

Missouri

IMPLEMENTATION REPORT FY 2006

COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT

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Center for Mental Health Services
Division of State and Community Systems Development

Introduction:

The CMHS Block Grant application format provides the means for States to comply with the reporting provisions of the Public Health Service Act (42 USC 300x-21-64), as implemented by the Interim Final Rule and the Tobacco Regulation for the SAPT Block Grant (45 CFR Part 96, parts XI and IV, respectively).

Public reporting burden for this collection of information is estimated to average 563 hours per response for sections I-III, 50 hours per response for Section IV-A and 42 hours per response for Section IV-B, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to SAMHSA Reports Clearance Officer; Paperwork Reduction Project (0930-0080); Room 16-105, Parklawn Building; 5600 Fishers Lane. Rockville. MD 20857.

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Missouri

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Missouri

Adult - Summary of Areas Previously Identified by State as Needing Improvement

Adult - Report Summary of areas which the State identified in the prior FY's approved Plan as needing improvement

MATT BLUNT
GOVERNOR
RON DITTEMORE, Ed.D.
INTERIM DIRECTOR



STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH

1706 EAST ELM STREET
P.O. BOX 687
JEFFERSON CITY, MISSOURI 65102
(573) 751-4122
(573) 526-1201 TTY
www.dmh.mo.gov

MICHAEL COUTY, DIRECTOR
DIVISION OF ALCOHOL AND
DRUG ABUSE
(573) 751-4942
(573) 751-7814 FAX

DORA COLE, Ed.S., LPC
INTERIM DIRECTOR
DIVISION OF COMPREHENSIVE
PSYCHIATRIC SERVICES
(573) 751-8017
(573) 751-7815 FAX

BERNARD SIMONS
DIRECTOR
DIVISION OF MENTAL RETARDATION AND
DEVELOPMENTAL DISABILITIES
(573) 751-4054
(573) 751-9207 FAX

November 30, 2006

LouEllen M. Rice
Grants Management Officer
Division of Grants Management, OPS
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Rockville, MD 20857

Dear Ms. Rice:

The Missouri Department of Mental Health, Division of Comprehensive Psychiatric Services is pleased to submit our Fiscal Year 2006 Implementation Report for the Community Mental Health Services Block Grant. We are submitting the report in the WebBGAS system.

Thank you for your consideration of our implementation report. Our vision is that "Missourians shall be free to live their lives and pursue their dreams beyond the limitations of mental illness, developmental disabilities and alcohol and other drug abuse."

Please contact Rosie Anderson-Harper, State Planner, at 573-526-5890 if you have any questions.

Sincerely,

Dora Cole, Ed.S.
Interim Director

**State Advisory Council
For
Comprehensive Psychiatric Services**



Missouri Department of Mental Health
1706 E. Elm St., P.O. Box 687
Jefferson City, MO 65101
573-751-0142 – Fax: 573-751-7815
TDD 573-751-8523
1-800-364-9687

November 30, 2006

Ron Dittmore, Director
Department of Mental Health
1706 East Elm Street
Jefferson City, MO 65102

Dear Dr. Dittmore:

The Division of Comprehensive Psychiatric Services (CPS) has been implementing programs related to the FY 2006 Community Mental Health Services Block Grant State Plan. The State Advisory Council has received reports on the activities and outcomes of the plan throughout the year and we have reviewed the FY 2006 Implementation Report.

The State Advisory Council is energized in our work with the Department. We feel our input and feedback is valued. We want to continue our involvement in activities that allow the consumer and family voice to be heard.

We are looking forward to working with CPS staff on implementation of the new plan and continuing our Block Grant monitoring activities.

Sincerely,

Donna K. Lay, Chair
State Advisory Council

The Department of Mental Health does not deny employment or services because of race, sex, creed, marital status, national origin, disability or age of applicants or employees.

**MISSOURI DEPARTMENT OF MENTAL
HEALTH**



**DIVISION OF COMPREHENSIVE
PSYCHIATRIC SERVICES**



FISCAL YEAR 2006

**IMPLEMENTATION REPORT FOR THE
COMMUNITY MENTAL HEALTH
SERVICES BLOCK GRANT**

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IMPLEMENTATION REPORT

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**Implementation Report
FY 2006
Community Mental Health Services Block Grant
For
Adults and Children**

Introduction

The Missouri Department of Mental Health (DMH), Division of Comprehensive Psychiatric (CPS) submitted a one year plan for the FY 2006 Community Mental Health Block Grant. This is the final report on the outcomes of the implementation of that plan.

The DMH is the state agency authorized to develop and implement the public mental health service delivery system. It operates under a 7 member Commission appointed by the Governor. The Commission is responsible for appointing the Department Director and advising on matters relating to its operation.

The DMH has three operating divisions: Division of Comprehensive Psychiatric Services (CPS); Division of Alcohol and Drug Abuse (ADA); Division of Mental Retardation and Developmental Disabilities (MRDD). Each Division has its own state advisory structure, target populations and mission.

The Department Director appoints the Director of the Division of CPS. Additional staff members include one deputy director, four area directors for adult services and four area directors for children's services. Regional staff is housed in different geographic locations throughout the State. The 114 counties and the City of St. Louis are subdivided into 25 mental health service areas, each with an Administrative Agent (AA). These AA's are community mental health centers responsible for the assessment and provision of services to persons in their designated area and for providing follow-up services to persons released from State-operated inpatient services.

Adult Report Summary

Areas Identified as Needing Improvement

The previous State Plan was reviewed by the Comprehensive Psychiatric Services State Advisory Council (CPS/SAC). The CPS/SAC identified the following areas needing improvement:

- I. Financial limitations continue to cut into the administration of State mental health services. The Missouri DMH needs to prevent or minimize cuts to core funding affecting direct consumer care.
- II. Recovery should be a focus for the Department and Division. Staff and consumers should be provided training to support and enhance recovery-based programs and services.

- III. Education efforts continue through partnership with other Department of Mental Health advisory councils and advocates to continue addressing stigma and negative stereotypes regarding mental illness and to educate new legislators on issues affecting consumers and their quality of life.

Missouri

Adult - Most Significant Events that Impacted the State Mental Health System in the Previous FY

Adult - Report Summary of the most significant events that impacted the mental health system of the State in the previous FY

Most Significant Events That Impacted the Mental Health System

To address the areas identified as needing improvement, the Missouri DMH/CPS has taken the following steps in each of the three categories above.

I. Financial Resources

New Freedom Commission Goal 3: Disparities in Mental Health Care are Eliminated

Missouri has experienced the effects of an extended overall economic slowdown over several years. A limitation on general revenue growth has caused the DMH to face core budget reductions, withholds and staff layoffs for five consecutive years. The DMH has experienced core net reductions on General Revenue state dollars of \$80.1 million in recent years. The total full-time equivalent positions have been reduced from 10,386 in fiscal year 2002 to 9,122 in fiscal year 2006. This has required the department to focus on protecting current services and programs while attempting to maximize the use of other funding sources.

Missouri's Governor and legislature are in the process of Transforming State Government. In 2006, Missouri passed legislation that will end the current Medicaid program in 2008. The Missouri Medicaid Reform Commission derived its charge and legislative authority from 208.014, RSMo. and Senate Concurrent Resolution 15 (2005) which stated that the work of the Commission shall include but not be limited to "clear and concise policy recommendations on reforming, redesigning, and restructuring a new, innovative state Medicaid healthcare delivery system." The Commission report and recommendations were provided to the legislature by January 1, 2006.

The DMH has an effective relationship with the State Medicaid Authority (Department of Social Services, Division of Medical Services). Approximately 1,000,000 persons in Missouri are eligible for Medicaid, and approximately 40,000 of the 50,000 active mental health consumers in the CPS caseload are Medicaid eligible.

Several recent changes with the State Medicaid Authority have allowed maximization of revenue. The Missouri Department of Mental Health began using an Organized Health Care Delivery System (OHCDS) in 2005 to allow billing for administrative services provided for Medicaid. This change in the Department's Medicaid status allowed additional federal funding to be secured to address financial limitations. The OHCDS allows continuation of the Access Crisis Intervention (ACI) Program. The current situation with budget cuts and withholds for the coming fiscal year would have ended ACI.

The DMH, in collaboration with the Missouri Medicaid Program, is offering the Missouri Mental Health Medicaid Pharmacy Partnership to evaluate the use of mental health medications and to offer education when opportunities exist to improve prescribing practices. The program, which is adjunctive to other efforts in the state, aims to reduce health-care costs to Medicaid patients. Over \$7 million Medicaid dollars has been saved by reducing medication costs.

Recent economic conditions in Missouri have resulted in withholds and reductions that have substantially limited growth. Even through this down turn the Division, with the resources available, is moving toward a participatory seamless integrated system of care more accessible and responsive to the needs of individuals with serious mental illness and children and youth with serious emotional disturbance. The Mental Health Block Grant, PATH Grant, Olmstead Grant, Mental Health Mil Tax Boards, discretionary grant awards from SAMHSA, Medicaid and other community funding all help fund mental health services in Missouri. Missouri is 9th of the 50 states in receipt of discretionary (competitive grant) funding from SAMHSA for fiscal year 2005/2006.

The total budget for Missouri Department of Mental Health, Division of Comprehensive Psychiatric Services is \$353,683,302 for Fiscal Year 2006. The federal Block Grant portion of the budget is \$6,944,057. Please refer to the Fiscal Year 2006 Block Grant Expenditures page for details on agencies and amounts received for Block Grant monies.

II. Recovery

New Freedom Commission Goal 2: Mental Health Care is Consumer and Family Driven

Procovery

The Department of Mental Health must list as a strength it's adaptability in times of financial difficulties. The Division of Comprehensive Psychiatric Services continues to move forward with the introduction of programs that encourage recovery and assist consumers with identifying their needs and taking charge of their own recovery. In April of 2005, the Division welcomed Kathleen Crowley into Missouri to pilot Procovery in selected areas. Procovery concepts are being introduced in both rural and urban settings through Community Psychiatric Rehabilitation (CPR) Programs. Procovery promotes use of each individual's personal goals as targets for predicting success in treatment and recognizes that individuals who have experienced an illness are expert in their abilities to help others recover. The model promotes "just start anywhere" and has eight principles and twelve strategies for healing. Studies conducted of the Procovery model show marked improvement rates for consumers. There is also reason to believe that Procovery helps organizations with improving services.

The *First Year Missouri Report Procovery Circles* identified these accomplishments:

- Referral Listing of 80 active Procovery Circles all nearing structural fidelity
- 1368 Procovery Circle meetings (for which data was submitted by facilitators— estimate this is 60% of meetings actually held)
- Average attendance 8.6 persons per Circle meeting
- Regions: St Louis, Farmington, Poplar Bluff, Kennett, Cape Girardeau, Sikeston, Kansas City, Springfield, Fulton, Rolla
- Settings: In-patient acute, inpatient forensic, outpatient, RCF, clubhouse, community, faith, NAMI, co-occurring substance abuse, HIV, women's, men's, transitional youth, homeless, run by and for client, family, and staff

III. Education Efforts

New Freedom Commission Goal 1: Americans Understand that Mental Health is Essential to Overall Health

Mental Health Awareness Day

Mental Health Awareness Day 2006: *Transforming the Landscape of Mental Health* at the State Capitol on April 5th was a huge success. Over 600 consumers converged on the State Capitol for educational opportunities. Events included presentations on housing, Procovery, and self-advocacy planned entirely by the mental health planning council members. Eighteen exhibitors provided information about services and supports throughout the state. Council members staffed the event to assure it ran smoothly. Consumers were encouraged to arrange meetings with their legislators.

Anti-Stigma Public Education Campaign

The DMH has established a partnership with state advocacy organizations to initiate a state-wide Anti-Stigma Public Education Campaign. To ensure Missourians understand that mental health is essential to overall health, a small group of CPS/SAC consumer members, working with other mental health consumers, and DMH staff have worked on an Anti-Stigma Public Education Campaign. The department has contracted with a group to perform a digital random telephone survey of 1000 homes. A series of questions was asked to gather views regarding mental illness. Specialty questions were included on youth, elderly, medications, and homelessness. Utilizing the results of the survey, the department, SAC members, and consultants will be able to target their message for transformation activities. CPS/SAC has discussed developing 30 second television public service announcements with a "Get the Facts" tag line. Viewers could be directed to access more information on a website.

Suicide Prevention

Suicide prevention across the lifespan continues to be a priority for the state. The DMH, and partners in the efforts to reduce suicide, developed a state-wide Suicide Prevention Plan through enabling state legislation. The department was awarded a Youth Suicide Prevention and Early Intervention grant from SAMHSA. Working cooperatively with the Missouri Institute of Mental Health, state agencies are moving forward on suicide prevention. The DMH continues to implement suicide prevention services according to the legislative mandates and grant guidelines using braided funding from multiple sources such as the SAMHSA grant and Block Grant dollars. State-wide suicide prevention trainings have taken place and were well attended. Contracts have been awarded in each region of the state for resource centers to provide prevention services. Mini-grants for special projects have been awarded and an 800 number for suicide prevention has been implemented. The Suicide Prevention Advisory Committee established in legislation has been appointed.

