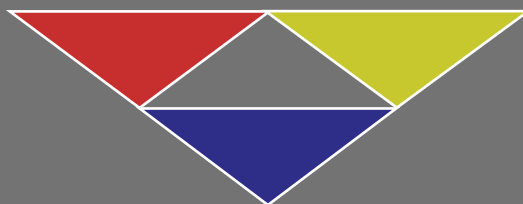


November 2017

Missouri Department of Mental Health

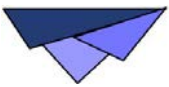
# Quarterly Performance Measures



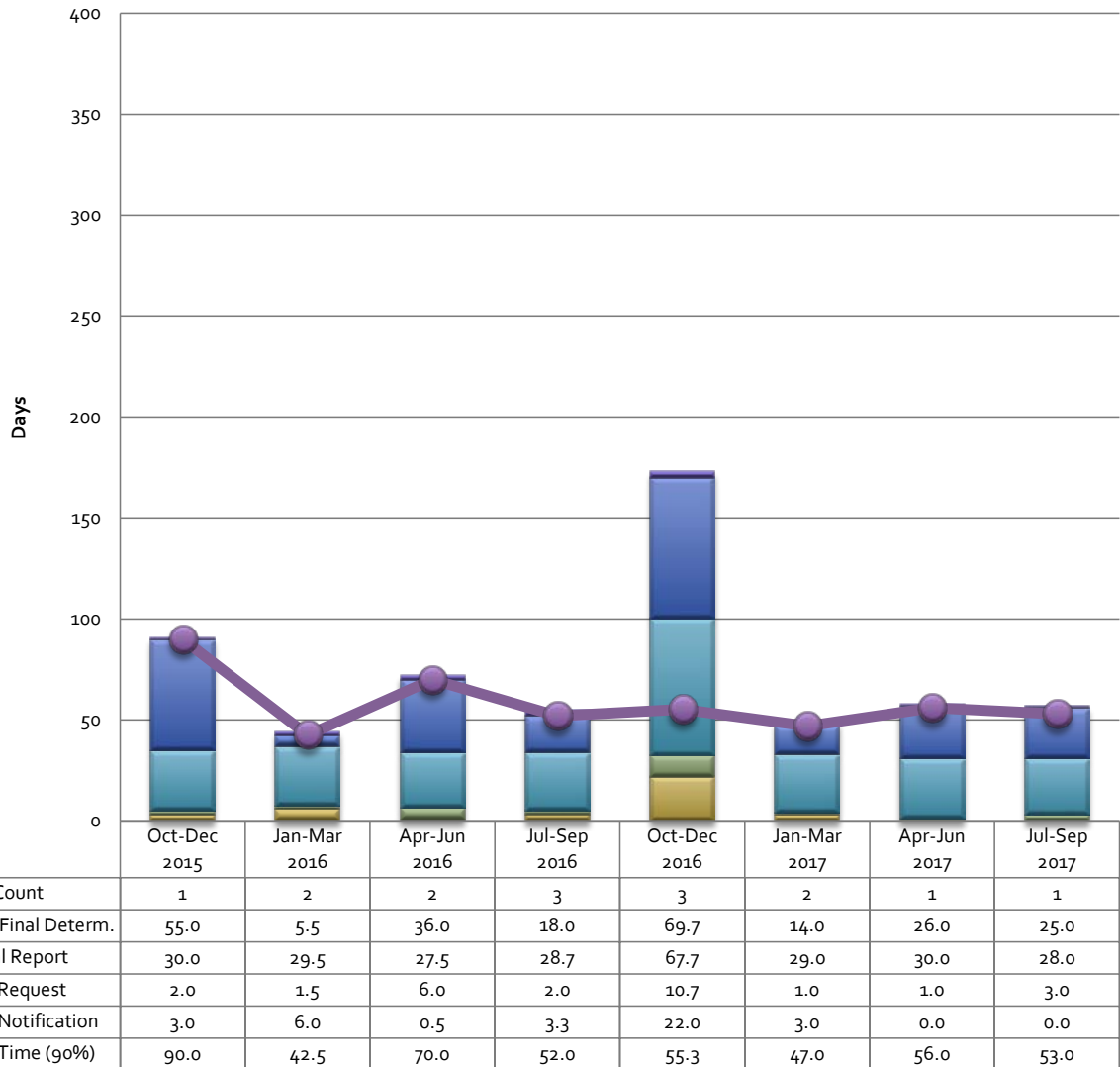


# Division of Behavioral Health

## Substance Use Services

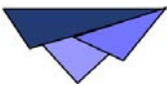


## Substance Use Treatment Community Investigations Timelines

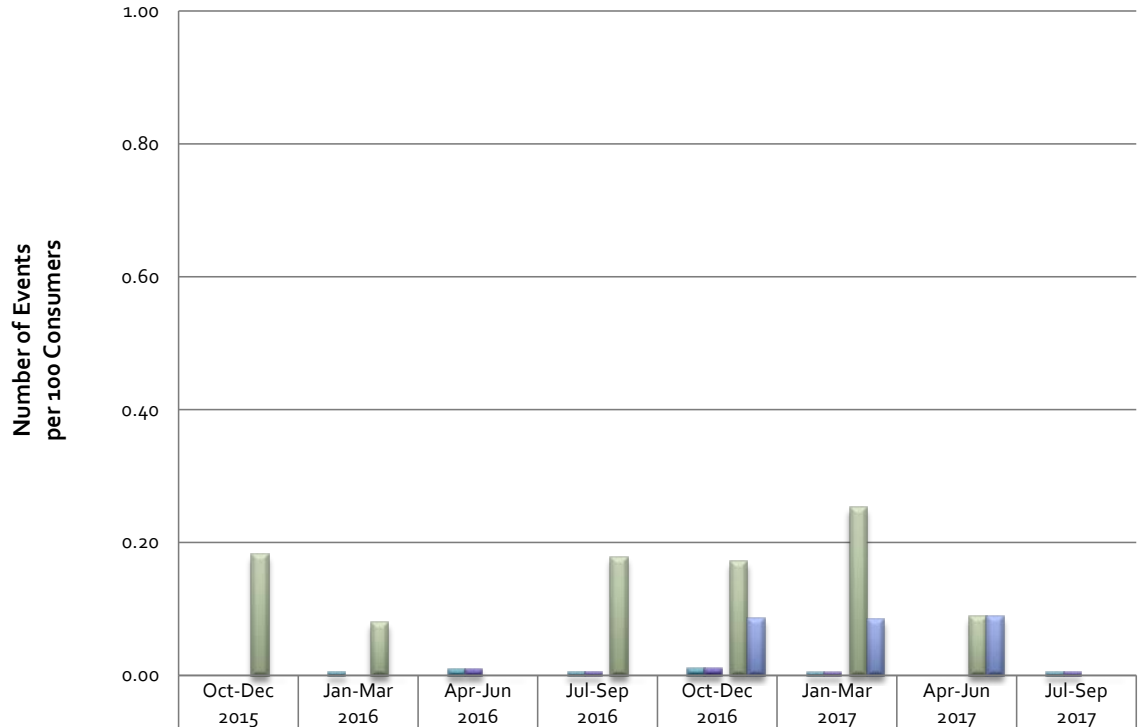


NOTE: Timelines are divided into 4 distinct sections or stages of an investigation. The bars include average times for all final determinations made in each quarter, whereas the purple line includes 90% of all cases in order to show typical timelines excluding the top 10% outliers.

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



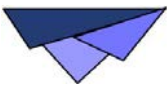
## Substance Use Treatment Abuse/Neglect Investigations



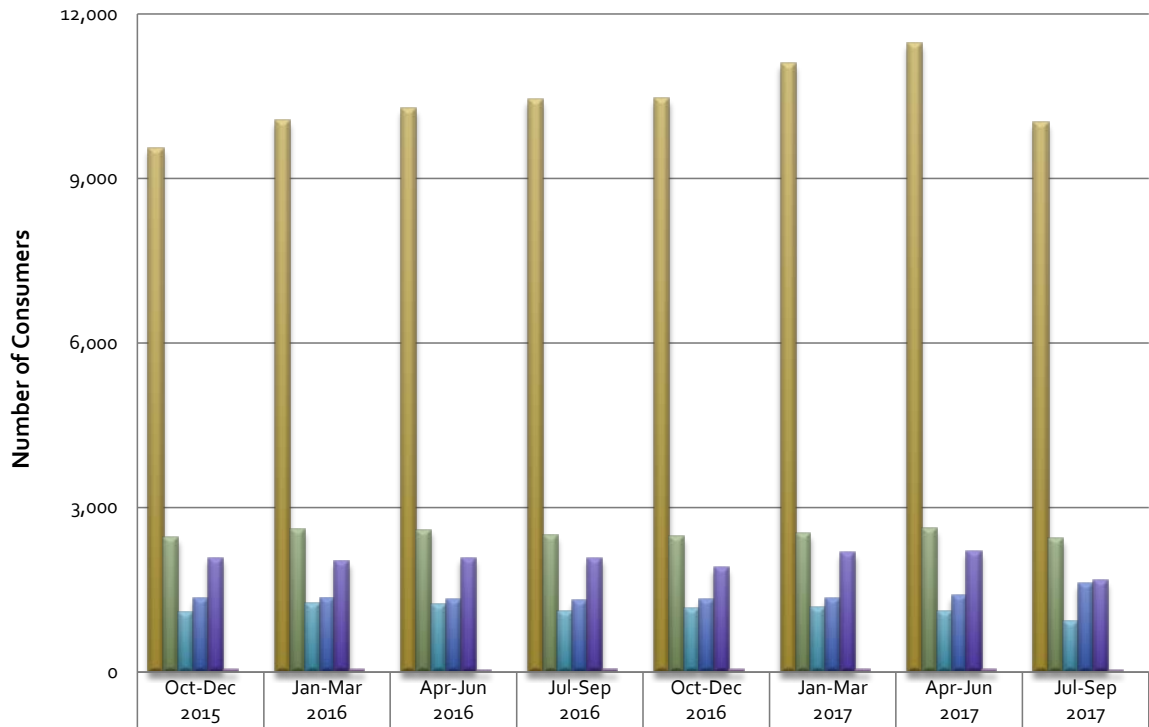
	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017	Jul-Sep 2017
# Adult Consumers	18,721	19,321	19,712	19,459	19,064	19,969	20,428	18,182
Adult A/N Investigations Completed	0	1	2	1	2	1	0	1
Adult A/N Investigations Rate	0.000	0.005	0.010	0.005	0.010	0.005	0.000	0.005
Adult A/N Substantiated	0	0	2	1	2	1	0	1
Adult A/N Substantiation Rate	0.000	0.000	0.010	0.005	0.010	0.005	0.000	0.005
# Youth Consumers	1,093	1,253	1,249	1,119	1,162	1,183	1,121	938
Youth A/N Investigations Completed	2	1	0	2	2	3	1	0
Youth A/N Investigations Rate	0.183	0.080	0.000	0.179	0.172	0.254	0.089	0.000
Youth A/N Substantiated	0	0	0	0	1	1	1	0
Youth A/N Substantiation Rate	0.000	0.000	0.000	0.000	0.086	0.085	0.089	0.000

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

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



## Substance Use Treatment Consumers Served By Program

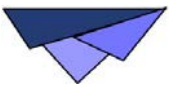


	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017	Jul-Sep 2017
CSTAR Gen Adult	9,546	10,061	10,283	10,453	10,469	11,098	11,466	10,031
CSTAR W&C	2,468	2,616	2,597	2,496	2,480	2,536	2,620	2,436
CSTAR Adol	1,092	1,248	1,240	1,119	1,161	1,179	1,114	933
CSTAR Opioid Tx	1,346	1,356	1,336	1,305	1,326	1,343	1,393	1,627
Primary Recovery & Tx	2,087	2,033	2,087	2,074	1,918	2,182	2,199	1,678
Compulsive Gambling	50	54	44	49	54	53	53	43
Unduplicated Number of ADA Served	19,814	20,574	20,961	20,578	20,226	21,152	21,549	19,120

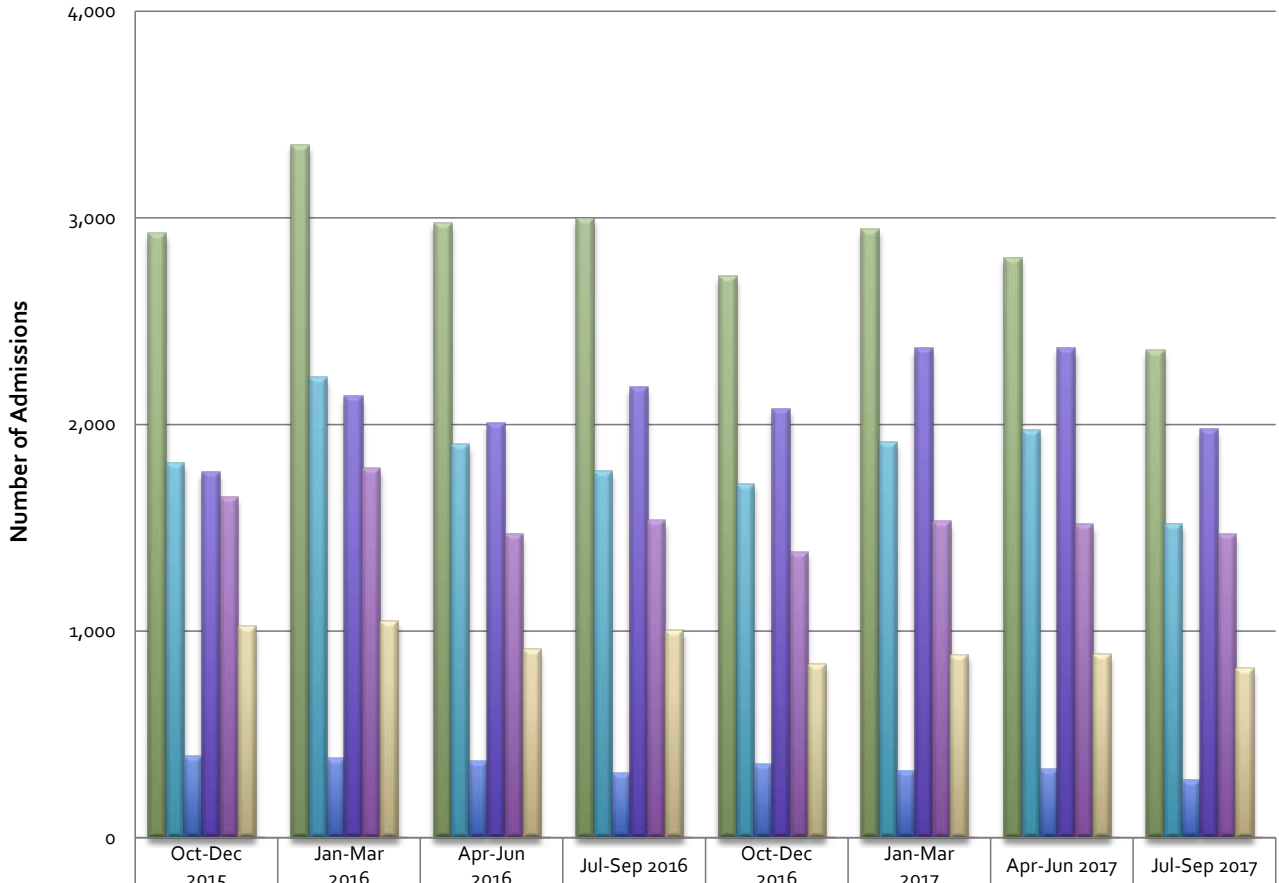
**CAUTION:** Data from July 2017 onward may be incomplete due to a delay in submission of encounters to CIMOR as the result of the CCBHC project.

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

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

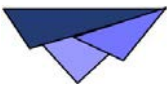


## Drug of Choice at Admission to Substance Use Treatment

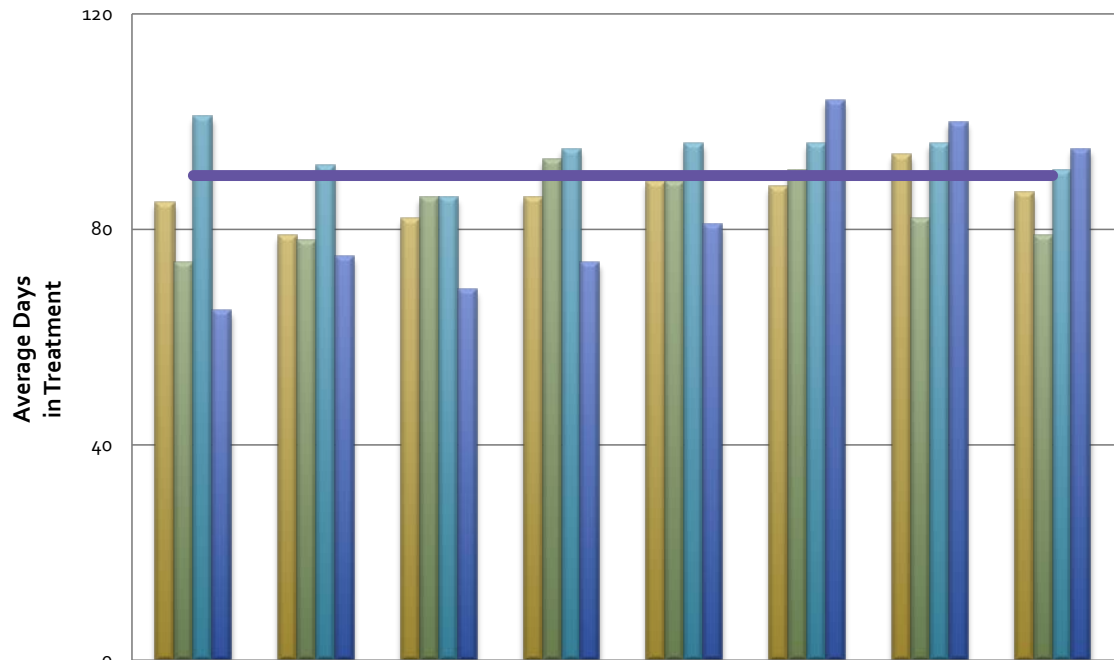


Alcohol	2,926	3,354	2,975	2,997	2,718	2,946	2,808	2,361
% Alcohol	30.5%	30.7%	30.9%	30.6%	29.9%	29.5%	28.4%	28.0%
Marijuana	1,814	2,227	1,903	1,774	1,713	1,917	1,975	1,517
% Marijuana	18.9%	20.4%	19.8%	18.1%	18.9%	19.2%	20.0%	18.0%
Cocaine	393	385	368	313	355	321	331	277
% Cocaine	4.1%	3.5%	3.8%	3.2%	3.9%	3.2%	3.3%	3.3%
Methamphetamine	1,771	2,137	2,007	2,181	2,075	2,367	2,367	1,977
% Methamphetamine	18.5%	19.5%	20.8%	22.2%	22.8%	23.7%	23.9%	23.5%
Heroin	1,650	1,787	1,468	1,538	1,383	1,533	1,515	1,469
% Heroin	17.2%	16.3%	15.2%	15.7%	15.2%	15.4%	15.3%	17.4%
Other Drugs	1,026	1,049	913	1,004	840	886	889	820
% Other Drugs	10.7%	9.6%	9.5%	10.2%	9.2%	8.9%	9.0%	9.7%

**Significance: Illicit drug admissions account for about 69 - 72% of all admissions to substance use treatment.**



## Retention In Substance Use Treatment

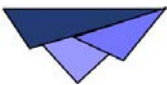


	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017	Jul-Sep 2017
CSTAR Gen Adult - N	4,673	4,179	4,245	4,326	4,195	4,418	4,195	3,378
CSTAR Gen Adult - Avg Days	85	79	82	86	89	88	94	87
CSTAR W&C - N	1,227	1,076	1,207	1,081	1,128	1,104	1,046	815
CSTAR W&C - Avg Days	74	78	86	93	89	91	82	79
CSTAR Adol - N	474	502	605	489	518	530	517	366
CSTAR Adol - Avg Days	101	92	86	95	96	96	96	91
Primary Recovery & Tx - N	886	679	684	721	680	747	713	505
Primary Recovery & Tx - Avg Days	65	75	69	74	81	104	100	95
# of Outliers	475	389	424	370	379	439	399	358
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.

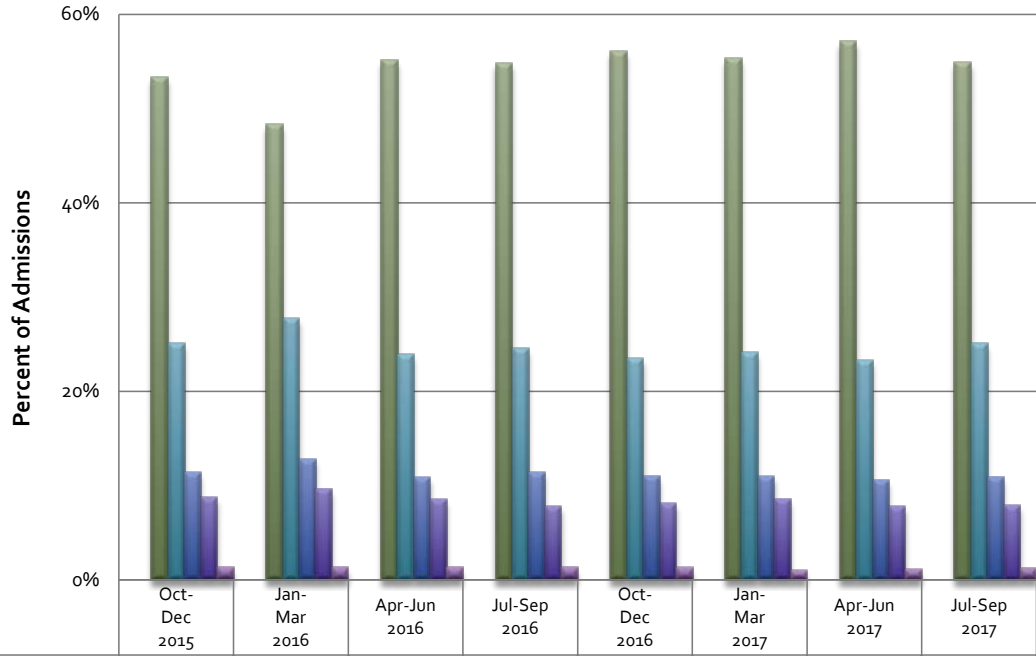
NIDA's Principles of Drug Addiction Treatment states: "The appropriate duration for an individual depends on the type and degree of his or her problem and needs. Research indicates that most addicted individuals need at least three months in treatment to significantly reduce or stop their drug use and 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.<sup>1</sup>  
<sup>1</sup>Dennis, M.L. et al, 2005. The duration and correlates of addiction and treatment careers. Journal of Substance Abuse Treatment 28 (Suppl.1):S51-S62

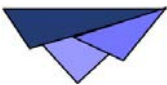


Adult Consumers Admitted to Tx	6,941	7,849	6,930	7,243	6,789	7,460	7,443	7,292
Adult Consumers with Previous Tx	3,237	4,054	3,107	3,272	2,982	3,332	3,187	3,286
Adult Consumers Admitted with Previous Tx Pct	46.6%	51.6%	44.8%	45.2%	43.9%	44.7%	42.8%	45.1%
0 Prior Tx Episodes	3,704	3,795	3,823	3,971	3,807	4,128	4,256	4,006
0 Prior Tx Episodes Pct	53.4%	48.4%	55.2%	54.8%	56.1%	55.3%	57.2%	54.9%
1 Prior Tx Episode	1,741	2,181	1,662	1,778	1,597	1,800	1,732	1,829
1 Prior Tx Episode Pct	25.1%	27.8%	24.0%	24.5%	23.5%	24.1%	23.3%	25.1%
2 Prior Tx Episodes	794	1,008	758	829	746	818	788	792
2 Prior Tx Episodes Pct	11.4%	12.8%	10.9%	11.4%	11.0%	11.0%	10.6%	10.9%
3 - 5 Prior Tx Episodes	609	758	595	568	550	636	580	576
3 - 5 Prior Tx Episodes Pct	8.8%	9.7%	8.6%	7.8%	8.1%	8.5%	7.8%	7.9%
6 + Prior Tx Episodes	93	107	92	97	89	78	87	89
6 + Prior Tx Episodes Pct	1.3%	1.4%	1.3%	1.3%	1.3%	1.0%	1.2%	1.2%

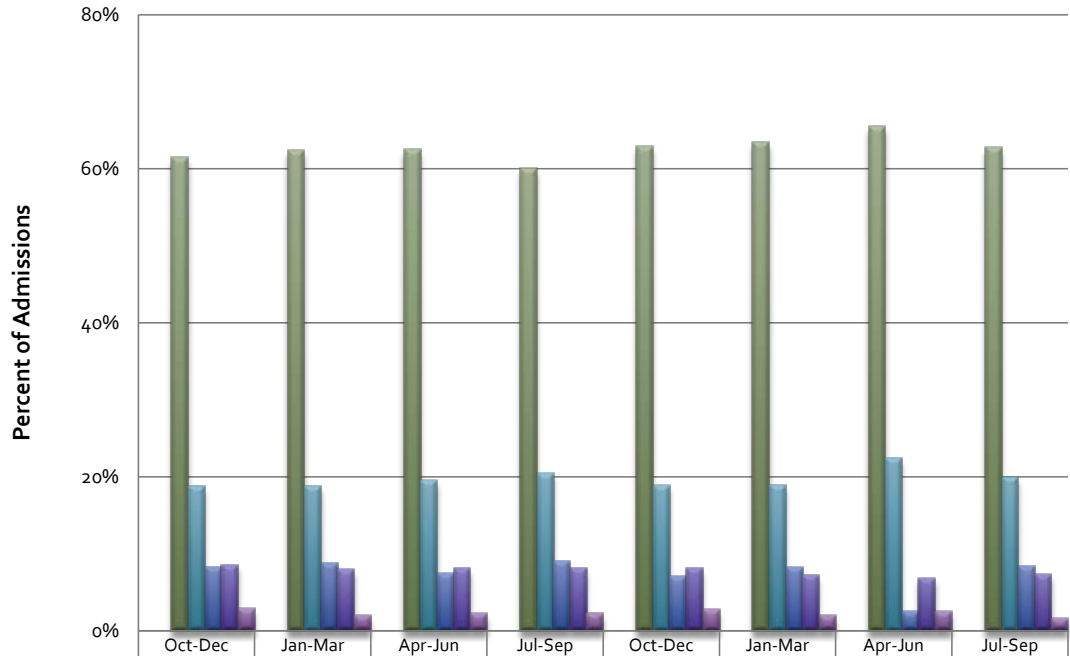
NOTE: The above data includes only treatment programs within 36 months of consumers' last admission within the quarter. Detox, SATOP, Recovery Support and Compulsive Gambling episodes of care were not included.

**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.**





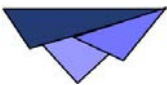
## Adult Detox Admissions With Prior Detox Episodes in Past 36 Months



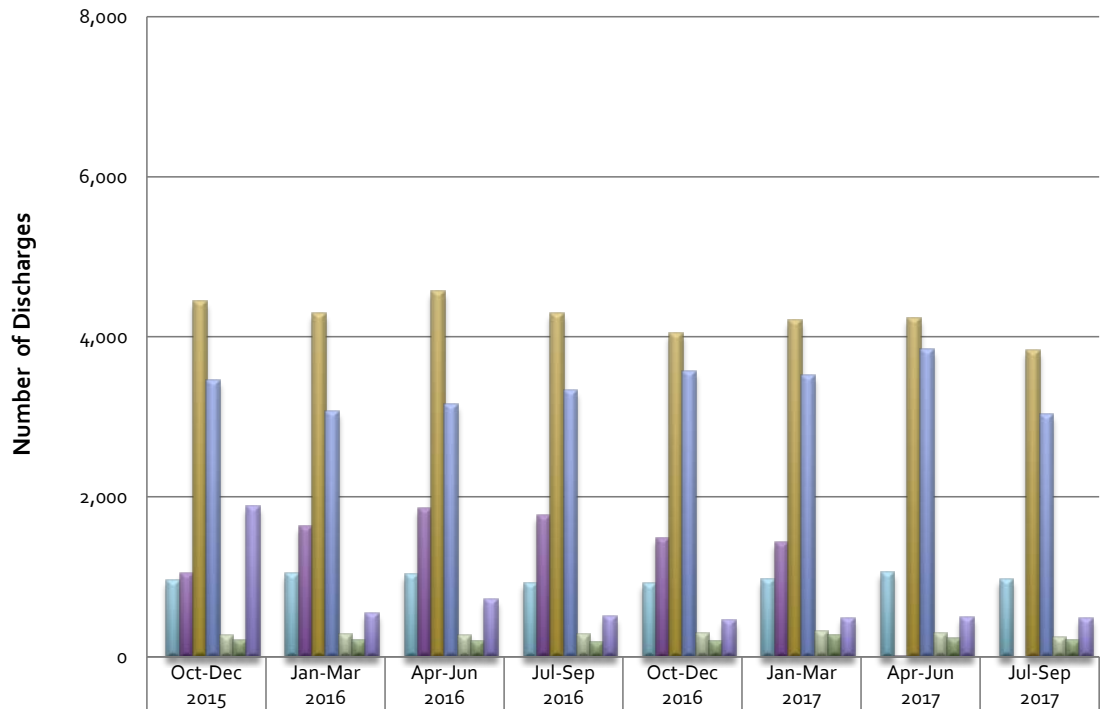
	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017	Jul-Sep 2017
Consumers Admitted to Detox	1,617	1,736	1,712	1,735	1,577	1,607	1,489	1,581
Consumers with Previous Detox	623	653	641	693	585	587	513	589
Consumers Admitted with Previous Detox Pct	38.5%	37.6%	37.4%	39.9%	37.1%	36.5%	34.5%	37.3%
0 Prior Detox Episodes	994	1,083	1,071	1,042	992	1,020	976	992
0 Prior Detox Episodes Pct	61.5%	62.4%	62.6%	60.1%	62.9%	63.5%	65.5%	62.7%
1 Prior Detox Episode	303	326	334	355	299	304	334	315
1 Prior Detox Episode Pct	18.7%	18.8%	19.5%	20.5%	19.0%	18.9%	22.4%	19.9%
2 Prior Detox Episodes	134	152	128	158	113	134	38	133
2 Prior Detox Episodes Pct	8.3%	8.8%	7.5%	9.1%	7.2%	8.3%	2.6%	8.4%
3 - 5 Prior Detox Episodes	139	140	139	141	128	117	103	116
3 - 5 Prior Detox Episodes Pct	8.6%	8.1%	8.1%	8.1%	8.1%	7.3%	6.9%	7.3%
6 + Prior Detox Episodes	47	35	40	39	45	32	38	25
6 + Prior Detox Episodes Pct	2.9%	2.0%	2.3%	2.2%	2.9%	2.0%	2.6%	1.6%

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.



