

Missouri

**UNIFORM APPLICATION
2011**

**STATE IMPLEMENTATION REPORT
COMMUNITY MENTAL HEALTH SERVICES
BLOCK GRANT**

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Center for Mental Health Services

Division of State and Community Systems Development

Introduction:

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

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

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Please respond by writing an Executive Summary of your current year's application.

Executive Summary

The Missouri Department of Mental Health (DMH) submits this fiscal year 2011 Mental Health Block Grant Implementation Report on behalf of the State of Missouri following guidelines published by the Substance Abuse and Mental Health Services Administration and the Center for Mental Health Services. The Block Grant State Plan was developed and evaluated by persons served, family members, advocates, DMH staff, representatives from various state agencies, and direct service providers.

The goal of DMH is to work in partnership with the Center for Mental Health Services to develop a comprehensive plan that will advance the goals and recommendations of the SAMHSA's eight Strategic Initiatives and will result in a service system that is consumer driven and based on the principles of recovery and resilience.

Missouri has experienced the devastating effects of the economic downturn. The severe reductions in state general revenue have caused the DMH to face core budget reductions. In State FY 2010 and 2011, to balance the budget in an economy that repeatedly failed to meet projections, Governor Nixon required expenditure restrictions (withholdings) of General Revenue (GR) and Federal Budget Stabilization funding several times. Mental Health lost the fulltime equivalent (FTE) of over 1000 jobs from the end of fiscal year 2008 to through fiscal year 2011.

Due to the budget reductions, tough decisions were been made regarding closure of acute care settings and emergency rooms operated by the department. Missouri has closed its two remaining psychiatric emergency rooms and five acute psychiatric units in St. Louis and Farmington. Previously, DMH had closed its ERs and acute units in Columbia and Kansas City. The closures placed an additional stress on community providers.

DMH continued to apply for funding through outside entities and thoroughly investigated Federal and private grant sources. Emphasis was placed on implementing evidence-based practices to create greater efficiency and effectiveness. To maximize dollars, fiscal management of mental health services was coordinated with other human services departments, the Medicaid agency (MO HealthNet), and the Governor's Office. The DMH has been designated as an Organized Health Care Delivery System, which allowed reimbursement for some of the administrative services provided for Medicaid. Budgetary planning continued to be formalized and included consumer and public input.

The Mental Health Authority for Missouri, the Division of Comprehensive Psychiatric Services (CPS), continued initiatives that were enhancing system effectiveness and supporting transformation. DMH was awarded a Mental Health Transformation grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) in 2006. The Office of Transformation has completed the final year of the grant. CPS is beginning to adopt a public health approach. Coupled with a strong and effective linkage with the MO HealthNet program, CPS has moved toward greater integration of mental health services with other healthcare, vocational, and housing services. Other significant achievements for the Division were its suicide

prevention efforts, focus on evidence based practices (EBP) and public education on mental health.

The children's mental health system has undergone changes mandated by the 2004 Missouri Children's Mental Health Act that laid the groundwork for a comprehensive statewide system of care. Legislation passed in 2004 formalized a children's comprehensive mental health plan offering families access to mental health care without relinquishing custody of their child. Children's mental health staff continues to work with others partners to improve treatment for youth with co-occurring disorders and address the transition from youth to adult services.

Involvement and inclusion of consumers, providers, and advocates in the planning, monitoring, and evaluation of programs continued to be a high priority for the department. Advocates and consumers were involved with a variety of activities regarding monitoring, evaluation and policy setting. Consumers and advocates served on a variety of committees and workgroups, lending experience and advice to the department in prioritizing needs and developing responsive policies and programs. A Director of Consumer Affairs has worked to assure safety of consumers. The Mental Health Planning Council continues to be engaged and energized, working to improve consumer involvement. In conjunction with the Planning Council, CPS provided education and advocacy training and incorporated consumers and family members in its monitoring of the service system.

Missouri DMH CPS made great strides in State Fiscal Year 2011 on implementing EBPs.

- CPS monitored fidelity to Integrated Dual Disorders Treatment (IDDT) of the community mental health centers working towards full fidelity.
- Assertive Community Treatment (ACT) continued implementation in six agencies across the state. ACT sites developed their teams, enrolled consumers, implemented the model and have received fidelity visits. ACT teams used the Comprehensive Outcome Measure system.
- CPS was awarded a Johnson & Johnson grant to continue the progress on expanding Supported Employment opportunities for individuals with mental illness. Benefits Planning training was provided to community support staff.
- Progress was made on easy access to physical and mental health services in the same location through our community mental health center and federally qualified health center initiative.
- Dialectical Behavior Therapy introductory and advanced training has occurred throughout the state.

The CPS has improved its data management to support system transformation. A client information system continues to provide an improved ability to track services, outcomes, and costs of services. The DMH also has a Data Infrastructure Grant (DIG) targeted toward improving data quality and conducting outcomes analysis.

The core services were enhanced by crisis services. Access Crisis Intervention, begun in 1995, provides a crisis telephone number, mobile response, and short-term residential care. CPS has continues to fund and support consumer-operated programs, including Drop-In Centers and

Warm Lines. The CPS provides technical assistance to the Drop-In Centers to implement the fidelity of the Consumer Operated Services Program (COSP).

Homeless outreach services are provided through the Projects for Assistance in the Transition from Homelessness program. The State also coordinates Shelter Plus Care services to provide additional long-term supportive services for disabled homeless individuals. Housing for Veteran's was provided in the St. Louis area.

Children's core services are case management, psychiatry, medication management, crisis services, treatment family homes, and day treatment. Cross-system initiatives were implemented in a number of areas, including schools, juvenile justice, child welfare, and physical health agencies. The key ingredient in the success of children's services was the use of Family Support Teams that involve parents and youth. Legislation also created a stakeholder oversight body made up predominantly of family members and advocates. A significant strength of the children's system is that youth are rarely placed in facilities outside Missouri.

CPS effectively managed contracts with providers and collects data to evaluate these contracts. Reporting required for Block Grant and other purposes was monitored. Missouri's Mental Health Grant Monitoring Report dated March 2011 found services funded by the Block Grant were expended for the intended purposes. The annual State single audit resulted in no findings for the Block Grant.

The Missouri Department of Mental Health has continued to pursue its vision:



Hope * Opportunity * Community Inclusion

Missourians receiving mental health services will have the opportunity to pursue their dreams and live their lives as valued members of their communities.

The Block Grant Implementation Report provides an overview of the programming, services and initiatives the department and division have developed to serve Missouri's citizens with serious mental illness and severe emotional disturbances. DMH continues to strive for excellent services that are consumer and family driven. Block Grant funding from the Center for Mental Health Services continues to be a vital component in the improvement of community-based services in Missouri.

II. SET-ASIDE FOR CHILDREN'S MENTAL HEALTH SERVICES REPORT

States are required to provide systems of integrated services for children with serious emotional disturbances (SED). Each year the State shall expend not less than the calculated amount for FY 1994.

Data Reported by:

State FY X Federal FY _____

State Expenditures for Mental Health Services

Calculated FY 1994	Actual FY 2010	Estimate/Actual FY 2011
<u>\$14,716,201</u>	<u>\$26,705,621</u>	<u>\$23,521,991</u>

Waiver of Children's Mental Health Services

If there is a shortfall in children's mental health services, the state may request a waiver. A waiver may be granted if the Secretary determines that the State is providing an adequate level of comprehensive community mental health services for children with serious emotional disturbance as indicated by a comparison of the number of such children for which such services are sought with the availability of services within the State. The Secretary shall approve or deny the request for a waiver not later than 120 days after the request is made. A waiver granted by the Secretary shall be applicable only for the fiscal year in question.

III. MAINTENANCE OF EFFORT(MOE) REPORT

States are required to submit sufficient information for the Secretary to make a determination of compliance with the statutory MOE requirements. MOE information is necessary to document that the State has maintained expenditures for community mental health services at a level that is not less than the average level of such expenditures maintained by the State for the 2-year period preceding the fiscal year for which the State is applying for the grant.

MOE Exclusion

The Secretary may exclude from the aggregate amount any State funds appropriated to the principle agency for authorized activities of a non-recurring nature and for a specific purpose. States must consider the following in order to request an exclusion from the MOE requirements:

1. The State shall request the exclusion separately from the application;
2. The request shall be signed by the State's Chief Executive Officer or by an individual authorized to apply for CMHS Block Grant on behalf of the Chief Executive Officer;
3. The State shall provide documentation that supports its position that the funds were appropriated by the State legislature for authorized activities which are of a non-recurring nature and for a specific purpose; indicates the length of time the project is expected to last in years and months; and affirms that these expenditures would be in addition to funds needed to otherwise meet the State's maintenance of effort requirement for the year for which it is applying for exclusion.

