St. Louis County Children’s Service Fund
Three-Year Strategic Plan

Developed for
St. Louis County Children’s Service Fund

September 2019
Prepared by Consilience Group, LLC
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St. Louis County
Children’s Service Fund

Strategic Plan
September 2019
Contributors

The following individuals contributed to the development of this report.

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CSF board, leadership, and staff as well as community stakeholders provided valuable insight, support, and feedback throughout the process.
Executive Summary

Overview

Putting Kids First, also known as Proposition 1, passed on November 4, 2008 with 62% of St. Louis County voters’ approval. Today, St. Louis County Children’s Service Fund (CSF) is the largest children’s service fund in the state of Missouri, generating approximately $40 million annually through a quarter cent sales tax.

To ensure maximum impact in the community, CSF retained Consilience Group, LLC to develop a comprehensive strategic plan to inform and guide the Fund’s grantmaking, communications, administrative, and program activities over the next three years.

Findings from a detailed assessment informed the development of the three-year strategic plan, and corresponding implementation plans serve as the road map for action.

Deliverables and Timeline

The CSF board, leadership, and staff were deeply involved in the process providing ongoing input and support. The complete timeline for all phases of the work was approximately 10 months. The graphic on page 7 of this report lays out the timing associated with each phase of the work.

The Assessment Report examines how CSF’s investments can have the greatest impact on the lives of children, youth, and families in St. Louis County. Findings were informed by both quantitative data made available by CSF, as well as qualitative data gathered through interviews, focus groups, and survey administration.

The findings and opportunities generated through the Assessment Report directly informed the development of the Three-Year Strategic Plan, which is supported by detailed implementation plans. Individual work groups, comprised of CSF staff members and community partners are responsible for overseeing the execution of specific strategies proposed within the plan.
Executive Summary

Assessment Report

The Assessment Report examines how CSF’s investments can have the greatest impact on the lives of children, youth, and families in St. Louis County. Factors assessed included the opportunities to better align and integrate efforts across St. Louis County System of Care; the unique role/value that CSF can offer in the behavioral health space; and the potential impact of this role for children and families.

The research elements included 13 individual interviews with community leaders in children’s behavioral health; three small group discussions with youth, parents/caregivers, and school administrators; two community cafes with over 100 individuals; and a stakeholder survey with over 130 responses.

The Assessment Report resulted on the following five findings.

Assessment Findings

1. There is an expressed desire for greater alignment at a community level, but getting there will require investment in system-level as well as organizational capacity.

2. A reactive investment approach has led to some underfunding of areas of high need, but there is evidence of significant investment in other areas. Developing clear investment priorities and a corresponding messaging strategy will position CSF to pursue a transparent proactive agenda.

3. Historically, CSF efforts to partner and align with other area funders and strategic initiatives has been episodic and fragmented. An intentional commitment to building its strategic partner network and aligning efforts has the potential to significantly increase collective impact.

4. Broadly, stakeholders believe that CSF is making a positive difference in the lives of children and families, but there are opportunities to deepen, amplify, and communicate that impact.

5. CSF is poised to step into a leadership role as it relates to children’s behavioral/mental health in St. Louis County. Doing so will require a potential restructuring of resources and a focused investment in capacity building.

These findings informed the development of the three-year strategic plan.
Executive Summary

CSF Three-Year Strategic Plan

The CSF Three-Year Strategic Plan was informed by the Assessment Report findings. The initial plan was developed in partnership with the CSF board, leadership and staff. The draft plan was then presented to community stakeholders for feedback and propose refinements.

The final plan outlines key strategies that will guide CSF in achieving the greatest impact on the lives of children, youth, and families in St. Louis County.

The following five key strategies were identified:

1. **[Leadership]** Champion a community-level children’s behavioral health investment and policy agenda grounded in a population health approach with equity as central tenet.
2. **[Impact]** Develop, adopt, and promote an impact framework that supports regular assessment of performance results and informs improvement opportunities.
3. **[Communication]** Cultivate a climate of trust, transparency, coordination, partnership, and inclusivity with stakeholders.
4. **[Alignment]** Align with existing initiatives and promote operational practices that maximize existing resources and introduce efficiency.
5. **[Infrastructure and Capacity Building]** Maximize community-level behavioral health capacity through strategic investments in internal capacity building and infrastructure development.

Throughout the next three years, CSF has identified the following desired objectives:

1. CSF fully adopts an equitable investment and policy framework.
2. CSF reports on key impact areas that demonstrate positive outcomes for children, youth, and families.
3. CSF is viewed as a trusted key partner among community stakeholders.
4. CSF maximizes all available resources for improved outcomes for children and youth.
5. CSF board, staff, and internal operational infrastructure are equipped to advance organizational priorities.
Timeline

Information Gathering
- Literature review
- Document scan
- Individual and group interviews
- Survey
- Performance metrics
- CSF program and services data

Analysis & Assessment
- Visioning
- Key themes
- Funding allocation
- Outcomes inventory
- Fund comparison
- IDRC organizational assessment
- Findings development

Strategic Plan & Work Plans
- Planning Retreat
- Strategic plan development
- Implementation plan development
- Final report preparation
About the St. Louis County Children’s Service Fund (CSF)

Due to reduced state and federal funding in mental health and substance use treatment services for children and youth, a coalition of committed local nonprofit agencies and community supporters sought to address the problem.

Using Missouri State Statutes RSMo 67.1775 and 210.861, which allowed local communities to create a community children’s service fund for ten specific behavioral health service areas through a referendum, the St. Louis County Putting Kids First Campaign was launched in 2008. Putting Kids First, also known as Proposition 1, passed on November 4, 2008 with a resounding 62% of St. Louis County voters’ approval.

Today, St. Louis County Children’s Service Fund (CSF) is the largest children’s service fund in the state of Missouri, generating approximately $42 million annually through a quarter cent sales tax. Since the first allocation in 2010, CSF has invested over $300 million in local nonprofits and governmental agencies to provide behavioral health services for children and youth in the county. Through collaboration and partnership, CSF ensures children and youth have the support and resources they need to achieve their potential.

Mission:
To improve the lives of children, youth, and families in St. Louis County by strategically investing in the creation and maintenance of an integrated system of care that delivers effective and quality mental health and substance abuse services.

Core Values:
- Keeping Kids First
  The needs of our children and youth are our highest priority; they are our future.
- Accountability
  We invest wisely and responsibly to earn and sustain the public’s trust, and to ensure the best return on investment.
- Integrity
  We act with respect, honesty, and transparency to build true partnerships that will create change.
- Discipline
  We are intentional, focused, and systematic in our efforts to create an integrated system of care.
- Agility
  We are flexible and responsive in order to meet the changing needs of our community.
- Excellence
  We strive for positive outcomes, continuous quality improvement, and fact-based decision-making.
About Consilience Group

Aligning and mobilizing organizations for social innovation

Consilience Group, LLC is a woman-owned professional services firm dedicated to promoting the wellbeing, with a focus on improving conditions for those facing social and economic disadvantage. Our human-centered strategy and design services improve alignment, integration and impact of cross-sector interdisciplinary systems and services.

IGNITE

People in the social sector are driven by purpose. We help them reaffirm and deepen their commitment with a shared vision for transformational change.

ALIGN

Resources must be intentionally aligned to achieve a shared vision. We facilitate stakeholder-driven action maps that integrate individual efforts for shared aims.

MOBILIZE

Most organizations need short-term resources for innovation. We provide training, technical assistance and 'bandwidth' to build sustained capability for transformational change.

Stakeholder Engagement, Decision Tools, Action Maps & Change Management Support
Three-Year Strategic Plan
Plan Components

The Three-Year Strategic Plan is comprised of the following components.

Framework

The strategic framework is grounded in a vision statement that articulates the ideal or desired state to be achieved as well as core values that further define the values to be promoted and adhered to throughout the work.

Strategies

Informed by the findings from the assessment, the plan identifies key strategies to be pursued over the next three years. These strategies will support the achievement of key objectives that contribute to defined overall community outcomes. Supporting these strategies are major activities.

Work Plans

Each strategy is supported by a corresponding work plan that outlines detailed activities, responsibilities, and timelines.
Strategic Framework

Vision

Every child and youth in St. Louis County will have the mental and emotional foundation and resources to achieve his or her fullest potential.

Core Values:

- **Keeping Kids First**
  The needs of our children and youth are our highest priority; they are our future.

- **Accountability**
  We invest wisely and responsibly to earn and sustain the public’s trust, and to ensure the best return on investment.

- **Integrity**
  We act with respect, honesty, and transparency to build true partnerships that will create change.

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  We are intentional, focused, and systematic in our efforts to create an integrated system of care.

- **Agility**
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- **Excellence**
  We strive for positive outcomes, continuous quality improvement, and fact-based decision-making.
Strategic Framework

Key Stakeholders
A diverse array of individuals and organizations engaged in the assessment and planning process, and it is the expectation that many of these organizations will continue to be involved throughout the execution of the plan. These key stakeholders currently include representatives from the entities listed below as well as over 200 organizations that participated in community café’s, focus groups or responded to the survey.

- Health Equity Works
- Integrated Health Network
- Los Angeles County Department of Mental Health
- Missouri Foundation for Health
- Ready by 21
- Regional Health Commission
- Special School District of St. Louis County
- St. Charles County’s Community and Children’s Resource Board
- St. Louis County Department of Human Services
- St. Louis County Strategy & Innovation
- St. Louis Mental Health Board
- System of Care
- United Way of St. Louis
Three-Year Strategies: 2020-2023

1. Leadership: Champion a community-level children’s behavioral health investment and policy agenda grounded in a population health approach with equity as central tenet.

2. Impact: Develop, adopt, and promote an impact framework that supports regular assessment of performance results and informs improvement opportunities.

3. Communication: Cultivate a climate of trust, transparency, coordination, partnership, and inclusivity with stakeholders.

4. Alignment: Align with existing initiatives and promote operational practices that maximize existing resources and introduce efficiency.

