



St. Louis Mental Health Board
STRATEGIC PLAN

presented by **Elements Partnership**



St. Louis Mental Health Board

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HISTORY of the Organization

The St. Louis Mental Health Board is a special tax district established when voters in the City of St. Louis approved a mental health tax in 1992. When revenue became available in 1994, an executive director was hired and funding was awarded to area agencies beginning in 1995. In 2004, voters approved the ballot initiative for a new property tax designated for children's services, and by 2005, the Mental Health Board was also awarding funds from the Community Children's Services Fund.

Mental Health Board funds are administered by a volunteer board representing various neighborhoods in the City of St. Louis. The Founding Executive Director led the organization until 2012 when the organization transitioned to new staff leadership.

MISSION

of the **ST. LOUIS MENTAL HEALTH BOARD**

To improve the lives of the City's most vulnerable children and adults by investing in the provision of quality services.

The Project

The Mental Health Board conducted a strategic planning process in 2005, upon the establishment of the Community Children's Services Fund, to prepare for its expanded scope. The Board revisited and updated that plan in 2008.

In 2012, leadership determined the need for a new planning process and engaged Elements Partnership as the consultant to guide it through the process.

Methodology

STAFF FOCUS GROUP

The planning process kicked off with a focus group of Mental Health Board (MHB) staff. The goals of this meeting were:

- Build relationships to set the stage for the planning process
- Obtain input on what the goals for the plan should be from their unique points of view
- Obtain input on MHB's current strengths and role in the community; get opinions on what its role could be, and how St. Louis could be better because of its work

Key thinking from staff focus group:

- Staff believe that agencies are successful in delivering programs when the lines of communication are open between MHB and agencies. Agencies that understand that the MHB isn't punitive and is here to help them are more successful.
- Staff believe that St. Louis is better because of the MHB in these ways:
 - » Has autonomy and flexibility to respond directly to the needs of the City
 - » Strong service providers enable them to respond to emerging needs
 - » Can play role of convener between agencies and encourage partnerships
 - » Can collaborate with non-traditional partners (ie. banks, developers)
 - » MHB staff take very seriously their role as good stewards of tax dollars so that MHB maintains a consistent funding level each year.

Staff goals for the planning process:

- Measure and quantify the impact of funding more precisely
- Define and measure short-term and long-term impact
- Improve synchronicity between MHB processes and provider agencies
- Benchmark itself against other similar funders

After the staff meeting, the process of gathering public input began. The process included interviews with and/or surveys of community members, board, staff and current grantees. Respondents were assured confidentiality of responses in order to obtain candid and open responses. Select comments are included in the appendix of this report; however, respondents were not identified. Overall, the interview and survey responses provided insights into the role and work of the MHB.

COMMUNITY INTERVIEWS

Forty-one in-person or phone interviews were conducted with MHB board members (11), staff (8), and community members (22). Additional follow-up was conducted as needed. Community members included representatives from philanthropic organizations, non-profit executives, and other community leaders.

Questions centered on the perceptions of the MHB.

Responses from the interviews indicated the following results:

- Strong positive feelings about the MHB in the community
- Not easy to know the impact of the MHB
- Appreciation for the broad interpretation of mental health that is utilized by MHB
- Great enthusiasm for new executive’s leadership and the opportunities that may present
- There is generally a very positive feeling in the community about the staff
- Renewing confidence in the board and its processes and ability to deliberate constructively
- A few interviewees were critical of MHB’s level of transparency
- Some mixed reviews of the outcome-based model, as it:
 - » Has been very helpful to agencies, but can be too cumbersome
 - » May set the expectations bar too low, allowing agencies to exceed it
 - » May limit the organization’s ability to respond to opportunities
- Awareness of the MHB may be low outside of funded agencies and the mental health community
- There is a “vacuum” of leadership on mental health issues, especially as they relate to children
- A desire for more MHB involvement at the policy level
- Convening, leveraging resources and relationships, and encouraging collaboration are roles that many people see for the MHB
- Mixed reactions to the concept of stable, multi-year funding vs. funding newer initiatives or innovative projects; most respondents felt there should be a balance
- Questions as to whether the MHB has the resources to make a large community impact, if it holds a broad focus.

