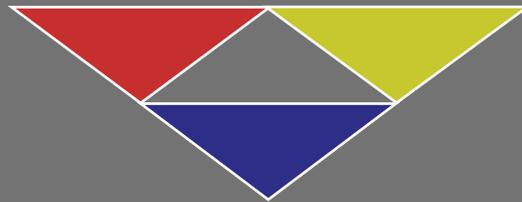


May 2018

Missouri Department of Mental Health

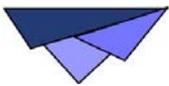
Quarterly Performance Measures



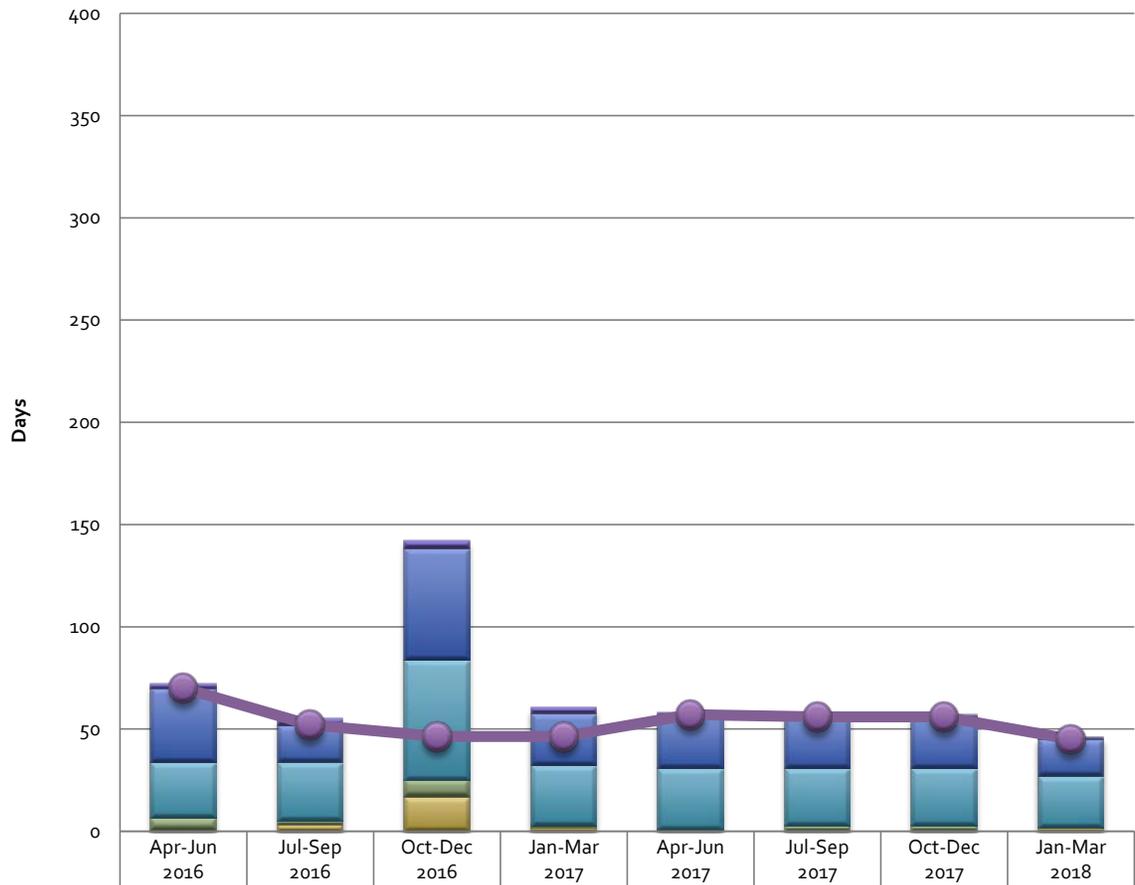


Division of Behavioral Health

Substance Use Services



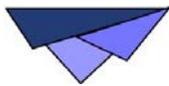
Substance Use Treatment Community Investigations Timelines



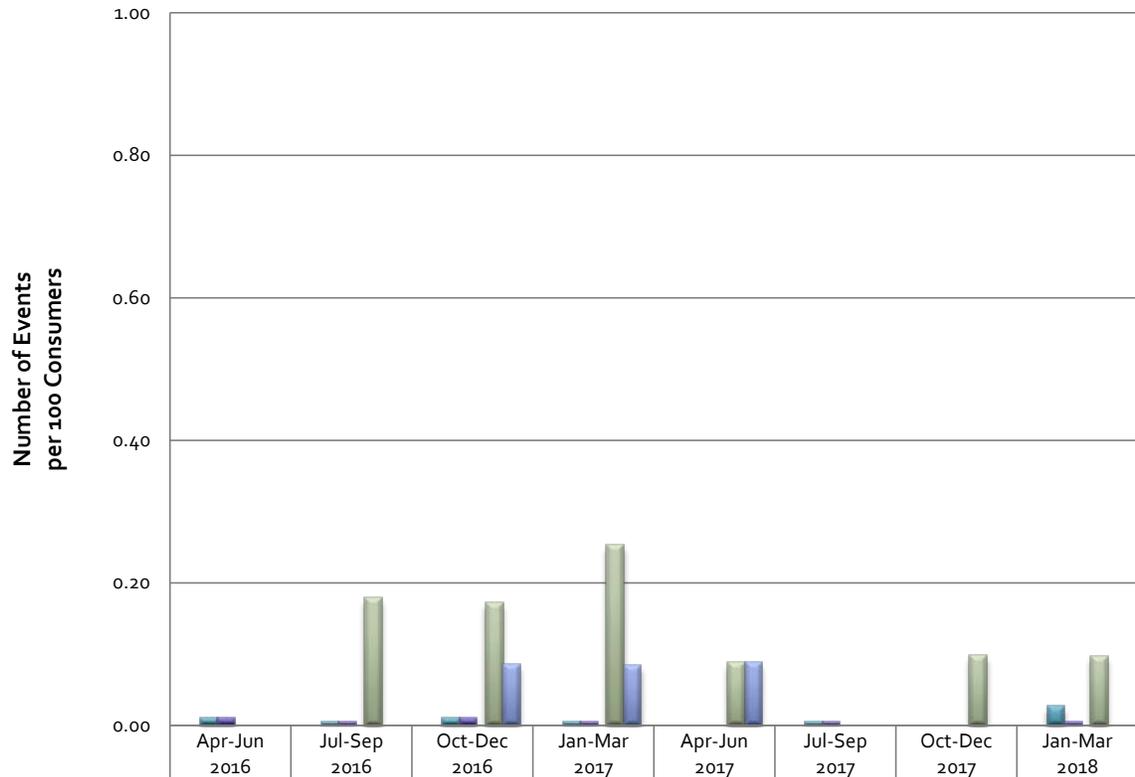
	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018
Community Event Count	2	3	4	3	1	1	1	1
Inv. Final Report to Final Determ.	36.0	18.0	54.5	25.3	26.0	25.0	25.0	18.0
Inv. Request to Final Report	27.5	28.7	58.5	29.3	30.0	28.0	28.0	25.0
Notification to Inv. Request	6.0	2.0	8.5	1.0	1.0	3.0	3.0	0.0
Event Discovery to Notification	0.5	3.3	16.8	2.0	0.0	0.0	0.0	2.0
Total Investigation Time (90%)	70.0	52.0	46.3	46.3	57.0	56.0	56.0	45.0

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.



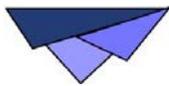
Substance Use Treatment Abuse/Neglect Investigations



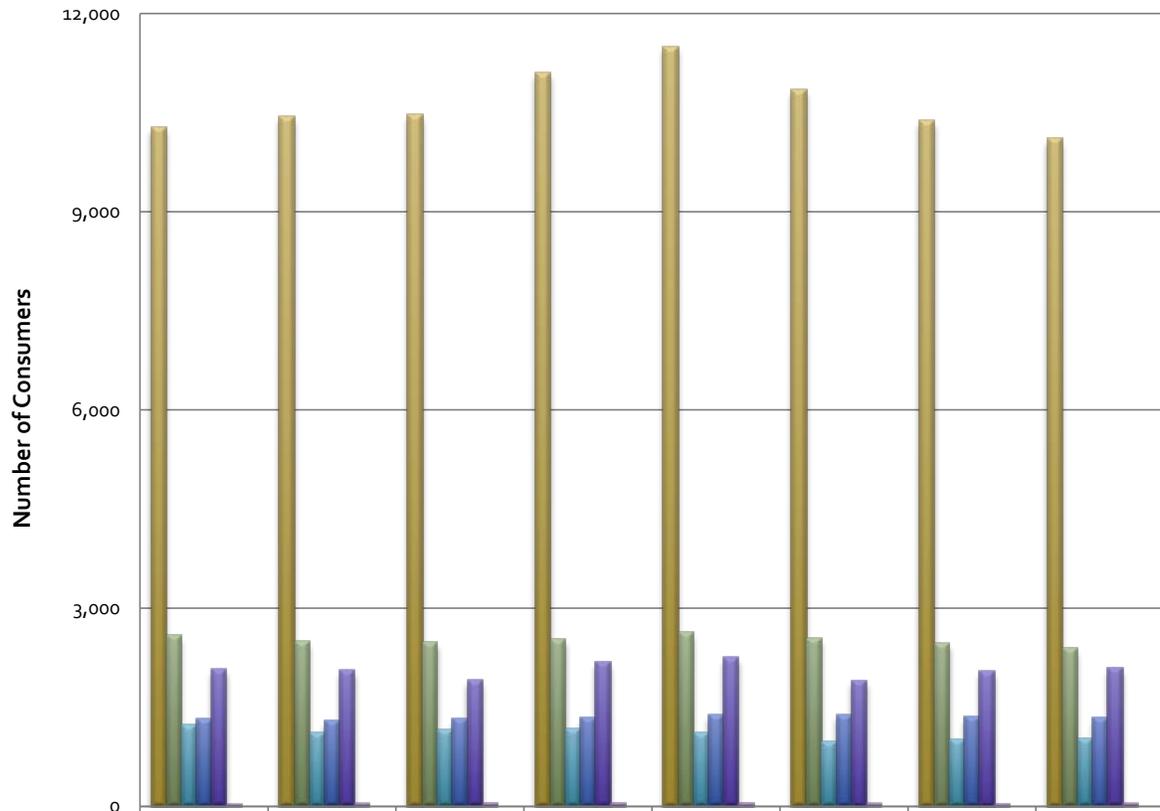
	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018
# Adult Consumers	19,738	19,495	19,115	20,049	20,663	19,566	18,907	18,705
Adult A/N Investigations Completed	2	1	2	1	0	1	0	5
Adult A/N Investigations Rate	0.010	0.005	0.010	0.005	0.000	0.005	0.000	0.027
Adult A/N Substantiated	2	1	2	1	0	1	0	1
Adult A/N Substantiation Rate	0.010	0.005	0.010	0.005	0.000	0.005	0.000	0.005
# Youth Consumers	1,249	1,118	1,162	1,184	1,130	995	1,015	1,036
Youth A/N Investigations Completed	0	2	2	3	1	0	1	1
Youth A/N Investigations Rate	0.000	0.179	0.172	0.253	0.088	0.000	0.099	0.097
Youth A/N Substantiated	0	0	1	1	1	0	0	0
Youth A/N Substantiation Rate	0.000	0.000	0.086	0.084	0.088	0.000	0.000	0.000

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

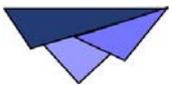


	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018
■ CSTAR Gen Adult	10,283	10,452	10,469	11,103	11,506	10,852	10,387	10,113
■ CSTAR W&C	2,597	2,496	2,481	2,537	2,634	2,555	2,478	2,405
■ CSTAR Adol	1,240	1,118	1,161	1,180	1,123	989	1,017	1,037
■ CSTAR Opioid Tx	1,336	1,305	1,326	1,343	1,393	1,390	1,365	1,343
■ Primary Recovery & Tx	2,084	2,072	1,910	2,193	2,258	1,908	2,048	2,096
■ Compulsive Gambling	44	49	54	54	59	49	40	45
Unduplicated Number of ADA Served	20,987	20,613	20,277	21,233	21,793	20,561	19,922	19,741

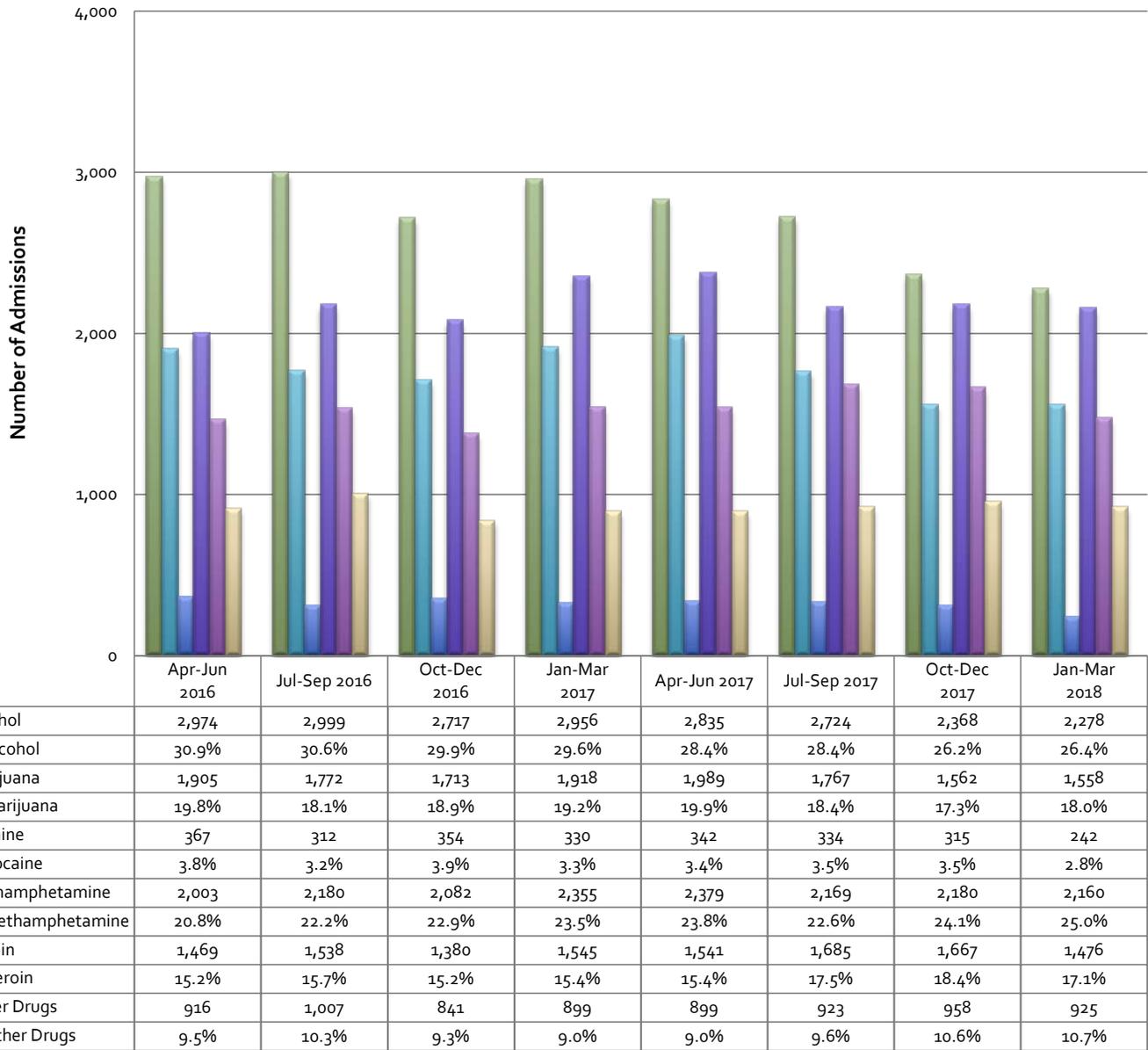
CAUTION: Data from July 2017 onward may be incomplete due to a delay in submission of encounters to CIMOR as the result of the CCBHC project.

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, the Medication Assisted Treatment Grant, and the Opioid State Targeted Response Grant.

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

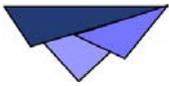


Drug of Choice at Admission to Substance Use Treatment

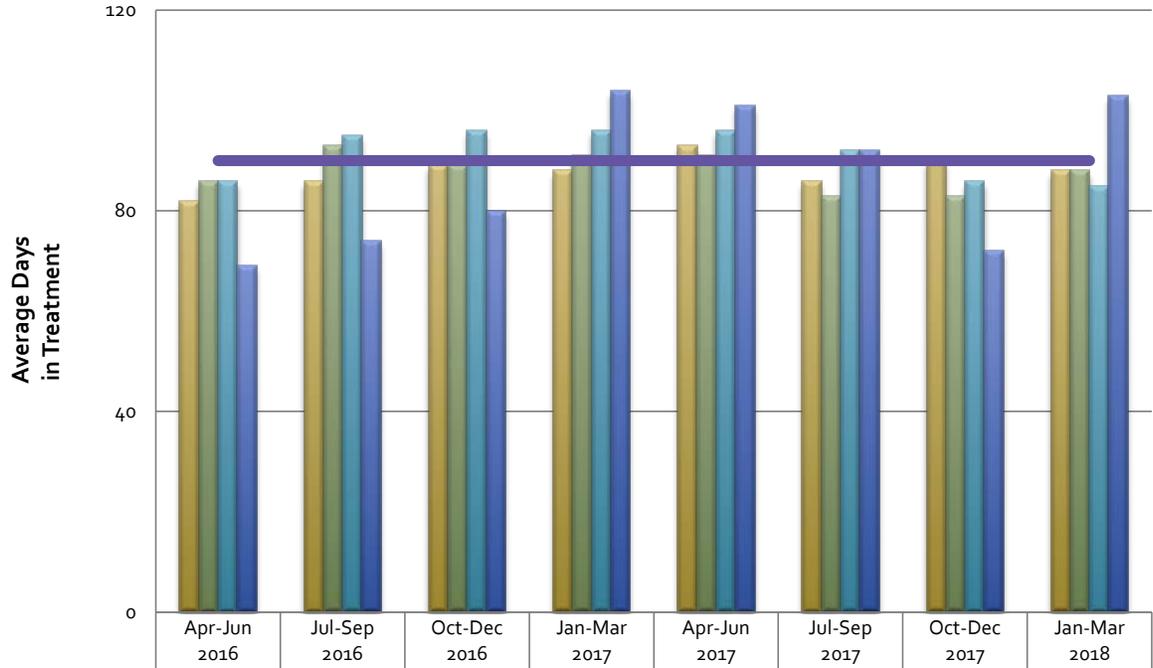


CAUTION: Data from July 2017 onward may be incomplete due to a delay in submission of encounters to CIMOR as the result of the CCBHC project.

Significance: Illicit drug admissions account for about 69 - 73% of all admissions to substance use treatment.



Retention In Substance Use Treatment

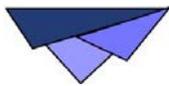


	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018
CSTAR Gen Adult - N	4,242	4,323	4,194	4,429	4,881	4,400	3,778	3,057
CSTAR Gen Adult - Avg Days	82	86	89	88	93	86	90	88
CSTAR W&C - N	1,207	1,081	1,126	1,105	1,142	1,019	904	837
CSTAR W&C - Avg Days	86	93	89	91	91	83	83	88
CSTAR Adol - N	605	487	518	529	577	445	382	349
CSTAR Adol - Avg Days	86	95	96	96	96	92	86	85
Primary Recovery & Tx - N	684	723	681	745	902	818	605	521
Primary Recovery & Tx - Avg Days	69	74	80	104	101	92	72	103
# of Outliers	424	370	377	439	459	432	351	365
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."

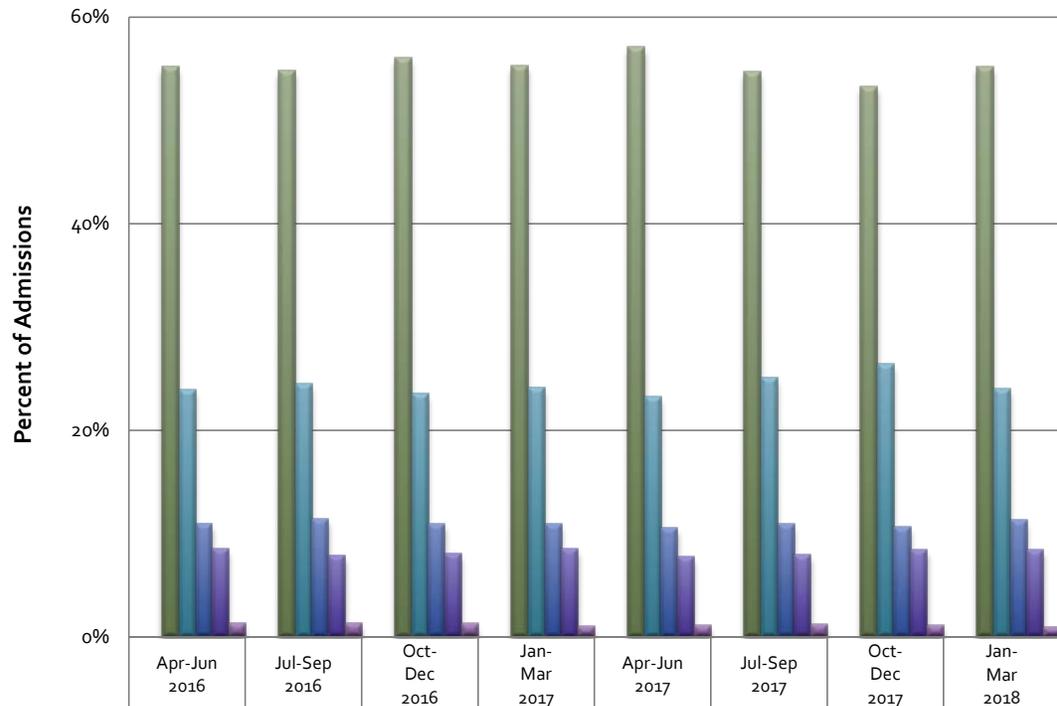
Significance: Average length of stay in substance use treatment is around 3 months.



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

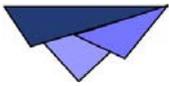
¹Dennis, M.L. et al, 2005. The duration and correlates of addiction and treatment careers. Journal of Substance Abuse Treatment 28 (Suppl.1):S51-S62



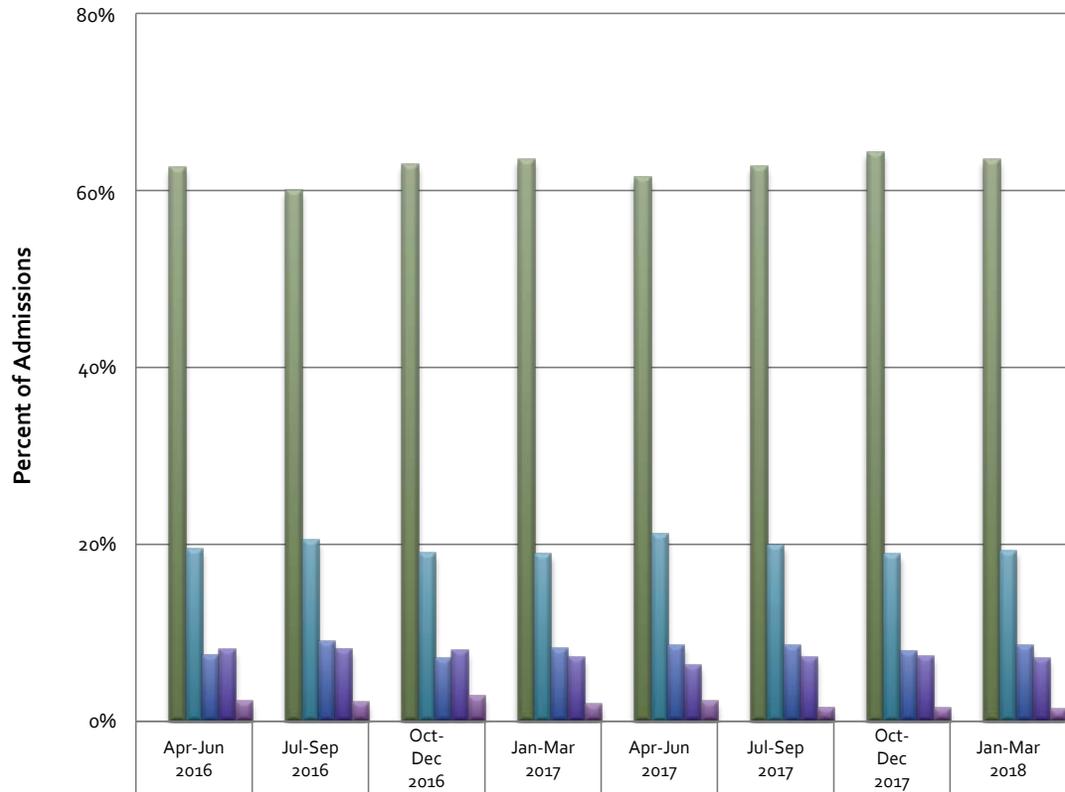
	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018
Adult Consumers Admitted to Tx	6,930	7,242	6,790	7,466	7,455	7,438	7,297	7,605
Adult Consumers with Previous Tx	3,107	3,272	2,982	3,334	3,193	3,364	3,407	3,406
Adult Consumers Admitted with Previous Tx Pct	44.8%	45.2%	43.9%	44.7%	42.8%	45.2%	46.7%	44.8%
0 Prior Tx Episodes	3,823	3,970	3,808	4,132	4,262	4,074	3,890	4,199
0 Prior Tx Episodes Pct	55.2%	54.8%	56.1%	55.3%	57.2%	54.8%	53.3%	55.2%
1 Prior Tx Episode	1,662	1,778	1,597	1,801	1,738	1,868	1,927	1,829
1 Prior Tx Episode Pct	24.0%	24.6%	23.5%	24.1%	23.3%	25.1%	26.4%	24.0%
2 Prior Tx Episodes	758	829	746	818	787	812	779	863
2 Prior Tx Episodes Pct	10.9%	11.4%	11.0%	11.0%	10.6%	10.9%	10.7%	11.3%
3 - 5 Prior Tx Episodes	595	568	550	637	581	591	616	640
3 - 5 Prior Tx Episodes Pct	8.6%	7.8%	8.1%	8.5%	7.8%	7.9%	8.4%	8.4%
6 + Prior Tx Episodes	92	97	89	78	87	93	85	74
6 + Prior Tx Episodes Pct	1.3%	1.3%	1.3%	1.0%	1.2%	1.3%	1.2%	1.0%

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 within the past 36 months.



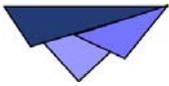
Adult Detox Admissions With Prior Detox Episodes in Past 36 Months



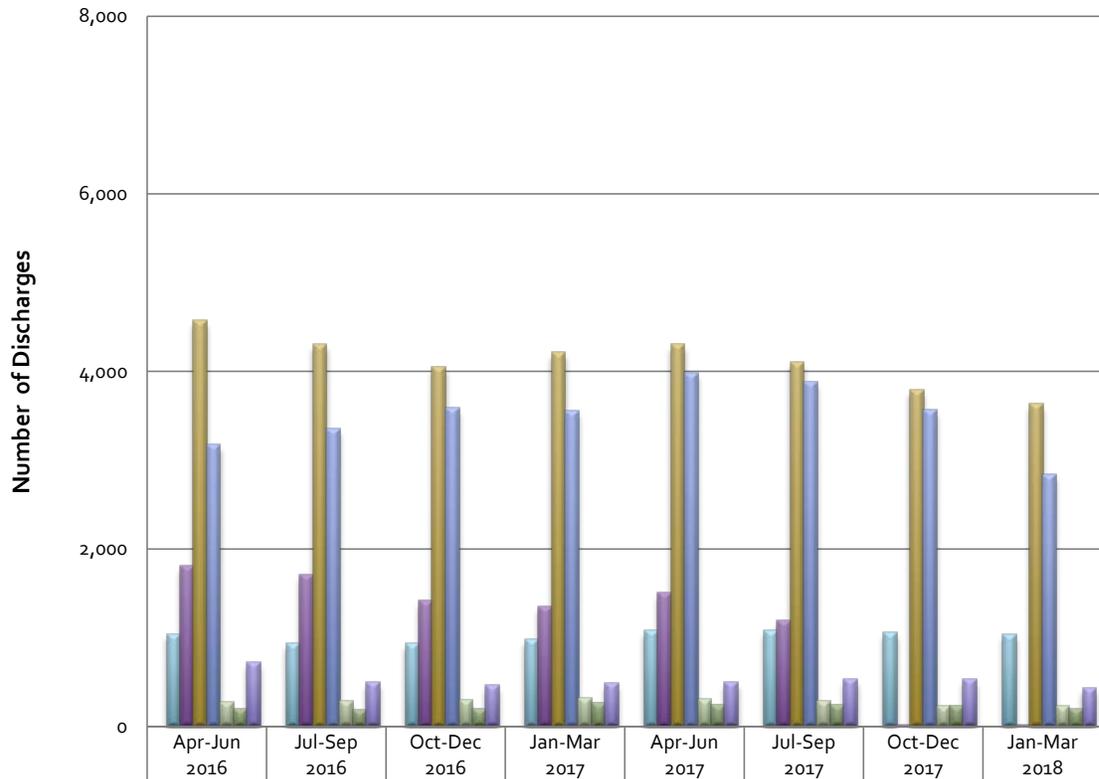
	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018
Consumers Admitted to Detox	1,713	1,736	1,583	1,615	1,622	1,659	1,453	1,376
Consumers with Previous Detox	641	694	587	589	624	618	519	502
Consumers Admitted with Previous Detox Pct	37.4%	40.0%	37.1%	36.5%	38.5%	37.3%	35.7%	36.5%
0 Prior Detox Episodes	1,072	1,042	996	1,026	998	1,041	934	874
0 Prior Detox Episodes Pct	62.6%	60.0%	62.9%	63.5%	61.5%	62.7%	64.3%	63.5%
1 Prior Detox Episode	334	355	301	306	343	330	275	266
1 Prior Detox Episode Pct	19.5%	20.4%	19.0%	18.9%	21.1%	19.9%	18.9%	19.3%
2 Prior Detox Episodes	128	158	113	134	140	142	115	119
2 Prior Detox Episodes Pct	7.5%	9.1%	7.1%	8.3%	8.6%	8.6%	7.9%	8.6%
3 - 5 Prior Detox Episodes	139	142	128	117	103	120	107	98
3 - 5 Prior Detox Episodes Pct	8.1%	8.2%	8.1%	7.2%	6.4%	7.2%	7.4%	7.1%
6 + Prior Detox Episodes	40	39	45	32	38	26	22	19
6 + Prior Detox Episodes Pct	2.3%	2.2%	2.8%	2.0%	2.3%	1.6%	1.5%	1.4%

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

Significance: More than one-half of detox admissions (60-64%) are for consumers who have not been in detox within the past 36 months.



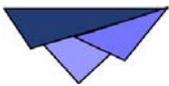
Substance Use Treatment Discharges



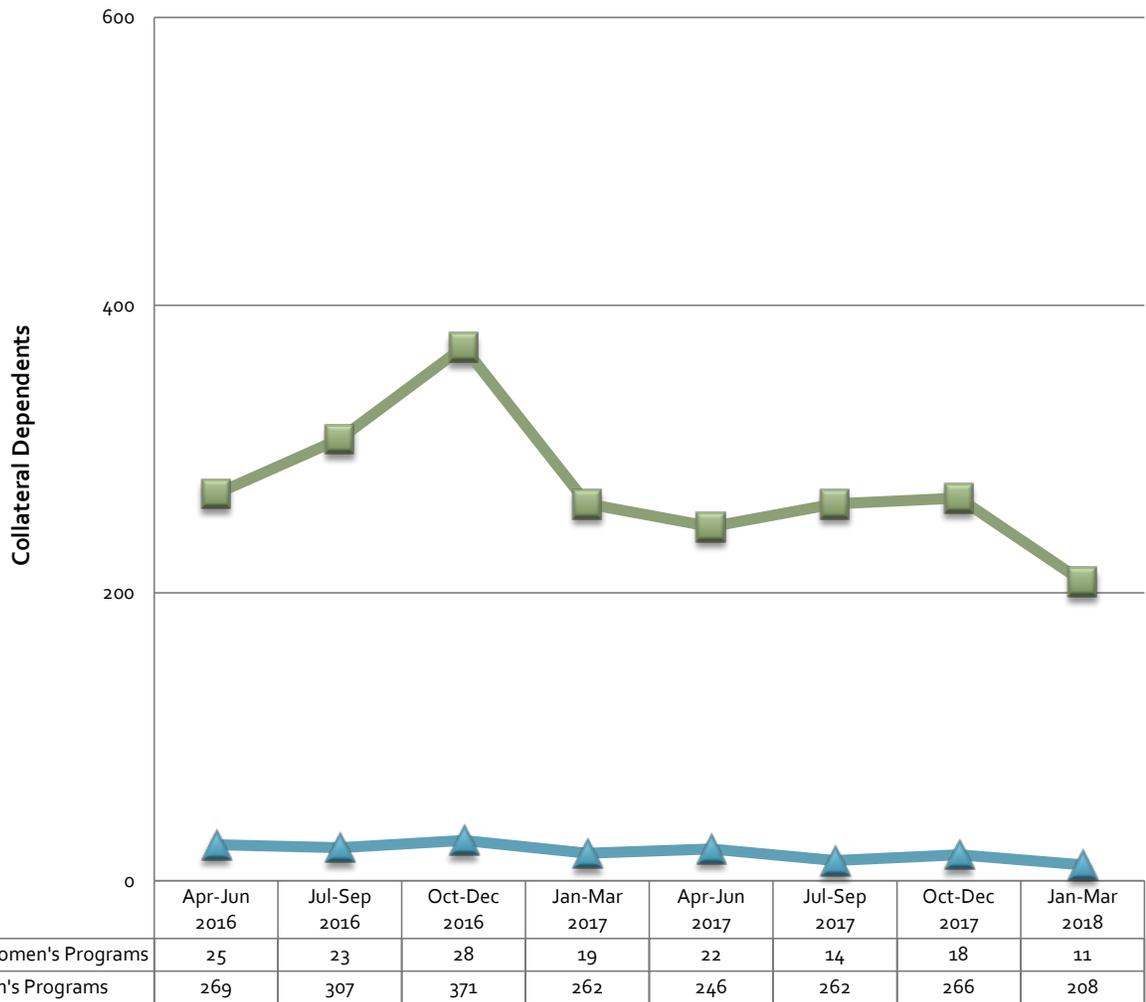
Total Discharges	11,820	11,292	10,961	11,179	11,951	11,322	9,433	8,414
Agency Initiated	1,045	937	936	978	1,080	1,081	1,062	1,041
Auto Discharges	1,814	1,716	1,416	1,354	1,510	1,199	19	19
Completed Treatment	4,577	4,306	4,053	4,215	4,312	4,103	3,790	3,638
Consumer Initiated	3,180	3,353	3,592	3,554	3,989	3,881	3,563	2,843
Law Enforcement Initiated	278	286	300	318	310	286	238	233
Other Discharges	203	188	202	270	243	240	229	204
Transferred	723	506	462	490	507	532	532	436

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 auto discharges 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.

