Priorities:

1) Coordination of Primary Care and Behavioral Health Services
2) Crisis Intervention
3) Substance Abuse Traffic Offenders' Program
4) Department of Corrections Community Supervised Offenders
5) Tobacco Prevention / Cessation
6) Recovery Support Services
7) Medication Assisted Treatment for Addiction
8) Community Advocacy and Education
9) School-Based Behavioral Health Education
10) Evidence-based Behavioral Health Practices
11) IV Drug Users
12) Pregnant Women and Women with Dependent Children
13) Infectious Disease Prevention and Treatment
14) Mental Health Services for Transition-Aged Youth and Young Adults
15) Behavioral Healthcare Services for Children
16) Military service members and Veterans

State Priority Title:	**Coordination of Primary Care and Behavioral Health Services**
State Priority Description:	**Health Homes:** The Health Home under the Affordable Care Act is an alternative approach to the delivery of health care services that promises better patient experience and better results than traditional care. The Health Home has many characteristics of the Patient-Centered Medical Home but is customized to meet the specific needs of individuals with serious mental illness who often have other co-occurring chronic illnesses. Missouri's initiative enhances the existing psychiatric rehabilitation program by adding nurse care managers and a primary care physician consultant to each community mental health center, and giving the enhanced psychiatric rehabilitation teams access to a wealth of care management reports designed to help them both identify treatment gaps and to assist individuals in developing healthy lifestyles and managing their chronic illnesses. Goals of the CMHC health home initiative are to reduce unnecessary hospitalization and emergency room visits, while improving the health status of the individuals enrolled in the program. Missouri's plan was approved by the Centers for Medicare and Medicaid Services (CMS) in October 2011. Implementation began in January 2012. Under Missouri's plan, 27 Community Mental Health Centers (CMHC) are contracted as Healthcare Home

	providers. For an individual to be eligible for enrollment in Missouri's Healthcare Home, he/she must meet one of the following three conditions: 1) have a serious and persistent mental illness, 2) have a mental health condition and a substance use disorder, or 3) have a mental health condition or a substance use disorder and one other chronic health condition. In FY 2014, Missouri began piloting a Children's Health Home program targeting children with co-occurring serious emotional disturbance and obesity. **Disease Management 3700 (DM 3700) & ADA Disease Management (ADA DM)** These programs are the result of collaboration between the Department of Mental Health (DMH) and the state Medicaid agency, MO HealthNet. DM 3700 started in November 2010 and targets Medicaid-enrolled adults with a serious mental illness and high medical costs who are currently not engaged in treatment at a Community Mental Health Center (CMHC). The ADA DM project started in February 2014 and targets Medicaid-enrolled adults with substance use disorders and high medical costs who are not currently engaged in treatment. DMH funds outreach efforts and the state Medicaid agency funds behavioral health treatment. Healthcare Home providers also participate in the DM 3700 program. Nineteen CSTAR providers (i.e. Missouri's only Medicaid-reimbursable substance use disorder program) participate in the ADA DM project. Each provider added a nurse liaison to assist with care coordination of complex physical health conditions of program participants.
Goal:	Coordinate consumers' primary and behavioral healthcare in order to improve consumer health and reduce medical costs
Strategy:	1) Continue to coordinate preventive and primary care for Health Home participants 2) Conduct pilot of Children's Health Home project focusing on children with serious emotional disturbance and obesity 3) Continue outreach to Medicaid-enrolled adults who 1) have a substance use disorder or serious mental illness, 2) have high annual healthcare costs, and 3) are not currently enrolled in behavioral health

	treatment 4) Contract with the Missouri Institute for Mental Health for ongoing evaluation of Missouri's Health Homes and Disease Management programs
Performance Indicator:	1) Number of participants in Health Homes per fiscal year • FY 2014 baseline: 25,278 • Target for FY 2016: 25,800 • Target for FY 2017: 26,200 2) Implementation Kid's Health Homes program • FY 2014 baseline: pilot in progress • Target for FY 2016: continuation of pilot • Target for FY 2017: full implementation 3) Number of participants in DM 3700 per fiscal year • FY 2014 baseline: 2,584 • Target for FY 2016: 2,625 • Target for FY 2017: 2,700 4) Number of participants in ADA Disease Management per fiscal year • FY 2014 baseline: 187 • Target for FY 2016: 800 • Target for FY 2017: 1,200
Description of Collecting and Measuring Changes in Performance Indicator	Number of Health Homes participants is determined from a Per Member Per Month (PMPM) data file submitted to DMH from the Missouri Medicaid agency MO Healthnet on a monthly basis. These are individuals who participated at any time during the specified fiscal year. Numbers of ADA DM and DM 3700 participants are tracked in the DMH information system. A participant in ADA DM is defined as a consumer who is listed on the ADA Disease Management master list and who has an open episode of care for ADA treatment during the specified fiscal year. A participant in the DM 3700 is defined as a consumer who is listed on the DM 3700 master list and who has an open episode of care for CPS treatment during the specified fiscal year.

