Report of the Substance Abuse Prevention and Treatment (SAPT) Task Force

Missouri State Legislature

December 2023

January 17, 2024

Dean Plocher, Speaker
House of Representatives
State Capitol Building
Jefferson City, MO 65101

Caleb Rowden, President Pro Tempore
Missouri Senate
State Capitol Building
Jefferson City, MO 65101

Dear Mister Speaker and Mister President Pro Tempore:

The Task Force on Substance Abuse Prevention and Treatment authorized in Section 21.790 of the Revised Statutes of Missouri, has met held hearings and taken testimony. The attached Task Force report addresses the subjects set forth in Section 21.790.3, and includes recommendations for current and future legislation sessions with regard to funding and legislation. The below listed committee members are pleased to submit the attached report:

Chairman Representative John Black

Vice Chairman Nick Schroer

Representative LaDonna Appelbaum

Senator Rusty Black

Representative Dave Griffith

Senator Tony Luetkemeyer

Representative Melanie Stinnett

Senator Karla May

Representative Del Taylor

Senator Angela Mosley

Representative Dale Wright

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Forward

This is the first report of the Missouri statutorily authorized Substance Abuse Prevention and Treatment Task Force. The goal of this first report is to provide an overview of the efforts of the state of Missouri to address the tragedy of substance use, both from a financial and programmatic perspective, and to summarize our findings and recommendations.

In five evidentiary hearings, the task force heard hours of expert testimony from 7 state departments and multiple organizations that implement multiple programs to combat substance misuse. Details of programs were compiled and used to generate charts, tables and the budget overview. Hearing testimony is summarized and formed the basis for recommended next steps. The appendix contains over 80 pages of programmatic and budgetary information provided by the state departments, and over 20 pages of additional descriptive information from the departments as well as organizations receiving state funding.

This first report of the Substance Abuse Prevention and Treatment Task Force would have been impossible without the significant cooperation of the state departments, analysis provided by the Missouri MOST Policy Initiative, participation of task force members, and support from the House Research team.

Special thanks to task force member Del Taylor (District 84) who actively participated in all hearings, designed this report's templates, guided MOST Fellow efforts and contributed to the content and final editing of this document.

MOST Fellows Drs. Sarah Anderson, Madeline Roberts, Isabel Warner and Rieka Yu contributed hours organizing department data into a useful document without cost to the state (see note regarding MOST on page 152). The assistance of the House Research staff, and particularly Colin Zentmeyer, is most appreciated.

Undoubtedly there are errors in attempting to assemble such a volume of information. Those have been minimized by offering review of the product to the state departments prior to issuing the final report. Any remaining will be addressed in subsequent reports.

This is intended to be only the first in the efforts of this task force. Requirements of the traditional session limit hearings primarily to the period after the General Assembly has adjourned. The Recommendations provided in this report identify important and plentiful subjects for future investigation. The plan is to continue that investigation in 2024.

John Black, Task Force Chair, 102nd General Assembly, State of Missouri.

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Authorizing Statute

Title III LEGISLATIVE BRANCH
Chapter 21 Effective – 28 Aug 2019

21.790. Task force established, members — duties — report. — 1. There is hereby established the "Task Force on Substance Abuse Prevention and Treatment". The task force shall be composed of six members from the house of representatives, six members from the senate, and four members appointed by the governor. The senate members of the task force shall be appointed by the president pro tempore of the senate and the house members by the speaker of the house of representatives. There shall be at least two members from the minority party of the senate and at least two members from the minority party of the house of representatives. The members appointed by the governor shall include one member from the health care industry, one member who is a first responder or law enforcement officer, one member who is a member of the judiciary or a prosecuting attorney, and one member representing a substance abuse prevention advocacy group.

2. The task force shall select a chairperson and a vice-chairperson, one of whom shall be a member of the senate and one a member of the house of representatives. A majority of the members shall constitute a quorum. The task force shall meet at least once during each legislative session and at all other times as the chairperson may designate.

3. The task force shall:

(1) Conduct hearings on current and estimated future drug and substance use and abuse within the state;

(2) Explore solutions to substance abuse issues; and

(3) Draft or modify legislation as necessary to effectuate the goals of finding and funding education and treatment solutions to curb drug and substance use and abuse.

4. The task force may make reasonable requests for staff assistance from the research and appropriations staffs of the senate and house of representatives and the joint committee on legislative research. In the performance of its duties, the task force may request assistance or information from all branches of government and state departments, agencies, boards, commissions, and offices.

5. The task force shall report annually to the general assembly and the governor. The report shall include recommendations for legislation pertaining to substance abuse prevention and treatment.

(L. 2019 S.B. 514)

Executive Summary

Illicit drug overdose deaths in the United States have doubled from 2015 to 2021. The total number of all drug overdose deaths in 2021 was 106,699.[i] By comparison, 58,220 American soldiers were killed in the Vietnam War.[ii] Opioids caused the largest number of deaths with 80,411 fatal overdoses in 2021. Cocaine, stimulants (including methamphetamine), psychostimulants, benzodiazepine, and antidepressants contributed to over 55,000 overdose deaths in 2021. In addition to drug overdoses, alcohol and tobacco use has greatly contributed to deaths in the United States. Between 2015 and 2019, more than 140,000 people per year died from excessive alcohol use.[iii] Between 1965 and 2014, there have been more than 425,000 tobacco related deaths per year. These deaths were due to cancer and other diseases as well as secondhand smoke inhalation and residential fires.[iv]

In Missouri, the most used substances are alcohol, tobacco, and marijuana. Frequency of tobacco use in Missouri is higher than the national average with 27.93% of Missourians having used tobacco within the last month compared to 19.55% nationally.[v] In 2021, about 18% of Missourians had a substance use disorder (SUD).[vi] In 2022, more than 2,000 Missourians died from a drug overdose. Most of these deaths were due to non-heroin opioid overdoses. In addition to drug-related deaths, more than 910 Missourians died due to alcohol use and almost 10,000 Missourians died from smoking-attributable causes in 2022 (**Figure 1, Table 1**).[vii][1]

Deaths in Missouri from substance use range from approximately 10,000 smoking-related; to more than 1500 opioid-involved; over 700 methamphetamine-involved; and 910 alcohol induced in 2022. (Table 1 page 10). It should be noted that the deaths related to alcohol is contradicted in the testimony. The Department Mental Health testified that 6% of overall deaths are related to the use of alcohol, which would result in a number for Missouri greater than 910. That being the case, alcohol would join tobacco in resulting in more deaths in Missouri than opioids or methamphetamine.

By accumulating the information provided by Missouri departments, the amount spent in Missouri in FY 2023 on SUD is estimated at approximately $244 million, with the appropriation for FY 24 to be approximately $350 million (Figure 9). This compares to the state budgets of $47.1 billion, and $51.8 billion for the fiscal years, or percentage of expenditure of 0.52% and 0.68%, if all the FY 24 appropriation is spent. (All figures include both federal and state funds) The first and obvious question is whether approximately 0.5% to 0.7% of the state budget spent on substance use is an adequate expenditure.

[1] For additional information relating to substance use frequency, please see the summary of testimony for the Department of Health and Senior Services from the July 2023 hearing, beginning on page 27.

Table 2 summarizes information provided by the departments and compares the amounts spent & appropriated on the various addictive substances. Not all substances are explicitly budgeted separately. For example, all the expenditures specifically identifying opioids is in the range of $68 million. Funds explicitly spent on tobacco in FY 23 was $725,000, and there was no specifically identified funding for alcohol misuse. To be fair, many more millions are not specifically identified and could include alcohol and tobacco, but the testimony indicated the bulk of that money is spent on opioids and stimulants. Table 2 provides that approximately $30 million is spent for a combination of opioids and alcohol.

The next question might be how much is spent on prevention versus treatment. Table 4 attempts to address that question by identifying FY24 Appropriations and FY23 Spending for Treatment only, Prevention Only, Recovery Only and combinations of these three. The bulk of moneys went to Treatment Only programs with FY23 Spending exceeding $153 million and FY24 appropriation exceeding 224 million.

What is Missouri doing with the money provided? A lot. Table 6 breaks down the spending between the state departments, with the Department of Mental Health (DMH) receiving over 70% of the funding. DMH is the state authority for coordinating a statewide response to substance use disorders. The Department of Health and Senior Services (DHSS) received approximately 13% and the Department of Corrections (DOC) about 8% in FY 23. Figure 3 charts the number of programs per department, with DMH at 31 of a total of 61. It may or may not be surprising that the largest source of funding for substance use disorders is ultimately MOHealthNet (Medicaid) as a result of the percentage of participants that are Medicaid eligible.

Of course, ultimately, a most significant question is the effectiveness of these programs. With a few exceptions, the testimony did not provide clear answers to that question, which should be a major issue in future task force hearings. Some testimony was offered with regard to the number of persons served and percentage expenditure of appropriations allotted, which provides some basis for recommendation. There was testimony that participation in federal programs requires data collection, and a strong preference for evidence-based practices. Again, more detail on program effectiveness is needed in the future.

As required by statute, this report will offer recommendations, like the need for statistics on program effectiveness. Without these details we cannot make budgetary recommendations about some programs. In other cases, the Missouri treatment court statistics demonstrate high rates of effectiveness. This was attributed to the value of a broad-based treatment methodology which involves medication and community supports. Programs such as Recovery Services providers were identified. Similarly, the need for reduced time for service was recognized. The value of a recovery “coach”, who can help a person identify and stay in treatment, was repeated. Programs such as those

offered by Engaging Patients in the Care Coordination (EP ICC), the Federally Qualified Health Centers (FQHC) comprehensive model, and services offered by the state public defender's office are examples. The need for qualified personnel to provide the services, known as Certified Peer Specialist and Community Behavioral Health Liaisons, working with both youth and adult populations, was identified as extremely valuable.

The connection between mental health and substance use is apparent. The fact that many persons suffering from substance use disorders utilize many addictive substances makes simple categorization impossible. The impact of substance use on maternal and infant health, on young people served for example by the DSS Divisions of Children and Youth Services, the need for early intervention in primary settings and schools, the essential coordination with community organizations such as Certified Community Behavioral Health Organizations (CCBHO), and the ten DMH Prevention Resource Centers around the state, were all repeated themes.

There are positive indications. The emphasis on evidence-based practices in many cases appear to be achieving results and create the ability for better metrics and analysis. The reports of coordination and cooperation between the departments of the state of Missouri, spearheaded by the Department of Mental Health were virtually universal. Yet, the concept of a substance use prevention and treatment coordinator between the departments, perhaps located in the Department of Mental Health or the Governor's office, was acknowledged as worthy of consideration.

Table 9 lists recommendations including subjects for further investigation, in addition to those subjects previously mentioned. Among those are analysis of the societal cost for the state of Missouri from substance use/misuse; the impact of recreational marijuana based on experiences of other states; and to date controversial subjects in the state of Missouri such as needle exchange programs. The issue of whether the state would well be served by a substance use "Czar" to coordinate programs of various departments is to be further discussed, even in view of the often-reported cooperation between the departments tasked with the major efforts to address substance abuse. The Table follows the report details and summaries of witness testimony, in the hope the reader will review at least those portions of the report. Certainly, the department summaries and supplemental information in the appendices are recommended.

Report Details

Deaths by Substance

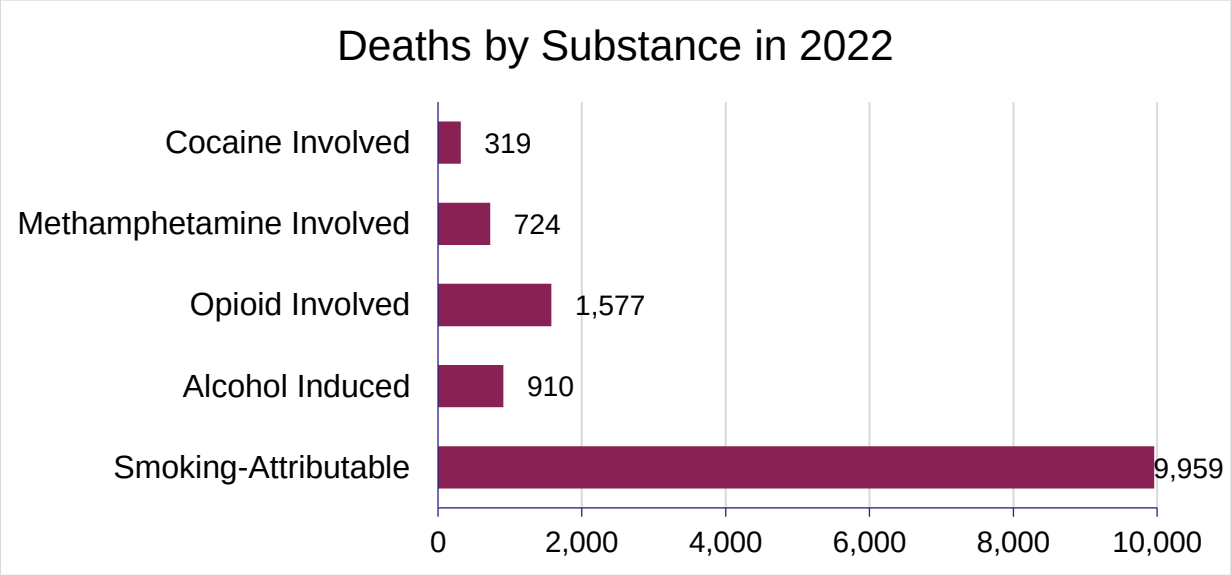


Figure 1. Number of deaths in Missouri per addictive substance. Data provided by DHSS for 2022.

Table 1. Number of deaths in Missouri per addictive substance. Data provided by DHSS for 2022. (See Figure 1).

Cause***	Deaths (2022)
Smoking-Attributable*	9,959
Alcohol Induced**	910
Opioid Involved	1,577
Methamphetamine Involved	724
Cocaine Involved	319

*Derived from a formula that assigns a certain percentage of various causes of death to tobacco smoking. Smoking also attributes to heart disease, cancer, and chronic lower respiratory disease, all of which are the three highest leading causes of death in Missouri. Secondhand smoke is also a significant cause.

** A broad definition that includes: alcohol induced pseudo-Cushing's syndrome; mental and behavioral disorders due to use of alcohol; degeneration of nervous system due to alcohol; alcoholic polyneuropathy; alcoholic myopathy; alcoholic cardiomyopathy; alcoholic gastritis; alcoholic liver disease; alcohol induced pancreatitis (chronic and acute); fetal induced alcohol syndrome (dysmorphic); excess alcohol blood levels; accidental poisoning by and exposure to alcohol (intentional, accidental, or undetermined intent); fetal alcohol syndrome.

***Drug types are not mutually exclusive, meaning a death record may have more than one drug listed, and would therefore be counted in both categories

Funding

To assess these deaths and related substance use disorders (SUDs), the state of Missouri has appropriated funds to programs aimed at treatment, recovery, and prevention, as well as to support the associated administrative costs to run these programs. Per substance, Missouri spends the most on programs addressing all substances ($115,630,624.16) and programs where substances were unspecified ($109,384,816) (**Table 2, Figure 2**). The highest number of programs are dedicated to these two groups, and they constitute the highest and second highest increases in budget from FY23 to FY24. By contrast, no money has been appropriated to programs that deal specifically with either alcohol or stimulants only. Despite smoking attributable deaths constituting the majority of SUD related deaths in Missouri, there are only three tobacco related programs*, and they are only appropriated $833,145. A new FY24 program focused on cannabis SUDs includes a $955,000 budget, however, this program is not solely focused on smoking. The third highest budget increase ($11,552,022.78) is explicitly for programs excluding those that work with alcohol-related SUDs.

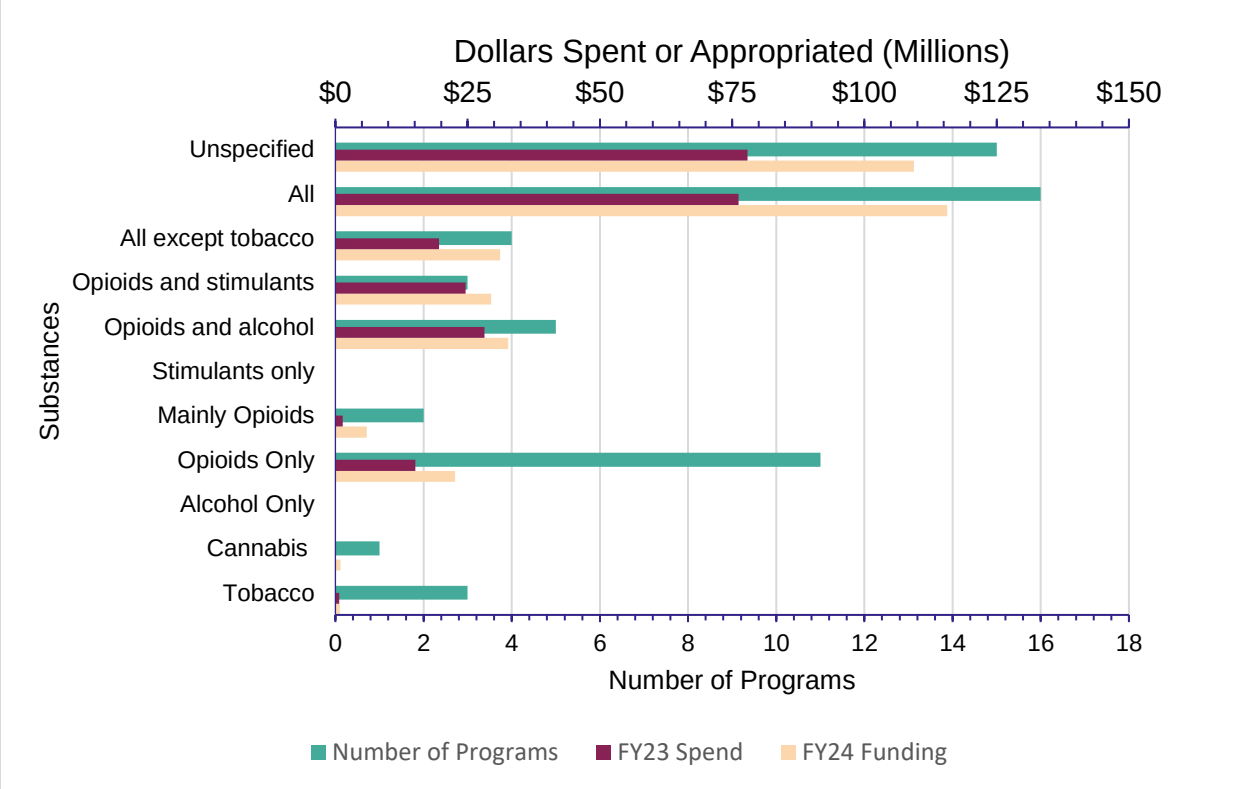


Figure 2. State funding dedicated to each addictive substance based on the number of programs dedicated to specific substances.

Table 2. State funding dedicated to programs working with SUDs related to each addictive substance. (See Figure 2)

Substance	Number of Programs	Amount Appropriated for FY24	Amount Spent for FY23	Additional Amount Appropriated in FY24
Tobacco	3	$833,145.00	$725,705.00	$107,440.00
Cannabis	1	$955,000.00	$0	$955,000.00
Alcohol Only	0	$0	$0	$0
Opioids Only	11	$22,602,198.66	$15,125,425.69	$7,467,772.97
Mainly Opioids	2	$5,899,877.00	$1,357,881.00	$4,541,996.00
Stimulants Only	0	$0	$0	$0
Opioids and Alcohol	5	$32,664,144.00	$28,159,694.00	$4,504,450.00
Opioids and Stimulants	3	$29,433,021.00	$24,604,520.37	$4,828,500.63
All Except Tobacco	4	$31,159,194.00	$19,607,171.22	$11,552,022.78
All	16	$115,630,624.16	$76,181,297.68	$39,449,326.00
Unspecified	15	$109,384,816.00	$77,918,685.00	$31,466,131.00

The Missouri Department of Mental Health (DMH) is the state authority for coordinating a statewide response to substance use disorders. In addition to DMH, the Department of Health and Senior Services (DHSS), Department of Corrections (DOC), Department of Social Services (DSS), Department of Elementary and Secondary Education (DESE), Office of State Courts Administrator (OSCA), and Office of Administration (OA) all have programs supporting the prevention and treatment of substance use disorders in Missouri.

The Task Force held hearings during the 2023 interim session. The Missouri state departments provided the bulk of the testimony. (The cooperation of the departments throughout this process has been invaluable and exceptional.) As a first report as required by statute, the goals are seemingly modest: to identify the amount spent by Missouri departments on substance use/misuse, the major programs; the number of persons suffering from the various addictions; the number of persons receiving care as a result of the expenditures; the source of the funding, whether state or federal; the amount spent on prevention versus treatment; all to establish basic findings and recommendations. Even those modest goals have not been fully met. This report will include recommendations for further Task Force areas of investigation.

Programs

The majority of programs related to SUDs are housed in the DMH (**Figure 3**), and where the data were provided, the majority of programs are between 1-10 years old (**Figure 4**). The oldest programs are housed within DMH and DOC, and DHSS is mainly comprised of younger programs (**Figure 5**). The ages of programs were not provided by the OA.

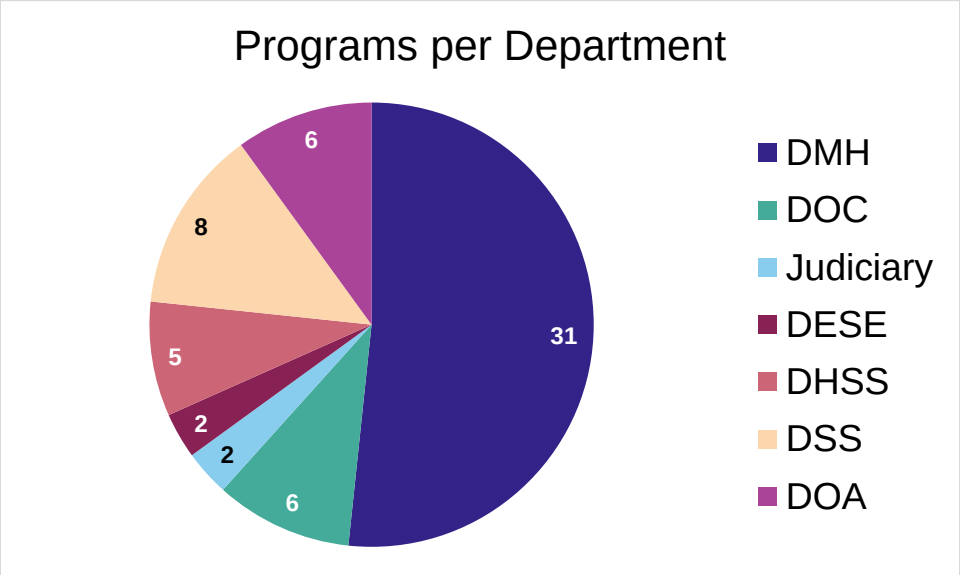


Figure 3. Total SUD programs in FY24 by department.

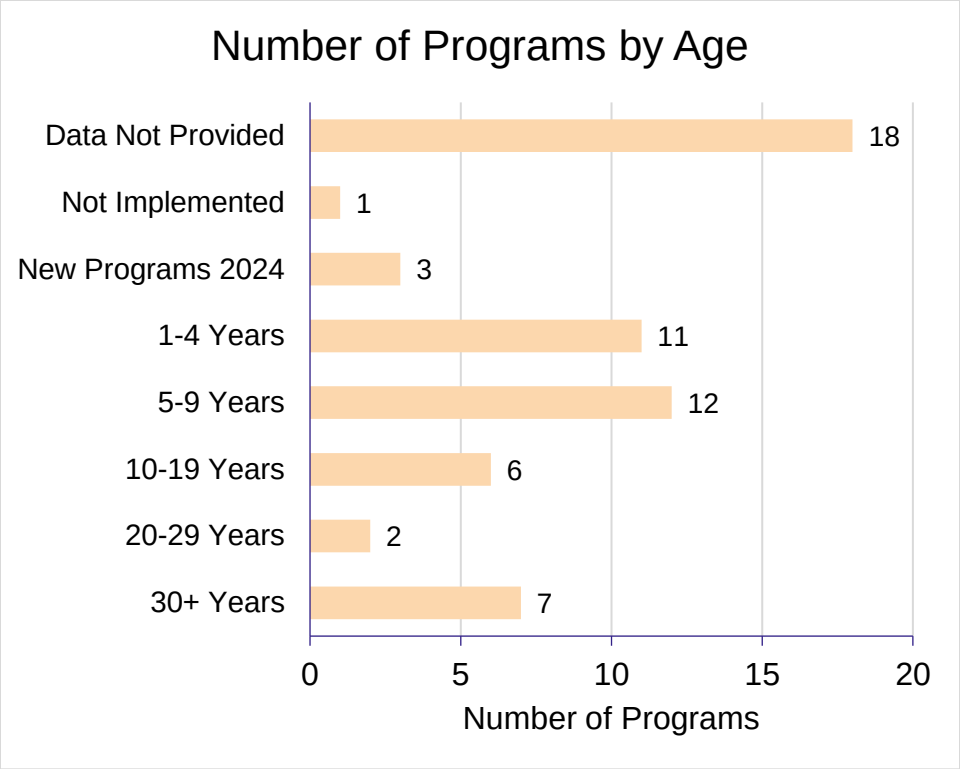


Figure 4. The number of programs addressing SUDs by age of the program.

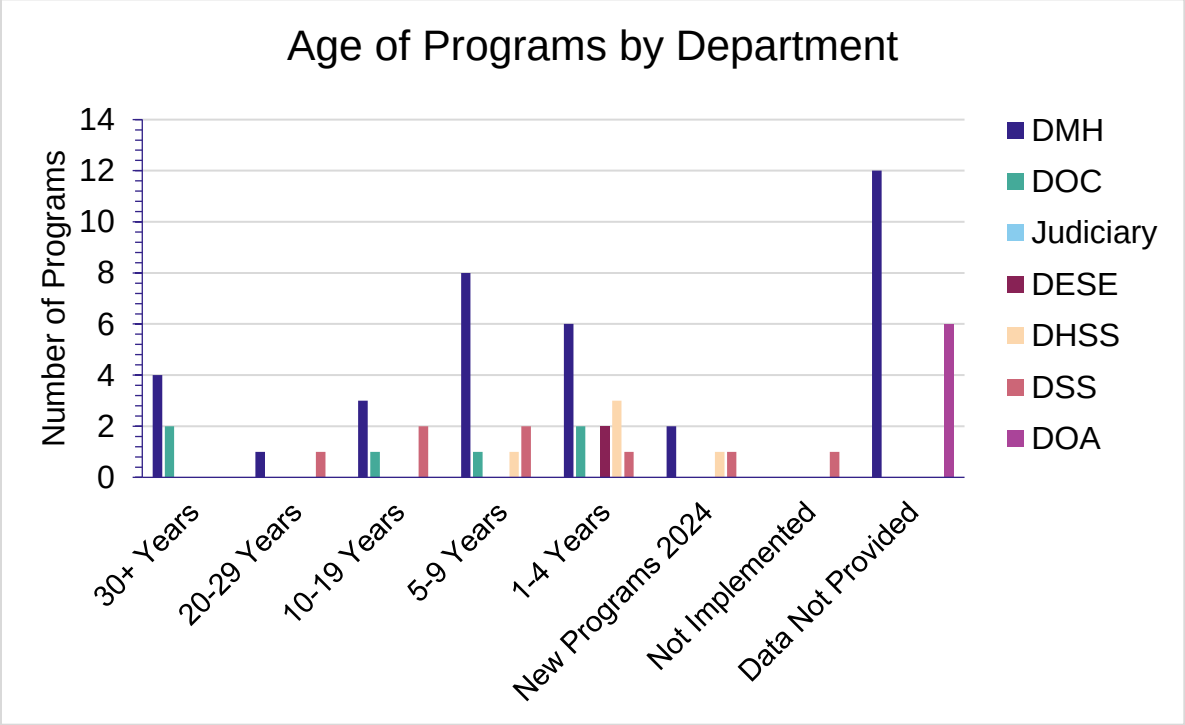


Figure 5. The number of programs addressing SUDs in each department by age of the program.

Newly initiated programs in FY24 and FY23 are separately listed in **Table 3**; examples include medication assisted treatment expansion in the DOC and marijuana substance use prevention in the DESE.

Table 3. Information on new SUD programs for FY2024 and FY2023

Program Name	Year Start	Department	Target Substance	Program Focus	FY24 Appropriation
Recovery Lighthouse	2024 (one time fund)	DBH	Unknown	Recovery	$1,138,212
Adult Use – SUD Grants	2024	DHSS	Not specified	Community grant opportunity	$1,278,973
Substance Abuse Prevention Network	2024	DSS	Mainly opioids, excluding tobacco	Prevention	$4,500,000
Reducing Recidivism	2023	DOC	All substances except tobacco	Prevention and Treatment	$4,680,250
Medication Assisted Treatment Expansion	2023	DOC	Opioids and Alcohol	Treatment	$4,000,000
Substance Use Prevention	2023	DESE	Cannabis	Prevention	$955,000

Prevention vs. Treatment

As mentioned above, programs may have specific focuses with respect to substances targeted. They also have specific focuses on the type of services offered, including whether these focus on prevention, treatment, and/or recovery, or are used for administration costs. In FY24, the greatest amount was appropriated to programs that only focused on treatment (**Table 4, Figure 6**). The largest number of programs focused on prevention only, and constituted the second highest spend for FY24, however this was still $51.7 million less than treatment programs. Two programs focused on treatment and recovery receive the third highest budget, and the six programs focused on treatment and prevention received the fourth highest amount of money in FY24 (**Table 4**).

