

ST. CLAIR COUNTY
MENTAL HEALTH BOARD

ONE- and THREE-YEAR STRATEGIC PLAN
FY 2022 - FY 2024

July 22, 2021



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.

Table of Contents

St. Clair County Mental Health Board Members & Staff	
St. Clair County Board Members	
Executive Summary	1
Impact of COVID - 19	1
Planning Activities	2
Establishment of Mental Health Board Funding Principles	3
Establishment of FY 2022 Mental Health Board's Funding Priorities.....	3
FY 2022 Allocations by Provider, Program, Amount and Service Area	4
Goals and Objectives.....	5

Appendix A – St. Clair County Behavioral Health Key Informant Survey

Appendix B – Youth Behavioral Health in The Time of COVID – Rapid Response Needs Assessment

ST. CLAIR COUNTY MENTAL HEALTH BOARD MEMBERS

Patricia Hamlin Shevlin, President
Elaine Rogers Cueto, Senior Vice President
Ann Martz Barnum, Vice President
Kristi Luetkemyer, Secretary
Brad Harriman
Robert Clipper, Ph.D.
John "Skip" Kernan
Ted Baugh
Curtis L. Schildknecht

ST. CLAIR COUNTY MENTAL HEALTH BOARD STAFF

Dana Rosenzweig, Executive Director
Jane Nesbit, Associate Director
Terri Burroughs, Executive Assistant
Dan Cuneo, Ph.D., Consultant

ST. CLAIR COUNTY BOARD MEMBERS

Mark Kern, Chairman

District 1	Robert L. Allen, Jr.	District 16	Dave Langford
District 2	Harry Hollinsworth	District 17	Steven Gomric
District 3	Willie L. Dancy	District 18	Matt Smallheer
District 4	Robert Wilhelm	District 19	Jana Moll
District 5	Lonnie Mosley	District 20	Kevin Dawson
District 6	Roy Mosley Jr.	District 21	Dean Pruett
District 7	Ed Cockrell	District 22	Michael O'Donnell
District 8	Ken Easterley	District 23	Richie Meile
District 9	C. Richard Vernier	District 24	Marty T. Crawford
District 10	C.J. Baricevic	District 25	James Hayword
District 11	Jerry J. Dinges	District 26	Scott Tieman
District 12	Susan Gruberman	District 27	Kenneth G. Sharkey
District 13	Stephen E. Reeb	District 28	Scott Greenwald
District 14	Robert J. Trentman	District 29	Rick Casey
District 15	John Coers		

Executive Summary -

This document represents the St. Clair County Mental Health Board's One Year Plan for the period July 1, 2021, to June 30, 2022, and the Three-Year Plan for the period July 1, 2021 – June 30, 2024.

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. In November of 1968, through a county-wide referendum, the citizens of St. Clair County voted to levy this tax, thereby creating the St. Clair County Mental Health (708) Board.

The Board presently contracts with 17 service providers and funds 26 various programs and initiatives. Service allocations in Fiscal Year 2022 have grown to a new time high of \$2,478,601. The levy Rate for 2021 is 0.0731 per \$100 in assessed real estate valuation. This results in a Total Extension of \$2,846,345. This amount represents 6.65% of St. Clair County's extended real estate taxes. Both figures also represent new highs and reflect Administration's commitment to behavioral health services for county residents.

Impact of COVID-19 –

Overall, The COVID-19 pandemic has negatively affected many people's mental health and created new barriers for people already suffering from mental illness and substance use disorders. According to the Kaiser Family Foundation (February 2021)¹, during the pandemic about 4 in 10 adults in the U.S. have reported symptoms of anxiety or depressive disorder, a share that has been largely consistent up from one in ten adults who reported these symptoms from January to June 2019. The KFF also found that many adults were reporting specific negative impacts on their mental health and well-being, such as difficulty sleeping (36%) or eating (32%), increases in alcohol consumption (12%), and worsening chronic conditions (12%), due to worry and stress over the pandemic.

The KFF also reported the following findings from examining populations that were particularly at risk for experiencing negative mental or substance use consequences during the pandemic. It found the following:

- During the pandemic, a larger share of young adults (ages 18-24) reported symptoms of anxiety and/or depressive disorder (56%). Compared to all adults, young adults are more likely to report substance use (25% vs. 13%), and suicidal thoughts (26% vs. 11%). Prior to the pandemic, young adults were already at high risk of poor mental health and substance use disorder, though many did not receive treatment.
- During the pandemic, adults in households with job loss or lower incomes reported higher rates of symptoms of mental illness than those without job loss or income (53% vs. 32%).

¹ [*The Implications of COVID-19 for Mental Health and Substance Use | KFF*](#)

- Women with children were more likely to report symptoms of anxiety and /or depressive disorder than men with children (49% vs. 40%). In general women reported higher rates of anxiety and depression compared to men.
- The pandemic has disproportionately affected the health of communities of color. Non-Hispanic Black adults (48%) and Hispanic or Latino adults (46%) are more likely to report symptoms of anxiety and/or depressive disorder than Non-Hispanic White adults (41%). Historically, these communities of color have faced challenges accessing mental health care.

Locally, the impact of the COVID-19 pandemic over the last half of FY 21 was dramatic for our entire behavioral health system. Reports from agencies were consistent with national trends. However, with government assistance and a conversion to virtual service platforms most agencies were able to meet the challenges. For the most part services have now returned to in-person, but all retain a virtual component. This has ushered in a new hybrid service model that has seen an improvement in access to care. There have been other efficiencies that were generated during the pandemic. For example, training, education, and support services were provided virtually and attendance was quite good. Overall, the advancement of virtual platforms allowed agencies to respond to the increased service needs and have created new hybrid service models and tele-health that will be necessary to address future possible surges of the pandemic.

Board Response

In FY 2022 the Board will be able to direct an additional \$80,377 to currently funded service providers via a blend of rate adjustments, COLAs and increased purchase of service units. This marked the first time in six years that the Board was able to do so. A conservative fiscal approach to FY 21 was employed because of the uncertainty of the pandemic. Fortunately, real estate tax revenue was not negatively impacted and in fact 99.11% of all extended taxes were collected. Certainly, welcome news for local government and other taxing bodies. The goal of FY 21 was to preserve service capacity and that was achieved. Moving forward into FY 22 the Board looks to address other emerging needs.

Planning Activities –

The Board' Three Year strategic plan was scheduled to be updated in FY 2022. Given the changes and challenges brought about by the pandemic, the timing to address unmet needs was an optimal time to do so. The Mental Health Board completed a Key Informant survey in August of 2021. That report is attached hereto as Appendix A.

The Board also collaborated with East Side Aligned in July 2020 to conduct 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. That report is attached hereto as Appendix B to this document.

