Behavioral Health Network of Greater St. Louis

BHN OVERVIEW AND KEY INITIATIVES

MISSION The Behavioral Health Network (BHN) is an independent not-for-profit that coordinates the collaborative efforts of providers, advocacy organizations, government leaders and community members that are dedicated to developing an accessible and coordinated system of behavioral health (BH)* care throughout the Eastern Region of Missouri. With those collaborators, we create a better safety-net system of care, encompassing concerns at all levels of severity and points on the service continuum, throughout the life-course (youth and adults). We focus on services to the uninsured and underinsured residents of seven Missouri counties: St. Louis City and County, Jefferson, St. Charles, Franklin, Warren, and Lincoln.
Throughout this document, the term "behavioral health" (BH) is meant to include mental and substance use disorders / services / health.

BHN BOARD MEMBERSHIP ORGANIZATIONS

Adapt of Missouri, Inc.
Affinia Healthcare
Amanda L Murphy Hopewell Center
Barnes-Jewish Hospital
Behavioral Health Response
BJC Behavioral Health Center
Bilingual International Assistance Services (BIAS)
Compass Health Network
COMTREA/Compass
Department of Corrections (ex-officio)
Department of Mental Health (ex-officio)
Family Care Health Centers
Gateway Foundation, Inc.
Generate Health
Independence Center
KVC Missouri
Mental Health America of Eastern Missouri
Mercy Hospital
National Alliance on Mental Illness - St. Louis (NAMI)
Places for People
Preferred Family Healthcare
PreventEd (formerly NCADA)
Provident Behavioral Health
Queen of Peace Center
RX Outreach
Salvation Army
SSM Health St. Louis
St. Louis Children's Hospital
St. Louis Regional Health Commission
St. Patrick Center
Veterans Administration, St. Louis (ex-officio)
Washington University School of Medicine

BHN KEY INITIATIVES are grouped in the following categories:

Project abstracts and key indicators are available at www.bhnstl.org or upon request.

HOSPITAL COMMUNITY LINKAGES

BHN manages, on behalf of the Eastern Region, initiatives which we categorized under "**Hospital Community Linkages**" (HCL). With variations, all four related initiatives utilize innovations to support vulnerable patients' transition from acute behavioral health (mental health and/or substance use, BH) encounters to engagement in ongoing community care. They include:

- LINCS: Linking Individuals with Needed Care & Supports
- Youth Emergency Room Enhancement (ERE)
- EPICC, Engaging Patients in Care Coordination
- MO TAY-LER additionally leverages these four initiatives' infrastructure and innovations to serve Transition Age Youth (TAY)

LINCS: LINKING INDIVIDUALS WITH NEEDED CARE & SUPPORTS

Context: BHN manages LINCS on behalf of the Eastern Region's Community Mental Health Centers (CMHC) and ten hospitals (within three hospital systems), collaborating to serve as the BH safety-net providers. The goal of LINCS is to transition over 1,000 adults annually from hospitalization to community care through a CMHC or substance use service providers. After a winter 2022 assessment process, regional leaders decided to combine two programs and re-brand them as LINCS: adult Emergency Room Enhancement (ERE) and Hospital Community Linkages (HCL) Inpatient. LINCS has two types of community BH outreach staff: (a) Navigators, who receive referrals from hospitals, are a patient's first encounter at the hospital, and support them on their next step in a community-based transition of care; and (b) Intensive Outreach workers, who provide care coordination for a sub-set of high utilizer patients.

LINCS efforts include the Eastern Region's CMHCs and over 30 BH service providing partners—hospitals, substance use providers, housing services providers, law enforcement, advocates, and others. The LINCS Intensive Outreach efforts target high users of hospitals, with the primary goals to improve client outcomes and reduce preventable hospital contacts/readmissions across the region. LINCS aims to facilitate an integrated 24/7, region-wide approach, with community-based intensive outreach, meeting clients at the hospital and supporting them through the process of community care engagement. For Intensive Outreach clients, LINCS includes three and six-month data collection of outcomes, which the Missouri Behavioral Health Council coordinates for the ERE state-wide DMH-funded initiative.

