

PROGRAM DESCRIPTION

Department: Mental Health

HB Section(s): 10.225

Program Name: Youth Community Services

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

1a. What strategic priority does this program address?

Strengthen and integrate community services and advance supports for youth with a serious emotional disturbance.

1b. What does this program do?

Twenty percent (20%) of youth live with a mental health condition and fifty percent (50%) of all lifetime cases of mental illness begin by the age of 14 years. Ignoring mental health conditions in childhood can have lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being as adults.

Funding supports a comprehensive array of services that are developmentally appropriate including crisis intervention, medication management, family counseling, evidence based interventions, and residential out-of-home placement.

The program provides services to children with a serious emotional disturbance to maximize functioning, reduce symptoms, promote family integration, and improve school attendance. Since many of these youth have experienced traumatic events, appropriate trauma focused evidenced based practices and supports are provided to the youth/families.

For most children with a serious emotional disturbance served by the Division of Behavioral Health (DBH), their mental health needs can be addressed in their home environment. But for a small number of children, due to the severity of their mental illness, they cannot be maintained in the home and a temporary out-of-home placement is required. Out-of-home placement is a setting with 24 hour monitoring and oversight; specific planned activities for children; and individual and group treatment. Out-of-home placements vary as far as their restrictiveness level from least restrictive to more restrictive and the determinant of restrictiveness is based on the child's mental health condition. The least restrictive environment is a Treatment Family Home with the next level being a Professional Parent Home, and then residential services. Beyond residential, inpatient is the most restrictive level of placement.

Treatment Family Homes (TFH) consist of trained and qualified individuals who work with children in their own home. The goal of this service is to reunite children with their families whenever possible. Treatment parents receive over 40 hours of training. Up to three children can be placed in each TFH.

Professional Parent Homes (PPH) consist of trained and qualified professionals serving only one child at a time in their home, due to the severity of the child's needs. The parenting role is the sole employment for these parents. They are required to complete 40 hours of basic training as well as an enhanced training package.

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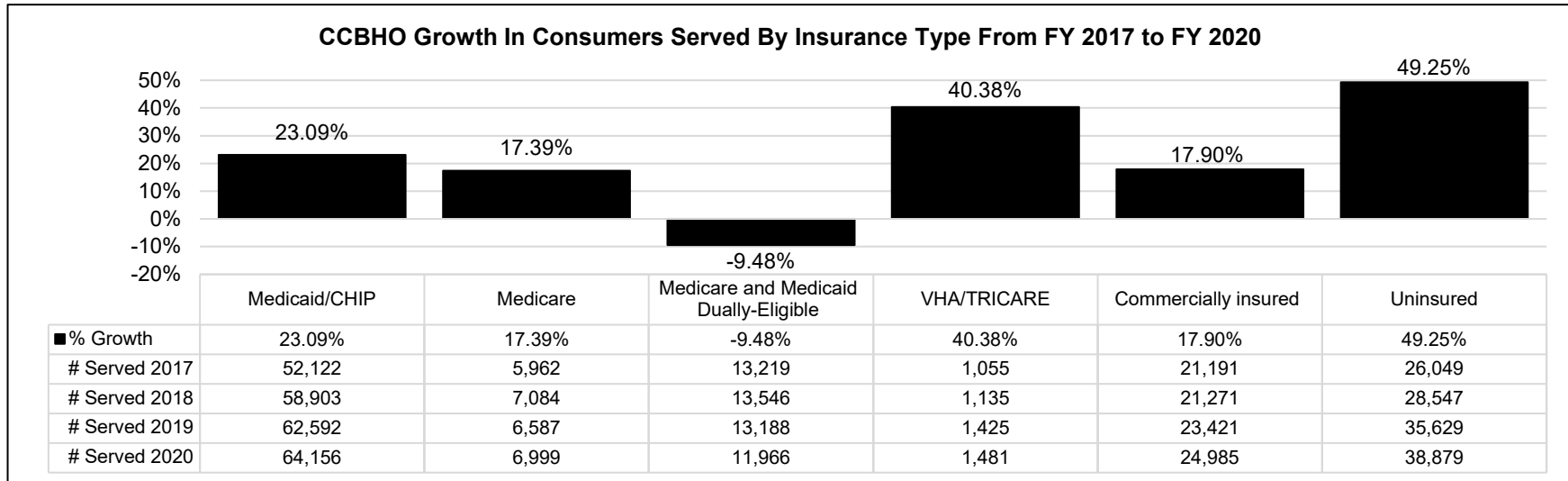
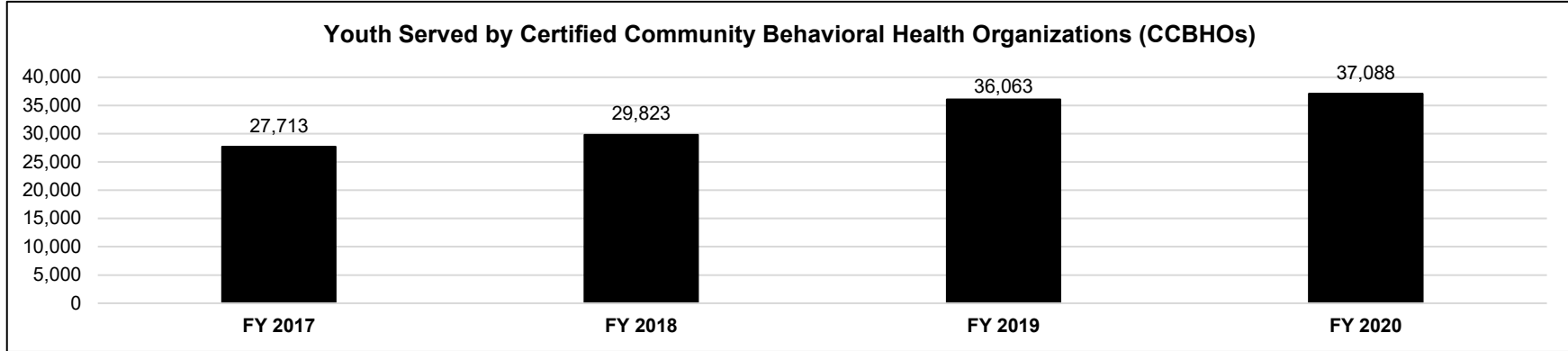
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2a. Provide an activity measure(s) for the program.



