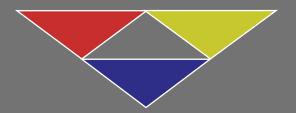
Missouri Department of Mental Health

Quarterly Performance Measures

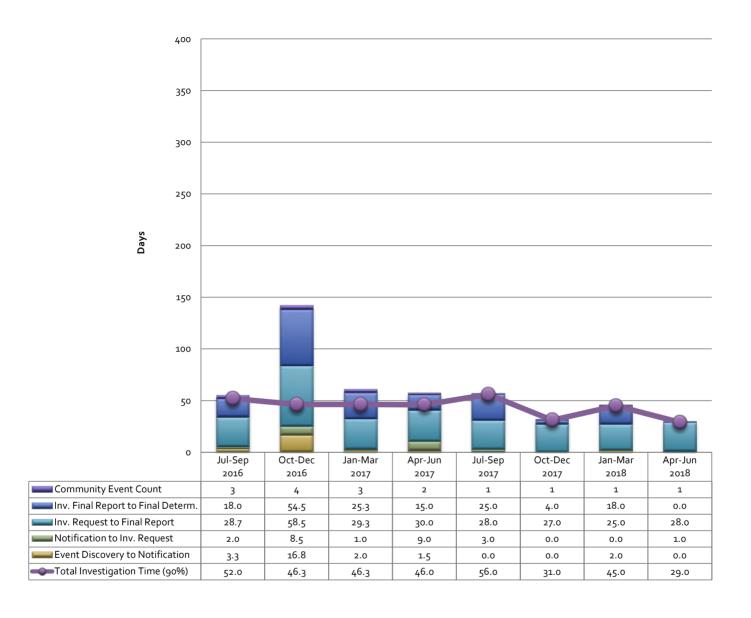


Division of Behavioral Health

Substance **Use** Services



Substance Use Treatment Community Investigations Timelines

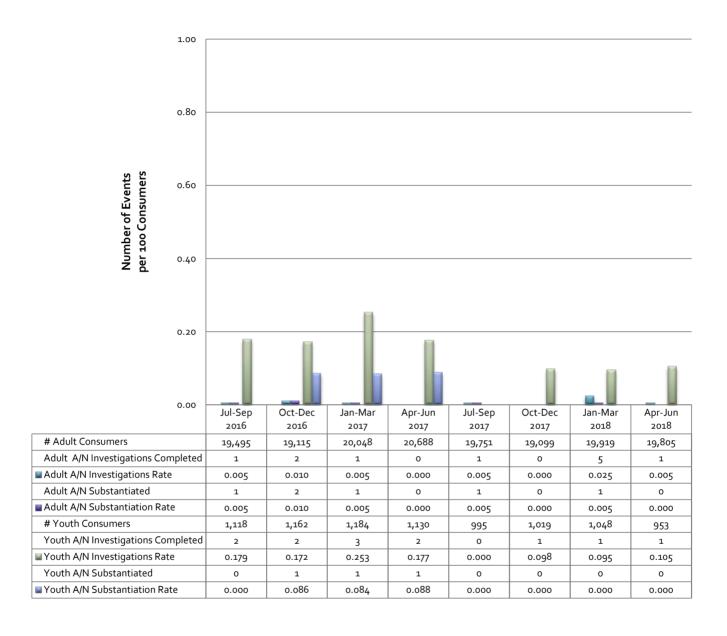


NOTE: Timelines are divided into 4 distinct sections or stages of an investigation. The bars include average times for all final determinations made in each quarter, whereas the purple line includes 90% of all cases in order to show typical time-lines excluding the top 10% outliers.

Significance: Community investigations for substance use treatment are relatively few.



Substance Use Treatment Abuse/Neglect Investigations

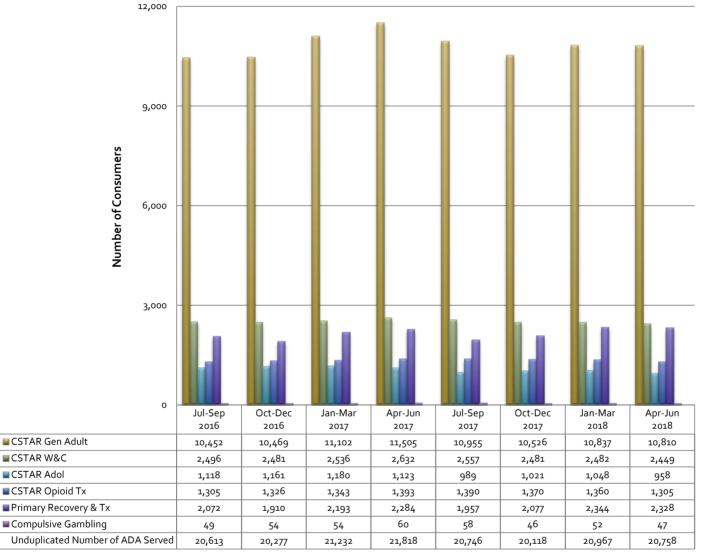


NOTE: The above statistics do NOT include substantiations with only Neglect 2 or Verbal Abuse findings. Investigations and substantiations are a count of the number of events, not the number of alleged perpetrators or victims. Also, Investigation and substantiation counts reflect cases finalized in the quarter.

