

MISSOURI

State SSA Director

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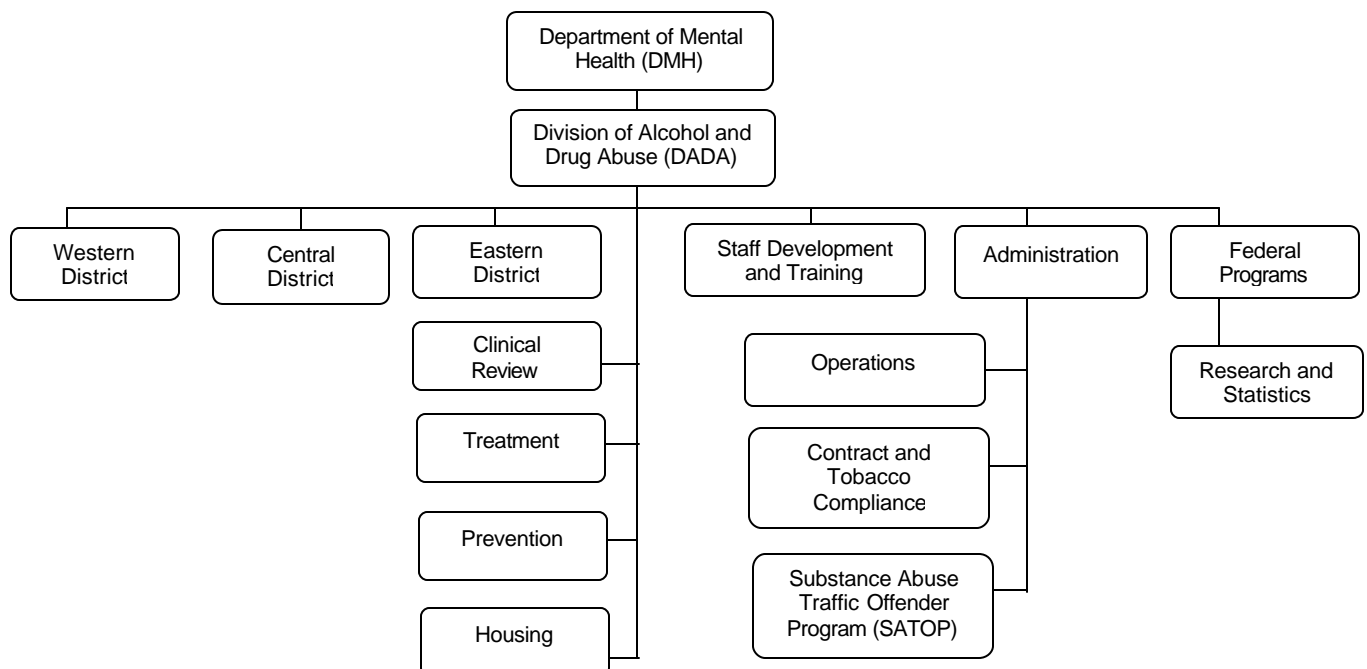
Structure and Function



The Missouri Department of Mental Health (DMH) is the Single State Agency (SSA) responsible for substance abuse treatment and prevention services in the State. DMH oversees the Division of Alcohol and Drug Abuse (DADA), among others.

DADA administers services for substance abuse prevention and treatment, the Substance Abuse Traffic Offender Program (SATOP), the Compulsive Gambling Treatment Program, training initiatives, and statewide planning efforts. Operating sections within DADA include the following eight units: treatment, clinical review (conducts utilization reviews of client clinical plans), prevention, administration, Oxford Houses (manages funds for groups establishing residential housing for recovering clients), staff development and training, planning, and district administration.

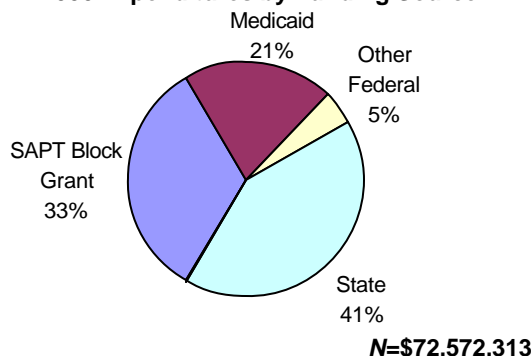
Single State Agency Structure



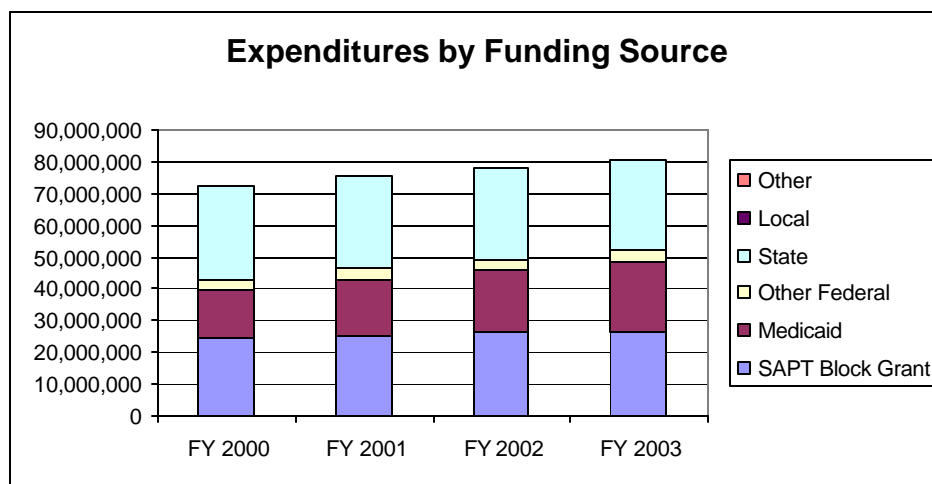
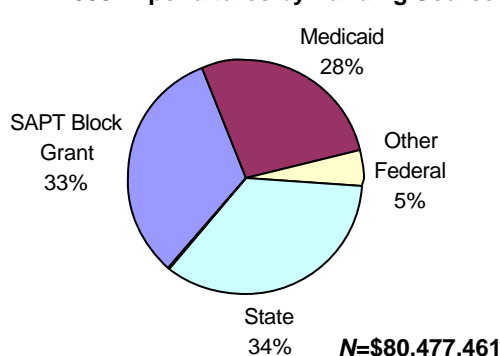
Single State Agency Funding Overview