Another planning activity that the Board utilized was the **2020 Community Health Needs Assessment for St. Clair County**. In addition to providing excellent St. Clair County demographic information, the report also referenced mortality trends regarding opioids, suicide rates and self-reported scales on mental

health distress and depression. Substance Use and Mental Health concerns were ranked in the Top 10 priorities in the final report. A copy of the assessment can be found at www.stc708.org

Renewal 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 2022 Mental Health Board's Funding Priorities

- 1. Persons in need of counseling related to depression, stress, anxiety, or grief in response to COVID 19.*
- 2. Seniors with a behavioral health condition.*
- 3. Persons involved in the criminal justice system who have a serious mental illness and/or a substance use disorder.*
- 4. To support staff retention within community behavioral health organizations.*

FY 2022 Allocations by Provider, Program, Amount and Service Area

Provider	Program	Amount	Service Area
ARCH	Residential	12,500	SUD
Big Brothers/Big Sisters	Children's Counseling	69,615	MI
Call for Help	Community Support	67,343	MI
Call for Help	Understanding our Minds	67,023	MI
Cerebral Palsy of SWI	Client & Family Support	30,555	IDD
Chestnut Health Systems	Med Plus	379,439	MI
Chestnut Health Systems	Medication Assisted Treatment	179,375	SUD
Community Link	Art Therapy	11,039	IDD
Comprehensive BHC	Quality Assurance	92,849	MI
Comprehensive BHC	Residential Care	35,198	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	45,738	IDD
Family Hospice/Heart Links	Grief Services	94,215	MI
Hoyleton	Bilingual Counseling	31,046	MI
Illinois Center for Autism	Adult Services	198,500	IDD
NAMI	Consumer Education/Training	41,000	MI
PSOP	Older Adults Counseling	86,567	MI
St. Clair ROE	Case Management	32,933	MI
St. Clair County Sheriff	Jail Mental Health Services	360,000	MI
SAVE	Vocational Development	241,832	IDD
SAVE	Residential	98,423	IDD
TASC	Assessment – DV	30,888	SUD
TASC	Drug Court	14,400	SUD
Violence Prevention Center	Children's Counseling	67,57358	MI
	TOTAL	\$2,478,601	

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 FY 22 - FY 24**
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 use 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.

- One Year Objective FY 22**
- Goal # 1**
- To sustain current funding contracts and target priority service expansion areas.*
1. Continuation Funding - To provide continuation FY 2021 contracts for currently funded services: **\$2,397,623**
 2. Funding Enhancements –Provide a blend of rate adjustments, COLAs and increase in purchase of service units for currently funded services: **\$80,377.**
 3. Identify/contract for new services and/or, educational activities to address behavioral health consequences associated with COVID and other unmet community needs: **\$50,000** (non-annualized).
 4. Expand services to meet newly identified community behavioral health needs.
- Total Cost of Annualized Increased Funding: \$106,377**
Total Cost of One-Time Funding: \$50,000

Goal # 2

**One Year
Objective
FY 22**

Insure appropriate use of local tax revenues

1. Conduct program and agency monitoring via the Board's Online Reporting and Billing System (ORS). To include review of monthly billing, Quarterly Outcome Reports and all other measures as identified in the ORS Compliance section. Develop a new format for on-site rereviews and implement in-person visits when possible.

Goal #3

**One Year
Objective
FY 22**

Support Community and Educational Programming

1. Continue fiscal, administrative, and planning support including but not limited to for the following conferences/activities: MECAM+, When Mental Illness Hits Home, Candlelight Vigil, AFSP Walk and PIAT.

Goal # 4

**One Year
Objective
FY 22**

Coordination and Facilitation

1. Provide continued leadership and support to the Suicide Prevention Alliance. Work to engage more partners with an emphasis on education and law enforcement. 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. Coordinate local educational awareness relative to Mental Health Awareness and Suicide Prevention months.
5. Actively support the efforts of the St. Clair County Drug Prevention Alliance and the Metro-East Recovery Coalition to advance treatment and prevention efforts for substance use disorders.

Goal # 5

**One Year
Objective
FY 22**

Access

1. Continue to work with providers to improve point of contact, referral, and intake processes.
2. Monitor local psychiatric inpatient admission practices and lengths of stay in order that acute service needs are being adequately addressed.
3. Participate in 988 implementation activities as the State prepares for implementation (July 2022).

Goal # 6

**One Year
Objective
FY 22**

Promote Innovative Service Delivery

1. Identify best practices that could address difficult to serve populations, especially criminal justice populations.

Appendix A

BEHAVIORAL HEALTH KEY INFORMANT SURVEY

ST. CLAIR COUNTY

AUGUST 2021

INTRODUCTION

From July through August 2021, the St. Clair County Mental Health Board issued a key informant survey to stakeholders that provide behavioral health services within the county. Email surveys were sent to an array of participants. Community providers, advocates, court services staff, and educators were among the wide range of survey participants.

The following general introduction was provided to survey participants:

“The St. Clair County Mental Health Board would like your assistance. This needs assessment centers on behavioral health services for adults. For this survey, "behavioral health" is a broadly applied term that encompasses services for mental health and/or substance use, at all levels of severity and points on the service continuum.”

The survey asked respondents to address questions regarding **Service Availability, Unmet Needs** and **Barriers**. The survey also asked for information/comments regarding **General System Recommendations** and **COVID – 19 Specific Recommendations**.

Service Availability essentially inquired as to if the respondent felt the service was in place in the community. Unmet Needs was either a reflection of the service not being available, or a function of inability to access the service. Crisis Residential and Inpatient Hospitalization both scored in the top 3 ratings for each - suggesting a critical perceived need. Interestingly, Transition ranked in the Top 3 for Service Availability, but fell to 7th in the Unmet Needs ranking.

Overall crisis related services received higher rankings across all measures. New legislation ¹ mandating changes in emergency response to mental health calls and systematic changes to the Department of Mental Health’s crisis response services could place additional stressors on an already over- burdened crisis response system. Continued behavioral health staffing shortages will exacerbate this problem.

The findings demonstrate a need for increased resources to ensure core behavioral health services are available in the community, even more so as a result of the pandemic. It is expected grief and difficulties with access to care will continue to dominate our landscape. The need to provide a service continuum that includes tele-health will be vital in responding to the increasing psychological concerns brought about by the pandemic. For additional information on the behavioral health impact of the pandemic, the Kaiser Family Foundation has provided an excellent series of reports.²

¹ *Illinois Public Act 102-0580*

² [*Mental Health Impact of the COVID-19 Pandemic: An Update | KFF*](#)

SERVICE AVAILABILITY

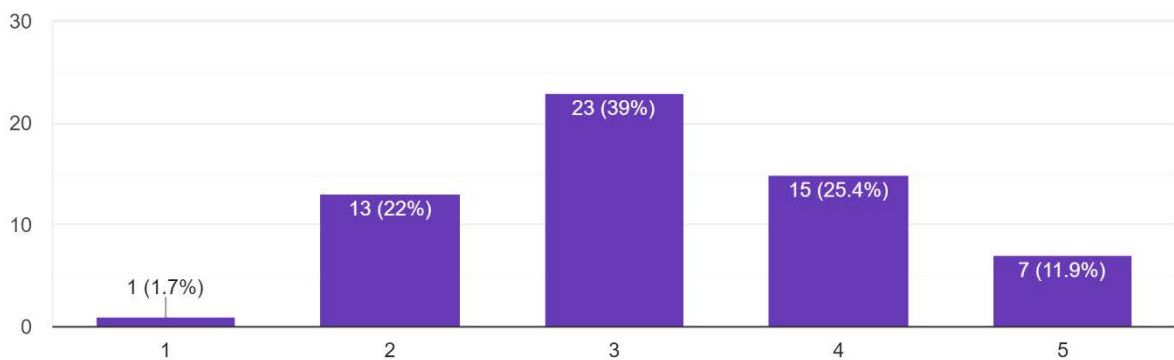
The results below were received in response to the the following instnction:

On a scale of 1 (not available) to a 5 (readily available) please rate the availability for the following behavioral health services for St. Clair County residents aged 18 and above.