**Note: Some of the verbatim comments from the community interviews are contained in the Appendix of this document.*

BOARD AND STAFF SURVEY

In addition to the community interviews, an online survey of board and staff members was conducted and included a total of 22 responses due to new members joining the board.

In general, there was a great deal of consensus from the board and staff on the purpose of MHB, the work it does, and how the work is accomplished. In contrast, the areas of uncertainty or disagreement included:

- MHB role in capacity building for funded organizations
- Whether or not to play a larger role in convening and facilitating collaboration
- If the mission/vision/values as written are useful in making decisions/prioritizing work
- Whether or not MHB does a good job of measuring impact
- Whether or not it is important to fund new/less-established programs
- How partnerships with other funding organizations generate a high level of impact
- If it is better to be behind-the-scenes or be more visible and vocal
- The need to upgrade technology (e.g., grants management software for applications and data tracking)
- If guidelines for reserves are clear and/or appropriate

GRANTEE SURVEY

Forty-eight responses were received from 27 agencies, several agencies had more than one contact or identified other people within the organization with more specific knowledge of the topics.

Respondents generally had positive responses on the survey, which included questions about grantees' perceptions of the MHB's community impact and role in the community, interactions with staff, the grant process, and the outcome-based model.

Responses from the survey indicate that current grantees:

- Rate the MHB's community impact as high or very high
- View the MHB as a leader in mental health and children's services and view it as adequately transparent
- Had overwhelmingly positive things to say about interactions with MHB staff
- Support the ease and clarity of the grant-making process
- Felt the outcome-based model is very helpful, although a few commented it is sometimes difficult to adapt it to particular client services

COMMUNITY MEETING

Six representatives of non-profit agencies who work with MHB’s target audiences attended a roundtable discussion at the Elements Partnership offices to have a conversation about the MHB’s current impact and future opportunities. Some of the agencies represented were current or past recipients of MHB grants; some were not. Members of the MHB Board of Trustees and the Executive Director attended as observers.

Dialogue about how the Mental Health Board could support/fund/re-source community services included the following ideas:

- Provide a safe place for continuous quality improvement to take place
- Reward organizations that collaborate in closing service gaps
- Leverage coordination that effectively use existing resources
- Fund, facilitate, and convene community planning
- Advocate on issues related to mental health and children
- Create an agreed-upon baseline and benchmarks along a continuum for health and success of children
- Offer incentives for organizations to work together
- Be open to working with agencies in new ways, capacity building as well as funding

STAFF AND BOARD RETREAT

A key part of the planning process was bringing together members of the Board of Trustees and the staff of the MHB in a full-day retreat to consider its role in the community and the factors that would help it make decisions that reflect the role.

As a result of the those discussions, three strategic anchors were identified:

- 1. Maintain exemplary stewardship of public resources**
- 2. Actively shape knowledge and promote communication between and among stakeholders that results in a high-quality system of behavioral health services**
- 3. Seek out and generate opportunities for creative problem solving**

A task force of MHB Board and staff was assembled around each strategic anchor. The task forces created definitions, identified success and considered the kinds of activities/efforts that would enable the MHB to be successful in each area.

A second Board and Staff retreat was held to define Key Performance areas and Key Strategies for each anchor.

Anchor 1 | **Maintain good
stewardship of
public resources**

DEFINITION:

Decisions are mission and statute-based, and address the needs of the community. Resources that MHB stewards include:

- Funds from taxes and other sources
- Staff and board member time and expertise
- Partnerships with stakeholders
- Its role in the community

We are successful in this area when:

- The community has confidence in the MHB
- Funded organizations are producing positive, measurable results
- Board members are:
 - » Well-informed about community needs and responsibilities of the MHB
 - » Able to engage in constructive dialogue
 - » Representative of a variety of backgrounds and skills
 - » Appropriately holding staff accountable
- Operations are consistent with the MHB mission and state statutes and can be clearly communicated as such
- The MHB is able to leverage resources to expand existing funding and expertise to address mental health and children's needs

Key Performance Area:

BOARD LEADERSHIP

Trustees are knowledgeable of their role, well-informed about community issues, represent different points of view and engage in productive, cooperative decision-making.