Note: These data are reported by the CCBHOs and compiled from individual provider electronic health records.

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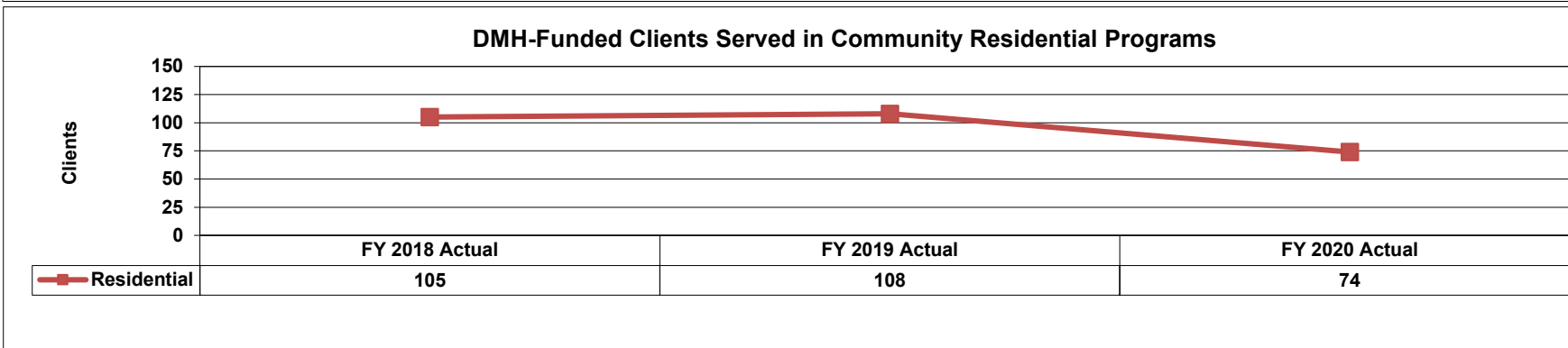
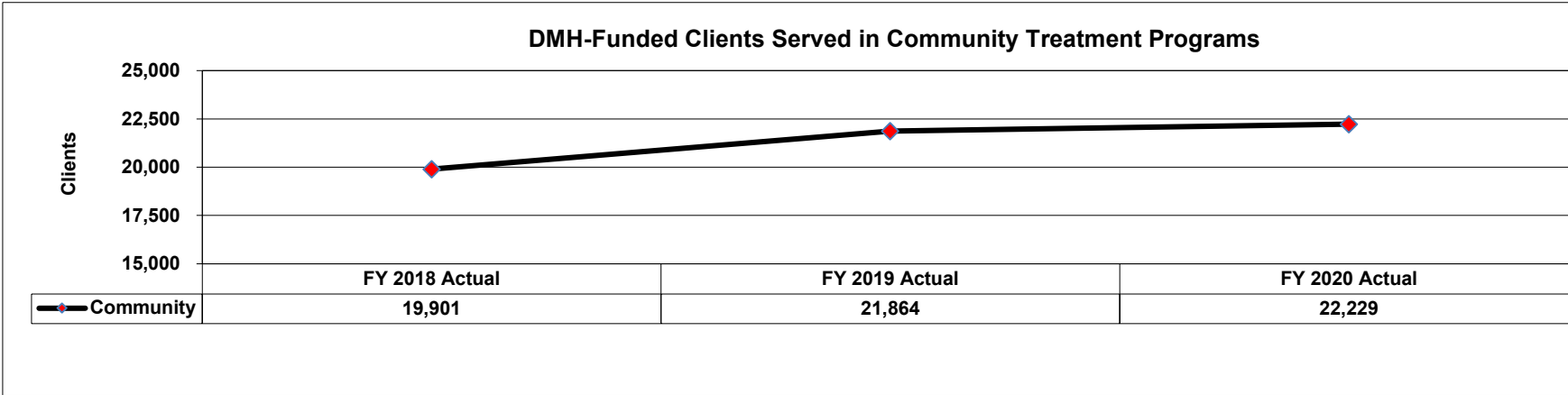
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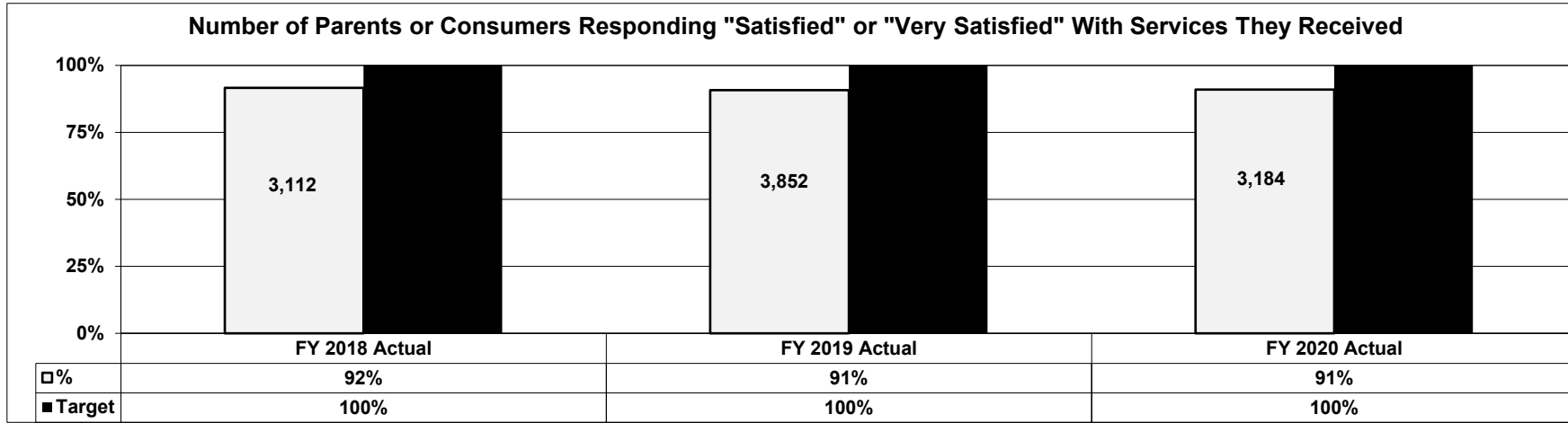
2a. Provide an activity measure(s) for the program.



