

Department of Mental Health

HOPE



OPPORTUNITY



COMMUNITY INCLUSION



Fiscal Year 2014





Mission

**Prevention, Treatment, and
Promotion of Public Understanding**
for Missourians with mental illnesses,
developmental disabilities, and addictions.

Vision

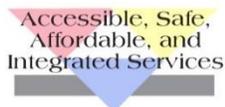
Hope ▼ Opportunity ▼ Community Inclusion

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

Values



Missourians who participate in mental health services are welcomed and equally included in education, work, housing, and social opportunities in their communities.



Missourians with mental health needs easily access safe, affordable, and integrated medical and behavioral services.



Missourians participating in mental health services are active partners in designing their services and supports.



The effectiveness of Missouri's mental health services is measured by meaningful outcomes experienced by the people receiving them.



Missourians receive mental health services from competent, motivated, and highly valued staff serving as effective stewards of the public trust.



Emphasizing prevention and early intervention strategies avoids or minimizes the mental health problems of Missourians.



Missourians participating in mental health services are valued for their uniqueness and diversity and respected without regard to age, ethnicity, gender, race, religion, sexual orientation, or socio-economic condition.

Missouri Department of Mental Health

Mental Health Commission

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Organization Overview

Though its functions date back to 1847, the Missouri Department of Mental Health was first established as a cabinet-level state agency by the Omnibus State Government Reorganization Act, effective July 1, 1974.

State law provides three principal missions for the department: (1) the prevention of mental disorders, developmental disabilities, substance abuse, and compulsive gambling; (2) the treatment, habilitation, and rehabilitation of Missourians who have those conditions; and (3) the improvement of public understanding and attitudes about mental disorders, developmental disabilities, substance abuse, and compulsive gambling.

Mental Health Commission

The Mental Health Commission, composed of seven members, appoints the director of the Department of Mental Health with the confirmation of the state Senate. The commissioners are appointed to four-year terms by the governor, again with the confirmation of the state Senate. The commissioners serve as the principal policy advisers to the department director. The commission, by law, must include individuals who represent Missourians with mental illness, developmental disabilities, and alcohol and drug abuse problems and who have expertise in general business matters. Current commissioners are listed on page two.

The Department of Mental Health is organizationally comprised of three program divisions that serve more than 170,000 Missourians annually.

FY 2014 DMH Budget by Program Category

Budget Category	Amount	% Total	FTE
State Psychiatric Facilities	\$188 million	11.7%	3,702 FTE
MH Community Programs	\$375 million	23.3%	34 FTE
Medications	\$13 million	0.8%	0 FTE
DD Habilitation Centers	\$90 million	5.6%	2,656 FTE
DD Regional Offices/Community Support	\$34 million	2.1%	747 FTE
DD Community Programs	\$718 million	44.6%	15 FTE
Community ADA Services	\$133 million	8.3%	50 FTE
Administration-Dir. Office/ Divisions	\$16 million	1.0%	230 FTE

Organization Overview continued

Other: (Fed. Grants, MH Trust Fund, Overtime Pool, Fed. revolving funds, etc.)	\$42 million	2.6%	11 FTE
TOTALS	\$1.609 billion	100.0%	7,445 FTE

- DMH generates \$295 million per year in reimbursements from Medicaid, Medicare, disproportionate share (DSH) and other third party pay.
- Approximately 50% of all DMH GR funding is used as match for DMH services funded through the Medicaid program.
- The DMH Administrative Budget has been reduced by 7% over the past three years.

Several support units assist the department and division directors in implementing DMH's programs and services. They include:

1. Audit, Investigations, Deaf Services, Office of Constituent Services
2. Office of Comprehensive Child Mental Health
3. Disaster Readiness
4. Information Systems
5. Legislative and Public Affairs
6. Human Resources
7. General Counsel (Regulations, Hearings and Appeals)

DMH makes services available through state-operated facilities and contracts with private organizations and individuals. The state-operated facilities include seven adult psychiatric hospitals and two children's psychiatric facilities. In addition, six habilitation centers and 11 regional offices serve individuals with developmental disabilities. The department also purchases services from a variety of privately operated programs statewide through approximately 1,800 contracts managed annually by DMH.

Office of Comprehensive Child Mental Health (Children's Office)

Prior to 2012, the three divisions within DMH each had authority to determine children's policy. Having three separate authorities within DMH was unwieldy in complying with statutory responsibility for the development of the "comprehensive child mental health service system" (System of Care) 630.097, RSMo, 2004. Therefore, the Department placed responsibility for

Organization Overview continued

children's policy from all three divisions under the Office of Comprehensive Child Mental Health (Children's Office). This provides a single authority accountable for children's policy department-wide. This is in keeping with the statutory requirements for the Children's Office 630.1000, RSMo, 2005.

The Department's children's policy is based on the philosophy of being family-driven, child-centered, culturally competent and community-based. DMH partnerships exist and continue to grow with child welfare, education and juvenile justice to ensure that state and local initiatives are identified and the efforts identify and work to eliminate duplication and fill gaps in needed services.

Division of Administrative Services

The Division of Administrative Services provides administrative and financial services to help the department achieve effective results. The Division of Administrative Services includes the following units:

1. Accounting: oversees and monitors all funds, manages expenditures, administers grant funds, and produces fiscal summaries, analyses and reports.
2. Purchasing & General Services: Purchasing and General Services establishes and administers contracts with private agencies or individuals to provide services in the community and is also responsible for various General Services functions in central office.
3. Budget and Finance: Budget and Finance develops and monitors the annual budget, oversees the legislative fiscal note process, provides expenditure oversight, analyzes and compiles financial and other related reports.
4. Reimbursements: Reimbursements collects payments from private insurance, Medicaid and Medicare, and private pay for department services and coordinates revenue maximization activities.
5. Medicaid: The Medicaid section directs Medicaid issues for DMH. Responsibilities include assisting the program divisions in developing and implementing new Medicaid covered programs, interpreting and ensuring compliance with Medicaid state plans and federal regulations, and initiating and implementing revenue maximization strategies. The section also works closely with the Department of Social Services/MO HealthNet Division and Medicaid legal consultants.

Division of Behavioral Health

In the spring of 2013, the Divisions of Comprehensive Psychiatric Services and Alcohol and Drug Abuse merged into one division, the Division of Behavioral Health (DBH). The divisions merged in order to maximize resources and improve service delivery. DBH manages programs and services for people who need help for a mental illness or substance use disorder. Services available are prevention, education, mental health promotion, evaluation, intervention, treatment, and rehabilitation.

Most prevention and treatment services are provided by programs in the community that have contracts with the Division. These programs must meet federal and state requirements in order to provide mental health and substance use disorder services. The cost of services is based on an individual's ability to pay.

Those who have priority for mental health services are:

People with serious mental illness;

Individuals and families in crisis;

People with mental illness who are homeless;

Individuals committed for treatment by the court system; and,

Children with severe emotional disturbances.

For substance use disorder treatment, priority is given to:

Pregnant women;

Intravenous (IV) drug users; and,

Certain referrals from other state agencies.

The Division and its contracted programs offer services that have been proven to help people with mental illness and substance use disorders. These services help to prevent crime and make communities safer, reduce emergency room visits, and prevent school dropout. Many people are able to keep their jobs or get help finding jobs when they receive services.

Division of Behavioral Health-Alcohol and Drug Abuse (ADA)

Overview

Alcohol and drug misuse, tobacco use, and compulsive gambling affect more than two million Missourians. The Division funds prevention, treatment and rehabilitation programs for substance use disorders – a problem that costs the state’s economy an estimated \$7.7 billion a year in lost productivity, healthcare expenditures, property damage, and crime. During the past year, the Division of Behavioral Health-ADA funded programs providing treatment or intervention to nearly 68,000 people.

