Missouri

UNIFORM APPLICATION
FY 2007 - STATE IMPLEMENTATION REPORT

COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT

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Center for Mental Health Services
Division of State and Community Systems Development

Introduction:

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

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

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Table of Contents

State:
Missouri

Adult - Summary of Areas Previously Identified by State as Needing Improvement	**pg. 4**
Adult - Most Significant Events that Impacted the State Mental Health System in the Previous	**pg. 8**
Adult - Purpose State FY BG Expended - Recipients - Activities Description	**pg. 17**
Child - Summary of Areas Previously Identified by State as Needing Improvement	**pg. 21**
Child - Most Significant Events that Impacted the State in the Previous FY	**pg. 25**
Child - Purpose State FY BG Expended - Recipients - Activities Description	**pg. 32**
Adult - Implementation Report	**pg. 36**
Child - Implementation Report	**pg. 53**
Planning Council Letter for the Implementation Report	**pg. 68**
Appendix B (Optional)	**pg. 70**

Missouri

Adult - Summary of Areas Previously Identified by State as Needing Improvement

Adult - Report Summary of areas which the State identified in the prior FY's approved Plan as needing improvement

Adult – Report Summary
Areas Previously Identified in FY 2007 by State as Needing Improvement

The previous State Plan was reviewed by the Comprehensive Psychiatric Services State Advisory Council (CPS/SAC). The CPS/SAC identified three areas as needing improvement. Listed below are the areas for improvement and the accomplishments in addressing the issue.

1. Area for Improvement – Financial Limitations
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.

Accomplishment - Mental Health Transformation
Missouri was awarded the SAMHSA Mental Health Transformation grant and prioritized transformation activities. The DMH has implemented the planning process for mental health transformation activities.

The Office of Transformation in the Missouri Department of Mental Health was established to address concerns regarding the state's mental health service delivery system. President George Bush's New Freedom Commission on Mental Health final report, issued in July 2003, identified weaknesses at the state and federal levels in mental health care, reporting on a system that is "broken and fragmented."

The state of Missouri was awarded a Mental Health Transformation Grant by the Substance Abuse and Mental Health Services Administration for five years, effective October 1, 2006. The five year grant will help support building an infrastructure required for transformation, such as planning, workforce development, evidence-based practice implementation, and technology enhancements. The primary focus of the first year is the development of a Comprehensive State Mental Health Plan by the Transformation Leadership Workgroup.

The Transformation Leadership Working Group, established by Governor Matt Blunt through Executive Order 06-39, includes senior leaders from the departments of Mental Health, Social Services, Health and Senior Services, Corrections, Public Safety, and Elementary and Secondary Education, along with mental health consumers, family members, and other stakeholders. Gov. Blunt named Diane McFarland, former director of the Division of Comprehensive Psychiatric Services in the Department of Mental Health, to serve as workgroup chair. The group's actions were guided by its Initial Work Plan, which outlines its organizational structure and role, as well as its purpose and vision.

More than 230 public and private sector leaders volunteered their expertise in six content workgroups. These workgroups met in 44 half-day meetings in Jefferson City between March — June 2007 to develop recommendations as part of six Transformation content workgroups:
Consumer and Family Driven Services
Disparities are Eliminated
Easy, Early Access
Evidenced-based practices
Mental Health is Essential to Overall Health

Technology

Their recommendations were summarized in Final Workgroup Recommendations: Report to Transformation Working Group. The TWG met in July and August to review these recommendations and develop priorities for the coming year. These priorities were discussed in 13 public meetings in Missouri in August and September.

2. Area for Improvement - Recovery
Recovery should be a focus for the Department and Division. Staff and consumers should be provided training to support and enhance recovery-based programs and services.

Accomplishment – Procovery
Missouri Department of Mental Health is administering statewide implementation of recovery services through the Procovery™ program, following the completion of a successful demonstration pilot and extensive statewide foundational planning. The Procovery™ program, developed by Kathleen Crowley, author and Executive Director of Procovery Institute, emphasizes a hope-centered, forward-focused, and skills-based partnership of the client, the family, the service provider, and the community. It includes eight principles for resilience in healing, 12 strategies for action, and a highly structured system, known as the Procovery Circle, for group training and support.

The Procovery™ program was brought to Missouri in April 2005 as an urban-rural demonstration program in the St. Louis, Farmington, Poplar Bluff, and Kennett regions. The pilot far surpassed initial expectations of eight to 12 Procovery Circles, with 1,075 staff, clients, family, and community members completing full-day core Procovery trainings, and more than 80 Procovery Circles established across diverse urban and rural settings. From June 2005 to June 2007 there have been more than 4,170 Procovery Circle meetings with an average attendance of 8.6 persons.

Evaluation of the demonstration pilot by the Missouri Institute of Mental Health concluded that the Missouri Procovery Demonstration Program was a promising catalyst of system transformation. The success of Procovery Circles to instill hope and a forward focus among mental health consumer members means that statewide implementation of this program could facilitate progress towards an integrated system response to growing demands from consumers for recovery-based services and supports to secure jobs, housing, and training.

The Wellness Director and Procovery Liaison for CPS will be leading the newly established CPS Missouri Procovery™ program development team. The Procovery program continues to be our basis of transformation through attitude and service delivery approach. An intensive planning process was instituted this past year to identify the lessons learned from the first year of implementation, and to establish an institutionalization process that cost-effectively would take advantage of agency strengths and address areas of weakness. This planning was central to ensuring fidelity and accountability as CPS expands and institutionalizes this innovative program. Two important areas of focus in the upcoming year are (1) using Procovery as a vehicle for front-line training and retraining in recovery and engagement principles and techniques, to support both staff and those they serve; and (2) piloting Procovery as a vehicle for medical and

behavioral health integration and collaboration. An added element will be developing continuing education units for Procovery Circle Facilitator meetings, which provide ongoing training, coaching, and mentoring to build a continually growing base of trained facilitator expertise across Missouri.

More information on the Procovery™ program in Missouri is available at www.procovery.com.

3. Area for Improvement – Anti-Stigma Education

Education efforts continue through partnership with other Department of Mental Health advisory councils and advocates to continue addressing stigma and negative stereotypes regarding mental illness and to educate new legislators on issues affecting consumers and their quality of life. Anti-Stigma Public Education Campaign efforts continue in the hopes of affecting change across the state. Individuals with mental health issues should be welcomed in their community and be afforded the right to work and live as valued members of the community.

Accomplishments - Anti-Stigma Public Education Campaign

The DMH has established a partnership with state advocacy organizations to implement a state-wide Anti-Stigma Public Education Campaign. To ensure Missourians understand that mental health is essential to overall health, CPS/SAC members have promoted the SAMHSA/Ad Council *What a Difference a Friend Makes* anti-stigma public education campaign in their local communities. A DMH Intern developed a comprehensive listing of media outlets and promoted the public service announcements. DMH worked collaboratively with NAMI Missouri to promote the PSA's and spread the word to other communities and individuals.

The department contracted with the Missouri Institute of Mental Health to conduct a telephone survey of 1000 homes to gather information about public views of mental illness. A series of questions was asked to gather views regarding mental illness. Specialty questions were included on youth, elderly, medications, and homelessness. The results of the survey are guiding decision making on targeting the anti-stigma activities. (See FY 2008 State Plan Appendix A: Telephone Survey of Missourians Regarding Attitudes Towards People with Mental Illness)

Individual CPS/SAC members have participated in radio and television spots to provide information to their communities about mental illness and recovery. The Missouri State Fair hosted a DMH information booth. Video of Missouri consumers talking about their mental illness and recovery played continuously.

Missouri

Adult - Most Significant Events that Impacted the State Mental Health System in the Previous FY

Adult - Report Summary of the most significant events that impacted the mental health system of the State in the previous FY

Adult - Report Summary
Most Significant Events that Impacted the State Mental Health System in the Previous FY

Missouri DMH had many significant events impacting the mental health system in FY 2007. Below are significant achievements in addition to the three mentioned under the Areas for Improvement Accomplishments section of this report.

Goal 1: Americans Understand that Mental Health is essential to Overall Health

DMH Leadership in Co-Morbidity Research
DMH was the lead state agency in conducting an eight-state national study examining the relationship between mortality and mental illness diagnoses. The study findings uncovered dramatic results showing that adults with serious mental illnesses die about 25 years younger than other Americans, and three out of five die from preventable or treatable diseases. DMH Medical Director, Dr. Joe Parks, was the lead author of the study, highlighted in USA Today and in research journals in 2007. DMH, in partnership with MO HealthNet, has implemented disease management and care coordination programs that integrate physical and behavioral health. These programs promote access to care that may prevent premature death in Missourians at risk.

Suicide Prevention
Since the federal declaration that suicide is a serious public health concern and the accompanying call to action for individual states, Missouri DMH has accepted the responsibility to provide both leadership and technical assistance on mental health promotion within Missouri communities, and has recognized suicide as a leading public health concern. The Missouri delegation to the national suicide prevention conference in Reno, Nevada, completed a state-wide plan of suicide prevention strategies. Implementation has included passing legislation relative to suicide prevention and establishing a Governor-appointed Suicide Prevention Advisor Committee. A subsequent award of a three-year federal grant to prevent suicide in youth up to age 25 has enabled this high risk group to receive targeted services. DMH utilizes this SAMSHA funding in conjunction with block grant funding to provide state-wide suicide prevention services tailored to local needs and supplemented with local support. Strategies include gatekeeper training, policy change, a focused initiative on college campuses, regional Resource Centers, incentive awards geared to meet local needs, incorporating suicide prevention information in distance learning courses, a hot line, educational newsletter, raising public awareness through print and electronic media, and conferences. The Suicide Prevention Advisory Committee meets regularly and will issue its first legislatively mandated biannual report by the end of 2007.

Prevention
DMH has reviewed its first statutory mandate which is "the prevention of mental disorders, developmental disabilities, substance abuse, and compulsive gambling." An Office of Prevention has been established as a resource for the Department and to infuse the concept of results-oriented prevention throughout the Divisions. Prevention staff have been involved in the Transformation initiative and are seeking ways to link prevention initiatives with all aspects of treatment activities.

The Office of Prevention utilizes the Institute of Medicine's definition of prevention including universal, selective and indicated while working with the framework of risk and protective factors. The mission of the Office of Prevention is: "*To enhance the health and well being of Missouri's children and youth, adults, and families through comprehensive approaches that reduce the incidence and prevalence of developmental disabilities; alcohol and drug abuse; and mental illness*." The Office works to accomplish this mission by:

- Developing policies directed at changing community norms, attitudes, and laws
- Researching and deploying evidence-based preventive interventions to prevent the onset of disorders and disabilities
- Implementing continuous quality improvement strategies and outcome evaluations to ensure that interventions are timely, relevant, and effective
- Conducting staff development and training programs for agency and provider personnel on best practices and prevention strategies
- Coordinating with prevention initiatives within other state departments.

The Office of Prevention submitted an application for foundation funding under a tobacco prevention and cessation initiative given the tobacco related disparities that exist for consumers of DMH services and coordinated the submission of the continuation application for the youth suicide prevention grant. Significant budget items targeting prevention are under consideration focusing on the elderly, children of offenders, families of soldiers deployed in Iraq and Afghanistan, and young children. Prevention staff have made presentations on prevention to DMH employees and attendees at the Spring Institute and have emphasized the need for a strong prevention component in the Department's policies and procedures relative to abuse and neglect of consumers of mental health services.