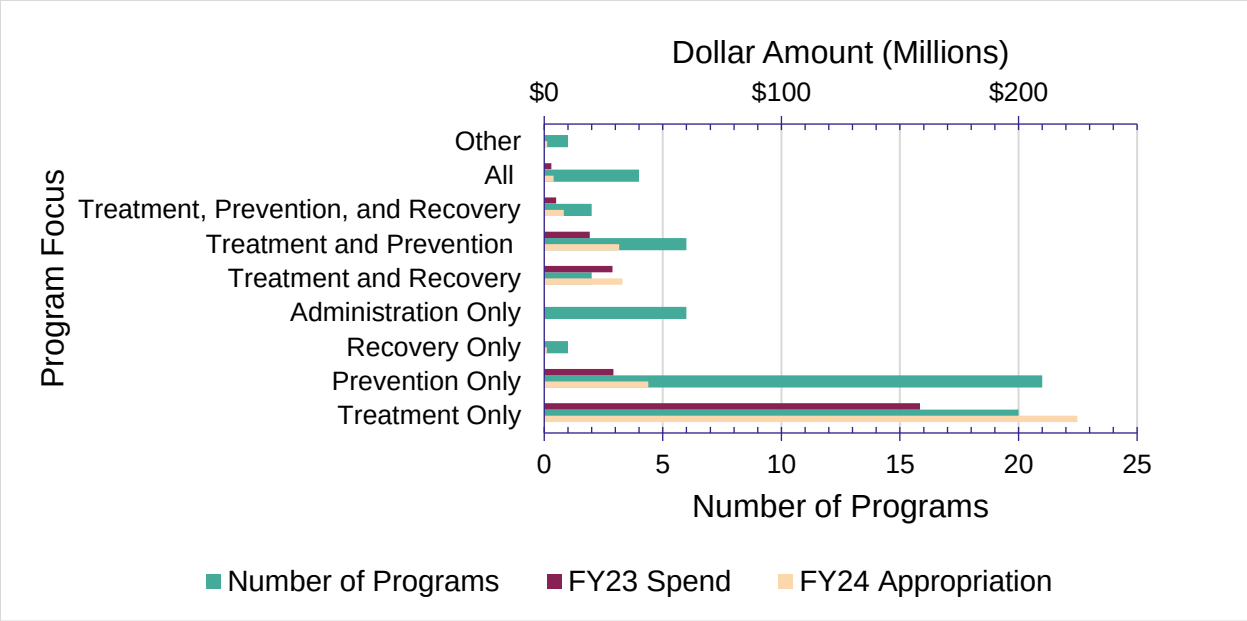


Figure 6. Amount spent on program priorities (prevention, treatment, etc.).

Table 4. Amount spent on program priorities (prevention, treatment, etc.)

Program Priority	Number of Programs	FY24 Appropriation	FY23 Spending	Additional Amount Appropriated in FY24
Treatment Only	20	$224,901,660.66	$158,477,770.66	$66,423,890
Prevention Only	21	$43,919,663	$29,213,276.40	$14,706,386.60
Recovery Only	1**	$1,138,212	$0	$1,138,212
Administration Only	6	$246,969	$127,676	$119,293
Treatment and Recovery	2	$32,962,826.16	$28,716,409	$4,246,417.16
Treatment and Prevention	6	$31,605,831	$19,196,028.90	$12,409,802.10
Treatment, Prevention, Recovery	2	$8,299,877	$4,997,359	$3,302,518
All (Treatment, Prevention, Recovery, Administration)	4	$3,905,319	$2,951,860	$953,459
Other*	1**	$1,278,973	$0	$1,278,973

* Community grant program
** New program in FY2024

The types of programs vary across departments. The DMH houses the greatest number of total programs, and the majority of most program focus types (prevention, treatment, recovery etc.) (**Figure 7**). DMH includes most programs focused on treatment only, with the second most housed within the DSS. The DMH also houses the majority of programs focused on prevention only, with DHSS housing most of the remaining prevention programs. The DOC houses all programs pertaining to treatment and prevention, which receives the fourth highest budgetary appropriation in FY24 (**Table 4, Figure 8**). The DOA houses all programs explicitly handling administration.

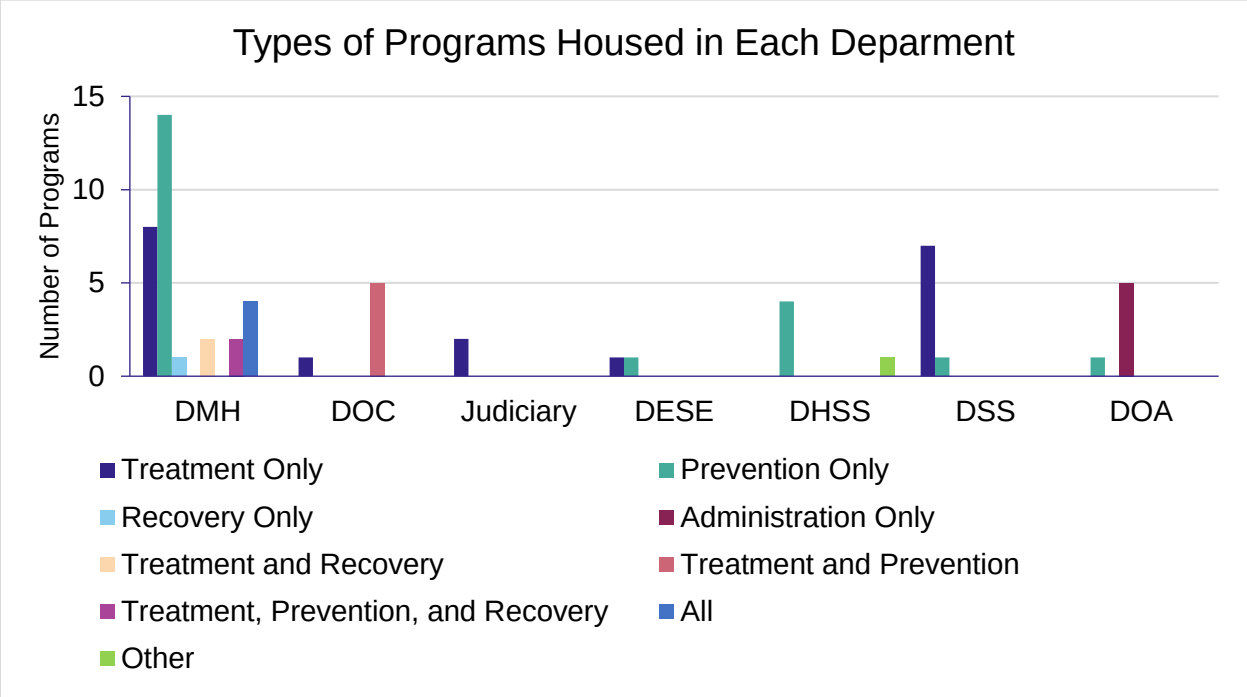


Figure 7. The focus of SUD programs housed in each department. “Other” includes a community grant program administered by DHSS.

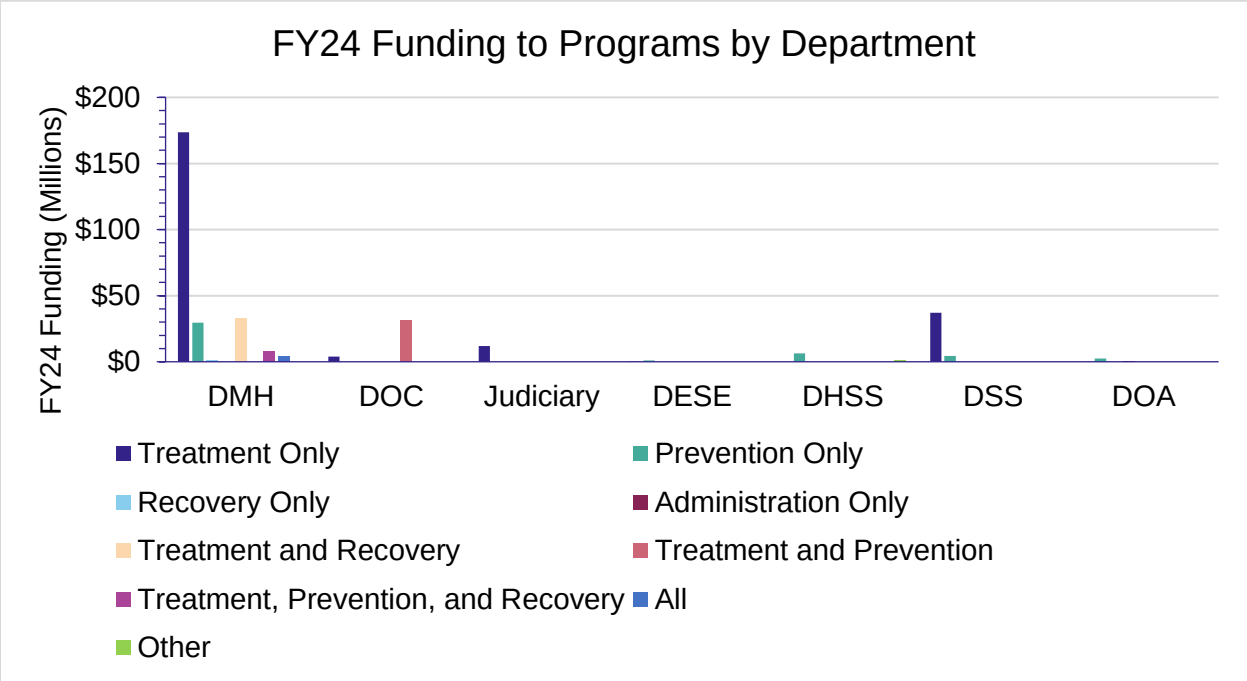


Figure 8. FY24 appropriation for SUD programs by program service focus and department.

Budget Overview

Fiscal year 2024 (FY24) appropriations for substance use disorders were calculated to be $350,259,330.82, an increase from FY23 spending of $243,837,833.90 (**Figure 9**). This number is approximate. Some programs are appropriated billions of dollars, only a portion of which is spent on substance use disorders. Because the amount spent is discretionary, the FY24 appropriations in this report represents the FY23 dollar amount spent for these programs, plus an additional $3,000,000 to approximate undetermined budget increases, increased costs, and anticipated additional spending on substance use disorders in FY24. A breakdown of this approximation is available in **Table 5**.

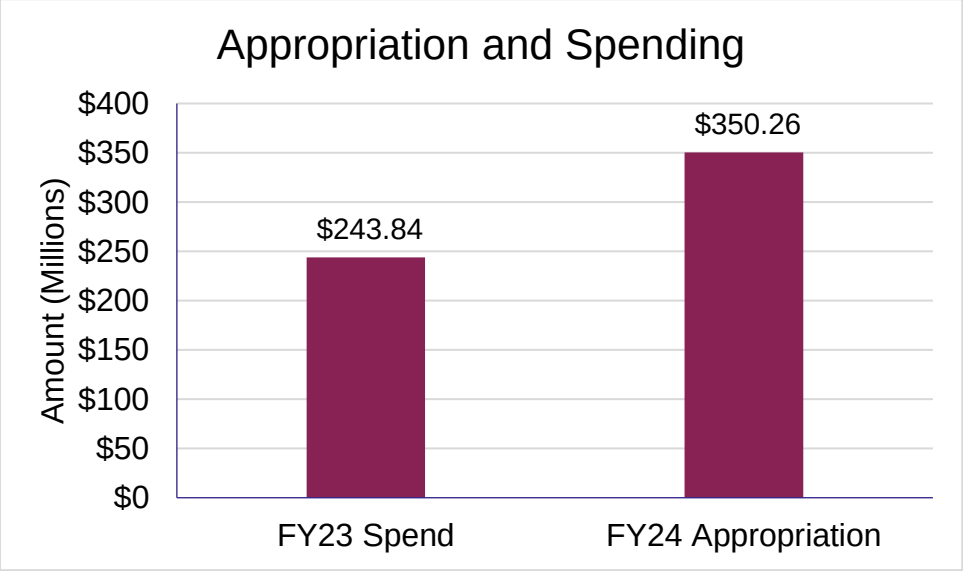


Figure 9. Differences in appropriation and spending between fiscal years 23 (FY23) and FY24 in millions of dollars.

Table 5. The Department of Social Services (DSS) includes the MOHealthNet Medicaid program. Funding for programs in other departments are generally contained in those department budgets, and Medicaid spending then accessed for Medicaid eligible participants. DSS has provided some direct funding for SUD, the bulk within their pharmacy medication assisted treatment. Table 5 describes the FY 23 funding for SUD maintained within the DSS budget.

Program	FY23 Spend
Medicaid Assisted Treatment – Drugs	$13,079,852
Medicaid Assisted Treatment – Drugs (AEG Population)	$11,874,908
Naloxone	$3,384,061.66
Assessment/Testing/Screening/ Referral for SUD Treatment	$1,088,196
Treatment for Therapy (Family/Group/Individual)	$1,754,283

Of the FY23 spending on substance use disorders, 73% was spent by the Department of Mental Health (**Figure 10**), which administers major programs funded by Medicaid, and the majority of programs focused on SUDs generally (**Figure 3**). DMH accounted for more than $179 million of the dollars spent on SUDs in FY23. By contrast, DESE spent only $9,999 in FY23 on SUDs, less than a hundredth of a percent of the total spending on SUDs.

All budgets for programs dealing with SUDs increased in FY24 appropriations (**Table 6, Figure 12**). This caused a change in the proportions of SUD funding for each department (**Figure 11**). For example, the addition of a program and its appropriation administered by DESE caused its share of SUD funding to increase from 0.004% to 0.3%. While some departments such as DMH saw decreases in the percentage of total SUD funding to support their programming, they are still the recipients of increased funding overall (**Table 6**, **Figure 12**). The decrease in percentage of SUD funding for some departments is the result of additional programs in other departments introduced and funded in FY24 (**Table 3**) rather than any decrease in the actual amount of funding.

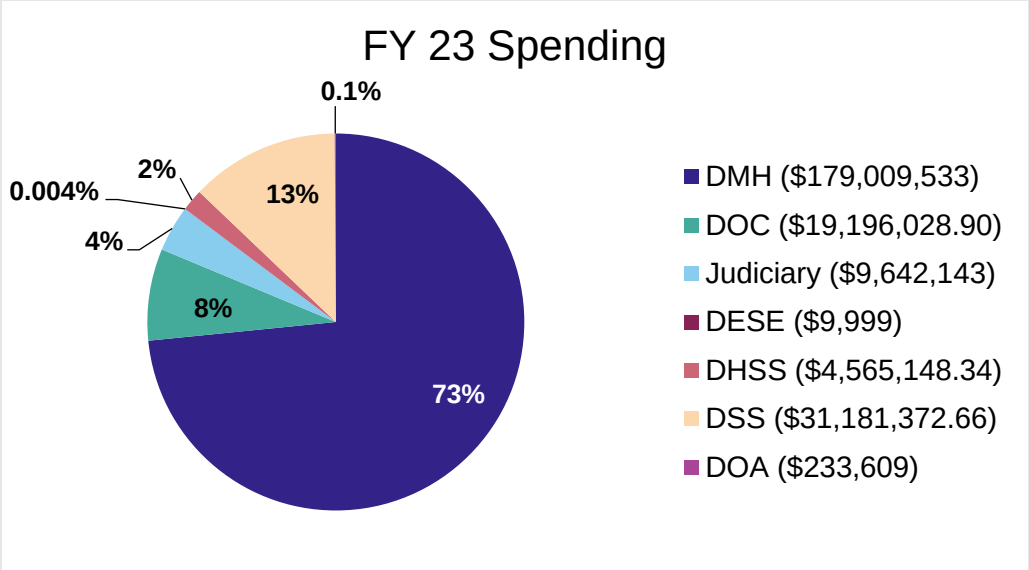


Figure 10. The percentage of FY23 spending on substance use disorders across departments. The amount spent is listed in the figure legend.

Table 6. FY23 spending and FY24 appropriation by department

Department	FY23 Spend	Percentage of FY23 Spend on SUDs	FY24 Appropriation	Percentage of FY24 Appropriations on SUDs
DMH	$179,009,533	73%	$249,613,637.16	71%
DOC	$19,196,028.90	8%	$35,605,831	10%
Judiciary	$9,642,143	4%	$11,953,607	4%
DESE	$9,999	0.004%	$1,210,600	0.3%
DHSS	$4,565,148.34	2%	$7,557,418	2%
DSS	$31,181,372.66	13%	$41,485,714.66	12%
DOA	$233,609	0.1%	$2,832,523	1%

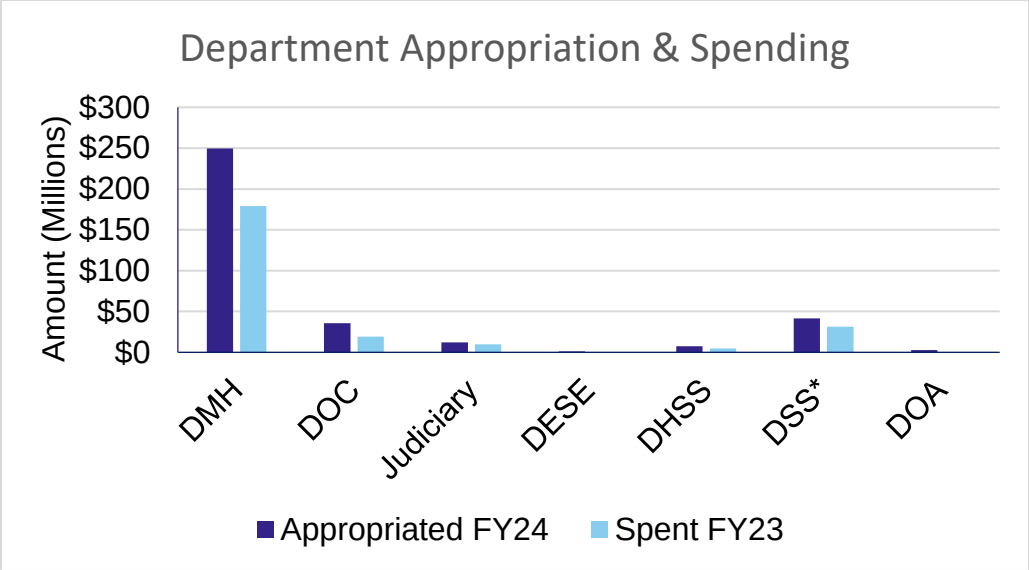


Figure 11. Appropriation and spending differences across the different Missouri state departments containing programs related to substance use disorders.

An additional $106 million was appropriated for programs related to SUDs in FY24 (**Figure 13**). Of this additional funding, the majority (66%) was allocated to DMH (**Table 7, Figure 14**). This was the result of budget increases for existing programs and a single, one-time payment to a new program (**Table 3, Table 7**). The DOC similarly saw increased funding but is introducing two additional programs in FY24. DSS was the third largest dollar increase, and similarly has a single new program (**Table 7**).

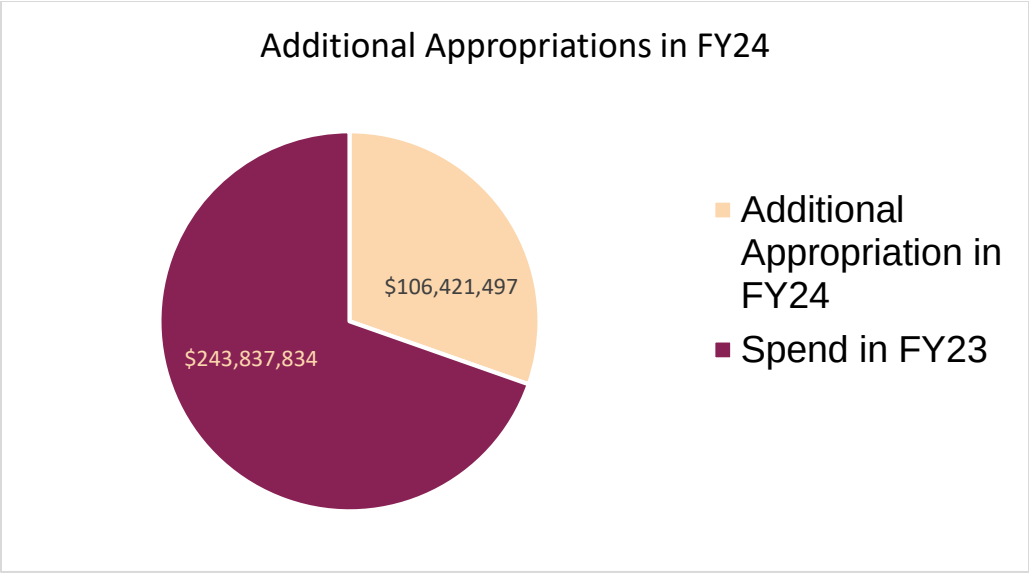


Figure 12. Additional moneys appropriated in FY24

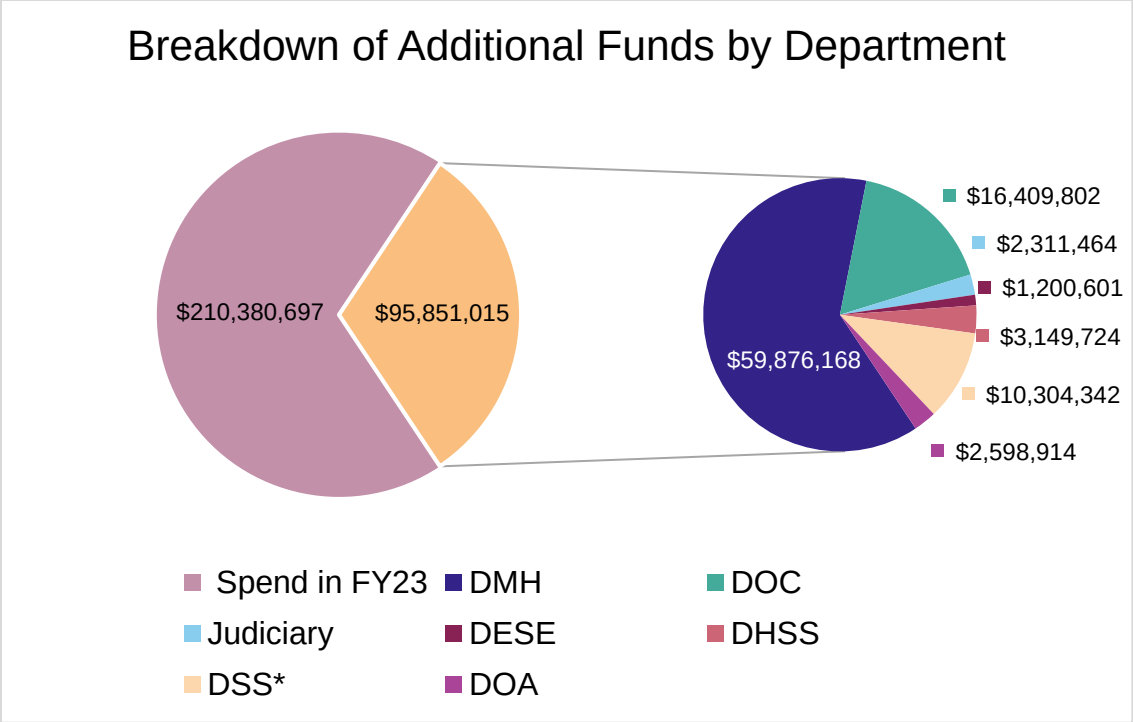


Figure 13. Breakdown of the additional moneys appropriated in FY24 by the additional money received by each department.

Table 7. Additional money appropriated to each department in FY24 and the percentage of the additional appropriation allocated to each department. *One-time payment, not an ongoing program

Department	FY24 Additional Funds	Percentage of Total FY24 Additional Funds for SUD Programs	Number of New Programs in FY24
DMH	$70,604,104.16	66%	1*
DOC	$16,409,802.10	15%	0
Judiciary	$2,311,464	2%	0
DESE	$1,200,601	1%	0
DHSS	$2,992,269.66	3%	1
DSS*	$10,304,342	10%	1
DOA	$2,598,914	2%	0

Finally, the total number of SUD programs in each department is compared to the FY24 appropriations to that department for SUD programming (**Figure 15**). As demonstrated with previous figures, the DMH contains the most programs and receives the highest budgeted amount for SUD programming. The DSS and DOC follow in both program number and funding amounts, and the DHSS and DOA administer several programs with relatively little funding in comparison.

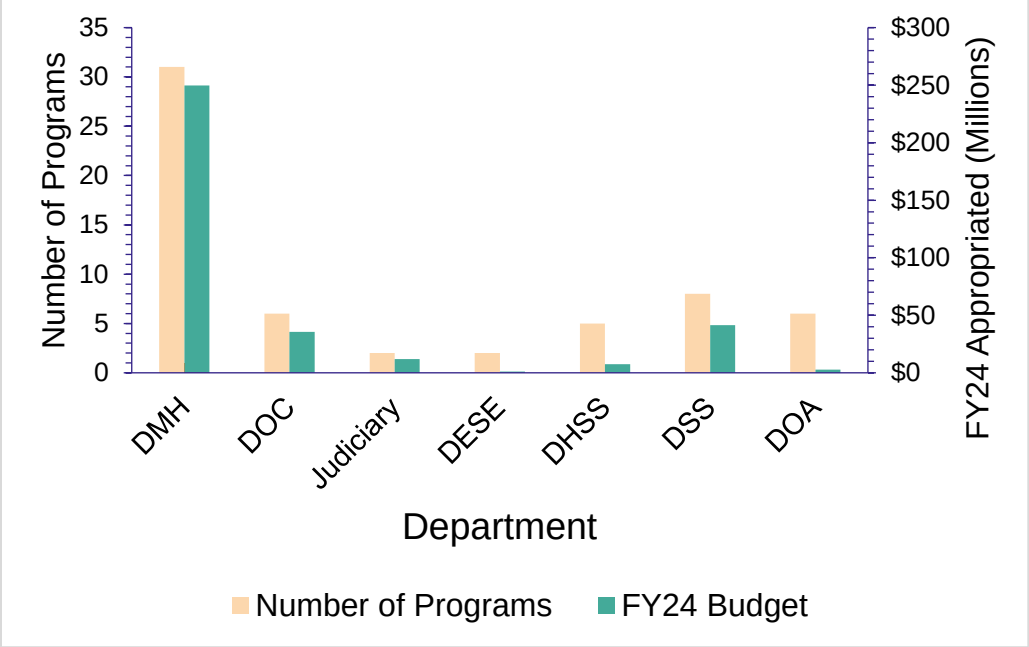


Figure 14. The number of SUD programs in each department compared to the FY24 total appropriated to that department for SUD programs.

Summary of Testimony

I. June 22, 2023 Hearing

Department of Social Services

At the June 22, 2023, hearing in Jefferson City, testimony was offered by the Department of Social Services and the Office of Administration.

The Pharmacy Director of the MO HealthNet Division within the Department testified that the shift from prior-authorization implementation towards a risk-based model has been demonstrated to be successful. Previously, DSS used to only allow treatment to occur for a certain duration; when compared to examples of the provision of insulin to manage diabetes, the model was not sensible. Rather, the allowance of providers and patients to determine the duration of their treatment, even if it is for the patient's lifetime, is paramount. The stated goal during the hearing was to increase the number of patients treated for opioid use disorder (hereinafter "OUD").

Member Dr. Winograd commented that as overdose crises continue to worsen, there has been an overcorrection in pulling back on prescription opioids, and advised caution to the Department as there is danger in cutting off patients still in need of certain prescriptions. The Director reported increases in patient participants receiving Narcan, an increase of about 19,000. Chairman Black highlighted a discrepancy between the amounts appropriated versus spent; questioned the possibility of double-reporting; and inquired whether current appropriations would be sufficient for spending on new treatment programs, as well as available funding. The CFO of MO HealthNet testified that discrepancies do not necessarily mean a lapse in funding, and that these moneys go to total Medicaid expenditures; that federal reporting requirements separate the expenditures for addiction treatments and naloxone, and therefore actual expenditure amounts for each item are reported differently; and that DSS policy is open-access, that misinformation can result from the confusion on what is and is not permitted at the provider level, and that the intention is not for the Department to be an additional barrier to receiving treatment.

Beyond opioids, the Director testified that the Department offers informational materials to providers and referred to treatment products that are available without prior authorizations; and that there is not currently a proven methodology for appropriately treating methamphetamine use.

The Director of Behavioral Health Services within the Department's MO HealthNet Division testified that specialized services for substance use largely fall under programs in the Department of Mental Health (DMH) and the Comprehensive Substance Treatment and Rehabilitation (CSTAR) program. He stated that providers offering care through MO HealthNet are for general mental and behavioral health disorders. Mental health services for substance use generally go through the CSTAR program, and are reported through DMH. Medicaid eligible persons in the CSTAR

program are funded by MO HealthNet. The MO HealthNet program offers complementary or alternative therapies for chronic pains, and that is intended to prevent opioid dependence; coverage for these services, moreover, is another approach to reduce unnecessary reliance on opioids.

Member Dr. Winograd commented that clinical programs are tools to help with treatment, which can include continuing to prescribe certain medications.

Office of Administration

The Executive Director for the state Prescription Drug Monitoring Program (hereinafter PDMP) testified that the Office is currently around a third of the way done with its implementation stage, and is working closely with a third-party service contractor. He stated that the program's goal is to provide more information for providers in considering which care may be most appropriate, and which will result in the best practice of care for their patients. The Office was in the process of conducting a "communication campaign" with providers and dispensers; there was a deadline of August 1 for all counties to agree and submit information, and the Executive Director estimated that the rollout for the program would be between 4-6 weeks if all counties had agreed and submitted materials – up to 120 weeks if not.

Closing Remarks

Chairman Black closed the hearing by offering the following remarks:

- MO HealthNet has significant funding that may not be utilized to the extent possible – why? What can the Task Force do to support increased treatment and access to treatment?
- It is counterproductive to implement prescription coverage cutoffs;
- Effective treatment for alcohol abuse disorder is not well utilized among the MO HealthNet population;
- Metrics and benchmarks to measure success are complex – however, it is important to move forward benchmarking results and to do comparative reports with other jurisdictions;
- While requiring counseling may not save lives, treatment courts show that medication alone does not necessarily resolve a person's addiction, and that it is important to try to motivate patient participants to consider alternative treatment methods;
- There need to be different measures of success for different quadrants of patients; and
- There is still a large population that is not seeking treatment – this is the portion of the population that is at the highest risk and is seeing the highest death rates.

II. July 26, 2023 Hearing

Department of Health and Senior Services

At the July 26, 2023, hearing in Jefferson City, testimony was offered by the Department of Health and Senior Services and the Office of State Courts Administrator.

Perinatal Quality Collaborative

The Chief of the Office of Women's Health and the Assistant Deputy Director of the Division of Community and Public Health testified to the Perinatal Quality Collaborative and their efforts on identifying causes of and preventing pregnancy-related deaths, of which SUDs are potential factors. The Perinatal Quality Collaborative has increased data transparency and access for both public and private stakeholders, with one of the involved committees assisting hospitals in implementation. About one-third of Missouri's birthing hospitals are working on implementing groups of evidence-based practice, giving strategies that will offer additional support for the state.

