

PROGRAM DESCRIPTION

Department: Mental Health

HB Section(s): HB 10.110

Program Name: Substance Use Disorder Community Services

Program is found in the following core budget(s): Treatment Services

1a. What strategic priority does this program address?

Advance supports for substance use recovery and decrease opioid-related deaths.

1b. What does this program do?

Comprehensive Substance Treatment and Rehabilitation (CSTAR) programs are designed to provide an array of comprehensive, but individualized, treatment services with the aim of reducing the negative impacts of substance use disorders to individuals, family members and society. Services available in CSTAR increase individuals' abilities to successfully manage chronic substance use disorders. CSTAR features three levels of outpatient care that vary in duration and intensity, with specific services received based on individuals' needs. Persons may enter treatment at any level in accordance with eligibility criteria. Only substance use disorder treatment programs designated by the department as CSTAR are approved for reimbursement under MO HealthNet. Top priority for admission is given to pregnant women who inject drugs because of the risk to unborn babies and public safety. CSTAR programs serve a large number of Missouri offenders with substance use disorders that are re-entering their communities following incarceration or are under probation supervision. Effective substance use disorder treatment for these individuals reduces criminal recidivism and promotes a productive and safe return to their communities.

~Specialized CSTAR programs for Women and Children offer priority treatment to women who are pregnant, postpartum, or have children in their physical care and custody. Depending on assessed needs, additional services may include daycare, residential support, and community support for young children that accompany their mothers into treatment. Treatment focuses on issues particularly impactful to women and mothers, such as developing job skills and establishing healthy, safe relationships. These programs have demonstrated clear success in supporting drug-free births to women enrolled, as well as assisting in the reunification of families that have had children removed from custody. Two of these programs ("Alt Care"), one in St. Louis and one in Kansas City, provide services solely to women under the supervision of the MO Department of Corrections.

~Specialized CSTAR programs for Adolescents offer the full menu of treatment services, as well as academic education, to youth between the ages of 12 and 17 years.

~CSTAR General Population programs are intensive outpatient treatment programs for both men and women with substance use disorders. The full menu of treatment services is available.

~CSTAR Opioid treatment programs are federally accredited to provide services on an outpatient basis to individuals who demonstrate physiological dependence to opiates. In addition to the full menu of treatment services, clients also receive medical evaluations, as treatment involves the use of methadone for medically supervised withdrawal. Individuals are able to reduce or eliminate illegal drug use and maintain employment while receiving opioid treatment. In addition to pregnant women and people who inject drugs, priority admission is also afforded to persons who are HIV-positive.

~CSTAR Medically Monitored Inpatient Detoxification programs offer a moderate level of medical care to individuals whose intoxication or withdrawal symptoms are so severe that 24-hour inpatient care and monitoring is required; but the full resources of a hospital are not necessary.

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1b. What does this program do? (Continued)

Primary Recovery Plus (PR+) substance use disorder treatment programs are designed like CSTAR programs to provide an array of comprehensive individualized treatment services with the aim of reducing the negative impacts of substance use disorders (SUD) to individuals, families, and society. These sites are unable to bill services to MO HealthNet because the number of residential beds creates an Institution of Mental Disease (IMD), thus triggering reimbursement limitations. Services available in PR+ increase individuals' abilities to successfully manage chronic SUDs. These outpatient programs feature three treatment levels of care that vary in duration and intensity. Individuals may enter treatment at any level in accordance with eligibility criteria and individual need.

Recovery Support services supplement substance use disorder treatment programs and expand access to an array of supportive services that include employment assistance and emergency housing. Recovery supports are delivered by nontraditional and faith-based community organizations. The highest priority populations for all Division addiction programs are pregnant women and people who inject drugs because of the risks to unborn babies and public safety. All Division addiction programs serve a large number of Missouri offenders with substance use disorders who are re-entering their communities following incarceration or who are under probation supervision. Effective substance use disorder treatment for these individuals reduces criminal recidivism and promotes a productive and safe return to their communities.

