# Missouri Department of Mental Health Strategic Plan:  2007-2012

**June 2007**



**Matt Blunt**
**Governor**

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**Director**

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# Introduction and Overview

The Missouri Department of Mental Health (DMH) was established as a cabinet-level state agency in 1974 by the Omnibus State Government Reorganization Act. State law provides three principal missions for the department: 1) prevention of mental disorders, developmental disabilities, substance abuse, and compulsive gambling; 2) treatment, habilitation, and rehabilitation of Missourians with those conditions; and 3) improvement of public understanding and attitudes about them.

A seven-member Missouri Mental Health Commission serves as the principal policy oversight body to the department director.

The department is comprised of three program divisions, one statutorily created office, and support offices.

- *The Division of Alcohol and Drug Abuse* provides services in four program areas: substance abuse prevention, substance abuse treatment, compulsive gambling counseling, and the Substance Abuse Traffic Offender Program.

- *The Division of Comprehensive Psychiatric Services* operates psychiatric facilities and the Missouri Sexual Offender Treatment Center, and contracts with a network of community mental health centers.

- *The Division of Mental Retardation and Developmental Disabilities* operates six habilitation centers and 11 regional centers in addition to contracting with community service providers.

- *The Office of Comprehensive Child Mental Health* provides leadership in developing and implementing the Comprehensive Children's Mental Health Services Plan, and provides technical assistance and training to all departments participating in the Comprehensive Children's Mental Health Service System.

The department also established *The Office of Transformation* to address concerns regarding the state's mental health service delivery system. 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 2006.

The Department of Mental Health serves approximately 175,000 Missourians each year.

## Recent Challenges

The department was faced with significant challenges in recent years.

- There were serious problems with consumer safety that are well documented in two reports: the Mental Health Commission's *Building a Safer Mental Health*

*System* (August 2006), and Lt. Governor Peter Kinder's Mental Health Task Force report (November 2006).

- Budget cuts in recent years have resulted in delayed maintenance, diminished training resources, and increased waiting lists for services in all three operating divisions.

- Reimbursement rates for community providers have been virtually stagnant.

- Increased competition from the private sector has made it difficult to recruit both professional staff and direct care workers, resulting in longstanding vacancies in DMH facilities.

The department has seen significant changes in leadership. Keith Schafer, Ed.D., was named department director effective February 1, 2007. (He had previously served as director from 1986 to 1994.) Soon after, Lynn Carter was appointed as deputy director; Patty Henry as deputy director for administration; Mark Stringer as director of the Division of Alcohol and Drug Abuse; Joseph Parks, M.D., as director of the Division of Comprehensive Psychiatric Services; and John Heskett, Ed.D., as director of the Office of Comprehensive Child Mental Health. Bernard Simons has been director of the Division of Mental Retardation and Developmental Disabilities since June 2006.

## Current Environment

### Strengths

- The department's new executive team is established and operating effectively.

- The Fiscal Year 2008 budget is more positive than any in recent history, with an overall growth of 9.8% and a significant rate increase for community providers.

- The new CIMOR (Consumer Information Management and Outcomes Reporting) information system was launched in October 2006.  In spite of significant implementation problems, it promises improved access to accurate and timely data for the department and its stakeholders.

- Missouri ranked 9th in receipt of discretionary (competitive grant) funding from the Substance Abuse and Mental Health Services Administration for FY 2005-2006, with grants totaling over $24 million.

- In 2006, Missouri became one of only nine states to be awarded a five-year Mental Health Transformation Grant.  Work on the grant is well underway.

### Challenges

- There is ongoing evaluation of Bellefontaine Habilitation Center and its future, with the Department of Justice recently re-entering the discussion.

- Many of the department's facilities face critical vacancies in positions ranging from psychiatrists to direct care workers.

- Most DMH psychiatric facilities are operating at census levels at or beyond capacity.

- Even with the increase proposed in the FY 2008 budget, reimbursement rates for most community providers will not have kept pace with inflation.

- There are waiting lists for community services in all three operating divisions.

## The Future

- The department must explore options for creating community partnerships for conversion of its state-operated programs and functions.

- The department's programs and services must be better prepared to accommodate a Missouri citizenry that is increasing in diversity. Hispanic and Bosnian populations in particular have seen significant growth.

- There will be increasing numbers of older adults—not only in the general population but in the department's long-term care facilities and community programs. The department must meet this challenge.

- The department must be prepared to serve Veterans returning to Missouri from the Iraq and Afghanistan Wars, who will experience high rates of post-traumatic stress disorder and related problems.

- Federal defense funding will flatten or even reduce dollars in federal grant programs for services to persons with mental illness, developmental disabilities, and substance abuse disorders. The department must tap alternative funding sources.

- The department must explore opportunities to integrate its services with other state human service agencies, including the Departments of Health and Senior Services, Social Services, Corrections, and Elementary and Secondary Education.

- There will be an increased focus on meeting the medical needs of DMH consumers.

- There will be a major impact on the department's human resources as a result of retirements.

## The Strategic Plan

This plan describes the strategic vision for the Department of Mental Health for the next five years. Chapter 1 addresses the department's mission, vision, values and 2007-2012 strategic themes. Chapter 2 includes departmentwide initiatives in the areas of consumer safety, workforce and leadership development, data-based decision-making, and communications. Chapters 3, 4, and 5 describe the goals of the three operating divisions—ADA, CPS, and MRDD—while Chapter 6 presents those of the Office of Comprehensive Child Mental Health. Chapter 7 describes the collaboration by the Office

of Transformation with the federal government over the next five years to transform Missouri's mental health service delivery system.

There are several areas not explicitly addressed in the current plan that are nonetheless critical to the department and the people it serves. These areas will receive significant attention in the coming months as part of an expansion of this plan:

- Prevention Across the Department.  Although prevention is among the department's three primary missions, budgetary appropriations for it have historically been limited to the Division of Alcohol and Drug Abuse, where there is a requirement that it be funded with 20% of the federal Substance Abuse Prevention and Treatment Block Grant, and to the Division of Comprehensive Psychiatric Services, with its Suicide Prevention grant. Working with the Mental Health Commission, advisory councils, and other stakeholders, the department must determine whether and how to expand prevention activities.

- Consumer Housing.  The department's Housing Team assists Missourians challenged by mental illness, addiction, and developmental disabilities in obtaining and maintaining safe, decent and affordable housing. Housing is key to helping consumers and families achieve self-determination.

- Consumer Employment.  Like housing, employment to the fullest extent possible is critical to stability, recovery, and self-determination.

- Deaf Services.  The department hosts an Office of Deaf Services that assists persons with mental illness, addiction, or developmental disabilities that are deaf or hard of hearing. The office strives to develop a spectrum of services that are both clinically and culturally appropriate and provided in the least restrictive environment.

- Electronic Health Information System.  The department will not only continue to refine the CIMOR system but will move toward an electronic health record that is both internally and externally integrated. An intermediate step may be a personal electronic health record system that is part of the Network of Care Web Site.

- Transparency.  The department will move toward increasing transparency in its findings and deliberations. In particular, it will work with its stakeholders to explore provider report cards, posting licensure and certification reports online, and web-based communications (e.g., blogging).

The Department of Mental Health is pleased to present its strategic plan and welcomes comments or suggestions.

# Chapter 1.
# Mission, Vision, Values and
# 2007-2012 Strategic Themes

## *Mission*

The mission of the Department of Mental Health is established in state law (RSMo 630.020):

> The department shall seek to do the following for the citizens of this state:
>
> 1. Reduce the incidence and prevalence of mental disorders, developmental disabilities and alcohol or drug abuse through primary, secondary and tertiary prevention;
>
> 2. Maintain and enhance intellectual, interpersonal and functional skills of individuals affected by mental disorders, developmental disabilities or alcohol or drug abuse by operating, funding and licensing modern treatment and habilitation programs provided in the least restrictive environment possible;
>
> 3. Improve public understanding of and attitudes toward mental disorders, developmental disabilities and alcohol and drug abuse.
>
> The department shall make necessary orders, policies and procedures for the government, administration, discipline and management of its facilities, programs and operations.

