PROGRAM DESCRIPTION

Department: Mental Health **HB Section(s):** 10.110

Program Name: Division of Behavioral Health Community Treatment

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

1a. What strategic priority does this program address?

Advance supports for recovery from mental health and substance use conditions; strengthen, integrate and increase access to community and crisis services; and decrease premature deaths associated with co-morbid conditions, opioids and other substances, suicide, and other mental health or substance use conditions. Improve overall well-being.

1b. What does this program do?

Programs that address substance use disorders and mental illness are administered locally by the Division of Behavioral Health (DBH) contracted treatment and recovery support providers. These community programs focus on a range of issues, including symptom reduction/management, co-morbid health conditions (healthcare homes), criminal justice involvement, diversion from inappropriate settings, and employment supports. Unstable housing is one of the biggest barriers to recovering from a mental illness and/or substance use disorders. A variety of supported housing initiatives serve to offer the least intensive environment to individuals who are at various points in the management of their chronic conditions.

Community Psychiatric Rehabilitation (CPR) agencies serve youth with serious emotional disturbance (SED) and adults with serious mental illnesses (SMI) who often have comorbid behavioral and medical conditions, prioritizing individuals who are referred via the following scenarios: discharged from state hospitals, committed by courts in forensic status, under Probation and Parole supervision, that are Medicaid eligible, and/or in crisis. CPR programs provide comprehensive treatment including residential and community-based support systems, delivering evidence-based, cost-effective behavioral health rehabilitative services.

Adult and youth Comprehensive Substance Treatment and Rehabilitation (CSTAR) programs are designed to provide an array of comprehensive, individualized treatment services with the aim of reducing the negative impacts of substance use disorders (SUD) to individuals, family members, and the community. CSTAR services increase individuals' abilities to successfully manage chronic SUDs, and features care that varies in duration and intensity. Priority populations include pregnant women, people who inject drugs, those with Medicaid, and other high risk populations identified through collaborations with stakeholders. Recovery Support services can complement SUD treatment programs by expanding access to an array of supportive services that include employment assistance and housing. Recovery supports are often provided by faith-based community organizations.

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

As part of the federal response to the opioid crisis that has destroyed whole communities and resulted in the deaths of hundreds of thousands of Americans, federal grants have been awarded to states since 2017. New to the 2020 funding was the opportunity to serve individuals with stimulant use disorder. State Opioid Response (SOR) funds are utilized to increase public awareness; enhance physician knowledge of Opioid Use Disorder (OUD); increase the number of providers able to treat the disorder; expand 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.

Crisis services should encompass a full continuum and are imbedded throughout community treatment programming. This continuum includes Emergency Room Enhancement (ERE), Community Behavioral Health Liaison (CBHL)/Youth Behavioral Health Liaison (YBHL) programs, Crisis Intervention Team (CIT) program, Behavioral Health Crisis Centers (BHCCs), the 988 initiative, mobile crisis response, and Engaging Patients in Care Coordination (EPICC) program. These programs are designed to:

- prevent high utilization of or repeated emergency department use,
- form better community partnerships between DBH contracted providers, law enforcement, jails, and courts,
- promote effective interactions between local law enforcement/first responders and individuals in crisis,
- provide short-term centers that triage, assess, and provide immediate care to individuals experiencing a mental health or substance use disorder crisis, and
- encourage clients' engagement with community treatment providers through intensive outreach.