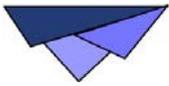


Collateral Dependents Served



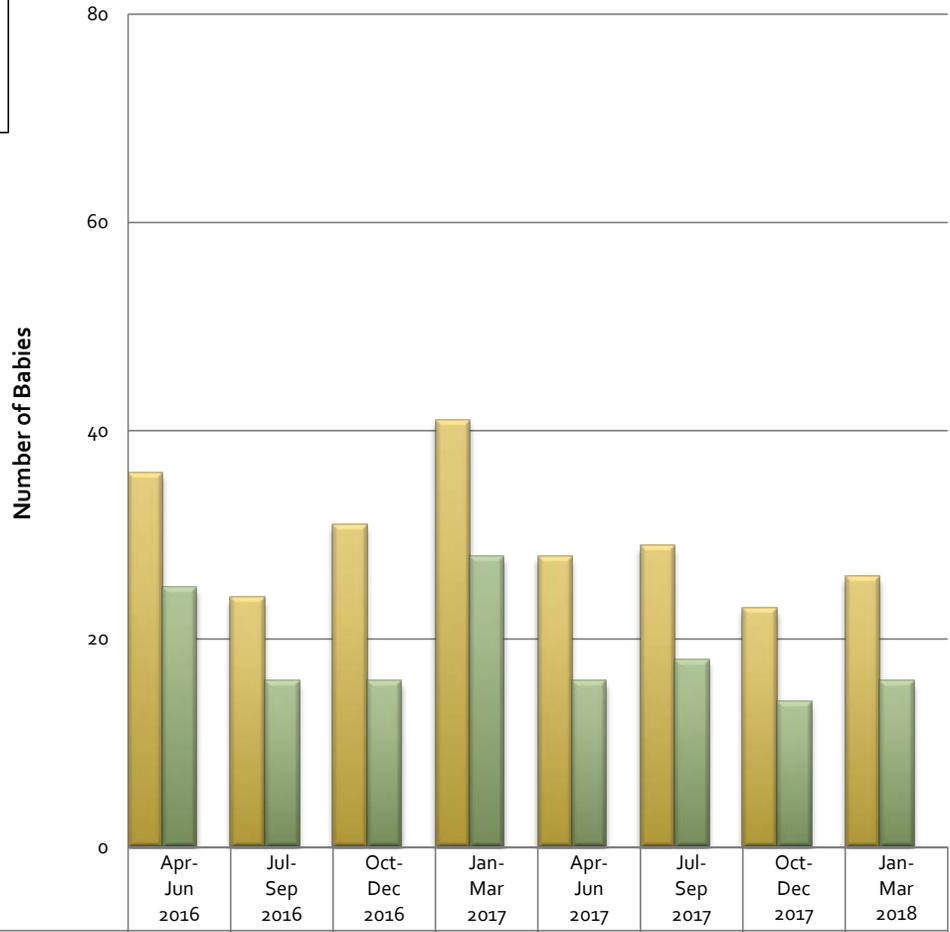
NOTE: A collateral dependent has no substance use disorder but is seeking services because of problems arising from his or her relationship with an individual who has a substance use disorder and is engaged in treatment.

Significance: The majority of collateral dependents are served in the CSTAR Women and Children's 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

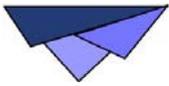
During 2015, there were 1,177 newborns affected by illicit drugs that were reported to the Missouri Department of Health and Senior Services. However, this number is under-reported due to lack of standards for reporting. (Data Source: Missouri Department of Health and Senior Services)



■ Babies Born (TEDS Data)	36	24	31	41	28	29	23	26
■ Drug Free Babies Born (TEDS Data)	25	16	16	28	16	18	14	16
% Born Drug Free	69.4%	66.7%	51.6%	68.3%	57.1%	62.1%	60.9%	61.5%

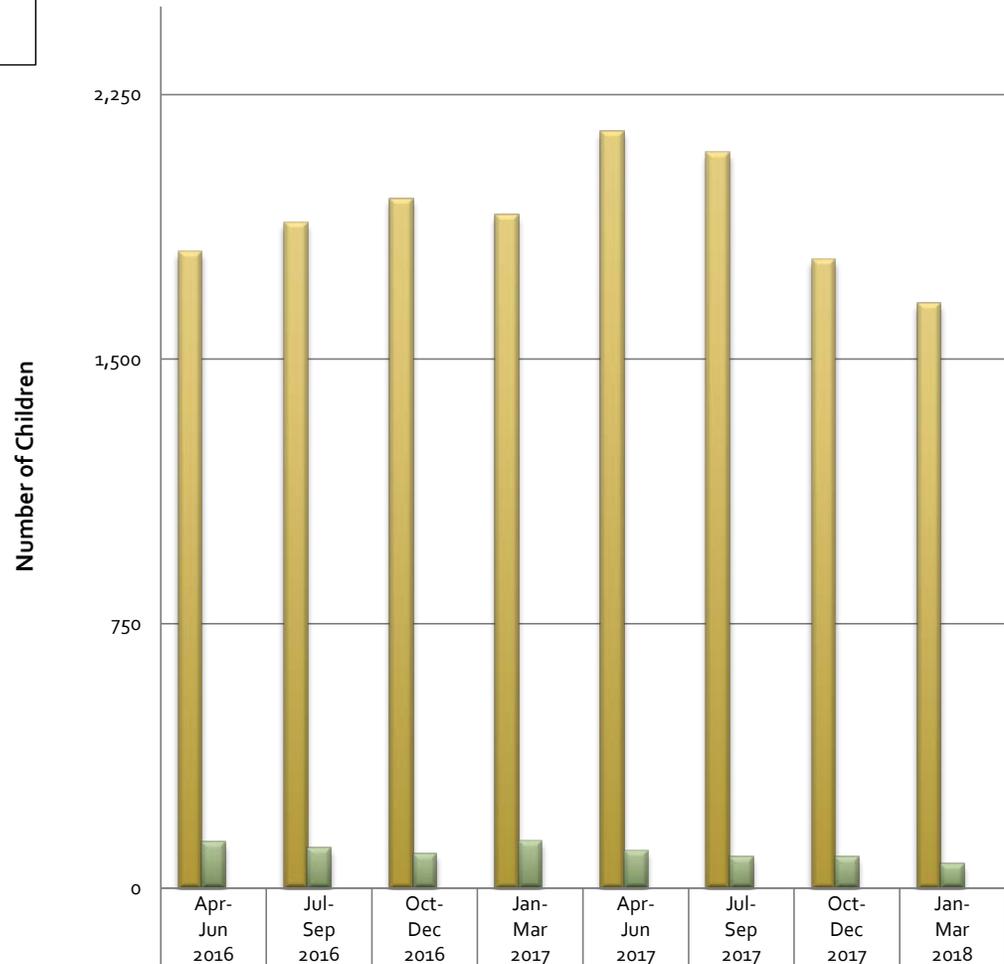
NOTE: In May 2010, TEDS data collection pages in CIMOR were upgraded to collect the number of babies born drug free during treatment for all female consumers in treatment and is collected when the program is closed. Due to this change, the data from previous reports are not comparable.

Significance: The number will vary due to several factors including number of pregnant women enrolled that had a baby during treatment and how late in the pregnancy the consumer seeks treatment.



Children Returned to Custody

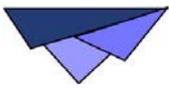
During 2016, there were 3,216 children removed from their homes due to parental alcohol and/or drug use. (Data Source: Missouri Department of Social Services)



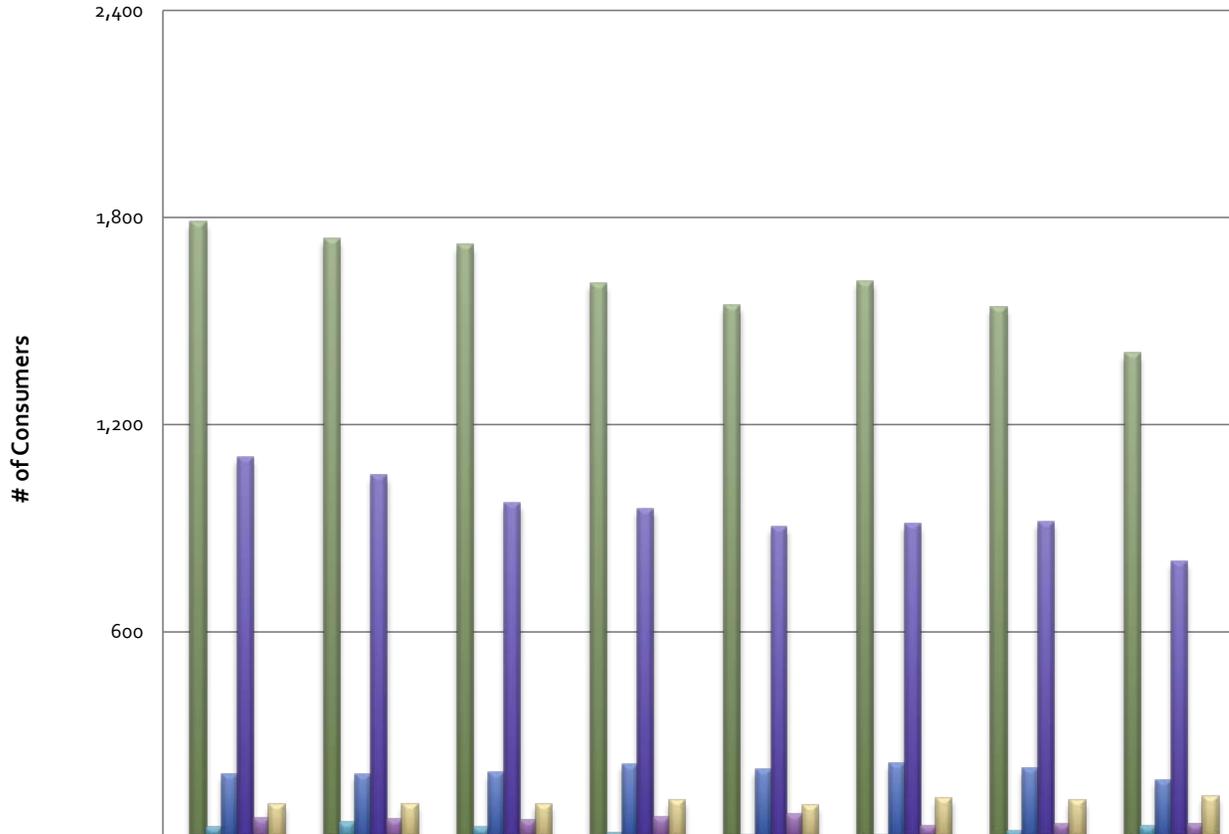
Children Removed From Custody (TEDS Data)	1,806	1,887	1,956	1,909	2,148	2,088	1,783	1,658
Children Returned to Custody (TEDS Data)	132	114	97	135	107	90	90	70
% of Children Returned to Custody	7.3%	6.0%	5.0%	7.1%	5.0%	4.3%	5.0%	4.2%

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 of consumers who have had an substance use program closed within the quarter who have had children removed from custody and the number of children in the family.



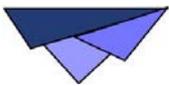
Consumers Receiving Recovery Supports



	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018
Unduplicated Number Served	2,071	2,059	2,023	1,931	1,815	1,874	1,816	1,660
Coordination Services	1,789	1,738	1,721	1,610	1,547	1,615	1,541	1,409
Drop-In Services	34	48	34	18	12	12	24	38
Housing	188	189	193	218	202	221	206	172
Recovery Services	1,107	1,054	975	957	906	914	918	803
Spiritual Services	62	57	54	65	72	37	45	44
Transportation	101	103	102	114	98	118	114	123

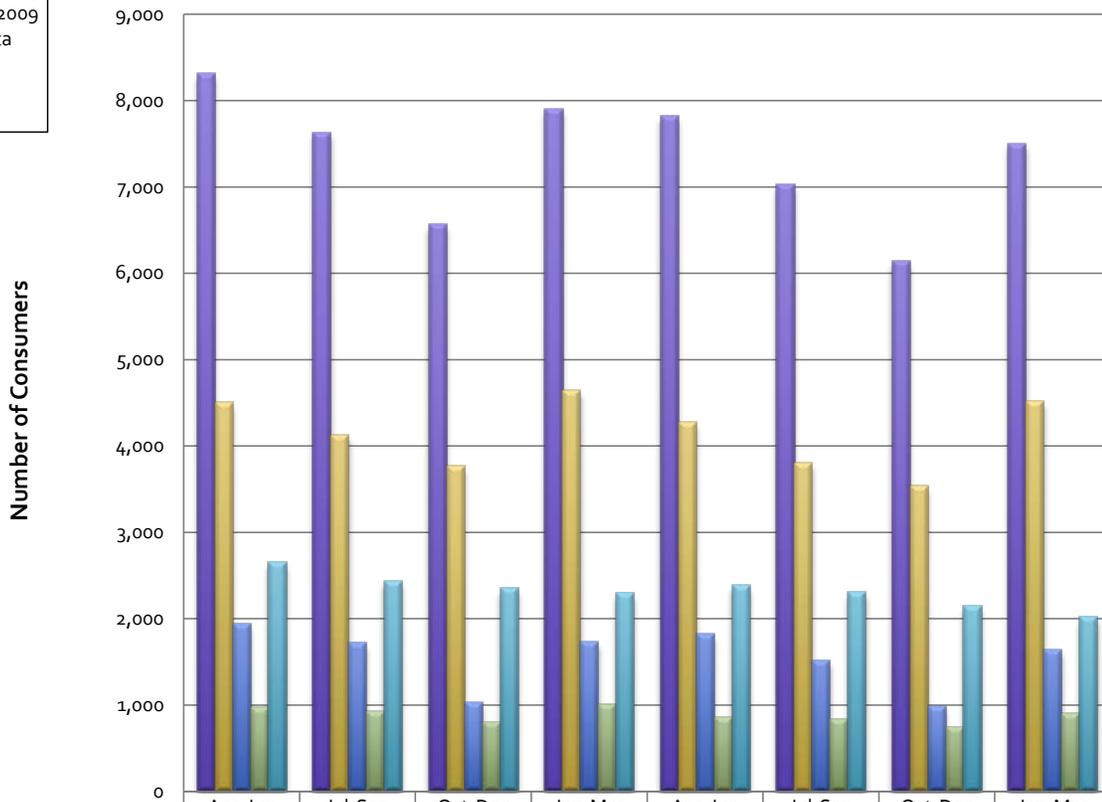
NOTE: Recovery supports are a collection of non-clinical services that support recovery from alcohol and drug addiction. The ATR program is limited to 7 counties in West Central Missouri, 7 counties in Southwest Missouri, and 7 counties in Southeast Missouri.

Significance: The federal Access to Recovery (ATR) IV grant began in July 2015.



Substance Abuse Traffic Offenders Program (SATOP) Consumers Served

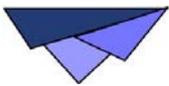
The annual number of DWI arrests have been trending downward: 35,543 in 2009 to 22,457 in 2016. Data Source: Missouri Department of Public Safety.



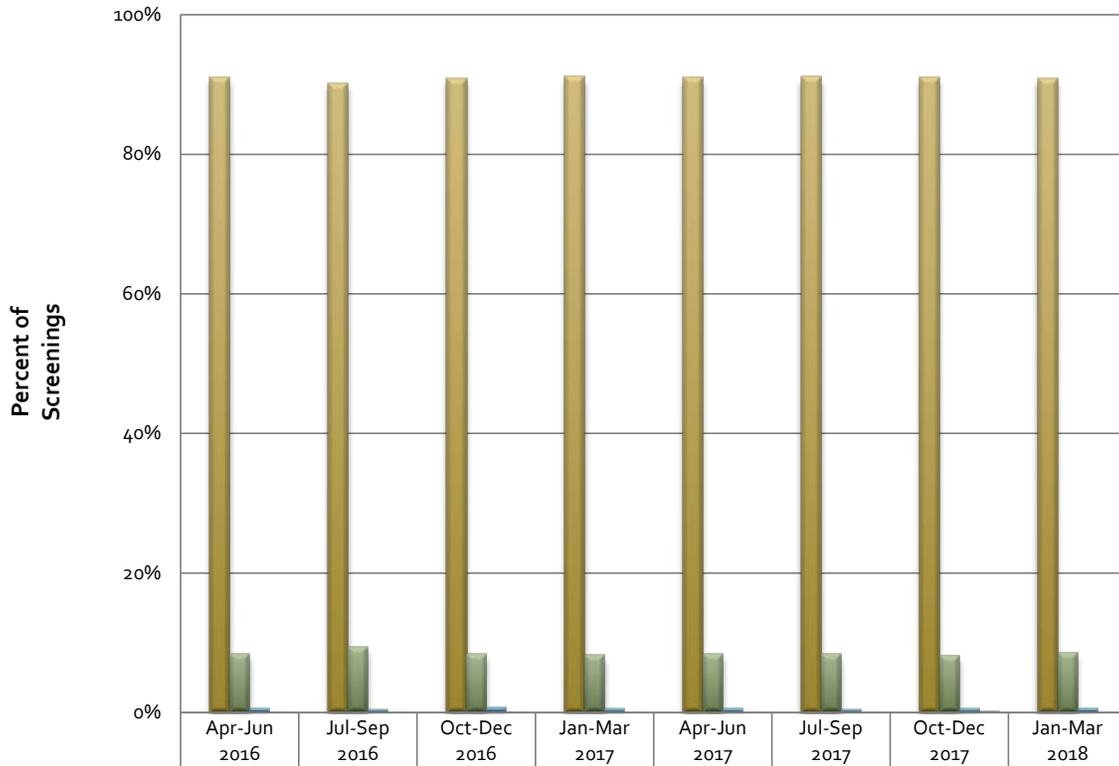
	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018
■ Unduplicated Number of SATOP Consumers	8,316	7,633	6,569	7,905	7,821	7,028	6,143	7,503
■ SATOP Screened	4,502	4,132	3,774	4,649	4,280	3,811	3,542	4,522
■ Education Pgm	1,944	1,723	1,032	1,732	1,831	1,517	990	1,640
■ Weekend Intervention Pgm	974	935	805	1,012	855	836	747	904
■ Clinical Treatment Pgm	2,652	2,437	2,355	2,295	2,395	2,313	2,151	2,018

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 programs include 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).



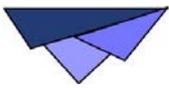
Substance Abuse Traffic Offenders Program (SATOP) Consumers Screened - Range of Previous SATOP Screenings Within Past 5 Years



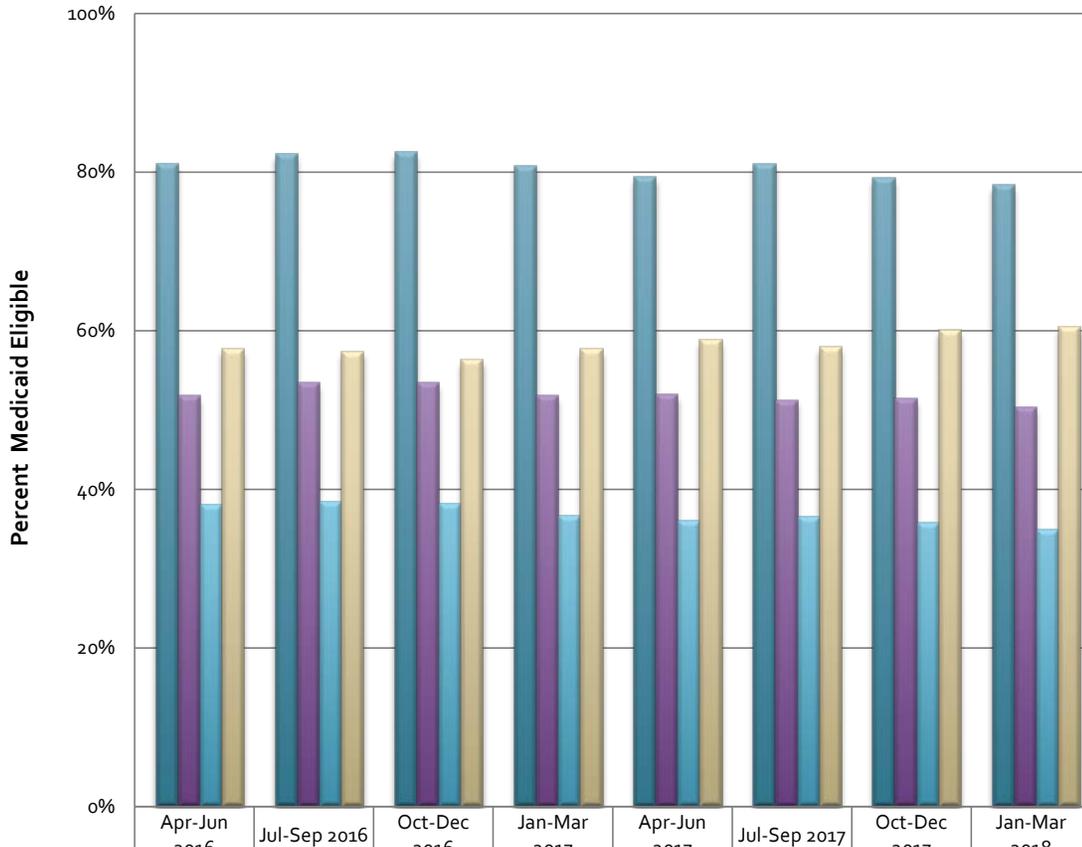
SATOP Screened or Assigned to Comparable Pgm	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018
0 Prior Screening	4,783	4,364	4,007	4,953	4,589	4,048	3,784	4,788
0 Prior Screening Pct	91.0%	90.1%	90.8%	91.1%	91.0%	91.1%	91.0%	90.9%
1 Prior Screening	445	454	371	448	426	376	341	452
1 Prior Screening Pct	8.5%	9.4%	8.4%	8.2%	8.4%	8.5%	8.2%	8.6%
2 Prior Screenings	27	21	31	32	29	19	26	27
2 Prior Screenings Pct	0.5%	0.4%	0.7%	0.6%	0.6%	0.4%	0.6%	0.5%
3+ Prior Screenings	1	2	2	1	1	1	7	1
3+ Prior Screenings Pct	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.2%	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.



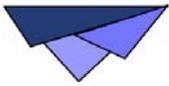
Medicaid Eligibility for Individuals Served in CSTAR Programs



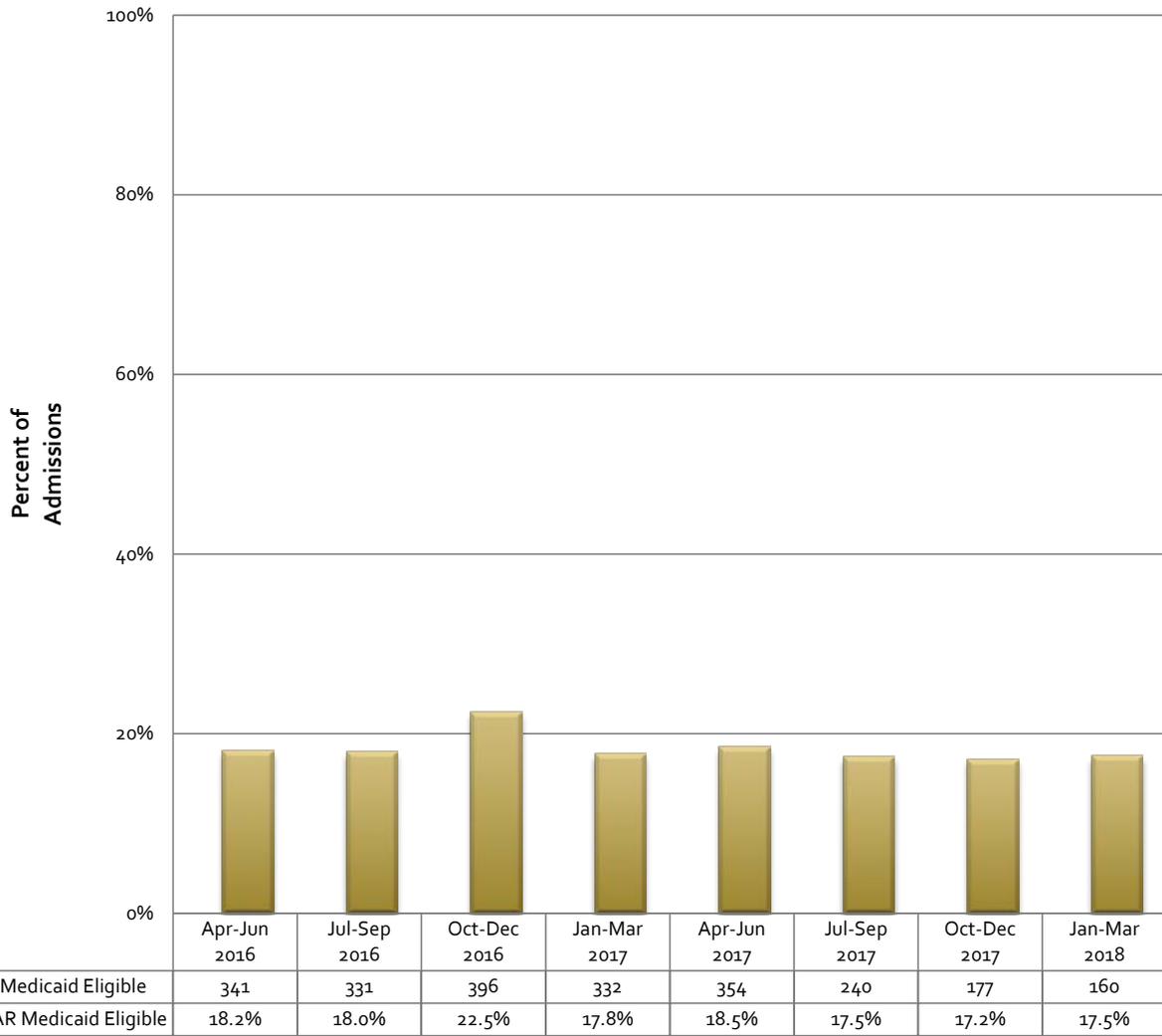
	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018
CSTAR Adolescent Medicaid Eligible	1,007	922	960	954	891	806	810	814
% CSTAR Adolescent Medicaid Eligible	81.0%	82.3%	82.5%	80.8%	79.3%	81.0%	79.3%	78.4%
CSTAR W&C Medicaid Eligible	1,347	1,336	1,327	1,317	1,370	1,310	1,274	1,214
% CSTAR W&C Medicaid Eligible	51.8%	53.5%	53.5%	51.9%	52.0%	51.3%	51.4%	50.4%
CSTAR Gen Adult Medicaid Eligible	3,916	4,013	4,000	4,076	4,150	3,979	3,719	3,543
% CSTAR Gen Adult Medicaid Eligible	38.0%	38.3%	38.2%	36.7%	36.0%	36.6%	35.7%	34.9%
Opioid Medicaid Eligible	772	749	747	775	821	806	820	813
% Opioid Medicaid Eligible	57.7%	57.4%	56.3%	57.7%	58.9%	57.9%	60.1%	60.5%

NOTE: CSTAR Detox is excluded.

Significance: Medicaid-eligible consumers comprise between 35 - 80% of the CSTAR consumer populations. The proportion is higher in the Adolescent program and lower in the General Adult program.

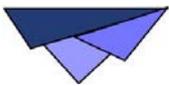


Medicaid Eligibility for Individuals Served in Non-CSTAR Substance Use Programs

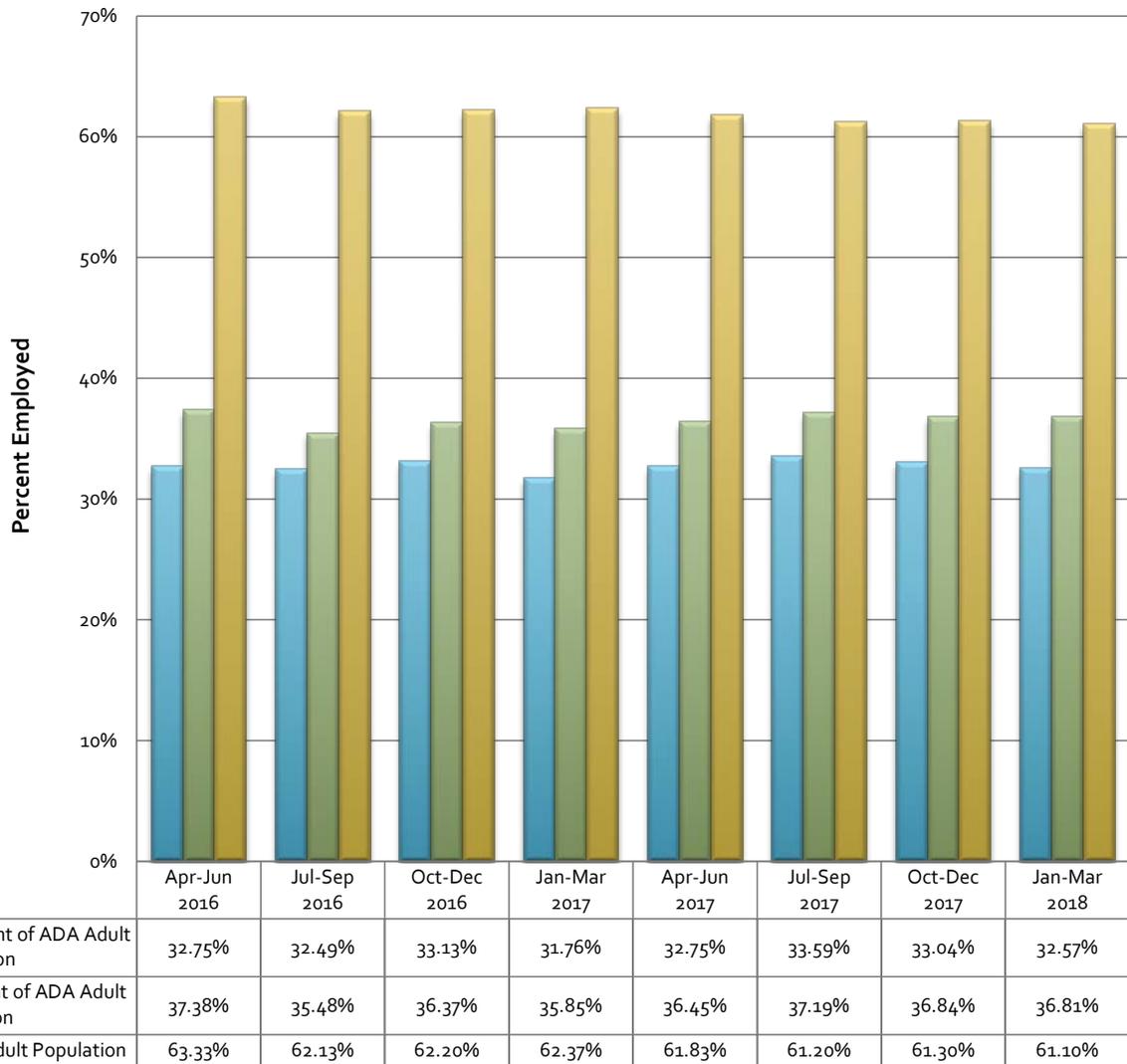


NOTE: Non-CSTAR programs include Primary Recovery Plus, Enhanced Primary Recovery Plus, Corrections Primary Recovery Plus, DOC Free & Clean Plus, DOC Partnership for Community Restoration, Clinical Intervention Program (Adult and Youth), Serious & Repeat Offender Program and General Treatment.

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

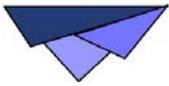


Employment of Adult Population in Substance Use Treatment

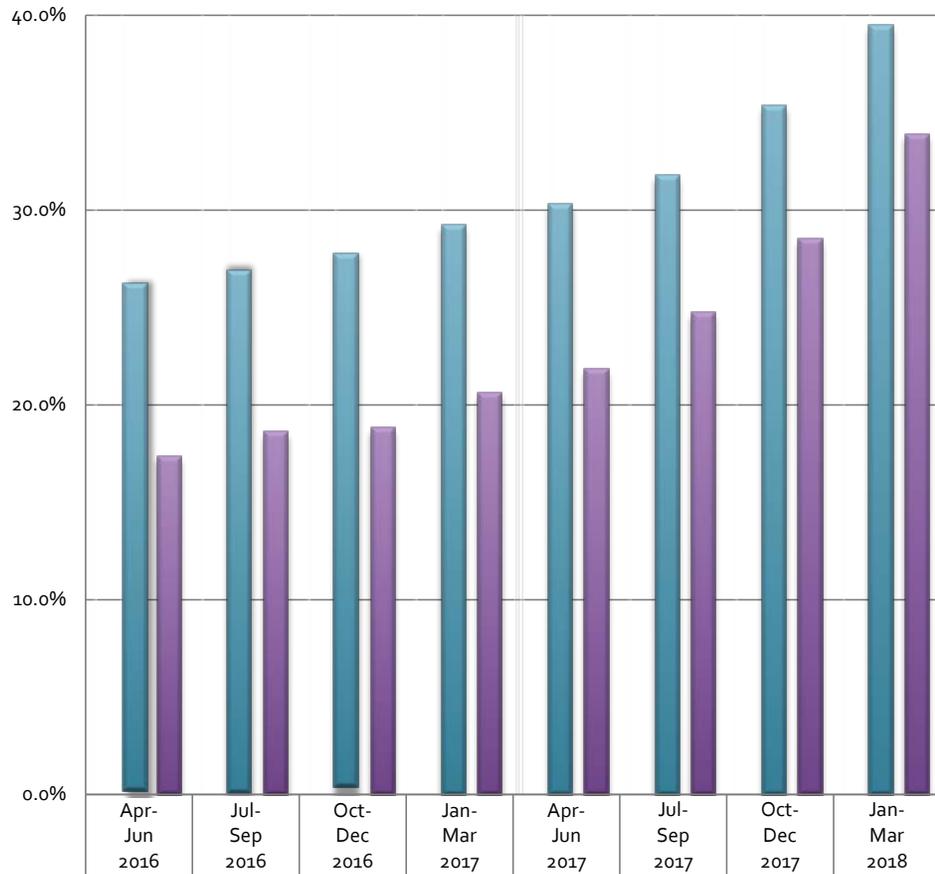


Note: Adolescent programs, detox, and codependents are excluded from the employment calculations.