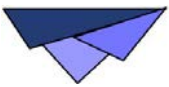
## Substance Use Treatment Discharges



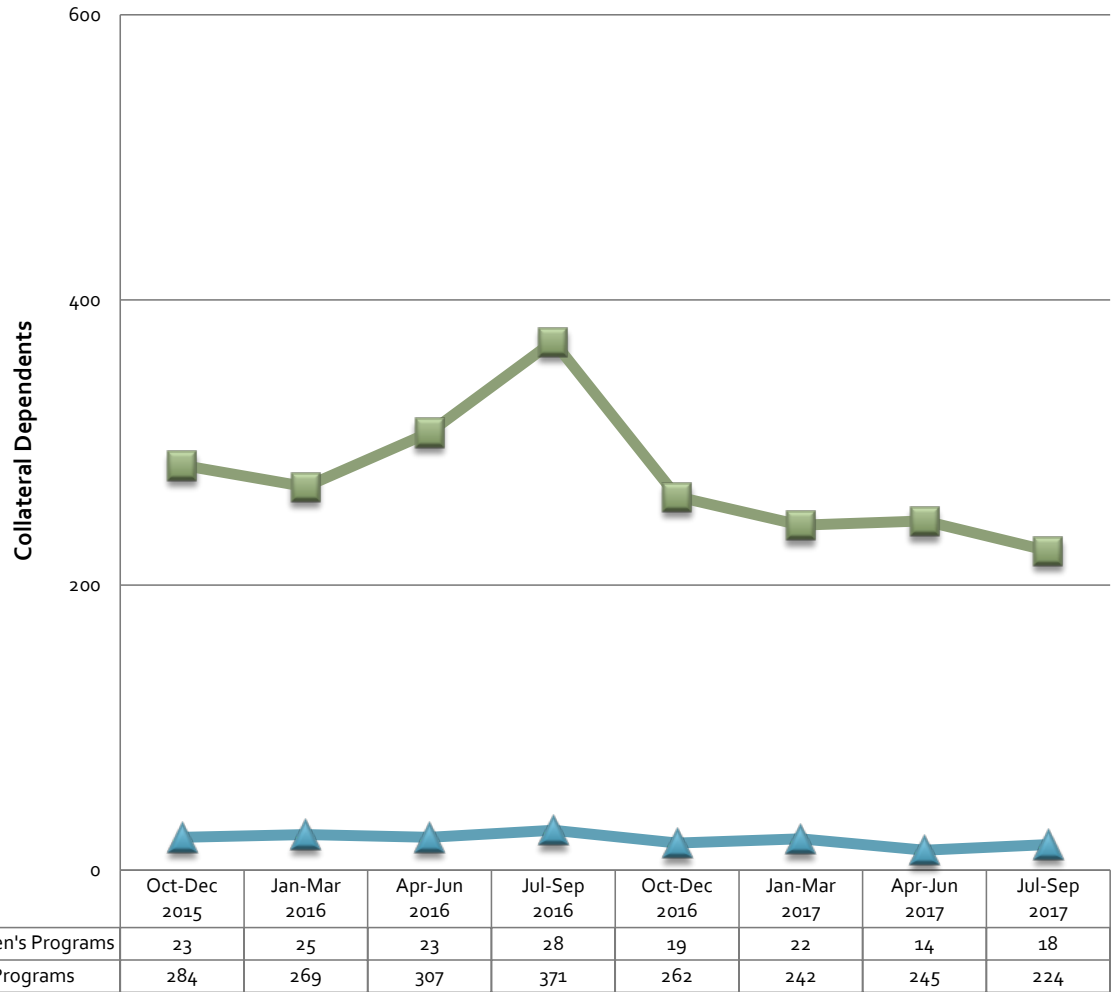
	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017	Jul-Sep 2017
Total Discharges	12,285	11,078	11,827	11,295	10,979	11,201	10,182	8,772
Agency Initiated	961	1,046	1,036	926	920	970	1,055	975
Auto Discharges	1,049	1,631	1,857	1,767	1,487	1,431	16	2
Completed Treatment	4,442	4,295	4,574	4,292	4,043	4,203	4,237	3,827
Consumer Initiated	3,461	3,072	3,157	3,334	3,568	3,523	3,843	3,031
Law Enforcement Initiated	275	284	278	283	298	316	300	245
Other Discharges	211	206	202	188	201	268	232	206
Transferred	1,886	544	723	505	462	490	499	486

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.**

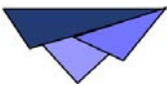


## Collateral Dependents Served



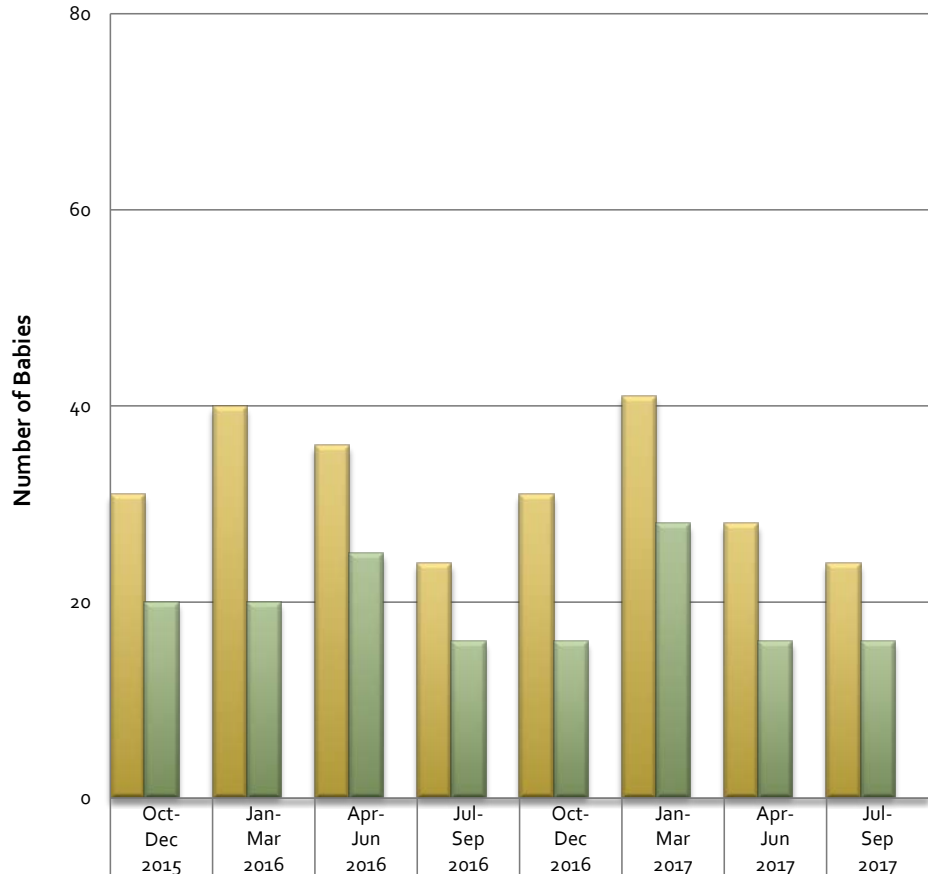
NOTE: A collateral dependent has no substance use disorder but is seeking services because of problems arising from his or her relationship with an individual who has a substance use disorder and is engaged in treatment.

**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

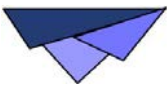
During 2013, there were 658 newborns affected by illicit drugs that were reported to the Missouri Department of Health and Senior Services. However, this number is under-reported due to lack of standards for reporting. (Data Source: Missouri Department of Health and Senior Services)



■ Babies Born (TEDS Data)	31	40	36	24	31	41	28	24
■ Drug Free Babies Born (TEDS Data)	20	20	25	16	16	28	16	16
% Born Drug Free	64.5%	50.0%	69.4%	66.7%	51.6%	68.3%	57.1%	66.7%

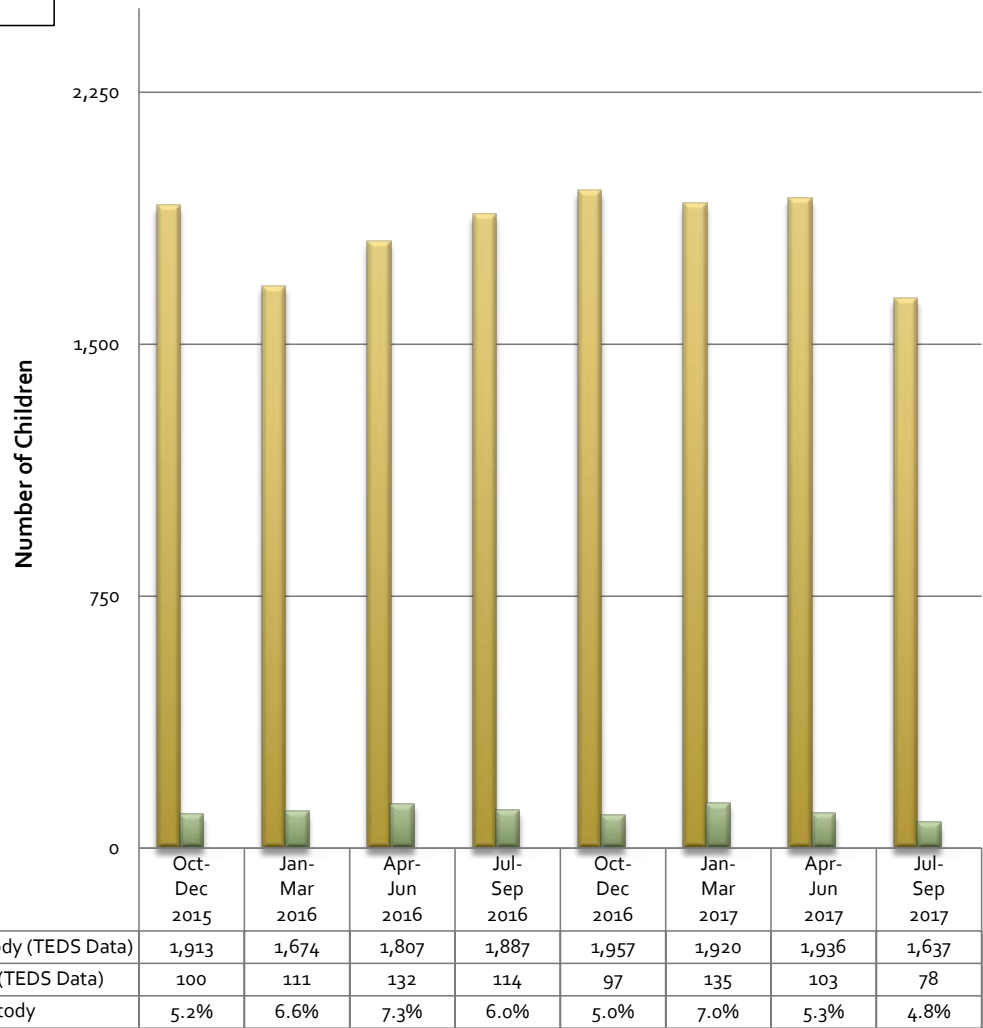
NOTE: In May 2010, TEDS data collection pages in CIMOR were upgraded to collect the number of babies born drug free during treatment for all female consumers in treatment and is collected when the program is closed. Due to this change, the data from previous reports are not comparable.

**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.



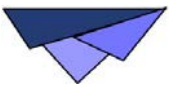
## Children Returned to Custody

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)

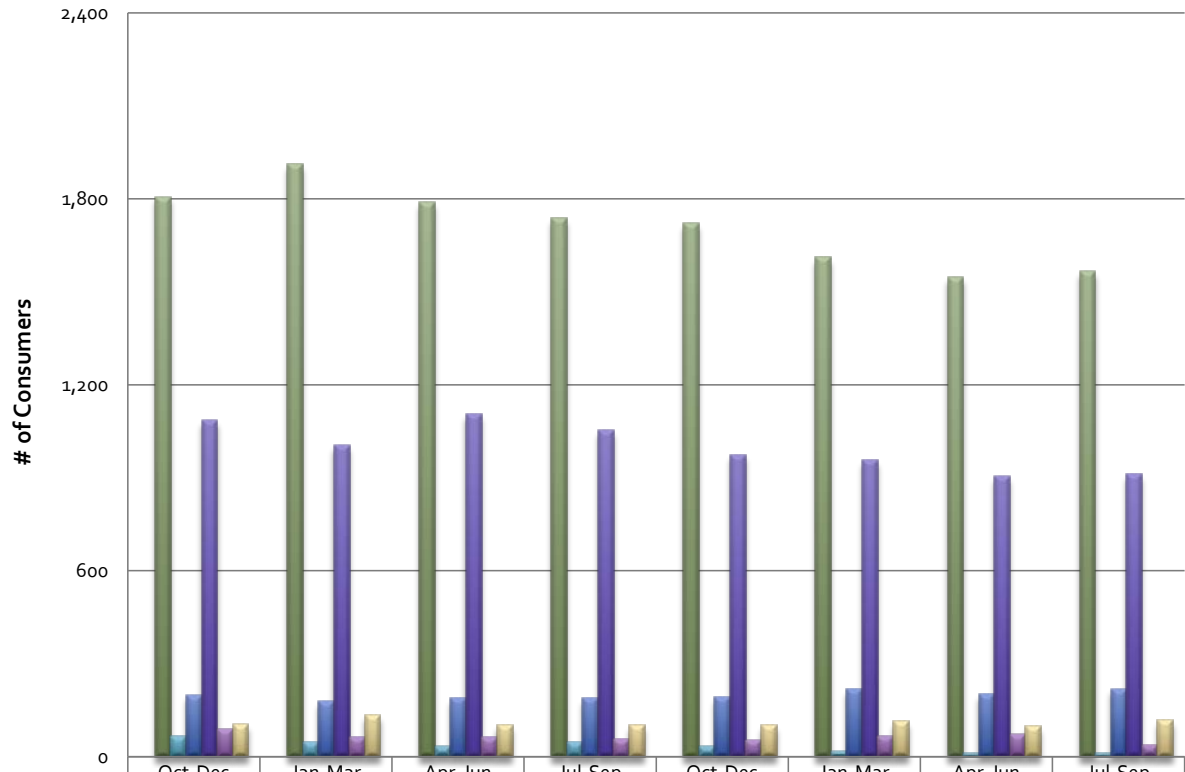


NOTE: In May 2010, TEDS data collection pages in CIMOR were upgraded to collect the number of children returned to custody for all consumers in treatment and is collected when the program is closed.

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



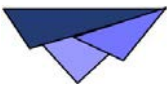
## Consumers Receiving Recovery Supports



Unduplicated Number Served	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017	Jul-Sep 2017
Coordination Services	1,807	1,912	1,789	1,738	1,721	1,610	1,547	1,566
Drop-In Services	66	48	34	48	34	18	12	12
Housing	200	178	188	189	193	218	202	220
Recovery Services	1,087	1,005	1,107	1,054	975	957	906	912
Spiritual Services	90	62	62	57	54	65	72	37
Transportation	104	135	101	103	102	114	98	118

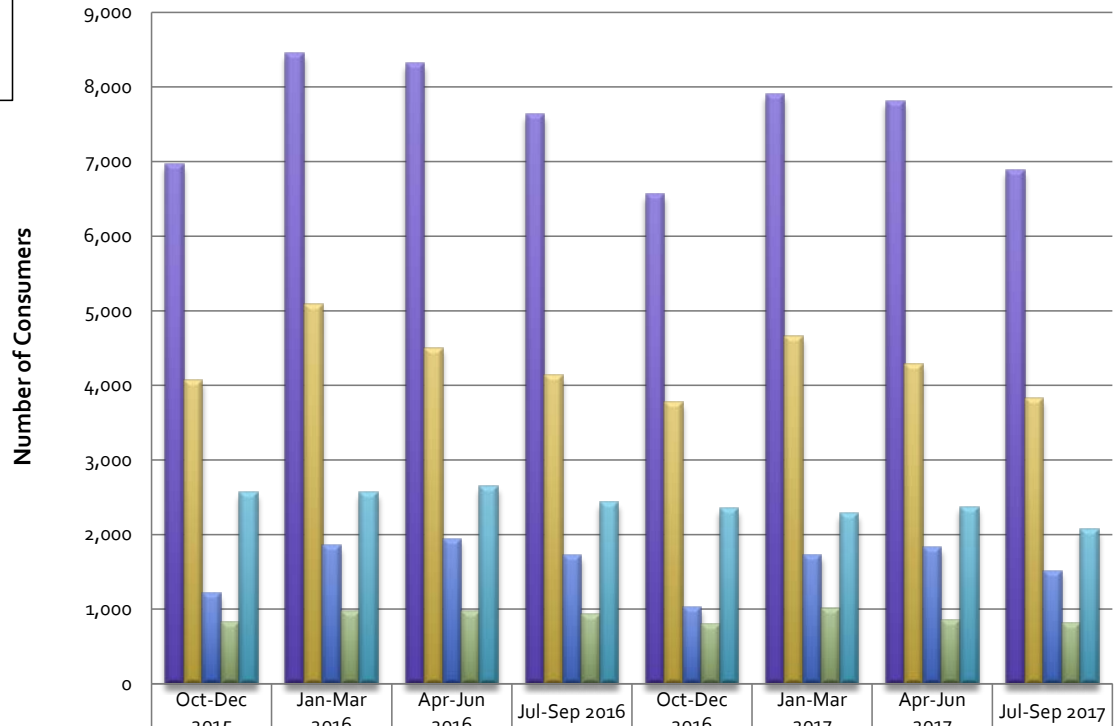
NOTE: Recovery supports are a collection of non-clinical services that support recovery from alcohol and drug addiction. The ATR program is limited to 7 counties in West Central Missouri, 7 counties in Southwest Missouri, and 7 counties in Southeast Missouri.

**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

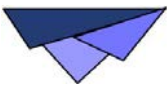
The annual number of DWI arrests have been trending downward: 35,543 in 2009 to 22,815 in 2015. Data Source: Missouri Department of Public Safety.



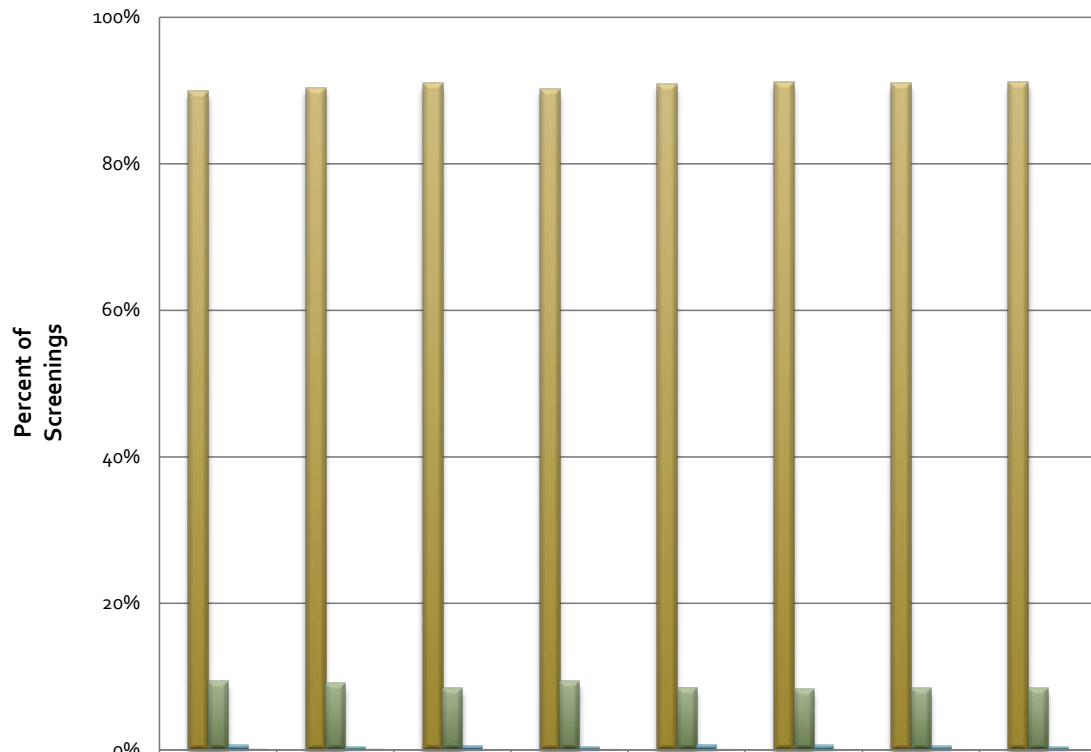
	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017	Jul-Sep 2017
■ Unduplicated Number of SATOP Consumers	6,961	8,455	8,317	7,633	6,569	7,900	7,807	6,891
■ SATOP Screened	4,076	5,086	4,506	4,132	3,776	4,658	4,291	3,832
■ Education Pgm	1,215	1,862	1,944	1,723	1,032	1,730	1,831	1,516
■ Weekend Intervention Pgm	821	980	974	935	805	1,012	855	820
■ Clinical Treatment Pgm	2,563	2,567	2,652	2,437	2,355	2,291	2,373	2,069

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

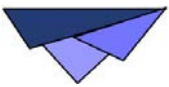


	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017	Jul-Sep 2017
SATOP Screened or Assigned to Comparable Pgm	4,672	5,789	5,257	4,841	4,411	5,431	5,042	4,450
0 Prior Screening	4,203	5,233	4,784	4,364	4,007	4,950	4,586	4,054
0 Prior Screening Pct	90.0%	90.4%	91.0%	90.1%	90.8%	91.1%	91.0%	91.1%
1 Prior Screening	435	528	445	454	371	448	426	376
1 Prior Screening Pct	9.3%	9.1%	8.5%	9.4%	8.4%	8.2%	8.4%	8.4%
2 Prior Screenings	31	25	27	21	31	32	29	19
2 Prior Screenings Pct	0.7%	0.4%	0.5%	0.4%	0.7%	0.6%	0.6%	0.4%
3+ Prior Screenings	3	3	1	2	2	1	1	1
3+ Prior Screenings Pct	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

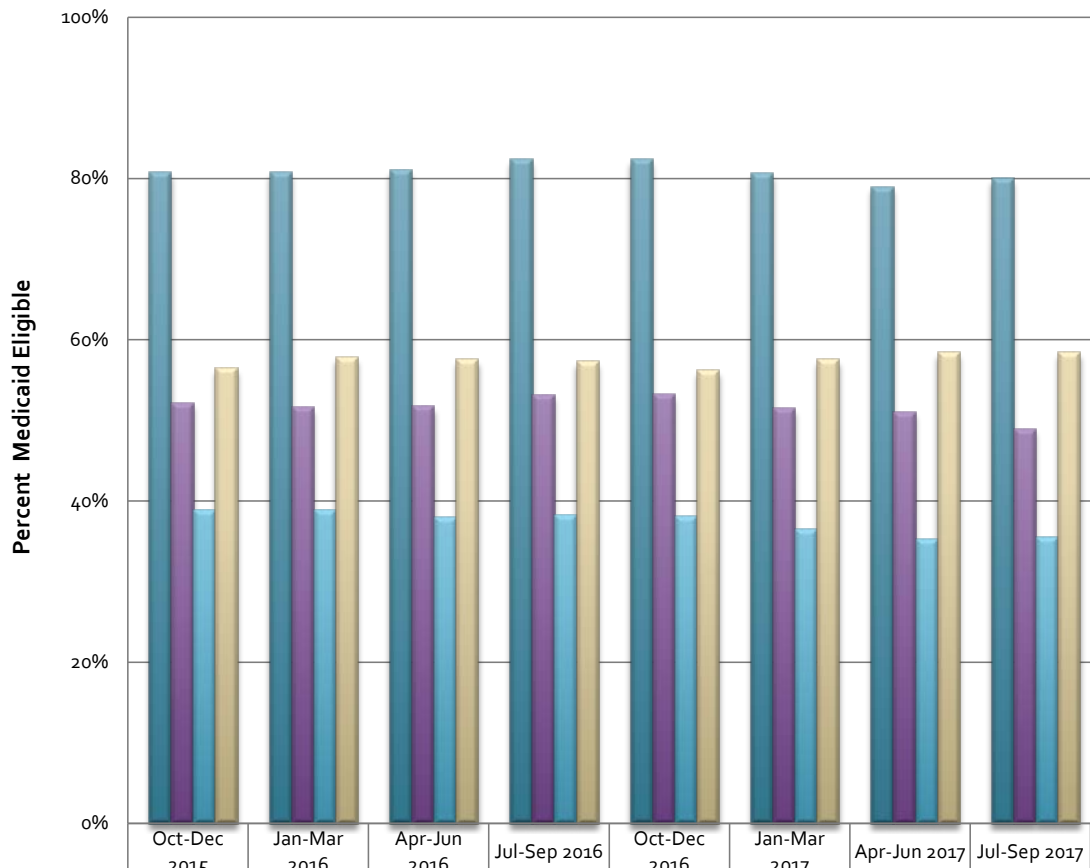
NOTE: All data reflects number of previous screenings within the past 5 years of consumers' last SATOP screening within the reported quarter.

**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.





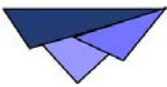
## Medicaid Eligibility for Individuals Served in CSTAR Programs



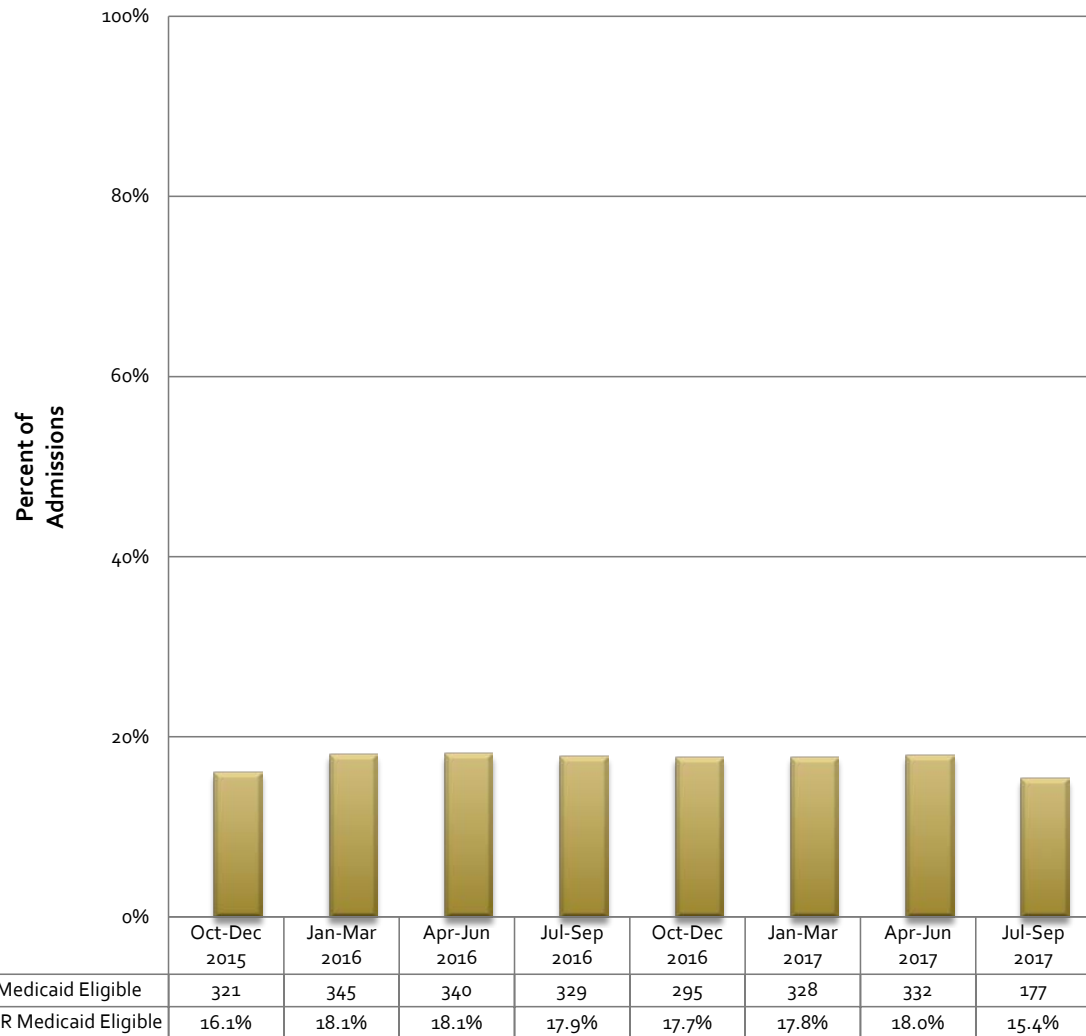
	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017	Jul-Sep 2017
CSTAR Adolescent Medicaid Eligible	885	1,008	1,007	923	959	951	880	760
% CSTAR Adolescent Medicaid Eligible	80.8%	80.8%	81.0%	82.4%	82.4%	80.7%	79.0%	80.0%
CSTAR W&C Medicaid Eligible	1,288	1,350	1,346	1,328	1,321	1,308	1,339	1,214
% CSTAR W&C Medicaid Eligible	52.2%	51.6%	51.7%	53.2%	53.3%	51.5%	51.1%	49.0%
CSTAR Gen Adult Medicaid Eligible	3,715	3,917	3,915	4,007	3,989	4,048	4,046	3,604
% CSTAR Gen Adult Medicaid Eligible	38.9%	38.9%	38.0%	38.3%	38.1%	36.4%	35.3%	35.5%
Opioid Medicaid Eligible	761	784	770	748	746	774	815	788
% Opioid Medicaid Eligible	56.5%	57.8%	57.6%	57.3%	56.3%	57.6%	58.5%	58.4%

NOTE: CSTAR Detox is excluded.

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

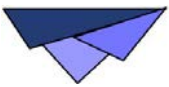


## Medicaid Eligibility for Individuals Served in Non-CSTAR Substance Use Programs

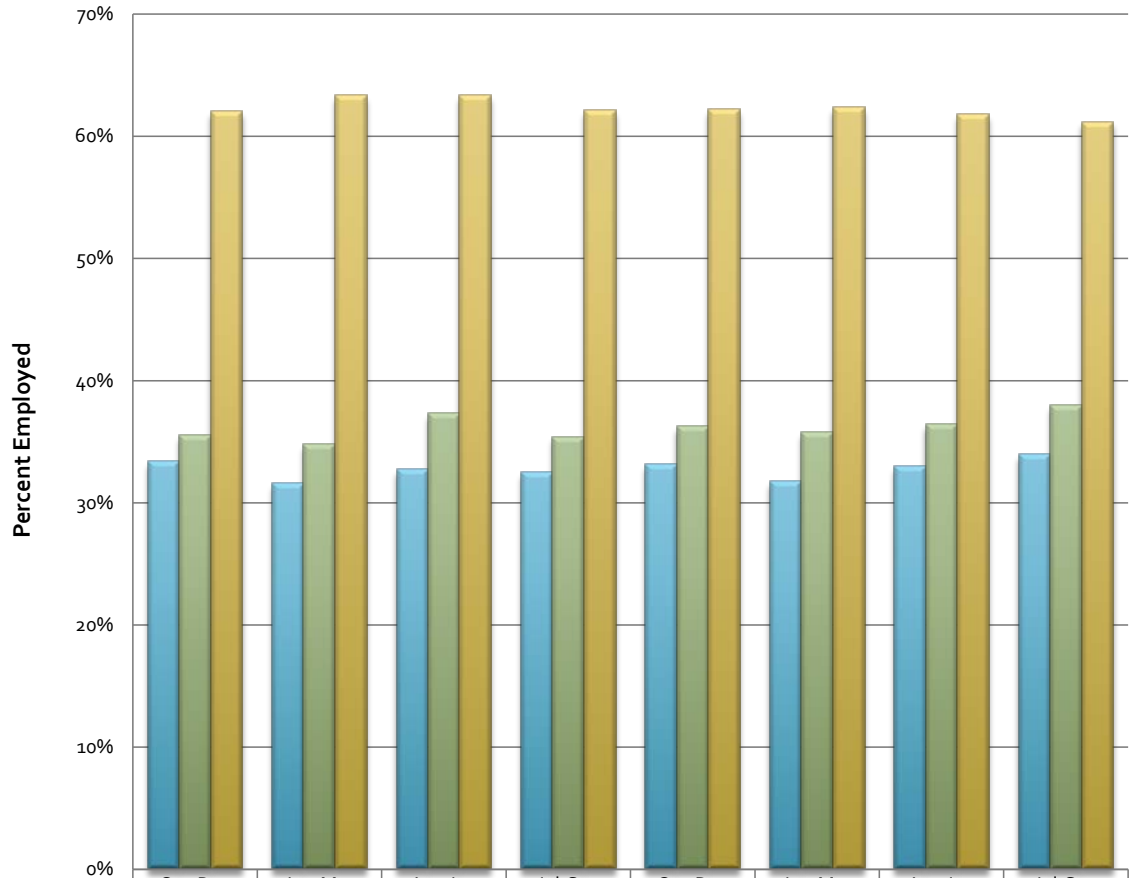


NOTE: Non-CSTAR programs include Primary Recovery Plus, Enhanced Primary Recovery Plus, Corrections Primary Recovery Plus, DOC Free & Clean Plus, DOC Partnership for Community Restoration, Clinical Intervention Program (Adult and Youth), Serious & Repeat Offender Program and General Treatment.

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



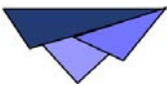
## Employment of Adult Population in Substance Use Treatment



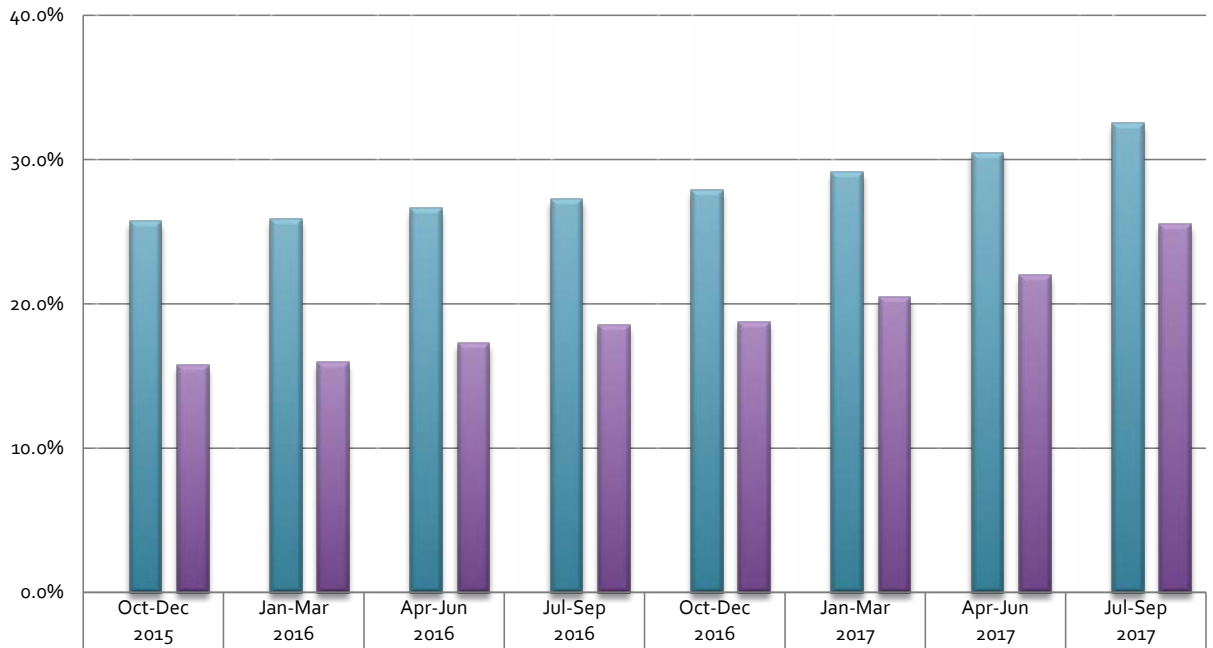
	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017	Jul-Sep 2017
■ Admission Employment of ADA Adult Population	33.42%	31.64%	32.77%	32.51%	33.16%	31.80%	32.99%	33.95%
■ Discharge Employment of ADA Adult Population	35.53%	34.78%	37.35%	35.41%	36.25%	35.82%	36.45%	37.99%
■ Employment of MO Adult Population	62.07%	63.37%	63.33%	62.13%	62.20%	62.37%	61.83%	61.20%

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.



