

# Missouri

## UNIFORM APPLICATION FY 2008 - STATE IMPLEMENTATION REPORT

### COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT

OMB - Approved 08/06/2008 - Expires 08/31/2011

(generated on 12-1-2008 2.32.21 PM)

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

## 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

## Adult – Report Summary

### Areas Previously Identified in FY 2008 by State as Needing Improvement

The previous State Plan was reviewed by the Comprehensive Psychiatric Services State Advisory Council (CPS/SAC). The CPS/SAC identified four areas as needing improvement. Listed below are the areas for improvement and the accomplishments in addressing the issue.

1. **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. Local Mil tax boards should be created and encouraged to pass mental health taxes in local communities.

#### Accomplishments:

##### a) State Budget

With strong support from Governor Matt Blunt and legislative leaders, DMH experienced an increase in funds for the FY 2009 budget. Missouri had experienced the effects of an extended overall economic slowdown over five consecutive years. A limitation on general revenue growth had caused the DMH to face core budget reductions, withholds and staff layoffs. The DMH had experienced core net reductions on General Revenue state dollars of more than \$80 million. The total full-time equivalent positions have been reduced from 10,386 in fiscal year 2002 to 8,676 in SFY 2009. This has required the department to focus on protecting current services and programs while attempting to maximize the use of other funding sources. While the increase in funds for the current fiscal year is a positive development, DMH had lost ground and continues to make up for the lean years. Missouri relies heavily on Medicaid to reimburse for services. This reliance puts the State at significant risk if the Federal government initiates Medicaid reform as has been proposed.

The State has sought funding through various sources and has thoroughly investigated Federal grant sources. In 2008 Missouri moved from 9<sup>th</sup> place to 8<sup>th</sup> place in total discretionary funding from SAMHSA. The Missouri Institute of Mental Health has collaborated with DMH to apply for many of these grants.

For the SFY 2009 the community providers received a 3% Cost of Living Adjustment increase from the Legislative budget process. Provider rates were adjusted with the 3% increase to help offset the increased costs of doing business. The provider COLA will be requested again in the SFY 2010 budget process.

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 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 Mental Health Block Grant, PATH Grant, Olmstead Grant, Mental Health Mil Tax Boards, discretionary grant awards from SAMHSA, Medicaid, general state revenue and other community funding all help fund mental health services in Missouri.

The total budget for Missouri Department of Mental Health, Division of Comprehensive Psychiatric Services is \$423,432,213 for State Fiscal Year 2009. The federal Block Grant portion of the budget is \$6,751,507.

b) Mil Tax

Twelve (12) counties and the city of St. Louis have passed Mental Health Mil Taxes and have Mil Tax Boards. Four (4) counties have passed a Children's Services Tax. Four counties are actively planning for a mil tax and have formed task forces. The Division 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 Division maintains regulatory and quality control of services purchased by local boards through enforcement of certification standards for those services.

2. **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. Procovery should continue to be promoted. Consumers should be offered training on advocacy and leadership. Peer Specialist certification should be explored.

Accomplishments:

a) Recovery Training and Procovery

Missouri launched its inaugural "Show-Me Series" this Spring designed to "Create Communities of Hope" by increasing public knowledge, reducing stigma, and empowering people to move forward with their lives, regardless of their disabilities or illnesses. The series uses three curriculums: RESPECT Seminars, Mental Health First Aid, and Procovery.

- Creating Communities of Hope begins with RESPECT. Joel Slack, founder of Respect International, LLC, developed the RESPECT Seminar to promote the powerful impact that respect (and disrespect) has on a person recovering from a psychiatric disability. Joel presents personal experiences and shows that RESPECT impacts all of us in our daily lives. His message is relevant to anyone interested in gaining a consumer's perspective regarding mental health and the relationship between service provider and patient. Free public seminars were conducted between May and September of 2008, more than 750 Missouri citizens attended the RESPECT Seminars held across the state. One participant who attended a seminar in

Farmington, stated that "I plan to be more respectful to everyone. This has been very life-changing...It was perfect! Very informative." Seminars will continue throughout 2009.

In addition, Joel provide training this year through the RESPECT Institute, a five-day training program designed to teach consumers how to share their own personal stories to educate others. Respect Seminars were incorporated into the Eastern Region Behavioral Health "Reducing Stigma and Increasing Cultural Competency Pilot". The St. Louis Regional Health Commission Behavioral Health Steering Team is sponsoring a three-part series, entitled "Seeing the Person Beyond the Label." The first two sessions took place in June and August 2008; participants represent 35 area agencies. The steering team also has adopted and begun the process of instituting a regional Respect Policy.

- Most Missourians understand first aid and what to do if someone is choking, not breathing or exhibiting signs of another health emergency. However, few people know basic interventions if they encounter a person experiencing a mental health emergency even though they are likely to encounter such situations as well. In Australia, Betty Kitchener and Anthony Jorm developed Mental Health First Aid (MHFA) to teach basic first aid interventions for common mental health problems such as anxiety, bipolar disorder, depression, substance use disorder, or a crisis situation such as suicidal behavior, post trauma distress, drug overdose, panic attack, and the like. Participants in a MHFA course demonstrated improved confidence in providing initial help, increased help given, and reduced stigma regarding mental health disorders resulting in international adoption and adaptation. Missouri is working collaboratively with a team from Maryland and the National Council of Community Behavioral Healthcare to launch the American version of Mental Health First Aid.

Missouri's first adult training was held July 1-2 in Jefferson City with 24 participants. Two participants were selected to attend an MHFA instructor training in Vail, Colo., sponsored by the National Council of Community Behavioral Healthcare. Missouri's first instructor training, conducted September 29- October 3 in Jefferson City, featured MHFA co-founder Betty Kitchener, flying in from Australia to serve as a master trainer. Twenty people participated in the training. Once certified, instructors will be required to conduct 3 Mental Health First Aid Trainings annually. A second five- day Instructor Training will be held in 2009.

- Missouri Department of Mental Health is administering statewide implementation of recovery services through the Procovery™ program, following the completion of a successful demonstration pilot and extensive statewide foundational planning. The Procovery™ program, developed by Kathleen Crowley, author and Executive Director of Procovery Institute, emphasizes a hope-centered, forward-focused, and

skills-based partnership of the client, the family, the service provider, and the community. It includes eight principles for resilience in healing, 12 strategies for action, and a highly structured system, known as the Procovery Circle, for group training and support.

As part of Missouri's Transformation initiative Procovery training resumed in the spring of 2008 for state-wide expansion after an extensive period of evaluation and infrastructure development. Four Procovery introductory trainings have been completed with 361 attendees. Three facilitator trainings have been completed with 257 participants. It is anticipated there will be more than 200 licensed facilitators statewide by year end.

b) Consumer Leadership Training

One of the premiere training events in the state of Missouri is the annual Spring Training Institute. The Division of Alcohol and Drug Abuse and the Division of Comprehensive Psychiatric Services provide a three day event each May that allows direct care staff members an opportunity to receive information and training about the most up-to-date treatment methodologies for a low conference cost. In 2008, over 1300 professionals, administrators and consumers participated in the training. CPS provided full scholarships to all CPS SAC members and ten additional consumers from the Drop-In Centers.

On November 5 and 6, 2008, the department sponsored a hugely successful Consumer/Family/Youth Leadership Summit. 150 participants came together from all three divisions to learn leadership skills and to plan a larger statewide consumer/family/youth leadership summit for 2009.

c) Peer Specialist Certification

CPS has adopted the Appalachian Consulting Group "Georgia Model" for Peer Specialist training and certification. It is the intent of the Division to move the mental health system to a wellness model that empowers service participants to establish their personal mental health goals and manage both their mental health and plan of care through education and supports. Certified Peer Specialists are a part of this process. CPS contracted with Larry Fricks to provide the first training in Missouri. Ike Powell and Beth Filson of his staff conducted the first training on September 29 through October 3, 2008. CPS is training several individuals to become the Missouri trainers. Two more trainings are being planned for this fiscal year. A training was conducted for supervisors of peer specialists on October 28, 2008. Additionally, CPS has contracted with Wichita State University to provide the web site support for the training and certification process. The web site is [www.peerspecialist.org](http://www.peerspecialist.org).

CPS trained 36 individuals in the first Peer Specialist training. Further trainings will be smaller groups and may occur on a more regional basis. The Medicaid reimbursement rate was increase recently to incentivize the hiring of Peer Specialists in the CMHCs. The rate is comparable to the community support worker rate.

3. **Education** efforts should continue through partnerships 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. Anti-Stigma Public Education Campaign efforts should continue in the hopes of affecting change across the state. Individuals with mental health issues should be welcomed in their community and be afforded the right to work and live as valued members of the community. As public attitudes change regarding mental illness, the possibility increases for the mil tax boards to successfully pass new taxes for additional money for services. A new staff person was hired in CPS to focus on establishing new mil tax boards statewide.

Accomplishments:

a) Mental Health Awareness Day

Mental Health Awareness Day 2008: *Transformation: From Hope to Health* at the State Capitol on April 10th was a huge success. Over 300 consumers converged on the State Capitol for educational opportunities and advocacy. Events, planned entirely by the council members, included the Consumer Conference presentations on RESPECT, Advocacy Workshop, BRIDGES, Crisis Intervention Teams, Mental Health Transformation, and Peer Run Programs. The First and Third Floor Rotunda of the Missouri State Capitol hosted twenty-two mental health related exhibits. The Capitol speakers included key State Representatives and Senators. Media Awards were presented to three individuals for public education reducing the stigma of mental illness. Music provided by a consumer singer/guitar player and free ice cream for participants and legislative staff rounded out the celebratory event. Many individuals with mental illness and their families made appointments with their legislators to share their stories. Individuals participated with intensity and passion to help those suffering from mental illness. Council members staffed the event to assure it ran smoothly.

b) Network of Care

Missouri has implemented the Network of Care for Mental Health statewide. This is an online information site that provides critical information, communication, and advocacy tools with a single point of entry. Network of Care information is now available to the 211 system, a national initiative that seeks to reserve these three digits nationwide as a quick, easy to remember telephone number for finding human services answers. Through Missouri's Transformation Initiative, work is underway to increase the usability of the system state-wide and consumers from Community Mental Health centers are receiving training to assist other consumers locally on the use of the system including My Folder.

