



# 2017 St. Louis Youth Behavioral Health Community Needs Assessment Executive Summary

**Submitted to: St. Louis Mental Health Board and  
St. Louis Region System of Care**

**Submitted by: Behavioral Health Network of Greater St. Louis**

**Behavioral Health Network**  
of Greater St. Louis

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### BACKGROUND AND PURPOSE OF THE 2017 YOUTH BH NEEDS ASSESSMENT

The [St. Louis Mental Health Board \(MHB\)](#) and the [St. Louis Region System of Care \(SOC\)](#) initiative contracted with [Behavioral Health Network of Greater St. Louis \(BHN\)](#) as a partner to design and implement the **2017 Youth Behavioral Health (BH) Community Needs Assessment**. This Needs Assessment intends to highlight St. Louis City, County, and the region's assets and strengths, barriers and gaps, and opportunities and recommendations. These will inform our continued pursuit of a collective vision for investing and strengthening an integrated system of social, behavioral, and physical health services to build an equitable, thriving community. BHN, too, is dedicated to the goal of enhancing individuals' quality of life by developing a coordinated, accessible, effective and accountable system of BH and integrated supports. This Needs Assessment offers the opportunity for these entities and the region to align community priorities to foster the ability of community members to reach their highest potential.

The purpose of this Needs Assessment is to identify assets and needs that directly impact our community, then to use these to inform recommendations and opportunities for the region's response to youth's BH needs. The process of developing this Report also provides the framework to build upon existing organizational relationships, formalize processes, and develop system-level means to address BH through a network of safety-net providers. BHN intends that this Report will be utilized as a resource document for funders and other stakeholders to develop informed decisions regarding programs and initiatives that will improve the health and wellbeing of youth and families in our region.

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### SCOPE AND OVERVIEW OF APPROACH

To meet the 2017 Youth BH Needs Assessment purpose, BHN has focused foremost on BH services, while remaining attentive to a range of aspects related to youth and family wellbeing. For these purposes, "behavioral health" is a broadly applied term that encompasses concerns and services for mental health and/or substance use concerns, at all levels of severity and points on the service continuum. The Needs Assessment centers on safety-net providers of BH services and publicly available services. Data collection and analysis utilizes a health equity lens, with attention to geographic and demographic disparities. This Report combines findings from three categories of source information:

- **Review of Regional Reports** –To build on the Region's existing work, BHN conducted a review, summary and analysis of key recent Eastern Region Reports and identified common themes related to the Needs Assessment objectives. This review included thirteen regional reports produced since 2013 and nine recent Hospital Community Health Needs Assessments.
- **Qualitative Data Analysis** – BHN solicited perspectives from over 200 people through both group and key informant interview approaches. Our methods included: nine BHN staff-led

Participatory Group Sessions of community members (youth, caregivers, general residents) and service providers (community-based BH providers and hospitals); 13 Key Informant Interviews from various sectors of care; and analysis of over 10 sets of summary notes from other organizations' recent focus group and qualitative process sessions.

- **Quantitative Data Analysis** – BHN gathered and analyzed numerous sources of key indicator data, trending over time and providing comparisons of Missouri, St. Louis City, and St. Louis County, which incorporated BH-specific data and indicators tied to youth BH (e.g. poverty metrics, graduation rates, etc.). Sources include governmental data sets, private and non-profit data sources.

Through all three categories of source information, we sought insights regarding aspects of BH services: Resources/Assets, Barriers/Gaps, Opportunities, to inform thematic recommendations.

A synopsis of key findings from each method can be found in the three respective sections of this report, and provide details to support data such as the following.