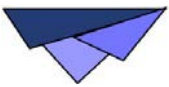
## Consumers Receiving Medication Therapy



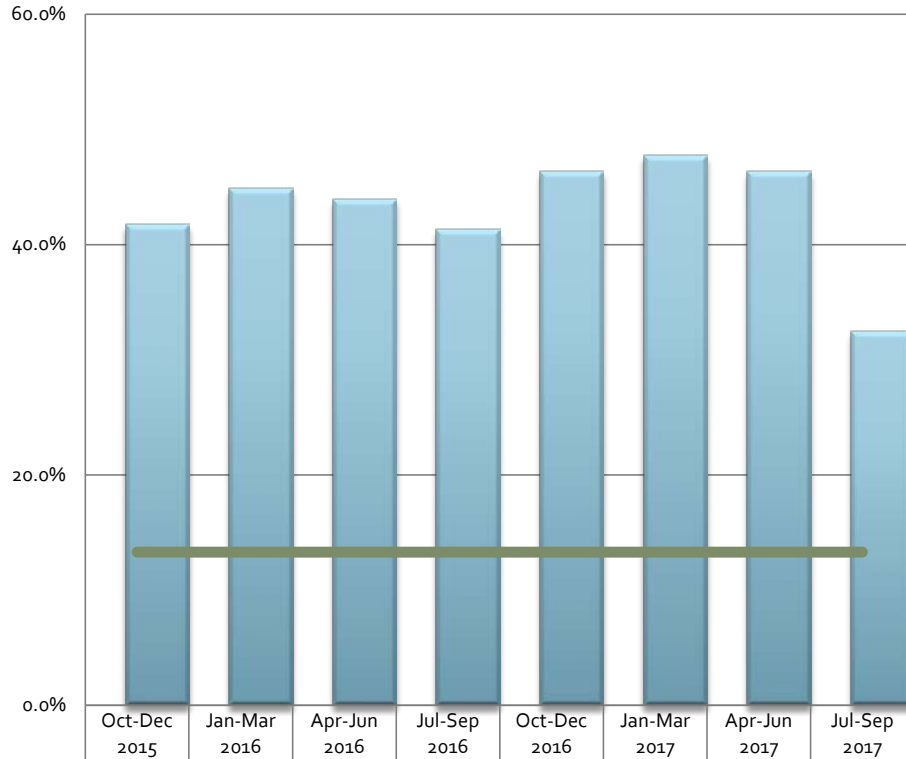
	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017	Jul-Sep 2017
Including CSTAR Opioid: # Adult Opioid/Alcohol-Addicted Consumers	10,517	10,760	10,994	11,060	10,945	11,368	11,584	10,485
# Consumers Receiving Medication Therapy	2,706	2,787	2,930	3,017	3,056	3,313	3,531	3,414
% Consumers Receiving Medication Therapy	25.7%	25.9%	26.7%	27.3%	27.9%	29.1%	30.5%	32.6%
Excluding CSTAR Opioid: # Adult Opioid/Alcohol-Addicted Consumers	8,883	9,171	9,343	9,435	9,301	9,723	9,869	8,989
# Consumers Receiving Medication Therapy	1,399	1,463	1,613	1,746	1,745	1,991	2,167	2,293
% Consumers Receiving Medication Therapy	15.7%	16.0%	17.3%	18.5%	18.8%	20.5%	22.0%	25.5%

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



	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017	Jul-Sep 2017
# of Detox Discharges	1,664	1,763	1,819	1,757	1,552	1,663	1,644	1,460
# Transitioning from Detox to Tx	695	792	799	726	720	795	762	474
% Transitioning from Detox to Tx	41.8%	44.9%	43.9%	41.3%	46.4%	47.8%	46.4%	32.5%
U.S. % Transitioning from Detox to Tx	13.3%	13.3%	13.3%	13.3%	13.3%	13.3%	13.3%	13.3%

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

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

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

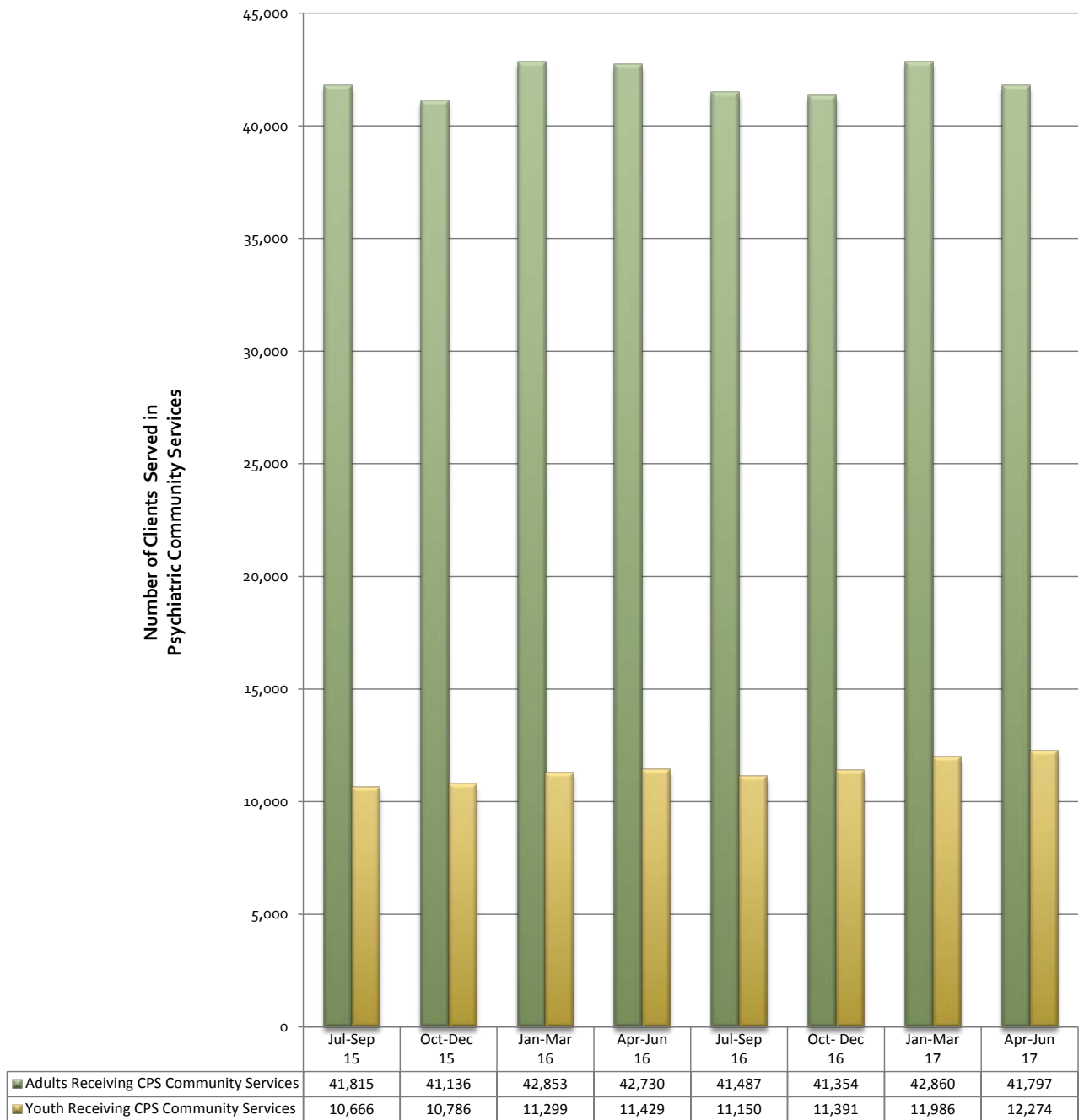


# Division of Behavioral Health

Comprehensive Psychiatric  
Services



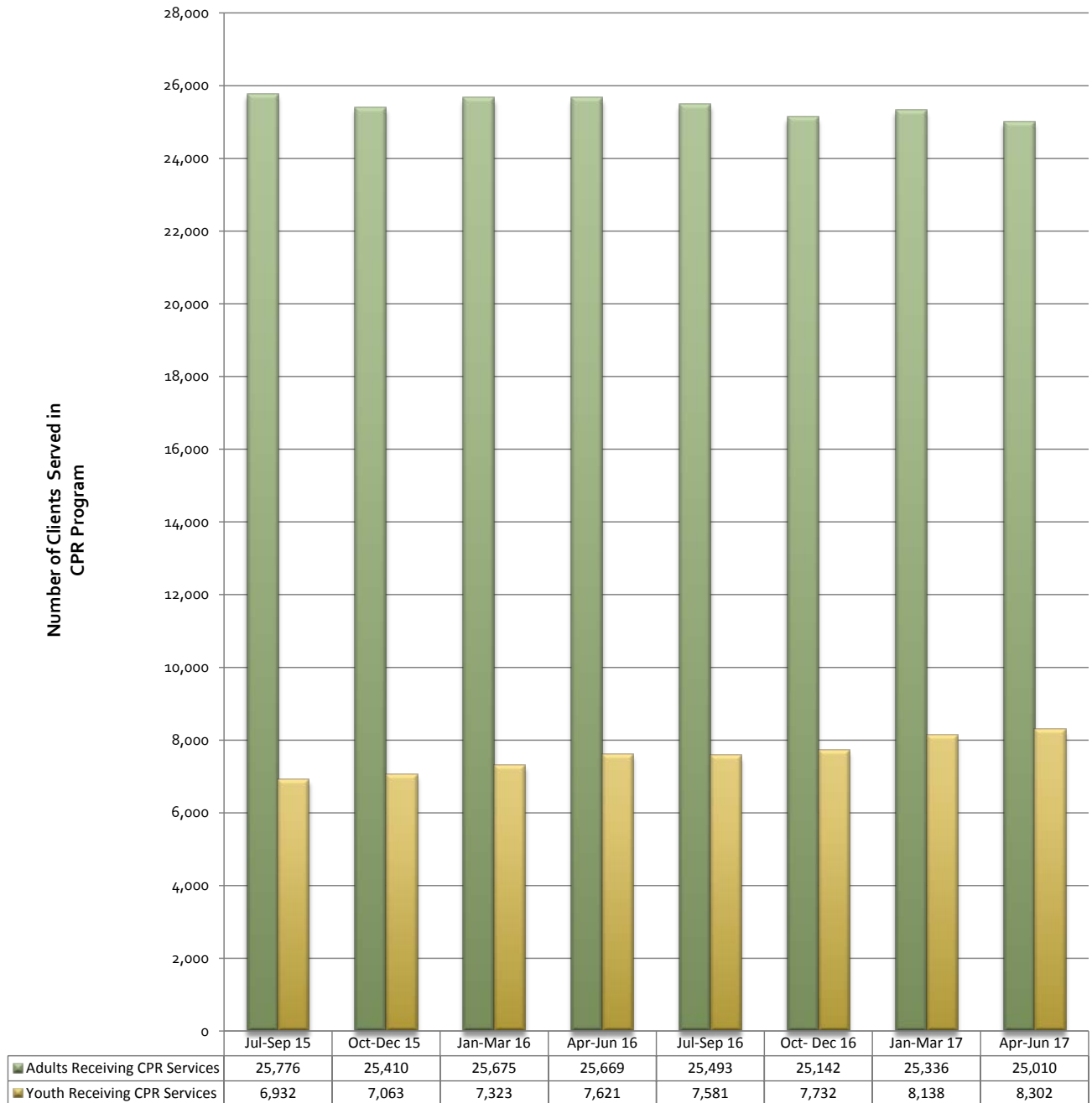
## Clients Receiving Psychiatric Community Services



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



## Clients in the Community Psychiatric Rehabilitation Program

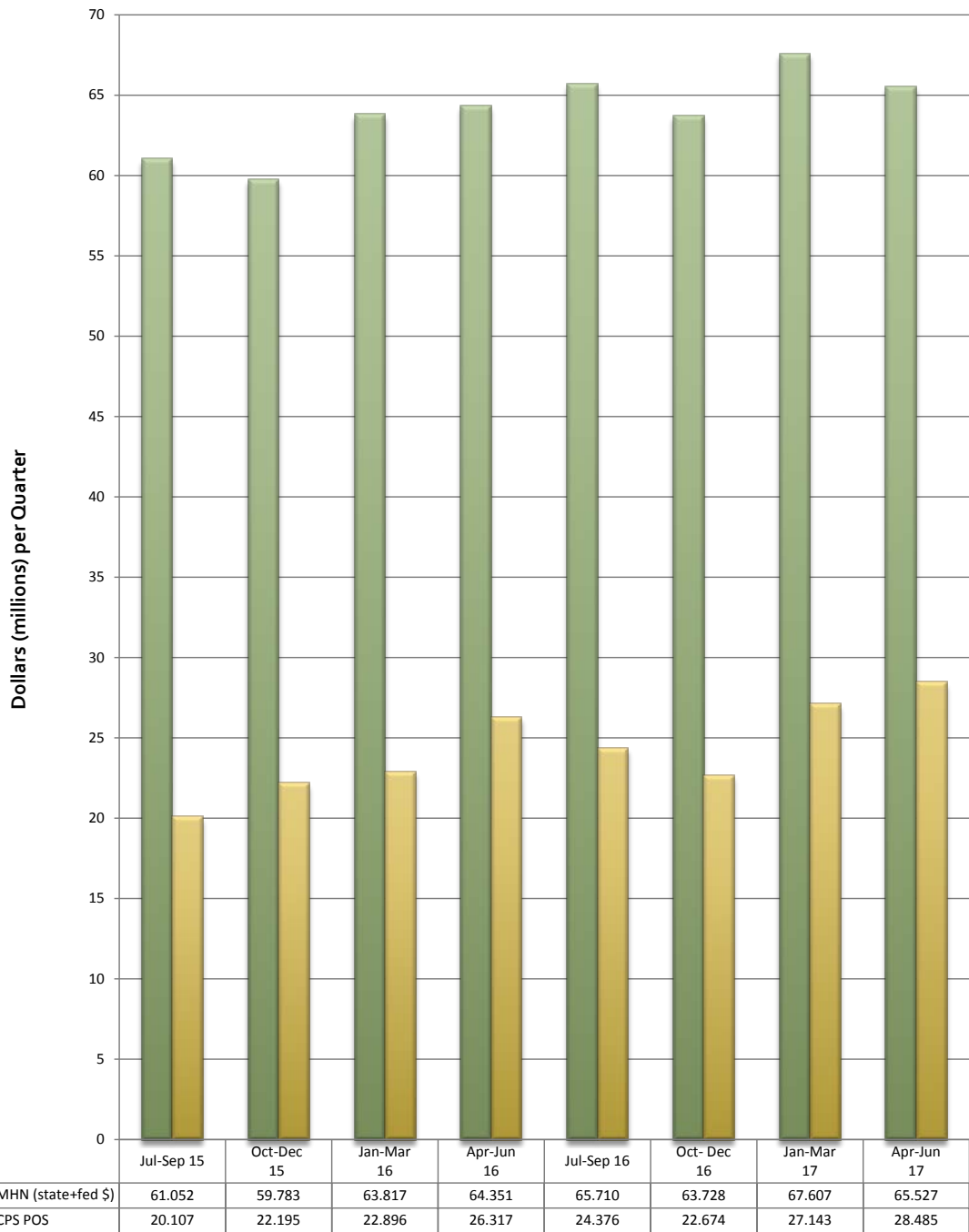


**SIGNIFICANCE:** The most recent quarter will always be undercounted due to lagging claims and therefore is not displayed. Adult and Youth CPR enrollment has somewhat stabilized after several years of steady growth, but Youth CPR was showing very gradual increases in the previous four quarters.





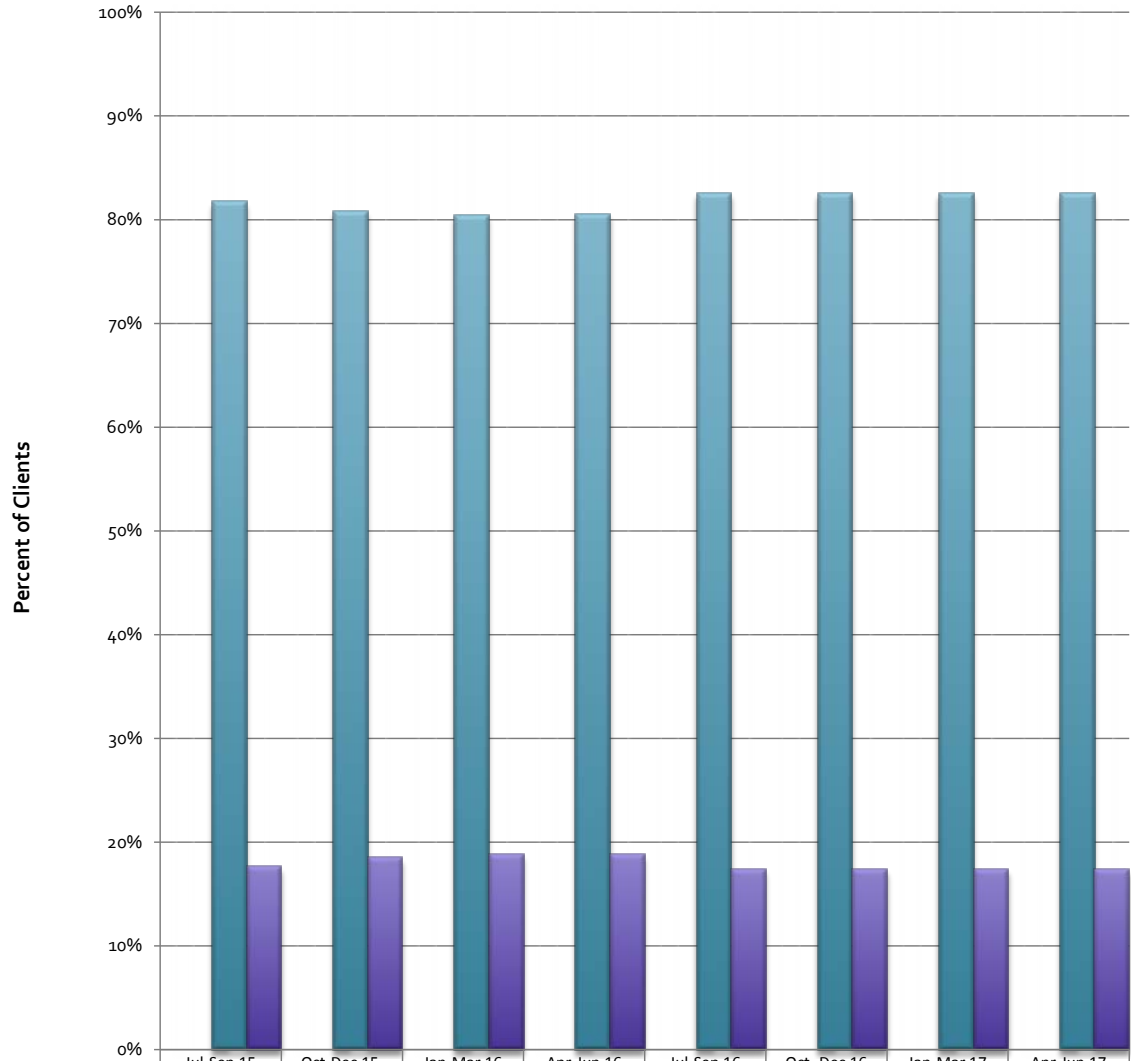
## Funding Sources for Psychiatric Services Community Clients



**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

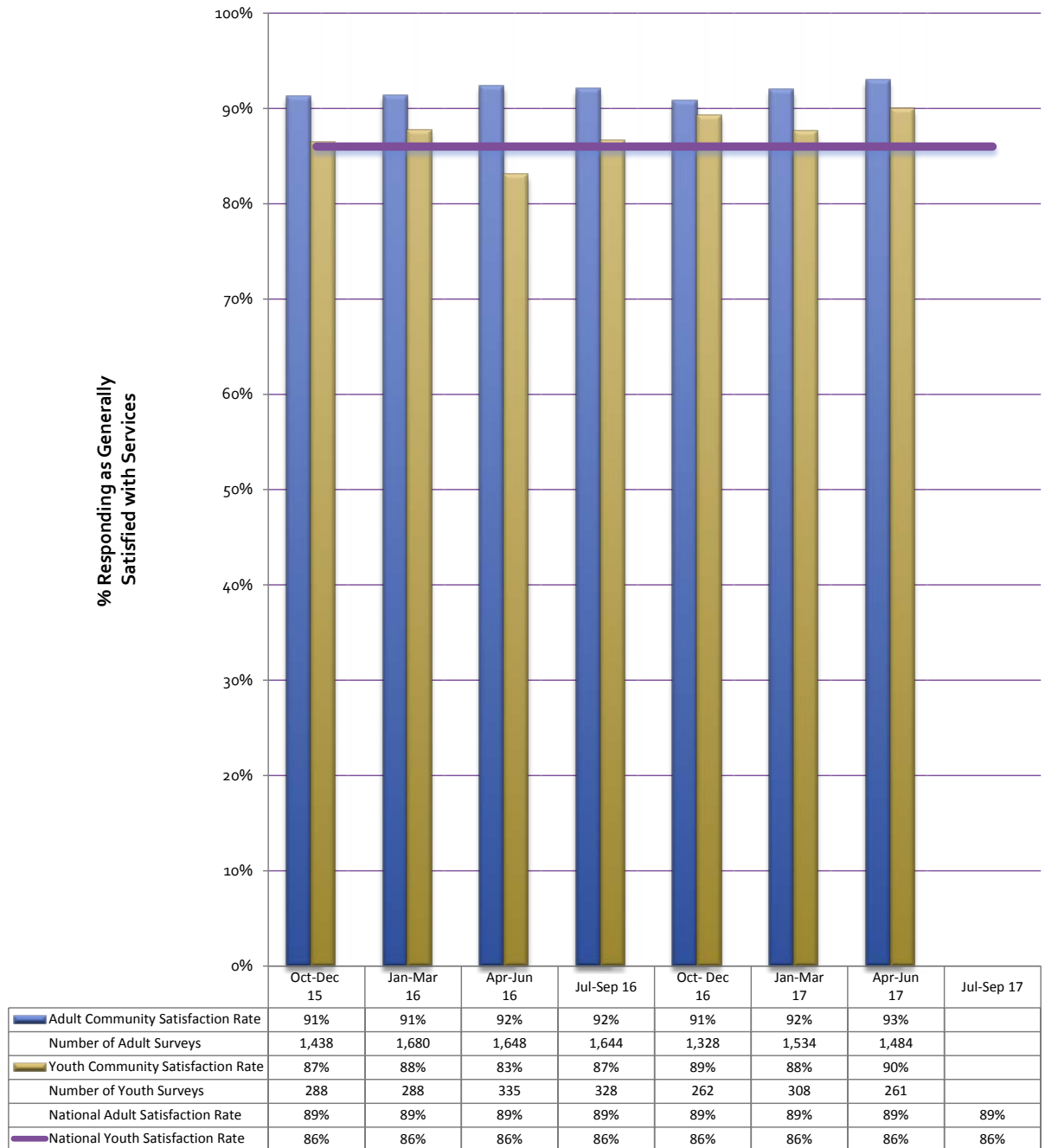


	Jul-Sep 15	Oct-Dec 15	Jan-Mar 16	Apr-Jun 16	Jul-Sep 16	Oct-Dec 16	Jan-Mar 17	Apr-Jun 17
CPS Facility Client Count	1,346	1,342	1,370	1,387	1,357	1,357	1,358	1,341
CPS Community Client Count	52,481	51,922	54,152	54,159	52,637	52,745	54,846	162,071
M.E. Clients -- All CPS Community	42,910	41,989	43,585	43,635	42,762	42,511	43,865	43,307
% M.E. -- All CPS Community	81.8%	80.9%	80.5%	80.6%	82.6%	82.6%	82.6%	82.6%
Not M.E. Clients -- All CPS Community	9,275	9,613	10,235	10,181	9,429	9,672	10,734	10,049
% Not M.E. -- All CPS Community	17.7%	18.5%	18.9%	18.8%	17.4%	17.4%	17.4%	17.4%

**SIGNIFICANCE:** The most recent quarter will always be undercounted due to lagging claims and is therefore 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.



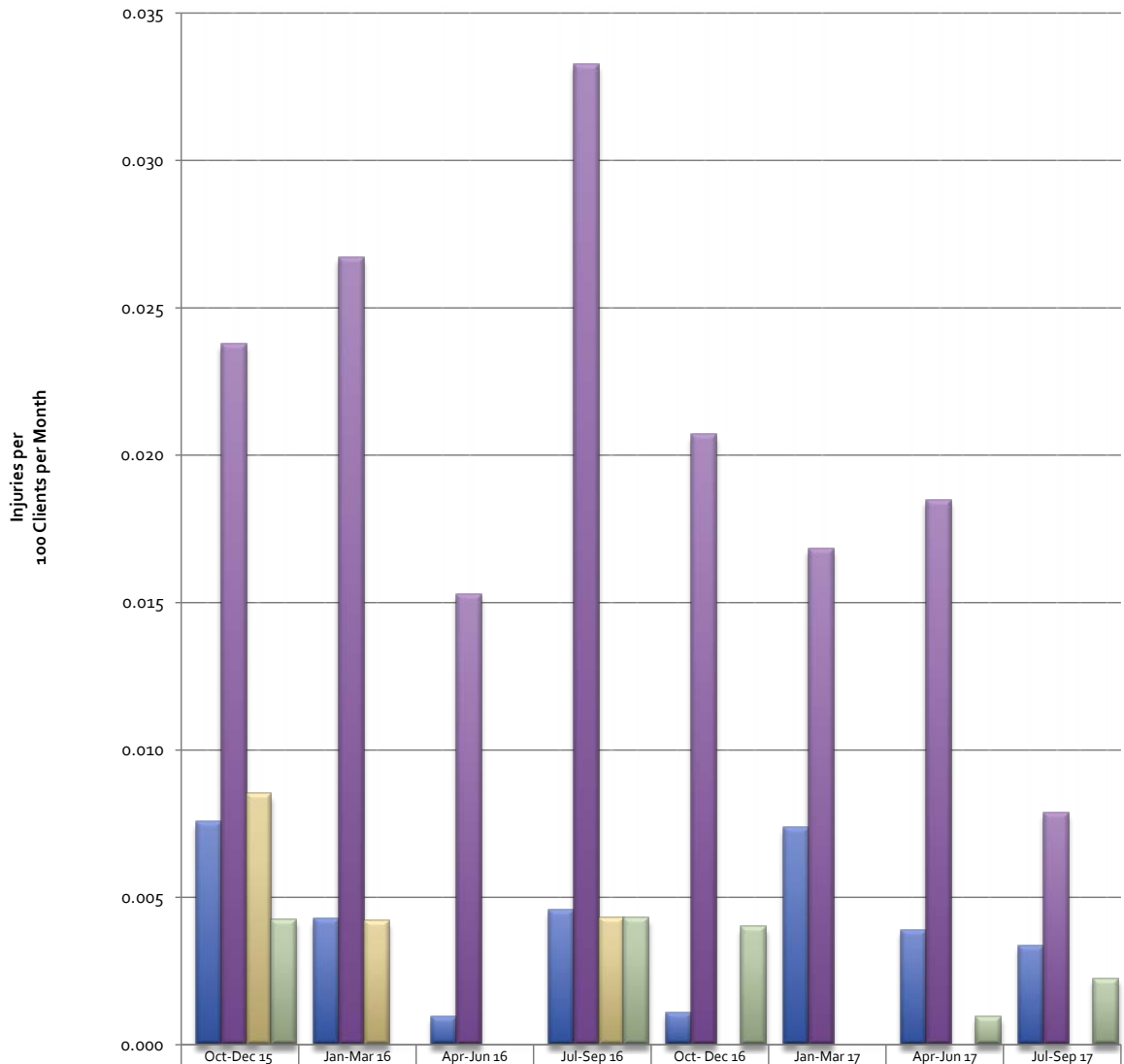
## Community Client General Satisfaction with Services



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

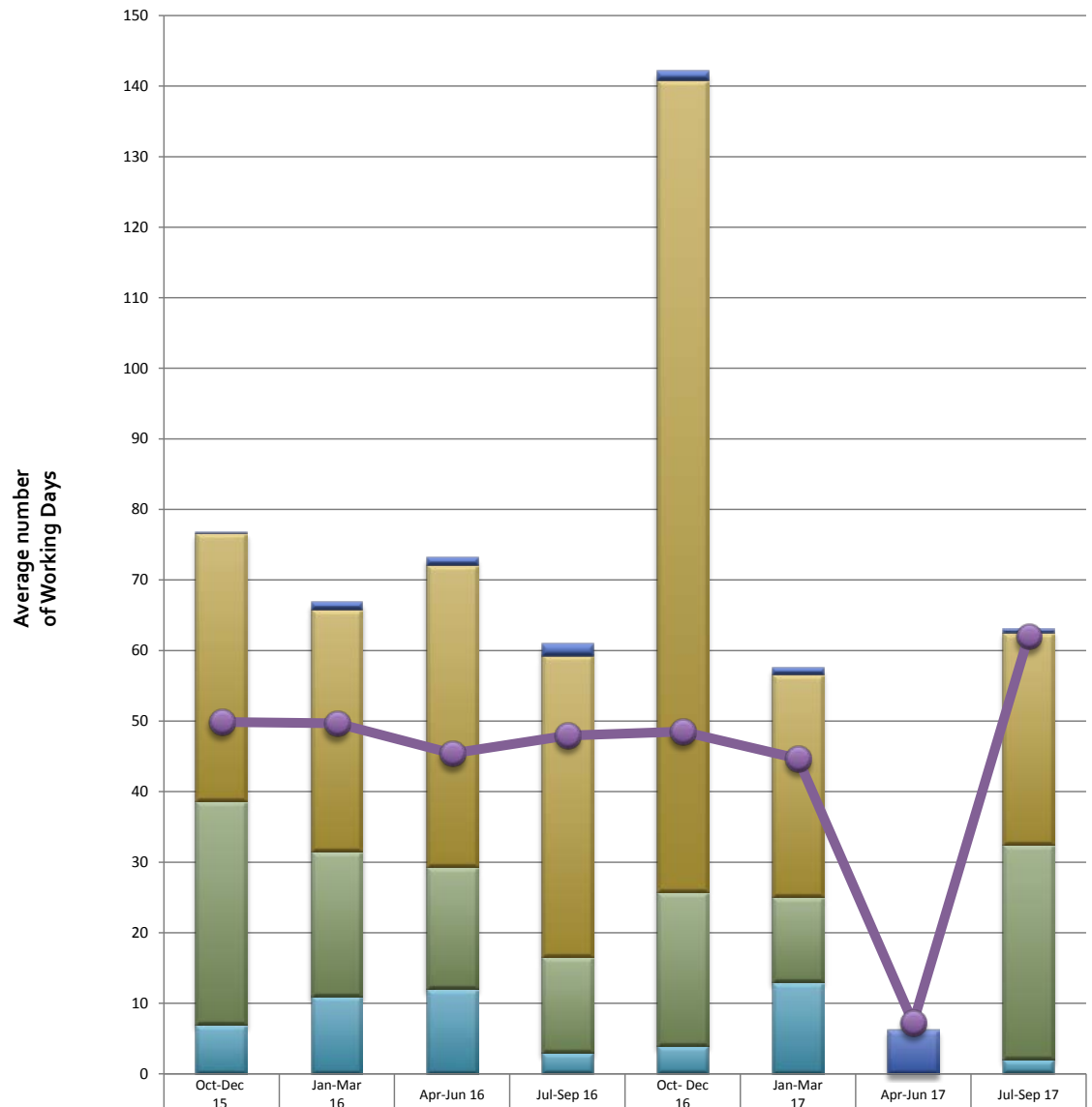


# Adult Injuries (hospitalization)	7	4	1	4	1	7	4	3
■ Adult Injuries (hosp.) per 100 consumers/mo	0	0	0	0	0	0	0	0
# Adult Injuries (death)	22	25	16	29	19	16	19	7
■ Adult Injuries (death.) per 100 consumers/mo	0	0	0	0	0	0	0	0
# Youth Injuries (hospitalization)	2	1	0	1	0	0	0	0
■ Youth Injuries (hosp.) per 100 consumers/mo	0	0	0	0	0	0	0	0
# Youth Injuries (death)	1	0	0	1	1	0	1	2
■ Youth Injuries (death.) per 100 consumers/mo	0	0	0	0	0	0	0	0

**SIGNIFICANCE:** There is a very low rate of serious injury to clients receiving community services, but these are individually significant events. The 15 adult injuries that resulted in deaths reported in the July-September '17 quarter are further categorized as: 3 suicides, 2 homicides, 4 car accident, and 1 undetermined. 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

