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STRATEGIC DIRECTIONS

2016-2020

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Mission

(RSMO Chapter 630.020)

Prevention, Treatment/Habilitation, and Promotion of Public Understanding

For Missourians with mental illness, developmental disabilities, and substance use disorders.

Vision

Hope ▼ Opportunity ▼ Community Inclusion

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

DMH Services

With a budget of over \$2 billion in state, federal, and other funds, the Department of Mental Health (DMH) serves approximately 170,000 Missourians each year through two program divisions, Developmental Disabilities (DD) and Behavioral Health [formerly called the divisions of Alcohol and Drug Abuse (ADA) and Comprehensive Psychiatric Services (CPS)]. A third, the Division of Administrative Services, provides support to the two program divisions, including central office operations, state-operated facilities, and contracted community providers.

DMH makes services available through:

- ▼ Contracts with more than 1,800 private provider agencies that employ over 30,000 people statewide
- ▼ State-operated facilities which include:
 - 6 state psychiatric facilities for adults
 - 1 state psychiatric facility for children
 - 4 DD ICF/MR habilitation centers,
 - 3 DD community support agencies
 - 1 DD crisis community support agency, and
 - 5 DD regional offices with 6 satellite offices



2016-2020 STRATEGIC THEMES

1. Safety for Employees and the Individuals We Serve

- DMH must continuously improve consumer safety in its state-operated facilities and contracted community programs.

2. Stronger Consumer Voice

- Consumers must have a stronger voice in DMH program design, individualized service planning and evaluation.
- Improve internal and external communication, including better use of social media.
- Create a uniform training and credentialing program for peer specialists and family support specialists in mental health, substance use disorders, and developmental disabilities.
- Establish a way for parents and family members to have input.

3. Better Medical, Behavioral, and Developmental Disability Service Integration

- DMH must provide better integration of behavioral health, developmental disability services, and medical treatment, and target intensive care management services for high-risk consumers with co-occurring conditions.
- Create and implement a new model for people with complex DD-BH conditions.
- Expand Health Homes to the DD population.
- Expand Medication Assisted Treatment for people with Substance Use Disorders across all of DMH.

4. Data-based Decision-Making

- DMH must use data more effectively to guide its program design and evaluation.
- Improve data analytics to assure that leaders and clinicians make decisions that are informed by routine examination of valid and reliable data.

5. Strengthening Community-based Behavioral Health and Developmental Disability Service Systems

- DMH must strengthen local community provider systems and continue to work with County Developmental Disability and Mental Health Boards to give consumers earlier access to individualized services that achieve desired outcomes.
- Develop a strategy for sustainability and growth of Recovery Support Services and Consumer Operated Service Programs.

6. Mental Health Leadership for the Future

- DMH must develop a deeper mental health leadership pool to assure long term succession of its vision.
- Develop a certificate program in Mental Health Administration for current and future DMH employees.

7. Strengthen the DMH Workforce

- Create a career path for consumer employment in the DMH system.
- Work with colleges and universities on *Caring for Missourians' Mental Health v. 2.0*.
- Make better use of social media to keep employees informed and engaged.
- Make strategic reclassifications in order to recruit and retain credentialed professionals.

8. Expand Programs and Services for Children and Families

- Develop a more effective MH/SUD/IDD service model for children and families in the protective services system.
- Develop a model for school based mental health services, with two goals: 1) effective intervention for children with complex behavioral problems [e.g., school behavioral health liaisons], and 2) prevention and early intervention for children at risk for behavioral problems in the future.
- Develop a certificate program in early childhood mental health.

9. Increase public education and promote better understanding of people with MI/SUD/IDD

- Continue to grow Mental Health First Aid.
- Strengthen partnership with the Missouri Mental Health Foundation.
- Improve the vernacular regarding MI, SUD, and IDD. Language matters!
- Support providers in sponsoring their own prevention/education efforts.

10. Move all of DMH to a trauma informed system of care

11. Improve employment outcomes for people served by DMH

- Increase consumer employment in the competitive marketplace.
- Work with the business community to build employment opportunities for people in recovery and people with disabilities.
- Build provider capacity for the delivery of employment services for people with IDD.

12. Expand safe, affordable housing options for people and families served by DMH

13. Eliminate waiting lists for behavioral health services and sustain timely access to in-home developmental disability services

- Work to establish mental health as a priority for the next administration.
- Maintain the achievement of “no wait list” for in-home DD services.

14. Prepare for responding to disasters and high profile incidents

15. Advance the *Missouri Model* or *Missouri Brand* for behavioral health and IDD services

- Health homes/DM 3700.
- Crisis intervention: CIT, CMHL, ERE, MHFA.
- No wait list for in-home services for individuals with IDD.
- Care model for individuals with complex DD-BH conditions.
- Zero suicide rate for people served by DMH.
- DOC/DMH collaboration on offender re-entry.
- OSCA/DMH collaboration on drug and DWI courts.

16. Finish What We Started

- New high security facility at Fulton State Hospital to be completed in 2018.
- Ensure choice, conflict-free service delivery, and community integration for people with developmental disabilities in accordance with recent federal regulations.
- Acquire a waiver to offer Medicaid coverage to young adults in behavioral health crisis.
- Continue to improve reimbursement rates for services in order to better meet the needs of all individuals served by the department.
- Become a demonstration state under the federal Prospective Payment System initiative.

Glossary of Acronyms

ADA – Alcohol and Drug Abuse

BH – Behavioral Health

CIT – Crisis Intervention Team

CMHL – Community Mental Health Liaison

DD – Developmental Disabilities

DM 3700 – Disease Management 3700

DMH – Department of Mental Health

DOC – Department of Corrections

DWI – Driving While Intoxicated

ERE – Emergency Room Enhancement

IDD – Intellectual and Developmental Disabilities

MH/SUD/IDD – Mental Health/Substance Use Disorders/Intellectual and Developmental Disabilities

MHFA – Mental Health First Aid

MI – Mental Illness

OSCA – Office of State Court Administrators

SUD – Substance Use Disorders