



MISSOURI DEPARTMENT OF MENTAL HEALTH DIVISION OF ALCOHOL AND DRUG ABUSE

Clarification of Terms Community-Based Substance Abuse Treatment and Recovery Services

The Division of Alcohol and Drug Abuse (ADA) is responsible for ensuring that Missourians have access to community-based substance abuse treatment and recovery services. The Division of ADA has developed a service delivery system that provides a full array of services with multiple levels of care available, depending on the needs of the individual.

This document clarifies the terminology that may be encountered when interacting with treatment and recovery professionals. Community-based clinical substance abuse treatment programs and recovery support programs that receive funding from the Division of Alcohol and Drug Abuse are expected to deliver *individualized services* based on the results of a clinical assessment and the specific needs of consumers.

The descriptions convey what can be expected *in most situations* when an individual seeks services or is referred to a community-based clinical substance abuse treatment program or recovery support program. Treatment professionals routinely respond to crises and other special situations and must also adhere to agency-specific policies and procedures related to fiscal and capacity management. As a result, there may be slight variations in each treatment or recovery support program's operating practices.

DOC-Related Terms

1. **DOC High Risk Consumer** – receives priority assessment and admission to community-based clinical treatment because he/she is determined to present a high likelihood of relapse and/or criminal behavior based on criteria established by DOC. High risk referrals require DOC supervisory approval prior to entry into the treatment program.
2. **DOC/DMH Consumer Treatment and Recovery Services Guidelines Form (commonly referred to as the Guidelines Form)** – communicates the responsibilities of the substance abuse treatment and recovery professional and supervising *FIELD* probation and parole officer. The form conveys to the consumer that his/her engagement in services is a *collaborative effort* between the supervising officer and treatment provider. The form is to be presented to the consumer's primary counselor on his/her first appointment, be signed by both parties, and a signed copy returned to the referring officer to signify engagement in services. *The form is NOT used by DOC institutional staff.*
3. **DOC/DMH Community Treatment and Recovery Services Referral Form (commonly referred to as the DOC Referral Form)** – standardized form used for *ALL* DOC institutional and field Probation and Parole referrals to community-based clinical substance abuse treatment and/or recovery support access sites. The form must be completed in its entirety to convey pertinent information about the consumer to assist the treatment or recovery professional in determining appropriate services, as well as referral source and contact information that is necessary for enrollment in the ADA consumer tracking and billing system. *The form includes a check-box to indicate DOC high risk referrals.*
4. **Priority Admission** – expedited assessment and admission to clinical treatment because the consumer meets federal, state, or Division of ADA criteria as a priority population. *DOC High Risk referrals are a priority admission category.*

5. **Priority Population** – certain populations that receive preference for assessment and admission to treatment as a result of federal or state mandates and Division of ADA policies. These populations are given priority status because they present likelihood to harm themselves or others, as well as their impact on the well-being of families and society.

Priority populations include:

- Civil involuntary commitments (immediate admission)
- Women who are pregnant (immediate admission)
- *DOC high risk referrals* (admission within 48 hours of initial contact)
- IV drug users (admission within 48 hours of initial contact OR provision of interim services when admission is not possible)
- Applicants and recipients of TANF referred by the Department of Social Services (admission within 48 hours of initial contact)
- Adolescents and families served through the Children’s System of Care (admission within 48 hours of initial contact)

General Terms

1. **ATR (Access to Recovery)** – federal grant administered by the Division of Alcohol and Drug Abuse. Grant funds pay for clinical substance abuse treatment and recovery support services for adults in specific areas of the state that were determined through a competitive bidding process – West; West/Central; Southwest; and Southeast. Grant funding ends in September, 2014.
2. **ATR Access Site** – agency that offers an array of recovery support services and also *conducts screenings, assessments, and issues recovery support vouchers* to ATR consumers based on their choice of provider and services. Access sites are located in areas of the state where ATR funds are available. Current access sites:

Recovery Lighthouse, Warrensburg (West/Central region)

Praise Assembly, Springfield (Southwest region)

Mission Missouri, Sikeston (Southeast region)

Dismas House, Kansas City (Western region)