SSA expenditures in Missouri increased between FYs 2000 and 2002, from \$72.6 to \$80.5 million. The State's proportion of these funds declined from 41 to 34 percent during this time period, the Block Grant's proportion remained stable (at 33 percent) as did the proportion supported by other Federal sources (at 5 percent). By contrast, the proportion of SSA funds supported by Medicaid increased from 21 to 28 percent.

FY 2000 Expenditures by Funding Source



FY 2003 Expenditures by Funding Source



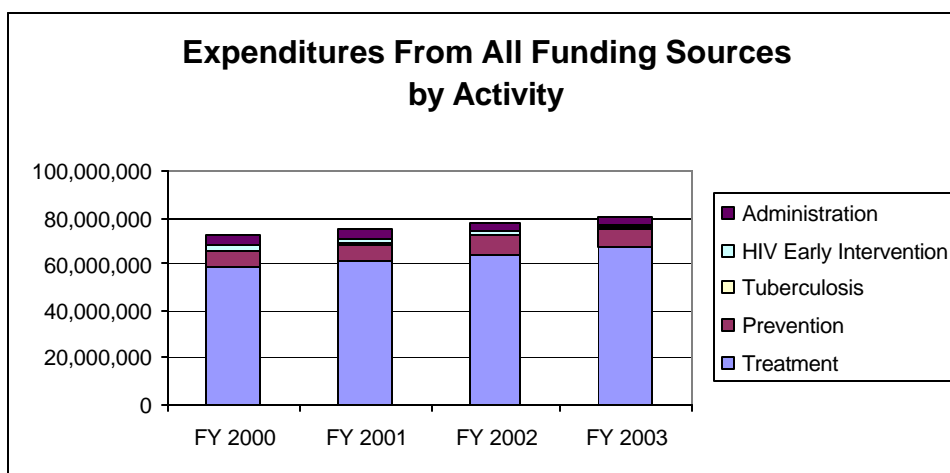
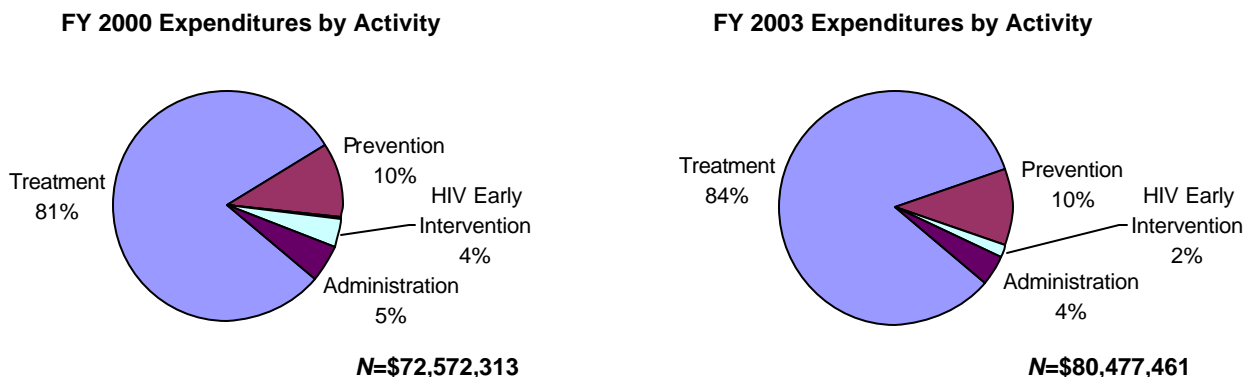
Single State Agency Expenditures From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
SAPT Block Grant	24,223,136	33	25,157,268	33	26,134,320	34	26,268,669	33
Medicaid	14,953,268	21	17,532,176	23	19,728,656	25	22,346,941	28
Other Federal	3,307,043	5	3,464,547	5	3,342,906	4	3,815,059	5
State	30,088,866	41	29,319,153	39	28,712,545	37	28,046,792	35
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	72,572,313	100	75,473,144	100	77,918,427	100	80,477,461	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4
 * Totals may not equal 100 percent due to rounding.

Activities and Expenditures From All Funding Sources

The distribution of SSA funds in Missouri remained relatively stable between FYs 2000 and 2003. During this time period, treatment received the majority of funds (from 81 to 84 percent), prevention received 10 to 11 percent of total funds, and administration costs and HIV early intervention received the remainder.