State Priority Title:	**Crisis Intervention**
State Priority Description:	**Community Mental Health Liaisons:** In 2013, Missouri established 30 Community Mental Health Liaisons (CMHL) positions to facilitate access to behavioral health services for individuals in crisis. The CMHL's work with law enforcement and the courts to provide consultation, education, training, and assistance in locating and accessing needed treatments and supports. The goal of the CMHL initiative is to form better community partnerships with

	crisis systems, law enforcement agencies, and the courts; to reduce unnecessary jail, prison, and hospital stays; and to improve outcomes for individuals with behavioral health issues. **Emergency Room Enhancements**: Seven Emergency Room Enhancement (ERE) projects have been implemented in the state in order to develop models of effective intervention for people in mental health crises who are accessing hospital emergency rooms. Trained hospital staff identify patients who may benefit from the ERE project. Outreach workers from the Community Mental Health Centers (CMHC) meet with the patient to discuss the program. Case managers at the CMHC's assess behavioral healthcare needs, provide care coordination, facilitate access to needed services, advocate on behalf of the individual, and promote goal-setting and problem-solving skills. Since 2013, ER projects are operating in multiple hospitals in and around Rolla, Kansas City, Springfield, St. Louis, Columbia, Poplar Bluff, and Hannibal. **Crisis Intervention Team (CIT)**: Crisis Intervention Team (CIT) is a program that trains law enforcement officers in responding to individuals in distress from behavioral health issues. CIT focuses on de-escalation strategies and access to behavioral health treatment services often in lieu of jail. Training for law enforcement officers is being expanded so that more are trained to intervene in behavioral health crises, help families, and prevent unnecessary incarceration of people with serious mental illness and/or substance use disorder. The Missouri CIT Council continues to work with new communities that are interested in forming Councils and implementing CIT. **Access Crisis Intervention (ACI)**: DMH funds 11 Access Crisis Intervention regional hotlines that are supervised by mental health professionals 24 hours per day and 7 days per week. Staff provide intervention for acute behavioral health crises, link individuals with services and supports, and provide technical assistance to referral sources as to how to complete an involuntary commitment. Mobile crisis response is also provided 24 hours per day.
Goal:	Promote safety and emotional stability, minimize further deterioration in mental state, increase access to treatment and support services, and improve individual outcomes for individuals in behavioral health crisis; better utilize limited

	criminal justice and healthcare resources by linking individuals needing behavioral healthcare services to those services
Strategy:	1) Identify and address structural barriers, miscommunications, and consistent patterns that reduce access to behavioral healthcare services 2) Provide behavioral health expertise to law enforcement, court personnel, and primary healthcare staff in order to more effectively respond to behavioral health crises 3) Advocate for and engage individuals in crisis in behavioral health treatment and support services 4) Provide immediate person-centered interventions to individuals in mental health crisis and facilitate timely access to services and supports
Performance Indicator:	1) Number of referrals to the CMHLs per fiscal year • Baseline FY 2014: 3,696 • Target for FY 2016: 5,000 • Target for FY 2017: 5,000 2) Number served in the ERE project per fiscal year • Baseline FY 2014: 852 • Target for FY 2016: 1,000 • Target for FY 2017: 1,200 3) Number of new law enforcement officers trained in CIT per fiscal year • Baseline FY 2014: 681 • Target for FY 2016: at least 400 • Target for FY 2017: at least 400 4) Number of ACI calls per fiscal year • Baseline FY 2014: 81,908 • Target for FY 2016: at least 80,000 • Target for FY 2017: at least 80,000
Description of Collecting and Measuring Changes in Performance Indicator	Number of law enforcement officers trained in CIT is tracked and reported by NAMI St. Louis. Number of CMHL contacts are tracked and reported by the Coalition for Community Behavioral Healthcare. Number served in the ERE project is tracked and reported by the Missouri Institute for Mental Health. Number of ACI calls is tracked and reported by the contracted agencies on a quarterly basis.

State Priority Title:	**Substance Abuse Traffic Offenders' Program (SATOP)**
State Priority Description:	Driving under the influence continues to be a serious public health concern. In 2013, Missouri had 28,550 DUI/DWI arrests. Missouri's Substance Abuse Traffic Offender

	Program (SATOP) is a statewide network of community-based education and treatment options for consumers arrested in Missouri for alcohol- and drug-related driving offenses. Completion of SATOP is a requirement by state statute as a condition of license reinstatement resulting from DWI/DUI administrative action. The program incorporates a comprehensive assessment to determine the appropriate level of education and/or clinical treatment services. In 2013, the Missouri Department of Mental Health (DMH) convened a workgroup of key stakeholders to conduct a review of the SATOP program and to make recommendations for improvement.
Goal:	Reduce DWI recidivism and initiate treatment services for those with substance use disorder
Strategy:	1) Require additional interview questions outside of the Driver Risk Inventory (DRI-II) to ensure assessment consistency 2) Implement SATOP-specific continuing education training for SATOP Qualified Professionals 3) Evaluate the feasibility of lowering the Blood Alcohol Content (BAC) placement criteria for levels I and II 4) Continue to educate judiciary and prosecutors on SATOP screening and referral process
Performance Indicator:	1) Implement a standardized set of interview questions outside of the DRI-II • Baseline FY 2014: N/A • Target for FY 2016: In progress • Target for FY 2017: Implemented 2) Implement SATOP-specific continuing education training for SATOP Qualified Professionals • Baseline FY 2014: N/A • Target for FY 2016: In progress • Target for FY 2017: Implemented
Description of Collecting and Measuring Changes in Performance Indicator	Input from the subcommittee of SATOP administrators will be required to develop the interview questions. Required implementation is established in SATOP policy. SATOP staff time will be needed to develop and maintain the training materials. Implementation of SATOP training considered complete with the award of Continuing Education Units (CEU).

