

JCCMHFB

Board Meeting Minutes

Meeting Date: September 18, 2024 **Time:** 7:30AM **Location:** 2372 N Truman Blvd.
Crystal City, MO 63019

Join Zoom Meeting

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Our Mission: Maximizing community resources to build and sustain a comprehensive system of mental health and related services for individuals in need.

Board Attendees: Mary Dunnegan, Chair (left early); Dr. Clint Freeman, Vice Chair; Mark Mertens, Treasurer (left early); Michael Sita, Secretary; Leslie Hanson, board member; Dr. Ken Kilian, board member; Donna Pulliam, board member; Lauren Roesch, board member; Shelly Schlueter, board member (left early)

Staff in Attendance: Nick Davis, Executive Director; Ashley Schumacher, Program Manager

Also Present: Judd Bliss, Saint Louis Counseling; Jake Krafve, Compass; Sue Curfman, Compass; Lauren, Compass; K. McDonald, Compass; Jim Wallis, Chestnut; Katlyn Hentrich, Lutheran; Adam McBride, PreventEd; Dr. Cynthia Berry, BOLD, LLC.

Not in Attendance: N/A

The JCCMHFB meeting was called to order at 7:30 am on September 18, 2024, by Dr. Clint Freeman, Vice Chair, with a quorum of members present. The mission statement was read, and the meeting began according to the agenda.

Public Hearing to Set Mental Health Levy Tax Rate

Dr. Freeman opened the public hearing stating an ad has been in the Leader for the past few weeks which has notified the public of the proposed tax rate of .0857, the same rate as previous years. Mr. Mertens stated the tax rate has remained the same since JCCMHFB has been incorporated. Dr. Freeman asked the public if they had any questions, comments or discussion and paused for a response. Dr. Freeman asked two additional times (for a total of three asks). The public did not state any questions, comments or discussion.

1. Approval of Agenda

Mr. Mertens made a motion to approve the agenda. Mr. Sita seconded the motion. There was no additional discussion, all were in favor, none opposed. The motion was carried. The agenda was approved.

2. President's Welcome

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Dr. Freeman introduced and welcomed all public board meeting attendees; he thanked all board members, staff and public for joining the meeting.

3. Approval of August 21, 2024 Meeting Minutes

Mr. Mertens made a motion to approve the 08/21/2024 meeting minutes. Ms. Pulliam seconded the motion. There was no additional discussion, all were in favor, none opposed. The motion was carried. The meeting minutes were approved.

4. Financials to be Approved

a. August 2024 Financials

Mr. Mertens presented the August 2024 financials and noted there were no inappropriate or unjustified expenditures for any of the Board's accounts. During the monthly financial meeting, Mike Sita, Leslie Hanson, and Mark Mertens signed a statement stating each of them reviewed financials and found them to be complete, accurate and within the approved guidelines of the Board. The financial committee reviewed the budget vs actual. As of August 31, the MIL tax is \$404,000 ahead of budget and sales tax running just under \$200,000. In total JCCMHFB is running almost \$600,000 over the projected budget. Expenditures are below budget. Overall JCCMHFB has about 1.8 million. Mr. Mertens made a motion to approve the August 2024 financials. Mr. Sita seconded the motion. There was no additional discussion, all were in favor, none opposed. The motion was carried. The financials were approved.

5. New Business

a. Tax Rate

Dr. Freeman stated the tax rate hearing was held this morning to set the mental health tax levy rate. Mr. Mertens made a motion to approve the mental health tax levy tax rate at .0857. Lauren seconded the motion. There was no additional discussion, all were in favor, none opposed. Motion carried. The mental health tax levy tax rate of .0857 is approved.

b. JFCAC CSF CY25-26 Reallocation

Mr. Davis stated this request is similar to Chestnut's previous request, which allowed them to retroactively use CY25 CSF funding in year one [CY24]. The request was given to all board members. Mr. Mertens asked for clarification that this is in line with what was approved for Chestnut and Mr. Sita asked for clarification that the amount approved is \$7,500; Mr. Davis confirmed both. Dr. Kilian made a motion to approve Jefferson Franklin Community Action Corp.'s retroactive reallocation request of \$7,500 of CY24-25 year two funds, to year one. Ms. Pulliam seconded the motion. There was no additional discussion, all were in favor, none opposed. The motion was carried. Jefferson Franklin Community Action Corp.'s retroactive reallocation request of \$7,500 of CY24-25 year two funds, to year one is approved.