Funding: Missouri Department of Mental Health (DMH). HCL Inpatient grant (6/2012 – ongoing) and adult ERE grant (9/2013 – ongoing). Contact: Anita Udaiyar.

YOUTH EMERGENCY ROOM ENHANCEMENT (YERE)

Context: BHN manages YERE implementation in partnership with the five CMHCs that serve children, Preferred Family Healthcare (PFH), ten hospitals, additional providers for children/adolescents in the child welfare system. We aim to expand BH services access for youth, aged 6-17, who are referred from partner hospitals / clinics, with indicators of severe emotional disturbance (SED). During an episode of intensive BH need, youth are referred to YERE through a 24/7 referral line (in partnership with Behavioral Health Response). Eligible youth receive outreach and engagement services from YERE Outreach Workers, who are employed by five local CMHCs and PFH. Outcomes for program participants include Reduced non-emergent hospital encounters, ER and/or inpatient; Increased engagement with community-based providers and enrollment in needed treatment programs; Improved functioning in primary aspects of daily life such as self-care, interpersonal relationships, and school or work; Reduced involvement with law enforcement; and Improved housing stability. Data outcomes are collected at one, three and six-month markers.

Funding: DMH (9/2017 – 6/2024). Contact: Dana Silverblatt.

MISSOURI TRANSITION-AGED YOUTH LOCAL ENGAGEMENT AND RECOVERY (MO TAY-LER)

Context: Through MO TAY-LER, DMH works in three counties (St. Louis City, St. Louis, and St. Charles) to outreach, engage, and enroll into effective treatment, transition-aged youth (TAY), age 16-25, with significant BH concerns (irrelevant of insurance coverage). DMH, recipient of this grant, contracted with BHN to collaboratively convene state and regional entities as well as local providers to identify barriers to recovery for TAY, and develop policies, procedures, and funding mechanisms to support transition to adulthood and recovery from serious mental illness (SMI).

MO TAY-LER leverages the regional DMH-funded LINCS and Youth Emergency Room Enhancement (YERE) outreach teams to receive referrals from 18 regional hospitals. Three CMHCs (BJC Behavioral Health Center, Compass Health Network, Places for People) implement a modified Coordinated Specialty Care (CSC) model intervention, which includes outreach; peer support; and employment and education services as part of TAY's recovery. Staff also work to advance TAY-targeted social marketing and communication initiatives. All MO TAY-LER efforts are supported through youth/young adult involvement and a communications plan to support community education and stigma reduction. Other partners include Behavioral Health Response (BHR) for community education; OnTrack NY for training/ consultation on the CSC model; Youth Move National for training/consultation on engaging youth & young adults; Missouri Institute of Mental Health for evaluation; and DMH state and regional leadership for advancing policy changes to support TAY. MO TAY-LER will outreach and screen 675 TAY and connect 360 eligible TAY youth to the three participating providers over the grant period.

Funding: SAMHSA grant to DMH, in response to Funding Opportunity "FY2019 Healthy Transitions: Improving Life Trajectories for Youth & Youth Adults with Serious Mental Disorders," SM-19-001, with sub-contract to BHN (4/2019 - 3/2024), 5-year. Proposal production support provided by Missouri Foundation for Health. Contact: Dana Silverblatt.

ENGAGING PATIENTS IN CARE COORDINATION (EPICC) OPIOID OVERDOSE RESPONSE

Context: EPICC connects individuals from emergency rooms (ER) and emergency medical services (EMS) to community substance use treatment, with an emphasis on utilizing medication assisted treatment (MAT) in the ER. EPICC employs Recovery Coaches (people with lived experience) to encourage/facilitate clients' engagement with community treatment providers by providing intensive outreach services. Recovery Coaches, dispatched through Behavioral Health Response's (BHR) 24/7 call center, establish immediate linkages to substance use (SU) and medication assisted treatment (MAT) services. The goals are to engage patients during emergency room stabilization with MAT and SU treatment coordination/services, reduce future ER visits and overdoses that may result in death, provide Opioid Overdose Education and Naloxone Distribution (OEND), and increase the capacity of regional providers offering MAT. Eligible consumers present as having opioid use dependence, are un/under-insured, 14 years of age or older, Missouri residents or present as homeless in the targeted region and referred from partnering hospitals and EMS providers. EPICC will expand their presence by offering an innovative branch of the EPICC work to engage community members in need of substance use treatment through the EPICC CORE (Community Outreach and Engagement) model. Additional efforts to support enhanced engagement will be implemented through a small pilot at two agencies to follow the patients post intake.