Other Significant Events That Impacted the Mental Health System

Goal 1: Americans Understand that Mental Health is Essential to Overall Health

Prevention

The DMH has elevated the Office of Prevention to the Director's Office as part of a Prevention Initiative. The department level staff will work cooperatively with each of the three division staff to coordinate prevention activities. The Division of CPS has hired a Prevention Manager to emphasize mental health prevention activities. The mission of prevention activities is to enhance the health and well being of Missouri's children and youth, adults, and families through comprehensive approaches to reduce the incidence and prevalence of mental retardation and developmental disabilities; alcohol and drug abuse; and mental illness and serious emotional disturbances. The Department of Mental Health works to accomplish this mission by:

- Developing policies directed at changing community norms, attitudes, and laws
- Researching and deploying evidence-based preventive interventions to prevent the onset of disorders and disabilities
- Developing and implementing public education programming to promote mental health and reduce stigma
- Implementing continuous quality improvement strategies and outcome evaluations to ensure that interventions are timely, relevant, and effective
- Conducting staff development and training programs for agency and provider personnel on best practices

A risk and protective factor framework is employed to identify disorders and disabilities and preventive interventions. The initial activities under the Office of Prevention have included development and submittal of a youth violence prevention grant application and development of a proposed concept for preventive interventions with the children of substance abusing mothers. Suicide prevention activities are associated with both the Division of Comprehensive Psychiatric Services and the Office of Prevention. Prevention programming addressing developmental disabilities and public education addressing stigma are anticipated in the coming year.

Goal 3: Disparities in Mental Health Care are Eliminated

Rural Mental Health Care Access Assessment

A Rural Mental Health Task Force was formed as a result of a two-year grant project funded by National Library of Medicine. The grant was written by the Mid-Missouri Area Health Education Center (Mid-MO AHEC) in collaboration with the Missouri Rural Health Association (MRHA). A DMH representative actively participated on the task force. A Rural Mental Health Matters report was written for state policy makers, mental health professionals, community leaders and local mental health advocates. The reports and Internet web site assist rural Missourians in accessing and evaluating health information via the web. It contains an assessment of mental health resources in Missouri. The assessment will also assist the department in targeting resources if new money becomes available.

Cultural Competency Plan

The DMH has developed a Cultural Competency Plan and a Comprehensive Treatment Model for Deaf and Hard of Hearing to assure disparities in mental health care are eliminated.

Goal 4: Early Mental Health Screening, Assessment and Referral to Services is Common Practice

COSIG

The Co-Occurring State Incentive Grant (COSIG) has been the change agent for implementing co-occurring psychiatric and substance abuse treatment in Missouri. The COSIG project has:

- Implemented standardized screening and assessment tools at 14 pilot provider sites
- Completed a feasibility study of the tools
- Provided intensive cross training throughout Years 1 and 2
- Increased level of awareness regarding Co-Occurring Disorders (COD) and need for more appropriate treatment services across the state
- Increased communication between mental health and substance abuse staff and agencies
- Identified rules and regulations that hindered services for clients with COD, led to clarification and several rule changes
- Some agencies have increased capability to appropriately treat clients with COD (e.g., Substance Abuse (SA) sites contracted for medication services and hired Mental Health (MH) staff; MH sites contracted with SA staff and provided SA treatment groups)

Crisis Intervention Teams

Jail diversion programs have been piloted including Police Crisis Intervention Teams (CIT) in the greater Kansas City and St. Louis areas. The DMH was the recipient of a SAMHSA Targeted Capacity Expansion (TCE) Jail Diversion grant that provided the foundation of a pre and post booking jail diversion program in St. Louis County. Kansas City has also been awarded a SAMHSA TCE Jail Diversion grant and coordinates the program with the local community mental health center. CIT training in Kansas City, Lee Summit and St. Louis City and County, has resulted in hundreds of law enforcement officers being certified as CIT officers.

Disaster Services

The Department of Mental Health as the public mental health authority leads the mental health response to disasters within Missouri. The Department continues to plan for its own facilities and for a statewide response. In addition, DMH is working cooperatively with other state agencies to plan for disasters and public health emergencies as well as to develop and provide training. This has led to earlier screening for mental health issues in first responders and survivors of disasters.

Goal 5: Excellent Mental Health Care is Delivered and Research is Accelerated

Evidence Based Practices

The DMH understands the importance of implementing evidence based practices to assure excellent care is delivered in Missouri. Integrated Dual Diagnosis Treatment (IDDT) and Supported Employment for adults are the focus for enhancement and fidelity to the evidence based models. Aspects of IDDT have been implemented as part of the COSIG. Exploration is

underway to expand the services offered with new budget item proposals and system changes. The DMH has worked cooperatively with the Missouri Foundation for Health, a private funding source, to provide additional dollars for IDDT services. The foundation will be awarding grants to DMH only providers, both mental health and substance abuse, for co-occurring services in the amount of 4 million dollars per year for 3 years. Existing Supported Employment services have been surveyed and proposals are moving forward to enhance consumer choice to be employed in the competitive workforce.

Consumer Operated Services

The DMH has recently developed a partnership with Missouri Institute of Mental Health to accelerate multi-state Consumer Operated Service Programs (COSP) findings into practice. The self assessment and technical assistance process has begun of the five recently awarded Consumer Drop-In Centers and five Warm-lines around the state. A nationally recognized consumer/researcher has been contracted with to implement the changes.

Supported Employment

The Missouri Department of Mental Health received funding from the National Institute of Mental Health in October 2005 to explore implementation issues in the delivery of evidenced based supported employment services for people with psychiatric disabilities. The project, entitled the Missouri Mental Health Employment Project (MMHEP), is a collaborative effort that includes the DMH, the state vocational rehabilitation agency, supported employment vendors, and community stakeholders. During the one year of funding, the MMHEP has completed the following activities:

- Created an active Guiding Coalition of stakeholders including state agency personnel, supported employment vendors, consumers and advocacy groups;
- Assessed implementation issues in the state of Missouri through a telephone survey and a fidelity assessment;
- Conducted two case studies of vendor agencies (site visits, key informant interviews);
- Presented at a statewide training on the implementation of evidenced based supported employment and planned a statewide training for vendors, state staff and consumers;
- Planned an intervention project to the National Institute on Mental Health that represents the next wave of implementation issues.

Goal 6: Technology is used to Access Mental Health Care and Information

Network of Care Website

The DMH recently contracted for a state-wide “Network of Care” web-based system to facilitate consumer information and access to mental health services. The Missouri Governor Matt Blunt launched the Network of Care website in June at the State Capitol and it is in operation.

Emergency Medical Service System

The DMH developed an Emergency Medical Service System psychiatric module/screen in partnership with Missouri Hospital Association for real-time tracking of acute psychiatric bed availability.

Tele-Psychiatry Service Initiative

The DMH is implementing a Tele-psychiatry Service Initiative to reach consumers in the rural areas where access to psychiatrists has previously been limited. Working with Clark Community Mental Health Center and the University of Missouri, psychiatric services are becoming more accessible in rural areas of southern Missouri.

Medicaid Pharmacy Partnership

The DMH, in collaboration with the Missouri Medicaid Program, is offering the Missouri Mental Health Medicaid Pharmacy Partnership to evaluate the use of mental health medications and to offer education when opportunities exist to improve prescribing practices. The program, which is adjunctive to other efforts in the state, aims to reduce health-care costs to Medicaid patients. Over \$7 million Medicaid dollars has been saved by reducing medication costs.

Medical Risk Management (MRM)

The DMH and the Division of Medical Services (DMS) are implementing a new program called Medical Risk Management (MRM) for Medicaid Recipients diagnosed with Schizophrenia with co-occurring medical disorders. Schizophrenia, a severe mental illness, affects 1% of the population and is also associated with high rates of medical illness and early death. Persons diagnosed with schizophrenia are twice as likely to have major medical illnesses such as diabetes, hypertension heart disease asthma, digestive, and lung disorders. MRM is patient focused and is designed to keep physicians and case managers informed of medical and psychiatric issues arising in each patient's care. MRM utilizes predictive risk modeling for pinpointing which patients with Schizophrenia are trending toward high-risk/high cost disease states, allowing existing provider systems to proactively focus appropriate clinical interventions. The program utilizes administrative claims data (both medical and behavioral services and pharmacy) to identify targeted patients most in need of intervention.

Missouri

Adult - Purpose State FY BG Expended - Recipients - Activities Description

Adult - A report on the purpose for which the block grant monies for State FY were expended, the recipients of grant funds, and a description of activities funded by the grant.

Department of Mental Health
Division of Comprehensive Psychiatric Services
FY 2006 Block Grant Expenditures

Provider	Adult	Youth	Total
Adapt of Missouri	\$ 19,802	\$ -	\$ 19,802
East Central MO BH (formerly Arthur Center)	\$ 47,902	\$ 2,146	\$ 50,048
Bootheel Counseling Services	\$ 21,514	\$ 4,994	\$ 26,509
Burrell Center	\$ 733,038	\$ 2,517	\$ 735,555
Clark Community Mental Health	\$ 36,887	\$ 56,510	\$ 93,398
Community Health Plus - Park Hills	\$ 99,431	\$ -	\$ 99,431
Community Health Plus - St. Louis	\$ 651,624	\$ 88,871	\$ 740,495
Community Treatment	\$ 294,203	\$ 36,046	\$ 330,249
Comprehensive Mental Health	\$ 162,507	\$ 63,231	\$ 225,738
Comprehensive Health Systems	\$ 2,334	\$ -	\$ 2,334
Crider Center for Mental Health	\$ 464,712	\$ 117,085	\$ 581,797
Comprehensive Psychiatric Services CO	\$ 280,892	\$ 39,650	\$ 320,542
University Behavioral Health	\$ 159,675	\$ 21,242	\$ 180,917
Family Counseling Center	\$ 310,340	\$ 105,271	\$ 415,611
Family Guidance Center	\$ 32,054	\$ 4,362	\$ 36,416
Hopewell Center	\$ 491,897	\$ 13,622	\$ 505,519
Mark Twain Mental Health	\$ 173,462	\$ 37,619	\$ 211,081
North Central	\$ 276,971	\$ 14	\$ 276,986
Ozark Center	\$ 146,020	\$ -	\$ 146,020
Ozark Medical Center	\$ 31,120	\$ 397	\$ 31,517
Pathways Community Behavioral Health	\$ 391,032	\$ 67,634	\$ 458,667
Places For People	\$ 10,238	\$ -	\$ 10,238
ReDiscover Mental Health	\$ 279,152	\$ 32,696	\$ 311,848
Swope Parkway Mental Health Center	\$ 325,766	\$ 72,606	\$ 398,371
Tri-County Mental Health Services	\$ 193,169	\$ 44,744	\$ 237,912
Truman Behavioral Health	\$ 493,644	\$ 29,174	\$ 522,818
Total	<u>\$ 6,129,385</u>	<u>\$ 840,431</u>	<u>\$ 6,969,816</u>

Report on Block Grant Expenditures

The DMH has been spending CMHS Block Grant monies consistent with the Mental Health Transformation Services examples in the Block Grant Application. The CMHS Block Grant dollars were spent on community based services to adults with serious mental illness and children with serious emotional disorders. Services to consumers are based on an Individualized Plan of Care. Certification standards and monitoring surveys require and review this mandate. The menu of services for consumers includes Community Support and Medication Management, a “Transformation Service”. Suicide Prevention activities utilize \$130,000 of the Block Grant and administrative costs of 5% were expended on payroll for DMH staff.

Individualized services to consumers paid from block grant dollars include examples of activities such as:

Community Psychiatric Rehabilitation (CPR)

The CPR program is a consumer and family driven approach that emphasizes individual choices and needs; features flexible community-based services and supports; uses existing community resources and natural support systems; and promotes independence and the pursuit of meaningful living, working, learning, and leisure-time activities in normal community settings. The program provides an array of key services to persons with severe, disabling mental illnesses. Services include evaluations, crisis intervention, community support, medication management, and psychosocial rehabilitation. Because CPRP is a Medicaid supported program, the federal government pays approximately 60 percent of the costs for clients with Medicaid eligibility.

Evaluations

Evaluations are focused assessments by a specialized provider. The service includes time for case review, necessary contacts, and a written report. The written report must be included in the client file and time must be documented in a progress note.

Crisis Intervention

Crisis intervention is emergency services which are immediately available to a client, family member or significant other to ameliorate emotional trauma precipitated by a specific event. Services may be provided by telephone or face to face. Services provided by telephone can not be charged if the provider has a telephone hotline. Telephone crisis intervention services must document the presenting problem, the scope of service provided and resolution.