The State may not exclude funds from the MOE calculation until such time as the Administrator of SAMHSA has approved in writing the State's request for exclusion.

States are required to submit State expenditures in the following format:

MOE information reported by:

State FY X Federal FY _____

State Expenditures for Mental Health Services

Actual FY Actual FY Actual/Estimate FY

2009	2010	2011
<u>\$136,681,726</u>	<u>\$135,412,476</u>	<u>\$132,298,748</u>

MOE Shortfalls

States are expected to meet the MOE requirement. If they do not meet the MOE requirement, the legislation permits relief, based on the recognition that extenuating circumstances may explain the shortfall.

These conditions are described below.

(1). Waiver for Extraordinary Economic Conditions

A State may request a waiver to the MOE requirement if it can be demonstrated that the MOE deficiency was the result of extraordinary economic conditions that occurred during the SFY in question. An extraordinary economic condition is defined as a financial crisis in which the total tax revenues declined at least one and one-half percent, and either the unemployment increases by at least one percentage point, or employment declines by at least one and one-half percent. In order to demonstrate that such conditions existed, the State must provide data and reports generated by the State's management information system and/or the State's accounting system.

(2). Material Compliance

If the State is unable to meet the requirements for a waiver under extraordinary economic conditions, the authorizing legislation does permit the Secretary, under certain circumstances, to make a finding that even though there was a shortfall on the MOE, the State maintained material compliance with the MOE requirement for the fiscal year in question. Therefore, the State is given an opportunity to submit information that might lead to a finding of material compliance. The relevant factors that SAMHSA considers in making a recommendation to the Secretary include: 1) whether the State maintained service levels, 2) the State's mental health expenditure history, and 3) the State's future commitment to funding mental health services.

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 2011 by State as Needing Improvement

Missouri has experienced the devastating effects of the economic downturn. The severe reductions in state general revenue have caused the DMH to face core budget reductions. In State FY 2010 and 2011, to balance the budget in an economy that repeatedly failed to meet projections, Governor Nixon required expenditure restrictions (withholdings) of General Revenue (GR) and Federal Budget Stabilization funding several times. Mental Health lost the fulltime equivalent (FTE) of over 1000 jobs from the end of fiscal year 2008 to through fiscal year 2011.

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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)

- Seven programs funded (4 on Eastern side and 3 on Western side of Missouri)
- The most recent ACT team added in Joplin in response to the tornado
- Programs continued ACT services
- Fidelity visits occurring
- Forensic ACT program in St. Louis recently begun

Integrated Dual Disorder Treatment (IDDT)

- 20 agencies with 32 locations received IDDT fidelity reviews and approved for new billing codes in the past four years
- Collaborations with Missouri Institute of Mental Health and the Missouri Foundation for Health

Illness Management and Recovery (IMR)

- The Division of Comprehensive Psychiatric Services negotiated with the Medicaid agency to develop an enhanced rate for Psychosocial Rehabilitation
- 17 community mental health centers have agreed to provide services according to approved manualized treatment at the enhanced rate
- Services are focused on health, wellness and recovery

Supported Employment (SE)

- CPS was awarded a Johnson and Johnson grant to provide technical assistance on Supported Employment
- Technical assistance and fidelity to the SE model are being provided through cooperation with the Dartmouth University national experts
- Six agencies are receiving the Supported Employment technical assistance and fidelity reviews
- Benefits Planning training for community mental health center staff has been conducted to provide assistance to consumers on planning employment and benefits

Dialectical Behavior Therapy (DBT)

- The addition of a consultant on DBT has allowed for over 2766 individuals to be trained in the two-day introductory training statewide and 286 trained in the advanced DBT trainings
- The DBT expert provided consultation on specific cases
- Many agencies are working to implement DBT to criteria

Medical and Behavioral Health Initiatives

Community Mental Health Centers Healthcare Homes

- The Affordable Care Act passed by Congress and signed into law by the president in March 2010, provides a variety of approaches to improving the U.S. healthcare system. Section 2703 of the Act allows states to amend their Medicaid state plans to provide Healthcare Homes for enrollees with chronic conditions. Missouri is the first state to amend its Medicaid state plan to implement Healthcare Homes.
- A Healthcare Home is a place where individuals can come throughout their lifetimes to have their healthcare needs identified and to receive the medical, behavioral and related social services and supports they need, coordinated in a way that recognizes all of their needs as individuals -- not just patients.
- For more details on Missouri's Healthcare Homes go to:
<http://dmh.mo.gov/about/chiefclinicalofficer/healthcarehome.htm>

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

- Seven sites (each site includes one CMHC and one FQHC in collaboration) are implementing the 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

- 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 enhances wellness for MO HealthNet consumers of CMHCs and CPRCs in Missouri.
- A position of nurse liaison was created in order to implement and integrate DMH Net into the daily clinical operations of the CMHC.
- CPS has been reviewing the prescribing practices of psychiatrists for many years and providing consultation and quality assurance (Pharmacy Management Program)
- Metabolic screening has been added as a required annual service for mental health consumers served in the CMHCs
- Cyber Access Technology is providing health information online to community mental health center staff regarding Medicaid services billed

- The initiative includes giving additional wellness information to consumers and educating staff.
- Disease Management 3700 is a two-year project to provide services to the high cost individuals in the Medicaid system with a behavioral diagnosis not already receiving behavioral health services – services focus on outreach and engagement

Mental Health Transformation

Missouri DMH Office of Transformation works very closely with the Division of CPS to improve the mental health system. Block Grant and Transformation efforts are intrinsically linked. There are so many activities supported by Transformation that it is too lengthy for this document. For detailed information, please go the Transformation webpage at <http://missouridmh.typepad.com/transformation/> For a detailed report of the SAMHSA Mental Health Transformation State Incentive Grant June 2010 on-site visit go to <http://missouridmh.typepad.com/transformation/2010/11/MOSiteVisitreport0610Final1110.pdf>

A sample of activities Missouri’s Mental Health Transformation Grant achieved this year is:

- Mental Health First Aid trainings
- RESPECT Institutes
- Communities of Hope Prevention Efforts
- Smoking Cessation
- Healthy IDEAS
- Support of the Peer Specialist Initiative and the Consumer/Family/Youth Conference described below in more detail
- Housing and employment initiatives
- Healthcare Homes

The state Transformation Working Group (TWG) held its final meeting Friday, September 23, 2011, in Jefferson City. A major part of that meeting involved a presentation on the accomplishments of the five year Transformation Initiative shared with Transformation's stakeholders through a live webcast. A video of the presentation is available for viewing on YouTube at http://www.youtube.com/watch?v=EemVBN_IH_w.

Transformation is currently in the No Cost Extension Period until March 31, 2012. The focus of the extension is completing implementation of employment and housing projects, and continuing to support the implementation of the Healthcare Homes.

Consumer and Family Driven Services

Consumer Operated Services Programs

- The Missouri Department of Mental Health (DMH) continued its partnership with Missouri Institute of Mental Health (MIMH) to accelerate multistate Consumer Operated Service Programs (COSP) findings into evidenced-based practice. Jean Campbell, Ph.D. principal investigator of the COSP Multi-Site Research Initiative

continued to work with the department to move toward this goal. The department funded, through competitive bid, five drop-in centers and five warm lines.

- Previously, each COSP performed a self-assessment utilizing the FACIT (Fidelity Assessment Common Ingredient Tool). Two consumers at each drop-in center were trained to administer the FACIT. Concurrently, the FACIT was revised as a tool specific to warm lines. This revised tool was field tested on each of the five warm lines.
- Two years ago the project took a slightly different direction and decided to formally train consumers as Peer Evaluators to administer the FACIT to other COSPs funded within this project. A comprehensive curriculum was developed to train these Peer Evaluators. In November 2009, ten consumers attended a week long intensive training in St. Louis. Each state funded COSP designated a consumer to participate in this training and, in lieu of self-assessment done the previous year, teams of two Peer Evaluators are administering the FACIT to other state funded COSPs. The five drop-in centers and five warm lines have been evaluated by a Peer Evaluator Team. The overall goal for COSPs is to develop, implement and maintain continuous quality improvement within their programs based upon the results of the FACIT. The Peer Evaluators are paid an hourly wage or a stipend for time spent on this project.
- All COSPs continued to participate in a monthly teleconference to share ideas and input to the process via a coalition called SCOPE (Supporting Consumer Operated Programs Enhancements). Members shared the responsibility of facilitating these meetings; developing agendas, and taking minutes. Members made a presentation at the Real Voices/Real Choices Consumer Conference in August 2010. MIMH maintains a listserv that allows for continued communication and networking of the COSPs.
- A Consumer Consultant was hired to manage the reviews and technical assistance to the peer run organizations.
- Approximately two review on-site visits per program were accomplished by the department this year for contract compliance and technical assistance. In addition to the 20 review visits, additional technical assistance has been provided by telephone and email. Wellness Recovery Action Plan trainings are continuing for the COSPs and DMH is working to open a bi-lingual Spanish language Warm Line in Kansas City.

