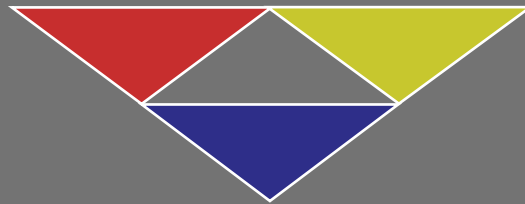


May 2019

Missouri Department of Mental Health

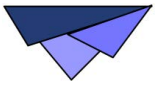
Quarterly Performance Measures



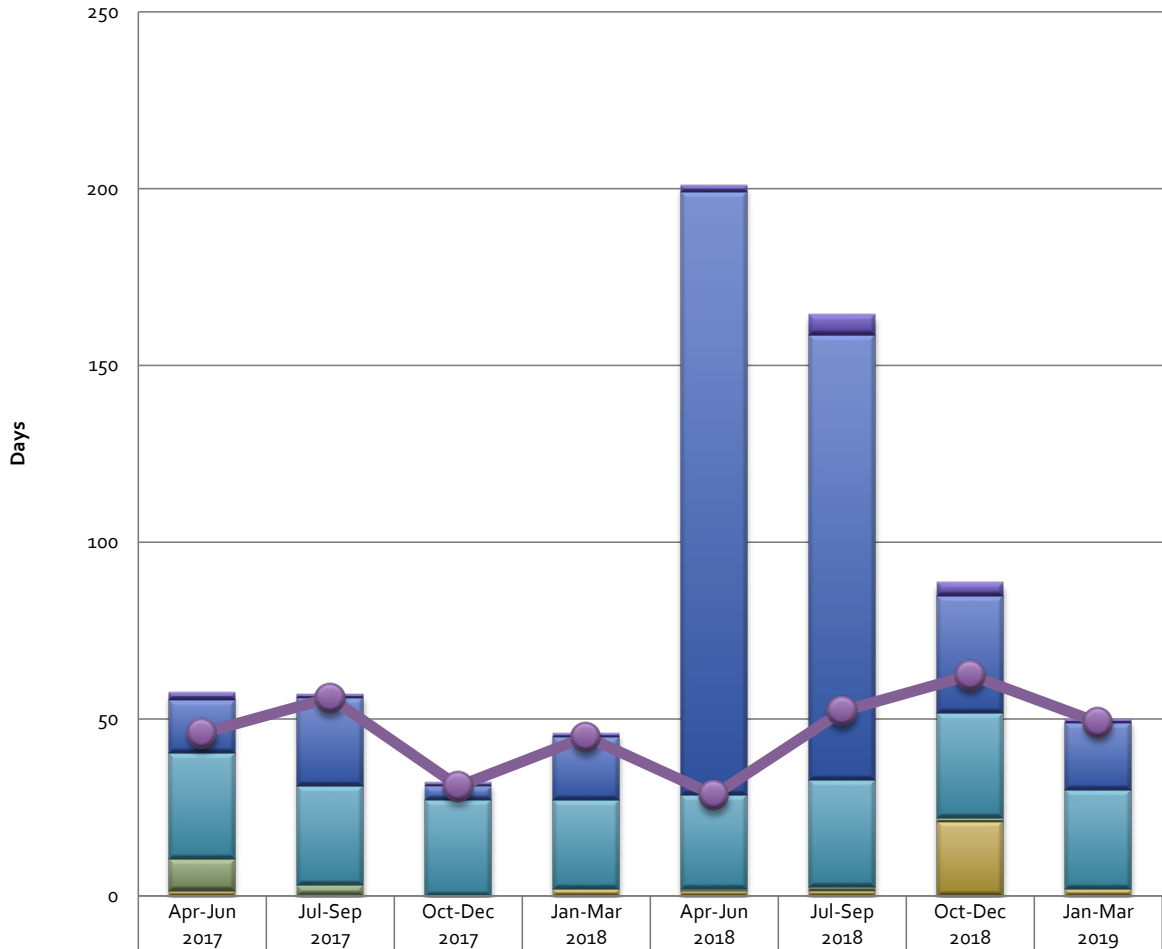


Division of Behavioral Health

Substance Use Services



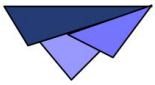
Substance Use Treatment Community Investigations Timelines



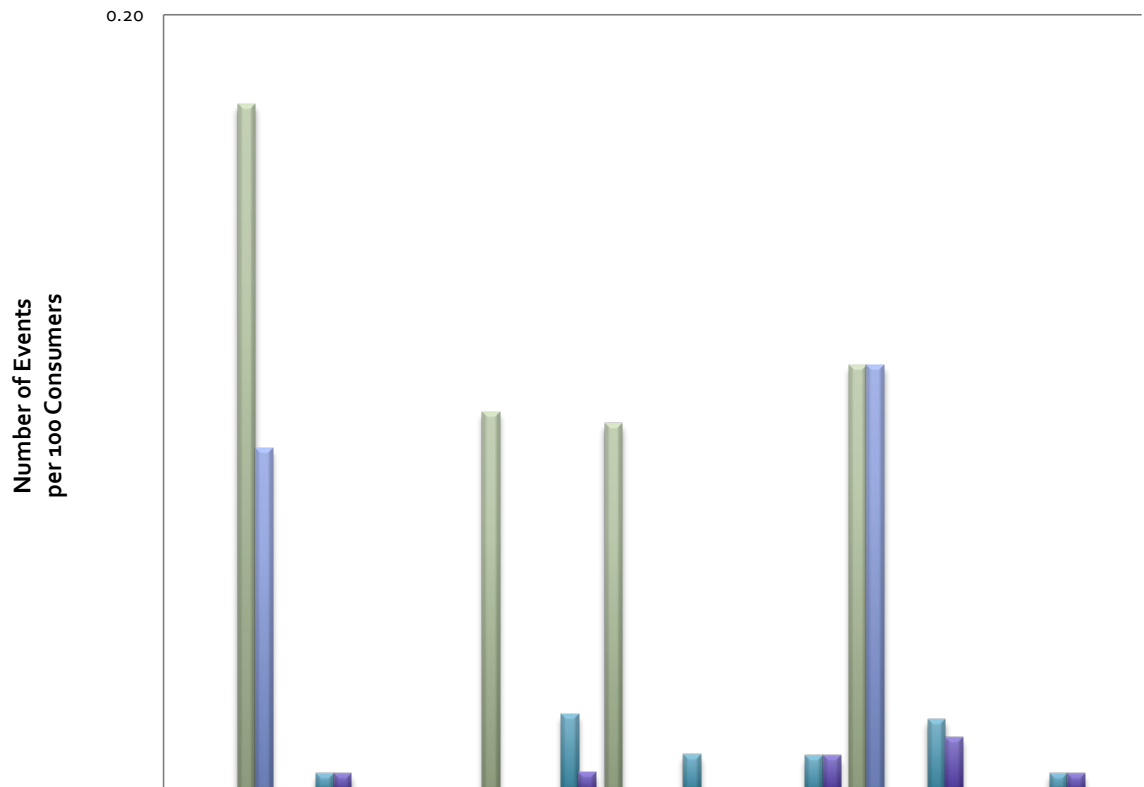
	Apr-Jun 2017	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018	Oct-Dec 2018	Jan-Mar 2019
Community Event Count	2	1	1	1	2	6	4	1
Inv. Final Report to Final Determination	15.0	25.0	4.0	18.0	170.5	126.0	33.0	19.0
Inv. Request to Final Report	30.0	28.0	27.0	25.0	26.5	30.0	29.8	28.0
Notification to Inv. Request	9.0	3.0	0.0	0.0	0.5	1.2	1.0	0.0
Event Discovery to Notification	1.5	0.0	0.0	2.0	1.5	1.5	21.0	2.0
Total Investigation Time (90%)	46.0	56.0	31.0	45.0	28.5	52.2	62.4	49.0

NOTE: Timelines are divided into 4 distinct sections or stages of an investigation. The bars include average times for all final determinations made in each quarter, the purple line shows typical timelines.

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



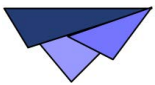
Substance Use Treatment Abuse/Neglect Investigations



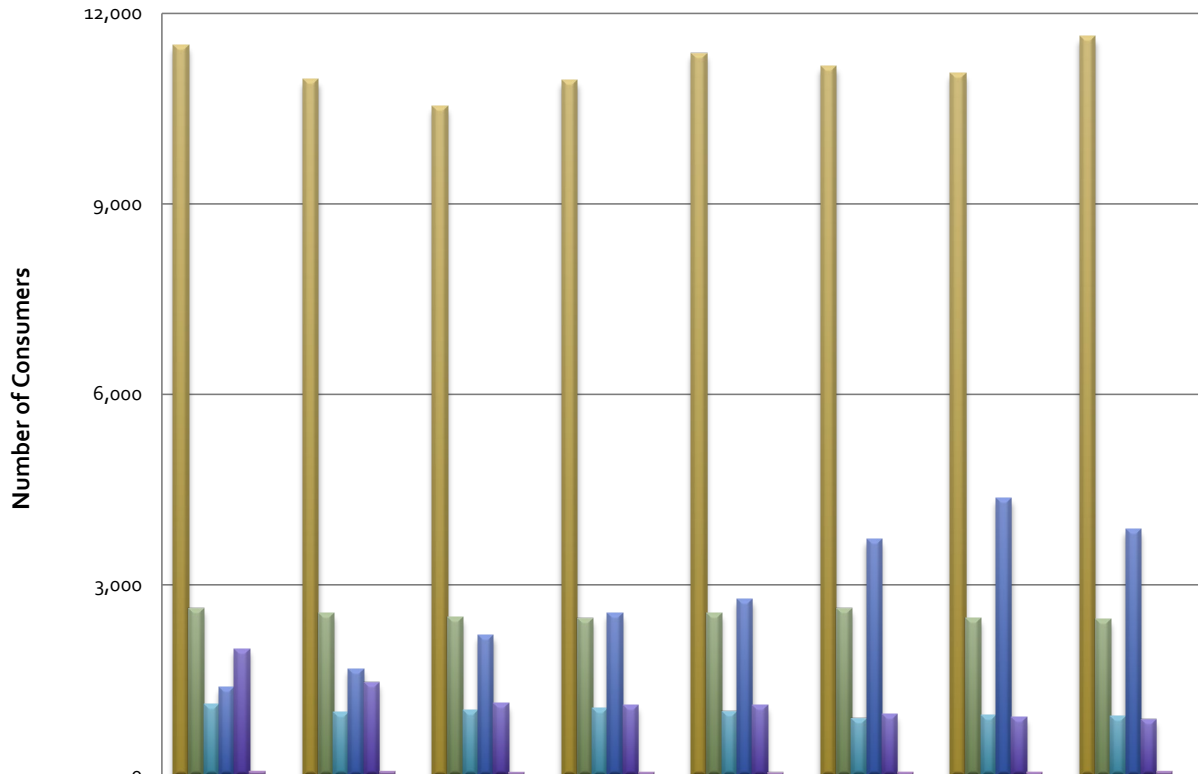
	Apr-Jun 2017	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018	Oct-Dec 2018	Jan-Mar 2019
# Adult Consumers	22,228	21,329	20,657	20,058	20,745	21,419	21,363	21,373
Adult A/N Investigations Completed	0	1	0	4	2	2	4	1
Adult A/N Investigations Rate	0.000	0.005	0.000	0.020	0.010	0.009	0.019	0.005
Adult A/N Substantiated	0	1	0	1	0	2	3	1
Adult A/N Substantiation Rate	0.000	0.005	0.000	0.005	0.000	0.009	0.014	0.005
# Youth Consumers	1,130	998	1,022	1,053	1,013	911	955	931
Youth A/N Investigations Completed	2	0	1	1	0	1	0	0
Youth A/N Investigations Rate	0.177	0.000	0.098	0.095	0.000	0.110	0.000	0.000
Youth A/N Substantiated	1	0	0	0	0	1	0	0
Youth A/N Substantiation Rate	0.088	0.000	0.000	0.000	0.000	0.110	0.000	0.000

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

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



Substance Use Treatment Consumers Served By Program

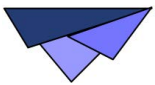


	Apr-Jun 2017	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018	Oct-Dec 2018	Jan-Mar 2019
■ CSTAR Gen Adult	11,505	10,957	10,536	10,944	11,377	11,175	11,059	11,633
■ CSTAR W&C	2,632	2,557	2,483	2,482	2,552	2,631	2,472	2,456
■ CSTAR Adol	1,123	992	1,024	1,053	1,018	907	950	941
■ Opioid Tx	1,393	1,681	2,205	2,555	2,779	3,722	4,368	3,879
■ Primary Recovery & Tx	1,996	1,471	1,130	1,100	1,108	966	919	887
■ Compulsive Gambling	60	58	46	54	50	56	56	57
Unduplicated Number of ADA Served	23,358	22,327	21,679	21,111	21,758	22,330	22,318	22,304

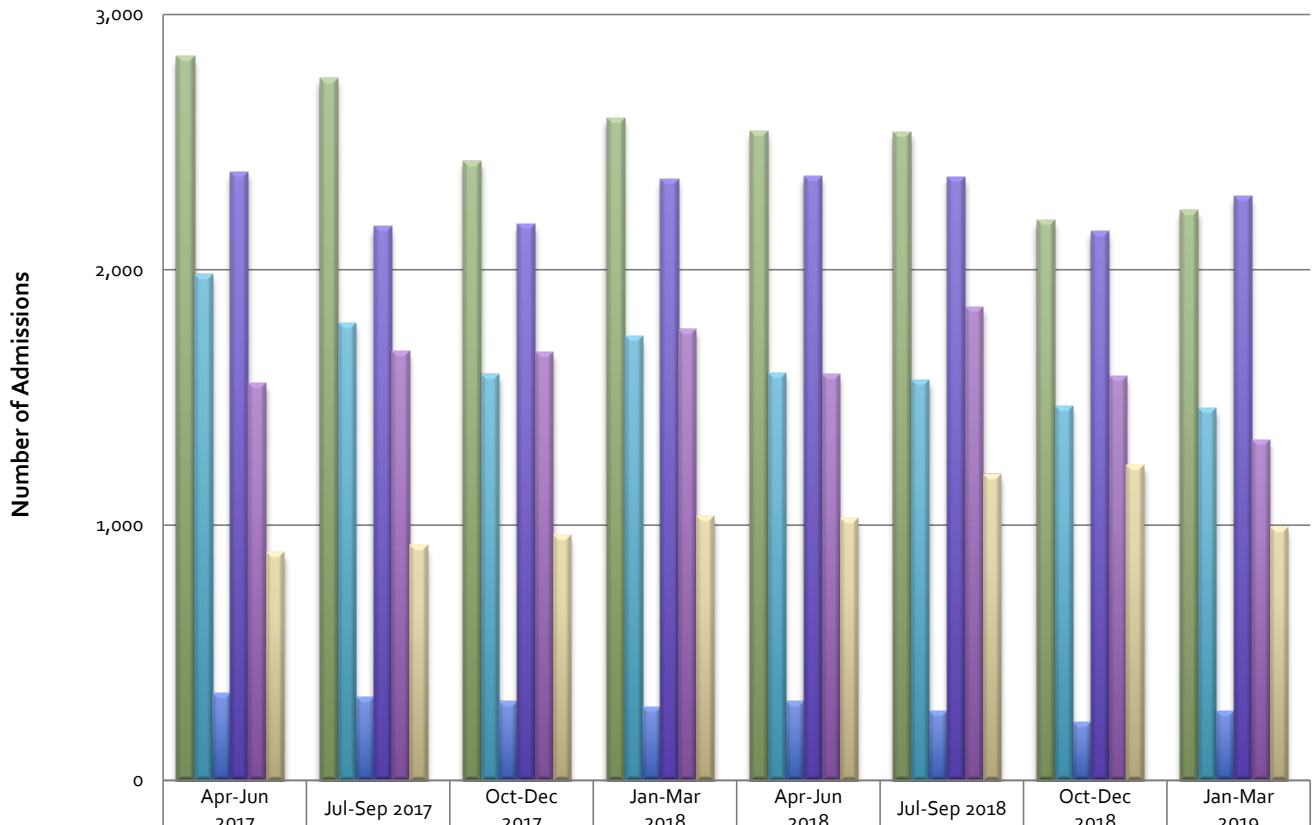
CAUTION: Data from July 2017 onward may be incomplete due to a delay in submission of encounters to CIMOR as the result of the CCBHC project.

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.



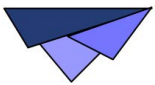
Drug of Choice at Admission to Substance Use Treatment



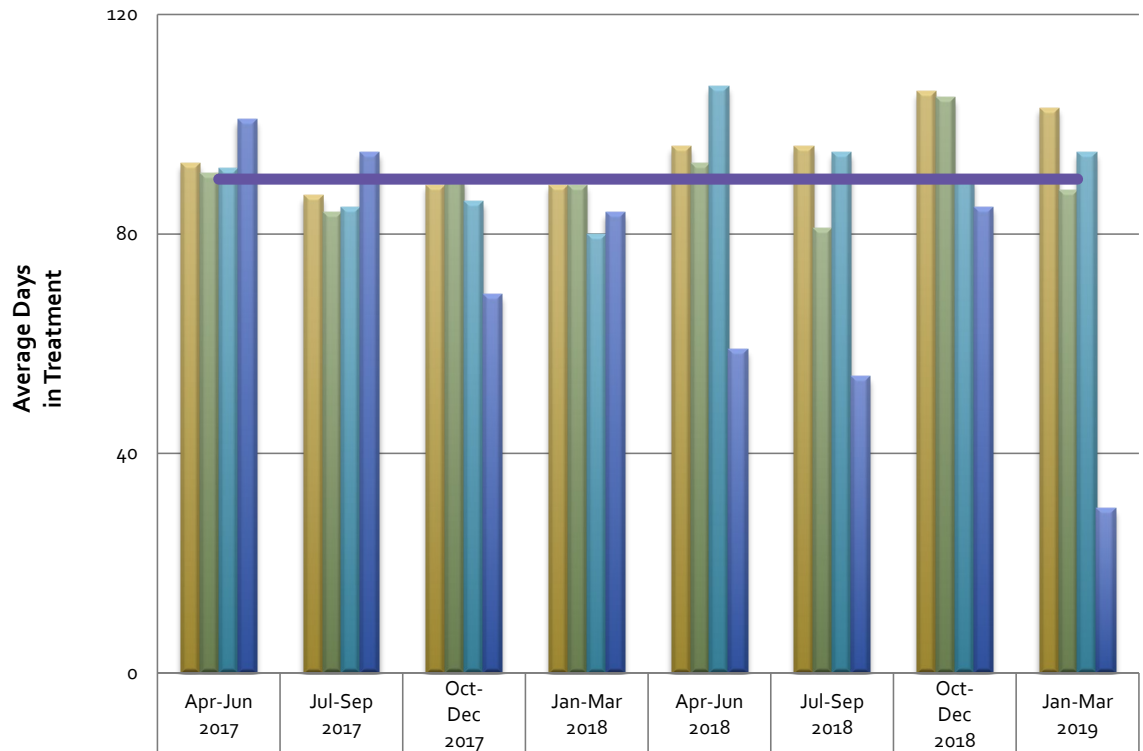
	Apr-Jun 2017	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018	Oct-Dec 2018	Jan-Mar 2019
Alcohol	2,835	2,749	2,426	2,594	2,545	2,539	2,196	2,235
% Alcohol	28.4%	28.5%	26.5%	26.5%	27.0%	25.9%	24.8%	26.1%
Marijuana	1,984	1,793	1,593	1,739	1,597	1,567	1,468	1,459
% Marijuana	19.9%	18.6%	17.4%	17.8%	16.9%	16.0%	16.6%	17.0%
Cocaine	343	326	309	287	309	273	228	272
% Cocaine	3.4%	3.4%	3.4%	2.9%	3.3%	2.8%	2.6%	3.2%
Methamphetamine	2,383	2,169	2,178	2,356	2,366	2,362	2,153	2,289
% Methamphetamine	23.8%	22.5%	23.8%	24.1%	25.1%	24.1%	24.3%	26.7%
Heroin	1,556	1,682	1,677	1,766	1,593	1,855	1,584	1,333
% Heroin	15.6%	17.4%	18.3%	18.1%	16.9%	18.9%	17.9%	15.5%
Other Drugs	892	920	962	1,035	1,028	1,200	1,235	991
% Other Drugs	8.9%	9.5%	10.5%	10.6%	10.9%	12.2%	13.9%	11.6%

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

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



Retention In Substance Use Treatment

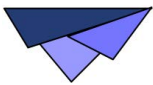


	Apr-Jun 2017	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018	Oct-Dec 2018	Jan-Mar 2019
CSTAR Gen Adult - N	4,830	4,425	4,195	3,824	4,020	3,522	3,430	3,599
CSTAR Gen Adult - Avg Days	93	87	89	89	96	96	106	103
CSTAR W&C - N	1,135	1,023	963	995	963	889	918	843
CSTAR W&C - Avg Days	91	84	90	89	93	81	105	88
CSTAR Adol - N	577	446	416	404	465	370	385	322
CSTAR Adol - Avg Days	92	85	86	80	107	95	90	95
Primary Recovery & Tx - N	919	817	689	718	636	665	2,556	219
Primary Recovery & Tx - Avg Days	101	95	69	84	59	54	85	30
# of Outliers	453	440	379	415	469	353	583	421
NIDA recommended minimum (days)	90	90	90	90	90	90	90	90

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

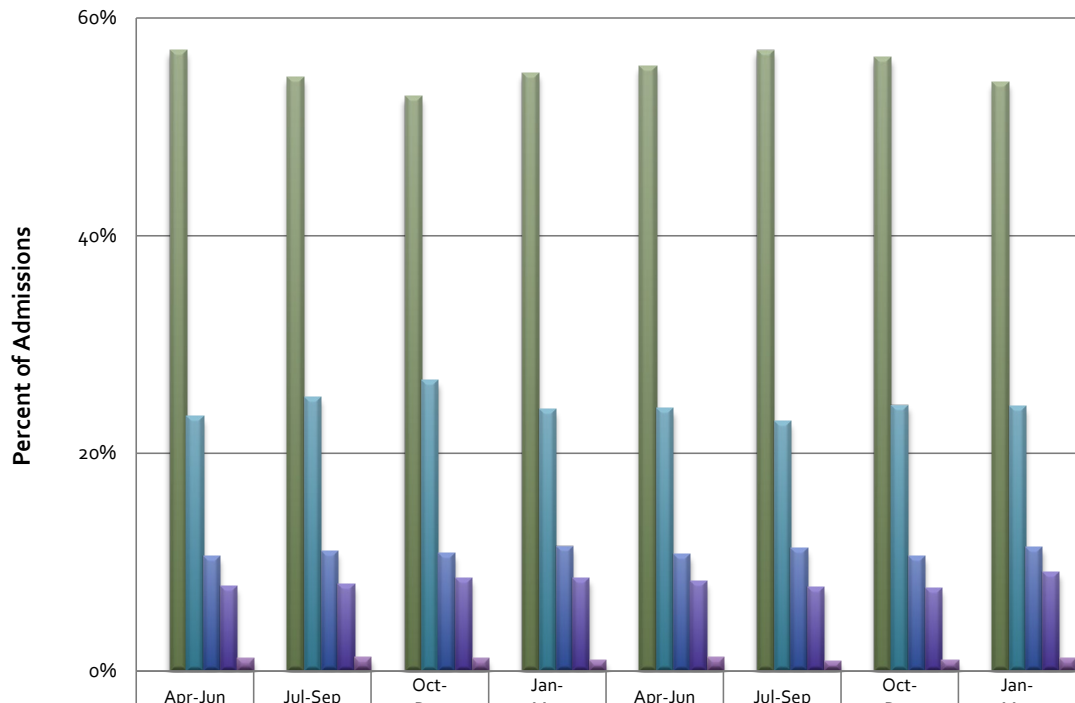
NIDA's Principles of Drug Addiction Treatment states: "The appropriate duration for an individual depends on the type and degree of his or her problem and needs. Research indicates that most addicted individuals need at least three months in treatment to significantly reduce or stop their drug use and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

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



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

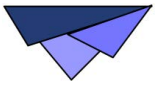
NOTE: One study found that the median time from first treatment to 1 alcohol-and drug-free year was 9 years - with 3 to 4 episodes of treatment.¹
¹Dennis, M.L. et al, 2005. The duration and correlates of addiction and treatment careers. Journal of Substance Abuse Treatment 28 (Suppl.1):S51-S62



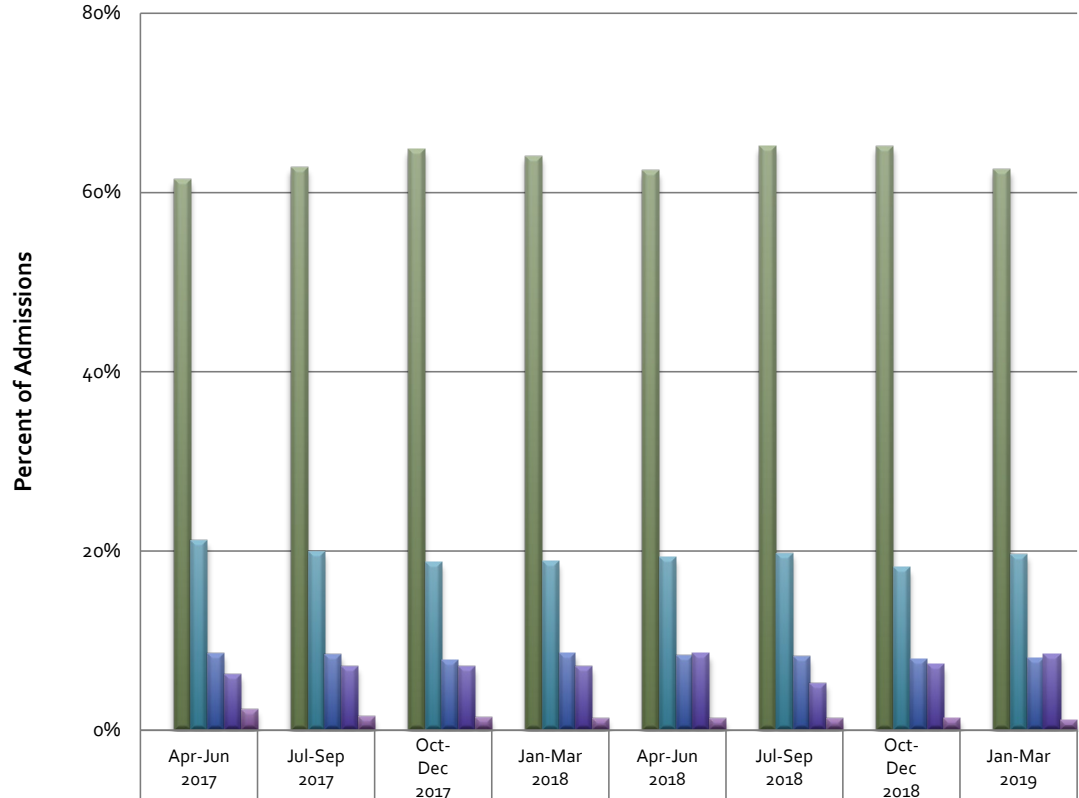
	Apr-Jun 2017	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018	Oct-Dec 2018	Jan-Mar 2019
Adult Consumers Admitted to Tx	7,472	7,491	7,327	7,792	7,660	8,138	7,377	7,321
Adult Consumers with Previous Tx	3,206	3,406	3,460	3,509	3,402	3,496	3,220	3,371
Adult Consumers Admitted with Previous Tx Pct	42.9%	45.5%	47.2%	45.0%	44.4%	43.0%	43.6%	46.0%
0 Prior Tx Episodes	4,265	4,086	3,867	4,283	4,258	4,643	4,158	3,960
0 Prior Tx Episodes Pct	57.1%	54.5%	52.8%	55.0%	55.6%	57.1%	56.4%	54.1%
1 Prior Tx Episode	1,747	1,888	1,956	1,874	1,848	1,869	1,801	1,780
1 Prior Tx Episode Pct	23.4%	25.2%	26.7%	24.1%	24.1%	23.0%	24.4%	24.3%
2 Prior Tx Episodes	790	826	791	893	824	920	779	833
2 Prior Tx Episodes Pct	10.6%	11.0%	10.8%	11.5%	10.8%	11.3%	10.6%	11.4%
3 - 5 Prior Tx Episodes	582	598	628	664	635	630	564	668
3 - 5 Prior Tx Episodes Pct	7.8%	8.0%	8.6%	8.5%	8.3%	7.7%	7.6%	9.1%
6 + Prior Tx Episodes	87	94	85	78	95	77	76	90
6 + Prior Tx Episodes Pct	1.2%	1.3%	1.2%	1.0%	1.2%	0.9%	1.0%	1.2%

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

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



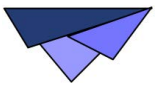
Adult Detox Admissions With Prior Detox Episodes in Past 36 Months



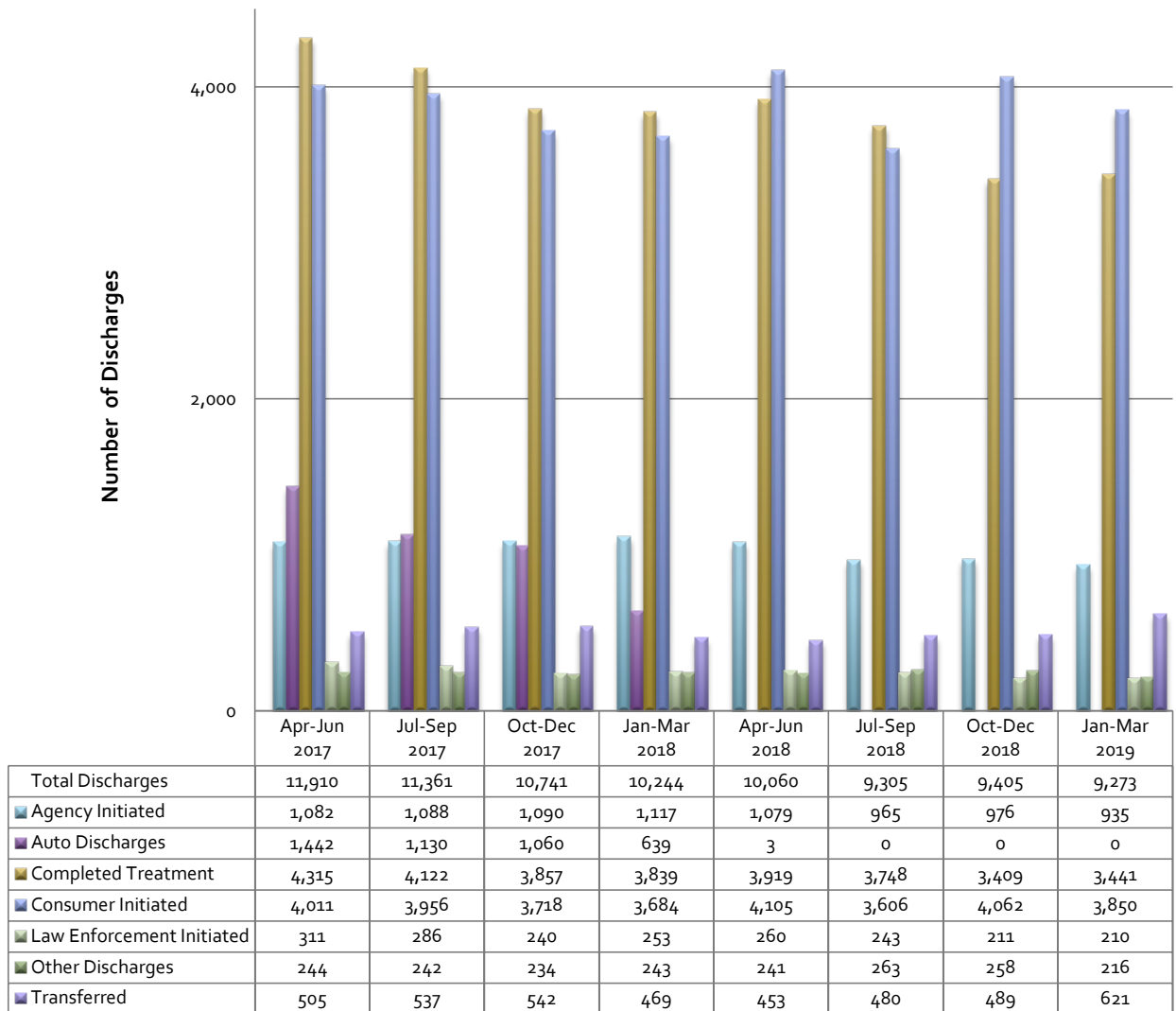
	Apr-Jun 2017	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018	Oct-Dec 2018	Jan-Mar 2019
Consumers Admitted to Detox	1638	1689	1503	1507	1345	1357	1240	1402
Consumers with Previous Detox	630	628	529	541	505	472	432	524
Consumers Admitted with Previous Detox Pct	38.5%	37.2%	35.2%	35.9%	37.5%	34.8%	34.8%	37.4%
0 Prior Detox Episodes	1,008	1,061	974	966	840	885	808	878
0 Prior Detox Episodes Pct	61.5%	62.8%	64.8%	64.1%	62.5%	65.2%	65.2%	62.6%
1 Prior Detox Episode	348	337	282	284	260	269	225	276
1 Prior Detox Episode Pct	21.2%	20.0%	18.8%	18.8%	19.3%	19.8%	18.1%	19.7%
2 Prior Detox Episodes	141	144	117	129	112	112	99	113
2 Prior Detox Episodes Pct	8.6%	8.5%	7.8%	8.6%	8.3%	8.3%	8.0%	8.1%
3 - 5 Prior Detox Episodes	103	121	108	108	115	72	91	119
3 - 5 Prior Detox Episodes Pct	6.3%	7.2%	7.2%	7.2%	8.6%	5.3%	7.3%	8.5%
6 + Prior Detox Episodes	38	26	22	20	18	19	17	16
6 + Prior Detox Episodes Pct	2.3%	1.5%	1.5%	1.3%	1.3%	1.4%	1.4%	1.1%

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

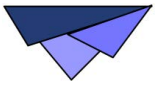


Substance Use Treatment Discharges

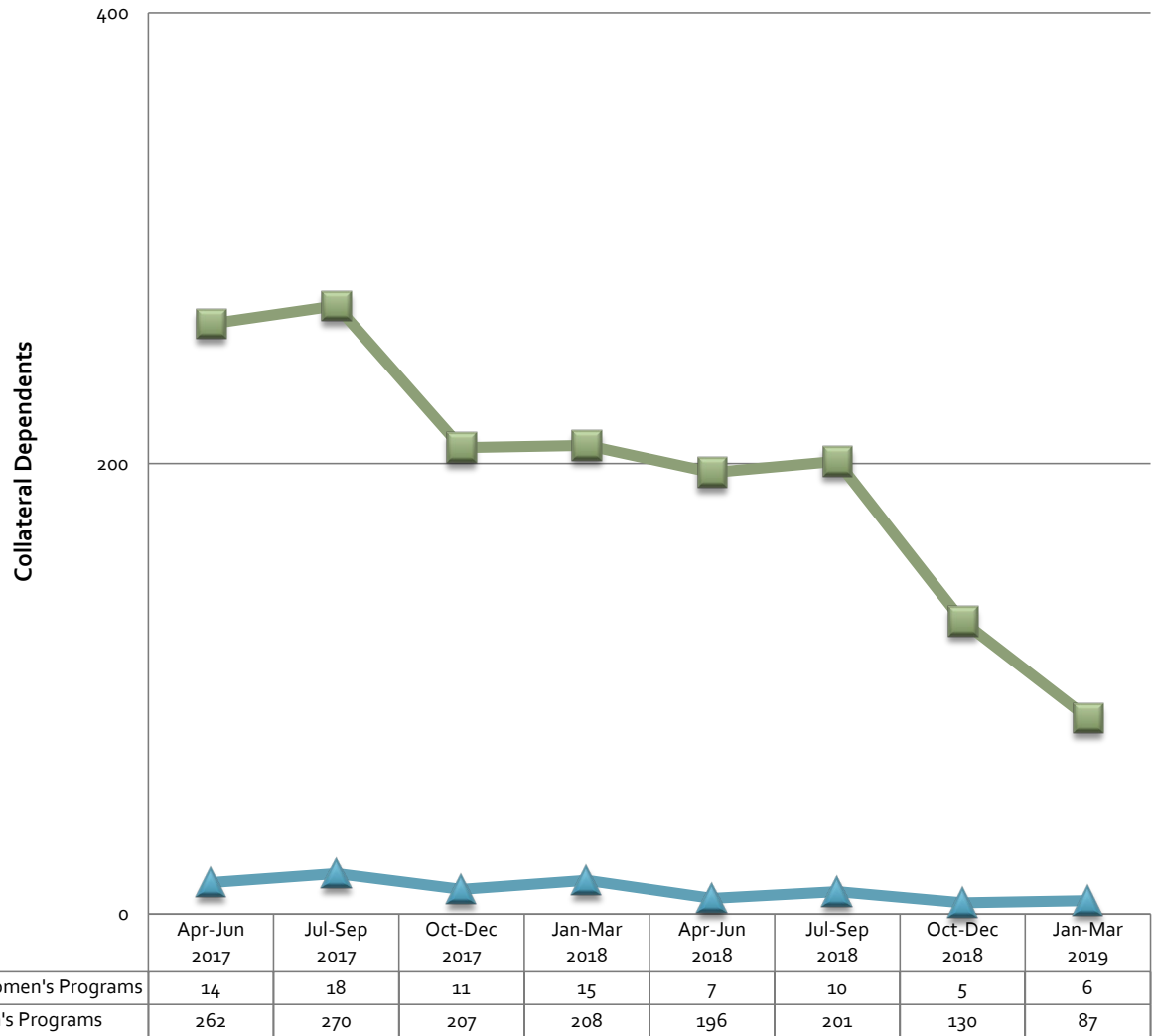


NOTE: Other discharges category includes the following discharge reasons: consumer died; consumer moved away; medical reasons. On July 25, 2008 the monthly Auto Discharge program was implemented and closed all episodes of care that had no service or billing activity within the past six months. The episode 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 as lapsed for the case to be considered inactive. Recovery support only episodes are excluded.

