

# Transforming Missouri's Children's Behavioral Health System: Early Impacts of Cross-System Collaboration

**S**imilar to many children and youth across the country, young people in Missouri face behavioral health challenges. In 2022, an estimated one in four children and youth ages 3-17 in Missouri had at least one mental, emotional, developmental, or behavioral health need.<sup>1</sup> Additionally, roughly 15 percent of youth ages 12-17 reported experiencing a major depressive episode in the past year, and four percent faced challenges with substance use.<sup>2</sup>

Since 2022, Missouri state agency leaders from child welfare, juvenile justice, Medicaid, and behavioral health, along with representatives from community and provider organizations, have committed to work collaboratively to transform the children's behavioral health system. To facilitate this effort, Missouri formed two cross-system collaborative groups: (1) the Missouri Children's Mental Health Collaborative, designed to meet the immediate needs of children and families experiencing behavioral health crises, and (2) a Continuum of Care Workgroup, facilitated by the Center for Health Care Strategies (CHCS), to focus on systems-level change that can better serve children and families in the long term.

This profile shares insights from Missouri state leaders on the power of cross-system collaboration as they work to transform the state's behavioral health system for children, including reducing fragmentation and ensuring equitable access to care.

## AT-A-GLANCE

**Goal:** Collaborate with cross-system partners to develop a comprehensive continuum of care for behavioral health services for Missouri's children, youth, and their families, ensuring equitable access to care when and where it is needed.

**Key Partners:** Missouri Department of Social Services, including MO Health Net (Medicaid) and Children's Division (Child Welfare); Division of Youth Services (Juvenile Justice); Department of Mental Health; Missouri Juvenile Justice Association; and Missouri Behavioral Health Council

**Early Impact:** Collaborative efforts have supported system transformation by developing stronger cross-system relationships; greater understanding of resources and limitations; identification of common goals and challenges; and cross-system adoption of mission, vision, and values.

## Seeking Cross-System Solutions to Better Address Children's Behavioral Health Needs

Over the past few years, a growing coalition of state and local partners in Missouri have acknowledged resource and service gaps for children and youth with behavioral health needs and their families and have invested in improving the continuum of care. Leaders from both Missouri's mental health and social services agencies have committed to, in their words, "do better" for Missouri's children, youth, and their families.

The Children's Mental Health Collaborative, initiated by Missouri Senator Elaine Gannon, has convened government and provider organizations regularly since 2022 to address the children's behavioral health crisis and rising inpatient care related to behavioral health needs. Through legislative action, the Children's Mental Health Collaborative directed the Departments of Social Services and Mental Health to address how to reduce extended hospital stays for youth with behavioral health needs.<sup>3</sup> The Collaborative is led by an appointed chairperson who also oversees subcommittees focused on Data, Prevention, Pilot Programs, and Workforce. These subcommittees invite members to share their expertise to address the crisis from multiple perspectives.

Missouri also formed the Continuum of Care Workgroup to bring together state agency leaders from child welfare, juvenile justice, Medicaid, and behavioral health, along with a community provider association representative, to focus on sustainable systems-level solutions to address children's behavioral health challenges. The workgroup included a national family peer partner to consider the perspectives of families in all discussions. The workgroup met frequently to learn how families navigate their respective systems to access behavioral health services, explore best practices for implementing a comprehensive children's behavioral health system, and, ultimately, design a system that is informed by and meets the needs of children, youth, and their families.

Christina Barnett, Health and Well-Being Coordinator at Missouri's Children's Division, shared that there was broad agreement across state agencies and other partners in the workgroup that youth remaining in hospital settings beyond medical necessity is "... a symptom of a bigger issue." Ms. Barnett also shared that Missouri's state leaders are committed to working together to understand the root causes of overuse of hospitalizations, emergency departments, and other intensive services, aiming to develop a system that addresses the needs of children and youth earlier to prevent this overuse. Early on, the cross-system team identified a lack of preventive services for children and their families, underscoring the need for continued, long-term system improvements to children's behavioral health. The team also identified areas of progress, reflecting where further investments could be made.

