

# 2018 St. Louis Adult Behavioral Health Community Needs Assessment Executive Summary

Prepared by Behavioral Health Network of Greater St. Louis

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

## EXECUTIVE SUMMARY

### BACKGROUND AND PURPOSE OF THE 2018 ADULT BH NEEDS ASSESSMENT

[St. Louis Mental Health Board](#) (MHB) collaborated with [Behavioral Health Network of Greater St. Louis](#) (BHN) to design and implement a **2018 Adult Behavioral Health Community Needs Assessment**. The purpose of this Needs Assessment is to identify St. Louis City's assets and strengths, barriers and gaps, and opportunities concerning mental health and substance use (SU) of adults 18 years of age and older. The findings will then inform recommendations and opportunities to respond to those needs. Findings from this systematic assessment of adult behavioral health (BH) will also inform future community investments in programs and services by MHB. The information will support MHB's vision of "*...an integrated system of social, behavioral and physical health services to build an equitable, thriving community,*" so that City residents can reach their highest potential.

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### SCOPE AND OVERVIEW OF APPROACH

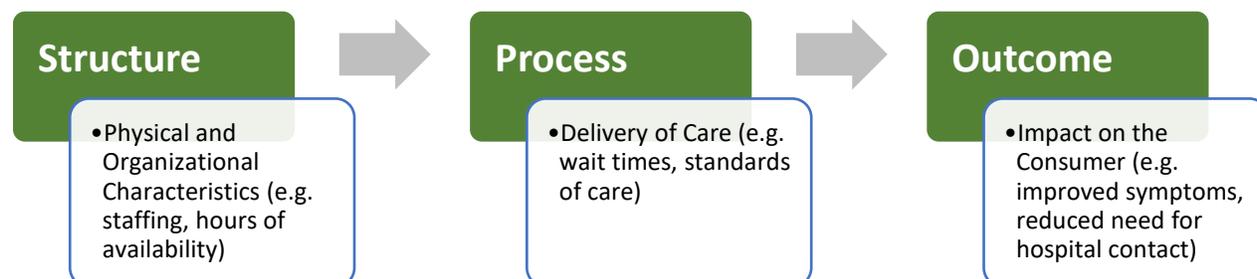
To meet the purpose of the 2018 Adult BH Community Needs Assessment, BHN focused on BH services, while remaining attentive to a wide range of fields related to adult wellbeing. For our purposes, "behavioral health" is a broadly applied term that encompasses needs and services for mental health and/or SU at all levels of severity and points on the service continuum. Data collection and analysis applies 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 areas' existing work, BHN conducted a review, summary and analysis of key recent regional reports and identified common themes related to adult BH needs. This review included a total of 21 sources (14 regional reports produced since 2013, and seven recent Hospital Community Health Needs Assessments).
- **Qualitative Data Analysis** – BHN solicited perspectives from more than 125 people through five BHN staff-led participatory group sessions with community members (adults with a past or present BH condition, family caregivers, general community residents) and service providers of BH and related services across community-based and hospital settings, plus a re-convening of these stakeholders. BHN also analyzed summary notes from seven other recent focus group sessions led by other organizations.
- **Quantitative Data Analysis** – BHN gathered and analyzed BH-specific key indicator data trending over time, and provided comparisons between St. Louis City, St. Louis County, State of Missouri, as well as zip code data when available. Sources include governmental, private and non-profit secondary and primary data sources.

Through all three categories of source information, BHN sought insights regarding aspects of BH services such as strengths and assets, needs and gaps, and barriers and opportunities to inform the findings and recommendations.

A synopsis of key findings from each method can be found in the three respective sections of this report.

A Donabedian model of quality of care<sup>1</sup> was used to guide the process of inquiry with the participatory groups. Three major domains are considered: Service delivery structure, process and outcome, as shown in the diagram below. This model served as the framework when considering strengths and assets, needs and gaps, and barriers and opportunities, to ensure probing in each of these domains with the participatory groups.



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## SUMMARIZED KEY FINDINGS

Throughout the past 10 years, the St. Louis City population has experienced improvements in economic and community-wellbeing (such as median household income, unemployment, violent crime and most BH emergency room visits). However, other key factors, such as housing instability and homelessness, poverty rates and BH hospital utilization have persisted or grown. Regardless of these improvements, most St. Louis City BH risk indicators and outcomes are far worse than neighboring St. Louis County and the State of Missouri. Thus, St. Louis City adults face greater challenges and greater BH needs than their counterparts. Moreover, certain areas of the City, primarily in eastern areas of far North and far South City experience the greatest impact.

In addition to the findings conveyed by numeric data, key regional reports and qualitative sessions with community members and providers indicate the following strengths, weaknesses, and opportunities in St. Louis City.

### Resources and assets:

- Strong support services
- Growing range of treatment services and settings
- Attention paid to outreach and transitions of care support
- Providers oriented toward and addressing BH and broad recovery needs
- Collaborative provider relationships

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<sup>1</sup> NHS Improvement. "A Model for Measuring Quality of Care." 2017. [www.improvement.nhs.uk/documents/2135/measuring-quality-care-model.pdf](http://www.improvement.nhs.uk/documents/2135/measuring-quality-care-model.pdf).