Consumer Networks

- There are two consumer driven networks operating in the state that are funded through SAMSHA grants. NAMI Missouri's network trains consumers across the state in self advocacy. The Heartland Consumer Network is building recovery based communities to support consumer well being. The Heartland Consumer Network is evaluating how well individual communities support consumer well being by administering the Community Fidelity Assessment Common Ingredient Tool developed by consumer researcher, Jean Campbell of MIMH.

Peer Support Specialist Certification and Services

- The State Advisory Council (SAC) for the Division of Comprehensive Psychiatric Services (CPS) members researched and chose a Peer Specialist training and

certification model. Based on the SAC recommendations CPS has adopted the Appalachian Consulting Group “Georgia Model” for Peer Specialist training and certification. The Division is moving 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. One primary strategy in transforming the system is to recognize the power of consumer as providers. Recognizing consumers as providers is taking root in the mental health system. Emerging evidence supports the need for peer support services as a cost-effective and complementary adjunct to professional mental health services and supports. Peer support services can move the system to focus less on illness and disability and more on wellness. To accomplish this goal, Missouri has provided equal weight to expertise gained through the “lived experience” as is done with any other credential or knowledge base. Certified Missouri Peer Specialists can share lived experiences of recovery, share and support the use of recovery tools and model successful recovery behaviors. Through this process, consumers can learn to identify their strengths and personal resources, learn to make independent choices, and take a proactive role in their treatment. Additionally, Peer Specialists can help consumers connect with other consumers and with their community at large.

- With the oversight of the SAC, eleven Peer Specialist Basic Trainings have been conducted since 2008. The week-long training has been conducted by Mental Health America of the Heartland staff and a trained SAC member. Additional Missouri Peer Specialist Trainers have been trained. To date 217 individuals have been trained and 138 have reached the goal of Certified Missouri Peer Specialist status. Twenty community mental health centers (CMHC) have sent individuals to the training and 17 have certified peer specialists working in their agencies. Ten Consumer Operated Services Program Drop-In Centers and Warm Lines sent individuals to the training. Three adult psychiatric state hospitals have active peer specialists working with their peers. Additionally, the Veteran’s Administration, residential providers, Services for Independent Living, and two substance abuse treatment agencies have sent individuals to the training. Four Peer Specialist Supervisor Trainings were conducted. Additional Peer Specialist Basic Trainings and Supervisors trainings are planned. There are monthly conference calls of the trained individuals to provide ongoing support and consultation and to create a more cohesive network. 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.
- The agencies have been provided technical assistance on incorporating peer specialists into their organizations. The COSPs incorporated the CMPS very quickly and appreciated the additional training opportunity. The CMHCs have varied in terms of how quickly and efficiently peer specialists were incorporated into the treatment milieu. Agencies have needed guidance on what activities were allowable and which were not allowable. For agencies that hired their peer specialists from within, there have been many discussions on boundaries and keeping treatment separate from employment.
- The peer support services are a billable activity in the CMHCs. The Medicaid reimbursement rate was increased to incentivize the hiring of Peer Specialists in the CMHCs. The rate is comparable to the community support worker rate. The peer

services are required in the contracts with the COSPs. The COSPs are not structured to bill Medicaid for their services. The MIMH is conducting a Proof of Concept evaluation to determine if individuals with CMPS have improved outcomes.

Consumer/Family Monitors Certification Surveys

- Starting in 2008, the State Advisory Council for the Division of Comprehensive Psychiatric Services consumer/family members were full members for the certification surveys of the community mental health centers. These reviews evaluate the quality of care from a consumer/family perspective.
- The SAC made formal recommendations to the Division Director for consumers and family members to be involved in the contracted community agency certification process. The Division Director approved these recommendations. CPS/SAC developed a survey tool with interview and training curriculum for the consumer/family monitors. Twenty-five agencies have received certification surveys with the consumer/family monitors. The feedback has been positive from the service providers, consumer/family monitors and the DMH certification team.

Consumer/Family/Youth Conference

- The fourth consumer run Consumer/Family/Youth conference was held at Lake of the Ozarks in August of 2011. The Real Voices/Real Choices conference was planned and attended by persons representing all three division of the DMH. These divisions are Comprehensive Psychiatric Services, Alcohol and Drug and Developmental Disabilities.
- Attendance was up this year as over 400 individuals representing the three divisions participated. Seventeen workshops were presented during the conference with activities and socialization planned for the evenings. The consumer and family planning committee is currently planning the 2012 conference.

Suicide Prevention

- 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 award of three consecutive three-year federal grants to prevent suicide in youth up to age 24 has enabled this high risk group to receive targeted services. DMH utilizes this 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.
- The sixth annual *Show-Me You Care About Suicide Prevention* conference occurred on July 28-29, 2011, with approximately 155 individuals participating. The conference, which was cosponsored by the Department of Mental Health, Lincoln University and the Missouri Institute of Mental Health helped to increase awareness and education.

Attendees included educators, health-care providers, mental health care providers, military personnel, survivors and others. For more information on the suicide prevention activities in Missouri go to <http://dmh.mo.gov/mentalillness/suicide/prevention.htm>

- The DMH continues to implement suicide prevention services according to the legislative mandates and grant guidelines. The Suicide Prevention Advisory Committee, which met regularly between late 2006 and early 2010, is currently being transformed into a new state planning group along with the revision of the state plan. During this four year period the committee supported efforts on college campuses as well as directing the Department to work collaboratively with federal initiatives to prevent suicides among veterans. The committee had developed and was implementing a statewide Suicide Prevention Plan. Legislative changes this year eliminated the Suicide Prevention Advisory Committee and transferred the oversight role to the State Advisory Council for CPS. The SAC has formed a subcommittee on Suicide Prevention that is actively meeting and revising the Suicide Prevention Plan.
- The Missouri Suicide Prevention Project continues to combine funding from the Federal Block Grant with that of the State Youth Suicide Prevention Grant from SAMHSA to operate the 14 Regional Resource Centers around the state. These Regional sites continue to experience increasing numbers of inquiries and requests for services. In addition to providing gatekeeper training the sites continued to offer a wide range of other services, including survivor support groups, depression screenings, facilitating local coalitions, etc.
- Since May 2010 the Project has been using Facebook to reach out to those that might not otherwise be aware of various resources and services. Currently there are approximately 3,700 fans of the page, which can be viewed at: www.facebook.com/MOsuicideprevention
- During the grant year over 400 gatekeeper training presentations and other events were conducted to over 9,200 individuals. These sessions ranged from the one-hour QPR (Question, Persuade & Refer) program to the two-day ASIST (Applied Suicide Intervention Skills Training) workshop. The National Suicide Prevention Lifeline was heavily promoted through the distribution of magnets, stickers, wallet cards and billboards. In the summer of 2010, the Project hosted a QPR Instructor Certification course, establishing over 30 new trainers in the southwest area of the state.
- The success of the Youth Suicide Prevention Initiative Community Incentive Award Program inspired the creation of mini-awards geared to the elderly and the youth initiative's format, documents and RFP served as models for the program. Using Block Grant funds, we were able to partner with the Missouri Office of Transformation to award five Older Adult Suicide Prevention Mini-Awards in November 2009. These new older adult-focused projects are progressing successfully.
- A partnership with several surrounding states to co-sponsor an "Assessing and Managing Suicide Risk" (AMSR) Training for Trainers Workshop was held in Omaha, Nebraska in late August 2010. In order to establish trainers on the Western half of the state, DMH sponsored an "Applied Suicide Intervention Skills Training" (ASIST) Training for Trainers course in Maryville, Missouri, in early October 2010.