### **Descriptors of the City's Youth:**

- City's population is 315,685, of whom 71,044 are youth (23% of City population is youth)
- The Youth population is declining rapidly - 29% decrease in 10 years, with 76% of the City's population decrease being youth
- Greater Diversity - Percent of youth who are people of color and/or ethnic minorities is increasing
- Children (age 5-17) with Limited English Proficiency – 3.5% of St. Louis City Youth (2,175), rate has not changed notably since 2004

### **St. Louis City Youth at Risk – High rates of:**

- Poverty - almost 2 out of 5 live in poverty (almost double the MO rate)
- Homeless – in schools noted as homeless (almost 1 out of 5, triple the 2010 reported rate)
- Risk of homelessness – Per gross rent costs of 30% or more of their household income (48% of households)
- Children benefiting from Food Stamps (almost 3 out of 4, more than double MO rate)
- Violent Teen Death Rate (more than double the MO rate)
- Juvenile Law Violation, Violent offenses
- Neglect Offenses
- School Drop-out rate (11.7%, 5 x MO)
- Out of school suspensions (more than double the MO rate)
- Disciplinary incidents (more than double the MO rate)

### **Youth Mental Health:**

- Of St. Louis City's 71,044 youth ages 0-19,
  - Over 17,000 projected to have MH challenges that qualify for a diagnosis (24%)

- Over 3,500 are projected to have a mental illness with severe impact (5%)
- Mental health & overall hospitalizations for youth have sharply increased
- Of 949 youth receiving DMH psychiatric services in 2015, clients trending younger (6-9 year olds)
- Emergency room (ER) youth encounters with behavioral health diagnoses increased by 11% over the past year and account for 32% of all ER encounters in 2015
- Behavioral Health Response (BHR) – 44% of City callers considered high risk cases (209/475 cases); and 27-28% of County cases

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## THEMATIC RECOMMENDATIONS AND OPPORTUNITIES

While the nature of a Needs Assessment may appear at face value to be deficit-based, it is important to note that community assets and strengths are highlighted throughout the full report document and are readily apparent in all forms of data collected—from community report (p16) and community member emphasis on progress in qualitative sessions (p27), to positive trends of improvement in quantitative community indicators (p44). Moreover, the willingness of community members to engage in the Needs Assessment process and the collaborative approach this work has taken is a testament to the strengths in the St. Louis community that foster growth toward a strong, healthy, and equitable environment, particularly for BH.

The Needs Assessment concludes with overall “Thematic Recommendations” regarding community response to youth BH needs. These recommendations are supported by a selection of key findings and are representative of wide consensus across the sources and methodologies utilized. See the full report, section “Thematic Recommendations and Supportive Key Findings” for a sampling of the data that elevated the theme to be a Recommendation (p147-155). Recommendations and some of the identified opportunities are provided below as part of this Executive Summary.

Recommendations are listed with a sense of priority order, yet should be viewed in tandem, recognizing that these recommendations interplay and are complimentary to address youth BH needs and opportunities identified.

### RECOMMENDATION 1: TRANSFORM BEHAVIORAL HEALTH (BH) SERVICES TO BE OPTIMALLY ACCESSIBLE TO YOUTH

Enhance access to programs and services; Re-organize to increase responsiveness in service “gap” areas; Integrate follow-up and case management. Invest in system level disconnects and sustainable policies and care integration that can have sustainability.

Opportunities to Transform Behavioral Health (BH) Services to be Optimally Accessible to Youth:

- Address Broad Barriers to access - Transportation and location of services; Address distrust of providers, negative past experiences with BH services, and stigma roadblocks for families and youth.
- Improve follow-up activities for youth who transition to a new or different program or service.

- Expand specialty services, specifically to include: respite, counseling (especially family counseling), home-based services, intensive outpatient programs/treatment, 24/7 crisis access/response service, inpatient supports, longer-term care/case management/follow-up (especially post-crisis), etc.
- Enhance care coordination within and across agencies and systems to improve access and engagement.

## RECOMMENDATION 2: INVEST IN FAMILY SYSTEMS APPROACHES AND CAREGIVER SUPPORTS TO ADDRESS YOUTH BH

Services for youth BH needs must be integrated with and understanding that the youth cannot be understood in isolation, but rather as a part of their family,<sup>1</sup> and that providers must attend to caregivers' needs.

Opportunities to Invest in Family Systems Approaches and Caregiver Supports to Address Youth BH:

- Fund services that allow for intergenerational approaches and caregiver specific services to improve caregivers' ability to recognize and manage BH issues with their youth. Invest in family systems approaches.
- Invest in resources to provide BH supports/treatment to caregivers in need of services.
- Integrate Family Support Providers (peer mentors) to assist families and caregivers.
- Facilitate caregivers' awareness and navigation of available services and resources.
- Increase the availability of family counseling.
- Improve digital / online information about available services, and ensure it includes eligibility parameters to minimize future accessibility issues and frustration of the family and youth.
- Strengthen caregivers' general parenting skills and knowledge, including understanding developmental milestones.

