

ST. CLAIR COUNTY
MENTAL HEALTH BOARD

ONE- and THREE-YEAR STRATEGIC PLAN
FY 2018 - FY 2020*

FY 2021 Update
September 14, 2020



Mission Statement:

Through planning, funding, and collaboration it is the mission of the St. Clair County Mental Health Board to promote the availability of and access to a range of behavioral health, intellectual/developmental disability and substance use disorder services which address the needs of individuals and families in our communities.

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Introduction -

This document represents the St. Clair County Mental Health Board's One Year Plan update for the period July 1, 2020 to June 30, 2021. In 2019, the effective date for the Three-Year Plan was adjusted for the period January 1, 2018 through June 30, 2020. This document will also serve as preliminary Three-Year Strategic Plan that will be modified to reflect planning delays brought about by COVID 19. Those delays involve needs assessment activities that will be conducted during the fall of 2020 and incorporated into the Three-Year Plan.

The Mental Health Board is a governmental unit of St. Clair County, Illinois. The legal obligations for the Board are set forth in the Community Mental Health Act, Illinois Compiled Statutes, Chapter 405, Act 20. The following document meets all statutory requirements, provides a review of planning activities and addresses objectives for the utilization of Board resources.

Effective July 1, 2018, the Board converted agency contracts from a calendar to a fiscal year format. The Board presently contracts with 17 service providers and funds 36 various programs and initiatives. Funded program services in Fiscal Year 20210 have once again are more than \$2 million dollars (\$2,037,623).

Updates –

The impact of COVID has impacted service provision in FY 2021. Except for a \$10,000 increase to Heartlinks to address an increased demand for grief services, all other funded providers were given maintenance contracts for FY 2021. In addition, fee for service contracts were converted to grant-in-aid as agencies struggled to modify service platforms with many going exclusively with virtual delivery. It is expected that FY 2021 will see a blend of service delivery models as the system attempts to cope with the additional restrictions. The Board is attempting to conserve resources wherein possible to maintain currently funded services. There is a dire need to preserve capacity in organizations as the full impact of the pandemic is not yet known.

Planning –

The Board had planned to complete thorough needs assessment activities during the spring of 2020. Unfortunately, given the pandemic that did not occur as planned. One piece that was completed, through a collaboration with East Side Aligned was a Children & Adolescent Needs Assessment. The report proved extremely helpful and initial recommendations are being implemented through the work of the St. Clair County Youth Coalition. A copy is attached to this document.

During the remainder of FY 2021 the Board will initiate additional needs assessment activities to address unmet behavioral health needs in St. Clair County. It is anticipated that key informant surveys will be utilized because of continued large meeting restrictions. We will be cognizant to During FY 2021 the Board will also work with all community partners to identify additional service and supports that are necessary in response to the emotional impact of COVID 19.

Establishment of the Mental Health Board's Funding Principles

On any level, how needs are determined, and the distribution of resources are core issues for planners and the establishment of priorities is the most difficult task of planning. Differences in perceptions regarding needs, shortages in available funding and the personnel involved in the planning process all effect planning outcomes. The Board is very cognizant of the reality that the unmet mental health needs of our community will continually exceed collective financial resources available. Effective planning is, therefore, critical to ensure the most effective use of Board resources in response to community needs. In addition, increasing demands on the Board's resources require a plan or allocation of funding which is consistent with the Board's commitments and values.

Establishment of the FY 2021 Mental Health Board's Funding Priorities

- 1. Persons in need of counseling related to depression, stress, or anxiety in response to COVID 19.*
- 2. Persons without third party coverage - includes Medicaid and private insurance.*
- 3. Seniors with a behavioral health condition.*
- 4. Persons involved in the criminal justice system who have a serious mental illness.*