Significance: Employment of the adult substance use 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). Employment has a powerful therapeutic impact for individuals in recovery and is to be included in the treatment and recovery plan.



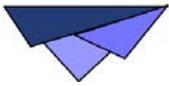
Consumers Receiving Medication Therapy



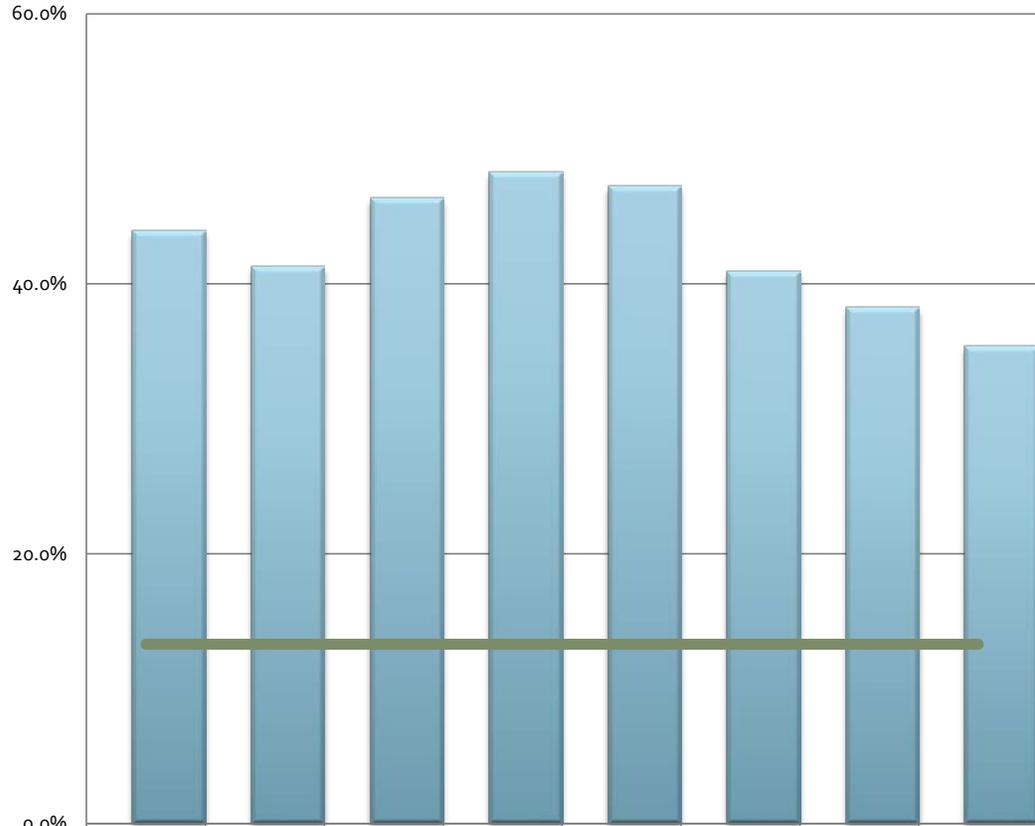
	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018
Including CSTAR Opioid:								
# Adult Opioid/Alcohol-Addicted Consumers	11,000	11,067	10,960	11,406	11,690	11,148	10,990	11,048
# Consumers Receiving Medication Therapy	2,939	3,032	3,066	3,336	3,545	3,547	3,885	4,362
% Consumers Receiving Medication Therapy	26.7%	27.4%	28.0%	29.2%	30.3%	31.8%	35.4%	39.5%
Excluding CSTAR Opioid:								
# Adult Opioid/Alcohol-Addicted Consumers	9,349	9,442	9,316	9,761	9,975	9,624	9,560	9,517
# Consumers Receiving Medication Therapy	1,622	1,761	1,756	2,014	2,182	2,383	2,727	3,226
% Consumers Receiving Medication Therapy	17.3%	18.7%	18.8%	20.6%	21.9%	24.8%	28.5%	33.9%

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 use 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 use disorders is a National Quality Forum recommendation.



Transition from Detox to Treatment



	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018
# of Detox Discharges	1,819	1,757	1,552	1,688	1,666	1,624	1,532	1,463
# Transitioning from Detox to Tx	799	726	720	815	788	665	587	518
% Transitioning from Detox to Tx	43.9%	41.3%	46.4%	48.3%	47.3%	40.9%	38.3%	35.4%
U.S. % Transitioning from Detox to Tx	13.3%	13.3%	13.3%	13.3%	13.3%	13.3%	13.3%	13.3%

CAUTION: Data from July 2017 onward may be incomplete due to a delay in submission of encounters to CIMOR as the result of the CCBHC project.

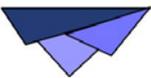
Notes: A transition is recorded if any treatment service is provided within 5 days of the last day of detox. U.S. data for transition from the Treatment Episode Dataset - Discharges, 2013 (SAMHSA, 2016).

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.

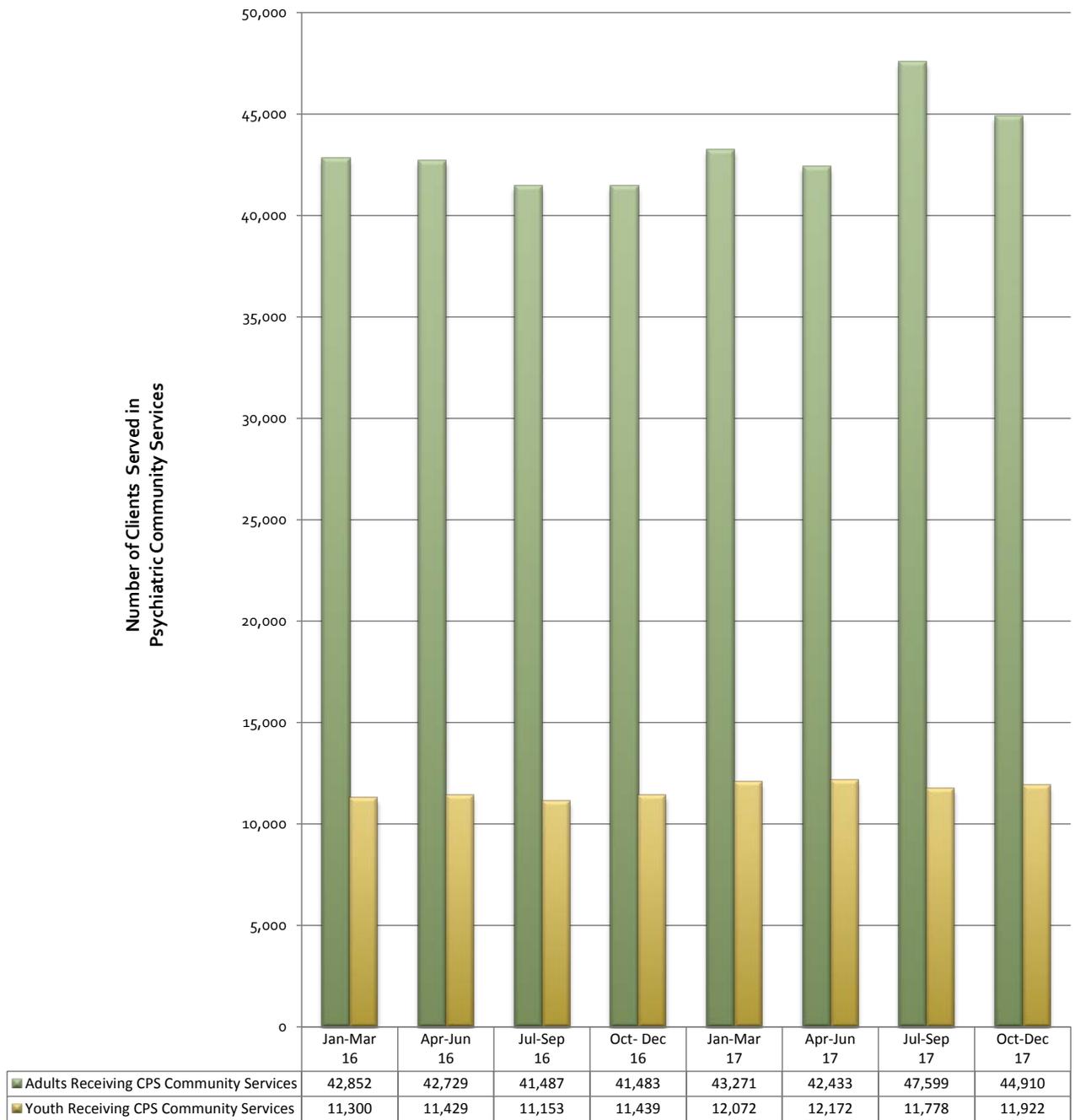


Division of Behavioral Health

Comprehensive Psychiatric
Services



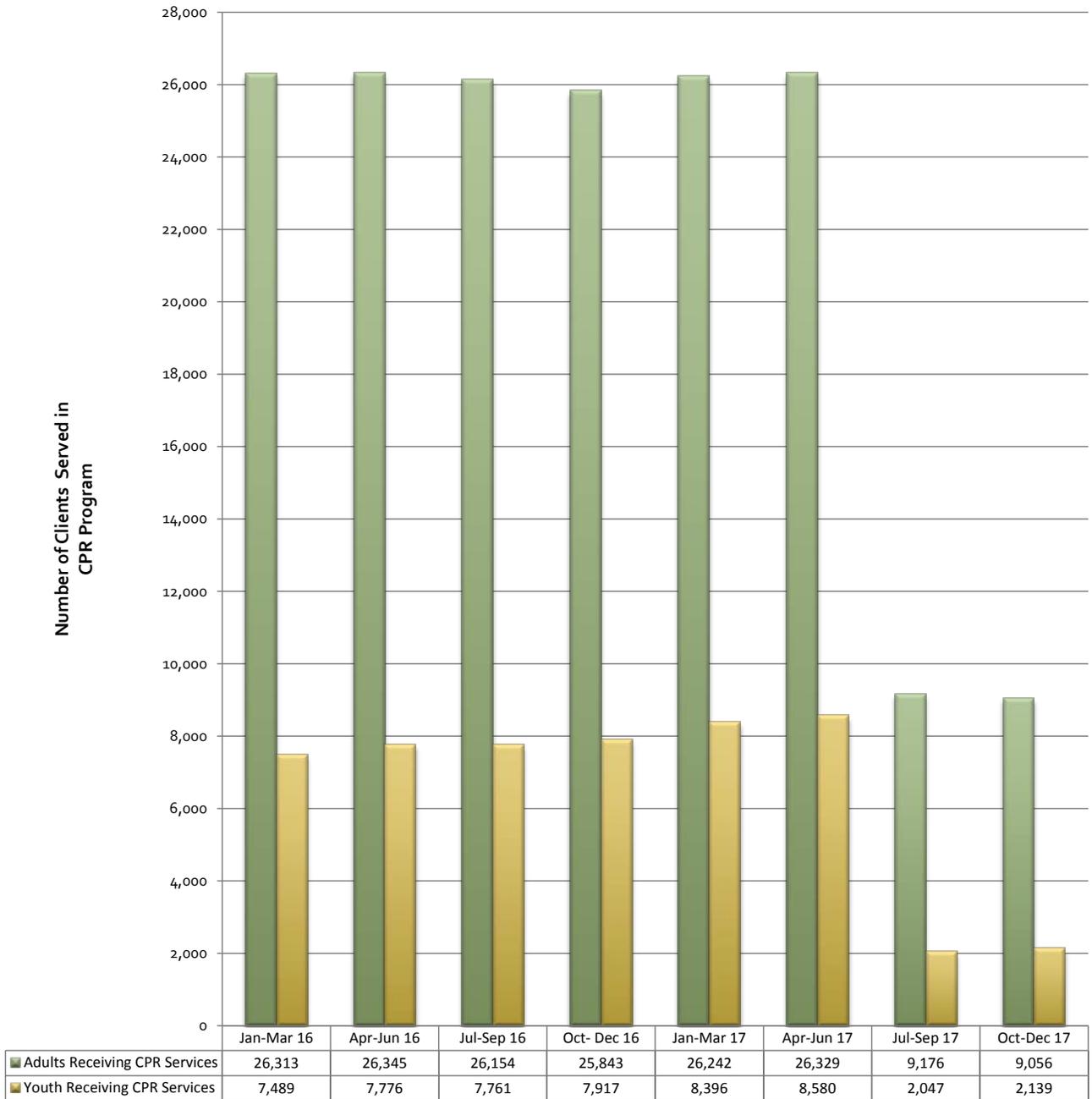
Clients Receiving Psychiatric Community Services



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

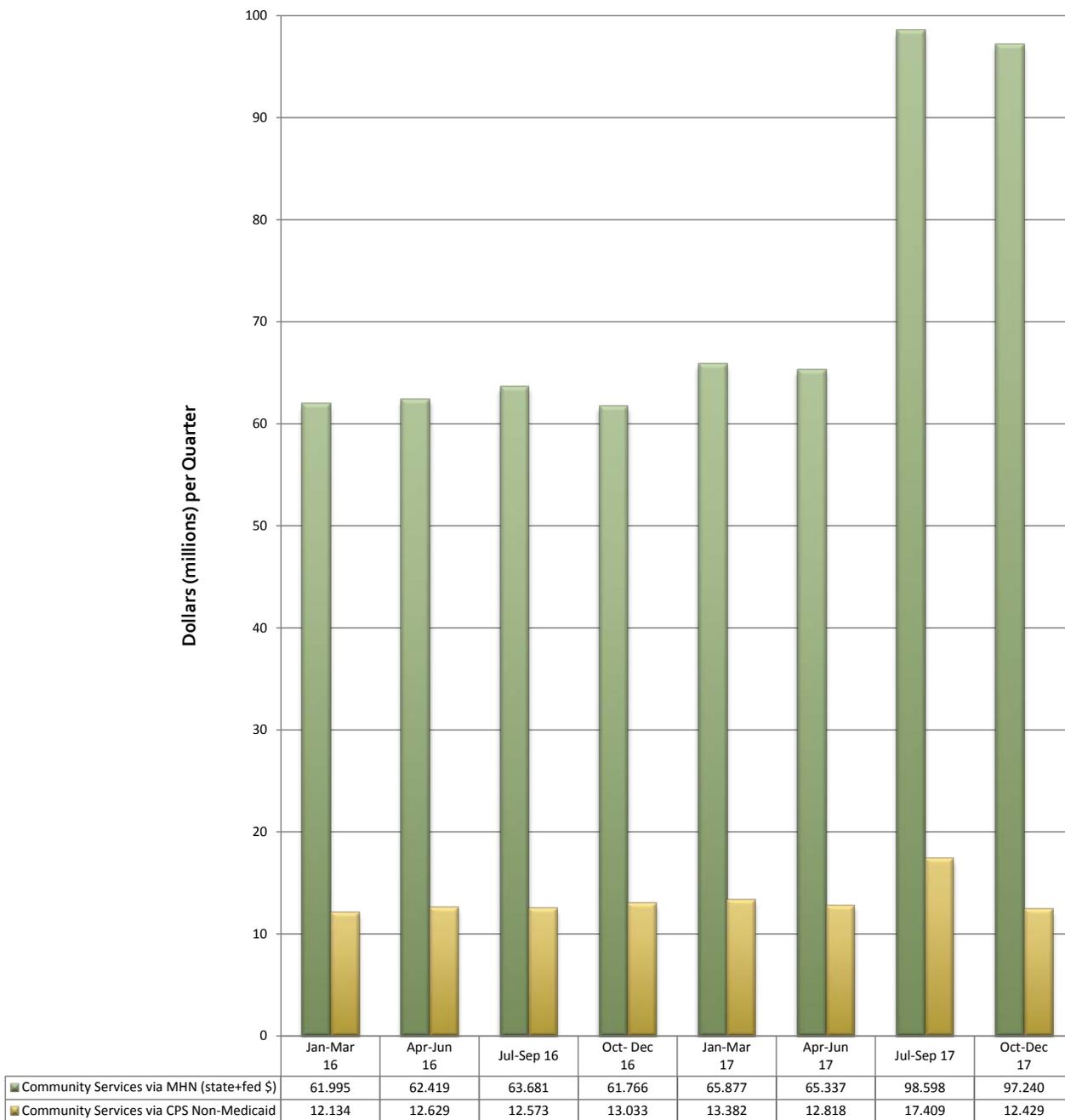


SIGNIFICANCE: The most recent quarter will always be undercounted due to lagging claims and therefore is not displayed. Adult and Youth CPR enrollment has somewhat stabilized after several years of steady growth, but Youth CPR was showing very gradual increases in the previous four quarters.

Note: The July-September and October-December 2017 counts reflect only fee-for-service CPR recipients since the PPS billing is not done through CVS yet.

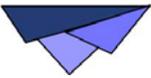


Funding Sources for Psychiatric Services Community Clients

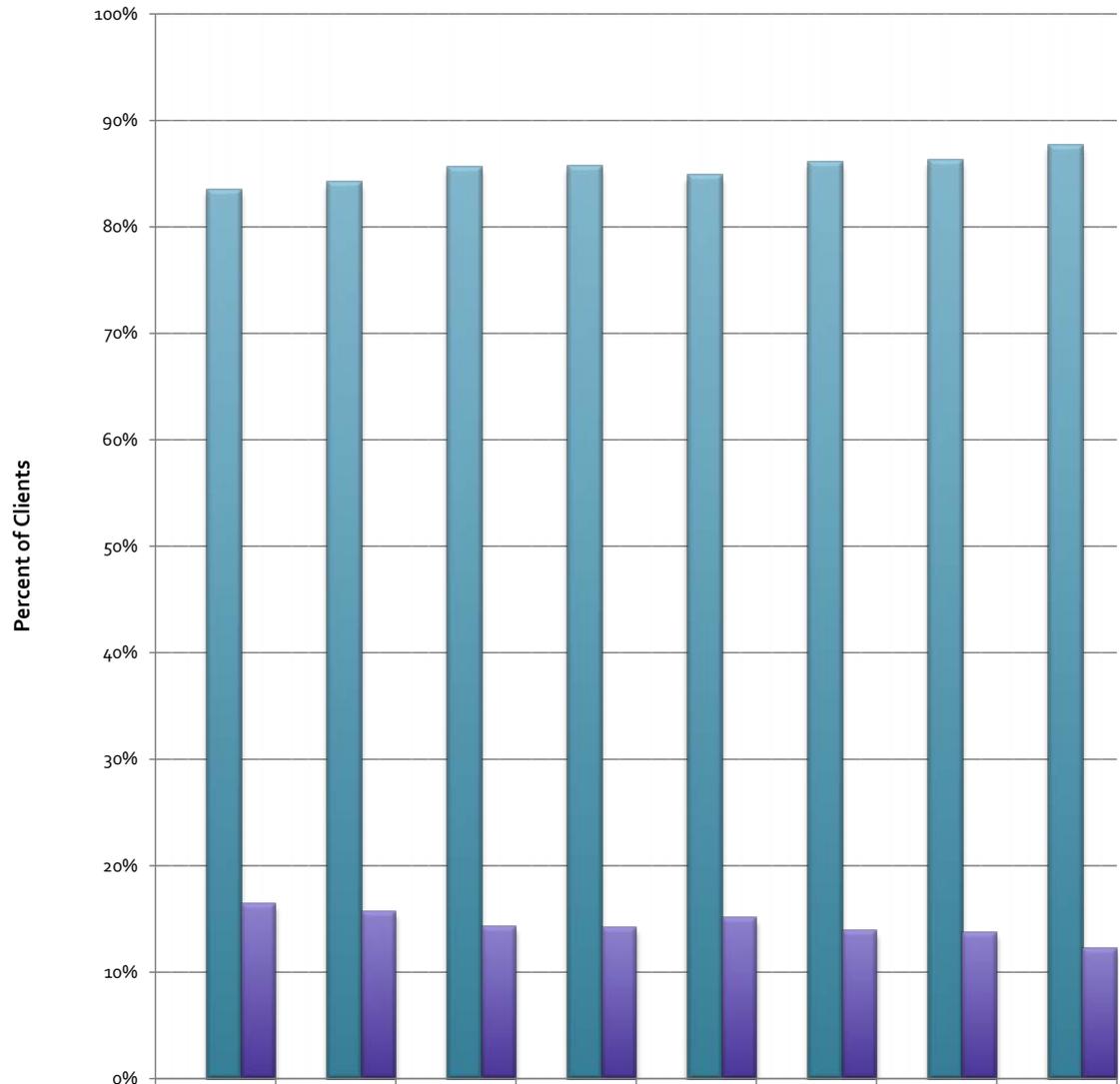


SIGNIFICANCE: The most recent quarter will always be under counted due to lagging claims and therefore is not displayed. POS spending in the last quarter of the FY is routinely the peak of Non-Medicaid spending for the year and so this should not be interpreted as a trend so much as part of the annual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

Note: The most recent reported quarters include DSS clinic option funding for CCBHC.



Medicaid Eligibility of Psychiatric Services Community Clients

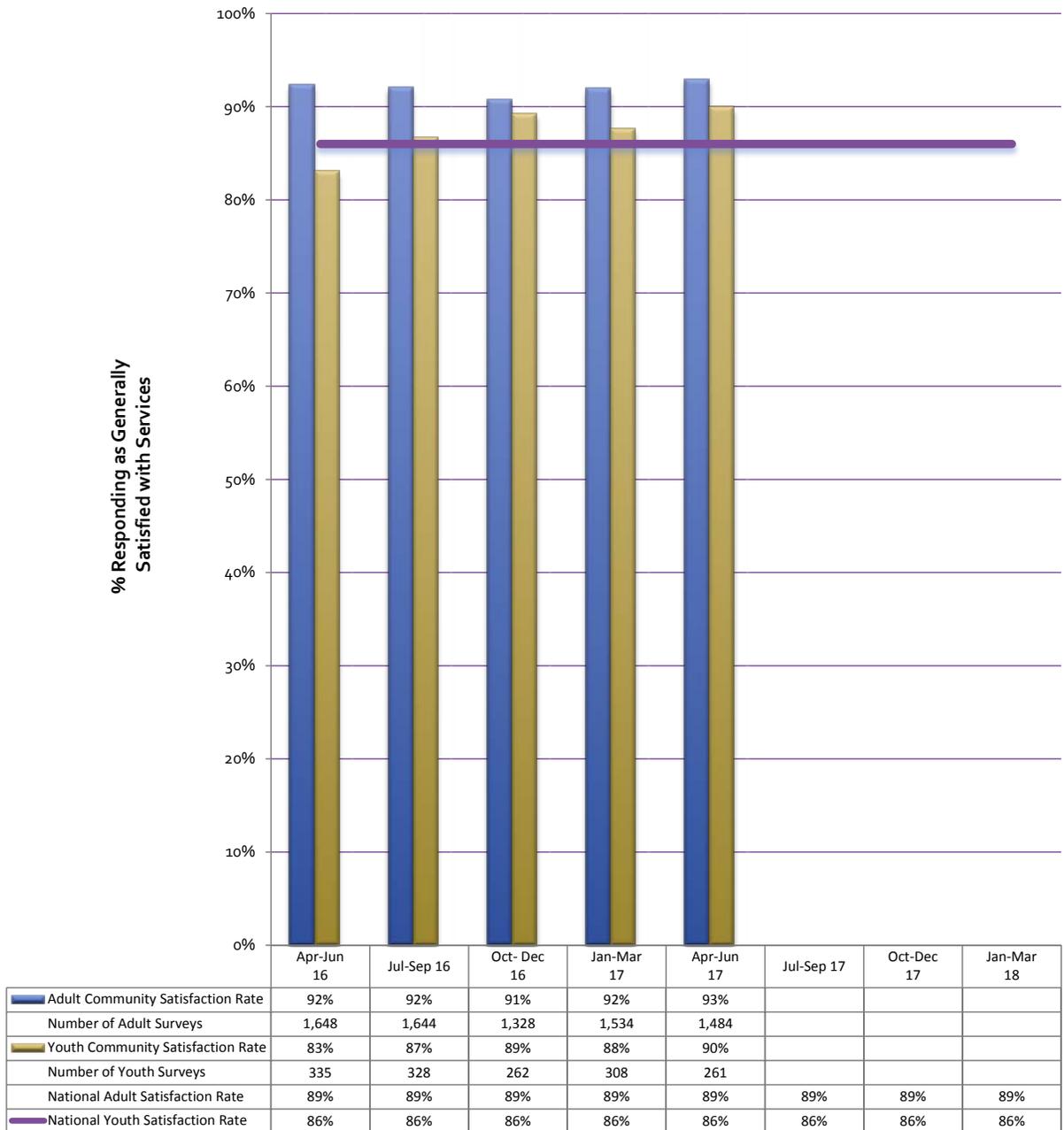


	Jan-Mar 16	Apr-Jun 16	Jul-Sep 16	Oct- Dec 16	Jan-Mar 17	Apr-Jun 17	Jul-Sep 17	Oct-Dec 17
CPS Facility Client Count	1,370	1,387	1,357	1,357	1,358	1,341	1,334	1,331
CPS Community Client Count	53,826	53,836	52,262	52,514	54,919	54,146	58,807	56,178
M.E. Clients -- All CPS Community	44,976	45,355	44,767	45,047	46,627	46,622	50,728	49,275
% M.E. -- All CPS Community	83.6%	84.2%	85.7%	85.8%	84.9%	86.1%	86.3%	87.7%
Not M.E. Clients -- All CPS Community	8,850	8,481	7,495	7,467	8,292	7,524	8,079	6,903
% Not M.E. -- All CPS Community	16.4%	15.8%	14.3%	14.2%	15.1%	13.9%	13.7%	12.3%

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

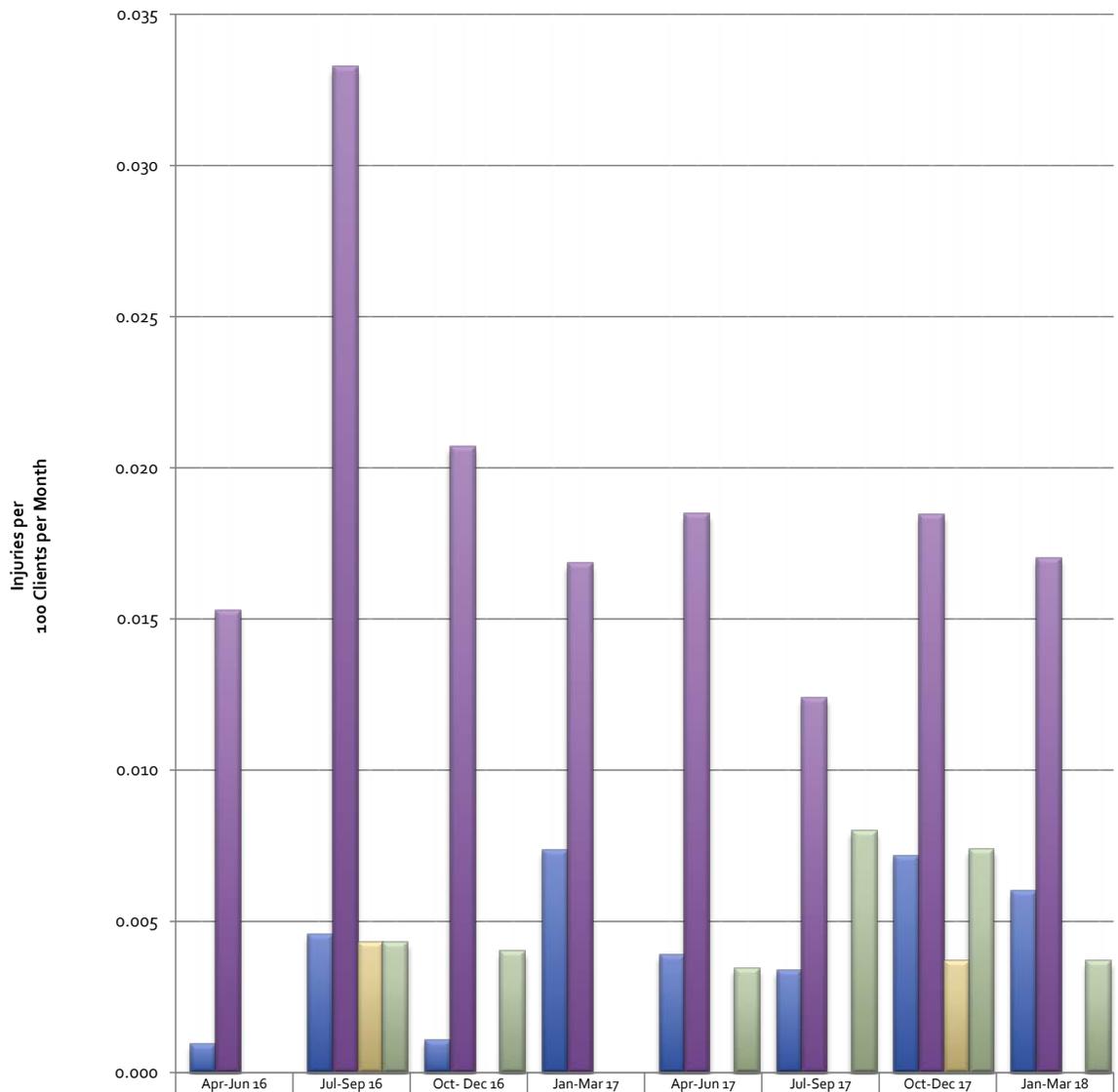


NOTE: Taken from the Adult and Youth Satisfaction Surveys using national standard MHSIP questions. *For FY18 these became annual surveys due to a CCBHC reporting requirement; the results will be available starting October 2018.*

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

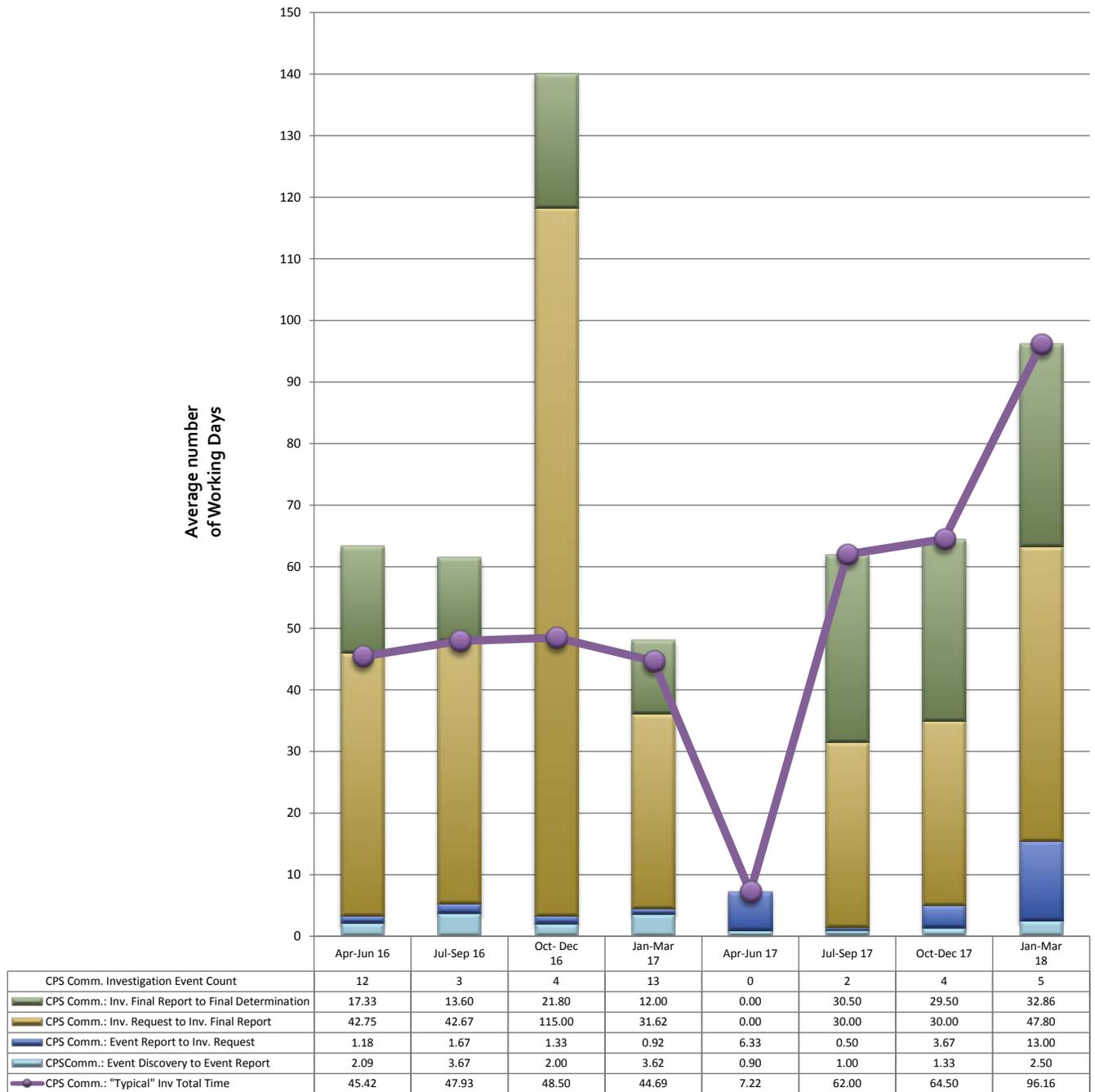


	Apr-Jun 16	Jul-Sep 16	Oct-Dec 16	Jan-Mar 17	Apr-Jun 17	Jul-Sep 17	Oct-Dec 17	Jan-Mar 18
# Adult Injuries (hospitalization)	1	4	1	7	4	3	7	6
■ Adult Injuries (hosp.) per 100 consumers/mo	0	0	0	0	0	0	0	0
# Adult Injuries (death)	16	29	19	16	19	11	18	17
■ Adult Injuries (death.) per 100 consumers/mo	0	0	0	0	0	0	0	0
# Youth Injuries (hospitalization)	0	1	0	0	0	0	1	0
■ Youth Injuries (hosp.) per 100 consumers/mo	0	0	0	0	0	0	0	0
# Youth Injuries (death)	0	1	1	0	1	2	2	1
■ Youth Injuries (death.) per 100 consumers/mo	0	0	0	0	0	0	0	0

SIGNIFICANCE: There is a very low rate of serious injury to clients receiving community services, but these are individually significant events. The 19 adult injuries that resulted in deaths reported in the January-March '18 quarter are further categorized as: 7 suicides, 1 homicides, 7 car accidents, 2 choking accidents, 1 overdose, and 1 undetermined accident. All the events had a death determination performed by service provider with no indications of need for abuse/neglect investigation.



