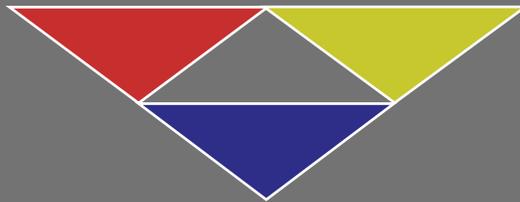


August 2016

Missouri Department of Mental Health

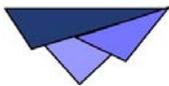
Quarterly Performance Measures



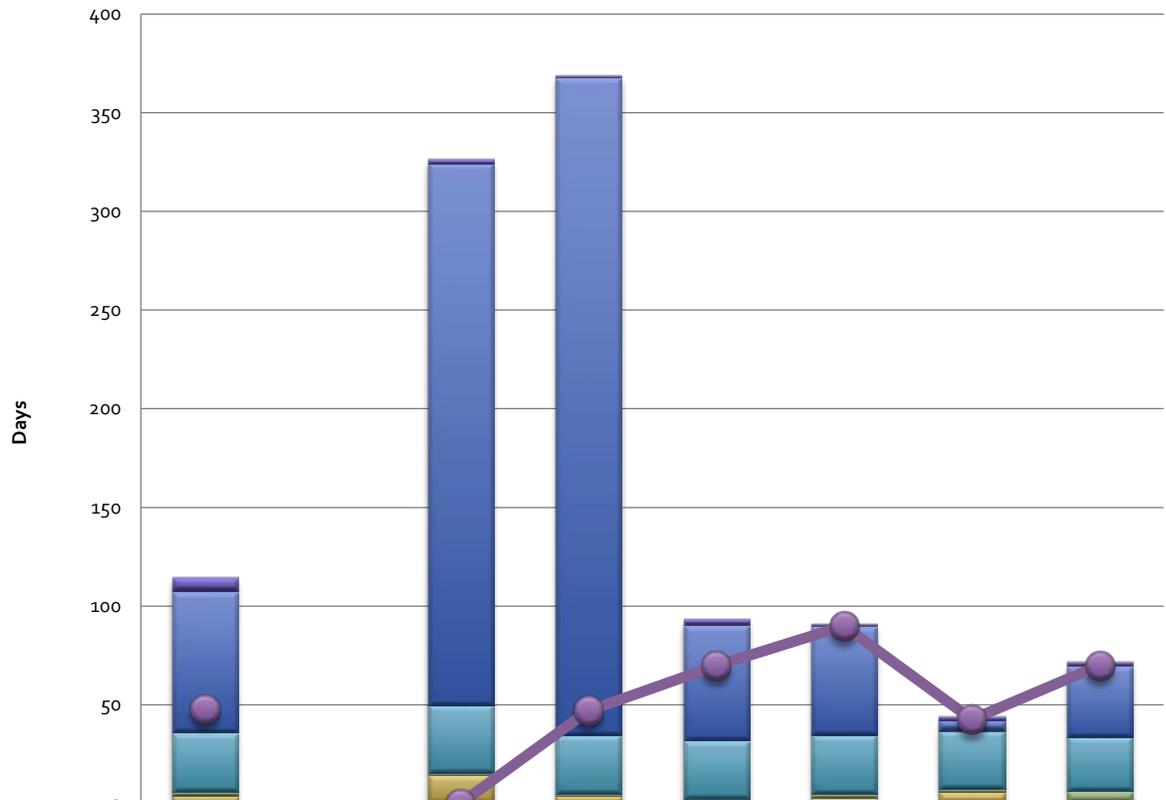


Division of Behavioral Health

Substance Abuse Services



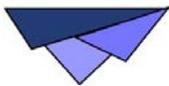
Substance Use Treatment Community Investigations Timelines



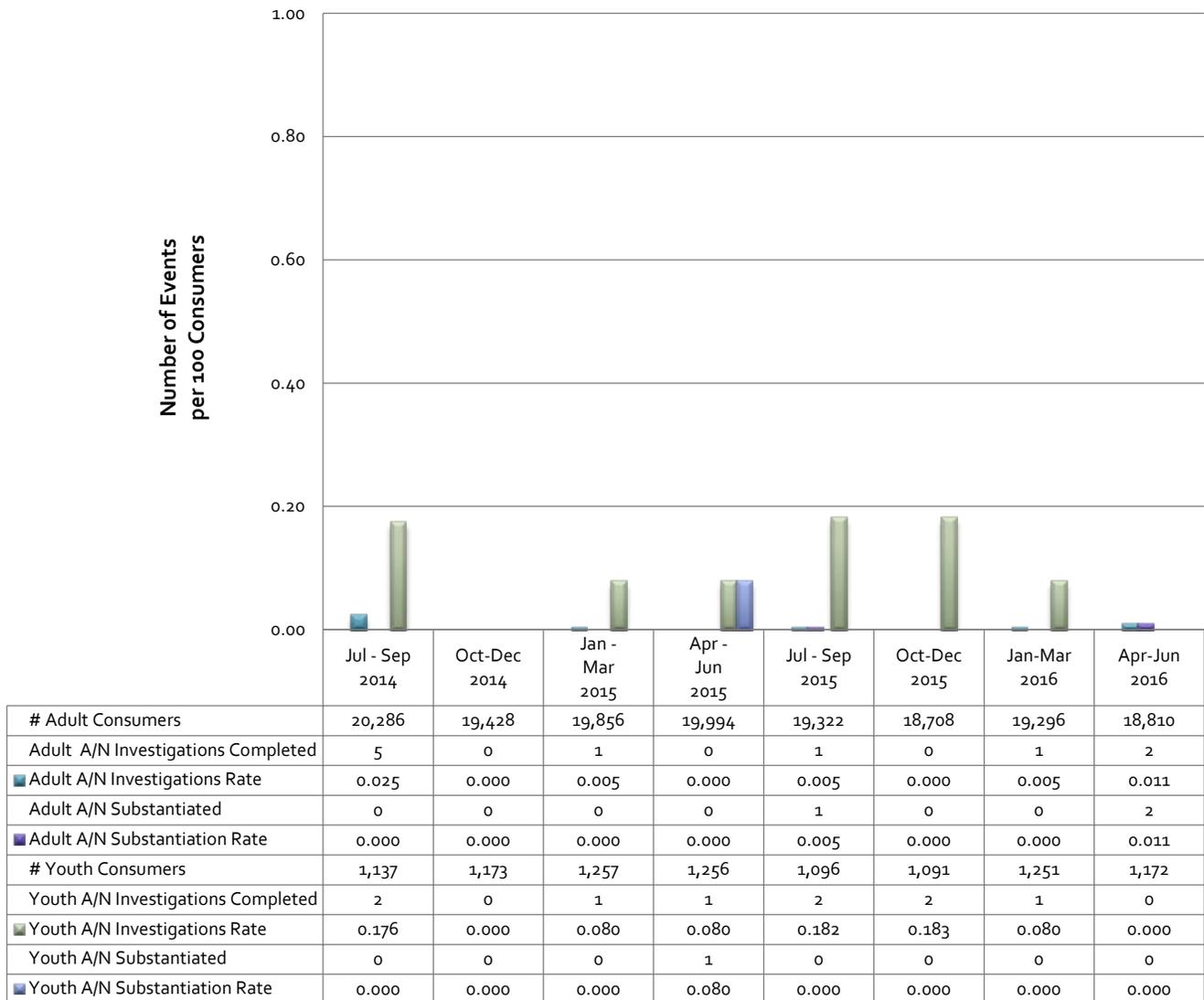
	Jul - Sep 2014	Oct-Dec 2014	Jan - Mar 2015	Apr - Jun 2015	Jul - Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016
Community Event Count	7	0	2	1	3	1	2	2
Inv. Final Report to Final Determ.	71.4		274.5	333.0	58.3	55.0	5.5	36.0
Inv. Request to Final Report	30.0		34.5	30.0	29.7	30.0	29.5	27.5
Notification to Inv. Request	2.4		1.0	1.0	1.3	2.0	1.5	6.0
Event Discovery to Notification	3.9		14.5	4.0	1.3	3.0	6.0	0.5
Total Investigation Time (90%)	47.6		0.0	46.9	69.8	90.0	42.5	70.0

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

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

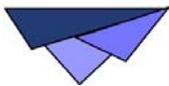


Substance Use Treatment Abuse/Neglect Investigations

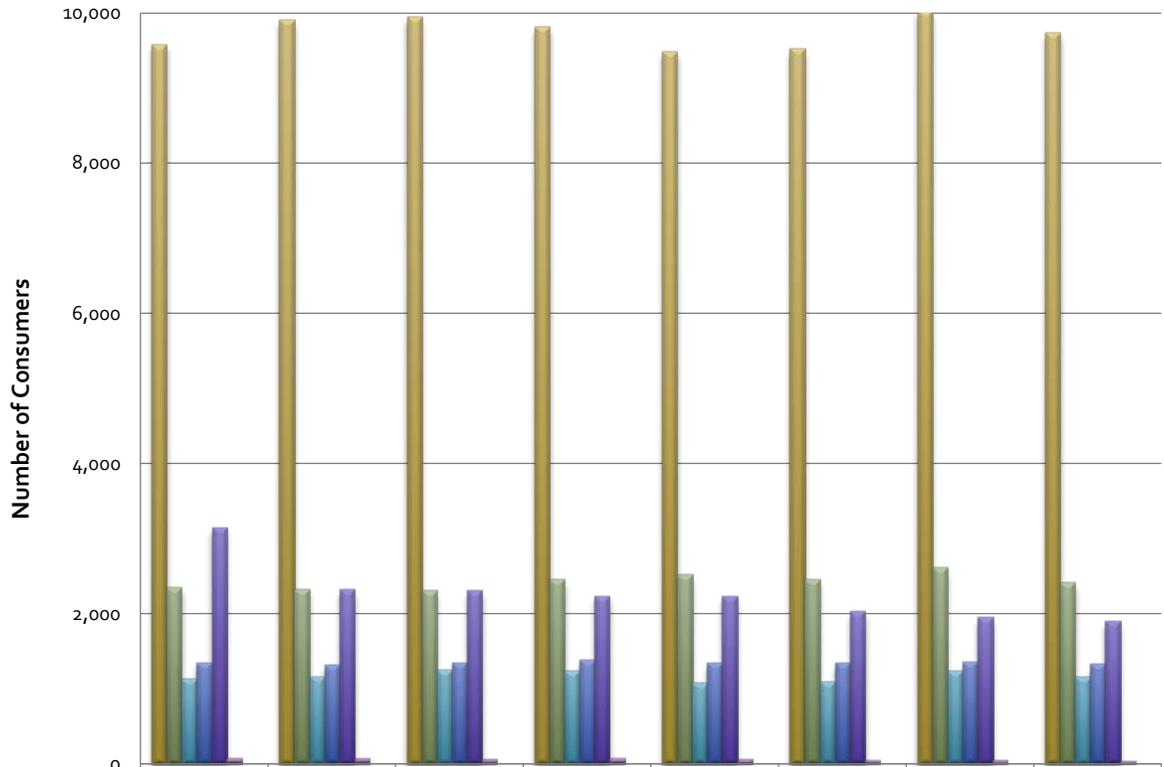


NOTE: The above statistics do NOT include substantiations with only Neglect 2 or Verbal Abuse findings. Investigations and substantiations are a count of the number of events, not the number of alleged perpetrators or victims. Also, Investigation and substantiation counts reflect cases finalized in the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

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



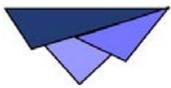
Substance Use Treatment Consumers Served By Program



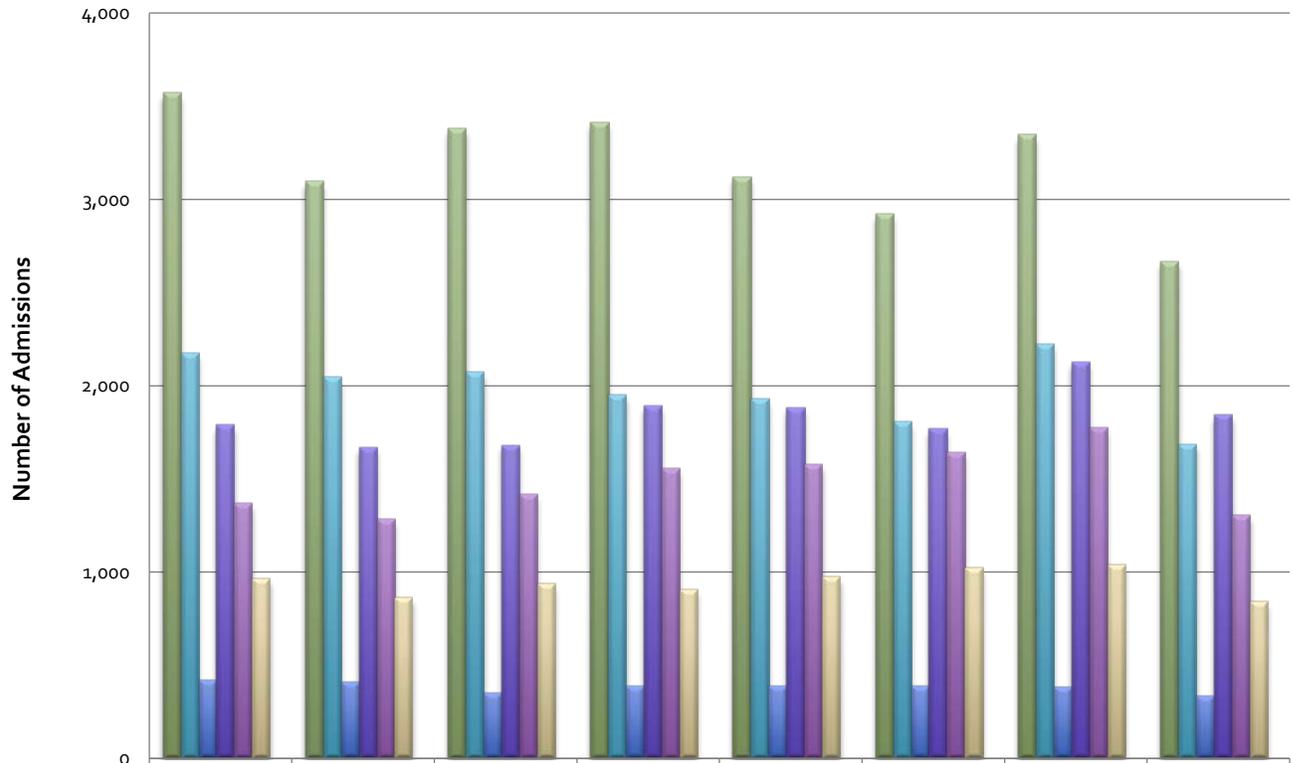
	Jul - Sep 2014	Oct-Dec 2014	Jan - Mar 2015	Apr - Jun 2015	Jul - Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016
■ CSTAR Gen Adult	9,591	9,920	9,953	9,829	9,498	9,536	10,035	9,749
■ CSTAR W&C	2,357	2,332	2,312	2,454	2,532	2,466	2,616	2,421
■ CSTAR Adol	1,131	1,161	1,251	1,244	1,085	1,090	1,246	1,165
■ CSTAR Opioid Tx	1,349	1,322	1,347	1,390	1,350	1,346	1,356	1,328
■ Primary Recovery & Tx	3,153	2,327	2,311	2,234	2,234	2,040	1,953	1,903
■ Compulsive Gambling	73	72	70	73	67	51	54	43
Unduplicated Number of ADA Served	21,423	20,601	21,113	21,250	20,418	19,799	20,547	19,982

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

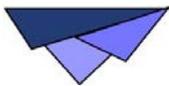
Significance: The majority of consumers receiving treatment services are in a CSTAR program.



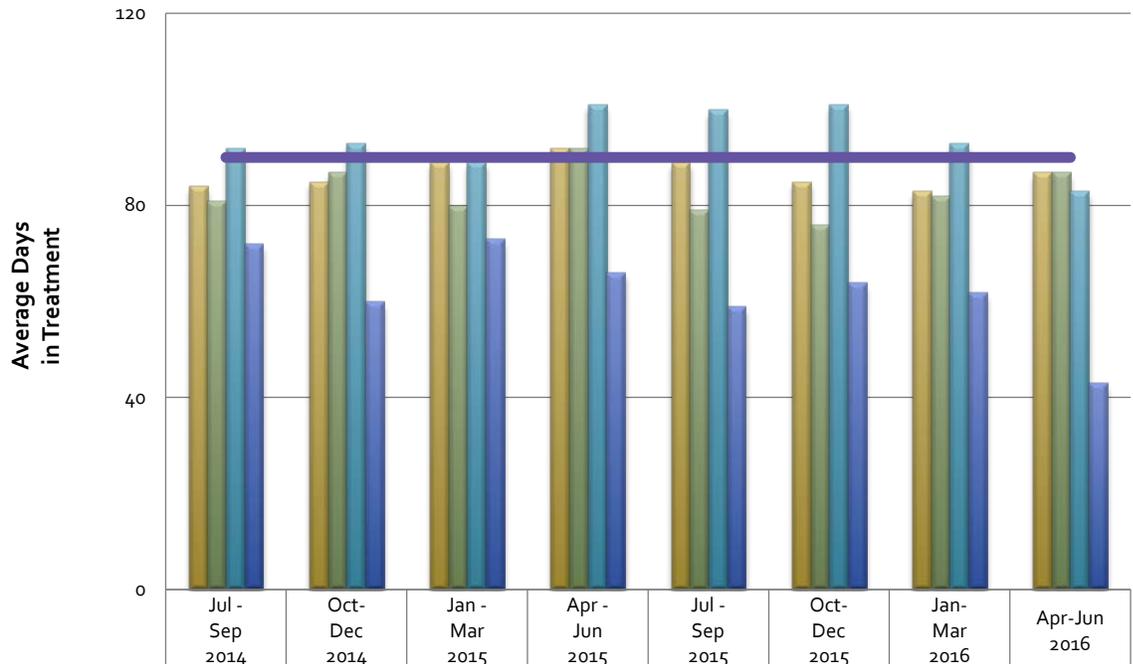
Drug of Choice at Admission to Substance Use Treatment



Significance: Illicit drug admissions account for about 63 - 68% of all admissions to substance use treatment.



Retention In Substance Use Treatment

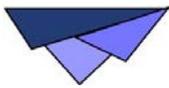


	Jul - Sep 2014	Oct - Dec 2014	Jan - Mar 2015	Apr - Jun 2015	Jul - Sep 2015	Oct - Dec 2015	Jan - Mar 2016	Apr - Jun 2016
CSTAR Gen Adult - N	4,126	4,194	4,229	4,579	4,318	4,664	3,471	2,953
CSTAR Gen Adult - Avg Days	84	85	89	92	89	85	83	87
CSTAR W&C - N	990	1,051	942	1,258	1,062	1,219	899	852
CSTAR W&C - Avg Days	81	87	80	92	79	76	82	87
CSTAR Adol - N	547	496	486	600	509	474	479	454
CSTAR Adol - Avg Days	92	93	89	101	100	101	93	83
Primary Recovery & Tx - N	1,512	758	822	804	637	664	361	234
Primary Recovery & Tx - Avg Days	72	60	73	66	59	64	62	43
# of Outliers	503	466	394	444	403	462	327	313
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."

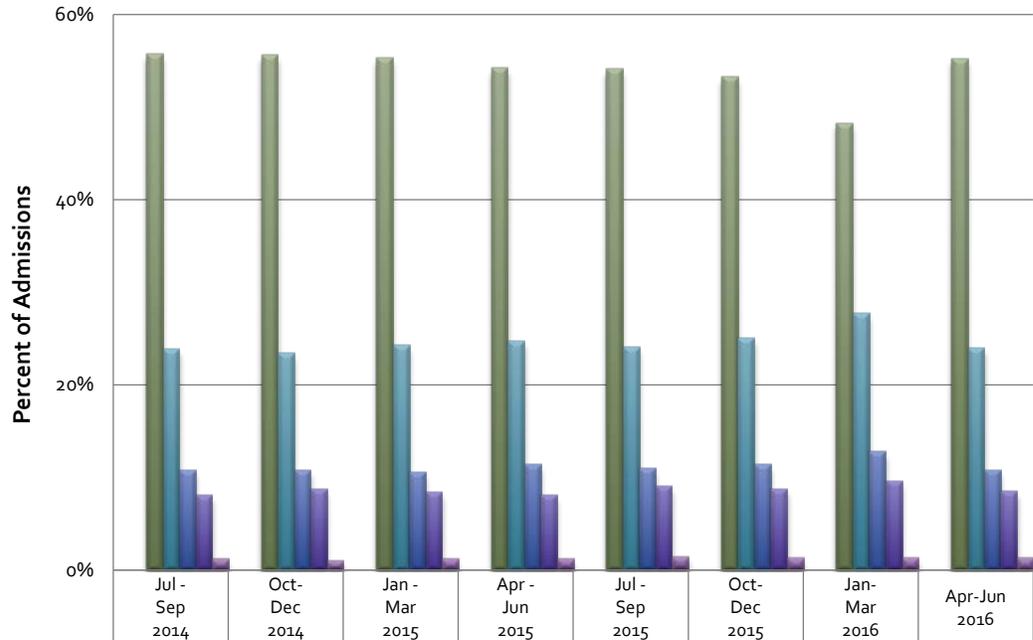
Significance: Average length of stay in substance use treatment is around 3 months.



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

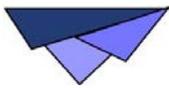
¹Dennis, M.L. et al, 2005. The duration and correlates of addiction and treatment careers. *Journal of Substance Abuse Treatment* 28 (Suppl.1):S51-S62



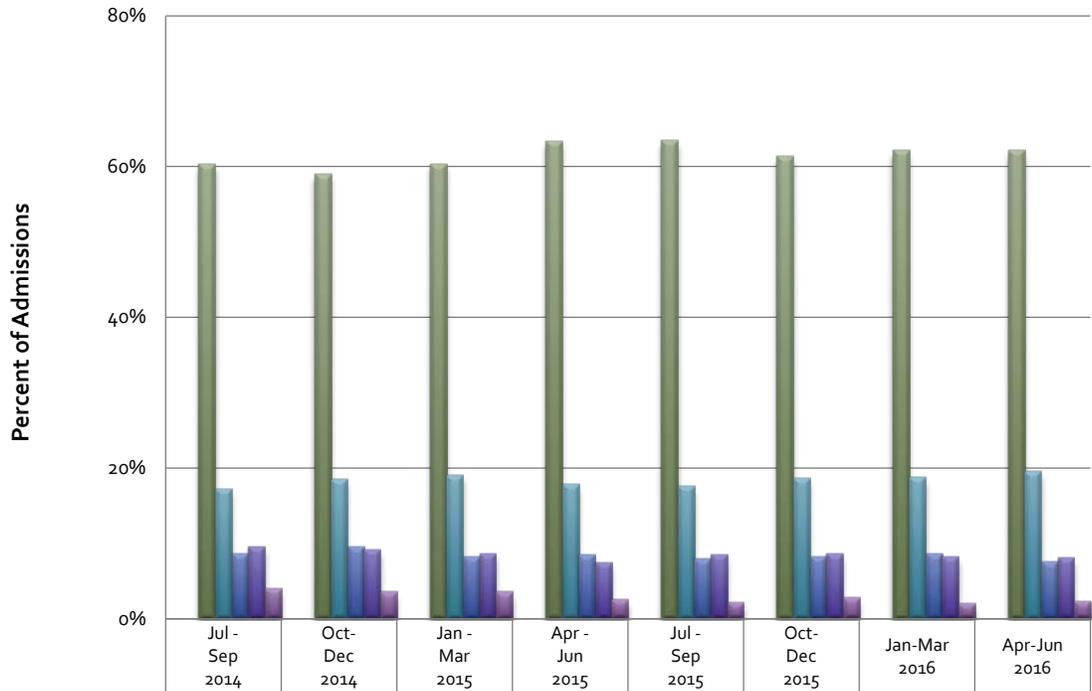
	Jul - Sep 2014	Oct - Dec 2014	Jan - Mar 2015	Apr - Jun 2015	Jul - Sep 2015	Oct - Dec 2015	Jan - Mar 2016	Apr - Jun 2016
Adult Consumers Admitted to Tx	7,370	6,849	6,909	7,210	7,076	6,938	7,836	6,780
Adult Consumers with Previous Tx	3,255	3,036	3,084	3,293	3,241	3,236	4,048	3,036
Adult Consumers Admitted with Previous Tx Pct	44.2%	44.3%	44.6%	45.7%	45.8%	46.6%	51.7%	44.8%
0 Prior Tx Episodes	4,115	3,813	3,825	3,917	3,835	3,702	3,788	3,744
0 Prior Tx Episodes Pct	55.8%	55.7%	55.4%	54.3%	54.2%	53.4%	48.3%	55.2%
1 Prior Tx Episode	1,762	1,611	1,679	1,791	1,708	1,741	2,179	1,631
1 Prior Tx Episode Pct	23.9%	23.5%	24.3%	24.8%	24.1%	25.1%	27.8%	24.1%
2 Prior Tx Episodes	799	744	730	825	784	793	1,005	734
2 Prior Tx Episodes Pct	10.8%	10.9%	10.6%	11.4%	11.1%	11.4%	12.8%	10.8%
3 - 5 Prior Tx Episodes	602	606	589	587	645	609	757	579
3 - 5 Prior Tx Episodes Pct	8.2%	8.8%	8.5%	8.1%	9.1%	8.8%	9.7%	8.5%
6 + Prior Tx Episodes	92	75	86	90	104	93	107	92
6 + Prior Tx Episodes Pct	1.2%	1.1%	1.2%	1.2%	1.5%	1.3%	1.4%	1.4%

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.



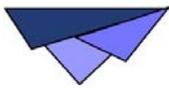
Adult Detox Admissions With Prior Detox Episodes in Past 36 Months



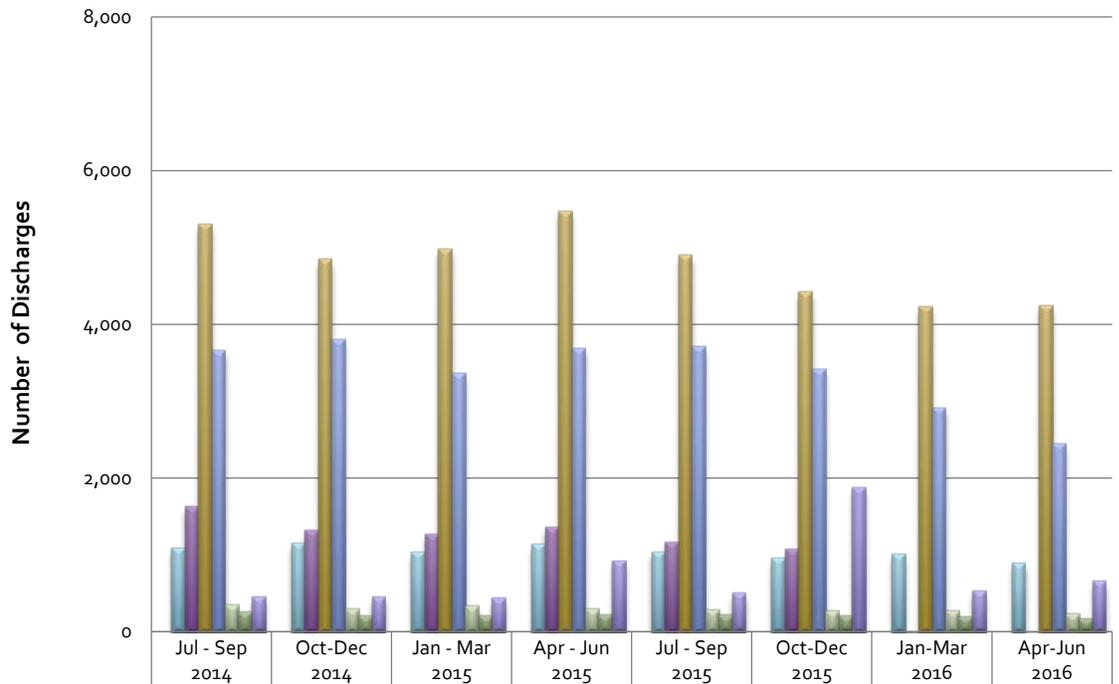
Consumers Admitted to Detox	1,535	1,385	1,458	1,676	1,752	1,609	1,688	1,626
Consumers with Previous Detox	609	567	577	613	639	621	638	615
Consumers Admitted with Previous Detox Pct	39.7%	40.9%	39.6%	36.6%	36.5%	38.6%	37.8%	37.8%
0 Prior Detox Episodes	926	818	881	1,063	1,113	988	1,050	1,011
0 Prior Detox Episodes Pct	60.3%	59.1%	60.4%	63.4%	63.5%	61.4%	62.2%	62.2%
1 Prior Detox Episode	265	257	278	299	309	301	317	320
1 Prior Detox Episode Pct	17.3%	18.6%	19.1%	17.8%	17.6%	18.7%	18.8%	19.7%
2 Prior Detox Episodes	133	132	120	144	141	134	147	123
2 Prior Detox Episodes Pct	8.7%	9.5%	8.2%	8.6%	8.0%	8.3%	8.7%	7.6%
3 - 5 Prior Detox Episodes	148	128	126	126	149	139	139	133
3 - 5 Prior Detox Episodes Pct	9.6%	9.2%	8.6%	7.5%	8.5%	8.6%	8.2%	8.2%
6 + Prior Detox Episodes	63	50	53	44	40	47	35	39
6 + Prior Detox Episodes Pct	4.1%	3.6%	3.6%	2.6%	2.3%	2.9%	2.1%	2.4%

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

Significance: At least one-half of detox admissions (55-60%) are for consumers who have not been in detox within the past 36 months.



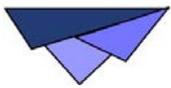
Substance Use Treatment Discharges



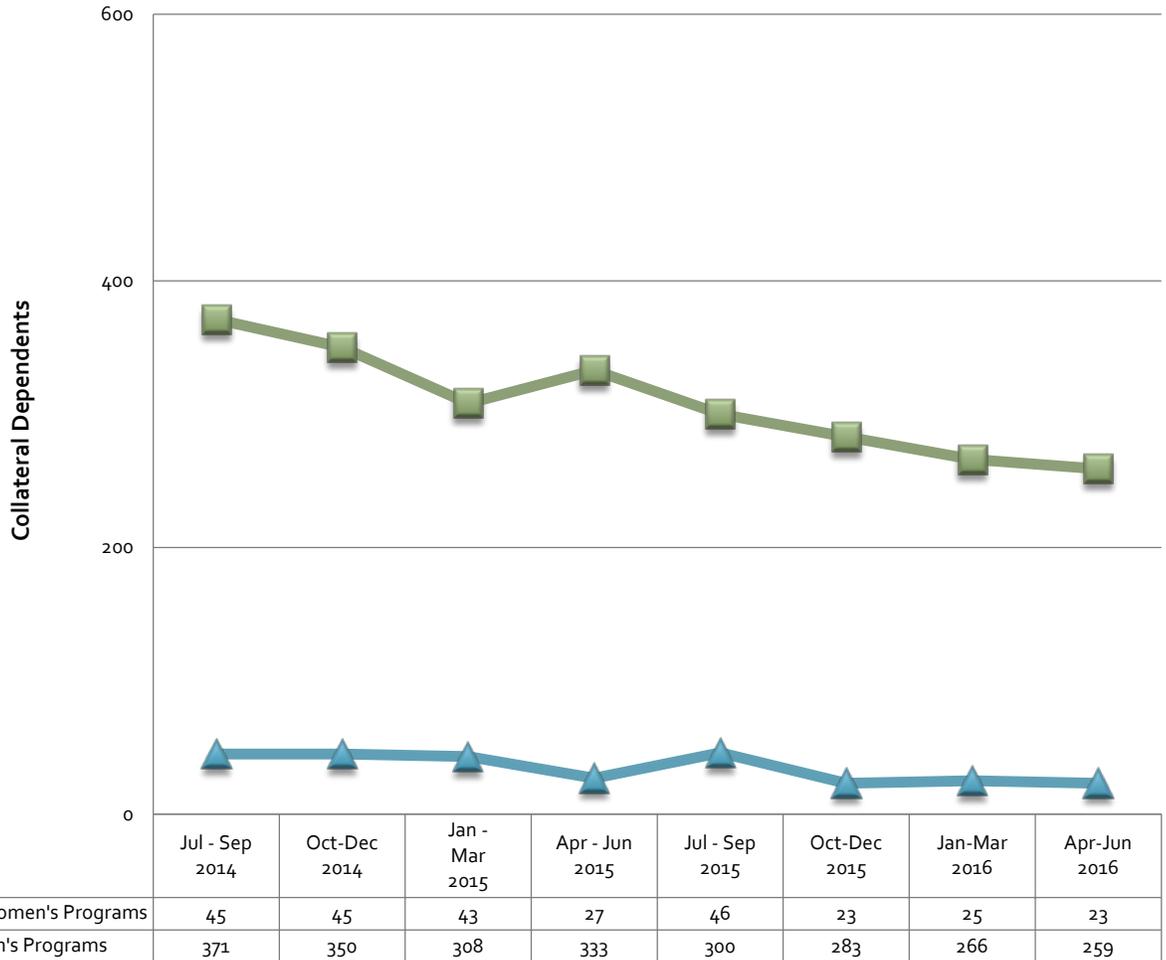
	Jul - Sep 2014	Oct-Dec 2014	Jan - Mar 2015	Apr - Jun 2015	Jul - Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016
Total Discharges	12,761	12,126	11,682	13,119	11,870	12,252	9,178	8,680
Agency Initiated	1,093	1,160	1,041	1,141	1,044	956	1,012	904
Auto Discharges	1,630	1,322	1,279	1,361	1,174	1,076	6	3
Completed Treatment	5,308	4,857	4,981	5,477	4,908	4,428	4,234	4,249
Consumer Initiated	3,661	3,810	3,368	3,687	3,716	3,423	2,911	2,454
Law Enforcement Initiated	354	302	344	301	293	276	281	238
Other Discharges	259	218	219	227	220	209	201	173
Transferred	456	457	450	925	515	1,884	533	659

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 autodischarges 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. Agency mergers in quarters (Apr-Jun 2015) and (Oct-Dec 2015) resulted in a higher than usual number of transfers.

