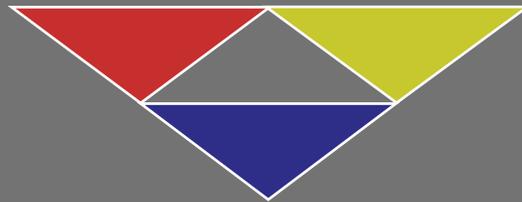


November 2018

Missouri Department of Mental Health

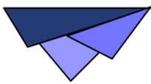
Quarterly Performance Measures



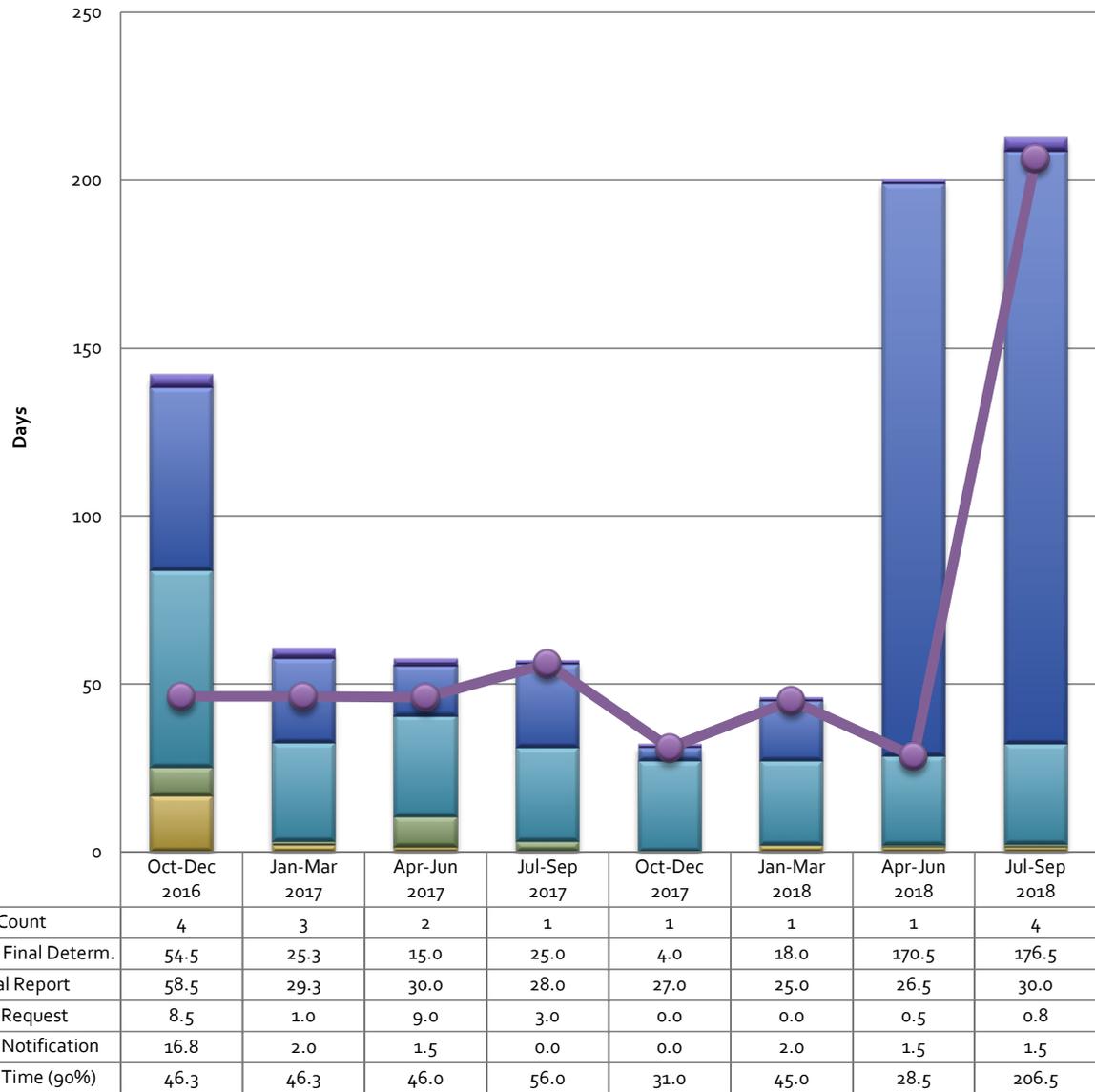


Division of Behavioral Health

Substance Use Services

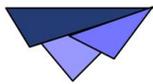


Substance Use Treatment Community Investigations Timelines

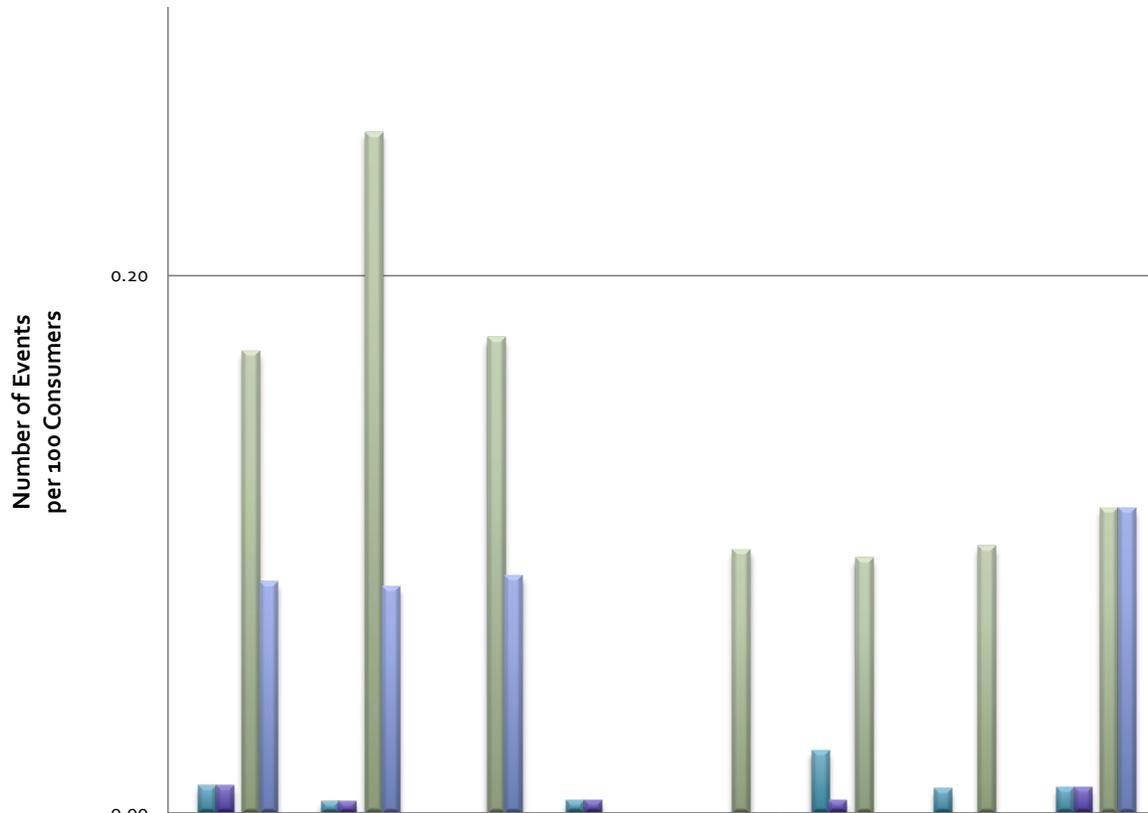


NOTE: Timelines are divided into 4 distinct sections or stages of an investigation. The bars include average times for all final determinations made in each quarter, whereas the purple line includes 90% of all cases in order to show typical timelines excluding the top 10% outliers.

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



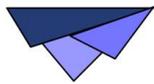
Substance Use Treatment Abuse/Neglect Investigations



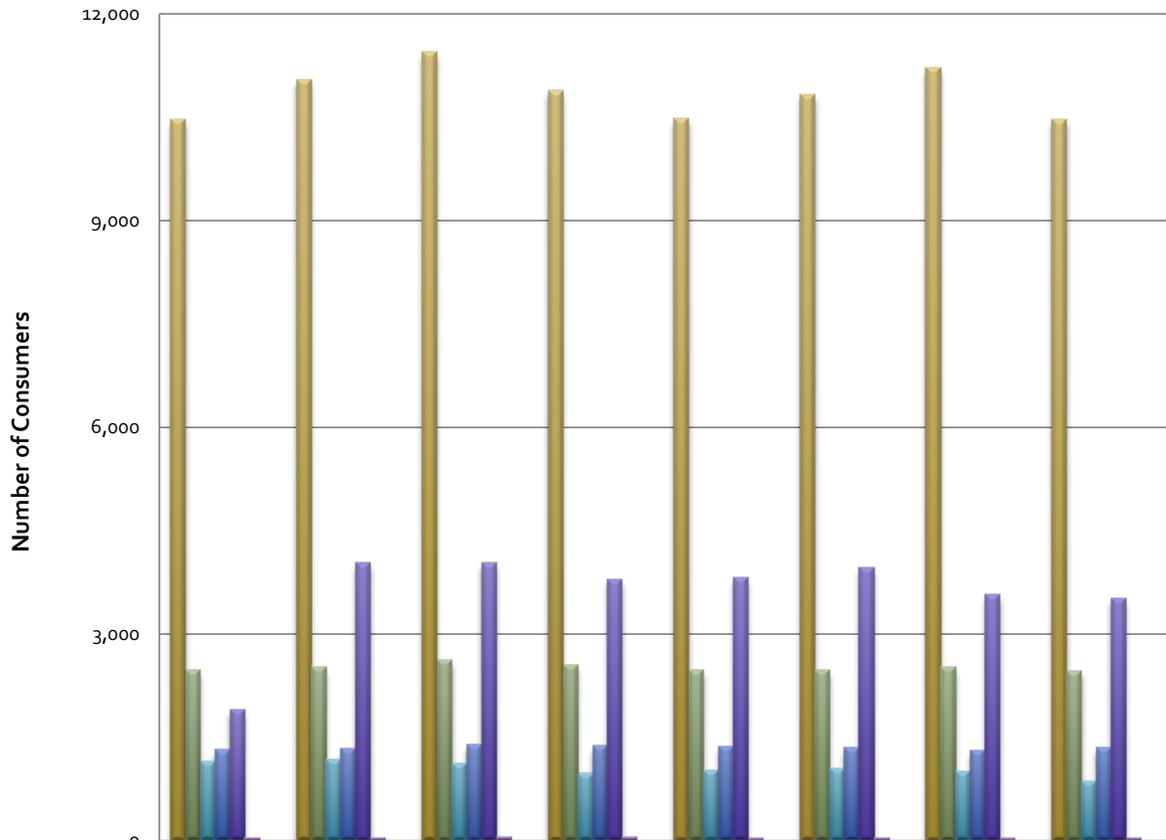
	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018
# Adult Consumers	19,115	21,686	22,228	21,328	20,647	21,392	21,465	20,714
Adult A/N Investigations Completed	2	1	0	1	0	5	2	2
Adult A/N Investigations Rate	0.010	0.005	0.000	0.005	0.000	0.023	0.009	0.010
Adult A/N Substantiated	2	1	0	1	0	1	0	2
Adult A/N Substantiation Rate	0.010	0.005	0.000	0.005	0.000	0.005	0.000	0.010
# Youth Consumers	1,162	1,184	1,130	998	1,021	1,052	1,006	880
Youth A/N Investigations Completed	2	3	2	0	1	1	1	1
Youth A/N Investigations Rate	0.172	0.253	0.177	0.000	0.098	0.095	0.099	0.114
Youth A/N Substantiated	1	1	1	0	0	0	0	1
Youth A/N Substantiation Rate	0.086	0.084	0.088	0.000	0.000	0.000	0.000	0.114

NOTE: Investigation and substantiation counts reflect cases finalized in the quarter.

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



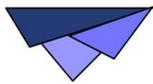
Substance Use Treatment Consumers Served By Program



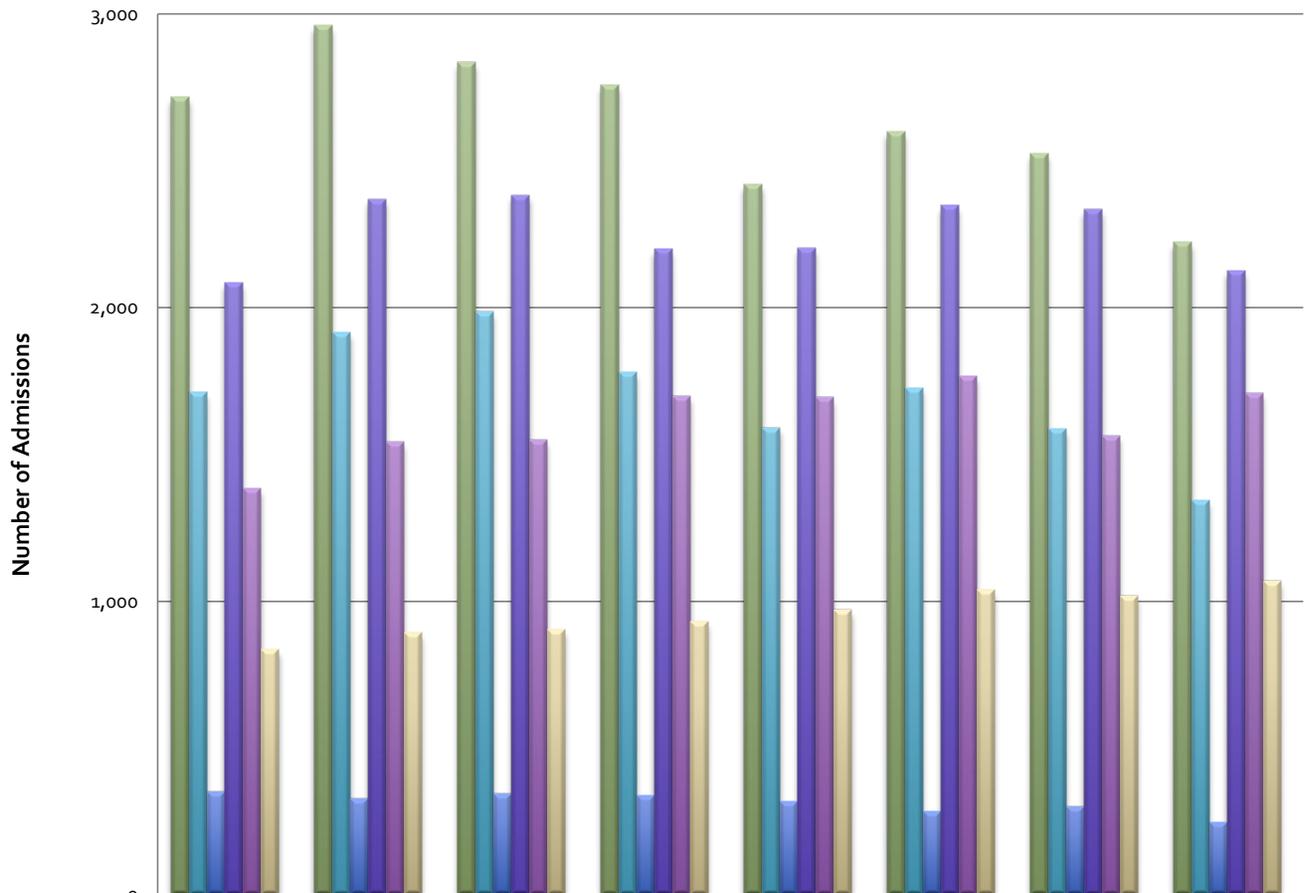
	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018
CSTAR Gen Adult	10,469	11,048	11,454	10,888	10,479	10,837	11,215	10,474
CSTAR W&C	2,481	2,533	2,630	2,554	2,477	2,480	2,532	2,468
CSTAR Adol	1,161	1,180	1,123	991	1,023	1,052	1,010	874
CSTAR Opioid Tx	1,326	1,343	1,393	1,387	1,373	1,360	1,314	1,361
Primary Recovery & Tx	1,910	4,041	4,046	3,797	3,817	3,963	3,572	3,520
Compulsive Gambling	54	54	60	58	45	51	46	51
Unduplicated Number of ADA Served	20,277	22,870	23,358	22,326	21,668	22,444	22,471	21,594

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.

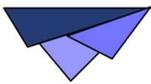


Drug of Choice at Admission to Substance Use Treatment

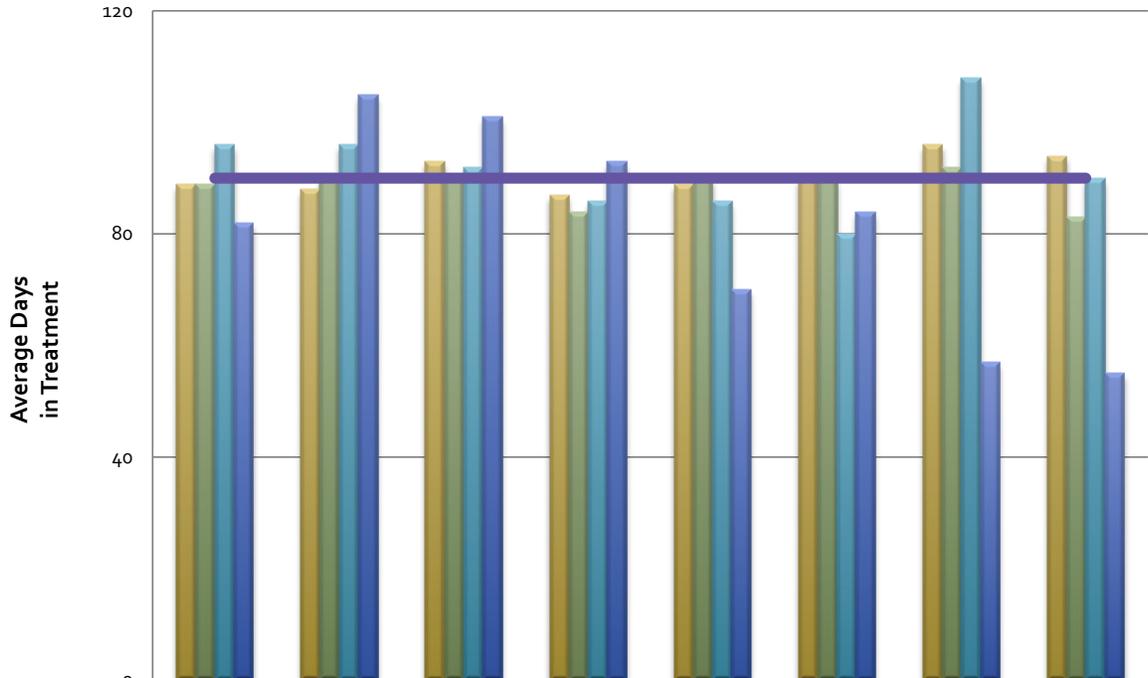


	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018
Alcohol	2,718	2,961	2,836	2,760	2,419	2,599	2,525	2,224
% Alcohol	29.9%	29.6%	28.3%	28.4%	26.3%	26.6%	27.1%	25.5%
Marijuana	1,713	1,915	1,987	1,780	1,592	1,728	1,587	1,344
% Marijuana	18.8%	19.1%	19.9%	18.3%	17.3%	17.7%	17.0%	15.4%
Cocaine	352	330	345	340	320	283	302	249
% Cocaine	3.9%	3.3%	3.4%	3.5%	3.5%	2.9%	3.2%	2.9%
Methamphetamine	2,084	2,369	2,383	2,198	2,202	2,347	2,336	2,125
% Methamphetamine	22.9%	23.7%	23.8%	22.6%	23.9%	24.0%	25.0%	24.4%
Heroin	1,385	1,543	1,551	1,699	1,694	1,765	1,565	1,710
% Heroin	15.2%	15.4%	15.5%	17.5%	18.4%	18.1%	16.8%	19.6%
Other Drugs	836	894	904	933	971	1,040	1,019	1,070
% Other Drugs	9.2%	8.9%	9.0%	9.6%	10.6%	10.7%	10.9%	12.3%

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



Retention In Substance Use Treatment

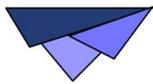


	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018
CSTAR Gen Adult - N	4,194	4,420	4,856	4,436	4,212	3,768	3,819	3,083
CSTAR Gen Adult - Avg Days	89	88	93	87	89	90	96	94
CSTAR W&C - N	1,126	1,104	1,140	1,023	965	991	944	817
CSTAR W&C - Avg Days	89	90	90	84	90	90	92	83
CSTAR Adol - N	518	529	578	447	418	405	448	326
CSTAR Adol - Avg Days	96	96	92	86	86	80	108	90
Primary Recovery & Tx - N	690	738	922	832	699	732	619	555
Primary Recovery & Tx - Avg Days	82	105	101	93	70	84	57	55
# of Outliers	375	439	453	435	377	411	449	312
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."

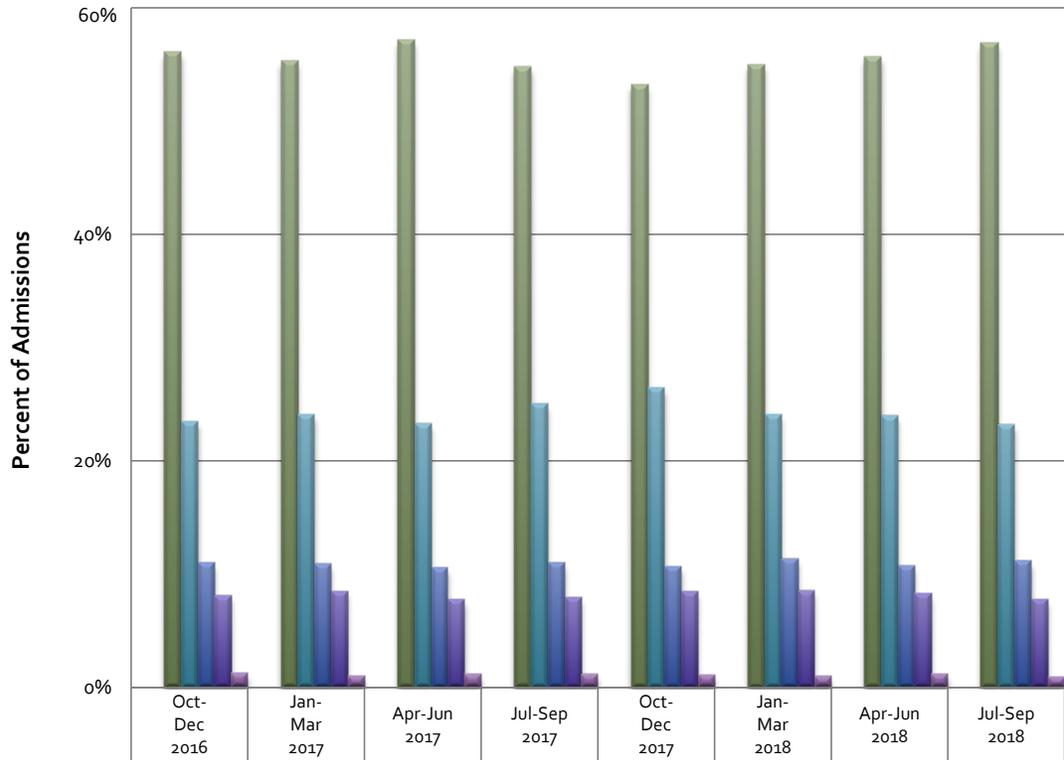
Significance: Average length of stay in substance use treatment is around 3 months.



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

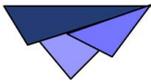
Adult Substance Use Treatment Admissions With Prior Substance Use Treatment Episodes in Past 36 Months



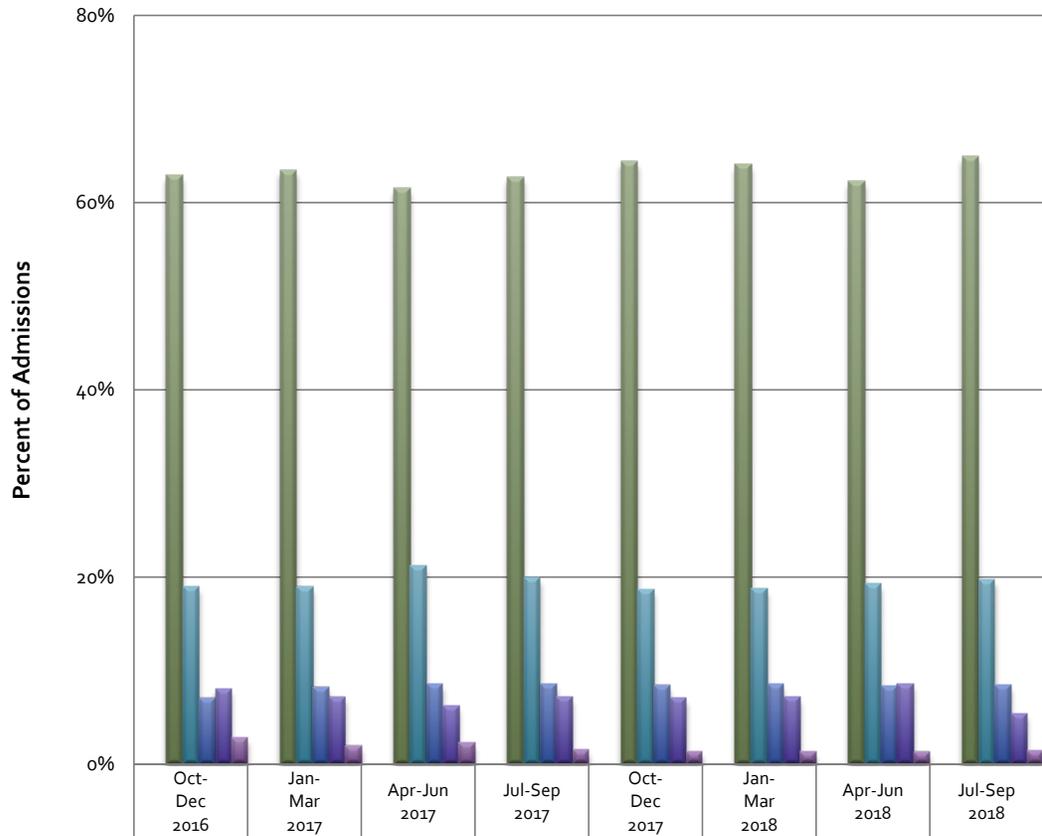
	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018
Adult Consumers Admitted to Tx	6,791	7,466	7,460	7,453	7,310	7,773	7,634	7,747
Adult Consumers with Previous Tx	2,982	3,335	3,196	3,367	3,418	3,499	3,383	3,340
Adult Consumers Admitted with Previous Tx Pct	43.9%	44.7%	42.8%	45.2%	46.8%	45.0%	44.3%	43.1%
0 Prior Tx Episodes	3,809	4,131	4,264	4,086	3,892	4,274	4,251	4,407
0 Prior Tx Episodes Pct	56.1%	55.3%	57.2%	54.8%	53.2%	55.0%	55.7%	56.9%
1 Prior Tx Episode	1,597	1,801	1,740	1,865	1,932	1,872	1,837	1,798
1 Prior Tx Episode Pct	23.5%	24.1%	23.3%	25.0%	26.4%	24.1%	24.1%	23.2%
2 Prior Tx Episodes	746	819	788	818	781	886	820	864
2 Prior Tx Episodes Pct	11.0%	11.0%	10.6%	11.0%	10.7%	11.4%	10.7%	11.2%
3 - 5 Prior Tx Episodes	550	637	581	591	620	664	632	603
3 - 5 Prior Tx Episodes Pct	8.1%	8.5%	7.8%	7.9%	8.5%	8.5%	8.3%	7.8%
6 + Prior Tx Episodes	89	78	87	93	85	77	94	75
6 + Prior Tx Episodes Pct	1.3%	1.0%	1.2%	1.2%	1.2%	1.0%	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.



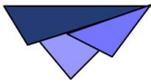
Adult Detox Admissions With Prior Detox Episodes in Past 36 Months



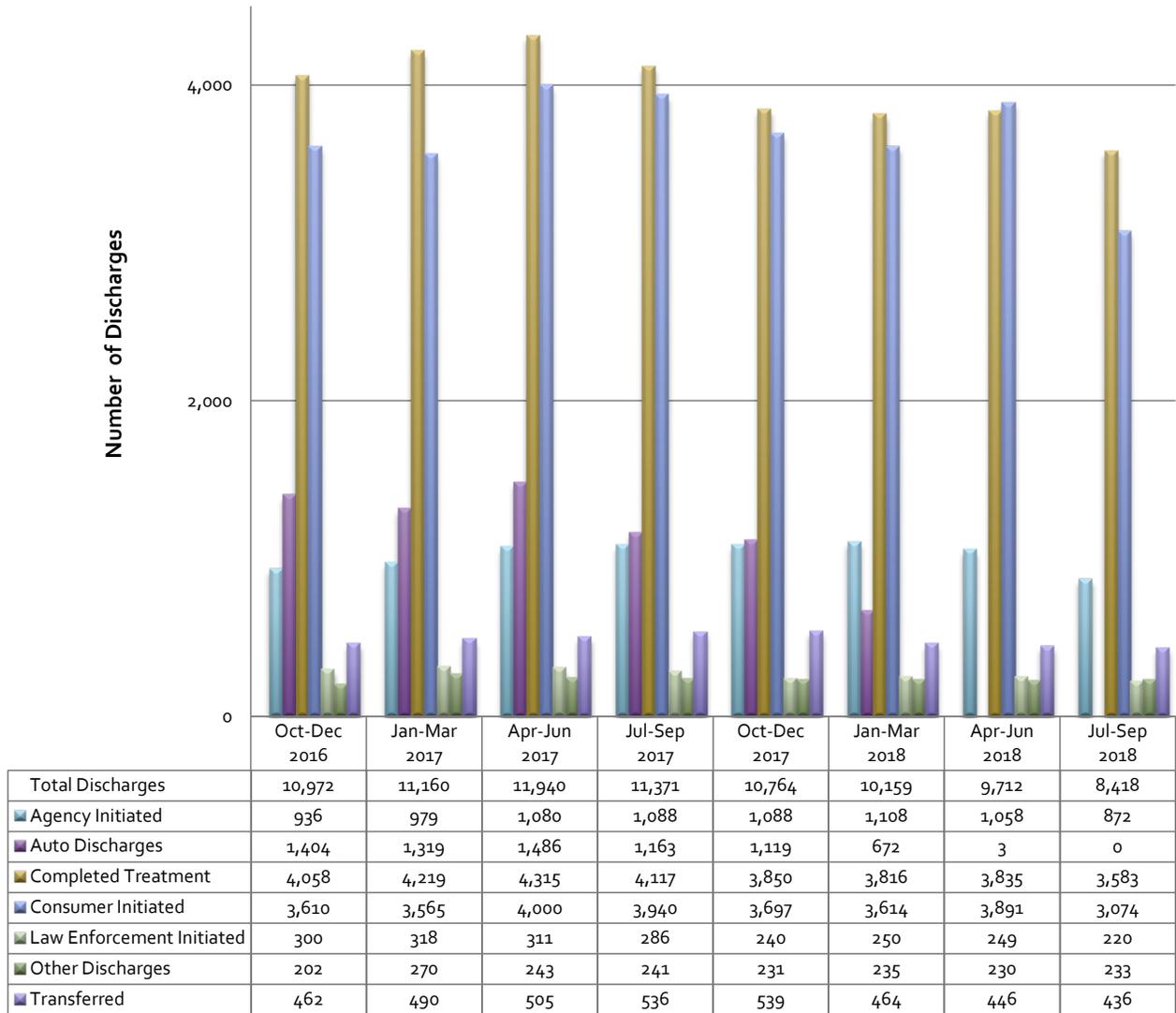
	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018
Consumers Admitted to Detox	1,583	1,617	1,638	1,684	1,505	1,495	1,323	1,289
Consumers with Previous Detox	587	590	629	627	536	536	498	452
Consumers Admitted with Previous Detox Pct	37.1%	36.5%	38.4%	37.2%	35.6%	35.9%	37.6%	35.1%
0 Prior Detox Episodes	996	1,027	1,009	1,057	969	959	825	837
0 Prior Detox Episodes Pct	62.9%	63.5%	61.6%	62.8%	64.4%	64.1%	62.4%	64.9%
1 Prior Detox Episode	301	307	348	336	281	281	256	254
1 Prior Detox Episode Pct	19.0%	19.0%	21.2%	20.0%	18.7%	18.8%	19.3%	19.7%
2 Prior Detox Episodes	113	134	140	144	128	128	110	109
2 Prior Detox Episodes Pct	7.1%	8.3%	8.5%	8.6%	8.5%	8.6%	8.3%	8.5%
3 - 5 Prior Detox Episodes	128	117	103	121	107	107	114	70
3 - 5 Prior Detox Episodes Pct	8.1%	7.2%	6.3%	7.2%	7.1%	7.2%	8.6%	5.4%
6 + Prior Detox Episodes	45	32	38	26	20	20	18	19
6 + Prior Detox Episodes Pct	2.8%	2.0%	2.3%	1.5%	1.3%	1.3%	1.4%	1.5%

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

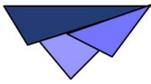


Substance Use Treatment Discharges

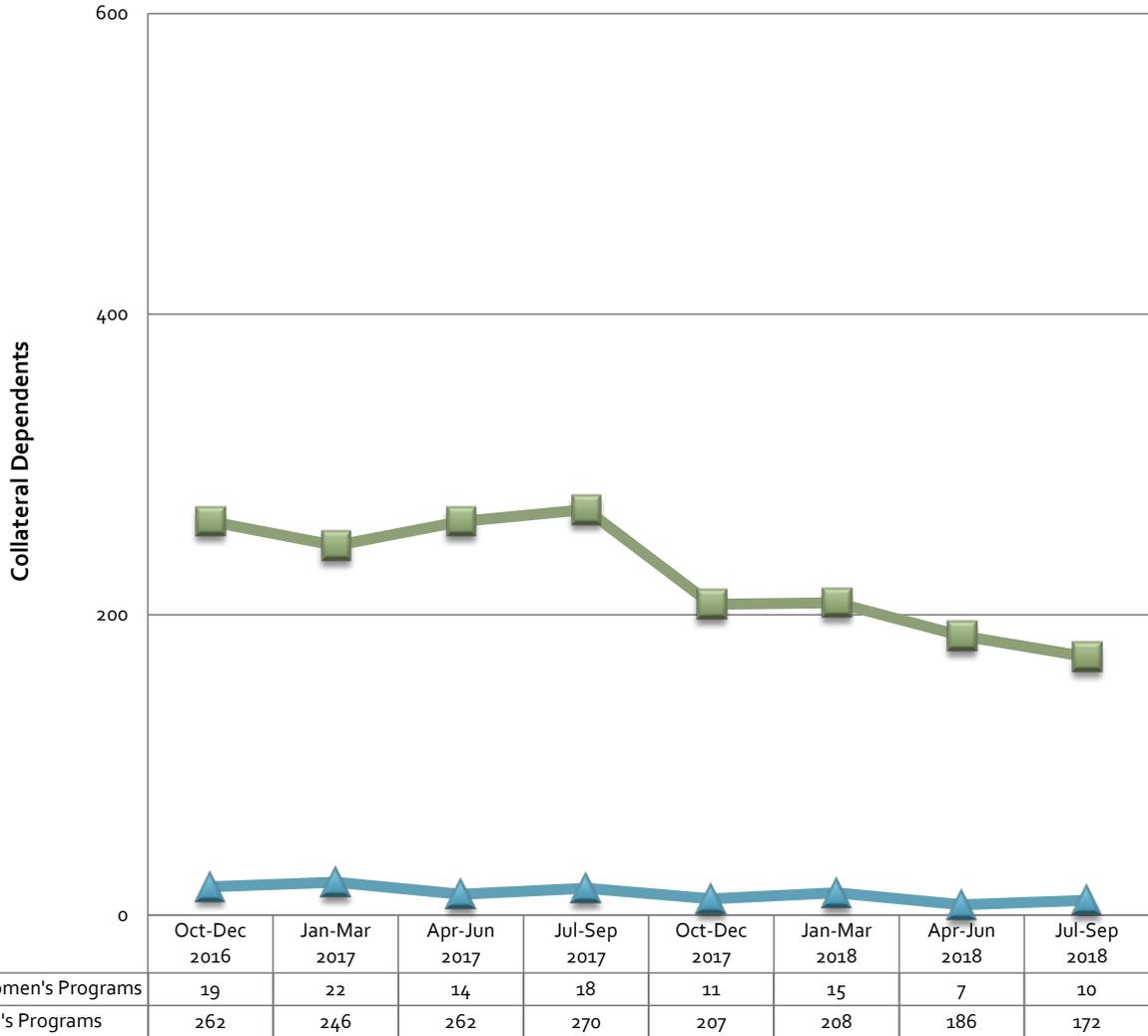


NOTE: Other discharges category includes the following discharge reasons: consumer died; consumer moved away; medical reasons. On July 25, 2008 the monthly Auto Discharge program was implemented and closed all episodes of care that had no service or billing activity within the past six months. The episode 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.