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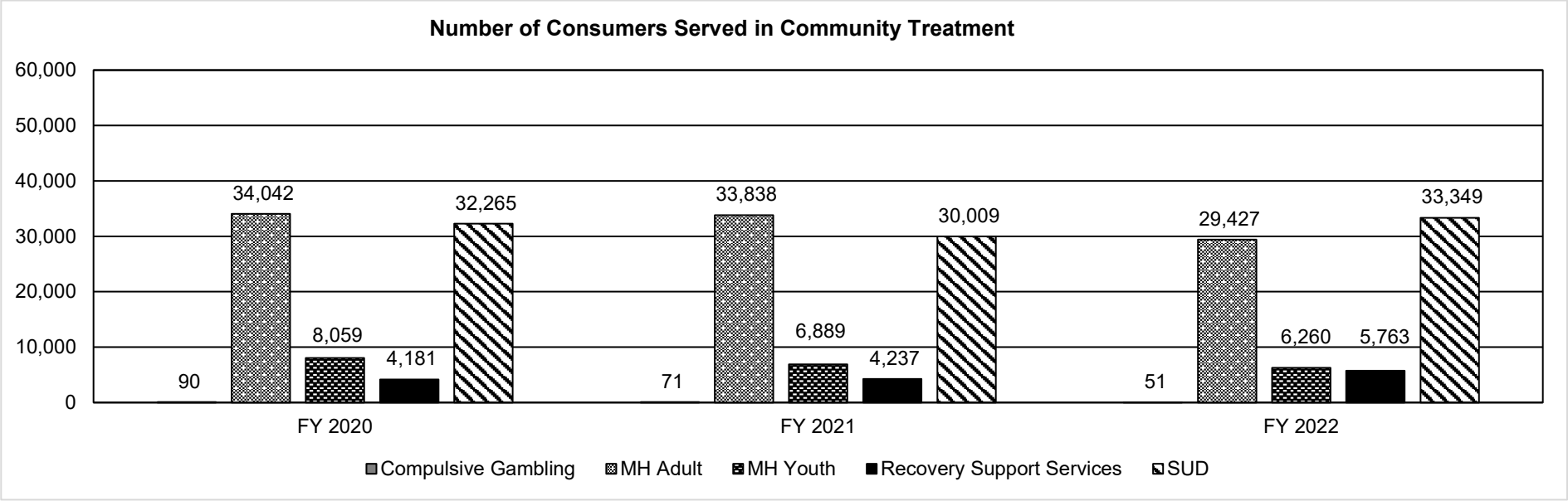
2a. Provide an activity measure(s) for the program.



Note: Data shows the number of consumers served in each fiscal year in DBH fee-for-service funded services. Consumers can be served via fee-for-service and Certified Community Behavioral Health Organization (CCBHO) visits within the same time period. Data excludes the Medicaid expansion population and other programs that are paid by fund sources outside of the Department of Mental Health (DMH) budget.

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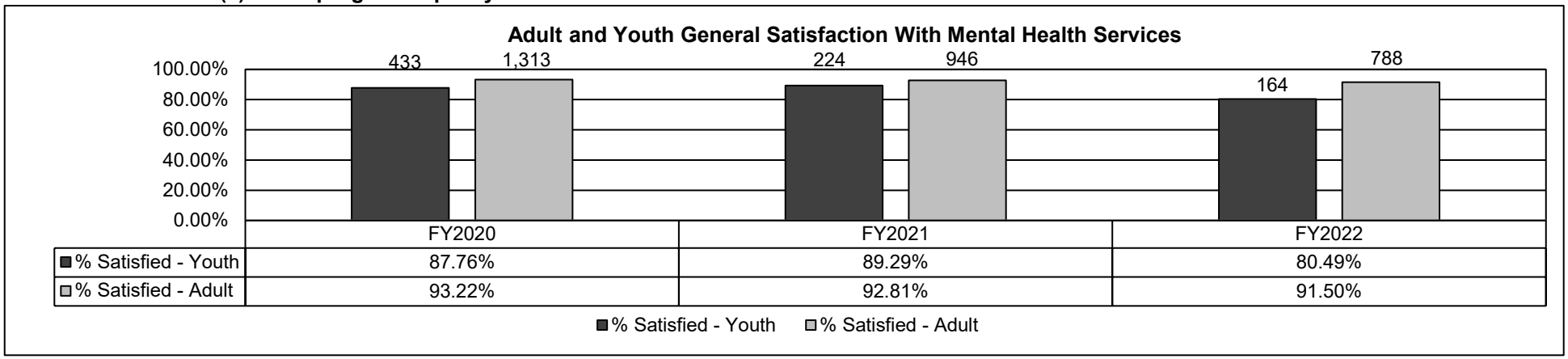
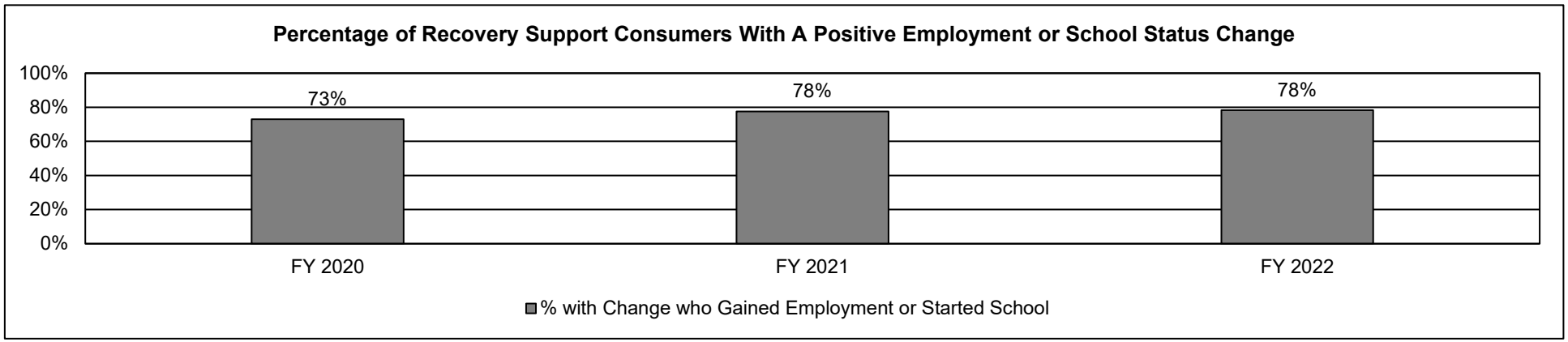
2b. Provide a measure(s) of the program's quality.



