

# 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, Bisexual, 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 (e.g. CIT officer expansion and collaborative discharge planning for services 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