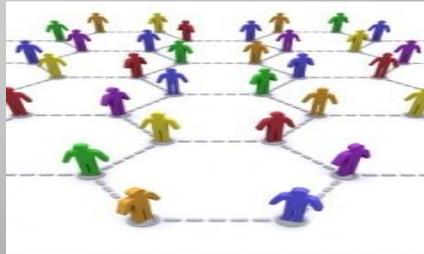


# **Behavioral Health Network** of Greater St. Louis

**COMMUNITY**



**REPORT**

**2011-2012**

**We create a better system of care for those impacted by mental health  
and substance abuse issues.**

# Acknowledgements

We would like to express our sincere thanks to the Missouri Department of Mental Health and the St. Louis Regional Health Commission for the support they provided during our transition to becoming an independent organization. Most importantly, we thank them for believing in the vision of what the Behavioral Health Network could and would become.

We also want to acknowledge and express our sincere appreciation to the numerous sponsors and contributors whom without their support, our work would not be possible.

Finally, we express our gratitude to the hundreds of people that have volunteered their time to serve on our boards, workgroups and committees and who have participated in the numerous focus groups, surveys and public events held during the past two years. The sharing of your knowledge and expertise has proven invaluable. We especially want to thank the front-line staff of our providers who carry out our collective work on a daily basis. You have demonstrated beyond a doubt, the benefits of compassionate and coordinated care.



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## Behavioral Health Network Board of Directors, December 2012

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Executive Director  
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**PRIOR DIRECTORS 2011-2012: JUDY FINNEGAN, PAT KOMOROSKI, LESLEY LEVIN, CONNIE NEUMANN, VIRGINIA SELLECK, MARK STANSBERRY AND KARL WILSON**

## Letter to the Community

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Dear Community Stakeholders:

In 2006, the State of Missouri, local mental health and substance abuse service providers and community advocates partnered with the St. Louis Regional Health Commission to begin a “Regional Behavioral Health Initiative.” Over the course of four years, the nationally recognized initiative did much to improve access to behavioral health services in the Eastern Region and served as a foundation for the formation of the Behavioral Health Network (BHN). When the initiative ended in June of 2010 with a Regional Summit and Community Report, the St. Louis Community made a commitment to continue and expand this important effort.

Work began to establish what would become a broad corporate purpose, one that encompassed the creation of a comprehensive system of care to meet the behavioral health needs of people of all ages throughout the region, with a focus on those with the greatest need and fewest resources. In Fall of 2010, local community providers secured start-up funding and by year’s end a 24 member Board of Directors was appointed, a part-time CEO was hired, strategic priorities were established and a work plan developed. The trust built and the groundwork laid by prior state and local partnership efforts set the stage for immediate action which was critical, given the closing of the region’s only public psychiatric acute care facility that year.

Much has been accomplished in the two years since the BHN’s formation. A coordinated, accessible, effective and accountable system of care is emerging as a result of unprecedented collaboration among hundreds of committed people in our region. This report is an attempt to highlight the progress we have made together and pay tribute to the many people who have made this journey possible.

As we pause to honor our past and celebrate our successes, we also recognize that our collective journey is far from over. The need remains vast and a sense of urgency persists as we move into an era of healthcare reform. Behavioral health is essential to the overall health of our region. We hope you will join us in taking the next steps to create a better system of care for those impacted by mental health and substance abuse issues.

**Joe Yancey**  
Chair, Board of Directors

**Diane McFarland**  
Chief Executive Officer



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**Joe Yancey**

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Chair, Board of  
Directors



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**Diane McFarland**

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Chief Executive  
Officer

## It's about Sharing Responsibility-

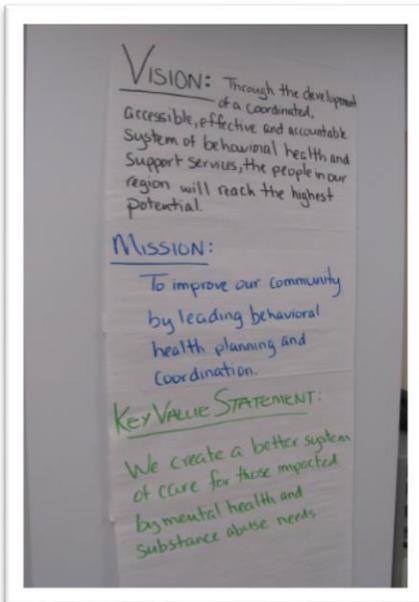
### About the BHN

Everyone is responsible for the health of their community. The Behavioral Health Network of Greater St. Louis (BHN) takes that responsibility one step further by providing a formal venue for region-wide planning and coordination to develop a system of care to meet the behavioral health needs of the region.