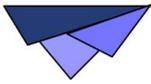


Collateral Dependents Served



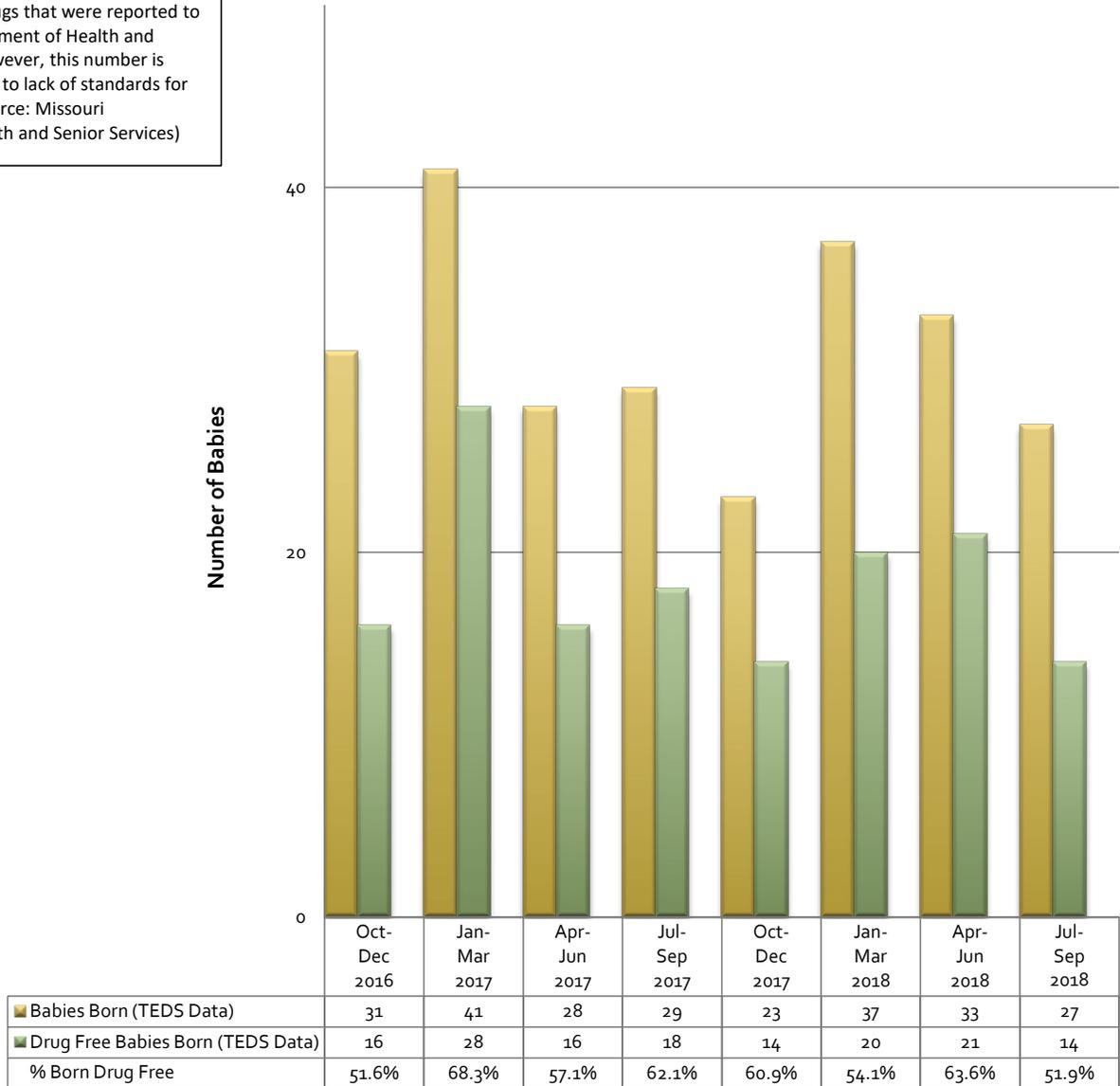
NOTE: A collateral dependent has no substance use disorder but is seeking services because of problems arising from his or her relationship with an individual who has a substance use disorder and is engaged in treatment.

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.

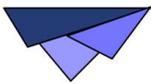


Babies Born Drug Free

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)

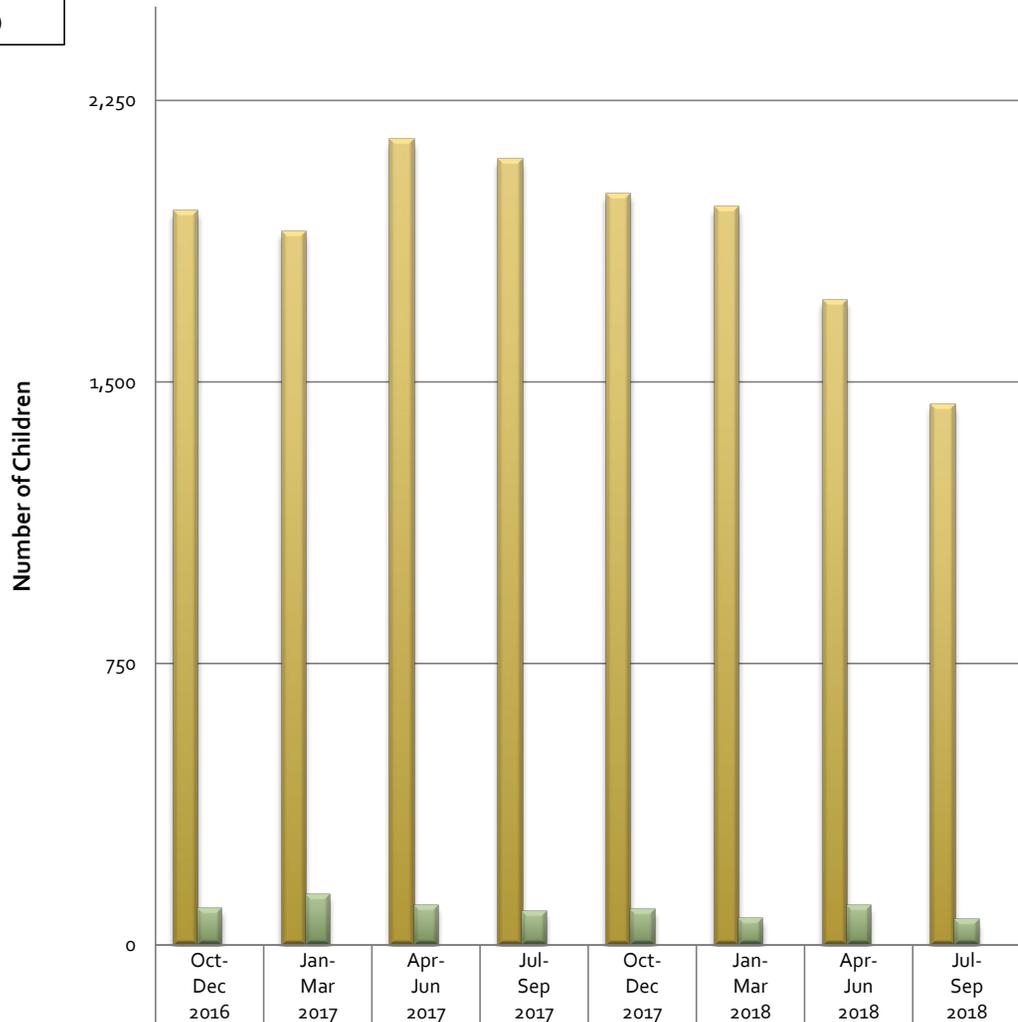


Significance: The number will vary due to several factors including number of pregnant women enrolled that had a baby during treatment and how late in the pregnancy the consumer seeks treatment.



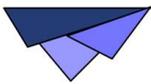
Children Returned to Custody

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)



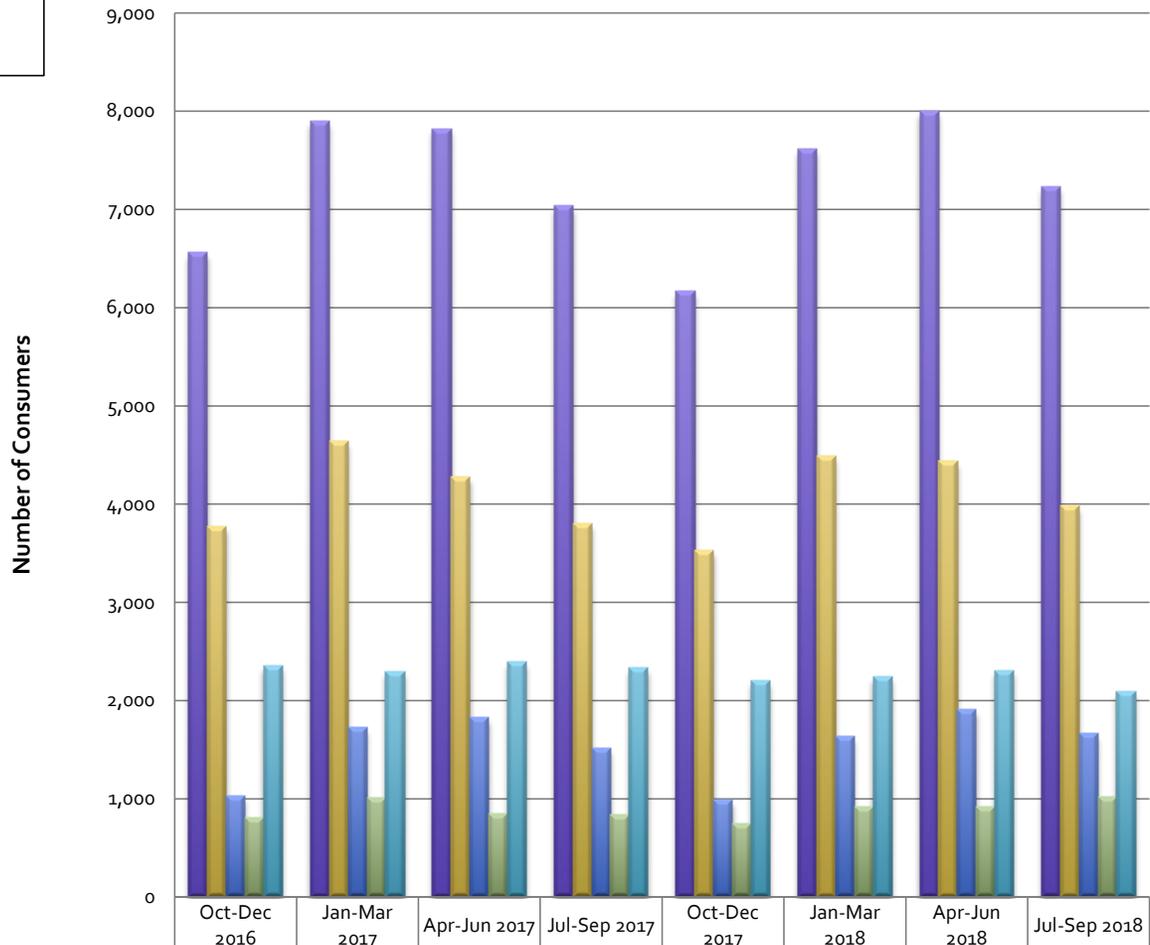
Children Removed From Custody (TEDS Data)	1,956	1,900	2,146	2,095	2,001	1,966	1,718	1,441
Children Returned to Custody (TEDS Data)	97	135	107	90	95	72	105	68
% of Children Returned to Custody	5.0%	7.1%	5.0%	4.3%	4.7%	3.7%	6.1%	4.7%

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.



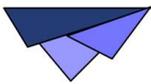
Substance Awareness Traffic Offenders Program (SATOP) Consumers Served

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

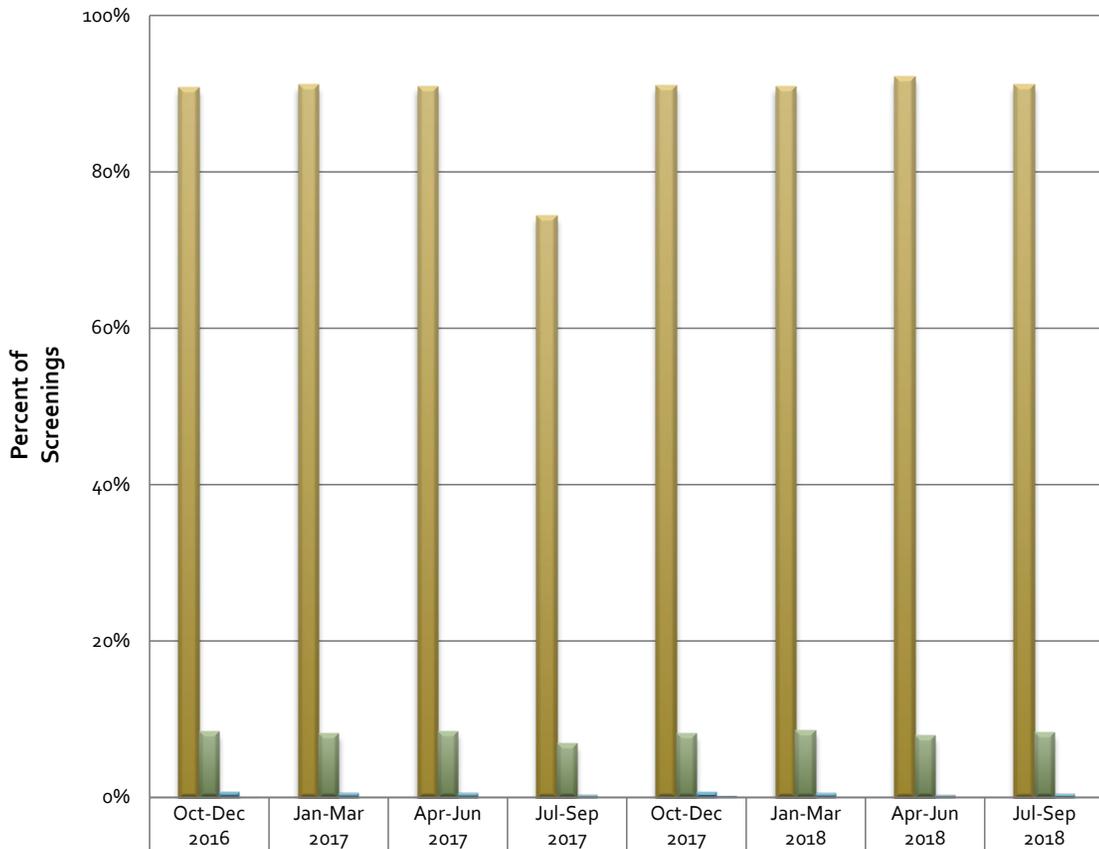


	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018
■ Unduplicated Number of SATOP Consumers	6,569	7,904	7,826	7,036	6,171	7,617	8,004	7,237
■ SATOP Screened	3,774	4,644	4,276	3,804	3,532	4,488	4,443	3,983
■ Education Pgm	1,032	1,732	1,832	1,518	990	1,641	1,911	1,670
■ Weekend Intervention Pgm	805	1,012	855	836	747	921	924	1,020
■ Clinical Treatment Pgm	2,355	2,295	2,399	2,335	2,204	2,248	2,311	2,094

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.



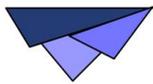
Substance Awareness Traffic Offenders Program (SATOP) Consumers Screened - Range of Previous SATOP Screenings Within Past 5 Years



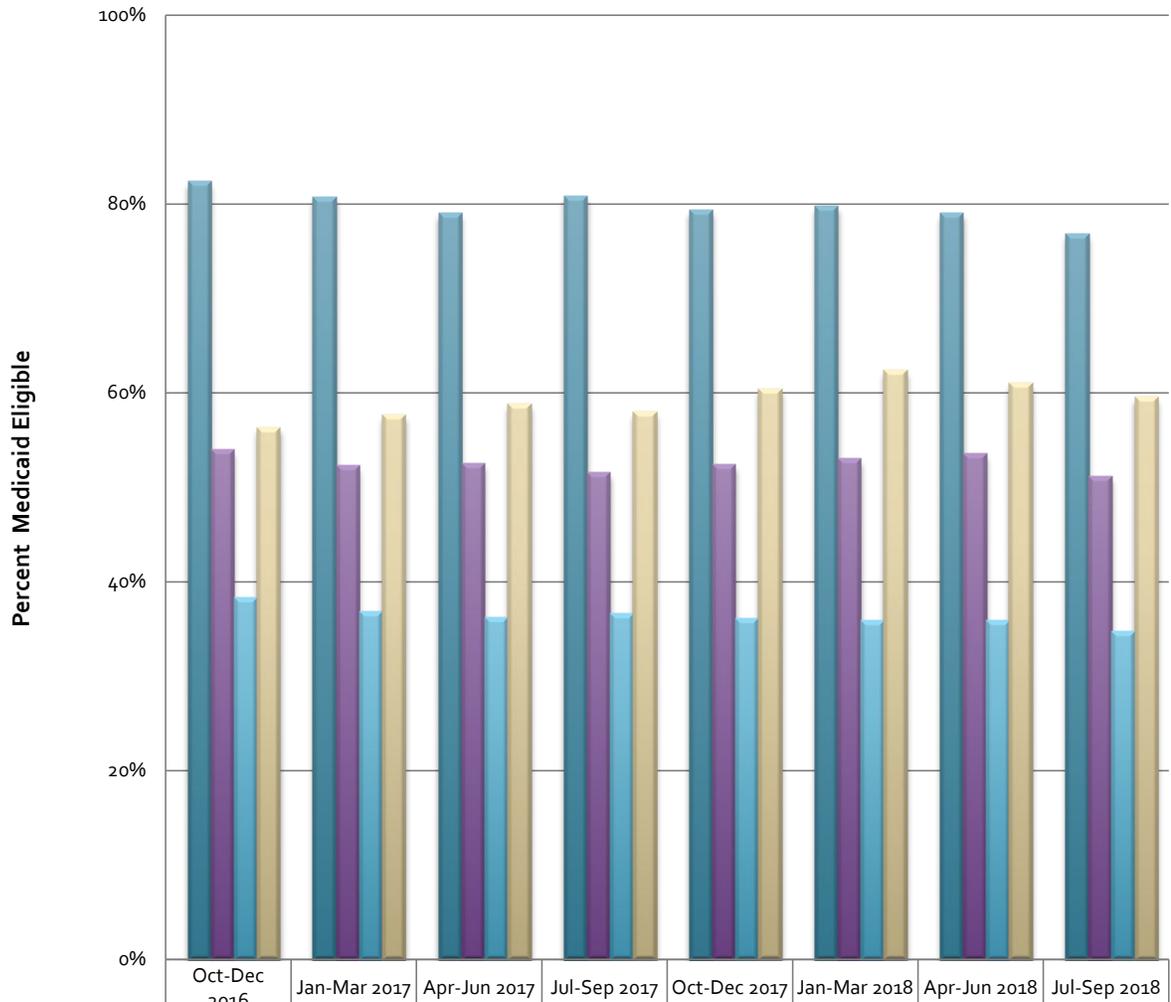
	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018
SATOP Screened or Assigned to Comparable Pgm	4,411	5,433	5,046	5,441	4,152	5,254	5,302	4,637
0 Prior Screening	4,007	4,953	4,589	4,046	3,778	4,776	4,886	4,230
0 Prior Screening Pct	90.8%	91.2%	90.9%	74.4%	91.0%	90.9%	92.2%	91.2%
1 Prior Screening	371	447	427	375	341	450	417	385
1 Prior Screening Pct	8.4%	8.2%	8.5%	6.9%	8.2%	8.6%	7.9%	8.3%
2 Prior Screenings	31	32	29	19	26	27	16	21
2 Prior Screenings Pct	0.7%	0.6%	0.6%	0.3%	0.6%	0.5%	0.3%	0.5%
3+ Prior Screenings	2	1	1	1	7	1	3	1
3+ Prior Screenings Pct	0.0%	0.0%	0.0%	0.0%	0.2%	0.0%	0.1%	0.0%

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

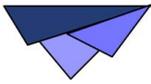
Significance: The majority of consumers who receive a SATOP screening have never had a SATOP screening. The majority of the consumers with at least 1 prior SATOP screening have had only 1 prior screening.



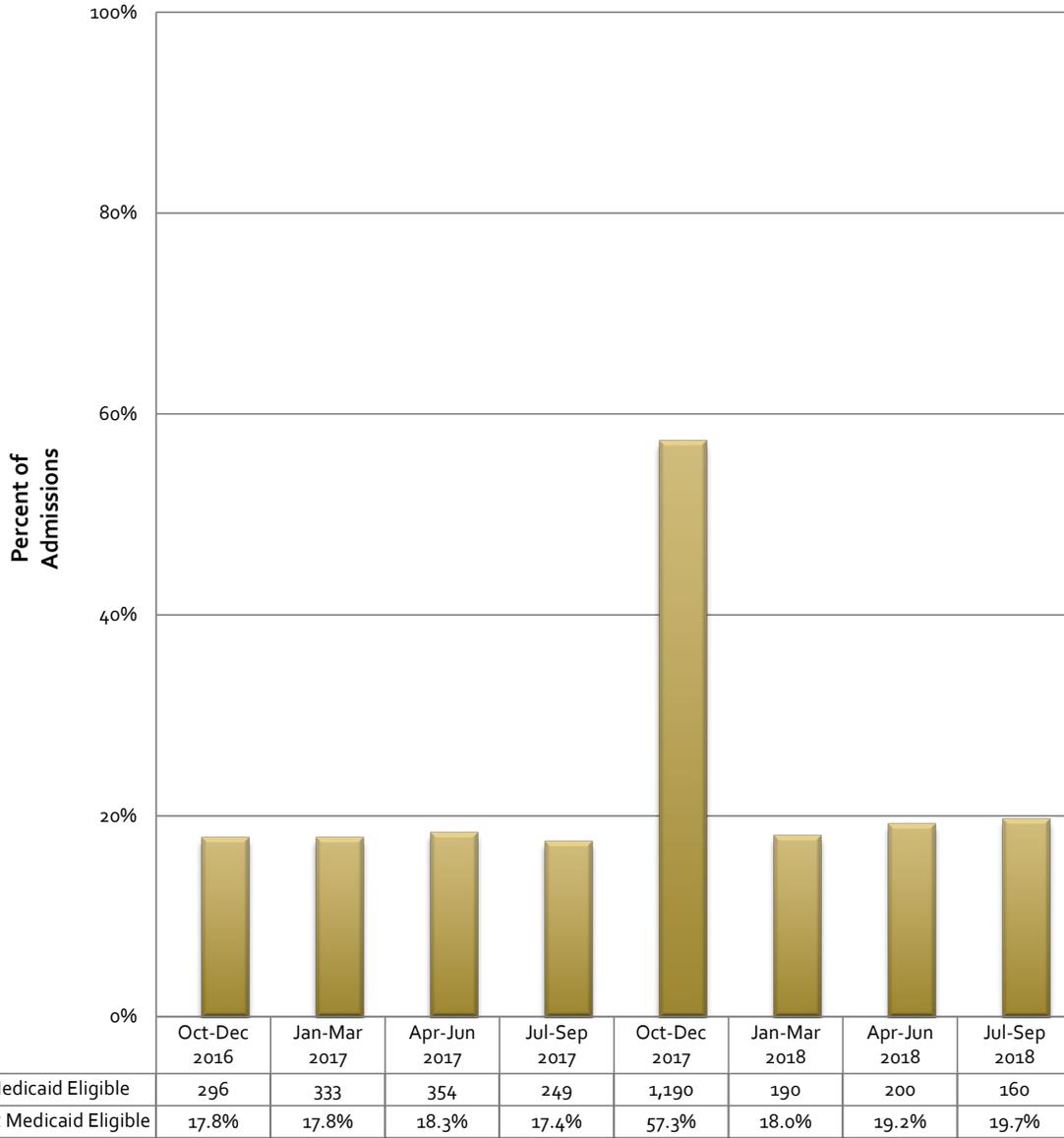
Medicaid Eligibility for Individuals Served in CSTAR Programs



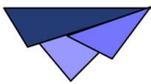
NOTE: CSTAR Detox is excluded.



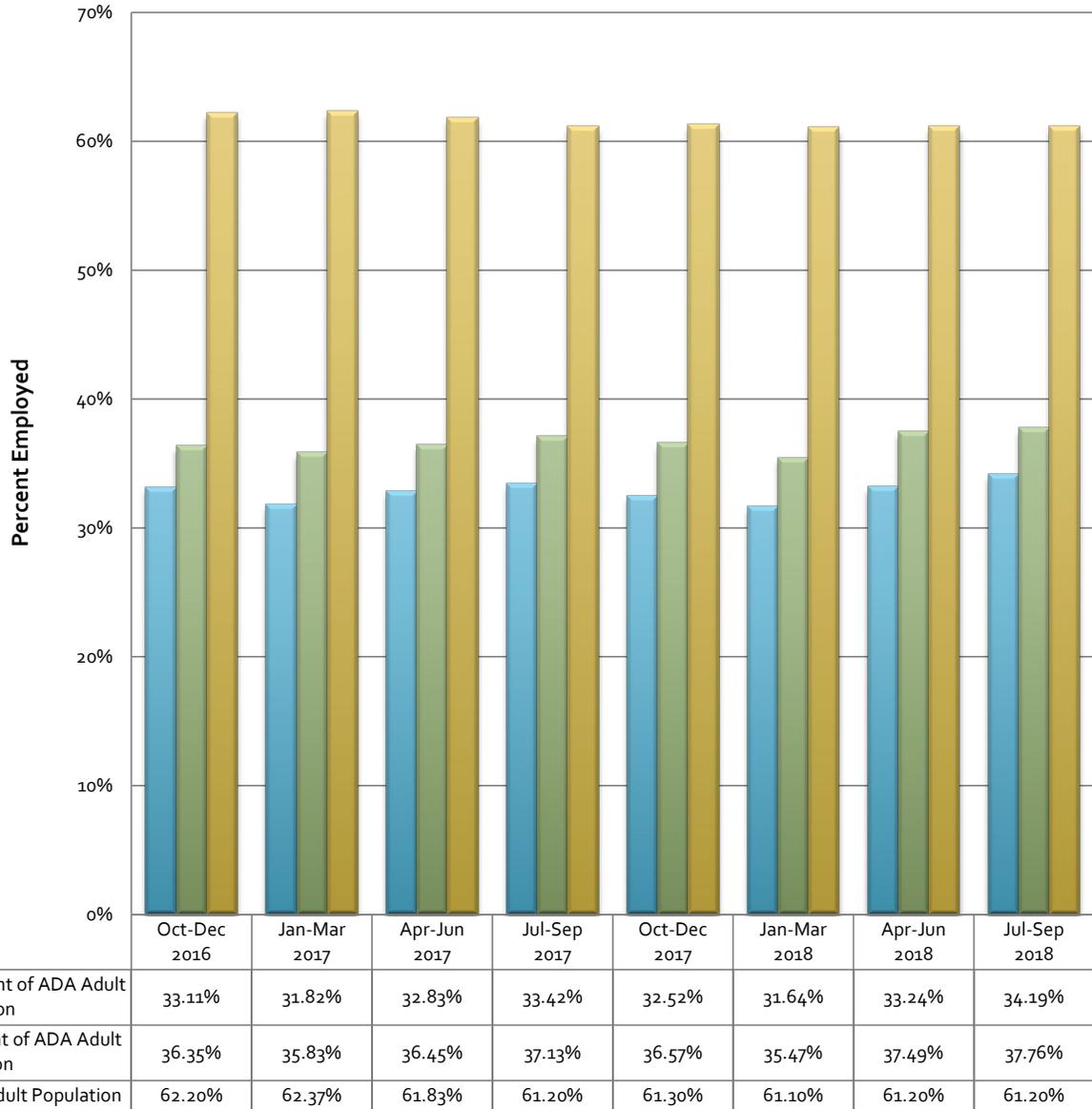
Medicaid Eligibility for Individuals Served in Non-CSTAR Substance Use Programs



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.

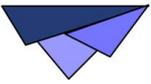


Employment of Adult Population in Substance Use Treatment

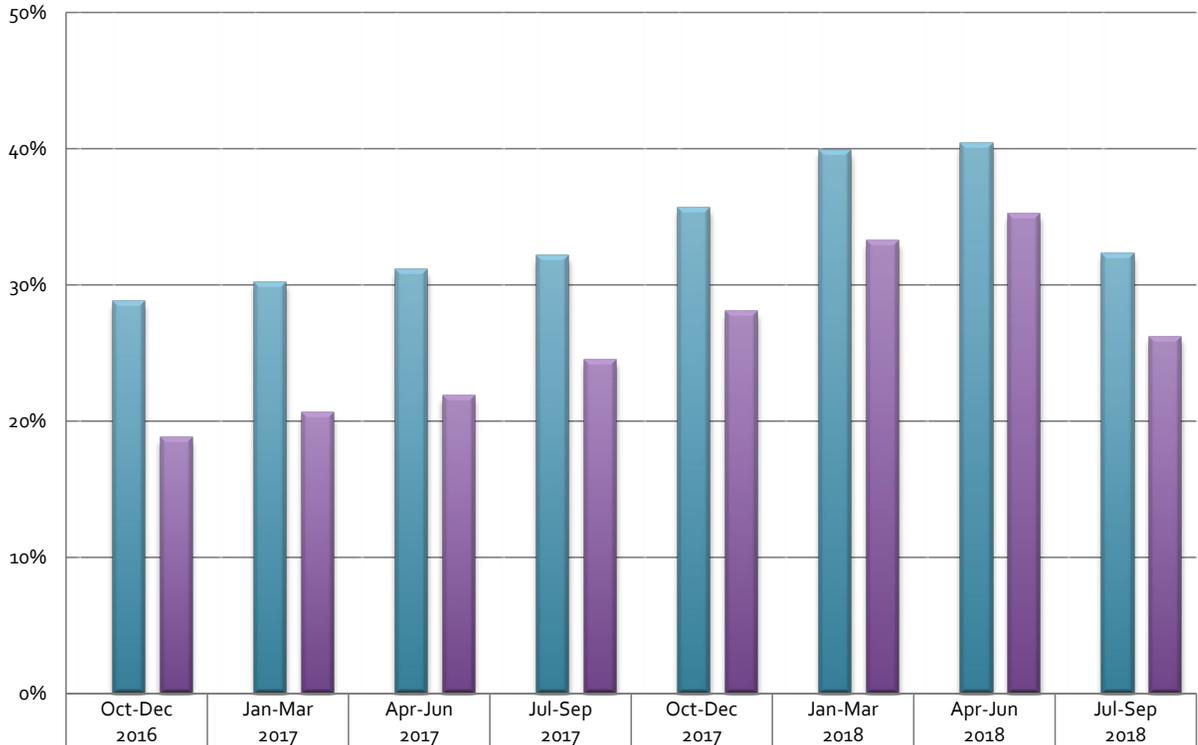


Note: Adolescent programs, detox, and codependents are excluded from the employment calculations.

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).