The State Advisory Council for ADA makes recommendations regarding the types of services needed throughout Missouri. Council members are chosen from consumers of services, substance use disorder treatment professionals, and others with an interest in substance use disorder prevention, treatment, and recovery.

The operating budget for Fiscal Year (FY) 2014 for the Division of Behavioral Health – ADA was \$135,369,251.

Prevention

The year’s appropriation (FY 2014) for prevention and education was \$8,868,570. The mission of the Prevention Unit is to reduce the incidence of adverse outcomes resulting from the harmful use of alcohol, tobacco and other drugs. Prevention focuses on impacting factors that put individuals, especially children and youth, at risk for engaging in substance use. Included are individual and peer factors, school and family factors, and community and environmental factors. Attainment of this mission is operationalized through six major components of the Division's prevention system: community coalitions, Regional Support Centers, direct prevention services, a statewide training and resource center, a School-based Prevention Intervention and Resources Initiative (SPIRIT), and college-based services. These components combine to create a continuum of prevention services available to all populations and all regions of the state.

Division of Behavioral Health-ADA, continued

Community Coalitions are volunteers that focus on alcohol, tobacco and other drug issues. Organization and development of community coalitions was initiated in 1987. Coalitions receive technical assistance and training from Regional Support Centers on a variety of topics related to organizational development and implementation of prevention strategies. There are over 160 registered coalitions in Missouri.

Regional Support Centers (RSC) are the primary source of training, technical assistance and support for community coalitions. The goal of the RSC is to facilitate development of coalitions capable of making changes in substance use patterns in their community.

Direct Prevention Services are prevention education and early intervention activities provided to designated children, youth and families. These services involve structured programming and/or a curriculum, have multiple sessions, include pre- and post-testing, and address identified risk and protective factors.

The Statewide Training and Resource Center (STRC) provides resources, training and technical assistance to the RSCs and community coalitions. The STRC presents a number of training workshops throughout the year and an annual statewide prevention conference.

School-based Prevention Intervention and Resource Initiative (SPIRIT) delays the onset of substance use and decreases the use of substances, improves overall school performance, and reduces incidents of violence. To achieve these goals, prevention agencies are paired with school districts to provide technical assistance in implementing evidence-based substance use prevention programming. SPIRIT currently operates in four sites serving six school districts across the state, including Carthage R-IX, Knox Co. R-1, New Madrid Co. R-1, Ritenour, Charleston R-I and Scotland Co. R-I.

College-based Programs through the Partners in Prevention (PIP) coalition are provided on 14 state-supported and 7 private institutions of higher education. These programs work toward reducing rates of harmful and dangerous drinking on campuses.

Division of Behavioral Health-ADA, continued

Substance Use Disorder Treatment

The Division of Behavioral Health – ADA provides services through a network of contractors that offer community based treatment. The Division monitors these providers and their treatment staff, who must meet state certification standards. An array of Division-funded and supported clinical treatment and recovery support services are located throughout the state. Clinical treatment and recovery support services are designed to provide a continuum of services to assist individuals and their families with substance use disorders in achieving and maintaining recovery. Treatment services include:

Primary Recovery Plus – The Division has a comprehensive package of individualized services and therapeutic, structured activities designed to promote long-term recovery from substance use disorders. These services have three basic levels of intensity and include assessment, individual and group counseling, family counseling, group education, medication and physician services, participation in self-help groups, and other supportive interventions. Detoxification and residential support are offered for those who need a safe, drug-free environment in the early stage of the treatment process.

The Comprehensive Substance Treatment and Rehabilitation Program (CSTAR) is a unique approach to substance use disorder treatment. It offers a flexible combination of clinical services, living arrangements, and support services that are individually tailored for each person's needs. The CSTAR model is funded by Medicaid and the Division's purchase-of-service system. In the past, inpatient or residential treatment temporarily removed a person from the problem environment with little or no follow-up care. CSTAR focuses on providing a complete continuum of recovery services, including extended outpatient treatment in the community. In addition to the CSTAR General Population programs, population-specific services and supports are available in specialized CSTAR programs:

- **CSTAR Women's Treatment Programs** - Substance use affects women differently than men, both physically and psychologically. Single women, pregnant women, and women with children may enter specialized women's CSTAR treatment programs. These programs provide a complete continuum of treatment services and housing supports tailored to the unique needs of women and children.

Division of Behavioral Health-ADA, continued

- CSTAR Alt-Care Program is specifically designed for female offenders under the supervision of the Missouri Department of Corrections.
- CSTAR Adolescent Treatment Programs - Early intervention, comprehensive treatment, academic education, and aftercare are important in averting chronic use and accompanying problems that might otherwise follow a young person for a lifetime. The specially trained staffs of adolescent CSTAR programs utilize individual, group, and family interventions.
- CSTAR Opioid Treatment Program - This program is designed for people addicted to opiate drugs. It includes methadone maintenance therapy as well as the use of other FDA-approved medications along with medically supervised withdrawal from heroin and other opiates. Ongoing counseling and other psychosocial services are provided for addiction and related life problems. Missouri's program meets strict federal guidelines.

Compulsive Gambling - The Division provides outpatient treatment services to individuals with gambling disorders and their families. Funding comes from a portion of casino admission fees.

Substance Abuse Traffic Offenders Program (SATOP) - Drunk driving has a serious impact on the citizens of Missouri. Each year, thousands of people are injured or killed in alcohol-related crashes. The Division of Behavioral Health – ADA certifies programs to provide screening, education and treatment services to individuals who have had an impaired driving offense, or in the case of youth, have pled or been found guilty of a minor in possession charge. The Substance Abuse Traffic Offenders Program (SATOP) screens more than 25,000 Driving While Intoxicated (DWI) offenders annually who are referred as a result of an administrative suspension or revocation of their driver's licenses, a court order, a condition of probation, or a plea bargain. When a driver's license is suspended or revoked due to an impaired driving offense, SATOP is, by law, a requirement for license reinstatement.

All SATOP offenders enter the system via an Offender Management Unit. Offenders receive a screening assessment where a review of their driving record, Blood Alcohol Content (BAC) at the time of arrest, computer-interpreted assessment, and interview with a qualified substance abuse professional is conducted. Based upon the information gathered during the screening, an appropriate referral is made to one of several types of SATOP programs.

Division of Behavioral Health-ADA, continued

Recovery Support Services funded by the Access to Recovery grant provide access to an array of treatment and support options. These services are provided by faith- and community-based organizations and are designed to enhance participation in treatment, promote community integration, and foster recovery from substance use disorders.

