

COMMUNITY MENTAL HEALTH FUND FUNDING PRIORITIES FOR FY 2014-2016 RECOMMENDATIONS TO THE MENTAL HEALTH BOARD (MHB) TRUSTEES

For the past 17 years, “access,” “availability,” and “quality” have been the watchwords guiding the Mental Health Board’s annual investment of \$2-2.5 million for behavioral health services in St. Louis. Those funded services directly reach about 1,100 people each year who would, otherwise, continue to struggle with life-limiting conditions and circumstances. Unfortunately, the Community Mental Health Fund only allows the Board to address a fraction of the mental health and substance abuse treatment needs of the City and its residents. However, the Board’s vision, policies and strategic investments have helped knit a system of behavioral health care and support that benefits the larger community. Consider:

- Community Mental Health Fund investments relieve pressure on the criminal justice system, hospitals and safety-net programs by strengthening community-based behavioral health services.
- Community Mental Health Fund investments help advance local, state and federal policy on issues like homelessness, unemployment, drug abuse and crime.
- Community Mental Health Fund investments enable a mix of innovative and professionally-delivered evidence-based services and best practices to provide consumers meaningful choices in determining the course of their recovery.

As the Board considers the funding priorities for the FY 2014-16 cycle, “efficiency,” “effectiveness,” and “excellence” will be the determinants for the investments it chooses to make. The environment in which behavioral health services are offered have undergone and will undergo extensive change. Informed observers and stakeholders anticipate greater demand for behavioral services in the coming months and years.

Present and Future

The environment for behavioral health services in the City and region has shifted dramatically over the past 3 years:

- Metropolitan Psychiatric Hospital closed and shifted emergency stabilization services to area hospitals which are often ill-equipped, staffed and costlier than a dedicated institution would be. While plans are on the drawing board for a new crisis stabilization facility to be built, that facility is still years away from reality.
- The number of residential beds for inpatient substance abuse treatment has been drastically reduced in an effort to control costs.
- The St. Louis Psychiatric Rehabilitation Center is phasing out domiciliary care which is adding to the strain on community resources for housing and supportive care.
- Recent war veterans and their families from other parts of the state are straining the capacity of the local VA hospitals’ behavioral health services and leading to a competition for services with older war veterans, many of whom are long-term City residents. The number of VA claims and the wait time for claims to be processed have increased nearly to the point of dysfunction.

Over the past 3 years, heroin and methamphetamine use, addiction and death in Eastern Missouri have increased significantly. It has become a public health crisis in the counties surrounding St. Louis. Law enforcement, judicial, healthcare and social service representatives are beginning to examine collaborative systemic responses. Last year, alone, 36 St. Louisans died as a result of heroin abuse. However, the past two Community Mental Health Fund funding rounds have seen a reduction in the number of applications submitted to MHB to prevent and treat substance abuse disorders. The staff’s

information suggests that MHB's use of the term "behavioral health" as a descriptor of the focus of its priorities may have led potential bidders to believe MHB's focus was solely on mental illness.

The Patient Protection and Affordable Care Act of 2010 promises to change the landscape even more for behavioral health services when it comes on line in FY2014. In theory, everyone will be required to carry health insurance. Behavioral health services will continue to be covered (again in theory) at parity with physical health services. Down the road, PP-ACA may substantially increase the demand for all healthcare services, especially for men for whom Medicaid was denied. Given the history and practice of managed healthcare and Missouri Medicaid, covered behavioral health interventions will need to be efficient and efficacious to ensure adequate reimbursement for services provided. In the past, MHB allowed its investments to support services that were not covered by Medicaid or other insurers. With PP-ACA, the Board's investments will need to carefully avoid being used to supplant covered services more vigilantly than ever before.

Considerations

During summer 2012, MHB staff sought the insight of informed observers and stakeholders of social welfare and behavioral healthcare needs in St. Louis. In addition to the staff's ongoing research, interviews with the Executive Director of the Regional Health Commission and the past Health Commissioner framed questions for discussions with physicians, court personnel, educators, advocates and volunteers.

Additionally, the staff conducted a listening session on August 16, 2012. The 24 respondents included a Board member, consumers and advocates, evaluators, behavioral health practitioners, housing and employment executives and staff members, and representatives from City government. The questions posed to the respondents were:

- What has been the most important system change you have seen in the past 3 years?
- What continues to be the most important need for severely mentally ill in our community?
- What part of system is working well and needs to continue?
- What do we need more of or would like to add?

A content analysis of all responses yielded the following issues for the Board to consider:

- Maintain emphasis on evidence based interventions and best practices that demonstrate and are designed to support and advance individuals' recovery and overall wellness.
- Include opportunities for individuals who are recovering themselves to mentor and coach their peers.
- More services should address individuals' trauma histories.
- Insist on collaboration and integration of services to address the needs of the whole person to including physical health, housing and employment.
- Advocate for and strengthen capacity for community-based crisis interventions.
- Improve access to and availability of cutting-edge substance abuse prevention and treatment.

FY 2014-16 Recommendations

Given the changing environment for behavioral healthcare and the informed considerations above, no new populations or overall service needs were identified that would require changing the Board's funding priorities. Rather, as it became clear, the Board's investments will need to focus less on new outcomes and more on how those outcomes are achieved.

It is recommended, however, that the Board restate its existing funding priorities to improve their clarity and set a stronger direction:

Mental Health Fund Priorities, 2011-2013	Recommended Priorities, 2014-2016
Individuals with serious behavioral health disorders achieve and sustain their progress towards recovery.	Behavioral health service consumers recover and sustain indicators of social functioning and well-being.
Individuals with serious behavioral health disorders who require frequent and repeated interventions across service systems are able to manage their conditions to avoid relapse, crises or emergencies.	Behavioral health service consumers experiencing frequent crises, relapse or other emergencies related to their illnesses use skills to manage and maintain their recovery.
Individuals with serious behavioral health disorders and other chronic conditions manage their overall health across their lifespan.	Residents with physical health conditions compromised by behavioral health disorders and/or trauma positively manage their recovery for improved wellness.

It is also recommended that the Board give additional weight during its application review process to encourage agencies to address specific conditions identified by the environmental scan and informed considerations discussed above to improve the efficiency, effectiveness and excellence of behavioral healthcare services in the City. These conditions are:

- Use of certified peer mentors.
- Formal partnerships between community-based behavioral health and physical health service providers.
- Formal partnerships between community-based behavioral health and other social welfare or emergency service providers.
- Co-location of behavioral and physical healthcare services.