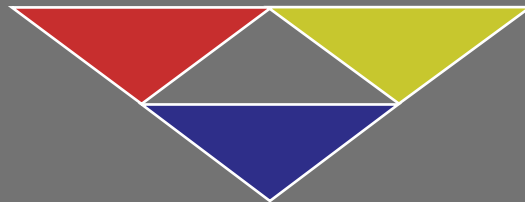


August 2017

Missouri Department of Mental Health

Quarterly Performance Measures



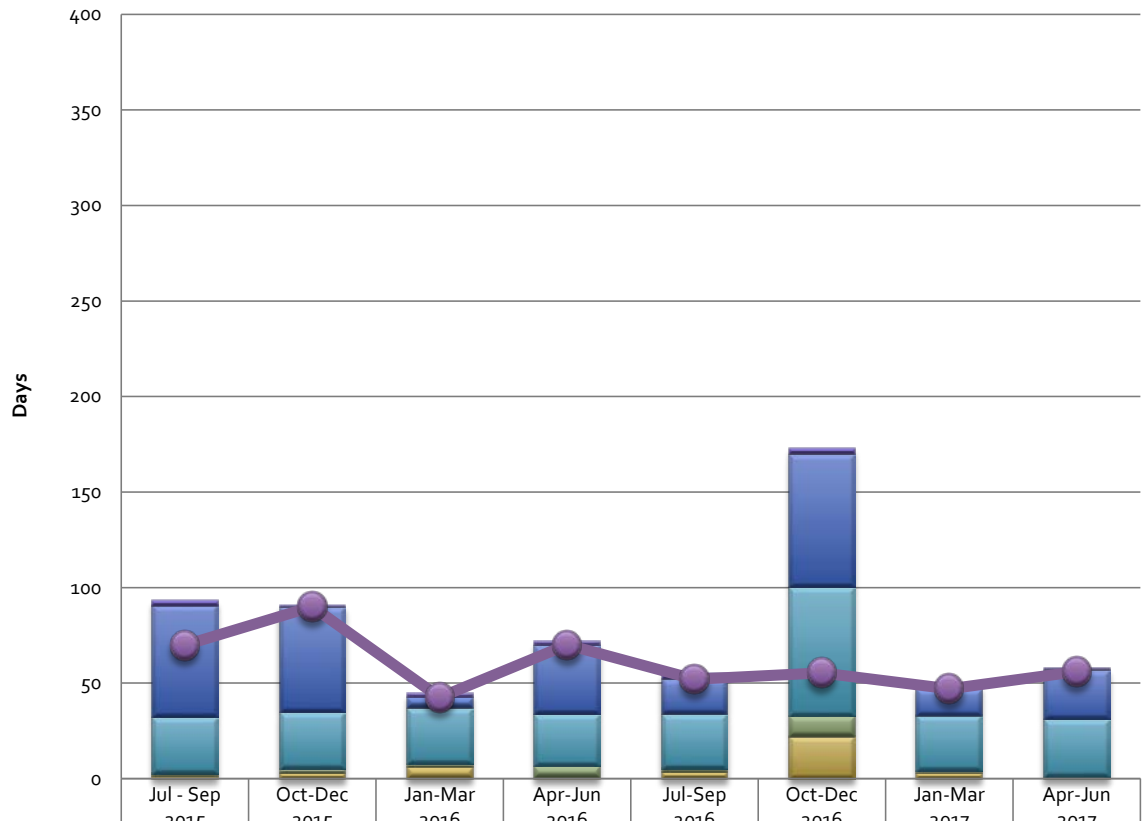


Division of Behavioral Health

Substance Use Services



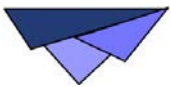
Substance Use Treatment Community Investigations Timelines



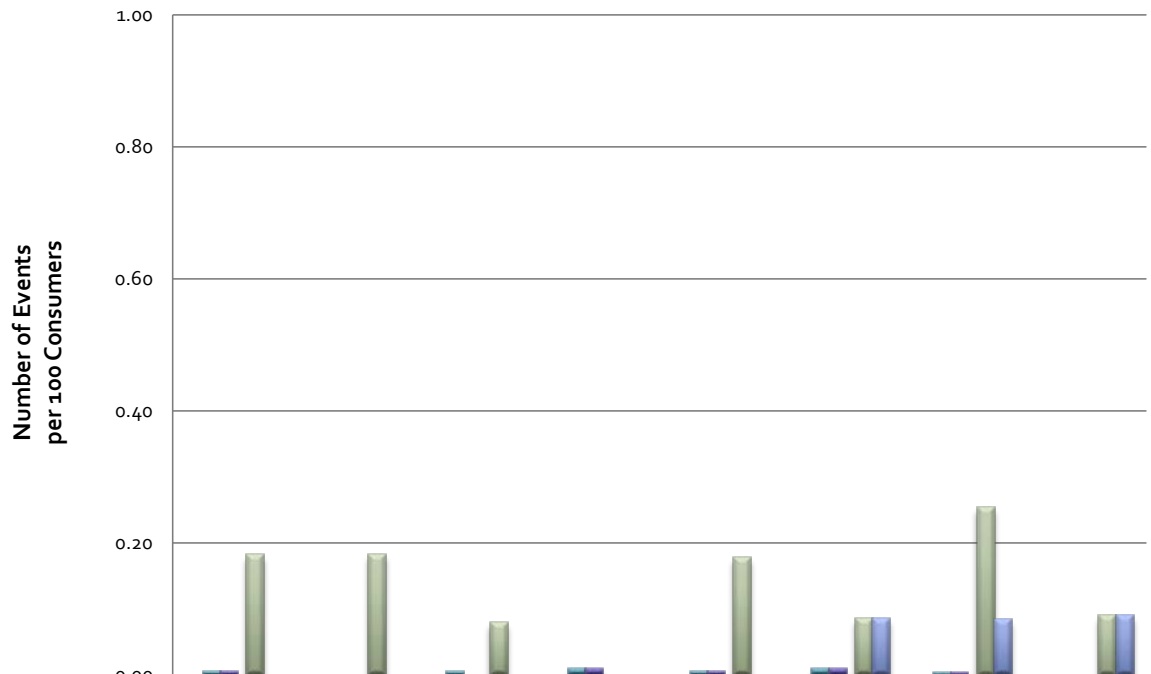
	Jul - Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017
Community Event Count	3	1	2	2	3	3	2	1
Inv. Final Report to Final Determ.	58.3	55.0	5.5	36.0	18.0	69.7	14.0	26.0
Inv. Request to Final Report	29.7	30.0	29.5	27.5	28.7	67.7	29.0	30.0
Notification to Inv. Request	1.3	2.0	1.5	6.0	2.0	10.7	1.0	1.0
Event Discovery to Notification	1.3	3.0	6.0	0.5	3.3	22.0	3.0	0.0
Total Investigation Time (90%)	69.8	90.0	42.5	70.0	52.0	55.3	47.0	56.0

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.



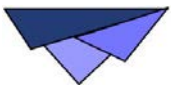
Substance Use Treatment Abuse/Neglect Investigations



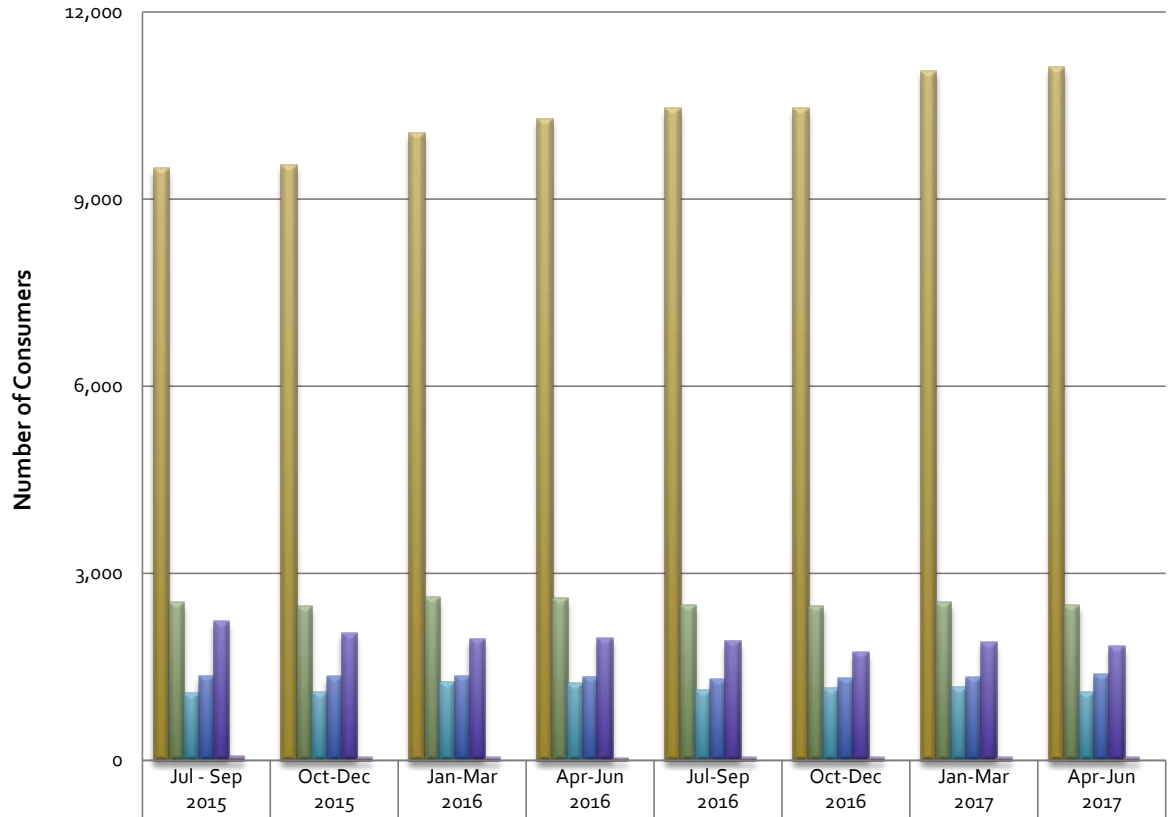
# Adult Consumers	19,322	18,721	19,321	19,712	19,461	19,052	19,906	19,750
Adult A/N Investigations Completed	1	0	1	2	1	2	1	0
Adult A/N Investigations Rate	0.005	0.000	0.005	0.010	0.005	0.010	0.005	0.000
Adult A/N Substantiated	1	0	0	2	1	2	1	0
Adult A/N Substantiation Rate	0.005	0.000	0.000	0.010	0.005	0.010	0.005	0.000
# Youth Consumers	1,096	1,093	1,253	1,249	1,118	1,162	1,182	1,098
Youth A/N Investigations Completed	2	2	1	0	2	1	3	1
Youth A/N Investigations Rate	0.182	0.183	0.080	0.000	0.179	0.086	0.254	0.091
Youth A/N Substantiated	0	0	0	0	0	1	1	1
Youth A/N Substantiation Rate	0.000	0.000	0.000	0.000	0.000	0.086	0.085	0.091

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.



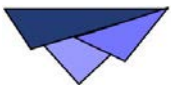
Substance Use Treatment Consumers Served By Program



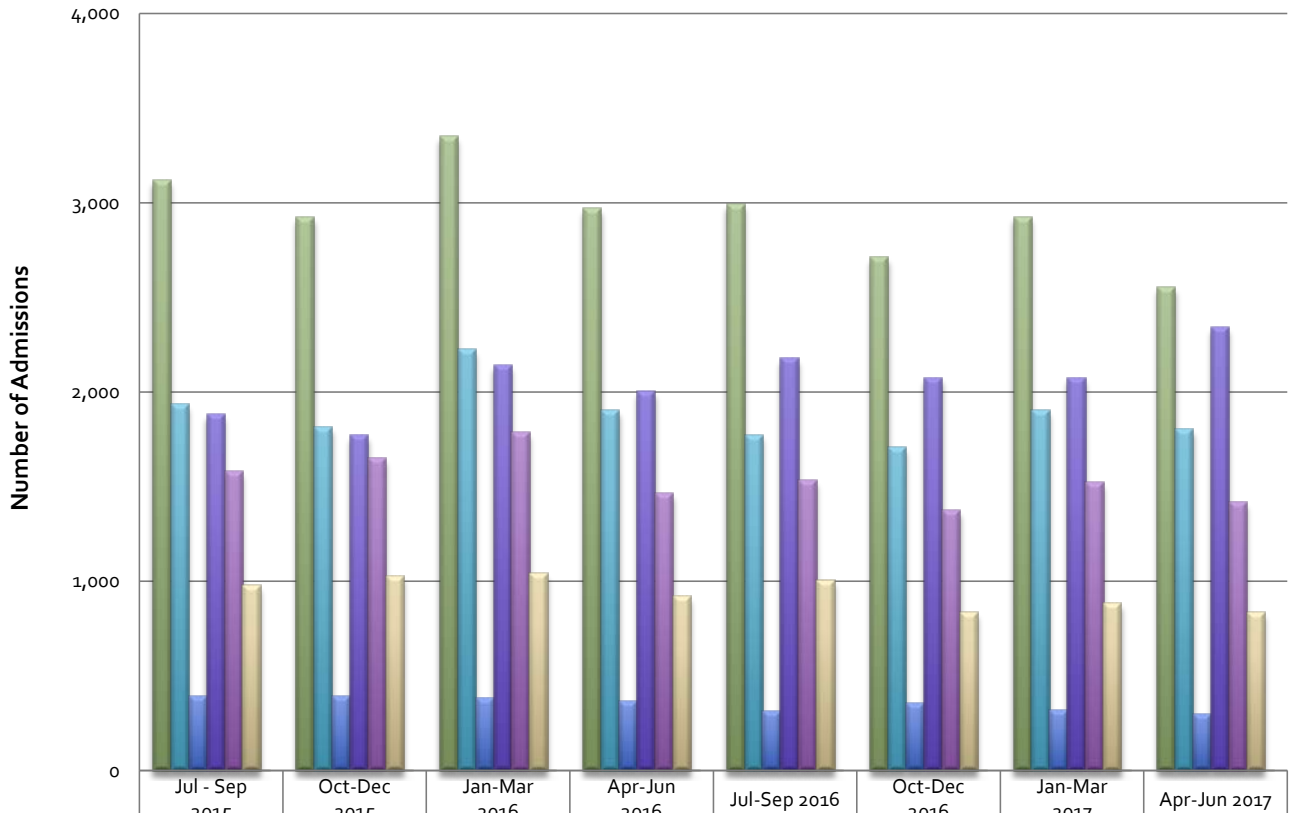
	Jul - Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017
CSTAR Gen Adult	9,500	9,546	10,061	10,283	10,455	10,462	11,061	11,124
CSTAR W&C	2,532	2,468	2,616	2,597	2,495	2,477	2,532	2,495
CSTAR Adol	1,085	1,092	1,248	1,240	1,118	1,161	1,178	1,092
CSTAR Opioid Tx	1,350	1,346	1,356	1,336	1,305	1,326	1,343	1,380
Primary Recovery & Tx	2,232	2,043	1,950	1,956	1,907	1,738	1,898	1,832
Compulsive Gambling	67	50	54	44	49	54	53	52
Unduplicated Number of ADA Served	20,418	19,814	20,574	20,961	20,579	20,214	21,088	20,848

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.

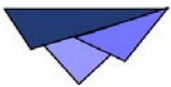


Drug of Choice at Admission to Substance Use Treatment

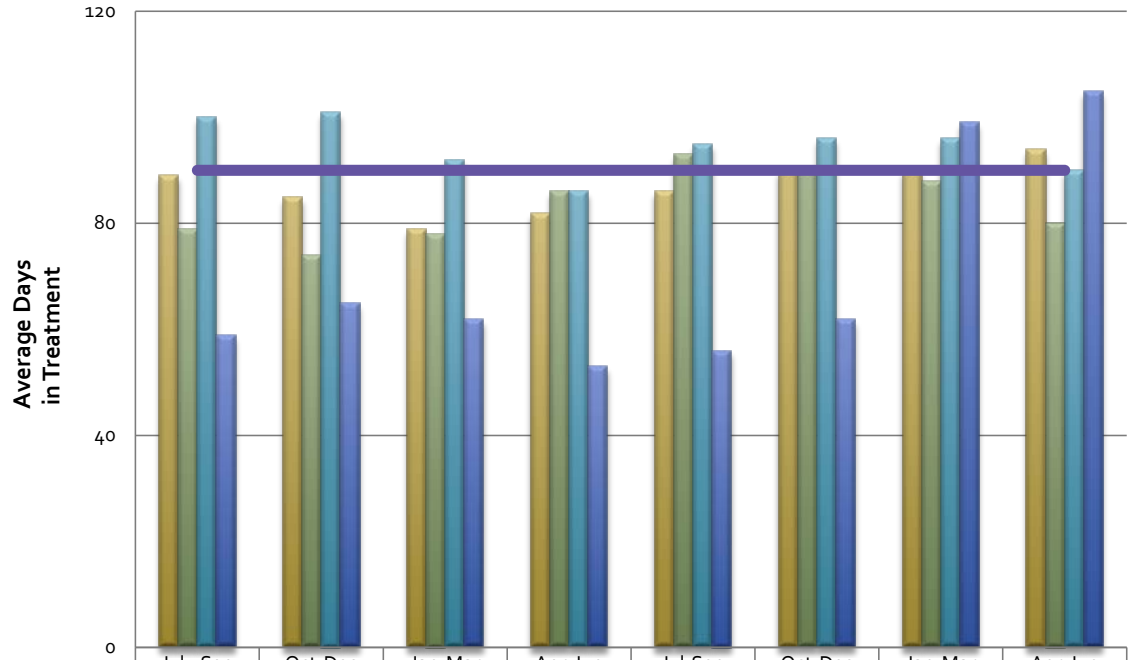


	Jul - Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017
Alcohol	3,122	2,926	3,353	2,972	2,995	2,712	2,927	2,552
% Alcohol	31.6%	30.5%	30.7%	30.9%	30.6%	29.9%	30.4%	27.6%
Marijuana	1,934	1,814	2,226	1,902	1,775	1,709	1,904	1,806
% Marijuana	19.6%	18.9%	20.3%	19.7%	18.1%	18.9%	19.8%	19.5%
Cocaine	393	393	385	368	312	355	319	299
% Cocaine	4.0%	4.1%	3.5%	3.8%	3.2%	3.9%	3.3%	3.2%
Methamphetamine	1,883	1,771	2,141	2,005	2,177	2,076	2,076	2,344
% Methamphetamine	19.0%	18.5%	19.6%	20.8%	22.2%	22.9%	21.5%	25.3%
Heroin	1,580	1,650	1,790	1,466	1,537	1,377	1,526	1,420
% Heroin	16.0%	17.2%	16.4%	15.2%	15.7%	15.2%	15.8%	15.3%
Other Drugs	978	1,026	1,044	920	1,004	837	886	836
% Other Drugs	9.9%	10.7%	9.5%	9.6%	10.2%	9.2%	9.2%	9.0%

Significance: Illicit drug admissions account for about 68 - 72% of all admissions to substance use treatment.



Retention In Substance Use Treatment

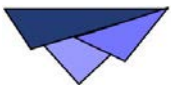


	Jul - Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017
CSTAR Gen Adult - N	4,305	4,673	4,181	4,245	4,328	4,178	3,765	3,449
CSTAR Gen Adult - Avg Days	89	85	79	82	86	90	90	94
CSTAR W&C - N	1,062	1,227	1,076	1,207	1,081	1,123	1,003	871
CSTAR W&C - Avg Days	79	74	78	86	93	90	88	80
CSTAR Adol - N	508	474	502	605	492	514	479	459
CSTAR Adol - Avg Days	100	101	92	86	95	96	96	90
Primary Recovery & Tx - N	639	674	471	414	447	391	363	443
Primary Recovery & Tx - Avg Days	59	65	62	53	56	62	99	105
# of Outliers	402	464	373	417	358	372	349	353
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."

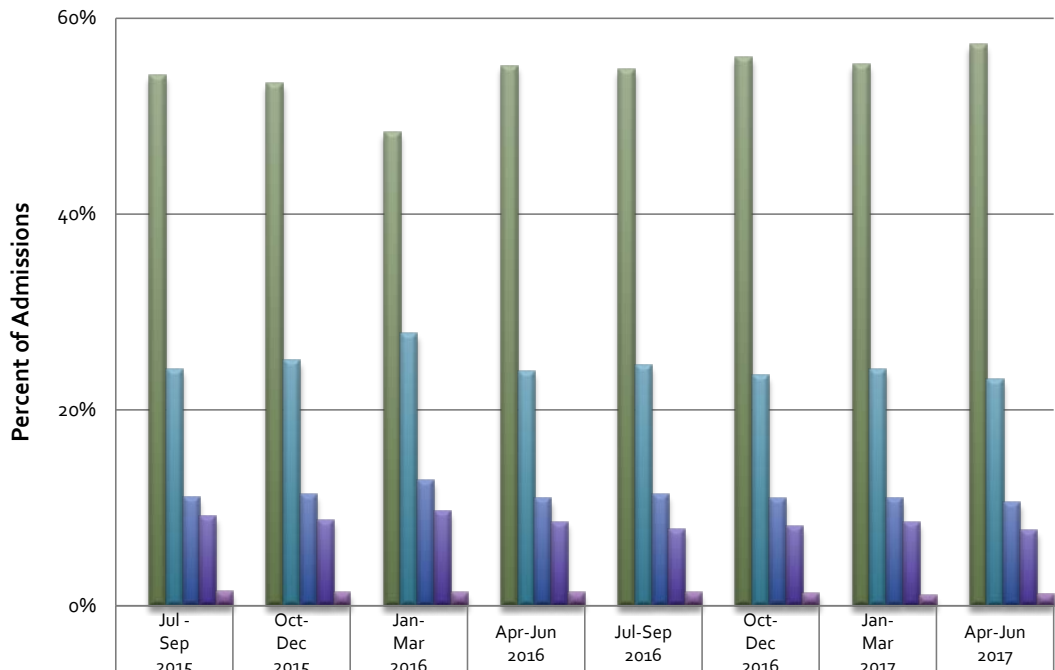
Significance: Average length of stay in substance use treatment is around 3 months.



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

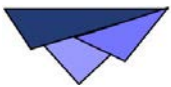
¹Dennis, M.L. et al, 2005. The duration and correlates of addiction and treatment careers. Journal of Substance Abuse Treatment 28 (Suppl.1):S51-S62



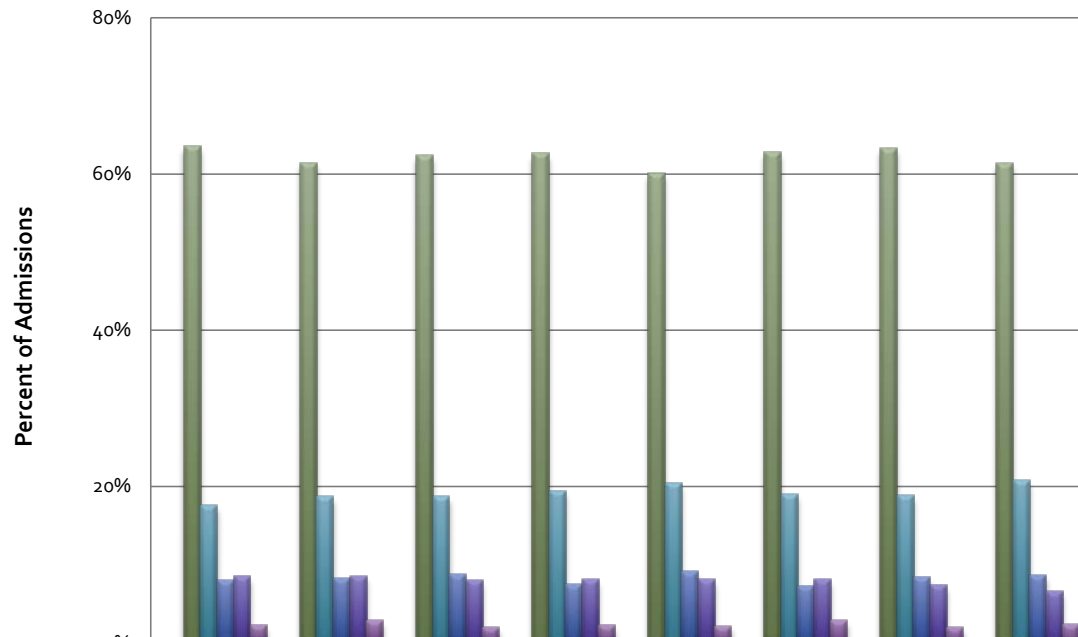
Adult Consumers Admitted to Tx	7,076	6,941	7,848	6,930	7,243	6,786	7,449	7,309
Adult Consumers with Previous Tx	3,241	3,237	4,054	3,107	3,273	2,982	3,327	3,120
Adult Consumers Admitted with Previous Tx Pct	45.8%	46.6%	51.7%	44.8%	45.2%	43.9%	44.7%	42.7%
0 Prior Tx Episodes	3,835	3,704	3,794	3,823	3,970	3,804	4,122	4,189
0 Prior Tx Episodes Pct	54.2%	53.4%	48.3%	55.2%	54.8%	56.1%	55.3%	57.3%
1 Prior Tx Episode	1,708	1,741	2,181	1,662	1,779	1,597	1,797	1,695
1 Prior Tx Episode Pct	24.1%	25.1%	27.8%	24.0%	24.6%	23.5%	24.1%	23.2%
2 Prior Tx Episodes	784	794	1,008	758	829	746	817	775
2 Prior Tx Episodes Pct	11.1%	11.4%	12.8%	10.9%	11.4%	11.0%	11.0%	10.6%
3 - 5 Prior Tx Episodes	645	609	758	595	568	550	635	565
3 - 5 Prior Tx Episodes Pct	9.1%	8.8%	9.7%	8.6%	7.8%	8.1%	8.5%	7.7%
6 + Prior Tx Episodes	104	93	107	92	97	89	78	85
6 + Prior Tx Episodes Pct	1.5%	1.3%	1.4%	1.3%	1.3%	1.3%	1.0%	1.2%

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.



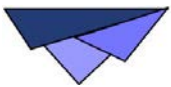
Adult Detox Admissions With Prior Detox Episodes in Past 36 Months



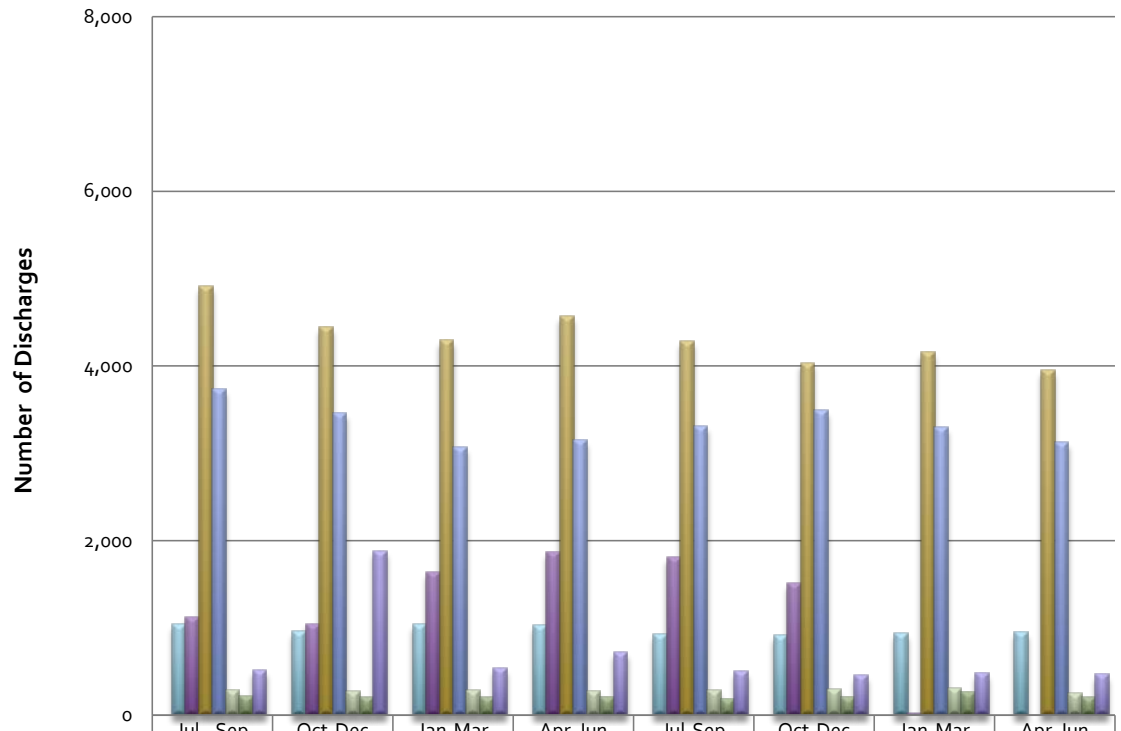
	Jul - Sep 2015	Oct - Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sep 2016	Oct - Dec 2016	Jan-Mar 2017	Apr-Jun 2017
Consumers Admitted to Detox	1,756	1,617	1,736	1,709	1,733	1,569	1,591	1,535
Consumers with Previous Detox	640	623	653	639	692	584	583	592
Consumers Admitted with Previous Detox Pct	36.4%	38.5%	37.6%	37.4%	39.9%	37.2%	36.6%	38.6%
0 Prior Detox Episodes	1,116	994	1,083	1,070	1,041	985	1,008	943
0 Prior Detox Episodes Pct	63.6%	61.5%	62.4%	62.6%	60.1%	62.8%	63.4%	61.4%
1 Prior Detox Episode	309	303	326	333	355	299	301	320
1 Prior Detox Episode Pct	17.6%	18.7%	18.8%	19.5%	20.5%	19.1%	18.9%	20.8%
2 Prior Detox Episodes	142	134	152	128	158	113	133	134
2 Prior Detox Episodes Pct	8.1%	8.3%	8.8%	7.5%	9.1%	7.2%	8.4%	8.7%
3 - 5 Prior Detox Episodes	149	139	140	139	141	127	117	101
3 - 5 Prior Detox Episodes Pct	8.5%	8.6%	8.1%	8.1%	8.1%	8.1%	7.4%	6.6%
6 + Prior Detox Episodes	40	47	35	39	38	45	32	37
6 + Prior Detox Episodes Pct	2.3%	2.9%	2.0%	2.3%	2.2%	2.9%	2.0%	2.4%

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



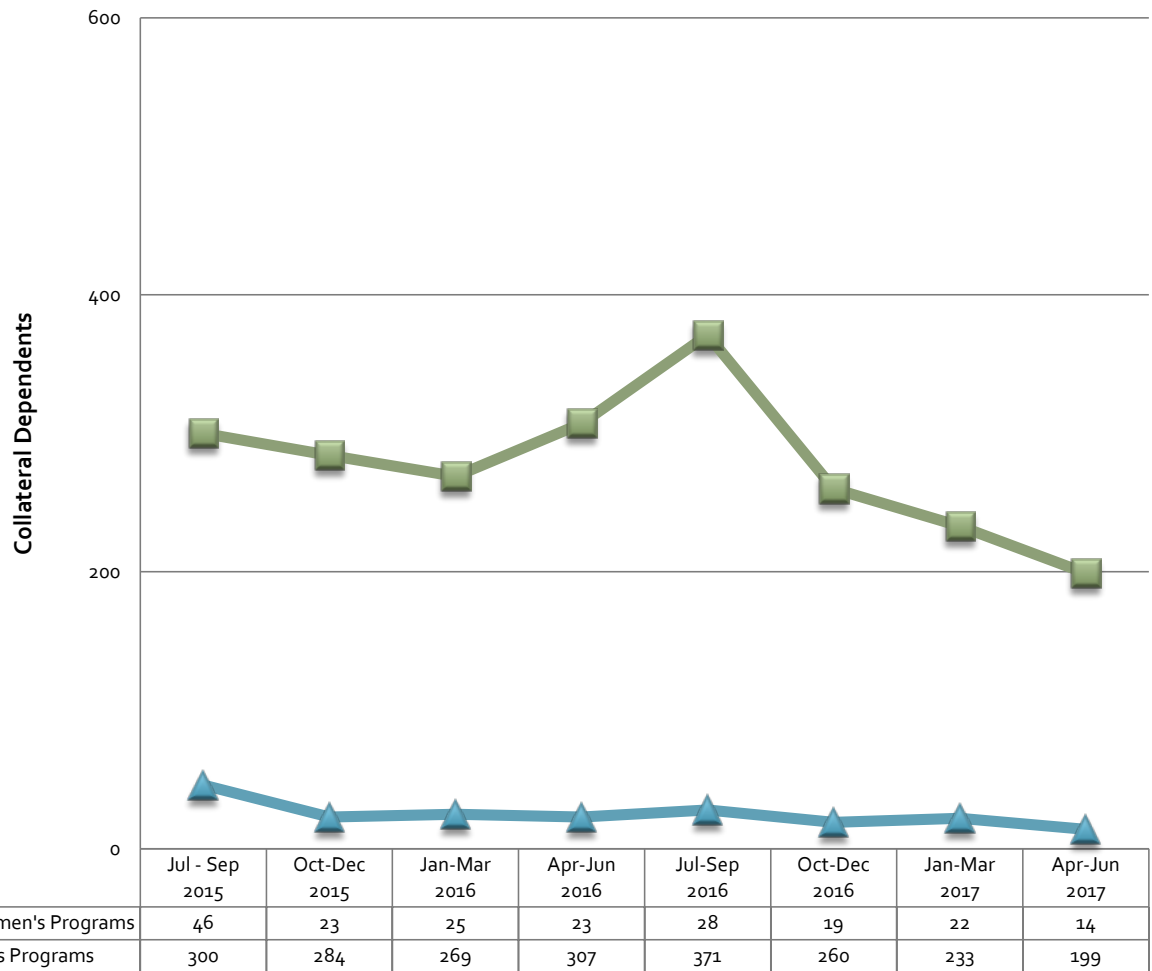
Total Discharges	11,851	12,285	11,081	11,830	11,308	10,920	9,472	8,965
Agency Initiated	1,047	961	1,046	1,036	925	918	941	953
Auto Discharges	1,122	1,049	1,637	1,872	1,809	1,512	22	5
Completed Treatment	4,914	4,442	4,294	4,571	4,289	4,038	4,162	3,950
Consumer Initiated	3,739	3,461	3,072	3,151	3,310	3,496	3,296	3,134
Law Enforcement Initiated	293	275	283	278	283	298	310	252
Other Discharges	221	211	206	202	188	201	260	206
Transferred	515	1,886	543	720	504	457	481	465

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 has 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. An agency merger in quarter (Oct-Dec 2015) resulted in a higher than usual number of transfers.

