

PROGRAM DESCRIPTION

Department: Mental Health

HB Section(s): 10.210

Program Name: Adult Community Services

Program is found in the following core budget(s): Adult Community Programs

1a. What strategic priority does this program address?

Advance supports for recovery from behavioral health conditions and decrease premature deaths associated with co-morbid conditions, suicide, and other mental health conditions.

1b. What does this program do?

Adult Community Programs are administered locally by Community Mental Health Centers (CMHC), including 15 Certified Community Behavioral Health Organizations (CCBHO), that serve as administrative agents for twenty-five (25) defined service areas in Missouri. These agencies serve individuals with serious mental illnesses who often have comorbid behavioral and medical conditions, prioritizing individuals who are referred via the following scenarios: discharged from state hospitals, committed by courts in forensic status, under Probation and Parole supervision, that are Medicaid eligible, and/or in crisis.

These programs provide a comprehensive treatment and community-based support system, delivering evidence-based, cost-effective behavioral health rehabilitative services. By actively participating in these programs, many individuals with serious mental illness and co-occurring disorders can successfully live and work in the community. They can reduce or avoid repeated, expensive emergency department visits and/or psychiatric hospitalizations.

DBH has successfully implemented new technologies to integrate behavioral health and medical care. The Disease Management 3700 project and the Healthcare Home initiative have assured the coordination of physical and behavioral health services to individuals with serious mental illness. The results are improved health outcomes and lower healthcare costs.

DBH also implemented emergency room enhancement (ERE) projects located in 20 out of 25 service areas of the state with the purpose of developing models of effective intervention for people in behavioral health crises, creating alternatives to unnecessary hospitalization or extended hospitalization. Individuals are referred from local hospital emergency rooms to behavioral health providers for ongoing treatment and care coordination to prevent unnecessary and costly hospital admissions.

Thirty-one (31) Community Mental Health Liaisons (CMHL) are employed at CMHCs and CCBHOs across the state. The purpose of the CMHL is to assist law enforcement and court systems to link individuals with behavioral health needs to treatment. CMHLs have created partnerships with law enforcement agencies and courts to save valuable resources on unnecessary incarcerations and hospital stays and have improved outcomes on individuals with behavioral health issues.

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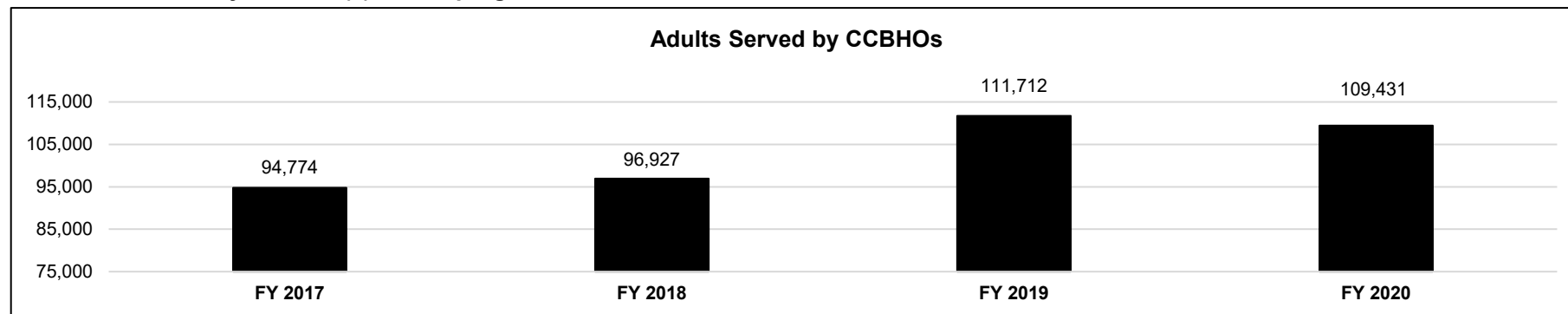
1b. What does this program do? (Continued)

Funds are used to support a wide array of residential services that include residential care facilities, group homes, and independent supported housing. Provision of these services and supports enable individuals to successfully live and work in their communities. Residential services are provided in the client's community through contractual arrangements. As individuals move into more independent housing alternatives, they require intensive but flexible services and supports in order to maintain that housing. Treating individuals of all ages and with unique needs in community settings requires a variety of residential alternatives.

