT for the Eastern Region:

Respect is the foundation of all of our behaviors, attitudes, and interactions. We acknowledge that all individuals have dignity and worth, and we strive to respect others through our policies, behaviors, or attitudes.

The Eastern Region is committed to the following guiding principles of respect:

- At all times, treat each individual who enters our facilities with dignity and respect
- Work to identify and eliminate disparity in the outcomes of the populations that we serve
- Work to foster a reciprocal environment of mutual respect for consumers, providers, and family members
- Ensure that service environments are welcoming and comfortable for all we serve
- Develop and adhere to a process through which to correct any policy, behavior or procedure that is found to diminish the dignity and worth of another
- Encourage that staff demographics reflect the populations that we serve
- Recruit, train, reward, and promote those individuals who practice and lead in implementation of these principles
- Ensure that each staff periodically participate in training/education around stigma and cultural competence that align with the Guiding Principles of the Eastern Region
- Develop and adhere to a process by which to measure improvement/progress in the provision of non-stigmatizing, culturally competent care
- Develop an internal policy to promote respect within each organization

The Eastern Region believes that the above guiding principles are integral to the promotion of culturally competent and non-stigmatizing behavior.

Partnerships to Reduce Stigma and Increase Cultural Competency – Best Practices

Since the three initial stigma-reduction and cultural-competency trainings hosted by the Eastern Region Behavioral Health Initiative, several organizations have implemented important initiatives concerning reducing stigma and increasing cultural competence. One partner, NAMI St. Louis, continues this work through its annual RESPECT Award. Another partner, Barnes-Jewish Hospital's (BJH) Center for Diversity and Cultural Competence, has integrated the work in its Cultural Competence Train-the-Trainer Program. Since its inception in 2008, the Center's Train-the-Trainer program has trained over 160 BJH/BJC employees and community members representing a variety of local organizations such as Health Literacy Missouri and Independence Center. BJH hopes that over the next five years the program will be able to train 500 BJH employees as trainers. The program uses case studies and experiential learning to teach its participants cross-cultural communication skills and how to be more culturally aware. Through community partnerships, additional behavioral health case studies have been added to the training. After completing the program, graduates return to their respective organizations and train their colleagues on better approaches to caring for St. Louis' diverse population with competence and compassion. While not a direct result of the Eastern Regional Behavioral Health Initiative, this promising best practice will provide community organizations and health care providers an exciting avenue to sustain the momentum gained over the past three years.

Barnes-Jewish Hospital: TRAIN-THE-TRAINER Program

address stigma holistically in the region. The team hosted three pilot training and community input sessions that reached over 120 key executives of the behavioral health and primary care providers, as well as community members and consumers entitled, "Seeing the Person Beyond the Label." Additionally, the team developed a **"Guiding Principles of Respect"** document, which was adopted by the RHC and many other organizations in the behavioral health community.

Consumer Choice: Treating the Whole Person

One of the key structural barriers to access frequently raised by consumers and family members was the inability of consumers to receive mental health services from providers of choice due to the zip code service area structure. In April 2009, the RHC appointed a Task Force to develop recommendations addressing core structural and financial issues regarding the behavioral health system. Based on the feedback from behavioral health stakeholders, the Task Force developed a clear statement to address the current service mental health area structure and allow consumers to seek services from any provider regardless of where the consumer lives – giving the consumer greater choice:

Access to Behavioral Health Taskforce Recommendations, December 2009

- Individuals may seek services from any Eastern Region administrative agent or affiliate regardless of where they live in the Eastern Region

This statement was approved unanimously by the Behavioral Health Steering Committee and the RHC Boards. It is anticipated that as integration efforts continue in the Eastern Region between physical health and behavioral health providers, choices for consumers will also continue to be fostered across the region.

"Consumers stressed the importance of having the opportunity to have their voices heard by providers and policymakers. They not only want them to listen to their concerns, but also to take action."

RHC FOCUS GROUP REPORT, MARCH 2007

New Pathways for Care

"We will never be able to truly help people until we deal with the whole person."