5. Infrastructure and Capacity Building: Maximize community-level behavioral health capacity through strategic investments in internal capacity building and infrastructure development.
## Three-Year Strategies: 2020-2023

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<th>3-Year CSF Objectives</th>
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<td>1. [Leadership] Champion a community-level children’s behavioral health <em>investment and policy agenda</em> grounded in a population health approach with <em>equity</em> as central tenet.</td>
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<td>4. [Alignment] <strong>Align with existing initiatives</strong> and promote operational practices that <em>maximize existing resources</em> and introduce efficiency.</td>
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<td>5. CSF board, staff, and internal operational infrastructure are equipped to advance organizational priorities.</td>
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### Impact Framework - Community-Level Results

**Thriving:** Will be safe and healthy, develop life-long healthy habits, and live in healthy environments.

**Connecting:** Be in positive relationships with others and know their own value

**Learning:** Will be academically successful and prepared for the 21st Century

**Leading:** Will be heard and are empowered to be leaders in their community

**Working:** Will be aware of, pursue, and achieve fulfilling and practical careers
1. Leadership

Champion a community-level children’s behavioral health investment and policy agenda grounded in a population health approach with equity as central tenet.

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2. Impact

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### 3. Communication

Cultivate a climate of trust, transparency, coordination, partnership, and inclusivity with stakeholders.

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## 4. Alignment

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5. Infrastructure and Capacity Building

Maximize community-level behavioral health capacity through strategic investments in internal capacity building and infrastructure development.

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### 5. Infrastructure and Capacity Building (continued)

Maximize community-level behavioral health capacity through strategic investments in internal capacity building and infrastructure development.

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Assessment Report
Research Elements

Visioning
- Board session
- Staff session

Secondary Research
- Literature Scan
- Document Review

Primary Research
- 13 Individual interviews
- Small group discussions
  - Youth
  - Parents/caregivers
  - School administrators
- Two community cafes with 103 individuals
- Stakeholder survey

Analysis and Assessment
- Outcomes inventory
- Operational characteristic comparison
- CSF investment analysis
- Application of select components of IDRC’s Organizational Assessment Framework
How can CSF’s investments have the greatest impact on the lives of children, youth, and families in St. Louis County?
Guiding Questions

What is CSF’s specific value proposition?

1. Where are there opportunities to better align and integrate efforts across St. Louis County System of Care?

2. What is the unique role/value that CSF can offer in the behavioral health space?

3. Given this unique role, what is the potential impact for children and families?

Given this value proposition, what strategies might CSF pursue over the next three years?
Summary Findings
Summary Findings

- Community-wide Infrastructure and Capacity
- Investment Strategy/Approach
- CSF Partnerships and Alignment
- Impact and Efficiency
- CSF Capacity
Community-wide Infrastructure & Capacity

There is an expressed desire for greater alignment at a community level, but getting there will require investment in system-level as well as organizational capacity.

1. There is a general perception that behavioral health services for children and families in St. Louis County, and more broadly across the region, are fragmented. Given this, there is an expressed desire from CSF leadership, staff, and stakeholders to prioritize greater alignment.

2. In general, stakeholders felt more confident about their individual organization’s capacity to apply a holistic coordinated approach to service delivery than the community as a whole.

3. There were expressed concerns regarding capacity, expertise, and cultural competence of some CSF-funded organizations.

4. There is a need to expand overall system-wide child behavioral health capacity; however, there are specific areas that a majority of stakeholders identified as high priority.
CSF Investment Strategy

A reactive investment approach has led to some underfunding of areas of high need, but there is evidence of significant investment in other areas. Developing clear investment priorities and a corresponding messaging strategy will position CSF to pursue a transparent proactive agenda.

1. There is a mismatch between stakeholder perception of CSF funding and actual distribution of investments.

2. There is community-wide interest in applying an equity lens to investment; however, there are varying ideas about characteristics of an equity investment strategy.

3. CSF has historically taken a reactive investment approach, which has led to potential underinvestment in identified areas of high need both in terms of services as well as geography.

4. Stakeholders expressed a desire for deeper investment in prevention services and wraparound family supports. However, any change in funding allocation will result in the defunding of other services. Determining the right level of prevention investment will require deeper analysis with guidance provided by community stakeholders.
Partnerships & Alignment

Historically, CSF efforts to partner and align with other area funders and strategic initiatives has been episodic and fragmented. An intentional commitment to building its strategic partner network and aligning efforts has the potential to significantly increase collective impact.

1. There has been limited alignment with neighboring counties children’s funds, which has perpetuated a perception of funding inequity and regional misalignment.
2. There is optimism about CSF’s future role but a reluctance among stakeholders to fully trust the organization due to perceived broken commitments in the past and a mistrust of government.
3. Schools want to be engaged with CSF as true partners with an opportunity to inform needed investments.
4. Desire among stakeholders for an entity to take a leadership role within youth behavioral health and in some cases a strong belief that this is the responsibility of CSF.
5. There is some emerging but limited alignment with other strategic partners; however, there is expressed interest among CSF leadership, staff, and stakeholders to deepen and expand partnerships.
Impact & Efficiency

Broadly, stakeholders believe that CSF is making a positive difference in the lives of children and families, but there are opportunities to deepen, amplify, and communicate that impact.

1. Historically, CSF has had no mechanism for tracking and reporting on service impact for children and families, which has led to concerns about CSF’s value/return on investment; however there are efforts underway to adopt clear outcomes and measures.

2. Administrative processes associated with grantmaking are perceived as time intensive and burdensome; however, any adjustments to requirements need to establish clear accountability and promote good management practices.

3. The units of service model limits opportunities for CSF to support innovation or engage new emerging organizations.

4. There are varying perceptions among stakeholders regarding actual use of CSF funds, reserve requirements, leverage of other funds such as Medicaid, and overall fund utilization.

5. There are risks related to the fund’s ability to continue to allocate funds at its current rate, given that any reduction in sales tax revenue will lead to a reduction in the fund size.
CSF Capacity

CSF is poised to step into a leadership role as it relates to children’s behavioral/mental health in St. Louis County. Doing so will require a potential restructuring of resources and a focused investment in capacity building.

1. Prior to the new executive leadership, staff expressed a fearfulness, which prevented them from being more proactive in their outreach efforts. New leadership has proactively dismantled this climate of fear and staff are expressing optimism and excitement for the future.

2. There is an interest among leadership and staff to serve as a leader in the field, promoting best practice and innovation. Doing so will require an investment in organizational infrastructure and capacity building.

3. Despite high levels of staff turnover, board members have remained relatively consistent. Existing members would like to see the board’s role evolve from administrative stewardship to strategic guidance. Doing so will require an evaluation of board composition and investment in board development.
Detailed Findings
1. There is a general perception that behavioral health services for children and families in St. Louis County, and more broadly across the region, are fragmented. Given this, there is an expressed desire from CSF leadership, staff, and stakeholders to prioritize greater alignment.

- Information gathered through interviews, focus groups, and community cafes indicates that stakeholders perceive services to be unevenly and/or inequitably distributed throughout the county and region.
- The school administrators small group discussed the lack of BH resources in the county and their desire for better coordination and alignment with CSF.
- Information gathered through community cafes focused heavily on the need for a strategy to ensure that services follow youth when they move throughout the region.
- Regionally, stakeholders expressed a strong desire for CSF to align with children’s funds in adjacent counties with respect to administrative structure, funding priorities, and a regional policy agenda.
- Aligning with stakeholders and similar organizations will require CSF to work intentionally with partners to build relationships and coordinate/align in all aspects of their work.
Community-wide Infrastructure & Capacity

2. In general, stakeholders felt more confident about their individual organization’s capacity to apply a holistic coordinated approach to service delivery than the community as a whole.

- According to the community survey, stakeholders felt more confident with their organization’s service delivery approach (averaged 4.16 on a scale of 1 to 5) than the community’s approach (averaged 3.07 on a scale of 1 to 5).
Community-wide Infrastructure & Capacity

3. There were expressed concerns regarding capacity, expertise, and cultural competence of some CSF-funded organizations.

- The school administrators small group discussed the lack of service providers’ ability to attract and retain high quality, culturally competent therapists/counselors. They also discussed the limited investment in ongoing professional development of therapists/counselors.

- Some CSF staff expressed concern regarding some of the funded partner’s organizational capacity.
Community-wide Infrastructure & Capacity

4. There is a need to expand overall system-wide child behavioral health capacity; however, there are specific areas that a majority of stakeholders identified as high priority.

- Stakeholders in interviews, focus groups, and community cafes expressed a desire for establishing a shared infrastructure that would allow services to seamlessly follow children. This was further supported by survey results.

- Stakeholders in interviews, focus groups, and community cafes and feedback from the survey indicated collective interest in seeing more care coordination and wraparound services, psychiatric services, and juvenile justice diversion programs throughout the county.

- During community cafes, school counselors communicated a strong need for suicide ideation services within schools.

- Establishing priorities and setting a proactive agenda can help address these service gaps.
investment strategy/approach

1. there is a mismatch between stakeholder perception of csf funding and actual distribution of investments.

- information gathered through interviews, focus groups, community cafes indicate that many stakeholders believe that csf funding is not all going to address high need services and/or geographic locations. there was a feeling of an unspoken mandate to fund “legacy” organizations

- however, 2018 investment data indicates that csf is investing in many high poverty rate zip codes as well as identified high needs services.

  - the preliminary data analysis also indicates that there are high poverty zip codes that are not being funded as aggressively. the reasons for this are unclear. additional data collection and analysis is needed to better understand potential gaps.

  - determining the right investment mix both geographically, as well as in terms of service support, will require additional guidance and input from stakeholders.
Investment Strategy/Approach

2. There is community-wide interest in applying an equity lens to investment; however, there are varying ideas about characteristics of an equity investment strategy.

- Stakeholders engaged in interviews, community café’s as well as the survey indicated a high interest in seeing CSF adopting an investment strategy that prioritizes equity.

- However, there were varying ideas of what equity means that surfaced specifically during the community café’s. For example, some community café’ participants believed that equity should be about investing in high needs geographic areas. Other participants were concerned that focusing only on high needs geographies would fail to address children/families in need living in other areas of the county. There was also discussion of the high rate of teen suicide and suicidal ideation that is plaguing higher income areas.

- Developing an equity approach is complex and there are an array of nuances to be considered.
Investment Strategy/Approach

3. CSF has historically taken a reactive investment approach, which has led to potential underinvestment in identified areas of high need both in terms of services as well as geography.

- Grant applications are submitted through an open application process. As a result, CSF can only fund programs and services for which funding is requested.
- In the last allocation cycle, CSF funded approximately 81% of all programs that requested funding (67% of dollars requested were funded).