The United States Supreme Court decision in *Olmstead v. L.C.* stated that unjustified segregation of persons with disabilities constitutes discrimination and is in violation of the Americans with Disabilities Act. States must ensure that individuals with disabilities are served in the least restrictive environments based on their individual needs and choices.

As Missouri works to meet the mandates of the *Olmstead* decision, supportive housing plays a major role. The programs are designed to provide individuals with serious mental illness (SMI) safe housing in combination with the support services needed to be able to live in the most integrated settings possible in a community of their choice.

2a. Provide an activity measure(s) for the program.



Note: These data are reported by the Missouri Coalition for Community Behavioral Health (MCCBH) and compiled from individual provider electronic health records.

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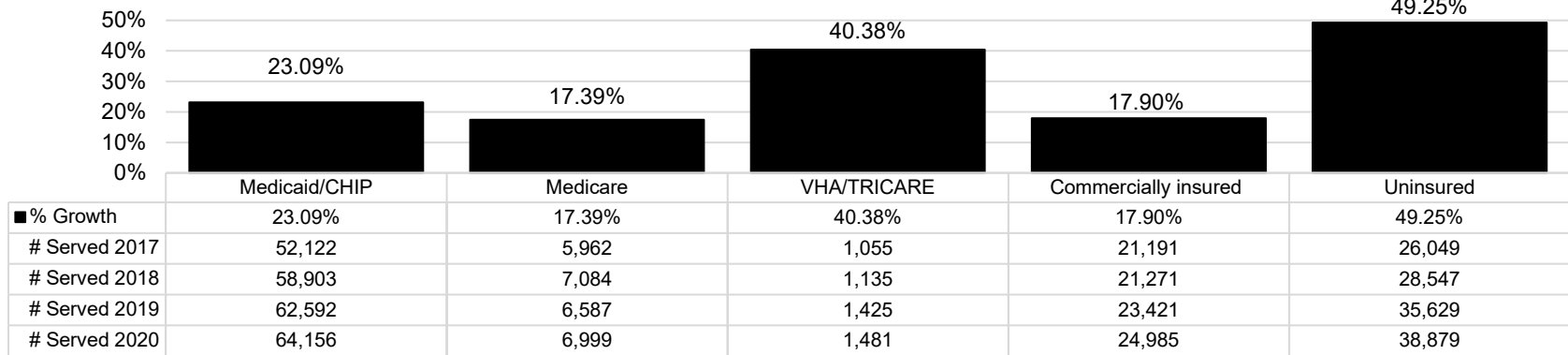
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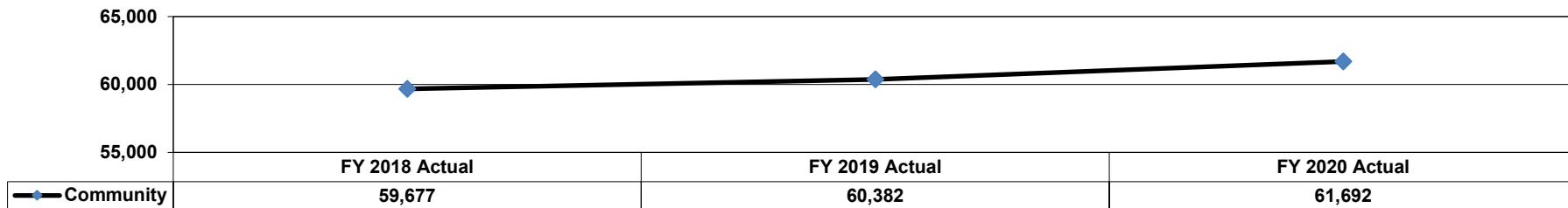
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2a. Provide an activity measure(s) for the program. (Continued)