AMANDA MURPHY, FORMER PRESIDENT AND CEO OF HOPEWELL CENTER

Integration of Physical and Behavioral Health Services

In the initial Behavioral Health Assessment completed in 2006, providers, community members, and consumers all highlighted the high degree of fragmentation between physical health and behavioral health providers in the Eastern Region. One consistent theme raised by consumers and community advocates was the need to address this fragmentation head-on. In the words of one St. Louis resident: "If mental health services are in the same building as physical health services, there will be less stigma to go to a mental health professional. When you ask your boss to take off work, you can say I need to go see the doctor without having to mention the mental health counselor because they are both in the same building."

JOSEPH PARKS, *Medical Director, Missouri Department of Mental Health*

One of the nation's leading experts on integration, Joseph Parks, serves as the Medical Director of the Missouri Department of Mental Health. In his September 23, 2009 testimony to U.S. Congressional Staff, Dr. Parks stated the benefits of integration: "the integration of primary and behavioral healthcare in the same clinics is essential. Patients prefer co-location due to increased convenience, and it reduces missed appointments. Use of integrated medical charts reduces errors. Daily contact between behavioral health professionals and primary care providers increases mutual consultation, referral, and collaboration. Primary care clinics need behavioral healthcare professionals as part of their primary care treatment teams to provide immediate consultation and brief treatment interventions. Community Mental Health Centers need on-site basic primary care support to provide immediate consultation and preventative screening and monitoring of chronic medical conditions."

The Department of Mental Health, State of Missouri has strongly encouraged service integration, and has provided over $430,000 in the Eastern Region to begin innovative pilot projects to integrate primary care and behavioral health providers. This leadership has provided the momentum for other partnerships in the Eastern Region, which are transforming health care services for those most in need in our community.

Some of these initiatives include:

Crider Health Center is a national leader in the integration of physical health and behavioral health services. In 2007, Crider received Federally Qualified Health Center (FQHC) status from the Federal government, and has transformed itself from a Community Mental Health Center into a full service Community Health Center, offering primary care, dental, mental health, and other services to the western portions of the St. Louis region. Primary care and behavioral health services for Crider's patients are fully integrated under one roof, managed by a single organization.

SPOTLIGHT:

INTEGRATION IN ACTION: BETTY JEAN KERR PEOPLE'S HEALTH CENTERS/HOPEWELL CENTER MERGER

"We separate aspects of the patients – like physical health and behavioral health – and then design systems to treat these aspects. This is inconsistent with good care. Patients don't present in segments, but as a whole person".

AMANDA MURPHY, *then President and CEO, Hopewell Center, from RHC's 2007 Report to the Community*

For many years, visionaries in our community have voiced the need to redesign our health care system to treat the needs of the whole person, in an integrated fashion.

In 2009, the RHC's "Access to Behavioral Health Task Force" spent months crafting detailed recommendations to improve access to behavioral health services in the Eastern Region. One of the Task Force's core recommendations was that the region should begin serious efforts to integrate community behavioral health services into the operations of the region's community health centers wherever possible, and provide physical health services on-site at behavioral health providers where appropriate.

The Task Force made this recommendation after examining the successes of Crider Health Center, a fully-integrated community health/mental health center in the western portions of the St. Louis region, studying national best practices, and listening to strong community feedback on this issue. The recommendation states: "in order to enhance integration, maximize revenues into the Eastern Region for public behavioral health services, improve service delivery, achieve cost efficiencies, and reduce the reported stigma of receiving behavioral health services, current [physical health and behavioral health] providers should explore the potential for formal affiliations, which may or may not include a full merger of organizations, in order to achieve these goals."

On January 4, 2010, a significant step toward integration was made for the citizens of the St. Louis region. On that date, it was announced that Betty Jean Kerr People's Health Centers (People's) and Hopewell Center had merged operations. Dr. Murphy was preparing to retire after 29 years of dedicated service to our community. Dwayne Butler, CEO of People's, after learning about the impact behavioral health has on medical health and the benefits of an integrated model, partnered with Dr. Murphy and the Hopewell team to take action. "I was shocked to learn that people with mental illness die on average 25 years younger than the general population and thought that People's could help improve this statistic," said Mr. Butler. "People's has a long commitment of providing quality services to the people of St. Louis and I feel that if we are able to coordinate our physical health services with our new behavioral health services, while at the same time increasing the number of entry points to both, we will be able improve the overall health of our patients."