Program Eligibility

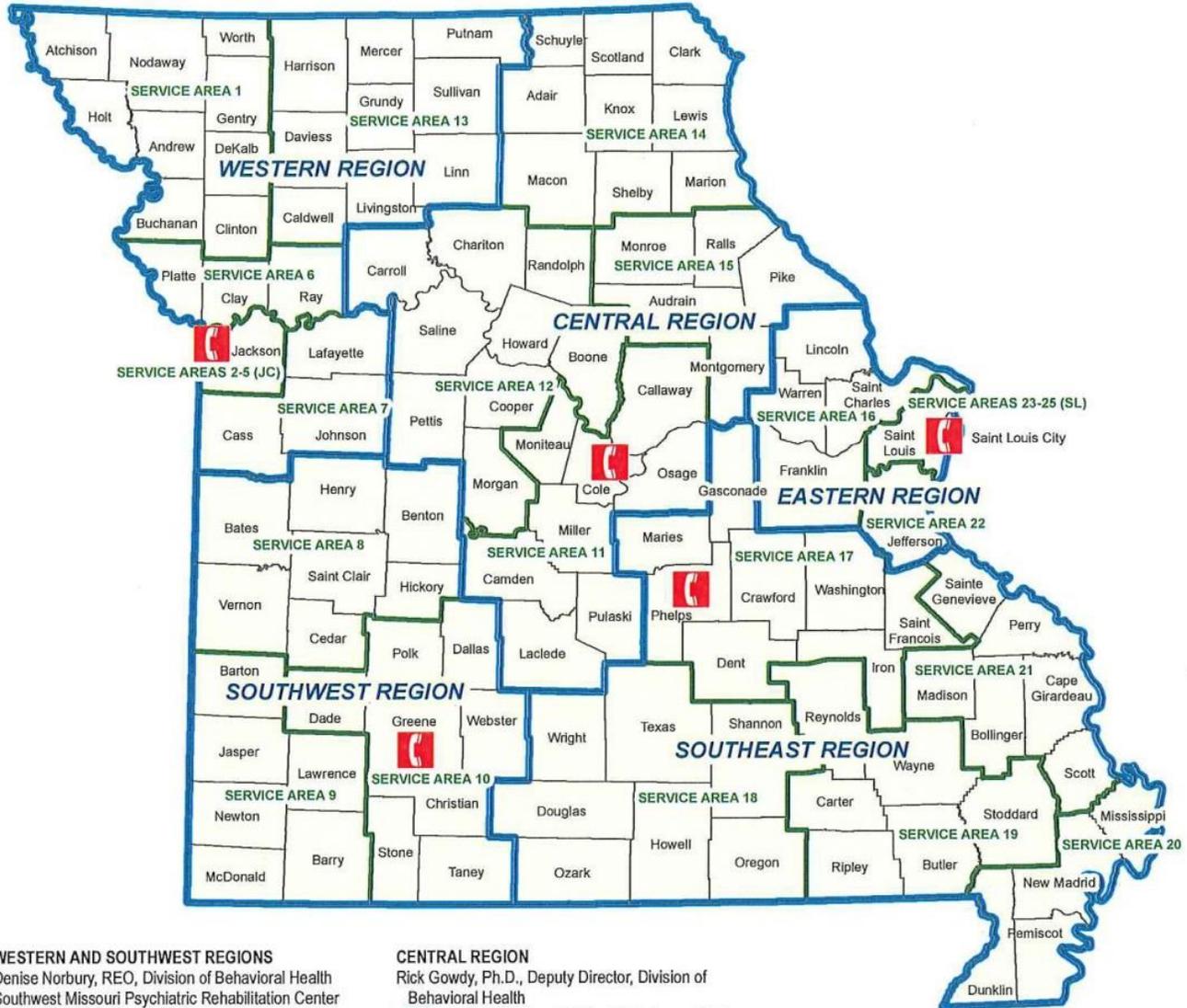
All Missourians are eligible to receive prevention and treatment services provided by DBH. A Standard Means Test is used to determine if people have the ability to pay for a portion of their treatment services. Additional information on substance use disorder treatment and recovery is available from the DBH district office serving your area.

On the following page is a map of the Regional Offices for Substance Abuse Services.



MISSOURI DEPARTMENT OF MENTAL HEALTH
DIVISION OF BEHAVIORAL HEALTH

REGIONAL OFFICES FOR SUBSTANCE USE SERVICES



WESTERN AND SOUTHWEST REGIONS
Denise Norbury, REO, Division of Behavioral Health
Southwest Missouri Psychiatric Rehabilitation Center
1301 Industrial Parkway East
El Dorado Springs, MO 64744
417-876-1002
Fax: 417-876-1004

Western Regional Office (Substance Use)
Division of Behavioral Health
2600 East 12th Street
Kansas City, MO 64127
816-482-5770
Fax: 816-482-5774

Southwest Regional Office (Substance Use)
Division of Behavioral Health
149 Park Central Square, Suite 910
Springfield, MO 65806
417-895-6328
Fax: 417-895-6329

CENTRAL REGION
Rick Gowdy, Ph.D., Deputy Director, Division of Behavioral Health

Central Regional Office (Substance Use)
Missouri Department of Mental Health
1706 East Elm Street; P.O. Box 687
Jefferson City, MO 65102
573-751-4942
Fax: 573-751-7814

SOUTHEAST REGION
Julie Inman, REO, Division of Behavioral Health
Southeast Missouri Mental Health Center
1010 West Columbia
Farmington, MO 63640
573-218-6701
Fax: 573-218-6703

Southeast Regional Office (Substance Use)
Division of Behavioral Health
105 Fairgrounds Road
Rolla, MO 65042
573-368-2297
Fax: 573-368-2396

EASTERN REGION
Laurent Javois, REO, Division of Behavioral Health

Eastern Regional Office (Substance Use)
Saint Louis Psychiatric Rehabilitation Center
5300 Arsenal Street
Saint Louis, MO 63139
314-877-5981
Fax: 314-877-5982

MAP LEGEND

- Substance Use Regional Office
- Division of Behavioral Health Region Boundary
- Substance Use Service-Area Boundary
- County Boundary

Source: ArcGIS\Smith\RegionSubUseServAreaContact.mxd
Revised: July 2014

Division of Behavioral Health-Comprehensive Psychiatric Services (CPS)

Overview

The Division of Behavioral Health – CPS is responsible for assuring the availability of prevention, evaluation, treatment, and rehabilitation services for individuals and families requiring publicly funded mental health services. The Division provides services directly through its state-operated facilities and also contracts with 22 Administrative Agents for an array of community programs. In addition, the Division contracts for 24-hour residential services for individuals needing that level of care. The Division gives priority to people with serious mental illness (SMI). The target populations include forensic clients pursuant to Chapter 552, RSMo; adults with SMI being discharged from state-operated inpatient facilities; individuals being transitioned from state-operated or contracted residential settings; individuals being transitioned from alternatives to inpatient hospitalization; adults and children and youth at risk of homelessness; children and youth referred through the Custody Diversion Protocol; and individuals with a clinical or personality disorder other than a principal diagnosis of substance use disorder or mental retardation, who also qualify as an adult with severe disabling SMI or children and youth with serious emotional disturbance (SED), as defined by the Department. For children and youth, eligibility includes an SED qualifying diagnosis and a Daily Living Activities (DLA-20) score of 50 or below. For adults, eligibility includes an SMI diagnosis and a DLA-20 score of 40 or below.

The Division of Behavioral Health – CPS provides an array of services, including evaluation, day treatment, outpatient care, psychiatric rehabilitation, housing, crisis services, and hospitalization, as well as evaluation and treatment of persons committed by court order. Eligibility for many of these services is determined through Administrative Agents designated by the Division.

To determine if a person has the ability to pay a portion of the cost of care, a Standard Means Test (SMT) is used. The FY 2014 operating budget for Comprehensive Psychiatric Services was \$581,754,683.

Division of Behavioral Health-CPS, continued

Prevention and Mental Health Promotion

Prevention and education programs help educate people about mental illness and where to find help.