6. Old Business

a. Revised Financial Control Policy

Mr. Mertens stated during the financial committee the members reviewed the revised financial policies [section G on the details given to the board]. The JCCMHFB CSF reserves

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are estimated less than \$100,000 even with attempting to increase the balance. In the past JCCMHFB has faced challenges paying providers [paused 5% transfer to admin from CSF for 3 months]. Nick and Ashley proposed the following, instead of JCCMHFB having a 5% and 5% split between CSF and MHF [equal 10% administration transfers) that JCCMHFB allow, for example, as low as 3% and as high as 7% [that JCCMHFB may have a flexible % transfer rate between the CSF and MHF funds]. The administration transfer percentage will stay under 10%. Mr. Davis added that it will be a periodic review and adjustment to keep the funds from being vastly out of balance. Mr. Mertens made a motion to approve section G in the revised financial control policy, as presented. Ms. Pulliam seconded the motion. There was no additional discussion, all were in favor, none opposed. The motion was carried. Section G in the revised financial control policy is approved.

7. Executive Director's Report

Mr. Davis stated Agency presentations begin at 5:30pm on both September 24 and 25. If you are a board member, dinner starts at 5:00pm. Mr. Davis asked everyone to respect agency time due to small transitional times and if there are additional questions he or Ms. Schumacher can reach out to agencies on their behalf. RFP approvals will be made during the October 16th board meeting. Dr. Berry's Community Indicators presentation is Thursday, October 2nd at 9:30am and it will be recorded. The CY25 budget process will begin at the next financial meeting Thursday, October 10th at 10:30am. Ms. Schumacher and Mr. Davis will begin site visits in October. In previous years, Mr. Davis and Ms. Schumacher had two file-type site visits and learned that there wasn't enough time to change details. Now, they will have one file-type in the Spring and a program observational visit in the Fall. The holiday dinner will be December 4th or 5th and more than likely there will be board meeting recess in December 2024 and November and December financials will be approved in January 2025. Ms. Schlueter asked if board members can log in to Foundant to review application details. Mr. Davis stated, yes, board members can review and provide feedback at any time. Mr. Davis and Ms. Schumacher will answer all questions.

8. Additional Discussion Items

No additional discussion.

9. Chestnut Presentation

Dr. Freeman introduced Jim Wallis, Director of Business Development at Chestnut. Mr. Wallis has been with Chestnut 8 years and in the business 35 years, starting out as a St. Charles County juvenile officer working in detention, then to the state to work with the Division of Youth Services, and then for the last 15-17 years with non-profits. Mr. Wallis covered an overview of recent services provided with tax dollars.

First, Mr. Wallis spoke of school-based counseling services funding under the CSF tax fund; currently Chestnut provides services to 5 districts including Jefferson R7, Dunklin, Desoto, Windsor and Fox school districts. Each district has an embedded full-time Chestnut employee. Youth can be referred by the school or the parent, self-referral, partner providers. Most services take place at the school to reduce barriers. Various services are provided including assessment and treatment planning, therapy (individual, group, family), case management, helping families navigate appropriate resources and psychiatric prescriber services. Chestnut focuses on the entire family

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and not only the individual. One motivation for Chestnut to come expand into Missouri with the help of the Jefferson Foundation is the waitlist for the community to access prescriber services.

Success Story: 9-year-old child has been seen for 2 years at Chestnut. He began therapy for behavior issues at school and then his mother completed suicide with him present. He has changed schools, homes, families, and had new siblings added. He recently memorialized his mother's 1 year passing and was able to utilize his therapeutic skills and manage his grief. The client and his family have completed family therapy and completed all their goals! They have reported significant change in their family communication and the client's ability to manage their emotions. The client will be discharged in the next few weeks as family, child and therapist agree they have successfully completed their goals.

Second, Mr. Wallis spoke of the adult services funded under the MHF tax fund. The office is located in Hillsboro (102 4th Street). Chestnut has a formal partnership with the treatment court and Jefferson County Health Department. The initial focus was on the adult criminal justice system and substance use in 2019 but then expanded to mental health services. Residents are able to access services through the Central Access Unit (800-446-0972), weekly walk-in clinic on Tuesdays [builds relationships with residents and have quick access to care] and self-referral / partner agency referrals. Provided services are similar to youth, including assessment and treatment planning, therapy (individual, group, family), case management, peer support and psychiatric prescriber services.