Funding: DMH, pilot project (9/2016-6/2017); Sustained post-pilot through a SAMHSA "State Targeted Response to the Opioid Crisis Grant" (STR) to DMH, with sub-contract to BHN (7/2017-4/2019). Funding for EMS expansion received through SAMHSA State Opioid Response grant (SOR) to DMH, with subcontract to BHN (10/2018-9/2020). Expansion funding to develop EPICC CORE (Community Outreach and Engagement) through SAMSHA State Opioid Response expansion grant (SOR 3.0) to DMH, with subcontract to BHN (10/1/2022-9/30/2024). Contact: Jennifer Miller

Connecting the DOTS (Drug Overdose Trust & Safety)

Context: BHN is a subgrantee of this SAMHSA award from Missouri Department of Mental Health and Missouri Institute of Mental Health. The project addresses the lack of opioid-specific occupational safety training for first responders, insufficient naloxone distribution for first responders and community members, and inadequate connection to post-overdose services. EPICC Recovery Coaches will assist MIMH with providing workshops to first responders in St. Louis City, Jefferson, Franklin, St. Charles, and St. Louis Counties. EPICC leadership will work with first responders to facilitate formal partnerships and increase the number of referrals from EMS to EPICC.

Funding: SAMHSA First Responders Community Addiction & Recovery Act to DMH and MIMH, with subcontract to BHN (9/2019-9/2024). Contact: Jennifer Miller

BRIDGES TO CARE AND RECOVERY

Context: "Bridges" was created in 2013 in response to community leaders recognizing an escalating local crisis in North St. Louis City and North County, where individuals with BH needs were at high-risk of "falling through the cracks" of a fragmented system of care. Bridges mobilizes clusters of churches in North City/ North St. Louis County, primarily in the African American community, to support the BH treatment and recovery of congregants and other community members with BH challenges. This is part of an overall goal of extending the BH system of care for people who experience a high degree of stigma in seeking routine BH treatment, cultural mistrust of providers and traditional treatment, a lack of knowledge regarding resources and how to access them, and barriers to accessing care (i.e., transportation, lack of insurance, etc.). As of January 2024, Bridges has trained 493 "Wellness Champion" volunteers and certified 119 congregations as "Behavioral Health Friendly." The Wellness Champions develop behavioral health ministries that provide educational events, BH screenings, and resources. Those individuals that display symptoms of mental health or substance use challenges are referred to the BCR Referral Coordinator, who provides BH navigation services, including up to five free counseling sessions for uninsured individuals. The Bridges platform has been leveraged for initiatives that reduce infant mortality, increase Census 2020 participation, and educate the community about COVID-19 safety and vaccination.

BHN was selected by SAMSHA to expand the Bridges to Care and Recovery program to supplement existing infrastructure within predominantly Black faith communities The BCR Expansion will focus on training youth and congregants in a variety of mental health awareness training programs, including two evidence-based programs, Mental Health First Aid and Question, Persuade, Refer. Other trainings will include Sharing Hope, a mental wellness training program designed for Black communities, and pastoral curriculum will be designed, piloted, and implemented with pastors to help them more effectively build mental health stigma reduction and mental wellness resources into the liturgy. BCR Expansion will build on the existing infrastructure to further empower predominantly Black communities to reduce stigma, increase knowledge of behavioral health, and break down barriers to accessing care. The BCR Expansion will focus on two evidence-based trainings; Mental Health First Aid (MHFA) and Question, Persuade, Refer (QPR), and one supplemental training; Sharing Hope, recommended in SAMHSA's Mental Health and Training (MHAT) Advisory (Substance Abuse and Mental Health Services Administration, 2022). A new Advanced Pastoral Training curriculum and a tool kit designed to address mental health stigma more effectively. It is intended to be delivered in a six-month period within a co-hort of 10-15 clergy participating in six, monthly modules (anticipated to be 2 hours) in length each month.