CCBHO Growth In Consumers Served By Insurance Type From FY 2017 to FY 2020



DMH-Funded Clients Served by Community Treatment Services

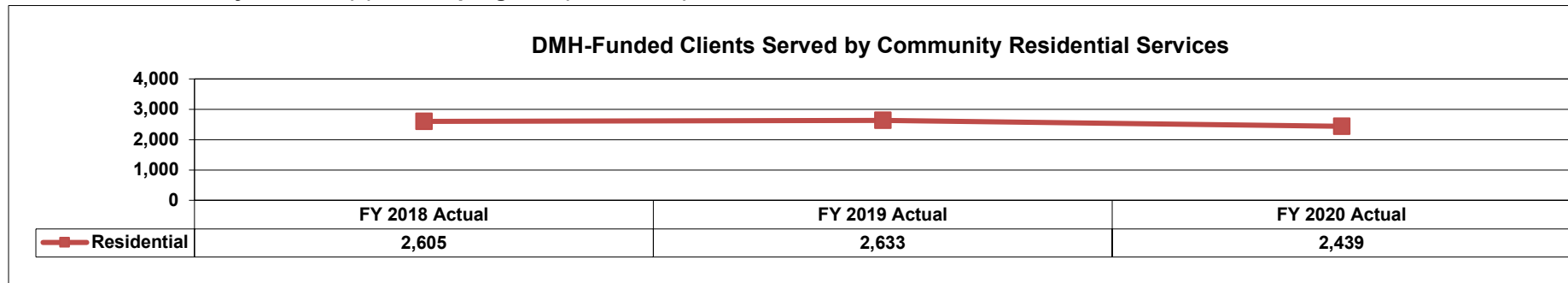


Note: Increase in client count is due to the Certified Community Behavioral Health Organization (CCBHO) consumers not previously served with DBH funding.

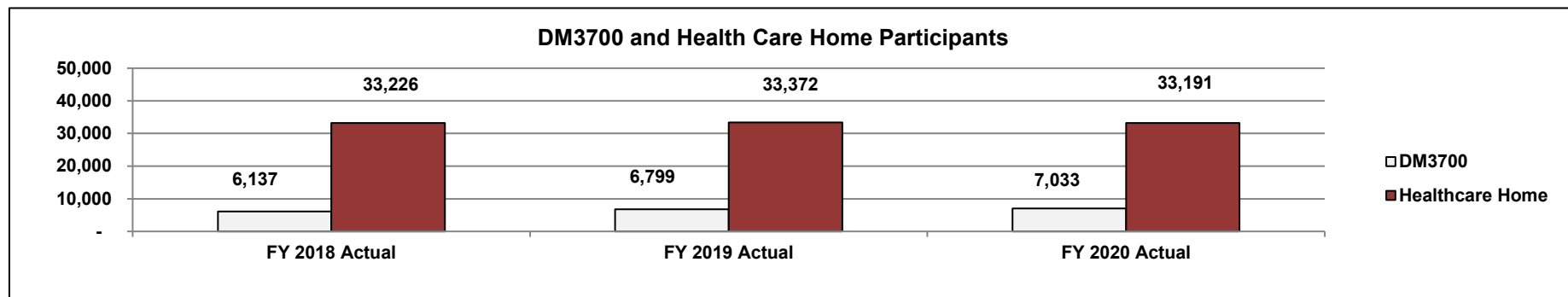
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2a. Provide an activity measure(s) for the program. (Continued)



Note: Unduplicated client count for residential reflects the continued need for assistance to individuals with SMI in their community/residential placements.