Intensive Community Support

The purpose of this service is to maintain an individual with a serious mental illness in the community either as an alternative to inpatient care or following inpatient care. Components of the service include participation in the development and maintenance of a comprehensive individualized treatment/rehabilitation plan; training in daily living skills (e.g., housekeeping, cooking, personal grooming); interpersonal counseling, including individualized assistance in problem solving and personal support; and individualized assistance in creating personal support systems.

Community Support

Activities designed to ease an individual's immediate and continued adjustment to community living by coordinating delivery of mental health services with services provided by other practitioners and agencies, and monitoring client progress in organized treatment programs, as defined in Missouri's Code of State Regulations.

Intensive Youth Case Management

Services are intensive community supervision (tracking), which entail the supervision of non-residentially placed youth who are living at home, in foster homes or independently. The provider will monitor selected youth by personal contact with the youth and his/her family. The provider will also monitor the youth's progress through collateral contacts, such as school officials, employers (where applicable), and others involved with the welfare of the youth. The type and amount of services delivered by the provider will be dependent upon the Case management Plan and will be routinely reviewed by the provider and the responsible facility. A unit of service constitutes one hour of intensive community supervision services to include direct and collateral contacts, travel to make such contacts as well as preparation of all required reports and other expenses of the contractor.

Psychosocial Rehabilitation

Psychosocial services provided in a small group setting that enhance independent living skills, address basic self care needs, and enhance use of personal support systems, as defined in Missouri's Code of State Regulations.

Outpatient Community-Based Services

Outpatient services provided in an individual's community offers the least-restrictive environment for treatment. An evaluation and treatment team provides services utilizing the resources of the individual, his/her family, and the community. Outpatient programs offer individual, group, and family therapy, medication management, etc.

Targeted Case Management

Targeted Case Management services are intended to assist individuals in gaining access to psychiatric, medical, social, and educational services and supports.

Day Treatment/Partial Hospitalization

Day treatment offers the least-restrictive care to individuals diagnosed as having a psychiatric disorder and requiring a level of care greater than outpatient services can provide, but not at a level requiring full-time inpatient services. Day treatment may include vocational education, rehabilitation services, and educational services. The focus is on developing supportive medical and psychological and social work services.

Missouri

Child - Summary of Areas Previously Identified by State as Needing Improvement

Child - Report Summary of areas which the State identified in the prior FY's approved Plan as needing improvement

Child Report Summary

Areas Identified as Needing Improvement

The previous State Plan was reviewed by the Comprehensive Psychiatric Services State Advisory Council (CPS/SAC). The CPS/SAC identified the following areas needing attention:

- I. **Financial limitations** continue to cut into the Administration of State mental health services. The Missouri DMH needs to prevent or minimize cuts to core funding affecting direct consumer care.
- II. **Continued expansion** of services for children and youth in need of treatment of co-occurring disorders. The importance of educating elementary and secondary schools about the needs of mentally ill children need to be addressed as part of the interagency initiative.
- III. **Transitioning youth into the adult system of care** continues to need attention. The Missouri DMH needs to address the concerns of the young adult as they age out of the youth system and provide continued support and treatment for youth and their families to the adult system of care.
- IV. **Suicide prevention** activities should continue. The Department of Mental Health is committed to reducing the 700 suicides committed each year in Missouri.

Missouri

Child - Most Significant Events that Impacted the State in the Previous FY

Child - Report Summary of the most significant events that impacted the mental health system of the State in the previous FY

Most Significant Events That Impacted the Mental Health System

Goal 1: Americans Understand that Mental Health is essential to Overall Health

Suicide Prevention (IV above)

Suicide prevention across the lifespan continues to be a priority for the state. The DMH, and partners in the efforts to reduce suicide, developed a state-wide Suicide Prevention Plan through enabling state legislation. The department was awarded a Youth Suicide Prevention and Early Intervention grant from SAMHSA. Working cooperatively with the Missouri Institute of Mental Health, state agencies are moving forward on suicide prevention. The DMH continues to implement suicide prevention services according to the legislative mandates and grant guidelines using braided funding from multiple sources such as the SAMHSA grant and Block Grant dollars. State-wide suicide prevention trainings have taken place and were well attended. Contracts have been awarded in each region of the state for resource centers to provide prevention services. Mini-grants for special projects have been awarded and an 800 number for suicide prevention has been implemented. The Suicide Prevention Advisory Committee established in legislation has been appointed.

Goal 2: Mental Health Care is Consumer and Family Driven

Established a Comprehensive Children's Mental Health Services System (I, II, and III above)

In 2004, Senate Bill 1003 (SB1003) was enacted into law establishing a Comprehensive Children's Mental Health Services System. The DMH, in partnership with all of the Departments represented on the Children's Services Commission, are charged with developing a comprehensive children's mental health service system. Legislation mandates that families and representatives of family organizations participate on the Comprehensive System Management Team and the Comprehensive Children's Mental Health Services System Stakeholder's Advisory Group (SAG). At least 51% of the SAG must be family representatives.

Families of children with severe emotional disturbances advocated for legislation that would allow them to keep custody of their children and receive the needed mental health services. In response to the family voices, SB1003 continues the work of SB266 by addressing the painful choices limited system capacity forced on families of relinquishing custody to access needed services. The legislation requires the Children's Division (CD) to determine which children are in their custody solely due to mental health needs. Then, in partnership with the family and other agencies, submit for court approval, an individualized service plan delineating agency responsibility and funding. For children in need of only mental health services, custody may return to the family while services are provided under the coordination of the DMH with DMH billing the Department of Social Services (DSS) for services. To avoid custody transfers to the CD, SB1003 also allows for the standard means test for children in need of mental health services to be waived.

Goal 4: Early Mental Health Screening, Assessment and Referral to Services is Common Practice

Established and Implemented a “Custody Diversion Protocol” for Children

The Custody Diversion Protocol was developed through the shared efforts of DMH, DSS, courts and family members and implemented statewide in January, 2005 following extensive training of Children’s Division (CD) staff, DMH provider staff and juvenile justice officers. In February of 2005, the CD was able to implement a Voluntary Placement Agreement (VPA) through an amendment to the state’s IV-E plan. This allowed the CD to enter into a contract with parents to fund a child’s out of home placement for a maximum of 180 days if deemed appropriate through a DMH level of care assessment without having to take custody. This VPA is only available in conjunction with the Custody Diversion Protocol. To date, 160 youth have been referred through the Diversion Protocol and 150 children or ninety-four percent have been diverted from state custody. Of those children diverted from custody 51% received intensive services in their home and community while 49% required a placement outside of their home. In any given month approximately 30-35 children were supported in their out of home placement through the VPA. The continued implementation of the Custody Diversion Protocol will be monitored by the DMH, CD and the Stakeholders’ Advisory Group for the Comprehensive Children’s Mental Health Service System.

CAFAS

The DMH is working with its providers to implement a functional assessment instrument that would be consistent across all three Divisions. The **Child and Adolescent Functional Assessment Scale (CAFAS)** is being pursued as this instrument. The CAFAS will aid the DMH in obtaining the following: a) actively managing services by periodically assessing progress towards specified goals, b) designing treatment plans which link problematic behavior with a target goal and related strengths, and c) assessing outcomes. At least two community mental health centers currently utilize the CAFAS. The DMH met with the developer of the CAFAS, Kay Hodges, regarding its implementation in Missouri in November, 2005. CAFAS training of DMH staff and providers has begun across the State. The DMH and the state Juvenile Justice have a policy task force developing guidelines to support good assessment/screening for youth with mental health needs in the Juvenile Justice system.

Goal 5: Excellent Mental Health Care is Delivered and Research is Accelerated

Training

Five trainings were conducted across the state in 2005 by the KC Metro Child Traumatic Stress Program, a partner in the National Child Traumatic Stress Network, for caseworkers and therapists on Identifying and Responding to Child Traumatic Stress. The day long training focused on assisting direct care staff in recognizing the signs of psychological trauma and responding appropriately with services and referrals.

The eight Northwest Administrative Agents pooled their training dollars to implement the several critical trainings. These two training have been sited as needs and

recommendations within the Jackson County System of Care Quality Service Review. These trainings will make a vast impact for the region in many ways: consumer outcome, client specific training and professional recruitment, program development, and increased professional consultation, communication and coordination between the divisions of Mental Retardation and Development Disabilities and Comprehensive Psychiatric Services.

- **Training One:** In conjunction with the Division of Mental Retardation and Development Disabilities Albany and Kansas City Regional Centers, Western Missouri Mental Health Center and the Gillis Center for Children, the eight Administrative Agent Children Directors brought in Marc Goldman for a two day training on the assessment, treatment planning and implementation of strategies for the dually diagnosed population. Each agency brought in a team of 5-7 staff including Qualified Mental Health Professional (QMHP) and Targeted Case Management/Community Support Work staff. The first round of training taught the Functional Analysis by the QMHP and Mental Retardation Professional, how to develop behavioral strategies from the analysis utilizing Positive Behavioral Supports, how to develop and implement the Person Centered Plan, how the QMHP/QMRP leads the design, structure and implementation of these strategies towards the desired outcome. Each team will then go back and perform the functional analysis, design and develop behavioral strategies through Positive Behavioral Supports and implement the Person Centered Plan. In 30 days, Marc will then return to consult for one day with each of the teams regarding the process, plan, implementation, difficulties and further strategies and resources. Over 100 staff from 12 agencies have received the training.
- **Training Two:** The Evidence Based Practice Model of Trauma Focused Cognitive Behavioral Therapy was presented to the eight Administrative Agents. The Clinical Supervisor and the primary therapist were encouraged to attend. This training was provided by the Children's Place staff Margaret Comford. There was a one day session training on the model and supervision. Then for the next 30 days there was on-line exercises and response as therapists on utilizing the EBP model. There was a second day for consultation and follow up. Lastly, there will then be six months of supervisory oversight with the Clinical Supervisor and primary therapist provided by Margaret Comford and her staff. Nineteen therapists have been credentialed in the eight Administrative Agents to provide Trauma Focused Cognitive Behavioral Therapy.

Comprehensive System of Care for Children

The Department of Mental Health has ten System of Care sites operating in Missouri. Currently two sites are funded through the SAMHSA Comprehensive Children's Mental Health Services grants, one site is a graduate of the federal funding and seven are state system of care sites. In a System of Care (SOC), mental health services (psychiatric, mental retardation/developmental disabilities, alcohol and drug abuse) as well as other services and supports are organized in such a way as to enable children with the most complex needs to remain in their homes, schools and communities. System of Care

brings the right people together-at multiple levels-to develop resources and remove barriers for children with complex needs that might otherwise fall through the cracks.

Piloted Quality Service Review

SB1003 requires that the Children's Comprehensive Mental Health System be outcome based. In order to track child outcomes, system effectiveness and assure that the system provides high quality service to children and their families, the child-serving agencies and child advocates joined in this effort selected the Quality Service Review (QSR). The QSR, designed by Dr. Ivor Groves and adapted to Missouri, measures the quality of interactions between frontline practitioners, children and their families and the effectiveness of the services and supports provided. This process has a strong history in Missouri as it has been used by the Department of Social Services (DSS) for Practice Development Review (PDR).

To date the QSR instrument and interview process has been developed and piloted in seven of the local system of care sites under the direction of the CSMT. Results from the initial review shows that between 60% and 70% of the children with the most complex needs are improving in the key areas of safety, staying in school, and improved emotional and behavioral well-being. At the system level, review findings reflect the evolutionary nature of system of care development with the more established sites showing the most creativity and flexibility in how they use existing dollars and work collaboratively to meet the needs of children.

Positive Behavior Support

Department of Elementary and Secondary Education (DESE) has identified Positive Behavior Support (PBS) as an evidence-based approach to support children succeeding in school. PBS teams have been created in several local school districts through a State Improvement Grant. The Comprehensive System Management Team is working with DESE to incorporate the PBS approach into system of care for children and youth with mental health needs.

Goal 6: Technology is used to Access Mental Health Care and Information

State Cross-Departmental Data Warehouse for Children

Surveillance and assessment of mental health needs is critical to the development of the proposed system. To assist with this assessment, the comprehensive children's plan recommended the creation of a "data warehouse" process to compile needed data across the multiple child serving agencies. DMH in partnership with DSS has begun the initial phase of development of a data warehouse. When completed, the data warehouse would compile data across child-serving agencies in a comprehensive, integrated, and reliable view of all relevant information collected to permit quality decision making. The system would allow access to such information as level of function, service needs, utilization, and financial expenditures. The first phase of this effort, to identify specific subject areas, systems and data attributes to be included in the data warehouse, was completed in November 2005.

Missouri

Child - Purpose State FY BG Expended - Recipients - Activities Description

Child - A report on the purpose for which the block grant monies for State FY were expended, the recipients of grant funds, and a description of activities funded by the grant.