## Vision

> *Missourians shall be free to live their lives and pursue their dreams beyond the limitations of mental illness, developmental disabilities, and alcohol and other drug abuse.*

This vision has served the Department for over a decade since its creation in 1996 through a broad public process involving staff, consumers, families, and other stakeholders.

It has been suggested that the vision statement be updated. An alternative has been suggested which will be vetted in a similar public process:

> *Missourians who have mental illnesses, developmental disabilities or substance abuse problems have rights, responsibilities, and opportunities to achieve personal outcomes and pursue their dreams.*

Both the DMH Vision Statement and the following Values Statements will be examined and updated where necessary in Fiscal Year 2008.

## Values

**Full Community Membership --** All people are accepted and included in the educational, employment, housing, and social opportunities and choices of their communities.

**Access --** All people can easily access coordinated and affordable services of their choice in their own communities.

**Individualized Services and Supports --** All people design their own services and supports to enhance their lives and achieve their personal visions.

**Cultural Diversity --** All people are valued for and receive services that reflect and respect their race, culture, and ethnicity.

**Dignity, Self-worth, and Individual Rights --** All people are treated with respect and dignity and their rights are ensured by persons providing them with services and supports.

**Prevention and Early Intervention --** All people live their lives free of, or are less affected by, mental or physical disabilities as a result of our emphasis on prevention and early intervention.

**Excellence --** All people determine the excellence of their services and supports based on the outcomes they experience.

**Valued Workers --** All people who provide services and supports are our organization's most important resources.

**Competence --** All people receive services delivered by staff who are competent in dealing with culture, race, age, lifestyles, gender, sexual orientation, religious practice, and ethnicity.

The Department of Mental Health sets the following key strategic themes as the foundation for its strategic plan over the next five years:

1. **"Do No Harm."**  DMH must optimize consumer safety in all its services.  Consumers and their families must not fear greater risk of harm from DMH services than the condition that caused them to seek help from DMH.

2. **Strong Consumer/Family Voice.**  Consumers and their families must have a strong voice in DMH program design and evaluation, and greater control of their individual treatment processes.

3. **Medical and Behavioral Service Integration.**  DMH must focus care coordination on consumers' behavioral and medical conditions for better health outcomes.

4. **Missouri Child Mental Health Leadership.**  DMH must facilitate Missouri's interdepartmental vision and action to address child mental health needs.

5. **Data-Based Decision-Making.**  DMH must use data analytics for consumer risk prediction,  program decision-making, and outcomes evaluation.

6. **Strong Local DMH Service Systems.**  DMH must develop and support strong local service systems accountable for the full continuum of care.

7. **Mental Health Workforce and Leadership Development for the Future.**  DMH must develop and mentor future state and local mental health leaders.  Key efforts must be made in the areas of employee training, professional development, and leadership succession.

# Chapter 2.
# Departmentwide Initiatives

The Department of Mental Health has identified key initiatives that span all of its offices and divisions.  Specific goals, strategies and performance measures are identified in the areas of:

- Consumer Safety,
- Workforce and Leadership Development,
- Data-Based Decision-Making,
- and Communications.

## Implement safety improvement recommendations from the Mental Health Commission and Mental Health Task Force.

Through strategic implementation of 48 safety improvement recommendations, DMH will improve safety of consumers by taking actions that:

- Prevent consumer abuse and neglect or improve consumer safety

- Result in rapid identification, reporting and responses that protect the affected consumer, and identify individual or systemic solutions that make all consumers safer.

| STRATEGIC THEME(S) | • "Do No Harm"<br>• Strong Consumer/Family Voice |
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| STRATEGIES | 1) Establish a methodology for tracking progress on all safety recommendations.<br><br>2) Utilize broad and diverse stakeholder groups to develop work plans that implement recommendations.<br><br>3) Develop data analytics for consumer safety and utilize data to inform decision-making.<br><br>4) Prepare annual progress reports to the Governor and Lt. Governor. |
| PERFORMANCE MEASURES | 1) Tracking system (progress reports, timeliness and completion of tasks for each of the 48 recommendations)<br><br>2) Annual report |

## Goal 1.  Provide for management development and succession.

Within the next five years, 54 of 94 executives, managers, and supervisors will be eligible for retirement in the DMH Central Office.  Similar demographic trends extend to the facility and local levels.

| STRATEGIC THEME(S) | • Mental Health Workforce and Leadership Development for the Future |
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| STRATEGIES | Identify and establish dedicated resources for leadership development in order to proceed with the decisions in the following strategies:<br><br>1) During FY 2008, establish a series of management and leadership training programs tailored specifically to DMH operations.<br><br>2) Develop a Leadership Succession Program sponsored by the Executive Team. The Leadership Succession Program will be available, by application. Those enrolled and successfully completing the Leadership Succession Plan will form a pool of talent for future leadership positions within the department.<br><br>3) Establish Professional Development plans specific to the needed skill sets for all DMH supervisors and managers. The Professional Development Plan will include no less than 16 hours of management and supervisory skill training, in compliance with the State Management Training Rule.<br><br>4) Establish a Leadership Development Academy within DMH to ensure consistency in leadership practices across the department and throughout various facilities and locations. |
| PERFORMANCE MEASURE | 1) Percentage of managers and supervisors completing management and leadership training<br><br>2) Number of new leaders successfully completing the Leadership Succession Program |

## Goal 2. Provide a core curriculum for all DMH employees.

DMH must improve the quality of care by providing appropriate training to all DMH employees, especially those who are at the heart of quality care delivery. Appropriate orientation must be in place for newly hired staff and skill sets of continuing direct care providers must be refreshed and enhanced.

| STRATEGIC THEME(S) | • Mental Health Workforce and Leadership Development for the Future<br>• "Do No Harm"<br>• Strong Local DMH Service Systems |
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| STRATEGIES | Identify and establish dedicated resources for workforce development in order to proceed with the decisions in the following strategies:<br>1) DMH divisions, with administrative and facilitation assistance from Workforce Development, will provide an Orientation Core Curriculum program consisting of department policies and best practices and imperatives to be consistently applied across divisions and facilities (e.g., policies and practices on abuse and neglect; elements of behavior management; patient rights; ethics; cultural awareness; confidentiality; patient and client safety; etc). New employees will successfully complete and demonstrate understanding within 30 days of employment.<br>2) DMH divisions, with administrative and facilitation assistance from Workforce Development, will identify and establish refresher courses for Core Curriculum. Refresher courses must be successfully completed annually by designated employees.<br>3) Review annually Orientation and Refresher Core Curriculum courses for revisions and updates.<br>4) DMH divisions and ITSD identify which Core Curriculum programs can be provided by virtual training (e.g. Network of Care; McTraining; College of Direct Support) |
| PERFORMANCE MEASURES | 1) Percentage of new employees successfully completing the core curriculum and demonstrating knowledge of materials within 30 days of employment<br>2) Percentage of continuing employees successfully completing the required annual refresher Core Curriculum |

## Goal 3.  Implement professional development initiatives specific to DMH divisions and offices for clinical, professional, and partner-provider staffs.

See Chapters 3-6 for specific workforce development goals, strategies and performance measures for DMH divisions.