DWAYNE BUTLER, *President and CEO of BJK People's Health Centers and Hopewell Center*

Mr. Butler and the Hopewell team have high hopes for the merger's possibilities. "We don't simply want to pursue a co-location model where behavioral health and physical health services are offered at the same site, we want to create a fully integrated system. Very few sites across the country utilize an integrated model. Clients should expect to see new cutting edge services at these integrated sites," stated Butler.

One of biggest changes Mr. Butler hopes that his clients will see is the potential location of Hopewell Center services to a site or sites physically located in North St. Louis, where both behavioral health professionals and primary care physicians will coordinate to provide integrated services. "Hopewell is designed to be a community resource for North City and as such, the services we offer should be physically located in that community," said Mr. Butler. "One of the challenges that I foresee in wanting to pursue this sort of endeavor is the current economic climate, where funding is being cut at the same time needs are growing. However, what I also recognize is that we cannot fail, because failure would mean that people aren't getting the services they need."

Based upon the recommendations of the RHC's Access to Behavioral Health Task Force, the RHC was able to secure over $500,000 to assist with the immediate integration costs associated with the People's/Hopewell merger, and help make the idea of integration a reality for many in the region. "These changes," said Mr. Butler, "will only enhance our ability to provide quality services with dignity and respect."

"I'm excited to think about what the integration of behavioral health and physical health might look like. Can you imagine what this will do to improve the quality of care and dispel stigma about mental illness?"

AMANDA MURPHY, 2007

Betty Jean Kerr People's Health Center and Hopewell Center have merged and the Hopewell Center is now part of the People's family. Hopewell has also been renamed the Amanda L. Murphy Hopewell Center, in honor of its former CEO's 29 years of dedicated service. Currently, People's and Hopewell are implementing ways to provide both physical and behavioral services using a fully integrated model.

Grace Hill Neighborhood Health Centers (Grace Hill) and BJC Behavioral Health are an official pilot site of the State of Missouri and have established a partnership to co-locate staff at their respective community-based sites. BJC Behavioral Health's staff members are providing psychiatric services and consultations at Grace Hill, and Grace Hill staff members are providing primary physical health care at BJC Behavioral Health's location in St. Louis City.

Family Care Health Centers has hired and placed a Psychiatrist at its Community Health Center locations to increase access to behavioral health services, and has established a partnership with Places for People, a mental health provider, to provide weekly primary care services to Places for People's clients.

COMTREA is working with local primary care physicians to improve referrals and linkages between the primary care and behavioral health systems of Jefferson County. "We know that if we are able to improve our coordination, our patients will have better physical and behavioral health outcomes," said Steve Huss Ph.D., President and CEO of COMTREA. "We are constantly piloting new programs and procedures to see if we can further enhance our services and connections with our local primary care providers."

CONNIE NEUMANN, *Executive Director of Queen of Peace Center*

Queen of Peace Center has established a partnership with People's Health Centers to increase access to primary care services via a co-location model that provides well-women exams and pediatric care to consumers and their children accessing care at Queen of Peace. This partnership also allows Queen of Peace clients and their families to be connected to a medical home and thereby have access to comprehensive primary care. Additionally, Queen of Peace has increased its clients' access to behavioral health services by hiring a consulting psychiatrist and developing a partnership with Behavioral Health Response, the region's crisis access call-center, to provide 24-hour crisis response and linkages to other behavioral health providers.

St. Louis County Department of Health provides access to behavioral health services through the Family Mental Health Collaborative, a County-funded partnership of five behavioral health organizations in the region.

Recognizing the importance of these initiatives, in November 2009, the RHC recommended approximately $1.8 million in funding "to support the expansion of behavioral health services at IHN members [the regional community health centers] located in St. Louis City or County" if such funding is available to allocate in 2010, and anticipates receiving proposals to support this important work in Fall 2010 if possible.

Transforming the Behavioral Health System

"We believe that our model may not be the only model – there may be additional ways to help move people into recovery and there may be different but equally vulnerable groups of people we should be assisting."