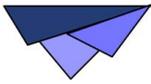
Consumers Receiving Medication Therapy



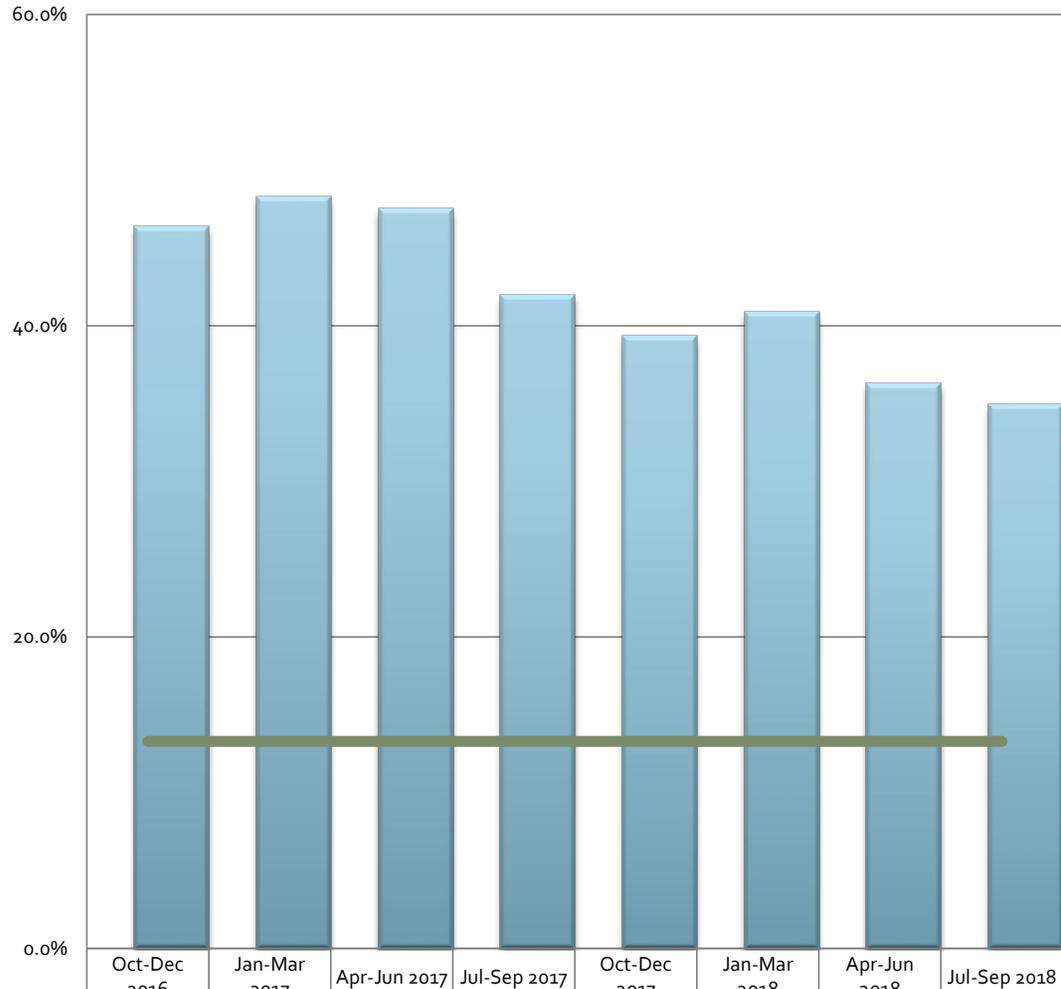
	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018
Including CSTAR Opioid: # Adult Opioid/Alcohol-Addicted Consumers	10,969	11,419	11,719	11,268	11,142	11,644	11,973	12,100
# Consumers Receiving Medication Therapy	3,156	3,448	3,650	3,620	3,971	4,641	4,837	3,908
% Consumers Receiving Medication Therapy	28.8%	30.2%	31.1%	32.1%	35.6%	39.9%	40.4%	32.3%
Excluding CSTAR Opioid: # Adult Opioid/Alcohol-Addicted Consumers	9,325	9,774	10,002	9,746	9,705	10,097	10,378	10,436
# Consumers Receiving Medication Therapy	1,757	2,015	2,189	2,390	2,727	3,354	3,658	2,736
% Consumers Receiving Medication Therapy	18.8%	20.6%	21.9%	24.5%	28.1%	33.2%	35.2%	26.2%

Note: Detox and SATOP treatment programs are excluded. Medications for addiction treatment include Vivitrol, acamprosate, buprenorphine, naltrexone, and Suboxone. Medicaid claims for direct billing from pharmacies for substance use treatment consumers are included.

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



Transition from Detox to Treatment



	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018
# of Detox Discharges	1,552	1,688	1,686	1,640	1,544	1,546	1,374	1,455
# Transitioning from Detox to Tx	720	815	801	689	608	632	499	509
% Transitioning from Detox to Tx	46.4%	48.3%	47.5%	42.0%	39.4%	40.9%	36.3%	35.0%
U.S. % Transitioning from Detox to Tx	13.3%	13.3%	13.3%	13.3%	13.3%	13.3%	13.3%	13.3%

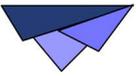
Notes: A transition is recorded if any treatment service is provided within 5 days of the last day of detox. U.S. data for transition from the Treatment Episode Dataset - Discharges, 2013 (SAMHSA, 2016).

Significance: "Detox alone with no follow-up is not treatment" (NIDA). Transitioning from detox to treatment is key to reducing

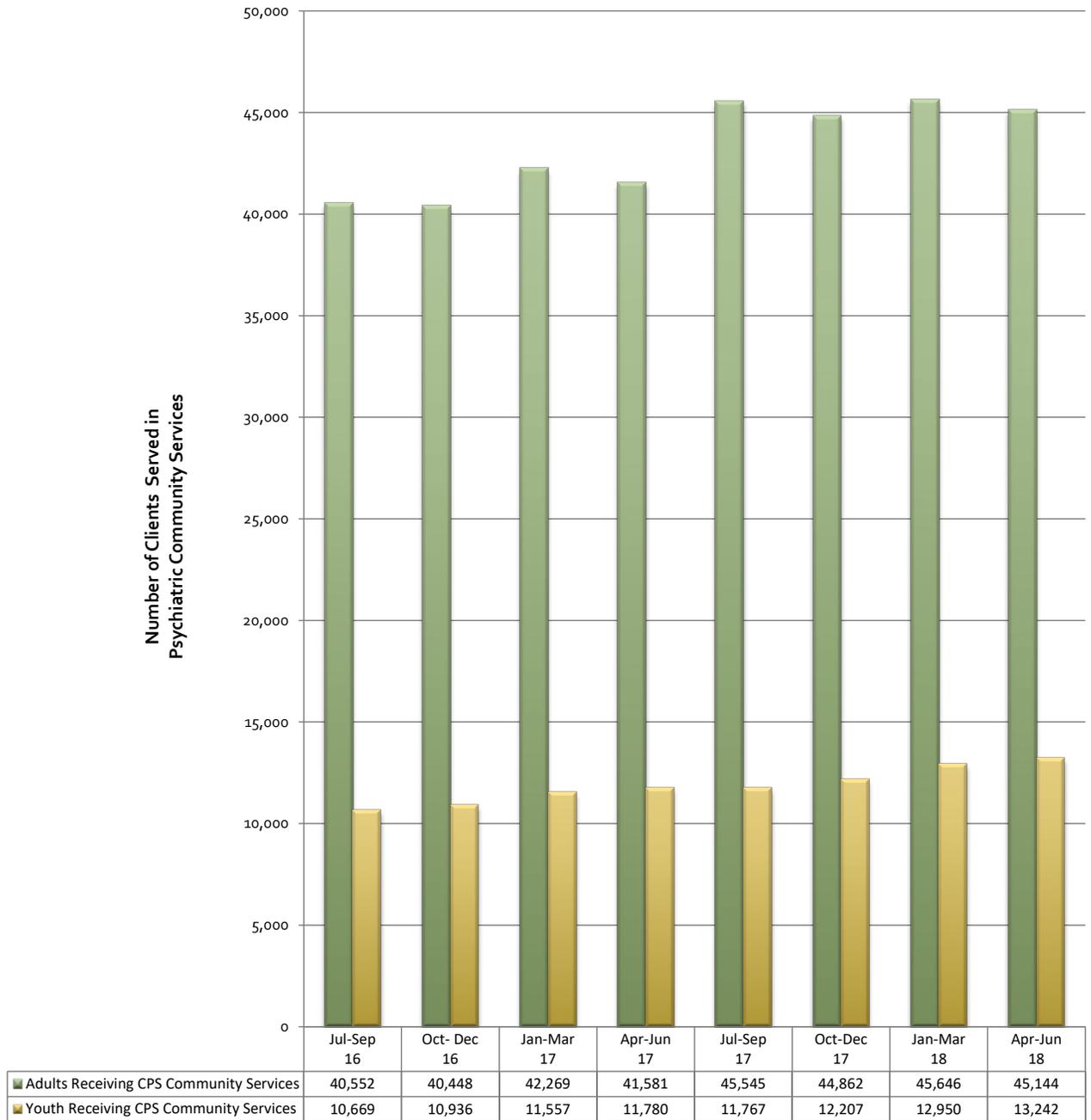


Division of Behavioral Health

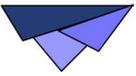
Comprehensive Psychiatric
Services



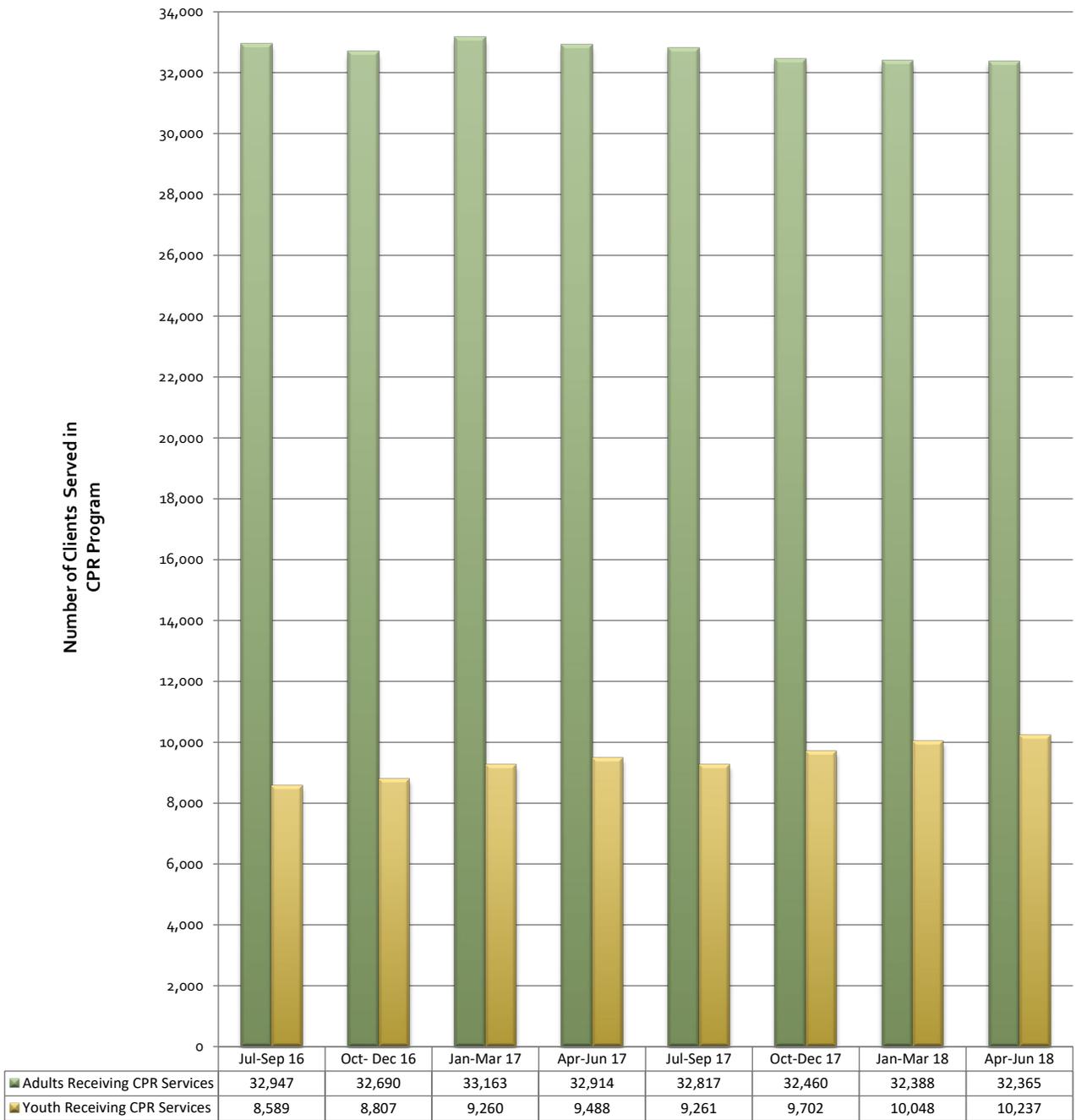
Clients Receiving Psychiatric Community Services



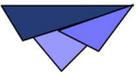
SIGNIFICANCE: Note that the most recent quarter will always be undercounted due to lagging claims and therefore is not displayed. Numbers for 2 quarters back are displayed but subject to slight upward revision as lagging claims come in. The long term trend (over many years) has been one of slowly increasing 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.



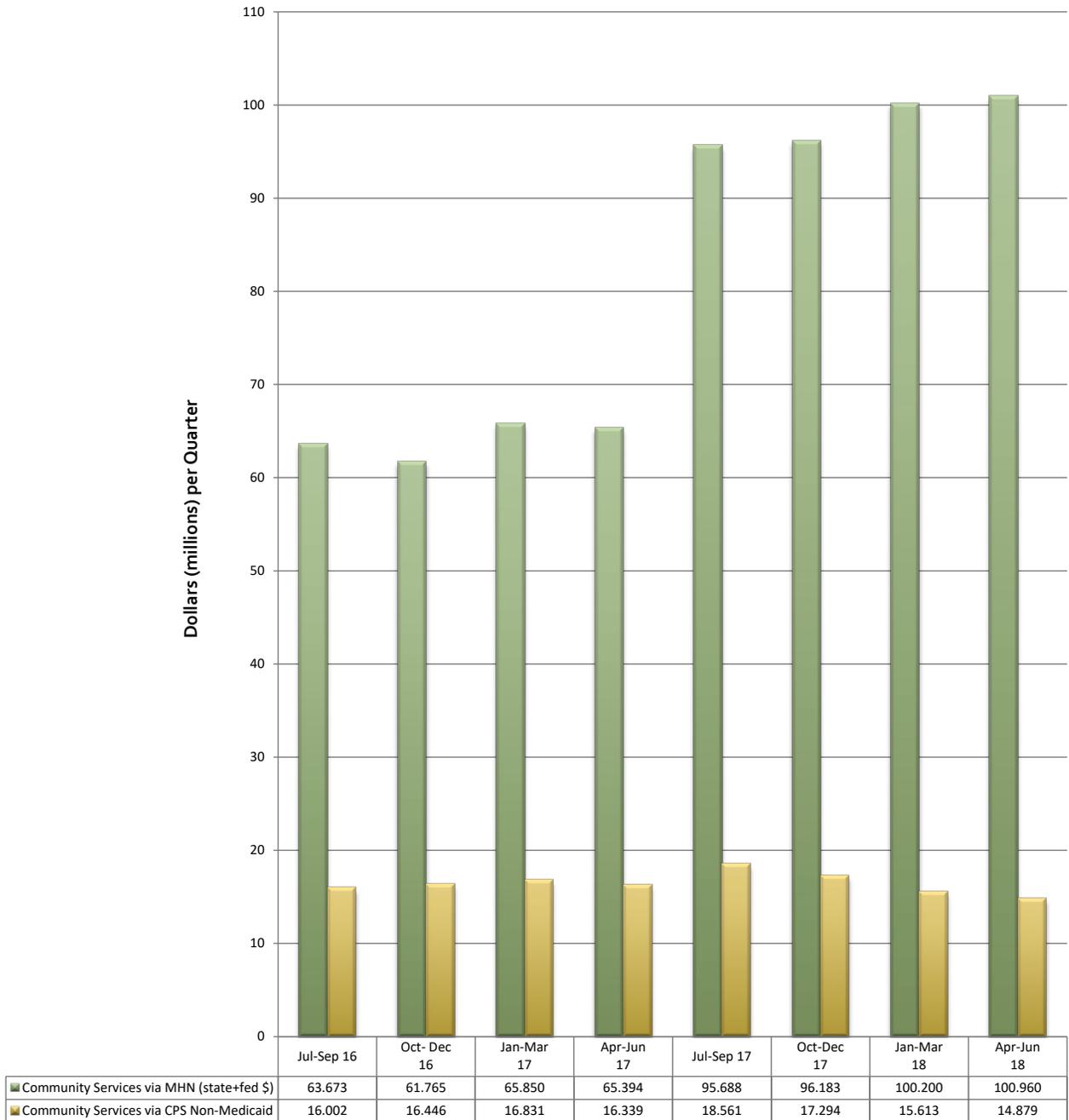
Clients in the Community Psychiatric Rehabilitation Program



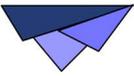
SIGNIFICANCE: The most recent quarter will always be undercounted due to lagging claims and therefore is not displayed. Adult and Youth CPR enrollment has somewhat stabilized after several years of steady growth, but Youth CPR was showing very gradual increases in the previous four quarters.



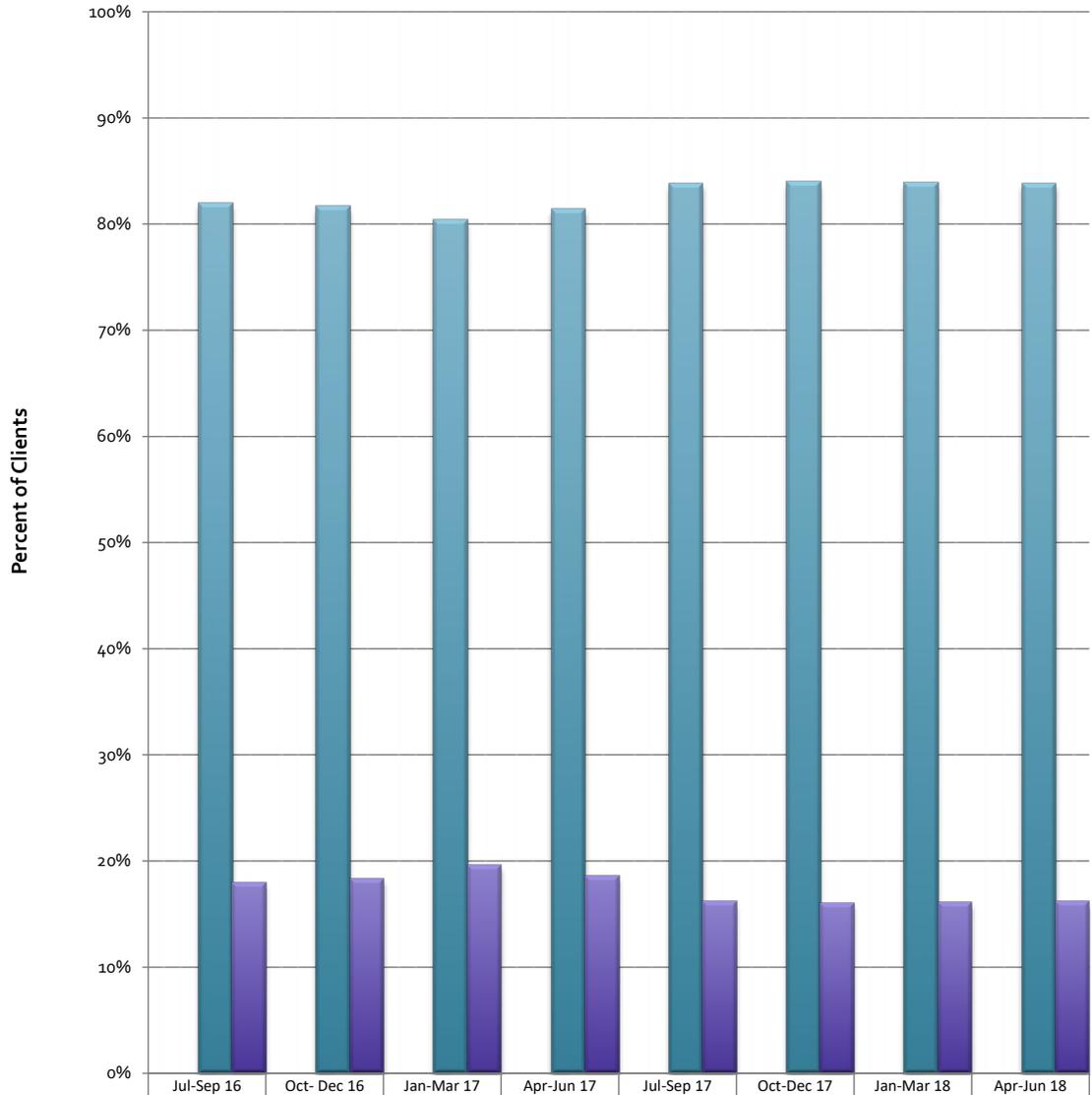
Funding Sources for Psychiatric Services Community Clients



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

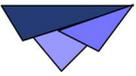


Medicaid Eligibility of Psychiatric Services Community Clients

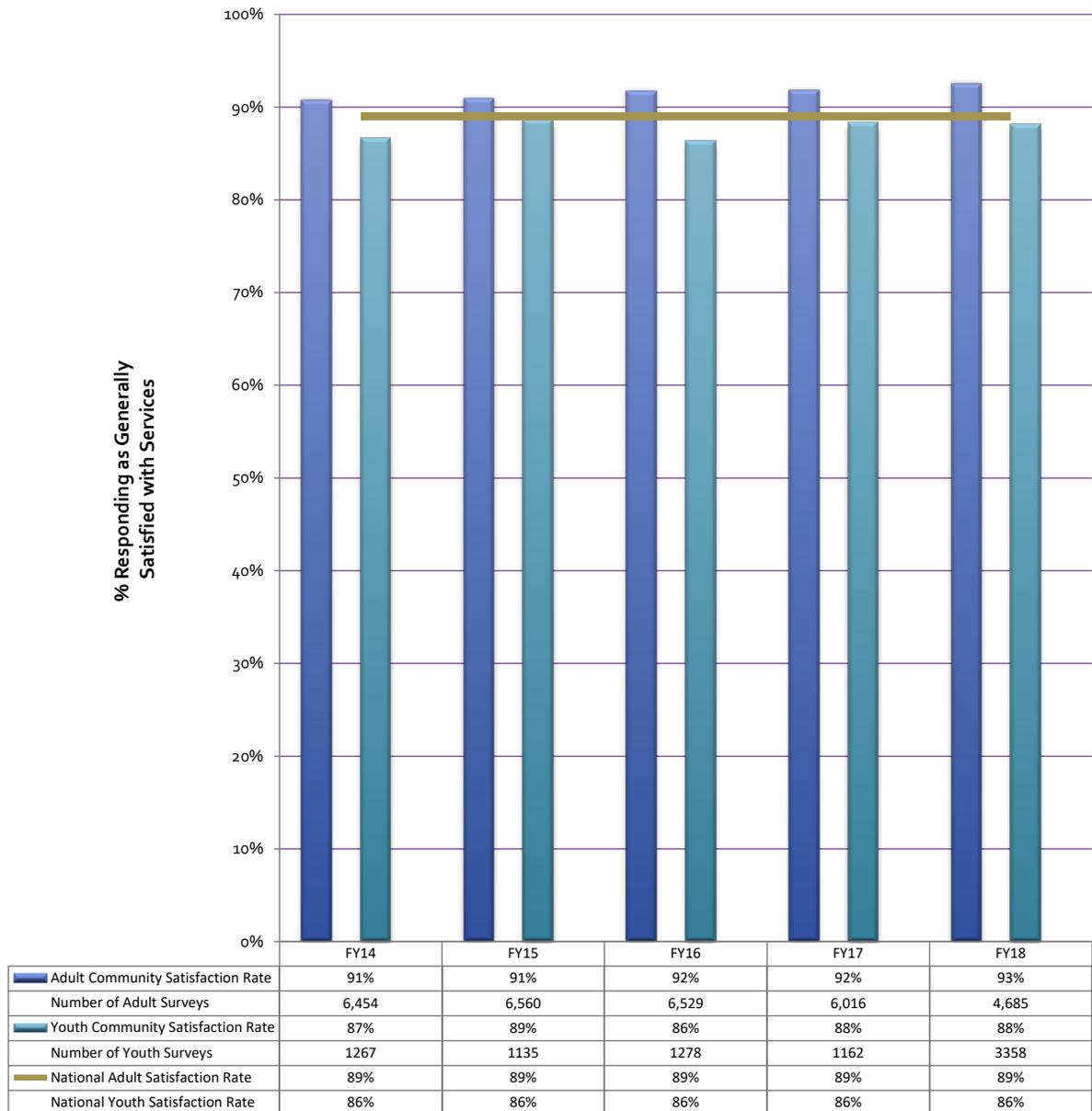


	Jul-Sep 16	Oct- Dec 16	Jan-Mar 17	Apr-Jun 17	Jul-Sep 17	Oct-Dec 17	Jan-Mar 18	Apr-Jun 18
CPS Facility Client Count	1,357	1,357	1,358	1,341	1,336	1,331	1,341	1,339
CPS Community Client Count	51,221	51,384	53,826	53,361	57,312	57,069	58,596	58,386
M.E. Clients -- All CPS Community	41,998	41,958	43,259	43,437	48,033	47,908	49,158	48,942
% M.E. -- All CPS Community	82.0%	81.7%	80.4%	81.4%	83.8%	83.9%	83.9%	83.8%
Not M.E. Clients -- All CPS Community	9,223	9,426	10,567	9,924	9,279	9,161	9,438	9,444
% Not M.E. -- All CPS Community	18.0%	18.3%	19.6%	18.6%	16.2%	16.1%	16.1%	16.2%

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.

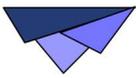


Community Client General Satisfaction with Services

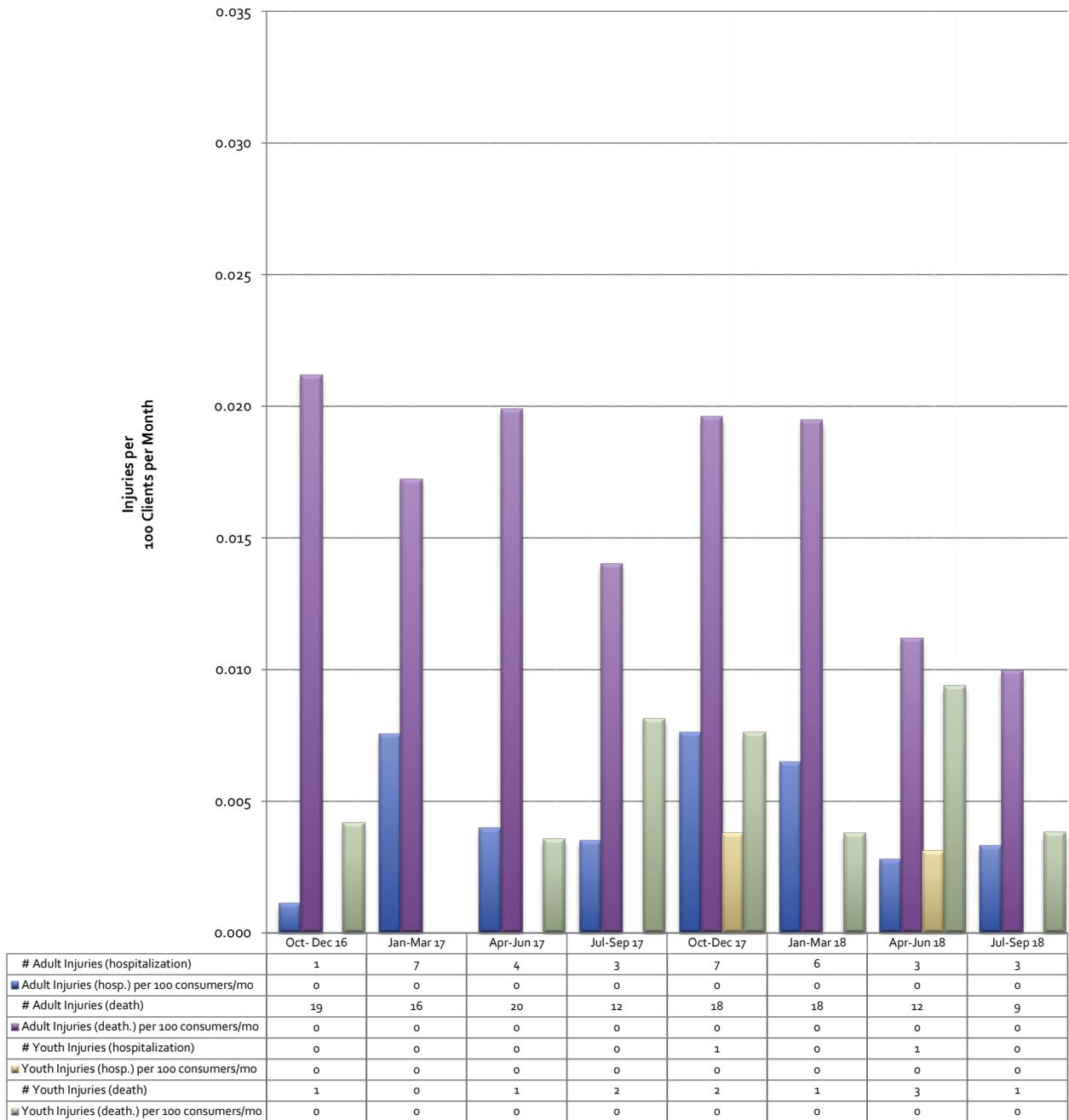


NOTE: Taken from the Adult and Youth Satisfaction Surveys using national standard MHSIP questions. *For FY18 these became an annual surveys due to CCBHC reporting requirement.*

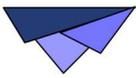
SIGNIFICANCE: Both adult clients and the families of youth in community psych. services report high rates of satisfaction with the services they receive in the community. These rates compare favorably to other satisfaction rates collected by state MH agencies around the country.



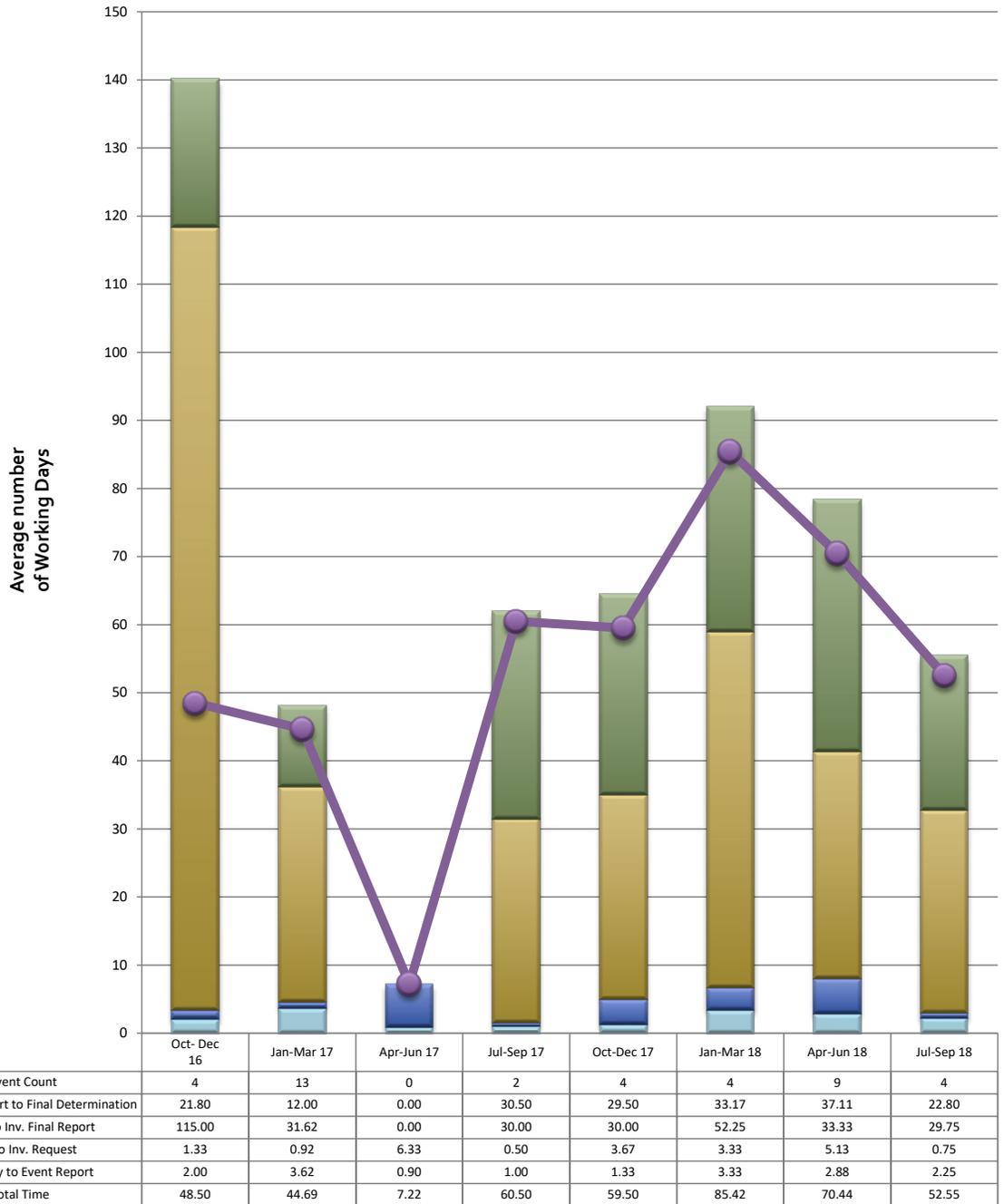
Community Client Injuries



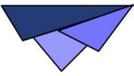
SIGNIFICANCE: There is a very low rate of serious injury to clients receiving community services, but these are individually significant events. The 11 adult and 2 youth injuries that resulted in deaths reported in the July-September '18 quarter are further categorized as: 5 suicides, 4 car accidents, and 1 accident. All the events had a death determination performed by service provider with no indications of need for abuse/neglect investigation.



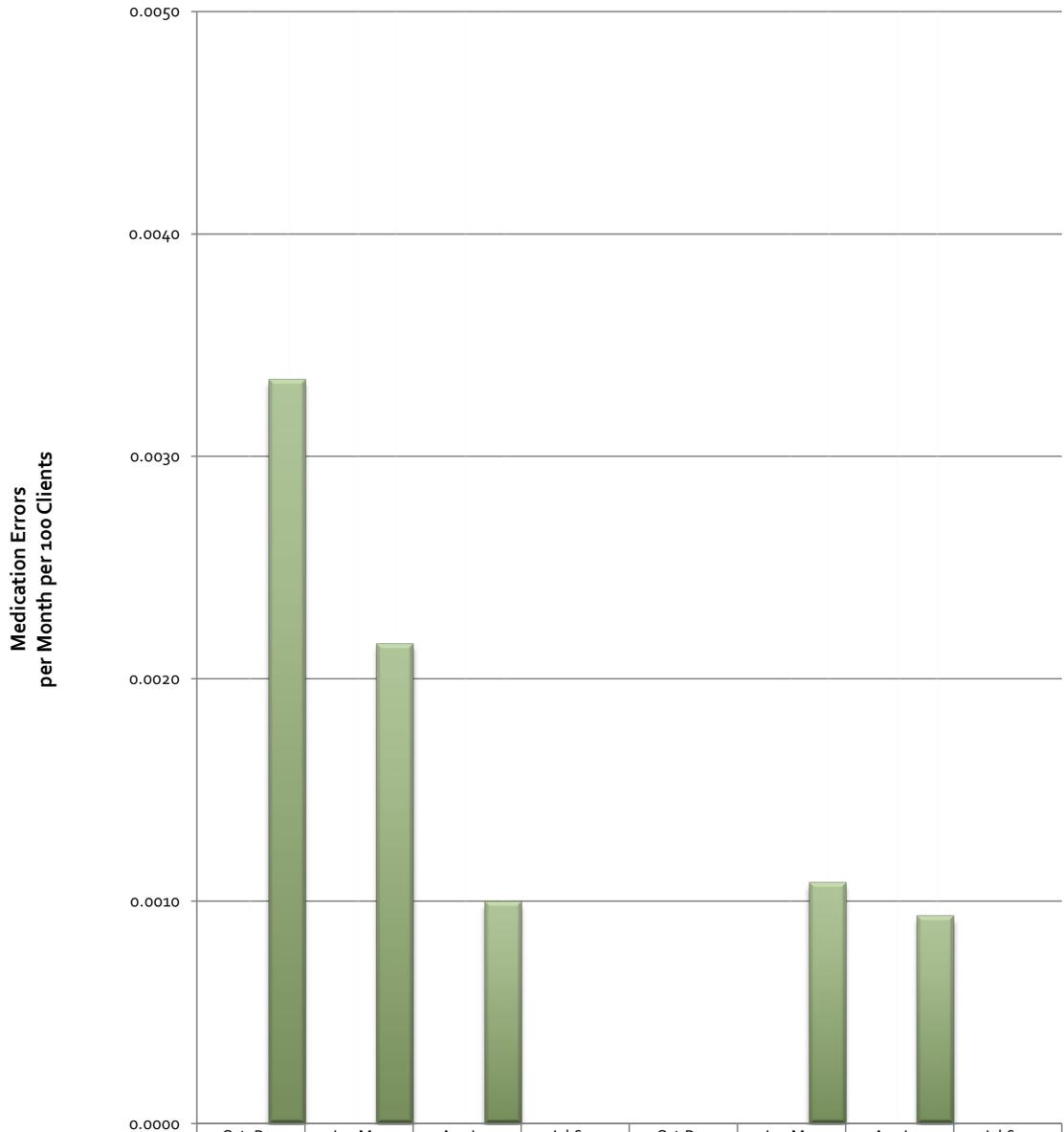
Duration of Investigation Process for Community Services



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.