## Strengthen the capability to provide DMH decision-makers with systematic data analysis.

Strengthen the capability to provide DMH decision-makers with systematic data analysis so they understand its meaning, structure, relationships, origins, etc. and can draw accurate, timely and meaningful conclusions to support policy and program decisions.

| STRATEGIC THEME(S) | • Data-Based Decision-Making<br>• "Do No Harm" |
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| STRATEGIES | 1) Establish a department-level Data Analytics Team to:<br><br>• Research DMH data analysis needs and present recommendations to DMH Executive Team.<br><br>• In conjunction with the CIMOR Reporting/Data Warehouse group and DMH/ITSD, prioritize, design, develop, and implement appropriate databases, data warehouses and reporting tools.<br><br>2) Identify and prioritize key leading indicators for consumer safety and other consumer outcomes.<br><br>3) Identify and prioritize key business indicators for department management.<br><br>4) Establish data collection and reporting mechanisms for key indicators.<br><br>5) Collect, analyze, and report data on key indicators.<br><br>6) Monitor reporting and refine key indicators based on continuous quality improvement process. |
| PERFORMANCE MEASURES | 1) Number of key consumer safety and other consumer outcomes measures tracked and analyzed.<br><br>2) Number of key business measures tracked and analyzed. |

## Goal 1.  Employees better understand their critical role in the mental health service delivery system and consider themselves valued partners.

Provide opportunities/avenues to keep employees informed regarding department issues in an effort to instill unity in a geographically dispersed work force and to provide opportunities for two-way communication. Rank and file employees who work in all areas of administration and direct care are in a position to provide valuable input toward improving the mental health system.

| STRATEGIC THEME(S) | • Strong Local DMH Service Systems<br>• Mental Health Workforce and Leadership Development for the Future |
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| STRATEGIES | 1) Make computer workstations available in each facility library or break room with which all staff can access communications tools provided on DMH Online.<br>2) Establish on-line communications tools on DMH Online, through which employees may access department news items/alerts, have opportunities to make comments, ask questions, and offer suggestions for improvements in department or facility operations. Tools will include a web log authored by the department director.<br>3) Support opportunities for employee recognition on local, regional and statewide levels. The Employee of the Month recognition is only one way to highlight accomplishments of employees.<br>4) Develop short programs on new DMH initiatives in a format usable by all DMH facilities as lunch-and-learn sessions.<br>5) Establish a day-long "exchange student" program for administrative employees to visit facilities to expose them to the realities of facility operations, making them more sensitive to the needs of facilities and providing them with enhanced knowledge of the purpose of the department and the people we serve. |
| PERFORMANCE MEASURES | 1) Number of facilities that provide workstations for employees<br>2) Number of hits to employee communication web page<br>3) Number of lunch-and-learn programs developed and used<br>4) Number of employees recognized<br>5) Number of "exchange students" |

## Goal 2. People in general equate physical well-being with being mentally healthy and are aware of the importance of taking care of their mental health needs.

Public education is the key to reducing stigma toward people who have disabilities. Education and awareness also is a key element of preventing and ameliorating illness and substance abuse. By providing information on mental health issues to the general public directly or through various media outlets, we can spread the message that people who have disabilities can get better because treatment works, that mental health is essential to overall health and that people who have mental health and disability issues should be encouraged to seek treatment.

| STRATEGIC THEME(S) | • Strong Consumer/Family Voice |
|---|---|
| STRATEGIES | 1) Using the Tarrant County, Texas, curriculum as a model, incorporate a mental health K-12 curriculum in all public and private schools. |
| | 2) Discuss with Chambers of Commerce opportunities to speak at regional and statewide meetings on the value of providing supports for employees with mental health issues as good for business. Use materials developed by Tarrant County to reinforce notion. |
| | 3) Make use of the opportunities to foster the department's key messages through appearances on the various radio and television talk-show outlets that the department has throughout the state. |
| | 4) Make mental health information available to the public, through publications accessed on the department's web site, for use at local and school-based health fairs as well as general education. Keep the DMH web site updated. |
| | 5) Enlist the news media as a partner in providing needed services, reducing stigma, and marketing the message that "treatment works" and recognize media outlets that aid the department in achieving its goals through their publication or broadcast of positive or informative stories. |
| | 6) Develop a presentation emphasizing the department's core messages and designate personnel to give the presentation to community groups on why mental health services and treatment are essential to their lives and well-being. |

| PERFORMANCE MEASURES | 1) Approval of K-12 Mental Health curriculum |
| --- | --- |
| | 2) Curriculum adopted by public and private schools |
| | 3) Survey at the beginning of school year and at the end to determine the effect of the curriculum |
| | 4) Number of department employees appearing on talk show outlets |
| | 5) Number of media outlets nominated for positive stories |
| | 6) Number of presentations made to community groups |

# Chapter 3.
# Division of Alcohol and Drug Abuse

The Division of Alcohol and Drug Abuse (ADA) was created in 1975 and established in statute in 1980 (RSMo 631.010) as part of the Department of Mental Health, with responsibility for insuring that quality alcohol and drug abuse prevention, evaluation, treatment and rehabilitation services are accessible.

ADA's priorities for the future can be grouped in three categories:

1. **DEPARTMENTAL PRIORITIES:** ADA will support the Department of Mental Health by fulfilling its statutory obligations, serving as an integral part of the DMH team, and incorporating Departmental strategic themes in its daily activities and division-specific priorities.

2. **INTERDEPARTMENTAL PRIORITIES:** Some priorities are vital to ADA but beyond its reach alone; they require ongoing collaboration. They include:

| PRIORITY | PARTNERS |
|---|---|
| Full CIMOR implementation | ITSD; Community Providers |
| Successful offender re-entry | Missouri Department of Corrections; SAMHSA (Access to Recovery II) |
| Jail & prison diversion through drug courts & family drug courts | Office of State Courts Administrator |
| Drug-free births | Division of Medical Services |
| Reduction in out-of-home placements (or time in placement) in the child protective services system | Missouri Division of Children's Services; DMH Office of Comprehensive Child Mental Health |
| Specialized prevention and treatment services for older adults | Division of Senior Services |
| Disease management for chronic substance abusers; ER diversion protocol; Medicaid prescription drug abuse program | Division of Medical Services; Missouri Hospital Association |
| Mental Health Transformation | Transformation Working Group |

3. **DIVISION-SPECIFIC PRIORITIES:** To meet present challenges and prepare for the future, ADA will:

   - Create *Centers of Excellence* for addiction treatment and prevention.
   - Link *Centers of Excellence* with broader healthcare and social service systems.
   - Prove our value.
   - Develop the ADA treatment and prevention workforce.
   - Achieve treatment on demand in Missouri.

## Goal 1.  Create Centers of Excellence.

Establish contracted community providers as "Centers of Excellence" for the comprehensive treatment and prevention of substance abuse disorders and compulsive gambling. Treatment and Recovery Support providers will embody the 13 principles of effective treatment developed by the National Institute on Drug Abuse, while Prevention providers and coalitions will fully employ the Center for Substance Abuse Prevention's Strategic Prevention Framework.