- This reactive approach has led to some underfunding in certain areas of expressed higher need both in terms of geographic and service area investments.
- Moving to a more proactive model based on identified funding could help address these gaps.
Investment Strategy/Approach

4. Stakeholders expressed a desire for deeper investment in prevention services and wraparound family supports. However, any change in funding allocation will result in the defunding of other services. Determining the right level of prevention investment will require deeper analysis with guidance provided by community stakeholders.

- All stakeholder engagement methods (interviews, focus groups, community cafes, survey) communicated a need for more investment in prevention, early intervention, and wraparound services.
  - In CSF’s last allocation cycle, 11% of funds supported primary prevention efforts.
  - Comparatively, similar behavioral health funds invest 15-20% in prevention efforts.
  - Additional guidance and input from community stakeholders is necessary to determine the appropriate level of prevention and wraparound investments.
Partnerships and Alignment

1. There has been limited alignment with neighboring counties children’s funds, which has perpetuated a perception of funding inequity and regional misalignment.
   - Some stakeholders voiced the perception that CSF’s large fund amount pulls service providers from neighboring counties into St. Louis County, leaving other counties lacking many needed services.
   - Survey results and community café discussions indicate that CSF-funded agencies desire more alignment with other regional children’s funds with respect to administrative structure, funding priorities, and a regional and statewide policy agenda.
     - CSF recently worked with the Mental Health Board to standardize outcomes and indicators across the organizations.
     - Other children’s funds have expressed a desire to work with CSF on alignment opportunities.
Partnerships and Alignment

2. There is optimism about CSF’s future role but a reluctance among stakeholders to fully trust the organization due to perceived broken commitments in the past and a mistrust of government.

- Stakeholders in interviews, focus groups, and community cafes expressed excitement and optimism in regards to CSF’s new leadership.

- However, they also discussed that CSF’s high leadership and staff turnover has led to strained relationships and undermined trust.

- During the school administrator focus group, the group discussed a perception that some members of county government tried to use the fund for other purposes other than youth behavioral health.

- To overcome this mistrust, CSF needs to focus on repairing relationships and building trust with funded agencies and other community stakeholders.
Partnerships and Alignment

3. **Schools want to be engaged with CSF as true partners with an opportunity to inform needed investments.**

   - During the school focus group, administrators voiced concern that they are not treated as a partner or given an opportunity to have a voice in the selection of service providers.

   - Their major concern is that youth are not held at the center of the system. High staff turnover leads to re-traumatization of youth while creating a heavy administrative burden on the schools.

   - Additionally, the lack of funding transparency and misaligned funding cycle and payment structure create administrative and service barriers.

   - Moving forward, schools want to be a partner in selecting their providers and helping to inform needed service investments.
Partnerships and Alignment

4. **Desire among stakeholders for an entity to take a leadership role within youth behavioral health and in some cases a strong belief that this is the responsibility of CSF.**

- Interviews, focus groups, and community café discussions all identified the need for an entity to take a leadership role within youth behavioral health to specifically address service fragmentation, development of a shared agenda, and streamlined outcomes tracking and reporting.

- Many stakeholders feel that CSF is best situated to take on the leadership role because of its large fund size and its position within county government.

- Assuming a leadership role will require relationship building with stakeholders, as well as extensive groundwork to determine a local, regional, and statewide youth behavioral health agenda.
Partnerships and Alignment

5. **There is some emerging but limited alignment with other strategic partners; however, there is expressed interest among CSF leadership, staff, and stakeholders to deepen and expand partnerships.**

- CSF recently worked with the Mental Health Board to standardize outcomes and indicators across the two organizations.

- Expressed opportunities include setting funding priorities, developing policy agendas, aligning administrative structure (application and reporting processes), and finalizing outcomes and data collection methods.
Impact and Efficiency

1. Historically, CSF has had no mechanism for tracking and reporting on service impact for children and families, which has led to concerns about CSF’s value/return on investment; however there are efforts underway to adopt clear outcomes and measures.
   - CSF is able to track unique individuals within an agency but not within the larger community.
   - Funded agencies were not required to report on specific outcomes and indicators, resulting in hundreds of different reporting measurements.
   - CSF recently worked with the Mental Health Board to standardize outcomes and indicators across the organizations.
   - Many indicators align across similar organizations, but more systems-level coordination is needed to develop standardized regional outcomes.
Impact and Efficiency

2. Administrative processes associated with grantmaking are perceived as time intensive and burdensome. Adjustments to requirements need to establish clear accountability and promote good management practices.

- Stakeholders in interviews, focus groups, and community cafés all discussed the administrative burden of the application and reporting processes.
- A comment in the stakeholder survey states, “The current monthly invoice process and units of service approach needs to be re-evaluated, however. The amount of time spent on invoices, use of templates, errors that need to be resolved that occurred from the templates provided, etc., is an administrative burden.”
Impact and Efficiency

3. The units of service model limits opportunities for CSF to support innovation or engage new emerging organizations.

- In order to bill using units of service, organizations must have the accounting capacity and technological infrastructure. Some agencies are unable to track and report on their services using “units of service.” Requiring agencies to use units of services creates inequity and results in limited opportunities for CSF to engage with new or emerging organizations.
Impact and Efficiency

4. There are varying perceptions among stakeholders regarding actual use of CSF funds, reserve requirements, leverage of other funds such as Medicaid, and overall fund utilization.

- Interviews, focus groups, and community cafes all discussed the perception that the CSF reserve requirement is too high.

- Being sensitive to funding optics is critical. School administrators questioned the seemingly last minute defunding of school based services when there were potentially unutilized funds from prior year allocations as well as a 50% reserve.

- Interviews and focus groups also surfaced some concerns that there were attempts by county officials to use the fund for purposes other than youth behavioral health.

- One interview focused on fund utilization and the idea that agencies were under-utilizing their funds and not being held accountable.
Impact and Efficiency

5. There are risks related to the fund’s ability to continue to allocate funds at its current rate, given that any reduction in sales tax revenue will lead to a reduction in the fund size.

- Sales tax revenue is CSF’s sole funding source. A decrease in revenue will reduce the fund’s size, limiting its ability to serve the behavioral health needs of youth in St. Louis County.

- Additionally, recently filed legislation for the upcoming session aims to cap the combined local sales tax rate for any MO city at a little more than 7.2 percent.

- CSF needs to develop a strategy to mitigate the impact of a potential decrease in sales tax revenue.
CSF Capacity

1. Prior to the new executive leadership, staff expressed a fearfulness, which prevented them from being more proactive in their outreach efforts. New leadership has proactively dismantled this climate of fear and staff are expressing optimism and excitement for the future.

    - During early conversations and the staff visioning session, CSF staff described a fearful and contentious work environment. This situation caused high turnover and led staff to be more reactive in their outreach and engagement efforts.

    - During the same conversations, staff expressed an optimism with the new leadership and a renewed excitement for their work with CSF.
CSF Capacity

2. There is an interest among leadership and staff to serve as a leader in the field, promoting best practice and innovation. Doing so will require an investment in organizational infrastructure and capacity building.

- During the staff visioning session, CSF staff repeatedly mentioned the desire for CSF to serve as a leader in the field.
- In order to accomplish this, CSF will need to invest in professional development so that their staff can become leaders in a variety of areas.
CSF Capacity

3. Despite high levels of staff turnover, board members have remained relatively consistent. Existing members would like to see the board’s role evolve from administrative stewardship to strategic guidance. Doing so will require an evaluation of board composition and investment in board development.

- During the Board retreat, Board members expressed an interest in moving toward providing strategic guidance rather than ”approving units of service.”

- Moving in that direction requires CSF to evaluate the current Board members’ skills and knowledge and invest in Board development.
Opportunities
Emerging Opportunities

1. Build community-level capacity and infrastructure to support system of care service alignment, coordination, and integration.

2. Develop and champion the advance of a community-level children’s mental health investment and policy agenda informed by the social ecological model.

3. Cultivate a climate of trust, transparency, coordination, and inclusivity.

4. Adopt a population health approach to investment, which includes equity as a central tenet.

5. Extend fund’s impact through adoption of clearly defined outcomes and measures, improvements in administrative efficiencies, and introduction of alternative funding models.

6. Establish clear investment priorities and a corresponding messaging strategy to ensure a transparent and proactive agenda.

7. Align CSF organizational structure to directly support identified areas of desired impact and invest in internal capacity building.

8. Develop and execute bi-directional communication strategy that both informs the community of CSF efforts, as well as provides opportunities for the community to provide feedback and input.
1. **Build community-level capacity and infrastructure to support system of care service alignment, coordination, and integration.**

- Support community infrastructure that allows for improved service coordination across providers, such as the adoption of a universal screening and development of a shared community database.
- Invest in capacity building of organizations to deliver trauma-informed, culturally-appropriate services.
- Identify system-level capacity gaps (e.g., family wraparound supports, children’s psychiatric services)
2. **Develop and champion the advance of a community-level children’s mental health investment and policy agenda informed by the social ecological model.**

- Convene advisory committee to help inform the development of a County-wide children’s mental/behavioral health agenda.
- Provide backbone support needed to advance agenda.
- Leverage the office of the County Executive as a platform in support of key investment priorities.
3. **Cultivate a climate of trust, transparency, coordination, and inclusivity.**

- Develop and execute strategy for engaging community stakeholders on an ongoing basis.
- Identify opportunities to align and partner with St. Louis City and St. Charles County Children’s Funds.
- Promote adoption of shared children’s mental/behavioral health outcomes and associated measures.
- Identify other departments within County government that may share investment priorities and look for opportunities to partner.
- Actively participate/take a leadership role in other related community initiatives, such as Ready By 21.
4. Adopt a population health approach to investment, which includes equity as a central tenet.

- Harness existing data to identify potential mental health subpopulation inequities.
- Assess CSF’s funding investments to date as it relates to these subpopulations.
- Apply social determinants of health framework to shape funding priorities with the goal of reducing overall inequities among identified subpopulations.