November 15 marked the beginning of the tobacco-free policy in the buildings and on the grounds of all facilities in the Division of Comprehensive Psychiatric (CPS). The health of patients and improving the treatment environment are important reasons for the change. The division began months ago with the plan to prepare patients and staff for the change. However, a policy of tobacco-free campuses has been in place for nearly a year at the Mid-Missouri Mental Health Center in Columbia. Patients continue to be offered nicotine replacement treatment and smoking cessation programs. The Missouri policy is supported by a 2006 technical report from the National Association of State Mental Health Program Directors. The report looks at the issues around mental illness and smoking and its impact on patients and treatment facilities. It also details best practices in smoking cessation. The report "Smoking Policy and Treatment in State Operated Psychiatric Facilities" is available at www.dmh.mo.gov/TechnicalReportonSmoking.pdf

A focus on prevention involves outlining a long range plan to move from a culture responding to crisis to a culture of prevention. Embedding prevention in policy and practice is a strategy designed to move operations from a reactive mode of operation to one that stresses proactive approaches. In Missouri, as in the rest of the nation, the landscape of family and community life is changing rapidly. Our agencies and institutions are morphing in ways not anticipated a decade ago. Key concerns focus on issues of children and youth. There is significant support for promoting well-being and preventing harmful behavior. DMH has an environment of change that can support prevention.

Federally Qualified Health Centers/Community Mental Health Centers (FQHC/CMHC)
Physical care is a core component of basic services for persons with serious mental illness (SMI) which should include preventive healthcare and ongoing management and integration of both mental illness and physical care. Individuals with SMI often have difficulty accessing health care and turn to the ER for care.

In FY 2003 there were 19,700 Missouri Medicaid recipients with a diagnosis of schizophrenia. The combined pharmacy and health care costs for the top 2000 recipients exceeded $100 million, compared to $45 million for the bottom 10,000. Other characteristics of these top 2000 recipients included:

- Higher incidence of co-occurring chronic medical conditions
- Lower medication adherence
- Higher incidence of co-occurring alcohol and other drug abuse problems
- Lack of a stable "Medical Home"
- More complex medical plans

(Source: Parks, Pollack-2005-Integrating Behavioral Health and Primary Care Services: Opportunities and Challenges for State Mental Health Authorities)

The DMH wants to assure physical healthcare to persons with serious mental illness as a core component of their basic services with access to preventive healthcare and ongoing integration and management of medical care. Among this population will be individuals released from DOC who are uninsured. Integration of mental health/substance abuse services with management of chronic health conditions has been shown to improve self management and patient healthcare outcomes. (Source: 2006-Reynolds-NCCBH-Behavioral Health and Primary Care)

Seven sites (each site includes one CMHC and one FQHC in collaboration) are being selected to implement a new SFY 2008 budget item funded through State General Revenue. The Department is working with the Community Health Centers to develop a pilot of integrated services through a collaborative process to target the uninsured population. Family Practice Nurses will be located at the CMHC for primary care clinics for the uninsured. Targeted Case Manager/Community Support Workers will be located in FQHC for behavioral health referral/linking/support.

Goal 2: Mental Health Care is Consumer and Family Driven

Consumer Satisfaction Survey
The DMH has implemented a new Consumer Satisfaction Survey. The Mental Health Statistical Improvement Program (MHSIP) survey form recommended by SAMHSA is being used for the adult consumer population. The Youth Services Survey for Families recommended by SAMHSA is being used for child/youth programs. Surveys are being conducted and submitted on a continuous basis.

Office of Consumer Affairs
The Missouri Department of Mental Health has hired a Director of Consumer Affairs. The individual is a former consumer of mental health services and is already bringing a consumer driven services focus to the position.

Goal 3: Disparities in Mental Health Care are Eliminated

Department of Corrections Collaboration

CPS has a joint project with Department of Corrections that has been planned during SFY 2007 and is being implemented in SFY 2008. CMHC's will be providing services to mentally ill persons recently released from correctional facilities. The Department of Mental Health is adding a service code for "Intake Screening-Corrections" to allow for the pre-release planning and intake screening of persons with serious mental illness being discharged from correctional facilities in the DMH/DOC Mental Health 4 project.

Intake Screening-Corrections MH4 occurs prior to discharge from the correctional facility and all face-to face, indirect, and travel costs are built into the cost of the service unit. Service activities include the following:

1. Orientation of the inmate and solicitation of enrollment in the project.
2. Conducting an intake session, reviewing inmate history of mental health services and medications prior to and during incarceration, and providing clinical information to CMHC psychiatrists and other clinicians who will serve the transitioning inmate upon release.
3. Participation in the development of transition plans with the inmate and correctional treatment staff.
4. Scheduling immediate services for the offender to receive from CMHC staff during the first week following release.

Increasing Housing Options for DMH Clients

Many DMH consumers require housing supports to reduce stays in institutional and residential treatment and to avoid homelessness. Between 2005 and 2007, the DMH Housing Unit leveraged approximately $12 million for home rehabilitation, construction, and rent subsidies for DMH consumers. DMH also administered federal Shelter Plus Care grants exceeding $16.8 million for more than 1,250 individuals. The rate of homeless individuals maintaining stable housing for longer than a year increased from 68% to 75%. The DMH Housing Team was recognized by HUD in 2006 with its Best Practices Award for its efforts on behalf of DMH consumers.

Goal 4: Early Mental Health Screening, Assessment and Referral to Services is Common Practice

COSIG

The Co-Occurring State Incentive Grant (COSIG) has been the change agent for implementing co-occurring psychiatric and substance abuse treatment in Missouri. The COSIG project has:

- Implemented standardized screening and assessment tools at 14 pilot provider sites
- Completed a feasibility study of the tools
- Provided intensive cross training throughout Years 1 and 2
- Increased level of awareness regarding Co-Occurring Disorders (COD) and need for more appropriate treatment services across the state
- Increased communication between mental health and substance abuse staff and agencies

- Identified rules and regulations that hindered services for clients with COD, led to clarification and several rule changes
- Increased capability to appropriately treat clients with COD (e.g., Substance Abuse (SA) sites contracted for medication services and hired Mental Health (MH) staff; MH sites contracted with SA staff and provided SA treatment groups)
- Provided intensive technical assistance to two community psychiatric service agencies in implementing the Integrated Dual Diagnosis Treatment evidence based practice

Crisis Intervention Teams

Jail diversion programs were piloted including Police Crisis Intervention Teams (CIT) in the greater Kansas City and St. Louis areas. The DMH was the recipient of a SAMHSA Targeted Capacity Expansion (TCE) Jail Diversion grant that provided the foundation of a pre and post booking jail diversion program in St. Louis County. Kansas City has also been awarded a SAMHSA TCE Jail Diversion grant and coordinates the program with the local community mental health center. CIT training in Kansas City, Lee Summit and St. Louis City and County, has resulted in hundreds of law enforcement officers being certified as CIT officers.
More than 1,500 local police officers across the state have voluntarily participated in Crisis Intervention Team (CIT) training, allowing officers to better respond to persons in crisis due to mental illness and to get them to treatment, as opposed to arrest and incarceration. CIT officers have responded to more than 7,400 mental health crisis calls with an arrest rate below 5%.

Disaster Services

The Department of Mental Health as the public mental health authority leads the mental health response to disasters within Missouri. The Department continues to plan for its own facilities and for a statewide response. In addition, DMH is working cooperatively with other state agencies to plan for disasters and public health emergencies as well as to develop and provide training. This has lead to earlier screening for mental health issues in first responders and survivors of disasters.

Goal 5: Excellent Mental Health Care is Delivered and Research is Accelerated

Evidence Based Practices

The DMH understands the importance of implementing evidence based practices to assure excellent care is delivered in Missouri. Integrated Dual Diagnosis Treatment (IDDT), Assertive Community Treatment (ACT) and Supported Employment (SE) for adults are the focus for enhancement and fidelity to the evidence based models. Aspects of IDDT have been implemented as part of the COSIG. The DMH has worked cooperatively with the Missouri Foundation for Health, a private funding source, to provide additional dollars for IDDT services. The foundation has awarded grants to DMH-only providers, both mental health and substance abuse, for co-occurring services in the amount of 4 million dollars per year for 3 years. ACT programs have been funded for multiple sites in Missouri. Existing Supported Employment services have been surveyed and proposals are moving forward to enhance consumer choice to be employed in the competitive workforce.

- **Integrated Dual Disorders Treatment (IDDT)**
  At least 50% of adults with serious mental illness (SMI) also have a co-occurring substance abuse (SA) disorder. Persons with co-occurring SMI/SA disorders have poor outcomes when served in traditional treatment programs where each disorder is treated by a separate team of providers. The evidence based treatment model of care for persons with co-occurring SMI/SA disorders that is recommended by SAMSHA is Integrated Dual Diagnosis Treatment (IDDT). In the IDDT model persons receive coordinated, integrated treatment by a single multidisciplinary team including trained specialists in co-occurring disorders. The CPS division, working in conjunction with the Missouri Institute of Mental Health and the Addiction Technology Transfer Center, has adapted the IDDT model for Missouri and published implementation and policy guidelines for community providers to meet in order to begin providing these services.

- **Assertive Community Treatment (ACT)**
  The Missouri General Assembly approved funding the EBP of ACT for $1,813,440 in general revenue which will permit approximately $4.8 million total when the federal portion is included for SFY 2008. Planning meetings are occurring with treatment providers to work out implementation issues. Over the next three years, DMH will work on implementing and expanding the number of teams using the ACT model.

- **Supported Employment (SE)**
  DMH embraces the importance of employment as critical to recovery of mental health consumers. DMH and Division of Vocational Rehabilitation (DVR) have a long history of working collaboratively to assure individuals with psychiatric disorders have access to employment. Over the past fifteen years, DMH and DVR have collaborated on training, joint programming, and promoting of EBP. More recently, DMH and VR partnered to write a grant application for a Missouri Mental Health Employment Project. The National Institute of Health grant was awarded to Missouri and a Stakeholders group was formed. The Institute for Community Inclusion from Boston, Massachusetts, provided experience and expertise. Joe Marrone and Susan Foley conducted a survey to discover strengths and weaknesses with the current methods of providing supported employment services to the Department's consumers. The survey informed the Stakeholders group about current best practices and gaps in the system. DMH applied for the second phase of the NIH grant funding to continue to enhance our supported employment programming.

- **Consumer Operated Services Programs (COSP)**
  The DMH has developed a partnership with Missouri Institute of Mental Health to accelerate multi-state Consumer Operated Service Programs (COSP) findings into practice. The assessment and technical assistance process has begun of the five organizations awarded Consumer Drop-In Centers and five Warm-lines around the state. A nationally recognized consumer/researcher has been contracted with to implement the changes. Quarterly meetings of the five Drop-In Centers have enhanced the cohesiveness of the centers and consistency of implementing the COSP fidelity model. Two of the Missouri sites will be included in the national full testing of the COSP Toolkit.