FY 2021 Allocations by Provider, Program, Amount and Service Area

Provider	Program	Amount	Service Area
ARCH	Residential	10,000	SUD
Big Brothers/Big Sisters	Children's Counseling	66,300	MI
Call for Help	Community Support	65,700	MI
Call for Help	Living Room	65,388	MI
Cerebral Palsy of SWI	Client & Family Support	29,100	IDD
Chestnut Health Systems	Med Plus	370,185	MI
Chestnut Health Systems	Medication Assisted Treatment	175,000	SUD
Community Link	Art Therapy	11,039	IDD
Comprehensive BHC	Methadone	12,000	SUD
Comprehensive BHC	Residential Care	104,702	MI
Comprehensive BHC	Specialty Court	50,216	MI/SUD
Comprehensive BHC	Adolescent SUD	59,981	SUD
Dr. Cuneo	Forensic/Fitness Evaluation	80,000	MI
Epilepsy SWI	Case Management	43,560	IDD
Family Hospice/Heart Links	Grief Services	89,300	MI
Hoyleton	Bilingual Counseling	29,568	MI
Illinois Center for Autism	Adult Services	194,000	IDD
NAMI	Consumer Education/Training	40,000	MI
PSOP	Older Adults Counseling	82,445	MI
St. Clair ROE	Case Management	32,130	MI
SAVE	Vocational Development	230,316	IDD
SAVE	Residential	93,736	IDD
TASC	Assessment – DV	27,800	SUD
TASC	Drug Court	10,800	SUD
Violence Prevention Center	Children's Counseling	64,358	MI
	TOTAL	\$2,037,623	

Goals and Objectives

Following an inventory of the community behavioral health service delivery system and an analysis of available revenues, the following recommendations are being made.

- Three Year Goals 2019 -2021**
1. Use the levy, State and Federal funds to provide for needed services.
 2. Assure that local tax funds are used in a reasonable and responsible manner.
 3. Provide public education to improve awareness of effective treatment and to reduce the stigma of mental illness.
 4. Increase coordination and collaboration among mental health, substance abuse and intellectual/developmental disability providers to maximize available community resources.
 5. Support programs to increase access to services for individuals with mental illness, substance use and intellectual/developmental disabilities.
 6. Continue to assess local unmet needs.

Goal # 1

**FY 2021
One Year
Objective**

To sustain current funding and contracts and target priority service expansion.

1. Continuation Funding - To provide continuation FY 2021 contracts for currently funded services: **\$2,027,623**

Goal #1

**FY 2021
One Year
Objective**

1. Expand Grief Counseling services for St. Clair County residents.
 - a. Revised funding award – Heartlinks, **\$10,000.**

Total Cost of Expansion Funding: \$10,000

Goal # 2

FY 2021

To insure appropriate use of local tax revenues.

**One Year
Objective**

Conduct increased on-site agency/program monitoring. Continue to develop/refine the Compliance section of the Board's on-line billing/reporting system.

**FY 2021
One Year
Objective**

Goal #3

Support Community and Educational Programming

1. Continue fiscal, administrative, and planning support for the following conferences: MECAM+, When Mental Illness Hits Home and PIAT.

**FY 2021
One Year
Objective**

Goal # 4

Coordination and Facilitation

1. Provide continued support to and expansion of the Suicide Prevention Alliance. To include procurement of additional revenues for increased Suicide Prevention (QPR) training initiatives and a comprehensive community education/advertising campaign.
2. Continue to provide facilitation and support(s) to advance the work of the St. Clair County Youth Coalition.
3. Provide technical assistance and support for all Specialty Courts.
4. Continued support of the Disaster Mental Health Volunteer activities to improve overall preparedness and response.

**FY 2021
One Year
Objective**

Goal # 5

Access

1. Continue to work with providers to improve point of contact, referral, and intake processes.
2. Continue and expand community planning efforts to facilitate improved Involuntary Admission procedures at Touchette Hospital that will result in increased admissions and lengths of stay.
3. Explore methods for improving Community Crisis Response.

**FY 2021
One Year
Objective**

Goal # 6

Assessing Local Unmet Needs

1. Conduct a comprehensive community planning process to determine local behavioral health needs and services prioritization.

YOUTH BEHAVIORAL HEALTH IN THE TIME OF COVID-19

RAPID RESPONSE NEEDS ASSESSMENT REPORT

ST. CLAIR COUNTY | JULY 2020

INTRODUCTION

In June 2020, the St. Clair County Mental Health Board issued a rapid response survey to entities that provide behavioral health services within the county. The purpose of that survey was to identify the most pressing behavioral health needs of local youth and the capacity of service providers to meet those needs during the COVID-19 pandemic. In light of how inequities have been magnified by the pandemic, the survey also included a set of question to assess the degree to which service providers intentionally support Black and Brown youth and LGBTQI+ youth.