Success Story: Family involved with Children's Division involvement who were reunited as a couple. The husband is seen by one clinician and the wife by another Chestnut clinician. Husband was asked to leave the house after they were reunited, after a positive urinalysis; but he has had negative UA's ever since and continues to cooperate. When he started services, he had no working vehicle and no job. He & his wife had overdosed multiple times. Currently, he has a good job and he is being sent by his company for intensive training.

September 1, 2019 [2024], Chestnut celebrated our 5-year anniversary in Jefferson County and has served close to 5,000 adults and youth with 23 staff members [around 800 agency wide]. Chestnut initially came to Jefferson County on foundation dollars who invited us to address issues with accessing services. Chestnut is appreciative of mental Health board dollars, and they strive to diversify our funding. Chestnut wanted to provide insight on the recent collaborative initiative in Jefferson County by JCCMHFB and local providers. Mr. Wallis witnessed the community's plan of action after a recent crisis in the area where two children died. Providers (including Chestnut) can focus on the task at hand and not always look at the bigger picture, the bigger collective impact picture. Whereas recently, the collaborative meetings facilitated by Jacyln Brown plus Nick and Ashley have brought light to the bigger picture. Sometimes providers are out there on their own but having some guidance and some shepherding from a funder, saying, "Hey, we're gonna do this" means a lot and there is great potential with where Jefferson County is headed.

Mr. Mertens asked what Chestnut's plan of action is for JCCMHFB giving advanced funding for CY24 from CY25. Mr. Wallis stated he'll be able to have his team provide that information to the board by the next board meeting, so Chestnut is not in the same position this time next year. Mr. Mertens replied that he appreciates Chestnut's efforts, "The fact that you guys have done 5,000. That's amazing." Ms. Hanson asked "I live in the Northwest School district, and I was unaware of your early identification program for substance abuse. Can you tell me when that program was initiated by Chestnut and how many people you've been able to serve." Mr. Wallis replied that it was from the Federal grant that Chestnut was initially denied in 2020; in early 2023 the Federal Defense came back to us asking if we still wanted the funds and the project went live in October 2023. Mr.

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Wallis will gather exact numbers regarding the number served. Northwest is one of the biggest utilizers of this grant and Chestnut has an embedded staff in Fox.

10. Dr. Berry Presentation (TBD)

Dr. Berry introduced herself and stated she completes needs assessments for various resource boards. The full transcript of the meeting can be found on attachment A and all assessments and presentation recordings may be found on the JCCMHFB website via <https://www.jccmhfb.org/public-assessments>. Ms. Schlueter, Ms. Dunnegan and Mr. Mertens left at the end of Dr. Berry's presentation due to the meeting running past 8:30 am).

11. Adjournment

Dr. Kilian made a motion to adjourn. Ms. Pulliam seconded the motion. There was no additional discussion, all were in favor, none opposed. The motion was carried.

Minutes approved:

 10/16/2024
(Signature of JCCMHFB Chair) (Date)

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Attachment AVideo to Presentation

Cynthia Berry Presentation

(These notes originated from Zoom chat transcript and edited to paragraph form, please disregard grammatical errors as this is a first-person narrative transcript.)

Many of you know me as doing a lot of the needs assessments for the Children's Services Board. And I'm happy to have done one this year for adult focus services. And today, I'm basically focusing on the program and agency assessment results that I received from various funded agencies and a couple of additional organizations in Jefferson County that do also provide mental health services. So, there are sections that we did ask for their feedback. The other part of the report will be coming out in the next couple weeks and that part of the report does a neat review of various adult community indicators. And you know, the reasoning behind how I do a lot of these needs assessments is not only for the benefit of the boards to make their funding decisions, strategic planning decisions but the goal is also to have the agencies receive, you know, access to all this data.

Just listening to Jim speak about seeking out funding, this data can be helpful when seeking out other potential sponsors or organizations can to fund these types of programs. The more information we put out in the community about the needs and educate what's going on with our adult population, the more likely we have other corporations, organizations, or other grant opportunities that will then provide funding for these programs in Jefferson County. The reports are done in Pdf and Word, and to all the agencies that are here in the room, and those that are also watching the presentation take all the data from this and use it to educate the community.