Darrell Missey, Director of Missouri's Children's Division, and Cla Stearns, Children's Director at Missouri's Department of Mental Health, pointed to the shared responsibility of state agencies toward children and families with behavioral health needs as a catalyst to designing more preventive approaches. To deepen the state's collaborative efforts, Missouri applied for and was accepted into the [Children's Behavioral Health State Policy Lab](#) to learn from national experts and the experiences of other states working to improve behavioral health services for children, youth, and their families.

## Early Impact

Embarking on systems-level change is both promising and daunting. In their first two years, Missouri leaders are already seeing the benefits of their cross-agency collaborative efforts to transform the state's children's behavioral health system. Regular meetings between agencies have fostered a deeper understanding and appreciation of each system's role, limitations, opportunities, and shared commitment to the work ahead. As Director Missey states, "We all have constraints and are bound to a lane by rules, but there is a real hunger for better solutions and an understanding that if we all talk with each other, with open hearts and a lot of grace, we can come up with answers ... and make the system better for children and families."

The growing partnership among Missouri leaders aims to nurture cooperation across agencies that often serve the same children and families. As Marcia Hazelhorst, Executive Director of Missouri Juvenile Justice Association, points out, the cross-agency collaboration highlighted a need for clarity from "leadership on down, to the boots on the ground. We still lack a fundamental understanding of roles and responsibilities, and we still need to work on truly understanding what we each can do and can't do." To create a foundation for this understanding, Missouri leaders in the Continuum of Care Workgroup developed a shared mission, vision, and values to guide their systems transformation effort (see sidebar).

### Missouri's Continuum of Care Workgroup's Mission, Vision, and Values to Guide Cross-System Transformation Efforts

**Mission:** All children and their families who need behavioral health, intellectual and developmental disability supports and services from the public system will receive them through a comprehensive seamless system that delivers quality services at the local level and recognizes that children and their families come first. This system includes health, prevention, early screening, behavioral health consultation, and direct services as needed by the child and their family. This system will also sustainably build and expand provider capacity.

**Vision:** Assuring that Missouri's children and families receive quality behavioral health, intellectual, and developmental disability supports and services they need in a timely manner.

**Values:** Missouri's public system for children and families shall be a collaborative effort across systems that ensures behavioral health, intellectual, and developmental disability supports and services are high quality, easily accessible, culturally competent, flexible to individual needs, prevention-oriented, accountable to those it serves, and shall result in positive outcomes for children and families.

## Early Lessons

Below are lessons that Missouri leaders highlighted as key to their initial collaborative efforts to improve behavioral health for children, youth, and their families.

### Understand the Behavioral Health Landscape

Missouri engaged CHCS to conduct an environmental scan analyzing the child population accessing behavioral health services in 2022, key programs and services available, and policies on access, service utilization, and expenditures. To inform the scan, CHCS interviewed representatives from state agencies, community-based organizations, hospitals, provider associations, a family-run organization, the education system, youth and families.

The scan revealed that while some communities had successfully broadened access and the service array, this progress was not uniform statewide, resulting in inequitable access and variability in availability and quality of services. The absence of accessible home- and community-based services resulted in unmet needs, pushing families toward more restrictive and costly intensive interventions. The findings suggested a complex landscape of behavioral health service utilization among Missouri's children and youth and pointed to potential areas for targeted interventions. The lack of seamless and consistent access to behavioral health services revealed a fragmented system that was reactive rather than responsive. Understanding these gaps allowed Missouri to focus on what needed to change and laid the foundation for systems change.

### Leverage Resources Creatively

Missouri leaders shared that agency mandates and resource constraints can impede long-term solutions to problems that transcend any single system, highlighting that organizations must be creative with existing resources and partner with the community. While collaboration requires collective effort, every agency partner also has an individual role to play. For example, the individuals involved in the Missouri Children's Mental Health Collaborative are encouraged to look for solutions internally and share resources they can bring to the group.

### Share Information

Information and data sharing are an important part of collaboration. As a first step, the Missouri cross-system teams took a population approach by sharing de-identified data on youth with intensive needs who were hospitalized to better understand their strengths, history, and the underlying challenges to a successful transition back to the community. Cla Stearns, from the Department of Mental Health, shared that it is helpful to keep an open mind and “be willing to look at evidence to the contrary [of your initial assumptions] and not be afraid to share information with other folks because you're going to get back more than you give.”

