

## PROGRAM DESCRIPTION

**Department: Mental Health**

**HB Section(s): 10.300, 10.305, 10.310, 10.315,  
10.320**

**Program Name: State Operated Adult Facilities**

**Program is found in the following core budget(s): Adult Inpatient Facilities**

**1a. What strategic priority does this program address?**

Provide inpatient treatment program for adults with complex mental illnesses.

**1b. What does this program do?**

State operated adult facilities provide inpatient hospitalization and psychiatric treatment for individuals with serious mental illness. The facilities serve 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 a high security environment. These individuals present a danger to themselves or others and cannot be effectively treated in a less restrictive environment.

The forensic program provides psychiatric evaluation, care and treatment for mentally ill individuals ordered into the system by the Circuit Courts. 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 provides the capability of evaluation and treatment in a secure environment.

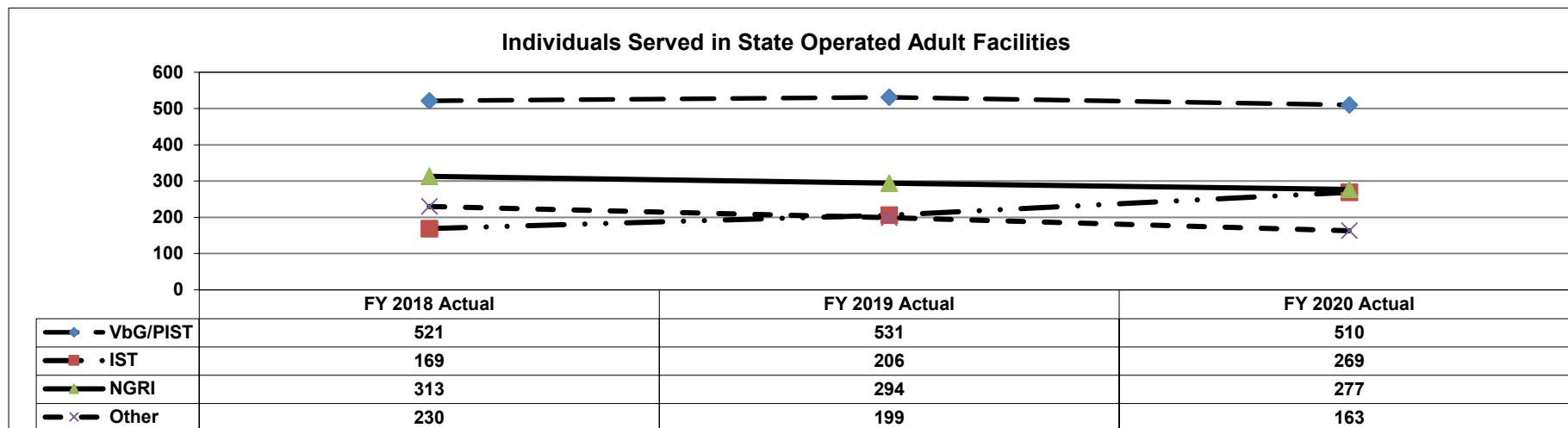
The Division of Behavioral Health (DBH) has a full range of secured treatment settings in order to effectively treat forensic clients and to ensure public safety in accordance with Chapter 552, RSMo. These settings are provided through various applications of secured perimeters, including inside and 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 provide them with an accompanying increased emphasis on demonstrated acceptable standards of behavior.

The Department of Mental Health (DMH) has seen a steadily increasing number of individuals who have been referred by the criminal courts as not competent to stand trial for competency restoration. This increase is resulting in hospitals operating at or over existing capacity and individuals waiting in jails for beds to open up.