Goal 6: Technology is used to Access Mental Health Care and Information

Network of Care Website

The DMH contracted for a state-wide "Network of Care" web-based system to facilitate consumer information and access to mental health services. The Missouri Governor Matt Blunt launched the Network of Care website in 2006 at the State Capitol and it continues to be enhanced and promoted. DMH receives more than 15,000 hits per day on its Network of Care website. Network of Care provides online information for individuals, families, and agencies about mental illnesses, substance abuse, and developmental disabilities. The site features a service directory, a library with more than 4,000 evidence-based health topics, legislative information, state and national links, insurance information, and consumer and family support and advocacy tools.

Emergency Medical Service System

The DMH developed an Emergency Medical Service System psychiatric module/screen in partnership with Missouri Hospital Association for real-time tracking of acute psychiatric bed availability.

Tele-Psychiatry Service Initiative

The DMH is implementing a Tele-psychiatry Service Initiative to reach consumers in the rural areas where access to psychiatrists has previously been limited. Working with Clark Community Mental Health Center and the University of Missouri, psychiatric services are becoming more accessible in rural areas of Missouri.

Medicaid Pharmacy Partnership

The DMH in conjunction with the former Division of Medical Services (DMS) currently MOHealthNet has been awarded the American Psychiatric Association Bronze Achievement Award for the Missouri Mental Health Medicaid Pharmacy Partnership Project. Dr. Joe Parks, the Medical Director for the Department, was honored for his work by the American Psychiatric Association. Dr. Parks worked with the Department of Social Services on a project that examines the prescribing practices of psychiatrists. Through the partnership, Medicaid pharmacy claims were routinely examined to determine the prescribing patterns of psychiatrists and primary care physicians. The DMH then shares the results of the review along with current best-practice standards to encourage modification of prescribing patterns. This work has improved the quality of psychiatric prescribing and clinical outcomes, in addition to saving the state $36 million per year off trend. A 2005 study revealed that inpatient admissions and hospitalization stays dropped by nearly 50 percent after prescribers received intervention messages.

Medical Risk Management (MRM)

The DMH and the DMS are implementing a new program called Medical Risk Management (MRM) for Medicaid Recipients diagnosed with Schizophrenia with co-occurring medical disorders. Schizophrenia, a severe mental illness, affects 1% of the population and is also associated with high rates of medical illness and early death. Persons diagnosed with schizophrenia are twice as likely to have major medical illnesses such as diabetes, hypertension heart disease asthma, digestive, and lung disorders. MRM is patient focused and is designed to keep physicians and case managers informed of medical and psychiatric issues arising in each

patient's care. MRM utilizes predictive risk modeling for pinpointing which patients with Schizophrenia are trending toward high-risk/high cost disease states, allowing existing provider systems to proactively focus appropriate clinical interventions. The program utilizes administrative claims data (both medical and behavioral services and pharmacy) to identify targeted patients most in need of intervention.

Missouri

Adult - Purpose State FY BG Expended - Recipients - Activities Description

Adult - A report on the purpose for which the block grant monies for State FY were expended, the recipients of grant funds, and a description of activities funded by the grant.

Department of Mental Health
Division of Comprehensive Psychiatric Services
FY 2007 Block Grant Expenditures

Provider	Adult	Youth	Total
Bootheel Counseling Services	$ 53,844	$ 7,223	$ 61,067
Burrell Center	$ 1,154,763	$ 109,211	$ 1,263,974
Clark Community Mental Health	$ 105,092	$ 15,379	$ 120,471
Community Counseling Center	$ -	$ 10,265	$ 10,265
Community Health Plus - Park Hills	$ 121,516	$ -	$ 121,516
Community Health Plus - St. Louis	$ 940,450	$ 312,537	$ 1,252,987
Community Network for Behavior	$ 7,874	$ 1,252	$ 9,127
Community Treatment	$ 2,621	$ 16,103	$ 18,724
Comprehensive Mental Health	$ 108,969	$ 8,163	$ 117,132
County of Nodaway Committee	$ 6,677	$ 1,062	$ 7,739
Crider Center for Mental Health	$ 346,265	$ 2,025	$ 348,291
Comprehensive Psychiatric Services CO	$ 196,289	$ 31,218	$ 227,507
Dexter Community Regional	$ 5,822	$ 926	$ 6,748
East Central MO Behavioral Health	$ 38,823	$ 13,668	$ 52,491
University Behavioral Health	$ 236,229	$ 49,995	$ 286,224
Family Counseling Center	$ 341,438	$ 28,277	$ 369,715
Family Guidance Center	$ 213,529	$ 3,048	$ 216,577
Hopewell Center	$ 386,715	$ 32,335	$ 419,049
Kids Under Twenty One	$ -	$ 17,530	$ 17,530
Mark Twain Mental Health	$ 165,213	$ 13,388	$ 178,601
New Horizons Community Support	$ 78,899	$ -	$ 78,899
North Central	$ 49,462	$ 12,953	$ 62,415
Ozark Center	$ 186,672	$ 41,492	$ 228,164
Ozark Medical Center	$ 26,892	$ 24,197	$ 51,089
Pathways Community Behavioral Health	$ 590,055	$ 113,486	$ 703,541
ReDiscover Mental Health	$ 87,059	$ 2,977	$ 90,036
Regional Healthcare Foundation	$ 1,480	$ 235	$ 1,715
Tri-County Mental Health Services	$ 295,008	$ 54,911	$ 349,919
Truman Behavioral Health	$ 575,339	$ 59,769	$ 635,108
Total	$ 6,322,995	$ 983,625	$ 7,306,621

Adult – Report Summary
Purpose State FY BG Expended - Recipients - Activities Description

The DMH has been spending CMHS Block Grant monies consistent with the Mental Health Transformation Services examples in the Block Grant Application. The CMHS Block Grant dollars were spent on community based services to adults with serious mental illness and children with serious emotional disorders. Services to consumers are based on an Individualized Plan of Care. Certification standards and monitoring surveys require and review this mandate. The menu of services for consumers includes Community Support and Medication Management, a "Transformation Service". Suicide Prevention activities utilize $130,000 of the Block Grant and administrative costs of 5% were expended on payroll for DMH staff.

Individualized services to consumers paid from block grant dollars include examples of activities such as:

Community Psychiatric Rehabilitation (CPR)
The CPR program is a consumer and family driven approach that emphasizes individual choices and needs; features flexible community-based services and supports; uses existing community resources and natural support systems; and promotes independence and the pursuit of meaningful living, working, learning, and leisure-time activities in normal community settings. The program provides an array of key services to persons with severe, disabling mental illnesses. Services include evaluations, crisis intervention, community support, medication management, and psychosocial rehabilitation. Because CPRP is a Medicaid supported program, the federal government pays approximately 60 percent of the costs for clients with Medicaid eligibility.

Psychiatric Evaluation/Assessment
Taking relevant medical/psychiatric, social, job, school, family histories and current mental status in preparation for the physician to complete the exam, make a diagnosis and formulate a treatment plan.

Medical Evaluation
Physician or Advanced Practical Nurse evaluation of a new or established client's physical health which includes a history of health issues, and initiation of diagnostic and treatment programs.

Medication Management
Medication services include the assessment of the need for medications, the prescription of medications, and the ongoing management of a medication regimen.

Crisis Intervention
Crisis intervention is emergency services which are immediately available to a client, family member or significant other to ameliorate emotional trauma precipitated by a specific event. Services may be provided by telephone or face to face. Services provided by telephone can not be charged if the provider has a telephone hotline. Telephone crisis intervention services must document the presenting problem, the scope of service provided and resolution.

Intensive Community Support
The purpose of this service is to maintain an individual with a serious mental illness in the community either as an alternative to inpatient care or following inpatient care. Components of the service include participation in the development and maintenance of a comprehensive individualized treatment/rehabilitation plan; training in daily living skills (e.g., housekeeping, cooking, personal grooming); interpersonal counseling, including individualized assistance in problem solving and personal support; and individualized assistance in creating personal support systems.

Community Support
Activities designed to ease an individual's immediate and continued adjustment to community living by coordinating delivery of mental health services with services provided by other practitioners and agencies, and monitoring client progress in organized treatment programs, as defined in Missouri's Code of State Regulations.

Psychosocial Rehabilitation
Psychosocial services provided in a small group setting that enhance independent living skills, address basic self care needs, and enhance use of personal support systems, as defined in Missouri's Code of State Regulations.

Outpatient Community-Based Services
Outpatient services provided in an individual's community offers the least-restrictive environment for treatment. An evaluation and treatment team provides services utilizing the resources of the individual, his/her family, and the community. Outpatient programs offer individual, group, and family therapy, medication management, etc.

Targeted Case Management
Targeted Case Management services are intended to assist individuals in gaining access to psychiatric, medical, social, and educational services and supports.

Day Treatment/Partial Hospitalization
Day treatment offers the least-restrictive care to individuals diagnosed as having a psychiatric disorder and requiring a level of care greater than outpatient services can provide, but not at a level requiring full-time inpatient services. Day treatment may include vocational education, rehabilitation services, and educational services. The focus is on developing supportive medical and psychological and social work services.

Missouri

Child - Summary of Areas Previously Identified by State as Needing Improvement

Child - Report Summary of areas which the State identified in the prior FY's approved Plan as needing improvement

Child – Report Summary
Summary of Areas Previously Identified by State as Needing Improvement

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

1. **Area for Improvement - Financial Limitations**
   Financial limitations continue to cut into the Administration of State mental health services for children. Medicaid eligibility changes in 2005 reduced the number of children covered. The Missouri DMH wants to prevent or minimize cuts to core funding affecting direct consumer care.

   Accomplishment - Established a Comprehensive Children's Mental Health Services System
   In 2004, Senate Bill 1003 (SB1003) was enacted into law establishing a Comprehensive Children's Mental Health Services System. The DMH, in partnership with all of the Departments represented on the Children's Services Commission, are charged with developing a comprehensive children's mental health service system. Legislation mandates that families and representatives of family organizations participate on the Comprehensive System Management Team and the Comprehensive Children's Mental Health Services System Stakeholder's Advisory Group (SAG). At least 51% of the SAG must be family representatives.

   Families of children with severe emotional disturbances advocated for legislation that would allow them to keep custody of their children and receive the needed mental health services. In response to the family voices, SB1003 continues the work of SB266 by addressing the painful choices limited system capacity forced on families of relinquishing custody to access needed services. The legislation requires the Children's Division (CD) to determine which children are in their custody solely due to mental health needs. Then, in partnership with the family and other agencies, submit for court approval, an individualized service plan delineating agency responsibility and funding. For children in need of only mental health services, custody may return to the family while services are provided under the coordination of the DMH with DMH billing the Department of Social Services (DSS) for services. To avoid custody transfers to the CD, SB1003 also allows for the standard means test for children in need of mental health services to be waived.

2. **Area for Improvement – Continued Expansion**
   DMH should continue to expand services for children and youth in need of treatment of co-occurring disorders. The importance of educating elementary and secondary schools about the needs of mentally ill children need to be addressed as part of interagency initiatives.

   Accomplishment - Comprehensive System of Care for Children
   Since 1998 Missouri has entered into partnerships with the federal government to serve as incubators specific to individual community needs for system of care. "The

Partnership for Children and Families" was initiated in 1998 in St. Charles County. In 2002, six counties in southwest Missouri came on line with "Show Me Kids". "Transitions – St. Louis System of Care in St. Louis City/County was developed in 2003. Most recently Buchanan and Andrew counties kicked off the "Circle of H.O.P.E." in 2006.

