

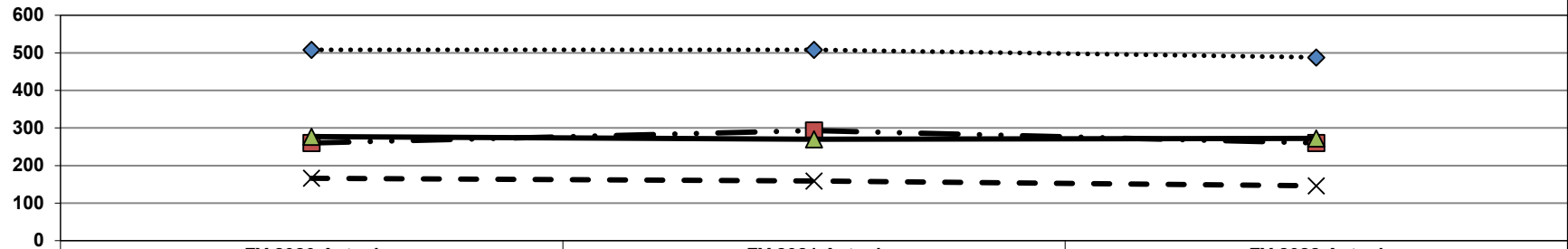
## PROGRAM DESCRIPTION

<b>Department:</b> Mental Health	<b>HB Section(s):</b> 10.300, 10.305, 10.310, 10.315, 10.320
<b>Program Name:</b> State Operated Adult Facilities	
<b>Program is found in the following core budget(s):</b> DBH Adult Inpatient Facilities	
<p><b>1a. What strategic priority does this program address?</b> Provide inpatient treatment for adults with complex mental illnesses in the forensic system.</p> <p><b>1b. What does this program do?</b> State operated adult facilities provide inpatient hospitalization and psychiatric treatment to forensic individuals committed by the criminal courts and individuals civilly committed by the probate courts who are involved in the criminal justice system and require environments with varying levels of security. Most of these individuals present a danger to themselves or others and cannot be effectively treated in a less restrictive environment.</p> <p>The forensic program requires not only the specialized knowledge and services needed for working with individuals with serious mental illness, but also specialized knowledge of the more structured procedural issues surrounding interaction with the judicial system. This highly specialized service includes evaluation and treatment in a secure environment.</p> <p>The Division of Behavioral Health (DBH) has a full range of secured treatment settings in order to effectively treat forensic clients and to ensure public safety in accordance with Chapter 552, RSMo. These settings are provided through various applications of secured perimeters, including inside and outside containment, internal security systems, escort requirements and security staffing. Services are provided with the desired goal of progressive movement from a highly structured living situation to a less structured living situation. In this manner, people are given the opportunity to move through a system specifically designed to function more effectively interpersonally and in the community at large.</p> <p>The Department of Mental Health (DMH) has seen a steadily increasing number of individuals referred by the criminal courts and more than half are determined to be in competent to stand trial and thus require competency restoration. This increase is resulting in hospitals operating at or over existing capacity and individuals waiting in jails for beds to open up.</p>	

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<b>2a. Provide an activity measure(s) for the program.</b>	