Significance: Substance use treatment has relatively few abuse/neglect investigations and substantiations each quarter.



Substance Use Treatment Consumers Served By Program



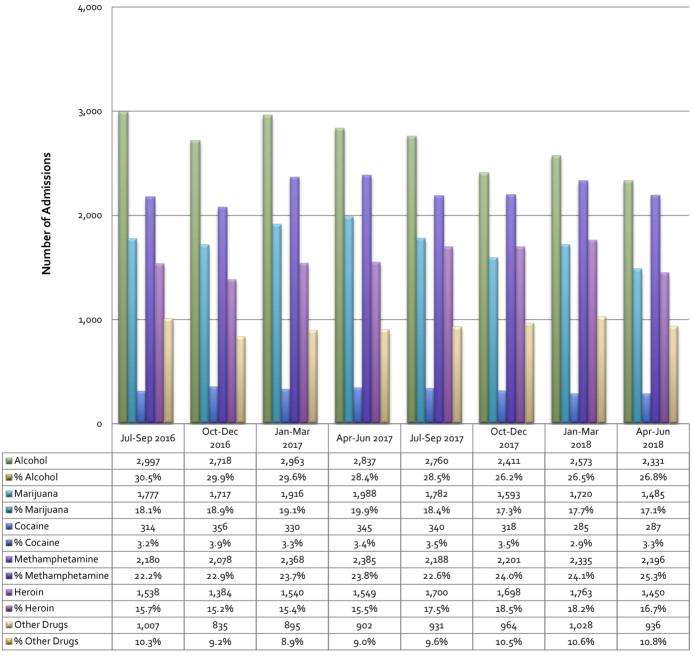
CAUTION: Data from July 2017 onward may be incomplete due to a delay in submission of encounters to CIMOR as the result of the CCBHC project.

NOTES: Consumers could be enrolled in more than one program during the quarter. For example, a consumer will generally be enrolled in both an Opioid Treatment program and a CSTAR or a Primary Recovery Program. Primary Recovery & Tx includes DOC specialty programs Free and Clean Plus and Partnership for Community Restoration, the Medication Assisted Treatment Grant, and the Opioid State Targeted Response Grant.

Significance: The majority of consumers receiving treatment services are in a CSTAR program.



Drug of Choice at Admission to Substance Use Treatment

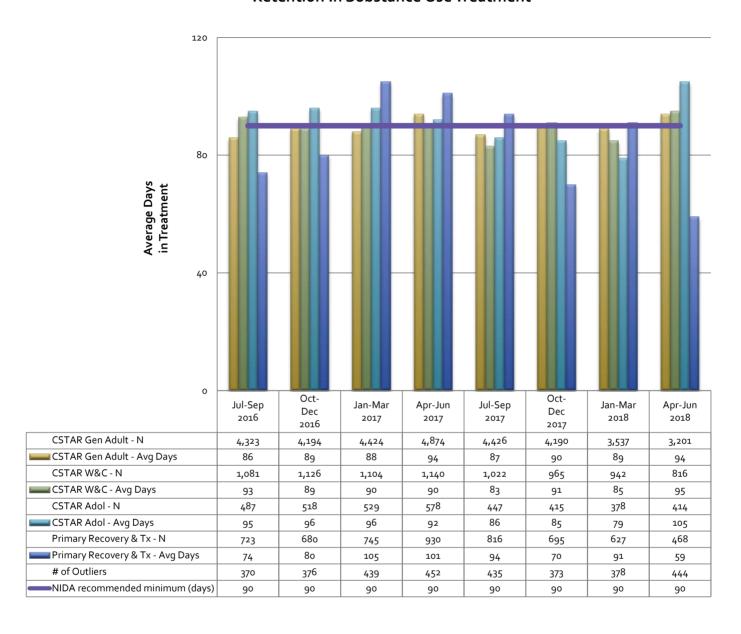


CAUTION: Data from July 2017 onward may be incomplete due to a delay in submission of encounters to CIMOR as the result of the CCBHC project.