Department of Mental Health
Division of Comprehensive Psychiatric Services
FY 2006 Block Grant Expenditures

Provider	Adult	Youth	Total
Adapt of Missouri	\$ 19,802	\$ -	\$ 19,802
East Central MO BH (formerly Arthur Center)	\$ 47,902	\$ 2,146	\$ 50,048
Bootheel Counseling Services	\$ 21,514	\$ 4,994	\$ 26,509
Burrell Center	\$ 733,038	\$ 2,517	\$ 735,555
Clark Community Mental Health	\$ 36,887	\$ 56,510	\$ 93,398
Community Health Plus - Park Hills	\$ 99,431	\$ -	\$ 99,431
Community Health Plus - St. Louis	\$ 651,624	\$ 88,871	\$ 740,495
Community Treatment	\$ 294,203	\$ 36,046	\$ 330,249
Comprehensive Mental Health	\$ 162,507	\$ 63,231	\$ 225,738
Comprehensive Health Systems	\$ 2,334	\$ -	\$ 2,334
Crider Center for Mental Health	\$ 464,712	\$ 117,085	\$ 581,797
Comprehensive Psychiatric Services CO	\$ 280,892	\$ 39,650	\$ 320,542
University Behavioral Health	\$ 159,675	\$ 21,242	\$ 180,917
Family Counseling Center	\$ 310,340	\$ 105,271	\$ 415,611
Family Guidance Center	\$ 32,054	\$ 4,362	\$ 36,416
Hopewell Center	\$ 491,897	\$ 13,622	\$ 505,519
Mark Twain Mental Health	\$ 173,462	\$ 37,619	\$ 211,081
North Central	\$ 276,971	\$ 14	\$ 276,986
Ozark Center	\$ 146,020	\$ -	\$ 146,020
Ozark Medical Center	\$ 31,120	\$ 397	\$ 31,517
Pathways Community Behavioral Health	\$ 391,032	\$ 67,634	\$ 458,667
Places For People	\$ 10,238	\$ -	\$ 10,238
ReDiscover Mental Health	\$ 279,152	\$ 32,696	\$ 311,848
Swope Parkway Mental Health Center	\$ 325,766	\$ 72,606	\$ 398,371
Tri-County Mental Health Services	\$ 193,169	\$ 44,744	\$ 237,912
Truman Behavioral Health	\$ 493,644	\$ 29,174	\$ 522,818
Total	<u>\$ 6,129,385</u>	<u>\$ 840,431</u>	<u>\$ 6,969,816</u>

Report on Block Grant Expenditures

The DMH has been spending CMHS Block Grant monies consistent with the Mental Health Transformation Services examples in the Block Grant Application. The CMHS Block Grant dollars were spent on community based services to adults with serious mental illness and children with serious emotional disorders. Services to consumers are based on an Individualized Plan of Care. Certification standards and monitoring surveys require and review this mandate. The menu of services for consumers includes Community Support and Medication Management, a “Transformation Service”. Suicide Prevention activities utilize \$130,000 of the Block Grant and administrative costs of 5% were expended on payroll for DMH staff.

Individualized services to consumers paid from block grant dollars include examples of activities such as:

Community Psychiatric Rehabilitation (CPR)

The CPR program is a consumer and family driven approach that emphasizes individual choices and needs; features flexible community-based services and supports; uses existing community resources and natural support systems; and promotes independence and the pursuit of meaningful living, working, learning, and leisure-time activities in normal community settings. The program provides an array of key services to persons with severe, disabling mental illnesses. Services include evaluations, crisis intervention, community support, medication management, and psychosocial rehabilitation. Because CPRP is a Medicaid supported program, the federal government pays approximately 60 percent of the costs for clients with Medicaid eligibility.

Evaluations

Evaluations are focused assessments by a specialized provider. The service includes time for case review, necessary contacts, and a written report. The written report must be included in the client file and time must be documented in a progress note.

Crisis Intervention

Crisis intervention is emergency services which are immediately available to a client, family member or significant other to ameliorate emotional trauma precipitated by a specific event. Services may be provided by telephone or face to face. Services provided by telephone can not be charged if the provider has a telephone hotline. Telephone crisis intervention services must document the presenting problem, the scope of service provided and resolution.

Intensive Community Support

The purpose of this service is to maintain an individual with a serious mental illness in the community either as an alternative to inpatient care or following inpatient care. Components of the service include participation in the development and maintenance of a comprehensive individualized treatment/rehabilitation plan; training in daily living skills (e.g., housekeeping, cooking, personal grooming); interpersonal counseling, including individualized assistance in problem solving and personal support; and individualized assistance in creating personal support systems.

Community Support

Activities designed to ease an individual's immediate and continued adjustment to community living by coordinating delivery of mental health services with services provided by other practitioners and agencies, and monitoring client progress in organized treatment programs, as defined in Missouri's Code of State Regulations.

Intensive Youth Case Management

Services are intensive community supervision (tracking), which entail the supervision of non-residentially placed youth who are living at home, in foster homes or independently. The provider will monitor selected youth by personal contact with the youth and his/her family. The provider will also monitor the youth's progress through collateral contacts, such as school officials, employers (where applicable), and others involved with the welfare of the youth. The type and amount of services delivered by the provider will be dependent upon the Case management Plan and will be routinely reviewed by the provider and the responsible facility. A unit of service constitutes one hour of intensive community supervision services to include direct and collateral contacts, travel to make such contacts as well as preparation of all required reports and other expenses of the contractor.

Psychosocial Rehabilitation

Psychosocial services provided in a small group setting that enhance independent living skills, address basic self care needs, and enhance use of personal support systems, as defined in Missouri's Code of State Regulations.

Outpatient Community-Based Services

Outpatient services provided in an individual's community offers the least-restrictive environment for treatment. An evaluation and treatment team provides services utilizing the resources of the individual, his/her family, and the community. Outpatient programs offer individual, group, and family therapy, medication management, etc.

Targeted Case Management

Targeted Case Management services are intended to assist individuals in gaining access to psychiatric, medical, social, and educational services and supports.

Day Treatment/Partial Hospitalization

Day treatment offers the least-restrictive care to individuals diagnosed as having a psychiatric disorder and requiring a level of care greater than outpatient services can provide, but not at a level requiring full-time inpatient services. Day treatment may include vocational education, rehabilitation services, and educational services. The focus is on developing supportive medical and psychological and social work services.

ADULT - IMPLEMENTATION REPORT

Name of Performance Indicator: Increased Access to Services

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2004 Actual	FY 2005 Actual	FY 2006 Target	FY 2006 Actual	FY 2006 Target % Attained
Performance Indicator	56,219	57,754	58,213	58,213	100
Numerator			--		--
Denominator			--		--

Table Descriptors:

Goal: Increase access to services

Target: Maintain or increase the number of adults with SMI served with CPS funds

Population: Adults with SMI

Criterion: 2:Mental Health System Data Epidemiology
3:Children's Services

Indicator: Total number of adults with SMI served

Measure: No numerator or denominator
Gender and race/ethnicity tables are in the appendix chart.

Sources of Information: CTRAC

Special Issues: Mental health services are underfunded both nationally and in the State of Missouri.

Significance: Missouri Department of Mental Health has increased the number of total individuals receiving services despite decreased general revenue dollars from the State budget.

Activities and strategies/ changes/ innovative or exemplary model: Organized Health Care Delivery System (OHCDS) - The Missouri Department of Mental Health began using an OHCDS in 2005. This change in the Department's Medicaid status allowed us to secure additional federal funding to address financial limitations. The OHCDS allowed the department to continue our Access Crisis Intervention (ACI) program. Program. The current situation with budget cuts and withholds for the coming fiscal year would have ended ACI.

Target Achieved or Not Achieved/If Not, Explain Why: Target Achieved

ADULT - IMPLEMENTATION REPORT

Name of Performance Indicator: Reduced Utilization of Psychiatric Inpatient Beds - 30 days

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2004 Actual	FY 2005 Actual	FY 2006 Target	FY 2006 Actual	FY 2006 Target % Attained
Performance Indicator	6.10	8.70	10.76	9.26	116
Numerator	798	713	--	691	--
Denominator	13,072	8,170	--	7,463	--

Table Descriptors:

Goal:	To reduce the rate of readmission to State inpatient psychiatric hospital beds within 30 days of discharge by supporting all eligible individuals with mental illness appropriately in the community.
Target:	Continue to achieve a level of less than the baseline of 10.76% for the percentage of adults readmitted to State psychiatric care within 30 days of discharge
Population:	Adults with serious mental illness
Criterion:	1:Comprehensive Community-Based Mental Health Service Systems 3:Children's Services
Indicator:	Percentage of adults readmitted to State psychiatric inpatient care within 30 days of discharge
Measure:	The numerator is number of clients readmitted to state psychiatric hospitals within 30 days of discharge. The denominator is total discharges to state psychiatric hospitals in fiscal year.
Sources of Information:	CTRAC
Special Issues:	Adult SMI admissions are frequently linked to involuntary commitments and forensic issues beyond the control of the department. The decreases in the department fiscal budget over the past five years has led to constraints on services.
Significance:	Community Psychiatric Rehabilitation Programs (CPRP) are Missouri's modified ACT programming. CPRP serve adults with Severe Mental Illness within their community with the goal of reducing admissions and readmissions into State psychiatric hospital beds. The program provides case management activities and community support, linking individuals with appropriate programs and services within their community, providing experiential training in social and professional settings, and helping individuals access treatment and follow a treatment regimen.
Activities and strategies/ changes/ innovative or exemplary model:	Missouri Department of Mental Health is working to implement best practice and evidence based practices throughout the state mental health system to increase the supportive services to individuals with mental illness to stay safe in their communities. Missouri has received a Mental Health Transformation grant from SAMHSA/CMHS to continue planning and implementation of the system to keep consumers out of inpatient care and maintaining productive lives in their own homes and communities.
Target Achieved or Not Achieved/If Not, Explain Why:	Target Achieved

ADULT - IMPLEMENTATION REPORT

Name of Performance Indicator: Reduced Utilization of Psychiatric Inpatient Beds - 180 days

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2004 Actual	FY 2005 Actual	FY 2006 Target	FY 2006 Actual	FY 2006 Target % Attained
Performance Indicator	15.10	14.52	14.50	14.84	98
Numerator	1,997	1,832	--	1,723	--
Denominator	13,249	12,619	--	11,607	--

Table Descriptors:

Goal:	Decrease the rate of readmission to State psychiatric hospitals within 180 days
Target:	This is a new data element for Missouri's block grant. In previous block grant applications, the department has reported average length of stay for adults admitted to State-operated acute inpatient hospitalizations.
Population:	Adults with serious mental illness
Criterion:	1:Comprehensive Community-Based Mental Health Service Systems 3:Children's Services
Indicator:	Percentage of adults readmitted to State psychiatric hospitals within 180 days of discharge
Measure:	The numerator is number of clients readmitted to State psychiatric hospitals within 180 days of discharge. The denominator is total discharges from State psychiatric hospitals in fiscal year.
Sources of Information:	CTRAC
Special Issues:	Adult SMI admissions are frequently linked to involuntary commitments and forensic issues beyond the control of the division.
Significance:	Community Psychiatric Rehabilitation Programs (CPRP) are Missouri's modified ACT programming. CPRP serve adults with Severe Mental Illness within their community with the goal of reducing admissions and readmissions into State psychiatric hospital beds. The program provides case management activities and community support, linking individuals with appropriate programs and services within their community, providing experiential training in social and professional settings, and helping individuals access treatment and follow a treatment regimen.
Activities and strategies/ changes/ innovative or exemplary model:	Procovery The Department of Mental Health must list as a strength it's adaptability in times of financial difficulties. The Division of Comprehensive Psychiatric Services continues to move forward with the introduction of programs that encourage recovery and assist consumers with identifying their needs and taking charge of their own recovery. In April of 2005, the Division welcomed Kathleen Crowley and the Health Action Network into Missouri to pilot Procovery in selected areas. Procovery concepts are being introduced in both rural and urban settings through Community Psychiatric Rehabilitation (CPR) Programs. Procovery promotes use of each individual's personal goals as targets for predicting success in treatment and recognizes that individuals who have experienced an illness are expert in their abilities to help others recover. Though Procovery is available to all consumers, adoption of the Procovery model within the CPR programs also helps staff members work on their own goals as helpers, employees and professionals in the field of human services. Studies conducted by the Health Action Network of the Procovery model show marked improvement rates for consumers. There is also reason to believe that Procovery helps organizations with improving

services and staff retention.