The Department of Mental Health has eleven System of Care sites operating in Missouri. Currently three sites are funded through the SAMHSA Comprehensive Children's Mental Health Services grants, one site is a graduate of the federal funding and seven are state system of care sites. In a System of Care (SOC), mental health services (psychiatric, mental retardation/developmental disabilities, alcohol and drug abuse) as well as other services and supports are organized in such a way as to enable children with the most complex needs to remain in their homes, schools and communities. System of Care brings the right people together-at multiple levels-to develop resources and remove barriers for children with complex needs that might otherwise fall through the cracks.

3. **Area for Improvement – Transitioning Youth into the Adult System of Care**
   Transitioning youth into the adult system of care continues to need attention. The Missouri DMH needs to address the concerns of the young adult as they age out of the youth system and provide continued support and treatment for youth and their families to the adult system of care.

   Accomplishment – Medicaid Changes
   The Missouri Department of Social Services changed the Medicaid eligibility for medical services to foster children in FY 2007. They have increased the age of eligibility to 21 for that narrow band of youth. This allows for a potential funding source for mental health services to foster children.

4. **Area for Improvement – Suicide Prevention**
   Suicide prevention activities should continue. The Department of Mental Health is committed to reducing the 700 total adult and youth suicides committed each year in Missouri.

   Accomplishment - Suicide Prevention
   Since the federal declaration that suicide is a serious public health concern and the accompanying call to action for individual states, Missouri DMH has accepted the responsibility to provide both leadership and technical assistance on mental health promotion within Missouri communities, and has recognized suicide as a leading public health concern. The Missouri delegation to the national suicide prevention conference in Reno, Nevada, completed a state-wide plan of suicide prevention strategies. Implementation has included passing legislation relative to suicide prevention and establishing a Governor-appointed Suicide Prevention Advisor Committee. A subsequent award of a three-year federal grant to prevent suicide in youth up to age 25 has enabled this high risk group to receive targeted services. DMH utilizes this SAMSHA funding in conjunction with block grant funding to provide state-wide suicide prevention services tailored to local needs and supplemented with local support. Strategies include gatekeeper

training, policy change, a focused initiative on college campuses, regional Resource Centers, incentive awards geared to meet local needs, incorporating suicide prevention information in distance learning courses, a hot line, educational newsletter, raising public awareness through print and electronic media, and conferences. The Suicide Prevention Advisory Committee meets regularly and will issue its first legislatively mandated biannual report by the end of 2007.

Suicide prevention for youth continues to be a priority for Missouri and for the Department of Mental Health. Implementing a SAMSHA youth suicide prevention grant has enabled the state to respond to local needs. Activities have focused on gatekeeper training within schools and youth serving organizations, training parents, teachers and caregivers on the risk and protective factors associated with youth suicide. No one is sure why teens choose to take their lives. Clearly, psychiatric diseases, especially depression, mood and conduct disorders and substance abuse contribute to the risk of teen suicide. Often teenagers who complete suicide are impulsive with little or no planning.

Teens seem to be particularly susceptible to glorified portrayals of suicides by other teens, leading to well-documented "outbreaks" of teen suicides. The Southeast portion of Missouri experienced multiple youth suicides during 2006 and early 2007. DMH responded by contracting with a crisis interventionist to consult with school faculty, survivors, and community leaders. Training was offered for students and community forums were convened to convey the principle that "suicide is everyone's business" and to build local accountability. Plans for the coming year include a newsletter for schools designed to increase student, parent and faculty awareness of signs of suicidal ideation and the resources available for support. Gatekeeper training, raising public awareness, mini grants to accommodate local need and regular meeting of the Suicide Prevention Advisory Committee will also continue.

Missouri

Child - Most Significant Events that Impacted the State in the Previous FY

Child - Report Summary of the most significant events that impacted the mental health system of the State in the previous FY

Child - Report Summary
Most Significant Events that Impacted the State Mental Health System in the Previous FY

Missouri DMH had many significant events impacting the mental health system in FY 2007. Below are significant achievements in addition to the four mentioned under the Areas for Improvement Accomplishments section of this report.

Goal 1: Americans Understand that Mental Health is essential to Overall Health

Prevention
DMH has reviewed its first statutory mandate which is "the prevention of mental disorders, developmental disabilities, substance abuse, and compulsive gambling." An Office of Prevention has been established as a resource for the Department and to infuse the concept of results-oriented prevention throughout the Divisions. Prevention staff have been involved in the Transformation initiative and are seeking ways to link prevention initiatives with all aspects of treatment activities.

The Office of Prevention utilizes the Institute of Medicine's definition of prevention including universal, selective and indicated while working with the framework of risk and protective factors. The mission of the Office of Prevention is: "*To enhance the health and well being of Missouri's children and youth, adults, and families through comprehensive approaches that reduce the incidence and prevalence of developmental disabilities; alcohol and drug abuse; and mental illness*." The Office works to accomplish this mission by:

- Developing policies directed at changing community norms, attitudes, and laws
- Researching and deploying evidence-based preventive interventions to prevent the onset of disorders and disabilities
- Implementing continuous quality improvement strategies and outcome evaluations to ensure that interventions are timely, relevant, and effective
- Conducting staff development and training programs for agency and provider personnel on best practices and prevention strategies
- Coordinating with prevention initiatives within other state departments.

The Office of Prevention has submitted an application for foundation funding under a tobacco prevention and cessation initiative given the tobacco related disparities that exist for consumers of DMH services and coordinated the submission of the continuation application for the youth suicide prevention grant. Significant budget items targeting prevention are under consideration focusing on the elderly, children of offenders, families of soldiers deployed in Iraq and Afghanistan, and young children. Prevention staff have made presentations on prevention to DMH employees and attendees at the Spring Institute and have emphasized the need for a strong prevention component in the Department's policies and procedures relative to abuse and neglect of consumers of mental health services.

A focus on prevention involves outlining a long range plan to move from a culture responding to crisis to a culture of prevention. Embedding prevention in policy and practice is a strategy designed to move operations from a reactive mode of operation to one that stresses proactive approaches. In Missouri, as in the rest of the nation, the landscape of family and community life

is changing rapidly. Our agencies and institutions are morphing in ways not anticipated a decade ago. Key concerns focus on issues of children and youth. There is significant support for promoting well-being and preventing harmful behavior. DMH has an environment of change that can support prevention.

Goal 2: Mental Health Care is Consumer and Family Driven

Stakeholders Advisory Group (SAG)
To guarantee broad input from Missouri's diverse stakeholders, especially families of children with mental health needs, SB1003 established a Stakeholders Advisory Group (SAG). The SAG is charged with providing feedback to the CSMT regarding the quality of services, barriers/successes of the system, advocacy, public relations for the system, use of data to drive decision-making, and identification of emerging issues. The Director of DMH appointed members to serve on the Stakeholders Advisory Committee based on recommendations from the state child serving agencies. Care was taken to ensure that members represent all geographic areas and ethnic populations with at least 51% of the members representing families and youth. The SAG has been meeting quarterly since November, 2005. During the first meeting, members requested the addition of at least two youth that could provide input from their unique perspective. In 2006, three youth were appointed to the SAG. Each youth brought their system experiences (juvenile justice, foster care and community based mental health services) to the committee. Chairs of the SAG were elected in 2006 and by-laws established. As directed in the Plan, three standing committees were formed: Public Education; System Development Monitoring; and Enhancing Parent Involvement. These committees have been meeting monthly as directed in the by-laws. The SAG has submitted a summary of recommendations concerning system development and monitoring under the Plan to the CSMT for implementation.

Consumer Satisfaction Survey
The DMH has implemented a new Consumer Satisfaction Survey. The Mental Health Statistical Improvement Program (MHSIP) survey form recommended by SAMHSA is being used for the adult consumer population. The Youth Services Survey for Families recommended by SAMHSA is being used for child/youth programs. Surveys are being conducted and submitted on a continuous basis.

Goal 3: Disparities in Mental Health Care are Eliminated

Shelter Plus Care
Shelter Plus Care is a program designed to link rental assistance to supportive services on a long-term basis for homeless persons with disabilities, (primarily those with serious mental illness, chronic problems with alcohol and/or drugs, and acquired immunodeficiency syndrome (AIDS) or related diseases) 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. Currently DMH has twenty-three Shelter Plus Care grants. A new 24th grant is beginning operation in 2007 in St. Louis County. These grants provide rental assistance for over 1900 individuals and their families members throughout fifty different

counties expending over $6.5 million a year in rental assistance and $9 million in supportive services.

Goal 4: Early Mental Health Screening, Assessment and Referral to Services is Common Practice

Established and Implemented a "Custody Diversion Protocol" for Children
The Custody Diversion Protocol was developed through the shared efforts of DMH, DSS, courts and family members and implemented statewide in January, 2005 following extensive training of Children's Division (CD) staff, DMH provider staff and juvenile justice officers. In February of 2005, the CD was able to implement a Voluntary Placement Agreement (VPA) through an amendment to the state's IV-E plan. This allowed the CD to enter into a contract with parents to fund a child's out of home placement for a maximum of 180 days if deemed appropriate through a DMH level of care assessment without having to take custody. This VPA is only available in conjunction with the Custody Diversion Protocol. As of the end of 2006, 327 referrals were made with assessments completed. Of those children assessed, 295 or 90% were diverted from state custody. Of those diverted from state custody, 149 or 51% were supported in their homes with community based services and 146 or 49% received out of home services. The continued implementation of the Custody Diversion Protocol will be monitored by the DMH, CD and the Stakeholders' Advisory Group for the Comprehensive Children's Mental Health Service System.

CAFAS
DMH is working with its providers to implement a functional assessment instrument that would be consistent across all three Divisions. The **Child and Adolescent Functional Assessment Scale** (CAFAS) has been selected and will aid the DMH in obtaining the following: a) actively managing services by periodically assessing progress towards specified goals, b) designing treatment plans which link problematic behavior with a target goal and related strengths, and c) assessing outcomes. At least two community mental health centers currently utilize the CAFAS. Training has occurred for the community mental health centers on use of the CAFAS. A pilot of the web-based tool was initiated in October of 2006. Based on these positive outcomes DMH/CPS is expanding the use of the CAFAS into other Service Areas in the state.

Goal 5: Excellent Mental Health Care is Delivered and Research is Accelerated

Evidence Based Practices
The Northwest Region of Missouri utilizes the following evidence based practices for children and youth:

- Treatment Family Homes/Therapeutic Foster Care - Comprehensive Mental Health Services, Family Guidance Center, North Central Missouri Mental Health Services
- Trauma Focused – Cognitive Behavioral Therapy - all eight Administrative Agents in region
- Functional Family Therapy - Pathways Behavioral Healthcare and Truman Behavioral Health
- Parent Child Interaction Therapy - Pathways Behavioral Healthcare and Truman Behavioral Health

Training

The Substance Abuse and Mental Health Services Administration (SAMHSA) held the Summer 2007 System of Care Community Meeting August 1st through 3rd. The theme was "Enhancing Resiliency and Healing: Trauma-Informed Services and Supports." Representatives from Missouri's three currently funded SAMHSA sites (Show Me Kids, Youth in Transitions and Circle of Hope) attended. This is a federally required meeting and brings together 57 currently funded system of care communities from around the country. The purpose of the meeting is for networking, technical assistance and hands-on training as it relates to developing, evaluating and sustaining systems of care.

Two other training opportunities have recently been available to Missouri system of care partners. These trainings were provided by Youth in Transitions – the St. Louis System of Care Project.