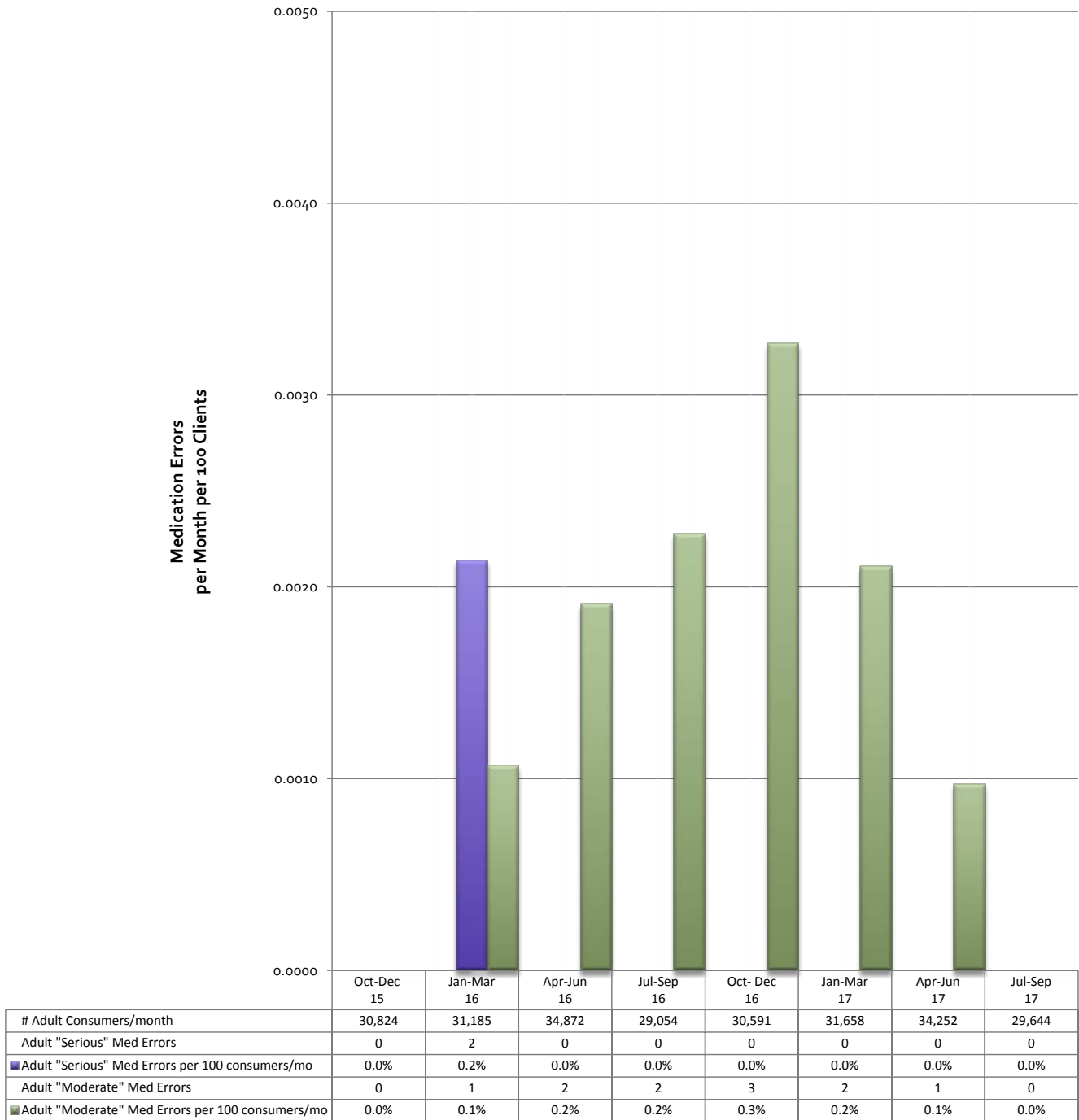


	Oct-Dec 15	Jan-Mar 16	Apr-Jun 16	Jul-Sep 16	Oct-Dec 16	Jan-Mar 17	Apr-Jun 17	Jul-Sep 17
CPSComm.: Event Discovery to Event Report	1.50	3.09	2.09	3.67	2.00	3.62	0.90	1.00
CPS Comm.: Event Report to Inv. Request	0.17	1.09	1.18	1.67	1.33	0.92	6.33	0.50
CPS Comm.: Inv. Request to Inv. Final Report	38.00	34.27	42.75	42.67	115.00	31.62	0.00	30.00
CPS Comm.: Inv. Final Report to Final Determination	31.64	20.50	17.33	13.60	21.80	12.00	0.00	30.50
CPS Comm. Investigation Event Count	7	11	12	3	4	13	0	2
CPS Comm.: "Typical" Inv Total Time	49.88	49.69	45.42	47.93	48.50	44.69	7.22	62.00

**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.



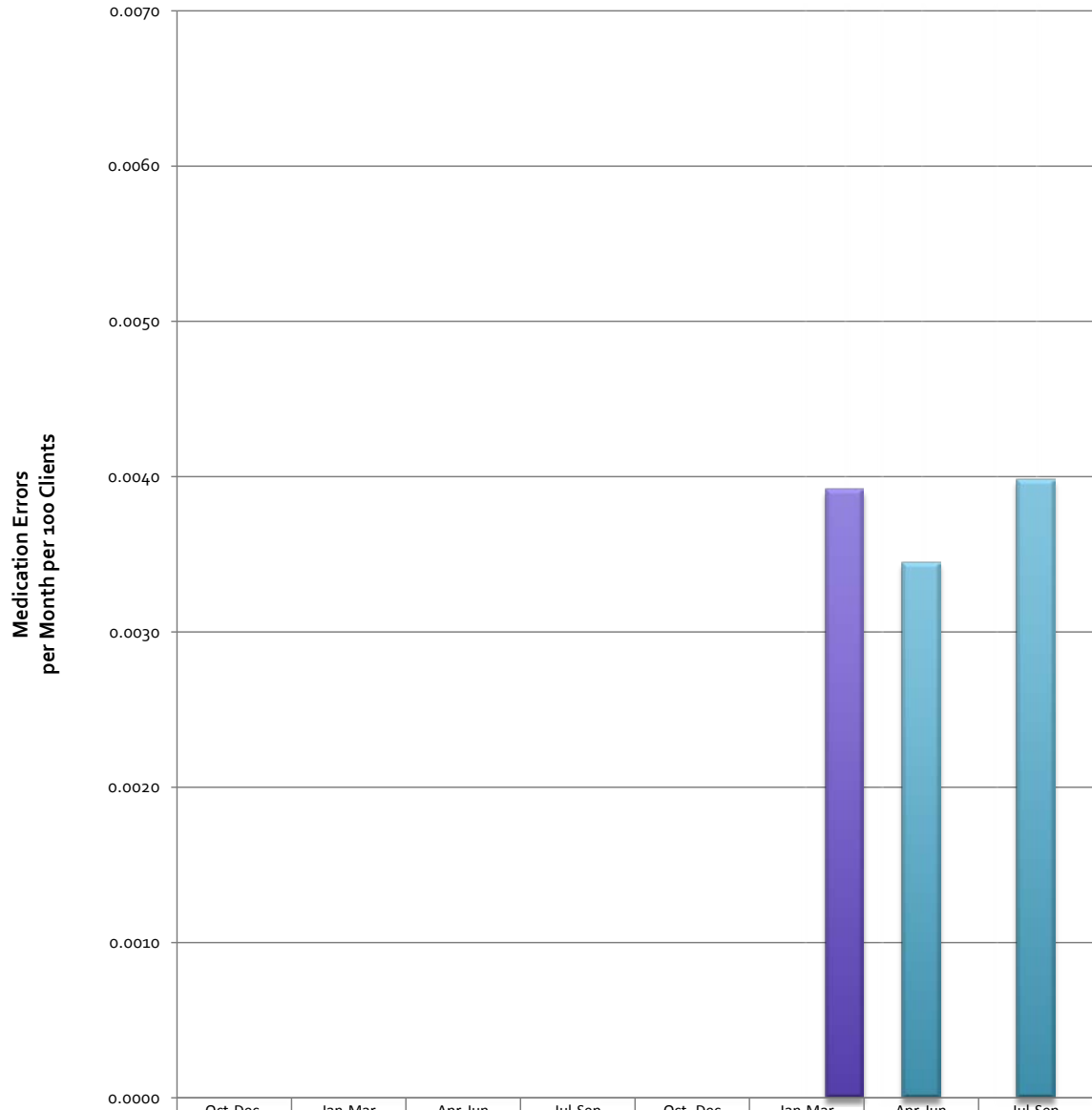
## Adult Community Medication Errors



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

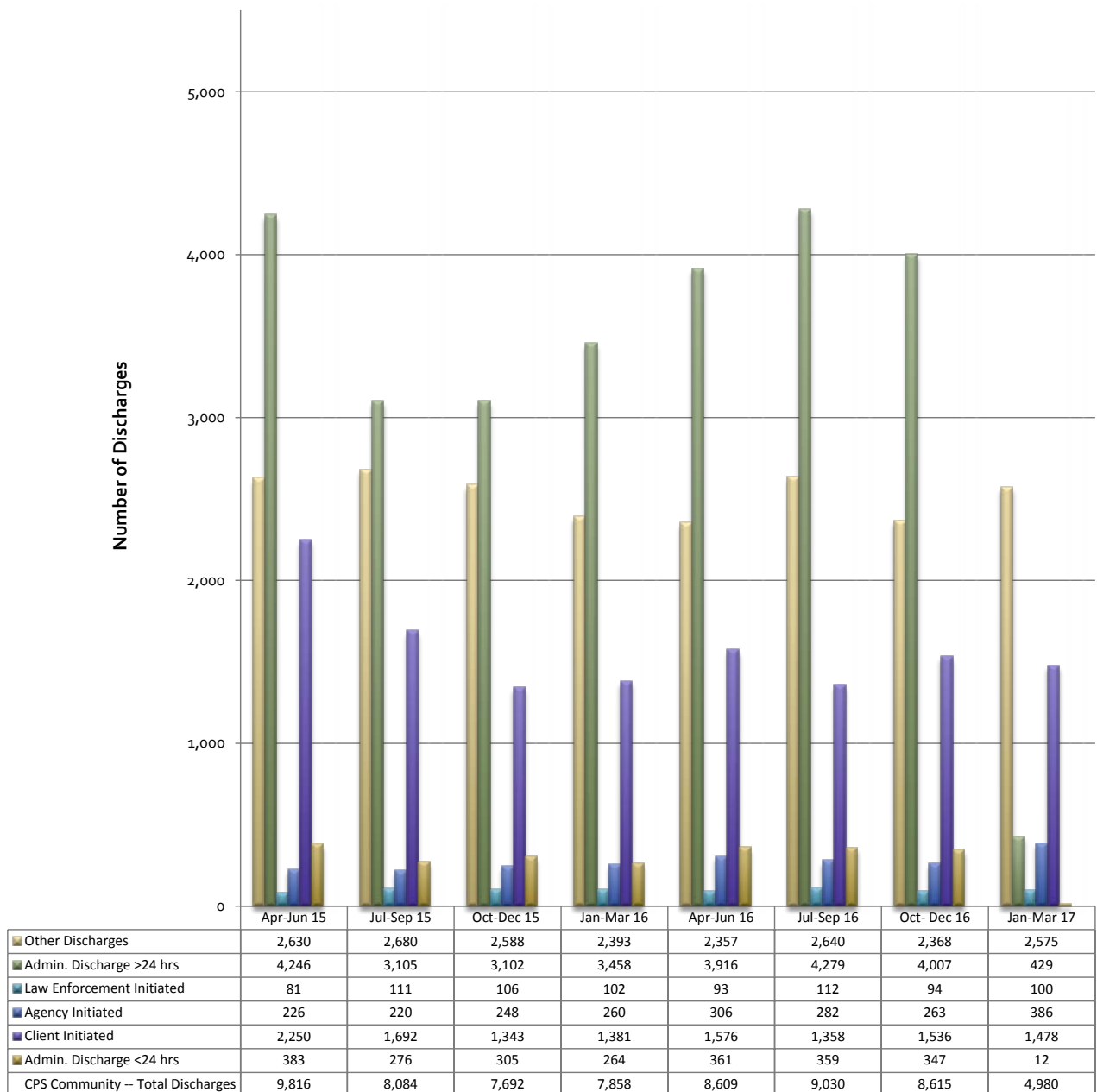


	Oct-Dec 15	Jan-Mar 16	Apr-Jun 16	Jul-Sep 16	Oct- Dec 16	Jan-Mar 17	Apr-Jun 17	Jul-Sep 17
# Youth Consumers/month	7,823	7,927	9,244	7,732	8,300	8,499	9,658	8,360
Youth "Moderate" Med Errors	0	0	0	0	0	0	1	1
Youth "Moderate" Med Errors per 100 consumers/mo	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.3%	0.4%
Youth "Serious" Med Errors	0	0	0	0	0	1	0	0
Youth "Serious" Med Errors per 100 consumers/mo	0.0%	0.0%	0.0%	0.0%	0.0%	0.4%	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

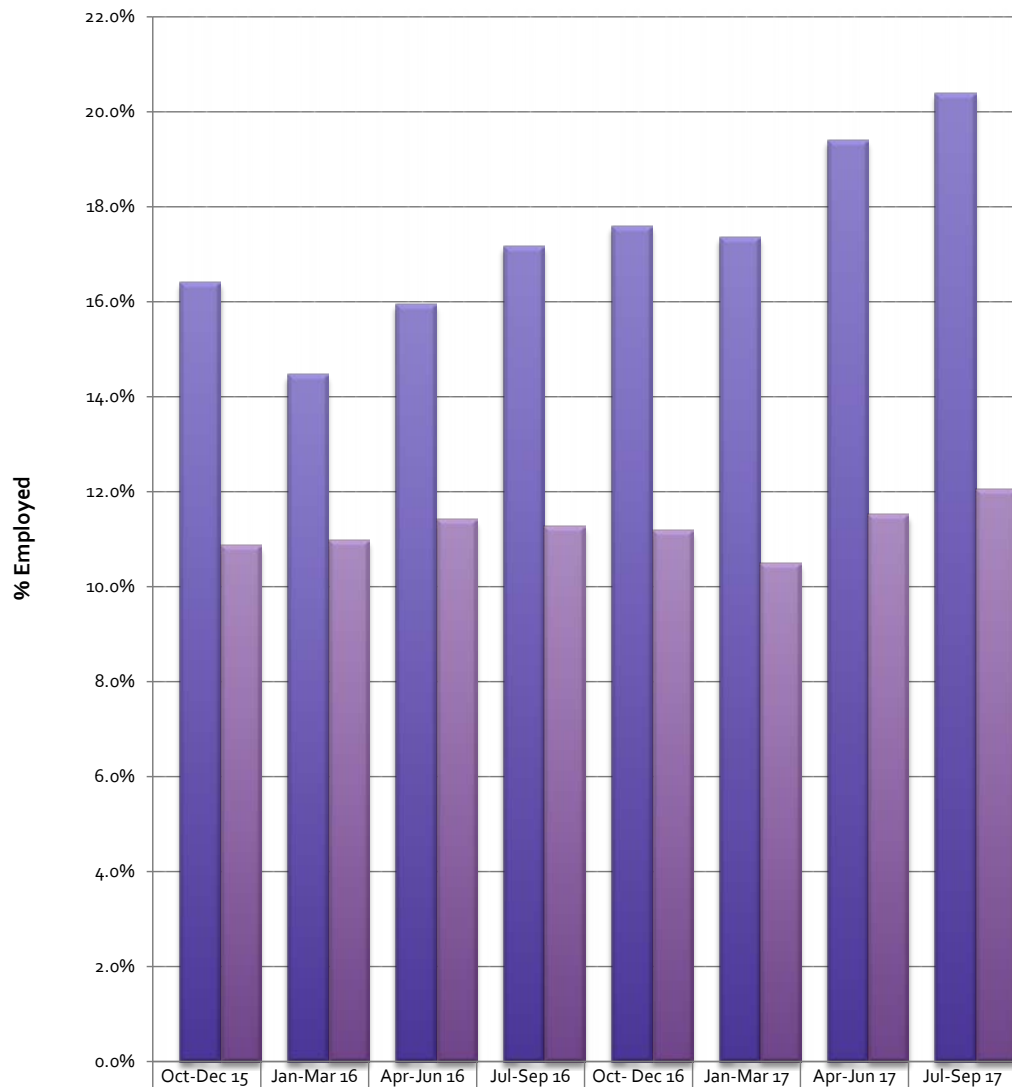


**NOTE:** Due to complications resulting from the auto-discharge process in CIMOR, this data will always lag by 2 full quarters. Law enforcement initiated = incarcerated with or without satisfactory treatment progress; Agency initiated includes consumer would not comply plus treatment viewed as ineffective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

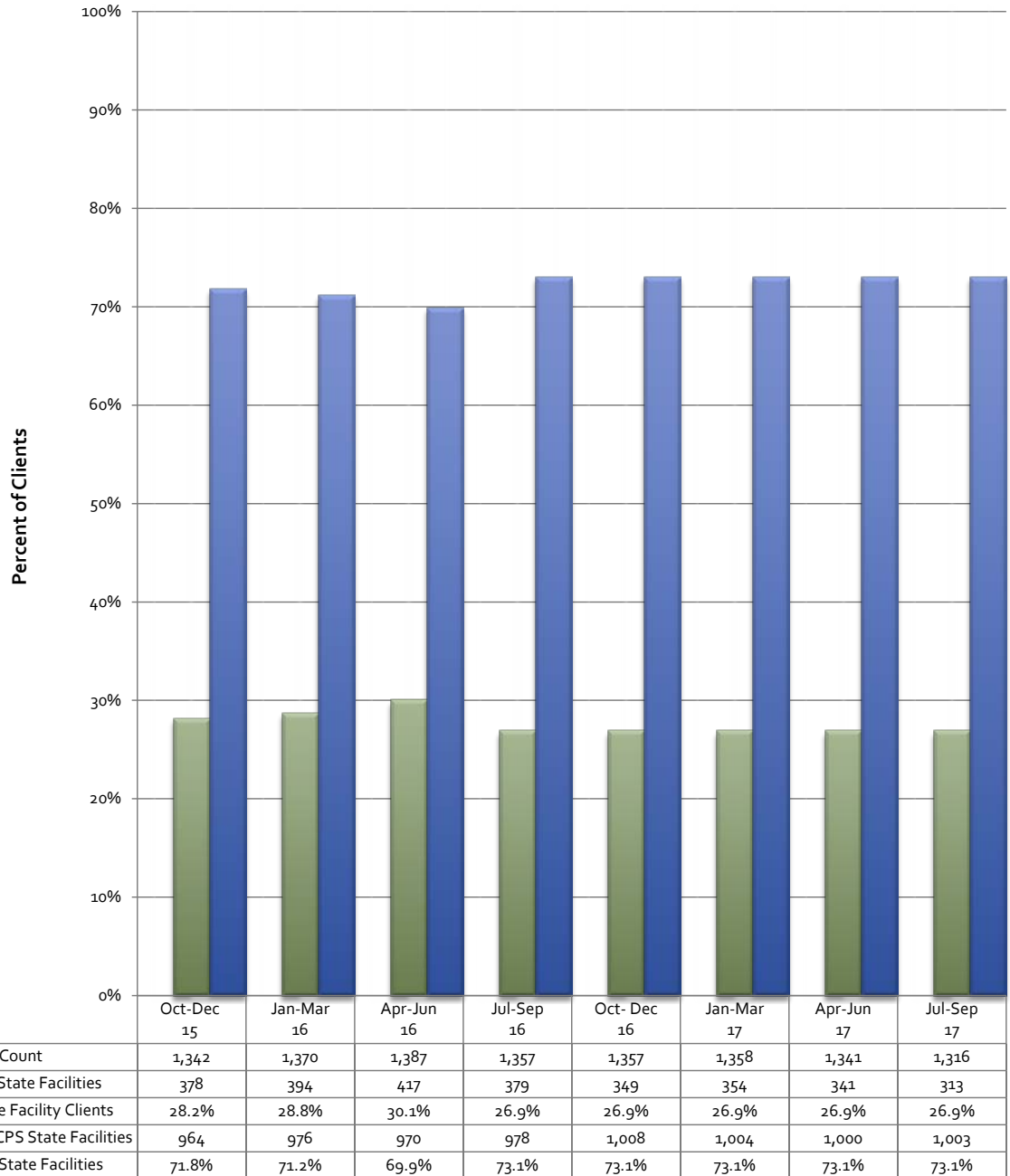


	Oct-Dec 15	Jan-Mar 16	Apr-Jun 16	Jul-Sep 16	Oct-Dec 16	Jan-Mar 17	Apr-Jun 17	Jul-Sep 17
Adult Community Clients w/ Admission Status Reports	3,947	4,396	4,205	4,401	4,205	4,568	4,384	4,069
Adult Community Clients Employed at Admission	648	636	671	756	740	793	851	830
■ % Employed at Admission	16.4%	14.5%	16.0%	17.2%	17.6%	17.4%	19.4%	20.4%
Adult Community Clients w/ Annual Status Reports	5,789	6,548	5,866	6,074	5,258	5,880	4,504	3,949
Adult Community Clients Employed at Annual Review	629	719	670	685	588	617	519	476
■ % Employed at Annual Review	10.9%	11.0%	11.4%	11.3%	11.2%	10.5%	11.5%	12.1%

**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.



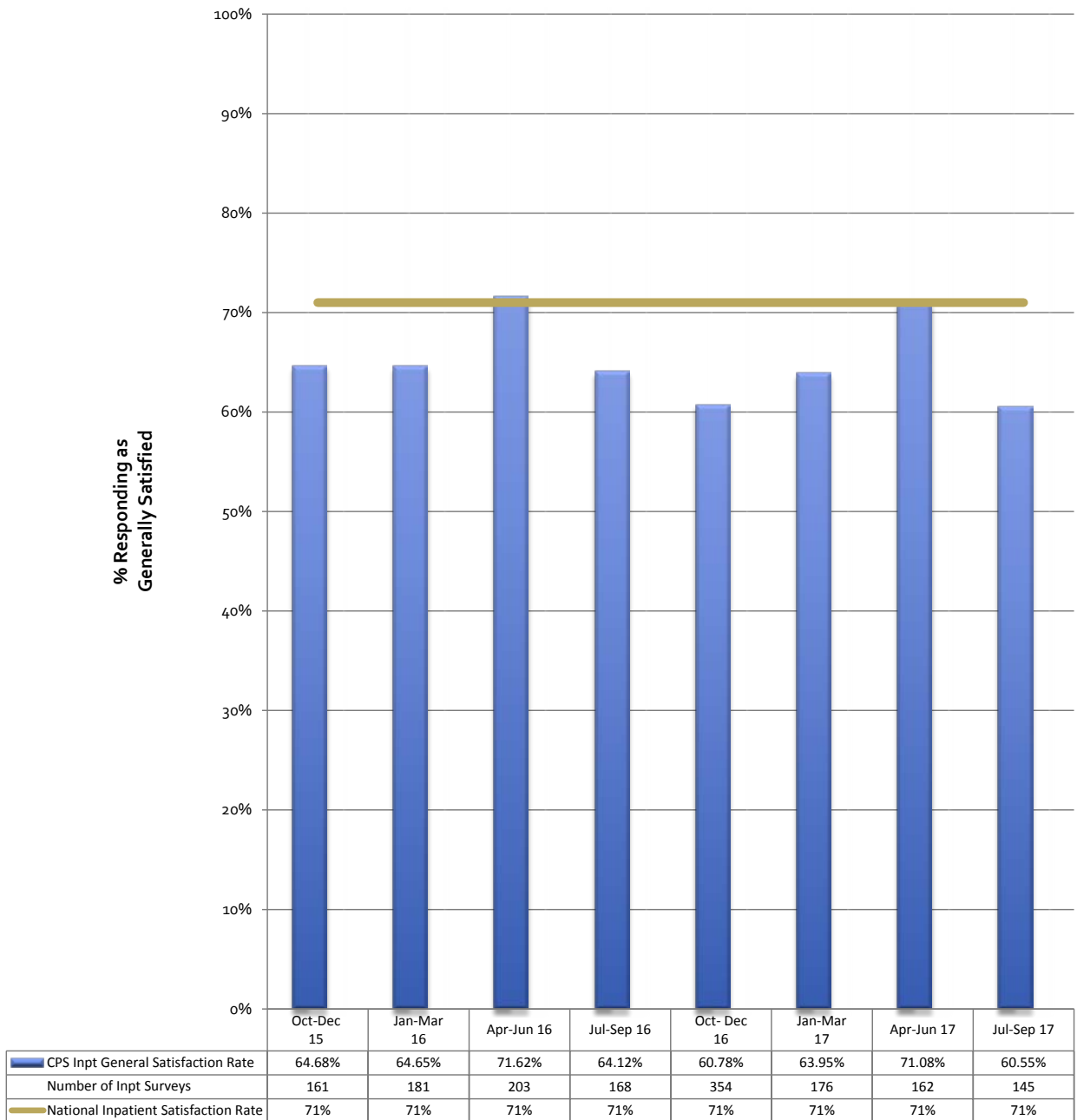
## Medicaid Eligibility of Psychiatric Facility Clients



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



## Inpatient Satisfaction

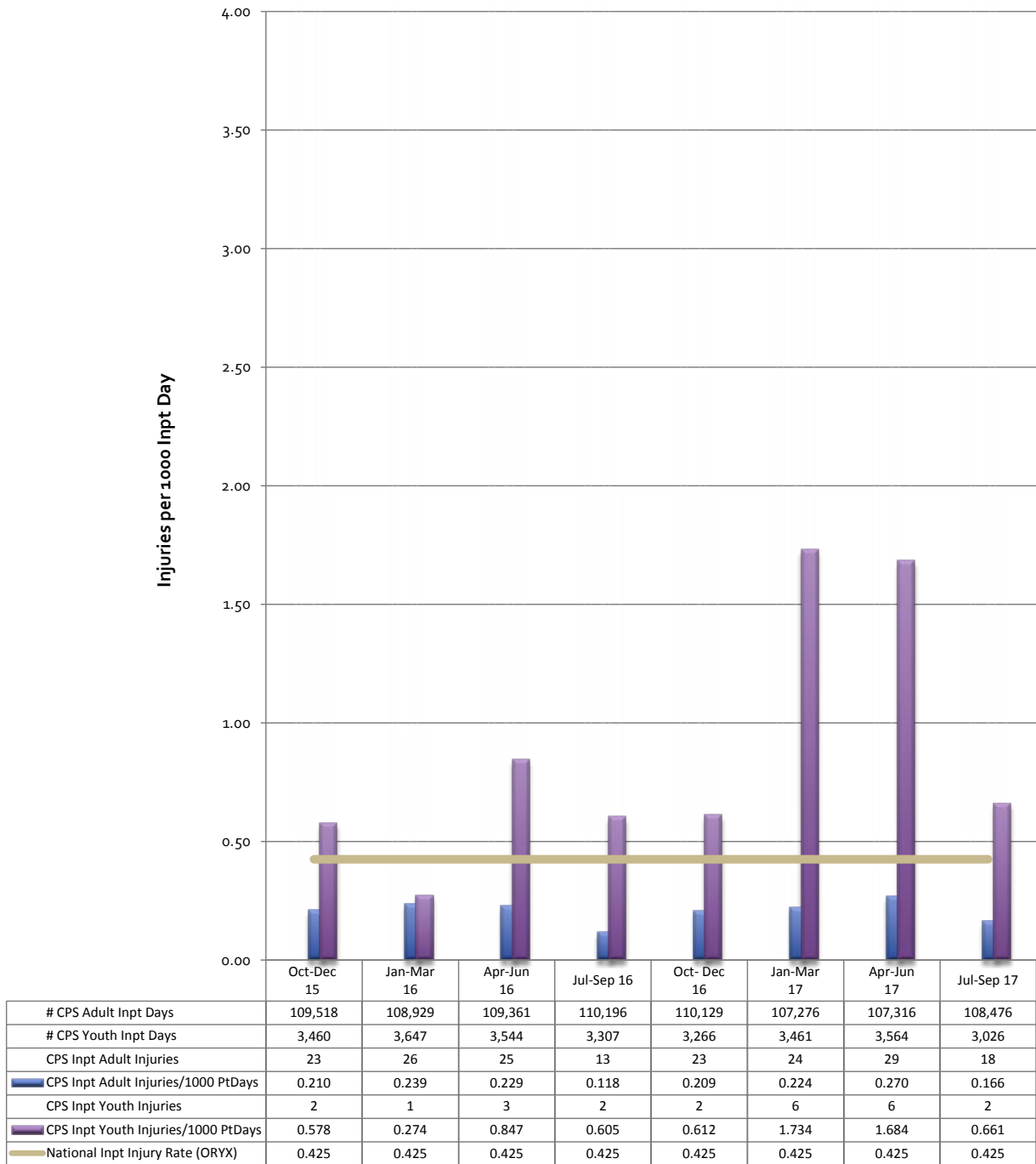


NOTE: Taken from the CPS Inpatient MHSIP survey -- average of all 5 domains.

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



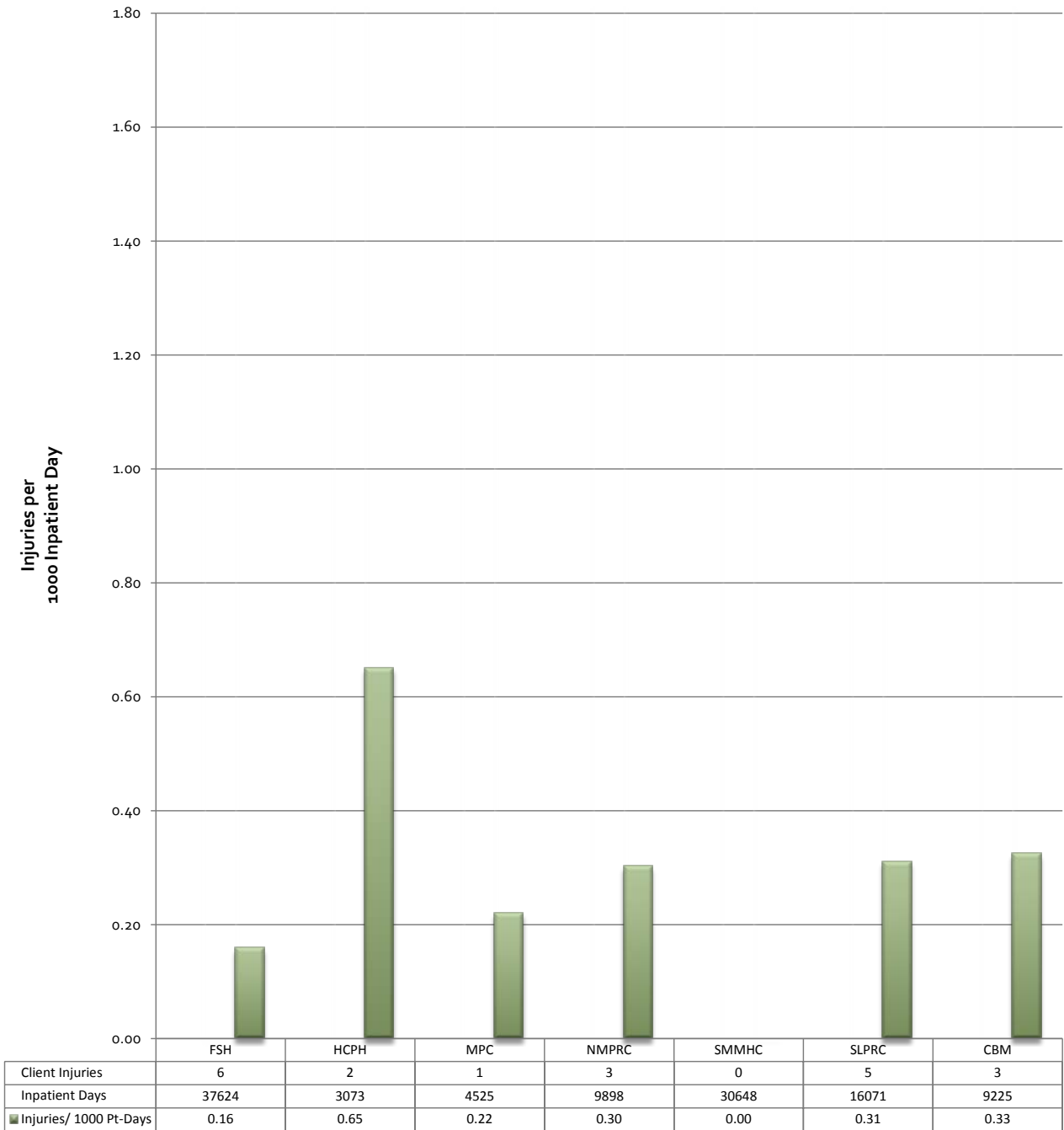
## Inpatient Client Injuries



NOTE: "Injuries" for Inpatient clients include those medical intervention or more. Inpatient days 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.



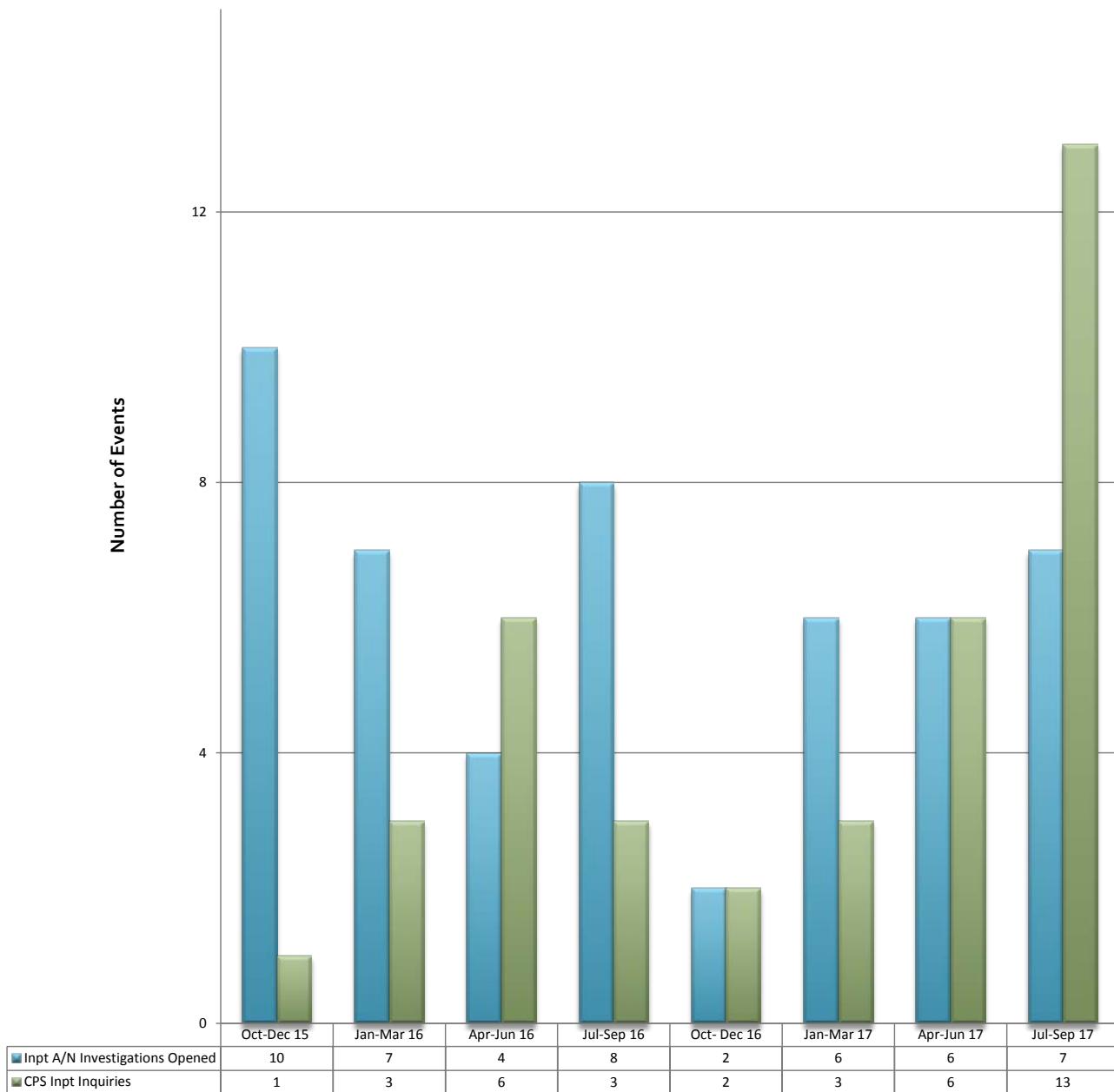
## Inpatient Client Injuries by Facility



**SIGNIFICANCE:** This chart is looking at the most recent quarter's rate of client injuries per facility and adjusting that metric for the size (inpatient days) of the facility. First quarter of FY18 again shows a higher injury rate for the children's facility. Southeast Missouri Mental Health Center did not report any injuries in this last quarter. Perhaps contrary to expectation, 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 and Center for Behavioral Medicine.