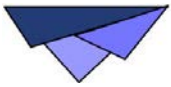


Collateral Dependents Served



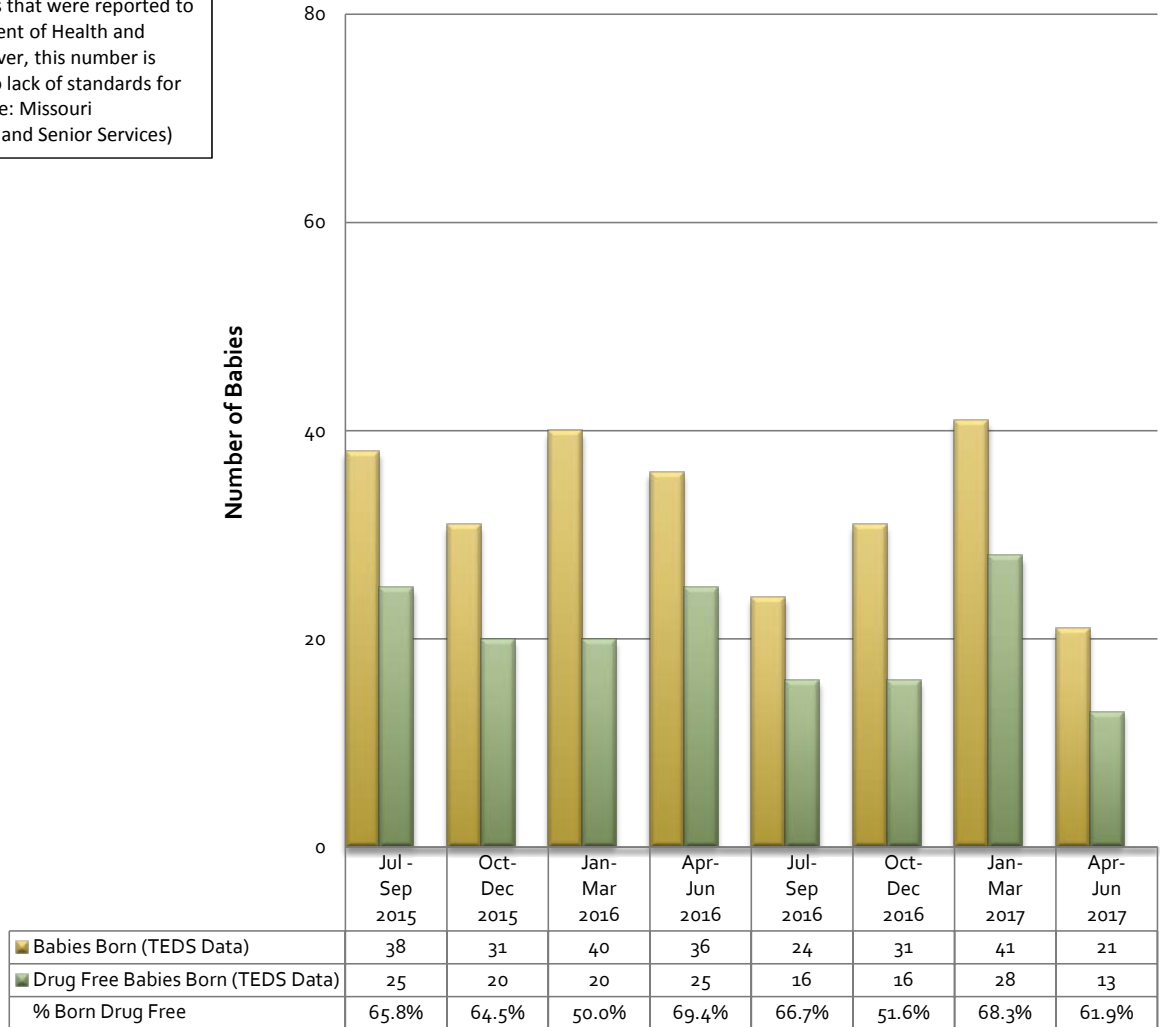
NOTE: A collateral dependent has no alcohol or drug abuse problem but is seeking services because of problems arising from his or her relationship with an alcohol or drug user who is engaged in treatment.

Significance: The majority of collateral dependents are served in the CSTAR 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.



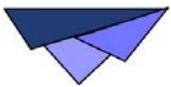
Babies Born Drug Free

During 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)



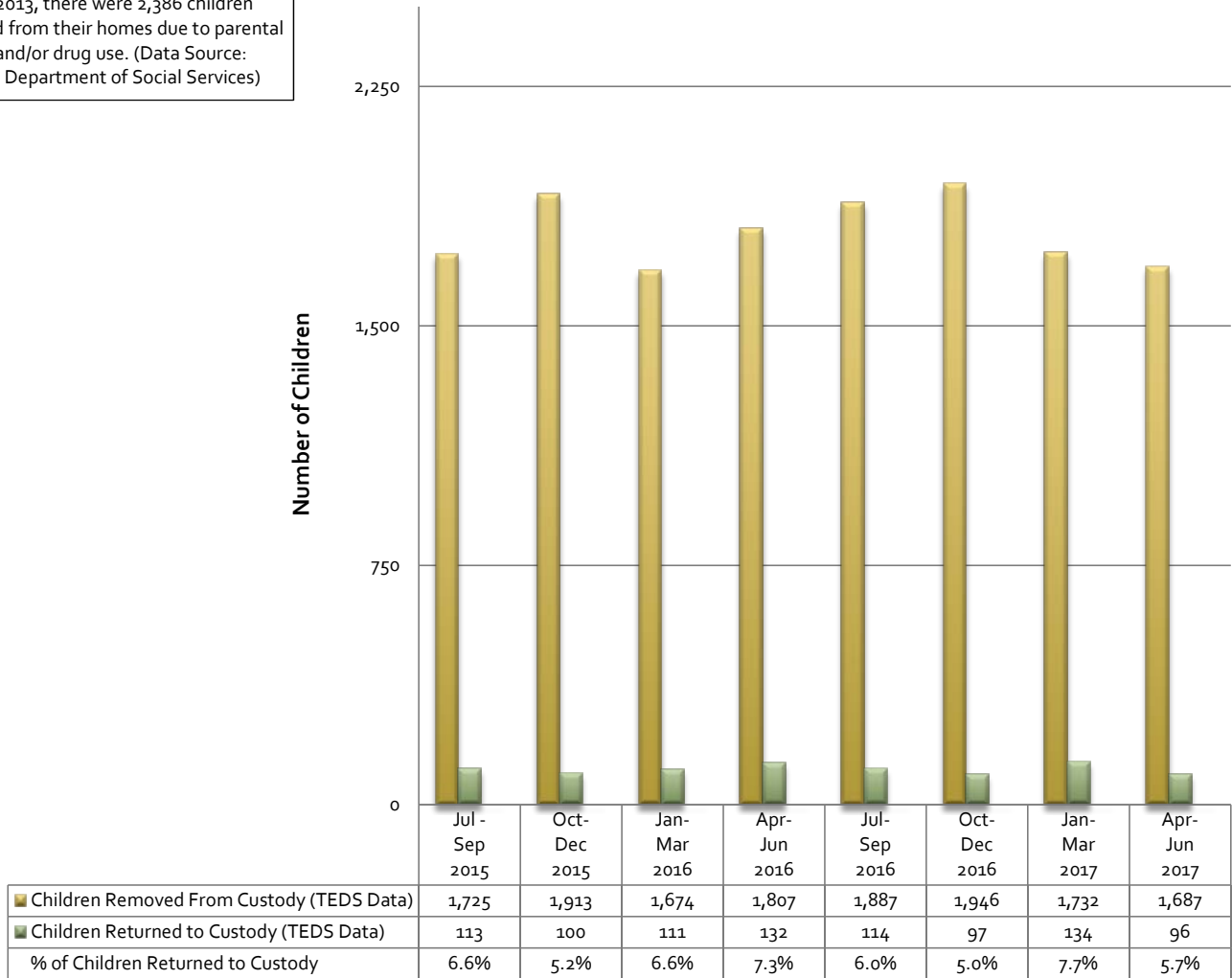
NOTE: In May 2010, TEDS data collection pages in CIMOR were upgraded to collect the number of babies born drug free during treatment for all female consumers in treatment and is collected when the program is closed. Due to this change, the data from previous reports are not comparable.

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



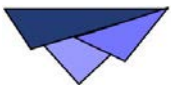
Children Returned to Custody

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)

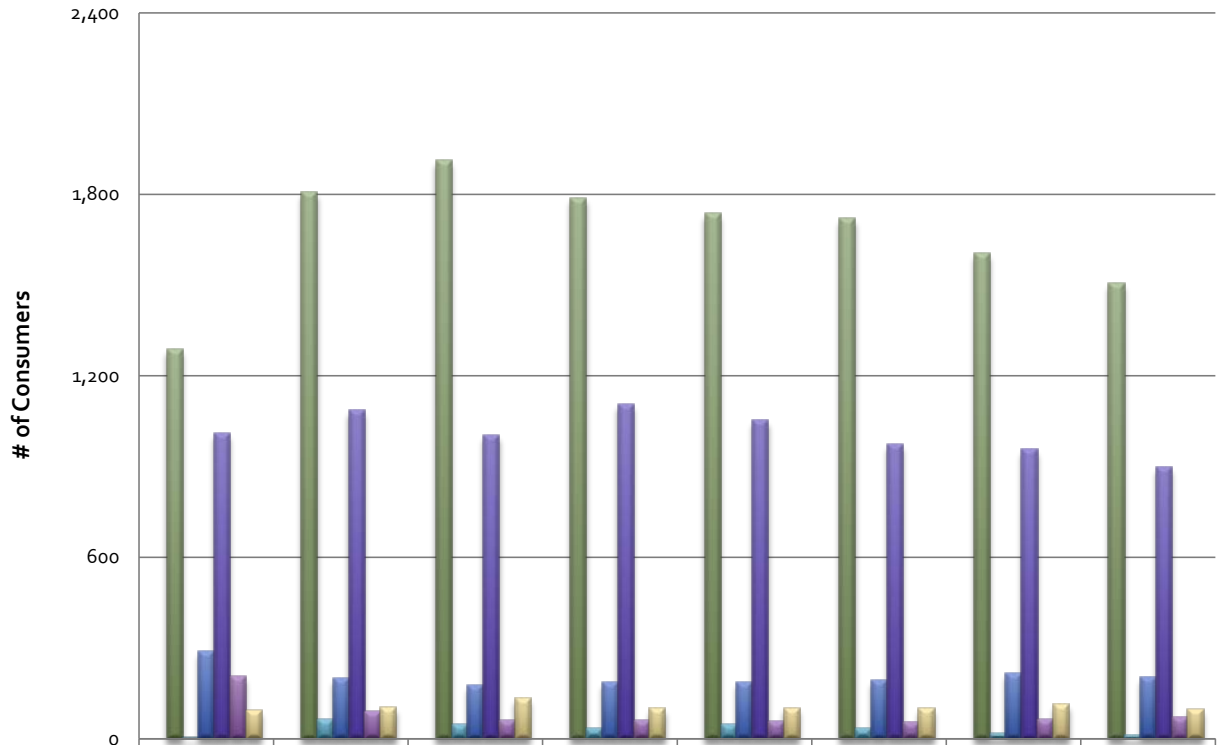


NOTE: In May 2010, TEDS data collection pages in CIMOR were upgraded to collect the number of children returned to custody for all consumers in treatment and is collected when the program is closed.

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



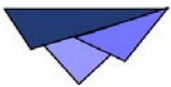
Consumers Receiving Recovery Supports



Unduplicated Number Served	Jul - Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017
Coordination Services	1,288	1,807	1,912	1,789	1,738	1,720	1,606	1,508
Drop-In Services	5	66	48	34	48	34	18	12
Housing	290	200	178	188	189	193	218	202
Recovery Services	1,010	1,087	1,005	1,107	1,054	975	957	897
Spiritual Services	208	90	62	62	57	54	65	72
Transportation	94	104	135	101	103	102	114	98

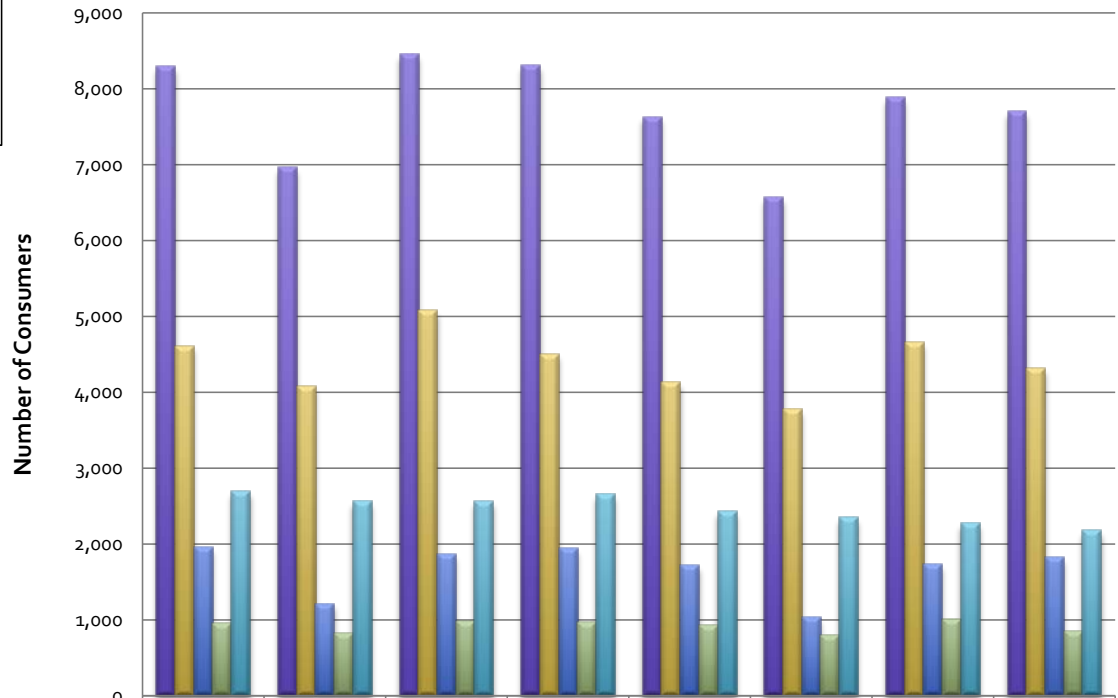
NOTE: Recovery supports are a collection of non clinical services that support recovery from alcohol and drug addiction. The ATR program is limited to 7 counties in West Central Missouri, 7 counties in Southwest Missouri, and 7 counties in Southeast Missouri.

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

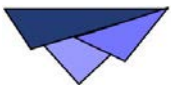
The annual number of DWI arrests have been trending downward: 35,543 in 2009 to 22,815 in 2015. Data Source: Missouri Department of Public Safety.



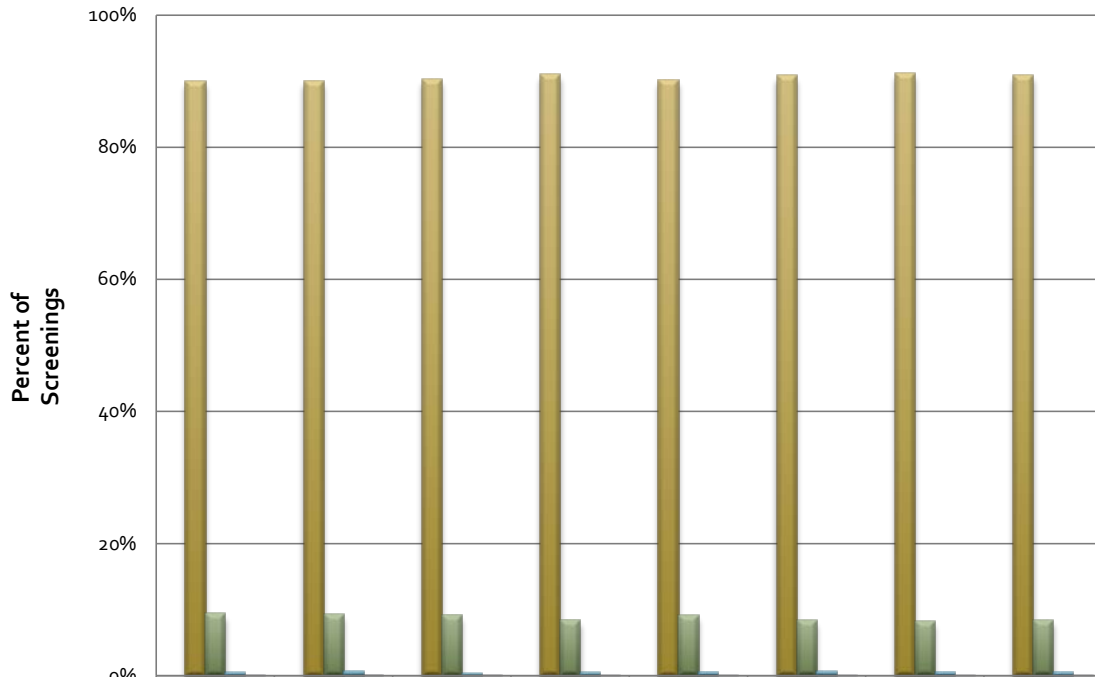
	Jul - Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017
■ Unduplicated Number of SATOP Consumers	8,299	6,961	8,456	8,317	7,632	6,566	7,890	7,708
■ SATOP Screened	4,615	4,076	5,087	4,509	4,135	3,780	4,664	4,314
■ Education Pgm	1,960	1,215	1,862	1,944	1,723	1,032	1,730	1,826
■ Weekend Intervention Pgm	958	821	980	974	935	805	1,012	855
■ Clinical Treatment Pgm	2,691	2,563	2,567	2,652	2,436	2,352	2,278	2,184

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).



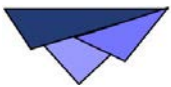
Substance Abuse Traffic Offenders Program (SATOP) Consumers Screened - Range of Previous SATOP Screenings Within Past 5 Years



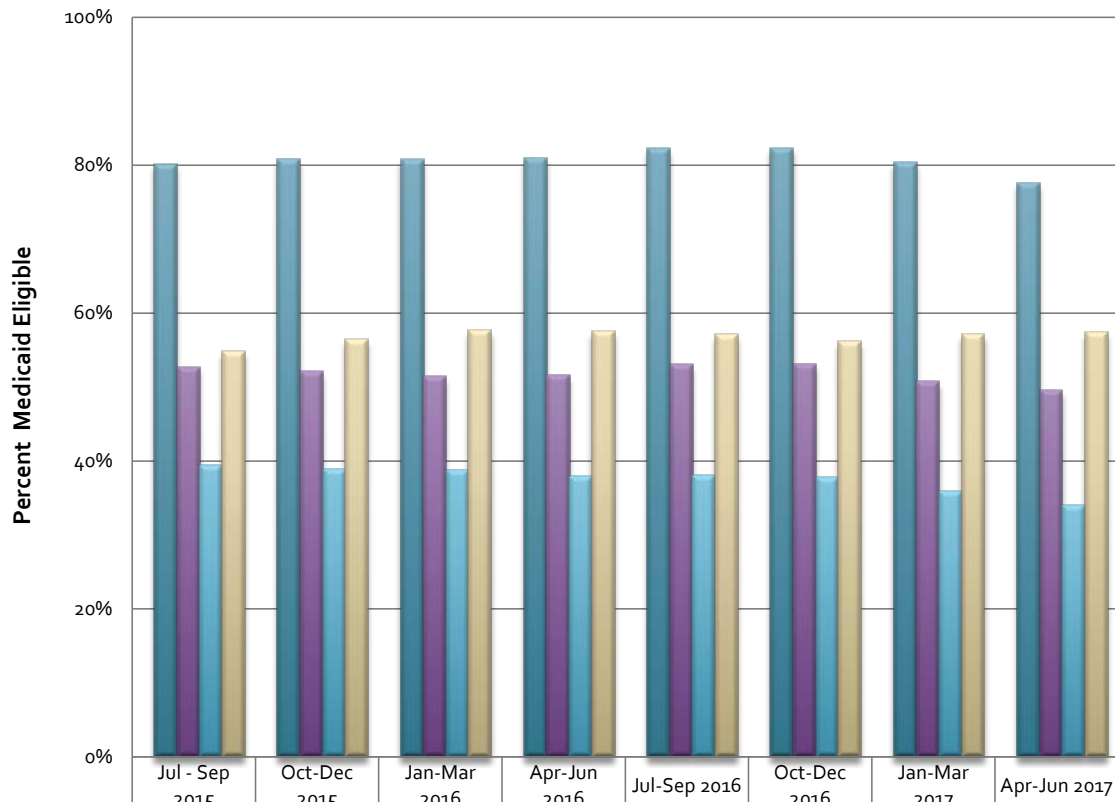
	Jul - Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017
SATOP Screened or Assigned to Comparable Pgm	5,366	4,672	5,790	5,257	4,841	4,411	5,433	5,050
0 Prior Screening	4,831	4,203	5,234	4,784	4,364	4,007	4,952	4,594
0 Prior Screening Pct	90.0%	90.0%	90.4%	91.0%	90.1%	90.8%	91.1%	91.0%
1 Prior Screening	504	435	528	445	445	371	449	426
1 Prior Screening Pct	9.4%	9.3%	9.1%	8.5%	9.2%	8.4%	8.3%	8.4%
2 Prior Screenings	28	31	25	27	27	31	31	29
2 Prior Screenings Pct	0.5%	0.7%	0.4%	0.5%	0.6%	0.7%	0.6%	0.6%
3+ Prior Screenings	3	3	3	1	1	2	1	1
3+ Prior Screenings Pct	0.1%	0.1%	0.1%	0.0%	0.0%	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.



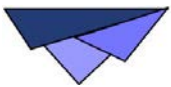
Medicaid Eligibility for Individuals Served in CSTAR Programs



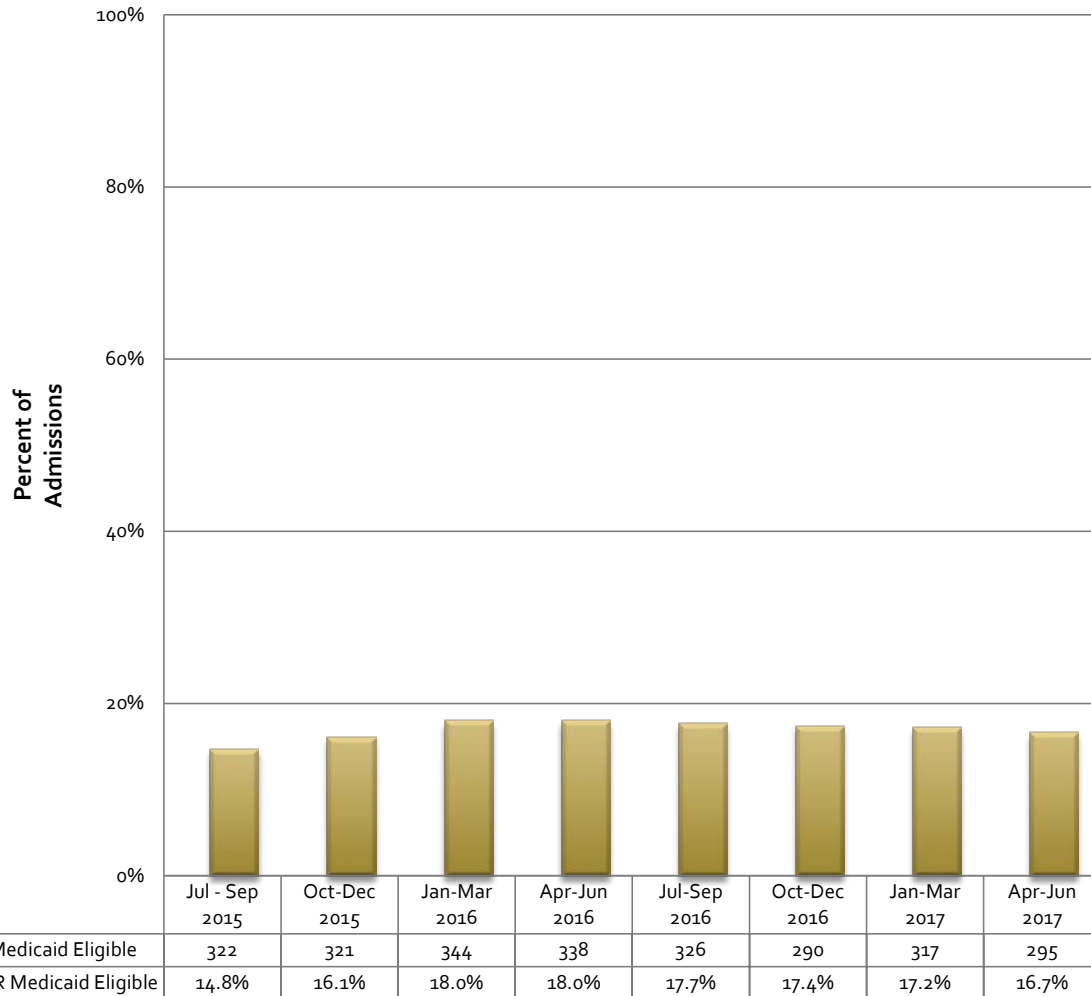
	Jul - Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017
CSTAR Adolescent Medicaid Eligible	871	885	1,008	1,007	922	958	947	847
% CSTAR Adolescent Medicaid Eligible	80.2%	80.8%	80.8%	81.0%	82.3%	82.4%	80.4%	77.6%
CSTAR W&C Medicaid Eligible	1,337	1,288	1,346	1,341	1,324	1,315	1,288	1,238
% CSTAR W&C Medicaid Eligible	52.8%	52.2%	51.5%	51.6%	53.1%	53.1%	50.8%	49.6%
CSTAR Gen Adult Medicaid Eligible	3,749	3,715	3,906	3,906	3,994	3,961	3,976	3,788
% CSTAR Gen Adult Medicaid Eligible	39.4%	38.9%	38.8%	37.9%	38.2%	37.8%	35.9%	34.0%
Opioid Medicaid Eligible	740	761	782	769	746	745	768	794
% Opioid Medicaid Eligible	54.8%	56.5%	57.7%	57.5%	57.2%	56.2%	57.1%	57.5%

NOTE: CSTAR Detox is excluded.

Significance: Medicaid-eligible consumers comprise between 34 - 78% 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

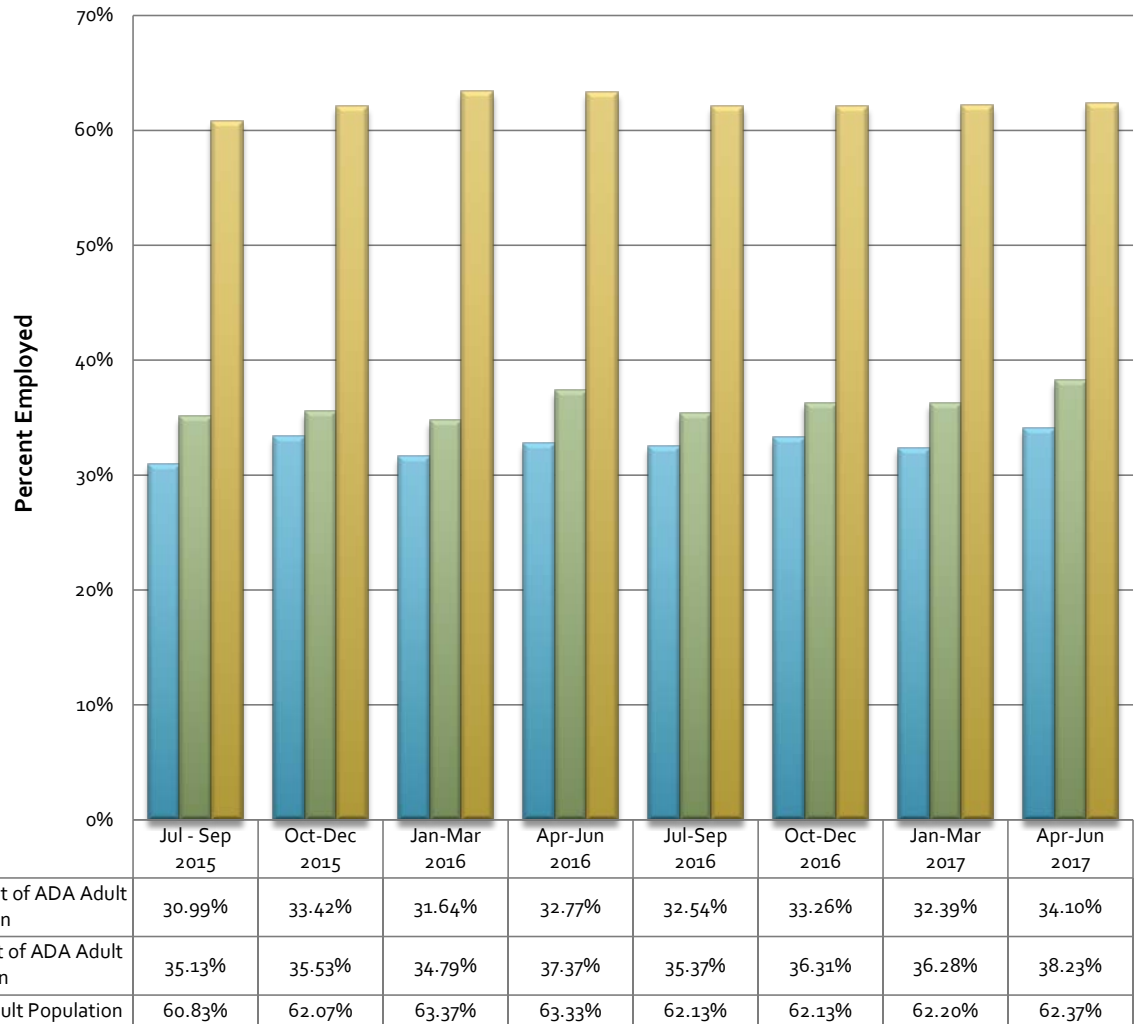


NOTE: Non-CSTAR programs include Primary Recovery Plus, Enhanced Primary Recovery Plus, Corrections Primary Recovery Plus, DOC Free & Clean Plus, DOC Partnership for Community Restoration, Clinical Intervention Program (Adult and Youth), Serious & Repeat Offender Program and General Treatment.

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.

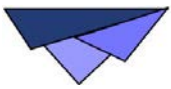


Employment of Adult Population in Substance Use Treatment

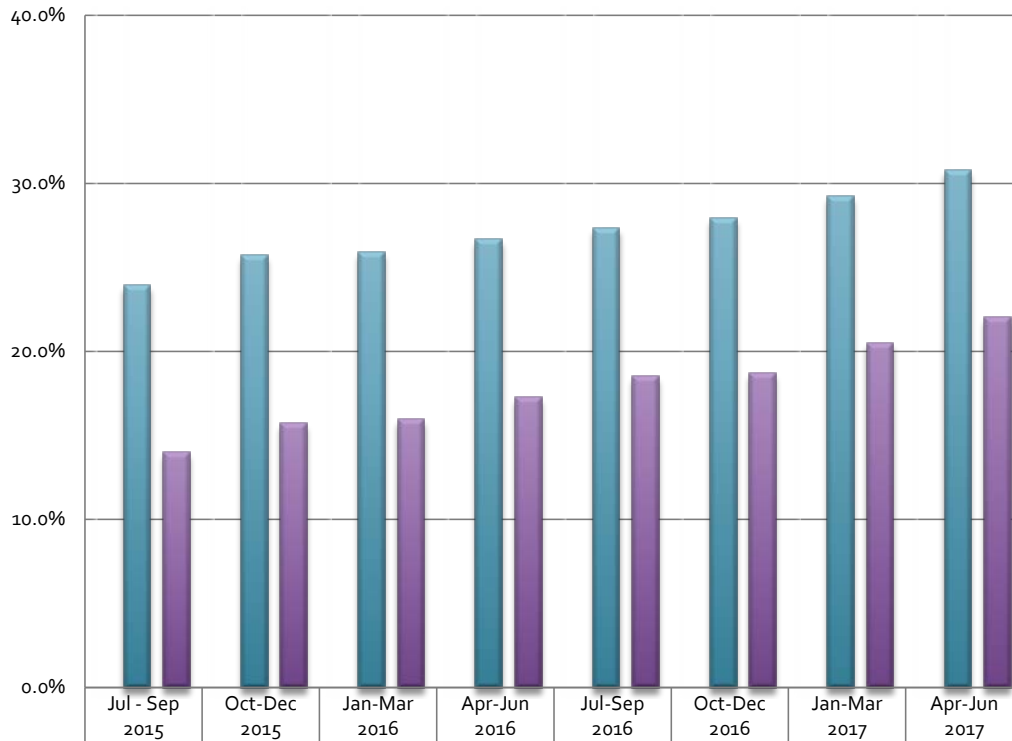


Note: Adolescent programs, detox, and codependents are excluded from the employment calculations.

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.