State Priority Title:	**Department of Corrections Community Supervised Offenders**

State Priority Description:	The Missouri Department of Corrections (DOC) is a major referral source for DMH. About 23,700 offenders are served in DMH substance use disorder treatment, and about 6,700 offenders are served in DMH mental health treatment. The provision of behavioral health services to the DOC supervised population is important in halting the cycling in and out of correctional institutions. Treating this population is of considerable importance, but the clinical needs of offenders vary widely. Given the limited capacity and access to publicly funded treatment services, it is important to develop strategies that will better align services with clinical need, and promptly identify and serve those at greatest risk to public safety because of relapse and/or recidivism potential.
Goal:	Improve access to clinically appropriate services
Strategy:	1) Monitor and target technical assistance to Probation and Parole Officers and treatment providers on the prioritization process for offenders needing substance use disorder treatment in order to facilitate rapid assessment and treatment initiation 2) Maintain Memorandum of Understandings (MOU) with the Department of Corrections for coordination of behavioral health treatment services 3) Continue the CMHT – Community Mental Health Treatment (mental illness) and MH4 (severe mental illness) programs 4) In coordination with DOC, develop a prioritization process for offenders in the CMHT program 5) Continue to participate on the DOC Oversight Committee
Performance Indicator:	1) Number of High Priority referrals for substance use disorder treatment per fiscal year: • Baseline BY 2014: 1,560 • Target for FY 2016: 1,700 • Target for FY 2017: 1,800 2) Current MOU's between DMH and DOC • Baseline BY 2014: yes • Target for FY 2016: yes • Target for FY 2017: yes 3) Number served in CMHT and MH4 programs per fiscal year: • Baseline FY 2012: 2,214 • Target for FY 2014: at least 2,000 • Target for FY 2015: at least 2,000

Description of Collecting and Measuring Changes in Performance Indicator	Number of High Priority referrals for substance use disorder treatment is determined from admission data in the DMH information system. MOU documentation is maintained by the DMH contracts unit. Number served in the CMHT and MH4 programs is determined from billing data in the DMH information system.

State Priority Title:	**Tobacco Prevention / Cessation**
State Priority Description:	In the state of Missouri, approximately 21 percent of adults and 18 percent of high school students are current smokers (CDC, 2010). Smoking is even more prevalent among Missouri consumers of mental health and substance use disorder services – with approximately two-thirds reporting tobacco use (Missouri Foundation for Health, 2010). **DMH Consumers:** DMH is working with mental health and substance use disorder providers to provide the American Lung Association's Freedom From Smoking (FFS) program to DMH consumers. Several DMH providers are conducting FFS groups. DMH has also supported Tobacco Treatment Specialist Certification training for providers. The training is accredited by the Council on Tobacco Treatment Training Programs and is provided by the Mayo Clinic. Over 60 DMH provider staff have received TTS certification. Missouri's Health Homes project is also addressing smoking for participating consumers. **Missouri Young Adults:** Missouri's higher education substance abuse consortium, Partners in Prevention (PIP), is working to reduce tobacco use among college student populations. PIP is funded by DMH – Division of Behavioral Health (DBH). **Missouri Youth**: Research has shown that higher merchant compliance with tobacco control laws predicts lower levels of youth smoking (DiFranza, Savageau, & Fletcher, 2009). DMH-DBH is the state agency that oversees the state's federal Synar requirements and partners with the Division of Alcohol and Tobacco Control for tobacco control efforts. CDC (2010). State Tobacco Activities Tracking and Evaluation (STATE) System. Retrieved at: http://apps.nccd.cdc.gov/statesystem/Default/Default.aspx. Missouri Foundation for Health (2010). A Comprehensive Report: Tobacco Use Among Consumers of Services of the Missouri Department of Mental Health. Retrieved at:

	http://www.mffh.org/mm/files/Tobaco_mental_heath.pdf. DiFranza, JR, Savageau, JA, & Fletcher, KE (2009) "Enforcement of underage sales laws as a predictor of daily smoking among adolescents: a national study." *BMC Public Health* 17; 9:107.
Goal:	Reduce tobacco initiation and promote tobacco cessation among vulnerable populations
Strategy:	1) Support provider training in tobacco cessation with proven effectiveness 2) Promote the inclusion of tobacco cessation in the consumer's behavioral health treatment plan 3) Track smoking prevalence in mental health and substance use disorder treatment populations 4) Support tobacco cessation on Missouri's college campuses 5) Ensure the provision of tobacco enforcement and merchant education: a. Continue contracting with the Food and Drug Administration for the enforcement of federal tobacco control laws b. Maintain a Memorandum of Agreement with the Division of Alcohol and Tobacco Control for state and federal enforcement of tobacco control laws c. Conduct a merchant education visit to every tobacco retailer in the state
Performance Indicator:	1) Annual Synar noncompliance rate is less than 20 percent • Baseline FY 2014: yes • Target for FY 2016: yes • Target for FY 2017: yes 2) Number of tobacco retailers visited and provided with retailer educational materials per fiscal year • Baseline FY 2014: 5,447 • Target for FY 2016: at least 5,100 • Target for FY 2017: at least 5,100 3) Number of nicotine replacement quit kit items distributed on Missouri college campuses per fiscal year • Baseline FY 2014: N/A • Target for FY 2016: 567 • Target for FY 2017: 567
Description of Collecting and Measuring Changes in Performance Indicator	Synar rate is determined from annual Synar survey. For FY 2016, this will be completed by October 1, 2016. For FY 2017, this will be completed by October 1, 2017. Number of tobacco retailers visited and provided educational materials is documented by prevention agencies, entered

	into a database by DMH staff, and reported in the State's Annual Synar Report. Number of nicotine/replacement quit kit items is tracked and reported to DMH by PIP.