The survey broadly applied the term “behavioral health” to encompass concerns and services for mental health at all levels of severity and points on the service continuum. Consistent with a key finding in the *2020 State of Mental Health in America* report produced by Mental Health America (MHA), **youth behavioral health in St. Clair County is getting worse.**¹

MHA’s finding preceded the COVID-19 pandemic, and results from the rapid response survey signal that this worsening is being intensified by the pandemic. The severity of the situation is captured in a recent policy brief issued by the United Nations, which asserts that “although the COVID-19 crisis is, in the first instance, a physical health crisis, it has the seeds of a major mental health crisis as well, if action is not taken.”² In a statement releasing the brief, UN Secretary-General António Guterres said, “Mental health problems, including depression and anxiety, are some of the greatest causes of misery in our world.”

According to the survey, depression and anxiety are among the greatest causes of misery for young people in St. Clair County. And, for too many youth and young adults, the pandemic is exacerbating their pre-existing conditions of trauma, victimization, and insecurity. This is especially true for Black and Brown youth and LGBTQI+ youth—populations that have been historically oppressed and marginalized.

The findings demonstrate a need for increased funding and new training to adapt to telehealth service delivery, implement effective treatment methods to meet emerging needs within an ever-changing environment, and address racial injustice and systemic inequity within the behavioral health system.

Vulnerable young people in St. Clair County are facing existential threats and the loss of conviction about what a brighter future can be; their voices need to be amplified and heard. Survey findings point to a desire among health service providers to better engage youth and their families to inform and guide improvements in the behavioral health system.

It will take unprecedented unity and long-term policy solutions among St. Clair County and Illinois policymakers, community leaders, and behavioral health providers as well as the intentional inclusion of youth to create the conditions for quality behavioral health and well-being for all young people.

¹ [2020 State of Mental Health in America](#): From 2012 to 2017, the prevalence of past-year Major Depressive Episode (MDE) increased from 8.66 percent to 13.01 percent of youth ages 12-17. Now over two million youth have MDE with severe impairment.

² [Policy Brief: COVID-19 and the Need for Action on Mental Health](#)

NEEDS ASSESSMENT OVERVIEW

An electronic survey was open for a one-week period and was disseminated to twelve (12) member organizations of the St. Clair County Youth Coalition. A total of twenty-four (24) individuals completed the survey. Of the twenty-four (24) respondents, 33.3% identified as a Program Manager or Supervisor, 25% as a Counselor or Therapist, 20% as an Executive or Administrator, and 8% as a Case Manager. Length of service varied with nearly 30% serving youth in the county for over 25 years and 45% serving youth for 5 years or less. 70% of respondents identified as White, 16.7% identified as Black, and 12.5% identified as Hispanic/Latinx.

In addition to the survey, a 30-minute focus group session was held virtually with 11 of members of the St. Clair County Youth Coalition during their meeting on June 16, 2020. The focus group zeroed in on a subset of the survey questions.

Needs Assessment findings are intended to help SCCMHB determine priorities, direct resources, and facilitate systems coordination and collaboration.

NEEDS OF YOUTH

TOP 5 BEHAVIORAL HEALTH NEEDS OF ST. CLAIR COUNTY YOUTH

ANXIETY/STRESS

Nearly 80% of survey respondents identified anxiety/stress within the Top 5 Needs of Youth with 75% ranking it at the number 1 or 2 need.

Nearly 60% identified depression within the Top 5 with 42% ranking it at the number 1 or 2 need.

Anxiety/stress and depression were ranked above all other behavioral health needs by a large margin.

DEPRESSION

ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)

The third most frequently identified need was ADHD; ADHD was within the Top 5 for 38% of respondents, with 17% ranking it as their number 1 or 2 need.