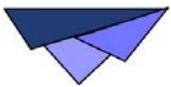
Consumers Receiving Medication Therapy



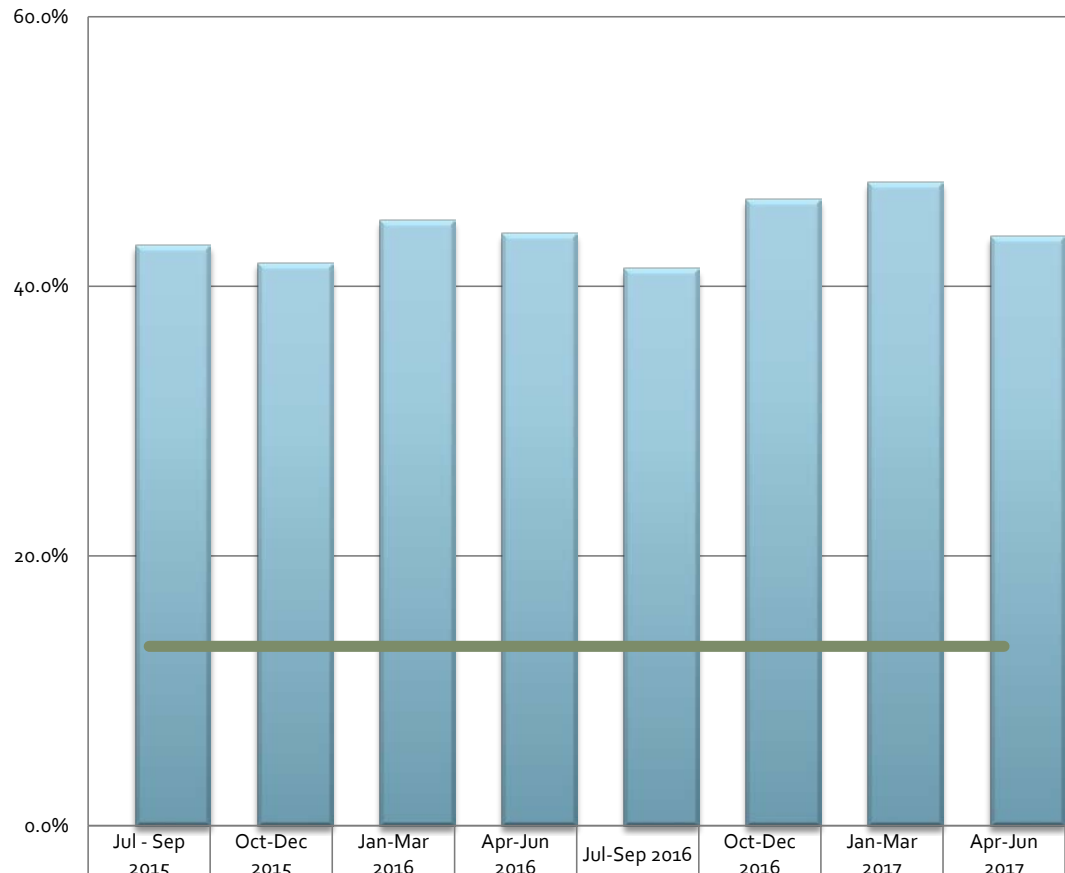
	Jul - Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017
Including CSTAR Opioid: # Adult Opioid/Alcohol-Addicted Consumers	10,794	10,517	10,756	10,987	11,053	10,926	11,323	11,242
# Consumers Receiving Medication Therapy	2,584	2,706	2,787	2,930	3,020	3,050	3,312	3,459
% Consumers Receiving Medication Therapy	23.9%	25.7%	25.9%	26.7%	27.3%	27.9%	29.3%	30.8%
Excluding CSTAR Opioid: # Adult Opioid/Alcohol-Addicted Consumers	9,197	8,883	9,167	9,336	9,428	9,282	9,678	9,531
# Consumers Receiving Medication Therapy	1,287	1,399	1,463	1,613	1,749	1,739	1,986	2,099
% Consumers Receiving Medication Therapy	14.0%	15.7%	16.0%	17.3%	18.6%	18.7%	20.5%	22.0%

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



	Jul - Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017
# of Detox Discharges	1,826	1,664	1,763	1,819	1,757	1,545	1,646	1,592
# Transitioning from Detox to Tx	787	695	792	799	726	718	786	696
% Transitioning from Detox to Tx	43.1%	41.8%	44.9%	43.9%	41.3%	46.5%	47.8%	43.7%
U.S. % Transitioning from Detox to Tx	13.3%	13.3%	13.3%	13.3%	13.3%	13.3%	13.3%	13.3%

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.

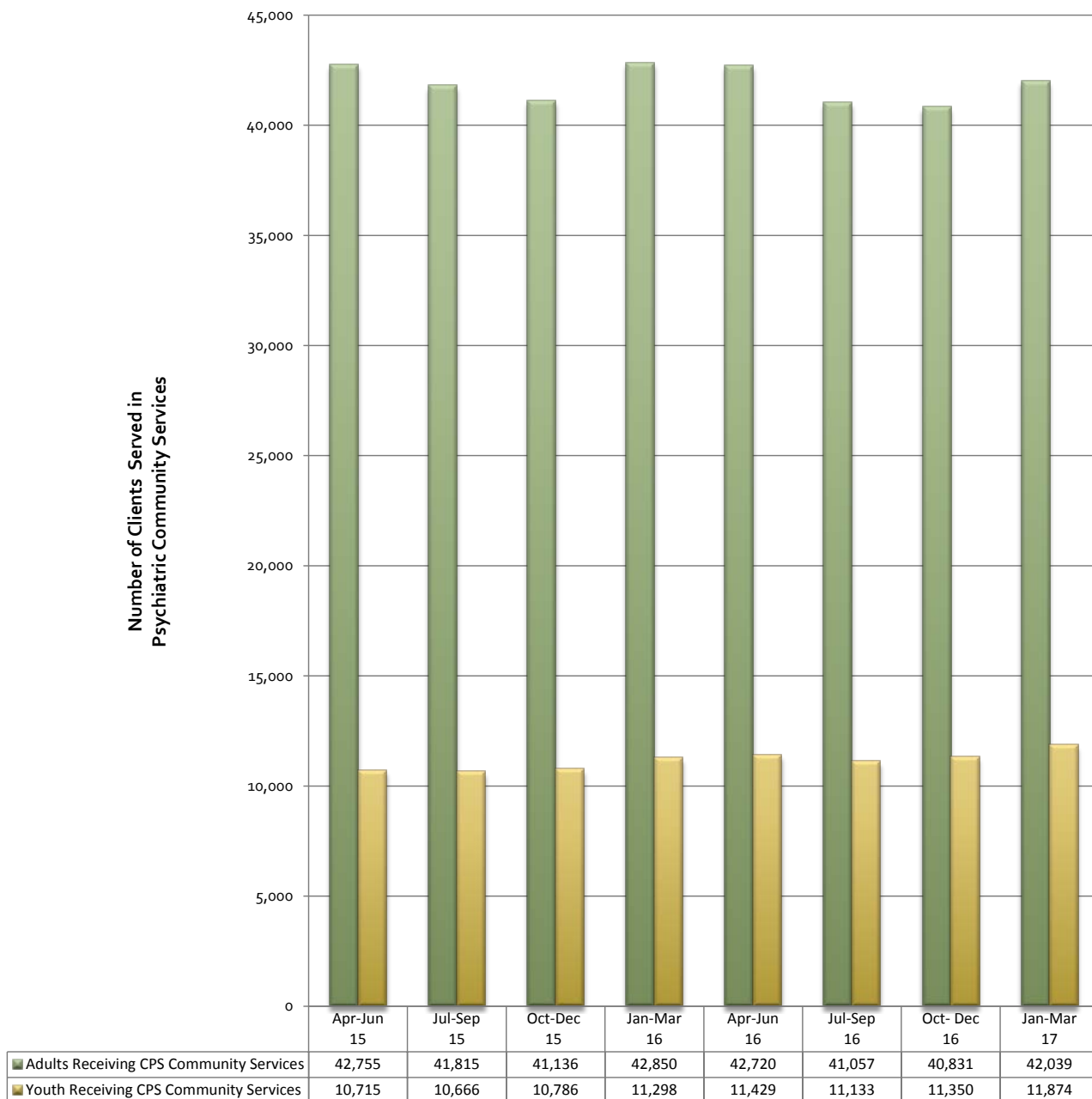


Division of Behavioral Health

Comprehensive Psychiatric
Services



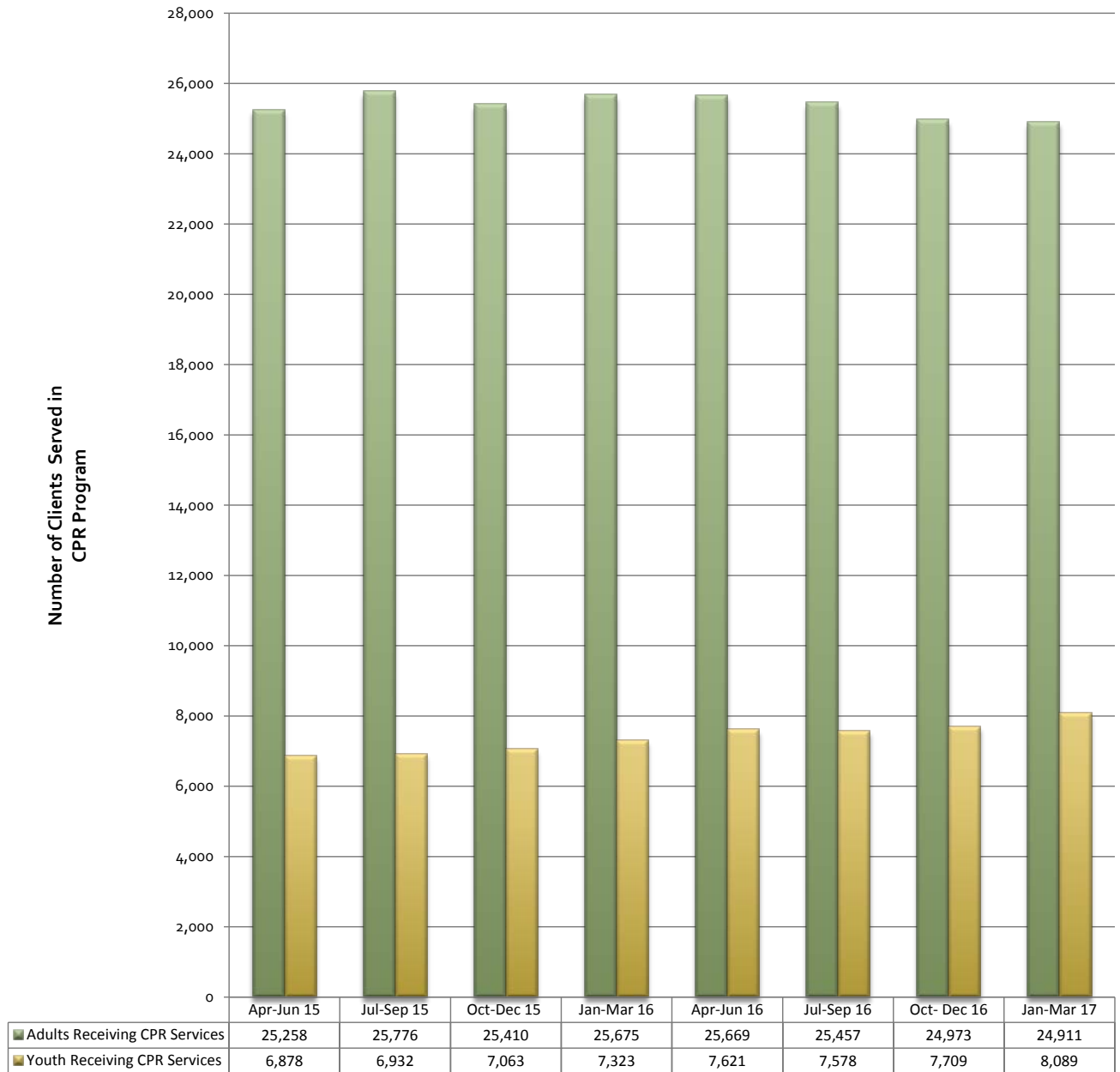
Clients Receiving Psychiatric Community Services



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.



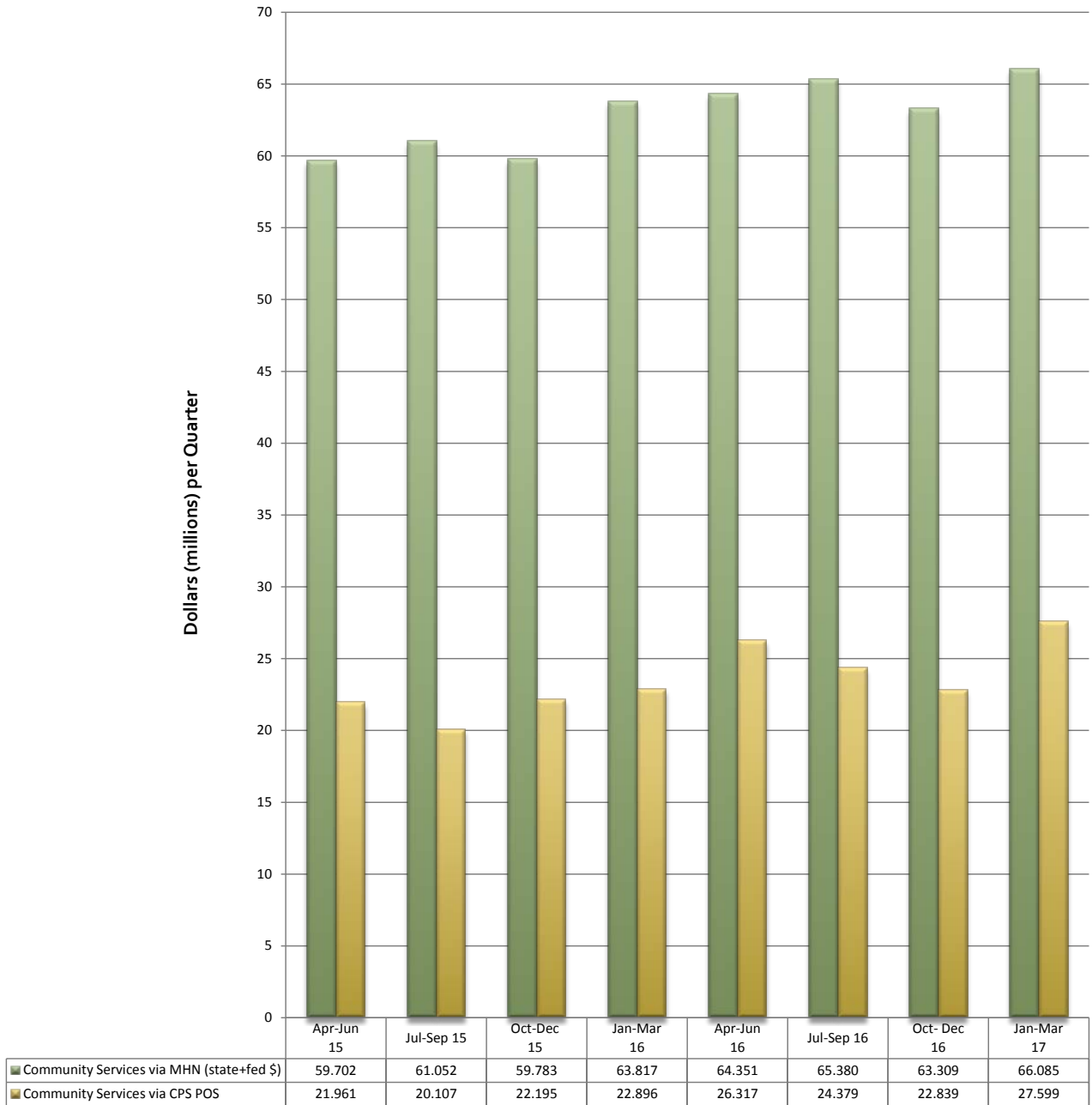
Clients in the Community Psychiatric Rehabilitation Program



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.



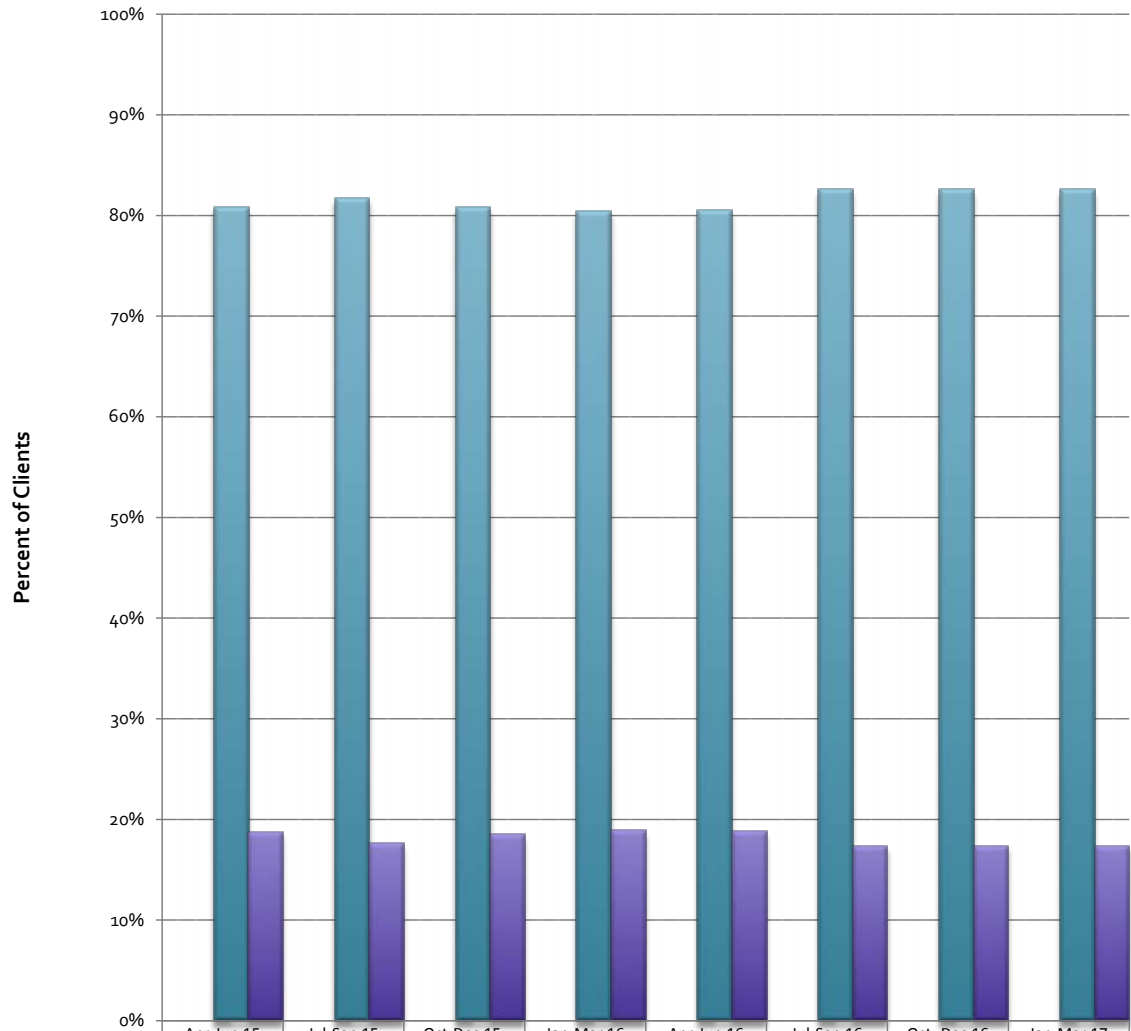
Funding Sources for Psychiatric Services Community Clients



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

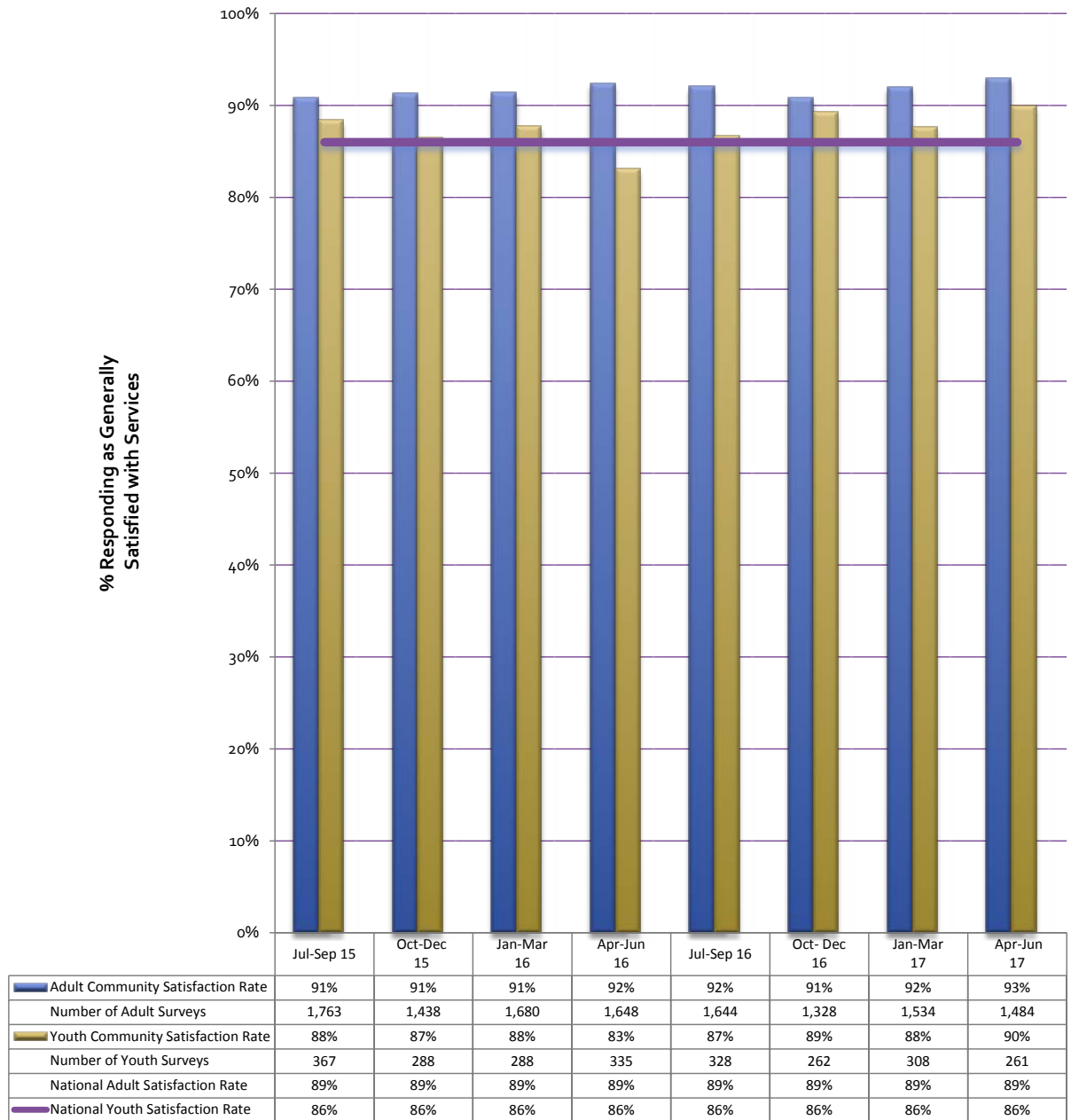


	Apr-Jun 15	Jul-Sep 15	Oct-Dec 15	Jan-Mar 16	Apr-Jun 16	Jul-Sep 16	Oct-Dec 16	Jan-Mar 17
CPS Facility Client Count	1,334	1,346	1,342	1,370	1,387	1,357	1,357	1,358
CPS Community Client Count	53,470	52,481	51,922	54,148	54,149	52,190	52,181	53,913
M.E. Clients -- All CPS Community	43,230	42,910	41,989	43,585	43,635	42,762	42,511	43,094
% M.E. -- All CPS Community	80.8%	81.8%	80.9%	80.5%	80.6%	82.6%	82.6%	82.6%
Not M.E. Clients -- All CPS Community	10,017	9,275	9,613	10,235	10,181	9,429	9,672	10,821
% Not M.E. -- All CPS Community	18.7%	17.7%	18.5%	18.9%	18.8%	17.4%	17.4%	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

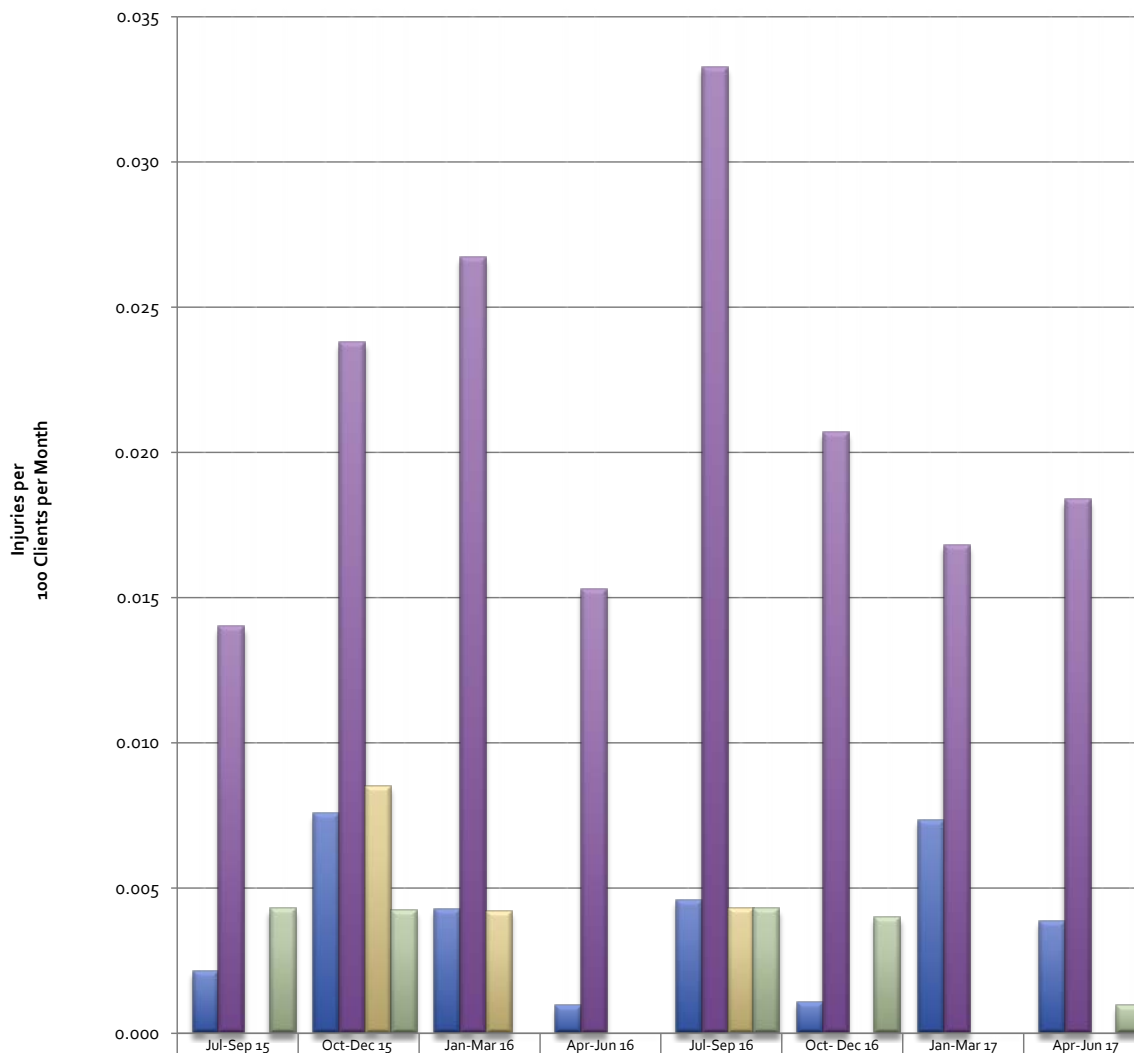


NOTE: Taken from the Adult and Youth Satisfaction Surveys using national standard MHSIP questions.

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

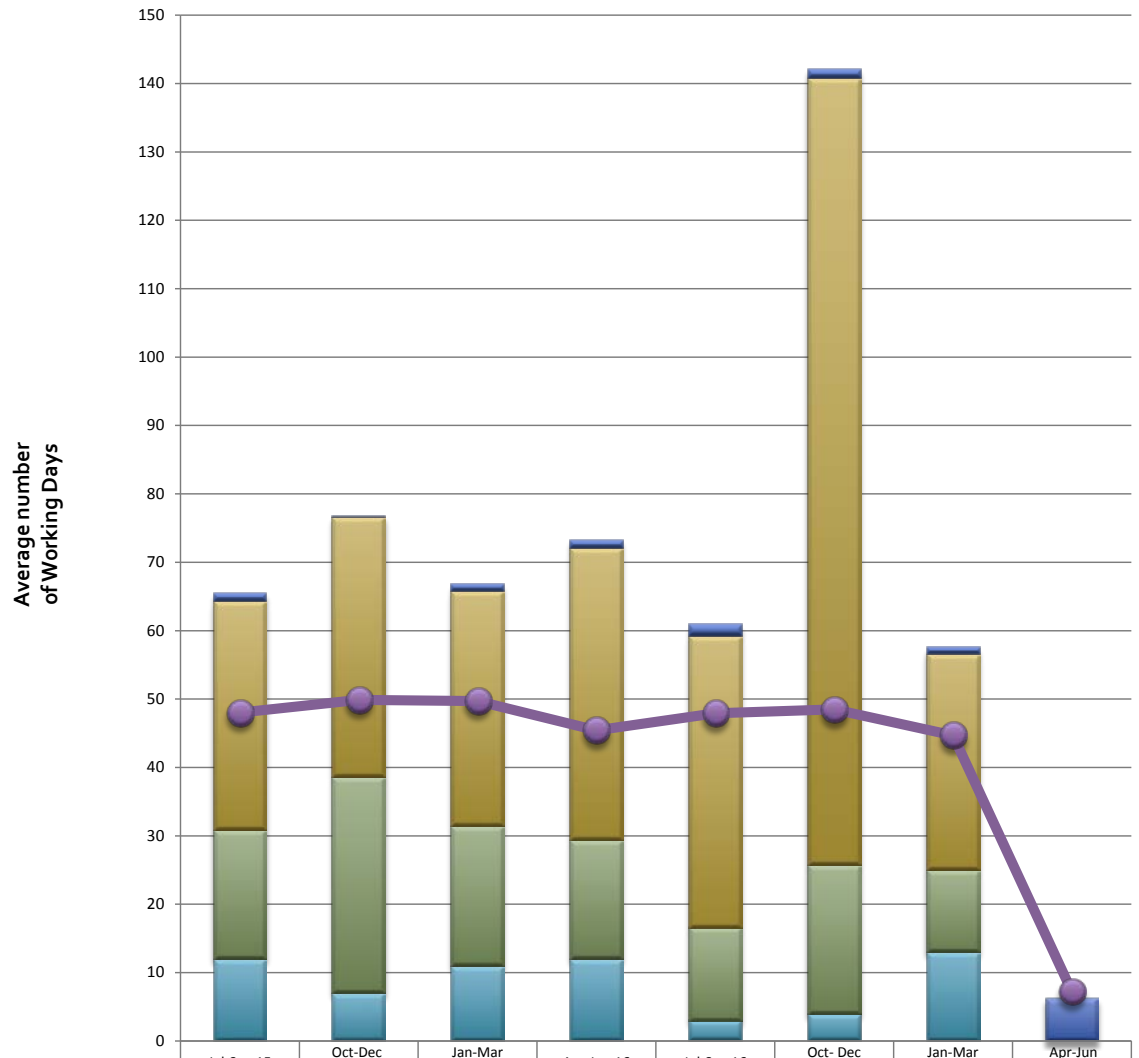


	Jul-Sep 15	Oct-Dec 15	Jan-Mar 16	Apr-Jun 16	Jul-Sep 16	Oct-Dec 16	Jan-Mar 17	Apr-Jun 17
# Adult Injuries (hospitalization)	2	7	4	1	4	1	7	4
■ Adult Injuries (hosp.) per 100 consumers/mo	0.002	0.008	0.004	0.001	0.005	0.001	0.007	0.004
# Adult Injuries (death)	13	22	25	16	29	19	16	19
■ Adult Injuries (death) per 100 consumers/mo	0.014	0.024	0.027	0.015	0.033	0.021	0.017	0.018
# Youth Injuries (hospitalization)	0	2	1	0	1	0	0	0
■ Youth Injuries (hosp.) per 100 consumers/mo	0.000	0.009	0.004	0.000	0.004	0.000	0.000	0.000
# Youth Injuries (death)	1	1	0	0	1	1	0	1
■ Youth Injuries (death) per 100 consumers/mo	0.004	0.004	0.000	0.000	0.004	0.004	0.000	0.001

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 April-June '17 quarter are further categorized as: 9 suicides, 4 homicides, 3 car accidents, and 3 accidents. The youth death was a result of homicide. All 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

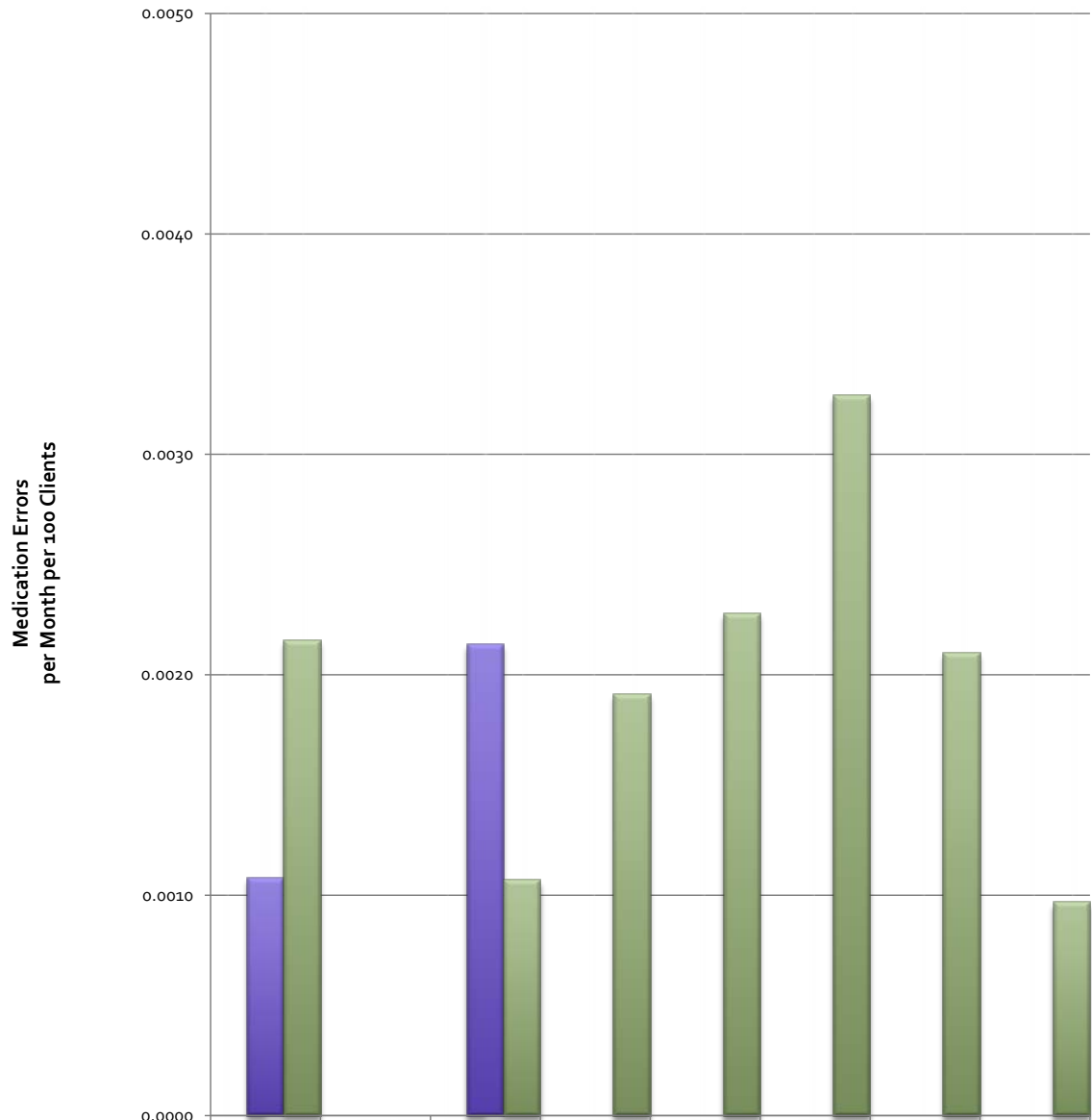


	Jul-Sep 15	Oct-Dec 15	Jan-Mar 16	Apr-Jun 16	Jul-Sep 16	Oct-Dec 16	Jan-Mar 17	Apr-Jun 17
CPSComm.: Event Discovery to Event Report	3.64	1.50	3.09	2.09	3.67	2.00	3.62	0.90
CPS Comm.: Event Report to Inv. Request	1.18	0.17	1.09	1.18	1.67	1.33	0.92	6.33
CPS Comm.: Inv. Request to Inv. Final Report	33.36	38.00	34.27	42.75	42.67	115.00	31.62	0.00
CPS Comm.: Inv. Final Report to Final Determination	18.92	31.64	20.50	17.33	13.60	21.80	12.00	0.00
CPS Comm. Investigation Event Count	12	7	11	12	3	4	13	0
CPS Comm.: "Typical" Inv Total Time	48.02	49.88	49.69	45.42	47.93	48.50	44.69	7.22

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. During the most recent quarter (April-June '17) no community investigation were finalized.