Funding: St. Louis Mental Health Board funding (7/2023-6/2024). SAMHSA-Bridges to Care & Recovery Expansion (9/30/23-9/29/26), City of STL-American Rescue Plan (ARPA)-11/1/2023-12/31/24), *DMH Eastern Region Access to Care Funds (7/2017–6/2023)* Contact: Meredith Childs.

REGIONAL PLANNING AND COORDINATION

CLINICAL BEACN (Building Engagement to Address Complex Needs)

Context: Similar to Project BEACN (MFH-funded), Clinical BEACN is a model to better address the complex needs of hospital "super-utilizing" patients, especially those who are homeless or housing unstable. However, Clinical BEACN provides support for a BEACN "Care Transition Team," with an emphasis on outreach and BH service delivery, attending to the housing needs of patients, and implementing key components of a complex care model through system change advancements (Project BEACN). Clinical BEACN serves super-utilizers of one hospital system's patients residing in St. Louis City and St. Louis County. The work targets patients who experience extreme patterns of healthcare utilization and costs related to medical, BH and social needs (at least 35 patients per year, for 3 years; minimum of 105 patients). Similar complex care models nationally have significantly improved patients' health, reduced ED visits/ readmissions, and produced healthcare cost savings. The model aligns with the Housing First methodology to provide housing support for patients and connects to housing as part of their health care plan, with the assistance of Gateway Housing First. This is an ongoing initiative that demonstrated significant health improvements and reduction in hospital utilization for complex patients.

Funding: Anonymous Funder, contract to BHN (7/2020-6/2023), with a sub-contract to Places for People (community BH provider) for services. Currently on a no-cost extension till 6/2024. Contact: Anita Udaiyar.

PROJECT BEACN (Building Engagement to Address Complex Needs)

Context: Hospitals are increasingly treating individuals with BH concerns in costly acute care settings. A small subset of patients accounts for a disproportionate share of total annual emergency department (ED) visits, and those patients are most likely to have a serious mental illness, co-occurring health issues, and experience other barriers to accessing consistent health services that would facilitate recovery. Project BEACN piloted infrastructure improvements via the delivery of the Emergency Room Enhancement initiative that focuses on "super-utilizers" of hospital care (aka "complex care patients")—those who experience the most extreme patterns of utilization and cost. The project aimed at building stronger complex care ecosystems that bring together diverse partners from social services, BH, public health, community-based organizations, and government agencies, so that hospitals and community providers can proactively identify complex care and serve them instead through effective community-based BH services. Project BEACN worked towards the BH system's response to the behavioral, physical, and social service needs of the individuals most frequently utilizing Eastern Region hospitals for BH concerns by implementing and evaluating an equitable, accessible, person-centered complex care model approach; and (2) enhance BH system and community BH provider capacity by developing new payment structures and strategies for improved efficiencies and cross-sector collaboration, as well as policies promoting accountable, integrated, coordinated care for complex needs. As a grantee, BHN participated in a state-wide Behavioral Health Local Systems Change Cohort Learning Collaborative and budgeted for consultation from the National Center for Complex Health and Social Needs, which is in affiliation with the Camden Coalition of Healthcare Providers.

Funding: Missouri Foundation for Health grant to BHN (2/2020-1/2023), through their BH Systems Change funding opportunity. BEACN is ongoing and actively collaborating with regional partners to construct a robust system of care for complex patients, working towards a goal to establish a sustainable Complex Care Ecosystem in eastern Missouri. Contact: Anita Udaiyar.