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
 2012 Block Grant Application
 State Fiscal Year 2011 Expenditures

	Adult	Youth	Total
Adapt of Missouri, Inc.	\$ 8,375	\$ -	\$ 8,375
ALLIANCE FOR THE MENTALLY ILL	\$ 6,781	\$ 1,099	\$ 7,880
BJC Behavioral Health	\$ 1,557,346	\$ 268,741	\$ 1,826,087
Bootheel Counseling Services	\$ 171,465	\$ 26,927	\$ 198,392
Burrell Behavioral Health Care Center	\$ 647,636	\$ 275,418	\$ 923,054
CARE CONNECTION FOR AGING SERV	\$ 2,195	\$ 356	\$ 2,551
Cape Girardeau Community Sheltered Workshop	\$ 884	\$ -	\$ 884
Clark Community Mental Health Center	\$ 76,995	\$ 16,071	\$ 93,065
Community Counseling Center	\$ 33,631	\$ 8,523	\$ 42,154
Community Recreation & Resocialization	\$ 24,001	\$ -	\$ 24,001
Community Treatment, Inc.	\$ 166,304	\$ 5,233	\$ 171,538
Comprehensive Health Systems, Inc.	\$ 426	\$ -	\$ 426
Comprehensive Mental Health Services	\$ 38,215	\$ 4,118	\$ 42,333
Comprehensive Psychiatric Services CO	\$ 282,925	\$ 45,876	\$ 328,802
COUNTY OF DALLAS-HEALTH DEPT	\$ 947	\$ 153	\$ 1,100
COUNTY OF STONE-CIRCUIT CLERK	\$ 774	\$ 126	\$ 900
Crider Health Center, Inc.	\$ 848,458	\$ 91,816	\$ 940,274
East Central Missouri Behavioral Health Services	\$ 20,758	\$ 5,122	\$ 25,880
Family Counseling Center, Inc.	\$ 270,583	\$ 5,917	\$ 276,500
Family Guidance Center	\$ 112,894	\$ 12,723	\$ 125,617
Hopewell Center	\$ 528,346	\$ 57,265	\$ 585,611
Independence Center	\$ 3,543	\$ -	\$ 3,543
KIDS UNDER TWENTY ONE	\$ 6,576	\$ 1,066	\$ 7,643
LINN COUNTY HEALTH DEPT	\$ 1,514	\$ 245	\$ 1,760
Mark Twain Association for Mental Health, Inc.	\$ 88,031	\$ 8,483	\$ 96,513
Mineral Area CPRC	\$ 21,743	\$ -	\$ 21,743
New Horizons Community Support Services	\$ 94	\$ -	\$ 94

North Central Missouri Mental Health Center	\$ 67,640	\$ 9,827	\$ 77,467
Ozark Center	\$ 189,545	\$ 9,249	\$ 198,794
Ozark Medical Center	\$ 231,007	\$ 8,797	\$ 239,804
Pathways Community Behavioral Healthcare, Inc.	\$ 70,367	\$ 4,207	\$ 74,574
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WARSAW COUNCIL FOR COMMUNITY	\$ 344	\$ 56	\$ 400
Total	\$ 6,331,495	\$ 996,367	\$ 7,327,862

CPS Block Grant Expenditures by Category

Adult	\$ 5,335,206		\$ 5,335,206
Youth		\$ 865,105	\$ 865,105
Medications	\$ 593,390	\$ 65,932	\$ 659,322
Suicide Prevention	\$ 119,973	\$ 19,454	\$ 139,427
CPS Administration	\$ 282,925	\$ 45,876	\$ 328,802
Total	\$ 6,331,495	\$ 996,367	\$ 7,327,862
Percentage	86%	14%	100%

Adult Plan

Purpose State FY 2011 Block Grant Expended - Recipients - Activities Description

The continuing goal of Missouri DMH is to keep individuals out of inpatient hospitalizations and in the community and to assist individuals in setting and achieving their recovery goals. To attain that goal the department offers an array of community-based services for individuals with severe mental illness and 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, peer specialist support, medication management, and psychosocial rehabilitation. Therapeutic services are provided for individuals with co-occurring psychiatric and substance use disorders including individual and group counseling and group education. Psychosocial Rehabilitation includes vocational education, rehabilitation services, educational services and a focus on health and wellness activities. The evidence based practice of Illness Management and Recovery is being incorporated into the psychosocial rehabilitation program. Because CPR is a Medicaid supported program, the federal government pays approximately 60 percent of the costs for clients with Medicaid eligibility. The Mental Health Block Grant pays for individuals that are uninsured or for services that are not Medicaid reimbursable.

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.

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.

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

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.

The transformation of children's services uses as its foundation the public health model to meet the mental health needs of children. This is a departure from the medical model used in Missouri and most other states. The public health model presented in the comprehensive children's plan consists of three components:

- **Surveillance and assessment of mental health needs**, including risk factors, demographics, access in care, and rates of disease;
- **Policy development**, including financing, inter-agency collaboration, and policy initiatives; and
- **Monitoring of the service delivery system**, insuring services are evidence-based/effective and organized by developmental stages through a matrix of services, health promotion, quality, access to care, and evaluation and monitoring.

Surveillance and Assessment of Mental Health Needs

The Department of Mental Health continued to work with other child-serving agencies and departments to create data systems that can capture meaningful data, enhance the sharing and matching of data across systems and increase the use of data analytics to inform both policy and clinical decision-making. One example is the work the DMH has done with MOHealthNet (Medicaid) in their development of the CyberAccess system. This system allows for real-time monitoring of all services provided and allows for enhanced health monitoring and shaping toward best practices. Two projects related to children and youth utilizing the CyberAccess data tracks health information for Medicaid recipients receiving behavioral health services. These projects are described below in the policy section.

As noted in other sections, the Show-Me Bright Futures Initiative which is based fully on the public health model teaches communities how to use existing data and how to create surveillance systems specific to their community using a number of different approaches such as field interviews and behavioral tracking. Through a partnership with University of Missouri Extension Office, these communities have been trained on and utilized a Community Issues Management System (CIMS); a web-based collaborative management system designed for local and regional organizations to frame, manage and take action on complex issues. The foundation of this system is a process for framing issues through a wealth of GIS data, and mapping and reporting tools custom built for organizations to better understand how issues impact people and environments.

Specifically the Division has been institutionalizing the use of the CAFAS as a required outcome measure for services which will allow CPS and its network of providers to track the major needs of children, youth and families, develop evidence based services and programs directed towards those needs, and assess the impact of those interventions. Through state and local reports based on the CAFAS, specific population of youth can be identified and subsequently evidence based practices implemented to meet the specific need for a community or the state.

Additionally, the Division worked towards an expansion of the use of the Quality Service Review (QSR) as “surveillance” tool not only of outcomes for children and youth but also as surveillance of the service system and its implementation with fidelity to system of care philosophy and best practices for children.

The Division has also used a model for capacity development based on Friedman’s work in the 80’s to identify the gaps in the system to aid in moving towards a balanced system. The current focus is on revising the model and expanding access to Treatment Family Homes (therapeutic foster care).

Policy Development

With further support and expansion of the Quality Service Review, CPS is using the data generated in local sites to identify common weaknesses to prioritize areas of attention related to policy development. CPS is working with the local interagency policy teams to insure that locally they are identifying their specific weaknesses and strengths and addressing those through the local Policy Teams. Generally speaking then, the QSR is the surveillance of the system to guide interagency policy development at the local and state level. An example is one community showed gaps in identifying trauma and performing risk assessments. The local policy team then initiated training on trauma and identified a common tool to aid in identification of risk factors. At the state level, due to identified needs across multiple QSR’s in working with transition age youth, the state applied for and received a SAMHSA cooperative agreement around this population to test and refine a model locally to be able to implement on a statewide basis.

Monitoring of the Service Delivery System

The focus for the past year continued to be on both expanding the service capacity statewide and continuing to create the infrastructure to support the system. There were several approaches to monitoring the service delivery system including both the QSR as well as the CAFAS as previously identified. The plan included both of these tools being used to monitor quality and access at both the state and local levels. Additionally, the Division created a more focused monitoring system for its providers. Through this the Division is able to better insure the provision of quality services and enhanced fiscal responsibility. As these surveillance and monitoring systems become fully actualized, the Division will look for additional opportunities to expand the service array as well as the target population on its own and through partnerships with other state and community agencies. As noted with the examples given under Policy Development, with repeated utilization of the monitoring tools over time, progress (or lack thereof) is being identified to insure policy interventions have been effective.

Financing

Some steps have been achieved to make available additional funding options in support of school mental health. Previously MO HealthNet (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 MO HealthNet, 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 MO HealthNet funding. These services included 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.

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.

CAFAS

The Child and Adolescent Functional Assessment Scale (CAFAS) is designed to measure impairment in the day-to-day functioning in children and adolescents in kindergarten through the 12th grade who have, or are at risk for emotional, behavioral or psychological problems. There are 8 subscales on the CAFAS measuring functioning at home, school/work, community, behavior towards others, moods/emotions, self-harm, thinking and substance use. In addition to the scales noted above, the CAFAS includes two Caregiver subscales that assess how the child's material needs are met and the family's psychosocial resources relative to the child's needs. With the use of the CAFAS strengths and goals can also be identified that culminate in the creation of a treatment plan tied to the child's specific needs and strengths. Implementation of the CAFAS to determine eligibility in the intensive-community based services (Children's Community Psychosocial Rehabilitation/CPR) became statewide in January of 2009 and is accessible electronically to all division providers. The intent was to move towards basing eligibility more on functional impairments as opposed to purely diagnostic criteria. The treatment plan generated by the CAFAS has been approved for use by the Division. Individual providers are using the CAFAS to assess progress in treatment, classify cases to guide specific treatment protocols, creation of a treatment plan, to aid in determination of service need or level of care and as an outcome measure. Agencies are also beginning to use this for continuous quality improvement to insure effective and meaningful services for children/adolescents are provided. The CAFAS is one of the outcome measures for the SAMHSA Children's Proof of Concept to measure the impact of Family Support (see below) on children's functioning. The Division will also begin training this year on the Preschool and Early Childhood Functional Assessment Scale as we begin to develop services for young children.