Adult Community Medication Errors

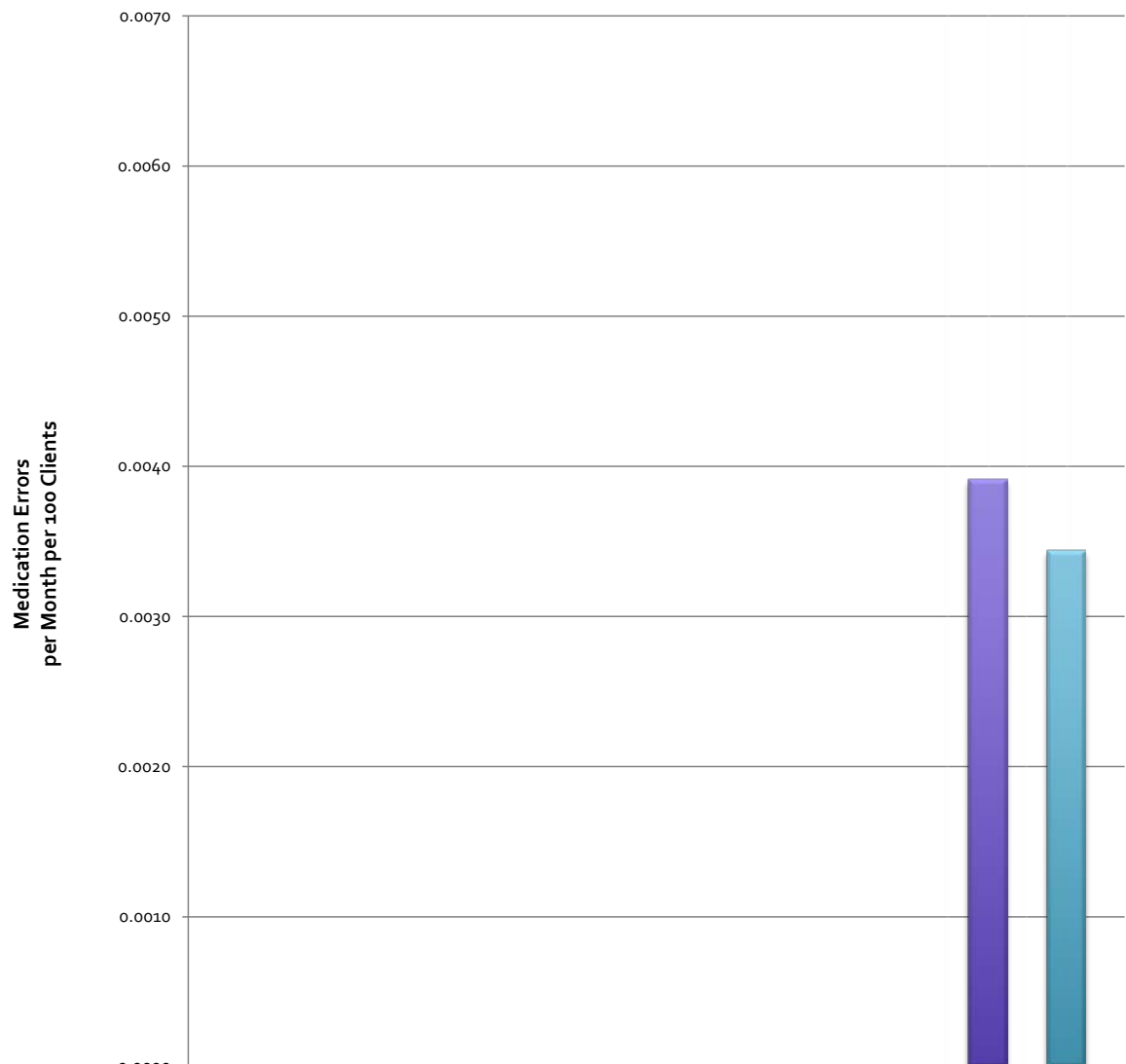


	Jul-Sep 15	Oct-Dec 15	Jan-Mar 16	Apr-Jun 16	Jul-Sep 16	Oct-Dec 16	Jan-Mar 17	Apr-Jun 17
# Adult Consumers/month	30,926	30,824	31,185	34,872	29,054	30,591	31,727	34,443
Adult "Serious" Med Errors	1	0	2	0	0	0	0	0
Adult "Serious" Med Errors per 100 consumers/mo	0.1%	0.0%	0.2%	0.0%	0.0%	0.0%	0.0%	0.0%
Adult "Moderate" Med Errors	2	0	1	2	2	3	2	1
Adult "Moderate" Med Errors per 100 consumers/mo	0.2%	0.0%	0.1%	0.2%	0.2%	0.3%	0.2%	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

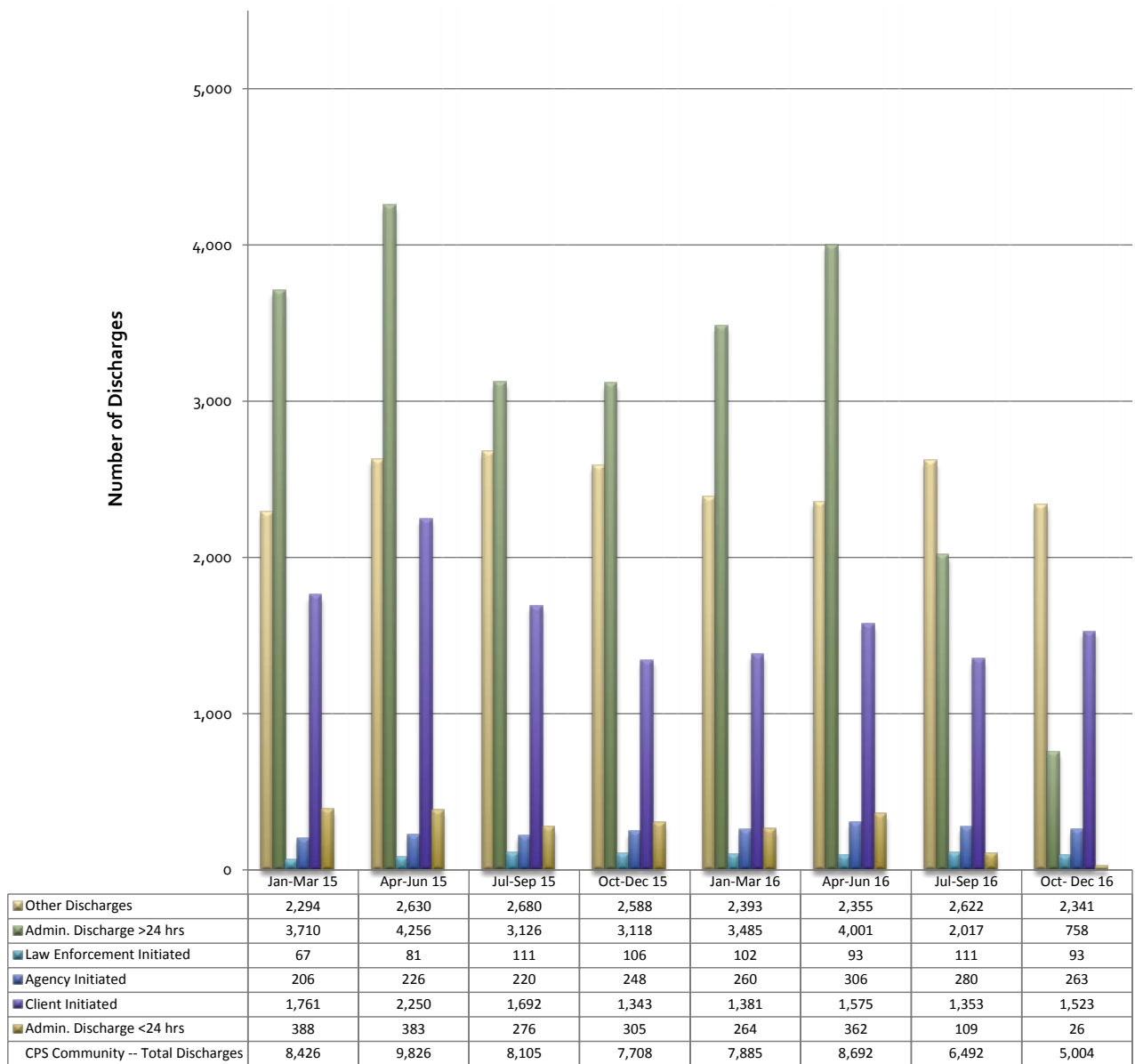


	Jul-Sep 15	Oct-Dec 15	Jan-Mar 16	Apr-Jun 16	Jul-Sep 16	Oct-Dec 16	Jan-Mar 17	Apr-Jun 17
# Youth Consumers/month	7,746	7,823	7,927	9,244	7,732	8,300	8,508	9,682
Youth "Moderate" Med Errors	0	0	0	0	0	0	0	1
Youth "Moderate" Med Errors per 100 consumers/mo	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.3%
Youth "Serious" Med Errors	0	0	0	0	0	0	1	0
Youth "Serious" Med Errors per 100 consumers/mo	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.4%	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.



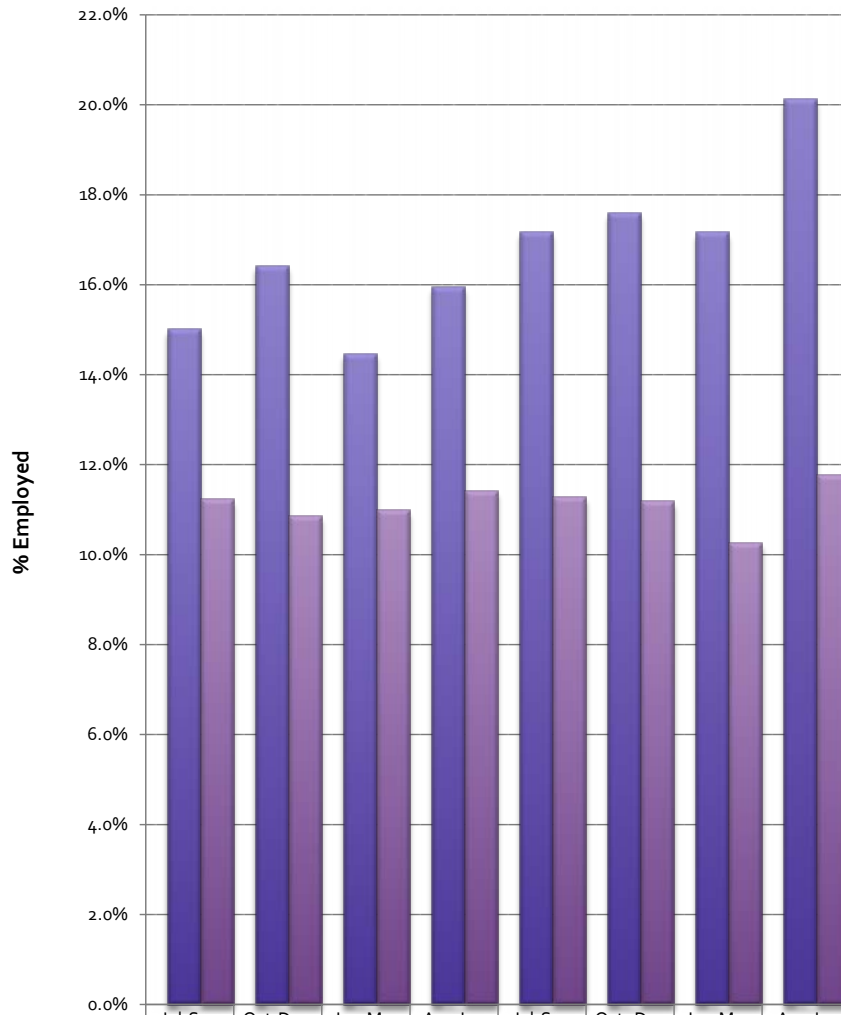
Community Psychiatric Service Discharges



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

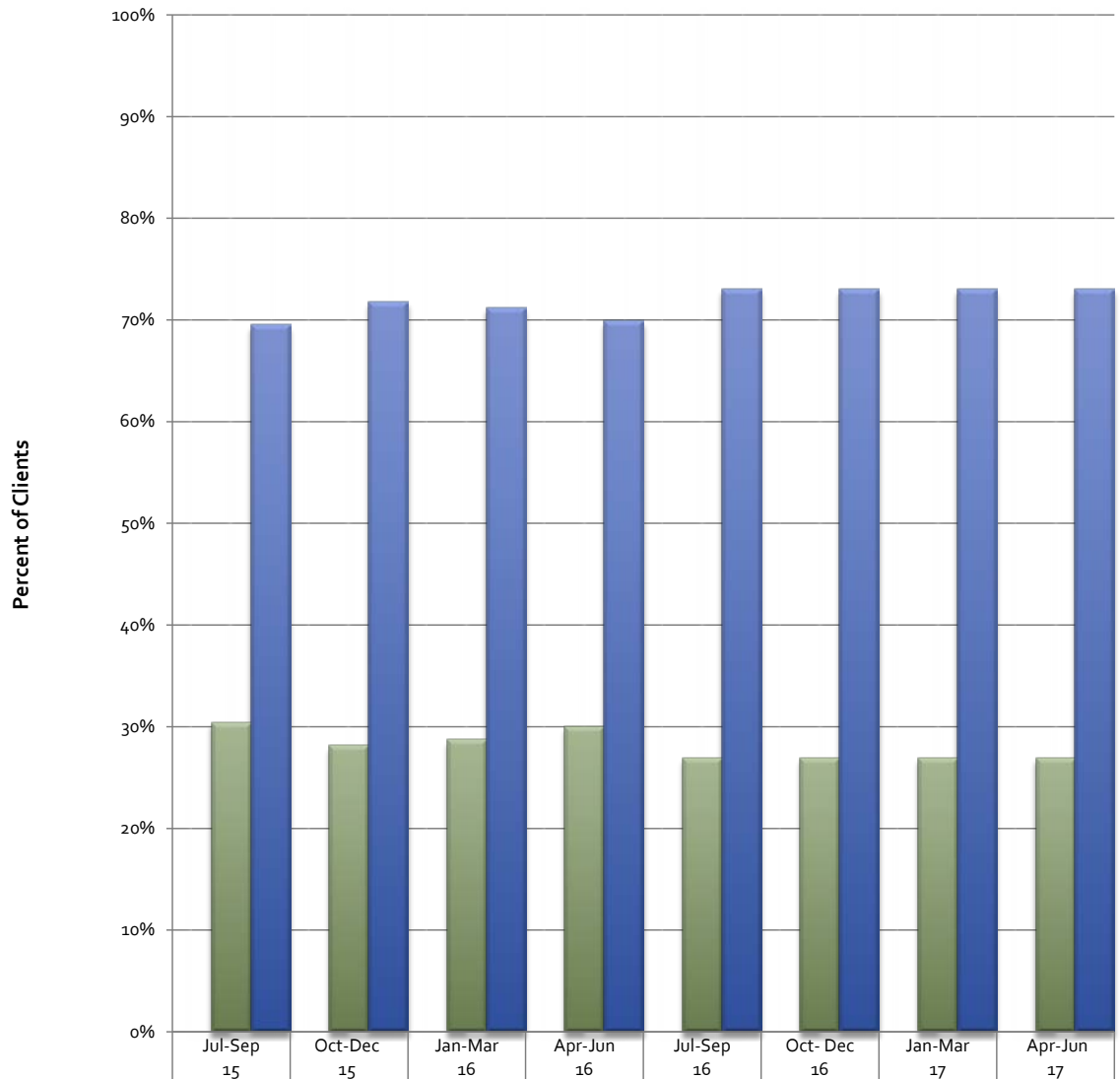


	Jul-Sep 15	Oct-Dec 15	Jan-Mar 16	Apr-Jun 16	Jul-Sep 16	Oct-Dec 16	Jan-Mar 17	Apr-Jun 17
Adult Community Clients w/ Admission Status Reports	4,377	3,947	4,396	4,205	4,401	4,205	4,329	4,007
Adult Community Clients Employed at Admission	657	648	636	671	756	740	743	806
■ % Employed at Admission	15.0%	16.4%	14.5%	16.0%	17.2%	17.6%	17.2%	20.1%
Adult Community Clients w/ Annual Status Reports	6,466	5,789	6,548	5,866	6,074	5,258	5,393	3,927
Adult Community Clients Employed at Annual Review	726	629	719	670	685	588	553	462
■ % Employed at Annual Review	11.2%	10.9%	11.0%	11.4%	11.3%	11.2%	10.3%	11.8%

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 -- employment rates at admission improved compared to FY16.



Medicaid Eligibility of Psychiatric Facility Clients

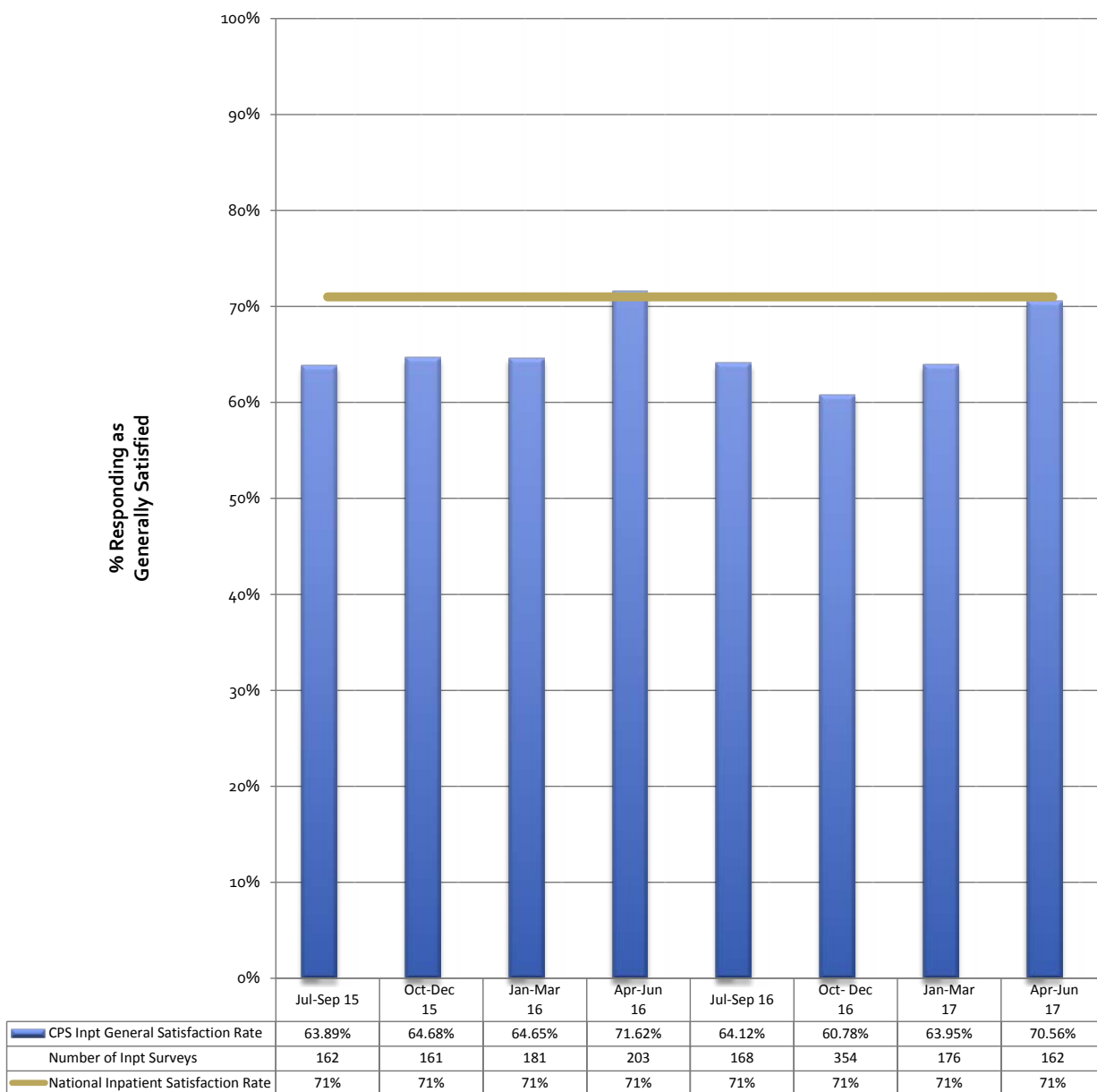


CPS Facility Client Count	1,346	1,342	1,370	1,387	1,357	1,357	1,358	1,341
M.E. Clients - CPS State Facilities	410	378	394	417	379	349	353	332
■ % M.E. -- CPS State Facility Clients	30.5%	28.2%	28.8%	30.1%	26.9%	26.9%	26.9%	26.9%
Not M.E. Clients - CPS State Facilities	936	964	976	970	978	1,008	1,005	1,009
■ % Not M.E. -- CPS State Facilities	69.5%	71.8%	71.2%	69.9%	73.1%	73.1%	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

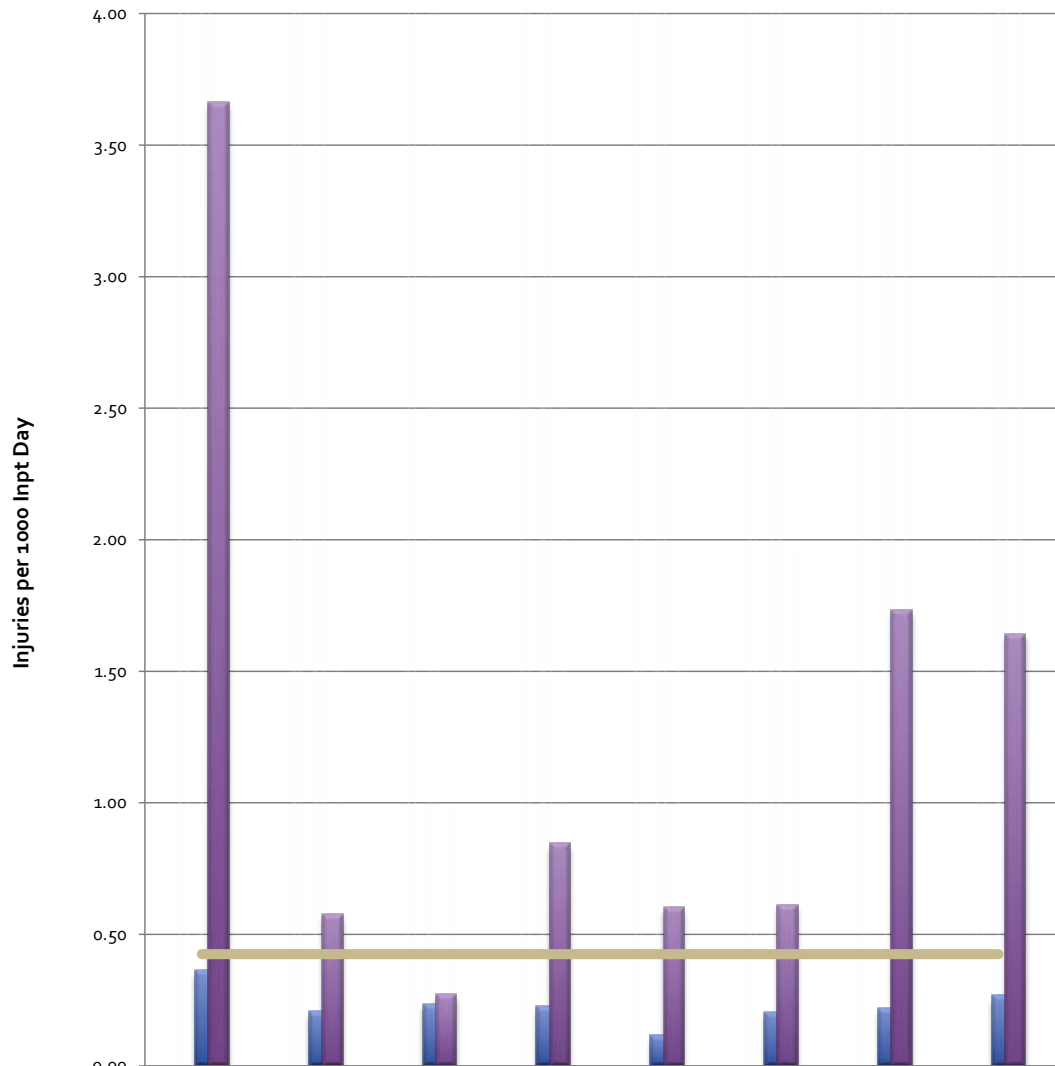


NOTE: Taken from the CPS Inpatient MHSIP survey -- average of all 5 domains.

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

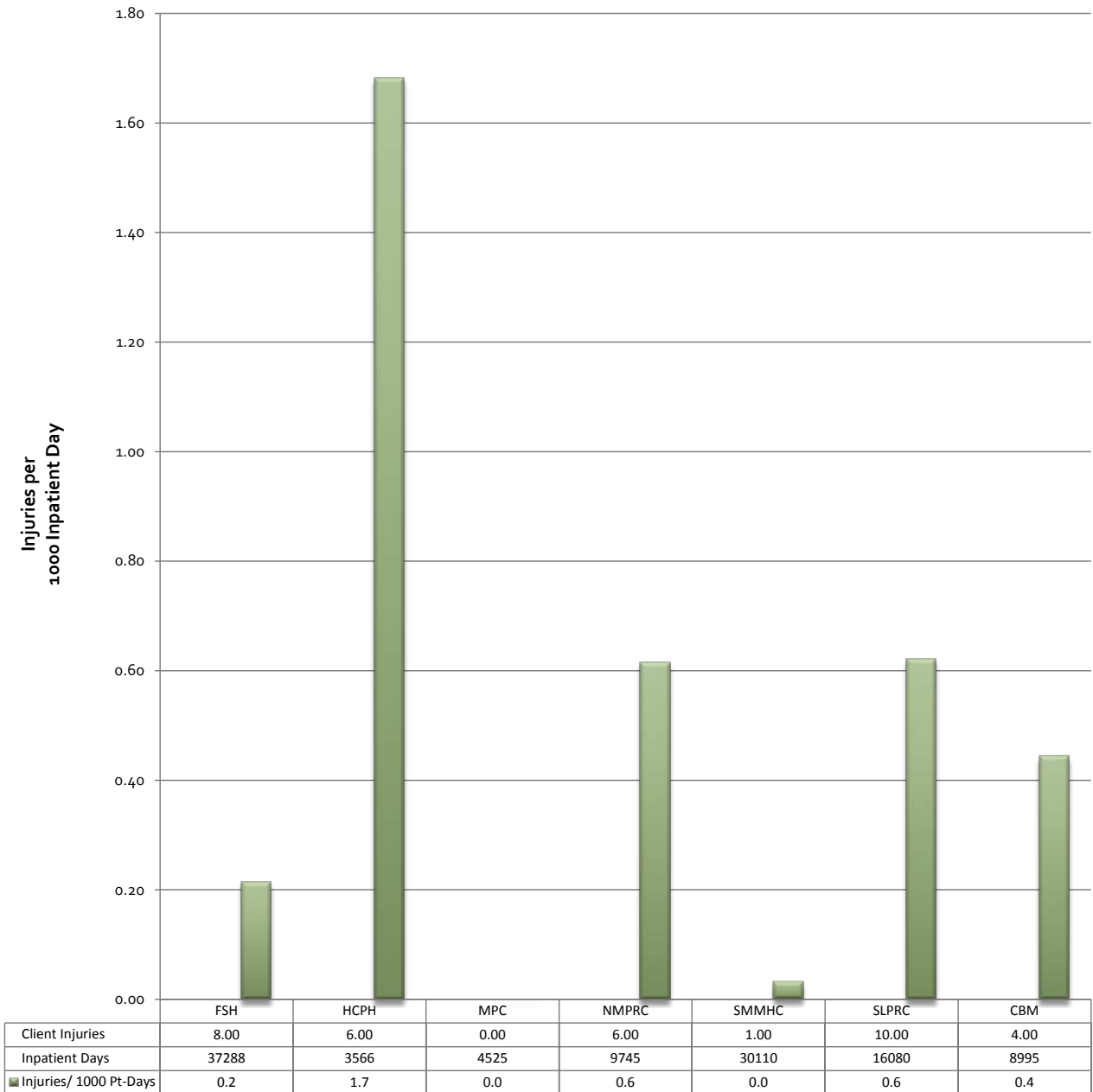


	Jul-Sep 15	Oct-Dec 15	Jan-Mar 16	Apr-Jun 16	Jul-Sep 16	Oct-Dec 16	Jan-Mar 17	Apr-Jun 17
# CPS Adult Inpt Days	110,152	110,796	110,457	110,364	111,428	111,760	108,616	108,200
# CPS Youth Inpt Days	3,549	3,461	3,647	3,544	3,307	3,267	3,464	3,651
CPS Inpt Adult Injuries	40	23	26	25	13	23	24	29
CPS Inpt Adult Injuries/1000 PtDays	0.363	0.208	0.235	0.227	0.117	0.206	0.221	0.268
CPS Inpt Youth Injuries	13	2	1	3	2	2	6	6
CPS Inpt Youth Injuries/1000 PtDays	3.663	0.578	0.274	0.847	0.605	0.612	1.732	1.643
National Inpt Injury Rate (ORyx)	0.425	0.425	0.425	0.425	0.425	0.425	0.425	0.425

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.