Single State Agency Expenditures From All Funding Sources by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Treatment and Rehabilitation	19,267,827	27	19,094,881	25	64,766,054	83	67,434,569	84
Alcohol Treatment	18,252,109	25	19,696,985	26				
Drug Treatment	20,758,065	29	22,853,212	30				
Prevention	7,461,959	10	7,325,055	10	8,356,151	11	8,311,621	10
Tuberculosis	131,780	0	312,496	0	126,646	0	108,616	0
HIV Early Intervention	2,978,228	4	1,991,293	3	1,335,758	2	1,463,790	2
Administration	3,722,345	5	4,199,222	6	3,333,818	4	3,158,865	4
Total*	72,572,313	100	75,473,144	100	77,918,427	100	80,477,461	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

NOTE: States with a specified HIV/AIDS case rate (10 or more per 100,000) must spend a portion of their SAPT Block Grant funds (usually 5%) on HIV early intervention activities.

* Totals may not equal 100 percent due to rounding.

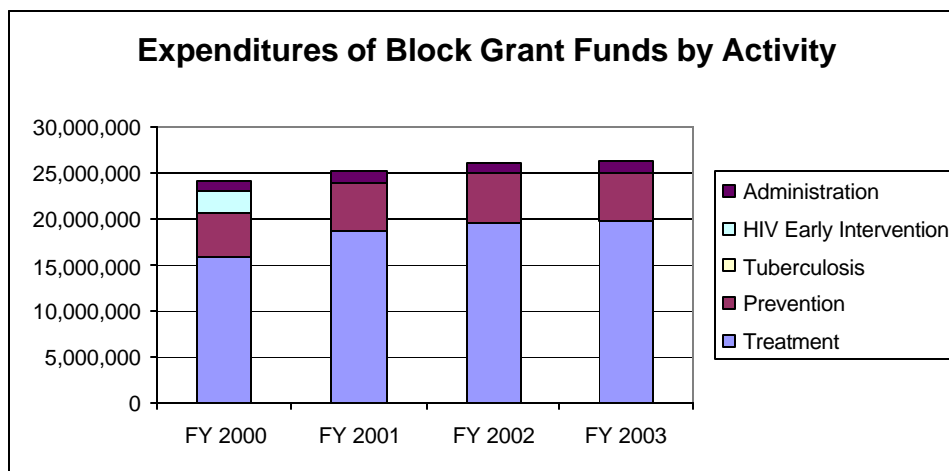
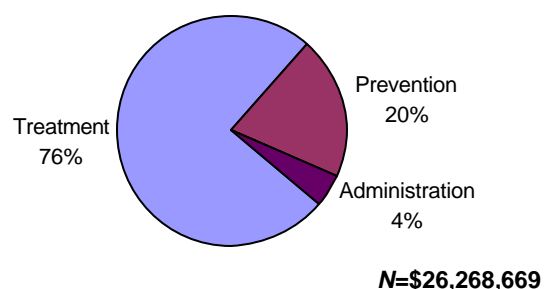
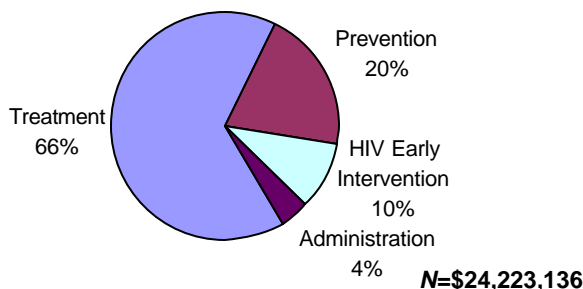
Expenditures of Block Grant and State Funds

Expenditures of Block Grant Funds

Block Grant funds for Missouri have increased steadily since FY 2000, increasing from \$24.2 to \$26.3 million by FY 2003. The proportion of total funds going toward treatment services increased during this time period (from 66 to 76 percent), while the proportion of funds going toward HIV early intervention declined from 10 to 0 percent. The proportion of funds spent on prevention services and administration costs, however, remained stable (at 20 and 4 percent, respectively).

FY 2000 Block Grant Expenditures by Activity

FY 2003 Block Grant Expenditures by Activity



Single State Agency Expenditures of Block Grant Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Treatment and Rehabilitation	0	0	0	0	19,706,989	75	19,841,893	76
Alcohol Treatment	7,623,044	31	8,933,636	36				
Drug Treatment	8,308,083	35	9,897,805	39				
Prevention	4,848,824	20	5,033,395	20	5,226,864	20	5,253,735	20
Tuberculosis	42,153	0	40,191	0	35,100	0	27,644	0
HIV Early Intervention	2,339,822	10	0	0	0	0	0	0
Administration	1,061,210	4	1,252,241	5	1,165,367	4	1,145,397	4
Total*	24,223,136	100	25,157,268	100	26,134,320	100	26,268,669	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

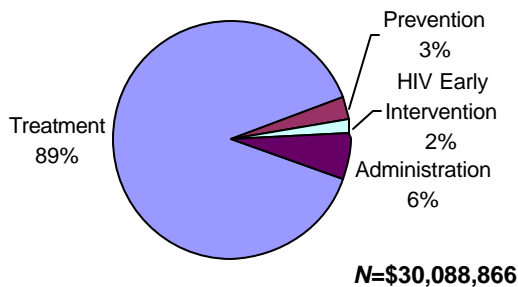
NOTE: States with a specified HIV/AIDS case rate (10 or more per 100,000) must spend a portion of their SAPT Block Grant funds (usually 5%) on HIV early intervention activities.

* Totals may not equal 100 percent due to rounding.