3. **Addiction Severity Index (ASI)** – assessment tool used by Division of ADA contracted adult treatment programs that assists in determining the severity of an individual’s substance abuse and related problems. The ASI gathers information around seven areas of a consumer’s life (specifically: medical, employment/support, drug and alcohol use, legal, family history, family/social relationships, and psychiatric problems) and results in a scaled score in each of those categories. The results of the ASI, *combined with an interview with a Qualified Substance Abuse Professional*, guides clinical decisions regarding an individual’s appropriate level of care and informs the development of an individualized treatment plan which is reviewed and updated, as needed, throughout engagement in treatment.
4. **Admission** – entry into the treatment program after a qualified professional has determined the individual meets eligibility criteria for receiving services. Admission may be to stay at the program in a residential bed until stability is achieved or to an outpatient level of care for those with less intense needs. Missouri residency is required for admission to state-funded treatment programs. Some agencies use the terms *intake* and *admission* synonymously.
5. **Assessment** – systematically collecting information about the consumer’s: 1) presenting situation; 2) treatment history; 3) medical history/evaluation; 4) HIV/STD/TB risk; 5) service needs; and 6) level

of substance abuse severity and related problems using a tool called the Addiction Severity Index or ASI. The assessment process includes an interview with a Qualified Substance Abuse Professional. Information gathered helps determine assignment to an appropriate level of care and development of a treatment plan. Although a formal assessment is conducted at or near the time of admission, assessment should be an ongoing process throughout an individual's episode of care, resulting in modifications to the treatment plan as needed.

6. **Behavioral Health Consultation with Report** – a service consisting of a consultation by a Qualified Substance Abuse Professional to determine whether a substance abuse disorder exists. A written report of findings and an appropriate course of action, if necessary, are provided to the referral source. *Referrals for this service are accepted from Department of Corrections' institutions and field probation and parole officers.*
7. **Case Management (PR+) or Community Support (CSTAR)** – services that coincide with the consumer's individualized treatment plan and link the consumer and/or family member(s) to other needed resources such as medical and mental health care, the criminal justice system, and social services.
8. **Certified Counselor** – a professional who, by virtue of special knowledge, training and experience, is uniquely qualified to inform, motivate, guide and assist persons affected by substance use disorders and has successfully completed the professional certification processes of the Missouri Substance Abuse Professional Credentialing Board.
9. **Certified Program** – designation by the Department of Mental Health, Division of Alcohol and Drug Abuse, that a program meets the requirements for providing clinical substance abuse treatment including staff qualifications, maintenance of consumer records, physical environment, and other areas that indicate the program has the ability to meet the needs of consumers in order to achieve successful outcomes. *Programs that have a contract with the Division of Alcohol and Drug Abuse must obtain and maintain certification.* There are a number of substance abuse treatment programs in Missouri that are certified by the Division of ADA but do not have a contract; certification does not guarantee a contract award.
10. **Clinical Treatment** – an array of professional services provided by organizations that meet state and national quality standards. Services are provided based on the results of a standardized assessment and may also include a diagnosis by a qualified professional (CSTAR).
11. **Contracted Program** – program has a signed, binding agreement with the Division of Alcohol and Drug Abuse to deliver a specific array of clinical substance abuse treatment services, at fixed reimbursement rates, in a designated ADA services area(s). Contracts are competitively bid, based on availability of funds.
12. **Credentialed Program** – designation that a program meets Department of Mental Health, Division of Alcohol and Drug Abuse requirements to provide *recovery support* services in Missouri. Credentialing requirements include staff qualifications, physical environment, maintenance of consumer records, fiscal practices, and other areas that ensure consumer safety and successful outcomes. Programs must be *credentialed* prior to receiving a contract from the Division of ADA to provide and receive reimbursement for delivery of services in designated areas of the state (see ATR definition for designated areas). *Recovery support services are currently funded by the federal Access to Recovery (ATR) grant. Recovery support contracts are NOT competitively bid.*

13. **CSTAR (Comprehensive Substance Treatment and Rehabilitation)** – one of the two primary treatment programs of the Division of Alcohol and Drug Abuse. CSTAR programs serve individuals who are covered by Medicaid benefits.
14. **CIMOR (Customer Information Management, Outcomes and Reporting System)** – the web-based system in which all consumers served in Division of Alcohol and Drug Abuse contracted programs are enrolled and admitted to a level of care. The system tracks all services provided and is the mechanism by which treatment providers receive payment for services delivered to consumers. Numerous financial and other management reports are generated from this system.
15. **Day Treatment** – the array of clinical services provided to consumers enrolled in a PR+ or CSTAR program’s *most intense level (primary treatment)* consisting of a set of planned, therapeutic services delivered in individual and group settings. Services are designed to assist individuals in abstaining from substance use, promote individual responsibility for recovery, and enhance life skills and use of personal support systems.
16. **Detoxification** – process of withdrawing an individual from alcohol, other drugs, or both in a safe environment. Providers are required to promote engagement in substance abuse treatment following discharge from detox and make appropriate referrals for additional services, when warranted.

