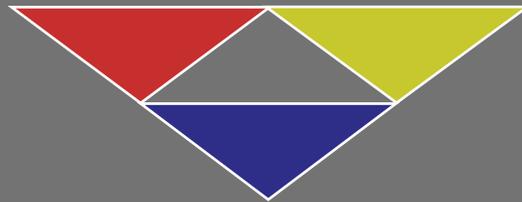


August 2015

Missouri Department of Mental Health

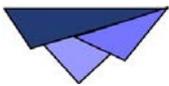
Quarterly Performance Measures



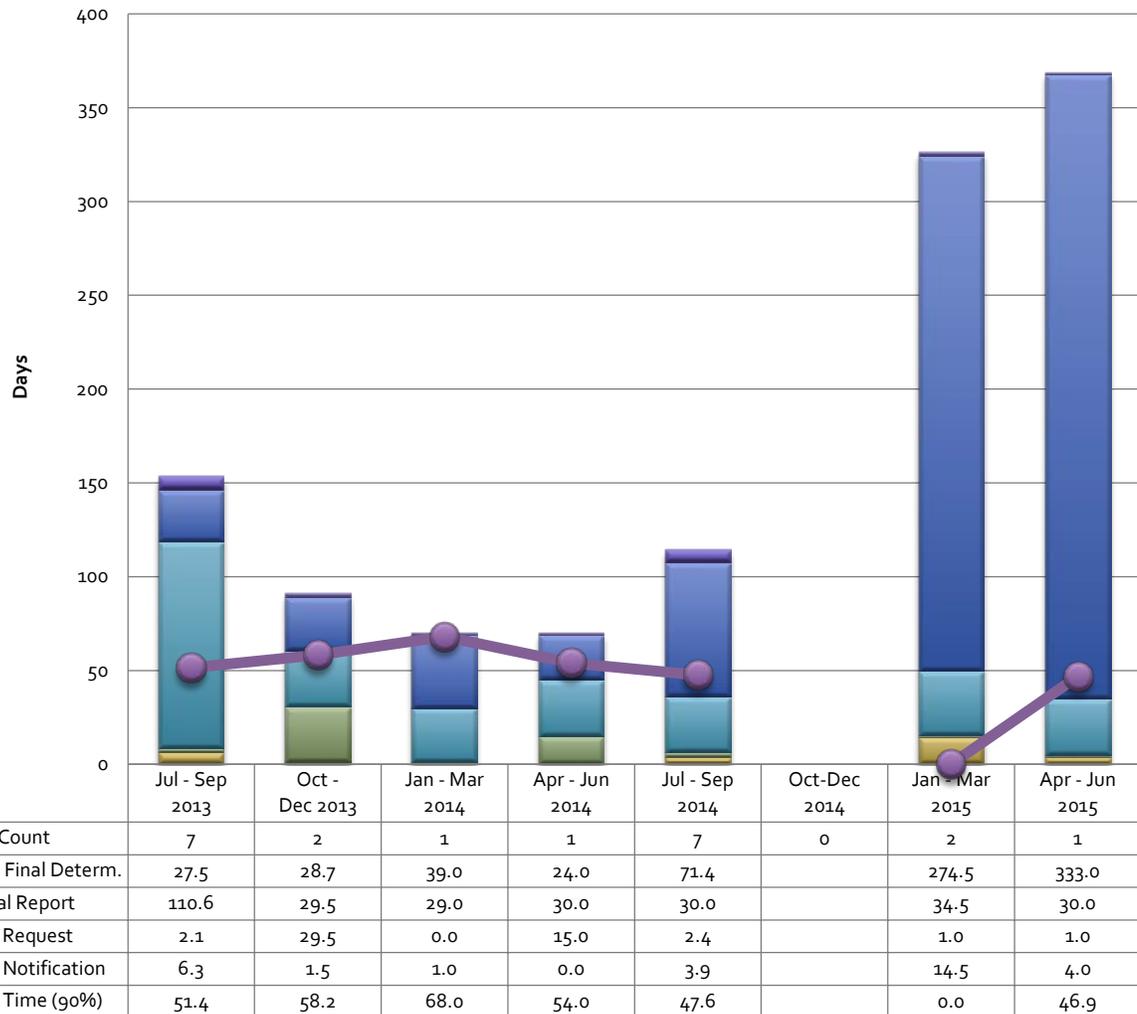


Division of Behavioral Health

Substance Abuse Services

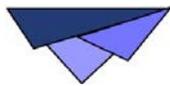


Substance Use Treatment Community Investigations Timelines

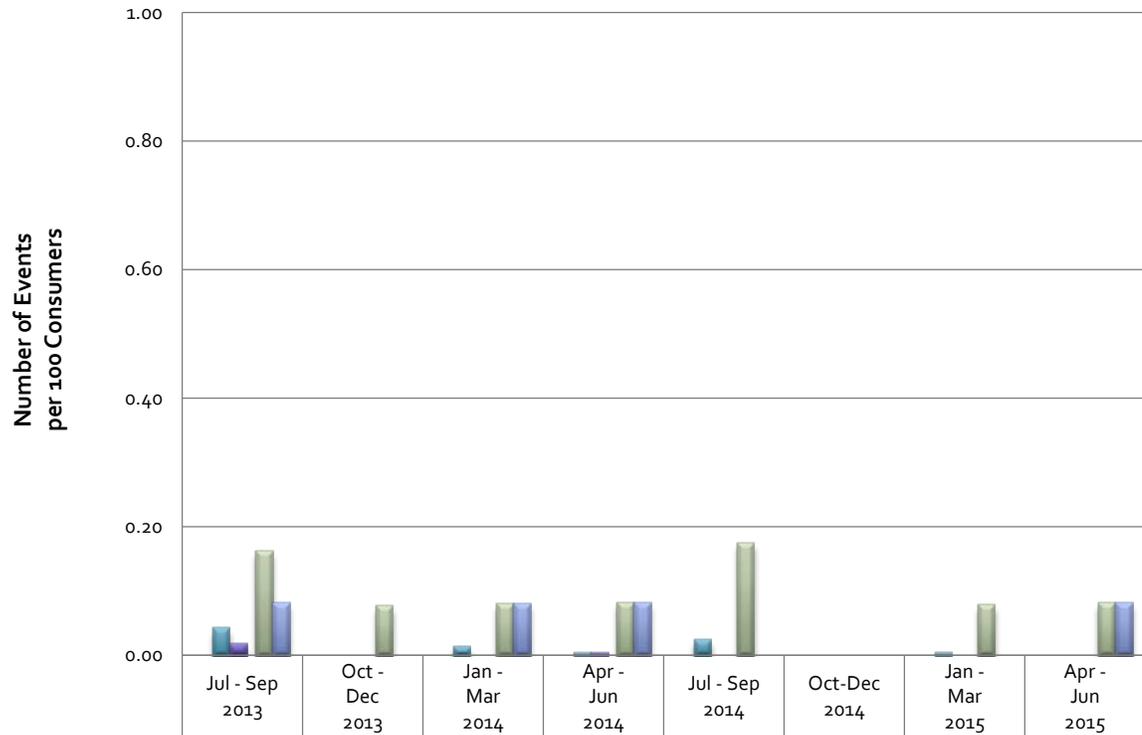


NOTE: Timelines are divided into 4 distinct sections or stages of an investigation. The bars include average times for all final determinations made in each quarter, whereas the purple line includes 90% of all cases in order to show typical timelines excluding the top 10% outliers.

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



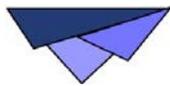
Substance Use Treatment Abuse/Neglect Investigations



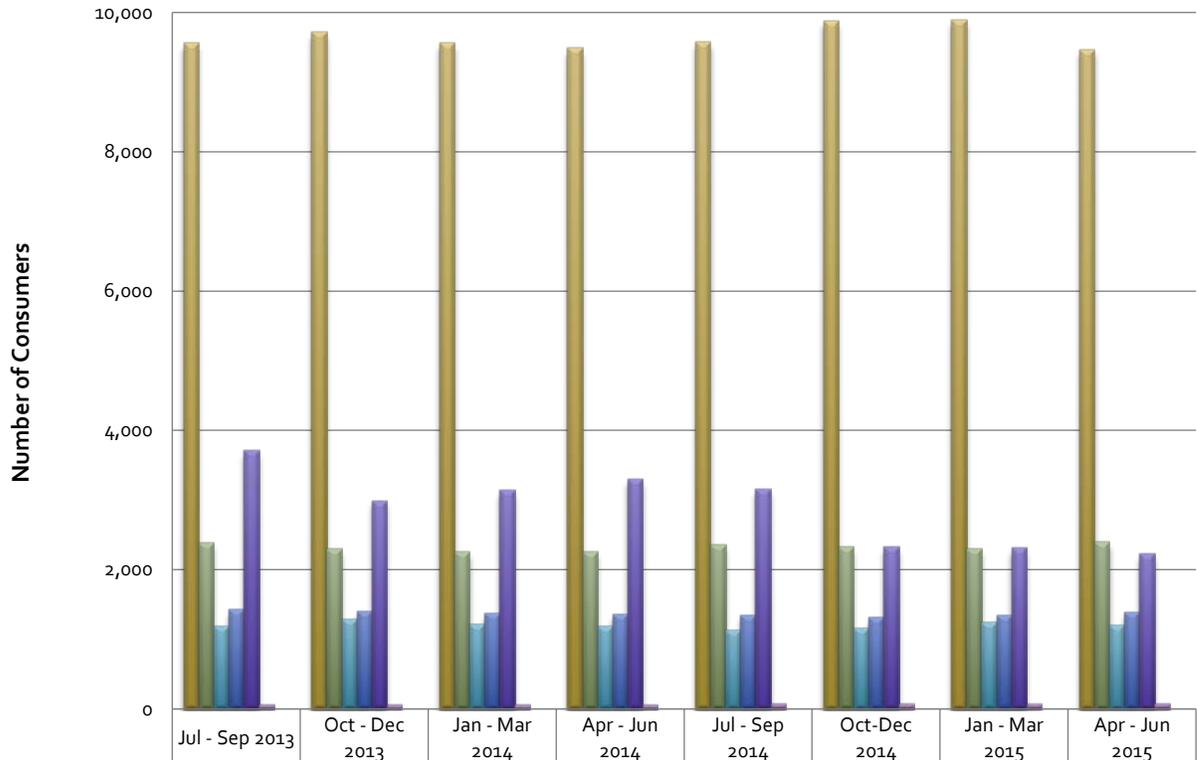
# Adult Consumers	21,029	20,163	20,317	20,591	20,279	19,383	19,761	19,464
Adult A/N Investigations Completed	9	0	3	1	5	0	1	0
Adult A/N Investigations Rate	0.043	0.000	0.015	0.005	0.025	0.000	0.005	0.000
Adult A/N Substantiated	4	0	0	1	0	0	0	0
Adult A/N Substantiation Rate	0.019	0.000	0.000	0.005	0.000	0.000	0.000	0.000
# Youth Consumers	1,225	1,303	1,242	1,210	1,138	1,170	1,254	1,223
Youth A/N Investigations Completed	2	1	1	1	2	0	1	1
Youth A/N Investigations Rate	0.163	0.077	0.081	0.083	0.176	0.000	0.080	0.082
Youth A/N Substantiated	1	0	1	1	0	0	0	1
Youth A/N Substantiation Rate	0.082	0.000	0.081	0.083	0.000	0.000	0.000	0.082

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.



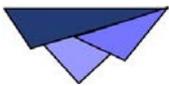
Substance Use Treatment Consumers Served By Program



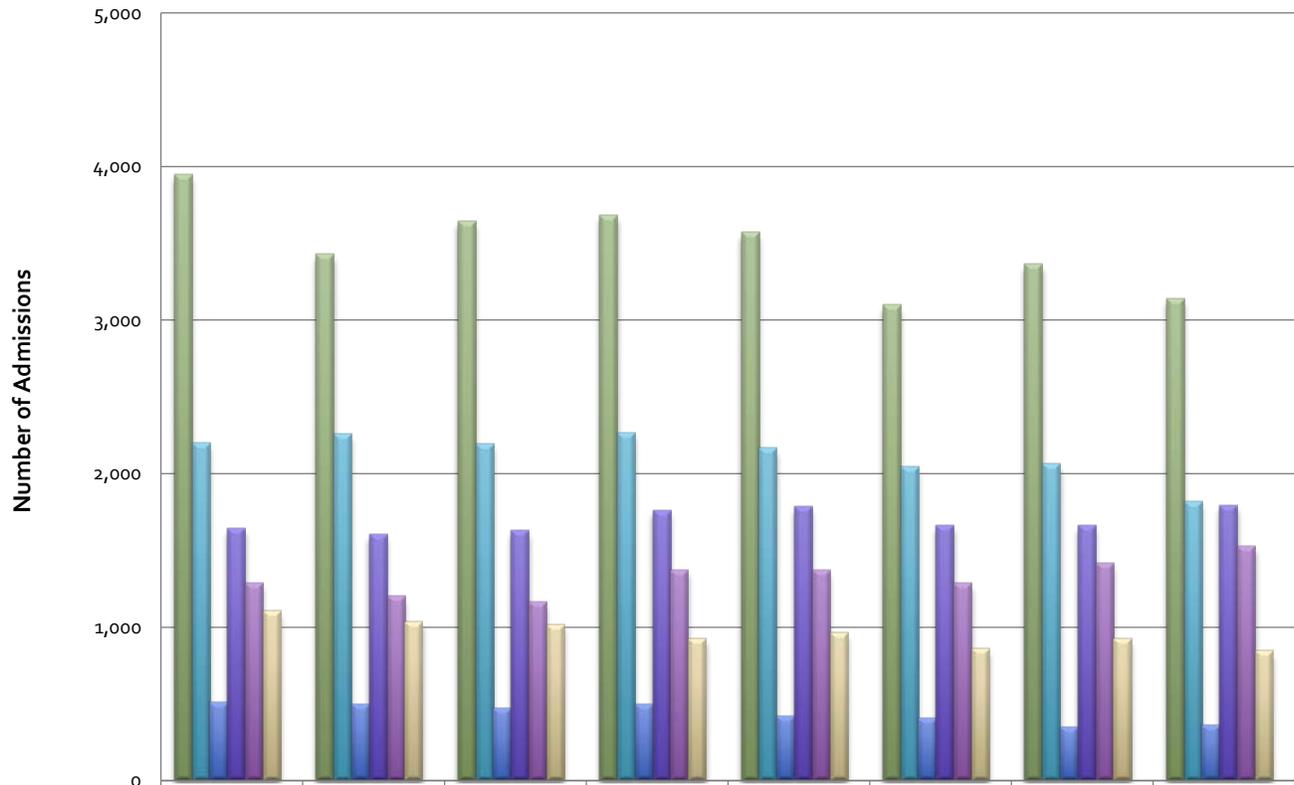
	Jul - Sep 2013	Oct - Dec 2013	Jan - Mar 2014	Apr - Jun 2014	Jul - Sep 2014	Oct-Dec 2014	Jan - Mar 2015	Apr - Jun 2015
■ CSTAR Gen Adult	9,566	9,727	9,570	9,492	9,583	9,883	9,893	9,474
■ CSTAR W&C	2,393	2,305	2,261	2,262	2,357	2,328	2,304	2,399
■ CSTAR Adol	1,196	1,287	1,220	1,198	1,132	1,158	1,248	1,211
■ Opioid Tx	1,431	1,410	1,369	1,366	1,349	1,322	1,347	1,390
■ Primary Recovery & Tx	3,714	2,995	3,151	3,310	3,162	2,332	2,133	2,237
■ Compulsive Gambling	66	60	61	58	73	72	71	73
Unduplicated Number of ADA Served	22,254	21,466	21,559	21,801	21,417	20,553	21,015	20,687

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. Fewer non-Medicaid consumers are being served due to reductions in federal and state funding.