State Priority Title:	**Recovery Support Services**
State Priority Description:	"Recovery, wellness, and community inclusion" remain an ongoing focus in the Department of Mental Health's 2013-2018 Strategic Plan (DMH, 2012). **Peer Support**: Peer support services are available to individuals in behavioral health treatment. These services are face-to-face services or group services with a rehabilitation and recovery focus. Peer Specialists can share lived experiences of recovery, share and support use of recovery tools, and model successful recovery behaviors. Peer support services are Medicaid-reimbursable for mental health treatment, and DMH has submitted a request to make them Medicaid-reimbursable for substance use disorder treatment. Missouri currently has 278 peer specialists (224 Certified Missouri Peer Specialists and 52 Missouri Recovery Support Specialist-Peer). DMH's Consumer-Operated Services Programs (COSPS) are peer-run service programs that are administratively controlled and operated by mental health consumers and emphasize self-help as their operational approach. DMH funds five Drop-In Centers that provide a safe place where consumers can go to find recovery programs and services provided by their peers. DMH also funds five warm lines that provide safe, confidential telephone support provided by peers in recovery for assistance with non-crisis mental health issues. **Employment**: DMH works to integrate clinical and vocational supported employment services through statewide partnerships with the Office of Adult Learning & Rehabilitation Services (Vocational Rehabilitation – VR) and provider agencies. The goal is to help individuals who are interested in employment participate in the competitive labor market in a job of their preference with the appropriate level of professional help needed to be successful. DMH has 11 Community Mental Health Centers designated as VR funded Community Rehabilitation Programs to provide supported employment services. Technical assistance, training, and fidelity reviews are

	conducted to ensure fidelity to the model. DM supports the usage of Disability Benefits 101, which is a Missouri specific online tool designed to provide information on health coverage, benefits, and employment. The tool also provides information for veterans and youth interested in higher education. **Family Support:** Family support is a peer support service provided to parents and caregivers of children, youth, and young adults (18-25). Trained Family Support Specialists with lived experience provide individualized, one-on-one supports and services to the parents or caregivers. This may include providing information and resources to help the family better understand what is happening with their child. They also provide support to help the parents or caregivers develop problem-solving strategies and assistance in navigating the service system. In FY 2014, 612 families received family support services. **Access to Recovery (ATR):** Missouri has been notified by SAMHSA that the state will be awarded an ATR IV grant to fund recovery support services for individuals with substance use disorders. Priority will be given to 1) parole and probation offenders beginning community supervision, 2) African-Americans, and 3) women. Recovery oriented systems of care will be maintained in northwest, southwest, and southeast Missouri to provide an array of support services to support abstinence, wellness, employment, spiritually, positive social connections, and crime-free lifestyles. Department of Mental Health (2012). *Strategic Directions 2013-2018*. Retrieved at: http://dmh.mo.gov/docs/opla/DMHStrategicDirections2013-2018.pdf.
Goal:	Provide support services to promote sustained recovery from behavioral health disorders
Strategy:	1) Continue the five Drop-In Centers and five Peer Support Phone Lines for persons with mental illness 2) Maintain a housing unit to administer the Shelter Plus Care grants to provide housing assistance to long-term DMH consumers 3) Promote use of IPS Supported Employment 4) Implement an enhanced training curriculum for Family Support Specialists 5) Implement the ATR IV grant
Performance Indicator:	1) Number of contracts for Consumer Operated Service Programs (e.g. Drop-In Centers and Peer

	Support Warm Lines) for persons with mental illness per fiscal year • Baseline FY 2014: 10 • Target for FY 2016: 10 • Target for FY 2017: 10 2) Number of IPS SE programs per fiscal year • Baseline FY 2014: 11 • Target for FY 2016: 11 • Target for FY 2017: 12 3) Number of S+C housing grants per fiscal year • Baseline FY 2014: 44 • Target for FY 2016: 44 • Target for FY 2017: 44 4) Number of trainings using the enhanced curriculum for Family Support Specialists per fiscal year • Baseline FY 2014: N/A • Target for FY 2016: 2 • Target for FY 2017: 2 5) Number served in ATR IV • Baseline FY 2014: N/A • Target for FY 2016: 1,428 • Target for FY 2017: 1,428
Description of Collecting and Measuring Changes in Performance Indicator	Contracts are maintained by the DMH Contracts Unit. S+C housing grants are monitored and tracked by the DMH Housing Unit. The number of IPS Supported Employment programs is tracked by DMH staff. The number of Family Support trainings is tracked by the Children's Services Unit. Number served in ATR IV will be tracked in the DMH information system.

State Priority Title:	**Medication Assisted Treatment for Addiction**
State Priority Description:	Use of medications in addiction treatment has historically been limited to methadone for the treatment of Opioid addiction and Antabuse for alcohol dependence. Only recently have new medications been approved by the FDA for addiction treatment. These medications include naltrexone for alcohol and/or Opioid dependence, acamprosate for alcohol dependence, and buprenorphine and buprenorphine combination medications for Opioid dependence. The Department of Mental Health strongly promotes the use of evidence-based practices in treating substance use disorders, which includes medication assisted treatment. Missouri began introducing new medications in 2006 as part of a Robert Woods Johnson Advancing Recovery Grant. Medication services were