As a non-profit 501(c)3 organization, the Behavioral Health Network was formed in 2010 based on the recommendation of the St. Louis Regional Health Commission's (RHC) "2006-2010 Eastern Region Behavioral Health Initiative" to establish a permanent structure for on-going region-wide behavioral health system planning and coordination.

"Our responsibility goes beyond what any one of our organizations can do alone - it must be a collective effort with built-in accountability if we are to create a system of care that consumers and families deserve in this region".

- Karl Wilson, BHN Board of Directors



### Our Mission:

To improve our community by leading behavioral health planning and coordination.

### Our Vision:

Through the development of a coordinated, accessible, effective and accountable system of behavioral health and support services, the people in our region will reach their highest potential.

### Our Guiding Principles:

- ~ Shared Responsibility
- ~ Inclusiveness & Mutual Respect
- ~ Transparency
- ~ Accountability

Through its Board, Advisory Boards and Workgroups, BHN forms the foundation for collaboration among providers, advocacy organizations, government leaders and community members dedicated to developing an accessible and coordinated system of behavioral healthcare:

- ❖ that encompasses the **full spectrum of services and supports** (prevention, treatment and recovery support);
- ❖ **across the lifespan** (children and adults);
- ❖ with emphasis on the uninsured, underinsured and underserved population of the Eastern Region (**City of St. Louis and Missouri counties of Franklin, Jefferson, Lincoln, St. Charles, St. Louis & Warren**).



Board members discuss BHN role and goals.



Eastern Region Counties of Missouri

## To Address a Critical Community Need

Behavioral health problems are more common than cancer and heart disease combined. About one in every five Americans has a mental illness in any given year, and mental health problems account for 15% of the total economic burden of all disease in the United States. Yet, despite the fact that treatment works and can lead people to living full and productive lives, many barriers interfere with people getting the help they need.

### Barriers to people receiving needed behavioral health care include:

- The shame, stigma and discrimination that results from false impressions of mental illness and addictions.
- Many people do not know what to do or where to go when they recognize that a problem may exist.
- Lack of insurance or other resources to cover the cost of treatment.
- The system of care available to people is often overburdened and difficult to navigate due to limited resources and fragmentation.

The above barriers often cause people to avoid seeking care until their symptoms are severe and disabling. This results in a high level of emergency room visits, hospitalizations and even incarceration which may have otherwise been prevented. People with untreated mental illness and addiction disorders also have much higher rates of unemployment and are disproportionately represented among those who are homeless.

The BHN is committed to working together to eliminate the barriers people face in getting the care and treatment they need. This includes:

- 1) Sponsoring and promoting events that build public awareness and understanding;**
- 2) Increasing efficiencies in the health system through collaborative planning and coordinating care across organizations that touch the lives of people with mental illness and addiction problems; and**
- 3) Advocating for needed policy, program and financing changes to facilitate early intervention and effective treatment.**

*Working together –*

*We create a better system of care for those impacted by mental health and substance abuse issues.*

### As featured in the ST. LOUIS POST-DISPATCH:

**“St. Louis community works together to fix troubled care for mental illness”**

In May of 2012, St. Louis Post-Dispatch Health Reporter Michelle Munz wrote about the work of the BHN and initial success of the Hospital-Community Linkages Project.

## It's About Coordinating Care-

### Hospital-Community Linkages

The **Hospital-Community Linkages (HCL) Project** was established to facilitate referrals and improve care coordination for consumers between local hospitals and community mental health providers in the Eastern Region.

