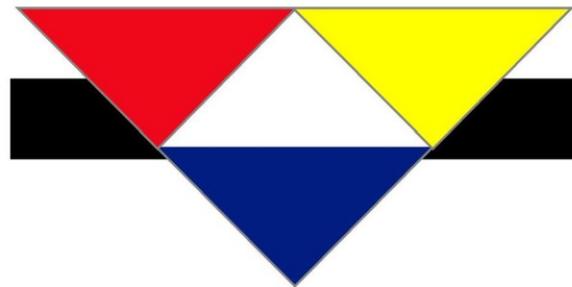


▼  
*STRATEGIC DIRECTIONS*

▼  
*2013-2018*  
▼

**MISSOURI DEPARTMENT OF**  
**MENTAL**  
**HEALTH**





## **Mission**

(RSMO Chapter 630.020)

### **Prevention, Treatment, and Promotion of Public Understanding**

For Missourians with mental illnesses, developmental disabilities, and addictions.

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## **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.

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## **DMH Consumer Services**

The Department of Mental Health (DMH) serves approximately 170,000 Missourians annually, with a budget of \$1.4 billion, through two program divisions, Developmental Disabilities (DD) and Behavioral Health (formerly called the divisions of Drug and Alcohol Abuse (ADA) and Comprehensive Psychiatric Services (CPS)).

### **DMH makes services available through:**

- ▼ Contracts with more than 1,800 private provider agencies that employ 30,000 people statewide
- ▼ State-operated facilities which include:
  - 7 state psychiatric facilities for adults
  - 2 state psychiatric facilities for children
  - 5 DD ICF/MR habilitation centers, and 11 DD regional offices



# *A Look Back: 2007-2012*

## **2007 VISION THEMES:**

1. **“Do No Harm”:** DMH must strengthen consumer safety in its state-operated and contracted community services programs.
2. **Stronger Consumer Voice:** Consumers must have a stronger voice in DMH program design, individualized service planning and evaluation.
3. **Better Medical and Behavioral Service Integration:** DMH must provide better integration of behavioral health, developmental disability and medical treatment and must target intensive care management services for high-risk consumers with co-occurring conditions.
4. **Data-based Decision-Making:** DMH must use data more effectively to guide its program design and evaluation.
5. **Strengthening Community-based Behavioral Health and Developmental Disability Service Systems:** DMH must strengthen local community provider systems and work more closely with County Developmental Disability and Mental Health Boards to give consumers earlier access to individualized services that achieve desired consumer outcomes.
6. **Mental Health Leadership for the Future:** DMH must develop a deeper mental health leadership pool to assure long term succession of its vision.

**DMH Community-based programs serve 95% of DMH Consumers utilizing 71% of the total DMH budget.**

**State facility-based programs serve 5% of DMH Consumers utilizing 23% of the total DMH budget.**



# HIGHLIGHTS of 2007-2012 DMH ACHIEVEMENTS

▶ **Redesign of DMH State-Operated Institutional Services:** To help people live and be served in their own communities, and to respond to Missouri's unprecedented economic recession from 2008-2012, DMH:

- Redesigned its state-operated psychiatric inpatient services, closing 104 acute psychiatric inpatient beds and assisting private community hospitals and mental health centers to develop acute inpatient and community crisis services in Kansas City, Columbia, St. Louis and Southeast Missouri.
- Enabled more than 100 patients to leave DMH's long term psychiatric hospitals and return to their local communities with stronger community mental health treatment and housing supports. *The Inpatient Redesign initiative won the 2011 Governor's Award for Innovation.*
- Moved residents of the Developmental Disability Habilitation Centers to integrated community living settings, reducing state-operated habilitation center beds from 883 to 480 during 2008-2012.
- Clarified the future role of habilitation centers as short term intensive treatment settings, and no longer permanent living settings for individuals admitted to the centers after 2008.

▶ **The Partnership for Hope (PfH) Program:**

- Since October 2010, the DMH-DD Division, in partnership with County Developmental Disability Boards, has enrolled over 1,700 people into DD in-home services such as personal assistance, employment and career preparation, transportation, behavioral therapy, speech therapy, physical therapy, and dental care.
- Earlier enrollment in services avoids long waiting periods that cause people to reach crisis levels and require far more costly services. Up to \$12,000 in annual services can be provided but the average cost per enrollee is currently only \$8,000.
- County Boards and the DD Division will enroll an additional 1,100 individuals in PfH during FY 2013. PfH funding is now available in 95 counties and St. Louis City.

▶ **The Disease Management 3700 Project:**

- DM 3700, first implemented in November 2010, was collaboratively developed by DMH, the Department of Social Services-MO HealthNet Division and Missouri's Coalition of Community Mental Health Centers.

- DM 3700 provides intensive behavioral and medical health care coordination for high cost, high risk Medicaid recipients with co-occurring medical and behavioral conditions.
- The average Medicaid costs for the 1,300 people enrolled in the project for 12 months or more have dropped by \$588 per-person per-month, saving \$9.17 million annually.
- ***DM 3700 won the Governor's Pinnacle Award in October 2012.***

▶ **Health Homes for Persons with Chronic Conditions:**

- Implemented in January 2012, this collaborative project, designed by the same collaborators as DM 3700, is the first of its kind in the nation approved by the Centers for Medicare and Medicaid Services.
- It too provides intensive behavioral and medical health care coordination for high cost, high risk Medicaid recipients through Community Mental Health Centers and Federally Qualified Health Centers statewide.
- Health Homes currently serves 36,000 high cost, high risk Medicaid recipients. Preliminary data regarding health outcomes and cost savings are positive, but it is too soon to report definitive results.

