

## Attachment #2

### Missouri Populations of Focus

All individuals, **including veterans and members of the armed forces**<sup>1</sup>, with a behavioral health diagnosis will be eligible for services in Missouri under the demonstration project; however, CCBHCs in Missouri will give priority to the following underserved populations:

- Adults with serious mental illness
  - State estimates for serious mental illness are obtained from estimates published in the federal register (FR Doc. 98-19071; FR Doc. 99-15377). Based on these historically reported estimates required for use in the Block Grant State Plan, approximately 5.4 percent of the Missouri adult population has an SMI. The following table illustrates that DMH served about 24 percent (60,872) of estimated adults with serious mental illness in FY 2016.
  - Based on national NSDUH data, the estimated number of adults with SMI who did not receive mental health treatment in the past year is about 32 percent or an estimated 81,082 Missouri adults with SMI (SAMHSA, 2015).
  - Table 1 below demonstrates that DMH provided services to about 32 percent of the 192,509 individuals estimated to have received services. For Missouri adults with SMI who did receive some level of mental health treatment outside of the DMH system, it is not known what portion of these received a sufficient level of care to address their SMI condition. The majority of Department of Mental Health consumers with SMI do not have private insurance.

**Table 1: Estimated prevalence of adult serious mental illness.**

Substate Planning Area	2015 Population Age 18+	Estimated Need (5.4%)	Received Treatment FY 2016	Estimated Served Outside of State System + Unmet Need	Percent of Need Not Served by State System
Northwest	1,136,243	61,358	17,486	43,872	71.50%
Central	639,047	34,509	7,338	27,171	78.74%
Eastern	1,640,008	88,561	16,691	71,870	81.15%
Southwest	728,944	39,363	8,329	31,034	78.84%
Southeast	547,954	29,590	11,028	18,562	62.73%
State Total	4,692,196	253,381	60,872	192,509	75.98%

- Children and youth with serious emotional disturbances

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Note that members of the armed forces and veterans and their family members may be part of any of Missouri's Populations of Focus, and that **all CCBHC services** are part of the "Intensive Community-Based Mental Health Care" that members of the armed forces and veterans are entitled to receive.

- State estimates for serious emotional disturbances are obtained from estimates published in the federal register (FR Doc. 98-19071; FR Doc. 99-15377). Based on these historically reported estimates required for use in the Block Grant State Plan, approximately 7% of Missouri children have an SED.
- Table 2 illustrates that DMH served about 17.5% (17,080) of the estimated population in need.
- A study by Mark and Buck (2006) examining characteristics of U.S. youth with SED found that about 44% were covered by private insurance, 31% were enrolled in Medicaid/Children’s Health Insurance Program (CHIP), 11% were covered by another unspecified public program, and approximately 14% were uninsured.
- It is reasonable to assume that the majority, if not the entire uninsured group, represents unmet need. This would suggest that in Missouri there may be more than 13,630 uninsured children with SED unable to access care. It is not known what portion of the private insurance group did not have sufficient coverage for adequate care of the child’s SED condition.

**Table 2: Estimated prevalence of childhood serious emotional disturbances.**

Substate Planning Area	2015 Population Age 0-17	Estimated Need (7%)	Received Treatment FY 2016	Estimated Served Outside of State System + Unmet Need	Percent of Need Not Served by State System
Northwest	353,439	24,741	5,143	19,598	79.21%
Central	181,121	12,679	2,509	10,170	80.21%
Eastern	479,388	33,558	4,047	29,511	87.94%
Southwest	216,639	15,165	2,442	12,723	83.90%
Southeast	160,889	11,263	2,939	8,324	73.91%
State Total	1,391,476	97,406	17,080	80,326	82.47%

- Children, youth, and adults with moderate to severe substance use disorders
  - County-level population of persons age 12 or older was obtained from the Missouri Census Data Center and aggregated to the sub-state areas (Missouri Census Data Center 2012).
  - Statewide estimates for substance use disorder treatment need are obtained from the National Household Survey (NSDUH) (SAMHSA, 2015).
  - Table 3 below illustrates that DMH provided services to 13% of the estimated adolescents in need.
  - Table 4 below illustrates that DMH provided services to 9.4% of the estimated adults in need.