So, having said that I'm going to dive right in and because of those purposes. What I try to do here is at the very beginning of these reports. I have my acknowledgment sections, and I include all the agencies that did participate. I also put information in there to educate the community on the Jefferson County Community Mental Health Funding Board. The table of contents will go over each of these sections so that you can come back and easily find what you need. You can come here and share these portions with the community. So, you don't have to recreate this.

Diving into the introduction, I go over the various services or the categories that the Board does fund, and there's a lengthy list here, I think it's neat to see the difference between the adult focus board and then the children's focus because there's a lot more here for what you provide to those adult programs. There is a little summary here at the bottom. It shows what was funded basically for the calendar year 2023. I do provide a little bit of a bigger breakdown by program. But we can see, almost \$800,000 for 2023, and close to 3 million for this calendar year, although the data that I'm sharing with you was only through June 30th of 2,024.

When we look at that, the number served through all the data that I gathered from the different agencies. I totaled 1,525 adults who were provided with services in 2023. What I typically do is adjust it, assuming there's some potential duplication. I estimate that that might link to 1,220 unduplicated adults. What's phenomenal about this next number is that again, this is only through half of the year. But the providers have already served 3,203 adults through that period of time. And again, with that 20% duplication right around 2,500. So that's amazing to see just through half of the year. Just to kind of make sure everybody sees the breakdown. I do provide that in Table 1 I know the Board is aware of this information, and probably the

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agencies too. But again, this is the purpose also for the community. I'm not going to go through these individual line items here.

When you get to this page. There's a lot of information here so it's nice to get some information about the programs, because it really taught me what those adult focus programs are doing what you're providing to the community. I ask for information on wait lists and open cases. We ask for information on how long does it takes to start a service and what does that frequency look like? I'm going to go over each of these bullet points and show you the data that came from the assessments that also the agencies participated in.

Looking through Table 2 you're going to see that breakdown from that total I already provided, and what I received from each of the agencies in terms of numbers served. Now it's important to note when you see "not applicable". Those services were not funded in 2023. So, it doesn't mean that they didn't serve anyone. It just they weren't funded in those years. And then you're going to see the category. That was that the program fell under. Then there is a little bit more information on that program title.

When you get to this page and let me kind of show you it's on page 6, I again go into those numbers served. And then one thing I like to do in these needs assessment reports is do a comparison to the population at large. What you'll see here is that the adult focus programs funded by your board is reaching approximately 2 to 3% of the adult population. And that's just your board. So that's phenomenal. And over time you're going to see that increase as well.

When you get through this section I normally don't put as much information about the programs the descriptions in a needs assessment. But because this is the 1st time, we're doing this. And again, the goal being to educate the community as well. I took information from each agency on what that program does. You're going to see a nice description here that will, you know, remind you, or be able to share with others what that program does.

What I also did here is work with Ashley and Nick, where we gathered contact information and how the community members can reach and access those services, we have that. And it's going to most likely go on the website or be in other types of educational materials to share with the community. Beyond getting a description of that program we also look at information on wait lists and open cases, and I'm really proud to report that not one of the agencies is carrying a wait list or having any open cases for this period of time. So that's amazing. No one in the community is coming to these programs and being put, you know, on a 3 month or 6 months wait list.

The other thing I would like to point out is that I do gather information on the number of individuals they've been unable to serve. You're going to see that described in each paragraph. The agencies also gave us information on how long it takes to initiate services. I provide that data here and then also how long it takes to, you know, or I shouldn't say how long it takes. But how many visits on average do they provide to a client?

Within case management, we have Compass Health Adult Community Service support service program; within our homeless and unhoused support services we have our mobile crisis, homeless response program. Our open access clinical assessment services is also provided by compass health. This one here, no adults were reported as being unable to serve. Our chestnut health systems project, open access falls under that outpatient substance use combined with mental health counseling support. I'm going to go over more of the unserved numbers when I get to the table, because I think it's a little easier to visually see when I get there. Compass. Health also provides a substance use disorder treatment program. They've served almost 300 individuals in the 1st half of this year. They also have not had anybody that they've turned away so far. In 2024, the psychiatry services. That clinic-based program is provided by compass health. They have provided services to about 812 individuals in the 1st half of 2,024, and they provide other supportive services, as well, you know, linking them to physical health needs. They also did not have any reported individuals that they were unable to serve.