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| **STRATEGIC THEME(S)** | <ul><li>Strong Local DMH Service Systems</li><li>Strong Consumer/Family Voice</li><li>Medical and Behavioral Service Integration</li><li>"Do No Harm"</li><li>Data-Based Decision-Making</li></ul> |
| **STRATEGIES** | 1) Define "Centers of Excellence" by working with providers, State Advisory Council and Regional Advisory Councils, Missouri Recovery Network, ACT Missouri, Southwest CAPT, Missouri Institute of Mental Health, Committed Caring Faith Communities, partnering state agencies, and other stakeholders.<br><br>2) Amend contracts and revise certification standards to formalize criteria.<br><br>3) Raise the quality of treatment, prevention, SATOP, and Recovery Supports to Center of Excellence standards and recognize providers that meet them.<br><br>4) Revise state monitoring policies and procedures to support Centers of Excellence while guarding against fraud, waste, and abuse.<br><br>5) Revise clinical utilization review to promote recovery and retention in treatment while assuring clinically appropriate care.<br><br>6) Implement a disease management program for high risk and chronic relapsing consumers.<br><br>7) Expand the Compulsive Gambling program to serve more adults, reach adolescents, and pilot telehealth technologies. |
| **PERFORMANCE MEASURES** | 1) Number of programs earning the "Center of Excellence" designation by type<br>2) Ratio of Centers of Excellence to total number of eligible providers |

## Goal 2.  Link with broader systems.

Link ADA Centers of Excellence with broader human services systems to meet their needs for state-of-the-art treatment of Missourians with substance abuse disorders as well as evidence-based prevention of substance abuse and related problems.

| STRATEGIC THEME(S) | • Strong Local Service Systems<br>• Medical and Behavioral Service Integration |
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| STRATEGIES | Establish contracts, memoranda of agreement, or protocols, as appropriate, with partnering state agencies and other entities, to include but not be limited to:<br><br>• Department of Corrections *(for services to offenders—particularly those returning from prison to the community)*<br><br>• Office of State Courts Administrator *(for drug court services)*<br><br>• Department of Health and Senior Services *(for services to older adults)*<br><br>• Department of Social Services, Division of Children's Services *(for services to families in the child protective services system)*<br><br>• Department of Social Services, Division of Medical Services, Missouri Hospital Association, providers *(for services to pregnant women, ER diversion, Medicaid prescription drug abuse program)*<br><br>• Division of Comprehensive Psychiatric Services *(for full spectrum of services for persons with co-occurring disorders)*<br><br>• Regional Support Centers and Community Coalitions *(to fully implement the Strategic Prevention Framework)* |
| PERFORMANCE MEASURE | 1) Number of formal, written linkages of ADA Centers of Excellence with broader systems |

## Goal 3.  Prove our value.

Clearly and unequivocally demonstrate that Missouri's substance abuse prevention and treatment programs are good investments for state and federal funds.

| STRATEGIC THEME(S) | • Data-Based Decision-Making |
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| STRATEGIES | 1) Implement research-based methods for calculating returns on investment in prevention and treatment services to support requests for increased state funding<br><br>2) Reach full CIMOR implementation.<br><br>3) Provide routine provider feedback on performance in reporting National Outcome Measures.<br><br>4) Work with the State Advisory Council to develop a comprehensive annual report of substance abuse in Missouri along with ADA performance and outcomes.<br><br>5) Based on that report, prepare and distribute reader friendly informational and educational materials to staff, legislators, and stakeholders.<br><br>6) Develop a provider performance rating system. |
| PERFORMANCE MEASURES | 1) Increased state funding for ADA treatment and prevention services beginning in FY 2009<br><br>2) Performance on National Outcome Measures that exceeds national averages |

## Goal 4.  Achieve treatment on demand.

Secure funding through federal, state, and private sources to achieve treatment on demand in Missouri so there are no waiting lists and no individual or family suffering from addiction is ever turned away.

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| **STRATEGIC THEME(S)** | • Strong Consumer/Family Voice |
| **STRATEGIES** | 1) Pursue state and federal funding for ADA treatment services to reach a level that meets the need for treatment on demand.<br><br>2) Train and compensate clinical treatment providers for early engagement in treatment.<br><br>3) Increase collaborative and complementary funding with county mil tax boards and contributors like the Missouri Foundation for Health.<br><br>4) Build a permanent network of recovery supports and alternatives to treatment offered by faith-based organizations and other community partners. |
| **PERFORMANCE MEASURES** | 1) Number of Missourians served in treatment and recovery supports compared to number in need of services<br><br>2) Average time from first contact to enrollment |

## Goal 5.  Develop the ADA workforce.

Develop the Missouri workforce so that there is a growing body of dedicated substance abuse professionals to better meet the demands of evidence-based practice in both prevention and treatment.

| STRATEGIC THEME(S) | • Mental Health Workforce and Leadership Development for the Future |
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| STRATEGIES | 1) Collaborate with the DMH Training Director, Missouri Substance Abuse Counselors' Certification Board, Mid-America Addiction Technology Transfer Center (MATTC), Missouri Institute of Mental Health (MIMH), and others to develop a virtual *Missouri Institute on Addiction.*<br><br>2) Work with MATTC, MIMH, and Missouri graduate and professional schools to enhance curricula and establish internship opportunities for students. |
| PERFORMANCE MEASURES | 1) Number and ratio of qualified substance abuse treatment and prevention professionals certified or recognized by the Missouri Substance Abuse Counselor's Certification Board<br><br>2) List of formal agreements with graduate and professional schools for practica and internships<br><br>3) Number of student internships |

# Chapter 4.
# Division of Comprehensive Psychiatric Services

The Division of Comprehensive Psychiatric Services (CPS) was established in statute in 1980 (RSM0 632.010) with the responsibility for ensuring the accessibility of high quality services in the areas of prevention, evaluation, treatment and rehabilitation of mental disorders and mental illness.

CPS's plan for the future is in keeping with both departmental and interdepartmental priorities, and with division-specific priorities that address the following needs:

- Essential individual outcomes - Independent living, meaningful work and or schooling, and connections to families and friends
- Essential system outcome - A culture of safety, prevention, and recovery, characterized by:
  - ➢ Non-punitive treatment environments free of coercion, neglect and abuse
  - ➢ Safe and healthy communities
  - ➢ Meaningful Consumer and Family participation in policy and practice
- Practices that support outcomes (evidence-based and best practices)
- Local ownership, with a commitment to regional planning and the privatization of acute inpatient care
- Provider accountability through statewide oversight

## Goal 1.  Support consumers in housing, work, schooling, and community.

Develop and implement the evidence-based and best practices that support individual consumer outcomes in the areas of independent housing, meaningful work and/or schooling, and connections to families and friends.

| STRATEGIC THEME(S) | • Strong Consumer/Family Voice<br>• Strong Local DMH Service Systems |
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| STRATEGIES | 1) Develop and implement scorecard measures that are directly connected to consumer outcomes in the areas of independent housing, competitive and/or supported employment/education, and social connectedness.<br><br>2) Identify the evidenced-based and best practices in support of such outcomes and appropriate to the populations served in community and inpatient settings, establishing these as core competencies.  At a minimum, such practices shall include:<br>• In Community Settings - Assertive Community Treatment, Supported Employment, and Supported Housing;<br>• In Forensic Inpatient Settings – Social Learning, Psychiatric Rehabilitation, Dialectical Behavior Therapy, and Cognitive Behavior Therapy; and<br>• In All Settings – ProCovery, and Integrated Dual Diagnosis Treatment.<br>3) Identify and/or develop training methodologies and processes necessary for core competencies, and incorporate these in a training plan that includes the use of providers with high fidelity to such practices as Centers for Excellence.<br><br>4) Develop and execute a plan for the phased implementation of such practices across all community providers and state-operated inpatient settings. |
| PERFORMANCE MEASURES | 1) Percent of workforce certified as competent in each of the applicable core competencies<br>2) Percent of consumers in supported or independent employment and in independent living situations<br>3) Consumer satisfaction measures |

## Goal 2.  Promote a CPS culture of safety, prevention and integrated healthcare.

Develop and implement the best practices that support a culture of safety, prevention and integrated healthcare.  Key objectives are:

- Safe and healthy communities
- Non-punitive inpatient environments free of coercion, abuse and neglect
- Medical and behavioral health integration

| STRATEGIC THEME(S) | • "Do No Harm"<br>• Medical and Behavioral Service Integration |
|---|---|
| STRATEGIES | 1) Pursue collaboration between Community Mental Health Centers (CMHCs) and Federally Qualified Health Centers (FQHCs) through pilot programs.<br>2) Develop disease management and care coordination programs for high risk and chronically relapsing consumers.<br>3) Promulgate, train and implement the new Misconduct Department Operating Regulation and associated Core Rule for community providers.<br>4) Enhance coordination across the continuum of care, through revisions to the contracts with community providers, and Cooperative Inpatient Agreements, and through Regional Planning efforts associated with Acute Care Privatization.<br>5) Explore the utility of implementing Just Culture training at all inpatient hospitals to facilitate safe environments, balanced between an emphasis on employee accountability and systemic approaches to quality improvement.<br>6) Go Tobacco Free at all inpatient facilities by 11/15/07.<br>7) Disseminate best practices for the reduction of Seclusion and Restraint usage to all inpatient facilities, based on the grant issued to Fulton State Hospital. |
| PERFORMANCE MEASURES | 1) Rates of consumer and staff injuries<br>2) Rate of substantiated allegations of abuse and neglect<br>3) Rates of seclusion and restraint<br>4) Number of pilot programs for CMHC/FQHC collaboration<br>5) Number of tobacco-free facilities<br>6) Number of consumers, costs and associated clinical outcomes for high risk, chronically relapsing consumers |

## Goal 3.  Increase local control and participation.

Enhance the role of consumers and family members, and develop partnerships with private providers in support of local control and participation, while ensuring accountability through statewide oversight.

| STRATEGIC THEME(S) | • Strong Consumer/Family Voice<br>• Strong Local DMH Service Systems |
|---|---|
| STRATEGIES | 1) Support the local Mil Tax Boards in their efforts to fund the activities of local mental health providers.<br><br>2) Assess fidelity to ProCovery principles, and broaden the dissemination of ProCovery circles across inpatient and outpatient settings, facilitating consumer operation and direction wherever possible.<br><br>3) Amend contracts and licensure requirements for community providers to enhance the survey process and contract compliance.<br><br>4) Facilitate regional planning efforts associated with the operation of the continuum of care, including efforts to explore the value of privatizing acute care inpatient facilities, and associated mechanisms for enhancing community-based services.<br><br>5) Enhance consumer satisfaction with both inpatient and outpatient services through greater involvement and direction of departmental operations. |
| PERFORMANCE MEASURES | 1) Consumer Satisfaction Scores<br><br>2) Number of ProCovery Circles, number that are consumer-run, and fidelity to ProCovery principles and methods<br><br>3) Contract compliance measures<br><br>4) Number of operational regional planning efforts and dollars available for enhancing community-based services |

## Goal 4.  Develop the CPS Workforce.

Develop a workforce well trained in the core competencies necessary for the creation of a safety-first culture and for the provision of evidence-based and best practices.

| STRATEGIC THEME(S) | • "Do No Harm"<br>• Strong Local DMH Service Systems |
|---|---|
| STRATEGIES | 1) Identify as a core competency the training approaches and associated human resource practices that will facilitate a safety-first culture.<br><br>2) Identify the evidenced-based and best practices appropriate to the populations served in community and inpatient settings, establishing these as core competencies.<br><br>3) Identify and/or develop, and standardize the training curricula, methodologies and processes necessary for core competencies.<br><br>4) Survey current college curricula to determine applicability to core competencies.<br><br>5) Develop partnerships with institutions of higher learning to facilitate the development or enhancement of curricula that could be delivered either on campus or through training.<br><br>6) Explore use of web-based and long-distance learning options. |
| PERFORMANCE MEASURES | 1) Number of colleges introducing core competence training<br><br>2) Percent of workforce certified as competent in each of the applicable core competencies<br><br>3) Rates of consumer and staff injuries<br><br>4) Rate of substantiated allegations of abuse and neglect<br><br>5) Rate of consumers in supported or independent employment and in independent living situations<br><br>6) Consumer satisfaction measures |

# Chapter 5.
# Division of Mental Retardation and Developmental Disabilities

The Division of Mental Retardation and Developmental Disabilities (MRDD), created in 1974 and established in statute in 1980 (RSMo 633.010) as part of the Department of Mental Health, with the responsibility of insuring that mental retardation and developmental disabilities prevention, evaluation, care, habilitation and rehabilitation services are accessible, wherever possible.  Furthermore, the division has the responsibility in supervision of division residential facilities, day programs and other specialized services operated by the department, and oversight over facilities, programs and services funded or licensed by the department.

MRDD's priorities for the future can be grouped into three categories:

1. **DEPARTMENTAL PRIORITIES**:  MRDD will support the Department of Mental Health by fulfilling its statutory obligations, service as an integral part of the DMH team, and incorporating Departmental strategic themes in its daily activities and division-specific priorities.  Those themes include consumer safety, strong consumer/family voice, medical and behavioral service integration, Missouri child mental health leadership, data-based decision-making, strong local DMH service systems, and preparing mental health leadership and workforce for the future.

2. **DIVISION-SPECIFIC PRIORITIES**:  To meet present challenges and prepare for the future, MRDD will:

   - Enhance local service delivery based upon best practices.
   - Develop consumer- and family-driven supports and services.
   - Provide an integrated audit, monitoring, and oversight system.
   - Develop the MRDD workforce.

3. **INTERDEPARTMENTAL PRIORITIES:**  Some priorities are vital to MRDD but beyond its reach alone; they require ongoing collaboration.  They include:

| *PRIORITY* | *PARTNERS* |
|---|---|
| Full CIMOR implementation | *ITSD; Community Providers* |
| Mental Health Transformation | *Transformation Working Group* |
| Single entry point for information and referral (e.g., 2-1-1) | *Department of Health and Senior Services, Department of Social Services, United Way of St. Louis* |

## Goal 1.  Enhance local service delivery based upon best practices.

Enhance public-community partnerships to develop a local infrastructure and comprehensive array of supports and services grounded in the provision of evidence-based best practice informed by data and input from stakeholders that meet or exceed national standards and expectations of people with developmental disabilities and their families.

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| **STRATEGIC THEME(S)** | • Strong Local DMH Service Systems<br>• Medical and Behavioral Service Integration<br>• Data-Based Decision-Making<br>• Strong Consumer/Family Voice |
| **STRATEGIES** | 1) Restructure the eleven regional centers to have five core functions, as recommended by Recommendation #24 of the Committee of Key Stakeholders, relating to consumer relations, business administration, resource administration, assuring the quality and availability of clinical services.<br>2) Improve the integration, efficiency and quality of supports and services through partnerships across divisions and among the regional center, SB40 Boards, Affiliated Community Service Providers, and community service providers.<br>3) Supports and services are administered through responsive financial, data and information management systems.<br>4) Increase availability, timeliness and follow-up of behavioral support resources, counseling services, and crisis management for individuals and their families.<br>5) National standards and evidence-based best practice in supports and services for people with developmental disabilities and their families are implemented statewide.<br>6) Increase availability and flexibility of funding for service options to support individuals across the lifespan in the community.<br>7) Implement uniformly definitions and rates of services and supports throughout the state.<br>8) Identify, develop, and implement evidence-based resource allocation models.<br>9) Design and strengthen existing service coordination |

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| | systems as well as foster the development of new, non-traditional support options (e.g., host home) that offer individuals and families real choices. <br><br> 10) The local service delivery system effectively manages the funding for long-term supports that promote community inclusion. |
| **PERFORMANCE MEASURES** | 1) Number of service coordinators who are accessible, responsive, and support consumer participation in service planning <br><br> 2) Statewide ratios of Regional Center Service Coordination <br><br> 3) Number of consumers across the lifespan in the community with increased availability and flexibility of funding for service options <br><br> 4) Number of consumer needs identified and updated through the use of a valid and reliable tool/process <br><br> 5) National Core Indicators and Self-Advocates and Families for Excellence (SAFE) visit measures |

## Goal 2.  Develop consumer- and family-driven supports and services.

Consumers and their families determine the supports and services they receive as well as the individuals or agencies who provide supports and services.  The service delivery system supports community integration and personal independence through the expansion of self-directed support options, such as individualized resource allocation, methods and budgeting practices (i.e., individualized budgets), fiscal management systems, flexible support brokerage systems and quality oversight policies and practices.