	added to treatment contracts in 2007. In 2010, Missouri began credentialing for a MAT specialty. Currently, DMH is working with the Vivitrol drug manufacturer, the Missouri Institute for Mental Health, and the St. Louis Drug Courts to conduct an Investigator Trial on the pre-release initiation of Vivitrol and continuation in the community. DMH is also conducting a two-year pilot on the use of Vivitrol for incarcerated women who are released to the community. DMH continues to work to integrate MAT into addiction treatment where clinically appropriate.
Goal:	To further integrate medication therapy into the substance use disorder treatment service delivery system
Strategy:	1) Monitor utilization of MAT by provider and provide technical assistance as needed 2) Increase utilization of different addiction medications at a given treatment provider 3) In collaboration with the drug manufacturer, Missouri Institute for Mental Health (MIMH), and the St. Louis Drug Courts, conduct an Investigator Trial on Vivitrol initiated prior to jail release 4) In collaboration with the Department of Corrections and MIMH, conduct a pilot study on the use of Vivitrol among incarcerated women who are released to the community
Performance Indicator:	1) Number of consumers receiving medication therapy per fiscal year • Baseline FY 2014: 3,753 • Target for FY 2016: 4,000 • Target for FY 2017: 4,200
Description of Collecting and Measuring Changes in Performance Indicator	Number of consumers receiving medication assisted treatment including use of methadone, Vivitrol, naltrexone, buprenorphine/Suboxone/Subsolv, Antabuse, and acamprosate is determined from medication billings to the DMH information system and Medicaid Claims, excluding billings occurring while in detox.

State Priority Title:	**Community Advocacy and Education**
State Priority Description:	DMH supports community advocacy and education to promote mental wellness and reduce substance use. DMH has created a prevention network to address alcohol, tobacco, and other drug use in the community. Missouri's 165 community coalitions; the 10 regional support centers; and Missouri's higher education substance abuse consortium, Partnerships in Prevention (PIP) work to change community norms, policy, and substance availability

	in support of creating healthy, safe communities. The Regional Support Centers, in collaboration with the community coalitions, develop, implement, and evaluate a comprehensive strategic plan with identified target outcomes based on community needs. Some issues facing Missouri's communities include: methamphetamine production and use in rural parts of the state and increased availability and use of heroin in Eastern Missouri. The Regional Support Center in Eastern Missouri is leveraging SAPT Block Grant prevention dollars with funding from United Way to conduct a comprehensive campaign on heroin and other opiate drug use. Selective prevention programs are provided to youth ages 5-18 who have a higher risk of substance use disorder than the general population. To address the high risk youth population after school mentoring, SMART Moves, MethSMART, Creating Lasting Family Connections, and Lincoln University's Youth Development Kid's Beat program are being implemented in various parts of the state. In collaboration with the state of Maryland and the National Council of Community Behavioral Health Centers, Missouri has implemented Mental Health First Aid (MHFA) for training the general public on recognizing and responding to behavioral health problems. In FY 2013, a youth MHFA training course was implemented. To date, over 13,500 adults have received MHFA adult training and 4,500 adults who work with youth have received MHFA youth training.
Goal:	Create positive community norms; policy change; promote mental wellness; and reduce alcohol, tobacco, and other drug availability in Missouri's communities
Strategy:	1) Build state and community capacity by fostering strong partnerships and identifying new opportunities for collaboration 2) Further data capacity in support of data-driven strategic planning to include the continuation of the Missouri Study Survey and the Behavioral Health web tool 3) Fund evidence-based programming to prevent substance use and bullying among high-risk youth 4) Continue the education initiative in Eastern Missouri to address heroin and other opiate drug use
Performance Indicator:	1) Number of heroin and other opiate drug use trainings and education activities per fiscal year

	• Baseline FY 2014: 80 • Target for FY 2016: 80 • Target for FY 2017: 80 2) Number of high-risk youth served in prevention programs per fiscal year • Baseline for FY 2014: 115,599 • Target for FY 2016: 115,650 • Target for FY 2017: 115,700 3) Number of persons trained in MHFA by the Regional Support Centers per fiscal year • Baseline FY 2014: 1,519 • Target for FY 2016: 2,200 • Target for FY 2017: 2,200
Description of Collecting and Measuring Changes in Performance Indicator	Number of heroin education activities is tracked and reported by the Eastern Regional Support Center. The number trained in MHFA are tracked and reported by the Regional Support Centers. Numbers of high-risk youth served in prevention programs are tracked and reported by contracted providers.

State Priority Title:	**School-Based Prevention Education**
State Priority Description:	Missouri's School-based Prevention Intervention and Resource Initiative (SPIRIT) was launched in 2002. SPIRIT currently operates in four sites serving six school districts across the state: Carthage R-IX, Knox Co. R-1, New Madrid Co. R-1, Ritenour, Charleston R-1, and Scotland Co. R-1. Criteria for inclusion in SPIRIT include: 1) more than 60% of students receiving free/reduced lunch; 2) standardized test scores below state average; 3) alcohol, tobacco, and other drug use above state average; 4) graduation rates lower than the state average; and 5) a high number of referrals to juvenile authorities. Prevention specialists assist in facilitating evidence-based substance use and violence prevention programs, help to identify and respond to additional needs of some students for selective and indicated services, provide screening and referral services upon request, and offer resources and technical assistance as needed. All prevention programs implemented are research-based. Annual evaluation is conducted by the Missouri Institute of Mental Health (MIMH).
Goal:	To delay onset of substance use, reduce use, improve overall school performance, and reduce incidents of violence
Strategy:	1) Enhance protective factors and reverse or reduce risk factors for substance use and violence

	2) Improve academic and social-emotional learning to address risk factors 3) Employ interactive techniques that allow for active involvement in learning 4) Reinforce prevention skills over time with repeated interventions 5) Ensure programming is culturally competent and age appropriate 6) Conduct annual fidelity reviews
Performance Indicator:	1) Number students participating in SPIRIT per fiscal year • Baseline FY 2014: 7,801 • Target for FY 2016: at least 7,600 • Target for FY 2017: at least 7,600 2) Annual report generated • Baseline FY 2014: yes • Target for FY 2016: yes • Target for FY 2017: yes
Description of Collecting and Measuring Changes in Performance Indicator	SPIRIT participation is tracked and reported by the program evaluator MIMH. MIMH also generates the annual report which is posted to the DMH public website.