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Prevent Ed provides our certified peer specialist program. They served 45 individuals in the 1st half of 2024. They also have nobody that they've turned away or were unable to serve; within our shelter services we have the recovery sober living program for women. They've assisted 11 adults in 2024, and they also don't have anybody that they've been unable to serve. But we do have another shelter service, which is a safe place, and that's mostly for domestic violence individuals. They served 424 adults in 2023, and almost the same number in the 1st half of 2024. And this program did report a pretty high number for those they were unable to serve. And so this would be definitely one area to look at and see what's going on with those individuals. What else might be able to be offered to those individuals, if, especially if they're at risk within the therapeutic counseling program, we have our outpatient therapy by compass health. They served 465 individuals in the 1st half of 2024. They also reported being unable to serve 200, and when we get into some of these other questions, you're going to see that, you know, this is definitely a need for having the ability to provide almost immediate counseling services to those that need that another counseling service is provided by JFCAC.

Jefferson Franklin Community Action Corporation. This is that "treat me all of me" program and they, were doing some various things in 2,023, so their numbers really weren't as high as I know they wanted them to be, but in 2,024 it's back on pace, and they've served 56 in the 1st half of 2,024. They also have not turned anybody away in those periods of time. And the other part of their program that they, asp network provides is a lot of information on resource directories and screening tools. And that's an almost in progress type of service. There aren't necessarily direct service program numbers here. But I provide a lot of the data points that they provided me in terms of how much they're providing on that resource directory. You know who in the community, especially like emergency responders that're training. That information is captured here.

When I do this assessment, I also ask each agency to let us know. What else are they doing in the community? And I did not put that information in the body of this report, but it is available in a separate appendix document, and so are many of the tables that I reference here. If they're not in the body of this report. I know both Nick and Ashley will make those appendices available to all agencies and the board members. You have access to all of the tables that I have prepared. Let's get a little bit more into the view of the total number unserved. While I do this in paragraph format table 3. Does a nice job of showing you all that data combined in those different program categories. If you did have somebody report that they were unable to serve a portion of the population in Jefferson County. You're going to see that noted here. For example, Chestnut Health's Project access identified that they had 108. They were unable to serve in 2,023, and then 48 in 2024. When we get down. I already mentioned the numbers that compass reported for a safe place and then the outpatient therapy I mentioned as well. Those programs are key areas to look at again does the funding need to go up or are qualified staff an issue? You know what's going on with that the issue with having that many being unable to serve. Of course, I ask them those questions right? I can't just leave that you know, hanging. So when I do ask the agencies what really led to that? It's been nice that over time. I've done this enough. I have a nice list. I also ask if there are other reasons, but from those agencies the number one reason was lack of transportation for their clients and many times, while we can say, telehealth might be a good solution. Telehealth still might not work for many clients. So this is an area definitely, especially in a region like Jefferson County that this board, you know, and the agencies want to think of. You know, what can we do.

Staff shortages were also cited by, you know, 4 of the agencies that are unable to serve clients. The lack of consent and follow-up was noted by 2 agencies. Just adults not following through or not consenting to those services. And I don't just see that with the adult population, you know. In fact, I see that more prevalent with our actual child services, where a lot of parents are denying or declining the free mental health services for their children. I think some of this is driven by stigma or bias, or you know just not something that those individuals want to

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face. Number 4, we have non-engagement issues. Again, that was cited by 2 agencies and also 2 of our agencies said they don't have enough physical space to provide all of these services, or they're at full capacity. So that might be an easy one too, you know, identify a solution, you know. Are there other places or spaces in Jefferson County, where many individuals are not being able to be served, you know. Is there a single office, a shared space potentially that could be found from across these agencies. So those are things I definitely think should be looked into. And some of the easy solutions might just be providing, you know, funding for transportation for clients.

I know, with some of the children's programs a lot of people on that end. Say, you know I can come to service myself, but I have other children. Some of the ideas in those communities have been to provide, you know on site, child programming. Basically, they'll watch their child while you, the adult, receive those services. I did also outline those other responses. Chestnut said. You know incarceration affects some of those adults from receiving services. Our compass program stated, you know, staffing, client engagement and transportation challenges. You know, as a as a lump sum. And then JFCAC provided a comment that they are starting to utilize more of those transportation service funds. I think, that is definitely a way to potentially increase those types of services.