4. **Prevention** needs to be a focus of the Department across all three Divisions. For each treatment initiative, a prevention component needs to be included so that headway can be made as a state at preventing and limiting the impact of addictions, developmental delay and mental health disorders.

## Accomplishments:

### a) Suicide Prevention

The DMH continues to implement suicide prevention services according to the legislative mandates and grant guidelines. The Suicide Prevention Advisory Committee has met regularly and is prepared to take action as issues emerge. The group has supported efforts on college campuses as well as directing the Department to work collaboratively with federal initiatives to prevent suicides among veterans.

Since the federal declaration that suicide is a serious public health concern and the accompanying call to action for individual states, Missouri DMH has accepted the responsibility to provide both leadership and technical assistance on mental health promotion within Missouri communities, and has recognized suicide as a leading public health concern. The Missouri delegation to the national suicide prevention conference in Reno, Nevada, completed a statewide plan of suicide prevention strategies.

Implementation has included passing legislation relative to suicide prevention and establishing a Governor-appointed Suicide Prevention Advisor Committee. A subsequent award of a three-year federal grant to prevent suicide in youth up to age 25 has enabled this high risk group to receive targeted services. DMH utilizes this SAMHSA funding in conjunction with block grant funding to provide state-wide suicide prevention services tailored to local needs and supplemented with local support. Strategies include gatekeeper training, policy change, a focused initiative on college campuses, regional Resource Centers, survivor support groups, promotion of the National Suicide Prevention Lifeline, incentive awards geared to meet local needs, incorporating suicide prevention information in distance learning courses, raising public awareness through print and electronic media, and conferences.

### b) Prevention

During 2008, one of the six value statements endorsed by DMH related to Prevention and Early Intervention demonstrating the understanding that emphasizing prevention and early intervention strategies avoids or minimizes the mental health problems of Missourians. The Office of Prevention within DMH utilizes the Institute of Medicine's definition of prevention including universal, selective and indicated while working with the framework of risk and protective factors. The mission of the Office of Prevention is: *"To enhance the health and well being of Missouri's children and youth, adults, and families through comprehensive approaches that reduce the incidence and prevalence of developmental disabilities; alcohol and drug abuse; and mental illness."* The Office 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
- 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 and prevention strategies
- Coordinating with prevention initiatives within other state departments.

During 2008, The Office of Prevention acquired and is overseeing the implementation of a grant from the Missouri Foundation for Health to determine the actual tobacco usage for consumers of mental health services. Prevention staff has made presentations on prevention to DMH employees and attendees at the Spring Institute and have emphasized the need for a strong prevention component in the Department's policies and procedures.

Prevention staff has been active in the development of a state-wide plan to prevent child abuse and neglect. A partnership was established with the Missouri Center for Safe Schools and the Missouri Department of Health and Senior Services to begin a three plan to develop a cadre of individuals certified in the Olweus Bullying Prevention Program throughout the state. With the first training held in Kansas City in April 2008, each new trainer was then available to up to three school buildings that were willing to implement the Olweus syllabus, a SAMHSA model program with demonstrated short term and long term results.

The Office of Prevention has continued to act as a resource for the Department by convening regular meetings with staff from all three Divisions to exchange information and ideas as well as discuss prevention research and the practical application of that research. Prevention staff has been involved in the Transformation initiative and are seeking ways to link prevention initiatives with all aspects of treatment activities. Upcoming Transformation activities will focus on moving the state from the current position of fragmented programming for prevention (often excellent) to a *system of prevention*.

Another Transformation activity targeting prevention is the implementation of Mental Health First Aid, a 12-Hour course to teach members of the public how provide help to a person developing a mental health problem or experiencing a mental health crisis. The first aid is given until appropriate professional treatment is received or until the crisis is resolved. This evidence based program demonstrates a reduction in stigma, an increase in the amount and quality of assistance given during the crisis time.

Prevention staff was active in a stigma initiative for the Department. This involved establishing an entity called the Missouri Mental Health Foundation as an alternative funding source for private donations, a banquet to celebrate the accomplishments of those individuals who have made significant contributions to their communities, and selecting three individual "Champions" who exemplify accomplishments among us in their daily life and work within communities.

Another focus within Transformation is facilitating a public health approach to mental health. This represents a shift from a focus on the individual to a tactic that is primarily interested in the health of the population as a whole and the links between health and the

physical and psychosocial environment. And the public health approach is broader than prevention; strategies encompass Surveillance, Health promotion, Prevention, Evaluation of Services, Risk & Protective Factors.

A focus on prevention involves outlining a long range plan to move from a culture responding to crisis to a culture of prevention. Embedding prevention in policy and practice is a strategy designed to move operations from a reactive mode of operation to one that stresses proactive approaches. In Missouri, as in the rest of the nation, the landscape of family and community life is changing rapidly. Our agencies and institutions are morphing in ways not anticipated a decade ago. Key concerns focus on issues of children and youth. There is significant support for promoting well-being and preventing harmful behavior. DMH has an environment of change that can support prevention.

# 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

## **Adult - Report Summary**

### **Most Significant Events that Impacted the State Mental Health System in the Previous FY**

#### Evidence Based Practices

##### Assertive Community Treatment (ACT)

- Six programs funded (3 on Eastern side and 3 on Western side of Missouri)
- Receiving technical assistance from Michelle Salyers from the ACT Center of Indiana
- Four staff receive training in Indiana on how to conduct ACT fidelity reviews

##### Integrated Dual Disorder Treatment (IDDT)

- 16 agencies received IDDT fidelity reviews and approved for new billing codes in past year
- Collaborations with Missouri Institute of Mental Health and the Missouri Foundation for Health

##### Illness Management and Recovery (IMR)

- The Division of Comprehensive Psychiatric Services has negotiated with the Medicaid agency to develop an enhanced rate for Psychosocial Rehabilitation
- Lindy Fox from Dartmouth University presented a day long training at the Missouri Psychiatric Rehabilitation Association Conference in September on Illness Management and Recovery
- We are working towards encouraging the community mental health centers to bill the enhanced rate if they provide the IMR to the manual.

##### Dialectical Behavior Therapy (DBT)

- The addition of a consultant on DBT has allowed for a lot of trainings statewide and consultation on specific cases.
- A few agencies are working to implement DBT to criteria.

#### Medical and Behavioral Health Initiatives

##### Community Mental Health Centers/Federally Qualified Health Centers (CMHC/FQHC)

- Seven sites (each site includes one CMHC and one FQHC in collaboration) were selected to implement this new budget item funded through State General Revenue. The Department is working with the Community Health Centers on integrated services through a collaborative process to target the uninsured population.
- Family Practice Nurses are located at the CMHC for primary care clinics for the uninsured. Targeted Case Manager/Community Support Workers are located in FQHC for behavioral health referral/linking/support.

##### Disease Management Initiative

- The Missouri Behavioral Pharmacy Management Program (BPM) has been selected by the Substance Abuse and Mental Health Services Administration (SAMHSA) to receive one of their prestigious 2008 Science and Service Awards. The program is a partnership between DMH, the Missouri Department of Social Services, Division of Medical Services and Comprehensive NeuroScience, Inc. "This is a model on how

states can increase the quality of care that Medicaid residents with severe mental illnesses receive while encouraging more efficient use of taxpayer dollars,” said Joseph Parks, M.D., Director of Comprehensive Psychiatric Services. “Through this project, many opportunities for coordination of care have been identified, resulting in improved quality of care and enhanced quality of life for persons with mental illness.” The Missouri BPM averages 1,900 adult and child prescriber interventions and 7,400 patients touched per month. In addition, based on the Missouri model and results, BPM is now operating in 22 state Medicaid agencies and has also been expanded to Medicare and commercial markets.

- DMH Net is a disease management initiative created to improve the lives of MO HealthNet (Medicaid) consumers, who are clients of Community Mental Health Centers. This integrated model utilizes health technology in combination with a chronic care approach and existing community resources, to coordinate behavioral and medical healthcare. Used appropriately within the clinical setting, DMH Net will enhance wellness for MO HealthNet consumers of CMHCs and CPRCs in Missouri.
- A new position of nurse liaison has been created in order to implement and integrate DMH Net into the daily clinical operations of the CMHC
- The initiative includes giving additional wellness information to consumers and educating staff.

#### Mental Health Transformation

Show-Me Series (See above accomplishments section for details)

- Mental Health First Aid – Working on the National model for MHFA with the State of Maryland and the National Coalition
- RESPECT – Joel Slack
- Procovery

Mental Health Transformation Comprehensive Plan was approved in June 2008.

#### Veteran’s Services

- The Department of Mental Health Administrative Agents in 12 Service Areas with the largest populations of veteran families will provide Outreach services anytime there is a suicide attempt or crisis (once notified by local veteran’s contacts). Additionally, services will be offered to family members of killed or wounded veterans, and families experiencing transition issues once the veteran returns from deployment. Traditional services (individual or group) will be provided to family members, adult or youth, where appropriate. The current budget totals \$650,000 from general revenue.

#### Consumer and Family Driven Services

Peer Specialist Certification

- See details in Accomplishments listed in Areas Previously Identified in FY 2008 by State as Needing Improvement

## Consumer/Family Monitors

- New in 2008, the Division of Comprehensive Psychiatric Services State Advisory Council (CPS/SAC) consumer/family members were full team members for certification surveys of the community mental health centers. These reviews evaluate the quality of care from a consumer/family perspective.

The CPS/SAC made formal recommendations to the Division Director for consumers and family members to be involved in the contracted community agency certification process. The recommendation included:

1. Community Based Monitoring Committee Vision, Mission and Goals
2. Community Based Monitoring Committee Recommendations
3. Consumer Monitors for Certification Visits Employee Considerations
4. Job Description Consumer Surveyor/Consumer Monitor
5. Memorandum of Understanding (Agreement Between Missouri Department of Mental Health and Hourly or Intermittent Employee Assigned to Certification)
6. Consumer Monitors for Certification Visits Estimated Budget

The Division Director approved the recommendations. CPS/SAC proceeded to develop a survey tool with interview questions and training curriculum for consumer/family monitors. Three agencies have received certification surveys in 2008 with the consumer/family monitors. The feedback has been positive from both service providers and monitors. CPS will continue to have a consumer/family monitor as a member of the certification team. Additional consumer and family monitors will be hired and trained.