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| **STRATEGIC THEME(S)** | • Strong Local DMH Service Systems<br>• Medical and Behavioral Service Integration<br>• "Do No Harm"<br>• Data-Based Decision-Making<br>• Strong Consumer/Family Voice |
| **STRATEGIES** | 1) Resurrect and reinvigorate the Regional Developmental Disability Advisory Councils in all 11 regions as established in state statute (RSMo 633.045).<br>2) Individuals with developmental disabilities and their families receive training and support to direct and manage their own services.<br>3) Consumers and their family are encouraged to participate in developing their person centered plan, supports, and services.<br>4) Develop and implement a comprehensive infrastructure to provide responsive, transparent financial management of the service delivery system.<br>5) Strengthen the capacity within the state to develop and improve the quality of self and family-directed (self-determined) services and supports. |
| **PERFORMANCE MEASURES** | 1) Number of Regional Developmental Disability Advisory Councils<br>2) Number of individuals with developmental disabilities/families self-directing their supports and services<br>3) Number of individuals with developmental disabilities and their families reporting that the person-centered plan, supports, and services address their needs as well as the family's involvement as a natural support system |

when indicated

4) Number of consumers, self-advocates and families that fully participate in the development, implementation and evaluation of the system

5) Number of consumers satisfied with the services and supports they receive to obtain individual, quality outcomes

6) Number of consumers achieving community integration and personal independence.

7) Number of consumers receiving support to find and maintain integrated employment

## Goal 3.  Provide an integrated audit, monitoring, and oversight system.

Implement an enhanced Comprehensive Quality Management and Technical Assistance system which is grounded in the implementation of a state-of-the art data collection, monitoring/analysis and accessible reporting system.

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| **STRATEGIC THEME(S)** | • Strong Local DMH Service Systems<br>• "Do No Harm"<br>• Strong Consumer/Family Voice<br>• Data-Based Decision-Making |
| **STRATEGIES** | 1) Design and implement state-of-the art data collection, monitoring/analysis and accessible reporting systems (i.e., provider scorecards) to enhance performance of the service delivery system.<br><br>2) Implement recommendations related to quality assurance, oversight, monitoring, reporting, and prevention from the Lt. Governor's Mental Health Task Force report and Mental Health Commission report, and Recommendation #24 from the stakeholder group report.<br><br>3) Expand the Division's capacity to conduct critical analysis, and provide technical assistance on key issues related to provider performance, outcome measurement and quality assurance and improvement methods.<br><br>4) Develop standard individualized training for consumers and families on identifying and reporting abuse and neglect.<br><br>5) Use information from the information management system in decision-making to improve performance and consumer safety and reduce the risk of sentinel events. |
| **PERFORMANCE MEASURES** | 1) Number of consumers, self-advocates and families that fully participate in the development, implementation and evaluation of the system<br><br>2) Incidence of abuse, neglect, and injury among individuals with developmental disabilities |

## Goal 4.  Develop the MRDD workforce.

Consumers, their families, and developmental disability provider agencies are able to recruit and retain a well-trained, qualified, and effective workforce.

| STRATEGIC THEME(S) | <ul><li>"Do No Harm"</li><li>Strong Local DMH Service Systems</li><li>Medical and Behavioral Service Integration</li><li>Data-Based Decision-Making</li><li>Mental Health Workforce and Leadership Development for the Future</li></ul> |
|---|---|
| STRATEGIES | 1) Build the capacity of developmental disabilities service providing agencies, individuals with developmental disabilities and their families to recruit and retain an effective workforce through the implementation of competency-based training.<br><br>2) Individuals with developmental disabilities and their families receive training and support to direct and manage their own services.<br><br>3) Develop collaborations with Institution of Higher Education, career centers, professional schools to enhance curricula and establish internship opportunities for students. |
| PERFORMANCE MEASURES | 1) Number of direct support professionals who have completed competency-based training, on-the-job assessments, and mentoring programs<br><br>2) Incidence of abuse, neglect, and injury among individuals with developmental disabilities<br><br>3) Turnover rate among direct support professionals<br><br>4) Recruitment effort for direct support professionals<br><br>5) Number of internships and practicum opportunities for students within the service delivery system |

# Chapter 6.
# Office of Comprehensive Child Mental Health

The Office of Comprehensive Child Mental Health (OCCMH) was created through legislation in 2005 through SB 501 and is incorporated into statute through 630.1000 RSMo.  The mission of the Office is to provide leadership in developing and implementing a comprehensive children's mental health service system.

1. **FUNCTIONS:**  As resources allow, the Office will:

- Implement and oversee the Comprehensive Child Mental Health Services Plan (CCMHSP);
- Provide support, technical assistance and training;
- Develop and coordinate the service system;
- Develop financing mechanisms and quality assurance policy;
- Provide clinical consultation and technical assistance;
- Serve with the Coordinating Board for Early Childhood;
- Participate in interagency child mental health initiatives;
- Staff the Comprehensive System Management Team (CSMT); Stakeholders Advisory Group (SAG), and the Clinical Advisory Council.
- Report annually on status of the plan and the system in general.

2. **OFFICE-SPECIFIC PRIORITIES:**  To meet the challenges and prepare for the future, OCCMH will give priority to:

- Workforce Development
- Children's Practice Model
- Increasing Family Involvement, Support and Development
- Supporting the Healthy Social-Emotional Development, Learning and Academic Achievement of All Children
- Formalizing a Structure of Local Interagency Teams

3.  **OCCMH's ROLE WITHIN THE DEPARTMENT:**  OCCMH will support the DMH by fulfilling its statutory obligations, serving as an integral part of the DMH team and incorporating departmental strategic themes in its daily activities and division-specific priorities.

4.  **OCCMH's ROLE WITH OTHER DEPARTMENTS & AGENCIES:**  The Office will:

    - Lead implementation of the Comprehensive Child Mental Health Services System Plan.

    - Prepare an annual report for the Governor's Office, Department Directors, and Children's Services Commission on the status of Missouri's child mental health system.

    - Provide clinical and system technical assistance and consultation to all participating departments as identified in the plan and requested by departments.

    - Collaborate with designated staff of participating departments on the State Comprehensive System Management Team.

## Goal 1.  Increase family participation.

Increase family participation at all levels of the administrative/policy structure across state child-serving departments.

| STRATEGIC THEME(S) | • Strong Consumer/Family Voice |
|---|---|
| STRATEGIES | 1) Develop, in conjunction with the Stakeholders Advisory Group and Comprehensive System Management Team (CSMT), core competencies for parents to participate on state and local policy administrative teams. <br><br> 2) Develop a "leadership" curriculum based on the core competencies for training parents to participate on local and state policy teams <br><br> 3) Identify, through the CSMT, funding streams that can support a network of key parent leaders in the state that can act as trainers/coaches/mentors to agencies and parents in regards to policy team participation. <br><br> 4) Develop a list of parents that have been trained and have demonstrated leadership competencies for agencies/stakeholders to access. <br><br> 5) Begin discussions regarding the development of a Leadership Institute |
| PERFORMANCE MEASURES | 1) List of parent core competencies for participation on policy administrative teams <br><br> 2) Number of key family representatives from state child-serving agencies serving on the CSMT <br><br> 3) Number of trained family representatives on the CSMT <br><br> 4) Number of representatives actively participating at local system-of-care sites |

## Goal 2.  Create a coordinated children's network of support.

Create a coordinated children's system of care to meet the multiple and changing needs of children and their families.

| STRATEGIC THEME(S) | • Strong Local DMH Service Systems |
|---|---|
| STRATEGIES | 1) Identify, with the Comprehensive System Management Team (CSMT), the formal infrastructure components of a mature local interagency team.<br><br>2) Develop, with the CSMT, a communication, monitoring, and technical assistance plan per stage/phase of development of the local sites. |
| PERFORMANCE MEASURES | 1) A list of the formal infrastructure components of a mature local interagency team<br><br>2) A list of local interagency teams<br><br>3) A completed communication, monitoring, and technical assistance plan per stage/phase of development of the local sites |