In this next category, you know, I asked the agencies what risk factors do your programs respond to? And I'm going to pull this table over here. Agencies had this drop-down list and my total sample for this was 12 agencies. Because I expanded this out to some of the other individuals in the community or agencies in the community that provide mental health services. And it was amazing for me to see that with the exception of the bottom 3 which are having programs that respond to gangs, working in high crime areas or adults living in crime areas that more than 50% of our programs here respond to these risk factors for adults. Even more phenomenal is that all of the providers basically stated that every one of these programs responds to adults with mental health challenges responds to adults living in poverty, and also tries to facilitate and work with adults that have no or inadequate employment. This is just a neat list, you know, for those of you that write grants, or for those of you that, you know, seek out describing the types of adults you serve. This would be a good table to come back to and refer to.

Digging a little bit more into the assessments. I'm not going to go through these individual items, but we did ask the agencies, you know. Are you on pace based on your initial expectations in terms of what the community needs. And some of our agencies said, No, we're expanding past that, you know. It's amazing to see the growth going on. And we're having a hard time keeping up. What I did here is if there was a response provided by a program or agency. I highlighted it here. And these are each unique to that agency. I definitely recommend the Board, you know. Take some time just to read through this list. The other area that we ask about is the referrals that are utilized. What if let's say you're an agency that you have a client and you're doing what you need to do. But you think they need that person needs additional behavioral mental health support, or you're at capacity. Who else would you utilize in Jefferson County? And this basically one sheet provides the list that was given to me by the agency. So who else would they go to? And many of the agencies that absolutely you fund are on this document.

But each little link here takes you to that website? And then when you get to this area below this question asked about the basic needs support that's available in Jefferson County. And if it wasn't something, you know. Like just food pantries local. I also sought out the links to those services as well. So how do we use this page. Well every agency here, you know, should definitely have this bookmarked and also, I would think, to share this single page with your other stakeholders in the community because it's a single reference sheet to get basic needs and additional behavioral and mental health support. We then ask each agency to assess the percentage of their clients that have basic needs issues. And what we see here is

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that 40% of our respondents stated that I should say the agency stated that 40% of their clients have basic housing needs issues. They have lack of housing. They're in unstable housing. Or it might be, you know, the living on couches or in motels and hotels. The next issue that was cited as a high level, basic need for the clients was food insecurity. On average, 39% of the clients that come to these agencies have food insecurity issues. 36% have technology and internet issues. So therefore, if we're, you know, promoting telehealth well. 36% of the clients won't be able to utilize that service. And then I also note clothing as being an issue among 25% of the clients and then water access. There's 18% of clients that have issues with accessing clean and safe water.

What do we do with that information? I mean, I think it's important to pair that with that previous sheet that every agency should have access to what are those local services that can provide housing food? You know, clothing things like that? And with the technology component, you know, are there other providers in the community that can provide free, you know, Internet services. So those might be some ideas to explore within Jefferson County. On this page we ask the agencies to share what are the most common behavioral and mental health challenges 4 adults in Jefferson County the number one expressed by 88% of our agencies were drug alcohol, use and abuse. This was followed by depression and loneliness. That was from 75% of our agencies. We had 63% of the agency state anxiety, excessive worry and fear. 50% cited that there are issues with adult familial relationships in the home. And then there is a tie, a 4-way tie for the next 4 issues which were emotional regulation, anger, management, conflict, resolution, housing, instability, self-harm and or suicide and stress. We want to ensure that we have some types of assessments. Obviously, to make sure we're assessing these things when we do see our clients. And then, more importantly, that our programs are responding to these needs.

This next question asks them in more of an open-ended way. Without giving them a drop-down list. But what, in their opinion, is the greatest unmet need or underfunded service for our adults in Jefferson County and our highest response fell under the category of substance, use and housing. So those almost being combined. The data that I received cited that there are limited resources for inpatient substance use treatment that there's a need for more residential substance use disorder treatment services in the county that there's difficulty securing the safe and comfortable housing after that recovery period, and some of that integration within the community after someone comes out of the substance, use disorder issue. And then that integrated needs just those 2 things really are correlated and collated across many of the agencies that provide these services. Another issue related to housing is that there's just a lack of shelters and facilities for unhoused individuals within the county. So those individuals that have needs have to seek out services, let's say, in St. Louis County.