Tobacco Cessation

The Tobacco Control Program Manager testified to the state's smoking rate, and associated issues and health consequences. As the leading cause of preventable disease and death nationwide, smoking causes more deaths per year than HIV, illicit drug use, alcohol use, motor vehicle injuries, and firearm injuries combined. $3.5 billion is spent annually in treating tobacco usage and its health consequences. In Missouri 11,000 people die per year, and an additional 1,100 people die from complications associated with secondhand smoke exposure.

Missouri's rate for adults is 17.3%, or about one in six who smoke, placing Missouri tenth in the country for adult smokers; and for teenagers is 19.3%, or about one in five high school-age children who are vaping. More students are vaping than adults smoking, and the Program Manager testified that there has not been a noticeable reduction in use from the student population. The Department focused on a number of prevention and control efforts, as well as reducing secondhand smoke exposure, including:

1) Price and taxation increases;
2) Access to cessation services;
3) Smoke-free policies; and
4) Hard-hitting media campaigns.

Funding goals are primarily to prevent youth initiation into smoking; increasing access for individuals to smoke-free environments; offering programs to encourage cessation; and eliminating disparities that exist among marginalized groups, including

people living in poverty, people who are suffering from mental illnesses, and people with lower educational attainment levels.[2]

Adult-Use Cannabis

The Bureau Chief for Community Health and Wellness testified to changes for the state since the passage of adult-use recreational cannabis. Part of what was passed included language to develop community grants with very specific categories; and to increase access to treatment, housing, employment, and overdose prevention assistance. Internally, Department stakeholders examined possible impacts to public health: increased impaired driving, injuries among children, and lung and respiratory issues were among concerns raised. The Department does not have any dedicated funding or staff.

To the Bureau Chief, members of the Task Force inquired about methods to test impairment; implementation of "cannabis-free" zones observed in other states; expanding educational materials through forums or community partnerships; possible statutory or regulatory updates; and what impacts are being observed in other states with legal recreational cannabis.

Office of State Courts Administrator

The Deputy State Courts Administrator and the Director of Court Business Services offered testimony relating to treatment court programs. They centered their efforts as collaborative engagement with treatment services for drug and alcohol use, while also protecting due process rights for participants. While remarking that, at its core, the treatment court program is designed as a means of prison and/or jail diversion for those persons with high criminogenic risk as well as high need for treatment services, in addition to other impacts, treatment courts:

1) Are a proven cost-effective way to avoid incarceration;
2) Help to lower recidivism rates of offenders, as compared the rate of recidivism relative to incarceration or probation;
3) Allow offenders the opportunity to remain connected to their communities, including to work, support their families, and pay taxes;
4) Contribute to reduced instances of babies born either prenatally exposed, or already physically dependent on drugs or alcohol, which saves millions of dollars in lifetime costs;
5) Reduce crime, as well as family separation and the need for foster care; and
6) Help ensure that child support payments are made on time.

[2] For additional information and testimony on tobacco usage, please see the summary of testimony from the American Cancer Society on the October 2023 hearing, beginning on page 40.

Eligible offenders are selected through a process by which an assessment is conducted to ensure appropriate offenders are involved in programs. The key indicator to success for participants in the treatment court programs is ongoing judicial interaction and regular engagement.

Members of the Task Force inquired about funding sources, full-time employees, commissioners, and administrative staff; the decentralized nature of the treatment courts described in testimony as opposed to other state agencies; whether all counties throughout the state have access to treatment courts; if moneys from the Opioid Settlement Fund are being utilized; various performance metrics, including additional information on the relationship to recidivism; juvenile participation; sharing of best practices; and recommendations for possible statutory changes that could encourage early intervention.

There is currently no statutory authorization for Mental Health Courts to work as part of treatment courts.

III. August 22, 2023 Hearing

On August 22nd, the Director of the Department of Mental Health and the Director of the Division of Behavioral Health offered testimony on the Department of Mental Health's efforts addressing substance use.

The overarching goals of the Division of Behavioral Health center on treatment, prevention, and recovery, all in alignment with the Substance Abuse and Mental Health Services Administration (SAMHSA). Specifically, the Division's intent is to:

1) Prevent or delay substance use, misuse, and/or death;
2) Intervene when necessary to reduce negative impacts of substance use;
3) Develop illness management plans;
4) Coordinate with other systems, state agencies, and stakeholders to enhance impact; and
5) Obtain the highest possible level of functioning for participants in the least restrictive settings.

Specific functions from community programs and leveraged by the Division include:

1) Prevention programming;
2) Driver's license restoration;
3) Clinical treatment;
4) Crisis intervention;
5) Diversion programs;
6) Evidence-based practice implementation;

7) Recovery support; and
8) Improving access to communities and other stakeholders.

The Behavioral Health Division Director described alcohol as the most-used intoxicant in the world, and the repercussions of unhealthy use are of corresponding magnitude. 6% of overall deaths, as well as a six-fold increase in all-cause mortality, are related to the use of alcohol. Intoxication from alcohol is strongly tied to serious trauma; suicide; domestic abuse and sexual assault; crime; and deaths from alcohol poisoning, which can particularly impact young people. Moreover, alcohol addiction, which is estimated to impact over 14 million Americans, leads to the destruction of relationships, families, and social function, including unemployment, homelessness, or justice involvement.

Mortality among patients with alcohol use disorder increased during the beginning of the COVID-19 pandemic by over 20% in 2020 and 2021, and as with other conditions that result in medical, psychological, and/or social deterioration, patients who have alcohol use disorder present frequently to the emergency room for care. These visits are rapidly escalating, and the patients themselves are at higher risk for poorer health outcomes, especially those who frequently present for care, with nearly 10% of them expected to die within one year. The routine nature of these visits, the gradual pace of their decline, and their occurrence within the broader context of alcohol's social ubiquity and acceptance all help to conceal the reality: every harm that is caused by alcohol is preventable.

There is currently no FDA-approved medication to treat methamphetamine addiction, and instead, contingency management is an evidence-based practice utilized to promote positive changes in behavior. The State Opioid Response (SOR) grant allows the use of moneys for contingency management, but at a rate of about $75 per person, the scope of such support is limited. At the time of the hearing, the DBH Director testified that there were eight Missouri providers working in the field of methamphetamine addiction, but that there is a substantial need for further technical assistance.

Prevention Resource Centers

The realm of prevention work is primarily conducted through the ten Prevention Resource Centers (PRCs), which are allocated a set budget and utilize data to determine community-specific needs, as well as what the community is able to provide in order to meet those needs. Each PRC is able to provide all levels of service, but due to community need and staff expertise, as well as capacity, what is provided by each center may vary. Because this is data-based, implementation varies from year to year, and the Division of Behavioral Health accordingly requires each PRC to submit an

annual plan that describes the center's focus for the upcoming year. In addition to these, other prevention providers include:

1) Big Brothers and Big Sisters of Eastern Missouri;
2) Missouri Alliance of Boys and Girls Clubs;
3) Burrell Behavioral Health;
4) DeafLEAD;
5) Lincoln University;
6) Missouri Police Chiefs; and
7) Partners in Prevention.

Each of these programs is allocated a set budget to provide specific programming targeting high-risk populations identified in the community. All PRCs, the Missouri Alliance of Boys and Girls Clubs, Partners in Prevention, and DeafLEAD, are highly skilled in primary prevention, and have contacts within the community to help disseminate the work to wider targets. Some PRCs, Big Brothers Big Sisters of Eastern Missouri, and Burrell Behavioral Health work on secondary prevention.

Crisis Intervention and Diversion Programs

Crisis intervention is split up primarily into three different segments: someone to talk to, someone to respond, and somewhere to go.

The 988 suicide and crisis hotline, launched in July 2022, has features for calling, texting, and chatting; has six call centers, and one text/chat center; has received over 5,000 calls in July of 2023, with a 95% in-state answer rate; and offers follow-ups and other support services.

Behavioral Health Crisis centers serve as alternatives to emergency rooms or jails for individuals who are experiencing crises, and offer interventions by multidisciplinary teams, including peer support specialists. There are current 18 open across the state, with four additional centers planned for FY25.

Engaging Patients in Care Coordination (EPICC) is a 24/7 referral and linkage service for those residing in targeted regions, primarily for individuals post overdose, but who also may present to hospitals with issues relating to opioid, stimulant, and/or alcohol use disorders. The goal is to establish immediate connections to recovery support services, and substance use treatment.

Community Behavioral Health Liaisons help divert individuals from unnecessary stays in jails, prisons, emergency departments, and hospitals; support working towards improved outcomes for those with behavioral health needs; assist law enforcement, jails, and courts with linking individuals with behavioral health needs to treatment; and

provide law enforcement training, support, and referral to care to assist with stress and trauma, as well as promote officer wellbeing.

Treatment

The Division Director testified that most admissions involve more than one substance, and these substances may vary among age groups – the top three substances consistently encountered are alcohol, methamphetamine, and opioids.

The Substance Use Block Grant prioritize the following populations:

1) Pregnant women injecting drugs;
2) Pregnant women
3) Women with dependent children; and
4) People who inject drugs.

Further priority is given to individuals in crisis; MO HealthNet recipients; and referrals received from the Department of Corrections.

Approaches and interventions for treatment:

1) Are individualized;
2) Incorporate medication-assisted treatment, when clinically appropriate;
3) Use peer support specialists;
4) Involve motivational interviewing and other evidence-based treatments;
5) Feature integrated treatment for co-occurring disorders; and
6) Are trauma-sensitive, trauma-informed, and trauma-capable.

Comprehensive Substance Treatment and Rehabilitation (CSTAR) is the only comprehensive substance use disorder program that is covered by MO HealthNet, and provides counseling, medications, education, case management, and peer services, as well as a variety of subspecialty programs for adolescents, women and children, and individuals with OUD. CSTAR features an updated clinical treatment approach, and features an enhanced payment methodology to incentivize quality treatment and the use of evidence-based practices. CSTAR also requires that their providers must meet specific criteria related to clinical staffing.

Certified Community Behavioral Health Organizations (CCBHOs) are eligible providers for Medicaid reimbursement if CSTAR or component services are utilized, and feature a cost-based reimbursement method as well as performance incentives. These organizations have helped proliferate the usage of medication-assisted treatment (MAT).

The Substance Awareness Traffic Offender Program (SATOP) is a statewide system of comprehensive, accessible, community-based education and treatment programs designed for individuals who have pled guilty or were found guilty of an impaired driving offense with administrative action. SATOP is also required for offenses for individuals under the age of 21, charged as a Minor in Possession, an Abuse and Lose, or Zero Tolerance offense. Completion of a SATOP is a statutory condition of license reinstatement, and incorporates a comprehensive assessment to determine placement in any one of the four levels of educational- and/or treatment-based interventions.

Recovery Support Services include faith-based organizations and community-based organizations that focus on behavioral health, and most organizations are represented by the Missouri Coalition of Recovery Support Providers (MCRSP).[3] Recovery support includes, but is not necessarily limited to:

1) Services available before, during, and after treatment and in coordination with substance use disorder providers;
2) Care coordination;
3) Recovery coaching;
4) Spiritual counseling;
5) Group support;
6) Recovery housing; and
7) Transportation services.

DBH collaborates with MCRSP, which is a network of faith-based, peer, and community organizations that work to restore and rebuild lives and families seeking recovery from substance use disorders, both through immediate access and with long-term relationships.

Certified peer specialists are credentialed by the Missouri Credentialing Board, with a total at the time of the hearing of 1,517 actively credentialed specialists. Peer-driven organizations called Recovery Community Centers are responsible for the following:

1) 6,307 social activities offered;
2) 6,084 individuals reached through street outreach;
3) Provided 15,923 telephone support calls;
4) Distributed over 8,800 boxes of Narcan; and
5) Though underreported, saved at least 680 lives through Narcan intervention.

[3] For additional testimony from representatives of the Missouri Coalition of Recovery Support Providers, please see the summary of testimony from the October 2023 hearing, beginning on page 43.

MO HealthNet (Medicaid) covers mental health, which could include substance use, and that can be done through their behavioral health program. However, participants are then limited to the services of psychiatrists or licensed behavioral health professionals, not a broad array of services. Medicaid managed care flows through that program, but MOHealthNet also covers the CSTAR program as a payer for Medicaid recipients, including the adult expansion funds.

The Division Director drew a parallel to SUD and other chronic disorders such as high blood pressure, and compared usage of those medications intended to treat such chronic disorders, which may be for a lifetime, with the use of MAT for SUD. If an individual takes medication that helps encourage them to further their recovery, the Behavioral Health Division Director asserted that should be considered a net positive. Patients on MAT differ vastly from patients who are actively using; patients are being provided a stabilizing effect, which can have benefits such as improving their social relationships, access to housing, or employment, and cravings of the substance may be reduced through the administration of medication.

Effectiveness as it relates to recovery and the achievement of specific goals can be categorized within five domains that could signify efficacy by means of noted improvement in patients:

1) Decrease in symptoms;
2) Improved social connectedness;
3) Stable housing;
4) Employment; and
5) Cessation of illegal activity.

The Director and Member Dr. Winograd addressed fentanyl test strips by clarifying the process and usage of a test strip before the consumption of an illicit substance. These can be particularly beneficial for users of stimulants such as methamphetamine or cocaine, or for pills.

Challenges

Challenges were identified as stigma and misinformation around behavioral health and substance use; temporary funding resources coming to an end without replacement funding; workforce shortages across the board; and barriers to housing and employment.

IV. September 14, 2023 Hearing

Department of Social Services

The Department continued its testimony from June 22 regarding primarily non-Medicaid concerns, with testimony offered by the Director. Regarding MO HealthNet, the Director described the department's role as serving other state departments with funding for Medicaid-eligible recipients, in addition to the department's standalone pharmacy program. The Director stated that communication between the state agencies is stronger than it has ever been.

The Department of Social Services' other three program divisions – Children's, Family Support, and Youth Services – are confronted with the downstream impacts of untreated substance use. The Director described those impacts as traumatic, especially for children, and at tremendous cost to the state. Some children have died in Missouri from fentanyl poisoning and some have tested positive for meth. Success will be determined by capacity, capability, and the speed at which treatment can be provided. Recidivism is linked to whether there are available avenues for treatment.

Reducing time to care and bridging coordinated services are vital components in getting someone out of the cycle of substance use. Between 2019 and 2021, Missouri experienced a 45% increase in opioid related deaths, with 90% of those being fentanyl-related. Coordination between state departments, local and state law enforcement, emergency management training, and additional resources are required. The cyclical nature of substance use and the related trauma on children, workers and communities is, in the Director's description, shocking.

The Director provided the following recommendations:

1) Build treatment capacity across the state;
2) Work on tools to remove barriers to downstream treatment services;
3) Engage community, social and faith – based groups;
4) Reduce time to service; and
5) Bring certified substance use counselors back into the Youth Services Division.

When asked by Member Wright regarding the possibility of a "quarterback" or oversight position, the Director indicated that was a concept meriting further consideration.

Department of Corrections

In recent years, more resources have been directed to incarcerated people with SUD. About 40% of all entrants into DOC are referred to treatment, and 25% require psychotropic medication, many with co–occurring disorders. The traditional institutional–based treatment is being reassessed to incorporate community based-resources, particularly upon release. An external assessment has identified that a contract-based model is more effective, and has been implemented since November 2022. Certification

and licensure rates for staff have also improved. The data indicate that residential-based care is only effective when coupled with aftercare in the community. Recent funding increases have allowed for medication assisted treatment in all DOC facilities. The emphasis of the department is to rely on evidence-based practices, rather than traditional programs.

V. October 17, 2023 Hearing

During the October 17 Hearing in Jefferson City, testimony was offered by several organizations relating to the programs and services provided to clients.

University Health, Kansas City

The Medical Director for Addiction Services at University Hospital in Kansas City described the hospital as the largest Level 1 Trauma Center in western Missouri, with two hospitals (one downtown and one in Lee's Summit), and also connected to a large mental health system, as well as the University of Missouri–Kansas City (UMKC). Most funding comes from government sources, receiving money from Medicare, Medicaid, Jackson County, and the City of Kansas City.

University Health's addiction programs serve between 800-900 unique patients and 10-12,000 visits each year. Services includes intensive case management; telehealth mental health services; psychiatry residents offering care; group and individual counseling; and working alongside community providers. Federal grant funding has allowed for every UMKC medical student to receive training in SUD treatment through both online modules and real-world practical experience with patients experiencing SUD in their clinics, regardless if the student eventually goes into practice as a psychiatrist.

The federal State Opioid Response (SOR) funding has been helpful, according to the Medical Director, but is distributed through community behavioral health sources and other programs statewide. Certified Community Behavioral Health Organizations (CCBHOs) have set standards for organizations working in the state that want to be certified as such, and part of those standards include the requirement to provide evidence-based treatment for SUDs. The Medical Director said that it can be difficult for providers to let go of older models. Additionally, the Department of Mental Health has adapted a medication-first approach for Opioid Use Disorder (OUD). Because individuals with this disorder require medical stabilization, they can be so ill that they are unable to participate in certain interventions.

The Medical Director outlined several challenges to their work:

1) Addressing SUD in pregnancy;

2) The dearth of evidence-based resources in the legal system;
3) Expanding access to nontraditional settings;
4) Funding sources;
5) Rural community access and engagement;
6) Prevention and screening; and
7) Workforce shortages.

Missouri Association of Counties

The Boone County Commissioner, appearing on behalf of the Missouri Association, provided testimony relating to the Sequential Intercept Model, which is a tool to help map and identify how people with mental illnesses and substance use disorders interact with the legal system and further identify resources and gaps in services. Diversion happens, if possible, but a lot of their work comes down to reducing recidivism. From a local government perspective, people in communities throughout the state with SUD or mental illnesses are ending up in county jails (which are the largest mental health providers nationwide), emergency rooms, and with public administrators.

The Commissioner testified to a need for a "quarterback" type of role, either as a jail navigator or a health and justice coordinating council. Both of these positions have been identified as critical, supported by best practices, and are in use across counties throughout the country. A jail navigator is a person that would be able to support individuals leaving jails by connecting them to resources that the offender may require upon exit. A health and justice coordinating council would allow for collaboration across disciplines, connect people among resources, and identify any barriers or opportunities before taking action.

County jails are also contending with the dearth of placements at DMH for people who have been determined incompetent. There are over 300 people detained in county jails who have been adjudicated incompetent, but are still sitting in county jails awaiting competency restoration. An individual had waited seven months for an evaluation, was at nine months post-evaluation at the time of the hearing, and waiting for a court order. Despite the situation in this country that our jails act as our largest mental health facilities, they are not mental health facilities. The Commissioner identified a key sticking point as the effects of the Community Mental Health Act. When institutions were closed, that reduced the supply of appropriate placements for individuals that are now in communities with few resources. The public administrators have clients, but because there is no placement, they're being placed in nursing homes. That may go along for a while, but were that individual to become justice-involved, then the cycle continues.

PreventEd

Representatives from PreventEd testified to the “dramatic change” in how prevention efforts are addressed. Strategies were implemented in decades past that were thought to work well, but there was not confirmation that improvements were made until 25 years ago, when a new body of research was developed around the science of prevention. This body of work identifying risk and protective factors, developed strategies for implementation in communities.

The organization receives funding from the SAMHSA block grant, which mandates that 20% of funds support prevention efforts. For PreventEd, that translates to about $5.8 million divided among ten providers. PreventEd also leverages local grants to expand their work, and in looking to the future, the representatives argued that 20% is a low threshold for prevention efforts.

The representatives testified to the data that addiction is a disease that usually begins in childhood, with 90% of individuals who have SUD using an addictive substance before the age of 18. Early initiation of use is the strongest risk factor for SUD.

Return on investment is paramount, but one study cited stated that for every dollar spent on prevention, $18 is saved. When engaging in SUD prevention, it is not just alcohol and other drug use that requires attention, but factors like stressors, costs relating to healthcare and employment; and connections between mental health, violence, and teen pregnancy. The representatives pointed to school-based curriculums as an example of effective prevention programs – about 65,000 young people are served daily, only about 20% of whom the organization is in front of. Some of the best evidence gleaned from schools are peer to peer programs, teaching students to teach other students.

As prevention resource centers are structured, there are ten in the state that are funded by DMH, and they serve 166 community coalitions. Knowing that needs differ in areas across the state, these centers coordinate and educate, as well as work to raise public awareness and increase access to relevant information.

Missouri Primary Care Association

Representatives from the Missouri Primary Care Association offered testimony relating to funding, challenges, and services.

In 2022, Missouri Federally Qualified Health Centers (FQHCs) reported having over 230,000 visits for substance use. The need is great, so too must be the capacity to respond. Addiction is a chronic disease that can be managed with preventive and primary care.

State funding that goes to FQHCs include just under $2 million from DMH, which goes to medication-assisted treatment, and only to three centers. The other funding

goes to ten collaborative efforts or CSTAR facilities to provide whole-person care. The organization has recently received an appropriation of $4.5 million dollars to support same day or next day care and immediate coordination with coaches (a “Network”), a combination of general revenue, opioid settlement funds and Medicaid, but issues in receiving approval from Medicaid have interrupted some of that funding. Early reports of effectiveness are favorable. The funding for FQHCs are limited to some extent to identified locations and expansion to other areas in the state is needed.

A key challenge that was identified was the earmarking of certain funds for very specific uses. As FQHCs are community-driven, and each community has different needs, funding that can only be applied to certain services can place restrictive burdens on the ability to provide care. Moreover, there are services like peer support and wraparound services that there is not a code for FQHCs receive reimbursement.

When someone comes to receive services, there are typically outstanding needs beyond medical treatment. Transportation, food stability, housing, all need provided alongside clinical care. At an FQHC, that is built into the systems as a whole. The organization worked with MO HealthNet for emergency approval for those dealing with substance use disorder. The other portion of wraparound services is that the connection to care, those pathways and community connections engaging patients in care coordination, peer support, medication-assisted treatment, and community health support exist in the EPICC program. Patient referrals work two ways. They can be referred out to the same individuals the organization is in network with. Another integral part is what services are provided in jails, and provided in treatment court services, behavioral health, peer support, and clinical care to people in treatment court as well as at the courthouse for that person, due to the existing challenges facing them.

State Public Defenders

Representatives of the State Public Defenders Office testified to their collaboration efforts with courts and community actors. They are not in need of clients, but there are individuals with SUD that require support. They do not force services with clients, and work to build trusting, voluntary relationships.

The Office obtained grant funding from the Missouri Foundation for Health to ensure appropriate training, and also to create a resource guide to identify what is available, in every county, and how to access it. It is updated daily. The Office has also obtained 22 advocates through grant funding, with the goal for an advocate in all 33 trial offices statewide; many offices will require more than one advocate due to intake. The Office wants to accomplish these goals in ways that will save the state money.

A lot of their work is done at the request of the Court, or on needs expressed by the Court. Oftentimes, attorneys are in front of judges trying to get individuals out on bond, but either they do not have home plans, or struggle with SUD or another mental illness and may be considered a flight risk. Without the unique role between courts and

service providers, the Office would not be able to overcome concerns and community issues, but those of courts, jails, and prosecutors looking for solutions.

A large misconception about public defenders is that they mainly deal with violent crime, which is not true – the representatives testified that so much of their work is an "addiction docket", either for possession, probation violations, or possession while on probation. The representatives also testified that the public defenders contending with out-of-control caseloads is directly correlated to the introduction and widespread use of methamphetamines in the state.

The American Cancer Society

A representative from the American Cancer Society testified to the importance of public policy in affecting cancer in the country. The organization does not receive state funding, and are advocating for funding to address tobacco cessation efforts.

11,000 Missourians die every year of smoking related causes, and nationally the number is closer to one in five deaths. This substance has become so normalized to so many people that it is not considered a SUD issue. 34.3% of cancer deaths in the state are caused by smoking, the fifth highest in the country. The adult smoking rate, at 17.3%, makes Missouri the ninth highest in the US. This data, based in 2021, may lag a bit, but is still notably higher than the national average. 5,716 new lung cancer cases have been estimated, and 3,200 lung cancer deaths have occurred this year. 80% of lung cancer deaths are caused by smoking. The group heard partners in PreventEd mention there has been improvement in the teen smoking rate, but the overall rate is 21.3%; while teens are not using traditional cigarettes as much, they continue to use e-cigarettes and other tobacco products. That is a significant problem, as when kids start using at a young age, they go on to have a lifelong addiction. Estimates of direct healthcare costs are around $3.52 billion, almost $700 million in Medicaid, and $7 billion in lost productivity. On the financial side, the state receives $139 million from the tobacco makers settlement. Compare that to how much of the overall budget ($2.9 million) was for tobacco cessation. In looking at the scope of the amount of revenue brought by the state, not even counting the scope of revenue from tobacco tax, it's a drop in the bucket. For comparison's sake, $359 million is spent annually on marketing by the tobacco industry in the state.

There has been an observable impact of media campaigns, including one that spanned nationwide from 2012-2018 and featured "tips" from former smokers, which resulted in 1 million people successfully quitting. The challenge, much of the time, is that the state can run these campaigns, but they tend not to spend very much to do so.

Another area for additional investment is the "Quit Now" line; when that number is called, it is routed to the state, and they can provide the individual with cessation

resources and certain counseling assistance. There were substantial restrictions, and costs prevent the full utilization of this measure. The Department had once expanded to 8-12 weeks of support, but that has been cut down to 4 weeks. There are specific populations that the organization intends to provide support for, but if people want to quit and stay quitting, they require the support to successfully do so.

The state also has an issue with pregnant and postpartum smokers, having the fourth-highest pregnant smoking rate in the nation, and more investment would work to address the needs of these individuals.

Engaging Patients in Care Coordination (EPICC)

The Vice President of Substance Use Programming with the Missouri Hospital Association testified to the increase of almost 40% of opioid overdose deaths pre- and post-pandemic. The majority of these Missourians are dying in their own homes. The organization coordinates the services provided by certified peer specialists (recovery coaches) available to meet people where they are, at emergency departments or police stations or in their homes, 24 hours per day, to connect people with community resources and treatment.

The organization received a bio-surveillance grant, which allowed them to beef up infrastructure in targeted hospitals in order to get a better reading of what is making its way into individuals' systems. This also allows for the analysis and screening of over 30 substances, and is kicked up to national partners for informed decision making. The organization recognizes that the cyclical behavior must stop, that people will make poor decisions at all hours, and in order to be responsive to that, must be able to meet people where they are, no matter the time of day or location.

EPICC has been integrated in the eastern region and has replicated it in Columbia, Springfield, and Kansas City, all in 2019. In 2023, another program was launched in South-Central, Lake of the Ozarks, Lebanon area. MHA-led EPICC, as of 2021, expanded eligibility criteria for treatment of opioid, alcohol, and stimulant use disorder. One of the frames built is recovery-oriented systems of care, which is an evidence-based model, something Missouri has tried to engrain in development, as well as SBIRT. Screening to discern need, then embedding and using evidence-based brief interventions, such as overdose education and naloxone distribution. The referral to treatment is where SUD providers come into play, but this goes beyond the use disorder. To set community members up for success, the state must address social determinants of health. Getting community members to engage in their own recovery, and addressing barriers and gaps that persist, is vital.

Aspire Advocates

A representative from Aspire Advocates offered testimony to the amount of young people engaged in substance misuse. Between 60-70% of students who have addiction problems relapse upon their return to high schools. For most youth, SUD and other mental health concerns are closely connected. Treatment is not one size fits all, and with that in mind, the organization advances two priorities: the establishment of a public recovery high school in partnership with St. Louis area school districts offering free recovery services, and the expansion of dialectical behavioral therapy (DBT).

Up to four pilot recovery high schools have been authorized, and all are trying to garner partnerships. An important component is to offer recovery services and other support avenues after school years are completed, as healthy peer support and influences can have a positive impact on recovering teens even beyond their educational setting. Recovery high schools and services can strengthen family relationships as they manage substance use, and could be replicated throughout the state, although dedicated funding would be required.

Dialectical behavioral therapy is delivered with fidelity to the treatment model and is eligible for partial reimbursement under Medicaid rules. DBT allows students to see their individual therapist, attend group skills training, retain access to 24/7 therapy coaching, and engage in counseling team meetings on a weekly basis. Because there is no reimbursement for the full model, the initiatives proposed by the Aspire Advocates representatives are intended to help youth and their families thrive, as well as expand access to this evidence-based treatment.

Missouri Association of Public Administrators

The Webster County Public Administrator, speaking on behalf of the Missouri Association of Public Administrators, testified that public administrators are essentially public guardians of last resort at the county level, only becoming appointed in cases where family, friends, or other possible guardians are unwilling or unable to undertake the task. They are also guardians for individuals unable to meet their own needs. The lack of availability for effective treatment for persons with mental health and substance use disorders, particularly in rural areas, results in Public Administrators serving as guardians for persons not well-suited for the Public Administrator system.

The Administrator testified that family members or loved ones who may be seeking assistance look to guardianship as a solution, but that is not necessarily an accurate representation of what guardianship is, or what it can achieve for those experiencing SUD. Administrators have no resources outside of those already available to those people not under guardianship. That population can be difficult to treat, as they cannot be mandated into care, and cannot be mandated into not using. The most possible that an administrator can do is a temporary placement or restriction. However, substance use should not be used as justification to strip people of their rights.

About 5% of the Administrator's caseload were individuals for whom substance misuse was the only (or primary) diagnosis, but around 33% of the population are those who struggle with mental illness, and the majority of these individuals also suffer from substance use issues. As a county office, the Administrator does not receive state funding; they manage their wards on county budgets, and differences emerge across the state depending on what funding or other resources may be available. The Administrator, at the time of their testimony, stated that they have 110 people under their care, and is unable to ensure that all of those people do not engage in substance use.

As public administrators, they have varying caseloads and resources with which to treat people. They want to focus on vulnerable individuals unable to help themselves, rather than those choosing to make decisions related to substance use. As public administrators, a lot of times they are viewed as an alternative to the criminal legal system, but they are not an extension of probation or parole. They do their best with what they have to provide oversight and utilize support, but cannot mandate care or force people to be drug-free. Restoration is the ultimate goal, without a guardian.