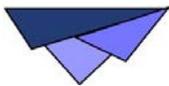


Collateral Dependents Served



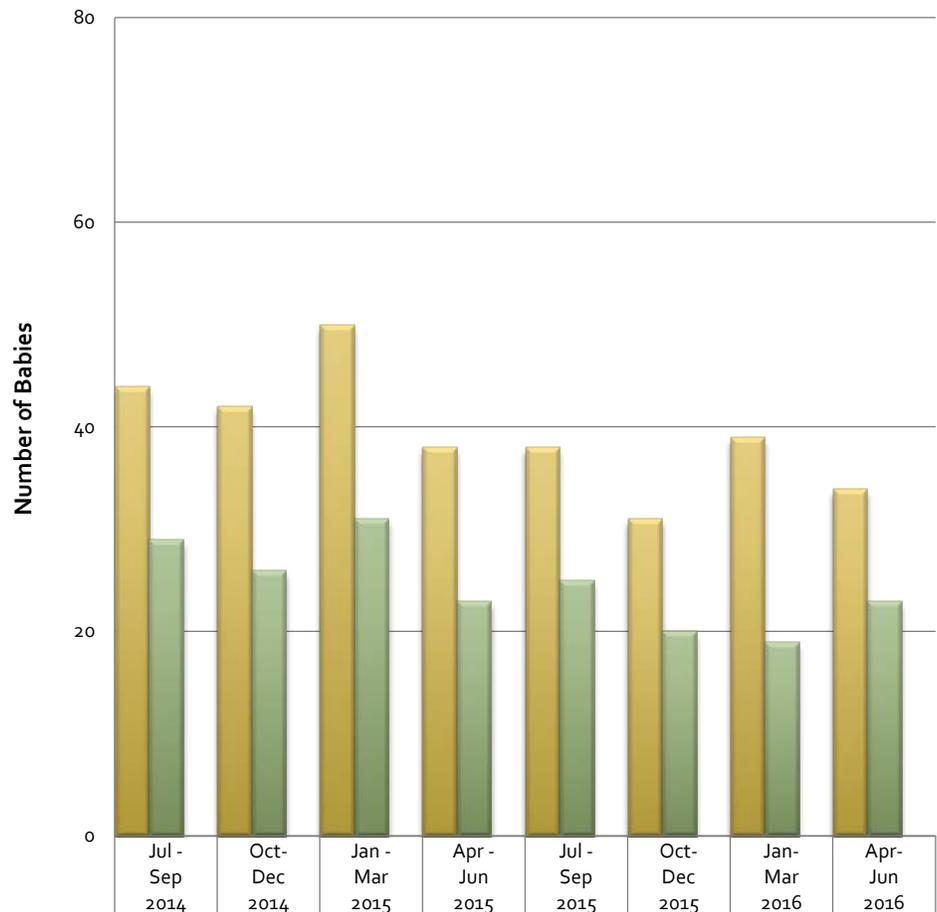
NOTE: A collateral dependent has no alcohol or drug abuse problem but is seeking services because of problems arising from his or her relationship with an alcohol or drug user who is engaged in treatment.

Significance: The majority of collateral dependents are served in the CSTAR Womens and Children 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

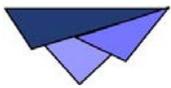
During 2013, there were 658 newborns affected by illicit drugs that were reported to the Missouri Department of Health and Senior Services. However, this number is under-reported due to lack of standards for reporting. (Data Source: Missouri Department of Health and Senior Services)



■ Babies Born (TEDS Data)	44	42	50	38	38	31	39	34
■ Drug Free Babies Born (TEDS Data)	29	26	31	23	25	20	19	23
% Born Drug Free	65.9%	61.9%	62.0%	60.5%	65.8%	64.5%	48.7%	67.6%

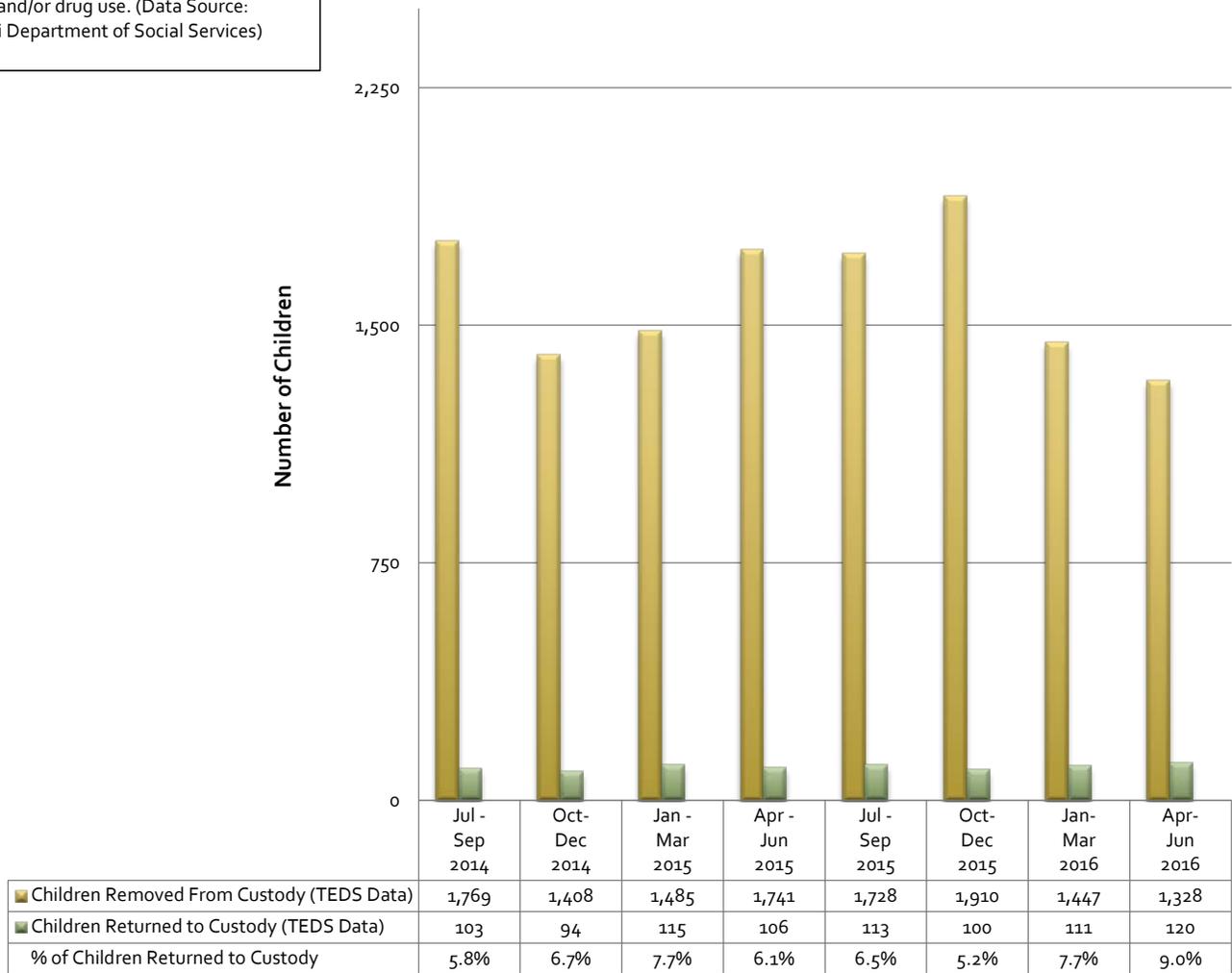
NOTE: In May 2010, TEDS data collection pages in CIMOR were upgraded to collect the number of babies born drug free during treatment for all female consumers in treatment and is collected when the program is closed. Due to this change, the data from previous reports are not comparable.

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.



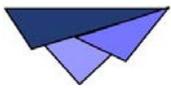
Children Returned to Custody

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)

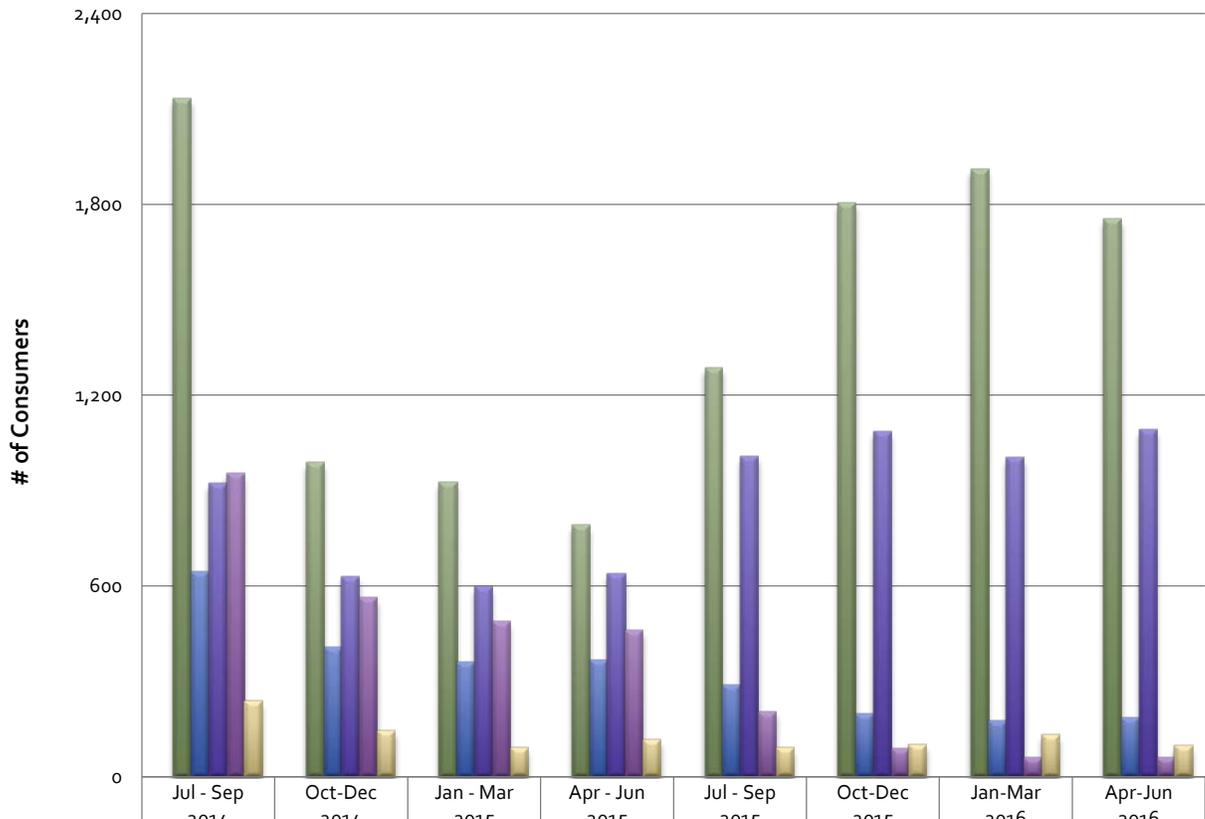


NOTE: In May 2010, TEDS data collection pages in CIMOR were upgraded to collect the number of children returned to custody for all consumers in treatment and is collected when the program is closed.

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



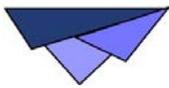
Consumers Receiving Recovery Supports



	Jul - Sep 2014	Oct-Dec 2014	Jan - Mar 2015	Apr - Jun 2015	Jul - Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016
Unduplicated Number Served	2,493	1,627	1,540	1,389	1,412	1,956	2,191	2,051
Coordination Services	2,135	990	928	794	1,288	1,807	1,911	1,757
Housing	646	409	363	370	290	200	178	188
Recovery Services	924	632	601	640	1,010	1,087	1,005	1,094
Spiritual Services	957	565	490	464	208	90	62	62
Transportation	242	148	94	118	94	104	135	101

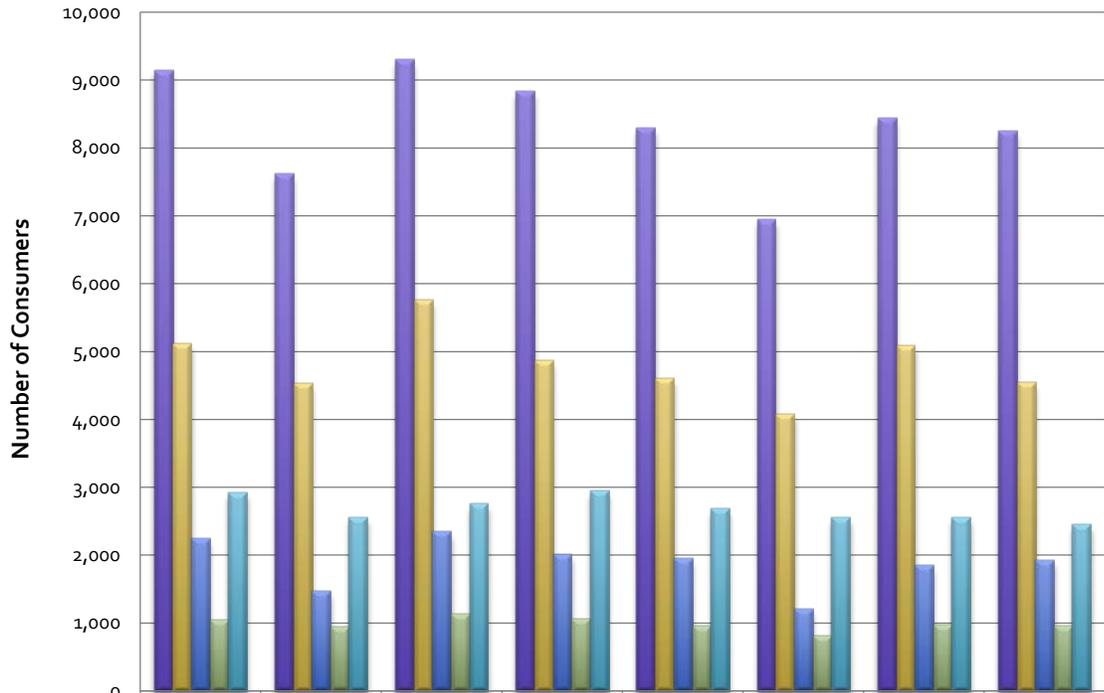
NOTE: Recovery supports are a collection of non clinical services that support recovery from alcohol and drug addiction. The ATR program is limited to 7 counties in West Central Missouri, 7 counties in Southwest Missouri, and 7 counties in Southeast Missouri.

Significance: The federal Access to Recovery (ATR III) grant ended in September 2014, and the ATR IV grant began in July 2015. The decrease in number of consumers receiving spiritual services in quarter (Oct-Dec 2015) is due to a change in the menu of services.



Substance Abuse Traffic Offenders Program (SATOP) Consumers Served

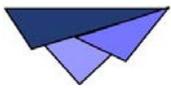
The annual number of DWI arrests have been trending downward: 35,543 in 2009 to 22,815 in 2015. Data Source: Missouri Department of Public Safety.



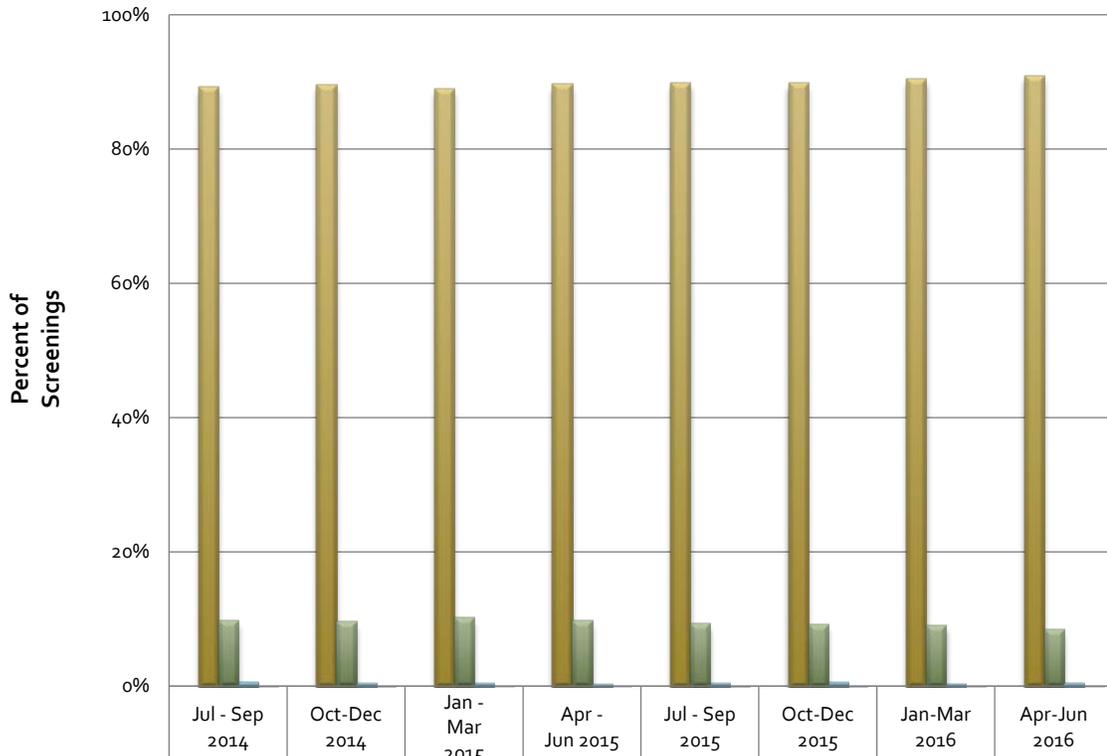
	Jul - Sep 2014	Oct-Dec 2014	Jan - Mar 2015	Apr - Jun 2015	Jul - Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016
■ Unduplicated Number of SATOP Consumers	9,148	7,621	9,309	8,851	8,299	6,961	8,446	8,261
■ SATOP Screened	5,123	4,542	5,766	4,877	4,618	4,087	5,099	4,547
■ Education Pgm	2,258	1,483	2,349	2,024	1,959	1,215	1,860	1,930
■ Weekend Intervention Pgm	1,051	946	1,142	1,067	958	821	976	969
■ Clinical Treatment Pgm	2,924	2,565	2,760	2,954	2,691	2,561	2,563	2,466

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 program includes Clinical Intervention Program, Youth Clinical Intervention Program, and the Serious & Repeat Offender Program.

Significance: The data show a trend of increased screenings in the Jan-Mar quarter which is due in part to the increased number of DWIs cited over the holidays. DWI arrests have declined since 2009 (see note).



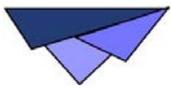
Substance Abuse Traffic Offenders Program (SATOP) Consumers Screened - Range of Previous SATOP Screenings Within Past 5 Years



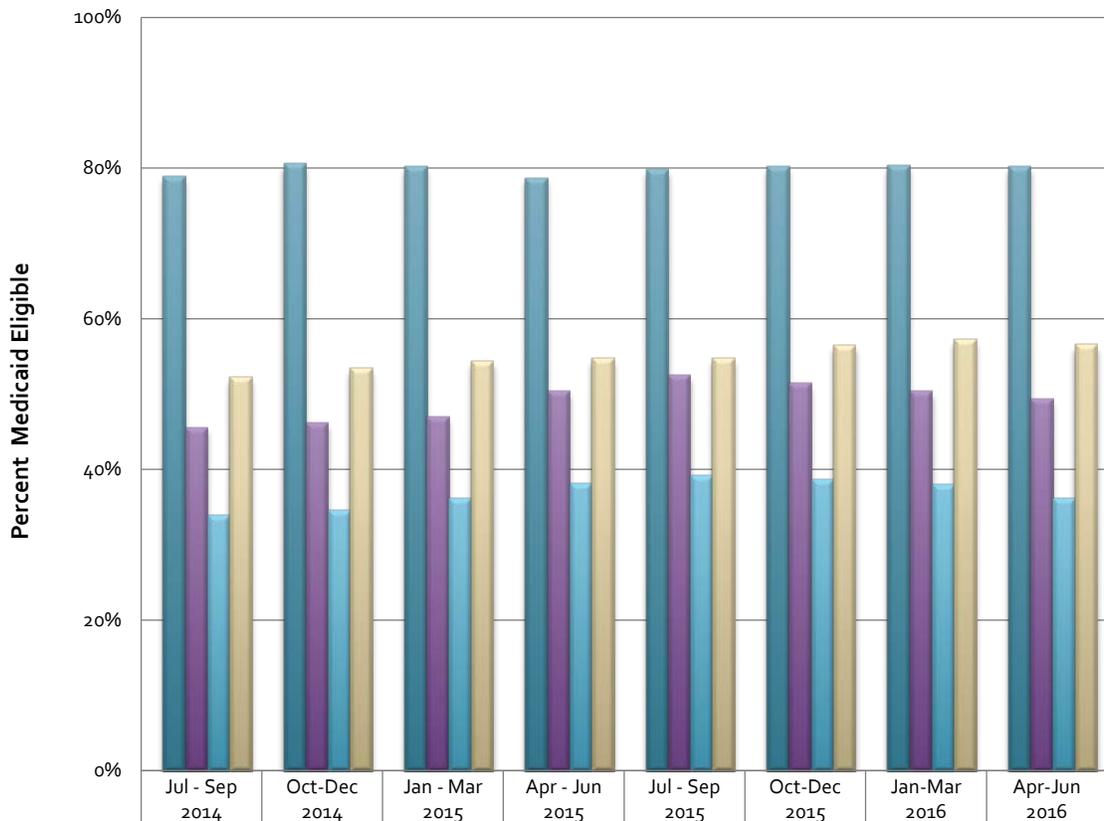
	Jul - Sep 2014	Oct-Dec 2014	Jan - Mar 2015	Apr - Jun 2015	Jul - Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016
SATOP Screened or Assigned to Comparable Pgm	5,923	5,235	6,549	5,647	5,366	4,672	5,787	5,250
0 Prior Screening	5,295	4,696	5,837	5,068	4,831	4,203	5,237	4,776
0 Prior Screening Pct	89.4%	89.7%	89.1%	89.7%	90.0%	90.0%	90.5%	91.0%
1 Prior Screening	586	508	676	556	504	435	528	447
1 Prior Screening Pct	9.9%	9.7%	10.3%	9.8%	9.4%	9.3%	9.1%	8.5%
2 Prior Screenings	39	28	34	22	28	31	25	26
2 Prior Screenings Pct	0.7%	0.5%	0.5%	0.4%	0.5%	0.7%	0.4%	0.5%
3+ Prior Screenings	3	3	2	1	3	3	3	1
3+ Prior Screenings Pct	0.1%	0.1%	0.0%	0.0%	0.1%	0.1%	0.1%	0.0%

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

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



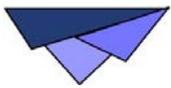
Medicaid Eligibility for Individuals Served in CSTAR Programs



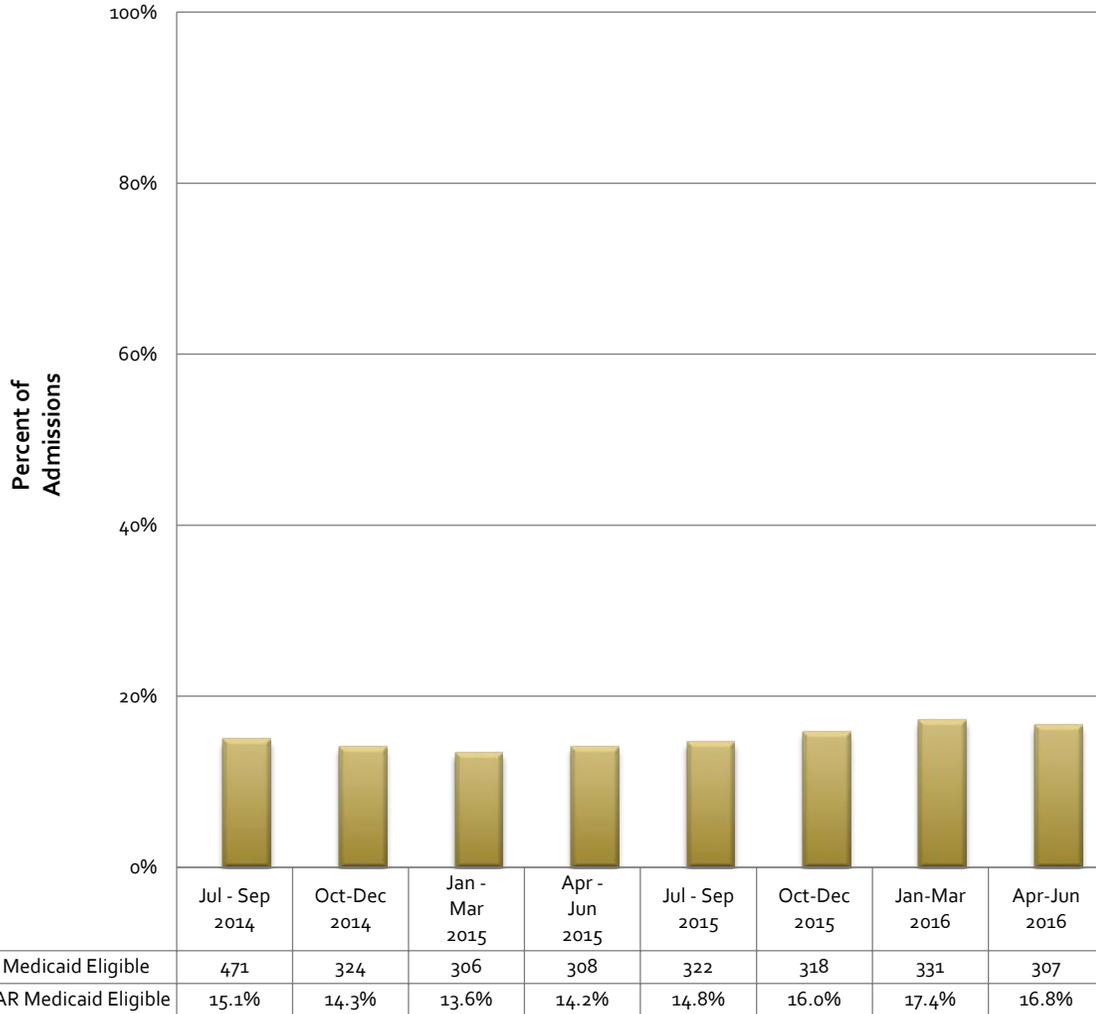
	Jul - Sep 2014	Oct-Dec 2014	Jan - Mar 2015	Apr - Jun 2015	Jul - Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016
CSTAR Adolescent Medicaid Eligible	896	936	1,006	980	868	879	1,003	938
% CSTAR Adolescent Medicaid Eligible	79.0%	80.6%	80.3%	78.8%	79.9%	80.3%	80.4%	80.3%
CSTAR W&C Medicaid Eligible	1,076	1,078	1,087	1,241	1,332	1,272	1,321	1,197
% CSTAR W&C Medicaid Eligible	45.7%	46.2%	47.0%	50.5%	52.6%	51.6%	50.5%	49.4%
CSTAR Gen Adult Medicaid Eligible	3,268	3,440	3,617	3,766	3,732	3,690	3,824	3,537
% CSTAR Gen Adult Medicaid Eligible	34.0%	34.6%	36.3%	38.3%	39.2%	38.7%	38.1%	36.2%
Opioid Medicaid Eligible	707	708	733	762	741	761	777	753
% Opioid Medicaid Eligible	52.4%	53.5%	54.4%	54.8%	54.9%	56.5%	57.3%	56.6%

NOTE: CSTAR Detox is excluded.

Significance: Medicaid-eligible consumers comprise between 36 - 80% of the CSTAR consumer populations. The proportion is higher in the Adolescent program and lower in the General Adult program.

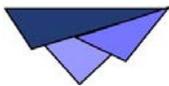


Medicaid Eligibility for Individuals Served in Non-CSTAR Substance Use Programs

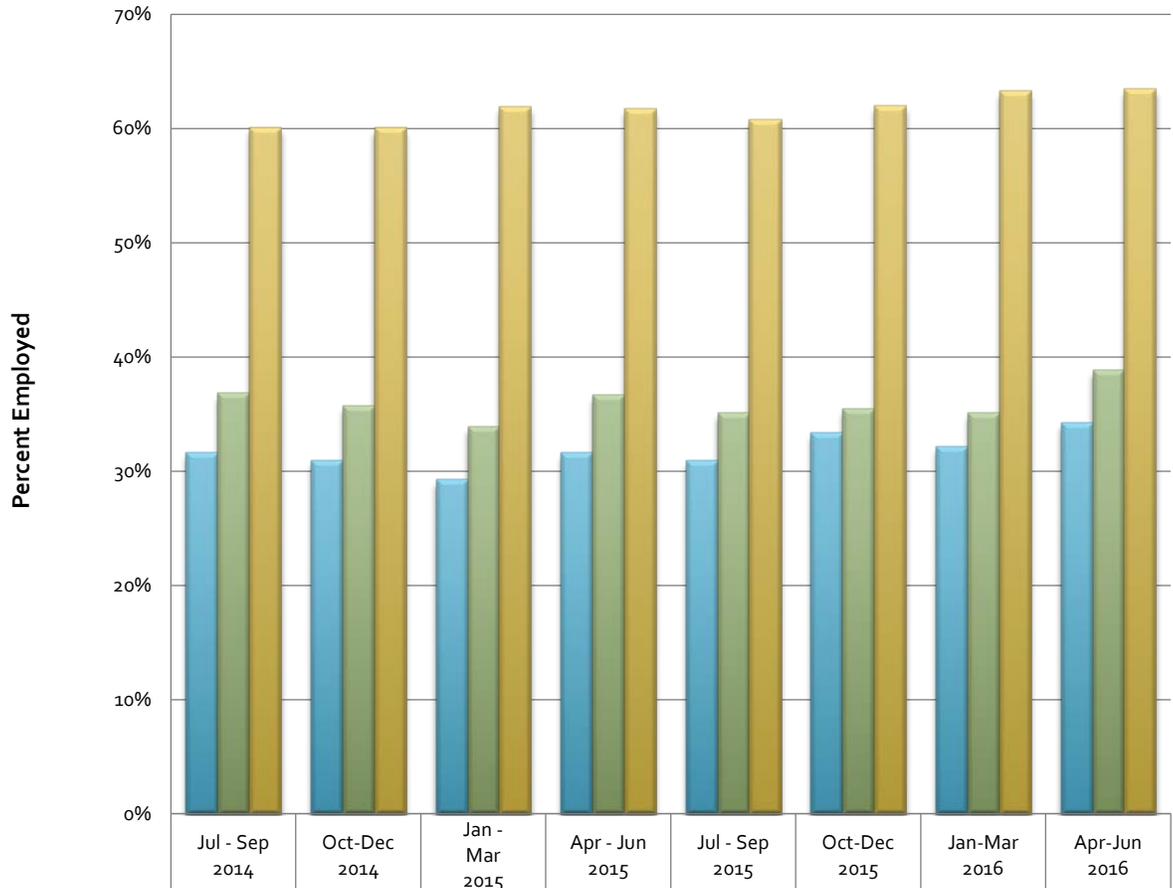


NOTE: Non-CSTAR programs include Primary Recovery Plus, Enhanced Primary Recovery Plus, Corrections Primary Recovery Plus, DOC Free & Clean Plus, DOC Partnership for Community Restoration, Clinical Intervention Program (Adult and Youth), Serious & Repeat Offender Program and General Treatment.

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



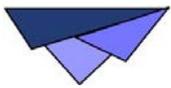
Employment of Adult Population in Substance Use Treatment



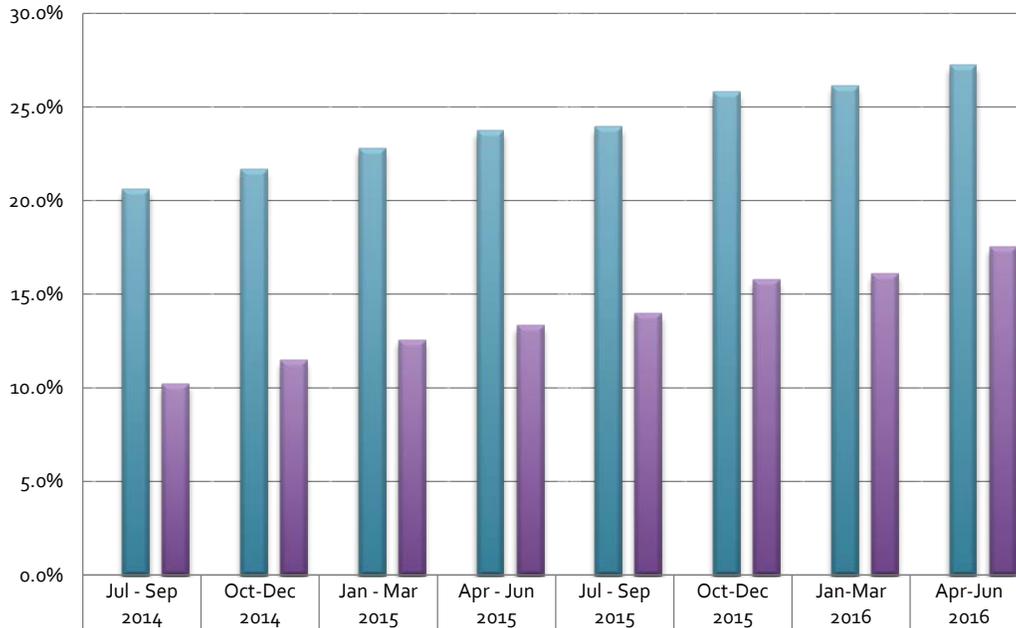
■ Admission Employment of ADA Adult Population	31.63%	30.95%	29.28%	31.66%	30.96%	33.43%	32.23%	34.26%
■ Discharge Employment of ADA Adult Population	36.85%	35.80%	33.94%	36.70%	35.11%	35.51%	35.15%	38.87%
■ Employment of MO Adult Population	60.14%	60.10%	61.97%	61.77%	60.83%	62.07%	63.37%	63.55%

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

Significance: Employment of the adult substance abuse treatment population measures engagement in work and accounts for those not actively seeking work - unlike the "Employment Rate" which is based only on the labor force. The measure is compared against the employment of the civilian noninstitutional population (age 16-64) in Missouri (data source: U.S. Bureau of Labor Statistics). Employment has a powerful therapeutic impact for individuals in recovery and is to be included in the treatment and recovery plan.