I worked with many of the other counties, and I know when these have been issues, let's say in St. Charles they have started to kind of find, you know, little like apartment complexes, or even a house at a time, that they can just increase the number of houses in the community that might be available for this population. We also had limited access for our underinsured and uninsured individuals. The combination between mental health and supportive housing so similar to that other combo between, you know, substance, use, and housing poverty being an issue, just lack of resources in the community at large. We also had many, some agencies. Note that our older adult population, you know, doesn't really have a lot of services at that at that age or that level. And then, last, but not least, is just the awareness related to service engagement. So again, when I design these needs assessments, I try to make sure a lot of the materials can help with educating and marketing what's going on in the community? I ask another question similar to that, to make sure there is similarity here. What are current gaps in just behavioral health services within the community? We have again, transportation being cited by 5 agencies another one being lack of housing resources. This is becoming a theme. In fact, both of these are becoming a theme. So these would definitely be

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on the top of my list and your boards list to look at. How do you remedy crisis services is another area that they're limited within the community, and it also might be because of the expansiveness of Jefferson County region. Accessibility is an issue, and specifically one of our agencies mentioned an actual community, so that there needs to be more access points, you know, especially in areas like Desoto or in is it Mappaville. Some of those communities see the limitations with our substance use services and facilities.

There needs to be more of these, including sober living facilities and detox options and specifically mentioning a safe place, wanting and needing more financial support. And I will say, that's a common issue for a lot of not-for-profit agencies that this funding provides direct services. But it's difficult to keep up with the admin costs, and I've always recommended for years of the boards, you know. Look at, you know, what are those costs now? Especially with things like accreditation and licensing and finding and identifying quality staff. Our boards may need to provide more support for operational costs to keep them alive and surviving then a lot, some of our agencies identified, you know, education and support being necessary. That you know. How do adults in the community recognize and respond to mental health warnings before it gets too out of control and similar to that parents need support for their children. You know this is somewhat a generational issue. If we can support parents knowing what to do if they start seeing warning signs of their children, and those services can be provided early on. We can prevent some of these issues from being more prevalent with our adult population in 10 to 20 years and then it also was noted that this age range is somewhat, you know, limited in support. They receive, so that 18 to 29. Some of the other comments were linked to the criminal justice and specialized program. So having more support and resources for them. limited sources for individuals dealing with, you know, batter or intervention, and then also limitations with agencies working with sex offenders. Again, we see the comment that our 55 and over population needs more services, and also those families working with youth. And you know again, I do assessments for both of those populations, and I will tell you.

With the senior population, one of the biggest health challenges is actually loneliness. So we, by doing some of these services and providing some support for that age. We can really, you know counteract some of those loneliness issues, depression issues and keep them living in their homes longer. There was a mention that you know there could be increased collaboration amongst not just the nonprofits here, but government and private agencies. I think those types of things happen when you do have a community, you know large issue. Something, Major, happens. How would you rally everyone together? And honestly, I would almost recommend a task force for something like that from a preventative standpoint. Don't wait for the crisis to happen. Make sure you know how all the parties would come together when that crisis happens. And then, you know, everyone in the room can see this. You know, the economic challenges. So many people in our communities, across all age ranges need mental health services. That's just going to be, I think, a constant. And so we just have to do our best to make sure people know how to utilize free sources. And then this last one is that there are limitations on services for people dealing with chronic health issues, so that population really has a high level of need for behavioral and mental health support.

Dr. Freeman made a quick statement "I know you have a hard, hard deadline as well, and supposed to be. Is there anything else you want to really highlight before we add, give an opportunity for some questions. Before. So we can kind of get into a stopping point. Excellent information I did, and I don't want to rush, but we kind of have to rush. I apologize."

Yeah, no worries at all. Let me just kind of go over what's remaining in the report. You all know what that information can do in terms of discussion. Similar to what I did with the previous sections. You know. I don't just ask what's going on, but I also want to ask those agencies, what are factors contributing to these gaps? So I really think when we get this

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information from the agencies, it really helps us come up with a nice action plan document. So that's what this page goes over is the agencies telling us all, what do they think's contributed to those gaps. So I definitely, you know, would recommend diving into this particular page. It's almost like the homework's done for us now. We just have to kind of come up with those key action items and those are things I can always help with as well. But I did want to kind of make sure I had time to go over this. So we did ask agencies, what are roadblocks that are hindering, utilizing the funds that you've provided, or being able to provide services. And what we try to see here is this again, what themes keep emerging, because that's what we need to fund. And that's what we need to react to. So again, we see our top issue being transportation and client, no shows being related communication and coordination issues. And that can be between the agencies, so that could easily be another couple of meetings where the agencies sit down and say, How can we improve these things? You know. Where are the barriers? How do we keep these doors open? The 3rd highest here? We I should say. 4th highest, but tied that need for quality staff and limited space again. So those same things keep emerging, and then difficulty scheduling, you know, communication and coordination with our clients and caregivers and the timing. You know that it's difficult for a family or adult to find the time to obviously engage in these additional needs.