Mental Health First Aid (MHFA) is a course designed to teach the general public how to recognize symptoms of mental health problems, how to offer and provide initial help, and how to guide a person toward appropriate treatment and other supportive help. The Missouri Institute of Mental Health (MIMH) and the Regional Support Centers partner with DBH to provide training to schools and communities across the state. MHFA is included in the Substance Abuse and Mental Health Services Administration's (SAMHSA) National Registry of Evidence-based Programs and Practices (NREPP). Missouri is one of the three National partners who brought MHFA to the United States from Australia.

Suicide Prevention – Through support from the Garrett Lee Smith Suicide Prevention Grant, DBH provides training and education on suicide prevention across the state. DMH and MIMH host an annual conference on suicide prevention.

State Psychiatric Treatment Facilities

The Division of Behavioral Health – CPS directly operates seven adult psychiatric hospitals, as well as a small number of community residential beds and apartments. In addition, the Division operates one children's psychiatric hospital and one children's residential treatment center.

Adult Inpatient Facilities - The six adult hospitals provide intermediate stay and forensic inpatient treatment on a regional basis and are located in St. Louis, St. Joseph, Fulton, Kansas City, El Dorado and Farmington. The Division also operates five psychiatric group homes in Kansas City, three of which serve individuals who are dually diagnosed with developmental disabilities, and a supported apartment program. The adult facilities combined appropriated budget for FY 2014 was \$148,858,244.

Division of Behavioral Health-CPS, continued

Services include on-going assessment and treatment of individuals with serious mental illness whose recovery is impeded by complications of treatment resistant illness, chronic substance use disorders, developmental disabilities, brain trauma, and legal issues. In addition to traditional psychiatric and medication services, treatment programs include cognitive behavioral therapy; social learning therapy; dialectal behavioral therapy; treatments specific to those with co-occurring mental illness and development disability, or co-occurring mental illness and substance use disorder; competency restoration; and treatment specific to sexual predation.

Child Inpatient Treatment Facilities - Services for children and youth up to the age of 18 with serious emotional disturbances are provided in two Division-operated facilities. Hawthorn Children's Psychiatric Hospital in St. Louis provides both acute hospitalization and residential treatment. Cottonwood Residential Treatment Center in Cape Girardeau provides residential treatment. These facilities had a combined appropriated budget of \$12,348,505 (FY 2014).

Forensic Support Services – Under Chapter 552, RSMo, DMH is mandated to monitor individuals in forensic status who have been acquitted as not guilty by reason of mental disease or defect and given conditional release to the community by circuit courts. Monitoring is provided by forensic case monitors under the auspices of the Director of Forensic Services. There are 11 forensic case monitors located across the state: three in St. Louis, two in Kansas City, one in St. Joseph, two in Fulton, one in Nevada and two in Farmington. Forensic case monitors must see each forensic client at least monthly to monitor compliance with conditions of release and to ensure public safety.

The Department, upon order of the circuit court, provides pretrial evaluations pursuant to Chapter 552, RSMo. The Department requires that evaluations be completed by certified forensic examiners who must hold doctorate degrees in medicine, osteopathy, or psychology and must complete required supervision and training. Pretrial evaluations must be completed within the 60-day statutory timeline.

The FY 2014 budget for forensic support services was \$803,376 for monitoring of those committed to the department but who are on conditional release from an inpatient treatment setting. In FY 2014, 494 forensic clients were monitored in the community.

Children's Treatment Programs

DBH - CPS continues to be a lead partner in the creation and operation of a Comprehensive Children's Mental Health System as outlined in SB 1003 passed in 2004. Services and policies are based on the guiding philosophy of being family-driven, child-centered, culturally competent and community-based. The work done to prevent families from having to relinquish custody to the state solely to access mental health services continues, and over half of those youth are maintained in their home community. Partnerships continue to grow with child welfare, juvenile justice, health and educational providers to insure that services are coordinated, if not integrated, to increase the likelihood of improved functioning and successful outcomes for children and families. The Division has partnered with Medicaid to leverage federal funds to expand the array of services available to children and families. Efforts to insure quality service provision include enhanced monitoring, training on evidence based practices, and utilization of standardized, functional outcome measures. The following services are available in communities:

The **Community Psychiatric Rehabilitation (CPR)** program provides an array of key services to children with serious emotional disturbances. This is a family driven, child-centered approach that emphasizes individual choices and need, flexible services and supports, the use of existing community resources and natural support systems, and promoting independence and the pursuit of meaningful living, working, and learning activities in normal community settings. The array of services includes assessment, crisis intervention, medication services, consultation, metabolic screening, community support, family support, family assistance, day treatment, individual and group professional services, evidence-based practices, and psychosocial rehabilitation. In addition, Intensive Community Psychiatric Rehabilitation provides services that will maintain the child or youth within the family if at all possible.

Community Services include a menu of mental health services provided by professionals in community mental health centers as defined in Sections 630.405-630.460, RSMo, 1996. Some children/youth may require a temporary placement out of the home to achieve psychiatric stability. Three types of placements are available to children:

Treatment Family Homes provide individualized treatment within a community-based family environment with specially trained parents. They provide out-of-home services for those needing them, but also allow children to remain in their own communities and often in their home school districts.

Residential Treatment services consist of highly structured care and treatment to youth, generally on a time-limited basis, until they can be stabilized and receive care in a less-restrictive environment or at home.

Professional Parent Homes serve youth whose special emotional needs lead to behaviors that in the absence of such programs would most likely place the youth in more restrictive residential settings. These youth have demonstrated an inability to be successful in the community without a sustained intensive therapeutic intervention. A Professional Parent Home is considered to be a more restrictive placement option than a Treatment Family Home, but less than a psychiatric hospital or residential program. Effective interventions are provided by individuals who have had extensive training.

Adult Community Treatment Programs

The **Community Psychiatric Rehabilitation (CPR)** program is a consumer-centered approach that emphasizes individual choices and needs; features flexible 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. Core services include evaluation, crisis intervention, community support, medication management, consultation services, and psychosocial rehabilitation. Other services include behavioral health assessment, treatment planning, peer support services, metabolic screening, Assertive Community Treatment, illness management and recovery, individual and group psychosocial rehabilitation, co-occurring individual counseling, group counseling and group education, residential and nonresidential intensive CPR.

Division of Behavioral Health-CPS, continued

Because CPR is a Medicaid program, the federal government pays approximately 60 percent of the costs for eligible persons. The Division of Behavioral Health – CPS spent approximately \$84 million from general revenue for the 40 percent state match in FY 2014.

Community Services consist of contractual arrangements made to purchase services from a menu of community behavioral health services from local mental health professionals and community mental health centers as defined in Sections 630.405 - 630.460, RSMo, 1996.

Residential Services provide a variety of housing alternatives to meet the diverse needs of individuals. DMH assists Missourians challenged by mental illnesses, substance use disorders, and developmental disabilities in obtaining and maintaining safe, decent and affordable housing options that best meet their individual and family needs. Housing is a key to helping Missourians with disabilities and their families attain self-determination and independent living. Examples of some of the residential services included are:

- **Shelter Plus Care** is a program designed to link rental assistance to supportive services on a long-term basis for homeless persons with disabilities and their families who are living in places not intended for human habitation (e.g., streets) or in emergency shelters. 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. Missouri has 44 Shelter Plus Care grants.
- **Homeless Veterans** receive housing supports in partnership with the Department of Veterans Affairs. Fifty homeless Veterans are served by the program at St. Patrick Center in St. Louis. An additional 25 are housed with other DBH funding and are receiving services from the Supportive Services for Veteran Families (SSVF) program that St. Patrick Center operates while waiting to get into permanent housing.
- **Supported community living** programs are provided for approximately 3,700 persons with mental illness who do not have a place to live or who need structured services.