Tasks

- Enhance board recruitment, education and engagement systems/processes – Personnel Committee to be responsible
- Maintain strong relationships with City government and the variety of formal and informal leaders in the City

Key Performance Area:

GRANTEE IMPACT

Funded organizations are producing positive results in critical needed service areas.

Tasks

- Identify and articulate community needs/critical service areas
 - Identify and utilize data-driven measures of impact
 - Deploy highly effective grant management system
-

Key Performance Area:

COMMUNITY AWARENESS AND ACCOUNTABILITY

Community confidence in the Mental Health Board is well-earned and maintained.

Tasks

- Provide community access to data and information about MHB and its grantees' performance
 - Use consistent brand identity and messaging
 - Use a variety of mechanisms to communicate with community stakeholders
-

Key Performance Area:

STAFF EXPERTISE

MHB has committed, qualified staff who possess knowledge and skills to provide leadership and expertise to MHB funded organizations and represent MHB well throughout the community.

Tasks

- Identify, collect and analyze the most appropriate data to inform decisions
- Structure and staff the organization to provide the capacity to support MHB-funded agencies in high quality programming
- Continuously increase staff expertise

Anchor 2 | **Actively shape knowledge and promote communication between and among stakeholders that results in a high-quality system of behavioral health services**

DEFINITION:

Positively influence the direction of community discussions and actions regarding mental health and children’s issues by:

- Building networks
- Getting consistent input from the community
- Communicating with a consistent message
- Helping to determine a community agenda

We are successful in this area when:

- MHB is plugged into networks that are discussing/taking action to address mental health and children’s issues (includes potential regional collaborations)
- The community has a deeper understanding of mental health/mental illness and children’s issues and how we can address them as a community
- MHB is able to identify the “critical few” behavior/condition changes that have the greatest impact on improving adult and children’s mental health outcomes and help drive community efforts toward those
- MHB is able to measure its impact even better
- MHB knows the landscape—where the gaps and resources are
- The community has a clearer understanding of how the MHB can and does have a positive influence—MHB shares its success stories
- MHB is seen and involved in the community—as individual staff and Trustees and as an organization

Key Performance Area:

COMMUNITY LEADERSHIP

Has a leadership role in educating the community about adult mental health and children’s issues, as informed by the needs assessment and key areas of impact.

Tasks

- Identify key areas of impact (leverage points)
 - Raise level of discourse re: community impact/measures and outcome-based service delivery
 - Build coalitions that expand the community-wide continuum of care that address adult mental health and children’s issues
 - Educate the community on mental health and children’s issues
-

Key Performance Area:

TRAINING AND LEARNING

Provide opportunities for organizations to enhance their ability to provide services and measure their impact.

Tasks

- Increase agencies’ understanding of evidence-based practice/practice-based evidence
 - Encourage learning from failure as well as success
 - Support capacity building to strengthen services
 - Encourage adoption of evidence-based practices among service providers
-

Key Performance Area:

LISTENING/DISSEMINATING WHAT IS LEARNED

Know the landscape –the needs, resources and service/geographic gaps.

Tasks

- Incorporate regular, continuous input from community stakeholders and leading experts through meetings, dialogue, networking, and data
- Build community “fluency” on issues of behavioral health by sharing what is learned with broader community

Anchor 3 | **Seek out and
generate opportunities
for creative problem
solving**

DEFINITION:

Seek out and generate opportunities for creative problem solving by:

Making connections

- Encouraging learning and innovation
- Leveraging funds and expertise
- Sharing information
- Helping to identify changing community needs and possible solutions

We are successful in this area when:

- People in the field and broader community know each other/are connected/are engaged and able to solve problems together
- Organizations collaborate more/come together/have real, constructive conversation
- MHB “tightens the framework”—weaves things together and brings people together with more common vision, and enhanced ability to act collectively
- MHB is able to identify issues and new/emerging approaches (not just “flavor of the month”)
- MHB is able to leverage resources—expertise, knowledge, connections and funding—that increase impact

Key Performance Area:

CONNECTING & ENGAGING

Make connections between people and organizations with broad perspectives and areas of expertise and engage them in the community conversation re: mental health, children's needs.