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

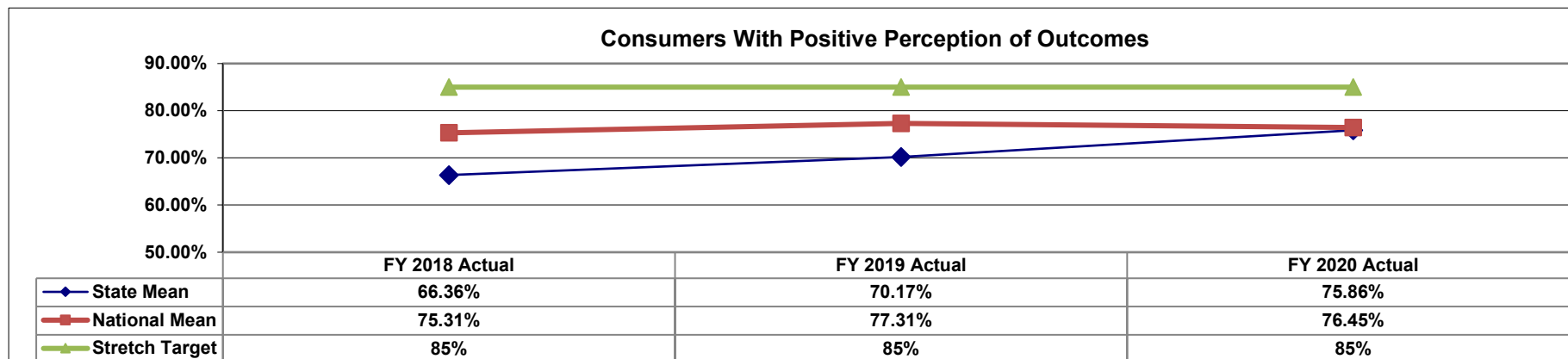


**Note:** This graph represents an unduplicated count of clients served. NGRI - Persons committed for care and treatment under Section 552, RSMo. as "not guilty by reason by mental disease or defect". Discharges occur upon order of the court following a hearing to determine if the person is likely to be dangerous to others. 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 base target for IST is 180 days while the stretch target is 150 days. 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. Other - Individuals with serious risk histories who are civilly committed by the Probate Court or admitted by guardian. Discharges depend upon commitment status.

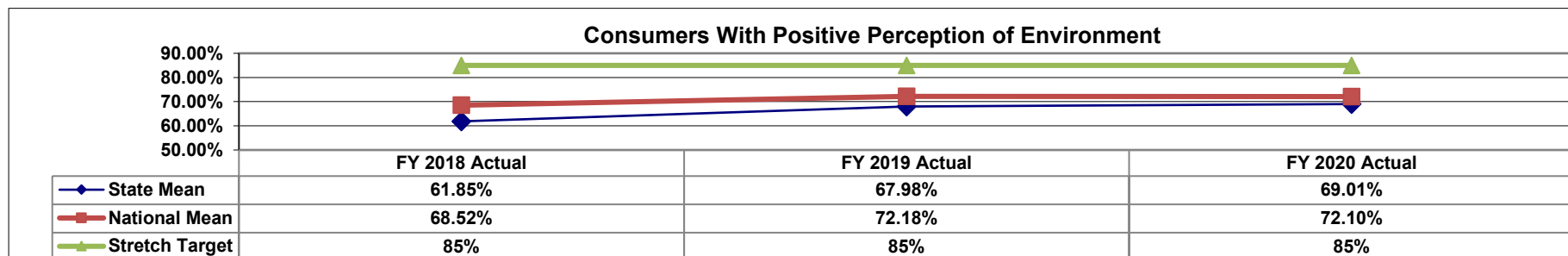
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2b. Provide a measure(s) of the program's quality. (Continued)