Family Support

This service focuses on the development of a support system for parents of children with serious emotional disorders. Activities are directed and authorized by the child's treatment plan. Activities include: assisting and coaching the family to increase their knowledge and awareness of the child's needs; enhance problem solving skills, provide emotional support; disseminate information; linkage to services and parent to parent guidance. The individual providing family support works closely with the wrap around facilitator and care coordinator to obtain outcomes at the family level.

This service was added to our Community Psychiatric Rehabilitation Program in January 2008 to be eligible for funding under Medicaid. This year concerted efforts have been directed towards developing core curriculum and competencies for Family Support Workers and offering statewide trainings to Family Support Workers and agency supervisors to integrate this service into the continuum of care. Quality and fidelity will be monitored through the CPR certification process. Through the System of Care Cooperative Agreement, an additional component of Family Support is being examined that would make a Family Support Partner the "front door" to

services. The Family Support Partner would have initial contact with the family, identify the needs of the family, and connect the family with appropriate natural or community supports in lieu of or in addition to mental health services. The goal is to assist the family and ideally prevent deeper penetration into the mental health service system.

Treatment Family Home

Comprehensive Psychiatric Services (CPS) is in the process of refining and enhancing their Treatment Family Home model. While Treatment Family Homes has been a key community based service within CPS for many years, its implementation and funding mechanisms have varied across the state. In order to provide a more consistent, cohesive Treatment Family Home (TFH) service across the state, CPS is redesigning its model to maximize therapeutic effectiveness while minimizing restrictiveness through consultation with Mary Grealish, M.Ed., Community Partners, Inc. The main focus is to switch to a more professional model with active treatment implementation and management through the TFH. This year the Division has worked on development of the Missouri “Toolkit for Treatment Family Home Care” and revising and updating contracts consistent with the toolkit. In this next year the Division will certify Treatment Family Home train-the-trainers and provide training to providers on the “Toolkit”. Additionally implementation of the toolkit will be monitored through CPS annual compliance review. CPS has proposed including Treatment Family Homes in the rehab option through Medicaid as well as offering a more intensive version called Professional Parent Homes as an alternative to inpatient and/or secure residential placements.

Quality Service Review

As a mechanism to measure the development and implementation of a high quality service system based on system of care principles and practices Missouri 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 process used for measurement is a qualitative evaluation method that uses two primary sources of information, in-depth child qualitative reviews and stakeholder interviews, to assess the effectiveness of the system as well as its impact on children and families who are being served by the System of Care (SOC) in meeting their treatment, behavioral and educational objectives and goals. The QSR basically outlines and measures the implementation of the state’s model of practice for children’s mental health. To test the system, a sample of children is drawn from the children currently being served by the system of care and trained reviewers review the record and conduct interviews with the child, parent, and other people and agencies that are providing services to the child. In addition, the review team leader conducts focus groups with parents, staff from the child-serving agencies, SOC leadership, and Family Court. During the focus groups, the team leader gathers information about how effectively the agencies work together, how satisfied parents are with how the system performs, and how well frontline therapists and staff are able to accomplish their jobs. The focus groups also identify the barriers they encounter in either receiving services or in delivering appropriate services.

The QSR has been applied to areas of the state in which a sanctioned system of care team functions. The results of the review are shared with the community stakeholders as well as with the SOC team to guide the focus of community priorities in enhancing the system of care. All results are forwarded to the state Comprehensive System Management Team (CSMT) to identify strengths and weaknesses and to inform future policy development related to funding, practice and coordination. Although funding to support this review process is remains tenuous, the CSMT has confirmed their view that the QSR is the guiding light to the status of the system and will guide their work in future policy and practice development.

Public Health Model of Children's Mental Health

The Division's Children's Services has led the way for the Department in examining and implementation of a public health model. This was initiated through a partnership with the Department of Health and Senior Services four years ago to implement a training initiative for school nurses on mental health issues. Through continuous and growing partnerships it has morphed into a major initiative that is now working with communities in providing training, technical assistance and support funding to create continuous surveillance systems that allow a community to identify their mental wellness and health priorities; developing effective policies to address these priorities; and ongoing monitoring systems to assess the real impact of the policies. Children's leadership has attended multiple public health training academies to become immersed in this model and shape its application to children's mental health. Several initiatives are looking at how the state can partner with community entities such as children's and/or mental health tax boards to create a connected continuum of care ranging from promotion to prevention, early identification and intervention to enhancing services for youth with significant needs. One model being developed, in partnership with the Department of Elementary and Secondary Education, is in the area of school mental health services in partnering with schools who have implemented Tier 1 of the Positive Behavior Interventions and Supports with fidelity and wish to move on enhancing services at the Tier 2 and Tier 3 levels (Targeted and Intensive respectively).

Medicaid Partnership

Through the leadership of the Department's Medical Director, the Division has an active partnership with MO HealthNet Division, the Medicaid division for the Department of Social Services, to enhance the quality of both fee-for-service and managed care behavioral health services. Specific activities include:

- Expansion of access to providers through CyberAccess, an electronic database that allows providers to access service history and results to improve coordination of care with physical health and across behavioral health providers;
- Active participation in development of policies for behavioral health fee-for-service to work towards enhancing quality of services and transition to evidence based practices;
- Planning in regards to grant applications to increase access to training of evidence based practices and creation of trauma-informed services and systems;
- Participation in MO HealthNet care coordination audit of managed care behavioral health contracts; and
- Improving access to screening of the early childhood population as well as shaping services towards best practice guidelines

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
 2012 Block Grant Application
 State Fiscal Year 2011 Expenditures

	Adult	Youth	Total
Adapt of Missouri, Inc.	\$ 8,375	\$ -	\$ 8,375
ALLIANCE FOR THE MENTALLY ILL	\$ 6,781	\$ 1,099	\$ 7,880
BJC Behavioral Health	\$ 1,557,346	\$ 268,741	\$ 1,826,087
Bootheel Counseling Services	\$ 171,465	\$ 26,927	\$ 198,392
Burrell Behavioral Health Care Center	\$ 647,636	\$ 275,418	\$ 923,054
CARE CONNECTION FOR AGING SERV	\$ 2,195	\$ 356	\$ 2,551
Cape Girardeau Community Sheltered Workshop	\$ 884	\$ -	\$ 884
Clark Community Mental Health Center	\$ 76,995	\$ 16,071	\$ 93,065
Community Counseling Center	\$ 33,631	\$ 8,523	\$ 42,154
Community Recreation & Resocialization	\$ 24,001	\$ -	\$ 24,001
Community Treatment, Inc.	\$ 166,304	\$ 5,233	\$ 171,538
Comprehensive Health Systems, Inc.	\$ 426	\$ -	\$ 426
Comprehensive Mental Health Services	\$ 38,215	\$ 4,118	\$ 42,333
Comprehensive Psychiatric Services CO	\$ 282,925	\$ 45,876	\$ 328,802
COUNTY OF DALLAS-HEALTH DEPT	\$ 947	\$ 153	\$ 1,100
COUNTY OF STONE-CIRCUIT CLERK	\$ 774	\$ 126	\$ 900
Crider Health Center, Inc.	\$ 848,458	\$ 91,816	\$ 940,274
East Central Missouri Behavioral Health Services	\$ 20,758	\$ 5,122	\$ 25,880
Family Counseling Center, Inc.	\$ 270,583	\$ 5,917	\$ 276,500
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Total	\$ 6,331,495	\$ 996,367	\$ 7,327,862
Percentage	86%	14%	100%

Child Plan

Purpose State FY 2011 Block Grant 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 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	61,554	60,250	58,926	57,020	96.77
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: Increase access to services

Target: Maintain the number of adults with SMI receiving mental health services above FY2006 level

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

Special Issues: Mental health services are underfunded both nationally and in the State of Missouri. Missouri has experienced the devastating effects of the economic downturn. The severe reductions in state general revenue have caused the DMH to face core budget reductions. In State FY 2010, to balance the budget in an economy that repeatedly failed to meet projections, Governor Nixon required expenditure restrictions (withholdings) of General Revenue (GR) and Federal Budget Stabilization funding several times during the year. DMH's restrictions totaled \$15,375,044 from July 2009 to April 2010. These restrictions were in addition to a \$47.2 million cut to DMH's SFY 2010 GR core budget. Budget withholds continued in 2011.