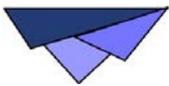


Drug of Choice at Admission to Substance Use Treatment

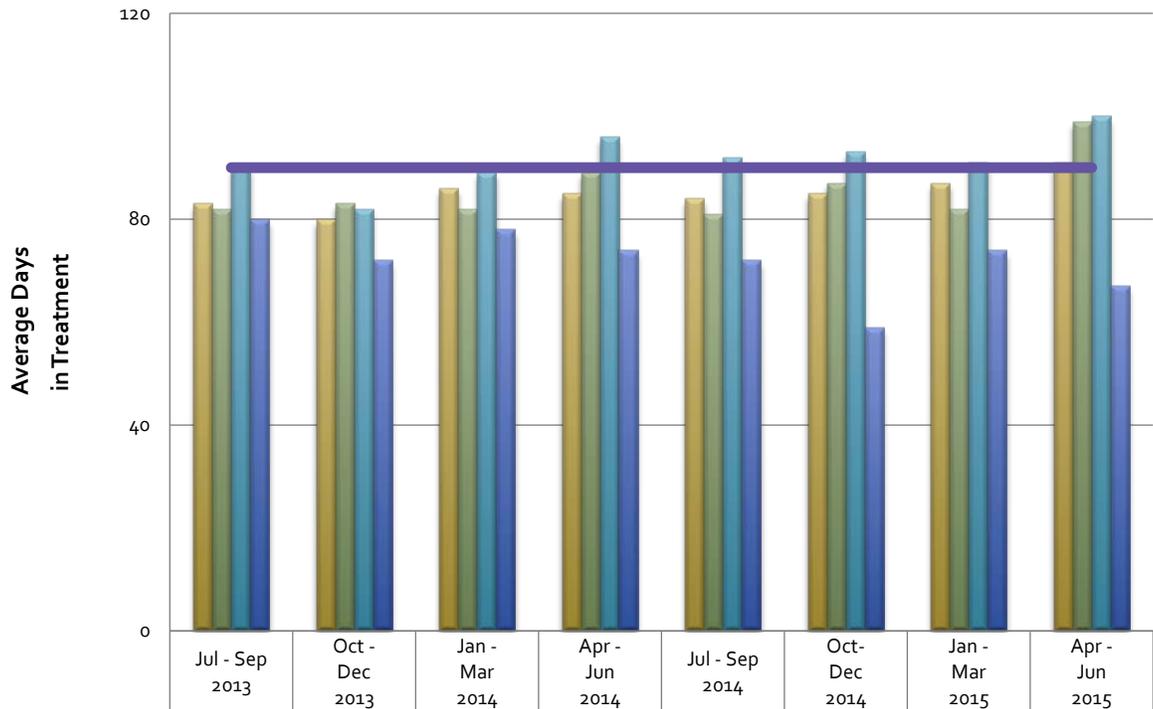


	Jul - Sep 2013	Oct - Dec 2013	Jan - Mar 2014	Apr - Jun 2014	Jul - Sep 2014	Oct-Dec 2014	Jan - Mar 2015	Apr - Jun 2015
Alcohol	3,949	3,431	3,644	3,687	3,572	3,100	3,366	3,138
% Alcohol	36.9%	34.2%	36.0%	35.1%	34.7%	33.1%	34.3%	33.0%
Marijuana	2,200	2,261	2,194	2,269	2,172	2,048	2,064	1,819
% Marijuana	20.5%	22.5%	21.7%	21.6%	21.1%	21.8%	21.1%	19.1%
Cocaine	513	499	472	498	425	409	353	368
% Cocaine	4.8%	5.0%	4.7%	4.7%	4.1%	4.4%	3.6%	3.9%
Methamphetamine	1,645	1,606	1,635	1,761	1,792	1,665	1,667	1,796
% Methamphetamine	15.4%	16.0%	16.1%	16.7%	17.4%	17.8%	17.0%	18.9%
Heroin	1,292	1,203	1,170	1,373	1,372	1,287	1,422	1,531
% Heroin	12.1%	12.0%	11.5%	13.1%	13.3%	13.7%	14.5%	16.1%
Other Drugs	1,109	1,035	1,016	928	967	865	930	847
% Other Drugs	10.4%	10.3%	10.0%	8.8%	9.4%	9.2%	9.5%	8.9%

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



Retention In Substance Use Treatment

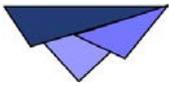


	Jul - Sep 2013	Oct - Dec 2013	Jan - Mar 2014	Apr - Jun 2014	Jul - Sep 2014	Oct - Dec 2014	Jan - Mar 2015	Apr - Jun 2015
CSTAR Gen Adult - N	4,354	4,189	4,284	4,250	4,134	4,185	3,737	3,481
CSTAR Gen Adult - Avg Days	83	80	86	85	84	85	87	91
CSTAR W&C - N	1,147	994	1,043	997	991	1,050	843	919
CSTAR W&C - Avg Days	82	83	82	89	81	87	82	99
CSTAR Adol - N	602	660	593	563	547	494	467	499
CSTAR Adol - Avg Days	90	82	89	96	92	93	91	100
Primary Recovery & Tx - N	1,711	1,245	1,075	1,296	1,514	752	688	595
Primary Recovery & Tx - Avg Days	80	72	78	74	72	59	74	67
# of Outliers	451	452	463	444	504	469	361	335
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.

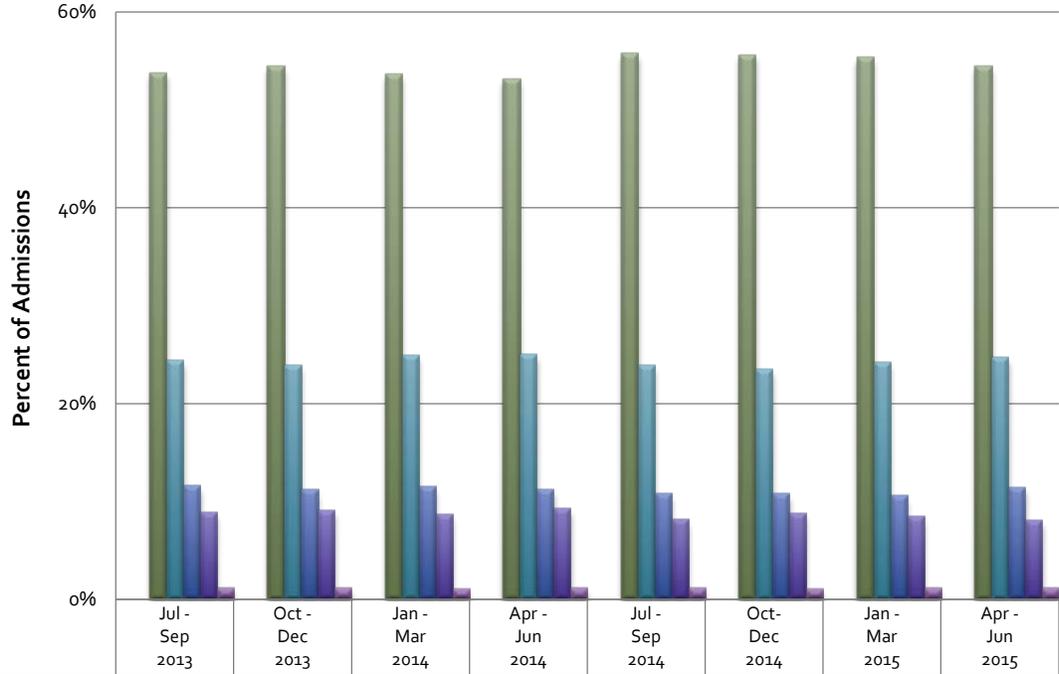


Adult Substance Use Treatment Admissions

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

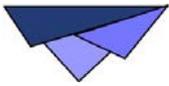
¹Dennis, M.L. et al, 2005. The duration and correlates of addiction and treatment careers. Journal of Substance Abuse Treatment 28 (Suppl.1):S51-S62



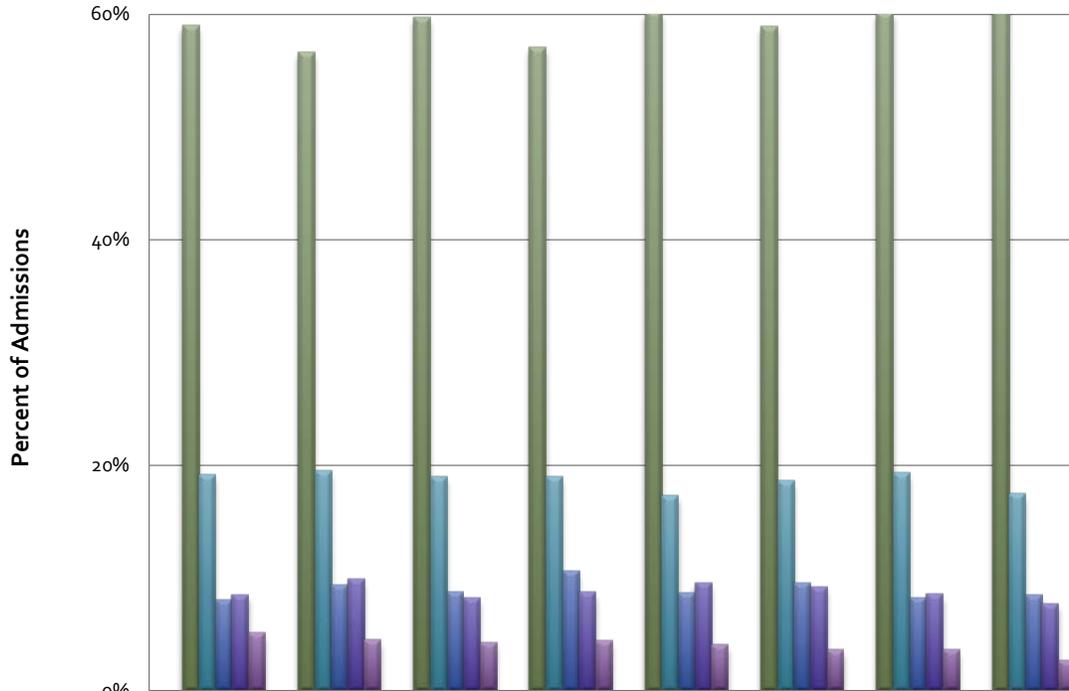
	Jul - Sep 2013	Oct - Dec 2013	Jan - Mar 2014	Apr - Jun 2014	Jul - Sep 2014	Oct - Dec 2014	Jan - Mar 2015	Apr - Jun 2015
Adult Consumers Admitted to Tx	7,417	7,099	7,008	7,355	7,369	6,845	6,901	7,123
Adult Consumers with Previous Tx	3,424	3,230	3,244	3,440	3,255	3,034	3,080	3,243
Adult Consumers Admitted with Previous Tx Pct	46.2%	45.5%	46.3%	46.8%	44.2%	44.3%	44.6%	45.5%
0 Prior Tx Episodes	3,993	3,868	3,764	3,915	4,114	3,811	3,821	3,880
0 Prior Tx Episodes Pct	53.8%	54.5%	53.7%	53.2%	55.8%	55.7%	55.4%	54.5%
1 Prior Tx Episode	1,816	1,699	1,749	1,843	1,762	1,609	1,675	1,763
1 Prior Tx Episode Pct	24.5%	23.9%	25.0%	25.1%	23.9%	23.5%	24.3%	24.8%
2 Prior Tx Episodes	861	797	807	824	800	744	731	814
2 Prior Tx Episodes Pct	11.6%	11.2%	11.5%	11.2%	10.9%	10.9%	10.6%	11.4%
3 - 5 Prior Tx Episodes	659	648	612	685	601	606	588	577
3 - 5 Prior Tx Episodes Pct	8.9%	9.1%	8.7%	9.3%	8.2%	8.9%	8.5%	8.1%
6 + Prior Tx Episodes	88	86	76	88	92	75	86	89
6 + Prior Tx Episodes Pct	1.2%	1.2%	1.1%	1.2%	1.2%	1.1%	1.2%	1.2%

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

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



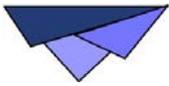
Adult Detox Admissions With Prior Detox Episodes in Past 36 Months