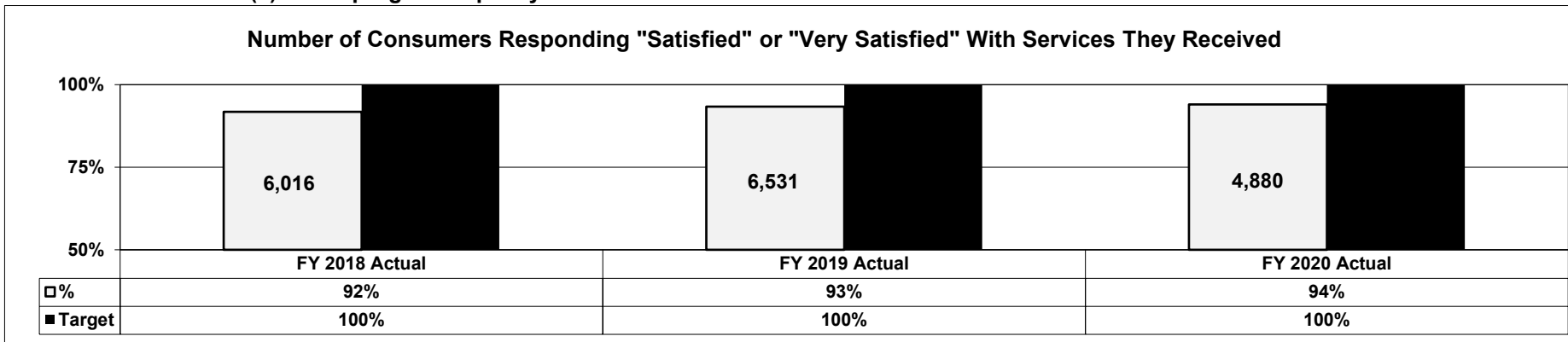


Note: This graph represents the number of individuals served in the Disease Management 3700 and Health Care Home services. The Medicaid costs for medical services are reduced with the addition of behavioral health services that coordinate the participant's healthcare. Health and wellness outcomes for the participants are improved.

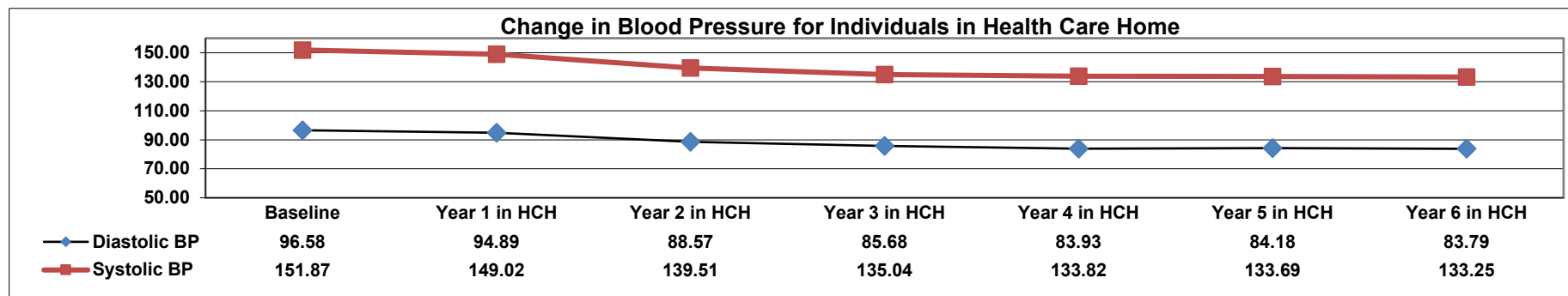
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2b. Provide a measure(s) of the program's quality.



2c. Provide a measure(s) of the program's impact.



Significance: A 6 point drop in blood pressure results in a 16% decrease in cardiovascular disease and a 42% decrease in stroke.