Significance: About 40-50 % of consumers complete treatment. Consumer dropped out of treatment is the most common reason for non-completion.

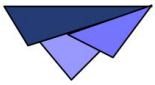


Collateral Dependents Served



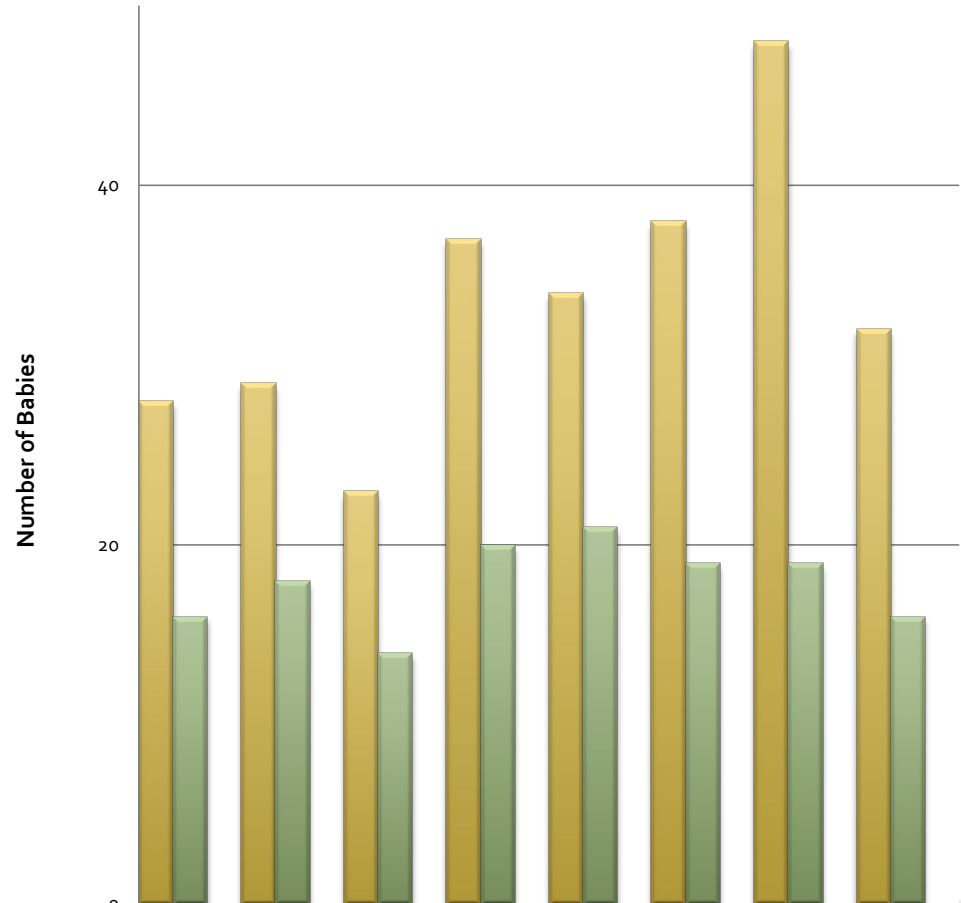
NOTE: A collateral dependent has no substance use disorder but is seeking services because of problems arising from his or her relationship with an individual who has a substance use disorder and is engaged in treatment.

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



Babies Born Drug Free

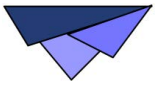
During 2015, there were 1,177 newborns affected by illicit drugs that were reported to the Missouri Department of Health and Senior Services. However, this number is under-reported due to lack of standards for reporting. (Data Source: Missouri Department of Health and Senior Services)



	Apr-Jun 2017	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018	Oct-Dec 2018	Jan-Mar 2019
■ Babies Born (TEDS Data)	28	29	23	37	34	38	48	32
■ Drug Free Babies Born (TEDS Data)	16	18	14	20	21	19	19	16
% Born Drug Free	57.1%	62.1%	60.9%	54.1%	61.8%	50.0%	39.6%	50.0%

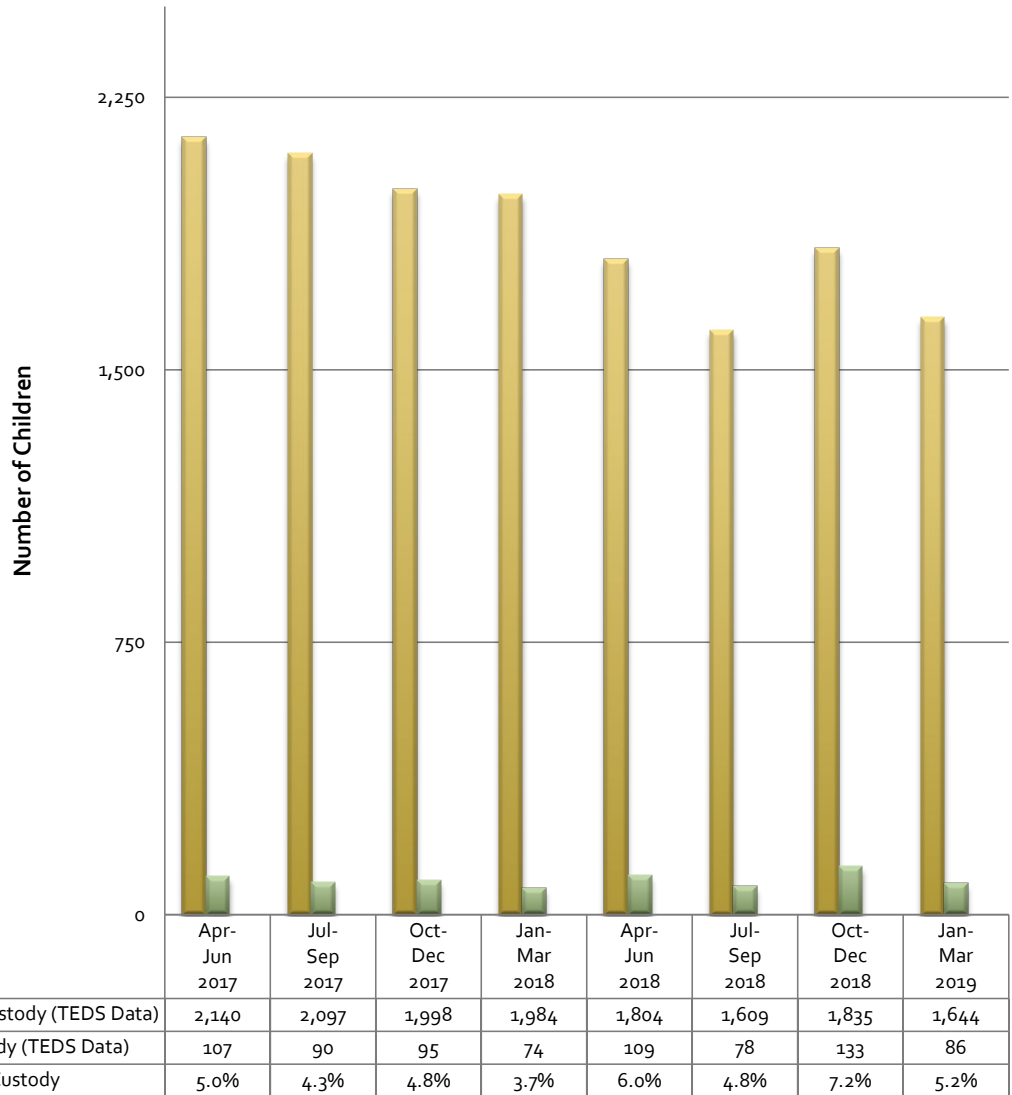
NOTE: In May 2010, TEDS data collection pages in CIMOR were upgraded to collect the number of babies born drug free during treatment for all female consumers in treatment and is collected when the program is closed. Due to this change, the data from previous reports are not comparable.

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



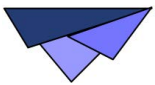
Children Returned to Custody

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



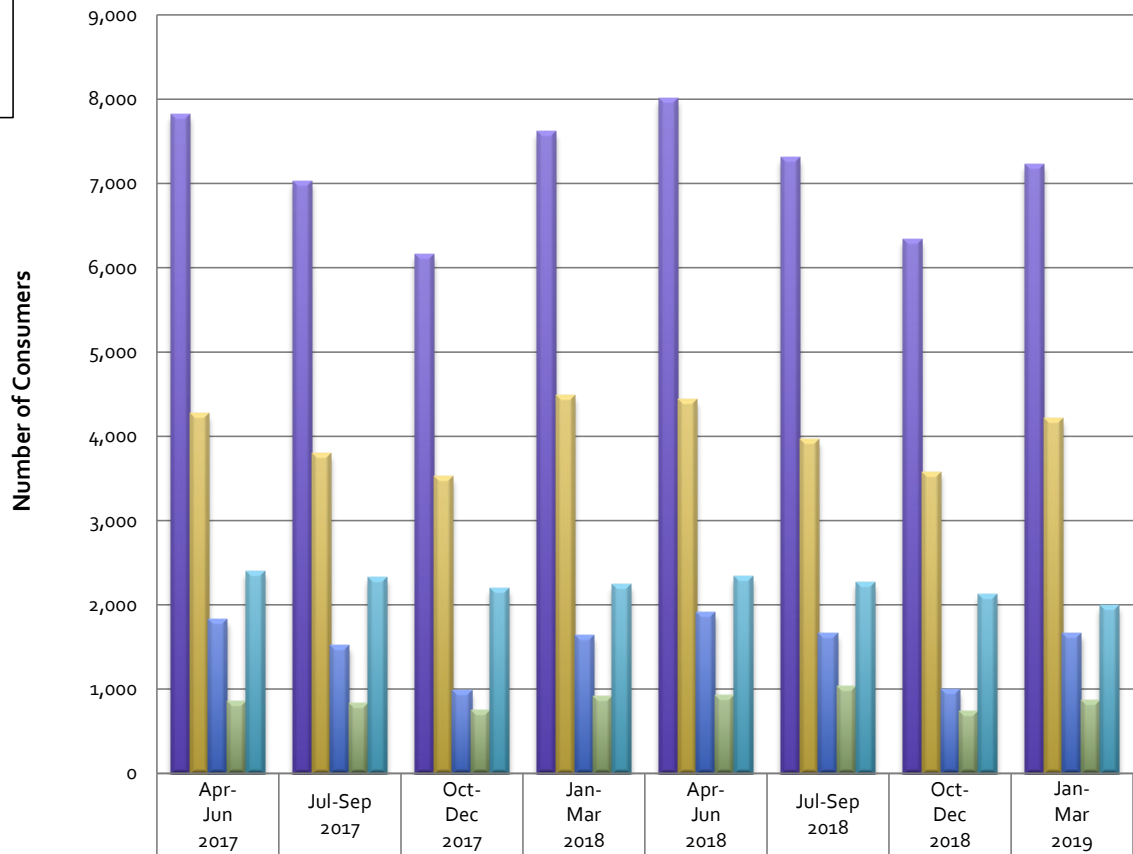
NOTE: In May 2010, TEDS data collection pages in CIMOR were upgraded to collect the number of children returned to custody for all consumers in treatment and is collected when the program is closed.

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



Substance Awareness Traffic Offenders Program (SATOP) Consumers Served

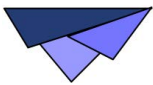
The annual number of DWI arrests have been trending downward: 35,543 in 2009 to 22,457 in 2016. Data Source: Missouri Department of Public Safety.



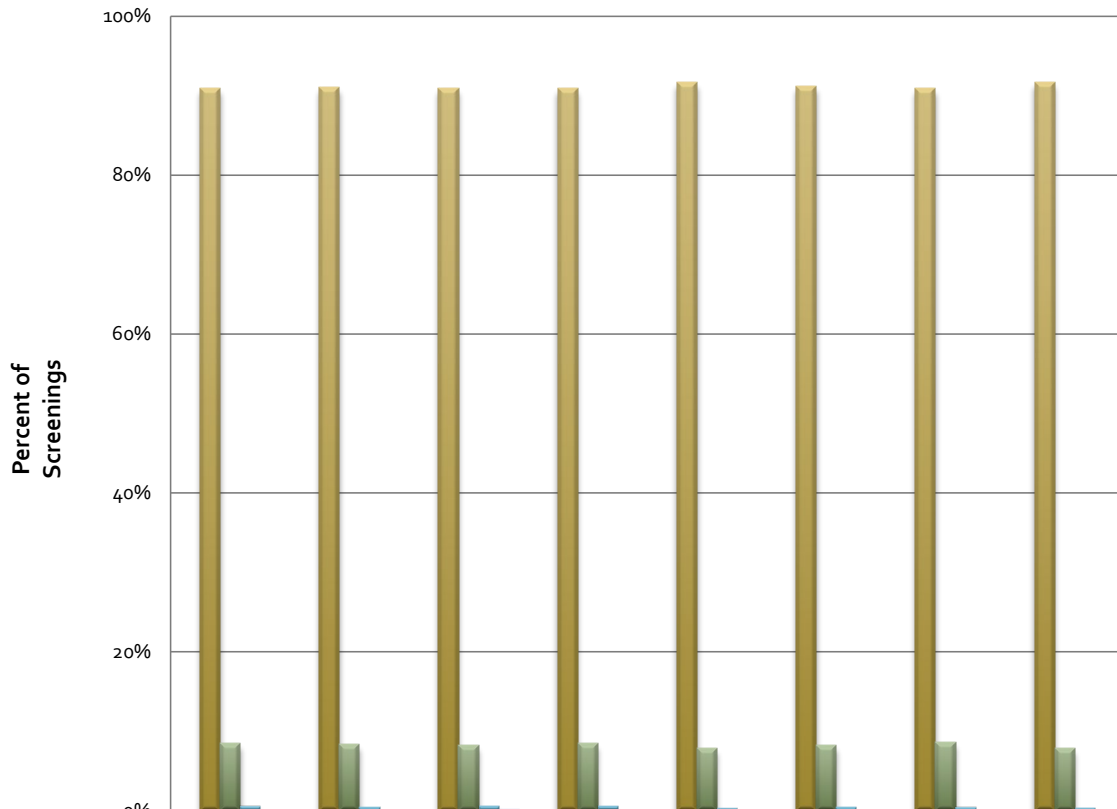
■ Unduplicated Number of SATOP Consumers	7,825	7,031	6,164	7,623	8,016	7,308	6,339	7,234
■ SATOP Screened	4,274	3,800	3,527	4,486	4,435	3,965	3,582	4,220
■ Education Pgm	1,833	1,518	991	1,641	1,911	1,669	1,002	1,668
■ Weekend Intervention Pgm	854	835	747	920	931	1,037	744	866
■ Clinical Treatment Pgm	2,398	2,333	2,201	2,247	2,334	2,267	2,126	1,997

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).



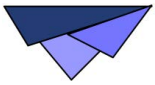
Substance Awareness Traffic Offenders Program (SATOP) Consumers Screened - Range of Previous SATOP Screenings Within Past 5 Years



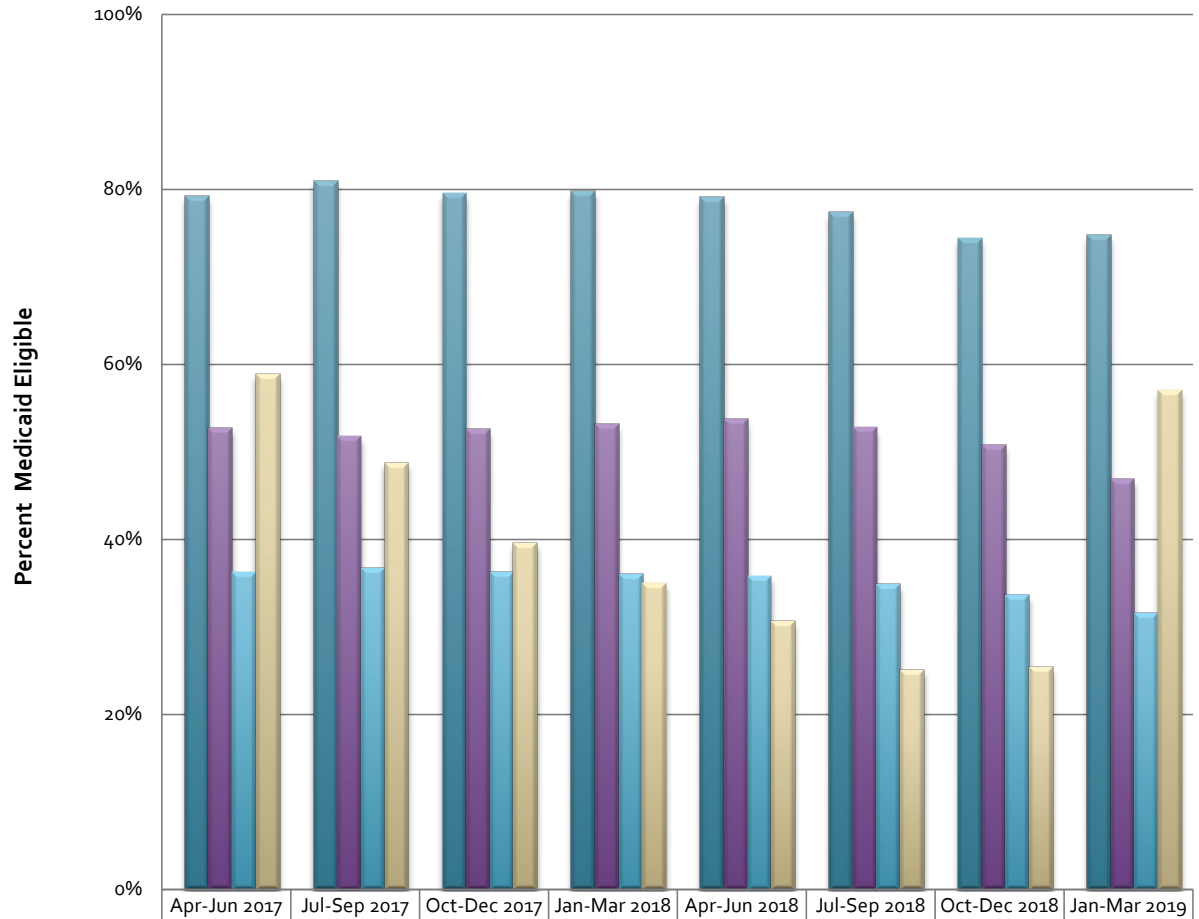
	Apr-Jun 2017	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018	Oct-Dec 2018	Jan-Mar 2019
SATOP Screened or Assigned to Comparable Pgm	5,045	4,438	4,148	5,262	5,296	4,623	4,386	4,912
0 Prior Screening	4,588	4,044	3,774	4,784	4,860	4,217	3,988	4,503
0 Prior Screening Pct	90.9%	91.1%	91.0%	90.9%	91.8%	91.2%	90.9%	91.7%
1 Prior Screening	427	374	341	449	417	384	379	388
1 Prior Screening Pct	8.5%	8.4%	8.2%	8.5%	7.9%	8.3%	8.6%	7.9%
2 Prior Screenings	29	19	26	28	16	21	18	19
2 Prior Screenings Pct	0.6%	0.4%	0.6%	0.5%	0.3%	0.5%	0.4%	0.4%
3+ Prior Screenings	1	1	7	1	3	1	1	2
3+ Prior Screenings Pct	0.0%	0.0%	0.2%	0.0%	0.1%	0.0%	0.0%	0.0%

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

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



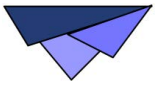
Medicaid Eligibility for Individuals Served in CSTAR Programs



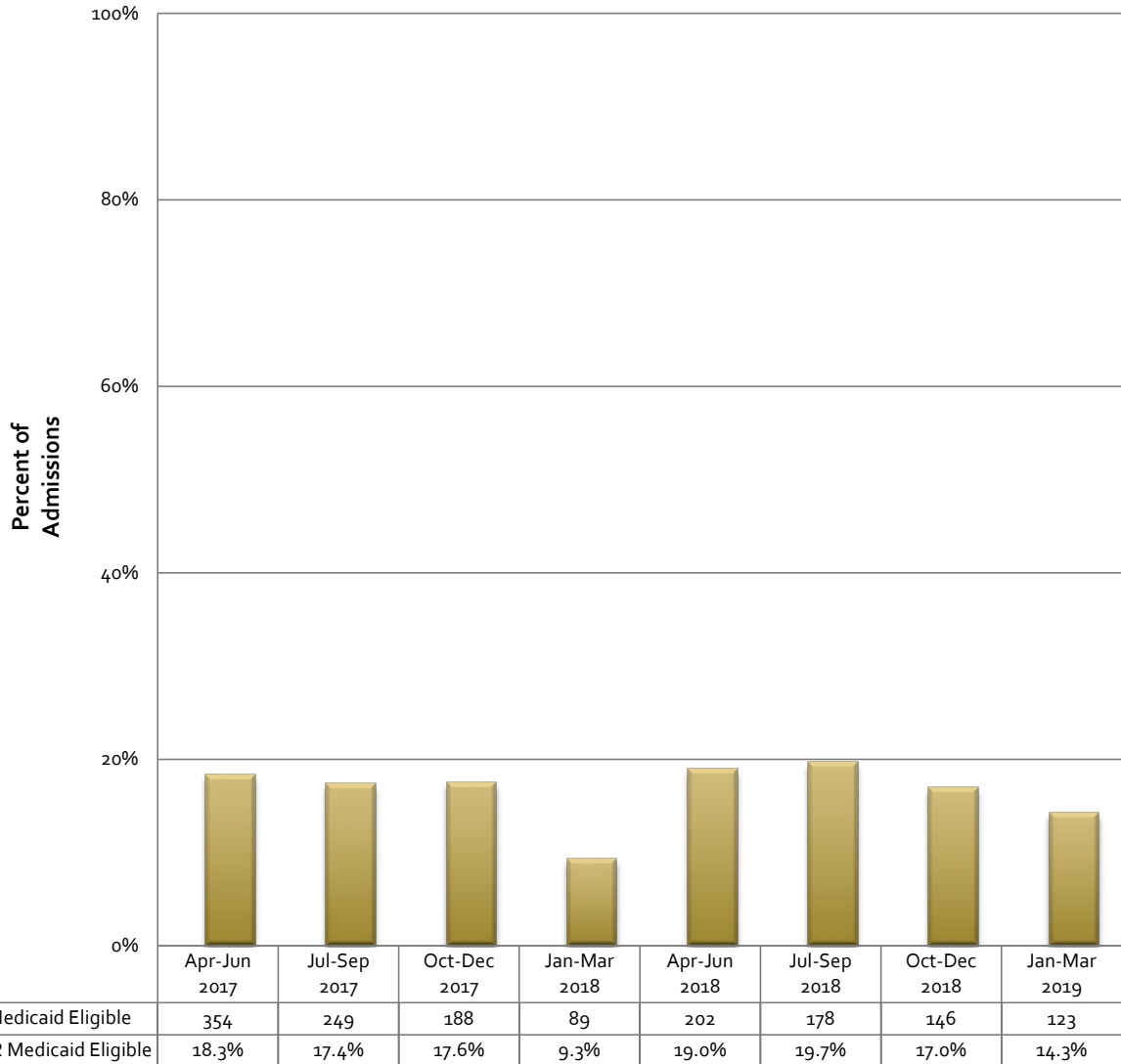
	Apr-Jun 2017	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018	Oct-Dec 2018	Jan-Mar 2019
CSTAR Adolescent Medicaid Eligible	890	803	815	840	806	702	707	704
% CSTAR Adolescent Medicaid Eligible	79.3%	80.9%	79.6%	79.8%	79.2%	77.4%	74.4%	74.8%
CSTAR W&C Medicaid Eligible	1,389	1,325	1,305	1,319	1,372	1,389	1,256	1,152
% CSTAR W&C Medicaid Eligible	52.8%	51.8%	52.6%	53.1%	53.8%	52.8%	50.8%	46.9%
CSTAR Gen Adult Medicaid Eligible	4,178	4,020	3,822	3,942	4,073	3,896	3,717	3,676
% CSTAR Gen Adult Medicaid Eligible	36.3%	36.7%	36.3%	36.0%	35.8%	34.9%	33.6%	31.6%
Opioid Medicaid Eligible	820	819	862	883	841	912	872	768
% Opioid Medicaid Eligible	58.9%	48.8%	39.6%	35.0%	30.7%	25.1%	25.4%	57.1%

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.

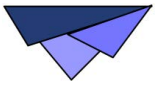


Medicaid Eligibility for Individuals Served in Non-CSTAR Substance Use Programs

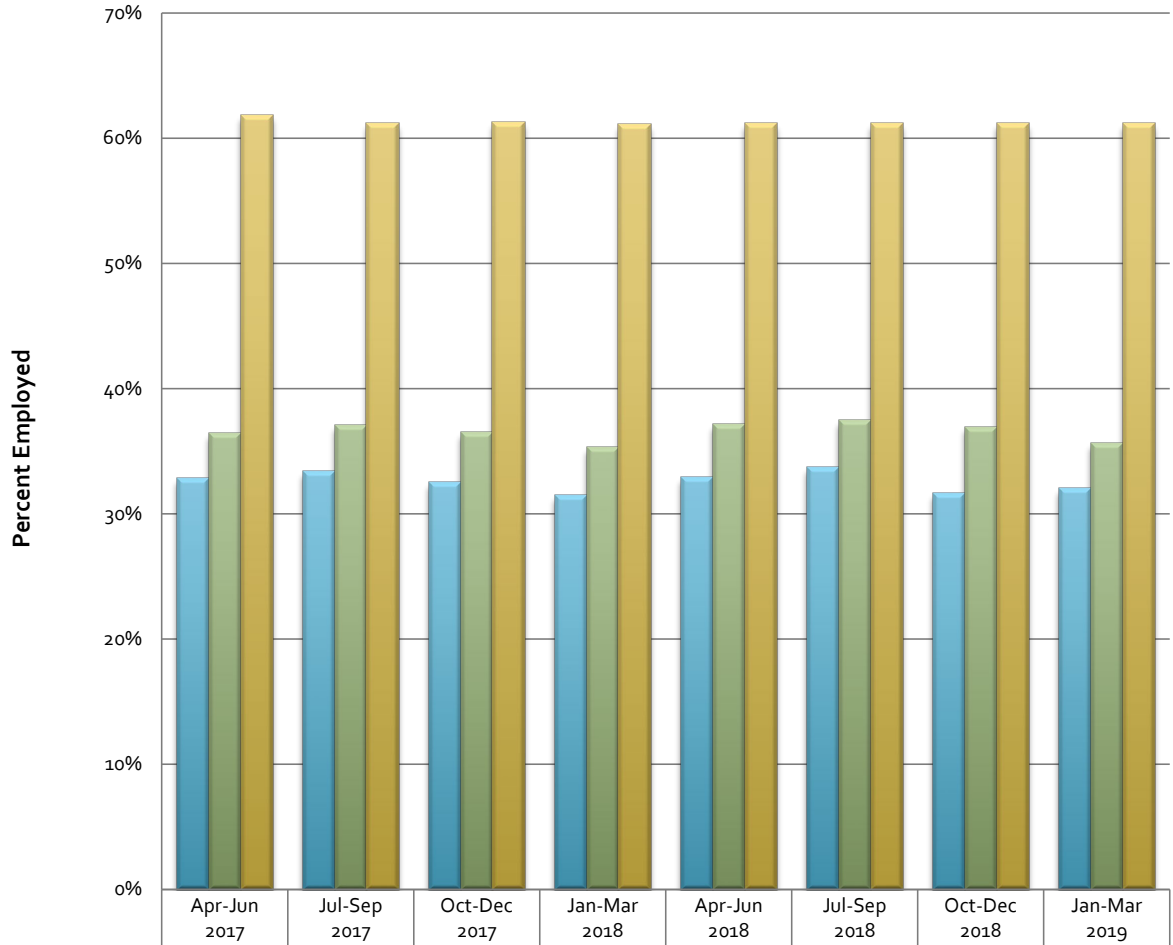


NOTE: Non-CSTAR programs include Primary Recovery Plus, Enhanced Primary Recovery Plus, Corrections Primary Recovery Plus, DOC Free & Clean Plus, DOC Partnership for Community Restoration, Clinical Intervention Program (Adult and Youth), Serious & Repeat Offender Program, SOR, and General Treatment.

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.