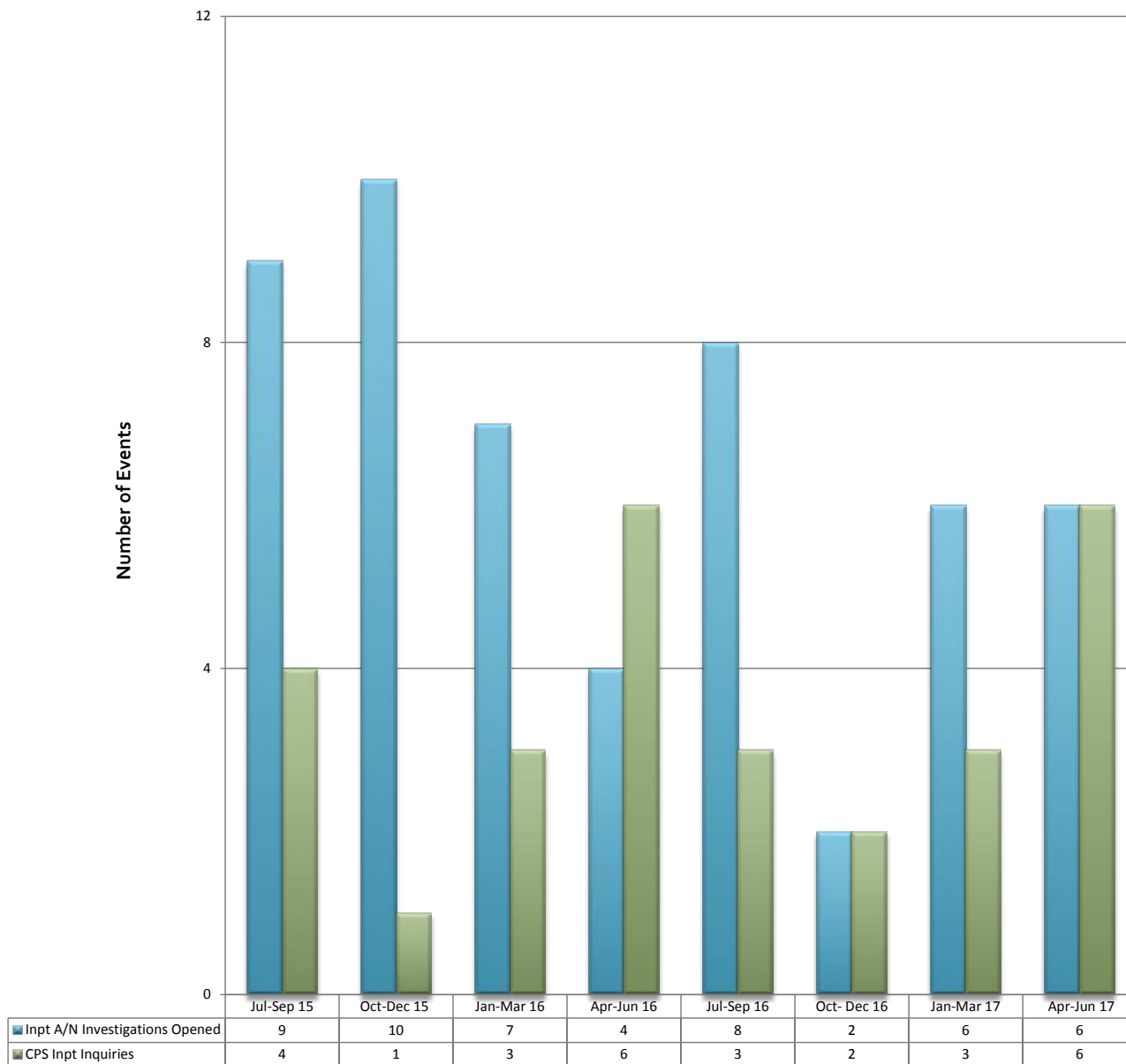
Inpatient Client Injuries by Facility



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. Last quarter of FY17 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.



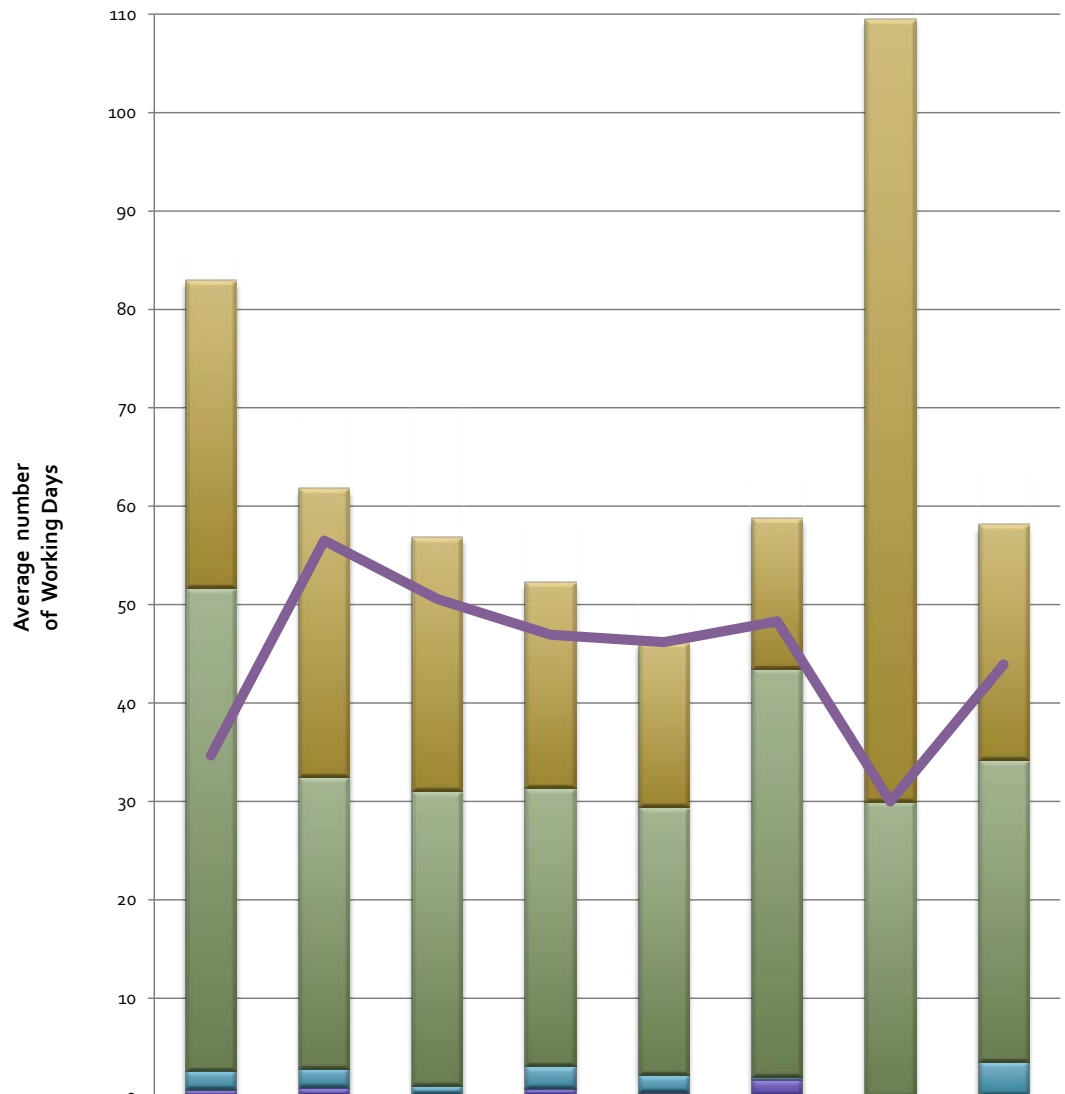
Inpatient Inquiries into Potential Abuse/Neglect Allegations



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

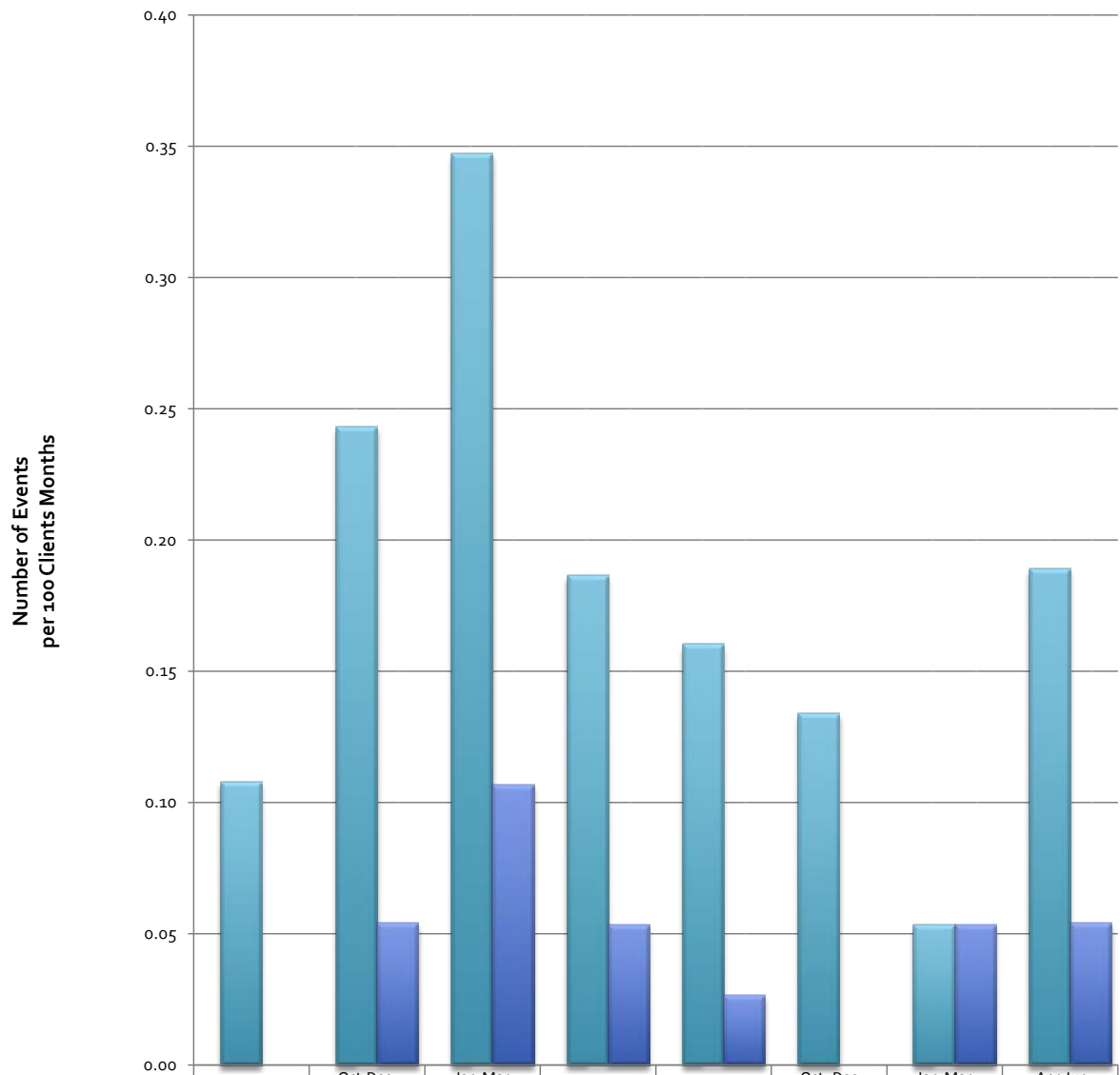


	Jul-Sep 15	Oct-Dec 15	Jan-Mar 16	Apr-Jun 16	Jul-Sep 16	Oct-Dec 16	Jan-Mar 17	Apr-Jun 17
CPS Inpt Investigation Event Count	3	8	14	6	5	4	2	6
CPS Inpt: Inv. Final Report to Final Determination	31.33	29.33	25.80	21.00	16.80	15.29	79.50	23.90
CPS Inpt: Inv. Request to Inv. Final Report	49.00	29.63	30.00	28.17	27.20	41.50	30.00	30.67
CPS Inpt: Event Report to Inv. Request	2.00	2.00	0.92	2.33	1.80	0.25	0.00	3.43
CPS Inpt: Event Discovery to Event Report	0.67	0.88	0.17	0.83	0.40	1.75	0.00	0.14
CPS Inpt: "Typical" Inv Total Time	34.67	56.51	50.58	46.94	46.20	48.29	30.00	43.93

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

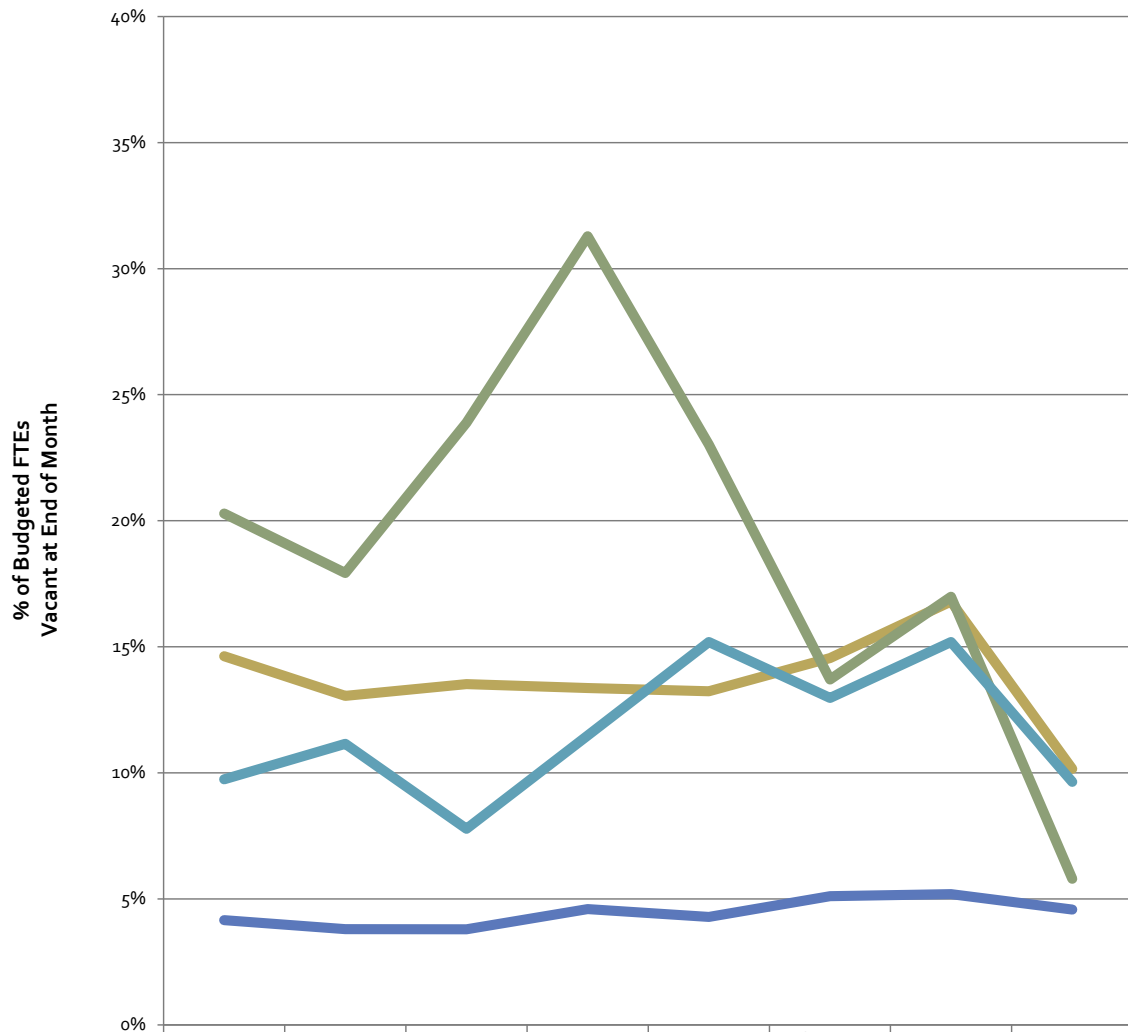


	Jul-Sep 15	Oct-Dec 15	Jan-Mar 16	Apr-Jun 16	Jul-Sep 16	Oct-Dec 16	Jan-Mar 17	Apr-Jun 17
CPS Inpt A/N Investigations Completed	4	9	13	7	6	5	2	7
A/N Investigations per 100 consumers/mo	0.11	0.24	0.35	0.19	0.16	0.13	0.05	0.19
Inpt A/N Substantiations	0	2	4	2	1	0	2	2
A/N Substantiations per 100 consumers/mo	0.00	0.05	0.11	0.05	0.03	0.00	0.05	0.05

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

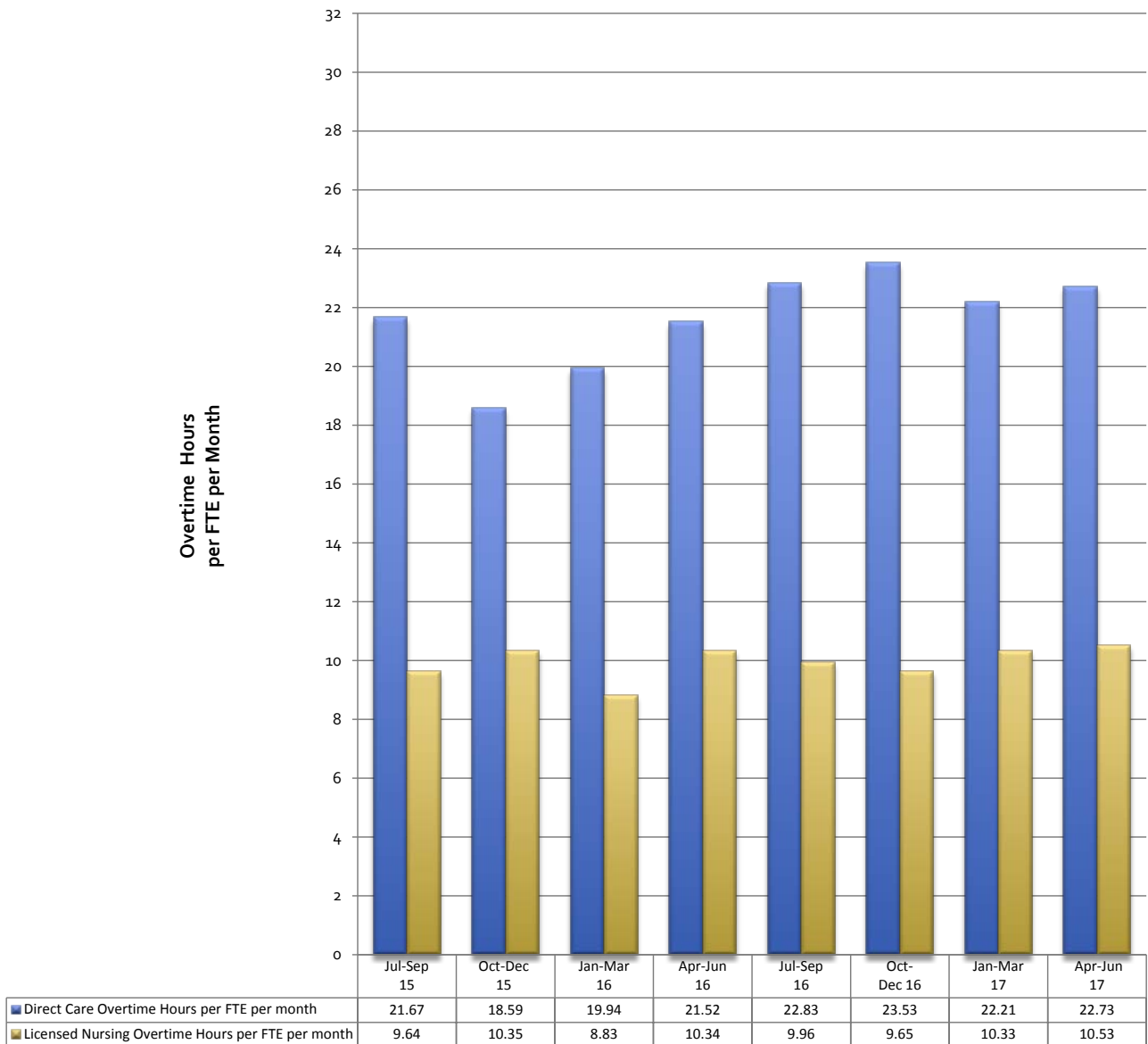


	Jul-Sep 15	Oct-Dec 15	Jan-Mar 16	Apr-Jun 16	Jul-Sep 16	Oct- Dec 16	Jan-Mar 17	Apr-Jun 17
Direct Care Staff Vacancy Rates	4.16%	3.80%	3.79%	4.59%	4.29%	5.11%	5.19%	4.57%
Licensed Nursing Staff Vacancy Rates	14.63%	13.06%	13.52%	13.36%	13.24%	14.56%	16.80%	10.16%
Psychologist Vacancy Rates	20.28%	17.93%	23.89%	31.28%	23.01%	13.70%	16.99%	5.80%
Psychiatrist Staff Vacancy Rates	9.74%	11.15%	7.78%	11.48%	15.19%	12.97%	15.19%	9.64%

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. Data for the last quarter of FY17 are not complete, some of the facilities have not submitted June 2017 numbers.



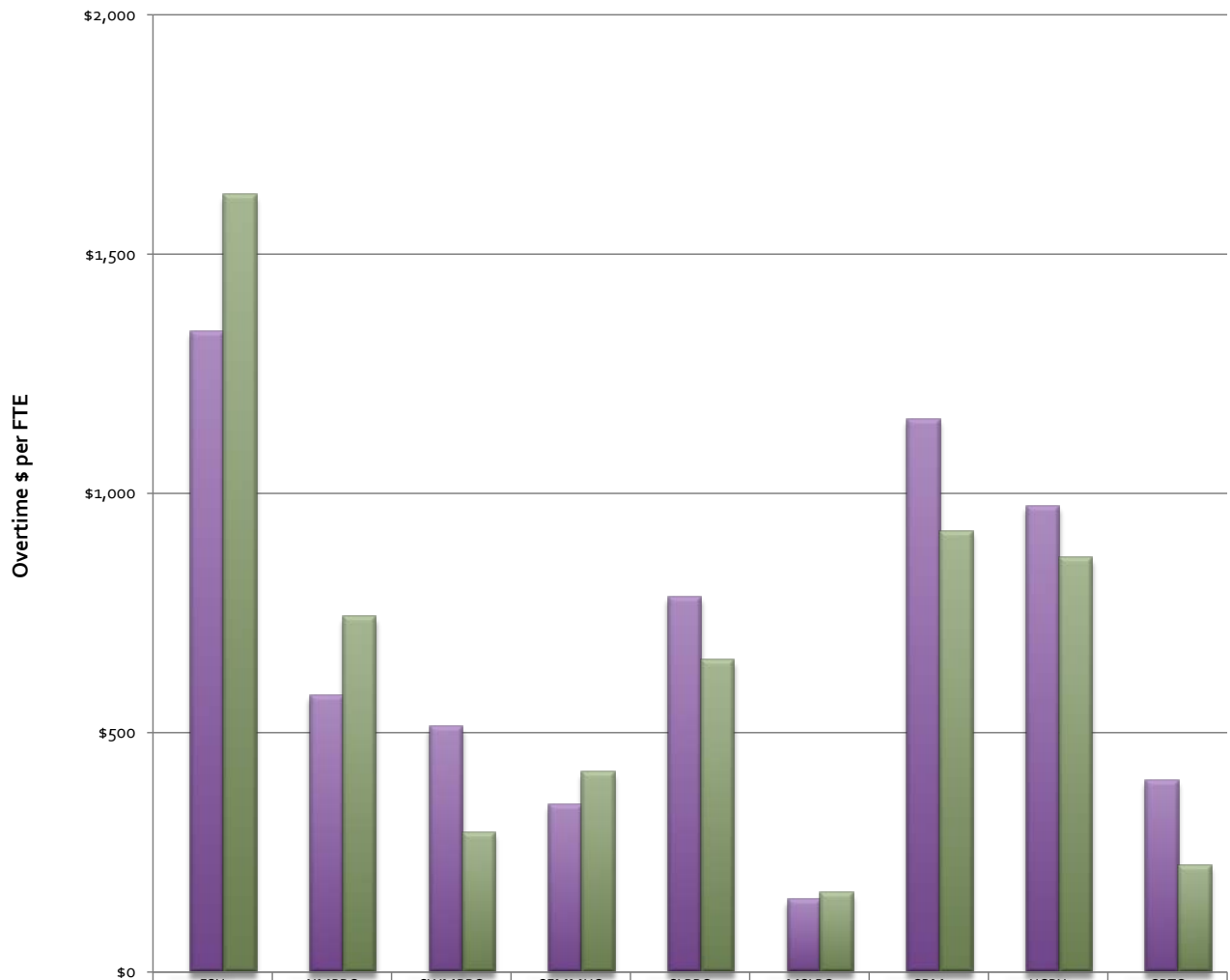
CPS Operated Facility Overtime Hours per FTE per Month



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

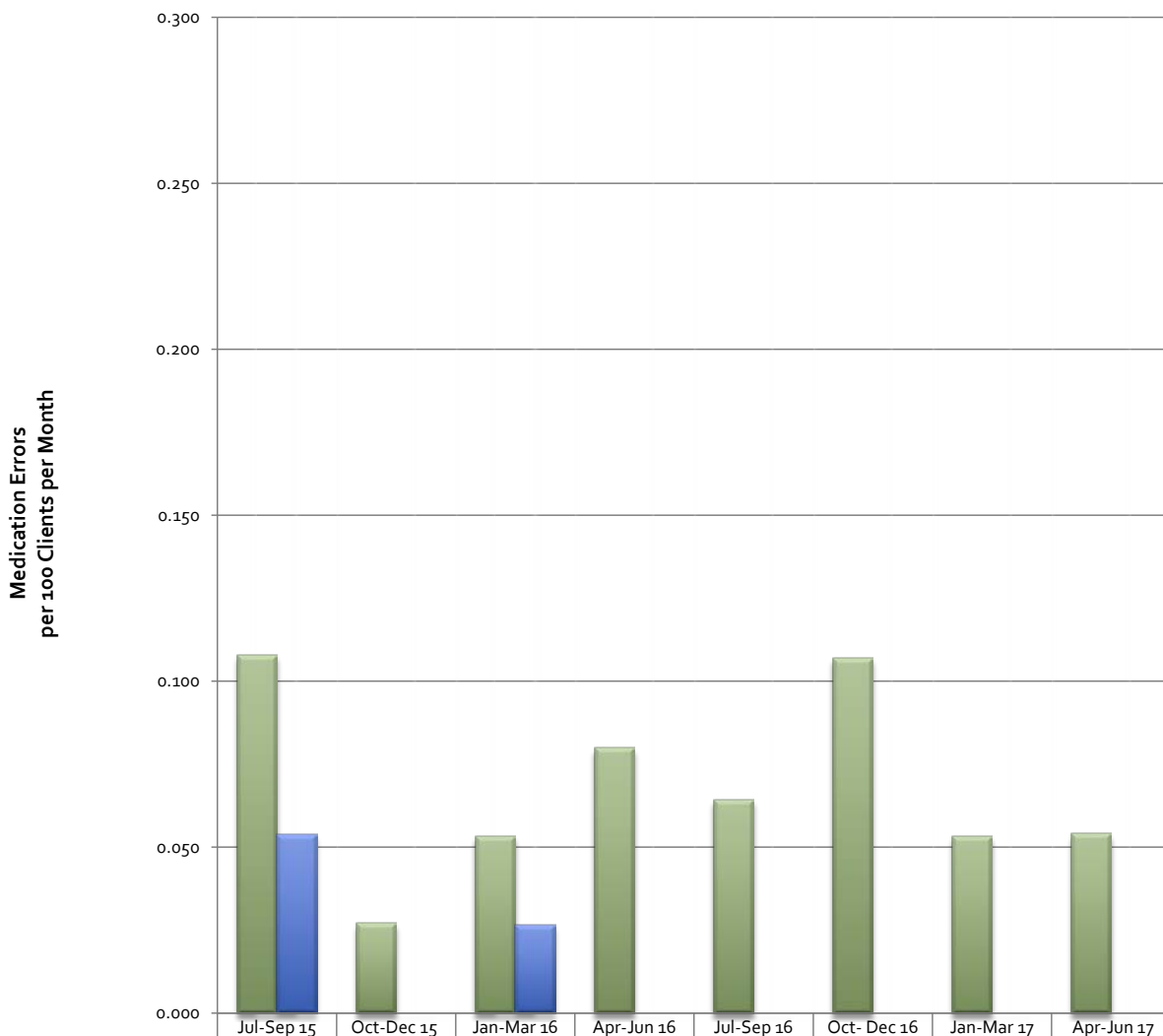


	FSH	NMPRC	SWMPRC	SEMMHC	SLPRC	MSLPC	CBM	HCPH	CRTC
FY15 Direct Care Overtime \$M	\$0.867	\$0.083	\$0.020	\$0.164	\$0.220	\$0.017	\$0.135	\$0.118	\$0.024
FY15 Direct Care FTEs	647.50	144.00	38.00	465.98	280.50	114.50	116.50	121.60	60.01
FY15 Direct Care OT \$ per FTE	\$1,339	\$578	\$513	\$351	\$784	\$152	\$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

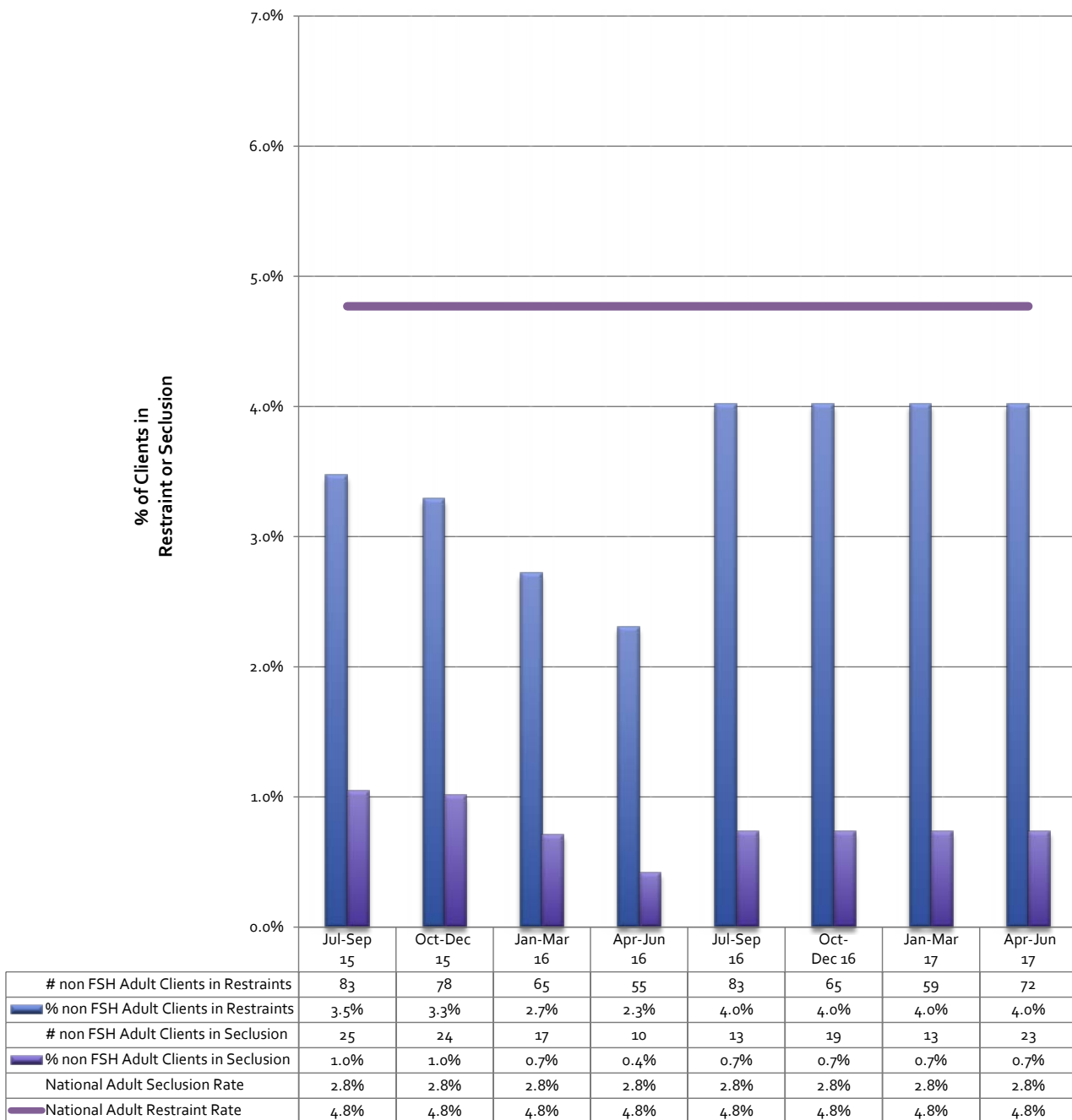


	Jul-Sep 15	Oct-Dec 15	Jan-Mar 16	Apr-Jun 16	Jul-Sep 16	Oct-Dec 16	Jan-Mar 17	Apr-Jun 17
Inpt "Moderate" Med Errors	4	1	2	3	2	4	2	2
Inpt "Moderate" Med Errors per 100 Consumers/mo	0.11	0.03	0.05	0.08	0.06	0.11	0.05	0.05
Inpt "Serious" Med Errors	2	0	1	0	0	0	0	0
Inpt "Serious" Med Errors per 100 Consumers/mo	0.05	0.00	0.03	0.00	0.00	0.00	0.00	0.00
Unduplicated Client-month count	3,710	3,698	3,743	3,752	3,742	3,732	3,747	3,700

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.