SYSTEMS CHANGE FOR AGING AND BEHAVIORAL HEALTH CARE (SYSTEMS ABC)

Context: On behalf of a cohort of committed agencies, BHN is providing backbone support for Systems ABC, which is an initiative to reduce fragmentation, fill service gaps, and facilitate integration between aging and BH agencies to foster a system of community care that positively impacts health outcomes for older adults. We aim to build on collaborative visioning initiated by an Aging & BH Task Force, hosted by BHN, St. Louis City Senior Fund (Sr. Fund) and St. Louis Mental Health Board (MHB). Leaders from 24 agencies met monthly, January-October 2021, to share information, explore collaborative models, and implement a survey resulting in a Task Force Report of recommendations in a report. Through an Aging & BH Council, we seek to provide coordination, planning, and accountability structures for systems-level reforms to fulfill on the Task Force recommendations, which include: Increase partnerships and collaboration; better Reporting; Linkage and referral structures (potentially the Community Information Exchange, CIE); Training – identification of needs (screening) and knowledge/skills for serving older adults with BH challenges; and Advocacy.

Funding: Missouri Foundation for Health Opportunity Fund grant to BHN (9/1/22 - 8/31/25) with subcontracts to Illume BH Center of Excellence (Illume, Places for People) and Saint Louis University Geriatric Education Center (GEC) for training and consultation; and Independence Center "Young at Heart" consumer group for guidance. Contact: Britney Parson.

ST. LOUIS GROW (GRASSROOTS REINVESTMENT FOR OPTIMAL WELL-BEING)

Context: The goal of St. Louis GROW is to address the high rate of opioid overdoses and deaths among Black males in North St. Louis City and County by engaging grassroots agencies that have a stronger presence in the community compared to traditional substance use disorder treatment centers. The funding supports client services for (currently) five community partners, a Project Manager, Therapist and Community Health Navigator. BHN provides administrative support for this initiative. From the program's inception, the five agencies have provided a wealth of services, focusing on community engagement and continued education and training about opioid use and harm reduction. More than 8,800 people with a substance use disorder have been served to date, 4,355 expressly with an opioid disorder; 1,665were referred to SUD treatment services, and 2,174 were referred to recovery support services.

Starting in July 2023, a contract with Kaizen Health to provide transportation for GROW agencies' clients to receive treatment from eligible SUD providers was supported by funds from Department of Health and Senior Services (DHSS). Agency staff can schedule client rides through a digital app. Door-to-door ambulatory assisted transportation, vehicles with children's car seats, and wheelchair-accessible vehicles are also available.

Key accomplishments of Community Partners include capacity building, extended hours of service, and expanded outreach. In addition, agencies' started training plans to help educate and improve overall well-being while also working to develop better ways to gather accurate client engagement data. Overall, community partners have seen an increase in the number of individuals initiate and stay in treatment. The program serves as a bridge to other safe spaces and supports individuals interested in pursuing the path towards recovery. They have 100% placement after the program.

Funding: Missouri Mental Health Foundation [Original term: (10/1/21 – 06/30/23--extended to 09/30/24)] funded by Missouri Department of Health & Senior Services through a grant to the Department of Mental Health. Additional funds for transportation have been secured through DHSS (09/01/23--08/31/24). Contact: Jennifer Miller

HOSPITAL TO HOUSING

Context: BHN is a subcontracted agency for this grant from SAMHSA to BJC Healthcare. Like H2HH, the program aims to move homeless individuals into stable, long-term housing, address the health and social determinants of health needs, and diminish the unnecessary use of hospitals/EDs. BHN is providing mental health coordination and integration with other complex care initiatives in the region.

Funding: Substance Abuse and Mental Health Services Administration (SAMHSA) funding to BJC Healthcare through U.S. Rep. Cori Bush's Community Project Funding (10/1/22 – 6/30/23). This grant term was extended until 12/31/23. BHN continues to be an (unfunded) partner that is part of ongoing discussions to move regional collaborative efforts forward. Contact: Anita Udaiyar.