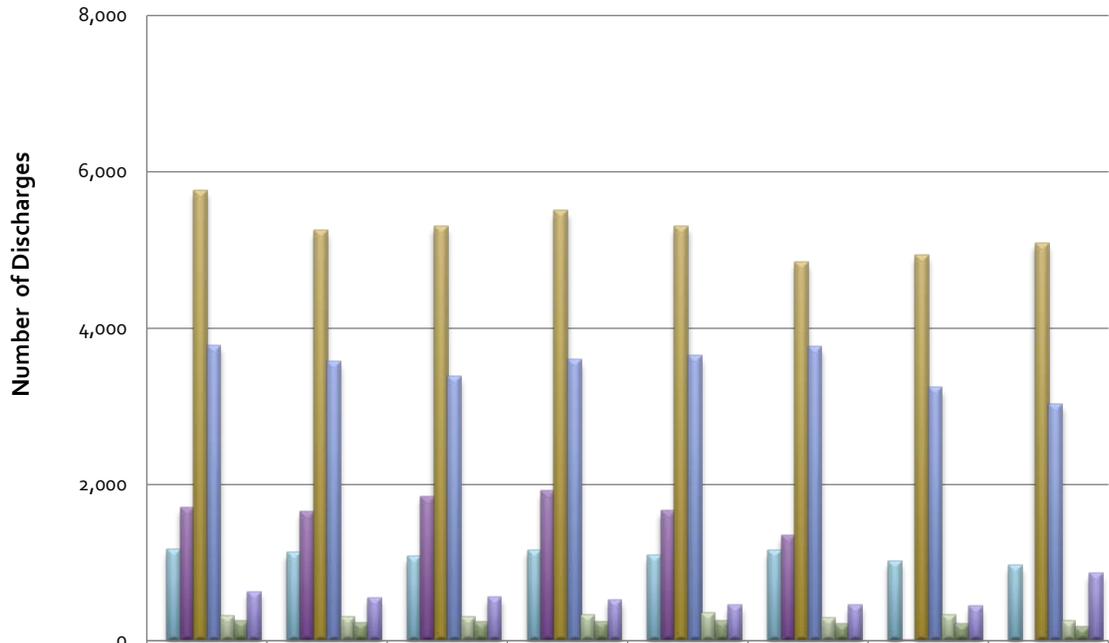
Consumers Admitted to Detox	1,732	1,445	1,554	1,555	1,532	1,378	1,444	1,615
Consumers with Previous Detox	709	613	626	667	608	566	575	590
Consumers Admitted with Previous Detox Pct	40.9%	43.3%	40.3%	42.9%	39.7%	41.1%	39.8%	36.5%
0 Prior Detox Episodes	1,023	802	928	888	924	812	869	1025
0 Prior Detox Episodes Pct	59.1%	56.7%	59.7%	57.1%	60.3%	58.9%	60.2%	63.5%
1 Prior Detox Episode	332	276	296	296	265	257	279	283
1 Prior Detox Episode Pct	19.2%	19.5%	19.0%	19.0%	17.3%	18.7%	19.3%	17.5%
2 Prior Detox Episodes	140	133	136	165	133	132	119	138
2 Prior Detox Episodes Pct	8.1%	9.4%	8.8%	10.6%	8.7%	9.6%	8.2%	8.5%
3 - 5 Prior Detox Episodes	148	140	128	136	147	127	124	125
3 - 5 Prior Detox Episodes Pct	8.5%	9.9%	8.2%	8.7%	9.6%	9.2%	8.6%	7.7%
6 + Prior Detox Episodes	89	64	66	70	63	50	53	44
6 + Prior Detox Episodes Pct	5.1%	4.5%	4.2%	4.5%	4.1%	3.6%	3.7%	2.7%

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.



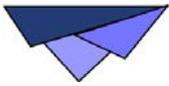
Substance Use Treatment Discharges



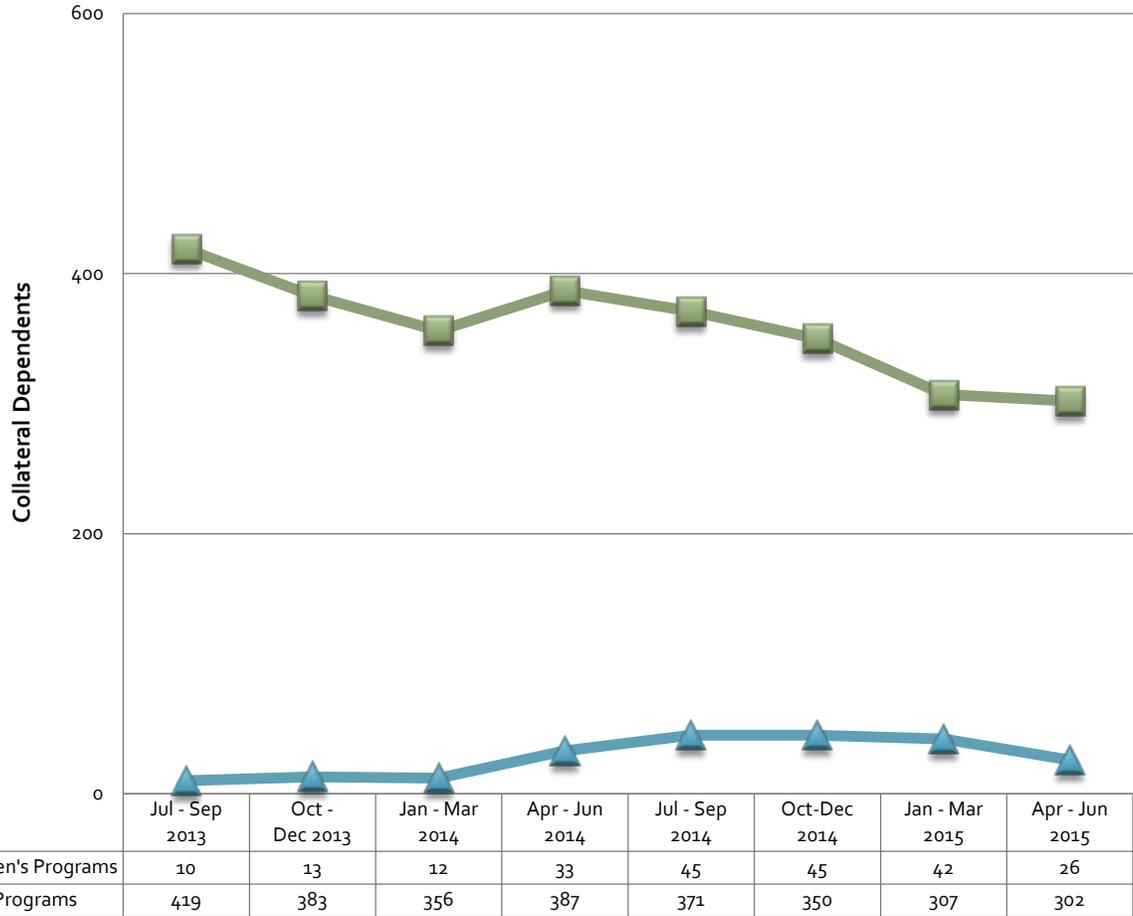
	Jul - Sep 2013	Oct - Dec 2013	Jan - Mar 2014	Apr - Jun 2014	Jul - Sep 2014	Oct-Dec 2014	Jan - Mar 2015	Apr - Jun 2015
Total Discharges	13,631	12,720	12,730	13,303	12,742	10,614	9,486	9,486
Agency Initiated	1,171	1,132	1,081	1,166	1,093	1,159	1,024	975
Auto Discharges	1,707	1,660	1,853	1,922	1,667	1,351	10	1
Completed Treatment	5,768	5,257	5,305	5,504	5,307	4,849	4,933	5,096
Consumer Initiated	3,778	3,575	3,384	3,595	3,650	3,770	3,242	3,026
Law Enforcement Initiated	321	306	304	338	354	301	336	260
Other Discharges	254	236	245	243	259	217	217	179
Transferred	632	554	557	521	457	456	446	870

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 40-45% of consumers complete treatment. Consumer dropped out of treatment is the most common reason for non-completion.

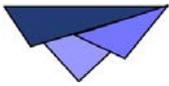


Collateral Dependents Served



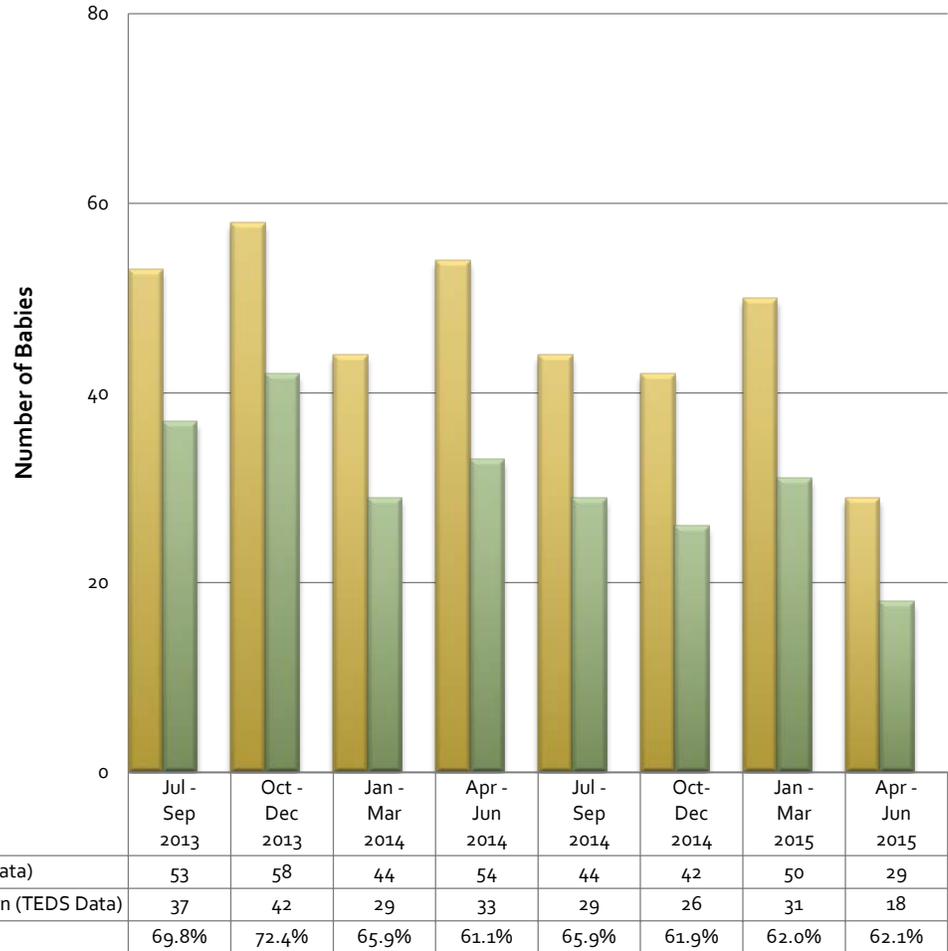
NOTE: A collateral dependent has no alcohol or drug abuse problem but is seeking services because of problems arising from his or her relationship with an alcohol or drug user who is engaged in treatment.

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.



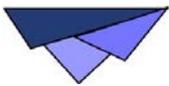
Babies Born Drug Free

During 2012, there were 585 newborns affected by illicit drugs that were reported to the Missouri Department of Health and Senior Services. However, this number under-reported due to lack of standards for reporting. (Data Source: Missouri Department of Health and Senior Services)



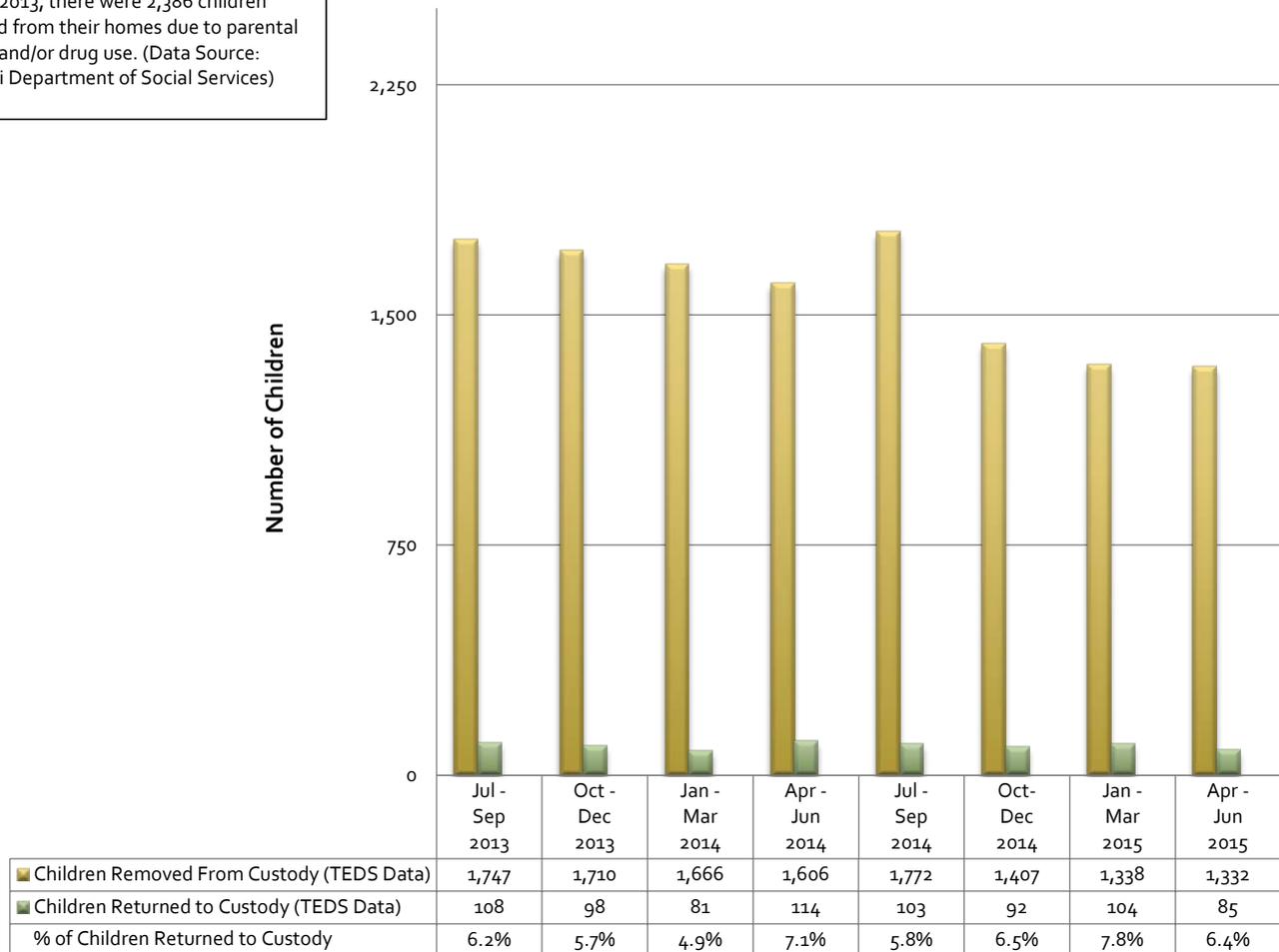
NOTE: In May 2010, TEDS data collection pages in CIMOR were upgraded to collect the number of babies born drug free during treatment for all female consumers in treatment and is collected when the program is closed. Due to this change, the data from previous reports are not comparable.

