

**Missouri Mental Health Transformation Working Group
Priority Recommendations from Public Input August and September 2007**

PUBLIC HEALTH APPROACH	<p>1. <u>PUBLIC INFORMATION AND EDUCATION</u> <i>Provide comprehensive public information and education on mental health.</i></p> <ul style="list-style-type: none"> ➤ Conduct “Mental Health is Essential to Overall Health” public education/anti-stigma campaign. ➤ Develop targeted messages to specific groups and communities on mental health facts, services and treatment options. ➤ Provide targeted education to increase knowledge of evidence-based practices. <p>2. <u>MENTAL HEALTH PREVENTION</u> <i>Coordinate and expand mental health prevention services to address common risk and protective factors.</i></p> <ul style="list-style-type: none"> ➤ Coordinate existing prevention plans. ➤ Train health, social services, school and other providers on predictive factors and prevention strategies. ➤ Perform periodic health/mental health risk assessments across the lifespan. ➤ Link local mental health professional expertise with local public health offices.
CONSUMER DIRECTION AND EMPOWERMENT	<p>3. <u>CONSUMERS AND FAMILIES AS DECISION-MAKERS</u> <i>Establish a system-wide individual planning process with consumers and families as decision-makers.</i></p> <ul style="list-style-type: none"> ➤ Develop consistent principles, processes, and framework for an individual plan across agencies and levels of care. ➤ Identify and adopt planning tools and curriculum specific to populations. ➤ Train providers to fully integrate consumer and family driven planning and care into practice. <p><i>Increase the voice of consumers and families in mental health policy decisions and actively develop and support new leaders.</i></p> <ul style="list-style-type: none"> ➤ Develop leadership structure for consumer/family input across state departments. ➤ Provide leadership training for policy development and establish support network for consumers and families. <p>4. <u>PEER AND FAMILY SUPPORT SERVICES</u> <i>Expand and integrate peer and family support services into the service delivery system.</i></p> <ul style="list-style-type: none"> ➤ Implement Peer Specialist training/certification program and develop employment opportunities for those trained. ➤ Expand the “Procovery” demonstration pilot state-wide ➤ Expand and build the evidence base for Consumer Operated Service Programs.
UNIVERSAL BEST PRACTICES	<p>5. <u>OFFER A MENU OF SERVICES SCIENTIFICALLY PROVEN TO BE EFFECTIVE</u> <i>Implement a balanced “portfolio” approach to expand evidence-based practices (EBP’s) across the state.</i></p> <ul style="list-style-type: none"> ➤ Adopt a common definition of EBP . ➤ Establish interdepartmental leadership team to revise policy and financing strategies to support evidence-based practices. ➤ Create systematic training and outcome measurement system across departments. ➤ Train providers to develop core competencies in evidence- based practice. <p>6. <u>OFFER THESE SERVICES ASAP AND SPONSOR NEW ONES</u> <i>Apply research evidence more quickly and invest in research for new and promising practices.</i></p> <ul style="list-style-type: none"> ➤ Incorporate EBPs into university curriculum, training and internships. ➤ Create “Coordinating Centers of Excellence” to provide technical assistance, evaluation, and research.

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**COLLABORATION AND
INTEGRATED CARE**

7. BE CONSISTENT ACROSS STATE DEPARTMENTS/AGENCIES

Integrate mental health policy and coordinate administrative practices across state departments/agencies.

- Create enduring state interdepartmental leadership structure and consistent regions/service areas.
- Commit to a shared service philosophy, common practice model and integrated funding.
- Use common/unique identifier and measure outcomes across agencies/organizations.
- Develop performance incentives linked with Transformation goals.

8. INTEGRATED PLANNING AND CARE AT LOCAL LEVEL ACROSS THE LIFESPAN (NO WRONG DOOR)

Coordinate services and provide integrated care in local communities.

- Implement “one door” access with standardized screening and seamless referrals.
- Implement “wrap-around” service philosophy/ practice adapted across lifespan.
- Integrate mental health & substance abuse treatment.
- Integrate behavioral health into MOHealthnet “health care home” model and practice.
- Provide primary care and mental health care in common and integrated settings.
- Provide mental health consultation and services in early childhood and school settings.

**EASY, EARLY AND EQUITABLE ACCESS AT
LOCAL LEVEL**

9. THE RIGHT SERVICE AT THE RIGHT TIME & IN THE RIGHT PLACE BASED ON LOCAL NEEDS

Build local capacity for timely outreach, screening and access to care.

- Provide professional outreach and investigation services to engage and assist people in accessing care.
- Train and utilize non-mental health professionals and natural helpers.
- Implement Police Crisis Intervention Teams (CIT's) and Mental Health Courts state-wide.
- Develop services to reduce inappropriate use of emergency rooms and institutional care.
- Develop “Continuing Care” options linked to peer supports and integrated health/mental health services.

Provide equitable mental health benefits and equal access to culturally appropriate services throughout Missouri.

- Incorporate parity for substance abuse treatment into current mental health parity legislation.
- Establish geographic and population specific access standards and outcome measures.
- Incorporate existing plans and initiatives to increase culturally competent services.
- Provide incentives for professionals proficient in American Sign and non-English languages.

10. EXPAND EMPLOYMENT AND HOUSING OPPORTUNITIES LOCALLY

Expand employment and housing opportunities in integrated community settings.

- Issue a policy directive that employment, economic engagement and affordable housing is a state priority.
- Provide evidence-based supported employment services.
- Create/enhance local housing collaboratives.
- Develop personal care and other supported housing services.

NOTE: Specific technology recommendations (e.g., e-learning, web-based information access, telehealth communications, cross-agency data warehouse, etc. will be incorporated to achieve above objectives).