

Variable Definitions for STR /SOR Treatment Dashboard

1. **Inclusion Criteria:** Uninsured clients who are diagnosed with Opioid Use Disorder (OUD) and started services at one or more of the STR/SOR-funded SUD treatment agencies (within the corresponding fiscal year). Analysis excludes clients who have billable services as part of the Medication Assisted Treatment – Prescription Drug and Opioid Addiction (MAT-PDOA) program, or who have pharmacy claims or paid services through Medicaid (MO HealthNet). This ensures that the comparison group more closely aligns with the usual course of treatment for uninsured clients at treatment agencies. Note: Up to 12 additional months of service data are used in the assessment when available (e.g., episodes of care that were initiated in FY18 [i.e., the first billable service was between July 1, 2017 and June 30, 2018] include service data through June 30, 2019.)

2. **Episode of Care (EOC):**
 - **EOC data includes only new EOCs** that started within the specified fiscal year. There is a cutoff of a 180-day gap in service to constitute a new EOC. To be included as an STR/SOR EOC, clients must partake in STR/SOR for at least two weeks prior to transferring to a different program. Additionally, clients must not have been in another program for more than two weeks prior to transferring into the STR/SOR to be counted.
 - **Statewide/Overall EOC:** EOC data is individual-specific (i.e., the episode stays open if someone switches agencies).
 - **Agency-specific data:** EOC data is defined using agency-specified client identifiers (EOCKEY). Only services received at the treating agency are counted in the client’s EOC (excluding ARCA).

Statewide / Overall EOC	Agency - Specific EOC
<ul style="list-style-type: none"> ✓ Data is individual-specific ✓ Data follows someone if they switch agencies but continue treatment elsewhere ✓ EOC data includes all services for any individual that engages with an agency (even if the individual starts and ends services at different agencies) 	<ul style="list-style-type: none"> ✓ Data is agency-specific ✓ Data does not follow individuals who switch agencies but remain in treatment ✓ EOC ends if the individual switches agencies
<ul style="list-style-type: none"> ✓ 180-day no services cutoff for starting a new EOC is consistent with the Department of Mental Health auto-discharge policies. This has the potential to reduce the number of 1-day EOCs. 	

3. **Medication Categories:** Medication categories are clustered to ensure there is no duplication of EOCs in instances where clients utilized multiple medications. For instance, EOCs that include both antagonist and agonist medication utilization are grouped into a unique category (Mixed Group). EOCs that involve agonist or partial agonist medications are grouped using the hierarchy: methadone > buprenorphine. Therefore, EOCs classified as methadone may involve both buprenorphine and methadone, whereas EOCs classified as buprenorphine involve solely buprenorphine. EOCs that involve only antagonist medications are grouped using the hierarchy: XR naltrexone > oral naltrexone. Therefore, EOCs classified as XR naltrexone may involve both oral and XR naltrexone, whereas EOCs classified as oral naltrexone solely involve oral naltrexone.

4. **Number of Days to First OUD Treatment Medication:** Medication access allows comparisons of how quickly an OUD treatment medication is billed. Analysis includes measurement of the difference in days between the first billable service date and the date of the first billed OUD medication. **Zero denotes access to medication on the same day as the first billable service.** Note: Only EOCs that do NOT involve detoxification encounters prior to

prescription access are included. Additionally, this data does not depict the extent to which there is a lag time between when a client calls or physically presents to request treatment, and when they are officially admitted to treatment.

5. **Treatment Retention:** Treatment retention estimates are a function of people for whom engagement can be determined. Both lags in billing and the start date of an EOC contribute to how long treatment engagement can be assessed.
6. **Overall, Without Methadone:** This metric listed within treatment retention graphs is an estimate of overall retention excluding individuals who receive(d) methadone. As methadone treatment episodes occur only within (or through) designated Opioid Treatment Program (OTP) settings, the 'Overall without Methadone' metric is more reflective of overall retention for SUD and mental health agencies that are not OTPs and thus have no (or very few) clients who take methadone.
7. **Psychosocial Services:** Psychosocial services include client counseling, group counseling, group education, family counseling, community support, case management, and peer support services. Occurrences are defined using service codes that were either billed within 30 days from the first billable treatment service, or during the course of the EOC.
8. **Demographic Makeup of Missouri, Overdose Deaths, and Treatment Population:** This figure compares the demographic characteristics of the STR/SOR treatment population to Missouri's general population and highlights the demographic makeup of overdose deaths by race and sex. Note: These comparisons are to provide a scope of the services provided relative to overdose deaths and Missouri's population. However, statewide population estimates are a less than perfect comparison group. The population of Missourians with an OUD would be more relevant, but this data is unavailable.
9. **Naloxone Prescriptions:** The number of EOCs where naloxone is provided and billed through CIMOR. Note: We recognize that providers often receive and distribute naloxone procured from outside sources, which are not billed through CIMOR. Therefore, the naloxone numbers represented through this Dashboard are likely substantially lower than the actual number of naloxone distributed.
10. **Telehealth:** Analysis measures medical telehealth service EOCs only (medical services with a GT modifier). This does not incorporate encounters that include psychosocial telehealth services.
11. **Telehealth +5:** Out of the individuals who receive telehealth services, analysis measures the percentage of EOCs that include five or more telehealth services.
12. **Peer Support Services:** The percentage of EOCs that include peer support services billed with the procedure code "H0038".
13. **Housing Support:** The percentage of EOCs that include housing support billed with the procedure codes '12000' and '12000HW'.
14. **Transportation:** The percentage of EOCs that include transportation assistance billed with the procedure codes 'A0080' and 'T2004'.
15. **Sex, Gender and LGBTQIA+ Considerations:**
 - **Sex and Gender:** Sex and gender are distinct concepts. Sex (typically expressed as male, female, and intersex) is a medical label that refers to one's biological organs and chromosomes. Gender (typically expressed as man, woman, transgender, non-binary, etc.) refers to one's subjective sense of their gendered identity. This Dashboard utilizes the terms and the response options as presented through CIMOR/TEDs data collection, which are not well aligned in their distinctions between sex and gender.

- **Transgender and LGBTQIA+:** Given the low frequencies in the current data, it is likely that the number of transgender clients identified in the treatment system is underreported. This may be due to unclear definitions or instructions, inconsistent reporting by providers in healthcare records (e.g., someone who is transgender may be categorized either as the gender they identify with or their biological sex in the system), or even a lack of disclosure by clients in treatment. A further limitation is the lack of information collected regarding sexual orientation. Because of these data limitations, we are unable to estimate access to and the impact of OUD treatment specifically for LGBTQIA+ populations.