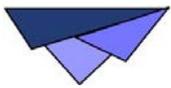
Consumers Receiving Medication Therapy



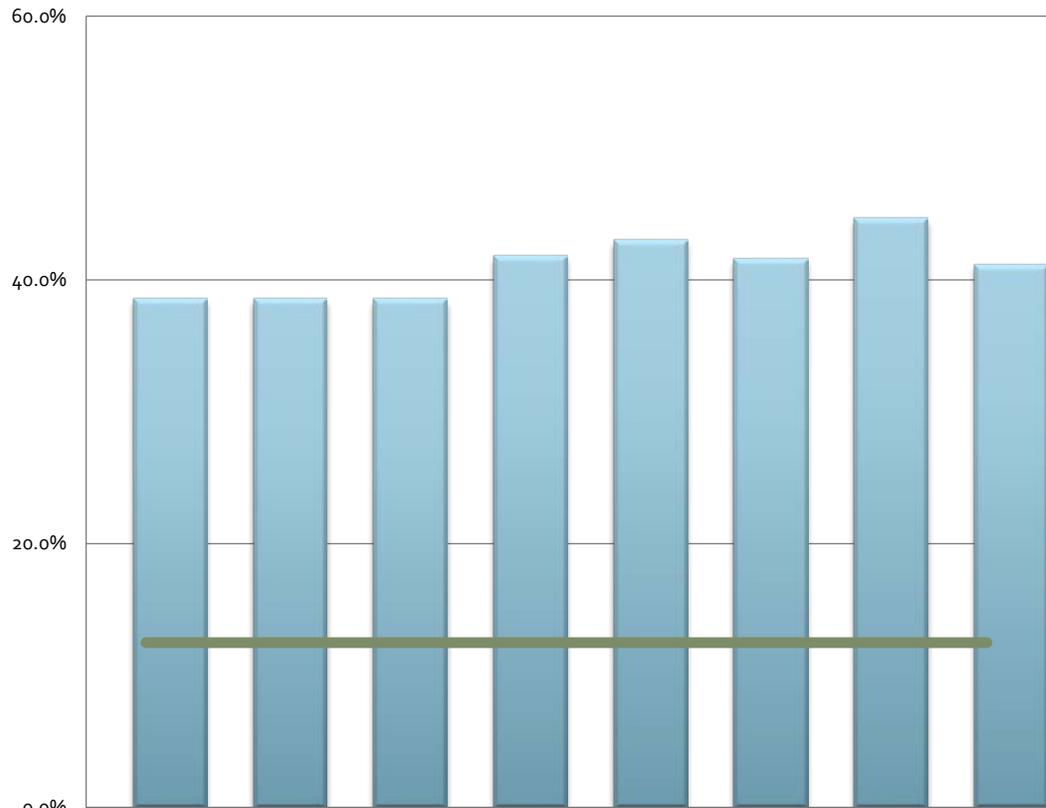
	Jul - Sep 2014	Oct-Dec 2014	Jan - Mar 2015	Apr - Jun 2015	Jul - Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016
Including CSTAR Opioid: # Adult Opioid/Alcohol-Addicted Consumers	11,154	10,967	10,940	10,912	10,784	10,478	10,685	10,455
# Consumers Receiving Medication Therapy	2,304	2,381	2,493	2,592	2,584	2,704	2,793	2,848
■ % Consumers Receiving Medication Therapy	20.7%	21.7%	22.8%	23.8%	24.0%	25.8%	26.1%	27.2%
Excluding CSTAR Opioid: # Adult Opioid/Alcohol-Addicted Consumers	9,572	9,360	9,356	9,274	9,185	8,846	9,098	8,794
# Consumers Receiving Medication Therapy	981	1,078	1,178	1,240	1,287	1,398	1,467	1,544
■ % Consumers Receiving Medication Therapy	10.2%	11.5%	12.6%	13.4%	14.0%	15.8%	16.1%	17.6%

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 abuse 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 abuse disorders is a National Quality Forum recommendation.



Transition from Detox to Treatment



	Jul - Sep 2014	Oct-Dec 2014	Jan - Mar 2015	Apr - Jun 2015	Jul - Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016
# of Detox Discharges	1,661	1,483	1,582	1,788	1,826	1,664	1,757	1,726
# Transitioning from Detox to Tx	642	573	611	749	787	694	787	712
% Transitioning from Detox to Tx	38.7%	38.6%	38.6%	41.9%	43.1%	41.7%	44.8%	41.3%
U.S. % Transitioning from Detox to Tx	12.5%	12.5%	12.5%	12.5%	12.5%	12.5%	12.5%	12.5%

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, 2011 (SAMHSA, 2014).

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

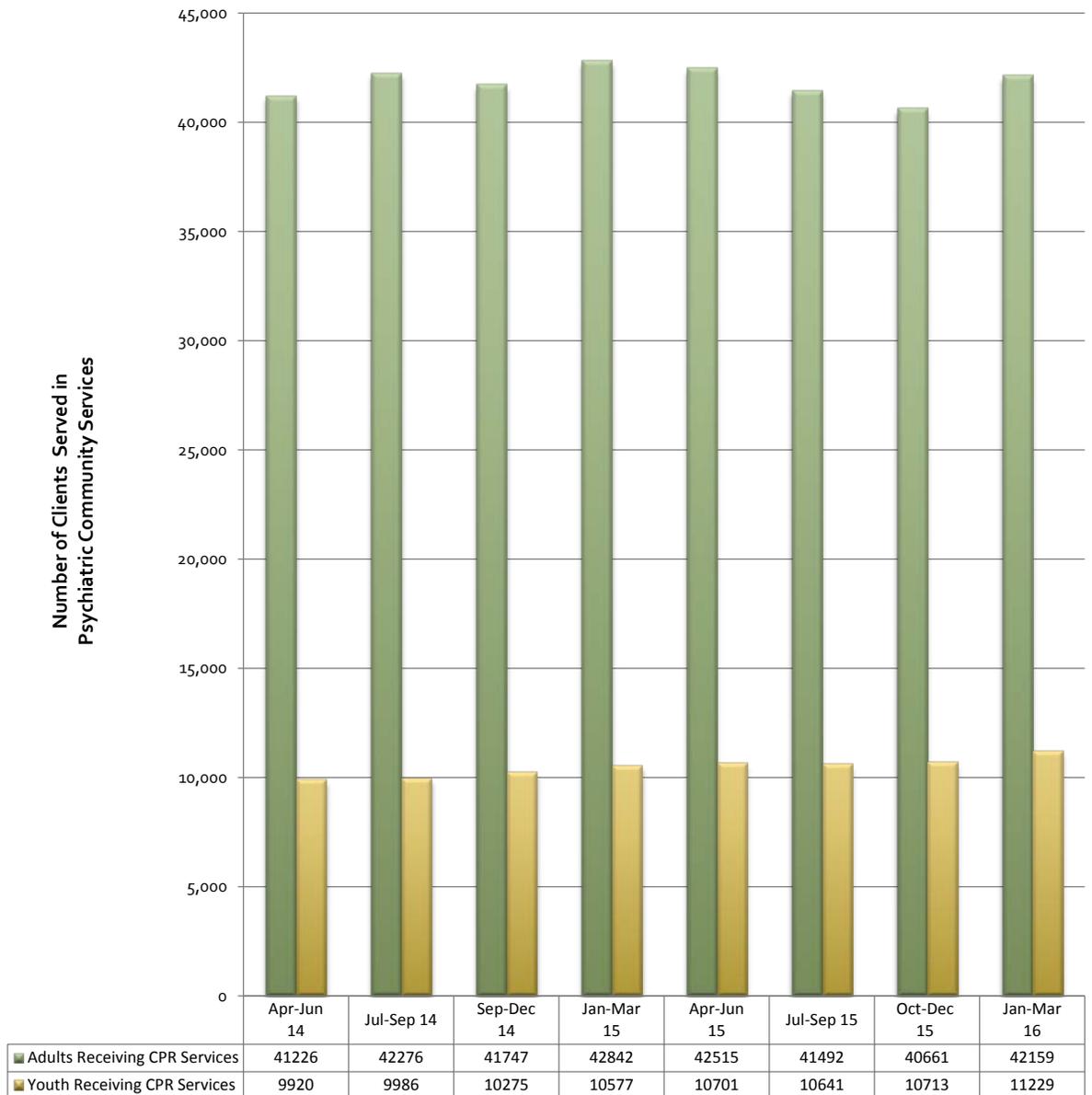


Division of Behavioral Health

Comprehensive Psychiatric
Services



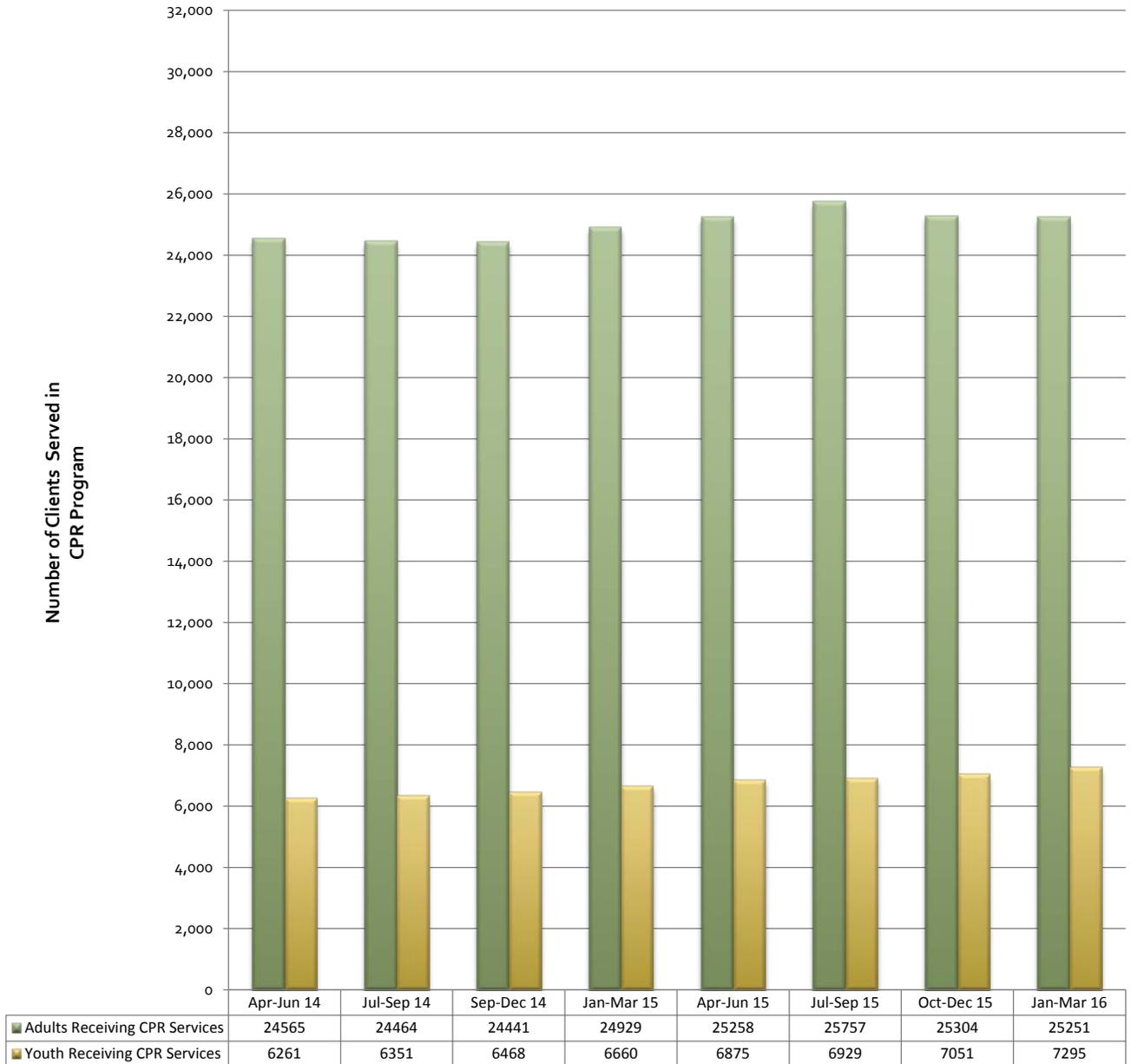
Clients Receiving Psychiatric Community Services



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



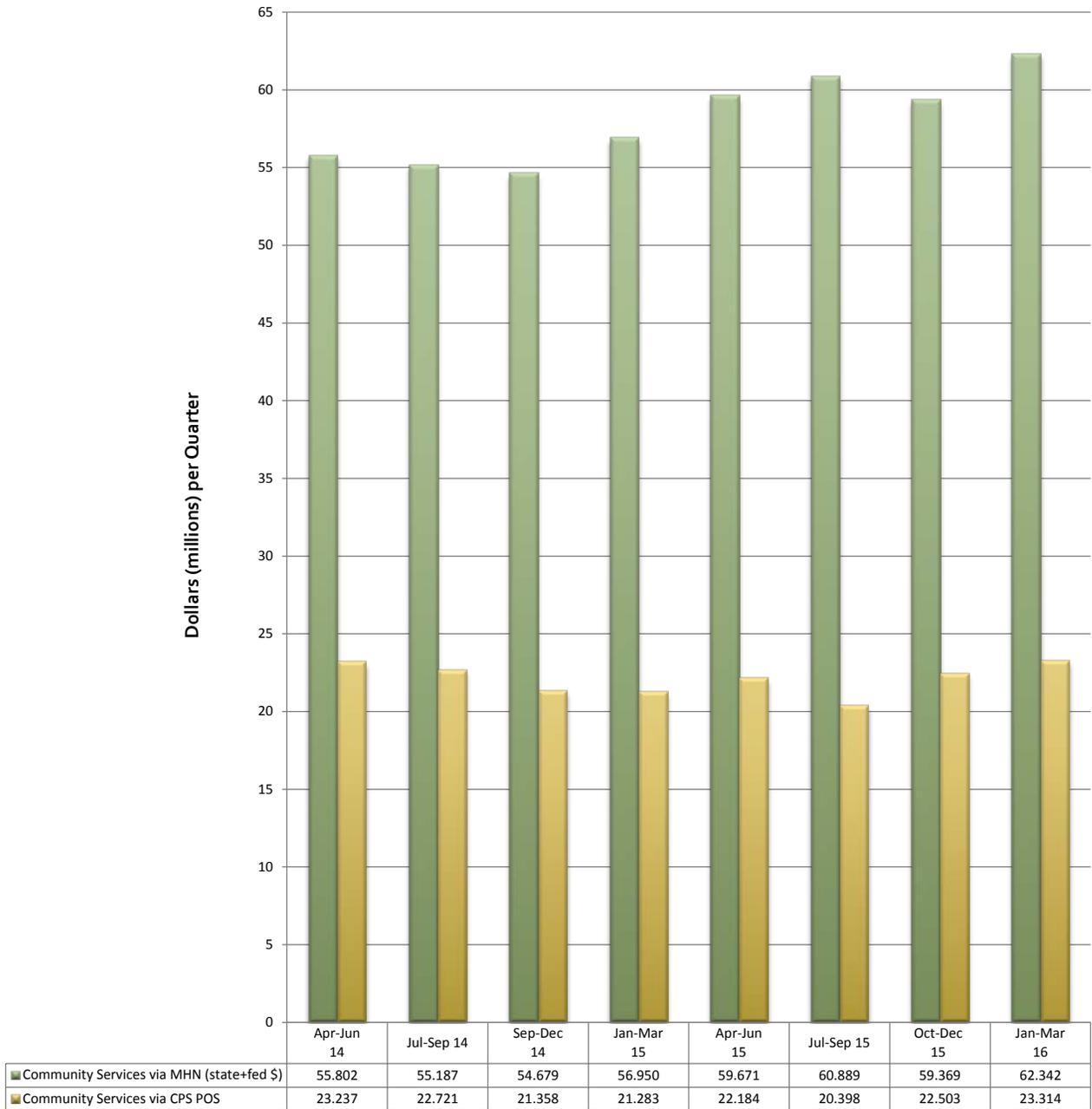
Clients in the Community Psychiatric Rehabilitation Program



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



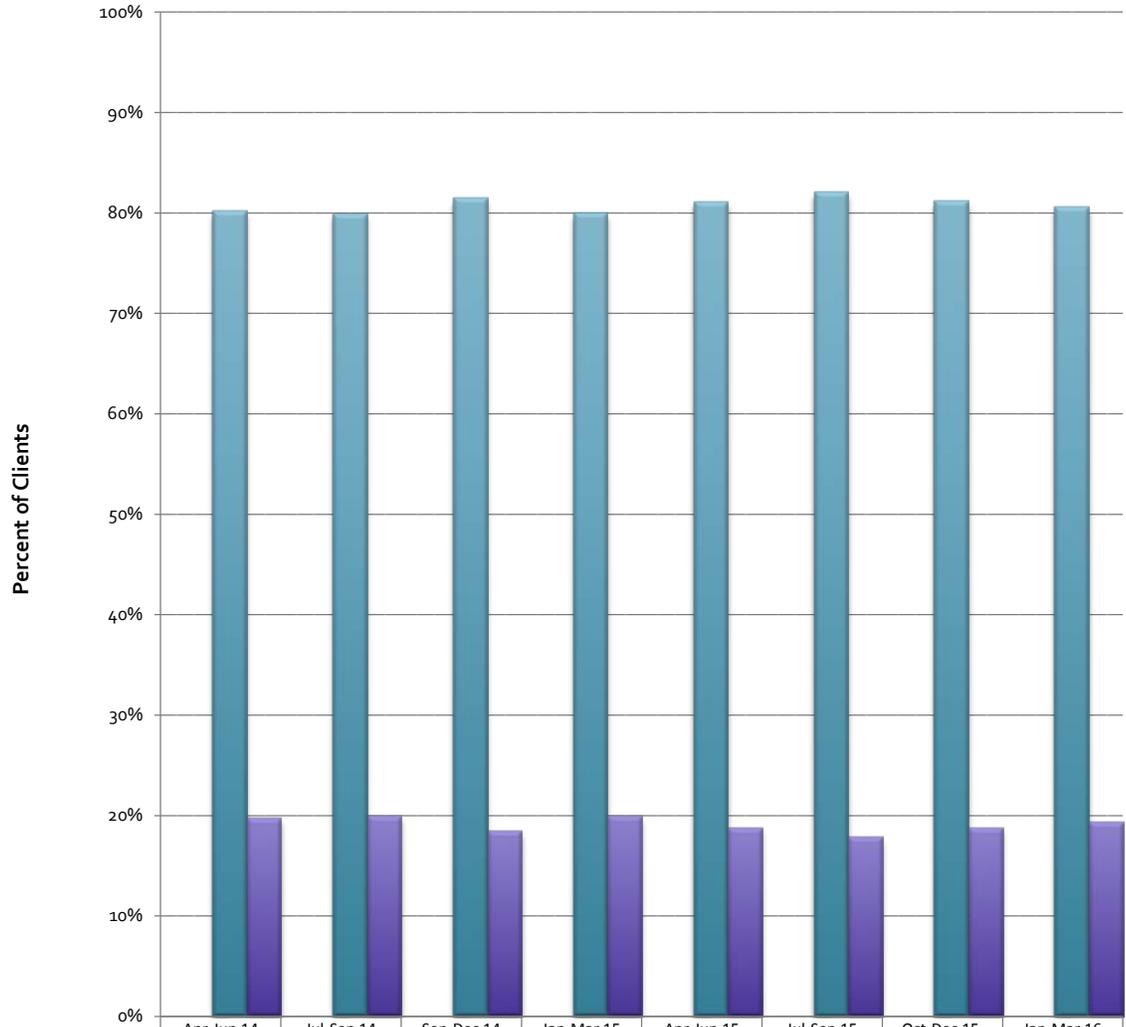
Funding Sources for Psychiatric Services Community Clients



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



Medicaid Eligibility of Psychiatric Services Community Clients

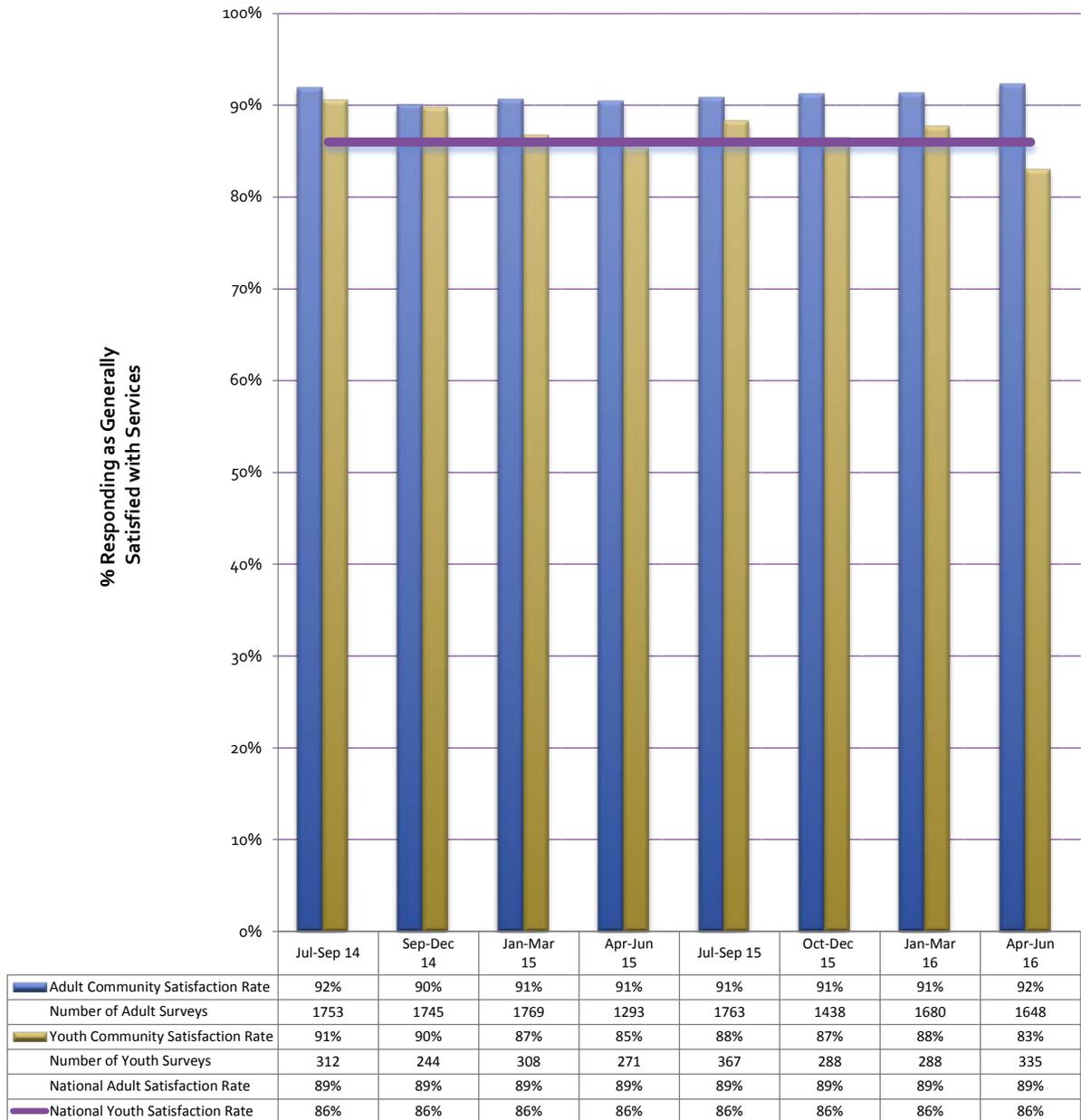


	Apr-Jun 14	Jul-Sep 14	Sep-Dec 14	Jan-Mar 15	Apr-Jun 15	Jul-Sep 15	Oct-Dec 15	Jan-Mar 16
CPS Facility Client Count	1337	1317	1331	1318	1334	1346	1342	1370
CPS Community Client Count	51146	52262	52022	53419	53216	52133	51374	53388
M.E. Clients -- All CPS Community	41030	41800	41692	42754	43188	42802	41716	43033
% M.E. -- All CPS Community	80.2%	80.0%	81.5%	80.0%	81.2%	82.1%	81.2%	80.6%
Not M.E. Clients -- All CPS Community	10116	10462	8065	10665	10028	9331	9658	10355
% Not M.E. -- All CPS Community	19.8%	20.0%	18.5%	20.0%	18.8%	17.9%	18.8%	19.4%

SIGNIFICANCE: The most recent quarter will always be undercounted due to lagging claims and is therefore is not displayed. The proportion of Psych. Services community clients with Medicaid Eligibility appears to have stabilized in the low 80% range over the past two years.



Community Client General Satisfaction with Services

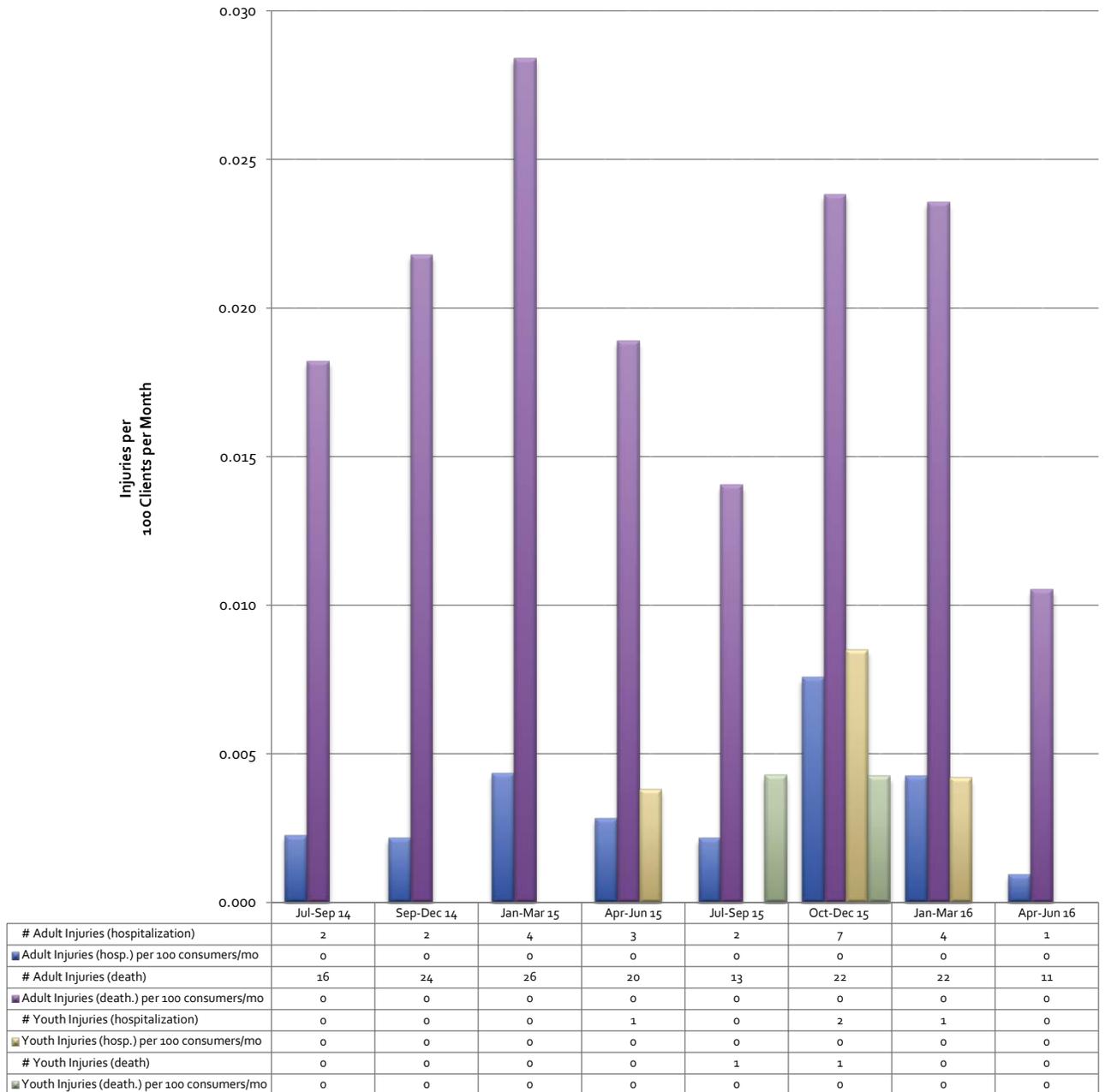


NOTE: Taken from the Adult and Youth Satisfaction Surveys using national standard MHSIP questions.

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



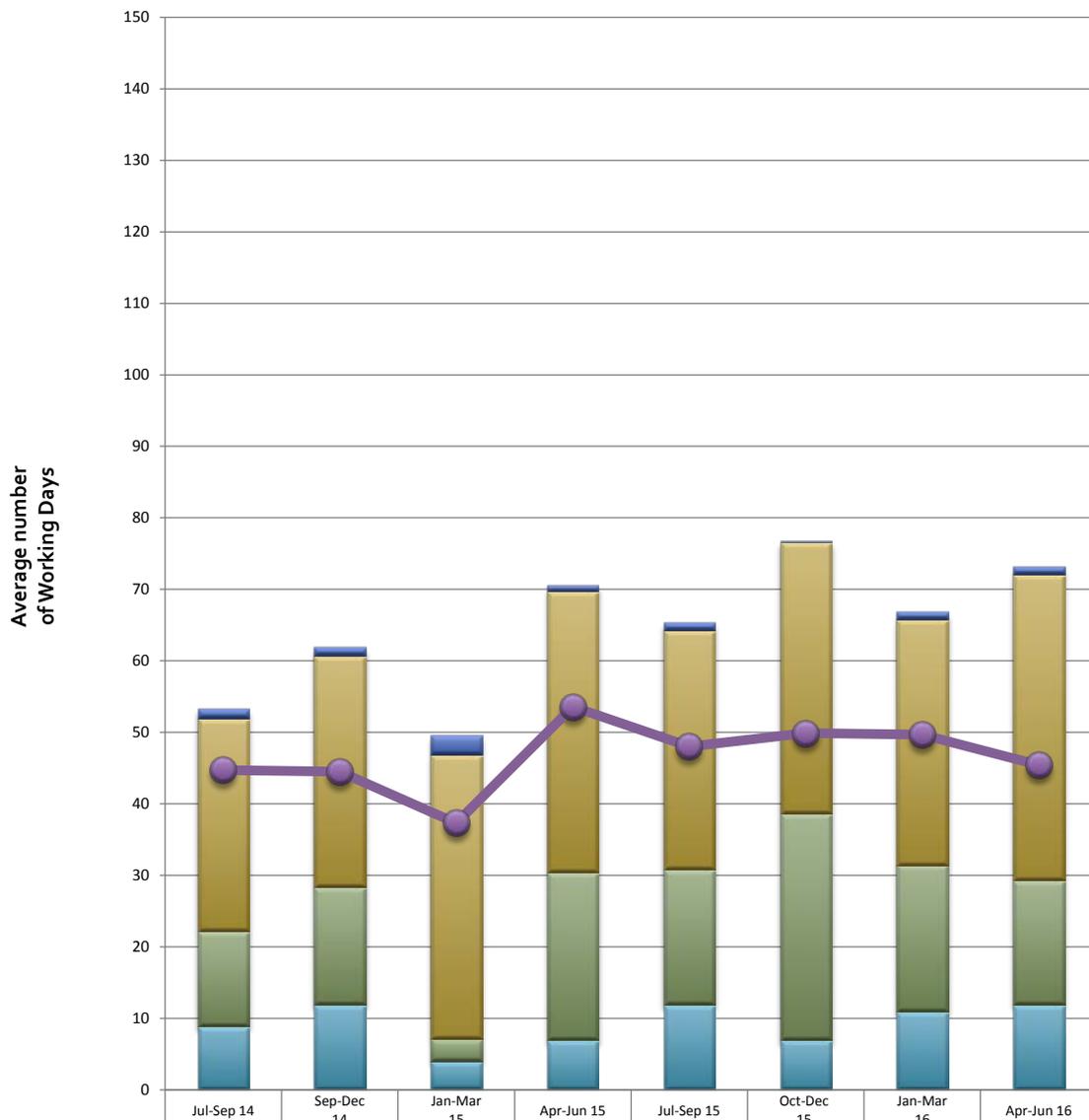
Community Client Injuries



SIGNIFICANCE: There is a very low rate of serious injury to clients receiving community services, but these are individually significant events. The 11 adult injuries that resulted in deaths reported in the April-June '16 quarter are further categorized as: 9 suicides, 1 accidental overdose, 1 other accident. All such events had a death determination performed by service provider with no indications of need for abuse/neglect investigation.



Duration of Investigation Process for Community Services

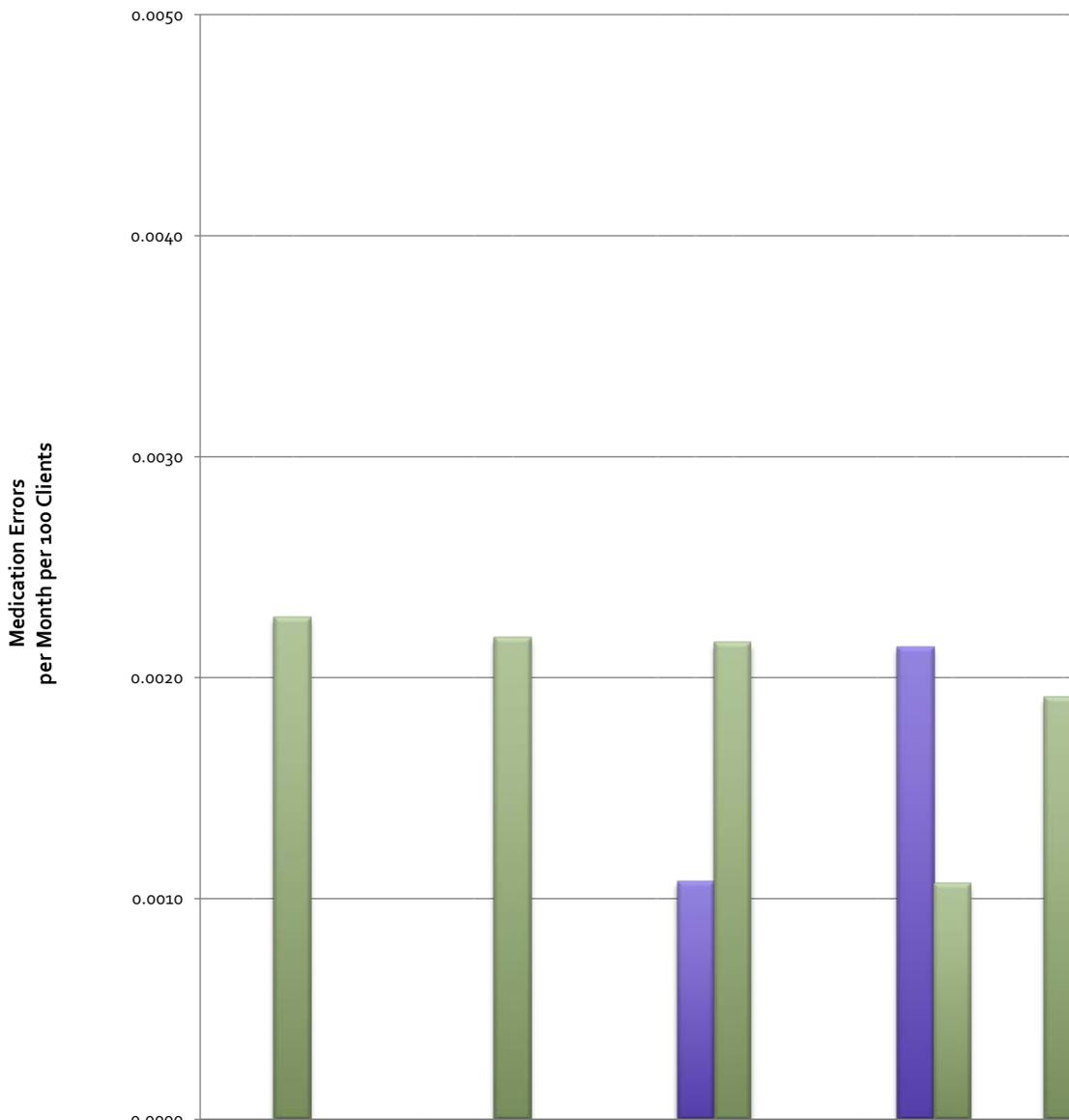


	Jul-Sep 14	Sep-Dec 14	Jan-Mar 15	Apr-Jun 15	Jul-Sep 15	Oct-Dec 15	Jan-Mar 16	Apr-Jun 16
CPSComm.: Event Discovery to Event Report	4.22	3.50	1.25	2.71	3.64	1.50	3.09	2.09
CPS Comm.: Event Report to Inv. Request	1.44	1.20	2.75	0.86	1.18	0.17	1.09	1.18
CPS Comm.: Inv. Request to Inv. Final Report	29.67	32.33	39.75	39.29	33.36	38.00	34.27	42.75
CPS Comm.: Inv. Final Report to Final Determination	13.25	16.45	3.17	23.50	18.92	31.64	20.50	17.33
CPS Comm. Investigation Event Count	9	12	4	7	12	7	11	12
CPS Comm.: "Typical" Inv Total Time	44.72	44.50	37.33	53.57	48.02	49.88	49.69	45.42

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.