Recovery Services Providers

Two representatives of the Missouri Coalition of Recovery Support Providers, one of whom is also the owner of Healing House KC, offered testimony relating to recovery support services, which are person-centered and self-directed and involve care coordination, coaching, spiritual counseling, and support with housing and transportation, all before, during, after, and in coordination with other substance use disorder service providers.

Recovery support service providers received $3.1 million from the Missouri Department of Mental Health, and $700,000 from the Opioid Settlement Fund, through FY2025. According to testimony, most of that funding had already been expended, but they continue to provide support services to clients, allocated around $2,000 per person, though they are in effect out of funding. The organization represents recovery support agencies that have 192 accredited houses, 109 men's and 85 women's, a total of 2,192 accredited beds, and 1,600 certified peer support specialists. Emphasizing the importance of medication-assisted and direct treatment, the witnesses underscored the necessity of peer-supported treatment and lived experience in serving individuals experiencing substance use disorder.

Of clients supported with recovery support services:

1) 98% have not experienced a new arrest;
2) 90% of clients under her care are in stable housing;
3) 88% are abstaining from alcohol or improper drug use;
4) 71% are employed;
5) 91% demonstrate improved social connectivity; and
6) 97% are satisfied or very satisfied.

One of the witnesses described the process by which many individuals arrive to her: many come out of prison with no ID, Social Security Card, or medication, and few have anything beyond the clothing garments they are wearing. She additionally testified that some of the services provided for individuals include, but are not limited to, signing people up for Medicaid; meeting with physicians; offering employment support through their employment specialist; and securing additional resources such as temporary housing, phones, feminine hygiene products, and diapers.

The witness emphasized to the Task Force that she sees nothing short of miracles each day. There are 60 contract recovery support operations statewide, and the inherent strength in these programs revolves around the peer-based support from those who share a lived experience of substance use.

Recommendations

Table 9: Recommendations
Part 1: Recommendations for Fiscal Year 2025 and Following:

1) Review whether the current level of funding for substance use prevention and treatment is adequate to continue to build treatment capacity across the state;
2) Provide additional funding for the programs identified as particularly effective:
    a. Recovery support service providers;
    b. Programs offering comprehensive and reduced time to treatment, including EPICC and FQHCs;
    c. Judicial treatment courts, including mental health courts;
    d. State Public Defenders;
    e. Community and Youth Services liaisons; and
    f. Improve Medicaid coding to better track expenditures and services.
3) Continue current levels of funding in the short term, emphasizing prevention;
4) Utilize cannabis tax and opioid settlement funds for prevention efforts like: mentoring, school based supports, youth crisis centers, etc
5) Increase prevention funding for tobacco and alcohol addiction prevention, and for tobacco, increase the use of the tobacco settlement funding.

Part 2: Recommendations for Subjects for Future Task Force Investigation:

1) Determine measures and metrics for effectiveness, to include SUD incarceration and over-dose rates and returns on investments in other states;
2) Address subjects, which may have been previously controversial among the General Assembly, that have demonstrated effectiveness in other states, including:
    a. Raising the tobacco tax;
    b. Ensuring compliance with federal and state tobacco laws;
    c. Optimizing the use of tobacco settlement funds; and
    d. Implementing needle exchange programs;
3) Examine the need for and methods of providing wraparound services, including housing, expansion of rental assistance and community re-entry from incarceration/federal Medicaid re-establishment/exclusion waiver, and application of the sequential intercept model;
4) Continue to encourage departments to engage in evidence-based practices, with continued reporting and recommendations to the General Assembly, such as evidence based prevention education and evolving/cutting edge evidence based treatment methodologies linking mental health and substance use;
5) Examine the long-term impacts of recreational cannabis use in Missouri; and
6) Request from the departments additional data on the social costs of SUD to the state and national best practices

Appendices

This appendix contains the program data from department budget sheets and documents used to create this report. Program data is available as an excel spreadsheet. Information that was not provided by department budget sheets and were referenced in program summaries have been included as supplementary material.

Departments and Programs

This report contains summaries of the 7 state departments that administer the 61 programs funded by Missouri. Information is organized in a template to describe the scope of each department and program.

Department of Mental Health (DMH) & Division of Behavioral Health (DBH)

Department of Mental Health (DMH)

The mission of the Department of Mental Health is to provide for (1) the prevention of mental disorders, developmental disabilities, substance abuse, and compulsive gambling; (2) the treatment, habilitation, and rehabilitation of Missourians who have those conditions; and (3) the improvement of public understanding and attitudes about mental disorders, developmental disabilities, substance abuse, and compulsive gambling. The department is composed of three divisions: the Division of Behavioral Health (DBH), the Division of Developmental Disabilities and the Division of Administrative Services, as well as seven support offices. More information about the Department of Mental Health can be found at their website **https://dmh.mo.gov/**

SAPT Hearing	Aug 22, 2023
Presenters	Andrea Kimball Christine Smith Nora Bock Rosie Anderson-Harper Valerie Huhn

FUNDING TOTALS

Program Costs

House Bill HB 10

Program Name	FY24 Appropriation	FY23 Spent[1,2]
The Missouri State Opioid Response Project (SOR) I	$2,563,591	$4,243,323
The Missouri State Opioid Response Project (SOR) II	$22,530,173	$16,632,133
C2000 (Prevention Resource Centers)	$13,817,482	$7,859,398
PES (Community-Based and College-Based Programs)	$2,840,869	$2,742,250
Merchant Education	$227,769	$218,769
DARE	$53,000	$53,000
School-based Prevention Intervention and Resources Initiative (SPIRIT)	$884,065	$810,479
SYNAR	$72,231	$72,231
Tobacco Compliance	$533,145	$434,705
Prescription Drug Overdose Grant	$850,000	$879,498
Partnership for Success Grant	$1,000,000	$1,037,823
Opioid Settlement Response	$6,900,000	$3,639,478
Naloxone Distribution	$5,100,000	$5,100,000
Substance Awareness Traffic Offender Program (SATOP)	$6,995,353	$3,345,636
Federally Qualified Health Centers (FQHC) Initiatives	$1,000,000	$951,115.00
DOC Reduce Recidivism MAT (RR-MAT)	$2,564,144	$2,487,220.00
Engaging Patients in Care Coordination (EPICC)	$1,399,877	$1,357,881.00
Recovery Support Services (RSS)	$10,432,653	$12,084,276
Recovery Lighthouse	$1,138,212	$0
Rental Assistance Program	$321,628	$321,628
Comprehensive Substance Treatment and Rehabilitation (CSTAR) Medicaid	$42,651,534	$23,423,638
Comprehensive Substance Treatment and Rehabilitation (CSTAR) Non-Medicaid	$58,942,419	$50,702,182
CCBHO Providers – CSTAR Services	$60,638,827	$36,455,038

FUNDING TOTALS CONTINUED

Administrative Costs

Program Name	FY24 Appropriation	FY23 Spent[1,2]
Personal Services	$2,246,990	$1,961,744
Expense & Equipment	$628,373	$497,473
Personal Services for State Opioid Response (SOR) Grant	$86,102	$79,018
Expense & Equipment for SOR Grant	$943,854	$413,625
Prevention Personal Services	$261,927	$238,389
Prevention Expenses & Equipment	$396,585	$58,669
Treatment Personal Services	$1,215,827	$866,002
Treatment Expenses & Equipment	$377,007	$42,912
Subtotal	$6,156,665	$4,157,832
Total Costs	$249,613,637	$179,009,533

Footnotes:

1. FY23 Spent as of Aug. 2023.
2. Spent exceed Appropriations due to carryover funding spent.
3. See Appendix pg.2-23 for supplementary information on DMH programs.

The Missouri State Opioid Response Project (SOR) I

Department, Agency	DMH
Date started	STR-SFY 2017 SOR-SFY 2019

Program description

The Missouri State Opioid Response (SOR) project builds upon the system changes for Opioid Use Disorder (OUD) prevention, treatment, and recovery started under Missouri's first federal opioid grant (State Targeted Response (STR)), while focusing more on high-risk and vulnerable populations (pregnant and parent women, justice-involved persons, racial minorities, active drug users, individuals in rural areas, at risk youth, etc.). The DMH is leading the project; additional administration, implementation, and evaluation activities are performed by the MIMH at UMSL. Missouri's SOR project continues to transform the system of care for OUD and Stimulant Use Disorder (StUD) by implementing evidence-based protocols that save lives, offering extensive training, and expanding access to effective service to individuals across the state.

Program type	Prevention
Substance targeted	Opioids and Stimulants

FUNDING

House Bill HB 10.105

Funding Source	Acct #	Appropriation #	FY24 Appropriation	FY23 Spent
DMH Federal Fund	0148	2154	$2,563,591	$4,243,323[1]

SERVICES

Service area	Statewide
Location of services	Prevention Resource Centers, Mentor-focused agencies
Eligibility	Data must show that opioid use is higher than state average in a designated area and has a focus on high-risk populations. Populations of focus for prevention activities are colleges and universities; youth in areas of high rates of crime and mortality; noteworthy drug usage and distribution; and a number of people experiencing homelessness.
Capacity	Unknown
Numbers served	FY22 - 739,883 (Total includes primary prevention programming and education targeting youth through college-aged students including public education through social media efforts)
Other data	N/A, Unknown

Footnotes:

1. Expenditures are higher than FY24 appropriated due to one-time federal funding received.

The Missouri State Opioid Response Project (SOR) II

Department, Agency	DMH
Date started	STR-SFY 2017 SOR-SFY 2019

Program description

The Missouri State Opioid Response (SOR) project builds upon the system changes for Opioid Use Disorder (OUD) prevention, treatment, and recovery started under Missouri's first federal opioid grant (State Targeted Response (STR)), while focusing more on high-risk and vulnerable populations (pregnant and parent women, justice-involved persons, racial minorities, active drug users, individuals in rural areas, at risk youth, etc.). The DMH is leading the project; additional administration, implementation, and evaluation activities are performed by the MIMH at UMSL. Missouri's SOR project continues to transform the system of care for OUD and Stimulant Use Disorder (StUD) by implementing evidence-based protocols that save lives, offering extensive training, distributing naloxone; and expanding access to effective treatment services and recovery supports to individuals across the state.

Program type	Treatment, Recovery
Substance targeted	Opioids and Stimulants

FUNDING

House Bill HB 10.110

Funding Source	Acct #	Appropriation #	FY24 Appropriation	FY23 Spent
DMH Federal Fund	0148	4149	$22,530,173	$16,632,133

SERVICES

Service area	Statewide
Location of services	Substance use disorder (SUD) treatment and recovery support providers
Eligibility	Evidence-based treatment services for uninsured or under insured individuals diagnosed with Opioid Use Disorder or Simulant Use Disorder (contingency management program and recovery housing) who present for care to DMH-funded programs.
Capacity	Dependent upon workforce and funding factors.
Numbers served	In FY 2023, 4,506 persons were served in SOR.
Other data	In FY 2023, 3,716 of the 4,506 persons were treated for an opioid use disorder, and 1,251 were treated for stimulant use disorder. DMH data shows 26 individuals received some form of contingency management and 2,467 persons received either recovery housing or recovery coaching services. Of the 3,716 person with an opioid use disorder, about 65% received medication assisted treatment through DMH or Medicaid.

C2000 (PREVENTION RESOURCE CENTERS)

Department, Agency	DMH, DBH
Date started	SFY1993

Program description

Prevention Resource Centers (PRC) provide training, technical assistance, and support to community coalitions across the state. There are over 160 Missouri registered coalitions. These coalitions have been highly successful in changing substance use policies in their communities. Prevention evaluation supports all prevention services through the provision of data for assessing prevention needs and program effectiveness. Prevention messaging is disseminated through social media, audio platforms, billboards, and newspaper inserts.

Program type	Prevention
Substance targeted	All substances

FUNDING

House Bill HB 10.105

Funding Source	Acct #	Appropriation #	FY24 Appropriation	FY23 Spent
General Revenue Fund	0101	4649	$1,019,959	$987,770
Health Initiatives Fund	0275	3145	$82,148	$82,148
DMH Federal Fund	0148	2154	$9,516,840	$5,631,678
DMH Federal Stimulus Fund	2455	8940	$3,198,535	$1,157,802

SERVICES

Service area	Adair, Clay, Jackson, Henry, St. Louis, Phelps, Greene, Cape Girardeau, Butler, and Dunklin Counties[1]
Location of services	Prevention Resource Center
Eligibility	PRCs must be the primary point of contact with community coalitions; provide training, technical assistance, and capacity-building services to community coalitions; and provide and promote public information, education and awareness of prevention services in the local communities. Registered coalition criteria: must have a mission, purpose and clearly defined goals with action objective that relate to substance use prevention.
Capacity	Valid measure does not exist
Numbers served	203,208 individuals received prevention education. Over 200,000 individuals were served by coalition grants. 1,647 individuals were trained in Signs of Suicide (SOS) and/or Question Persuade and Refer (QPR) across all PRCs.[2]
Other data	N/A, Unknown

Footnotes:

1. PRCs are located in these counties but also serve the surrounding counties.
2. See Appendix pages 2-5 for supplementary information on PRC specific data and PRC service areas.

PES (COMMUNITY-BASED AND COLLEGE-BASED PROGRAMS)

Department, Agency	DMH
Date started	Unknown

Program description

Community-based prevention programs provide preventative interventions across the lifespan. High Risk Youth programs provide evidence-based prevention services to youth and families at high risk for substance use. College campus-based programs are provided on 24 public and private college and university campuses across the state. These programs work to reduce rates of harmful and dangerous drinking. Prevention evaluation supports all prevention services through provision of data to assess needs and program effectiveness. Prevention messaging is disseminated through social media, audio platforms, billboards and newspaper inserts.

Program type	Prevention
Substance targeted	All substances

FUNDING

House Bill HB 10.105

Funding Source	Acct #	Appropriation #	FY24 Appropriation	FY23 Spent
DMH Federal Fund	0148	2154	$2,840,869	$2,742,250

SERVICES

Service area	Statewide at 24 colleges/universities
Location of services	College and university campuses, non-profit organizations.
Eligibility	Community-based providers have their own criteria set for their individual programming. There is no specific criteria for the college-based campuses.
Capacity	Dependent upon size of student bodies, etc.
Numbers served	200,425 individuals were served through partners in prevention on college-based campuses. 15,872 individuals were served by community-based providers.
Other data	N/A, Unknown

MERCHANT EDUCATION

Department, Agency	DMH
Date started	Unknown

Program description

DMH provides tobacco retailers across the state with signs required by state law that indicate the age required to purchase tobacco products. The Prevention Resource Centers conduct one site visit a year to each tobacco retailer across the state to provide educational materials to help avoid sales to minors.

Program type	Prevention
Substance targeted	Tobacco

FUNDING

House Bill HB 10.105

Funding Source	Acct #	Appropriation #	FY24 Appropriation	FY23 Spent
General Revenue Fund	0101	3664	$227,769	$218,769

SERVICES

Service area	Statewide
Location of services	Tobacco merchants
Eligibility	Merchant education provided to tobacco retailers.
Capacity	Unknown
Numbers served	5,591 retailers received merchant education in FY23
Other data	N/A

DARE

Department, Agency	DMH
Date started	Unknown
Program description	
Law enforcement is trained on the DARE (Drug Abuse Resistance Education) curriculum	
Program type	Prevention
Substance targeted	All substances

FUNDING

House Bill HB 10.105

Funding Source	Acct #	Appropriation #	FY24 Appropriation	FY23 Spent
General Revenue Fund	0101	4649	$53,000	$53,000

SERVICES

Service area	Unknown
Location of services	MO Police Chief's Charitable Foundation
Eligibility	Missouri Police Chief's Charitable Foundation is the sole source statewide provider that trains police officers on the DARE curriculum. The agency has their own criteria for who is eligible.
Capacity	Unknown
Numbers served	29 officers participated in DARE program
Other data	Unknown

SCHOOL-BASED PREVENTION INTERVENTION AND RESOURCES INITIATIVE (SPIRIT)

Department, Agency	DMH, DBH
Date started	2002

Program description

The School-based Prevention Intervention and Resources Initiative (SPIRIT) aims to delay the onset and decrease the use of substances, improve overall school performance, and reduce incidents of violence. Prevention agencies are paired with participating school districts to provide technical assistance in using evidence-based programming, referral, and assessment services. SPIRIT is operated by four prevention agencies serving 12 school districts across the state.

Program type	Prevention
Substance targeted	All substances

FUNDING

House Bill: HB 10.105

Funding Source	Acct #	Appropriation #	FY24 Appropriation	FY23 Spent
DMH Federal Fund	0148	2154	$884,065	$810,479

SERVICES

Service area	Carthage R-IX, Kirksville, Knox County, La Plata School District, New Madrid County R-1, North Andrew, Ritenour, Scotland County R-1, South Shelby, South Pemiscot County RV, Macon, and Clark County.
Location of services	SPIRIT is operated by four contracted prevention agencies serving 12 school districts across the state.
Eligibility	SPIRIT site criteria: more than 60% of students receive free/reduced lunch; standardized test scores below state average; alcohol, tobacco, and other drug use above state average; graduation rates lower than the state average; and a high number of referrals to juvenile authorities.
Capacity	Unknown
Numbers served	9,779 individuals were served in the SPIRIT program
Other data	SPIRIT Reports | dmh.mo.gov

SYNAR

Department, Agency	DMH
Date started	Unknown

Program description

Prevention Resource Centers conduct unannounced random checks at tobacco retailers across the state to ensure compliance with tobacco laws. The goal of the Synar amendment is to reduce the number of successful illegal purchases by minors to no more than 20 percent of attempts in each state per year.

Program type	Prevention
Substance targeted	Tobacco

FUNDING

House Bill HB 10.105

Funding Source	Acct #	Appropriation #	FY24 Appropriation	FY23 Spent
General Revenue Fund	0101	3664	$72,231	$72,231

SERVICES

Service area	Statewide
Location of services	Tobacco merchants
Eligibility	Retailer must sell tobacco products.
Capacity	Unknown
Numbers served	In 2023, 5,757 tobacco retailers were visited. Merchant training was discussed with the manager and/or owner at 5,591 of these outlets
Other data	Synar Reports | dmh.mo.gov

TOBACCO COMPLIANCE

Department, Agency DMH, DBH

Date started Initial FDA grant award was 2010

Program description

Funding allows the Division of Alcohol and Tobacco Control (ATC) to enforce federal tobacco regulations in accordance with DBH's Food and Drug Administration (FDA) tobacco enforcement contract. As part of the agreement, ATC utilizes five of DBH's full-time equivalent (FTE) positions for the sole purpose of enforcing federal (90%) and state (10%) tobacco regulations. Youth are recruited and trained to conduct underage compliance inspections with the agents.

Program type Prevention

Substance targeted Tobacco

FUNDING

House Bill HB 10.105

Funding Source	Acct #	Appropriation #	FY24 Appropriation	FY23 Spent
DMH Federal Fund	0148	7831	$338,402	$337,720
DMH Federal Fund	0148	7832	$194,743	$96,985

SERVICES

Service area Statewide

Location of services Tobacco merchants

Eligibility Conduct tobacco inspection for compliance with certain provisions of the Federal Food, Drug, and Cosmetic Act (FD&C Act) and these regulations with respect to retail outlets on behalf of FDA. Must verify that any person under the age 27 purchasing regulated tobacco products is at least 21 years old or older by means of photo ID with date of birth

Capacity Unknown

Numbers served 4,836 undercover buys/inspections were conducted June 2022-May 2023

Other data Unknown

PRESCRIPTION DRUG OVERDOSE GRANT

Department, Agency	DMH
Date started	2016

Program description

This grant focuses on preventing overdoses by training and equipping first responders administer naloxone; interact with people who use drugs; and connect them to appropriate treatment and recovery services. This project will also expand a novel mail-based naloxone program, reaching high-need individuals in Missouri's rural and low-resourced areas.

Program type	Prevention
Substance targeted	Opioids

FUNDING

House Bill HB 10.105

Funding Source	Acct #	Appropriation #	FY24 Appropriation	FY23 Spent
DMH Federal Fund	0148	2154	$850,000	$879,498[1]

SERVICES

Service area	Statewide
Location of services	Participating overdose first responders including Peer Specialists and Community Health Workers) primarily located in 6 urban and 11 rural counties with the most overdose deaths, and people who lack access to financial, housing, healthcare, and transportation resources.
Eligibility	Primary population served will be individuals who use opioids and are most at-risk of experiencing or witnessing an overdose.
Capacity	Unknown
Numbers served	8/31/22-8/30/23 - 71 in-person trainings were offered; 1,652 individuals were trained. 342 individuals completed the video training. 1,752 individuals received a brief online training on the use of overdose reversal drugs through an online platform.
Other data	Unknown

Footnotes

1. Expenditures are higher than FY24 appropriated due to carryover funding spent.

PARTNERSHIPS FOR SUCCESS GRANT

Department, Agency	DMH
Date started	2012

Program description

This is a five-year grant most recently awarded in 2020 to target substance use among youth ages 12 to 18 in southeast Missouri. A resiliency approach designed to 1) enhance protective factors and reverse/reduce risk factors, 2) address all forms of substance use, 3) increase academic and social competence, and 4) present community-wide messaging.

Program type	Prevention
Substance targeted	All substances

FUNDING

House Bill HB 10.105

Funding Source	Acct #	Appropriation #	FY24 Appropriation	FY23 Spent
DMH Federal Fund	0148	2154	$1,000,000	$1,037,823[1]

SERVICES

Service area	Prevention Resource Centers covering counties in the middle, southwestern, Kansas City metro area, and northern parts of Missouri (Compass Health, community Partnerships of the Ozarks, First Call Alcohol/Drug Prevention and Recovery, and Preferred Family Healthcare).
Location of services	Prevention Resource Centers
Eligibility	Prevent or reduce underage drinking with youth age 12 to 18 in select areas and prevent or reduce methamphetamine use in adults. Training for individuals working in the substance use prevention field.
Capacity	Unknown
Numbers served	Unknown
Other data	The grant produced 115 county level epidemiological profiles and 2 hot topic briefs in FY 23.

Footnotes:

1. Expenditures are higher than FY24 appropriated due to carryover funding spent.

OPIOID SETTLEMENT RESPONSE

Department, Agency	DMH
Date started	2022

Program description

Funding is used to support a variety of opioid related services, such as, supporting GROW providers, community program grants, Family Recovery Programs, Addiction fellowship programs and Primary Care and Substance Use Disorder (SUD) integration services, first responders, and overdose education and naloxone distribution.

Program type	Prevention, Treatment, Recovery
Substance targeted	Opioids

FUNDING

House Bill HB 10.105

Funding Source	Acct #	Appropriation #	FY24 Appropriation	FY23 Spent
Opioid Addiction Treatment and Recovery Fund	0705	9646	$6,900,000	$3,639,478

SERVICES

Service area	Statewide
Location of services	Treatment providers, recovery providers, select ambulance, fire district, fire department, other contracted agencies, MIMH.
Eligibility	Agencies serving high need areas of the state for opioid-related deaths.
Capacity	Unknown
Numbers served	Unknown
Other data	Unknown

NALOXONE DISTRIBUTION

Department, Agency	DMH, DBH
Date started	2022

Program description

Naloxone is a life-saving medication that can reverse an overdose from opioids, including heroin, fentanyl, and prescription opioid medications. Funding is used to purchase naloxone and distribute it to many different organizations not covered by other funding.

Program type	Prevention
Substance targeted	Opioids

FUNDING

House Bill HB10.110

Funding Source	Acct #	Appropriation #	FY24 Appropriation	FY23 Spent
Opioid Addiction Treatment and Recovery Fund	0705	9647	$5,100,000	$5,100,000

SERVICES

Service area	Statewide
Location of services	Statewide
Eligibility	Criminal justice orgs, treatment providers, recovery housing, shelters, Prevention Resource Centers, harm reduction agencies, Children's Division, faith-based agencies; anyone not covered by other naloxone funding sources.
Capacity	Unknown
Numbers served	107,286 naloxone kits distributed
Other data	Unknown

SUBSTANCE AWARENESS TRAFFIC OFFENDER PROGRAM (SATOP)

Department, Agency	DMH, DBH
Date started	1993

Program description

The Substance Awareness Traffic Offender Program (SATOP) is a statewide system of community-based education and treatment programs for individuals arrested for alcohol and drug-related driving offenses or arrested with possession or use of alcohol or a controlled substance prior to age 21. The goals of the program are to prevent future incidents of impaired driving and to get those with substance use disorders into treatment. Completion of a SATOP is a statutory condition of license reinstatement.

Program type	Treatment
Substance targeted	All substances

FUNDING

House Bill HB 10.110

Funding Source	Acct #	Appropriation #	FY24 Appropriation	FY23 Spent
Mental Health Earnings Fund	0288	2878	$6,995,353	$3,345,636

SERVICES

Service area	Statewide
Location of services	Statewide
Eligibility	Individuals arrested for alcohol and drug-related driving offenses or arrested with possession or use of alcohol or a controlled substance prior to age 21.
Capacity	Unknown
Numbers served	In FY 2023, 17,698 persons were screened for SATOP services. Of those, 3,887 completed a clinical treatment program and 9,014 completed an education program.
Other data	Current data shows that only 11.5% (or about 1 in 10) of SATOP participants re-enter SATOP within 5 years.

FEDERALLY QUALIFIED HEALTH CENTERS (FQHC) INITIATIVES

Department, Agency	DMH
Date started	7/1/2021 (for SUD partnerships)
Program description	
Primary care and behavioral health services for individuals with substance use disorders; behavioral health supports for individuals who need help managing chronic disease or improving health status.	
Program type	Prevention
Substance targeted	Opioids

FUNDING

House Bill			HB 10.117	
Funding Source	**Acct #**	**Appropriation #**	**FY24 Appropriation**	**FY23 Spent**
Opioid Addiction Treatment and Recovery Fund	0705	8521	$1,000,000	$951,115

SERVICES

Service area	Statewide
Location of services	Eligible Primary Care Providers
Eligibility	Individuals with SUD who need help managing their chronic disease or improving health status.
Capacity	Unknown
Numbers served	37,395 for FY23
Other data	Unknown

DOC REDUCE RECIDIVISM MAT (RR-MAT)

Department, Agency	DMH
Date started	2013

Program description

This program reduces recidivism among offenders with serious substance use disorders, with a primary focus on those with opiate or alcohol dependence, who are returning to the community from the Missouri Department of Corrections (DOC) by offering pre-release medication assisted treatment (MAT) and intensive case management to bridge the transition from institution to community treatment provider.

Program type	Treatment
Substance targeted	opioids and alcohol

FUNDING

House Bill HB 10.110

Funding Source	Acct #	Appropriation #	FY24 Appropriation	FY23 Spent
General Revenue	0101	8661	$2,564,144	$2,487,220

SERVICES

Service area	Statewide
Location of services	20 sites including Institutional Treatment Centers and Adult Correctional Facilities
Eligibility	DOC staff and counselors identify eligible clients who are scheduled for release within six months.
Capacity	Undetermined
Numbers served	FY23: 3,279 educated and 330 received Medication Assisted Treatment (MAT)
Other data	Unknown

ENGAGING PATIENTS IN CARE COORDINATION (EPICC)

Department, Agency	DMH
Date started	2016

Program description

EPICC provides 24/7 referral and linkage services for patients residing in targeted regions who present to a hospital following an overdose to establish immediate connections to recovery support services, substance use treatment, harm reduction education, and access to naloxone.

Program type	Prevention, Treatment, Recovery
Substance targeted	Primarily opioids

FUNDING

House Bill HB 10.110

Funding Source	Acct #	Appropriation #	FY24 Appropriation	FY23 Spent
General Revenue	0101	4147	$1,399,877	$1,357,881

SERVICES

Service area	Services provided in Central (Randolph, Cooper, Audrain, Boone, Callaway, and Cole counties), Southwest (Green, Christian, Stone and Taney counties), Western (Platte, Clay, Jackson, and Ray counties), and South Central (Morgan, Camden, Miller, Pulaski, and Laclede counties).
Location of services	Participating hospitals located within EPICC service areas
Eligibility	Missouri residents who present to a hospital following an overdose.
Capacity	Unknown
Numbers served	5,300
Other data	Unknown

RECOVERY SUPPORT SERVICES (RSS)

Department, Agency	DMH, DBH
Date started	2004

Program description

Recovery Support Services offer care coordination, recovery coaching, spiritual counseling, group support, recovery housing and transportation, before, during, after, and in coordination with other substance use disorder service providers. These services are offered in many settings including community, faith-based and peer recovery organizations. Recovery Support services can supplement substance use disorder clinical treatment programs and also expand access to an array of supportive services that include employment assistance and emergency housing.

Program type	Treatment, Recovery
Substance targeted	All substances

FUNDING

House Bill HB 10.110

Funding Source	Acct #	Appropriation #	FY24 Appropriation	FY23 Spent[1]
General Revenue	0101	4844	$4,402,527	$3,803,118
DMH Federal Fund	0148	4149	$1,846,850	$3,505,703
DMH Federal Fund	0148	8035	$2,598,084	$2,598,084
DMH Federal Stimulus - 2021 Fund	2455	8938	$1,585,192	$2,177,371

SERVICES[2]

Service area	Statewide
Location of services	Statewide
Eligibility	Individuals with substance use disorders who would benefit from recovery support services
Capacity[3]	192 Total MCRSP/NARR Accredited Houses (Men 109/Women 85); 2,192 MCRSP/NARR Accredited Beds (Men 1,257/Women 935) – This information is for bed capacity not RSS capacity.
Numbers served	16,059 clients served from July 2018 to June 2023.
Other data	Average cost per person in FY 2022 was $1,344 per the DMH Customer Information Management Outcomes and Reporting System (CIMOR). Of clients served, 98% had no further arrests; 90% are in stable housing; 88% are abstinent from alcohol or drugs; 94% had no additional adverse consequences from drug or alcohol use; 63% are employed; 91% demonstrate greater pro-social connectivity; 97% are satisfied or very satisfied with their RSS services. RSS clients engage with RSS services for an average of 211 days. 23% of their clients are African American. 61% are on probation or parole.

Footnotes:

1. Expenditures are higher than budget due to one-time federal funding received.
2. MCRSP/NARR accredited recovery houses meet national criteria for quality, safety, and services. They receive on-site accreditation reviews every two years.

RECOVERY LIGHTHOUSE

Department, Agency	DMH, DBH
Date started	FY24, one time

Program description

Recovery Lighthouse is a Recovery Support Provider (RSS) in Johnson County who receives funding for RSS services as listed above, this funding was appropriated as one-time for repair and renovations.