FRANCIE BRODERICK, MARCH 15, 2010, IN A LETTER TO PLACES FOR PEOPLE'S SUPPORTERS ANNOUNCING HER RETIREMENT AND PLACES FOR PEOPLE'S MERGER WITH COMMUNITY ALTERNATIVES

New Approaches to Organizing the Behavioral Health System

During the early portions of the Behavioral Health Initiative, consumers, family members, and providers all voiced the strong opinion that changes to the organization of the public behavioral health system can dramatically improve access and quality of the care provided in the Eastern Region. Over the four years of the initiative, numerous recommendations for reorganizing the system have been advanced and approved by the Behavioral Health Steering Committee – a detailed description of these ideas can be found at www.stlrhc.org. Some of the most significant of these efforts have begun across the region, and are:

1. **Increase behavioral health services through collaborations, partnerships, affiliations, or mergers between mental health and substance abuse providers in the Eastern Region**

This recommendation from the Access to Behavioral Health Task Force addresses the perceived fragmentation between mental health and substance abuse organizations in the region, which was a common theme expressed by consumers and providers in the 2006 Behavioral Health Assessment. Several important efforts have begun to foster these partnerships, including the merger of Community Alternatives and Places for People:

SPOTLIGHT:

COMMUNITY ALTERNATIVES AND PLACES FOR PEOPLE

As many safety-net organizations in the region look for ways to develop new partnerships between behavioral health and primary care services in order to better meet the needs of clients, similar trends are occurring within the behavioral health community. One such example is the recently announced merger of Places for People and Community Alternatives. The leadership of these two strong community organizations saw the opportunity to serve their clients and target populations better, together. "The needs of the individuals we are now seeing at Places for People are growing in complexity and diversity, and I knew we needed to come up with a creative long-term plan for Places for People to better serve the needs of these clients. Merging with Community Alternatives made sense - both organizations share similar missions, values, and cultures," said Francie Broderick, Executive Director of Places for People, who is retiring next year after thirty-four years of dedicated community service in St. Louis at Places for People.

The services and programs currently provided by Places for People and Community Alternatives will continue. However, the single merged organization will be in a position to provide high quality community-based services to even more individuals and all current and future consumers will benefit from access to services already provided by the other organization. "Ultimately, the newly merged organization will be in a better position to be more responsive and successful in addressing the often complex needs of the individuals, families and community that we serve," said Joe Yancey, Executive Director of Community Alternatives.

JOE YANCEY, *Executive Director of Community Alternatives and*
FRANCIE BRODERICK, *Executive Director of Places for People*

Integration possibilities are also being examined closely at the State level by the Department of Mental Health (DMH). In late 2009, DMH announced that it was appointing Mark Stringer as interim director of the Comprehensive Psychiatric Services Division (CPS), while continuing his role as the Director of the Division of Alcohol and Drug Abuse (ADA). This 24-month appointment is designed to explore the feasibility and appropriateness of uniting the current Divisions of ADA and CPS into a single division.

During this trial period, the two divisions will look to find ways to work more closely in order to better serve consumers of mental health and substance abuse services in Missouri. The State acknowledges that, while integration of alcohol and drug abuse and psychiatric services is a national trend (18 states now have combined divisions), integration presents both opportunities and threats to effective service that must be carefully evaluated before a final decision is made to combine the divisions.

It is hoped that local providers will continue to find innovative ways to bridge fragmentation between their organizations, and between mental health and substance abuse providers, in the near future.

2. Increase collaboration between the State and community behavioral health providers

Integration and community collaborations are not the only activities taking place to structurally improve the behavioral health system in the Eastern Region. Another discussion has centered on the transformation of Metropolitan Psychiatric Center (MPC), the State-run acute care hospital in the Eastern Region, from a publicly run hospital to a community based one. MPC's history as a mental health facility dates back more than 70 years, when it opened in 1938 as the Malcolm Bliss Psychopathic Institute.

DMH "Downsizing Missouri's State Operated Inpatient Psychiatric System"

In order to meet economic constraints and focus limited resources on the greatest patient needs, DMH leaders have determined to refocus their mission and no longer provide acute care psychiatric services in any part of the State of Missouri. During this process in the Eastern Region, private hospital partners have been sought to assume operations of MPC, which would maximize federal reimbursement for these services in the region. The privatization of acute care psychiatric services has been completed in the Western and Central portions of Missouri.

Given the complexities of such a transition, the Eastern Regional Behavioral Health Initiative and the Commission developed and approved a set of "Guiding Principles" and the Access to Behavioral Health Task Force developed an additional two recommendations around such a transition to help ensure that access and quality of care would not be affected. In response to proposed changes at MPC, a team of community leaders and stakeholders in the Eastern Region collaborated with the Missouri Department of Mental Health (DMH) to initiate a community wide effort that would ensure patient care would be enhanced through this process.