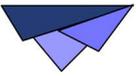


Adult Community Medication Errors

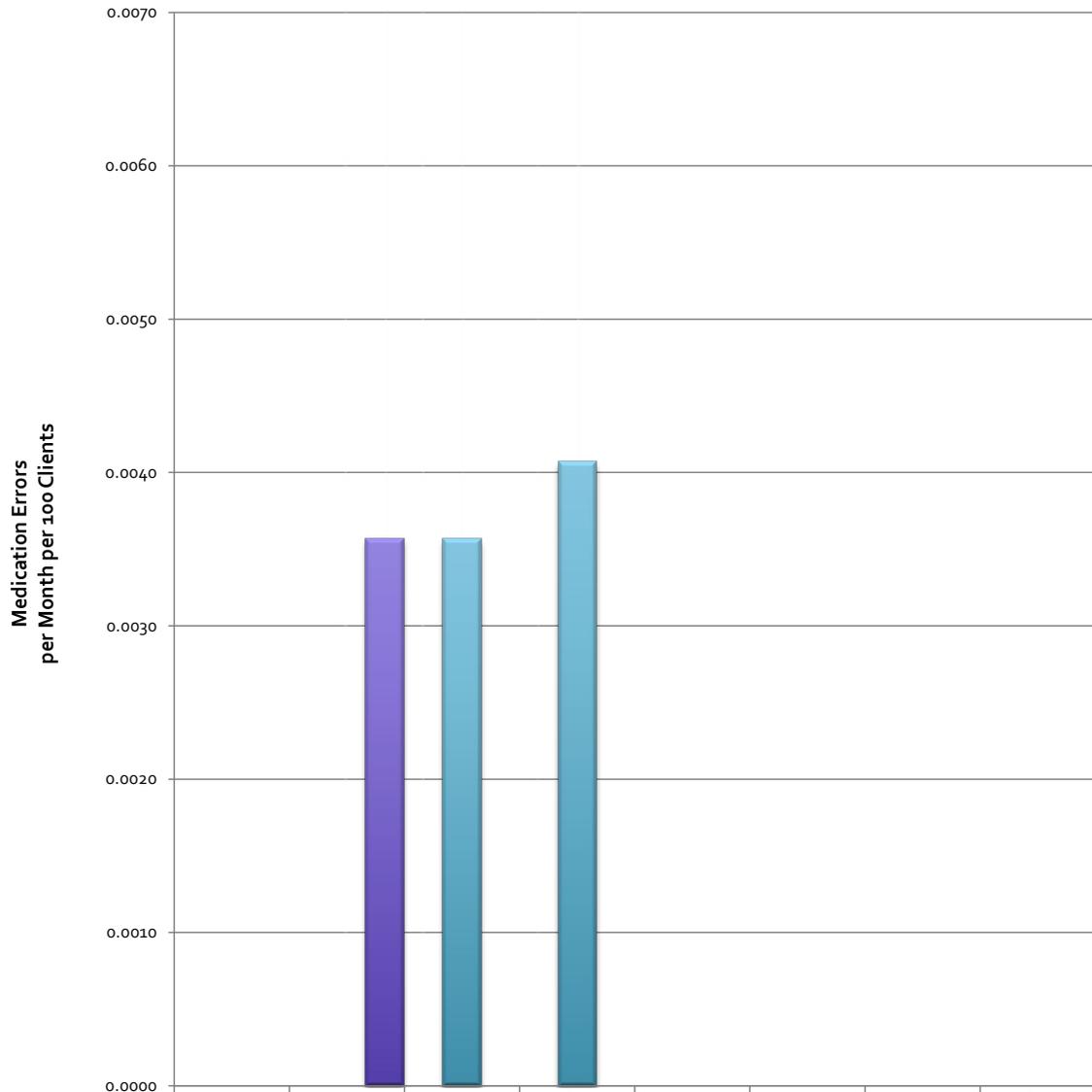


	Oct- Dec 16	Jan-Mar 17	Apr-Jun 17	Jul-Sep 17	Oct-Dec 17	Jan-Mar 18	Apr-Jun 18	Jul-Sep 18
# Adult Consumers/month	29,891	30,936	33,478	28,509	30,617	30,800	35,802	30,082
Adult "Serious" Med Errors	0	0	0	0	0	0	0	0
Adult "Serious" Med Errors per 100 consumers/mo	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Adult "Moderate" Med Errors	3	2	1	0	0	1	1	0
Adult "Moderate" Med Errors per 100 consumers/mo	0.3%	0.2%	0.1%	0.0%	0.0%	0.1%	0.1%	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.

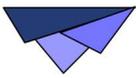


Youth Community Medication Errors

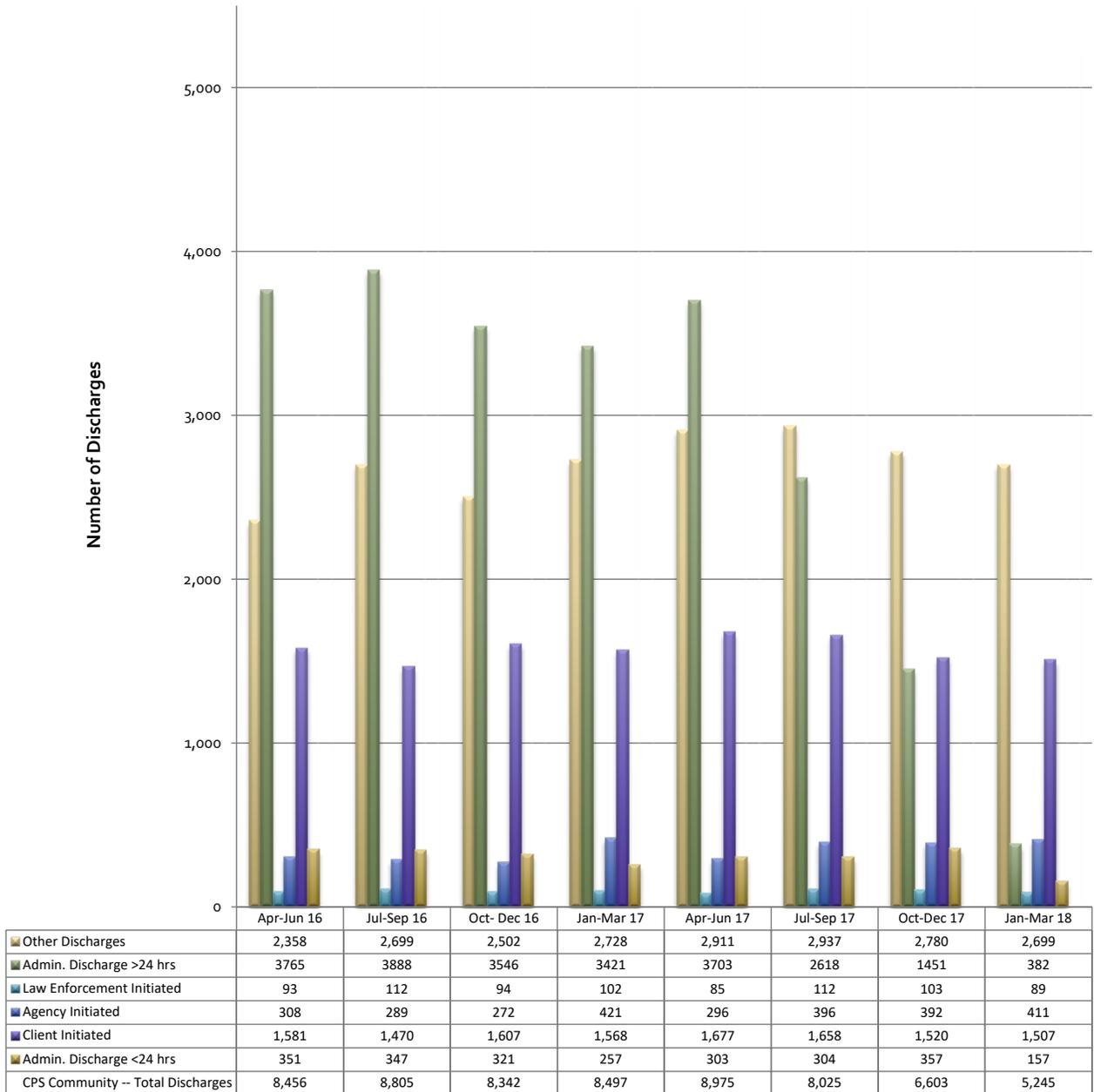


	Oct- Dec 16	Jan-Mar 17	Apr-Jun 17	Jul-Sep 17	Oct-Dec 17	Jan-Mar 18	Apr-Jun 18	Jul-Sep 18
# Youth Consumers/month	7,962	9,342	9,342	8,187	8,758	8,755	10,653	8,697
Youth "Moderate" Med Errors	0	0	1	1	0	0	0	0
Youth "Moderate" Med Errors per 100 consumers/mo	0.0%	0.0%	0.4%	0.4%	0.0%	0.0%	0.0%	0.0%
Youth "Serious" Med Errors	0	1	0	0	0	0	0	0
Youth "Serious" Med Errors per 100 consumers/mo	0.0%	0.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

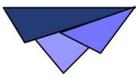
NOTE: "Moderate" medication errors are those resulting in the need for treatment and/or interventions beyond monitoring and observation. "Serious" medication errors are those with life threatening and/or permanent adverse consequences.



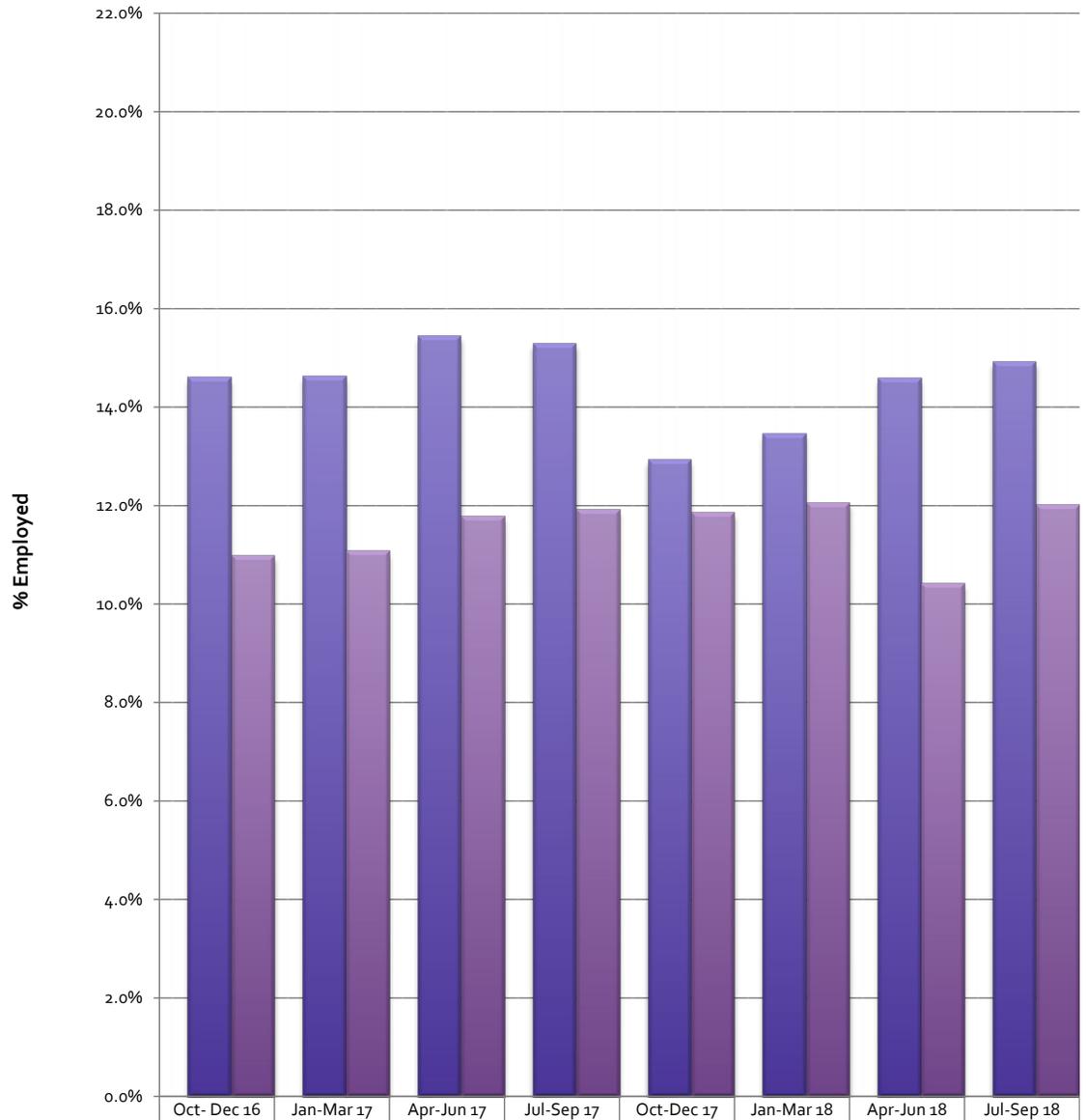
Community Psychiatric Service Discharges



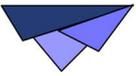
NOTE: Due to complications resulting from the auto-discharge process in CIMOR, this data will always lag by 2 full quarters. Law enforcement initiated = incarcerated with or without satisfactory treatment progress; Agency initiated includes consumer would not comply plus treatment viewed as ineffective 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.



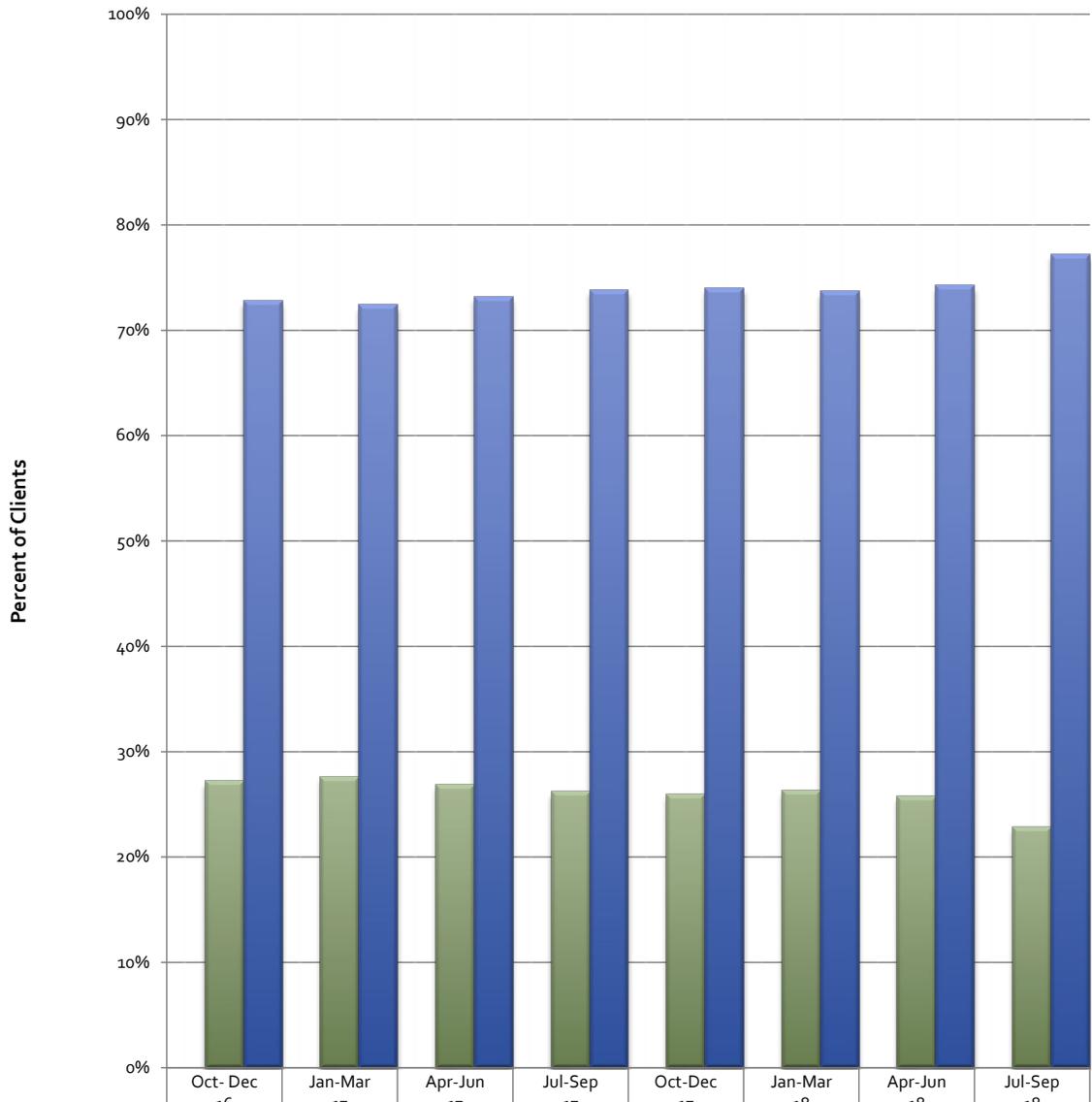
Community Adults -- Employment



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.

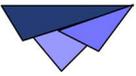


Medicaid Eligibility of Psychiatric Facility Clients

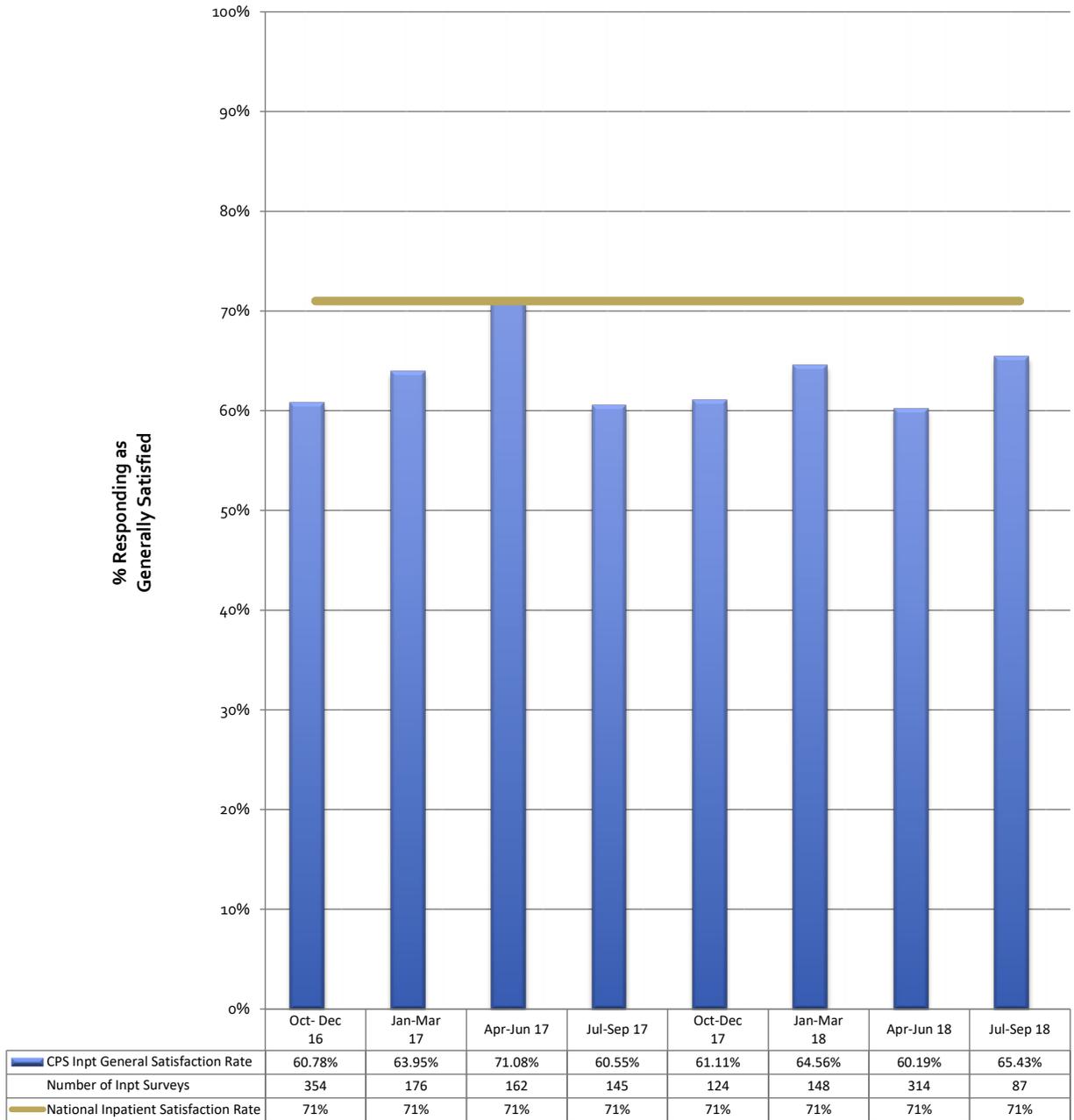


	Oct- Dec 16	Jan-Mar 17	Apr-Jun 17	Jul-Sep 17	Oct-Dec 17	Jan-Mar 18	Apr-Jun 18	Jul-Sep 18
CPS Facility Client Count	1,357	1,358	1,341	1,336	1,331	1,341	1,339	1,314
M.E. Clients - CPS State Facilities	369	375	360	350	346	353	345	300
% M.E. -- CPS State Facility Clients	27.2%	27.6%	26.8%	26.2%	26.0%	26.3%	25.8%	22.8%
Not M.E. Clients - CPS State Facilities	988	983	981	986	985	988	994	1,014
% Not M.E. -- CPS State Facilities	72.8%	72.4%	73.2%	73.8%	74.0%	73.7%	74.2%	77.2%

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.

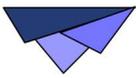


Inpatient Satisfaction

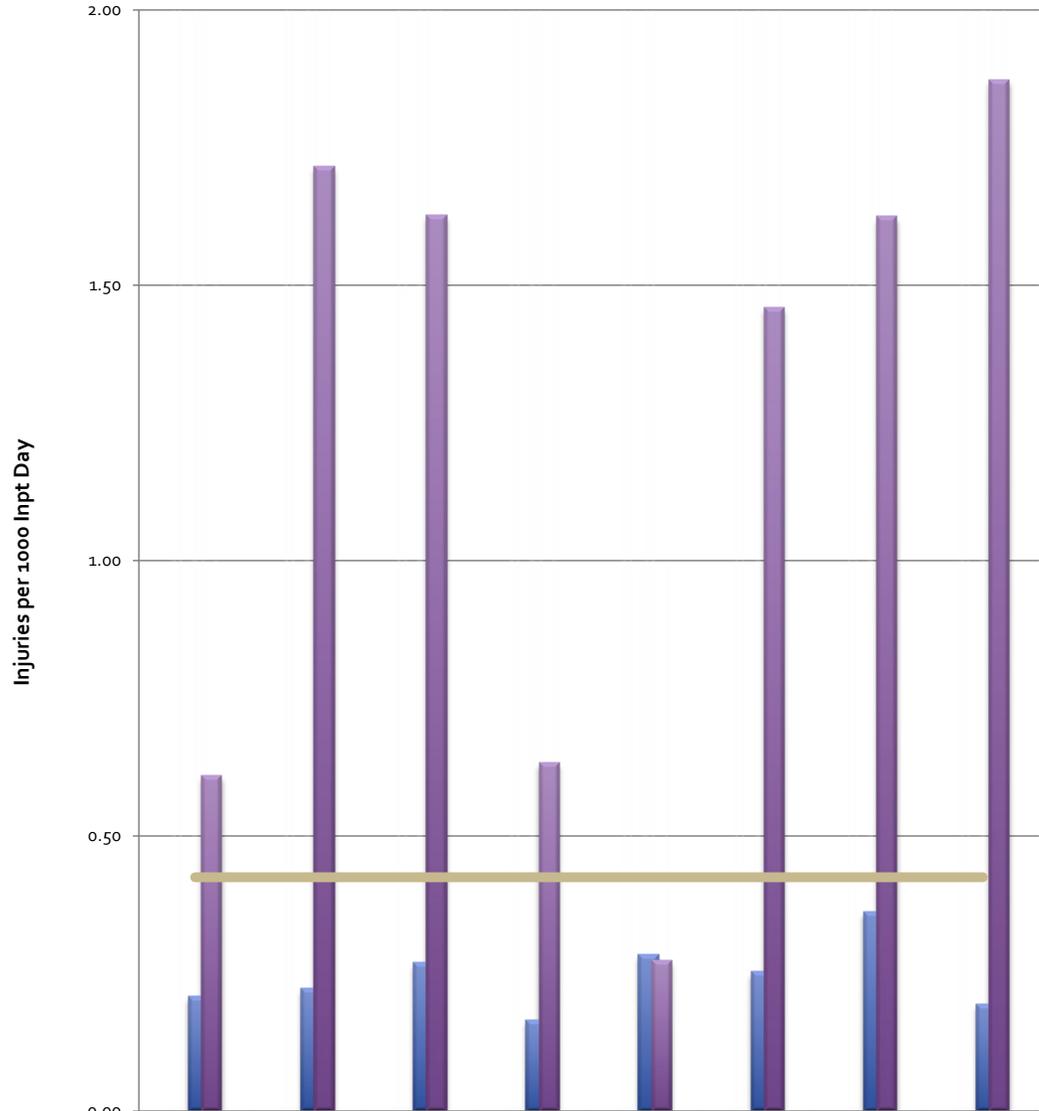


NOTE: Taken from the CPS Inpatient MHSIP survey -- average of all 5 domains.

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.

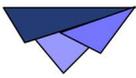


Inpatient Client Injuries

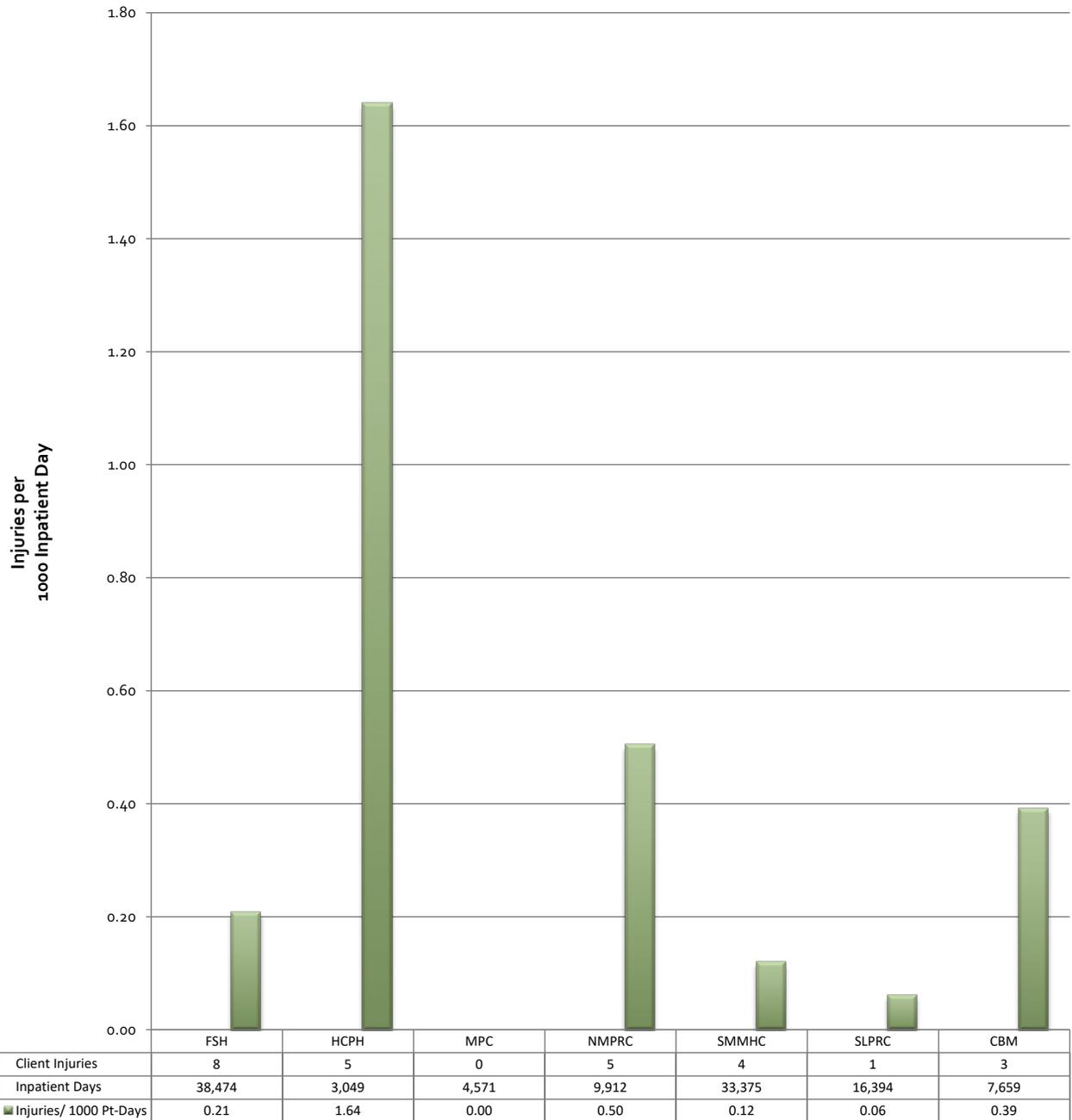


	Oct- Dec 16	Jan-Mar 17	Apr-Jun 17	Jul-Sep 17	Oct-Dec 17	Jan-Mar 18	Apr-Jun 18	Jul-Sep 18
# CPS Adult Inpt Days	109,923	107,116	107,034	108,112	108,591	106,490	107,452	108,080
# CPS Youth Inpt Days	3,275	3,496	3,687	3,159	3,637	3,424	3,076	2,669
CPS Inpt Adult Injuries	23	24	29	18	31	27	39	21
CPS Inpt Adult Injuries/1000 PtDays	0.209	0.224	0.271	0.166	0.285	0.254	0.363	0.194
CPS Inpt Youth Injuries	2	6	6	2	1	5	5	5
CPS Inpt Youth Injuries/1000 PtDays	0.611	1.716	1.627	0.633	0.275	1.460	1.625	1.873
National Inpt Injury Rate (ORXX)	0.425	0.425	0.425	0.425	0.425	0.425	0.425	0.425

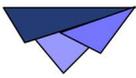
NOTE: "Injuries" for Inpatient clients include those medical intervention or more. PtDays is a standard way to adjust for facility size on inpatient metrics for measures that apply to both acute and long term facilities - if we were to simply count clients this would result in disproportionately high 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/ORXX rate of 0.425 injuries per 1000 patient days.



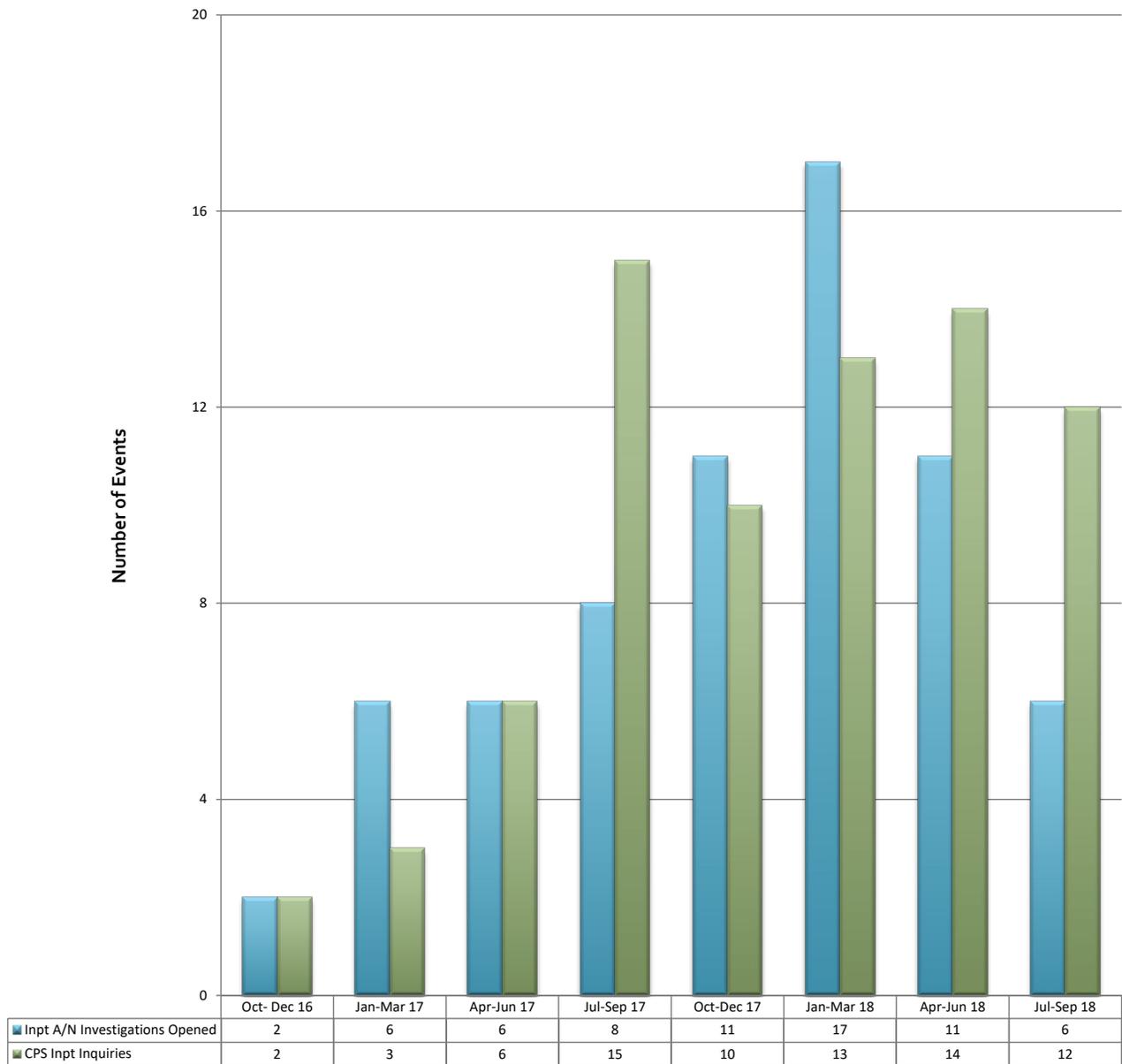
Inpatient Client Injuries by Facility



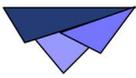
SIGNIFICANCE: This chart is looking at the most recent quarter's rate of client injuries per facility and adjusting that metric for the size (in patient days) of the facility. First quarter of FY19 shows a higher injury rate for Hawthorn Children's Psychiatric Hospital. Perhaps contrary to expectations, 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.