In a certification survey follow-up call with a Clinical Director, he was very positive about the experience. He appreciated the Consumer/Family Monitors willingness to be involved in the certification process and reported it was good to hear their positive feedback regarding what the agency did well. He stated the Consumer Monitor immediately blended in at the Psychosocial Rehabilitation (PSR) program and was unobtrusive. He liked that the Monitors were not “looking for the bad” or from the “gotcha” school of thinking. He reported the Monitors delivered the recommendations well and that the agency was motivated to make changes in the PSR based on the comments of what the monitors observed. With the Child & Family services, he stated it was confirmation of what the agency was doing well. The Clinical Director had no recommendations for improvement and reported the Consumer/Family Monitors feedback was valuable.

# 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 2008 Block Grant Expenditures

Provider	Adult	Youth	Total
Adapt of Missouri	\$ 18,257	\$ -	\$ 18,257
East Central MO BH	\$ 20,210	\$ 12,860	\$ 33,071
Bootheel Counseling Services	\$ 55,880	\$ -	\$ 55,880
Burrell Center	\$ 335,513	\$ 2,921	\$ 338,434
Clark Community Mental Health	\$ 56,418	\$ 428	\$ 56,847
Community Health Plus - St. Louis	\$ 357,545	\$ 105,703	\$ 463,248
Community Network for Behavior	\$ 8,607	\$ 1,237	\$ 9,844
Community Treatment	\$ 265,145	\$ 13,686	\$ 278,830
Comprehensive Mental Health	\$ 155,008	\$ 11,552	\$ 166,560
County of Nodaway Committee	\$ 7,658	\$ 1,101	\$ 8,759
Crider Center for Mental Health	\$ 618,273	\$ 193,669	\$ 811,941
Comprehensive Psychiatric Services CO	\$ 231,827	\$ 33,317	\$ 265,144
Dexter Community Regional	\$ 10,895	\$ 1,566	\$ 12,460
Family Counseling Center	\$ 342,445	\$ 108,230	\$ 450,675
Family Guidance Center	\$ 316,417	\$ 6,097	\$ 322,514
Hopewell Center	\$ 735,967	\$ 83,994	\$ 819,962
Kids Under Twenty One	\$ -	\$ 18,553	\$ 18,553
Mark Twain Mental Health	\$ 195,444	\$ 25,681	\$ 221,125
North Central	\$ 172,551	\$ 1,944	\$ 174,494
Ozark Center	\$ 641,287	\$ 125,722	\$ 767,008
Ozark Medical Center	\$ 89,874	\$ 27,574	\$ 117,448
Pathways Community Behavioral Health	\$ 442,418	\$ 15,122	\$ 457,539
ReDiscover Mental Health	\$ 242,020	\$ 28,793	\$ 270,813
Southeast MO Community Treatment	\$ 2,890	\$ -	\$ 2,890
Swope Parkway Mental Health Center	\$ 138,683	\$ -	\$ 138,683
Tri-County Mental Health Services	\$ 149,752	\$ 10,193	\$ 159,945
Truman Behavioral Health	\$ 299,433	\$ 11,148	\$ 310,581
Total	<u>\$ 5,910,416</u>	<u>\$ 841,091</u>	<u>\$ 6,751,507</u>

Note: Block Grant dollars are used for community based services for SMI adult and SED children population or suicide prevention.

## **Adult Plan**

### **Purpose State FY BG Expended - Recipients - Activities Description**

The continuing goal of Missouri DMH is to keep individuals out of inpatient hospitalizations and in the community. To attain that goal the department offers an array of community-based services for individuals with co-occurring mental health and substance use disorders. The amounts and recipients are on the previous page. The description of activities follows.

#### **Community Psychiatric Rehabilitation Program (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 CPR is a Medicaid supported program, the federal government pays approximately 60 percent of the costs for clients with Medicaid eligibility.

Expansion of the CPR for adults has been a priority. The CPR program is a client-centered 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 including evaluations, crisis intervention, community support, medication management, and psychosocial rehabilitation.

CPR provides medication and medication related services for persons who could not otherwise afford it. Approximately half of CPS clients have their medication costs covered through Medicaid. The cost of medications is a major barrier to accessing medication services. Psychiatric medication is the primary treatment for severe mental illness. New medications are the most rapidly advancing area of technology in clinical treatment of mental health. The new medications have fewer side effects and are therefore much more acceptable to clients and more effective on treating psychosis. The older medications would cause sedation, constipation, dry mouth, urinary retention, blurred vision, light-headedness, restlessness and movement disorders, as well as being deadly if taken in overdose.

#### **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.

**Suicide Prevention**

DMH utilizes other SAMSHA funding in conjunction with block grant funding to provide state-wide suicide prevention services tailored to local needs and supplemented with local support. Strategies include gatekeeper training, policy change, a focused initiative on college campuses, regional Resource Centers, survivor support groups, promotion of the National Suicide Prevention Lifeline, incentive awards geared to meet local needs, incorporating suicide prevention information in distance learning courses, raising public awareness through print and electronic media, and conferences.

Accomplishments are highlighted in the “Most Significant Events” section.

# 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**

### **Summary of Areas Previously Identified by State 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:

1. **Financial limitations** continue to cut into the Administration of State mental health services for children. Medicaid eligibility changes in the state have reduced the number of children covered. The Missouri DMH wants to prevent or minimize cuts to core funding affecting direct consumer care.

#### **Accomplishments**

DMH submitted a budget item in the last legislative session in support of school mental health. This was not selected for funding. Although efforts continue to advocate for this budget item in the next legislative session, some steps have been achieved to make available additional funding options in support of school mental health. Previously MoHealthNet (Medicaid) would allow billing only for mental health services delivered at the school identified through an Individualized Education Plan with the school making the match. Through work with MoHealthNet, DMH was able to expand funding for such services to youth who are not eligible for special education services but still need mental health services if the school has entered into collaboration with the local community mental health center or mental health provider, again with the school or other community resource making the match. This not only created a funding stream not previously available to a population of youth, but also continues to emphasize and support collaborative partnerships between mental health and schools.

CPS was also able to expand the array of services available through Community Psychosocial Rehabilitation Program that are eligible for MOHealthNet funding. These services include Family Support, Family Assistance, Day Treatment and Psychosocial Rehabilitation. Although no additional general revenue dollars were provided, it is hoped that through creating a mechanism the limited resources can be used through its maximum potential to support access and capacity to these services.

2. **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.

#### **Accomplishments**

Building a comprehensive mental health system to meet the needs of Missouri's children encompasses more than just adding services. As outlined in the 2004 comprehensive children's plan, reform involves major work in three broad areas: the ongoing capability to assess children's mental health needs statewide, the policy and infrastructure to support reform, and the expanded capacity of the service delivery system.

Work of this complexity and magnitude takes time. The plan puts forth a vision of what the fully developed system will look like and lays out a 5 year road map for achieving this

system. The plan focuses the work in the first two years on Planning and Transition activities. Currently we are right on target with meeting the short term goals and objectives as set forth in the plan.

3. **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.

#### **Accomplishments**

The Mental Health Transformation Working Group is exploring both supported housing and supported employment focus on transition aged youth. Work groups are meeting on a regular basis to develop plans.

DMH is working on a new financial arrangement for transitional age youth. Youth receiving Social Security Disability Income (SSDI) could put their payments into the Midwest Family Trust Fund for future access in establishing themselves in the community. Currently, SSDI payments go towards their current placements. The Trust Fund will allow for some start-up monies as the youth transition into independent living.

Truman Medical Center Behavioral Health, a Community Mental Health Center in the Western Region, has enhanced programming for transitional aged youth. The Transition to Independence Process (TIP) is an evidence-based systems approach to treatment for young persons designed to move them to greater self-sufficiency. Transition services include outreach and engagement, thorough assessment of individuals' strengths and needs, age-appropriate mental health care, including transition from the child to adult mental health system, substance abuse services, assistance with housing needs, vocational training, career development and employment services, educational support services, services to help develop and nurture instrumental living skills and proper socialization, family and peer supports, and case management or service coordination. Implementing the principles of TIP required change and restructuring in these child and adult mental health delivery systems.

4. **Suicide prevention** activities should continue. The Department of Mental Health is committed to reducing the 700 total adult and youth suicides committed each year in Missouri.

#### **Accomplishments**

Suicide prevention for youth continues to be a priority for Missouri and for the Department of Mental Health. Implementing a SAMHSA youth suicide prevention grant has enabled the state to respond to local needs. Activities have focused on gatekeeper training within schools and youth serving organizations, training parents, teachers and caregivers on the risk and protective factors associated with youth suicide. Mini grants to accommodate local need and regular meeting of the Suicide Prevention Advisory Committee will continue. A statewide Suicide Prevention Conference was held in July 2008.

# 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

## **Child Plan - Report Summary**

### **Most Significant Events that Impacted the State Mental Health System in the Previous FY**

The Missouri Department of Mental Health (DMH) continues to make progress towards a more comprehensive community based children's mental health system of care. In addition to the significant achievements outlined in Section II Child – Service System's Strengths and Weaknesses, there are many other significant achievements to highlight.

### **Progress to Date**

Building a comprehensive mental health system to meet the needs of Missouri's children encompasses more than just adding services. As outlined in the 2004 comprehensive children's plan, reform involves major work in three broad areas: the ongoing capability to assess children's mental health needs statewide, the policy and infrastructure to support reform, and the expanded capacity of the service delivery system.

Work of this complexity and magnitude takes time. The plan puts forth a vision of what the fully developed system will look like and lays out a 5 year road map for achieving this system. The plan focuses the work in the first two years on Planning and Transition activities. Currently we are right on target with meeting the short term goals and objectives as set forth in the plan. The following report provides a description of this progress over the last year and the focus for the coming year. The report is organized to correspond to the plan with a discussion of activities related to families retaining custody first, then a description of progress in building the infrastructure and services within a system of care, followed by what is being put in place to assure the system is working for children and families.

### **Families Retaining Custody**

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. Since its inception 93% of the youth referred have been diverted from state custody. Of those diverted, 40% have been maintained in their homes and communities through the provision of intensive community based services as opposed to being placed out of their homes. This has been considered a very successful initiative and the

process the state partners went through to develop and implement the protocol was presented at the 2008 Georgetown Training Institute in Nashville.