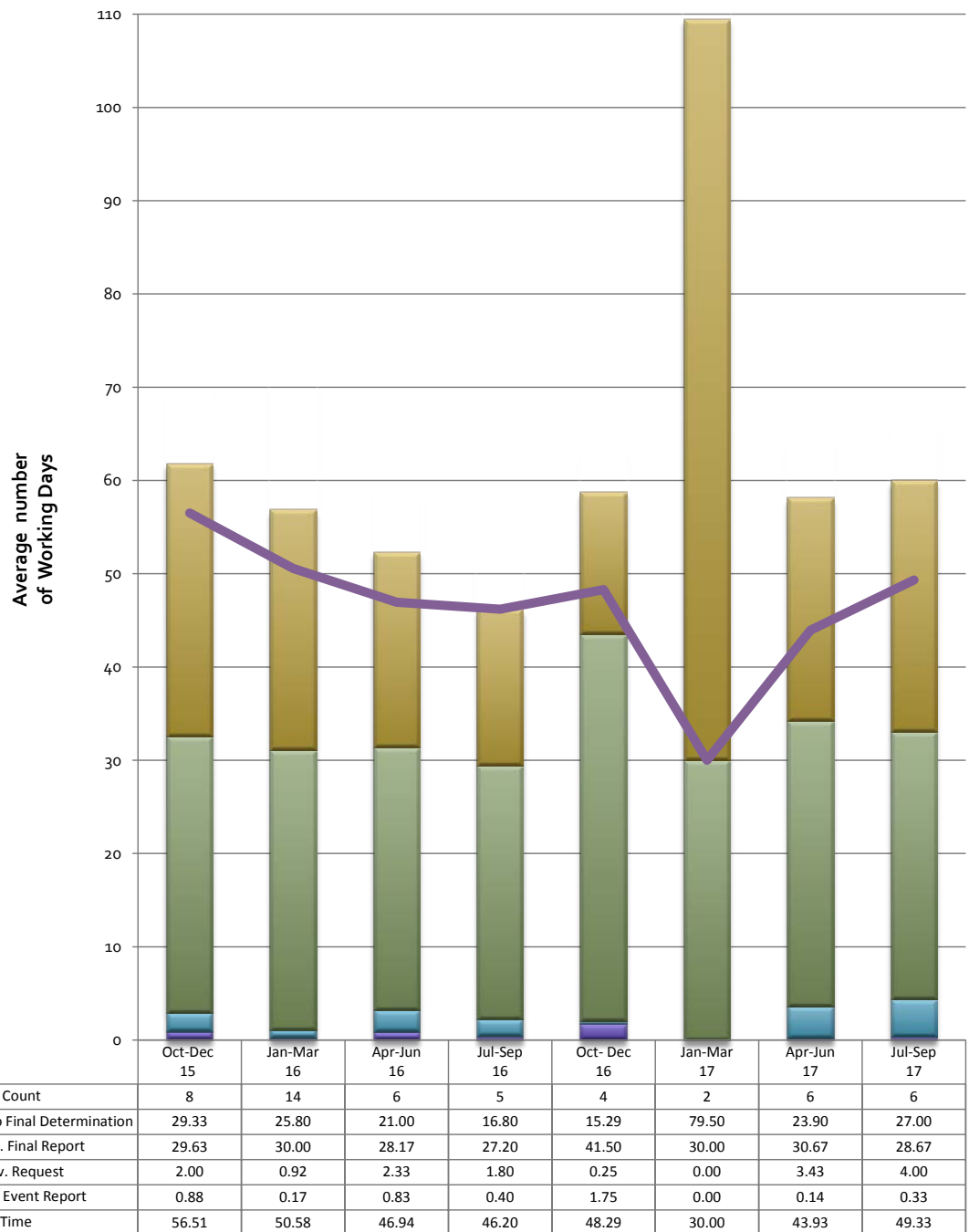
## Inpatient Inquiries into Potential Abuse/Neglect Allegations



**NOTE:** If an event initially had an inquiry but then an A/N investigation, it is counted only as 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.



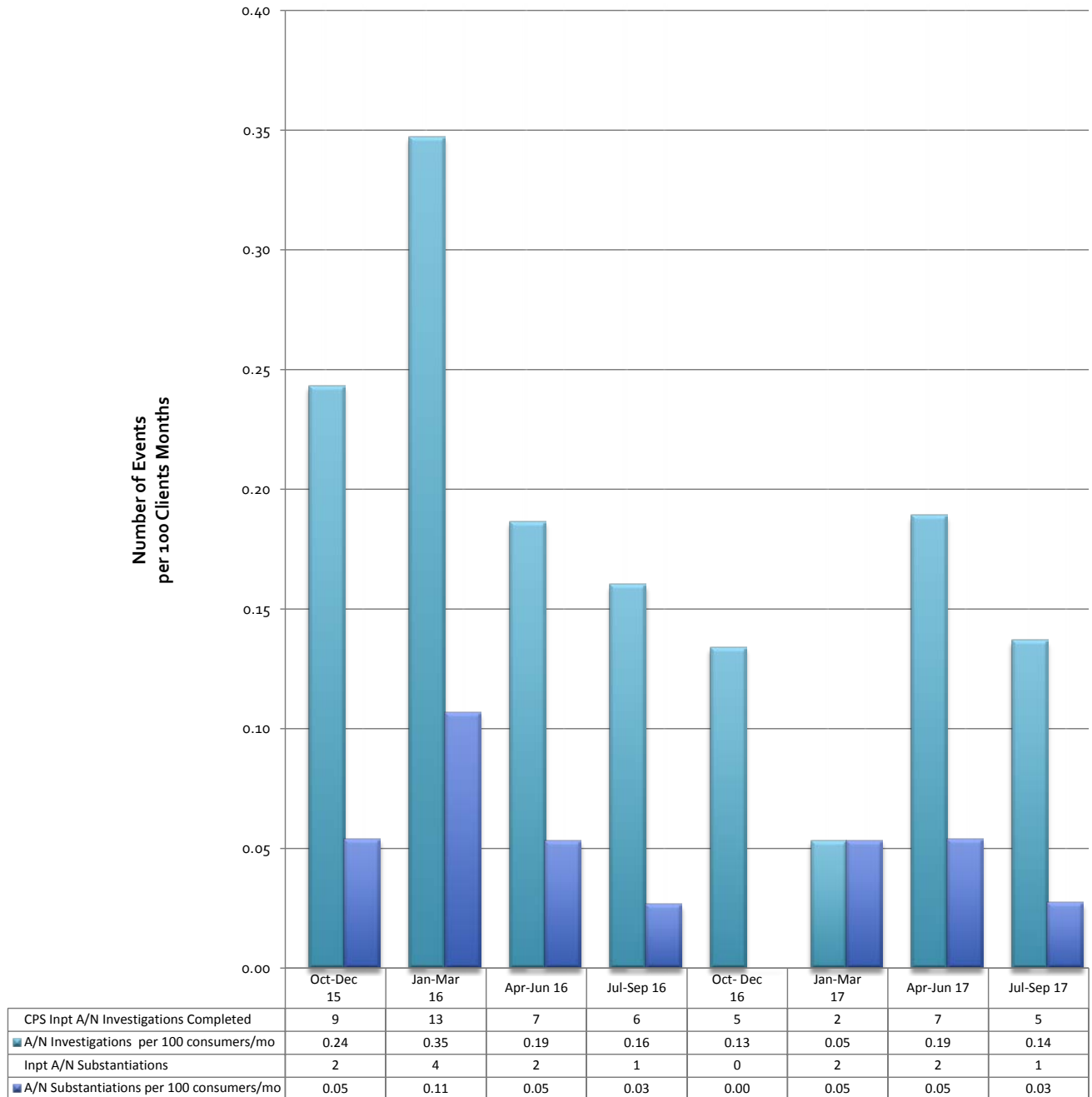
## Duration of Investigation Process for Inpatient Facilities



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

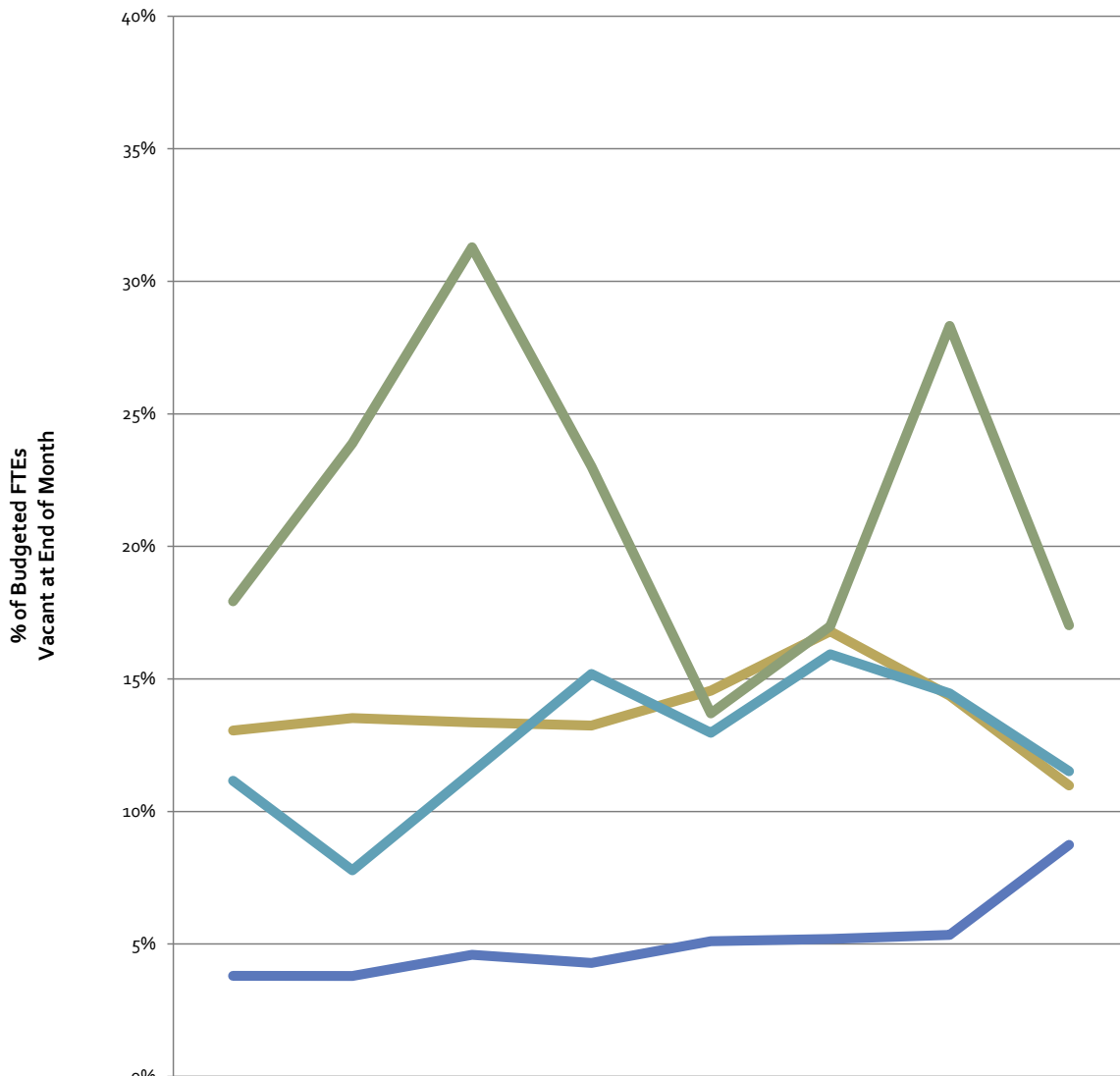


NOTE: Investigations and Substantiations are a count of the number of events, not the number of alleged perpetrators or victims. Also, both counts reflect cases finalized in the quarter reported. Often, such measures are taken as a proportion of 1000 pt-days for inpatient events, but here we are using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





## CPS Operated Facility Staff Vacancy Rates

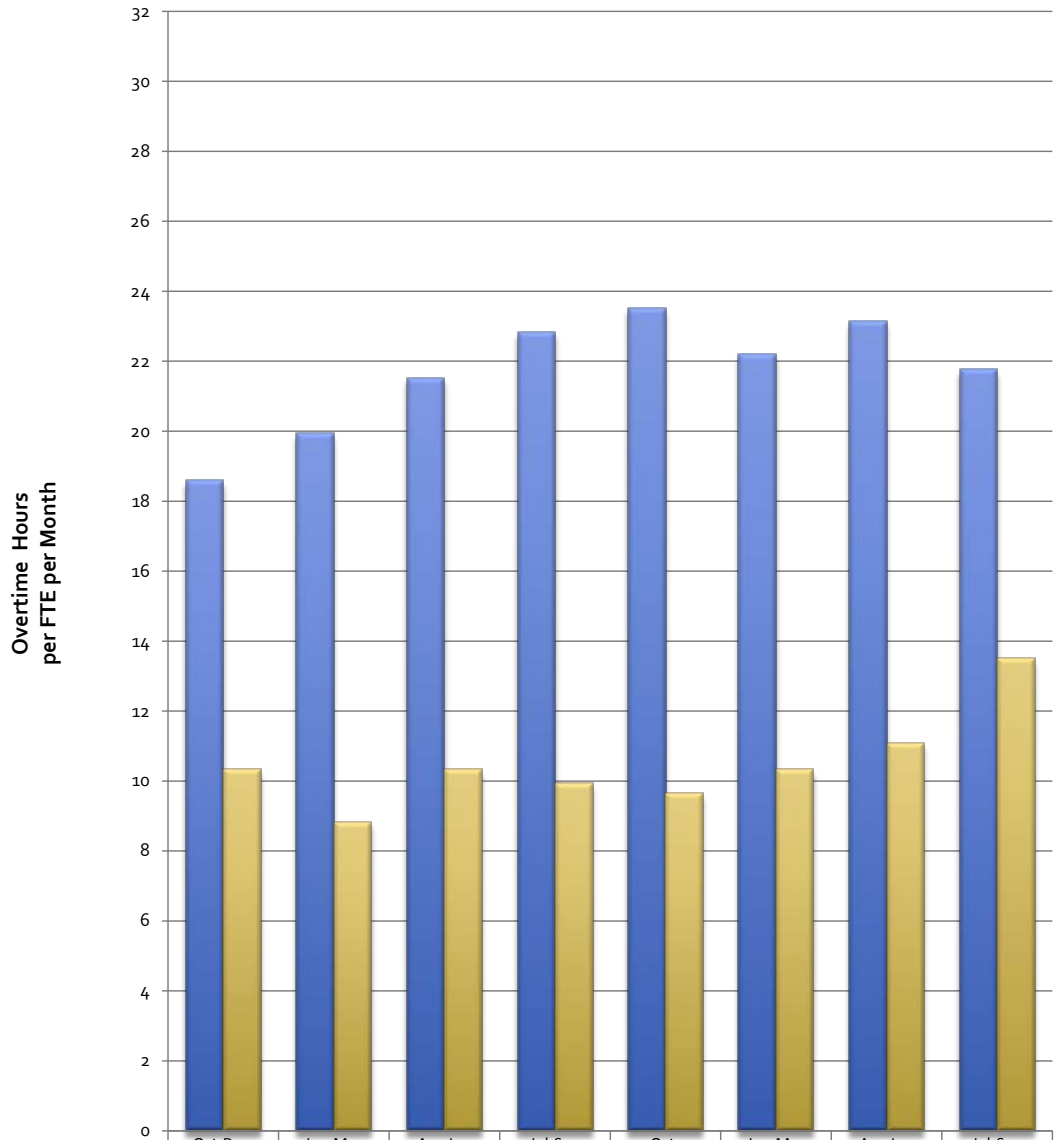


	Oct-Dec 15	Jan-Mar 16	Apr-Jun 16	Jul-Sep 16	Oct-Dec 16	Jan-Mar 17	Apr-Jun 17	Jul-Sep 17
Direct Care Staff Vacancy Rates	3.80%	3.79%	4.59%	4.29%	5.11%	5.19%	5.34%	8.74%
Licensed Nursing Staff Vacancy Rates	13.06%	13.52%	13.36%	13.24%	14.56%	16.80%	14.37%	10.98%
Psychologist Vacancy Rates	17.93%	23.89%	31.28%	23.01%	13.70%	16.99%	28.32%	17.02%
Psychiatrist Staff Vacancy Rates	11.15%	7.78%	11.48%	15.19%	12.97%	15.93%	14.45%	11.52%

**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 first quarter of FY18 are not complete, some of the facilities have not submitted September 2017 numbers.



## CPS Operated Facility Overtime Hours per FTE per Month

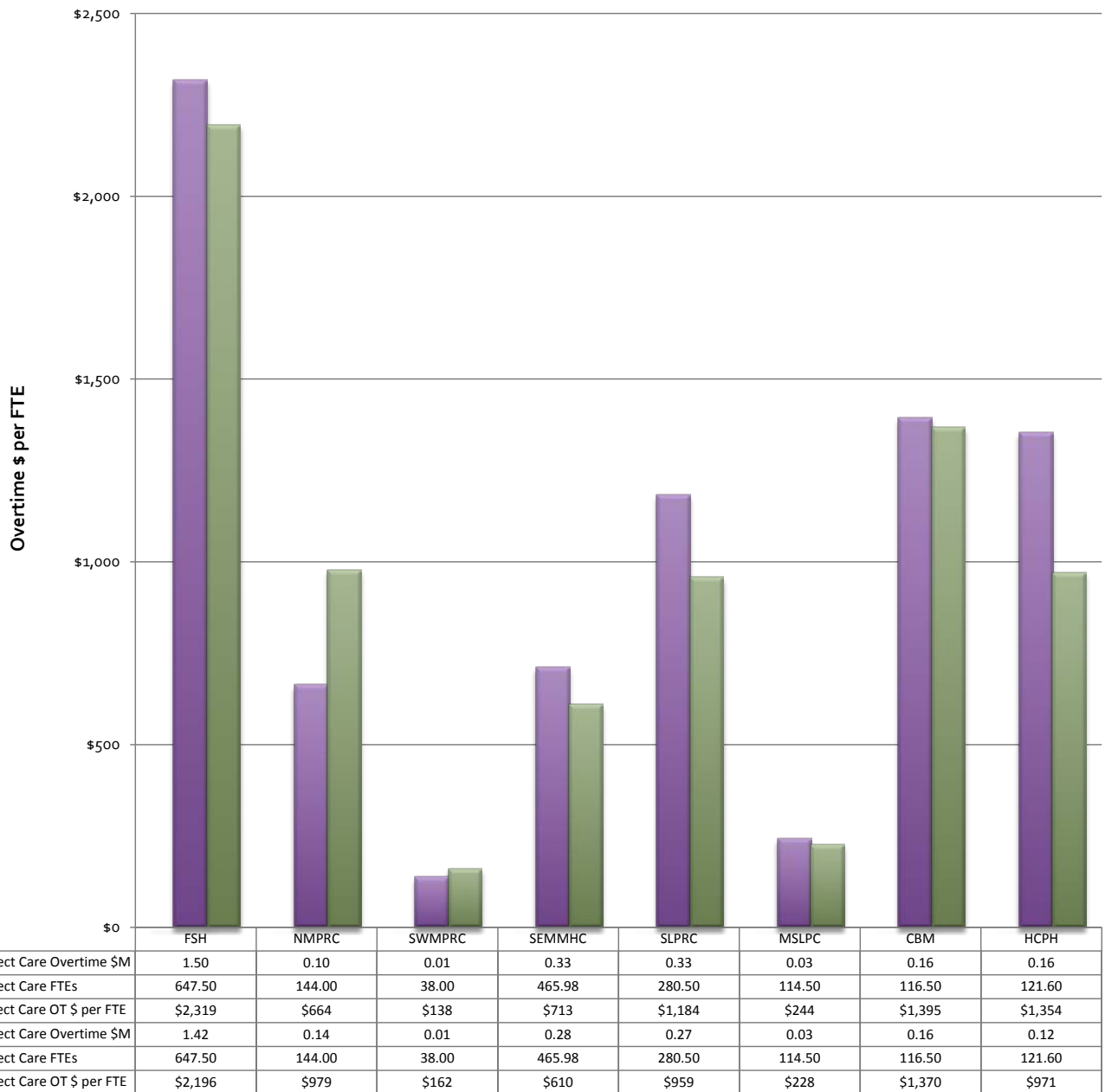


■ Direct Care Overtime Hours per FTE per month	18.59	19.94	21.52	22.83	23.53	22.21	23.15	21.77
■ Licensed Nursing Overtime Hours per FTE per month	10.35	8.83	10.34	9.96	9.65	10.33	11.08	13.51

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



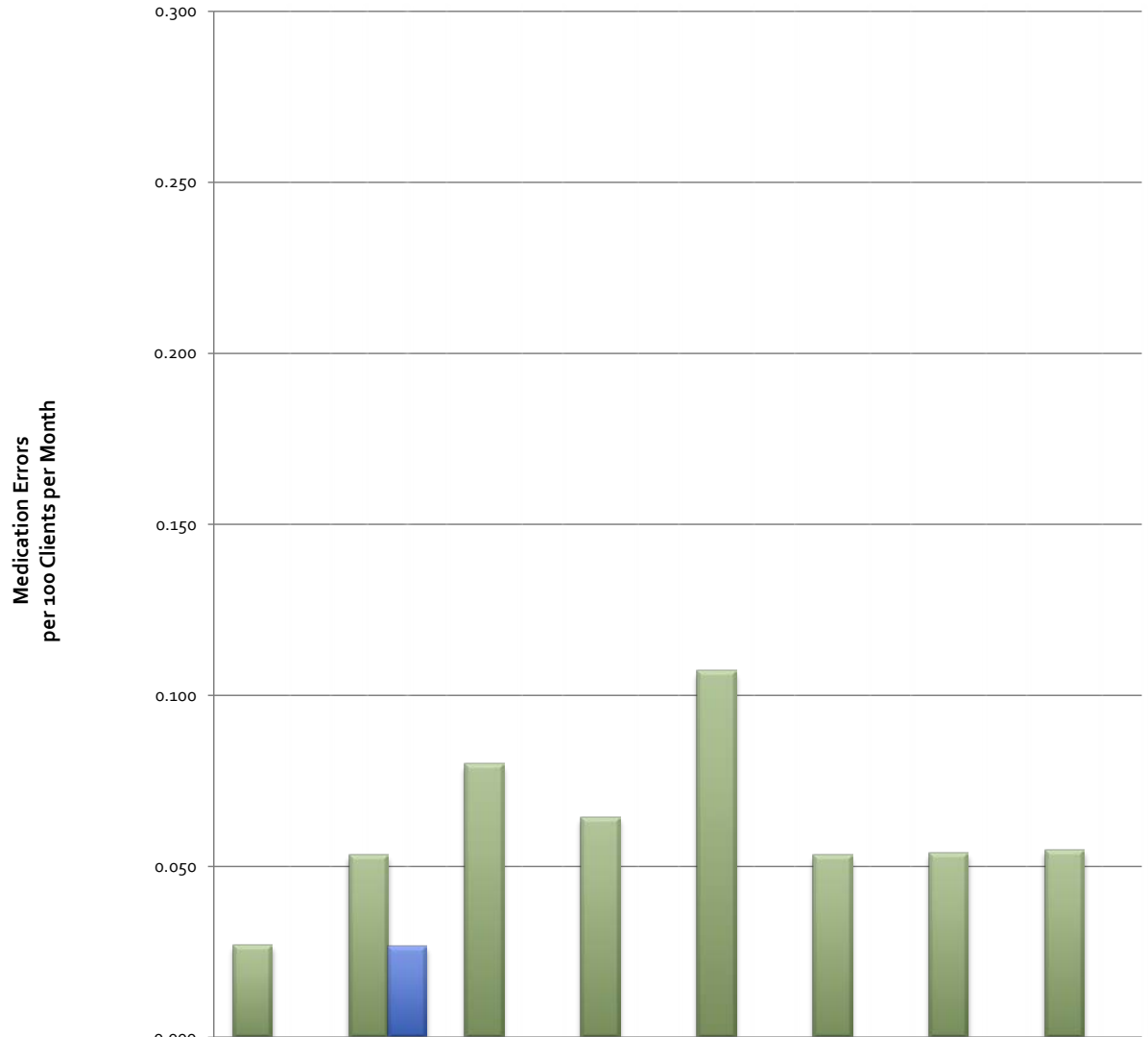
### Inpatient Facility, FY18 Overtime \$ per FTE versus FY17 Overtime \$ per FTE -- FY to date



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

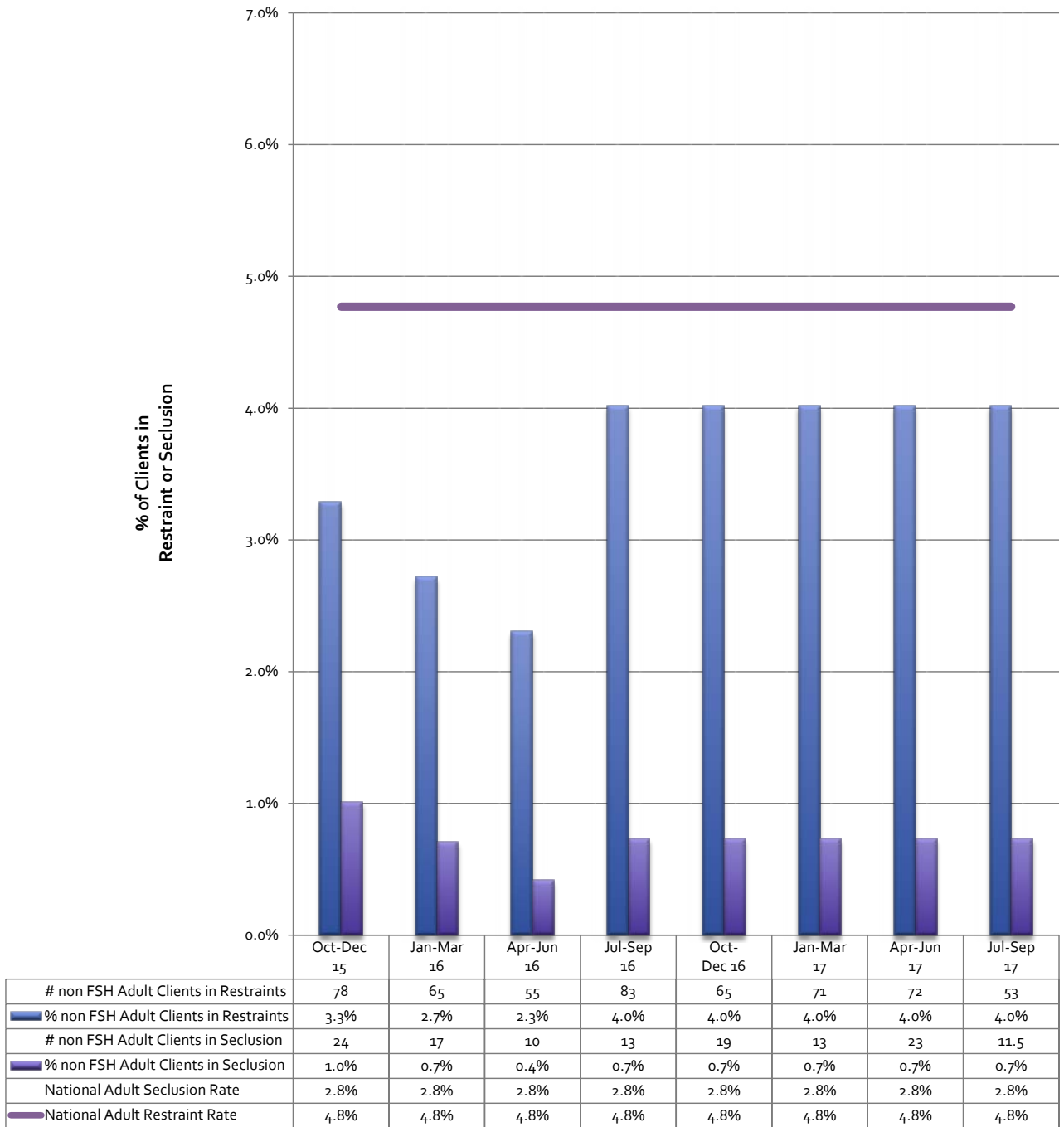


	Oct-Dec 15	Jan-Mar 16	Apr-Jun 16	Jul-Sep 16	Oct-Dec 16	Jan-Mar 17	Apr-Jun 17	Jul-Sep 17
Inpt "Moderate" Med Errors	1	2	3	2	4	2	2	2
Inpt "Moderate" Med Errors per 100 Consumers/mo	0.03	0.05	0.08	0.06	0.11	0.05	0.05	0.05
Inpt "Serious" Med Errors	0	1	0	0	0	0	0	0
Inpt "Serious" Med Errors per 100 Consumers/mo	0.00	0.03	0.00	0.00	0.00	0.00	0.00	0.00
Unduplicated Client-month count	3,698	3,743	3,752	3,742	3,732	3,747	3,700	3,649

**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.



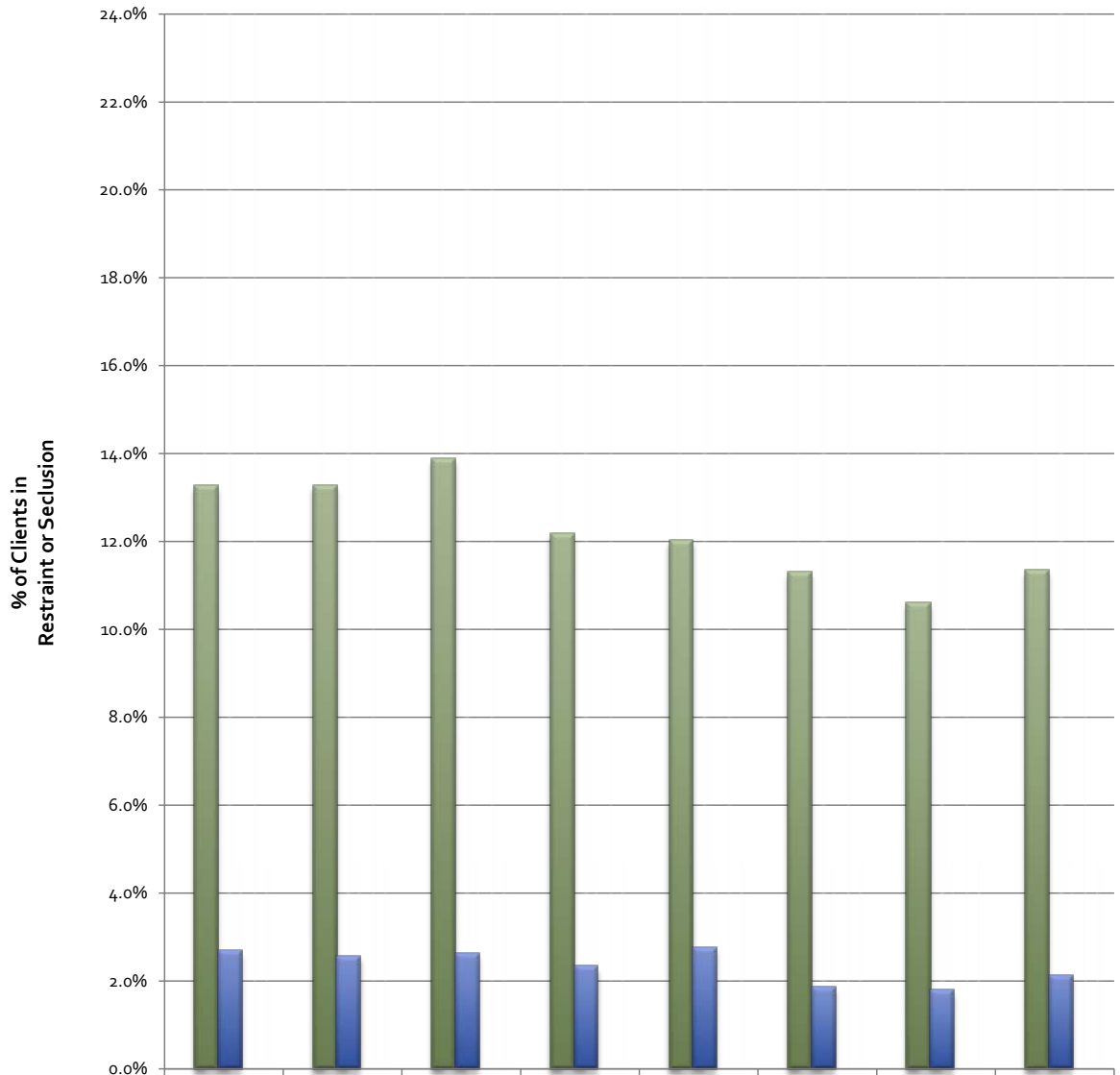
## Inpatient Adult Restraint & Seclusion Use