DUNNICA SOBERING SUPPORT CENTER

Context: A sobering center is a facility where actively intoxicated people can safely recover from acute intoxication while receiving basic medical monitoring. Most centers are open 24/7, serving adults, with stays of less than twenty-four hours. The goal of the sobering center is to divert intoxicated adults from jail and emergency departments (EDs), by providing alternatives. BHN, in partnership with Preferred Family Healthcare, the City of St. Louis, leadership in the hospital and mental health sectors of care, law enforcement, and other key community stakeholders opened the region's first sobering center in December 2021. Since inception of operation, the Dunnica Sobering Support Center (DSSC) has had 942 admissions and 606 unique clients. To date, DSSC impact includes diverting intoxicated individuals to treatment vs. incarceration; reducing the preventable use of the Emergency Departments, reducing the number of people arrested and jailed due to substance/alcohol-related arrests, and reducing the amount of time officers spend out of service due to ED drop off time or jail bookings time.

Funding: Community funds were secured to support a three-year pilot, with commitments from SSM Health, BJC, Mercy, St. Louis Mental Health Board, Missouri Foundation for Health, the State of Missouri, and the City of St. Louis. DMH has now made a commitment to fully fund DSSC on an ongoing basis. BHN's efforts are funded by Missouri Foundation for Health (10/1/21 – 9/30/24). Contact: Jennifer Miller

REGIONAL HOUSING COLLABORATIVE

Context: The Housing Collaborative pursues a vision that people with BH needs should have access to an array of safe and affordable permanent housing options throughout the region and seek to foster a common agenda for housing support. Beginning FY17 and continuing through FY24, BHN sub-contracted with leadership from Gateway Housing First to work with the Housing Authority, the Promise Zone, and the local Continuum of Care (CoC) bodies, and DMH leadership to collaboratively develop strategies to increase the number of housing units, with supportive service options, for people with BH challenges. Through the Regional Housing Collaborative, BHN is helping to respond to the overwhelming and pressing need for permanent, affordable, supported housing for individuals with a wide range of disabilities and life situations, who are otherwise unable to secure and maintain housing. With the development of "Eyes on the Prize" monthly community stakeholder meetings, the goal established is "To fulfill the vision of Housing First by reducing harm to those in unhoused living situations, finding and developing right-fit housing options that offer individualized supports, and finding flexible and sustainable funding".

Funding: DMH (Eastern Region Access to Care) to BHN, with a subcontract to Gateway Housing First (07/2023-6/2024). Contact: Meredith Childs

ST. LOUIS PARTNERSHIP FOR A HEALTHY COMMUNITY- CHIP & BEHAVIORAL HEALTH ACTION TEAM

Context: The "Partnership" is comprised of a broad range of stakeholders from the public health safety net who subscribe to a comprehensive definition of health. The vision is to align the efforts of Health Departments, Hospitals, Coordinated Care Organizations (CCOs), Community "backbone" organizations, Funders, Academic/Think Tanks, and the Residents of the targeted communities to unify our efforts and advance priority health needs. Our strategies are to: address the social determinants of health as root causes of community health; eliminate health disparities and promote health and racial equity; and improve the local public health system to be able to collectively address the needs of the region. We began convening in fall 2022 to look over data findings from the community health assessment (CHA) across St. Louis County and St. Louis City to inform the community health improvement plans (CHIP) of all participating entities. The "Partnership's" Teams will monitor CHIP implementation and outcomes for the ensuing five years 2023-2027.

Structure: The Partnership structure includes "Action Teams" in five areas. This collaborative approach enables a sustainable process, creates meaningful community health assessments, strengthens a platform for organizational collaboration around regional health improvement planning, and leverages collective resources.

Funding: Unfunded (implementation 5/2017-6/2023). Contact: Anita Udaiyar

THE MATERNAL HEALTH ACCESS PROJECT (MHAP)

Context: The goals of MHAP are to 1) increase universal screening for maternal depression and related behavioral health disorders, 2) increase timely detection, assessment, treatment, and referral for pregnant and postpartum person's behavioral health disorders using evidence-based practices, and 3) increase access to treatment and recovery support services for women identified with maternal depression and related behavioral health disorders, including those living in rural and medically underserved areas. MHAP will initially target the eastern and central regions of Missouri and then broaden its focus across the entire state. Target counties in the eastern region include St. Louis City, St. Louis County, Franklin, Jefferson, Lincoln, St. Charles, and Warren. MHAP will use MO-CPAP, an existing statewide framework focused on behavioral health for youth, as the foundation for this program for perinatal behavioral health. Goals for MHAP will be achieved by partnering with psychiatrists to meet Maternity Care Providers (MCPs) consultations needs. Participating providers will receive training and have access to an identified project partner to request psychiatric consultation, patient linkage, and referral or care coordination support.