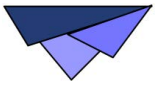
Employment of Adult Population in Substance Use Treatment



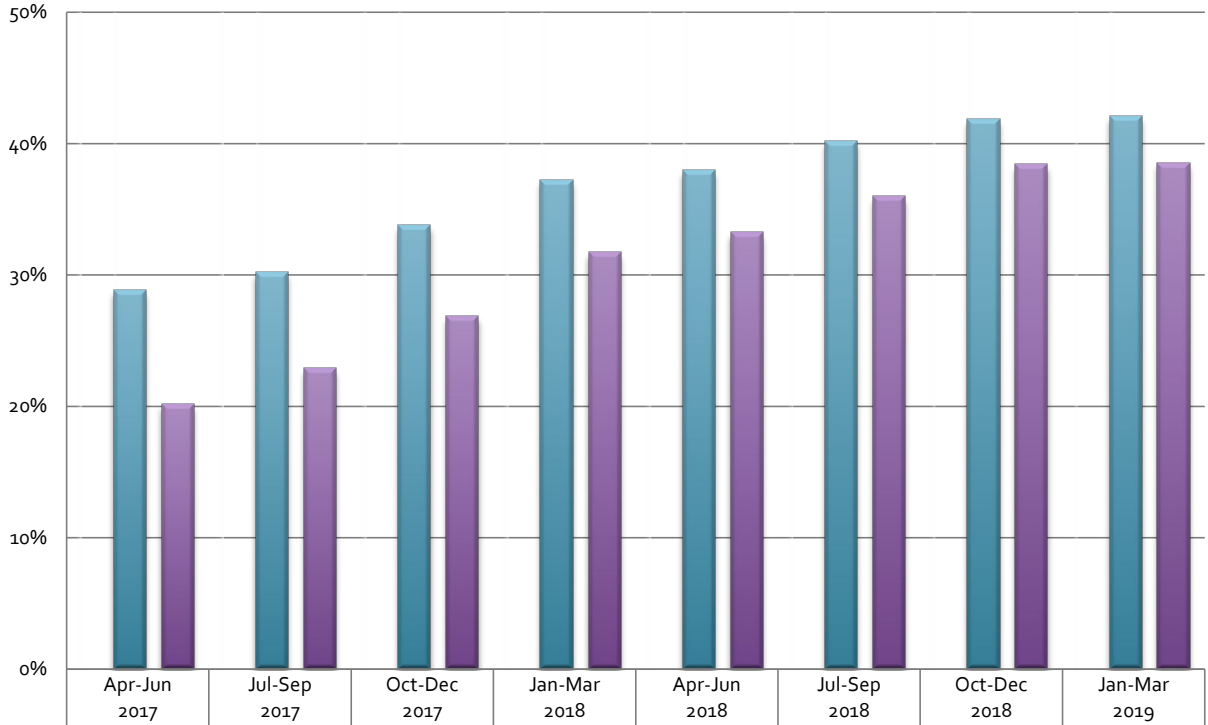
■ Admission Employment of ADA Adult Population	32.87%	33.44%	32.52%	31.49%	32.95%	33.75%	31.68%	32.09%
■ Discharge Employment of ADA Adult Population	36.45%	37.08%	36.56%	35.31%	37.21%	37.51%	36.96%	35.65%
■ Employment of MO Adult Population	61.83%	61.20%	61.30%	61.10%	61.20%	61.20%	61.20%	61.20%

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



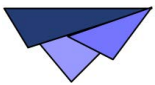
Consumers Receiving Medication Therapy



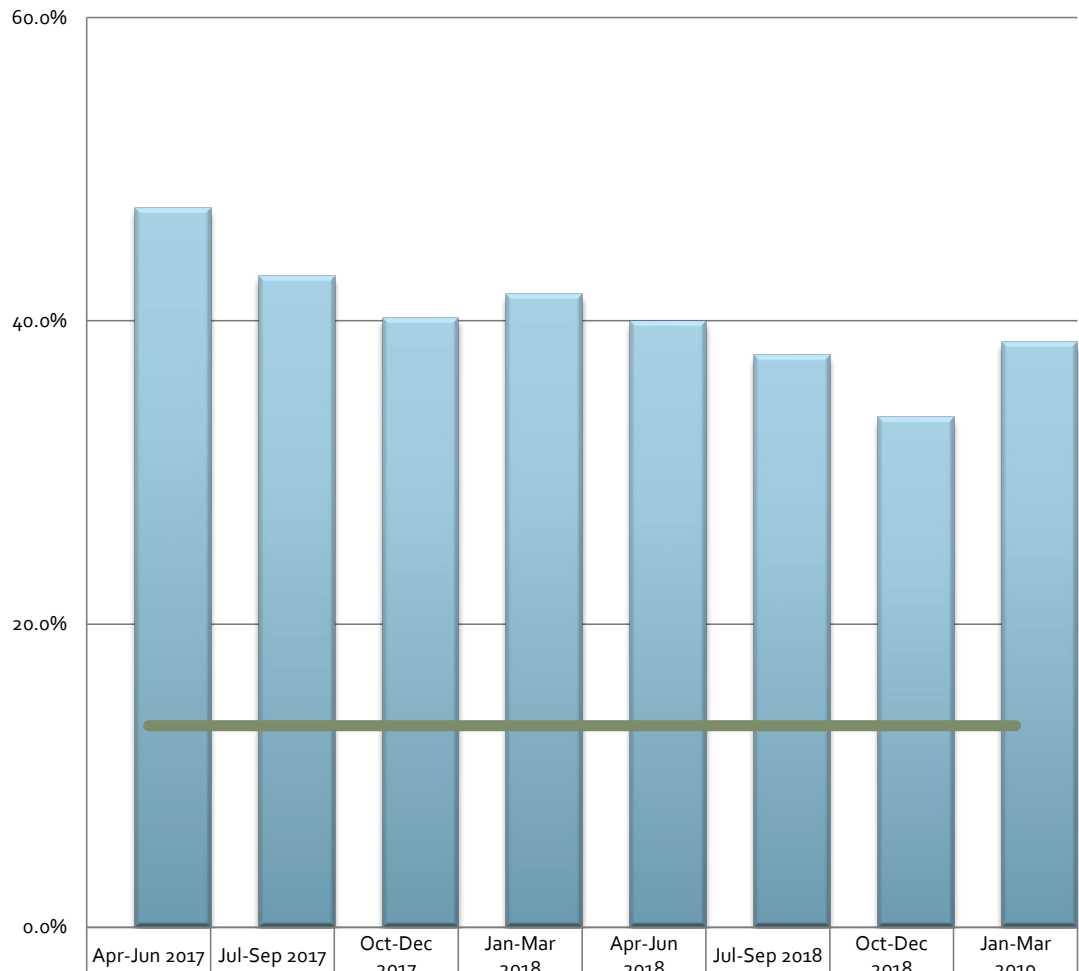
	Apr-Jun 2017	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018	Oct-Dec 2018	Jan-Mar 2019
Including CSTAR Opioid: # Adult Opioid/Alcohol-Addicted Consumers	11,727	11,279	11,169	11,741	12,156	12,737	13,001	12,851
# Consumers Receiving Medication Therapy	3,385	3,405	3,776	4,374	4,614	5,117	5,441	5,413
% Consumers Receiving Medication Therapy	28.9%	30.2%	33.8%	37.3%	38.0%	40.2%	41.9%	42.1%
Excluding CSTAR Opioid: # Adult Opioid/Alcohol-Addicted Consumers	10,010	9,757	9,732	10,198	10,563	11,029	11,207	11,077
# Consumers Receiving Medication Therapy	2,023	2,238	2,612	3,237	3,514	3,974	4,306	4,270
% Consumers Receiving Medication Therapy	20.2%	22.9%	26.8%	31.7%	33.3%	36.0%	38.4%	38.5%

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



	Apr-Jun 2017	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018	Oct-Dec 2018	Jan-Mar 2019
# of Detox Discharges	1,674	1,573	1,480	1,521	1,405	1,454	1,373	1,546
# Transitioning from Detox to Tx	794	676	595	635	562	549	462	597
% Transitioning from Detox to Tx	47.4%	43.0%	40.2%	41.7%	40.0%	37.8%	33.6%	38.6%
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.

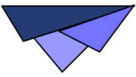
Notes: A transition is recorded if any treatment service is provided within 5 days of the last day of detox. U.S. data for transition from the Treatment Episode Dataset - Discharges, 2013 (SAMHSA, 2016).

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.

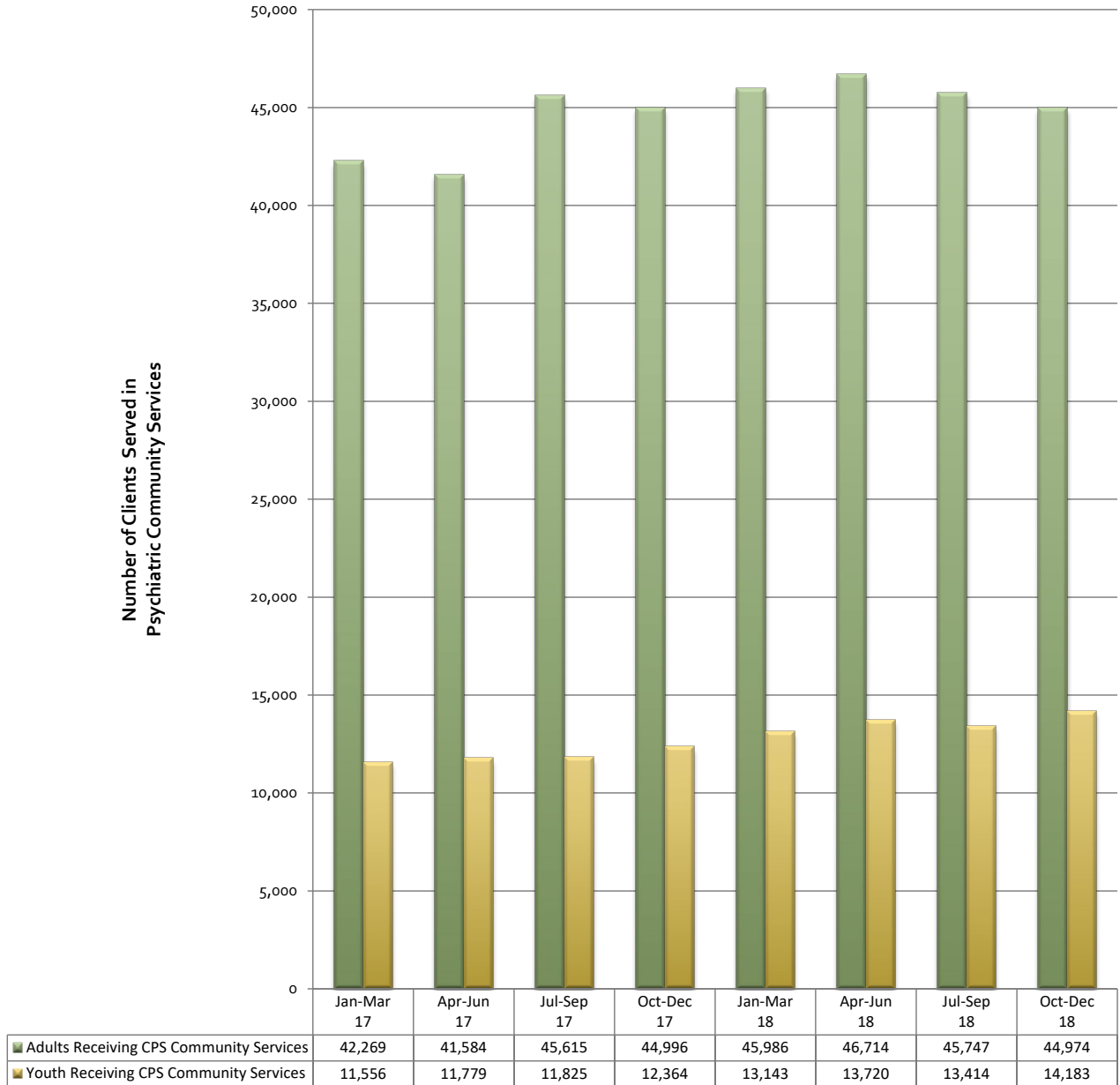


Division of Behavioral Health

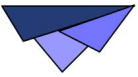
Comprehensive Psychiatric
Services



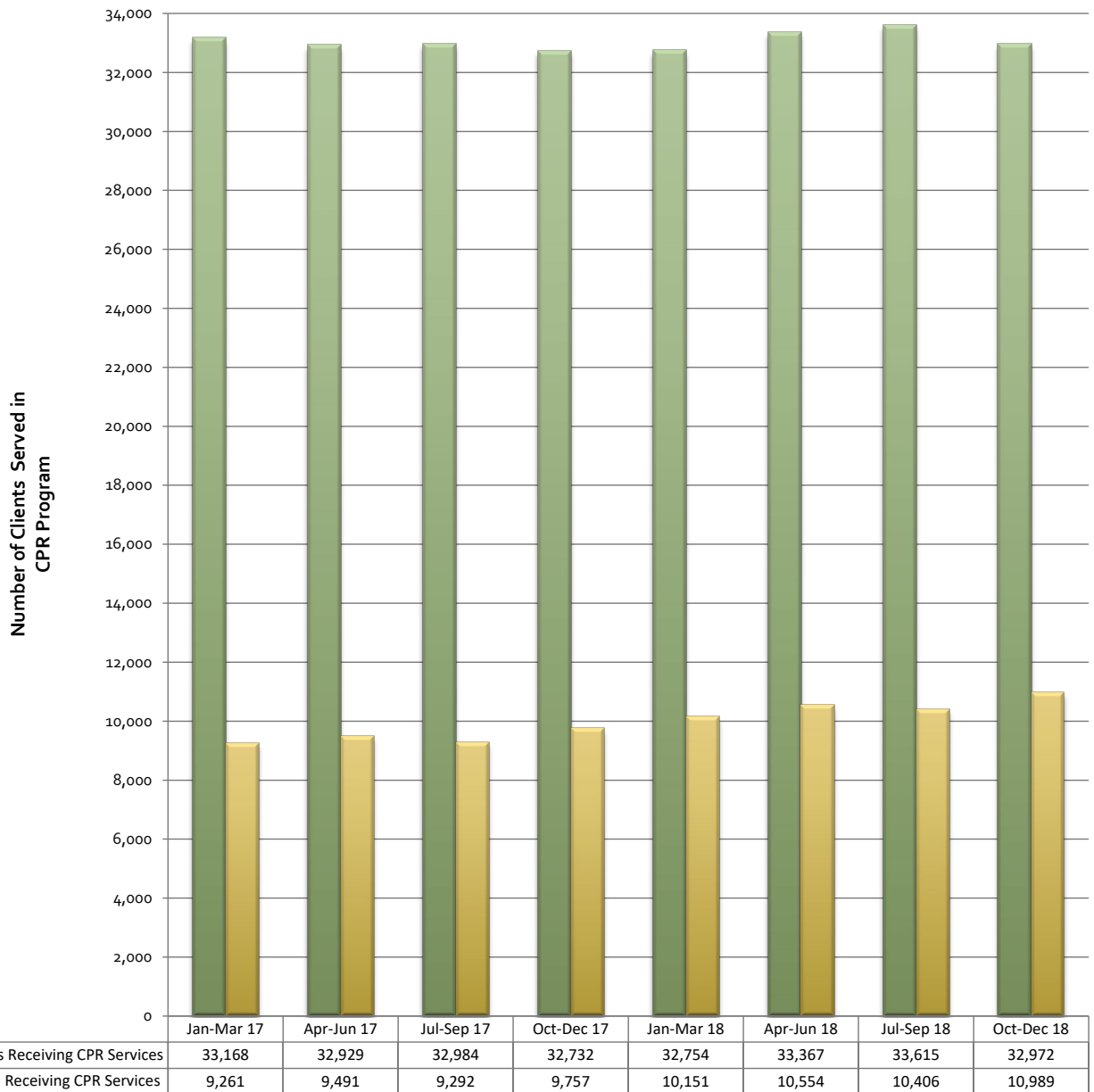
Clients Receiving Psychiatric Community Services



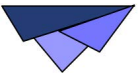
SIGNIFICANCE: Note that the most recent quarter will always be undercounted due to lagging claims and therefore is not displayed. Numbers for 2 quarters back are displayed but subject to slight upward revision as lagging claims come in. The long term trend (over many years) has been one of slowly increasing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



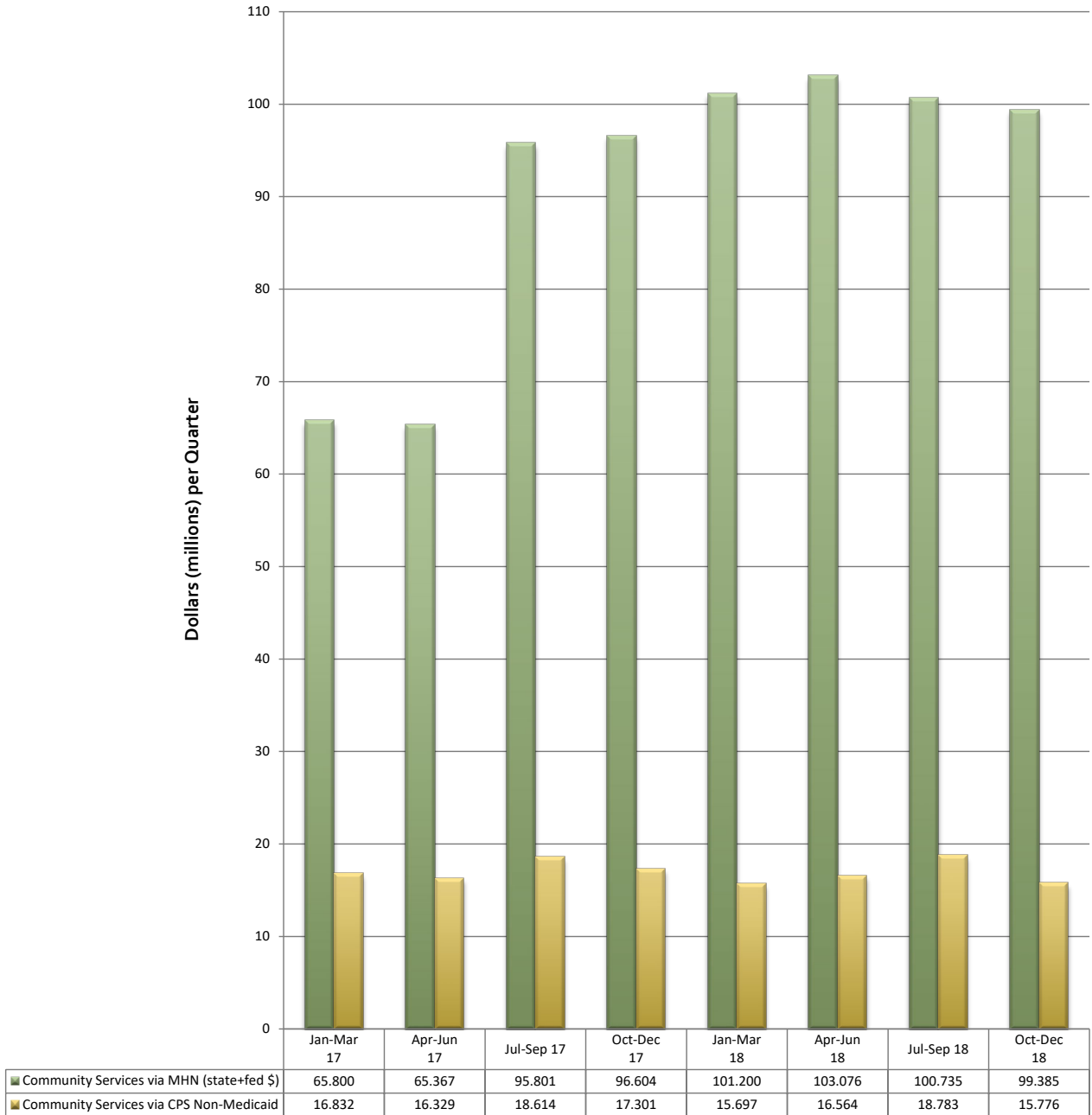
Clients in the Community Psychiatric Rehabilitation Program



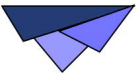
SIGNIFICANCE: The most recent quarter will always be undercounted due to lagging claims and therefore is not displayed. Adult and Youth CPR enrollment has somewhat stabilized after several years of steady growth, but Youth CPR was showing very gradual increases in the previous four quarters.



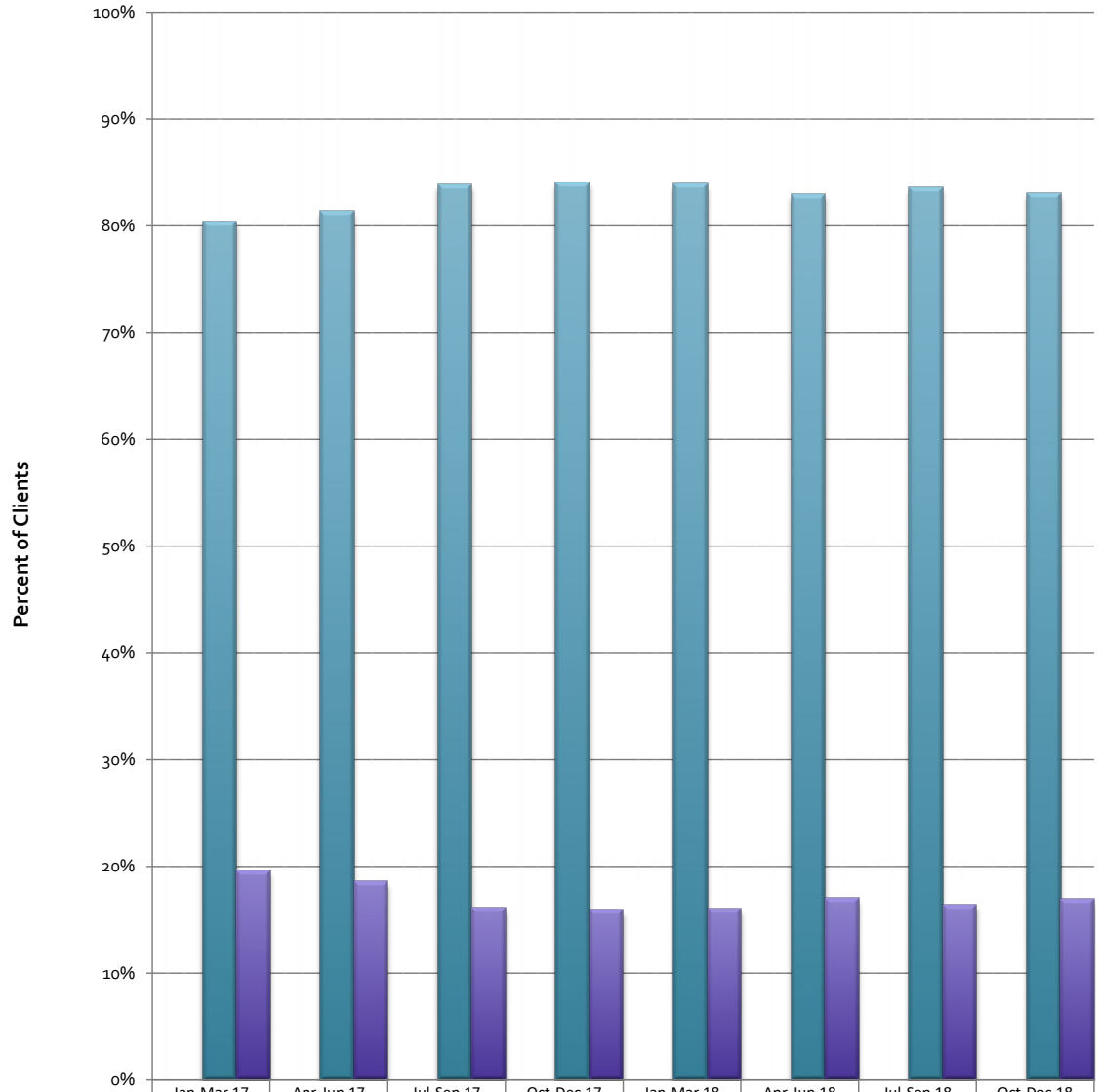
Funding Sources for Psychiatric Services Community Clients



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 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.

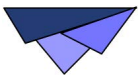


Medicaid Eligibility of Psychiatric Services Community Clients

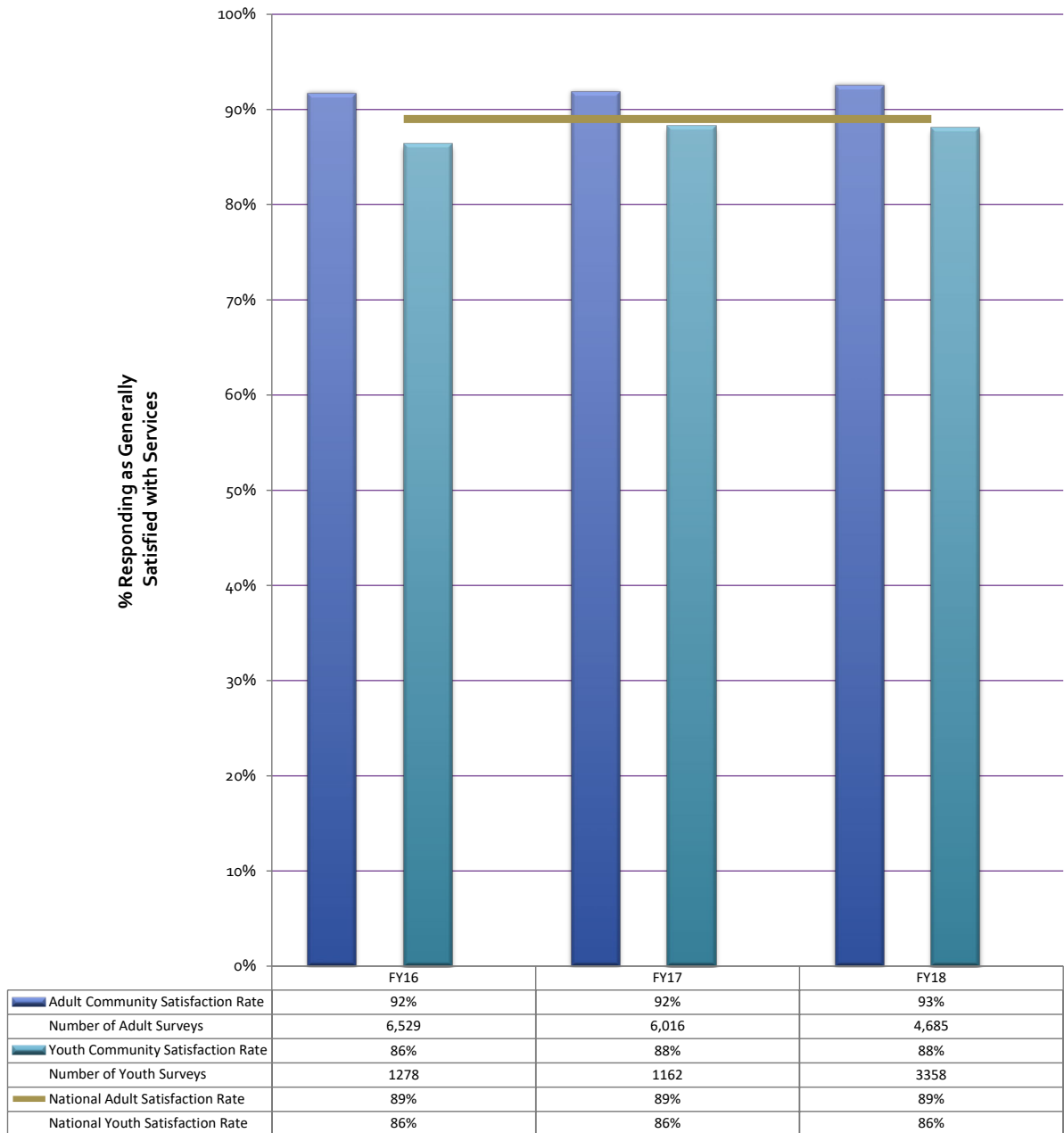


	Jan-Mar 17	Apr-Jun 17	Jul-Sep 17	Oct-Dec 17	Jan-Mar 18	Apr-Jun 18	Jul-Sep 18	Oct-Dec 18
CPS Facility Client Count	1,358	1,341	1,336	1,331	1,341	1,339	1,314	1,323
CPS Community Client Count	53,825	53,363	57,440	57,360	59,129	60,434	59,161	59,157
M.E. Clients -- All CPS Community	43,268	43,451	48,188	48,215	49,628	50,126	49,443	49,128
% M.E. -- All CPS Community	80.4%	81.4%	83.9%	84.1%	83.9%	82.9%	83.6%	83.0%
Not M.E. Clients -- All CPS Community	10,557	9,912	9,252	9,145	9,501	10,308	9,718	10,029
% Not M.E. -- All CPS Community	19.6%	18.6%	16.1%	15.9%	16.1%	17.1%	16.4%	17.0%

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.

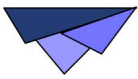


Community Client General Satisfaction with Services

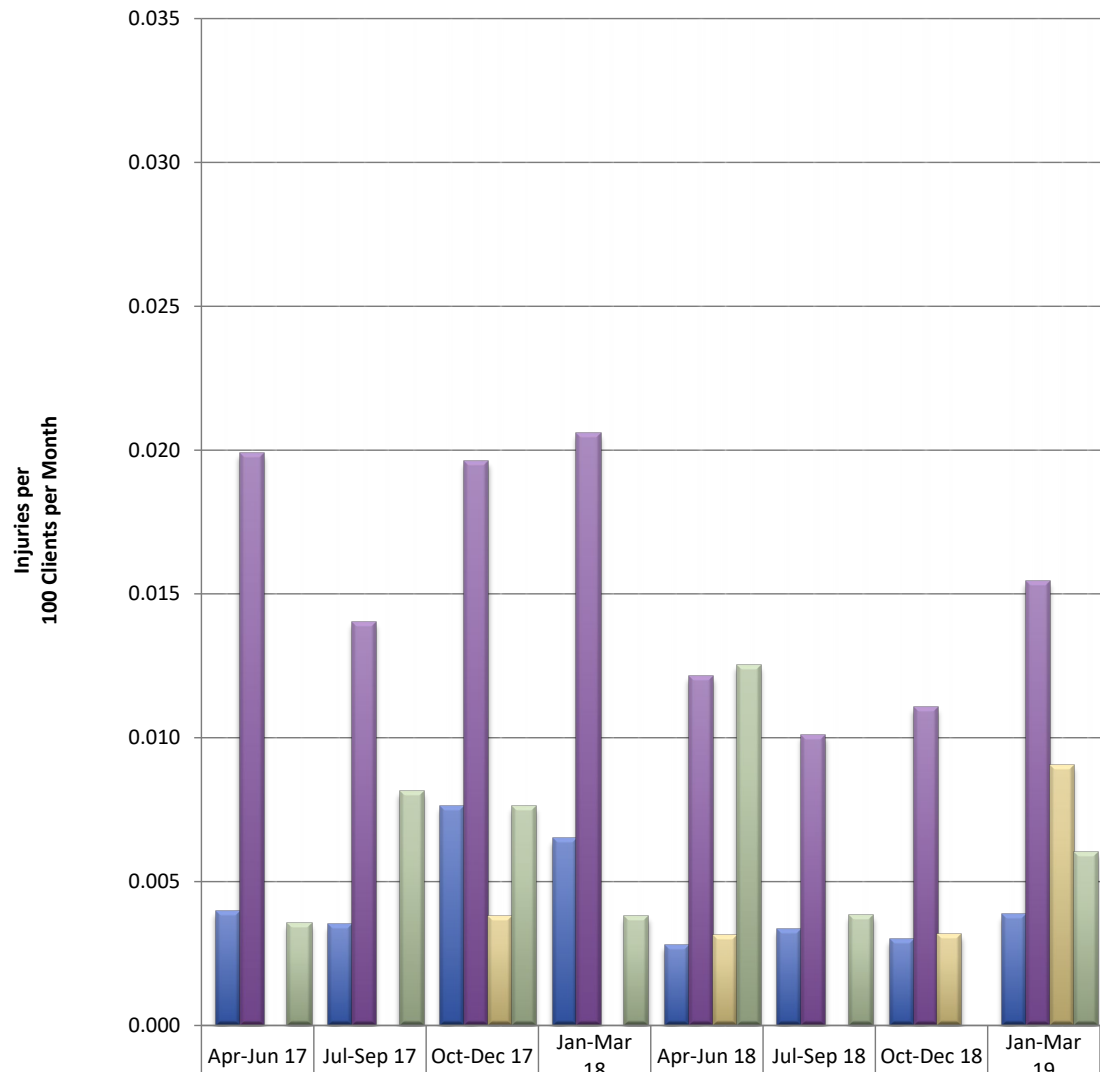


NOTE: Taken from the Adult and Youth Satisfaction Surveys using national standard MHSIP questions. *For FY18 these became an annual survey due to CCBHC reporting requirement.*

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.

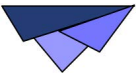


Community Client Injuries

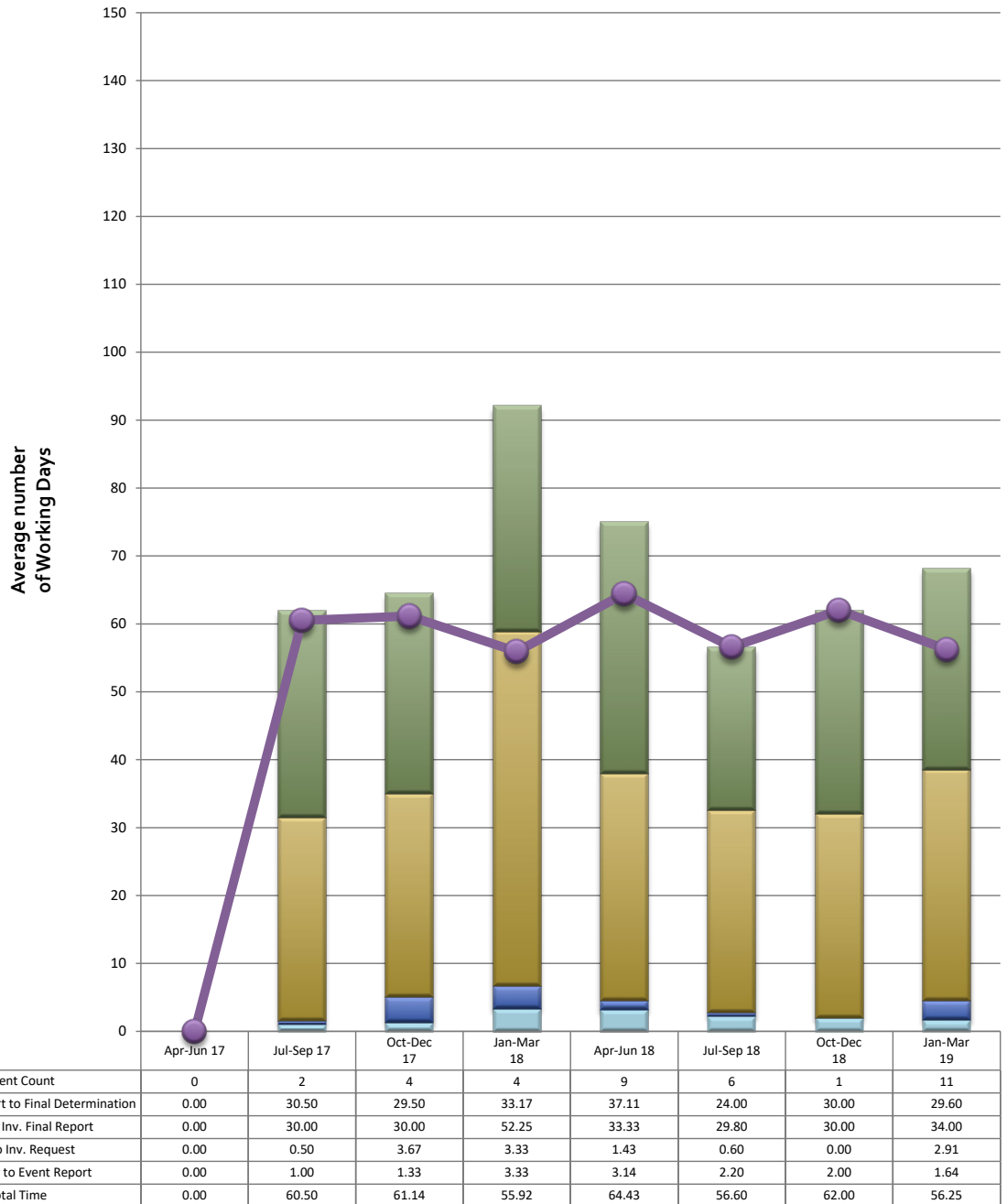


# Adult Injuries (hospitalization)	4	3	7	6	3	3	3	4
■ Adult Injuries (hosp.) per 100 consumers/mo	0	0	0	0	0	0	0	0
# Adult Injuries (death)	20	12	18	19	13	9	11	16
■ Adult Injuries (death.) per 100 consumers/mo	0	0	0	0	0	0	0	0
# Youth Injuries (hospitalization)	0	0	1	0	1	0	1	3
■ Youth Injuries (hosp.) per 100 consumers/mo	0	0	0	0	0	0	0	0
# Youth Injuries (death)	1	2	2	1	4	1	0	2
■ Youth Injuries (death.) per 100 consumers/mo	0	0	0	0	0	0	0	0

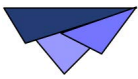
SIGNIFICANCE: There is a very low rate of serious injury to clients receiving community services, but these are individually significant events. The 10 adult injuries that resulted in deaths reported in the January-March '19 quarter are further categorized as: 6 suicides, 1 car accident, 5 homicides, 4 drug overdoses, and 2 accidents. All the events had a death determination performed by service provider with no indications of need for abuse/neglect investigation.