## Goal 3.  Support the healthy social-emotional development, learning and academic achievement of all children.

Support the healthy social-emotional development, learning and academic achievement of all children by identifying models for statewide implementation and mental health consultation via schools, early childhood programs, other community agencies and families.

| STRATEGIC THEME(S) | • A Stronger Missouri Child Mental Health System |
|---|---|
| STRATEGIES | 1) Identify current models or strategies used in schools and early childhood settings to promote healthy social-emotional development.<br><br>2) Identify current models or strategies used in schools and early childhood settings for mental health consultation to school and early childhood staff and families to support the child's healthy social-emotional development.<br><br>3) Identify current mental health services and service delivery mechanisms provided in schools and early childhood settings.<br><br>4) Identify sufficient and flexible funding streams to strategies 1-3.<br><br>5) Review evidence-based literature relevant to promotion, mental health consultation and mental health service delivery for all children.<br><br>6) Identify or develop potential funding sources or mechanisms for promotion, mental health consultation and mental health service delivery for all children.<br><br>7) Develop comprehensive written plan encompassing above strategies and lessons learned.<br><br>8) Submit a plan to state leadership to include the Comprehensive System Management Team, the Mental Health Commission, the Office of State Courts Administration, the Department of Health and Senior Services and the Department of Elementary and Secondary Education. |
| PERFORMANCE MEASURE | 1) A report to state leadership in FY 2008 recommending promotion, mental health consultation and mental health service delivery funding options based on evidence and agreed upon by a variety of statewide partners. |

## Goal 4.  Create a practice model for children's mental health services.

Create a practice model for children's mental health services utilized by the state child-serving departments.

| STRATEGIC THEME(S) | • A Stronger Missouri Child Mental Health System |
|---|---|
| STRATEGIES | 1) Use Quality Service Review as the basis for developing the practice model. |
| | 2) Review, with the Comprehensive System Management Team (CSMT), practice models that other states have developed based on their Quality Service Review mechanism. |
| | 3) Develop a Missouri children's mental health practice model that can be endorsed by the state child-serving departments on the CSMT. |
| | 4) Develop an ongoing training mechanism for this model across state child-serving departments. |
| PERFORMANCE MEASURES | 1) A list of practice models that other states have developed based on their Quality Service Review mechanism |
| | 2) A formalized practice model utilized by state child-serving departments |

## Goal 5.  Develop the OCCMH Workforce.

Build a competent and skilled interagency children's work force that will effectively provide mental/behavioral health services to those with, or impacted by, mental/behavioral health challenges.

| STRATEGIC THEME(S) | • Strong Local DMH Service Systems |
|---|---|
| STRATEGIES | 1) Create a statewide committee comprised of key stakeholders including parents and families as a Workforce Steering Committee. <br><br> 2) Survey workforce for level of education, license and experience. <br><br> 3) Identify needed strength-based culturally relevant core competencies (basic, intermediate and advanced). <br><br> 4) Develop a comprehensive interagency workforce development and training plan. <br><br> 5) Modify certification standards and contracts to incorporate core competencies. <br><br> 6) Provide cross departmental, community stakeholder training. <br><br> 7) Begin dialogue with state universities, community colleges and other professional training institutions regarding core competencies. |
| PERFORMANCE MEASURES | 1) List of basic, intermediate and advanced strength-based culturally relevant core competencies <br><br> 2) Number and percent of staff trained in basic, intermediate and advanced strength-based culturally relevant core competencies <br><br> 3) List of partners in universities, community colleges and other professional training institutions |

# Chapter 7.
# Office of Transformation

In February 2001, the President announced his New Freedom Initiative to promote increased access to educational and employment opportunities for people with disabilities and increased access to assistive and universally designed technologies and full access to community life. Three obstacles preventing Americans with mental illnesses from getting the excellent care they deserve were identified: 1) stigma that surrounds mental illnesses; 2) unfair treatment limitations and financial requirements placed on mental health benefits in private health insurance, and 3) the fragmented mental health service delivery system.  The New Freedom Commission on Mental Health was established to explore these obstacles and develop a report which can be accessed at www.mentalhealthcommission.gov.  The report describes the extent of unmet needs and barriers to care, including:

- Fragmentation and gaps in care for children and adults,
- High unemployment and disability for people with serious mental illnesses,
- Lack of care for older adults, and
- Lack of national priority for mental health and suicide prevention.

In 2005, 40 states applied for competitive grants from the Substance Abuse and Mental Health Services Administration (SAMHSA) to fund Transformation Initiatives to address these unmet needs and barriers.  Seven states were awarded grants initially.[1]  Missouri and Hawaii were added in October 2006.  All Transformation Initiatives are funded for 5 years with the requirement that in each state it must be a Governor's Initiative.   Each program is designed to build upon cross-departmental work to date, for example, the Children's Comprehensive System. The federal funding supports infrastructure required for each state's mental health system transformation such as planning, workforce development, evidence-based practice implementation and technology enhancements.

Ultimately, the Missouri Mental Health Transformation Initiative will customize the findings and key goals of the President's New Freedom Commission on Mental Health into an innovative and comprehensive transformation of Missouri's mental health system.  Implemented in carefully constructed stages by 2011, mental health services will be:

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[1] States funded in 2005 include Connecticut, Maryland, New Mexico, Ohio, Oklahoma, Texas, and Washington.

- Informed by strong consumer and family input
- Seamlessly delivered by public and private sector agencies through creative partnerships;
- Easily accessible throughout Missouri to all;
- Supported through maximum, effective and non-duplicative use of all funding streams.

The primary focus of Missouri's first year is the development of the state's first Comprehensive State Mental Health Plan that transcends departmental and divisional boundaries and crosses the lifespan.  Six content workgroups comprised of 240 key stakeholders from throughout the state are developing the priorities and recommendations aligned with the goals outlined in this chapter through June 2007. The Transformation Working Group (TWG), created by executive order of the Governor and comprised of 24 appointed leaders, will review all recommendations in July 2007 and select and rank the overall priorities for the initial draft of the comprehensive plan. The TWG will also promote key recommendations for the FY08 budget cycle. Public input will be gathered in community meetings in August-September 2007 to inform and enhance the Missouri Mental Health Transformation Initiative.  To follow the progress and developments of this, follow the link to the Office of Transformation website at www.dmh.mo.gov/transformation/transformation.htm.

## Goal 1.  Create pro-active, comprehensive public education and outreach to ensure Missourians understand that mental health is essential to overall health.

| STRATEGIC THEME(S) | • Strong Consumer/Family Voice<br>• Medical and Behavioral Service Integration<br>• Strong Local DMH Service Systems |
|---|---|
| STRATEGIES | 1) Develop a comprehensive prevention plan promoting public mental health to focus on risk and protective factors and build resilience across the lifespan. Appropriate evidence-based Interventions will be provided at the earliest ages/developmental phases possible. |
| | 2) Ensure comprehensive, integrated and accessible prevention interventions by infusing behavioral health prevention services with overall health and prevention initiatives to the extent feasible. |
| | 3) Develop coordinated and integrated disaster preparedness and response efforts with a greater number of community providers and citizens knowing how to prepare and respond to the individual and collective behavioral health needs of the community after a disaster. |
| | 4) Ensure coordinated and integrated stigma reduction efforts to increase 1) community understanding and acceptance of mental health issues; and 2) opportunities for consumers to find employment, housing, social activities and treatment as needed. |
| | 5) Provide mental health screenings as part of physical health screenings to reduce the number of Missourians with undiagnosed and/or untreated mental illnesses. |
| | 6) Ensure access to primary care services for persons with mental illness. |
| | 7) Co-locate primary care and mental health care in clinical and other appropriate settings. |
| | 8) Foster formal partnership arrangements with all community mental health centers and federally qualified health centers in Missouri to provide integrated care. |
| | 9) Reduce morbidity and mortality related to mental illness, substance abuse and developmental disabilities. |
| | 10) Decrease in Missouri's suicide rate and substance abuse |