Program type	Recovery
Substance targeted	N/A, Administrative

FUNDING

House Bill HB 10.126

Funding Source	Acct #	Appropriation #	FY24 Appropriation	FY23 Spent[1]
General Revenue	0101	4488	$1,138,212	$0

Footnotes:

1. Newly appropriated in FY24, therefore no expenditures in FY23.

RENTAL ASSISTANCE PROGRAM (RAP)

Department, Agency	DMH
Date started	Unknown

Program description

Rental Assistance Program (RAP) provides one-time payments to prevent eviction, restore housing stability, or assist households to move into safe and affordable rental housing. RAP is for individuals actively receiving support services for a mental illness and/or a substance use disorder from a DMH-contracted provider agency.

Program type	Treatment
Substance targeted	All substances

FUNDING

House Bill HB 10.110

Funding Source	Acct #	Appropriation #	FY24 Appropriation	FY23 Spent
General Revenue	0101	4147	$321,628	$321,628

SERVICES

Service area	Statewide
Location of services	Statewide
Eligibility	Individuals who are actively receiving support services for a mental illness, a substance use disorder, or a dual diagnosis of the two from a DMH-contracted provider agency.
Capacity	N/A
Numbers served	519
Other data	Unknown

COMPREHENSIVE SUBSTANCE TREATMENT AND REHABILITATION (CSTAR)- MEDICAID

Department, Agency DMH

Date started 1991

Program description

Comprehensive Substance Treatment and Rehabilitation (CSTAR) programs are designed to provide an array of comprehensive, individualized, treatment services. Top priority for admission is given to pregnant women who inject drugs. CSTAR programs serve a large number of Missouri offenders with substance use disorders that are probation or parole.

Program type Treatment

Substance targeted All substances

FUNDING

House Bill HB10.110

Funding Source	Acct #	Appropriation #	FY24 Appropriation	FY23 Spent
General Revenue	0101	2040	$5,028,620	$3,963,974
Health Initiatives Fund	0275	2044	$2,721,356	$2,725,919
DMH Local Tax Matching Fund	0930	3765	$963,775	$329,283
Medicaid DMH Federal Fund	0148	6677	$31,734,288	$16,286,809
Title XXI-Children's Health Insurance Program Federal Fund	0159	8453	$2,203,495	$117,653

SERVICES

Service area Statewide

Location of services Statewide

Eligibility Services shall be provided in accordance with general eligibility criteria including a diagnosis of a Substance Use Disorder (not including tobacco use disorder) in accordance with the Diagnostic and Statistical Manual of Mental Disorders (DSM 5-TR) of the American Psychiatric Association. An individual may enter the CSTAR program at any service intensity commensurate with their level of bio-psychosocial function, including degree of substance use and available support systems.

Capacity Dependent upon workforce and available funds

SERVICES CONTINUED

Numbers served	Excluding SATOP and SOR consumers, DBH served 44,252 persons in SUD treatment at contracted providers during FY 2023 (this number includes Medicaid expansion population and some Department of Corrections funded programs). Persons receiving CSTAR may be counted in Medicaid and non-Medicaid counts as some services are not billable to Medicaid. Additionally, consumers may also be counted in non-CCBHO counts and CCBHO counts during the same reporting year as some services are not billable under the CCBHO model. **When limiting to DMH funded Medicaid-eligible services outside of a CCBHO, the number served for FY 2023 was 7,967.**
Other data	Unknown

COMPREHENSIVE SUBSTANCE TREATMENT AND REHABILITATION (CSTAR)- NON-MEDICAID

Department, Agency DMH

Date started 1991

Program description

Comprehensive Substance Treatment and Rehabilitation (CSTAR) programs are designed to provide an array of comprehensive, but individualized, treatment services. Top priority for admission is given to pregnant women who inject drugs. CSTAR programs serve a large number of Missouri offenders on probation or parole who have needs related to substance use disorders.

Program type Treatment

Substance targeted All substances

FUNDING

House Bill HB 10.110

Funding Source	Acct #	Appropriation #	FY24 Appropriation	FY23 Spent
General Revenue	0101	4147	$5,336,187	$11,200,361
Inmate Revolving Fund	0540	1047	$3,513,799	$3,513,779
DMH Federal Fund	0148	4149	$35,320,082	$29,471,595
DMH Federal Stimulus – 2021 Fund	2455	8938	$10,922,173	$3,055,438
DMH Federal Stimulus – 2021 Fund	2455	8941	$573,198	$204,630
Health Initiatives Fund	0275	4151	$3,245,791	$ 3,245,791
Health Initiatives Fund	0275	8945	$21,209	$ 10,588
Mental Health Interagency Payments Fund	0109	7648	$10,000	$0

SERVICES

Service area Statewide

Location of services Statewide

Eligibility Services shall be provided in accordance with general eligibility criteria including a diagnosis of a Substance Use Disorder (not including tobacco use disorder) in accordance with the Diagnostic and Statistical Manual of Mental Disorders (DSM 5-TR) of the American Psychiatric Association. An individual may enter these substance use treatment programs at any service intensity commensurate with their level of bio-psychosocial function, including degree of substance use and available support systems

Capacity Unknown

	SERVICES CONTINUED
Numbers served	Excluding SATOP and SOR consumers, DBH served 44,252 persons in SUD treatment at contracted providers during FY 2023 (this number includes Medicaid expansion population and some Department of Corrections funded programs). Most of these are served through the CSTAR program. Persons receiving CSTAR may be counted in Medicaid and non-Medicaid counts as some services are not billable to Medicaid. Additionally, consumers may also be counted in non-CCBHO counts and CCBHO counts during the same reporting year as some services are not billable under the CCBHO model. **When limiting to non- Medicaid-eligible services outside of a CCBHO, the number served for FY 2023 was 23,980.**
Other data	Unknown

CERTIFIED COMMUNITY BEHAVIORAL HEALTH ORGANIZATIONS (CCBHO) – (CSTAR and Substance Use Treatment) PROVIDERS

Department, Agency DMH

Date started 2017

Program description

Missouri currently has 22 CCBHOs that are participating in the federal demonstration covering all of Missouri's 114 counties. Most CCBHO's had existing Comprehensive Substance Treatment and Rehabilitation (CSTAR) programs, but all must provide substance use disorder treatment services. All are designed to provide an array of comprehensive, but individualized, treatment services.

Program type Treatment

Substance targeted All substances

FUNDING

House Bill HB 10.115

Funding Source	Acct #	Appropriation #	FY24 Appropriation	FY23 Spent[1]
General Revenue Fund	0101	7593	$8,804,935	$4,634,371
General Revenue Fund	0101	7595	$17,693,535	$16,559,150
DMH Federal Fund	0148	7594	$30,536,122	$14,717,815
DMH Federal Fund	0148	7596	$1,100,000	$446,671
Title XXI-Children's Health Insurance Program Federal Fund	0159	8787	$312,603	$97,031
HCBS FMAP Enhancement Fund	2444	4102	$695,667	$0
HCBS FMAP Enhancement Fund	2444	4103	$1,495,965	$0

SERVICES

Service area Statewide

Location of services Statewide

Eligibility Services shall be provided in accordance with general eligibility criteria including a diagnosis of a Substance Use Disorder (not including tobacco use disorder) in accordance with the Diagnostic and Statistical Manual of Mental Disorders (DSM 5-TR) of the American Psychiatric Association. An individual may enter these substance use treatment programs at any service intensity commensurate with their level of bio-psychosocial function, including degree of substance use and available support systems.

Capacity Unknown

Numbers served Excluding SATOP and SOR consumers, DBH served 44,252 persons in SUD treatment at contracted providers during FY 2023 (this number includes Medicaid expansion population and some Department of Corrections funded programs). Most of these are served through the CSTAR program. Persons receiving CSTAR may be counted in Medicaid and non-Medicaid counts as some services are not billable to Medicaid. Additionally, consumers may also be counted in non-CCBHO counts and CCBHO counts during

	the same reporting year as some services are not billable under the CCBHO model. **When limiting to DMH funded CCBHO services, the number served for FY 2023 was 10,551.**
Other data[2]	Statewide average rate at which CCBHO providers are initiating treatment services within 14 days of diagnosis-- for 13-17 year olds (51.60%), for 18-64 year olds (Medicaid: 39.04%, Medicare & Medicaid: 33.74%), 65+ years old (Medicaid: 35.71%, Medicare & Medicaid: 27.59%). Statewide average rate at which CCBHO providers are properly initiating treatment services and then providing two or more services within 29 days of initiation-- for 13-17 year olds (37.77%), for 18-64 year olds (Medicaid: 28.45%, Medicare & Medicaid: 24.96%), 65+ years old (Medicaid: 28.57%, Medicare & Medicaid: 15.52%). Statewide average rate at which a CCBHO provider follows up with a person who was seen at an emergency room for a substance use disorder within a 7 day window or within a 30 day window- Medicaid (34.60%), Medicare & Medicaid (24.90%), Other (0%), Total 33.83%. FY 2022 Client Evaluations of Care, Rate that agreed or strongly agreed with survey questions in the category- Access (adult: 88%, youth 87%), Quality and appropriateness (adult: 90%), General satisfaction (adult:91%, youth: 89%), Outcomes (Adults: 71%, youth:72%), Participation in treatment (adult:86%, youth: 91%), cultural sensitivity (youth: 93%), social connectedness (adult:71%, youth: 87%), functioning (72%, youth: 75%)

Footnotes:

1. HCBS (fund 2444) was newly appropriated in FY24, therefore no expenditures in FY23.

PERSONNEL SERVICES

Department, Agency	DMH, DBH
Date started	N/A, Unknown
Program description	
Salaries for DBH administrative staff.	
Program type	Prevention, Treatment, Recovery
Substance targeted	N/A, Administrative

FUNDING

House Bill HB 10.100

Funding Source	**Acct #**	**Appropriation #**	**FY24 Appropriation**	**FY23 Spent**
General Revenue Fund	0101	2149	$1,298,978	$1,057,148
DMH Federal Fund	0148	2151	$889,486	$852,369
Health Initiatives Fund	0275	1839	$58,526	$52,227

EXPENSE & EQUIPMENT

Department, Agency	DMH, DBH
Date started	N/A, Unknown
Program description	
Expense and equipment funding for the DBH administrative staff.	
Program type	Prevention, Treatment, Recovery
Substance targeted	N/A, Administrative

FUNDING

House Bill HB 10.100

Funding Source	Acct #	Appropriation #	FY24 Appropriation	FY23 Spent
General Revenue	0101	2150	$23,193	$22,374
DMH Federal Fund	0148	2152	$605,180	$475,099

PERSONNEL SERVICES FOR STATE OPIOID RESPONSE (SOR) GRANT

Department, Agency	DMH
Date started	STR-SFY 2017 SOR-SFY 2019
Program description	
Salary for DBH State Opioid Response (SOR) Coordinator.	
Program type	Prevention, Treatment, Recovery
Substance targeted	N/A, Administrative

FUNDING

House Bill HB 10.100

Funding Source	Acct #	Appropriation #	FY24 Appropriation	FY23 Spent
DMH Federal Fund	0148	2151	$86,102	$79,018

EXPENSE & EQUIPMENT FOR STATE OPIOID RESPONSE (SOR) GRANT

Department, Agency	DMH
Date started	STR-SFY 2017 SOR-SFY 2019

Program description

Expense and equipment funding the State Opioid Response Coordinator, as well as contracting costs with the Missouri Institute of Mental Health (MIMH) at University of Missouri, St. Louis (UMSL) for evaluation, data collection, and outcomes tracking, etc. for the SOR grant.

Program type	Prevention, Treatment, Recovery
Substance targeted	N/A, Administrative

FUNDING

House Bill HB 10.100

Funding Source	Acct #	Appropriation #	FY24 Appropriation	FY23 Spent
DMH Federal Fund	0148	2152	$943,854	$413,625

SUD TREATMENT PERSONNEL SERVICES

Department, Agency	DMH, DBH
Date started	Unknown
Program description	
	Funding for staff overseeing statewide SUD programs.
Program type	Treatment, Recovery
Substance targeted	N/A, Administrative

FUNDING

House Bill HB 10.110

Funding Source	Acct #	Appropriation #	FY24 Appropriation	FY23 Spent
General Revenue	0101	4148	$702,324	$606,270
DMH Federal Fund	0148	4150	$263,536	$168,389
Health Initiatives Fund	0275	5002	$249,967	$91,343

SUD TREATMENT EXPENSE & EQUIPMENT

Department, Agency	DMH, DBH
Date started	Unknown
Program description	
Funding for EE related to staff overseeing statewide SUD programs.	
Program type	Treatment, Recovery
Substance targeted	N/A, Administrative

FUNDING

House Bill HB 10.110

Funding Source	Acct #	Appropriation #	FY24 Appropriation	FY23 Spent
DMH Federal Fund	0148	2051	$377,007	$42,912

SUD PREVENTION PERSONNEL SERVICES

Department, Agency	DMH, DBH
Date started	Unknown
Program description	Salaries for DBH prevention staff.
Program type	Prevention
Substance targeted	N/A, Administrative

FUNDING

House Bill HB 10.105

Funding Source	Acct #	Appropriation #	FY24 Appropriation	FY23 Spent
General Revenue Fund	0101	2649	$106,695	$83,158
DMH Federal Fund	0148	4143	$155,232	$155,231

SUD PREVENTION EXPENSE & EQUIPMENT

Department, Agency	DMH, DBH
Date started	Unknown
Program description	

Funding for EE related to prevention staff overseeing statewide prevention activities.

Program type	Prevention
Substance targeted	N/A, Administrative

FUNDING

House Bill HB 10.105

Funding Source	Acct #	Appropriation #	FY24 Appropriation	FY23 Spent
DMH Federal Fund	0148	4144	$396,585	$58,669

Department of Social Services (DSS)

Department of Social Services (DSS)

The Department of Social Services coordinates programs to provide public assistance, health care, child welfare, and assist troubled youth. DSS also combats fraud in public assistance programs, manages Medicaid audit and compliance initiatives, and supports law enforcement in child safety cases.

SAPT Hearing	June 22, 2023 and August 22, 2023
Presenters	Josh Moore, Director of Pharmacy at MO HealthNet Tony Bright, CFO MO HealthNet Dr. Eric Martin, Director of Behavioral Health Services Adam Crumblis Robert Knodell

FUNDING TOTALS

Program Costs

House Bill	HB 11	
Program Name	**FY24 Appropriation**	**FY23 Spent[1]**
Substance Abuse Prevention Network	$4,500,000	$0
Neonatal Abstinence Syndrome	$1,398,993	$0
SUD Postpartum	$1,405,349	$0
Medicaid Assisted Treatment – Drugs and Naloxone	$4.89 billion[1]	$28,338,894
Treatment for Therapy (Family/ Group/ Individual)	$314,054,681[1]	$1,754,283
Assessment/ Testing/ Screening/ Referral for SUD Treatment	$575,323,170[1]	$1,088,169

Administrative Costs

Program Name	**FY24 Appropriation**	**FY23 Spent[1]**
Total Costs	$41,485,714[2]	$31,181,372

Footnotes:

1. These programs do not have funds specifically appropriated for SUD treatment. However, the department was able to provide how much money was spent on SUD treatment as seen in FY23 Spent.
2. This number was calculated using the amount appropriated for substance abuse prevention network, neonatal abstinence syndrome, SUD Postpartum and the amount spent in FY23.

SUBSTANCE ABUSE PREVENTION NETWORK

Department, Agency	DSS
Date started	Will start in 2024
Program description	
Grant programs for FQHCs for a substance abuse prevention network.	
Program type	Prevention
Substance targeted	Multiple projects focused mainly on Opioids and Other Substance Use (excluding Tobacco)

FUNDING

House Bill HB 11.787

Funding Source	Acct #	Appropriation #[1]	FY24 Appropriation	FY23 Spent[2]
General Revenue	0101	4084, 4087	$2,000,000	$0
DSS Federal Fund	0610	4085, 4088	$2,000,000	$0
Opioid Addiction Treatment and Recovery Fund	0705	4086, 4089	$500,000	$0

SERVICES

Service area	Multiple locations across the State
Location of services	FQHCs
Eligibility	FQHC receives grant funding.[3]
Capacity	Unknown
Numbers served	N/A
Other data	Unknown

Footnotes:

1. The appropriation numbers for a grant project for a substance abuse prevention network for a FQHC located in a county with more than two hundred sixty thousand but fewer than three hundred thousand inhabitants are 0101-886-4084, 0610-886-4085, 0705-886-4086. For a grant program for a substance abuse prevention network 0101-886-4087, 0610-886-4088, 0705-886-4089.
2. Newly appropriated in FY24, therefore no expenditures in FY23.
3. To receive grant funding FQHCs submit proposals to DSS who evaluate given existing funding. Proposals are required to follow Federal Administrative Claiming guidance to receive Federal Funding. Proposals are required to meet Opioid settlement criteria to receive Opioid Addiction Treatment and Recovery funds.

NEONATAL ABSTINENCE SYNDROME

Department, Agency	DSS
Date started	Greater than five years ago
Program description	
Program providing clinical and case management support for pregnant women who are opioid addicted.	
Program type	Treatment
Substance targeted	Opioid

FUNDING

House Bill HB 11.715

Funding Source	Acct #	Appropriation #	FY24 Appropriation	FY23 Spent
General Revenue	0101	3954	$475,518	$0
Title XIX Federal Fund	0610	3955	$923,475	$0

SERVICES

Service area	N/A
Location of services	N/A
Eligibility	Opioid addicted pregnant women who are covered by Medicaid.[1]
Capacity	N/A
Numbers served	N/A
Other data	N/A

Footnotes:

1. These services are provided in Managed Care. This is excess authority. The FY24 MHD is requesting to core cut this authority in the DSS Department request.

SUD POSTPARTUM

Department, Agency	DSS
Date started	

Not implemented due to Public Health Emergency Continuous enrollment requirements, and passage of the 12 month full benefit extension for Postpartum Women

Program description	Twelve months Medicaid coverage for SUD postpartum women.
Program type	Treatment
Substance targeted	Any Substance associated with SUD diagnosis

FUNDING

House Bill HB 11.760

Funding Source	Acct #	Appropriation #	FY24 Appropriation	FY23 Spent
General Revenue	0101	4806	382,084	$0
Title XIX Federal Fund	0163	4807	927,601	$0
FRA Fund	0142	4912	95,664	$0

SERVICES

Service area	Statewide
Location of services	Statewide, all Medicaid Provider Types
Eligibility	Postpartum coverage for pregnant women with SUD diagnosis who are covered by Medicaid.
Capacity	Limited to Postpartum Women with SUD diagnosis
Numbers served	N/A
Other data	N/A

MEDICAID ASSISTED TREATMENT - DRUGS

Department, Agency	DSS
Date started	More than 10 years
Program description	
Payments for pharmaceutical assistance for substance abuse treatment.	
Program type	Treatment
Substance targeted	Opioids and Alcohol

FUNDING

House Bill HB11.700

Funding Source	Acct #	Appropriation #	FY24 Appropriation	FY23 Spent
Pharmacy	0101 0163 0114 0120 0144 0275 0885	2525, 8897, 2526, 1394, 6995, 5586, 3066, 3057	$1.34 billion[1]	$13,079,852

SERVICES

Service area	Statewide
Location of services	Pharmacies
Eligibility	Medicaid eligible individuals
Capacity	This service is part of the benefit package for all Medicaid enrolled participants meeting criteria to receive this covered service
Numbers served	8,349 unique non-AEG participants in SFY23[2]
Other data	None

Footnotes:

1. This is the amount appropriated for all drugs that are reimbursed through Medicaid. There is no amount appropriated specifically for payments for pharmaceutical assistance for substance abuse treatment.
2. From State Fiscal Year (SFY) 2023.

MEDICAID ASSISTED TREATMENT – DRUGS (ADULT EXPANSION GROUP)

Department, Agency	DSS
Date started	October 2021
Program description	
	Payments for pharmaceutical assistance for substance abuse treatment.
Program type	Treatment
Substance targeted	Opioid and Alcohol

FUNDING

House Bill HB 11.830

Funding Source	**Acct #**	**Appropriation #**	**FY24 Appropriation**	**FY23 Spent**
Adult Expansion Group PSD	2466 0358 0144 0196 0958 0142	1990, 1991, 1994, 1995, 1997, 2001	$3.45 billion[1]	$11,874,980

SERVICES

Service area	Statewide
Location of services	Pharmacies
Eligibility	Medicaid eligible individuals in the adult expansion group.
Capacity	This service is part of the benefit package for all Medicaid enrolled participants meeting criteria to receive this covered service
Numbers served	8,666 unique participants in SFY23
Other data	None

Footnotes:

1. This is the amount appropriated for all services that are reimbursed through Medicaid for the adult expansion group. There is no amount appropriated specifically for payments for pharmaceutical assistance for substance abuse treatment.

NALOXONE

Department, Agency	DSS
Date started	More than 8 years
Program description	
Payments for Naloxone through the Medicaid pharmacy program.	
Program type	Treatment
Substance targeted	Opioids

FUNDING

	House Bill		HB 11.700	
Funding Source	**Acct #**	**Appropriation #**	**FY24 Appropriation**	**FY23 Spent**
Pharmacy	0101 0163 0114 0120 0144 0275 0885 2466 0358 0144 0196 0958 0142	2525, 8897, 2526, 1394, 6995, 5586, 3066, 3057 1990,1991,1994,1995,1997 2001	$4.79 billion[1]	$3,384,062

SERVICES

Service area	Statewide
Location of services	Pharmacies
Eligibility	Medicaid eligible individuals.
Capacity	This service is part of the benefit package for all Medicaid enrolled participants meeting criteria to receive this covered service
Numbers served	23,348 in FY2023[2] [3]
Other data	None

Footnotes:

1. This is the amount appropriated for all drugs that are reimbursed through Medicaid (including AEG and non-AEG). There is no amount appropriated specifically for payments for naloxone.
2. From FY2023 includes unduplicated count of both AEG and non-AEG participants.

TREATMENT FOR THERAPY (FAMILY/GROUP/INDIVIDUAL)

Department, Agency	DSS
Date started	Greater than 10 years
Program description	
Reimbursement for therapy treatment related to a SUD diagnosis.	
Program type	Treatment
Substance targeted	All Substances

FUNDING

	House Bill		HB 11.715 and HB 11.830	
Funding Source	**Acct #**	**Appropriation #**	**FY24 Appropriation**	**FY23 Spent**
Physicians	0101 0163 0196 0968 2466 0358 0144 0196 0958 0142	8196,8197,8295,3067,6996 1990,1991,1994,1995,1997 2001	$4.02 billion[1]	$1,754,283

SERVICES

Service area	Statewide
Location of services	Physicians
Eligibility	Medicaid eligible individuals.
Capacity	This service is part of the benefit package for all Medicaid enrolled participants meeting criteria to receive this covered service
Numbers served	3,276 in FY 2023[2]
Other data	None

Footnotes:

1. FY24 appropriation amount includes both the Physician related appropriation and Adult Expansion Group appropriations in House Bill sections 11.715 and 11.830. Money is not specifically appropriated for reimbursement for SUD therapy.
2. Number of unique Medicaid participants that received this service through Fee-For-Service in FY 2023.

ASSESSMENT/ TESTING/ SCREENING/ REFERRAL FOR SUD TREATMENT

Department, Agency	DSS
Date started	Greater than 10 years
Program description	
Reimbursement for testing/screening for individuals with a potential SUD diagnosis	
Program type	Treatment
Substance targeted	All Substances

FUNDING

House Bill — HB 11.715 and HB 11.830

Funding Source	Acct #	Appropriation #	FY24 Appropriation	FY23 Spent
Physician	0101 0163 0196 0968 2466 0358 0144 0196 0958 0142	8196, 8197, 8295, 3067, 6996,1990,1991,1994, 1995,1997, 2001	$4.02 billion[1]	$1,088,169

SERVICES

Service area	Statewide
Location of services	Physician
Eligibility	Medicaid eligible individuals.
Capacity	This service is part of the benefit package for all Medicaid enrolled participants meeting criteria to receive this covered service
Numbers served	3,525 in FY 2023[2]
Other data	None

Footnotes:

1. FY24 appropriation amount includes both the Physician related appropriation and Adult Expansion Group appropriations in House Bill sections 11.715 and 11.830.
2. Number of unique Medicaid participants that received this service through Fee-For-Service in FY 2023.

Department of Corrections (DOC)

Department of Corrections

The Department of Corrections supervises 20 institutions and people on probation and parole. Their goal is to foster rehabilitation, treatment and education to ensure that justice-involved Missourians contribute to their communities, both inside and outside the correction institutions. More information about the Office of Administration can be found at their website **https://oa.mo.gov/**

SAPT Hearing	August 22, 2023
Presenters	Adam Albach Trevor Foley

FUNDING TOTALS

Program Costs

House Bill	HB 9	
Program Name	**FY24 Appropriation**	**FY23 Spent[1]**
Institutional Treatment Program	$10,883,089	$8,201,999
Toxicology	$517,155	$311,359
Reentry and Recidivism	$9,525,337	$6,711,719
Reducing Recidivism	$4,680,250	$0
Improving Community Treatment Services	$6,000,000	$3,970,951
Medication Assisted Treatment Expansion	$4,000,000	$0

Administrative Costs

Program Name	**FY24 Appropriation**	**FY23 Spent[1]**
Total Costs	$35,605,831	$19,196,028

Footnotes:

1. FY23 Spend as of May 2023.

INSTITUTIONAL TREATMENT SERVICES

Department, Agency	DOC
Date started	Initial services began in 1989

Program description

Substance Use and Recovery Services provides appropriate treatment to offenders with substance use related offenses and histories who are mandated to participate in treatment. The department has established a range of evidence-based services that include diagnostic center screening, clinical assessment, institutional substance use treatment services, and pre-release planning.

Program type	Prevention and Treatment
Substance targeted	All Controlled Substances and Alcohol

FUNDING

House Bill HB 9.200

Funding Source	Acct #	Appropriation #	FY24 Appropriation	FY23 Spent
General Revenue	0101	7261	$3,157,753	$2,779,149
General Revenue	0101	7262	$7,035,336	$4,968,873
REACT	0853	7263	$40,000	$514
Federal Expense & Equipment	0130	8103	$650,000	$453,464

SERVICES

Service area	A variety of treatment and assessment services are available in all 19 adult institutions and 2 transition centers
Location of services	Prison and transition centers
Eligibility	Any incarcerated offender ordered by the court or board to receive treatment. Plus, any offender with a substance use issue (positive UA, screened as eligible, prior OD history, etc), who volunteers for programming.
Capacity	2,756 institutional treatment program beds (440 female, 2,136 male), plus 70 beds for maximum-security male residents.
Numbers served	4,764 individuals
Other data	Of those 4,764 individuals, 73.24% successfully completed their programs and 26.76% exited the program without completion. 18.64% were unsuccessful and 8.12% were no-fault exits.

Footnotes:

1. FY23 spent as of May 2023.

TOXICOLOGY

Department, Agency	DOC
Date started	Early 1990's
Program description	

Funding for targeted and random staff and offender drug testing conducted by the department's in-house toxicology lab.

Program type	Prevention and Treatment
Substance targeted	All Controlled Substances and Alcohol

FUNDING

House Bill			HB 9.205	
Funding Source	**Acct #**	**Appropriation #**	**FY24 Appropriation**	**FY23 Spent[1]**
General Revenue	0101	7264	$517,155	$311,359

SERVICES

Service area	Provides toxicology services for staff and residents in both institutional and community settings.
Location of services	Prisons, Probation and Parole Offices
Eligibility	All offenders
Capacity	No defined capacity
Numbers served	In FY23 the lab processed 86,906 individual samples and 8,067 confirmation tests.
Other data	N/A

Footnotes:

1. FY23 spent as of May 2023.

REENTRY AND RECIDIVISM

Department, Agency	DOC
Date started	2009

Program description

The program is designed to address the needs of individuals under the supervision of Missouri Probation and Parole by providing the tools and services probationers and parolees need to be successful, law-abiding citizens in hopes of increasing their successful reentry back into their communities. The goal of the Initiative is to provide access to vital services and programs that have been identified by local agencies, service providers, and Missouri Reentry Process (MRP) teams as aiding in process of successful reentry. Funds support 26 competitive awards to 19 different organizations across the state. Funds are specified for reentry activities beyond substance use treatment, however substance use treatment is a significant cost driver for these funds.

Program type	Prevention and Treatment
Substance targeted	All substances except tobacco

FUNDING

House Bill — HB 9.015

Funding Source	Acct #	Appropriation #	FY24 Appropriation	FY23 Spent
General Revenue	0101	3283	$1,800,001	$1,288,868
General Revenue	0101	7262	$7,035,336	$4,968,873
REACT	0853	7263	$40,000	$514
Federal Expense & Equipment	0130	8103	$650,000	$453,464

SERVICES

Service area	Statewide
Location of services	Referral from Probation and Parole Officer
Eligibility	Any offender under active supervision that needs services.
Capacity	No defined capacity
Numbers served	FY22 1,773 (FY23-not yet available)
Other data	It should be noted this program is not limited to solely substance abuse services. This program provides other wrap-around services, as well.

Footnotes:

1. FY23 spent as of May 2023.

REDUCING RECIDIVISM

Department, Agency	DOC
Date started	June 2023

Program description

These funds are used to enter into an outcomes-based contract with a reentry services provider within the St. Louis area who assists with housing, employment, and substance use treatment for individuals under probation or parole. This program is to help people successfully complete their period of supervision.

Program type	Prevention and Treatment
Substance targeted	All substances except tobacco

FUNDING

House Bill HB 9.015

Funding Source	Acct #	Appropriation #	FY24 Appropriation	FY23 Spent[1,2]
General Revenue	0101	7720	$2,500,000	$0
Federal Expense & Equipment	0130	8103	$2,180,250	$0[3]

SERVICES

Service area	St. Louis County, St. Charles County, Jefferson County, Warren County, Lincoln County
Location of services	Referral from Probation and Parole Officer
Eligibility	Moderate and high-risk individuals under probation or parole. Program model must be "pay for performance".
Capacity	No defined capacity
Numbers served	0
Other data	DOC, the vendor, and evaluator have recently completed the Program Manual, which specifies the operations of the program. Enrollments are expected in December, 2023. The federal grant funded program aims to serve 180 individuals; the state funded program will serve as many as the funding will allow and contingent upon the vendor's ability to meet the performance objectives.