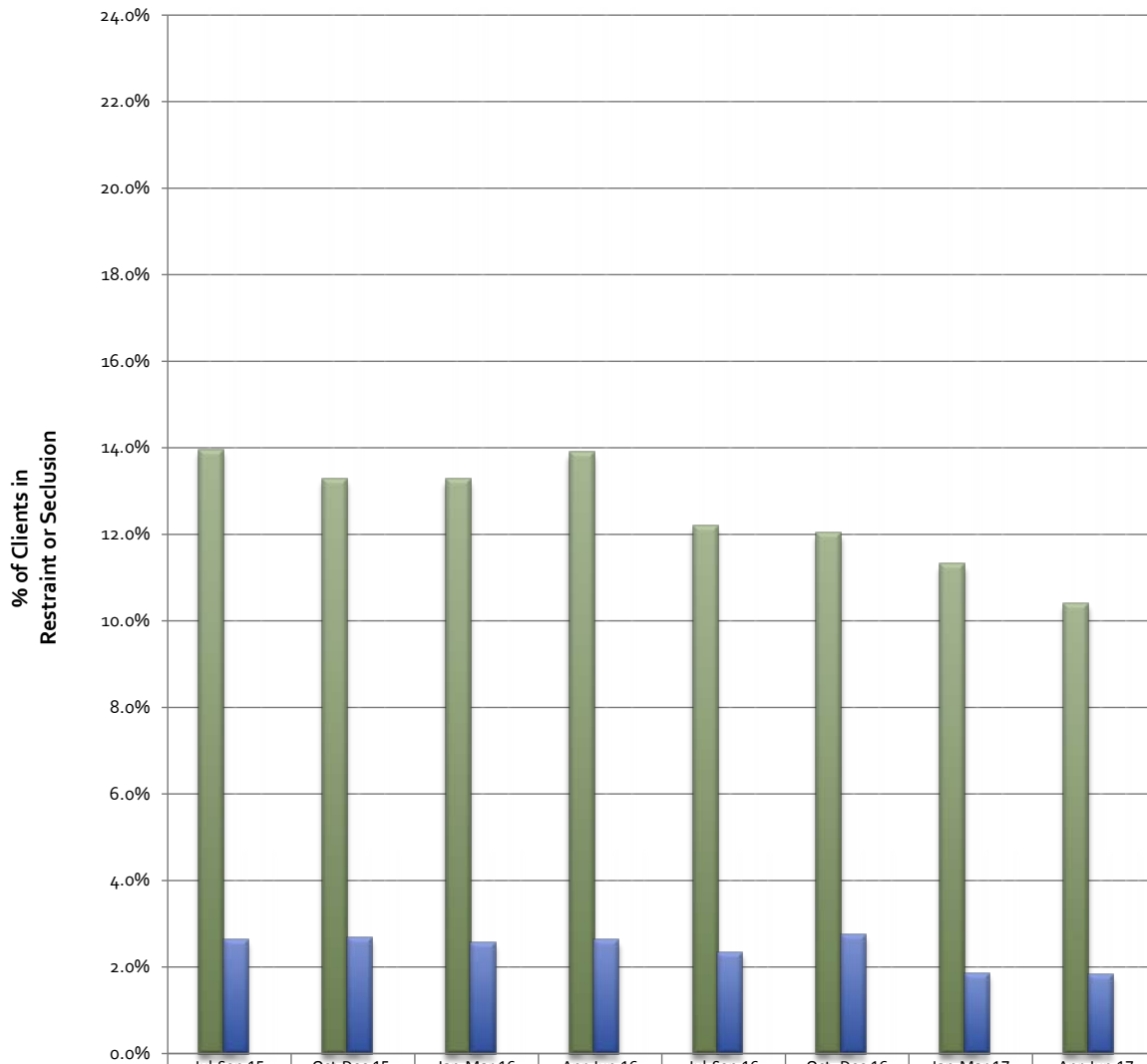
Inpatient Adult Restraint & Seclusion Use



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

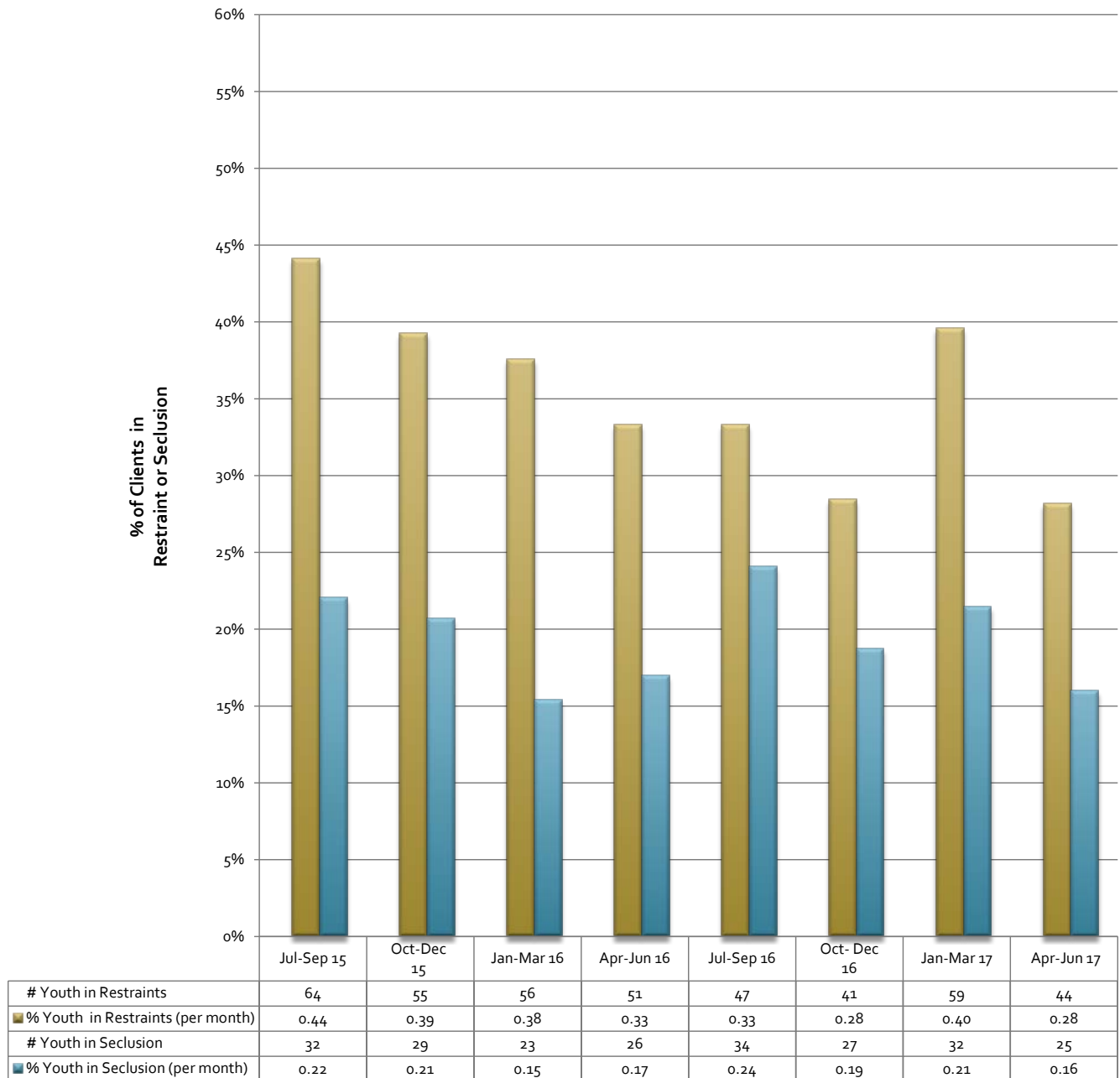


	Jul-Sep 15	Oct-Dec 15	Jan-Mar 16	Apr-Jun 16	Jul-Sep 16	Oct-Dec 16	Jan-Mar 17	Apr-Jun 17
# FSH Clients in Restraints	164	158	160	169	151	148	140	85
% FSH Clients in Restraints (per month)	14.0%	13.3%	13.3%	13.9%	12.2%	12.0%	11.3%	10.4%
# FSH Clients in Seclusion	31	32	31	32	29	34	23	15
% FSH Clients in Seclusion (per month)	2.6%	2.7%	2.6%	2.6%	2.3%	2.8%	1.9%	1.8%
# Adult Clients in Seclusion	56	56	48	42	42	53	36	38
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.



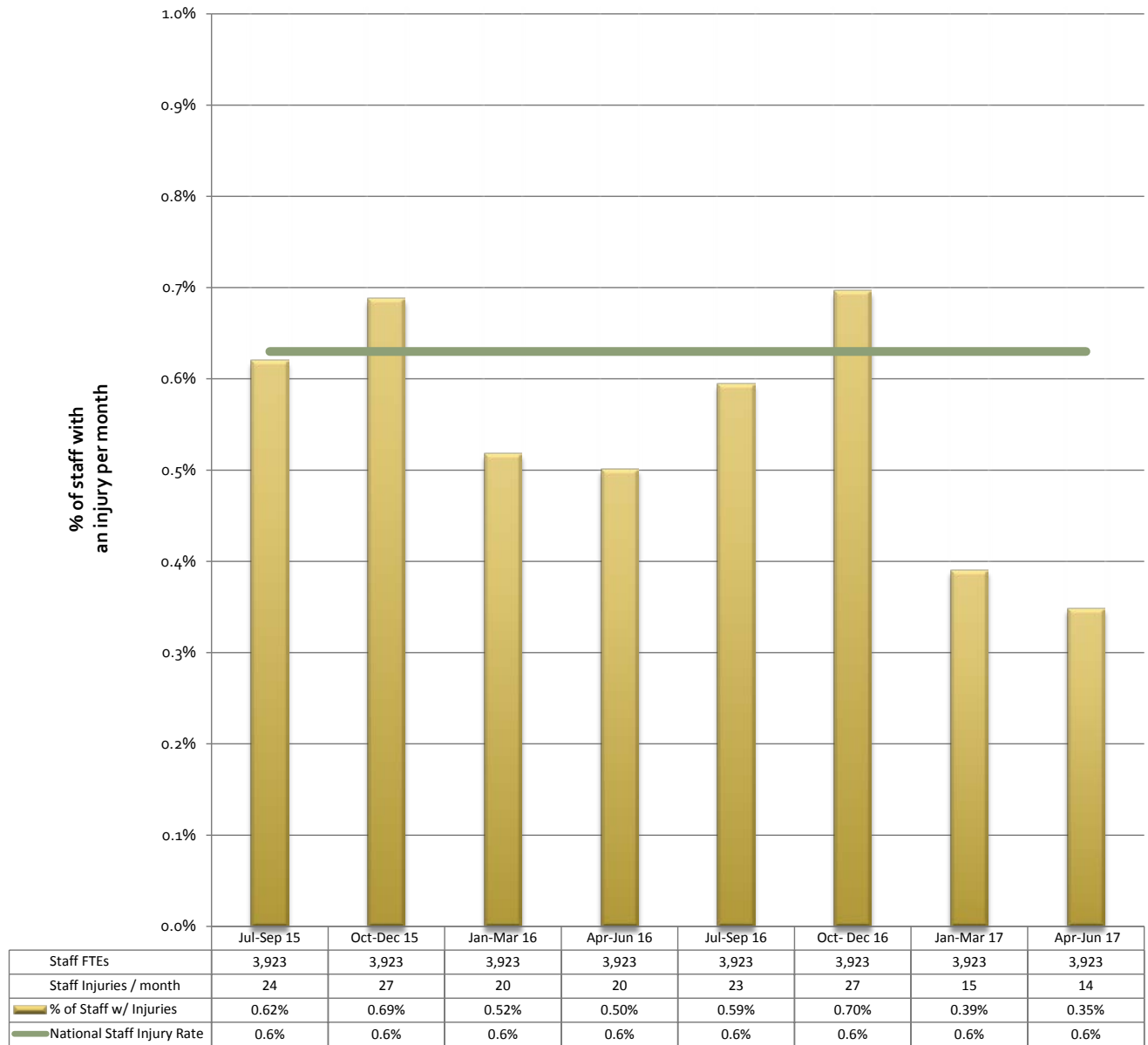
Inpatient Youth Restraint & Seclusion Use



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.

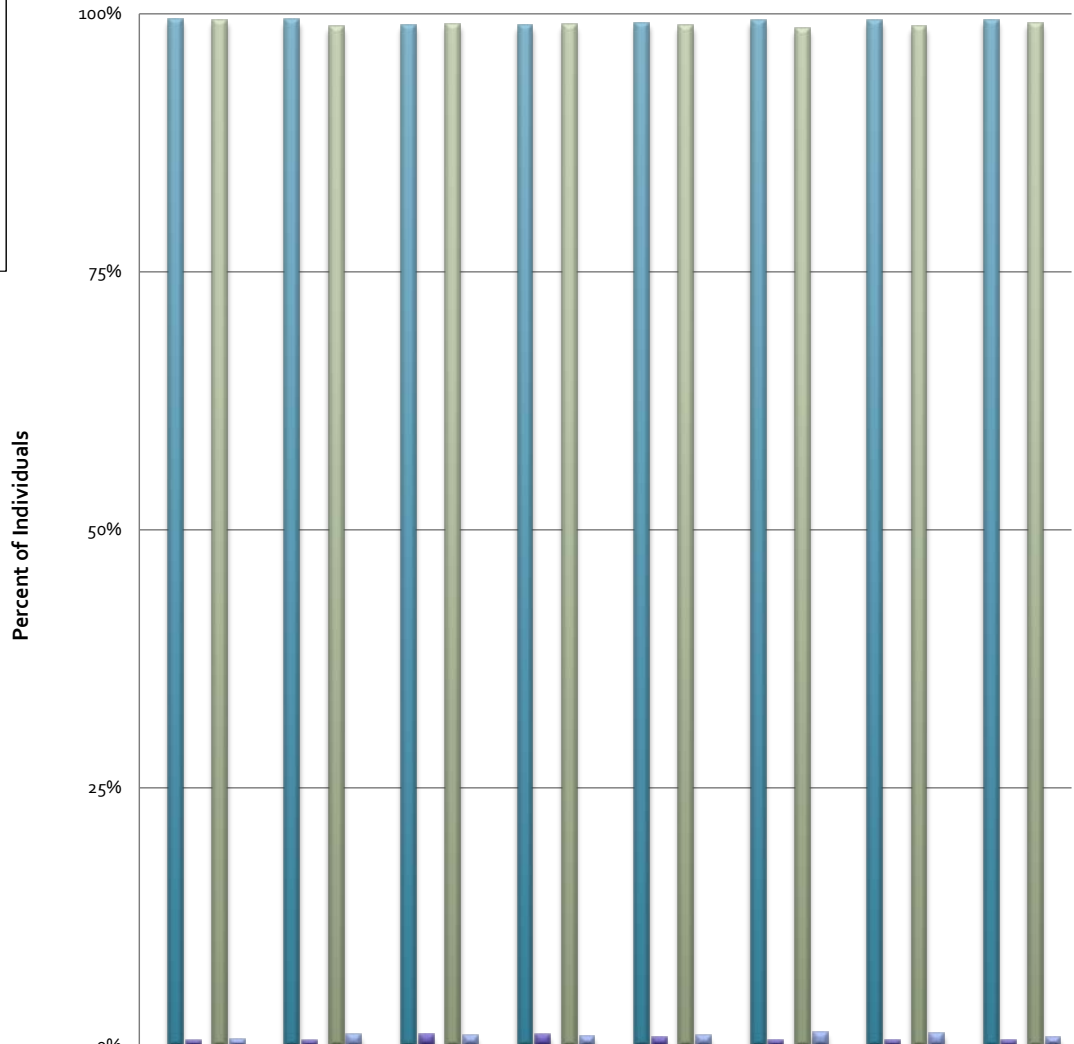


Division of Developmental Disabilities



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.

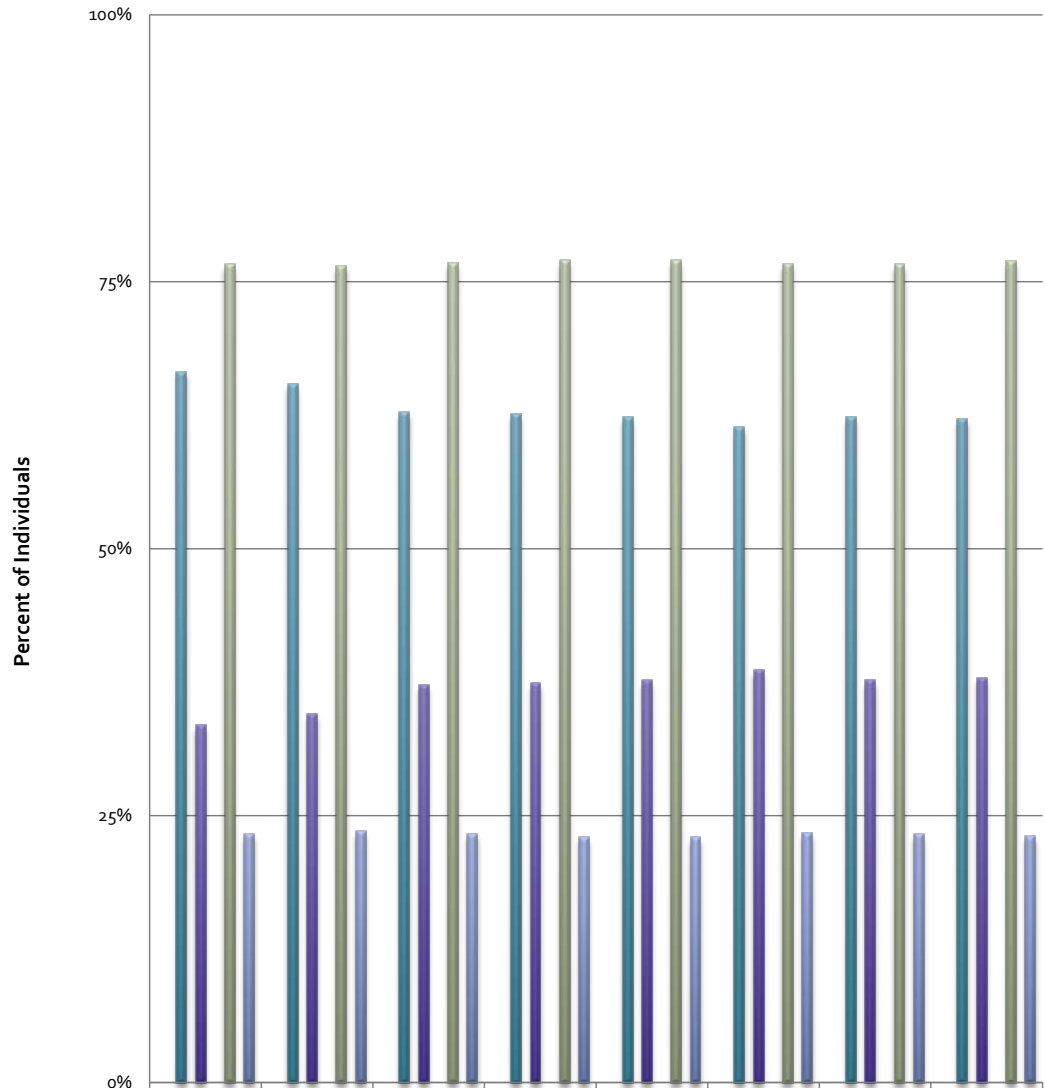


	Jul-Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017
# Individuals Served in Hab Centers	379	363	359	355	347	345	341	329
# HC Individuals Medicaid Eligible	377	361	355	351	344	343	339	327
% HC Individuals Medicaid Eligible	99%	99%	99%	99%	99%	99%	99%	99%
# HC Individuals Not Medicaid Eligible	2	2	4	4	3	2	2	2
% HC Individuals Not Medicaid Eligible	1%	1%	1%	1%	1%	1%	1%	1%
# Individuals Served in Community Residential	7236	7278	7300	7222	7367	7411	7409	7432
# Individuals Community Medicaid Eligible	7191	7193	7226	7153	7290	7312	7318	7368
% Individuals Community Medicaid Eligible	99%	99%	99%	99%	99%	99%	99%	99%
# Individuals Community Not Medicaid Eligible	45	85	74	69	77	99	91	64
% 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.

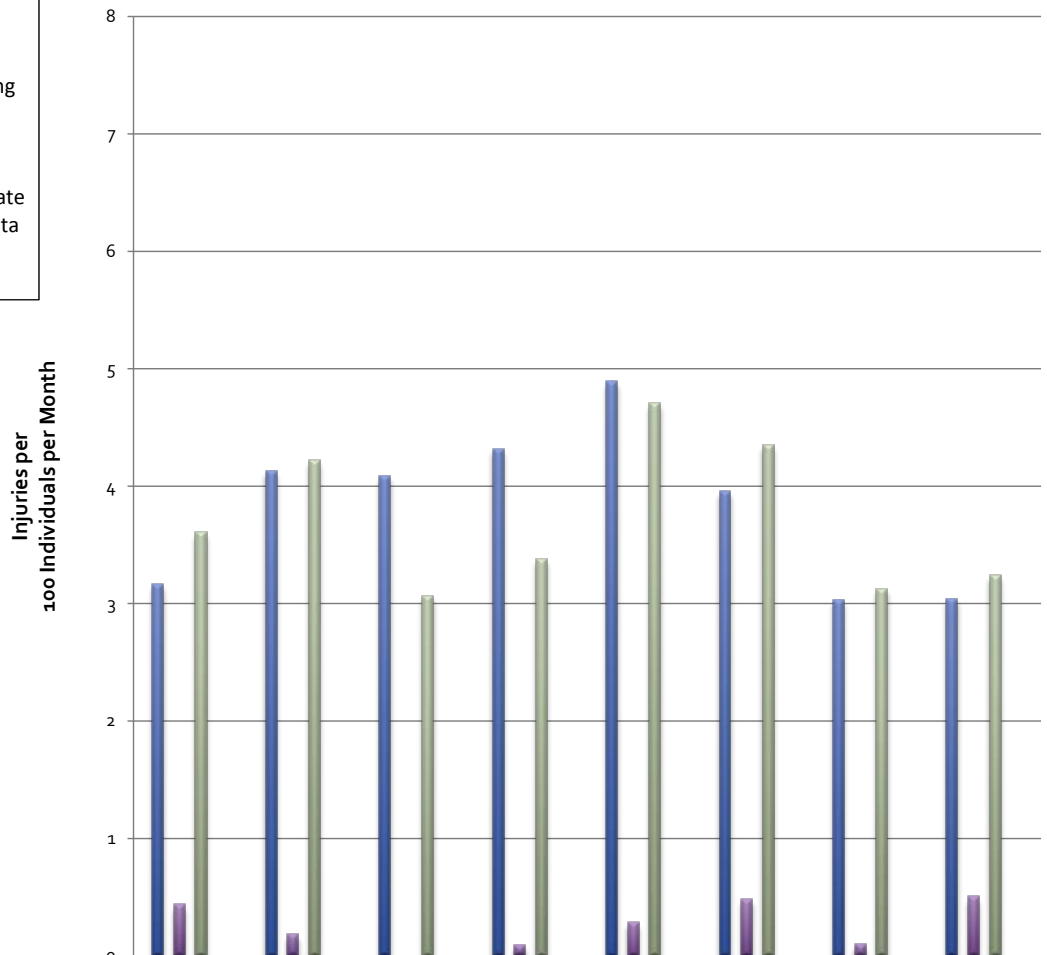


	Jul-Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017
# Individuals served in Case Management (CM) Only	16068	16270	14521	13900	15277	15506	15376	15691
# Individuals CM Only Medicaid Eligible	10694	10652	9120	8703	9522	9522	9585	9747
% Individuals CM Only Medicaid Eligible	67%	65%	63%	63%	62%	61%	62%	62%
# Individuals Case Mngmt Only Not Medicaid Eligible	5374	5618	5411	5197	5755	5984	5791	5944
% Individuals CM Only Not Medicaid Eligible	33%	35%	37%	37%	38%	39%	38%	38%
# Individuals Served in Other Services	12142	12221	12342	12038	12608	12730	12972	13128
# Individuals Other Services Medicaid Eligible	9313	9348	9469	9271	9711	9757	9949	10107
% Individuals Other Services Medicaid Eligible	77%	76%	77%	77%	77%	77%	77%	77%
# Individuals Other Services Not Medicaid Eligible	2829	2873	2873	2767	2897	2973	3023	3027
% Individuals Other Services Not Medicaid Eligible	23%	24%	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.

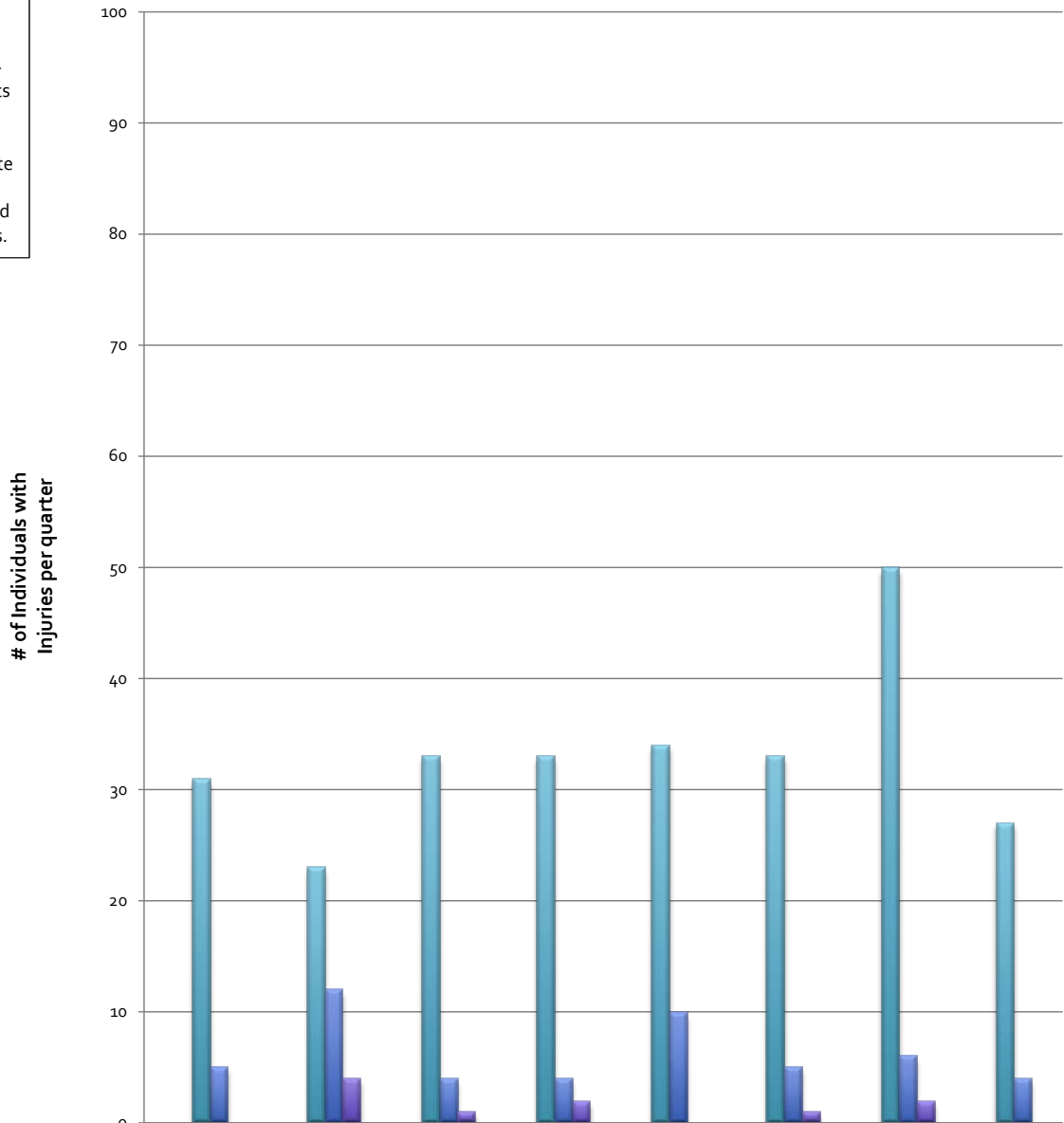


	Jul-Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017
# HCC Injuries Resulting in Medical Intervention	36	45	44	46	51	41	31	30
■ HCC Injuries Resulting in Medical Intervention per 100 Indiv/mo	3.2	4.1	4.1	4.3	4.9	4.0	3.0	3.0
# HCC Injuries Resulting in Hospitalization	5	2	0	1	3	5	1	5
■ HCC Injuries Resulting in Hospitalization per 100 Indiv/mo	0.4	0.2	0.0	0.1	0.3	0.5	0.1	0.5
# HCC Injuries Resulting in Emergency Room Visits	41	46	33	36	49	45	32	32
■ HCC Injuries Resulting in Emergency Room Visits per 100 Indiv/mo	3.6	4.2	3.1	3.4	4.7	4.3	3.1	3.2
# 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	379	363	359	355	347	345	341	329



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.

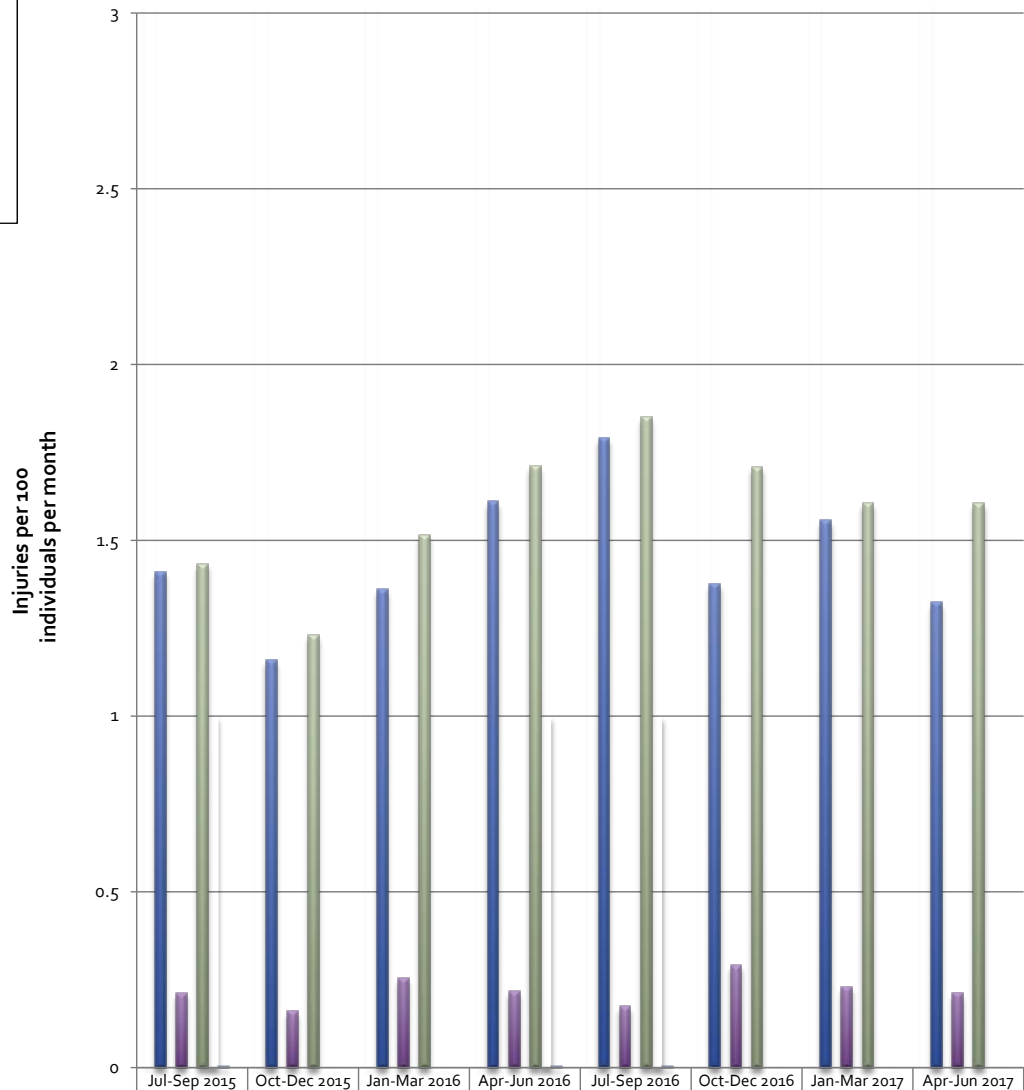


	Jul-Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017
# HCC Individuals	379	363	359	355	347	345	341	329
# HCC Individuals with No Injuries	343	324	321	316	303	306	283	298
# HCC Individuals with Exactly 1 Injury	31	23	33	33	34	33	50	27
# HCC Individuals with Exactly 2 Injuries	5	12	4	4	10	5	6	4
# HCC Individuals with 3+ Injuries	0	4	1	2	0	1	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.