Adult Community Medication Errors

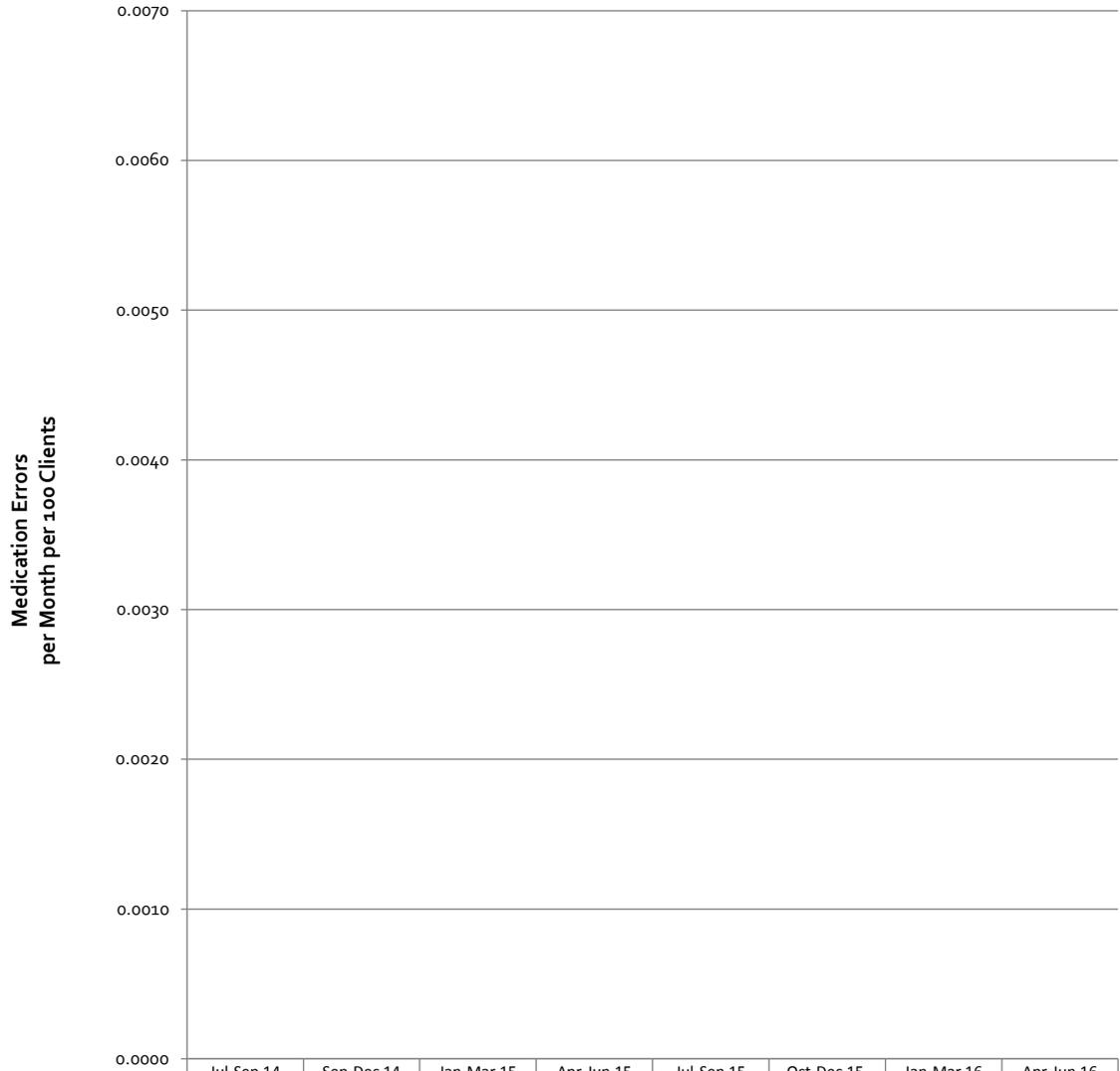


	Jul-Sep 14	Sep-Dec 14	Jan-Mar 15	Apr-Jun 15	Jul-Sep 15	Oct-Dec 15	Jan-Mar 16	Apr-Jun 16
# Adult Consumers/month	29269	30291	30501	35246	30829	30760	31114	34781
Adult "Serious" Med Errors	0	0	0	0	1	0	2	0
Adult "Serious" Med Errors per 100 consumers/mo	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.2%	0.0%
Adult "Moderate" Med Errors	2	0	2	0	2	0	1	2
Adult "Moderate" Med Errors per 100 consumers/mo	0.2%	0.0%	0.2%	0.0%	0.2%	0.0%	0.1%	0.2%

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



Youth Community Medication Errors

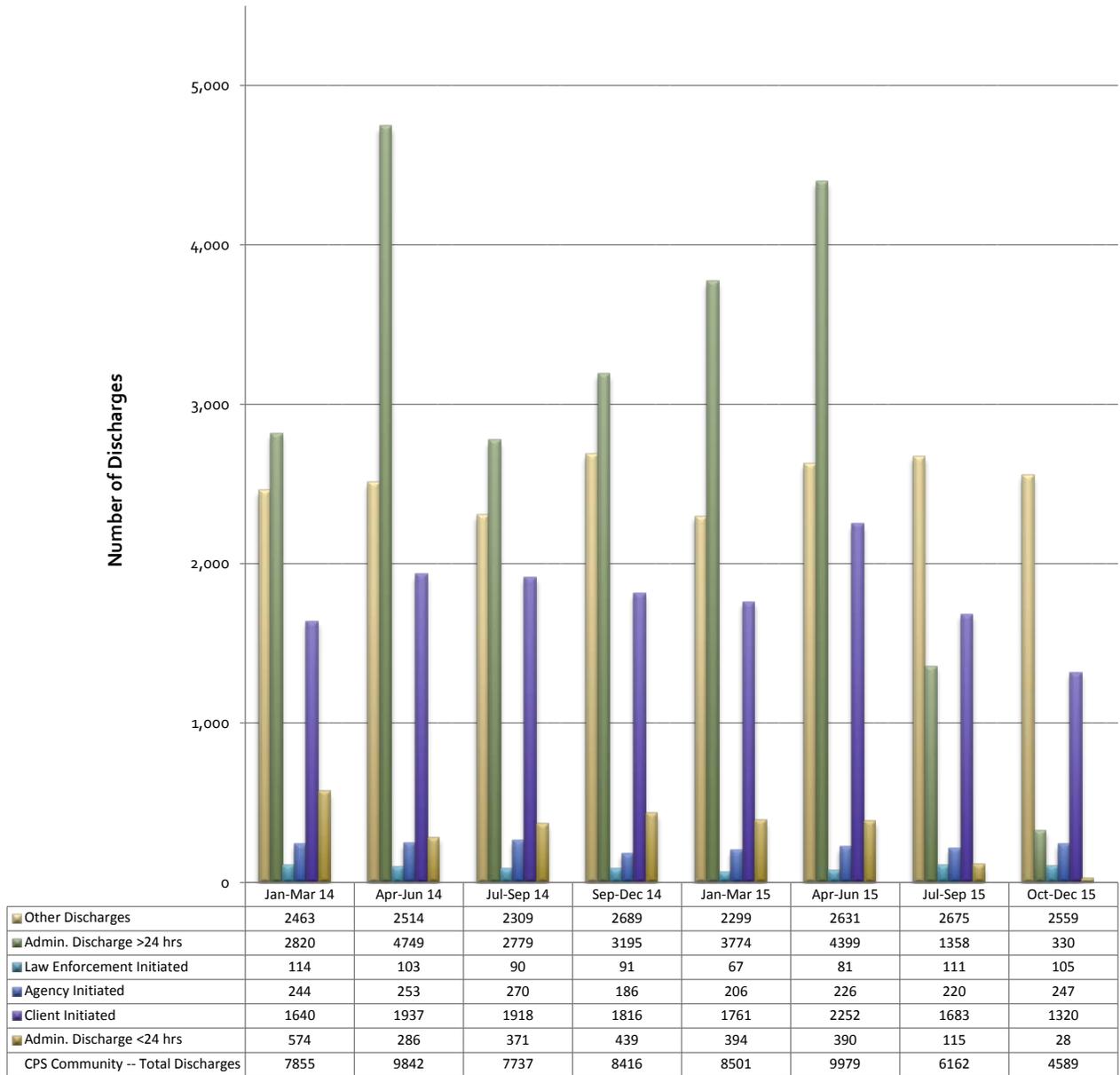


	Jul-Sep 14	Sep-Dec 14	Jan-Mar 15	Apr-Jun 15	Jul-Sep 15	Oct-Dec 15	Jan-Mar 16	Apr-Jun 16
# Youth Consumers/month	6782	7138	7352	8746	7746	7826	7932	9122
Youth "Moderate" Med Errors	0	0	0	0	0	0	0	0
Youth "Moderate" Med Errors per 100 consumers/mo	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Youth "Serious" 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.



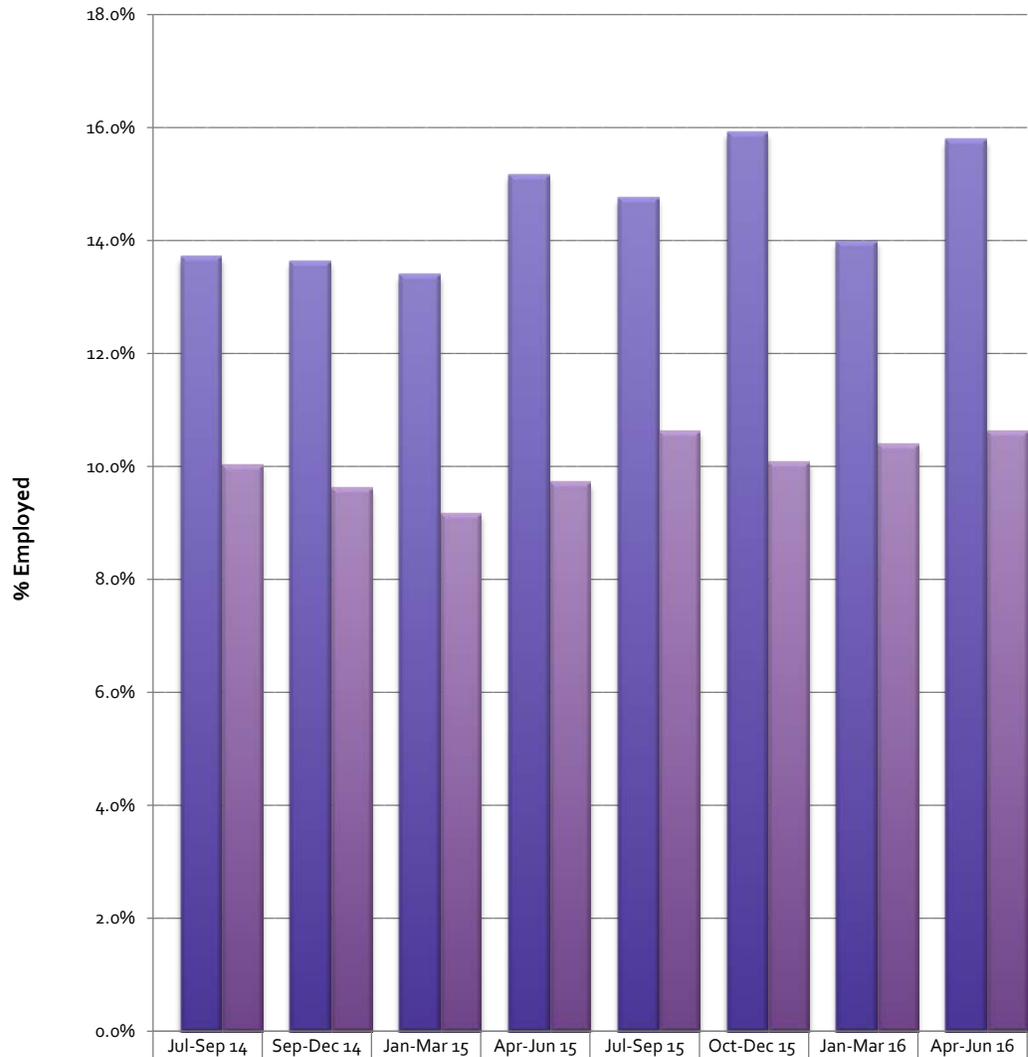
Community Psychiatric Service Discharges



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

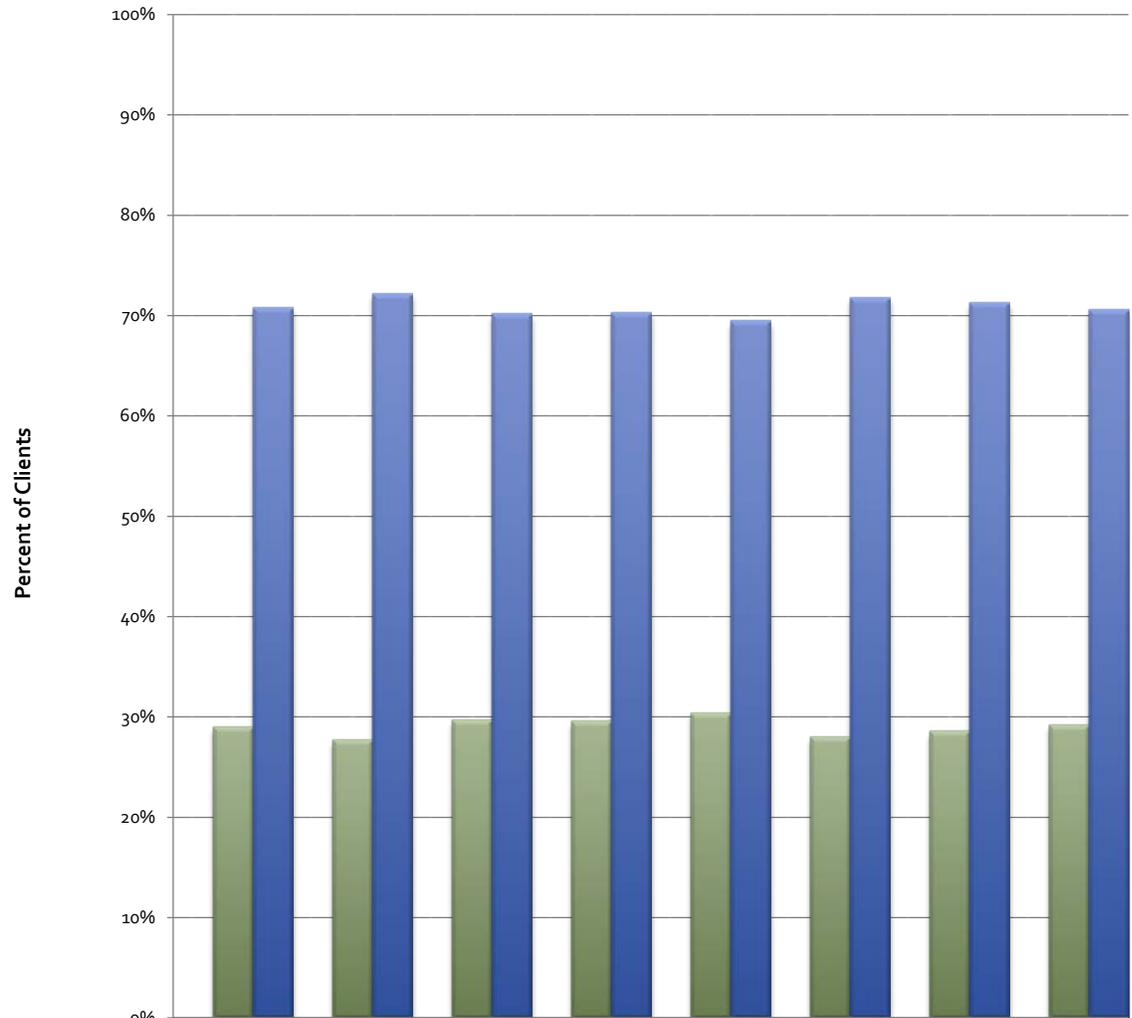


	Jul-Sep 14	Sep-Dec 14	Jan-Mar 15	Apr-Jun 15	Jul-Sep 15	Oct-Dec 15	Jan-Mar 16	Apr-Jun 16
Adult Community Clients w/ Admission Status Reports	4253	4223	4205	4023	4339	3904	4311	3847
Adult Community Clients Employed at Admission	584	560	564	611	641	622	604	608
■ % Employed at Admission	13.7%	13.7%	13.4%	15.2%	14.8%	15.9%	14.0%	15.8%
Adult Community Clients w/ Annual Status Reports	6318	5895	6621	6070	6410	5735	6403	5442
Adult Community Clients Employed at Annual Review	635	564	608	591	682	579	667	579
■ % Employed at Annual Review	10.1%	9.6%	9.2%	9.7%	10.6%	10.1%	10.4%	10.6%

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 year is not encouraging -- clearly our clients are particularly hard hit by the relatively weak economy, but employment rates at admission improved somewhat.



Medicaid Eligibility of Psychiatric Facility Clients

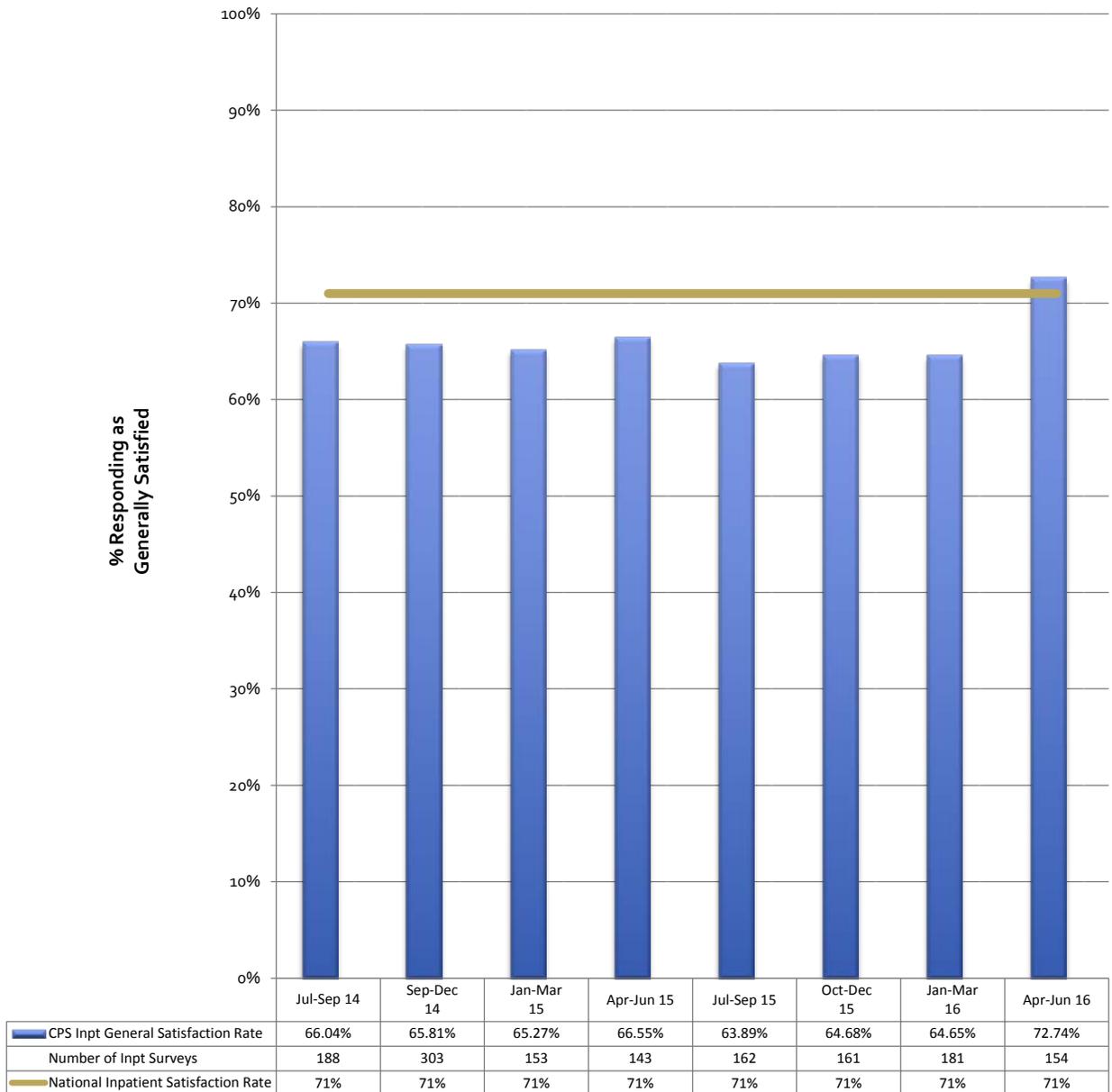


CPS Facility Client Count	1317	1331	1318	1334	1346	1342	1370	1385
M.E. Clients - CPS State Facilities	383	396	392	395	410	377	389	402
■ % M.E. -- CPS State Facility Clients	29.1%	27.8%	29.7%	29.6%	30.5%	28.1%	28.6%	29.3%
Not M.E. Clients - CPS State Facilities	934	960	926	939	936	965	969	970
■ % Not M.E. -- CPS State Facilities	70.9%	72.2%	70.3%	70.4%	69.5%	71.9%	71.4%	70.7%

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



Inpatient Satisfaction

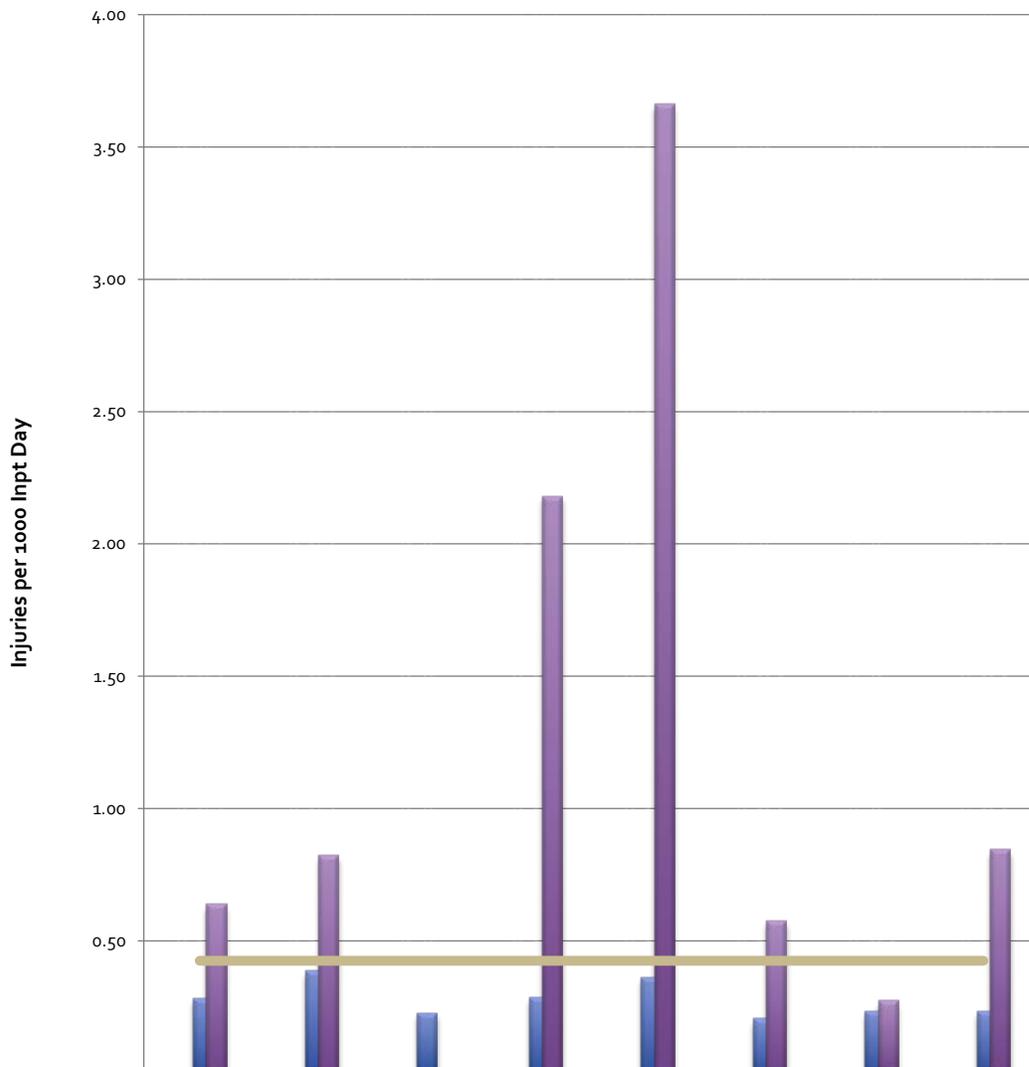


NOTE: Taken from the CPS Inpatient MHSIP survey -- average of all 5 domains.

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



Inpatient Client Injuries

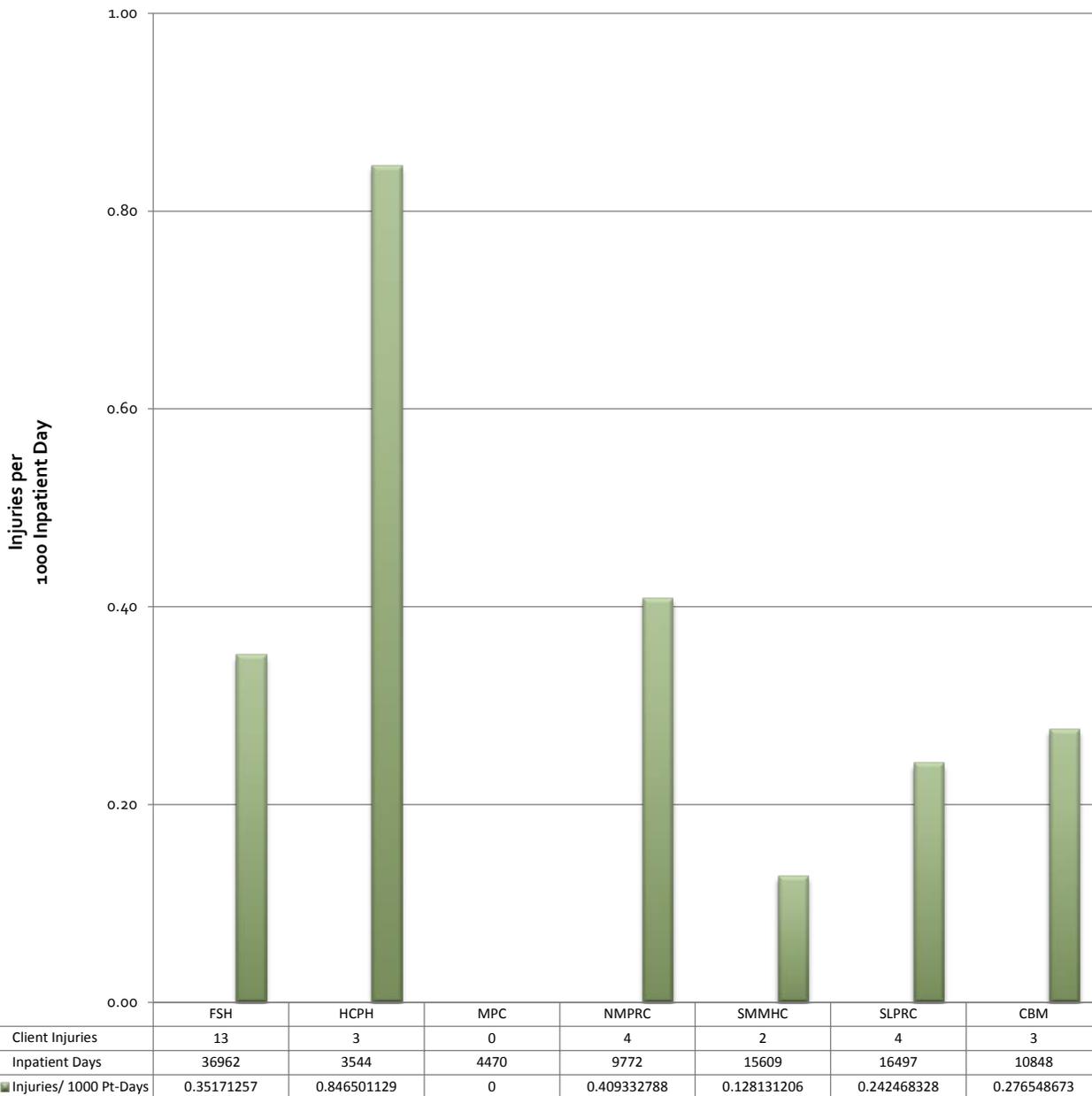


	Jul-Sep 14	Sep-Dec 14	Jan-Mar 15	Apr-Jun 15	Jul-Sep 15	Oct-Dec 15	Jan-Mar 16	Apr-Jun 16
# CPS Adult Inpt Days	105517	105528	104834	107350	110152	110796	110457	110301
# CPS Youth Inpt Days	4683	4854	3481	3666	3549	3461	3647	3544
CPS Inpt Adult Injuries	30	42	24	31	40	23	26	26
CPS Inpt Adult Injuries/1000 PtDays	0.284	0.388	0.229	0.289	0.363	0.208	0.235	0.236
CPS Inpt Youth Injuries	3	5	0	8	13	2	1	3
CPS Inpt Youth Injuries/1000 PtDays	0.641	0.825	0.000	2.182	3.663	0.578	0.274	0.847
National Inpt Injury Rate (ORYX)	0.425	0.425	0.425	0.425	0.425	0.425	0.425	0.425

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



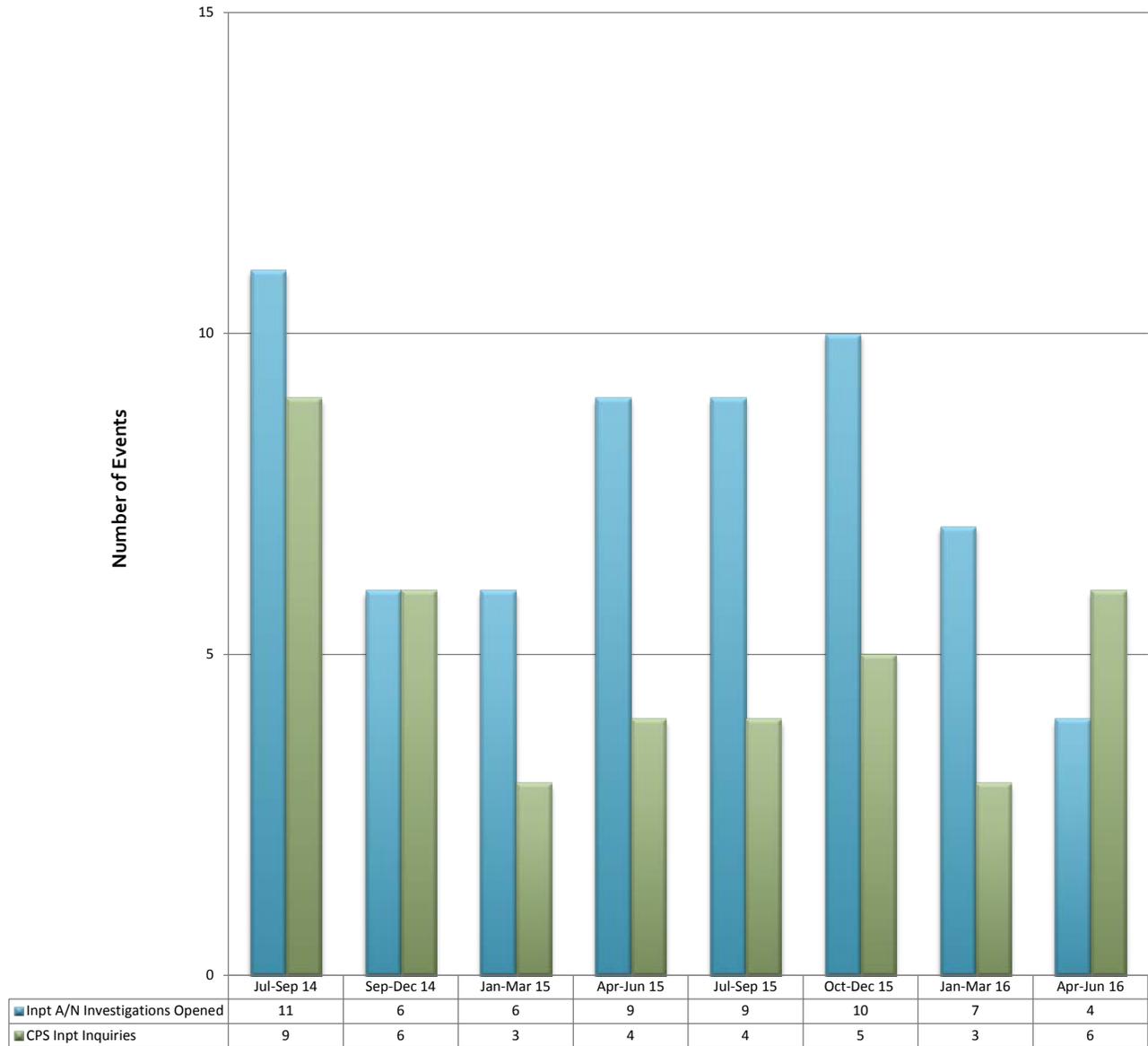
Inpatient Client Injuries by Facility



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 for FY2016 again shows a higher injury rate for the children's facility. Perhaps somewhat counterintuitively, the rate of injuries is often low at our highest security facility. In order the facilities are: Fulton, Hawthorn, St Louis MPC, Northwest, Southeast, St Louis Psych, Center for Behavioral Medicine.