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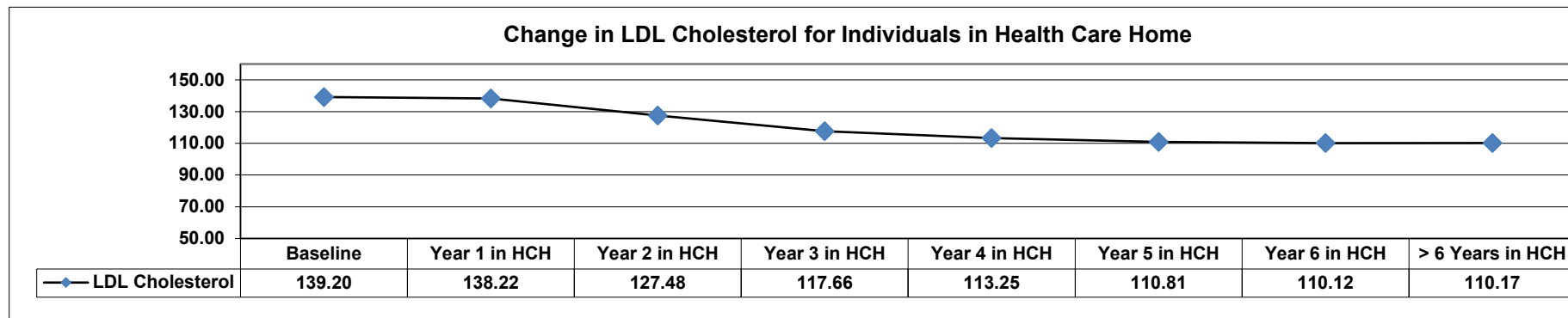
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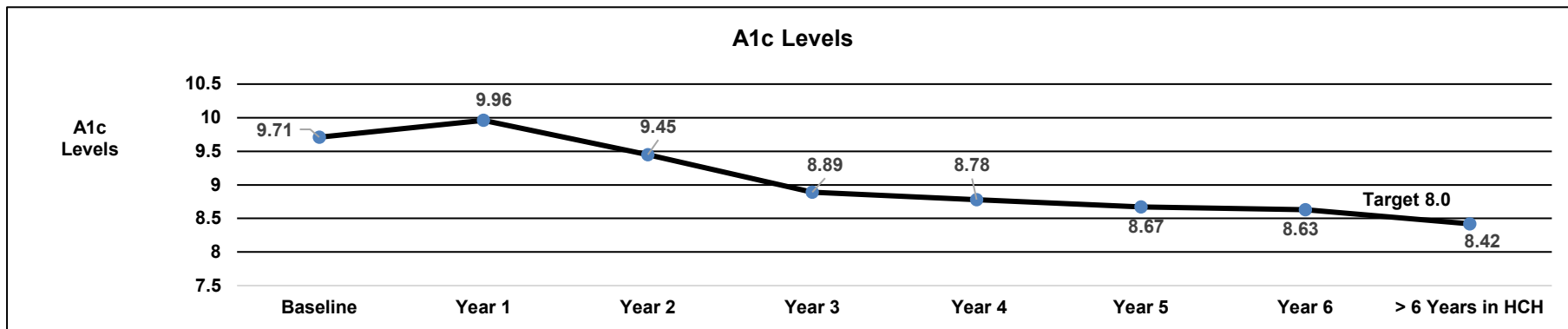
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2c. Provide a measure(s) of the program's impact. (Continued)



Significance: A 10% drop in LDL level results in a 30% decrease in cardiovascular disease.

Data reflects individuals receiving services through the Health Care Home program are getting healthier.



Significance: 94% of the participants in Healthcare Homes reported a decrease and controlled A1c levels.