Significance: Illicit drug admissions account for about 69 - 73% of all admissions to substance use treatment.



Retention In Substance Use Treatment



NOTE: Average days in treatment include both residential and outpatient services. Length of stay was calculated using the program admission date and the last date of billable service. Outliers greater than two standard deviations above the mean or less than or equal to 1 day were not included when calculating the average length of stay. Single day events are also excluded. Excludes detox.

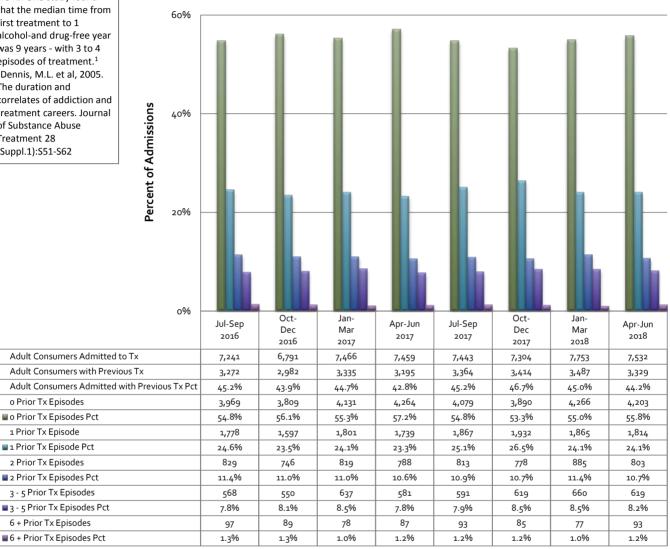
NIDA's Principles of Drug Addiction Treatment states: "The appropriate duration for an individual depends on the type and degree of his or her problem and needs. Research indicates that most addicted individuals need at least three months in treatment to significantly reduce or stop their drug use and that the best outcomes occur with longer durations of treatment."

Significance: Average length of stay in substance use treatment is around 3 months.



Adult Substance Use Treatment Admissions With Prior Substance Use Treatment Episodes in Past 36 Months

NOTE: One study found that the median time from first treatment to 1 alcohol-and drug-free year was 9 years - with 3 to 4 episodes of treatment.1 ¹Dennis, M.L. et al, 2005. The duration and correlates of addiction and treatment careers. Journal of Substance Abuse Treatment 28 (Suppl.1):S51-S62

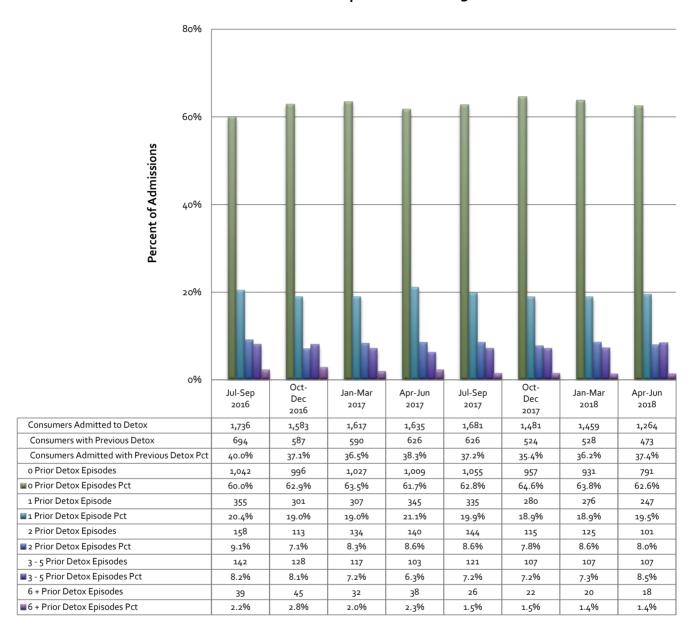


NOTE: The above data includes only treatment programs within 36 months of consumers' last admission within the quarter. Detox, SATOP, Recovery Support and Compulsive Gambling episodes of care were not included.

Significance: Half of admissions are for consumers who have not been enrolled in a treatment episode of care within the past 36 months. Approximately 10% of consumers admitted to a treatment episode of care have had 3 or more prior treatment episodes of care within the past 36 months.