SELF-INJURY / SUICIDAL IDEATION

25% of respondents identified self-injury and/or suicidal ideation within the Top 5 Needs. Of respondents who selected self-injury/suicidal ideation, 8% ranked it at the number 1 or 2 need. Survey responses indicate that St. Clair County young females tend to be more at-risk to cause harm to self (self-injury) while young males tend to be more at-risk to cause harm to others (aggression).

PHYSICAL AGGRESSION

TRAUMA

Two other needs/issues were identified by 25% of respondents: physical aggression and trauma. It is important to note that trauma is often linked with the preceding behavioral health conditions.

Additional Needs and Considerations

Survey findings on top needs were consistent with feedback generated from the focus group.

In addition to the needs listed above, one provider noted emerging identity issues, stating that many youth *“don’t know who they are, how they identify, or what they think about themselves (self-esteem).”*

Several providers indicated that they have received less crisis calls during the pandemic. However, the calls received were referred to as *“very serious situations.”* Service providers expressed concerns about the significant decline in calls, particularly with a perceived uptick in behavioral health needs, as well as the severity of the situations for calls coming in.

Isolation, primarily due to COVID-19, was consistently noted as the driving force for changes in emotions, moods, and behavioral needs.

TOP 3 CONCERNS OF ST. CLAIR COUNTY YOUTH BEHAVIORAL HEALTH PROVIDERS

EXACERBATION OF NEEDS

54% of respondents indicated concern for worsening physical and behavioral health needs and conditions since COVID-19.

DECLINING RESOURCES

Related to increasing needs, 33% of respondents referenced concerns around the potential for declining resources critical for family stability.

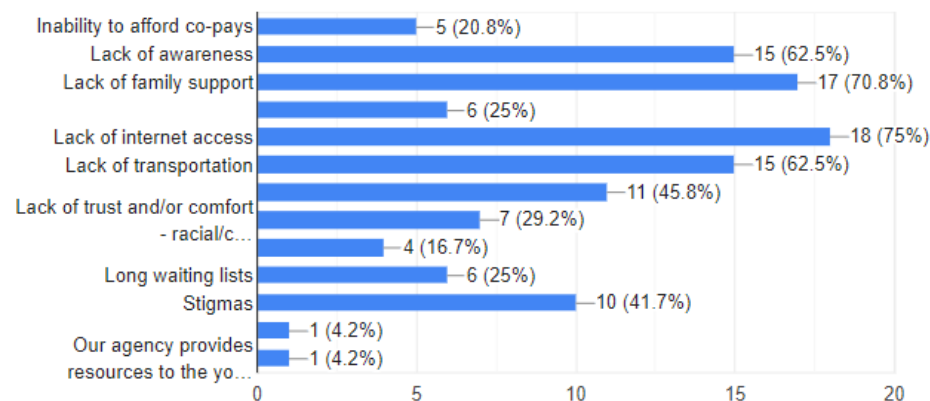
ISOLATION/LACK OF OUTLETS AND ENGAGEMENT

Another 33% of respondents referenced the negative impact of isolation and the lack of outlets and engagement opportunities.

SERVICE BARRIERS FOR ST. CLAIR COUNTY YOUTH

(Overall barriers to service) From the list below, select the access to service barriers your young clients have experienced.

24 responses



As indicated in the graph above, the top 5 barriers to behavioral health services are:

- Lack of internet access
- Lack of family support
- Lack of transportation
- Lack of awareness of available services
- Lack of trust and comfort with service providers

Below is a list of other barriers that are uniquely challenging amid the pandemic and warrant further assessment:

- Residential Treatment
- Insurance Challenges
- Group Counseling Unavailability (due to social distancing guidelines)
- Medication Management

CAPACITY OF PROVIDERS

ABILITY TO MEET THE DEMAND

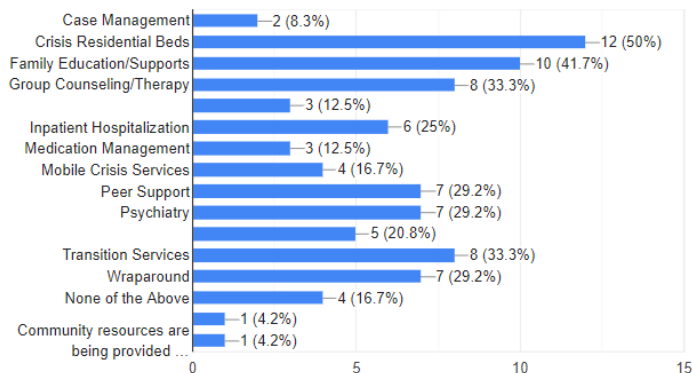
Two-thirds of respondents (66.67%) indicated that their agency *mostly had capacity or had adequate capacity* to meet service demands. One-third indicated that they *somewhat had capacity*.