**Target Achieved or Not
Achieved/If Not, Explain Why:**

Target Achieved

ADULT - IMPLEMENTATION REPORT

Name of Performance Indicator: Evidence Based - Number of Practices

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2004 Actual	FY 2005 Actual	FY 2006 Target	FY 2006 Actual	FY 2006 Target % Attained
Performance Indicator	1	1	1	1	100
Numerator			--		--
Denominator			--		--

Table Descriptors:

Goal:	Increase the number of Evidence Based Practices utilized in the Missouri mental health system
Target:	Increase the number of Evidence Based Practices utilized in the Missouri mental health system
Population:	Adults with serious mental illness
Criterion:	1:Comprehensive Community-Based Mental Health Service Systems 3:Children's Services
Indicator:	Number of Evidence Based Practices consistently utilized in the Missouri mental health system
Measure:	Number of Evidence Based Practices consistently utilized in the Missouri mental health system. No numerator or denominator.
Sources of Information:	Department of Mental Health, Division of Comprehensive Psychiatric Services
Special Issues:	The Missouri Mental Health Employment Project grant has allowed for a fidelity assessment of the seven Community Mental Health Centers (CPS vendors) and four additional Vocational Rehabilitation vendors that provide Supported Employment services to consumers with psychiatric illness. All of the Community Mental Health Centers can provide long term clinical supports for employment through community support work and medication management. CPS is striving for integration of employment into clinical practice leading to improved outcomes of employment including the EBP of Supported Employment.
Significance:	CPS has one Evidence Based Practice of Supported Employment implemented in at least seven agencies across the State. The level of fidelity to the EBP toolkit model has been assessed. Through the Co-Occurring State Incentive Grant (COSIG), the DMH plans to implement a minimum of two sites with Integrated Dual Diagnosis Treatment to the fidelity of the EBP toolkit in fiscal year 2007. The possibility exists for additional IDDT sites to be added in future years.
Activities and strategies/ changes/ innovative or exemplary model:	Missouri has received a Mental Health Transformation grant from SAMHSA/CMHS. Through "Centers for Excellence" the department plans to increase the use of SAMHSA approved EBPs. CPS plans to work on to consistent implementation of Integrated Dual Diagnosis Treatment and Assertive Community Treatment evidence based practices in the mental health system.
Target Achieved or Not Achieved/If Not, Explain Why:	Target Achieved

ADULT - IMPLEMENTATION REPORT

Name of Performance Indicator: Evidence Based - Number of Persons Receiving Supported Employment

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2004 Actual	FY 2005 Actual	FY 2006 Target	FY 2006 Actual	FY 2006 Target % Attained
Performance Indicator	236	444	460	460	100
Numerator			--		--
Denominator			--		--

Table Descriptors:

Goal:	Increase the number of individuals receiving Evidence Based Practice of Supported Employment
Target:	Increase the number of individuals receiving Evidence Based Practice of Supported Employment
Population:	Adults with serious mental illness
Criterion:	1:Comprehensive Community-Based Mental Health Service Systems 3:Children's Services
Indicator:	Number of individuals receiving the Evidence Based Practice of Supported Employment through cooperative services between the Community Mental Health Centers (CPS vendors) and Missouri Division of Vocational Rehabilitation
Measure:	Number of individuals receiving the Evidence Based Practice of Supported Employment through cooperative services between the Community Mental Health Centers and Missouri Division of Vocational Rehabilitation. No numerator or denominator.
Sources of Information:	Missouri Department of Elementary and Secondary Education, Division of Vocational Rehabilitation
Special Issues:	The Division of CPS received a National Institute of Health grant to survey their Supported Employment Services. National experts in the field have consulted with CPS and VR to strengthen the system for employment opportunities for consumers.
Significance:	The Division of Comprehensive Psychiatric Services and the Division of Vocational Rehabilitation have a strong working relationship. Using the Vocational Rehabilitation federally mandated definition of employment from the U.S. Department of Education, 313 individuals of the 444 CPS/VR clients receiving Supported Employment services were successfully employed. Thus, the success rate for VR clients served by DMH/CPS is 70%. Supported Employment is only a subset of clients employed through this successful collaboration; 1042 total individuals were successfully employed in Fiscal Year 2005 through the CPS/VR partnership utilizing various models of employment; 313 of those were Supported Employment clients leaving 729 CPS/VR clients successfully employed through other models.
Activities and strategies/	The DMH and VR partnered to write a grant application for a Missouri Mental Health

changes/ innovative or exemplary model:

Employment Project. The National Institute of Health grant was awarded to Missouri and a Stakeholders Guiding Coalition group was formed. The Institute for Community Inclusion, Boston, MA provided experience and expertise. Missouri is seeking additional funding to continue this project to enhance the supported employment programming. Existing Supported Employment services have been surveyed and proposals are moving forward to enhance consumer choice to be employed in the competitive workforce. Research and best practice indicate that employment is an integral part of the recovery process for many consumers. The DMH is committed to improving those numbers by implementing Supported Employment evidence based practices. The Supported Employment grant from the National Institute of Health has allowed for a survey of the system and identified gaps in services. A telephone survey and a fidelity survey were conducted to assess current practices. A list of gaps in the current system was identified. The supported employment fidelity scale survey found one agency that was approaching full implementation of the supported employment model. Other agencies surveyed had varying degrees of meeting the fidelity scale.

Target Achieved or Not Achieved/If Not, Explain Why:

Target Achieved

ADULT - IMPLEMENTATION REPORT

Name of Performance Indicator: Client Perception of Care

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2004 Actual	FY 2005 Actual	FY 2006 Target	FY 2006 Actual	FY 2006 Target % Attained
Performance Indicator	N/A	90	75	90	N/A
Numerator		2,424	--	2,424	--
Denominator		2,698	--	2,698	--

Table Descriptors:

Goal:	Clients reporting positively about outcomes
Target:	75 percent of adults surveyed about satisfaction with services report that they are satisfied or very satisfied with the services they receive.
Population:	Adults with serious mental illness
Criterion:	1:Comprehensive Community-Based Mental Health Service Systems 3:Children's Services
Indicator:	Percentage of adults receiving Community Psychiatric Services during a chosen month each year satisfied with services
Measure:	The numerator is the number of clients reporting being "satisfied" or "very satisfied" with the services provided. The denominator is the total number of clients surveyed.
Sources of Information:	The data was gathered from each CPR provider in the State in calendar year 2005, fiscal year 2006 (August). Each provider surveys all consumers using any service during a chosen month each year.
Special Issues:	The Department of Mental Health did not conduct state-wide consumer surveys during 2004. Instead, The Change and Innovation Agency, Inc. conducted focus groups across the State during 2004 and developed a satisfaction survey to be used in August of 2005. The consumer satisfaction survey was conducted. Over the past year, DMH staff has been meeting with a group of treatment providers to plan and implement a mutually acceptable continuous consumer satisfaction survey. The group has agreed to utilize the national standard of the Mental Health Statistics Improvement Project (MHSIP) survey. Activities are underway to implement the MHSIP. The DMH is currently changing to a new management information system and is working through the technical challenges inherit in any large new system. By 2007 the department should have new data to report on Client Perception of Care.
Significance:	Consumers were satisfied with services received at a high rate.
Activities and strategies/ changes/ innovative or exemplary model:	Procovery The Department of Mental Health must list as a strength it's adaptability in times of financial difficulties. The Division of Comprehensive Psychiatric Services continues to move forward with the introduction of programs that encourage recovery and assist consumers with identifying their needs and taking charge of their own recovery. In April of 2005, the Division welcomed Kathleen Crowley and the Health Action Network into Missouri to pilot Procovery in selected areas. Procovery concepts are being introduced in both rural and urban settings through Community Psychiatric Rehabilitation (CPR) Programs. Procovery promotes use of each individual's personal goals as targets for predicting success in treatment and recognizes that individuals who have experienced an illness are expert in their abilities to help others recover. Though Procovery is available to all consumers, adoption of the Procovery model within the CPR programs also helps staff members work on their own goals as helpers,

employees and professionals in the field of human services. Studies conducted by the Health Action Network of the Procovery model show marked improvement rates for consumers. There is also reason to believe that Procovery helps organizations with improving services and staff retention. Consumers report satisfaction with the Procovery recovery model and implementation.

Target Achieved or Not Achieved/If Not, Explain Why:

Data reported is repeat of fiscal year 2005 data

ADULT - IMPLEMENTATION REPORT

Name of Performance Indicator: Admissions to State hospital beds

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2004 Actual	FY 2005 Actual	FY 2006 Target	FY 2006 Actual	FY 2006 Target % Attained
Performance Indicator	7,487	7,218	7,300	6,499	112
Numerator			--		--
Denominator			--		--

Table Descriptors:

Goal:	To reduce the inpatient census of State operated mental health facilities by placing all eligible individuals with mental illness appropriately in the community.
Target:	Decrease admissions to state hospital beds
Population:	Adults with serious mental illness
Criterion:	2:Mental Health System Data Epidemiology
Indicator:	Number of admissions to acute care facilities (state hospitals)
Measure:	No numerator or denominator
Sources of Information:	CTRAC
Special Issues:	Adult SMI admissions are frequently linked to involuntary commitments and forensic issues beyond the control of the Department of Mental Health.
Significance:	An important outcome of the the development of a community based system of care is the reduced utilization of State operated psychiatric hospital beds and reduced average length of stay. The challenge it to increase the number of individuals served in the community. Reduction of State general revenue dollars over the past five years continue to strain the mental health system.
Activities and strategies/ changes/ innovative or exemplary model:	<p>Procovery</p> <p>The Department of Mental Health must list as a strength it's adaptability in times of financial difficulties. The Division of Comprehensive Psychiatric Services continues to move forward with the introduction of programs that encourage recovery and assist consumers with identifying their needs and taking charge of their own recovery. In April of 2005, the Division welcomed Kathleen Crowley and the Health Action Network into Missouri to pilot Procovery in selected areas. Procovery concepts are being introduced in both rural and urban settings through Community Psychiatric Rehabilitation (CPR) Programs. Procovery promotes use of each individual's personal goals as targets for predicting success in treatment and recognizes that individuals who have experienced an illness are expert in their abilities to help others recover. Though Procovery is available to all consumers, adoption of the Procovery model within the CPR programs also helps staff members work on their own goals as helpers, employees and professionals in the field of human services. Studies conducted by the Health Action Network of the Procovery model show marked improvement rates for consumers. There is also reason to believe that Procovery helps organizations with improving services and staff retention.</p>
Target Achieved or Not Achieved/If Not, Explain Why:	Target Achieved

ADULT - IMPLEMENTATION REPORT

Name of Performance Indicator: Adult Expenditures per capita

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2004 Actual	FY 2005 Actual	FY 2006 Target	FY 2006 Actual	FY 2006 Target % Attained
Performance Indicator	67.32	68.29	68	69.65	102
Numerator	283,362,507	287,474,527	--	297,901,005	--
Denominator	4,209,334	4,209,334	--	4,277,335	--

Table Descriptors:

Goal:	Maintain expenditures per capita
Target:	Expenditures per capita will be equal to or greater than previous years
Population:	Adults with serious mental illness
Criterion:	5:Management Systems
Indicator:	CPS expenditures per capita
Measure:	The numerator is the CPS expenditures on adult consumer services. The denominator is the population of Missouri.
Sources of Information:	expenditure report and population data
Special Issues:	Decrease in state general revenue dollars over the past five years has strained the mental health system.
Significance:	Developing and maintaining a system of care and equitable allocation of resources are essential to providing mental health services to the target population.
Activities and strategies/ changes/ innovative or exemplary model:	The DMH is continually exploring additional funding sources for mental health services in Missouri. DMH has been awarded numerous federal grants. Missouri is 9th of the 50 states in receipt of discretionary (competitive grant) funding from SAMHSA for fiscal year 2005/2006. Eleven counties and the city of St. Louis have passed Mental Health Mil Taxes and have Mil Tax Boards. The Division has recently hired a Community Development Manager to work closely with the local Mil Tax Boards and local organizations to increase the number of counties with mil tax monies for mental health services. The DMH has an effective relationship with the State Medicaid Authority (Department of Social Services, Division of Medical Services). Approximately 1,000,000 persons in Missouri are eligible for Medicaid, and approximately 40,000 of the 50,000 active mental health consumers in the CPS caseload are Medicaid eligible.
Target Achieved or Not Achieved/If Not, Explain Why:	Target Achieved

ADULT - IMPLEMENTATION REPORT

Name of Performance Indicator: Adult expenditures per person served

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2004 Actual	FY 2005 Actual	FY 2006 Target	FY 2006 Actual	FY 2006 Target % Attained
Performance Indicator	5,040	4,939	4,900	5,117	104
Numerator	283,362,507	287,474,527	--	297,901,005	--
Denominator	56,219	58,210	--	58,213	--

Table Descriptors:

Goal:	Maintain expenditures per person served
Target:	Expenditures per person served will be equal to or greater than previous years
Population:	Adults with SMI
Criterion:	5:Management Systems
Indicator:	CPS Average Expenditures per person served
Measure:	The numerator is CPS expenditures on adult consumer services. The denominator is number of persons served.
Sources of Information:	Expenditures Report
Special Issues:	Decrease in state general revenue dollars over the past five years has strained the mental health system.
Significance:	Developing and maintaining a system of care and equitable allocation of resources are essential to providing mental health services to the target population.
Activities and strategies/ changes/ innovative or exemplary model:	The DMH is continually exploring additional funding sources for mental health services in Missouri. DMH has been awarded numerous federal grants. Missouri is 9th of the 50 states in receipt of discretionary (competitive grant) funding from SAMHSA for fiscal year 2005/2006. Eleven counties and the city of St. Louis have passed Mental Health Mil Taxes and have Mil Tax Boards. The Division has recently hired a Community Development Manager to work closely with the local Mil Tax Boards and local organizations to increase the number of counties with mil tax monies for mental health services. The DMH has an effective relationship with the State Medicaid Authority (Department of Social Services, Division of Medical Services). Approximately 1,000,000 persons in Missouri are eligible for Medicaid, and approximately 40,000 of the 50,000 active mental health consumers in the CPS caseload are Medicaid eligible.
Target Achieved or Not Achieved/If Not, Explain Why:	Target Achieved

ADULT - IMPLEMENTATION REPORT

Name of Performance Indicator: Case Management Services

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2004 Actual	FY 2005 Actual	FY 2006 Target	FY 2006 Actual	FY 2006 Target % Attained
Performance Indicator	33,667	37,068	33,500	38,725	115
Numerator			--		--
Denominator			--		--

Table Descriptors:

Goal:	Provide case management/community support services to eligible adults with SMI
Target:	Increase the number of individuals receiving case management/community support services
Population:	Adults with serious mental illness
Criterion:	1:Comprehensive Community-Based Mental Health Service Systems
Indicator:	Number of individuals receiving case management/community support services
Measure:	There is no numerator or denominator.
Sources of Information:	Services billing database
Special Issues:	Funding constraints have limited enhancing the current mental health services system to a full Assertive Community Treatment model of care. The DMH is exploring financial options for providing a more comprehensive array of services per the Assertive Community Treatment model.
Significance:	Case management/community support work along with medication management have been shown to reduce the rate of hospitalization. The DMH provides case management to eligible adults with SMI within the CPS system to reduce hospitalizations and allow individuals to live productive lives in their communities. The majority of the individuals receiving case management/community support are participating in the Comprehensive Psychiatric Rehabilitation Programs. The number of individuals participating in the Comprehensive Psychiatric Rehabilitation Programs for fiscal year 2005 was 26,027 and the projected number for fiscal year 2006 is 29,431.
Activities and strategies/ changes/ innovative or exemplary model:	CPS is requesting general revenue funding to expand the services provided to include the Assertive Community Treatment evidence based practice model within four selective agencies. With additional resources and a team approach more consumers can live health lives in their communities.
Target Achieved or Not Achieved/If Not, Explain Why:	Target Achieved

ADULT - IMPLEMENTATION REPORT

Name of Performance Indicator: Percentage of adults receiving services

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2004 Actual	FY 2005 Actual	FY 2006 Target	FY 2006 Actual	FY 2006 Target % Attained
Performance Indicator	23.40	24	24	23.88	100
Numerator	56,219	57,754	--	58,229	--
Denominator	239,932	239,932	--	243,808	--

Table Descriptors:

Goal:	Provide mental health services to the target population of adults with SMI
Target:	Maintain or increase the percentage of adults with SMI receiving mental health services
Population:	Adults with serious mental illness
Criterion:	2:Mental Health System Data Epidemiology
Indicator:	Percentage of adults with SMI who receive CPS funded services versus the estimated prevalence of SMI in Missouri
Measure:	The numerator is the number of adults with SMI served with CPS funds. The denominator is the estimated prevalence of SMI at 5.7% of population.
Sources of Information:	CTRAC; provider billing database; federal 2005 census estimates and SMI prevalence table
Special Issues:	Mental health services are underfunded both nationally and in the State of Missouri.
Significance:	Due to fiscal constraints, Missouri is only meeting the mental health needs of 24% of the estimated prevalence.
Activities and strategies/ changes/ innovative or exemplary model:	The DMH and CPS will continue to explore funding opportunities to meet the mental health needs of Misourians.
Target Achieved or Not Achieved/If Not, Explain Why:	Target Achieved

ADULT - IMPLEMENTATION REPORT

Name of Performance Indicator: Rural adults receiving mental health services

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2004 Actual	FY 2005 Actual	FY 2006 Target	FY 2006 Actual	FY 2006 Target % Attained
Performance Indicator	20.40	20.60	20.60	19.95	97
Numerator	40,311	40,695	--	40,297	--
Denominator	197,678	197,678	--	201,969	--

Table Descriptors:

Goal:	Maintain access and capacity of mental health services to adults with SMI who live in rural areas
Target:	Maintain the percentage of adults with SMI living in rural areas who are receiving CPS funded mental health services
Population:	Adults with serious mental illness
Criterion:	4:Targeted Services to Rural and Homeless Populations
Indicator:	Percentage of adults with SMI in rural areas receiving CPS funded mental health services
Measure:	The numerator is number of adults with SMI served in rural Missouri. The denominator is adult SMI prevalence at 5.7% for rural Missouri.
Sources of Information:	CTRAC; Census and Prevalence Table
Special Issues:	Of the 25 service areas in Missouri, 16 are designated rural or semi-rural according to definitions based on boundaries of Metropolitan Statistical Areas adopted by DMH/CPS. Approximately 15% of the state's population live in rural areas, and 25% are concentrated in small towns and cities.
Significance:	Mental illness and its complications and lack of access to care have been identified as major rural health concerns at the national and state level. The Division of CPS is committed to providing mental health services to rural Missourians.
Activities and strategies/ changes/ innovative or exemplary model:	Rural Mental Health Care Access Assessment A Rural Mental Health Task Force was formed as a result of a two-year grant project funded by National Library of Medicine. The grant was written by the Mid-Missouri Area Health Education Center (Mid-MO AHEC) in collaboration with the Missouri Rural Health Association (MRHA). A DMH representative actively participated on the task force. A Rural Mental Health Matters report was written for state policy makers, mental health professionals, community leaders and local mental health advocates. The reports and Internet web site assist rural Missourians in accessing and evaluating health information via the web at http://www.morha.org/resources.php It contains an assessment of mental health resources in Missouri and makes recommendations for individual actions and community collaborations.
Target Achieved or Not Achieved/If Not, Explain Why:	Target Achieved

CHILD - IMPLEMENTATION REPORT

Name of Performance Indicator: Increased Access to Services

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2004 Actual	FY 2005 Actual	FY 2006 Target	FY 2006 Actual	FY 2006 Target % Attained
Performance Indicator	4,190	5,168	3,000	5,635	188
Numerator			--		--
Denominator			--		--

Table Descriptors:

Goal:	Increase the number of children and youth with SED receiving Comprehensive Psychiatric Rehabilitation services
Target:	Increase the number of children and youth with SED receiving Comprehensive Psychiatric Rehabilitation services
Population:	Children and youth with SED
Criterion:	2:Mental Health System Data Epidemiology 3:Children's Services
Indicator:	Number of children and youth with SED receiving Comprehensive Psychiatric Rehabilitation services
Measure:	Number of children and youth with SED receiving Comprehensive Psychiatric Rehabilitation services (No numerator or denominator)
Sources of Information:	Billing database
Special Issues:	Comprehensive System of Care for Children The Department of Mental Health has ten System of Care sites operating in Missouri. Currently two sites are funded through the SAMHSA Comprehensive Children's Mental Health Services grants, one site is a graduate of the federal funding and seven are state system of care sites. In a System of Care (SOC), mental health services (psychiatric, mental retardation/developmental disabilities, alcohol and drug abuse) as well as other services and supports are organized in such a way as to enable children with the most complex needs to remain in their homes, schools and communities. System of Care brings the right people together-at multiple levels-to develop resources and remove barriers for children with complex needs that might otherwise fall through the cracks.
Significance:	Increased participation in the CPR program helps children, youth and their families stay in their communities and maximize their ability to function with a healthy lifestyle.
Activities and strategies/ changes/ innovative or exemplary model:	Established a Comprehensive Children's Mental Health Services System In 2004, Senate Bill 1003 (SB1003) was enacted into law establishing a Comprehensive Children's Mental Health Services System. The DMH, in partnership with all of the Departments represented on the Children's Services Commission, developed a comprehensive children's mental health service system plan. Legislation mandates that families and representatives of family organizations participate on the Comprehensive System Management Team and the Comprehensive Children's Mental Health Services System Stakeholder's Advisory Group (SAG). At least 51% of the SAG must be family representatives.
Target Achieved or Not Achieved/If Not, Explain Why:	Target Achieved

CHILD - IMPLEMENTATION REPORT

Name of Performance Indicator: Reduced Utilization of Psychiatric Inpatient Beds - 30 days

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2004 Actual	FY 2005 Actual	FY 2006 Target	FY 2006 Actual	FY 2006 Target % Attained
Performance Indicator	3.30	6.50	7.90	4.55	173
Numerator	40	46	--	33	--
Denominator	1,215	706	--	726	--

Table Descriptors:

Goal:	Decrease the rate of readmission within 30 days of discharge to State psychiatric hospital beds
Target:	Decrease the rate of readmission within 30 days of discharge to State psychiatric hospital beds
Population:	Children and youth with SED
Criterion:	1:Comprehensive Community-Based Mental Health Service Systems 3:Children's Services
Indicator:	Percentage of children and youth readmitted to State psychiatric inpatient care within 30 days of discharge
Measure:	The numerator is number of children and youth readmitted to State psychiatric hospitals within 30 days of discharge. The denominator is total discharges for children and youth from State psychiatric hospitals.
Sources of Information:	CTRAC
Special Issues:	
Significance:	A major outcome of the development of a community-based system of care is the reduced readmission to State-operated psychiatric hospital beds. Between 2004 and 2005, Missouri reduced the total number of discharges for children and youth from State psychiatric inpatient beds while the number of readmissions rose slightly. For 2006 the number of total discharges has leveled off while the number of readmissions within 30 days of discharge has slightly decreased.
Activities and strategies/ changes/ innovative or exemplary model:	Comprehensive System of Care for Children The Department of Mental Health has ten System of Care sites operating in Missouri. Currently two sites are funded through the SAMHSA Comprehensive Children's Mental Health Services grants, one site is a graduate of the federal funding and seven are state system of care sites. In a System of Care (SOC), mental health services (psychiatric, mental retardation/developmental disabilities, alcohol and drug abuse) as well as other services and supports are organized in such a way as to enable children with the most complex needs to remain in their homes, schools and communities. System of Care brings the right people together-at multiple levels-to develop resources and remove barriers for children with complex needs that might otherwise fall through the cracks.
Target Achieved or Not Achieved/If Not, Explain Why:	Target Achieved

CHILD - IMPLEMENTATION REPORT

Name of Performance Indicator: Reduced Utilization of Psychiatric Inpatient Beds - 180 days

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2004 Actual	FY 2005 Actual	FY 2006 Target	FY 2006 Actual	FY 2006 Target % Attained
Performance Indicator	9.10	12.32	12.30	11.62	95
Numerator	94	113	--	109	--
Denominator	1,038	917	--	938	--

Table Descriptors:

Goal: Decrease the rate of readmission to State psychiatric hospital beds within 180 days

Target: This was a new data element for Missouri's block grant. In previous block grant applications, the average length of stay for children and youth admitted to State-operated acute inpatient hospitalizations was reported. The division is in the process of developing a target for readmission within 180 days.

Population: Children and youth with SED

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Percentage of children and youth with SED readmitted to State psychiatric hospitals within 180 days of discharge

Measure: The numerator is number of children and youth readmitted to State psychiatric hospitals within 180 days of discharge.
The denominator is total discharges for children and youth from State psychiatric hospitals.

Sources of Information: CTRAC

Special Issues: The total number of children and youth that are served by the Division is expected to remain stable or increase as the system of care expands. The hope is that the relative overall utilization and average length of stay in State-operated psychiatric hospitals will decrease as community-based alternatives are developed. Recent funding limitations and changes in funding for foster care may have a negative impact on this indicator.

Significance: A major outcome of the development of a community-based system of care is the reduced readmission to State-operated psychiatric hospital beds and a reduced average length of stay.

Activities and strategies/ changes/ innovative or exemplary model: Comprehensive System of Care for Children
The Department of Mental Health has ten System of Care sites operating in Missouri. Currently two sites are funded through the SAMHSA Comprehensive Children's Mental Health Services grants, one site is a graduate of the federal funding and seven are state system of care sites. In a System of Care (SOC), mental health services (psychiatric, mental retardation/developmental disabilities, alcohol and drug abuse) as well as other services and supports are organized in such a way as to enable children with the most complex needs to remain in their homes, schools and communities. System of Care brings the right people together-at multiple levels-to develop resources and remove barriers for children with complex needs that might otherwise fall through the cracks.