Location and level of service available varies based on the terms and conditions of each provider’s contract with the Division of Alcohol and Drug Abuse. There are three levels of detoxification services:

- **Social Setting Detoxification** – twenty-four hour, supervised monitoring, aid, counseling, and medication administration (as prescribed for an established physical or mental health condition and self-administered by the consumer) to assist in withdrawal from alcohol and/or other drugs. The provider is not required to have a nurse or physician on staff to prescribe, dispense, or administer medications or to diagnose and treat health problems. Staff who supervise and monitor the detox unit are specially trained and regularly monitor the vital signs of consumers during the withdrawal process to ensure their medical/physical safety. Length of stay is limited to three days but may be extended with appropriate clinical justification through ADA’s clinical utilization review process.
- **Modified Medical Detoxification** – twenty-four hour supervision by medical staff (24-hour nursing coverage and physician oversight) monitoring, aid, and counseling to assist in withdrawal from alcohol and/or other drugs. Routine medical services are provided and medications are used, when clinically indicated, to alleviate symptoms of intoxication, impairment, or withdrawal. A registered or licensed nurse must be on duty at all times and a physician or Advance Practice Nurse must be on call at all times. Length of stay is limited to five days but may be extended with appropriate clinical justification through ADA’s clinical utilization review process.
- **Secure Medically Monitored Detoxification** – services are provided in a manner that prevents court-ordered, civil commitment consumers from eloping. Physician coverage to ensure consumers are medically evaluated within 24 hours of admission for on-going management is required. An Advanced Practice Nurse who has a practice agreement with the agency physician may perform these functions at the request of the physician. Services are supervised by a registered nurse and registered or licensed nursing staff must be present 24 hours per day. Length of stay is limited to five days but may be extended with appropriate clinical justification through ADA’s clinical utilization review process.

17. **Extended Day Treatment** – medical and other consultative services *provided by a Registered Nurse* for the purpose of monitoring and managing a consumer’s health. Examples include evaluation of the consumer’s physical condition and the need for detoxification services, obtaining initial patient medical histories and vital signs, disease prevention, risk reduction, and reproductive and other health education.
18. **Family Conference** – a service that coordinates care with, and enlists the support of, the natural support system through meeting with family members, referral sources, and significant others about the consumer’s treatment plan and discharge plan. The service entails meeting with the family for activities that include, but are not limited to:
 - Communicating about issues at home that are barriers to treatment plan goals;
 - Identifying relapse triggers and establishing a relapse intervention plan;
 - Participating in the discharge conference; and
 - Assessing the need for family therapy or other referrals to support the family system.
19. **Family Therapy** – face-to-face counseling and/or education for the primary consumer and one or more members of the same family designed to address and resolve the family’s dysfunction, particularly as it relates to an alcohol and/or other drug abuse problem.
20. **Group Counseling** – goal-oriented, therapeutic interaction directly related to the attainment of treatment plan objectives, provided in a group setting.
21. **Group Education** – presentation of recovery related information and its application to participants, along with group discussion, in accordance with individualized treatment/rehabilitation plans.
22. **Individual Counseling** – structured, goal-oriented therapeutic interaction between a consumer and a counselor designed to resolve problems related to alcohol and/or other drugs which interfere with the consumer’s functioning.
23. **Interim Services** – services designed to maintain engagement and help the consumer recognize the harmful consequences of substance abuse, reduce the adverse health effects of substance abuse, and reduce the likelihood of harmful or criminal behavior until he/she can be admitted to an appropriate level of care. *This service is currently limited to IV drug users.*
24. **Level of Care** – refers to the three levels of care offered in ADA treatment programs:
 - **Level 1, Community-Based Primary Treatment** – the most intensive level of services, delivered on a daily or almost daily basis. Consumer needs almost daily structure, supervision and treatment to achieve and maintain sobriety and *may include* overnight stay in the program until the consumer is stabilized and has a safe place to reside outside of the treatment program. Level 1 may also be delivered to consumers who do not stay at the program overnight because they have a safe living environment and reliable transportation to/from the program. This level is *commonly referred to as residential treatment*, however, should be considered a *stabilization period* with length of intensity based on individual needs.
 - **Level 2, Intensive Outpatient Rehabilitation** – services delivered on a weekly basis. Consumer is not in crisis but needs active participation in rehabilitation to initiate and/or sustain recovery. This level of care provides intermediate structure, intensity, and duration of treatment and rehabilitation. This level is commonly referred to as *outpatient* and is comprised of approximately ten hours of services per week.

- **Level 3, Supported Recovery** – provides treatment and rehabilitation on a regularly scheduled basis, with services offered on approximately a weekly basis unless other scheduling is clinically indicated. This is the least intensive level of care and is also commonly referred to as *outpatient*.

25. **Medication Assisted Recovery Specialist (MARS)** – professional who is uniquely qualified to provide counseling, case management, and other services for people in recovery who are benefiting from medication assisted treatment. The Missouri Substance Abuse Professional Credentialing Board oversees the training and certification process for MARS.