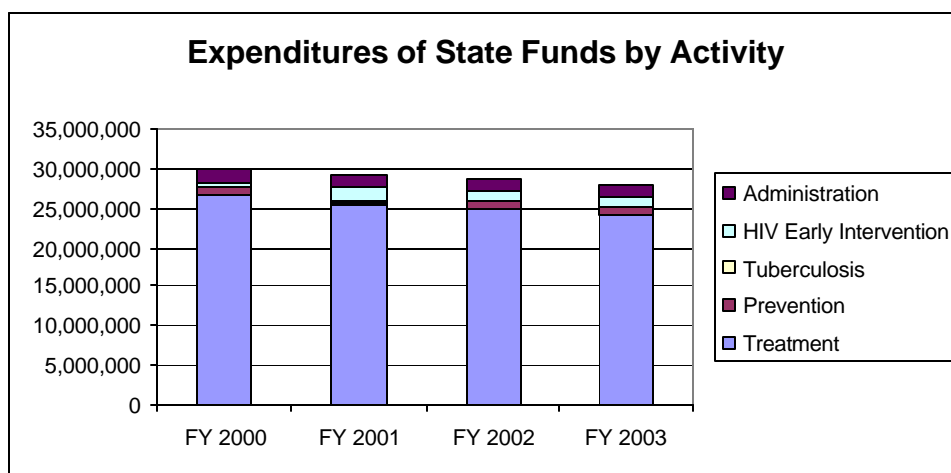
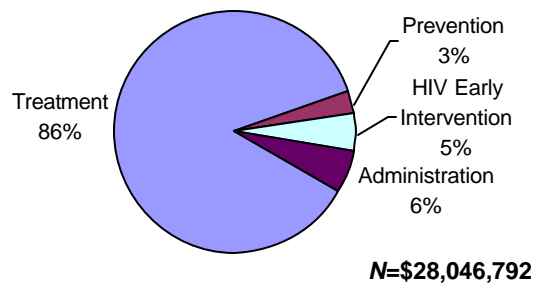
Expenditures of State Funds

Between FYs 2000 and 2002, State funds declined from \$30.1 to \$28 million in Missouri. Distribution of State funds, however, remained stable during that time period, with more than 85 percent going toward treatment, 6 percent for administration costs, and 3 percent for prevention services.

FY 2000 State Expenditures by Activity



FY 2003 State Expenditures by Activity



Single State Agency Expenditures of State Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Treatment and Rehabilitation	12,160,289	41	11,342,480	39	24,934,331	87	24,292,141	86
Alcohol Treatment	6,708,203	22	6,393,497	22				
Drug Treatment	7,857,418	26	7,695,593	26				
Prevention	898,710	3	309,968	1	909,634	3	773,017	3
Tuberculosis	48,358	0	122,562	0	40,193	0	31,960	0
HIV Early Intervention	563,984	2	1,710,213	6	1,237,137	4	1,368,284	5
Administration	1,851,904	6	1,744,840	6	1,591,250	6	1,581,390	6
Total*	30,088,866	100	29,319,153	100	28,712,545	100	28,046,792	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

* Totals may not equal 100 percent due to rounding.

Prevention Services

The five components of the DADA's prevention system (Community 2000, school-based initiative, community-based services for youth and others, regional support centers [RSC]s), and the statewide training and resource center) combine to create a continuum of prevention services available to all populations and all regions of the State.

Highlights of these unique components follow:

- Community 2000 is a network of volunteer, community teams focusing on reducing the incidence of substance use and abuse in their communities and changing community norms toward substance use by youth and others.
- RSCs are the primary source of technical assistance support for the Community 2000 teams. Each RSC has a mobilizer or prevention specialist who works directly with the teams in his or her area and assists with the development of teams and task forces in communities that desire to develop one. Also, through their tobacco retailer education activities, the RSCs play a key role in Missouri's efforts to limit the sales of tobacco products to underage youth.

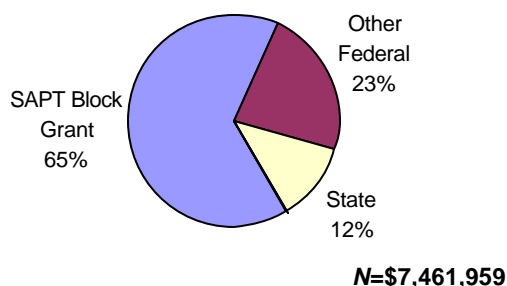
In addition, the Leadership to Keep Children Alcohol Free, a unique coalition of Governors' spouses, Federal agencies, and public and private organizations, is an initiative to prevent the use of alcohol by children ages 9 to 15. It is the only national effort that focuses on alcohol use in this age group.

Prevention Funding and Expenditures

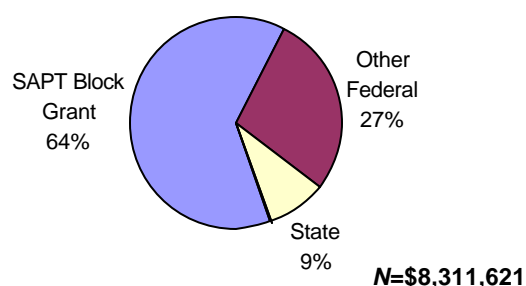
Prevention funding increased between FYs 2000 and 2002 from \$7.5 to \$8.3 million. The distribution of these funds remained stable during this time period. In FY 2003, 64 percent of prevention funds came from the Block Grant, 9 percent from the State, and 27 percent from other Federal sources.