### **Building Infrastructure to Support a System Of Care**

#### Assess mental health service needs statewide

Surveillance and assessment of mental health needs is critical to the development of the proposed system. To assist with this assessment, the Plan recommended the creation of a “data warehouse” process to compile needed data across the multiple child serving agencies. Although initial steps were taken to create such a data warehouse, a shift in budget parameters and a change in the political environment have diverted the interest to creating data systems that track individuals to enhance the quality of care coordination. In partnership with Missouri HealthNet (Medicaid) DMH has fed data into and has access to data through the CyberAccess system to enhance the coordination of services delivered on consumers. Through this same data system that tracks delivery of Medicaid billed services, other quality assurance projects have been initiated related to prescribing practices. Additionally, this data base has allowed for DMH to work with Children’s Division (child welfare) to track services for youth in state custody in residential care, to guide policies and practices for this population. Efforts continue to look at data systems that can support data driven policy decision making.

Additionally, through the Show Me Bright Futures initiative the state strategic team is partnering with the Community Based Child Abuse Prevention communities to bring to these sites, the public health model in creating local surveillance and assessment tools and procedures to guide their needs assessment for supporting the social and emotional development of their children. This project was presented at the 2008 Georgetown Training Institute in Nashville.

#### Policy Development & Administration

SB1003 calls for the establishment of a Comprehensive System Management Team (CSMT) to provide a management function with operational oversight of children’s mental health policy and to act as a linkage between the state and local management structures. Membership is comprised of state child-serving agencies, families, advocacy organizations and local system representatives. The CSMT and its committees continue to meet monthly. The recent focus has been in the area of developing a cross-system practice model; examining data collected from local system of care sites to assess impact and trends; and reviewing the current screening practices and tools for social and emotional functioning of the 0-5 age population across the state. Each of these tasks is with the intent to bring forward needed changes in policies and practice. For example as part of the Early Childhood Comprehensive System plan’s goal on Social and Emotional Development, the CSMT took on the task of surveying current practice to identify gaps not only in screening/identification but to map where connections need to be made regarding universal and targeted interventions.

Another area currently the focus of efforts is in creating a model for a trauma informed system for children and youth. CPS is submitting a budget item to implement this model across child – serving systems that will assess organizational sensitivity and readiness for needed change, providing training on trauma sensitivity and awareness, when and how to make a referral for trauma-focused services and increasing capacity of evidence-based practices appropriate for the population. As an initial step, CPS is working with child welfare’s management team to review the National Child Traumatic Stress Network’s Trauma Toolkit for Child Welfare to identify policy and practice changes and integration needed to create a trauma informed system.

### Financing

DMH submitted a budget item in the last legislative session in support of school mental health. This was not selected for funding. Although efforts continue to advocate for this budget item in the next legislative session, some steps have been achieved to make available additional funding options in support of school mental health. Previously MoHealthNet (Medicaid) would allow billing only for mental health services delivered at the school identified through an Individualized Education Plan with the school making the match. Through work with MoHealthNet, DMH was able to expand funding for such services to youth who are not eligible for special education services but still need mental health services if the school has entered into a collaboration with the local community mental health center or mental health provider, again with the school or other community resource making the match. This not only created a funding stream not previously available to a population of youth, but also continues to emphasize and support collaborative partnerships between mental health and schools.

CPS was also able to expand the array of services available through Community Psychosocial Rehabilitation Program that are eligible for MOHealthNet funding. These services include Family Support, Family Assistance, Day Treatment and Psychosocial Rehabilitation. Although no additional general revenue dollars were provided, it is hoped that through creating a mechanism the limited resources can be used through its maximum potential to support access and capacity to these services.

### **Array of Services and Supports**

#### Functional Assessment

The Child and Adolescent Functional Assessment Scale (CAFAS) has been selected as a functional tool to enhance meaningful eligibility requirements for community psychosocial rehabilitation services. CPS has a computer based system to allow statewide access for its providers and to create both local and statewide databases. In addition to determining eligibility based on functioning, the CAFAS will allow for active management of services by periodically assessing progress towards specified goals, designing treatment plans which link problematic behavior with a target goal and related strengths, assessing outcomes, and provide a quality

assurance tool. All providers have been trained by CPS to train their agency staff on rating of the CAFAS. The target date for statewide implementation is January 2009.

### Evidence Based Practice

Through a field demonstration grant from the Office of Juvenile Justice and Delinquency Prevention CPS and the Office of State Courts Administrator have provided training to five sites on guidelines to improve the quality of mental health assessments for juvenile/family courts. Additionally each of these sites selected an evidence based practice to implement to enhance the service array for youth at risk of or involved in the juvenile justice system with mental health needs. The practices selected included Dialectical Behavior Therapy, Trauma-focused Cognitive Behavior Therapy, Motivational Interviewing, Too Good for Drugs and Reconnecting Youth.

As part of the state's Transformation Grant, a workgroup has been convened to outline the infrastructure needs of the state to implement and sustain evidenced based practices. The respective adult and children's clinical directors are co-chairs of this interagency committee.

### Prevention

The Show Me Bright Futures initiative has continued work through the state strategic team to identify mechanisms and funding to assist local communities in application of a public health approach to the social and emotional well-being of children. Through cross-agency funding, partnership with Community Based Child Abuse Prevention initiative and an application to the Missouri Health Foundation the plan is to work with three to four communities in creating the community will, knowledge and skills in assessment and surveillance of children's needs, communities supporting schools in reaching children and families and implementation of evidenced based practices that meet the identified needs of that community. Additionally, DMH has provided training for school personnel on the Olweus Bullying Prevention Program. As noted above, one community mental health center has been working with schools in implementation of the Too Good for Drugs curriculum. The CSMT has a Prevention committee that is currently surveying the state for current screening tools and practices in the area of early childhood social and emotional development.

### Early Childhood

DMH continues to be an active partner on the Early Childhood Comprehensive System state team, and providing leadership on the goal related to social and emotional health. In conjunction with the Center for Mental Health Practices in Schools through their SEED grant an Early Childhood Mental Health Summit was held in June of 2008. This summit brought together early childhood providers and state policy administrators to identify the infrastructure needs to incorporate a universal approach for the social and emotional well being of our youngest population. From this summit three priority goals were set:

- Create a state-wide coordinated education program related to family involvement, engagement, and empowerment

- Map where are current dollars being spent and identify specific gaps related to healthy social and emotional development
- Identify common/cross-system child indicators for healthy social/emotional development.

Additionally, DMH is represented on the statutorily defined Coordinating Board for Early Childhood (CBEC) and has provided fiscal and staff support in its first year of functioning. The past year's goals for the CBEC have included development of recommendations related to implementation of a statewide Quality Rating System, increasing state funding for Early Headstart, and adjustment of the childcare subsidy formula. Some success was achieved in all of these areas during the last legislative session. For the next year, the Board has identified increased funding for mental health consultation, development of pre-k recommendations for the state and support of a sustained P-20 Council as possible priorities.

#### Juvenile Justice Activities

As noted above, CPS and the Office of State Courts Administrator applied and received a field demonstration grant through the Office of Juvenile Justice and Delinquency Prevention. The focus was to develop and provide training on guidelines for mental health assessments for the juvenile/family courts, implementation of an evidence based practice, continued support and enhancement of local policy teams and creating a mechanism to mentor other communities and policy teams. The guidelines' training was completed and training on EBP's selected will be completed in September of 2008. An evaluation of the impact of the local policy teams, guidelines training and EBP's will follow.

#### School Based Activities

DMH has on contract a Childhood Education Specialist to continue work on enhancing collaborations with the Department of Elementary Education and local schools with community mental health providers. Although a budget item was presented, it was not approved to begin implementation of school mental health services. Efforts continue to find mechanisms and models to support school mental health services across the continuum.

#### Evaluation and Monitoring for Quality Services

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).

The QSR is a practice-based review looking at both the current status of randomly selected children served by the system and the performance of the system that serves those children. The QSR is conducted only in sanctioned system of care sites with nine sites participating to date. In FY08 the CSMT continued to conduct baseline QSRs in newly developed system of care sites with two reviews in St. Louis City/City and Pike/Lincoln Counties. Eighteen children and youth were reviewed by thirty-eight reviewers from around the state representing families, mental health, Children's Division, Division of Youth Services and the University of Missouri. All of the children reviewed had multiple agency involvement with over fifty percent having a co-occurring psychiatric diagnosis and developmental disability. Of the children reviewed, 78% showed a favorable status for the child and family with over 80% showing recent progress in meaningful relationships with family, risk reduction, school/work progress and symptom reduction. The service system function rated favorably in 67% of the reviews reflecting strong interagency teamwork and effective case management. Three-quarters of the youth are on three or more psychotropic medications with half receiving four medications or more. This is consistent with findings from the previous seven reviews. Additionally three major cross-site issues were identified: the need for improved engagement of child and family, planning for service transitions and independence; and improved communication with school personnel.

#### Application of Knowledge Gained From Federally Funded Missouri System of Care Sites

Since 1998 Missouri has entered into partnerships with the federal government to serve as incubators specific to individual community needs for system of care. "The Partnership for Children and Families" was initiated in 1998 in St. Charles County. In 2002, six counties in southwest Missouri came on line with "Show Me Kids". "Transitions – St. Louis System of Care in St. Louis City/County was developed in 2003. Most recently Buchanan and Andrew counties kicked off the "Circle of H.O.P.E." in 2006. Although each of these sites has a different emphasis on system of care, already there are broad learnings that can be applied around the state. Examples: The "Partnership" produced a social marketing tool titled "Stats Blast" that illustrates the cost effectiveness and clinical effectiveness of system of care. "Stats Blast" is now being transformed into a statewide document that all sites can use for social marketing and educational purposes.

One of the notable learning's from the "Show Me Kids" site is how they developed a family organization through a request for proposal process. This success is a blueprint for other sites in developing and supporting family organizations. The "Transitions" site is certifying high fidelity wraparound trainers that in the near future can begin training not only in St. Louis but throughout the state. "Transitions" is also piloting a merged DMH Quality Service Review with the Children's Division Performance Development Review. This blending of resources will not only save costs but will gather more information for both agencies. Finally, "Transitions" is about to begin a prevention effort whereby children in the custody of Children's Division will receive a mental health screening in an attempt to intervene early before mental health issues have become

severe. This too can be a model not only for prevention but for enhanced partnerships between mental health and child welfare. These are just some examples of how Missouri is benefiting from the federal SAMHSA cooperative agreements.