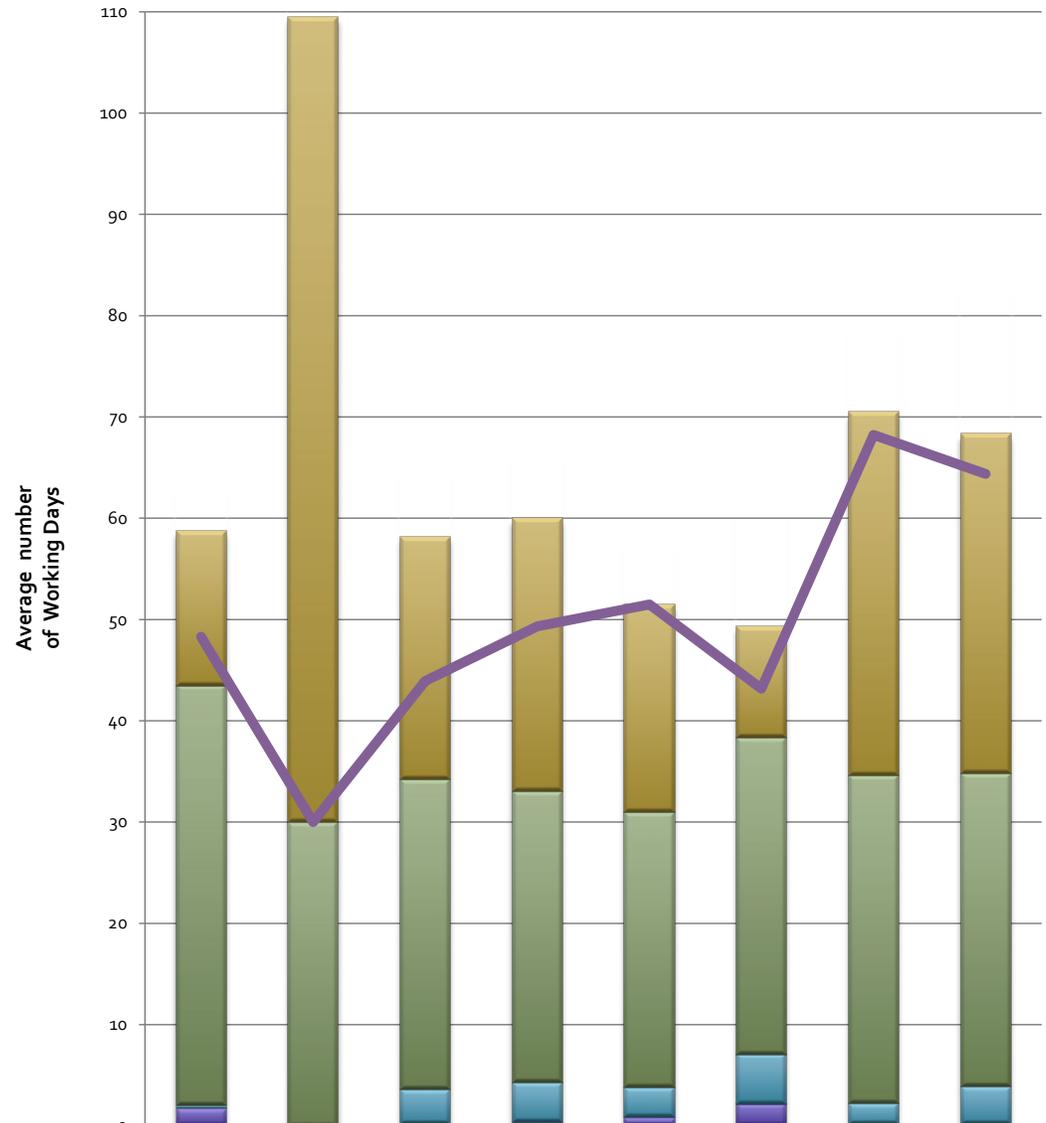
Inpatient Inquiries into Potential Abuse/Neglect Allegations



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.

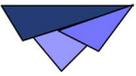


Duration of Investigation Process for Inpatient Facilities

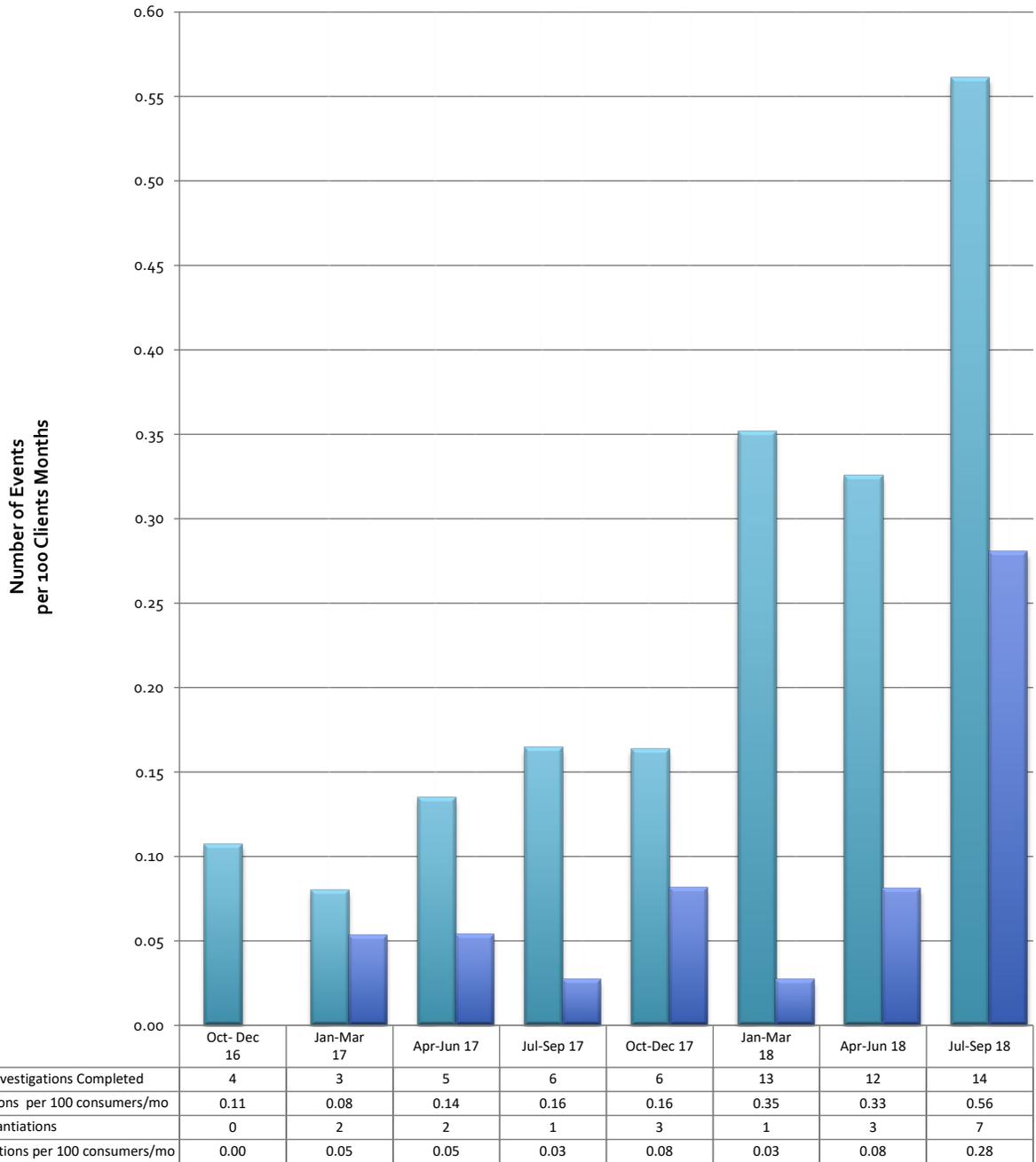


	Oct-Dec 16	Jan-Mar 17	Apr-Jun 17	Jul-Sep 17	Oct-Dec 17	Jan-Mar 18	Apr-Jun 18	Jul-Sep 18
CPS Inpt Investigation Event Count	4	2	6	6	6	11	8	14
CPS Inpt: Inv. Final Report to Final Determination	15.29	79.50	23.90	27.00	20.50	11.00	35.85	33.53
CPS Inpt: Inv. Request to Inv. Final Report	41.50	30.00	30.67	28.67	27.17	31.27	32.38	30.86
CPS Inpt: Event Report to Inv. Request	0.25	0.00	3.43	4.00	3.00	4.91	2.13	3.71
CPS Inpt: Event Discovery to Event Report	1.75	0.00	0.14	0.33	0.83	2.18	0.13	0.21
CPS Inpt: "Typical" Inv Total Time	48.29	30.00	43.93	49.33	51.50	43.16	68.23	64.39

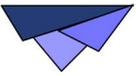
NOTE: Timelines are divided into 4 distinct stages of the investigation -- the bars show the average duration (in working days) for all final determinations made in each quarter, whereas the line superimposes the overall average duration of typical cases as defined by the 90% probability distribution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



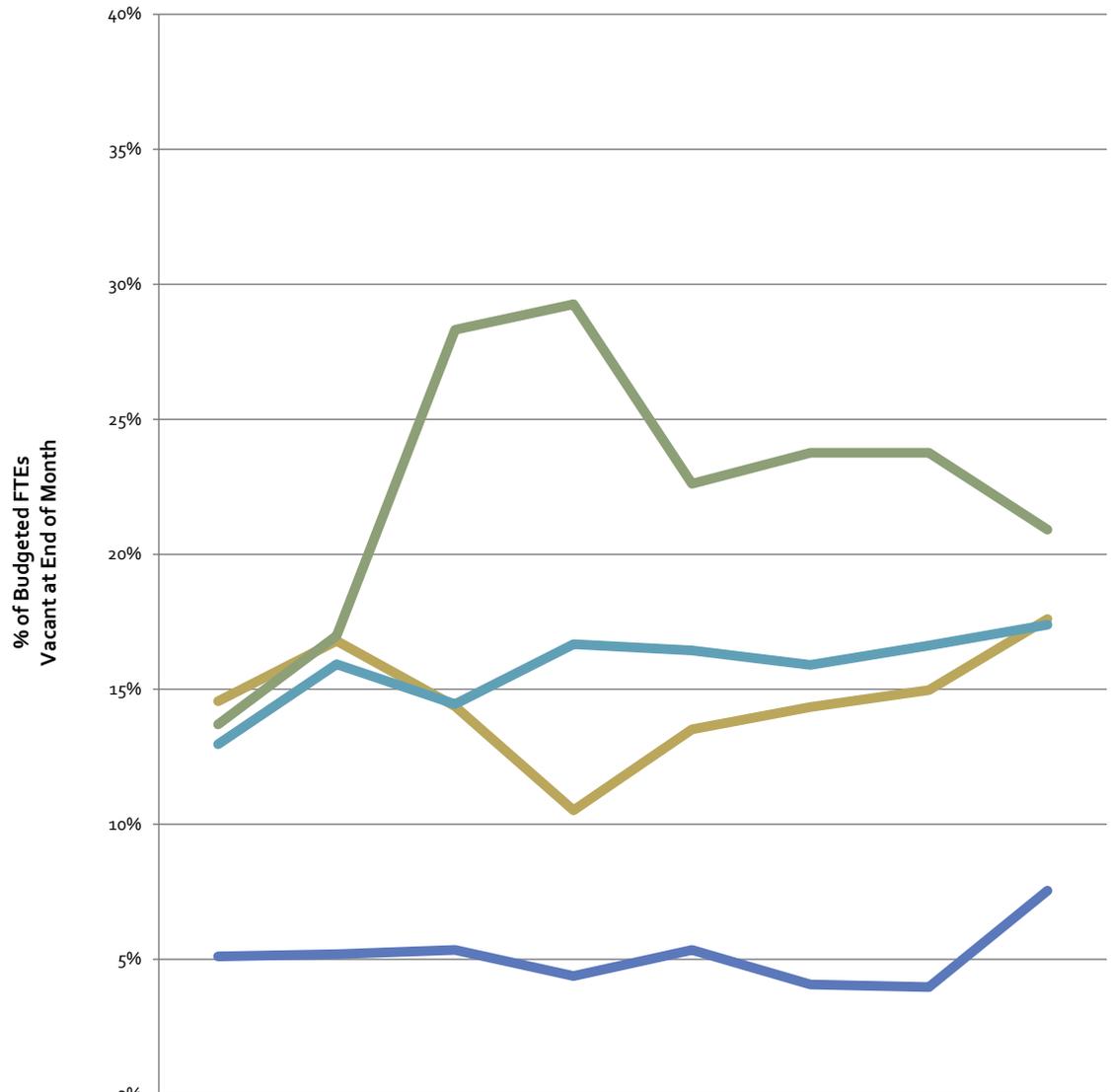
Inpatient Abuse / Neglect Investigations



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.

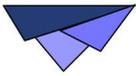


CPS Operated Facility Staff Vacancy Rates

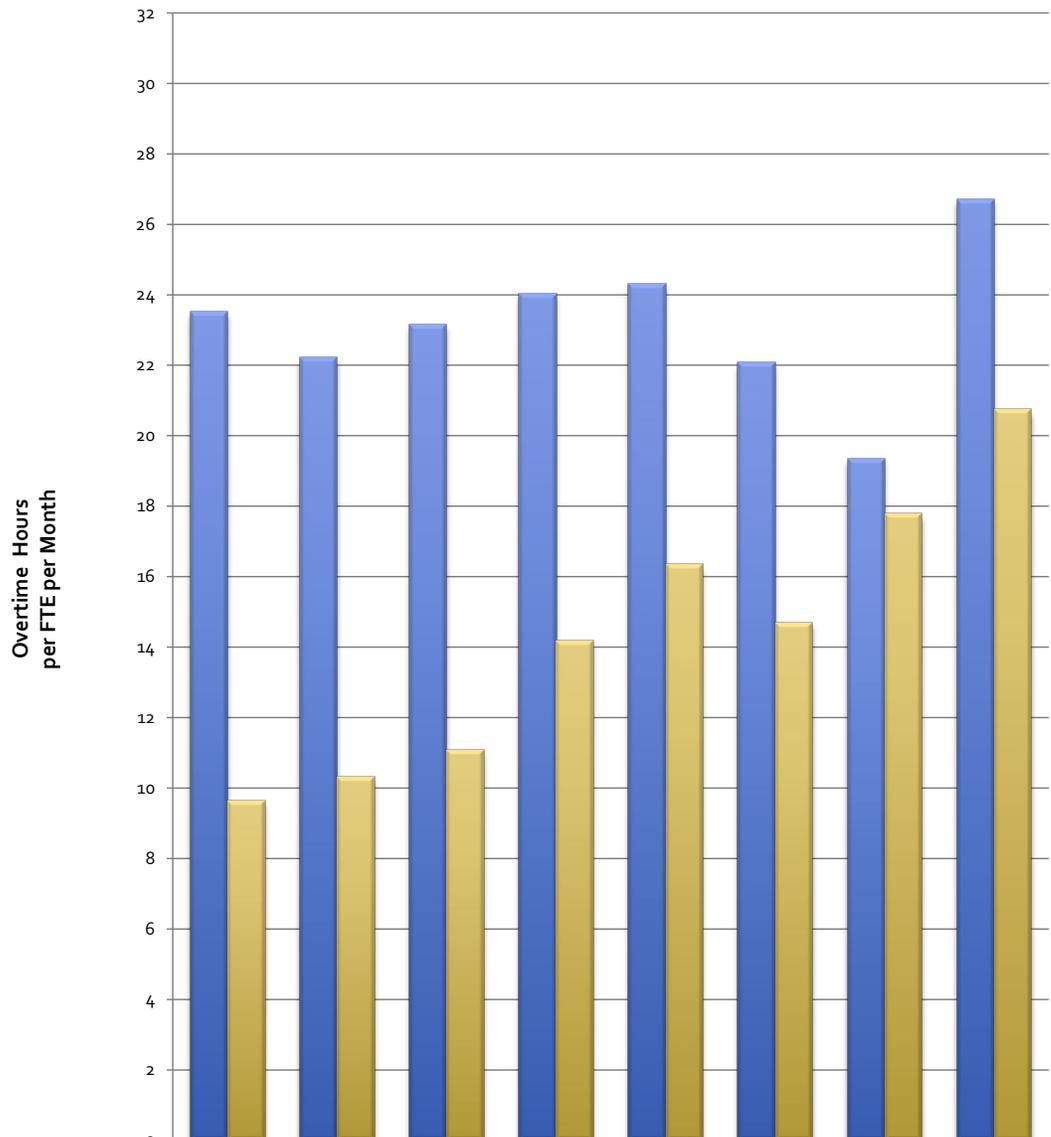


	Oct- Dec 16	Jan-Mar 17	Apr-Jun 17	Jul-Sep 17	Oct-Dec 17	Jan-Mar 18	Apr-Jun 18	Jul-Sep 18
Direct Care Staff Vacancy Rates	5.11%	5.19%	5.34%	4.38%	5.35%	4.07%	3.97%	7.54%
Licensed Nursing Staff Vacancy Rates	14.56%	16.80%	14.37%	10.52%	13.52%	14.35%	14.97%	17.60%
Psychologist Vacancy Rates	13.70%	16.99%	28.32%	29.26%	22.61%	23.76%	23.76%	20.91%
Psychiatrist Staff Vacancy Rates	12.97%	15.93%	14.45%	16.67%	16.44%	15.90%	16.62%	17.39%

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 have been higher than other staff vacancy rates.

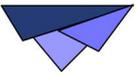


CPS Operated Facility Overtime Hours per FTE per Month

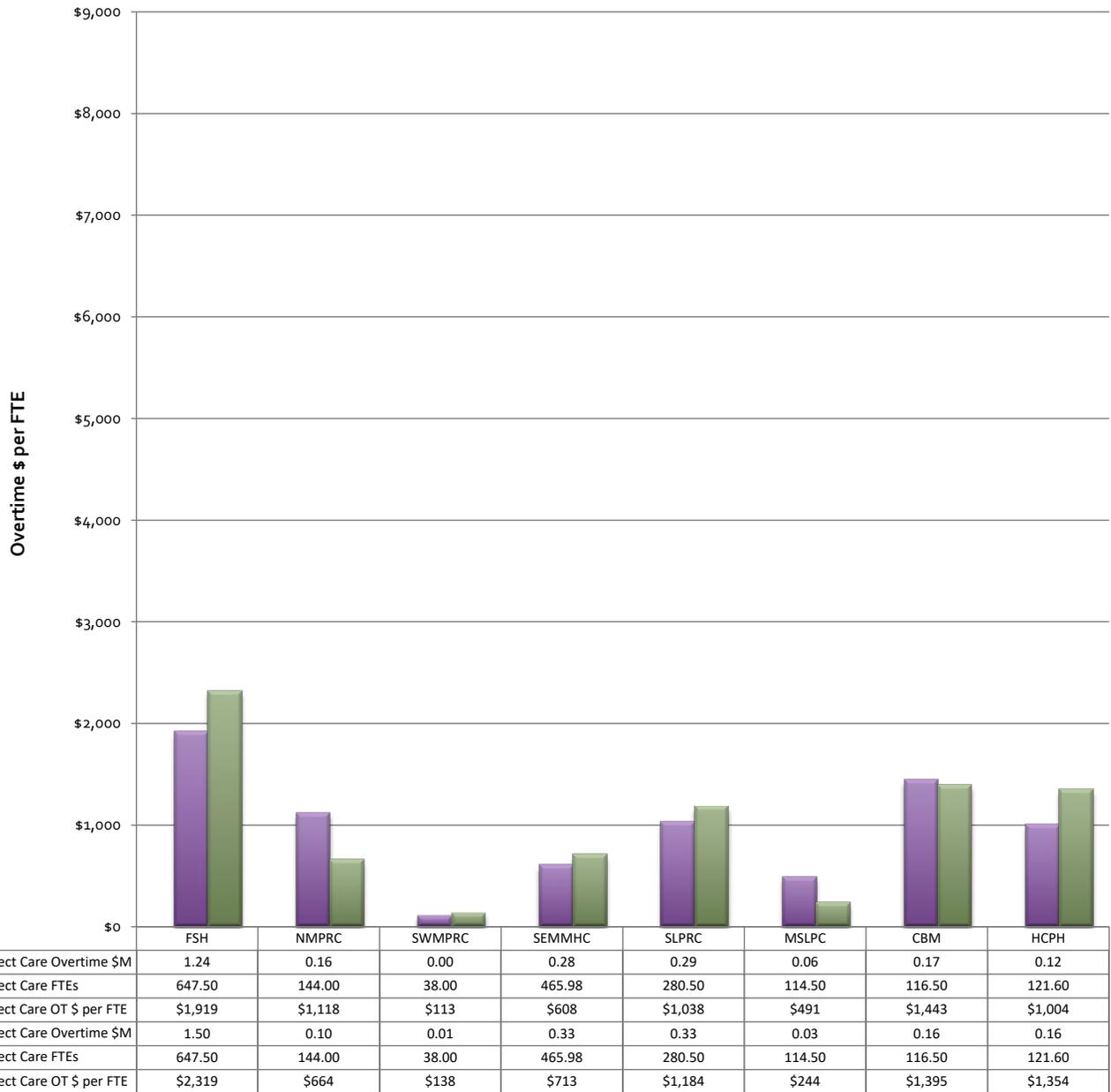


	Oct-Dec 16	Jan-Mar 17	Apr-Jun 17	Jul-Sep 17	Oct-Dec 17	Jan-Mar 18	Apr-Jun 18	Jul-Sep 18
■ Direct Care Overtime Hours per FTE per month	23.53	22.21	23.15	24.04	24.31	22.08	19	27
■ Licensed Nursing Overtime Hours per FTE per month	9.65	10.33	11.08	14.19	16.36	14.69	18	21

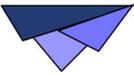
SIGNIFICANCE: Facility staffing levels, even without vacancies, are near minimums required for safety so that continued vacancy rates have historically translated into more overtime for Direct Care staff.



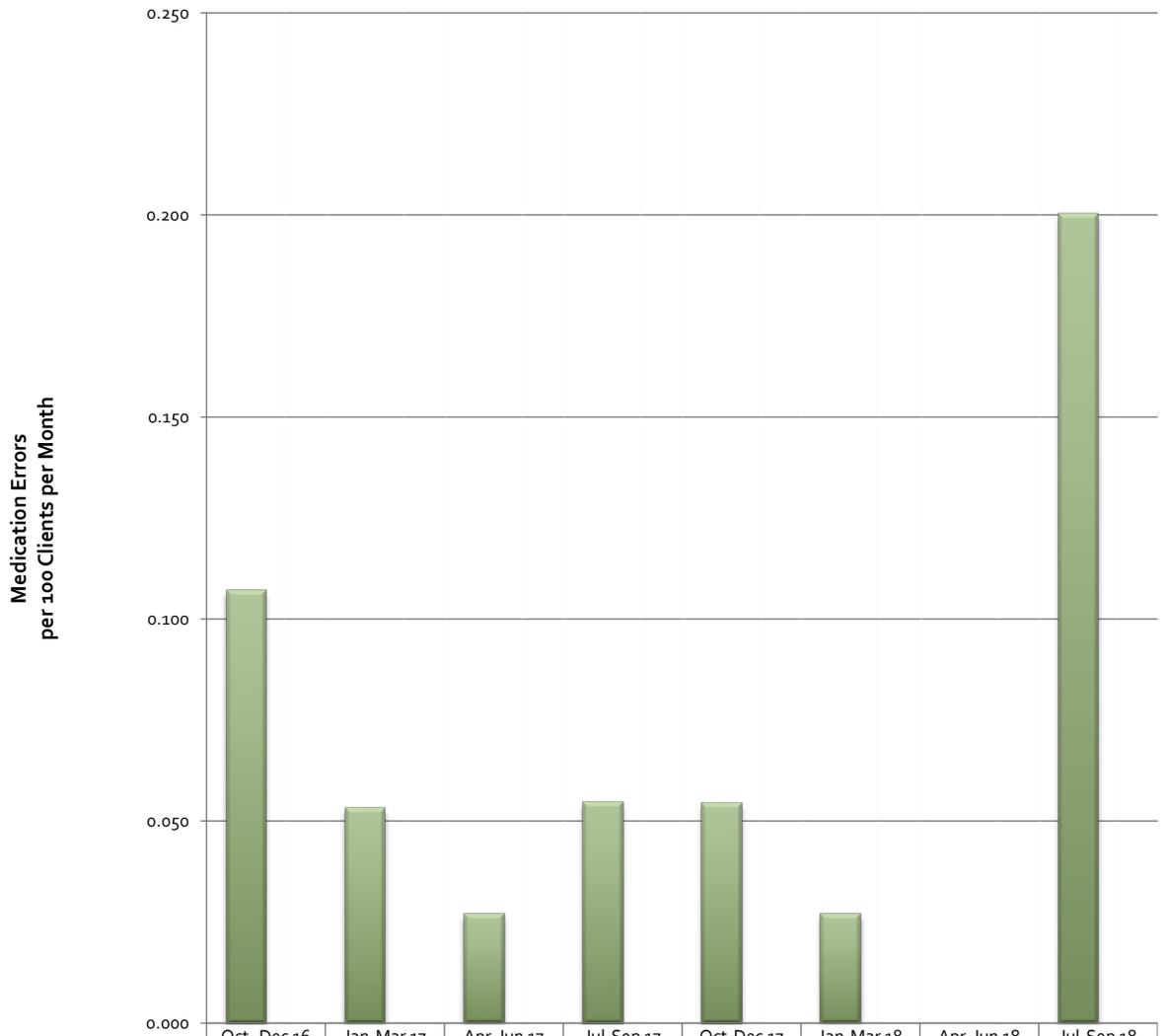
Inpatient Facility, FY19 Overtime \$ per FTE versus FY18 Overtime \$ per FTE -- FY to date



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 and Hawthorn.



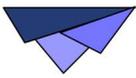
Inpatient Medication Errors



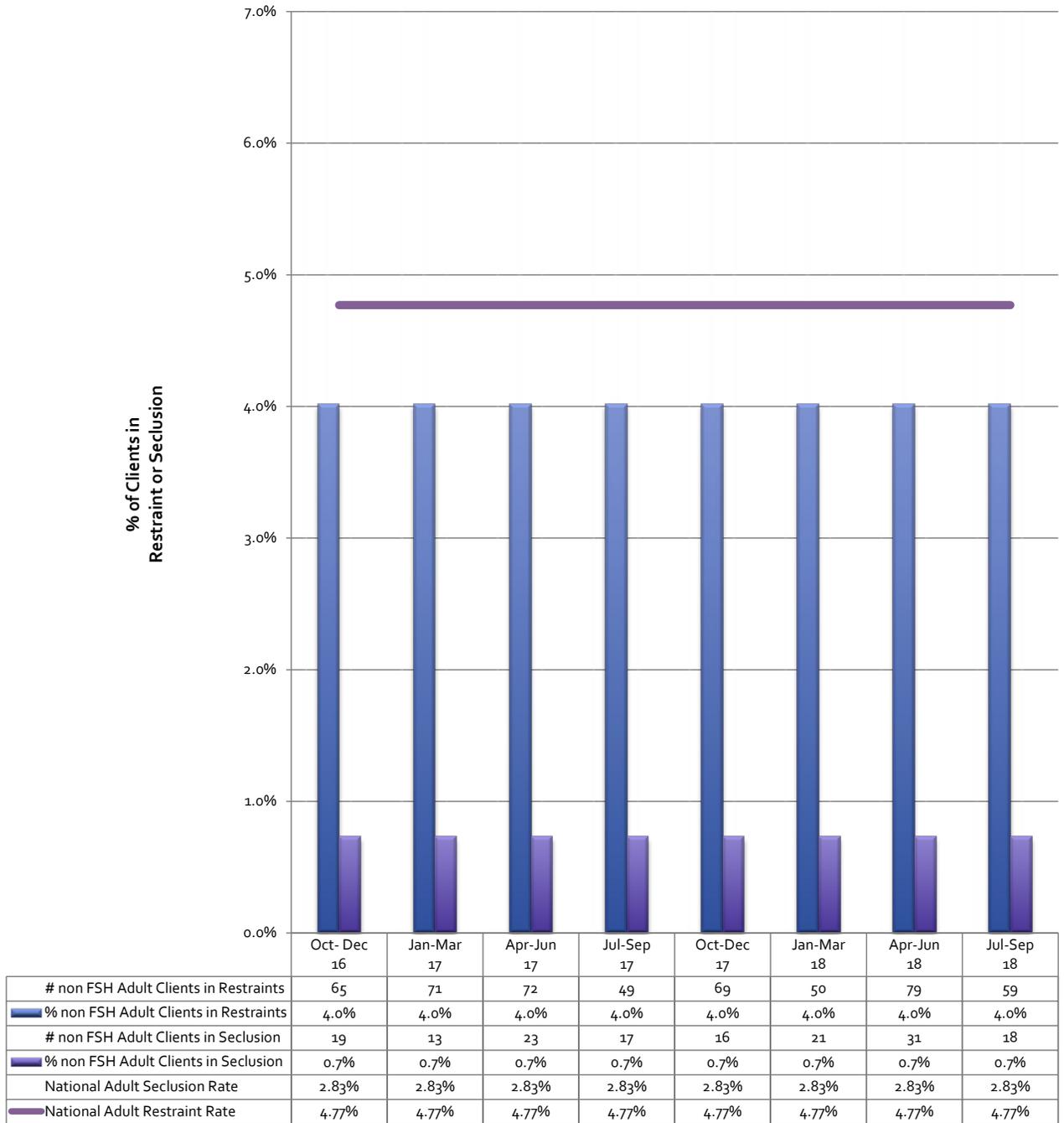
	Oct- Dec 16	Jan-Mar 17	Apr-Jun 17	Jul-Sep 17	Oct-Dec 17	Jan-Mar 18	Apr-Jun 18	Jul-Sep 18
Inpt "Moderate" Med Errors	4	2	1	2	2	1	0	5
Inpt "Moderate" Med Errors per 100 Consumers/mo	0.11	0.05	0.03	0.05	0.05	0.03	0.00	0.20
Inpt "Serious" Med Errors	0	0	0	0	0	0	0	0
Inpt "Serious" Med Errors per 100 Consumers/mo	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Unduplicated Client-month count	3,732	3,747	3,700	3,649	3,665	3,699	3,686	2,496

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.

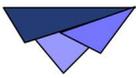
NOTE: In the most recent quarter no "moderate" medication errors have been reported.



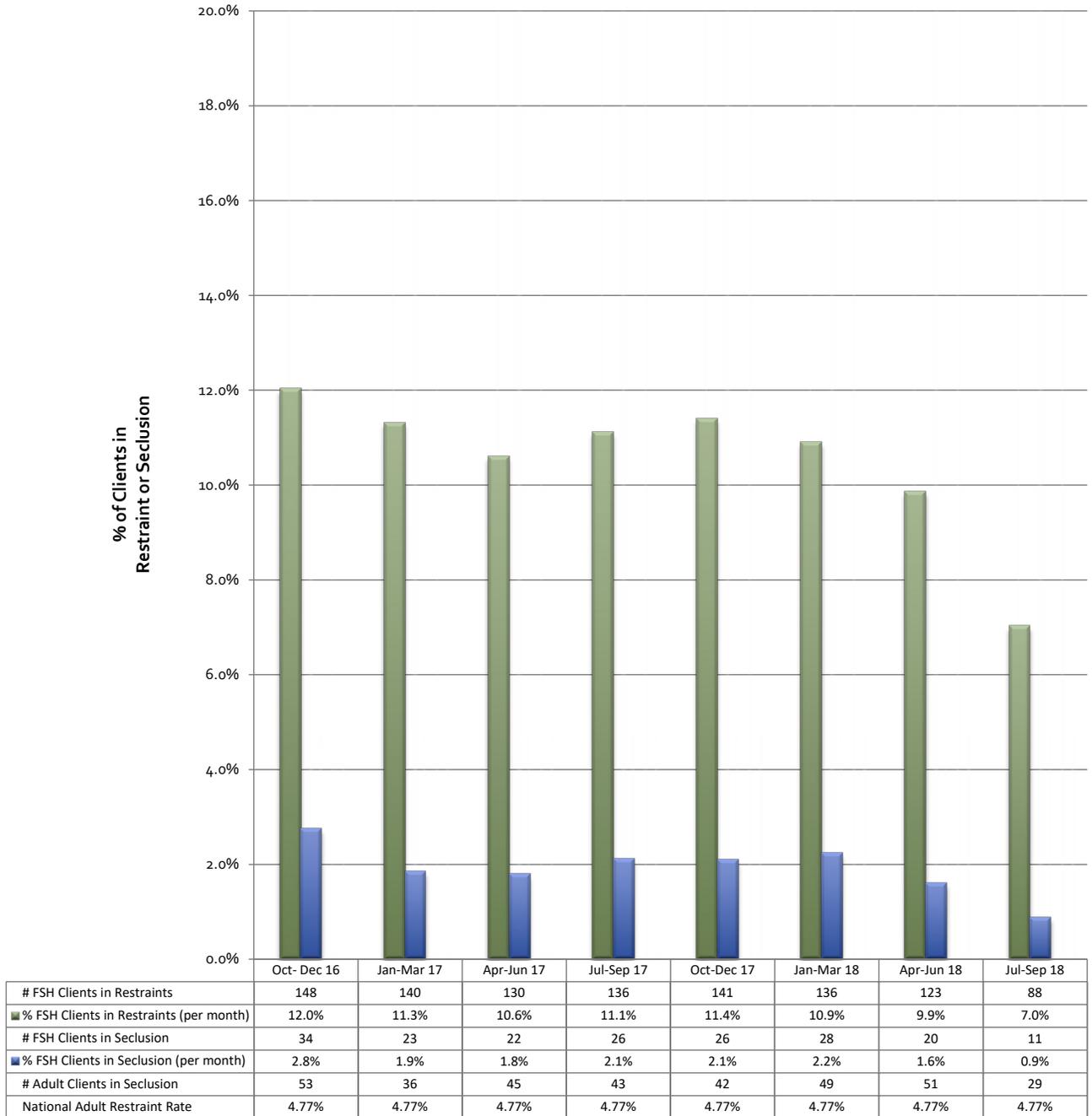
Inpatient Adult Restraint & Seclusion Use



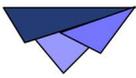
SIGNIFICANCE: This graph excludes FSH and illustrates that adult inpatient programs outside of FSH have restraint and seclusions rates that compare favorably to the national benchmark rates. Even so, various projects are under way around the state to help reduce reliance on restraint and seclusion.



