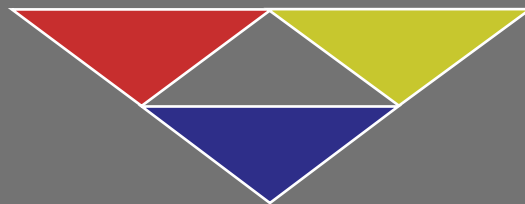


February 2017

Missouri Department of Mental Health

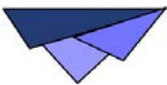
Quarterly Performance Measures



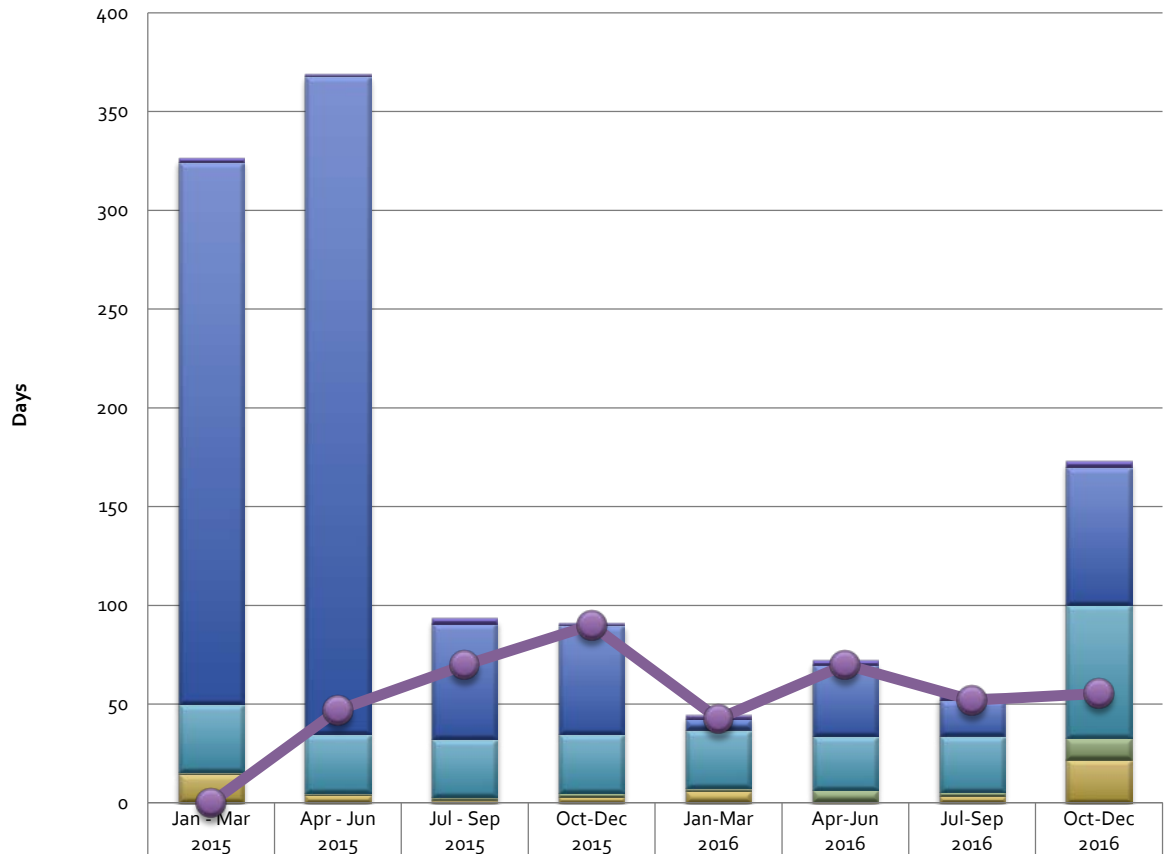


Division of Behavioral Health

Substance Abuse Services



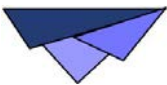
Substance Use Treatment Community Investigations Timelines



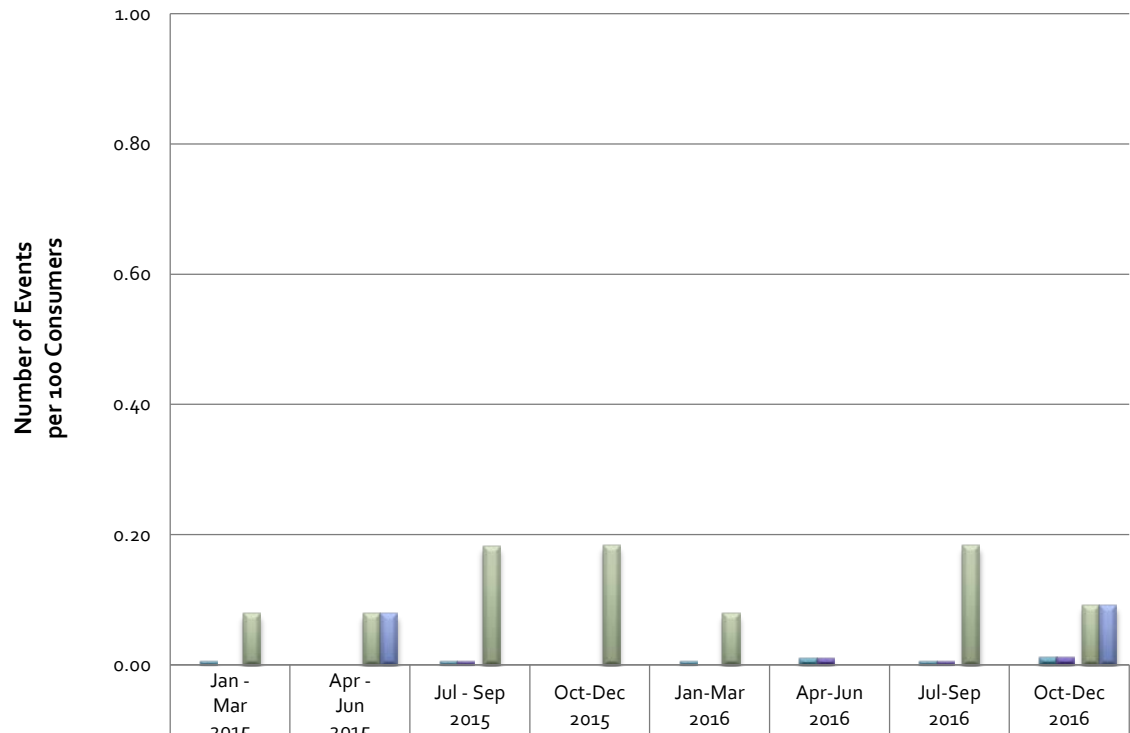
	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016
Community Event Count	2	1	3	1	2	2	3	3
Inv. Final Report to Final Determ.	274.5	333.0	58.3	55.0	5.5	36.0	18.0	69.7
Inv. Request to Final Report	34.5	30.0	29.7	30.0	29.5	27.5	28.7	67.7
Notification to Inv. Request	1.0	1.0	1.3	2.0	1.5	6.0	2.0	10.7
Event Discovery to Notification	14.5	4.0	1.3	3.0	6.0	0.5	3.3	22.0
Total Investigation Time (90%)	0.0	46.9	69.8	90.0	42.5	70.0	52.0	55.3

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

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



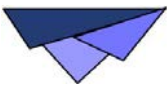
Substance Use Treatment Abuse/Neglect Investigations



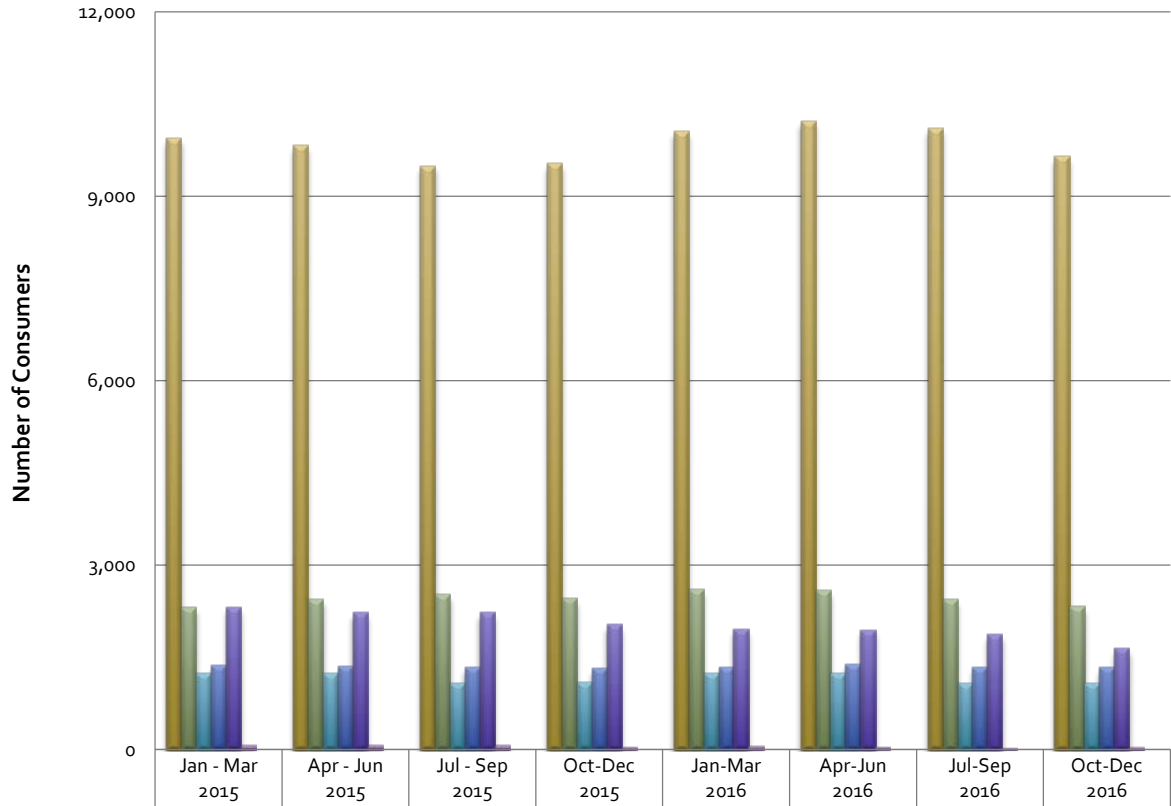
	Jan - Mar 2015	Apr - Jun 2015	Jul - Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016
# Adult Consumers	19,856	19,990	19,324	18,724	19,323	19,642	19,018	17,761
Adult A/N Investigations Completed	1	0	1	0	1	2	1	2
Adult A/N Investigations Rate	0.005	0.000	0.005	0.000	0.005	0.010	0.005	0.011
Adult A/N Substantiated	0	0	1	0	0	2	1	2
Adult A/N Substantiation Rate	0.000	0.000	0.005	0.000	0.000	0.010	0.005	0.011
# Youth Consumers	1,257	1,256	1,096	1,093	1,252	1,248	1,086	1,087
Youth A/N Investigations Completed	1	1	2	2	1	0	2	1
Youth A/N Investigations Rate	0.080	0.080	0.182	0.183	0.080	0.000	0.184	0.092
Youth A/N Substantiated	0	1	0	0	0	0	0	1
Youth A/N Substantiation Rate	0.000	0.080	0.000	0.000	0.000	0.000	0.000	0.092

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

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



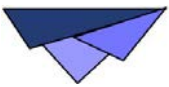
Substance Use Treatment Consumers Served By Program



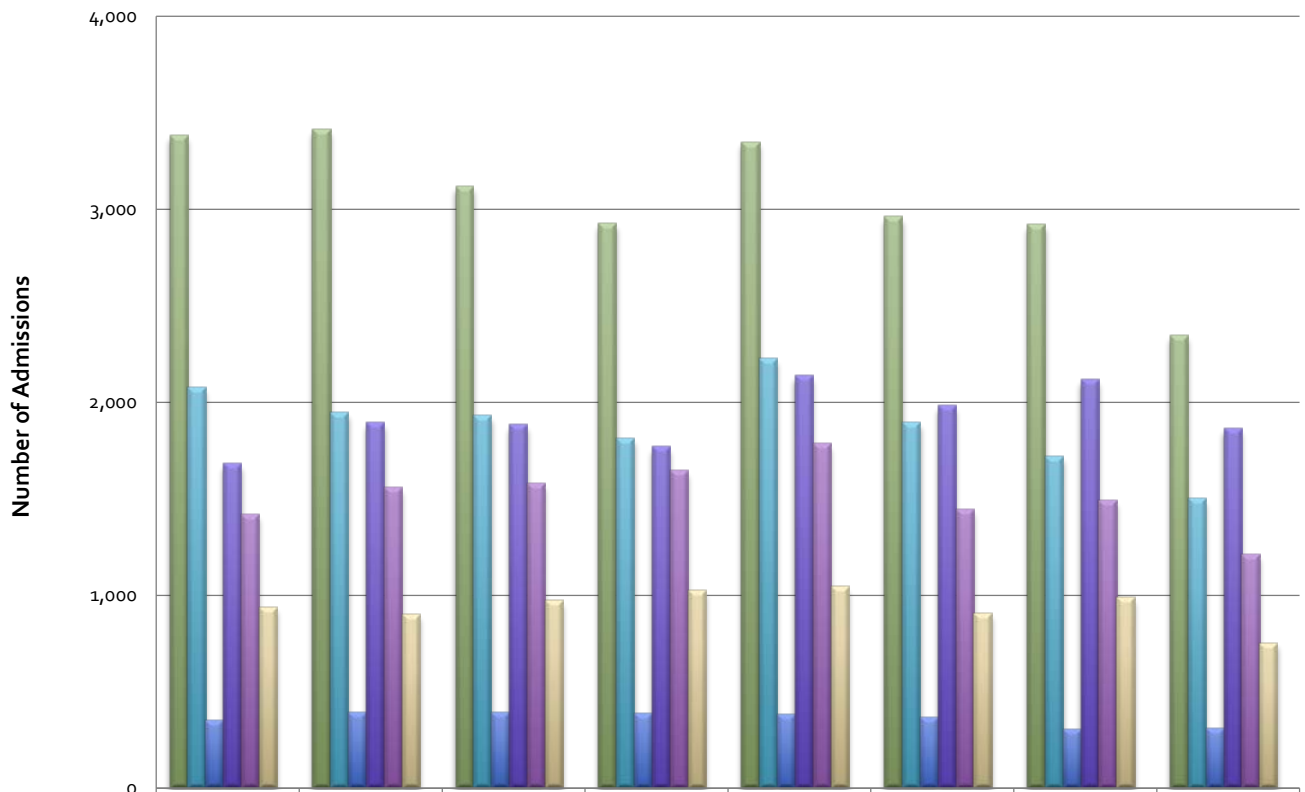
Program	Jan - Mar 2015	Apr - Jun 2015	Jul - Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016
CSTAR Gen Adult	9,953	9,827	9,500	9,546	10,058	10,224	10,103	9,654
CSTAR W&C	2,312	2,454	2,532	2,468	2,616	2,590	2,443	2,338
CSTAR Adol	1,251	1,244	1,085	1,092	1,247	1,240	1,086	1,089
CSTAR Opioid Tx	1,369	1,366	1,349	1,322	1,347	1,390	1,350	1,346
Primary Recovery & Tx	2,311	2,232	2,234	2,046	1,955	1,952	1,880	1,651
Compulsive Gambling	70	73	67	50	54	43	32	40
Unduplicated Number of ADA Served	21,113	21,246	20,420	19,817	20,575	20,890	20,104	18,848

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

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

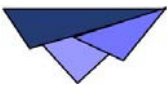


Drug of Choice at Admission to Substance Use Treatment

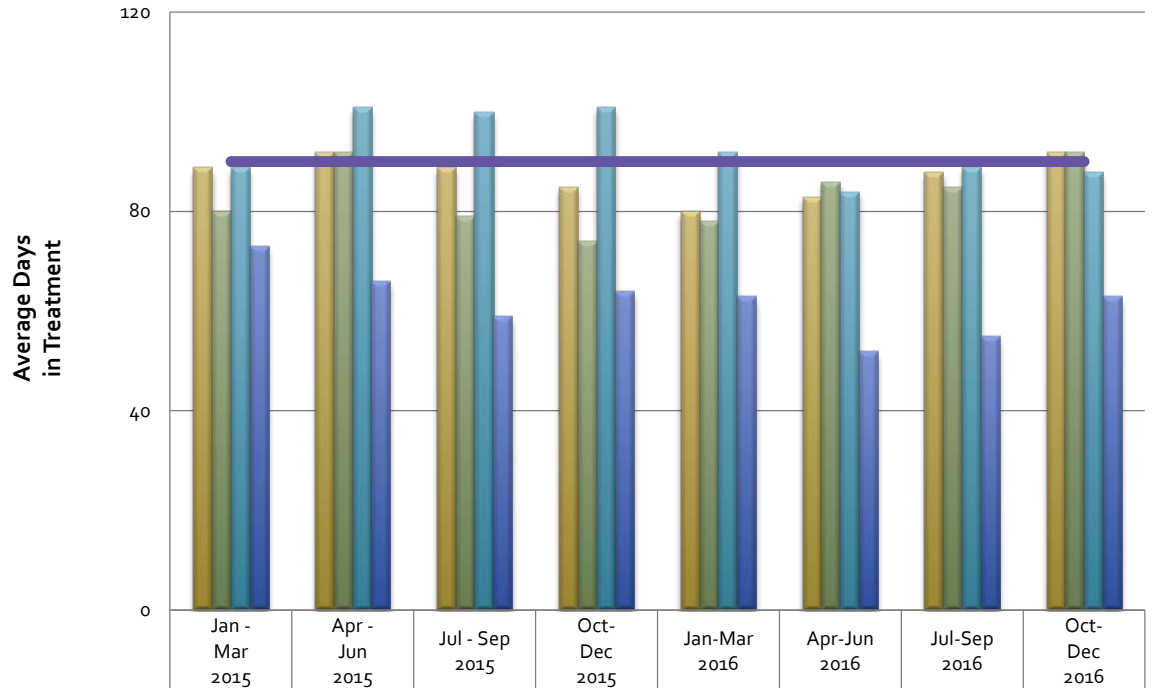


	Jan - Mar 2015	Apr - Jun 2015	Jul - Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016
Alcohol	3,383	3,417	3,119	2,926	3,350	2,962	2,921	2,347
% Alcohol	34.3%	33.8%	31.5%	30.5%	30.6%	31.0%	30.6%	29.4%
Marijuana	2,077	1,950	1,934	1,816	2,227	1,895	1,718	1,502
% Marijuana	21.1%	19.3%	19.6%	19.0%	20.4%	19.8%	18.0%	18.8%
Cocaine	354	392	393	391	386	367	308	312
% Cocaine	3.6%	3.9%	4.0%	4.1%	3.5%	3.8%	3.2%	3.9%
Methamphetamine	1,682	1,899	1,885	1,770	2,140	1,987	2,121	1,864
% Methamphetamine	17.1%	18.8%	19.1%	18.5%	19.6%	20.8%	22.2%	23.3%
Heroin	1,420	1,560	1,582	1,649	1,786	1,445	1,491	1,212
% Heroin	14.4%	15.4%	16.0%	17.2%	16.3%	15.1%	15.6%	15.2%
Other Drugs	941	905	977	1,028	1,045	910	991	755
% Other Drugs	9.5%	8.9%	9.9%	10.7%	9.6%	9.5%	10.4%	9.4%

Significance: Illicit drug admissions account for about 63 - 68% of all admissions to substance use treatment.



Retention In Substance Use Treatment

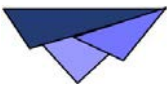


	Jan - Mar 2015	Apr - Jun 2015	Jul - Sep 2015	Oct - Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016
CSTAR Gen Adult - N	4,230	4,576	4,307	4,673	4,197	4,317	3,327	2,636
CSTAR Gen Adult - Avg Days	89	92	89	85	80	83	88	92
CSTAR W&C - N	942	1,258	1,062	1,227	1,082	1,215	873	845
CSTAR W&C - Avg Days	80	92	79	74	78	86	85	92
CSTAR Adol - N	486	600	508	474	503	602	340	215
CSTAR Adol - Avg Days	89	101	100	101	92	84	89	88
Primary Recovery & Tx - N	822	805	639	672	473	412	330	240
Primary Recovery & Tx - Avg Days	73	66	59	64	63	52	55	63
# of Outliers	393	444	402	464	371	423	272	246
NIDA recommended minimum (days)	90	90	90	90	90	90	90	90

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

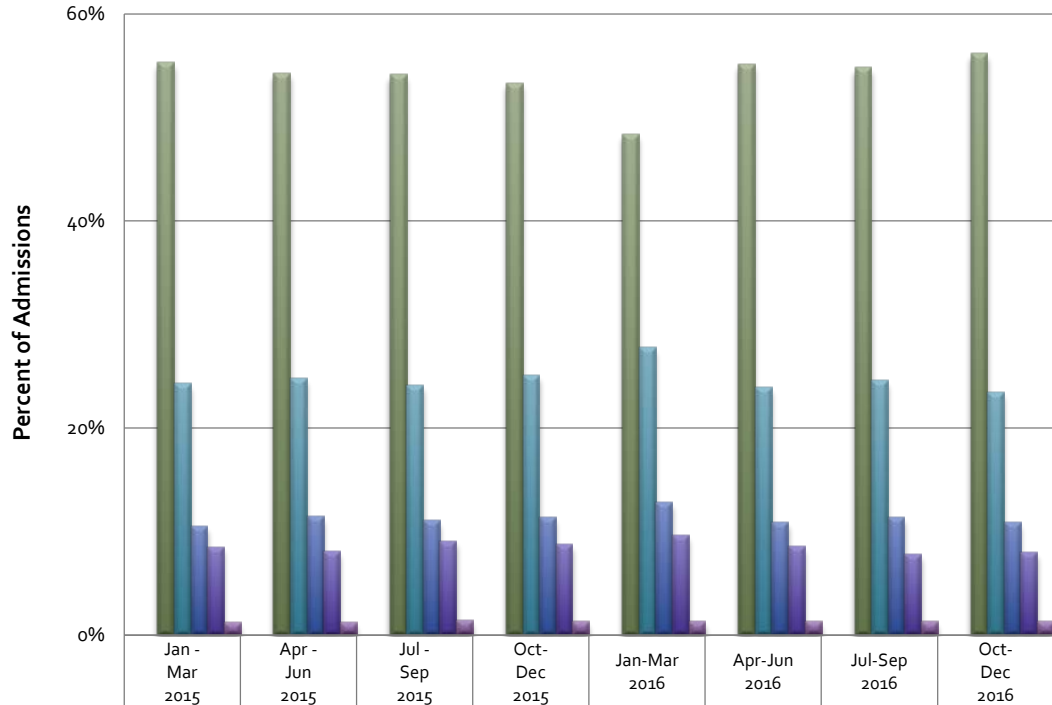
NIDA's Principles of Drug Addiction Treatment states: "The appropriate duration for an individual depends on the type and degree of his or her problem and needs. Research indicates that most addicted individuals need at least three months in treatment to significantly reduce or stop their drug use and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

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



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

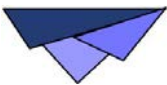
NOTE: One study found that the median time from first treatment to 1 alcohol-and drug-free year was 9 years - with 3 to 4 episodes of treatment.¹
¹Dennis, M.L. et al, 2005. The duration and correlates of addiction and treatment careers. *Journal of Substance Abuse Treatment* 28 (Suppl.1):S51-S62



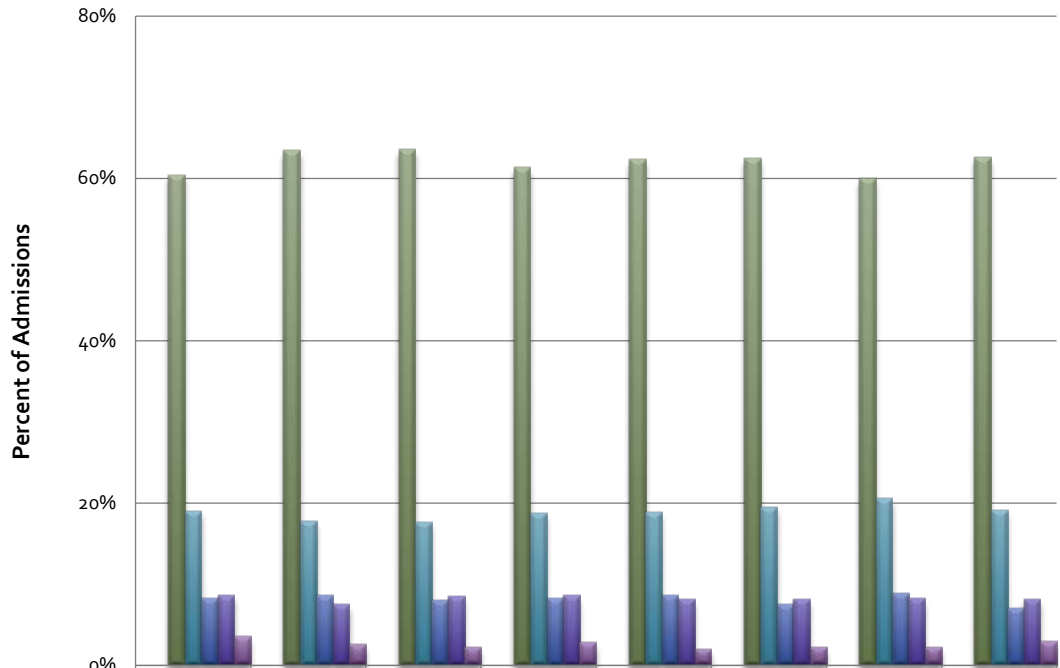
	Jan - Mar 2015	Apr - Jun 2015	Jul - Sep 2015	Oct - Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016
Adult Consumers Admitted to Tx	6,909	7,209	7,076	6,940	7,849	6,920	7,209	6,636
Adult Consumers with Previous Tx	3,084	3,293	3,241	3,237	4,053	3,101	3,254	2,905
Adult Consumers Admitted with Previous Tx Pct	44.6%	45.7%	45.8%	46.6%	51.6%	44.8%	45.1%	43.8%
0 Prior Tx Episodes	3,825	3,916	3,835	3,703	3,795	3,819	3,955	3,731
0 Prior Tx Episodes Pct	55.4%	54.3%	54.2%	53.4%	48.4%	55.2%	54.9%	56.2%
1 Prior Tx Episode	1,679	1,791	1,708	1,741	2,181	1,658	1,772	1,558
1 Prior Tx Episode Pct	24.3%	24.8%	24.1%	25.1%	27.8%	24.0%	24.6%	23.5%
2 Prior Tx Episodes	730	825	784	794	1,007	758	819	726
2 Prior Tx Episodes Pct	10.6%	11.4%	11.1%	11.4%	12.8%	11.0%	11.4%	10.9%
3 - 5 Prior Tx Episodes	589	587	645	609	758	593	566	533
3 - 5 Prior Tx Episodes Pct	8.5%	8.1%	9.1%	8.8%	9.7%	8.6%	7.9%	8.0%
6 + Prior Tx Episodes	86	90	104	93	107	92	97	88
6 + Prior Tx Episodes Pct	1.2%	1.2%	1.5%	1.3%	1.4%	1.3%	1.3%	1.3%

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

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



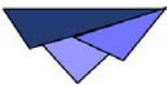
Adult Detox Admissions With Prior Detox Episodes in Past 36 Months



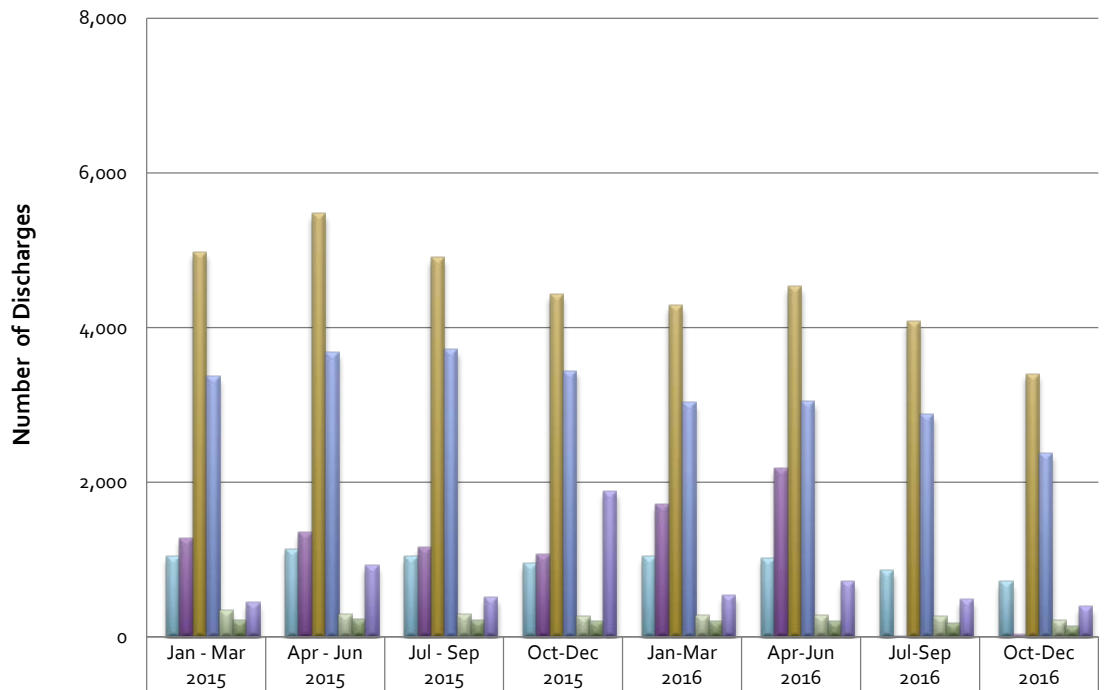
	Jan - Mar 2015	Apr - Jun 2015	Jul - Sep 2015	Oct - Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016
Consumers Admitted to Detox	1,459	1,676	1,753	1,615	1,730	1,697	1,699	1,482
Consumers with Previous Detox	577	613	639	623	651	637	679	554
Consumers Admitted with Previous Detox Pct	39.5%	36.6%	36.5%	38.6%	37.6%	37.5%	40.0%	37.4%
0 Prior Detox Episodes	882	1,063	1,114	992	1,079	1,060	1,020	928
0 Prior Detox Episodes Pct	60.5%	63.4%	63.5%	61.4%	62.4%	62.5%	60.0%	62.6%
1 Prior Detox Episode	278	299	309	303	326	332	350	283
1 Prior Detox Episode Pct	19.1%	17.8%	17.6%	18.8%	18.8%	19.6%	20.6%	19.1%
2 Prior Detox Episodes	120	144	141	134	150	127	151	105
2 Prior Detox Episodes Pct	8.2%	8.6%	8.0%	8.3%	8.7%	7.5%	8.9%	7.1%
3 - 5 Prior Detox Episodes	126	126	149	139	140	139	140	121
3 - 5 Prior Detox Episodes Pct	8.6%	7.5%	8.5%	8.6%	8.1%	8.2%	8.2%	8.2%
6 + Prior Detox Episodes	53	44	40	47	35	39	38	45
6 + Prior Detox Episodes Pct	3.6%	2.6%	2.3%	2.9%	2.0%	2.3%	2.2%	3.0%

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

Significance: At least one-half of detox admissions (55-60%) are for consumers who have not been in detox within the past 36 months.



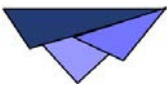
Substance Use Treatment Discharges



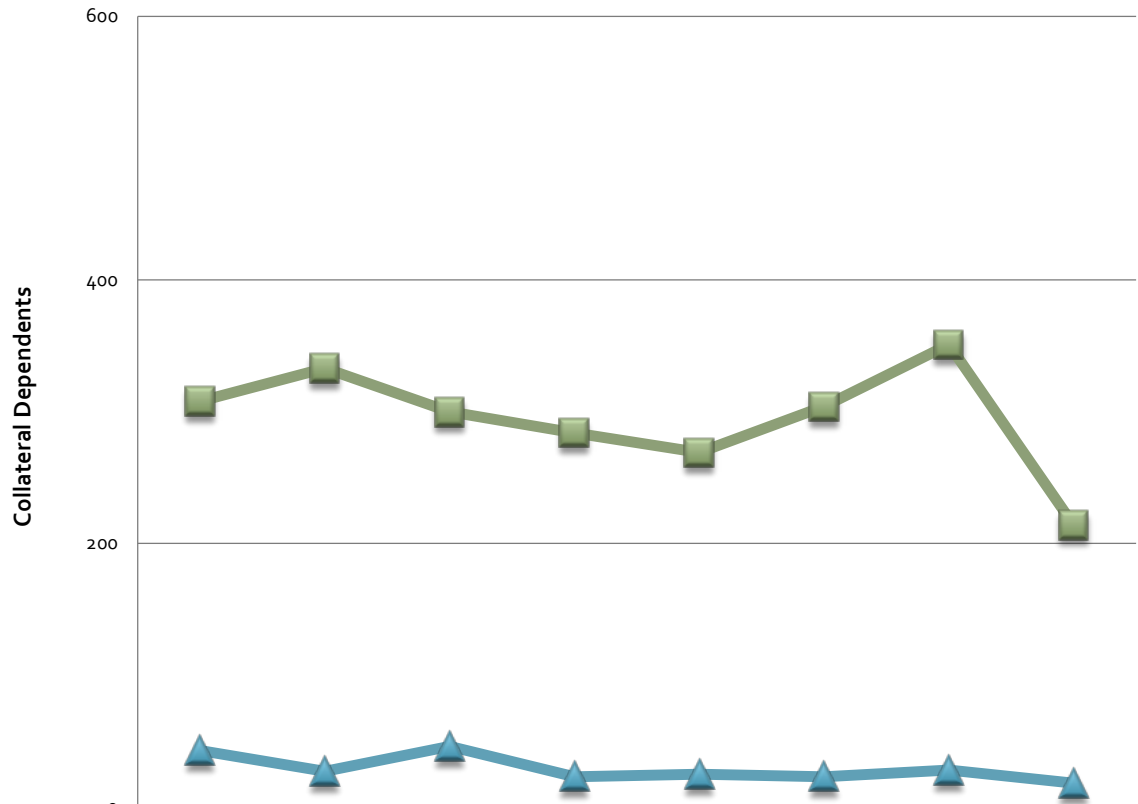
	Jan - Mar 2015	Apr - Jun 2015	Jul - Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016
Total Discharges	11,681	13,116	11,857	12,284	11,113	11,998	8,780	7,291
Agency Initiated	1,042	1,142	1,045	958	1,040	1,024	865	719
Auto Discharges	1,274	1,353	1,156	1,077	1,718	2,188	17	31
Completed Treatment	4,981	5,479	4,908	4,434	4,288	4,536	4,081	3,405
Consumer Initiated	3,370	3,690	3,719	3,442	3,036	3,051	2,886	2,379
Law Enforcement Initiated	344	301	293	276	283	277	267	212
Other Discharges	220	227	221	211	207	201	177	146
Transferred	450	924	515	1,886	541	721	487	399

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

Significance: About 40-50 % of consumers complete treatment. Consumer dropped out of treatment is the most common reason for non-completion. Agency mergers in quarters (Apr-Jun 2015) and (Oct-Dec 2015) resulted in a higher than usual number of transfers.



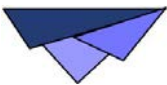
Collateral Dependents Served



	Jan - Mar 2015	Apr - Jun 2015	Jul - Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016
▲ Served in non-Women's Programs	43	27	46	23	25	23	28	18
■ Served in Women's Programs	308	333	300	284	269	304	351	214

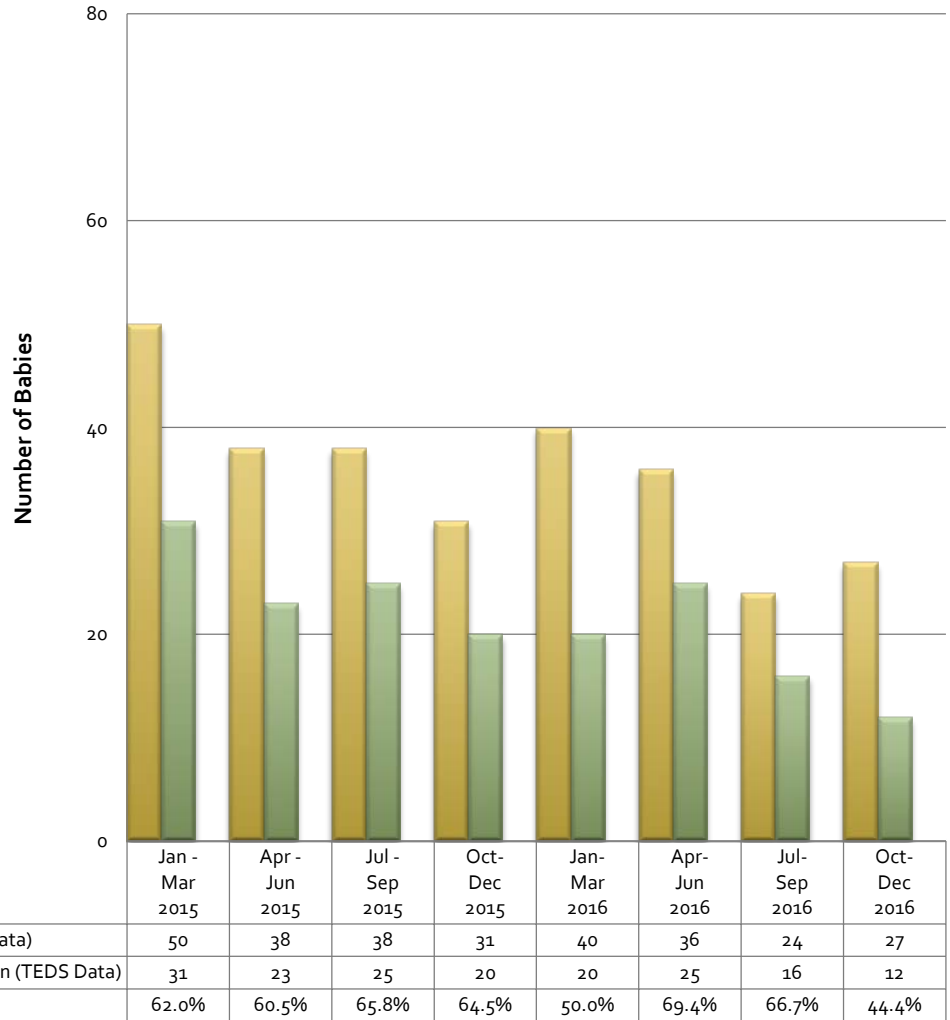
NOTE: A collateral dependent has no alcohol or drug abuse problem but is seeking services because of problems arising from his or her relationship with an alcohol or drug user who is engaged in treatment.