26. **Medication Assisted Treatment (MAT)** – an evidence-based practice that combines pharmacological interventions with substance abuse counseling and social support. Although not for everyone, it is an essential part of the comprehensive array of services available to people struggling with addiction to alcohol or other drugs. The FDA-approved medications currently include naltrexone, buprenorphine (Suboxone), and methadone for opiate addiction. Naltrexone, acamprostate (Campral), and disulfiram (Antabuse) are approved medications to help people whose primary drug of choice is alcohol. The injectable form of naltrexone is called Vivitrol.

The decision to use medication is the consumer’s choice and requires a physical examination to ensure medical appropriateness. A paradox in the substance abuse field is that although addiction is recognized as a chronic, relapsing disease, some substance abuse counselors and administrators have been reluctant to embrace new technologies for its treatment. All contracted clinical treatment providers are expected to include MAT in their service array and educate their staff and consumers about this treatment option that is available to them.

27. **Opioid (Methadone) Treatment Program** – medication-assisted treatment designed for medically supervised withdrawal from heroin and other opiate drugs, followed by ongoing treatment and rehabilitation for addiction and related life problems. Priority admission is given to women who are pregnant and persons who are HIV positive. Missouri's opioid treatment programs meet required federal guidelines.

28. **Primary Recovery Plus (PR+)** – one of the two primary adult treatment programs of the Division of Alcohol and Drug Abuse, intended for individuals who are not Medicaid-eligible.

29. **Qualified Substance Abuse Professional (QSAP)** – treatment professional who possesses specific credentials and a high level of knowledge and skills in the substance abuse field in order to perform specific functions including clinical assessments and other specialized services.

30. **Recovery Support Services** – an array of activities, resources, and services designed to assist an individual's integration into the community, participation in treatment, and achievement of important steps in the recovery process. These services are delivered by trained ministers, mentors, and lay people who may or may not possess a professional credential but have a strong personal interest in addiction recovery. These services are primarily funded by the federal Access to Recovery (ATR) grant, although there are other faith-based and community organizations that provide these services at no cost to the consumer.

31. **Relapse Prevention** – a component of treatment in which the counselor assists the consumer in identifying lifestyle factors and/or high risk situations which could contribute to relapse and helping the consumer develop ways to manage those situations.

32. **Residential Support** – room and board and overnight supervision for consumers who are in a crisis situation and/or are in need of a safe, stable environment in order to interrupt a pattern of extensive,

severe substance use. This should be considered a *stabilization period* for the consumer and *varies in length, based on individual needs*.

33. **Screening** – brief interview with consumers upon their initial contact with a treatment program to determine their appropriateness for treatment and specific needs, as well as their status as a priority population.
34. **Supportive Housing** – the arrangement or provision of safe, appropriate, substance-free housing in the community to maximize the effectiveness of substance abuse treatment and rehabilitation. *This service is limited to the CSTAR program* and consumers must be actively engaged in outpatient treatment to be eligible. Supportive housing options:
 - *Transitional Housing* may be provided for consumers in need of a living arrangement that provides an intermediate level of supervision, structure and external support for their continued recovery. Housing is provided in a communal living setting and is limited to sixteen adult beds, inspected and approved by DMH. It includes room and board and on-site supervision when consumers are present.
 - *Community Housing* may be provided for consumers and their families in need of a living arrangement that supports ongoing recovery and community integration. Housing may be provided in an individual apartment or single-family home of the consumer's choice, inspected and approved by DMH. Consumers must have the ability, or must be able to access other resources, to assume the financial responsibility for their housing within a prescribed and reasonable period of time.
35. **Target Population** – individuals who are a high priority for treatment services due to the nature of their substance use or criminal involvement, but do not require immediate admission or admission within a 48-hour timeframe. *Referrals from DOC institutions and Probation and Parole offices (not designated as high risk), drug court participants, military personnel and veterans are considered target populations.*
36. **Telehealth** – two-way interactive video where the consumer is able to see and interact with an off-site service provider. This service is available in limited locations and for limited services. Providers that offer this service must have prior approval from the Division of ADA and ensure security and privacy of all interactions.
37. **Treatment Plan** – developed jointly by the consumer, their primary counselor and, if applicable, other interested/supportive parties. The plan includes the consumer's goals and individual needs in order to be successful in treatment and is reviewed on a regular basis and updated as needed.
38. **Waiting List** – list of individuals who are screened as likely to need treatment services but cannot be admitted to treatment due to insufficient agency capacity. *The Division of Alcohol and Drug Abuse requires treatment programs to maintain a waiting list for priority populations (refer to definition on page 2).* Agency practices for maintaining waiting lists for other populations varies but generally includes people who have contacted the agency and are considered to need some level of service, but cannot be admitted until a later date due to capacity issues. Length of time on a waiting list varies greatly throughout the state and at different times during the year.