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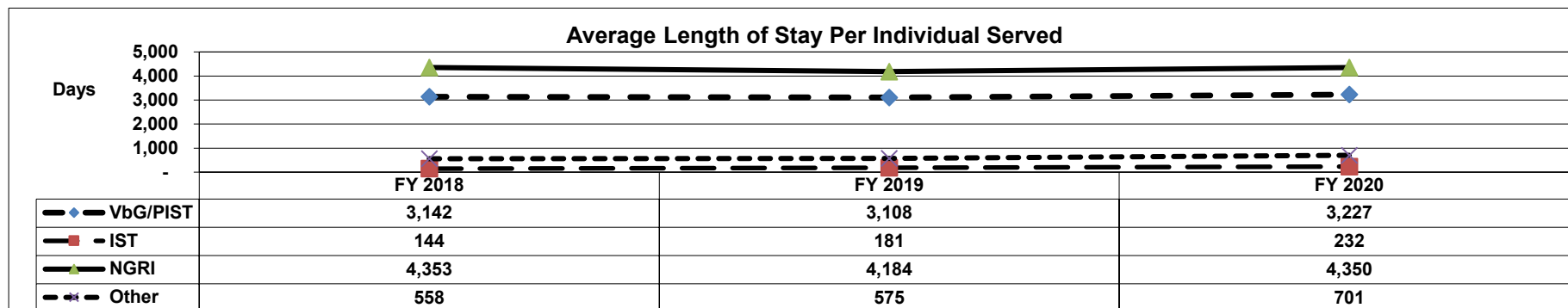


**Note:** The two graphs above represent the percent of clients at discharge or annual review who respond positively to the Client Perception of Participation and Facility Environment domains on the Inpatient Consumer Survey. *Target: Base - Exceed national mean; Stretch - 85%*

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



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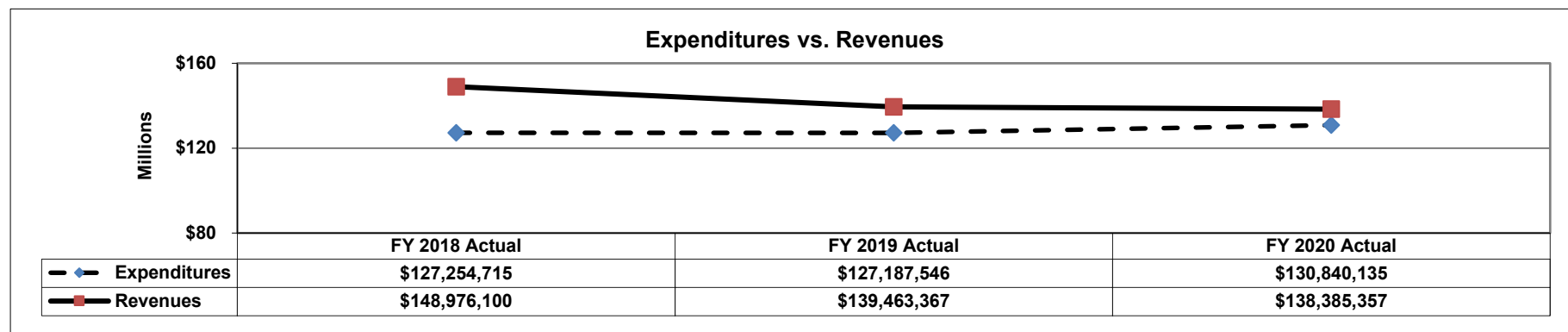
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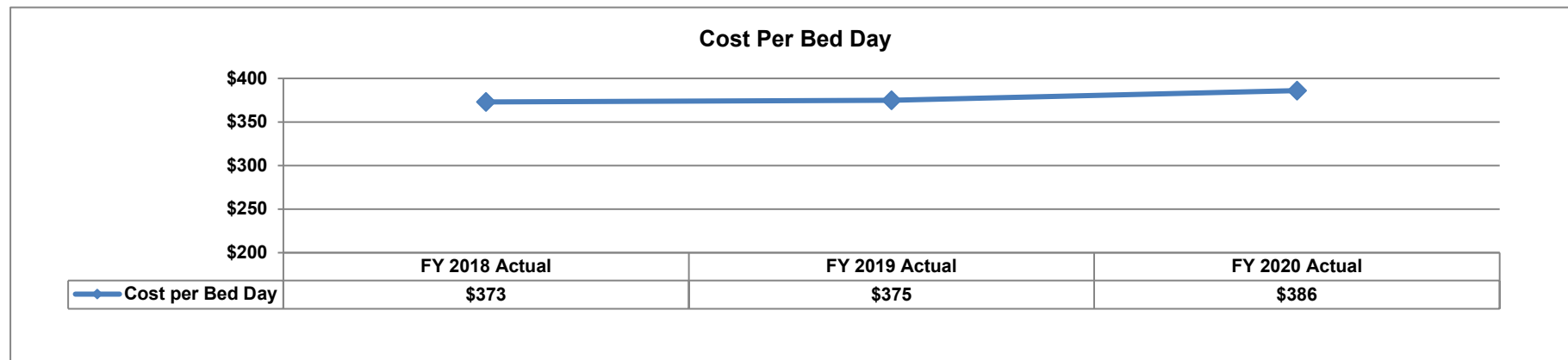
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2d. Provide a measure(s) of the program's efficiency.