**Individuals Served in State Operated Adult Facilities**



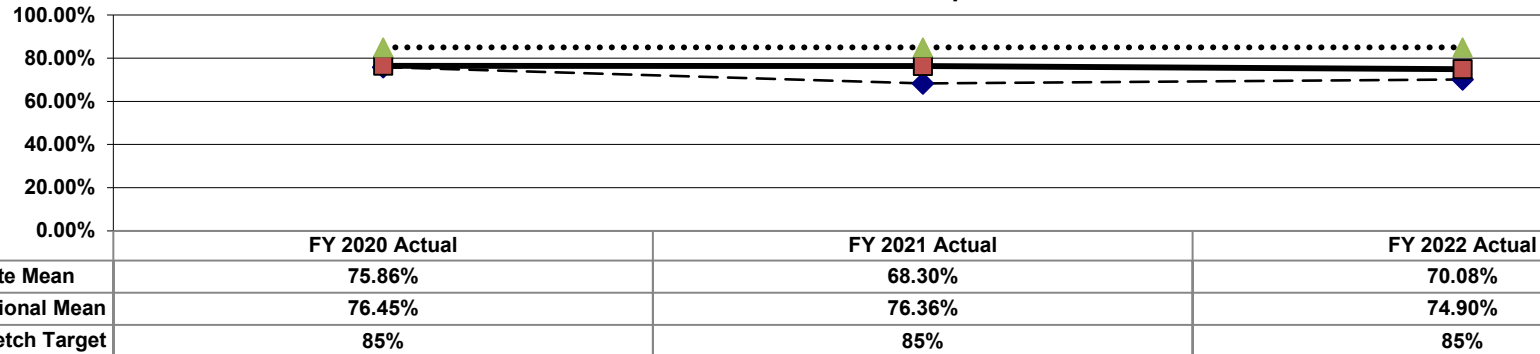
**Note:** This graph represents an unduplicated count of clients served.

- VbG/PIST - Persons who are permanently incompetent to stand trial and who have a guardian or who are awaiting assignment of a guardian. Discharges occur upon consent of the guardian.
- IST - Persons committed for care and treatment under Section 552, RSMo. as "incompetent to stand trial". Discharges occur upon order of the court. Statute requires that a competency assessment report be provided to the court every 180 days. The stretch target is 150 days.
- NGRI - Persons committed for care and treatment under Section 552, RSMo. as "not guilty by reason by mental disease or defect". Discharges occur upon order of the court following a hearing to determine if the person is likely to be dangerous to others.
- Other - Individuals with serious risk histories who are civilly committed by the Probate Court, individuals found competent to stand trial but require continued hospitalization, and individuals admitted by guardian. Discharges depend upon commitment status.

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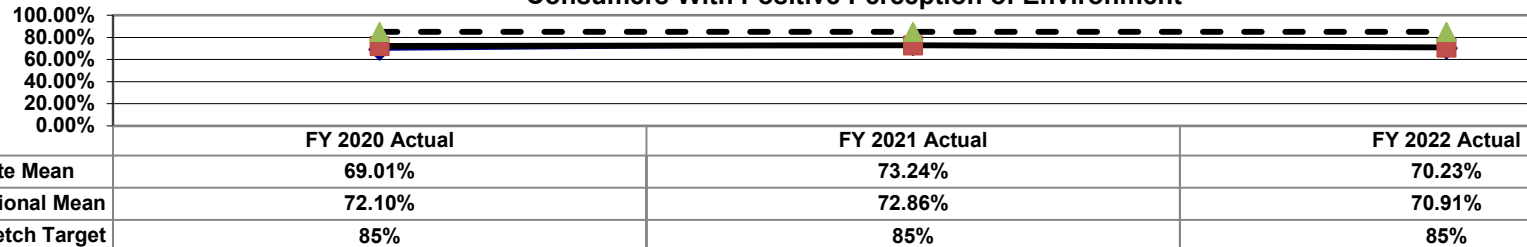
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2b. Provide a measure(s) of the program's quality. (Continued)			