Adult Detox Admissions With Prior Detox Episodes in Past 36 Months

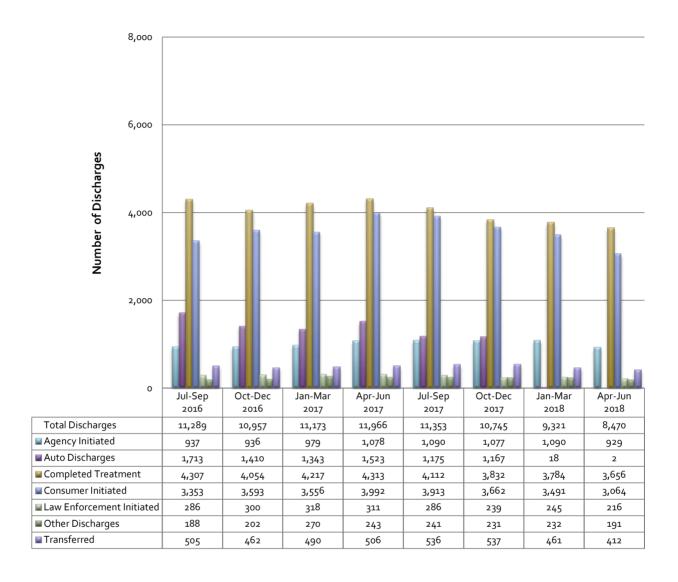


NOTE: The above data includes only detox programs within 36 months of consumers' last admission within the quarter.

Significance: More than one-half of detox admissions (60-64%) are for consumers who have not been in detox within the past 36 months.



Substance Use Treatment Discharges

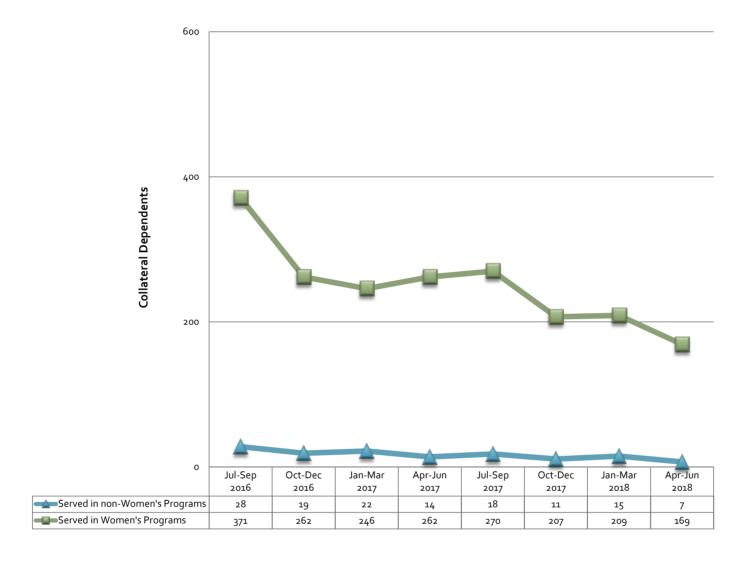


NOTE: Other discharges category includes the following discharge reasons: consumer died; consumer moved away; medical reasons. On July 25, 2008 the monthly Auto Discharge program was implemented and closed all episodes of care that had no service or billing activity within the past six months. The episode of care was closed and the discharge date was set to the last date of billable service. This will cause an increase in the number of Auto Discharges in previous quarters. The number of auto discharges in the two most recent quarters are not comparable to that of prior quarters because insufficient time as lapsed for the case to be considered inactive. Recovery support only episodes are excluded.

Significance: About 40-50 % of consumers complete treatment. Consumer dropped out of treatment is the most common reason for non-completion.



Collateral Dependents Served



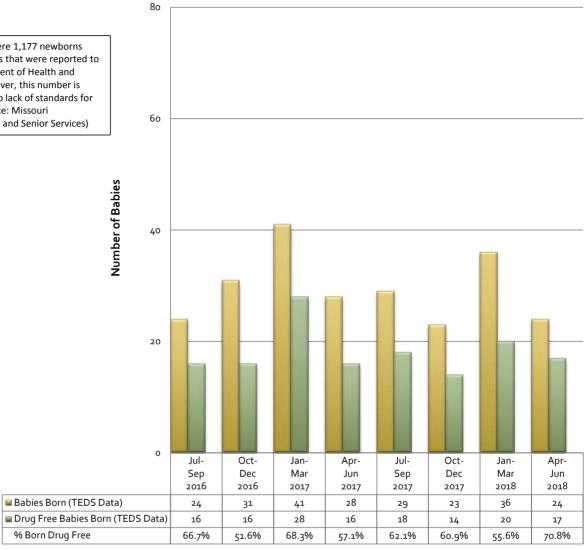
NOTE: A collateral dependent has no substance use disorder but is seeking services because of problems arising from his or her relationship with an individual who has a substance use disorder and is engaged in treatment.