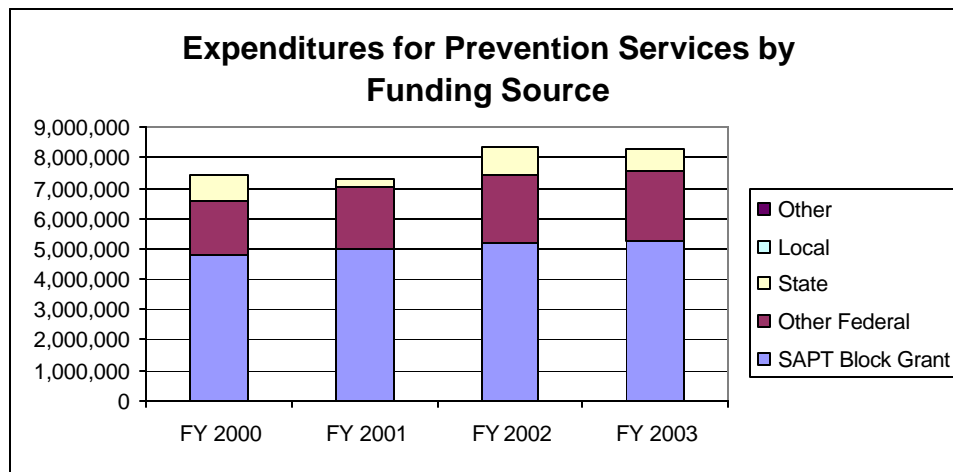
Between FYs 2000 and 2003 Block Grant prevention funds ranged from \$0.86 to \$0.92 per capita.

FY 2000 Prevention Expenditures by Funding Source



FY 2003 Prevention Expenditures by Funding Source





Single State Agency Expenditures for Prevention Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
SAPT Block Grant	4,848,824	65	5,033,395	69	5,226,864	63	5,253,735	64
Other Federal	1,714,425	23	1,981,692	27	2,219,653	27	2,284,869	27
State	898,710	12	309,968	4	909,634	11	773,017	9
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	7,461,959	100	7,325,055	100	8,356,151	100	8,311,621	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Core Strategies

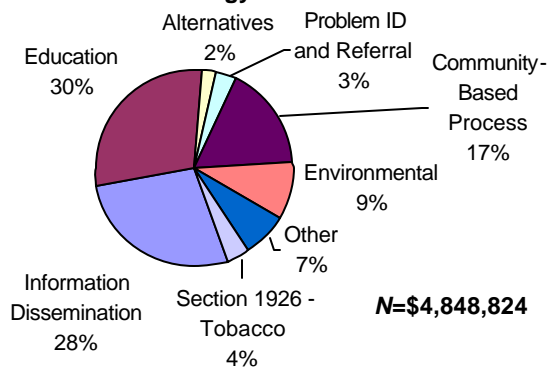
Examples of core prevention strategies supported by Block Grant funds include:

Core Strategy	Examples of Activities
Information Dissemination	Materials distribution occurs at health and prevention fairs, parades, and resource fairs and via presentations and speakers bureaus .
Education	Activities include training and technical assistance, classroom curricula, prevention newsletter, training resource center conference, and other family and youth programs .
Alternatives	Coalition activities promote healthy alternatives via youth development activities, racial/ethnic cultural activities, and afterschool activities .
Community-Based Processes	Funding supports the Regional Alcohol and Drug Awareness Resource (RADAR) network, 11 Regional Support Centers, and a statewide resource center. The University of Missouri sites make available information to practitioners.
Environmental	Strategies include a newsletter, legislation, tv ad campaigns, and university coalitions .
Problem Identification and Referral	Funds support children of substance abusers screenings and services, youth substance abuse identification and services, and hearing impaired services and referrals .

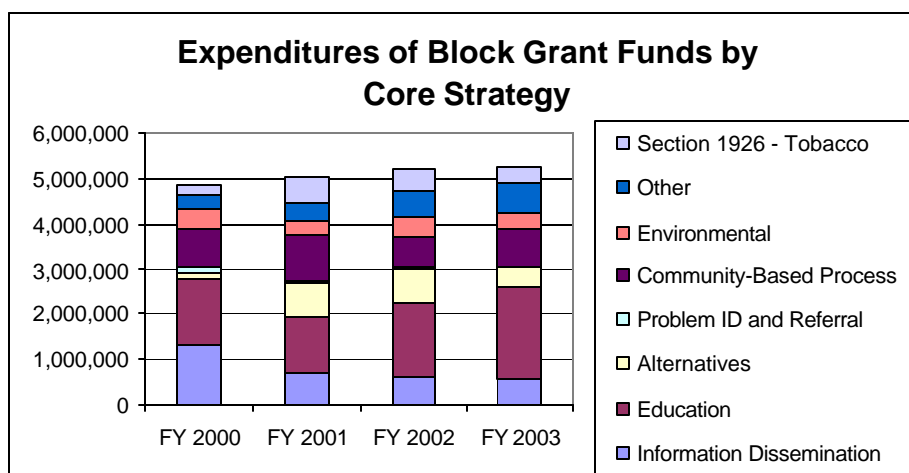
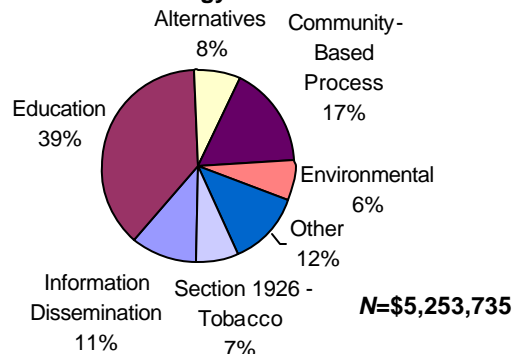
Expenditures of Block Grant Fund for Core Strategies

Block Grant funding for prevention core strategies increased between FYs 2000 and 2003 from \$4.8 to \$5.3 million. The largest portion of these funds went toward education activities, and the remainder was spread widely among a variety of prevention core strategies.