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



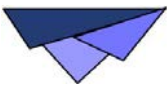
Babies Born Drug Free

During 2013, there were 658 newborns affected by illicit drugs that were reported to the Missouri Department of Health and Senior Services. However, this number is under-reported due to lack of standards for reporting. (Data Source: Missouri Department of Health and Senior Services)



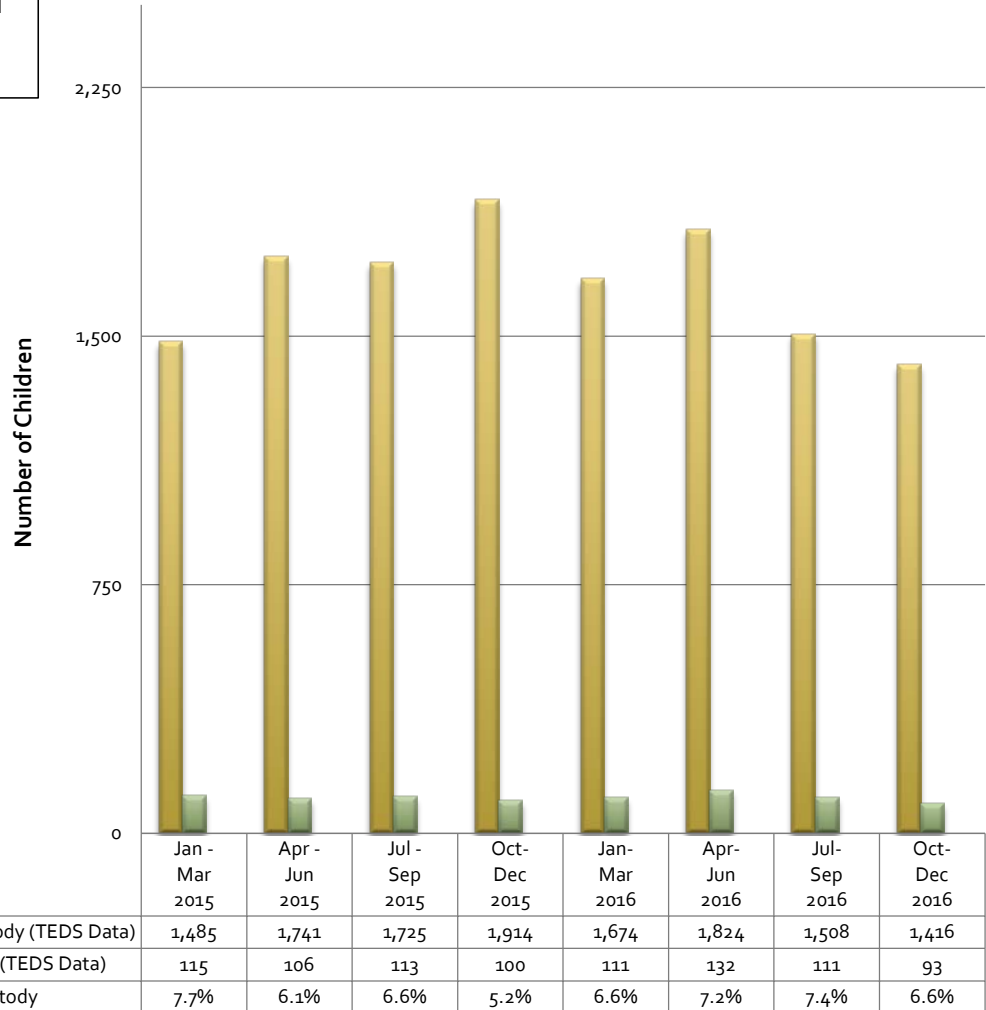
NOTE: In May 2010, TEDS data collection pages in CIMOR were upgraded to collect the number of babies born drug free during treatment for all female consumers in treatment and is collected when the program is closed. Due to this change, the data from previous reports are not comparable.

Significance: The number will vary due to several factors including number of pregnant women enrolled that had a baby during treatment



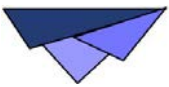
Children Returned to Custody

During 2013, there were 2,386 children removed from their homes due to parental alcohol and/or drug use. (Data Source: Missouri Department of Social Services)

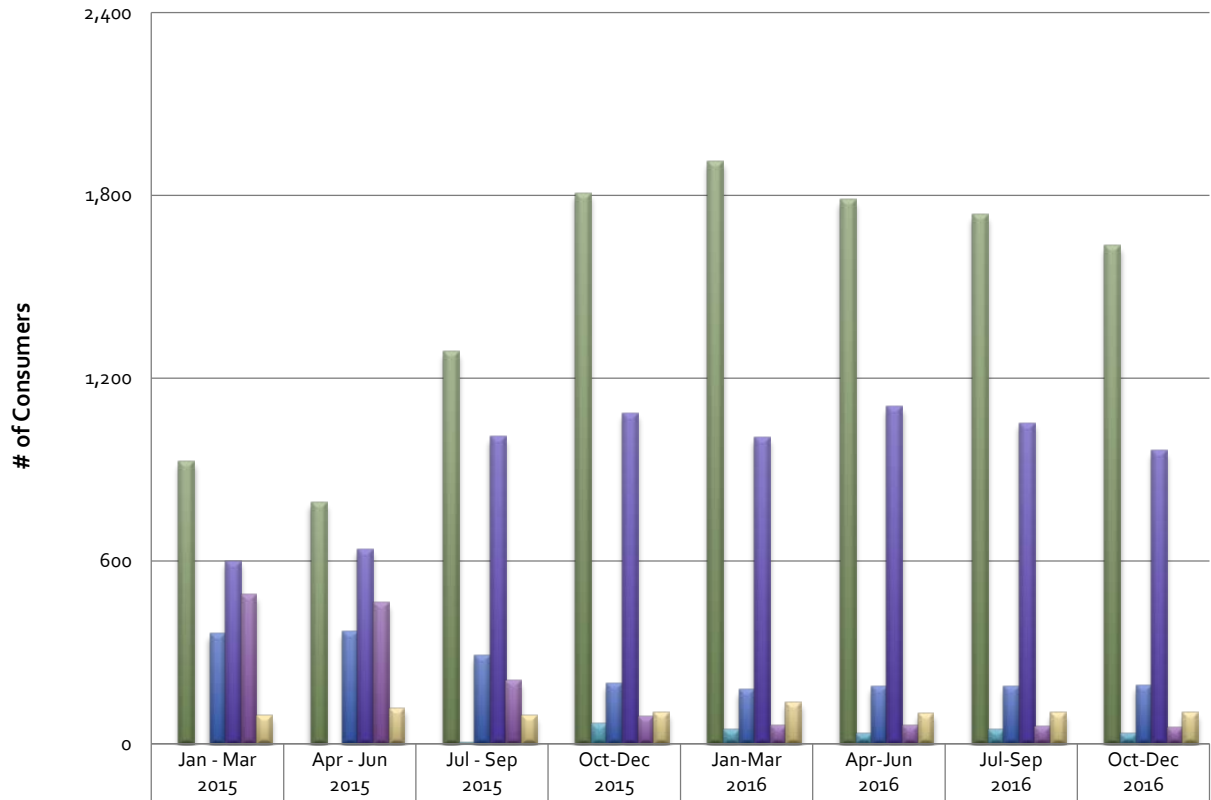


NOTE: In May 2010, TEDS data collection pages in CIMOR were upgraded to collect the number of children returned to custody for all consumers in treatment and is collected when the program is closed.

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



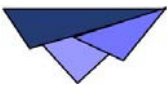
Consumers Receiving Recovery Supports



	Jan - Mar 2015	Apr - Jun 2015	Jul - Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016
Unduplicated Number Served	1,540	1,389	1,412	1,956	2,191	2,071	2,059	1,988
Coordination Services	928	794	1,288	1,807	1,912	1,789	1,737	1,638
Drop-In Services	0	0	5	66	48	34	48	34
Housing	363	370	290	200	178	188	189	193
Recovery Services	601	640	1,010	1,087	1,005	1,107	1,054	965
Spiritual Services	490	464	208	90	62	62	57	54
Transportation	94	118	94	104	135	101	103	102

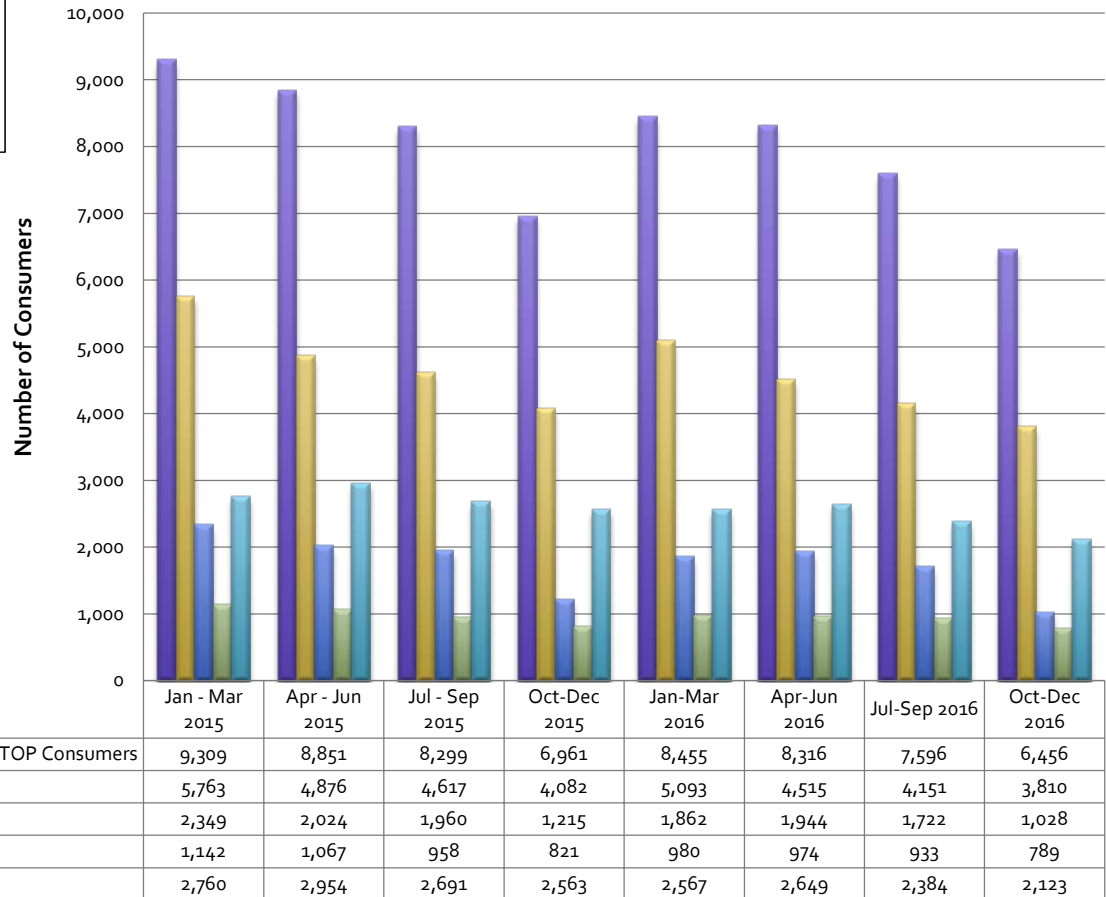
NOTE: Recovery supports are a collection of non clinical services that support recovery from alcohol and drug addiction. The ATR program is limited to 7 counties in West Central Missouri, 7 counties in Southwest Missouri, and 7 counties in Southeast Missouri.

Significance: The federal Access to Recovery (ATR III) grant ended in September 2014, and the ATR IV grant began in July 2015. The decrease in number of consumers receiving spiritual services in quarter (Oct-Dec 2015) is due to a change in the menu of services.



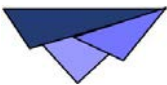
Substance Abuse Traffic Offenders Program (SATOP) Consumers Served

The annual number of DWI arrests have been trending downward: 35,543 in 2009 to 22,815 in 2015. Data Source: Missouri Department of Public

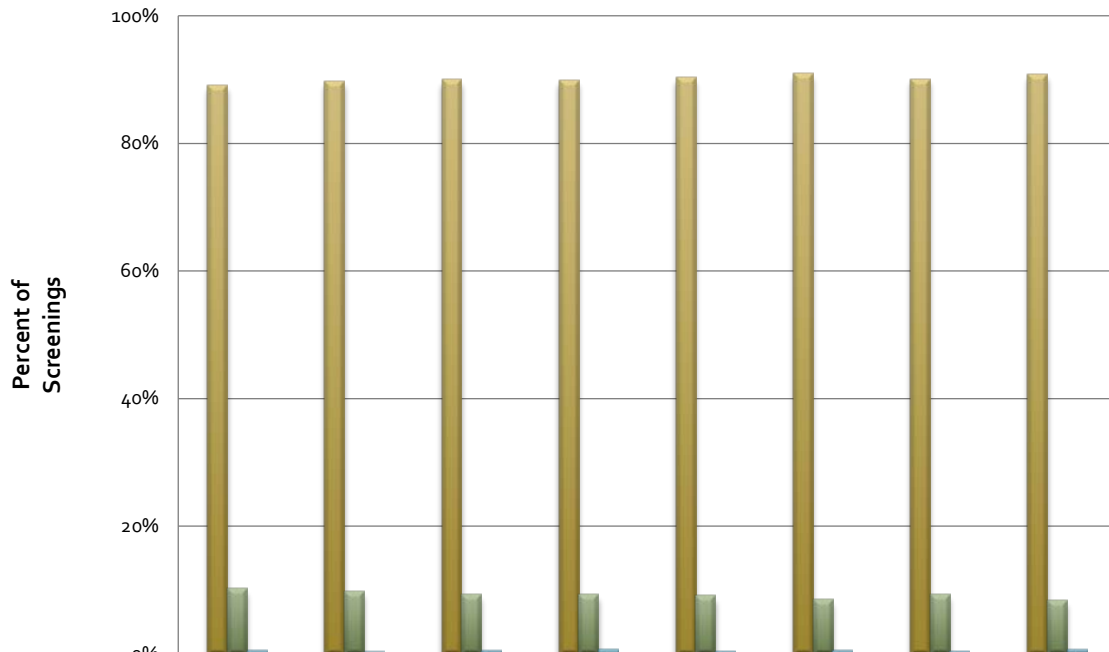


NOTES: The number screened will not equal the sum of the programs due to consumers having up to 6 months to enroll in the assigned program. Consumers may also decide to complete a comparable program that is more intensive than the one recommended by the screening. Clinical treatment program includes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

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



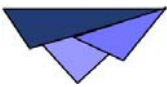
Substance Abuse Traffic Offenders Program (SATOP) Consumers Screened - Range of Previous SATOP Screenings Within Past 5 Years



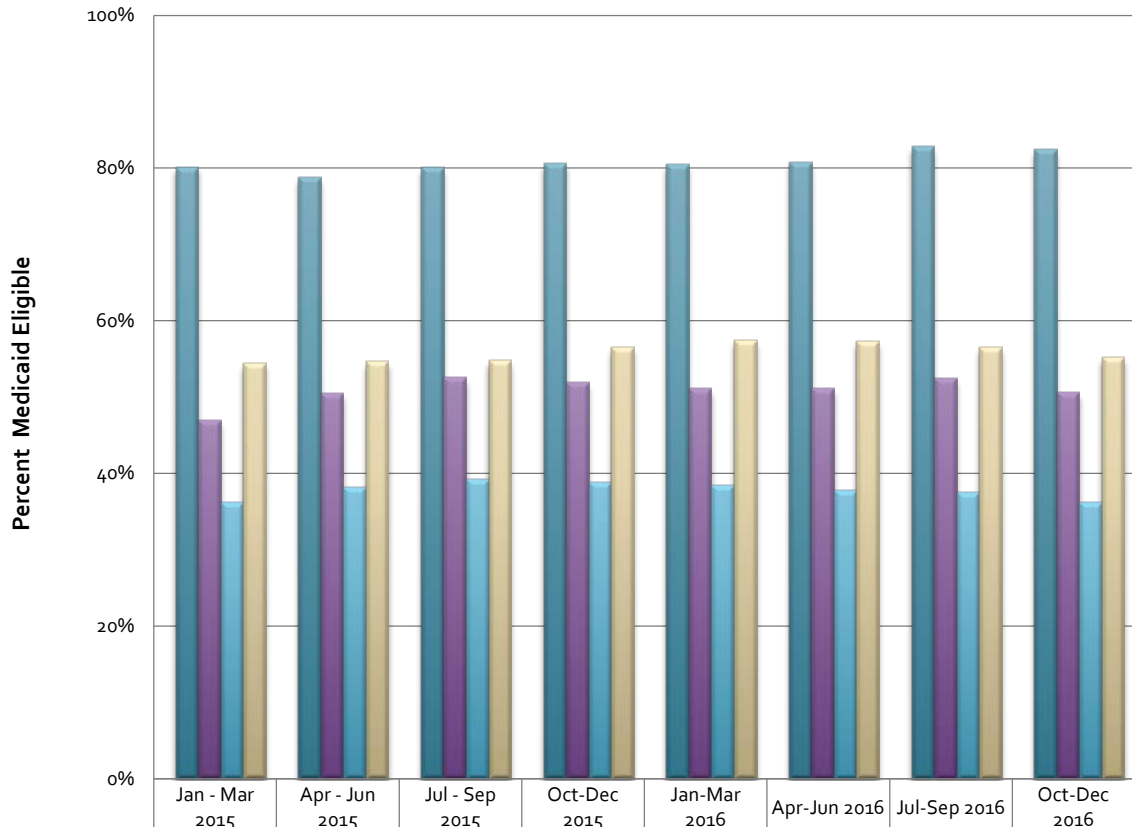
	Jan - Mar 2015	Apr - Jun 2015	Jul - Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016
SATOP Screened or Assigned to Comparable Pgm	6,549	5,647	5,366	4,672	5,789	5,257	4,840	4,418
0 Prior Screening	5,837	5,068	4,831	4,203	5,234	4,784	4,363	4,015
0 Prior Screening Pct	89.1%	89.7%	90.0%	90.0%	90.4%	91.0%	90.1%	90.9%
1 Prior Screening	676	556	504	435	527	446	454	370
1 Prior Screening Pct	10.3%	9.8%	9.4%	9.3%	9.1%	8.5%	9.4%	8.4%
2 Prior Screenings	34	22	28	31	25	26	21	31
2 Prior Screenings Pct	0.5%	0.4%	0.5%	0.7%	0.4%	0.5%	0.4%	0.7%
3+ Prior Screenings	2	1	3	3	3	1	2	2
3+ Prior Screenings Pct	0.0%	0.0%	0.1%	0.1%	0.1%	0.0%	0.0%	0.0%

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

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



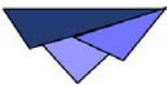
Medicaid Eligibility for Individuals Served in CSTAR Programs



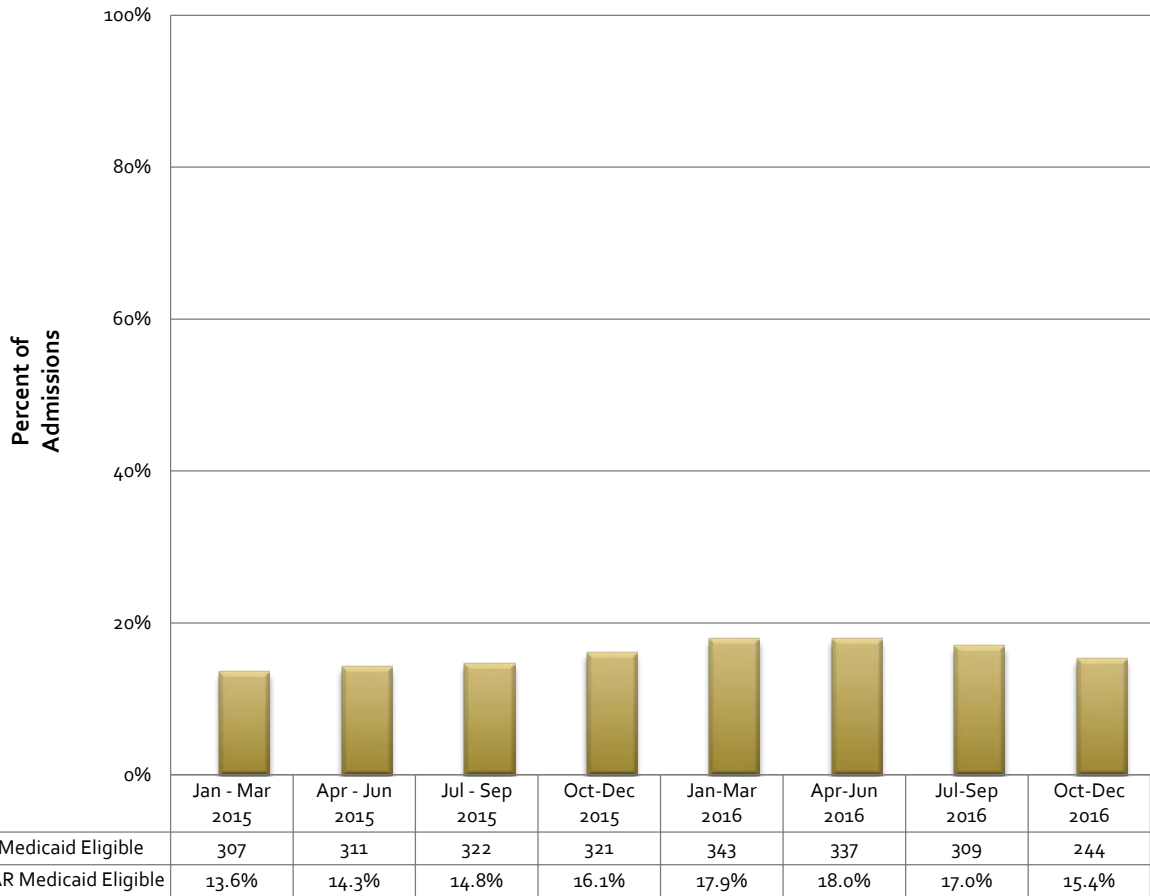
	Jan - Mar 2015	Apr - Jun 2015	Jul - Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016
CSTAR Adolescent Medicaid Eligible	1,005	981	870	883	1,005	1,004	902	906
% CSTAR Adolescent Medicaid Eligible	80.2%	78.9%	80.1%	80.6%	80.5%	80.8%	82.9%	82.5%
CSTAR W&C Medicaid Eligible	1,086	1,240	1,333	1,283	1,338	1,327	1,283	1,190
% CSTAR W&C Medicaid Eligible	47.0%	50.5%	52.6%	52.0%	51.1%	51.2%	52.5%	50.7%
CSTAR Gen Adult Medicaid Eligible	3,611	3,766	3,739	3,708	3,879	3,864	3,802	3,524
% CSTAR Gen Adult Medicaid Eligible	36.2%	38.3%	39.3%	38.8%	38.5%	37.8%	37.6%	36.3%
Opioid Medicaid Eligible	733	761	740	761	779	767	738	727
% Opioid Medicaid Eligible	54.4%	54.7%	54.8%	56.5%	57.4%	57.4%	56.6%	55.3%

NOTE: CSTAR Detox is excluded.

Significance: Medicaid-eligible consumers comprise between 36 - 83% of the CSTAR consumer populations. The proportion is higher in the Adolescent program and lower in the General Adult program.

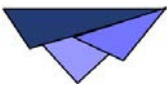


Medicaid Eligibility for Individuals Served in Non-CSTAR Substance Use Programs

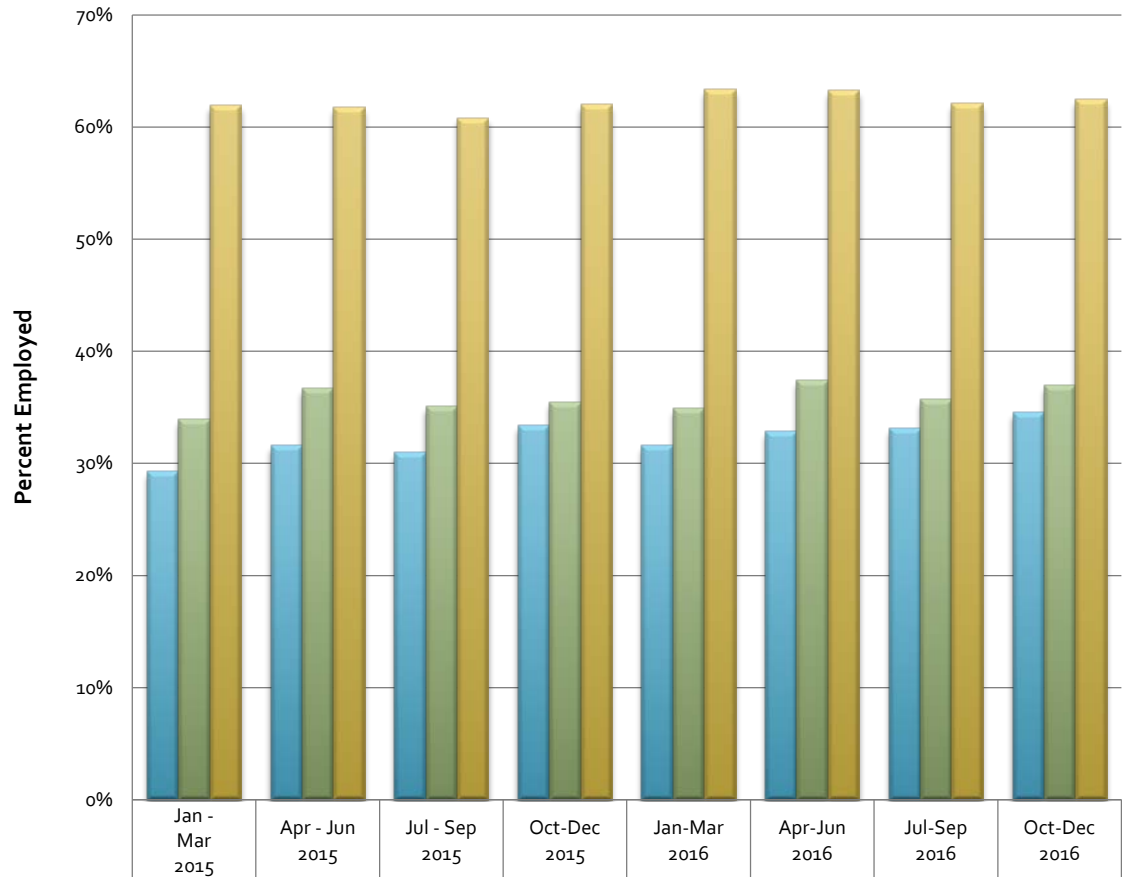


NOTE: Non-CSTAR programs include Primary Recovery Plus, Enhanced Primary Recovery Plus, Corrections Primary Recovery Plus, DOC Free & Clean Plus, DOC Partnership for Community Restoration, Clinical Intervention Program (Adult and Youth), Serious & Repeat Offender Program and General Treatment.

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



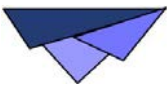
Employment of Adult Population in Substance Use Treatment



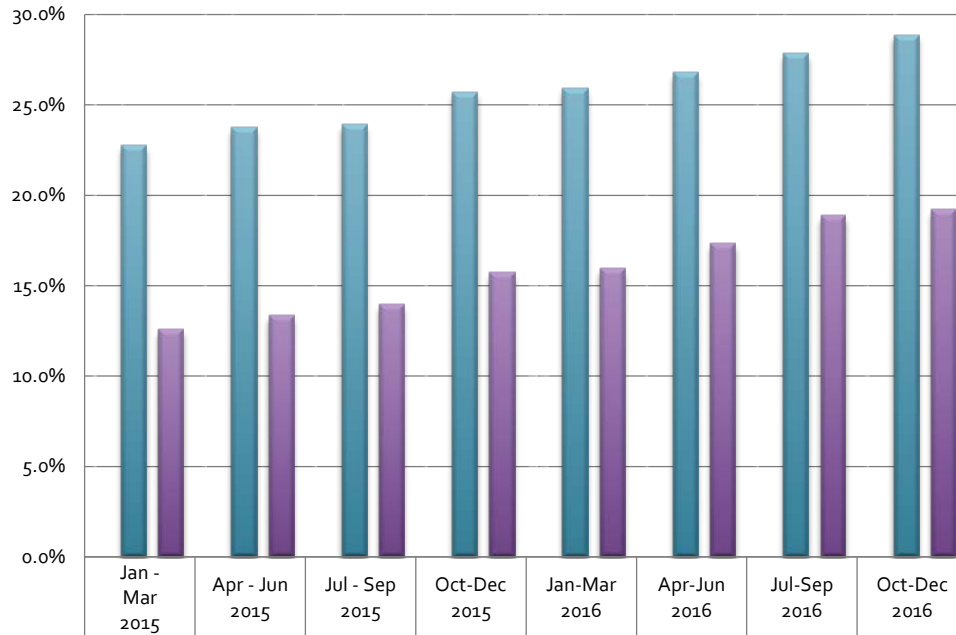
	Jan - Mar 2015	Apr - Jun 2015	Jul - Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016
■ Admission Employment of ADA Adult Population	29.29%	31.65%	30.99%	33.41%	31.65%	32.91%	33.17%	34.55%
■ Discharge Employment of ADA Adult Population	33.94%	36.71%	35.11%	35.50%	34.89%	37.42%	35.74%	36.99%
■ Employment of MO Adult Population	61.97%	61.77%	60.83%	62.07%	63.37%	63.33%	62.13%	62.50%

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

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



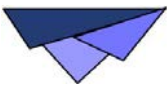
Consumers Receiving Medication Therapy



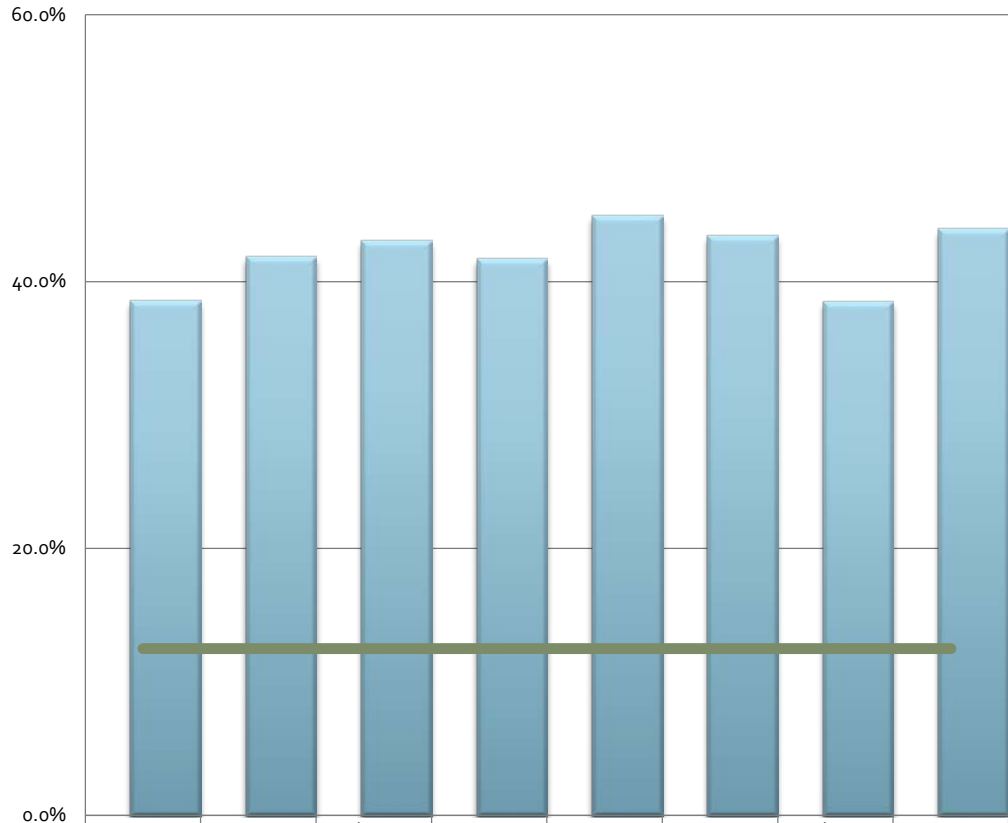
	Jan - Mar 2015	Apr - Jun 2015	Jul - Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016
Including CSTAR Opioid: # Adult Opioid/Alcohol-Addicted Consumers	10,944	10,913	10,794	10,508	10,736	10,913	10,742	10,204
# Consumers Receiving Medication Therapy	2,493	2,592	2,584	2,704	2,786	2,924	2,993	2,947
■ % Consumers Receiving Medication Therapy	22.8%	23.8%	23.9%	25.7%	26.0%	26.8%	27.9%	28.9%
Excluding CSTAR Opioid: # Adult Opioid/Alcohol-Addicted Consumers	9,360	9,275	9,194	8,874	9,147	9,260	9,110	8,555
# Consumers Receiving Medication Therapy	1,178	1,239	1,287	1,399	1,462	1,608	1,723	1,646
■ % Consumers Receiving Medication Therapy	12.6%	13.4%	14.0%	15.8%	16.0%	17.4%	18.9%	19.2%

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

Significance: Medication therapy in combination with psychosocial counseling to support treatment and recovery from substance abuse



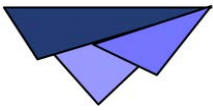
Transition from Detox to Treatment



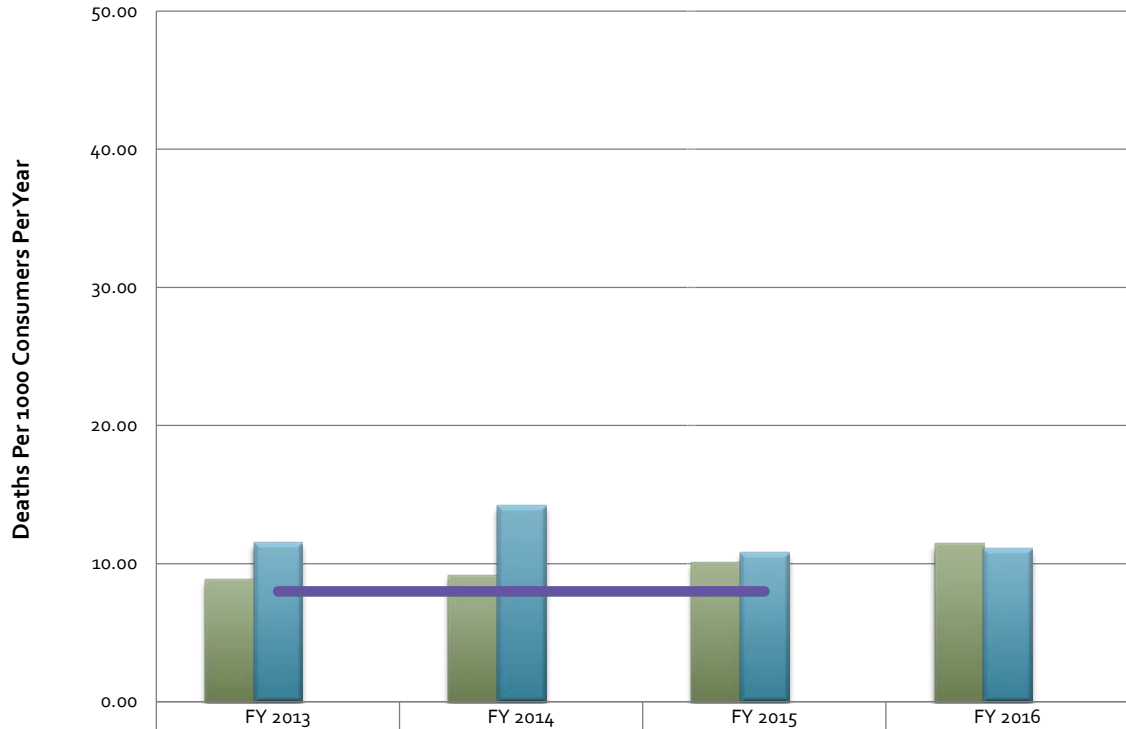
	Jan - Mar 2015	Apr - Jun 2015	Jul - Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016
# of Detox Discharges	1,582	1,788	1,826	1,664	1,764	1,807	1,689	1,351
# Transitioning from Detox to Tx	611	749	787	695	793	786	651	594
% Transitioning from Detox to Tx	38.6%	41.9%	43.1%	41.8%	45.0%	43.5%	38.5%	44.0%
U.S. % Transitioning from Detox to Tx	12.5%	12.5%	12.5%	12.5%	12.5%	12.5%	12.5%	12.5%

Notes: A transition is recorded if any treatment service is provided within 5 days of the last day of detox. U.S. data for transition from the Treatment Episode Dataset - Discharges, 2011 (SAMHSA, 2014).

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



Substance Use Treatment Consumer Mortality Rates



	FY 2013	FY 2014	FY 2015	FY 2016
Community Deaths	142	144	151	166
Mortality Rate	8.87	9.18	10.11	11.45
Age Adjusted Mortality Rate	11.53	14.24	10.81	11.09
# Consumers	58,122	56,411	52,597	49,083
MO Vital Statistics Crude Mortality/1000	9.3	9.5	9.6	9.8
MO Vital Statistics Age Adj Mortality/1000	8.0	8.0	8.0	
Average Age At Death	42.6	42.9	41.9	41.3

NOTE: Chart includes all substance use treatment consumers (residential and community primary consumers, compulsive gambling, collateral dependents, SATOP – except educational programs and screenings).

Significance: Substance use treatment consumers have a crude mortality rate that is comparable to Missouri community mortality rate of 9.5 deaths per 1000 Missouri residents (Missouri Department of Health and Senior Services, Bureau of Vital Statistics, 2014). Age-adjusted rate, however, tends to be higher for substance use treatment consumers presumably due to their substance use. Average age of consumers served is 35 years. Average age for consumers who die while in treatment is 41 years.