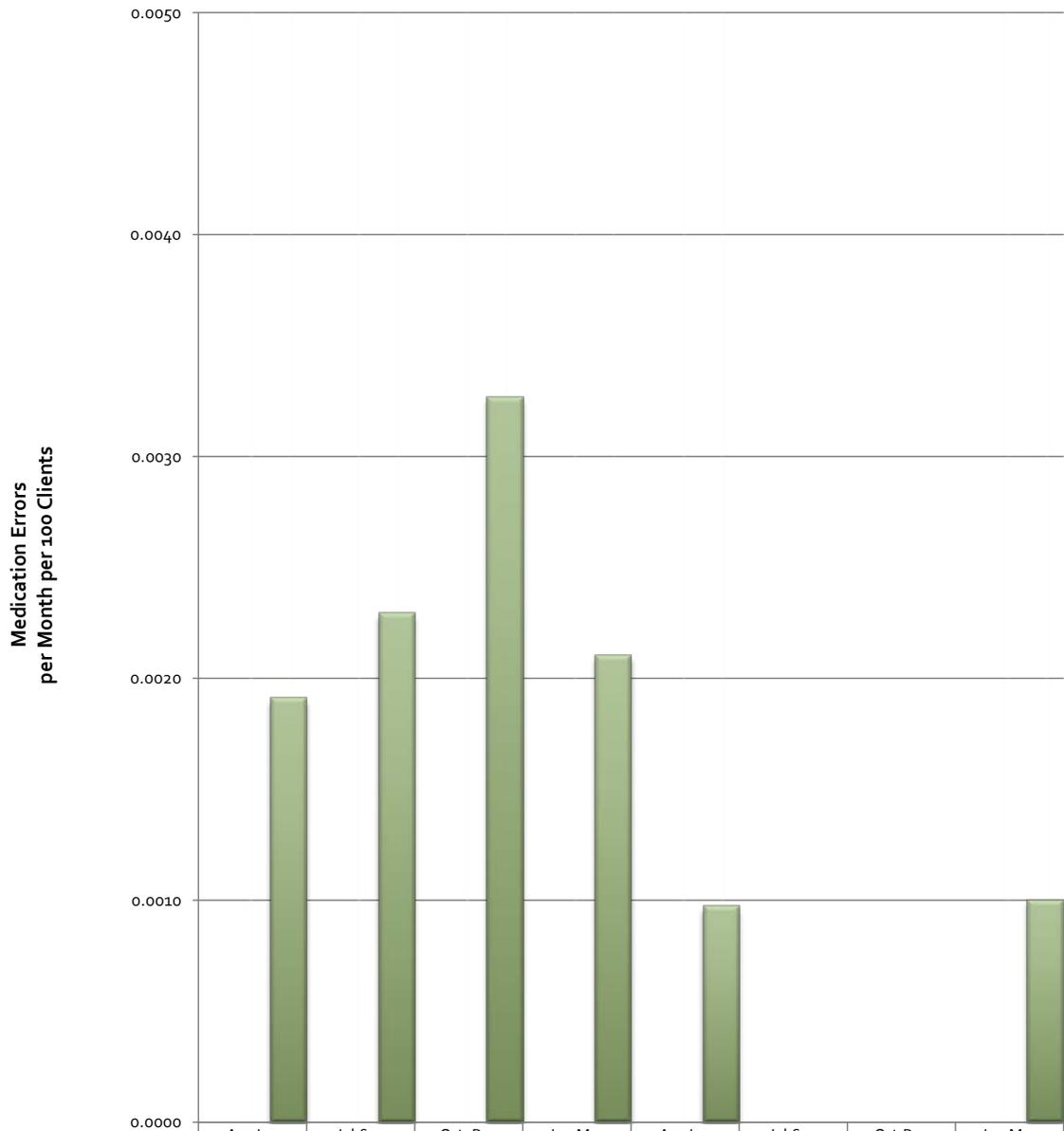
Duration of Investigation Process for Community Services



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

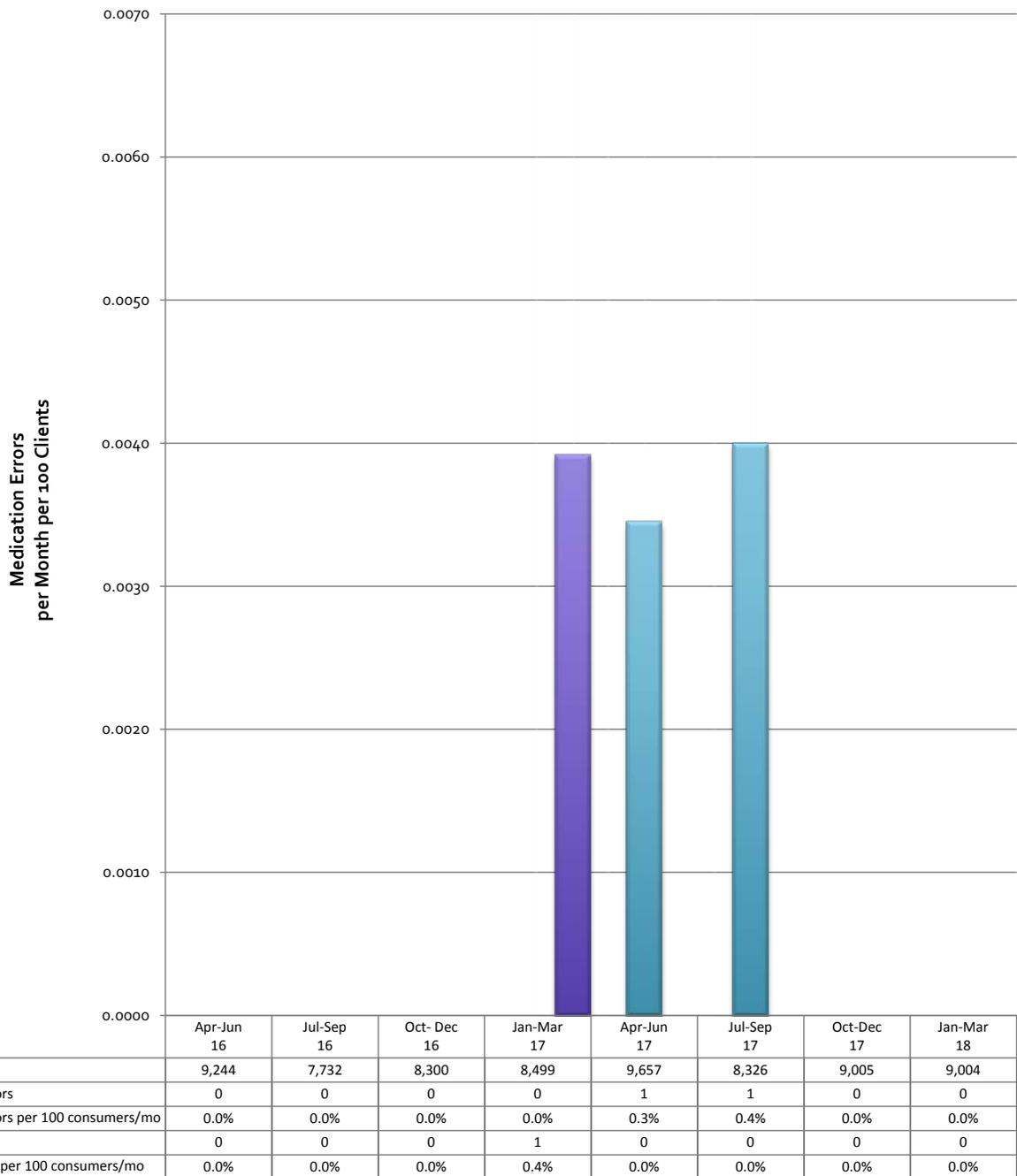


	Apr-Jun 16	Jul-Sep 16	Oct-Dec 16	Jan-Mar 17	Apr-Jun 17	Jul-Sep 17	Oct-Dec 17	Jan-Mar 18
# Adult Consumers/month	34,872	29,054	30,591	31,657	34,250	29,581	32,503	33,264
Adult "Serious" Med Errors	0	0	0	0	0	0	0	0
Adult "Serious" Med Errors per 100 consumers/mo	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Adult "Moderate" Med Errors	2	2	3	2	1	0	0	1
Adult "Moderate" Med Errors per 100 consumers/mo	0.2%	0.2%	0.3%	0.2%	0.1%	0.0%	0.0%	0.1%

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.



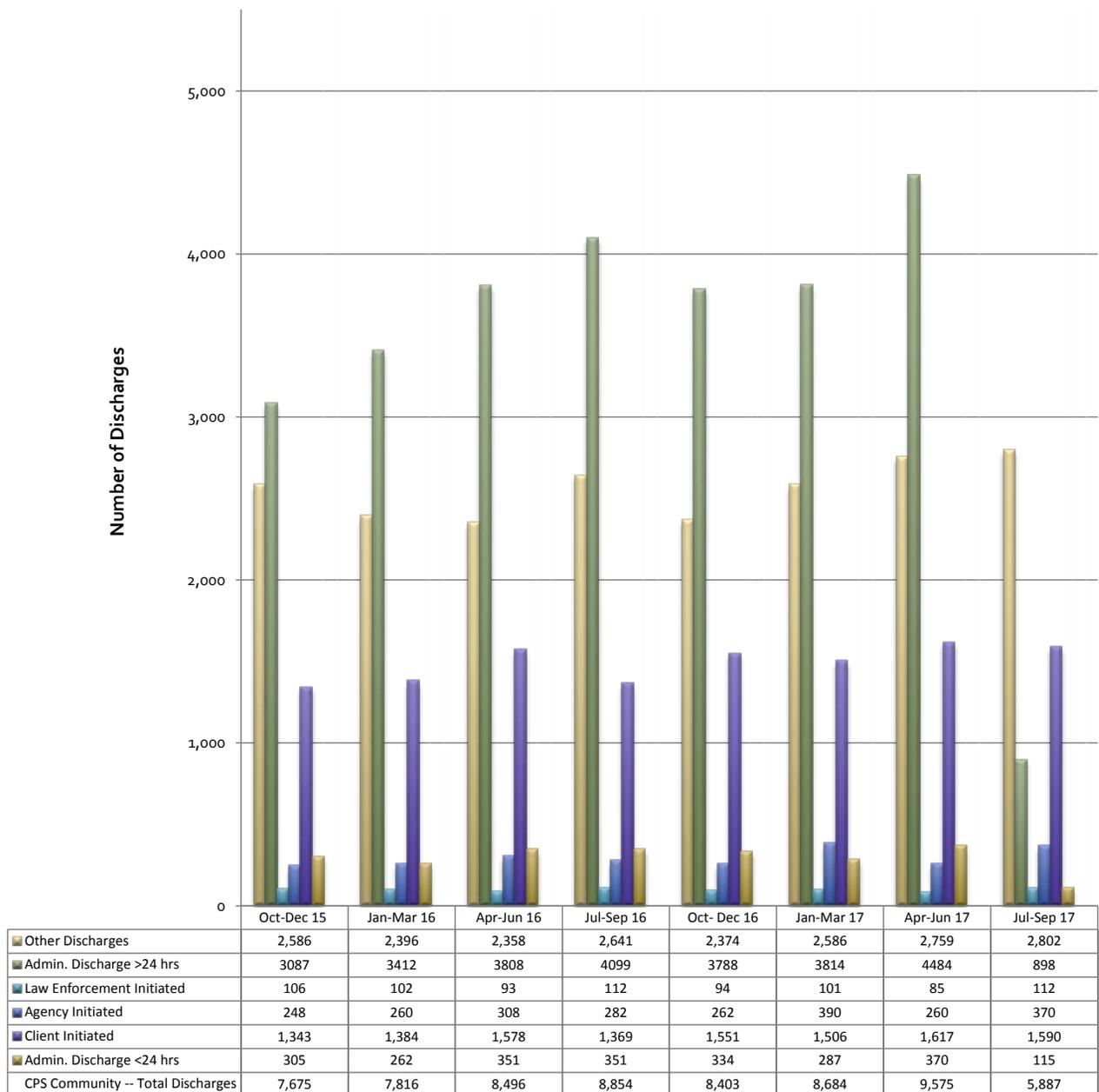
Youth Community Medication Errors



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.



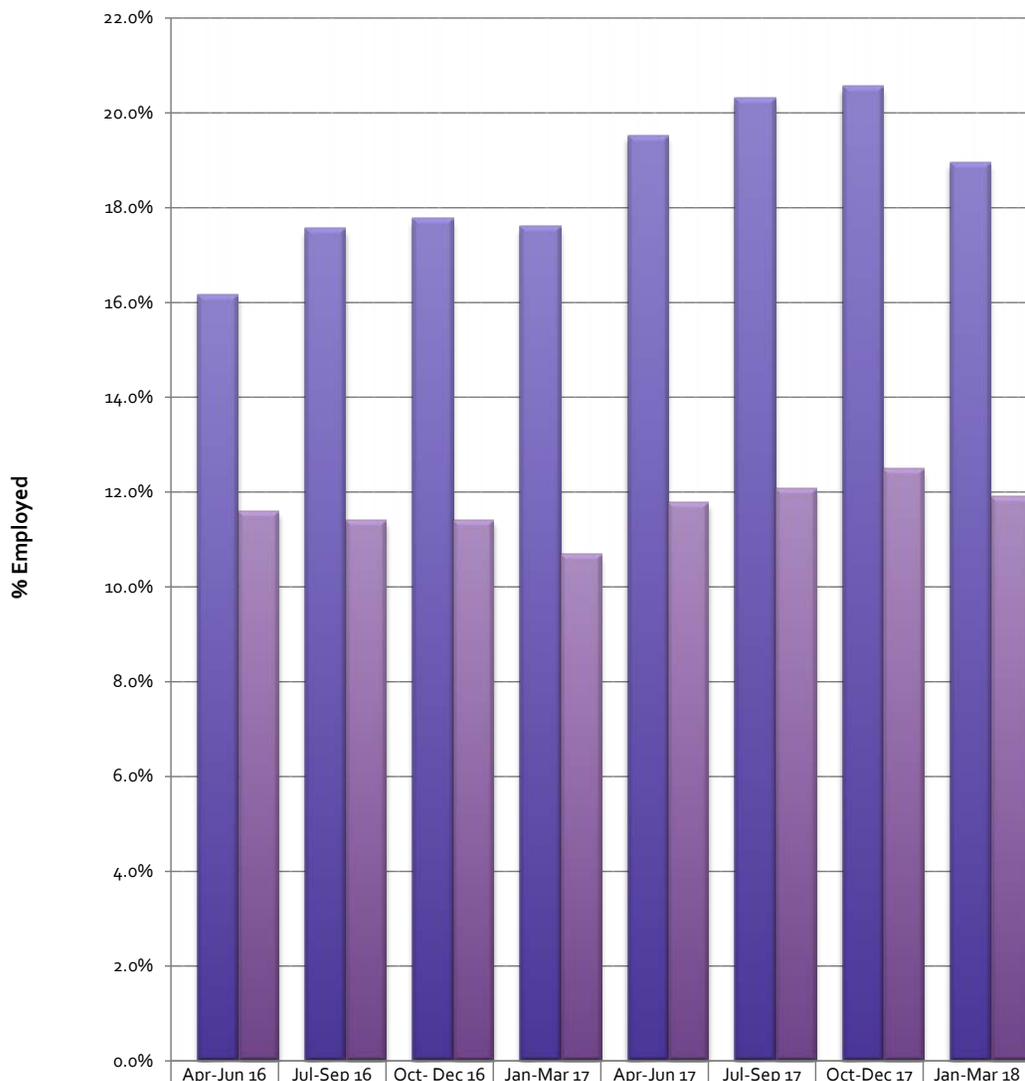
Community Psychiatric Service Discharges



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

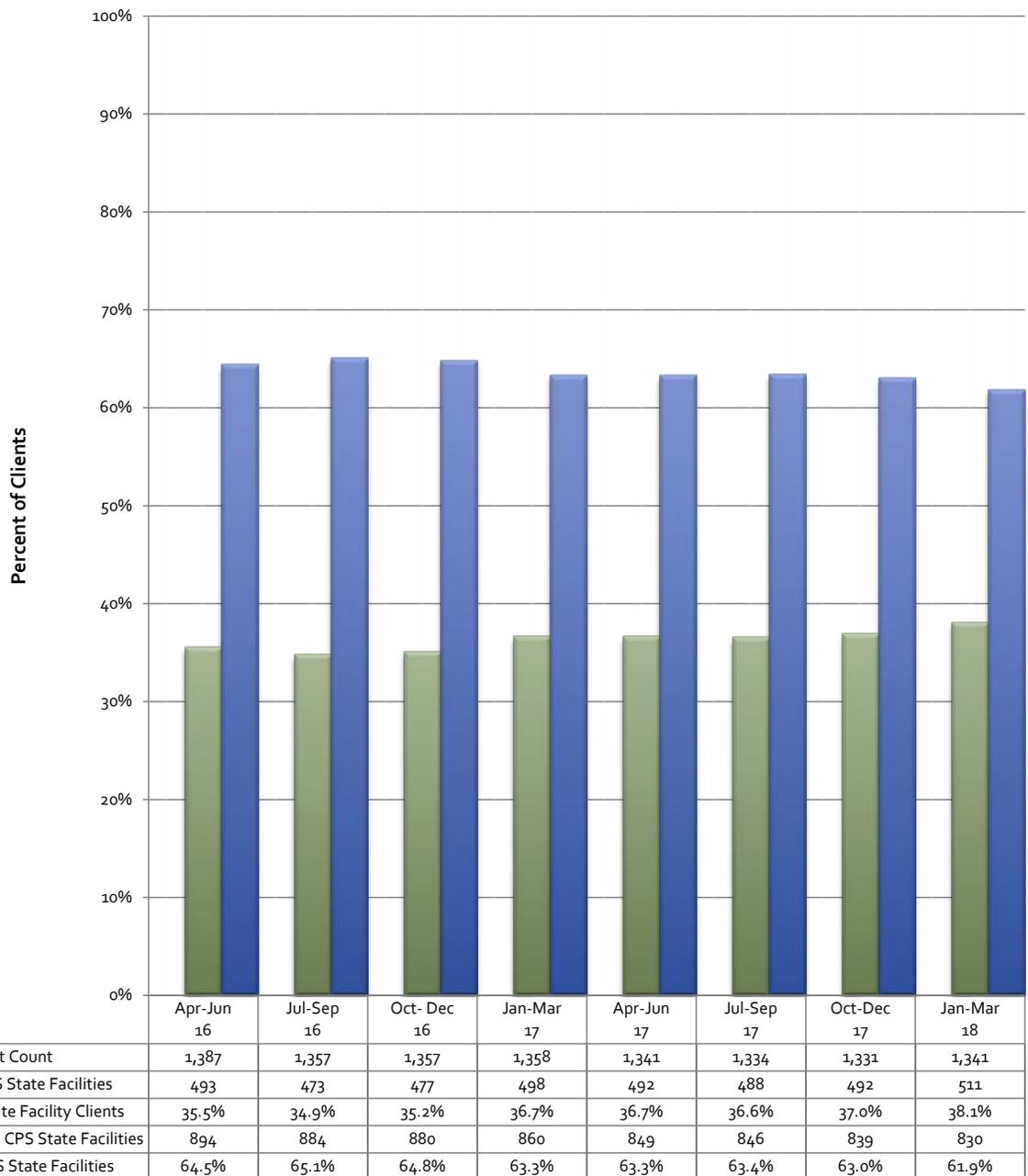


	Apr-Jun 16	Jul-Sep 16	Oct- Dec 16	Jan-Mar 17	Apr-Jun 17	Jul-Sep 17	Oct-Dec 17	Jan-Mar 18
Adult Community Clients w/ Admission Status Reports	4,275	4,469	4,299	4,482	4,322	4,155	3,516	3,614
Adult Community Clients Employed at Admission	691	785	764	789	844	844	723	685
■ % Employed at Admission	16.2%	17.6%	17.8%	17.6%	19.5%	20.3%	20.6%	19.0%
Adult Community Clients w/ Annual Status Reports	5,872	6,099	5,276	5,764	4,525	4,125	4,090	4,284
Adult Community Clients Employed at Annual Review	681	696	602	616	533	498	511	510
■ % Employed at Annual Review	11.6%	11.4%	11.4%	10.7%	11.8%	12.1%	12.5%	11.9%

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 fiscal year is somewhat encouraging -- overall employment rates at admission improved compared to FY17.



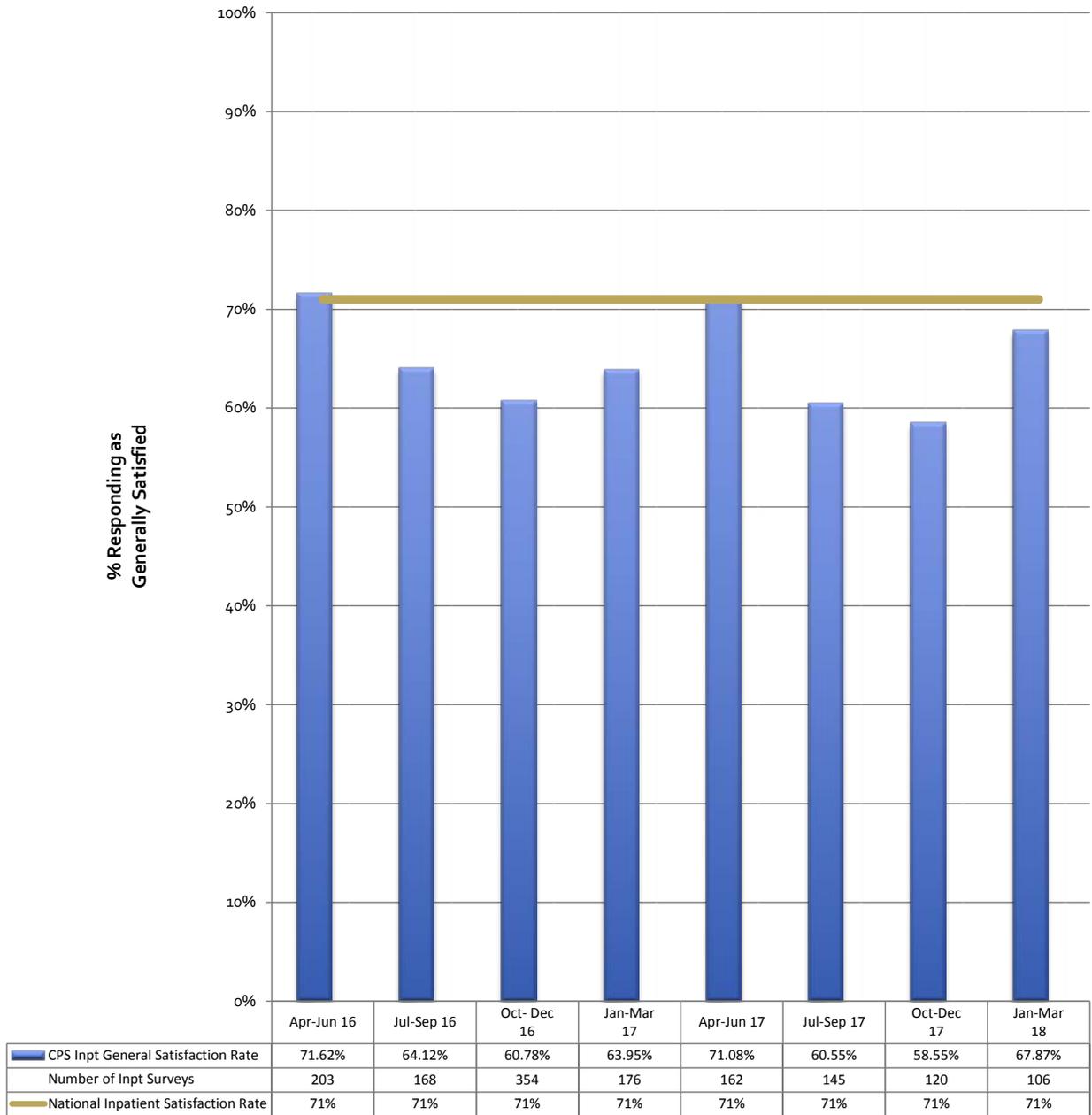
Medicaid Eligibility of Psychiatric Facility Clients



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

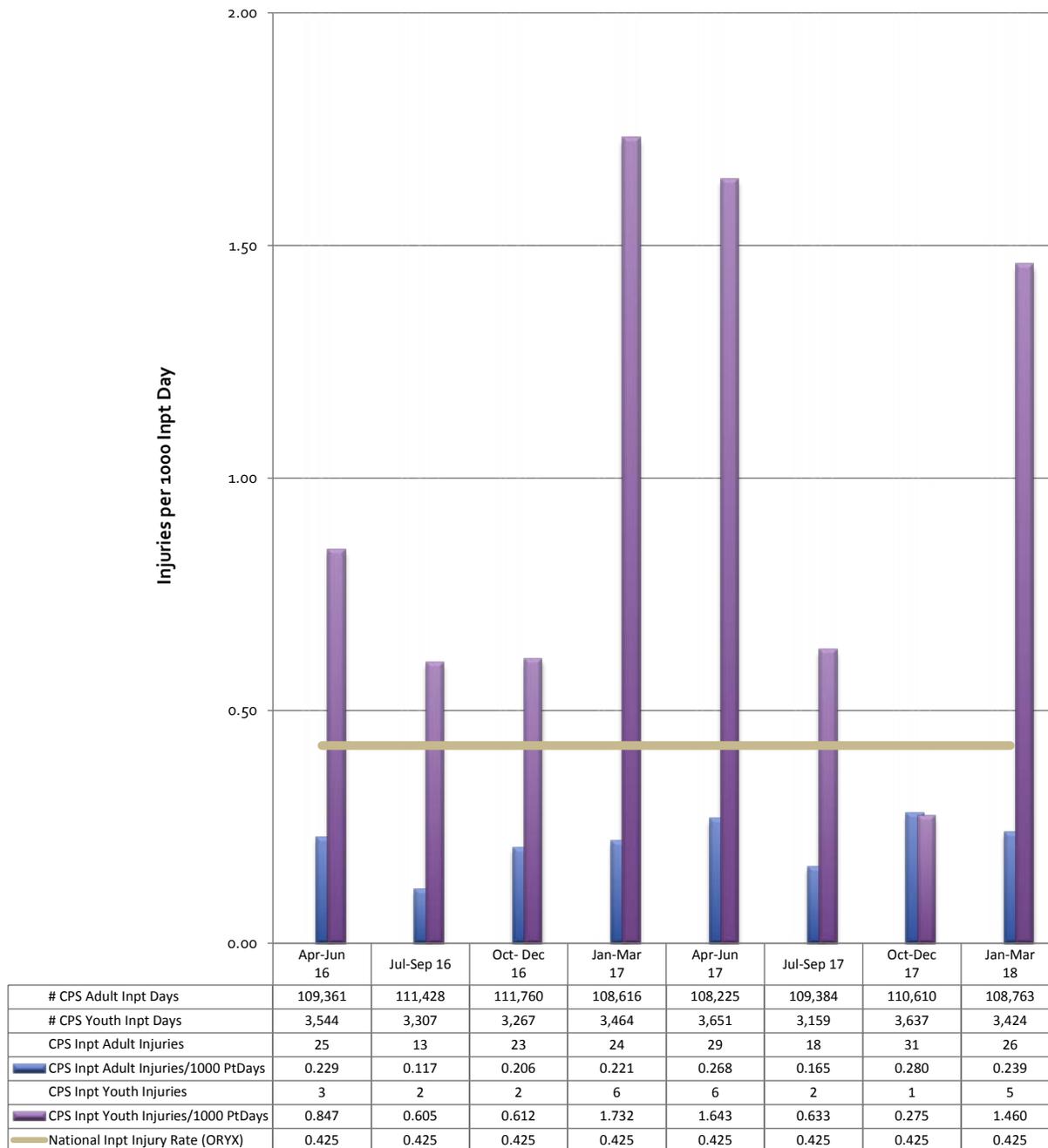


NOTE: Taken from the CPS Inpatient MHSIP survey -- average of all 5 domains.

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.



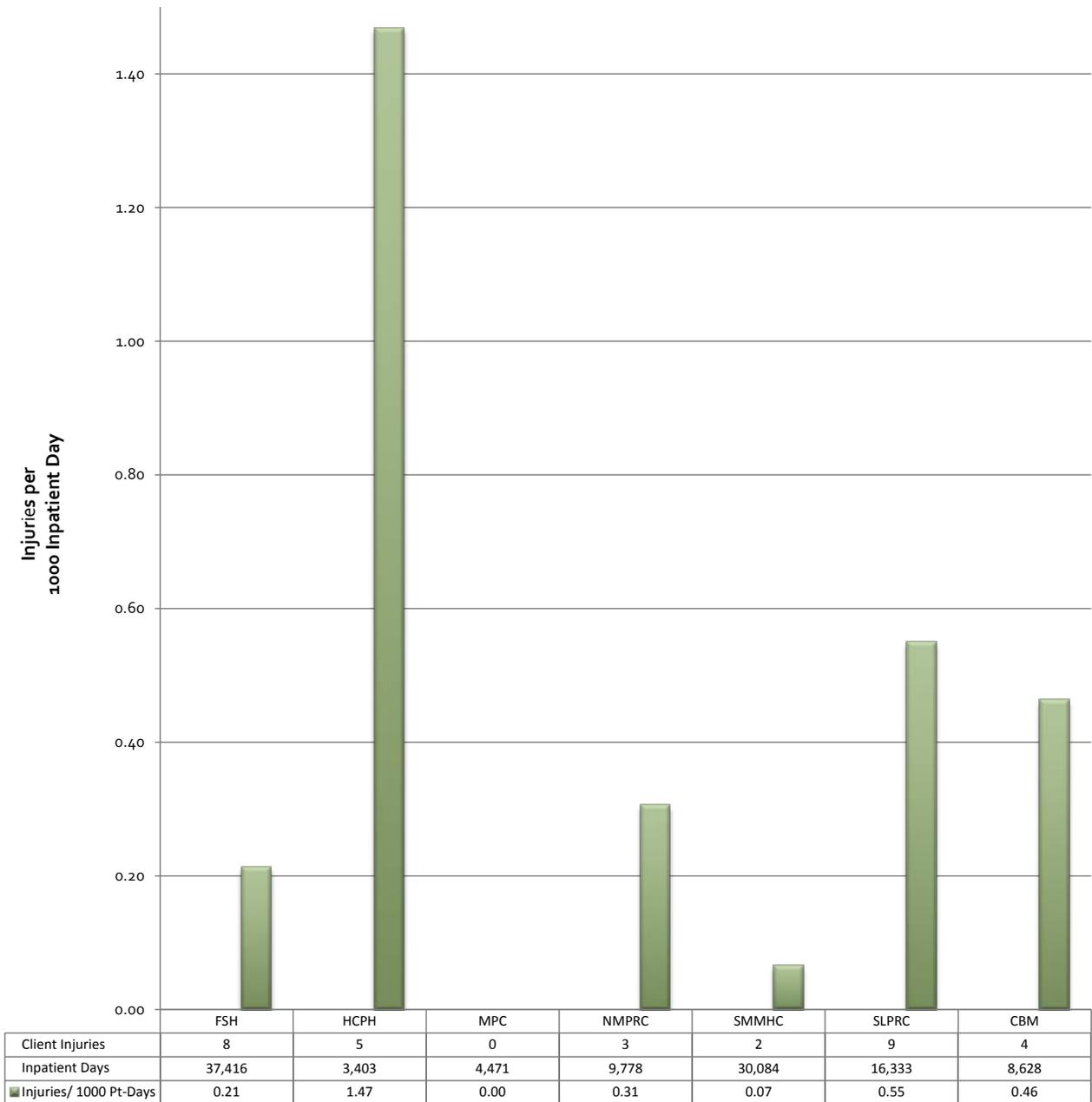
Inpatient Client Injuries



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.



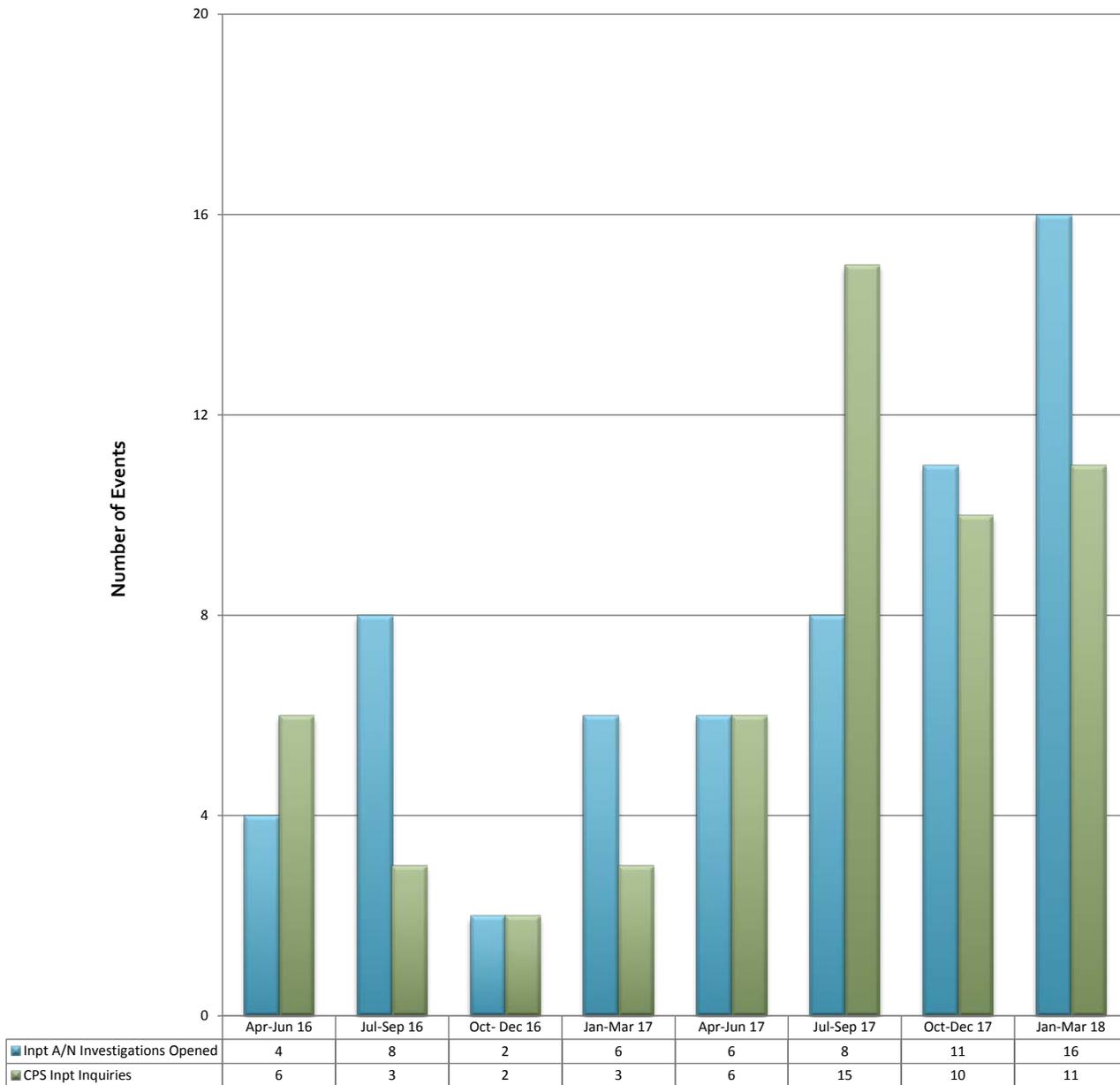
Inpatient Client Injuries by Facility



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. Third quarter of FY18 shows a higher injury rate for Hawthorn Children's Psychiatric Hospital. Metropolitan St. Louis Psychiatric Center didn't report any injuries in this last quarter. Perhaps contrary to expectations, 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.