Footnotes:

1. FY23 spent as of May 2023.
2. Newly appropriated in FY24, therefore no expenditures in FY23.

IMPROVING COMMUNITY TREATMENT SERVICES

Department, Agency	DOC
Date started	2019

Program description

Improving Community Treatment Success Program (ICTS) is a collaborative program that requires the DOC and the DMH to work together to lower system costs, decrease crime, and create a safer and healthier Missouri. ICTS is a coordinated-care approach that focuses the highest intensity substance addiction services on the highest risk/highest need people on probation or parole supervision. The ICTS program is a "pay for performance" model where treatment provider performance geared toward positive impact on desired outcomes is incentivized in five outcome areas: retention in treatment, housing stability, employment stability, no substance use resulting in a sanction, and no technical revocations of supervision.

Program type	Prevention and Treatment
Substance targeted	All Substances except tobacco

FUNDING

House Bill HB 9.025

Funding Source	Acct #	Appropriation #	FY24 Appropriation	FY23 Spent
General Revenue	0101	8278	$6,000,000	$3,970,951

SERVICES

Service area	Butler, Boone, Buchanan, Greene, Polk, Camden, Cole, Miller, Pettis, Phelps, Pulaski, & St. Francois
Location of services	Referral from Department staff
Eligibility	Moderate to high risk individuals on probation or parole in a participating county with at least 9 months remaining on supervision who have a moderate to severe substance use disorder (or co-occurring substance use and mental health disorders). Funds are allocated to certified DMH providers by county based on the population served in the program. The funds are distributed by DMH.
Capacity	FY23 - 394 (average daily population)
Numbers served	FY23 - 341 (average daily population)
Other data	N/A

Footnotes:

1. FY23 spent as of May 2023.

MEDICATION ASSISTED TREATMENT (MAT) EXPANSION

Department, Agency	DOC
Date started	Expansion began April of 2023

Program description

The enhanced MAT program includes pre-release treatment at all DOC facilities. The program also includes expansion of MAT medications prescribed, however, the medical provider will determine appropriate course of treatment. The department's contracted substance use services and appropriate course of treatment. The department's contracted substance use services and medical/mental health care services providers are trained on the administration of MAT as well as the new referral process for these services. MAT services require a 60-day lead-time, and as such, referrals must be made a minimum of 60 days prior to an offender's release.

Program type	Treatment
Substance targeted	Opioids and alcohol

FUNDING

House Bill HB 9.195

Funding Source	Acct #	Appropriation #	FY24 Appropriation	FY23 Spent[1]
Opioid Settlement Fund	0705	2254	$4,000,000	$0

SERVICES

Service area	All prisons
Location of services	Prison
Eligibility	Any offender in pre-release planning who also meets the SUD, medical, and mental health screening criteria and who wishes to participate.
Capacity	Pilot Phase
Numbers served	Pilot Phase
Other data	*No data available at this time

Judiciary

JUDICIARY

Through the Office of State Courts Administrator (OSCA), the Judiciary is responsible for providing administrative, business and technology support services to the courts. The duties and responsibilities assigned to the state courts administrator's office relate to all levels of the state court system. Some of the ways the office assists the courts include case processing; criminal history reporting; debt collection and judgment enforcement; crime victims' rights; treatment court programming; the implementation of time standards for case disposition; and court improvement projects in the areas of child abuse and neglect, juvenile services, and family preservation. The office supports a statewide case management system in all courts, as well as a wide variety of other technical applications and hardware necessary for court operations. The office also provides administrative, fiscal, legal, and human resources support; training for judicial personnel; and statistical analysis.

SAPT Hearing	July 26, 2023
Presenters	Rick Morrissey, Deputy State Court Administrator from OSCA Cheri Pascal, Director of Court Business Services

FUNDING TOTALS

Program Costs

House Bill	HB 12	
Program Name	**FY24 Appropriation**	**FY23 Spent[1]**
Treatment Court	$10,579,972	$8,635,239
Medication Assisted Treatment	$1,000,000	$717,642

Administrative Costs

Program Name	**FY24 Appropriation**	**FY23 Spent[1]**
Treatment Court Personal Services	$373,815	$289,262
Total Costs	$11,953,607	$9,642,143

Footnotes:

1. FY23 Spend as of May 2023.

TREATMENT COURT

Department, Agency	Judiciary, OSCA
Date started	1993

Program description

Evidence based court programs that provide an alternative to traditional criminal justice case adjudication for high risk/high need individuals struggling with substance use disorders. These collaborative justice court models take a team based, less adversarial approach to case processing and combine close judicial oversight and monitoring with intensive supervision and substance abuse treatment services in lieu of incarceration.

Program type	Treatment
Substance targeted	All substances except tobacco

FUNDING

House Bill HB 12.380

Funding Source	Acct #	Appropriation #	FY24 Appropriation	FY23 Spent[1]
General Revenue	0101	5197	$10,579,792	$8,635,239
General Revenue	0101	5902	$373,815	$289,262

SERVICES

Service area	100 of 114 counties and the city of St. Louis have a treatment court.[2]
Location of services	Court
Eligibility	Candidates for the Treatment Court are assessed for eligibility using validated risk-assessment and clinical-assessment tools.
Capacity	Dependent on variables beyond state funding.
Numbers served	As of December 31, 2022 26,083 people have graduated from the treatment court program.[3]
Other data	In 2022, 2,021 people admitted to the program. 1,917 people exited the program, 2/3rds of whom graduated. A total of 1,234 babies have been born to female treatment court program participants. 1,117 were born drug free.[3]

Footnotes:

1. FY23 spent as of May 30, 2023.

TREATMENT COURT MEDICATION ASSISTED TREATMENT

Department, Agency	Judiciary, OSCA
Date started	2016
Program description	
Medication assisted treatment for treatment court program participants	
Program type	Treatment
Substance targeted	Alcohol and opioids

FUNDING

House Bill HB 12.380

Funding Source	Acct #	Appropriation #	FY24 Appropriation	FY23 Spent
General Revenue	0101	5197	$1,000,000	$717,642

SERVICES

Service area	100 of 114 counties and the city of St. Louis have a treatment court.[1]
Location of services	Court
Eligibility	Active treatment court participants are assessed by treatment providers contracted with the Office of State Courts Administrator (OSCA) and certified by the Missouri Department of Mental Health.
Capacity	Dependent upon variables beyond state funding.
Numbers served	As of December 31, 2022 26,083 people have graduated from the treatment court program.[1]
Other data	In 2022 2,021 people were admitted to the program. 1,917 people exited the program, 2/3rds of whom graduated. A total of 1,234 babies have been born to female treatment court program participants. 1,117 were born drug free.[1]

Department of Health and Senior Services (DHSS)

DEPARTMENT OF HEALTH AND SENIOR SERVICES (DHSS)

The new DHSS Vision is “Optimal health and safety for all Missourians in all communities, for life.” This vision statement includes both “health” and “safety” since many DHSS divisions and programs are designed to serve Missourians to improve their health outcomes and ensure they live healthy lives in safety. The phrases “in all communities” and “for life” call out our commitment to serve Missourians regardless of where they live and throughout all stages of life.

The new DHSS Mission is “to promote health and safety through prevention, collaboration, education, innovation, and response.” Our mission defines how we will work to achieve our vision. The new DHSS values are: excellence, collaboration, access, integrity, and accountability.

SAPT Hearing	July 26, 2023
Presenters	Alicia Jenkins Karen Wallace Sarah Ehrhard Reid Steve Cramer Valerie Howard

FUNDING TOTALS

Program Costs

House Bill	HB 10	
Program Name	**FY24 Appropriation**	**FY23 Spent[1]**
Perinatal Quality Collaborative	$350,000	$86,914.06
Overdose Data to Action	$4,339,257	$3,729,064
Naloxone Spray	$800,000	$473,670
Missouri Coordinating Overdose Response Partnerships and Support (MO_CORPS)	$789,188	$118,046
Adult Use SUD Grants	$1,278,973	$0
Total Costs	$7,557,418	$4,407,694

Footnotes:

1. FY23 Spend as of Aug 2023.

PERINATAL QUALITY COLLABORATIVE

Department, Agency	DHSS
Date started	12/1/2022

Program description

This funding is provided by opioid settlement funds to support the prevention of opioid use disorder (OUD) among pregnant and postpartum women in Missouri. It funds a Perinatal Quality Collaborative, which is a multi-sector partnership that works to implement measures to prevent OUD.

Program type	Prevention
Substance targeted	Opioids

FUNDING

House Bill HB 10.730

Funding Source	Acct #	Appropriation #	FY24 Appropriation	FY23 Spent
Women's Health Initiatives – From Opioid Addiction Treatment and Recovery Fund	0705	9523	$350,000	$244,368

SERVICES[1]

Service area	Statewide
Location of services	Hospitals, birthing units, and clinics
Eligibility	Hospitals/birthing units and clinics serving pregnant, postpartum, and infants. Criteria for participant **-** Pregnant and postpartum persons in Missouri who are at risk of an opioid use disorder (OUD) and neonates at risk or affected by opioid withdrawal syndrome.
Capacity	N/A
Numbers served	23/60 birthing facilities voluntarily participated. Facilities were required to partner with at least one OB/GYN clinic. This equates to 35,622 (or 52%) deliveries potentially served. 14/63 facilities with newborn care units participated.

SERVICES CONTINUED

Other data

Birthing Facilities:
Validated Verbal OUD Screening Tool Implementation: Large statistically significant increase in sustained implementation, T1 (10%, *n*= 1) and T2 (40%, *n*= 4), X2(3) = 10.933, *p*= .01,Φ = .74.
Postpartum Discharge Pain Medication Protocol Implementation: Large statistically significant increase in sustained implementation, T1 (10%, *n*= 1) and T2 (40%, *n*= 4), X2(4) = 10.933, *p*= .03,Φ = .74.
Maternal OUD Screening Rates: Large statistically significant increase in the average rate of maternal patients screened for OUD at least once from prenatal through birth discharge, T1 (20%, *n*= 2) and T2 (60%, *n*= 6), X2(3) = 7.833, *p*= .05,Φ = .63.
OUD Inpatient Pain Management Protocol Implementation: While not statistically significant, there was a large increase in the sustained implementation of an inpatient pain management protocol for maternal patients diagnosed with OUD, T1 (0%, *n*= 0) and T2 (20%, *n*= 2), *p*= .15,Φ = .58.
Brief Intervention Rates: While not statistically significant, there was a medium increase in the average rate of brief intervention completion for maternal patients who screened positive for SUD risk, T1 (40%, n = 4) and T2 (50%, n = 5), *p*= .427,Φ = .37.
Referral to Treatment Rates: While not statistically significant, there was a small increase in the average rate of referral to treatment for maternal patients who screened positive for SUD risk, T1 (40%, n = 4) and T2 (50%, n = 5), *p*= .94,Φ = .14.
Facilities with Newborn Care Units:
The transfer rate of Neonatal Abstinence Syndrome (NAS)-diagnosed infants or infants at risk for withdrawal was reduced by 23.9% (30.1% to 22.9%).
The rate of NAS-diagnosed infants or infants at risk for withdrawal receiving nonpharmacologic treatment as a first-line intervention increased by 17.9% (84.1% to 99.1%).
The rate of NAS-diagnosed infants or infants at risk for withdrawal receiving pharmacologic treatment was reduced by 13.1% (30.8% to 26.8%).
The rate of maternal patients screened for OUD/SUD during prenatal care increased by **47.9%** (66.9% to 99%), and upon birth admission increased by **67.3%** (57.5% to 96.2%).
Facilities increased the rate of NAS-diagnosed infants receiving a safe plan of care by **36.8%** (71.2% to 97.4%) and the rate of maternal patients receiving a safe plan of care by **144.41%** (37% to 90.5%) (supports care coordination and social determinants of health mitigation).

Comments

Sole Source – Missouri Hospital Association.

OVERDOSE DATA TO ACTION

Department, Agency	DHSS
Date started	9/1/2019

Program description

This funding is provided by the CDC to support the state in developing comprehensive and timely data that supports the implementation of targeted interventions that will prevent substance misuse and overdose.

Program type	Prevention
Substance targeted	Opioids and Stimulants

FUNDING

House Bill		HB 10.700		
Funding Source	**Acct #**	**Appropriation #**	**FY24 Appropriation**	**FY23 Spent**
Division of Community & Public Health (PS)	0143	1217	$1,396,225[1]	$3,729,064
Division of Community & Public Health (EE)	0143	1218	$249,406	
House Bill			HB 10.710	
Division of Community & Public Health Programming	0143	1256	$2,693,626	

SERVICES[2]

Service area	Statewide
Location of services	Local public health agencies, treatment and recovery organizations, community-based organizations, and universities.
Eligibility	State contractors including local public health agencies (LPHAs), local CBOs, medical examiners and coroners' offices, and other state and local entities focused on overdose. Various providers are eligible. Contractors must provide overdose prevention services that are in line with the priorities and scope of the CDC's Overdose Data to Action cooperative agreement.
Capacity	N/A
Numbers served	In FY23, the Overdose Data to Action evaluation documented providing overdose prevention services to over 15,000 individuals through the transportation and harm reduction contracts.

SERVICES CONTINUED

Other data	In FY23, Overdose Data to Action supported three media campaigns focused on fentanyl, opioid awareness, and harm reduction that accumulated 13,853,127 total impressions, including social media platforms, digital videos, and out of home advertisements. In FY23, Overdose Data to Action contracted with three community based prevention organizations that focused on enhancing local partnerships, primary prevention efforts, awareness efforts, establishing linkages to treatment and recovery throughout 19 counties in Missouri. In FY23, Overdose Data to Action contracted with 17 Local Public Health Agencies that focused on primary prevention and/or awareness efforts as well as establishing linkages to treatment and recovery services throughout the county they serve. In FY23, Overdose Data to Action conducted a statewide Harm Reduction Conference that had over 220 attendees who work in substance use services across the state of Missouri.
Comments	Contracted and Sole Source to various contractors based on specific services. The federal fund is “Overdose Data in Action – NCIPC”, the CDFA number is 93.136, and the federal government has provided $4,024,659 in Federal FY24.

Footnotes

1. The federal fund is “Overdose Data in Action – NCIPC”, the CDFA number is 93.136, and the federal government has provided $4,024,659 in Federal FY24.

NALOXONE SPRAY

Department, Agency	DHSS
Date started	7/1/2022
Program description	Naloxone spray ordering and distribution.
Program type	Prevention
Substance targeted	Opioids

FUNDING

House Bill HB 10.715

Funding Source	Acct #	Appropriation #	FY24 Appropriation	FY23 Spent
DCPH Naloxone	0705	2928	$800,000[1]	$473,670

SERVICES[2]

Service area	Statewide with focus on rural areas of high need
Location of services	Unknown
Eligibility	Local public health agencies (LPHAs), emergency medical service (EMS), and harm reduction organizations are all eligible to apply for Naloxone Distribution from the contractor.
Capacity	Funding will purchase approximately 19,048 Narcan kits.
Numbers served	17,160 kits distributed
Other data	N/A
Comments	Sole Source – Missouri Institute for Mental Health
Fund use criteria	

Footnotes:

1. $800,000 is provided by the federal government for Federal FY24.

MISSOURI COORDINATING OVERDOSE RESPONSE PARTNERSHIPS AND SUPPORT (MO_CORPS)

Department, Agency	DHSS
Date started	9/30/2022

Program description

Provide overdose response training for first responders on overdose response and stigma toward people who use drugs in 20 targeted counties. This contract also includes distribution of Naloxone.

Program type	Prevention
Substance targeted	Opioids

FUNDING

House Bill			HB 10.700	
Funding Source	**Acct #**	**Appropriation #**	**FY24 Appropriation**	**FY23 Spent**
Division of Community & Public Health (PS)	0143	1217	$32,916[1]	$118,045.97
House Bill			HB 10.710	
Division of Community & Public Health Programming	0143	1256	$756,272[1]	

SERVICES

Service area	Targeted 20 counties and their local public health agencies (LPHAs) and first responders for overdose response training and distribution of Naloxone.
Location of services	The entire state of Missouri, with prioritization of 20 high-need counties based on overdose death rate per capita: St. Louis City, St. Louis County, St. Charles, Jefferson, Greene, Jackson, Clay, Pulaski, Laclede, Warren, Ste. Genevieve, Phelps, Dent, Gasconade, Montgomery, Butler, Texas, St. Francois, Buchanan, Lincoln.
Eligibility	Law Enforcement agencies (including Corrections and Probation/Parole), Fire Departments, EMS agencies, and Local Public Health agencies in the state of Missouri and any law enforcement officer, EMS personnel, firefighter, and local public health worker in Missouri are eligible to participate in training and/or receive naloxone once training is completed. Any first responder agency in Missouri who requests training qualifies to receive training, with priority given to 20 high-need counties listed above. To receive naloxone through the MO-CORPS project, 75% of personnel must in trained in naloxone administration, either through MO-CORPS or through another program of record in last 24 months.
Capacity	approximately 20-30 in-person trainings per month; $543,671 budget for naloxone between y1 and y2
Numbers served	570 professional first responders trained between 1 July 2023 and 1 Dec 2023

SERVICES CONTINUED

Other data	For MO-CORPS training (between 1 July 2023 and 1 Dec 2023), 341 participants completed the pre-survey, 233 completed the post survey; 95.7% of participants said they learned something new. 5608 units of naloxone were distributed from 1 Jul 2023 - 1 Dec 2023.
Comments	Appropriation FTE 0.49. The federal grant name is “Missouri Coordinating Overdose Response Partnerships and Support”; CFDA number is 93.243. Sole source – Missouri Institute for Mental Health.

Footnotes:

1. $800,000 is provided by the federal government for Federal FY24.

ADULT USE – SUD GRANTS

Department, Agency	DHSS
Date started	FY24

Program description

Increase access to evidence-based, low-barrier drug addiction treatment prioritizing medically proven treatment and overdose prevention and reversal methods and public or private treatment options with an emphasis on reintegrating recipients into their local communities, to support overdose prevention education, and to support job placement, housing, and counseling for those with substance use disorders.

Program type	Community grant opportunity
Substance targeted	Not specified

FUNDING

House Bill HB 10.905

Funding Source	Acct #	Appropriation #	FY24 Appropriation	FY23 Spent[1]
Health Reinvestment SUD	0640	3756	$1,278,973	$0

SERVICES

Service area	Statewide
Location of services	Not yet determined
Eligibility	Community agencies that meet criteria as stated in the constitution
Capacity	To be determined
Numbers served	To be determined
Other data	To be determined
Comments	With the newness of this program, the Department is still in the preliminary stages of this program to assure the best support of the citizens of Missouri. DHSS will continue to work internally and with Department of Mental Health (DMH) for this program. Authorized by Article XIV, Section 2.

Footnote

1. Newly appropriated in FY24, therefore no expenditures in FY23.

TOBACCO PREVENTION AND CONTROL (TPCP)

Department, Agency Health and Senior Services

Date started 1992

Program description

TPCP works to reduce deaths and prevent chronic diseases that result from tobacco use. TPCP strives to improve the health of Missourians by promoting and supporting tobacco-free environments and lifestyles.

TPCP and its partners promote and implement tobacco control interventions, including actions to prevent youth from starting to use tobacco-related products, including e-cigarettes, increase access to smoke/tobacco-free environments, offer programs to help tobacco users quit, and take steps to decrease health disparities by eliminating tobacco-related health disparities in different population groups. Example activities include managing the state tobacco quitline, implementing media campaigns, providing a youth leadership program, and providing training and technical assistance.

Program type Both treatment and prevention

Substance targeted Tobacco

FUNDING

House Bill

Funding Source	HB Section	Appropriation #	FY24 Appropriation	FY23 Spent
General Revenue	10.725	9011	$48,500	$41,370.50
DHSS Federal Fund	10.700	9012	$48,500	$41,370.50
DHSS Federal Fund	10.700	1217	$1,566,305	$1,218,444.56
Health Initiatives Fund	10.700	7653	$2,425,000	$2,361,148.81

SERVICES

Service area Statewide

Location of services Statewide

Eligibility All Missourians

Capacity Unknown

Numbers served Missouri Tobacco Quit Services (Quitline) serves over 10,000 Missourians annually, with more than 4,000 enrolling for services, and provides training and technical assistance to over 6,500 annually

Other data 43 communities have a clean indoor air policy protecting 30% of Missourians from exposure to secondhand smoke, while 30 communities have a policy prohibiting the sale of tobacco products to anyone less than 21 years of age.

Office of Administration (OA)

OFFICE OF ADMINISTRATION (OA)

The Office of Administration oversees all state employee benefits, retirement and IT system needs. Because this is a centralized service, their OA overhead costs are allocated to different SATP programs (like the Prescription Drug Monitoring Program). More information about the Office of Administration can be found at their website **https://oa.mo.gov/**

SAPT Hearing	June 22nd, 2023
Presenters	Dean Linneman

Hearing Highlights

The Division of Accounting is responsible for the operation of the statewide accounting, payroll and benefits systems and is the custodian of the official accounting records of the state. The division accounts for shared services and prepares cost allocations for benefits, centralized services and ERP/IT costs.

FUNDING TOTALS

Program Costs

House Bill HB 5

Funding Source	Acct #	Appropriation #	FY24 Appropriation	FY23 Spent[1]
Prescription Drug Monitoring Program (PDMP)			$2,585,554	$105,933

Administrative Costs

Funding Source	Acct #	Appropriation #	FY24 Appropriation	FY23 Spent[1]
Employee Benefits/Fringe- OASDHI			$23,724	$0
Employee Benefits/Fringe- Retirement			$94,760	$0
Employee Benefits/Fringe- MCHCP			$19,926	$0
Central Services Cost Allocation Transfer			$105,032	$94,704
ERP Cost Allocation Transfer			$3,527	$32,972
Subtotal			$246,969	$94,704
Total Costs			$2,832,523	$233,609

Footnotes:

1. FY23 Spend as of Aug 2023.

PRESCRIPTION DRUG MONITORING PROGRAM (PDMP)

Department, Agency	OA
Date started	Unknown

Program description

The PDMP was established for the purpose of overseeing the collection and use of patient dispensation information for prescribed controlled substances. All prescribers of controlled substances in Missouri will have access to patient dispensation information to assist with prescribing decisions once the program is fully implemented.

Program type	Prevention
Substance targeted	All Controlled Substances, Opioid, other

FUNDING

House Bill HB 5.005

Funding source	Acct #	Appropriation #	FY24 Appropriation	FY23 Spent[1]
General Revenue	0101	2919	$249,902	$100,525
General Revenue	0101	2931	$1,935,652	$5,408
Pres Drug Monitoring	0135	2932	$400,000	$0

Program authorized by SB 63 in 2021 195.600

SERVICES

Service area	Unknown
Location of services	Unknown
Eligibility	Unknown
Dept, Agency criteria to qualify	Unknown
Criteria for participant	Unknown
Capacity	Unknown
Numbers served	Unknown
Other data	Unknown

Footnotes

1. FY23 Spent as of Aug 2023.

EMPLOYEE BENEFITS/FRINGE - OASDHI

Department, Agency OA

Date started Unknown

Program description

Employee Benefit/fringe payments are paid from the same fund as a state employee's normal salary. This is the estimated amount of Medicare & Social Security Taxes that will be paid from Fund 0705 (Opioid Addiction Treatment and Recovery Fund). Actual amounts will depend on the number of employees being paid from Fund 0705 in FY24.

Program type All

Substance targeted N/A, Administrative

FUNDING

House Bill HB5.450

Funding Source	Acct #	Appropriation #	FY24 Appropriation	FY23 Spent[1]
OASDHI Contribution Transfer	0705	T293	$23,724	$0

Program authorized by HB 5 Employee Benefits

Footnotes

1. FY23 Spend as of Aug 2023.

EMPLOYEE BENEFITS/FRINGE - RETIREMENT

Department, Agency	OA
Date started	Unknown

Program description

Employee Benefit/fringe payments are paid from the same fund as a state employee's normal salary. This is the estimated amount in Retirement costs that will be paid from Fund 0705 (Opioid Addiction Treatment and Recovery Fund). Actual amounts will depend on the number of employees being paid from Fund 0705 in FY24.

Program type	All
Substance targeted	N/A, Administrative

FUNDING

House Bill HB 5.470

Funding Source	Acct #	Appropriation #	FY24 Appropriation	FY23 Spent[1]
Retirement System Transfer	0705	T293	$94,760	$0

Program authorized by HB 5 Employee Benefits

Footnotes

1. FY23 Spend as of Aug 2023.

EMPLOYEE BENEFITS/FRINGE - MCHCP

Department, Agency	OA
Date started	Unknown

Program description

Employee Benefit/fringe payments are paid from the same fund as a state employee's normal salary. This is the estimated amount of health insurance costs that will be paid from Fund 0705 (Opioid Addiction Treatment and Recovery Fund). Actual amounts will depend on the number of employees being paid from Fund 0705 in FY24.

Program type	All, Prevention, Treatment
Substance targeted	N/A, Administrative

FUNDING

House Bill HB 5.520

Funding Source	Acct #	Appropriation #	FY24 Appropriation	FY23 Spent[1]
MCHCP Transfer	0705	T304	$19,926	$0

Program authorized by HB 5 Employee Benefits

Footnotes

1. FY2023 Spent as of Aug 2023.

CENTRAL SERVICES COST ALLOCATION TRANSFER

Department, Agency OA

Date started Unknown

Program description

Using standard accepted accounting methods, the Central Services Cost Allocation Plan (CSCAP) recovers the costs of providing services to various state funds. This is the estimated amount that will be allocated to Fund 0705 (Opioid Addiction Treatment & Recovery Fund).

Program type All, Prevention, Treatment

Substance targeted N/A, Administrative

FUNDING

House Bill HB 5.290

Funding Source	Acct #	Appropriation #	FY24 Appropriation	FY23 Spent[1]
Central Services Allocation Transfer	0705	T948	$105,032	$94,704

Program authorized by HB 5 Office of Administration

Footnotes

1. FY2023 Spent as of Aug 2023.

ERP COST ALLOCATION TRANSFER

Department, Agency	OA
Date started	Unknown

Program description

This section allows costs to be allocated to various funds in support of the new Enterprise Resource Planning (ERP) system. This allows various state funds to pay their proportionate share of costs in order to reimburse General Revenue. This is the estimated amount that will be allocated to Fund 0705 (Opioid Addiction Treatment & Recovery Fund).

Program type	All, Prevention, Treatment
Substance targeted	N/A, Administrative

FUNDING

House Bill HB 5.050

Funding Source	Acct #	Appropriation #	FY24 Appropriation	FY23 Spent[1]
ERP Cost Allocation Transfer	0705	T636	$3,527	$32,972

Program authorized by HB 5 Office of Administration

Footnotes

1. FY23 Spend as of Aug 2023.

Department of Elementary and Secondary Education (DESE)

DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION (DESE)

The Missouri Department of Elementary and Secondary Education is the administrative arm of the Missouri State Board of Education that works with school officials, legislators, government agencies, community leaders, and citizens to maintain a strong public education system. More information about the Department of Elementary and Secondary Education can be found at their website https://dese.mo.gov/.

SAPT Hearing	N/A
Presenters	N/A

FUNDING TOTALS

Program Costs

House Bill	HB 2	
Program Name	**FY24 Appropriation**	**FY23 Spent[1]**
Maternal Substance Use Training	$255,600	$9,999
Substance Use Prevention (Cannabis)	$955,000	$0
Total Costs	$1,210,600	$9,999

Footnotes:

1. FY23 Spend as of Aug 2023.

MATERNAL SUBSTANCE USE TRAINING

Department, Agency	DESE, DHSS[1]
Date started	7/1/2022

Program description

The Missouri Department of Elementary and Secondary Education (DESE) is seeking training for early care and education providers, including home visitors. This training will be designed to improve both the confidence and competence of these providers as they work with families of children who have experienced prenatal substance exposure. The training is provided as online/interactive workshops.

Program type	Treatment
Substance targeted	All substances

FUNDING

House Bill HB 02.030

Funding Source	Acct #	Appropriation #	FY24 Appropriation	FY23 Spent
Elementary and Secondary Education – Federal Fund	0105	9008	$255,600	$9,999

SERVICES

Service area	Statewide
Location of services	Online
Eligibility	Early care and education providers, including home visitors who serve ages 0-3.
Capacity	Unknown
Numbers served	0, training is in development stage
Other data	The topics to be covered in these workshops will include:

- Understanding parental substance use and implications for infants and young children
- How substances influence and alter infant brain development
- Short-term health and developmental implications of prenatal substance exposure
- Longer-term effects of prenatal substance exposure on child development
- Strategies to promote infant recovery and child development
- The influence of epigenetics on children (and parents)
- The effects of trauma on infant development and child learning

SERVICES CONTINUED

Comments	Authorized by federal grant. This is part of the Early Child Comprehensive Systems (ECCS), which serves all facets of early childhood education. The federal grant name is “Early Childhood Comprehensive Systems: Health Integration Prenatal to Three Program.”

Footnote:

1. This funding goes through DESE, but training is provided to workers in DHSS programs.

SUBSTANCE USE PREVENTION

Department, Agency	DESE
Date started	2023

Program description

For a primary substance use prevention not-for-profit organization, located in a county with more than one million inhabitants, with experience working on public health campaigns for the creation and implementation of a statewide public health campaign focused on education of adult use cannabis and the prevention of youth cannabis usage utilizing learning management systems and peer taught curriculum.