The project addresses a long-standing need in the community for better coordination between area hospitals and community providers in serving persons with significant behavioral health needs. It was created as part of a regional response to the April 2010 closure of Metropolitan St. Louis Psychiatric Center, which provided acute and emergency behavioral health services. To help the region respond to the closure, the Department of Mental Health pledged money to the region which included funds for treatment at community behavioral health centers for a certain number of patients after they were discharged from inpatient care.

#### *A Focus on Persons with the Most Need*

The project's target population is adults being discharged from acute care behavioral health units of hospitals who have ongoing behavioral health needs and meet the following criteria:

- **Are uninsured or have regular Medicaid insurance coverage;**
- **Are not currently linked with a service provider who can coordinate care for them; and**
- **Have a qualifying behavioral health diagnosis (serious mental illness).**



Members of Hospital Community Linkages Workgroup Mark Utterback, Mike Morrison and Kim Gladstone.

Hospital-Community Linkages Participating Providers
Barnes-Jewish Hospital
BJC Behavioral Health
Bridgeway Behavioral Health
Christian Hospital
COMTREA
Crider Health Center
Hopewell Center
Independence Center
Jefferson Regional Medical Center
Places for People
Preferred Family Healthcare
Queen of Peace Center
St. Alexius Hospital
St. Anthony's Medical Center
Mercy Health Center
St. Louis University Hospital
St. Louis Reg. Psychiatric Stabilization Center
SSM DePaul Health Center
SSM St. Joseph Health Center
SSM St. Joseph Health Center -Wentzville
SSM St. Mary's Health Center

The HCL Project is guided by a Policy Workgroup along with a sub-committee comprised of liaisons assigned by each of the participating providers who are responsible for referral and linkage to care. Members of both groups meet regularly to monitor implementation of the regional action plan, review data, address overall coordination issues and identify best practices in follow-up care coordination that can be implemented across providers.

## To Improve Access

The HCL Project has sparked a marked increase in communication and coordination between hospitals and community providers that is unprecedented in the Eastern Region. There are now 21 hospital and community service providers participating across the region. This has ultimately resulted in better access to community services for people needing on-going care when they leave the hospital.

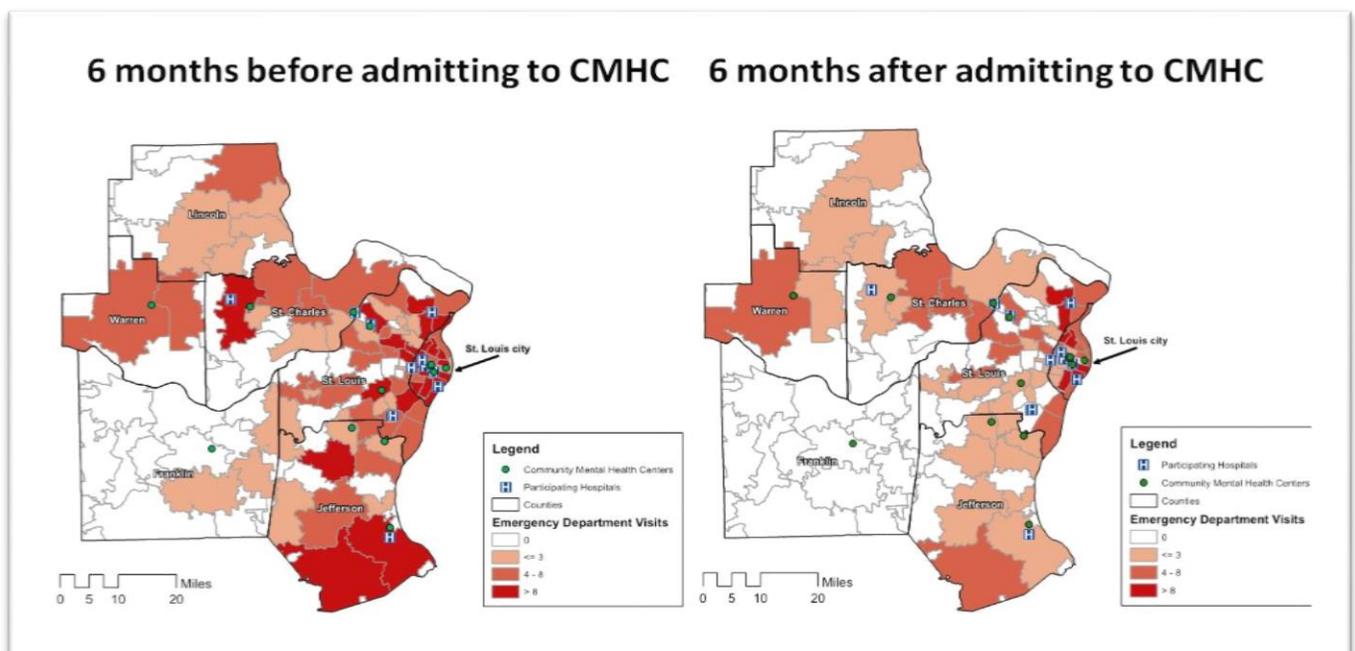
“I had been hospitalized 4 times since June, and am finally feeling stable. For the first time in a long time, I have hope, and know that there is a plan in place for me and people to help me”.