1. Wraparound – This free, four-day training covered "high fidelity wraparound philosophy and process" as defined by the best practices National Wraparound Initiative.
2. Family Advocacy – Another free, four-day training targeted to family partners throughout the state who wanted to learn about effective skills of advocacy.

Five trainings were conducted across the state in 2005 by the KC Metro Child Traumatic Stress Program, a partner in the National Child Traumatic Stress Network, for caseworkers and therapists on Identifying and Responding to Child Traumatic Stress. The day long training focused on assisting direct care staff in recognizing the signs of psychological trauma and responding appropriately with services and referrals.

The eight Northwest Administrative Agents pooled their training dollars to implement the several critical trainings. These two training have been sited as needs and recommendations within the Jackson County System of Care Quality Service Review. These trainings will make a vast impact for the region in many ways: consumer outcome, client specific training and professional recruitment, program development, and increased professional consultation, communication and coordination between the divisions of Mental Retardation and Development Disabilities and Comprehensive Psychiatric Services.

- Training One: In conjunction with the Division of Mental Retardation and Development Disabilities Albany and Kansas City Regional Centers, Western Missouri Mental Health Center and the Gillis Center for Children, the eight Administrative Agent Children Directors brought in Marc Goldman for a two day training on the assessment, treatment planning and implementation of strategies for the dually diagnosed population. Each agency brought in a team of 5-7 staff including Qualified Mental Health Professional (QMHP) and Targeted Case Management/Community Support Work staff. The first round of training taught the Functional Analysis by the QMHP and Mental Retardation Professional, how to develop behavioral strategies from the analysis utilizing Positive Behavioral Supports, how to develop and implement the Person Centered Plan, how the QMHP/QMRP leads the design, structure and implementation of these strategies towards the desired outcome. Each team will then go back and perform the

functional analysis, design and develop behavioral strategies through Positive Behavioral Supports and implement the Person Centered Plan. In 30 days, Marc will then return to consult for one day with each of the teams regarding the process, plan, implementation, difficulties and further strategies and resources. Over 100 staff from 12 agencies have received the training.

- Training Two: The Evidence Based Practice Model of Trauma Focused Cognitive Behavioral Therapy was presented to the eight Administrative Agents. The Clinical Supervisor and the primary therapist were encouraged to attend. This training was provided by the Children's Place staff Margaret Comford. There was a one day session training on the model and supervision. Then for the next 30 days there was on-line exercises and response as therapists on utilizing the EBP model. There was a second day for consultation and follow up. Lastly, there will then be six months of supervisory oversight with the Clinical Supervisor and primary therapist provided by Margaret Comford and her staff. Nineteen therapists have been credentialed in the eight Administrative Agents to provide Trauma Focused Cognitive Behavioral Therapy.

Quality Service Review

SB1003 requires that the Children's Comprehensive Mental Health System be outcome based. In order to track child outcomes, system effectiveness and assure that the system provides high quality service to children and their families, the child-serving agencies and child advocates joined in this effort selected the Quality Service Review (QSR). The QSR, designed by Dr. Ivor Groves and adapted to Missouri, measures the quality of interactions between frontline practitioners, children and their families and the effectiveness of the services and supports provided. This process has a strong history in Missouri as it has been used by the Department of Social Services (DSS) for Practice Development Review (PDR).

To date the QSR instrument and interview process has been developed and piloted in seven of the local system of care sites under the direction of the CSMT. Results from the initial review shows that between 60% and 70% of the children with the most complex needs are improving in the key areas of safety, staying in school, and improved emotional and behavioral well-being. At the system level, review findings reflect the evolutionary nature of system of care development with the more established sites showing the most creativity and flexibility in how they use existing dollars and work collaboratively to meet the needs of children.

Positive Behavior Support

Department of Elementary and Secondary Education (DESE) has identified Positive Behavior Support (PBS) as an evidence-based approach to support children succeeding in school. PBS teams have been created in several local school districts through a State Improvement Grant. The Comprehensive System Management Team is working with DESE to incorporate the PBS approach into system of care for children and youth with mental health needs.

Goal 6: Technology is used to Access Mental Health Care and Information

State Cross-Departmental Data Warehouse for Children

Surveillance and assessment of mental health needs is critical to the development of the proposed system. To assist with this assessment, the Plan recommended the creation of a "data warehouse" process to compile needed data across the multiple child serving agencies. DMH in partnership with DSS and the Information Technology Services Division has completed the initial and second phases of development of a data warehouse. The first phase which identified specific subject areas, systems and data attributes to be included in the data warehouse was completed in November 2005. The second phase completed in June 2006 included the development of the logical data model, the quality assurance plan, and the technical architecture requirements. Components of the final phase of development which began in 2007 include the completion of the physical data model and the data dictionary, development of hardware and software, and testing and training.

When completed, the data warehouse will compile data across child-serving agencies in a comprehensive, integrated, and reliable view of all relevant information collected to permit quality decision making. The system will allow access to such information as level of function, service needs, utilization, and financial expenditures. While the initial pilot has focused on the Department of Mental Health and Department of Social Services other state agencies providing services to children have been involved in the process so that in the future they can participate as time and resources permit.

Missouri

Child - Purpose State FY BG Expended - Recipients - Activities Description

Child - A report on the purpose for which the block grant monies for State FY were expended, the recipients of grant funds, and a description of activities funded by the grant.

Department of Mental Health
Division of Comprehensive Psychiatric Services
FY 2007 Block Grant Expenditures

Provider	Adult	Youth	Total
Bootheel Counseling Services	$ 53,844	$ 7,223	$ 61,067
Burrell Center	$ 1,154,763	$ 109,211	$ 1,263,974
Clark Community Mental Health	$ 105,092	$ 15,379	$ 120,471
Community Counseling Center	$ -	$ 10,265	$ 10,265
Community Health Plus - Park Hills	$ 121,516	$ -	$ 121,516
Community Health Plus - St. Louis	$ 940,450	$ 312,537	$ 1,252,987
Community Network for Behavior	$ 7,874	$ 1,252	$ 9,127
Community Treatment	$ 2,621	$ 16,103	$ 18,724
Comprehensive Mental Health	$ 108,969	$ 8,163	$ 117,132
County of Nodaway Committee	$ 6,677	$ 1,062	$ 7,739
Crider Center for Mental Health	$ 346,265	$ 2,025	$ 348,291
Comprehensive Psychiatric Services CO	$ 196,289	$ 31,218	$ 227,507
Dexter Community Regional	$ 5,822	$ 926	$ 6,748
East Central MO Behavioral Health	$ 38,823	$ 13,668	$ 52,491
University Behavioral Health	$ 236,229	$ 49,995	$ 286,224
Family Counseling Center	$ 341,438	$ 28,277	$ 369,715
Family Guidance Center	$ 213,529	$ 3,048	$ 216,577
Hopewell Center	$ 386,715	$ 32,335	$ 419,049
Kids Under Twenty One	$ -	$ 17,530	$ 17,530
Mark Twain Mental Health	$ 165,213	$ 13,388	$ 178,601
New Horizons Community Support	$ 78,899	$ -	$ 78,899
North Central	$ 49,462	$ 12,953	$ 62,415
Ozark Center	$ 186,672	$ 41,492	$ 228,164
Ozark Medical Center	$ 26,892	$ 24,197	$ 51,089
Pathways Community Behavioral Health	$ 590,055	$ 113,486	$ 703,541
ReDiscover Mental Health	$ 87,059	$ 2,977	$ 90,036
Regional Healthcare Foundation	$ 1,480	$ 235	$ 1,715
Tri-County Mental Health Services	$ 295,008	$ 54,911	$ 349,919
Truman Behavioral Health	$ 575,339	$ 59,769	$ 635,108
Total	$ 6,322,995	$ 983,625	$ 7,306,621

Child – Report Summary
Purpose State FY BG Expended - Recipients - Activities Description

Community Psychiatric Rehabilitation (CPR) provides a range of essential mental health service to children and youth with serious emotional disturbances. These community-based services are designed to maximize independent functioning and promote recovery and self-determination. In addition, they are designed to increase the interagency coordination and collaboration in all aspects of the treatment planning process. Ultimately, the services help to reduce inpatient hospitalizations and out-of-home placements. At intake children and youth are required to have a medical examination. Community Support Workers with the CPR program keep track of medical conditions and record changes as they occur. Individuals access medical and dental care along with other critical services with the assistance of their community support worker. The CPR program has developed strategies to help youth with substance abuse/addiction. Youth identified as having a co-occurring disorder are referred to Comprehensive Substance Treatment and Rehabilitation (CSTAR) programs in their community or service area. CSTAR programs use research based treatment modalities to address problems with substance abuse and addiction. CPR and CSTAR programs cooperate to develop a treatment plan to meet each individual's needs. The Community Support Worker is often the person coordinating services and finding resources needed to pay for critical medical, dental or other related services. In January 2002, The Division of Comprehensive Psychiatric Services added an "intensive" level of care to the Community Psychiatric Rehabilitation (CPR) program and implemented a Provisional Admission category in CPR. These two changes allow expanded services under the CPR program service umbrella. Children and youth are able stay in the community when they experience an acute psychiatric condition and need time limited intensive services through the CPR program. The Provisional Admission allows 90 days for providers to enroll a child or youth who meets the disability, but not the diagnostic requirements so that a comprehensive evaluation may be completed. If the agency determines that an eligible diagnosis cannot be verified, then there is time to transition the individual to appropriate programs and services. In March of 2003, CPR eligibility codes for children and youth were expanded with three new diagnoses. They are: Major depressive disorder, single episode; Bipolar disorder, not otherwise specified; Reactive attachment disorder of infancy or early childhood.

Community Support Services within the CPR program provide a range of support to consumers in the community. Support begins with discharge planning at the institutional level or with admission and intake in the community. Individuals plan and direct the supportive services that they receive and are assisted with community integration so that they are able to draw on natural and family supports within their community.

Day Treatment offers an alternative form of care to children with SED who require a level of care greater than can be provided by the school or family, but not as intensive as full-time inpatient service. Day treatment may include vocational education, rehabilitation services, individual and group therapies and educational service. Youth preparing for jobs are referred to the local Vocational Rehabilitation services through an agreement with community psychiatric services providers and Vocational Rehabilitation.

Family Support is a treatment plan driven service that is designed to develop a support system for parents of children with a serious emotional disturbance and/or acute crisis. This service provides parent-to-parent guidance that is directed and authorized by the treatment plan. Some of the activities provided in this service are: problem solving, emotional support, disseminating information, and linking to services.

Intensive Targeted Case Management (ITCM) – Children already admitted to the system are eligible for ITCM. The service supports children and families by linking them to the service system and coordinating the various services they receive. Case managers work with the families, treatment providers and other child-serving agencies to assist the children to remain in or progress toward least-restrictive environments. CPR programming also provides case management through the treatment team approach. Each member of the team contributes to treatment planning.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Increased Access to Services (Number)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 Percentage Attained
Performance Indicator	24	24	24	24.50	102.08
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: Increase access to services

Target: Increase the percentage of adults with SMI receiving mental health services

Population: Adults with SMI

Criterion: 2:Mental Health System Data Epidemiology
3:Children's Services

Indicator: Percentage of adults with SMI who receive CPS funded services divided by the estimated prevalence of the individuals with SMI in Missouri

Measure: The numerator is the number of adults with SMI served with CPS funds. The denominator is the estimated prevalence of SMI at 5.7% of the population.
FY2005 57,754/239,932 = 24%
FY2006 58,588/239,932 = 24.4%
FY2007 58,926/239,932 = 24.5%

Sources of Information: CIMOR

Special Issues: Mental health services are underfunded both nationally and in the State of Missouri.