Note: The implied rating for the scale would include: 2 (somewhat available), 3 (mostly available), and 4 (usually available).

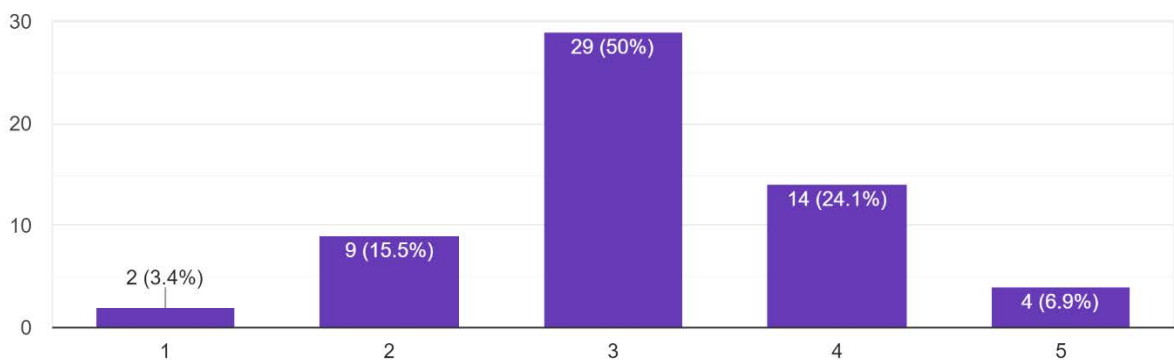
Case Management

59 responses



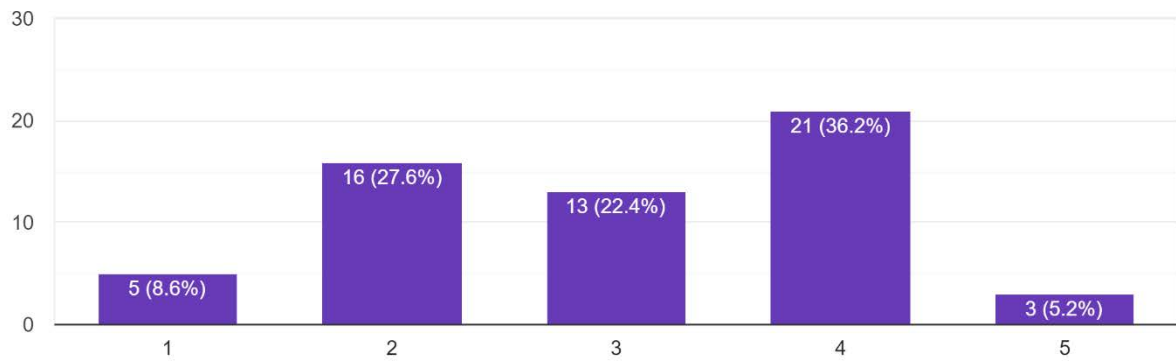
Community Supports

58 responses



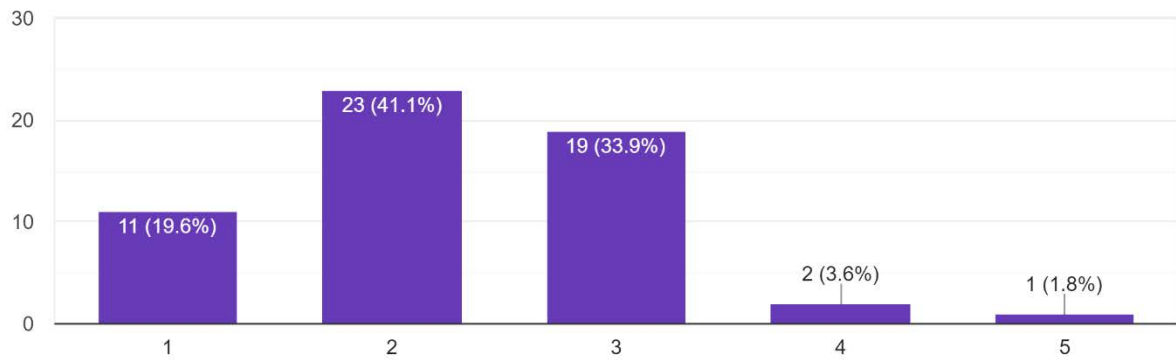
Crisis Outreach

58 responses



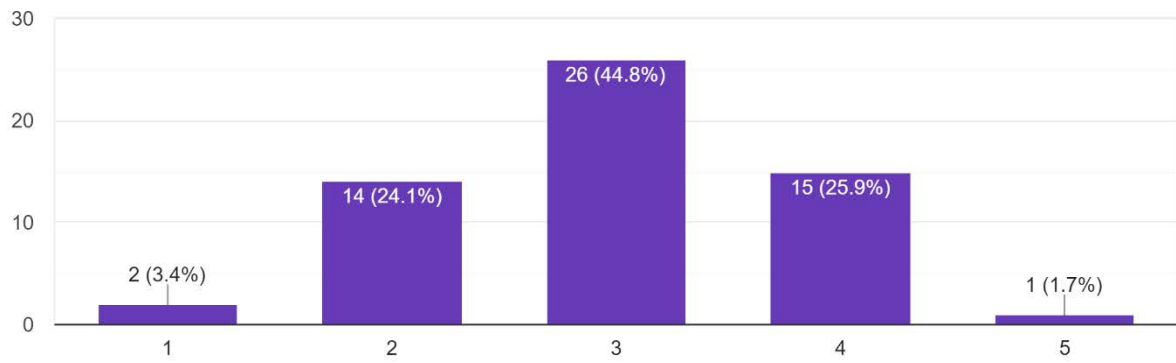
Crisis Residential Beds

56 responses



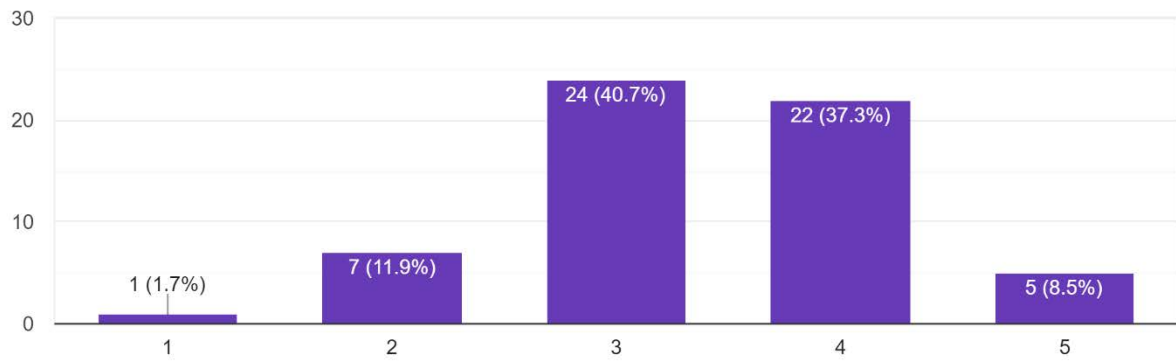
Family Education/Support

58 responses



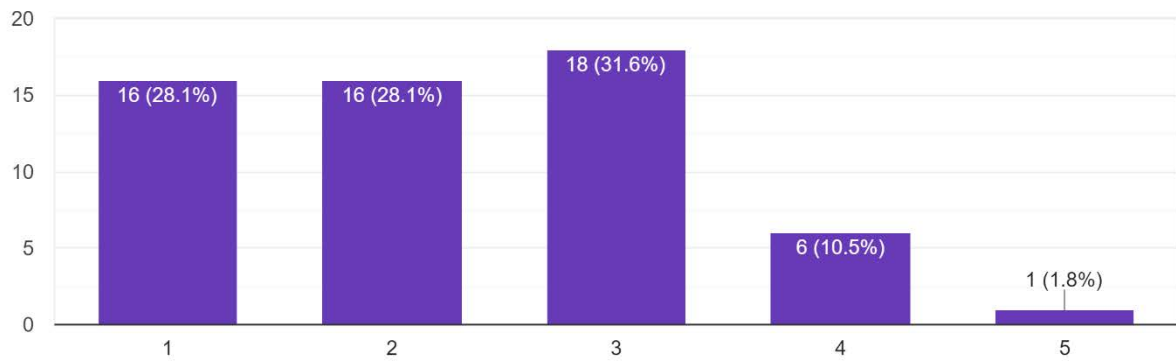
Individual Counseling/Therapy

59 responses



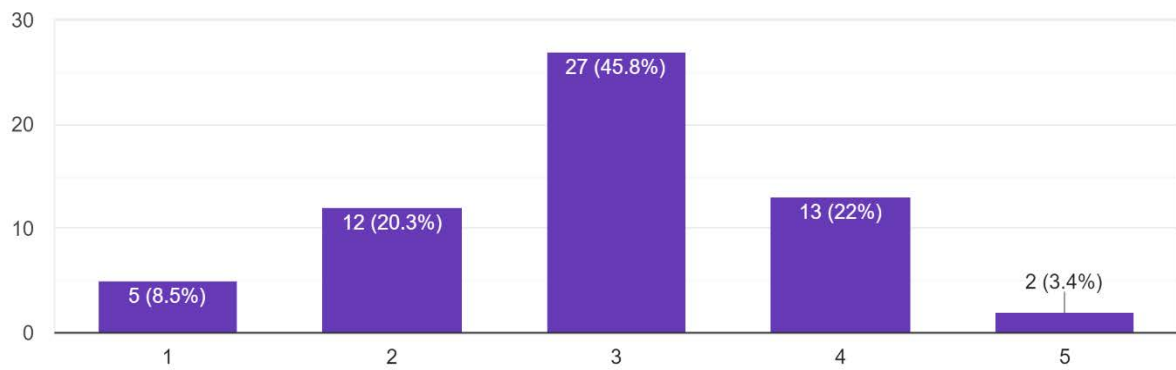
Inpatient Hospitalization

57 responses



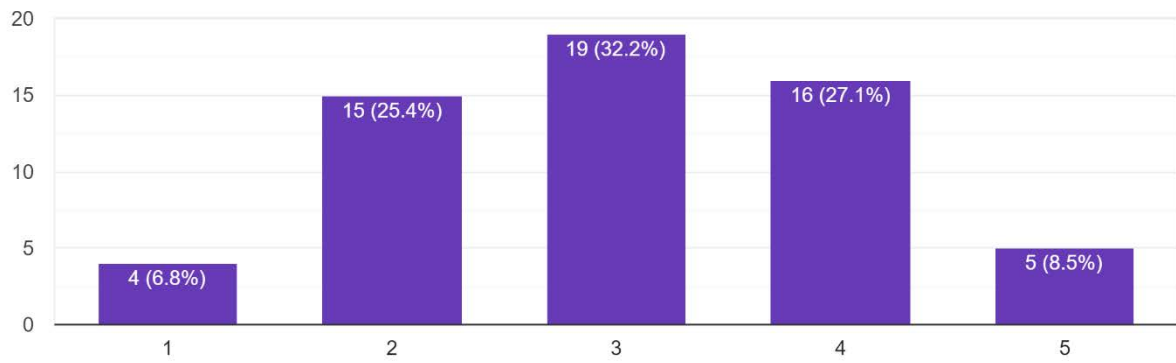