Information sharing at the individual, program, and systems level can improve care, coordination, and services, and guide effective policy design. Sharing information with and including family in decision-making and care planning is crucial, as it facilitates consent and enables systems to better meet families' needs by connecting them to agreed-upon services and supports. Sharing information at the system level helps teams understand trends, adjust strategies, refine policy, and identify efficiencies to ensure families can access appropriate services at the right time, with the appropriate frequency, intensity, and duration of care.

### **Embrace Shared Responsibility**

While individuals have key roles, it is critical that agency staff participating in collaborative efforts remember that the challenges faced by the system do not fall on any one individual. As Erica Signars, Special Assistant in the Missouri Medicaid Transformation Office, explained, “[In collaborative meetings,] you may see the face of the Department of Mental Health or the Department of Elementary and Secondary Education, and maybe your challenge is with those systems, but it is not personal to the person who is sitting in that space. I have to remind myself that the system is the way that it is, for whatever reason, and we can't always figure out the ‘why’ behind yesterday, but we can figure out the ‘how’ of tomorrow.” Due to their strengthened relationships, Missouri leaders described their increased willingness to “pick up the phone” and talk through any challenges that may arise with partners.

### **Implement a Paradigm Shift to be Youth- and Family-Driven**

True systems transformation requires policy and practice changes, and a paradigm shift in the way the challenges are addressed. This shift requires that systems move from being ‘professionally driven’ to ‘family- and youth-driven.’ Missouri welcomed a national family peer partner to their Continuum of Care workgroup as a first step to support the paradigm shift to meeting families where they are and ensuring their strengths and needs drive planning. Thoughtfully considering where youth and families sit in the design, implementation, and decision-making processes to improve outcomes is reflected in the team’s newly developed collective mission. This paradigm shift is the essential ingredient for sustainable transformation.

## **Looking Ahead**

Consistent and structured connection points that facilitate clear purpose and collaboration among Missouri leadership have improved the identification of strengths and barriers in the state’s behavioral health system for children and their families. Missouri’s vision for the future of its children’s behavioral health system is anchored in its adoption of a cross-system mission, vision, and values that will guide them through change that will challenge all. Missouri state leaders describe a deep commitment to

develop a system that is responsive to the needs of the family and has a broad array of services and supports that are comprehensive, easily accessible, high-quality, and timely.

Missouri has an additional opportunity to revamp its current approach by leveraging its existing legislative framework, the [Comprehensive Children's Mental Health Service System statute](#), to pursue necessary funding and resources, and partnering with families and youth throughout the design and implementation. Missouri state agencies understand the value of inviting youth- and family-run organizations to engage in cross-system efforts to ensure people with lived experience have a voice in decision-making and contribute meaningfully to system design.

Missouri is set to address the main gaps in state-level infrastructure by bolstering county-level efforts and standardizing services and support. These efforts aim to level the playing field across the state, ensuring that a comprehensive service array is available to all children, youth, and their families, irrespective of their county or demographics. Moreover, addressing these gaps will alleviate strains on systems ill-equipped to address the behavioral health needs of children, youth, and families.

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#### ABOUT THE CENTER FOR HEALTH CARE STRATEGIES

The Center for Health Care Strategies (CHCS) is a policy design and implementation partner devoted to improving outcomes for people enrolled in Medicaid. CHCS supports partners across sectors and disciplines to make more effective, efficient, and equitable care possible for millions of people across the nation. For more information, visit [www.chcs.org](http://www.chcs.org).

## ENDNOTES

<sup>1</sup> The Child and Adolescent Health Measurement Initiative. (2021). NSCH 2021: Children with mental, emotional, developmental or behavioral problems, Nationwide vs. Missouri. CAHMI - Data Resource Center for Child and Adolescent Health. <https://www.childhealthdata.org/browse/survey/results?q=9742&#38;r=1&#38;r2=27>

<sup>2</sup> Reinert, M., Nguyen, T., & Fritze, D. (2022). *The State of Mental Health in America 2022*. Mental Health America. <https://mhanational.org/sites/default/files/2022%20State%20of%20Mental%20Health%20in%20America.pdf>

<sup>3</sup> Modifies provisions relating to mental health services for vulnerable persons, no. 419, Senate (2023). <https://senate.mo.gov/23info/pdf-bill/intro/SB419.pdf>