-Lorie D.

### Results: Improved Patient Outcomes + System-wide Cost Savings

- **Annually, approximately 700 patients referred by area hospitals are successfully connected with community treatment, exceeding the number of treatment slots funded by 137%.**
- **A 47% reduction in total psychiatric emergency room visits and a 57% reduction in inpatient days after admission to a Community Mental Health Center (CMHC). Only 18% of clients were readmitted to the hospital in the six months following admission.**
- **Significant patient improvements on the Global Assessment of Functioning scale at one-year follow-up.**
- **A projected 278% return on investment with an average Medicaid claim cost savings of \$5,450 per patient annually for all healthcare services.**

### Change in Regional Psychiatric Emergency Room Visits



## *It's About Collaborative Planning*

### *Regional Housing Collaborative*

A home of one's own, whether rented or owned, is a cornerstone of independence and wellness for people with mental illness and addiction disorders, many who can also benefit from in-home or community-based services and supports. Locating appropriate and affordable housing and services has often been a major barrier for people.



**Regional Housing Collaborative participants Laurent Javois and Greg Vogelweid.**

#### **5 Critical Issues Identified**

- 1. Overall lack of affordable housing in Missouri's Eastern Region**
- 2. Few options are available for permanent supportive housing**
- 3. Confusion among consumers and providers alike about what resources are available and how to coordinate them**
- 4. Public funds for both the development and provision of housing and services are limited and financing is very complex**
- 5. Planning and development occurs in silos in the region**

The BHN Board of Directors identified the expansion of safe, affordable housing and supportive service options for persons with behavioral health needs as one of its top strategic priorities for 2011-2012. An initial planning workgroup was established to guide the development of a **Needs Assessment and Inventory of Resources** to identify and quantify the critical housing needs of persons who are impacted by mental illness and substance abuse in the Eastern Region of Missouri.

Five Critical Issues were identified (see table at left). In addition, information gathered through consumer surveys, focus groups and reviews of data found:

- **The majority of consumers are looking for housing;**
- **85% of consumers want to own or rent a house/apartment;**
- **60% identified housing as being too expensive.**
- **In addition to affordability, issues of privacy, independence, and safety were of key concern;**
- **There is a significant over-representation of persons with mental illness and substance abuse disorders who are homeless.**

Unfortunately, people who are homeless are more likely to return to the street, emergency rooms and hospital

inpatient units if they are not provided with adequate housing and support services. For those with alcohol and drug problems, including those dually diagnosed, maintaining sobriety may be impossible without adequate housing and support. Additionally, research shows that people with mental illness who live where they want to are more likely to have a job, social supports and a higher quality of life than those whose housing doesn't meet their needs.

## & Collective Action

Based upon the findings of the needs assessment, a Regional Housing Collaborative Workgroup was chartered to develop a comprehensive plan for the region that would address the five (5) critical issues identified.