**Note:** Revenues represent all third party reimbursements and the 60% Federal reimbursement for Disproportionate Share (DSH) claim. Expenditures do not include fringe. Anticipate DSH to drop in federal fiscal year 2021 by an undetermined amount which will affect the state fiscal years of 2021 and 2022.

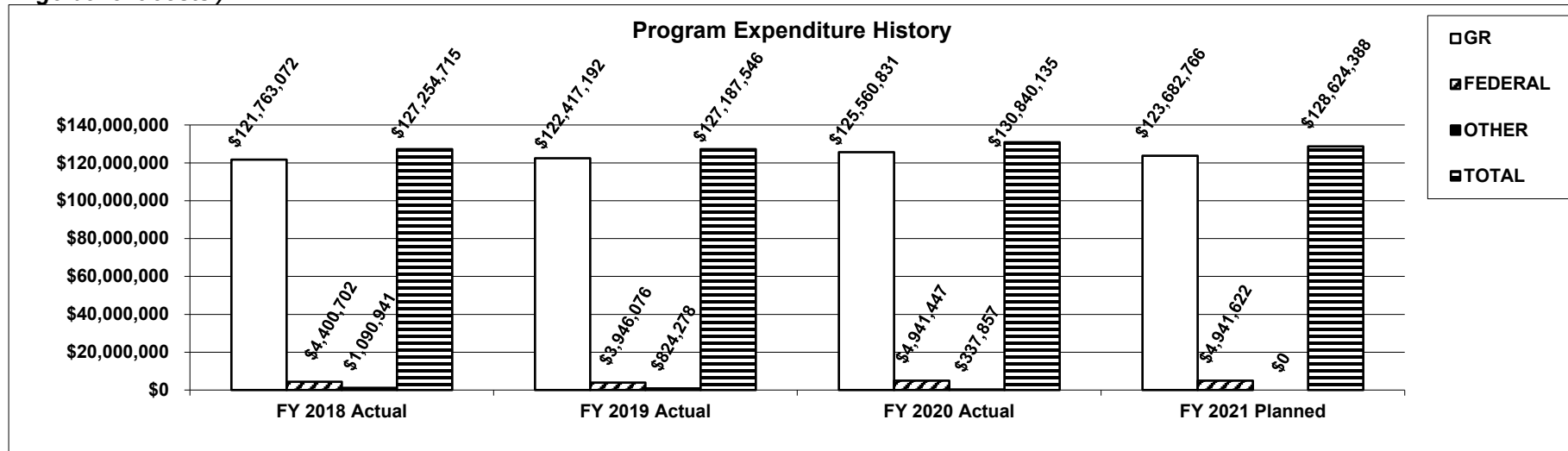


**Note:** Average annual cost in FY 2020 is \$107,334 (\$294 per day).

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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?**

None.

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

Sections 632.010.2 and 632.010.2(1), RSMo.

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

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.

**7. Is this a federally mandated program? 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.) Outpatient services in the state facilities' budgets are captured in the MOE calculation.