▶ **DMH Consumers Have Stronger Voice through the following:**

- Annual Consumer Conference: ***“Real Voices, Real Choices”*** is an annual consumer designed and delivered conference that has grown in attendance from 150 to 600 people from 2008 to 2012.
- ***Mental Health Champions’ Banquet*** is a collaborative effort between DMH and the Missouri Mental Health Foundation to celebrate consumer success.
- The ***RESPECT Institute*** trains consumers with mental illnesses to share their powerful personal stories with public audiences to better educate Missourians about the impact of respect (and disrespect) on people recovering from mental illness.

▶ **Missouri Autism Insurance Coverage:**

- DMH supported legislation in 2010, which requires insurance carriers serving Missourians to cover Autism Services, including an intensive treatment called Applied Behavioral Analysis.

- In February 2012, the Missouri Department of Insurance reported that insurance carriers offered autism coverage to 1.6 million Missourians. Four thousand covered individuals with autism spectrum disorders received treatments totaling \$4.3 million.

▶ **Missouri Transformation Grant and Mental Health First Aid:**

- In 2007, Missouri was one of nine states receiving a five-year federal grant to re-shape the state's mental health system. Many of DMH's 2007-2012 initiatives were the direct or indirect result of work of Missouri's Transformation task forces.
- Missouri Transformation staff also collaborated with the state of Maryland and the National Council of Community Behavioral Health Centers to implement **Mental Health First Aid (MHFA)**, which teaches the Missouri public how to recognize mental health problems, to provide appropriate initial help, and to refer individuals to treatment if they are in a mental health crisis or developing a serious mental illness condition. Over 3,000 Missourians have participated in the 12-hour MHFA course.

- ▶ **The Missouri Mental Health Foundation** was created in 2008 to assist DMH in fulfilling one of its three statutory goals; *to improve public understanding and attitudes toward mental disorders, developmental disabilities, and alcohol and drug abuse.* (Chapter 630, RSMO)

- ▶ **DMH and the Department of Corrections (DOC) Community Reintegration Initiatives:** DMH and DOC worked in partnership to design and implement rapid access to community-based addiction and mental illness treatment and services for inmates leaving DOC prisons. These programs have resulted in cooperative local relationships between Probation and Parole Field Officers and community treatment staff. Individuals with serious mental illnesses have benefited significantly from these cooperative programs, once having the highest return-to-prison rate and now having the lowest. The two-year recidivism rate decreased 20% after the initiation of the program for seriously mentally ill inmates.

- ▶ **Alcohol and Drug Abuse Medication Assisted Treatment:** Missouri is one of only a few states whose community treatment programs offer medication assisted treatment for individuals with addiction disorders. Statewide implementation of this treatment has resulted in better outcomes for individuals with a long history of substance use.

- ▶ **Leadership Succession Planning:** DMH Central Office has greatly strengthened its second-level, executive staff pool since 2007 assuring strong DMH leadership for many years to come.



## *A LOOK FORWARD: 2013-2018*

**Recovery, wellness and community inclusion** continue to be the overarching, foundation of the vision themes to support DMH consumers in achieving their health and quality of life goals.

While DMH made considerable progress in achieving its 2007-2012 vision themes, they are not time-limited and must continue, with increasing emphasis on:

- ◆ *A Stronger Consumer Voice* in DMH planning and program operation, and greater opportunities for consumer employment in DMH services systems,
- ◆ *Better Medical and Behavioral Service Integration* for improved health outcomes at lower costs, and
- ◆ *Stronger Local Community Systems* for better treatment and outcomes.

In addition to the continuing 2007-2012 vision themes, **DMH has prioritized the following additional vision themes for 2013-2018.**

▼ **Greater focus on prevention, early intervention and services targeted to high risk populations that will:**

- Move Missouri's mental health and disability services from a crisis- driven, costly services model to earlier, easier access to services, and
- Assure better consumer outcomes at lower costs.

▼ **Replacing the aging Fulton State Hospital (FSH) Campus;**

- Fulton State Hospital serves the most severely mentally ill and difficult patients in DMH.
- The current facility is inordinately expensive to operate and is an extremely dangerous environment for both patients and staff.
- Replacing the current FSH facilities will improve health outcomes for the patients, keep staff safe and increase their morale, and dramatically reduce overtime and workers compensation costs.

▼ **Developing and expanding a viable Missouri mental health workforce to:**

- Overcome current key clinical workforce shortages in mental health systems in both urban and rural areas of the state, and
- Effectively respond to the opportunities for expanded behavioral health coverage provided through national and state healthcare reform.

▼ **Increasing employment opportunities for Missourians with behavioral health conditions and developmental disabilities.**

- Only 13 percent of Missourians with serious mental illnesses have jobs, yet 75 percent of these individuals indicate a strong desire to work; and
- Only 7 percent of Missourians with developmental disabilities have jobs, yet 75 percent indicate a strong desire to work.

▼ **Increasing Self-Directed Supports** for consumers with developmental disabilities and their families who wish to exercise more choice, control and authority over their individual services.

- The number of individuals using self-directed support services has grown from 168 in 2008 to 828 in 2012. DMH must expand these opportunities for its DD consumers.
- Currently 1,753 people are employed by families in Self-Directed Services.

▼ **Trauma Informed Care:**

- Research has shown that the trauma an individual has experienced can have a devastating impact on his or her mental health. Many people cannot begin healing from the effects of their mental illness disorders until the trauma is addressed.
- **Trauma Informed Care** means that a system of care seeks to be aware of a consumer's history of abuse or trauma and holistically integrates this information into the individual's treatment and supports. DMH must expand Trauma Informed Care to all mental health service systems in Missouri.

▼ **Affordable Housing:** DMH must assist Missourians with mental illnesses, substance abuse/addictions and developmental disabilities in obtaining and maintaining safe and affordable community housing options that meet their individual needs.