Target Achieved or Not Achieved/If Not, Explain Why: Target Achieved

CHILD - IMPLEMENTATION REPORT

Name of Performance Indicator: Evidence Based - Number of Practices

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2004 Actual	FY 2005 Actual	FY 2006 Target	FY 2006 Actual	FY 2006 Target % Attained
Performance Indicator	1	1	1	1	100
Numerator			--		--
Denominator			--		--

Table Descriptors:

Goal:	Provide one Evidence Based Practice of Therapeutic Foster Care Programs to children and youth with SED
Target:	Maintain the number of evidence based practices for children and youth with SED
Population:	Children and youth with SED
Criterion:	1:Comprehensive Community-Based Mental Health Service Systems 3:Children's Services
Indicator:	Number of Evidence Based Practices approved by SAMHSA for the Block Grant utilized in Missouri
Measure:	Number of Evidence Based Practices approved by SAMHSA for the Block Grant utilized in Missouri (No numerator or denominator)
Sources of Information:	Missouri Department of Mental Health
Special Issues:	The Department of Mental Health meets the federal definition for Therapeutic Foster Care listed in the Block Grant application. Therapeutic Foster Care Programs licensing requirements define program as "Family living arrangement, a residential facility operated in the owned or leased permanent residence of the licensee, serving no more than three (3) residents who are integrated into the licensee's family unit. The facility does not normally use direct-care staff other than members of the household."
Significance:	The Department of Mental Health licenses 115 Treatment Family Homes of which 65 are specifically for children and youth with SED. The remaining homes are specific to the developmental disability population.
Activities and strategies/ changes/ innovative or exemplary model:	The Department of Mental Health, Division of Comprehensive Psychiatric Services currently provides one evidence based practice to children, youth and families using the State licensed Therapeutic Foster Care Programs.
Target Achieved or Not Achieved/If Not, Explain Why:	Target Achieved

CHILD - IMPLEMENTATION REPORT

Name of Performance Indicator: Evidence Based - Number of Persons Receiving Therapeutic Foster Care

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2004 Actual	FY 2005 Actual	FY 2006 Target	FY 2006 Actual	FY 2006 Target % Attained
Performance Indicator	100	108	110	154	140
Numerator			--		--
Denominator			--		--

Table Descriptors:

Goal:	Increase the number of SED children and youth receiving the Evidence Based Practice of Therapeutic Foster Care
Target:	Increase the number of SED children and youth receiving the Evidence Based Practice of Therapeutic Foster Care
Population:	Children and youth with SED
Criterion:	1:Comprehensive Community-Based Mental Health Service Systems 3:Children's Services
Indicator:	Number of children and youth with SED receiving Therapeutic Foster Care
Measure:	Number of children and youth with SED receiving Therapeutic Foster Care (No numerator or denominator)
Sources of Information:	Supported Community Living Regional Offices and Children's Area Directors
Special Issues:	The department is refining the measurement to a centralized Statewide manner for Therapeutic Foster Care to assure accuracy and consistency of numbers served.
Significance:	The department meets the definition of Therapeutic Foster Care provided in the application instructions.
Activities and strategies/ changes/ innovative or exemplary model:	The Department of Mental Health meets the federal definition for Therapeutic Foster Care listed in the Block Grant application. Therapeutic Foster Care Programs licensing requirements define program as "Family living arrangement, a residential facility operated in the owned or leased permanent residence of the licensee, serving no more than three (3) residents who are integrated into the licensee's family unit. The facility does not normally use direct-care staff other than members of the household." The Department of Mental Health licenses 115 Treatment Family Homes of which 65 are specifically for children and youth with SED. The remaining homes are specific to the developmental disability population.
Target Achieved or Not Achieved/If Not, Explain Why:	Target Achieved

CHILD - IMPLEMENTATION REPORT

Name of Performance Indicator: Client Perception of Care

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2004 Actual	FY 2005 Actual	FY 2006 Target	FY 2006 Actual	FY 2006 Target % Attained
Performance Indicator	87	92.30	N/A	92.30	N/A
Numerator	365	350	--	350	--
Denominator	420	379	--	379	--

Table Descriptors:

Goal:	Maintain high level of consumer satisfaction
Target:	Maintain the level of consumer satisfaction with services provided
Population:	Children and youth with SED
Criterion:	1:Comprehensive Community-Based Mental Health Service Systems 3:Children's Services
Indicator:	Percentage of parents of children with SED satisfied or very satisfied with services received
Measure:	The numerator is number of parents of children and youth with SED receiving services who are satisfied with those services. The denominator is total number of parents of children and youth with SED receiving services who responded to the consumer satisfaction survey.
Sources of Information:	Consumer Satisfaction Survey The data was gathered from each CPR provider in the State in calendar year 2005, fiscal year 2006 (August). Each provider surveys all consumers using any service during a chosen month each year.
Special Issues:	The Consumer Satisfaction Survey is conducted during one month of the year on all consumers receiving services during that month.
Significance:	Consumers are satisfied with services received at a high level.
Activities and strategies/ changes/ innovative or exemplary model:	Over the past year, DMH staff has been meeting with a group of treatment providers to plan and implement a mutually acceptable continuous consumer satisfaction survey. The group has agreed to utilize the national standard of the Mental Health Statistics Improvement Project (MHSIP) survey. Activities are underway to implement the MHSIP. The DMH is currently changing to a new management information system and is working through the technical challenges inherit in any large new system. By 2007 the department should have new data to report on Client Perception of Care.
Target Achieved or Not Achieved/If Not, Explain Why:	Data reported is repeat of fiscal year 2005 data

CHILD - IMPLEMENTATION REPORT

Name of Performance Indicator: Expenditures per capita

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2004 Actual	FY 2005 Actual	FY 2006 Target	FY 2006 Actual	FY 2006 Target % Attained
Performance Indicator	36.06	38.35	38	37.36	98
Numerator	51,287,001	54,543,690	--	55,315,792	--
Denominator	1,422,210	1,422,210	--	1,480,763	--

Table Descriptors:

Goal:	Maintain expenditures per capita
Target:	Expenditures per capita will be equal to or greater than previous years
Population:	Children and youth with SED
Criterion:	5:Management Systems
Indicator:	Per capita expenditures for SED children receiving CPS funded services
Measure:	The numerator is the CPS expenditures on children consumer services. The denominator is the child and youth population of Missouri.
Sources of Information:	expenditure report and census data
Special Issues:	A decrease in State of Missouri general revenue dollars over the past five years has strained the mental health system. CPS has attempted to maintain spending per capita; however, the decreases have effected the amount available for children's services for FY 2006. Additionally the population of Missouri has increased and general revenue has not increased in kind.
Significance:	The expenditures per capita for FY 2005 Actual have increased from the FY 2004 amounts. The FY 2006 Actual numbers are decreased due to the above mentioned state general revenue decreases and population increase.
Activities and strategies/ changes/ innovative or exemplary model:	The DMH is continually exploring additional funding sources for mental health services in Missouri. DMH has been awarded numerous federal grants. Missouri is 9th of the 50 states in receipt of discretionary (competitive grant) funding from SAMHSA for fiscal year 2005/2006. Eleven counties and the city of St. Louis have passed Mental Health Mil Taxes and have Mil Tax Boards. The Division has recently hired a Community Development Manager to work closely with the local Mil Tax Boards and local organizations to increase the number of counties with mil tax monies for mental health services. The DMH has an effective relationship with the State Medicaid Authority (Department of Social Services, Division of Medical Services). Approximately 1,000,000 persons in Missouri are eligible for Medicaid, and approximately 40,000 of the 50,000 active mental health consumers in the CPS caseload are Medicaid eligible.
Target Achieved or Not Achieved/If Not, Explain Why:	Target Achieved

CHILD - IMPLEMENTATION REPORT

Name of Performance Indicator: Expenditures per person served

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2004 Actual	FY 2005 Actual	FY 2006 Target	FY 2006 Actual	FY 2006 Target % Attained
Performance Indicator	3,590.02	3,469.92	3,400	3,277.78	96
Numerator	51,287,001	54,543,690	--	55,315,792	--
Denominator	14,286	15,719	--	16,876	--

Table Descriptors:

Goal:	Maintain expenditures per person served
Target:	Expenditures per person served will be equal to or greater than previous years
Population:	Children and youth with SED
Criterion:	5:Management Systems
Indicator:	CPS Average Expenditures per person served for children and youth with SED
Measure:	The numerator is CPS expenditures on children and youth with SED consumer services. The denominator is number of children and youth with SED served.
Sources of Information:	Expenditures report; census data
Special Issues:	A decrease in state general revenue dollars over the past five years has strained the mental health system.
Significance:	The expenditures per person served may be decreasing due to several factors. The number of children and youth with SED receiving services is increasing from the FY 2005 number of 15,719 to the FY 2006 number of 16,876. A substantially greater number of children are being serve compared with the limited increase in dollars spent. The collaborative activities with the State Medicaid Authority, the Missouri Department of Elementary and Secondary Education and the state Juvenile Justice agency may be impacting a shift in dollars spent on each child.
Activities and strategies/ changes/ innovative or exemplary model:	The Statewide Comprehensive Children's System of Care will continue the collaboration of state and local agencies to ensure dollars are use effectively and efficiently to treat the most numbers of children with the services needed for recovery.
Target Achieved or Not Achieved/If Not, Explain Why:	Target Achieved

CHILD - IMPLEMENTATION REPORT

Name of Performance Indicator: Increased Access to Services

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2004 Actual	FY 2005 Actual	FY 2006 Target	FY 2006 Actual	FY 2006 Target % Attained
Performance Indicator	16.90	21.20	21.20	18.30	115
Numerator	12,758	14,617	--	13,135	--
Denominator	751	687	--	716	--

Table Descriptors:

Goal:	Increase access to community based acute care services for children and youth by decreasing or maintaining the length of stay to State-operated acute inpatient hospitalization
Target:	Reduce or maintain the average length of stay for children and youth in inpatient hospitalization
Population:	Children and youth with SED
Criterion:	1:Comprehensive Community-Based Mental Health Service Systems
Indicator:	Average length of stay in days for children and youth in State-operated acute inpatient hospitalization
Measure:	The numerator is the total number of inpatient hospitalization bed days for children and youth. The denominator is the number of children and youth discharged from inpatient hospitalization.
Sources of Information:	CTRAC
Special Issues:	The total number of children and youth that are served by the Division is expected to remain stable or increase as the system of care expands. The hope is that the relative overall utilization and average length of stay in State-operated psychiatric hospitals will decrease as community-based alternatives are developed. Funding limitations and changes in funding for Foster Care may have a negative impact on this indicator.
Significance:	A major outcome of the development of a community-based system of care is the reduced re-admission to State-operated psychiatric hospital beds and a reduced average length of stay. Missouri has reduced the average length of stay in days for children in inpatient beds from fiscal year 2005 to fiscal year 2006.
Activities and strategies/ changes/ innovative or exemplary model:	Comprehensive System of Care for Children The Department of Mental Health has ten System of Care sites operating in Missouri. Currently two sites are funded through the SAMHSA Comprehensive Children's Mental Health Services grants, one site is a graduate of the federal funding and seven are state system of care sites. In a System of Care (SOC), mental health services (psychiatric, mental retardation/developmental disabilities, alcohol and drug abuse) as well as other services and supports are organized in such a way as to enable children with the most complex needs to remain in their homes, schools and communities. System of Care brings the right people together-at multiple levels-to develop resources and remove barriers for children with complex needs that might otherwise fall through the cracks.
Target Achieved or Not Achieved/If Not, Explain Why:	Target Achieved

CHILD - IMPLEMENTATION REPORT

Name of Performance Indicator: Number of System of Care Teams

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2004 Actual	FY 2005 Actual	FY 2006 Target	FY 2006 Actual	FY 2006 Target % Attained
Performance Indicator	7	9	9	10	111
Numerator			--		--
Denominator			--		--

Table Descriptors:

Goal:	Increase the number of Children's System of Care local teams
Target:	Increase the number of Children's System of Care local teams
Population:	Children and youth with SED
Criterion:	3:Children's Services
Indicator:	Number of Children's System of Care local teams
Measure:	Number of Children's System of Care local teams in Missouri (No numerator or denominator)
Sources of Information:	Missouri's Comprehensive Children's Mental Health System of Care staff
Special Issues:	State policymakers, families, and practitioners are increasingly concerned about the mental health needs of children in Missouri. Providing appropriate and effective services to meet their needs is a high priority. Senate Bill 1003 was enacted into law in 2004 to require the development of a unified, comprehensive plan for children's mental health services. When fully implemented, this plan will ensure that all of Missouri's children receive the mental health services and supports they need through a comprehensive, seamless system that delivers services at the local level and recognizes that children and their families come first. Missouri's mental health services system for children will be accessible, culturally competent, and flexible enough to meet individual and family needs; and family-centered and focused on attaining positive outcomes for all children.
Significance:	The Department of Mental Health has ten System of Care sites operating in Missouri in FY2006. Currently two sites are funded through the SAMHSA Comprehensive Children's Mental Health Services grants, one site is a graduate of the federal funding and seven are state system of care sites. In a System of Care (SOC), mental health services (psychiatric, mental retardation/developmental disabilities, alcohol and drug abuse) as well as other services and supports are organized in such a way as to enable children with the most complex needs to remain in their homes, schools and communities. System of Care brings the right people together-at multiple levels-to develop resources and remove barriers for children with complex needs that might otherwise fall through the cracks.
Activities and strategies/ changes/ innovative or exemplary model:	Missouri DMH will continue to increase the children's system of care teams throughout the State as funding becomes available.
Target Achieved or Not Achieved/If Not, Explain Why:	Target Achieved

