

Section I

Description of State Service System

FY 2005 Community Mental Health Plan

Overview of the State Mental Health System

The Department of Mental Health (DMH) is the Missouri agency authorized to develop and implement the public mental health delivery system. It operates under a seven member Commission appointed by the Governor. The Commission is responsible for appointing the Department Director and advising on matters relating to its operation.

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

The Department Director appoints the Director of the Division of CPS. There are four regional hospital systems comprised of eleven (11) CPS inpatient facilities. Each hospital system has a single CEO (chief executive officer) and each facility within a hospital system has its own COO (chief operating officer). For the provision of community based services, Missouri's 114 counties and the City of St. Louis are subdivided into 25 mental health service areas, each with an Administrative Agent (AA). AA's are community mental health centers responsible for the assessment and provision of services to persons in their designated area and for providing follow-up services to persons released from State-operated inpatient services.

Summary of areas identified in the previous State Plan as needing particular attention, including significant achievements in its previous fiscal year.

Areas needing Attention

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

- **Financial limitations** continue to cut into the Administration of State mental health services. The Missouri DMH needs to prevent or minimize cuts to core funding affecting direct consumer care.
- **Achieve a more equitable allocation of funds for children and youth** through allocating any increases in Block Grant funding to programs for children and youth.
- **Mental health parity** in insurance payments continues to be brought before the legislature but does not pass.

Significant Achievements

Mental health consumers in Missouri spent the past year making their voices heard in the Missouri Legislature. Their support coupled with the DMH vision of a more responsive service system led to the following achievements in the past year.

- **SB 1003** passed and was signed into law by the Governor. This legislation creates a Comprehensive Children's Mental Health System and addresses a way for parents to access mental health services without giving up the legal custody of their children to the state.
- **HB855** passed and was signed into law by the Governor. This legislation states that health carriers that offer health benefit plans in this state on or after January 1, 2005, are required to provide coverage for mental health conditions.

New Developments and Issues that affect Mental Health Service Delivery in Missouri, including structural changes such as Medicaid waivers, managed care, State Children's Health Insurance Program (SCHIP) and other contracting arrangements.

Community Psychiatric Rehabilitation Programs (CPRP), funded through the Medicaid Rehabilitation Option, are being enhanced using a new treatment model. CPRP has traditionally followed the case management model in Missouri. We are now moving to a multi-disciplinary, continuous treatment team approach. Examples of services which may be offered are:

- Substance Abuse Services
- Psychotherapy
- Outreach
- Engagement

The DMH recently received a SAMHSA CoSIG grant. This grant allows us to modify the infrastructure to support the delivery of integrated services to persons with Mental Illness/Substance Abuse disorders.

Children's System of Care legislation has created opportunities to serve Missouri's children within their own communities and through a local Comprehensive System Management Team (CMST). Another System of Care grant, awarded this year, now brings the total to three for the State and these allow Missouri to move forward with community services for children and youth.

Finally, there is a new emphasis on the Community Mental Health Centers/Administrative Agents acting as the entry and exit point for individuals referred for admission to and discharge from DMH acute and long term facilities.

Legislative Initiatives and Changes

The 2004 legislative session ended May 14, 2004. While the final version of the Department of Mental Health budget continues to present challenges to the agency to meet the needs of the citizens it serves, it is benefiting from the State's increased revenue collection. Several specific service sites, initially slated for cutbacks by the legislature, were either restored to full or partial funding. Mental health advocates from across the state impressed upon their legislators the importance of services provided by both inpatient and community mental health providers. Finally, legislative initiatives proposed in past years gained momentum and mental health advocates were rewarded this year with the passage of two important pieces of Legislation.

The first bill passed and signed by the Governor this legislative session was **SB1003**. This bill establishes a comprehensive children's mental health service system. As stated above, this bill makes it easier for families with children who have mental health issues to receive treatment while staying with their families.

The DMH has worked for several years to get a mental health parity bill passed. It was defeated last year due to opposition from the insurance industry. This year the bill passed. **HB855** included language requiring health insurance coverage for mental illness to be at the same level as coverage for other illnesses.