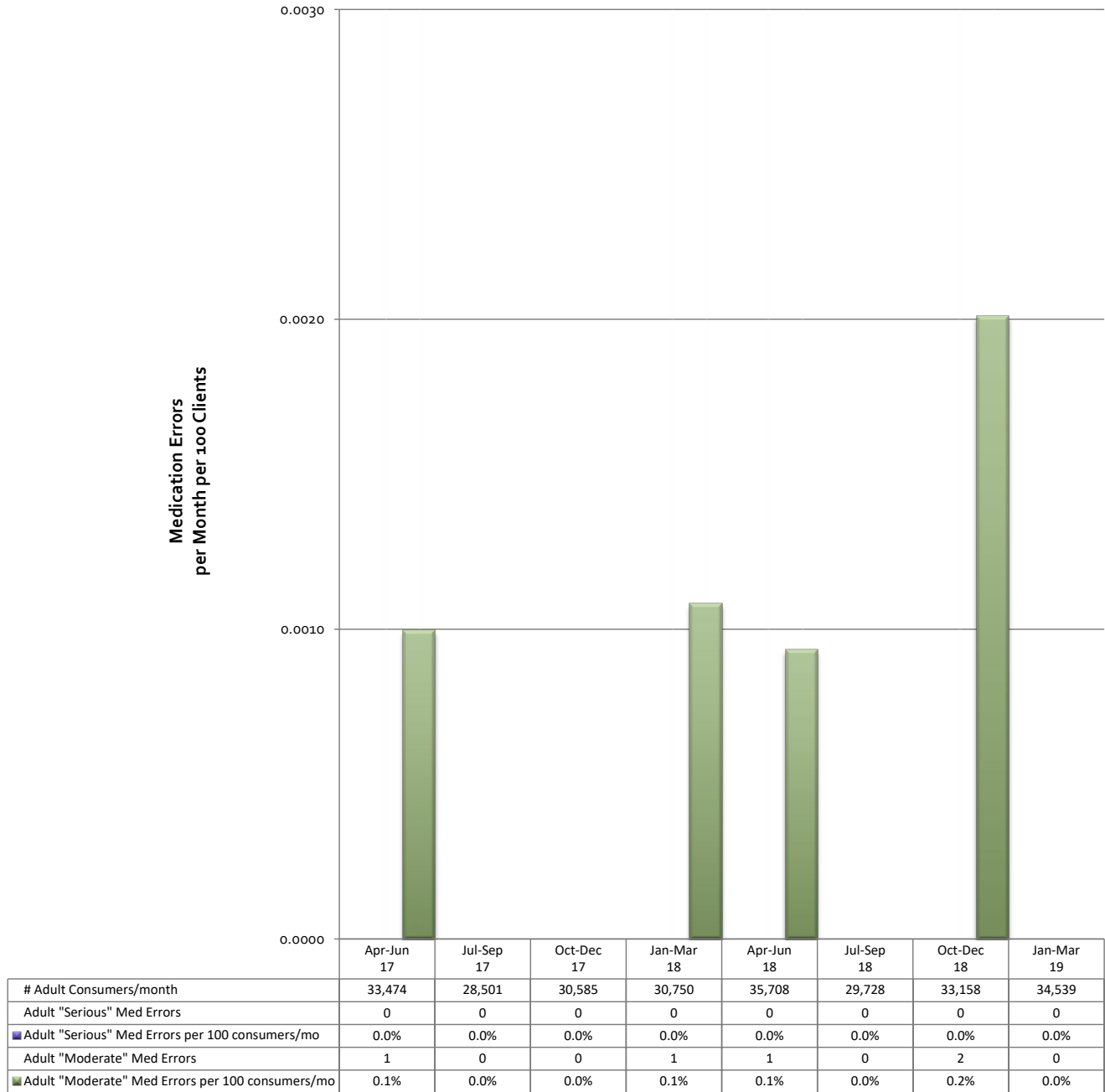
Duration of Investigation Process for Community Services



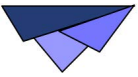
NOTE: Timelines are divided into 4 distinct stages of the investigation -- the bars show the average duration (in working days) for all final determinations made in each quarter, whereas the line superimposes the overall average duration of typical cases. This shows both SCL and CMHC cases.



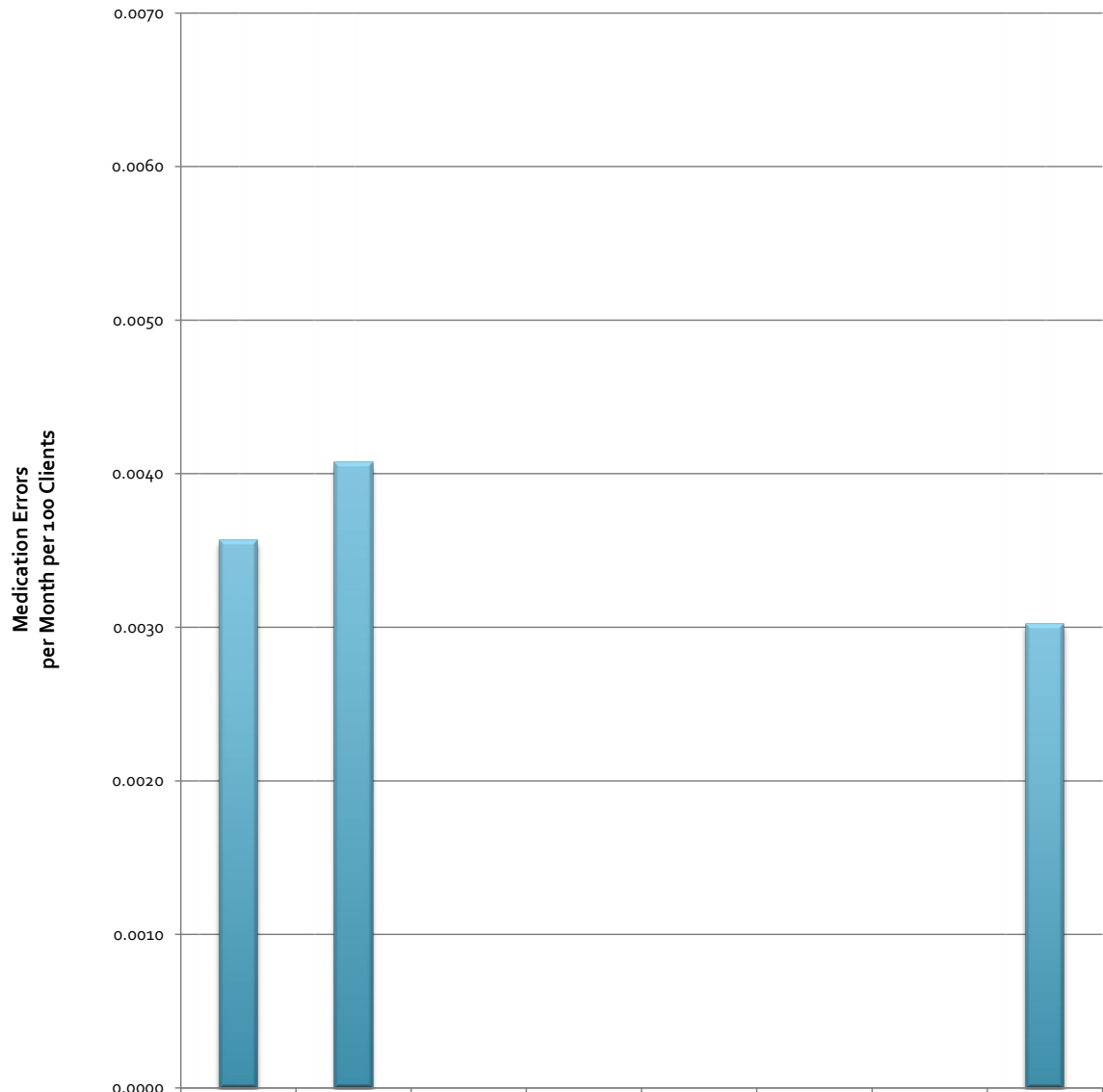
Adult Community Medication Errors



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.

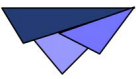


Youth Community Medication Errors

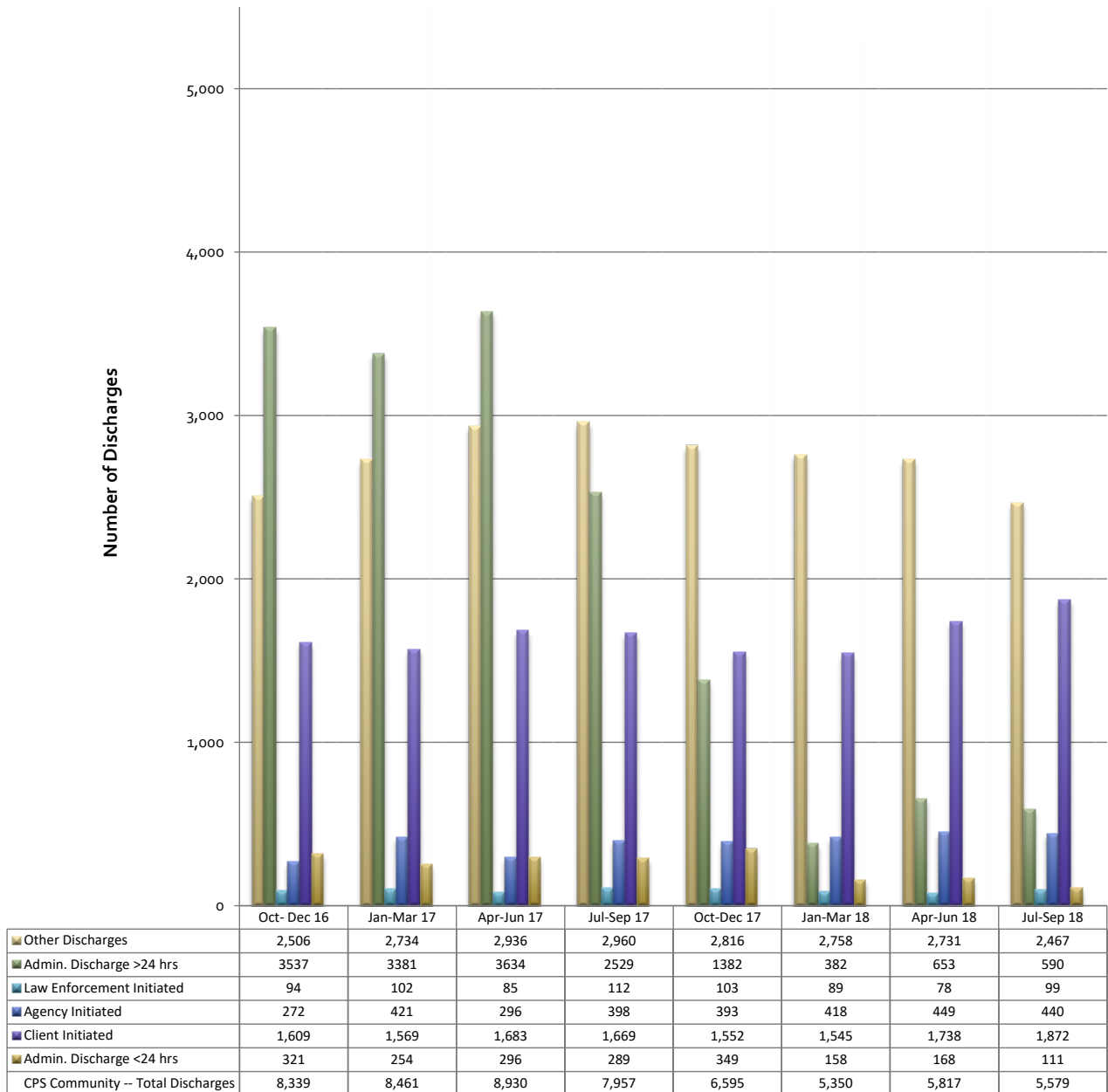


	Apr-Jun 17	Jul-Sep 17	Oct-Dec 17	Jan-Mar 18	Apr-Jun 18	Jul-Sep 18	Oct-Dec 18	Jan-Mar 19
# Youth Consumers/month	9,340	8,185	8,752	8,747	10,631	8,650	10,449	11,037
Youth "Moderate" Med Errors	1	1	0	0	0	0	0	1
Youth "Moderate" Med Errors per 100 consumers/mo	0.4%	0.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.3%
Youth "Serious" Med Errors	0	0	0	0	0	0	0	0
Youth "Serious" Med Errors per 100 consumers/mo	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

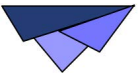
NOTE: "Moderate" medication errors are those resulting in the need for treatment and/or interventions beyond monitoring and observation. "Serious" medication errors are those with life threatening and/or permanent adverse consequences.



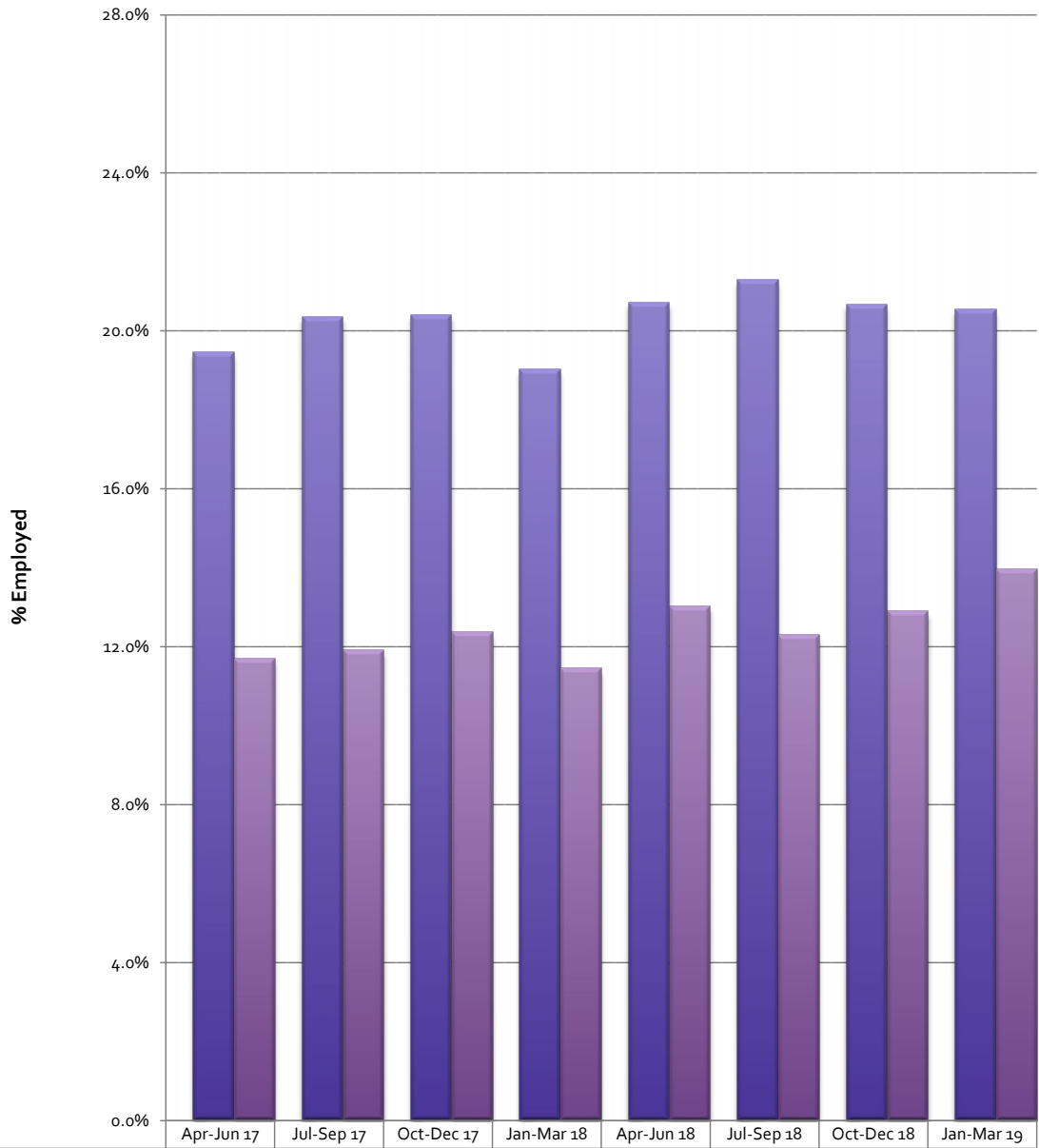
Community Psychiatric Service Discharges



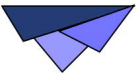
NOTE: Due to complications resulting from the auto-discharge process in CIMOR, this data will always lag by 2 full quarters. Law enforcement initiated = incarcerated with or without satisfactory treatment progress; Agency initiated includes consumer would not comply plus treatment viewed as ineffective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



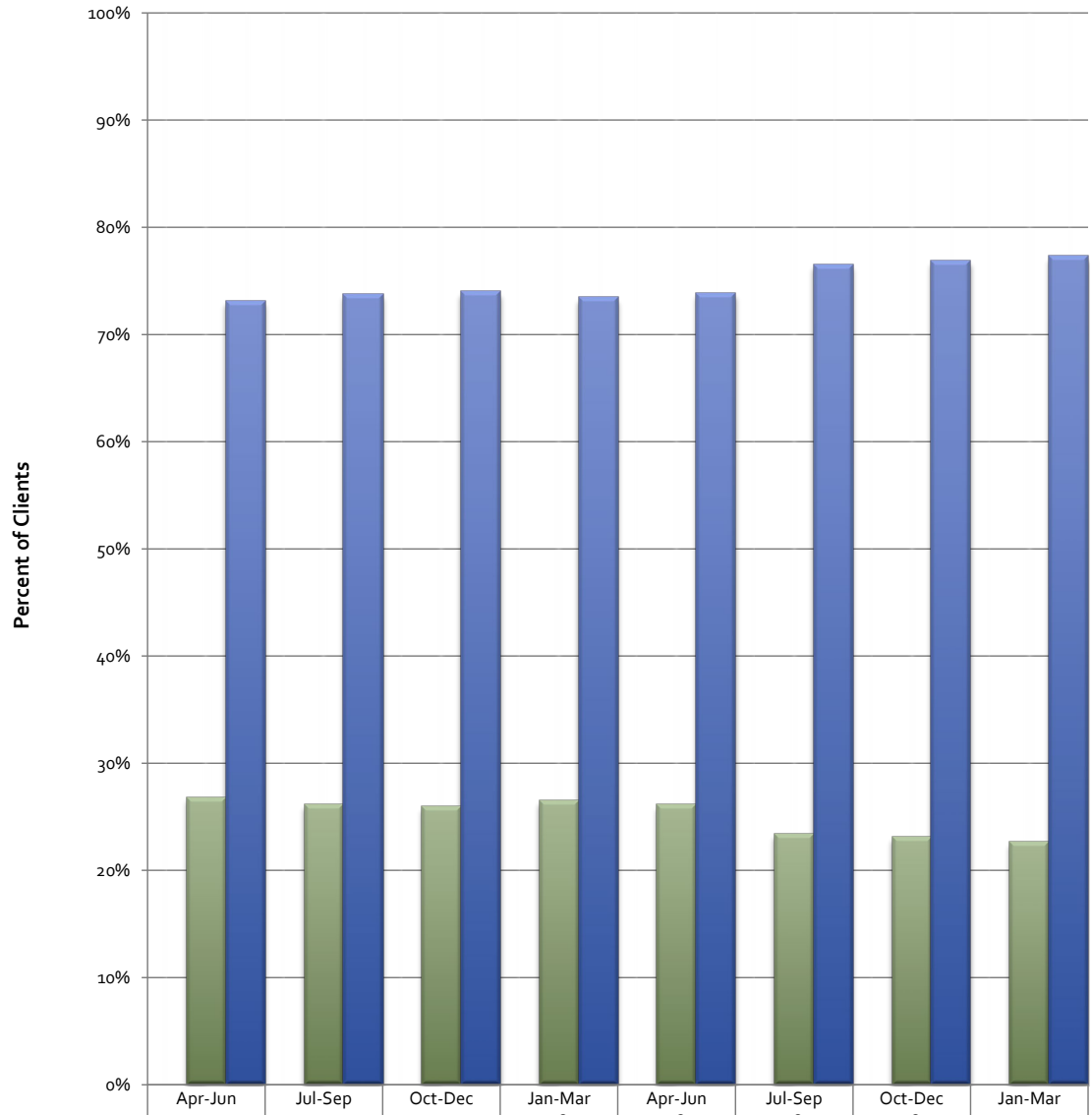
Community Adults -- Employment



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.

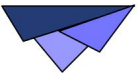


Medicaid Eligibility of Psychiatric Facility Clients

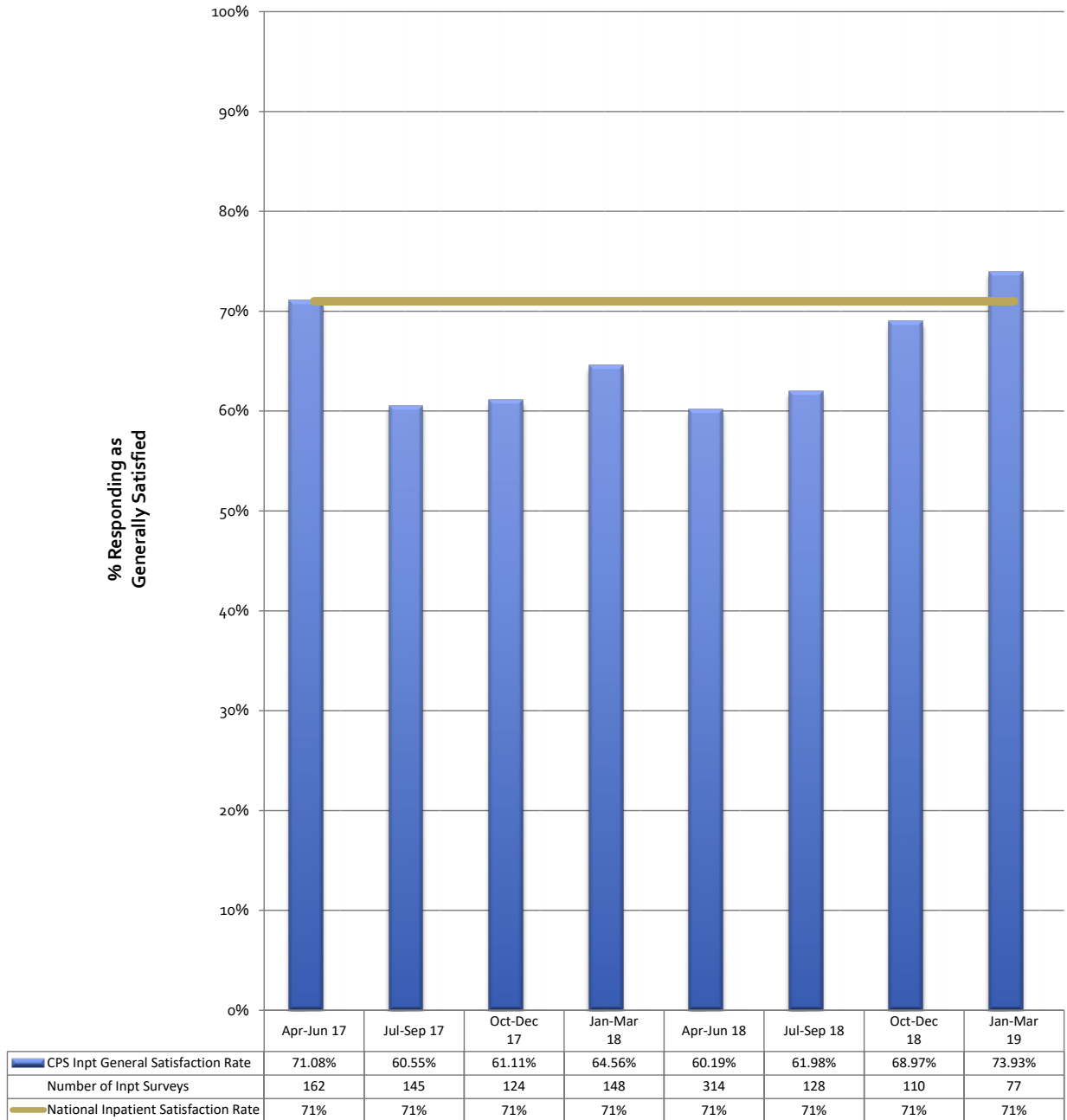


CPS Facility Client Count	1,341	1,336	1,331	1,341	1,339	1,314	1,323	1,327
M.E. Clients - CPS State Facilities	360	350	346	356	350	308	306	301
% M.E. -- CPS State Facility Clients	26.8%	26.2%	26.0%	26.5%	26.1%	23.4%	23.1%	22.7%
Not M.E. Clients - CPS State Facilities	981	986	985	985	989	1,006	1,017	1,026
% Not M.E. -- CPS State Facilities	73.2%	73.8%	74.0%	73.5%	73.9%	76.6%	76.9%	77.3%

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

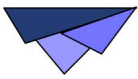


Inpatient Satisfaction

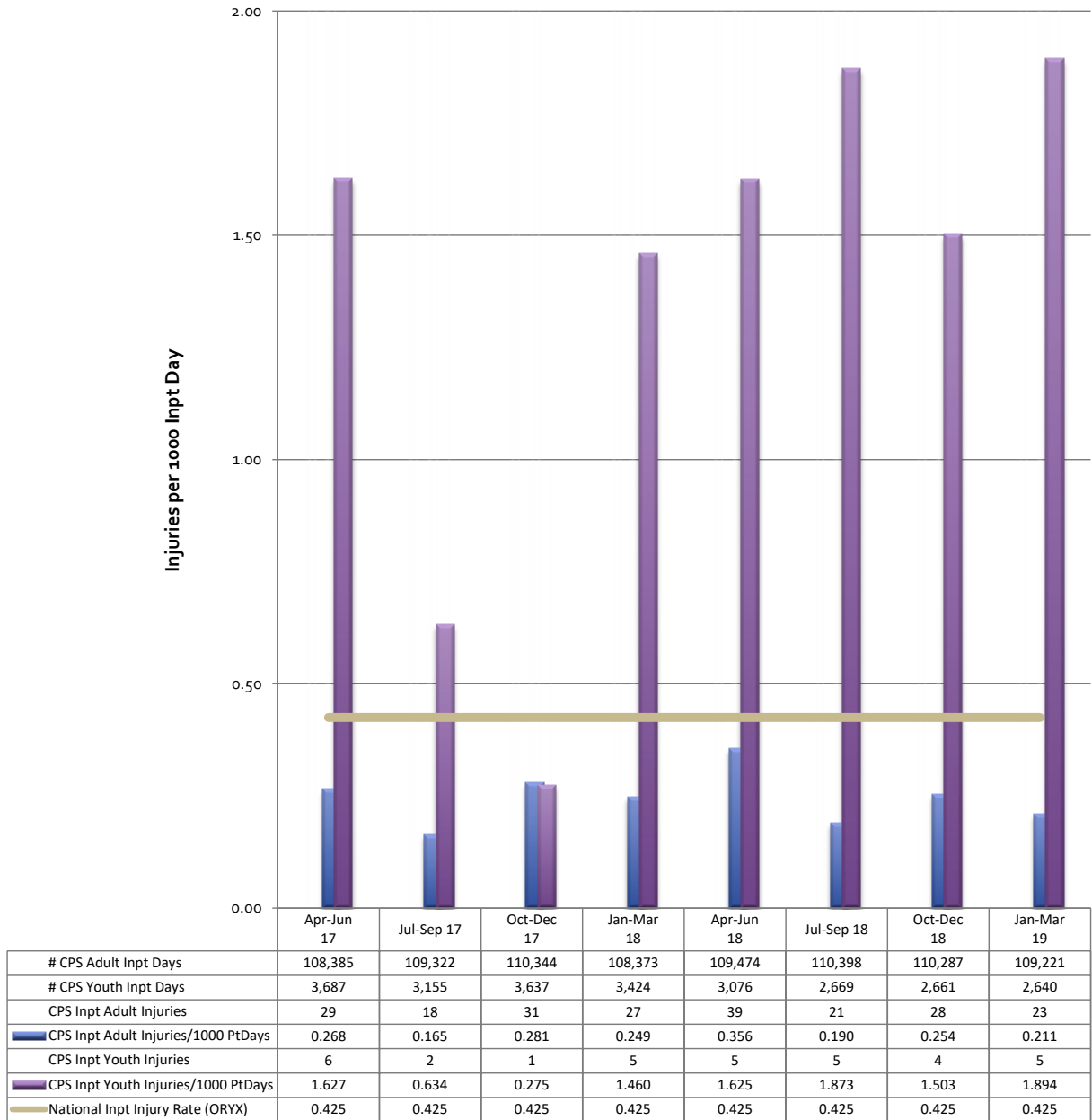


NOTE: Taken from the CPS Inpatient MHSIP survey -- average of all 5 domains.

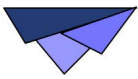
SIGNIFICANCE: No overall trend but the general inpatient satisfaction rate compares well to similar client populations in other states using the same standardized survey instrument.



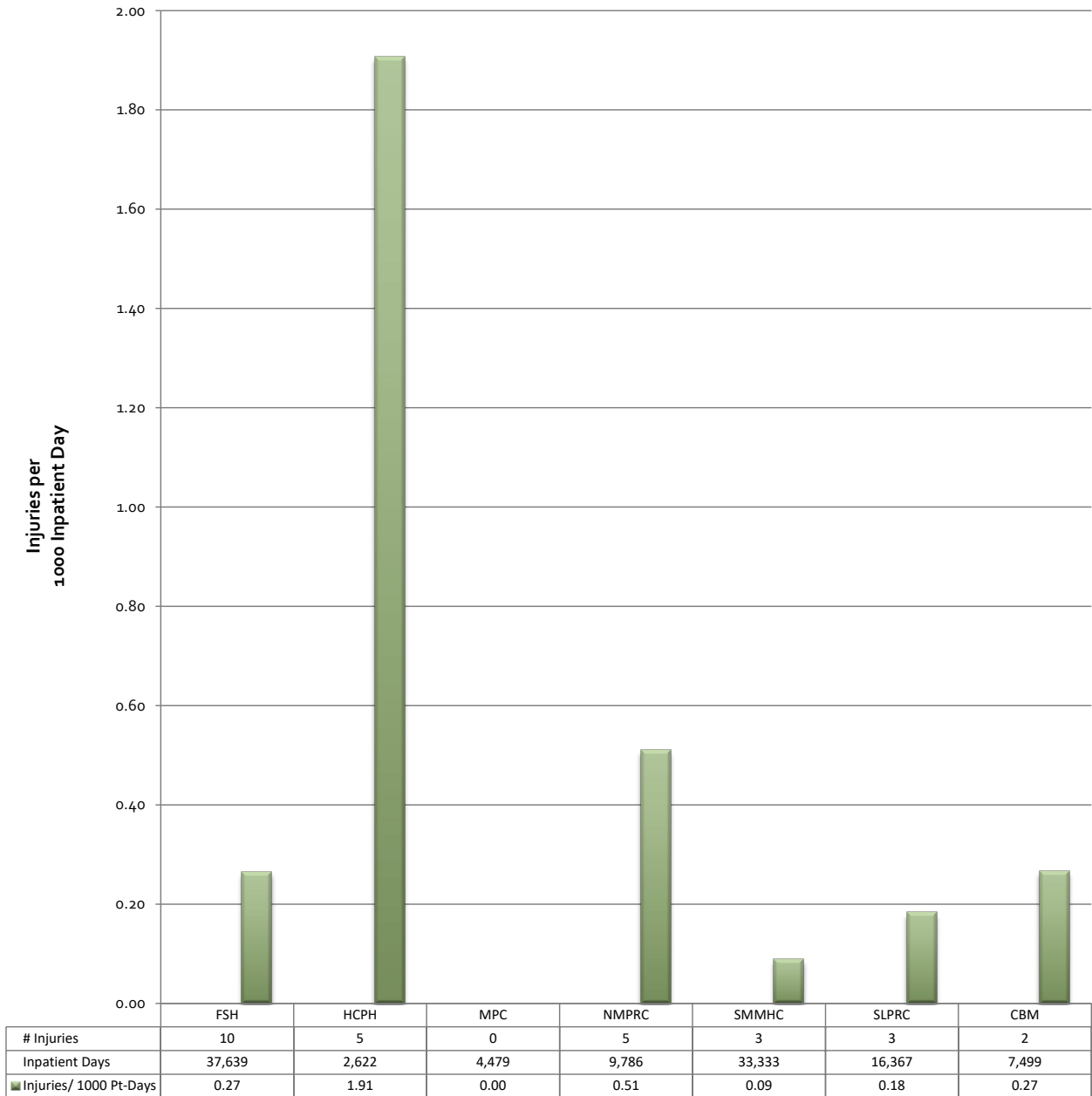
Inpatient Client Injuries



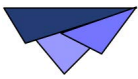
NOTE: "Injuries" for Inpatient clients include those medical intervention or more. PtDays is a standard way to adjust for facility size on inpatient metrics for measures that apply to both acute and long term facilities - if we were to simply count clients this would result in disproportionately high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



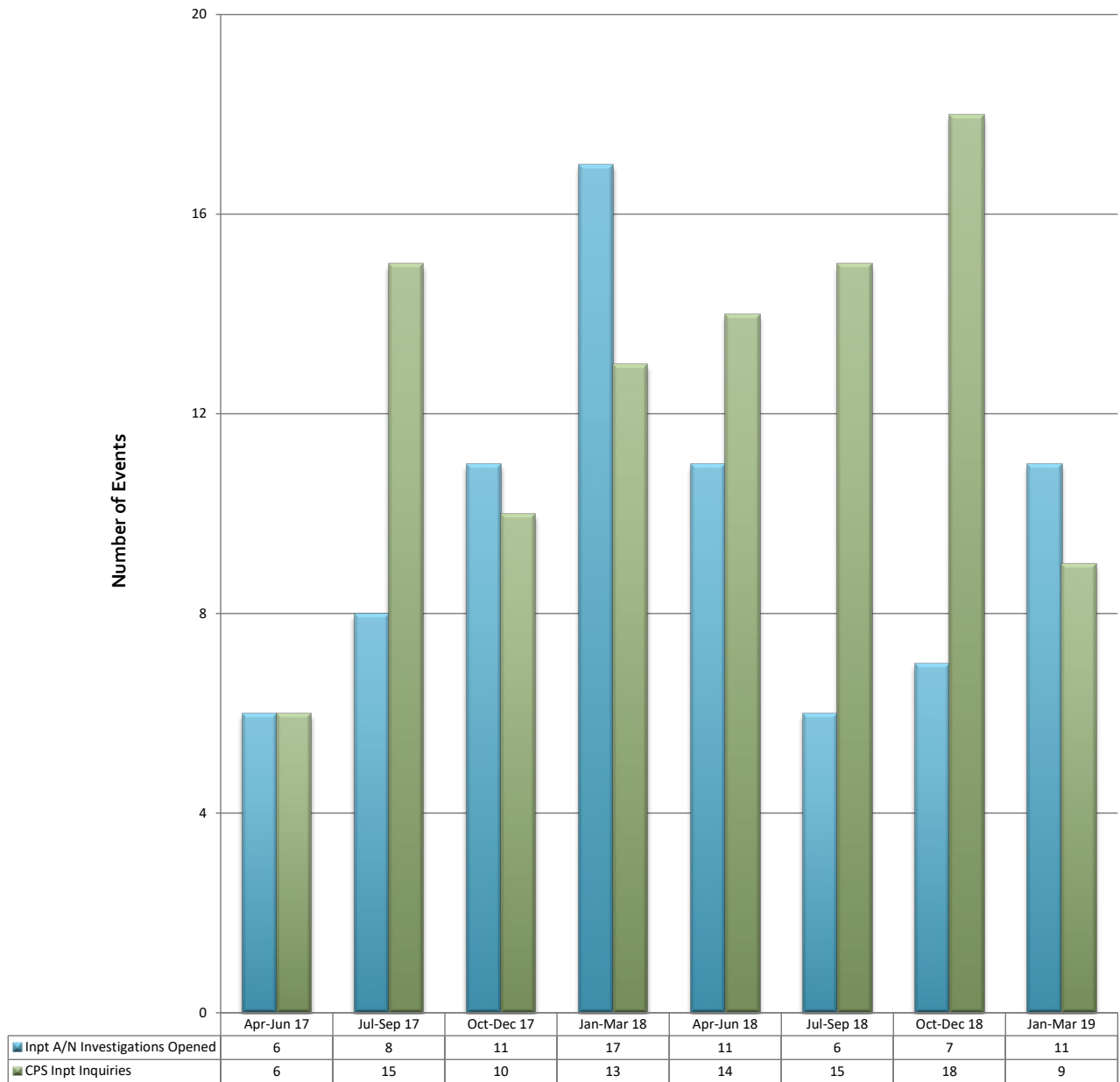
Inpatient Client Injuries by Facility



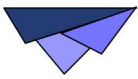
SIGNIFICANCE: This chart is looking at the most recent quarter's rate of client injuries per facility and adjusting that metric for the size (in patient days) of the facility. Third quarter of FY19 shows a higher injury rate for Hawthorn Children's Psychiatric Hospital. Perhaps contrary to expectations,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