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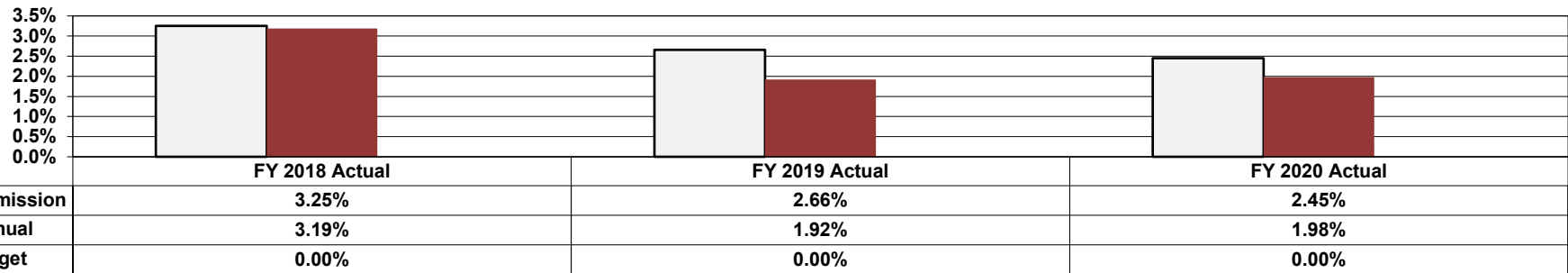
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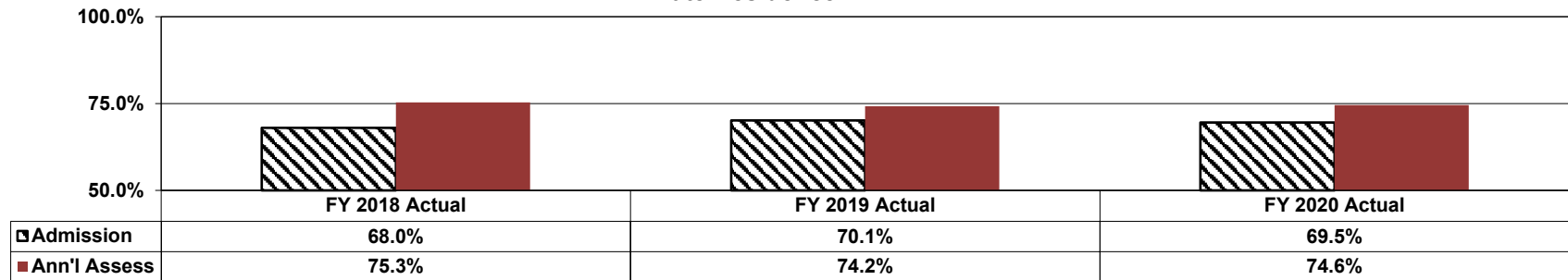
2c. Provide a measure(s) of the program's impact. (Continued)

Contacts With Law Enforcement



Significance: Data reflects community treatment reduces the level of contacts consumers have with law enforcement.

Private Residence



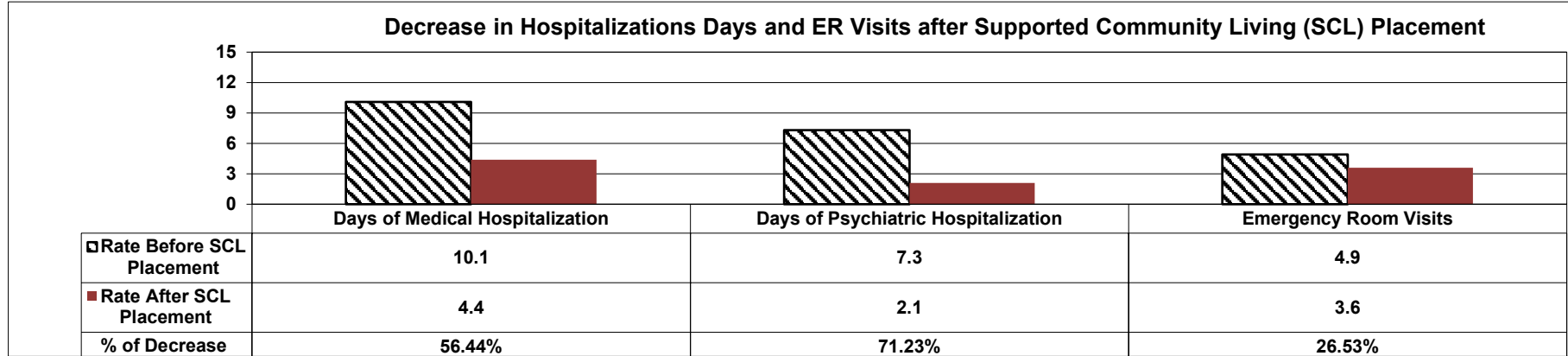
Base Target for Admission: 80% Stretch Target for Admission: 85%

Note: This graph shows the increase in the percentage of adult consumers in private residence settings from their admission into a community program and their annual assessment. Private residence category includes: Private Residence - Independent Living and Private Residence - Dependent Living.