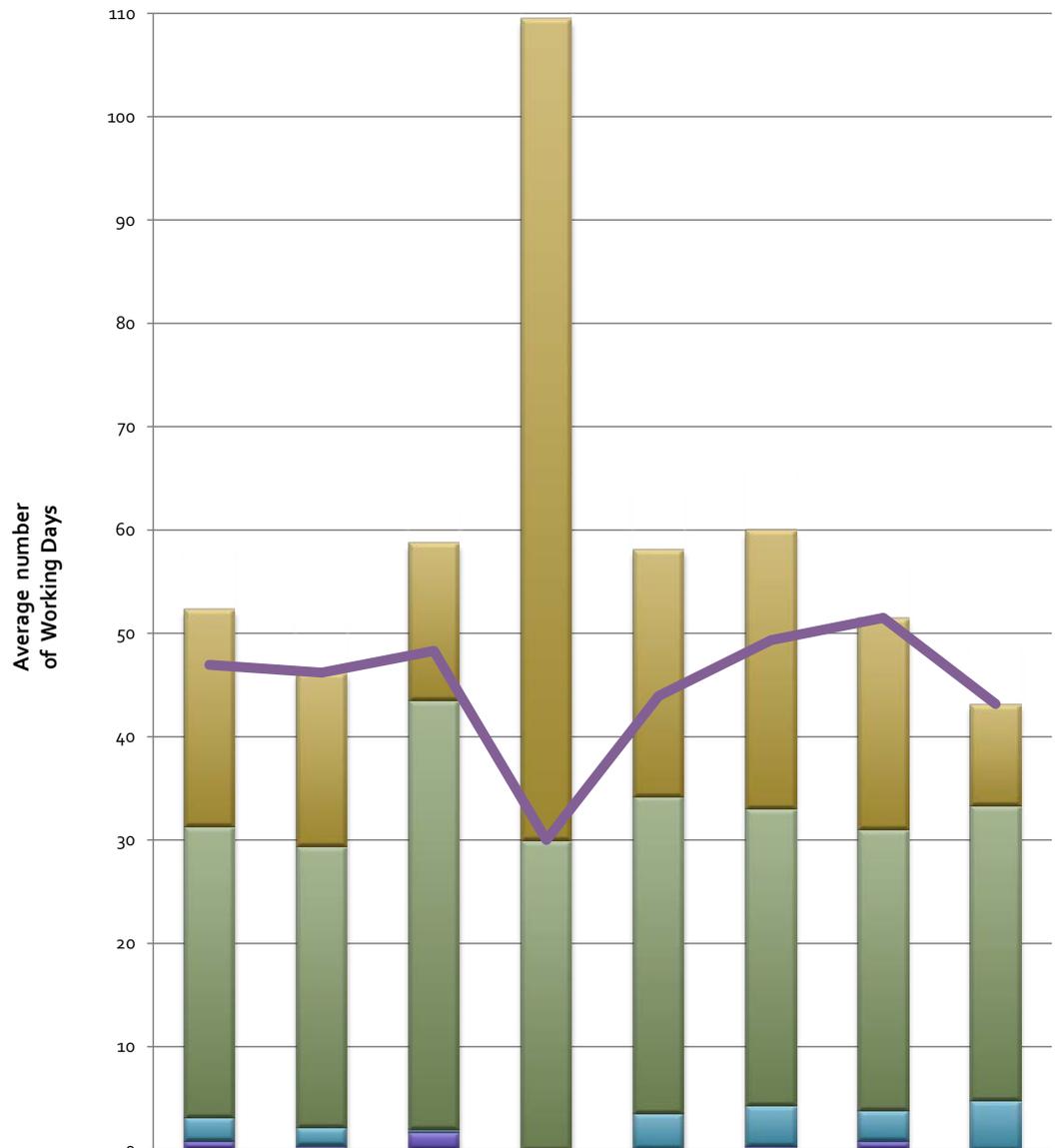
Inpatient Inquiries into Potential Abuse/Neglect Allegations



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

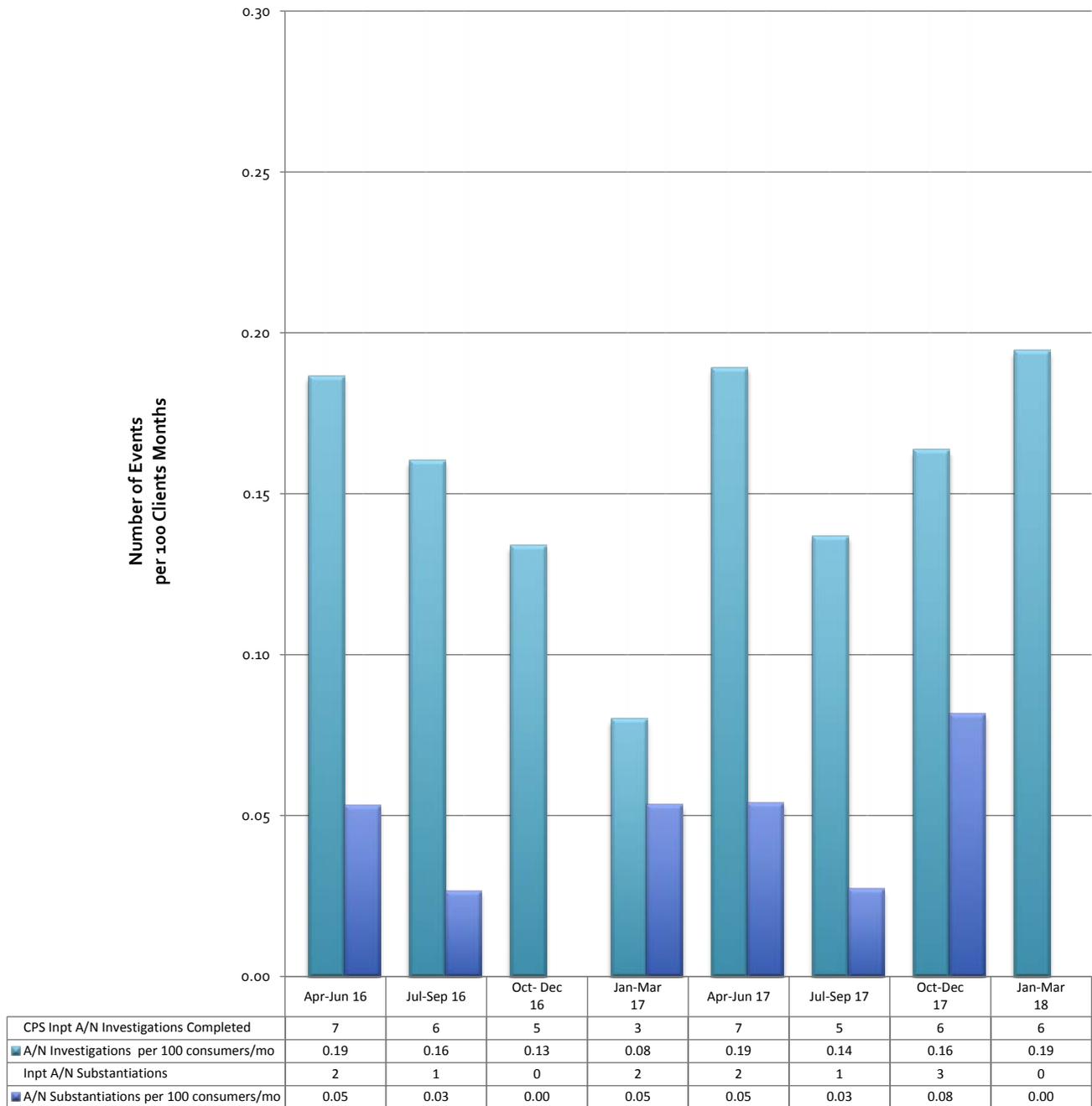


	Apr-Jun 16	Jul-Sep 16	Oct-Dec 16	Jan-Mar 17	Apr-Jun 17	Jul-Sep 17	Oct-Dec 17	Jan-Mar 18
CPS Inpt Investigation Event Count	6	5	4	2	6	6	6	6
CPS Inpt: Inv. Final Report to Final Determination	21.00	16.80	15.29	79.50	23.90	27.00	20.50	9.83
CPS Inpt: Inv. Request to Inv. Final Report	28.17	27.20	41.50	30.00	30.67	28.67	27.17	28.50
CPS Inpt: Event Report to Inv. Request	2.33	1.80	0.25	0.00	3.43	4.00	3.00	4.83
CPS Inpt: Event Discovery to Event Report	0.83	0.40	1.75	0.00	0.14	0.33	0.83	0.00
CPS Inpt: "Typical" Inv Total Time	46.94	46.20	48.29	30.00	43.93	49.33	51.50	43.16

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.



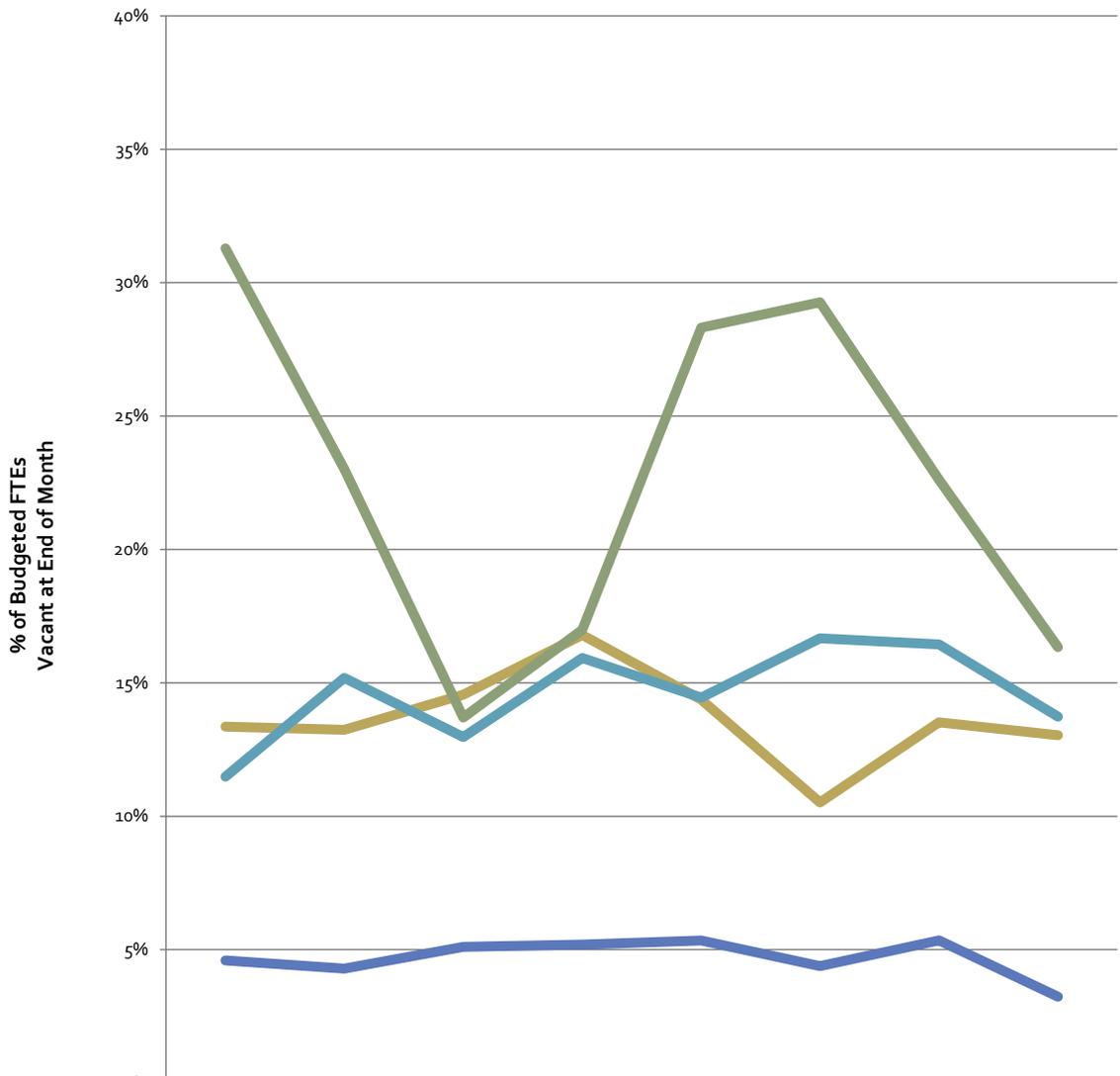
Inpatient Abuse / Neglect Investigations



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

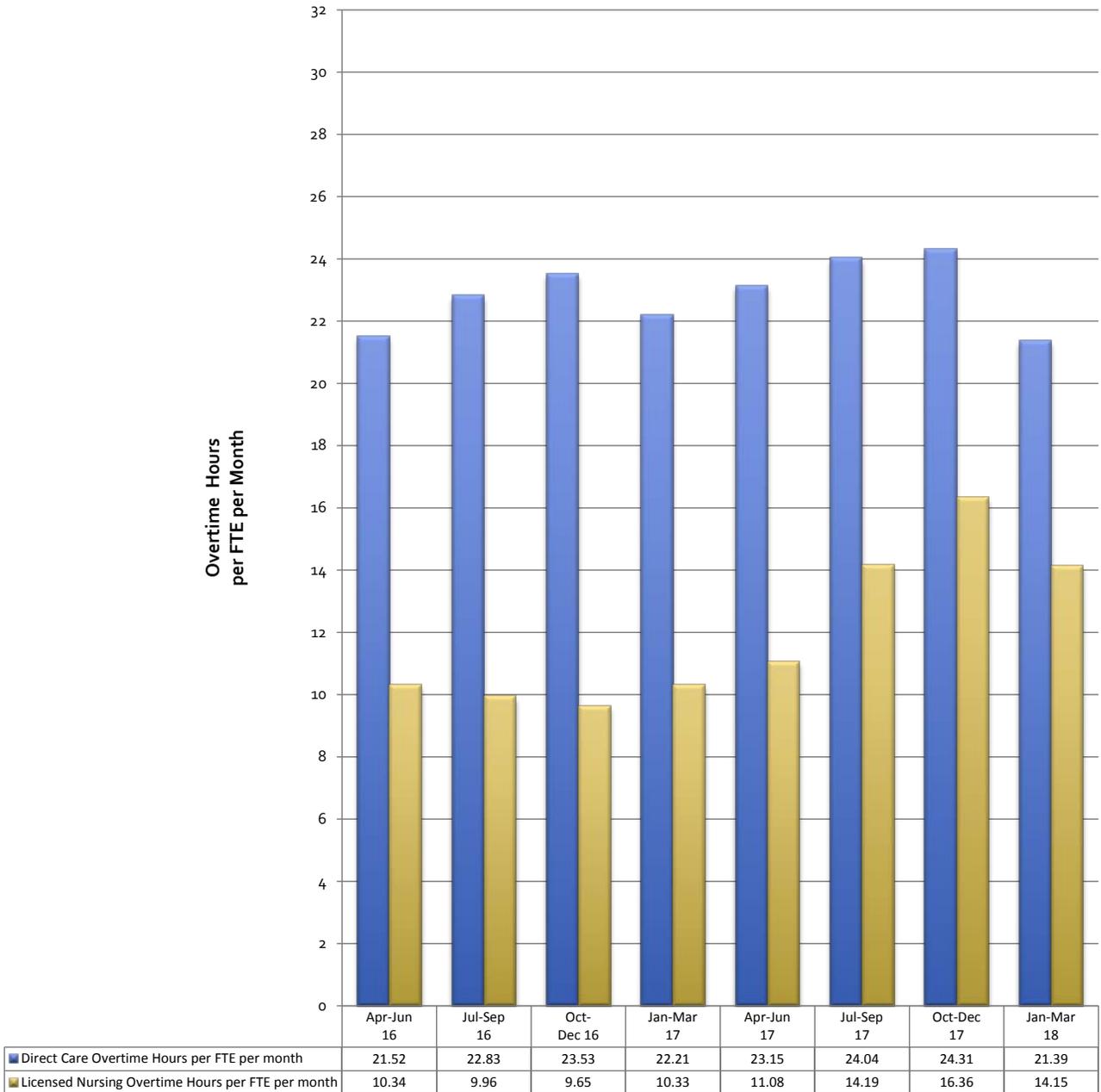


	Apr-Jun 16	Jul-Sep 16	Oct-Dec 16	Jan-Mar 17	Apr-Jun 17	Jul-Sep 17	Oct-Dec 17	Jan-Mar 18
Direct Care Staff Vacancy Rates	4.59%	4.29%	5.11%	5.19%	5.34%	4.38%	5.35%	3.24%
Licensed Nursing Staff Vacancy Rates	13.36%	13.24%	14.56%	16.80%	14.37%	10.52%	13.52%	13.03%
Psychologist Vacancy Rates	31.28%	23.01%	13.70%	16.99%	28.32%	29.26%	22.61%	16.34%
Psychiatrist Staff Vacancy Rates	11.48%	15.19%	12.97%	15.93%	14.45%	16.67%	16.44%	13.73%

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.



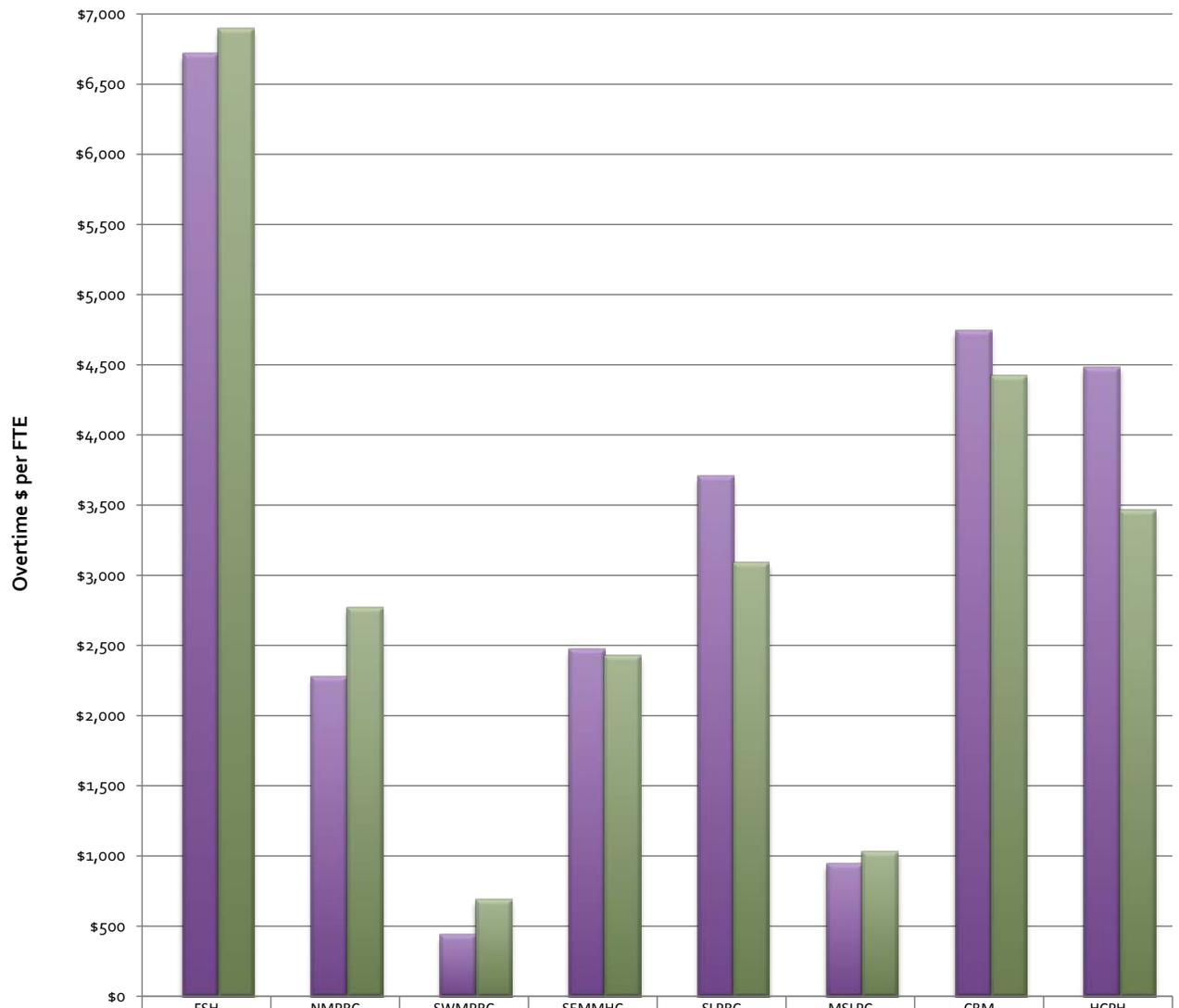
CPS Operated Facility Overtime Hours per FTE per Month



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.



Inpatient Facility, FY18 Overtime \$ per FTE versus FY17 Overtime \$ per FTE -- FY to date

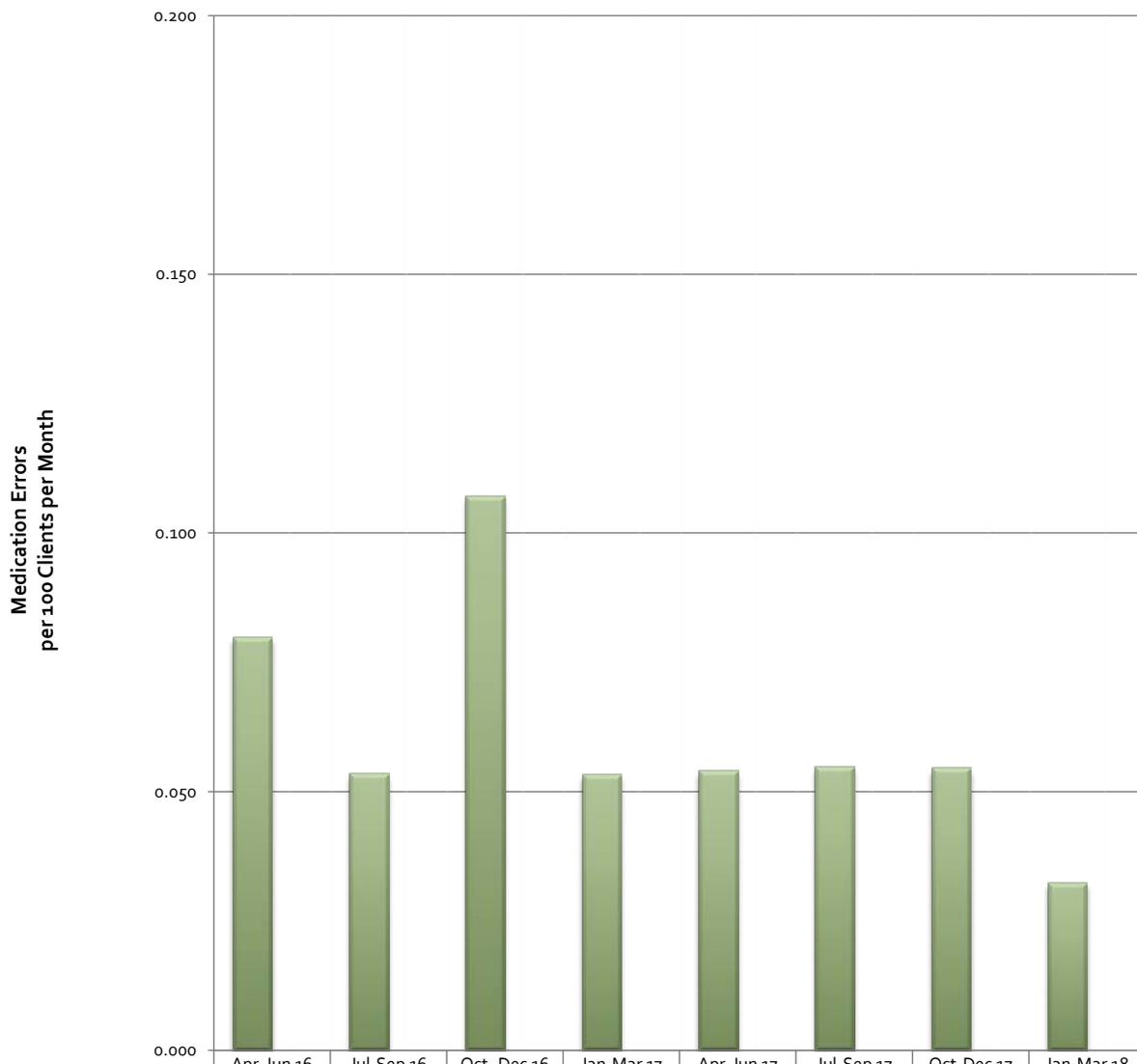


	FSH	NMPRC	SWMPRC	SEMMHC	SLPRC	MSLPC	CBM	HCPH
FY18 Direct Care Overtime \$M	4.35	0.33	0.02	1.15	1.04	0.11	0.55	0.55
FY18 Direct Care FTEs	647.50	144.00	38.00	465.98	280.50	114.50	116.50	121.60
FY18 Direct Care OT \$ per FTE	\$6,720	\$2,280	\$441	\$2,478	\$3,706	\$947	\$4,747	\$4,487
FY17 Direct Care Overtime \$M	4.47	0.40	0.03	1.13	0.87	0.12	0.52	0.42
FY17 Direct Care FTEs	647.50	144.00	38.00	465.98	280.50	114.50	116.50	121.60
FY17 Direct Care OT \$ per FTE	\$6,897	\$2,769	\$693	\$2,431	\$3,093	\$1,031	\$4,426	\$3,469

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

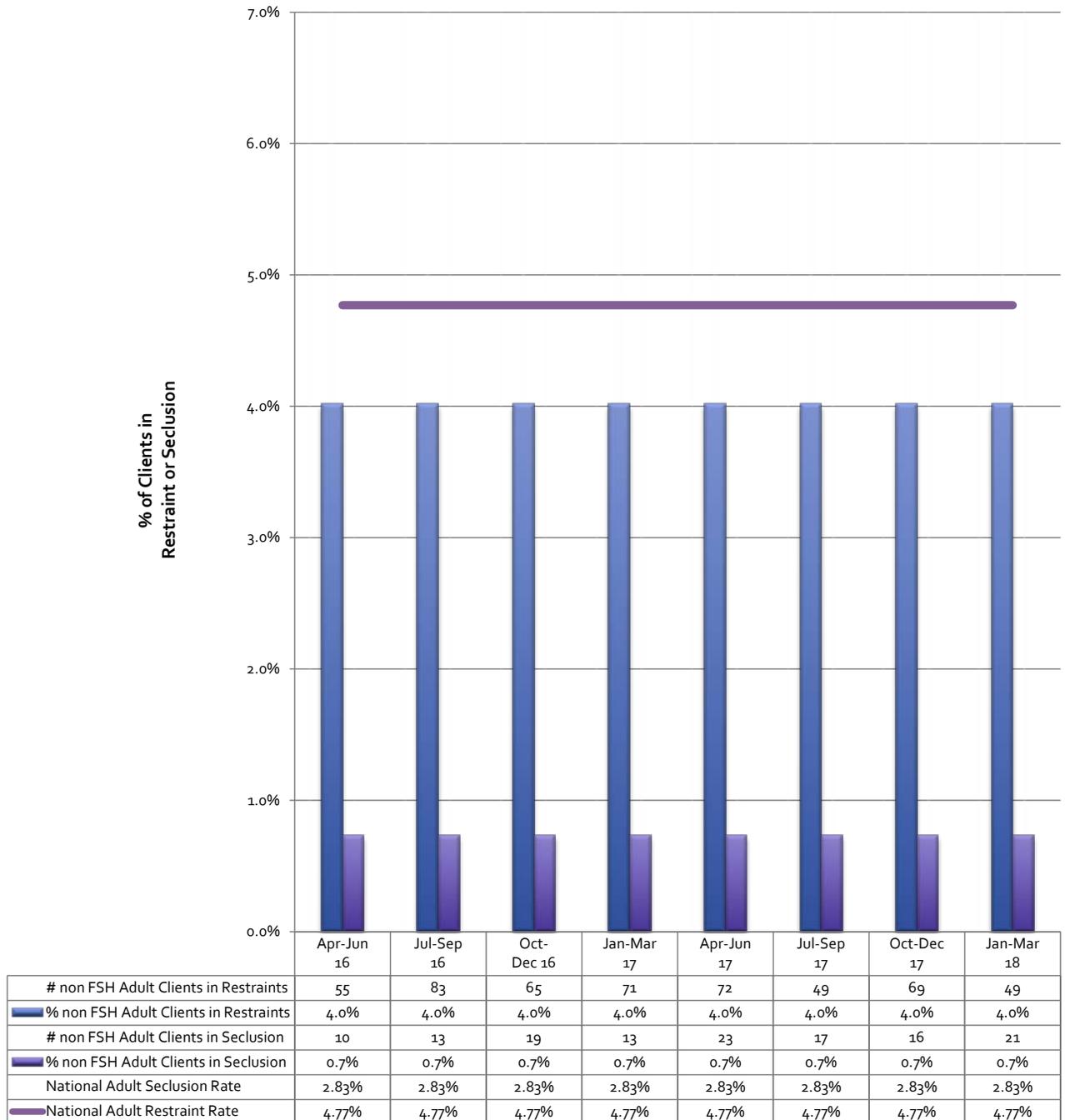


	Apr-Jun 16	Jul-Sep 16	Oct-Dec 16	Jan-Mar 17	Apr-Jun 17	Jul-Sep 17	Oct-Dec 17	Jan-Mar 18
Inpt "Moderate" Med Errors	3	2	4	2	2	2	2	1
Inpt "Moderate" Med Errors per 100 Consumers/mo	0.08	0.05	0.11	0.05	0.05	0.05	0.05	0.03
Inpt "Serious" Med Errors	0	0	0	0	0	0	0	0
Inpt "Serious" Med Errors per 100 Consumers/mo	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Unduplicated Client-month count	3,752	3,742	3,732	3,747	3,700	3,649	3,665	3,084

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.