Missouri's Governor also provided all State employees a pay raise. This was coupled with additional raises for individuals working second or third shifts. The employees of the DMH benefited from this action.

The CPS/SAC identified education and advocacy as an important consumer initiative in 2004. The DMH in conjunction with the CPS/SAC provided a day of training for consumers and other interested individuals concerning education and advocacy. Approximately 50 individuals from across the State participated in the training then returned to their home area to train others. Many mental health consumers were involved in educating their legislators concerning important mental health issues and advocating for legislation important to them personally.

A brief description of regional/sub State programs, community mental health centers and resources of counties and cities, as applicable, to the provision of mental health services within Missouri.

The DMH Division of CPS operates eleven facilities, providing acute, long term rehabilitation and residential care for youth and adults as well as forensic, sexual predator and corrections services for adults.

Missouri's 114 counties and the City of St. Louis form 25 mental health service areas each with an administrative agent. These administrative agents are responsible for assessment treatment and support services to persons in their assigned area and to provide follow-up services for persons released from State operated inpatient facilities. Children and youth are provided services in the same way through contracts with administrative agents and State operated children's facilities. Supported community living programs provide services for persons who do not have a place to live or need more structured

services while in the community. These programs range from nursing homes to apartments and other living accommodations in the community. Persons in these programs are provided support through case management and community psychiatric rehabilitation programs.

Eleven (11) counties and the city of St. Louis have passed Mental Health Mil Taxes and have Mil Tax Boards. Despite support for educational funds to promote mil tax propositions, there has been no success in the past year in passing mil taxes in additional counties. The Division maintains regulatory and quality control of services purchased by local boards through enforcement of certification standards for those services.

Description of how the Missouri Department of Mental Health provides leadership in coordinating mental health services within the broader system.

The DMH is the State agency authorized to develop and implement the public mental health service delivery system in Missouri. Key to the successful delivery of services is leadership and collaboration with other State agencies including the Department of Social Services, Department of Health and Senior Services, Department of Elementary and Secondary Education, Department of Corrections, and Division of Insurance. Programs and projects that DMH is involved in with these agencies are the following:

- State System of Care Teams,
- MC + Managed Care,
- Family Investment Trust,
- Interdepartmental Initiative for Children,
- Caring Communities,
- Olmstead Act,
- Mental Health Courts,
- Licensure and Certification, and
- HIPAA compliance issues.

The DMH in conjunction with the Department of Social Services developed a Level IV Plus Partnership. This interagency agreement allows the Department of Social Services to identify youth in its custody who are in need of mental health services and supports and who are currently in residential care (at payments that exceed the Division of Family Services' contracted Level IV rate) and transition them back into their communities. These youth have serious emotional disturbances and may also experience developmental disabilities and drug and/or alcohol problems.

The Missouri Practice Guidelines Initiative has completed the last of three practice guidelines, Practice Guidelines for Consumer Directed Supports and Services. The document is based on the unifying vision: "DMH consumers have a right to maximize opportunities for independence and self-growth. Achieving this vision requires embracing the values of choice, participation and purpose. Choice, participation and purpose are not unchanging principles; they evolve as the individual develops".

The Division embraces the importance of **employment and contribution** as critical to recovery of mental health consumers. In addition to ongoing efforts to create work programs and pre-vocational services in inpatient settings, the Department has designated

a cross-Divisional work team to address systemic vocational development work in community settings. The team has developed a working plan that establishes priorities and tasks to develop more work opportunities for individuals with mental illness, serious emotional disturbances, and other disabilities. A major initiative with the Division of Vocational Rehabilitation is to promote development of work programs in each administrative agent across the State. Grants have been made available through the Missouri Division of Vocational Rehabilitation to prepare agencies for CARF accreditation in vocational areas and to promote expertise and infrastructure within mental health agencies to support individuals in vocational development, particularly supported employment. Upon completion of the final year in March 2001 of a four-year establishment grant, these efforts have led to the development of 15 specialized supported employment programs. Seven of these are operated by community mental health centers and the rest are administered by Comprehensive Rehabilitation Programs primarily located in rural areas. All programs have made the commitment to provide supported employment services as a vendor for Vocational Rehabilitation upon completion of the grant funding. In addition to systemic development, there has been significant emphasis on improving referral relationships and procedures to assure access by Department of Mental Health consumers. As a result, Vocational Rehabilitation now shows a total of 17,741 DMH consumers receiving their services. A break down of persons served is located elsewhere in this document. (Appendix C Table B)