The target was set at the 2007 number for adults with SMI receiving services due to the reduction in budget and the uncertainty regarding the ability to continuously increase the numbers served. Additionally, the numbers may be reduced due to the closing of acute care and emergency room settings.

Significance: Due to fiscal constraints, Missouri CPS is only meeting 25% of the estimated prevalence of of SMI.

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. CPS will continue to utilize funding on evidence based practices to wisely use the limited funding in an efficient and effective manner.

Target Achieved or Achieved at 97%

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

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 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	6.98	5.47	6.96	4.10	169.76
Numerator	400	250	--	90	--
Denominator	5,728	4,569	--	2,194	--

Table Descriptors:

Goal: Reduce 30 day readmission percentage to state psychiatric hospital inpatient beds

Target: Reduce 30 day readmission percentage to state psychiatric hospital inpatient beds

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.

Significance: Community Psychiatric Rehabilitation Programs 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 and receiving services in the community. The evidence based practice of Assertive Community Treatment works with the most vulnerable population. The seven ACT teams and one Forensic ACT team will continue to focus on keeping their clients in the community.

Target Achieved or Not Achieved/If Achieved

Not, Explain Why:

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 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	22	16.63	22	8.34	263.79
Numerator	1,260	760	--	183	--
Denominator	5,728	4,569	--	2,194	--

Table Descriptors:

Goal: Reduce percentage of readmission for adults to State psychiatric hospitals within 180 days

Target: Reduce percentage 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. Missouri has closed all of its psychiatric emergency room and acute care facilities. DMH only operates long-term psychiatric facilities.

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.

Target Achieved or Not Achieved/If Achieved

Not, Explain Why:

ADULT - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Evidence Based - Number of Practices (Number)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	N/A	4	4	4	100
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal:	Increase the number of Evidence Based Practices utilized in the Missouri mental health system
Target:	Increase or maintain the number of Evidence Based Practices utilized in the Missouri mental health system
Population:	Adults with SMI
Criterion:	1:Comprehensive Community-Based Mental Health Service Systems 3:Children's Services
Indicator:	Number of Evidence Based Practices utilized in the Missouri mental health system
Measure:	No numerator or denominator
Sources of Information:	Department of Mental Health, Division of Comprehensive Psychiatric Services
Special Issues:	Missouri has been implementing the EBP of Supported Employment for years. In 2007, the Integrated Dual Disorders Treatment EBP was added. In 2008, Assertive Community Treatment started implementation in the State. In 2009 Illness Management and Recovery (IMR) has been added to the EBP implemented in Missouri. Missouri is also implementing Dialectical Behavior Therapy (DBT) across the state. DBT is an EBP, but not one recognized by the Block Grant application.
Significance:	CPS has the Evidence Based Practice of Supported Employment implemented in six agencies across the State. CPS has implemented in 20 agencies and 32 sites the Integrated Dual Diagnosis Treatment since fiscal year 2007. The level of fidelity to the EBP toolkit model has been assessed for both EBP. Assertive Community Treatment is the third EBP implemented. Seven ACT teams and a Forensic ACT team are operational and data is being collected. The ACT Teams have received technical assistance and fidelity visits. IMR has been implemented in 17 agencies, but fidelity has not been monitored at this time.
Activities and strategies/ changes/ innovative or exemplary model:	CPS continues working towards integrating employment activities into all consumer individualized treatment plans, when appropriate, in the Community Mental Health Center system. CPS will continue to use the Johnson and Johnson Supported Employment grant to provide technical assistance to providers to continue the process of enhancing fidelity. CPS will continue working to consistently implement Integrated Dual Diagnosis Treatment and Assertive Community Treatment evidence based practices in the mental health system to fidelity of the models. Illness Management and Recovery is the being

implemented; however fidelity is not currently being measured. CPS will continue to monitor fidelity and assure best practice implementation as resources become available.

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

ADULT - IMPLEMENTATION REPORT

Transformation Activities: **Indicator Data Not Applicable:**

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

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 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 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	6.02	8.13	6	6.57	109.50
Numerator	3,702	4,901	--	3,744	--
Denominator	61,473	60,250	--	57,020	--

Table Descriptors:

- Goal:** Increase the percentage of individuals receiving Evidence Based Practice of Supported Employment
- Target:** Increase or maintain the percentage of individuals receiving Evidence Based Practice of Supported Employment
- Population:** Adults with SMI
- Criterion:** 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services
- Indicator:** Percentage of individuals receiving the Evidence Based Practice of Supported Employment through cooperative services between the Community Mental Health Centers (CPS vendors) and Missouri Division of Vocational Rehabilitation
- Measure:** The numerator is the number of individuals receiving Supported Employment through cooperative services between the Community Mental Health Centers and the Missouri Division of Vocational Rehabilitation.
The denominator is the number of adults with SMI served with CPS funds.
- Sources of Information:** Missouri Department of Elementary and Secondary Education, Division of Vocational Rehabilitation
- Special Issues:** The Division of CPS received a Johnson & Johnson grant to provide Supported Employment training and technical assistance. An individual was hired to implement technical assistance and fidelity to the Supported Employment model.
- 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. The divisions will continue to cooperate on the Johnson and Johnson grant to assure supported employment training for providers. Benefits Planning training has already occurred for community support workers as concerns regarding loss of benefits are a major barrier for the SMI population if they return to work. This training will continue and expand as will training on fidelity to the model.
- Target Achieved or Not Achieved/If Not, Explain Why:** 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 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	N/A	1.65	1.18	1.14	96.61
Numerator	N/A	547	--	428	--
Denominator	N/A	33,156	--	37,535	--

Table Descriptors:

- Goal:** Increase the percentage of individuals receiving the evidence based practice of Assertive Community Treatment
- Target:** Increase the percentage of individuals receiving the evidence based practice of Assertive Community Treatment incrementally
- Population:** Adults with SMI
- Criterion:** 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services
- Indicator:** Percentage of individuals receiving the evidence based practice of Assertive Community Treatment
- Measure:** The numerator is the number of individuals receiving Assertive Community Treatment.
The denominator is the number of individuals receiving Community Psychiatric Rehabilitation services.
- Sources of Information:** CIMOR
- Special Issues:** Assertive Community Treatment teams started in Missouri in 2008. Individuals have been enrolled, multidisciplinary teams have formed and ACT services are being provided. Training and technical assistance from CPS has been provided for the ACT team providers. Fidelity visits are being conducted.
- Significance:** CPS will slowly increase the number of individuals receiving ACT services as money becomes available and teams become fully functional.
- Activities and strategies/ changes/ innovative or exemplary model:** CPS will continue to identify high end users of services (crisis, emergency room, homeless, etc.) and place them in ACT services as appropriate. CPS will continue to provide technical assistance and training to providers as they fully implement ACT. CPS will continue to measure fidelity of the six existing ACT teams.
- Target Achieved or Not Achieved/If Not, Explain Why:** Achieved at 97%

ADULT - IMPLEMENTATION REPORT

Transformation Activities: **Indicator Data Not Applicable:**

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

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 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 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	N/A	5.31	3.40	4.93	145
Numerator	N/A	1,759	--	1,852	--
Denominator	N/A	33,156	--	37,535	--

Table Descriptors:

- Goal:** Increase the percentage of adults with SMI receiving evidence based integrated treatment for co-occurring psychiatric and substance use disorders
- Target:** Increase the percentage of individuals receiving the evidence based practice of Integrated Dual Disorders Treatment (IDDT)
- Population:** Adults with SMI
- Criterion:** 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services
- Indicator:** Percentage of individuals billed by providers to CPS receiving the evidence based practice of Integrated Dual Disorders Treatment
- Measure:** The numerator is number of individuals being billed by providers to one of the four co-occurring IDDT billing codes.
The denominator is the number of adults served in the Community Psychiatric Rehabilitation programs.
- Sources of Information:** CIMOR
- Special Issues:** CPS is measuring fidelity to the IDDT model. Not all of the clients receiving co-occurring psychiatric and substance use services are billed to CPS. There are other funding sources such as the Division of Alcohol and Drug Abuse and the Missouri Foundation for Health that pay for co-occurring services. These individuals are not captured in this data.
- Significance:** The number for SMI adults receiving IDDT services billed to CPS has increased over time: FY 2008 number of 414, FY 2009 number of 1056, FY 2010 number of 1759 and FY 2011 number of 1852.
- Activities and strategies/ changes/ innovative or exemplary model:** CPS will continue to implement IDDT services to fidelity. Twenty agencies with 32 locations have voluntarily implemented IDDT in their community mental health centers. CPS will continue to provide technical assistance and training on the IDDT model. CPS will continue to collaborate with the Missouri Foundation for Health as they provide training with Drs. Ken Minkoff and Christine Cline on co-occurring disorders treatment. CPS will continue to collaborate with the Missouri Institute of Mental Health as they provide co-occurring treatment fidelity reviews for Missouri Foundation for Health grant funded programs.
- Target Achieved or** Achieved

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

ADULT - IMPLEMENTATION REPORT

Transformation Activities: **Indicator Data Not Applicable:**

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

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 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: **Indicator Data Not Applicable:**

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

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 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 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	91.50	91.95	87	92.23	106.01
Numerator	3,832	3,690	--	3,998	--
Denominator	4,188	4,013	--	4,335	--

Table Descriptors:

Goal: Clients reporting positively about perception of care

Target: The target is that Missouri will exceed the national average rate of 87% 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 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	14.68	13.95	14	13.05	93.21
Numerator	1,381	1,817	--	3,015	--
Denominator	9,408	13,021	--	23,105	--

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 or involved in educational activity.
The denominator is the total number of adults working and not working in sample.
- Sources of Information:** Adult Status Reports
- Special Issues:** The economic downturn and high unemployment rates both nationally and in Missouri negatively impact the rate of employment for individuals with SMI.