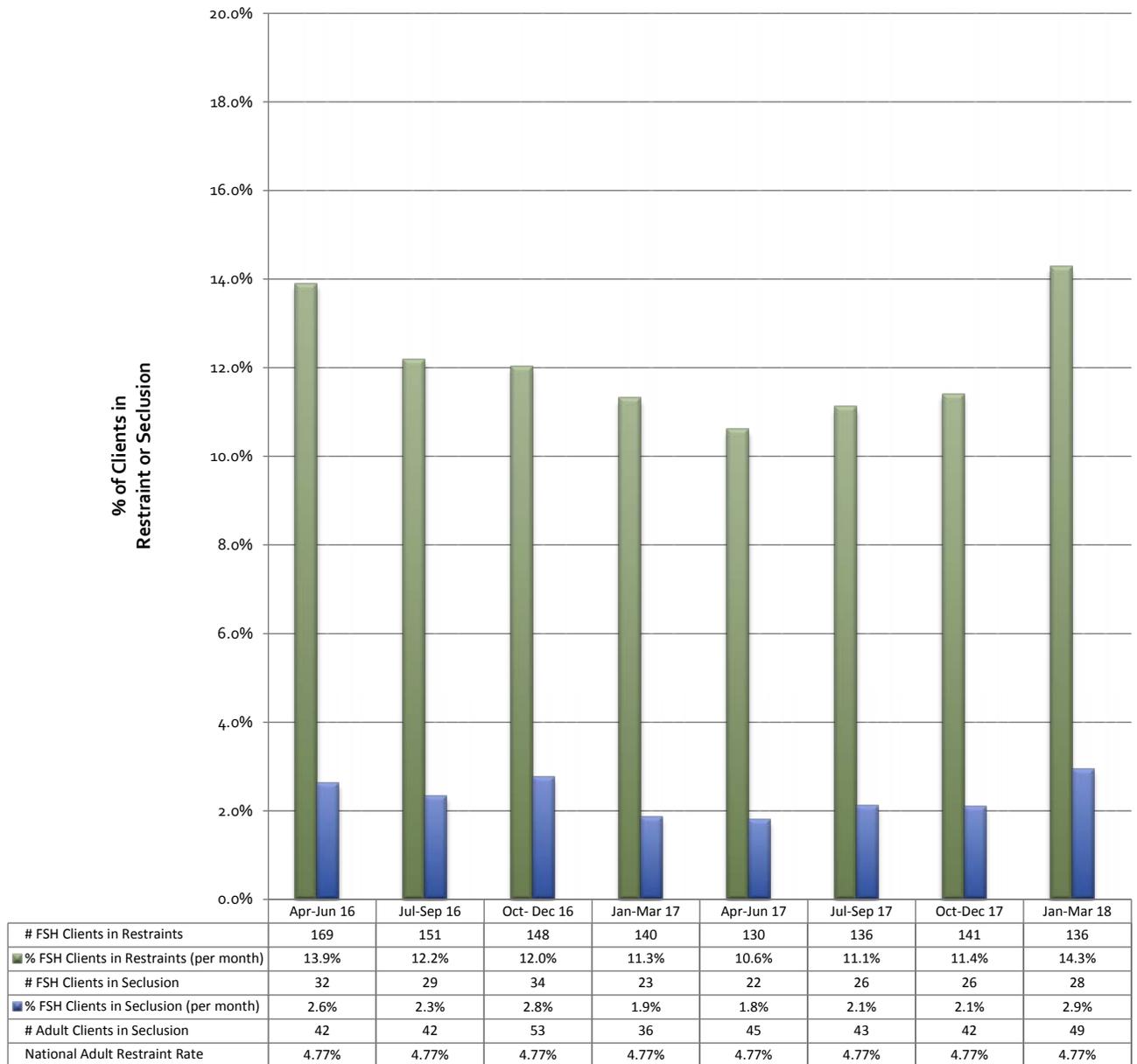
Inpatient Adult Restraint & Seclusion Use



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

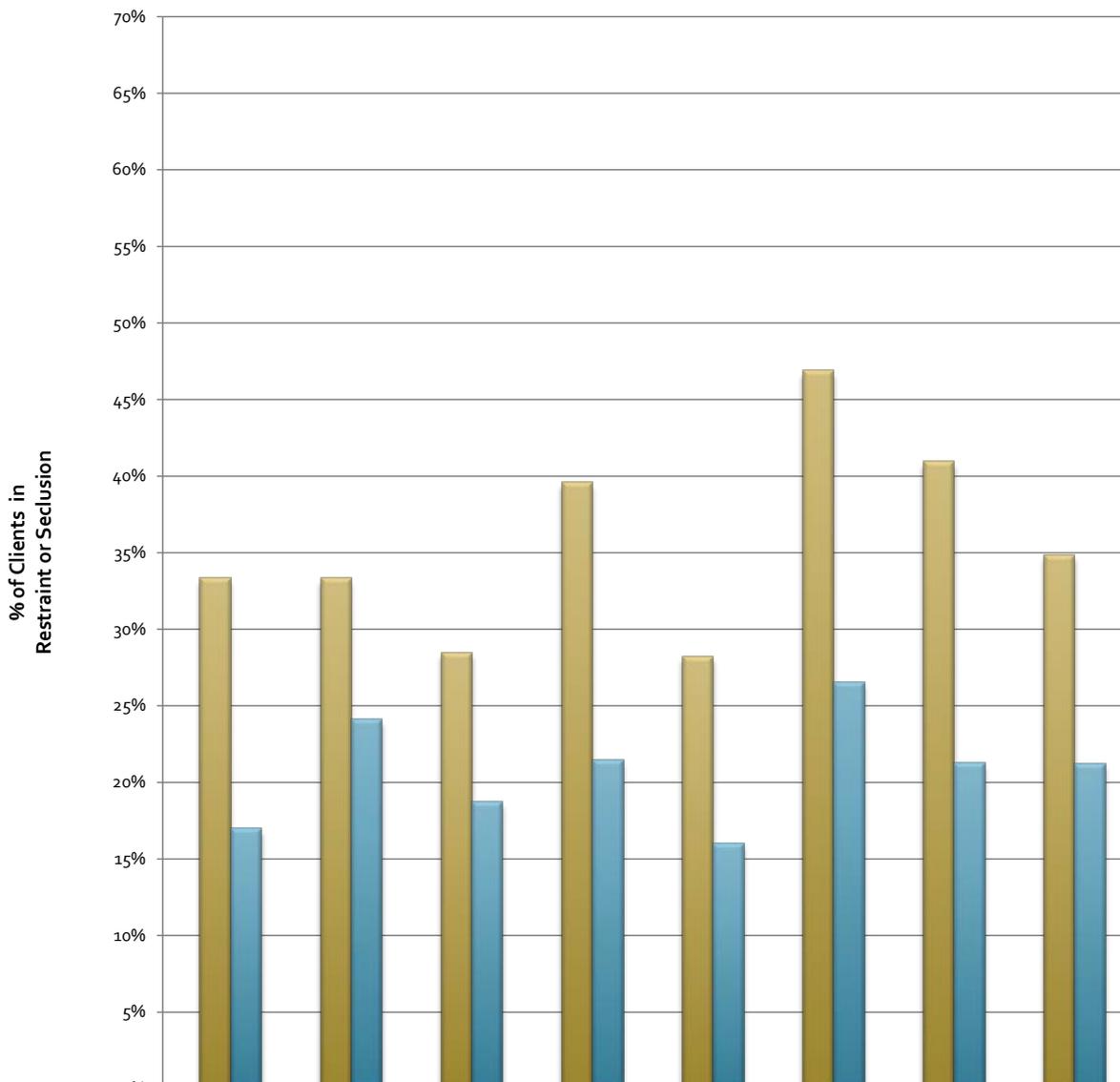


NOTE: Fulton State Hospital had incomplete data for unduplicated consumer counts for March 2018 which likely affected the January-March '18 rates.

SIGNIFICANCE: CPS has several projects under way to help reduce reliance on restraint use. The most recent quarters show lower rates 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

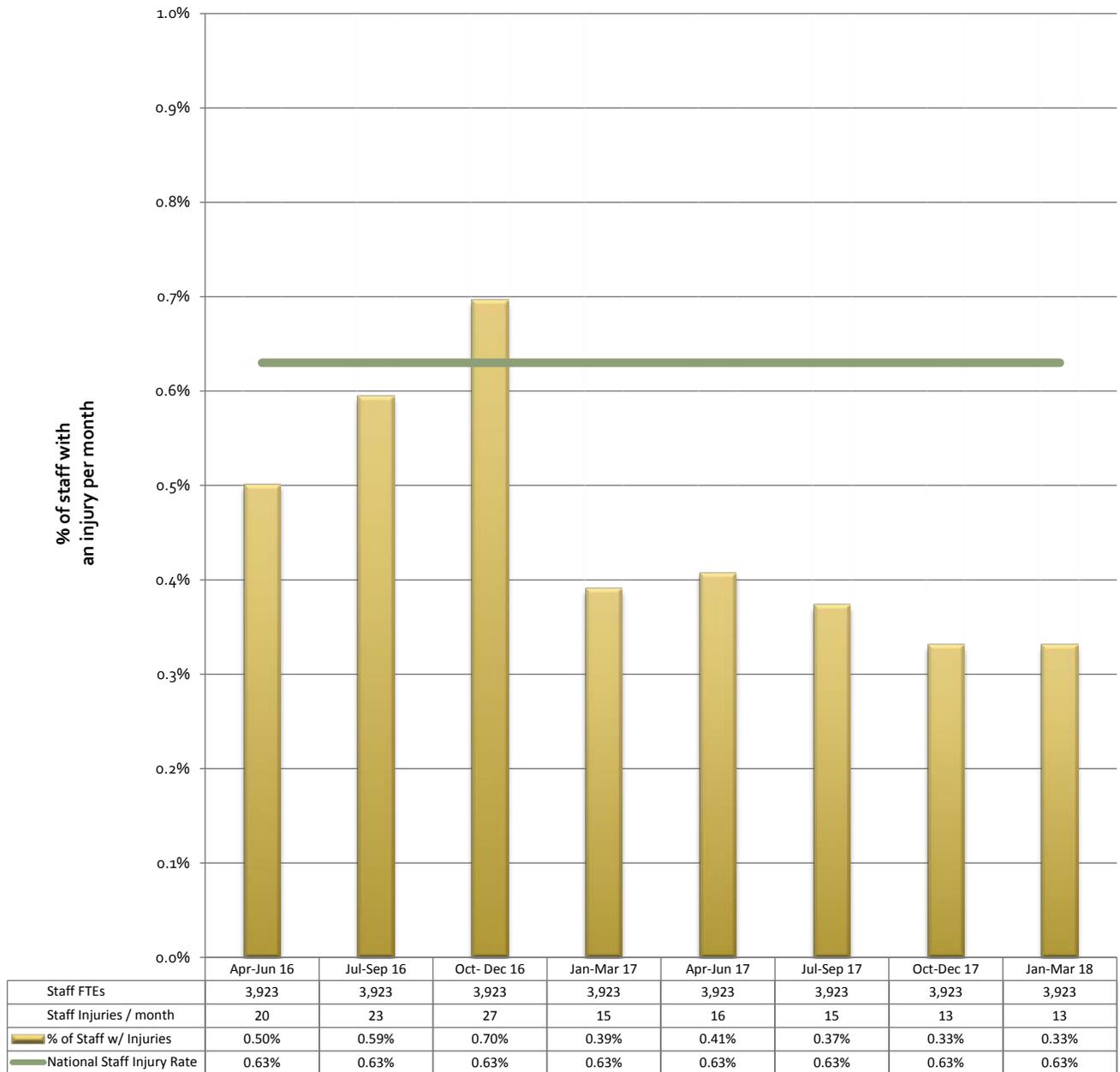


	Apr-Jun 16	Jul-Sep 16	Oct-Dec 16	Jan-Mar 17	Apr-Jun 17	Jul-Sep 17	Oct-Dec 17	Jan-Mar 18
# Youth in Restraints	51	47	41	59	44	53	52	46
% Youth in Restraints (per month)	0.33	0.33	0.28	0.40	0.28	0.47	0.41	0.35
# Youth in Seclusion	26	34	27	32	25	30	27	28
% Youth in Seclusion (per month)	0.17	0.24	0.19	0.21	0.16	0.27	0.21	0.21

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

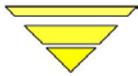


NOTE: Includes injuries requiring any medical care or hospitalization, but not first aid only. National average for inpatient staff in SFY 2012 (ORYX) was .63% of staff per month. (National rate is reported as per 1000 inpatient days, converted here into per FTE using Missouri inpatient days per FTE.)

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.

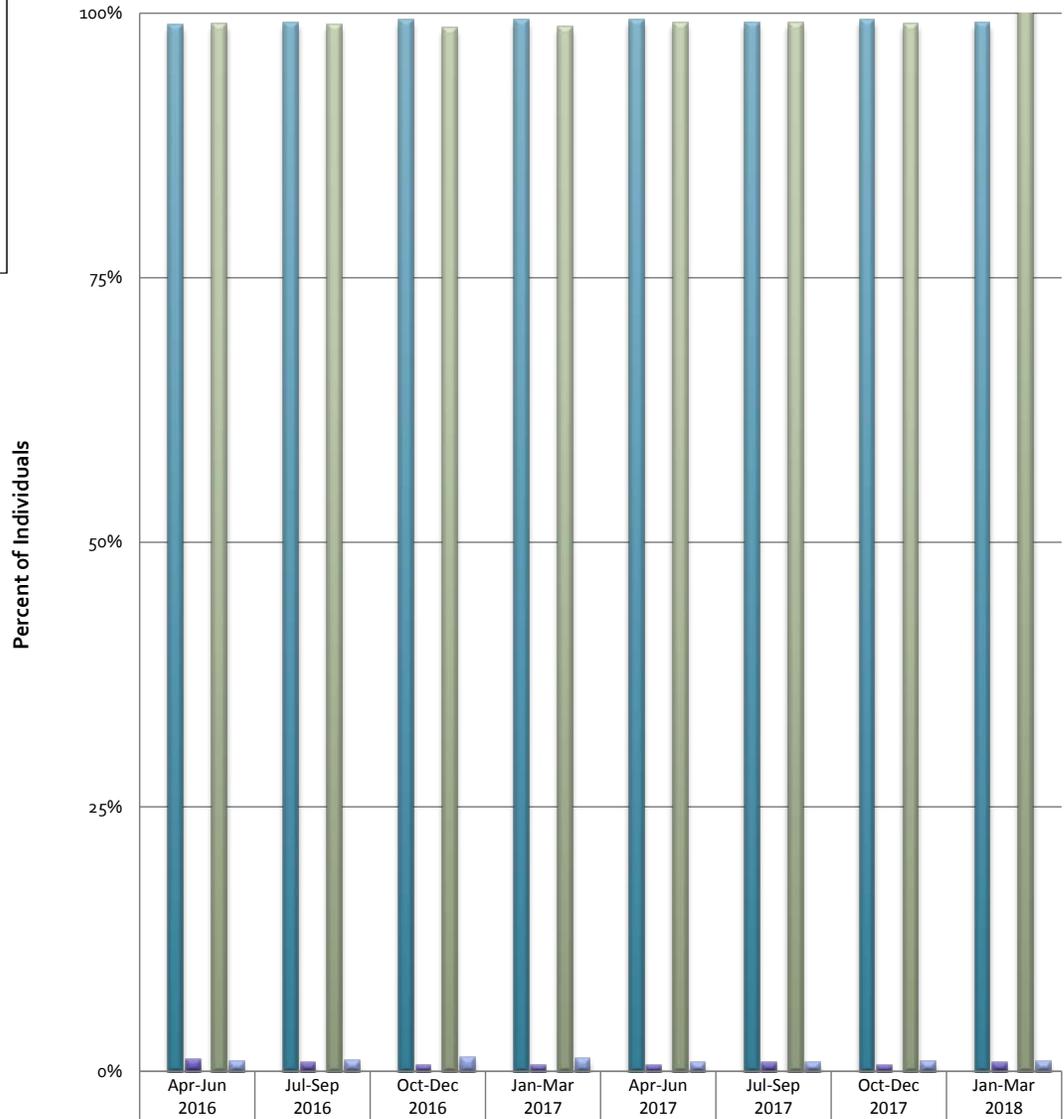


Division of Developmental Disabilities

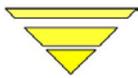


Division of DD Residential Medicaid Eligibility

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.

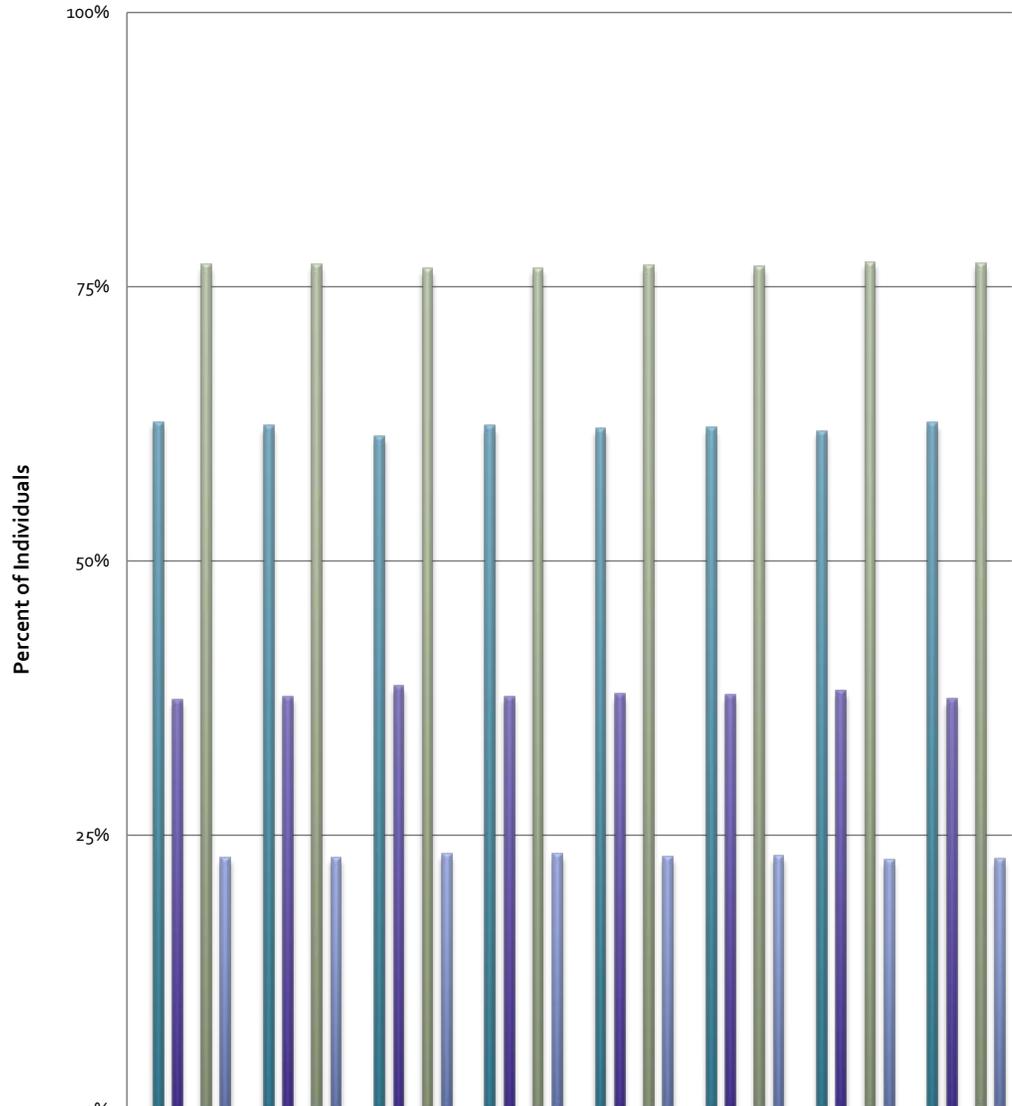


	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018
# Individuals Served in Hab Centers	355	347	345	341	329	334	328	328
# HC Individuals Medicaid Eligible	351	344	343	339	327	331	326	325
% HC Individuals Medicaid Eligible	99%	99%	99%	99%	99%	99%	99%	99%
# HC Individuals Not Medicaid Eligible	4	3	2	2	2	3	2	3
% HC Individuals Not Medicaid Eligible	1%	1%	1%	1%	1%	1%	1%	1%
# Individuals Served in Community Residential	7222	7367	7411	7409	7432	7437	7445	7448
# Individuals Community Medicaid Eligible	7153	7290	7312	7318	7368	7375	7375	9831
% Individuals Community Medicaid Eligible	99%	99%	99%	99%	99%	99%	99%	132%
# Individuals Community Not Medicaid Eligible	69	77	99	91	64	62	70	73
% Individuals Community Not Medicaid Eligible	1%	1%	1%	1%	1%	1%	1%	1%

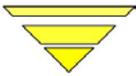


Division of DD Non-Residential Medicaid Eligibility

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.

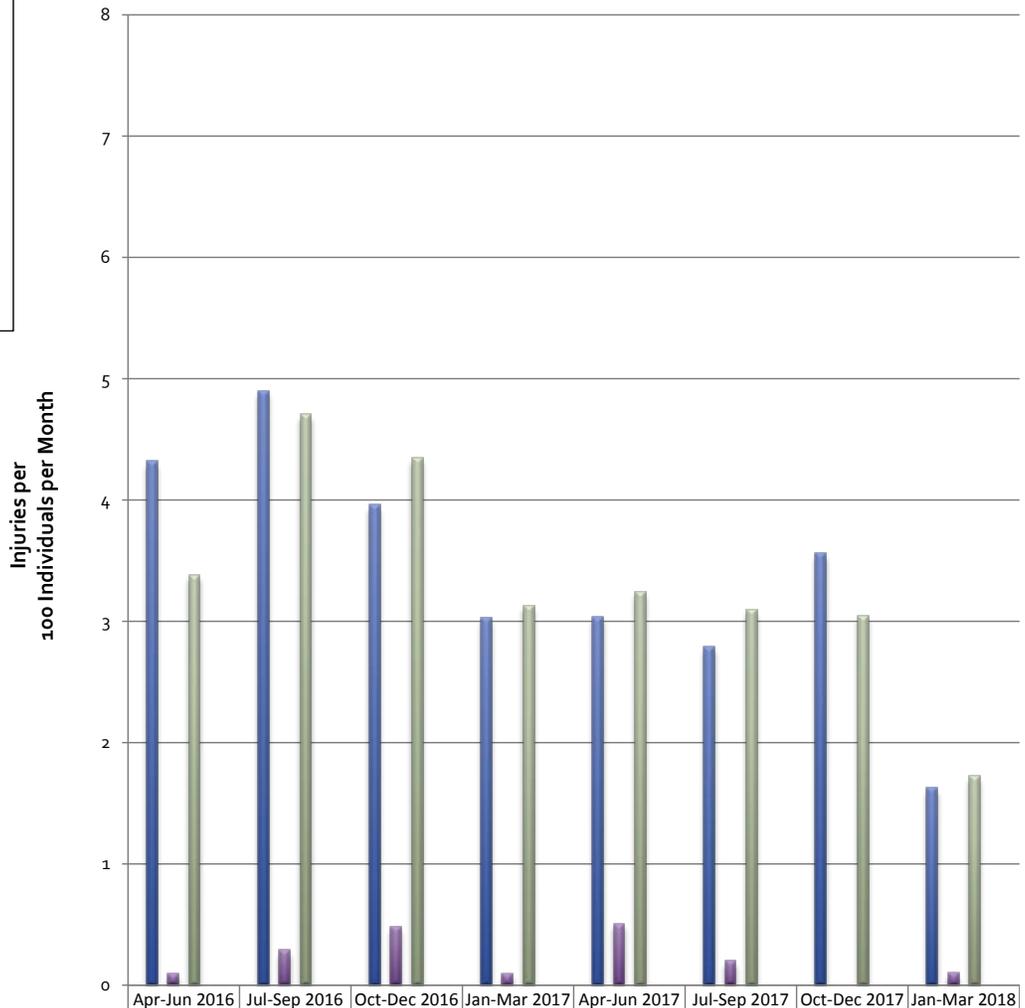


	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018
# Individuals served in Case Management (CM) Only	13900	15277	15506	15376	15691	15679	15774	15706
# Individuals CM Only Medicaid Eligible	8703	9522	9522	9585	9747	9744	9756	9831
% Individuals CM Only Medicaid Eligible	63%	62%	61%	62%	62%	62%	62%	63%
# Individuals Case Mngmt Only Not Medicaid Eligible	5197	5755	5984	5791	5944	5935	6018	5875
% Individuals CM Only Not Medicaid Eligible	37%	38%	39%	38%	38%	38%	38%	37%
# Individuals Served in Other Services	12038	12608	12730	12972	13128	13619	13880	14218
# Individuals Other Services Medicaid Eligible	9271	9711	9757	9949	10107	10467	10721	10965
% Individuals Other Services Medicaid Eligible	77%	77%	77%	77%	77%	77%	77%	77%
# Individuals Other Services Not Medicaid Eligible	2767	2897	2973	3023	3027	3152	3159	3253
% Individuals Other Services Not Medicaid Eligible	23%	23%	23%	23%	23%	23%	23%	23%

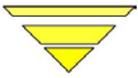


Division of DD Habilitation Center Campus Injuries per 100 Individuals

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.

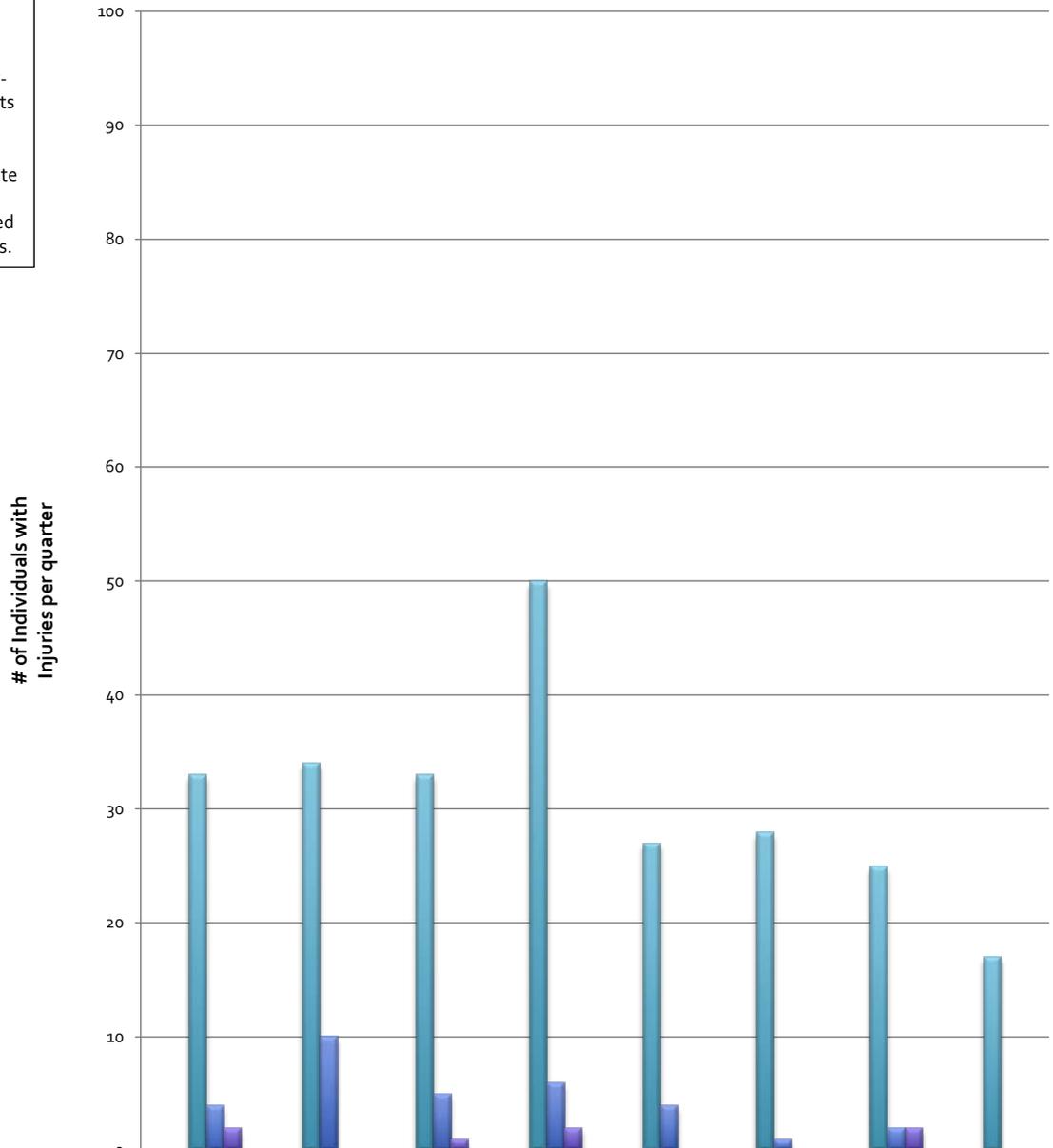


	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018
# HCC Injuries Resulting in Medical Intervention	46	51	41	31	30	28	35	16
HCC Injuries Resulting in Medical Intervention per 100 Indiv/mo	4.3	4.9	4.0	3.0	3.0	2.8	3.6	1.6
# HCC Injuries Resulting in Hospitalization	1	3	5	1	5	2	0	1
HCC Injuries Resulting in Hospitalization per 100 Indiv/mo	0.1	0.3	0.5	0.1	0.5	0.2	0.0	0.1
# HCC Injuries Resulting in Emergency Room Visits	36	49	45	32	32	31	30	17
HCC Injuries Resulting in Emergency Room Visits per 100 Indiv/mo	3.4	4.7	4.3	3.1	3.2	3.1	3.0	1.7
# 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	355	347	345	341	329	334	328	328

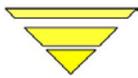


Division of DD Habilitation Center Campus Individuals with 1, 2, or 3+ Injuries

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.

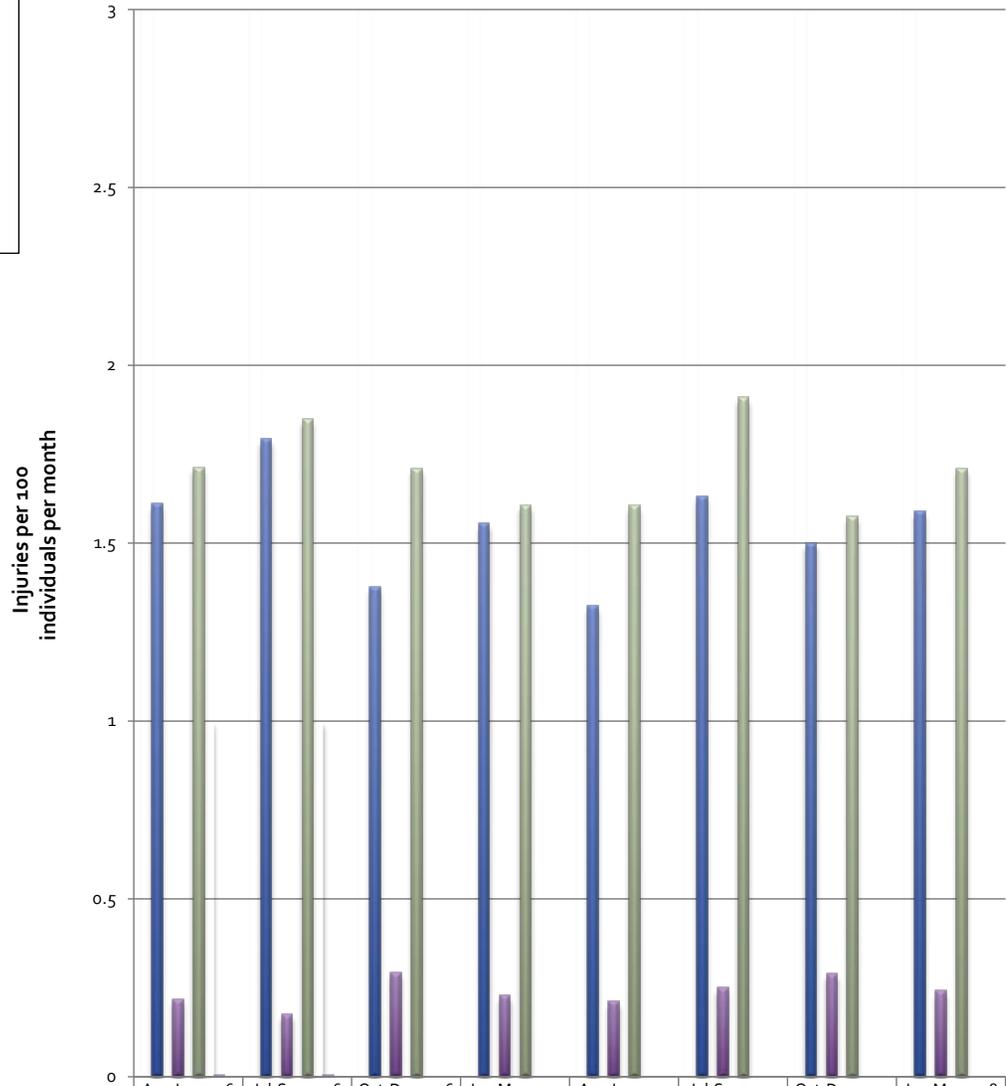


	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018
# HCC Individuals	355	347	345	341	329	334	328	328
# HCC Individuals with No Injuries	316	303	306	283	298	305	299	311
# HCC Individuals with Exactly 1 Injury	33	34	33	50	27	28	25	17
# HCC Individuals with Exactly 2 Injuries	4	10	5	6	4	1	2	0
# HCC Individuals with 3+ Injuries	2	0	1	2	0	0	2	0

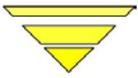


Division of DD Community Residential Injuries per 100 Individuals

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.