The nation is facing an opioid epidemic and Missouri has been a state hard hit by overdoses, deaths, and increasing admissions to treatment for opioid use disorder (OUD). As part of the federal response, a two-year State Targeted Response (STR) grant was awarded in 2017 and a two-year State Opioid Response (SOR) grant was awarded in 2018. In 2020, Missouri received a third round of two-year federal funding to support our efforts in addressing the opioid epidemic. New to this round of funding is the inclusion of stimulant use disorder, usually methamphetamine use disorder, as a diagnosis that funds can be used to help prevent, treat, and promote recovery. For nearly half the state, methamphetamine use disorder is the primary reason for admission to SUD programs. Methamphetamine available today is far more pure, and thus deadlier, than the methamphetamine previously manufactured in state-based "meth labs." Funds are utilized for the following purposes:

- increase public awareness;
- promote responsible opioid prescribing;
- enhance physician knowledge of OUDs and increase the number of doctors able to treat them;
- enhance treatment programs' interventions and expand fast access to needed medications;
- expand the treatment for OUDs in publicly funded primary care centers;
- train emergency responders and other citizens in the use of naloxone for overdose reversal;
- promote the use of peer supports in recovery;
- make emergency housing available; and
- support four recovery community centers to provide assistance to those seeking recovery.

Plans for addressing methamphetamine are still being refined, but will support training in evidence-based practices specific to this illness, as well as the implementation of evidence-based interventions in prevention, treatment, and recovery.

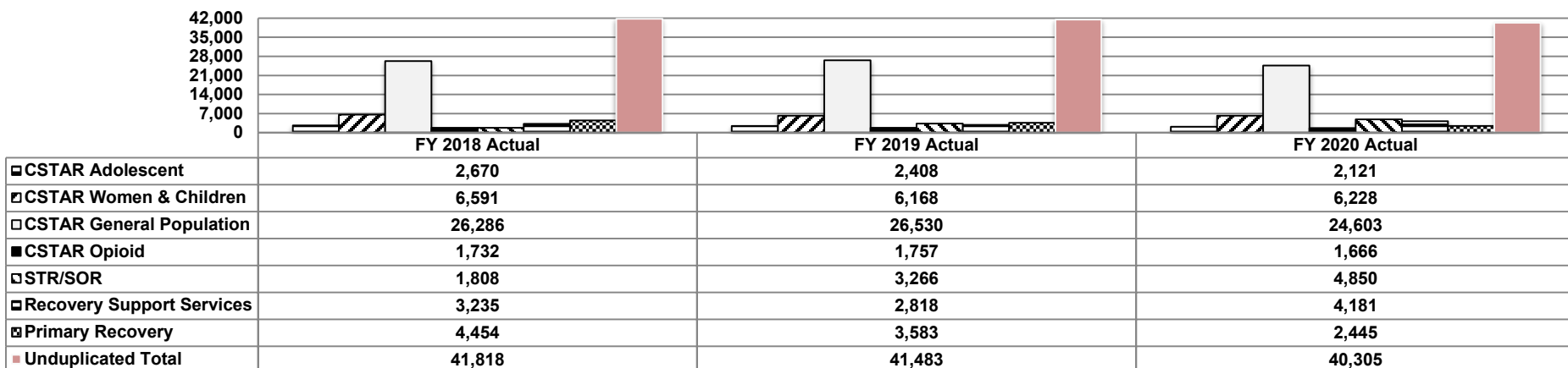
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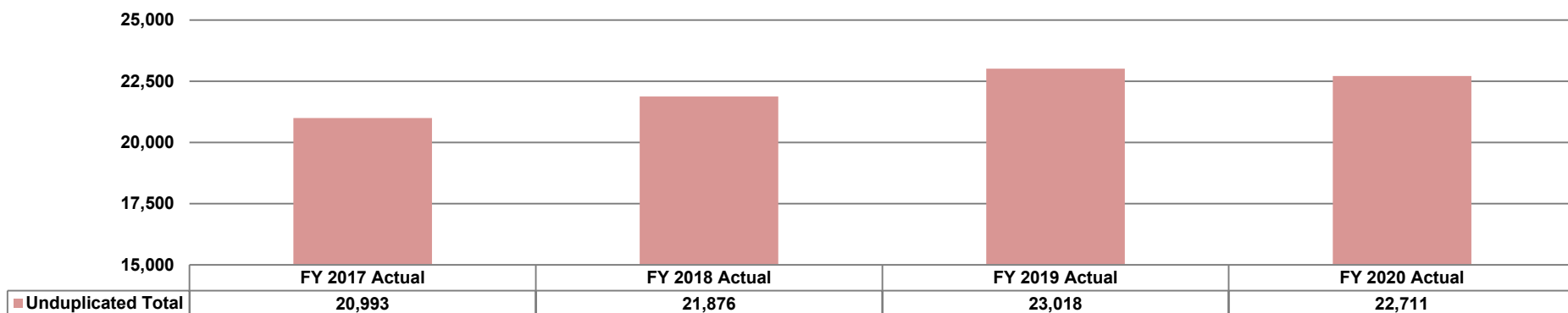
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2a. Provide an activity measure(s) for the program.