An Adult Status Report sample is used to obtain this percentage. The low sample size can lead to fluctuations in percentages based on small actual number changes. As CPS refines the new CIMOR database, the hope is that data will be more accurate and easily collected. Data will eventually be obtained and analyzed 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:** The target of 14% was not achieved. The reasons may include the economic downturn and high unemployment in all populations. Another factor may be the decrease in CMHC budgets available for treatment.

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. CPS has provided Benefits Planning training in conjunction with VR for community support workers in the community mental health centers. CPS will continue to focus on reducing barriers to the

SMI population working in competitive employment. One of the barriers is perception regarding the loss of benefits if employed. CPS and VR are working to assure accurate information is available to consumers to make informed decisions regarding work. CPS is working to educate treatment providers and consumers about including employment goal setting on all individualized recovery plans.

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 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	4.74	5.33	5	5.78	115.60
Numerator	197	212	--	250	--
Denominator	4,153	3,974	--	4,327	--

Table Descriptors:

- Goal:** Decrease the percentage of adults with SMI receiving treatment involved in the criminal justice system
- Target:** Decrease or maintain the percentage of adults with SMI receiving treatment who are 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 receiving treatment 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 is using a modified MHSIP for the Consumer Satisfaction Survey. CPS has collected only two years of data for this performance indicator. The target has been set at maintaining a percentage below 5%, as this is a fairly new indicator and CPS believes the data can realistically stay below the rounded up number. Sample size is low and can fluctuate due to small actual number changes.
- 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. CPS will continue to support the Crisis Intervention Team collaboration with police departments to appropriately handle mental illness behaviors in the community.
- Target Achieved or Not Achieved/If Not, Explain Why:** Achieved

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 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	76.69	78.20	76.70	81.24	94.41
Numerator	7,079	10,183	--	18,771	--
Denominator	9,231	13,021	--	23,105	--

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: The percentage is increasing of consumers living in a home or home-like setting. These grants provide rental assistance for over 1900 individuals and their family members throughout fifty different counties spending 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. DMH provides an array of housing options from residential care facilities to independent housing. Funding is competitively received through Shelter Plus Care grants, Missouri Housing Development Commission Housing Trust Funds, Rental Assistance Program, PATH grants, State general revenue dollars, supportive community living, and most recently Homeless Prevention and Rapid Re-housing Program funds.

Target Achieved or Not Achieved/If Not, Explain Why: Achieved
The WebBGAS system is only showing the percentage attained above at 94.41%; however, this is incorrect. The target was 76.70% with the actual at 81.24% in FY2011. The percentage attained should be 106%.

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 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	68.10	68.53	68	68.38	100.56
Numerator	2,790	2,700	--	2,911	--
Denominator	4,097	3,940	--	4,257	--

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: CPS uses a modified MHSIP for the Consumer Satisfaction Survey. The low sample size can lead to fluctuations in percentages based on small actual number changes.

Significance: 68% of consumers report being socially connected

Activities and strategies/ changes/ innovative or exemplary model: Additional Consumer Satisfaction Surveys will be collected and analyzed over time.

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 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	69.56	70.76	69	69.60	100.87
Numerator	2,841	2,773	--	2,958	--
Denominator	4,084	3,919	--	4,250	--

Table Descriptors:

Goal: Improve level of functioning

Target: Improve or maintain 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: CPS uses a modified MHSIP for the Consumer Satisfaction Survey. The low sample size can lead to fluctuations in percentages based on small actual number changes.

Significance: 70% of consumers report improved level of functioning on the Consumer Satisfaction Survey.

Activities and strategies/ changes/ innovative or exemplary model: Additional Consumer Satisfaction Surveys will be collected and analyzed over time.

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 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	15,809	16,000	15,773	15,292	96.95
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 or maintain 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. While our goal is always to increase the numbers served, due to the national and state level economic downturn, the numbers of children/youth served has slightly decreased this year.

Significance: Due to fiscal constraints, Missouri is only meeting the mental health needs of 16% of the estimated prevalence of children/youth with severe emotional disorders. With core budget cuts, it will continue to be difficult to maintain the numbers of children/youth served in Missouri.

Activities and strategies/ changes/ innovative or exemplary model: CPS will continue to build community based services for children and youth with SED based on Missouri's Comprehensive Children's Mental Health Plan. CPS will continue to explore alternative funding sources, expand the use of EPB to accomplish efficiencies, and collaborate with other State departments/organizations to maximize funding options.

Target Achieved or Not Achieved/If Not, Explain Why: Achieved at 97% of target

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 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	6.69	8.70	8	10.46	76.48
Numerator	40	30	--	25	--
Denominator	598	345	--	239	--

Table Descriptors:

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

Target: Reduce the rate of readmission within 30 days to State psychiatric hospital beds

Population: Children and youth with SED

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

Indicator: Percentage of children and youth readmitted to State psychiatric inpatient care within 30 days of discharge

Measure: The numerator is number of children and youth readmitted to State psychiatric hospitals within 30 days of discharge.
The denominator is total discharges for children and youth from State psychiatric hospitals.

Sources of Information: CIMOR

Special Issues: Due to ongoing budget crisis in the state, closure of DMH operated hospital facilities continues. In the last two years, 4 acute children and youth units have closed in DMH operated hospitals, two in the western part of the state and two in the central part of the state. This reduction effects the denominator. It also puts a strain on community services to serve children that previously would be placed in inpatient care.

Significance: A desired 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. Missouri has thirteen state-approved System of Care (SOC) sites for children and youth services. In a SOC, all local child-serving agencies bring needed expertise and resources to the planning process to meet a child and family's individual needs. The child service delivery system is supported by a local policy/administrative team that address barriers to accessing needed services and monitor trends to aid in policy and service development. Missouri has funded system of care cooperative agreements within the state. The overarching goals for these sites are to:

- expand the capacity for community based services and supports,
- create an infrastructure for cross agency individualized care planning,
- incorporate culturally and linguistically competent practices for serving children,

and

- promote full participation of families and youth in service planning and indevelopment of services and supports.

For each of the sites, local project development is managed through partnerships with community agencies including local family organizations, the community mental health center, the DD Regional Office, the local office of the Children's Division, local juvenile office, the Division of Youth Services, local schools, local county health offices, as well as individual youth and families in the community.

The closure of a DMH operated psychiatric hospital on the west side of the state included a children/youth program. CPS was able to dedicate 50% of the funds that supported the children's inpatient unit to the community to create an enhanced array of services for youth that had required extended stays at the restrictive inpatient level due to a lack of effective community based services. An interagency group of community stakeholders developed the Children's Enhancement Project to not only identify an array of services, but training needs and creation of an interagency structure to oversee and coordinate the project.

CPS in conjunction with its Coalition of Community Mental Health Centers has been examining mechanisms and pathways to expand funding including healthcare homes, administrative billing, Money Follows the Person and 1915i waiver.

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

Not Achieved

One of the facilities for which data is collected is a state operated residential program funded through Psych Under 21. Through their own continuous quality improvement data, this agency had identified a high readmission within 30 days rate, based predominantly on having children admitted for inpatient stabilization at the state operated inpatient facility. When the child returns this is counted as a readmission. DMH is working with this facility to enhance the facility's ability to manage more acute youth. Included in this effort is participation in our Trauma Initiative which guides an agency through a self-assessment process to identify environmental and policy issues that may lead to "re-traumatizing" the youth. Additional training and implementation is in progress for the residential facility on evidence-based trauma interventions such as TF-CBT and DBT. The Children's Inpatient Facility has instituted the Sanctuary Model of trauma-informed care to better care for the children and youth served.

