Behavioral Health Network of Greater St. Louis

Systems Change for Aging & Behavioral Healthcare (System ABC) Grant workplan updates.

Subcontractors: All four subcontractors have been selected. Saint Louis University Geriatric Education Center (GEC) and Places for People's- Illume Center for Excellence as consults for agency assessments, screening tools, and staff training; Independence Center's "Young at Heart" group to obtain consumer's voices; and the University of Missouri Kansas City to perform the Network Analysis.

1. **Partnership & Advocacy**

Activity	Proposed Timeline	Notes
Formalize Aging/BH Council: Agencies commit to consideration of a variety of Task Force (TF) recommendations described in this proposal.	By month 6 Ongoing	Goal Indicator: 20+ agencies will have signed the Council Charter and 100% of agencies commitment to considering new models of working collaboratively. **Currently have 26 signed MOAs (6 more than the original grant)**
Convene Aging/BH Council	By month 6 Completed	Goal Indicator: 20+ Council member agencies, 80% monthly Council meeting attendance. **In months 1-6, an average of 28 agencies have attended each Council meeting. 45 agencies attended at least once, and 29 agencies have attended 80% of the meetings (since they started)**
Plan and facilitate monthly meetings to raise awareness of existing initiatives and identify ways for Council members to inform advocacy efforts.	Months 2-36 Ongoing	Monthly "Info sessions" include area agencies and specific community initiatives. Presentations to date have included: resources through Department of Disability & Aging; review of the Aging Network by Aging Ahead; housing resources for older adults by Gateway housing; elder abuse by Legal Services of Easter Missouri; and veteran resources and suicide prevention by Veterans Administration. The goal of these sessions is to foster networking between Aging & BH Agencies by highlighting available community resources.
Recruit two consumers to participate on the Aging /BH Council	Months 1-6 In Progress	BHN has a culmination of best practices for engaging consumers in Board/Committees and a draft policy for reimbursing consumers. The Best Practices were reviewed by the Council. Identified two consumers for the Council, and onboarding is underway.
Meet monthly with Independence Center's Young at Heart consumer group for their guidance.	Months 2-36 In Progress	11/22 BHN began monthly meetings with Independence Center's Young at Heart consumer group to solicit lived experience while being a part of the system of care. Our goal is to gain feedback on both the Aging services they might have received as well as the Behavioral Health services they have received in hopes to identify challenges and gaps to improve those systems.
Confirm the choice of a network analysis tool and adapt (if needed).	Months 3-6 In progress	BHN drafted an RFA for a sub-contracted organization to lead network analysis. We received and reviewed proposals; and chose UMSL and initiated a sub-contract

		signed January 2023. UMSL will lead, with Council input, the development of a network analysis process.

2. **Agency Assessments**

The work plan indicated the timeline for these deliverables is between months 7-24. We have been working closely with Sub-contractors—Saint Louis University's Geriatric Education Center (GEC) and Places for Peoples-Illume Center for Excellence (Illume)-- and have completed the materials for the agency assessment process. This includes an application and selection procedure, preparatory questionnaire, comprehensive assessment consultations, a goals meeting to solidify two recommendations, and follow-up meeting to complete a post-questionnaire and discuss sustainability. VOYCE STL has begun the first Agency Assessment as of March 7th, 2023. We are currently soliciting additional agencies to participate and hope to complete an agency assessment every 45 days over the course of 18 months.

3. Data and Reporting

The work plan has indicated the timeline for these deliverables is months 7-36. We have been encouraging agencies to disaggregate data by age and race. We have had preliminary meetings with UniteUs Community Information Exchange (CIE) on proper processes for obtaining data on the agencies that participate in the CIE and are seeking to pull participating agency data to analyze participation in CIE, data disaggregation, and continue to find solutions to barrier/ problem-solving for agencies.

4. **Staff Training**

Activity	Timeline	Notes
Offer "Basic" trainings to Agency staff related to identifying and responding to Aging & BH needs.	Months 6-12 **In Progress**	There has already been a training "Non-pharmacological Interventions for Identifying and Managing Behavioral and Psychological Symptoms of Dementia" by Memory Care Home Solutions (October 27th). **GEC & Illume have selected topics, based on council member input, and the first three have already been scheduled, beginning March 28th.**
Staff trained on screening tools (see "screening" section below) – administration, interpretation, and use of screening tools to	Months 12-24 In progress	The Aging & BH Council introduced selected best practice screening tools at the January Council Meeting. We discussed the importance of screening tools and recognizing indicators to perform a screening tool. A training plan has been completed and will be evaluated quarterly

guide care, linkage, and referral, and documentation of utilization.		based on the participating agencies' needs for specific screening tools.
Additional work outside of promised Deliverables		A training plan has been created by both Saint Louis University Geriatric Education Center (GEC) And Places for People's- Illume Center for Excellence (Illume). This training plan includes both "Generic or basic" training topics as well as "Specialized" training topics that will be conducted throughout the months 6-12 and evaluated quarterly for specific needs of agencies to promote the most desired training.

5. Linkage and Referral

Activity	Timeline	Notes
Using Agencies' AFHS Assessment recommendations and interviews with consumers and frontline staff, identify challenges and barriers to using assessment plus L&R tools.	Months 6-18 **In Progress**	In information-collecting efforts, we discovered there is no perfect L&R system for both Aging & BH-friendly systems. Agencies use a wide range of L&R systems making a collaborative system difficult. BHN met with different L&R systems to better identify the gaps and challenges and potential avenues for improvement. In addition, we have encouraged consumer voice and highlighted the importance of having consumer voice in Council discussions. Lastly, our Agency Assessment process encourages agencies to include frontline staff in the discussions.
Agencies create a plan to address identified challenges/barriers.	Months 6-18 **In Progress**	BHN has created a concept paper addressing the problem/barrier in an effort to advocate for area L&R structures to work collaboratively to help agencies: 1. Identify service providers which deliver a type of service and 2. Discern client eligibility criteria. It is our hope that the CIE and The United Way 211 call system share data to encompass all Aging and Behavioral Health agencies making CIE a more inclusive platform.
Additional work outside of promised Deliverables	BHN is working with the University of St. Louis (UMSL) Community Innovation and Action Center and the UniteUs group to monitor the progress of innovation to better direct our L&R efforts.	

6. Screening

Action	Timeline	Notes
Identify best practice screening tools, normalized on older adults, targeting prioritized needs.	Months 1-12 Completed	Using a sub-committee along with Saint Louis University Geriatric Education Center (GEC) and Places for People's-Illume Center for Excellence (Illume) we have selected best practice screening tools in 5 domains: depression, suicidality, substance use, cognition, and physical frailty. In January we presented the importance of screening tools to the Aging & BH Council and in February we introduced the council to the selected screening tools to encourage conversation, identify potential barriers, and to solicit agencies to adopt a new screening tool after which they could receive acknowledgment funds.

<mark>Do you anticipate any difficulties in accomplishing your project goals during the grant period (9/1/2022-8/31/2025)? If so, explain.</mark>

At this point, we do not anticipate any issues that would prevent us from accomplishing our project goals within the allotted grant term.