Individuals Served in SUD Programs



Average Monthly Individuals Served in SUD Programs by Fiscal Year

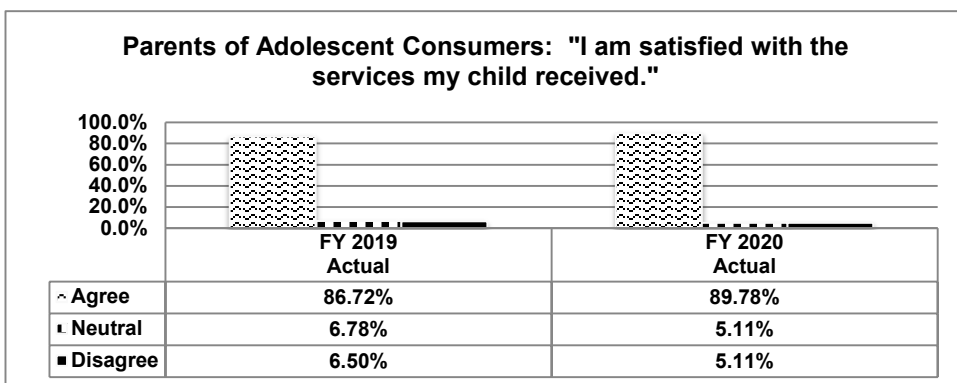
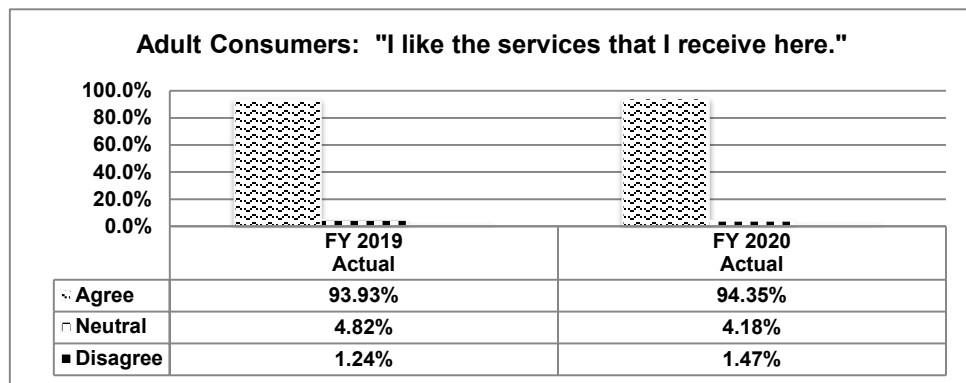


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2b. Provide a measure(s) of the program's quality.



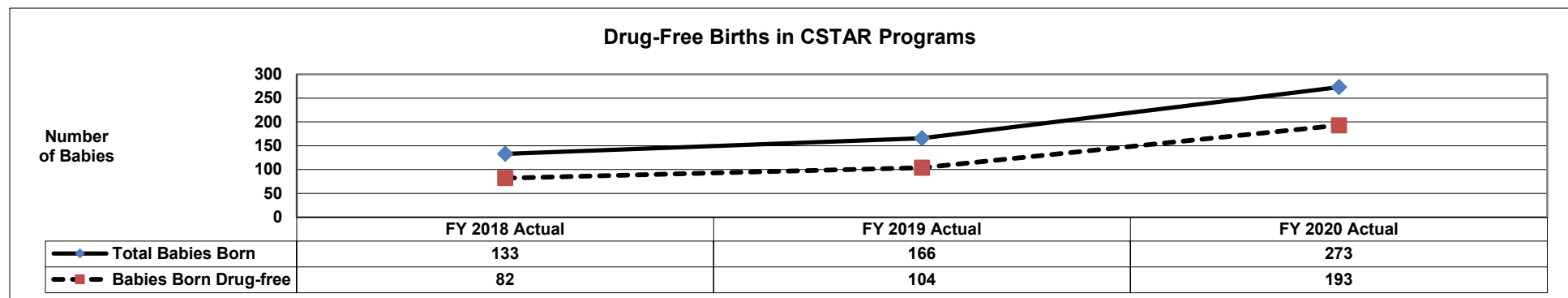
Note: Source: FY Consumer Satisfaction Survey results.