The goals of a population health approach are to maintain and improve the health status of the entire population and to reduce inequities in health status between population groups.
5. **Extend fund’s impact through improvements in administrative efficiencies and introduction of alternative funding models.**

- Continue to identify opportunities to streamline administrative processes related to grant making (e.g., movement from a 2-year funding cycle to a 3-year funding cycle, aligning funding year with school year, etc.).
  - In addition to “units of service”, consider a funding model that may better lend itself to other forms of service.
- Separate from “core” funding, develop a funding model that supports field innovation as well as emerging organizations.
- Reassess 50% reserve requirement.
- Develop incentive for funded agencies to leverage Medicaid reimbursement.
6. Establish clear investment priorities and a corresponding messaging strategy to ensure a transparent and proactive agenda.

- Research best practices related to demonstrated priority areas and funding amounts.
- Review stakeholder survey to assess service area needs, and gather additional service gap information from community members.
- Develop a messaging strategy that effectively lays out CSF’s investment priorities and communicate that agencies should apply for funding based on that agenda.
7. **Align CSF organizational structure to directly support identified areas of desired impact and invest in internal capacity building.**

- Align grantee portfolios with identified areas of impact.
- Invest in building the knowledge, skills, and capacity of program staff as it relates to identified areas of desired impact.
- Assess board makeup and current vacancies.
  - Identify potential board members that can help advance efforts related to areas of desired impact.
- Reposition board as a leadership and guiding body as opposed to solely administrative review.
8. Develop and execute bi-directional communications strategy that both informs the community of CSF efforts, as well as provides opportunities for the community to provide feedback and input.

- Publish a population level dashboard that tracks and reports on key indicators of child behavioral/mental health.
- Develop tailored strategies for regularly engaging key stakeholder groups such as:
  - Funded partners
  - Broader strategic partners
  - Community leaders
  - Schools
  - Families
• Visioning
• Assessment Framework & Analysis
• Key Informant Discovery
• Survey Analysis
• Investment Analysis
• Outcomes Alignment
• Fund Comparisons
Visioning
Visioning - Overview

• Held two Visioning Sessions: Board session and Staff session

• Both groups:
  • Reflected on the activities during the previous year
  • Envisioned the work they want to complete in upcoming years
  • Identified how to bridge between previous/current work and future work.

• Differences in Visioning Sessions
  • Board: Selected images that represent the future state of CSF and discussed how to bridge the current and future states
  • Staff: Depicted current state, future state, and how to bridge them through drawings

• The following slides show the outcomes from those sessions
Board Visioning Session Outputs
Board: Reflections on the Past Year

Activities

• Increase reserves and reduce spending on programs (due to a reduction in sales tax revenue)
• Invest heavily in programs related to opioid crisis
• Convened the school-to-prison pipeline partnership
• Participated in the juvenile detention alternatives partnership
• Participated in the human trafficking partnership
• Routine activities:
  • Approve proposals to change units of service
  • Review Executive Director report
  • Attend Board monthly meetings
  • Attend committee monthly meetings
Board: Reflections on the Past Year

Feelings

• There is a general feeling that the Board is currently “rubber stamping”, but they want to take a more strategic role and be more useful to staff.
• Board members each have a distinct specialty that they feel is not being used effectively.
• Board meetings don’t feel useful -- members discuss units of service and approve inevitable allocation requests.
• Using the needs assessment to guide investments, the Board would like to move toward an advise and consent role.
Board: Visioning (Future)

**Wisdom and knowledge.** Sales tax revenues are decreasing and CSF needs to define needs, identify gaps, think more about accessibility, analyze outcomes, and improve services.

**A system that supports many forms of life.** The fund has distributed $300M, and they can’t determine their impact. CSF itself isn’t evidence based; they are output based. The Board and the staff need to work together to determine their impact.

**The sky is the limit.** There isn’t a limit to what CSF can do. CSF needs to be more informed and have more solutions. CSF shouldn’t just be looked at as giving money -- we need to show that our funded agencies have impact.

**Haves and have-nots.** CSF needs to be able to consider the community’s need, identify and assess the risks, and be responsive to ensure they’re meeting the greatest needs.

**Connections.** The interlinked circles are all connected, which exemplifies collective impact.
Board: Bridging Current to Future State

CSF’s focus:
- Become more data driven and outcomes based
- Use needs assessment as a guide and adjust CSF’s areas of focus accordingly
- Focus on the sustainability of agencies (CSF should not be an agency’s sole source of funding)

Role of the Board:
- Transform Board involvement during allocation cycles to be outcome/goal related
- Cultivate partnerships to fill service gaps that CSF is unable to fund
- Develop an advisory board with local universities to discuss the latest research and help CSF implement the strategic plan

Funding process:
- Establish new application process so that a percentage of core agencies have streamlined application requirements
- Require matching funds to leverage additional dollars

Service areas:
- Allocate funds to include services aimed at parents (e.g., parenting classes)
- Shift allocation priorities to fund more prevention services
- Engage school leadership and fund more school-based services
- Identify methods to meaningfully engage families in governance
Staff Visioning Session Outputs
Staff: Reflections on the Past Year

Activities

- Awards process
- Enhanced communications
- Agency meet and greets
- Site visits
- Future of CSF:
  - Strategic planning
  - Units of service
  - IT system
  - Standardized outcomes
  - Ready by 21
  - 2020 allocations
- Reflective vs. reactive
- Collaboration

- Rebuild relationships with stakeholders
- Changed billing process
- Education symposiums
- Cultural competency training for agencies
- Excellence in mental health award hired program staff
- Integration with IT – building relationships
- Developing onboarding for new staff
- Developed data analyst position
Staff: Reflections on the Past Year

Thinking and Feeling

• Impatient/energy/excitement
• So many opportunities
• Stifled/oppressed
• Interrupted relationships
• Freer
• Frustrated
• Overwhelmed – There were many things staff wanted to do, but they weren’t allowed.
• Proud of work and changes/improvements
• Ambitious

• Confusion
• Uncertainty/unpredictable
• Now: relief, supported, optimistic
• Hope
• “Runners high”
Staff: Reflections on the Past Year

Evaluation: Accomplishments

- Meet and greets/many site visits
- Organized/focused on 2020 allocations
- Lack of turnover/building knowledge and confidence
- Increased/strengthened relationships
- Got strategic planning going
- Educational symposium
- Getting data analyst moving
- Standardize outcomes
- Hiring program staff

- Funding 62 agencies/117 programs
- Cultural competency training
- More direction with IT systems
- Intentional communication with agencies
- Feedback from agencies
Staff: Reflections on the Past Year

Evaluation: Challenges

- Scheduling
- Data collection/analysis
- Time constraints/meetings and deadlines
- So many opportunities/hard to focus energies
- Communications (early in year) — staff had limited communication with each other
- Most day-to-day activities — under the old Director
- Bureaucracy of county
- Harsh leadership
- Timeframe of 2018/19 allocations
  - Prior year: staff turnover
- Lack of implementation of key
- Lack of direction/vision
- Old way of thinking from agencies — Agencies don’t understand CSF’s policies and have a sense of entitlement.
- No north star, no strategic direction
- Public does not fully understand CSF
- New staff, no context
- Prior leadership
- Maintain transparency
Staff: Reflections on the Past Year

Conditions and Context

- Recreating the wheel/no history – Lack of institutional knowledge
  - Documentation/memorializing efforts
- Uncertainty
- Key leadership/new possibilities
- Restrictions lifted
- Being a part of county government
- Politics
- BDD engagement

- Agency support – CSF doesn’t provide training & capacity building
- Positive: we all believe in work/mission. We are making a difference.
- Negative: Timeframe allocation
Staff: Reflections on the Past Year

Conclusions

What do you wish you could have done differently?

• Longer timeline to plan 2018/19 allocations
• Be more thorough in the review process
• Provide more training opportunities to agencies
• Be kinder to ourselves
  • Training opportunities for staff
• More efficient scheduling

Things you wish you had accomplished

• Hiring data analyst sooner
• Continued cultural competency for agencies and staff – work on lessons learned
• Service cohort
• Billing training
• Quarterly finance meetings
• Foster more collaborative relationships
• Understand CSF role in the mental health landscape
• Fixed unit process – units are inconsistent
Staff: Visioning

Community
Alignment
Collaboration
Equity
Outcomes
Resources
Leverage
Strategic-priorities
Family-wellbeing
Stakeholders

Opportunities
Focus-areas
Coordination
Early-intervention
Listen
Partners
Best
Impact
Replicate
Possibilities
Research
Knowledge
practices
Partnerships
Education
Prevention
Happy-staff
Communicate
Thought-leader
Staff: Bridging Current to Future State

**CSF: internal focus:**

- Become data-driven and outcomes-focused in order to show CSF’s impact
- Become a national model
- Promote racial equity
- Involved with community collaborations
- Align funding with partners and government

**CSF: role within System of Care:**

- Identify and begin to fill gaps: 1) lack of alignment with the state and 2) minimal linkages between substance abuse and mental health
- Collaborative efforts: Vision for Children at Risk, 2-1-1, BHR, Health Equity Works, Generate Home, JDAI. The community has many coordinating agencies/efforts, and it’s difficult for CSF to know where to plug-in.

**Service areas:**

- Two generation approach: Adults must receive services in order to help children; however, CSF must educate the community to explain how children benefit. Currently, agencies bill services to the child (e.g., 3 month old), but agencies are really serving the adult.
- Prevention and early intervention
Staff: Visioning – Group 1

Current

• CSF is seen as a checkbook and overly bureaucratic
• CSF has a happy staff
• CSF is one piece of a larger puzzle

Future

• More collaborative
• Want to be a deep pool of knowledge
• Thought leaders
• Work toward equity
• Become a national model

Bridge

• Shout! Need to establish and communicate who CSF is
• Need to get their ducks in a row and leverage resources
• Focus efforts (family wellbeing, equity, thought leader)
• Communicate with community stakeholders
Staff: Visioning – Group 2

Current

- Partly sunny
- Many resources in the same space, but they are not aligned

Future

- Sunny
- Align resources to ensure equity using collaborative partnerships, research, and best practices
- Become a national model

Bridge

- CSF needs to research, collaborate, and listen
- CSF needs a happy staff in order to make change happen
Staff: Visioning – Group 3

Current
CSF is:
• Connecting with agencies
• Hiring skilled staff
• Ending staff turnover
• Building a road with many possibilities

Future
• The future is bright
• CSF will operate using a racial equity lens
• CSF will identify strategic priorities and focus areas

Bridge
• CSF needs to better leverage resources
• CSF needs to build a bridge using staff, resources
Assessment Framework and Analysis
Assessment Framework

Organizational Motivation

Environment

Organizational Capacity

Organizational Impact/Performance

- Effectiveness
- Efficiency
- Relevance
- Financial Viability

An organization is a good performer when it balances effectiveness, efficiency, and relevance while being financially viable.