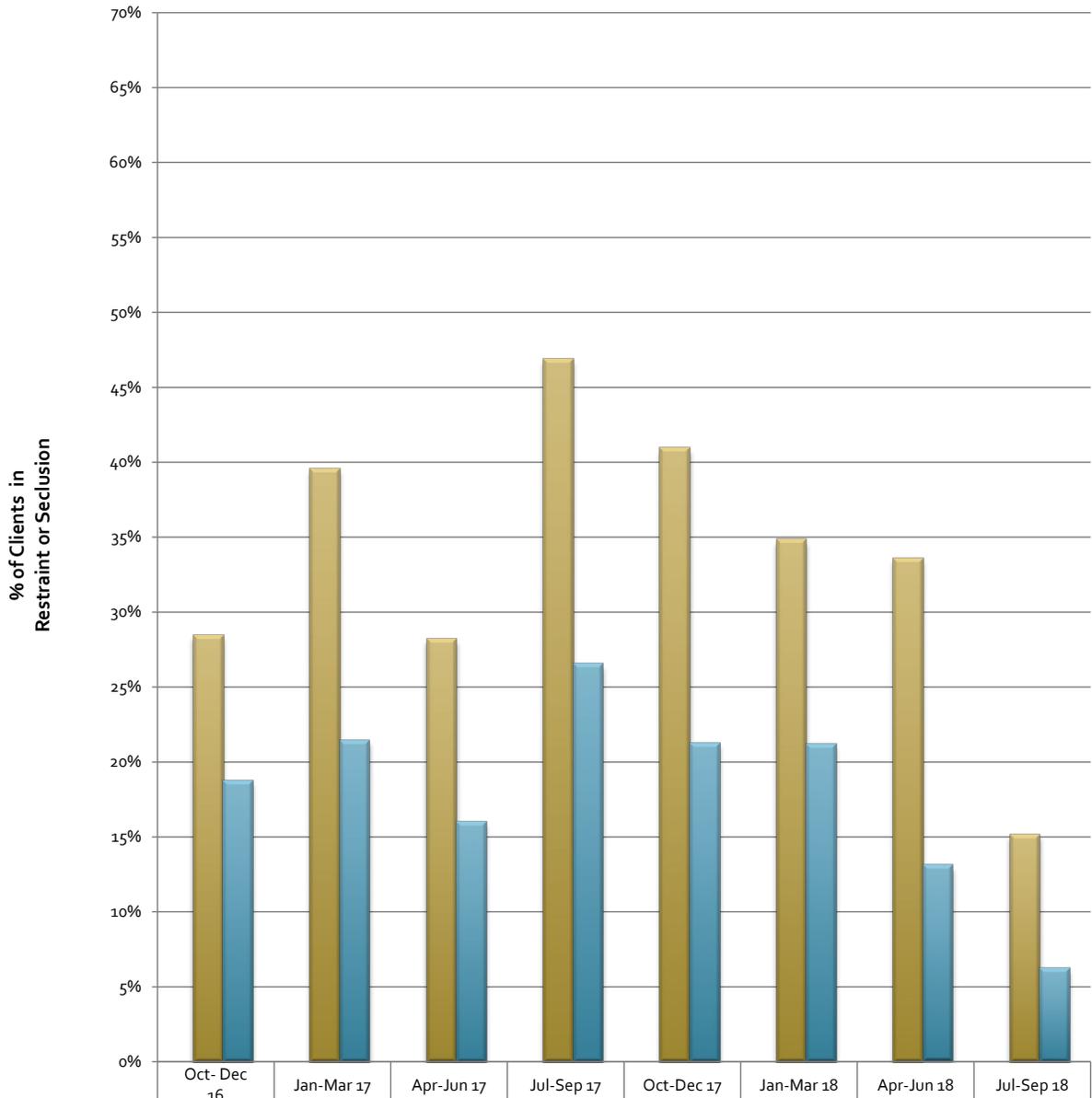
Fulton State Hospital Restraint & Seclusion Use



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.

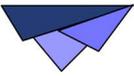


Inpatient Youth Restraint & Seclusion Use

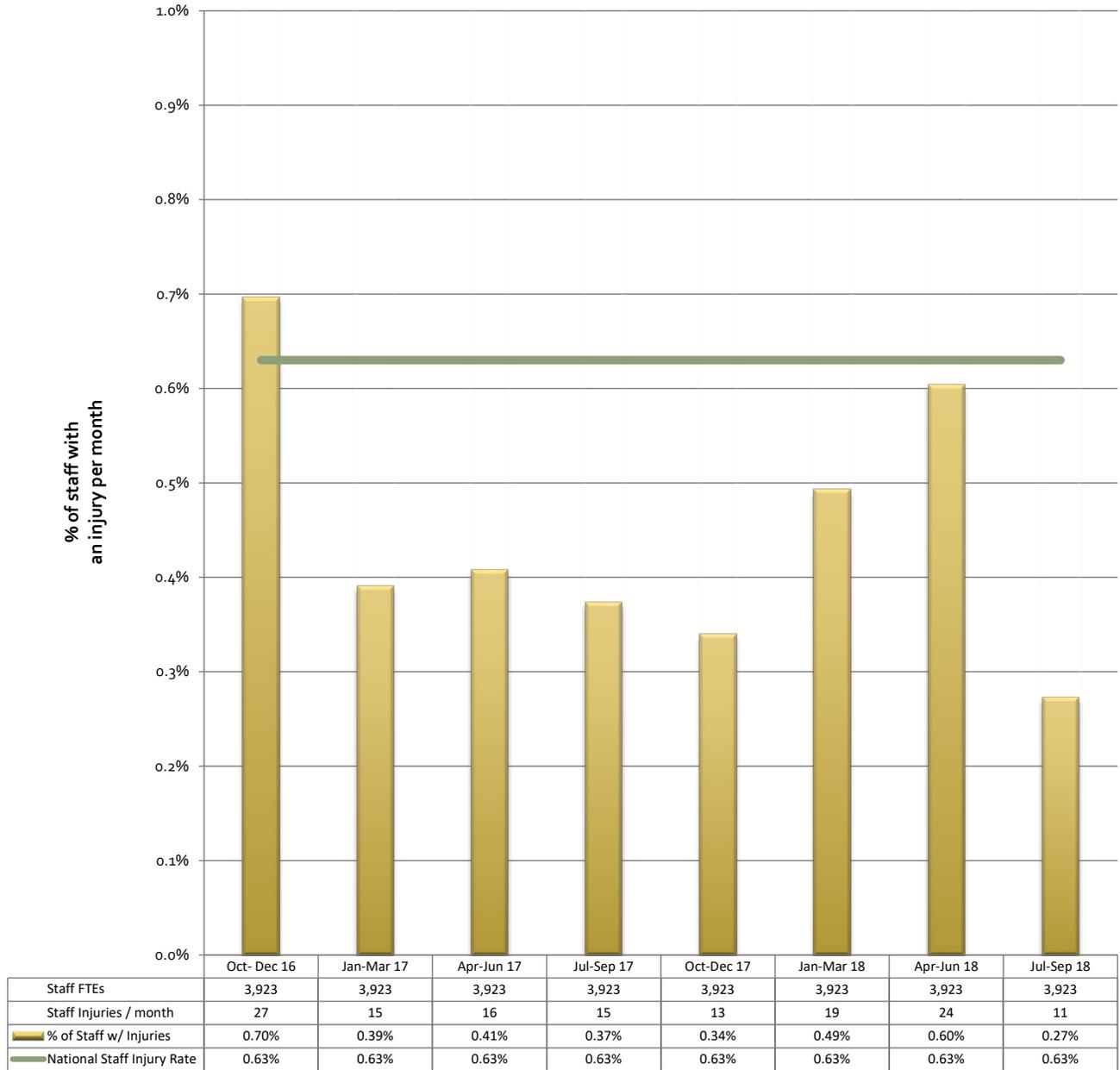


	Oct- Dec 16	Jan-Mar 17	Apr-Jun 17	Jul-Sep 17	Oct-Dec 17	Jan-Mar 18	Apr-Jun 18	Jul-Sep 18
# Youth in Restraints	41	59	44	53	52	46	41	17
% Youth in Restraints (per month)	0.28	0.40	0.28	0.47	0.41	0.35	0.34	0.15
# Youth in Seclusion	27	32	25	30	27	28	16	7
% Youth in Seclusion (per month)	0.19	0.21	0.16	0.27	0.21	0.21	0.13	0.06

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.

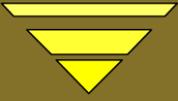


Inpatient Direct Care Staff Injuries



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.

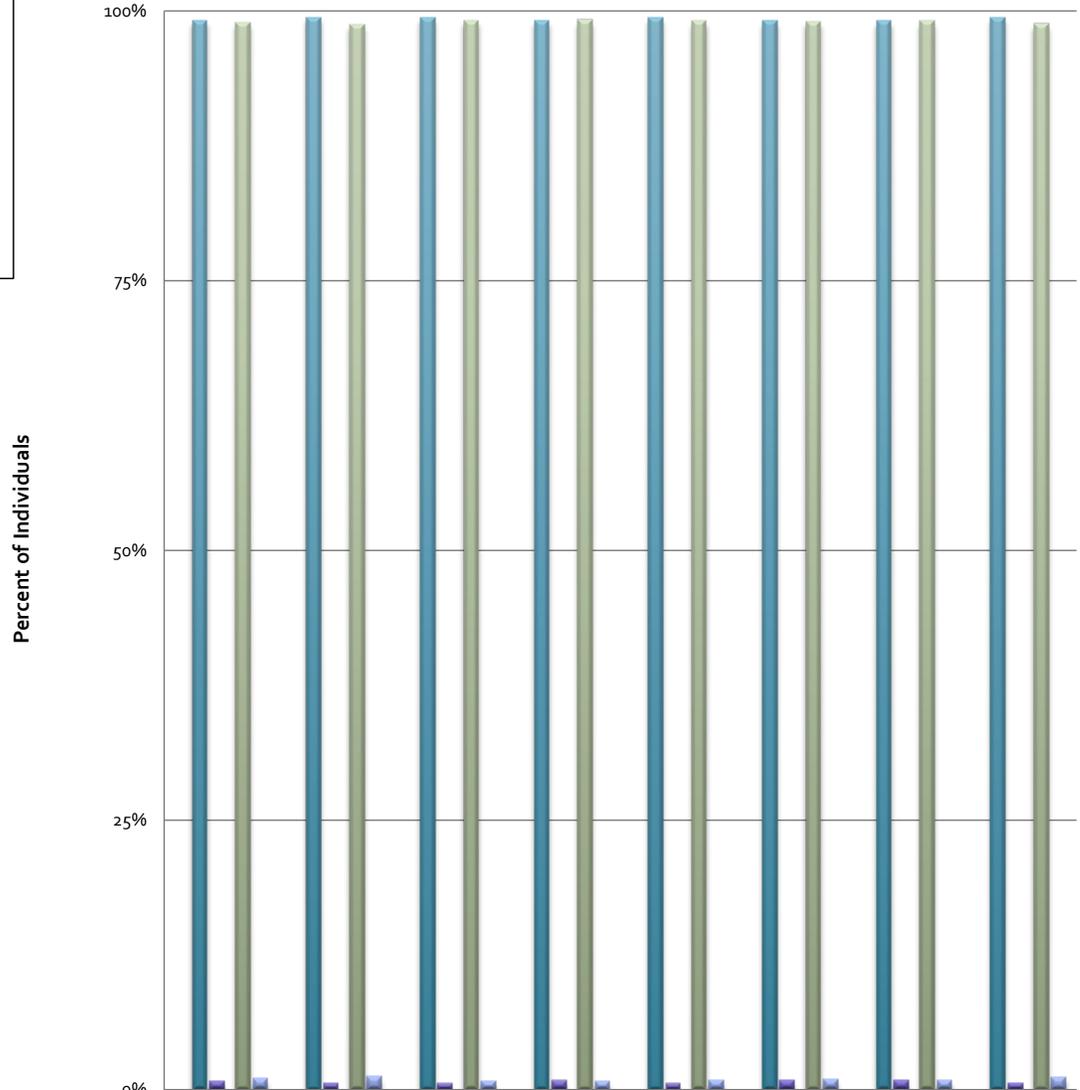


Division of Developmental Disabilities

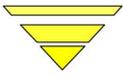


Division of DD Residential Medicaid Eligibility

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.

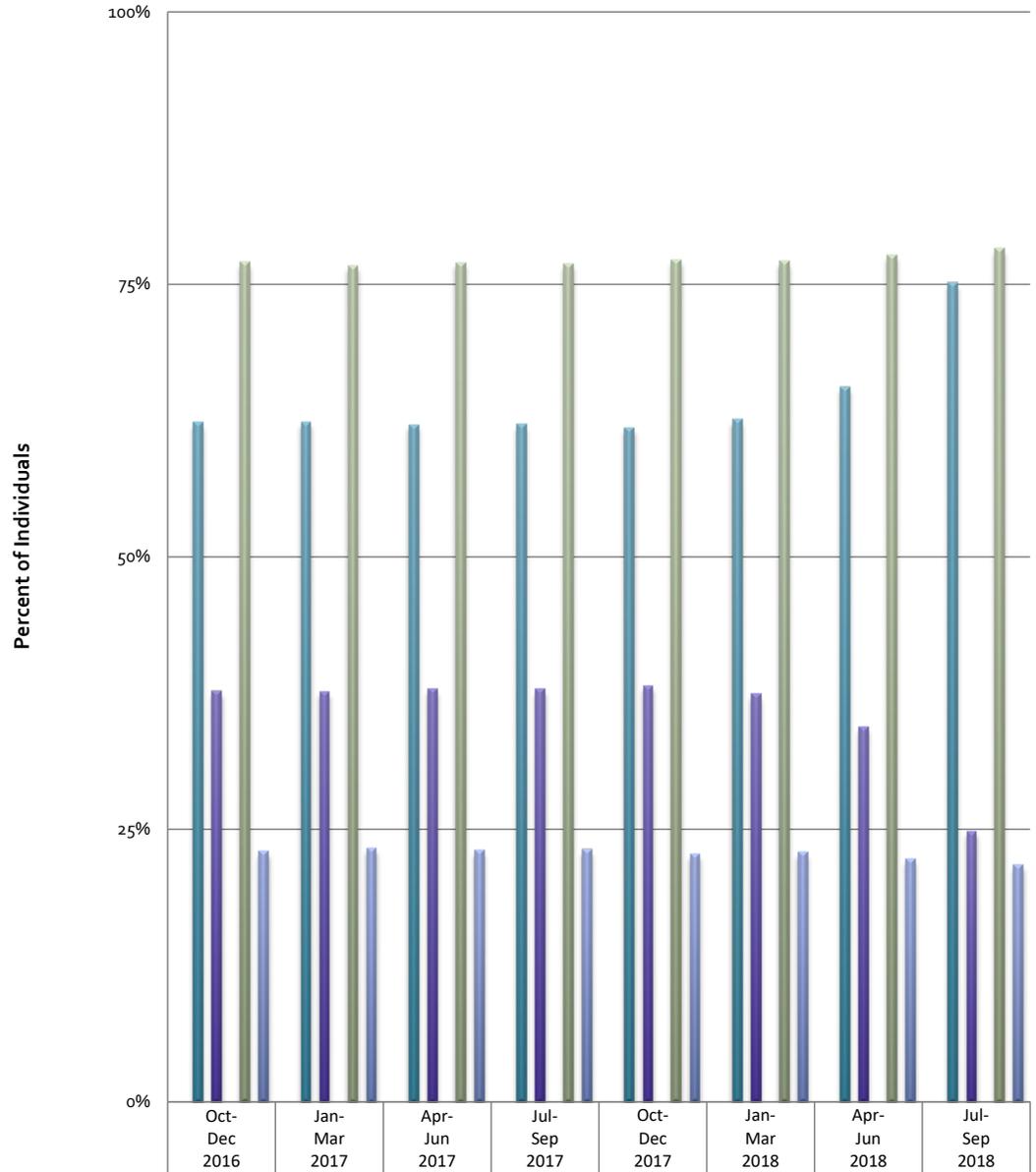


	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018
# Individuals Served in Hab Centers	345	341	329	334	328	328	325	320
# HC Individuals Medicaid Eligible	343	339	327	331	326	325	322	318
% HC Individuals Medicaid Eligible	99%	99%	99%	99%	99%	99%	99%	99%
# HC Individuals Not Medicaid Eligible	2	2	2	3	2	3	3	2
% HC Individuals Not Medicaid Eligible	1%	1%	1%	1%	1%	1%	1%	1%
# Individuals Served in Community Residential	7411	7409	7432	7437	7445	7448	7490	7525
# Individuals Community Medicaid Eligible	7312	7318	7368	7375	7375	7375	7421	7436
% Individuals Community Medicaid Eligible	99%	99%	99%	99%	99%	99%	99%	99%
# Individuals Community Not Medicaid Eligible	99	91	64	62	70	73	69	89
% 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.

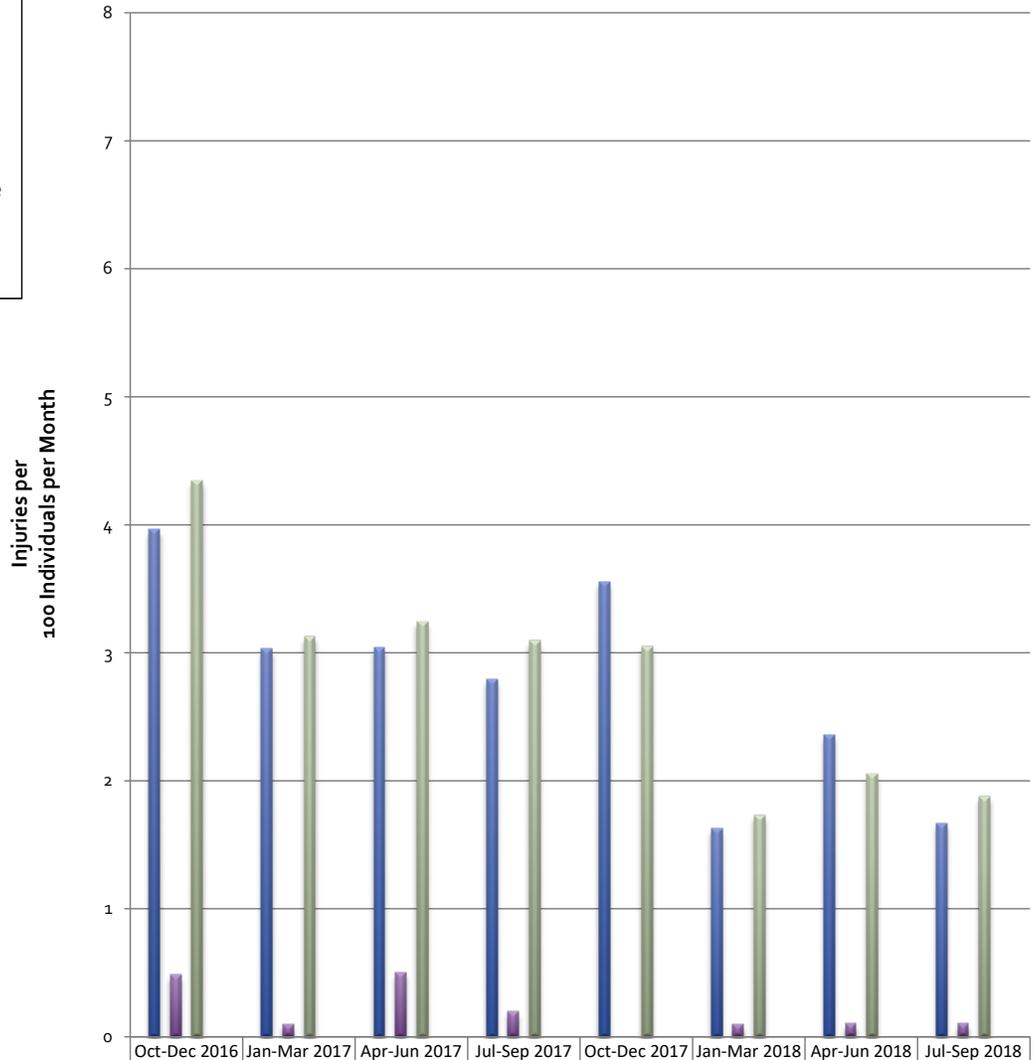


	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018
# Individuals served in Case Management (CM) Only	15506	15376	15691	15679	15774	15706	15130	12986
# Individuals CM Only Medicaid Eligible	9522	9585	9747	9744	9756	9831	9922	9760
% Individuals CM Only Medicaid Eligible	62%	62%	62%	62%	62%	63%	66%	75%
# Individuals Case Mngmt Only Not Medicaid Eligible	5984	5791	5944	5935	6018	5875	5208	3226
% Individuals CM Only Not Medicaid Eligible	38%	38%	38%	38%	38%	37%	34%	25%
# Individuals Served in Other Services	12730	12972	13128	13619	13880	14218	14435	14524
# Individuals Other Services Medicaid Eligible	9757	9949	10107	10467	10721	10965	11220	11370
% Individuals Other Services Medicaid Eligible	77%	77%	77%	77%	77%	77%	78%	78%
# Individuals Other Services Not Medicaid Eligible	2973	3023	3027	3152	3159	3253	3215	3154
% Individuals Other Services Not Medicaid Eligible	23%	23%	23%	23%	23%	23%	22%	22%

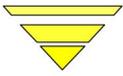


Division of DD Habilitation Center Campus Injuries per 100 Individuals

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.

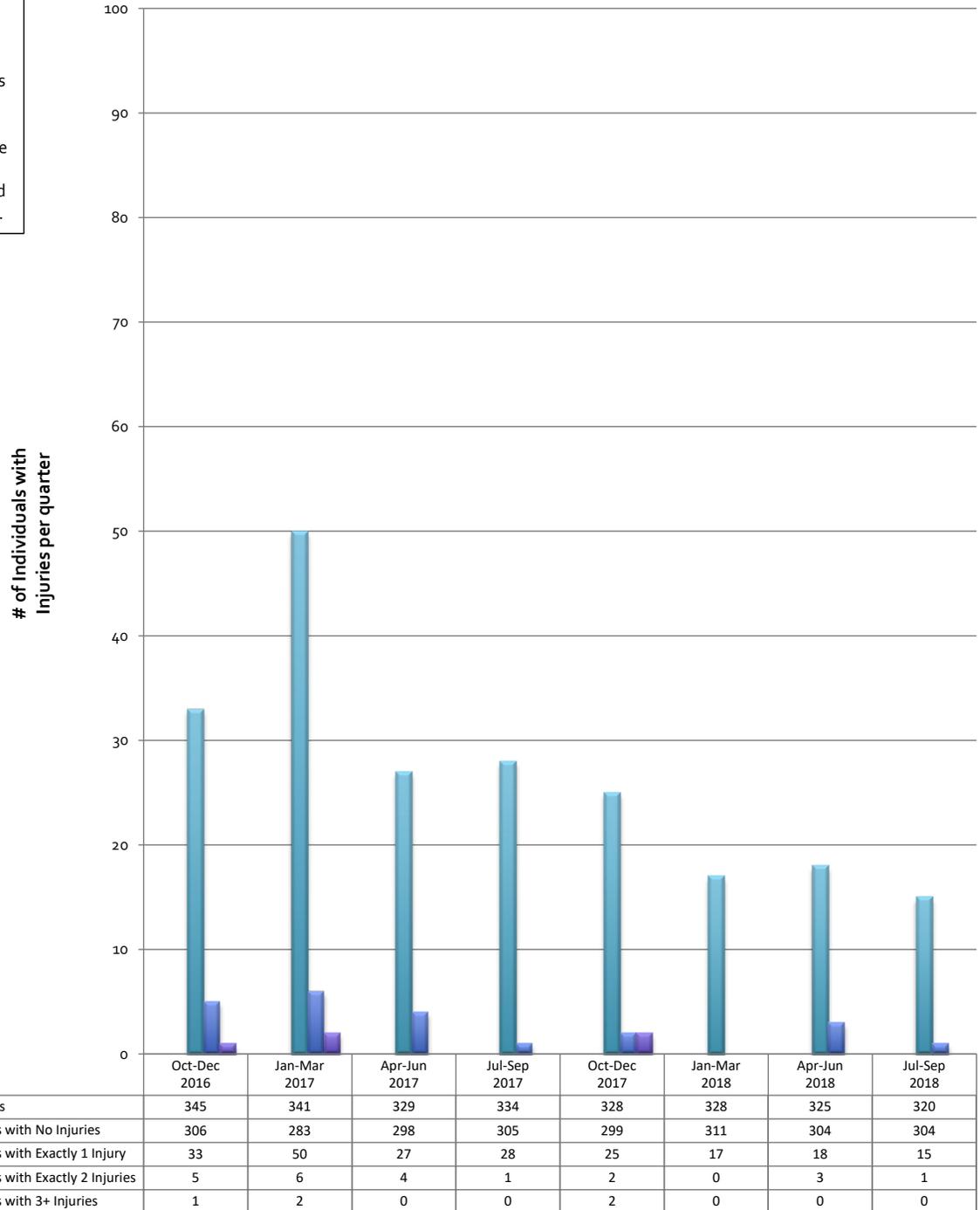


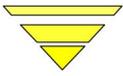
	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018
# HCC Injuries Resulting in Medical Intervention	41	31	30	28	35	16	23	16
HCC Injuries Resulting in Medical Intervention per 100 Indiv/mo	4.0	3.0	3.0	2.8	3.6	1.6	2.4	1.7
#HCC Injuries Resulting in Hospitalization	5	1	5	2	0	1	1	1
HCC Injuries Resulting in Hospitalization per 100 Indiv/mo	0.5	0.1	0.5	0.2	0.0	0.1	0.1	0.1
# HCC Injuries Resulting in Emergency Room Visits	45	32	32	31	30	17	20	18
HCC Injuries Resulting in Emergency Room Visits per 100 Indiv/mo	4.3	3.1	3.2	3.1	3.0	1.7	2.1	1.9
# 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	345	341	329	334	328	328	325	320



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

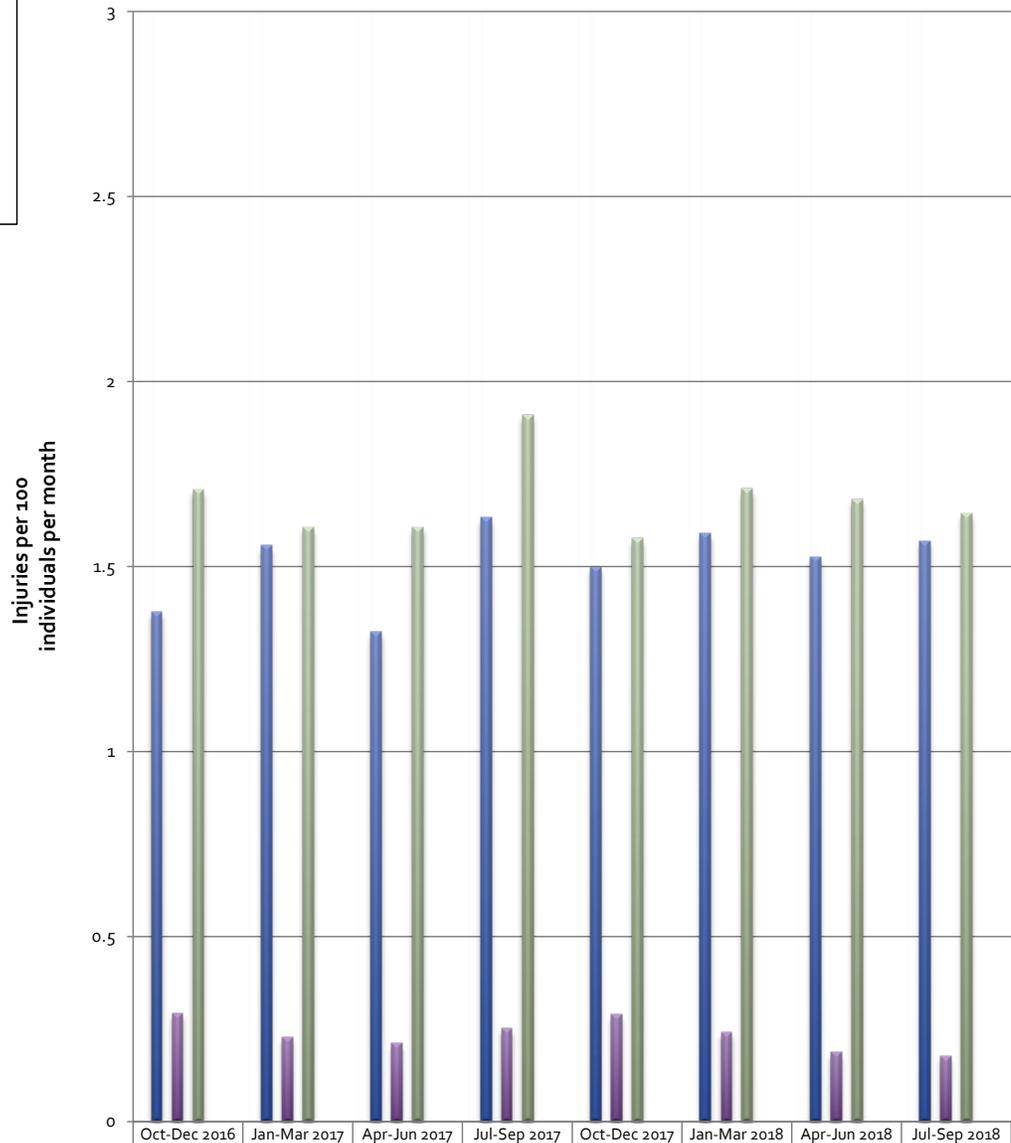
Note: An injury is defined as that which required treatment of more than first aid. Beginning with the reporting period July-Sep 2013, data represents individuals from Habilitation Center Campus (HCC) sites. State Operated Waiver Programs data is reflected in community data tables.



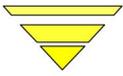


Division of DD Community Residential Injuries per 100 Individuals

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.