So again, I ask, you know, what can we do to address these issues? And you'll see that information provided by the agency that gave that feedback. What they think would be a great remedy, so definitely take the time to kind of dive into what they provided for us to look into and some of them have already come up with solutions. So when we share this, it might be oh, hey! We should do that, too. I'm going to call compass and find out how they did that, so that our agency can do that or vice versa. And then I also ask, you know, what are barriers to implementing newer enhanced approaches. Our shared our number. One response was certification costs. So I mentioned that, you know, providing more funding for staff to be you know, basically take the next level in their career. But having it be funded by a board funding challenges and again staff shortages. And then our next 3 tide again, transportation but engagement issues. And this can be simple. These are things that you know, adults are saying, I'm having a hard time following the system or the process filling out the paperwork. So how can we aid people in that part? And then again, just the competition with what's going on at home, or high stress of managing other issues. And I'm still trying to, you know. Figure out, how do we resolve that? Because that's a common theme across all of our communities.

And then again, I ask, okay, so what are your suggestions to overcome these barriers? So what I did on? I think this is the last page? What's the barrier? And what's the suggestion? From the agency that provided or responded to that barrier? Last, but not least, I always just kind of ask a open, ended question. You know, what would you do to improve the Service provision in Jefferson County? So this short list is again another page that you could focus on. Of what can we do, and not just the board, but as a community, as an agency. And I tell agencies many times when you see this information come up. That's the time to get your staff together and do some brainstorming. You know. How do we mitigate? You know, stigma issues. How do we protect the identity of some of our adult clients if they fear that? But to me this report, you know, is just the info. So now the next steps are putting the right people together to say, this is what we need to do next. I'm open to any questions you all have for me.

Shelly Schlueter: "I do have a quick question. I noticed I did not notice any mention about employment. Are all, are we to assume all, or the majority of these clients are unemployed."

I do not think you would. I would say that they would all be unemployed at all, I think more, maybe lower income, but not unemployed.

Shelly Schlueter: "Because I was thinking about the housing issues. And it's got to be all tied together."

And I would imagine it is. And you know that might be something, too. I ask those basic needs. My future assessments. I could ask that you know what percentage of your clients are currently unemployed or even under employed. Because I think sometimes that's still an issue. You know, if you're only getting a job at 15 HA week, that's underemployed. I'll make a note of that, because anytime I think we can expand those questions. You know the better.

Leslie Hanson: "Recently we've heard on the news that Mercy will be suspending their relationship with a major health insurance provider. I believe it's Anthem Blue Cross, Blue Shield as early as 2020 and I wondered how that would impact our Jefferson County residents in need of mental health services. Is there anything. Really be looking at here? Are we going to see an explosion of need because of this change in service?"

You know. That's a really good question and I can only speculate that there will probably be an increased need unless there's a different health insurance company that can take on those types of clients so like, I wouldn't think, you know, if Mercy, severing a relationship, who are they going to build a relationship with? And will that provider, you know, fill the gap? I think until we know what the plan is, we won't know if it's going to create a surge, you know, if we're in need.

Dr. Freeman "They'll work it out. It's kind of a standoff right now. That's my thought. But the problem, yeah, they will. But the problem is still going to be a huge increase, because they're so far part of their numbers right now. It's not even close. I mean just school districts alone. It's 4 districts in the county but will not have insurance for the 1st year."

If this is going to be something that happens. Early 2025. I think it's important to find out who are your current people receiving those services. Specifically, mental health substance use within this bucket. Right? We potentially have an idea of who what that number is going to look like, and it may be providers in this room here and on the zoom that what's the plan? If that happens? Is there the ability to increase, you know, even just provisional staff for a while to respond to a potential surge.

Dr. Freeman, "Dr. Berry. Thank you for your time, a very, very informative great breakdown of the information."

 10/16/2024
Board Chair Signature Date