Significance: Majority of adult consumers and parents of adolescent consumers are satisfied with the services provided.

Adult: Base - 95%; Stretch - 100%

Adolescent: Base - 95%; Stretch - 100%

2c. Provide a measure(s) of the program's impact.



Notes:

1) From FY 2018 through FY 2020 there have been 379 babies born drug-free.

2) In 2016, Missouri babies with Neonatal Abstinence Syndrome cost insurance payers including Medicaid a total of \$102.7 million for hospitalizations after birth. The average cost per baby in 2016 was \$43,804 for an average of 10 hospital days. (DHSS)

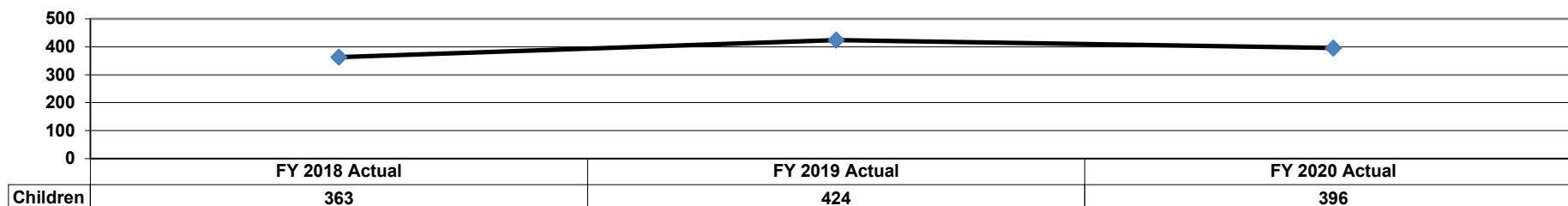
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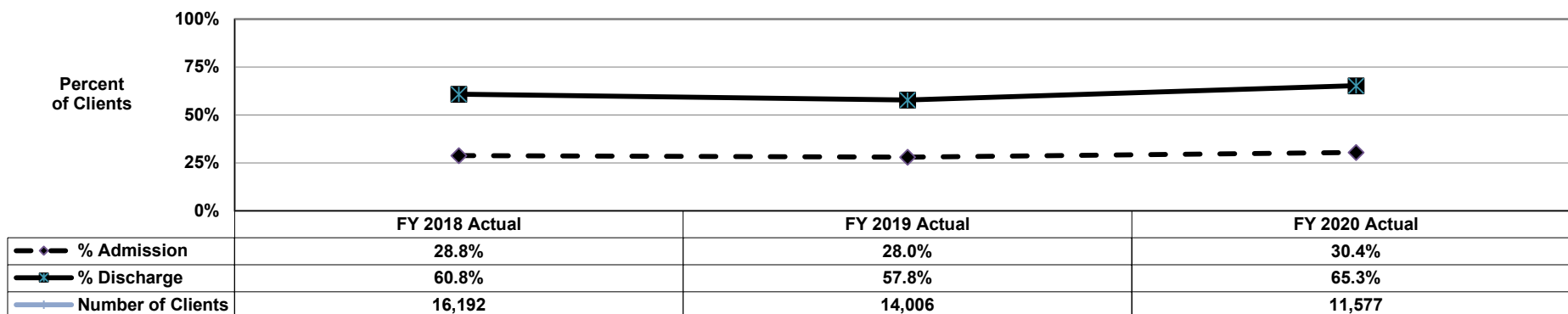
2c. Provide a measure(s) of the program's impact. (Continued)

Children in CSTAR Programs Returned to Parental Custody



Note: Since FY 2018, 1,183 children have been returned to their parent's custody from foster care.