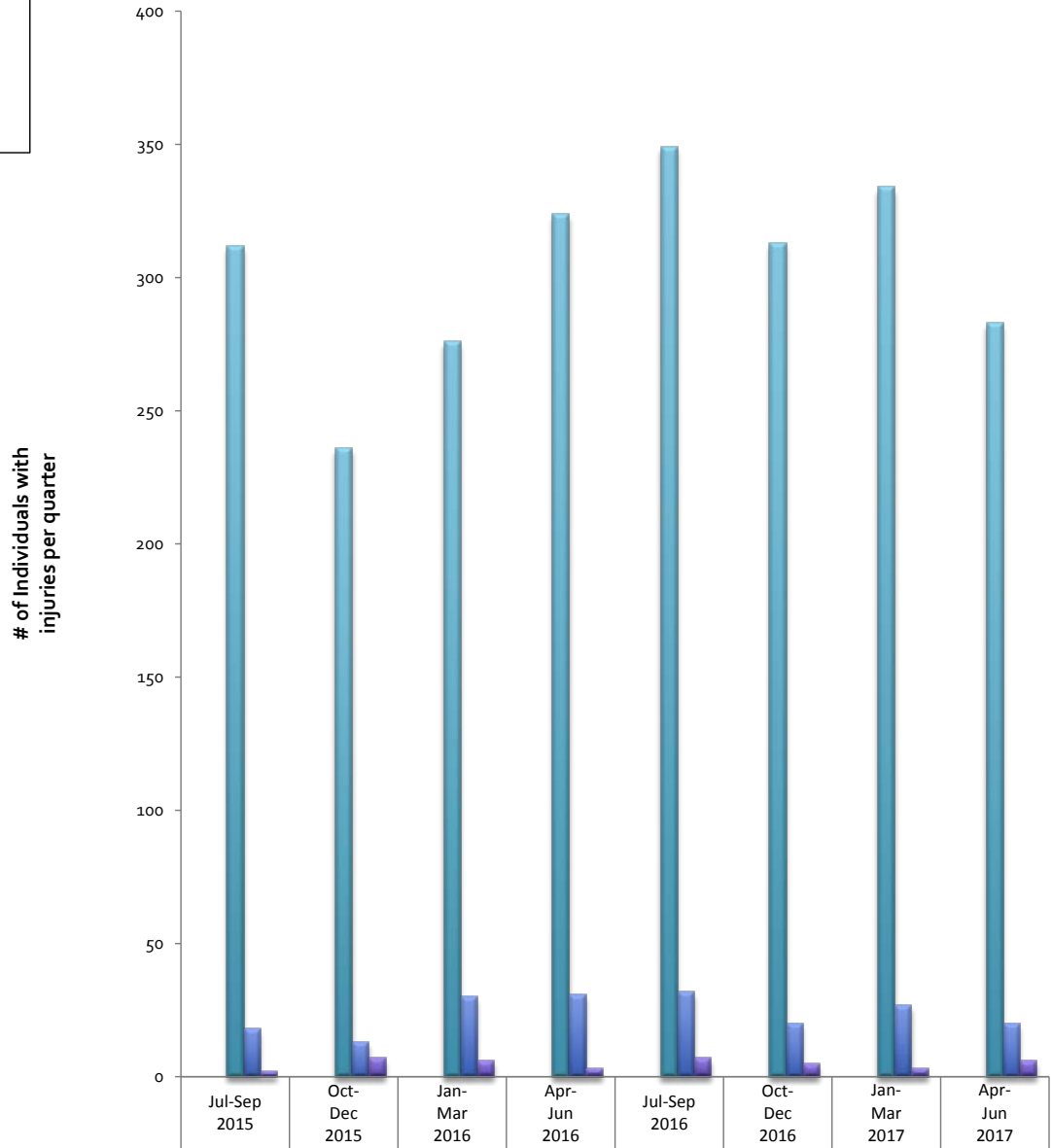


	Jul-Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017
# Community Injuries Resulting in Medical Intervention	306	253	298	349	396	306	346	295
■ Community Injuries Resulting in Medical Intervention per 100 Indiv/mo	1.4	1.2	1.4	1.6	1.8	1.4	1.6	1.3
# Community Injuries Resulting in Hospitalization	46	35	56	47	39	65	51	47
■ Community Injuries Resulting in Hospitalization per 100 Indiv/mo	0.2	0.2	0.3	0.2	0.2	0.3	0.2	0.2
# Community Injuries Resulting in Emergency Room Visits	311	269	332	371	409	380	357	358
■ Community Injuries Resulting in ER Visits per 100 Indiv/mo	1.4	1.2	1.5	1.7	1.9	1.7	1.6	1.6
# Community Injuries Resulting in Death	1	0	0	1	1	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	7236	7278	7300	7222	7367	7411	7409	7432



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

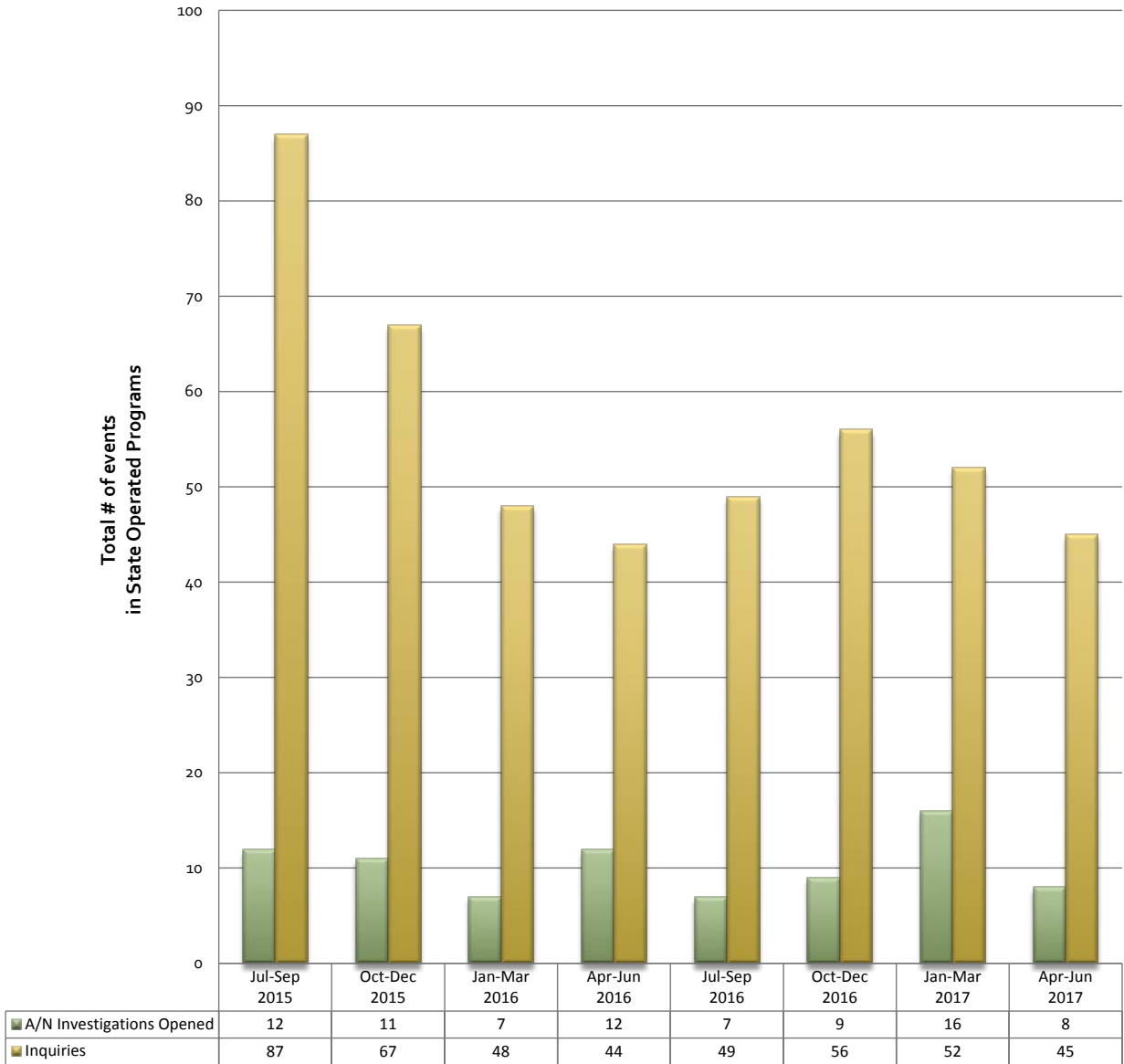
Note: An injury is defined as that which required treatment of more than first aid. State Operated Waiver Programs information now included in community residential data.



# DD Individuals in Community Residential	693	492	684	704	749	666	595	711
# DD Community Individuals with No Injuries	361	236	372	346	361	328	231	402
# DD Community Individuals with Exactly 1 Injury	312	236	276	324	349	313	334	283
# DD Community Individuals with Exactly 2 Injuries	18	13	30	31	32	20	27	20
# DD Community Individuals with 3+ Injuries	2	7	6	3	7	5	3	6



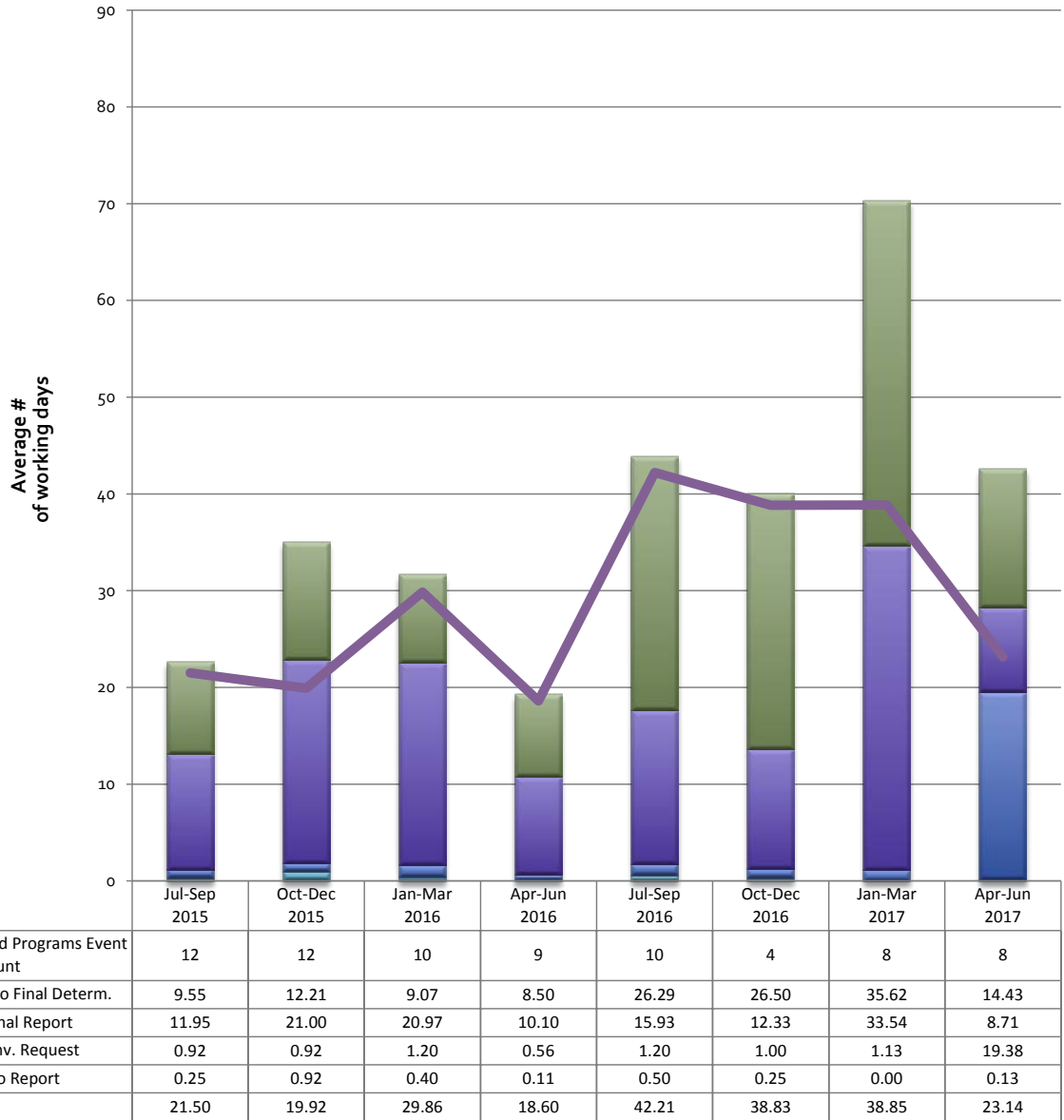
Division of DD State Operated Programs Inquiries Into Potential Abuse/Neglect Allegations



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.



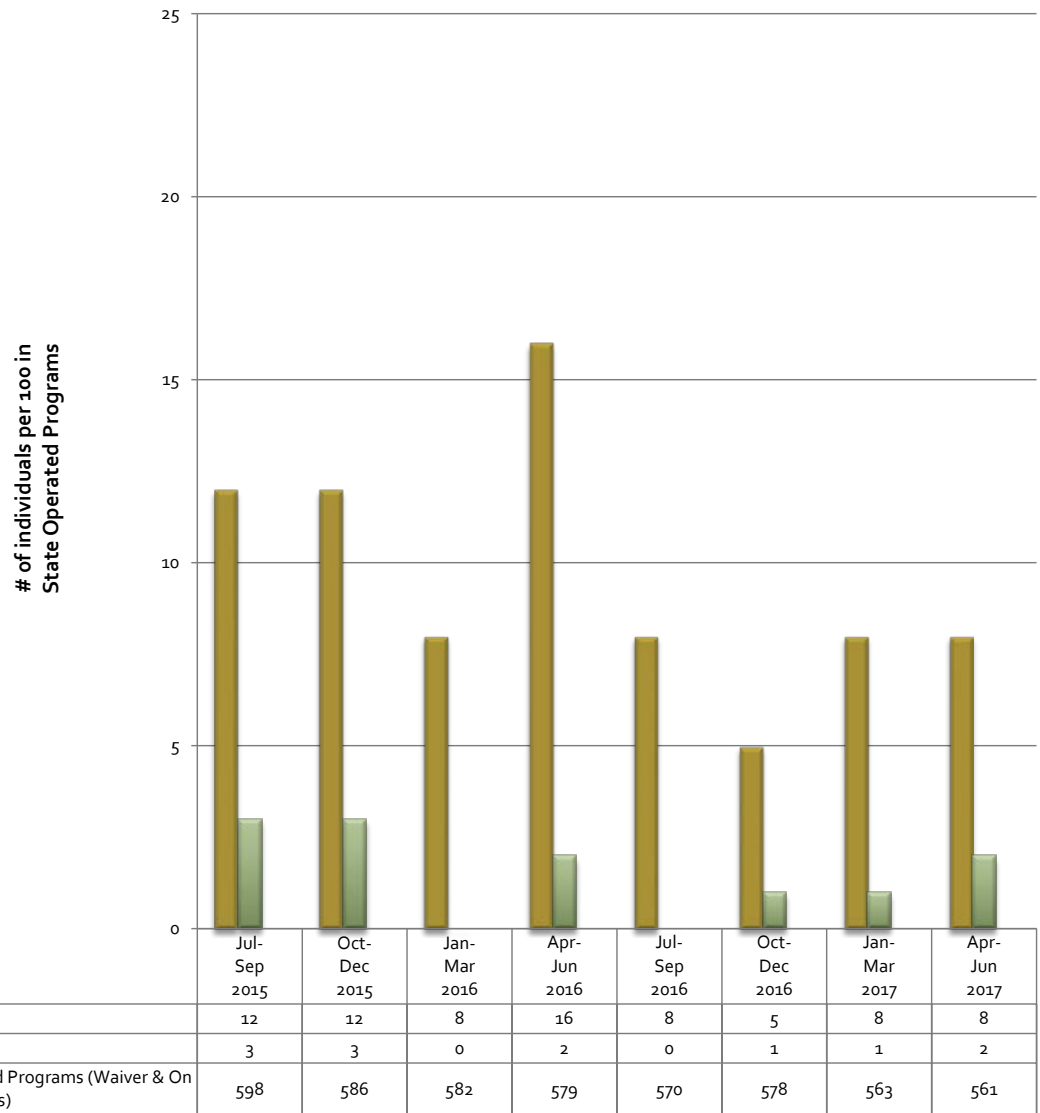
Duration of Investigation Process State Operated Programs



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.



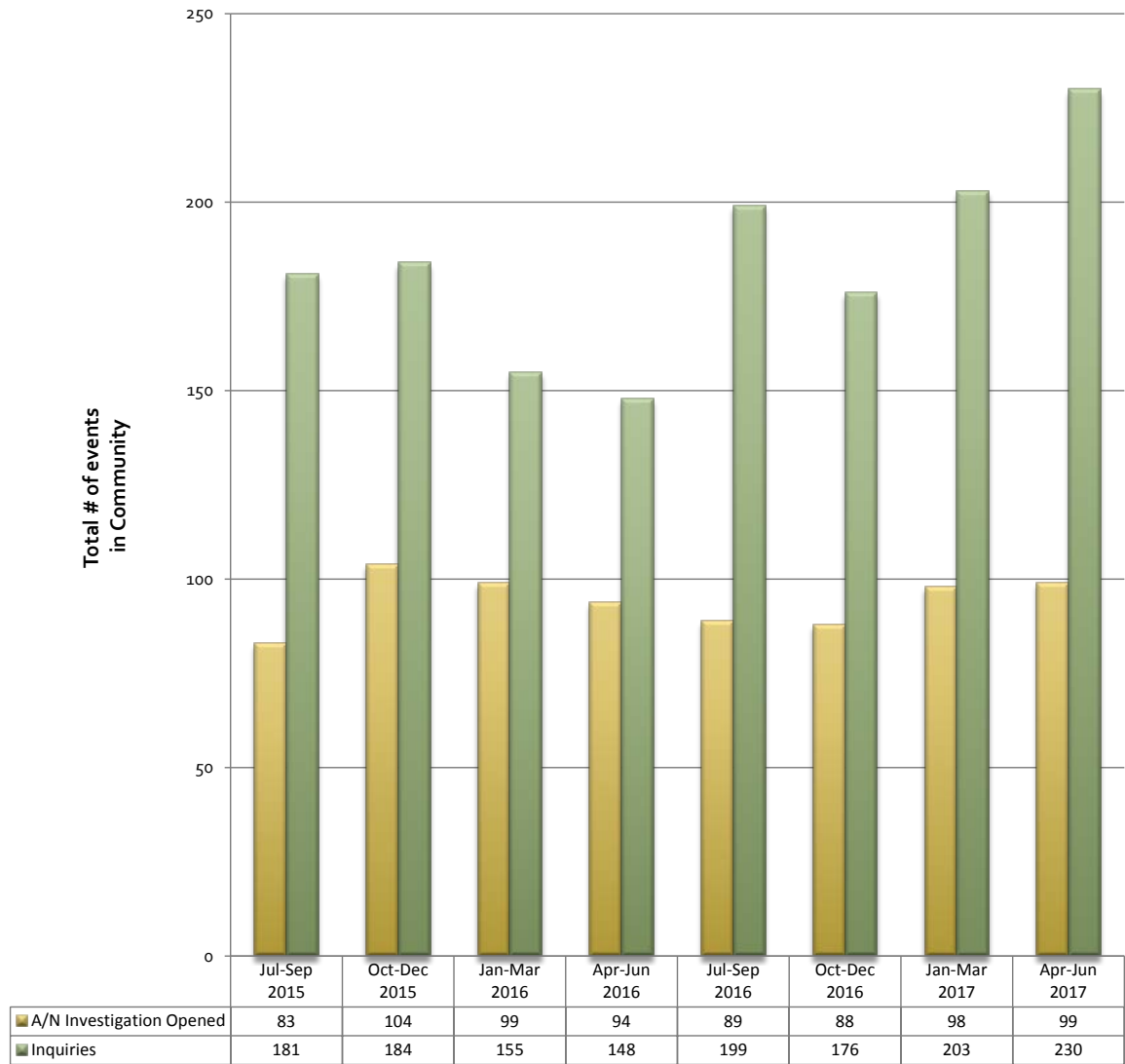
Division of DD State Operated Programs Abuse and Neglect Completed Investigations/Substantiations



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. Starting in the Jul-Sep quarter, process includes both Habilitation Center Campus and Waiver programs .



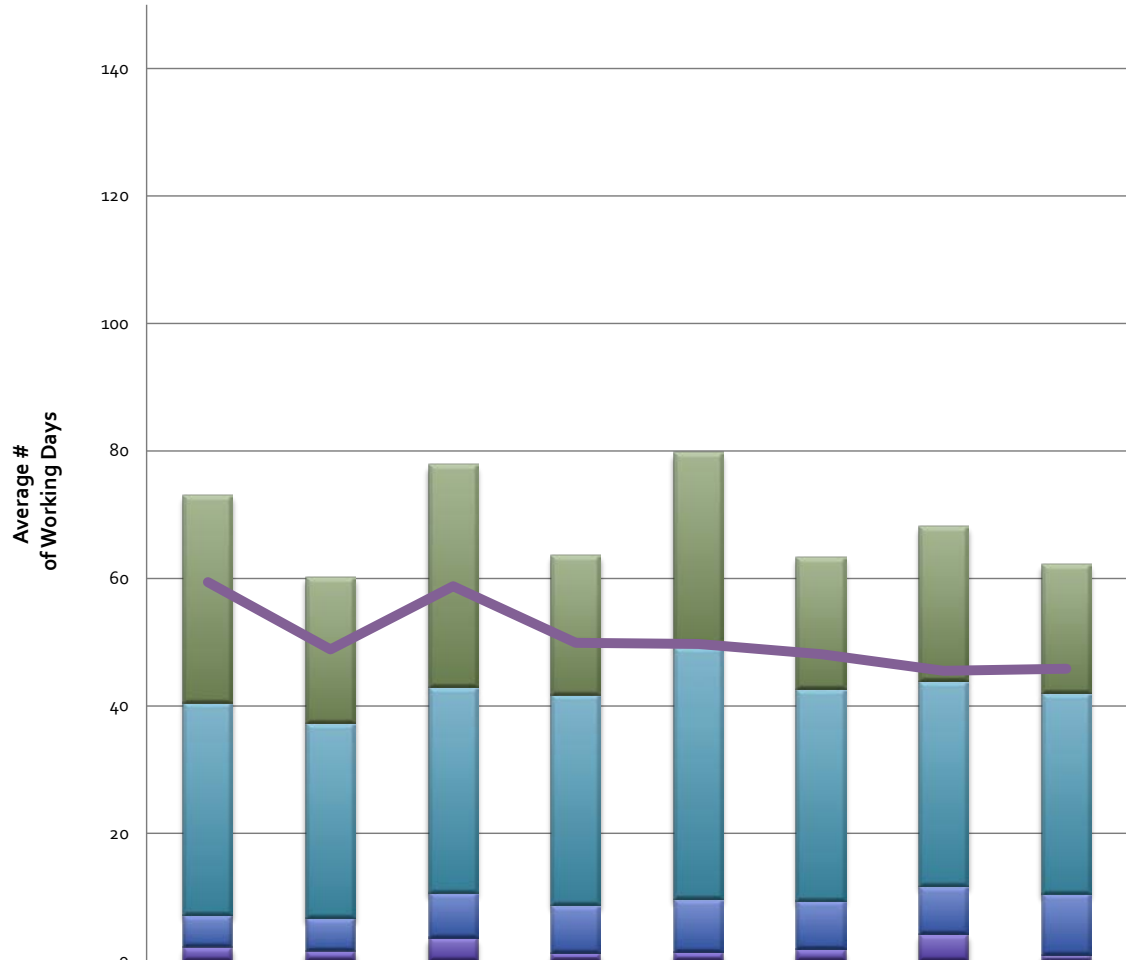
Division of DD Community Inquiries Into Potential Abuse/Neglect Allegations



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

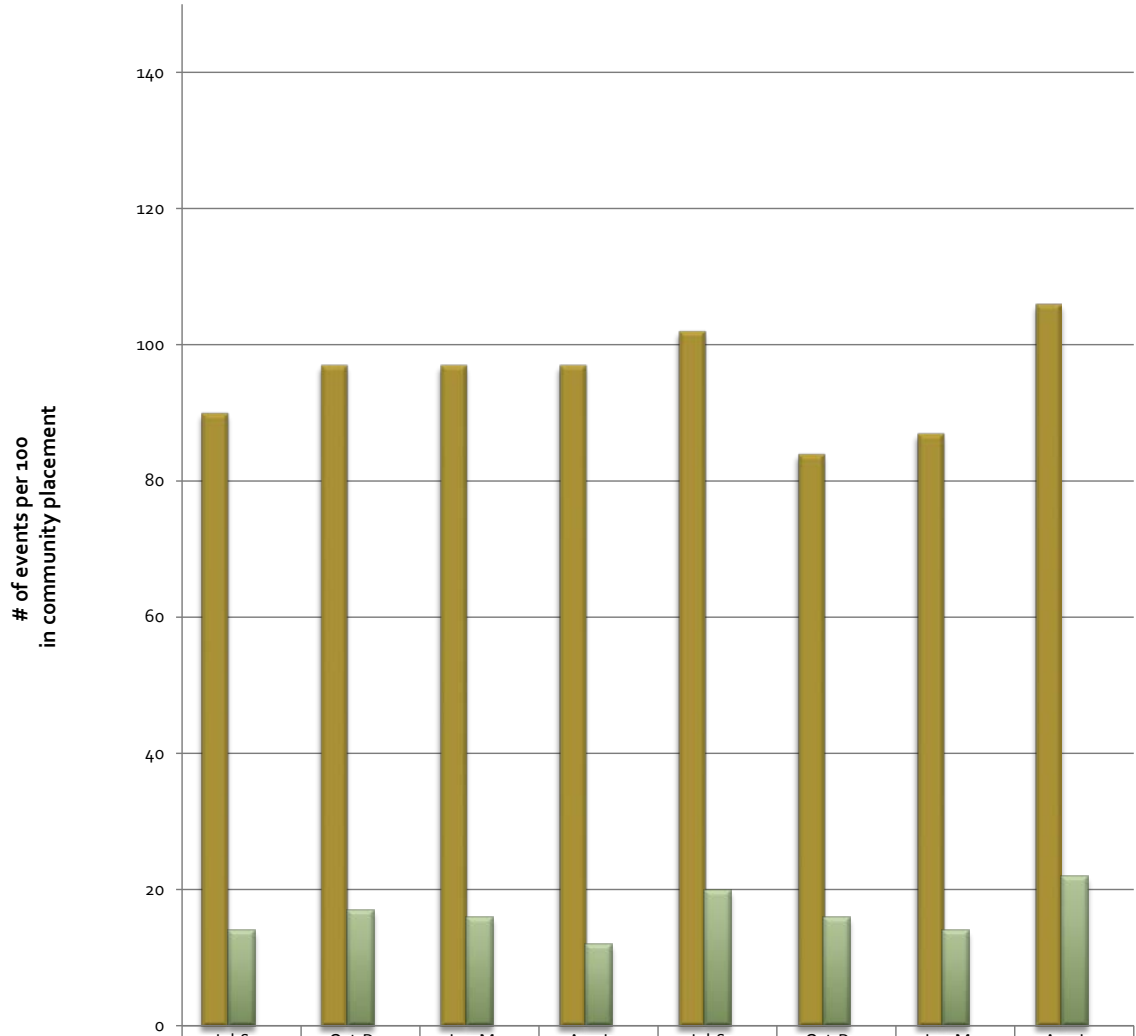


	Jul-Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017
DD Community Event Count	80	87	98	96	100	83	77	99
Inv. Final Report to Final Det.	32.53	23.00	34.98	21.85	30.47	20.70	24.33	20.36
Inv. Request to Final Report	33.26	30.52	32.22	33.04	39.61	33.19	32.13	31.36
Event Report to Inv. Request	5.08	5.16	7.04	7.51	8.32	7.67	7.52	9.62
Event Discovery to Report	2.19	1.61	3.68	1.25	1.37	1.81	4.27	0.98
Total Time (90%)	59.42	48.87	58.78	49.91	49.72	48.13	45.51	45.85

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

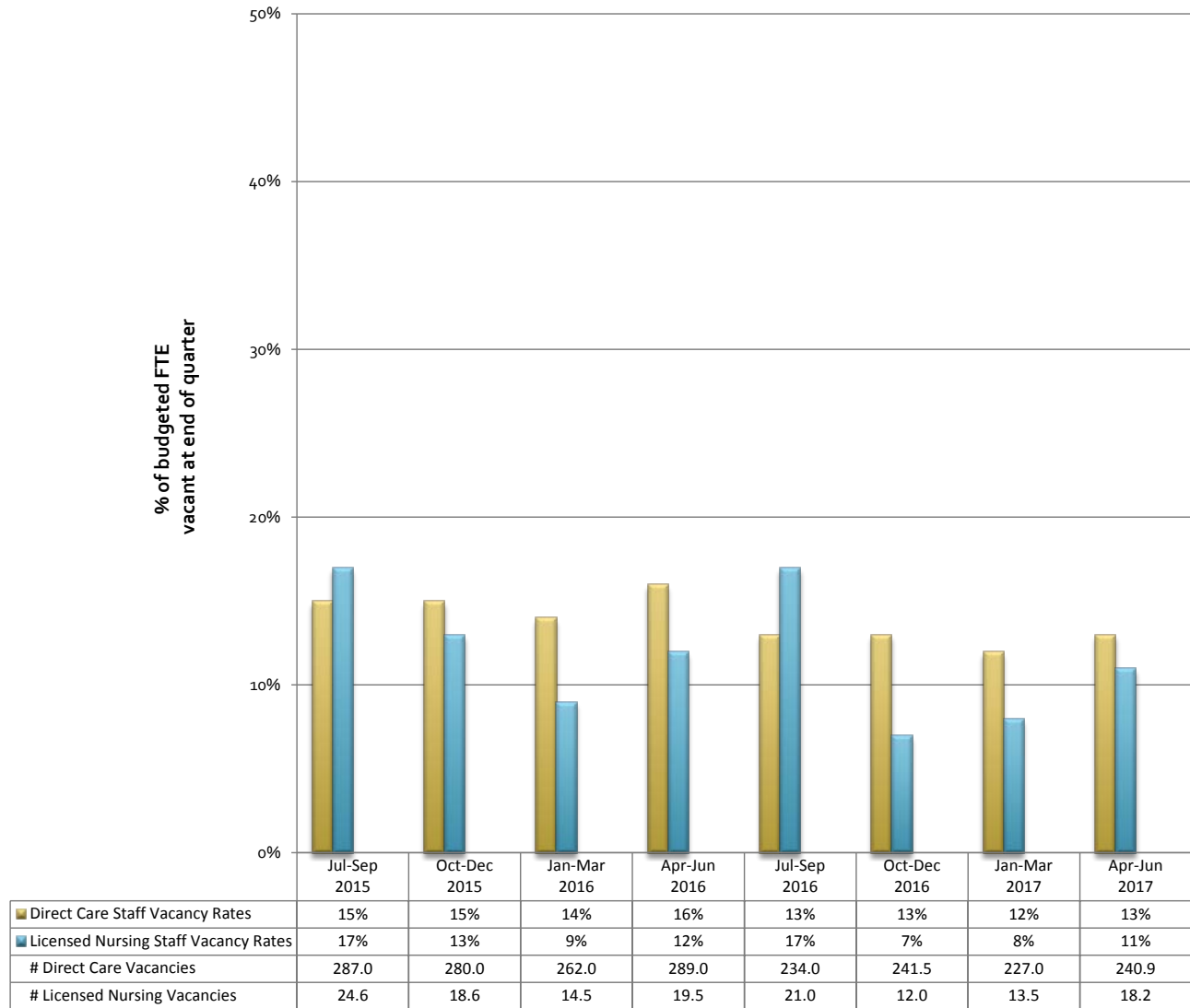


	Jul-Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017
CO Investigations Completed	90	97	97	97	102	84	87	106
A/N Substantiations	14	17	16	12	20	16	14	22
# Individuals in Community Residential	7017	7055	7077	6998	7147	7188	7186	7103

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.