FY 2000 Block Grant Expenditures by Core Strategy



FY 2003 Block Grant Expenditures by Core Strategy



Single State Agency Expenditures of Block Grant Funds by Core Strategy

Strategy	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Information Dissemination	1,333,700	28	679,838	14	617,757	12	583,888	11
Education	1,440,309	30	1,267,306	25	1,605,006	31	2,013,427	38
Alternatives	111,978	2	728,278	14	743,559	14	408,855	8
Problem ID and Referral	156,967	3	22,499	0	55,729	1	4,855	0
Community-Based Process	842,492	17	1,048,741	21	704,650	13	904,643	17
Environmental	437,068	9	338,893	7	447,218	9	332,268	6
Other	333,032	7	398,358	8	552,549	11	647,458	12
Section 1926 - Tobacco	193,278	4	549,482	11	500,396	10	358,341	7
Total*	4,848,824	100	5,033,395	100	5,226,864	100	5,253,735	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4a
 * Totals may not equal 100 percent due to rounding.

Treatment and Rehabilitation Services

DADA contracts with 34 general treatment service programs and 43 agencies that provide Comprehensive Substance Abuse Treatment and Rehabilitation (CSTAR) programs. Clinical treatment and recovery support services are designed to provide a continuum of services to assist individuals with substance use disorders in achieving and maintaining recovery.

A comprehensive package of individualized services and therapeutic structured activities is designed to achieve and promote recovery from substance abuse. These services have three basic levels of intensity and routinely include assessment, individual and group counseling, family counseling, participation in self-help groups, and other supportive measures. Detoxification and residential support services are offered for those who need a safe drug-free environment early in the treatment process.

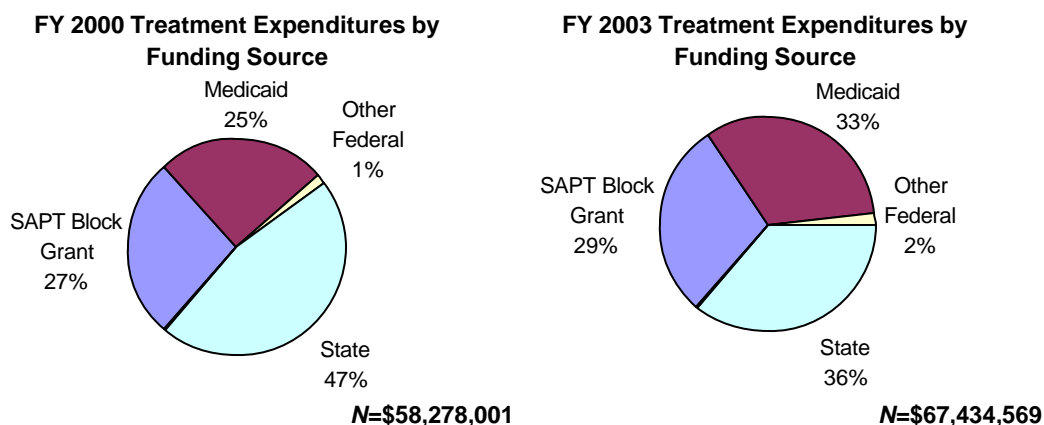
Unique highlights of these services include the following:

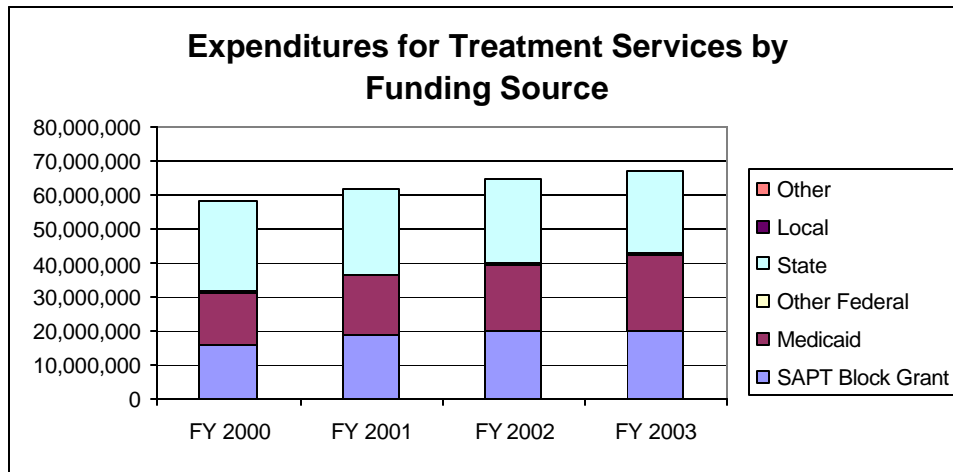
- Recovery Support Services offer an array of activities, resources, relationships, and services designed to assist an individual's integration into the community, participation in treatment, improved functioning, and recovery from substance use disorders.
- CSTAR is a unique approach to substance abuse and addiction treatment. It offers a flexible combination of clinical services, living arrangements, and support services that are individually tailored for each client. CSTAR focuses on providing a complete continuum of recovery services, including extended outpatient services, in the community and, where possible, close to home. Under the CSTAR umbrella are specialized women's treatment programs, adolescent treatment programs, and women offenders' programs.

Treatment Funding and Expenditures

Between FYs 2002 and 2003 treatment funding in Missouri increased substantially from \$58.3 to \$67.4 million. The dollar amounts of funding from the Block Grant, Medicaid, and other Federal sources increased during this time period, while the dollar amount from the State decreased. The proportion of funds supported by the State also declined from 47 to 36 percent, Medicaid's proportion increased from 25 to 33 percent, and the Block Grant's proportion remained relatively stable at almost 30 percent.