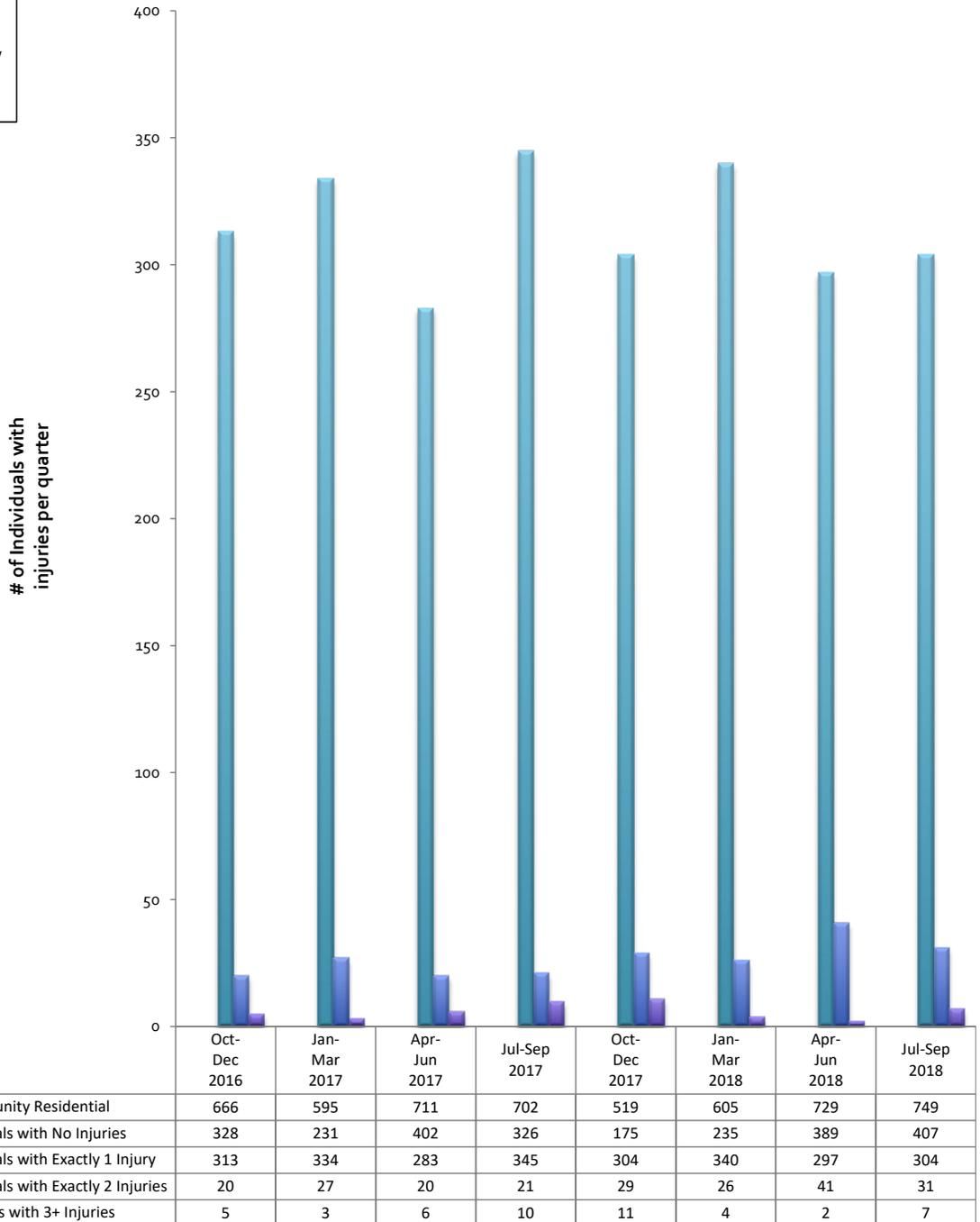


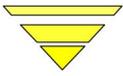
	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018
# Community Injuries Resulting in Medical Intervention	306	346	295	364	335	355	343	354
Community Injuries Resulting in Medical Intervention per 100 Indiv/mo	1.4	1.6	1.3	1.6	1.5	1.6	1.5	1.6
# Community Injuries Resulting in Hospitalization	65	51	47	56	65	54	42	40
Community Injuries Resulting in Hospitalization per 100 Indiv/mo	0.3	0.2	0.2	0.3	0.3	0.2	0.2	0.2
# Community Injuries Resulting in Emergency Room Visits	380	357	358	426	352	382	378	371
Community Injuries Resulting in ER Visits per 100 Indiv/mo	1.7	1.6	1.6	1.9	1.6	1.7	1.7	1.6
# Community Injuries Resulting in Death	0	0	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	7411	7409	7432	7437	7445	7448	7490	7525



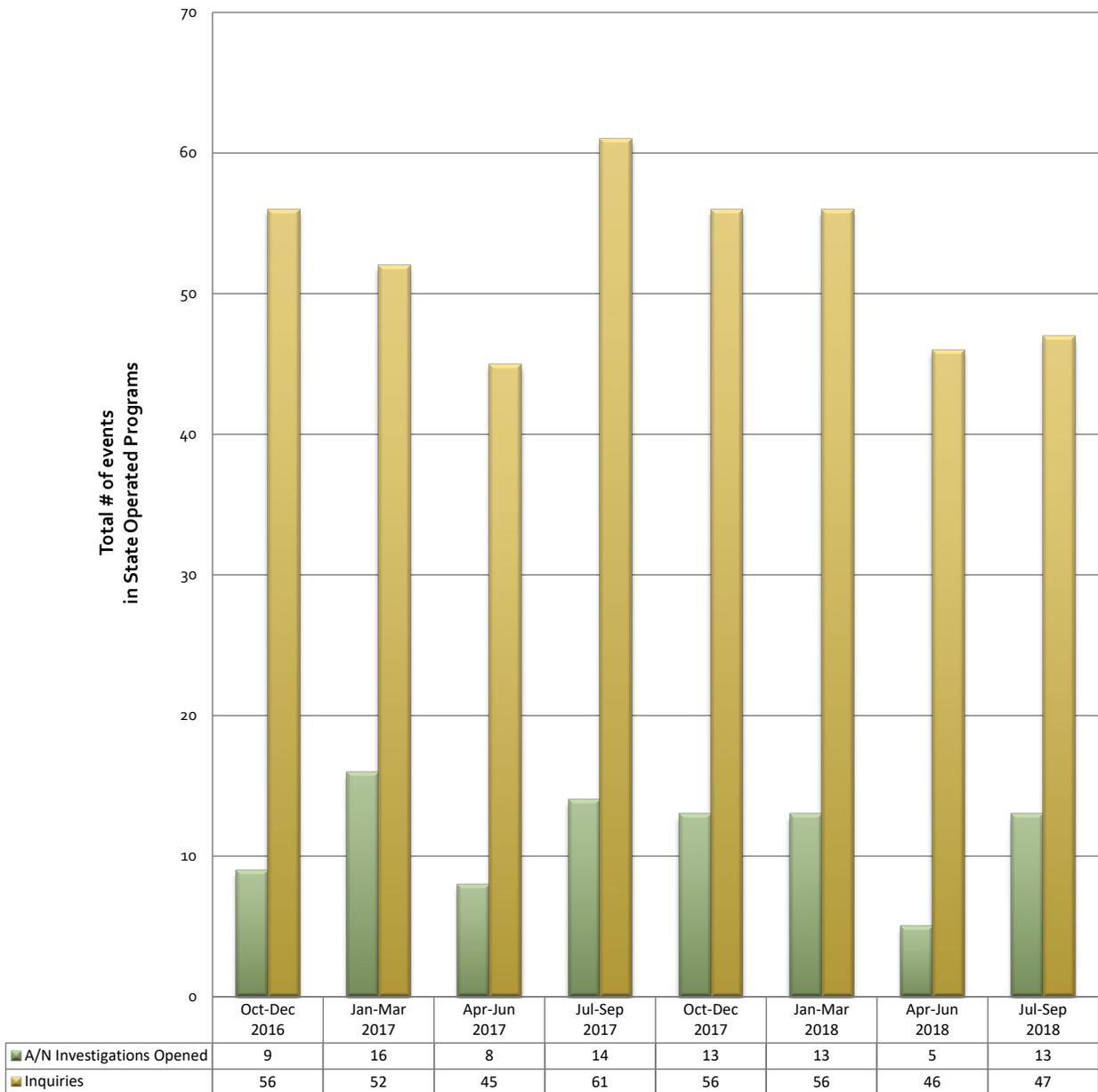
Division of DD Community Individuals with 1, 2, or 3+ Injuries

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.

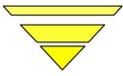




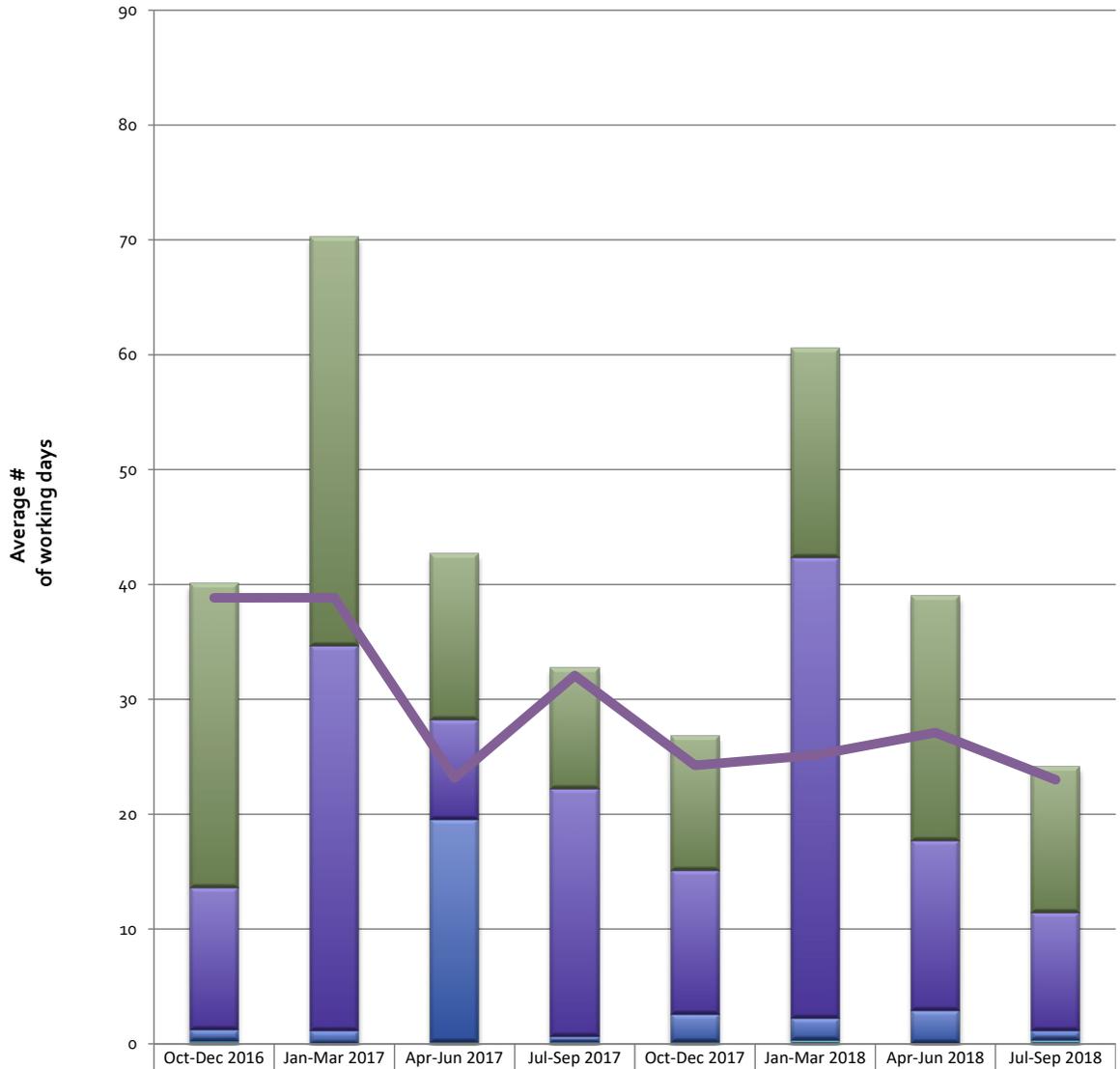
Division of DD State Operated Programs Inquiries Into Potential Abuse/Neglect Allegations



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.

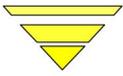


Duration of Investigation Process State Operated Programs

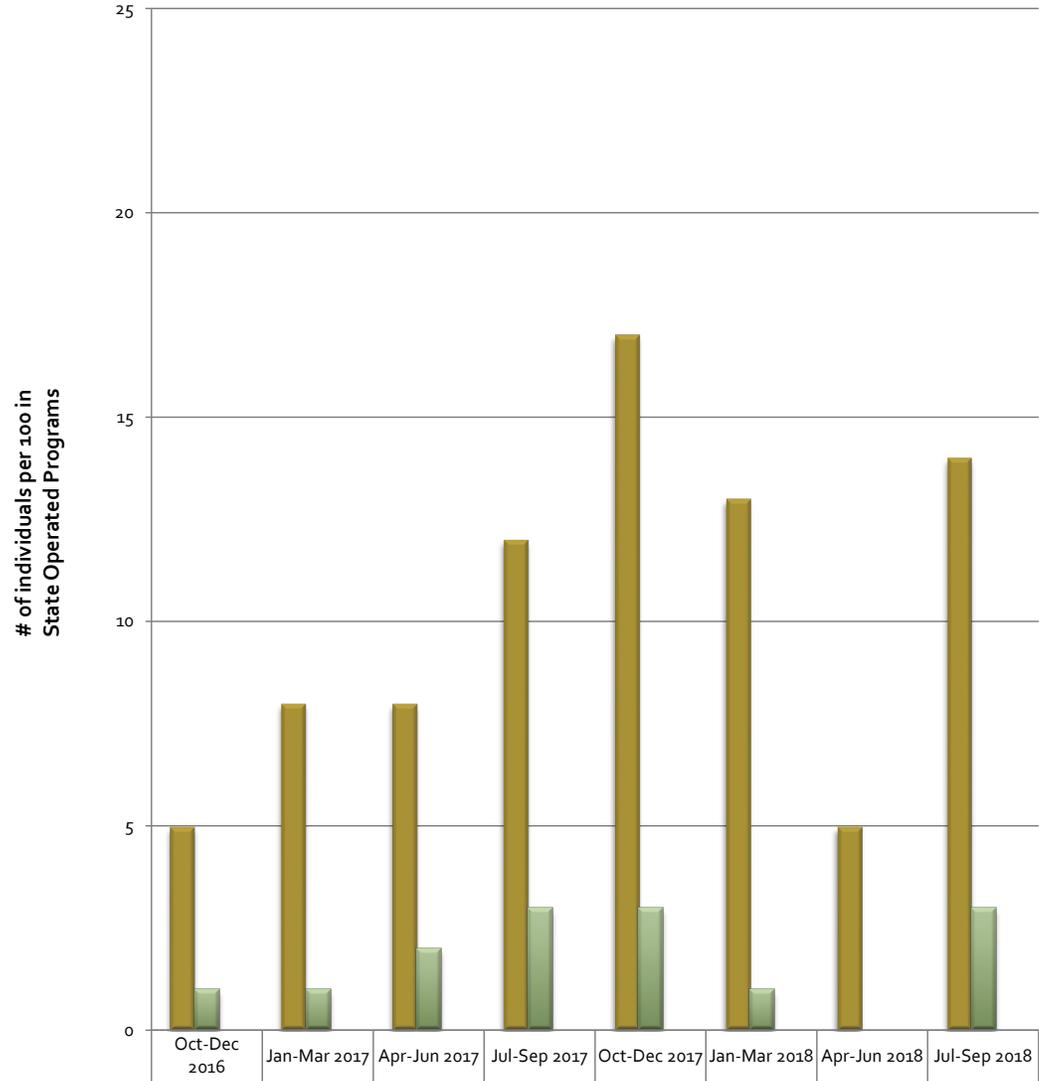


	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018
DD State Operated Programs Event Count	4	8	8	9	14	10	10	6
Inv. Final Report to Final Determ.	26.50	35.62	14.43	10.53	11.71	18.17	21.27	12.75
Inv. Request to Final Report	12.33	33.54	8.71	21.53	12.53	40.17	14.82	10.25
Event Report to Inv. Request	1.00	1.13	19.38	0.56	2.43	1.90	2.80	0.83
Event Discovery to Report	0.25	0.00	0.13	0.11	0.14	0.30	0.10	0.33
Total Time (90%)	38.83	38.85	23.14	32.07	24.24	25.14	27.10	23.00

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.

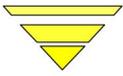


Division of DD State Operated Programs Abuse and Neglect Completed Investigations/Substantiations

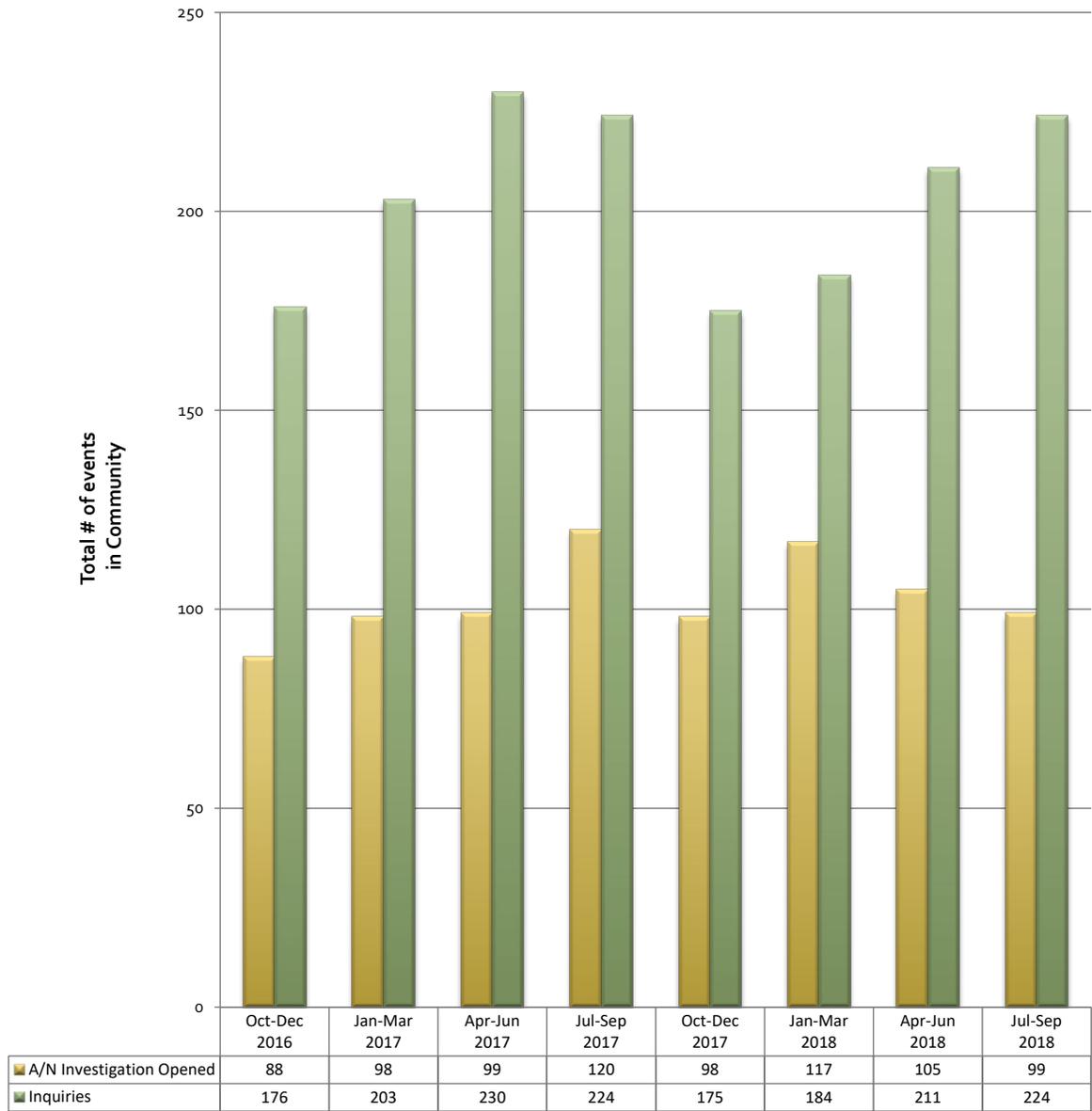


	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018
CO Investigations Completed	5	8	8	12	17	13	5	14
A/N Substantiations	1	1	2	3	3	1	0	3
# Individuals in State Operated Programs (Waiver & On Campus)	578	563	561	556	549	541	539	532

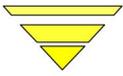
NOTE: Investigations and Substantiations are a count of the number of events, not the number of alleged perpetrators or victims. Also, both counts reflect cases finalized in the quarter reported. Process includes both Habilitation Center Campus and Waiver programs.



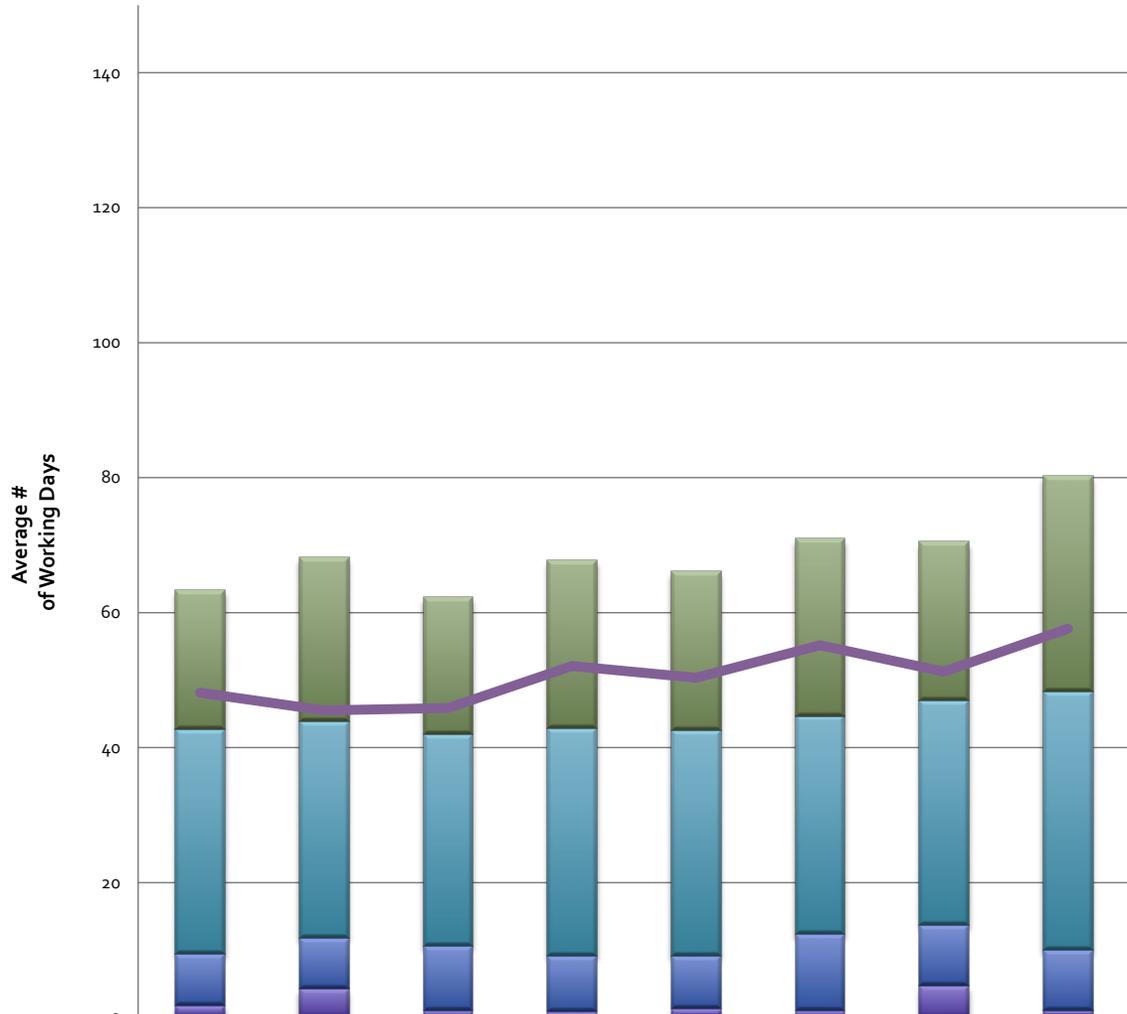
Division of DD Community Inquiries Into Potential Abuse/Neglect Allegations



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 events suspect for abuse or neglect.

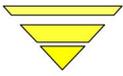


Duration of Investigation Process DD Community

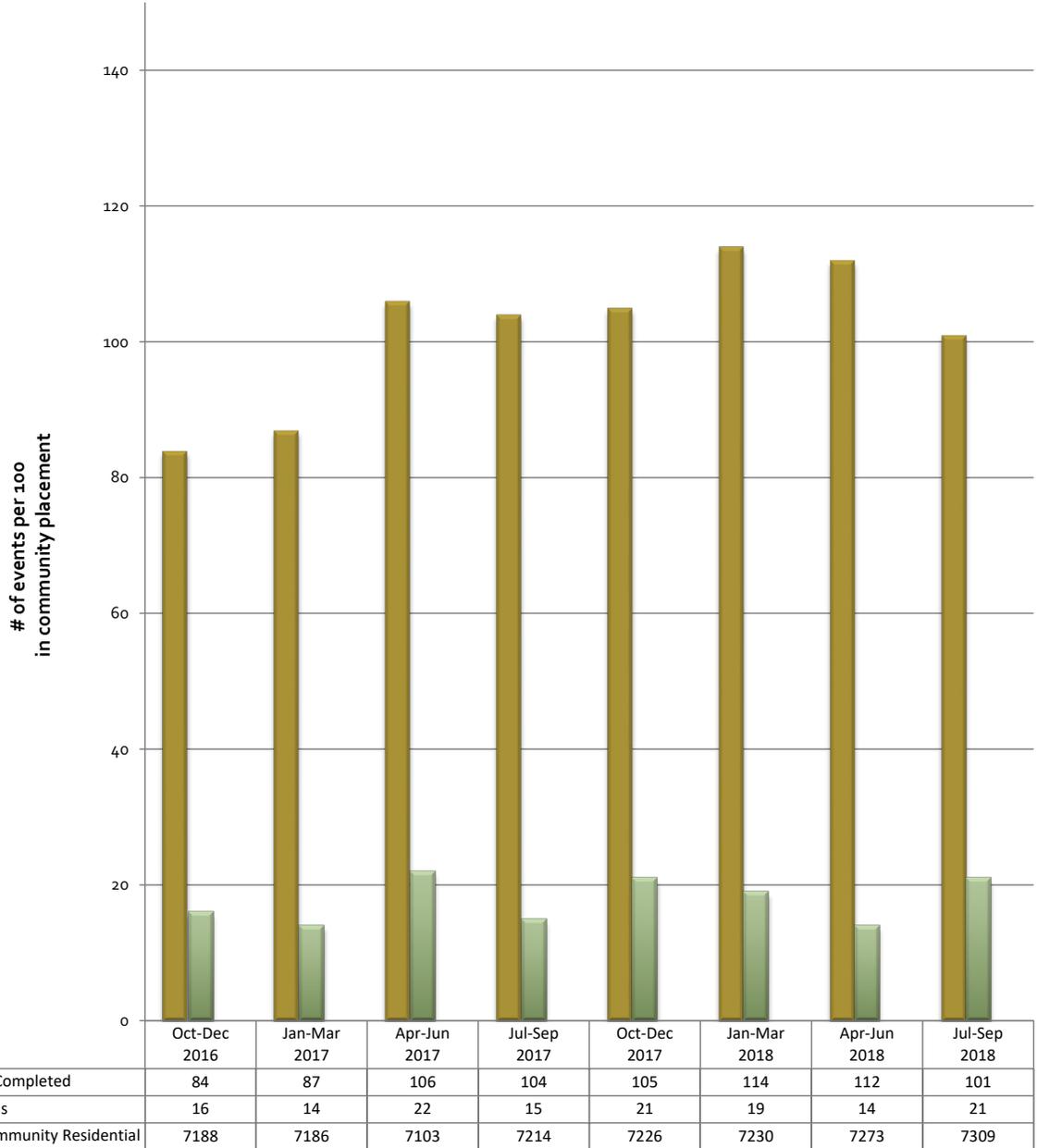


	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018
DD Community Event Count	83	77	99	91	118	97	107	112
Inv. Final Report to Final Det.	20.70	24.33	20.36	24.92	23.49	26.31	23.50	31.98
Inv. Request to Final Report	33.19	32.13	31.36	33.75	33.55	32.39	33.31	38.34
Event Report to Inv. Request	7.67	7.52	9.62	8.22	7.78	11.34	8.96	8.85
Event Discovery to Report	1.81	4.27	0.98	0.87	1.31	0.99	4.73	1.11
Total Time (90%)	48.13	45.51	45.85	52.07	50.36	55.16	51.24	57.62

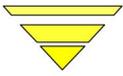
NOTE: Timelines are divided into four distinct stages of the investigation. The bars show the average duration (in working days) for all final determinations made in each quarter, whereas the line superimposes the overall average duration of 90% of the cases. The 90% is used in order to show a more "typical"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



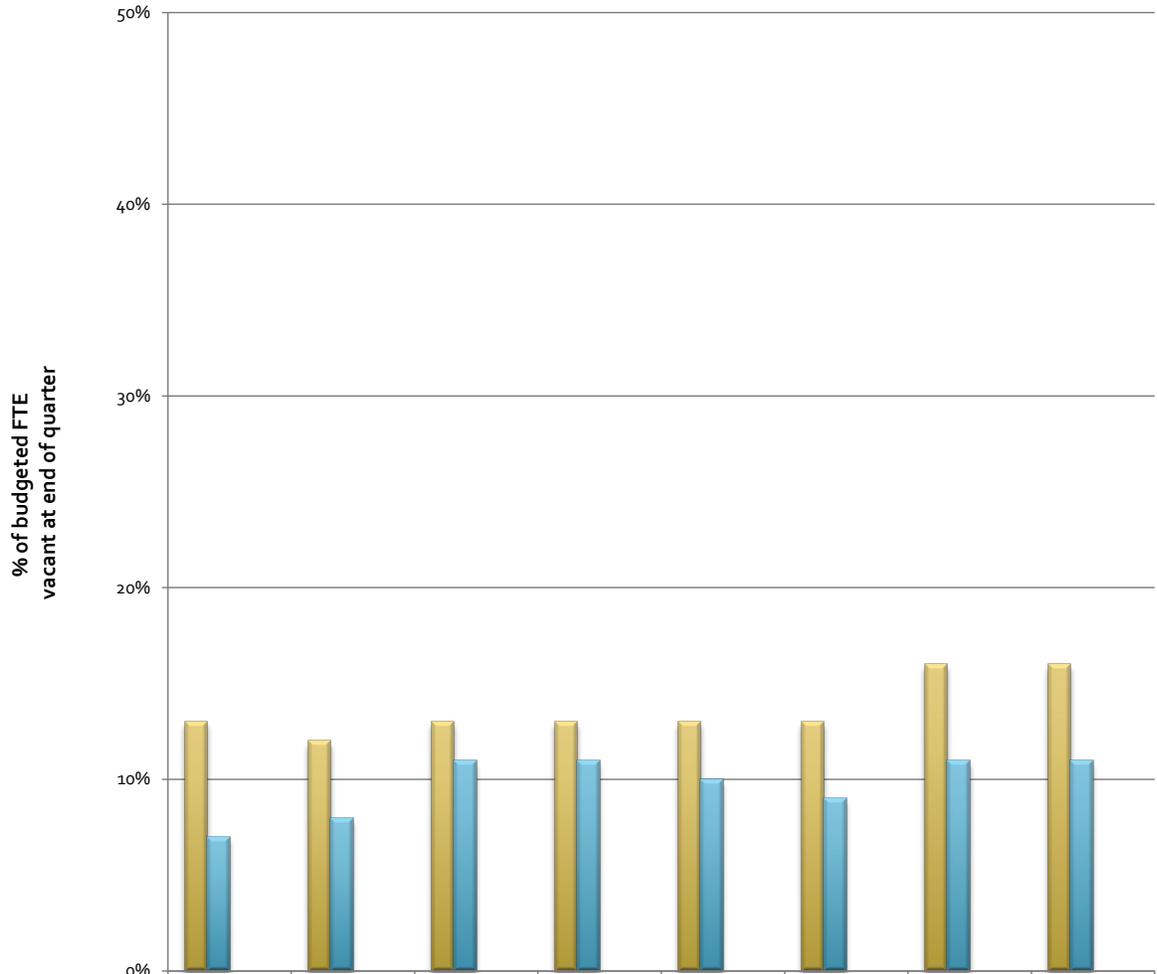
Division of DD Community Abuse and Neglect Investigations



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

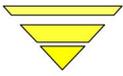


Division of DD State Operated Programs Staff Vacancy Rates

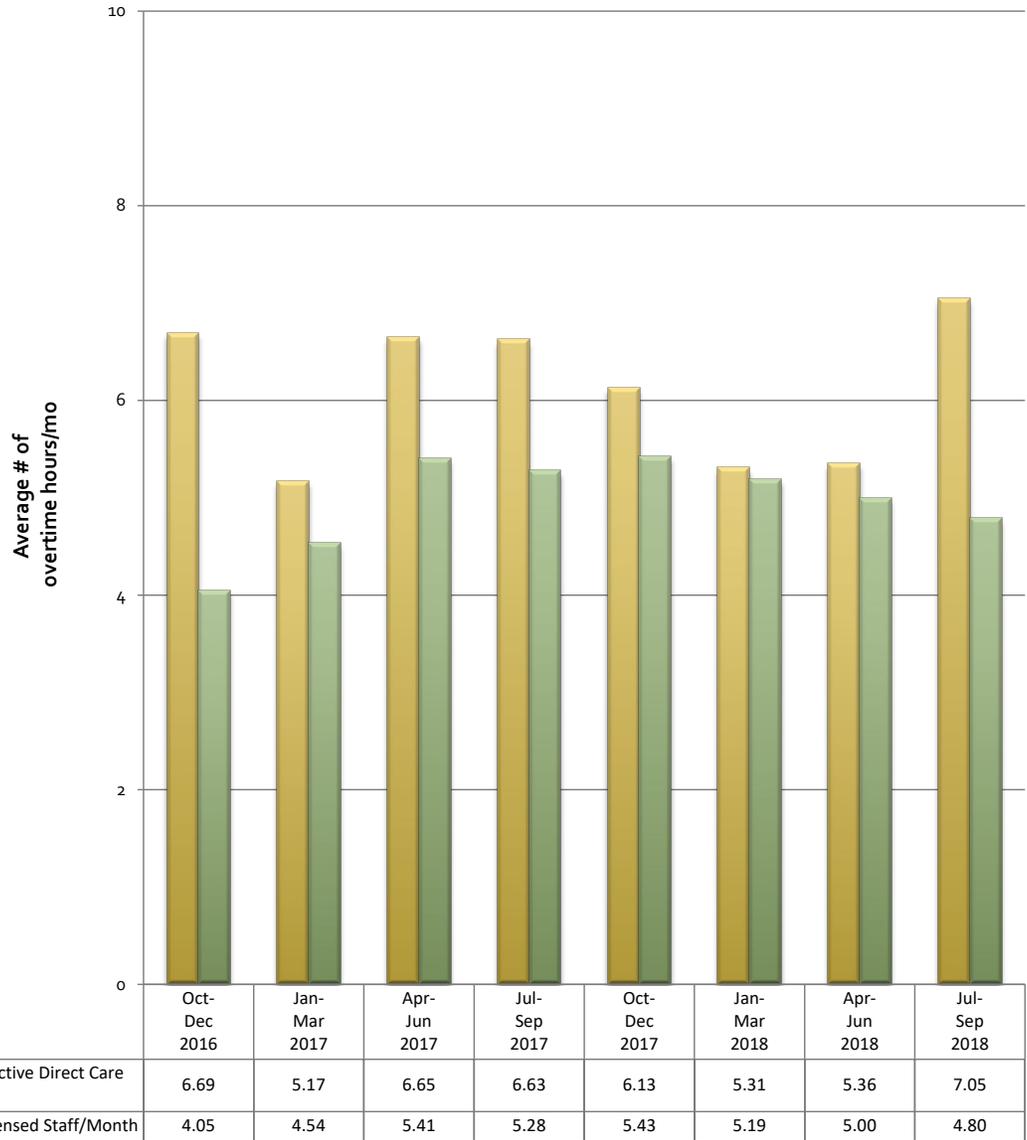


	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018
■ Direct Care Staff Vacancy Rates	13%	12%	13%	13%	13%	13%	16%	16%
■ Licensed Nursing Staff Vacancy Rates	7%	8%	11%	11%	10%	9%	11%	11%
# Direct Care Vacancies	241.5	227.0	240.9	249.0	248.4	254.0	289.0	290.0
# Licensed Nursing Vacancies	12.0	13.5	18.2	18.0	16.3	15.0	18.5	17.5

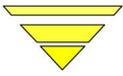
NOTE: Vacancy rates are based upon last day of the month for the quarter. Chart includes Habilitation Center Campus and State Operated Waiver Programs vacancy data. Definitions: Direct Care - DAI, DAII, DAIII. Licensed Nursing - Licensed PracticalNurses (LPN) and Registered Nurses (RN).