**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

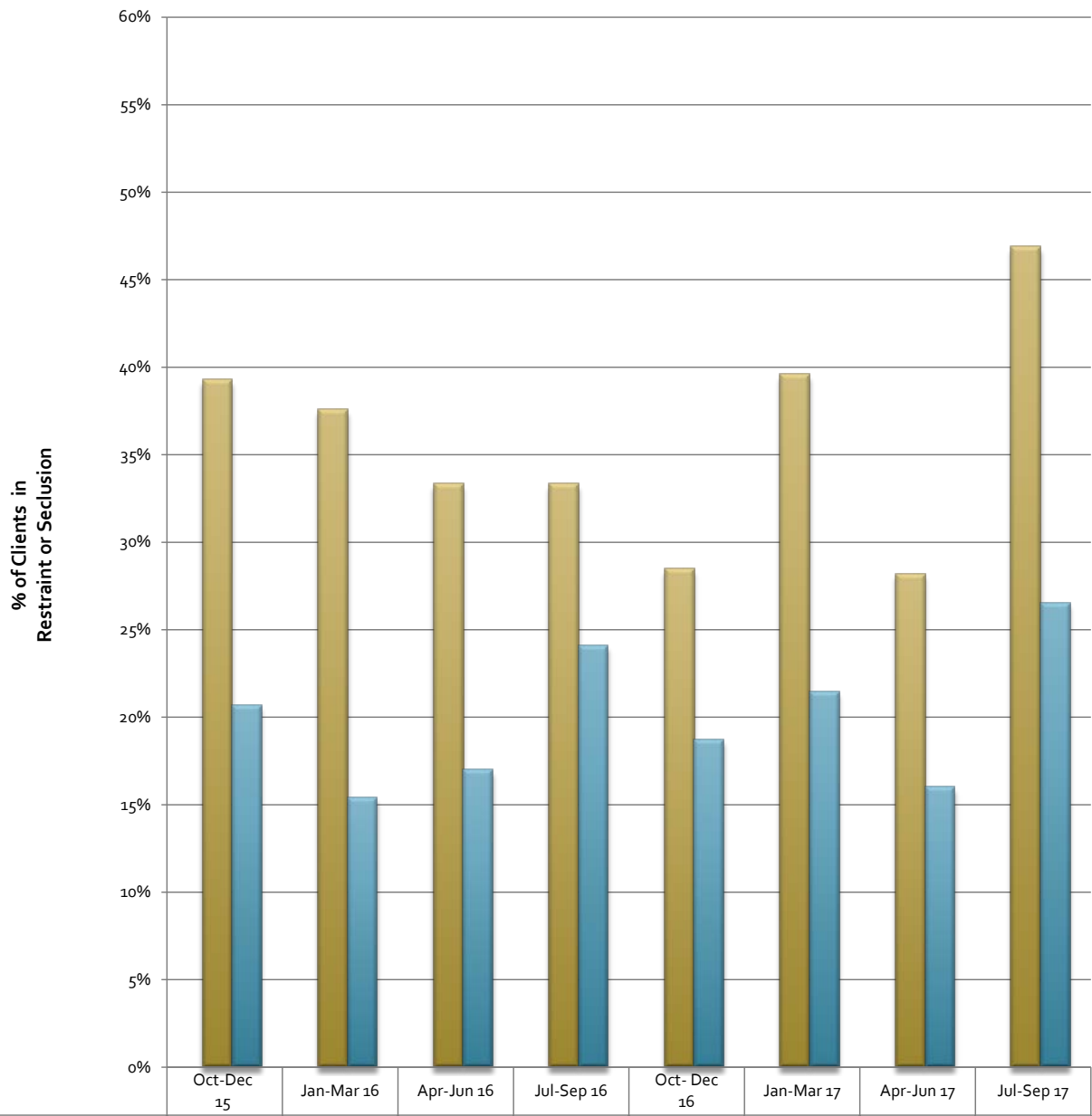


	Oct-Dec 15	Jan-Mar 16	Apr-Jun 16	Jul-Sep 16	Oct-Dec 16	Jan-Mar 17	Apr-Jun 17	Jul-Sep 17
# FSH Clients in Restraints	158	160	169	151	148	140	130	139
% FSH Clients in Restraints (per month)	13.3%	13.3%	13.9%	12.2%	12.0%	11.3%	10.6%	11.4%
# FSH Clients in Seclusion	32	31	32	29	34	23	22	26
% FSH Clients in Seclusion (per month)	2.7%	2.6%	2.6%	2.3%	2.8%	1.9%	1.8%	2.1%
# Adult Clients in Seclusion	56	48	42	42	53	36	45	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 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

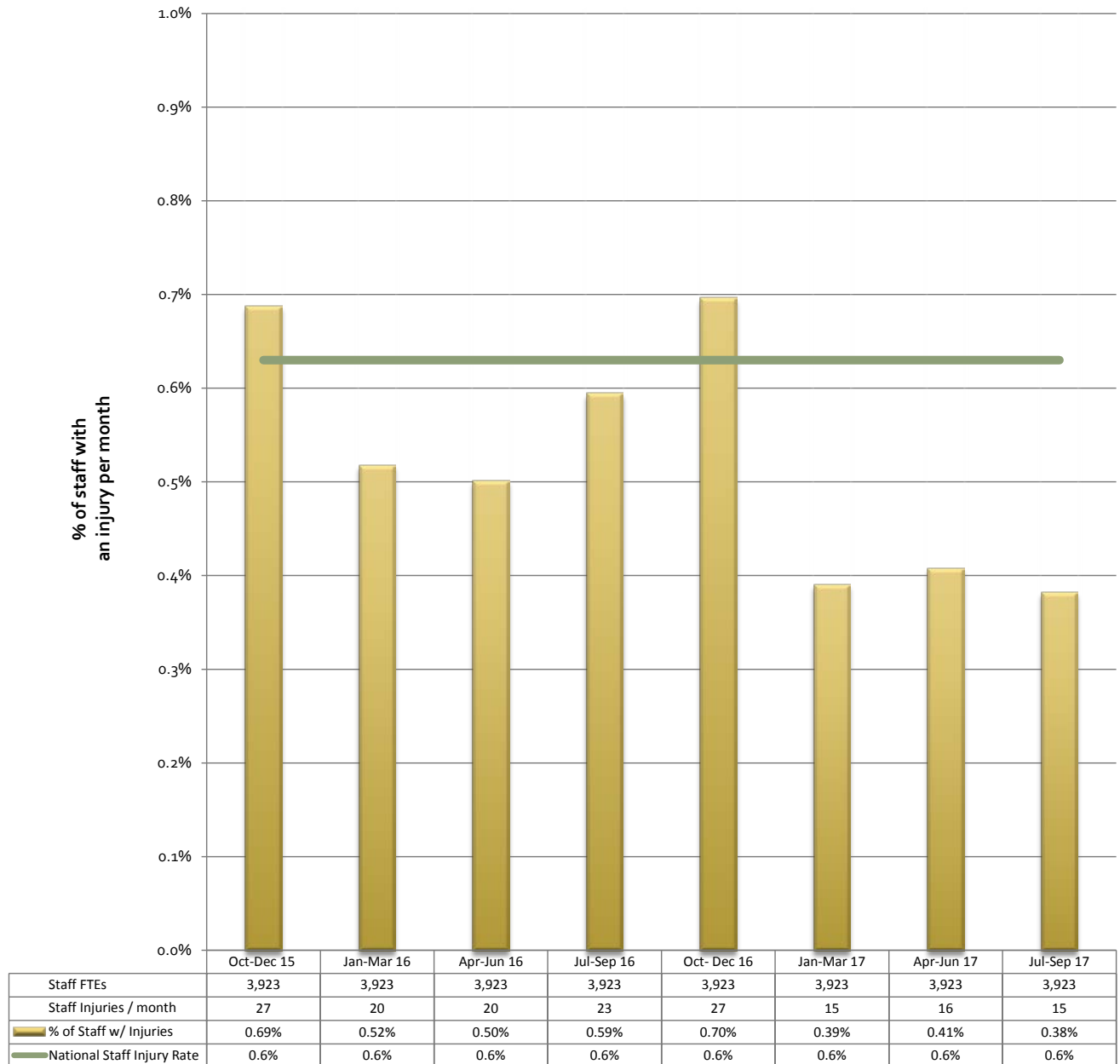


	Oct-Dec 15	Jan-Mar 16	Apr-Jun 16	Jul-Sep 16	Oct-Dec 16	Jan-Mar 17	Apr-Jun 17	Jul-Sep 17
# Youth in Restraints	55	56	51	47	41	59	44	53
% Youth in Restraints (per month)	0.39	0.38	0.33	0.33	0.28	0.40	0.28	0.47
# Youth in Seclusion	29	23	26	34	27	32	25	30
% Youth in Seclusion (per month)	0.21	0.15	0.17	0.24	0.19	0.21	0.16	0.27

**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.



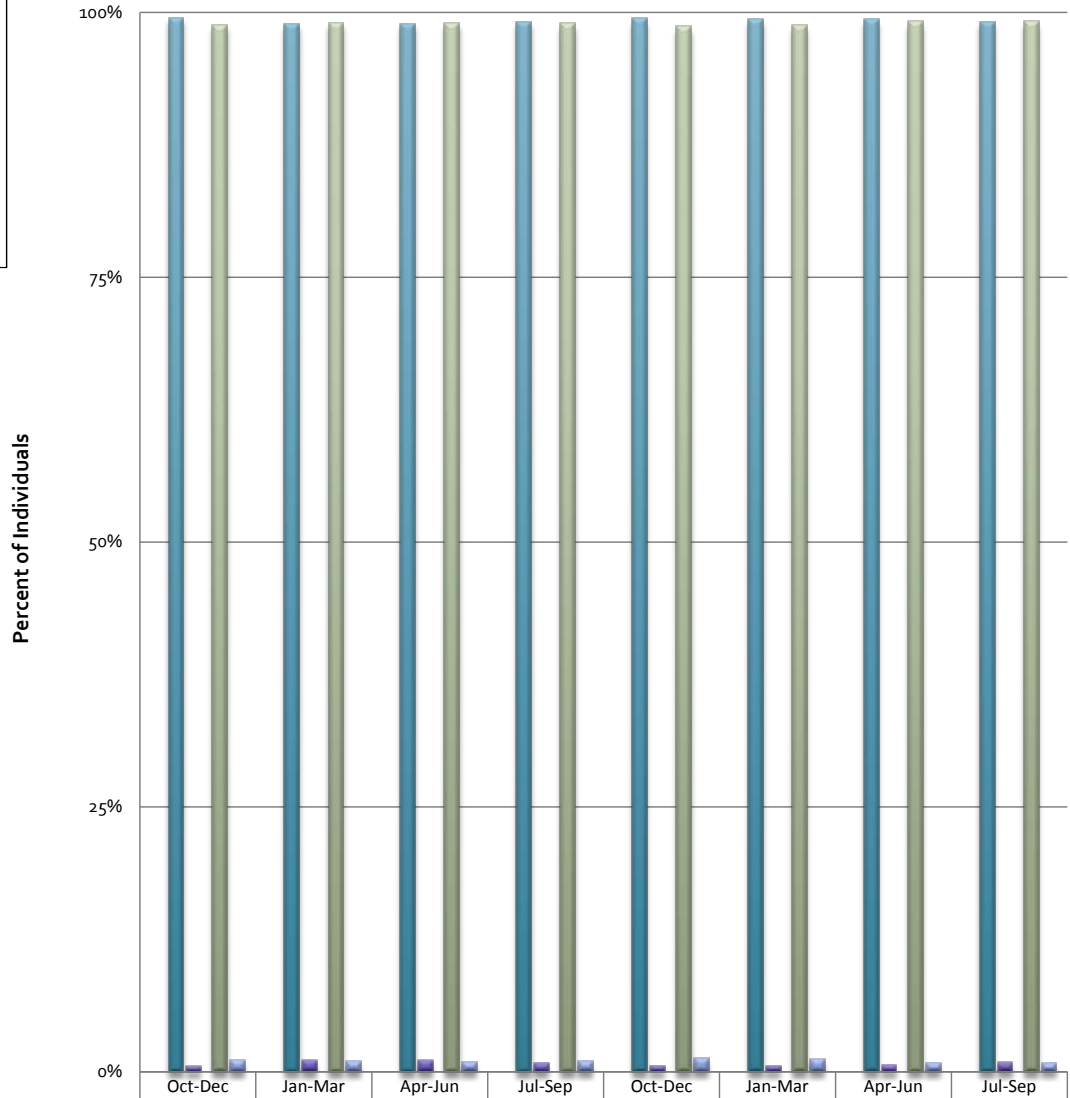


# Division of Developmental Disabilities



## 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.

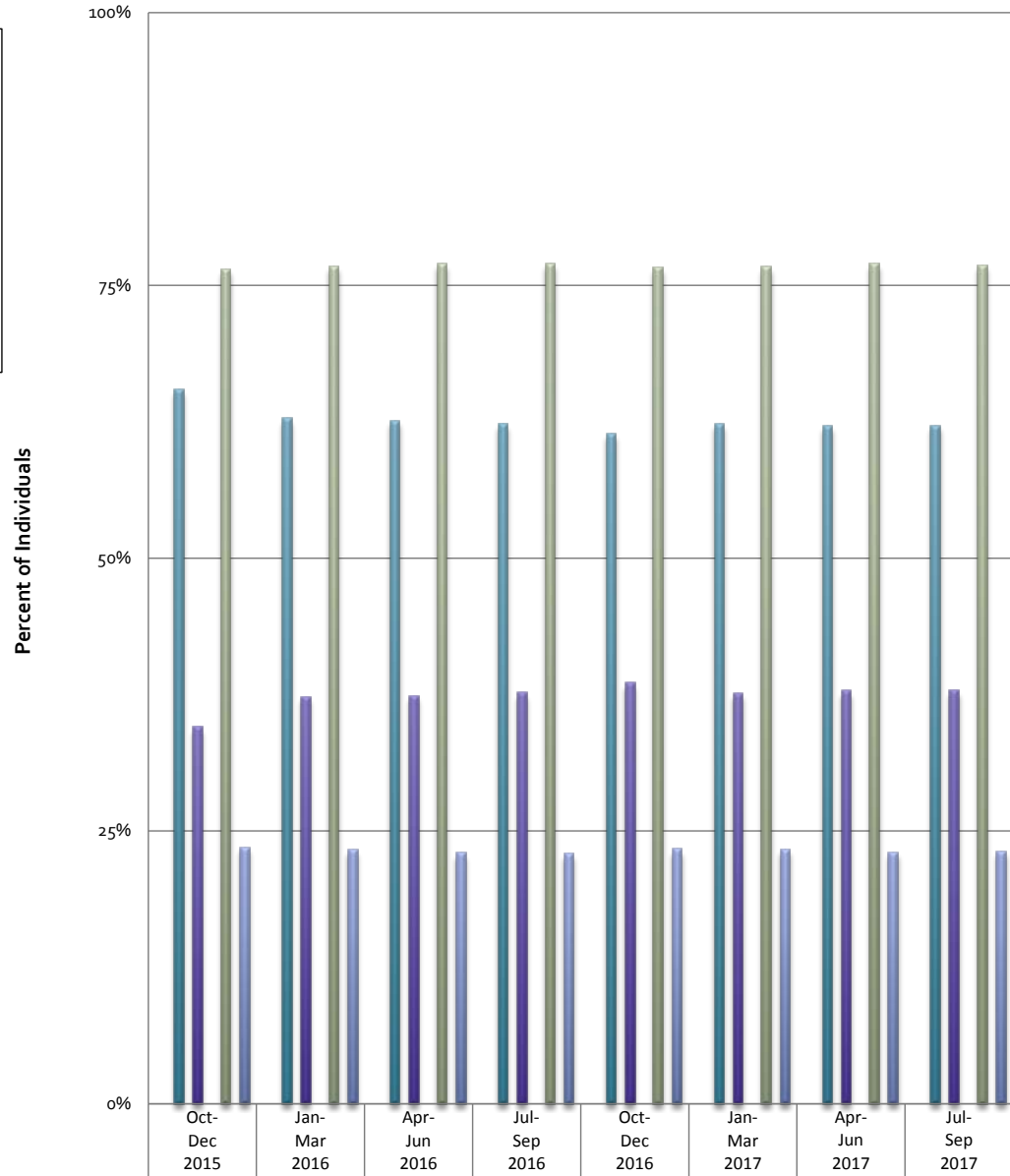


	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017	Jul-Sep 2017
# Individuals Served in Hab Centers	363	359	355	347	345	341	329	334
# HC Individuals Medicaid Eligible	361	355	351	344	343	339	327	331
% HC Individuals Medicaid Eligible	99%	99%	99%	99%	99%	99%	99%	99%
# HC Individuals Not Medicaid Eligible	2	4	4	3	2	2	2	3
% HC Individuals Not Medicaid Eligible	1%	1%	1%	1%	1%	1%	1%	1%
# Individuals Served in Community Residential	7278	7300	7222	7367	7411	7409	7432	7437
# Individuals Community Medicaid Eligible	7193	7226	7153	7290	7312	7318	7368	7375
% Individuals Community Medicaid Eligible	99%	99%	99%	99%	99%	99%	99%	99%
# Individuals Community Not Medicaid Eligible	85	74	69	77	99	91	64	62
% 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.

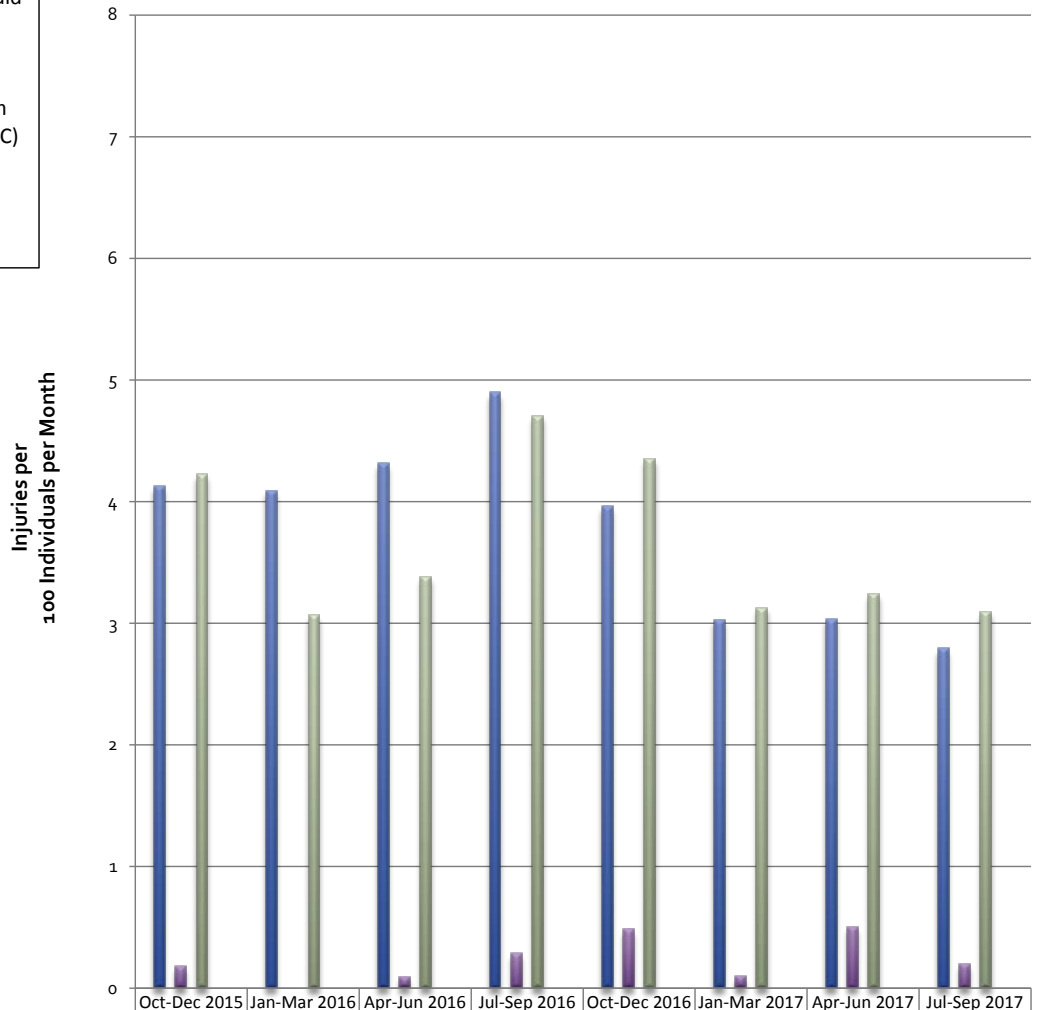


	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017	Jul-Sep 2017
# Individuals served in Case Management (CM) Only	16270	14521	13900	15277	15506	15376	15691	15679
# Individuals CM Only Medicaid Eligible	10652	9120	8703	9522	9522	9585	9747	9744
% Individuals CM Only Medicaid Eligible	65%	63%	63%	62%	61%	62%	62%	62%
# Individuals Case Mngmt Only Not Medicaid Eligible	5618	5411	5197	5755	5984	5791	5944	5935
% Individuals CM Only Not Medicaid Eligible	35%	37%	37%	38%	39%	38%	38%	38%
# Individuals Served in Other Services	12221	12342	12038	12608	12730	12972	13128	13619
# Individuals Other Services Medicaid Eligible	9348	9469	9271	9711	9757	9949	10107	10467
% Individuals Other Services Medicaid Eligible	76%	77%	77%	77%	77%	77%	77%	77%
# Individuals Other Services Not Medicaid Eligible	2873	2873	2767	2897	2973	3023	3027	3152
% Individuals Other Services Not Medicaid Eligible	24%	23%	23%	23%	23%	23%	23%	23%



## Division of DD Habilitation Center Campus Injuries per 100 Individuals

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

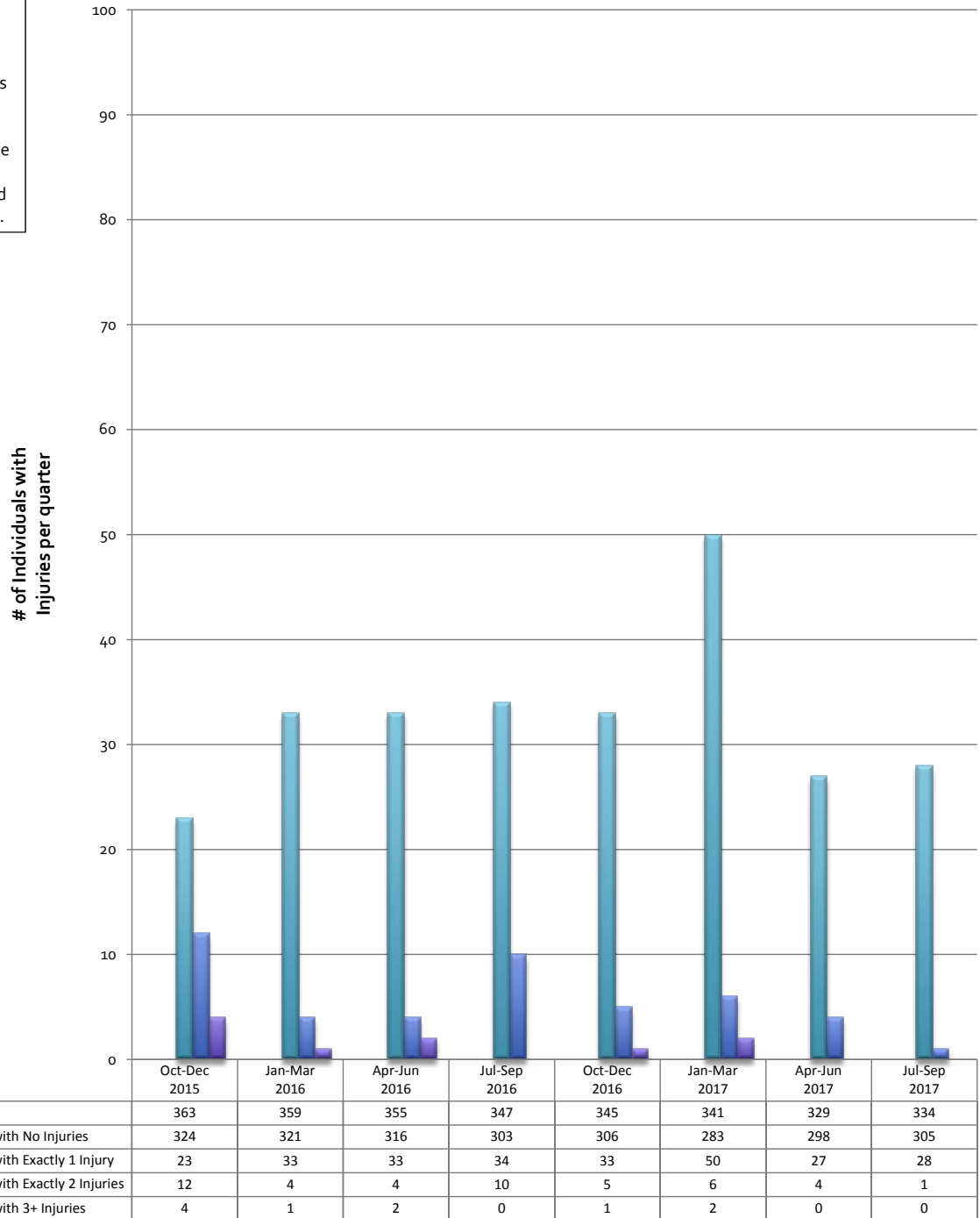


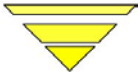
	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017	Jul-Sep 2017
# HCC Injuries Resulting in Medical Intervention	45	44	46	51	41	31	30	28
#HCC Injuries Resulting in Medical Intervention per 100 Indiv/mo	4.1	4.1	4.3	4.9	4.0	3.0	3.0	2.8
#HCC Injuries Resulting in Hospitalization	2	0	1	3	5	1	5	2
HCC Injuries Resulting in Hospitalization per 100 Indiv/mo	0.2	0.0	0.1	0.3	0.5	0.1	0.5	0.2
# HCC Injuries Resulting in Emergency Room Visits	46	33	36	49	45	32	32	31
HCC Injuries Resulting in Emergency Room Visits per 100 Indiv/mo	4.2	3.1	3.4	4.7	4.3	3.1	3.2	3.1
# 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	363	359	355	347	345	341	329	334



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

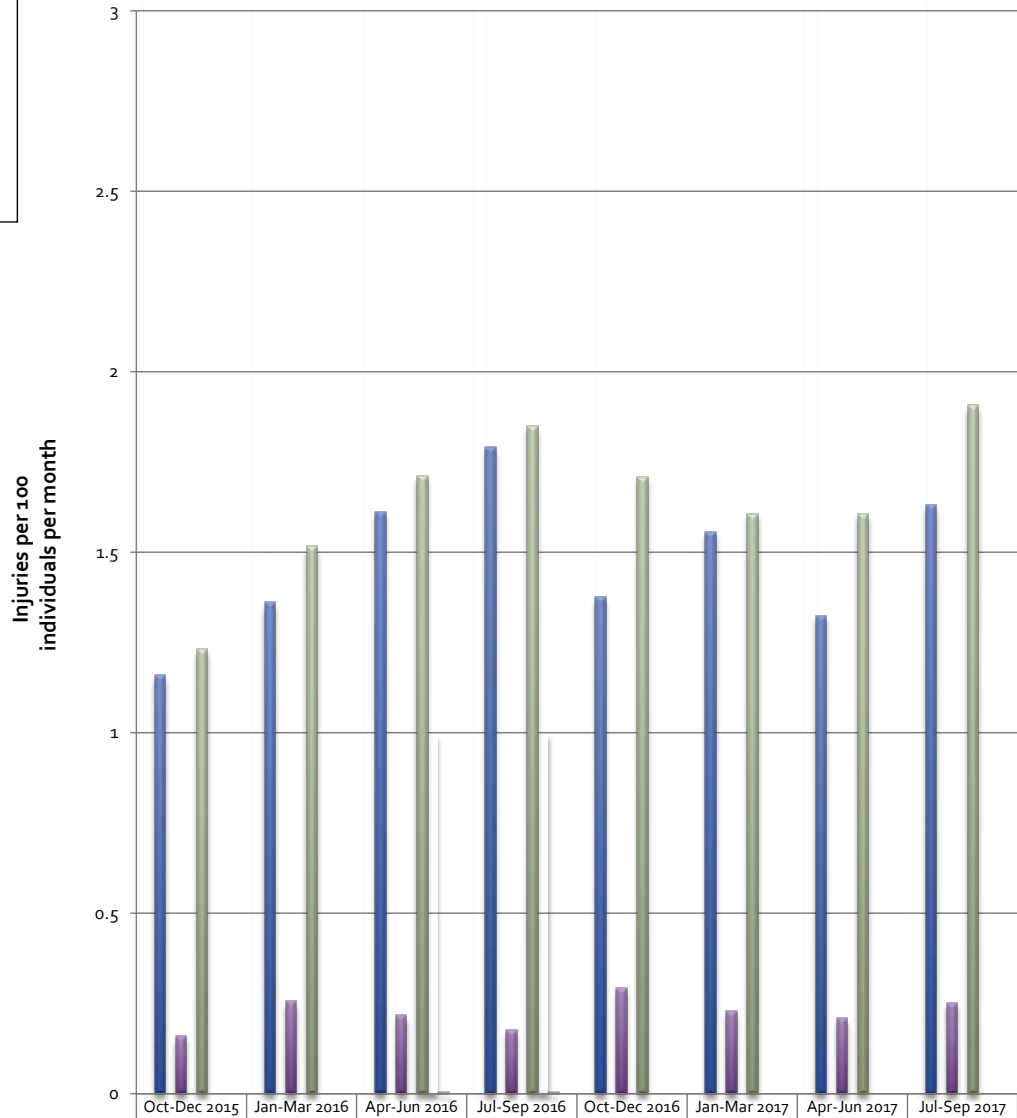
Note: An injury is defined as that which required treatment of more than first aid. Beginning with the reporting period July-Sep 2013, data represents individuals from Habilitation Center Campus (HCC) sites. State Operated Waiver Programs data is reflected in community data tables.



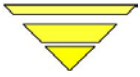


## Division of DD Community Residential Injuries per 100 Individuals

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.