State Priority Title:	**Evidence-based Mental Health Practices**
State Priority Description:	DMH has implemented several evidence-based practices in support of the treatment and recovery from serious mental illness (SMI). These include Integrated Treatment for Co-Occurring Disorders (ITCOD) for the treatment of co-occurring SMI and substance use disorder (19 programs) and Assertive Community Treatment (ACT) for managing and coordinating services of high end users of crisis services (11 teams). DMH staff work collaboratively with leading experts and researchers to provide on-going technical assistance and fidelity review to the EBP programs. Supported employment and Consumer Operated Services Program are also evidence-based mental health programs and are listed under the Recovery Support priority area.
Goal:	Continue evidence-based practice to the same standards and fidelity as shown to be effective in research
Strategy:	1) Continue support for EBP programs. 2) Provide on-going monitoring of fidelity in EBP programs.
Performance Indicator:	1) Number served in ITCOD per fiscal year: • Baseline FY 2014: 1,750 • Target for FY 2016: at least 1,600 • Target for FY 2017: at least 1,600

	2) Number served in ACT per fiscal year: • Baseline FY 2014: 654 • Target for FY 2016: at least 600 • Target for FY 2017: at least 600
Description of Collecting and Measuring Changes in Performance Indicator	Numbers served in ACT and ITCOD are captured in the DMH information system.

State Priority Title:	**IV Drug Users**
State Priority Description:	DMH identifies intravenous (IV) drug users who have injected drugs in the prior 30 days as a priority population. In 2012, DMH modified contract language regarding priority populations including IV Drug Users. DMH contractually requires that individuals meeting the priority population criteria to 1) be assessed and admitted to treatment within 48 hours of initial contact, or to 2) refer the individual to an alternative substance use disorder treatment program that does have sufficient capacity, or 3) provide interim services within 48 hours of the initial request and admit to treatment within 120 days of initial request. Interim services for IV drug users include counseling and education about HIV, TB, and hepatitis as well as risks associated with needle-sharing; referral for HIV, TB, or hepatitis testing and/or medical treatment; group education focusing on the adverse health effects of substance use disorder or other aspects of treatment and recovery; and referral to recovery support programs or self-help (mutual support) groups. DMH allows for the following interim services to be billed: motivational interviewing, group education, HIV pre- and post-test counseling, and TB post-test counseling. DMH collects wait list and capacity management data from contracted providers on a weekly basis. DMH is in the process of developing an automated process to load such data to the data warehouse which then can be used to support on-demand reports in support of monitoring efforts.
Goal:	Ensure the provision of services to IV drug users in accordance with Substance Abuse Prevention and Treatment Block Grant statutory requirements
Strategy:	1) Monitor contractual requirements pertaining to IV drug users 2) Continue collecting wait list and capacity management data from contracted providers 3) Generate reports for wait list data and interim services billings in support of monitoring efforts 4) Increase one-on-one discussions with key provider

	staff about data reports and target technical assistance as needed
Performance Indicator:	1) Number of IV drug users served in substance use disorder treatment per fiscal year (assuming the same level of funding) • Baseline FY 2014: 9,288 • Target for FY 2016: at least 9,000 • Target for FY 2017: at least 9,000 2) Percent of SAPT Block Grant funded providers reporting wait list and capacity management data • Baseline FY 2014: 100% • Target for FY 2016: 100% • Target for FY 2017: 100%
Description of Collecting and Measuring Changes in Performance Indicator	The number of IV drug users served is captured in the DMH information system. These are individuals for whom a paid claim on a substance use disorder treatment program was submitted to and paid by DMH. Injection drug use is determined from the TEDS data also captured in the DMH information system. The route of substance was IV injection or non-IV injection on the primary, secondary, or tertiary substances. DBH Research staff monitor wait list and capacity management reporting and follow-up with providers if they do not meet submission deadlines.

State Priority Title:	**Substance-Abusing Pregnant Women and Women with Dependent Children**
State Priority Description:	DMH requires contracted providers to refer pregnant women to a Women and Children's CSTAR program unless the contractor's treatment team determines that the individual's needs are best met in the contractor's treatment program, and there is clear justification in the clinical record for such determination. If the contractor is unable to immediately assess and admit or make a referral, the contractor is to contact the appropriate Area Treatment Coordinator to make arrangements for immediate admission to treatment with another provider. DMH maintains 12 contracts for CSTAR Women and Children's programs which funds specialty services at 30 sites across the state. Directors or designees of the programs meet quarterly to discuss issues impacting the women's and children programming. In 2013, state legislation required the Department of Social Services – Family Support Division (FSD) to establish a process to screen all applicants or recipients of Temporary