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



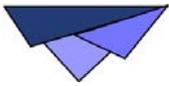
Children Returned to Custody

During 2013, there were 2,386 children removed from their homes due to parental alcohol and/or drug use. (Data Source: Missouri Department of Social Services)

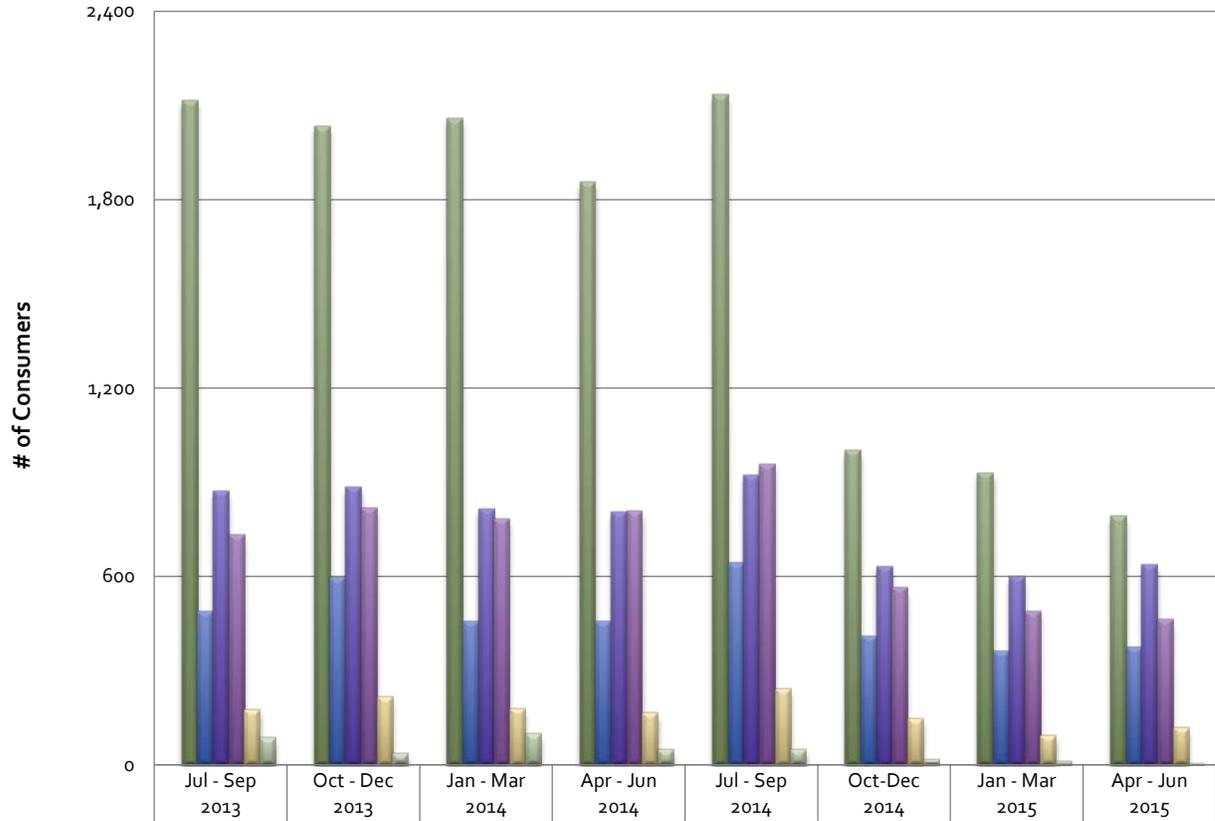


NOTE: In May 2010, TEDS data collection pages in CIMOR were upgraded to collect the number of children returned to custody for all consumers in treatment and is collected when the program is closed.

Significance: The chart shows the number of children returned to the parent/guardian while in any treatment program. The number will vary each quarter due to several factors such as, number 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.



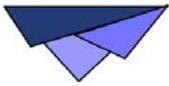
Consumers Receiving Recovery Supports



	Jul - Sep 2013	Oct - Dec 2013	Jan - Mar 2014	Apr - Jun 2014	Jul - Sep 2014	Oct-Dec 2014	Jan - Mar 2015	Apr - Jun 2015
Unduplicated Number Served	2,551	2,511	2,534	2,302	2,493	1,640	1,540	1,388
Coordination Services	2,115	2,034	2,060	1,856	2,135	1,003	928	794
Housing	489	597	456	456	646	409	363	375
Recovery Services	871	884	815	804	924	633	601	638
Spiritual Services	732	817	784	809	957	565	490	462
Transportation	175	218	180	165	242	148	94	118
Work Preparation	87	38	100	50	49	17	10	4

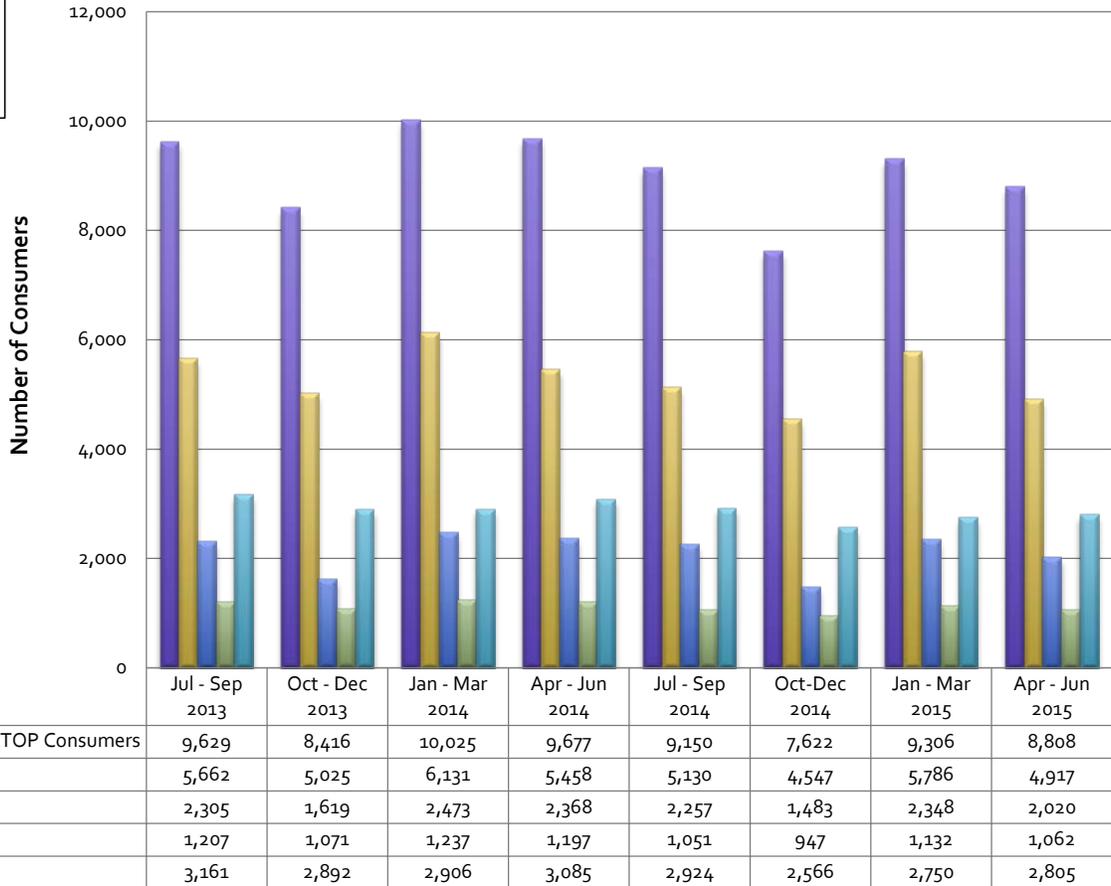
NOTE: Recovery supports are a collection of non clinical services that support recovery from alcohol and drug addiction. The ATR program is limited to 7 counties in West Central Missouri, 7 counties in Southwest Missouri, and 7 counties in Southeast Missouri.

Significance: The federal Access to Recovery (ATR) III grant ended in September 2014, and the ATR IV grant began in July 2015.



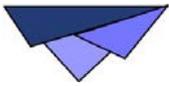
Substance Abuse Traffic Offenders Program (SATOP) Consumers Served

The annual number of DWI arrests have been trending downward: 35,543 in 2009 to 28,550 in 2013. Data Source: Missouri Department of Public Safety.

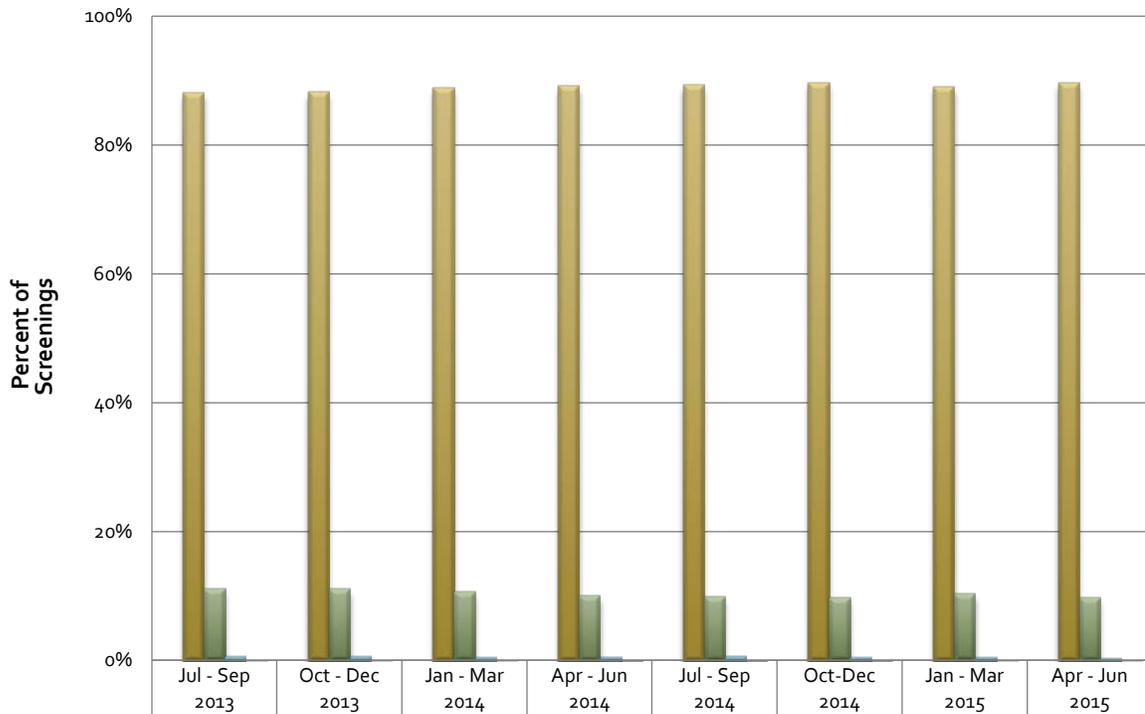


NOTES: The number screened will not equal the sum of the programs due to consumers having up to 6 months to enroll in the assigned program. Consumers may also decide to complete a comparable program that is more intensive than the one recommended by the screening. Clinical treatment program includes 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).



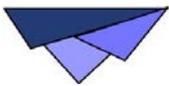
Substance Abuse Traffic Offenders Program (SATOP) Consumers Screened - Range of Previous SATOP Screenings Within Past 5 Years



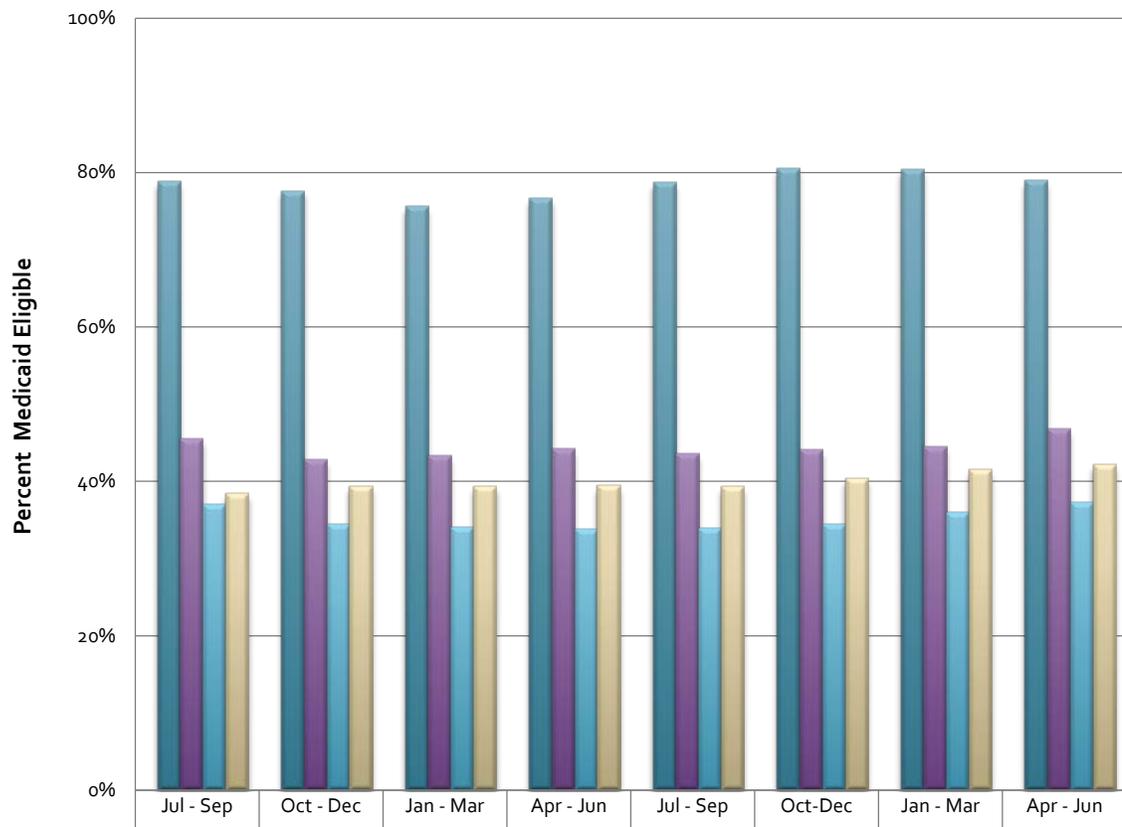
SATOP Screened or Assigned to Comparable Pgm	Jul - Sep 2013	Oct - Dec 2013	Jan - Mar 2014	Apr - Jun 2014	Jul - Sep 2014	Oct-Dec 2014	Jan - Mar 2015	Apr - Jun 2015
SATOP Screened or Assigned to Comparable Pgm	6,361	5,752	6,944	6,218	5,925	5,235	6,550	5,653
0 Prior Screening	5,609	5,076	6,172	5,549	5,296	4,696	5,837	5,074
0 Prior Screening Pct	88.2%	88.2%	88.9%	89.2%	89.4%	89.7%	89.1%	89.8%
1 Prior Screening	712	639	738	631	587	508	677	556
1 Prior Screening Pct	11.2%	11.1%	10.6%	10.1%	9.9%	9.7%	10.3%	9.8%
2 Prior Screenings	39	36	32	35	39	28	34	22
2 Prior Screenings Pct	0.6%	0.6%	0.5%	0.6%	0.7%	0.5%	0.5%	0.4%
3+ Prior Screenings	1	1	2	3	3	3	2	1
3+ Prior Screenings Pct	0.0%	0.0%	0.0%	0.0%	0.1%	0.1%	0.0%	0.0%