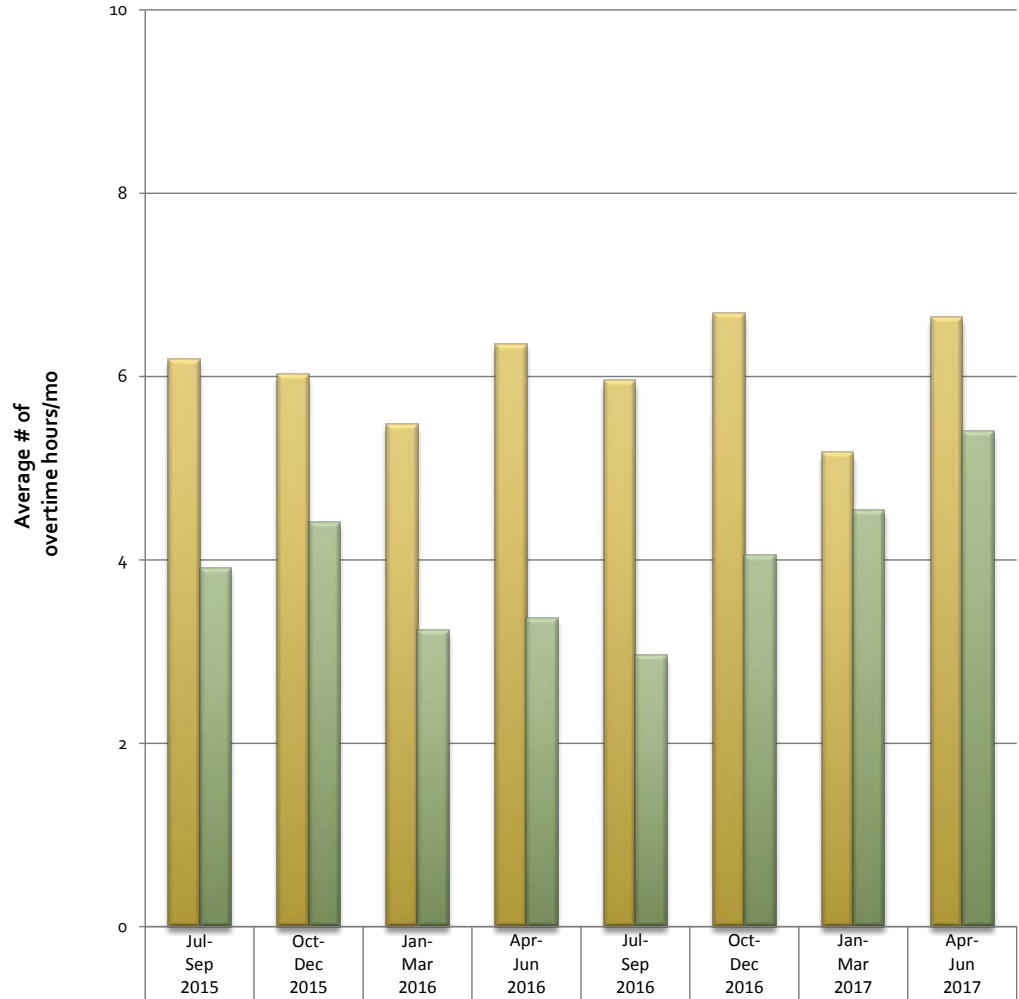
Division of DD State Operated Programs Staff Vacancy Rates



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



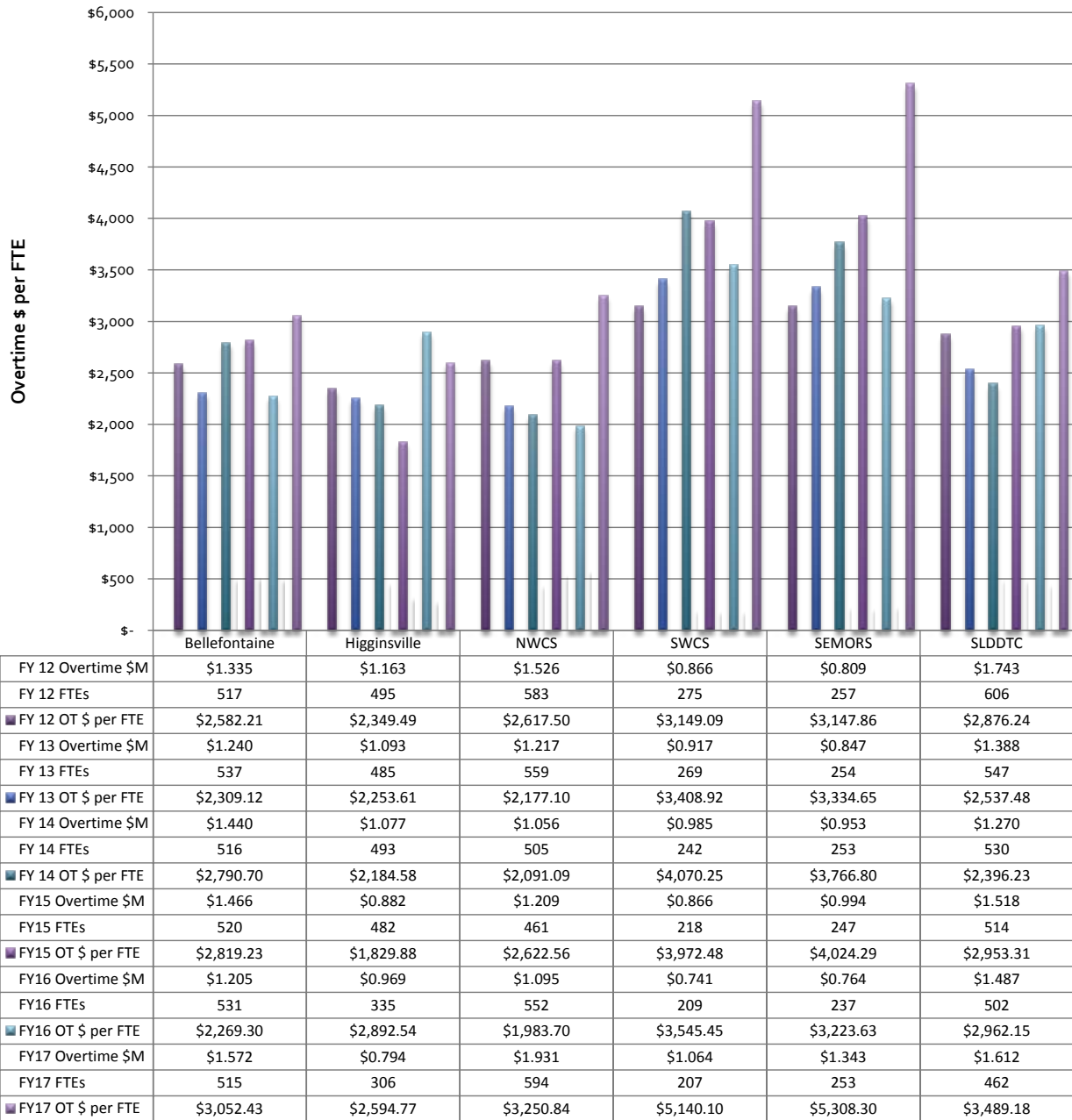
■ Average # OT Hours Worked Per Active Direct Care Staff/Month	6.20	6.03	5.48	6.36	5.96	6.69	5.17	6.65
■ Average # OT Hours Per Active Licensed Staff/Month	3.91	4.41	3.24	3.37	2.96	4.05	4.54	5.41

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).



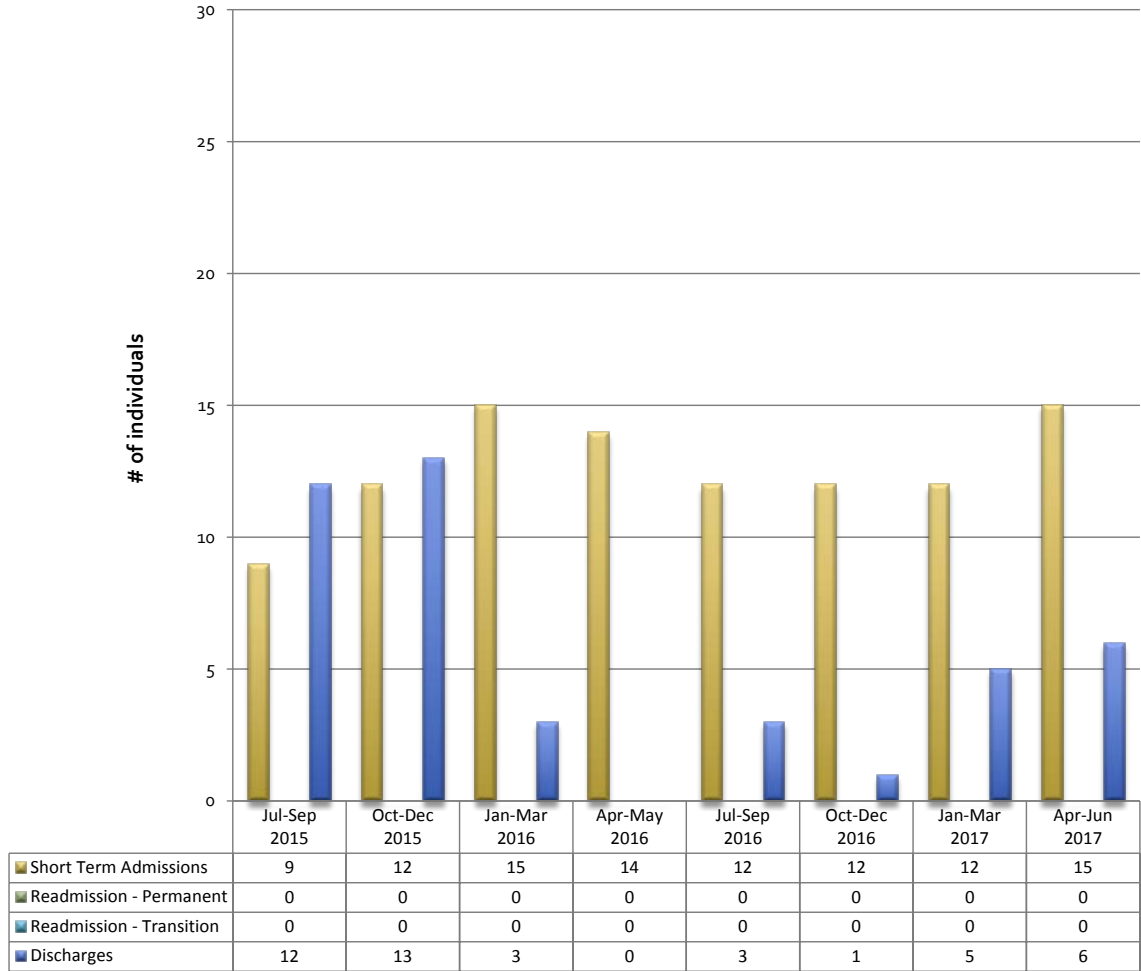
State Operated Programs Overtime Accrued FY 2012-FY 2017 YTD Comparison

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.

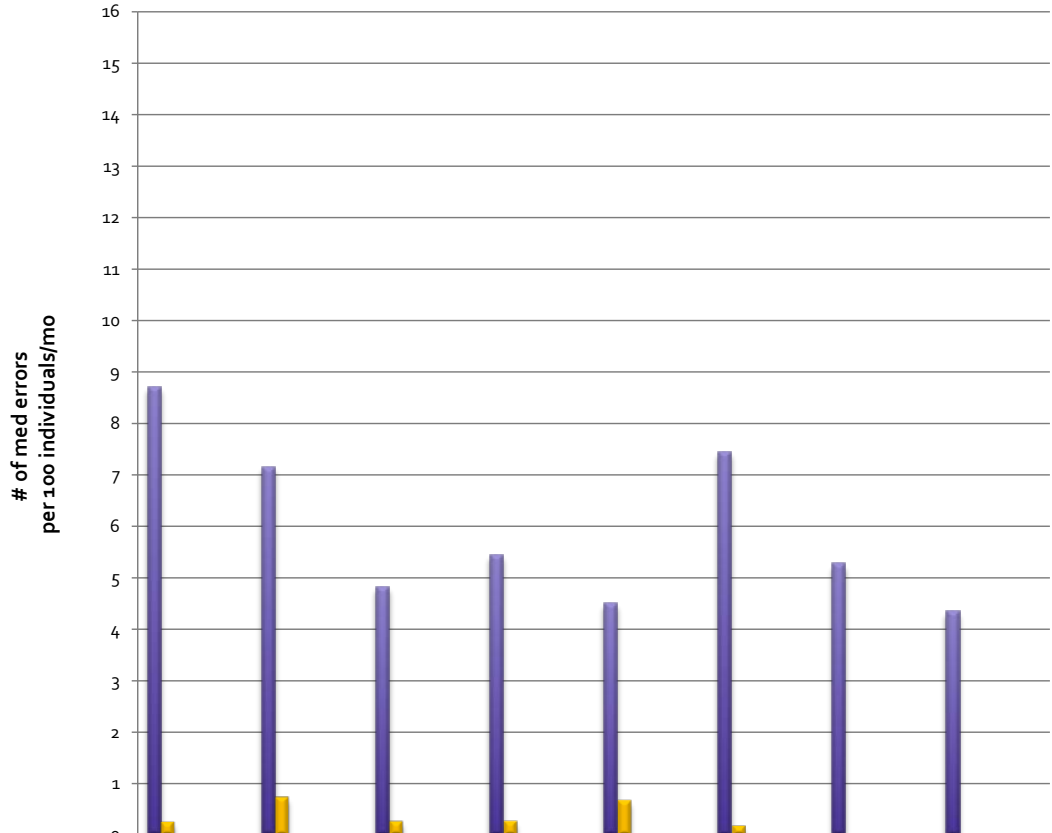
Permanent: Total number of individuals previously discharged from the Habilitation Center Campus within the last 12 months that returned during report period with no plans to move back to community.

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

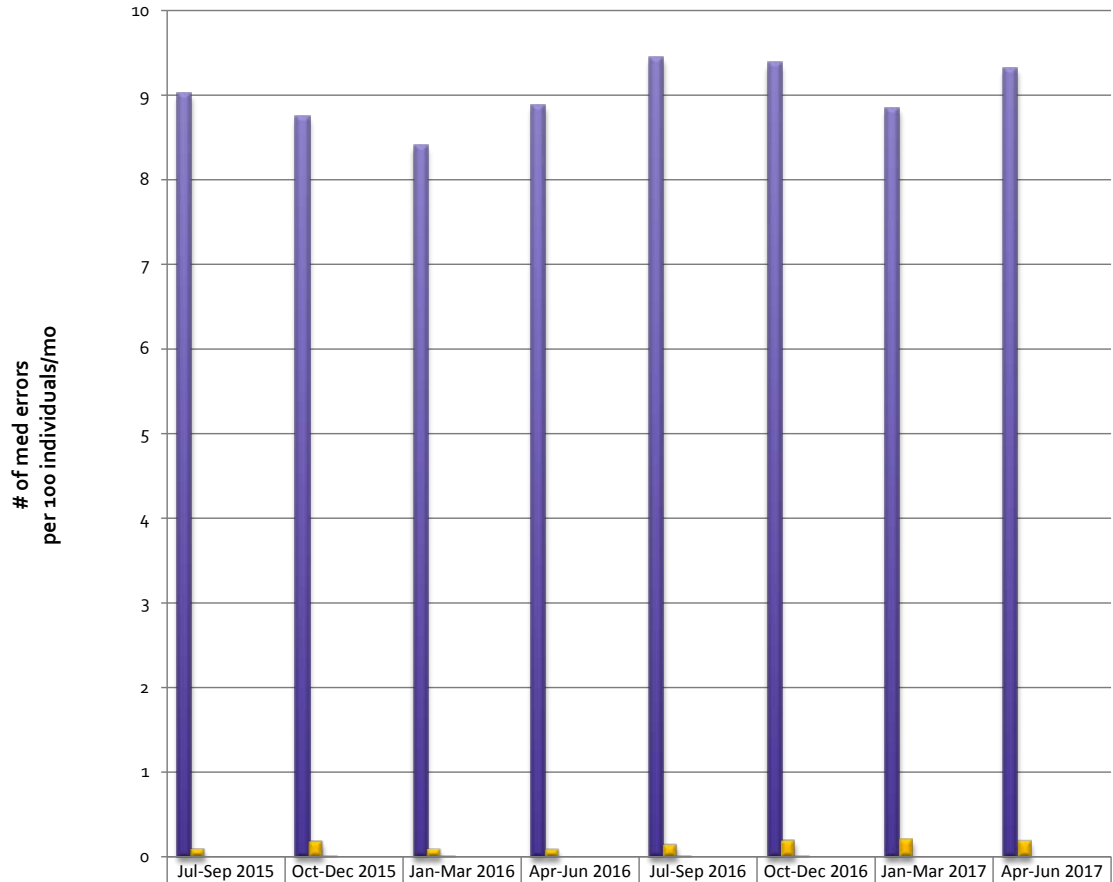


	Jul-Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017
■ Minimal Med Errors per 100 Individuals/month	8.71	7.16	4.83	5.45	4.51	7.44	5.28	4.36
■ Moderate Med Errors per 100 Individuals /month	0.26	0.73	0.28	0.28	0.67	0.19	0.00	0.00
■ Serious Med Errors per 100 Individuals/month	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HCC Minimal Medication Errors	99	78	52	58	47	77	54	43
HCC Center Moderate Medication Errors	3	8	3	3	7	2	0	0
HCC Center Serious Medication Errors	0	0	0	0	0	0	0	0
# HCC Individuals	379	363	359	355	347	345	341	329

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



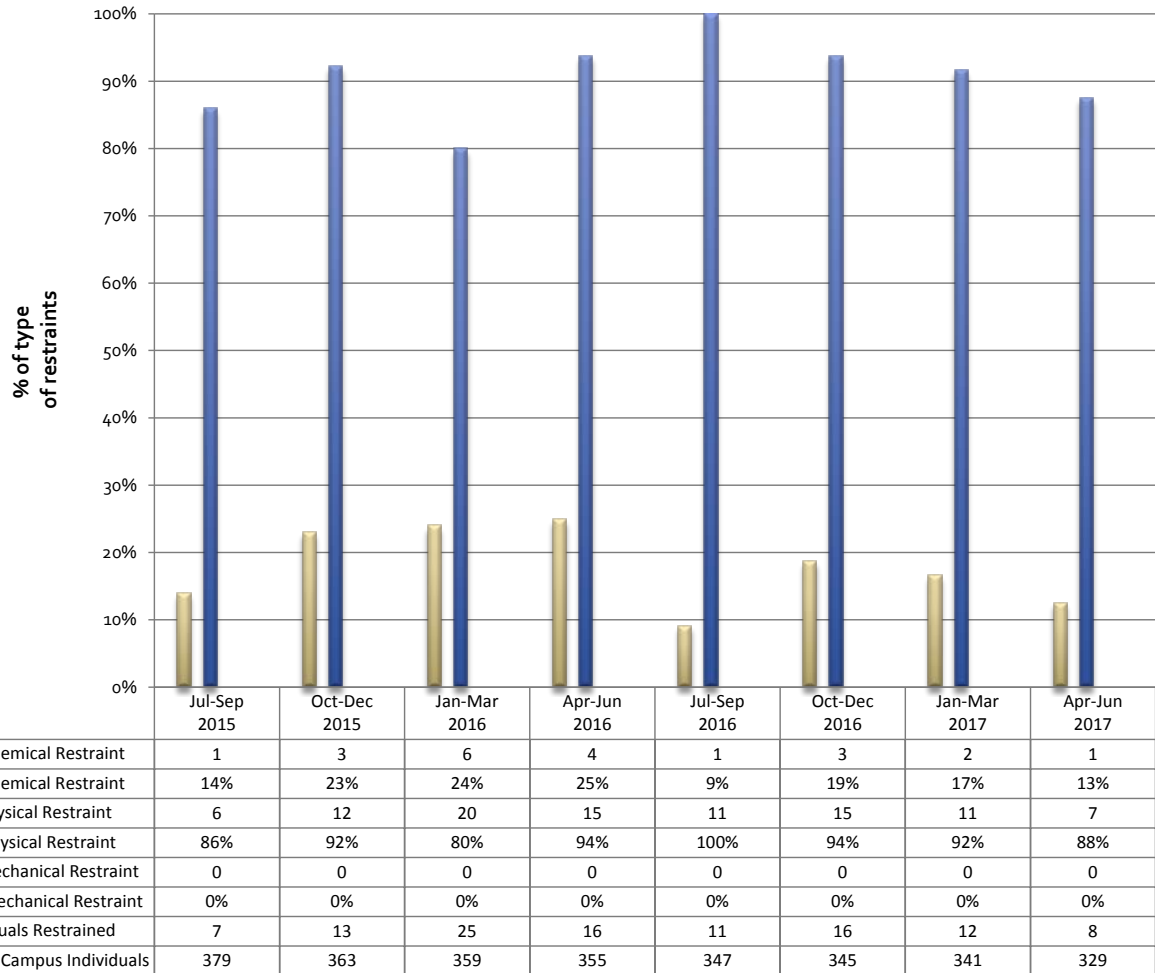
	Jul-Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017
Minimal Med Errors per 100 Individuals/month	9.02	8.76	8.41	8.88	9.45	9.39	8.85	9.32
Moderate Med Errors per 100 Individuals/month	0.10	0.18	0.10	0.09	0.14	0.19	0.21	0.19
Serious Med Errors per 100 Individuals/month	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Community Minimal Medication Errors	1958	1912	1841	1924	2088	2087	1967	2078
Community Moderate Medication Errors	21	40	21	20	32	43	46	42
Community Serious Medication Errors	0	1	1	0	1	1	0	0
# Individuals in Community Residential	7236	7278	7300	7222	7367	7411	7409	7432

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



Division of DD Habilitation Center Campus Use of Restraints



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.

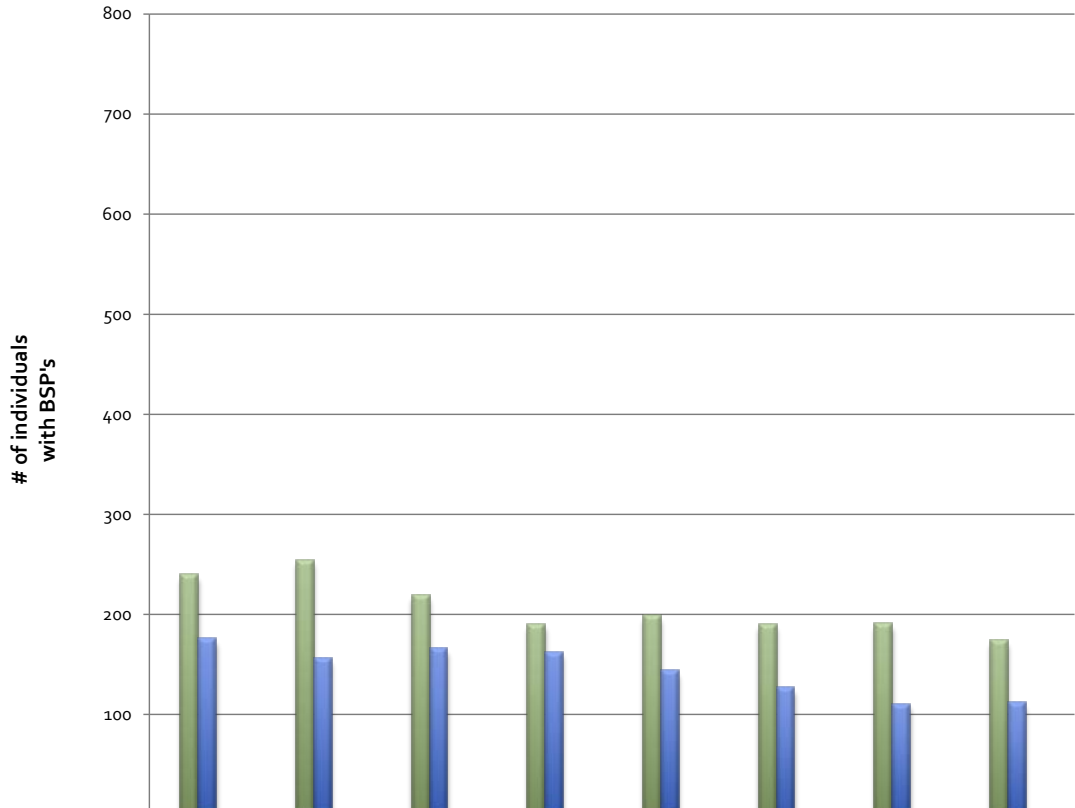
Physical Restraint: Any physical hold involving a restriction of an individual's voluntary movement.

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



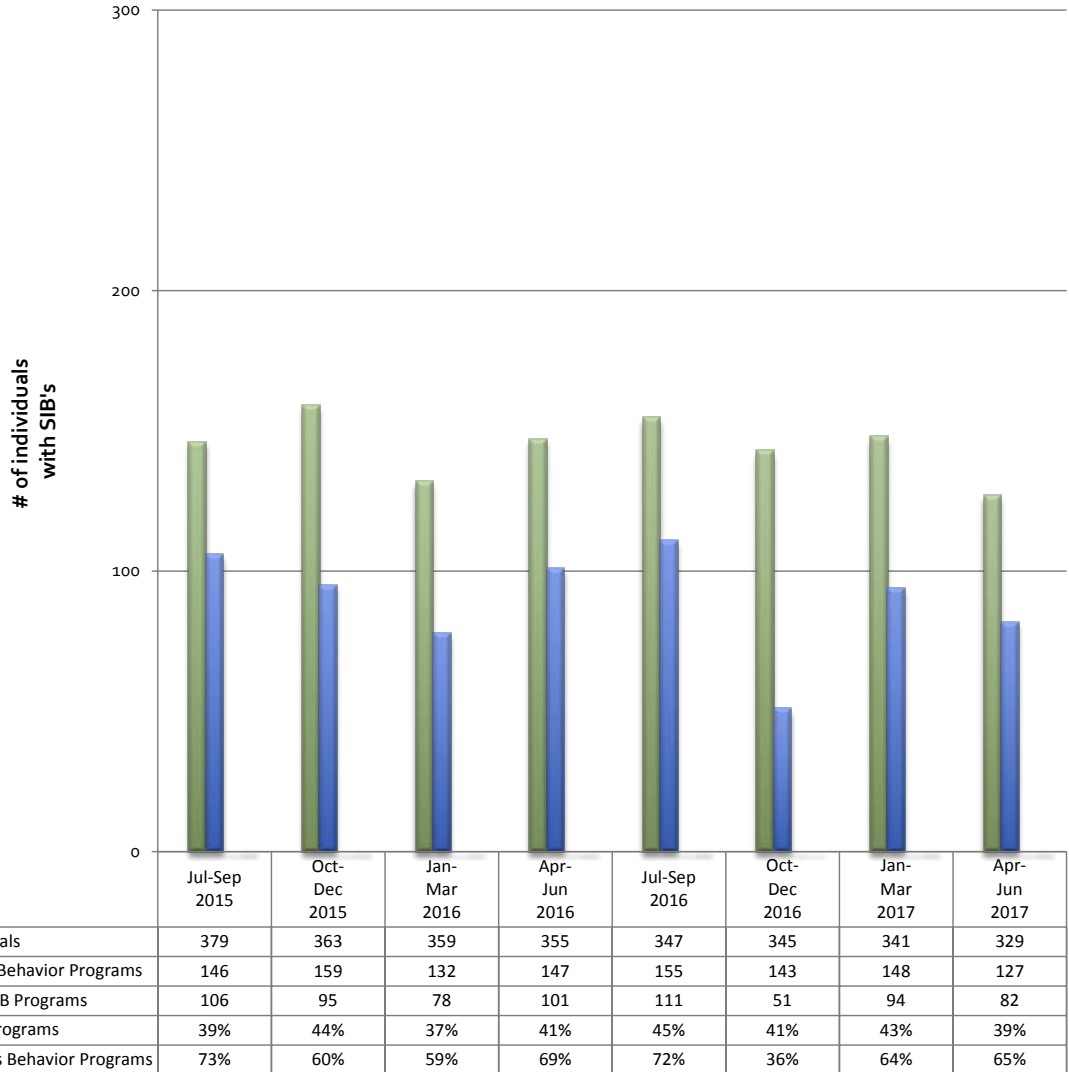
	Jul-Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017
# Hab Center Campus Individuals	379	363	359	355	347	345	341	329
■ Individuals with Behavior Support Programs	240	254	219	190	199	190	191	174
■ Individuals Progressing with Behavior Support Programs	176	156	166	163	144	127	111	112
% On Behavior Support Programs	63%	70%	61%	54%	57%	55%	56%	53%
% Progressing on Behavior Support Programs	73%	61%	76%	86%	72%	67%	58%	64%

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



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.

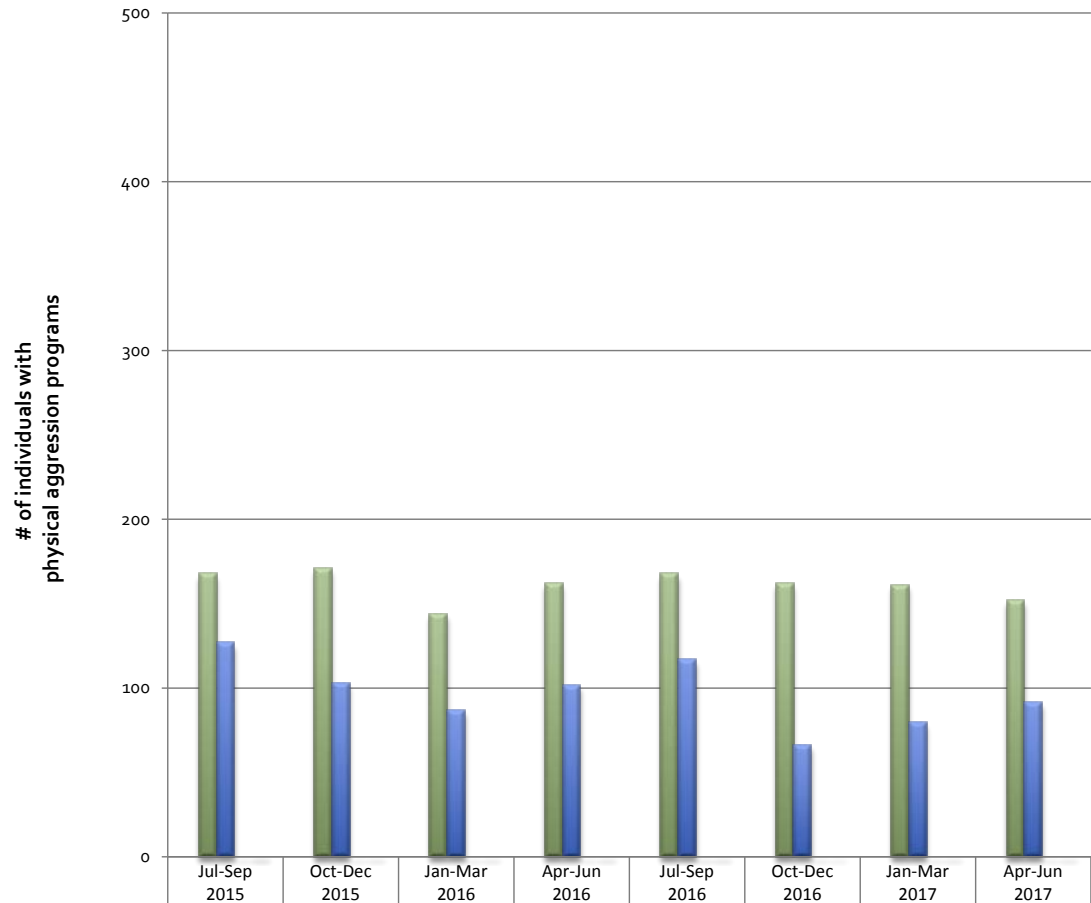
Definition- Progressing with Self Injurious Behavior Programs: An individual who is at baseline or below for their Self Injurious Behavior Program.

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



# Hab Center Campus Individuals	379	363	359	355	347	345	341	329
■ Individuals with Physical Aggression Programs	168	171	144	162	168	162	161	152
■ Individuals Progressing with Physical Aggression Programs	127	103	87	102	117	66	80	92
% on Physical Aggression Programs	44%	47%	40%	46%	48%	47%	47%	46%
% Progressing on Physical Aggression Programs	76%	60%	60%	63%	70%	41%	50%	61%

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.

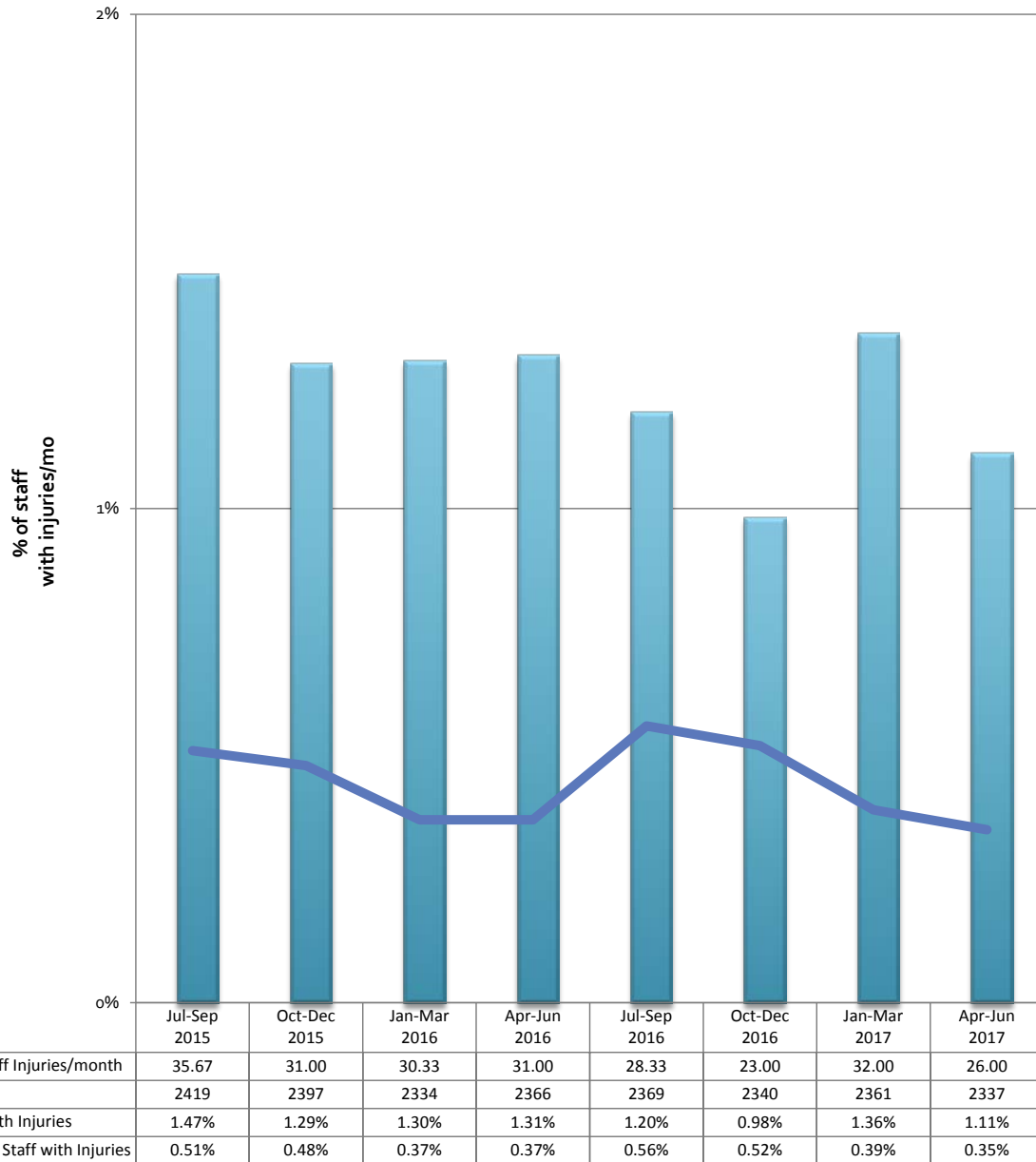
Definition - Progressing with Physical aggression programs: Individuals who are at baseline or below for their Physical Aggression program.

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.