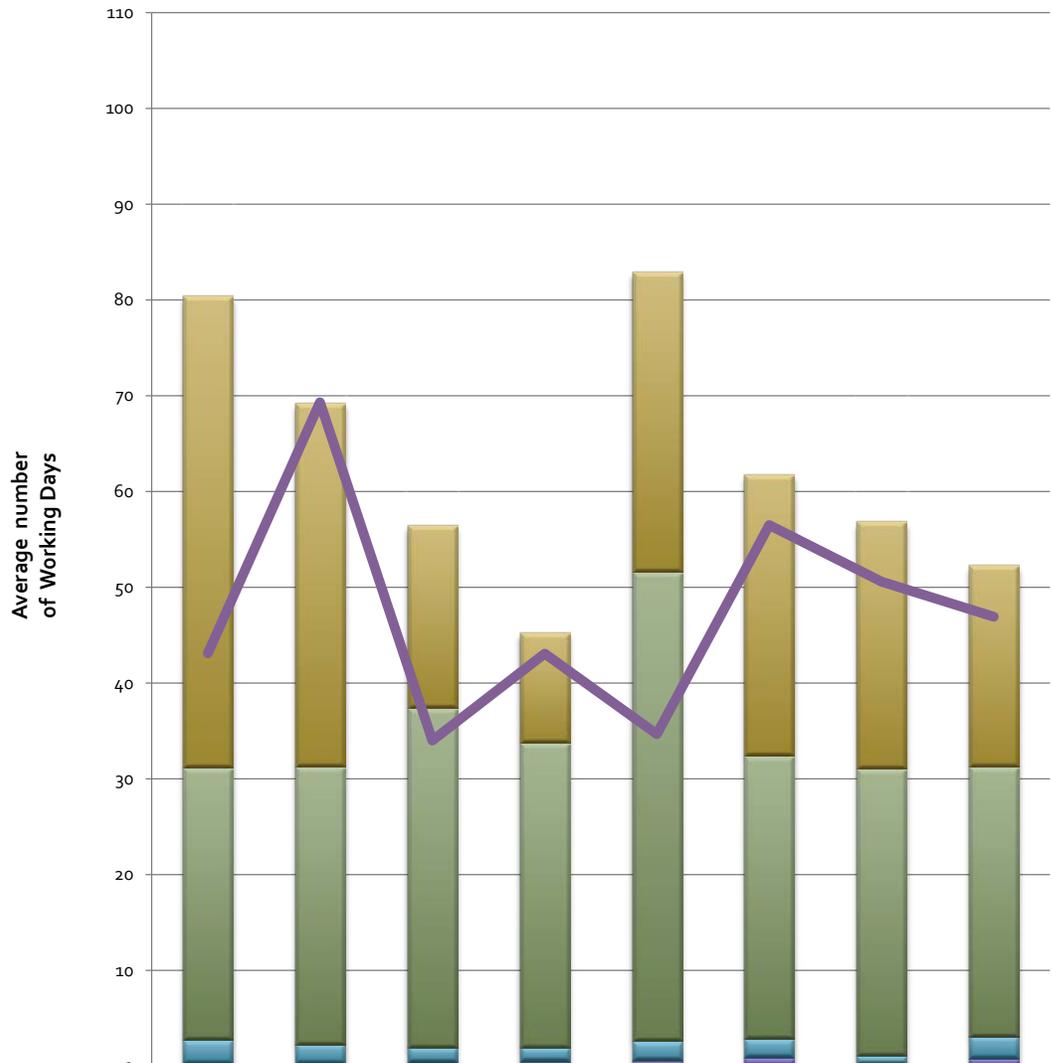
Inpatient Inquiries into Potential Abuse/Neglect Allegations



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



Duration of Investigation Process for Inpatient Facilities

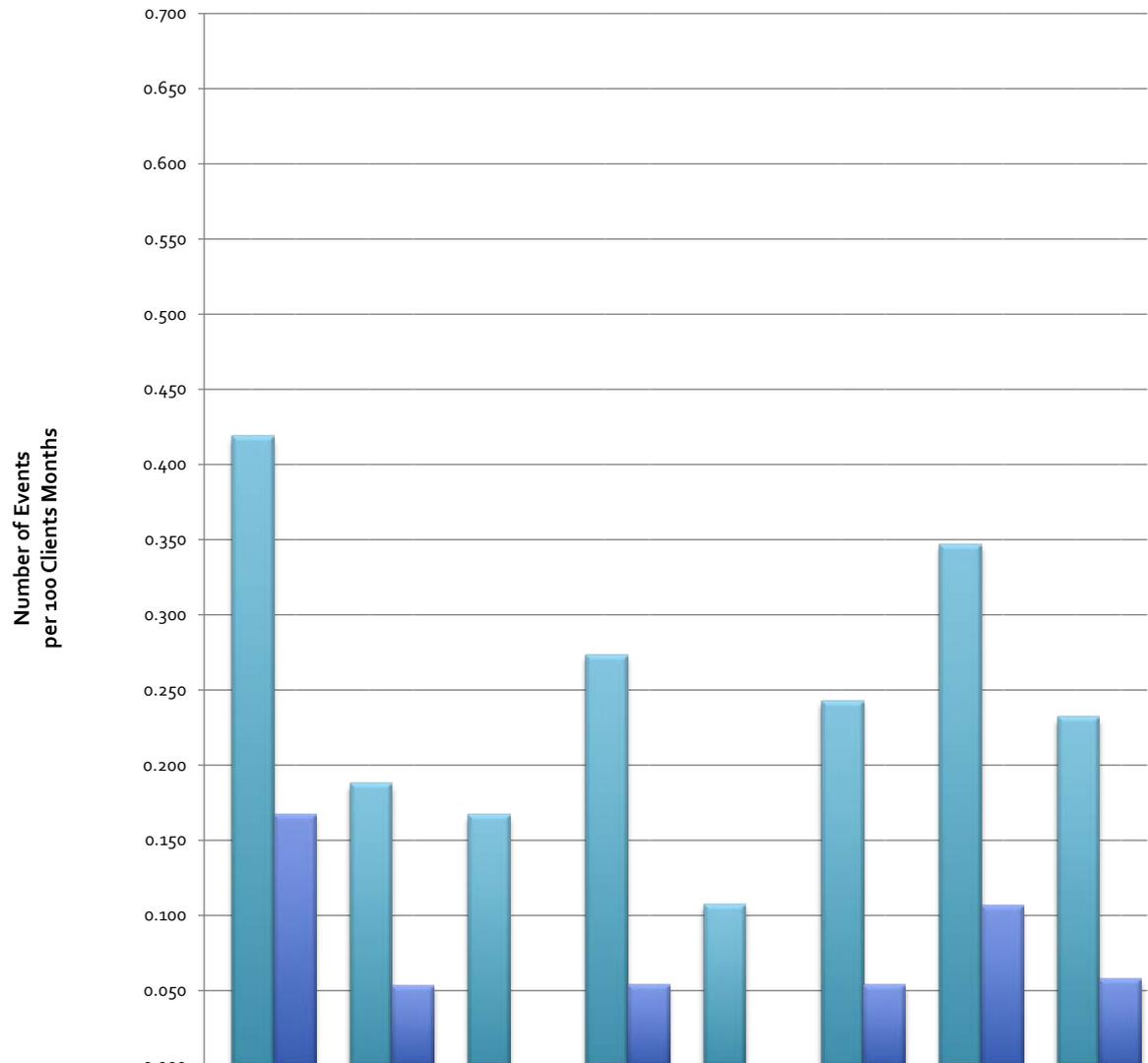


CPS Inpt Investigation Event Count	Jul-Sep 14	Sep-Dec 14	Jan-Mar 15	Apr-Jun 15	Jul-Sep 15	Oct-Dec 15	Jan-Mar 16	Apr-Jun 16
CPS Inpt: Inv. Final Report to Final Determination	49.27	38.00	19.17	11.57	31.33	29.33	25.80	21.00
CPS Inpt: Inv. Request to Inv. Final Report	28.38	29.00	35.40	31.80	49.00	29.63	30.00	28.17
CPS Inpt: Event Report to Inv. Request	2.47	2.00	1.60	1.50	2.00	2.00	0.92	2.33
CPS Inpt: Event Discovery to Event Report	0.33	0.33	0.40	0.50	0.67	0.88	0.17	0.83
CPS Inpt: "Typical" Inv Total Time	43.12	69.33	34.00	43.07	34.67	56.51	50.58	46.94

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



Inpatient Abuse / Neglect Investigations

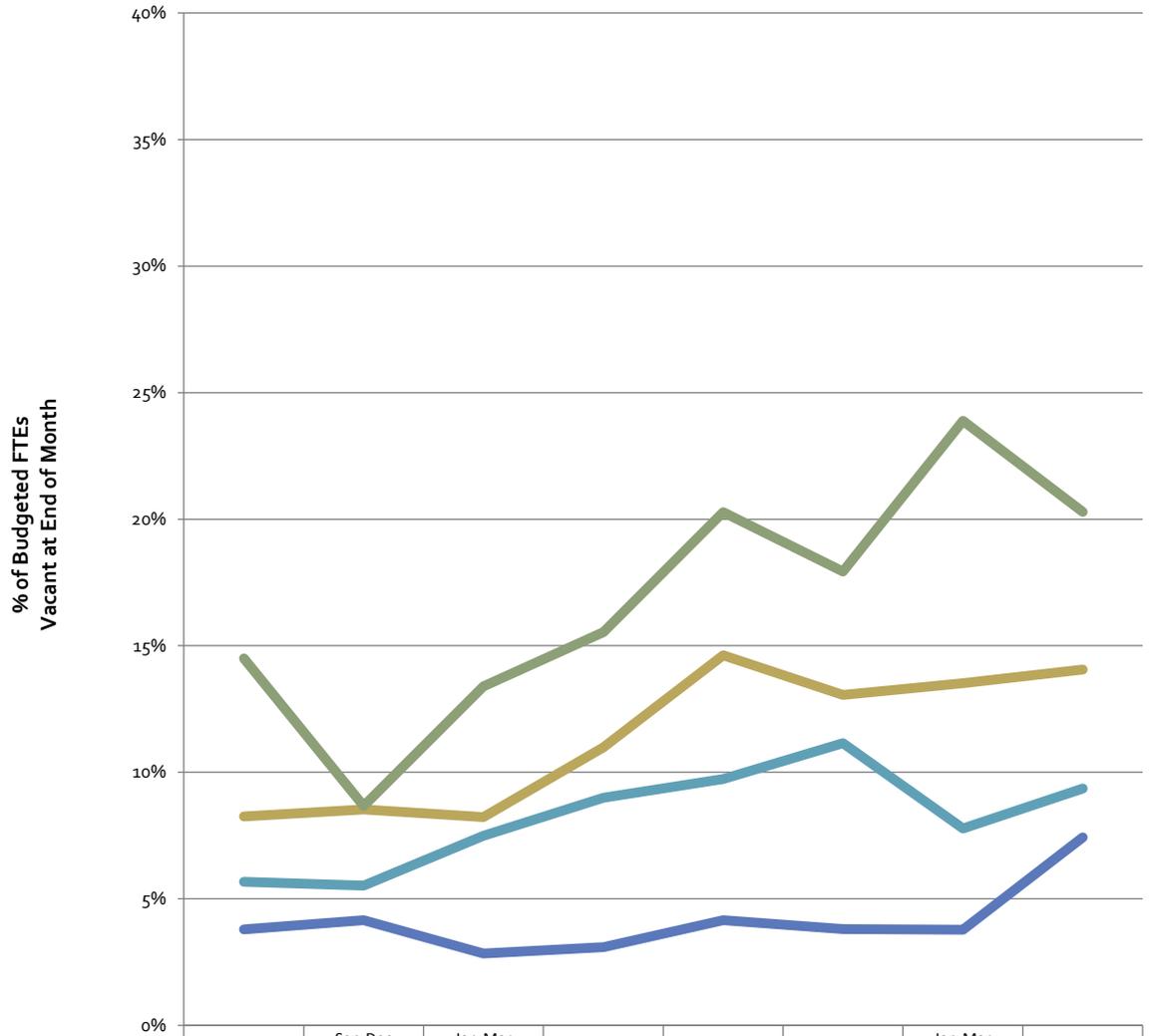


	Jul-Sep 14	Sep-Dec 14	Jan-Mar 15	Apr-Jun 15	Jul-Sep 15	Oct-Dec 15	Jan-Mar 16	Apr-Jun 16
CPS Inpt A/N Investigations Completed	15	7	6	10	4	9	13	8
A/N Investigations per 100 consumers/mo	0.42	0.19	0.17	0.27	0.11	0.24	0.35	0.23
Inpt A/N Substantiations	6	2	0	2	0	2	4	2
A/N Substantiations per 100 consumers/mo	0.17	0.05	0.00	0.05	0.00	0.05	0.11	0.06

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



CPS Operated Facility Staff Vacancy Rates

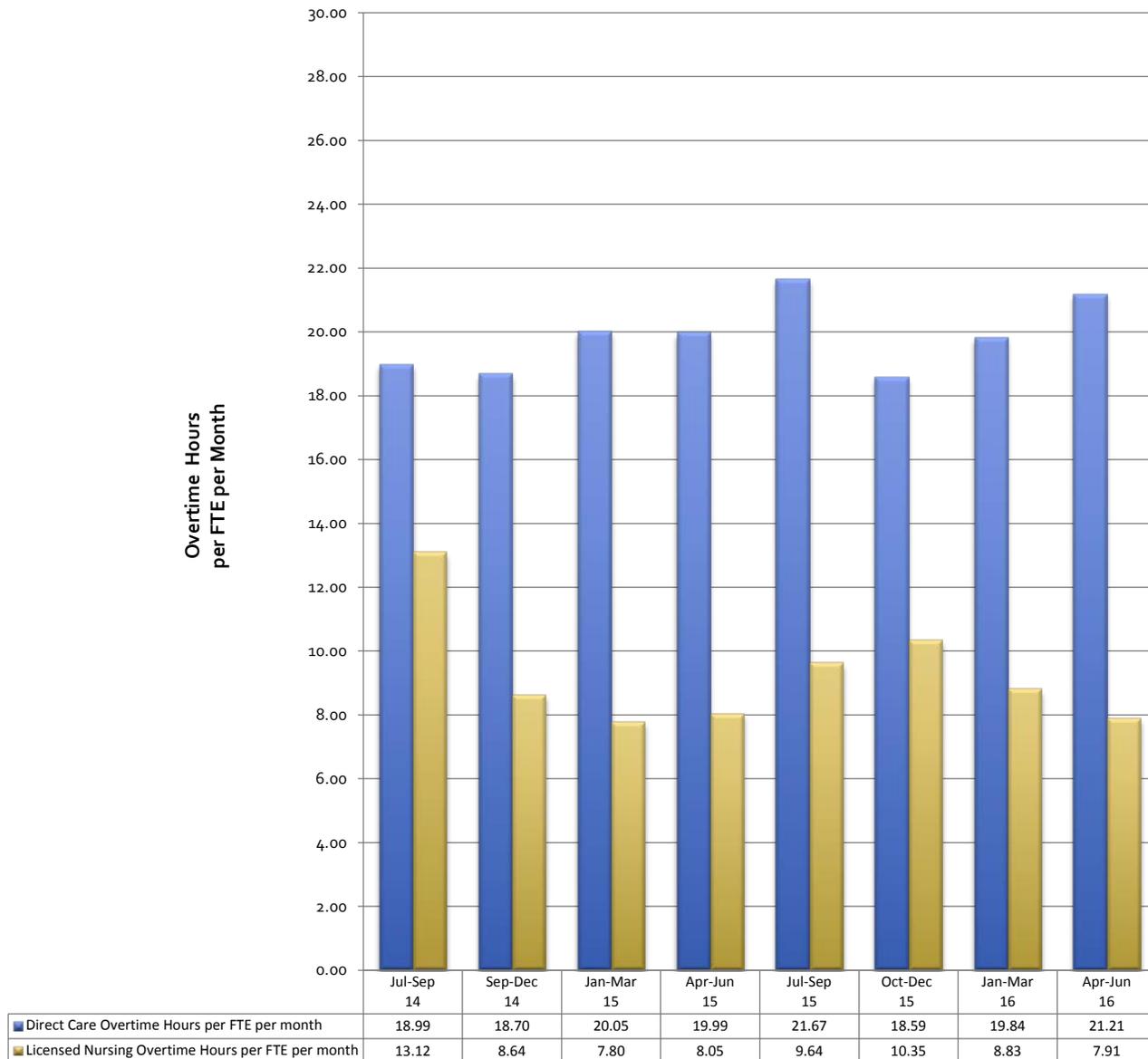


	Jul-Sep 14	Sep-Dec 14	Jan-Mar 15	Apr-Jun 15	Jul-Sep 15	Oct-Dec 15	Jan-Mar 16	Apr-Jun 16
Direct Care Staff Vacancy Rates	3.80%	4.15%	2.84%	3.09%	4.16%	3.80%	3.77%	7.43%
Licensed Nursing Staff Vacancy Rates	8.26%	8.53%	8.23%	10.99%	14.63%	13.06%	13.52%	14.06%
Psychologist Vacancy Rates	14.49%	8.67%	13.39%	15.54%	20.28%	17.93%	23.89%	20.29%
Psychiatrist Staff Vacancy Rates	5.67%	5.52%	7.49%	8.99%	9.74%	11.15%	7.78%	9.36%

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 remained higher than other staff vacancy rates.



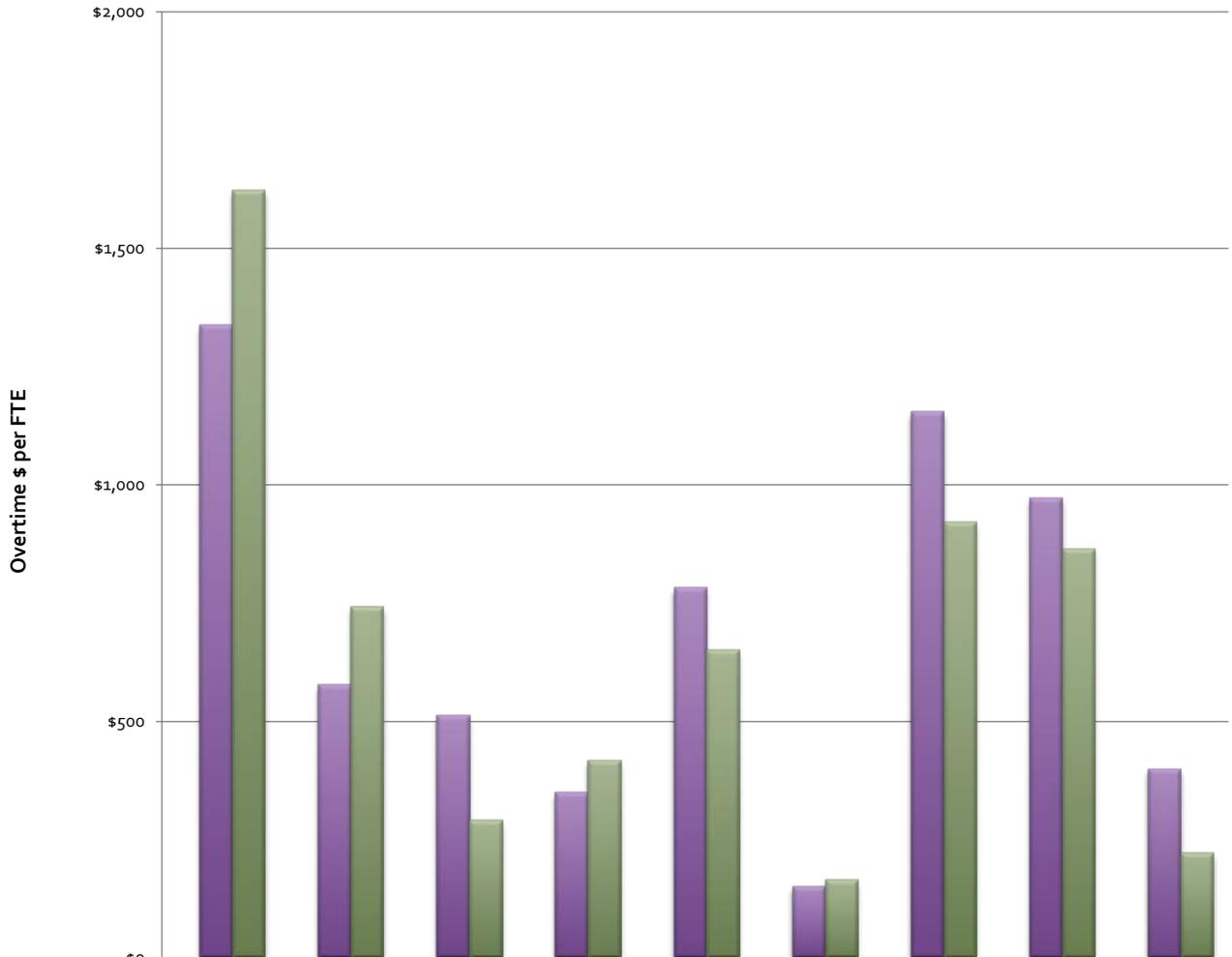
CPS Operated Facility Overtime Hours per FTE per Month



SIGNIFICANCE: Facility staffing levels, even without vacancies, are near minimums required for safety so that continued vacancy rates have historically translated into more overtime for Direct Care staff. Conversely, slowly improving licensed nursing staff vacancy rates over the last several quarters appear to have translated into lower direct care overtime usage.



Inpatient Facility, FY16 Overtime \$ per FTE versus FY15 Overtime \$ per FTE -- FY to date

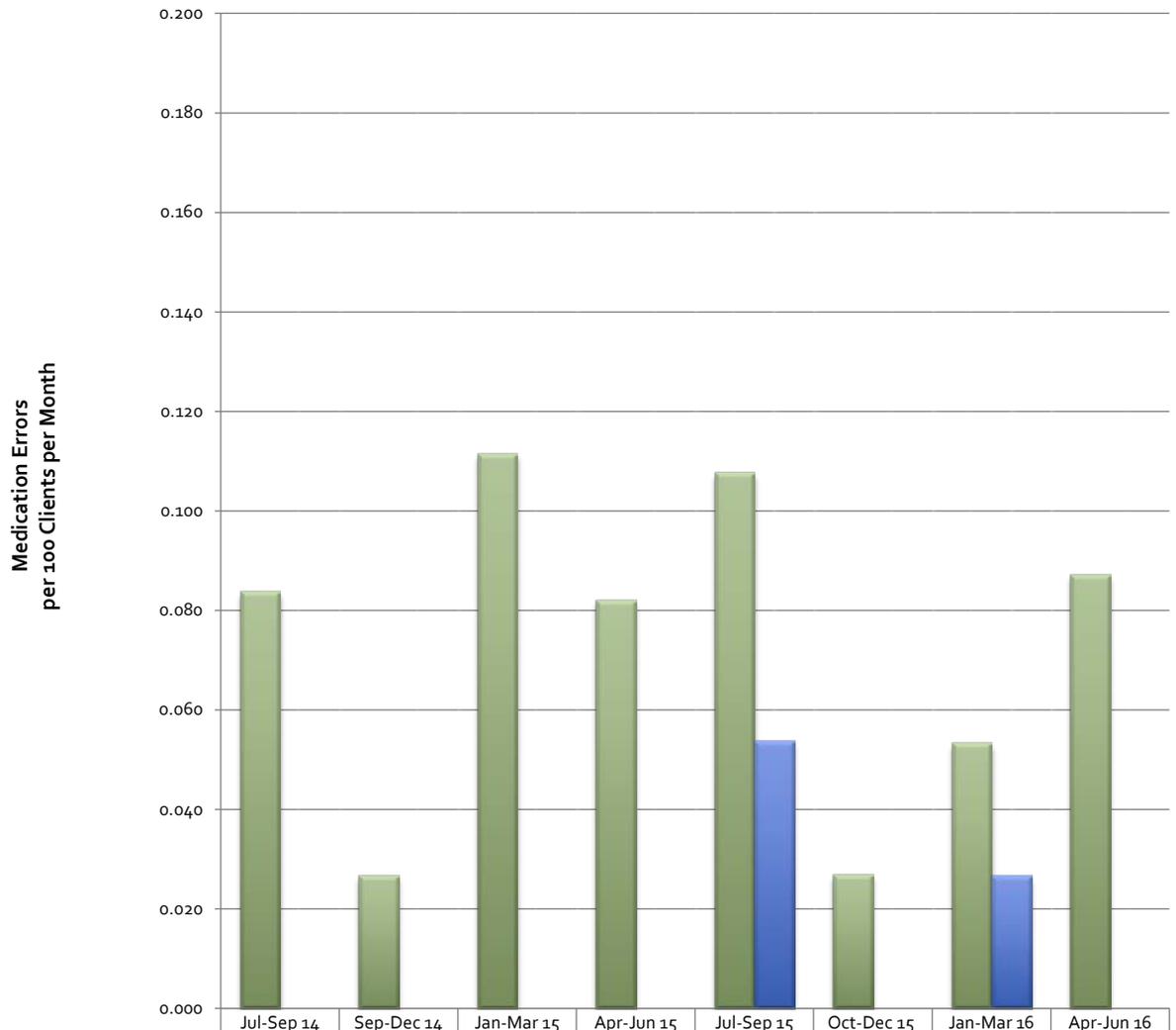


	FSH	NMPRC	SWMPRC	SEMMHC	SLPRC	MSLPC	CBM	HCPH	CRTC
FY15 Direct Care Overtime \$M	\$0.867	\$0.083	\$0.020	\$0.164	\$0.220	\$0.017	\$0.135	\$0.118	\$0.024
FY15 Direct Care FTEs	647.50	144.00	38.00	465.98	280.50	114.50	116.50	121.60	60.01
FY15 Direct Care OT \$ per FTE	\$1,339	\$578	\$513	\$351	\$784	\$152	\$1,156	\$974	\$401
FY16 Direct Care Overtime \$M	\$1.052	\$0.107	\$0.011	\$0.195	\$0.183	\$0.019	\$0.107	\$0.105	\$0.013
FY16 Direct Care FTEs	647.50	144.00	38.00	465.98	280.50	114.50	116.50	121.60	60.01
Fy16 Direct Care OT \$ per FTE	\$1,625	\$743	\$292	\$418	\$652	\$166	\$922	\$866	\$224

NOTE: FTEs are budgeted FTEs, and "direct care" includes all Psych Techs, SAs, and all nursing staff. In order, the facilities are: Fulton, Northwest, Southwest, Southeast, St Louis Psych., Metro. St Louis, Center for Behavioral Medicine, Hawthorn, and Cottonwood.



Inpatient Medication Errors

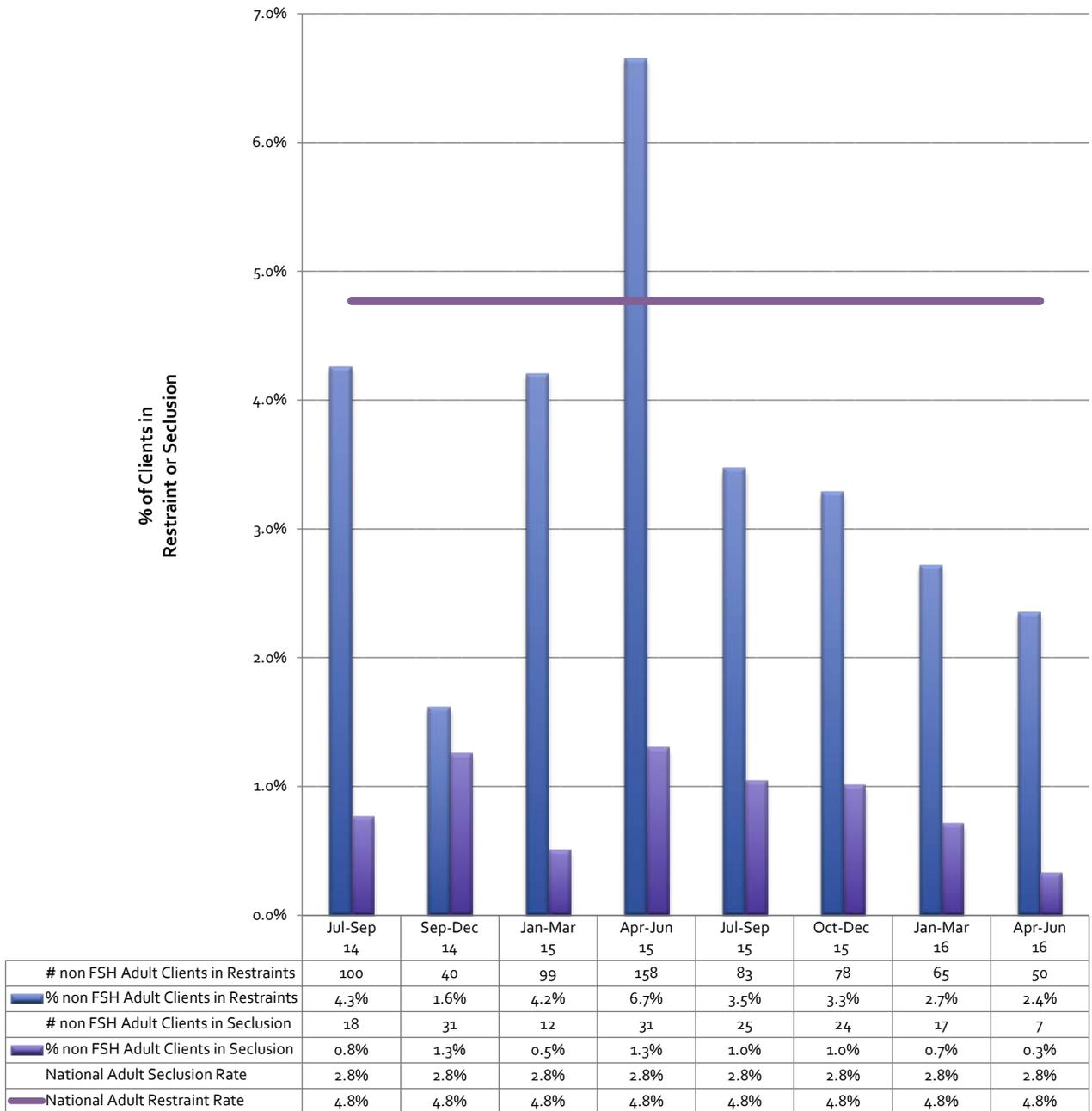


	Jul-Sep 14	Sep-Dec 14	Jan-Mar 15	Apr-Jun 15	Jul-Sep 15	Oct-Dec 15	Jan-Mar 16	Apr-Jun 16
Inpt "Moderate" Med Errors	3	1	4	3	4	1	2	3
Inpt "Moderate" Med Errors per 100 Consumers/mo	0.084	0.027	0.112	0.082	0.108	0.027	0.053	0.087
Inpt "Serious" Med Errors	0	0	0	0	2	0	1	0
Inpt "Serious" Med Errors per 100 Consumers/mo	0.000	0.000	0.000	0.000	0.054	0.000	0.027	0.000
Unduplicated Client-month count	3577	3720	3585	3650	3710	3698	3743	3437

SIGNIFICANCE: "Minimal" severity med errors are tracked and reviewed for inpatient but not shown here in order to emphasize the rarer but higher profile categories of error: "Moderate" medication errors are those resulting in the need for treatment and/or interventions beyond monitoring and observation. "Serious" medication errors are those with life threatening and/or permanent adverse consequences.