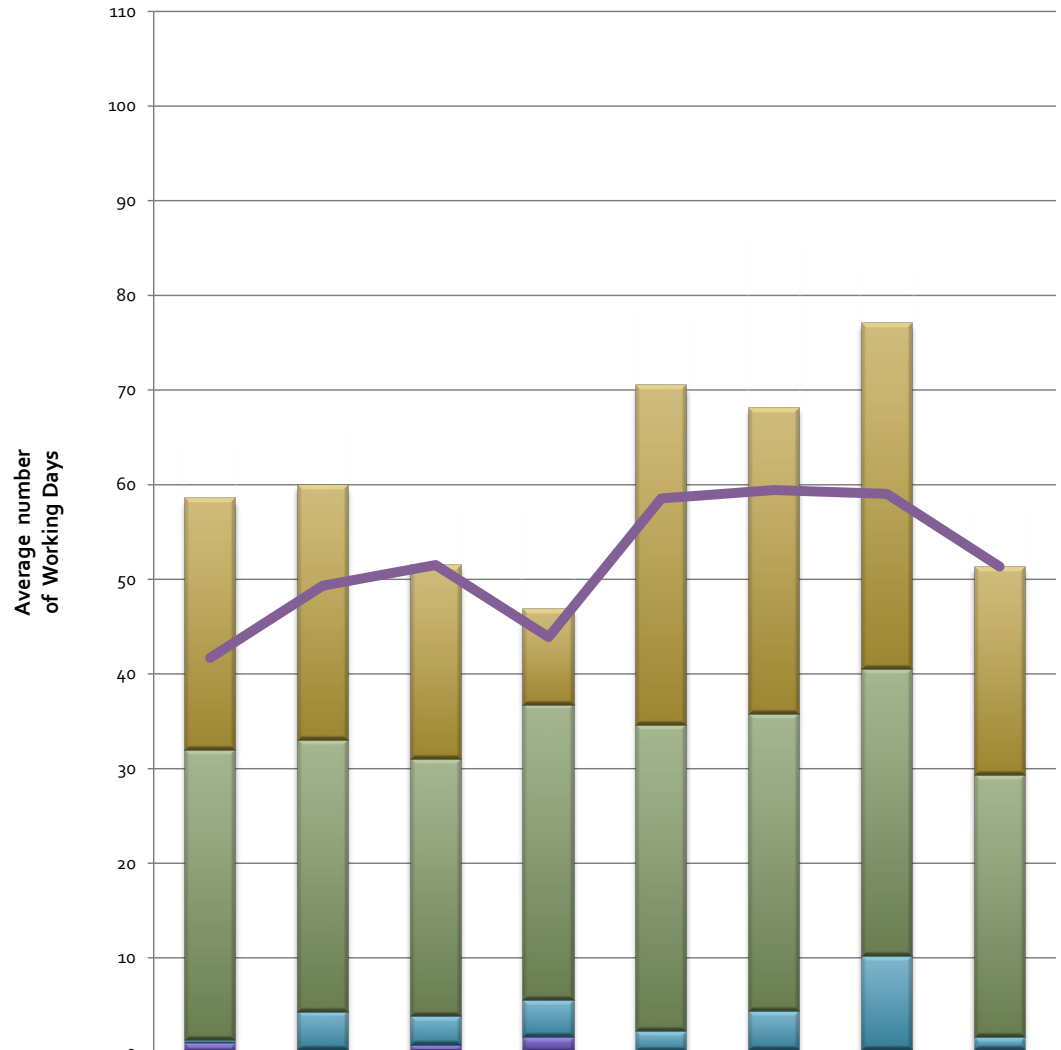
Inpatient Inquiries into Potential Abuse/Neglect Allegations



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

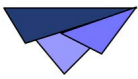


Duration of Investigation Process for Inpatient Facilities

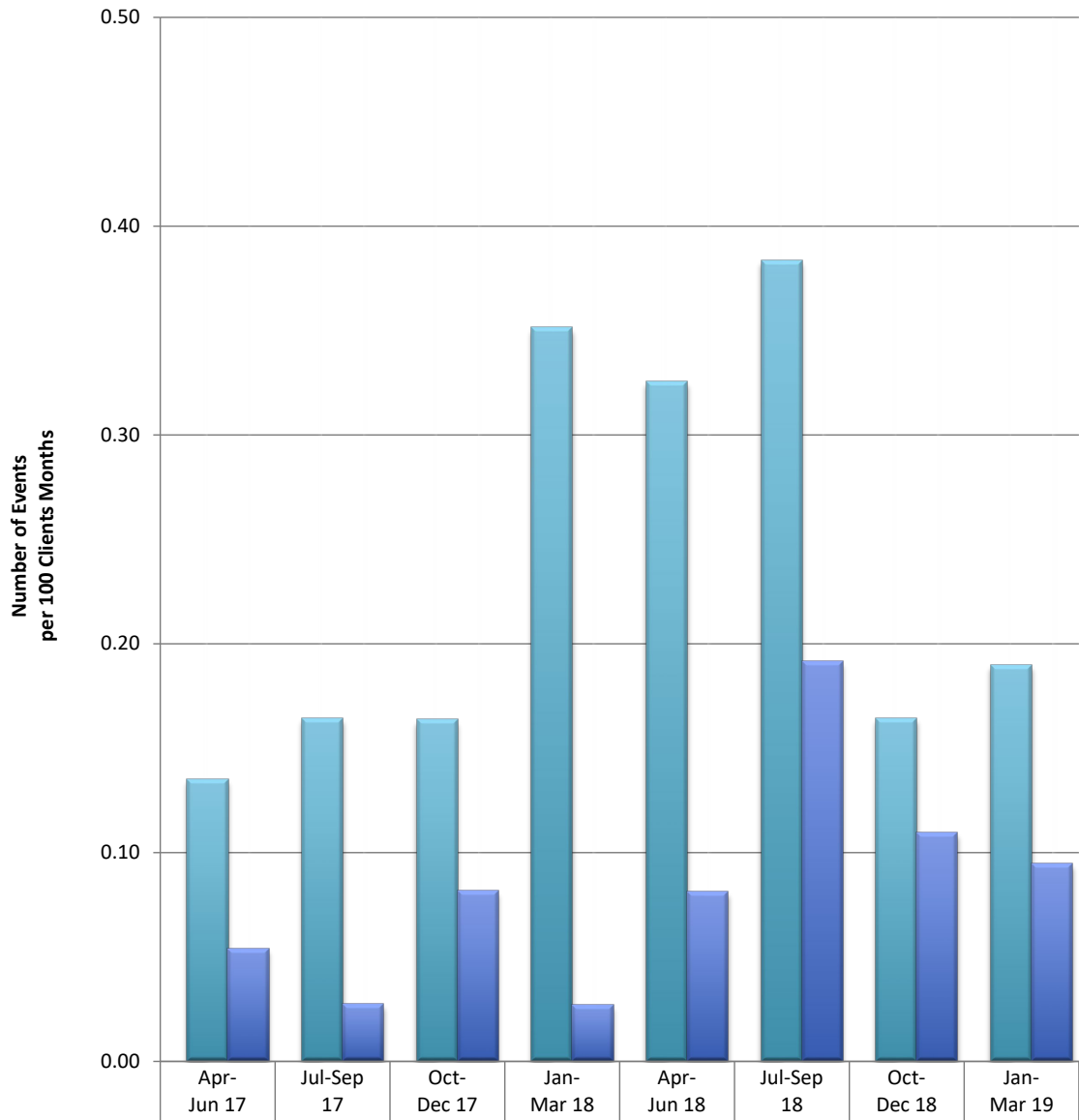


	Apr-Jun 17	Jul-Sep 17	Oct-Dec 17	Jan-Mar 18	Apr-Jun 18	Jul-Sep 18	Oct-Dec 18	Jan-Mar 19
CPS Inpt Investigation Event Count	6	6	6	11	8	18	6	6
CPS Inpt: Inv. Final Report to Final Determination	26.55	27.00	20.50	10.08	35.85	32.33	36.50	22.00
CPS Inpt: Inv. Request to Inv. Final Report	30.67	28.67	27.17	31.27	32.38	31.44	30.40	27.67
CPS Inpt: Event Report to Inv. Request	0.33	4.00	3.00	3.80	2.13	4.12	9.83	1.33
CPS Inpt: Event Discovery to Event Report	1.00	0.33	0.83	1.70	0.13	0.24	0.33	0.33
CPS Inpt: "Typical" Inv Total Time	41.69	49.33	51.50	43.91	58.55	59.43	59.03	51.34

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.

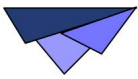


Inpatient Abuse / Neglect Investigations

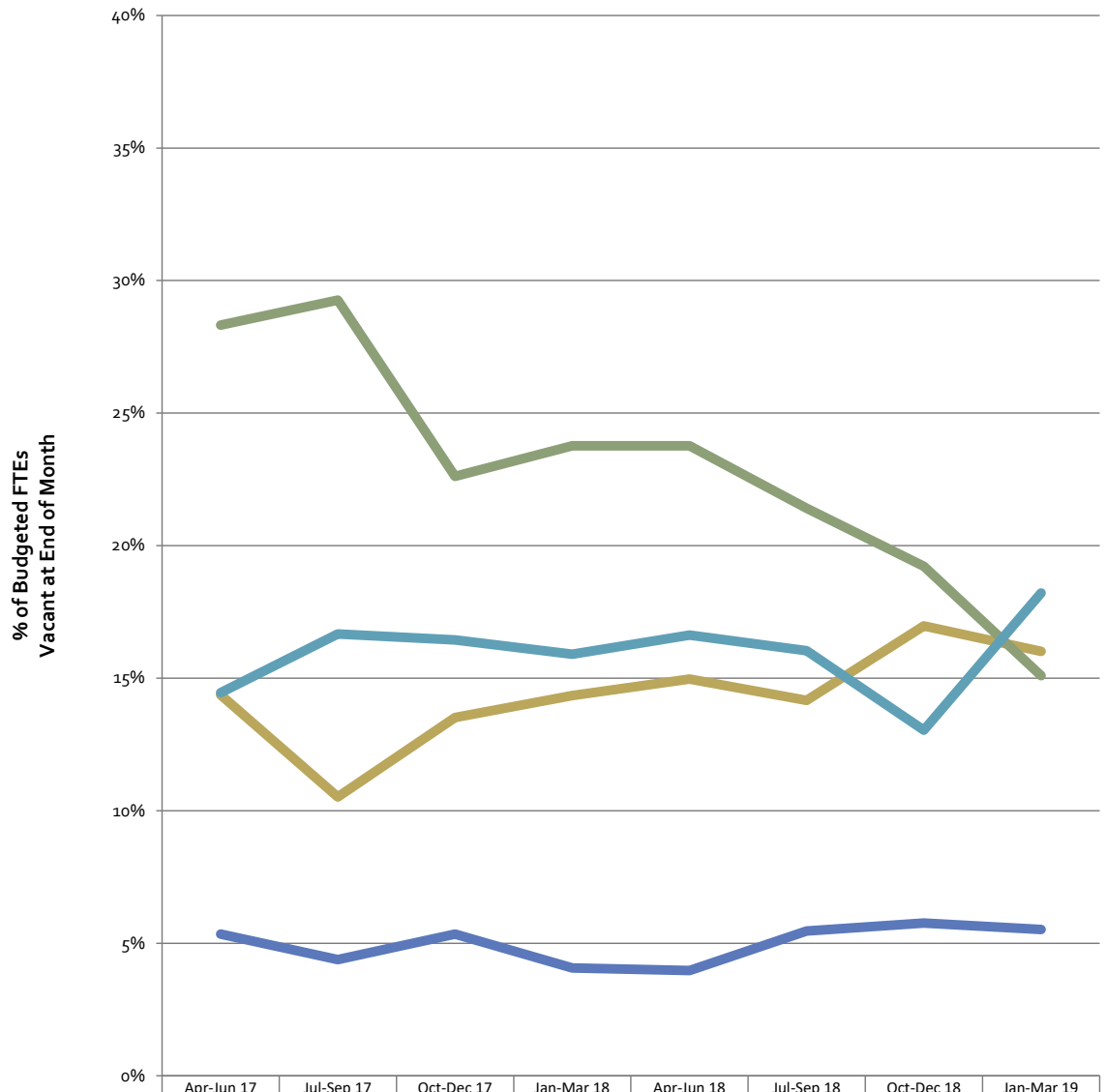


	Apr-Jun 17	Jul-Sep 17	Oct-Dec 17	Jan-Mar 18	Apr-Jun 18	Jul-Sep 18	Oct-Dec 18	Jan-Mar 19
CPS Inpt A/N Investigations Completed	5	6	6	13	12	14	6	6
A/N Investigations per 100 consumers/mo	0.14	0.16	0.16	0.35	0.33	0.38	0.16	0.19
Inpt A/N Substantiations	2	1	3	1	3	7	4	3
A/N Substantiations per 100 consumers/mo	0.05	0.03	0.08	0.03	0.08	0.19	0.11	0.09

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.

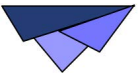


CPS Operated Facility Staff Vacancy Rates

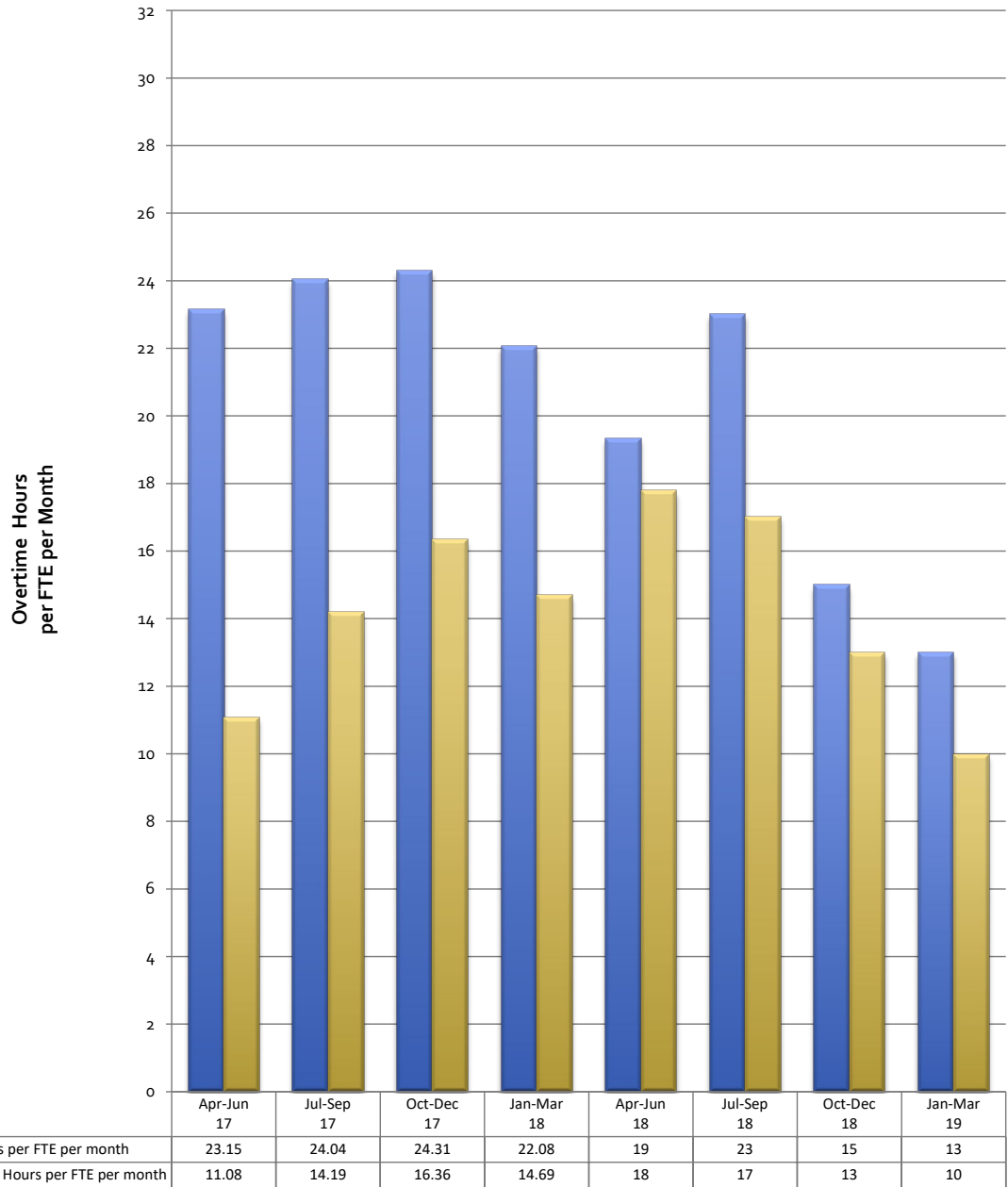


Direct Care Staff Vacancy Rates	5.34%	4.38%	5.35%	4.07%	3.97%	5.46%	5.76%	5.52%
Licensed Nursing Staff Vacancy Rates	14.37%	10.52%	13.52%	14.35%	14.97%	14.16%	16.97%	16.01%
Psychologist Vacancy Rates	28.32%	29.26%	22.61%	23.76%	23.76%	21.41%	19.22%	15.09%
Psychiatrist Staff Vacancy Rates	14.45%	16.67%	16.44%	15.90%	16.62%	16.03%	13.04%	18.21%

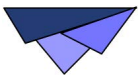
SIGNIFICANCE: Staff vacancy rates continue to be a problem, particularly for professional staff categories and are a factor in other cost and safety related metrics. The psychologist vacancy rates have been higher than other staff vacancy rates but showing lowering vacancy rates over time..



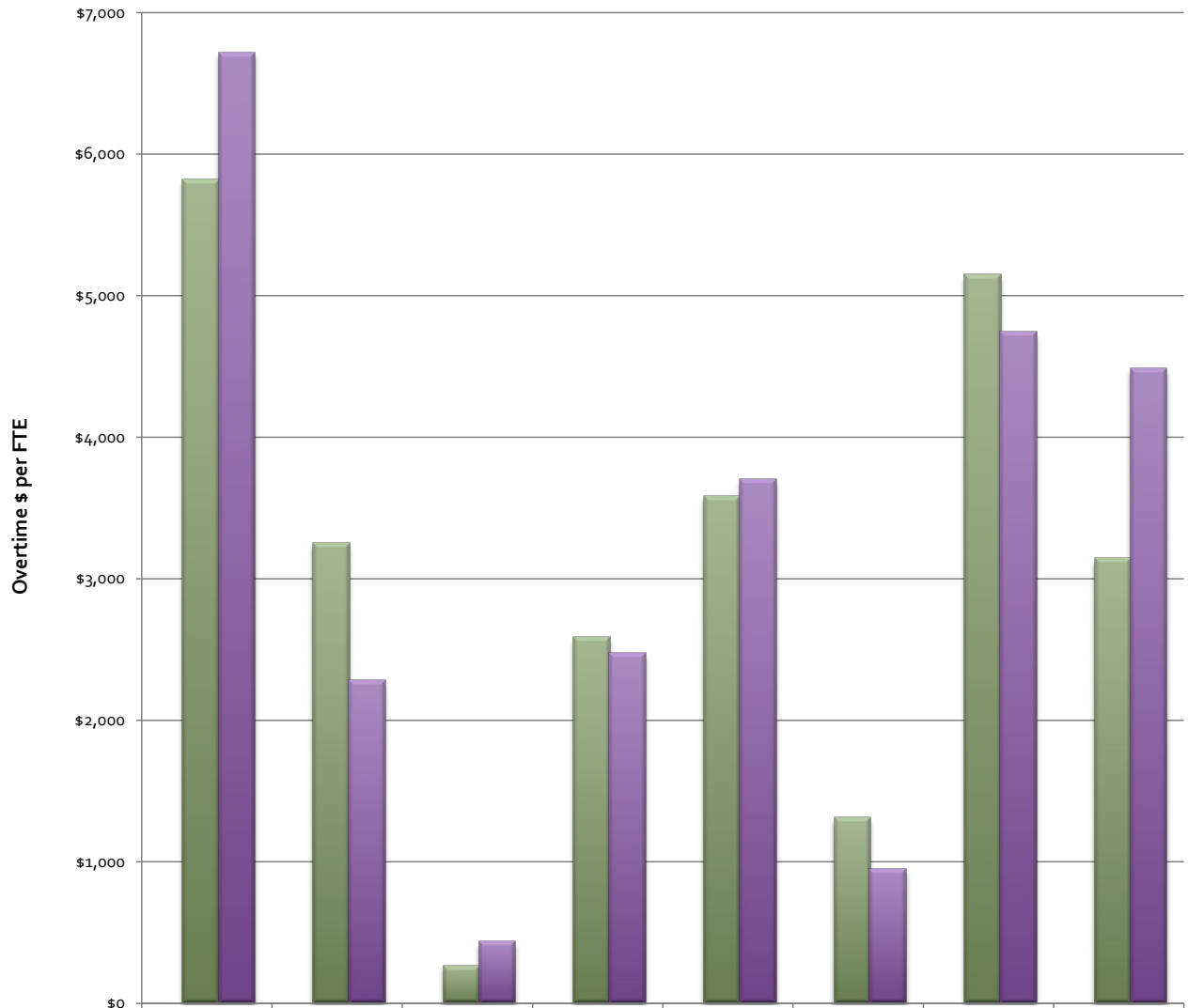
CPS Operated Facility Overtime Hours per FTE per Month



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

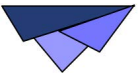


**Inpatient Facility, FY19 Overtime \$ per FTE
versus FY18 Overtime \$ per FTE -- FY to date**

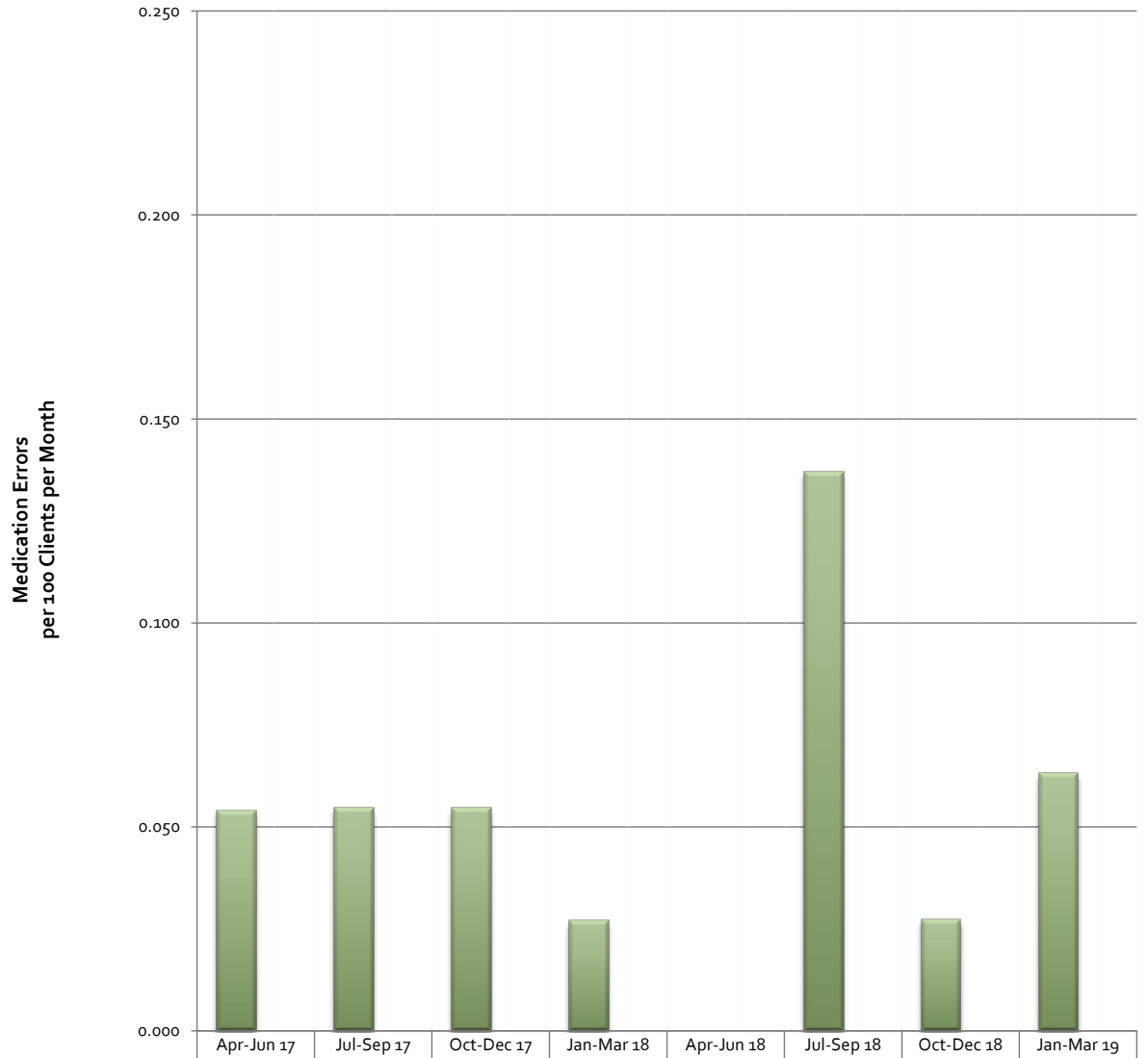


	FSH	NMPRC	SWMPRC	SEMMHC	SLPRC	MSLPC	CBM	HCPH
FY19 Direct Care Overtime \$M	3.77	0.47	0.01	1.21	1.01	0.15	0.60	0.38
FY19 Direct Care FTEs	647.50	144.00	38.00	465.98	280.50	114.50	116.50	121.60
Fy19 Direct Care OT \$ per FTE	\$5,821	\$3,254	\$267	\$2,590	\$3,584	\$1,317	\$5,150	\$3,143
FY18 Direct Care Overtime \$M	4.35	0.33	0.02	1.15	1.04	0.11	0.55	0.55
FY18 Direct Care FTEs	647.50	144.00	38.00	465.98	280.50	114.50	116.50	121.60
FY18 Direct Care OT \$ per FTE	\$6,720	\$2,280	\$441	\$2,478	\$3,706	\$947	\$4,747	\$4,487

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.



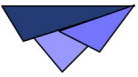
Inpatient Medication Errors



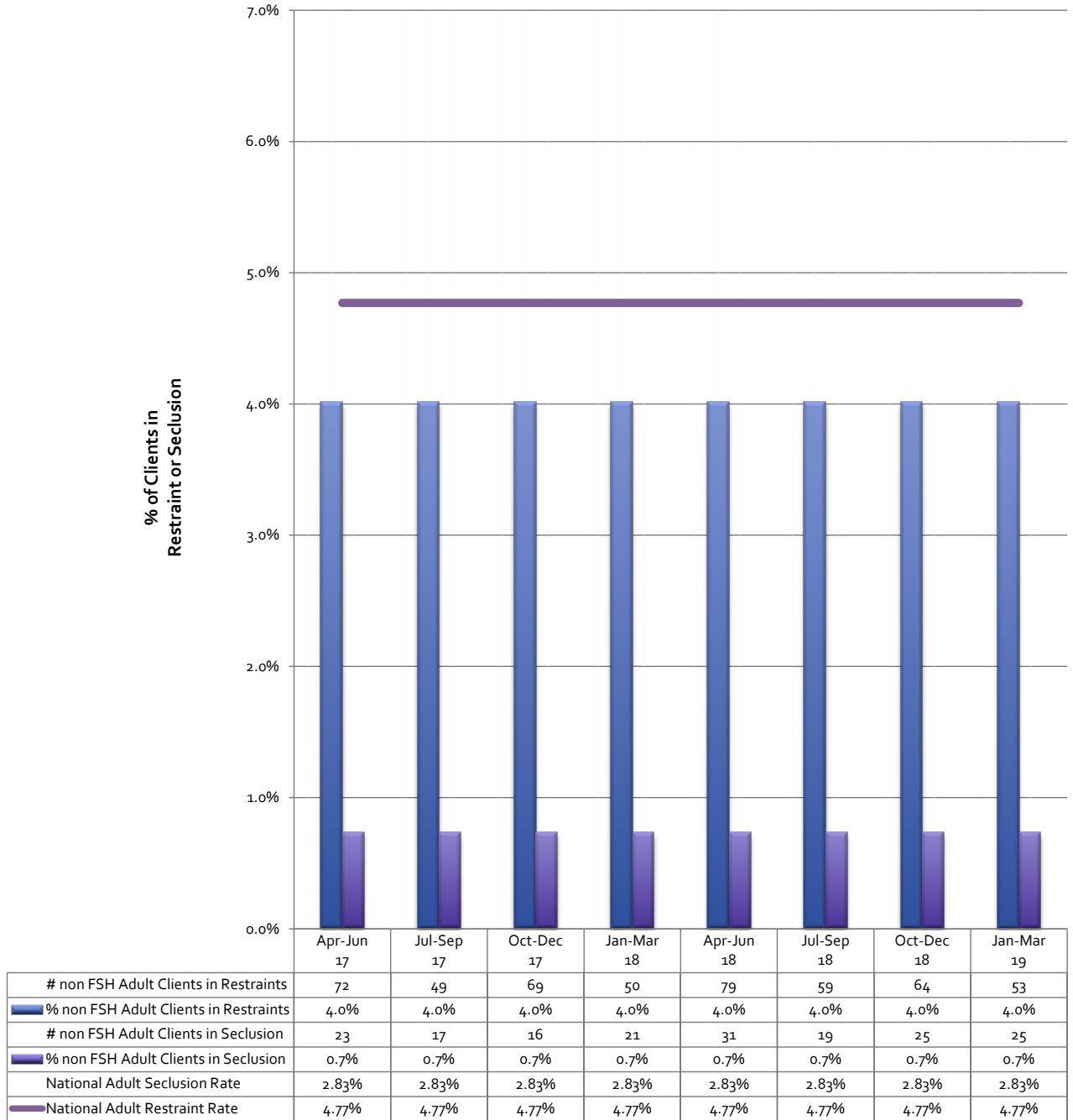
	Apr-Jun 17	Jul-Sep 17	Oct-Dec 17	Jan-Mar 18	Apr-Jun 18	Jul-Sep 18	Oct-Dec 18	Jan-Mar 19
Inpt "Moderate" Med Errors	2	2	2	1	0	5	1	2
Inpt "Moderate" Med Errors per 100 Consumers/mo	0.05	0.05	0.05	0.03	0.00	0.14	0.03	0.06
Inpt "Serious" Med Errors	0	0	0	0	0	0	0	0
Inpt "Serious" Med Errors per 100 Consumers/mo	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Unduplicated Client-month count	3,700	3,649	3,665	3,699	3,686	3,649	3,649	3,160

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.

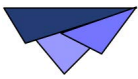
NOTE: In the most recent quarter no "moderate" medication errors have been reported.



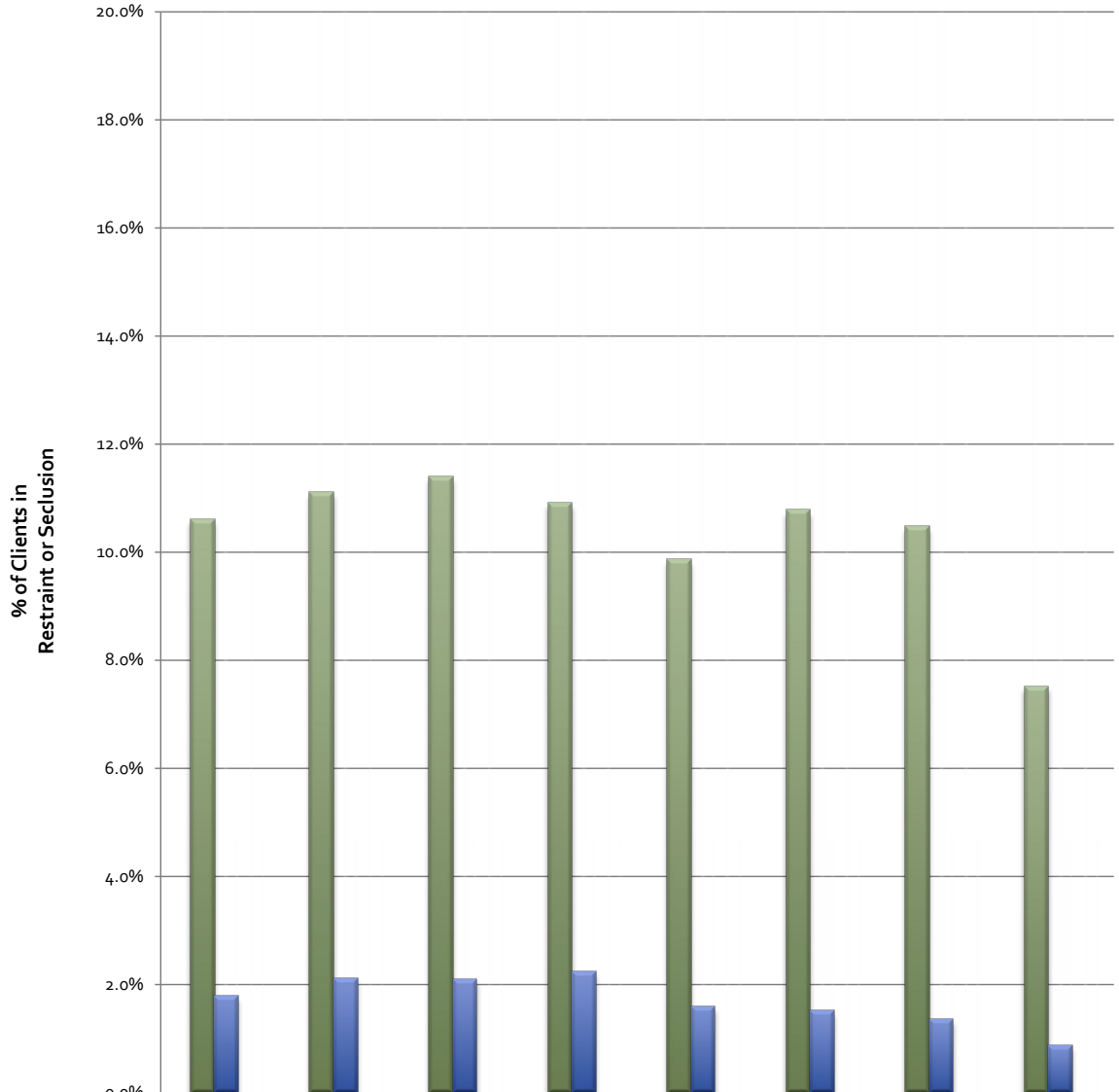
Inpatient Adult Restraint & Seclusion Use



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.