Table 3: FY 2015 Estimated Prevalence of Adolescent Substance Use Disorder

Substate Planning Area	2015 Population Age 12-17	Estimated Prevalence (4.87%)	FY 2016 Served	Estimated Served Outside of State System + Unmet Need	Percent of Need Not Served by State System
Northwest	118,459	5,769	759	5,010	86.84%
Central	60,720	2,957	467	2,490	84.21%
Eastern	164,550	8,014	746	7,268	90.69%
Southwest	74,432	3,625	583	3,042	83.92%
Southeast	55,032	2,680	442	2,238	83.51%
State Total	473,193	23,045	2,997	20,048	87.00%

Table 4: FY 2015 Estimated Prevalence of Adult Substance Use Disorders

Substate Planning Area	2015 Population Age 18+	Estimated Prevalence (8.26%)	FY 2016 Served	Estimated Served Outside of State System + Unmet Need	Percent of Need Not Served by State System
Northwest	1,136,243	93,854	8,027	85,827	91.45%
Central	639,047	52,785	4,935	47,850	90.65%
Eastern	1,640,008	135,465	11,327	124,138	91.64%
Southwest	728,944	60,211	6,349	53,862	89.46%
Southeast	547,954	45,261	5,800	39,461	87.19%
State Total	4,692,196	387,576	36,438	351,138	90.60%

Missouri's specialty substance use disorder service providers face an overwhelming demand for substance use treatment services. While alcohol dependence remains the primary drug of choice, heroin and prescription medication misuse are on the rise. Heroin overdoses are increasing and are experienced across the socioeconomic spectrum. In the rural areas, methamphetamine continues to negatively impact families and communities. The severity of the problems that the individuals who are seeking treatment are experiencing requires not only intervention for their physiological dependence on substances, but also requires rehabilitation in the areas of social functioning, employment strategies, self-care and wellness, and treatment for trauma.

- Children and youth in state custody with a mental illness or substance use disorder
  - Children and adolescents in state custody through the child welfare and criminal justice systems are significantly over-represented in terms of the need for behavioral health services compared to the general child and adolescent population.
  - Of the approximately 18,000 children and youth in state custody, 54% receive some type of behavioral health therapy service and about one-third is on psychotropic medications. (Source: Office of the Medical Director, Missouri Department of Mental Health.)
- Young adults with a mental illness or substance use disorder identified as in need of treatment by the courts, law enforcement, community mental health liaisons, or emergency rooms.

Beginning in Fiscal Year 2015, DBH developed two important and innovative behavioral health intervention initiatives:

- The Community Mental Health Liaison (CMHL) Program is designed to ensure that designated and trained mental health professionals are available to work directly with law enforcement officers and the courts statewide to connect people experiencing behavioral health crises to behavioral health services in lieu of incarcerating them.
- Emergency Room Enhancement (ERE) Project designed to divert individuals in behavioral health crisis from over sixty emergency rooms and health centers and connect these individuals with the appropriate behavioral health treatment services in seven regions across the state.

The CMHL Program has become very successful in working with courts and law enforcement. Since the inception of the initiative CMHLs have had 35,000 contacts with law enforcement and court personnel, provided 450 trainings for more than 5,600 peace officers, and made 29,700 referrals of individuals for behavioral health treatment. Of those connected to service, about 75% had a serious mental illness alone or with a co-occurring substance use disorder, and about 25% had a substance use disorder exclusively.

In state Fiscal Year 2016, ERE teams engaged 3,565 individuals with behavioral health issues that were using hospital emergency rooms to access treatment. Engaged individuals were evenly divided by gender (53.1% male), and largely White (76%) and uninsured (53.4%), though 36.5% had Medicaid and 10.9% had Medicare coverage. Approximately one-quarter of consumers (26.7%) were homeless. Few have had military involvement (4.3%). They presented with a variety of complicated symptoms. Over two-thirds exhibited psychological difficulties (83.4%), 37.9% had substance use problems, and 23.2% expressed suicidal ideation. About one-third (33.4%) had co-occurring presenting concerns.