Funding: Missouri Department of Health and Senior Services (09/2023-03/2024) and HRSA. Contact Nicole Woods.

MEDICAL RESPITE/RECUPPERATIVE CARE IN COLLABORATION WITH HAVEN RECOVERY HOUSE (HRH)

Context: Behavioral Health Network of Greater St. Louis (BHN) is implementing the Healing to Recovery project, an innovative collaboration between two (2) established entities: Behavioral Health Network of Greater St. Louis (BHN) and Haven Recovery House (HRH), with the overarching intent of establishing recuperative care models in recovery housing settings, which meets SAMHSA's 4 dimensions of recovery, and implements newly established evidence-based practice guide Expanding Access to and Use of Behavioral Health Services for People Experiencing Homelessness.
A-1: The Population of Focus (POF) identified for the proposed Healing to Recovery project, to be served through an integral partnership between BHN and HRH, and supported by collaborative resources, is homeless and at risk of homelessness young adults and men, women, and all genders and orientations ages 18-65, located within the St. Louis Metropolitan Statistical Area (MSA) geographic catchment area, which encompasses seven (7) counties in Missouri and seven (7) counties in Illinois.

Funding: SAMHSA-Healing to Recovery Medical Respite **(**09/30/2023 – 09/29/2028), City of STL-American Rescue Plan (ARPA) Medical Respite (11/1/2023-12/31/24), Mental Health Board (MHB) (07/2023-06/2024), Healthy Blue MO (06/2023-06/2024) Contact: Meredith Childs.

BH COMMUNITY LEADERS TABLE

Context: Behavioral Health Network of Greater St. Louis (BHN) will engage community stakeholders in the "Health and Wellbeing" priority focus area of systems change for the Community Leaders Table (CLT). They will support BHN in convening an external table focused on behavioral health and ensure individuals have access to timely, quality health care coverage (i.e., health insurance providers, treatment facilities) to support and maintain health, physical, mental, and wellness outcomes. The purpose is to ensure that each table serves as trusting spaces for diverse groups of community leaders and experts to convene, explore, and support mutually agreed upon priority needs impacting our community. In addition, the CLT will allow United Way to garner feedback and insight from a diverse community group to help inform future investments, capacity-building efforts, diversity, equity and inclusion strategies, and ongoing strategic stakeholder engagement.

Funding: United Way of Greater St. Louis (10/01/23-12/31/24) Contact: Meredith Childs.

IMPROVING REGIONAL DATA

ACCESS TO CARE DATA BOOK – BEHAVIORAL HEALTH DATA

Context: The St. Louis Regional Health Commission (RHC) leads the production of an annual "Access to Care Data Book." It provides a survey of operating statistics from primary, specialty, and emergency care safety net healthcare provider institutions in St. Louis City and County. FY19-20's analysis focused primarily on data reported over the past four years (2017-2020). Beginning with the 2015 Report, an analysis of access to BH services has been included in the report, developed under the leadership of BHN. Data for this section of the report was collected from major publicly funded BH providers in the Eastern Region.

Funding: Unfunded (2016-ongoing). Contact: Bradley Wing.

RECENTLY COMPLETED

YOUTH & FAMILY TREATMENT ENHANCEMENT AND EXPANSION (TREE)

Context: TREE leverages the referral infrastructure of YERE within four counties (St. Louis City, St. Louis, St Charles, and Jefferson), focusing on youth ages 12–18 with substance use concerns. Goals are threefold: Increase access to BH services, health care coverage, and social services for youth and their caregivers/family; Improve coordination /collaboration between youth-serving agencies through the development of a comprehensive, coordinated, and integrated service system; and Improve substance use screening and engagement strategies for youth and their family. Client outreach and engagement efforts (up to 90 days) aim to identify pressing needs, appropriate resources, and potential barriers to active treatment engagement. Eligible youth and their families are enrolled in comprehensive substance use treatment and mental health services, offered at Preferred Family Healthcare (PFH) and other community providers. Caregivers of eligible youth are also screened for BH needs and referred to services. The TREE intervention evaluation is sub-contracted to Nicole Patterson, Wolf-Fire, LLC.