Medication Management

59 responses



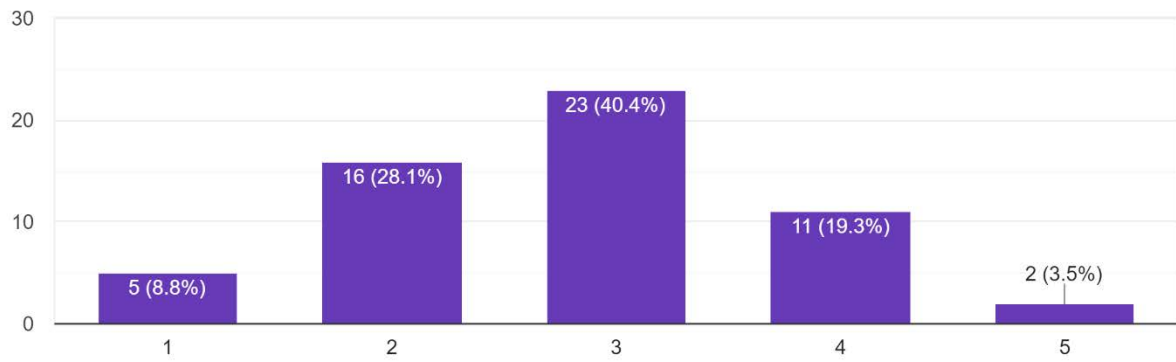
Older Adults Services

59 responses



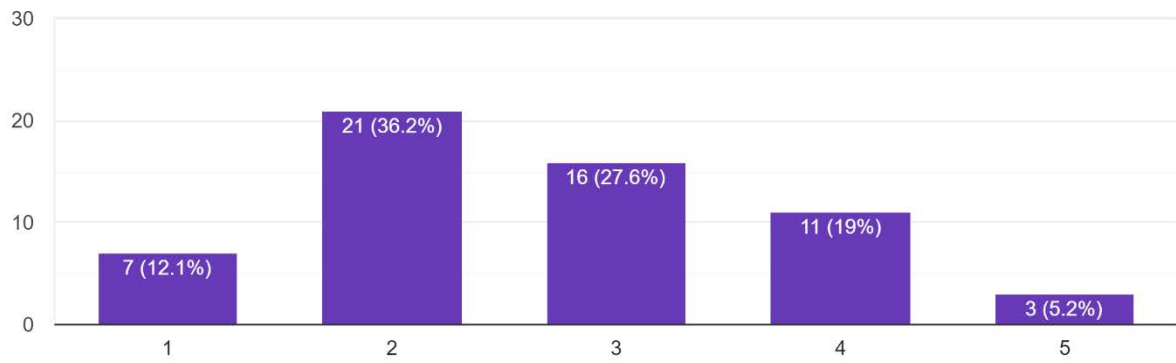
Peer Support

57 responses



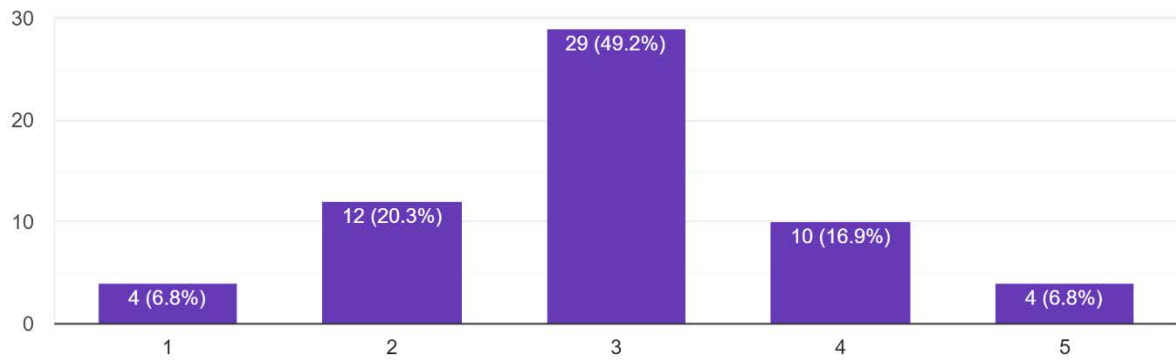
Psychiatry

58 responses



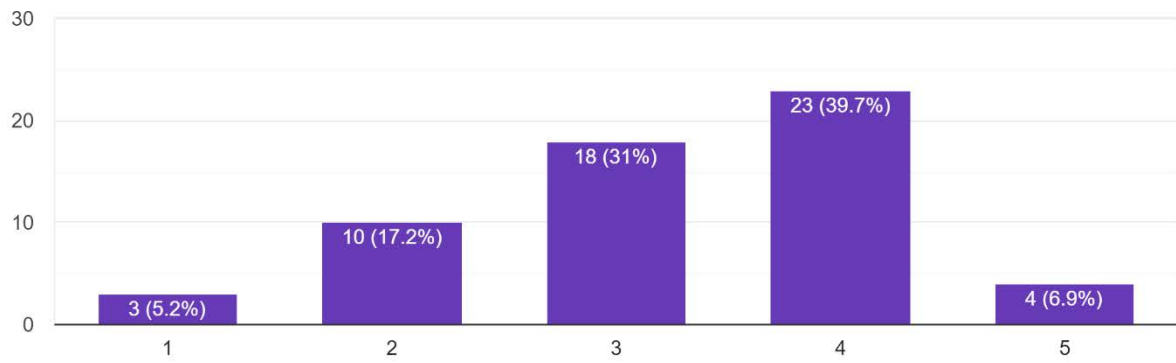
Specialty Court Services

59 responses



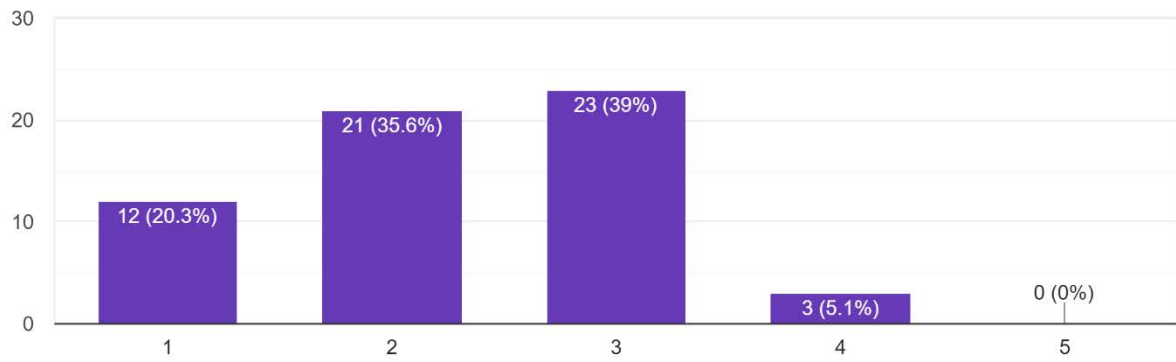
Substance Use Treatment

58 responses



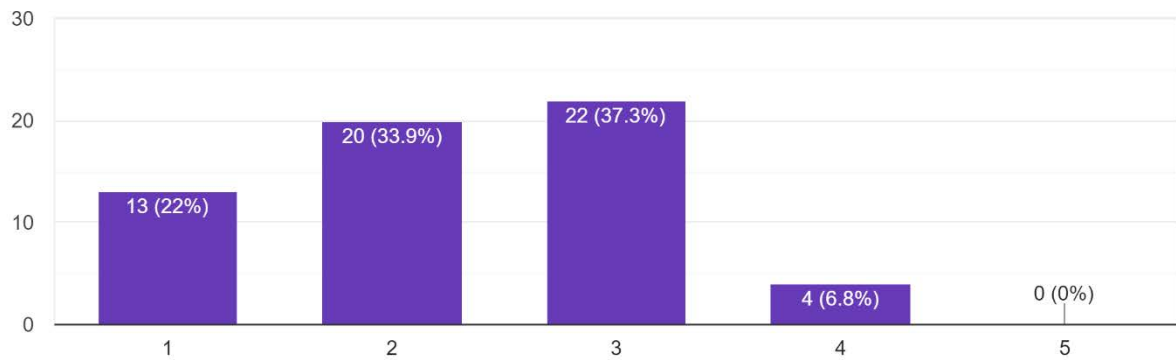
Supportive/Supervised Housing

59 responses



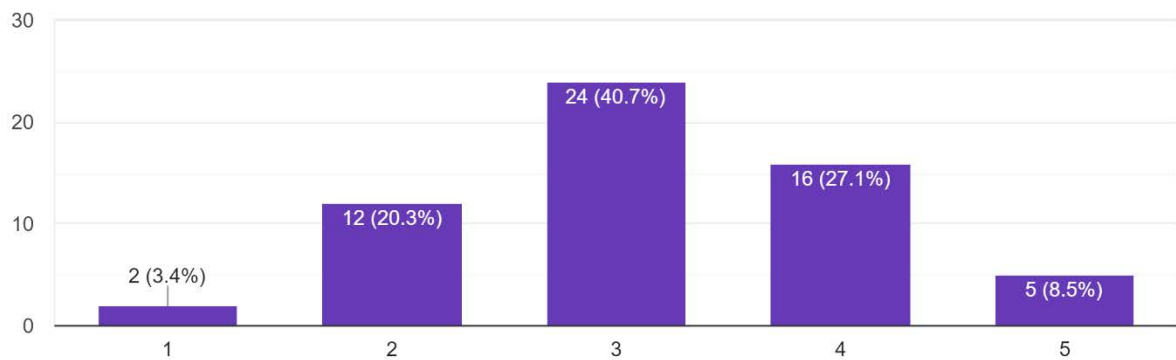
Transition Services

59 responses



Virtual Behavioral Health Services

59 responses



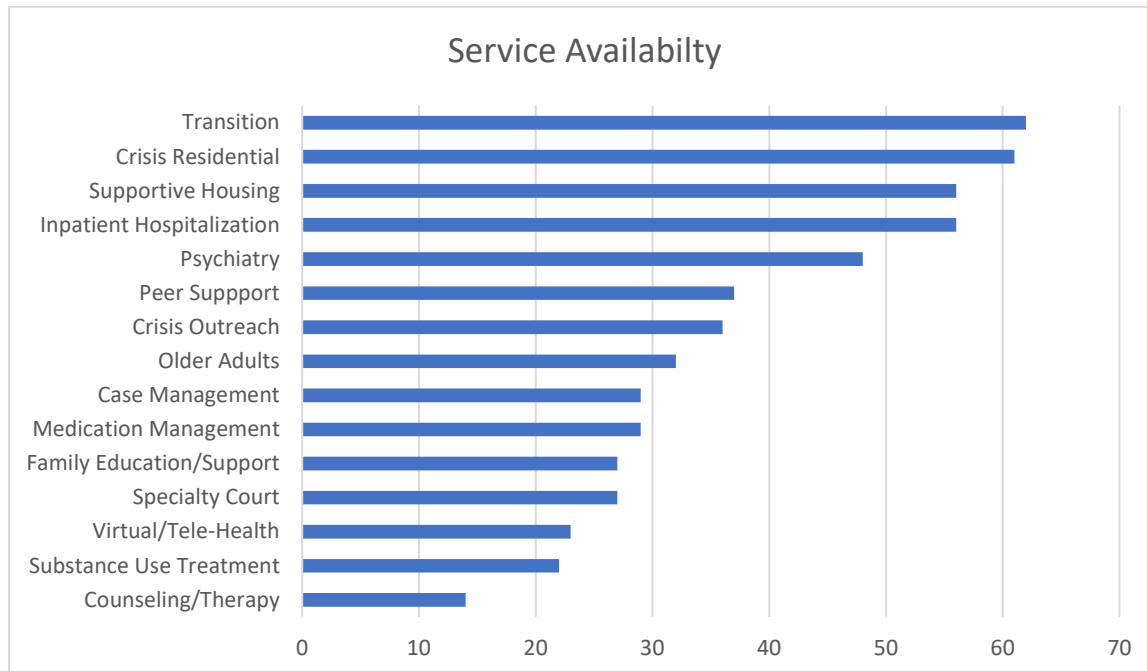
Discussion –