- **Intensive Community Psychiatric Rehabilitation Residential (ICPR RES)** is comprised of an array of medically necessary on-site residential services for adult consumers who have either failed in multiple community settings and/or present an ongoing risk of harm to self or others.

Consumer-Operated Service Programs

Consumer-operated service programs (COSP) are peer-run service programs that are administratively controlled and operated by consumers and emphasize self-help as their operational approach. Drop-In Centers are a safe place where consumers can go to find recovery programs and services provided by their peers. They offer a wide variety of services including recovery focused support groups, life enhancement skills, goal setting, problem solving, computer and internet access as well as socialization with others in recovery. Warm Lines offer safe, confidential telephone support provided by peers in recovery from mental illness. They also provide resources and referrals to other agencies providing services including housing, food banks, transportation, professional counseling and crisis management.

The current map and listing of administrative agents and affiliates can be found at:

<http://dmh.mo.gov/mentalillness/org/adminagents.htm>.



**MISSOURI DEPARTMENT OF MENTAL HEALTH
DIVISION OF BEHAVIORAL HEALTH**

REGIONAL OFFICES FOR MENTAL HEALTH SERVICES



WESTERN AND SOUTHWEST REGIONS

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1301 Industrial Parkway East
El Dorado Springs, MO 64744
417-876-1002
Fax: 417-876-1004

Western Regional Office (Mental Health)
Center for Behavioral Medicine
1000 East 24th Street
Kansas City, MO 64108
816-512-7500
Fax: 816-512-7509

Southwest Regional Office (Mental Health)
Southwest Missouri Psychiatric Rehab. Center
1301 Industrial Parkway East
El Dorado Springs, MO 64744
417-876-1002
Fax: 417-876-1004

CENTRAL REGION

Rick Gowdy, Ph.D., Deputy Director, Division of Behavioral Health

Central Regional Office (Mental Health)
Missouri Department of Mental Health
1706 East Elm Street; P.O. Box 687
Jefferson City, MO 65102
573-751-4942
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SOUTHEAST REGION

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 Southeast Regional Office (Mental Health)
Southeast Missouri Mental Health Center
1010 West Columbia
Farmington, MO 63640
573-218-6701
Fax: 573-218-6703

EASTERN REGION

Laurent Javois, REO, Division of Behavioral Health

Eastern Regional Office (Mental Health)
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MAP LEGEND

- Mental Health Services Regional Office
- Division of Behavioral Health Region Boundary
- Mental Health Service-Area Boundary
- County Boundary

Source: ArcGIS\Smith\RegionMentalHealthServAreaContact.mxd
Revised: July 2014

Division of Developmental Disabilities (DD)

Overview

The Division of Developmental Disabilities serves persons who have been diagnosed with mental retardation, cerebral palsy, epilepsy, head injury, autism, or a learning disability related to a brain dysfunction. These mental or physical impairments must be manifested before the age of 22, be likely to continue indefinitely, and result in substantial functional limitations. The Division's primary mission is to support persons with intellectual/developmental disabilities through programs and services that enable those persons to live independently and productively, given their individual needs and capabilities. Services and supports the division funds or provides include case management, evaluation, habilitation, and rehabilitation services.

The Division provides case management services through eleven (11) regional offices around the state, and multiple county-based boards. Additionally, the Division has contractual arrangements and oversight responsibilities with programs and facilities funded, licensed, or certified by the Department of Mental Health. In addition, the Division has six state operated campus/community settings that primarily serve persons with complex developmental disabilities.

People of all ages who have developmental disabilities are eligible for Division services.

Eligibility is determined by the Division's 11 regional offices, which evaluate an individual's situation in light of state law (Sec. 630.005, RSMo).

The cost of services is determined by a Standard Means Test (SMT), a tool used to determine if the individual or family (in the case of a minor child) is financially able to pay a portion of the costs. Charges are determined using a table that evaluates family size, income, and the type of service. However, many other resources, especially third-party payers, such as Medicaid and Medicare, also must be used to cover costs. DD services do not have co-payments, although some state plan services do have co-payments.

Division of Developmental Disabilities, continued

Community-Based Services

The Division provides support services to individuals with intellectual/developmental disabilities and their families designed to:

- encourage independence and active participation in planning and directing services and supports;
- provide support in meeting their most important needs;
- keep families together (for as long as the individual and family choose);
- maximize limited resources; and
- help individuals and families connect with one another and with their communities to encourage their full participation in all aspects of home, school, work, and community life.

The Division's philosophy is based on a set of principles that say, "Families are the most important support network for all people, including individuals with developmental disabilities. One of the best ways to support individuals with intellectual/developmental disabilities is to support and empower their families – to work with them to identify their most important needs and find the most cost-effective way to meet those needs. At the same time, we must support and empower youth and adults with developmental disabilities to begin making their own decisions so they will be able to direct their own services and supports at the appropriate time in their lives."

The service system is a partnership of consumers, families, community members and organizations, the Division of DD, Senate Bill 40 Boards, DD contracted service providers, and advocacy entities. Through case management, and based on individual needs, persons are referred or linked to a variety of other services and supports administered by other state agencies. These agencies include but are not limited to, Division of Comprehensive Psychiatric Services, MO HealthNet Division, Family Support Division, Children's Services Division, Bureau of Special Health Care Needs, Division of Senior Services, and Division of Vocational Rehabilitation.

Division of Developmental Disabilities, continued

The Division contracts for a variety of services and supports for people with disabilities and their families. This array of services meets lifetime needs of people with disabilities. Examples of services include early childhood intervention, therapies, skill training, vocational training, recreational, and residential supports.

Specialized services necessary to meet an individual's needs, may be purchased by the Division within the limits of its appropriation. The Division often assists individuals in accessing other supports and services persons without disabilities also need that are available from other state and federal programs when the individual qualifies for those programs. This may include educational services, Medicaid and Medicare funded services, food stamps, or housing assistance. Emphasis is placed upon providing the service or support in a manner typical for the person's community, i.e., through generic rather than specialized providers when possible.