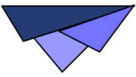


Fulton State Hospital Restraint & Seclusion Use

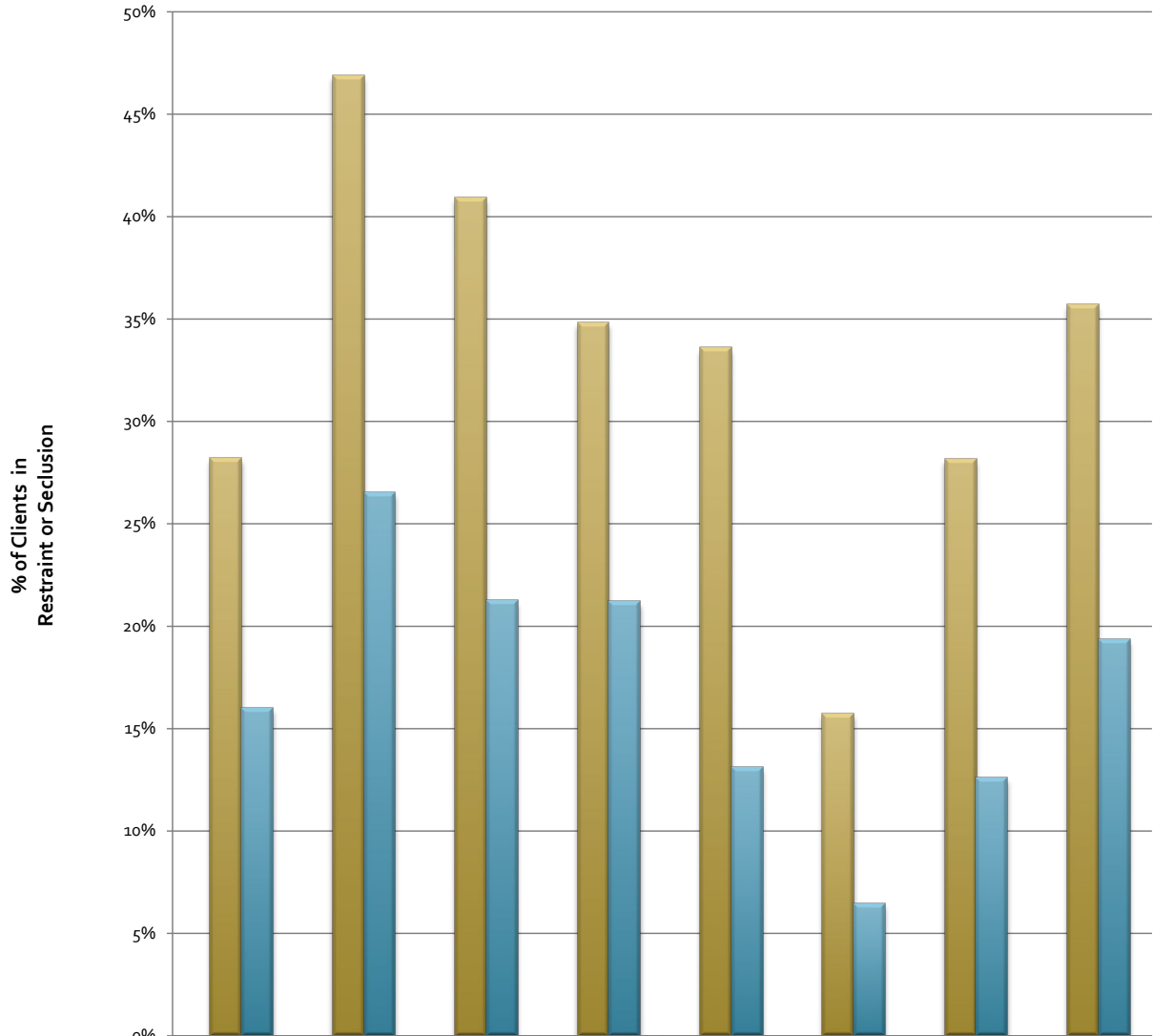


	Apr-Jun 17	Jul-Sep 17	Oct-Dec 17	Jan-Mar 18	Apr-Jun 18	Jul-Sep 18	Oct-Dec 18	Jan-Mar 19
# FSH Clients in Restraints	130	136	141	136	123	135	131	94
% FSH Clients in Restraints (per month)	10.6%	11.1%	11.4%	10.9%	9.9%	10.8%	10.5%	7.5%
# FSH Clients in Seclusion	22	26	26	28	20	19	17	11
% FSH Clients in Seclusion (per month)	1.8%	2.1%	2.1%	2.2%	1.6%	1.5%	1.4%	0.9%
# Adult Clients in Seclusion	45	43	42	49	51	38	42	36
National Adult Restraint Rate	4.77%	4.77%	4.77%	4.77%	4.77%	4.77%	4.77%	4.77%

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

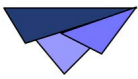


Inpatient Youth Restraint & Seclusion Use

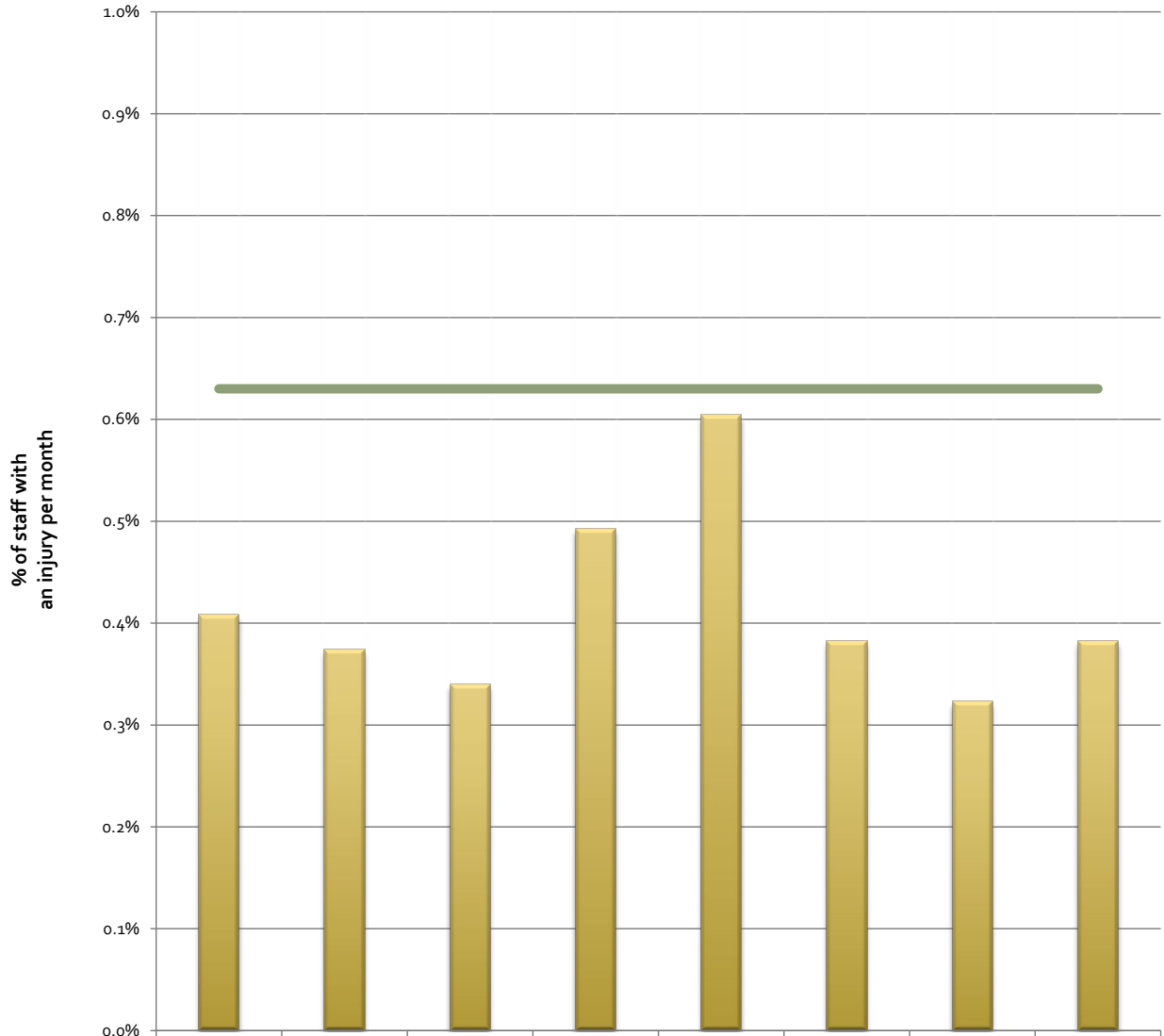


	Apr-Jun 17	Jul-Sep 17	Oct-Dec 17	Jan-Mar 18	Apr-Jun 18	Jul-Sep 18	Oct-Dec 18	Jan-Mar 19
# Youth in Restraints	44	53	52	46	41	17	29	35
% Youth in Restraints (per month)	0.28	0.47	0.41	0.35	0.34	0.16	0.28	0.36
# Youth in Seclusion	25	30	27	28	16	7	13	19
% Youth in Seclusion (per month)	0.16	0.27	0.21	0.21	0.13	0.06	0.13	0.19

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



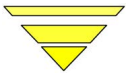
	Apr-Jun 17	Jul-Sep 17	Oct-Dec 17	Jan-Mar 18	Apr-Jun 18	Jul-Sep 18	Oct-Dec 18	Jan-Mar 19
Staff FTEs	3,923	3,923	3,923	3,923	3,923	3,923	3,923	3,923
Staff Injuries / month	16	15	13	19	24	15	13	15
% of Staff w/ Injuries	0.41%	0.37%	0.34%	0.49%	0.60%	0.38%	0.32%	0.38%
National Staff Injury Rate	0.63%	0.63%	0.63%	0.63%	0.63%	0.63%	0.63%	0.63%

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

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

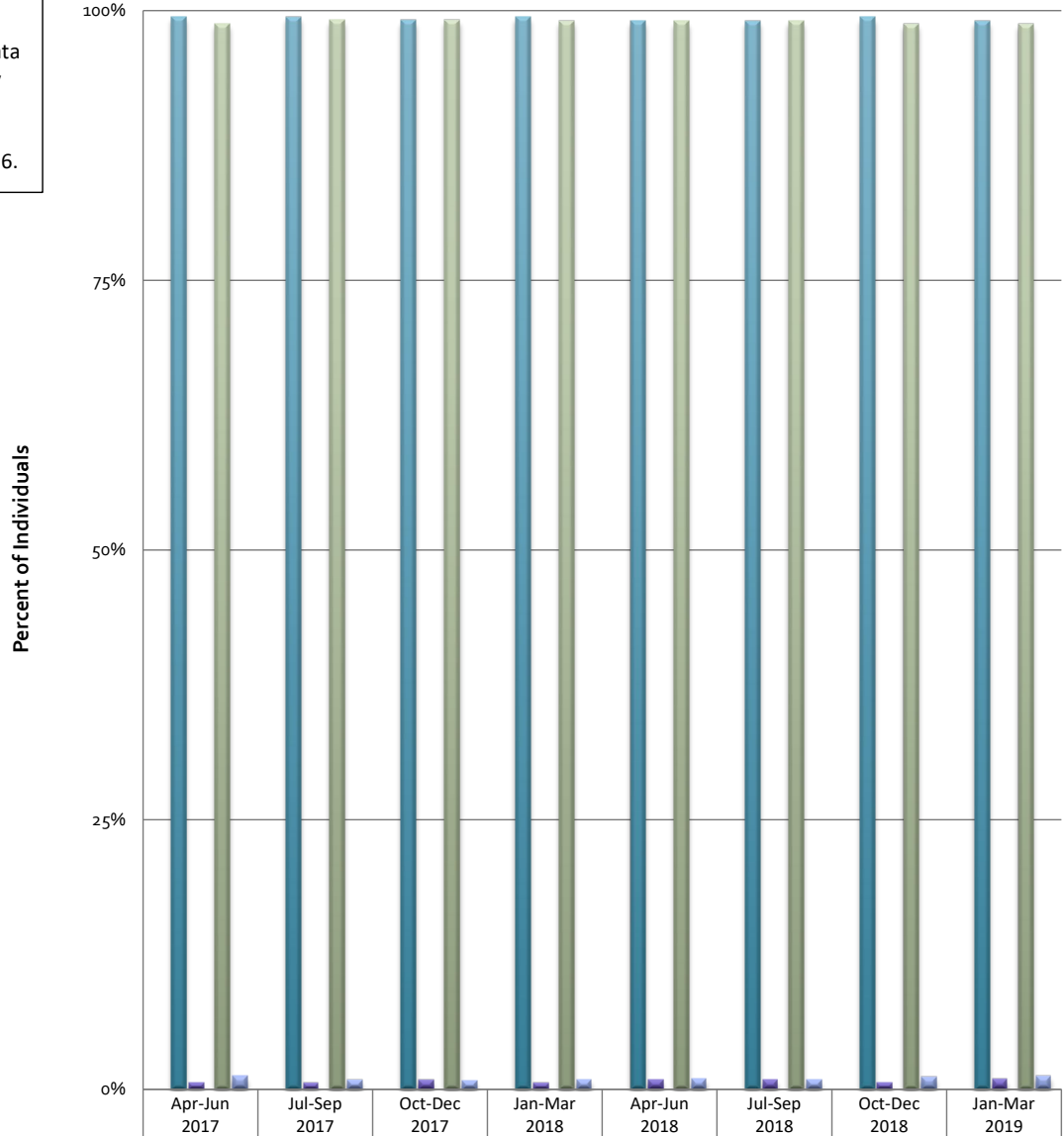


Division of Developmental Disabilities



Division of DD Residential Medicaid Eligibility

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

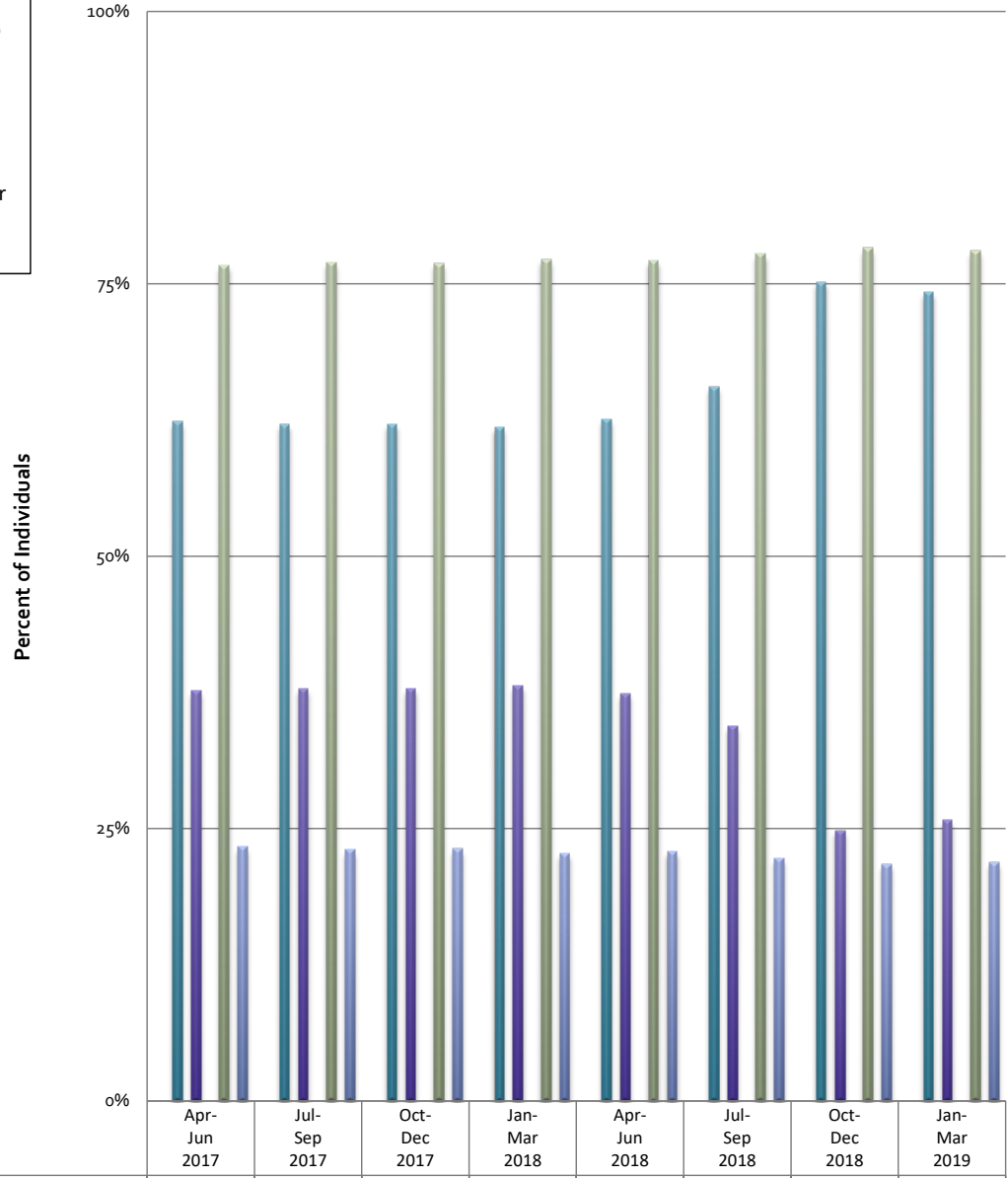


	Apr-Jun 2017	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018	Oct-Dec 2018	Jan-Mar 2019
# Individuals Served in Hab Centers	329	334	328	328	325	320	318	312
# HC Individuals Medicaid Eligible	327	331	326	325	322	318	315	309
% HC Individuals Medicaid Eligible	99%	99%	99%	99%	99%	99%	99%	99%
# HC Individuals Not Medicaid Eligible	2	3	2	3	3	2	3	3
% HC Individuals Not Medicaid Eligible	1%	1%	1%	1%	1%	1%	1%	1%
# Individuals Served in Community Residential	7432	7437	7445	7448	7490	7525	7533	7533
# Individuals Community Medicaid Eligible	7368	7375	7375	7375	7421	7436	7428	7439
% Individuals Community Medicaid Eligible	99%	99%	99%	99%	99%	99%	99%	99%
# Individuals Community Not Medicaid Eligible	64	62	70	73	69	89	105	94
% Individuals Community Not Medicaid Eligible	1%	1%	1%	1%	1%	1%	1%	1%

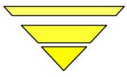


Division of DD Non-Residential Medicaid Eligibility

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

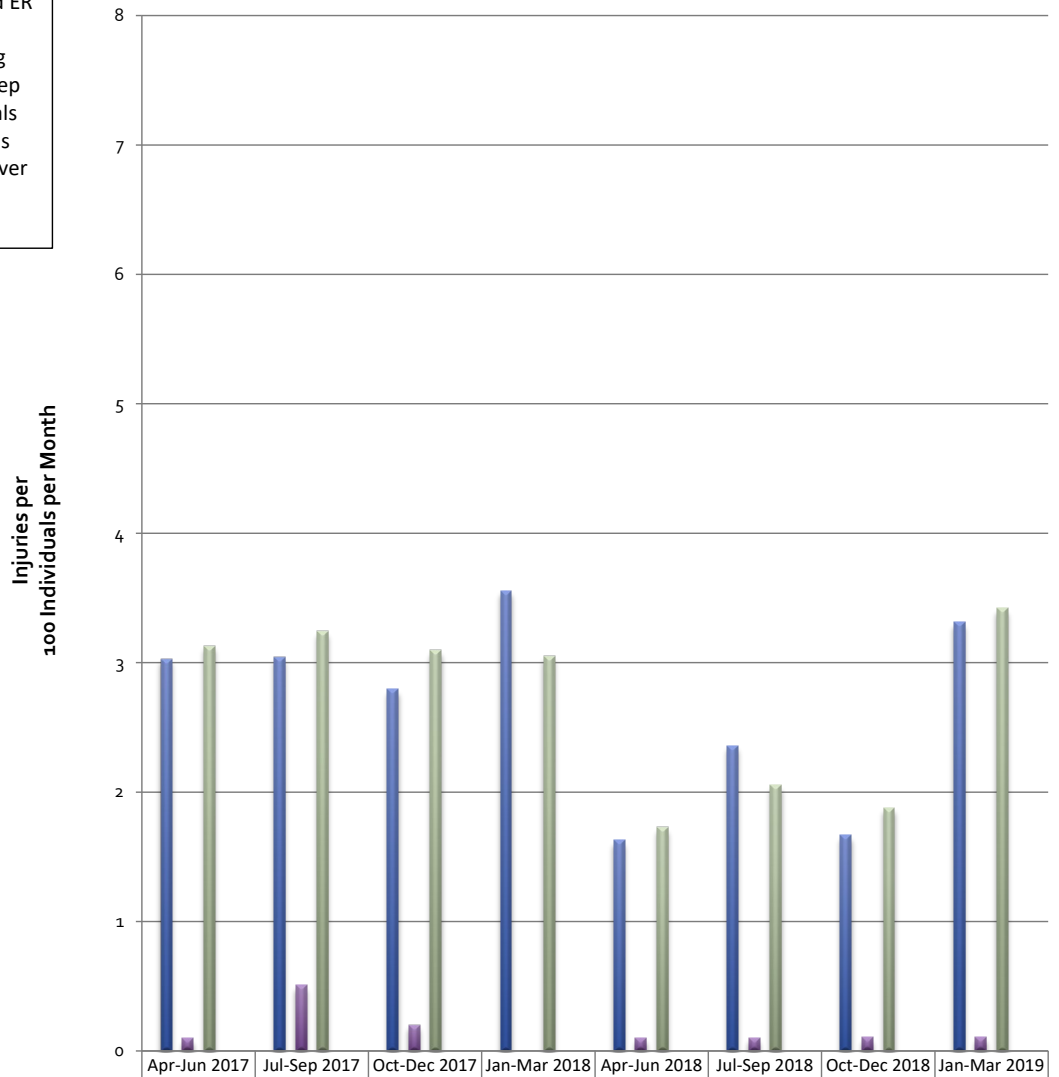


	Apr-Jun 2017	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018	Oct-Dec 2018	Jan-Mar 2019
# Individuals served in Case Management (CM) Only	15691	15679	15774	15706	15130	12986	12694	12506
# Individuals CM Only Medicaid Eligible	9747	9744	9756	9831	9922	9760	9493	9285
% Individuals CM Only Medicaid Eligible	62%	62%	62%	62%	63%	66%	75%	74%
# Individuals Case Mngmt Only Not Medicaid Eligible	5944	5935	6018	5875	5208	3226	3201	3221
% Individuals CM Only Not Medicaid Eligible	38%	38%	38%	38%	37%	34%	25%	26%
# Individuals Served in Other Services	13128	13619	13880	14218	14435	14524	14718	14874
# Individuals Other Services Medicaid Eligible	10107	10467	10721	10965	11220	11370	11450	11612
% Individuals Other Services Medicaid Eligible	77%	77%	77%	77%	77%	78%	78%	78%
# Individuals Other Services Not Medicaid Eligible	3027	3152	3159	3253	3215	3154	3268	3262
% Individuals Other Services Not Medicaid Eligible	23%	23%	23%	23%	23%	22%	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.

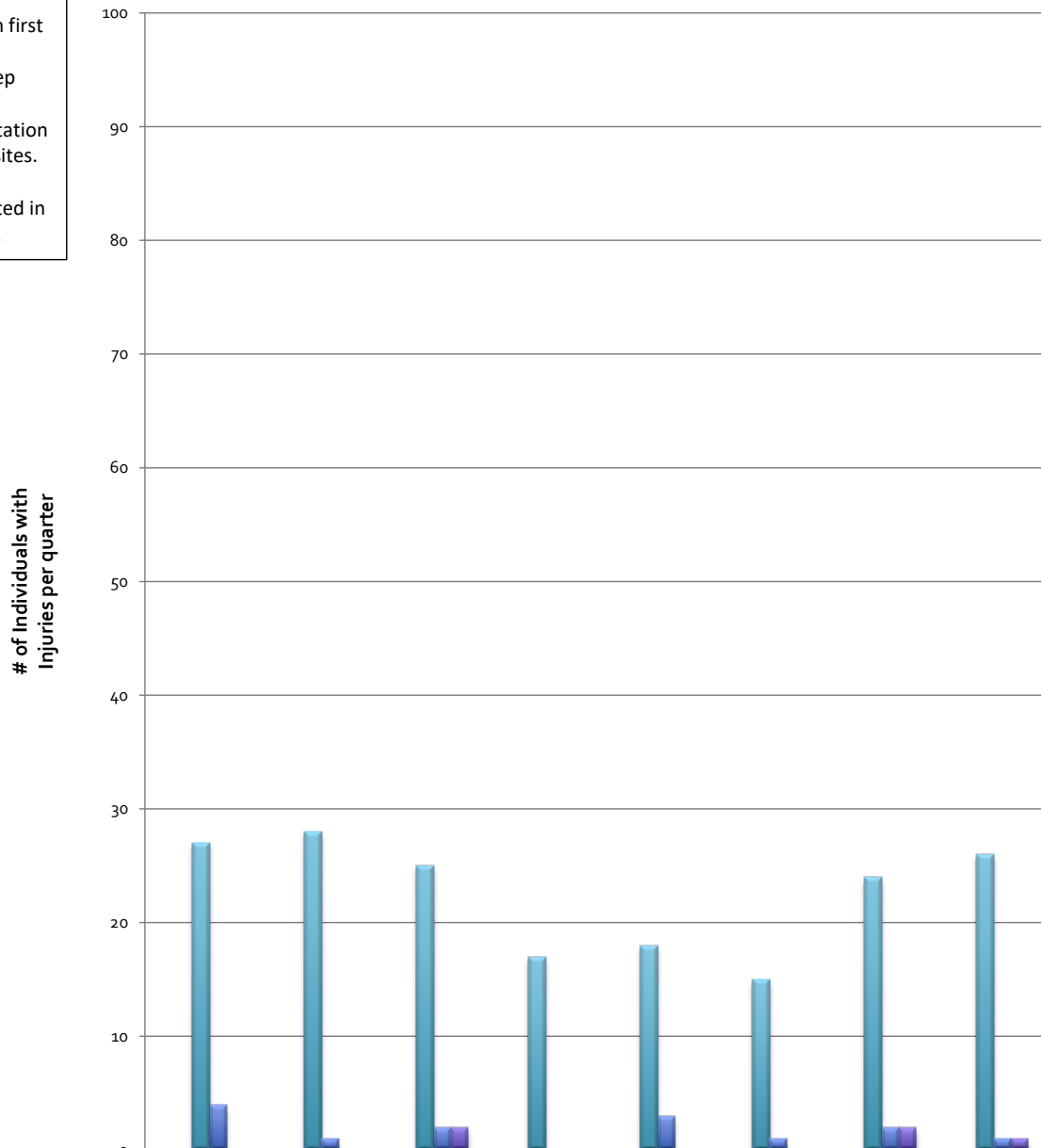


	Apr-Jun 2017	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018	Oct-Dec 2018	Jan-Mar 2019
# HCC Injuries Resulting in Medical Intervention	30	28	35	16	23	16	34	31
HCC Injuries Resulting in Medical Intervention per 100 Indiv/mo	3.0	3.0	2.8	3.6	1.6	2.4	1.7	3.3
#HCC Injuries Resulting in Hospitalization	5	2	0	1	1	1	0	1
HCC Injuries Resulting in Hospitalization per 100 Indiv/mo	0.1	0.5	0.2	0.0	0.1	0.1	0.1	0.1
# HCC Injuries Resulting in Emergency Room Visits	32	31	30	17	20	18	32	32
HCC Injuries Resulting in Emergency Room Visits per 100 Indiv/mo	3.1	3.2	3.1	3.0	1.7	2.1	1.9	3.4
# HCC Injuries Resulting in Death	0	0	0	0	0	0	0	0
HCC Injuries Resulting in Death per 100 Individuals/month	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
# Individuals in Hab Centers	341	329	334	328	328	325	320	312



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

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

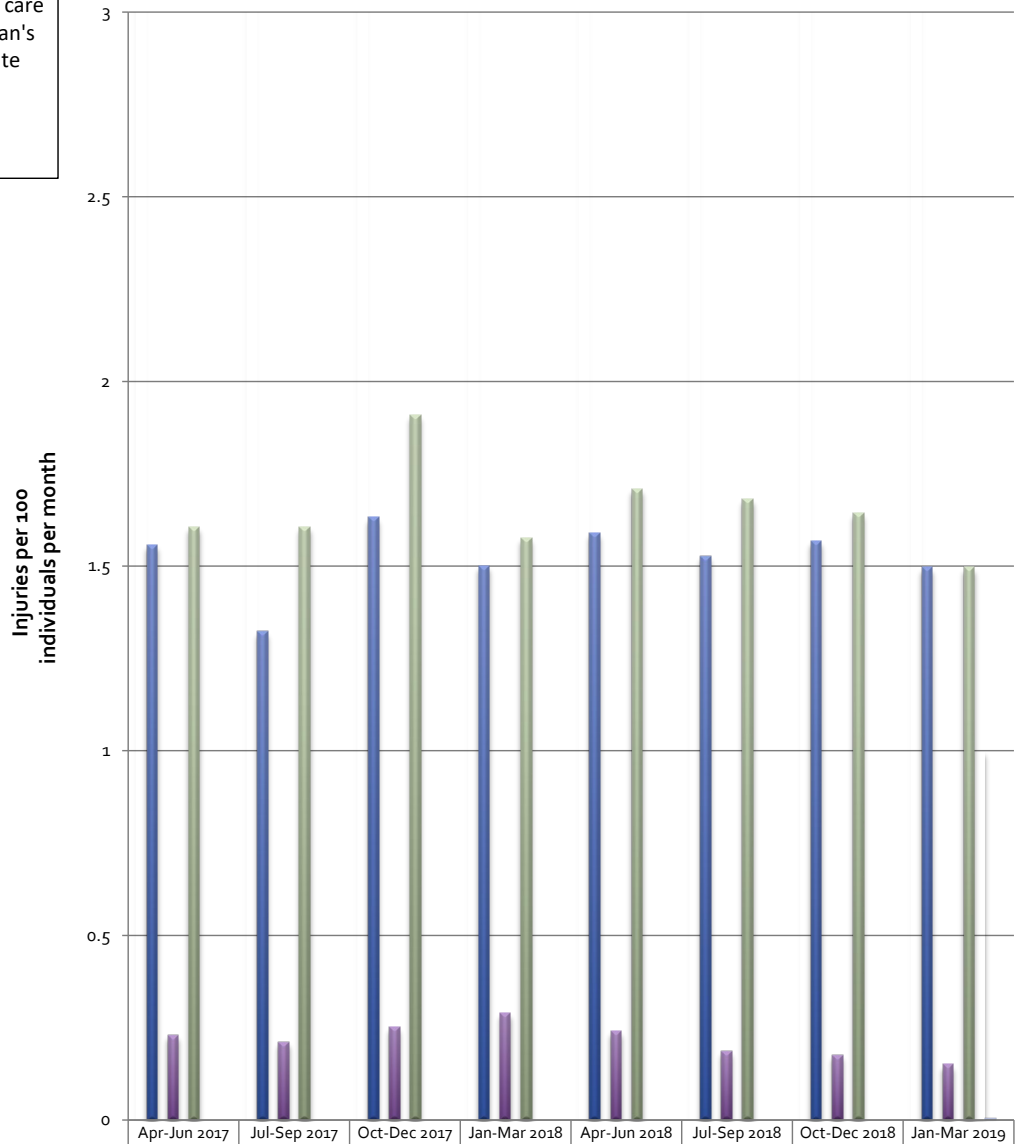


	Apr-Jun 2017	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018	Oct-Dec 2018	Jan-Mar 2019
# HCC Individuals	341	329	334	328	328	325	320	312
# HCC Individuals with No Injuries	283	298	305	299	311	304	304	284
# HCC Individuals with Exactly 1 Injury	27	28	25	17	18	15	24	26
# HCC Individuals with Exactly 2 Injuries	4	1	2	0	3	1	2	1
# HCC Individuals with 3+ Injuries	0	0	2	0	0	0	2	1



Division of DD Community Residential Injuries per 100 Individuals

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

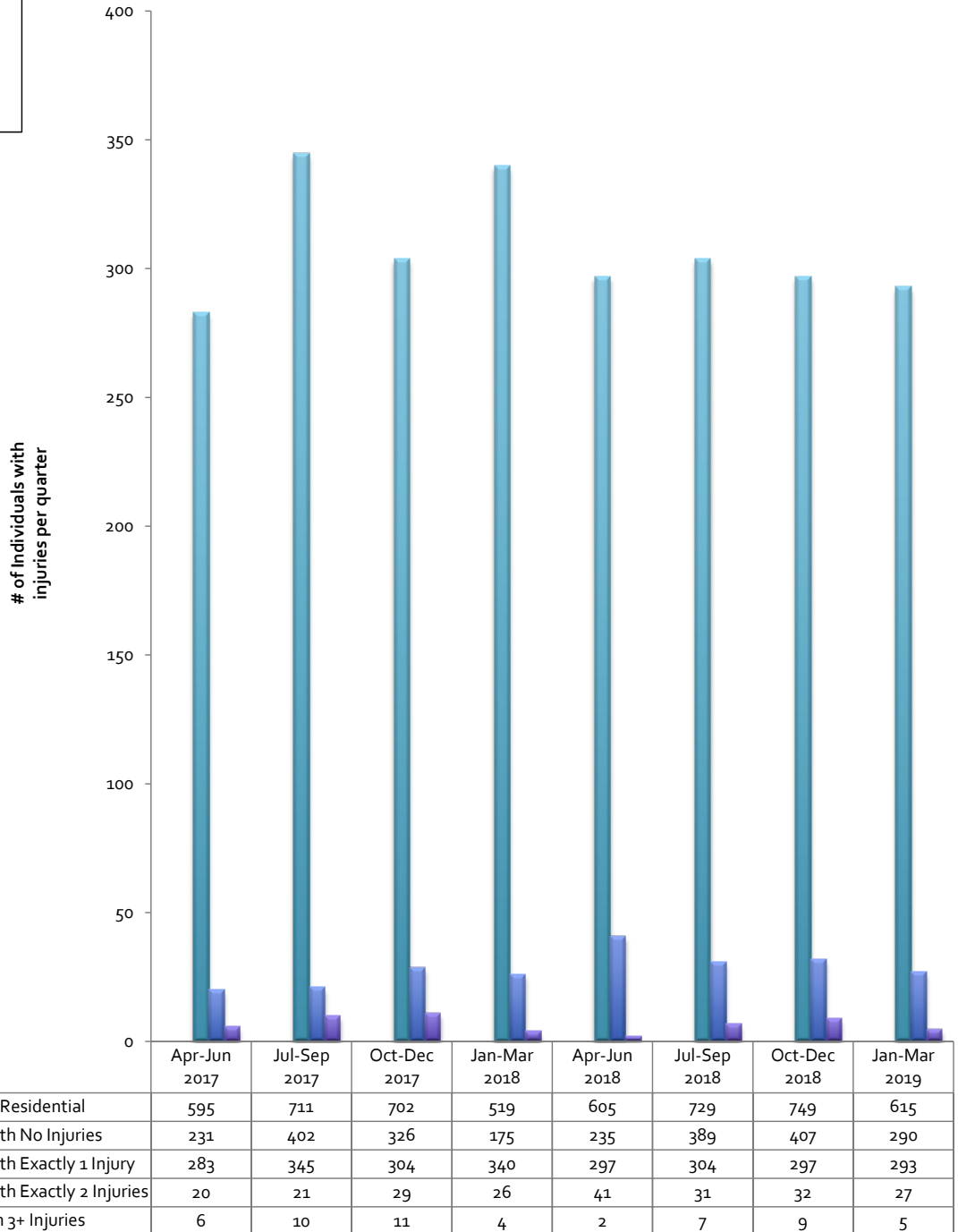


	Apr-Jun 2017	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018	Oct-Dec 2018	Jan-Mar 2019
# Community Injuries Resulting in Medical Intervention	295	364	335	355	343	354	345	338
Community Injuries Resulting in Medical Intervention per 100 Indiv/mo	1.6	1.3	1.6	1.5	1.6	1.5	1.6	1.5
# Community Injuries Resulting in Hospitalization	47	56	65	54	42	40	49	34
Community Injuries Resulting in Hospitalization per 100 Indiv/mo	0.2	0.2	0.3	0.3	0.2	0.2	0.2	0.2
# Community Injuries Resulting in Emergency Room Visits	358	426	352	382	378	371	363	338
Community Injuries Resulting in ER Visits per 100 Indiv/mo	1.6	1.6	1.9	1.6	1.7	1.7	1.6	1.5
# Community Injuries Resulting in Death	0	0	0	0	0	0	0	1
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	7409	7432	7437	7445	7448	7490	7525	7533