## RECOMMENDATION 3: STRENGTHEN THE SERVICE PROVIDING COMMUNITY'S RESPONSIVENESS (BH AND NON-BH PROVIDERS)

Enhance service agencies and providers to be better equipped to respond to community youth BH needs, regardless of care setting or sector. Improve approaches to transitions of care for youth with agency/provider expertise, coordination, and collaboration.

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<sup>1</sup> Kerr, Michael E. "One Family's Story: A Primer on Bowen Theory." The Bowen Center for the Study of the Family. 2000. <http://www.thebowncenter.org>.

Opportunities to Strengthen the Service Providing Community's Responsiveness (BH and non-BH providers):

- Invest in a linkage & referral data-informed network—details of available community programs/services and how families can access them. Make eligibility restrictions/requirements more transparent.
- Foster provider collaboration across care sectors and care settings.
- Investigate funding strategies that support flexibility and address geographic boundaries for funding and service delivery (i.e. City/County boundary barriers).
- Establish stronger “front doors” for families to know about BH services options and assistance to access care.
- Strengthen providers’ capacity to support client/family navigation of the service delivery system, especially across primary care and BH care settings.
- Leverage technology to improve communication, enhance care coordination, and strengthen regional data reporting.

#### RECOMMENDATION 4: RESPOND TO YOUTH EXPERIENCES OF TRAUMA

Violence, traumatic experiences, and toxic stress can have a devastating impact on youth, affecting their physical, emotional, cognitive, and social development. Trauma encompasses a range of adverse childhood experiences. Of note, community violence is a special consideration in St. Louis City and a key trigger for BH needs in the region. Services and supports are needed to be available and tailored to these environmental realities.

Opportunities to Respond to Youth Experiences of Trauma:

- Increase the trauma-informed competency of organizations and trauma-expert practitioners in the community.
- Expand trauma-focused services and targeted case management.
- Increase specialized services for survivors of trauma, with attention to demographic differences (e.g. racial and grade-level) to respond to youth who are at highest risk of experiencing trauma with the least supports and access to BH services and programs.
- Assess factors that may have led to a decline in violent juvenile law violation offenses to replicate best practices.

#### RECOMMENDATION 5: INCREASE EARLY IDENTIFICATION OF BH VULNERABILITY AND PROVIDE EARLY INTERVENTION

Foster BH intervention earlier in the life- and disease-course. Enable assessment of BH needs and expedite youth access to services and to promote an understanding of youth needs.

## Opportunities to Increase Early Identification of BH Vulnerability and Provide Early Intervention:

- Increase diagnosis and evaluation availability and accessibility (esp. in St. Louis City), to improve early identification and treatment of BH needs.
- Increase early childhood screenings (esp. in St. Louis City; worsens for youth age 10+).
- Increase screenings in medical and other settings for BH needs. Include BH screening for children 0-5 and parents (mothers and fathers) during perinatal care.
- Expand access to Individualized Education Plan (IEP) assessments, advocacy, and support (esp. in St. Louis City).
- Establish earlier intervention / screening / connection to services for BH issues in children through primary care.

## RECOMMENDATION 6: INVEST IN SCHOOL-BASED CAPACITY TO ADDRESS BH NEEDS

Bolster the infrastructure and reach of schools for BH prevention, awareness, skill building, and connection to needed treatment.

### Opportunities to Invest in School-Based Capacity to Address BH Needs:

- Evaluate the current efforts in the Mental Health First Aid trainings for teachers and staff to determine gains in knowledge, skill, and application, in addition to assessing remaining gaps in training focused on youth behavioral health. Then, invest in BH support for teachers and school staff to include supports beyond training—ongoing skill development to identify and respond to generalized BH needs of students. Support implementation of mandated reporter training for teachers and other professionals.
- Invest in more BH counseling and surveillance within the schools to address youth treatment needs (i.e. depression, anxiety, emotion-control, substance use, etc.). Have BH specialists in public elementary, middle and high schools (regardless of whether they are school counselors or contracted/external BH specialists).
- Implement school-based MH awareness, trauma screening, fighting/violence remediation.