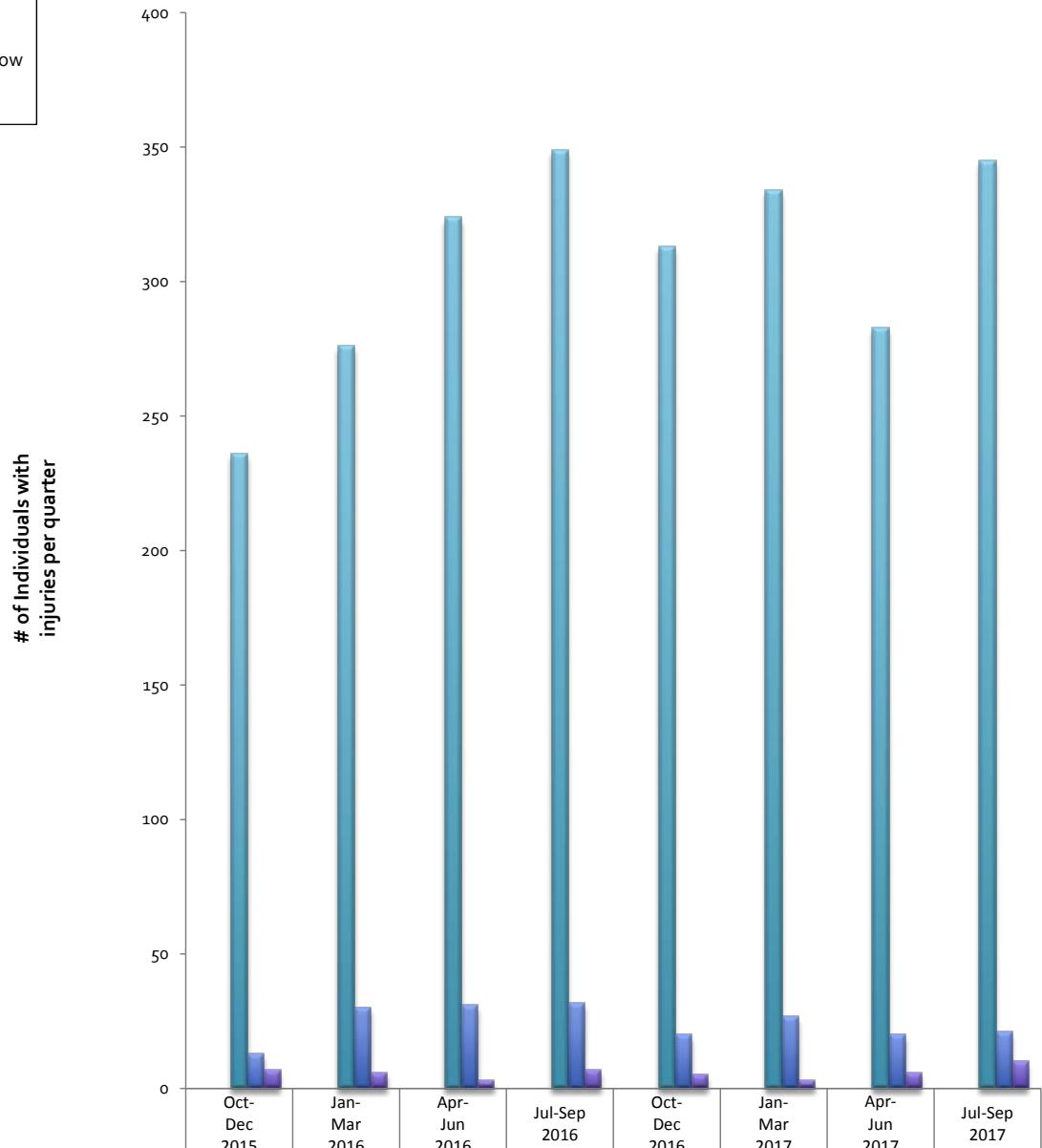


	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017	Jul-Sep 2017
# Community Injuries Resulting in Medical Intervention	253	298	349	396	306	346	295	364
Community Injuries Resulting in Medical Intervention per 100 Indiv/mo	1.2	1.4	1.6	1.8	1.4	1.6	1.3	1.6
# Community Injuries Resulting in Hospitalization	35	56	47	39	65	51	47	56
Community Injuries Resulting in Hospitalization per 100 Indiv/mo	0.2	0.3	0.2	0.2	0.3	0.2	0.2	0.3
# Community Injuries Resulting in Emergency Room Visits	269	332	371	409	380	357	358	426
Community Injuries Resulting in ER Visits per 100 Indiv/mo	1.2	1.5	1.7	1.9	1.7	1.6	1.6	1.9
# Community Injuries Resulting in Death	0	0	1	1	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	7278	7300	7222	7367	7411	7409	7432	7437

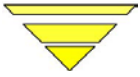


## Division of DD Community Individuals with 1, 2, or 3+ Injuries

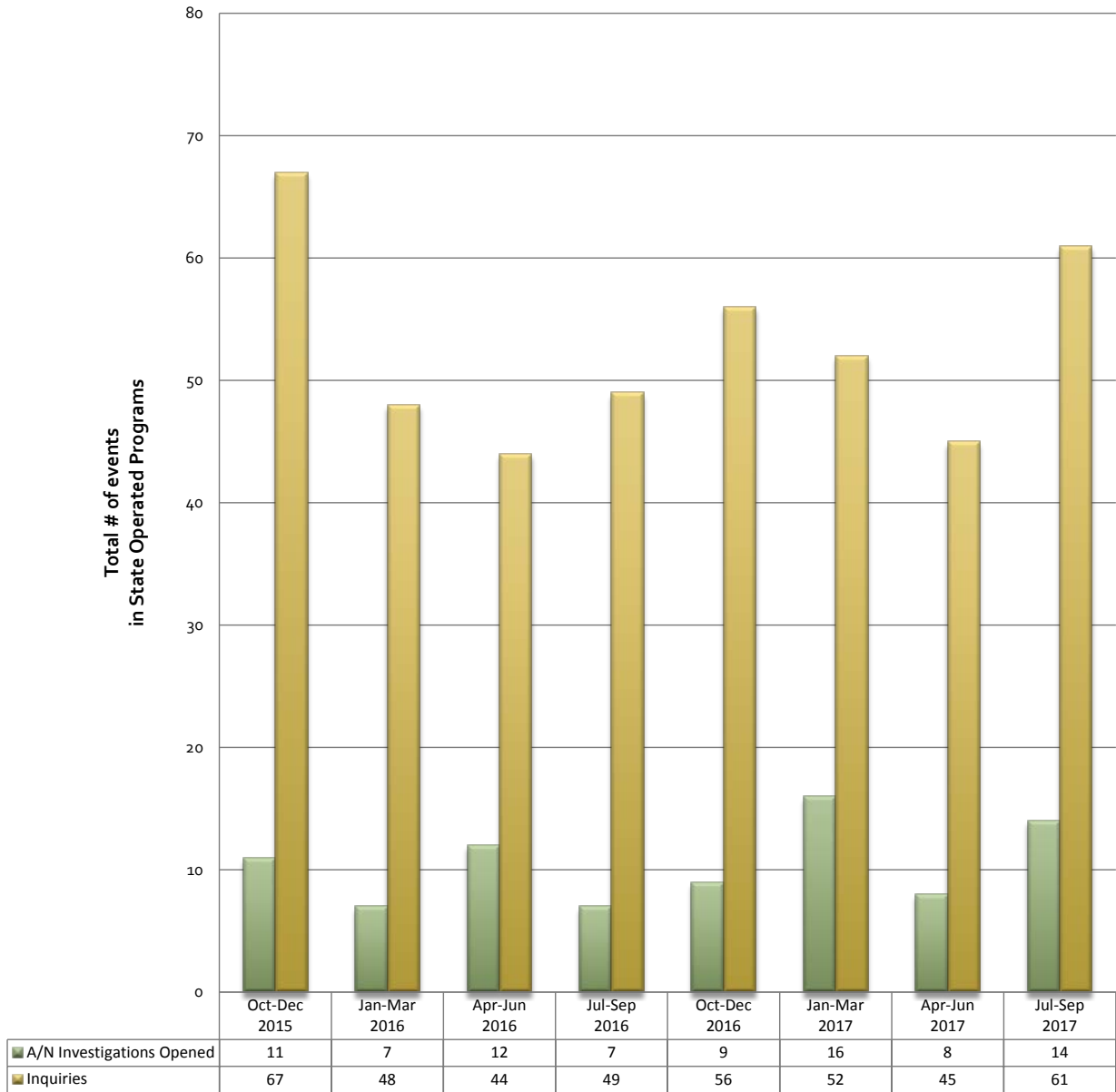
Note: An injury is defined as that which required treatment of more than first aid. State Operated Waiver Programs information now included in community residential data.



	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017	Jul-Sep 2017
# DD Individuals in Community Residential	492	684	704	749	666	595	711	702
# DD Community Individuals with No Injuries	236	372	346	361	328	231	402	326
# DD Community Individuals with Exactly 1 Injury	236	276	324	349	313	334	283	345
# DD Community Individuals with Exactly 2 Injuries	13	30	31	32	20	27	20	21
DD Community Individuals with 3+ Injuries	7	6	3	7	5	3	6	10



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

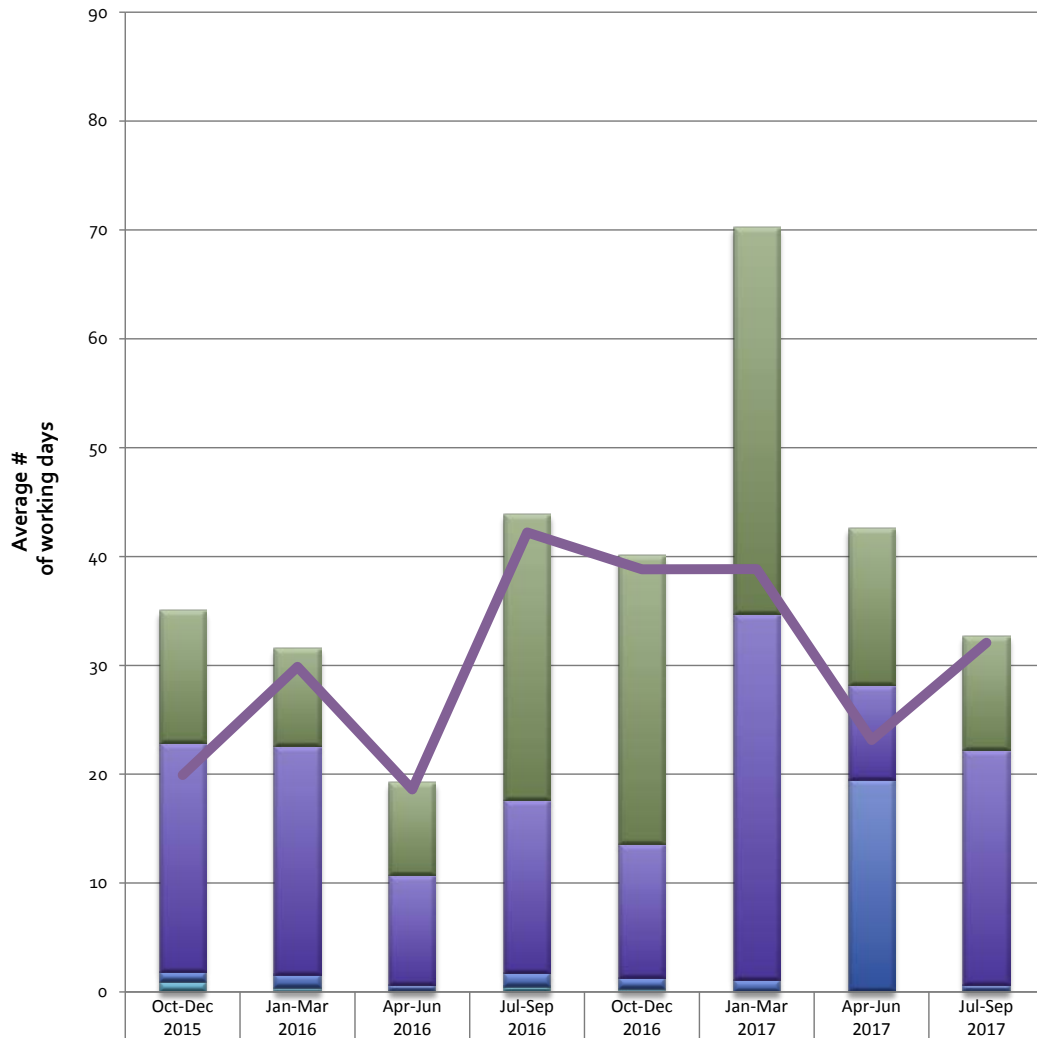


NOTE: If an event initially had an inquiry but then an A/N investigation, it is counted only as an investigation to ensure an unduplicated count of cases under review. Also note that a "decision" for an investigation is only the start of the investigation process. When a final judgment is made regarding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





## Duration of Investigation Process State Operated Programs

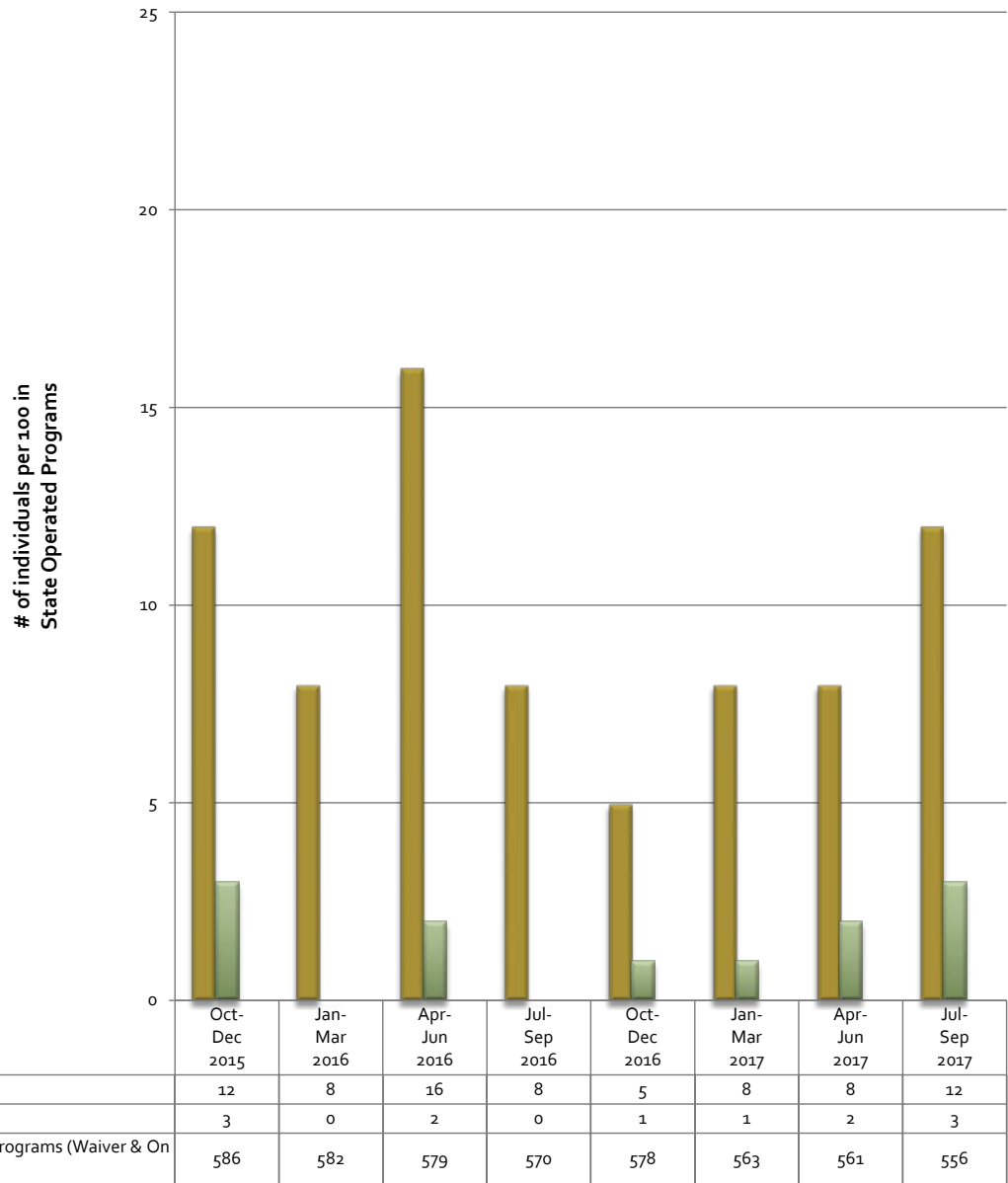


DD State Operated Programs Event Count	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017	Jul-Sep 2017
Inv. Final Report to Final Determ.	12	10	9	10	4	8	8	9
Inv. Request to Final Report	12.21	9.07	8.50	26.29	26.50	35.62	14.43	10.53
Event Report to Inv. Request	21.00	20.97	10.10	15.93	12.33	33.54	8.71	21.53
Event Discovery to Report	0.92	1.20	0.56	1.20	1.00	1.13	19.38	0.56
Total Time (90%)	0.92	0.40	0.11	0.50	0.25	0.00	0.13	0.11
	19.92	29.86	18.60	42.21	38.83	38.85	23.14	32.07

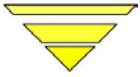
NOTE: Timelines are divided into four distinct stages of the investigation. The bars show the average duration (in working days) for all final determinations made in each quarter, whereas the line superimposes the overall average duration of 90% of the cases. The 90% is used in order to show a more "typical"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



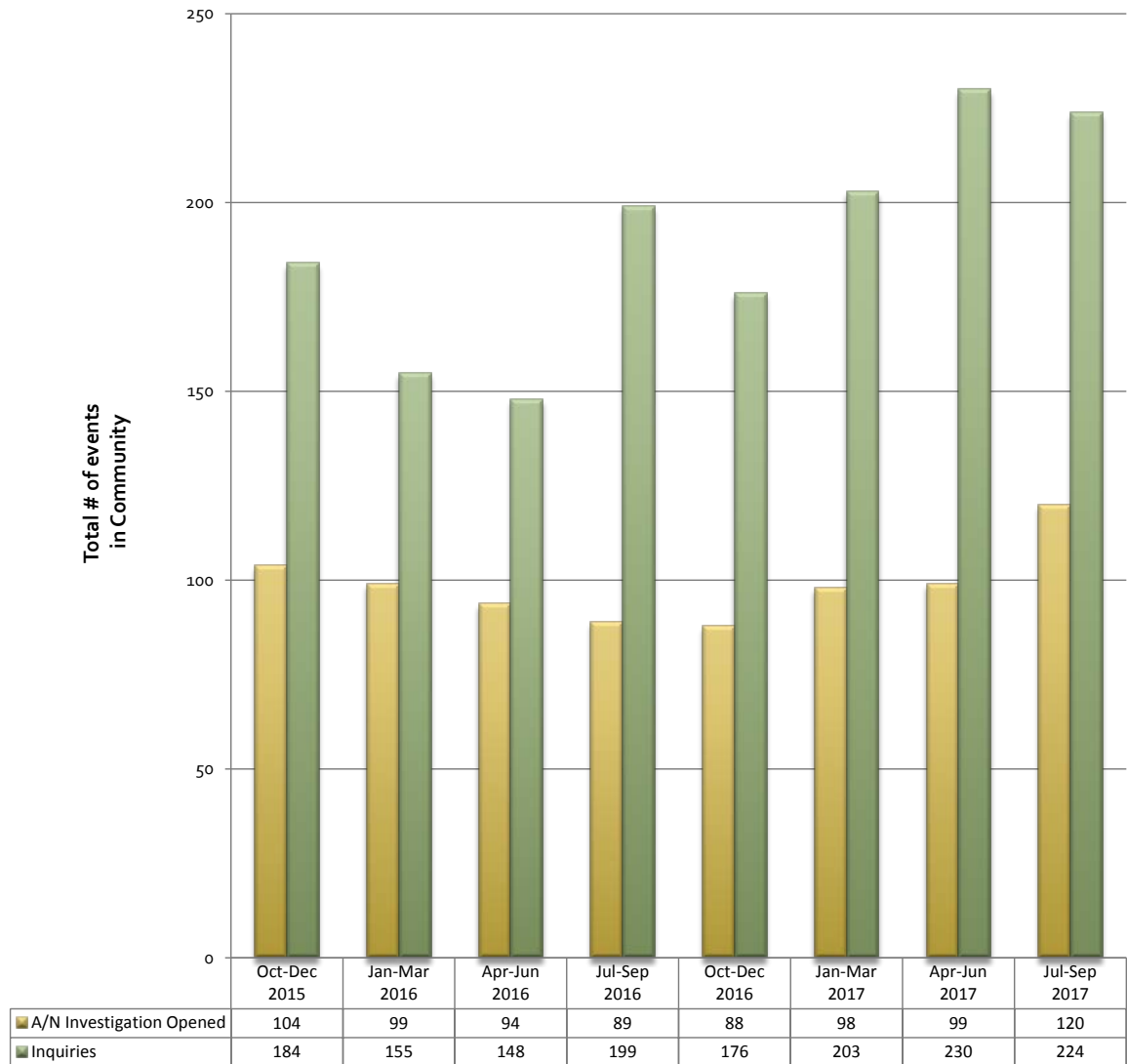
## Division of DD State Operated Programs Abuse and Neglect Completed Investigations/Substantiations



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.



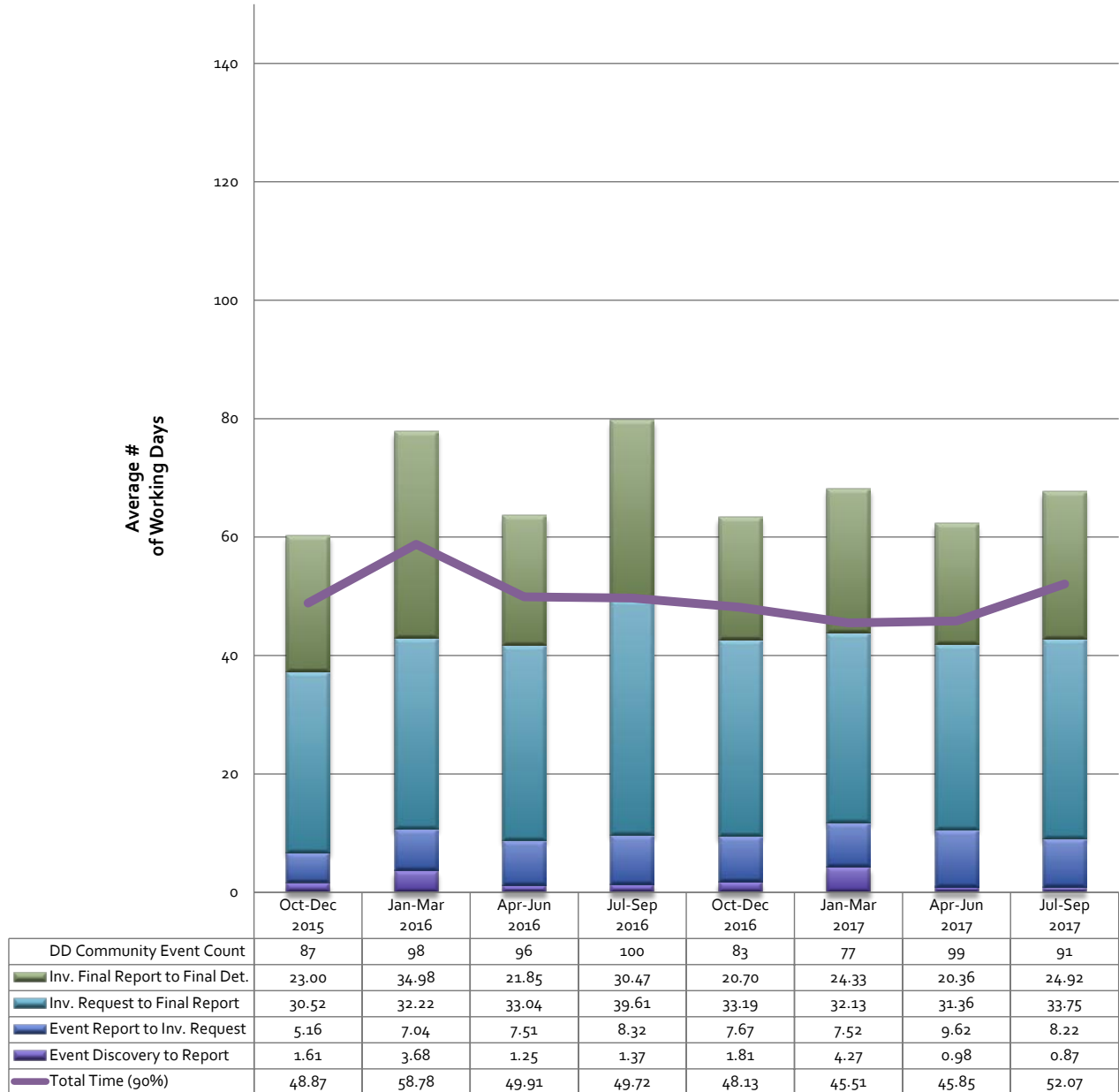
## Division of DD Community Inquiries Into Potential Abuse/Neglect Allegations



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.



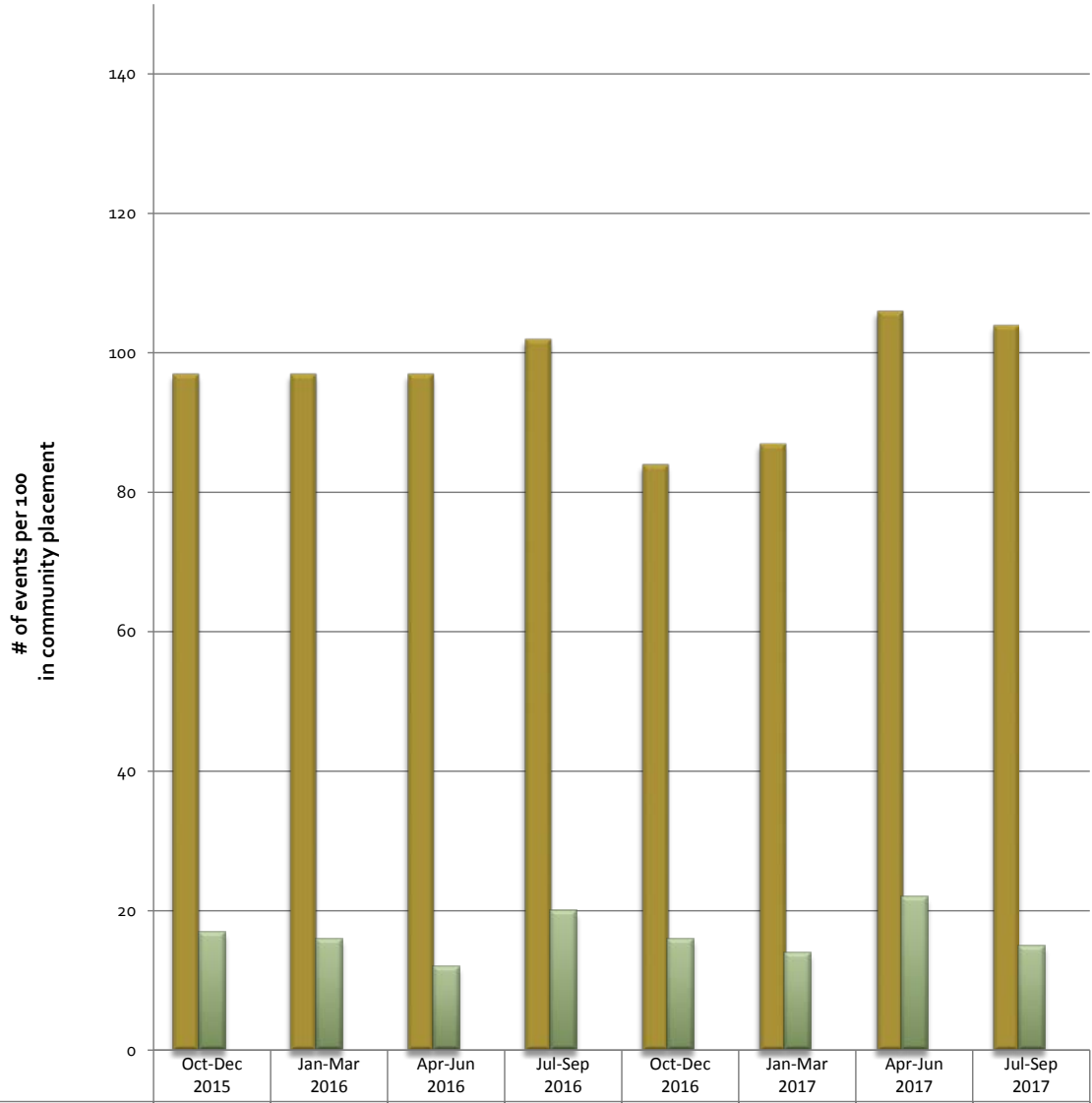
## Duration of Investigation Process DD Community



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.

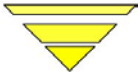


## Division of DD Community Abuse and Neglect Investigations

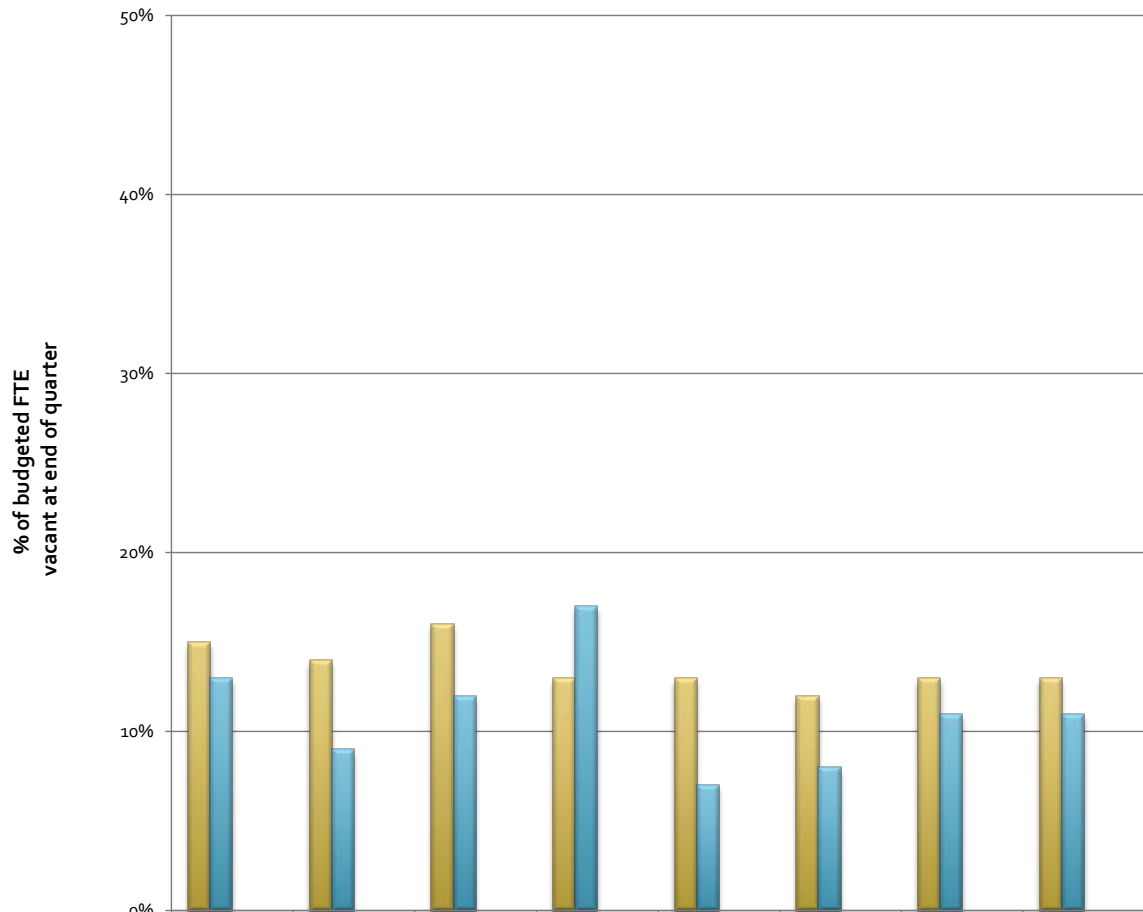


CO Investigations Completed	97	97	97	102	84	87	106	104
A/N Substantiations	17	16	12	20	16	14	22	15
# Individuals in Community Residential	7055	7077	6998	7147	7188	7186	7103	7214

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.

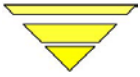


## Division of DD State Operated Programs Staff Vacancy Rates

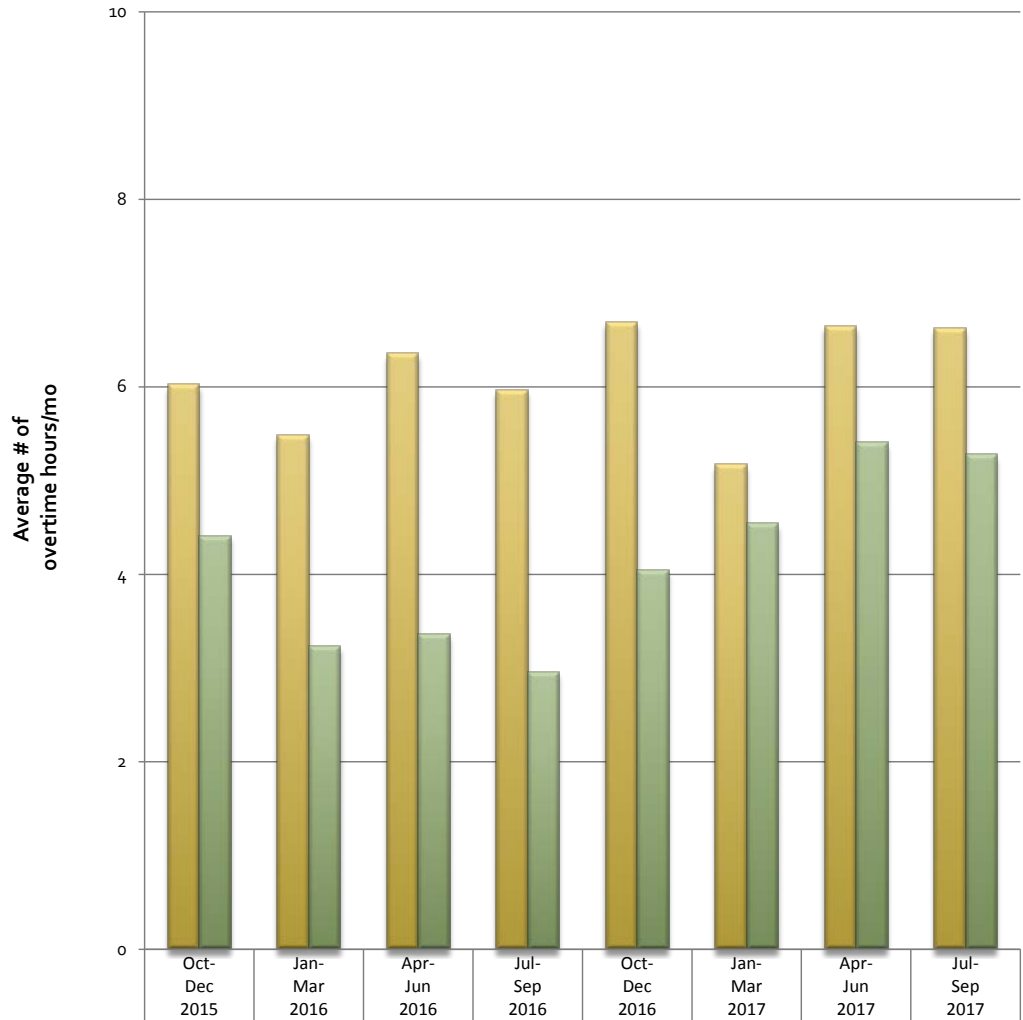


	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017	Jul-Sep 2017
■ Direct Care Staff Vacancy Rates	15%	14%	16%	13%	13%	12%	13%	13%
■ Licensed Nursing Staff Vacancy Rates	13%	9%	12%	17%	7%	8%	11%	11%
# Direct Care Vacancies	280.0	262.0	289.0	234.0	241.5	227.0	240.9	249.0
# Licensed Nursing Vacancies	18.6	14.5	19.5	21.0	12.0	13.5	18.2	18.0

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



## Division of DD State Operated Programs Staff Overtime Hours



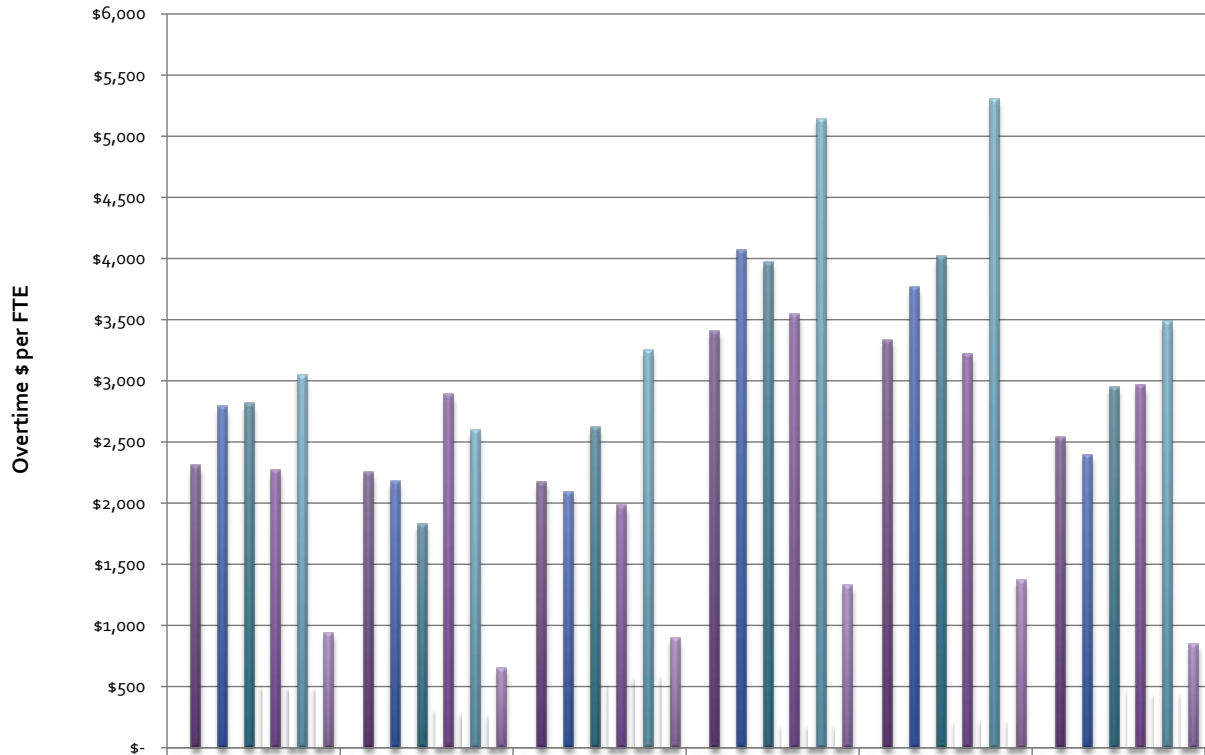
<span style="color: #c4a000;">■</span> Average # OT Hours Worked Per Active Direct Care Staff/Month	6.03	5.48	6.36	5.96	6.69	5.17	6.65	6.63
<span style="color: #6aa84f;">■</span> Average # OT Hours Per Active Licensed Staff/Month	4.41	3.24	3.37	2.96	4.05	4.54	5.41	5.28

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.