## Organizational Impact/Performance

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Current Conditions</th>
<th>Risk</th>
<th>Opportunity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  Effectiveness</td>
<td>• Limited ability to report on outcomes historically, but recently adopted shared outcomes framework with MHB, etc. In the process of operationalizing that framework.</td>
<td>• Inability to clearly articulate value and impact of the fund.</td>
<td>• Formalize outcomes and indicators, and require agencies to report on them</td>
</tr>
<tr>
<td>2  Efficiency</td>
<td>• Grant making is time consuming. Movement to a three-year allocation cycle. However, concerns from grantees remain regarding administratively burdensome process.</td>
<td>• Overly administrative burdensome requirements take time away from investments in actual service delivery both for CSF, as well as grantees. However, there needs to be clear accountability and reporting requirements.</td>
<td>• Revisit reporting requirement</td>
</tr>
</tbody>
</table>
| 3  Relevance    | • Increasing need/demand for behavioral health services  
• Perception that CSF funding is not aligned with identified need and concerns | • Schools seek funding/BH services elsewhere  
• Identified needs go unfunded and youth BH needs are exacerbated | • Complete a community needs assessment  
• Identify top priorities and fund accordingly                      |
| 4  Financial Viability | • Funding through sales tax                                                            | • Risk of decreasing funds due to decrease in sales tax revenue. | • Develop a strategy to mitigate impact of potential decrease in sales tax revenue |
The IDRC model also includes the following components within organization capacity: human resources management, structure, infrastructure, and technology. Given the stated priorities of this engagement our assessment did not include a comprehensive review of these components.
## Organizational Capacity

<table>
<thead>
<tr>
<th>Dimension</th>
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</table>
| **1 Strategic Leadership** | • CSF has had high staff/leadership turnover in recent years  
  • Community is optimistic about CSF’s new leadership                                                                                                                                                    | • Turnover has led to strained relationships and undermined trust.                                                                                                                                  | • Relationship building                                                                                                                                                               |
| **2 Financial Management** | • Perception that the reserve fund is too high  
  • CSF re-structured funding to limit agencies spending to 50% in the first year of the two-year cycle  
  • Application, funding, and reporting processes differ between neighboring county CSFs                                                                                                     | • Feeling that the reserve amount is high, funded agencies feel ill-will when their funding is decreased  
  • Agencies spend too much time/effort on application and reporting process when services are funded by multiple CSFs with differing requirements | • Align application and funding process with other CSFs  
  • Evaluate reserve amount to ensure it is appropriately funded                                                                                                                          |
| **3 Program/Process Management** | • Identifying needs and setting objectives appear reactive to agencies’ funding applications  
  • Limited ability to measure outcomes                                                                                                                                                           | • Lack of clearly communicated priorities leads to limited impact  
  • Unable to quantify and communicate the fund’s impact                                                                                                                                          | • Identify top priorities and fund accordingly  
  • Develop measurement and outcomes framework for funded agencies                                                                                                                                 |
| **4 Inter-institutional Linkages** | • Activities aren’t coordinated with similar organizations  
  • Community perceives CSF as lacking transparency  
  • Community lacks BH leader and agenda-setter                                                                                                                                                 | • Services differ across region  
  • Community lacks BH leader and agenda-setter                                                                                                                                                  | • CSF to step into community BH leadership role                                                                                                                                  |
Organizational Motivation

- History
- Mission
- Culture
- Incentives and Rewards

Organizational motivation represents the underlying personality of the organization. It is what drives the members of the organization to perform. Given the stated priorities of this engagement our assessment did not include a comprehensive review of Incentives and Rewards.

## Organizational Motivation

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Current Conditions</th>
<th>Risk</th>
<th>Opportunity</th>
</tr>
</thead>
</table>
| **1 History** | • Putting Kids First (Proposition 1) passed on Nov. 4, 2008 (1/4 cent sales tax); first allocation in 2010  
• $40M fund  
• Largest children’s service fund in MO  
• Frequent changes in leadership and staff | • Fund is much larger than neighboring county CSFs. Agencies may leave neighboring counties to provide services and receive funds in St. Louis County.  
• Changing priorities due to leadership/staff turnover | • Develop cohesive funding structure to ensure consistency of services across the region  
• Set a clear organizational direction and identify top priorities for CSF and region |
| **2 Mission** | • Consistent mission statement over fund’s existence  
• Strong link between mission and organization’s funding direction  
• CSF does not communicate valued research/best practices to agencies and larger community | • Lack of direction and standardization for agencies and larger community | • Identify and communicate CSF’s valued research, best practices, and tools to agencies and the larger community |
| **3 Culture** | • Staff supportive of new leadership  
• Staff values align with organizational goals | • N/A |  

External Environment

- Administrative and Legal
- Political
- Social/Cultural
- Geographic
- Stakeholder
- Economic

Each organization is set in a particular environment that provides multiple contexts that affect the organization and its performance.

## External Environment

<table>
<thead>
<tr>
<th>Dimension</th>
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<th>Risk</th>
<th>Opportunity</th>
</tr>
</thead>
</table>
| Administrative and Legal | • Missouri State Statutes RSMo 67.1775 and 210.861 prescribe CSF’s basic requirements  
• Neighboring CSFs interpret these statutes differently  
• Fund is situated under county government | • Changes in requirements necessitate a change to existing law  
• Different interpretation and implementation of statutes causes inconsistencies in funding and services in the region | • Align statute interpretation and implementation process with other CSFs                                |
| Political               | • Executive Director is appointed by the County Executive  
• Board members are appointed by the County Executive with recommendations from the Executive Director | • Increased risk of leadership change with County Executive elections  
• As a government agency, it is difficult for CSF to quickly respond to changing community needs.  
• Politics can influence CSF’s agenda and investments over time. | • Be leader in BH community and set political agenda  
• Work with County Executive to set a county-level agenda                                              |
| Social/Cultural         | • Mental health stigmas persist in communities across the region                      | • Individuals/families that need mental health services do not receive them                                      | • Increase communications and outreach to normalize mental health services                           |
| Geographic              | • Bounded by St. Louis County borders                                                | • Services differ across region, and youth risk losing services if they move outside of the county             | • Develop cohesive funding structure to ensure consistency of services across the region            |
| Stakeholder             | • Stakeholders include St. Louis community (families, agencies, schools, etc.)       | • Differences in BH priorities depending on community and agency type                                          | • Complete a community needs assessment  
• Identify top priorities for CSF and region                                                             |
| Economic                | • Sales tax provides steady funding                                                 | • Risk of decreasing funds due to decrease in sales tax revenue.                                              | • Develop a strategy to mitigate impact of potential decrease in sales tax revenue                 |
Key Informant Discovery
Overview

**Interviews**
One-on-one interviews with 13 key informants (see list in Interview Findings section)

**Community Cafes**
Two community cafes comprised of 103 community stakeholders

**Small Group Discussions**
Small groups with 21 individuals from three constituent groups:
- Youth
- Parents/Caregivers
- School Administrators

**Survey**
Survey to understand stakeholder priorities completed by 113 respondents
Compiled Key Informant Findings
**Bright Spots**

- Excitement and optimism in regards to new CSF leadership.
- Expressed desire for CSF to step into a leadership role.
- There are a number of resources that if strategically aligned and coordinated have the potential to greatly impact the community at a population level.
- The majority of organizations addressing the behavioral health needs of children and youth expressed an interest and eagerness to more intentionally collaborate with one another.
- There is great opportunity to align/adopt other related impact measures.
Regional/County-wide Conditions

- St. Louis County and the surrounding region have many valuable behavioral health resources, but the community lacks a coordinated approach to meeting the comprehensive behavioral health needs of youth and their families.

- Information about youth behavioral health services is fragmented, which makes it difficult for youth and their families to easily assess various behavioral health options.

- There is limited alignment and coordination among other county children’s funds, schools, similar initiatives, and service providers; however, there is an expressed desire for greater coordination among all stakeholders.

- There are a number of challenges including a lack of job-specific and community-oriented trainings, as well as a need for more qualified and consistent school-based behavioral health staff.
CSF Specific Feedback

- As a government agency, it is difficult for CSF to be nimble and responsive to changing community needs.
- Conversely, given its position, CSF has a unique opportunity to establish and champion a comprehensive child and youth behavioral health agenda.
- Changing CSF executive leadership has led to strained relationships and undermined trust.
- Perception among some that county government has tried to use the fund for other purposes.
- Concerns regarding the extent that politics influence the CSF’s agenda and investments over time. Questioning as to whether the fund can be relied upon to set a course and commit to it.
CSF Specific Feedback

- Observation that CSF funding cycle and payment structure are misaligned with the school year and as a result create administrative and service barriers.

- Perception that CSF funding is not aligned with identified need and concerns that dollars are not being equitably distributed.

- Desire to see more investment in addressing the non-clinical needs of children and families, as well as increased investment in upstream prevention efforts.

- Desire to better understand CSF’s level of impact, particularly on population level outcomes.