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

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



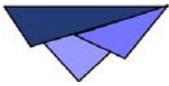
Medicaid Eligibility for Individuals Served in CSTAR Programs



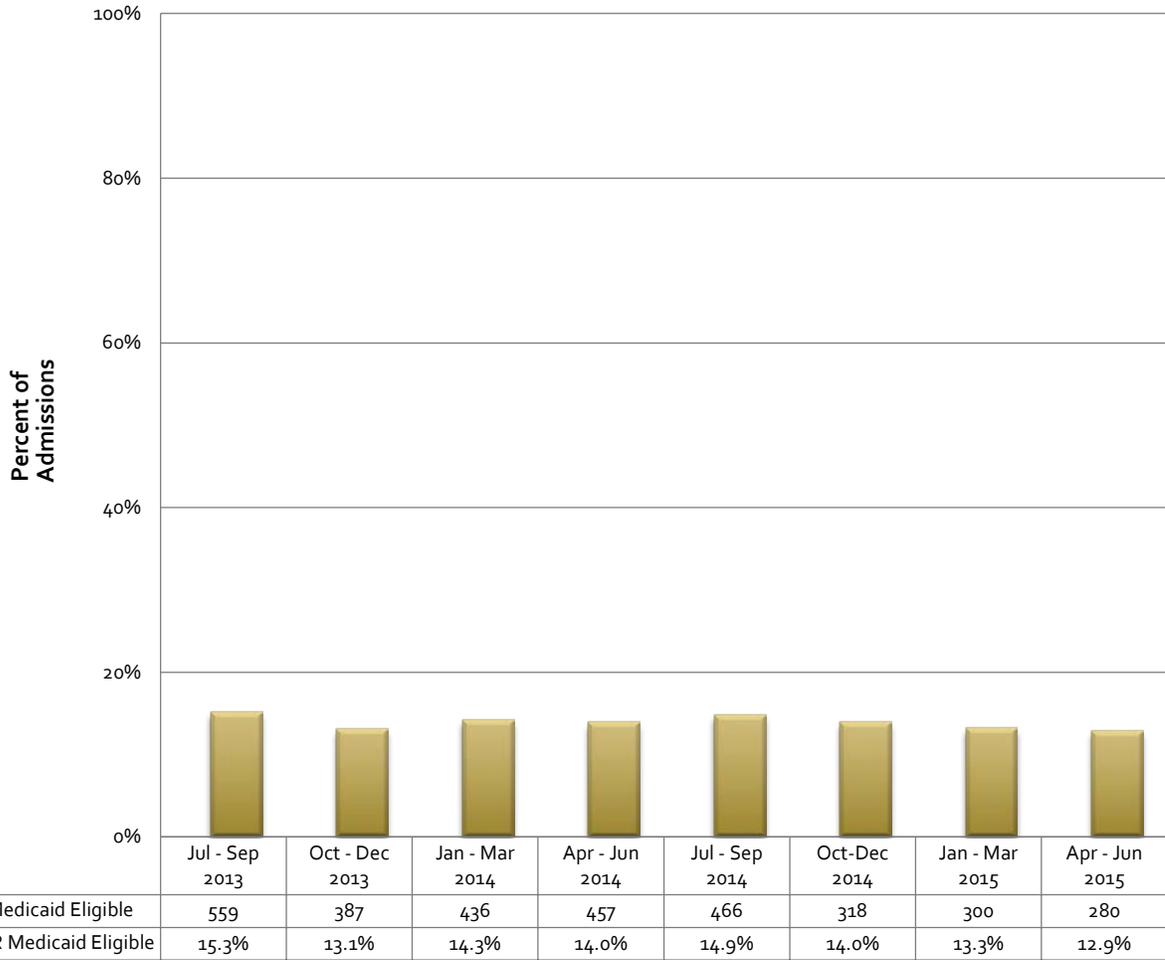
	Jul - Sep 2013	Oct - Dec 2013	Jan - Mar 2014	Apr - Jun 2014	Jul - Sep 2014	Oct-Dec 2014	Jan - Mar 2015	Apr - Jun 2015
CSTAR Adolescent Medicaid Eligible	962	1,009	924	920	893	933	1,005	959
% CSTAR Adolescent Medicaid Eligible	78.9%	77.7%	75.6%	76.7%	78.7%	80.6%	80.5%	79.0%
CSTAR W&C Medicaid Eligible	1,089	989	981	1,001	1,028	1,027	1,026	1,123
% CSTAR W&C Medicaid Eligible	45.5%	42.9%	43.4%	44.3%	43.6%	44.1%	44.5%	46.8%
CSTAR Gen Adult Medicaid Eligible	3,547	3,359	3,269	3,224	3,257	3,422	3,570	3,548
% CSTAR Gen Adult Medicaid Eligible	37.1%	34.5%	34.1%	33.9%	33.9%	34.5%	36.1%	37.4%
Opioid Medicaid Eligible	550	555	539	539	531	535	560	587
% Opioid Medicaid Eligible	38.4%	39.4%	39.4%	39.4%	39.3%	40.4%	41.6%	42.2%

NOTE: CSTAR Detox is excluded.

Significance: Medicaid-eligible consumers comprise between 33 - 80% of the CSTAR consumer populations. The proportion is higher in the Adolescent program and lower in the General Adult program.

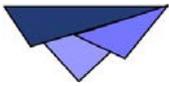


Medicaid Eligibility for Individuals Served in Non-CSTAR Substance Use Programs

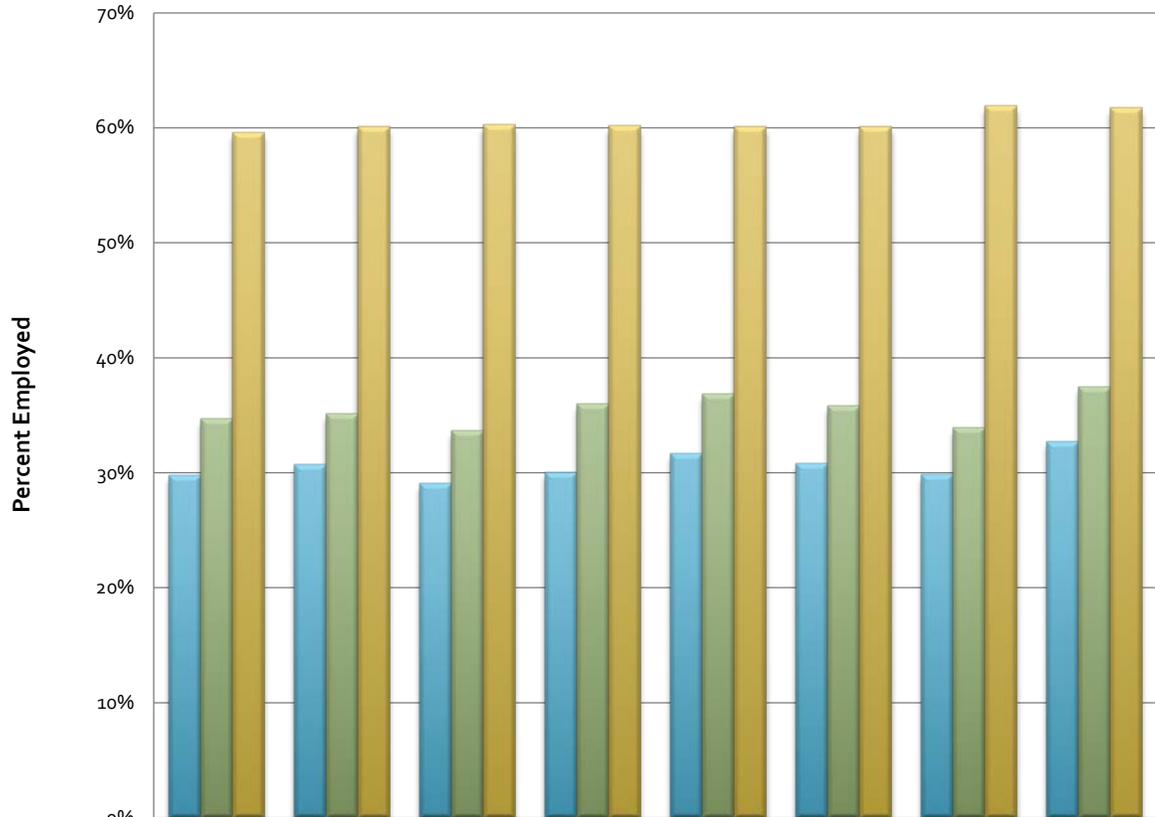


NOTE: Non-CSTAR programs include Primary Recovery Plus, Enhanced Primary Recovery Plus, Corrections Primary Recovery Plus, DOC Free & Clean Plus, DOC Partnership for Community Restoration, Clinical Intervention Program (Adult and Youth), Serious & Repeat Offender Program and General Treatment.

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



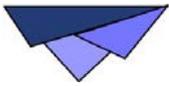
Employment of Adult Population in Substance Use Treatment



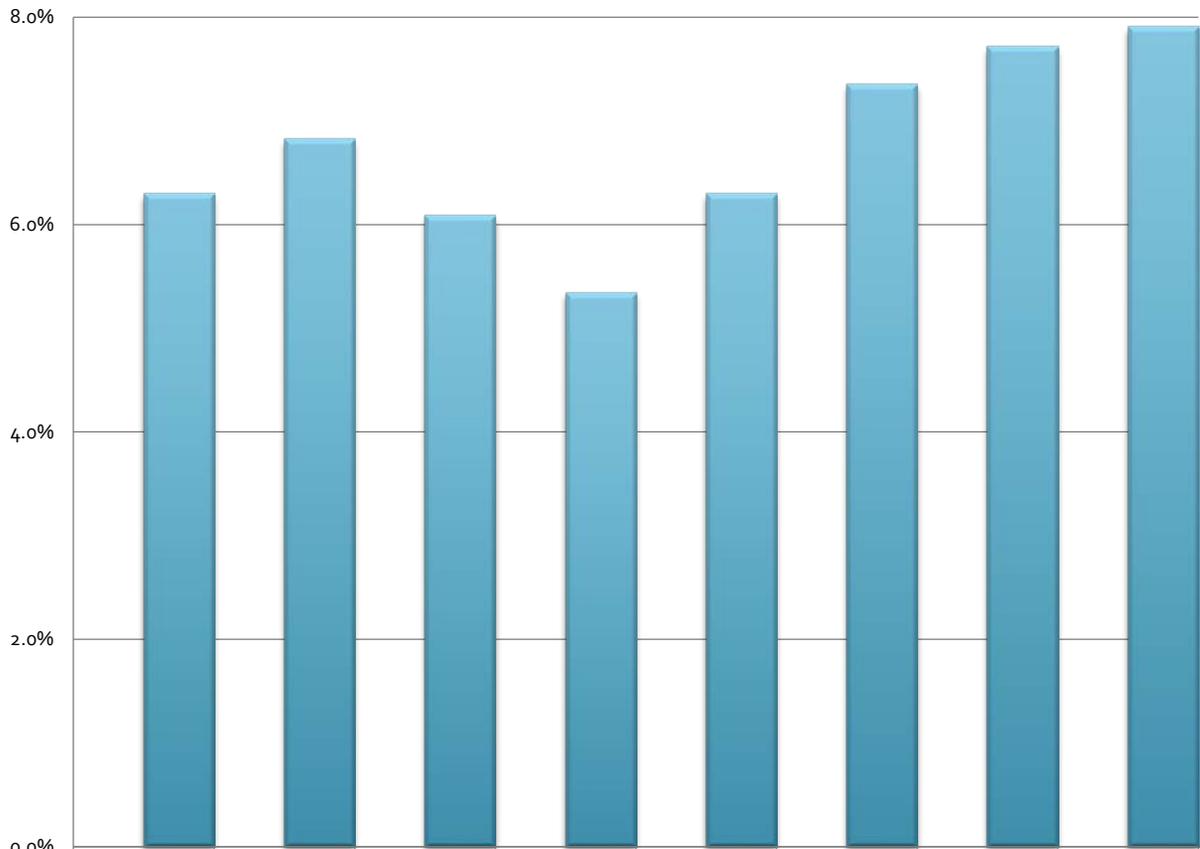
	Jul - Sep 2013	Oct - Dec 2013	Jan - Mar 2014	Apr - Jun 2014	Jul - Sep 2014	Oct-Dec 2014	Jan - Mar 2015	Apr - Jun 2015
Admission Employment of ADA Adult Population	29.82%	30.76%	29.09%	30.03%	31.70%	30.85%	29.88%	32.75%
Discharge Employment of ADA Adult Population	34.68%	35.11%	33.66%	36.02%	36.88%	35.83%	33.91%	37.49%
Employment of MO Adult Population	59.60%	60.13%	60.30%	60.17%	60.14%	60.10%	61.97%	61.77%

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.