When examining all 15 service categories, the following is a rank order of highest scores in the combined (1) not available and (2) somewhat available ratings scale. Those combined scores would suggest a greater non availability and access issue:

- **Transition ³** **62%**
- **Crisis Residential** **61%**

³ Services that provide linkage, coordination, support and advocacy for consumers who have multiple needs such as **mental health**, vocational, educational, child welfare and other community **services**, and require assistance in obtaining them. IDHS, State of Illinois.

- **Inpatient Hospitalization** 56%
- **Supportive Housing** 56%
- Psychiatry 48%
- Peer Support 37%
- Crisis Outreach 36%
- Older Adults 32%
- Medication Management 29%
- Case Management 29%
- Specialty Court 27%
- Family Education/Support 27%
- Virtual/Tele-Health 23%
- Substance Use Treatment 22%
- Counseling/Therapy 14%

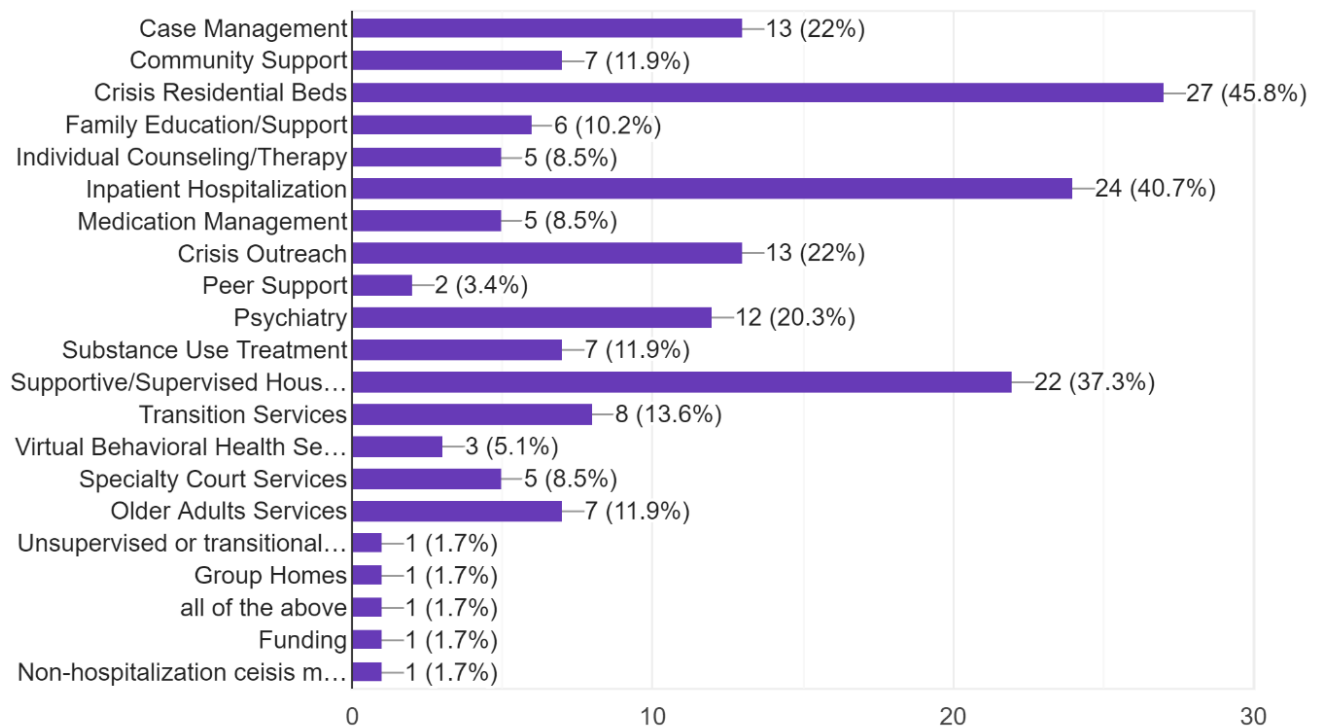


UNMET NEEDS

The results below were received in response to the the following instnction:

Select the Top Three unmet behavioral health needs of adults in St. Clair County from the below list:

59 responses



Discussion –

Crisis Residential (45.8%), Inpatient Hospitalization (40.7%) and Supportive/Supervised Housing (37.3%) lead all responses by a significant margin. All three have been recognized as long standing unmet needs. The unmet need of Inpatient Hospitalization could be influenced by a shortage in bed capacity and difficulty in procuring involuntary commitments.