- Concerns regarding fund utilization, efficiency, and level of reserve.
**CSF Specific Feedback**

- Desire for the fund to require that grantees leverage Medicaid reimbursement so that the community is not leaving money on the table.
- Lack of perceived alignment with children’s funds in adjacent counties may be creating cross-county inequity.
- CSF needs to be more involved in aligning with other organizations’ strategic plans and moving toward the effort of streamlining to one regional needs assessment.
Interview Findings
## Interviews: Key Informants

<table>
<thead>
<tr>
<th>Organization/Agency</th>
<th>Name, Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Equity Works</td>
<td>Dr. Jason Purnell, Principal Investigator and Project Director</td>
</tr>
<tr>
<td>Integrated Health Network</td>
<td>Bethany Johnson-Javois, Chief Executive Officer</td>
</tr>
<tr>
<td>Los Angeles County Department of Mental Health</td>
<td>Debbie Innes-Gomberg, Deputy Director - Program Development and Outcomes Bureau</td>
</tr>
<tr>
<td>Missouri Foundation for Health</td>
<td>Bob Hughes, President</td>
</tr>
<tr>
<td>Ready by 21</td>
<td>Katie Kaufmann, Director</td>
</tr>
<tr>
<td>Regional Health Commission</td>
<td>Rob Freund, CEO</td>
</tr>
<tr>
<td>Special School District of St. Louis County</td>
<td>Dr. Don Bohannan, Superintendent of Special School Districts</td>
</tr>
<tr>
<td>St. Charles County’s Community and Children’s Resource Board</td>
<td>Bruce Sowatsky, Executive Director</td>
</tr>
<tr>
<td>St. Louis County Department of Human Services</td>
<td>Andrea Jackson Jennings, HR Director</td>
</tr>
<tr>
<td>St. Louis County Strategy &amp; Innovation</td>
<td>Lori Fiegel, Director</td>
</tr>
<tr>
<td>St. Louis Mental Health Board</td>
<td>Jama Dodson, Executive Director</td>
</tr>
<tr>
<td>System of Care</td>
<td>Serena Muhammad, Director of Strategic Initiatives/Riisa Easley</td>
</tr>
<tr>
<td>United Way of St. Louis</td>
<td>Julie Russell, Chief Impact Officer</td>
</tr>
</tbody>
</table>
What We Heard…

Bright Spots

- Excitement and optimism in regards to new leadership
- Significant resources that have the potential to impact the community at a population level
- Many organizations interested and eager to partner and collaborate with CSF
- Opportunity to align/adopt other related impact measures – no need to reinvent the wheel
- Expressed desire for CSF to step into a leadership role
What We Heard…

Perceptions

- Fund is not transparent
- Funding is not equitably distributed
- No intentional alignment with other community related efforts
- Historic lack of consistent leadership within children and youth’s behavioral health
- Organizations receive funding as a result of legacy as opposed to demonstrated alignment with community need
What We Heard...

Concerns

- A feeling of broken trust
- Insufficient investment in critically needed services such as child psychiatry
- Insufficient attention/investment in non-clinical needs of children and families, which also includes prevention
- Fund efficiency, utilization rates, and 50% reserve requirement
- Questioning fund’s impact – what have been the results?
- Medicaid funding is not being fully leveraged – as a community we’re leaving money on the table.
- To what extent will politics influence investments over time? Can the fund be relied upon to set a course and commit to it?
- Lack of perceived alignment with children’s funds in adjacent counties may be creating cross-county inequity
- CSF needs to be more involved in aligning with other organizations’ strategic plans and moving toward the effort of streamlining to one regional needs assessment.
Small Group Discussion Findings
What We Heard…

Knowledge of CSF?
- Youth had not heard of CSF, but were involved with CSF funded programs.

What are characteristics of a safe community?
- Environmentally inviting
- Free from guns and violence
- Comprised of people who are known and supportive

Where do you feel safe?
- Youth felt safe in a variety of places.
- Aside from one participant, they did not feel safe at school
- Half of them felt safe at home.
What We Heard…

**What are characteristics of a health community?**
- Helpful, respectful neighbors
- Everyone contributes in a meaningful way
- Access to healthy food and transportation

**What would help improve community health and safety?**
- More services/education to address gun violence and gun safety as well as sexual assault
- Creating a safe forum to host open dialogue about the community’s inequities and problems in order to develop a solution
- Access to go-to trusted adults in the community
- More open-minded people
What We Heard…

Where do you/would you go for support?

- Most youth would first approach peers if they needed help or support.
- One youth would rather approach a trusted adult or therapist because she felt her peers would not be supportive.
- Most schools have peer groups for specific issues (e.g., LGBTQ, teen parents, etc.), but they do not have more general teen support groups.
What We Heard…

Knowledge of CSF?
- Most participants had not heard of CSF.

Points of entry/access to behavioral health services and supports?
- Half of the participants first accessed services through school and half first accessed services through pediatricians.
- Participants have been able to access services, but it is a very time intensive process.

Where do they go for support?
- Most trusted and well-received source for hearing about services is from other caregivers.
- Pediatrician
- School staff/social workers
What We Heard…

Greatest concerns and issues?

- Two participants’ children were victims of bullying. Both parents had to become very involved before the schools intervened.
- All participants feel that there is a stigma with accessing services in the African American community.
- Lack of psychiatric services. Limited psychiatrists have waitlists through Spring of 2019.
What We Heard…

Opportunities to improve supports and services?

- Trained paraprofessional with learned/lived experience to help parents. Build up a network of paraprofessionals to collaborate and connect with other parents.
- More discussion in the community about ACEs.
- Centralized point in the community where families can look for services and engage with someone who can help them navigate/access services.
- Caregivers want a formal role in CSF’s decision-making.

MORE DETAIL ABOUT PARENT PEERS
What We Heard...

Knowledge of CSF?
- All school administrators were very familiar with CSF

Greatest concerns and issues?
- Schools are not treated as a partner or given an opportunity to have a voice in the selection of service providers.
- Children are not being held at the center of the system
- High staff turnover leads to re-traumatization of youth and creates a heavy administrative burden on the schools
- Lack of service providers’ ability to attract and retain to high quality culturally competent therapists/counselors.
- Limited investment in ongoing professional development of therapists and counselors – no consistent demonstrated competency in delivering trauma informed care.
- No sensitivity to cultural competence – this is critical!
What We Heard…

Greatest concerns and issues (cont.):

- Lack of funding transparency. Schools need to anticipate the level of support that will be provided.

- The funding cycle and payment structure are misaligned with the school year and as a result creating administrative and service barriers.

- Expressed perception among some participants that county government has tried to use the fund for other purposes and no one is enforcing the statute.

- Expressed perception among some participants that while school service providers are being told to reduce services there are available dollars in the fund. There was specific mention of the 50% reserve rate being too high.
What We Heard…

Opportunities to improve supports and services?

- Proposal for school districts to become “agencies”. The district can apply directly for funding and hire their own behavioral health staff (e.g., therapists/counselors)
- Schools need to be a partner in selecting their service providers
- All schools need more full-time interventions with quality, dependable, and consistent staff
- More case management and wraparound services are needed
- Schools need more prevention and early intervention
- Schools need a standardized MOU across all districts
- CSF should leverage existing systems (IEP, federal funds, SSD, etc.)
- CSF needs more transparency (how are funds being spent and what is the impact for youth)
Community Café Findings
What We Heard…

Q1. How would you describe or characterize the behavioral health services available in St. Louis County today?

Strengths
- Broader array of services due to CSF funding
- Increased access to services due to CSF funding
- Better coordination among agency providers
- CSF provides a sustainable funding source with many opportunities
What We Heard…

Q1. How would you describe or characterize the behavioral health services available in St. Louis County today?

Gaps
- Lack of psychiatry services
- Services are inequitably distribute
- Limited prevention and early intervention services
- Lack of services for parents/adults
- System lacks coordination and collaboration
- Short funding cycle
- Wait lists for services are long
- Lack of qualified providers
- Youth are transient and services don't follow the child
- Need more trauma-informed care
- Lack of services for justice-involved and homeless families
- Families lack awareness of services
- Lack of transportation
- Lack of early childhood centers and services
What We Heard…

Q2. Do you believe that behavioral health services are equitably available within the county? Why or why not? What does equitable service delivery look like to you?

Do you believe that behavioral services are equitably available?

• No (universal answer)

Why?

- Lack of transportation
- Needs vary by region
- School district needs and funding differences
- Lack of coordination
- Discrepancies in access caused by insurance
- Stigma associated with accessing behavioral health services
What We Heard…

Q2. Do you believe that behavioral health services are equitably available within the county? Why or why not? What does equitable service delivery look like to you?

What does equitable service delivery look like to you?

- Define "equitable" and related metrics
- Equity does not mean equality. Every child/family that has a need receives support without barriers.
- Standardize outcomes/measurements across providers
- Use universal screenings across providers
- Conduct needs assessment at the county level to inform decisions
- Need to evaluate and endorse quality providers
What We Heard…

Q3. How do services available in St. Louis County influence conditions in the surrounding counties?

- Services are more robust in St. Louis County than in surrounding communities. The size of St. Louis County’s fund decreases services available in neighboring counties.
- Families move from St. Louis City to St. Louis County to access services.
- When families relocate, services do not follow the child. This disruption of services causes trauma for the child and an administrative burden for the agencies.
- Fractured funding makes it difficult to transfer services.
- Collaboration between St. Louis County CSF and neighboring funds has improved regional service delivery.
- Funds are not used for the same services between counties.
- Lack of coordination of services and resources between counties.
- Need to better blend funding to support surrounding communities and provide continuity of services.
What We Heard…

Q4. What do you see as opportunities to enhance, expand, or better align St. Louis County’s behavioral health services?

- Promote a truly child-centered system that allows services to follow the child and family regardless of geography
- We need to consider the role that adults play in a child’s life and identify opportunities to connect and promote services for adults
- Align application process, funding cycle, reporting requirements, etc. between counties’ children funds
- Promote/require collaboration between agencies
- Adopt common standardized outcomes across the region
- Invest in professional development and training that promotes baseline core competencies and knowledge (e.g., trauma-informed care)
- Conduct a shared needs assessment for the region
What We Heard…

Q4. What do you see as opportunities to enhance, expand, or better align St. Louis County’s behavioral health services?

- Include intentional input from youth and families in system-level decision-making
- Establish service coordination and improve agency/funder collaboration
- Become more results-driven and use data for strategic decision making
- Educate politicians about the mental health needs in St. Louis County
- Improve outreach and awareness of services
- Reevaluate CSF's reserve policy
Survey Analysis
Survey Questions

St. Louis County Children’s Service Fund

Survey Questions

Audience: Community Stakeholders including CSF funded agencies
What do we want to learn from the survey?