*Vision: People with behavioral health needs have access to an array of safe, decent and affordable permanent housing options through the region.*

Long range goals, objectives and recommended strategies were developed. The following five mutually reinforcing priority areas for actions were identified:

1. **Complete regional Affordable Housing Gap Analysis.**
2. **Establish an Executive Steering Committee to begin planning for the creation of a Regional Housing Entity dedicated to serving persons with behavioral health needs (this could be through an existing entity or new corporation).**
3. **Create and implement a plan to increase provider capacity to provide supported housing services.**
4. **Develop a streamlined Information and Access System in region.**
5. **Develop Communications and Advocacy plan.**

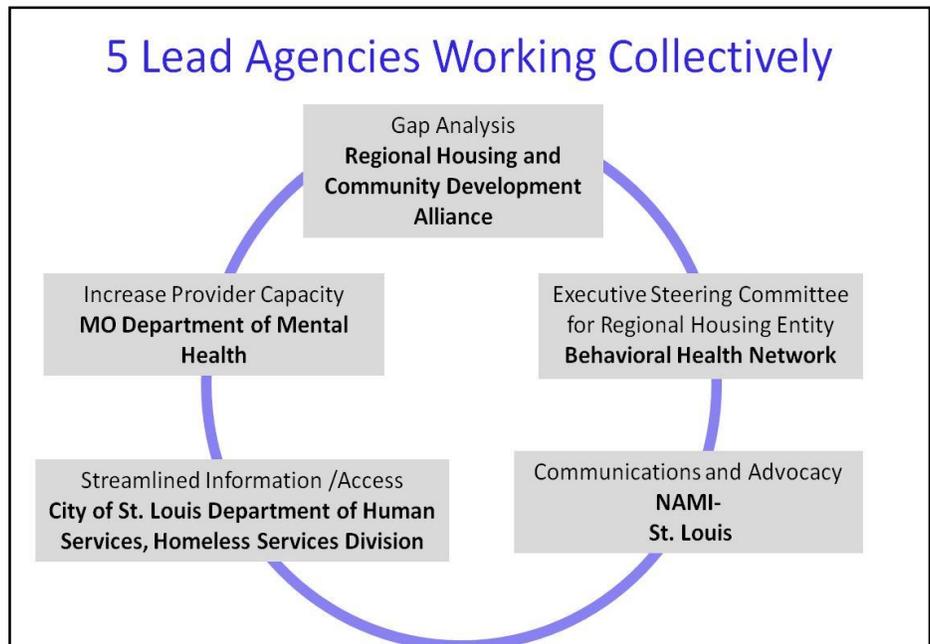
Five organizations have committed to serving as the lead agency for each of the priority areas and the BHN will serve as a convener for the collaborative in 2013.

Implementation is scheduled to commence in January, 2013 with regular updates on progress provided to stakeholders through the year.

### Initial Affordable Housing Gap Analysis Findings

- **All with Behavioral Health needs searching for housing: 15,052**
- **Searchers who cited affordability as main barrier: 9,169**
- **Total number of vouchers available to ease housing cost burden (SCLP, S+CARE, HUD Housing choice - “disabled” ): 5,726**
- **Remaining need (either vouchers or dedicated affordable units): 3,443 – 9,326**

### 5 Lead Agencies Working Collectively



## It's About Community Awareness

### Rosalynn Carter Mental Health Day

Despite great progress toward understanding the causes and treatments for mental illnesses, our nation's health care system continues to fail people living with these conditions. No one is

"She was so inspiring that it just literally renewed my commitment to mental health in this region-we need to get the word out"

- Event Attendee

more passionate or persuasive on the matter than former First Lady Rosalynn Carter, who has been a driving force in the field of mental health throughout her public service career.