Tasks

- Creative connections based on knowledge of organizations, people and programs
- Provide opportunities for people to solve problems together
- Increase available expertise on specific issues pertinent to the mission and goals of MHB
- Use variety of mechanisms to communicate knowledge and proposed solutions

Key Performance Area:

LEVERAGING RESOURCES

Expand existing resources (funds and expertise) to address mental health and children's needs.

Tasks

- Increase behavioral health resources for the City through active pursuit of funding from government or major foundations
- Pursue funding partnerships that maximize resources for identified community needs

| Appendix

Representative comments from Community Interviews

- We don't have anyone in the City who takes this issue on. A hospital needs to stay involved in health of the children, but no one is recognized as a leader and the MHB could rise to the top. Know what the community needs. Pull the group together for an issue. This is an opportunity.
- ERs are overwhelmed by mental health issues—need safe rooms for people who are dropped off by police.
- Be a force to pull people together and work on an issue. Here are the needs/data—who can work together—measure outcomes.
- I don't think it's my place to tell people how to fund. They have a purpose and a mission. They're never going to serve all the needs and they do a good job in their area.
- Ability to influence policy and at times they play the critical role of determining the funding stream. Like for them to have more impact on policy. MHB touched on integration of services, but how we can think of that differently? We need to move the needle closer to integration. Opportunity of providing more education, to normalize the conversation and if MHB is not going to do it, providing money to those that could.
- Not really sure how got picked to be on the board. Thinks it needs to be more visible, especially with tax money. Not sure what the perception is in the community. People don't understand what we do or who we are. We need to be stronger about saying no and clearer about what we fund. Toward the staff: staff retreat to get them to understand it's not an individual thing—this is a team thing. Understanding it's not personal. Let them understand that you're able to do your job and that we're not encroaching on your turf, open communication and able to voice your opinion.
- Need to develop a clear road map and come to a consensus on the reserve policies and refining the grant making process. And, improving the system—do we ever put the accounting position out to bid?
- Concern about not having done needs assessment in 11 years. Excellent at reporting goals, but not excellent at reporting if we are picking the right goals to go after. Could be/should be the go to organization to have a voice for the children's issue. Right now we're thought of sometimes.
- Reach out to department of mental health to have a coordinated message campaign.
- People mistake us for the Department of Mental Health, really want to change the name. Would like to do some staff/culture building, an offsite for staff motivation, staff retreats.
- Needs an answer to the question “what space do we occupy in the city...vs. county...vs. region?” Standard best practices might be nice for grant and data

management. If we focus on best practices, we can choose to either go really deep or maintain a broad focus. We could profoundly impact children's lives. Do we see our role as plugging leaks? How reactive or proactive are we?

- Convene the right organizations around 2 or 3 big issues.
- No issues with how the organization runs—it is very organized and runs well.
- Staff is highly thought of by everyone.
- The purpose and impact of the MHB are not well known beyond staff and Board.
- There is a need for a platform, or focus, of the MHB grants.
- Need a balance between funding the tried and true projects on an ongoing basis and promoting innovation and taking risk with new protocols.
- Need for focus—clear direction and goals for their outcomes.
- Give out larger amounts to fewer organizations/fund a small number of innovative programs.
- Board and staff seem more comfortable with the Board being behind the scenes. Grantees, community want them more front and center and taking leadership roles in the community. Board, staff more concerned about inviting scrutiny into how the money is spent or their work becoming politicized.
- Lead a regional partnership among funders—the city vs. county vs. St. Charles County is difficult for grantees.
- Give funds to match Medicaid funds.
- There is a gap for people aged 19–22, who age out of the foster care system. They end up homeless, without services—could focus on that issue.
- Should be more involved in policy and advocacy.
- Should jumpstart, lead, and focus the conversation around youth health and wellness in St. Louis.
- We need to better surface needs in the community.
- Like to think of MHB as leader in providing direction on working with other organizations to set path for success.
- Pinnacle of knowledge and professionalism for what works; set standards.
- Grantees see as standard-bearer of best practices.
- Don't know if there is a single spokesperson/agency for target populations.
- Good at convening and pulling together coalition builders.
- Setting best practices for how to give grants, what has worked, types of organizations with good results.