Survey findings showed the primary concern about meeting current and future service demands revolved around staff capacity. Several agencies referenced having staff shortages and/or the need for additional staffing.

WHAT'S NOT AVAILABLE

(What's not available) Related to or not related to COVID-19, please select the behavioral health services for youth that are either NOT AVAILABLE or NOT SUFFICIENTLY AVAILABLE.

24 responses



As indicated in the graph above, the services identified as least available were:

- Crisis Residential Beds
- Family Education/Supports
- Group Counseling
- Transition Services

Over 15% of respondents felt all of services listed were sufficiently being provided.

The survey included a comment box for respondents to provide additional context to their selections. Two of the responses raised concerns that may warrant additional assessment:

- There are a *low # of doctors/psychiatry in the area for youth*
- Many youth and their families experience *insurance issues*

SERVICE DELIVERY METHODS | TELEHEALTH

Two-thirds (66.67%) of respondents referenced the integration of telehealth / virtual services.

Over 60% of respondents made positive statements about telehealth. Statements revolved around:

- Youth engagement levels (likely due to comfort with technology)
- Removal of transportation barriers
- Efficiencies for staff

While providers shared positives, they also indicated that it was not desired by and/or accessible for all youth. Accessibility related to the lack of internet access and/or telephone minutes.

Another challenge referenced was staff comfort with and ability to use technology. There was an expressed desire for increased training and support.

RECOMMENDATIONS BY PROVIDERS

The question, “*What recommendations do you have for improving St. Clair County’s youth behavioral health system and services,*” yielded varying responses. Most of the recommendations fell within four categories:

- Better coordination/integration of services
- Increased youth and family voice in the design and delivery of services
- Increased investment/funding for providers
- Expanded training opportunities, particularly related to telehealth

ADVANCING EQUITY

Behavioral health providers are responsible for delivering equitable services and supports. One way to determine gaps in coverage or the need for new or differently designed services is through applying an equity lens.³

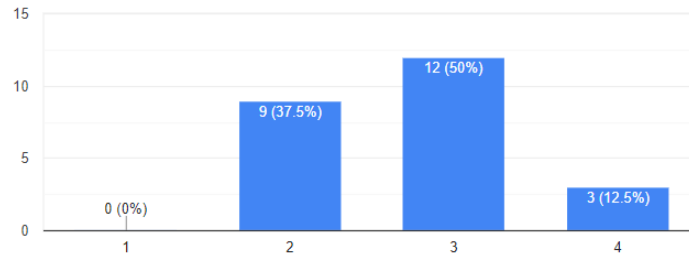
Providers were asked a series of questions designed to get an initial idea of how young people from marginalized backgrounds—those most held back and hard hit by racism, discrimination, and COVID-19—are served or not served in St. Clair County.

³ For more information and resources on behavioral health equity, visit: <https://www.samhsa.gov/behavioral-health-equity>

RESPONSIVENESS

(Responsiveness/Sensitivity) To what extent are behavioral health services for youth responsive to racial/ethnic, gender identity, and sexual orientation differences?

24 responses



About one-third of respondents indicated their agency could do better and/or would benefit from more training on racial, gender and sexual equity.

About another one-third of respondents referenced that their agency “does not discriminate” and/or that their agency serves a diversity of youth. These types of responses do not speak to unique needs and/or concerns and may suggest a possible lack of awareness about them.

Nearly 20% of respondents referred to a lack of racial diversity and people of color among behavioral health professionals.