However, a private hospital partner for MPC has not been found in the Eastern Region to date. In April 2010, DMH leaders announced they would be downsizing acute care services in the Eastern Region by closing the remaining inpatient acute care units and emergency department at MPC, and focusing limited State resources on long term care and other important mental health services. MPC will remain a State operated psychiatric facility serving individuals that are court-ordered for competency evaluations and competency restoration treatment. With this announcement, DMH pledged an additional $2 million in annual funding to enhance community mental health services in the Eastern Region.

To date, the impact of this announcement on access to mental health services in the Eastern Region is undetermined; however, it is anticipated that health care providers and advocates will continue to collaborate with the State to ensure any negative impact to patient care is minimized during this process.

Prior to this announcement, the State contracted with a local community based substance abuse treatment and counseling provider to offer expanded community based services at MPC. In the summer of 2009, Bridgeway Behavioral Health moved their city based, in-patient services from Vandeventer Avenue to a wing at MPC. Since MPC is a secured facility, Bridgeway is able to provide secured modified medical detoxification services in addition to the modified medical detoxification residential treatment services it was already providing. By providing

Metropolitan Psychiatric Center and Bridgeway Behavioral Health

Psychiatric Acute Care Transformation (PACT)

In 2007, DMH initiated a plan to transform the delivery of psychiatric acute care services in Missouri from the state hospital system to a community hospital. DMH has determined that reimbursement for the adult Medicaid population could be maximized if acute psychiatric care was delivered by hospital systems instead of by the State. The expectation is that the additional funds generated from this change could then be redirected to enhance critically needed community-based behavioral health services. To date the PACT initiative has transitioned state hospitals to community based ones in the central and northwestern regions of the State.

In 2009, the RHC approved a recommendation to "support the current plans for the Eastern Region Psychiatric Acute Care Transformation (PACT) initiative, including the transfer of operations of acute psychiatric services at Metropolitan St. Louis Psychiatric Center (MPC) to a private community hospital system; ensure this process improves access to behavioral health services in the Eastern Region during implementation."

MIKE MORRISON,
President and CEO, Bridgeway Behavioral Health

services on-site at MPC, MPC and Bridgeway have been able to improve access, linkages, and services for clients with addiction or co-occurring disorders. Currently, it is unclear how the State's April 2010 announcement regarding MPC will affect this promising partnership in the future; however, DMH has indicted that no insurmountable challenges are expected to arise for Bridgeway as a consequence of the change in MPC's services.

3. Collaboratively improve the way consumers can access and enter the behavioral health system

"We were helping a family member to seek care when they needed it, yet we couldn't find help. All the people that should have had the right answers didn't know where to send us," says Mary Ann Cook, a RHC Community Advisory Board and Behavioral Health Advisory Board member, voicing a common theme heard in many focus groups and community forums held by the RHC. These focus groups made it clear that one of the barriers to accessing behavioral health services was an inability of the system to track and follow individuals in the system. In response, the leaders of the Behavioral Health Initiative formed the "Improving Entry Implementation Team" in 2007. To address this issue, the workgroup developed a blueprint for a centralized "Access Center" to assist individuals with entry into the region's behavioral health system, which currently waits funding in order to be realized. The team also designed a detailed system for "warm hand-offs," which include policies and protocols for assisting consumers with finding the right organization to serve their needs.

In addition, the team implemented a standardized screening tool across behavioral and some physical health providers to allow for improved client experience and connection to care. The tool was piloted by more than 20 physical and behavioral health providers across the Eastern Region in 2008, which paved the way for multi-organizational collaboration in other initiatives across the region.

It is expected that the new "Behavioral Health Network of Greater St. Louis," a new organization formed to regionally coordinate behavioral health services in the Eastern Region, (see page 32) will build on this work and continue to focus on improving the entry into the region's behavioral health system in the years to come.

4. Share information between providers with consumer's consent

One of the barriers recognized by providers and consumers is the difficulty in sharing necessary information to improve care coordination. One area in particular need of coordination is the medical record. Participants reported being asked to relate their medical and psychiatric histories over and over again because providers' record-keeping systems are not coordinated. "Doctors don't coordinate care; they don't talk to each other," stated one participant.