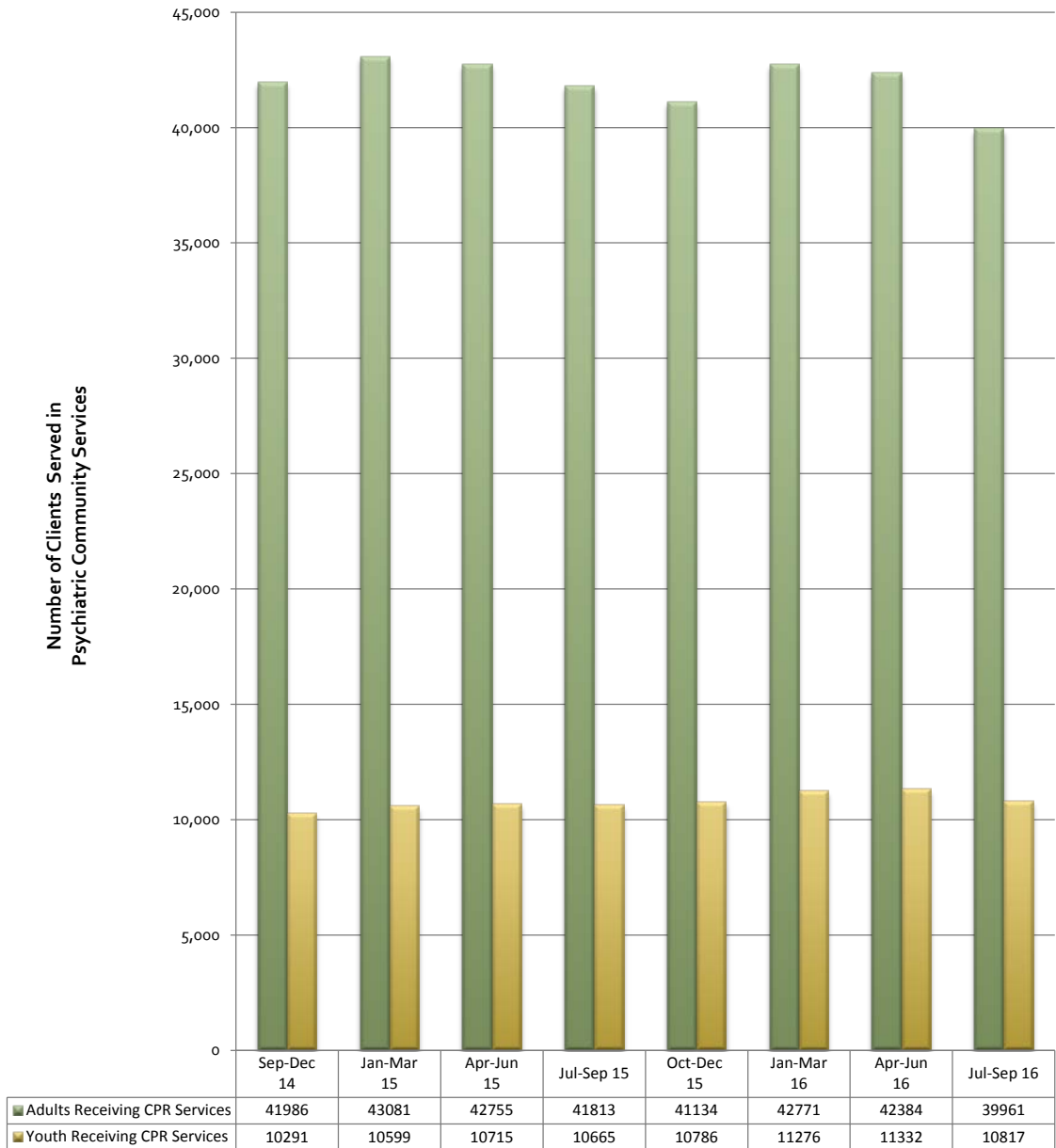


Division of Behavioral Health

Comprehensive Psychiatric
Services



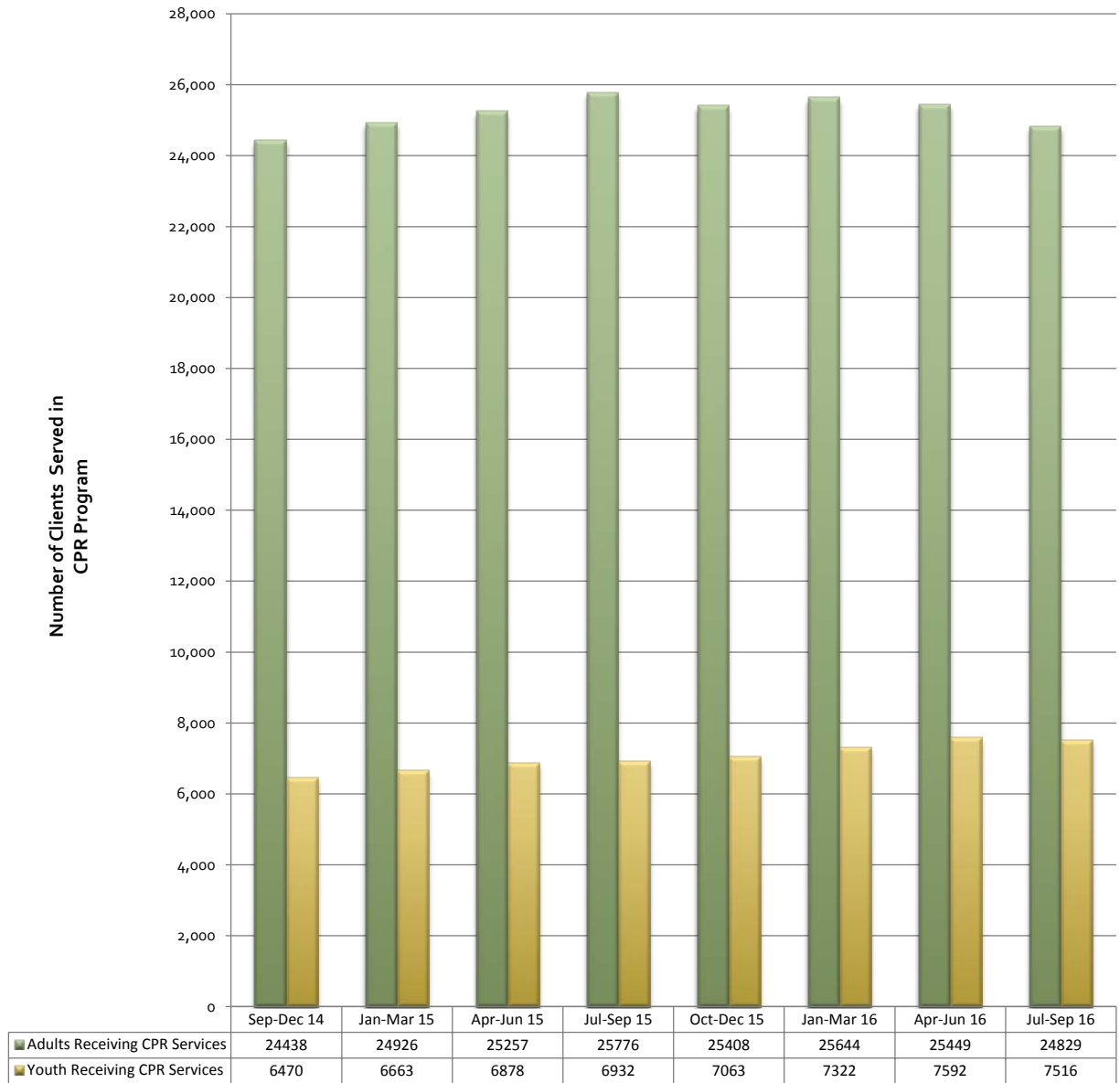
Clients Receiving Psychiatric Community Services



SIGNIFICANCE: Note that the most recent quarter will always be undercounted due to lagging claims and therefore is not displayed. Numbers for 2 quarters back are displayed but subject to slight upward revision as lagging claims come in. The long term trend (over many years) has been one of slowly increasing numbers of Psych. Services community clients. This trend appears to have slowed but not quite halted. Note that this and subsequent graphs do not count clients treated "pro bono" by CMHCs, as those clients do not appear in our claims data or in CIMOR.



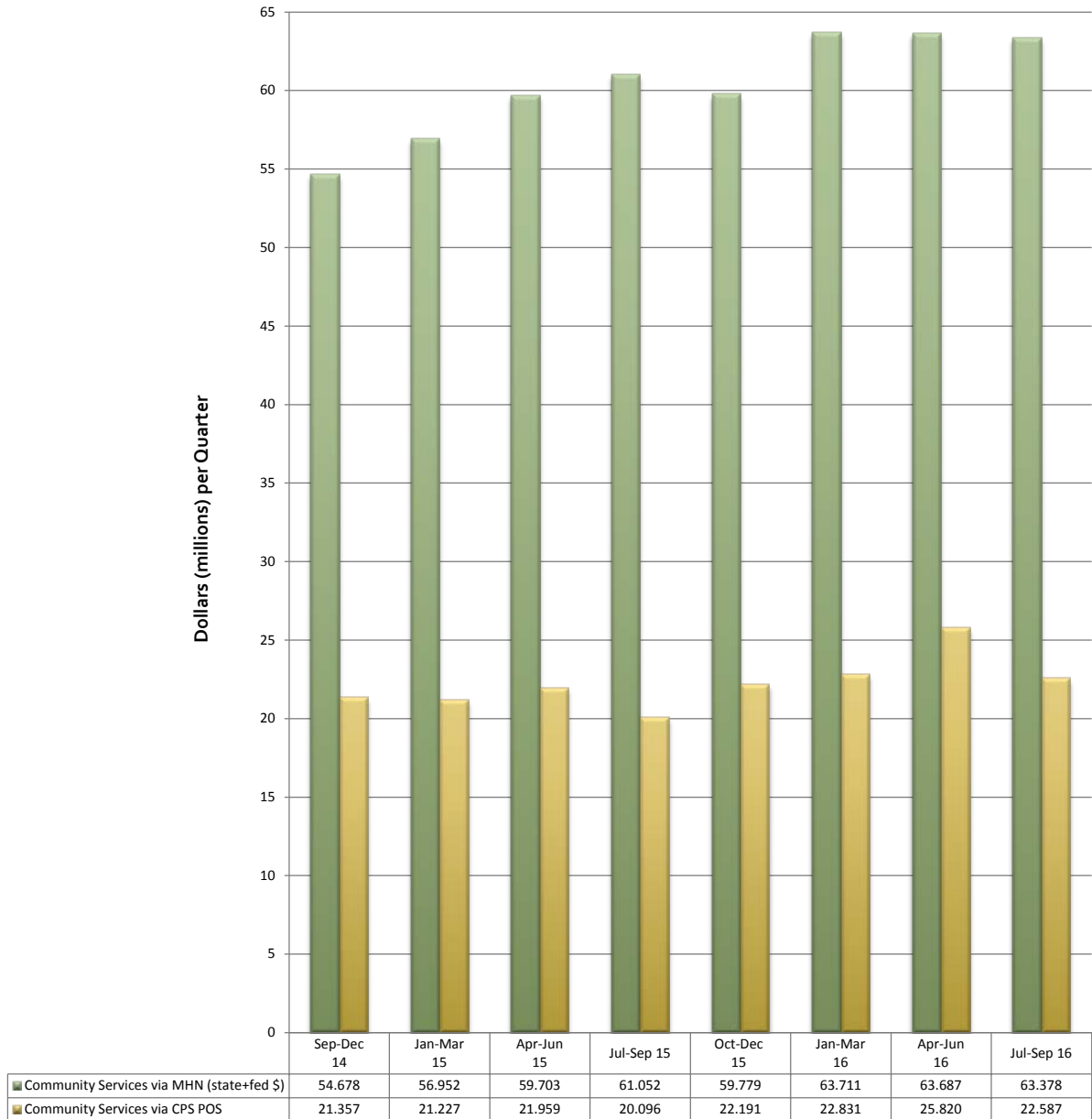
Clients in the Community Psychiatric Rehabilitation Program



SIGNIFICANCE: The most recent quarter will always be undercounted due to lagging claims and therefore is not displayed. Adult and Youth CPR enrollment has somewhat stabilized after several years of steady growth, but Youth CPR was showing very gradual increases in the previous four quarters.



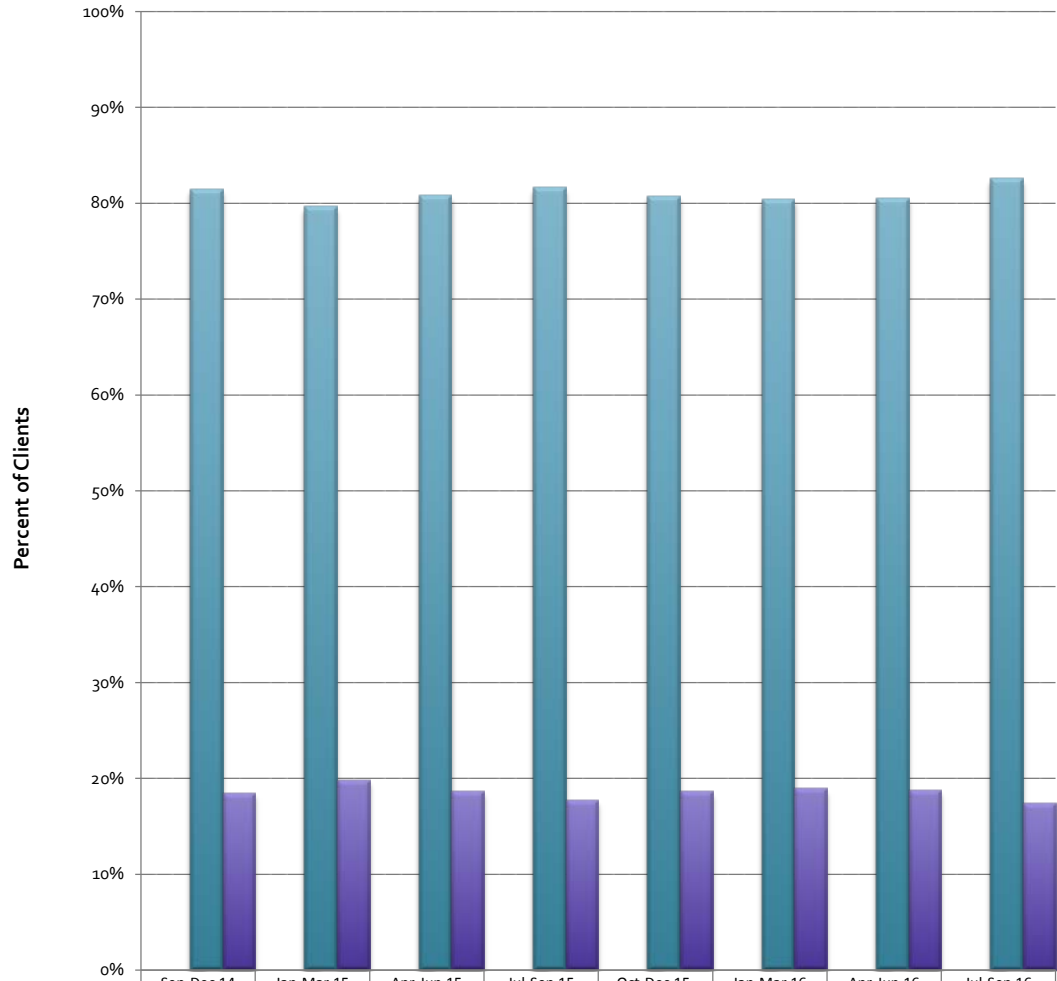
Funding Sources for Psychiatric Services Community Clients



SIGNIFICANCE: The most recent quarter will always be undercounted due to lagging claims and therefore is not displayed. POS spending in the last quarter of the FY is routinely the peak of POS spending for the year and so this should not be interpreted as a trend so much as part of the annual billing cycle.



Medicaid Eligibility of Psychiatric Services Community Clients

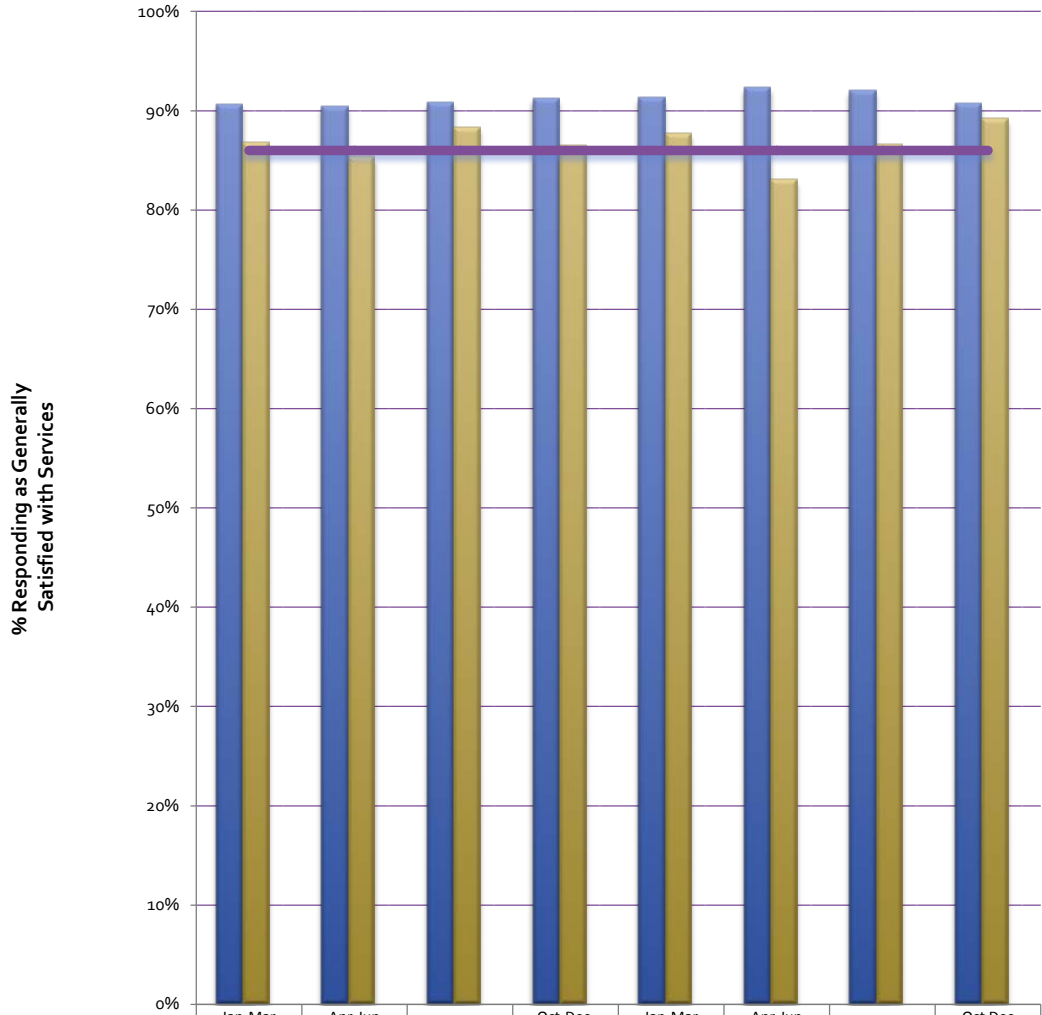


	Sep-Dec 14	Jan-Mar 15	Apr-Jun 15	Jul-Sep 15	Oct-Dec 15	Jan-Mar 16	Apr-Jun 16	Jul-Sep 16
CPS Facility Client Count	1331	1318	1334	1346	1342	1370	1387	1353
CPS Community Client Count	52277	53680	53470	52478	51920	54047	53716	46617
M.E. Clients -- All CPS Community	41697	42761	43205	42851	41922	43460	43288	41712
% M.E. -- All CPS Community	81.5%	79.7%	80.8%	81.7%	80.7%	80.4%	80.6%	82.6%
Not M.E. Clients -- All CPS Community	10326	10658	10017	9330	9677	10259	10081	8669
% Not M.E. -- All CPS Community	18.5%	19.9%	18.7%	17.8%	18.6%	19.0%	18.8%	17.4%

SIGNIFICANCE: The most recent quarter will always be undercounted due to lagging claims and is therefore is not displayed. The proportion of Psych. Services community clients with Medicaid Eligibility appears to have stabilized in the low 80% range over the past two years.



Community Client General Satisfaction with Services



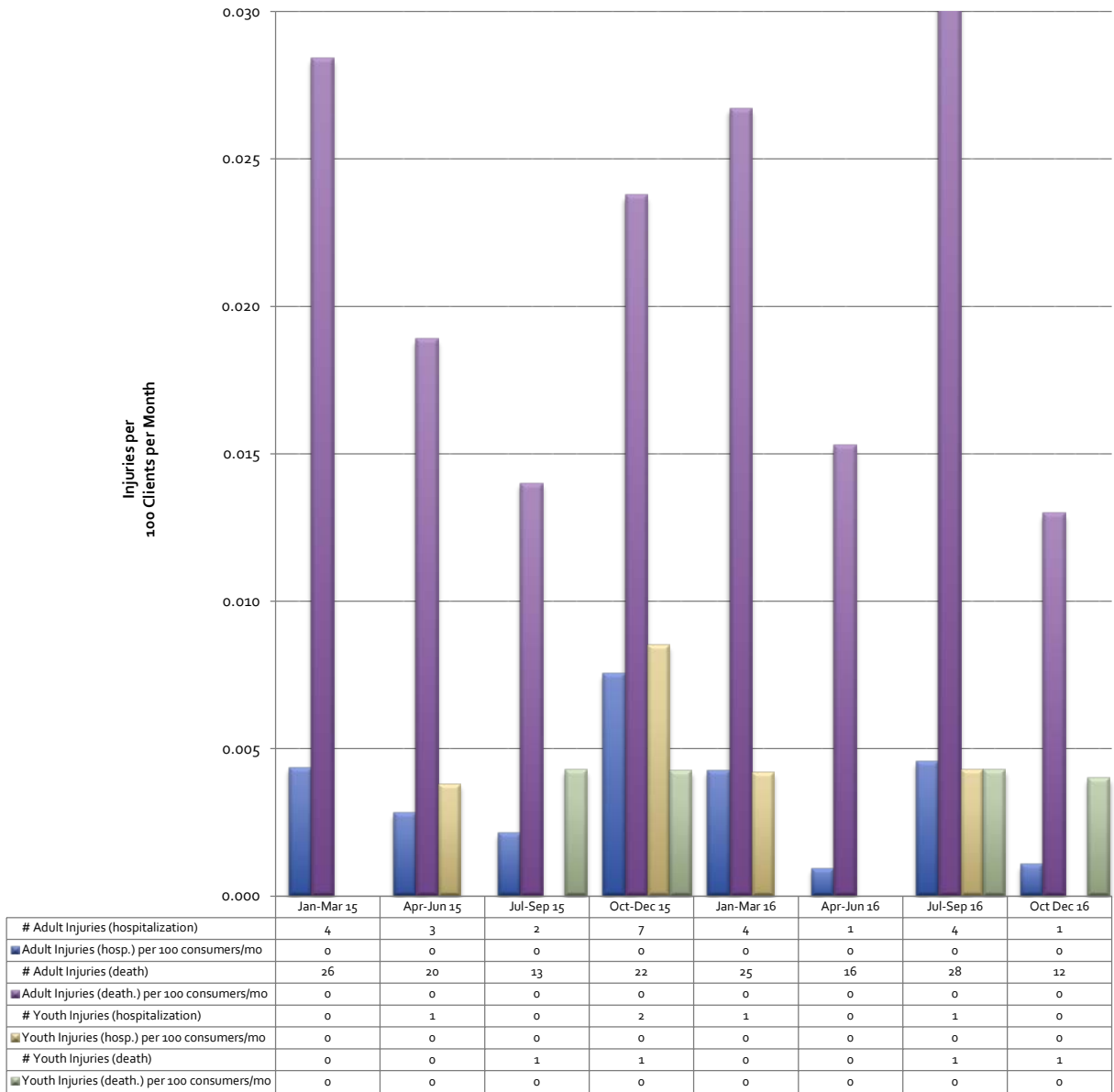
	Jan-Mar 15	Apr-Jun 15	Jul-Sep 15	Oct-Dec 15	Jan-Mar 16	Apr-Jun 16	Jul-Sep 16	Oct-Dec 16
Adult Community Satisfaction Rate	91%	91%	91%	91%	91%	92%	92%	91%
Number of Adult Surveys	1769	1293	1763	1438	1680	1648	1644	1328
Youth Community Satisfaction Rate	87%	85%	88%	87%	88%	83%	87%	89%
Number of Youth Surveys	308	271	367	288	288	335	328	262
National Adult Satisfaction Rate	89%	89%	89%	89%	89%	89%	89%	89%
National Youth Satisfaction Rate	86%	86%	86%	86%	86%	86%	86%	86%

NOTE: Taken from the Adult and Youth Satisfaction Surveys using national standard MHSIP questions.

SIGNIFICANCE: Both adult clients and the families of youth in community psych. services report high rates of satisfaction with the services they receive in the community. These rates compare favorably to other satisfaction rates collected by state MH agencies around the country.



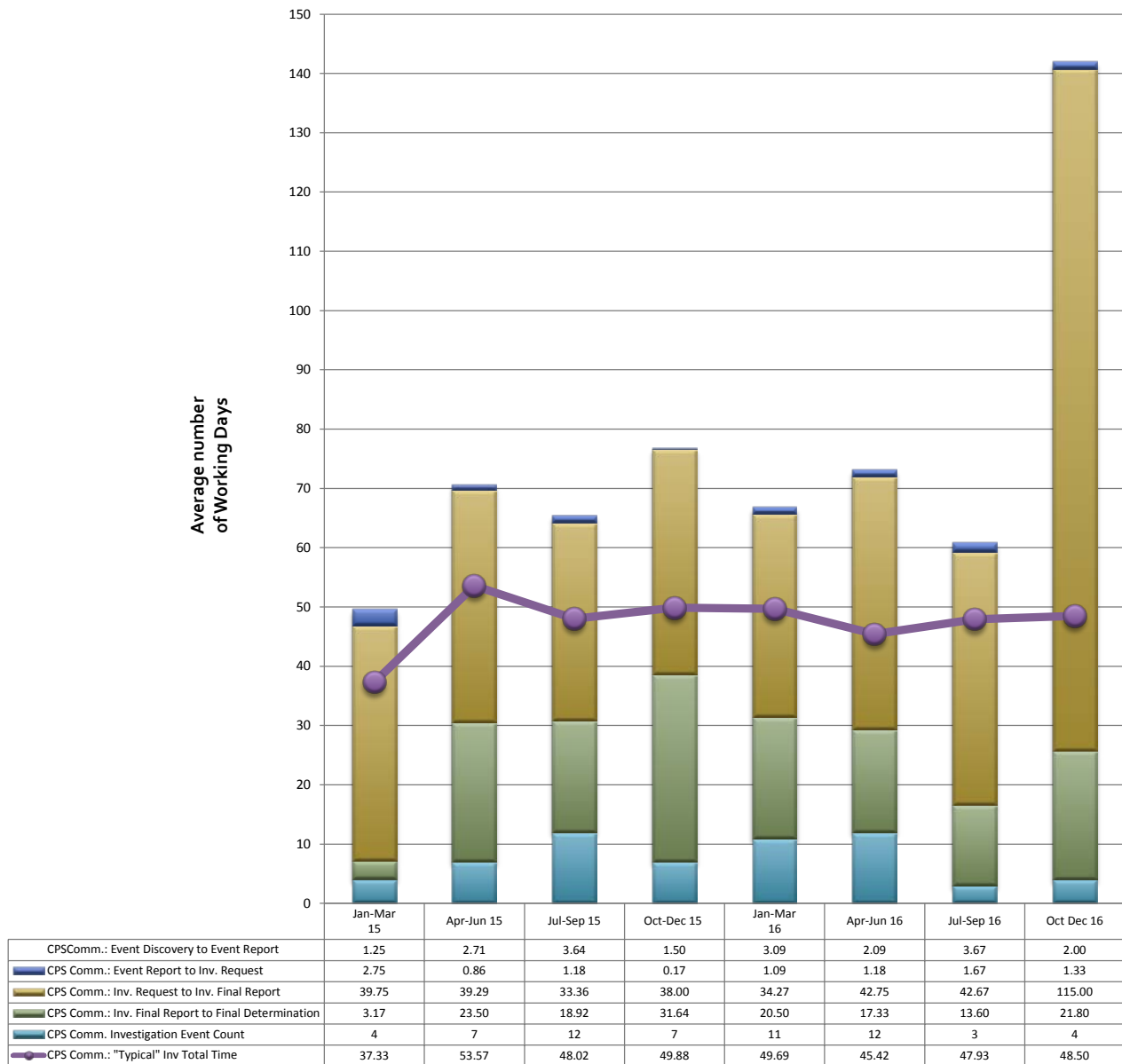
Community Client Injuries



SIGNIFICANCE: There is a very low rate of serious injury to clients receiving community services, but these are individually significant events. The 12 adult injuries that resulted in deaths reported in the October-December '16 quarter are further categorized as: 9 suicides, 1 accidental overdose, 2 motor vehicle accidents. The one youth injury resulted in death was a homicide. All such events had a death determination performed by service provider with no indications of need for abuse/neglect investigation.



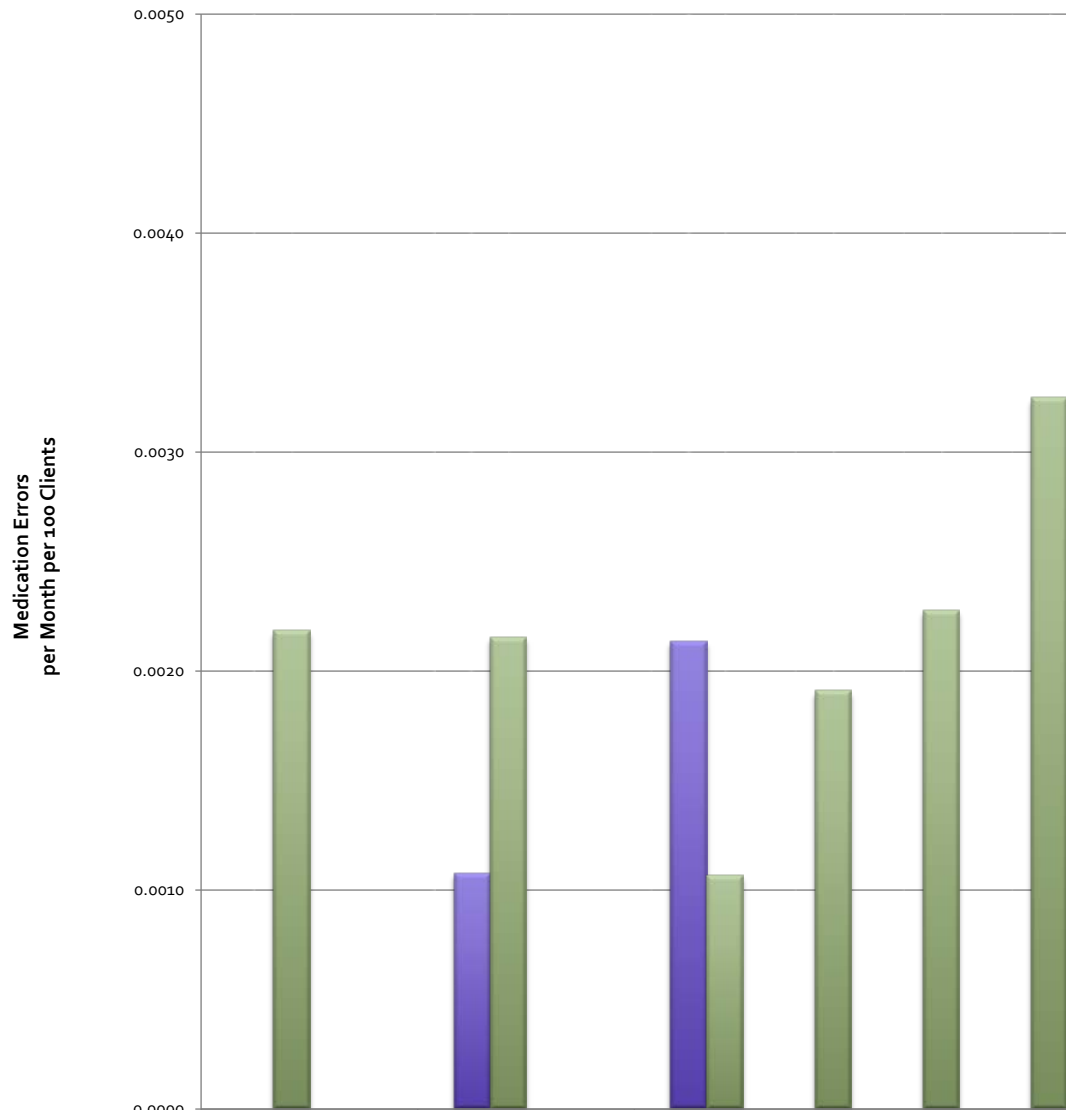
Duration of Investigation Process for Community Services



NOTE: Timelines are divided into 4 distinct stages of the investigation -- the bars show the average duration (in working days) for all final determinations made in each quarter, whereas the line superimposes the overall average duration of typical cases as defined by the 90% probability distribution of the times for each stage of the investigation. This shows both SCL and CMHC cases. The October-December '16 quarter reflects one event where investigation took much longer than usual (over 300 days) due to waiting on DNA results.



Adult Community Medication Errors

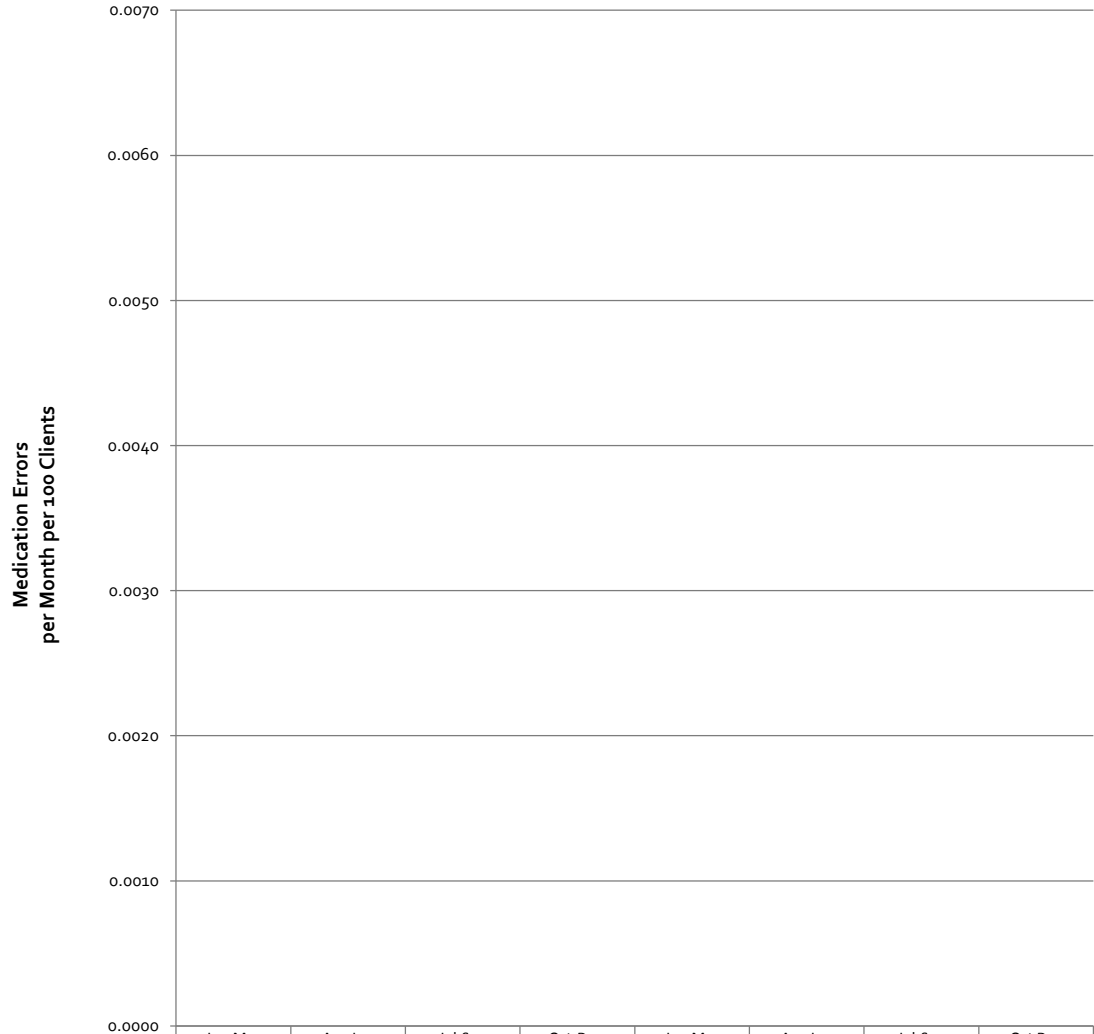


	Jan-Mar 15	Apr-Jun 15	Jul-Sep 15	Oct-Dec 15	Jan-Mar 16	Apr-Jun 16	Jul-Sep 16	Oct-Dec 16
# Adult Consumers/month	30501	35246	30926	30824	31185	34873	29090	30771
Adult "Serious" Med Errors	0	0	1	0	2	0	0	0
Adult "Serious" Med Errors per 100 consumers/mo	0.0%	0.0%	0.1%	0.0%	0.2%	0.0%	0.0%	0.0%
Adult "Moderate" Med Errors	2	0	2	0	1	2	2	3
Adult "Moderate" Med Errors per 100 consumers/mo	0.2%	0.0%	0.2%	0.0%	0.1%	0.2%	0.2%	0.3%

NOTE: "Moderate" medication errors are those resulting in the need for treatment and/or interventions beyond monitoring and observation. "Serious" medication errors are those with life threatening and/or permanent adverse consequences.



Youth Community Medication Errors

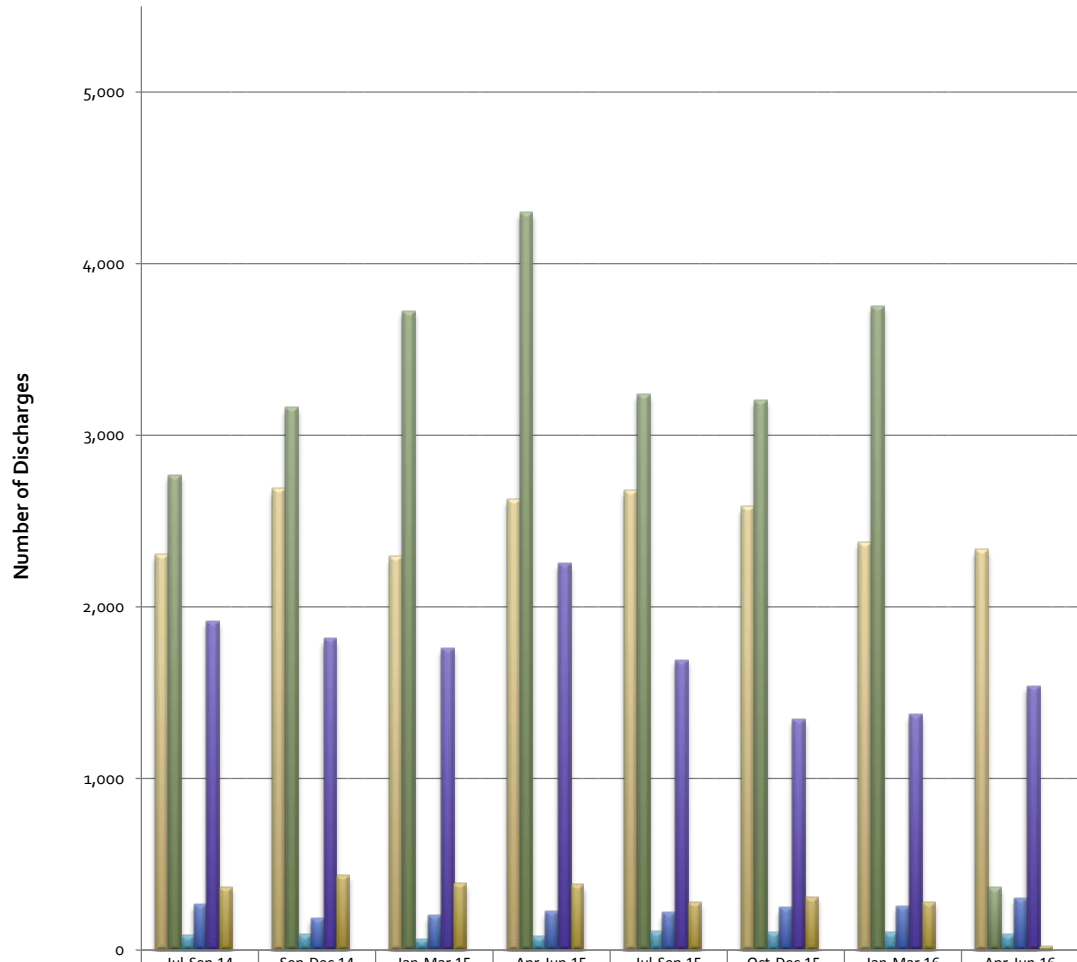


	Jan-Mar 15	Apr-Jun 15	Jul-Sep 15	Oct-Dec 15	Jan-Mar 16	Apr-Jun 16	Jul-Sep 16	Oct Dec 16
# Youth Consumers/month	7352	8746	7746	7823	7927	9244	7736	8316
Youth "Moderate" Med Errors	0	0	0	0	0	0	0	0
Youth "Moderate" Med Errors per 100 consumers/mo	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Youth "Serious" Med Errors	0	0	0	0	0	0	0	0
Youth "Serious" Med Errors per 100 consumers/mo	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

NOTE: "Moderate" medication errors are those resulting in the need for treatment and/or interventions beyond monitoring and observation. "Serious" medication errors are those with life threatening and/or permanent adverse consequences.