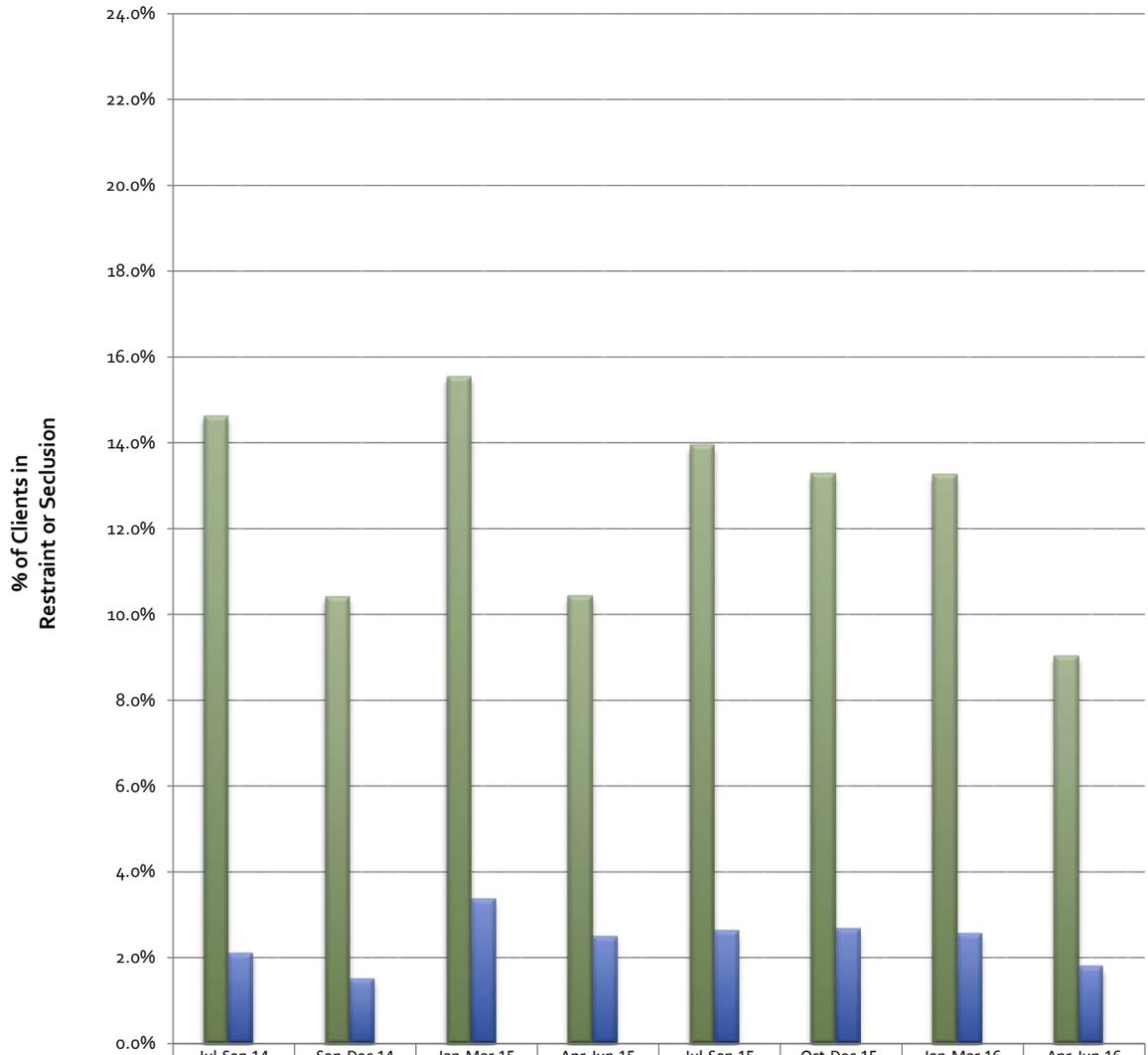
Inpatient Adult Restraint & Seclusion Use



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



Fulton State Hospital Restraint & Seclusion Use

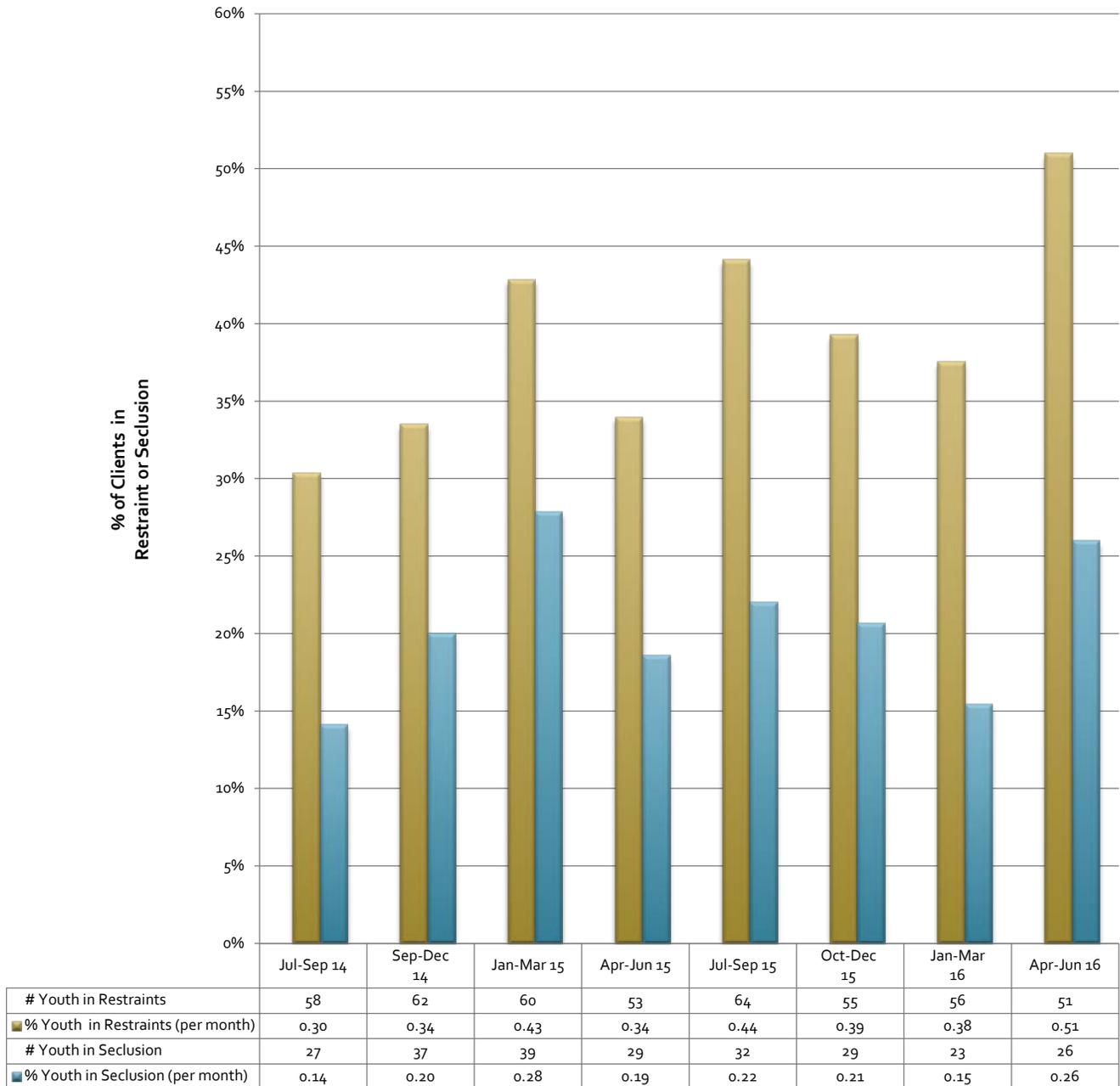


	Jul-Sep 14	Sep-Dec 14	Jan-Mar 15	Apr-Jun 15	Jul-Sep 15	Oct-Dec 15	Jan-Mar 16	Apr-Jun 16
# FSH Clients in Restraints	152	154	170	117	164	158	160	110
■ % FSH Clients in Restraints (per month)	14.6%	10.4%	15.6%	10.4%	14.0%	13.3%	13.3%	9.0%
# FSH Clients in Seclusion	22	24	37	28	31	32	31	22
■ % FSH Clients in Seclusion (per month)	2.1%	1.5%	3.4%	2.5%	2.6%	2.7%	2.6%	1.8%
# Adult Clients in Seclusion	40	39	49	59	56	56	48	29
National Adult Restraint Rate	4.8%	4.8%	4.8%	4.8%	4.8%	4.8%	4.8%	4.8%

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



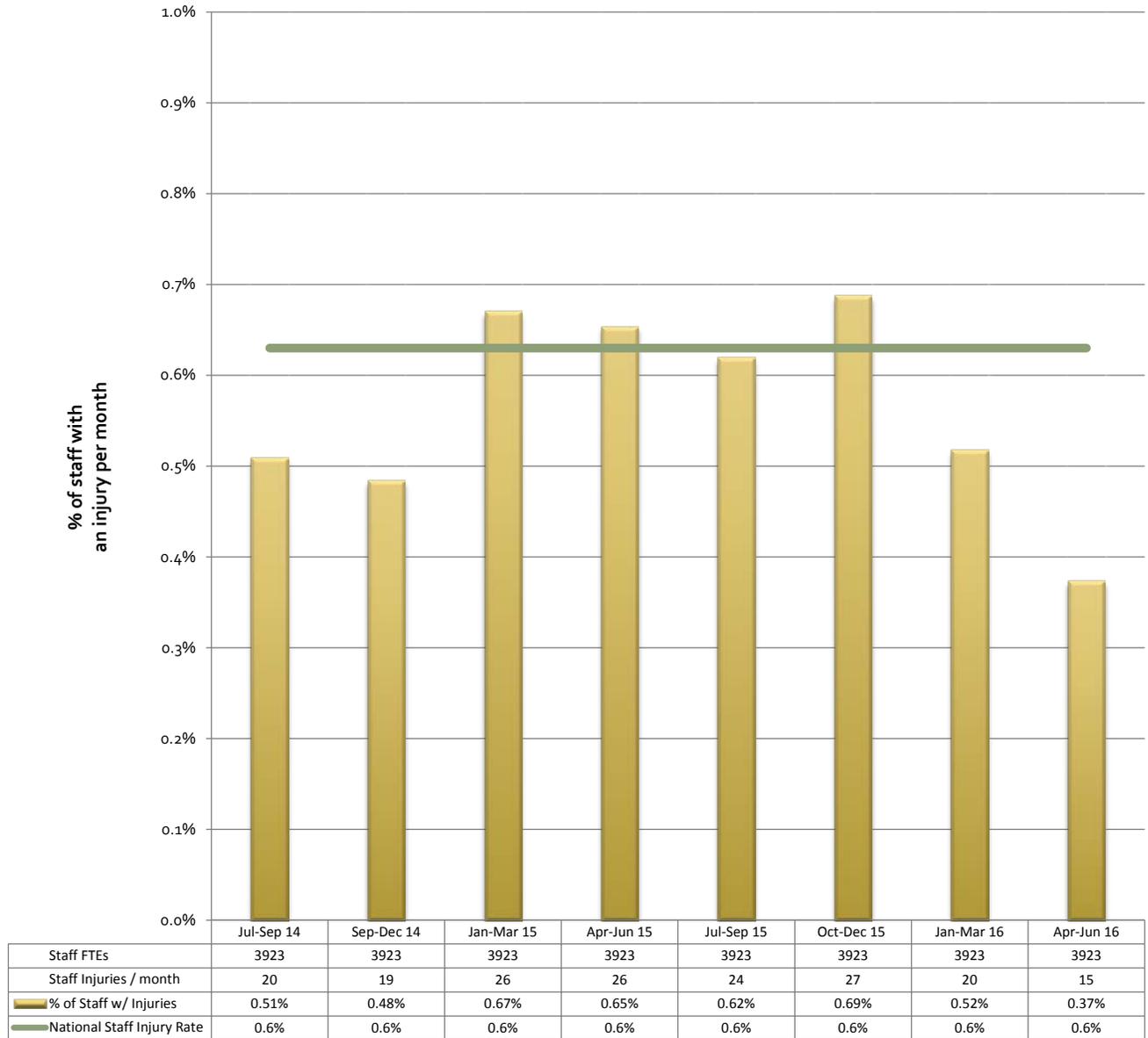
Inpatient Youth Restraint & Seclusion Use



SIGNIFICANCE: The youth restraint use rate appears to have established a higher overall rate than the relative lows of two years ago. This is generally attributed to higher acuity levels and persists in spite of continued efforts to reduce reliance on restraint. We do not have benchmark rates specific to youth for restraint and seclusion, but NRI age stratification reports confirm significantly higher rates of restraint and seclusion for youth inpatient compared to adult inpatient nationwide. The majority of youth restraint usage is for brief manual holds.



Inpatient Direct Care Staff Injuries

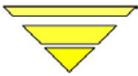


NOTE: Includes injuries requiring any medical care or hospitalization, but not first aid only. National average for inpatient staff in SFY 2012 (ORYX) was .63% of staff per month. (National rate is reported as per 1000 inpatient days, converted here into per FTE using Missouri inpatient days per FTE.)

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

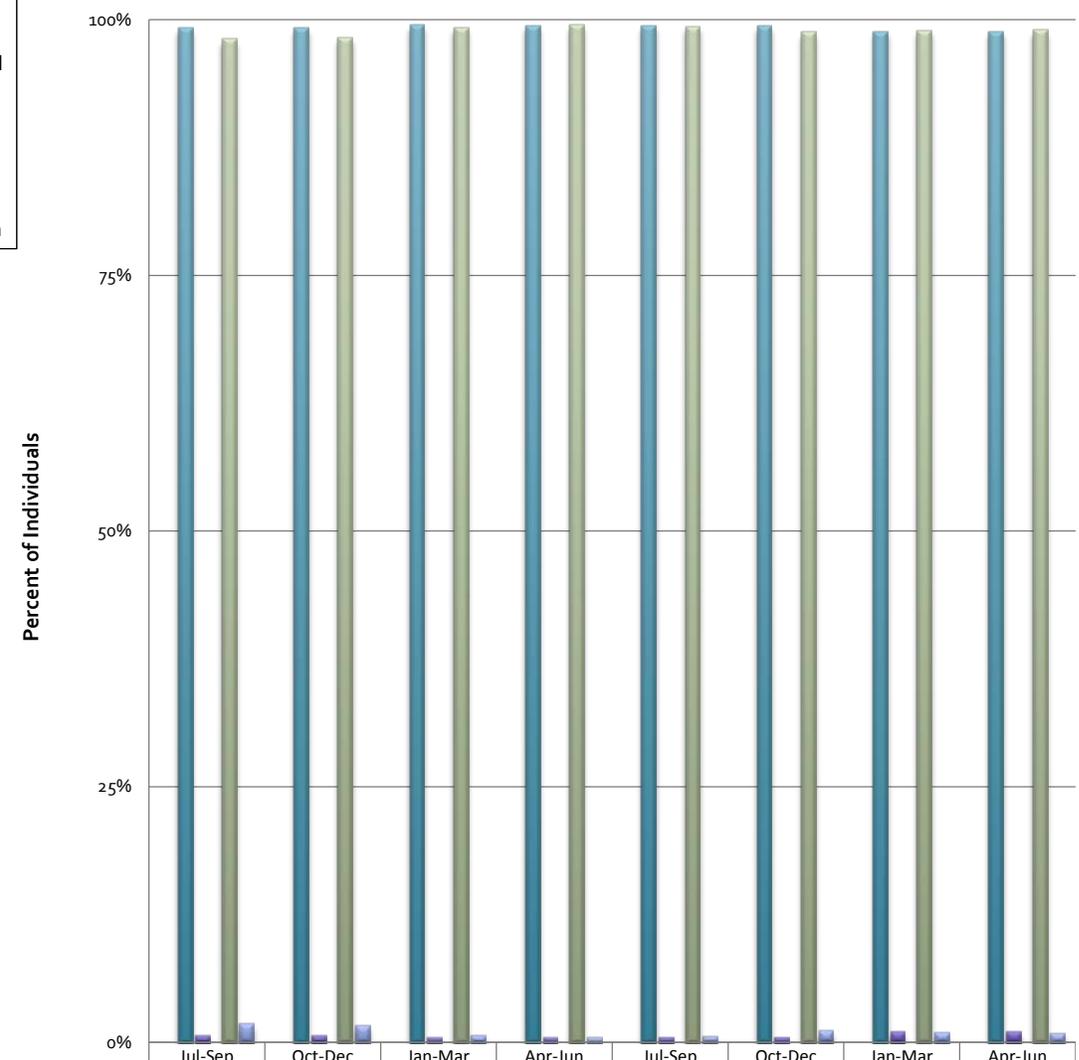


Division of Developmental Disabilities

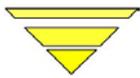


Division of DD Residential Medicaid Eligibility

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

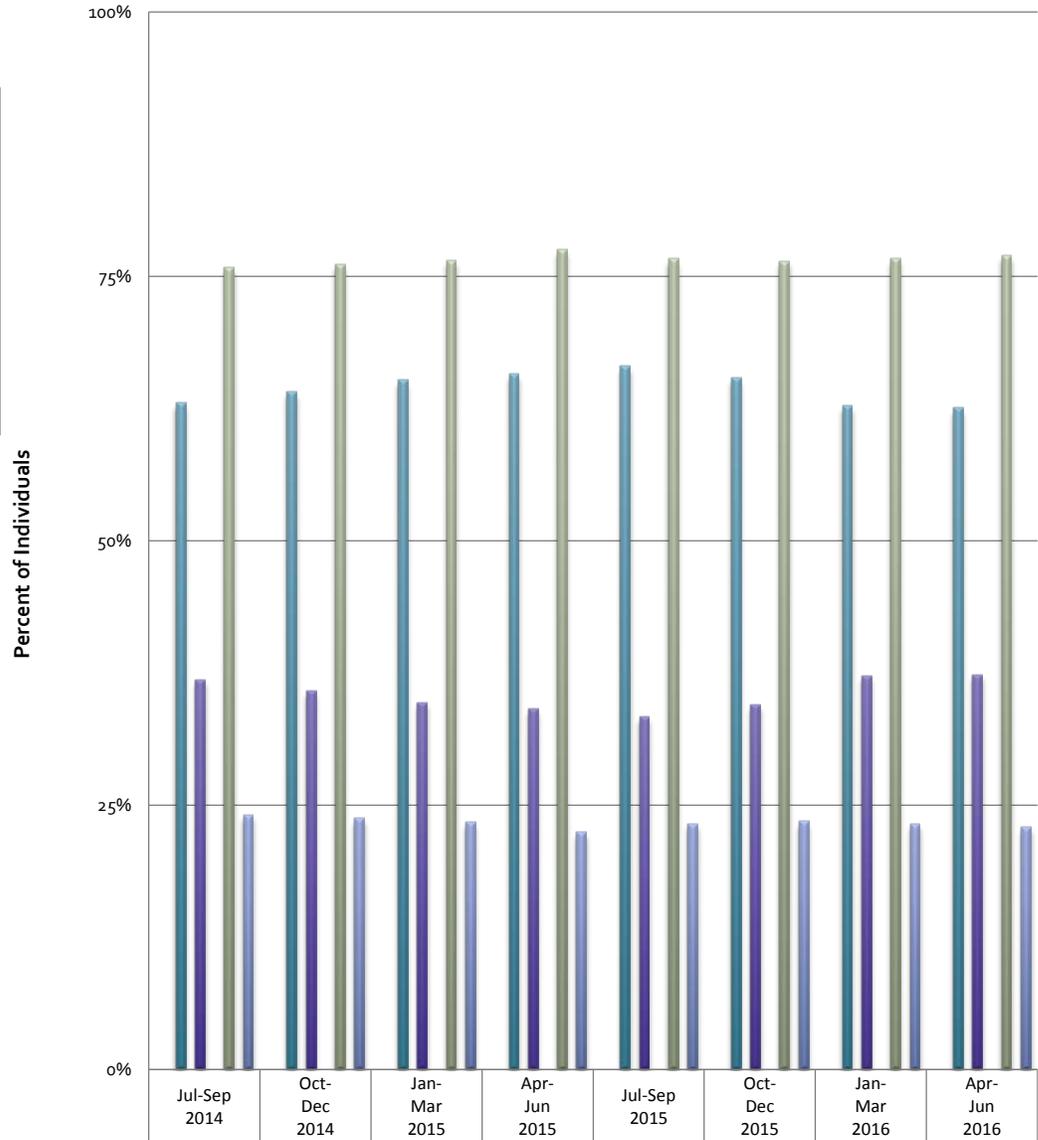


	Jul-Sep 2014	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016
# Individuals Served in Hab Centers	421	416	405	394	379	363	359	355
# HC Individuals Medicaid Eligible	418	413	403	392	377	361	355	351
% HC Individuals Medicaid Eligible	99%	99%	100%	99%	99%	99%	99%	99%
# HC Individuals Not Medicaid Eligible	3	3	2	2	2	2	4	4
% HC Individuals Not Medicaid Eligible	1%	1%	0%	1%	1%	1%	1%	1%
# Individuals Served in Community Residential	7097	7144	7178	7186	7236	7278	7300	7222
# Individuals Community Medicaid Eligible	6966	7024	7124	7151	7191	7193	7226	7153
% Individuals Community Medicaid Eligible	98%	98%	99%	100%	99%	99%	99%	99%
# Individuals Community Not Medicaid Eligible	131	120	54	35	45	85	74	69
% Individuals Community Not Medicaid Eligible	2%	2%	1%	0%	1%	1%	1%	1%

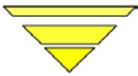


Division of DD Non-Residential Medicaid Eligibility

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

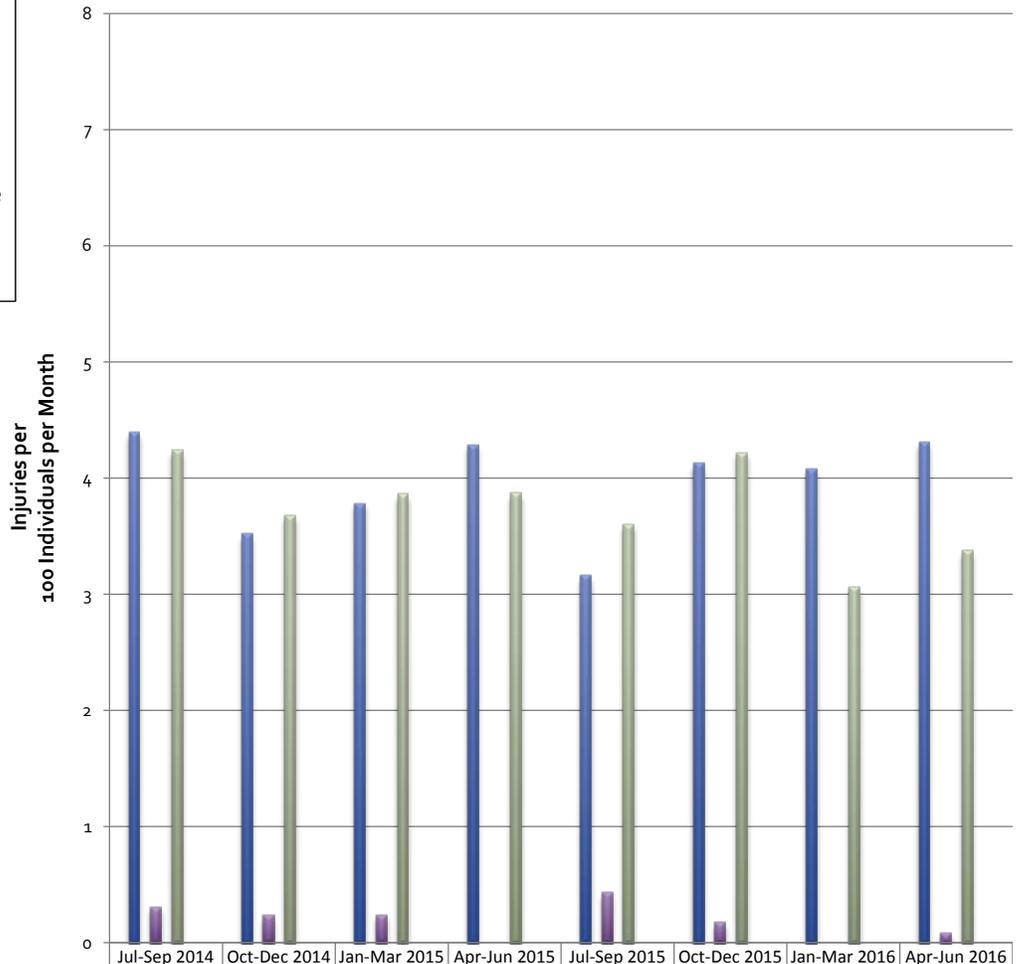


	Jul-Sep 2014	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016
# Individuals served in Case Management (CM) Only	15983	16366	16384	16205	16068	16270	14521	13900
# Individuals CM Only Medicaid Eligible	10083	10494	10691	10663	10694	10652	9120	8703
% Individuals CM Only Medicaid Eligible	63%	64%	65%	66%	67%	65%	63%	63%
# Individuals Case Mngmt Only Not Medicaid Eligible	5900	5872	5693	5542	5374	5618	5411	5197
% Individuals CM Only Not Medicaid Eligible	37%	36%	35%	34%	33%	35%	37%	37%
# Individuals Served in Other Services	11080	11164	11502	11682	12142	12221	12342	12038
# Individuals Other Services Medicaid Eligible	8406	8508	8804	9059	9313	9348	9469	9271
% Individuals Other Services Medicaid Eligible	76%	76%	77%	78%	77%	76%	77%	77%
# Individuals Other Services Not Medicaid Eligible	2674	2656	2698	2623	2829	2873	2873	2767
% Individuals Other Services Not Medicaid Eligible	24%	24%	23%	22%	23%	24%	23%	23%

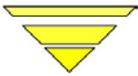


Division of DD Habilitation Center Campus Injuries per 100 Individuals

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

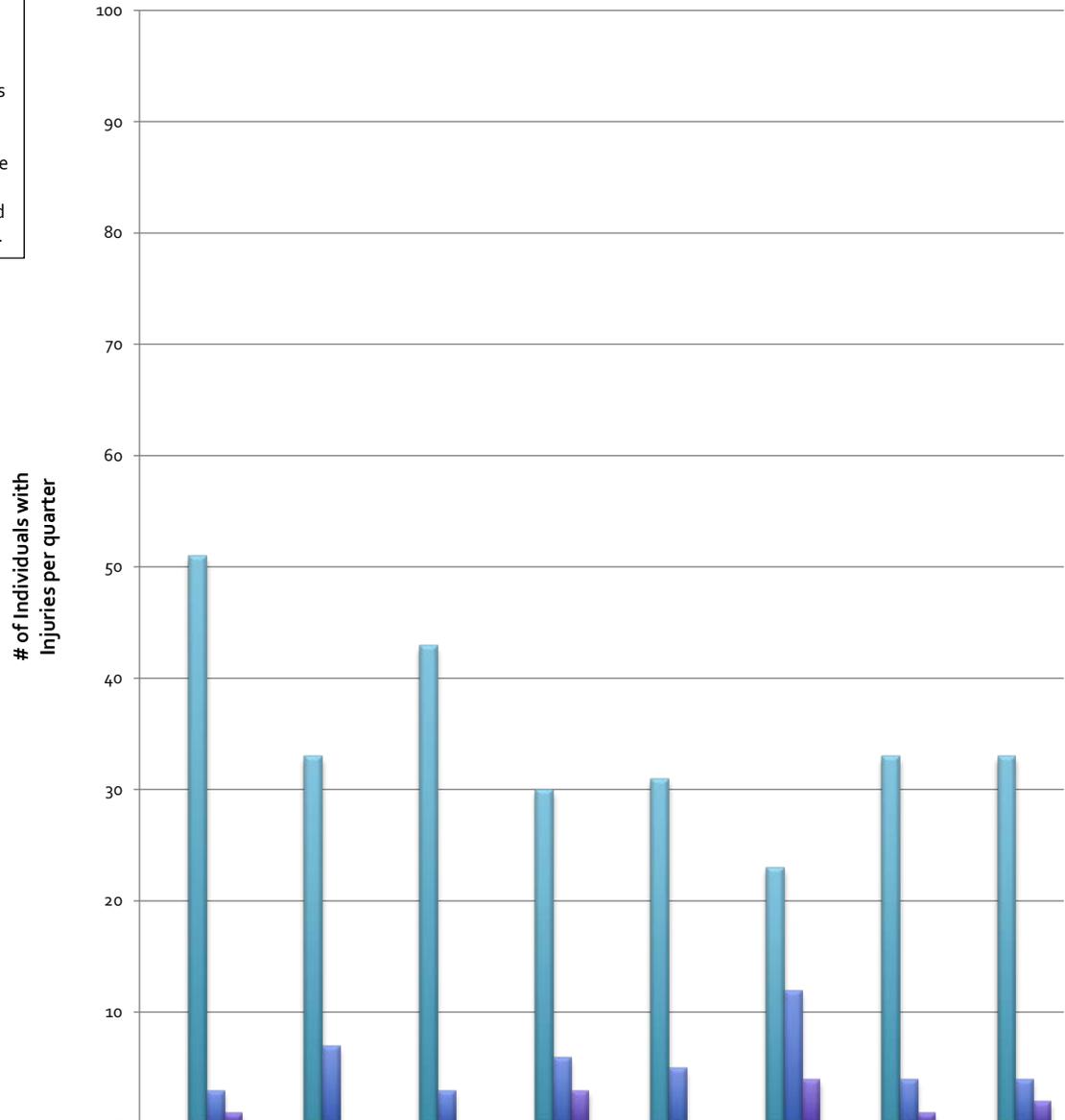


	Jul-Sep 2014	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016
# HCC Injuries Resulting in Medical Intervention	56	44	46	52	36	45	44	46
#HCC Injuries Resulting in Medical Intervention per 100 Indiv/mo	4.4	3.5	3.8	4.3	3.2	4.1	4.1	4.3
#HCC Injuries Resulting in Hospitalization	4	3	3	0	5	2	0	1
HCC Injuries Resulting in Hospitalization per 100 Indiv/mo	0.3	0.2	0.2	0.0	0.4	0.2	0.0	0.1
# HCC Injuries Resulting in Emergency Room Visits	54	46	47	47	41	46	33	36
HCC Injuries Resulting in Emergency Room Visits per 100 Indiv/mo	4.2	3.7	3.9	3.9	3.6	4.2	3.1	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	424	416	405	404	379	363	359	355

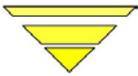


Division of DD Habilitation Center Campus Individuals with 1, 2, or 3+ Injuries

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

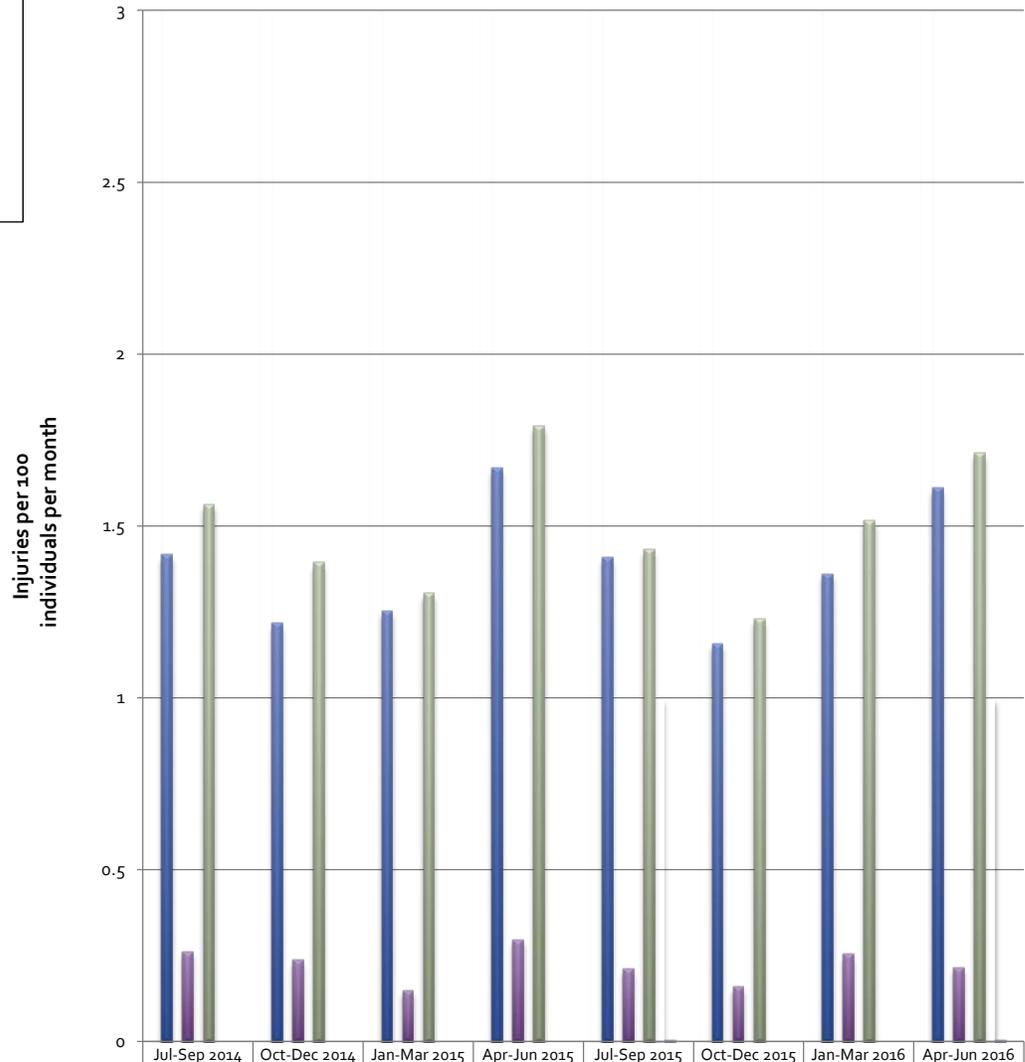


	Jul-Sep 2014	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016
# HCC Individuals	424	416	405	404	379	363	359	355
# HCC Individuals with No Injuries	369	376	359	365	343	324	321	316
# HCC Individuals with Exactly 1 Injury	51	33	43	30	31	23	33	33
# HCC Individuals with Exactly 2 Injuries	3	7	3	6	5	12	4	4
# HCC Individuals with 3+ Injuries	1	0	0	3	0	4	1	2

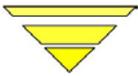


Division of DD Community Residential Injuries per 100 Individuals

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

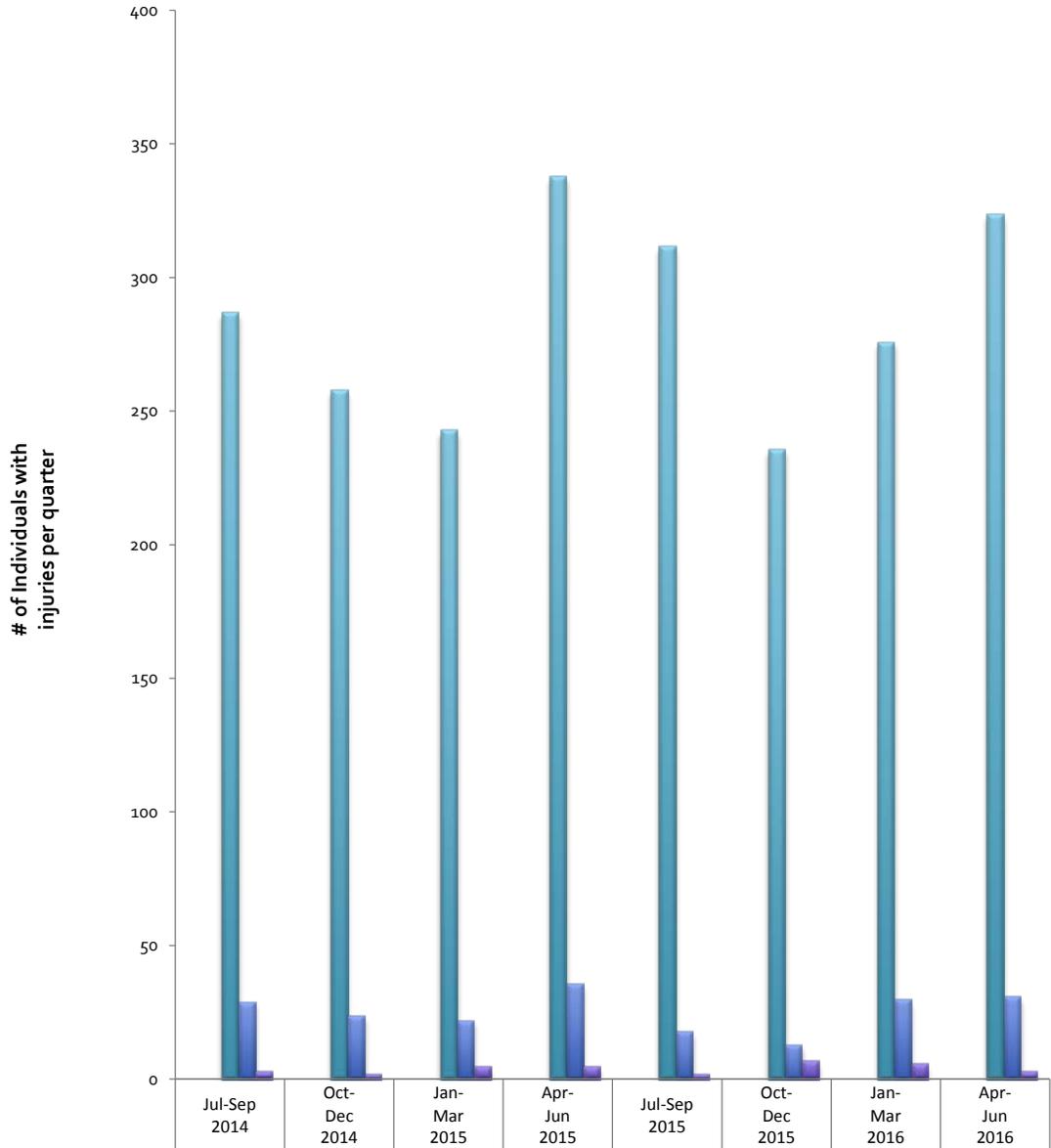


	Jul-Sep 2014	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016
# Community Injuries Resulting in Medical Intervention	302	261	270	360	306	253	298	349
Community Injuries Resulting in Medical Intervention per 100 Indiv/mo	1.4	1.2	1.3	1.7	1.4	1.2	1.4	1.6
# Community Injuries Resulting in Hospitalization	56	51	32	64	46	35	56	47
Community Injuries Resulting in Hospitalization per 100 Indiv/mo	0.3	0.2	0.1	0.3	0.2	0.2	0.3	0.2
# Community Injuries Resulting in Emergency Room Visits	333	299	281	386	311	269	332	371
Community Injuries Resulting in ER Visits per 100 Indiv/mo	1.6	1.4	1.3	1.8	1.4	1.2	1.5	1.7
# Community Injuries Resulting in Death	0	0	0	0	1	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	7097	7144	7178	7186	7236	7278	7300	7222