Note: The columns in the chart above show the percentage of youth and adults who are generally satisfied with Mental Health (MH) services that were served by non-CCBHO providers. The number of surveys included in each category is shown within each column.

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



Note: About three in every four consumers who experienced a change in employment or education status moved in a positive direction.

Department: Mental Health **HB Section(s):** 10.110

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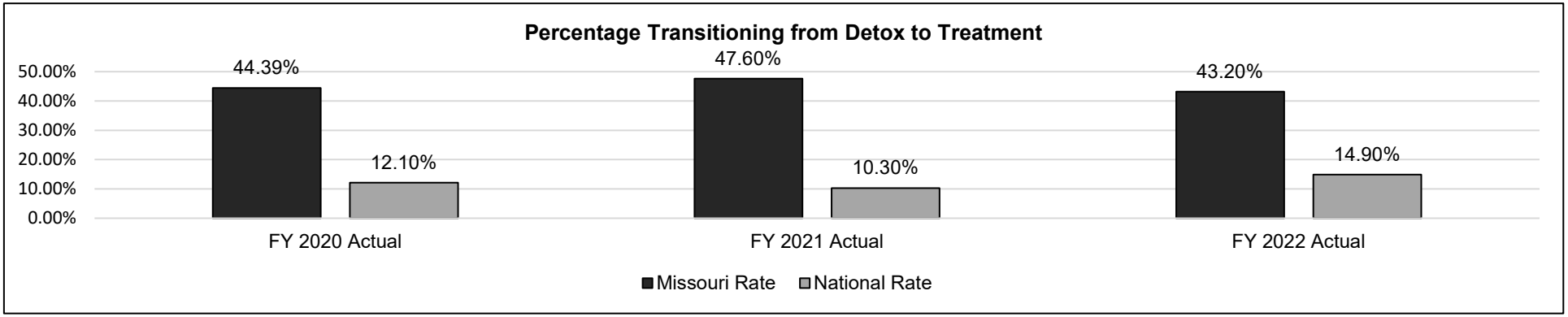
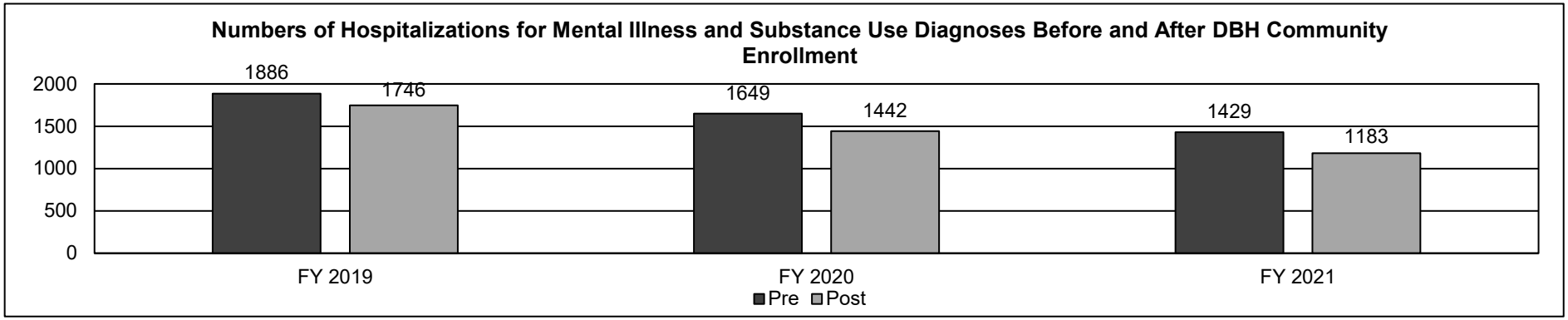
Program is found in the following core budget(s): DBH Community Treatment

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



Note: The Missouri rate at which consumers transition directly from detoxification services to treatment is three to four times higher than the national overall rate.