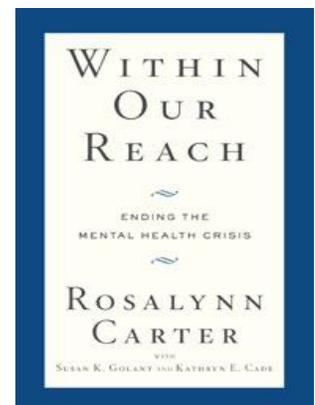
Former First Lady Rosalynn Carter speaks in St. Louis

Rosalynn Carter is Co-Founder of the Carter Center (with former U.S. President and husband Jimmy Carter). The Carter Center's Mental Health Program works to promote awareness about mental health issues, reduce stigma and discrimination against those with mental illnesses, and achieve greater parity for mental health in the U.S. health care system. In Mrs. Carter's new book, **Within Our Reach: Ending the Mental Health Crisis**, she shares her knowledge from almost 40 years of work in the mental health care field, including the problems with stigma and access to the mental health care system.

The Behavioral Health Network, COMTREA, Mental Health America of Eastern Missouri and NAMI-St. Louis hosted a special day of events on February 14<sup>th</sup>, 2011 in honor of the former First Lady, Rosalynn Carter. Mrs. Carter spoke about her vision for ending the mental health crisis at several scheduled events throughout the region. The day of events included an early brunch presentation at the Roy Wilde Conference Center, Fox School District in Arnold, MO along with a Corporate Sponsors Luncheon and Panel Discussion at Washington University in St. Louis. Attendees at all events received an autographed copy of Mrs. Carter's book.



Attendees at the Panel Discussion applaud the remarks made by Mrs. Carter.



## & Community Solutions

Through its Board, Advisory Boards and Workgroups, BHN forms the foundation for collaboration among providers, advocacy organizations, government leaders and community members dedicated to developing an accessible and coordinated system of behavioral healthcare.

The Board of Directors serves as the governing body and is comprised of area leaders in the region representing hospitals, health centers, community mental health providers, substance abuse providers, children's service providers and advocacy organizations, as well as the Missouri Department of Mental Health.

Workgroups are assigned responsibility to guide the work required for the key strategic initiatives established by the board with members appointed based upon expertise and interest.

Regular community input is received through monthly meetings of the Advisory Board which provides regular feedback to the Board (see below caption). Broad-based community input is also received from various methods such as surveys, focus groups and listening sessions with consumers, families and other community stakeholders.

"The input and feedback we receive from the broader community is the key to finding solutions to complex issues that actually work".

-Mark Utterback, BHN Advisory Board Chair

### Organizational Structure

#### Board of Directors

- Governing Body
- 34 Members -Local Provider, Advocacy and State Leadership

#### Advisory Boards

- Adult & Children\*
- Up to 35 Members each -Broad Community Representation

#### Workgroups

- Steering Teams for Key Initiatives
- Members appointed based upon expertise

\*Children's Advisory Board not yet established



**Jermine Alberty provides recommendations to address barriers to care at the monthly Advisory Board meeting.**

### Role of the Adult Services Advisory Board

The BHN Adult Services Advisory Board is responsible for evaluating matters put before it by the BHN Board of Directors and for developing and making recommendations to the Board of Directors on its own initiative. Through monthly meetings open to the public, individuals representing providers, consumers, law enforcement, advocates, courts, funders, family members and others serving the mental health and substance abuse community have opportunities to provide input and counsel on relevant initiatives being pursued by the Behavioral Health Network's Board and workgroups. The group also acts as a network of

communication for the BHN to reach out to the larger community and serves a dual role as the Community Advisory Board for the St. Louis Regional Psychiatric Stabilization Center.

## *It's About Looking to the Future*

Much work has been done to address behavioral health in the Greater St. Louis community. However, much more is needed to create a comprehensive system of care throughout the region. As we honor our past and celebrate the successes of the first two years of operation, we also must look to the future in an era of evolving health care reform.



**BHN Board Members set priorities for the upcoming year at their Annual Meeting.**

With this end in mind, the BHN Board of Directors with input from the Advisory Board and workgroups, established five (5) Strategic Priorities for the upcoming three years with a focus on building the internal organizational infrastructure needed to support long-range programmatic priorities.

"We are starting to see a budding system of care in the region. These are the very first steps."

- Joe Yancey, BHN Board Chair

In March 2010, President Obama signed into law the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010 (together referred to as the Affordable Care Act) that make health insurance coverage more affordable for individuals. The Affordable Care Act is one aspect of a broader movement toward a reformed behavioral health system with new opportunities and a need to ensure that behavioral healthcare providers are ready to meet the demand for services in this new health care environment.