Community Psychiatric Service Discharges

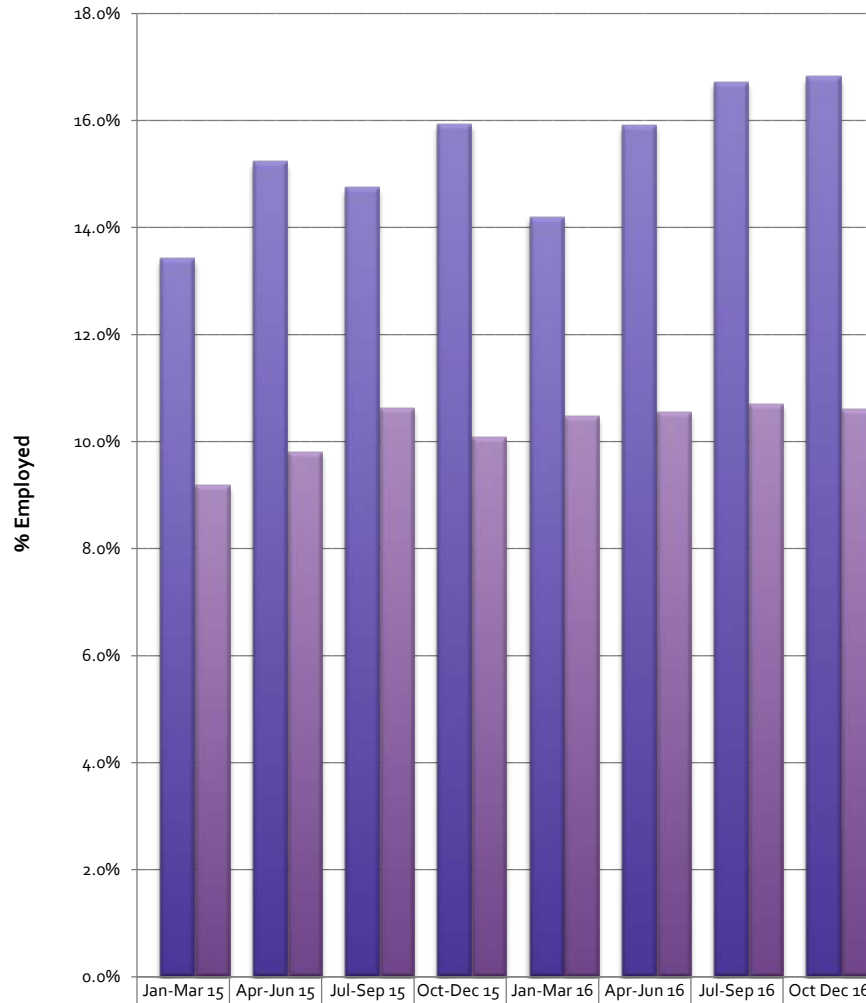


	Jul-Sep 14	Sep-Dec 14	Jan-Mar 15	Apr-Jun 15	Jul-Sep 15	Oct-Dec 15	Jan-Mar 16	Apr-Jun 16
Other Discharges	2308	2690	2295	2631	2683	2586	2379	2335
Admin. Discharge >24 hrs	2768	3165	3724	4299	3242	3205	3754	366
Law Enforcement Initiated	90	91	67	81	111	106	102	93
Agency Initiated	270	186	206	226	220	248	258	306
Client Initiated	1918	1817	1762	2252	1692	1344	1373	1539
Admin. Discharge <24 hrs	367	439	389	383	280	311	282	25
CPS Community -- Total Discharges	7721	8388	8443	9872	8228	7800	8148	4664

NOTE: Due to complications resulting from the auto-discharge process in CIMOR, this data will always lag by 2 full quarters. Law enforcement initiated = incarcerated with or without satisfactory treatment progress; Agency initiated includes consumer would not comply plus treatment viewed as ineffective by therapist; Client initiated includes AMA, consumer dropped out, and treatment viewed as ineffective by consumer.; Admin. Discharge is system discharged due to inactivity for 6 months. Administrative Discharge < 24 hrs are clients who either did not receive services beyond initial screening or were transferred into non Behavioral Health sponsored services after initial screening.



Community Adults -- Employment

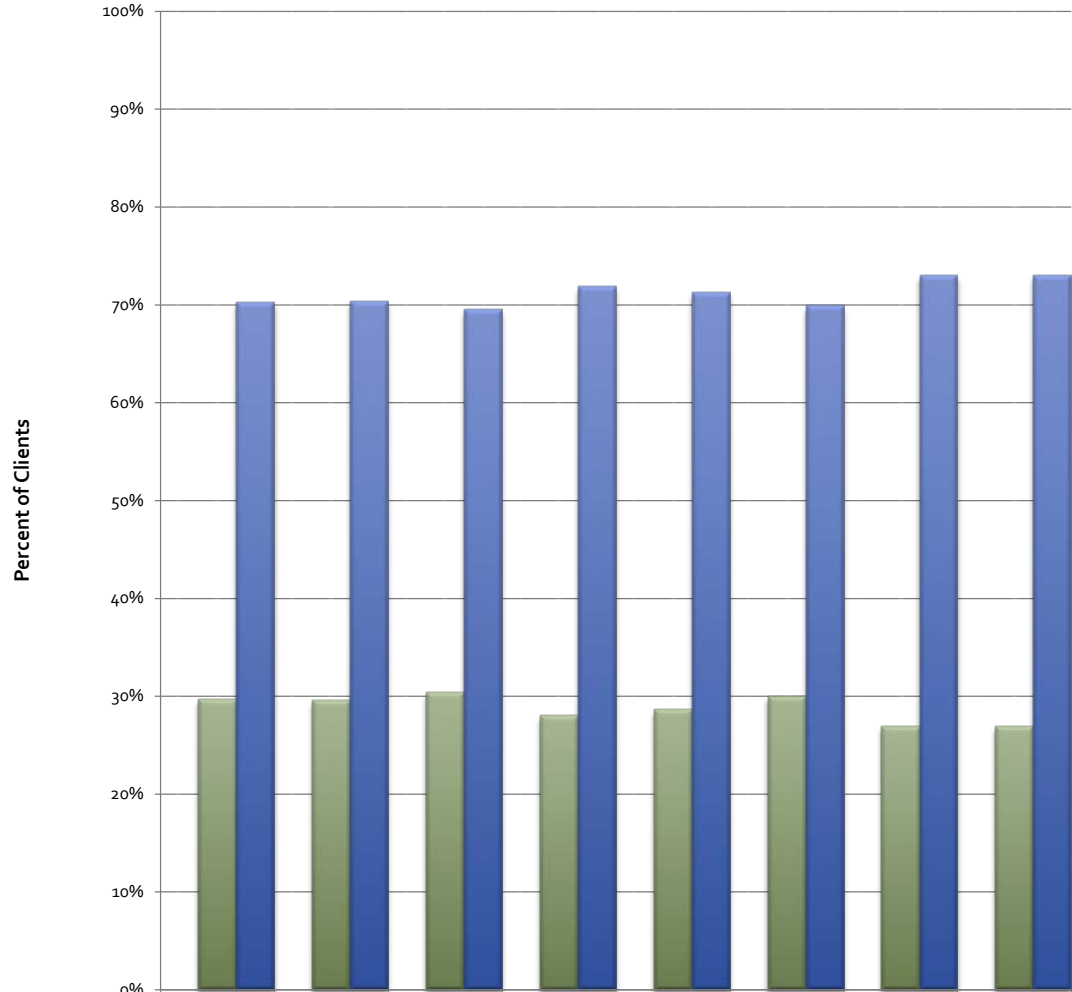


	Jan-Mar 15	Apr-Jun 15	Jul-Sep 15	Oct-Dec 15	Jan-Mar 16	Apr-Jun 16	Jul-Sep 16	Oct-Dec 16
Adult Community Clients w/ Admission Status Reports	4209	4030	4346	3921	4359	4166	4311	3911
Adult Community Clients Employed at Admission	565	614	641	625	619	663	721	658
% Employed at Admission	13.4%	15.2%	14.7%	15.9%	14.2%	15.9%	16.7%	16.8%
Adult Community Clients w/ Annual Status Reports	6622	6079	6424	5744	6473	5819	5990	4939
Adult Community Clients Employed at Annual Review	609	596	683	579	678	614	641	524
% Employed at Annual Review	9.2%	9.8%	10.6%	10.1%	10.5%	10.6%	10.7%	10.6%

NOTE: This data is taken from the "CPS Status Report" and is thus an estimate taken from a large sample of clients each quarter. This graph shows consistently lower employment rates at annual re-assessment, probably due to recovering clients being more likely to become employed but also less likely to remain in services for the annual reassessment. The trend over the last year is not encouraging -- clearly our clients are particularly hard hit by the relatively weak economy, but employment rates at admission improved somewhat.



Medicaid Eligibility of Psychiatric Facility Clients

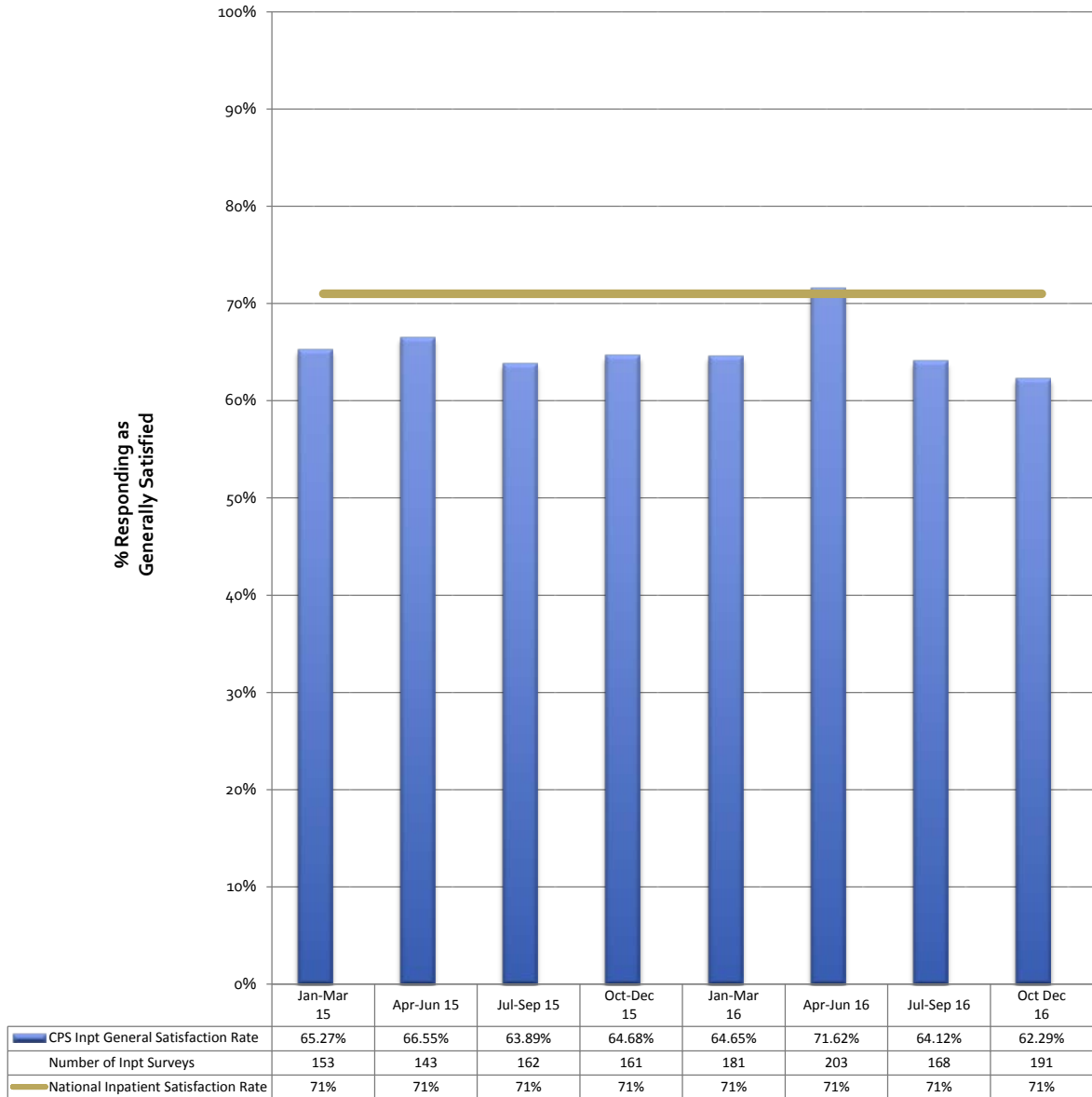


	Jan-Mar 15	Apr-Jun 15	Jul-Sep 15	Oct-Dec 15	Jan-Mar 16	Apr-Jun 16	Jul-Sep 16	Oct-Dec 16
CPS Facility Client Count	1318	1334	1346	1342	1370	1387	1353	1351
M.E. Clients - CPS State Facilities	392	395	410	377	393	417	376	337
% M.E. -- CPS State Facility Clients	29.7%	29.6%	30.5%	28.1%	28.7%	30.1%	26.9%	26.9%
Not M.E. Clients - CPS State Facilities	926	939	936	965	977	970	977	1014
% Not M.E. -- CPS State Facilities	70.3%	70.4%	69.5%	71.9%	71.3%	69.9%	73.1%	73.1%

SIGNIFICANCE: The Medicaid Eligibility rate for state facility clients dropped with the transfer of acute bed capacity to private hospitals. Once discharged however, the proportion of facility clients who then become Medicaid eligible increases to around the 80% rate of other community services clients.



Inpatient Satisfaction

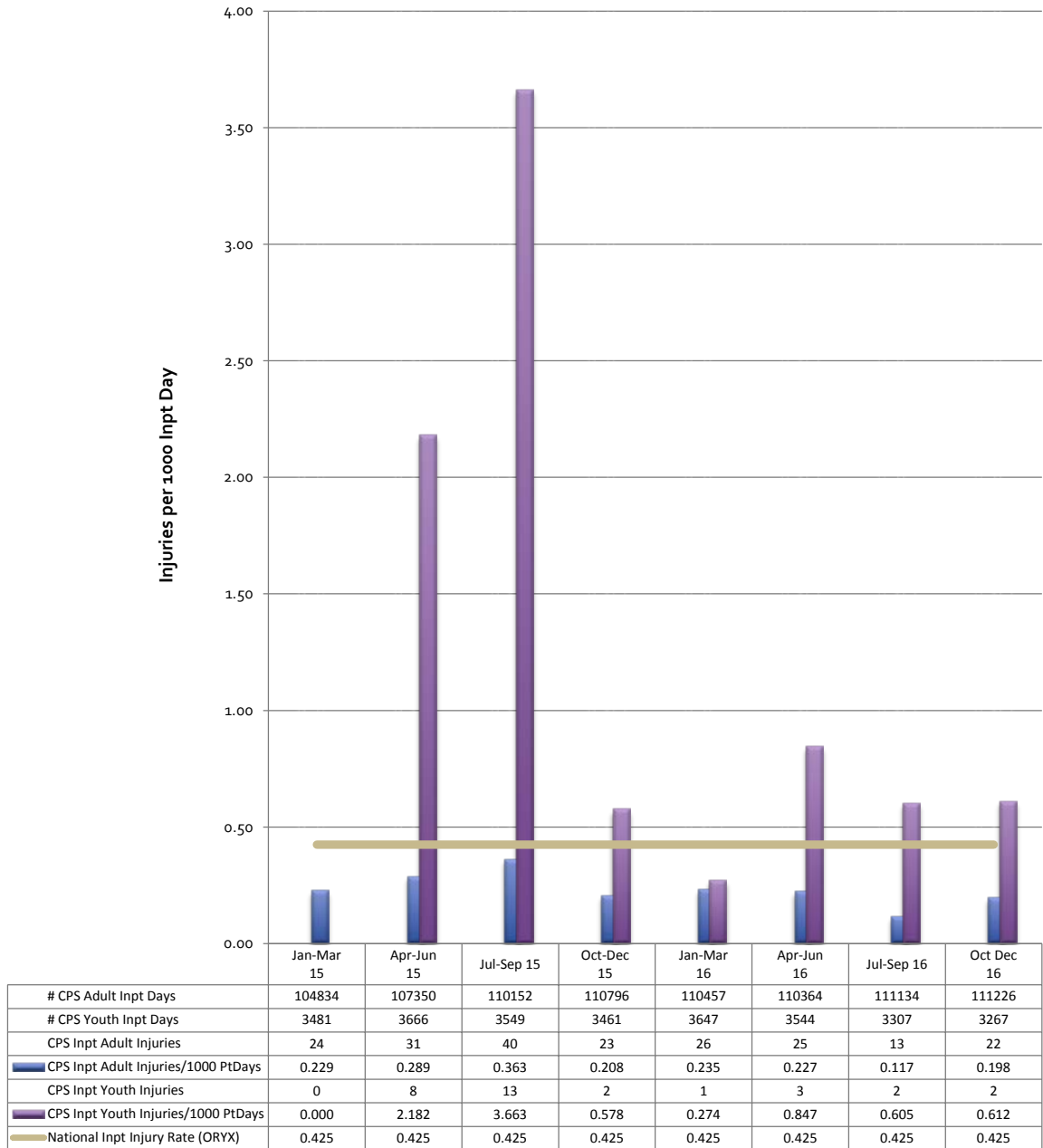


NOTE: Taken from the CPS Inpatient MHSIP survey -- average of all 5 domains.

SIGNIFICANCE: No overall trend but the general inpatient satisfaction rate compares well to similar client populations in other states using the same standardized survey instrument.



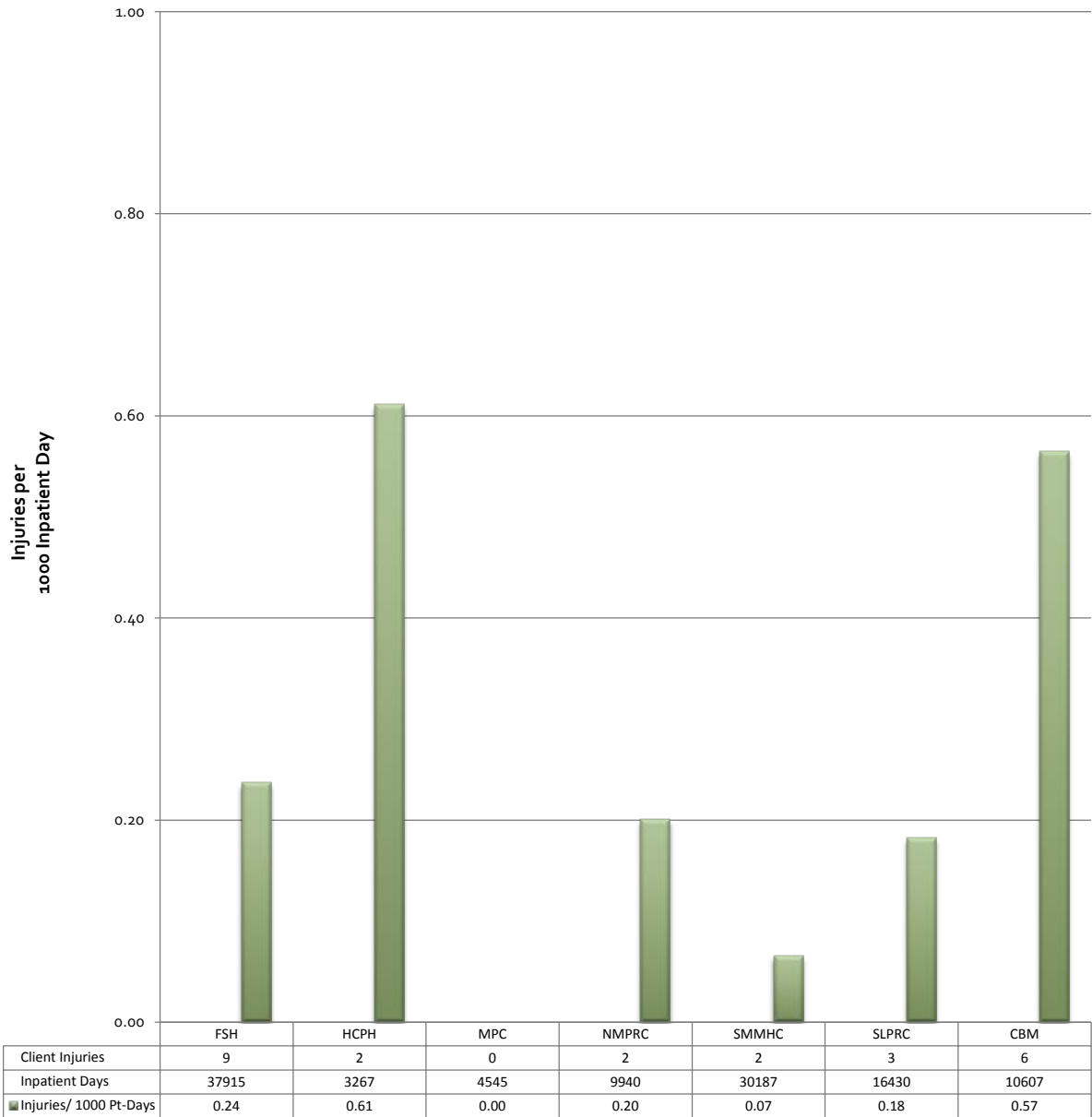
Inpatient Client Injuries



NOTE: "Injuries" for Inpatient clients include those medical intervention or more. PtDays is a standard way to adjust for facility size on inpatient metrics for measures that apply to both acute and long term facilities - if we were to simply count clients this would result in disproportionately high client counts in acute facilities due to relatively rapid turnover and short length of stays. Also, using this definition allows us to benchmark to the NRI/ORYX rate of 0.425 injuries per 1000 patient days.



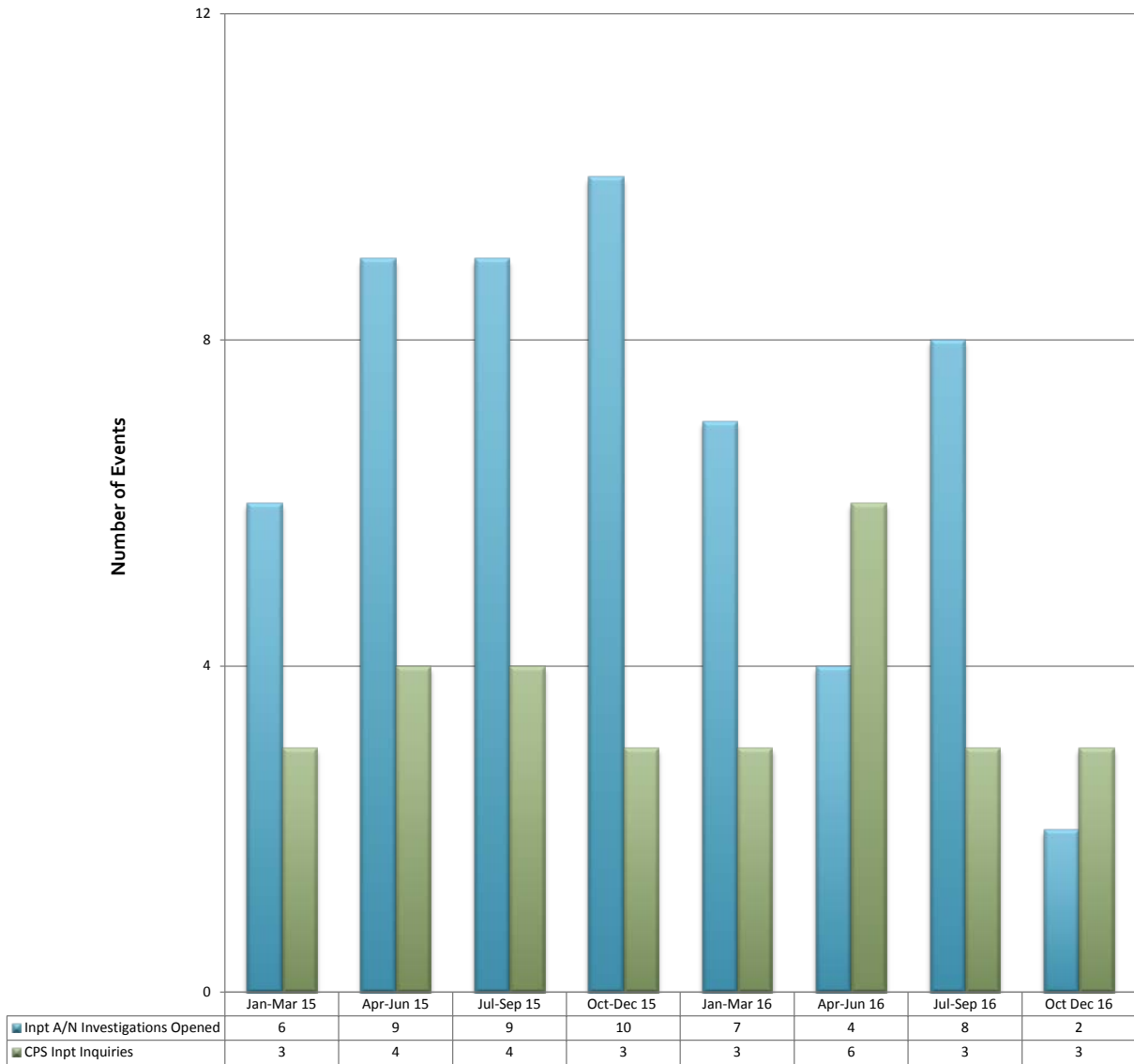
Inpatient Client Injuries by Facility



SIGNIFICANCE: This chart is looking at the most recent quarter's rate of client injuries per facility and adjusting that metric for the size (in patient days) of the facility. Second quarter for FY2016 again shows a higher injury rate for the children's facility. Perhaps somewhat counterintuitively, the rate of injuries is often low at our highest security facility. In order the facilities are: Fulton, Hawthorn, St Louis MPC, Northwest, Southeast, St Louis Psych, Center for Behavioral Medicine.



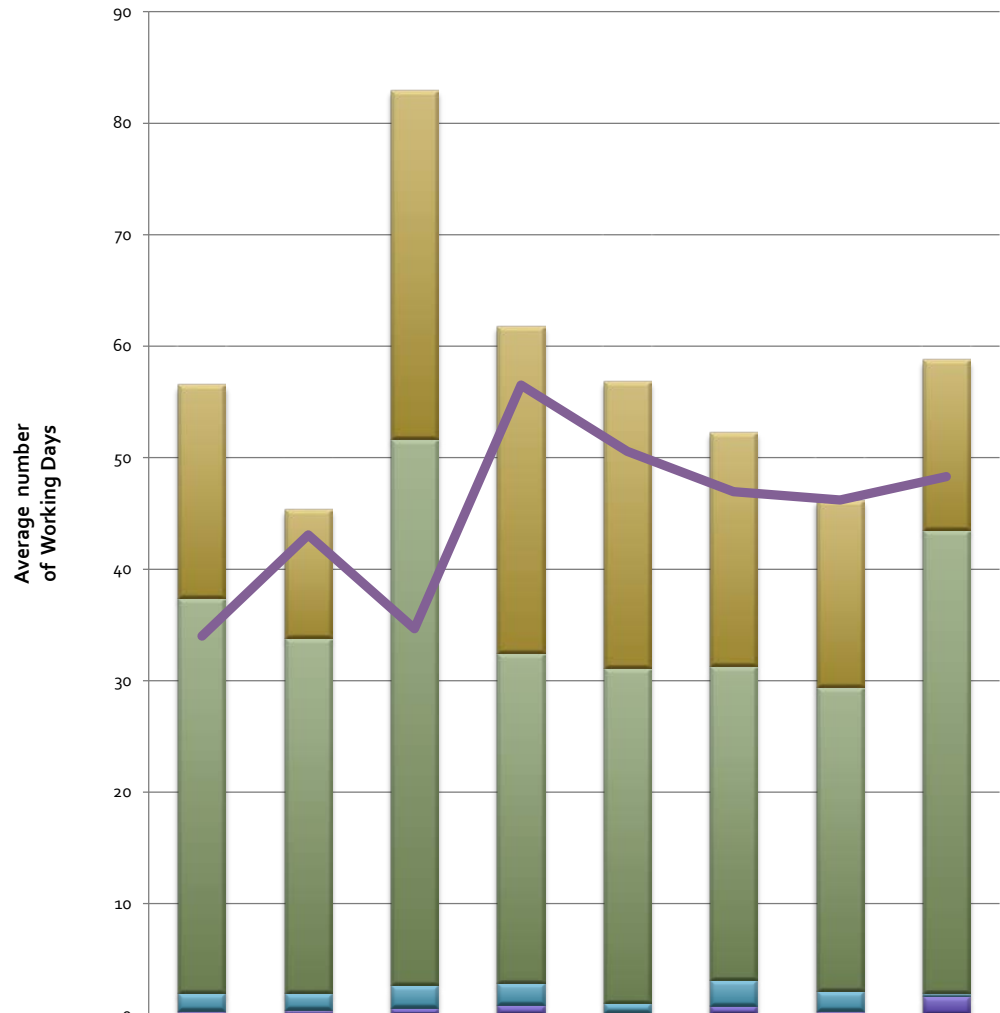
Inpatient Inquiries into Potential Abuse/Neglect Allegations



NOTE: If an event initial had an inquiry but then an A/N investigation, it is counted only as investigation to ensure an unduplicated count of cases under review. Also note that a "decision" to open an investigation is only the start of the investigation process -- when a final judgment is made regarding an allegation that is called a "determination" and the investigation is completed.



Duration of Investigation Process for Inpatient Facilities

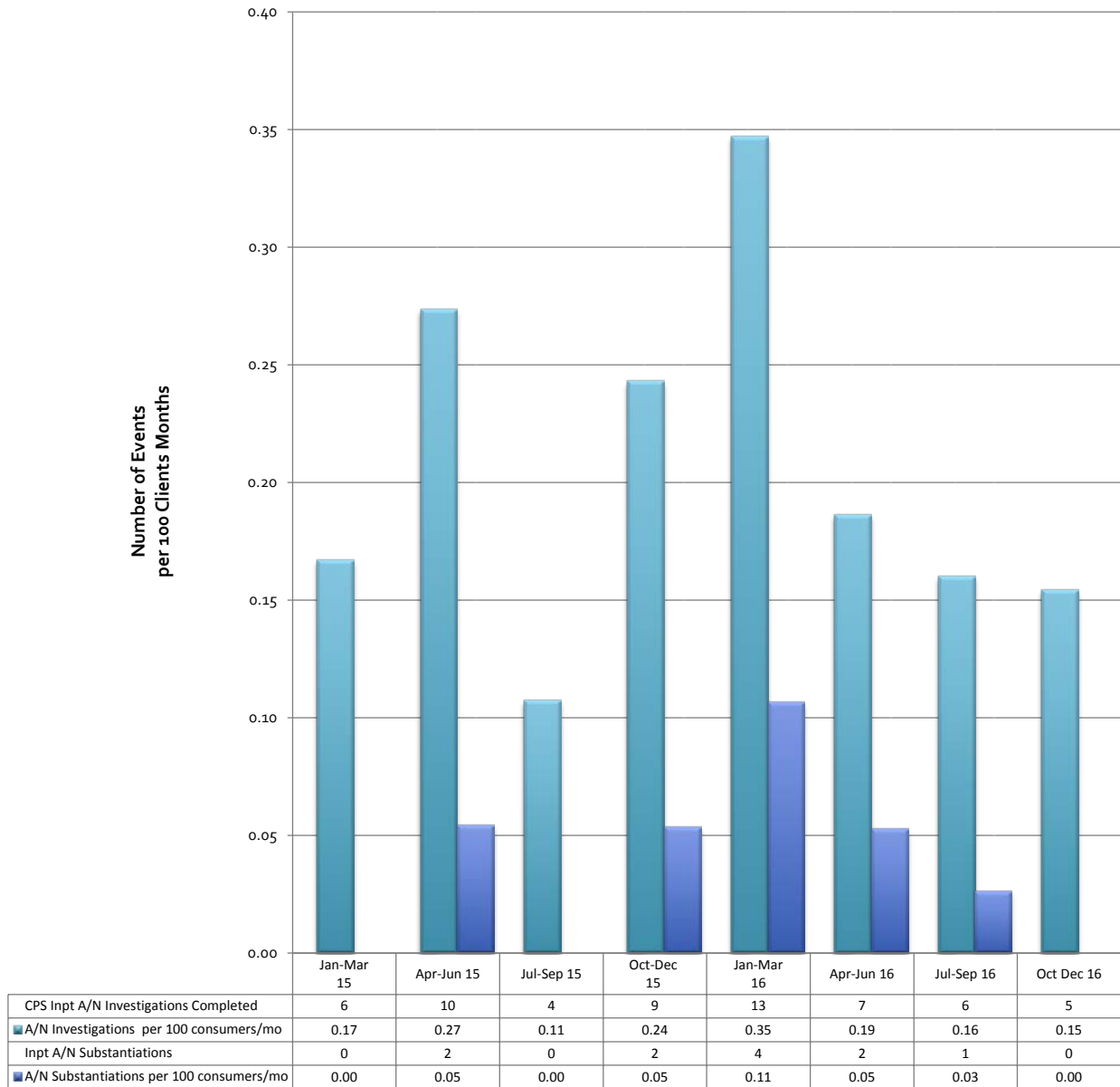


	Jan-Mar 15	Apr-Jun 15	Jul-Sep 15	Oct-Dec 15	Jan-Mar 16	Apr-Jun 16	Jul-Sep 16	Oct-Dec 16
CPS Inpt Investigation Event Count	5	5	3	8	14	6	5	4
CPS Inpt: Inv. Final Report to Final Determination	19.17	11.57	31.33	29.33	25.80	21.00	16.80	15.29
CPS Inpt: Inv. Request to Inv. Final Report	35.40	31.80	49.00	29.63	30.00	28.17	27.20	41.50
CPS Inpt: Event Report to Inv. Request	1.60	1.50	2.00	2.00	0.92	2.33	1.80	0.25
CPS Inpt: Event Discovery to Event Report	0.40	0.50	0.67	0.88	0.17	0.83	0.40	1.75
CPS Inpt: "Typical" Inv Total Time	34.00	43.07	34.67	56.51	50.58	46.94	46.20	48.29

NOTE: Timelines are divided into 4 distinct stages of the investigation -- the bars show the average duration (in working days) for all final determinations made in each quarter, whereas the line superimposes the overall average duration of typical cases as defined by the 90% probability distribution of the times for each stage of the investigation.



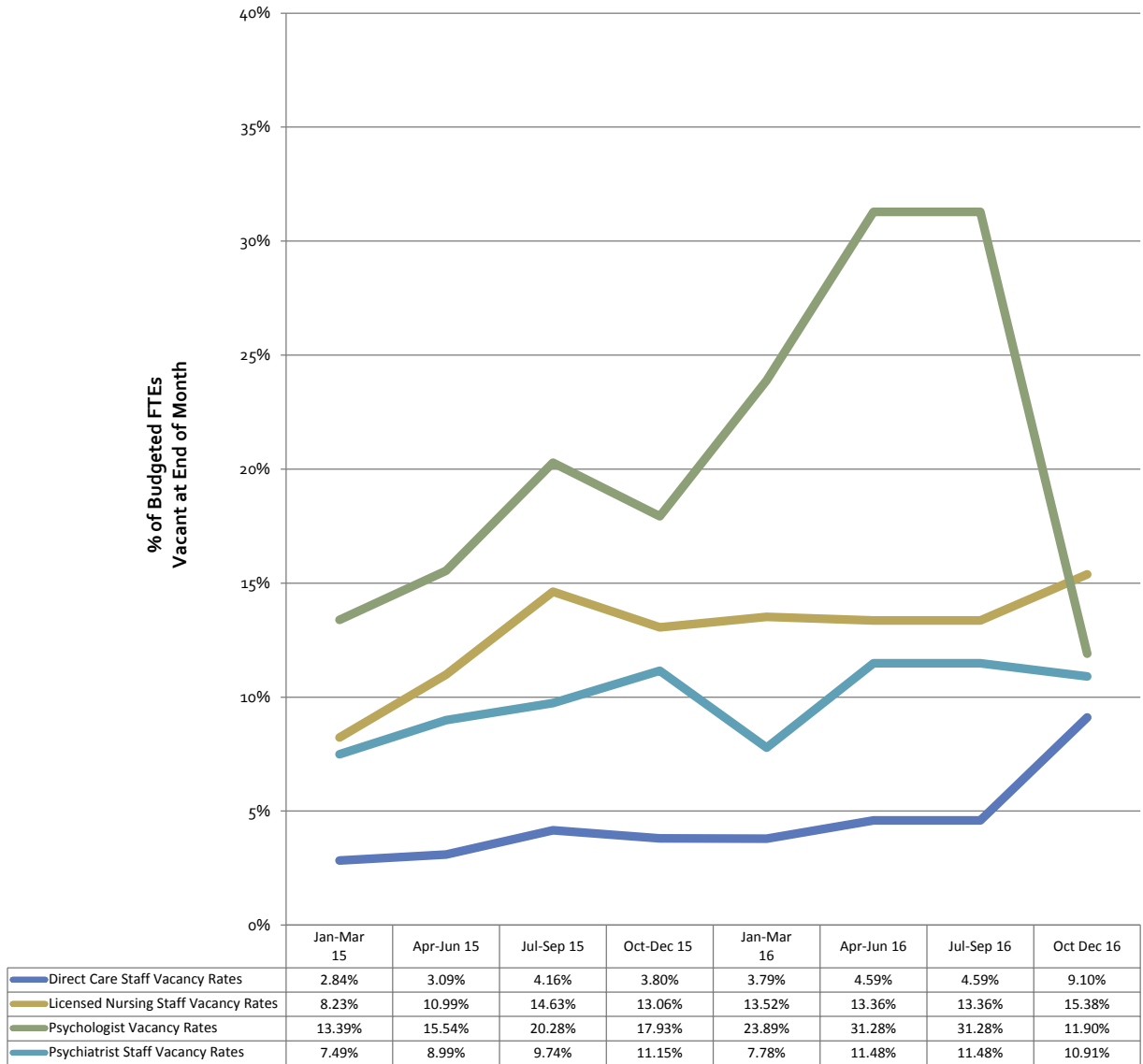
Inpatient Abuse / Neglect Investigations



NOTE: Investigations and Substantiations are a count of the number of events, not the number of alleged perpetrators or victims. Also, both counts reflect cases finalized in the quarter reported. Often, such measures are taken as a proportion of 1000 pt-days for inpatient events, but here we are using per 100 unique consumers per month in order to use the same measure as community rate.