CSTAR Consumers with No Substance Use in the Past Month



Note: Based on consumers discharged within the fiscal year.

Significance: *Treatment improves substance use patterns for the majority of consumers.*

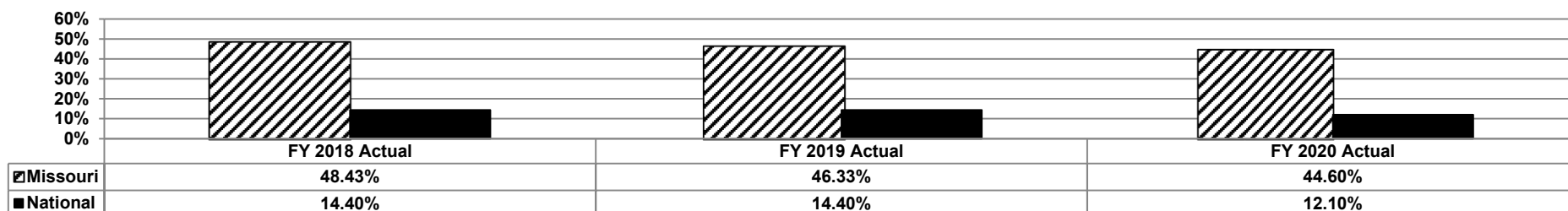
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2c. Provide a measure(s) of the program's impact. (Continued)

Percent Transitioning from Detox to Treatment



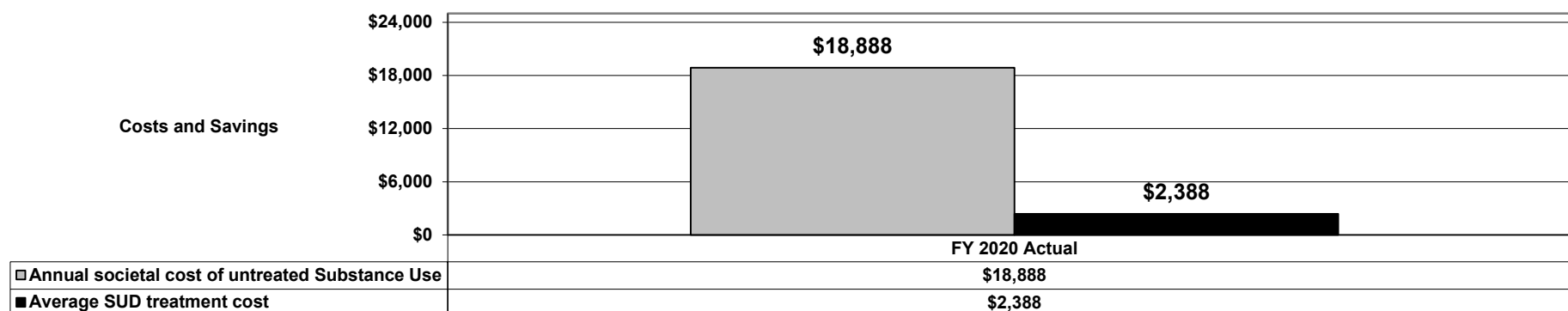
Note: National data from the Treatment Episode Dataset - Discharges, 2017 (SAMHSA, 2019).

Missouri data based on consumers who are discharged from detox in FY 2020 and are admitted to treatment within 5 days of discharge.

Significance: Studies confirm that providing access to treatment services immediately following detoxification for substance use disorder is critical to positive outcomes. This graph demonstrates that Missouri is doing significantly better than the national average in linking individuals from detox into formal treatment.

2d. Provide a measure(s) of the program's efficiency.