### *Fiscal Year 2013-2016 Strategic Priorities*

1. DEVELOP A SUSTAINABLE OPERATIONAL INFRASTRUCTURE FOR ONGOING REGIONAL PLANNING AND COORDINATION.
2. BUILD ON CURRENT SUCCESSES TO INCREASE CLIENT ACCESS TO BEHAVIORAL HEALTH SERVICES AND SUPPORTS ACROSS THE REGION.
  - EXPANSION OF HOSPITAL-COMMUNITY LINKAGES PROGRAM
  - IMPLEMENTATION OF REGIONAL HOUSING COLLABORATIVE PLAN
  - INITIATION OF NEW BRIDGES TO CARE & RECOVERY INITIATIVE
3. DEVELOP CAPACITY TO CREATE A MORE RESPONSIVE AND COORDINATED CHILDREN'S SYSTEM OF BEHAVIORAL HEALTH CARE.
4. PREPARE THE BEHAVIORAL HEALTH SYSTEM FOR HEALTH CARE REFORM.
5. EXPAND AND IMPROVE BEHAVIORAL HEALTH SYSTEM REPORTING CAPABILITIES.

## *& Sustaining the Momentum*

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### *New- Bridges to Care and Recovery Initiative*

The Bridges to Care and Recovery initiative provides a unique opportunity to make a difference in the Greater St. Louis region by improving how organizations work together to coordinate the services and care they provide to people who have multiple and complex service needs that cannot be met by one organization alone. Driven by community interest and concern, funding has been provided by Barnes-Jewish Hospital, SSM St. Mary's Health Center and St. Louis University Hospital for this project. Working in partnership with leadership from the St. Louis Metropolitan Clergy Coalition and others, this initiative will examine the critical interface between the hospital, homeless service, law enforcement and behavioral health systems in their



**Kacie Starr Triplett, Project Director facilitates a listening session for the new Bridges to Care & Recovery Initiative.**

work with people with behavioral health needs. Under the direction of a Steering Committee, the Behavioral Health Network will convene stakeholders across the community over a ten- month timeframe to identify and assess the issues that contribute to both positive and negative outcomes that affect the care and recovery of those most in need. Specific recommendations will be made to create a sustainable plan to address the gaps between the existing service systems and strengthen the collaborative framework for behavioral health in our region.

### *Children, Youth & Families*

We are fortunate in this region to have an array of resources and programs that address the social and emotional needs of children and their families. Yet because children's mental health is shaped not just by the behavioral health system, but by many individuals, groups, sectors and systems that touch their lives, there remains a great need for collaboration and coordination across the region to ensure that a child's behavioral health needs are effectively addressed. To meet BHN's commitment to creating a better system of care *across the lifespan*, the Board of Directors will begin assessing the most critical gaps that exist in the children's system of care, particularly for youth transitioning to adulthood. The assessment will be grounded in a public health approach to mental health with an eye toward the changing health care environment to guide effective collaborative action over the course of the next two years and complement the numerous important initiatives that currently exist.

### *Behavioral Health System Reporting*

In comparison to many physical health risk factors and conditions, publically available data systems for tracking behavioral health are limited. This makes it extremely difficult to assess the change in health status attributable to behavioral health or the known linkages between behavioral health and physical health. Even data on behavioral health service utilization is limited. BHN took some initial steps in 2012 to begin analyzing the service system and identified several barriers that interfered with doing this in a comprehensive and meaningful way. Moving forward, the BHN will continue to build its capacity to track and analyze relevant data and work with both local and state leadership to improve data availability.