## RECOMMENDATION 7: INCREASE BH ENGAGEMENT BY ADDRESSING SOCIAL DETERMINANTS OF HEALTH / ENVIRONMENTAL STRESSORS

Significant BH and physical health improvements can be gained by mobilizing innovative approaches to addressing social determinants of health, including intentional collaborations with other sectors of care.

### Opportunities to Increase BH Engagement by Addressing Social Determinants of Health / Environmental Stressors:

- Address youth's / families' basic needs through partnerships and alignment with the social service sector to promote access, health, wellness, and equity.
- Decrease access barriers by increasing transportation of youth and families to and from services; improve the location of services to better meet youth/family needs; and/or provide more sites or places where people can access services.
- Help more families gain insurance.
- Address families' housing instability.

## RECOMMENDATION 8: FOSTER POSITIVE YOUTH SOCIAL DEVELOPMENT (PYD)

Support intentional efforts to provide opportunities for youth's positive community engagement and activities for personal empowerment (i.e. interests, skills, and abilities) and recreation, via programs designed to optimize developmental progress. <sup>2</sup>

Opportunities to Foster Positive Youth Social Development:

- Increase youth skill building for independent living, including healthy relationships. Foster positive self-concept among youth.
- Increase Positive Youth Development (PYD) programming that is future-focused. Increase activities to build knowledge and job-readiness skills, promote career awareness, and develop social responsibility and leadership skills.

## ALERT: PRIORITIZE SUPPORTS FOR VULNERABLE POPULATIONS

It is recommended, that within all the thematic priorities, the data calls for an investment in responsiveness to the BH care needs of particular populations, due to inequities in available BH services in general and those tailored to vulnerable populations' unique needs. Some of these populations might represent a smaller portion of the youth population, yet with high needs. Populations in great need include the following, as some of these are a small portion of the youth population with high needs and some are a large portion of the youth population:

- Youth with co-occurring substance use (SU) disorder.
- Youth with co-occurring Intellectual/Developmental Disabilities (IDD) and BH needs.
- Youth with co-morbid BH and physical health needs.
- Youth who have experienced violence or trauma.
- Transition-age youth. Including those transitioning from adolescence to young adulthood, aging out of foster care system, and aging-out/emancipated minors with severe needs.

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<sup>2</sup> "Positive Youth Development in the U.S.: Research Findings on Evaluations of Positive Youth Development Programs". Retrieved April 9, 2014.

- Early childhood (Children ages 0-5) populations are repeatedly the smallest population served per provider report.
- Juvenile justice-involved youth.
- Child welfare system-involved youth.
- Youth who are homeless or housing unstable.
- Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ) youth.
- English Language Learners.

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## CONCLUSION / NEXT STEPS

Based on the 2017 **Youth Behavioral Health (BH) Community Needs Assessment** findings and recommendations, improvements are needed for the region's response to youth's BH needs. There are great strengths in our community and impressive strides have been made to improve services to youth. Hopefully this report can guide further improvements to addressing access to care, care coordination, quality of care, and addressing health disparities which directly impact the community health of our youth. Together, through partnerships with leadership from human service agencies, BH providers, business leaders, and community members, we can create a better system of care for youth and their families.

To enhance access and usage of this Needs Assessment, the full report and much of the data informing it will be available via [BHN's](#) web site and on the "[Think Health](#)" site, which is a source of population data and community health information designed to be a tool for community assessment, strategic planning, identifying best practices for improvement, collaboration, and advocacy.

As part of BHN's ongoing commitment, we will utilize these findings and recommendations to inform development of an accessible and coordinated system of BH care and support services throughout the Eastern Region of Missouri. In this vision, BHN depends on engaging the collaborative efforts of providers (hospital, primary care, substance use, community mental health, etc.), advocacy organizations, government leaders, and community stakeholders. Thank you for reviewing this report and for your service and commitment to improving the lives of youth and families living with BH challenges in our region.

Community members are encouraged to utilize the findings of this this Needs Assessment within their own organizations and participate with the following groups as we seek to inform regional planning and coordination for BH services: St. Louis Region [System of Care](#) Council and Family and Youth