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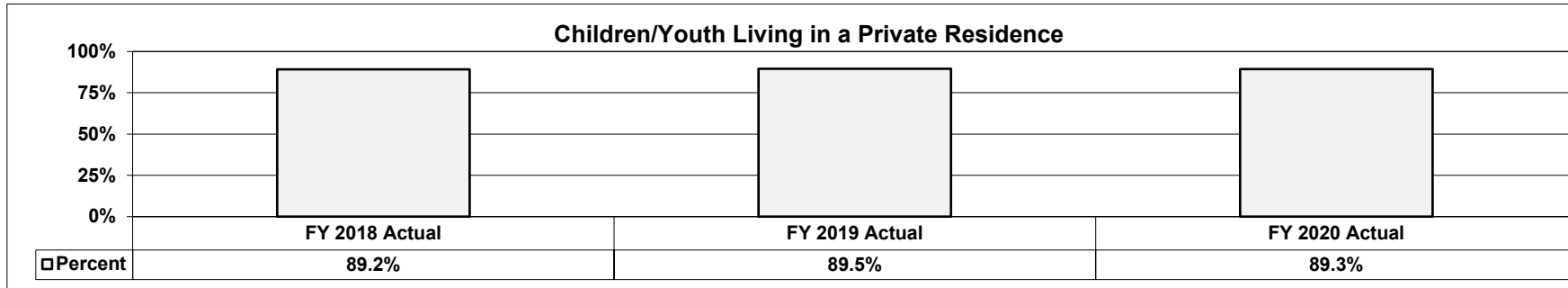
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2b. Provide a measure(s) of the program's quality.



Note: Increase in response is due to Certified Community Behavioral Health Organizations (CCBHOs) requirements.

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



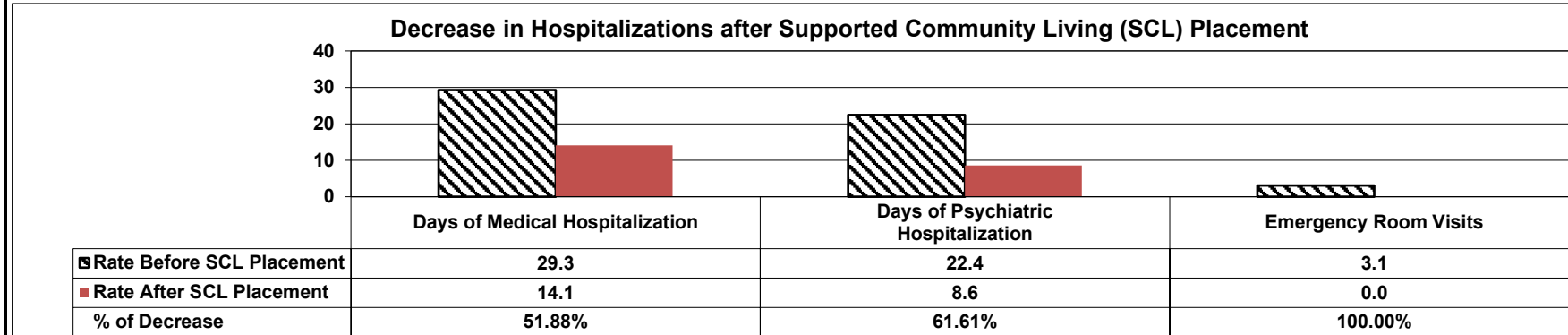
Note: This graph represents the percentage of youth receiving DBH psychiatric services who reside in a private residence. Private residence category includes: Private Residence - Independent Living and Residence-Youth Living with Family or Non-Relative.