- Perceptions of current system-level conditions
- Perceptions of organizational-level conditions
- Potential priority areas of focus

Questions

A. Introductory Questions

1. Does your agency currently receive funding from St. Louis County Children’s Service Fund?
   a. Yes
   b. No
   c. I don’t know

2. Select the role that best describes your position in your organization.
   a. Executive leader
   b. Manager
   c. Front line staff (e.g. counselor, therapist, social work)
   d. Researcher
   e. Support staff
   f. Board member/Volunteer
   g. Other (please specify)

3. How long have you been working in this field?
   a. 0-5 years
   b. 6-10 years
   c. 11-15 years
   d. 15+ years

4. How long have you been aware of St. Louis County Children’s Service Fund?
   a. 0-2 years
   b. 2-5 years
   c. 5+ years

5. Does your organization provide direct behavioral health services?
   a. Yes
   b. No
   c. I don’t know

If no, which of these functions best describes your organization (select one)

---

Survey Questions

St. Louis County Children’s Service Fund

B. The next two sections ask a series of questions you will answer first from your organization’s perspective followed by a more collaborative/regional perspective.

To what extent do you agree with the following statements? (1=Strong Disagree, 5=Strongly Agree)

Organization
As an organization serving children and youth within St. Louis County:
Questions (1-10)

Network
As a network of providers serving children and youth within St. Louis County:

1. We have fully adopted and promote a coordinated, holistic approach to service delivery.
2. Professionals have access to the ongoing professional development and support they need to deliver high quality, culturally appropriate services.
3. We have a culture and climate that supports collaboration among providers.
4. We are implementing a trauma-informed approach to service delivery.
5. We have a standard set of outcomes that we use to measure our collective impact.
6. We use data to inform our programmatic decision making.
7. We have formalized relationships with other service providers (i.e. MOUs, data sharing agreements, etc.).
8. We fully maximize all reimbursement mechanisms available.
9. We have the right mix of service offerings (i.e., prevention, early interventions, later interventions).
10. We have a mechanism for regularly incorporating child and family voice and feedback.
11. We are moving in the right direction as a region.
12. CSF funding has directly enabled providers to realize positive outcomes in the community.

Organization
As an organization serving children and youth within St. Louis County:
Questions (1-10)
Survey Questions
St. Louis County Children’s Service Fund

C. The next few sections will help CSF prioritize their efforts over the next three years. Please read the instructions and select the top priorities in EACH section.

Please select the top three priorities as it relates to children and youth behavioral health regional strategic alignment and coordination:
1. Develop and adopt standardized behavioral health outcomes at a regional level.
2. Complete a regional behavioral health needs assessment.
3. Develop and adopt a regional equity framework that prioritizes investment based on key factors such as demonstrated need, historic access (or lack thereof) to resources, as well as other potential conditions.
4. Develop and promote a proactive regional agenda related to behavioral health services for children and youth.
5. Coordinate and align funding cycles and payment structures for regional children’s funds.
6. Develop a coordinated approach among all regional and local funders investing in child and youth behavioral health.
7. Develop and promote a regional coordinated legislative policy agenda as it relates to child and youth behavioral health.
8. Adopt and aggressively promote across the region a community-level trauma-informed practice.
9. Other (please specify):

D. Please select the top three priorities as it relates to children and youth behavioral health operational coordination and alignment:
1. Develop a centralized location/resource for community members to identify and access behavioral health resources.
2. Develop shared procedures and protocols to fully leverage all reimbursement mechanisms (e.g., Medicaid, private insurance, other subsidy).
3. CSF to introduce an alternate funding model that allows for flexibility beyond units of service delivered.
4. Develop strategy and operational infrastructure to ensure that services follow youth when they move throughout the region.
5. Invest in innovation efforts to introduce and test new behavioral health practices and/or approaches to engage target populations.
6. Develop funding mechanisms that promote investment in new or emerging organizations that are serving traditionally underserved communities or populations.
7. Invest in marketing and community communication efforts regarding available programs and services to raise public awareness of what is available and how to access it.
8. Promote awareness of resources available within schools to stakeholders.
9. Support school district autonomy in directly hiring behavioral health staff within schools.
10. Design a shared process and/or platform to integrate child and family voice in decision-making.
11. Invest in behavioral health care competencies training and professional development.
12. Invest in cultural competence trainings.

E. Identify the top three priorities as it relates to investment in child and youth behavioral health services in St. Louis County.
1. Expand access to services to address suicidal ideation (e.g., Dialectical Behavioral Therapy).
2. Invest in peer-led support groups for parents and caregivers to connect and collaborate.
3. Facilitate connection to adult services that complement direct services for children, youth, and families.
4. Expand access to child psychiatric services.
5. Increase investment in prevention and early intervention services.
6. Expand support for care coordination and wrap around services.
7. Identify and support services to address gun safety and education.
8. Increase investment in services to prevent/address sexual assault.
10. Increase education and support services to address bullying.
11. Identify and support diversion programs in juvenile justice.
12. Other (please specify):

F. Vision for the Future
1. What is one word you would use to describe the CSF’s potential role related to child and youth behavioral health?

G. Comments
What other information would you like to share?

Prepared by Consilience Group, LLC
Survey Results – Respondent Information

- 113 respondents (survey was sent to 364 individuals)
- 62% of respondents receive funding from CSF
- 73% of respondents were executive leaders or managers
- 50% of respondents work for non-profit direct service providers and 26% work for educational providers
- 63% of respondents work for an organization that provides direct BH services; 22% do not provide direct services; and 15% provide direct services but not specifically BH services
- NOTE: Analyzed the data to look at how different types of agencies responded to the questions. Specifically, the following groups were filtered: schools only; agencies that provide BH direct services; agencies that provide direct services, but not specifically BH services; and agencies that do not provide direct services
### Survey Results – Organizational vs. Regional Infrastructure

As an organization/community supporting children and youth within St. Louis County:

<table>
<thead>
<tr>
<th>Questions</th>
<th>Organization (weighted avg.)</th>
<th>Community (weighted avg.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>We have fully adopted and promote a coordinated, holistic approach to service delivery.</td>
<td>4.16</td>
<td>3.07</td>
</tr>
<tr>
<td>Professionals have access to the ongoing professional development and support they need to deliver high quality, culturally appropriate services.</td>
<td>3.98</td>
<td>3.39</td>
</tr>
<tr>
<td>We have a culture and climate that supports collaboration among providers.</td>
<td>4.12</td>
<td>3.23</td>
</tr>
<tr>
<td>We are implementing a trauma-informed approach to service delivery.</td>
<td>4.14</td>
<td>3.50</td>
</tr>
<tr>
<td>We have a standard set of outcomes that we use to measure our collective impact.</td>
<td>3.88</td>
<td>2.86</td>
</tr>
<tr>
<td>We use data to inform our programmatic decision making.</td>
<td>4.21</td>
<td>3.26</td>
</tr>
<tr>
<td>We have formalized relationships with other service providers (i.e. MOUs, data sharing agreements, etc.).</td>
<td>4.42</td>
<td>3.74</td>
</tr>
<tr>
<td>We fully maximize all reimbursement mechanisms available.</td>
<td>3.92</td>
<td>3.18</td>
</tr>
<tr>
<td>We have the right mix of service offerings (i.e., prevention, early interventions, later interventions).</td>
<td>3.72</td>
<td>3.06</td>
</tr>
<tr>
<td>We have a mechanism for regularly incorporating child and family voice and feedback.</td>
<td>3.90</td>
<td>3.11</td>
</tr>
<tr>
<td>We are moving in the right direction as a region.</td>
<td></td>
<td>3.56</td>
</tr>
<tr>
<td>CSF funding has directly enabled providers to realize positive outcomes in the community.</td>
<td>4.16</td>
<td></td>
</tr>
</tbody>
</table>
Survey Results – Organizational vs. Regional Infrastructure

- On average, organizations view their capacity to support the behavioral health needs of children and youth within St. Louis County as higher than the community as a whole.

- Stakeholders agreed the most that both organizations and the community has “formalized relationships with other service providers (i.e. MOUs, data sharing agreements, etc.).”

- Stakeholders disagreed the most that both organizations and the community has “a standard set of outcomes that we use to measure our collective impact.”

- Additionally, stakeholders disagreed that organizations have “have the right mix of service offerings (i.e., prevention, early interventions, later interventions).”
Survey Results – Priorities

Select the top three priorities as it relates to children and youth behavioral health regional strategic alignment and coordination.

<table>
<thead>
<tr>
<th>Priorities</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>3</td>
</tr>
</tbody>
</table>

- All groups chose one of these priorities as their top choice, with the exception of agencies that do not provide direct services. Their top priority was to:
  - Develop and adopt standardized behavioral health outcomes at a regional level.
# Survey Results – Priorities

Select the top three priorities as it relates to children and youth behavioral health operational coordination and alignment.

<table>
<thead>
<tr>
<th>Priorities</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Develop strategy and operational infrastructure to ensure that services follow youth when they move throughout the region.</td>
</tr>
<tr>
<td>2</td>
<td>CSF to introduce an alternate funding model that allows for flexibility beyond units of service delivered.</td>
</tr>
<tr>
<td>3</td>
<td>Develop a centralized location/resource for community members to identify and access behavioral health resources.</td>
</tr>
</tbody>
</table>

- All groups chose one of these priorities as their top choice. However, schools chose “Support school district autonomy in directly hiring behavioral health staff within schools” as a close second choice.
Survey Results – Priorities

Select the top three child and youth behavioral health education and prevention investments you would like to see in St. Louis County.

All groups chose one of these priorities as their top choice. A fourth priority is included because it received nearly the same number of votes as #3.

<table>
<thead>
<tr>
<th>Priorities</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Mental health education, prevention, and early intervention</td>
</tr>
<tr>
<td>2 Early childhood (0-5) prevention (e.g., parenting supports, investments in promotion of healthy social emotional development)</td>
</tr>
<tr>
<td>3 Substance use education, prevention, and early intervention</td>
</tr>
<tr>
<td>4 Overall violence education and prevention</td>
</tr>
</tbody>
</table>
Survey Results – Priorities

Select the top three child and youth behavioral health intervention service investments you would like to see in St. Louis County.

<table>
<thead>
<tr>
<th>Priorities</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Child psychiatric services</td>
</tr>
<tr>
<td>2</td>
<td>Care coordination and wrap around services</td>
</tr>
<tr>
<td>3</td>
<td>Juvenile justice diversion programs and other mental health supports</td>
</tr>
</tbody>
</table>

- All groups chose one of these priorities as their top choice.
Survey Results – One Word

Stakeholders were asked: What is one word you would use to describe CSF’s potential future role related to child and youth behavioral health.
Survey Results – “What other information would you like to share?”