- Encourage others to join with best-collaborative project or share best practices with group/others.
- Should encourage partnerships to serve more people (duplication costs money on administration/management/services).
- Without healthy city, metro area not thriving.
- Should be more on front line with public on issues.
- Should be leader of target populations in public eye—for a specific issue, people go to MHB for information/statements.
- Testify in Jeff City (do we?); MHB representatives should speak out on policy/legislation.
- Just because we funded an organization in past does not mean they automatically get money again.
- With recurrent funding—organizations get sloppy/complacent.
- Last round of children’s services funds was not good; sloppy, no outcomes; organizations were upset they were not funded.
- People do what you inspect, not what you expect.
- MHB money is a drop in the bucket for organizations and issues.
- Have to stretch people and organizations if want to provide better outcomes.
- We must require more of organizations.
- Need to focus on technology for good of employees and grantees.
- Think about Facebook, updating website, ways to use technology to bring grantees together as well as further the “thought leader” perception.
- Not always at table with City issues.
- It is a mystery—unclear how select partners.
- Bad website—no information on priorities/grants available/partners.
- Not clear how partners are delivering outcomes; MHB doesn’t publish impact/outcomes.
- Focus on model of service delivery, even if not achieving results.
- Start, stop, start things—no continuity.
- Some providers (not in City) don’t like that MHB gives money to small set of providers.
- Funding too broadly defined.

- Don't have good grasp of impact.
- Don't know what they've done at strategic level that impacts long-term change.
- Behavioral Health Network funding was invaluable.
- Haven't done work that is transformative; nothing large scale.
- Keep trains running at grass roots level.
- Relationship-based funding, not outcomes.
- Need CQI person.
- Need to look at data around critical needs and how to address them.
- Need capacity building for agencies already working in areas.
- Need innovative approaches to capacity building.
- Should develop solutions, not just "want to address homelessness".
- Should look at creating environment where organizations can do the work.
- Children's arena not set up for MHB to be backbone—too many people, many think are convener, no clear executive sponsor.
- Need more coordination of funding around funders and corporations.
- Ability to be convener—people wanting to work in MH come in to work with MHB as leader.
- There should be a decrease in mental health issues due to collaborative funding.
- We (as a community) keep funding things that aren't working if we don't have experts/leaders taking things on—pick a role and do it!
- Serve good function (funding nuts and bolts); could fund silliness.
- Need to operate as part of larger community.
- Seem isolated.
- Need staff person on ground participating in collaborations.
- Recurring funding is good when issue-focused, not organization-focused.
- Long-range goals need to be hit: What want to see different in 5 years?
- Maybe fund a continuum of activities: 1 partner funded for 2 years; 2nd partner funded for 2 years; 3rd partner funded for 1 year to finish out 5-year goals.
- Large organizations stagnate—need room for someone to do something new.

- Need more long-term change through sustained funding.
- Stupid to give 3-years of funding and toss an organization out the door; some communities hand an issue off to the state when successful—not here.
- Because of tax, Department of Health gets no funding for these issues.
- MHB should study highly effective foundations and go to conferences/ professional development; staff coaching.
- Should see itself as a highly effective foundation and not quasi-governmental.
- There is power in envisioning itself as a national model.
- Caution in this process—don't break a model that is working well, just for the sake of change.

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