Base Target: 91.6% (National Average) Stretch Target: 93%

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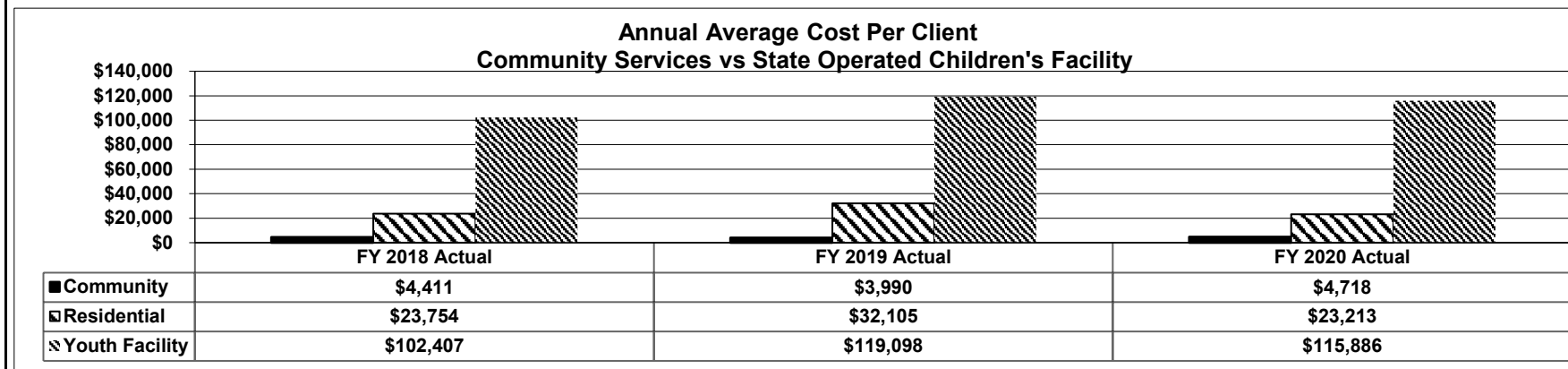
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2c. Provide a measure(s) of the program's impact.



Note: This graph represents a decrease in ER visits or hospitalizations due to a more stable living arrangement.

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



Note: Average costs per client in Hawthorn's Children's Psychiatric Hospital continues to increase as a result of the acuity level of the child client base requiring more one-to-one supervision. In addition, average lengths of stay for children with complex needs has increased by approximately 10 to 15 days for the community.

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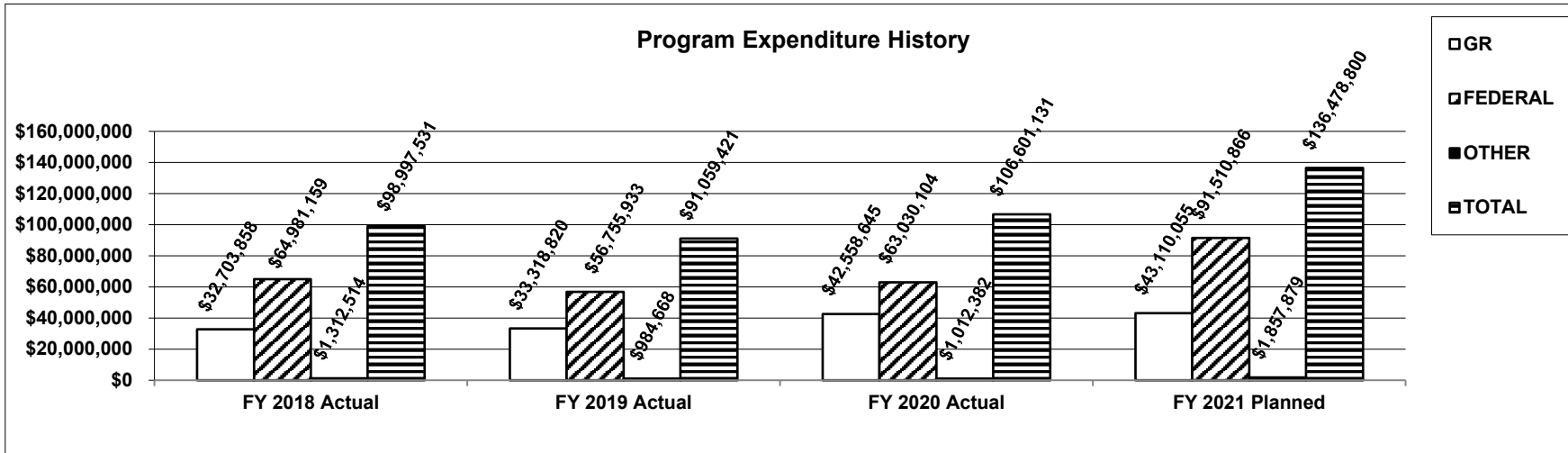
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3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



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

Mental Health Local Tax Match Fund (MHLTMF) - \$1,257,879 and Mental Health Interagency Payment Fund (MHIPF) - \$600,000

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

Sections 630.405 - 630.460, 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 40% state match.

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

No. However, the Community Mental Health Services Block Grant requires children's expenditures to continue to meet their MOE requirement. In addition, 10% must be spent on young adults, 16 to 25 years of age, experiencing early serious mental illness, including psychotic disorders.