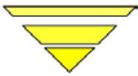


Division of DD Community Individuals with 1, 2, or 3+ Injuries

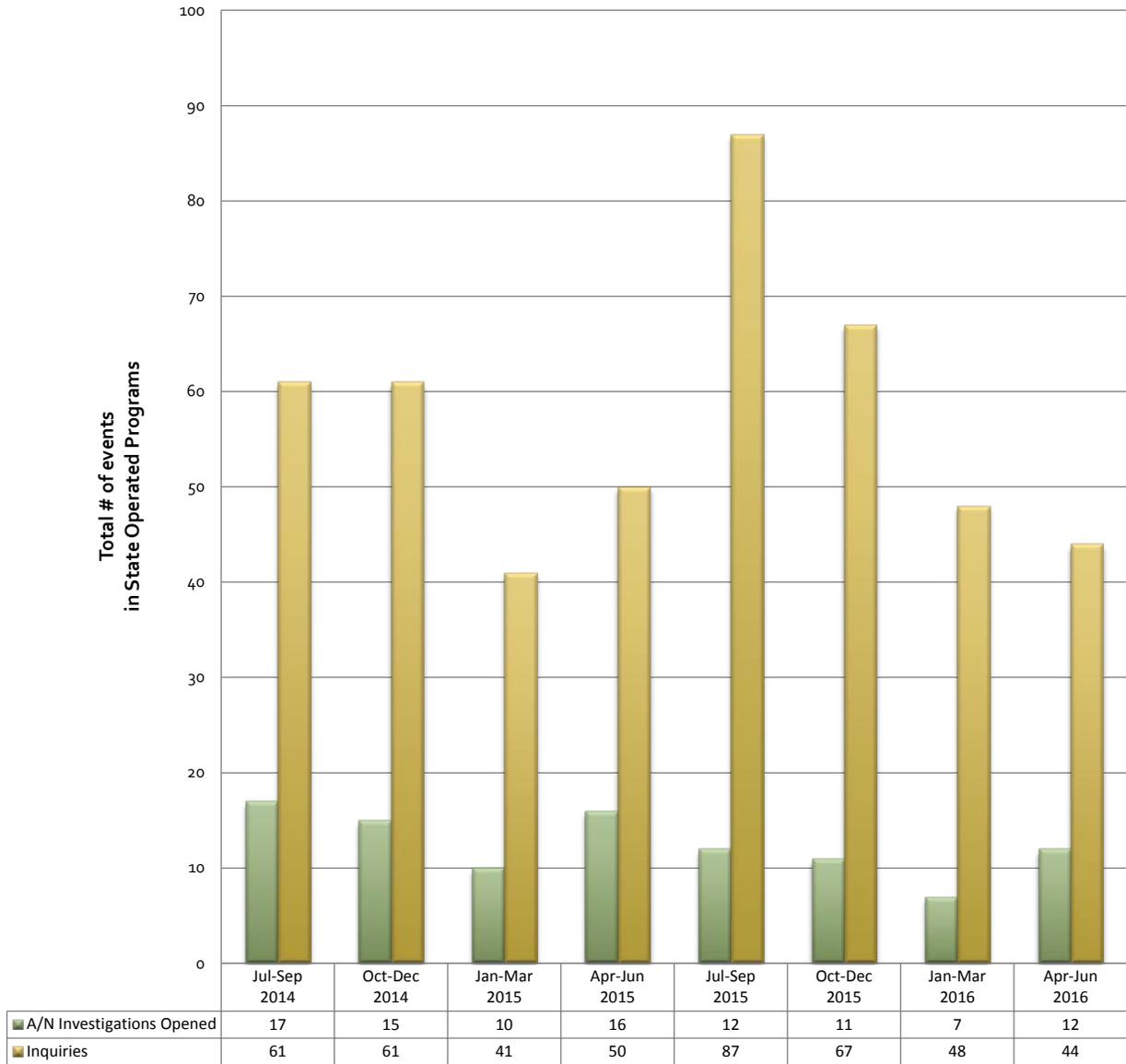
Note: An injury is defined as that which required treatment of more than first aid. State Operated Waiver Programs information now included in community residential data.



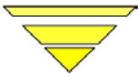
	Jul-Sep 2014	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016
# DD Individuals in Community Residential	7097	7144	7178	7186	7236	7278	7300	7222
# DD Community Individuals with No Injuries	6778	6860	6908	6807	6904	7022	6988	6864
# DD Community Individuals with Exactly 1 Injury	287	258	243	338	312	236	276	324
# DD Community Individuals with Exactly 2 Injuries	29	24	22	36	18	13	30	31
# DD Community Individuals with 3+ Injuries	3	2	5	5	2	7	6	3



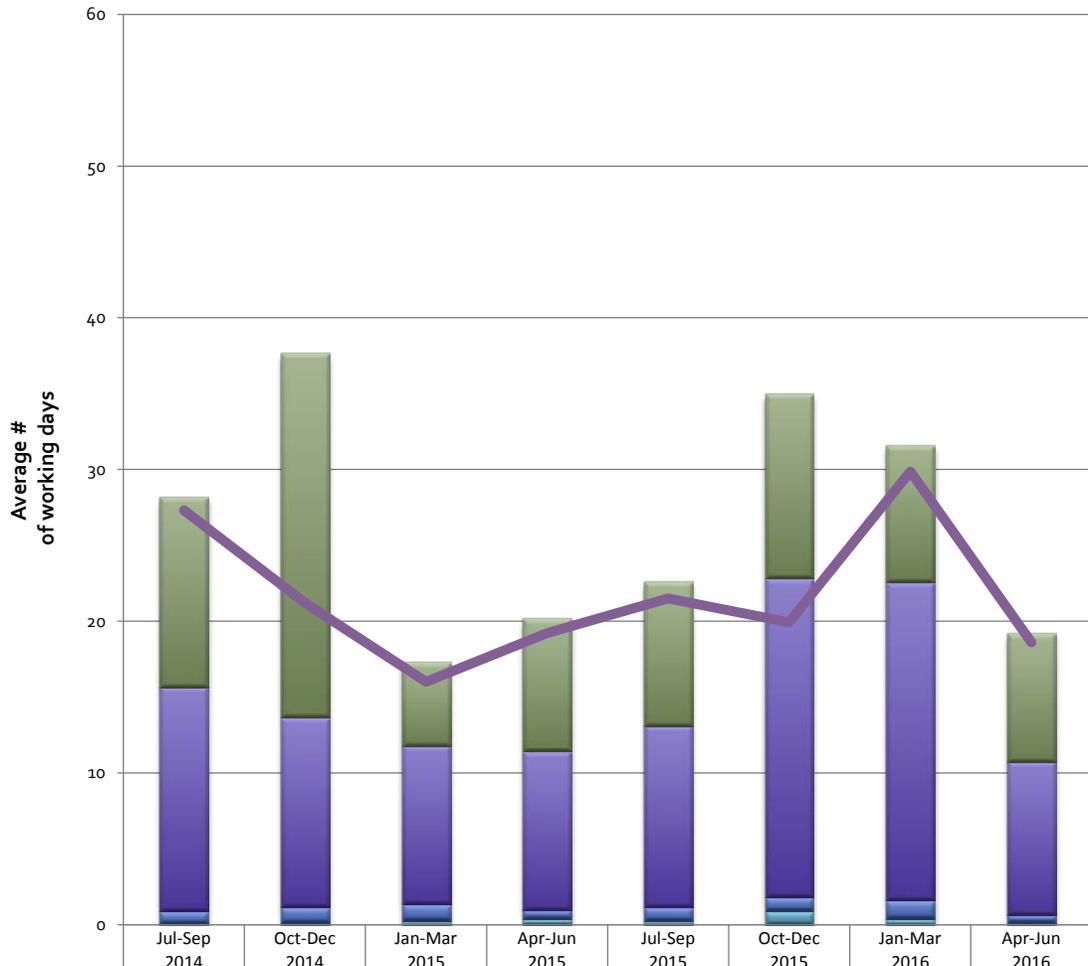
Division of DD State Operated Programs Inquiries Into Potential Abuse/Neglect Allegations



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.

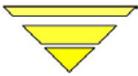


Duration of Investigation Process State Operated Programs

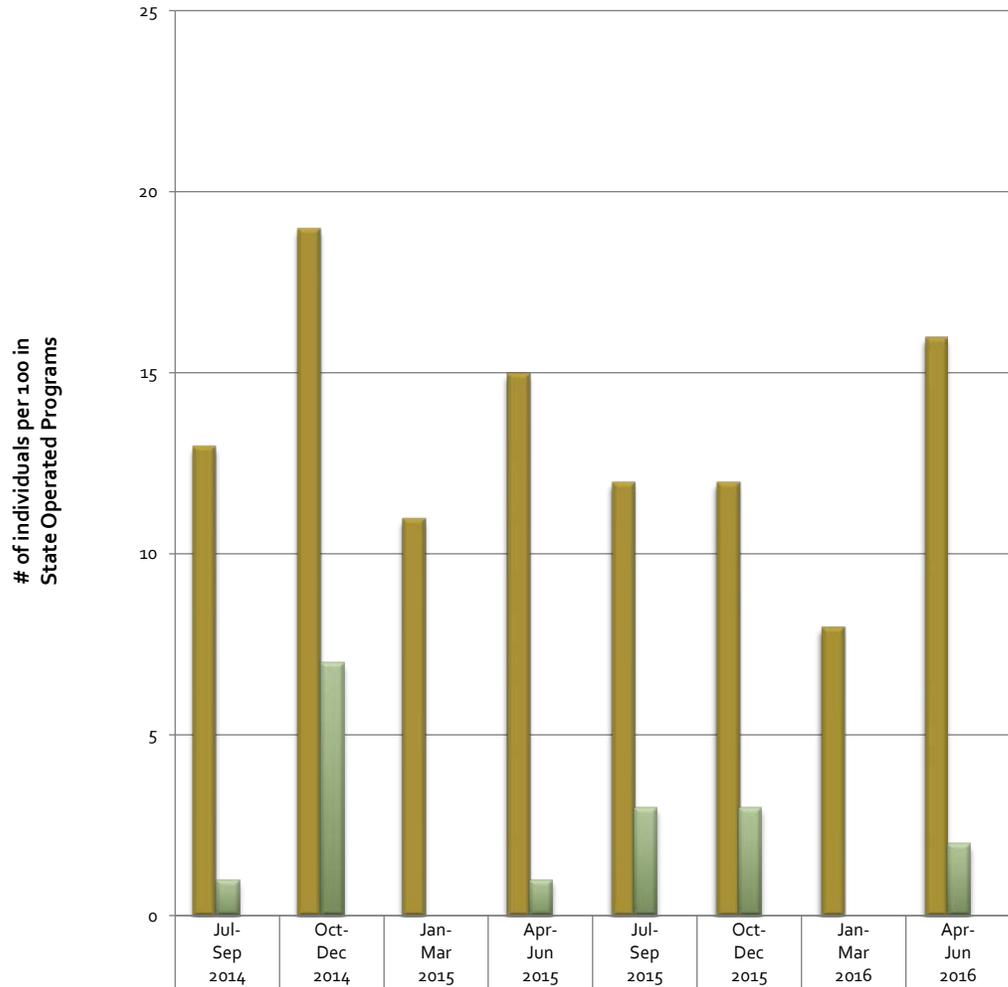


DD State Operated Programs Event Count	Jul-Sep 2014	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016
Inv. Final Report to Final Determ.	12	17	12	11	12	12	10	9
Inv. Request to Final Report	14.77	12.51	10.47	10.47	11.95	21.00	20.97	10.10
Event Report to Inv. Request	0.83	1.06	1.08	0.64	0.92	0.92	1.20	0.56
Event Discovery to Report	0.08	0.12	0.25	0.36	0.25	0.92	0.40	0.11
Total Time (90%)	27.31	21.21	16.00	19.21	21.50	19.92	29.86	18.60

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.

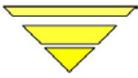


Division of DD State Operated Programs Abuse and Neglect Completed Investigations/Substantiations

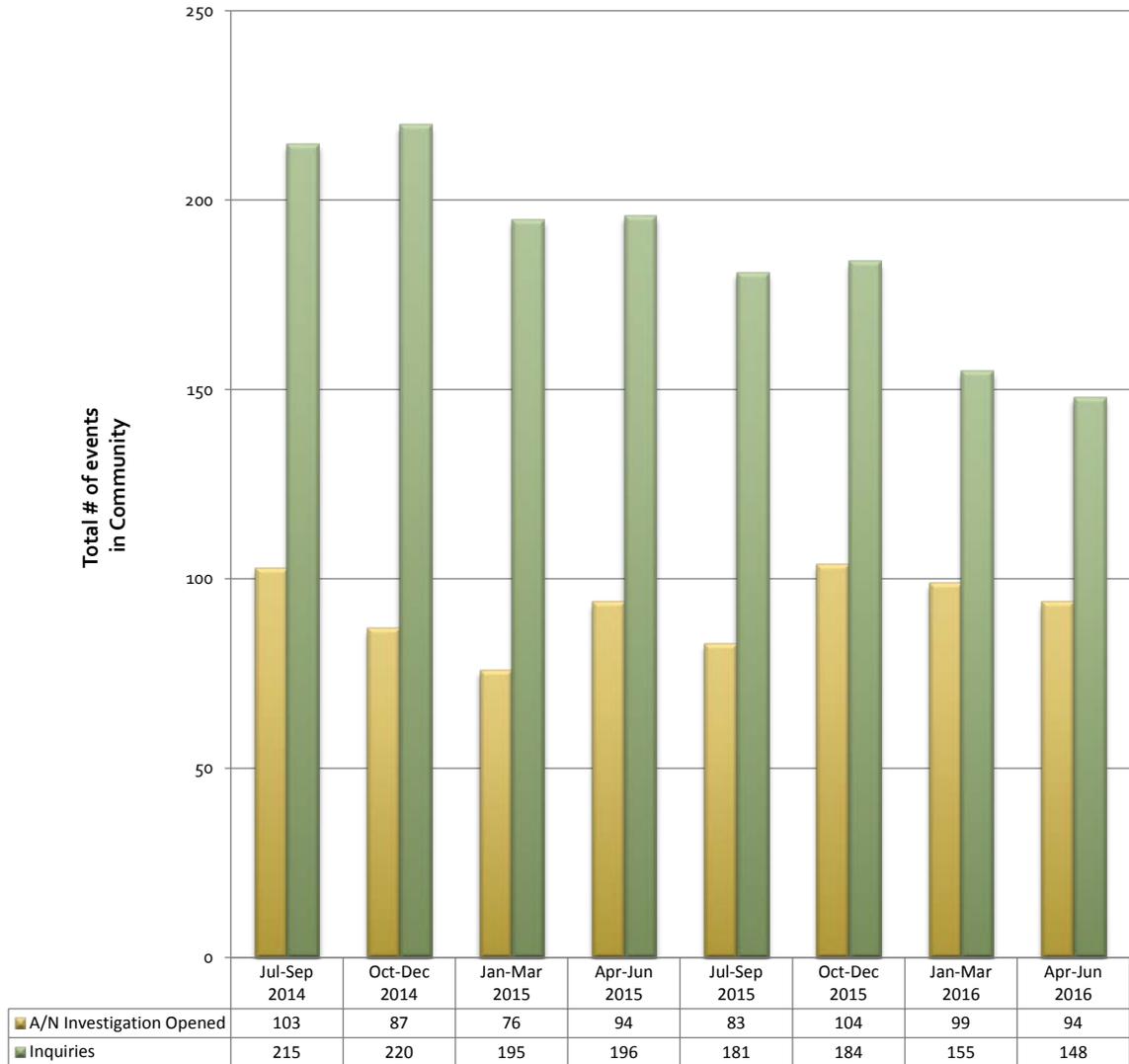


■ CO Investigations Completed	13	19	11	15	12	12	8	16
■ A/N Substantiations	1	7	0	1	3	3	0	2
# Individuals in State Operated Programs (Waiver & On Campus)	629	622	609	602	598	586	582	579

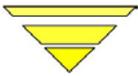
NOTE: Investigations and Substantiations are a count of the number of events, not the number of alleged perpetrators or victims. Also, both counts reflect cases finalized in the quarter reported. Starting in the Jul-Sep quarter, process includes both Habilitation Center Campus and Waiver programs .



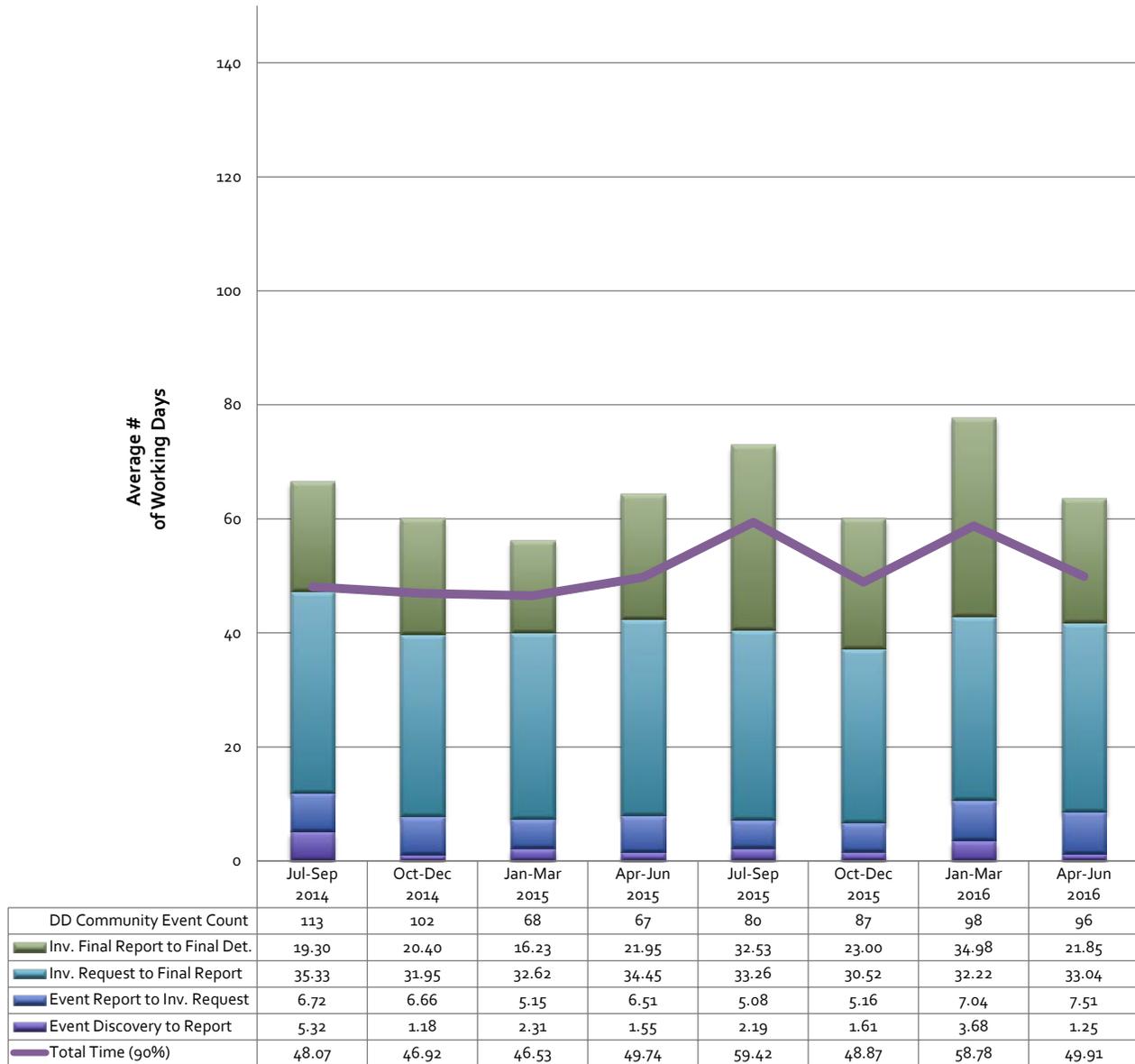
Division of DD Community Inquiries Into Potential Abuse/Neglect Allegations



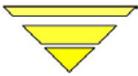
NOTE: If an event initially had an inquiry but then an A/N investigation, it is counted only as an investigation to ensure an unduplicated account of cases under review. Also note that a "decision" for an investigation is only the start of the investigation process. When a final judgment is made regarding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



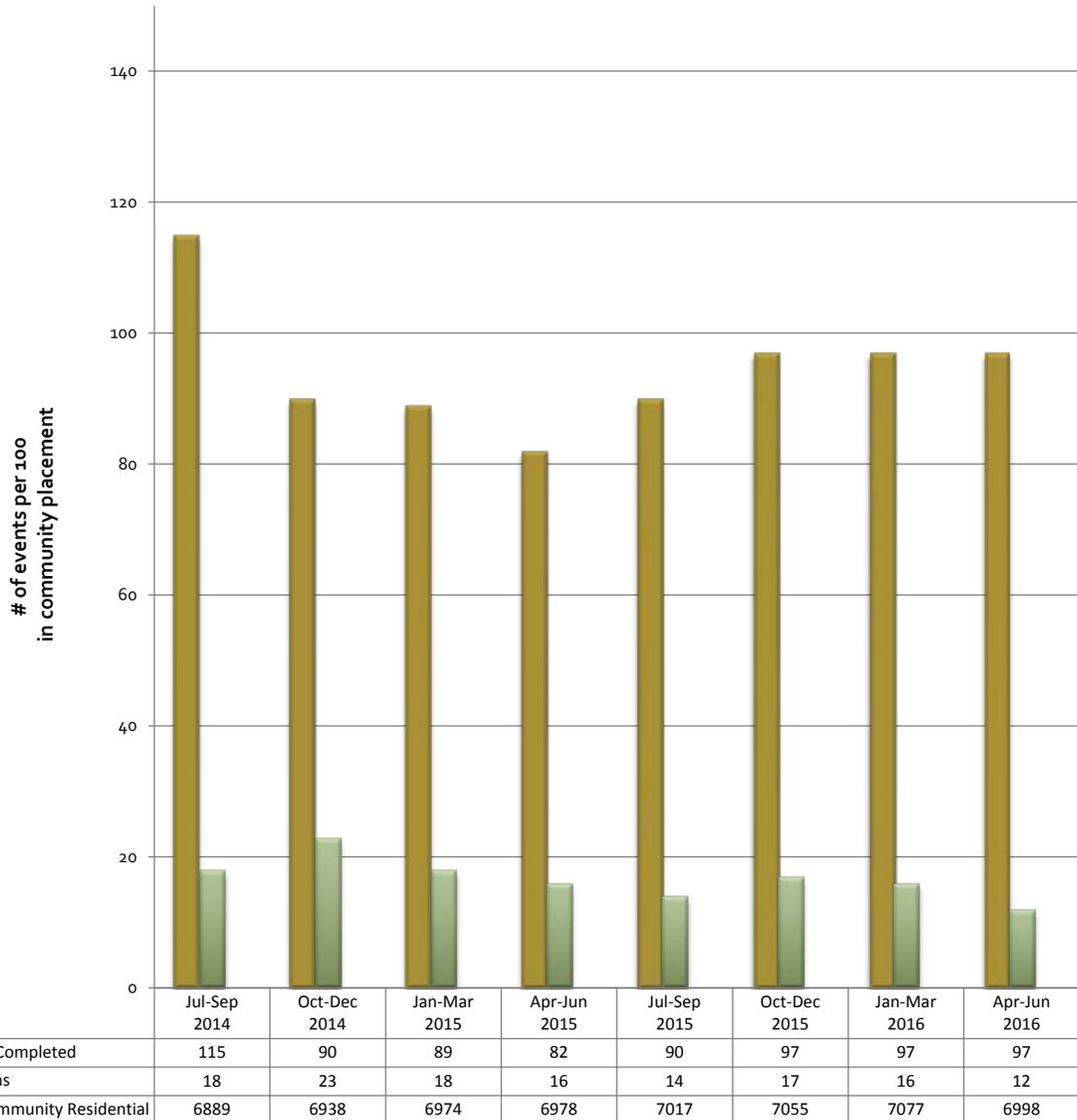
Duration of Investigation Process DD Community



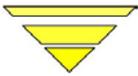
NOTE: Timelines are divided into four distinct stages of the investigation. The bars show the average duration (in working days) for all final determinations made in each quarter, whereas the line superimposes the overall average duration of 90% of the cases. The 90% is used in order to show a more "typical"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



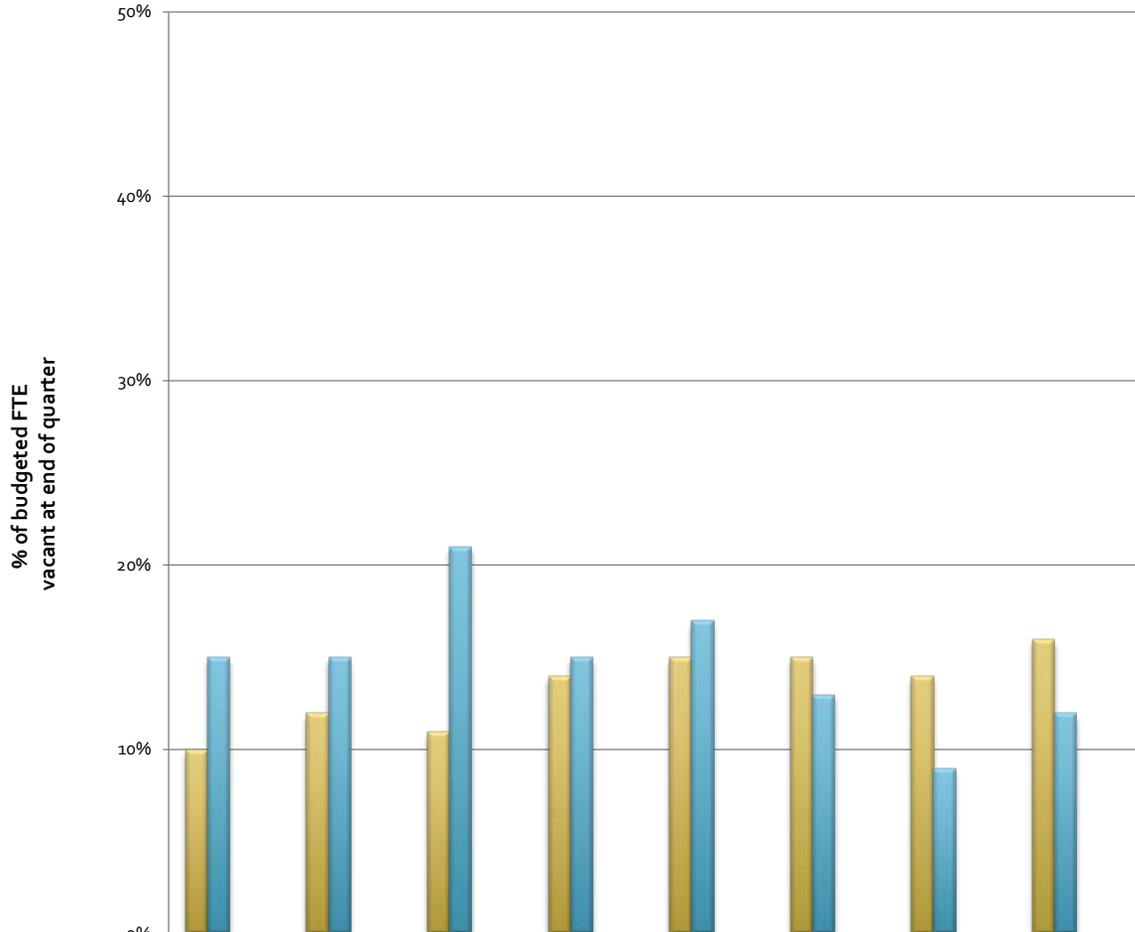
Division of DD Community Abuse and Neglect Investigations



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.

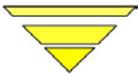


Division of DD State Operated Programs Staff Vacancy Rates

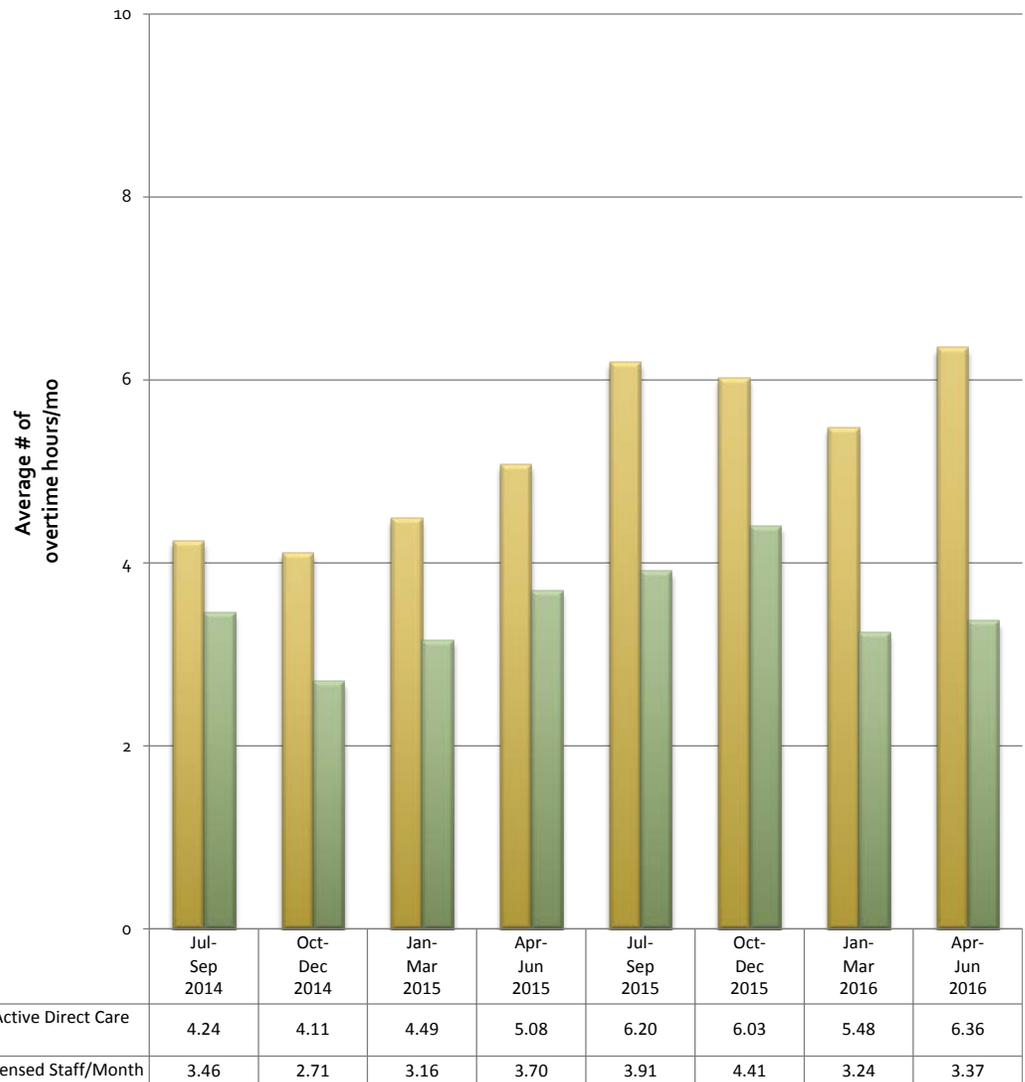


	Jul-Sep 2014	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016
■ Direct Care Staff Vacancy Rates	10%	12%	11%	14%	15%	15%	14%	16%
■ Licensed Nursing Staff Vacancy Rates	15%	15%	21%	15%	17%	13%	9%	12%
# Direct Care Vacancies	182.4	175.0	217.6	272.8	287.0	280.0	262.0	289.0
# Licensed Nursing Vacancies	24.1	25.1	33.4	21.4	24.6	18.6	14.5	19.5

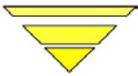
NOTE: Vacancy rates are based upon last day of the month for the quarter. Chart includes Habilitation Center Campus and State Operated Waiver Programs vacancy data. Definitions: Direct Care - DA1, DAII, DAIII. Licensed Nursing - Licensed Practical Nurses (LPN) and Registered Nurses (RN).