#### Family Involvement Activities

Family and Youth Involvement at all levels of system development, monitoring, evaluation and service delivery is an essential component in building a comprehensive children's mental health system. In order to have meaningful family and youth involvement, there must be a commitment to provide family members and youth the training, support and mentoring that they need to become active and informed participants as they promote systems change.

Efforts continue both at the policy and service level to engage families in the process and empower their voice and impact on the system. Family Leadership Training has been provided by the State Coordinator for Family Support to increase the number of family members who have the skills, knowledge and desire to work in shaping state and local policies. As noted previously, Family Support service has been included in the Community Psychosocial Rehabilitation array of services. A training curriculum has been approved based on the work of John Vandenberg. With this training CPS hopes to insure the quality and increase access to this service. The first Youth Summit is being planned to similarly increase the impact that youth have on system and policy development. Additionally, through the Transformation Grant a Consumer, Family and Youth Summit will be held to begin plans for a statewide annual conference presented by and for consumers.

# 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 2008 Block Grant Expenditures

Provider	Adult	Youth	Total
Adapt of Missouri	\$ 18,257	\$ -	\$ 18,257
East Central MO BH	\$ 20,210	\$ 12,860	\$ 33,071
Bootheel Counseling Services	\$ 55,880	\$ -	\$ 55,880
Burrell Center	\$ 335,513	\$ 2,921	\$ 338,434
Clark Community Mental Health	\$ 56,418	\$ 428	\$ 56,847
Community Health Plus - St. Louis	\$ 357,545	\$ 105,703	\$ 463,248
Community Network for Behavior	\$ 8,607	\$ 1,237	\$ 9,844
Community Treatment	\$ 265,145	\$ 13,686	\$ 278,830
Comprehensive Mental Health	\$ 155,008	\$ 11,552	\$ 166,560
County of Nodaway Committee	\$ 7,658	\$ 1,101	\$ 8,759
Crider Center for Mental Health	\$ 618,273	\$ 193,669	\$ 811,941
Comprehensive Psychiatric Services CO	\$ 231,827	\$ 33,317	\$ 265,144
Dexter Community Regional	\$ 10,895	\$ 1,566	\$ 12,460
Family Counseling Center	\$ 342,445	\$ 108,230	\$ 450,675
Family Guidance Center	\$ 316,417	\$ 6,097	\$ 322,514
Hopewell Center	\$ 735,967	\$ 83,994	\$ 819,962
Kids Under Twenty One	\$ -	\$ 18,553	\$ 18,553
Mark Twain Mental Health	\$ 195,444	\$ 25,681	\$ 221,125
North Central	\$ 172,551	\$ 1,944	\$ 174,494
Ozark Center	\$ 641,287	\$ 125,722	\$ 767,008
Ozark Medical Center	\$ 89,874	\$ 27,574	\$ 117,448
Pathways Community Behavioral Health	\$ 442,418	\$ 15,122	\$ 457,539
ReDiscover Mental Health	\$ 242,020	\$ 28,793	\$ 270,813
Southeast MO Community Treatment	\$ 2,890	\$ -	\$ 2,890
Swope Parkway Mental Health Center	\$ 138,683	\$ -	\$ 138,683
Tri-County Mental Health Services	\$ 149,752	\$ 10,193	\$ 159,945
Truman Behavioral Health	\$ 299,433	\$ 11,148	\$ 310,581
Total	<u>\$ 5,910,416</u>	<u>\$ 841,091</u>	<u>\$ 6,751,507</u>

Note: Block Grant dollars are used for community based services for SMI adult and SED children population or suicide prevention.

## **Child Plan**

### **Purpose State FY BG Expended - Recipients - Activities Description**

Services are available to children, youth and families in Missouri as categorized below.

**Community Psychiatric Rehabilitation (CPR)** provides a range of essential mental health service to children and youth with serious emotional disturbances. These community-based services are designed to maximize independent functioning and promote recovery and self-determination. In addition, they are designed to increase the interagency coordination and collaboration in all aspects of the treatment planning process. Ultimately, the services help to reduce inpatient hospitalizations and out-of-home placements. At intake children and youth are required to have a medical examination. Community Support Workers with the CPR program keep track of medical conditions and record changes as they occur. Individuals access medical and dental care along with other critical services with the assistance of their community support worker. The CPR program has developed strategies to help youth with substance abuse/addiction. Youth identified as having a co-occurring disorder are referred to Comprehensive Substance Treatment and Rehabilitation (CSTAR) programs in their community or service area. CSTAR programs use research based treatment modalities to address problems with substance abuse and addiction. CPR and CSTAR programs cooperate to develop a treatment plan to meet each individual's needs. The Community Support Worker is often the person coordinating services and finding resources needed to pay for critical medical, dental or other related services. In January 2002, The Division of Comprehensive Psychiatric Services added an "intensive" level of care to the Community Psychiatric Rehabilitation (CPR) program and implemented a Provisional Admission category in CPR. These two changes allow expanded services under the CPR program service umbrella. Children and youth are able stay in the community when they experience an acute psychiatric condition and need time limited intensive services through the CPR program. The Provisional Admission allows 90 days for providers to enroll a child or youth who meets the disability, but not the diagnostic requirements so that a comprehensive evaluation may be completed. If the agency determines that an eligible diagnosis cannot be verified, then there is time to transition the individual to appropriate programs and services. In March of 2003, CPR eligibility codes for children and youth were expanded with three new diagnoses. They are: Major depressive disorder, single episode; Bipolar disorder, not otherwise specified; Reactive attachment disorder of infancy or early childhood.

Community Support Services within the CPR program provide a range of support to consumers in the community. Support begins with discharge planning at the institutional level or with admission and intake in the community. Individuals plan and direct the supportive services that they receive and are assisted with community integration so that they are able to draw on natural and family supports within their community.

**Day Treatment** offers an alternative form of care to children with SED who require a level of care greater than can be provided by the school or family, but not as intensive as full-time inpatient service. Day treatment is an intensive array of services provided in a structured, supervised environment designed to reduce symptoms of a psychiatric disorder and maximize the youth's functioning to a level that they can attend school and interact in their community and family setting adaptively. Day treatment may include physician services, psychiatric evaluations, medication management, age appropriate education services, skill building groups, individual and group psychotherapy, occupational/physical therapies, community support and family support. Youth preparing for jobs are referred to the local Vocational Rehabilitation services through an agreement with community psychiatric services providers and Vocational Rehabilitation.

**Psychosocial rehabilitation services (PSR)** is a combination of goal-oriented and rehabilitative services provided in a group setting. The PSR component is to improve or maintain the client's ability to function as independently as possible with their family or community. The client's quality of life is a driving factor in developing the individualized treatment plan. The philosophy of the program is that interpersonal relationships and social skills are important targets of behavior change. Within the proper setting, a child can likely reach full potential in these areas of development. Services are provided according to the child's treatment plan with emphasis on the goals of community integration, independence and recovery.

**Intensive Targeted Case Management (ITCM)** – Children already admitted to the system are eligible for ITCM. The service supports children and families by linking them to the service system and coordinating the various services they receive. Case managers work with the families, treatment providers and other child-serving agencies to assist the children to remain in or progress toward least-restrictive environments. CPR programming also provides case management through the treatment team approach. Each member of the team contributes to treatment planning.

**Family Support** is a treatment plan driven service that is designed to develop a support system for parents of children with a serious emotional disturbance and/or acute crisis. This service provides parent-to-parent guidance that is directed and authorized by the treatment plan. Some of the activities provided in this service are: problem solving, emotional support, disseminating information, and linking to services.

**Family Assistance** services focus on direct home and community living skills building and supervision. The services are provided while a youth is actually engaged in home and community activities focusing on overcoming deficits relating to their disorder and building on the youth's strengths.

**ADULT - IMPLEMENTATION REPORT**

**Transformation Activities:**

**Name of Implementation Report Indicator:** Increased Access to Services (Number)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	58,588	58,926	N/A	58,941	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

**Goal:** Increase access to services

**Target:** Increase the number of adults with SMI receiving mental health services

**Population:** Adults with SMI

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

**Indicator:** Number of adults with SMI who receive CPS funded services

**Measure:** No numerator or denominator

**Sources of Information:** CIMOR, federal census, SMI prevalence table

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

**Significance:** 24.56% of the estimated prevalence of individuals with serious mental illness are being served by public resources. However, the numbers served are increasing.

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 the population.  
 FY2006 58,588/239,932 = 24.4%  
 FY2007 58,926/239,932 = 24.5%  
 FY2008 58,941/239,932 = 24.56%

**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 Missourians.

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

**ADULT - IMPLEMENTATION REPORT**

**Transformation Activities:**

**Name of Implementation Report Indicator:** Reduced Utilization of Psychiatric Inpatient Beds - 30 days (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	9.26	6.43	6.42	7.46	86.06
Numerator	691	576	--	501	--
Denominator	7,463	8,963	--	6,720	--

Table Descriptors:

**Goal:** Decrease rate of readmission to state psychiatric hospitals within 30 days

**Target:** Decrease the percentage of adults readmitted to state psychiatric hospitals within 30 days of discharge

**Population:** Adults with SMI

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

**Indicator:** Percentage of adults readmitted to state psychiatric hospitals 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 from state psychiatric hospitals in year.

**Sources of Information:** CIMOR

**Special Issues:** Adult SMI admissions are frequently linked to involuntary commitments and forensic issues beyond the control of the department. Missouri has eleven psychiatric hospitals.

**Significance:** 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 medication and psychiatric services in the community. 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:** State hospitals and community service providers will continue collaborative activities to keep individuals out of the state hospitals when possible.

**Target Achieved or Not Achieved/If Not, Explain Why:** Achieved at 86%  
The decreased percentage from 2006 to 2007 was an anomaly.