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| | rates. |
| | 11) Promote and provide wellness interventions to engage in physically healthy lifestyles (e.g.; physical activity, smoking cessation) to persons with mental illness. |
| | 12) A smaller portion of persons receiving mental health care will have undiagnosed and/or untreated medical illnesses. |
| **PERFORMANCE MEASURES** | 1) Create the comprehensive plan and implementation strategies |
| | 2) Identify legislative and budget initiatives for FY08 |

## Goal 2.  Incorporate the voice, leadership and feedback to ensure Missouri's mental health care is consumer- and family-driven.

| STRATEGIC THEME(S) | <ul><li>"Do No Harm"</li><li>Strong Consumer/Family Voice</li></ul> |
|---|---|
| STRATEGIES | 1) Provide structure for consumers and families to direct and control their services and lead the development of their individual plans of care. |
| | 2) Ensure providers support the consumer during the development of a plan of care and the supports he or she requires to make successful transitions from institutions to community settings, across agencies and across the lifespan. |
| | 3) Engage consumers in meaningful involvement in planning state mental health initiatives, in providing mental health services, and in evaluating those services. |
| | 4) Ensure DMH develops integrated Systems of Care across the state. |
| | 5) Expand consumer roles by including them in additional roles such as evaluators and trainers. |
| | 6) Allow Consumer Operated Service Programs (COSP) to become part of the continuum of community care in Missouri as evidence-based practice. |
| | 7) Provide access to Procovery circles statewide and across lifespan. |
| | 8) Provide consumer supports and services so that they may succeed in school, work and the community as measured by the goals they set for themselves. |
| | 9) Consumers experience increased acceptance by employers, providers, school personnel, and community members. |
| | 10) Develop and share a common set of principals and values with the multiple state agencies who serve mental health consumers to ensure quality and appropriate care. |
| PERFORMANCE MEASURES | 1) Create the comprehensive plan and implementation strategies |
| | 2) Identify legislative and budget initiatives for FY08 |

## Goal 3.  Identify, address and eliminate disparities in Missouri's mental health services.

| STRATEGIC THEME(S) | <ul><li>Strong Consumer/Family Voice</li><li>Medical and Behavioral Service Integration</li><li>Strong Local DMH Service Systems</li><li>Mental Health Workforce and Leadership Development for the Future</li></ul> |
| --- | --- |
| STRATEGIES | 1) Eliminate disparities in service and supports access, utilization and outcomes.<br><br>2) Reduce/eliminate workforce disparities.<br><br>3) Eliminate disparities resulting from co-occurring disorders.<br><br>4) State-local infrastructures support Missouri communities to identify and prioritize local mental health needs and efficiently develop and coordinate services and community supports at the local level.<br><br>5) Maximize and coordinate public/private resources to efficiently deliver community-based services and supports to meet local needs.<br><br>6) Identify desired state and local roles in planning, public education, service delivery and evaluation.<br><br>7) Increase the range, availability of employment opportunities and the number of individuals holding full time jobs, experiencing workplace satisfaction, and retaining those jobs in their own communities.<br><br>8) Increase the range and availability of housing options across the state and the number of persons living independently in their communities. |
| PERFORMANCE MEASURES | 1) Create the comprehensive plan and implementation strategies<br>2) Identify legislative and budget initiatives for FY08 |

## Goal 4.  Infuse early mental health screening, assessment, and referral to services as part of common health practice in Missouri.

| STRATEGIC THEME(S) | <ul><li>"Do No Harm"</li><li>Strong Consumer/Family Voice</li><li>Medical and Behavioral Service Integration</li><li>Missouri Child Mental Health Leadership</li><li>Data-Based Decision-Making</li><li>Strong Local DMH Service Systems</li><li>Mental Health Workforce and Leadership Development for the Future</li></ul> |
|---|---|
| STRATEGIES | 1) Eliminate fragmentation and create appropriate consultation, collaboration and integration at the local level in Missouri.<br><br>2) Adopt and implement protocols for the identification and early intervention for mental health needs through local planning processes.  Ensure partners such as the local health care, school, criminal justice and other critical early identification systems "own" these protocols at the local level.<br><br>3) Provide flexible protocols that facilitate screening, when indicated, by primary care physicians, pediatricians, schools and criminal justice personnel for the early identification of mental health service needs across the life span.<br><br>4) Identify and address the mental health needs of individuals/families before they become mental health crisis.<br><br>5) Review and adjust the system capacity for mental health services adequately to meet the need generated through early identification of need for services.<br><br>6) Identify, train and educate the natural community supports to assist in addressing behavioral health needs at the local level.<br><br>7) Reduce culturally rooted reluctance to seeking mental health services when needed by incorporating culturally competent services.<br><br>8) Explicit capacity to measure service system access.<br><br>9) Create and offer continuing education programs to potential partnerships to facilitate knowledge of mental health issues and resources. |
| PERFORMANCE MEASURES | 1) Create the comprehensive plan and implementation strategies<br><br>2) Identify legislative and budget initiatives for FY08 |

## Goal 5.  Deliver excellent mental health care and accelerate research in Missouri with a balanced portfolio of evidence-based practices (EBP).

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| **STRATEGIC THEME(S)** | • Strong Consumer/Family Voice<br>• Data-Based Decision-Making<br>• Strong Local DMH Service Systems<br>• Mental Health Workforce and Leadership Development for the Future |
| **STRATEGIES** | 1) Develop and promote a shared understanding of the concept of research "evidence" as it relates to mental health practices.  Ensure stakeholders understand that some practices have a more robust evidence base than others.<br><br>2) Compile an inventory of existing EBPs throughout the state.<br><br>3) Analyze and address gaps in the delivery of EBPs.<br><br>4) Create broad stakeholder understanding and support of EBP achieved through consensus building and values clarification at the local level.<br><br>5) Implement plans for filling gaps in the delivery of EBPs, including plans for workforce development.<br><br>6) Develop policies, certification standards, and funding sources to support the delivery of EBPs.<br><br>7) Create subgroups or connections to existing groups focused on the implementation of specific EBPs (e.g., Co-SIG grant; supported employment initiative, etc.).<br><br>8) Foster university collaborations around the implementation and evaluation of EBPs including a heavy emphasis on fidelity assessment and outcome evaluation.<br><br>9) Ensure congruence with DMH certification requirements.<br><br>10) Ensure consumers throughout the state of Missouri will have access to evidence-based practices.<br><br>11) Identify, study and evaluate promising practices as potential EBPs (i.e., service to science).<br><br>12) Develop an implementation plan and priority structure for specific EBPs.<br><br>13) Create an infrastructure to support  EBP implementation. |
| **PERFORMANCE MEASURES** | 1) Create the comprehensive plan and implementation strategies<br>2) Identify legislative and budget initiatives for FY08 |

## Goal 6.  Access and improve mental health care and information in Missouri via current and integrated technology.

| STRATEGIC THEME(S) | <ul><li>Strong Consumer/Family Voice</li><li>Medical and Behavioral Service Integration</li><li>Data-Based Decision-Making</li><li>Strong Local DMH Service Systems</li></ul> |
|---|---|
| STRATEGIES | 1) Identify ways to use technology to improve the efficiency and effectiveness of behavioral health services and implement them.<br><br>2) Identify ways to use technology to improve communication and implement them.<br><br>3) Provide access to relevant data for effective planning and evaluation at all levels of the system.<br><br>4) Increase capacity to extract meaning from data. |
| PERFORMANCE MEASURES | 1) Create the comprehensive plan and implementation strategies<br><br>2) Identify legislative and budget initiatives for FY08 |