**Consumers With Positive Perception of Outcomes**



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

**Consumers With Positive Perception of Environment**

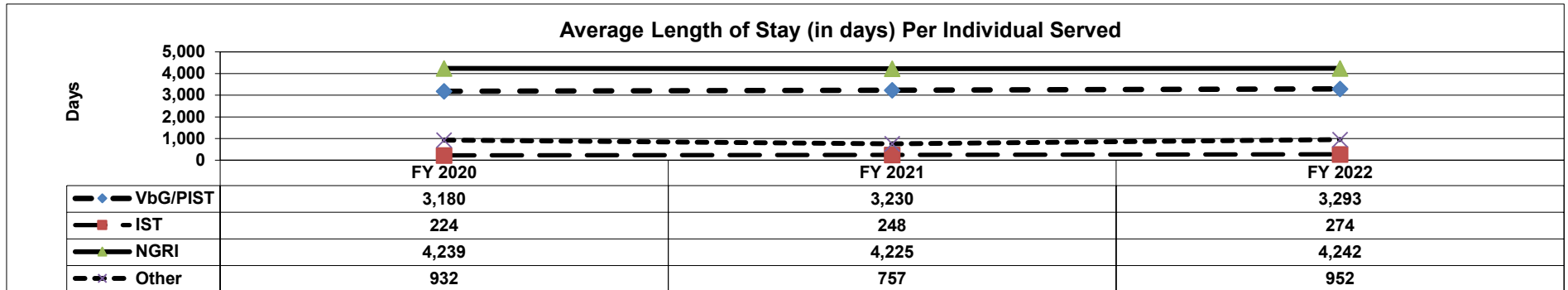


**Note:** The two graphs above represent the percent of clients at discharge or annual review who respond positively to the Client Perception of Participation and Facility Environment domains on the Inpatient Consumer Survey. *Target: Base - Exceed national mean; Stretch - 85%*

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

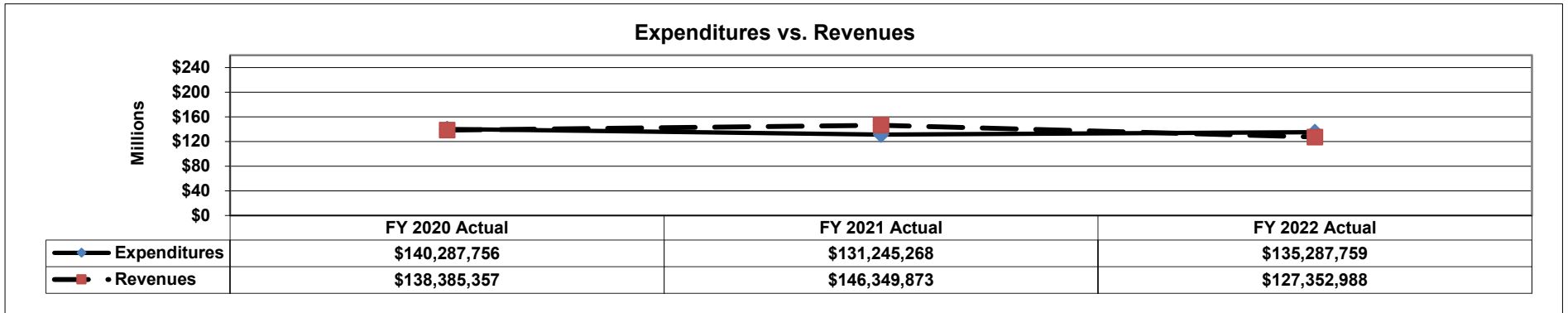


**Note:**

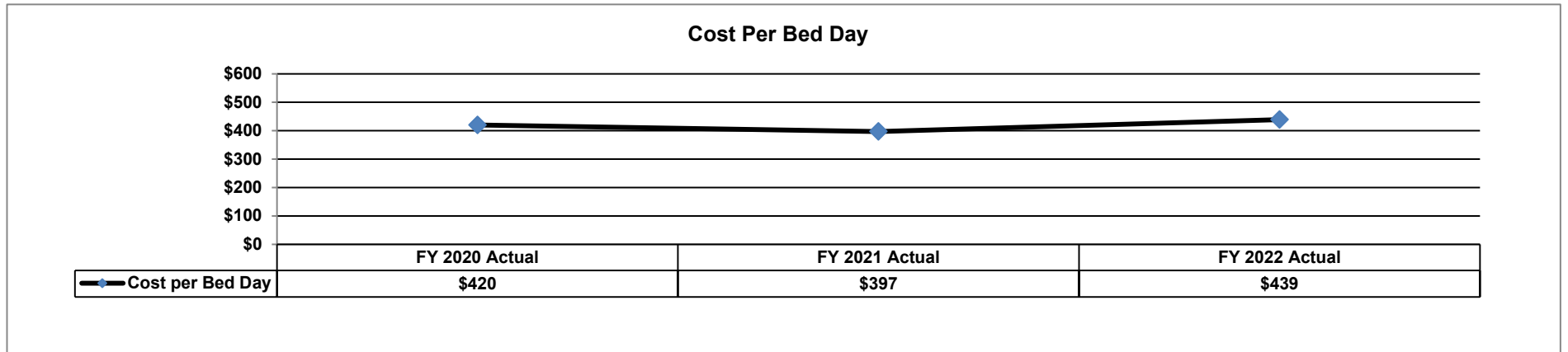
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- NGRI - Persons committed for care and treatment under Section 552, RSMo. as "not guilty by reason by mental disease or defect". Discharges occur upon order of the court following a hearing to determine if the person is likely to be dangerous to others.
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2d. Provide a measure(s) of the program's efficiency.			