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



Significance: After enrollment in MH services, data shows that consumers are 7.4%, 12.6%, and 17.2% less likely to be hospitalized during the last three fiscal years.

Note: The data above includes new admissions only as defined by a new episode of care for a person without a previous episode of care within six months of admission. Since the data requires a 12 month period for the post evaluation, FY 2022 data is not yet available.

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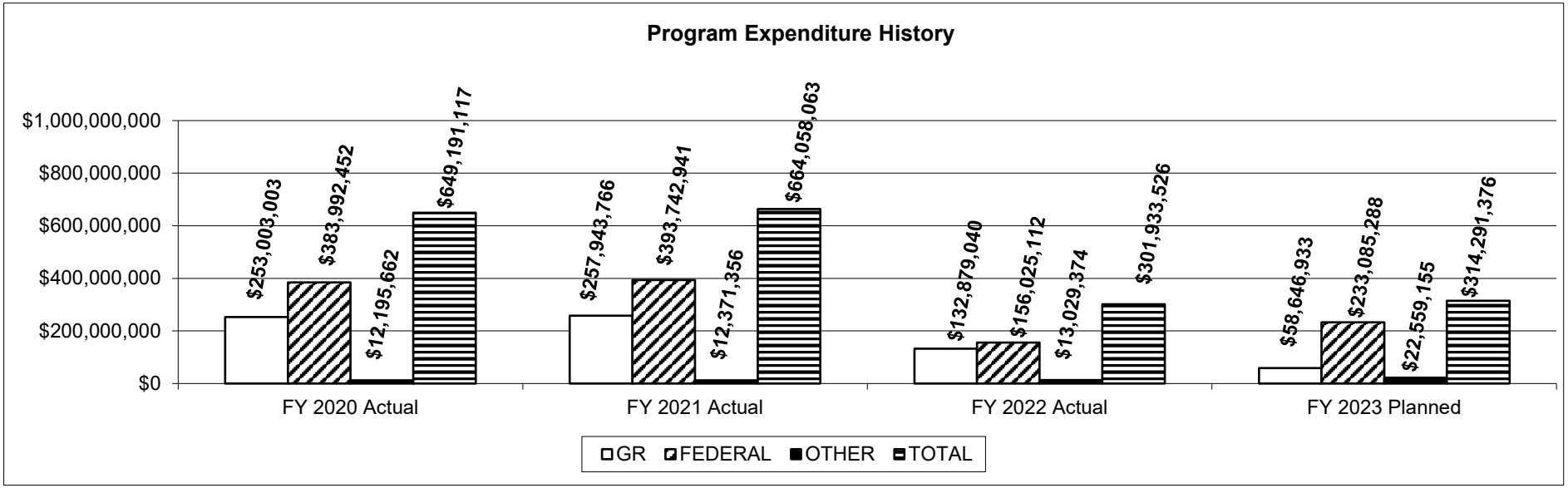
3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. ***(Note: Amounts do not include fringe benefit costs.)***



Note: FY 2021: Funding for Certified Community Behavioral Health Organizations (CCBHO) was moved into newly created house bill sections. FY 2023: Additional funding for CCBHO was moved to new house bill section, along with a core reduction due to Medicaid Expansion. In FY 2024, house bill sections previously referred to as Alcohol and Drug Abuse (ADA) Treatment, Compulsive Gambling, Adult Community Programs (ACP), Youth Community Programs (YCP), Civil Detention Legal Fees, and a portion of Comprehensive Psychiatric Services (CPS) Medications are combined to become DBH Community Treatment.

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

Other includes Compulsive Gamblers Fund (CGF) (0249), Health Initiatives Fund (HIF) (0275), Mental Health Local Tax Match Fund (MHLTMF) (0930), Inmate Revolving Fund (IRF) (0540), Opioid Treatment and Recovery Fund (OTRF) (0705), and Mental Health Interagency Payment Fund (MHIPF) (0109).

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, 191.831, 632.010.1, 632.010.2(1), 632.050, 632.055, and 630.405 - 630.460 RSMo.

6. Are there federal matching requirements? If yes, please explain.

Yes. The federal Substance Use Prevention and Treatment Block Grant and the Community Mental Health Services Block Grant requires that the state maintain an aggregate level of general revenue spending for substance use disorders 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. Also, the Americans with Disability Act (Supreme Court Ruling in Olmstead vs. LC, 1999) requires states to identify institutional residents who could live in integrated community settings.