Participant Comments Regarding Unmet Needs

5 responses

1. There is inadequate housing resources for individuals who are difficult to manage and need assertive outreach to help stabilize their living and functioning in the community. Crisis outreach and Crisis residential services need to be expanded to meet the need for alternatives to hospitalization.
2. Intensive case management.
3. Although there is a range of Older Adult Services, the service range does not meet the need of most families in a crisis centered around issues associated with older adults/ nor does it sustain families' ability to work full time while caring for an older adult with behavioral health issues at home.
4. Before the pandemic there were limited option for day programs for mentally and physically disabled adults. Then, programs closed, reopened on a part time basis. Now, our impaired adults have suffered long enough. It is time for day programs to go back to being available 5 days a week as before. Clients NEED the interaction, the learning, the therapy etc. they have regressed and have suffered due to the pandemic but shouldn't have to anymore.
5. One of our biggest barriers is not having enough counselors to provide the services we need to provide. It would be beneficial if we could attract more licensed counselors.

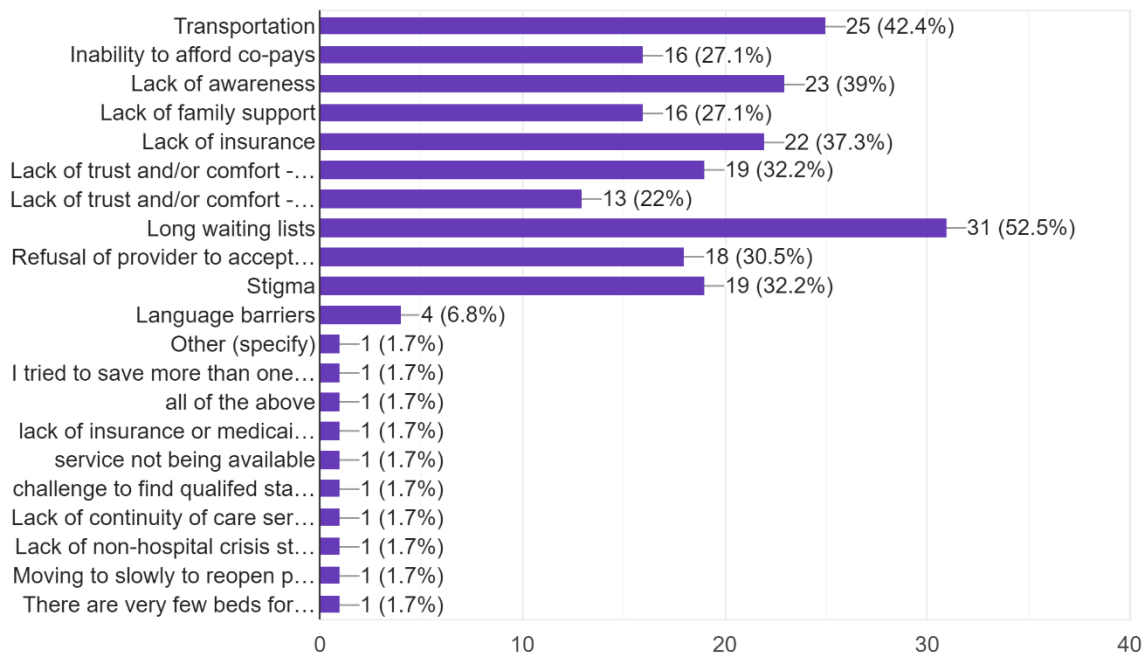
BARRIERS

The results below were received in response to the the following instuction:

What barriers exist that make services difficult to access?

Choose all that apply.

59 responses



Participant Comments Regarding Barriers

7 responses

1. Primarily the lack or elimination of services for long term care mental health concerns
2. I tried to mark all but language barriers.
3. I believe that different barriers may apply to different groups. Some groups are certainly affected by lack of trust and other barriers but may have advantages such as Medicaid coverage and no copay. On the other hand, other groups may have insurance but difficulty paying co-pays, and battle stigma. Lack of awareness may be universal.
4. Increased family involvement

5. Multiple structural barriers with too much red tape clients have to navigate to receive services.
6. It is next to impossible to get an individual in for medication management on a timely basis.
7. I feel the barrier is the possible lack of knowledge of the huge impact lessened services are having on clients and their families.
8. Some focus should be aimed at reducing the stigma that is associated with it.

RECOMMENDATIONS

The comments below were received in response to the the following instuction:

Based on the responses provided in the previous questions, what recommendations do you have for changes/improvements to St. Clair County's behavioral health system for adults?

43 responses

1. staffing is something you cannot provide.....
2. fund smaller agencies to open in St. Clair County
3. Build a mental health care center that focuses on mental health and not rely on medical hospitals
4. Increased Visibility of Services
5. I feel like homelessness is a huge problem in this county.
6. Improved collaboration and cooperation beyond the traditional behavioral health partners.
7. Having resources available for all people not those that are in a crisis.
8. We need more providers that are providing services for those adults with Medicaid. We need case management services that are easy to access and that provide that guidance of how to access the services that clients are missing before a client gets involved with the court or DCFS. 6 months to see a psychiatrist is just too long, too much happens in that amount of time.
9. Medication payment assistance for indigent clients
10. Establishment of a task force for recommendation on prioritizing needs and improvements. Greater awareness of services and options.
11. If there were fewer barriers, I know therapists would be willing to work with Medicaid more frequently, and people continue to struggle with trust as it relates to mental health treatment.
12. People have had negative experiences in therapy and lost trust for obvious reasons.
13. More resources provided at point of contact in emergent need situations, for example ER visits.
14. None at this time.
15. Expand what is working; look for creative alternatives to hospitalization and unnecessary incarceration for people in a psychiatric crisis. Fund long-term support and recovery services for people living with mental health conditions. Education targeted at the general population in a concerted effort to reduce stigma about mental illness.
16. continued networking info to be disseminated; not necessarily meetings but info forum.
17. increase mil levy to grow program services.... finance workforce development activities such as a loan repayment pool for working in a 708 funded agency

18. More available options

19. Education and awareness. The stigma around mental health in general is still poor and I believe it does keep people from seeking help or talking about it.

20. Make programs more readily available

21. Would be beneficial to not have limited availability for crisis/inpatient beds.

22. A place for patients to stabilize post hospitalization, and appropriate case management at the critical care level to direct patients to available outpatient resources. Lack of local knowledge on how to navigate patients and families into long term supports and the significance of educating the family on the critical need for those supports.

23. Increased psychiatric availability

24. I recommend we reinstate the services provided before the pandemic. The state has allowed bars, schools, restaurants, movie theaters, stadiums etc. to be fully open. Yet, we have impaired adults who have been fully vaccinated, have learned to tolerate a mask, who have had their growth put on hold and should not have to wait any longer to resume their daily routines that were in effect before March of 2020.

