



Missouri Department of Mental Health
DIVISION OF DEVELOPMENTAL DISABILITIES

NASDDDS Optimal Continuum Collaborative

September 2026



Mental Health Waiver Service Technical Assistance

- ▶ **To Solve:** Service deficiencies and implement proactive interventions with the goal of creating a seamless continuum of care that integrates an array of Home and Community-Based Services.
 - ▶ Prioritize community integration, family engagement, and trauma-informed care to ensure that transition-age individuals (age 13 - 25) with complex needs receive the sustained support necessary to thrive in their daily lives.
 - ▶ A focus on children with dual diagnoses or multi-system involvement.

Optimal Continuum Compass



Who

DMH Chief Medical Director
DDD Support Coordinator
Specialized Team
DDD Behavior Analysts
DBH Program Leads



Process

Review Missouri's progress, then focus on scoring various system components, including:

- Policy and Regulations
- Programs and Services
- Workforce Development
- Monitoring Practice to Assess Basic Needs and Universal Supports

Missouri Scoring Example

	UNIVERSAL SUPPORTS				
What systems and supports does your state have in place to consider:	Policy & Regulatory Framework (e.g., regulations, guidance, and standards)	Programs & Services (e.g., Medicaid services, state funded supports and resources, financing structures)	Workforce & Provider Development (e.g., training, technical assistance)	Practice & Quality Monitoring (e.g., service delivery, fidelity checks, outcomes, program integrity)	Action Items
An individualized, person-centered foundation with a clear case conceptualization (e.g., Functional Behavioral Assessment or Biographical Timeline)?	2	2	1	2	history and what are the important points and terms to focus on and important for someone to know to support a person. 3. Consider supplemental document or a one page profile and be consistent for transition aged youth but this can be applied universally. 4. MOU in childrens division does not talk about documentation, but services, possible revisit MOU.
Building skills and learning new things (e.g., social or transportation skills)?	3	2	2	2	1. Targeted technical assistance to service and TCM providers: for resource availability and skill development 2. Value Based Payments 3. Crosswalk of services across departments and lifespan (i.e. younger kids, younger adults, adults, VR, community, etc)
Educational opportunities (e.g., secondary education and other lifelong learning opportunities)?	3	3	3	2	

- Key Challenges were identified with specific action steps

Key Challenges (1 of 3)

- ▶ Difficulties obtaining comprehensive case information across agencies.
- ▶ Gaps in coordination and competence among different systems.
- ▶ Proactive approaches are built into the system
 - ▶ Breakdowns in implementation and standardization lead to needing more intensive services later.
- ▶ Lack of shared responsibility across systems for basic needs and universal support.
- ▶ Identified existing financing structures such as agreements for youth transitioning to adult services, but support options vary significantly by age range, with more limited options for younger individuals (13) compared to older adults (26).

Key Challenges (2 of 3)

- ▶ Need for clear case conceptualization within their sphere of influence to determine specific requirements.
 - ▶ Challenges in obtaining comprehensive case conceptualizations for individuals receiving support services, particularly around accessing historical information about trauma and behavioral patterns.
 - ▶ Functional behavioral assessments and crisis safety plans under certain risk thresholds; implementation is inconsistent.
- ▶ Lack of complete information.
 - ▶ Difficult to obtain detailed historical data from families or Children's Division records, creating bottlenecks in sharing information.

Key Challenges (3 of 3)

- ▶ Implementing skill building and independence-focused services in waiver programs.
 - ▶ While policies and regulations exist on paper, there's a disconnect in practice. Providers are potentially avoiding significant progress due to risk aversion and staffing implications.
 - ▶ Current fee-for-service structures don't adequately incentivize skill-building outcomes, and they lack robust data collection systems to measure individual progress toward goals.



Missouri Team Reaction

Easy to follow



Process was enlightening



Facilitated discussion and identified specific gaps



Created action items with time frames to address each gap



Assistance with prioritization of all the action items across the Continuum

Outcomes and Next Steps

Action Items (Critical Action Items highlighted red)	Continuum Dimension	Assigned To (Who is Responsible?)	Task	PRIORITY
1. Develop training on SDOH.	Basic Needs			
1. Need significant training for Doctor and clinician providers to work with individuals with IDD.	Basic Needs			
1. Need training for support coordination, DSP staff to be more trauma informed.	Basic Needs			
2. Review UMKC foundational competency modules going live this July which includes recognizing trauma and delivering trauma informed care				
3. Use DMH Video Series on trauma informed care for IDD.				



Missouri Department of Mental Health
DIVISION OF DEVELOPMENTAL DISABILITIES

**SERVING, EMPOWERING AND
SUPPORTING MISSOURIANS
TO LIVE THEIR BEST LIVES.**

<https://dmh.mo.gov/dev-disabilities>