Significance: Due to fiscal constraints, Missouri CPS is only meeting 24% of the estimated prevalence of SMI.

Activities and strategies/ changes/ innovative or exemplary model: Additional money has been added to the FY2008 DMH budget to enhance community mental health treatment. Both Assertive Community Treatment and a collaboration between Federally Qualified Health Centers and Community Mental Health Centers has been funded. The DMH will continue to explore funding opportunities to meet the mental health needs of Missourians.

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

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Reduced Utilization of Psychiatric Inpatient Beds - 30 days (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 Percentage Attained
Performance Indicator	8.70	9.26	9.36	6.43	145.57
Numerator	713	691	--	576	--
Denominator	8,170	7,463	--	8,963	--

Table Descriptors:

Goal: Decrease rate of readmission to state psychiatric hospitals within 30 days

Target: Decrease the percentage of adults readmitted to state psychiatric hospitals within 30 days of discharge

Population: Adults with SMI

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

Indicator: Percentage of adults readmitted to state psychiatric hospitals within 30 days of discharge

Measure: The numerator is number of clients readmitted to state psychiatric hospitals within 30 days of discharge. The denominator is total discharges from state psychiatric hospitals in year.

Sources of Information: CIMOR

Special Issues: Adult SMI admissions are frequently linked to involuntary commitments and forensic issues beyond the control of the department.

Significance: Community Psychiatric Rehabilitation Programs (CPRP) serve adults with Severe Mental Illness within their community with the goal of reducing admissions and readmissions into State psychiatric hospital beds. The program provides medications and psychiatric services in the community. The program provides case management activities and community support, linking individuals with appropriate programs and services within their community, providing experiential training in social and professional settings, and helping individuals access treatment and follow a treatment regimen.

Activities and strategies/ changes/ innovative or exemplary model: State hospitals and community service providers will continue collaborative activities to keep individuals out of the state hospitals when possible.

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

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Reduced Utilization of Psychiatric Inpatient Beds - 180 days (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 Percentage Attained
Performance Indicator	14.52	14.84	14.84	11.87	125.02
Numerator	1,832	1,723	--	1,490	--
Denominator	12,619	11,607	--	12,548	--

Table Descriptors:

Goal: Decrease the rate of readmission to State psychiatric hospitals within 180 days

Target: This is a new data element for Missouri's block grant. In previous block grant applications, the department has reported average length of stay for adults admitted to State-operated acute inpatient hospitalizations. The division is in the process of developing a target for readmission within 180 days.

Population: Adults with SMI

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

Indicator: Percentage of adults readmitted to State psychiatric hospitals within 180 days of discharge

Measure: The numerator is number of clients readmitted to State psychiatric hospitals within 180 days of discharge.
The denominator is total discharges from State psychiatric hospitals in year.

Sources of Information: CIMOR

Special Issues: Adult SMI admissions are frequently linked to involuntary commitments and forensic issues beyond the control of the division.

Significance: Community Psychiatric Rehabilitation Programs (CPRP) serve adults with Severe Mental Illness within their community with the goal of reducing admissions and readmissions into State psychiatric hospital beds. The program provides medications and psychiatric services in the community. The program provides case management activities and community support, linking individuals with appropriate programs and services within their community, providing experiential training in social and professional settings, and helping individuals access treatment and follow a treatment regimen.

Activities and strategies/ changes/ innovative or exemplary model: State hospitals and community service providers will continue collaborative activities to keep individuals out of the state hospitals when possible.

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

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☑

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

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 Percentage Attained
Performance Indicator	1	1	2	2	100
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: Increase the number of Evidence Based Practices utilized in the Missouri mental health system

Target: Increase the number of Evidence Based Practices utilized in the Missouri mental health system

Population: Adults with SMI

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

Indicator: Number of Evidence Based Practices utilized in the Missouri mental health system

Measure: No numerator or denominator.

Sources of Information: Department of Mental Health, Division of Comprehensive Psychiatric Services

Special Issues: Missouri has been implementing EBP of Supported Employment for years. Newly added over the past year is Integrated Dual Disorders Treatment. Over the next year Assertive Community Treatment is being added to the EBPs being implemented in Missouri.

Significance: CPS has one Evidence Based Practice of Supported Employment implemented in multiple agencies across the State. Through the Co-Occurring State Incentive Grant (COSIG), the DMH has implemented pilot sites with Integrated Dual Disorders Treatment in fiscal year 2007. The level of fidelity to the EBP toolkit model has been assessed for both EBPs.

Activities and strategies/ changes/ innovative or exemplary model: CPS is working towards integrating employment activities into all consumer individualized treatment plans, when appropriate, in the Community Mental Health Center system beyond these seven programs. CPS is also working to consistently implement Integrated Dual Diagnosis Treatment and Assertive Community Tratment evidence based practices in the mental health system.

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

ADULT - IMPLEMENTATION REPORT

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

Name of Implementation Report Indicator: Evidence Based - Number of Persons Receiving Supported Housing (Number)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 Percentage Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal:

Target:

Population:

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

Indicator:

Measure:

Sources of Information:

Special Issues:

Significance:

Activities and strategies/ changes/ innovative or exemplary model:

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

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Evidence Based - Number of Persons Receiving Supported Employment (Number)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 Percentage Attained
Performance Indicator	444	460	480	1,078	224.58
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: Increase the number of individuals receiving Evidence Based Practice of Supported Employment

Target: Increase the number of individuals receiving Evidence Based Practice of Supported Employment

Population: Adults with SMI

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

Indicator: Number of individuals receiving the Evidence Based Practice of Supported Employment through cooperative services between the Community Mental Health Centers (CPS vendors) and Missouri Division of Vocational Rehabilitation

Measure: Number of individuals receiving the Evidence Based Practice of Supported Employment through cooperative services between the Community Mental Health Centers and Missouri Division of Vocational Rehabilitation. No numerator or denominator.

Sources of Information: Missouri Department of Elementary and Secondary Education, Division of Vocational Rehabilitation

Special Issues: The Division of CPS received a National Institute of Health grant to survey their Supported Employment Services. National experts in the field have consulted with CPS and VR to strengthen the system for employment opportunities for consumers.

Significance: The Division of Comprehensive Psychiatric Services and the Division of Vocational Rehabilitation have a strong working relationship.

Activities and strategies/ changes/ innovative or exemplary model: The Divisions of CPS and VR will continue to strengthen their partnership for the purpose of increasing the number of clients with psychiatric illness finding and maintaining competitive employment.

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

ADULT - IMPLEMENTATION REPORT

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

Name of Implementation Report Indicator: Evidence Based - Number of Persons Receiving Assertive Community Treatment (Number)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 Percentage Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal:

Target:

Population:

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

Indicator:

Measure:

Sources of Information:

Special Issues:

Significance:

Activities and strategies/ changes/ innovative or exemplary model:

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

ADULT - IMPLEMENTATION REPORT

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

Name of Implementation Report Indicator: Evidence Based - Number of Persons Receiving Family Psychoeducation (Number)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 Percentage Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal:

Target:

Population:

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

Indicator:

Measure:

Sources of Information:

Special Issues:

Significance:

Activities and strategies/ changes/ innovative or exemplary model:

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

ADULT - IMPLEMENTATION REPORT

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

Name of Implementation Report Indicator: Evidence Based - Number of Persons Receiving Integrated Treatment of Co-Occurring Disorders(MISA) (Number)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 Percentage Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal:

Target:

Population:

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

Indicator:

Measure:

Sources of Information:

Special Issues:

Significance:

Activities and strategies/ changes/ innovative or exemplary model:

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

ADULT - IMPLEMENTATION REPORT

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

Name of Implementation Report Indicator: Evidence Based - Number of Persons Receiving Illness Self-Management (Number)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 Percentage Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal:

Target:

Population:

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

Indicator:

Measure:

Sources of Information:

Special Issues:

Significance:

Activities and strategies/ changes/ innovative or exemplary model:

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

ADULT - IMPLEMENTATION REPORT

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

Name of Implementation Report Indicator: Evidence Based - Number of Persons Receiving Medication Management (Number)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 Percentage Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal:

Target:

Population:

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

Indicator:

Measure:

Sources of Information:

Special Issues:

Significance:

Activities and strategies/ changes/ innovative or exemplary model:

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

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Client Perception of Care (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 Percentage Attained
Performance Indicator	90	90	90	90.44	100.49
Numerator	2,424	2,424	--	1,163	--
Denominator	2,498	2,698	--	1,286	--

Table Descriptors:

Goal: Clients reporting positively about outcomes

Target: The target is that more than 90% of the respondents to the Consumer Satisfaction Survey will be satisfied or very satisfied with the services received.

Population: Adults receiving Community Psychiatric Services funded by CPS

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

Indicator: Percentage of adults satisfied or very satisfied with services

Measure: The numerator is the number of clients reporting being "satisfied" or "very satisfied" with the services provided. The denominator is the total number of clients surveyed.

Sources of Information: Consumer Satisfaction Survey

Special Issues: The Consumer Satisfaction Survey is conducted on a continuous basis using a revised form of the MHSIP. The survey size is relatively small due to the new survey design and process.

Significance: Consumers were generally satisfied with services.

Activities and strategies/ changes/ innovative or exemplary model: The department will continue to use the revised MHSIP to gather consumer satisfaction data. The data will be analyzed and used to measure consumer outcomes.

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

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Adult Expenditures per capita

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 Percentage Attained
Performance Indicator	68.29	69.65	69.65	71.86	103
Numerator	287,474,527	297,901,005	--	307,377,502	--
Denominator	4,209,334	4,277,335	--	4,277,335	--

Table Descriptors:

Goal:	Maintain expenditures per capita
Target:	Expenditures per capita will be equal to or greater than previous years
Population:	Adults with SMI.
Criterion:	5:Management Systems
Indicator:	CPS expenditures per capita
Measure:	The numerator is the CPS expenditures on adult consumer services. The denominator is the population of Missouri.
Sources of Information:	expenditure report and population data
Special Issues:	
Significance:	Developing and maintaining a system of care and equitable allocation of resources are essential to providing mental health services to the target population.
Activities and strategies/ changes/ innovative or exemplary model:	DMH plans to maintain existing community-based services and increase effectiveness through State general revenue and/or other resources.
Target Achieved or Not Achieved/If Not, Explain Why:	Target Achieved

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Adult Expenditures per person served

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 Percentage Attained
Performance Indicator	4,939	5,117	5,117	5,435	106
Numerator	287,474,527	297,901,005	--	307,377,502	--
Denominator	58,210	58,213	--	56,553	--

Table Descriptors:

Goal: Maintain expenditures per person served

Target: Expenditures per person served will be equal to or greater than previous years

Population: Adults with SMI

Criterion: 5:Management Systems

Indicator: CPS Average Expenditures per person served

Measure: The numerator is CPS expenditures on adult consumer services. The denominator is number of persons served.