CHILD - IMPLEMENTATION REPORT

Name of Performance Indicator: Percentage of children/youth with SED receiving services

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2004 Actual	FY 2005 Actual	FY 2006 Target	FY 2006 Actual	FY 2006 Target % Attained
Performance Indicator	14.30	15.30	14.50	16.27	112
Numerator	14,286	15,239	--	16,863	--
Denominator	99,555	99,555	--	103,653	--

Table Descriptors:

Goal:	Increase access to community based services to children and youth with SED
Target:	Increase or maintain the percentage of children and youth with SED who receive CPS-funded services
Population:	Children and youth with SED
Criterion:	2:Mental Health System Data Epidemiology
Indicator:	Percentage of Missouri children and youth with SED who receive CPS-funded services
Measure:	The numerator is the number of children and youth with SED served in CPS-funded programs. The denominator is the total number of children and youth in Missouri with SED based on a 7% estimated prevalence rate.
Sources of Information:	CTRAC and federal census data and provider billing data
Special Issues:	Mental health services are underfunded both nationally and in the State of Missouri.
Significance:	Due to fiscal constraints, Missouri is only meeting the mental health needs of 16% of the estimated prevalence of children and youth with SED. However, the department is increasing the percentage of children with SED served despite these fiscal challenges.
Activities and strategies/ changes/ innovative or exemplary model:	DMH will continue to build community based services for children and youth with SED based on the Reforming Children's Mental Health Services in Missouri plan.
Target Achieved or Not Achieved/If Not, Explain Why:	Target Achieved

CHILD - IMPLEMENTATION REPORT

Name of Performance Indicator: Percentage of days SOC children/youth are in home/homelike settings

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2004 Actual	FY 2005 Actual	FY 2006 Target	FY 2006 Actual	FY 2006 Target % Attained
Performance Indicator	82.30	78.60	75	85.21	114
Numerator	2,123	3,916	--	4,499	--
Denominator	2,580	4,980	--	5,280	--

Table Descriptors:

Goal:	Children and youth with SED will spend an increased number of days in home or homelike settings
Target:	Maintain or increase the percentage of days children and youth with SED spend in home or homelike settings
Population:	Children and youth with SED
Criterion:	3:Children's Services
Indicator:	Percentage of days children and youth with SED spend in home or homelike settings
Measure:	The numerator is the number of days children and youth with SED in the System of Care programs are in a home or homelike setting. The denominator is the total number of potential days available in past month for children and youth with SED in the System of Care to be in a home or homelike setting.
Sources of Information:	Youth Status Report data on System of Care children collected on a monthly basis
Special Issues:	State policymakers, families, and practitioners are increasingly concerned about the mental health needs of children in Missouri. Providing appropriate and effective services to meet their needs is a high priority. Senate Bill 1003 was enacted into law in 2004 to require the development of a unified, comprehensive plan for children's mental health services. When fully implemented, this plan will ensure that all of Missouri's children receive the mental health services and supports they need through a comprehensive, seamless system that delivers services at the local level and recognizes that children and their families come first. Missouri's mental health services system for children will be accessible, culturally competent, and flexible enough to meet individual and family needs; and family-centered and focused on attaining positive outcomes for all children.
Significance:	The percentage may have decreased slightly due to the potential number of days available in a homelike setting increasing
Activities and strategies/ changes/ innovative or exemplary model:	The goal of a consumer and family driven program is to hear the consumer voice. Parents want to maintain custody of their children and receive the needed mental health services. The Custody Diversion Protocol was developed through the shared efforts of DMH, DSS, courts and family members and implemented statewide in January, 2005 following extensive training of Children's Division (CD) staff, DMH provider staff and juvenile justice officers. In February of 2005, the CD was able to implement a Voluntary Placement Agreement (VPA) through an amendment to the state's IV-E plan. This allowed the CD to enter into a contract with parents to fund a child's out of home placement for a maximum of 180 days if deemed appropriate through a DMH level of care assessment without having to take custody. This VPA is only available in conjunction with the Custody Diversion Protocol. To date, 160 youth have been referred through the Diversion Protocol and 150 children or ninety-four percent

have been diverted from state custody. Of those children diverted from custody 51% received intensive services in their home and community while 49% required a placement outside of their home. In any given month approximately 30-35 children were supported in their out of home placement through the VPA. The continued implementation of the Custody Diversion Protocol will be monitored by the DMH, CD and the Stakeholders' Advisory Group for the Comprehensive Children's Mental Health Service System.

Target Achieved or Not Achieved/If Not, Explain Why:

Target Achieved

CHILD - IMPLEMENTATION REPORT

Name of Performance Indicator: Rural children receiving mental health services

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2004 Actual	FY 2005 Actual	FY 2006 Target	FY 2006 Actual	FY 2006 Target % Attained
Performance Indicator	13.90	14.60	14.50	14.26	98
Numerator	11,354	11,900	--	12,258	--
Denominator	81,683	81,683	--	85,958	--

Table Descriptors:

Goal:	Maintain or increase the percentage of children and youth with SED in rural areas receiving CPS funded mental health services
Target:	Maintain or increase the percentage of children and youth with SED in rural areas receiving CPS funded mental health services
Population:	Children and youth with SED
Criterion:	4:Targeted Services to Rural and Homeless Populations
Indicator:	Percentage of children and youth with SED in rural areas receiving CPS funded mental health services
Measure:	The numerator is the number of children and youth with SED in rural areas served by CPS. The denominator is the prevalence at 7% of children and youth with SED in rural areas.
Sources of Information:	CTRAC; billing database; federal census and prevalence table
Special Issues:	Of the 25 service areas in Missouri, 16 are designated rural or semi-rural according to definitions based on boundaries of Metropolitan Statistical Areas adopted by DMH/CPS. Approximately 15% of the state's population live in rural areas, and 25% are concentrated in small towns and cities.
Significance:	Mental illness and its complications and lack of access to care have been identified as major rural health concerns at the national and state level. The Division of CPS is committed to providing mental health services to rural Missourians. However, only 14% of the need is being met in rural areas for children and youth with SED. The number of children served in rural areas has increase, but the census data has also increased.
Activities and strategies/ changes/ innovative or exemplary model:	Rural Mental Health Care Access Assessment A Rural Mental Health Task Force was formed as a result of a two-year grant project funded by National Library of Medicine. The grant was written by the Mid-Missouri Area Health Education Center (Mid-MO AHEC) in collaboration with the Missouri Rural Health Association (MRHA). A DMH representative actively participated on the task force. A Rural Mental Health Matters report was written for state policy makers, mental health professionals, community leaders and local mental health advocates. The reports and Internet web site assist rural Missourians in accessing and evaluating health information via the web at http://www.morha.org/resources.php It contains an assessment of mental health resources in Missouri and makes recommendations for individual actions and community collaborations.
Target Achieved or Not Achieved/If Not, Explain Why:	Target Achieved

CHILD - IMPLEMENTATION REPORT

Name of Performance Indicator: SOC children/youth expelled from school

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2004 Actual	FY 2005 Actual	FY 2006 Target	FY 2006 Actual	FY 2006 Target % Attained
Performance Indicator	3.10	.01	N/A	.02	100
Numerator	19	1	--	3	--
Denominator	611	166	--	176	--

Table Descriptors:

Goal:	Keep children and youth with SED engaged in school
Target:	Maintain the low rate of children and youth with SED expelled from school
Population:	Children and youth with SED served in System of Care programs
Criterion:	3:Children's Services
Indicator:	Percentage of children and youth with SED served in the System of Care programs expelled from school
Measure:	The numerator is number of children and youth with SED in the System of Care programs expelled from school. The denominator is the total number of children and youth with SED served in the System of Care programs with a review/discharge status report for the fiscal year.
Sources of Information:	Youth Status Report
Special Issues:	According to the President's New Freedom Commission on Mental Health, Achieving the Promise: Transforming Mental Health Care in America, "the mission of public schools is to educate all students. However, children with serious emotional disturbances have the highest rates of school failure. Fifty percent of these students drop out of high school, compared to 30% of all students with disabilities. Schools are where children spend most of each day. While schools are primarily concerned with education, mental health is essential to learning as well as to social and emotional development. Because of this important interplay between emotional health and school success, schools must be partners in the mental health care of our children."
Significance:	Missouri's Comprehensive Children's Mental Health System is working if only 3 out of 176 students with SED are expelled from school.
Activities and strategies/ changes/ innovative or exemplary model:	State policymakers, families, and practitioners are increasingly concerned about the mental health needs of children in Missouri. Providing appropriate and effective services to meet their needs is a high priority. Senate Bill 1003 was enacted into law in 2004 to require the development of a unified, comprehensive plan for children's mental health services. When fully implemented, this plan will ensure that all of Missouri's children receive the mental health services and supports they need through a comprehensive, seamless system that delivers services at the local level and recognizes that children and their families come first. Missouri's mental health services system for children will be accessible, culturally competent, and flexible enough to meet individual and family needs; and family-centered and focused on attaining positive outcomes for all children.
Target Achieved or Not Achieved/If Not, Explain Why:	Target Achieved

CHILD - IMPLEMENTATION REPORT

Name of Performance Indicator: SOC children/youth living in out-of-home placement

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2004 Actual	FY 2005 Actual	FY 2006 Target	FY 2006 Actual	FY 2006 Target % Attained
Performance Indicator	20	26.50	25	19.88	125
Numerator		44	--	35	--
Denominator		166	--	176	--

Table Descriptors:

Goal:	Decrease the number of children and youth with SED in out-of-home placement
Target:	Maintain or decrease the percentage of children and youth with SED in out-of-home placement
Population:	Children and youth with SED
Criterion:	3:Children's Services
Indicator:	Percentage of children and youth with SED in out-of-home placement
Measure:	The numerator is the number of children and youth with SED in the System of Care programs living in out-of-home placement. The denominator is total number of children and youth with SED in the System of Care programs with a review/discharge status report in the fiscal year.
Sources of Information:	Youth Status Report
Special Issues:	State policymakers, families, and practitioners are increasingly concerned about the mental health needs of children in Missouri. Providing appropriate and effective services to meet their needs is a high priority. Senate Bill 1003 was enacted into law in 2004 to require the development of a unified, comprehensive plan for children's mental health services. When fully implemented, this plan will ensure that all of Missouri's children receive the mental health services and supports they need through a comprehensive, seamless system that delivers services at the local level and recognizes that children and their families come first. Missouri's mental health services system for children will be accessible, culturally competent, and flexible enough to meet individual and family needs; and family-centered and focused on attaining positive outcomes for all children.
Significance:	The DMH is achieving the goal of decreasing the number of children and youth with SED in out-of-home placement.
Activities and strategies/ changes/ innovative or exemplary model:	The goal of a consumer and family driven program is to hear the consumer voice. Parents want to maintain custody of their children and receive the needed mental health services. The Custody Diversion Protocol was developed through the shared efforts of DMH, DSS, courts and family members and implemented statewide in January, 2005 following extensive training of Children's Division (CD) staff, DMH provider staff and juvenile justice officers. In February of 2005, the CD was able to implement a Voluntary Placement Agreement (VPA) through an amendment to the state's IV-E plan. This allowed the CD to enter into a contract with parents to fund a child's out of home placement for a maximum of 180 days if deemed appropriate through a DMH level of care assessment without having to take custody. This VPA is only available in conjunction with the Custody Diversion Protocol. To date, 160 youth have been referred through the Diversion Protocol and 150 children or ninety-four percent have been diverted from state custody. Of those children diverted from custody 51% received intensive services in their home and community while 49% required a

placement outside of their home. In any given month approximately 30-35 children were supported in their out of home placement through the VPA. The continued implementation of the Custody Diversion Protocol will be monitored by the DMH, CD and the Stakeholders' Advisory Group for the Comprehensive Children's Mental Health Service System.

Target Achieved or Not Achieved/If Not, Explain Why:

Target Achieved

Missouri

Appendix B (Optional)

OPTIONAL- Applicants may use this page to attach any additional documentation they wish to support or clarify their application. If there are multiple files, you must Zip or otherwise merge them into one file.

Missouri

Explanations for the Implementation Report

Upload revisions for the Implementation Report

Missouri

Explanations for the Implementation Report History

History of Uploaded revisions for the Implementation Report