Recognizing the importance of this effort to improving care, the Access to Behavioral Health Team has made strong recommendations that a single integrated clinical sharing system for physical and behavioral health providers to access clinical data should be implemented across the Greater St. Louis Region. Currently, the St. Louis Integrated Health Network is piloting an integrated electronic health exchange between hospitals and community health centers in St. Louis, and the State of Missouri is considering options for a statewide health information exchange. It will be important as these initiatives develop to effectively integrate behavioral health data, with the proper safeguards and consent mechanisms, to enable integrated care models in our community.

In 2007, one of the first implementation activities of the Eastern Region Behavioral Health Initiative was to pilot the clinical coordination of care across organizations. The **Coordinating Care for High Utilizers Implementation Team** was charged with improving care for consumers who utilized the public health services at a high rate due to limited care coordination and treatment options. The goal of the pilot was to reduce the number of days spent in inpatient care, to reduce emergency department usage, to develop new treatment options for the most acute cases, and to improve the health outcomes of the pilot population. For the pilot, over 150 individuals that used the region's behavioral health care system most often were identified, and 27 individuals were identified as "high utilizers" and selected to see if better coordinated care would reduce their use of acute care services and improve their quality of life. For each individual a cross-organizational treatment plan was developed and those who were eligible were enrolled in Assertive Community Treatment (ACT) services. The total cost for providing services to those enrolled in the pilot in FY09 was $946,575, a reduction of **$497,430** from FY07 (base year), a reduction of $17,424 per person from FY07. This model has been adopted by the State of Missouri for other regions in the State, and it is hoped that these collaborative efforts will be sustained in the years to come.

Eastern Region Behavioral Health Initiative's Screening Tool Training

Eastern Region Principles Regarding the Privatization of a State-Operated Mental Health Facility

1. Patient care cannot be compromised. Patients should be treated with the appropriate amount of care, at the right time, in the least restrictive clinical setting, so as to provide optimal care with the available resources.
2. Services must be culturally competent and sensitive and should respect the dignity of each patient and his/her family.
3. Privatization is not the goal; rather it is a means to achieve the goal of increasing access and capacity to high quality and cost effective services for patients. Services for each patient should be delivered in the most appropriate clinical setting for that particular patient.
4. To the extent the private sector is able and willing to provide appropriate services to persons who otherwise would receive them in the public sector; it is a cost-effective alternative that encourages creative use of scarce resources, and offers more clinical options from which patients and families can choose.
5. Current financial resources committed to delivering services in a state-operated facility must be reserved for services used by these patients, albeit in different settings. The state must demonstrate its commitment to preserving and enhancing resources for patients, not shifting the financial responsibility onto providers or families.
6. The Missouri Department of Mental Health retains the ultimate responsibility to establish performance standards and to monitor performance, a responsibility that is not diminished under a privatized system. These functions, however, should involve collaboration between government, families, consumers, advocates, and providers.
7 Outcomes must be measured against these performance measures, by an objective party. A process must be in place to monitor progress and guide improvement if performance measures are not achieved.
8. The private partner must not reduce access to acute psychiatric hospitalization.
9. Involvement of traditional and non-traditional family is critical to the success of therapy and the patient's long-term health. The services provided must include families.
10. A continuum of services should be available to patients to allow for an appropriate match of needs and services. Providers, must therefore, be able to offer a range of clinical services, including, but not limited to inpatient, partial, outpatient, and support services. Where a single provider entity is unable to offer the spectrum of services a patient needs, providers should collaborate to insure such access is available.
11. The state should remove existing barriers to collaboration or those which prevent flexibility in programming or training.

Looking to the Future: Sustaining the Momentum

While much has been accomplished in four years through the Eastern Region Behavioral Health Initiative, much remains to be done to ensure access to high quality behavioral health services for all in our region, regardless of the ability to pay. We hope that the true legacy of this initiative will be more than the accomplishments already achieved. It is our hope that this initiate has provided a foundation and infrastructure for continued efforts to transform the behavioral health system in the Eastern Region. To this end, several important components have been developed to provide sustainability of these efforts in the years to come:

1. Development of the "Behavioral Health Network of Greater St. Louis (BHN)" has begun

Based on recommendations from the Behavioral Health Steering Committee and Access to Behavioral Health Task Force, the RHC and the leaders of the behavioral health system are working to design an independent, non-profit organization to carry on the work of the initiative and provide a forum for continued region-wide behavioral health system planning and coordination. The Behavioral Health Steering Committee has created and approved Articles of Incorporation, bylaws, an initial work plan, and a first-year budget for the new organization. The governing body includes representation from the Department of Mental Health, regional Alcohol and Drug Abuse providers, the region's Administrative Agents and Crisis-System, hospitals, community advocate organizations, the Chairs of the BHN's two advisory boards (Adult Behavioral Health Services Advisory Board and Children's Behavioral Health Services Advisory Board), consumers, and family members. Building on the inclusive culture of the Eastern Region Behavioral Health Initiative, the BHN will work to be responsive to the various issues that can improve services within the behavioral health community, including issues relating to children and their families. It will also be able to help the behavioral health community look forward into the future to address and plan around local and national health care initiatives.

The Behavioral Health Network of Greater St. Louis (BHN) Corporate Purpose

1. Seek the active participation and support of organizations serving the behavioral health needs of the population of focus[i] across the Eastern Region of Missouri[ii] and across the behavioral health[iii] spectrum[iv];
2. Serve as a venue for region-wide strategic planning to promote quality care for the target population of the Eastern Region of Missouri who need behavioral health services;
3. Design and undertake intensive and inclusive planning processes that involve all segments of the behavioral health community from the local, state, and federal level to increase capacity and access;
4. Seek to develop and maintain an open and working dialogue between the behavioral health community of the region and local, state, and federal governments;
5. Regularly seek local, regional, and national funding to maintain and improve Behavioral Health services for the target population of the Eastern Region;
6. Ensure that the voices of family members and consumers are represented in the assessment, evaluation, planning, and decision making process of the behavioral health community;
7. Provide a leadership role for ongoing collaboration and integration of alcohol and drug abuse and mental health services;
8. Assist in the coordination of partnerships between the behavioral health community and other organizations, entities, and/or communities to help ensure that the needs of the target population and stakeholders are being met;
9. Identify, collect and publicly report behavioral health metrics as they relate to quality of care and access to safety-net behavioral health services. The data gathered will be used to help improve behavioral health outcomes;
10. Promote cultural competence, reduction of stigma, evidence based practices, and recovery oriented services to all those in the community who provide behavioral health services;
11. Promote coordination between behavioral and physical healthcare for the target population.

[i] Population of focus (also known as target population) is defined as those enrolled in Medicaid, are uninsured, or underinsured who need behavioral health services.

[ii] The Eastern Region is defined by the Missouri Department of Mental Health Administrative Agents' service delivery areas: St. Charles, Franklin, Jefferson, Lincoln, St. Louis and Warren Counties and St. Louis City.

[iii] In this document, the term "behavioral health" is used to indicate both mental health and substance abuse care. "Mental health" is defined as individuals with mental illness that is not necessarily substance abuse related. "Co-occurring" is used when speaking of the intersecting needs of mental health and substance abuse.

[iv] The "behavioral health spectrum" includes: prevention, early intervention, acute, urgent and emergent care, on-going treatment supports care, and recovery.

The RHC looks forward to transitioning the coordination of the "Eastern Region Behavioral Health Initiative" to the newly formed "Behavioral Health Network of Greater St. Louis" in 2010.

2. A "blueprint for change" has been created

Throughout the initiative, a series of recommendations and planning documents have been created, reviewed and approved by over 150 leaders of the health care and behavioral health community in the St. Louis region (see www.stlrhc.org). The RHC has sought the input of hundreds of consumers, family members, and community members for this work through focus groups, community forums, and active participation in each initiative team. These documents provide a clear vision and detailed action steps to improve the behavioral health system in the Eastern Region. While much work has already been accomplished, many innovative ideas have not been implemented to date, and await action and/or investment to achieve.

3. Sustainable initiatives have been developed

In addition to the creation of the "Behavioral Health Network of Greater St. Louis," many of the initiatives begun during the past four years continue to develop and grow. Ideas for reducing stigma are being implemented across many of our region's providers; and regional resources to improve entry into the behavioral health system continues to develop; efforts to integrate mental health and alcohol and drug providers, and behavioral health and physical health providers, continue to grow.

Facing the Fiscal Challenges in the Near Future Together

The State of Missouri is an important funder of mental health and substance abuse services, providing over $616.5 million in budgeted general revenue to support these services throughout the state in 2010.