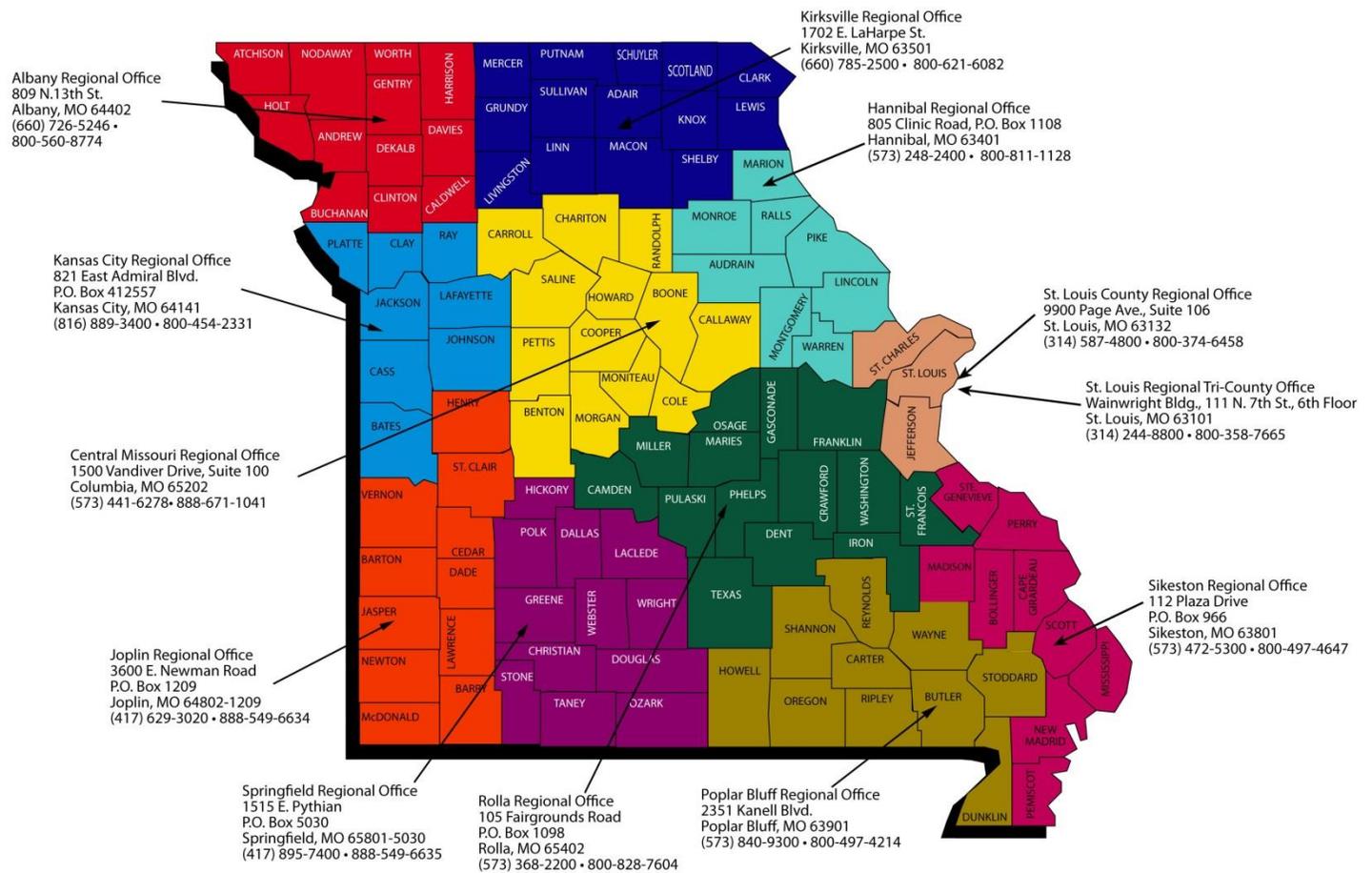
Of the 34,246 people receiving services through the Division, approximately 33,823 live in some type of community setting. They may live with their family, with relatives who receive family support services, or in their own homes, either alone or with one or two others who receive individualized supported living (ISL) services. Other types of community residential living arrangements include foster homes, group homes, residential care centers, and community-based ICF/MR. The Division receives approximately \$726 million for community programs (including Federal authority for Medicaid payments).

Regional Offices - Based in 11 principal sites and supported by numerous satellite locations, the regional offices are the entry point into the service system. Each office serves from three to 15 counties. Staffed by case managers and support personnel, the offices perform intake activities which help to determine if an individual is eligible for services. When a person is found eligible for services in accordance with state law and regulation, the individual and family, in partnership with the case manager, works to identify needed services or supports. These services and supports are documented in a person-centered plan that describes what is needed, how the service/support will be obtained, and the method by which the effectiveness of the service or support will be measured.

Division of Developmental Disabilities, continued

When developing and implementing person centered plans, the Division strives to meet an individual's needs in the most appropriate environment, typically in or near the individual's home. The 11 regional offices serve approximately 33,823 people annually with a total budget of approximately \$32.3 million.

Division of Developmental Disabilities REGIONAL OFFICES



Division of Developmental Disabilities, continued

Home and Community Based Waiver Programs and Services - The Division administers five Medicaid Home and Community-Based (HCBS) Waiver Programs for individuals with mental retardation or other developmental disabilities. The five waivers are the Comprehensive Waiver, Missouri Children with Developmental Disabilities Waiver (MOCDD or Sarah Jian Lopez Waiver), Community Support Waiver, Autism Waiver, and Partnership for Hope Waiver (Prevention Waiver).

Authority for the Division's waivers is the result of a special arrangement between the state and federal government that allows the state to use Medicaid funding for specialized services provided only to a target group of people who have intellectual and developmental disabilities and not to all people with Medicaid (in Missouri the state Medicaid authority is MO HealthNet). The Division uses general revenue funds it is appropriated to match federal dollars to pay for these waiver services. Services provided through these HCBS waivers, which are part of the Medicaid Program, are the primary funding source for services for individuals who are MO HealthNet eligible and are determined to require an institutional (ICF/MR) level of care.

Comprehensive Waiver - The Comprehensive Waiver began in FY 1989. This is the only waiver that provides residential services: residential habilitation and individualized supported living services. This waiver does not have an individual cap on the amount of service an individual may receive annually through the waiver. The person must meet ICF/MR level of care and must be at risk of needing ICF/MR services if waiver services are not provided. In addition, there must be a determination that the individual's needs cannot be met in the Community Support Waiver.

Although this waiver can provide residential supports services when they are necessary for a participant, not every participant accesses residential services. An estimated 29 percent of these participants live with their families and receive support services so they may continue to live at home; 51 percent of participants supported in individualized supported living; and another 20 percent supported in group home settings.

Division of Developmental Disabilities, continued

Sarah Jian Lopez Waiver - The Sarah Jian Lopez Waiver is a Medicaid model waiver administered by the Division since FY 1995. Medicaid guidelines require parental income and resources to be considered in determining a child's financial eligibility for Medicaid when the child lives in the home with the parents. This requirement, called deeming parental income to the child, is waived for children who participate in the Sarah Jian Lopez Waiver. The waiver provides participants eligibility for all State plan Medicaid services in addition to waiver services. To be eligible for this waiver, the child must: not be eligible for Medicaid under regular guidelines; be under the age of 18; live with their parents/family; meet financial guidelines; be determined to have permanent and total disability; be eligible for ICF/MR level of care; and be at risk of needing ICF/MR services if waiver services are not accessed.

No more than 366 children can be served in the Sarah Jian Lopez waiver at any one time. The average cost of waiver services per participant in FY 2014 was approximately \$8,706.

Community Support Waiver - The Community Support Waiver began in July 2003, for persons who have a place to live in the community, usually with family. However, the family is unable to provide all of the other services and supports the person requires, which may include 24-hour care or supervision, seven days a week. This waiver has an individual annual cap of \$22,000 on the total amount of services a person can receive. The person must meet ICF/MR level of care and must be at risk of needing ICF/MR services if waiver services are not provided.

In FY 2014, the Community Support Waiver was approved to serve up to 1,667 individuals at an approximate average cost of \$12,744.

Autism Waiver - The Autism Waiver began in July, 2009. A person eligible for the Autism Waiver must be at least three years of age and not more than 18 years of age and be living in the community with family. The child must have a diagnosis of Autism Spectrum Disorder as defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, American Psychiatric Association; pervasive developmental disorder, not otherwise specified; childhood disintegrative disorder; and Rett's Syndrome. Additional criteria for Autism Waiver eligibility include that the child experiences behavioral and/or social or communication deficits

Division of Developmental Disabilities, continued

that require supervision which makes it difficult for the family to provide care in the home and interfere with the child participating in activities in the community. The child shall have been determined to meet ICF/MR level of care and have a determination by a Division Regional Office that the person's needs for Autism Waiver services can be met at an annual cost that will not exceed \$22,000.