Division of DD State Operated Programs Staff Overtime Hours

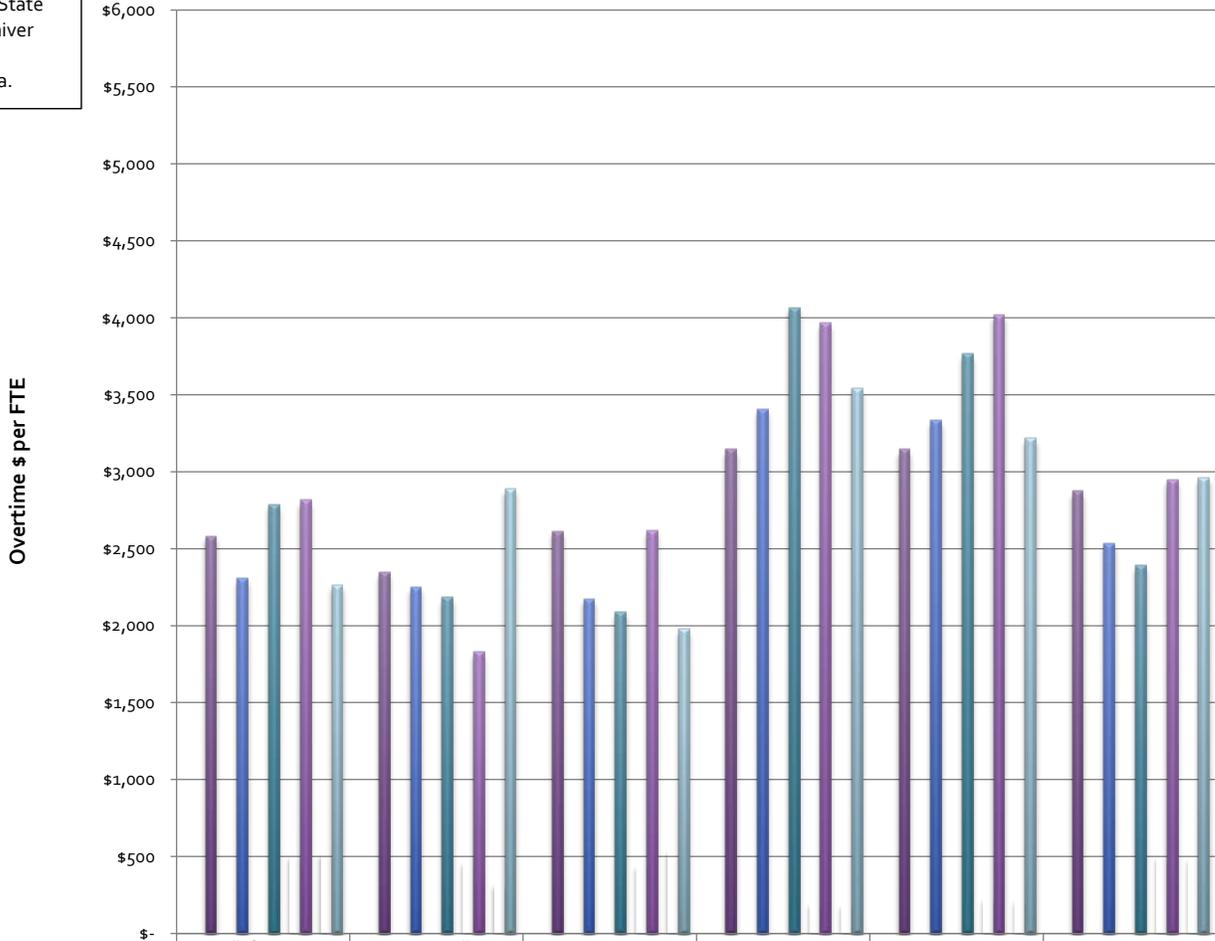


NOTE: Staff noted are active staff. Chart includes Habilitation Center Campus and State Operated Waiver Programs overtime data.
 Definitions: Direct Care - Developmental Assistant I (DAI), DAI, DAIII.
 Licensed Nursing: Licensed Practical Nurses (LPN) and Registered Nurses (RN).

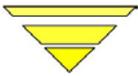


State Operated Programs Overtime Accrued FY 2011-FY 2013 YTD Comparison

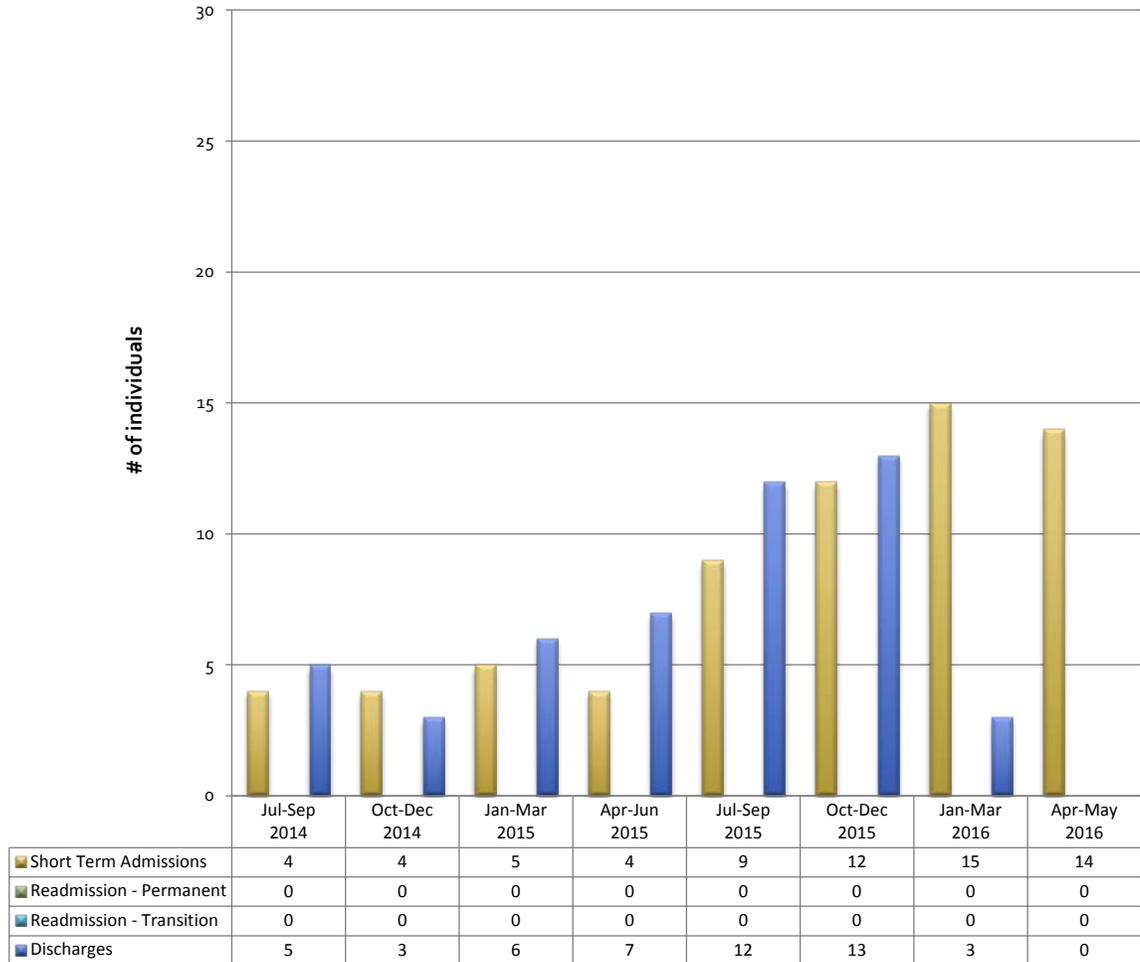
Note: Chart includes Habilitation Center Campus and State Operated Waiver Programs overtime data.



	Bellefontaine	Higginsville	NWCS	SWCS	SEMORS	SLDDTC
FY 12 Overtime \$M	\$1.335	\$1.163	\$1.526	\$0.866	\$0.809	\$1.743
FY 12 FTEs	517	495	583	275	257	606
FY 12 OT \$ per FTE	\$2,582.21	\$2,349.49	\$2,617.50	\$3,149.09	\$3,147.86	\$2,876.24
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
FY15 Overtime \$M	\$1.466	\$0.882	\$1.209	\$0.866	\$0.994	\$1.518
FY15 FTEs	520	482	461	218	247	514
FY15 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



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

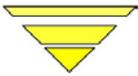


Short Term: Total number of individuals admitted to SOP from any Community Provider for medical and/or behavioral short term support with intention of returning back to their home in the community. Note: 100% of the days a crisis bed was available. Crisis bed services are provided in both Habilitation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

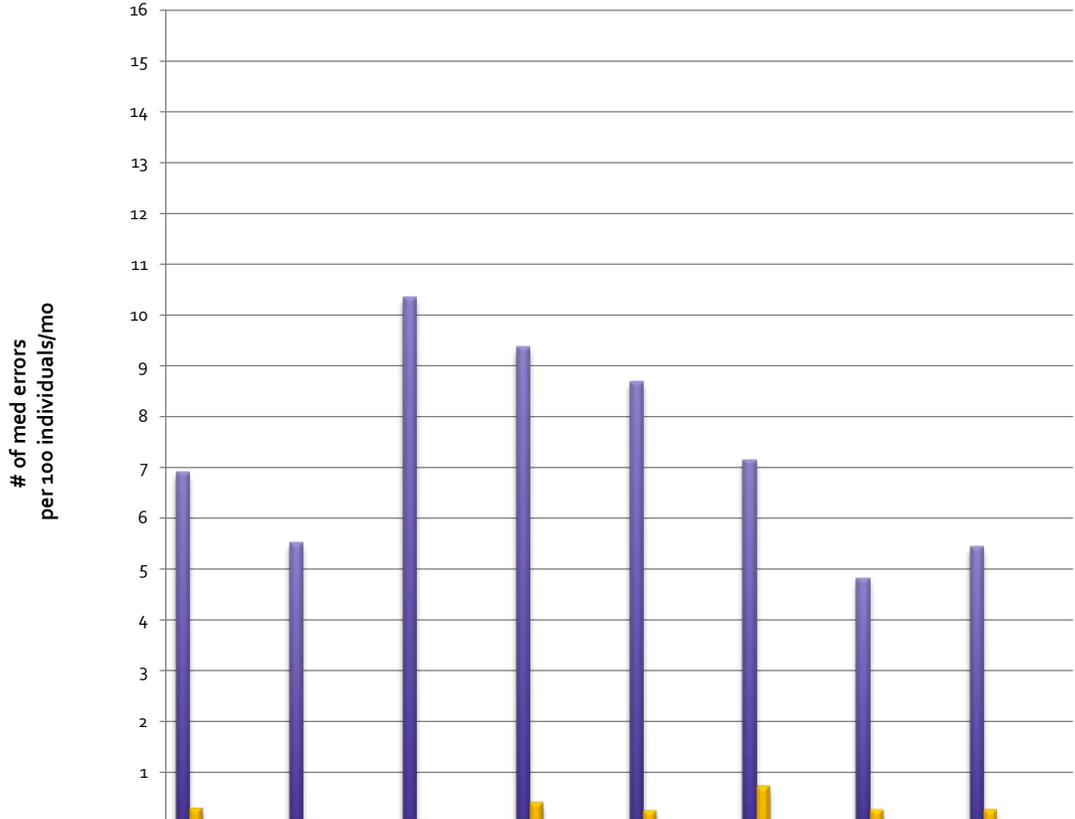
Permanent: Total number of individuals previously discharged from the Habilitation Center Campus within the last 12 months that returned during report period with no plans to move back to community.

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

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

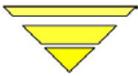


Division of DD Habilitation Center Campus Medication Errors

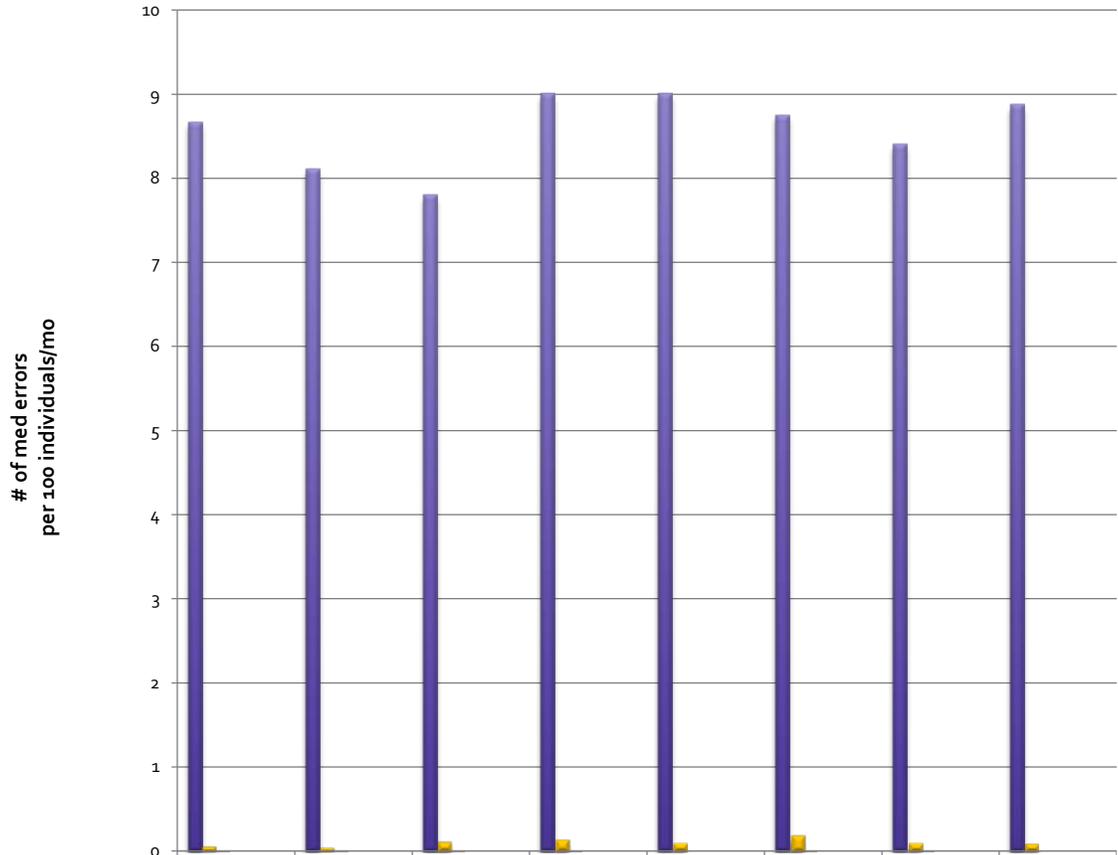


	Jul-Sep 2014	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016
Minimal Med Errors per 100 Individuals/month	6.92	5.53	10.37	9.39	8.71	7.16	4.83	5.45
Moderate Med Errors per 100 Individuals /month	0.31	0.08	0.08	0.42	0.26	0.73	0.28	0.28
Serious Med Errors per 100 Individuals/month	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HCC Minimal Medication Errors	88	69	126	111	99	78	52	58
HCC Center Moderate Medication Errors	4	1	1	5	3	8	3	3
HCC Center Serious Medication Errors	0	0	0	0	0	0	0	0
# HCC Individuals	424	416	405	394	379	363	359	355

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

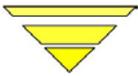


Division of DD Community Medication Errors

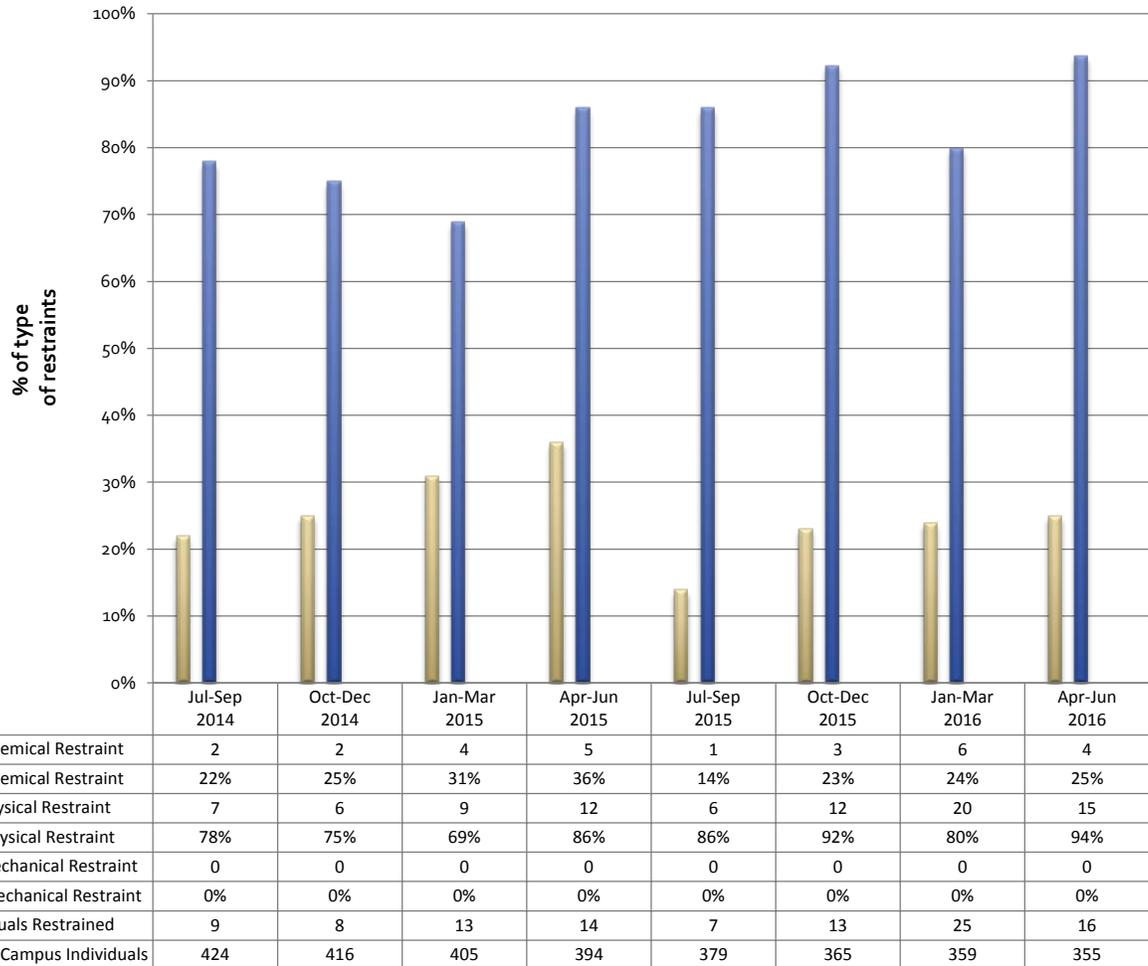


	Jul-Sep 2014	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016
Minimal Med Errors per 100 Individuals/month	8.68	8.11	7.81	9.01	9.02	8.76	8.41	8.88
Moderate Med Errors per 100 Individuals/month	0.06	0.05	0.11	0.13	0.10	0.18	0.10	0.09
Serious Med Errors per 100 Individuals/month	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Community Minimal Medication Errors	1847	1739	1681	1943	1958	1912	1841	1924
Community Moderate Medication Errors	13	10	24	29	21	40	21	20
Community Serious Medication Errors	1	1	1	1	0	1	1	0
# Individuals in Community Residential	7097	7144	7178	7186	7236	7278	7300	7222

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



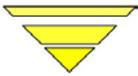
NOTE: Each individual who experienced at least one chemical, physical, mechanical restraint is counted so duplication occurs. For example, one individual may experience a chemical restraint and a physical restraint. They are counted in both categories. Percentage of each type of restraint is based on total number of people restrained for the quarter. Beginning reporting period July-Sep 2013, data represents individuals from Habilitation Center Campus (HCC) sites.

Chemical Restraint: A medication used to control behavior or to restrict the individual's freedom of movement and is not a standard treatment for the person's medical or psychiatric condition. A chemical restraint would put an individual to sleep and render them unable to function as a result of the medication.

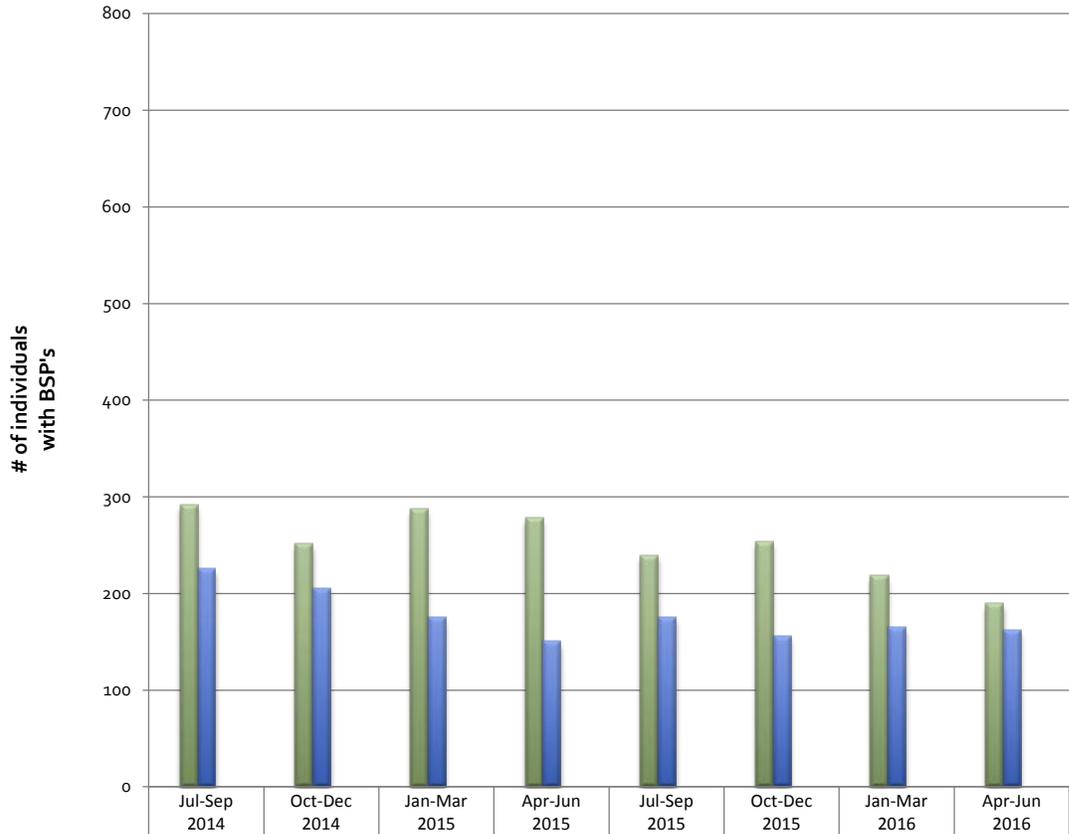
Physical Restraint: Any physical hold involving a restriction of an individual's voluntary movement.

Mechanical restraint: Any device, instrument or physical object used to confine or otherwise limit an individual's freedom of movement that he/she cannot easily remove.

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

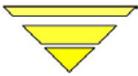


Division of DD Habilitation Center Campus Individuals with Behavior Support Programs

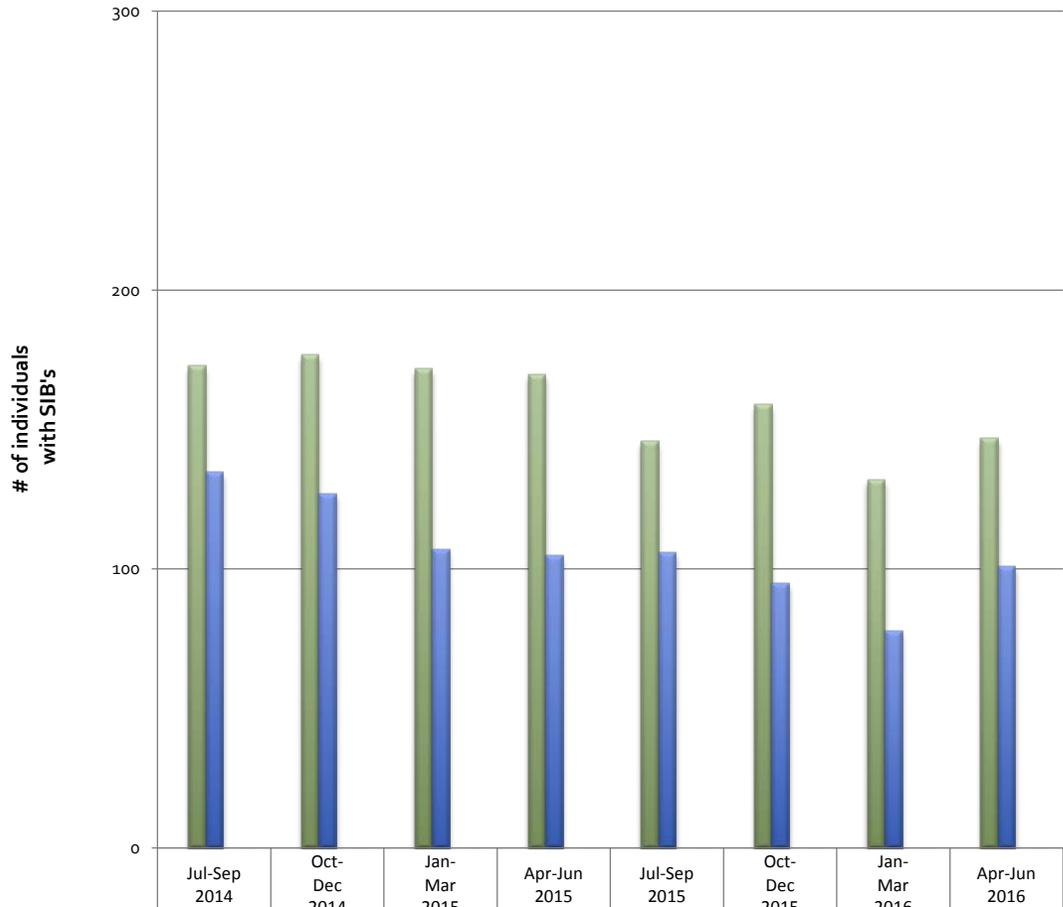


	Jul-Sep 2014	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016
# Hab Center Campus Individuals	424	416	405	394	379	365	359	355
■ Individuals with Behavior Support Programs	292	252	288	279	240	254	219	190
■ Individuals Progressing with Behavior Support Programs	226	206	176	151	176	156	166	163
% On Behavior Support Programs	69%	61%	71%	71%	63%	70%	61%	54%
% Progressing on Behavior Support Programs	77%	82%	61%	54%	73%	61%	76%	86%

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



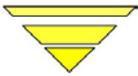
	Jul-Sep 2014	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016
# Hab Center Campus Individuals	424	416	405	394	379	365	359	355
■ Individuals with Self Injurious Behavior Programs	173	177	172	170	146	159	132	147
■ Individuals Progressing with SIB Programs	135	127	107	105	106	95	78	101
% on Self Injurious Behavior Programs	41%	43%	42%	43%	39%	44%	37%	41%
% Progressing on Self Injurious Behavior Programs	78%	72%	62%	62%	73%	60%	59%	69%

Definition- Self Injurious Behavior Program: A individual with a Behavior Support Program that includes a program developed to systematically reduce or eliminate Self Injurious Behaviors (incidents of self harm) such as slapping self in the face, biting self on hand, or banging own head.

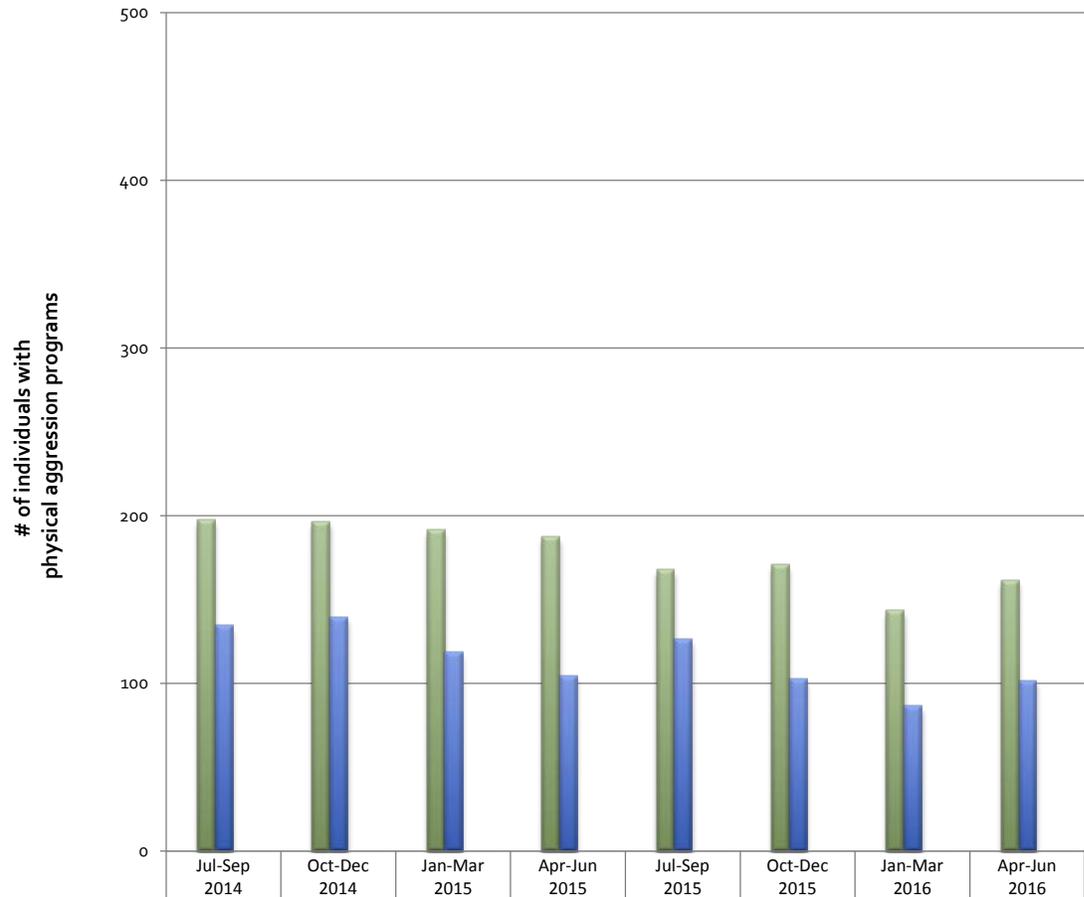
Definition- Progressing with Self Injurious Behavior Programs: An individual who is at baseline or below for their Self Injurious Behavior Program.

Beginning reporting period July-Sep 2013 , data represents individuals from Habilitation Center Campus (HCC) sites.

Note the transition to off-campus for MHC becoming NWCS Jan-Mar 2016



Division of DD Habilitation Center Campus Individuals with Physical Aggression Programs



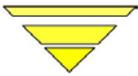
# Hab Center Campus Individuals	424	416	405	394	379	365	359	355
■ Individuals with Physical Aggression Programs	198	197	192	188	168	171	144	162
■ Individuals Progressing with Physical Aggression Programs	135	140	119	105	127	103	87	102
% on Physical Aggression Programs	47%	47%	47%	48%	44%	47%	40%	46%
% Progressing on Physical Aggression Programs	68%	71%	62%	56%	76%	60%	60%	63%

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.

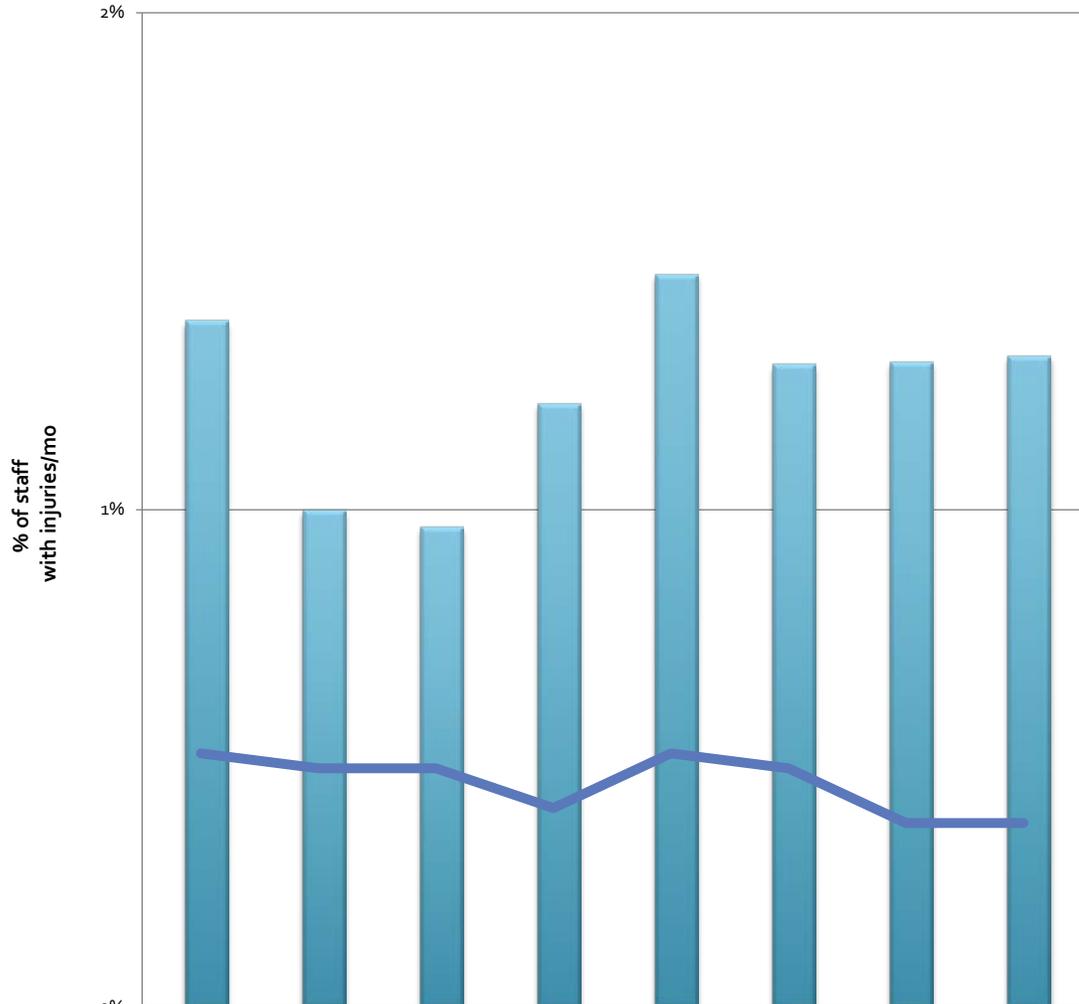
Definition - Progressing with Physical aggression programs: Individuals who are at baseline or below for their Physical Aggression program.

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



	Jul-Sep 2014	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016
Avg. # of Staff Injuries/month	34.7	26.33	23.67	29.67	35.67	31.00	30.33	31.00
Staff FTEs	2512	2630	2450	2442	2419	2397	2334	2366
% of Staff with Injuries	1.38%	1.00%	0.97%	1.21%	1.47%	1.29%	1.30%	1.31%
CPS Average Staff with Injuries	0.51%	0.48%	0.48%	0.40%	0.51%	0.48%	0.37%	0.37%

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.