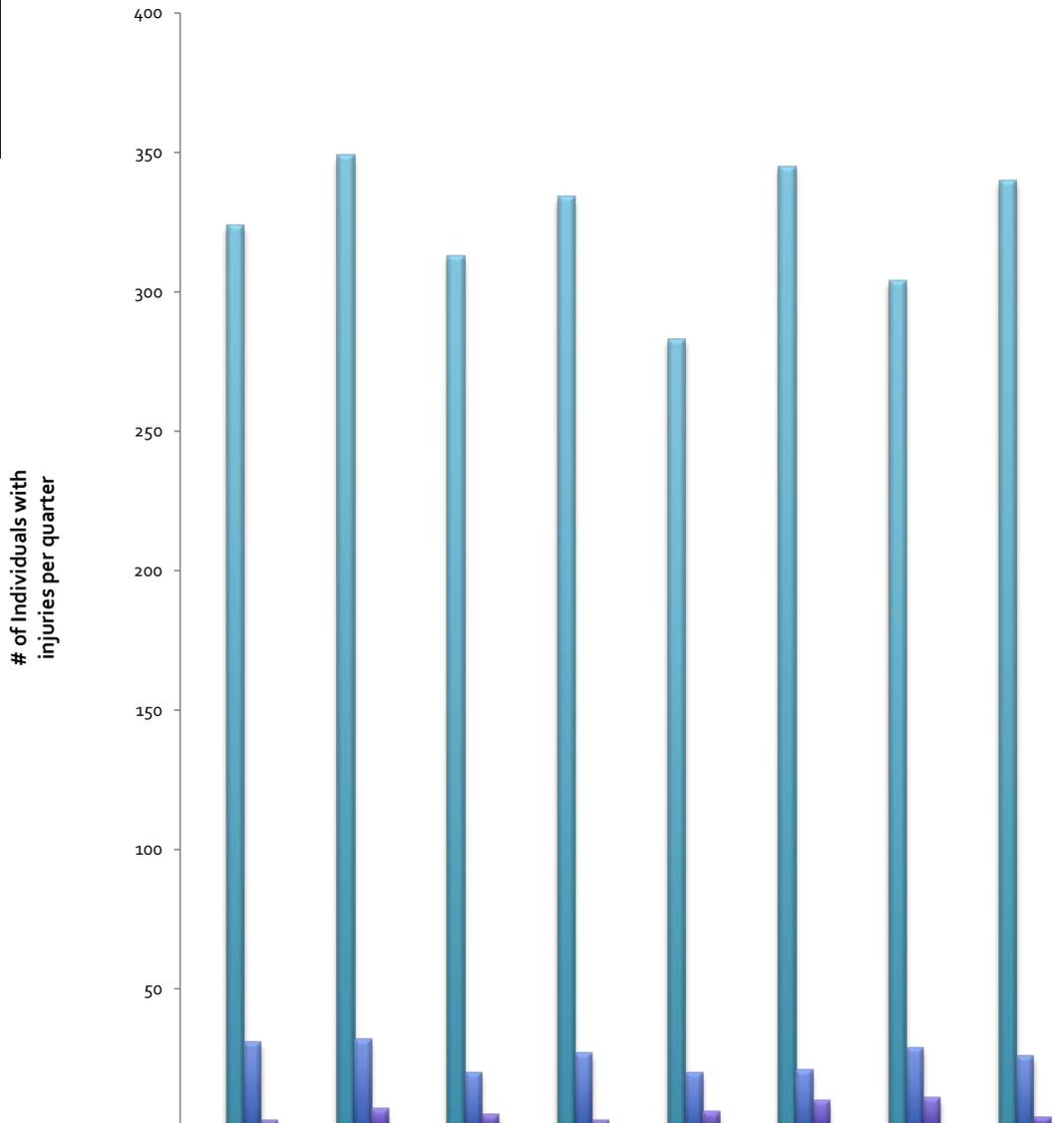


	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018
# Community Injuries Resulting in Medical Intervention	349	396	306	346	295	364	335	355
■ Community Injuries Resulting in Medical Intervention per 100 Indiv/mo	1.6	1.8	1.4	1.6	1.3	1.6	1.5	1.6
# Community Injuries Resulting in Hospitalization	47	39	65	51	47	56	65	54
■ Community Injuries Resulting in Hospitalization per 100 Indiv/mo	0.2	0.2	0.3	0.2	0.2	0.3	0.3	0.2
# Community Injuries Resulting in Emergency Room Visits	371	409	380	357	358	426	352	382
■ Community Injuries Resulting in ER Visits per 100 Indiv/mo	1.7	1.9	1.7	1.6	1.6	1.9	1.6	1.7
# Community Injuries Resulting in Death	1	1	0	0	0	0	0	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	7222	7367	7411	7409	7432	7437	7445	7448

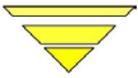


Division of DD Community Individuals with 1, 2, or 3+ Injuries

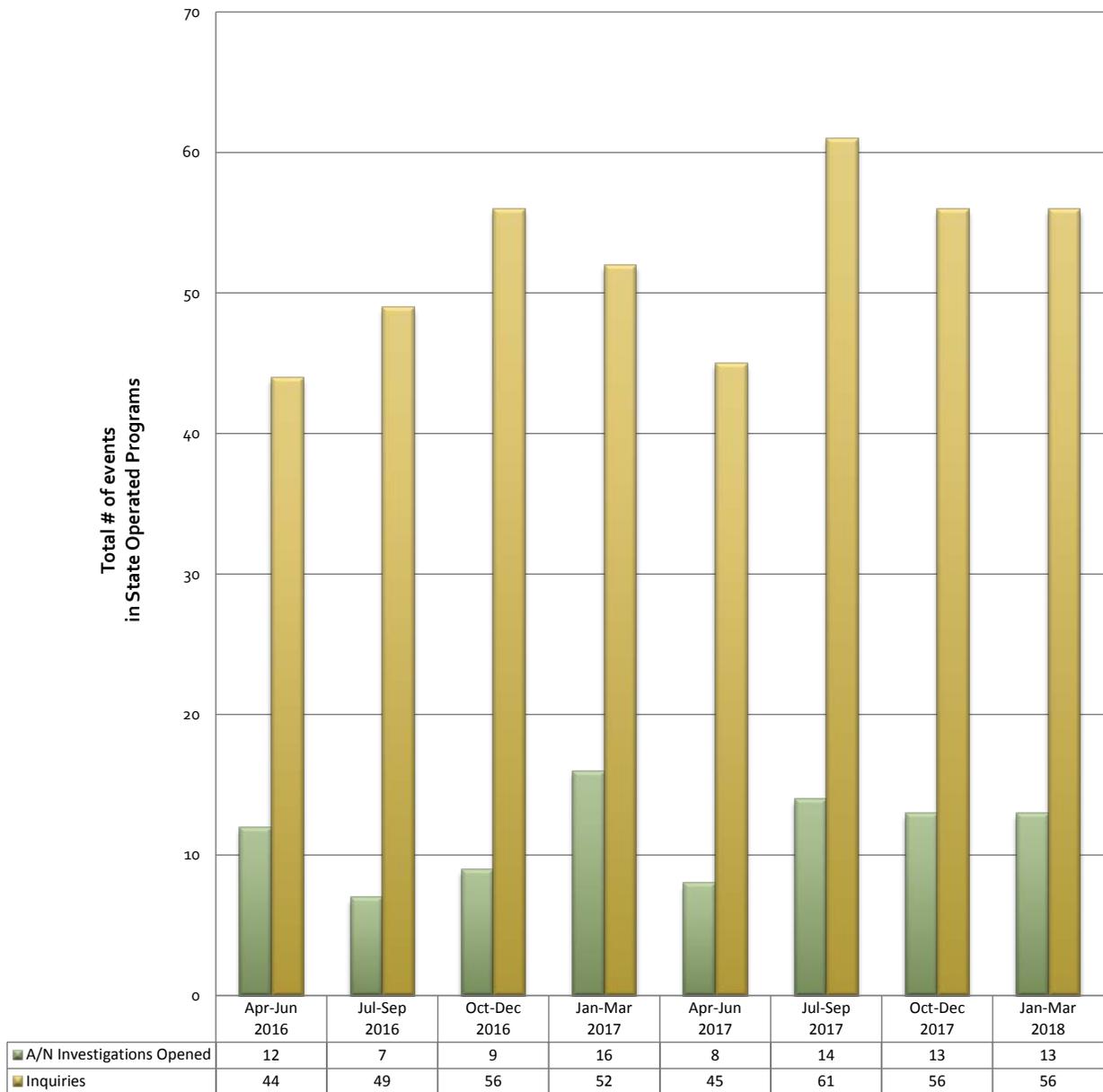
Note: An injury is defined as that which required treatment of more than first aid. State Operated Waiver Programs information now included in community residential data.



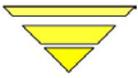
	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018
# DD Individuals in Community Residential	704	749	666	595	711	702	519	605
# DD Community Individuals with No Injuries	346	361	328	231	402	326	175	235
# DD Community Individuals with Exactly 1 Injury	324	349	313	334	283	345	304	340
# DD Community Individuals with Exactly 2 Injuries	31	32	20	27	20	21	29	26
# DD Community Individuals with 3+ Injuries	3	7	5	3	6	10	11	4



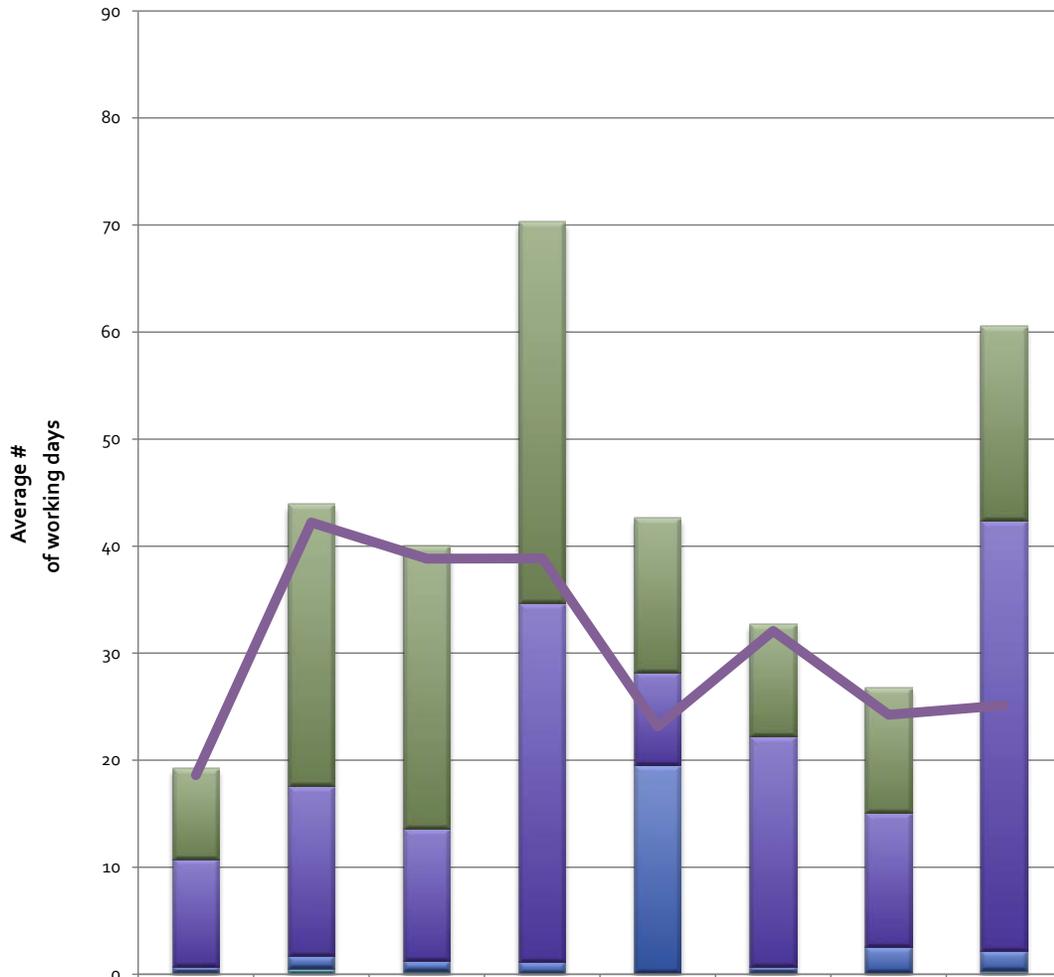
Division of DD State Operated Programs Inquiries Into Potential Abuse/Neglect Allegations



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.

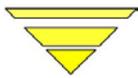


Duration of Investigation Process State Operated Programs

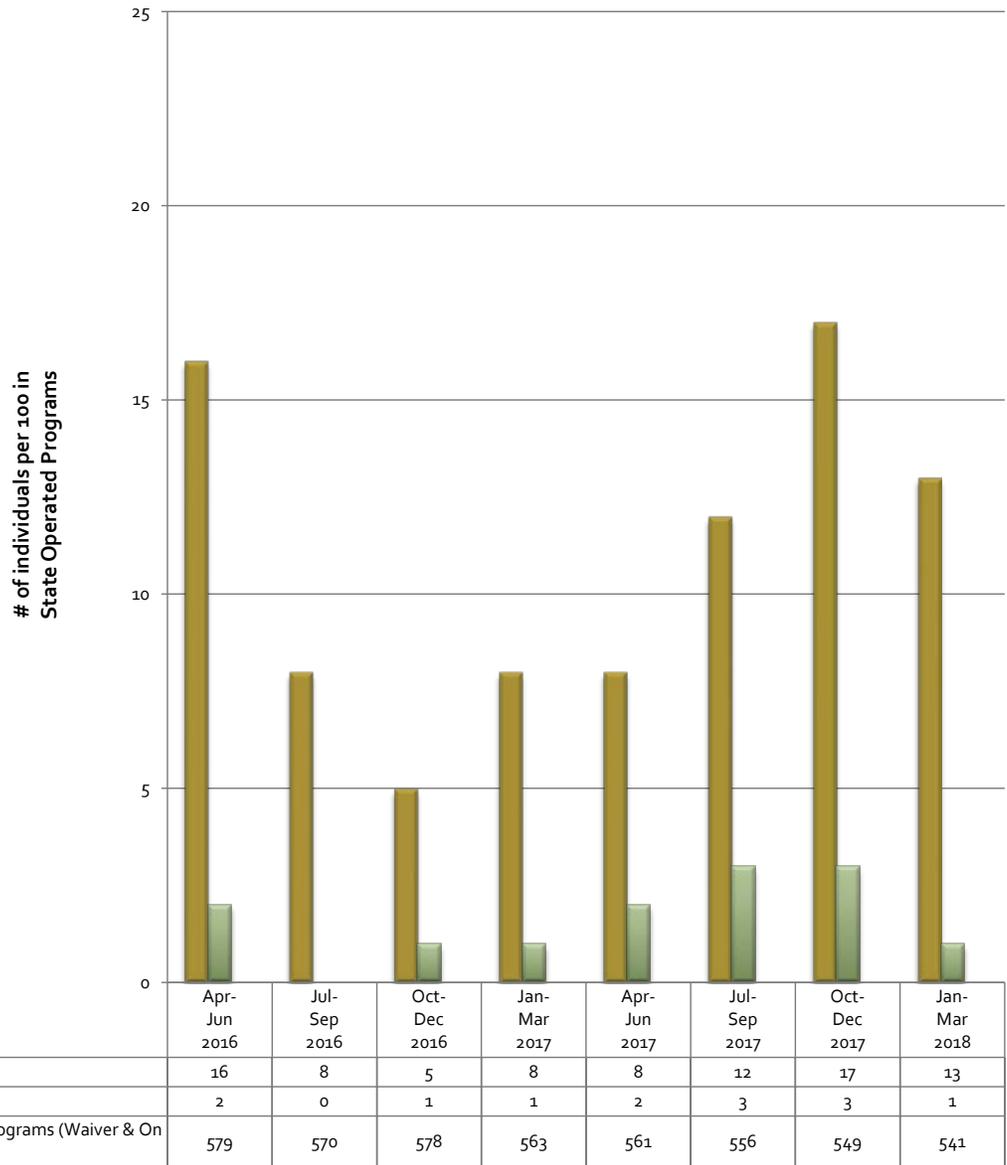


DD State Operated Programs Event Count	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018
Inv. Final Report to Final Determ.	8.50	26.29	26.50	35.62	14.43	10.53	11.71	18.17
Inv. Request to Final Report	10.10	15.93	12.33	33.54	8.71	21.53	12.53	40.17
Event Report to Inv. Request	0.56	1.20	1.00	1.13	19.38	0.56	2.43	1.90
Event Discovery to Report	0.11	0.50	0.25	0.00	0.13	0.11	0.14	0.30
Total Time (90%)	18.60	42.21	38.83	38.85	23.14	32.07	24.24	25.14

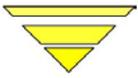
NOTE: Timelines are divided into four distinct stages of the investigation. The bars show the average duration (in working days) for all final determinations made in each quarter, whereas the line superimposes the overall average duration of 90% of the cases. The 90% is used in order to show a more "typical"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



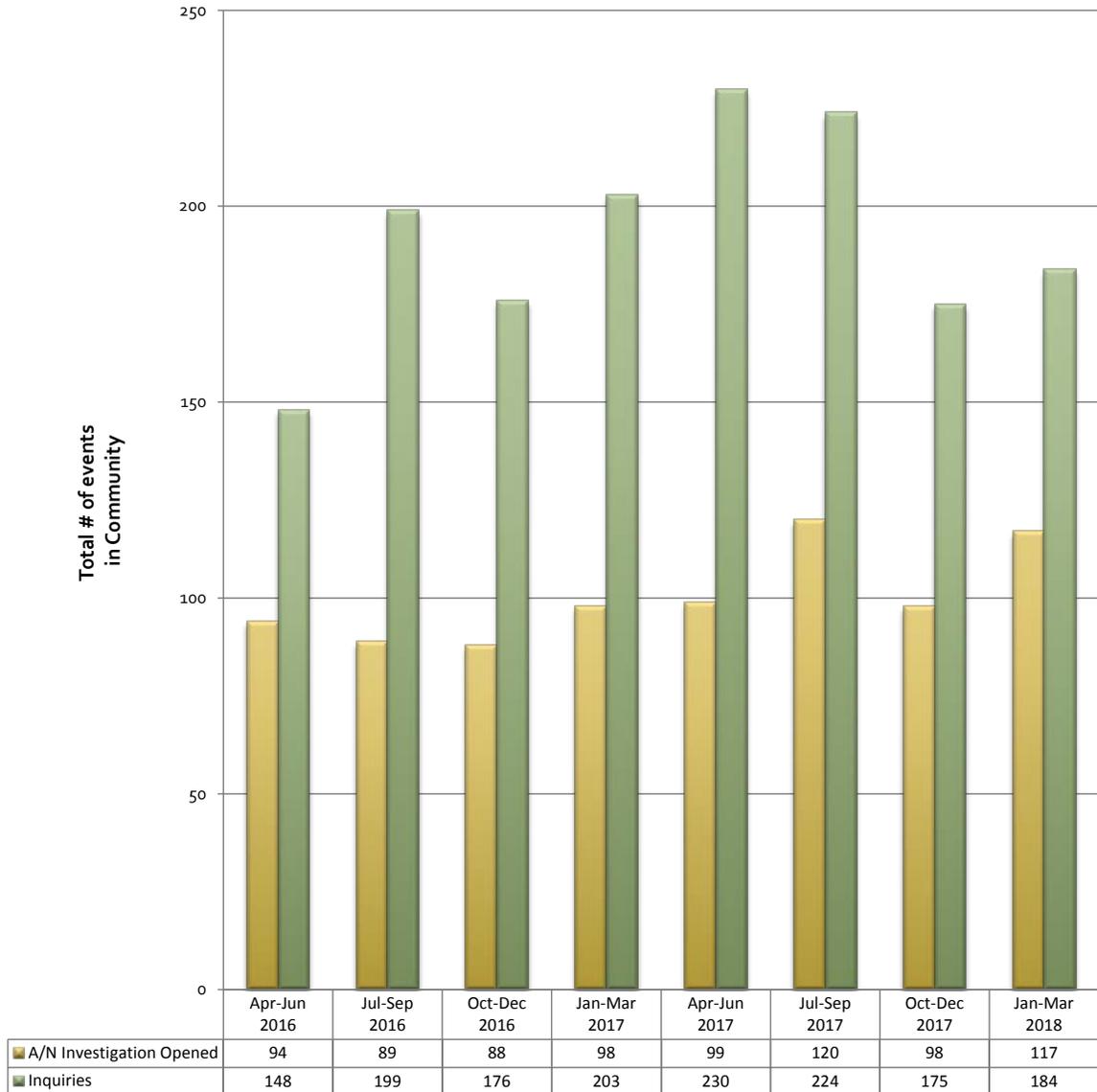
Division of DD State Operated Programs Abuse and Neglect Completed Investigations/Substantiations



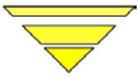
NOTE: Investigations and Substantiations are a count of the number of events, not the number of alleged perpetrators or victims. Also, both counts reflect cases finalized in the quarter reported. Process includes both Habilitation Center Campus and Waiver programs.



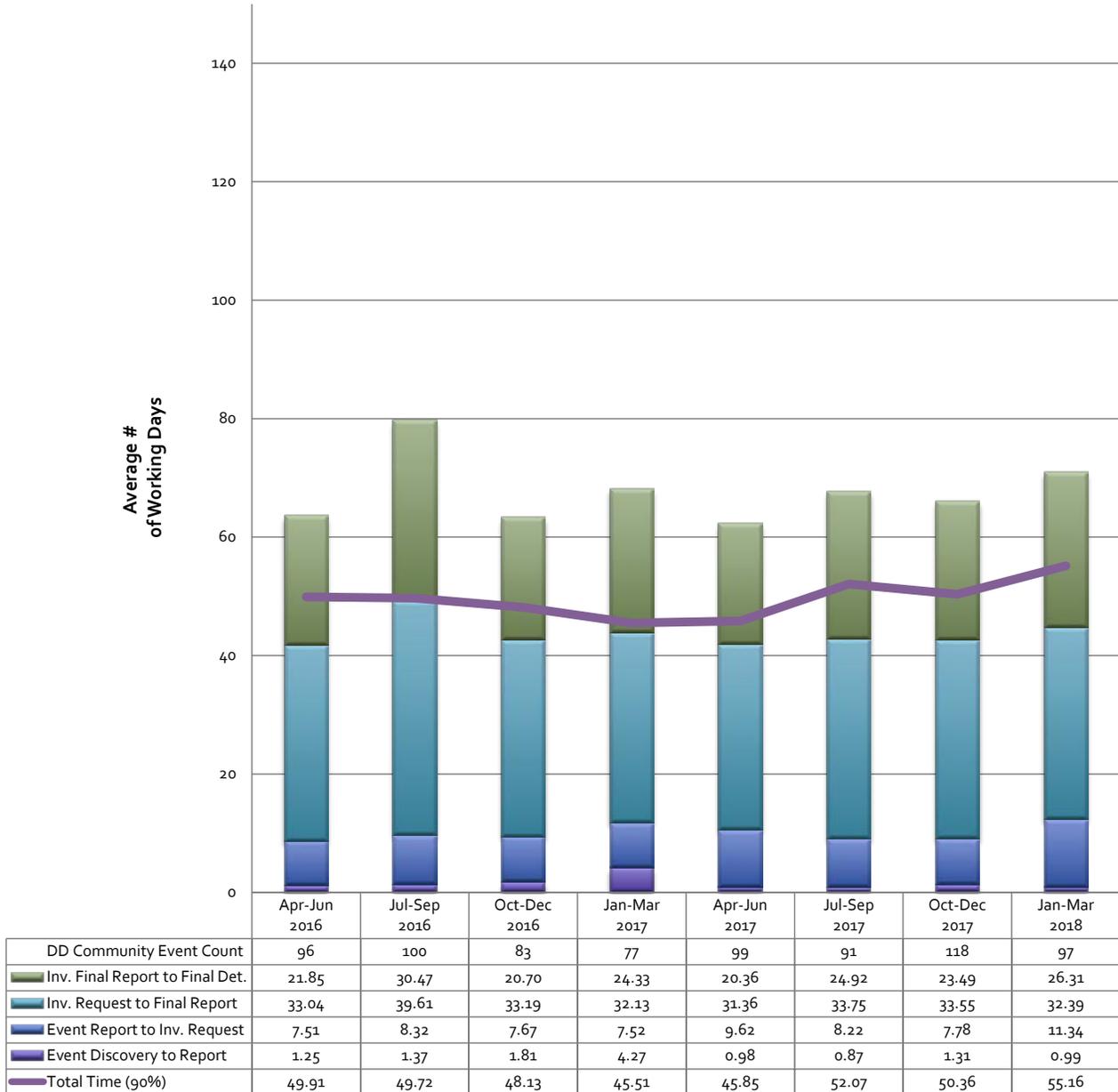
Division of DD Community Inquiries Into Potential Abuse/Neglect Allegations



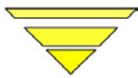
NOTE: If an event initially had an inquiry but then an A/N investigation, it is counted only as an investigation to ensure an unduplicated account of cases under review. Also note that a "decision" for an investigation is only the start of the investigation process. When a final judgment is made regarding 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.



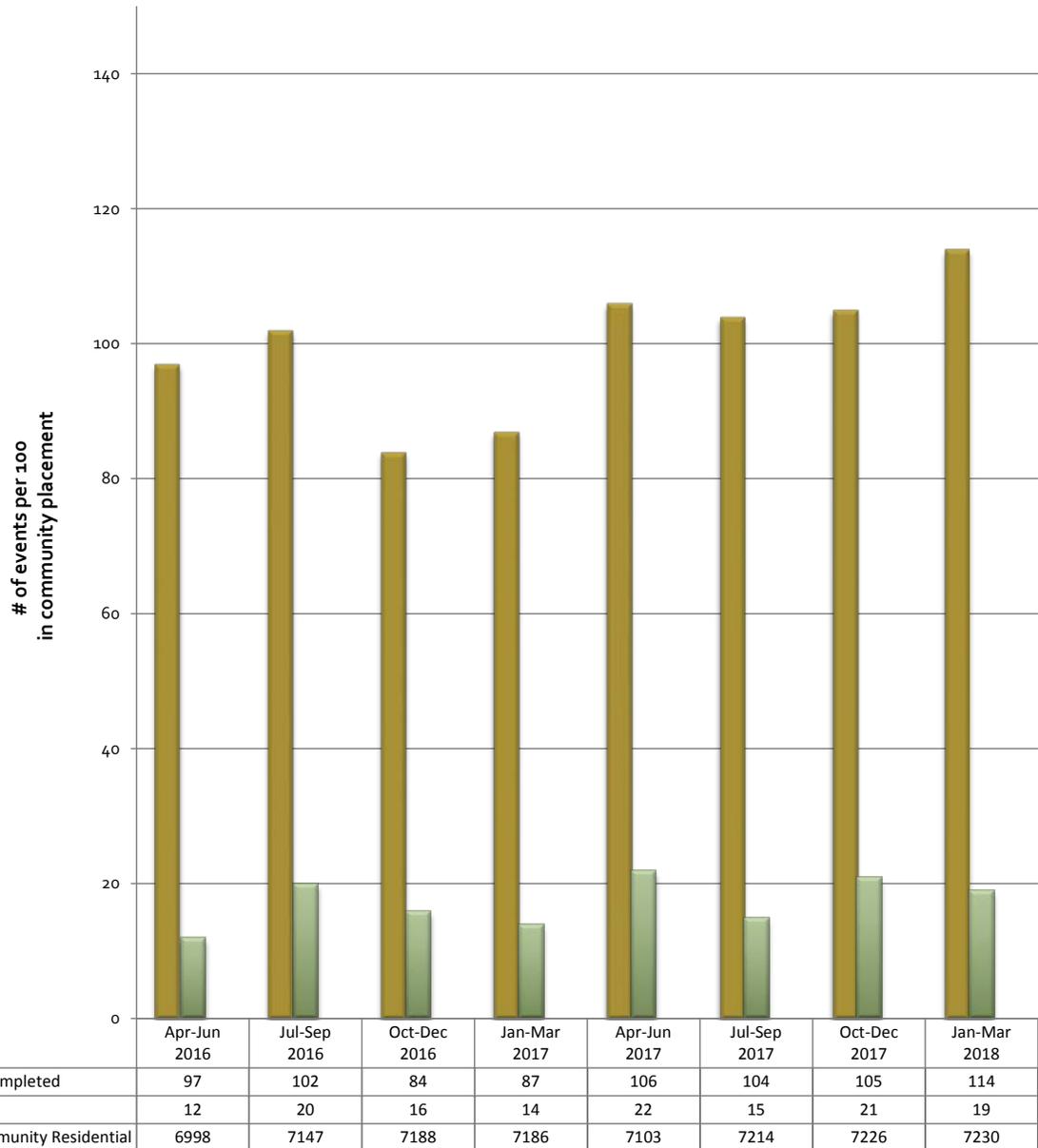
Duration of Investigation Process DD Community



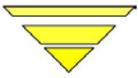
NOTE: Timelines are divided into four distinct stages of the investigation. The bars show the average duration (in working days) for all final determinations made in each quarter, whereas the line superimposes the overall average duration of 90% of the cases. The 90% is used in order to show a more "typical"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



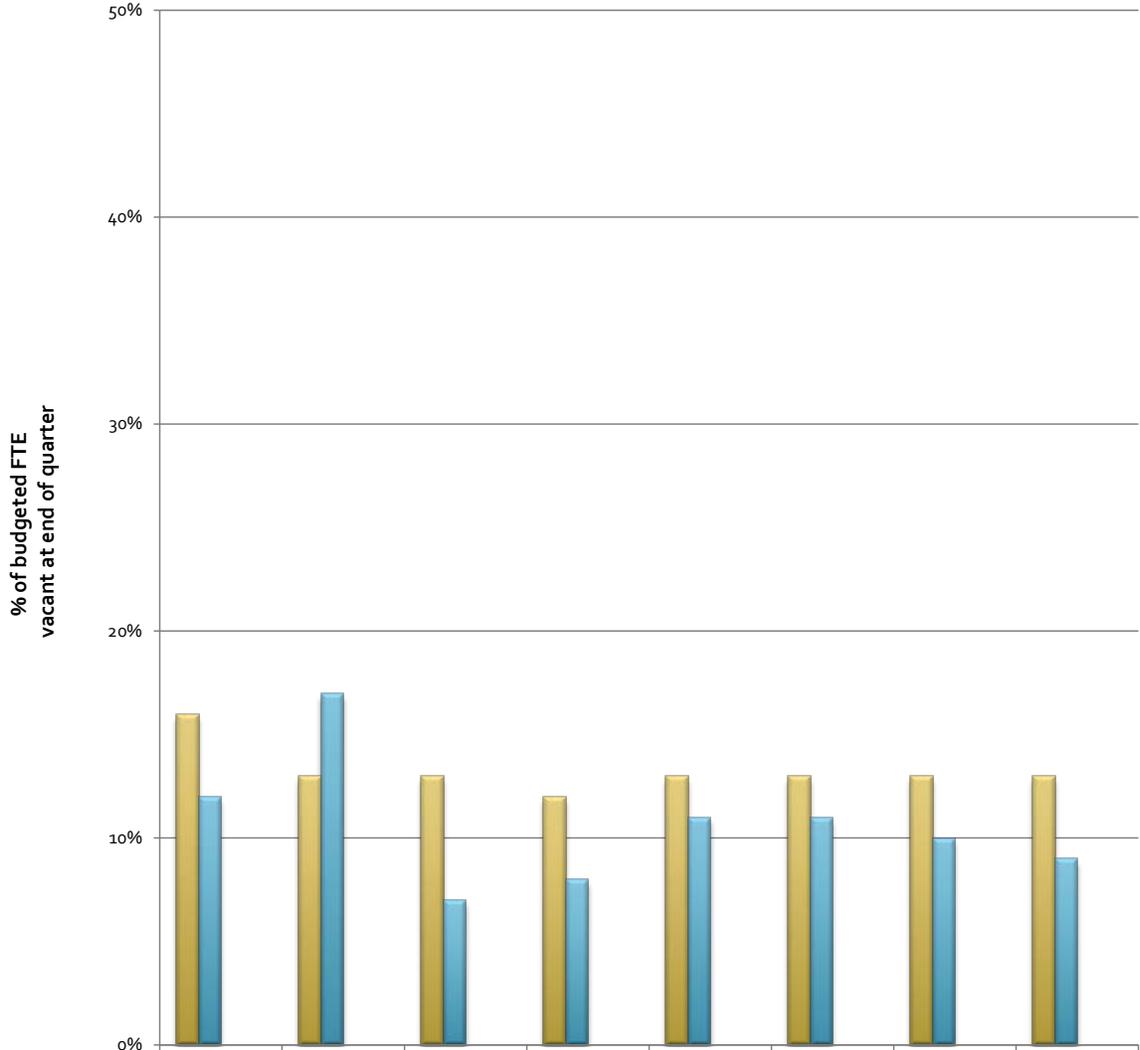
Division of DD Community Abuse and Neglect Investigations



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.

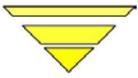


Division of DD State Operated Programs Staff Vacancy Rates

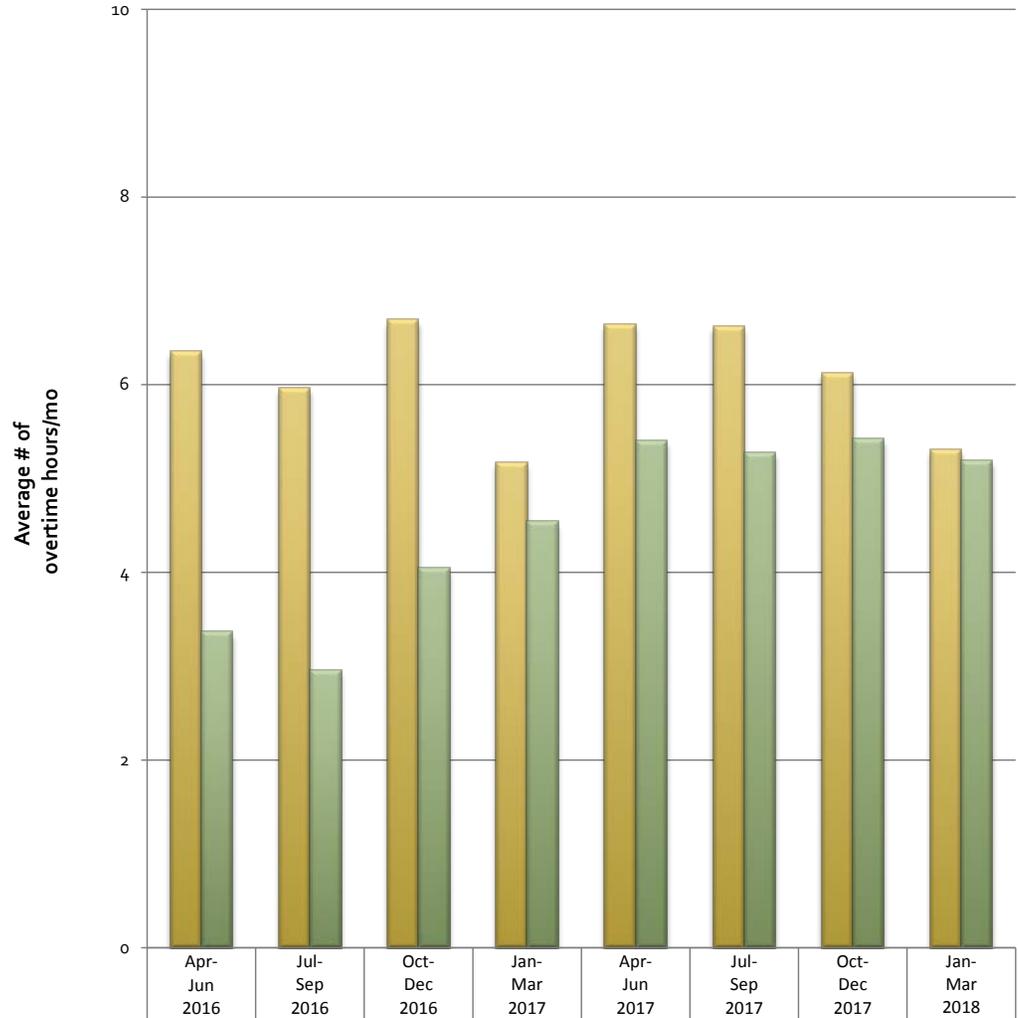


	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018
■ Direct Care Staff Vacancy Rates	16%	13%	13%	12%	13%	13%	13%	13%
■ Licensed Nursing Staff Vacancy Rates	12%	17%	7%	8%	11%	11%	10%	9%
# Direct Care Vacancies	289.0	234.0	241.5	227.0	240.9	249.0	248.4	254.0
# Licensed Nursing Vacancies	19.5	21.0	12.0	13.5	18.2	18.0	16.3	15.0

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 - DA1, DAII, DAIII. Licensed Nursing - Licensed Practical Nurses (LPN) and Registered Nurses (RN).