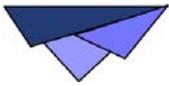
Consumers Receiving Medication Therapy



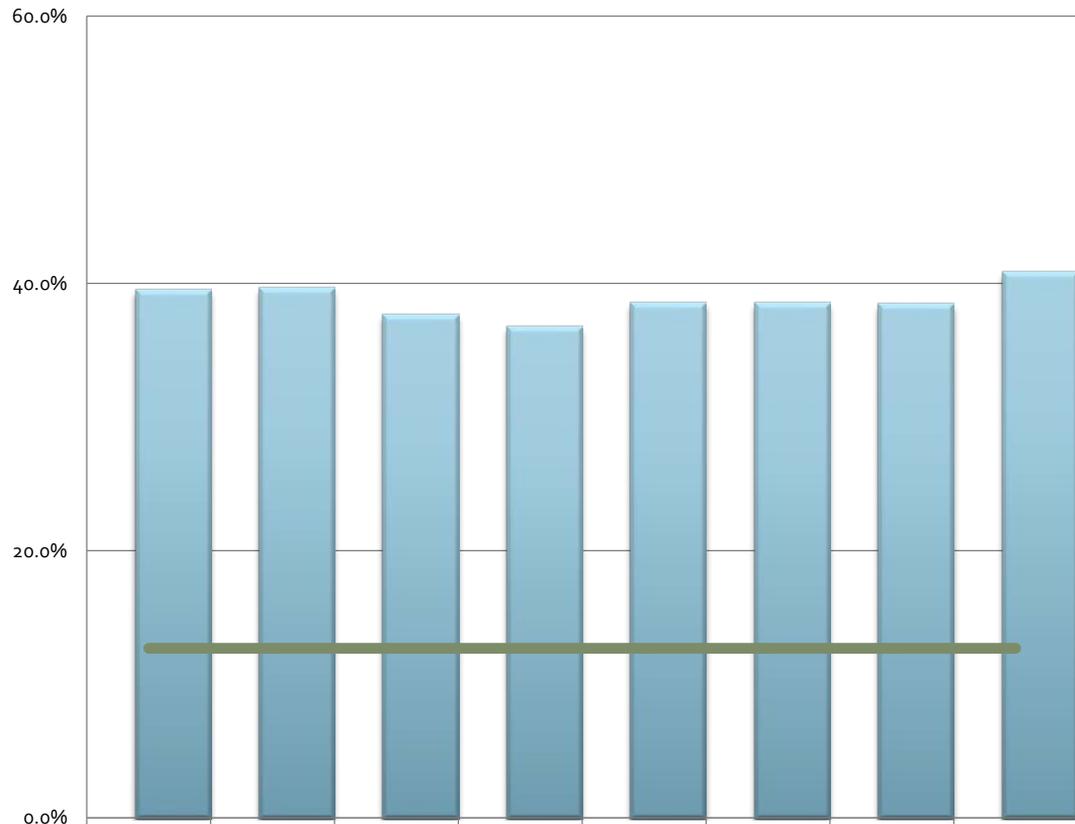
	Jul - Sep 2013	Oct - Dec 2013	Jan - Mar 2014	Apr - Jun 2014	Jul - Sep 2014	Oct-Dec 2014	Jan - Mar 2015	Apr - Jun 2015
# Adult Opioid/Alcohol-Addicted Consumers	14,545	14,042	13,888	14,128	13,956	13,347	13,510	13,282
# Consumers Receiving Medication Therapy	917	959	846	756	880	982	1,044	1,051
% Consumers Receiving Medication Therapy	6.3%	6.8%	6.1%	5.4%	6.3%	7.4%	7.7%	7.9%

Note: Detox and Opioid 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



# of Detox Discharges	1,795	1,453	1,638	1,650	1,661	1,482	1,580	1,769
# Transitioning from Detox to Tx	710	577	618	608	642	572	609	724
% Transitioning from Detox to Tx	39.6%	39.7%	37.7%	36.8%	38.7%	38.6%	38.5%	40.9%
U.S. % Transitioning from Detox to Tx	12.7%	12.7%	12.7%	12.7%	12.7%	12.7%	12.7%	12.7%

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, 2009 (SAMHSA, 2012).

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.

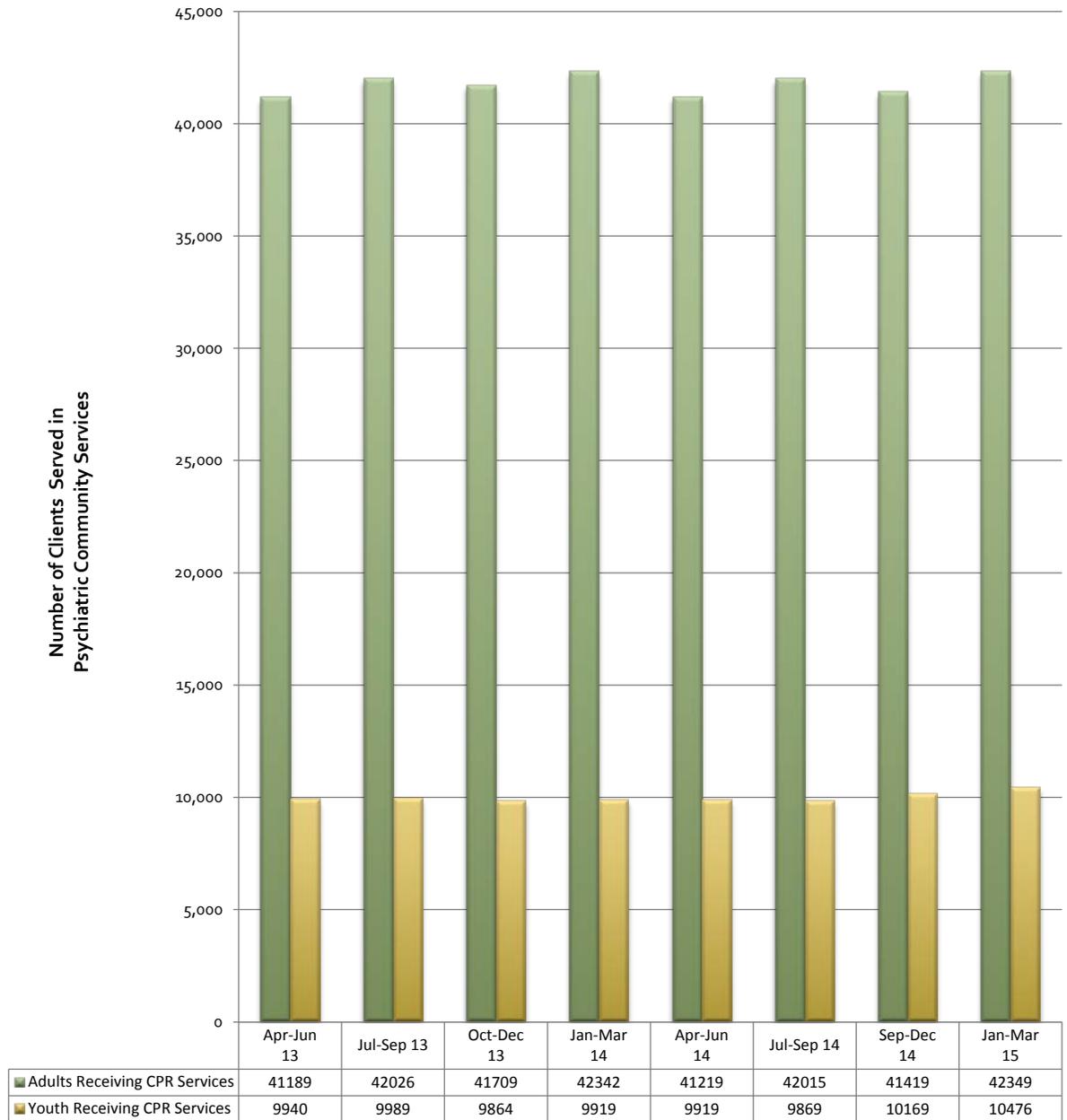


Division of Behavioral Health

Comprehensive Psychiatric
Services



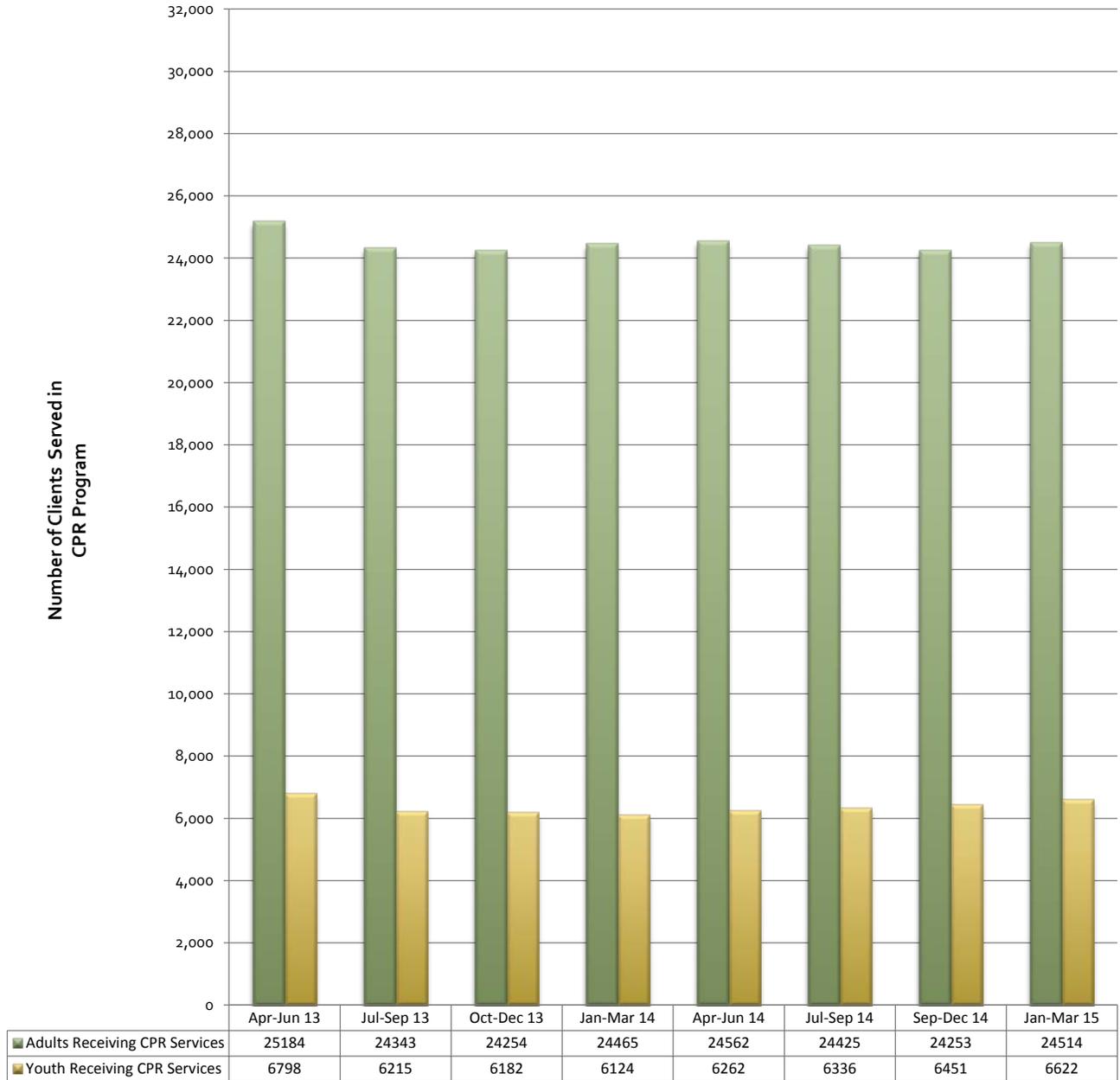
Clients Receiving Psychiatric Community Services



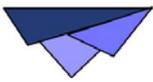
SIGNIFICANCE: Note that the most recent quarter will always be undercounted due to lagging claims and therefore is not displayed. Numbers for 2 quarters back are displayed but subject to slight upward revision as lagging claims come in. The long term trend (over many years) has been one of slowly increasing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



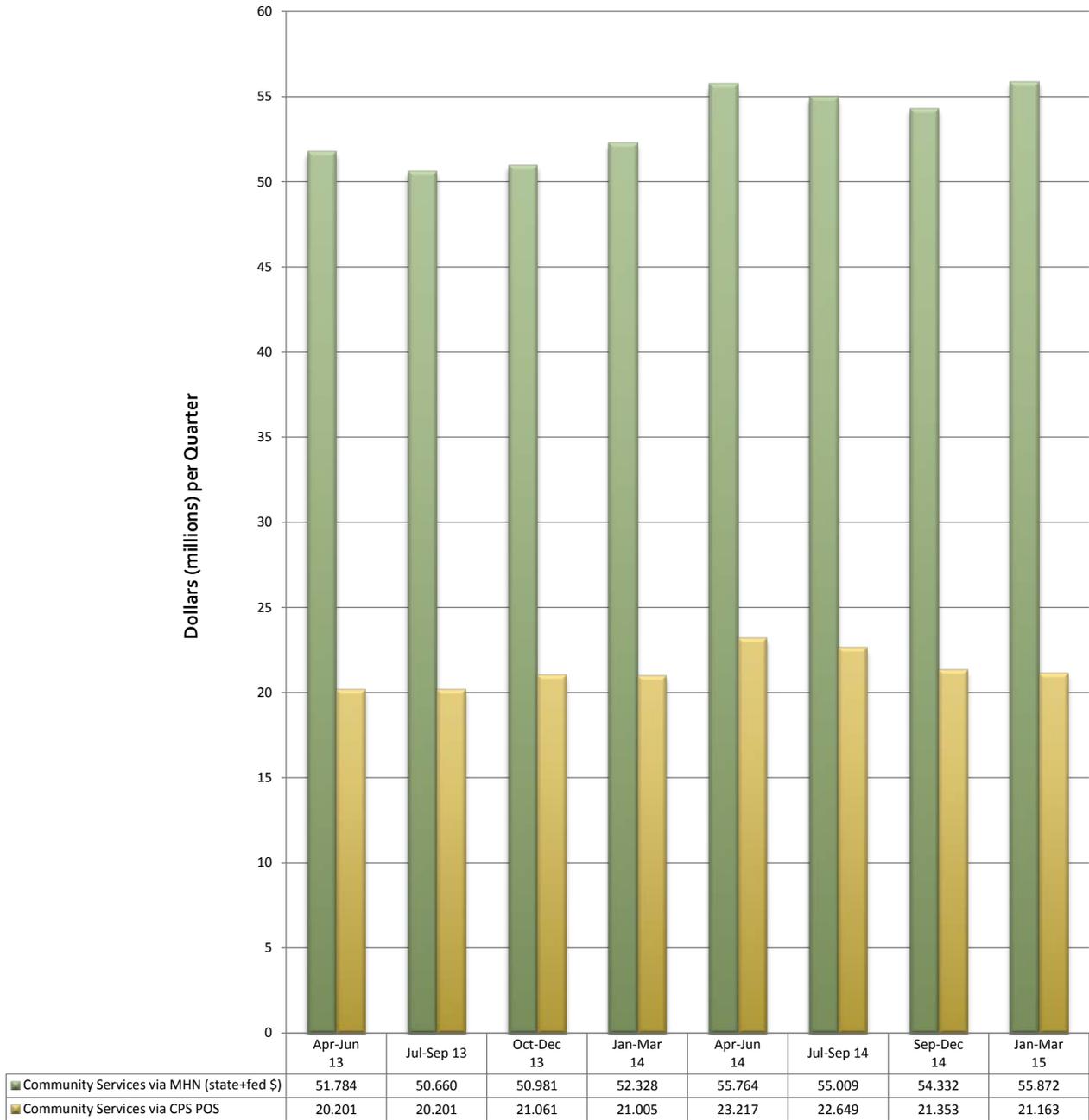
Clients in the Community Psychiatric Rehabilitation Program



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.