Significance: The majority of collateral dependents are served in the CSTAR Women and Children's Programs. The number will vary each quarter due to several factors including number of consumers in treatment and number of consumers with children and/or a significant other.



Babies Born Drug Free

During 2015, there were 1,177 newborns affected by illicit drugs that were reported to the Missouri Department of Health and Senior Services. However, this number is under-reported due to lack of standards for reporting. (Data Source: Missouri Department of Health and Senior Services)

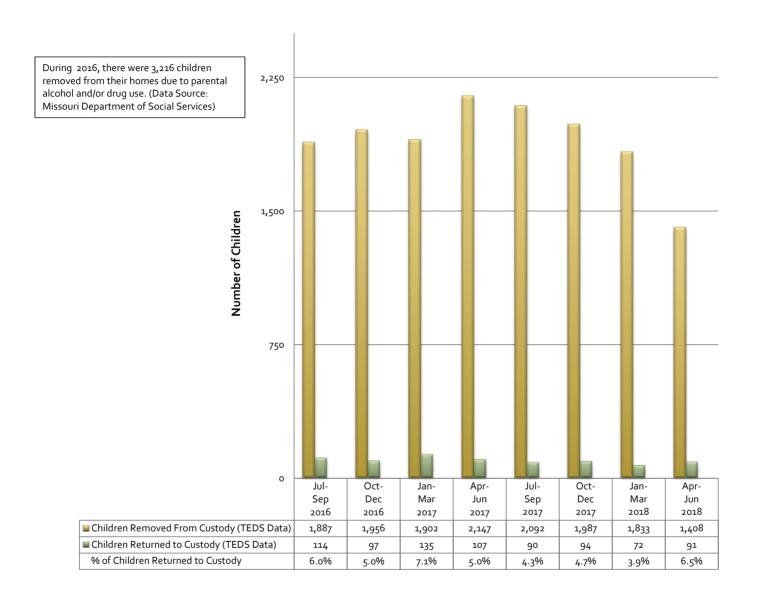


NOTE: In May 2010, TEDS data collection pages in CIMOR were upgraded to collect the number of babies born drug free during treatment for all female consumers in treatment and is collected when the program is closed. Due to this change, the data from previous reports are not comparable.

Significance: The number will vary due to several factors including number of pregnant women enrolled that had a baby during treatment and how late in the pregnancy the consumer seeks treatment.



Children Returned to Custody

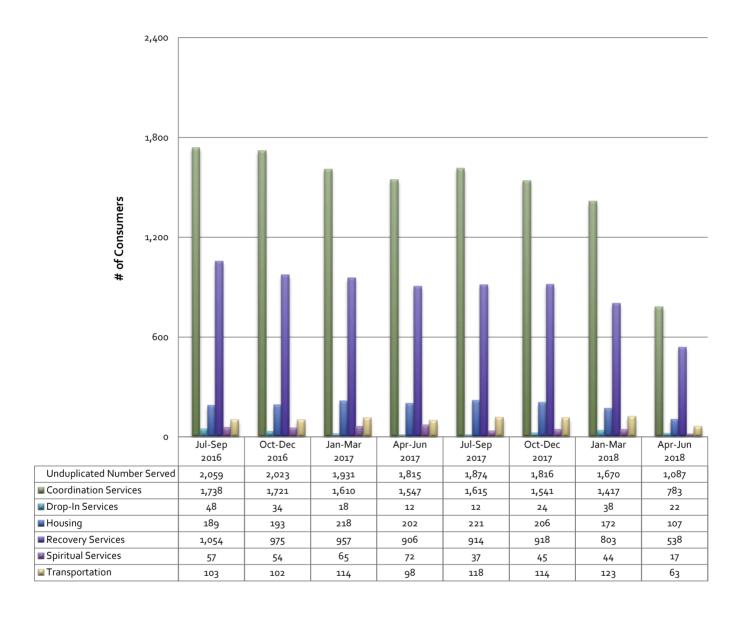


NOTE: In May 2010, TEDS data collection pages in CIMOR were upgraded to collect the number of children returned to custody for all consumers in treatment and is collected when the program is closed.

Significance: The chart shows the number of children returned to the parent/guardian while in any treatment program. The number will vary each quarter due to several factors such as, number of consumers who have had a substance use program closed within the quarter who have had children removed from custody and the number of children in the family.