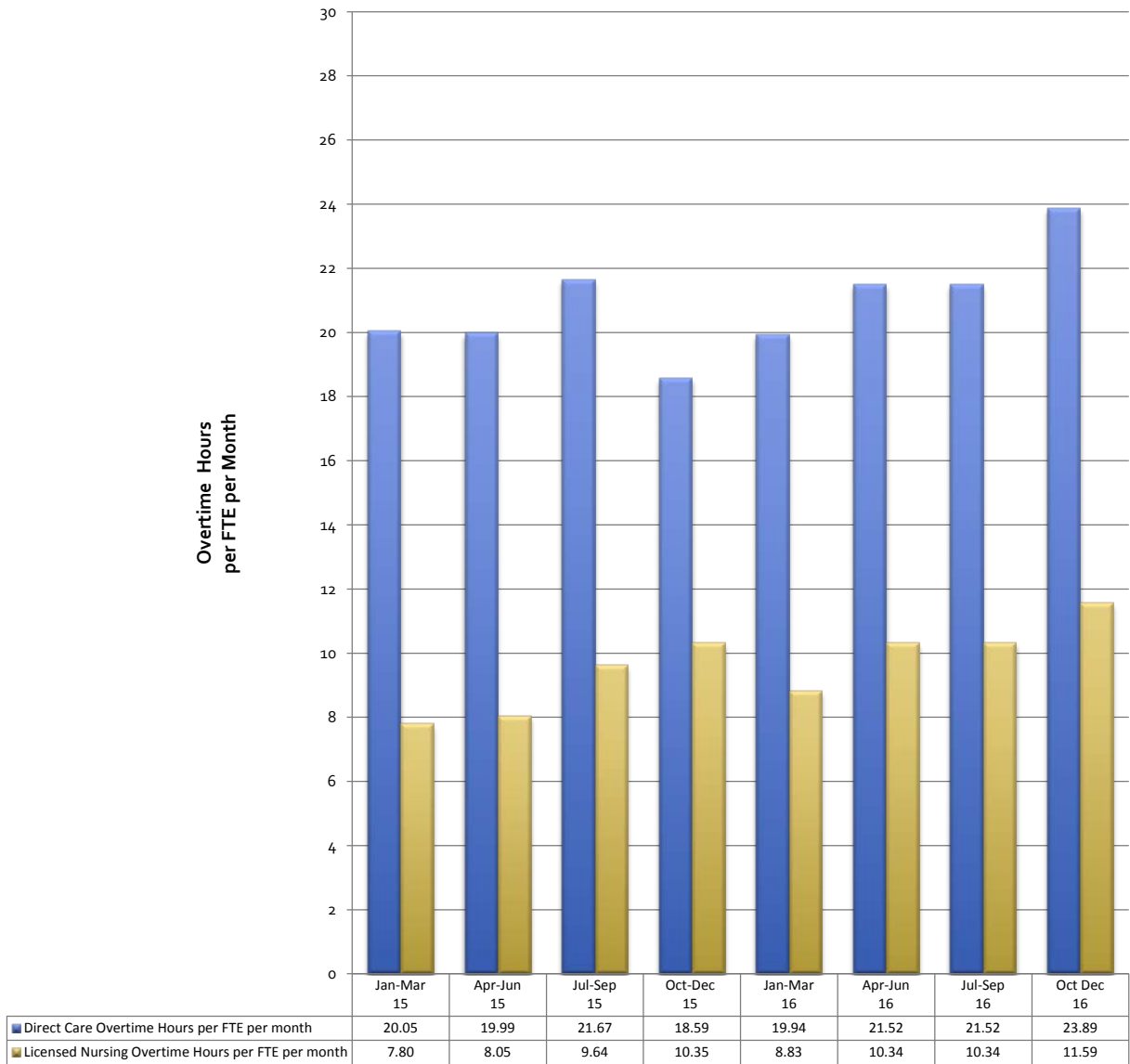
CPS Operated Facility Staff Vacancy Rates



SIGNIFICANCE: Staff vacancy rates continue to be a problem, particularly for professional staff categories and are a factor in other cost and safety related metrics. The psychologist vacancy rates has been higher than other staff vacancy rates.



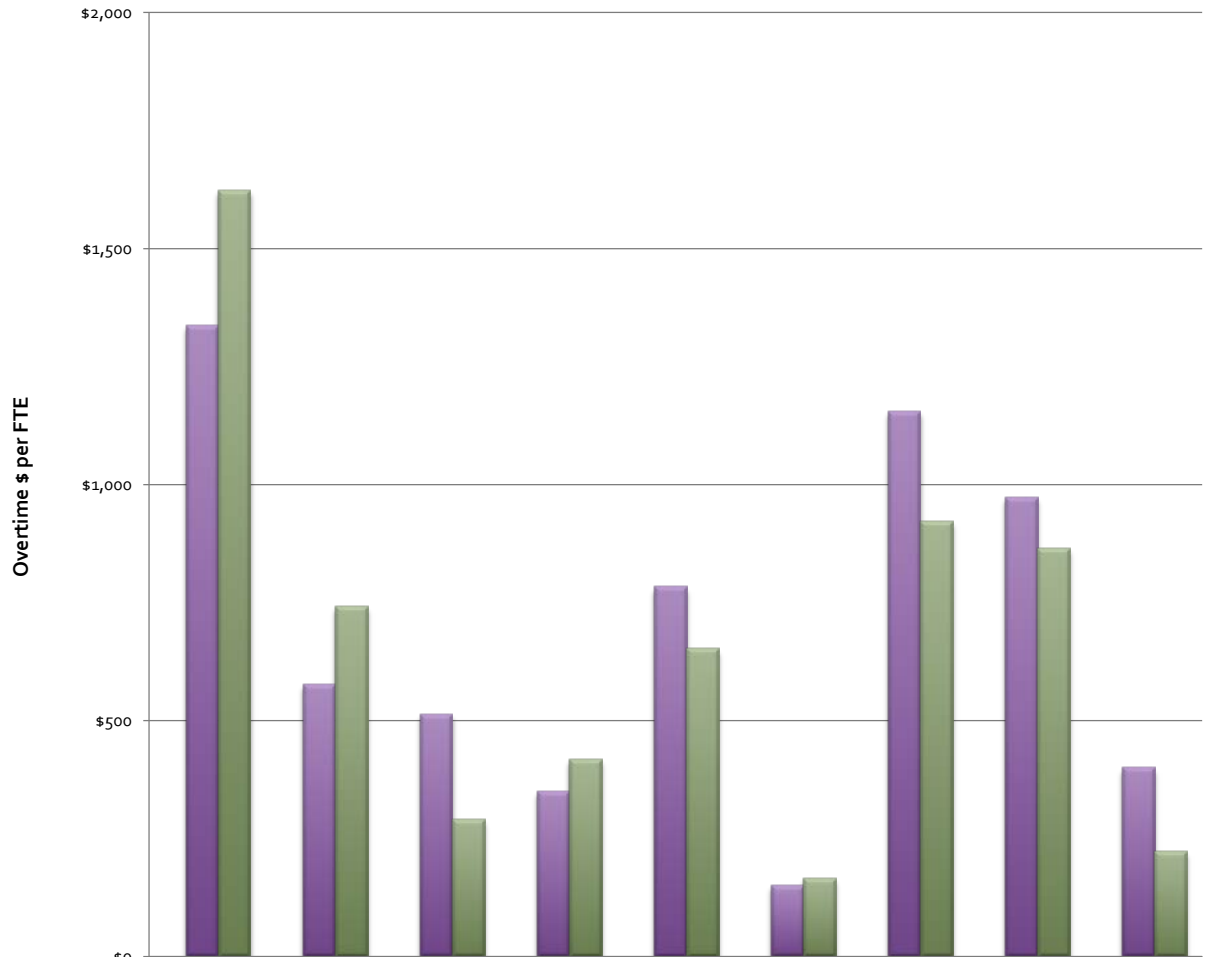
CPS Operated Facility Overtime Hours per FTE per Month



SIGNIFICANCE: Facility staffing levels, even without vacancies, are near minimums required for safety so that continued vacancy rates have historically translated into more overtime for Direct Care staff. Conversely, slowly improving licensed nursing staff vacancy rates over the last several quarters appear to have translated into lower direct care overtime usage.



**Inpatient Facility, FY16 Overtime \$ per FTE
versus FY15 Overtime \$ per FTE -- FY to date**

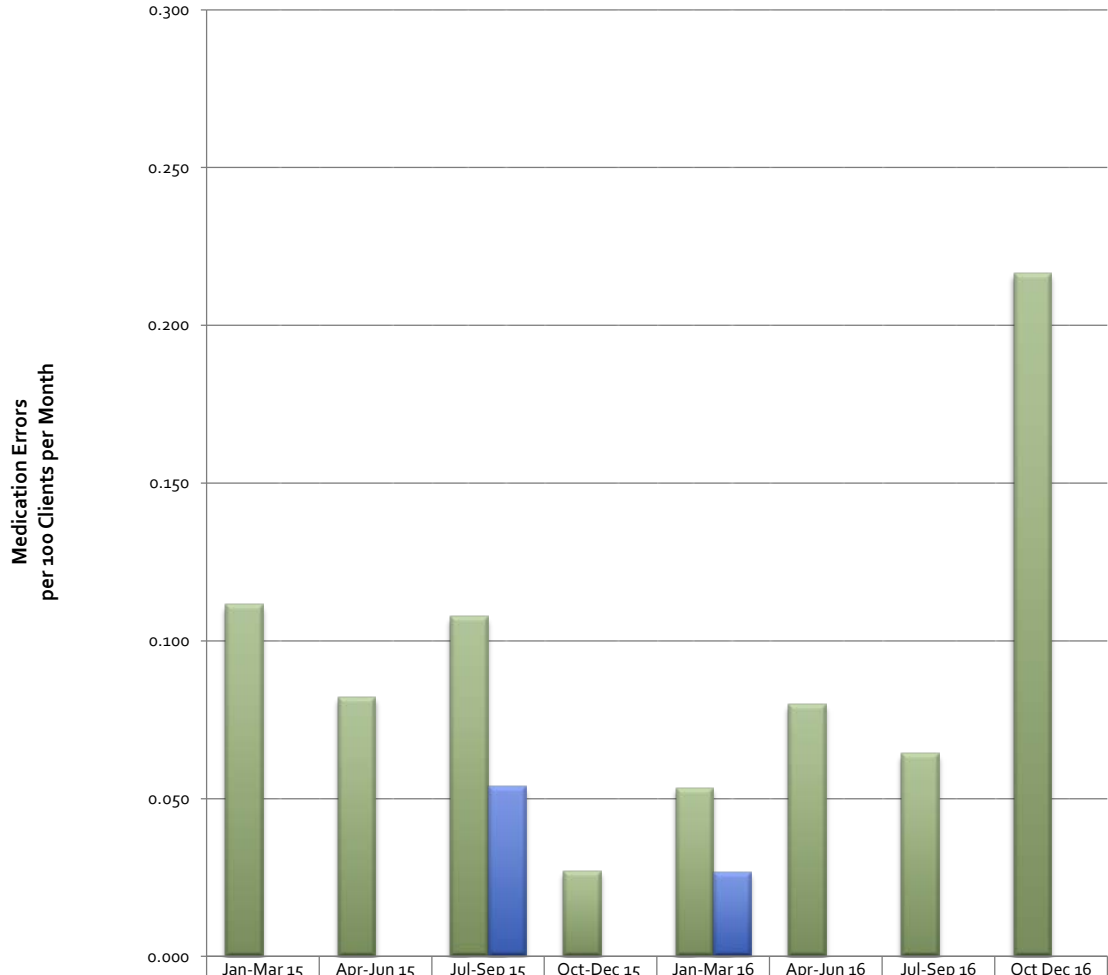


	FSH	NMPRC	SWMPRC	SEMMHC	SLPRC	MSLPC	CBM	HCPH	CRTC
FY15 Direct Care Overtime \$M	\$0.867	\$0.083	\$0.020	\$0.164	\$0.220	\$0.017	\$0.135	\$0.118	\$0.024
FY15 Direct Care FTEs	647.50	144.00	38.00	465.98	280.50	114.50	116.50	121.60	60.01
FY15 Direct Care OT \$ per FTE	\$1,339	\$578	\$513	\$351	\$784	\$152	\$1,156	\$974	\$401
FY16 Direct Care Overtime \$M	\$1.052	\$0.107	\$0.011	\$0.195	\$0.183	\$0.019	\$0.107	\$0.105	\$0.013
FY16 Direct Care FTEs	647.50	144.00	38.00	465.98	280.50	114.50	116.50	121.60	60.01
FY16 Direct Care OT \$ per FTE	\$1,625	\$743	\$292	\$418	\$652	\$166	\$922	\$866	\$224

NOTE: FTEs are budgeted FTEs, and "direct care" includes all Psych Techs, SAs, and all nursing staff. In order, the facilities are: Fulton, Northwest, Southwest, Southeast, St Louis Psych., Metro. St Louis, Center for Behavioral Medicine, Hawthorn, and Cottonwood.



Inpatient Medication Errors

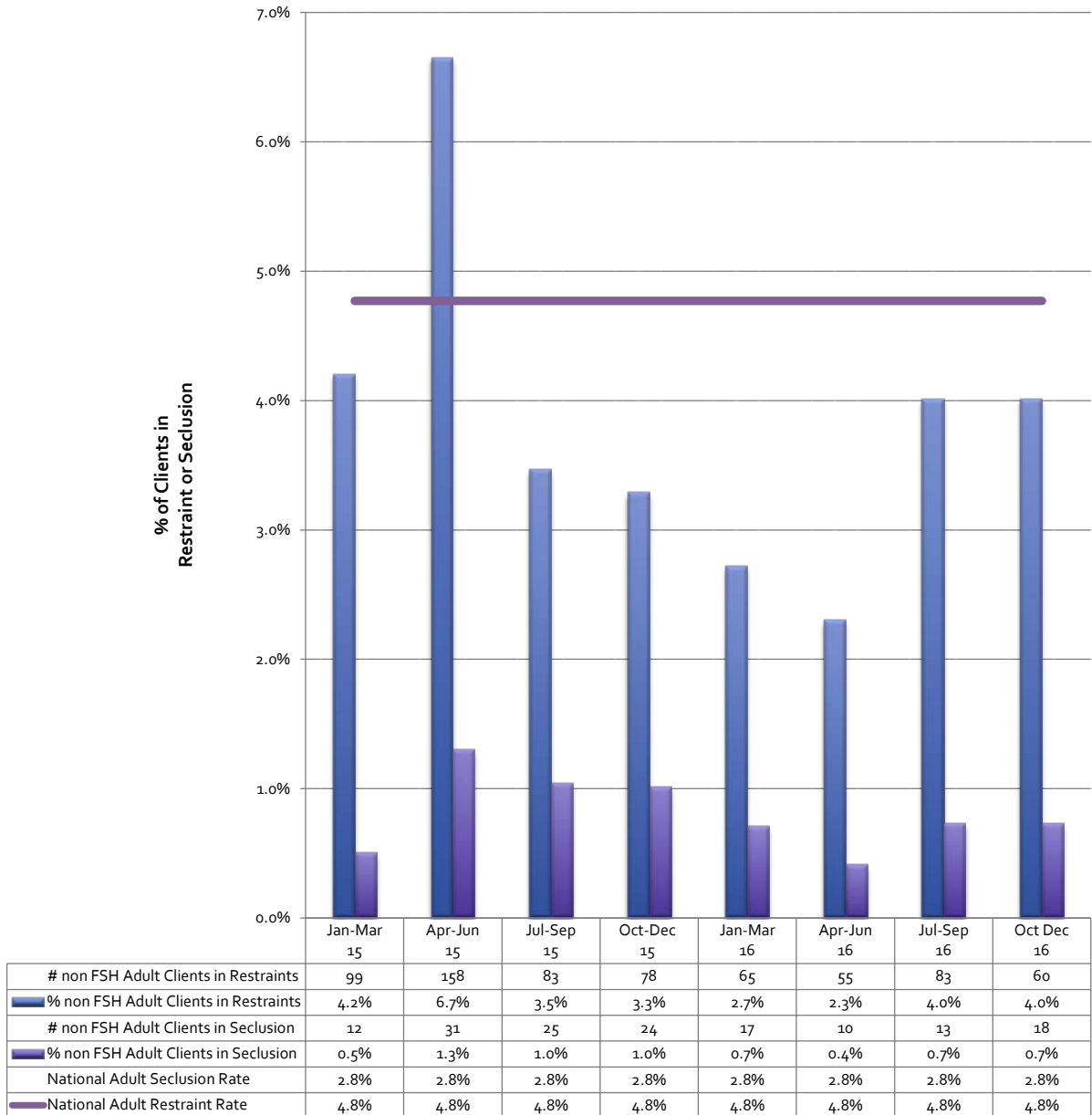


	Jan-Mar 15	Apr-Jun 15	Jul-Sep 15	Oct-Dec 15	Jan-Mar 16	Apr-Jun 16	Jul-Sep 16	Oct-Dec 16
Inpt "Moderate" Med Errors	4	3	4	1	2	3	2	7
Inpt "Moderate" Med Errors per 100 Consumers/mo	0.11	0.08	0.11	0.03	0.05	0.08	0.06	0.22
Inpt "Serious" Med Errors	0	0	2	0	1	0	0	0
Inpt "Serious" Med Errors per 100 Consumers/mo	0.00	0.00	0.05	0.00	0.03	0.00	0.00	0.00
Unduplicated Client-month count	3585	3650	3710	3698	3743	3752	3742	3233

SIGNIFICANCE: "Minimal" severity med errors are tracked and reviewed for inpatient but not shown here in order to emphasize the rarer but higher profile categories of error: "Moderate" medication errors are those resulting in the need for treatment and/or interventions beyond monitoring and observation. "Serious" medication errors are those with life threatening and/or permanent adverse consequences.



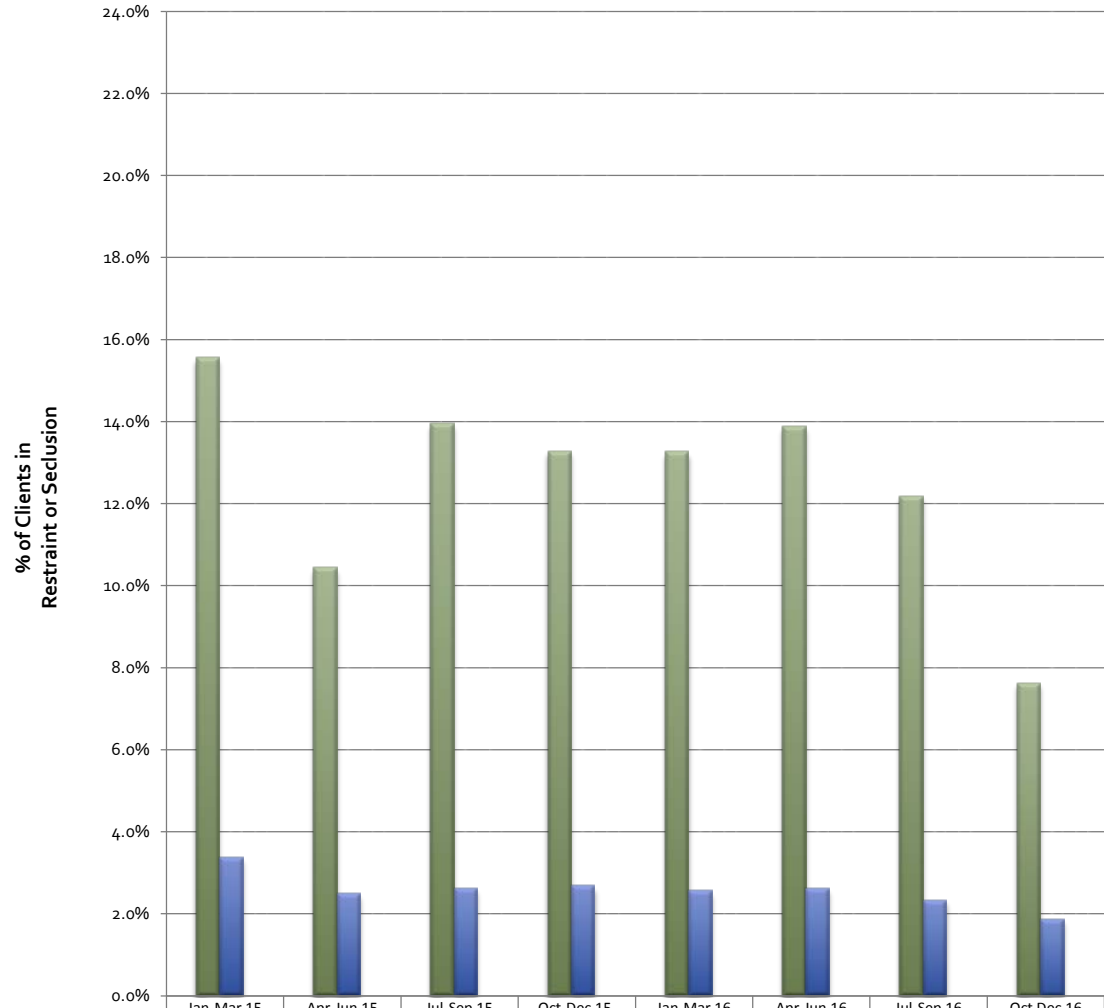
Inpatient Adult Restraint & Seclusion Use



SIGNIFICANCE: This graph excludes FSH and illustrates that adult inpatient programs outside of FSH have restraint and seclusions rates that compare favorably to the national benchmark rates. Even so, various projects are under way around the state to help reduce reliance on restraint and seclusion.



Fulton State Hospital Restraint & Seclusion Use

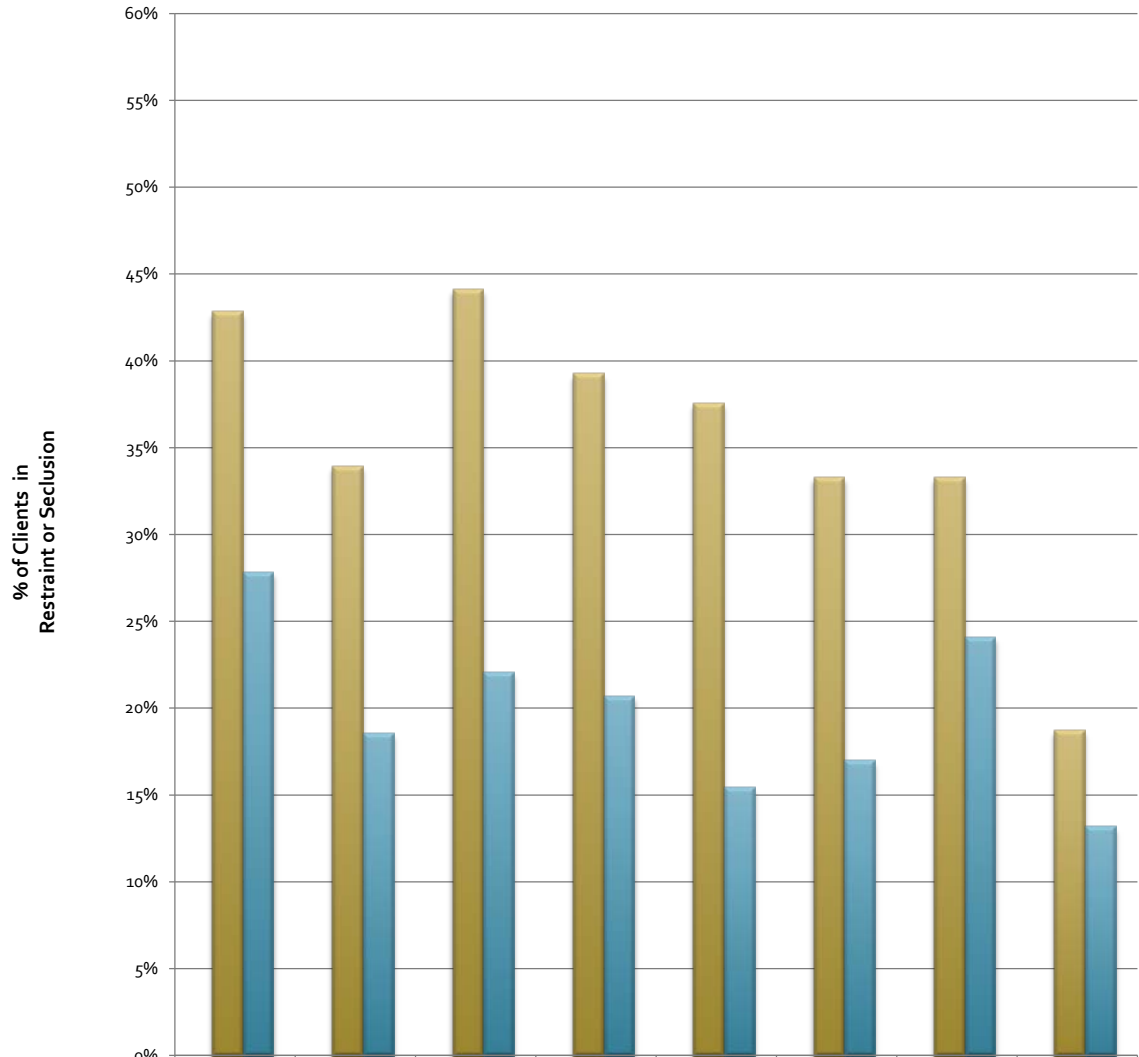


	Jan-Mar 15	Apr-Jun 15	Jul-Sep 15	Oct-Dec 15	Jan-Mar 16	Apr-Jun 16	Jul-Sep 16	Oct-Dec 16
# FSH Clients in Restraints	170	117	164	158	160	169	151	94
% FSH Clients in Restraints (per month)	15.6%	10.4%	14.0%	13.3%	13.3%	13.9%	12.2%	7.6%
# FSH Clients in Seclusion	37	28	31	32	31	32	29	23
% FSH Clients in Seclusion (per month)	3.4%	2.5%	2.6%	2.7%	2.6%	2.6%	2.3%	1.9%
# Adult Clients in Seclusion	49	59	56	56	48	42	42	41
National Adult Restraint Rate	4.8%	4.8%	4.8%	4.8%	4.8%	4.8%	4.8%	4.8%

SIGNIFICANCE: CPS has several projects under way to help reduce reliance on restraint use. The most recent quarter shows the lowest rate of restraint usage seen at FSH for this reporting period, although as expected the rate is still higher than seen at lower security facilities. FSH seclusion usage is also above the national benchmark rate for seclusion, but as with the restraint benchmark rate the benchmark includes all lower security level facilities.



Inpatient Youth Restraint & Seclusion Use

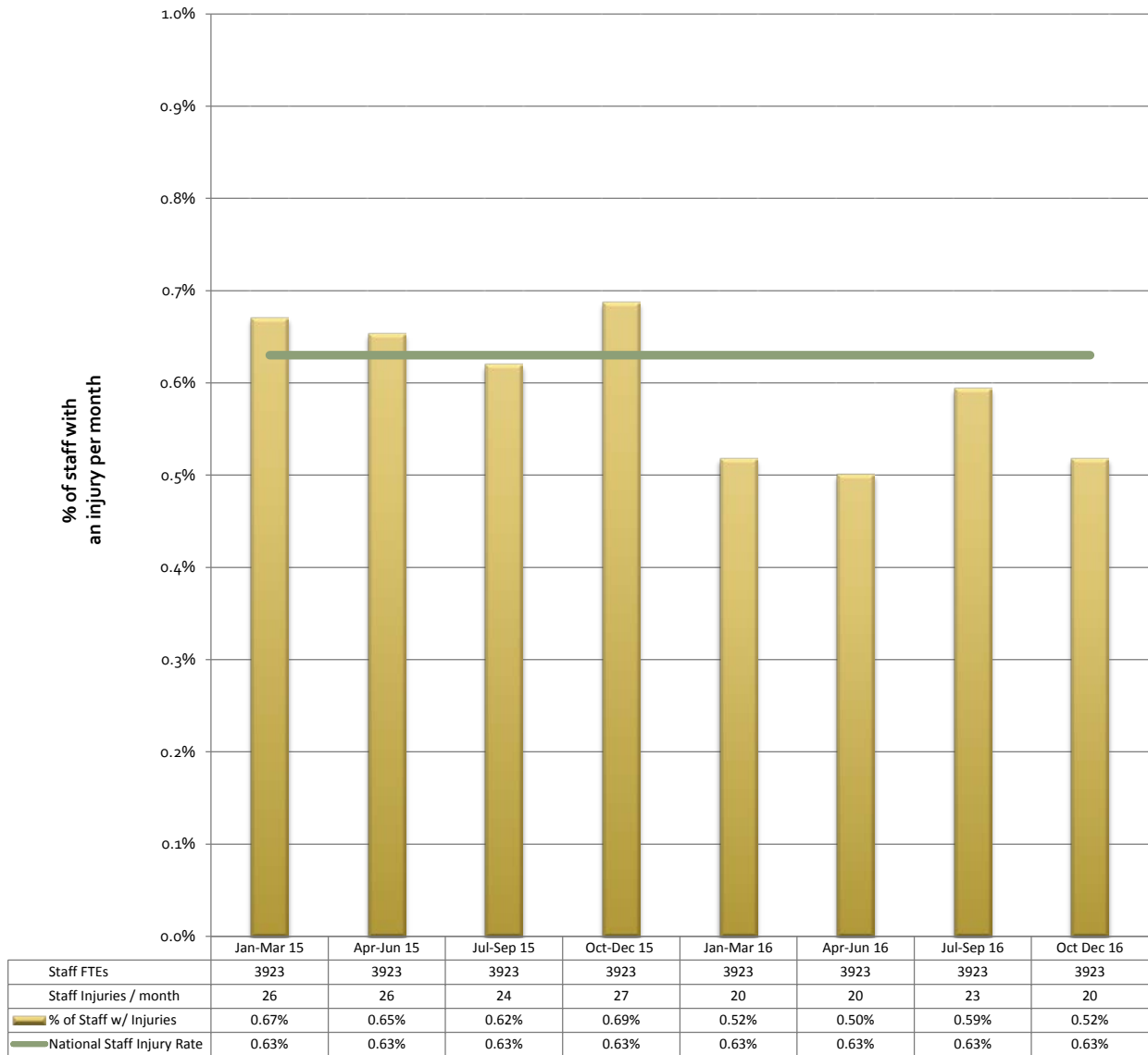


	Jan-Mar 15	Apr-Jun 15	Jul-Sep 15	Oct-Dec 15	Jan-Mar 16	Apr-Jun 16	Jul-Sep 16	Oct-Dec 16
# Youth in Restraints	60	53	64	55	56	51	47	27
% Youth in Restraints (per month)	0.43	0.34	0.44	0.39	0.38	0.33	0.33	0.19
# Youth in Seclusion	39	29	32	29	23	26	34	19
% Youth in Seclusion (per month)	0.28	0.19	0.22	0.21	0.15	0.17	0.24	0.13

SIGNIFICANCE: The youth restraint use rate appears to have established a higher overall rate than the relative lows of two years ago. This is generally attributed to higher acuity levels and persists in spite of continued efforts to reduce reliance on restraint. We do not have benchmark rates specific to youth for restraint and seclusion, but NRI age stratification reports confirm significantly higher rates of restraint and seclusion for youth inpatient compared to adult inpatient nationwide. The majority of youth restraint usage is for brief manual holds.



Inpatient Direct Care Staff Injuries

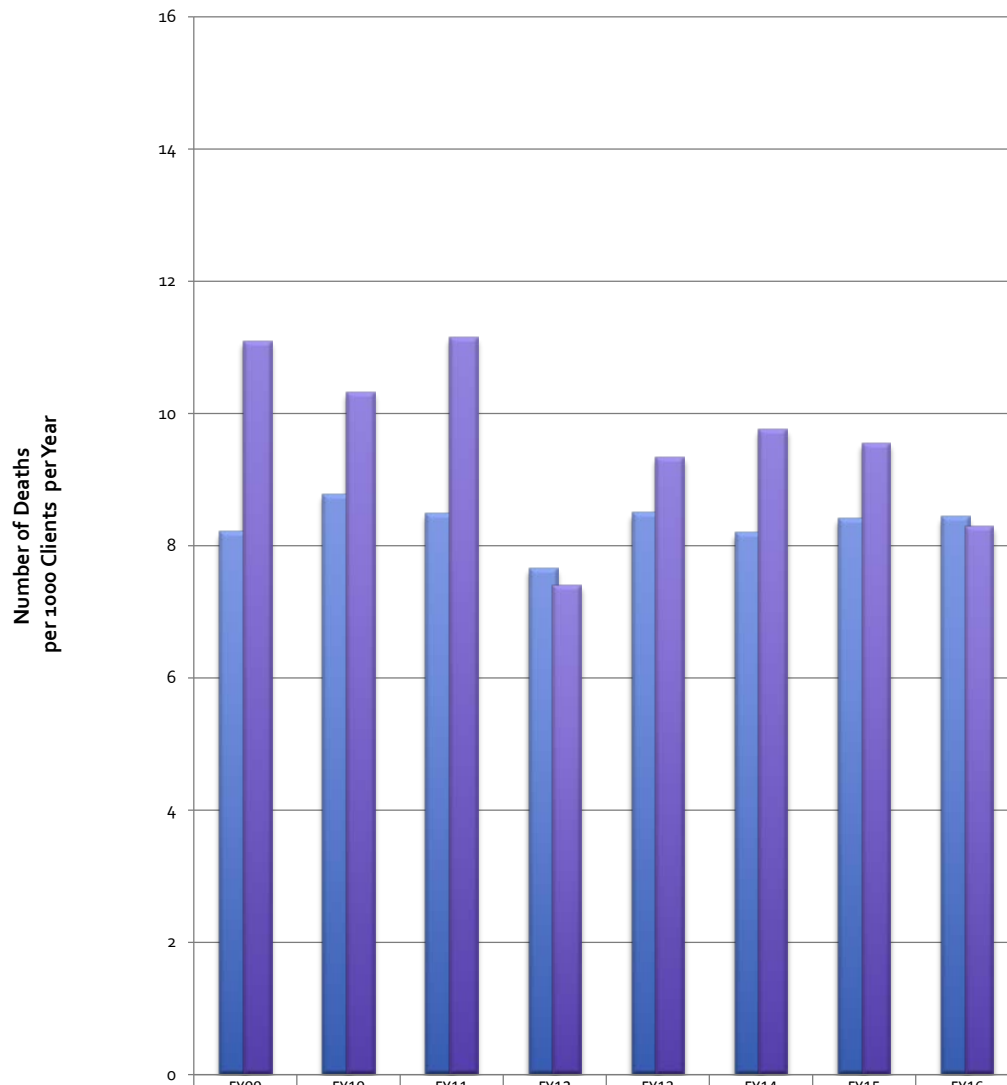


NOTE: Includes injuries requiring any medical care or hospitalization, but not first aid only. National average for inpatient staff in SFY 2012 (ORYX) was .63% of staff per month. (National rate is reported as per 1000 inpatient days, converted here into per FTE using Missouri inpatient days per FTE.)

SIGNIFICANCE: It should be noted that at such levels of injury the provision of psychiatric care remains a very high risk profession compared to other career opportunities. For four recent quarters the rate was lower than the national rate.



Psychiatric Services Mortality Rate in Community

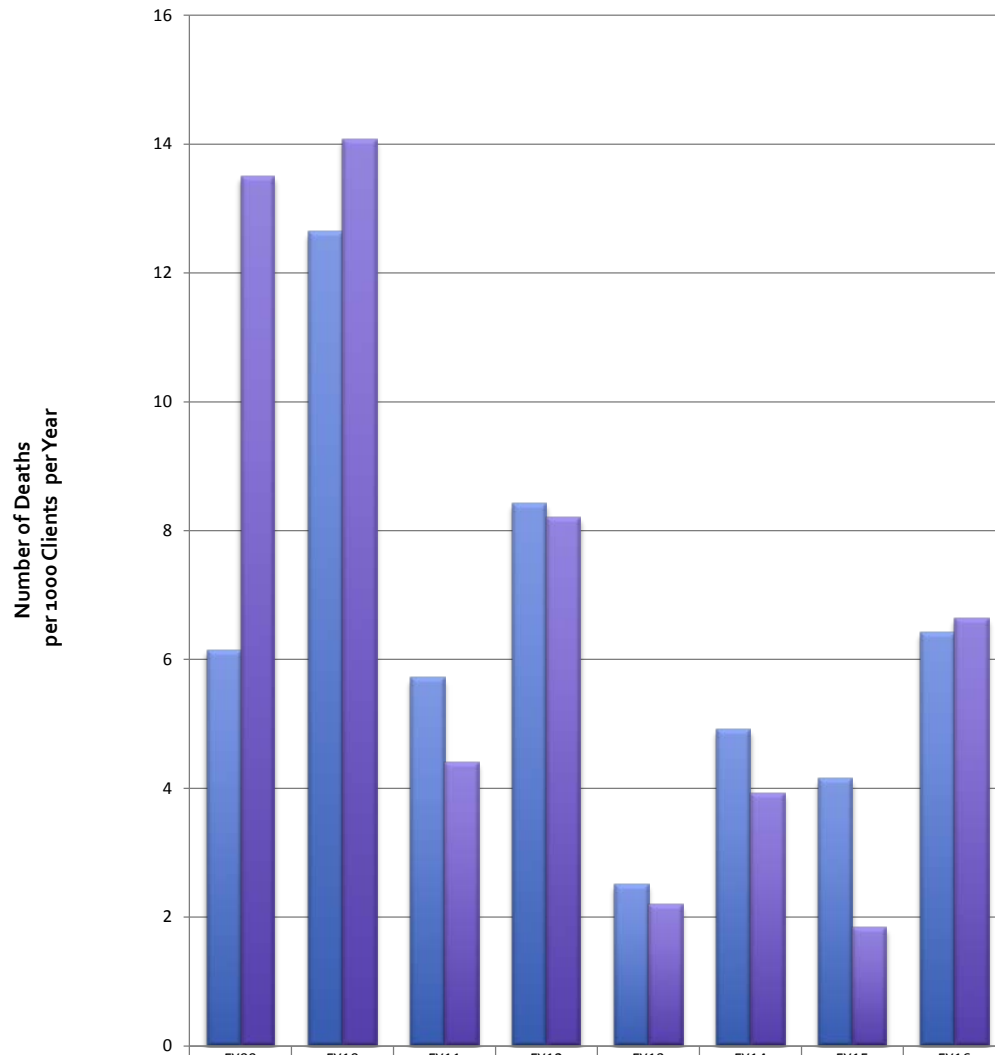


	FY09	FY10	FY11	FY12	FY13	FY14	FY15	FY16
CPS Community Client Deaths	343	390	425	416	491	501	530	538
CPS Community Crude Mortality / 1000	8.211213437	8.780981954	8.49	7.66	8.5	8.2	8.42	8.44
Missouri Vital Statistics Crude Mortality / 1000	9.5	9.193	9.25	9.3	9.3	9.5	9.6	9.8
CPS Community Age Adj Mortality / 1000	11.09435061	10.32503506	11.15017692	7.4	9.34	9.76	9.55	8.29
Missouri Vital Statistics Age Adj Mortality / 1000	8.4	8.16	8.081	8	8.049	8.044	8	

NOTE: The crude mortality rate compares to the Missouri community mortality rate of 9.8 deaths per 1000 Missouri residents (2016 MO Vital Statistics). The age adjusted mortality rate for all of Missouri in 2015 was 8.0 deaths per 1000 residents. National studies report clients of psychiatric services with twice the community age adjusted mortality rate.