The Autism Waiver includes one new service, Behavior Analysis Service, which is not already available in one or more of the other Division's HCBS Waivers. Behavior Analysis Service has three components: Senior Behavior Consultant, Behavior Intervention Specialist, and Functional Behavior Assessment.

In the Autism Waiver, no more than 175 persons can be served at any given time.

Partnership for Hope Waiver - The Partnership for Hope Waiver began October 1, 2010. This is a new county-based prevention waiver that is a result of a partnership of the Missouri Association for County Boards for Developmental Disability Services, the Division of Developmental Disabilities, and the MO HealthNet Division. Early research on best practices and the waiver development was supported by a grant from the Missouri Foundation for Health to the Missouri Association for County Boards for Developmental Disability Services. This waiver can serve adults and children and has an annual total waiver service cost limit per participant of \$12,000.

Eligibility requirements for participants includes: being eligible for Missouri Medicaid; meeting eligibility criteria for Division of DD services; participants needs can be met with current community support system and waiver services are not to exceed an annual cost of \$12,000; participant meets ICF/MR Level of Care; participant resides in a participating county; and participant meets crisis or priority criteria.

The Partnership for Hope Waiver includes four new services: personal electronic safety device and professional assessment and monitoring, dental, temporary residential and career preparation services. The Partnership for Hope Waiver can serve no more than 2,870 individuals at any given time. There are currently 103 counties including the City of St Louis participating in this waiver.

Division of Developmental Disabilities, continued

What services are available through the DD Waivers?

Comprehensive Waiver	Community Support Waiver	MOCDD Waiver	Autism Waiver	Partnership for Hope Waiver
Personal Assistant				
Respite Care	Respite Care	Respite Care	Respite Care	Temporary Residential
Transportation	Transportation	Transportation	Transportation	Transportation
Environmental Accessibility Adaptations Specialized Medical Equipment and Supplies Support Broker	Environmental Accessibility Adaptations Specialized Medical Equipment and Supplies Support Broker	Environmental Accessibility Adaptations Specialized Medical Equipment and Supplies Support Broker	Environmental Accessibility Adaptations Specialized Medical Equipment and Supplies Support Broker	Environmental Accessibility Adaptations Specialized Medical Equipment and Supplies Support Broker
Day Habilitation	Day Habilitation	Day Habilitation		Day Habilitation
Community Specialist Crisis Intervention	Community Specialist Crisis Intervention	Community Specialist Crisis Intervention		Community Specialist
Behavior Therapy	Behavior Therapy	Behavior Therapy		Behavior Therapy
Communication Skills Instruction Counseling	Communication Skills Instruction Counseling			
Physical Therapy	Physical Therapy			Physical Therapy
Occupational Therapy Speech Therapy	Occupational Therapy Speech Therapy			Occupational Therapy Speech Therapy
Supported Employment Residential Habilitation	Supported Employment			Supported Employment
Individualized Supported Living				
			Behavior Analysis Service	Behavior Analysis Services Temporary Residential
				Career Preparation
				Dental
				Professional Assessment and Monitoring Electronic Safety Device

Division of Developmental Disabilities, continued

Choices for Families - When families maintain members with disabilities at home; they are often confronted with challenges related to the disabilities and the resulting physical/behavioral components. These families face increased and long-term financial responsibilities; the lack of service/support providers in reasonable proximity to their homes; or the lack of knowledge, expertise, and physical capabilities to meet the treatment needs their family member requires.

Choices for Families provides funding to help meet the needs of family members with disabilities who live at home. The program works in two ways: Families pay for items and services and then submit receipts for reimbursement to their regional offices, or the families obtain vouchers from the regional offices to obtain items or services from vendors who then submit the voucher to the regional office for payment. In either case, the families choose their own providers and dictate the manner in which the services will be provided to meet their particular needs. Choices for Families can be used for many family support services for which there may not be a suitable contracted provider.

Missouri Commission on Autism Spectrum Disorders - The Missouri Commission on Autism Spectrum Disorders was established within the Department of Mental Health on June 23, 2008, with the signing into law of Senate Bill 768.

The Commission on Autism Spectrum Disorders is composed of 24 members, including four members of the state's general assembly and seven ex officio representatives from various state departments. The 13 remaining members are appointed by the governor with the advice and consent of the Senate and must include two parents of people who have autism; two persons who have an autism spectrum disorder; and providers from the educational, therapeutic, and healthcare fields.

The Commission as set forth in RSMo 633.200 is charged with developing a comprehensive statewide plan for an integrated system of training, treatment, and services for individuals of all ages with autism spectrum disorders.

Division of Developmental Disabilities, continued

Office of Autism Services - The Office of Autism Services (OAS) was established within the Division of DD on June 23, 2008, with the signing into law of Senate Bill 768. The OAS provides leadership in program development for children and adults with autism spectrum disorders, and the establishment of program standards and coordination of program capacity. As specified in RSMo 633.210, the OAS provides technical and administrative support to the 24-member Commission on Autism Spectrum Disorders.

Missouri's Autism Projects - In the late 1980s, Missouri families understood a grassroots campaign aimed at obtaining services designed to address the complex needs of families and their loved ones with an autism spectrum disorder. The result of their efforts is a currently budgetary allocation of almost \$5.8 million that provides for family-centered services and providers of such to be recommended by parent committees representing five (5) geographical areas known as "Missouri Autism Projects." Established in both Missouri statute and code, Missouri Autism Projects provide funding for services aimed at assisting individuals with the autism spectrum disorder to remain in the home and integrated within their communities.

State Operated Services: Habilitation Centers - The primary mission of the six habilitation centers is to provide residential services, direct care support, and treatment services to people who cannot be supported in other residential settings in the community. Each resident of the habilitation center has an individual plan that identifies services and supports needed to live successfully in the habilitation center or to return to the community.

The Division operates Southeast Missouri Residential Services in Poplar Bluff and Sikeston; Bellefontaine Habilitation Center and St. Louis Developmental Disabilities Treatment Centers, both in St. Louis; and habilitation centers in Higginsville, and Marshall. These facilities are certified as intermediate care facilities for persons with mental retardation (ICF/MR) and collect federal Medicaid matching funds. Southwest Community Services in Nevada operates Medicaid Waiver settings in the community. The five habilitation centers plus Southwest Community Services received approximately \$97.2 million in FY 2014. In FY 2014, habilitation centers served 425 individuals on campus and 202 individuals in state-operated waiver community settings.

Division of Developmental Disabilities, continued

Habilitation Centers

Bellefontaine Habilitation Center
10695 Bellefontaine Rd
St. Louis, MO 63137
Phone 314-264-9101
Toll Free 888-549-6632

Southeast MO Residential Services-Poplar Bluff
2351 Kanell Boulevard
Poplar Bluff, MO 63901
Phone 573-840-9370
Toll Free 888-677-2086

Higginsville Habilitation Center
100 West 1st Street, P.O. Box 517
Higginsville, MO 64037
Phone 660-584-2142
Toll Free 877-884-9908

Southeast MO Residential Services-Sikeston
112 Plaza Drive, P.O. Box 966
Sikeston, MO 63801
Phone 573-472-5305
Toll Free 888-677-2084

Marshall Habilitation Center
700 E. Slater Street, P.O. Box 190
Marshall, MO 65340
Phone 660-886-2201
Toll Free 800-241-2741

St Louis DDTC - St Charles Habilitation Center
22 Marr Lane
St Charles MO 63303
Phone 636-926-1300

Southwest Community Services
2323 North Ash
Nevada, MO 64772
Phone 417-667-7833
Toll Free 888-549-6637

St Louis DDTC - South County Habilitation Center
2312 Lemay Ferry Rd.
St Louis MO 63125
Phone 314-894-5400

Expansion of Local Case Management Services -The past few years have brought about unprecedented cooperation between Senate Bill 40 boards (SB40) and the Division. Because most SB40 County Boards provide or procure services for Division-eligible consumers, many of the boards have entered into contracts with DMH. These contracts allow:

- The boards and division to plan together to avoid duplication of programs;
- The use of SB40 funds as match to expand both residential and other types of priority services within counties, thereby helping to reduce waiting lists for Division services at a time when state resources are extremely limited; and
- The Division has established local targeted case management services to 101 counties providing 60% of the TCM services.