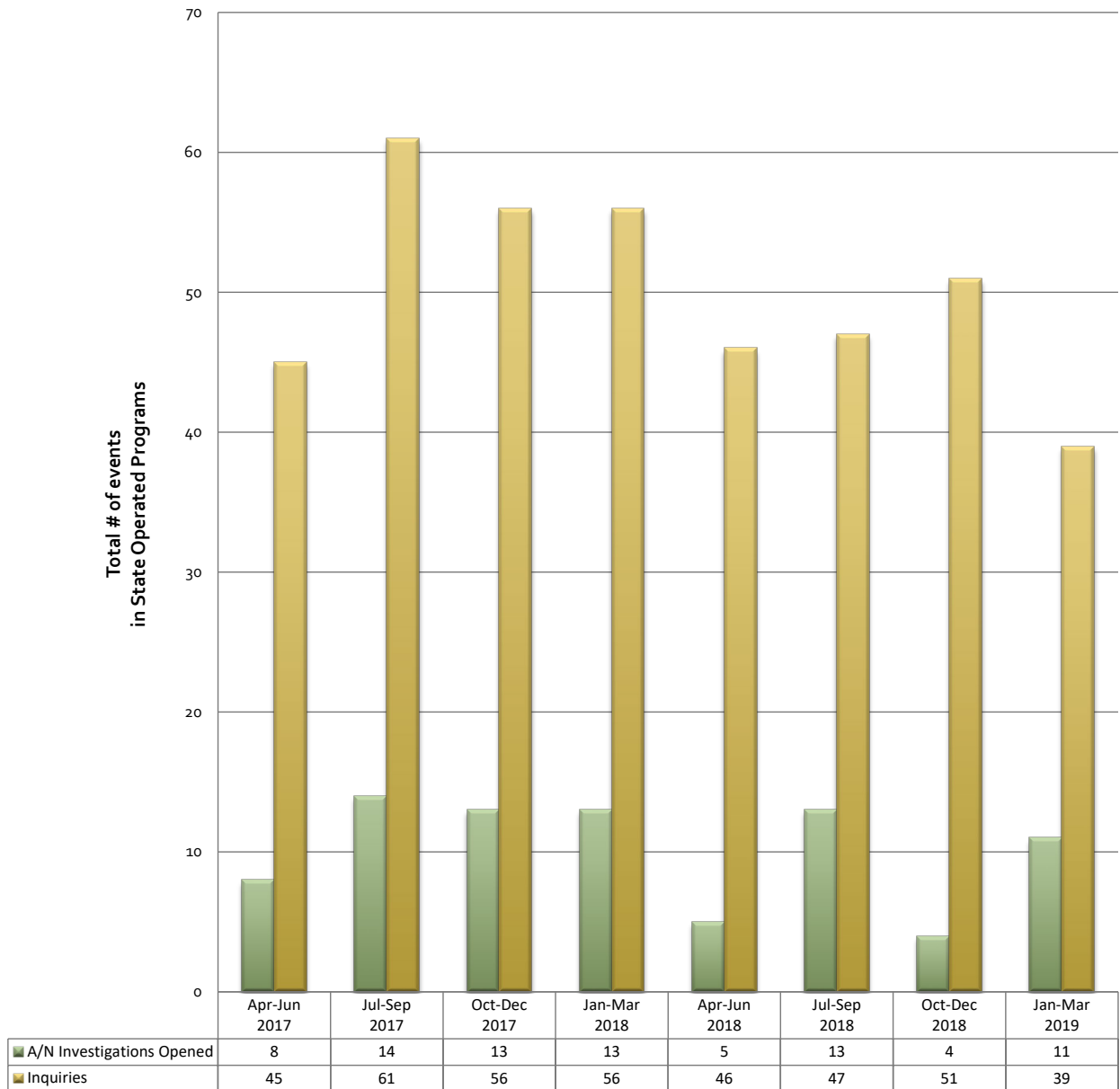
Division of DD Community Individuals with 1, 2, or 3+ Injuries

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.

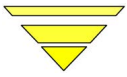




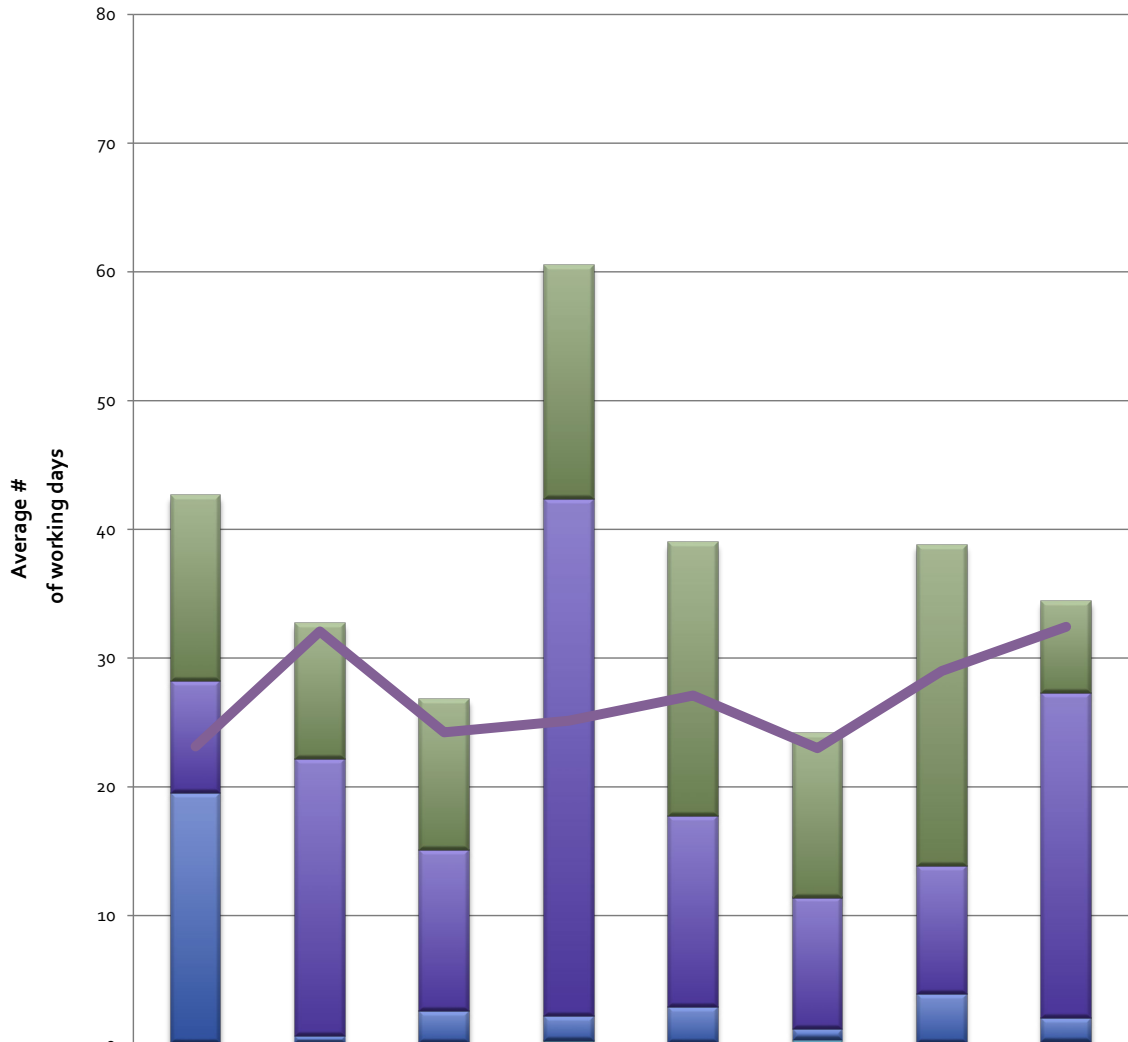
Division of DD State Operated Programs Inquiries Into Potential Abuse/Neglect Allegations



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.

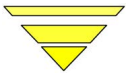


Duration of Investigation Process State Operated Programs

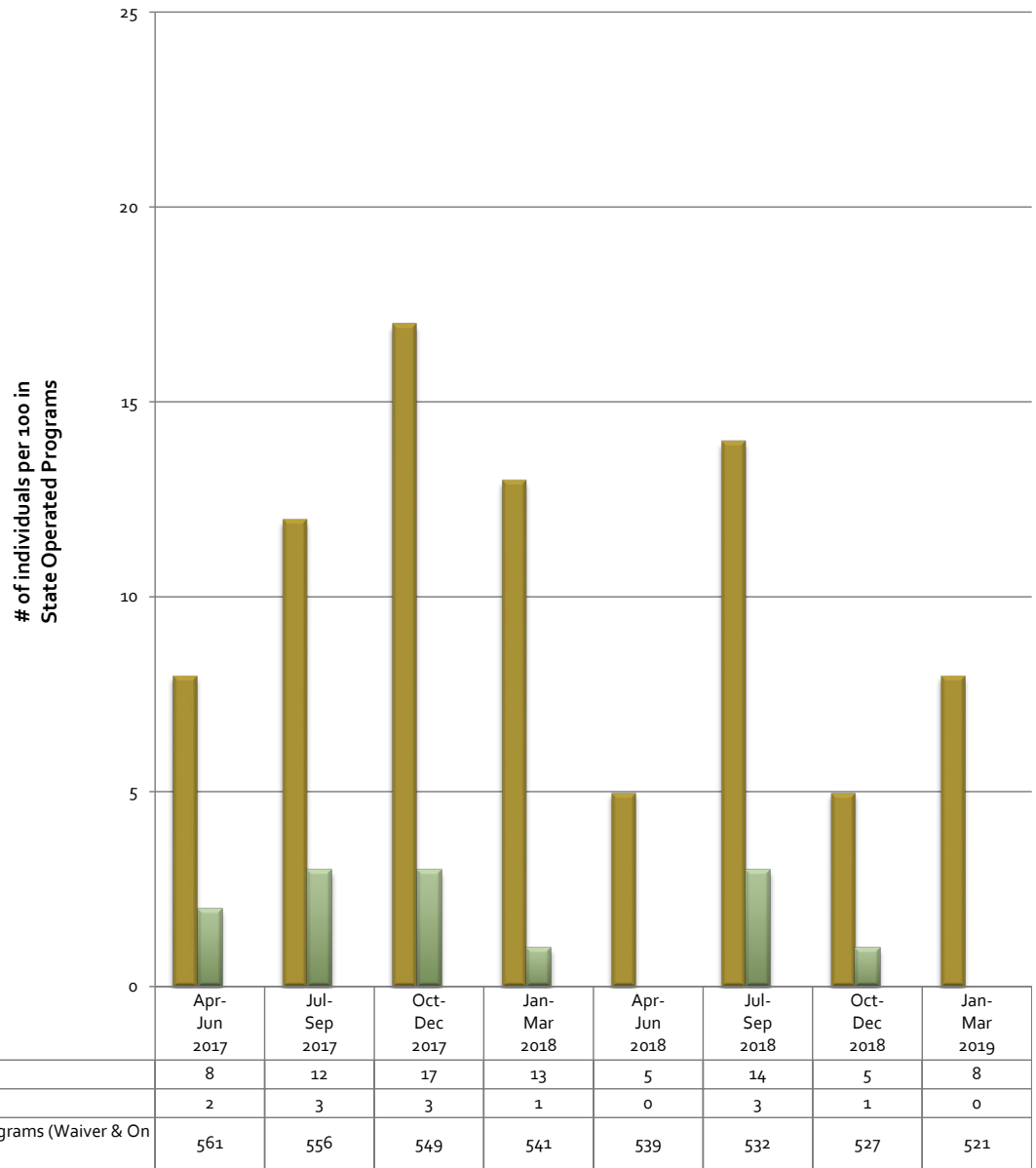


DD State Operated Programs Event Count	Apr-Jun 2017	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018	Oct-Dec 2018	Jan-Mar 2019
Inv. Final Report to Final Determ.	14.43	10.53	11.71	18.17	21.27	12.75	24.93	7.14
Inv. Request to Final Report	8.71	21.53	12.53	40.17	14.82	10.25	9.93	25.29
Event Report to Inv. Request	19.38	0.56	2.43	1.90	2.80	0.83	3.85	1.83
Event Discovery to Report	0.13	0.11	0.14	0.30	0.10	0.33	0.08	0.17
Total Time (90%)	23.14	32.07	24.24	25.14	27.10	23.00	29.00	32.43

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



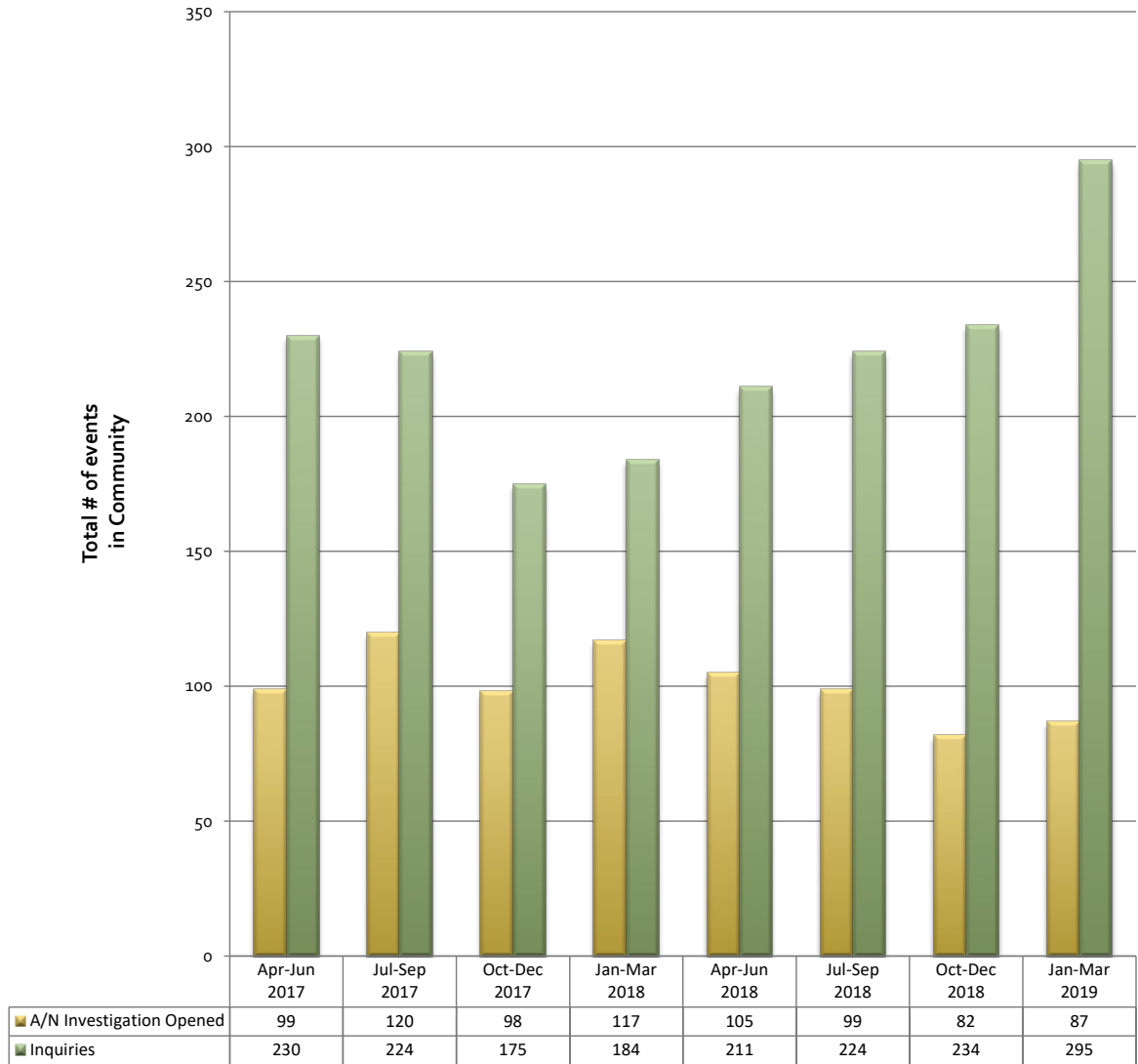
Division of DD State Operated Programs Abuse and Neglect Completed Investigations/Substantiations



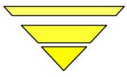
NOTE: Investigations and Substantiations are a count of the number of events, not the number of alleged perpetrators or victims. Also, both counts reflect cases finalized in the quarter reported. Process includes both Habilitation Center Campus and Waiver programs.



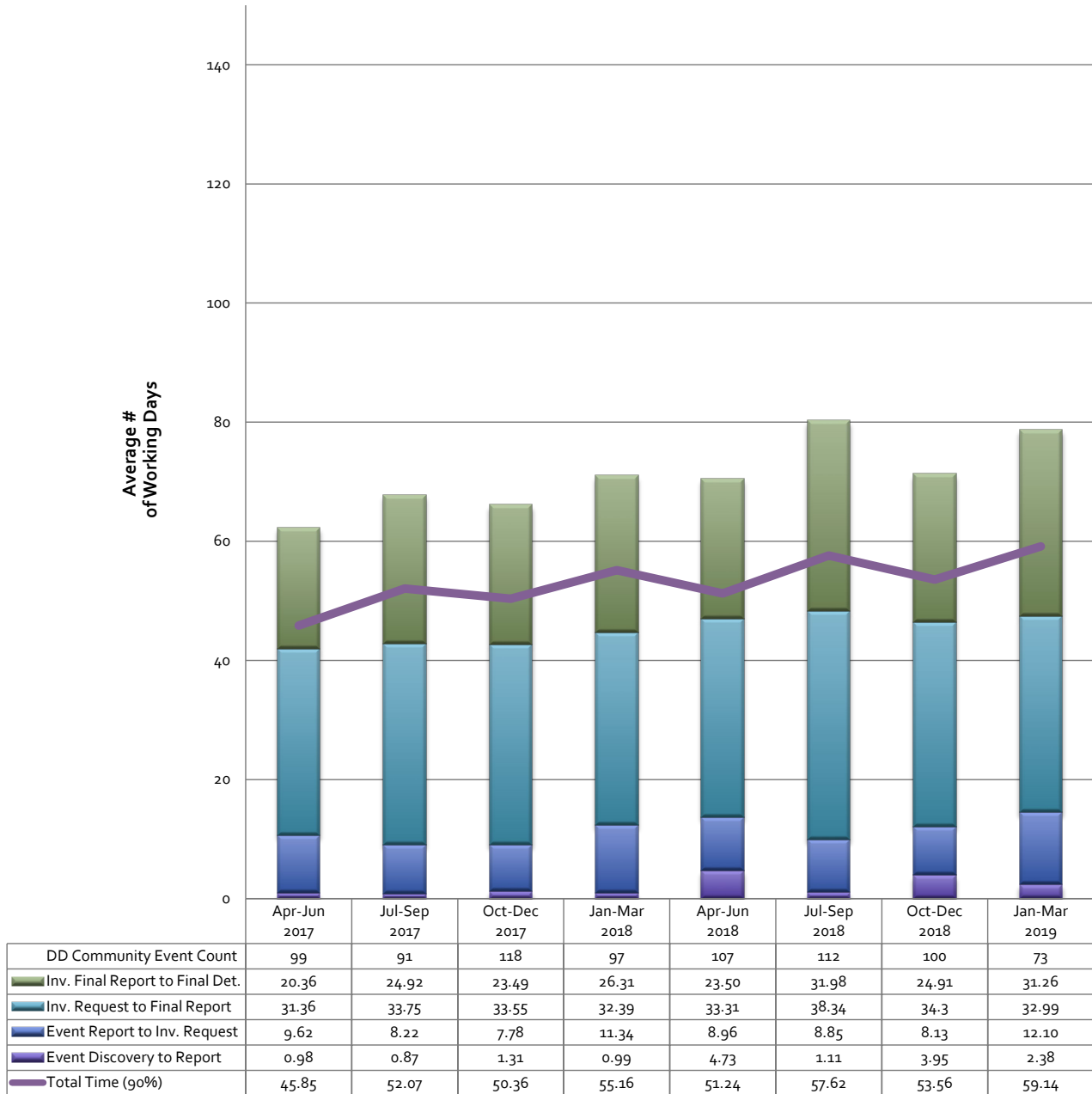
Division of DD Community Inquiries Into Potential Abuse/Neglect Allegations



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



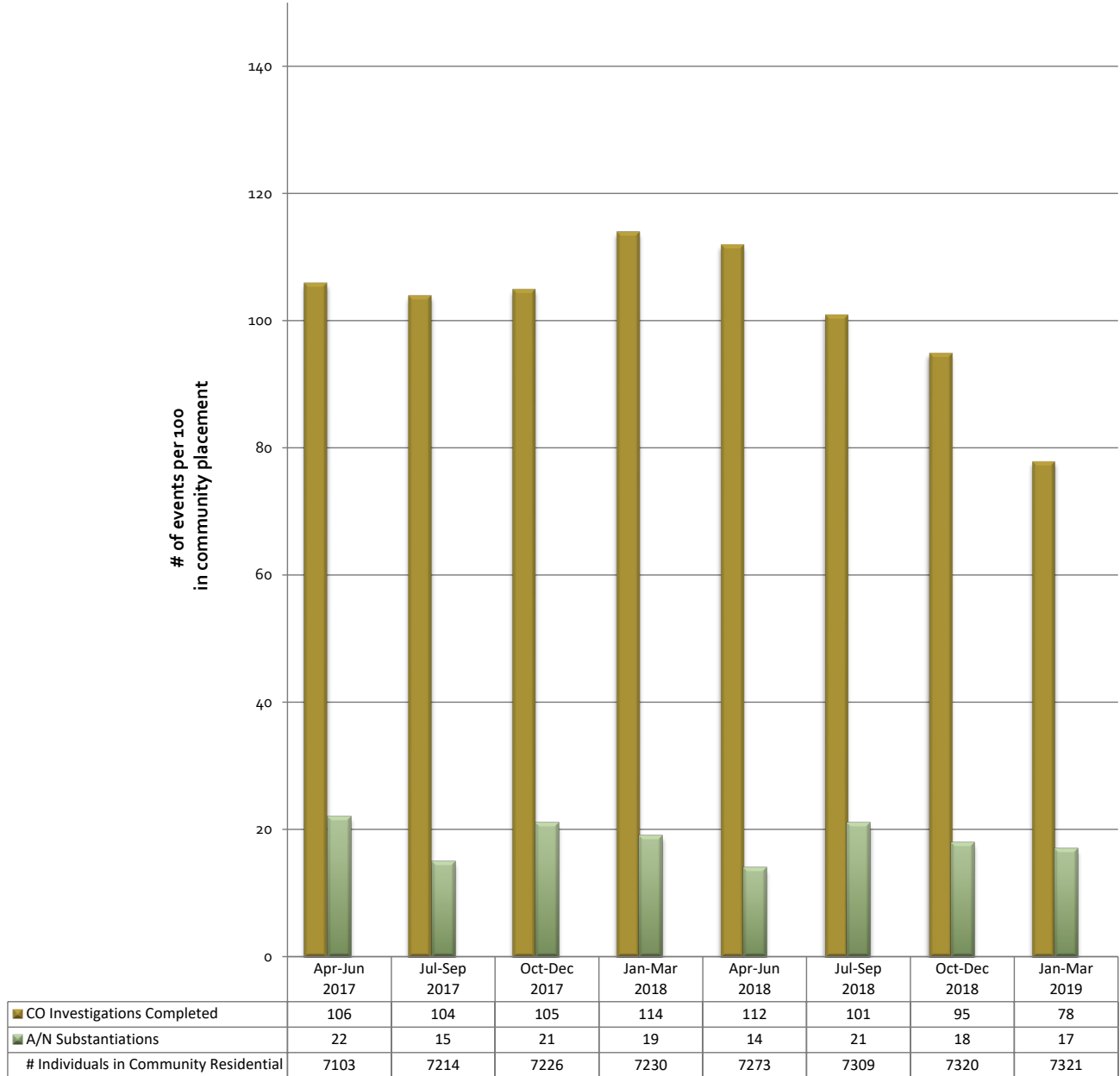
Duration of Investigation Process DD Community



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



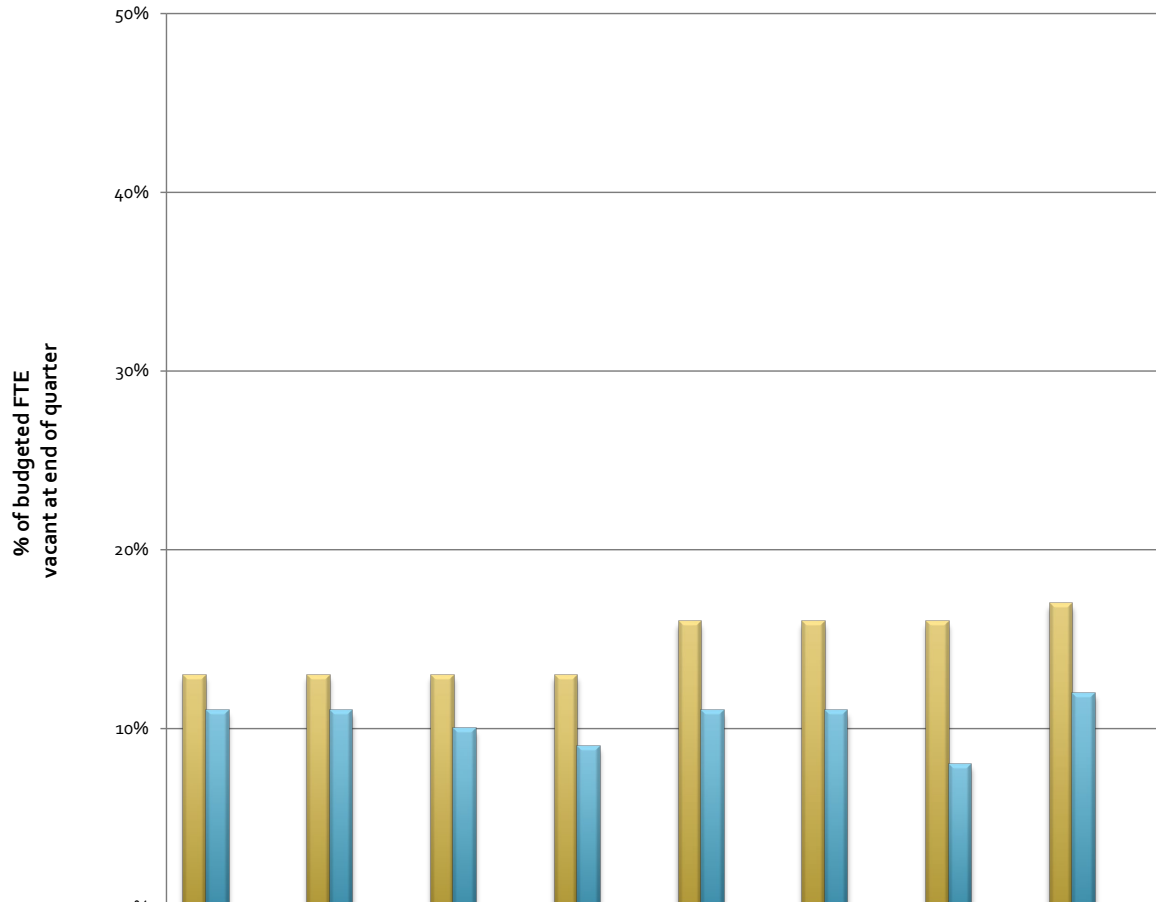
Division of DD Community Abuse and Neglect Investigations



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



Division of DD State Operated Programs Staff Vacancy Rates



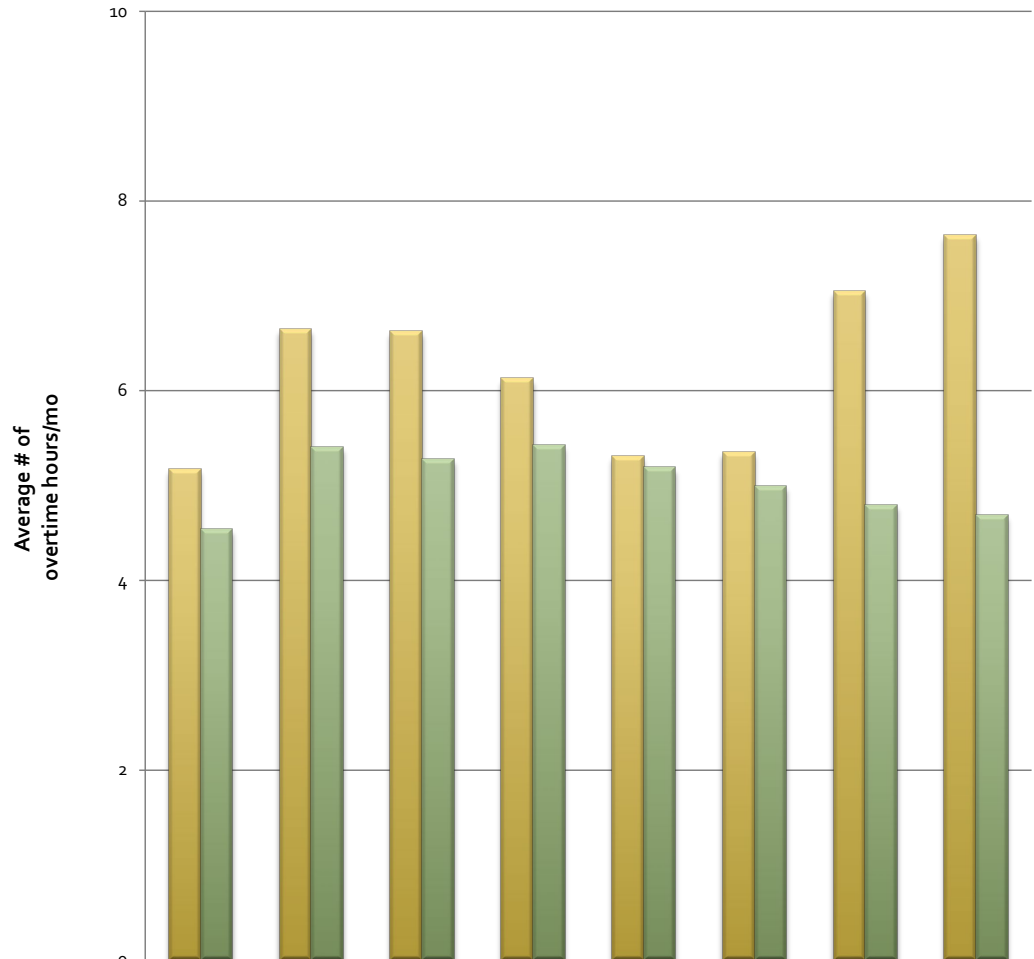
	Apr-Jun 2017	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018	Oct-Dec 2018	Jan-Mar 2019
■ Direct Care Staff Vacancy Rates	13%	13%	13%	13%	16%	16%	16%	17%
■ Licensed Nursing Staff Vacancy Rates	11%	11%	10%	9%	11%	11%	8%	12%
# Direct Care Vacancies	240.9	249.0	248.4	254.0	289.0	290.0	268.8	300.8
# Licensed Nursing Vacancies	18.2	18.0	16.3	15.0	18.5	17.5	14.0	19.3

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)
 Registered Nurses (RN).

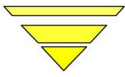


Division of DD State Operated Programs Staff Overtime Hours



■ Average # OT Hours Worked Per Active Direct Care Staff/Month	5.17	6.65	6.63	6.13	5.31	5.36	7.05	7.64
■ Average # OT Hours Per Active Licensed Staff/Month	4.54	5.41	5.28	5.43	5.19	5.00	4.80	4.69

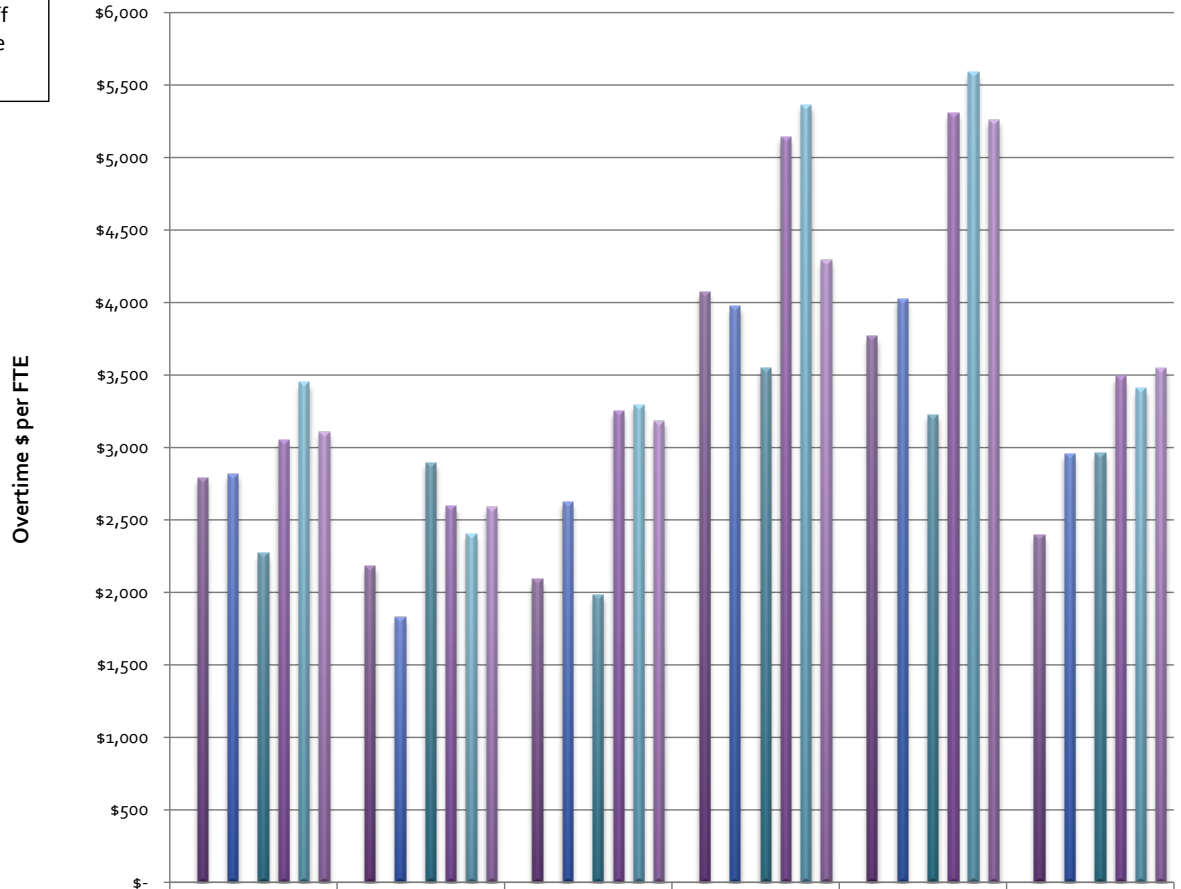
NOTE: Staff noted are active staff. Chart includes Habilitation Center Campus and State Operated Waiver Programs overtime data.
 Definitions: Direct Care - Developmental Assistant I (DAI), DAI, DAIII.
 Licensed Nursing: Licensed Practical Nurses (LPN) and Registered Nurses (RN).
 Method of data collection for this measure was revised for number of staff beginning with Oct-Dec 2018.



