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DATE: June 10, 2014

TO: Division of Behavioral Health Administrative Agents
Division of Probation and Parole

FROM: Nora Bock, Director of Adult Community Treatment, Division of Behavioral Health

RE: MH3/CMHT Program Clarification - REVISED

The purpose of this memo is to clear up any confusion regarding the **Community Mental Health Treatment (CMHT)** program. The CMHT program is no longer referred to as the MH3 program. Offenders referred to the CMHT program live in the community. The MH3 designation originates within the correctional facility. It is a historical artifact that CMHT services are coded as MH3 in CIMOR. At its inception, the program was utilized less than it is now. The increased referrals over the years have resulted in these funds being exhausted prior to the end of the fiscal year. **Thus, it is very important that referrals are appropriate and that services delivered are clinically justified.**

Program Structure

CMHT referrals are made from the Probation and Parole office to an Administrative Agent (AA) of the Division of Behavioral Health. The target population are those suffering marked impairment in social or occupational functioning, due to mental illness, but who could likely return to an improved level of functioning with psychosocial services and/or medication. **Offenders presenting with only substance use issues are not appropriate referrals for the CMHT program.** Offenders with *co-occurring* mental health and substance use issues may be referred. The actual duration and frequency of services will vary based on the assessed clinical needs of the individual. Discharge planning should begin immediately and the assessment of the individual's progress toward treatment goals should be a joint collaboration between the offender, treatment team, probation/parole officer, and natural supports, as appropriate.

CMHT referrals that are eligible for admission to the Community Psychiatric Rehabilitation (CPR) Program should be discharged from the CMHT service category and enrolled in CPR. Treatment is then funded through CPR allocations, thereby preserving the limited CMHT resources and expanding service opportunities for other referrals.

Services provided to CMHT clients that are not appropriate for CPR *may* include any combination of the following:

- Intake/assessment;
- individual/group counseling;
- medication management visits;
- case management, and,
- psychiatric and anti-addiction medications.

The AA may deliver and bill for other clinically appropriate services. These must be documented in the individual's treatment and rehabilitation plan. The consumer should receive the services they are assessed as needing and be discharged when treatment goals are accomplished.

Medicaid Eligibility

All CMHT referrals must be screened for potential Medicaid eligibility. It is important that the AA assist clients in securing benefits as soon as possible. DOC funds would be freed up as many of the services would then be paid through Medicaid. **Once Medicaid eligibility has been approved, the provider should no longer bill the CMHT allocation.**

Other Health Insurance

CMHT funds should not be used for referrals who have health insurance that cover the services provided by the CMHC.

If you have any questions regarding this memo or the CMHT program, please contact Lisa Martin at lisa.martin@dmh.mo.gov

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