- “Please restart group meetings of providers doing similar work.”

- “The current monthly invoice process and units of service approach needs to re-evaluated, however. The amount of time spent on invoices, use of templates, errors that need to be resolved that occurred from the templates provided, etc. is an administrative burden.”

- “Staying up to date on existing programs and services is one of the most difficult and continuous challenges... I also think that connecting what CSF does with what the city does is really important.”

- “The true potential is if we stop funding what every provider wants for their agency and identify the specific types of services/supports that are needed AND monitor outcomes and impact.”

- “Please force us to collaborate. We waste so much money duplicating services...”

- “What a great thing CSF has brought to the region! Can’t thank you enough for your support, leadership, community engagement and fostering of collaboration and education!”
Investment Analysis
St. Louis County – Poverty by Census Tract

- Highest poverty rates in St. Louis County are in North County, while the lowest rates are in West and South Counties.
- Regionally, St. Louis City has the highest poverty rate.
CSF Investments – Funded Services by Client Zip Code

All Services

- All CSF-funded services by client zip code
- Higher concentration of youth receiving services live within North and South Counties
- 0.36% of funded youth receiving services live outside of St. Louis County
CSF Investments – Funded Services by Client Zip Code Compared with Child Poverty Rates

All Services (North County)

<table>
<thead>
<tr>
<th>Child Poverty Rate % (#)</th>
<th>Zip Code</th>
<th>CSF Funded Services Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>82.5% (52)</td>
<td>63140</td>
<td>44</td>
</tr>
<tr>
<td>52.9% (1,036)</td>
<td>63120</td>
<td>38</td>
</tr>
<tr>
<td>49.2% (2,491)</td>
<td>63137</td>
<td>11</td>
</tr>
<tr>
<td>47.1% (928)</td>
<td>63133</td>
<td>23</td>
</tr>
<tr>
<td>39.3% (1,932)</td>
<td>63121</td>
<td>3</td>
</tr>
<tr>
<td>36.9% (4,371)</td>
<td>63136</td>
<td>1</td>
</tr>
<tr>
<td>31.7% (1,745)</td>
<td>63135</td>
<td>6</td>
</tr>
<tr>
<td>26.8% (1,026)</td>
<td>63134</td>
<td>10</td>
</tr>
<tr>
<td>25.6% (1,403)</td>
<td>63138</td>
<td>8</td>
</tr>
<tr>
<td>24.5% (1,909)</td>
<td>63114</td>
<td>4</td>
</tr>
</tbody>
</table>

CSF Funded Services Rank: The number of services CSF funded in each zip code (1: CSF funds the most services; 44: CSF funds the fewest services)

* Only including St. Louis County zip codes (44 zip codes)
Higher concentration of youth receiving services live within North and South Counties

0.36% of funded youth receiving services live outside of St. Louis County

Clients receiving most CSF-funded prevention services live in North County, followed by South County then West County.

Youth receiving psychiatric services are fairly evenly dispersed throughout the County, with slightly more services in North and South Counties.
CSF Investments – Funded Services by Client Zip Code

### Counseling Services
- Youth receiving counseling services are fairly evenly distributed throughout the County.

### Crisis Intervention
- Youth living in North County receive a greater number of crisis intervention services than the rest of the County, followed by South County.

### Teen Parent
- Youth receiving teen parenting services live in North County, with very few services outside of that area.
CSF Investments – Funded Services by Client Zip Code

- A higher concentration of youth receiving respite care services live in North County.
- Youth receiving substance use services live in South County, West County, and North County.
- A higher concentration of youth receiving home and community services live in North County, followed by South County.
CSF Investments – Funded Services by Client Zip Code

Temporary Shelter

- A higher concentration of youth receiving temporary shelter services live in North County.

Transitional Living

- A higher concentration of youth receiving transitional living services live in North County, with limited youth living in other parts of the County.
- The highest percentage (38%) of CSF’s funded services are within the Individual, Group, and Family Counseling service area.

- The lowest percentage (2%) of funded services are within the Services to Teen Parents service area.

- Prevention Services account for 11% of CSF’s funding.
Within the first six months of the 2018 grant cycle, 77 programs utilized 40% or more of their available funds, and 40 programs utilized less than 40% of their available funds.

The 40 programs—utilizing less than 40% of their available funds—account for about $10M in unspent funds.

Of those 40 programs, 8 programs have utilized <20% of available funds, totaling $1M.
The majority of funding requests to CSF are granted in every service area, with the lowest percentage granted in Prevention Services (59.99%).

The service area with the highest percentage of requests granted is Services to Teen Parents (77.41%).
Analysis – Outcomes
Alignment
CSF Outcomes

• Until recently, the community had significant variation in the consistency and quality of outcomes making it impossible to consistently measure and communicate impact
• UWGSTL developed a common set of outcomes and indicators and UWGSTL funded agencies select the indicators that best align with their program activities from a pre-defined list.
• CSF worked with the Mental Health Board to adopt shared outcomes and indicators
• St. Charles CCRB has extensive logic models, but most of CSF’s outcomes and indicators are included

<table>
<thead>
<tr>
<th>CSF Outcomes</th>
<th>CSF Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children and youth identify, manage, and</td>
<td>Children and youth experience fewer emotional and/or behavioral symptoms</td>
</tr>
<tr>
<td>appropriately express emotions</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Children and youth maintain/improve their level of functioning</td>
</tr>
<tr>
<td></td>
<td>Children and youth strengthen coping/resiliency skills</td>
</tr>
<tr>
<td></td>
<td>Children and youth possess a diagnosis and/or increase knowledge of presenting concern(s)</td>
</tr>
<tr>
<td></td>
<td>Children and youth demonstrate age appropriate social/emotional development</td>
</tr>
<tr>
<td>Children and youth effectively manage behaviors</td>
<td>Children and youth decrease or avoid risky/unhealthy/dangerous behaviors</td>
</tr>
<tr>
<td></td>
<td>Youth avoid teen pregnancy/parenting</td>
</tr>
<tr>
<td></td>
<td>Children and youth avoid/reduce substance use</td>
</tr>
<tr>
<td></td>
<td>Children and youth are free from law enforcement/juvenile justice involvement</td>
</tr>
</tbody>
</table>
## CSF Outcomes

<table>
<thead>
<tr>
<th>CSF Outcomes</th>
<th>CSF Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children and youth possess knowledge and skills to make healthy life choices</td>
<td>Children and youth gain knowledge toward improved well-being</td>
</tr>
<tr>
<td></td>
<td>Children and youth demonstrate new or enhanced independent living/life skills</td>
</tr>
<tr>
<td></td>
<td>Children and youth demonstrate new, healthy decision-making skills</td>
</tr>
<tr>
<td></td>
<td>Children and youth demonstrate new, enhanced social skills</td>
</tr>
<tr>
<td>Children and youth have safe and healthy relationships</td>
<td>Children and youth gain knowledge about safe and healthy relationships</td>
</tr>
<tr>
<td></td>
<td>Children and youth develop positive relationships with caring adults</td>
</tr>
<tr>
<td></td>
<td>Children and youth develop positive relationships with peers</td>
</tr>
<tr>
<td>Children and youth have strong bonds with school and community</td>
<td>Children and youth increase connection to/within their community and develop a greater sense of belonging</td>
</tr>
<tr>
<td></td>
<td>Children and youth increase engagement and make progress in school</td>
</tr>
<tr>
<td></td>
<td>Children and youth become enrolled in job training, college, vocational training or employment</td>
</tr>
<tr>
<td></td>
<td>School and community-based service providers gain knowledge and/or skills to meet the mental and behavioral needs of children and youth</td>
</tr>
<tr>
<td>Children and youth have strong families and nurturing parents</td>
<td>Children and youth are free from substantiated incidents of child abuse and/or neglect</td>
</tr>
<tr>
<td></td>
<td>Children and youth are with caregivers who achieve/maintain safe and stable living situations</td>
</tr>
<tr>
<td></td>
<td>Parents/caregivers gain knowledge and/or demonstrate healthy practices for positive parenting</td>
</tr>
</tbody>
</table>
Analysis – Fund Comparisons
# CSF as Compared to Similar Funds

<table>
<thead>
<tr>
<th>Attribute</th>
<th>St. Louis County Children’s Service Fund</th>
<th>St. Charles County’s Community and Children’s Resource Board (CCRB)</th>
<th>St. Louis Mental Health Board</th>
<th>Los Angeles County Department of Mental Health</th>
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</thead>
<tbody>
<tr>
<td>Population served</td>
<td>Children and teen, up to 19</td>
<td>• Children and teens, up to 19</td>
<td>Children and youth ages 0-18</td>
<td>All residents of LA County</td>
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<tr>
<td></td>
<td></td>
<td>• Parents/caregivers: family counseling, home-based services</td>
<td></td>
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<tr>
<td>Funding source</td>
<td>1/4 cent sales tax</td>
<td>1/8 cent sales tax</td>
<td>$0.19 on each $100 assessed valuation (property tax)</td>
<td>1% tax on personal income above $1 million</td>
</tr>
<tr>
<td>Size of fund</td>
<td>$40M</td>
<td>$7.5M</td>
<td>$7.8M</td>
<td>$737.6M</td>
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<tr>
<td>Allocations</td>
<td>Not set by statute</td>
<td>18.7% school based prevention programs</td>
<td>Not set by statute</td>
<td>Outreach/Direct services: 75-80% Prevention/early int.: 15-20% Innovation: 0-10%</td>
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<tr>
<td></td>
<td></td>
<td>Not set by statute</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reserve fund</td>
<td>50%</td>
<td>~15%</td>
<td></td>
<td>~25%</td>
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<td>2. 2018-2019 Children's Service Fund Core Feedback Survey</td>
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<td>3. 2018 NAMI California Report</td>
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<td>4. Children's Behavioral Health and Substance Abuse Services Needs Assessment for St. Louis County</td>
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<td>5. Children of Metropolitan St. Louis: A Data Book for the Community</td>
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<td>6. Children’s Service Fund Organizational Chart</td>
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<td>7. Evaluation of Mental Health Services in Los Angeles County</td>
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<td>8. Ferguson Commission Report: Forward through Ferguson</td>
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<td>9. Health Equity Works For the Sake of All: A report on the health and well-being of African Americans in St. Louis and why it matters to everyone</td>
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