Societal Costs Attributed to Each Substance User and Net Savings Per Consumer



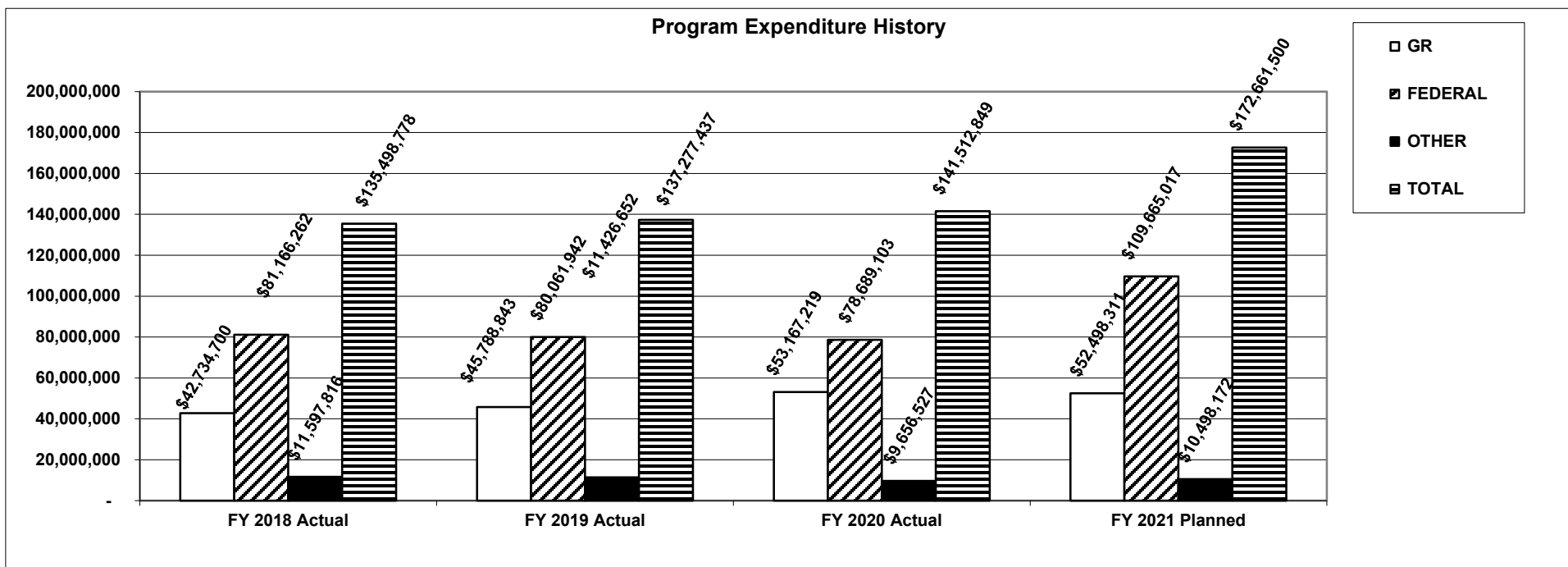
Note: Societal cost determined from Missouri's portion of national estimates found in 2018 NSDUH and a November 2016 Surgeon General's report.

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3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



Note: FY18: In response to the 21st Century Cures Act, the Division applied for and received the State Targeted Response to the Opioid Crisis Grant. Additional authority and expenditures are related to the Opioid Crisis grant. In addition, the Division was awarded a demonstration project to move to a Prospective Payment System (PPS) instead of a Fee-for-Service. Additional authority was requested for the anticipated increase in Federal match for the PPS. FY19: Additional funding was appropriated in FY 2019 for Recovery and Peer Recovery services provider rate increases, and additional authority. FY20: As a continuation of the State Targeted Response Grant, the Division was awarded the State Opioid Response Grant. Additional authority was appropriated.

4. What are the sources of the "Other " funds?

FY 2021: Health Initiatives Fund (HIF) (0275) \$6,011,975; Mental Health Local Tax Match Fund (MHLTMF) (0930) \$963,775; Inmate Revolving Fund (IRF) (0540) \$3,513,779; and Mental Health Interagency Payment Fund (MHIPF) (0109) \$10,000

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5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.) Sections 631.010 and 191.831, RSMo.	
6. Are there federal matching requirements? If yes, please explain. Some of the expenditures made are for MO HealthNet services requiring a state match. In addition, the federal Substance Abuse Prevention and Treatment Block Grant requires that the state maintain an aggregate level of general revenue spending for treatment and prevention that is greater than or equal to the average of the past two years. (This is called the "Maintenance of Effort," or MOE, requirement.)	
7. Is this a federally mandated program? If yes, please explain. Yes. The federal Substance Abuse Prevention and Treatment Block Grant requires provision of specialized programs for women and children.	