



Missouri

In 2006, Missouri received a grade of C. At the time, the state had cut its Medicaid program and mental health care systems to the bone. Three years later, the state also receives a C; but, in many respects, the overall situation seems worse.

Missouri eliminated more than 100,000 people from Medicaid rolls in 2005 and 2006. Since then, no adults have had their insurance restored, and early efforts in managed care have resulted in cuts to mental health provider rates. Governor Jay Nixon, elected in 2008, has been interested in reversing the 2005 cuts, but state budget pressures present a daunting challenge.

Nonetheless, since 2006, some important, positive developments have occurred. The state has established five Assertive Community Treatment (ACT) teams—making it one of the last states to implement an evidence-based practice developed more than 25 years ago. Obviously, five teams fall well short of the total need, but they do represent a step forward. A federal transformation grant has brought consumers and family members into the process of improving the system.

Access to mental health professionals—in particular, psychiatrists—is a major concern. The state's nascent efforts to develop telemedicine are also welcome. The Medicaid pharmacy program continues to offer sensible, clinical data that are driving efforts to improve prescription practices.

Police Crisis Intervention Teams (CIT) and jail diversion are strong in Kansas City and St. Louis but sorely lacking across the rest of the state—although the state has started to invest in expanding CIT. Missouri also has shown leadership in reducing the use of restraints and seclusion, clinical approaches to reducing pharmacy expenses, and studying and addressing causes of premature death among consumers.

Access to care is a persistent and severe problem; in this regard, Missouri is the definition of a system under too much strain.

The Department of Mental Health (DMH) reports it does not have control over who is admitted and discharged from its public long-term beds. Obviously, the DMH needs such authority to allocate resources when the system is being stretched. Despite tremendous demand for beds, the state has announced plans to privatize a portion of Western Missouri Mental Health Center

Innovations

- ACT
- Clinically driven prescription feedback
- Telemedicine expansion
- Transformation grant for consumer and family involvement

Urgent Needs

- Address growing uninsured population
- Department of Mental Health management of state hospital beds
- Beds in hospitals, not jails
- Housing and community supports

Consumer and Family Comments

- *“The best thing is the doctors and the availability of medicines.”*
- *“MidMo is vastly overcrowded.”*
- *“I drive one and a half hours to see the doctor.”*
- *“Peer support groups in my area would be extremely helpful.”*

to Truman Medical Centers, a private institution. No new beds are planned as part of the change; 25 existing beds will simply move to the private ledger beyond state control. Privatization removes a level of protection for a vulnerable population in two ways: reducing beds for involuntary commitments and potentially losing an important, long-term resource. Private hospitals have eliminated psychiatric beds in Missouri in the past, and this could certainly happen again.

The access crisis also extends to Middle Missouri Mental Health (MidMo) Center, the state facility in Columbia, which is frequently full. People in need of admission are frequently put on “diversion” to St. Joseph Health Center, a hospital that is several hundred miles away. This results in either long, excruciating waits for individuals needing hospitalization or long rides—often in handcuffs—making family visits a challenge. Overuse of nursing home beds is another symptom of the problem. The bed pressure is related directly to the lack of community resources, housing, providers, and residential supports in the state.

Missouri is the recipient of a federal transformation grant and can be commended for its desire to transform its mental health care system and openness to new ideas. Unfortunately, the state's delivery is not matching its vision, and in some cases, it is creating its own problems.