Funding: Department of Health and Human Services (DHHS), Substance Abuse and Mental Health Services Administration (SAMHSA), Funding Announcement No. TI-18-010: "Enhancement and Expansion of Treatment and Recovery Services for Adolescents, Transitional Aged Youth, and their Families" (Short Title: Youth and Family TREE), grant to Preferred Family Healthcare (PFH), with sub-contract to BHN (12/2018 – 11/2023). Contact: Dana Silverblatt.

HOSPITAL TO HEALTHY HOUSING (H2HH)

Context: The Hospital to Healthy Housing program is being implemented by St. Patrick Center, with BHN providing grant management and coordination with other Complex Care initiatives. The program targets Emergency Department high utilizers who are homeless or housing insecure. Homeless Service Coordinators are placed in each of the three major hospital systems, coordinating with a multidisciplinary team to provide assessment, intake, tailored case management, and housing assistance. H2HH aims to serve 200 clients over two years, achieve 65% housing stability for those who are housed, and reduce the use of ED and inpatient admissions by 30%.

Funding: Missouri Foundation for Health Opportunity Fund grant to BHN (2/15/21 – 2/14/23) with a subcontract to St. Patrick Center for program services. Contact: Anita Udaiyar.

MISSOURI CHILD PSYCHIATRY ACCESS PROJECT (MO-CPAP)

Context: MO-CPAP is increasing the capacity of primary care providers (PCPs) to (a) diagnose and treat their pediatric patients with mild to moderate BH challenges and (b) support PCPs' ability to provide their patients and families with targeted referral and telephonic follow up care coordination to access community BH and other support services (e.g., counseling / therapy). The program enrolls PCPs (primary care providers) to receive a three-prong approach: same-day telephonic consultations to PCPs from child psychiatrists; telephonic follow-up care coordination for families to connect to needed community-based services; and ongoing educational opportunities to reinforce best practices regarding diagnosing and treating pediatric BH conditions. MO-CPAP was successfully piloted in two regions—Eastern and Central – and in 2020 expanded to serve PCPs statewide. BHN managed Eastern Region implementation and recruitment of pediatric PCPs through: Washington University Pediatric and Adolescent Ambulatory Research Consortium (WU PAARC); community health centers; and support from the Missouri Primary Care Association (MPCA). Project partners include the Missouri Department of Mental Health, University of Missouri-Columbia (MU), Behavioral Health Response (BHR), and NAMI-St. Louis.

In February 2022, MU was awarded funding to expand this model to school professionals. "MO-CPAP Schools" seeks to improve equitable access to effective BH supports for children and adolescents by strengthening cross-system collaboration among education and healthcare partners in local communities. The program will offer the following services to participating schools: tele-coaching (consultation) with school nurses, school counselors, & clinical BH staff using a team of expert peer consultants (doctorate-level clinical social worker, school nurse, school counselor); ongoing educational and training opportunities; and resources for school personnel to deliver community-based BH referral and linkages. Implementation will be statewide with strategic outreach to communities disproportionately impacted by COVID-19.

Funding: While the work on the initiatives is ongoing, BHN and MU negotiated that the Eastern Region Coordinator role would be assumed by MU beginning September 2022.

- Health Resources and Services Administration (HRSA) funding to DMH to expand MO-CPAP services statewide (9/2018-9/2023). HRSA proposal production support provided by MFH. Subcontract to BHN.
- CDC National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities funding through MO DHSS ORHPC to implement MO-CPAP Schools statewide (2/2022 – 5/2023), Subcontract to BHN.
- Missouri Foundation for Health grant to the University of Missouri Department of Child Psychiatry, on behalf of a workgroup and partners, with a sub-contract to BHN (1/2018 – 4/2022). Contact: Dana Silverblatt.