ADDRESSING THE NEEDS OF BLACK AND BROWN YOUTH

In response to the question, “*In what ways is your agency intentionally addressing the behavioral health needs of black and brown youth?*”:

- 40% of respondents referenced training
- 20% of respondents referenced intentional hiring
- 12.5% of respondents referenced an internal committee/initiative

ADDRESSING THE NEEDS OF LGBTQI+

In response to the question, “*In what ways is your agency intentionally addressing the behavioral health needs of LGBTQI+ youth?*”:

- 46% of respondents referenced training
- 8% of respondents referenced internal committee/initiative

GEOGRAPHY

In response to the prompt to *indicate geographic areas within St. Clair County that youth are underserved or not being provided behavioral health services:*

- 50% of respondents prioritized communities within ESHD footprint
- 25% of respondents referenced rural areas

NEEDS ASSESSMENT LIMITATIONS

It is important to note the limitations of the rapid response survey. These include:

- *Limited number of respondents:* By nature of it being a rapid response survey, the length of time did not yield a larger response. Additional input is needed to assess accuracy of responses and broaden understanding of needs and opportunities.
- *Limited responses from people of color:* 70% of respondents identified as White and 30% identified as either Black or Hispanic/Latinx. These percentages may be consistent with the overall demographics of St. Clair County's behavioral health workforce. Even if so, it is important to receive additional input from people of color regarding the needs of people of color.
- *Perspectives limited based on position:* There tended to be varying perspectives based on the type of position held and/or type of setting respondents worked within (i.e. variation between individuals within a residential treatment versus community-based services). This impacts the ability to fully assess overall trends and elevate certain issues.
- *Survey tool scope:* The survey did not include questions to identify root causes and influencers of behavioral health needs. Issues related to bullying, social media, pressures of remote learning, and other factors were not captured. Some this data is captured in the Illinois Youth Survey.
- *Survey tool technical imperfections:* At least one of the questions—*Is behavioral health a priority*—was too vague and, therefore, did not yield responses related to the purpose of the question. In addition, response options settings did provide a way to accurately analyze responses for one question—*is coordination happening*.
- *Only provider voice:* While the purpose of the rapid response survey was to get perspectives of service providers, it is important to underscore that this only availed one vantage point and is insufficient toward gaining a deep understanding of needs and opportunities.

NEEDS ASSESSMENT RECOMMENDATIONS

The findings from this rapid response needs assessment should be considered and used for further dialogue, analysis, investment, and action.

Though more steps are needed, this needs assessment affirms growing concern of a mental health crisis among young people following COVID-19. The prolonged isolation, economic stress, and myriad of other changes to family and interpersonal personal dynamics make the potential for this crisis seemingly unavoidable and incredibly detrimental.

This COVID-19 context demands increased, flexible and sustained investments along with powerful advocacy. Based on the survey findings, below is a set of initial recommendations:

- Examine the ways structural racism and oppression shows up in the behavioral health system and commit to applying a racial equity lens to policies, programs, practices, and investments

- Invest resources in efforts to more holistically engage youth and families in informing and guiding the delivery of services and improvements to the overall behavioral health system
- Prioritize access to care, initial assessment, and treatment options for youth experiencing anxiety and depression
- Ensure immediate services and referrals for young people experiencing suicidal ideation and/or self-harm are available
- Examine the ways untreated and exacerbated ADHD manifests and ensure young people affected by ADHD receive the services and supports the need in all settings
- Advocate for high-speed and high-quality broadband access and digital devices for all St. Clair County youth
- Conduct more research on the availability of services—intermittent, outpatient, intensive, and residential—in the county, and available to county youth, especially in light of public health recommendations and requirements (e.g., social distancing)
- Consider establishing shared service and data sharing agreements with providers within as well as outside of the county in case service limitations or residential beds reach maximum capacity and demand outpaces availability
- Develop a long-range plan to strengthen and diversify the behavioral health workforce
- Invest in upskilling behavioral health staff in the use of telehealth services and platforms
- Ensure that agencies have the resources and supports they need to establish appropriate public health guidelines and requirements (e.g., social distancing and PPE)

This moment in time is primed for St. Clair County to renew and strengthen its commitment to the health and well-being of youth.