	Assistance for Needy Families (TANF) benefits to determine if a urine test to detect illegal drug use is warranted. Individuals who test positive for a controlled substance, refuse to submit to a test, or who voluntarily request treatment in lieu of completing a drug test are referred to treatment. DMH has identified TANF referrals as a priority population for assessment and admission to an appropriate level of care. DMH Area Treatment Coordinators work with FSD staff and treatment providers to engage and track progress in treatment for all TANF referrals.
Goal:	Continue to provide services to pregnant women and women with dependent children
Strategy:	1) Monitor contractual compliance with regard to admission of pregnant women to substance use disorder treatment 2) Continue collecting wait list and capacity management data from contracted providers 3) Engage TANF referred individuals in substance use disorder treatment at a clinically appropriate level of care
Performance Indicator:	1) Number of pregnant women and women with dependent children served in substance use disorder treatment per fiscal year (assuming the same level of funding) • Baseline FY 2014: 6,307 • Target for FY 2016: at least 6,000 • Target for FY 2017: at least 6,000
Description of Collecting and Measuring Changes in Performance Indicator	The number of pregnant women and women with dependent children served is captured in the DMH information system. These are individuals for which a paid claim was submitted to and paid by DMH. Pregnancy status and number of dependent children are also captured.

State Priority Title:	**Infectious Disease Prevention and Treatment**
State Priority Description:	DBH requires its providers contracted for substance use disorder treatment to have a working relationship with the local health department, physician, or other qualified healthcare provider in the community to provide any necessary testing services for HIV, tuberculosis (TB), sexually transmitted diseases (STDs), and Hepatitis. Such services are available to consumers at any time during the course of the consumer's treatment. In addition, providers are required to provide or arrange for individual post-test counseling for consumers who test positive for HIV or TB. Providers are also required to arrange and coordinate, as

	necessary, post-test follow-up for consumers who test positive for STDs or Hepatitis. Group education is to be provided to individuals in treatment to discuss risk reduction and the myths and facts about HIV/TB/STDs/Hepatitis and the risk factors for contracting these diseases.
Goal:	Reduce the incidence of HIV/TB/STDs/Hepatitis among consumers in substance use disorder treatment and those in close contact with consumers; have all consumers get screened for HIV/TB/STDs/Hepatitis; and have consumers needing treatment for HIV/TB/STDs/Hepatitis get linked to the appropriate services
Strategy:	1) Contractually require programs to a. Have a working relationship with the local health department, physician, or other qualified healthcare provider in the community to provide any necessary testing services for HIV/TB/STDs/Hepatitis Arrange for HIV/TB/STDs/Hepatitis testing to be available to the client at any time during the course of the client's treatment, b. Provide post-testing counseling for clients testing positive for HIV or TB, and c. Provide education to clients and family members on the risks of HIV/TB/STDs/Hepatitis 2) Continue to track TB-related expenditures as required by federal regulations §96.127 3) Provide infectious disease training to provider staff
Performance Indicator:	1) Survey providers and develop a technical assistance plan for HIV/TB/STDs/Hepatitis • Baseline FY 2014: N/A • Target for FY 2016: In progress • Target for FY 2017: completed
Description of Collecting and Measuring Changes in Performance Indicator	Survey instrument will be developed by a workgroup consisting of DBH clinical treatment and research staff. Information from the survey as well as data from the DMH information system pertaining to HIV/TB/STDs/Hepatitis will be used to develop a plan for training and technical assistance.

State Priority Title:	**Mental Health Services for Transition-Aged Youth and Young Adults**
State Priority Description:	Individuals who are transitioning into adulthood and have SED/SMI face unique challenges. Compared to the general

	population, these individuals tend to have increased difficulty in reaching developmental milestones such as graduating from high school, gaining meaningful employment, securing stable housing, and developing and sustaining meaningful relationships. With developmentally appropriate services and supports, young people with SED/SMI can achieve the milestones of adulthood. In FY 2014, the Department of Mental Health (DMH) provided community-based mental health services to approximately 10,700 individuals age 16 to 25. Family Support Providers, Youth Peer Specialists, and Peer Specialists work with the youth and their families in transition planning. At the system level, an interagency workgroup - the Transition Age Youth State Team - works to address policy issues that create barriers to youth/young adults who are transitioning.
Goal:	To increase knowledge of effective interventions and supports and enhance skills of individuals who work with transition age youth/young adults and their families
Strategy:	1) Develop a Transitional Age Youth/Young Adult training presentation for community system of care providers that will • Provide information on important developmental interventions • Identify and individualize important learning objectives for audience members • Identify and increase awareness of resources necessary for effective transition services and supports 2) Conduct "Transition Age Youth/Youth Adult" presentations at conferences or workshops 3) Develop a "template" training presentation for community system of care providers that can be customized by the Community System of Care teams 4) Develop a "Transition Age Youth/Young Adult" resource webpage
Performance Indicator:	1) Number of new communities that customize the "template" training presentation to their local system of care per fiscal year • Baseline FY 2014: N/A • Target for FY 2016: 1 • Target for FY 2017: 2 2) Number of conference or workshop trainings on Transition Age Youth/Young Adult per fiscal year • Baseline FY 2014: 6 • Target for FY 2016: at least 1

	• Target for FY 2017: at least 2 3) Resource webpage for Transition Age Youth/Young Adult • Baseline FY 2014: N/A • Target for FY 2016: In progress • Target for FY 2017: Implemented
Description of Collecting and Measuring Changes in Performance Indicator	The DBH Children's Team will track trainings, presentations, and progress on resource webpage.