Program type	Prevention
Substance targeted	Cannabis

FUNDING

House Bill HB 02.030

Funding Source	Acct #	Appropriation #	FY24 Appropriation	FY23 Spent
General Revenue	0101	4863	$955,000	$0

SERVICES

Service area	Counties with greater than 1 million people
Location of services	Non-profits
Eligibility	Non-profit with experience working on public health campaigns.
Capacity	Unknown
Numbers served	Unknown
Other data	Unknown
Comments	None

Supplemental Information

Prevention Provider	Services provided	FY23 Number served
First Call Alcohol/Drug Prevention & Recovery	First Call Alcohol/Drug Prevention & Recovery's Prevention Resource Center (PRC) program is a community-based prevention program that provides technical assistance and training to communities and coalitions in a fourcounty service region across Western Missouri. The PRC assists communities in assessing the substance use prevention needs, building capacity, developing sound strategic and implementation plans to address those needs, and evaluating their prevention efforts during and following implementation. The PRC implements evidence-based programs/strategies. Additionally, the PRC coordinates the Division of Behavioral Health (DBH) Tobacco Merchant Education Campaign, provides Mental Health First Aid trainings, Signs of Suicide (SOS) trainings, and Question Persuade and Refer (QPR) trainings in their designated area. First Call also implements the How to Cope program. How to Cope is a seven-session course utilizing an evidence-based program that is offered to adult family members and friends impacted by a loved one's substance use. How to Cope helps participants overcome the related physical, psychological and social effects and build a healthy life for themselves.	Prevention Education - 12,981 SOS/QPR - 104
Tri-County Mental Health Services	Tri-County Mental Health's Prevention Resource Center (PRC) program is a community-based prevention program that provides technical assistance and training to communities and coalitions in a three-county service region in Western Missouri. The PRC assists communities in assessing the substance use prevention needs, building capacity to address those needs, developing sound strategic and implementation plans to address those needs, and evaluating their prevention efforts during and following implementation. The PRC implements evidence-based programs/strategies. Additionally, the PRC coordinates the Division of Behavioral Health (DBH) Tobacco Merchant Education Campaign, provides Mental Health First Aid trainings, Signs of Suicide (SOS) trainings, and Qustion Persuade and Refer (QPR) trainings in their designated area.	Prevention Education - 9,387 SOS/QPR - 235
Preferred Family Healthcare	Preferred Family Healthcare's Prevention Resource Center (PRC) program is a community-based prevention program that provides technical assistance and training to communities and coalitions in a 27-county service region in Western and Eastern Missouri. The PRC assists communities in assessing the substance use prevention needs, building capacity to address those needs, developing sound strategic and implementation plans to address those needs, and evaluating their prevention efforts during and following implementation. The PRC implements evidence-based programs/strategies. Additionally, the PRC coordinates the Division of Behavioral Health (DBH) Tobacco Merchant Education Campaign, provides Mental Health First Aid trainings, Signs of Suicide (SOS) trainings, and Question Persuade and Refer (QPR) trainings in their designated area. Another Preferred prevention program is SPIRIT, School-based Prevention Intervention and Resources Initiative. SPIRIT proposes to delay onset of and decrease substance use, improve overall school performance, and reduce incidents of violence. SPIRIT is implemented in partnership with the Knox County, Scotland County, South Shelby, Macon, Kirksville, North Andrew, and La Plata School Districts.	Prevention Education - 112,078 SOS/QPR - 27
Compass Health	Compass Health's Prevention Resource Center (PRC) program is a community-based prevention program that provides technical assistance and training to communities and coalitions in a 29-county service region in Western, Southwest, and Eastern Missouri. The PRC assists communities in assessing the substance use prevention needs, building capacity to address those needs, developing sound strategic and implementation plans to address those needs, and evaluating their prevention efforts during and following implementation. The PRC implements evidence-based programs/strategies. Additionally, the PRC coordinates the Division of Behavioral Health (DBH) Tobacco Merchant Education Campaign, provides Mental Health First Aid trainings, Signs of Suicide (SOS) trainings, and Question Persuade and Refer (QPR) trainings in their designated area.	Prevention Education - 22,045 SOS/QPR - 798
PreventEd	PreventEd's Prevention Resource Center (PRC) program is a community-based prevention program that provides technical assistance and training to communities and coalitions in a six-county service region in Eastern Missouri and the city of St. Louis. The PRC assists communities in assessing the substance use prevention needs, building capacity to address those needs, developing sound strategic and implementation plans to address those needs, and evaluating their prevention efforts during and following implementation. The PRC implements evidence-based programs/strategies. Additionally, the PRC coordinates the Division of Behavioral Health (DBH) Tobacco Merchant Education Campaign, provides Mental Health First Aid trainings, Signs of Suicide (SOS) trainings, and Question Persuade and Refer (QPR) trainings in their designated area. Another PreventEd prevention program is SPIRIT, School-based Prevention Intervention and Resources Initiative. SPIRIT proposes to delay onset of and decrease substance use, improve overall school performance, and reduce incidents of violence. SPIRIT is implemented in partnership with the Ritenour School District.	Prevention Education - 10,984 SOS/QPR - 0
Southeast Missouri State University	The Southeast Prevention Resource Center (PRC) is a prevention program located on the Southeast Missouri State University (University) campus. The PRC is a community-based prevention program that provides technical assistance and training to communities and coalitions in a six-county service region. The PRC assists communities in assessing the substance use prevention needs, building capacity to address those needs, developing sound strategic and implementation plans to address those needs, and evaluating their prevention efforts during and following implementation. The PRC implements evidence-based programs/strategies. Additionally, the PRC coordinates the Division of Behavioral Health (DBH) Tobacco Merchant Education Campaign, provides Mental Health First Aid trainings, Signs of Suicide (SOS) trainings, and Question Persuade and Refer (QPR) trainings in their designated area.	Prevention Education - 4,497 SOS/QPR - 0

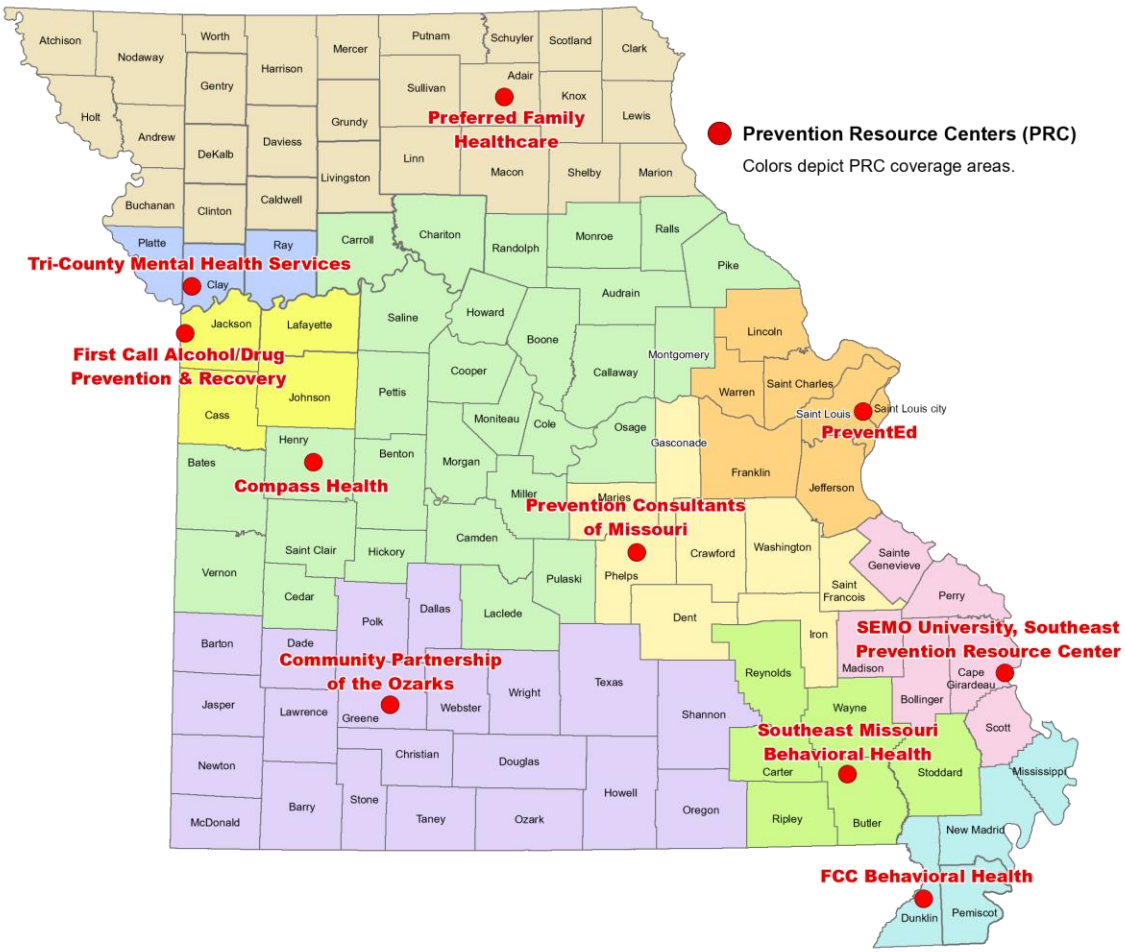
Southeast Missouti Behavioral Health	Southeast Missouri Behavioral Health's Prevention Resource Center (PRC) program is a community-based prevention program that provides technical assistance and training to communities and coalitions in a sixcounty service region in Southeast Missouri. The PRC assists communities in assessing the substance use prevention needs, building capacity to address those needs, developing sound strategic and implementation plans to address those needs, and evaluating their prevention efforts during and following implementation. The PRC implements evidence-based programs/strategies. Additionally, the PRC coordinates the Division of Behavioral Health (DBH) Tobacco Merchant Education Campaign, provides Mental Health First Aid trainings, Signs of Suicide (SOS) trainings, and Question Persuade and Refer (QPR) trainings in their designated area.	Prevention Education - 13,060 SOS/QPR - 121
Prevention Consultants of Missouri	Prevention Consultants of Missouri's (PCM) Prevention Resource Center (PRC) program is a community-based prevention program that provides technical assistance and training to communities and coalitions in an eightcounty service area in Southeast Missouri. The PRC assists communities in assessing their substance use prevention needs, building capacity to address the needs identified, developing strategic and implementation plans, and evaluating their prevention efforts during and following implementation. The PRC implements evidence-based programs/strategies. Additionally, the PRC coordinates the Division of Behavioral Health (DBH) Tobacco Merchant Education Campaign, provides Mental Health First Aid trainings, Signs of Suicide (SOS) trainings, and Question Persuade and Refer (QPR) trainings in their designated area. PCM also implements Mentoring Makes a Difference, which is a one-on-one mentoring program that matches an adult with a referred, at risk child. The program includes kids ages seven through 14. The mentor and mentee meet one hour a week in a supervised setting for a minimum of one year. The Mentoring Makes a Difference program not only works to provide a positive influence on the life of the participating child through mentoring, it also provides family involvement activities.	Prevention Education - 4,750 SOS/QPR - 285
Community Partnership of the Ozarks	Community Partnership of the Ozarks (CPO) Prevention Resource Center (PRC) program is a community-based prevention program that provides technical assistance and training to communities in a 21-county service region across Southwest Missouri. The PRC assists communities in assessing the substance use prevention needs, building capacity to address those needs, developing sound strategic and implementation plans, and evaluating their efforts during and following implementation. The PRC implements evidence-based programs/strategies. Additionally, the PRC coordinates the Division of Behavioral Health (DBH) Tobacco Merchant Education Campaign, provides Mental Health First Aid trainings, Signs of Suicide (SOS) trainings, and Question Persuade and Refer (QPR) trainings in their designated area. Another CPO prevention program is SPIRIT, School-based Prevention Intervention and Resources Initiative. SPIRIT proposes to delay onset of and decrease substance use, improve overall school performance, and reduce incidents of violence. SPIRIT is implemented in partnership with the Carthage School District.	Prevention Education - 4,931 SOS/QPR - 77
The providers below are not considered Prevention Resource Centers, however, they provide contracted prevention servcies.		
Partners in Prevention	The University of Missouri – Columbia Partners in Prevention (PIP) provides statewide prevention services targeting college campuses and universities. PIP is comprised of 26 public and private colleges and universities across the state that work to lower high-risk behaviors such as underage drinking, driving behaviors, and problem gambling among college students by implementing strategic plans for prevention using evidence-based strategies. In addition, PIP also provides support and services to campuses across the state to prevent suicide on campus and support positive mental health among college students. PIP supports seven statewide programs: State of Missouri Alcohol Responsibility Training (SMART), CHEERS to the Designated Driver, Drive Safe Drive Smart, Ask Listen Refer statewide online suicide prevention tutorial, Missouri Alliance of Collegiate Recovery Organizations (MACRO), MoSafeRx, and Student Alcohol Responsibility Training (START). They also provide resources and information to surrounding communities, local schools, and faculty and staff of the University of Missouri.	200,425
DeafLEAD	DeafLEAD provides substance use prevention education, advocacy, crisis intervention services, counseling and other direct services for individuals who are Deaf, Hard of Hearing, Hearing, Late-Deafened and DeafBlind with comprehensive, unified and continuous support by enhancing socio-emotional development, effective communication and leadership through education and research within the state of Missouri.	7,687
Missouri Alliance of Boys and Girls Clubs	The Missouri Alliance of Boys and Girls Clubs (Alliance) is a nonprofit organization of 14 affiliate club sites in Missouri that focus exclusively on increasing the life prospects of children and youth ages 6-18 years old from disadvantaged circumstances. The Alliance implements the Skills Mastery and Resistance Training (SMART) Moves curriculum and the Meth SMART program at all 14 club sites.	1,878
Big Brothers Big Sisters of Eastern Missouri	Big Brothers Big Sisters of Eastern Missouri (BBBSEMO) implements an after school mentoring program at Loyola Academy, Loyola Alumni and University City Schools targeting predominately African American youth. Loyola Academy is a Jesuit middle school in urban St. Louis City for boys ages 12-15. BBBSEMO also continues to serve these boys when they move onto high school at various schools through age 18. University City is a school district composed of seven schools located northwest of St. Louis City. These students range in age from 5-13. BBBSEMO's mentoring model matches a youth one-on-one with a Big Brother or Big Sister mentor to help build positive relationships with adults in order to stay alcohol, tobacco, and drug free. BBBSEMO strictly follows scientific research that requires a minimum of 4 hours a month, face-to-face (in person or virtually) for at least one school year (in person or virtually). The matches engage in friendship building activities such as reading, sports, surfing the web or simply talking. Some group activities do take place, but the emphasis within those activities remains one-on-one.	180

Lincoln University	Lincoln University (LU) implements the Youth Development/Kid's Beat program. The Kid's Beat program serves high-risk youth aged 4-18 in the Missouri Bootheel counties of Dunklin, Mississippi, New Madrid, Pemiscot, Cape Girardeau, Scott, and Butler. The Kid's Beat mission is to enrich and empower youth in geographically and economically depressed areas. Kid's Beat inspires students to reach their fullest potential through education and prevention activities aimed at elevating self-esteem, confidence and self-improvement; empowering youth and communities; and the prevention of substance use (illegal drugs, alcohol, and tobacco) and teen pregnancy. Under the Kid's Beat program, various activities take place. The targeted prevention activities are designed to promote leadership development, conflict resolution, self-esteem, and interpersonal relationships, as well as acquisition and application of knowledge and resources for substance use prevention.	5,551
Burrell Behavioral Health	The evidence-based curricula Too Good for Drugs and Too Good for Violence are implemented in the Springfield and Branson school districts. The purpose of the program is to encourage the development of a healthy body, courage, confidence, honesty, and communication skills. Participants are identified by a teacher, counselor, parent, and/or a principal and referred to the prevention groups with parent/guardian permission. The curricula is delivered to small groups of youths between 5 – 12 years old, at the participant's home school during the regular school day, typically for thirty minutes. The group size is around 2 to 5 youths. The program strives to give the participants the power to believe in themselves and their future, while giving them the skills to navigate through their ever changing world.	363
Missouri Police Chiefs Association	Train police officers on D.A.R.E.'s curricula, which is effective, impactful, and developmentally age-specific for all grades, preK-2, 3rd and 4th grade, Elementary, Middle, and High School, and include supplemental enhancement lessons (prescription and over-the-counter drug abuse, internet safety, bullying and role models).	29
Missouri Institute of Mental Health (MIMH)	Provide Adult/Youth/teen Mental Health trainings across the state	8,236 (this number includes trainings provided by the Prevention Resource Centers and MIMH)
Missouri Substance Use Prevention Conference	The conference is hosted by the Missouri Department of Mental Health in coordination with the Missouri Prevention Resource Center Network. The conference offers the latest prevention innovations, research, and strategies that have been instrumental in preventing substance use in Missouri. Attendees include staff from Prevention Resource Centers, community volunteers, school counselors, law enforcement, and government employees.	287
Coalition Support Funds (technical assistance funds, mini-grants, mega-grants)	Coalitions registered with the Department of Mental Health are eligible to apply. The application must address drug and alcohol use prevention. All awardees are expected to use evidence-based interventions to meet the projected outcome, when available.	200,000

DBH
Division of Behavioral Health

MISSOURI DEPARTMENT OF MENTAL HEALTH
DIVISION OF BEHAVIORAL HEALTH

PREVENTION RESOURCE NETWORK



Community Partnership of the Ozarks
330 N Jefferson
Springfield, MO 65806-1155
Phone: 417-888-2020
Coordinator: Samantha Sherman
E-mail: ssherman@cpozarks.org
Website: www.cpozarks.org

First Call Alcohol/Drug Prevention and Recovery
9091 State Line RD
Kansas City, MO 64114-3251
Phone: 816-361-5900
Coordinator: Margaux Guignon
E-mail: mguignon@firstcallkc.org
Website: www.firstcallkc.org

Prevention Consultants of Missouri
300 N Rolla ST
Rolla, MO 65401
Phone: 573-368-4755
Coordinator: Jamie Myers
E-mail: Jamie@preventionconsultants.org
Website: www.preventionconsultants.org

Tri-County Mental Health Services
3100 NE 83RD ST, Suite 1001
Kansas City, MO 64119-4460
Phone: 816-877-0411
Coordinator: Laura Bruce
E-mail: laurab@tri-countymhs.org
Website: www.tri-countymhs.org

Compass Health
1800 Community DR
Clinton, MO 64735-8804
Phone: 844-853-8937
Coordinator: Ethan Newman
E-mail: enewman@compasshn.org
Website: https://compasshealthnetwork.org

Preferred Family Healthcare
1902 S. Baltimore St., Suite 400
Kirksville, MO 63501
Phone: 660-627-7404 ext 2132
Coordinator: Edward Mears
E-mail: emears@pfh.org
Website: www.pfh.org/prevention

Southeast Missouri Behavioral Health
308 Vine Street
Poplar Bluff, MO 63901
Phone: 573-686-5090
Coordinator: Angela Toman
E-mail: atoman@semobh.org
Website: www.semobh.org

STATEWIDE ADMINISTRATION

Missouri Department of Mental Health
Division of Behavioral Health
1706 E Elm ST; PO Box 687
Jefferson City, MO 65102-0687
Phone: 573-751-4942
Prevention Director: Christine Smith
E-mail: Christine.Smith@dmh.mo.gov
Website: www.dmh.mo.gov

FCC Behavioral Health
925 HWY V V, PO Box 71
Kennett, MO 63857-0071
Phone: 573-888-5925 ext. 1315
Coordinator: Jessica Howard
E-mail: c2000@fccinc.org
Website: www.fccinc.org

PreventEd
9355 Olive BLVD
St. Louis, MO 63132-3212
Phone: 314-962-3456
Coordinator: KristIn Bengtson
E-mail: kbengtson@prevented.org
Website: https://prevented.org

SEMO University
Southeast Prevention Resource Center
1 University Plaza, MS 7650
Cape Girardeau, MO 63701-4710
Phone: 573-651-5081
Coordinator: Annie Jansen
E-mail: ajansen@semo.edu
Website: http://semo.edu/preventionresourcecenter

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MISSOURI HOSPITAL ASSOCIATION

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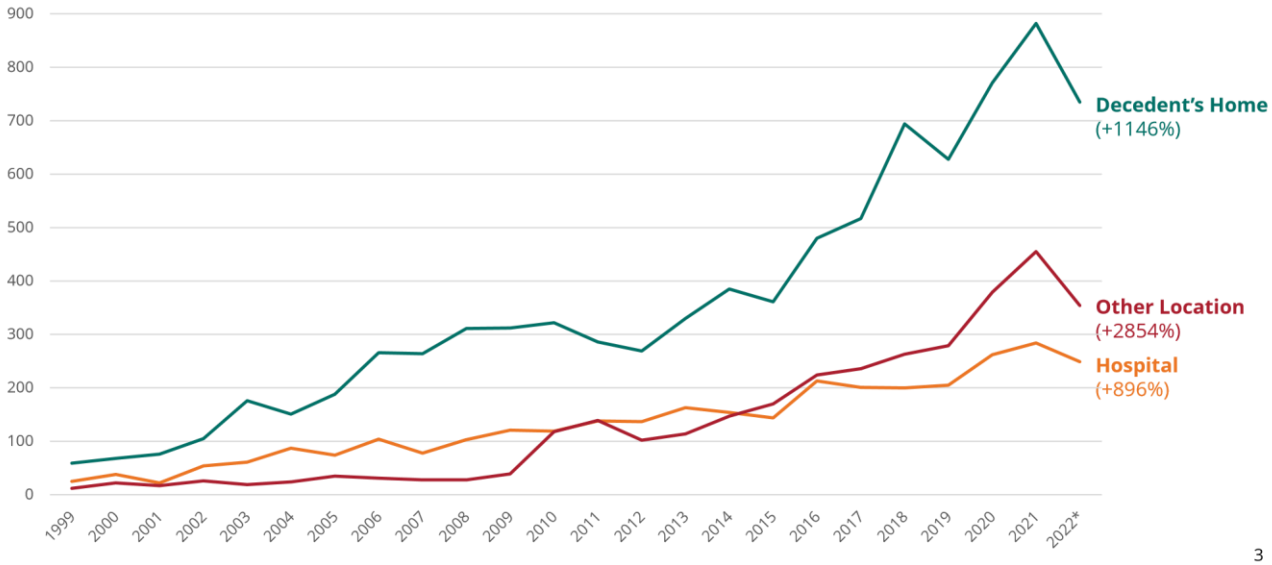
Opioid Overdose Deaths for Missouri Residents by Year & Setting: 1999-2022*



*Data for 2022 are provisional estimates. Source: CDC WONDER Data

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MISSOURI HOSPITAL ASSOCIATION

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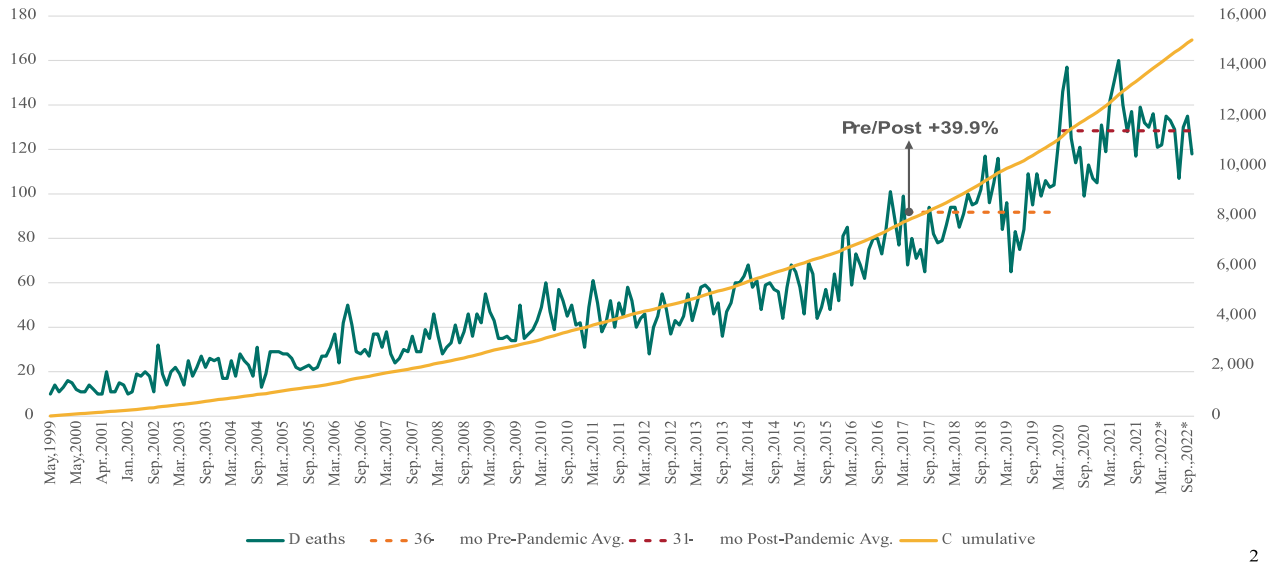
Opioid Overdose Deaths for Missouri Residents by Month: 1999-2022*



*Data for 2022 are provisional estimates. Source: CDC WONDER Data

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MHA MISSOURI HOSPITAL ASSOCIATION

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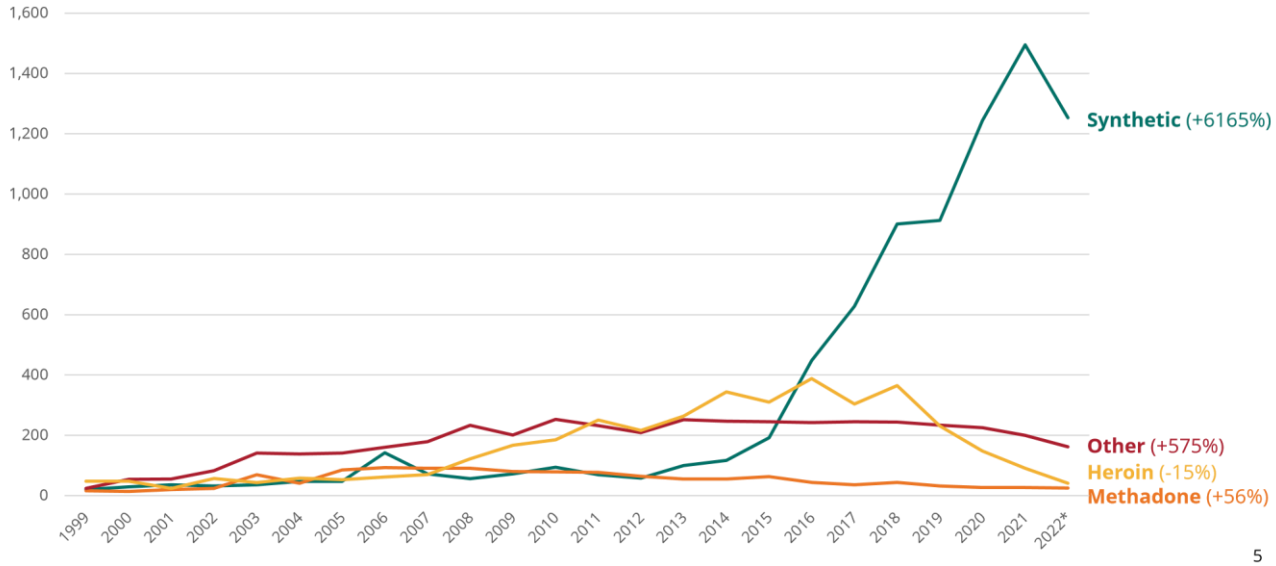
Opioid Overdose Deaths for Missouri Residents by Year & Type of Opiate: 1999-2022*



*Data for 2022 are provisional estimates. Source: CDC WONDER Data

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MHA MISSOURI HOSPITAL ASSOCIATION

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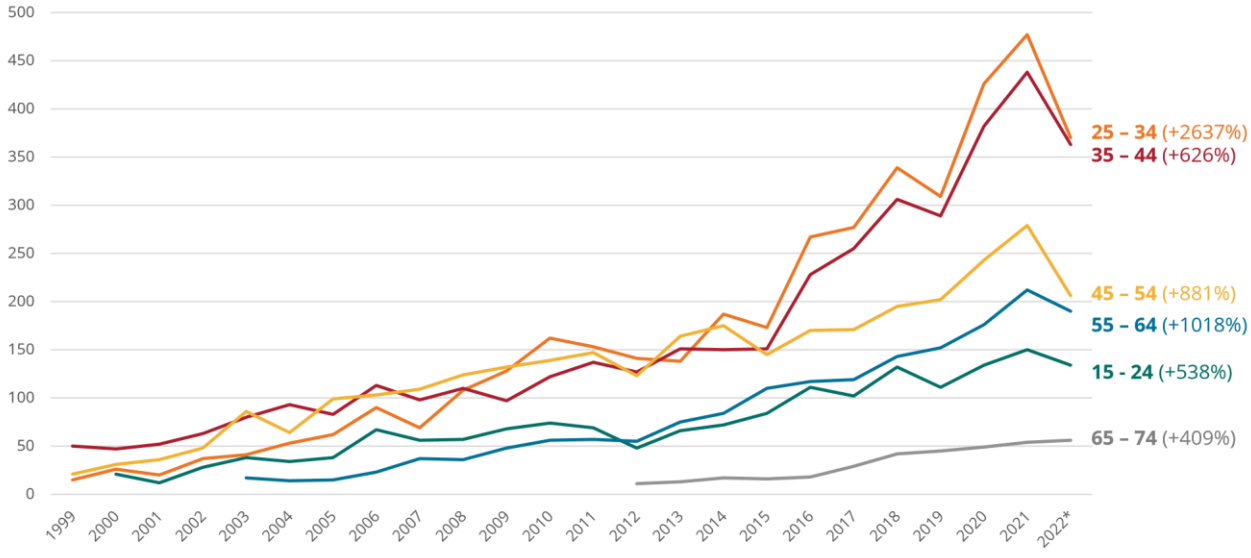
Opioid Overdose Deaths for Missouri Residents by Year & Age: 1999-2022*



*Data for 2022 are provisional estimates. Source: CDC WONDER Data

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EPICC Infrastructure Development

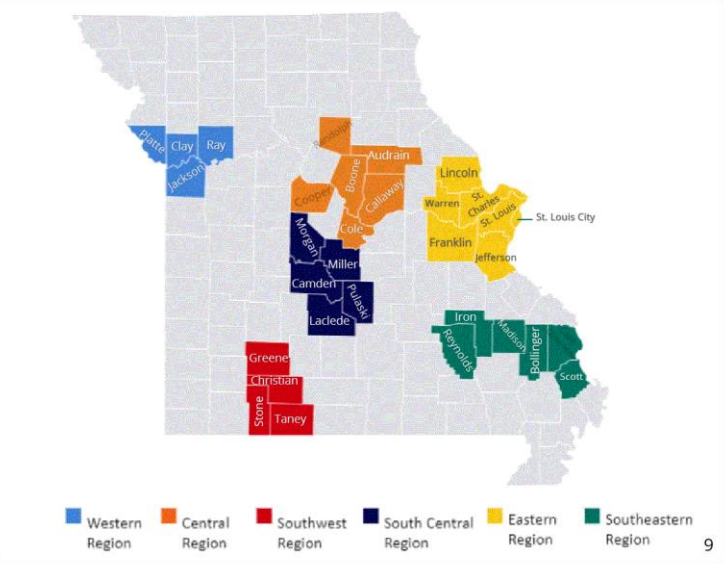
- First program launched in the eastern region (St. Louis City/ St. Louis County) in December 2016 by the Behavioral Health Network of Greater St. Louis.
- Model was replicated from a program in Rhode Island – AnchorED.
- In 2018, through a partnership with the Missouri Department of Mental Health, MHA began statewide EPICC infrastructure development targeting high-need and high- risk communities.
- EPICC expansion in Southeast, Missouri tentatively scheduled Q4 2023.