**ADULT - IMPLEMENTATION REPORT**

**Transformation Activities:**

**Name of Implementation Report Indicator:** Reduced Utilization of Psychiatric Inpatient Beds - 180 days (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	14.84	11.87	N/A	23.66	76.34
Numerator	1,723	1,490	--	1,590	--
Denominator	11,607	12,548	--	6,720	--

Table Descriptors:

- Goal:** Decrease the rate of readmission for adults to State psychiatric hospitals within 180 days
- Target:** Decrease the rate of readmission for adults to State psychiatric hospitals within 180 days
- Population:** Adults with SMI
- 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 year.
- Sources of Information:** CIMOR
- Special Issues:** Adult SMI admissions are frequently linked to involuntary commitments and forensic issues beyond the control of the division. Calculations for performance measurement has changed. See details below in Target Achieved section.
- Significance:** 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 medications and psychiatric services in the community. 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:** State hospitals and community service providers will continue collaborative activities to keep individuals out of the state hospitals when possible. CPS is using the Dialectical Behavior Therapy evidence based practice to keep some individuals out of the hospital.
- Target Achieved or Not Achieved/If Not, Explain Why:** Can not compare current number to previous years data. Prior years calculations used 18 months of discharges in order to capture readmissions 6 months after the 12 month period counted in the numerator. Consultations with SDICC have resulted in corrections to the methodology. The FY2008 number noted is more consistent with the national reported rates.

**ADULT - IMPLEMENTATION REPORT**

**Transformation Activities:**

**Name of Implementation Report Indicator:** Evidence Based - Adults with SMI Receiving Supported Housing  
(Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

**Goal:**

**Target:**

**Population:**

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

**Indicator:**

**Measure:**

**Sources of Information:**

**Special Issues:**

**Significance:**

**Activities and strategies/ changes/ innovative or exemplary model:**

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

**ADULT - IMPLEMENTATION REPORT**

**Transformation Activities:**

**Name of Implementation Report Indicator:** Evidence Based - Adults with SMI Receiving Supported Employment (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	460	1,078	N/A	6.63	N/A
Numerator	N/A	N/A	--	3,908	--
Denominator	N/A	N/A	--	58,941	--

Table Descriptors:

**Goal:** Increase the number of individuals receiving Supported Employment

**Target:** Increase the percentage of individuals receiving Supported Employment

**Population:** Adults with SMI

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

**Indicator:** Percentage of individuals receiving Supported Employment through cooperative services between the Community Mental Health Centers (CPS vendors) and Missouri Division of Vocational Rehabilitation

**Measure:** The numerator is the number of individuals receiving Supported Employment through cooperative services between the Community Mental Health Centers and Missouri Division of Vocational Rehabilitation.  
The denominator is the total number of individuals with SMI served with CPS funding.

**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 consulted with CPS and VR to strengthen the system for employment opportunities for consumers. Recently, CPS and VR received a Johnson and Johnson grant to hire a Supported Employment Specialist. The state is receiving technical assistance on fidelity to Supported Employment.

**Significance:** The Division of Comprehensive Psychiatric Services and the Division of Vocational Rehabilitation have a strong working relationship.

**Activities and strategies/ changes/ innovative or exemplary model:** The Divisions of CPS and VR will continue to strengthen their partnership for the purpose of increasing the number of clients with psychiatric illness finding and maintaining competitive employment.

**Target Achieved or Not Achieved/If Not, Explain Why:** Achieved  
The target was achieved at 710% with 3908 individuals in Supported Employment. FY2008 Target of 550 was greatly surpassed.  
The number was previously reported as a whole number and not a percentage. The webbgas this year forces a percentage to be reported, thus the difference in numbers from FY2006 and FY2007. The target was achieved.

**ADULT - IMPLEMENTATION REPORT**

**Transformation Activities:**

**Name of Implementation Report Indicator:** Evidence Based - Adults with SMI Receiving Assertive Community Treatment (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

**Goal:**

**Target:**

**Population:**

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

**Indicator:**

**Measure:**

**Sources of Information:**

**Special Issues:**

**Significance:**

**Activities and strategies/ changes/ innovative or exemplary model:**

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

**ADULT - IMPLEMENTATION REPORT**

**Transformation Activities:**

**Name of Implementation Report Indicator:** Evidence Based - Adults with SMI Receiving Family Psychoeducation (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

**Goal:**

**Target:**

**Population:**

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

**Indicator:**

**Measure:**

**Sources of Information:**

**Special Issues:**

**Significance:**

**Activities and strategies/ changes/ innovative or exemplary model:**

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

**ADULT - IMPLEMENTATION REPORT**

**Transformation Activities:**

**Name of Implementation Report Indicator:** Evidence Based - Adults with SMI Receiving Integrated Treatment of Co-Occurring Disorders(MISA) (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

**Goal:**

**Target:**

**Population:**

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

**Indicator:**

**Measure:**

**Sources of Information:**

**Special Issues:**

**Significance:**

**Activities and strategies/ changes/ innovative or exemplary model:**

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

**ADULT - IMPLEMENTATION REPORT**

**Transformation Activities:**

**Name of Implementation Report Indicator:** Evidence Based - Adults with SMI Receiving Illness Self-Management (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

**Goal:**

**Target:**

**Population:**

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

**Indicator:**

**Measure:**

**Sources of Information:**

**Special Issues:**

**Significance:**

**Activities and strategies/ changes/ innovative or exemplary model:**

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

**ADULT - IMPLEMENTATION REPORT**

**Transformation Activities:**

**Name of Implementation Report Indicator:** Evidence Based - Adults with SMI Receiving Medication Management (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

**Goal:**

**Target:**

**Population:**

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

**Indicator:**

**Measure:**

**Sources of Information:**

**Special Issues:**

**Significance:**

**Activities and strategies/ changes/ innovative or exemplary model:**

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

**ADULT - IMPLEMENTATION REPORT**

**Transformation Activities:**

**Name of Implementation Report Indicator:** Client Perception of Care (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	90	90.44	85	91.77	107.96
Numerator	2,424	1,163	--	4,792	--
Denominator	2,698	1,286	--	5,222	--

Table Descriptors:

**Goal:** Clients reporting positively about perception of care

**Target:** The target is that more than 85% of the respondents to the Consumer Satisfaction Survey will be satisfied or very satisfied with the services received.

**Population:** Adults receiving Community Psychiatric Services funded by CPS

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

**Indicator:** Percentage of adults satisfied or very 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:** Consumer Satisfaction Survey

**Special Issues:** The Consumer Satisfaction Survey is conducted on a continuous basis using a revised form of the MHSIP.

**Significance:** Consumers were generally satisfied with services.

**Activities and strategies/ changes/ innovative or exemplary model:** The department will continue to use the revised MHSIP to gather consumer satisfaction data. The data will be analyzed and used to measure consumer outcomes.

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

**ADULT - IMPLEMENTATION REPORT**

**Transformation Activities:**

**Name of Implementation Report Indicator:** Adult - Increase/Retained Employment (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	16.51	16.70	16.52	14.26	86.32
Numerator	594	464	--	544	--
Denominator	3,598	2,779	--	3,814	--

Table Descriptors:

**Goal:** Increase or maintain the percentage of consumers employed

**Target:** Increase or maintain the percentage of consumers employed

**Population:** Adults with SMI

**Criterion:** 1:Comprehensive Community-Based Mental Health Service Systems

**Indicator:** Percentage of adults with SMI working

**Measure:** The numerator is the number of adults with SMI working.  
The denominator is the total number of adults working and not working in sample.

**Sources of Information:** Adult Status Reports

**Special Issues:** An Adult Status Report sample is used to obtain this percentage. As CPS refines the new CIMOR database, the hope is that data will be more accurate and easily collected. Data will be obtained and analysed on every consumer rather than a sample.

**Significance:** Nationally and in Missouri the numbers of adults with severe mental illness who are competitively employed is fairly low.

**Activities and strategies/ changes/ innovative or exemplary model:** DMH will continue to implement EBP of Supported Employment with the goal of increasing the number of individuals with psychiatric illness who are competitively employed.

**Target Achieved or Not Achieved/If Not, Explain Why:** Achieved at 86%  
The sampling methodology continues to be refined. For FY2008, the sample is disproportionately reflecting employment status at admission. Future samples should reflect samples at admission and annually thereafter. It is not surprising the FY2008 number reflects lower rates of employment due to to disproportionate admission data vs. annual data. The FY 2009 sample will be more representative.

**ADULT - IMPLEMENTATION REPORT**

**Transformation Activities:**

**Name of Implementation Report Indicator:** Adult - Decreased Criminal Justice Involvement (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	N/A	N/A	N/A	4.90	95.10
Numerator	N/A	N/A	--	254	--
Denominator	N/A	N/A	--	5,181	--

Table Descriptors:

**Goal:** Decrease the percentage of adults with SMI involved in the criminal justice system

**Target:** Decrease the percentage of adults with SMI involved in the criminal justice system

**Population:** Adults with SMI

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

**Indicator:** Percentage of adults with SMI involved in the criminal justice system

**Measure:** The numerator is the number of adults completing the criminal justice questions on the consumer satisfaction survey arrested in the last 12 months.  
The denominator is the total number of adults completing the criminal justice questions on the consumer satisfaction survey.

**Sources of Information:** Consumer Satisfaction Survey

**Special Issues:** CPS has recently started using a modified MHSIP for the Consumer Satisfaction Survey. This is new data for the Division.

**Significance:** A low number of adults with SMI have been arrested in the past 12 months.

**Activities and strategies/ changes/ innovative or exemplary model:** CPS will continue to support mental health courts to encourage consumers to live health lifestyles free of criminal activity.

**Target Achieved or Not Achieved/If Not, Explain Why:** Achieved. This is new data for CPS and additional years data is needed to set a realistic target.