## *It's about Working Together to Create a Better System of Care*

### *Rosters 2011-2012*

#### **Adult Services Advisory Board Roster (as of December, 2012)**

**MARK UTTERBACK** (*Chair*)

Mental Health America of  
Eastern Missouri

**JIM HOERCHLER** (*Vice-Chair*)

Barnes-Jewish Hospital

**JERMINE ALBERTY**

Missouri Institute of  
Mental Health

**SGT. BARRY ARMFIELD**

St. Louis County Police  
Department

**YVONNE BUHLINGER**

Grace Hill Community  
Health Center

**NANCY BOLLINGER**

Self-Help Center

**PEG CAPO**

Developmental Disabilities  
Resource Board of St. Charles

**ARLEN CHALEFF**

Community Volunteer/  
Advocate

**MARY ANN COOK**

Community Volunteer/  
Advocate

**JOE ENTLER**

Express Scripts

**KATRINA HARPER**

Crider Health Center

**CAROL EVANS**

Missouri Institute of  
Mental Health

**STEPHEN GAIONI**

VA Medical Center

**BETHANY JOHNSON-JAVOIS**

St. Louis Integrated  
Health Network

**ROSETTA KEETON**

St. Louis Connect Care

**DON LINHORST**

St. Louis University

**BILL LERITZ**

Adapt of Missouri

**JULIA OSTROPOLSKY**

Bi-Lingual International  
Assistant Services

**WENDY ORSON**

Hopewell Center

**MARGO PIGG**

COMTREA

**ENOLA PROCTOR**

Washington University

**DANIEL POUPARD**

St. Louis University  
Hospital

**MATTHEW RABBITT**

SSM Behavioral Health Services

**VALERIE RUSSELL**

St. Louis City Department of  
Human Services

**ANDREA SHAW**

Hyland Behavioral Health  
St. Anthony's Medical Center

**TOM SAGGIO**

Christian Hospital

**LYNNE SANDERSON**

St. Louis County  
Department of Health

**JAMES SHORTAL**

Community Volunteer/  
Advocate

**ROSIE STAFFORD**

St. Louis Regional Health  
Commission

**M. KEITHLEY WILLIAMS**

City of St. Louis  
Drug Court

**JOHN EILER** (*ex-officio*)

St. Louis Regional Psychiatric  
Stabilization Center

**DIANE MCFARLAND** (*ex-officio*)

Behavioral Health Network

## Regional Housing Collaborative Workgroup Roster

**JOE YANCEY** (*Chair*)

Places for People

**STEPHEN ACREE**

Regional Housing and  
Community Development  
Alliance

**CAROLYN BAN**

Beyond Housing

**RACHEL BERSDALE**

COMTREA Comprehensive  
Health Center

**STEPHANIE BOYER**

Volunteer/Advocate

**ALLYCE BULLOCK**

St. Louis Mental Health Board

**LARRY FLETCHER**

Missouri Department of Mental  
Health

**DANIEL GRAY**

Places for People

**JUSTIN IDLEBURG**

Volunteer/Advocate

**TONI JORDAN**

Volunteer/Advocate

**LINDA HUNTSPON**

Queen of Peace Center

**JUDY JOHNSON**

Missouri Department of Mental  
Health

**DOTTIE KASTIGAR**

Community Council of St. Charles  
County

**JACKIE LUKITSCH** (*Chair, Pre-  
Planning Workgroup*)

NAMI-St. Louis

**NANCY POPE**

Disability Resource Association

**CARLA POTTS**

Northeast Community Action  
Agency

**ADAM ROBERTS**

St. Louis County Community  
Development

**MARY ALICE SCHERRER**

Independence Center

**JIM TOPOLSKI**

Missouri Institute of Mental  
Health

**GREG VOGELWEID**

St. Patrick Center

**JIM WALLIS**

Preferred Family Healthcare

**ELEANOR TUTT** (*Consultant*)

Regional Housing and  
Community Development  
Alliance

## Hospital-Community Linkages Workgroup Roster

**JOHN EILER** (*Co-Chair*)

St. Louis Regional Psychiatric  
Stabilization Center

**KARL WILSON** (*Co-Chair*)

Crider Health Center

**BETH BROWN** (*Liaison Chair*)

Independence Center

**TIM DALAVIRAS**

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St. Anthony's Medical Center

**WIL FRANKLIN**

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**BRENDA JOHNSTON**  
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**PATTY MORROW**  
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**DWAIN SLIGER**  
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*\*Participation open to others across all providers*

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**KATE BECKER**  
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