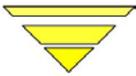


Division of DD State Operated Programs Staff Overtime Hours



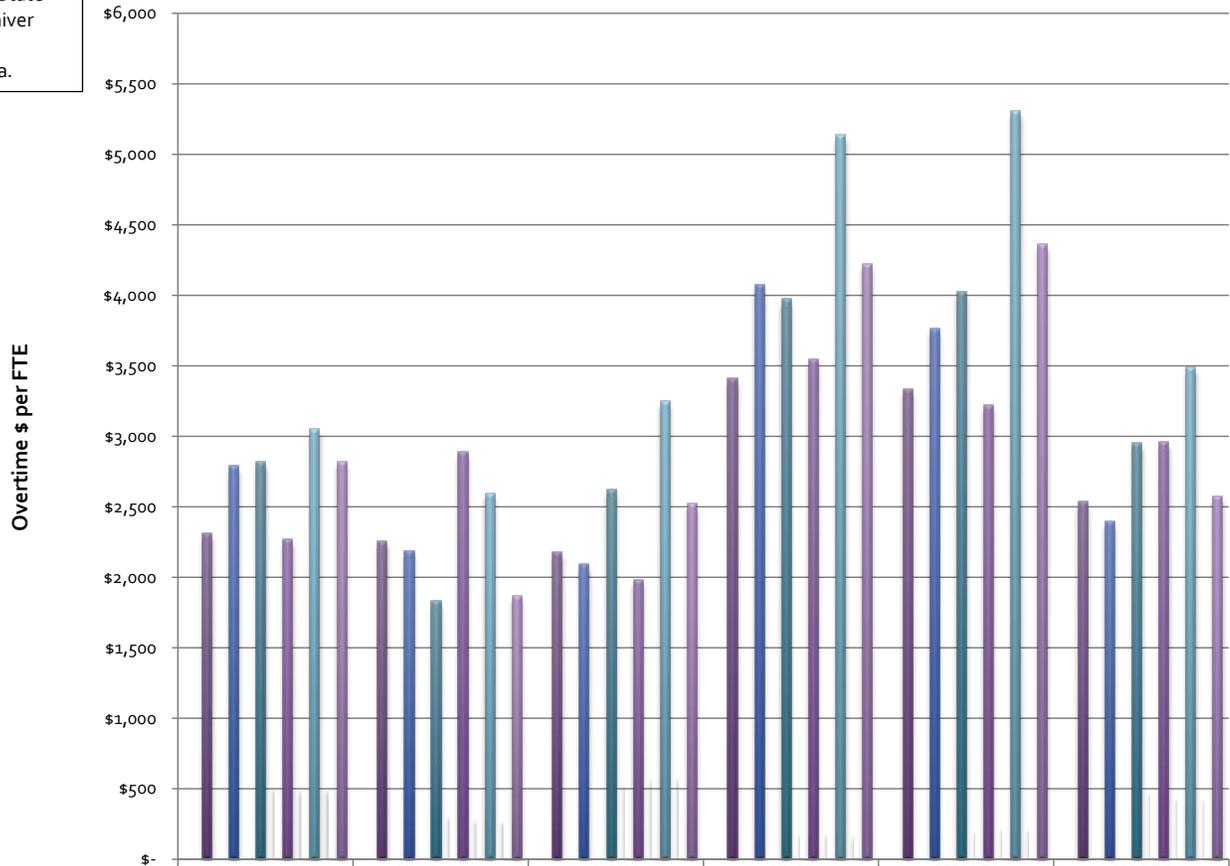
■ Average # OT Hours Worked Per Active Direct Care Staff/Month	6.36	5.96	6.69	5.17	6.65	6.63	6.13	5.31
■ Average # OT Hours Per Active Licensed Staff/Month	3.37	2.96	4.05	4.54	5.41	5.28	5.43	5.19

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), DAII, DAIII.
 Licensed Nursing: Licensed Practical Nurses (LPN) and Registered Nurses (RN).

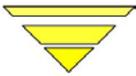


State Operated Programs Overtime Accrued FY 2012-FY 2018 YTD Comparison

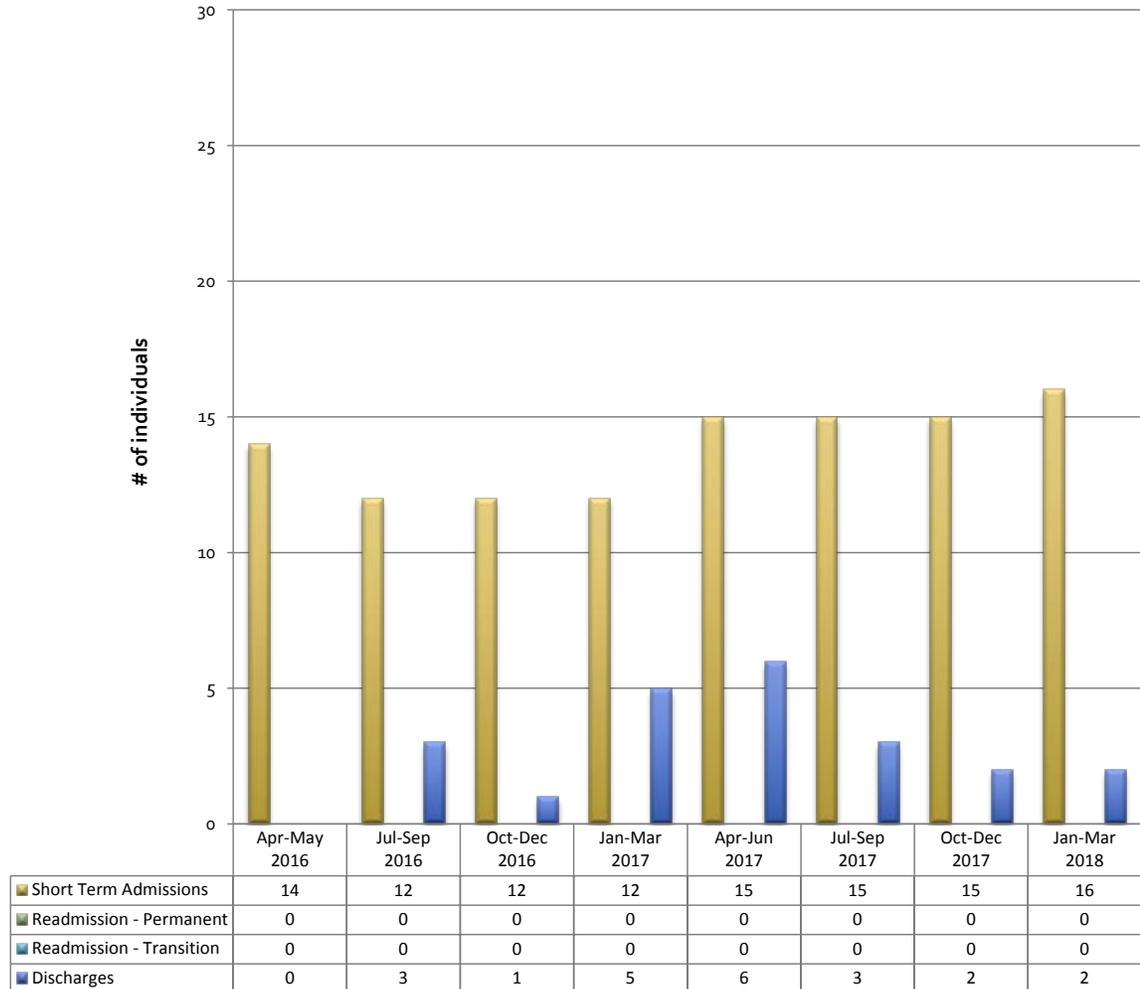
Note: Chart includes Habilitation Center Campus and State Operated Waiver Programs overtime data.



	Bellefontaine	Higginsville	NWCS	SWCS	SEMORS	SLDDTC
FY 13 Overtime \$M	\$1.240	\$1.093	\$1.217	\$0.917	\$0.847	\$1.388
FY 13 FTEs	537	485	559	269	254	547
FY 13 OT \$ per FTE	\$2,309.12	\$2,253.61	\$2,177.10	\$3,408.92	\$3,334.65	\$2,537.48
FY 14 Overtime \$M	\$1.440	\$1.077	\$1.056	\$0.985	\$0.953	\$1.270
FY 14 FTEs	516	493	505	242	253	530
FY 14 OT \$ per FTE	\$2,790.70	\$2,184.58	\$2,091.09	\$4,070.25	\$3,766.80	\$2,396.23
FY 15 Overtime \$M	\$1.466	\$0.882	\$1.209	\$0.866	\$0.994	\$1.518
FY 15 FTEs	520	482	461	218	247	514
FY 15 OT \$ per FTE	\$2,819.23	\$1,829.88	\$2,622.56	\$3,972.48	\$4,024.29	\$2,953.31
FY16 Overtime \$M	\$1.205	\$0.969	\$1.095	\$0.741	\$0.764	\$1.487
FY16 FTEs	531	335	552	209	237	502
FY16 OT \$ per FTE	\$2,269.30	\$2,892.54	\$1,983.70	\$3,545.45	\$3,223.63	\$2,962.15
FY17 Overtime \$M	\$1.572	\$0.794	\$1.931	\$1.064	\$1.343	\$1.612
FY17 FTEs	515	306	594	207	253	462
FY17 OT \$ per FTE	\$3,052.43	\$2,594.77	\$3,250.84	\$5,140.10	\$5,308.30	\$3,489.18
FY18 Overtime \$M	\$1.448	\$0.561	\$1.510	\$0.819	\$1.078	\$1.163
FY18 FTEs	513	300	599	194	247	452
FY18 OT \$ per FTE	\$2,822.61	\$1,870.00	\$2,520.87	\$4,221.65	\$4,364.37	\$2,573.01



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

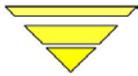


Short Term: Total number of individuals admitted to SOP from any Community Provider for medical and/or behavioral short term support with intention of returning back to their home in the community. Note: 100% of the days a crisis bed was available. Crisis bed services are provided in both Habilitation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

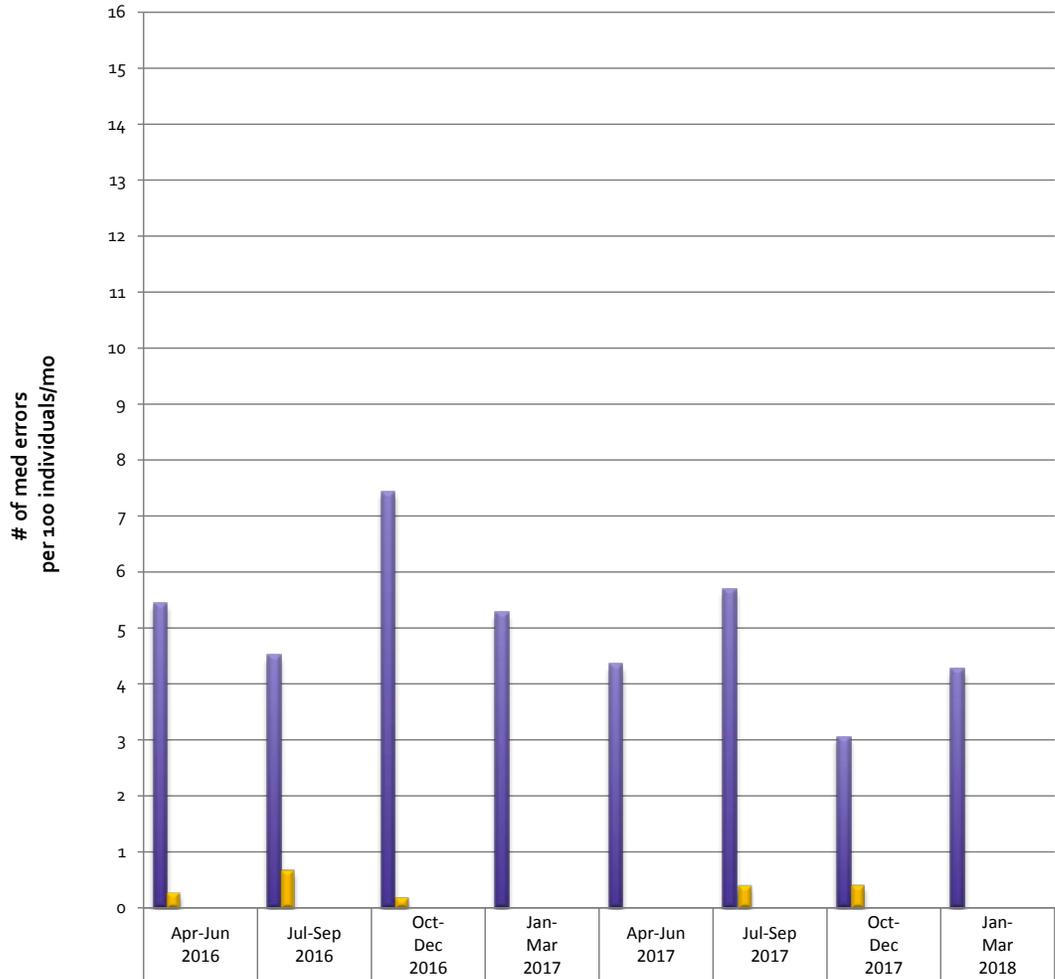
Permanent: Total number of individuals previously discharged from the Habilitation Center Campus within the last 12 months that returned during report period with no plans to move back to community.

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

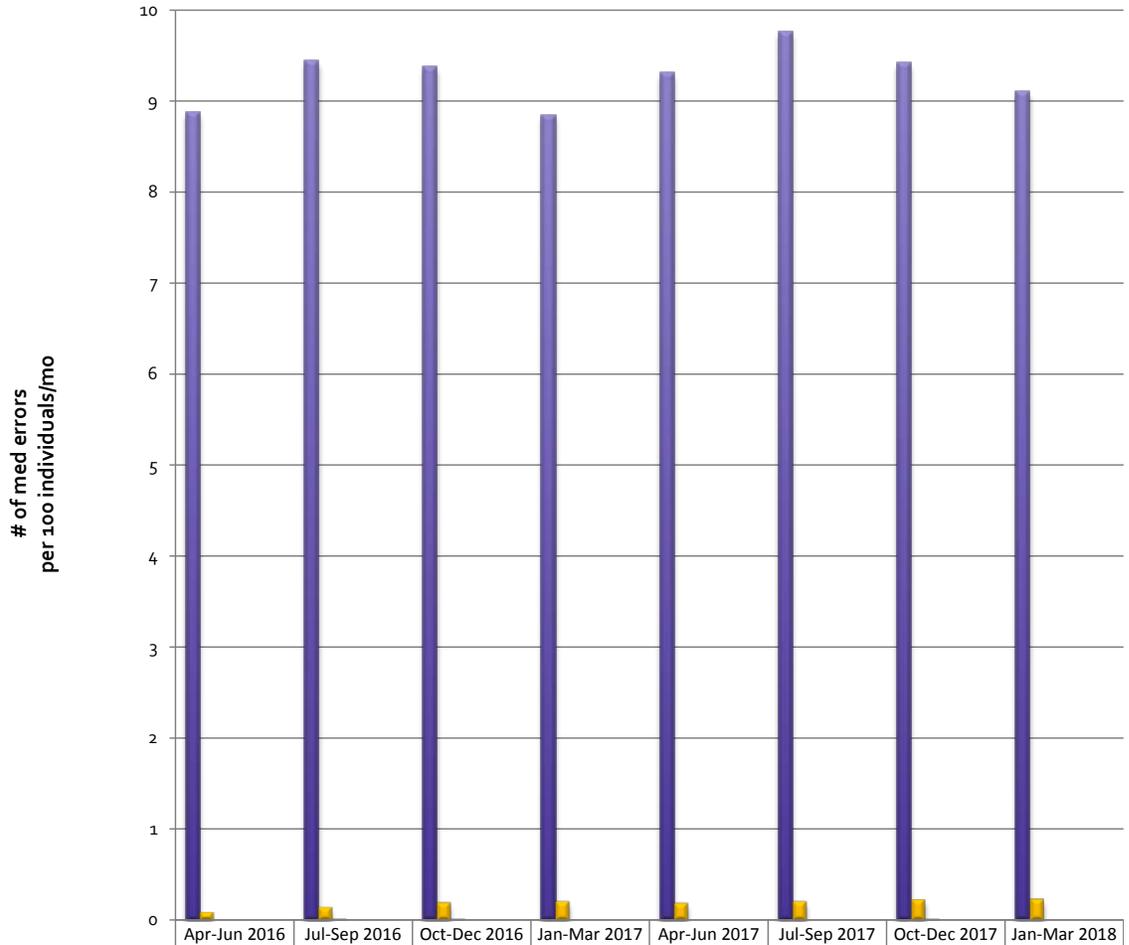


	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018
■ Minimal Med Errors per 100 Individuals/month	5.45	4.51	7.44	5.28	4.36	5.69	3.05	4.27
■ Moderate Med Errors per 100 Individuals /month	0.28	0.67	0.19	0.00	0.00	0.40	0.41	0.00
■ Serious Med Errors per 100 Individuals/month	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HCC Minimal Medication Errors	58	47	77	54	43	57	30	42
HCC Center Moderate Medication Errors	3	7	2	0	0	4	4	0
HCC Center Serious Medication Errors	0	0	0	0	0	0	0	0
# HCC Individuals	355	347	345	341	329	334	328	328

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.

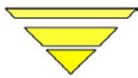


Division of DD Community Medication Errors

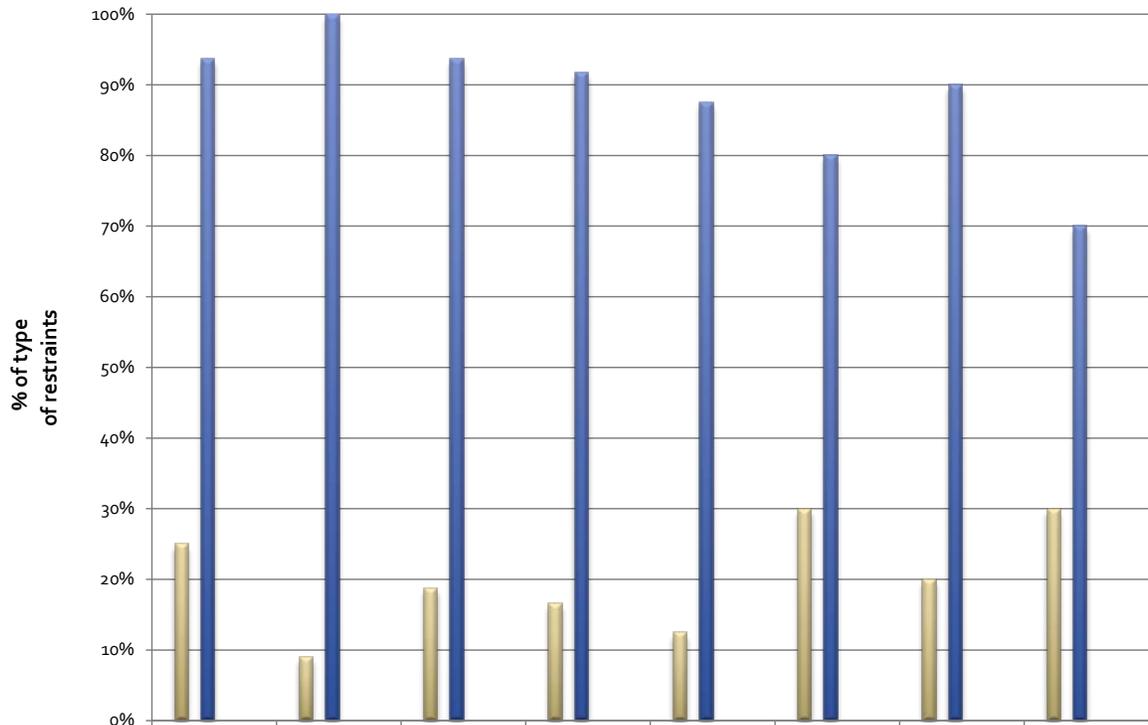


	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018
Minimal Med Errors per 100 Individuals/month	8.88	9.45	9.39	8.85	9.32	9.76	9.43	9.11
Moderate Med Errors per 100 Individuals/month	0.09	0.14	0.19	0.21	0.19	0.21	0.23	0.23
Serious Med Errors per 100 Individuals/month	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Community Minimal Medication Errors	1924	2088	2087	1967	2078	2178	2106	2036
Community Moderate Medication Errors	20	32	43	46	42	46	51	52
Community Serious Medication Errors	0	1	1	0	0	0	1	0
# Individuals in Community Residential	7222	7367	7411	7409	7432	7437	7445	7448

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



	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018
# Individuals Chemical Restraint	4	1	3	2	1	3	2	6
% Individuals Chemical Restraint	25%	9%	19%	17%	13%	30%	20%	30%
# Individuals Physical Restraint	15	11	15	11	7	8	9	14
% Individuals Physical Restraint	94%	100%	94%	92%	88%	80%	90%	70%
# 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	16	11	16	12	8	10	10	20
# of Hab Center Campus Individuals	355	347	345	341	329	334	328	328

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.

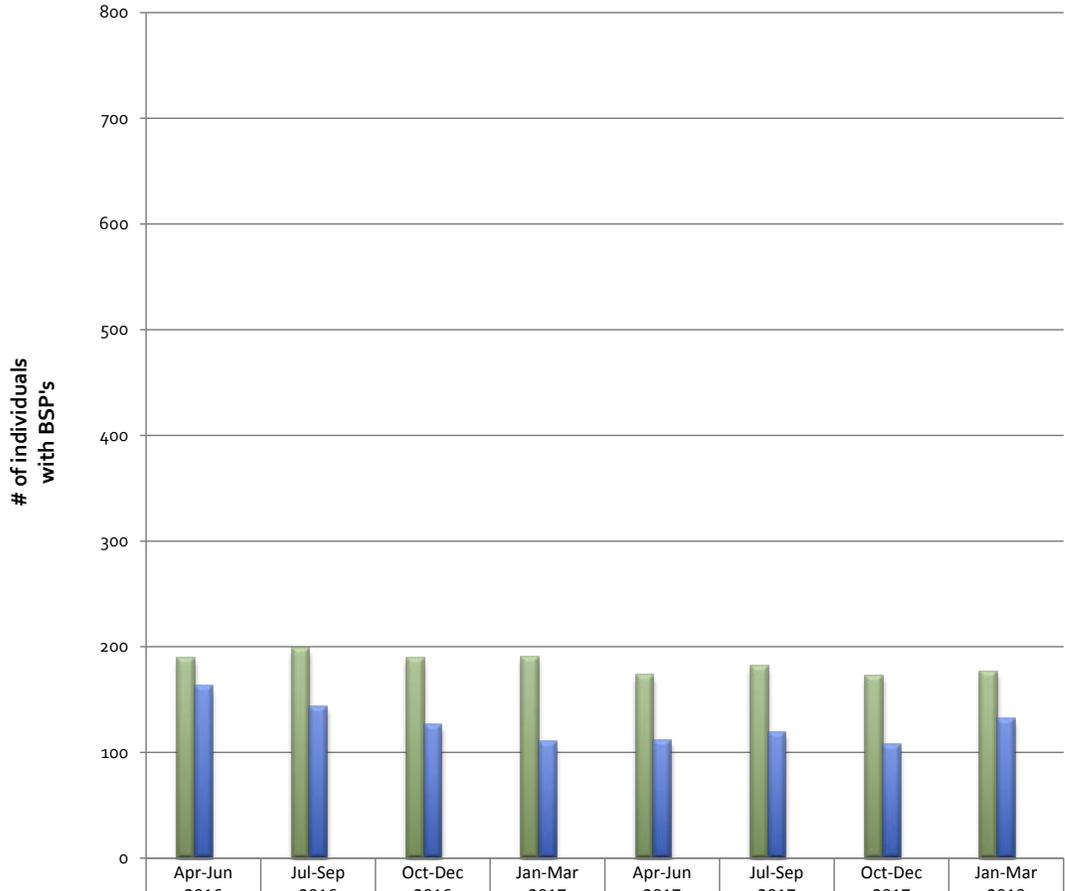
Physical Restraint: Any physical hold involving a restriction of an individual's voluntary movement.

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.

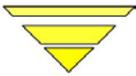


Division of DD Habilitation Center Campus Individuals with Behavior Support Programs

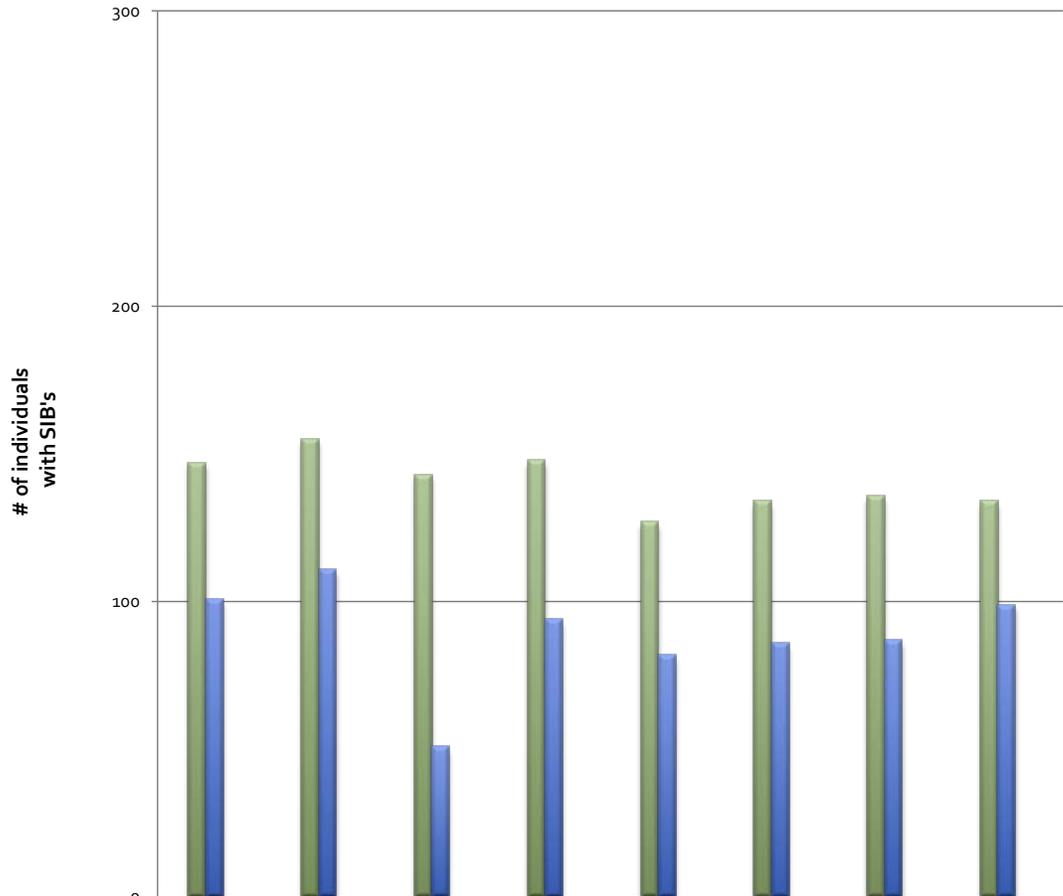


	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018
# Hab Center Campus Individuals	355	347	345	341	329	334	328	328
■ Individuals with Behavior Support Programs	190	199	190	191	174	182	173	177
■ Individuals Progressing with Behavior Support Programs	163	144	127	111	112	119	108	132
% On Behavior Support Programs	54%	57%	55%	56%	53%	54%	53%	54%
% Progressing on Behavior Support Programs	86%	72%	67%	58%	64%	65%	62%	75%

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



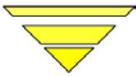
	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018
# Hab Center Campus Individuals	355	347	345	341	329	334	328	328
■ Individuals with Self Injurious Behavior Programs	147	155	143	148	127	134	136	134
■ Individuals Progressing with SIB Programs	101	111	51	94	82	86	87	99
% on Self Injurious Behavior Programs	41%	45%	41%	43%	39%	40%	41%	41%
% Progressing on Self Injurious Behavior Programs	69%	72%	36%	64%	65%	64%	64%	74%

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.

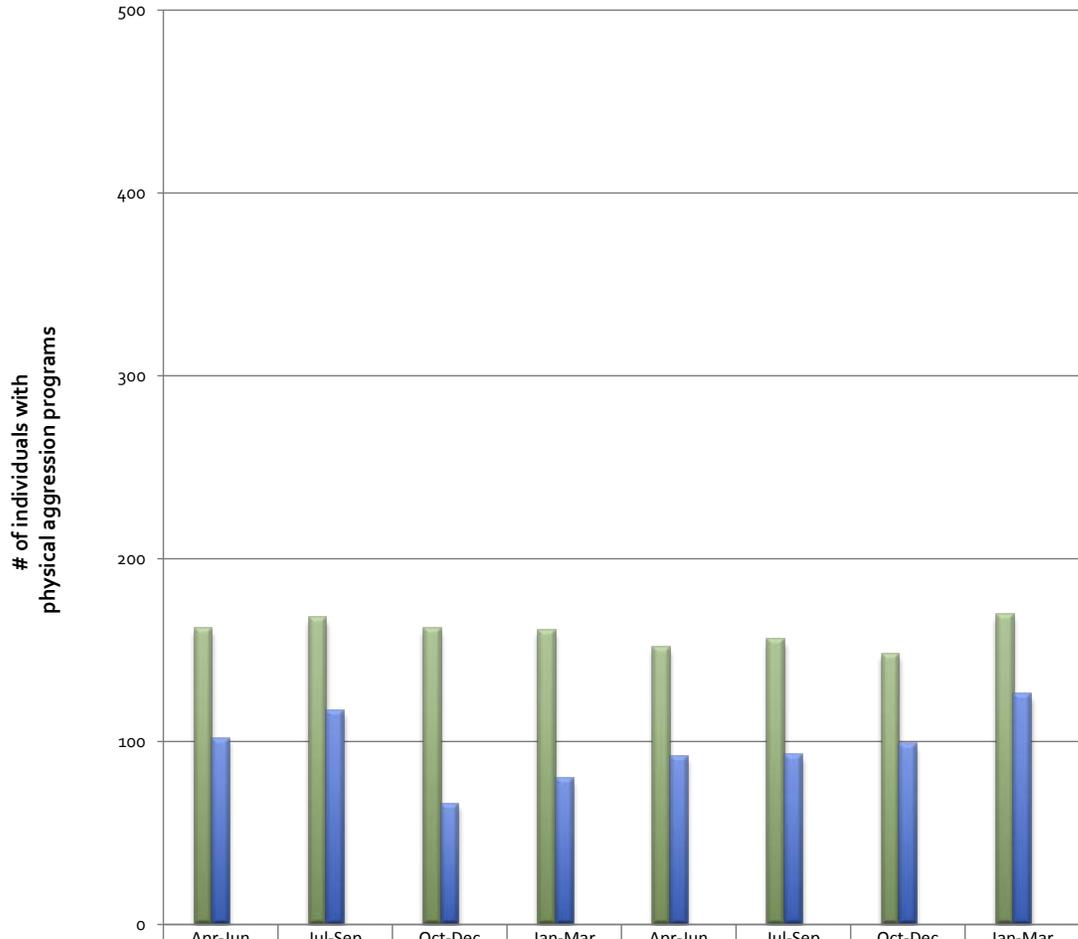
Definition- Progressing with Self Injurious Behavior Programs: An individual who is at baseline or below for their Self Injurious Behavior Program.

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



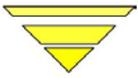
	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018
# Hab Center Campus Individuals	355	347	345	341	329	334	328	328
■ Individuals with Physical Aggression Programs	162	168	162	161	152	156	148	170
■ Individuals Progressing with Physical Aggression Programs	102	117	66	80	92	93	99	126
% on Physical Aggression Programs	46%	48%	47%	47%	46%	47%	45%	52%
% Progressing on Physical Aggression Programs	63%	70%	41%	50%	61%	60%	67%	74%

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.

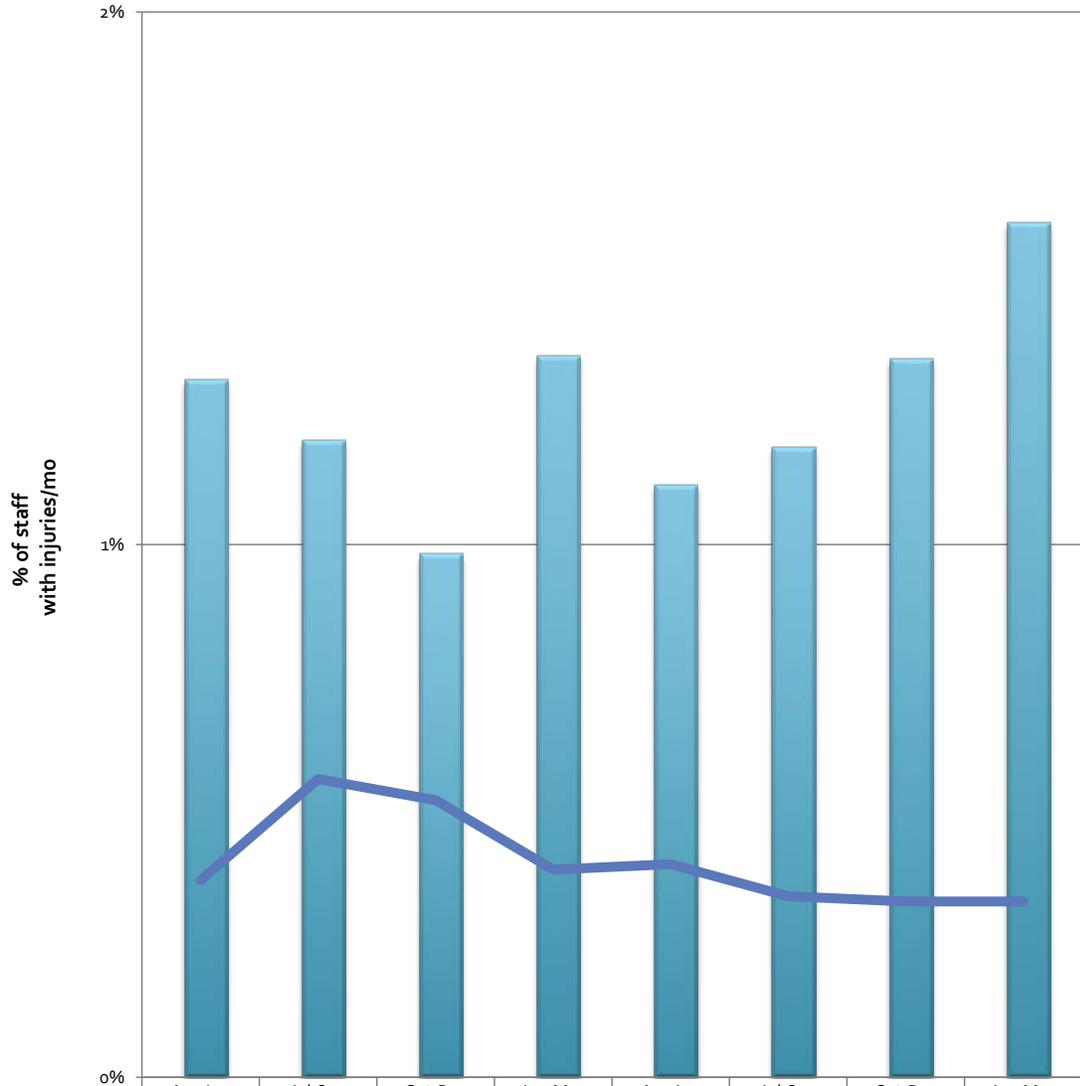
Definition - Progressing with Physical aggression programs: Individuals who are at baseline or below for their Physical Aggression program.

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



	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018
Avg. # of Staff Injuries/month	31.00	28.33	23.00	32.00	26.00	28.00	31.30	37.00
Staff FTEs	2366	2369	2340	2361	2337	2367	2319	2305
% of Staff with Injuries	1.31%	1.20%	0.98%	1.36%	1.11%	1.18%	1.35%	1.61%
CPS Average Staff with Injuries	0.37%	0.56%	0.52%	0.39%	0.40%	0.34%	0.33%	0.33%

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.