**ADULT - IMPLEMENTATION REPORT**

**Transformation Activities:**

**Name of Implementation Report Indicator:** Adult - Increased Stability in Housing (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	77.03	N/A	77.40	77.10	100.39
Numerator	2,988	N/A	--	3,178	--
Denominator	3,879	N/A	--	4,122	--

Table Descriptors:

- Goal:** Increase stability in housing
- Target:** Increase the percentage of consumers living in home or home-like settings
- Population:** Adults with SMI
- Criterion:** 1:Comprehensive Community-Based Mental Health Service Systems  
3:Children's Services
- Indicator:** Percentage of adults with SMI living in their own home or home-like settings
- Measure:** The numerator is the number of adults with SMI sampled living in home or home-like settings. The denominator is the total number of adults with SMI sampled living in all settings.
- Sources of Information:** Adult Status Reports
- Special Issues:** An Adult Status Report sample is used to obtain this percentage. As CPS refines the new CIMOR database, the hope is that data will be more accurate and easily collected. Data will be obtained and analyzed on every consumer rather than a sample.
- Significance:** Currently DMH has twenty-three Shelter Plus Care grants. A new 24th grant is beginning operation in 2007 in St. Louis County. These grants provide rental assistance for over 1900 individuals and their families members throughout fifty different counties expending over \$6.5 million a year in rental assistance and \$9 million in supportive services. The program allows for a variety of housing choices, and a range of supportive services funded by DMH, in response to the needs of the hard-to-reach homeless population with disabilities.
- Activities and strategies/ changes/ innovative or exemplary model:** DMH will continue to support housing options that offer independent housing in the consumers community of choice.
- Target Achieved or Not Achieved/If Not, Explain Why:** Achieved

**ADULT - IMPLEMENTATION REPORT**

**Transformation Activities:**

**Name of Implementation Report Indicator:** Adult - Increased Social Supports/Social Connectedness (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	N/A	N/A	N/A	68.65	N/A
Numerator	N/A	N/A	--	3,517	--
Denominator	N/A	N/A	--	5,123	--

Table Descriptors:

**Goal:** Increase or maintain the social supports/social connectedness reported by consumers of CPS services

**Target:** Increase or maintain the social supports/social connectedness reported by consumers of CPS services

**Population:** Adults with SMI

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

**Indicator:** Percentage of consumers reporting social connectedness on the Consumer Satisfaction Survey

**Measure:** The numerator is the number of consumers reporting social connectedness on the Consumer Satisfaction Survey.  
The denominator is the number of consumers completing the Consumer Satisfaction Survey.

**Sources of Information:** Consumer Satisfaction Survey

**Special Issues:** This is a very preliminary percentage. CPS will wait to set targets until additional surveys are collected and analyzed.

**Significance:**

**Activities and strategies/ changes/ innovative or exemplary model:** Additional Consumer Satisfaction Surveys will be collected over time. With additional data future targets can be established.

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

**ADULT - IMPLEMENTATION REPORT**

**Transformation Activities:**

**Name of Implementation Report Indicator:** Adult - Improved Level of Functioning (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	N/A	N/A	N/A	70.10	N/A
Numerator	N/A	N/A	--	3,564	--
Denominator	N/A	N/A	--	5,084	--

Table Descriptors:

**Goal:** Improve level of functioning

**Target:** Improve consumer reported level of functioning

**Population:** Adults with SMI

**Criterion:** 1:Comprehensive Community-Based Mental Health Service Systems  
3:Children's Services  
4:Targeted Services to Rural and Homeless Populations

**Indicator:** Percentage of consumers reporting improved level of functioning on Consumer Satisfaction survey

**Measure:** The numerator is the number of consumers reporting improved level of functioning on the Consumer Satisfaction Survey.  
The denominator is the total number of consumers responding to the Consumer Satisfaction Survey.

**Sources of Information:** Consumer Satisfaction Survey

**Special Issues:** This is a very preliminary percentage. CPS will wait to set targets until additional surveys are collected and analyzed.

**Significance:**

**Activities and strategies/ changes/ innovative or exemplary model:** Additional Consumer Satisfaction Surveys will be collected over time. With additional data future targets can be established.

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

**ADULT - IMPLEMENTATION REPORT**

**Transformation Activities:**

**Name of Implementation Report Indicator:** Case Management Services

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	38,723	39,822	39,900	52,688	132
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

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 SMI

**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 has been identified for the Assertive Community Treatment model of care. CPS will slowly be ramping up ACT programming with outreach to underserved populations.

**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.

**Activities and strategies/ changes/ innovative or exemplary model:** CPS received general revenue funding to expand the services provided to include the Assertive Community Treatment evidence based practice model within selective agencies. With additional resources and a team approach more consumers can live healthy lives in their communities.

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

**ADULT - IMPLEMENTATION REPORT**

**Transformation Activities:**

**Name of Implementation Report Indicator:** EBP Integrated Dual Disorders Treatment

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	N/A	N/A	2	16	800
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

**Goal:** Increase the number of community agencies working towards fidelity to the EBP Co-Occurring Disorders: Integrated Dual Disorders Treatment model

**Target:** Increase the number of community agencies working towards fidelity to the EBP Co-Occurring Disorders: Integrated Dual Disorders Treatment model

**Population:** Adults with SMI

**Criterion:** 1:Comprehensive Community-Based Mental Health Service Systems

**Indicator:** Number of community agencies working towards fidelity to the EBP Co-Occurring Disorders: Integrated Dual Disorders Treatment model

**Measure:** No numerator or denominator

**Sources of Information:** Missouri Department of Mental Health, Division of Comprehensive Psychiatric Services

**Special Issues:** The Co-Occurring State Incentive Grant (COSIG) has allowed CPS to provide intensive technical assistance and training to community agencies to implement the IDDT EBP. CPS is collaborating with the Mid-America Addiction Technology Transfer Center for the TA and the Missouri Institute of Mental Health for evaluation. Fidelity measurement is being conducted on a regular basis to assure fidelity to the IDDT model.

**Significance:** CPS is cautiously adding agencies to the list of IDDT providers as assurance that fidelity is being strived for and action plans are in place.

**Activities and strategies/ changes/ innovative or exemplary model:** CPS will continue to provide technical assistance, training and evaluation to community agencies to increase the number providing IDDT to fidelity.

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

**ADULT - IMPLEMENTATION REPORT**

**Transformation Activities:**

**Name of Implementation Report Indicator:** Rural adults receiving mental health services

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	19.95	20	19	21.17	111
Numerator	40,297	39,952	--	40,498	--
Denominator	201,969	201,969	--	191,339	--

Table Descriptors:

**Goal:** Maintain access and capacity of mental health services to adults 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 SMI

**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:** CIMOR; 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:** CPS will maintain mental health services to adults with SMI in rural and semi-rural areas of the state.

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

**CHILD - IMPLEMENTATION REPORT**

**Transformation Activities:**

**Name of Implementation Report Indicator:** Increased Access to Services (Number)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	16,876	15,969	16,000	16,517	103.23
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

**Goal:** Increase access to mental health services for children/youth

**Target:** Increase the number of children/youth receiving CPS funded services

**Population:** Children and youth with SED

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

**Indicator:** Total number of children/youth receiving CPS funded services

**Measure:** No numerator or denominator

**Sources of Information:** CIMOR

**Special Issues:** Mental health services for children/youth are underfunded both nationally and in the State of Missouri.

**Significance:** Due to fiscal constraints, Missouri is only meeting the mental health needs of 15% - 16% of the estimated prevalence of children/youth with severe emotional disorders.

**Activities and strategies/ changes/ innovative or exemplary model:** Continue to build community based services for children and youth with SED based on Missouri's Comprehensive Children's Mental Health Plan.

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

**CHILD - IMPLEMENTATION REPORT**

**Transformation Activities:**

**Name of Implementation Report Indicator:** Reduced Utilization of Psychiatric Inpatient Beds - 30 days (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	4.55	6.12	6	6.87	87.34
Numerator	33	53	--	46	--
Denominator	726	866	--	670	--

Table Descriptors:

**Goal:** Decrease the rate of readmission within 30 days to State psychiatric hospital beds

**Target:** Decrease the percentage of children and youth readmitted to State psychiatric inpatient care within 30 days of discharge

**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:** CIMOR

**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.

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

**Activities and strategies/ changes/ innovative or exemplary model:** Develop and support community based resources to help reduce readmission rates for children and youth in the Missouri mental health system of care.

**Target Achieved or Not Achieved/If Not, Explain Why:** Achieved at 87%  
Refinement of data has altered the ability to compare to previous years data. There have been improvements in data integrity and accuracy with FY 2008 data. CPS has improved ability to capture readmissions to different facilities versus the same facility. CPS will continue to strive for improvements in data integrity.

**CHILD - IMPLEMENTATION REPORT**

**Transformation Activities:**

**Name of Implementation Report Indicator:** Reduced Utilization of Psychiatric Inpatient Beds - 180 days (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	11.62	9.11	N/A	19.40	80.60
Numerator	109	119	--	130	--
Denominator	938	1,306	--	670	--

Table Descriptors:

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

**Target:** Decrease or maintain the rate of readmission to State psychiatric hospital beds 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:** CIMOR

**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 and a reduced average length of stay.

**Activities and strategies/ changes/ innovative or exemplary model:** CPS will develop and support community based resources to help reduce readmission rates for children and youth in the Missouri mental health system of care. Through the Comprehensive Children's System of Care collaborations, the department will efficiently use resources and enhance services to children and families.

**Target Achieved or Not Achieved/If Not, Explain Why:** Can not compare current number to previous years data. Prior years calculations used 18 months of discharges in order to capture readmissions 6 months after the 12 month period counted in the numerator. Consultations with SDICC have resulted in corrections to the methodology. The FY2008 number noted is more consistent with the national reported rates.

**CHILD - IMPLEMENTATION REPORT**

**Transformation Activities:**

**Name of Implementation Report Indicator:** Evidence Based - Children with SED Receiving Therapeutic Foster Care (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	138	149	150	N/A	N/A
Numerator	N/A	N/A	--	127	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

- Goal:** Increase the number of children and youth with SED receiving the Evidence Based Practice of Therapeutic Foster Care
- Target:** Increase the number of children and youth with SED 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:** The numerator is the actual FY2008 number of children and youth with SED receiving Therapeutic Foster Care. The Webbgas system did not allow the number to be placed in the Performance Indicator box. CPS does not collect number by percentage.
- 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:** Continue to refine the collection of data to accurately measure Therapeutic Foster Care number of clients served
- Target Achieved or Not Achieved/If Not, Explain Why:** Target not achieved due to financial restraints.

**CHILD - IMPLEMENTATION REPORT**

**Transformation Activities:**

**Name of Implementation Report Indicator:** Evidence Based - Children with SED Receiving Multi-Systemic Therapy (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

**Goal:**

**Target:**

**Population:**

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

**Indicator:**

**Measure:**

**Sources of Information:**

**Special Issues:**

**Significance:**

**Activities and strategies/ changes/ innovative or exemplary model:**

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

**CHILD - IMPLEMENTATION REPORT**

**Transformation Activities:**

**Name of Implementation Report Indicator:** Evidence Based - Children with SED Receiving Family Functional Therapy (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

**Goal:**

**Target:**

**Population:**

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

**Indicator:**

**Measure:**

**Sources of Information:**

**Special Issues:**

**Significance:**

**Activities and strategies/ changes/ innovative or exemplary model:**

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

# CHILD - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Client Perception of Care (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	92.30	83.68	N/A	84.72	N/A
Numerator	350	159	--	610	--
Denominator	379	190	--	720	--

Table Descriptors:

**Goal:** Maintain high level of consumer satisfaction

**Target:** Parents of children and youth receiving services funded by CPS will report satisfaction with services received

**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 or very 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 (Youth Services Survey for Families)

**Special Issues:** The data is very preliminary. CPS has recently implemented the Youth Services Survey for Family (YSS-F) recommended by SAMHSA. As additional data is gathered and analyzed, targets can be set.