Sources of Information: Expenditures Report

Special Issues: Decrease in state general revenue dollars over the past five years has strained the mental health system

Significance: Developing and maintaining a system of care and equitable allocation of resources are essential to providing mental health services to the target population.

Activities and strategies/ changes/ innovative or exemplary model: To maintain existing community based services and increase effectiveness through State general revenue and/or other resources

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

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Case Management Services

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 Percentage Attained
Performance Indicator	37,068	38,723	38,900	39,822	102
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: Provide case management/community support services to eligible adults with SMI

Target: Increase the number of individuals receiving case management/community support services

Population: Adults with SMI

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems

Indicator: Number of individuals receiving case management/community support services

Measure: There is no numerator or denominator.

Sources of Information: Services billing database

Special Issues:

Significance: Case management/community support work along with medication management have been shown to reduce the rate of hospitalization. The DMH provides case management to eligible adults with SMI within the CPS system to reduce hospitalizations and allow individuals to live productive lives in their communities. The majority of the individuals receiving case management/community support are participating in the Comprehensive Psychiatric Rehabilitation Programs.

Activities and strategies/ changes/ innovative or exemplary model: CPS requested and received general revenue funding to expand the services provided to include the Assertive Commmunity Treatment evidence based practice model. With additional resources and a team approach more consumers can live health lives in their communities.

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

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Percentage of adults receiving services

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 Percentage Attained
Performance Indicator	24	24	24	24.50	102
Numerator	57,754	58,588	--	58,926	--
Denominator	239,932	239,932	--	239,932	--

Table Descriptors:

Goal:	Provide mental health services to the target population of adults with SMI
Target:	Maintain or increase the percentage of adults with SMI receiving mental health services
Population:	Adults diagnosed with SMI.
Criterion:	2:Mental Health System Data Epidemiology
Indicator:	Percentage of adults with SMI who receive CPS funded services versus the estimated prevalence of SMI in Missouri
Measure:	The numerator is the number of adults with SMI served with CPS funds. The denominator is the estimated prevalence of SMI at 5.7% of population.
Sources of Information:	CIMOR; provider billing database; federal census and SMI prevalence table
Special Issues:	Mental health services are underfunded both nationally and in the State of Missouri.
Significance:	Due to fiscal contraints, Missouri is only meeting the mental health needs of 24% of the estimated prevalence.
Activities and strategies/ changes/ innovative or exemplary model:	The DMH and CPS will continue to explore funding opportunities to meet the mental health needs of Misourians.
Target Achieved or Not Achieved/If Not, Explain Why:	Target Achieved

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Rural adults receiving mental health services

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 Percentage Attained
Performance Indicator	20.60	19.95	20	20	100
Numerator	40,695	40,297	--	39,952	--
Denominator	197,678	201,969	--	201,969	--

Table Descriptors:

Goal: Maintain access and capacity of mental health services to adults with SMI who live in rural areas

Target: Maintain the percentage of adults with SMI living in rural areas who are receiving CPS funded mental health services

Population: Adults with SMI

Criterion: 4:Targeted Services to Rural and Homeless Populations

Indicator: Percentage of adults with SMI in rural areas receiving CPS funded mental health services

Measure: The numerator is number of adults with SMI served in rural Missouri. The denominator is adult SMI prevalence at 5.7% for rural Missouri.

Sources of Information: CIMOR; Census and Prevalence Table

Special Issues: Of the 25 service areas in Missouri, 16 are designated rural or semi-rural according to definitions based on boundaries of Metropolitan Statistical Areas adopted by DMH/CPS. Approximately 15% of the state's population live in rural areas, and 25% are concentrated in small towns and cities.

Significance: Mental illness and its complications and lack of access to care have been identified as major rural health concerns at the national and state level. The Division of CPS is committed to providing mental health services to rural Missourians.

Activities and strategies/ changes/ innovative or exemplary model: CPS will maintain mental health services to adults with SMI in rural and semi-rural areas of the state.

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

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Increased Access to Services (Number)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 Percentage Attained
Performance Indicator	15,719	16,876	16,876	15,969	94.63
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: Increase access to mental health services for children/youth

Target: Increase the number of children/youth receiving CPS funded services

Population: Children and youth with SED

Criterion: 2:Mental Health System Data Epidemiology
3:Children's Services

Indicator: Total number of children/youth receiving CPS funded services

Measure: No numerator or denominator

Sources of Information: CIMOR

Special Issues: Mental health services for children/youth are underfunded both nationally and in the State of Missouri. Missouri experienced decreases in State general revenue dollars over a five year period. Decreases in families receiving Medicaid due to state changes in Medicaid eligibility criteria continue.

Significance: Due to fiscal constraints, Missouri is only meeting the mental health needs of 15-16% of the estimated prevalence of children/youth with severe emotional disorders.

Activities and strategies/ changes/ innovative or exemplary model: DMH will continue to build community based services for children and youth with SED based on Missouri's Comprehensive Chidlren's Mental Health Plan.

Target Achieved or Not Achieved/If Not, Explain Why: Target Achieved at 95%
The decrease in number of children served between FY 2006 and FY 2007 may be due to normal fluctuations. The FY 2007 number is an increase from the FY 2005 number served. No new money has been received to increase the numbers of children/youth served. Options for increased funding are continuously being explored. Will attempt to set more realistic targets in the future.

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Reduced Utilization of Psychiatric Inpatient Beds - 30 days (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 Percentage Attained
Performance Indicator	6.50	4.55	6.50	6.12	106.21
Numerator	46	33	--	53	--
Denominator	706	726	--	866	--

Table Descriptors:

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

Target: Achieve a level of less than the FY2005 rate of 6.5% of children and youth readmitted to State psychiatric inpatient care within 30 days of discharge.

Population: Children and youth with SED

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

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

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

Sources of Information: CIMOR

Special Issues: The total number of children and youth that are served by the Division is expected to remain stable or increase as the system of care expands.

Significance: A major outcome of the development of a community-based system of care is the reduced readmission to State-operated psychiatric hospital beds.

Activities and strategies/ changes/ innovative or exemplary model: Develop and support community based resources to help reduce readmission rates for children and youth in the Missouri mental health system of care.

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

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Reduced Utilization of Psychiatric Inpatient Beds - 180 days (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 Percentage Attained
Performance Indicator	12.32	11.62	N/A	9.11	N/A
Numerator	113	109	--	119	--
Denominator	917	938	--	1,306	--

Table Descriptors:

Goal:	Decrease the rate of readmission to State psychiatric hospital beds within 180 days
Target:	This is a new data element for Missouri's block grant. In previous block grant applications, the average length of stay for children and youth admitted to State-operated acute inpatient hospitalizations was reported. The division is in the process of developing a target for readmission within 180 days.
Population:	Children and youth with SED.
Criterion:	1:Comprehensive Community-Based Mental Health Service Systems 3:Children's Services
Indicator:	Percentage of children and youth with SED readmitted to State psychiatric hospitals within 180 days of discharge
Measure:	The numerator is number of children and youth readmitted to State psychiatric hospitals within 180 days of discharge. The denominator is total discharges for children and youth from State psychiatric hospitals.
Sources of Information:	CIMOR
Special Issues:	The total number of children and youth that are served by the Division is expected to remain stable or increase as the system of care expands. The hope is that the relative overall utilization and average length of stay in State-operated psychiatric hospitals will decrease as community-based alternatives are developed. Recent funding limitations and changes in funding for foster care may have a negative impact on this indicator.
Significance:	A major outcome of the development of a community-based system of care is the reduced readmission to State-operated psychiatric hospital beds and a reduced average length of stay.
Activities and strategies/ changes/ innovative or exemplary model:	Develop and support community based resources to help reduce readmission rates for children and youth in the Missouri mental health system of care. Through the Comprehensive Children's System of Care collaborations, the department will efficiently use resources and enhance services to children and families.
Target Achieved or Not Achieved/If Not, Explain Why:	Target Achieved

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐

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

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 Percentage Attained
Performance Indicator	1	1	1	1	100
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: Provide one Evidence Based Practice of Therapeutic Foster Care Programs to children and youth with SED

Target: Maintain the number of licensed Therapuetic Foster Care Programs in Missouri

Population: Children and Youth with SED

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

Indicator: Number of Evidence Based Practices approved by SAMHSA for the Block Grant utilized in Missouri

Measure: Number of Evidence Based Practices approved by SAMHSA for the Block Grant utilized in Missouri (No numerator or denominator)

Sources of Information: Missouri Department of Mental Health

Special Issues: The Department of Mental Health meets the federal definition for Therapeutic Foster Care listed in the Block Grant application. Therapeutic Foster Care Programs licensing requirements define program as "Family living arrangement, a residential facility operated in the owned or leased permanent residence of the licensee, serving no more that three (3) residents who are integrated into the licensee's family unit. The facility does not normally use direct-care staff other than members of the household."

Significance: The Department of Mental Health licenses 115 Treatment Family Homes of which 65 are specifically for children and youth with SED. The remaining homes are specific to the developmental disability population.

Activities and strategies/ changes/ innovative or exemplary model: The Department of Mental Health, Division of Comprehensive Psychiatric Services currently provides one evidence based practice to children, youth and families using the State licensed Therapeutic Foster Care Programs.

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

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☑

Name of Implementation Report Indicator: Evidence Based - Number of Persons Receiving Therapeutic Foster Care (Number)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 Percentage Attained
Performance Indicator	108	138	115	149	129.57
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal:	Increase the number of SED children and youth receiving the Evidence Based Practice of Therapeutic Foster Care
Target:	Maintain or increase the number of children receiving services in Therapeutic Foster Care
Population:	Children and youth with SED
Criterion:	1:Comprehensive Community-Based Mental Health Service Systems 3:Children's Services
Indicator:	Number of children and youth with SED receiving Therapeutic Foster Care (No numerator or denominator)
Measure:	Number of children and youth with SED receiving Therapeutic Foster Care
Sources of Information:	Supported Community Living Regional Offices and Children's Area Directors
Special Issues:	The department is refining the measurement to a centralized Statewide manner for Therapeutic Foster Care to assure accuracy and consistency of numbers served.
Significance:	The department meets the definition of Therapeutic Foster Care provided in the application instructions.
Activities and strategies/ changes/ innovative or exemplary model:	Continue to refine the collection of data to accurately measure Therapeutic Foster Care number of clients served
Target Achieved or Not Achieved/If Not, Explain Why:	Target Achieved

CHILD - IMPLEMENTATION REPORT

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

Name of Implementation Report Indicator: Evidence Based - Number of Persons Receiving Multi-Systemic Therapy (Number)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 Percentage Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal:

Target:

Population:

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

Indicator:

Measure:

Sources of Information:

Special Issues:

Significance:

Activities and strategies/ changes/ innovative or exemplary model:

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

CHILD - IMPLEMENTATION REPORT

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

Name of Implementation Report Indicator: Evidence Based - Number of Persons Receiving Family Functional Therapy (Number)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 Percentage Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal:

Target:

Population:

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

Indicator:

Measure:

Sources of Information:

Special Issues:

Significance:

Activities and strategies/ changes/ innovative or exemplary model:

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

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Client Perception of Care (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 Percentage Attained
Performance Indicator	92.30	92.30	90	83.68	92.98
Numerator	350	350	--	159	--
Denominator	379	379	--	190	--

Table Descriptors:

Goal: Maintain high level of consumer satisfation

Target: Maintain the 90% level of consumer satisfaction with services provided

Population: Children and youth with SED

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

Indicator: Percentage of parents of children with SED satisfied or very satisfied with services received

Measure: The numerator is number of parents of children and youth with SED receiving services who are satisfied with those services. The denominator is total number of parents of children and youth with SED receiving services who responded to the consumer satisfaction survey.