25. Additional peer support and alternatives to hospitalization for crisis management

26. All youth services should expand to include programming for services for adults. Treatment should be holistic and cohesive.

27. There probably could be more prevention focused services, specifically more general education and information about availability that would reach the general public. Tough thing to do. We need to reduce the Stigma which I think would increase the utilization of existing services that are actually available.

28. Obtain more resources

29. Mental health and substance abuse are silos and need to have more of a community collaborative approach. Family violence is also an epidemic and needs additional resources available.

30. I think that contractual service providers occasionally need to put in more effort for their funding and not try to dodge responsibilities.

31. Transitional housing, group homes. Places directly after hospitalizations but before independence,

32. Focus on maintaining mental health instead of a curative approach - more safe housing options, more supervised housing options for long term care. Increase the determination of needs for those with long term mental health crisis so funding isn't lost due to lack of relapse. Funding is eliminated due to stability, yet they are not stable once the resources are pulled.

33. More availability for residential services (SUD) and housing.

34. Need for inpatient bed availability and crisis outpatient services for those that do not meet inpatient criteria but are still at risk

- 35. I think more time, funding, and locations would need to be made available.
- 36. Information should be available through Karla Smith and other agencies to assist the individual and family members in finding care for the young adult, along with assisted housing and help them to learn to be as self-sufficient as possible.
- 37. More funding and more readily available service throughout the county
- 38. Increase in hospital beds and improved involuntary commitment
- 39. unknown
- 40. Organizations to work better together to collaborate care as a more united system
- 41. More outreach, training in engagement, and in self-determination.
- 42. Ongoing communication and strategic planning.
- 43. Community awareness is huge.

The results below were received in response to the the following instuction:

Based on the impact of COVID 19 in our communities do you have any specific recommendations for additional services to address behavioral health concerns that have arisen?

31 responses

1. Telehealth capability must continue
2. Not that I haven't already noted.
3. I think the county has done well with educating the community on COVID 19 related depression and isolation.
4. No.
5. I feel that our continuing efforts to provide vaccine to all eligible people is a necessity. I also feel that continuing to educate the community on the importance of getting vaccinated should continue.
6. None
7. NA
8. N/a
9. Need for increase in employees to provide services
10. group support virtually
11. Perhaps more group services for anxiety and depression.
12. There needs to be more services of every kind as this point in history. More people are experiencing more severe symptoms and overwhelming all systems put in place.
13. I think there could be more networking with middle and high schools to just let young people know it's' Okay to ask for help or maybe just opportunities for discussing the subject of stress and anxiety and other related issues. Actually, the same type of opportunities would be good to offer through churches or other non- threatening settings.
14. Support groups and education classes to reach youth and young adults who are experiencing anxiety, depression and other conditions that have evolved during the pandemic.
15. Additional psychiatry coverage is needed
16. No
17. daily living support services for maintenance may be the key to success of clinical treatment.
18. Expanding online services
19. Substance Abuse inpatient and outpatient services

20. not really

21. Patients have grown very weary of virtual services. The demand for in person services is extremely high. Seeing a significant rise in abuse cases among adults and children. Needs to be some outreach on this matter specifically.

22. More peer support programming.

23. Expansion on telehealth services.

24. Keep virtual services!

25. Continue to offer Virtual individual counseling

26. Need for ongoing support due to the stresses COVID placed on the community.

27. Reinstate them

28. The low-income communities are especially vulnerable to misinformation. They might benefit from a campaign to specifically teach correct information about the COVID-19 vaccines.

29. Not making medicine the go to solution. Working with the individual to find alternative means of treatment that can be successful.

30. Utilizing virtual meetings

31. Increase in med/psych beds. Gateway regional intermittently has available med/psych beds for COVID + patients or those with chronic illness. These are patients that are not actively being treated for acute medical issues. Incidental finding of +COVID but asymptomatic, etc. These patients are being housed in EDs for a long period of time.

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.

DEPRESSION

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.

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.

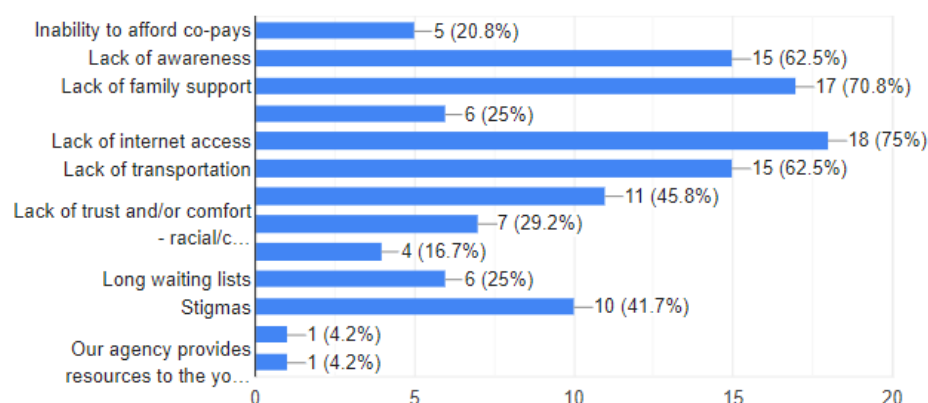
ISOLATION/LACK OF OUTLETS AND ENGAGEMENT

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

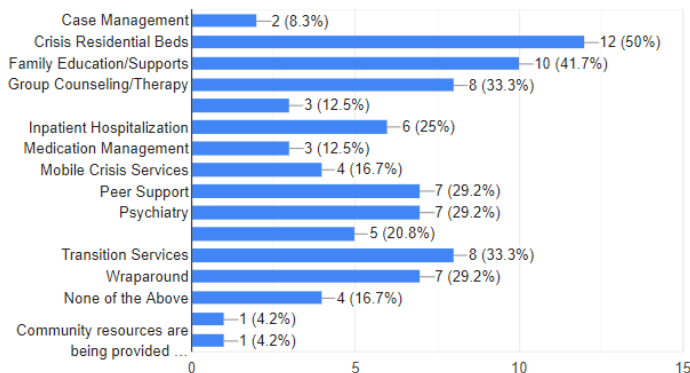
Two-thirds of respondents (66.67%) indicated that their agency *mostly had capacity* or *had adequate capacity* to meet service demands. One-third indicated that they *somewhat had capacity*.

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

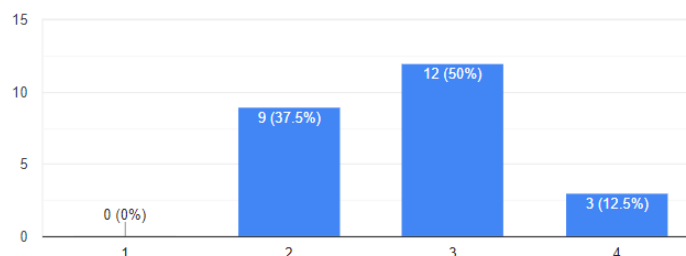
Providers were asked a series of questions designed to get an initial idea of how young people from marginalized backgrounds—those most held back and hard hit by racism, discrimination, and COVID-19—are served or not served in St. Clair County.

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.