Division of Developmental Disabilities, continued

Missouri Developmental Disabilities Council

The Division receives federal developmental disabilities funds to enhance the planning for coordination and delivery of services to the state's citizens with developmental disabilities. The funds are administered by the Division and used to support the activities of the Missouri Developmental Disabilities Council, a 22-member volunteer council appointed by the Governor. The Missouri Planning Council strives to create new realities, identifies research issues, and tries new and innovative ways to generate change in the service system.

The Missouri DD Council's plan provides for:

- Regional and statewide needs assessment, planning, and advocacy;
- Conducting/establishing model demonstration projects and effecting systems change;
- Increasing the level of local funding for program supports; and
- Educating policymakers through advocacy for systems change.

A Look Ahead at Fiscal Year 2015

Looking ahead into Fiscal Year 2015, DMH will face some challenges, but the Department is pleased to share some monumental changes especially within the Division of Developmental Disabilities (DD). DMH received \$23.6 million in the FY15 budget to serve all Medicaid eligible individuals on the DD In-Home Wait List currently living in a county participating in the Partnership for Hope and have an annual plan requiring waiver services of \$12,000 or less. This funding will allow DMH to serve over 970 individuals on the In-Home Wait List. Missouri has a long history of requiring Medicaid eligible individuals needing DD services to be placed on an In-Home Wait List until state resources are available or until their situation escalates into crisis. This funding allows DMH to redefine the DD service delivery system from a very expensive crisis driven system to a more cost effective and timely service delivery system that meets the needs of individuals and families.

DMH also received \$16.5 million in the FY15 budget to serve developmentally disabled individuals that go into crisis and need residential support services. DMH projects that approximately 270 individuals will go into crisis every year as a result of aging caregivers, a change in status of a caregiver, or an individual's medical or behavioral needs becoming so severe that families cannot keep them safe in their own homes. This funding will allow DMH to ensure that these individuals will get the residential support services they need.

The challenges DMH will face in FY 2015 are due to the necessary actions taken by Governor Jay Nixon to put the Fiscal Year 2015 budget back into balance and maintain Missouri's fiscal stability. Gov. Nixon vetoed \$144.6 million in general revenue spending and restricted \$641.6 million in general revenue expenditures. Missouri's Constitution authorizes Governors to control and reduce spending to ensure it does not exceed available revenue.

To overcome FY 2015 budget shortfalls, DMH will reduce its state general revenue spending by approximately \$34 million. The difficult decisions made by the Governor's Office and DMH attempt to minimize the impact of the cuts to existing programs for the 170,000 individuals served by the department each year. Below is a list of the specific actions:

A Look Ahead at FY 2015, continued

- The Governor vetoed the 2% provider rate increases; the 5% rate increase for adolescent psychiatric services; and the developmental disability providers' rate rebasing for a combined total reduction of \$22,675,763.
- The Governor vetoed funding for an emergency mental health services pilot initiative in Kansas City, Missouri, totaling \$2,500,000.
- DMH will transfer the management of six DD Regional Offices in Albany, Hannibal, Joplin, Kirksville, Poplar Bluff and Rolla to the remaining DD Regional Offices, totaling \$1,506,690.
- The Governor vetoed new funding for Autism diagnosis and treatment, totaling \$1,300,000.
- The Governor restricted 10% of the current DMH core funding spending to five regional Autism projects and Autism Diagnostic Centers, totaling \$1,137,118.
- The Governor vetoed funding to continue a model program for offenders with alcohol and drug problems transitioning from prisons to communities, totaling \$1,000,000.
- The Governor restricted spending for the Psychiatric Crisis Stabilization Center in St. Louis, Missouri, now providing short-term inpatient crisis services for individuals with mental illness, totaling \$750,000.
- The Governor vetoed funding in DMH's core budget for a program for secure detox services in Northwest Missouri, not fully implemented, totaling \$750,000.
- The Governor vetoed the funding of two new psychiatric resident positions at the University of Missouri-Columbia, totaling \$620,000.
- DMH will phase-down and close the state-operated Cottonwood Residential Treatment Center effective January 1, 2015. Cottonwood provides residential services for children with mental health problems. The reduction totals \$482,808.
- The Governor vetoed the funding for the Family Support Partnership Program, a pilot program in the St. Charles area to provide support for families of young children with disabilities, totaling \$300,000.
- The Governor vetoed new funding for the Missouri Eating Disorders Council, totaling \$160,575. The Governor has also restricted DMH core spending for the Missouri Eating Disorders Council, totaling \$39,425.
- The Governor restricted spending for DMH Central Office Administrative Services, totaling \$168,558.

A Look Ahead at FY 2015, continued

The total reduction of all of the above items is \$34,150,301 which is a combined total of \$33,390,937 from the DMH budget as well as \$759,364 for employee fringe benefits which is not directly included in the DMH budget. There is a total reduction of 157.17 DMH state employee positions.

Fulton State Hospital

During the 2014 Legislative session, Missouri lawmakers agreed to move forward with Governor Jay Nixon's plan to fund a new, maximum security facility at Fulton State Hospital.

Nixon's plan for the Fulton facility involves 25 years of bond repayment. About \$14 million was included in the fiscal year 2015 budget by the conference committee for bond repayment. The hospital is the oldest state psychiatric hospital west of the Mississippi River and houses the state's most severely mentally ill.

The new facility would feature a 300-bed, high-security complex expected to cost a total of \$211 million. Over a 10-year period, the facility rebuild is expected to save and defer costs totaling \$188 million. The new hospital construction is scheduled to be completed by the end of 2017.

DMH Facilities with Accreditation/Certification

Facility	Location	TJC Accredited (Hospital)	TJC Accredited (Behavioral Health)	CMS Certified (Hospital)	CMS Certified (PRTF)	Certified to Provide ICF/MR Services
Metropolitan St. Louis Psychiatric Center	St. Louis	X		X		
St. Louis Psychiatric Rehabilitation Center	St. Louis	X		X		
Hawthorn Children's Psychiatric Center	St. Louis	X	X	X	X	
Southeast Missouri Mental Health Center	Farmington	X	X	X		
Cottonwood Residential Treatment Center	Cape Girardeau		X		X	
Fulton State Hospital	Fulton	X		X		
Southwest Missouri Psychiatric Rehabilitation Center	El Dorado Springs			X		
Center for Behavioral Medicine	Kansas City	X	X	X		
Northwest Missouri Psychiatric Rehabilitation Center	St. Joseph	X		X		
Bellefontaine Habilitation Center	St. Louis					X
Higginsville Habilitation Center	Higginsville					X
Marshall Habilitation Center	Marshall					X
St. Louis DDTC - St. Charles Habilitation Center	St. Charles					X
St. Louis DDTC - South Co. Habilitation Center	St. Louis					X
Southeast Missouri Residential Services - Poplar Bluff	Poplar Bluff					X
Southeast Missouri Residential Services - Sikeston	Sikeston					X



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