Between FYs 2000 and 2003 Block Grant funding for treatment in Missouri increased from \$2.84 to \$3.47 per capita.





Single State Agency Expenditures for Treatment Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
SAPT Block Grant	15,931,127	27	18,831,441	31	19,706,989	30	19,841,893	29
Medicaid	14,837,577	25	17,101,353	28	19,578,682	30	22,202,423	33
Other Federal	783,387	1	280,714	0	546,052	1	1,098,112	2
State	26,725,910	46	25,431,570	41	24,934,331	38	24,292,141	36
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	58,278,001	100	61,645,078	100	64,766,054	100	67,434,569	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Admissions

Missouri’s SAPT Block Grant application indicates that nearly 50,000 persons were admitted to treatment during FY 2002, of which most were admitted for intensive outpatient and outpatient (non-methadone) treatment services.

Number of Persons Admitted by Type of Treatment Care

Type of Care	Total Number Admissions by Primary Diagnosis (N=48,449)		
	Alcohol Problems	Drug Problems	None Indicated
Detoxification (24-hour care)			
Hospital inpatient	14	4	5
Free-standing residential	2,684	1,882	3,116
Rehabilitation/Residential			
Hospital inpatient (rehabilitation)	0	0	0
Short-term residential	1,619	3,087	3,052
Long-term residential	173	655	563
Ambulatory (Outpatient)			
Outpatient (methadone)	1	268	72
Outpatient (non-methadone)	5,998	4,587	5,699
Intensive outpatient	2,021	6,091	6,858
Detoxification (outpatient)	0	0	0
Total	12,510	16,574	19,365

SOURCE: FY 2005 SAPT Block Grant Application Form 7a; Reported data for State FY 2002

Treatment Episode Data Set (TEDS) data indicate more than 41,000 admissions (where at least one substance is known), of which nearly 10,000 are for alcohol only. Calculations (with imputation) from TEDS data show that approximately 20 percent of persons admitted to treatment programs reported a psychiatric problem combined with alcohol or drug use. This rate varied slightly when separating out alcohol-only abuse versus abuse of alcohol in combination with other drugs. (For a discussion of the different data sources, see Appendix D: Methodology.)

Percent of Admissions with a Psychiatric Problem by Primary Diagnosis

Admissions	2002	
	Admissions Where at Least One Substance Is Known	% with Psychiatric Problem*
Alcohol only	9,845	16.3
Alcohol in combination with other drugs	31,396	20.7
Total	41,241	19.6

SOURCE: Treatment Episode Data Set, 2002

*Values are imputed for admission records with missing information on other psychiatric diagnoses.

According to the National Survey of Drug Use and Health, 357,000 persons aged 12 and older (7.6 percent of Missouri's population) needed, but did not receive, treatment for alcohol use and 130,000 persons (2.8 percent) needed, but did not receive, treatment for illicit drug use in Missouri.

Treatment Gap by Age Group

Measure	% 12 and older	% 12-17	% 18-25	% 26 and older
Needing but not receiving treatment for alcohol use	7.63	6.09	19.32	5.78
Needing but not receiving treatment for illicit drug use	2.78	4.66	8.01	1.60

SOURCE: National Survey on Drug Use and Health; combined data for 2002 and 2003

Resource Development Activities

Planning and Needs Assessment

Missouri DMH's five planning regions used by DADA are divided further into service areas consisting of clusters of counties. In contrast to the planning regions, the service areas are large enough to support most substance abuse service modalities yet small enough for the services to be geographically accessible to the residences. To support program planning at this level of detail, data on prevention and treatment needs, social indicators, and client demographics are aggregated to the service areas for analysis.

Prevention and treatment needs assessment data are obtained from copious sources: the Household Telephone Survey, Substance Abuse and Need for Treatment Among Missouri Jail Inmates; Prevention Needs of Statewide School-Aged Population, Substance Use, Delinquent Behavior & Risk and Protective Factors Among Students in the State of Missouri; Substance Use and Need for Treatment Among the Household Population in Missouri; Integrating Population Estimates of Treatment Need in Missouri; and the Missouri Student Survey. Additional special studies provide information and data for needs of the two fastest growing racial/ethnic groups in the State: Latinos and Asian/Pacific Islanders. Results from most of the studies are posted on the DADA Web site.

Evaluation

The DADA monitors administrative and clinical functions and annually reports outcome measures in the State budget. Among quantitative performance measures are the expenditure percentages for services and administration, the number of clients serviced, the number of clients and families housed, the occupancy rates of supported client housing, and the number of youth and families serviced by evidence-based prevention programs.

The programmatic performance of contracted treatment service providers is evaluated by the DADA through formal yearly surveys, periodic certification surveys, periodic peer reviews, and unscheduled incident inquiries. ADA regional staff performs yearly safety and basic assurance reviews of each program to assure compliance with State contracts requirements and Federal Block Grant goals.

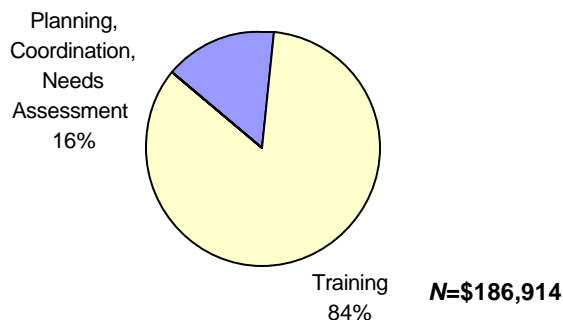
Training and Assistance

The Statewide Training and Resource Center (STRC) conducts a variety of activities and programs on behalf of the DADA and the overall State prevention system. The STRC provides resources, training, and technical assistance for the RSC and community-based service providers and conducts a number of statewide prevention conferences and workshops throughout the year. STRC also operates a consultant resource bank with resources available to the prevention community, administers the Community 2000 mini-grant program, and operates the statewide RADAR resource site.