Consumers Receiving Recovery Supports

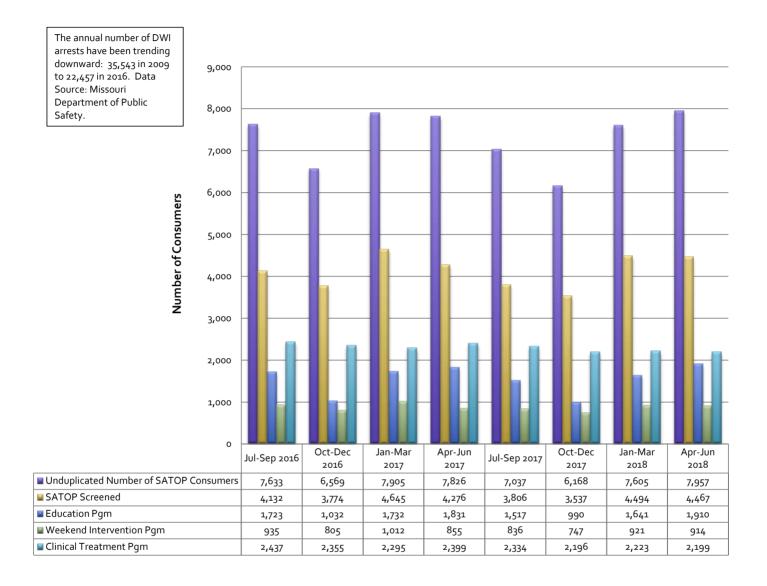


NOTE: Recovery supports are a collection of non-clinical services that support recovery from alcohol and drug addiction. The ATR program is limited to 7 counties in West Central Missouri, 7 counties in Southwest Missouri, and 7 counties in Southeast Missouri.

Significance: The federal Access to Recovery (ATR) IV grant began in July 2015 and ended April 2018.



Substance Awareness Traffic Offenders Program (SATOP) Consumers Served

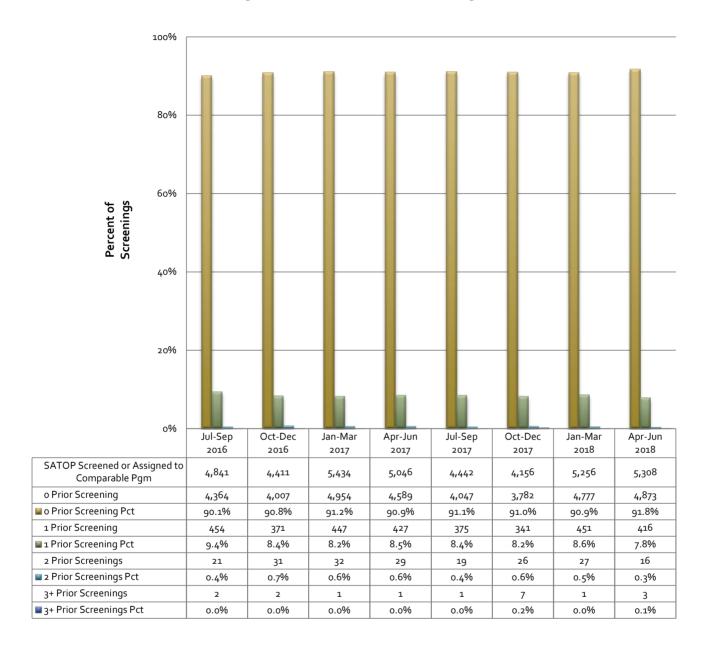


NOTES: The number screened will not equal the sum of the programs due to consumers having up to 6 months to enroll in the assigned program. Consumers may also decide to complete a comparable program that is more intensive than the one recommended by the screening. Clinical treatment programs include Clinical Intervention Program, Youth Clinical Intervention Program, and the Serious & Repeat Offender Program.

Significance: The data show a trend of increased screenings in the Jan-Mar quarter which is due in part to the increased number of DWIs cited over the holidays. DWI arrests have declined since 2009 (see note).



Substance Awareness Traffic Offenders Program (SATOP) Consumers Screened - Range of Previous SATOP Screenings Within Past 5 Years

