



MEMORANDUM

TO: Trustees

FROM: Julia López, Program Committee Chair

BOARD ACTION REQUIRED

DATE: October 14, 2022

SUBJECT: Resolution to Approve the FY 2024 – FY 2026 Community Mental Health Fund (CMHF) Investment Framework and Funding Priorities

NEEDS ASSESSMENT

Since MHB conducted its last St. Louis Adult Behavioral Health Community Needs Assessment in 2018, several local and national evaluation reports have been published that illuminate the strengths, challenges, and opportunities present in the adult behavioral health sector. In determining the Community Mental Health Fund priorities that would best meet the needs of St. Louis adults, MHB staff reviewed the City of St. Louis Department of Health 2021 Mental Health Data Brief, the St. Louis Regional Health Commission 2022 Access to Care Data Book, and the University of Pennsylvania's Center for High Impact Philanthropy's framework published in 2020. The Center for High Impact Philanthropy's framework also served as a foundational document for the MHB Theory of Change that was adopted by the Trustees in November 2021 as described below.

MHB THEORY OF CHANGE

Saint Louis MHB's person-centered Theory of Change is built around five key strategies that have the greatest potential for impact on mental health and substance use disorders as identified by the University of Pennsylvania's Center for High Impact Philanthropy. In their 2020 publication, *Health in Mind – A Philanthropic Guide to Mental Health and Addiction*, the University of Pennsylvania presented their findings after conducting a robust study of best practices in behavioral health service delivery which included a scan of the sector, literature review, expert advisory panel, an evaluation of existing models and programs, and consumer interviews. While the MHB Theory of Change guides our overall organizational strategy, the interventions adapted from the University of Pennsylvania framework (listed below), provide a research-based approach in setting the funding priorities and outcomes for the CMHF FY24 – 26 funding cycle:

1. **Help the most affected populations** – Address barriers to make care more accessible for those most impacted.

2. **Expand access to the full range of what works** – Increase availability of effective evidence-based care in clinical settings and evidence-based/promising practices in non-clinical settings; as well as strengthening coordination between these two settings.
3. **Support those with the most serious disorders** – Provide trauma-informed care at an increased level of intensity, consistency, and stability

PROPOSED FY24 – 26 CMHF INVESTMENT FRAMEWORK AND FUNDING PRIORITIES

The MHB Theory of Change uses the term “affected populations”. In order to be more explicit in externally communicating with potential applicants, the MHB Funding Priority will use “groups disproportionately...” and provide examples of the populations of focus for this funding priority. We will also provide examples of barriers to ensure a focus on changes at the service-delivery level designed to remove barriers that prevent disproportionately impacted groups from accessing care. Each funding priority will include a list of the types of programs and services that would be eligible for funding.

Funding Priority 1: *[aligns with 1 & 2 above]*

Reduce barriers to evidence-based care in clinical and non-clinical settings for groups* disproportionately experiencing mental health disorders and substance use disorders.

Outcome A:

People disproportionately experiencing mental health disorders and/or substance use disorders initiate and sustain healthy behaviors.

Outcome B:

People disproportionately experiencing mental health disorders and/or substance use disorders experience fewer barriers, resulting in increased access to and participation in behavioral health programs and services.

*[*Groups: justice-involved, immigrants and refugees, gender and sexual minorities, adults ages 55 and older]*

Programs and Services:

- Alternatives to incarceration and re-entry support
- Culturally and linguistically competent service provision (e.g., African American clinicians serving African American clients, services for immigrants and refugees provided in their language, LGBTQIA+ clinicians serving LGBTQIA+ clients, etc.)
- Services designed to meet the unique behavioral health needs of adults ages 55 and older
- Peer support

Funding Priority 2: *[aligns with 3 above]*

Provide care at an appropriate level of intensity, consistency, and stability for people with serious mental health disorders and/or substance use disorders.

Outcome C:

People with serious mental health disorders and/or substance use disorders initiate and sustain healthy behaviors

Programs and Services:

- Specialized care including coordinated specialty care for first episode psychosis
- Harm reduction approaches and medication assisted treatment for those with substance use disorders
- Supportive employment
- Clubhouse models
- Peer support

The attached resolution, if approved, will authorize the CMHF Investment Framework and Funding Priorities for use in the FY 2024 – 2026 grant making cycle.

CITY OF ST. LOUIS MENTAL HEALTH BOARD OF TRUSTEES

**AUTHORIZE INVESTMENT FRAMEWORK AND FUNDING PRIORITIES FOR THE
FY 2024 – 2026 COMMUNITY MENTAL HEALTH FUND GRANT CYCLE**

RESOLUTION

WHEREAS, the City of St. Louis Mental Health Board (MHB) has levied a property tax pursuant to the laws of the State of Missouri (Section 205.975 – 205.990 RSMo.) to fund the Community Mental Health Fund; and

WHEREAS, the Board is desirous to implement its responsibilities to ensure high quality community services to persons with behavioral health conditions in the City of St. Louis; and

WHEREAS, MHB desires to meet the needs of the City of St. Louis by investing in services for adults that are person-centered and demonstrate excellence, effectiveness through learning, and measurable impact; and

WHEREAS, MHB staff reviewed the Center for Effective Philanthropy 2020 Health in Mind Framework, the City of St. Louis Department of Health 2021 Mental Health Data Brief, and the St. Louis Regional Health Commission 2022 Access to Care Data Book to understand the behavioral health needs of adults in the City of St. Louis; and

WHEREAS, MHB staff have engaged in an approach that integrates the best available research with professional expertise in order to recommend an investment framework that maximizes the likelihood that adults will receive and benefit from the most efficient, effective, and highest quality behavioral health treatments, interventions, programs and services;

NOW THEREFORE, BE IT RESOLVED:

For the FY 2024-2026 funding cycle the City of St. Louis Mental Health Board of Trustees accepts the recommendation to invest CMHF tax funds in services that generate the following outcomes:

Outcome A:

People disproportionately experiencing mental health disorders and/or substance use disorders initiate and sustain healthy behaviors.

Outcome B:

People disproportionately experiencing mental health disorders and/or substance use disorders experience fewer barriers, resulting in increased access to and participation in behavioral health programs and services.

Outcome C:

People with serious mental health disorders and/or substance use disorders initiate and sustain healthy behaviors

In achieving the outcomes above, the following funding priorities will guide MHB's investments:

Funding Priority 1:

Reduce barriers to evidence-based care in clinical and non-clinical settings for groups* disproportionately experiencing mental health disorders and substance use disorders.

Funding Priority 2:

Provide care at an appropriate level of intensity, consistency, and stability for people with serious mental health disorders and/or substance use disorders.

APPROVED THIS 20th DAY OF OCTOBER 2022

Board Chair/Officer Name (printed):	Signature:
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ATTEST:

Board Officer Name (printed):	Signature:
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