**Note:** Revenues represent all third party reimbursements and the 60% Federal reimbursement for Disproportionate Share (DSH) claim. Expenditures do not include fringe. Declining revenues in FY22 have resulted from lowered bed utilization due to staffing shortages related to COVID.

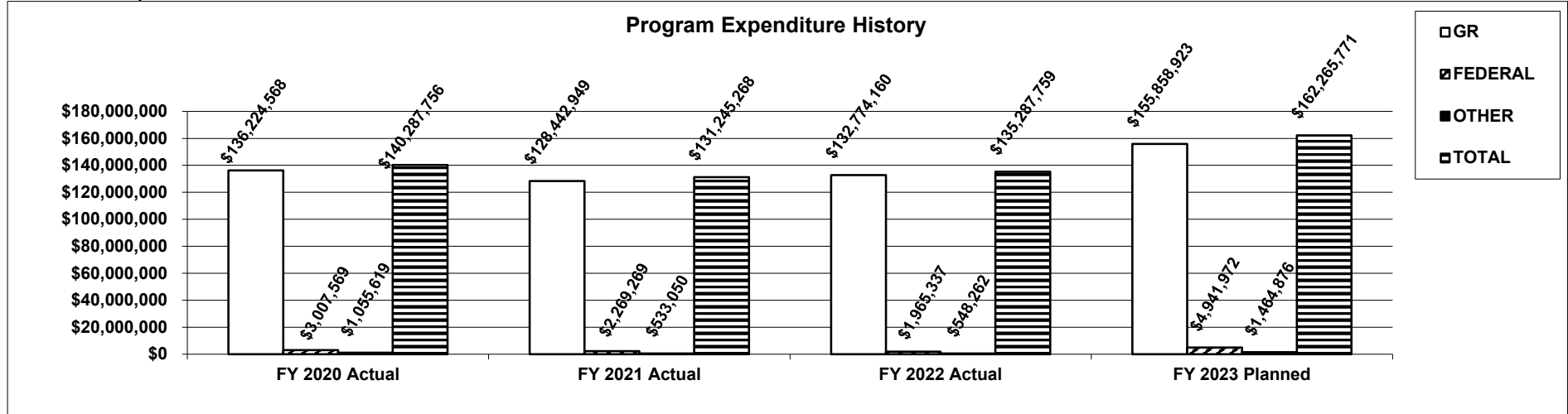


**Note:** Average annual cost in FY 2022 is \$106,031. Increasing costs reflect pay plan increases and rising fuel and food costs.

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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.)*



**Note:** FY 2023 increase is due to new wards, pay plan and mandatory items. For FY 2024, a portion of house bill sections for Facility Support and what was previously referred to as Comprehensive Psychiatric Services (CPS) Medications are included in the Division of Behavioral Health (DBH) Adult Inpatient Facilities budgets.

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<p><b>4. What are the sources of the "Other " funds?</b> Other includes Mental Health Trust Fund (MHTF) (0926) and Mental Health Earnings Fund (MHEF) (0288).</p> <p><b>5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)</b> Sections 632.010.2 and 632.010.2(1), RSMo.</p> <p><b>6. Are there federal matching requirements? If yes, please explain.</b> Inpatient facilities provide General Revenue (GR) match for MO HealthNet eligible services through the certification of GR expenses, so no additional match is required. Also, the cost associated with the operation of the DBH hospitals significantly impacts the reimbursement made by MO HealthNet under the federal disproportionate share hospital requirements.</p> <p><b>7. Is this a federally mandated program? If yes, please explain.</b> 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.) Outpatient services in the state facilities' budgets are captured in the MOE calculation.</p>	