- **Mission Statement**
  - EPICC is a model that utilizes evidence-based strategies to reduce opioid/substance use disorder, advocates for FDA-approved medication-based treatment and implements recovery coaching to provide peer support and resources to assist the patient with navigating a complex system of care.
- **Overview**
  - 24/7 on-call Certified Peer Specialists (CPS) to outreach opioid overdose survivors and those affected by substance use disorder.
  - Builds collaborative infrastructure to expedite access to treatment and other wrap-around services
  - EPICC programming has been integrated in the central, eastern, southwestern and western regions of the state – serving over 20,000+ community members to date.

EPICC Programming by Region

- **Eastern Region:** 314-819-4275
  - (Led by Behavioral Health Network)
- **Central Region:** 1-800-395-2132
- **Southwest Region:** 1-800-494-7355
- **South Central Region:** epiccreferral@centralozarks.org*
- **Western Region:** 1-888-279-8188
- **Southeastern Region:** TBD

**Before sending referrals, please make sure to use encryption software to protect PHI.*



Certified Peer Specialists AKA "Recovery Coaches"

How coaches serve individuals:

- Meet and engage with the client in-person or virtually
- Motivate and encourage
- Provide overdose education, naloxone, and resources for harm reduction
- Create individualized recovery plan
- Broker supportive services and resources (e.g., housing, food and transportation)
- Expedite access to treatment: If the patient wants to participate in EPICC, the Recovery Coach will schedule an intake appointment for substance use treatment services and if applicable Medication Assisted Treatment (MAT)
- Connect client and families with support and education

RECOVERY SUPPORT SERVICES (RSS) in MISSOURI

(also known as the **"Access to Recovery"** program for alcohol and substance use disorders)

Missouri Coalition of Recovery Support Providers
Missouri's Recovery Lifeline

http://www.mcrsp.org
1305 Southwest Blvd., Suite D, Jefferson City, MO 65109
573.761.1087

RSS is Effective!

At the 6-month Follow-up:

- **98%** of clients have not had any new arrests.
- **90%** are in stable housing.
- **88%** are abstinent from alcohol and improper drugs use.
- **94%** have had no additional adverse consequences from drug and alcohol use.
- **63%** are employed.
- **91%** demonstrate greater pro-social connectivity.
- **97%** said they were satisfied or very satisfied with their RSS services.

Consumers depend on RSS:

RSS programs have served more than **60,000 Missourians** in need since 2004.

RSS clients remain engaged for an average of **211 days** (more than 7 months).

23% of clients are African American.

61% are on probation or parole.

In 2019, the average cost to the state per client is only **$687.34**

In 2019, the average annual savings to the state for each client in recovery is **$18,888** (emergency room visits, social service costs, etc.); the average cost for a treatment episode is **$2,388** per client.

MCRSP is nationally affiliated with the Association of Recovery Community Organizations (ARCO)/Faces and Voice of Recovery, and the National Alliance for Recovery Residences (NARR).

NARR has created national standards for recovery/sober living homes nationwide.

NARR National Alliance for Recovery Residences
Community • Standards • Ethics • Education

ARCO Association of Recovery Community Organizations

From 2018 to 2021, MCRSP has accredited more than **150** recovery homes in Missouri, representing more than **1,400** recovery beds for men, women and families.

For a complete list of housing programs in Missouri, go to **www.mcrsp.org** under **"Get Help"**

When substance abuse treatment programs and RSS programs work together, clients succeed!

POSITIVE OUTPUTS MORE THAN DOUBLE!! Under the federal Access to Recovery (ATR) program, the Missouri Department of Mental Health (DMH) compared clients who had treatment only and clients who received both treatment and RSS. They found that:

Client Engagement

With treatment alone, **client engagement averaged 40.5 days**; with treatment and RSS, **client engagement averaged 59.5 days**. Longer client engagement is directly related with client success.

Abstinence (Alcohol & Drug Use)

With respect to abstinence from alcohol and drug use, clients with treatment only demonstrated a rate of change of **63.7%**; clients who had treatment and RSS had a rate of change of **152.7%** -- **POSITIVE OUTCOMES MULTIPLIED BY 2.4 TIMES!!!**

Criminal Justice System

With respect to further involvement with the criminal justice system, clients with treatment only demonstrated a rate of change of **4.1%**; clients who had treatment and RSS had a rate of change of **10.0%** -- **POSITIVE OUTCOMES MULTIPLIED BY 2.4 TIMES!!!**

Employment and Education

With respect to employment and education, clients with treatment only demonstrated a rate of change of **14.3%**; clients who had treatment and RSS had a rate of change of **23.70%** -- **POSITIVE OUTCOMES MULTIPLIED BY 1.7 TIMES!!!**

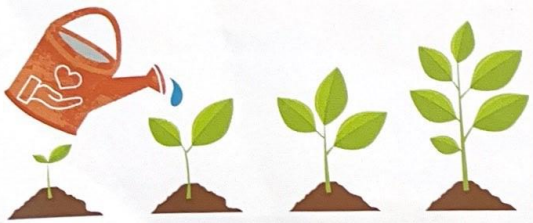
Recovery Support Services (RSS) are needed by justice-involved individuals transitioning from prison or jail!

- In the one month after a justice-involved individual is released from prison or jail, they are 12 to 13-times more likely to die in that one month than any other time in their life. Much of this higher mortality rate is related to drug overdoses, but is also associated with inability to access services (especially medical), lack of housing, and other issues.
- Justice-involved individuals are 129 percent more likely than other members of society to die of a drug overdose.
- A multitude of studies show that the amount of time a person spends in treatment or a therapeutic community while in prison combined with the amount of time they spend in a reentry or aftercare program after being released from prison is directly related to the rate at which justice involved individuals will not return to incarceration.

How Recovery Support Services Can Make a BIG Difference in Achieving and Sustaining Recovery

Recovery Support Services

- Recovery Support Services (RSS) aim to restore the lives of individuals and families seeking recovery from substance use disorder (SUD) through immediate access and long-term relationships.
- RSS programs are offered in a variety of settings including community, faith-based, and peer recovery organizations and are available before, during, after, and in coordination with other SUD treatment providers.
- RSS includes care coordination, recovery coaching, group support, employment assistance, recovery housing, transportation, assistance with basic needs, and much more.
- RSS programs were founded on the principle that the achievement recovery is not just a function of medical stabilization — but also providing personal, social, environmental, and cultural resources ("Recovery Capital"). By providing ongoing supportive networks, RSS providers help individuals grow their recovery capital to maintain their recovery over time.



Timeline of addiction and achievement of stable recovery

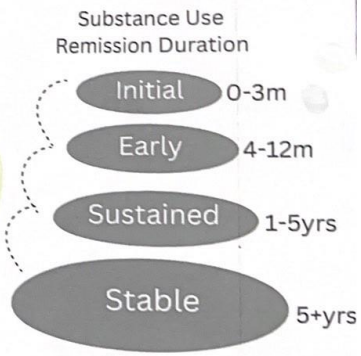
It takes 8 years and 4-5 treatment episodes for the average person to achieve their first full year of sustained remission. After 5 years of full sustained remission, a person reaches "stable remission" and the risk of them returning to use drops below 15%- the same level of risk that anyone in the general public has of developing a SUD.

60-75% of individuals with SUD will achieve full sustained remission

There are many different pathways to recovery and the journey is often a long and winding road for most people experiencing a SUD. The clinical course of addiction and achievement of stable recovery can often take a *very* long time.

Research has shown that from the time of addiction onset, it takes approx. 15 years for the average recovering U.S. person **to reach the same quality of life and functioning as someone in the general population.**

Recovery Milestones



However, research has also found that **individuals who participated in RSS**, specifically through Recovery Community Centers, **were able to reach the same level of quality of life as the general population in only 5 years! Meaning, RSS can accelerate time to remission.**

What is Recovery?

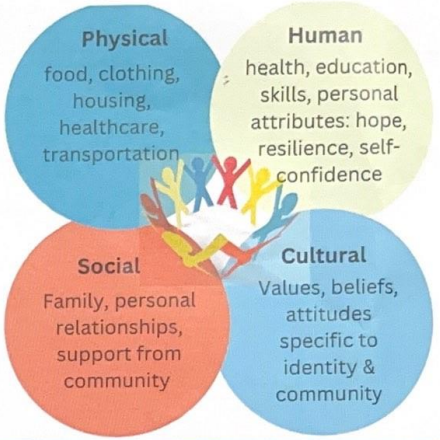
Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

Recovery is **more than just abstinence**- or the removal of negative symptoms of substance use - **it is also the addition of *positive* changes**: increased functioning, an enriched quality of life, sense of well-being, and renewed purpose.

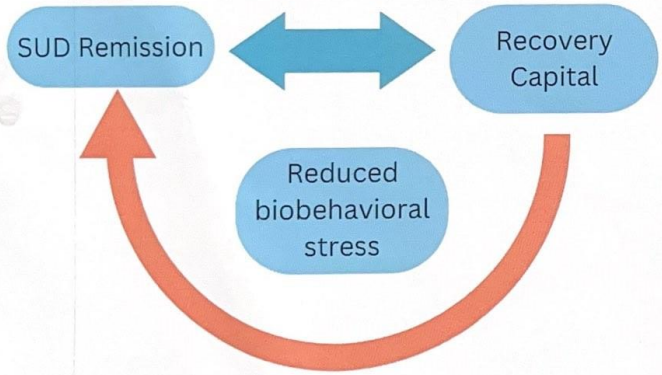
What is Recovery Capital?

Recovery Capital is the breadth and depth of internal and external resources ("building materials") that can be drawn upon to initiate and sustain recovery. The more recovery capital a person has, the greater their chances are for success!

> **"More rapid initial achievement and maintenance of stable remission may occur through attending BOTH to clinical pathology AND environmental and resource deficits... ("Recovery Capital") AND legal/other barriers."**

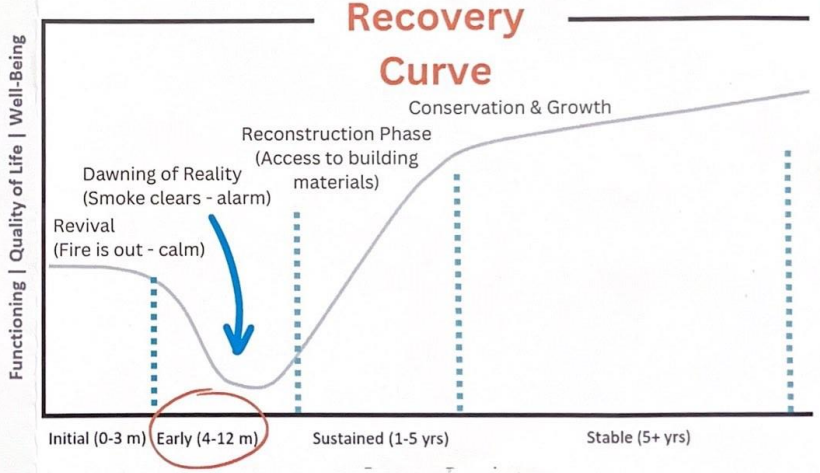


Reciprocal Relationship between Remission and Recovery Capital:
Increases in recovery capital *reduces* bio behavioral stress and *increases* chances of ongoing remission.



Longer remission = greater accrual of recovery capital. Therefore, greater recovery capital *increases* the chances of longer remission because it *reduces* biobehavioral stress. (a major pathway to relapse)

Recovery Curve



The "Recovery Curve" shows that individuals with SUD are most vulnerable to a sharp decrease in functioning/well-being during the early phase of recovery due to issues that can arise with restarting their lives. It is important to note that many treatment programs terminate around this time, meaning **RSS programs are vital to long-term recovery support!**

	Statewide %	2021 Natioal HEDIS Rate
IET - BH	Initiation Alcohol and Other Drug Dependence Treatment	
13-17 years	51.60%	
Medicaid	51.60%	44.20%
Medicare & Medicaid		
18-64 years	38.18%	
Medicaid	39.04%	44.20%
Medicare & Medicaid	33.74%	
65+ years	29.17%	
Medicaid	35.71%	44.20%
Medicare & Medicaid	27.59%	
IET - BH	Engagement Alcohol and Other Drug Dependence Treatment	
13-17 years	37.77%	
Medicaid	37.77%	13.90%
Medicare & Medicaid		
18-64 years	27.89%	
Medicaid	28.45%	13.90%
Medicare & Medicaid	24.96%	
65+ years	18.06%	
Medicaid	28.57%	13.90%
Medicare & Medicaid	15.52%	
The initiation metric above shows the rate at which CCBHO providers are initiating treatment		
The engagement metric above shows the rate at which CCBHO providers are properly initiating		

FUE Measures	Statewide %	2021 National HEDIS Rate
FUA	Follow-up After Emergency Department Visit for Alcohol and	
Medicaid	21.90%	13.40%
Medicare & Medicaid	12.05%	
Other		
Total	21.12%	

FUA	Follow-up After Emergency Department Visit for Alcohol and	
Medicaid	34.60%	19.80%
Medicare & Medicaid	24.90%	
Other		
Total	33.83%	
Other		

Client Evaluation of Care	All Missouri CCBHCs Combined
ADULT	Missouri Adult CCHBO Perception of Care Survey -- 07/2021 to 06/2022
Access	88%
Quality and Appropriateness	90%
Outcomes	71%
Participation in Treatment	86%
General Satisfaction	91%
Social Connectedness	71%
Functioning	72%
YOUTH	Missouri Youth CCBHO Perception of Care Survey -- 07/2021 to 06/2022
Access	87%
General Satisfaction	89%
Outcomes	72%
Participation in Treatment	91%
Cultural Sensitivity	93%
Social Connectedness	87%
Functioning	75%

** The "% agree or strongly agree with survey questions in specific category" is calculated from the average of an individual's answers in each category. If that average is <2.5 (1= strongly agree, 5= strongly disagree) then the individual is defined as agreeing or strongly agreeing. Thus, someone can disagree with a single question in a category but agree with the rest, and thereby still agree on average with the questions in that category.

% Agree or Strongly Agree with Survey Questions in Specific Category **

These results include surveys completed for both substance use and mental health treatment.

MISSOURI TREATMENT COURT HISTORY

1993 — Jackson County

The first treatment court started in 1993 in Jackson County

First Legislation — 1998

The first legislation for Missouri treatment court passed in 1998

2010 — DWI Court

Legislation was passed in 2010 to establish DWI court dockets which allowed for limited driving privileges to be issued to participants and graduates of a DWI court in Missouri

Veterans Treatment Courts — 2013

Legislation was passed in 2013 to establish veterans treatment courts

2018 — Treatment Court Standards

Legislation was passed in 2018 to further define all treatment court models and provide for the development of treatment court standards

MISSOURI TREATMENT COURT PROGRAMS

As of June 2022, 44 judicial circuits had the following treatment court programs:

- **4** — **Juvenile Treatment Courts** Serving 5 counties
- **25** — **DWI Courts** Serving 29 counties
- **82** — **Adult Treatment Courts** Serving 101 counties
- **16** — **Veterans Treatment Courts** Serving 39 counties
- **16** — **Family Treatment Courts** Serving 20 counties

SAVE LIVES

+2,021 current active participants

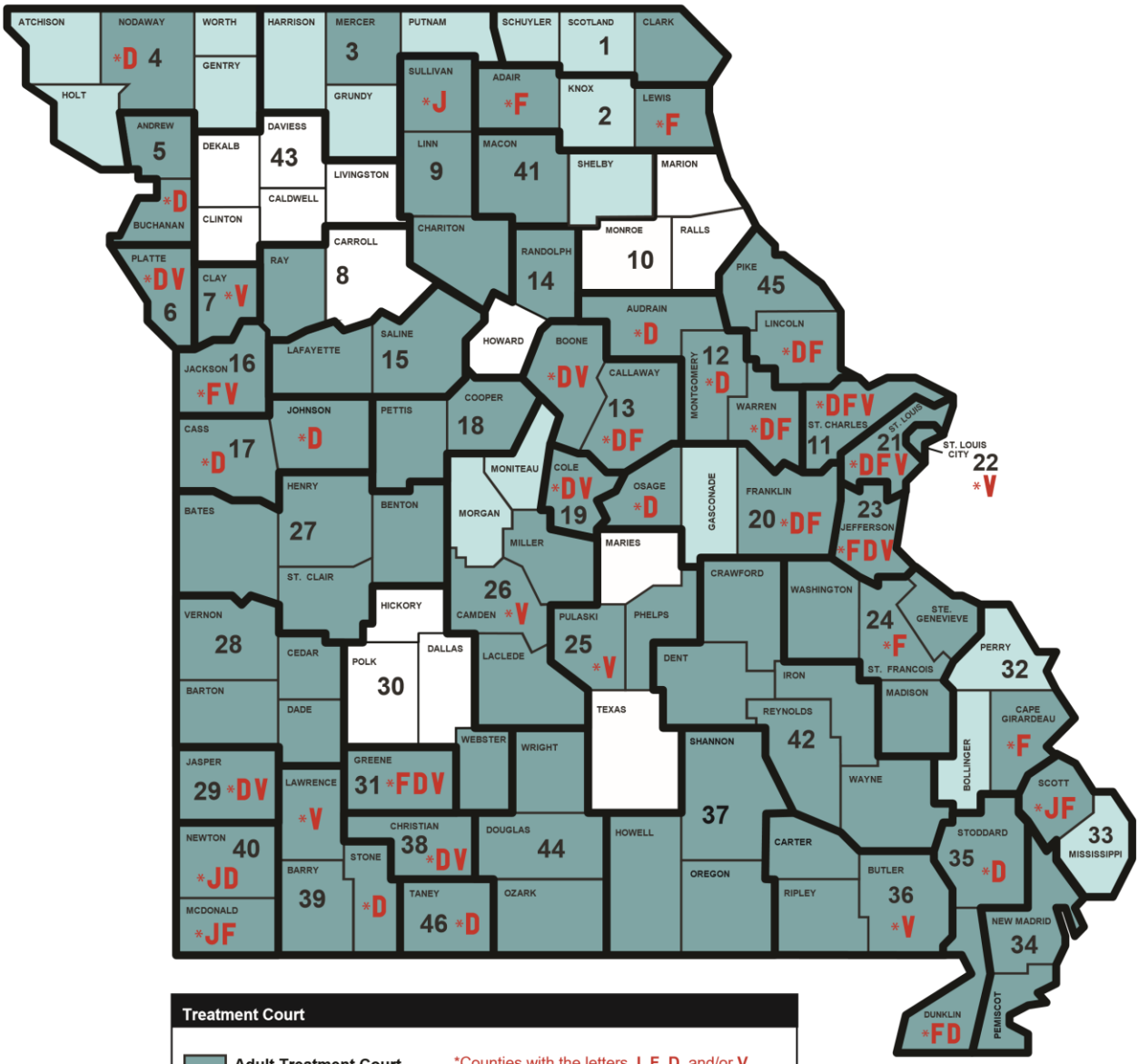
+26,083 treatment court graduates

1,234 drug-free babies born to treatment court participants

ADDRESS ISSUES

In 2022, 2,181 Missourians lost their lives to an opioid overdose (includes heroin and prescription opioids). Source: Department of Health and Senior Services

As of December 31, 2016, there were 32,461 offenders in Missouri state prisons. Of these, 7,422 had drug or DWI convictions. Source: Missouri DOC Annual Report 2016



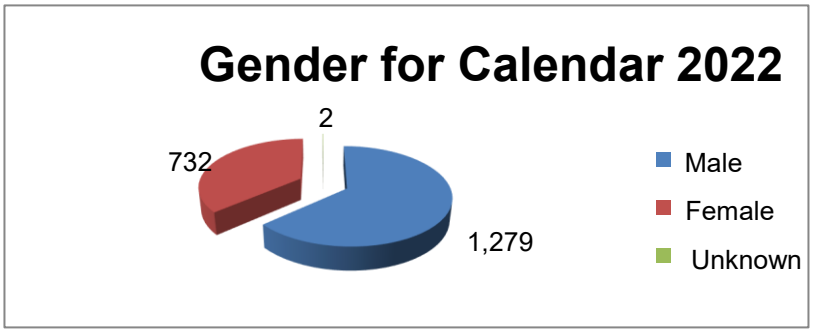
Treatment Court

- Adult Treatment Court
- Counties Served by an Adult Treatment Court
- No Adult Treatment Court

*Counties with the letters J, F, D, and/or V indicate the availability of additional programs

- J = Juvenile Treatment Court
- F = Family Treatment Court
- D = Driving While Intoxicated (DWI) Court
- V = Veterans Treatment Court

Characteristics of Admitted Treatment Court Program Participants *(Less Juvenile Drug Court Program Participants)**



Race/Ethnicity	Calendar 2022		Marital Status	Calendar 2022	
Asian	10	1%	Divorced	320	16%
American Indian	0	0%	Legal Separation	92	5%
Black	275	14%	Married	309	15%
Hispanic	30	2%	Single	1202	60%
White	1,687	84%	Widowed	35	2%
Unknown	7	0%	Unknown	55	3%
Total	**2,013**	**100%**	**Total**	**2,013**	**100%**

**Unduplicated cases **Percentages are rounded to the nearest whole number*

In addition, for treatment court program participants admitted since the beginning of calendar year 2022:

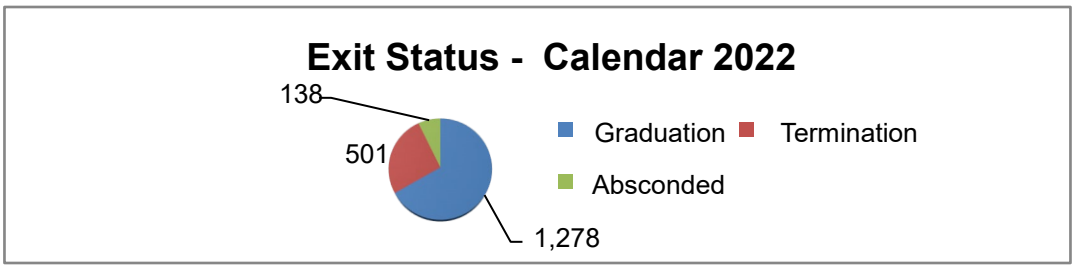
- The average age at admission was 37 years old.
- The age range at admission was 15 to 73 years old.

Treatment Court Program Exits by Exit Status

Treatment court program exists for the year-to-date reporting period includes all treatment court case type categories and are defined as Treatment Court Termination (DYTRP), Treatment Court Voluntary Withdrawal (DYVWD), and Treatment Court Graduation (DYGRA) docket code entries in JIS.

Number of Program Participant Exits by Status

** Current calendar year totals may not equal the current calendar year totals due to cases that were added after reports for the prior period were run.*



As of December 31, 2022, there have been a total of 26,083 treatment court program graduates statewide.

A total of 1,234 babies have been born to female treatment court program participants. **1,117 were born drug free.**

DHSS Supplementary Information and Fund Use Criteria

PERINATAL QUALITY COLLABORATIVE

Fund use criteria

Funds may only be spent on opioid use disorders (OUD) not general substance use disorders (SUD).

OVERDOSE DATA TO ACTION

Fund use criteria

Recipients may not use funds for research.

Recipients may not use funds for clinical care except as allowed by law.

Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.

Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.

Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.

Other than for normal and recognized executive-legislative relationships, no funds may be used for: publicity or propaganda purposes; for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body; the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body. See Additional Requirements (AR) 12 for detailed guidance on this prohibition and any additional guidance on lobbying for CDC recipients.

The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.

In accordance with the United States Protecting Life in Global Health Assistance policy, all non-governmental organization (NGO) applicants acknowledge that foreign NGOs that receive funds

provided through this award, either as a prime recipient or sub recipient, are strictly prohibited, regardless of the source of funds, from performing abortions as a method of family planning or engaging in any activity that promotes abortion as a method of family planning, or to provide financial support to any other foreign non-governmental organization that conducts such activities. See Additional Requirement (AR) 35 for applicability.

The purchase of naloxone is a restricted activity unless otherwise noted by CDC in a Notice of Award or Grant Note.

Funding cannot be used to directly fund or expand the direct provision of substance use disorder treatment. Such activities are outside the scope of this NOFO. Funding must also not duplicate or overlap with resources provided under other federal funding sources or CDC mechanisms, including – but not limited to - Epidemiology and
Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC), Data Modernization Initiative (DMI), and efforts to strengthen the overall U.S. public health infrastructure, workforce, and data systems (i.e., CDC-RFA-OE22-2203).

Surveillance Unallowable Activities

Funding for data collection or data analysis through Behavioral Risk Factor Surveillance System (BRFSS) or Youth Risk Behavior Surveillance System (YRBS) surveys.

Funding for neonatal abstinence syndrome (NAS) surveillance, or Hep C/HIV surveillance.

Funding for wastewater/sewage testing and drug testing for deaths due to motor vehicle crashes.

Prevention Unallowable Activities

Purchasing and distributing fentanyl test strips for testing in biological samples for clinical decision-making purposes.

Provision of SUD treatment that includes MOUD and the purchase of medications such as methadone, buprenorphine, and naltrexone.

Any PDMP enhancements that involve providing direct care for substance use disorders (SUDs) treatment.

Providing medical/clinical care, including behavioral therapy (e.g., cognitive behavioral therapy) and/or specialized clinical care, if indicated, such as pain management.

Paying for fees associated with clinicians obtaining Drug Enforcement Agency (DEA) registration to prescribe controlled substances, including buprenorphine.

Financial incentives to encourage clinicians to participate in educational sessions and training activities (e.g., participation in academic detailing, attending seminars, completion of post-session surveys).

Financial incentives for integrated PDMP- health IT (e.g., EHR) connections.

Purchasing basic food, health, or personal items even if intended to support outreach or engage individuals in venue-based programs (e.g., meal or grocery cards, first aid kits, hygiene items, clothes, etc.).

Purchasing, leasing, or renting equipment intended to help EMS and other clinicians treat and manage overdose.

Public safety activities that do not include overlap/collaboration with public health partners and objectives.

Purchase of handheld drug testing machines such as TruNarc, Fourier-transform infrared (FTIR) machines, or HPMS machines for the purposes of reducing possible law enforcement exposure to fentanyl.

Establishing new SSPs.

Infrastructure costs for SSPs that are not associated with the co-location of treatment (e.g., rent, utilities, etc.).

Drug disposal, including the implementation or expansion of drug disposal programs, including drug take-back programs, drug drop boxes, and drug disposal bags.

Provision of equipment solely intended for illegal drug use such as cookers/spoons, syringes, and pipes.

Procurement of other equipment solely intended for preparing drugs for illegal drug injection.

Safe injection sites (controlled environments that facilitate safer use of illicit drugs by providing medical staff, clean facilities, and education.) Developing educational outreach and guidance or materials about supervised/safe injection sites.

Purchase of syringes, including pharmacy voucher programs and safe syringe disposal programs.

Establishing new SSPs.

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NALOXONE SPRAY

Fund Use Criteria

As specified by opioid settlement and appropriation.

MISSOURI COORDINATING OVERDOSE RESPONSE PARTNERSHIPS AND SUPPORT (MO_CORPS)

Fund Use Criteria

No more than 15% of the total grant award for the budget period may be used for developing the infrastructure necessary for expansion of services.

No more than 20% of the total grant award for the budget period may be used for data collection, performance measurement, and performance assessment, including incentives for participating in the required data collection follow up.

Recipients may use up to 10% of the total grant award for the budget period for state, tribal, or local government administrative costs.

Substance Abuse and Mental Health Services Administration (SAMHSA) grant award funds must not be used for the same activities that are funded by Health Resources and Services Administration (HRSA), Centers for Disease Control (CDC), or other SAMHSA programs.

Only drugs or devices approved or cleared under the Federal Food, Drug, and Cosmetic Act for emergency treatment of known or suspected opioid overdose may be purchased with FR-CARA funds.

Excel Template Data Collection

All the data presented in this report has been compiled into an interactive Excel document.

Note

MOST Policy Initiative is a 501(c) (3) non-profit, nonpartisan organization working to connect science to policy at the state level in Missouri. Members of MOST Policy Initiative were involved with data collection, figures and table creation, report formatting, and editing. Members of MOST Policy Initiative did not contribute to any interpretations or recommendations made from the data.

Endnotes

[i] National Institutes of Health. (2023). *Drug Overdose Death Rates*. https://nida.nih.gov/research-topics/trends-statistics/overdose-death-rates.

[ii] National Archives. (n.d.). *Vietnam War U.S. Military Fatal Casualty Statistics*. https://www.archives.gov/research/military/vietnam-war/casualty-statistics#:~:text=April%2029%2C%202008.-,The%20Vietnam%20Conflict%20Extract%20Data%20File%20of%20the%20Defense%20Casualty,and%20Records%20Administration%20in%202008

[iii] Centers for Disease Control and Prevention. (2022). *Alcohol-Related Disease Impact (ARDI) Application*. https://nccd.cdc.gov/DPH_ARDI/default/default.aspx.

[iv] U.S. Department of Health and Human Services (2014). *The Health Consequences of Smoking – 50 Years of Progress*. https://www.hhs.gov/sites/default/files/consequences-smoking-exec-summary.pdf.

[v] Substance Abuse and Mental Health Services Administration (2021). *National Survey on Drug Use and Health: Model-Based Prevalence Estimates (50 States and the District of Columbia)*. https://www.samhsa.gov/data/sites/default/files/reports/rpt39465/2021NSDUHPercents_ExcelTabsCSVs110322/2021NSDUHsaePercentsTabs110322.pdf.

[vi] Missouri Department of Health and Senior Services. (n.d.). *Drug Overdose Dashboard – Fatal Overdoses*. https://health.mo.gov/data/opioids/. Accessed December 7th, 2023.

[vii] Data provided directly by Missouri Department of Health and Senior Services.