Due to the national recession, State of Missouri revenues have sharply declined since 2008. Even if economic recovery occurs in the state in 2010 and 2011, several factors may continue to impact the state budget, including:

1. The infusion of approximately $2 billion in federal stabilization funding for Missouri, while vitally important in reducing the shortfall for a nine-quarter period, complicates the state's projections for the SFY 2012. Significant stimulus fund amounts were built into operations budgets for state departments in SFY 2010 and SFY 2011 that may not be available in SFY 2012.

2. While national economic recovery may begin, economists still predict that job losses may continue well beyond that point. Since Missouri's tax revenues are heavily dependent on state individual income tax, the State may not see significant revenue recovery in the near future.

The RHC's Behavioral Health Assessment in 2006 found that a conservative estimate of $87 million in additional funds would be needed to provide adequate behavioral health services to the adult safety net population in the Eastern region. During this time, due to budget and capacity restraints, the providers in the Eastern Region were only able to serve 36-50 percent (13,041 unduplicated clients) of the safety net population estimated to be in serious need of mental health services and only 28 percent (13,559 unduplicated clients) of the safety net population estimated to be in need of substance abuse services (RHC Behavioral Health Current State Assessment, 2006).

For the past four years, the Regional Health Commission has been working in partnership with the Eastern Region behavioral health providers and the Missouri Department of Mental Health to increase access to these services. As a result of this work, we have seen increased collaboration between local behavioral health providers and the development of new access points for behavioral health services through mergers and collaborations between Federally Qualified Health Centers and behavioral health providers.

The challenges of meeting the behavioral health needs of the citizens of the Eastern Region are likely to intensify over the next several years given the budget constraints facing the State of Missouri. These challenges only increase the importance of the region's work to integrate and streamline activities across organizations to deliver high quality care as efficiently as possible.

It is our hope that the spirit of collaboration that has developed among behavioral health providers and community members in the Eastern Region will continue to produce innovative solutions in the years to come.

Regional Health Commission
Rosters as of May 2010

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Eastern Region Behavioral Health Initiative Rosters

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SSM Healthcare St. Louis

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Missouri Department of Mental Health

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Missouri Department of Mental Health

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Missouri Department of Mental Health

BETTY JEAN KERR
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JACKIE LUKITSCH
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President & Chief Executive Officer
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DAVID WATKINS
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MARVA REDD
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National Alliance on Mental Illness – St. Louis

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JOE YANCEY
Community Alternatives

Closing Letter

In April 2006, the Regional Health Commission convened stakeholders representing state government; mental health, physical health, and substance abuse service providers; consumers; and advocates. Our overarching goal was and is to assure that consumers receive appropriate and effective services when and where they need them. We have made significant progress toward this goal over the past four years with the continuous support of the Regional Health Commission. That progress is detailed in the preceding report. However, perhaps our most substantive progress is demonstrated in the discovery of the commitment, talent and energy of the providers and advocates in this region as well as many others who genuinely care about the viability of the behavioral health safety net. We discovered that, particularly in these difficult times, we need to collectively think, act and plan as a regional system in order to be successful as individual organizations and together meet the needs of those who depend on us. Finally, we discovered a mutual trust that will endure and sustain us through the rest of this important journey.

Now we are in a state of transition as the Regional Health Commission ends its direct support of the Eastern Region Behavioral Health Initiative. The commission has done this in the right way. The June 2010 "Eastern Region Behavioral Health Summit" provides a distinct end to the past as well as a distinct beginning to the future. Often in transitions, important milestones are neglected, derailing progress. As we celebrate the past and look with hope to the future, let us commit ourselves to constantly recall the important discoveries we have made along the way and to persevere until together, we have met our overarching goal.

Finally, we would like to personally thank the St. Louis Regional Health Commission (RHC) for its leadership and financial support of this initiative. We would particularly like to thank the RHC's dedicated staff: Robert Fruend, Bethany Johnson-Javois, Angela Fleming, Riisa Rawlins, Avigail Goldgraber, Regina Robinson, and Angela Sears-Spittal for their assistance and commitment over the past four years.

Sincerely,

KARL WILSON
CEO and President,
Crider Health Center

Chair, Eastern Region
Behavioral Health
Steering Committee

JOE YANCEY
Executive Director,
Community Alternatives

Chair, Eastern Region
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KARL WILSON

JOE YANCEY

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