**Significance:** Parents of children with SED were satisfied with services received at a high rate.

**Activities and strategies/ changes/ innovative or exemplary model:** CPS will continue to receive the YSS-F survey recently implemented on a continuous basis. Targets will be set after additional surveys are received.

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

# CHILD - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Child - Return to/Stay in School (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	N/A	N/A	96	94.82	98.77
Numerator	N/A	N/A	--	805	--
Denominator	N/A	N/A	--	849	--

Table Descriptors:

**Goal:** Children and youth will return to or stay in school

**Target:** Maintain the percentage of children and youth with SED who return to or stay in school

**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 returning to or staying in school

**Measure:** The numerator is the number of children/youth attending school at time assessment was completed.  
The denominator is the total number of children/youth in sample.

**Sources of Information:** Child/Youth Status Report

**Special Issues:** The Child/Youth Status Report is a sample of the total number served. With the new management information system (CIMOR), CPS eventually plans to collect data on all consumers served by the division.

**Significance:** 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." Missouri's Comprehensive Children's Mental Health System is working if over 96% of children and youth with SED are returning to or staying in school.

**Activities and strategies/ changes/ innovative or exemplary model:** CPS will continue to revise the new management information system to improve collection of data on all consumers served. CPS will continue to support children and youth with SED in their communities to maintain consistent school attendance.

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

**CHILD - IMPLEMENTATION REPORT**

**Transformation Activities:**

**Name of Implementation Report Indicator:** Child - Decreased Criminal Justice Involvement (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	N/A	N/A	N/A	5.84	N/A
Numerator	N/A	N/A	--	39	--
Denominator	N/A	N/A	--	668	--

Table Descriptors:

**Goal:** Decrease the number of children and youth with SED receiving services with CPS funding arrested

**Target:** Decrease the percentage of children and youth with SED receiving services with CPS funding arrested

**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 arrested

**Measure:** The numerator is the number of children and youth arrested.  
The denominator is the 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 (Youth Services Survey for Families)

**Special Issues:** The data is very preliminary. CPS has recently implemented the Youth Service Survey for Families recommended by SAMHSA. As additional data is gathered and analyzed, target can be set.

**Significance:** A small percentage of children and youth were being arrested after entering treatment.

**Activities and strategies/ changes/ innovative or exemplary model:** CPS will continue to receive the YSS-F survey recently implemented on a continuous basis. Targets will be set as additional surveys are received.

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

**CHILD - IMPLEMENTATION REPORT**

**Transformation Activities:**

**Name of Implementation Report Indicator:** Child - Increased Stability in Housing (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	N/A	N/A	N/A	87.47	N/A
Numerator	N/A	N/A	--	726	--
Denominator	N/A	N/A	--	830	--

Table Descriptors:

**Goal:** Increase stability in housing for children/youth

**Target:** Increase or maintain the percentage children and youth with SED living in home or homelike settings

**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 living in home or homelike settings

**Measure:** The numerator is the number of children and youth with SED living in a home or homelike setting.  
The denominator is the total number of children and youth with SED in the sample.

**Sources of Information:** Children/Youth Status Report

**Special Issues:** This is a new measure, thus CPS is unable to set targets until additional years data is analyzed.

**Significance:** 87% of children and youth with SED are living in a home or homelike setting.

**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:** Achieved

**CHILD - IMPLEMENTATION REPORT**

**Transformation Activities:**

**Name of Implementation Report Indicator:** Child - Increased Social Supports/Social Connectedness (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	N/A	N/A	N/A	83.43	N/A
Numerator	N/A	N/A	--	594	--
Denominator	N/A	N/A	--	712	--

Table Descriptors:

**Goal:** Increase percentage of families reporting Social Supports/Social Connectedness

**Target:** Increase or maintain percentage of families reporting Social Supports/Social Connectedness

**Population:** Children and youth with SED

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

**Indicator:** Percentage of families reporting Social Supports/Social Connectedness

**Measure:** The numerator is number of families reporting social connectedness on the YSS-F consumer satisfaction survey.  
The denominator is the total number of responses to the YSS-F consumer satisfaction survey.

**Sources of Information:** Consumer Satisfaction Survey (YSS-F)

**Special Issues:** The data is very preliminary. CPS has recently implemented the Youth Services Survey for Family (YSS-F) recommended by SAMHSA. As additional data is gathered and analyzed, targets can be set.

**Significance:** Increasing percentage of families are reporting Social Supports/Social Connectedness

**Activities and strategies/ changes/ innovative or exemplary model:** CPS will continue to receive the YSS-F survey recently implemented on a continuous basis. Targets will be set after additional surveys are received

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

**CHILD - IMPLEMENTATION REPORT**

**Transformation Activities:**

**Name of Implementation Report Indicator:** Child - Improved Level of Functioning (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	N/A	N/A	N/A	60.96	N/A
Numerator	N/A	N/A	--	434	--
Denominator	N/A	N/A	--	712	--

Table Descriptors:

**Goal:** Improve children/youth level of functioning

**Target:** Increase percentage of children/youth with improved level of functioning

**Population:** Children and Youth with SED

**Criterion:** 1:Comprehensive Community-Based Mental Health Service Systems  
3:Children's Services  
4:Targeted Services to Rural and Homeless Populations

**Indicator:** Percentage of children/youth with improved level of functioning

**Measure:** The numerator is the number of reported child/youth with improved level of functioning. The denominator is the total number of responses on the consumer satisfaction survey.

**Sources of Information:** Consumer Satisfaction Survey (YSS-F)

**Special Issues:** The data is very preliminary. CPS has recently implemented the Youth Services Survey for Family (YSS-F) recommended by SAMHSA. As additional data is gathered and analyzed, targets can be set.

**Significance:** Preliminary data

**Activities and strategies/ changes/ innovative or exemplary model:** CPS will continue to receive the YSS-F survey recently implemented on a continuous basis. Targets will be set after additional surveys are received.

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

**CHILD - IMPLEMENTATION REPORT**

**Transformation Activities:**

**Name of Implementation Report Indicator:** Number of System of Care Teams

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	10	11	11	13	118
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

**Goal:** Increase the number of Children's System of Care local teams

**Target:** Increase or maintain 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:** 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 eleven System of Care sites operating in Missouri in FY2007. Currently three 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:** Continue to add Children's System of Care local teams as funding becomes available

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

**CHILD - IMPLEMENTATION REPORT**

**Transformation Activities:**

**Name of Implementation Report Indicator:** Percentage of children receiving services

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	16.27	15.40	15.50	16.34	105
Numerator	16,863	15,969	--	16,528	--
Denominator	103,653	103,653	--	101,146	--

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:** CIMOR and federal census data

**Special Issues:** Mental health services are underfunded both nationally and in the State of Missouri. Changes in Medicaid eligibility and reduction in the number of children and youth receiving Medicaid impacted the projected number for FY 2007.

**Significance:** Due to fiscal constraints, Missouri is only meeting the mental health needs of 15% - 16% of the estimated prevalence of children and youth with SED.

**Activities and strategies/ changes/ innovative or exemplary model:** 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:** Achieved

**CHILD - IMPLEMENTATION REPORT**

**Transformation Activities:**

**Name of Implementation Report Indicator:** Rural children receiving mental health services

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	14.26	14.20	14.20	14.59	102
Numerator	12,258	12,206	--	12,548	--
Denominator	85,958	85,958	--	85,958	--

Table Descriptors:

- Goal:** Increase or maintain the percentage of children and youth with SED in rural areas receiving CPS funded mental health services
- Target:** Increase or maintain 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:** CIMOR; 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.
- Activities and strategies/ changes/ innovative or exemplary model:** CPS will maintain mental health services to children and youth with SED in rural and semi-rural areas of the state.
- Target Achieved or Not Achieved/If Not, Explain Why:** Achieved

# Missouri

## Planning Council Letter for the Implementation Report

Upload Planning Council Letter for the Implementation Report

**State Advisory Council  
For  
Comprehensive Psychiatric Services**



Missouri Department of Mental Health  
1706 E. Elm St., P.O. Box 687  
Jefferson City, MO 65102  
Telephone: 573-751-8017  
Fax: 573-751-7815  
www.dmh.mo.gov

November 24, 2008

Barbara Orlando  
Grants Management Specialist  
Substance Abuse and Mental Health Services Administration  
Division of Grants Management, OPS  
1 Choke Cherry Road, Room 7-1091  
Rockville, MD 20857

Dear Ms. Orlando:

The State Advisory Council for the Missouri Department of Mental Health, Division of Comprehensive Psychiatric Services, has reviewed the Fiscal Year 2008 Implementation Report for the Community Mental Health Services Block Grant Application. The State Advisory Council is committed to Mental Health Transformation and assuring that the system is consumer and family driven. We approve the Implementation Report as written.

The State Advisory Council has been very involved in transforming the mental health system in Missouri to be more consumer and family driven. I, along with multiple other consumers, am on the Leadership Transformation Working Group. Council members have promoted and achieved the inclusion of consumers and family members in surveying the quality of care during certification visits of the community mental health centers in order to offer a consumer/family perspective. We are involved in the Peer Specialist training and certification process being implemented statewide. We support the continued services of consumer operated Drop-In Centers and Warm Lines. We were recently involved in hugely successful state-wide Consumer/Family/Youth Leadership Summit involving consumers of all three divisions. We are excited by changes in the system that we have endorsed.

We will continue to work with Comprehensive Psychiatric Services staff in monitoring the implementation of the State Plan and the Mental Health Transformation process. We appreciate our involvement in the Block Grant process and would like to express appreciation to SAMHSA and the Center for Mental Health Services for making these funds available.

Sincerely,

A handwritten signature in dark ink that reads "Robert Qualls". The signature is fluid and cursive, with the first name being more prominent.

Robert Qualls, Chair  
CPS State Advisory Council

# 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.