Sources of Information: Consumer Satisfaction Survey

Special Issues: The Consumer Satisfaction Survey has recently been changed to the Youth Services Survey for Families for consistency with national data collection. The sample size is small as the DMH has just recently begun the new survey format. Additionally the format, design and process are all new.

Significance: Parents of children with SED were satisfied with services received.

Activities and strategies/ changes/ innovative or exemplary model: Continue to use new survey tool and increase number of completed surveys received.

Target Achieved or Not Achieved/If Not, Explain Why: Performance Indicator changed - Target no longer applicable. Results due to recently implemented new survey tool recommended by SAMHSA and small sample size.

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Children/youth expelled from school

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 Percentage Attained
Performance Indicator	N/A	N/A	N/A	.34	0
Numerator	N/A	N/A	--	64	--
Denominator	N/A	N/A	--	187	--

Table Descriptors:

Goal: Keep children/youth with SED engaged in school

Target: New measurement

Population: Children/youth with SED

Criterion: 3:Children's Services

Indicator: Percentage of children/youth with SED suspended or expelled from school

Measure: The numerator is number of children/youth suspended or expelled from school.
The denominator is the total number of children/youth with SED with a status report completed for the fiscal year.

Sources of Information: Youth Status Report

Special Issues: CPS has changed the data collection process for this item to be consistent with the URS tables requested by SAMHSA.

Significance:

Activities and strategies/ changes/ innovative or exemplary model: DMH services will continue to support children/youth with SED in their communities to maintain school attendance.

Target Achieved or Not Achieved/If Not, Explain Why: New measure created for consistency with SAMHSA developmental data request changes

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Expenditures per capita

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 Percentage Attained
Performance Indicator	38.35	37.36	37.36	36.11	97
Numerator	54,543,690	55,315,792	--	53,478,745	--
Denominator	1,422,210	1,480,763	--	1,480,763	--

Table Descriptors:

Goal: Maintain expenditures per capita

Target: Expenditures per capita will be equal to or greater than previous years

Population: Children with SED

Criterion: 5:Management Systems

Indicator: Per capita expenditures for SED children receiving CPS funded services

Measure: The numerator is the CPS expenditures on children consumer services. The denominator is the child and youth population of Missouri.

Sources of Information: expenditure report and census data

Special Issues: A decrease in State of Missouri general revenue dollars over the past five years has strained the mental health system. CPS has attempted to maintain spending per capita; however, the decreases have effected the amount available for children's services for FY 2007. Additionally the population of Missouri has increased and general revenue has not increased in kind.

Significance: The decrease in expenditures per capita may be due to the Voluntary Placement Agreement Custody Diversion Protocol implementation that allow parents to retain custody of their children and still receive mental health treatment for them. Parents may be choosing to send their children/youth to treatment programs other than the Community Mental Health Centers.

Activities and strategies/ changes/ innovative or exemplary model: The Statewide Comprehensive Children's System of Care will continue the collaboration of state and local agencies to ensure dollars are use effectively and efficiently to treat the most numbers of children with the services needed for recovery.

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

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Expenditures per person served

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 Percentage Attained
Performance Indicator	3,469.92	3,277.78	N/A	3,348.91	N/A
Numerator	54,543,690	55,315,792	--	53,478,745	--
Denominator	15,719	16,876	--	15,969	--

Table Descriptors:

Goal: Maintain expenditures per person served

Target: Expenditures per person served will be equal to or greater than previous years

Population: Children with SED

Criterion: 5:Management Systems

Indicator: CPS Average Expenditures per person served for children and youth with SED

Measure: The numerator is CPS expenditures on children and youth with SED consumer services. The denominator is number of children and youth with SED served.

Sources of Information: Expenditures report; census data

Special Issues:

Significance:

Activities and strategies/ changes/ innovative or exemplary model: The Statewide Comprehensive Children's System of Care will continue the collaboration of state and local agencies to ensure dollars are use effectively and efficiently to treat the most numbers of children with the services needed for recovery.

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

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Number of Children with SED receiving CPR

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 Percentage Attained
Performance Indicator	5,168	5,200	5,250	4,775	91
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: Increase the number of children and youth with SED receiving Comprehensive Psychiatric Rehabilitation services

Target: Increase the number of children and youth with SED receiving Comprehensive Psychiatric Rehabilitation services

Population: Children and youth with SED

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems

Indicator: Number of children and youth with SED receiving Comprehensive Psychiatric Rehabilitation services

Measure: Number of children and youth with SED receiving Comprehensive Psychiatric Rehabilitation services (No numerator or denominator)

Sources of Information: Billing database

Special Issues:

Significance: Increased participation in the CPR program helps children, youth and their families stay in their communities and maximize their ability to function with a healthy lifestyle.

Activities and strategies/ changes/ innovative or exemplary model: Continue to increase the opportunities for children and youth with SED to participate in Comprehensive Psychiatric Rehabilitation programs in their communities

Target Achieved or Not Achieved/If Not, Explain Why: Target Achieved at 91%
The decrease in number of children served may be due to normal fluctuations. For FY 2008, CPR eligibility criteria are being enhanced with the standardized CAFAS screening tool. Additionally, changes in allowable Medicaid services will allow some services currently being paid out of State general revenue to be covered by Medicaid. This allows for additional dollars to be spent on services.

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Number of System of Care Teams

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 Percentage Attained
Performance Indicator	9	10	11	11	100
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: Increase the number of Children's System of Care local teams

Target: Increase the number of Children's System of Care local teams

Population: Children and youth with SED

Criterion: 3:Children's Services

Indicator: Number of Children's System of Care local teams

Measure: Number of Children's System of Care local teams in Missouri (No numerator or denominator)

Sources of Information: Missouri's Comprehensive Children's Mental Health System of Care staff

Special Issues: State policymakers, families, and practitioners are increasingly concerned about the mental health needs of children in Missouri. Providing appropriate and effective services to meet their needs is a high priority. Senate Bill 1003 was enacted into law in 2004 to require the development of a unified, comprehensive plan for children's mental health services. When fully implemented, this plan will ensure that all of Missouri's children receive the mental health services and supports they need through a comprehensive, seamless system that delivers services at the local level and recognizes that children and their families come first. Missouri's mental health services system for children will be accessible, culturally competent, and flexible enough to meet individual and family needs; and family-centered and focused on attaining positive outcomes for all children.

Significance: The Department of Mental Health has eleven System of Care sites operating in Missouri in FY2007. Currently three sites are funded through the SAMHSA Comprehensive Children's Mental Health Services grants, one site is a graduate of the federal funding and seven are state system of care sites. In a System of Care (SOC), mental health services (psychiatric, mental retardation/developmental disabilities, alcohol and drug abuse) as well as other services and supports are organized in such a way as to enable children with the most complex needs to remain in their homes, schools and communities. System of Care brings the right people together-at multiple levels-to develop resources and remove barriers for children with complex needs that might otherwise fall through the cracks.

Activities and strategies/ changes/ innovative or exemplary model: Continue to add Children's System of Care local teams as funding becomes available

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

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Percentage of children receiving services

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 Percentage Attained
Performance Indicator	15.30	16.27	16.28	15.40	95
Numerator	15,239	16,863	--	15,969	--
Denominator	99,555	103,653	--	103,653	--

Table Descriptors:

Goal: Increase access to community based services to children and youth with SED

Target: Increase or maintain the percentage of children and youth with SED who receive CPS-funded services

Population: Children and youth with SED

Criterion: 2:Mental Health System Data Epidemiology

Indicator: Percentage of Missouri children and youth with SED who receive CPS-funded services

Measure: The numerator is the number of children and youth with SED served in CPS-funded programs. The denominator is the total number of children and youth in Missouri with SED based on a 7% estimated prevalence rate.

Sources of Information: CIMOR and federal census data

Special Issues: Mental health services are underfunded both nationally and in the State of Missouri.

Significance: Due to fiscal contraints, Missouri is only meeting the mental health needs of 15% of the estimated prevalence of children and youth with SED.

Activities and strategies/ changes/ innovative or exemplary model: Continue to build community based services for children and youth with SED based on the reforming children's mental health services in Missouri plan

Target Achieved or Not Achieved/If Not, Explain Why: Target Achieved at 95%
Percentage of FY2007 children/youth with SED served is greater than FY 2005 number. The decrease in number of children served from FY2006 to FY2007 may be due to normal fluctuations.

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Rural children receiving mental health services

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 Percentage Attained
Performance Indicator	14.60	14.26	14.20	14.20	100
Numerator	11,900	12,258	--	12,206	--
Denominator	81,683	85,958	--	85,958	--

Table Descriptors:

Goal: Maintain or increase the percentage of children and youth with SED in rural areas receiving CPS funded mental health services

Target: Maintain or increase the percentage of children and youth with SED in rural areas receiving CPS funded mental health services

Population: Children and youth with SED

Criterion: 4:Targeted Services to Rural and Homeless Populations

Indicator: Percentage of children and youth with SED in rural areas receiving CPS funded mental health services

Measure: The numerator is the number of children and youth with SED in rural areas served by CPS. The denominator is the prevalence at 7% of children and youth with SED in rural areas.

Sources of Information: CIMOR; billing database; federal census and prevalence table

Special Issues: Of the 25 service areas in Missouri, 16 are designated rural or semi-rural according to definitions based on boundaries of Metropolitan Statistical Areas adopted by DMH/CPS. Approximately 15% of the state's population live in rural areas, and 25% are concentrated in small towns and cities.

Significance: Mental illness and its complications and lack of access to care have been identified as major rural health concerns at the national and state level. The Division of CPS is committed to providing mental health services to rural Missourians.

Activities and strategies/ changes/ innovative or exemplary model: CPS will maintain mental health services to children and youth with SED in rural and semi-rural areas of the state.

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

Missouri

Planning Council Letter for the Implementation Report

Upload Planning Council Letter for the Implementation Report

State Advisory Council
For
Comprehensive Psychiatric Services

Missouri Department of Mental Health
1706 E. Elm St., P.O. Box 687
Jefferson City, MO 65102
Telephone: 573-751-8017
Fax: 573-751-7815
www.dmh.mo.gov

November 29, 2007

LouEllen M. Rice
Grants Management Officer
Division of Grants Management, OPS
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Rockville, MD 20857

Dear Ms. Rice:

The Division of Comprehensive Psychiatric Services (CPS) has been implementing programs related to the FY 2007 Community Mental Health Services Block Grant State Plan. The State Advisory Council has received reports on the activities and outcomes of the plan throughout the year and we have reviewed the FY 2007 Implementation Report.

The State Advisory Council is energized in our work with the Department. We feel our input and feedback is valued. We want to continue our involvement in activities that allow the consumer and family voice to be heard.

We are looking forward to working with CPS staff on implementation of the new plan and continuing our Block Grant monitoring activities.

Sincerely,

Robert Qualls

Robert Qualls, Chair
State Advisory Council

Missouri

Appendix B (Optional)

OPTIONAL- Applicants may use this page to attach any additional documentation they wish to support or clarify their application. If there are multiple files, you must Zip or otherwise merge them into one file.