Mortality Rate in State Operated Inpatient Care

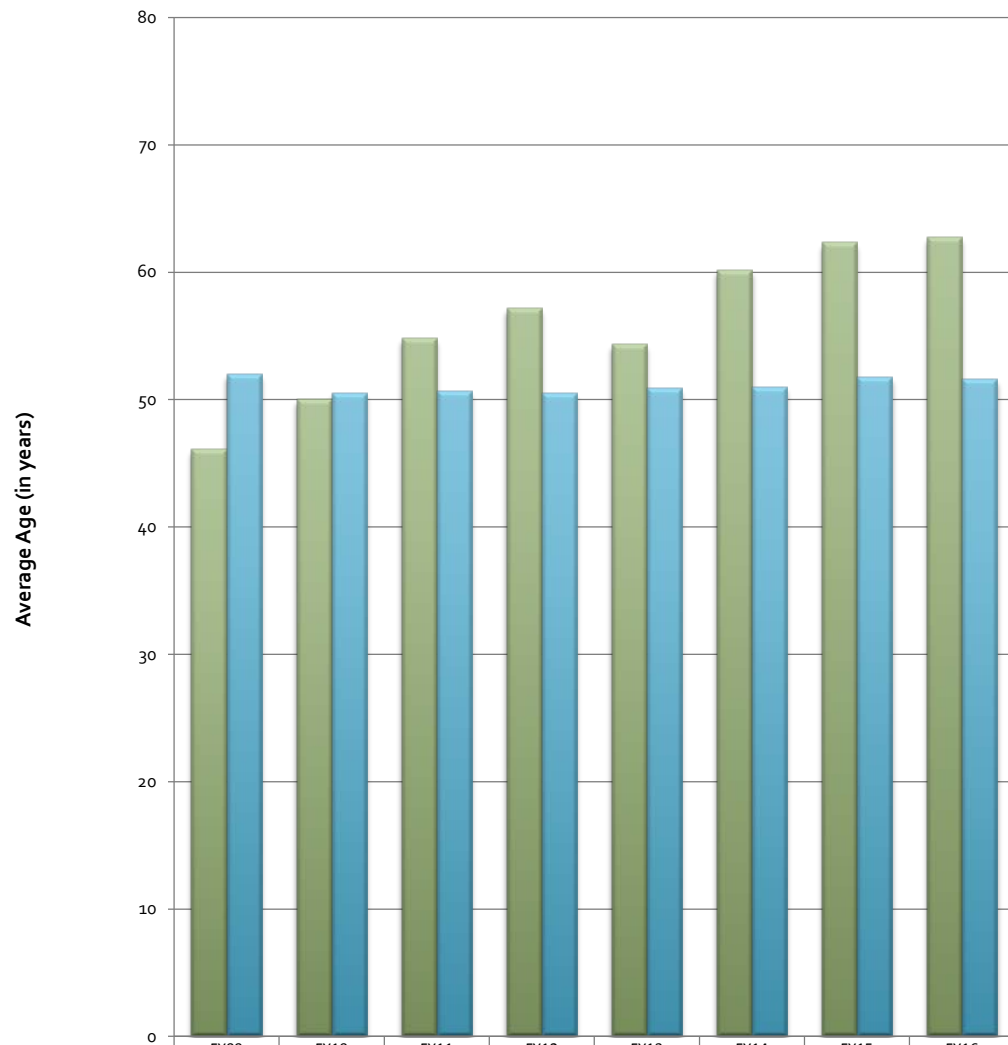


	FY09	FY10	FY11	FY12	FY13	FY14	FY15	FY16
CPS Inpt Client Deaths	9	17	7	10	3	6	5	8
CPS Inpt Crude Mortality / 1000	6.147702051	12.64527804	5.718928647	8.421052632	2.518063368	4.922531935	4.148547554	6.42
Missouri Vital Statistics Crude Mortality / 1000	9.5	9.193	9.25	9.3	9.3	9.5	9.6	9.8
CPS Inpt Age Adj Mortality / 1000	13.5042719	14.08402548	4.403493414	8.203656281	2.197981613	3.927068029	1.842839573	6.64
Missouri Vital Statistics Age Adj Mortality / 1000	8.4	8.16	8.081	8	8.049	8.044	8	

NOTE: The crude mortality rate compares to the Missouri community mortality rate of 9.8 deaths per 1000 Missouri residents. (2016 MO Vital Statistics). The age adjusted mortality rate for all of Missouri in 2015 was 8.0 deaths per 1000 residents. National studies report clients of psychiatric services with twice the community age adjusted mortality rate but FY16 rates for MO inpatient compare favorably to MO average and FY16 had 8 inpatient client deaths reported.



Psychiatric Services Average Age at Death



	FY09	FY10	FY11	FY12	FY13	FY14	FY15	FY16
Average Age at Death all MO Residents	71.4	71.7	71.78					
CPS Inpt Average Age at Death	46.11	50.06	54.86	57.2	54.33	60.17	62.33	62.75
CPS Inpt Client Deaths	9	17	7	10	3	6	5	8
CPS Community Average Age at Death	52.02	50.52	50.66	50.49	50.91	50.98	51.75	51.6
CPS Community Client Deaths	343	390	425	416	491	501	530	538

NOTE: Deaths reported for all psychiatric inpatient and community subpopulations. All Missouri average is calculated from the "Missouri Vital Statistics". (2013, 2014, 2015 and 2016 are not available.)

SIGNIFICANCE: National studies show that the clients of state mental health agencies die 20-25 years younger than the general population. Unfortunately, Missouri is right in line with this alarming statistic. This underlines the importance of various efforts to better integrate the physical and mental health care of our clients throughout the state.

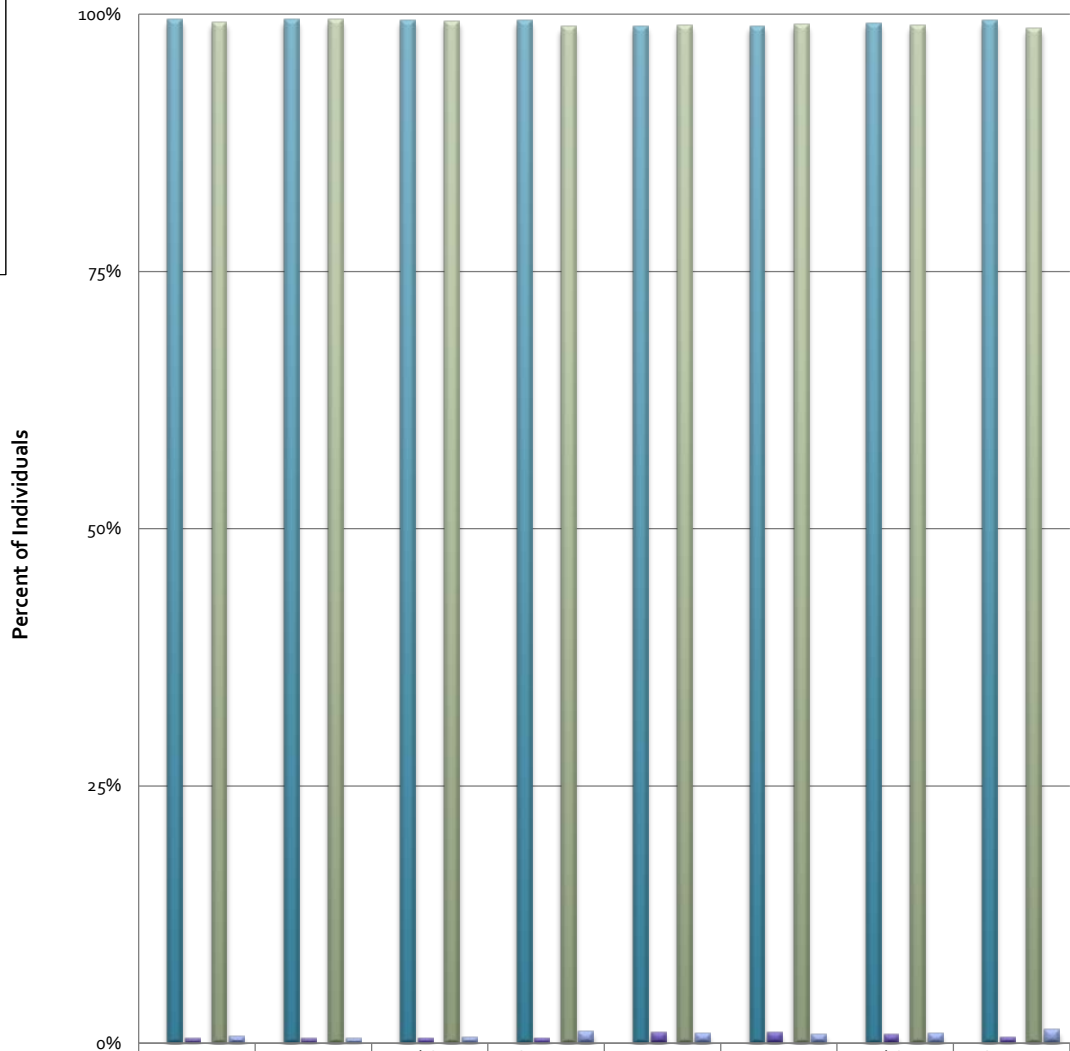


Division of Developmental Disabilities



Division of DD Residential Medicaid Eligibility

Note: The proportion of Medicaid Eligible DD individuals has remained consistent over the past two years. Method of data collection for community residential altered to be consistent with budget measures in Jan-Mar 2016.

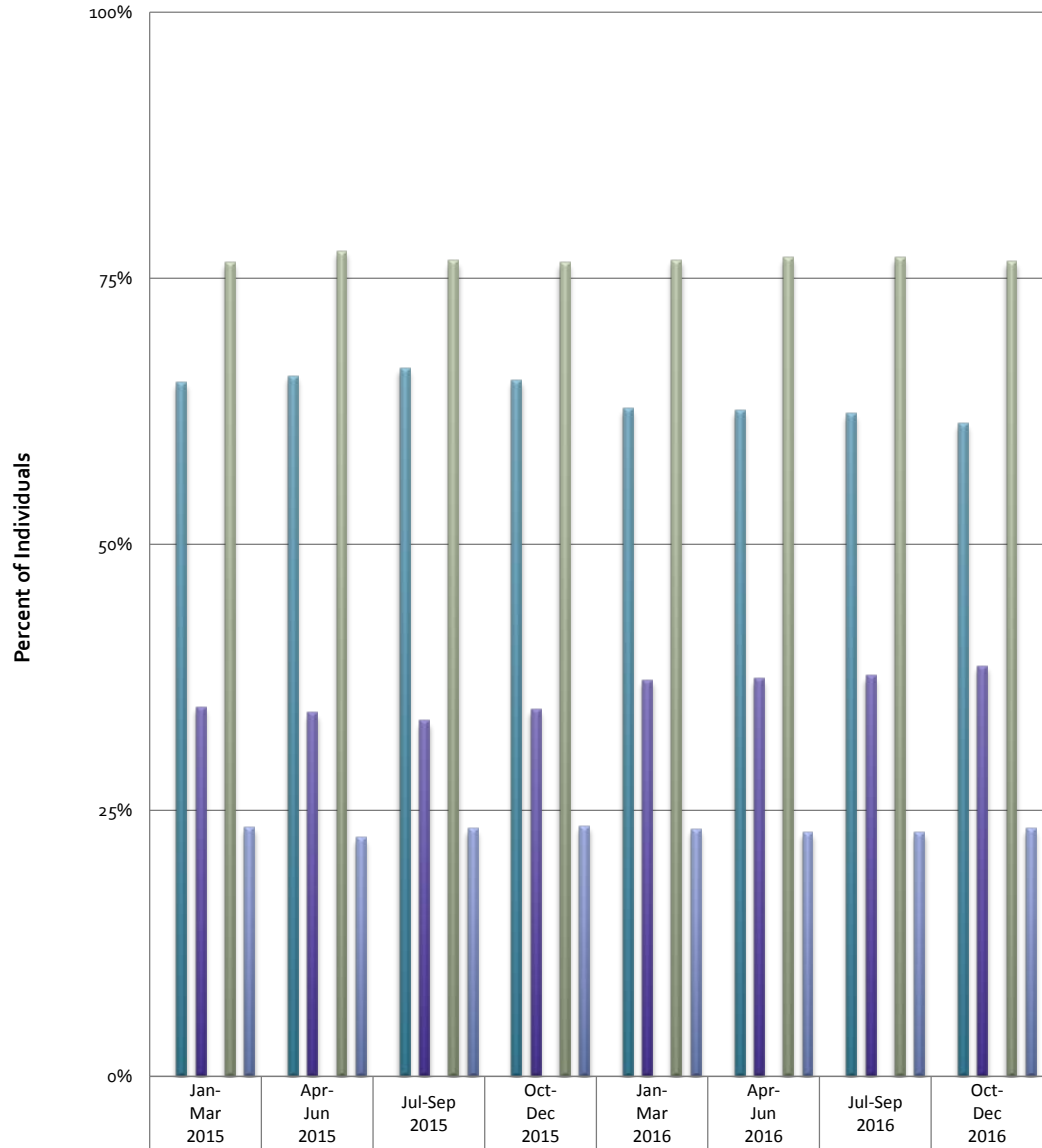


	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016
# Individuals Served in Hab Centers	405	394	379	363	359	355	347	345
# HC Individuals Medicaid Eligible	403	392	377	361	355	351	344	343
% HC Individuals Medicaid Eligible	100%	99%	99%	99%	99%	99%	99%	99%
# HC Individuals Not Medicaid Eligible	2	2	2	2	4	4	3	2
% HC Individuals Not Medicaid Eligible	0%	1%	1%	1%	1%	1%	1%	1%
# Individuals Served in Community Residential	7178	7186	7236	7278	7300	7222	7367	7411
# Individuals Community Medicaid Eligible	7124	7151	7191	7193	7226	7153	7290	7312
% Individuals Community Medicaid Eligible	99%	100%	99%	99%	99%	99%	99%	99%
# Individuals Community Not Medicaid Eligible	54	35	45	85	74	69	77	99
% Individuals Community Not Medicaid Eligible	1%	0%	1%	1%	1%	1%	1%	1%



Division of DD Non-Residential Medicaid Eligibility

Note: The proportion of Medicaid Eligible DD individuals has remained consistent over the past two fiscal years. Method for collecting figures on individuals with other services and in CM only changed to be consistent with manner of collection for budget measures in Jan-Mar 2016.

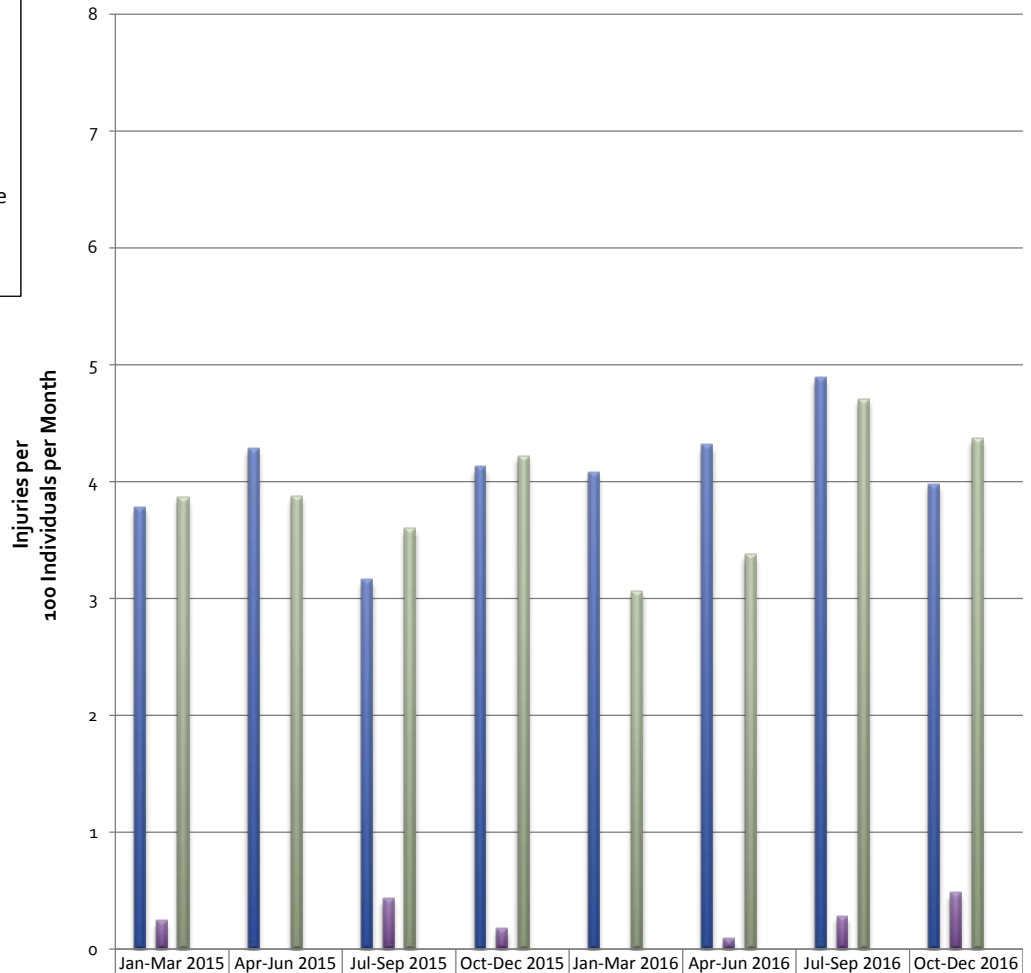


	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016
# Individuals served in Case Management (CM) Only	16384	16205	16068	16270	14521	13900	15277	15506
# Individuals CM Only Medicaid Eligible	10691	10663	10694	10652	9120	8703	9522	9522
% Individuals CM Only Medicaid Eligible	65%	66%	67%	65%	63%	63%	62%	61%
# Individuals Case Mngmt Only Not Medicaid Eligible	5693	5542	5374	5618	5411	5197	5755	5984
% Individuals CM Only Not Medicaid Eligible	35%	34%	33%	35%	37%	37%	38%	39%
# Individuals Served in Other Services	11502	11682	12142	12221	12342	12038	12608	12730
# Individuals Other Services Medicaid Eligible	8804	9059	9313	9348	9469	9271	9711	9757
% Individuals Other Services Medicaid Eligible	77%	78%	77%	76%	77%	77%	77%	77%
# Individuals Other Services Not Medicaid Eligible	2698	2623	2829	2873	2873	2767	2897	2973
% Individuals Other Services Not Medicaid Eligible	23%	22%	23%	24%	23%	23%	23%	23%



Division of DD Habilitation Center Campus Injuries per 100 Individuals

NOTE: Medical intervention denotes care requiring attention by a licensed professional and could occur either be on campus or in the community. Hospitalization and ER visits would be off campus at community hospitals. Beginning with the reporting period July-Sep 2013, data represents individuals from Habilitation Center Campus (HCC) sites. State Operated Waiver Programs data is reflected in community data tables.

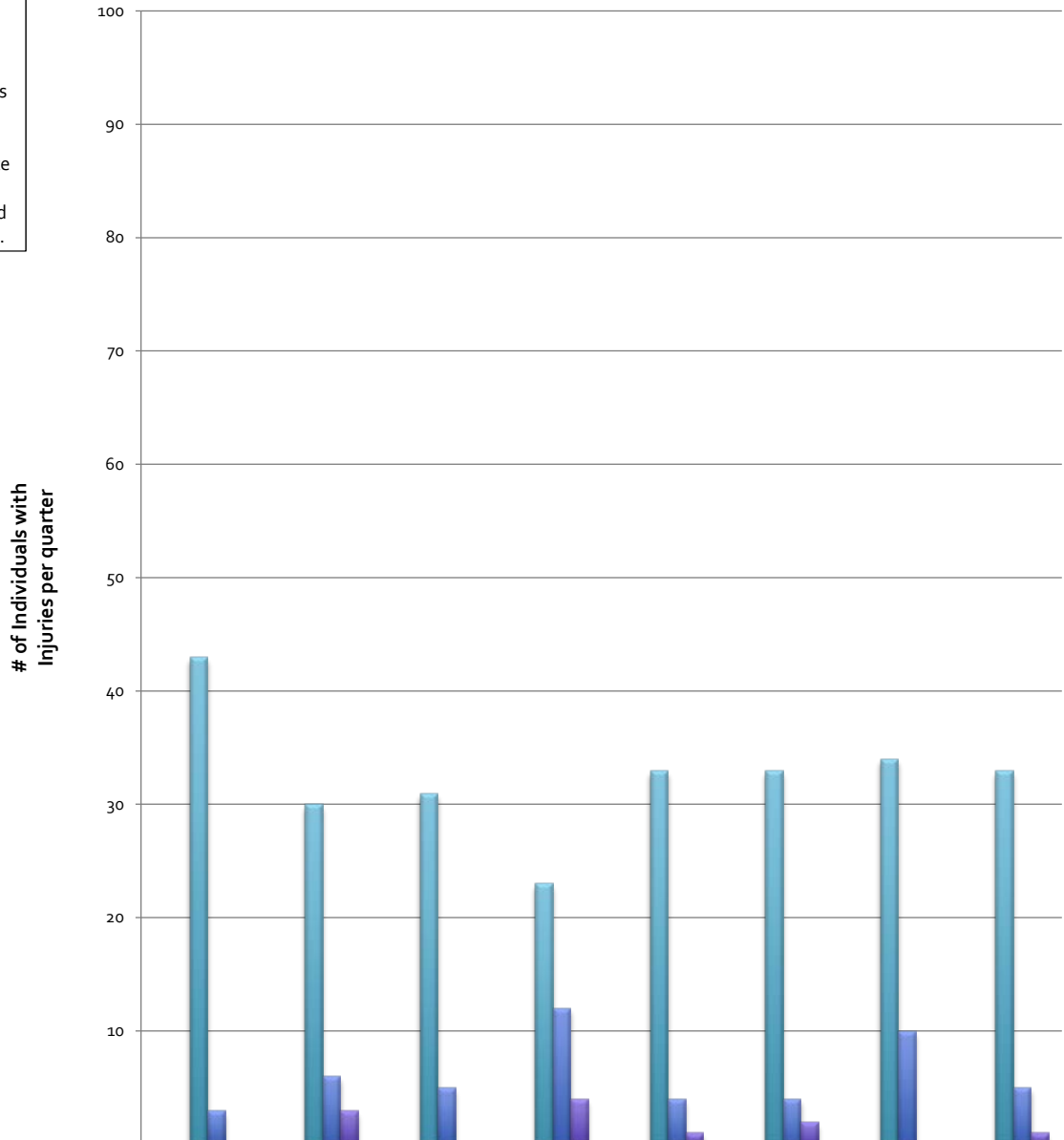


	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016
# HCC Injuries Resulting in Medical Intervention	46	52	36	45	44	46	51	41
#HCC Injuries Resulting in Medical Intervention per 100 Indiv/mo	3.8	4.3	3.2	4.1	4.1	4.3	4.9	4.0
#HCC Injuries Resulting in Hospitalization	3	0	5	2	0	1	3	5
#HCC Injuries Resulting in Hospitalization per 100 Indiv/mo	0.2	0.0	0.4	0.2	0.0	0.1	0.3	0.5
# HCC Injuries Resulting in Emergency Room Visits	47	47	41	46	33	36	49	45
#HCC Injuries Resulting in Emergency Room Visits per 100 Indiv/mo	3.9	3.9	3.6	4.2	3.1	3.4	4.7	4.4
# HCC Injuries Resulting in Death	0	0	0	0	0	0	0	0
#HCC Injuries Resulting in Death per 100 Individuals/month	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
# Individuals in Hab Centers	405	404	379	363	359	355	347	343



Division of DD Habilitation Center Campus Individuals with 1, 2, or 3+ Injuries

Note: An injury is defined as that which required treatment of more than first aid. Beginning with the reporting period July-Sep 2013, data represents individuals from Habilitation Center Campus (HCC) sites. State Operated Waiver Programs data is reflected in community data tables.

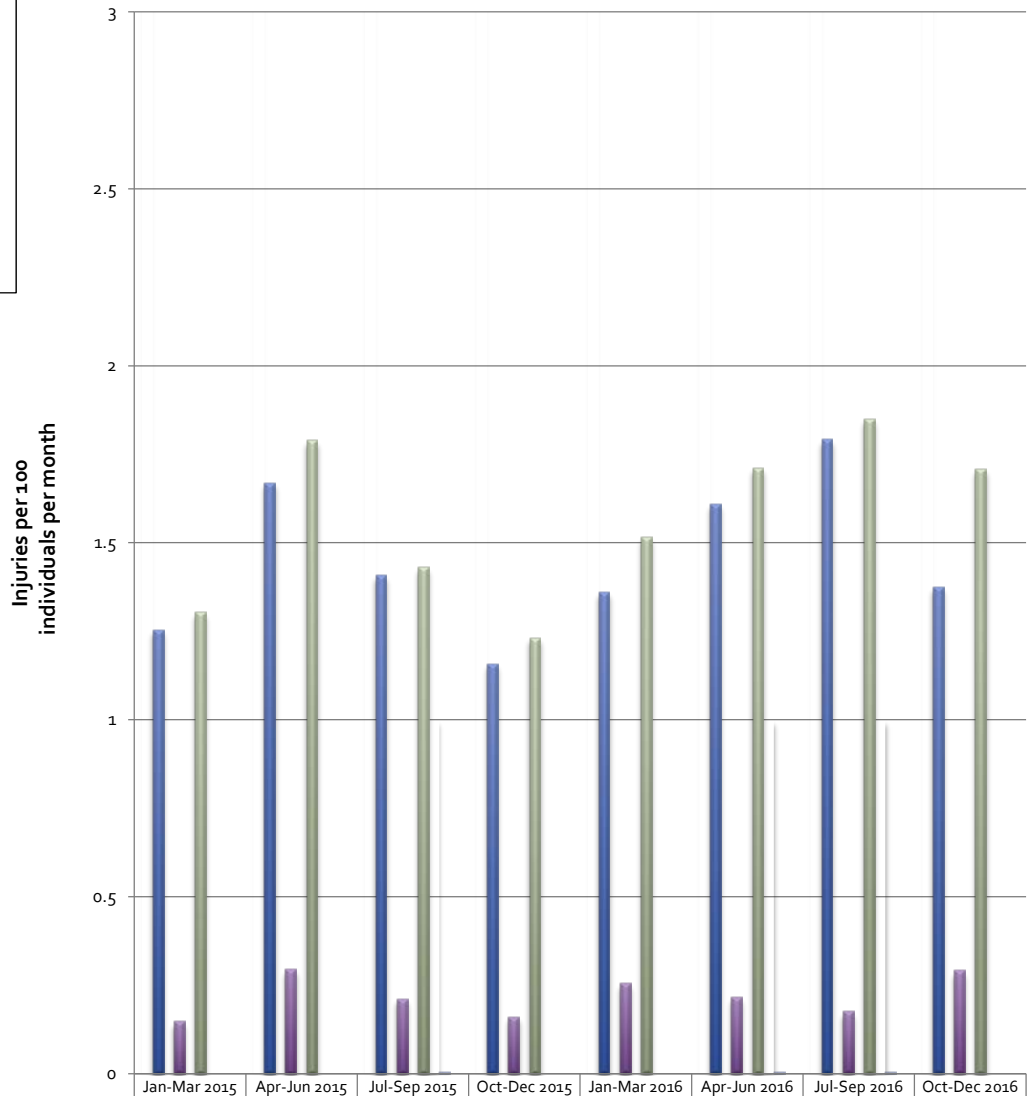


	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016
# HCC Individuals	405	404	379	363	359	355	347	343
# HCC Individuals with No Injuries	359	365	343	324	321	316	303	304
# HCC Individuals with Exactly 1 Injury	43	30	31	23	33	33	34	33
# HCC Individuals with Exactly 2 Injuries	3	6	5	12	4	4	10	5
# HCC Individuals with 3+ Injuries	0	3	0	4	1	2	0	1



Division of DD Community Residential Injuries per 100 Individuals

NOTE: Medical intervention denotes care requiring attention by a licensed professional and for community individuals indicates care provided in primary care physician's office or urgent care center. State Operated Waiver Programs information now included in community residential data.

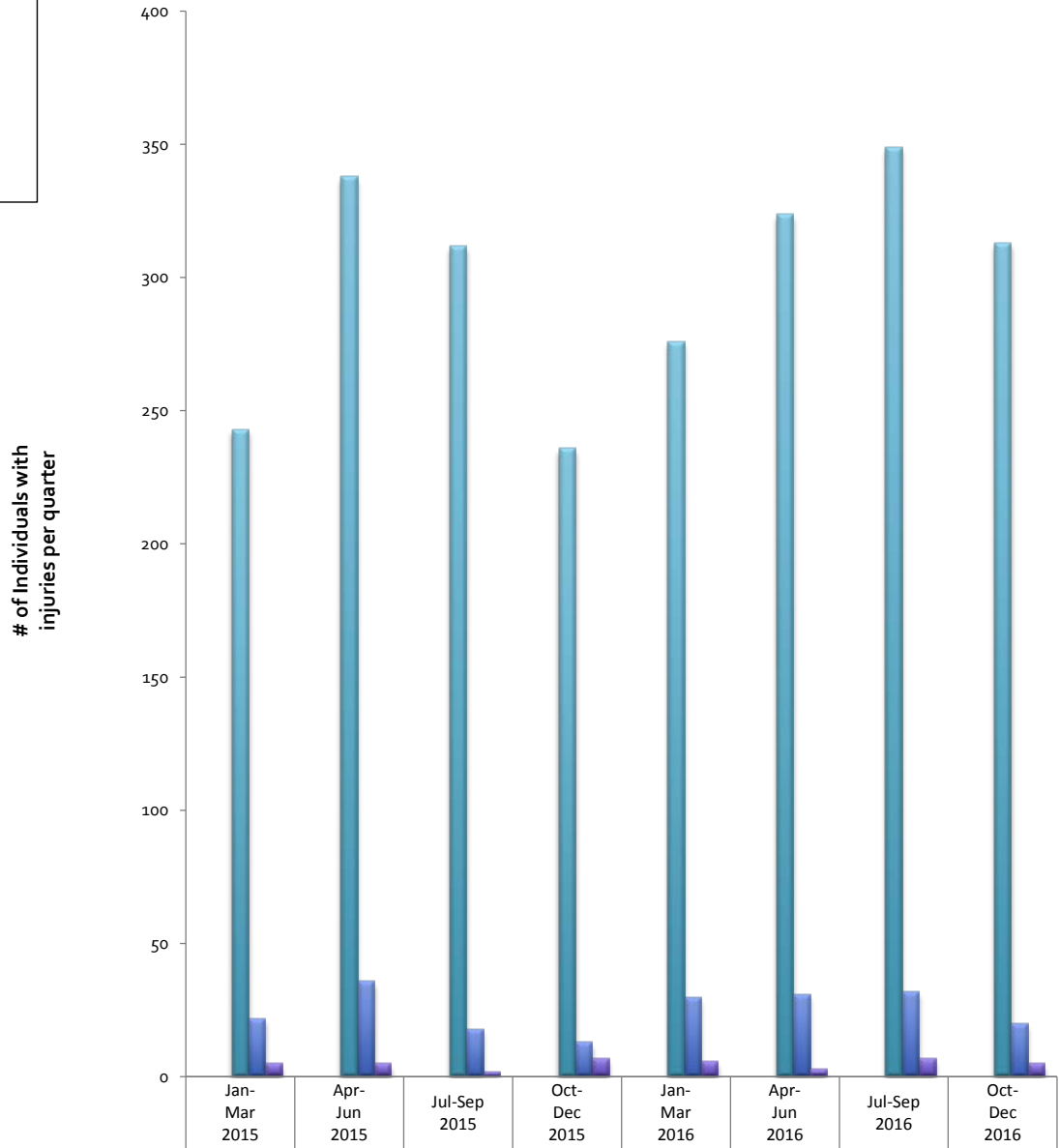


	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016
# Community Injuries Resulting in Medical Intervention	270	360	306	253	298	349	396	306
■ Community Injuries Resulting in Medical Intervention per 100 Indiv/mo	1.3	1.7	1.4	1.2	1.4	1.6	1.8	1.4
# Community Injuries Resulting in Hospitalization	32	64	46	35	56	47	39	65
■ Community Injuries Resulting in Hospitalization per 100 Indiv/mo	0.1	0.3	0.2	0.2	0.3	0.2	0.2	0.3
# Community Injuries Resulting in Emergency Room Visits	281	386	311	269	332	371	409	380
■ Community Injuries Resulting in ER Visits per 100 Indiv/mo	1.3	1.8	1.4	1.2	1.5	1.7	1.9	1.7
# Community Injuries Resulting in Death	0	0	1	0	0	1	1	0
■ Community Injuries Resulting in Death per 100 Indiv/mo	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
# Community Residential Individuals	7178	7186	7236	7278	7300	7222	7367	7411



Division of DD Community Individuals with 1, 2, or 3+ Injuries

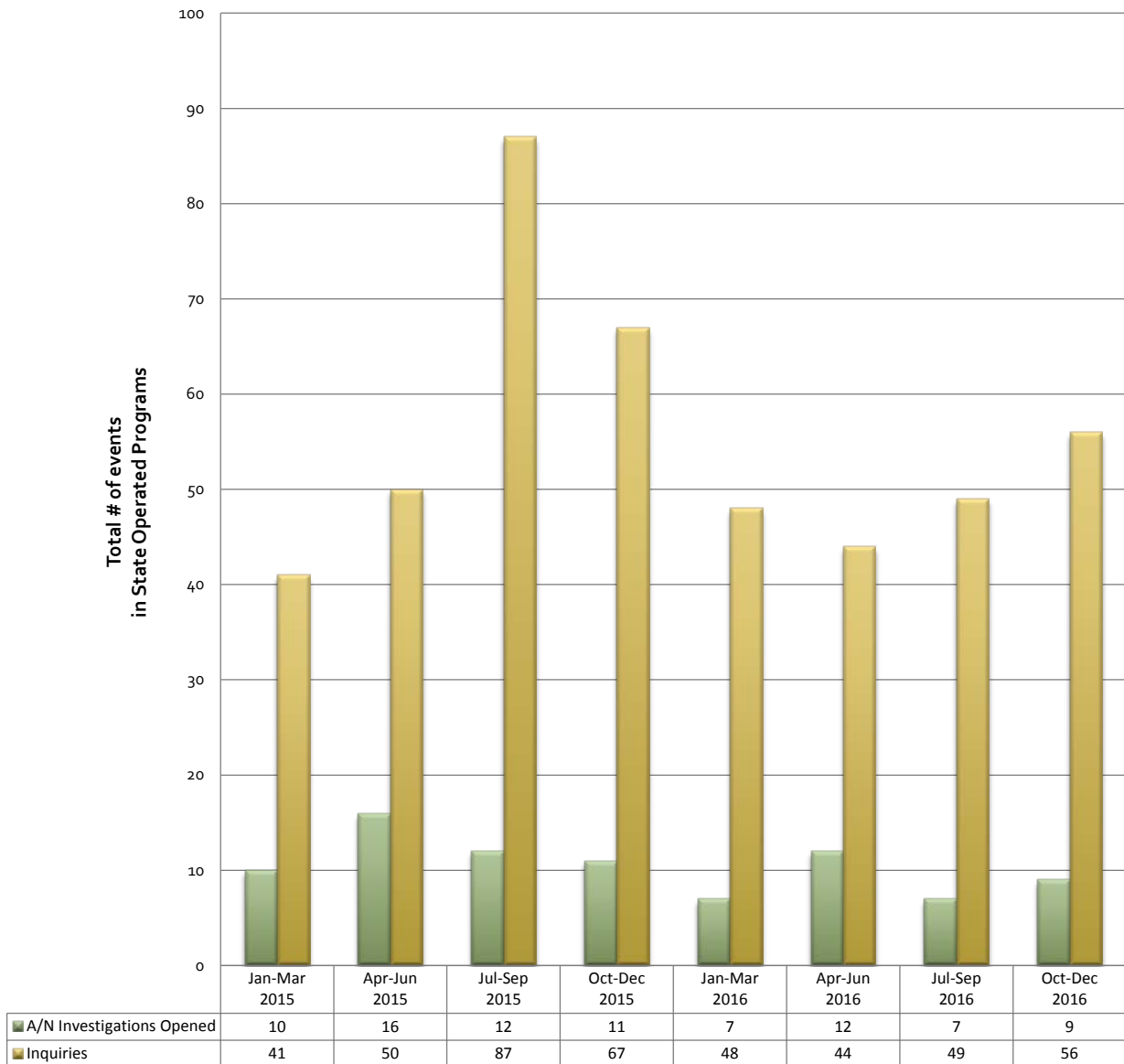
Note: An injury is defined as that which required treatment of more than first aid. State Operated Waiver Programs information now included in community residential data.