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2c. Provide a measure(s) of the program's impact. (Continued)



Note: This graph represents a decrease in ER visits or hospitalizations due to a more stable living arrangement. These are FY 2019 SCL placements with 12 months pre and post placement review of ER visits and hospitalizations.

Emergency Room Enhancement (ERE) Outcome

Emergency Room Enhancement (ERE) Project successfully engages clients in coordinated, wrap-around care. Below are outcomes for those engaged in ERE.

- 78% Reduction in Hospitalizations
- 75% Reduction in ER visits
- 60% Reduction in Unemployment
- 60% Reduction in Homelessness
- 50% Reduction in Criminal Justice Involvement

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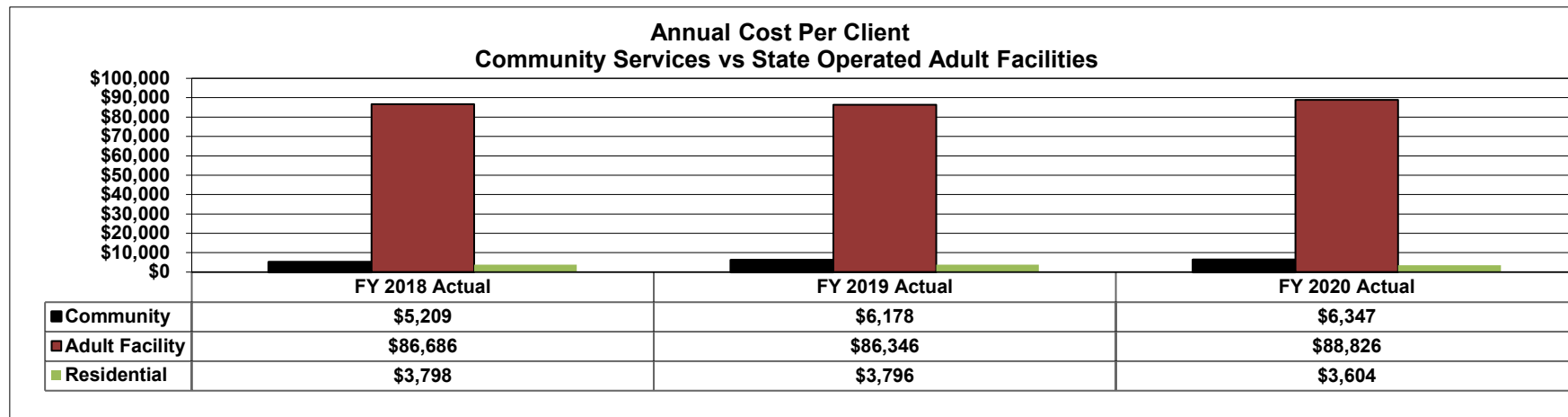
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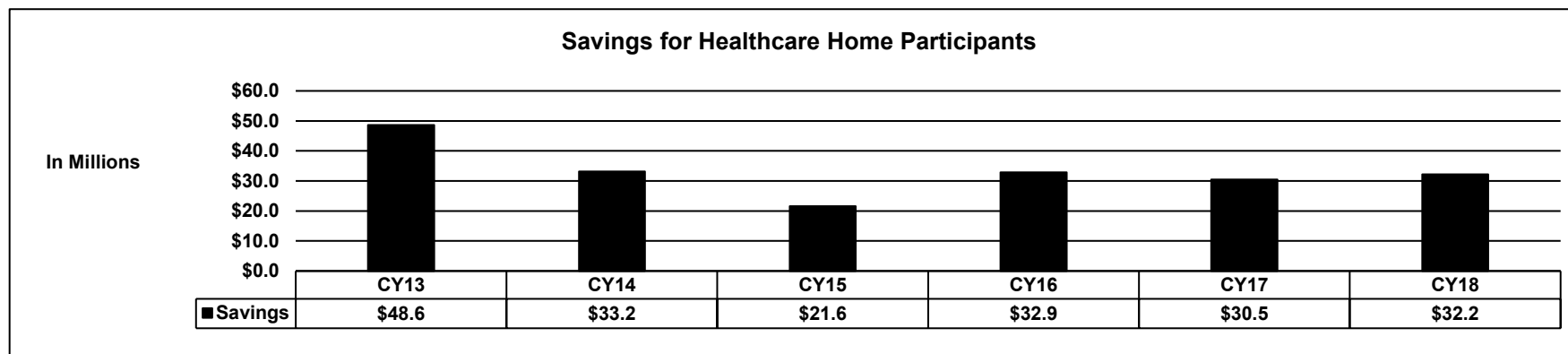
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2d. Provide a measure(s) of the program's efficiency.