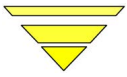
Note: Chart includes Habilitation Center Campus and State Operated Waiver Programs overtime data.

Method of data collection for this measure was revised for number of staff beginning with the Oct-Dec 2018.

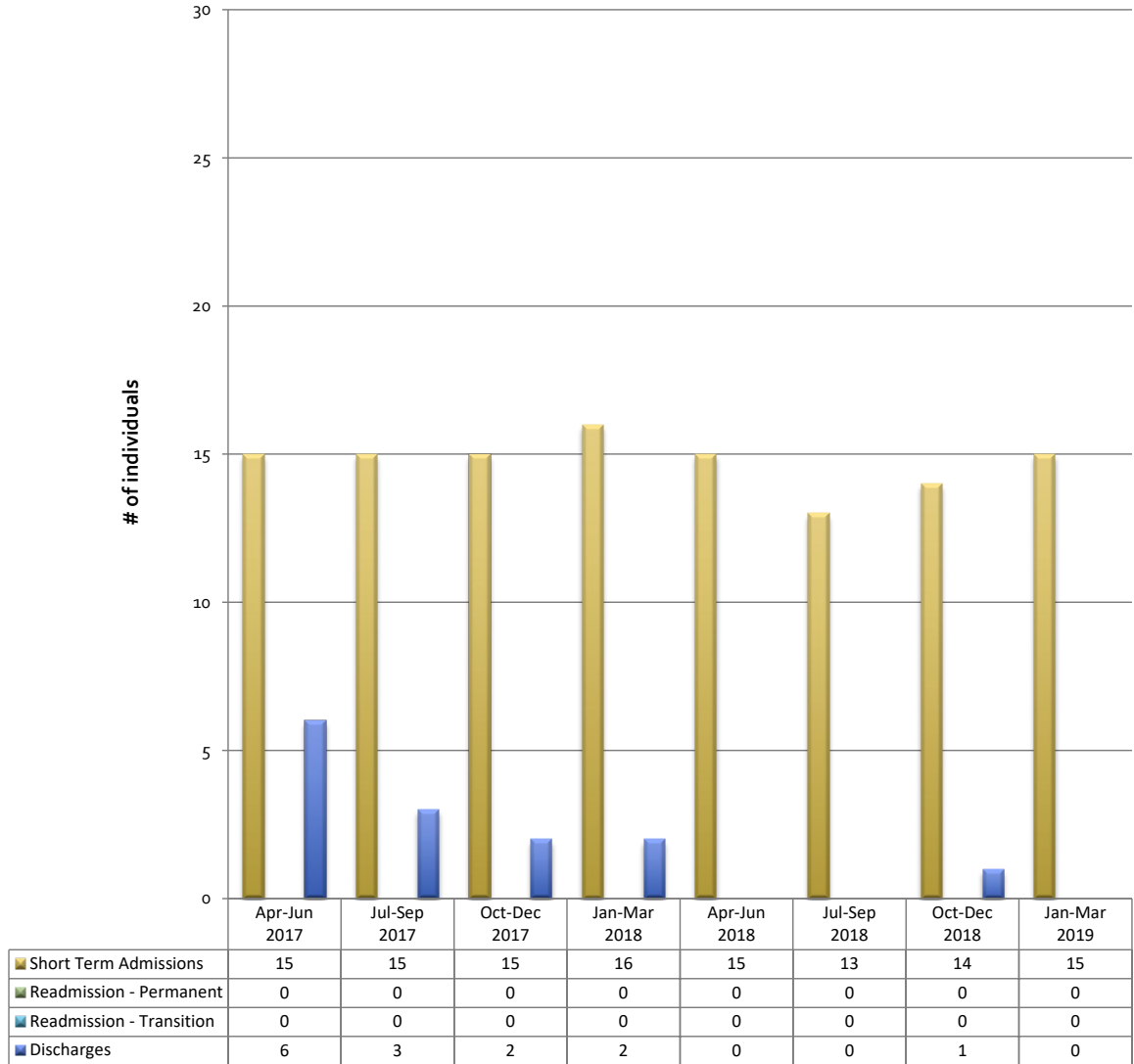
State Operated Programs Overtime Accrued FY 2012-FY 2018 YTD Comparison



	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 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 OT \$ per FTE	\$3,447.88	\$2,405.32	\$3,293.42	\$5,365.48	\$5,588.00	\$3,407.57
FY19 Overtime \$M	\$1.336	\$0.680	\$1.896	\$0.915	\$1.120	\$1.429
FY19 OT \$ per FTE	\$3,106.98	\$2,585.55	\$3,181.21	\$4,295.77	\$5,258.22	\$3,545.91



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



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

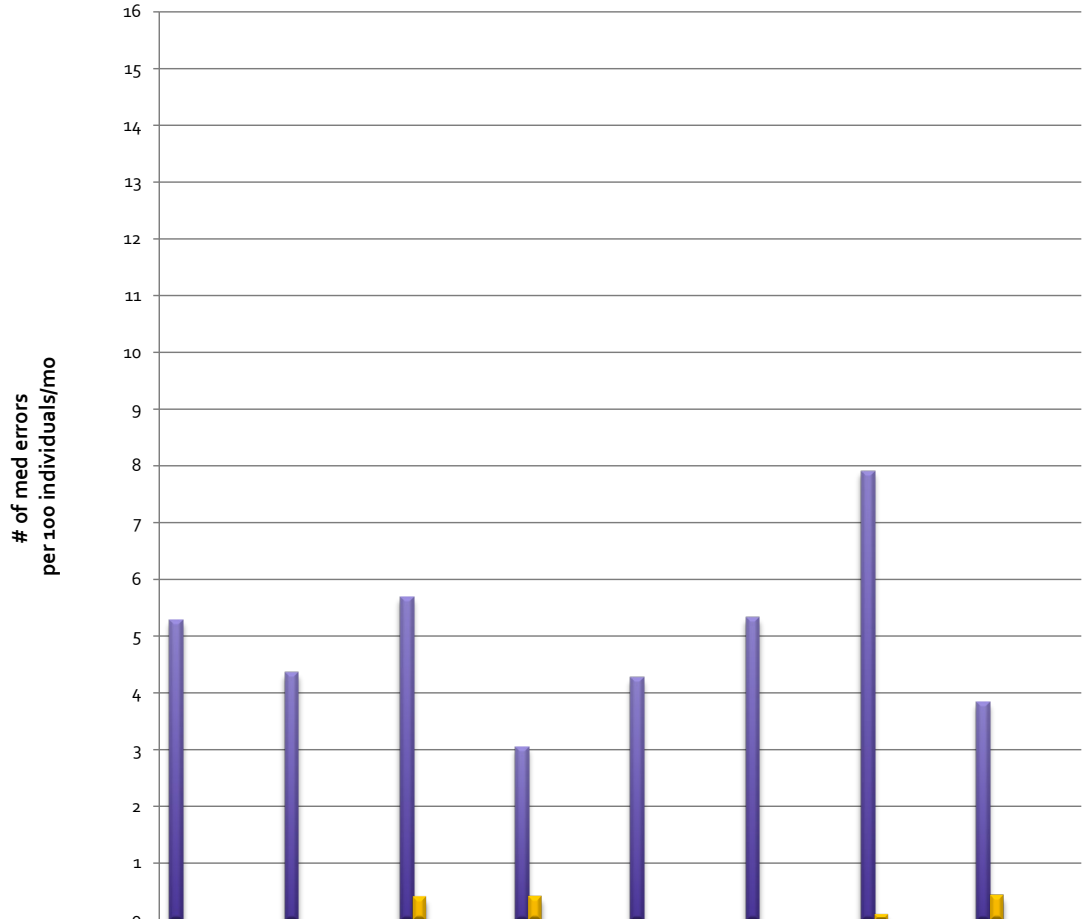
Permanent: Total number of individuals previously discharged from the Habilitation Center Campus within the last 12 months that returned during report period with no plans to move back to community.

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

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

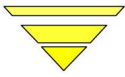


Division of DD Habilitation Center Campus Medication Errors

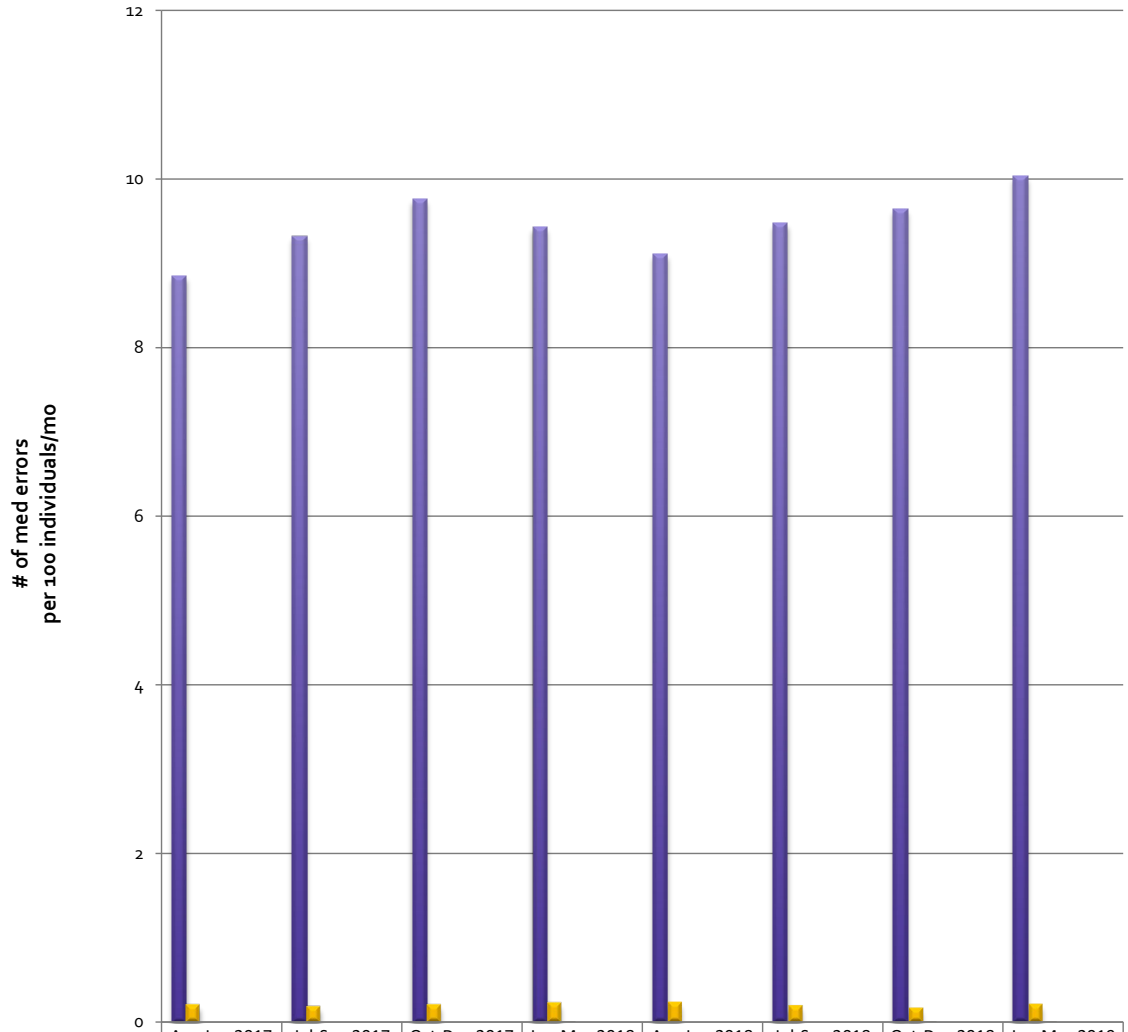


	Apr-Jun 2017	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018	Oct-Dec 2018	Jan-Mar 2019
■ Minimal Med Errors per 100 Individuals/month	5.28	4.36	5.69	3.05	4.27	5.33	7.92	3.85
■ Moderate Med Errors per 100 Individuals/month	0.00	0.00	0.40	0.41	0.00	0.00	0.10	0.43
■ Serious Med Errors per 100 Individuals/month	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HCC Minimal Medication Errors	43	57	30	42	52	76	37	36
HCC Center Moderate Medication Errors	0	4	4	0	0	1	0	4
HCC Center Serious Medication Errors	0	0	0	0	0	0	0	0
# HCC Individuals	341	329	334	328	328	325	320	312

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

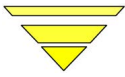


Division of DD Community Medication Errors

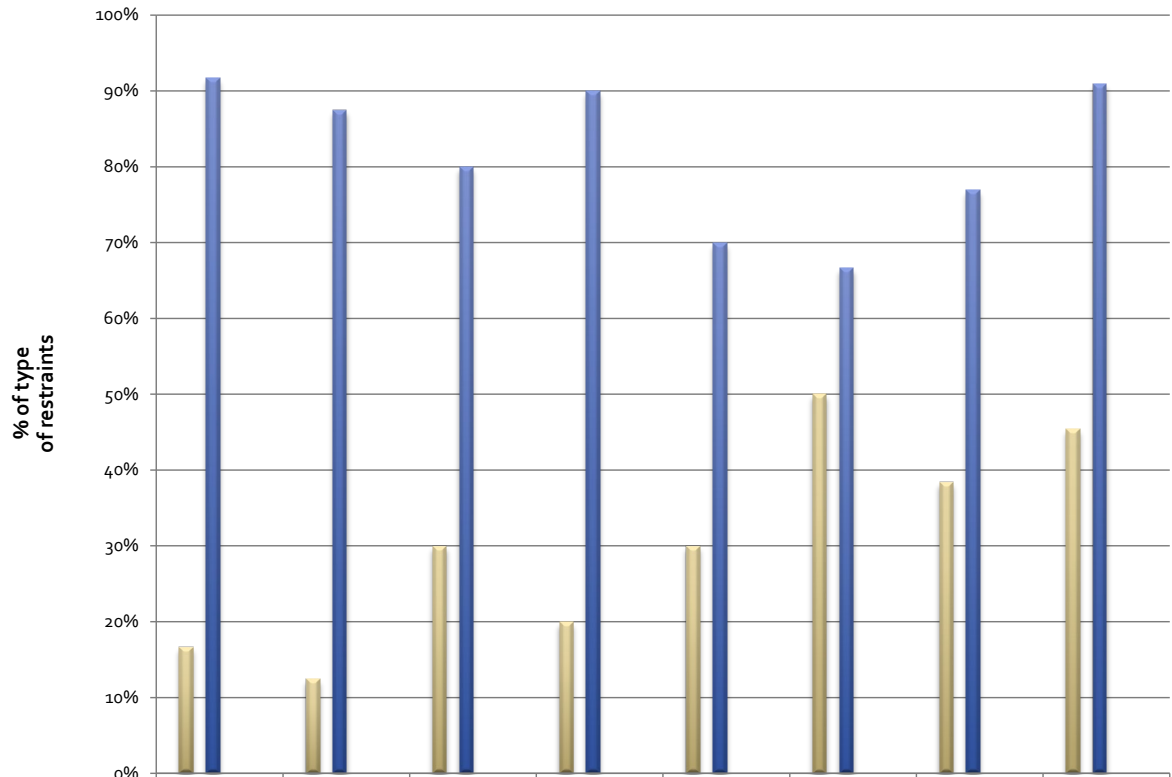


	Apr-Jun 2017	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018	Oct-Dec 2018	Jan-Mar 2019
Minimal Med Errors per 100 Individuals/month	8.85	9.32	9.76	9.43	9.11	9.47	9.64	10.03
Moderate Med Errors per 100 Individuals/month	0.21	0.19	0.21	0.23	0.23	0.20	0.17	0.21
Serious Med Errors per 100 Individuals/month	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Community Minimal Medication Errors	2078	2178	2106	2036	2129	2177	2287	2267
Community Moderate Medication Errors	42	46	51	52	44	38	36	48
Community Serious Medication Errors	0	0	1	0	0	1	4	1
# Individuals in Community Residential	7409	7432	7437	7445	7448	7490	7525	7533

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



Division of DD Habilitation Center Campus Use of Restraints



	Apr-Jun 2017	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018	Oct-Dec 2018	Jan-Mar 2019
# Individuals Chemical Restraint	1	3	2	6	6	5	7	5
% Individuals Chemical Restraint	17%	13%	30%	20%	30%	50%	38%	45%
# Individuals Physical Restraint	7	8	9	14	8	10	6	10
% Individuals Physical Restraint	92%	88%	80%	90%	70%	67%	77%	91%
# Individuals Mechanical Restraint	0	0	0	0	0	0	1	0
% Individuals Mechanical Restraint	0%	0%	0%	0%	0%	0%	0%	0%
# of HCC Individuals Restrained	8	10	10	20	12	13	9	11
# of Hab Center Campus Individuals	341	329	334	328	328	325	320	312

NOTE: Each individual who experienced at least one chemical, physical, mechanical restraint is counted so duplication occurs . For xample, 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 or render them unable to function as a result of the medication.

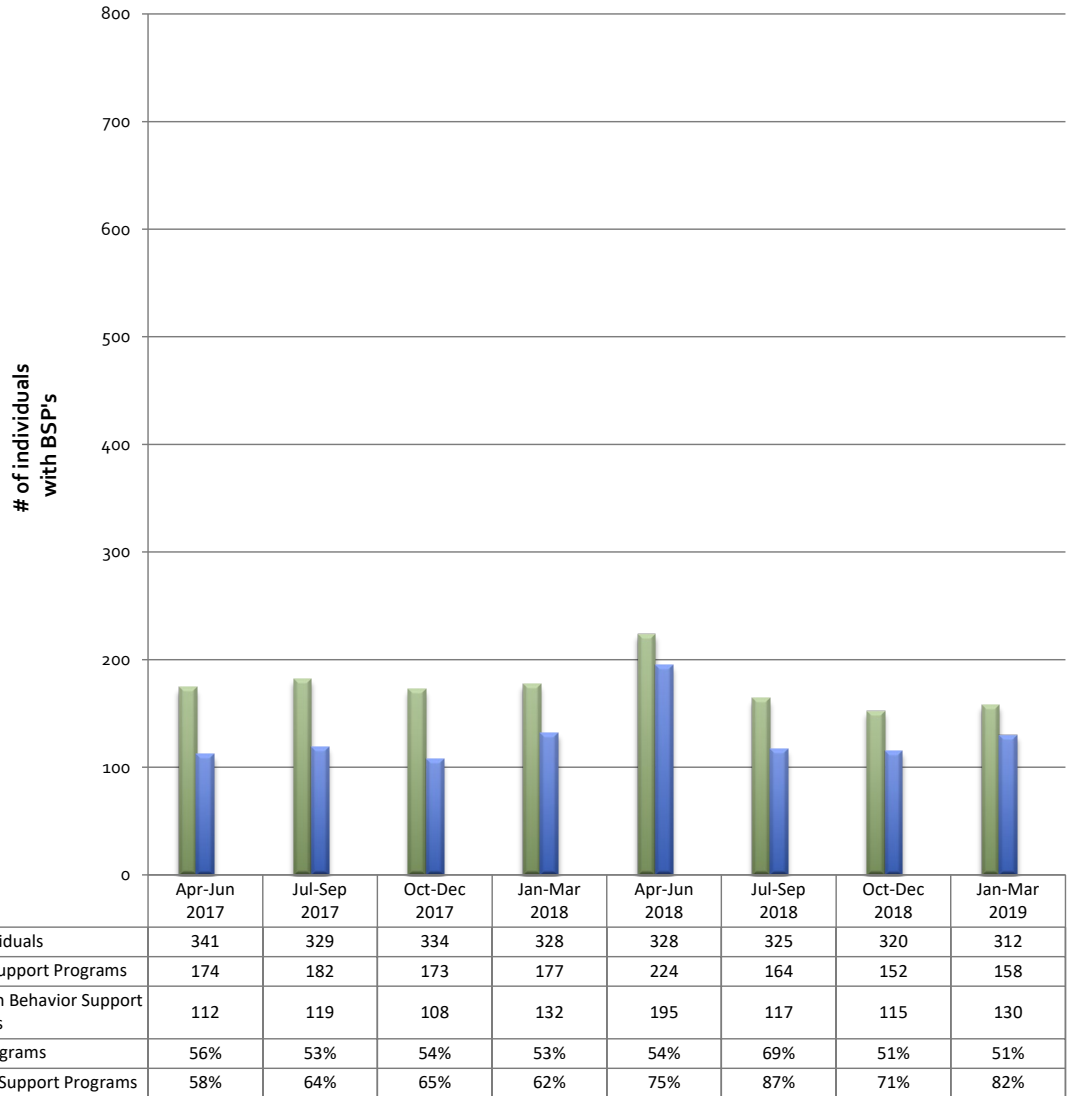
Physical Restraint: Any physical hold involving a restriction of an individual's voluntary movement.

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 .

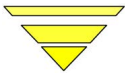
Restrained: Distinct count of individuals (long term, on campus only) who experienced at least one restraint (chemical, physical, and/or mechanical) during the quarter for behavioral reasons, no medical immobilization, no medical procedures.



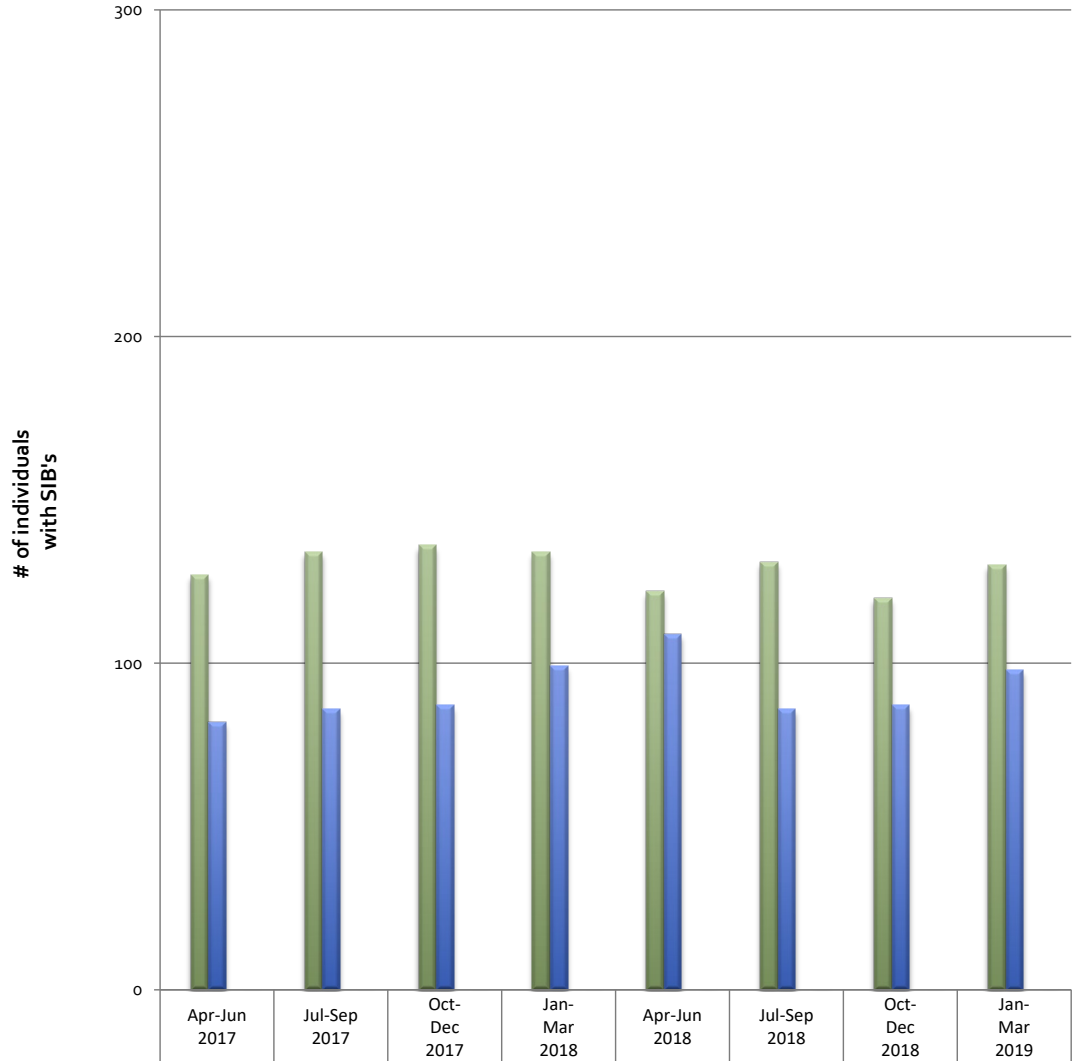
Division of DD Habilitation Center Campus Individuals with Behavior Support Programs



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



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

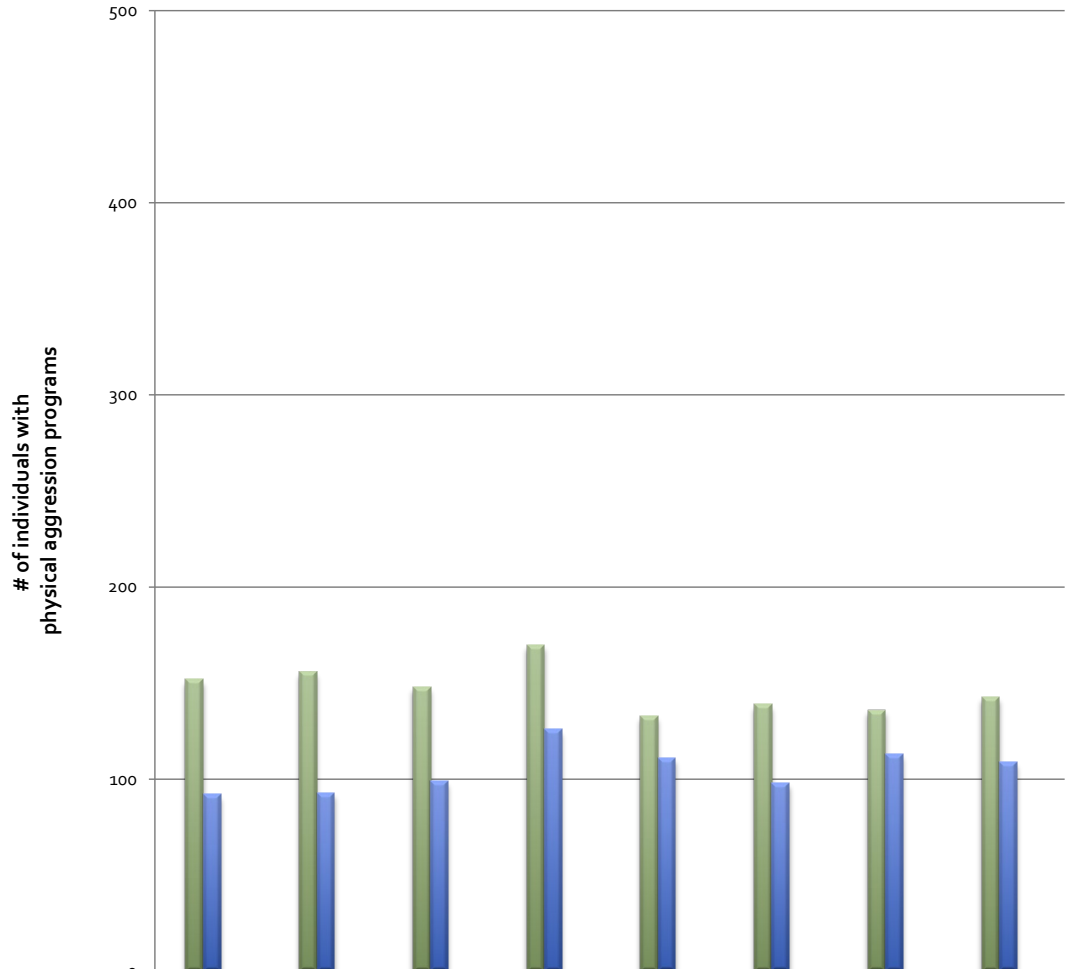


	Apr-Jun 2017	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018	Oct-Dec 2018	Jan-Mar 2019
# Hab Center Campus Individuals	341	329	334	328	328	325	320	312
Individuals with Self Injurious Behavior Programs	127	134	136	134	122	131	120	130
Individuals Progressing with SIB Programs	82	86	87	99	109	86	87	98
% on Self Injurious Behavior Programs	43%	39%	40%	41%	41%	38%	41%	42%
% Progressing on Self Injurious Behavior Programs	64%	65%	64%	64%	74%	89%	66%	75%

Definition- Self Injurious Behavior Program: A individual with a Behavior Support Program that includes a program developed to systematically reduce or eliminate Self Injurious Behaviors (incidents of self harm) such as slapping self in the face, biting self on hand, or banging own head.
 Definition- Progressing with Self Injurious Behavior Programs: An individual who is at baseline or below for their Self Injurious Behavior Program
 Beginning reporting period July-Sep 2013 , data represents individuals from Habilitation Center Campus (HCC) sites.
 Note the transition to off-campus for MHC becoming NWCS Jan-Mar 2016



Division of DD Habilitation Center Campus Individuals with Physical Aggression Programs

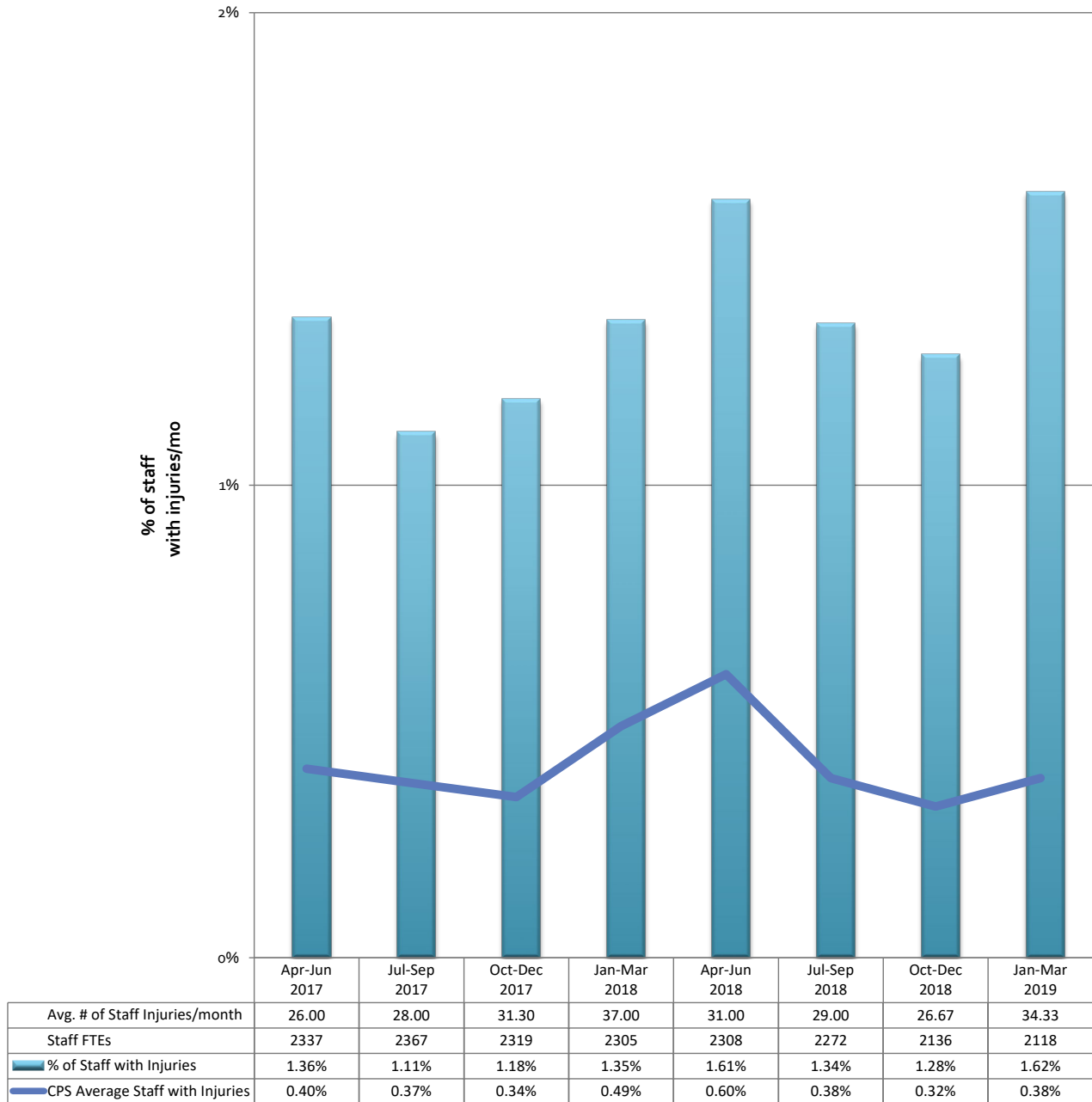


	Apr-Jun 2017	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018	Oct-Dec 2018	Jan-Mar 2019
# Hab Center Campus Individuals	341	329	334	328	328	325	320	312
■ Individuals with Physical Aggression Programs	152	156	148	170	133	139	136	143
■ Individuals Progressing with Physical Aggression Programs	92	93	99	126	111	98	113	109
% on Physical Aggression Programs	47%	46%	47%	45%	52%	41%	43%	46%
% Progressing on Physical Aggression Programs	50%	61%	60%	67%	74%	83%	71%	76%

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.