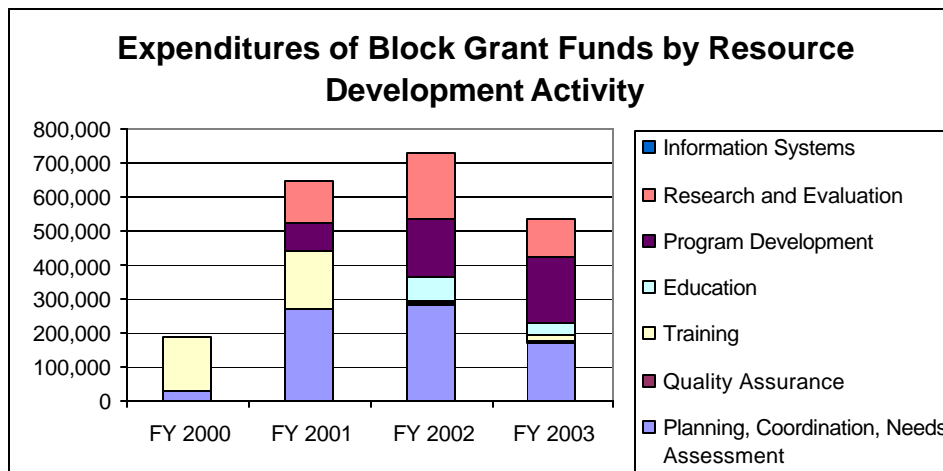
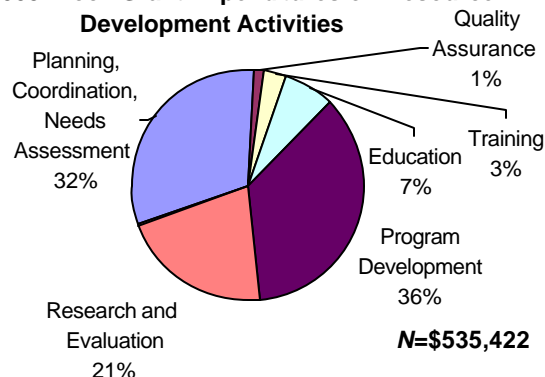
Expenditures of Block Grant Funds for Resource Development Activities

Block Grant funds for resource development activities increased dramatically between FYs 2000 and 2002, from approximately \$186,000 to \$535,000. In FY 2000, 84 percent of funds went toward training activities and the remainder went toward planning, coordination, and needs assessment. In FY 2003, however, program development received the largest portion (36 percent) of funds; planning, coordination, and needs assessment received 32 percent, and research and evaluation received 21 percent.

FY 2000 Block Grant Expenditures on Resource Development Activities



FY 2003 Block Grant Expenditures on Resource Development Activities



Single State Agency Expenditures of Block Grant Funds by Resource Development Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Planning, Coordination, Needs Assessment	29,745	16	267,047	41	282,446	39	168,997	32
Quality Assurance	0	0	0	0	2,161	0	7,000	1
Training	157,169	84	177,748	27	9,390	1	16,875	3
Education	0	0	0	0	70,698	10	37,212	7
Program Development	0	0	79,263	12	172,013	24	191,434	36
Research and Evaluation	0	0	125,834	19	195,076	27	113,904	21
Information Systems	0	0	0	0	0	0	0	0
Total*	186,914	100	649,892	100	731,784	100	535,422	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4b
 * Totals may not equal 100 percent due to rounding.

Discretionary Funding

Center for Substance Abuse Prevention

The Center for Substance Abuse Prevention (CSAP) discretionary funds for prevention totaled \$4.2 million in Missouri in FY 2004. Thirteen of the 17 awards were for drug-free communities. The largest single award was a Strategic Prevention Framework State Incentive Grant (SPF SIG) for \$2.3 million.

Center for Substance Abuse Prevention Discretionary Awards for FY 2004

CSAP Discretionary Grant	Number of Awards	Total \$ Amount
Drug Free Communities	13	1,103,899
Drug Free Communities Mentoring	1	75,000
HIV/AIDS Cohort 3 Services	1	350,000
Prevention of Meth and Inhalant Use	1	349,073
Strategic Prevention Framework State Incentive Grants	1	2,350,965
Total	17	4,228,937

SOURCE: www.samhsa.gov

Center for Substance Abuse Treatment

Approximately \$12 million was awarded to Missouri in Center for Substance Abuse Treatment (CSAT) discretionary grants in FY 2004. The largest single award was for the Access to Recovery (ATR) program for \$7.6 million. Other awards included the Addiction Technical Transfer Center, Homeless Addictions Treatment, and Targeted Capacity—HIV/AIDS.

Center for Substance Abuse Treatment Discretionary Awards for FY 2004

CSAT Discretionary Grant	Number of Awards	Total \$ Amount
Access to Recovery	1	7,591,723
Addiction Technical Transfer Center	2	1,299,930
Effective Adolescent Treatment	1	239,589
Homeless Addictions Treatment	2	996,575
State Data Infrastructure	1	100,000
Strengthening Communities -Youth	1	407,658
Targeted Capacity - HIV/AIDS	3	1,365,425
Treatment of Persons with Co-Occurring Substance Related and Mental Disorders	1	931,722
Total	13	12,932,622

SOURCE: www.samhsa.gov