Significance: Treatment is more cost effective in the community versus state operated hospitals.



Note: The Center for Medicare and Medicaid Services (CMS) methodology uses calendar year and compares each individual's 12 months post Healthcare Home (HCH) cost with their 12 month pre HCH costs.

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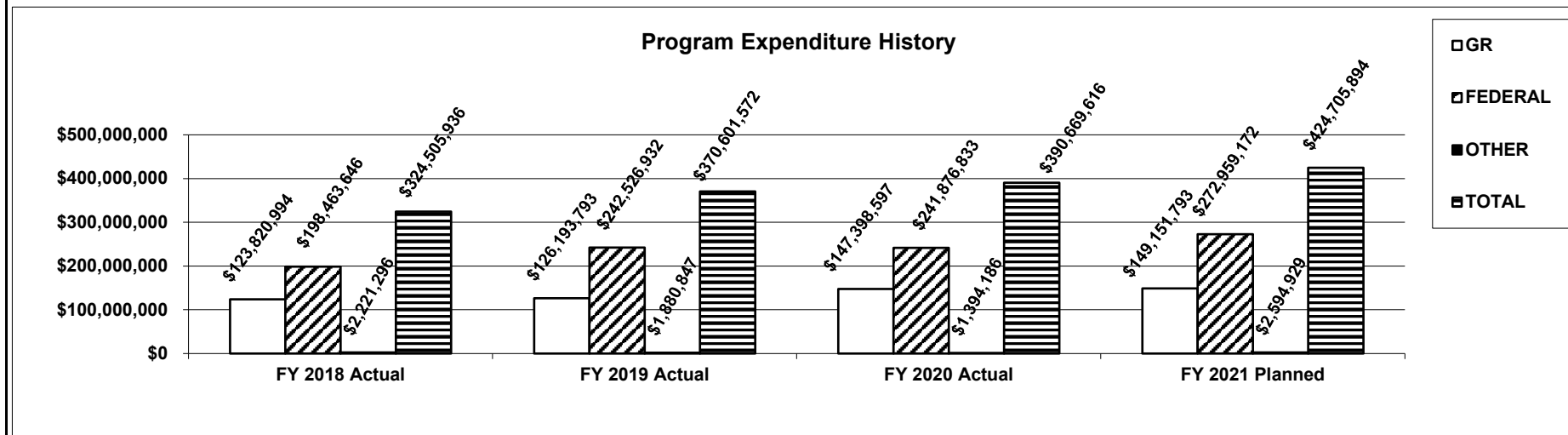
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3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other" funds?

Mental Health Local Tax Match Fund (MHLTMF) \$1,284,357 and Mental Health Interagency Payment Fund (MHIPF) \$1,310,572

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

Sections 632.010.1, 632.010.2(1), 632.050 and 632.055 RSMo.

6. Are there federal matching requirements? If yes, please explain.

The federal Community Mental Health Services Block Grant requires that the state maintain an aggregate level of general revenue spending for mental health services that is greater than or equal to the average of the past two years. (This is called the "Maintenance of Effort," or MOE, requirement.) Community Psychiatric Rehabilitation and Targeted Case Management are MO HealthNet services and require a state match.

7. Is this a federally mandated program? If yes, please explain.

The Americans with Disability Act (Supreme Court Ruling in Olmstead vs. LC, 1999) requires states to identify institutional residents who could live in integrated community settings.