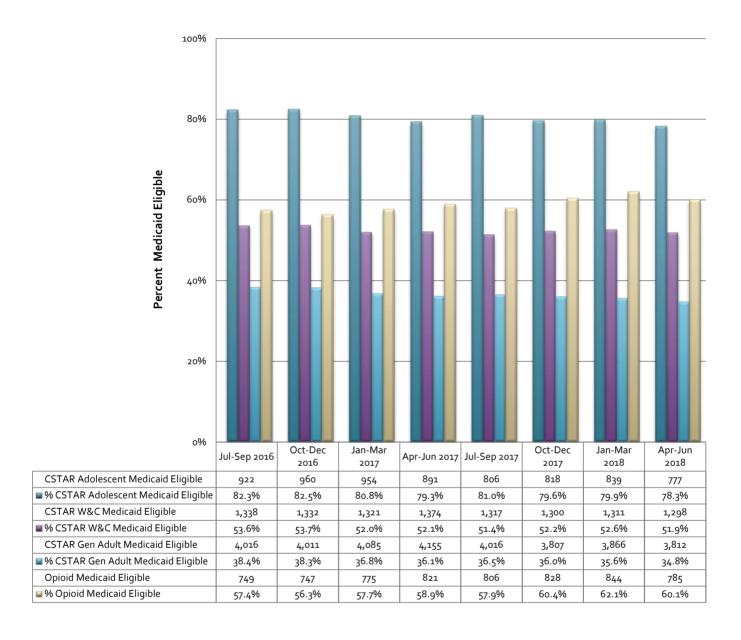


NOTE: All data reflects number of previous screenings within the past 5 years of consumers' last SATOP screening within the reported quarter.

Significance: The majority of consumers who receive a SATOP screening have never had a SATOP screening. The majority of the consumers with at least 1 prior SATOP screening have had only 1 prior screening.



Medicaid Eligibility for Individuals Served in CSTAR Programs

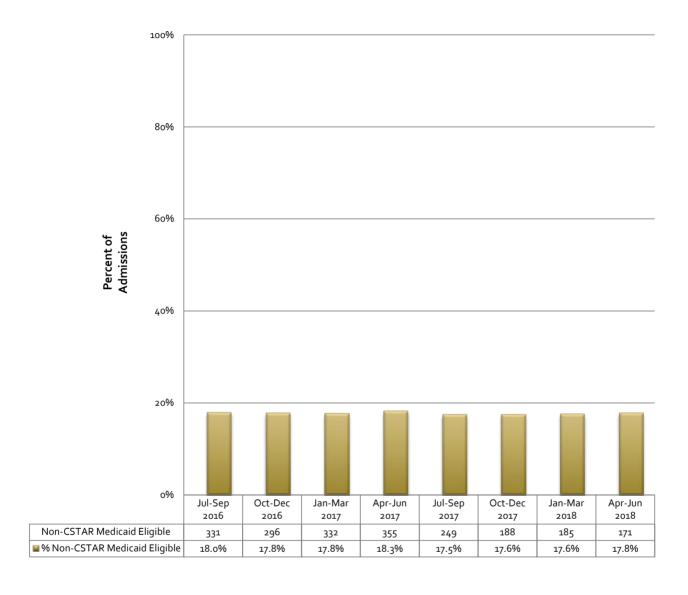


NOTE: CSTAR Detox is excluded.

Significance: Medicaid-eligible consumers comprise between 35 - 80% of the CSTAR consumer populations. The proportion is higher in the Adolescent program and lower in the General Adult program.



Medicaid Eligibility for Individuals Served in Non-CSTAR Substance Use Programs

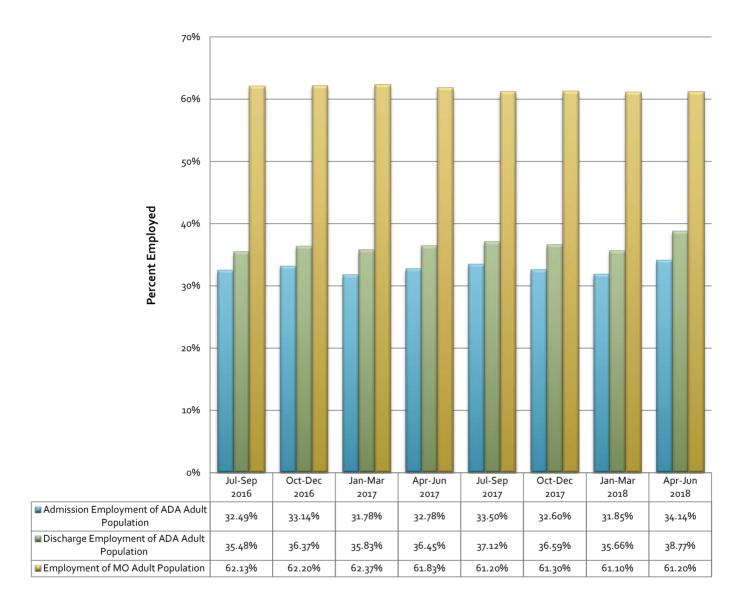


NOTE: Non-CSTAR programs include Primary Recovery Plus, Enhanced Primary Recovery Plus, Corrections Primary Recovery Plus, DOC Free & Clean Plus, DOC Partnership for Community Restoration, Clinical Intervention Program (Adult and Youth), Serious & Repeat Offender Program and General Treatment.