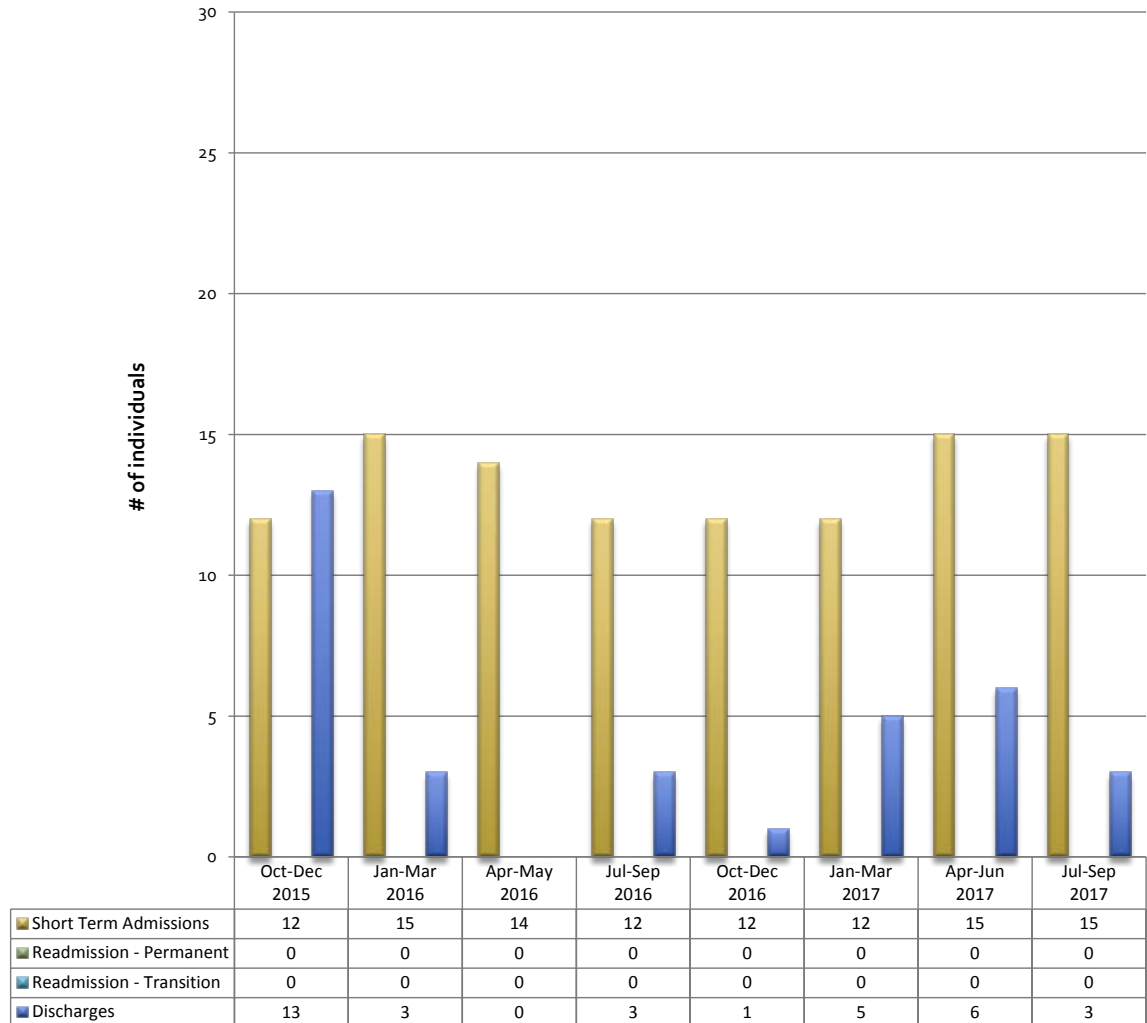


	Bellefontaine	Higginsville	NWCS	SWCS	SEMORS	SLDDTC
FY 13 Overtime \$M	\$1.240	\$1.093	\$1.217	\$0.917	\$0.847	\$1.388
FY 13 FTEs	537	485	559	269	254	547
FY 13 OT \$ per FTE	\$2,309.12	\$2,253.61	\$2,177.10	\$3,408.92	\$3,334.65	\$2,537.48
FY 14 Overtime \$M	\$1.440	\$1.077	\$1.056	\$0.985	\$0.953	\$1.270
FY 14 FTEs	516	493	505	242	253	530
FY 14 OT \$ per FTE	\$2,790.70	\$2,184.58	\$2,091.09	\$4,070.25	\$3,766.80	\$2,396.23
FY 15 Overtime \$M	\$1.466	\$0.882	\$1.209	\$0.866	\$0.994	\$1.518
FY 15 FTEs	520	482	461	218	247	514
FY 15 OT \$ per FTE	\$2,819.23	\$1,829.88	\$2,622.56	\$3,972.48	\$4,024.29	\$2,953.31
FY16 Overtime \$M	\$1.205	\$0.969	\$1.095	\$0.741	\$0.764	\$1.487
FY16 FTEs	531	335	552	209	237	502
FY16 OT \$ per FTE	\$2,269.30	\$2,892.54	\$1,983.70	\$3,545.45	\$3,223.63	\$2,962.15
FY17 Overtime \$M	\$1.572	\$0.794	\$1.931	\$1.064	\$1.343	\$1.612
FY17 FTEs	515	306	594	207	253	462
FY17 OT \$ per FTE	\$3,052.43	\$2,594.77	\$3,250.84	\$5,140.10	\$5,308.30	\$3,489.18
FY17 Overtime \$M	\$0.482	\$0.197	\$0.551	\$0.287	\$0.344	\$0.400
FY17 FTEs	513	302	614	215	251	472
FY17 OT \$ per FTE	\$939.57	\$652.32	\$897.39	\$1,334.88	\$1,370.52	\$847.46





## 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.

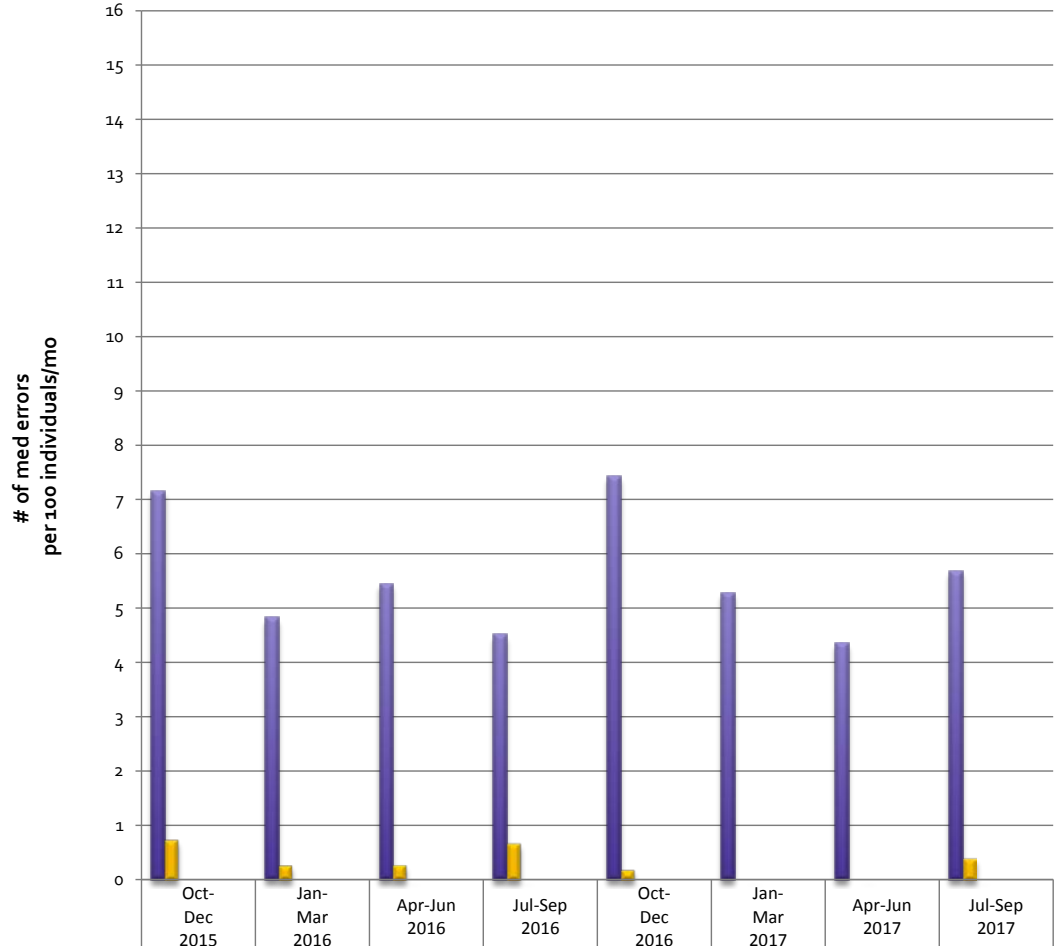
**Permanent:** Total number of individuals previously discharged from the Habilitation Center Campus within the last 12 months that returned during report period with no plans to move back to community.

**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.



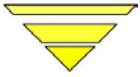
## Division of DD Habilitation Center Campus Medication Errors



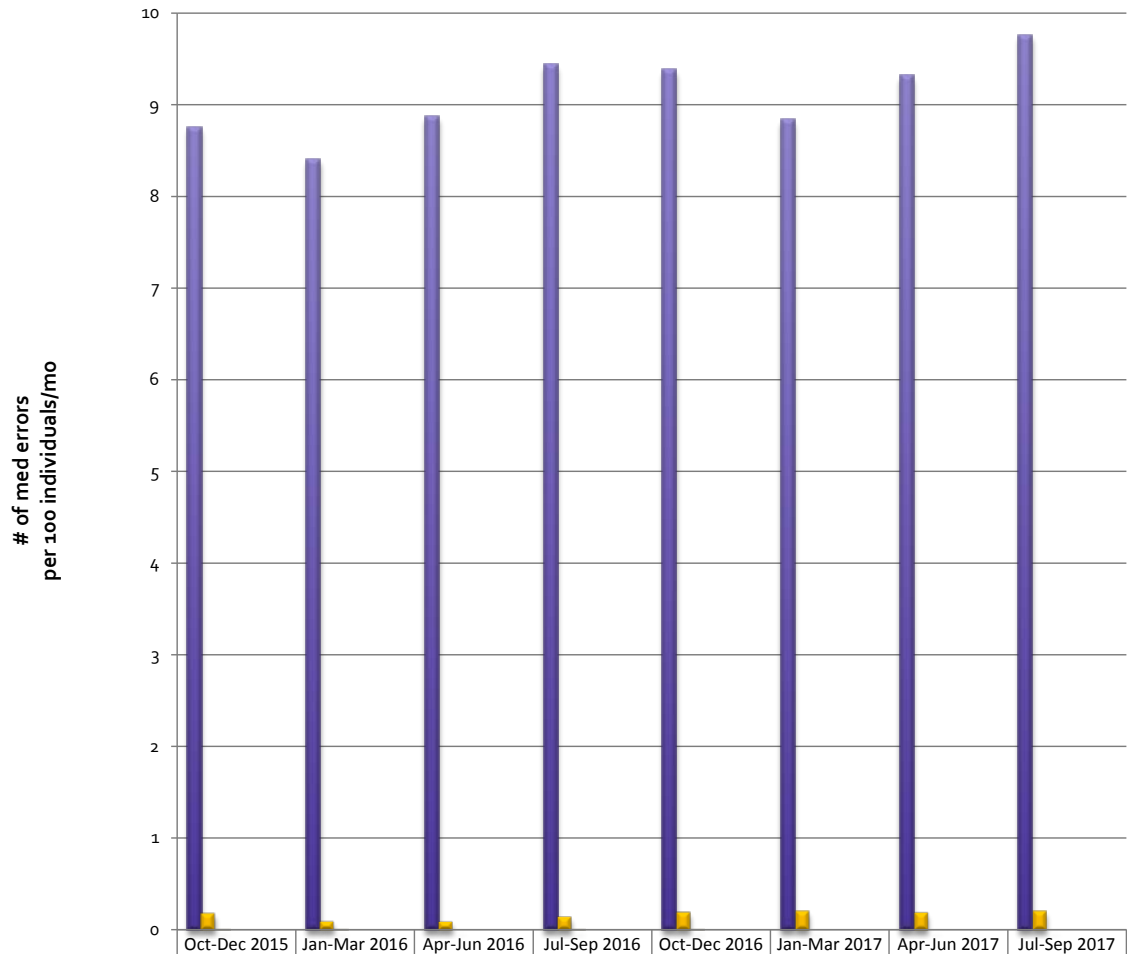
■ Minimal Med Errors per 100 Individuals/month	7.16	4.83	5.45	4.51	7.44	5.28	4.36	5.69
■ Moderate Med Errors per 100 Individuals /month	0.73	0.28	0.28	0.67	0.19	0.00	0.00	0.40
■ Serious Med Errors per 100 Individuals/month	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HCC Minimal Medication Errors	78	52	58	47	77	54	43	57
HCC Center Moderate Medication Errors	8	3	3	7	2	0	0	4
HCC Center Serious Medication Errors	0	0	0	0	0	0	0	0
# HCC Individuals	363	359	355	347	345	341	329	334

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



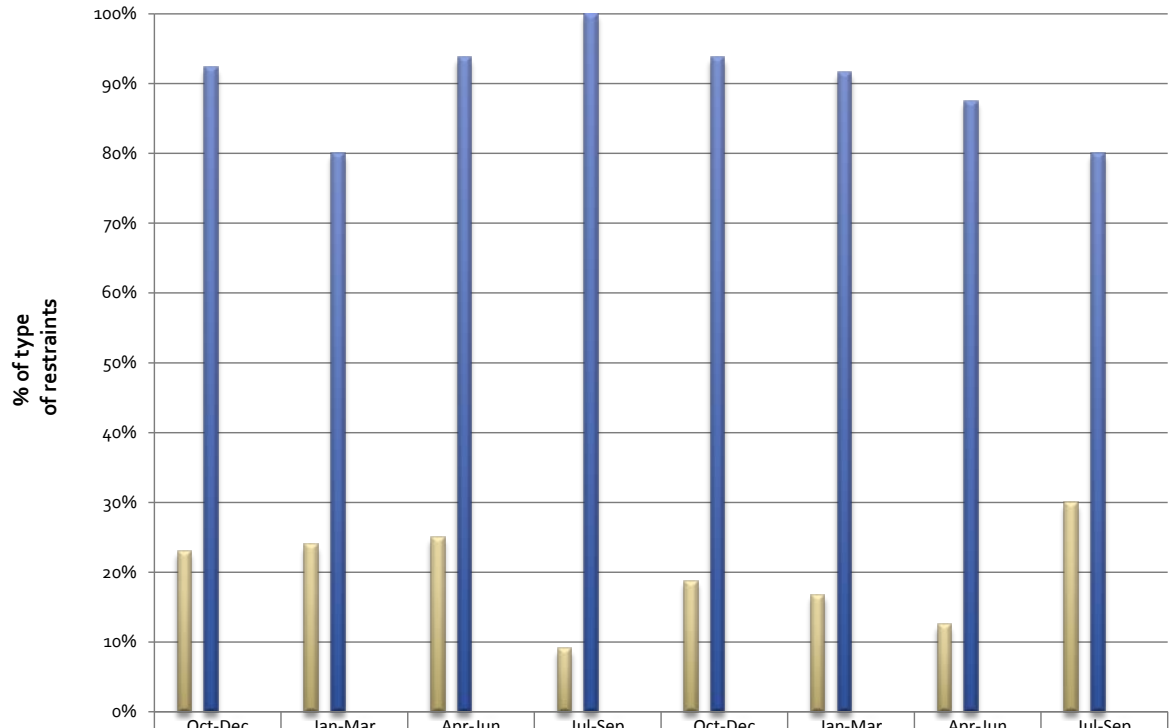
	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017	Jul-Sep 2017
Minimal Med Errors per 100 Individuals/month	8.76	8.41	8.88	9.45	9.39	8.85	9.32	9.76
Moderate Med Errors per 100 Individuals/month	0.18	0.10	0.09	0.14	0.19	0.21	0.19	0.21
Serious Med Errors per 100 Individuals/month	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Community Minimal Medication Errors	1912	1841	1924	2088	2087	1967	2078	2178
Community Moderate Medication Errors	40	21	20	32	43	46	42	46
Community Serious Medication Errors	1	1	0	1	1	0	0	0
# Individuals in Community Residential	7278	7300	7222	7367	7411	7409	7432	7437

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



# Individuals Chemical Restraint	3	6	4	1	3	2	1	3
% Individuals Chemical Restraint	23%	24%	25%	9%	19%	17%	13%	30%
# Individuals Physical Restraint	12	20	15	11	15	11	7	8
% Individuals Physical Restraint	92%	80%	94%	100%	94%	92%	88%	80%
# Individuals Mechanical Restraint	0	0	0	0	0	0	0	0
% Individuals Mechanical Restraint	0%	0%	0%	0%	0%	0%	0%	0%
# of HCC Individuals Restrained	13	25	16	11	16	12	8	10
# of Hab Center Campus Individuals	363	359	355	347	345	341	329	334

**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.

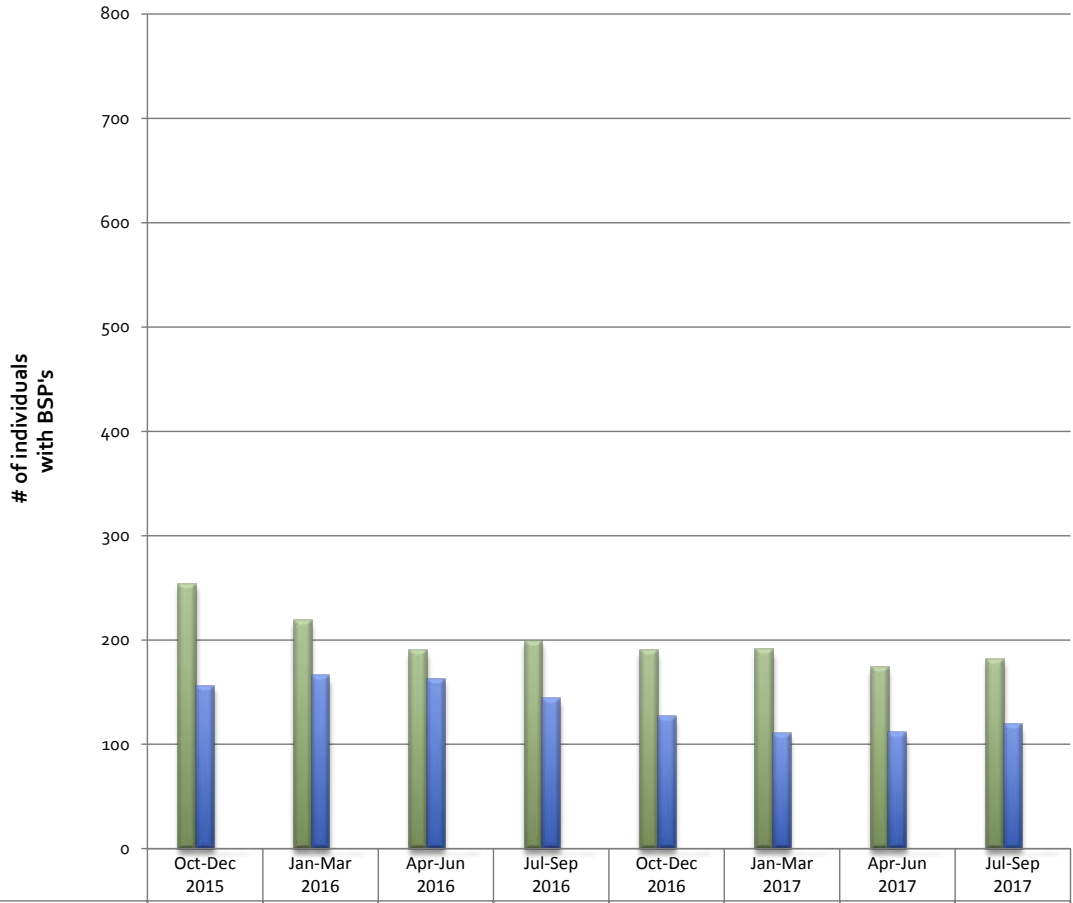
**Physical Restraint:** Any physical hold involving a restriction of an individual's voluntary movement.

**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.

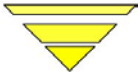


## Division of DD Habilitation Center Campus Individuals with Behavior Support Programs

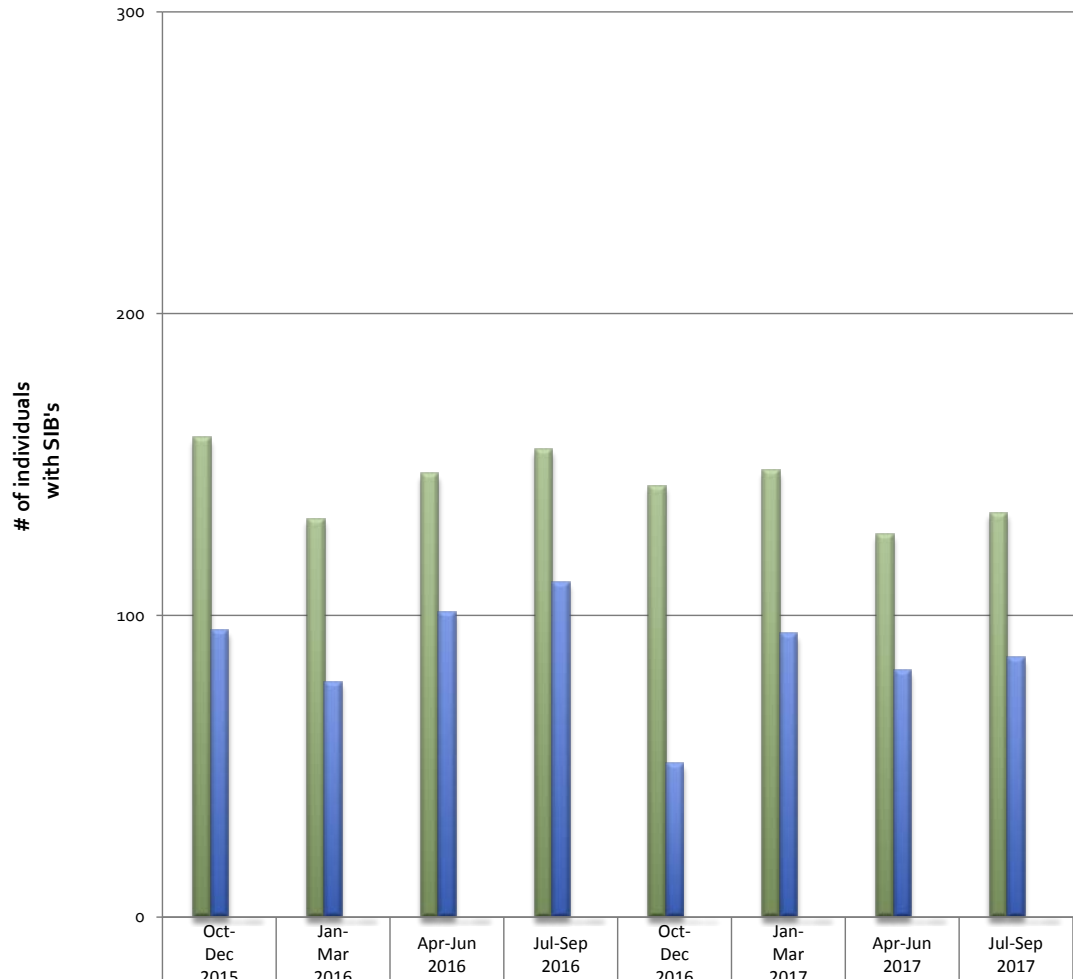


	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017	Jul-Sep 2017
# Hab Center Campus Individuals	363	359	355	347	345	341	329	334
■ Individuals with Behavior Support Programs	254	219	190	199	190	191	174	182
■ Individuals Progressing with Behavior Support Programs	156	166	163	144	127	111	112	119
% On Behavior Support Programs	70%	61%	54%	57%	55%	56%	53%	54%
% Progressing on Behavior Support Programs	61%	76%	86%	72%	67%	58%	64%	65%

**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



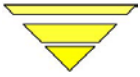
	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017	Jul-Sep 2017
# Hab Center Campus Individuals	363	359	355	347	345	341	329	334
■ Individuals with Self Injurious Behavior Programs	159	132	147	155	143	148	127	134
■ Individuals Progressing with SIB Programs	95	78	101	111	51	94	82	86
% on Self Injurious Behavior Programs	44%	37%	41%	45%	41%	43%	39%	40%
% Progressing on Self Injurious Behavior Programs	60%	59%	69%	72%	36%	64%	65%	64%

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.

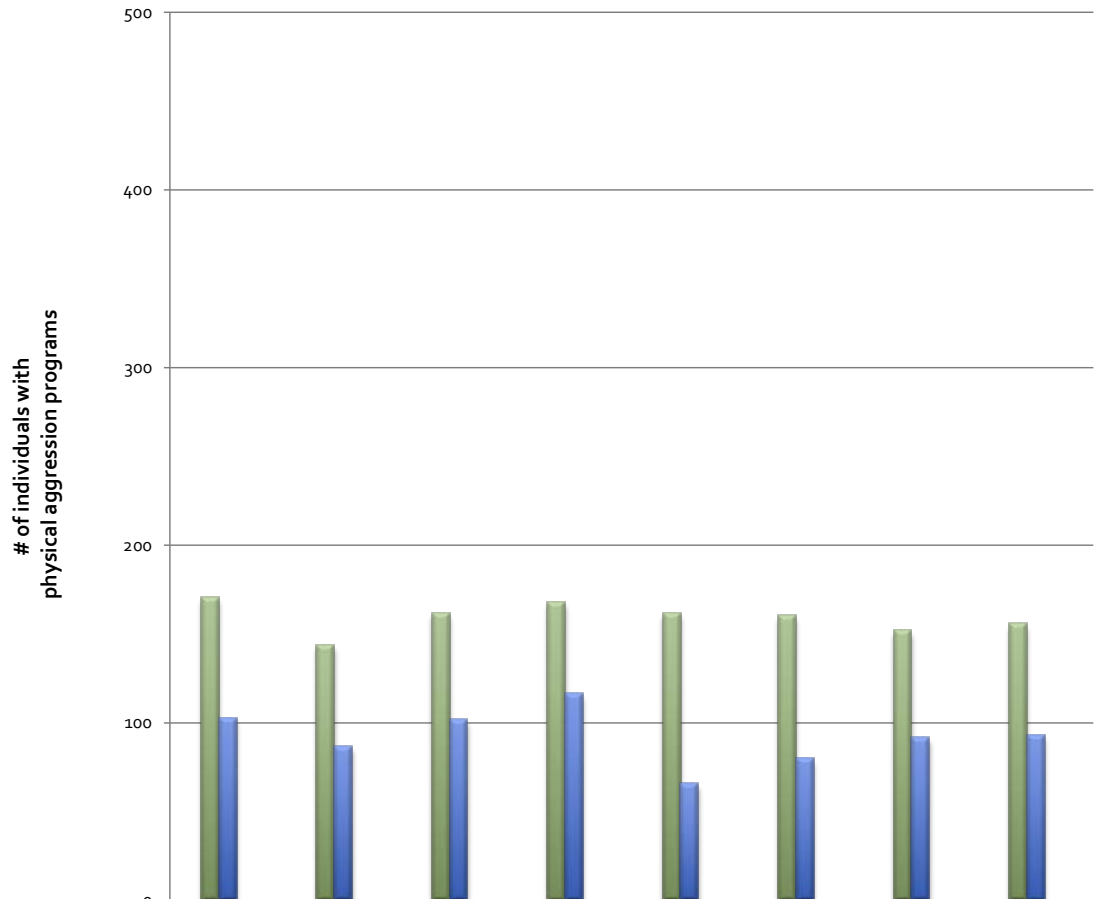
Definition- Progressing with Self Injurious Behavior Programs: An individual who is at baseline or below for their Self Injurious Behavior Program.

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

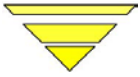


## Division of DD Habilitation Center Campus Individuals with Physical Aggression Programs

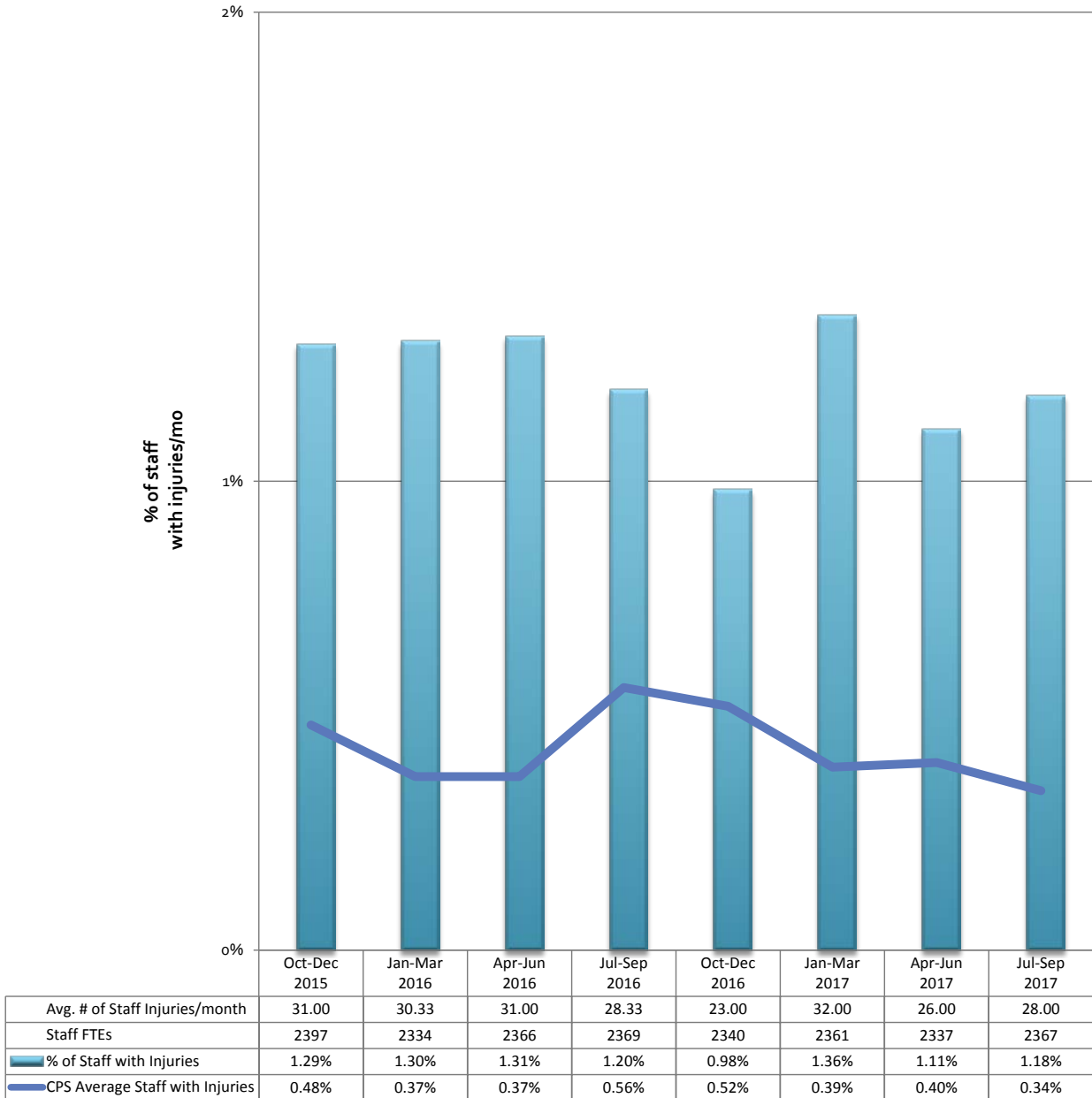


	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017	Jul-Sep 2017
# Hab Center Campus Individuals	363	359	355	347	345	341	329	334
■ Individuals with Physical Aggression Programs	171	144	162	168	162	161	152	156
■ Individuals Progressing with Physical Aggression Programs	103	87	102	117	66	80	92	93
% on Physical Aggression Programs	47%	40%	46%	48%	47%	47%	46%	47%
% Progressing on Physical Aggression Programs	60%	60%	63%	70%	41%	50%	61%	60%

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.