State Priority Title:	**Behavioral Healthcare Services for Children**
State Priority Description:	Children with behavioral health issues face challenges in many aspects of their daily lives. Missouri supports the systems of care approach that recognizes the importance of family, school, and community and in which services are provided through a comprehensive, seamless system. Both substance use disorder and mental health services for children are coordinated under the Division of Behavioral Health (DBH) Director of Children's Services. Community Psychiatric Rehabilitation (CPR) provides a range of essential mental health services to children and youth with serious emotional disturbances. The Comprehensive Substance Treatment and Rehabilitation (CSTAR) Adolescent program offers a full continuum of services for youth age 12 to 17 with substance use disorders. In FY 2014, the Department of Mental Health served 15,875 children and youth in mental health treatment, 2,841 youth (age 12-18) in substance use disorder treatment, and 919 children whose parents were in substance use disorder treatment.
Goal:	To enhance Children's Behavioral Health services by increasing the knowledge of effective services, supports and interventions, enhancing the skills of service providers and expanding services based on the needs of the children, youth and families served.
Strategy:	1) Expand access to Treatment Family Homes (TFH), Parent Professional Homes (PPH) and Family Support Providers (FSP) to children, youth and their families receiving services through the Adolescent C-STAR Program. • Revise MO State Plan to include TFH, PPH and FSP services for Adolescent C-STAR and propose to CMS. Continue to revise proposal as needed in response to CMS review and feedback. • Develop training curriculum related to TFH,

	PPH and FSP services and the specific needs of children, youth and their families eligible for Adolescent C-STAR services • Pending CMS approval of CSTAR revised MO State Plan proposal, provide training to DBH service providers using curriculum developed related to TFH, PPH and FSP services and the specific needs of children, youth and their families eligible for Adolescent C-STAR services. 2) Depending on the state of the economy as directed by state government, prepare to submit a budget request for increased funding to support additional ACT Teams for Transitional Age Youth. 3) Include a "monthly" news blast section in existing DBH Newsletter to distribute articles, research and stories specific to behavioral health and early childhood, children, youth and their families. 4) Develop a partnership with the Department of Elementary and Secondary Education (DESE) to improve transition planning and services from high school to post-secondary education and/or employment for children and youth receiving DBH services. • DBH Staff from children's services and employment services will participate on a state level transitions team with DESE to develop strategies for expanding and enhancing local school-based transition teams. 5) DBH service providers will actively participate on local school-based transition teams for the children and youth receiving DBH services.
Performance Indicator:	1) Submission of a revised state plan to Mo HealthNet (Medicaid) to add TFH, PPH, and FSP services for the Adolescent CSTAR program • Baseline FY 2014: N/A • Target for FY 2016: In progress • Target for FY 2017: Submitted 2) Number of trainings to DBH service providers using curriculum developed related to TFH, PPH and FSP services per fiscal year (pending CMS approval of CSTAR revised MO State Plan proposal) • Baseline FY 2014: N/A • Target for FY 2016: at least 1 • Target for FY 2017: at least 1

	3) "Monthly" electronic news blast in DBH Newsletter per fiscal year • Baseline FY 2014: N/A • Target for FY 2016: 10 • Target for FY 2017: 10 4) Number of DBH staff members participating on state level team per fiscal year • Baseline FY 2014: N/A • Target for FY 2016: 3 • Target for FY 2017: 3 5) Number of DBH providers participating on local school-based transition teams per fiscal year • Baseline FY 2014: N/A • Target for FY 2016: at least 5 • Target for FY 2017: at least 10
Description of Collecting and Measuring Changes in Performance Indicator	The Division of Behavioral Health's Children's Team will collect information related to the progress of the proposal process for submitted revisions to the MO State Plan to CMS. Information will also be collected to the number of trainings provided to Adolescent CSTAR programs, the number of news blasts distributed, number of DBH staff participating on the state level transitions team and the number of DBH providers participating on local school-based transition teams.

State Priority Title:	**Military Servicemembers and Veterans**
State Priority Description:	Missouri's military has had a proud history of serving the community and nation in times of need. There are over 588,000 service members, veterans and dependent family members in Missouri. Since 9/11, over 21,000 Missouri Active Duty, Guard and Reserve servicemembers have supported operations in Iraq or Afghanistan. The stressors and dangerous activities related to military service can take its toll on this population: PTSD, depression, sexual trauma and substance use disorder to name a few. In 2013, nearly 60,000 Missouri servicemembers and veterans received behavioral health services through the VA or DMH contracted providers. There are numerous barriers for the military community when seeking behavioral health services: servicemembers and their families fear jeopardizing their military careers if they ask for help, inadequate insurance or cost of services, limited geographic access and some mistrust with the VA

	system of care.
Goal:	Increase use of treatment services by servicemembers and veterans
Strategy:	1) Enhance identifying military-connected clients during intake 2) Promote military cultural competency training with behavioral health professionals 3) Reduce stigma to seeking services through education 4) Raise awareness of services/programs offered in local communities
Performance Indicator:	1) Number of participants receiving substance use disorder services per fiscal year • Baseline FY 2014: 2,987 • Target for FY 2016: 3,046 • Target for FY 2017: 3,107 2) Number of participants receiving mental health treatment per fiscal year • Baseline FY 2014: 1,724 • Target for FY 2016: 1,758 • Target for FY 2017: 1,793
Description of Collecting and Measuring Changes in Performance Indicator	Numbers of consumers with military service are determined by consumer military history and includes active, honorable discharged, medical discharged, less than honorable discharged, inactive reserve, active reserve, National Guard, and non-specified Veteran. A consumer is counted if a paid claim was incurred at a contracted provider or a non-deleted claim was submitted to CIMOR for a state facility.