# DD Individuals in Community Residential	487	719	693	492	684	704	749	666
# DD Community Individuals with No Injuries	217	340	361	236	372	346	361	328
# DD Community Individuals with Exactly 1 Injury	243	338	312	236	276	324	349	313
# DD Community Individuals with Exactly 2 Injuries	22	36	18	13	30	31	32	20
# DD Community Individuals with 3+ Injuries	5	5	2	7	6	3	7	5



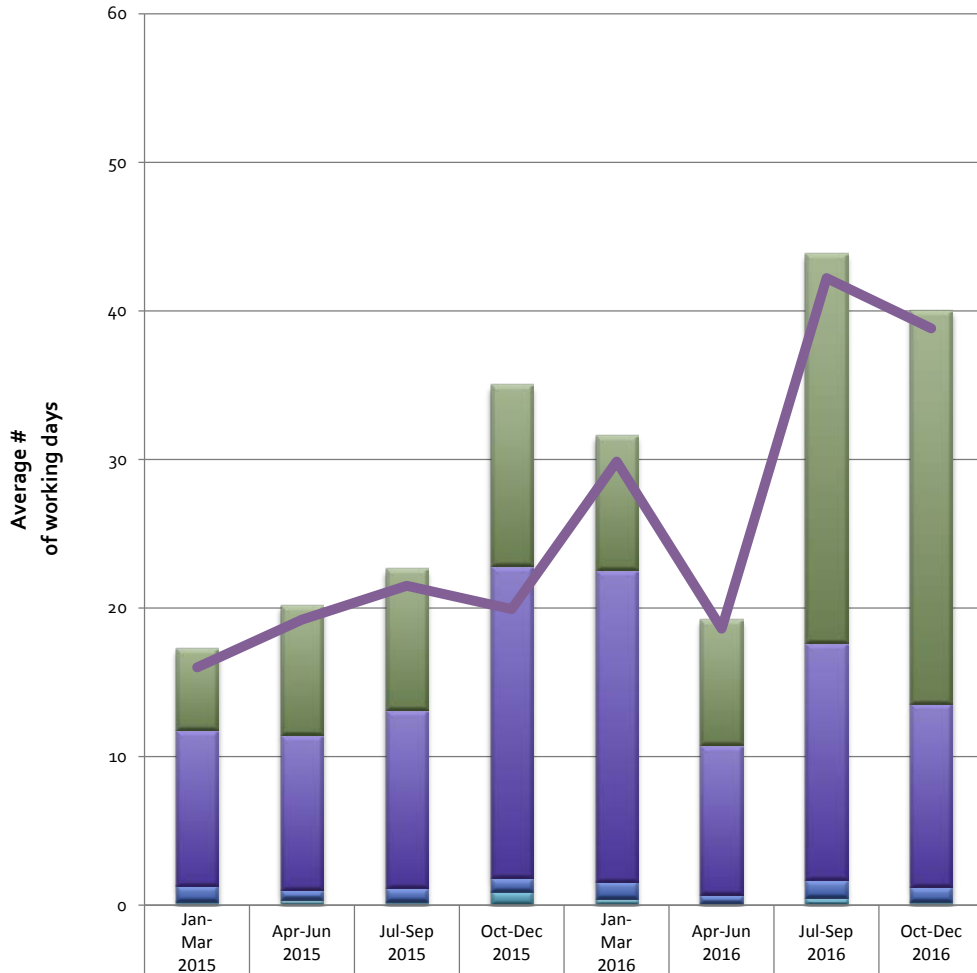
Division of DD State Operated Programs Inquiries Into Potential Abuse/Neglect Allegations



NOTE: If an event initially had an inquiry but then an A/N investigation, it is counted only as an investigation to ensure an unduplicated count of cases under review. Also note that a "decision" for an investigation is only the start of the investigation process. When a final judgment is made regarding an allegation, it is called a "determination". An inquiry is the process of gathering facts surrounding an event, complaint or upon discovery of unknown injury to determine whether the incident or event is suspect for abuse or neglect. This data includes Habilitation Center Campus and State Operated Waiver Programs.



Duration of Investigation Process State Operated Programs

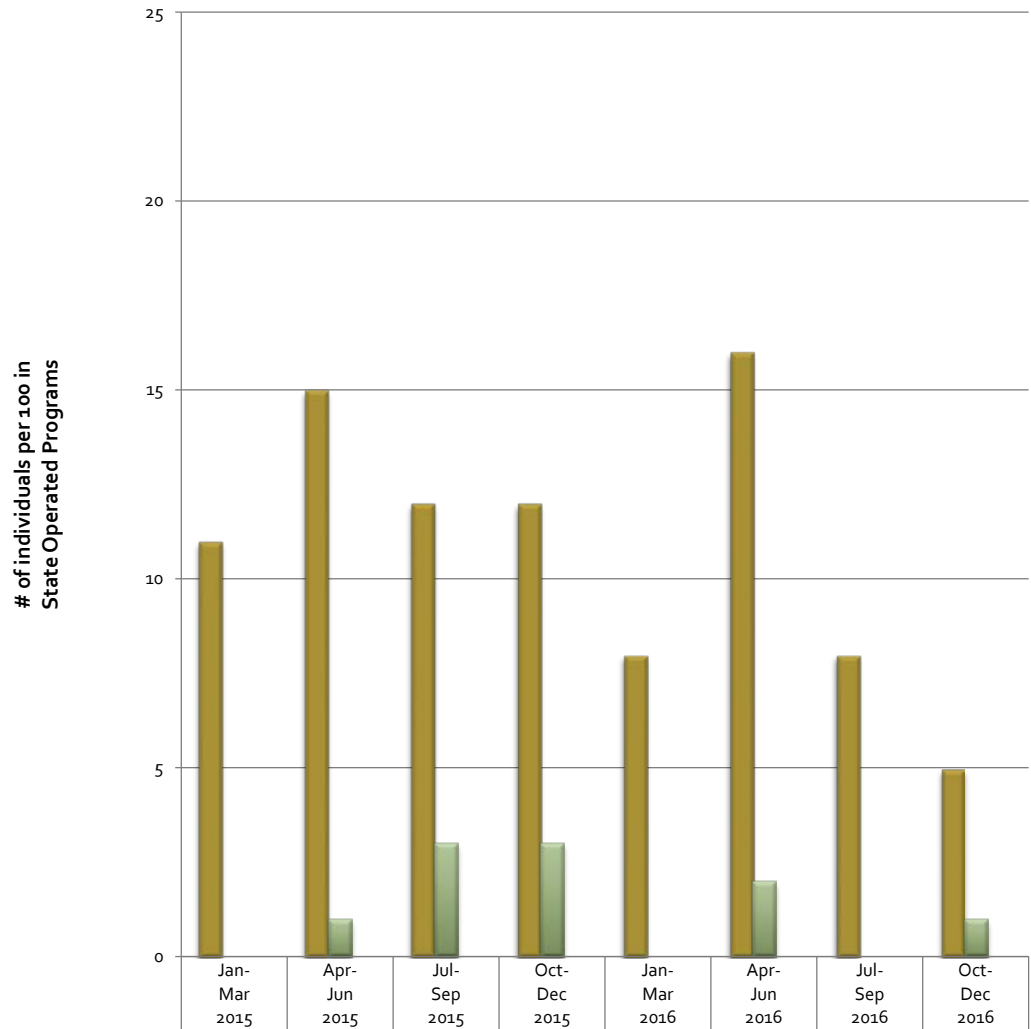


DD State Operated Programs Event Count	12	11	12	12	10	9	10	4
Inv. Final Report to Final Determ.	5.53	8.74	9.55	12.21	9.07	8.50	26.29	26.50
Inv. Request to Final Report	10.47	10.47	11.95	21.00	20.97	10.10	15.93	12.33
Event Report to Inv. Request	1.08	0.64	0.92	0.92	1.20	0.56	1.20	1.00
Event Discovery to Report	0.25	0.36	0.25	0.92	0.40	0.11	0.50	0.25
Total Time (90%)	16.00	19.21	21.50	19.92	29.86	18.60	42.21	38.83

NOTE: Timelines are divided into four distinct stages of the investigation. The bars show the average duration (in working days) for all final determinations made in each quarter, whereas the line superimposes the overall average duration of 90% of the cases. The 90% is used in order to show a more "typical" timeline excluding outlier cases. This data includes Habilitation Center Campus and State Operated Waiver Programs.



Division of DD State Operated Programs Abuse and Neglect Completed Investigations/Substantiations

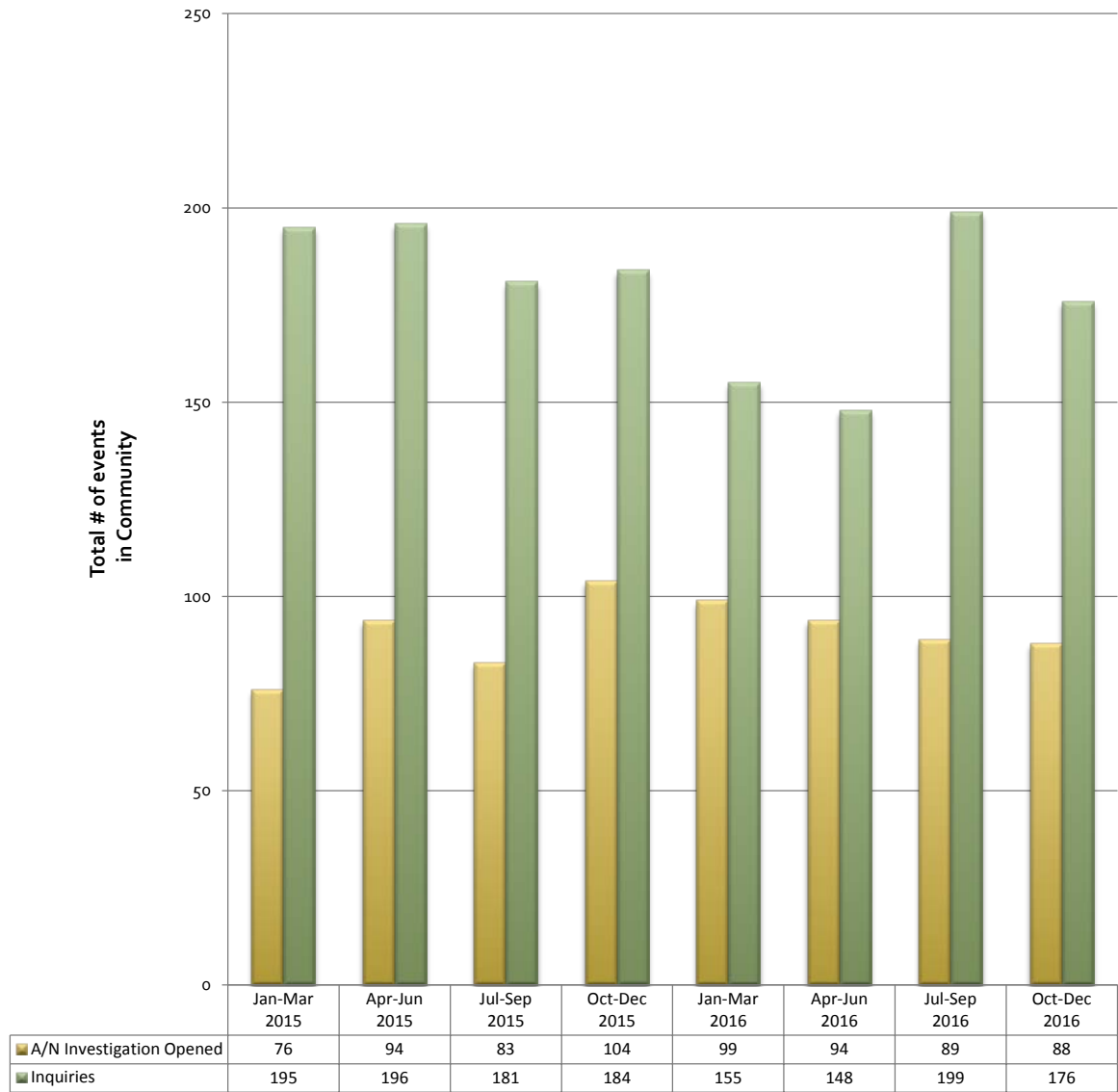


■ CO Investigations Completed	11	15	12	12	8	16	8	5
■ A/N Substantiations	0	1	3	3	0	2	0	1
# Individuals in State Operated Programs (Waiver & On Campus)	609	602	598	586	582	579	570	578

NOTE: Investigations and Substantiations are a count of the number of events, not the number of alleged perpetrators or victims. Also, both counts reflect cases finalized in the quarter reported. Starting in the Jul-Sep quarter, process includes both Habilitation Center Campus and Waiver programs.



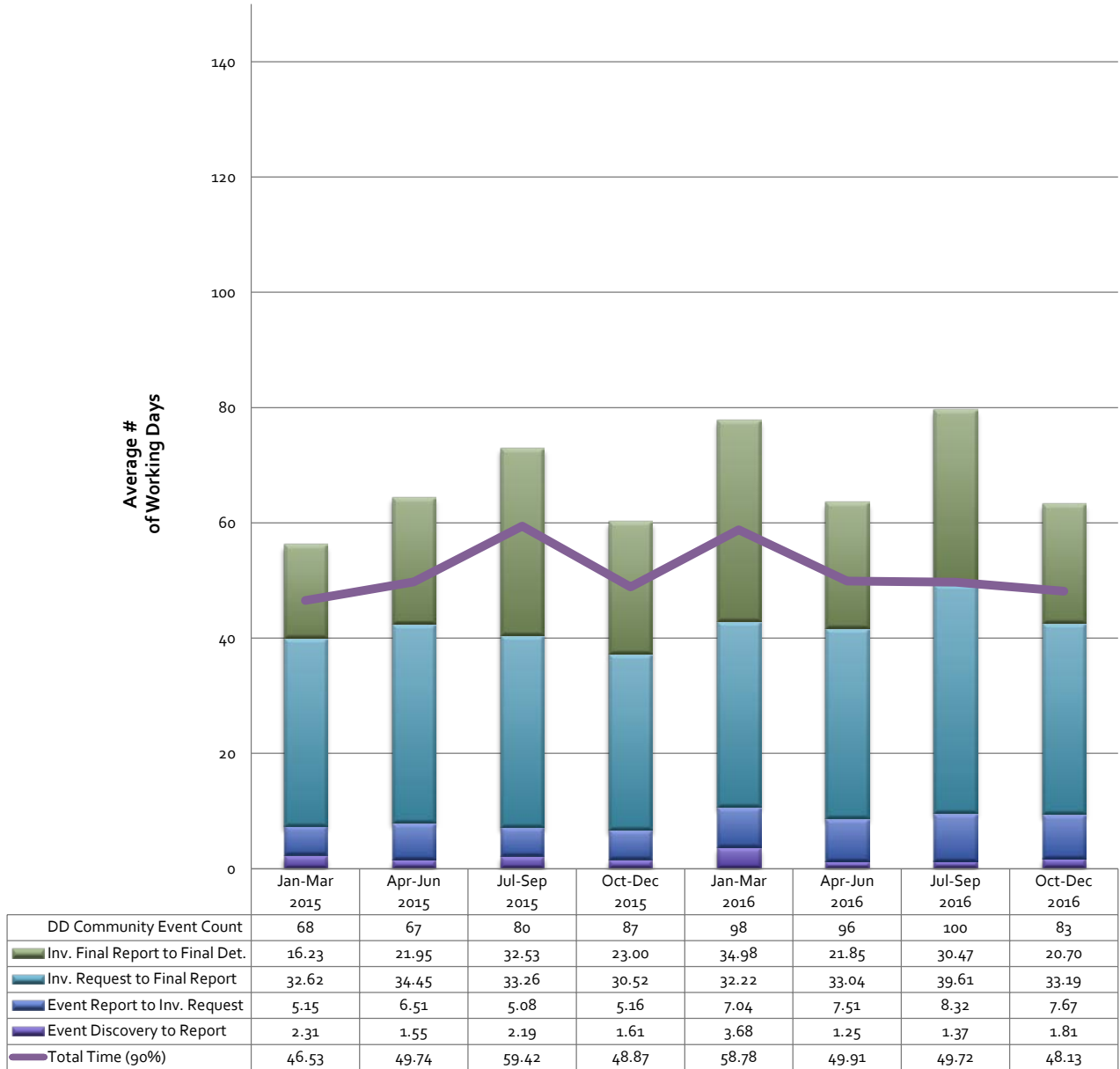
Division of DD Community Inquiries Into Potential Abuse/Neglect Allegations



NOTE: If an event initially had an inquiry but then an A/N investigation, it is counted only as an investigation to ensure an unduplicated account of cases under review. Also note that a "decision" for an investigation is only the start of the investigation process. When a final judgment is made regarding an allegation it is called a "determination". Definition - Inquiry: process of gathering facts surrounding an event, complaint or upon discovery of unknown injury to determine whether the incident or event is suspect for abuse or neglect.



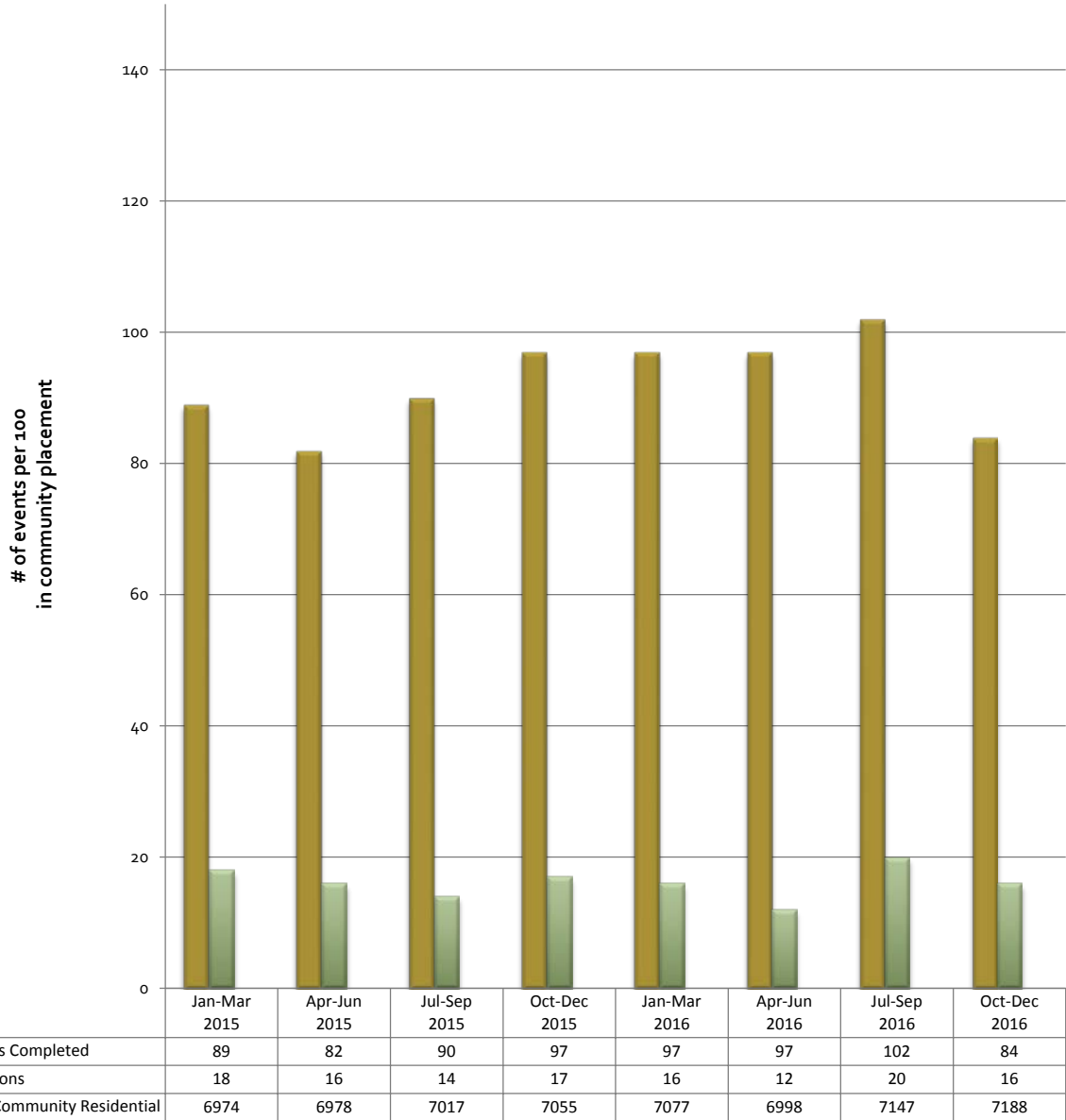
Duration of Investigation Process DD Community



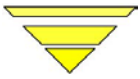
NOTE: Timelines are divided into four distinct stages of the investigation. The bars show the average duration (in working days) for all final determinations made in each quarter, whereas the line superimposes the overall average duration of 90% of the cases. The 90% is used in order to show a more "typical" timeline excluding outlier cases.



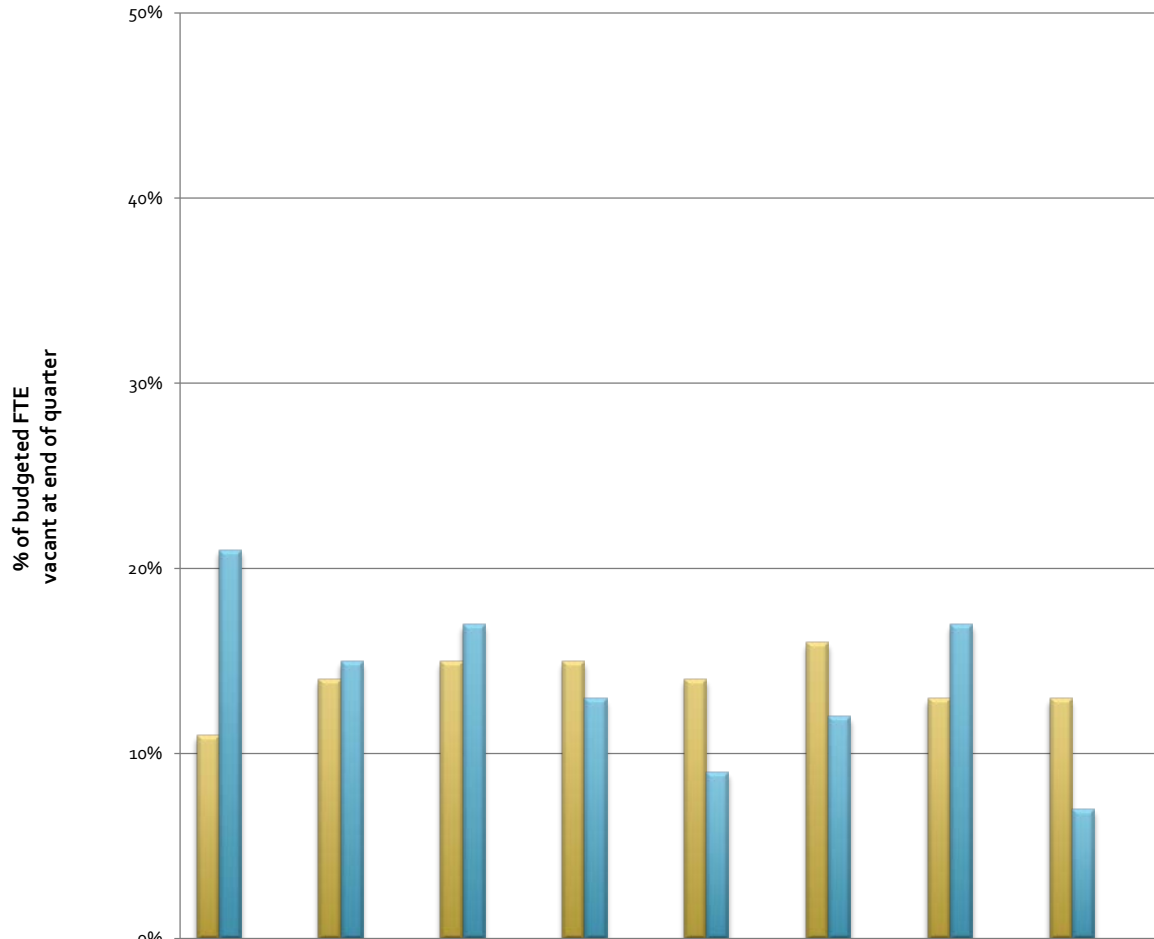
Division of DD Community Abuse and Neglect Investigations



NOTE: Investigations and Substantiations are a count of the number of events, not the number of alleged perpetrators or victims. Also, both counts reflect cases finalized in the quarter reported. Starting in the Jul-Sep 2013 quarter, "# Individuals in Community Residential" excludes individuals receiving services through the State Operated Waiver.



Division of DD State Operated Programs Staff Vacancy Rates

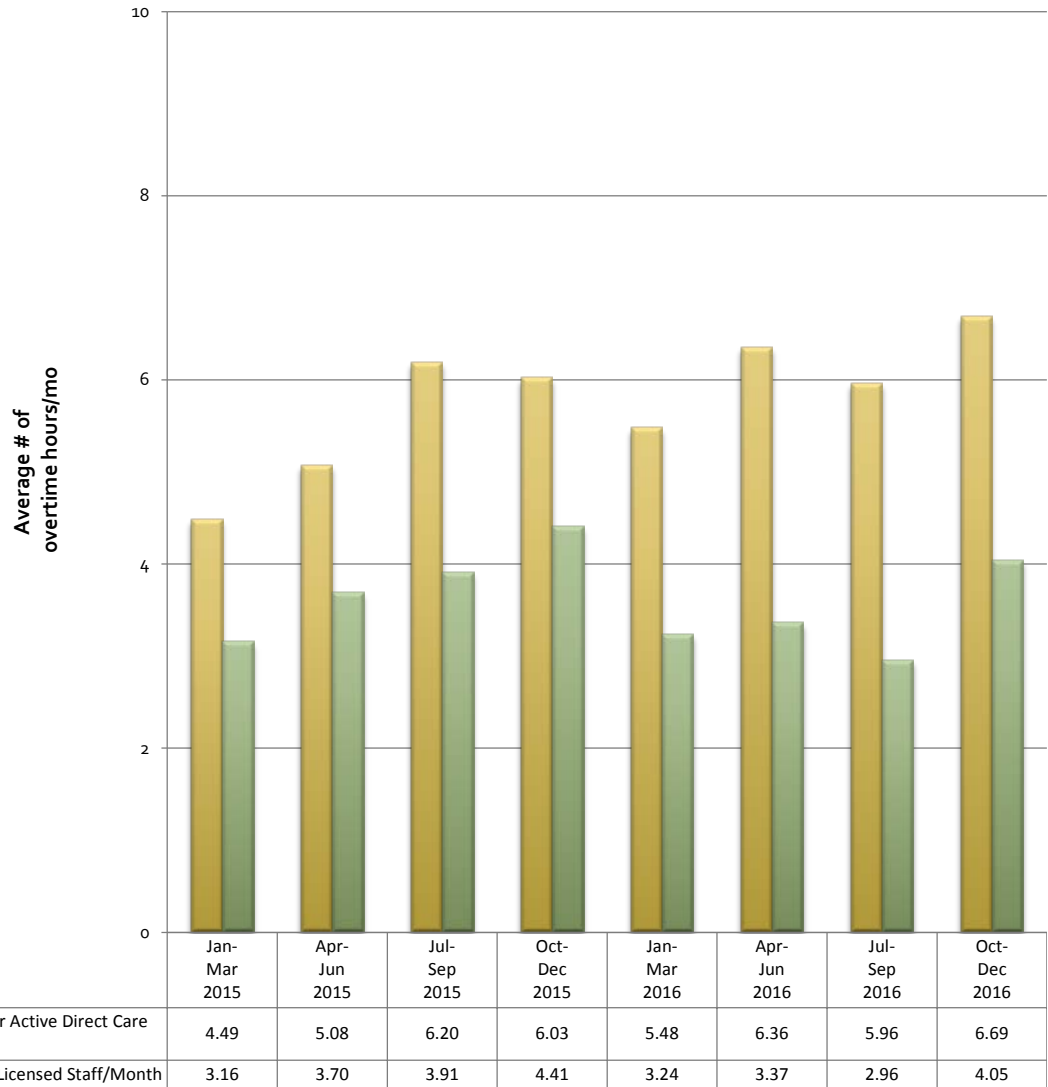


	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016
■ Direct Care Staff Vacancy Rates	11%	14%	15%	15%	14%	16%	13%	13%
■ Licensed Nursing Staff Vacancy Rates	21%	15%	17%	13%	9%	12%	17%	7%
# Direct Care Vacancies	217.6	272.8	287.0	280.0	262.0	289.0	234.0	241.5
# Licensed Nursing Vacancies	33.4	21.4	24.6	18.6	14.5	19.5	21.0	12.0

NOTE: Vacancy rates are based upon last day of the month for the quarter. Chart includes Habilitation Center Campus and State Operated Waiver Programs vacancy data. Definitions: Direct Care - DAI, DAII, DAIII. Licensed Nursing - Licensed Practical Nurses (LPN) and Registered Nurses (RN).



Division of DD State Operated Programs Staff Overtime Hours

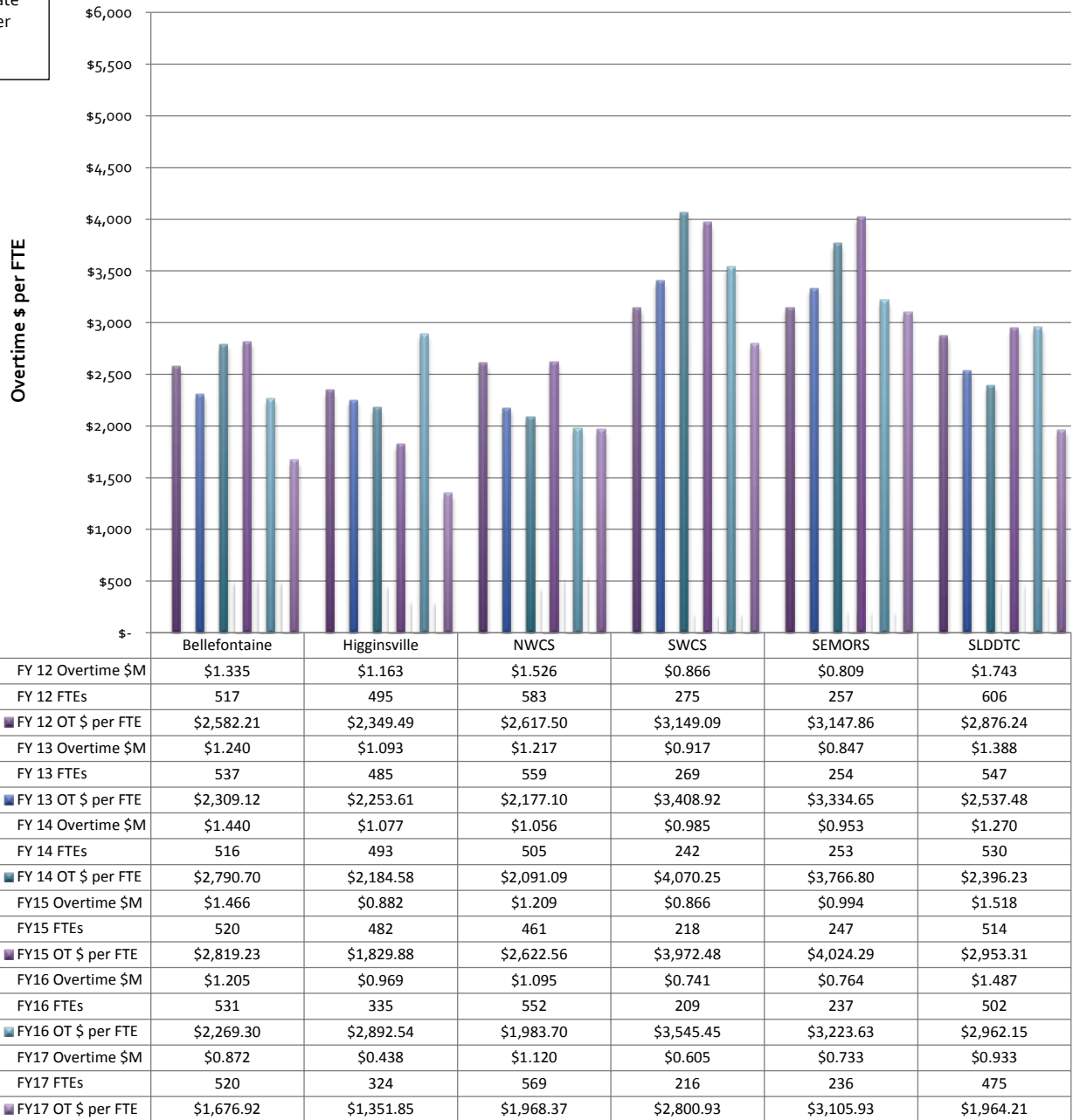


NOTE: Staff noted are active staff. Chart includes Habilitation Center Campus and State Operated Waiver Programs overtime data.
 Definitions: Direct Care - Developmental Assistant I (DAI), DAI, DAIII.
 Licensed Nursing: Licensed Practical Nurses (LPN) and Registered Nurses (RN).



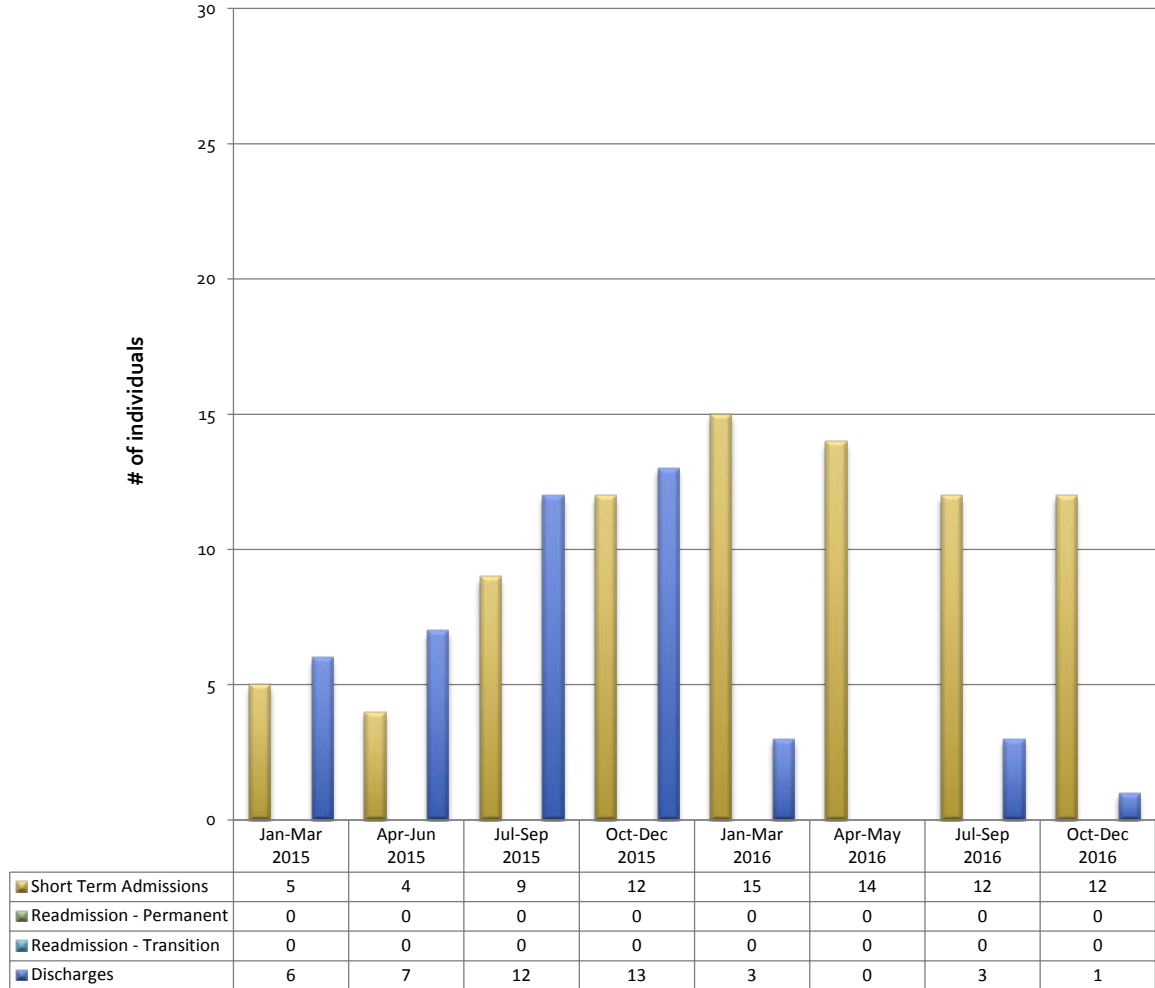
State Operated Programs Overtime Accrued FY 2012-FY 2017 YTD Comparison

Note: Chart includes Habilitation Center Campus and State Operated Waiver Programs overtime data.





Division of DD State Operated Programs Short Term Admissions, Readmissions and Discharges



Short Term: Total number of individuals admitted to SOP from any Community Provider for medical and/or behavioral short term support with intention of returning back to their home in the community. Note: 100% of the days a crisis bed was available. Crisis bed services are provided in both Habilitation Center Campus and State Operated Waiver Program settings.

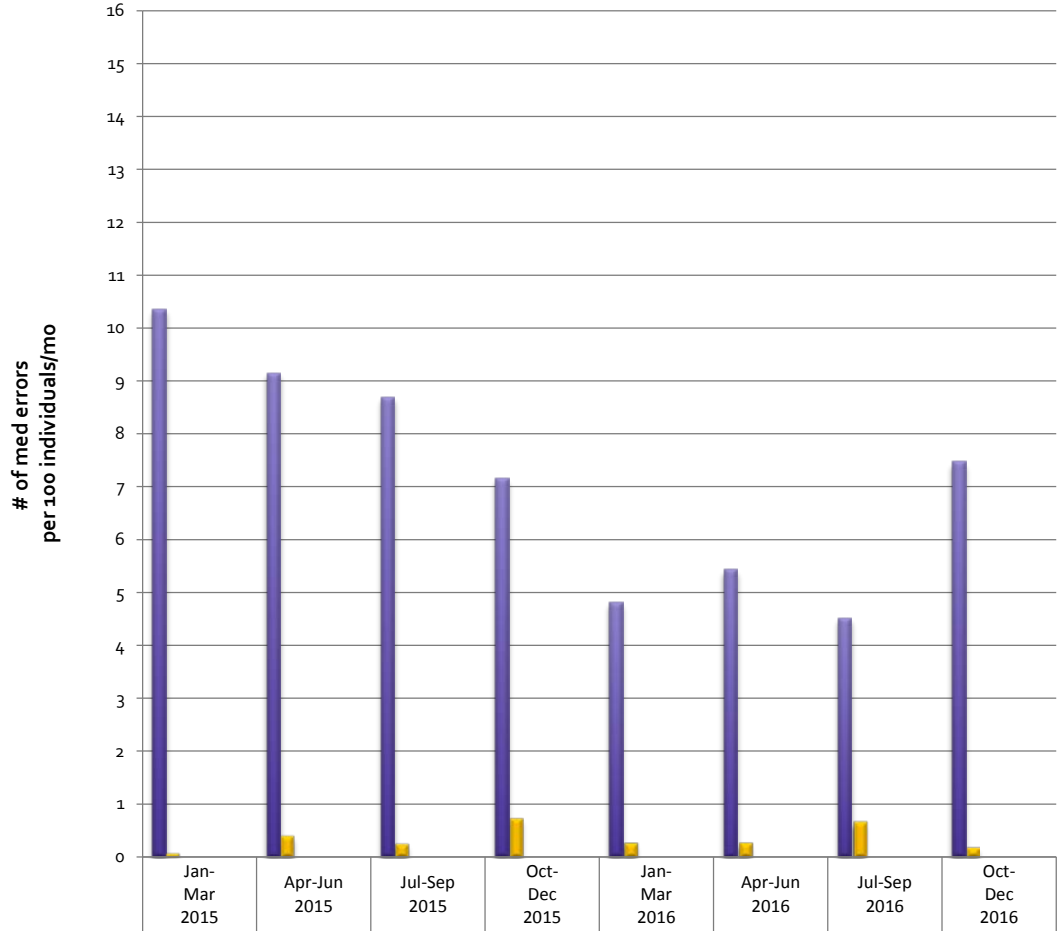
Permanent: Total number of individuals previously discharged from the Habilitation Center Campus within the last 12 months that returned during report period with no plans to move back to community.