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 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	18.90	21.16	21	20.08	104.58
Numerator	113	73	--	48	--
Denominator	598	345	--	239	--

Table Descriptors:

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

Target: Maintain or decrease 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: CPS makes every effort to keep children/youth out of the inpatient setting and safe in their communities. Due to closure of acute care hospital beds for children and youth, the number of psychiatric beds has been reduced. This reduction effects the denominator. It also puts a strain on community services to serve children that previously would be placed in inpatient care.

Significance: A desired 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. CPS is working to lower the percentage with enhanced hospital inpatient to community initiatives, such as a family support specialists.

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

CHILD - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Evidence Based - Number of Practices (Number)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	N/A	1	1	1	100
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

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

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 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	.49	.47	.47	.49	104.26
Numerator	78	75	--	75	--
Denominator	15,771	16,000	--	15,292	--

Table Descriptors:

Goal: Maintain the number of children and youth with SED receiving the Evidence Based Practice of Therapeutic Foster Care

Target: Maintain 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: Percentage of children and youth with SED receiving Therapeutic Foster Care

Measure: The numerator is the number of children and youth in Therapeutic Foster Care. The denominator is number of children and youth with SED diagnosis receiving CPS funded services.

Sources of Information: CIMOR

Special Issues: The department refined the measurement to a centralized Statewide manner for Therapeutic Foster Care to assure accuracy and consistency of numbers served. There is not much turnover in the Treatment Family Homes due to children/youth staying on average six months.

Significance: The department meets the definition of Therapeutic Foster Care provided in the application instructions with the Treatment Family Homes.

Activities and strategies/ changes/ innovative or exemplary model: Treatment Family Home Action Plan:
CPS has refined and enhanced the Treatment Family Home model. While Treatment Family Homes has been a key community based service within CPS for many years, its implementation and funding mechanisms have varied across the state. The leadership, marketing, and referral process is also diverse. CPS plans to continue implementing greater fidelity to the model and plans to build capacity as funding becomes available.

In order to provide a more consistent, cohesive Treatment Family Home service across the state, CPS redesigned its model to maximize therapeutic effectiveness while minimizing restrictiveness. Accomplishment of this task has involved the following steps:

1. Developed a Missouri "Toolkit for Treatment Family Home Care"
2. Revised and updated contracts consistent with the toolkit
3. Certified Treatment Family Home train-the-trainers

4. Provided training to providers on the "Toolkit"
5. Monitoring provider implementation of "Toolkit" through CPS annual compliance review.

DMH is also starting Professional Parent Homes; a more intensive service where only one child is in the home at a time and parents receive more intensive training.

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

CHILD - IMPLEMENTATION REPORT

Transformation Activities: **Indicator Data Not Applicable:**

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

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 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: **Indicator Data Not Applicable:**

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

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 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 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	87.34	89.34	84	88.53	105.39
Numerator	476	553	--	610	--
Denominator	545	619	--	689	--

Table Descriptors:

Goal: Maintain high level of consumer satisfaction

Target: Maintain level of consumer satisfaction higher than or equal to the national average rate of 84%

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 preliminary. CPS has recently implemented the Youth Services Survey for Family (YSS-F) recommended by SAMHSA.

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 implemented on a continuous basis.

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 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	95.01	95.35	94	96.58	102.74
Numerator	933	1,025	--	4,602	--
Denominator	982	1,075	--	4,765	--

Table Descriptors:

- Goal:** Children and youth will return to or stay in school
- Target:** Children and youth will return to or stay in school equal to the national average rate of 94%
- 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 95% 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** Achieved

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

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 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	23.52	24.74	25	22.22	88.88
Numerator	231	266	--	1,059	--
Denominator	982	1,075	--	4,765	--

Table Descriptors:

Goal:	Decrease the number of children and youth with SED involved in the Juvenile Justice system
Target:	Decrease or maintain the number of children and youth with SED involved in the Juvenile Justice system
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 involved with Juvenile Justice
Measure:	The numerator is the number of children and youth involved with Juvenile Justice. The denominator is the total number of children and 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:	78% of the children and youth with SED are not involved with the Juvenile Justice system.
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. The Division continues to lead a state level mental health/juvenile justice policy team to identify and address issues related to the mental health needs of youth at risk of or currently in the juvenile justice system. A grant funded partnership exists between the Office of State Courts Administrator and the Division to improve the quality of assessments provided on youth involved the juvenile justice system, to develop evidence based practices geared towards this population of youth and develop/enhance community collaboration. Five sites were selected to receive training on assessments, provided dollars to train on their selected evidence based practice, and consultation and technical assistance to enhance the local infrastructure to sustain these practices. In 2008, 113 individuals representing child welfare, juvenile justice and mental health were trained on the Assessment Guidelines. A survey sent out six months later, showed that the majority of respondents felt they had gained knowledge

about when to refer, what can be learned from mental health assessments, were better able to use the information provided by the assessment, and how to use the assessment to guide service provision. One hundred and thirty-nine therapists in two communities were trained and certified on Trauma-Focused Cognitive Behavioral Therapy. Another community provided training to 181 staff on Dialectical Behavior Therapy, with a core adolescent team receiving targeted training to provide therapy. Forty-eight juvenile officers and therapists received training in motivational interviewing and Strengthening Families and a final community provided training to 22 school and mental health staff on Too Good for Drugs and/or Reconnecting Youth.

The Mental Health/Juvenile Justice Policy Group is now focusing on creating a continuum of services for youth with problem sexual behaviors. The first step was developing guiding principles, values and practices to insure a common vision. As this step is being completed, the group has begun the process of examining different best practices that can be developed and accessed by juvenile justice, child welfare, mental health, schools and families. MO HealthNet serves on this group to aid in leveraging Medicaid dollars in support of best practices.

Missouri Juvenile Justice Information System (MOJJIS) is the response to statute which directs circuit courts and the departments of social services, mental health, elementary and secondary education and health share information regarding individual children who have come into contact with or been provided service by the courts and cited departments. The Department of Mental Health participates in this effort while maintaining compliance with HIPAA and Federal Drug and Alcohol Confidentiality Laws.

Target Achieved Achieved - the percentage has decreased and is below the target
or
Not Achieved/If
Not, Explain Why:

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 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	78.11	79.35	78	85.90	90.80
Numerator	767	853	--	4,093	--
Denominator	982	1,075	--	4,765	--

Table Descriptors:

Goal: Increase stability in housing for children/youth

Target: Increase or maintain stability in housing for children/youth

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 home-like setting

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

Sources of Information: Child/Youth Status Report

Special Issues: The data is taken from a small sample of total consumers served. This can lead to fluctuations in the outcomes based on small number size. Additionally, the current budget cuts may affect this number.

Significance: 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.

Activities and strategies/ changes/ innovative or exemplary model: The department will continue to place children and youth with SED in a home or home-like setting whenever possible.

Target Achieved or Not Achieved/If Achieved
The actual number increased from 78.11% in FY2009 to 79.35% in FY2010 to 85.9% in FY2011. The FY2011 target was 78%, making the percentage attained

Not, Explain Why: 110%.

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 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	86.47	86.29	86	85.45	99.36
Numerator	473	535	--	593	--
Denominator	547	620	--	694	--

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: CPS has implemented the Youth Services Survey for Family (YSS-F)recommended by SAMHSA.

Significance: A high rate of families of children/youth reported feeling social support/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 Achieved at 99.36%
or
Not Achieved/If Not, Explain Why:

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 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	64.50	63	63	63.15	100.24
Numerator	347	390	--	437	--
Denominator	538	619	--	692	--

Table Descriptors:

Goal: Improve or maintain children/youth level of functioning

Target: Maintain 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: CPS has implemented the Youth Services Survey for Family (YSS-F) recommended by SAMHSA.

Significance: The data is demonstrating some fluctuation over four years from 60.96% to 64.50% to 63%.

Activities and strategies/ changes/ innovative or exemplary model: CPS will continue to implement the YSS-F survey on a continuous basis.

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

Upload Planning Council Letter for the Implementation Report

**State Advisory Council
For
Comprehensive Psychiatric Services**



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December 1, 2011

Christine Chen, Director
Substance Abuse and Mental Health Services Administration
Division of Grants Management
1 Choke Cherry Road, Room 7-1091
Rockville, MD 20857

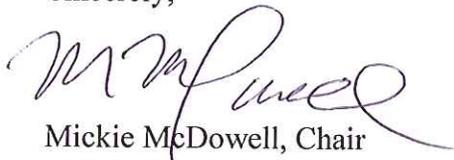
Dear Ms. Chen:

The State Advisory Council for the Missouri Department of Mental Health, Division of Comprehensive Psychiatric Services, has reviewed the Fiscal Year 2011 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 person and family centered. 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 person and family centered. 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 a hugely successful state-wide Consumer/Family/Youth Conference 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,



Mickie McDowell, Chair
CPS State Advisory Council

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.