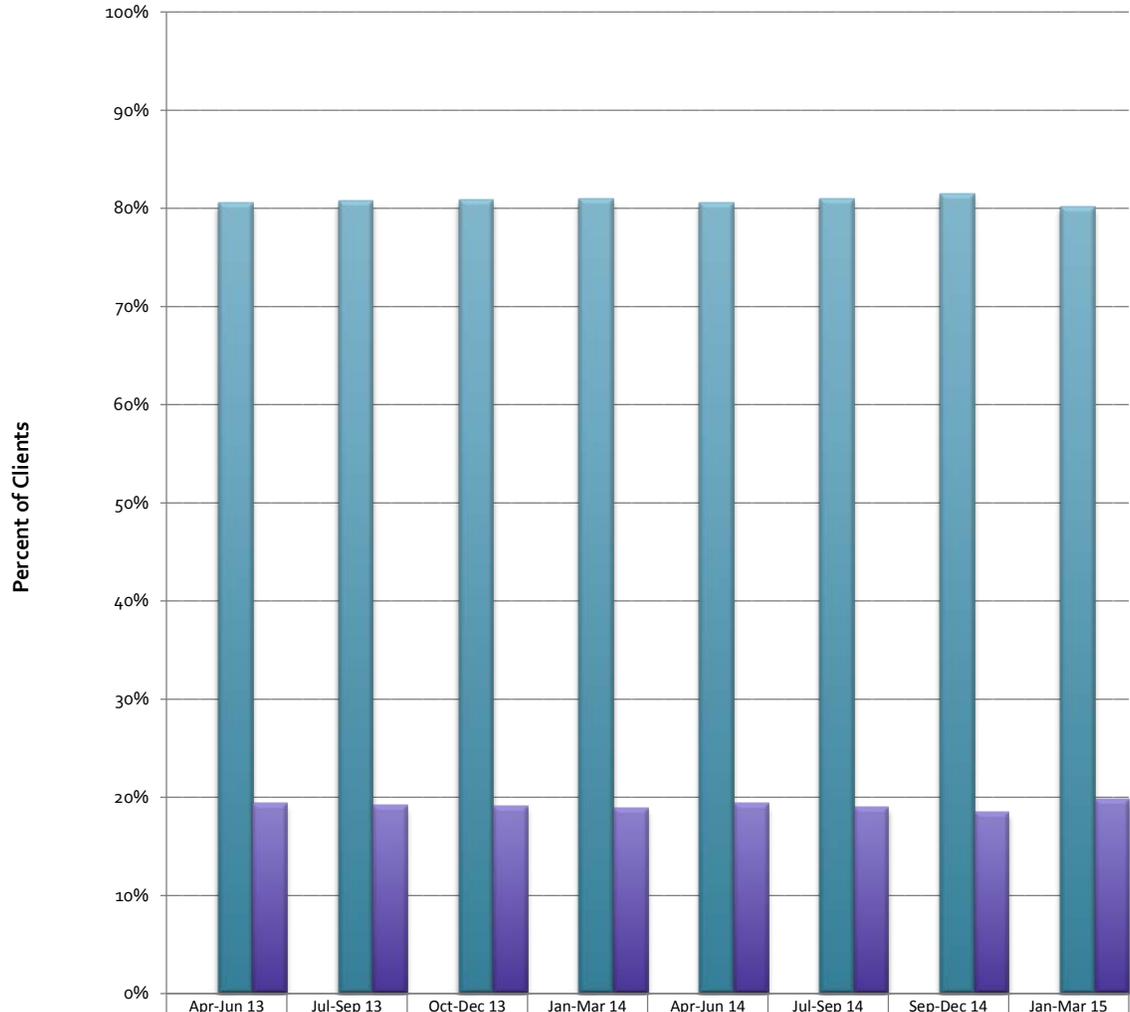
Funding Sources for Psychiatric Services Community Clients



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

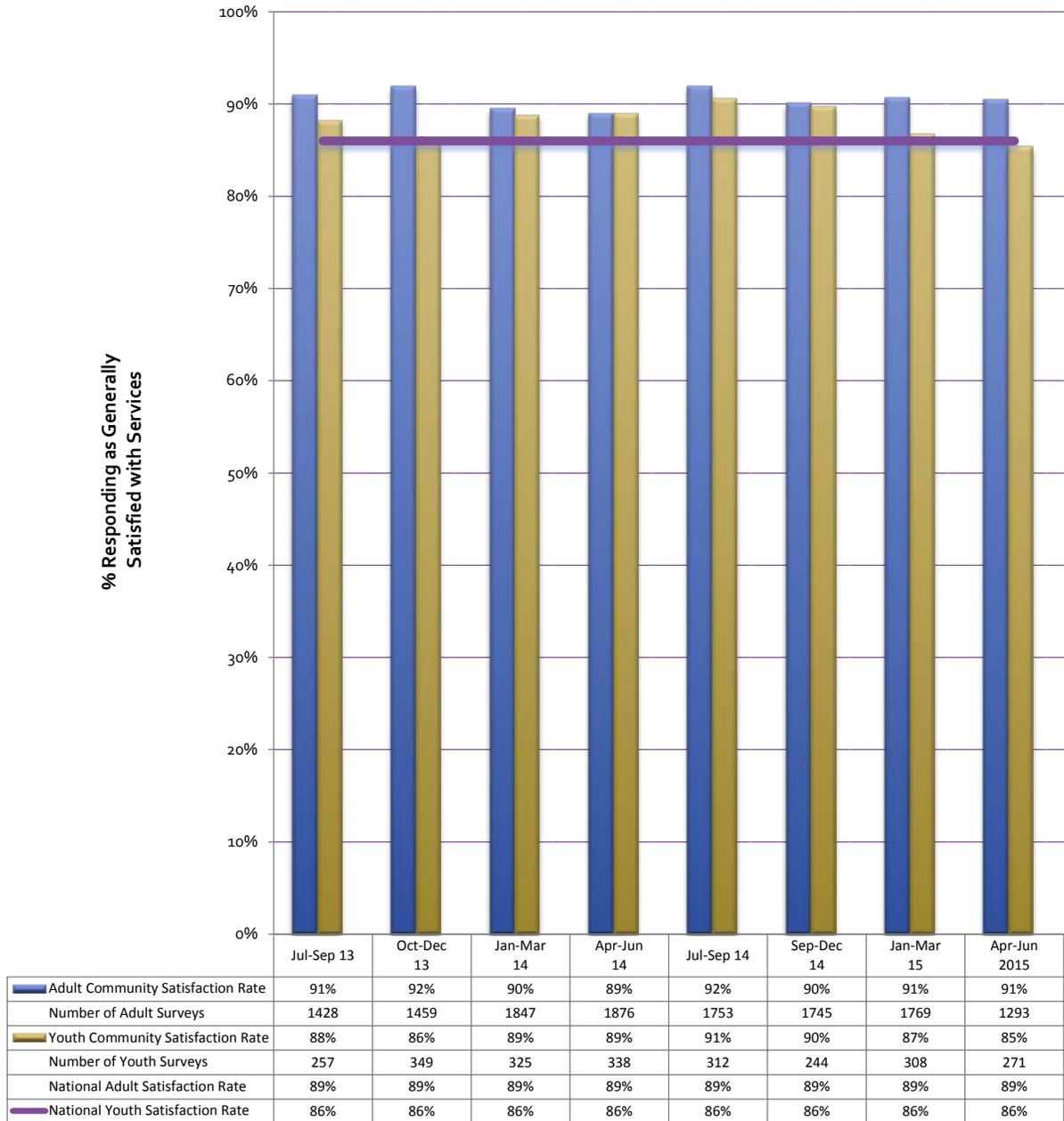


	Apr-Jun 13	Jul-Sep 13	Oct-Dec 13	Jan-Mar 14	Apr-Jun 14	Jul-Sep 14	Sep-Dec 14	Jan-Mar 15
CPS Facility Client Count	1327	1337	1330	1336	1337	1317	1331	1318
CPS Community Client Count	51129	52015	51573	52261	51138	51884	51588	52825
M.E. Clients -- All CPS Community	41189	42026	41709	42342	41219	42015	41419	42349
% M.E. -- All CPS Community	80.6%	80.8%	80.9%	81.0%	80.6%	81.0%	81.5%	80.2%
Not M.E. Clients -- All CPS Community	9940	9989	9864	9919	9919	9869	8065	10476
% Not M.E. -- All CPS Community	19.4%	19.2%	19.1%	19.0%	19.4%	19.0%	18.5%	19.8%

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

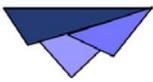


Community Client General Satisfaction with Services

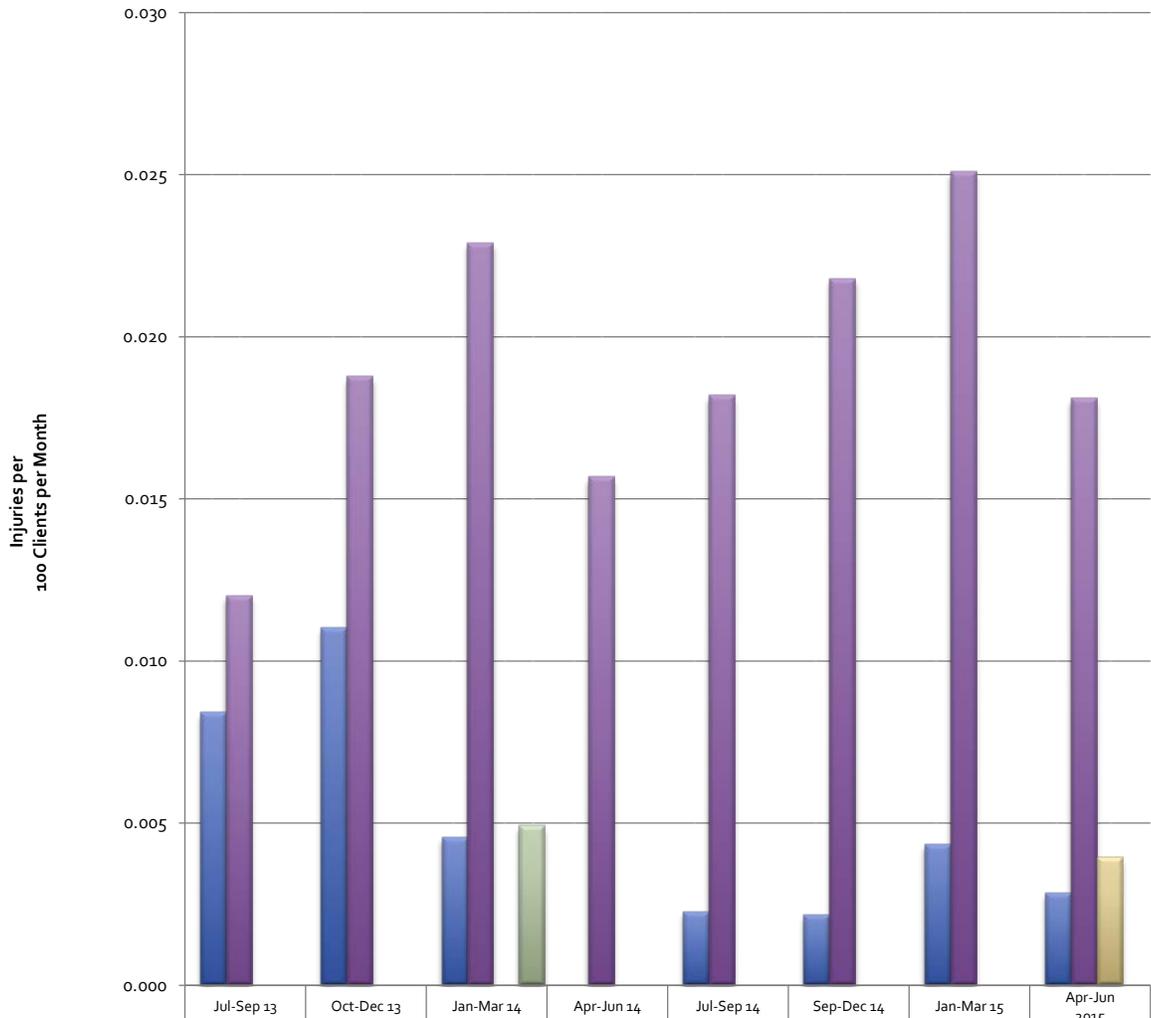


NOTE: Taken from the Adult and Youth Satisfaction Surveys using national standard MHSIP questions.