Transition: Total number of individuals, previously discharged from the Habilitation Center Campus within the past 90 days, that returned during report period as part of transition plan for medical and/or behavioral support and are expected to return to their home in the community.

Discharges: Total number of individuals who lived on the Habilitation Center Campus and transitioned to community waiver providers or who were discharged to other settings during the reporting period.



Division of DD Habilitation Center Campus Medication Errors

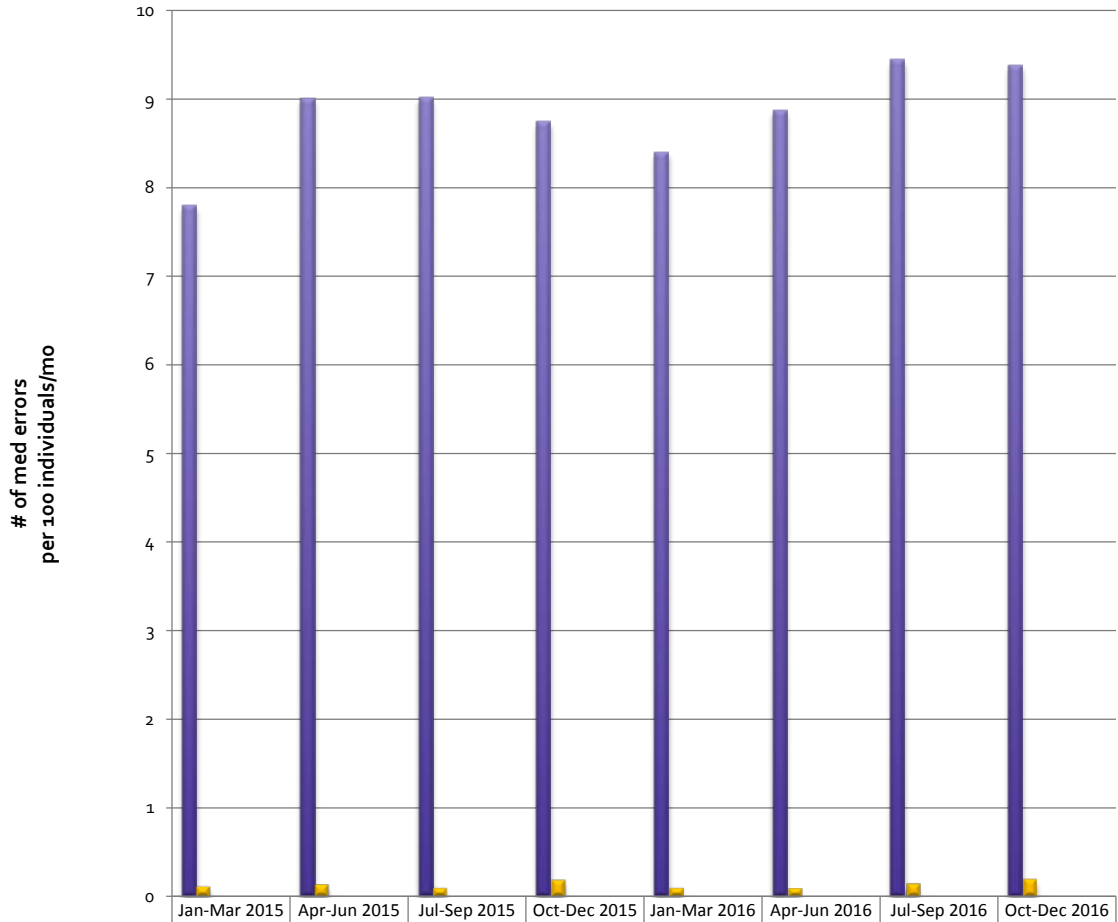


	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016
Minimal Med Errors per 100 Individuals/month	10.37	9.16	8.71	7.16	4.83	5.45	4.51	7.48
Moderate Med Errors per 100 Individuals /month	0.08	0.41	0.26	0.73	0.28	0.28	0.67	0.19
Serious Med Errors per 100 Individuals/month	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HCC Minimal Medication Errors	126	111	99	78	52	58	47	77
HCC Center Moderate Medication Errors	1	5	3	8	3	3	7	2
HCC Center Serious Medication Errors	0	0	0	0	0	0	0	0
# HCC Individuals	405	404	379	363	359	355	347	343

Definition of med error: "Minimal"- no or minimal adverse consequences and no treatment or other interventions other than monitoring or observation. "Moderate" - is short term reversible adverse consequences and receives treatment and/or intervention in addition to monitoring. "Serious"- life threatening and/or permanent adverse consequences. NOTE: Beginning reporting period July-Sep 2013, data represents individuals from Habilitation Center Campus (HCC) sites. State Operated Waiver Programs data is reflected in community data tables.



Division of DD Community Medication Errors

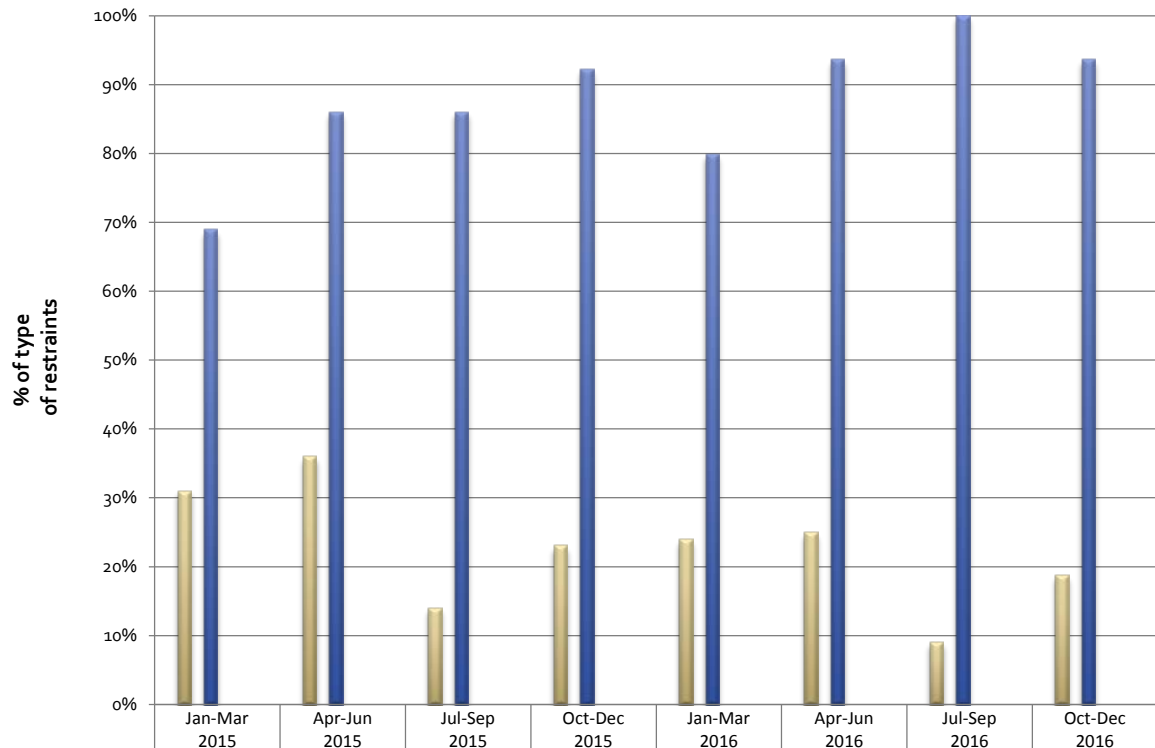


	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016
Minimal Med Errors per 100 Individuals/month	7.81	9.01	9.02	8.76	8.41	8.88	9.45	9.39
Moderate Med Errors per 100 Individuals/month	0.11	0.13	0.10	0.18	0.10	0.09	0.14	0.19
Serious Med Errors per 100 Individuals/month	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Community Minimal Medication Errors	1681	1943	1958	1912	1841	1924	2088	2087
Community Moderate Medication Errors	24	29	21	40	21	20	32	43
Community Serious Medication Errors	1	1	0	1	1	0	1	1
# Individuals in Community Residential	7178	7186	7236	7278	7300	7222	7367	7411

Definitions of med errors: "Minimal" - no or minimal adverse consequences and no treatment or interventions other than monitoring or observation. "Moderate" - short term or reversible adverse consequences and receives treatment and/or intervention in addition to monitoring. "Serious" - life threatening and/or permanent consequences .
NOTE: Beginning reporting period Jul-Sep 2013, data will also include information from State Operated Waiver Programs (SOWP)



Division of DD Habilitation Center Campus Use of Restraints



	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016
# Individuals Chemical Restraint	4	5	1	3	6	4	1	3
% Individuals Chemical Restraint	31%	36%	14%	23%	24%	25%	9%	19%
# Individuals Physical Restraint	9	12	6	12	20	15	11	15
% Individuals Physical Restraint	69%	86%	86%	92%	80%	94%	100%	94%
# Individuals Mechanical Restraint	0	0	0	0	0	0	0	0
% Individuals Mechanical Restraint	0%	0%	0%	0%	0%	0%	0%	0%
# of HCC Individuals Restrained	13	14	7	13	25	16	11	16
# of Hab Center Campus Individuals	405	404	379	363	359	355	347	343

NOTE: Each individual who experienced at least one chemical, physical, mechanical restraint is counted so duplication occurs. For example, one individual may experience a chemical restraint and a physical restraint. They are counted in both categories. Percentage of each type of restraint is based on total number of people restrained for the quarter. Beginning reporting period July-Sep 2013, data represents individuals from Habilitation Center Campus (HCC) sites.

Chemical Restraint: A medication used to control behavior or to restrict the individual's freedom of movement and is not a standard treatment for the person's medical or psychiatric condition. A chemical restraint would put an individual to sleep and render them unable to function as a result of the medication.

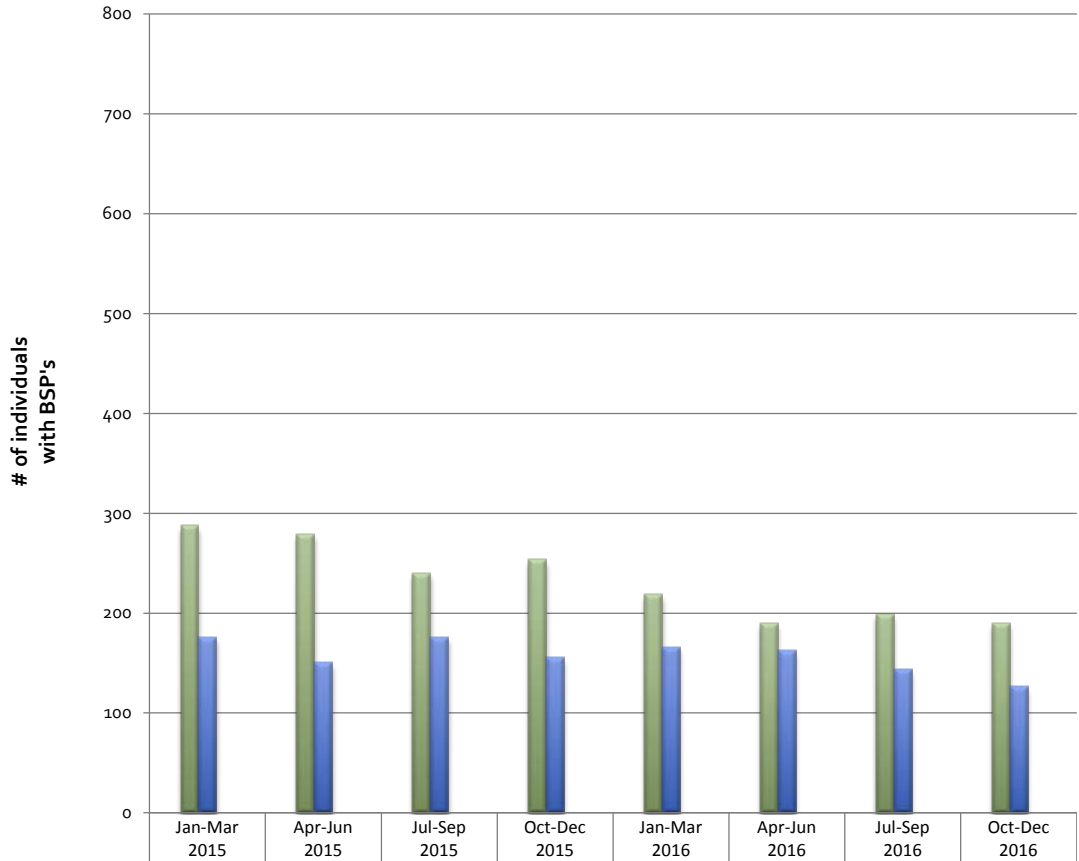
Physical Restraint: Any physical hold involving a restriction of an individual's voluntary movement.

Mechanical restraint: Any device, instrument or physical object used to confine or otherwise limit an individual's freedom of movement that he/she cannot easily remove.

Restrained: Distinct count of individuals (long term, on campus only) who experienced at least one restraint (chemical, physical, and/or mechanical) during the quarter for behavioral reasons, no medical immobilization, no medical procedures.



Division of DD Habilitation Center Campus Individuals with Behavior Support Programs

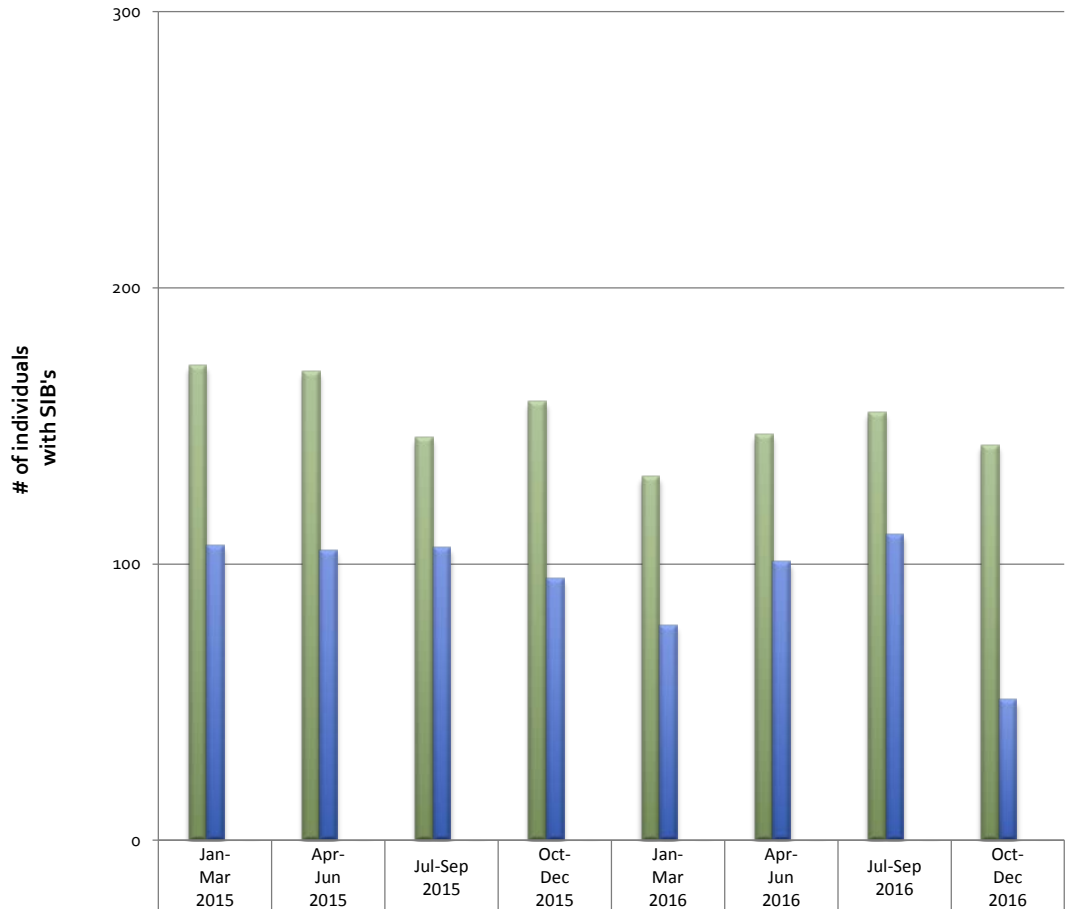


	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016
# Hab Center Campus Individuals	405	404	379	363	359	355	347	343
■ Individuals with Behavior Support Programs	288	279	240	254	219	190	199	190
■ Individuals Progressing with Behavior Support Programs	176	151	176	156	166	163	144	127
% On Behavior Support Programs	71%	69%	63%	70%	61%	54%	57%	55%
% Progressing on Behavior Support Programs	61%	54%	73%	61%	76%	86%	72%	67%

NOTE: Individuals placed on Behavior Support Programs (BSP's) may be those who have been prescribed medication for a psychiatric disorder or who exhibit behaviors that interfere with their level of functioning. Number is based on average for the quarter. Definition - Individuals with BSP's: Individuals with an individualized plan of behavior analytic procedures developed to systematically address skills or behaviors to be learned and behaviors to be reduced or eliminated. Definition - Consumers progressing with BSP's: Individuals who are at baseline or below for their targeted behaviors identified in their BSP. Beginning reporting period July-Sep 2013, data represents individuals from Habilitation Center Campus (HCC) sites. Note the transition to off-campus for MHC becoming NWCS Jan-Mar 2016.



Division of DD Habilitation Center Campus Individuals with Self Injurious Behavior (SIB) Programs



# Hab Center Campus Individuals	405	404	379	363	359	355	347	343
■ Individuals with Self Injurious Behavior Programs	172	170	146	159	132	147	155	143
■ Individuals Progressing with SIB Programs	107	105	106	95	78	101	111	51
% on Self Injurious Behavior Programs	42%	42%	39%	44%	37%	41%	45%	42%
% Progressing on Self Injurious Behavior Programs	62%	62%	73%	60%	59%	69%	72%	36%

Definition- Self Injurious Behavior Program: A individual with a Behavior Support Program that includes a program developed to systematically reduce or eliminate Self Injurious Behaviors (incidents of self harm) such as slapping self in the face, biting self on hand, or banging own head.

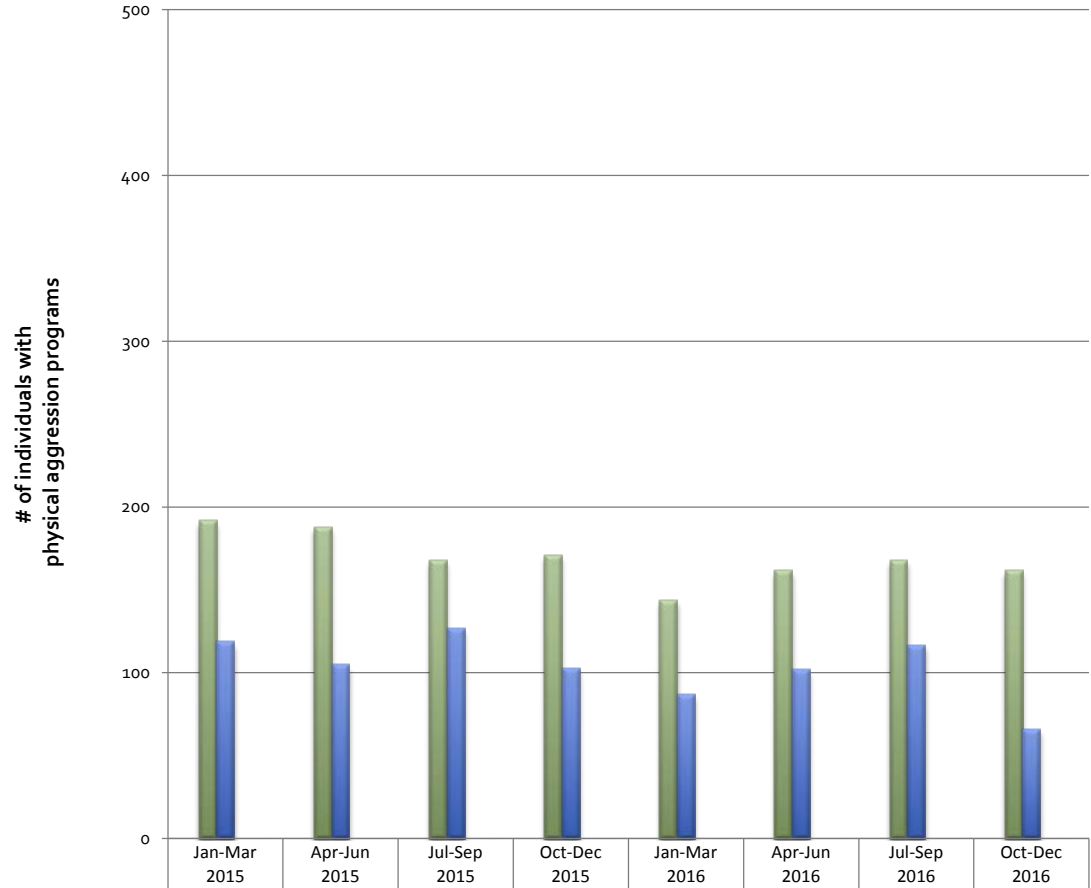
Definition- Progressing with Self Injurious Behavior Programs: An individual who is at baseline or below for their Self Injurious Behavior Program.

Beginning reporting period July-Sep 2013 , data represents individuals from Habilitation Center Campus (HCC) sites.

Note the transition to off-campus for MHC becoming NWCS Jan-Mar 2016



Division of DD Habilitation Center Campus Individuals with Physical Aggression Programs

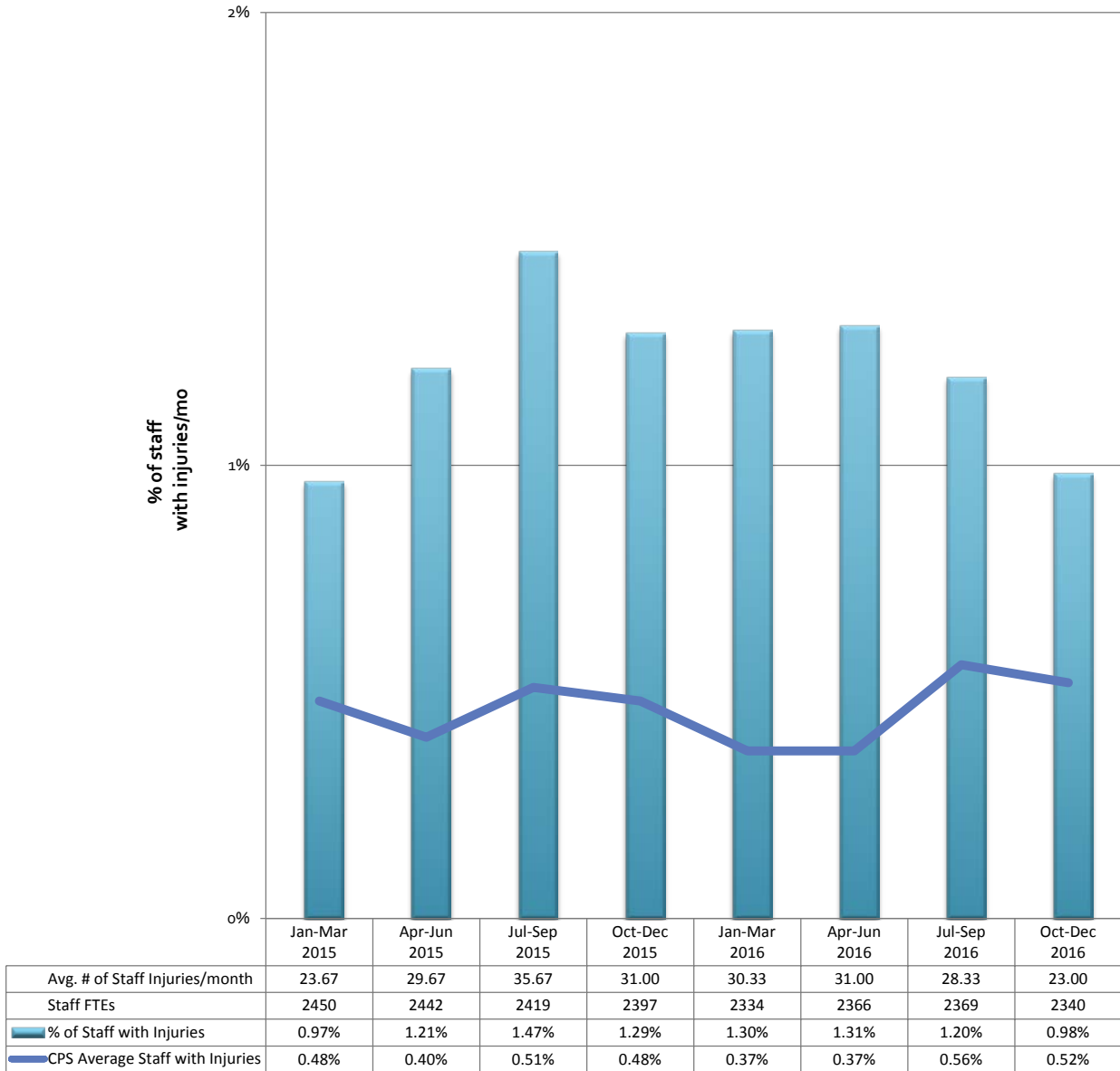


	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016
# Hab Center Campus Individuals	405	404	379	363	359	355	347	343
■ Individuals with Physical Aggression Programs	192	188	168	171	144	162	168	162
■ Individuals Progressing with Physical Aggression Programs	119	105	127	103	87	102	117	66
% on Physical Aggression Programs	47%	47%	44%	47%	40%	46%	48%	47%
% Progressing on Physical Aggression Programs	62%	56%	76%	60%	60%	63%	70%	41%

Definition - Physical Aggression Programs: Individuals with a Behavior Support plan that includes a program designed to reduce or eliminate Physical Aggression (such as hitting, kicking, throwing objects, biting) towards another person.
 Definition - Progressing with Physical aggression programs: Individuals who are at baseline or below for their Physical Aggression program.
 Beginning reporting period July-Sep 2013 , data represents individuals from Habilitation Center Campus (HCC) sites.
 Note the transition to off-campus for MHC becoming NWCS Jan-Mar 2016



Division of DD State Operated Programs Staff Injuries

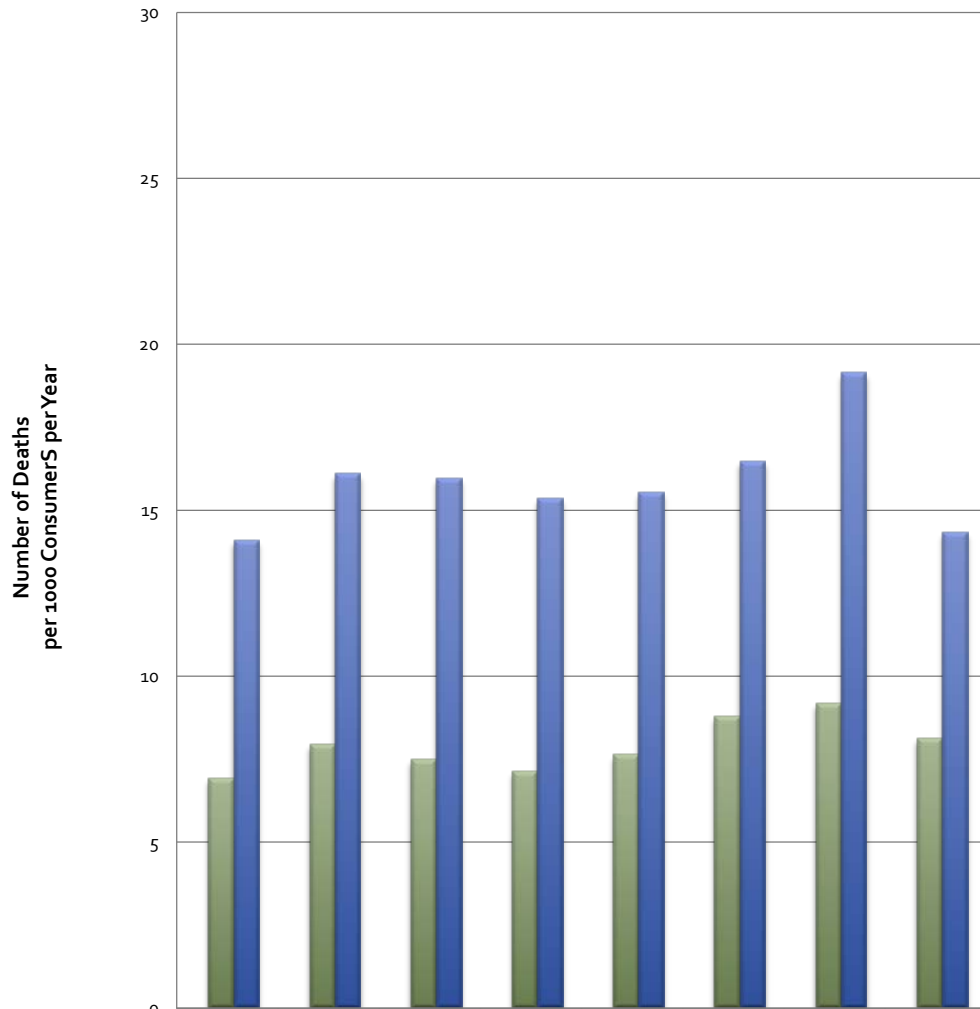


Definition: Total number of different employees who experienced at least one injury requiring medical treatment or hospitalization.

NOTE: Chart includes both Habilitation Center Campus and State Operated Waiver Programs staff data.



DD Mortality Rate in Community

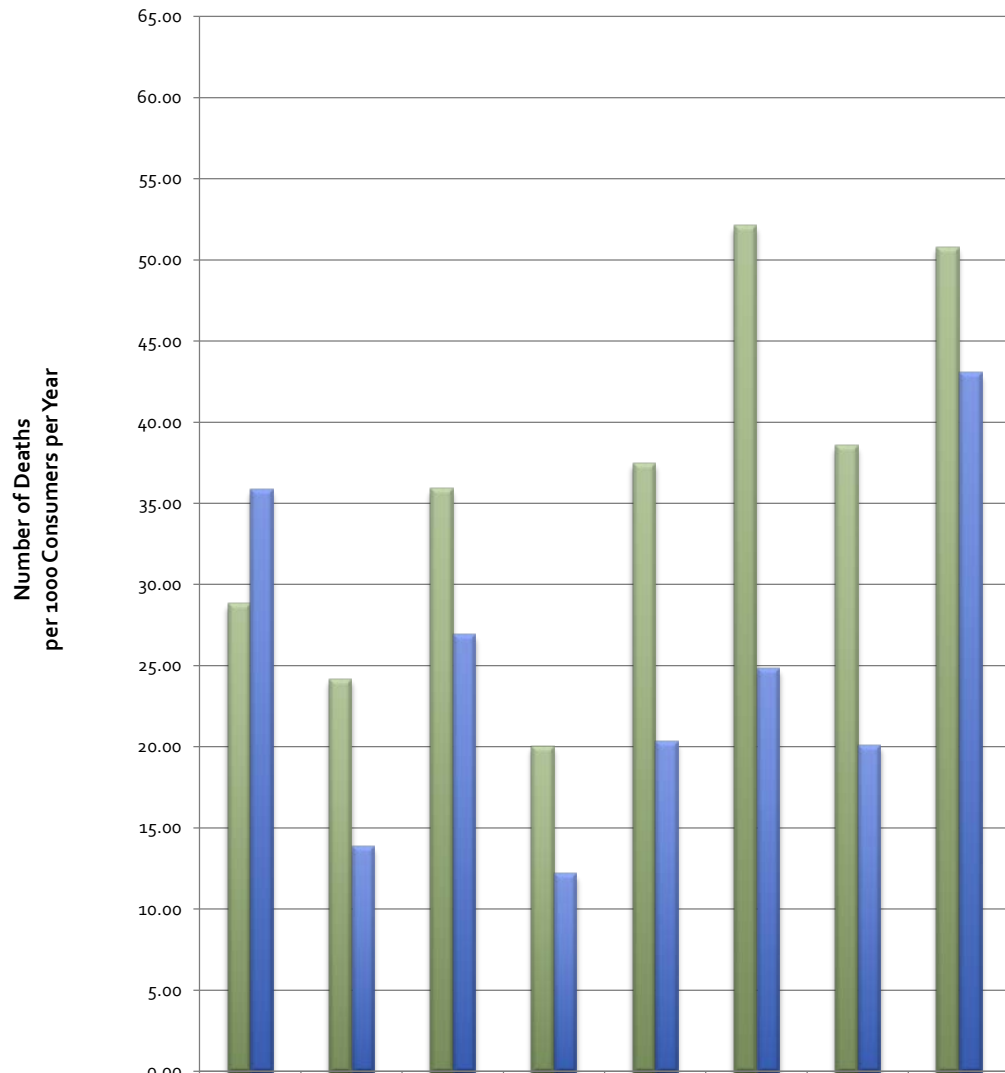


	FY09	FY10	FY11	FY 12	FY 13	FY14	FY15	FY16
DD Community Consumer Deaths	222	253	243	239	265	297	318	292
■ DD Community Crude Mortality / 1000	6.93	7.97	7.51	7.15	7.64	8.80	9.19	8.15
Missouri Vital Statistics Crude Mortality / 1000	9.20	9.50	9.20	9.30	9.3	9.5	9.6	9.8
■ DD Community Age Adjusted Mortality / 1000	14.12	16.11	15.97	15.38	15.56	16.49	19.15	14.35
Missouri Vital Statistics Age Adj Mortality / 1000	8.40	8.20	8.10	8.00	8.0	8.0	8.0	
National Core Indicators Mortality (est.)	8.40	8.40	8.40	8.40	8.40	8.40	8.40	8.40

NOTE: Deaths reported for consumers receiving community services. Per 1000 client years compares to the Missouri community mortality rate of 9.5 deaths per 1000 Missouri residents (2013 MO Vital Statistics) .



DD Mortality Rate in Habilitation Centers

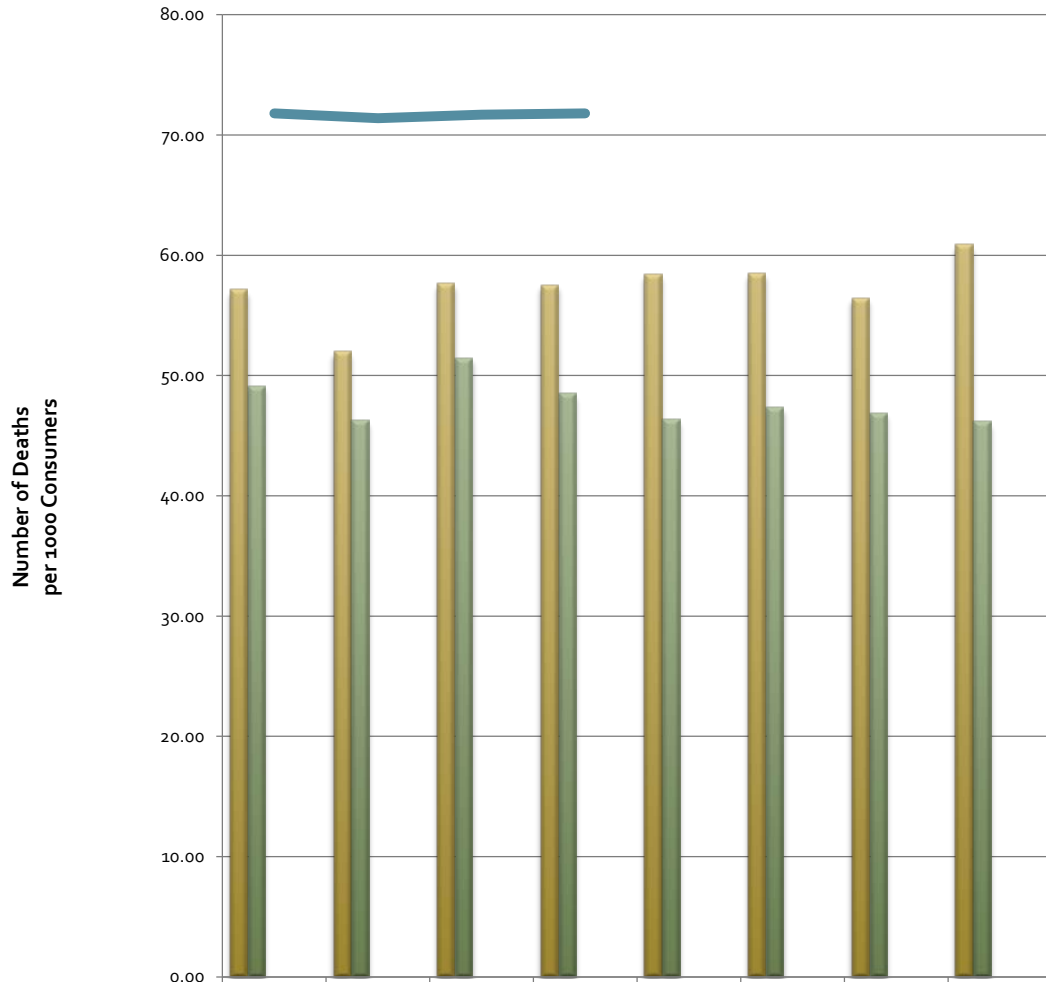


DD Hab Center Deaths	19.00	26.00	15.00	17.00	26	34	21	28
DD Hab Center Crude Mortality / 1000	28.87	24.18	35.93	20.07	37.51	52.12	38.59	50.79
Missouri Vital Statistics Crude Mortality / 1000	9.20	9.50	9.20	9.30	9.3	9.5	9.6	9.8
DD Hab Center Age Adj Mortality / 1000	35.89	13.90	26.93	12.19	20.37	24.85	20.12	43.08
Missouri Vital Statistics Age Adj Mortality / 1000	8.40	8.20	8.10	8.00	8.0	8.0	8.0	

NOTE: Deaths reported for consumers residing in Habilitation Centers. Per 1000 client years compares to the Missouri community mortality rate of 9.5 deaths per 1000 Missouri residents (2013 MO Vital Statistics) .



DD Average Age At Death



DD Average Age at Death - Hab Center	FY09	FY10	FY11	FY 12	FY 13	FY14	FY15	FY16
DD Average Age at Death - Community	49.13	46.27	51.48	48.53	46.38	47.37	46.91	46.17
Number of Deaths - All DD	249	274	261	256	291	331	339	320
Number of Deaths - Hab Center	27	21	29	15	26	34	21	28
Number of Deaths - Community	222	253	243	239	265	297	318	292
Average Age at Death - Missouri Vital Statistics	71.80	71.40	71.70	71.8				

NOTE: Deaths reported for all DD Hab Center and community consumers. All Missouri average is calculated from the "Missouri Vital Statistics", 2008-2012 (2013-2014 not yet available). To make this comparison, calendar year data is used for vital statistics from other sources while fiscal year data is reported for DD statistics. As of 2-2-15, 2013 & 2014 data not yet available from Missouri Vital Statistics.