Significance: The number of consumers served in non-CSTAR programs has declined in recent years. Since April 2009, 24 Primary Recovery Plus contracts have been converted to CSTAR to allow for Medicaid reimbursement.



Employment of Adult Population in Substance Use Treatment

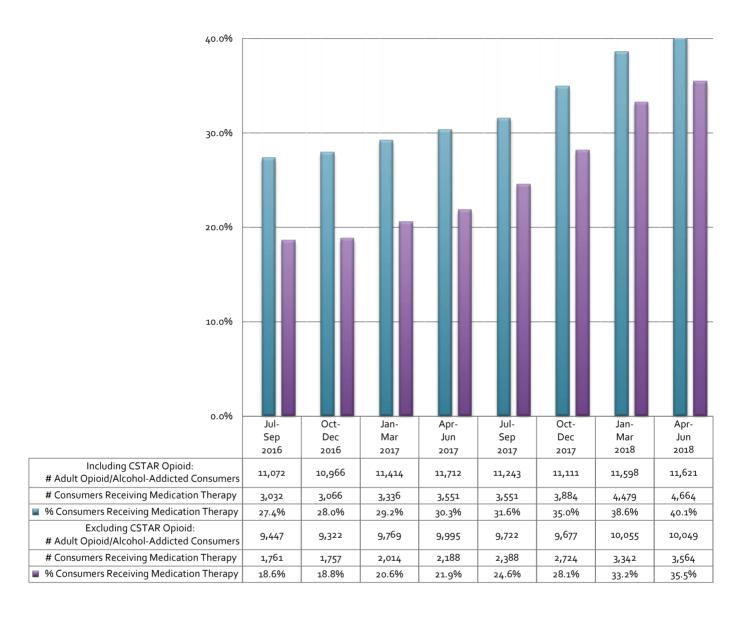


Note: Adolescent programs, detox, and codependents are excluded from the employment calculations.

Significance: Employment of the adult substance use treatment population measures engagement in work and accounts for those not actively seeking work - unlike the "Employment Rate" which is based only on the labor force. The measure is compared against the employment of the civilian noninstitutional population (age 16-64) in Missouri (data source: U.S. Bureau of Labor Statistics). Employment has a powerful therapeutic impact for individuals in recovery and is to be included in the treatment and recovery plan.



Consumers Receiving Medication Therapy

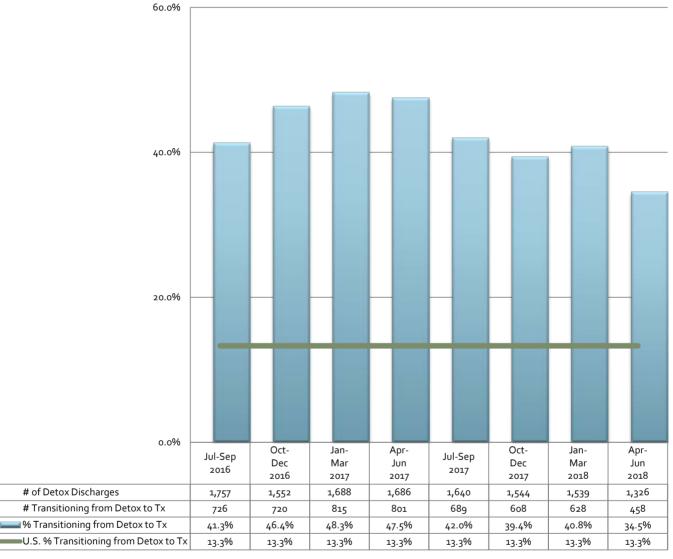


Note: Detox and SATOP treatment programs are excluded. Medications for addiction treatment include Vivitrol, acamprosate, buprenorphine, naltrexone, and Suboxone. Medicaid claims for direct billing from pharmacies for substance use treatment consumers are included. CIMOR only started tracking type of medication in January 2010.

Significance: Medication therapy in combination with psychosocial counseling to support treatment and recovery from substance use disorders is a National Quality Forum recommendation.



Transition from Detox to Treatment



CAUTION: Data from July 2017 onward may be incomplete due to a delay in submission of encounters to CIMOR as the result of the CCBHC project.

Notes: A transition is recorded if any treatment service is provided within 5 days of the last day of detox. U.S. data for transition from the Treatment Episode Dataset - Discharges, 2013 (SAMHSA, 2016).

Significance: "Detox alone with no follow-up is not treatment" (NIDA). Transitioning from detox to treatment is key to reducing recidivism and ending the "revolving door" phenomenon.