During fiscal year 2004, the Department of Mental Health and the Division of Vocational Rehabilitation Services partnered in sponsoring a workshop on supported employment. The DMH received training and technical assistance through PATH. Through this resource, information on best practices for employment of persons who are homeless and have a mental illness or co-occurring disorder was disseminated and discussed. In attendance were providers of employment services as well as providers of mental health and substance abuse services. Also in attendance were consumers, family members and representatives from other State agencies.

Governor Holden issued an executive order in April 2001 creating the **Personal Independence Commission (PIC)** responsible for advising the State on **Olmstead** compliance efforts. Appointments to the PIC were announced in January, 2002. The PIC is charged with building on the work done by the Home and Community-Based Services and Consumer Directed Care Commission established by the late Governor Mel Carnahan in April 2000. The commission made recommendations to the State for compliance with the U.S. Supreme Court decision in **Olmstead**. Members of PIC consist of consumers and advocates and include the directors of the Departments of Social Services, Mental Health, Health and Senior Services, and the commissioner of the Department of Elementary and Secondary Education or their designees; four members of the Missouri General Assembly; and the Lieutenant Governor.

The Department of Mental Health has participated actively in Missouri's planning and implementation efforts related to the **Olmstead** decision. Department staff and consumers have been actively involved and at the table in the development of Missouri's **Olmstead** plan. A recent report from the National Conference of State Legislatures listed the State of Missouri as one of the four leading states that stand out as having comprehensive and effectively working **Olmstead** Plans. In addition, internal efforts are underway presently to implement sections of the plan that relate specifically to Department compliance. The

Department has been awarded financial assistance from CMHS that will be used to support staff participation in cross-disability coalitions related to Olmstead, particularly as they relate to housing development, a critical barrier to community transition for many consumers. This will supplement the efforts of the Department's housing team that promotes housing development, accesses HUD funding, helps shape the State's comprehensive housing plan, and offers technical assistance to local providers in their development efforts.

The Division has established a collaborative partnership between CPS and ADA provider organizations to improve access and referral of individuals with **co-occurring disorders** to services. The Department also promulgated "core rules" in 2001 that provide common standards across both Divisions, where possible, that are supplemented by specialized standards unique to the population served. These common standards support seamless services in administration and intake that had not been possible before these rules were put into effect. In addition, the Department of Mental Health has developed practice guidelines for individuals with co-occurring disorders and is enhancing current community rehabilitation programs to support service models proven to be more effective in serving this population.

The Department continues to develop and expand its leadership role in mental health and risk communications related to disasters and the potential for terrorism in the U.S. In the last year, the DMH has:

- Been notified of approval for the continuation of its \$100,000 SAMHSA planning grant to continue development of its statewide mental health response plan for natural and man-made disasters;
- Continued its close partnership with the state public health authority to conduct joint planning, response and exercise activity to assure that responses to public health emergencies include a mental health component; and
- Provided mental health outreach materials and public education materials after the severe storms, tornadoes and flash flooding that affected more than 37 Missouri counties and other parts of the Midwest in May, 2003.

The DMH leadership role is an important public mental health authority role that recognizes responsibility to populations in addition to target populations, including the general public, disaster survivors, and emergency responders. In the coming year, efforts will focus on improving the state's disaster mental health response plan by incorporating new components. This will include a substance abuse response, training related to disaster mental health and cultural competence in disaster services, dissemination of a communication plan based on risk communication technologies. Finally, DMH will continue to participate in statewide terrorism exercises, including large-scale regional exercises with the Strategic National Stockpile.