**Needs and gaps:**

- Access and options for mental health and SU services and support
- Community level violence and trauma support
- Services for specific, vulnerable populations
- Focus on crisis prevention
- Intergenerational interventions and support
- Attention to broad recovery needs

**Barriers that pose challenges:**

- Affordability of services
- Accessibility of services (physical access and communication and awareness)
- Availability of services/provider capacity
- System complexity and lack of navigational support
- Negative experiences with services
- Stigma associated with services and support
- Social determinants of health

**Opportunities and recommendations that leverage existing resources or invest in the aforementioned areas of need:**

- Expand capacity, access and enhance navigation to BH Services
- Strengthen follow-up and transitions of care support
- Promote training, education and public awareness of BH services throughout the community
- Advance recovery-orientated services and support
- Address critical recovery needs to reduce barriers and enhance long term stability
- Expand BH and cross-sector provider integration and collaboration
- Improve data monitoring and alignment

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## RECOMMENDATIONS

### RECOMMENDATION 1: EXPAND SERVICE CAPACITY TO MEET THE NEEDS OF MORE PEOPLE AND DEVELOP INNOVATIVE APPROACHES TO ADDRESS BEHAVIORAL HEALTH NEEDS

Participatory groups, regional reports and quantitative indicators consistently emphasized a strong need for more BH services and supports. These challenges necessitate concerted efforts to expand BH services in areas of greater need or gaps.

### RECOMMENDATION 2: IMPROVE ACCESS TO EXISTING BEHAVIORAL HEALTH SERVICES BY REMOVING BARRIERS AND OFFERING MORE NAVIGATIONAL ASSISTANCE

Findings describe a highly complex and fragmented system that poses challenges to accessing existing services. These challenges result in under-utilization of services and also negatively impact consumer experience. Efforts should be made to address barriers such as hours of operation, physical location/transportation, navigation support, awareness, and affordability. Additional enhancements should include: better transitions of care, increased service collaboration within and across providers.

### RECOMMENDATION 3: IMPLEMENT MORE RECOVERY-ORIENTED, EVIDENCE-BASED ADULT BEHAVIORAL HEALTH SERVICES

Regional reports, focus groups and key informants agree that more evidence-based services and support addressing critical aspects of recovery are needed. Such services are often overlooked in a narrow focus on traditional BH service delivery. Quantitative data point to the prevalence of community violence and trauma that have a direct impact on BH needs. Additionally, support for holistic recovery approaches that engage and recognize natural support in adults' lives are needed. Improving BH service options and quality through investment in evidence-based practices toward recovery would advance individual and systemic outcomes.

### RECOMMENDATION 4: BUILD THE CAPACITY OF BEHAVIORAL HEALTH SERVICE PROVIDERS TO INTERRUPT OR PREVENT CRISES AT EARLIER STAGES AND RESPOND TO CRISES IN MORE INNOVATIVE AND EFFECTIVE WAYS

Shifting to more proactive and effective interventions both in the prevention of, and the response to, crisis will require transformation in St. Louis City. Minimal change in volume of overall community-based care provision over time, coupled with rising emergency department utilization as well as individual perceptions concur that there is limited access to services until a crisis occurs. Qualitative groups emphasized the challenge that individuals face in waiting until symptoms and needs escalate in order to seek or receive services. Innovative practices in deploying effective crisis intervention practices are needed to change the landscape of crisis in St. Louis City. Earlier intervention in the life- and disease-course would provide upstream approaches to catch and break cycles of crisis.

#### RECOMMENDATION 5: PRIORITIZE SERVICES AND SUPPORT FOR HIGH-NEED GEOGRAPHIC AREAS AND VULNERABLE POPULATIONS

The St. Louis region remains one of the most socially and economically segregated cities nationwide. Through systems, policies and practices, the needs of specific populations and communities have been marginalized and inequities exist. Across all data sources, there were calls for investments in systemic responsiveness to BH needs of particular populations. Specific vulnerable populations with unique needs including the following:

- Vulnerable communities (areas experiencing high poverty and risk indicators – Eastern Far North St. Louis City and Far South St. Louis City)
- Individuals involved in the criminal justice system
- Transition-age/youth and young adults
- Individuals with co-occurring SU and mental health disorders
- Individuals with co-morbid health concerns (e.g. perinatal women, chronic illness)
- Adults who are homeless or housing unstable
- Lesbian, gay, bisexual, transgender, queer (LGBTQ+) adults (Note: Gender-specific service needs were also flagged, with African-American males among the most vulnerable.)

#### RECOMMENDATION 6: FOSTER MORE SUCCESSFUL RECOVERY BY ADDRESSING SOCIAL DETERMINANTS OF HEALTH AS PART OF TREATMENT AND INTERVENTION

The substantial burdens on St. Louis City adults related to social determinants of health are repeated within regional reports, qualitative groups and quantitative data. These challenges contribute to BH concerns and barriers to accessing and maintaining engagement with BH programs. Significant individual and systemic BH improvements can be gained by implementing effective approaches in addressing social determinants of health to foster fuller recovery.