Division of DD State Operated Programs Staff Overtime Hours

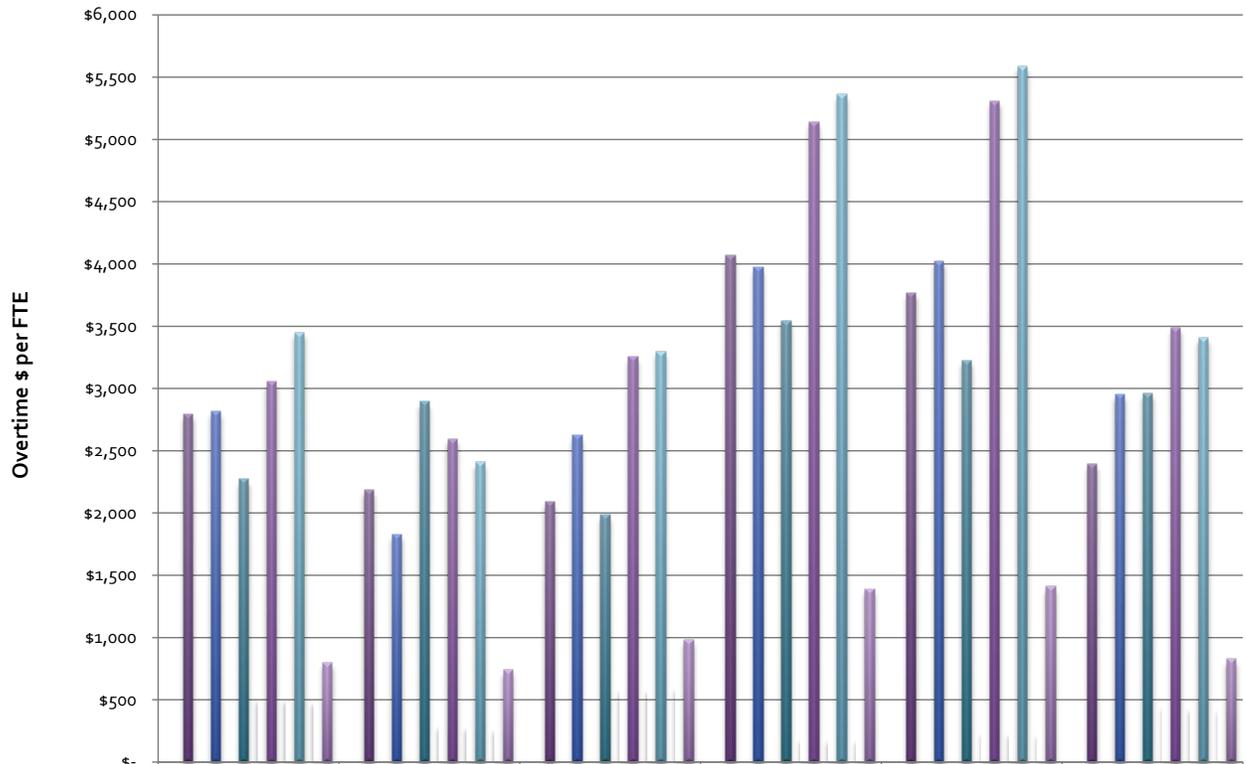


NOTE: Staff noted are active staff. Chart includes Habilitation Center Campus and State Operated Waiver Programs overtime data.
 Definitions: Direct Care - Developmental Assistant I (DAI), DAII, DAIII.
 Licensed Nursing: Licensed Practical Nurses (LPN) and Registered Nurses (RN).

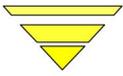


State Operated Programs Overtime Accrued FY 2012-FY 2018 YTD Comparison

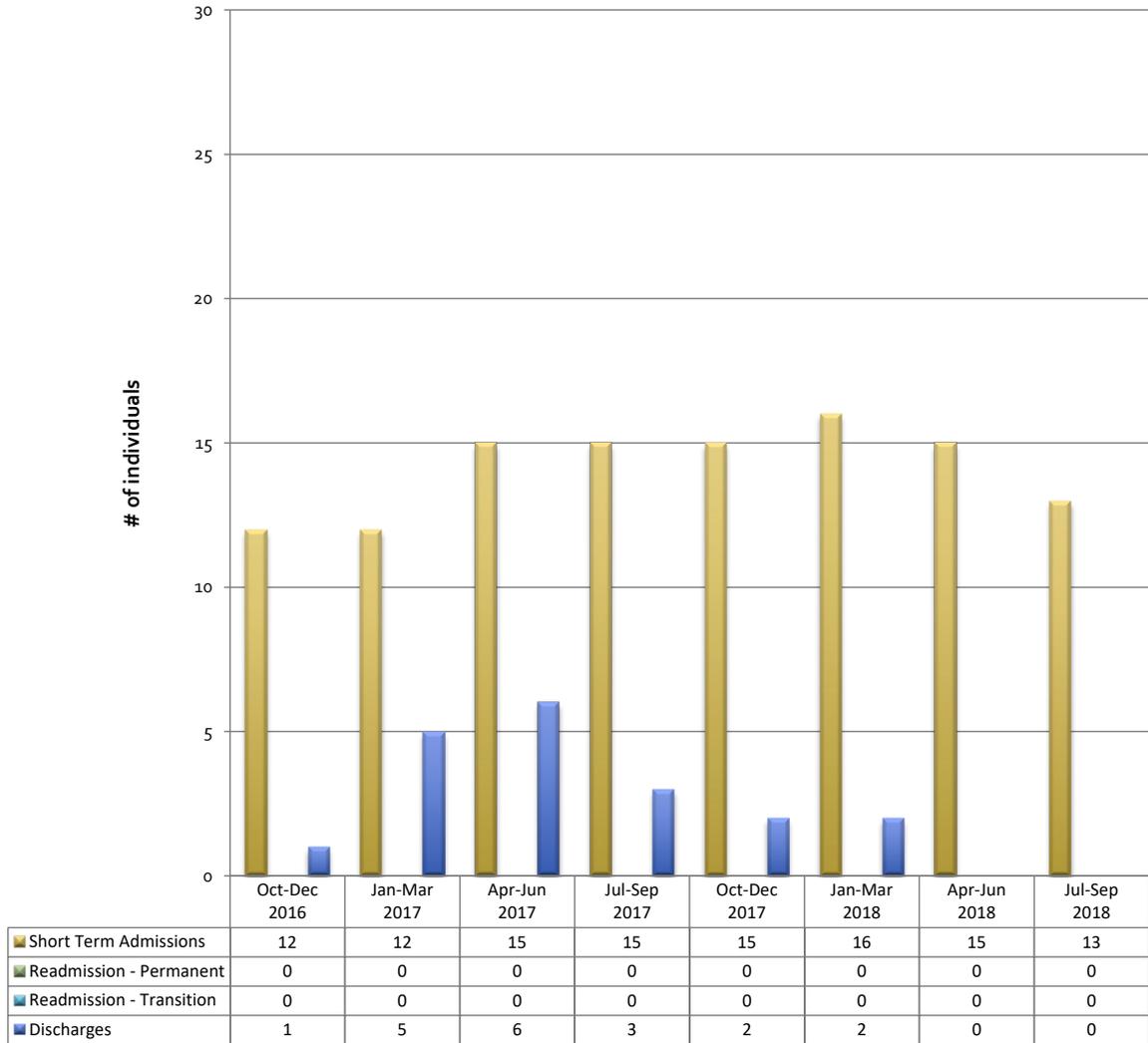
Note: Chart includes Habilitation Center Campus and State Operated Waiver Programs.



	Bellefontaine	Higginsville	NWCS	SWCS	SEMORS	SLDDTC
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	\$1.786	\$0.724	\$1.953	\$1.057	\$1.397	\$1.530
FY18 FTEs	518	301	593	197	250	449
FY18 OT \$ per FTE	\$3,447.88	\$2,405.32	\$3,293.42	\$5,365.48	\$5,588.00	\$3,407.57
FY19 Overtime \$M	\$0.399	\$0.210	\$0.595	\$0.281	\$0.341	\$0.364
FY19 FTEs	498	284	605	202	242	441
FY19 OT \$ per FTE	\$801.20	\$739.44	\$983.47	\$1,391.09	\$1,409.09	\$825.40



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

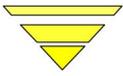


Short Term: Total number of individuals admitted to SOP from any Community Provider for medical and/or behavioral short term support with intention of returning back to their home in the community. Note: 100% of the days a crisis bed was available. Crisis bed services are provided in both Habilitation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

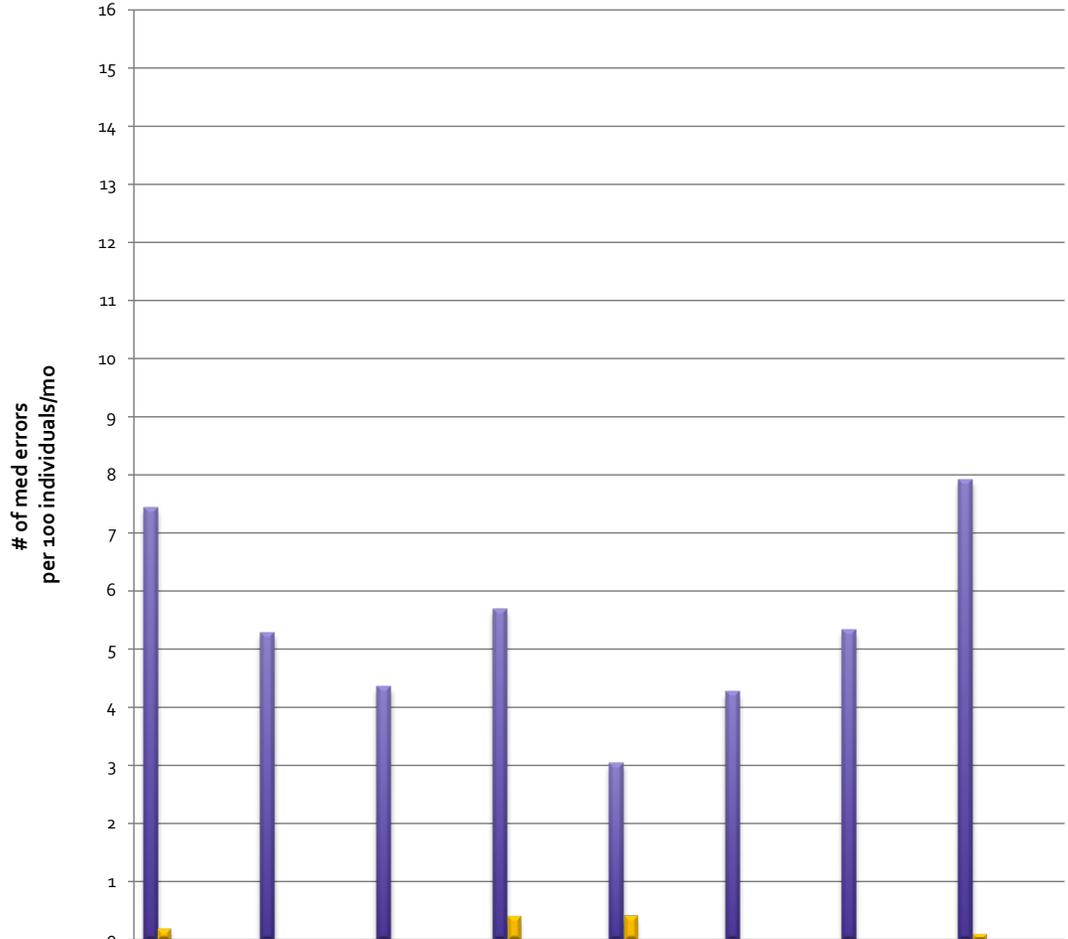
Permanent: Total number of individuals previously discharged from the Habilitation Center Campus within the last 12 months that returned during report period with no plans to move back to community.

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



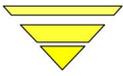
Division of DD Habilitation Center Campus Medication Errors



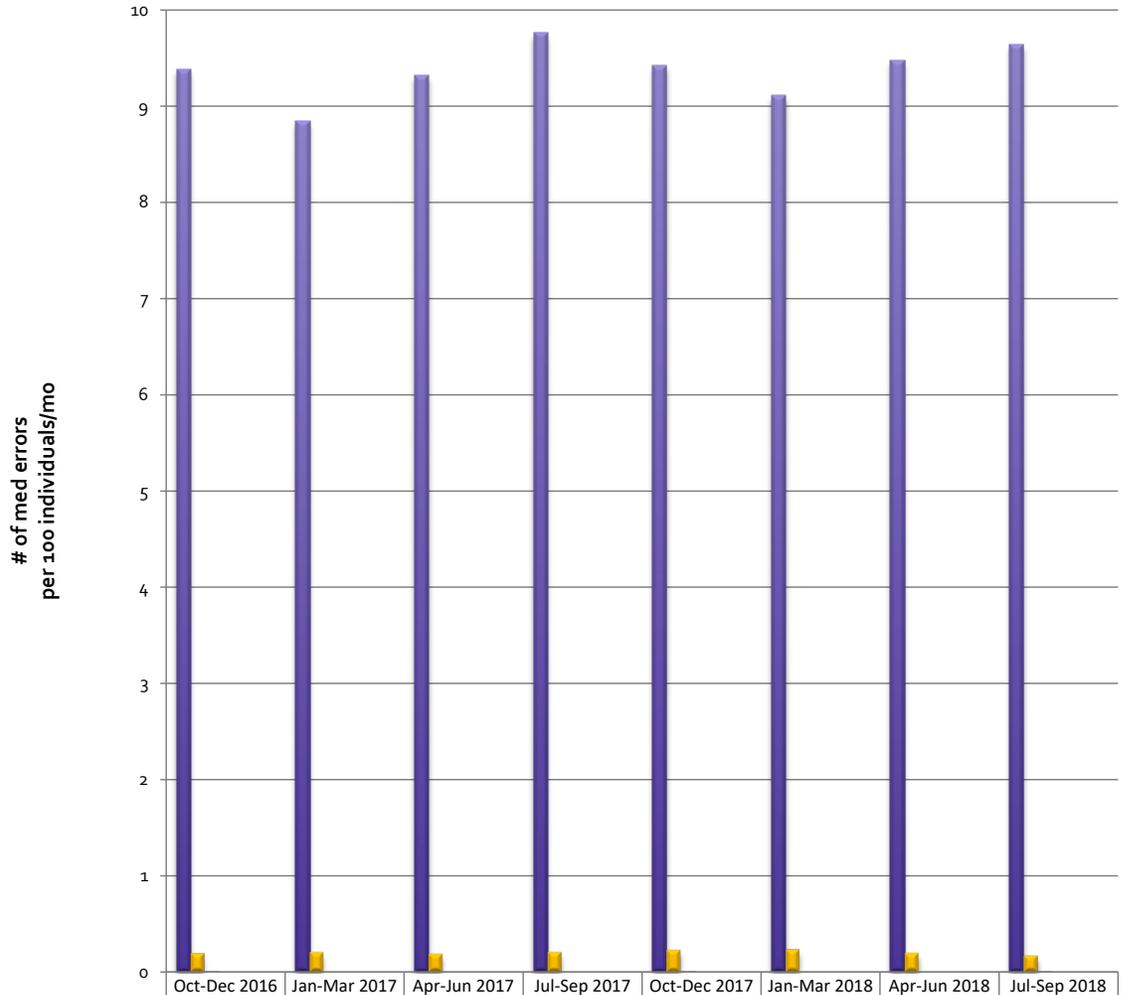
	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018
Minimal Med Errors per 100 Individuals/month	7.44	5.28	4.36	5.69	3.05	4.27	5.33	7.92
Moderate Med Errors per 100 Individuals /month	0.19	0.00	0.00	0.40	0.41	0.00	0.00	0.10
Serious Med Errors per 100 Individuals/month	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HCC Minimal Medication Errors	77	54	43	57	30	42	52	76
HCC Center Moderate Medication Errors	2	0	0	4	4	0	0	1
HCC Center Serious Medication Errors	0	0	0	0	0	0	0	0
# HCC Individuals	345	341	329	334	328	328	325	320

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

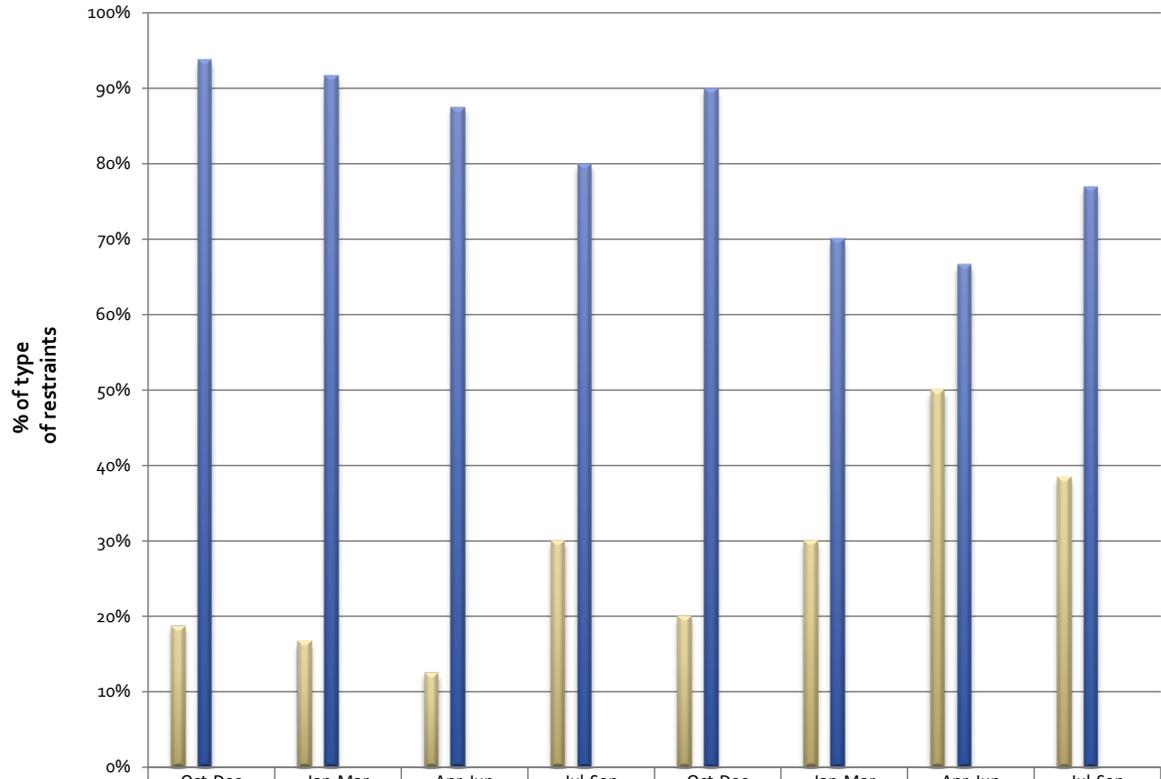


	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018
Minimal Med Errors per 100 Individuals/month	9.39	8.85	9.32	9.76	9.43	9.11	9.47	9.64
Moderate Med Errors per 100 Individuals/month	0.19	0.21	0.19	0.21	0.23	0.23	0.20	0.17
Serious Med Errors per 100 Individuals/month	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Community Minimal Medication Errors	2087	1967	2078	2178	2106	2036	2129	2177
Community Moderate Medication Errors	43	46	42	46	51	52	44	38
Community Serious Medication Errors	1	0	0	0	1	0	0	1
# Individuals in Community Residential	7411	7409	7432	7437	7445	7448	7490	7525

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



	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018
# Individuals Chemical Restraint	3	2	1	3	2	6	6	5
% Individuals Chemical Restraint	19%	17%	13%	30%	20%	30%	50%	38%
# Individuals Physical Restraint	15	11	7	8	9	14	8	10
% Individuals Physical Restraint	94%	92%	88%	80%	90%	70%	67%	77%
# 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	12	8	10	10	20	12	13
# of Hab Center Campus Individuals	345	341	329	334	328	328	325	320

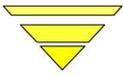
NOTE: Each individual who experienced at least one chemical, physical, mechanical restraint is counted so duplication occurs . For example, one individual may experience a chemical restraint and a physical restraint. They are counted in both categories. Percentage of each type of restraint is based on 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.

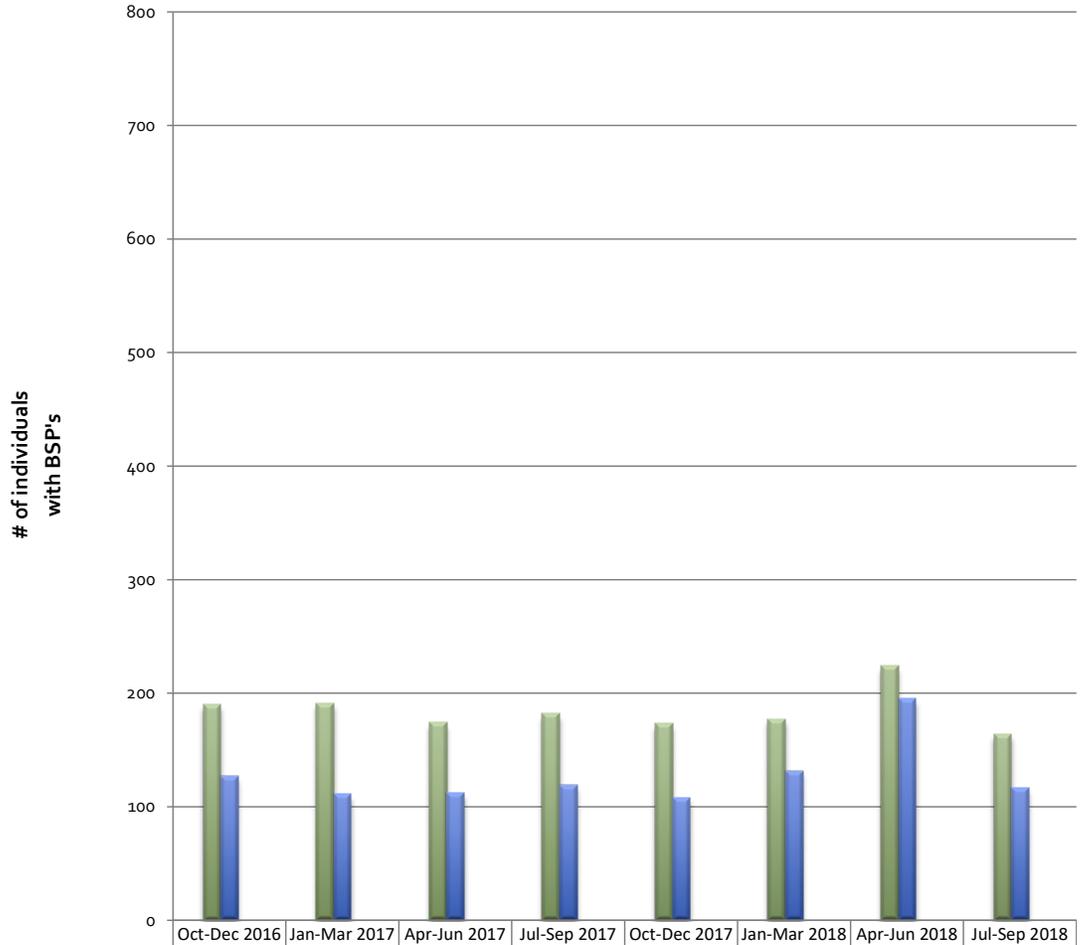
Physical Restraint: Any physical hold involving a restriction of an individual's voluntary movement.

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,



Division of DD Habilitation Center Campus Individuals with Behavior Support Programs



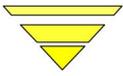
	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018
# Hab Center Campus Individuals	345	341	329	334	328	328	325	320
■ Individuals with Behavior Support Programs	190	191	174	182	173	177	224	164
■ Individuals Progressing with Behavior Support Programs	127	111	112	119	108	132	195	117
% On Behavior Support Programs	55%	56%	53%	54%	53%	54%	69%	51%
% Progressing on Behavior Support Programs	67%	58%	64%	65%	62%	75%	87%	71%

NOTE: Individuals placed on Behavior Support Programs (BSP's) may be those who have been prescribed medication for a psychiatric disorder or who exhibit behaviors that interfere with their level of functioning. Number is based on average for the quarter.

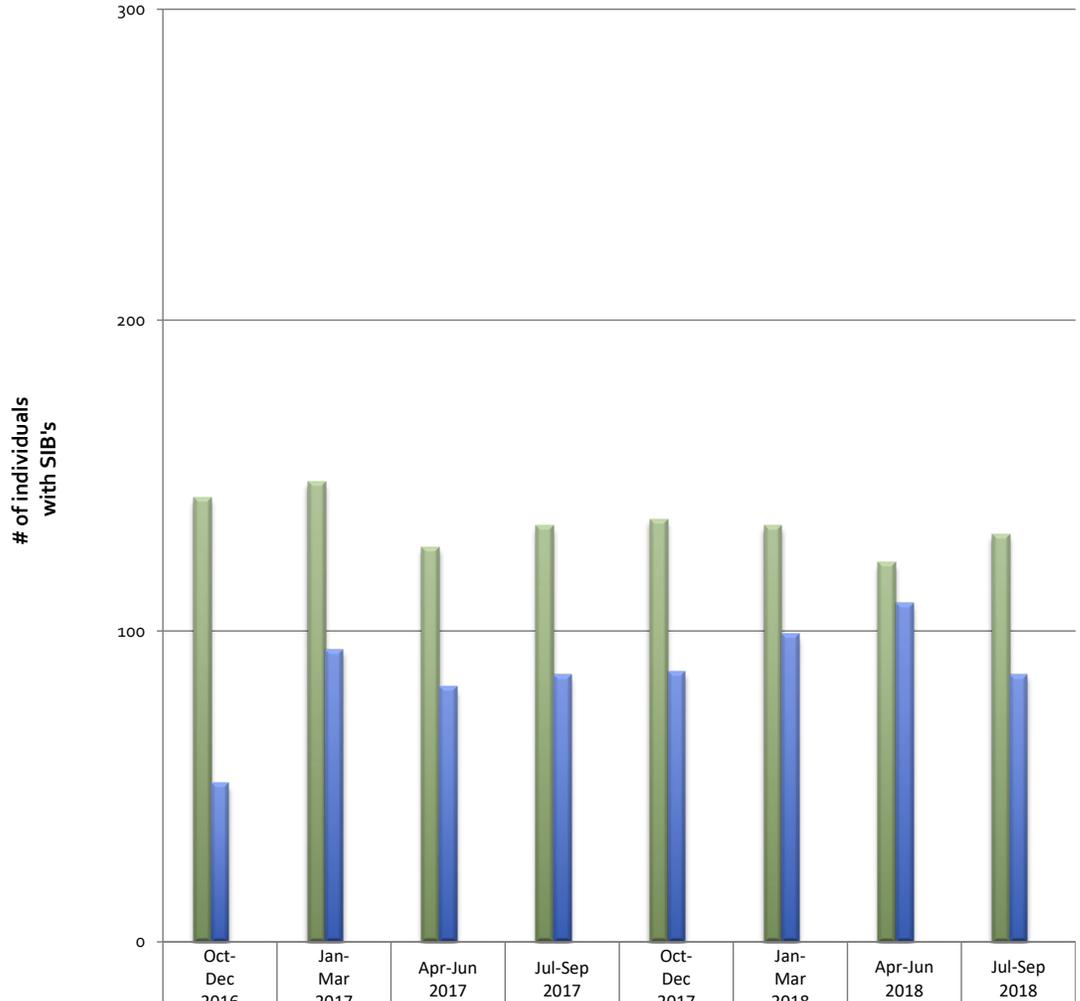
Definition - Individuals with BSP's: Individuals with an individualized plan of behavior analytic procedures developed to systematically address skills or behaviors to be learned and behaviors to be reduced or eliminated.

Definition - Consumers progressing with BSP's: Individuals who are at baseline or below for their targeted behaviors identified in their BSP.

Beginning reporting period July-Sep 2013, data represents individuals from Habilitation Center Campus (HCC) sites. Note the transition to off-campus for MHC becoming NWCS Jan-Mar 2016.



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



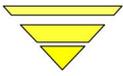
# Hab Center Campus Individuals	345	341	329	334	328	328	325	320
■ Individuals with Self Injurious Behavior Programs	143	148	127	134	136	134	122	131
■ Individuals Progressing with SIB Programs	51	94	82	86	87	99	109	86
% on Self Injurious Behavior Programs	41%	43%	39%	40%	41%	41%	38%	41%
% Progressing on Self Injurious Behavior Programs	36%	64%	65%	64%	64%	74%	89%	66%

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.

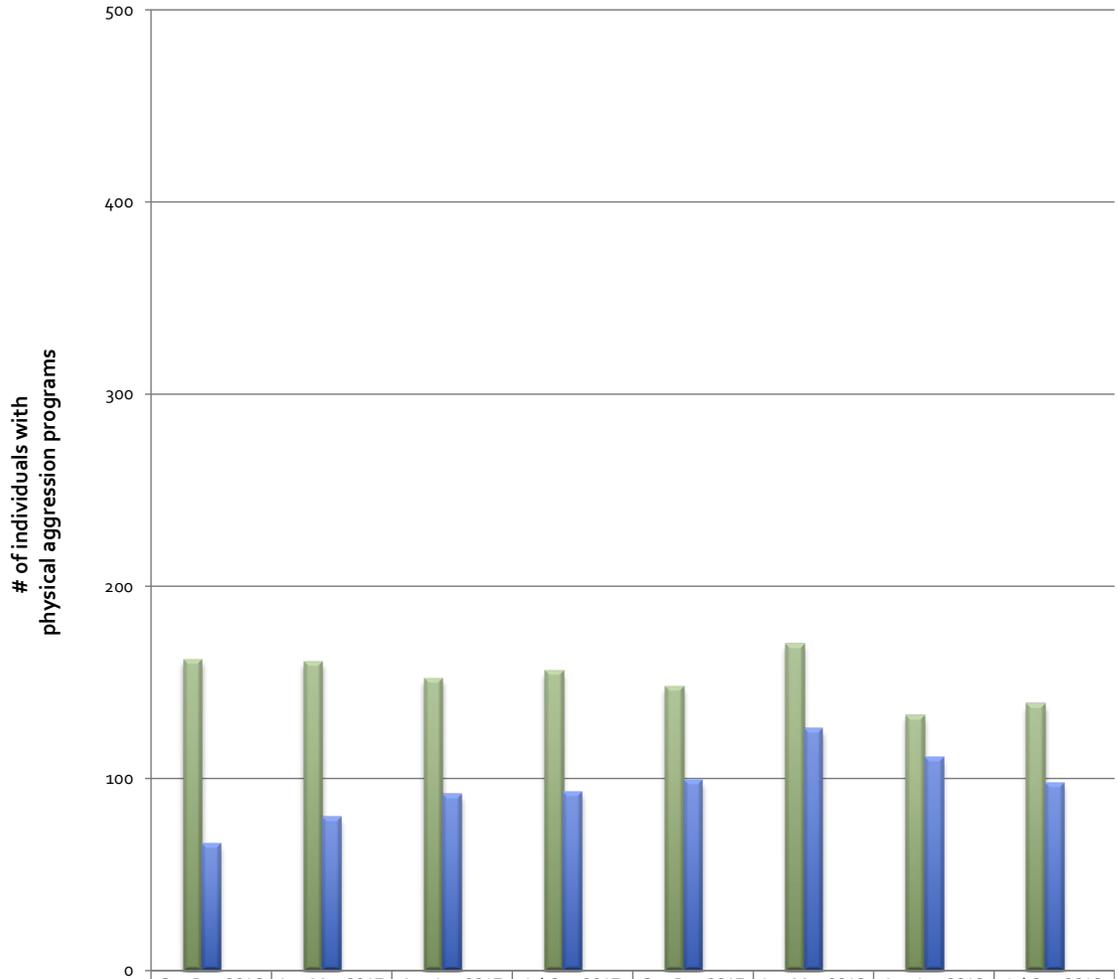
Definition- Progressing with Self Injurious Behavior Programs: An individual who is at baseline or below for their Self Injurious Behavior Program.

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

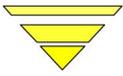


Division of DD Habilitation Center Campus Individuals with Physical Aggression Programs

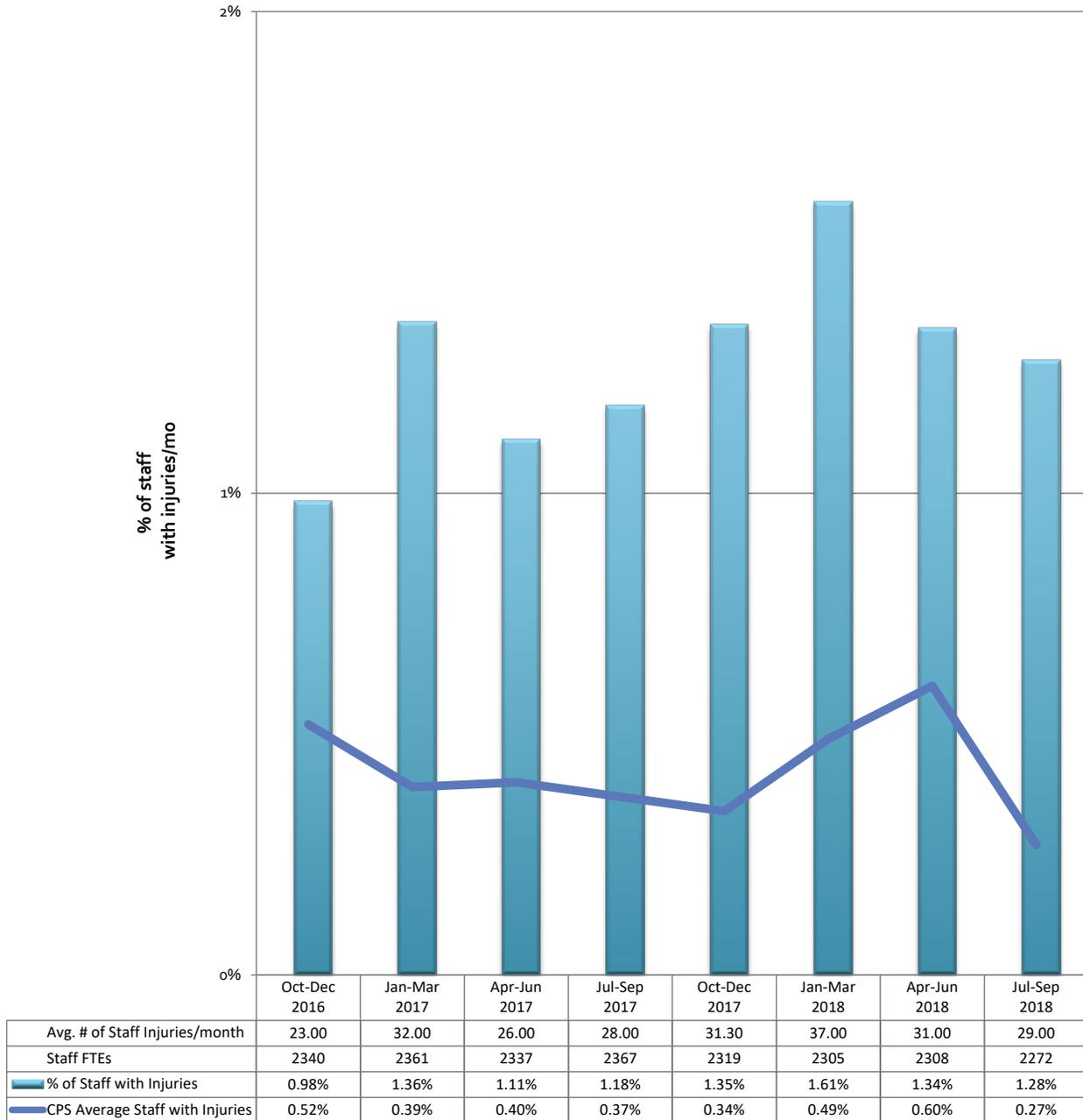


	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018
# Hab Center Campus Individuals	345	341	329	334	328	328	325	320
Individuals with Physical Aggression Programs	162	161	152	156	148	170	133	139
Individuals Progressing with Physical Aggression Programs	66	80	92	93	99	126	111	98
% on Physical Aggression Programs	47%	47%	46%	47%	45%	52%	41%	43%
% Progressing on Physical Aggression Programs	41%	50%	61%	60%	67%	74%	83%	71%

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.