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



Community Client Injuries

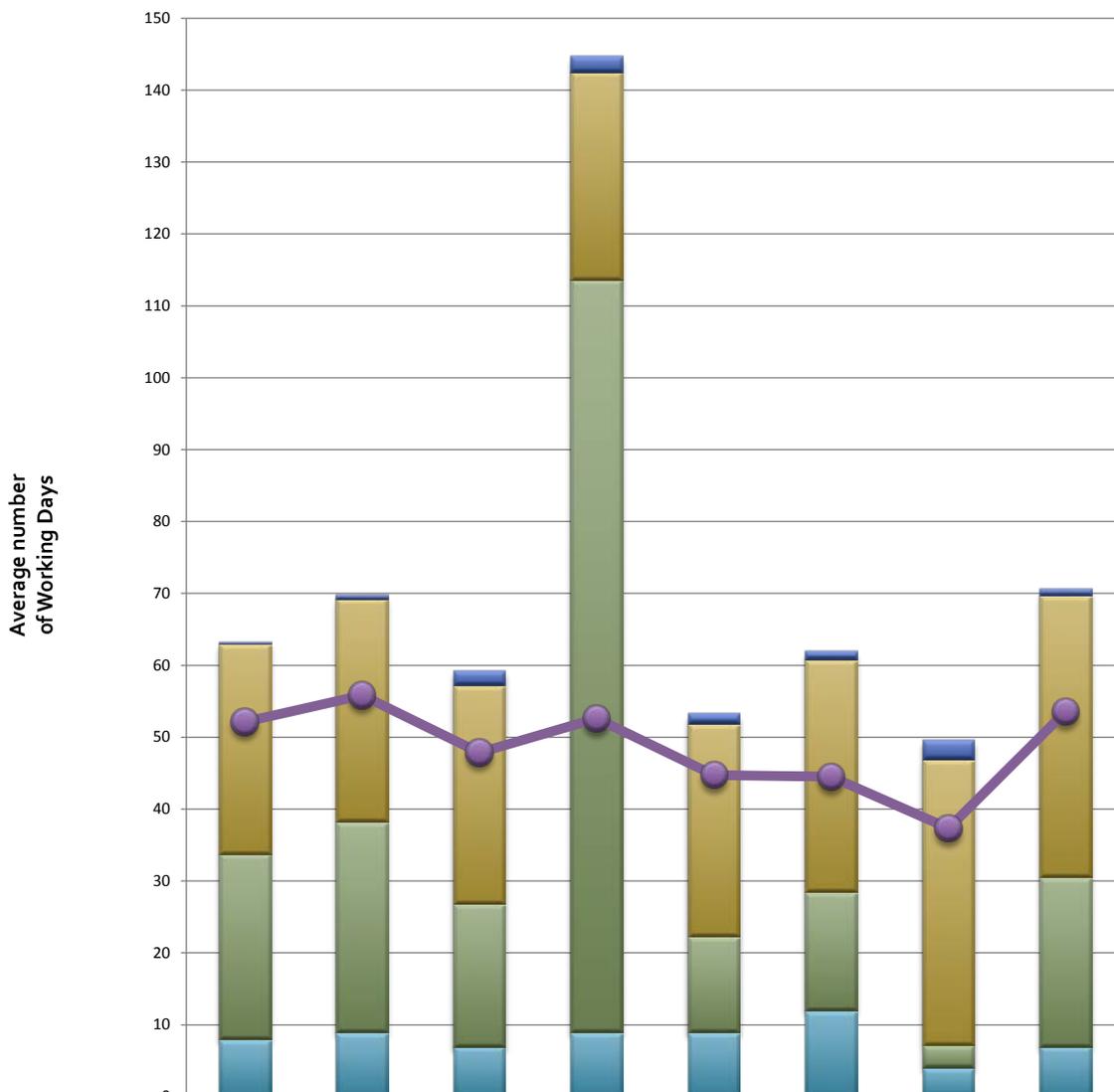


	Jul-Sep 13	Oct-Dec 13	Jan-Mar 14	Apr-Jun 14	Jul-Sep 14	Sep-Dec 14	Jan-Mar 15	Apr-Jun 2015
# Adult Injuries (hospitalization)	7	10	4	0	2	2	4	3
■ Adult Injuries (hosp.) per 100 consumers/mo	0	0	0	0	0	0	0	0
# Adult Injuries (death)	10	17	20	16	16	23	23	19
■ Adult Injuries (death) per 100 consumers/mo	0	0	0	0	0	0	0	0
# Youth Injuries (hospitalization)	0	0	0	0	0	0	0	1
■ Youth Injuries (hosp.) per 100 consumers/mo	0	0	0	0	0	0	0	0
# Youth Injuries (death)	0	0	1	0	0	0	0	0
■ 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 19 adult injuries that resulted in deaths reported in the April-June '15 quarter are further categorized as: 8 suicides, 2 homicides, 4 motor vehicle accidents, 1 accidental overdose, 1 house fire, and 3 other accidents. All such events had a death determination performed by service provider with no indications of need for abuse/neglect investigation. No youth's death were reported.



Duration of Investigation Process for Community Services

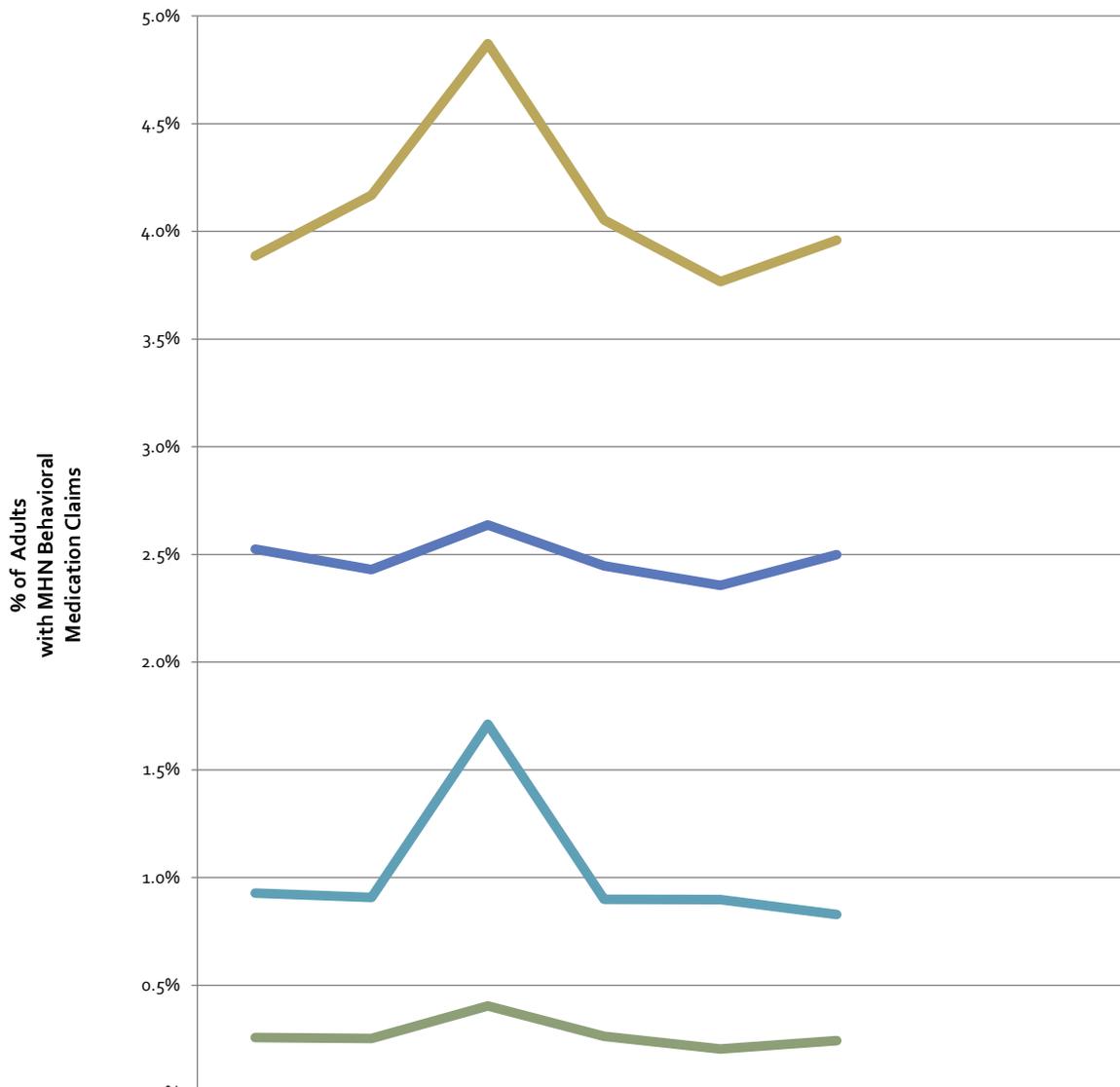


	Jul-Sep 13	Oct-Dec 13	Jan-Mar 14	Apr-Jun 14	Jul-Sep 14	Sep-Dec 14	Jan-Mar 15	Apr-Jun 2015
CPSComm.: Event Discovery to Event Report	6.38	53.22	4.14	3.43	4.22	3.50	1.25	2.71
CPS Comm.: Event Report to Inv. Request	0.25	0.56	2.14	2.29	1.44	1.20	2.75	0.86
CPS Comm.: Inv. Request to Inv. Final Report	29.25	31.00	30.29	28.89	29.67	32.33	39.75	39.29
CPS Comm.: Inv. Final Report to Final Determination	25.80	29.27	19.90	104.64	13.25	16.45	3.17	23.50
CPS Comm. Investigation Event Count	8	9	7	9	9	12	4	7
CPS Comm.: "Typical" Inv Total Time	52.14	55.81	47.85	52.60	44.72	44.50	37.33	53.57

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.



Community Adult Medication Screens

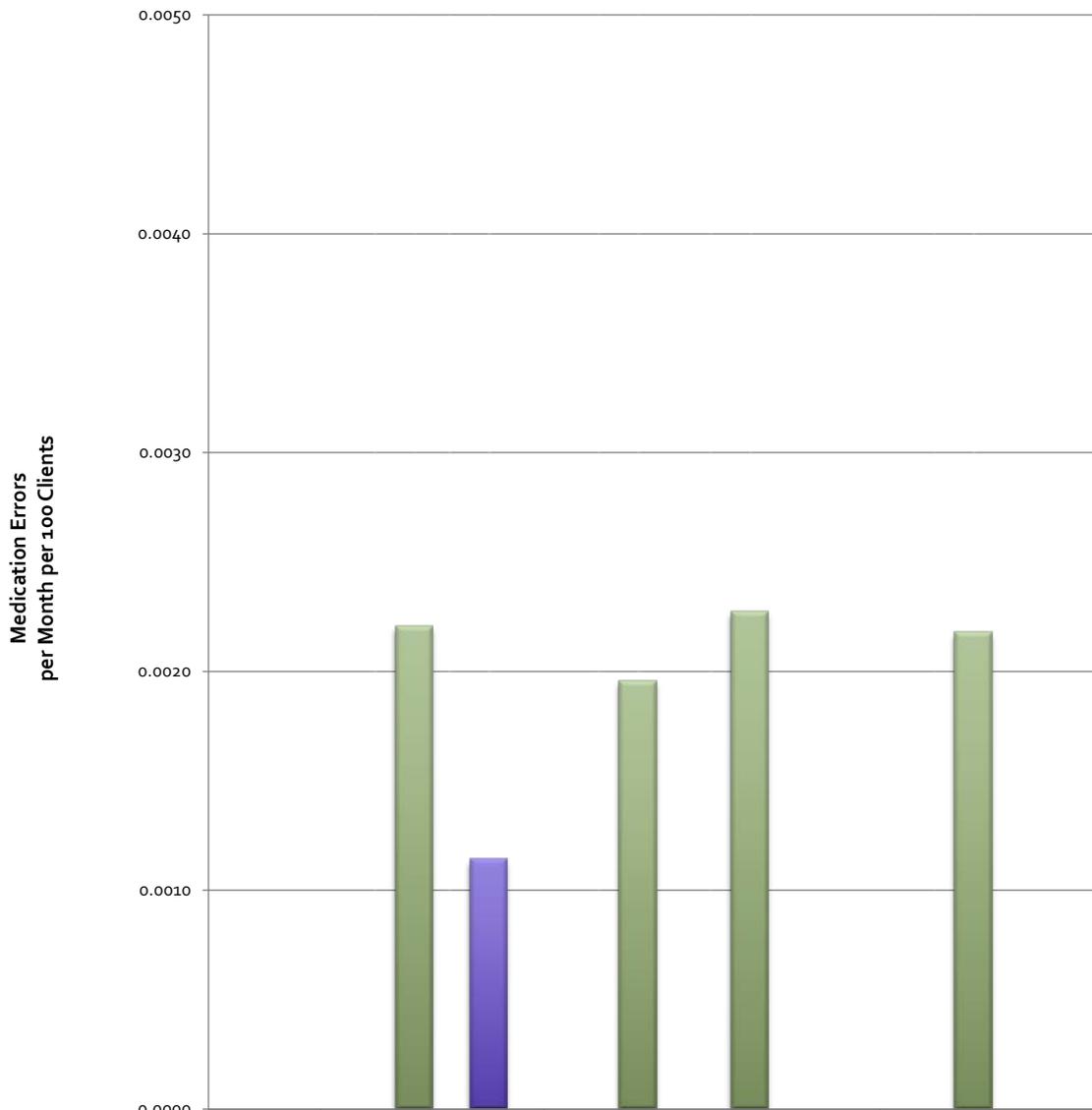


	Jul-Sep 13	Oct-Dec 13	Jan-Mar 14	Apr-Jun 14	Jul-Sep 14	Sep-Dec 14	Jan-Mar 15	Apr-Jun 2015
CMHC Adults with MHN Behavioral Medications Claims	22539	21355	23013	22797	22485	21363		
% CPS Adults use of 5 or more Psychotropic Meds 60 or more days	3.9%	4.2%	4.9%	4.1%	3.8%	4.0%		
% CPS Adults use of 3 or more Antipsychotic Meds 45 or more days	0.3%	0.3%	0.4%	0.3%	0.2%	0.2%		
% CPS Adults on High Dose Atypical for 45 or more Days	0.9%	0.9%	1.7%	0.9%	0.9%	0.8%		
% CPS Adults on Low Dose Atypical for 45 or more Days	2.5%	2.4%	2.6%	2.4%	2.4%	2.5%		

NOTE: Taken from " Missouri CMHC BPM" reports. A bilify at low dose no longer flagged if an antidepressant has been prescribed within the 3 month reporting period. Both years data show an annual cycle believed to be due to "donut hole" -- insurance coverage is exhausted as year progresses, then renews annually. The report has not been submitted for 2 previous quarters.



Adult Community Medication Errors

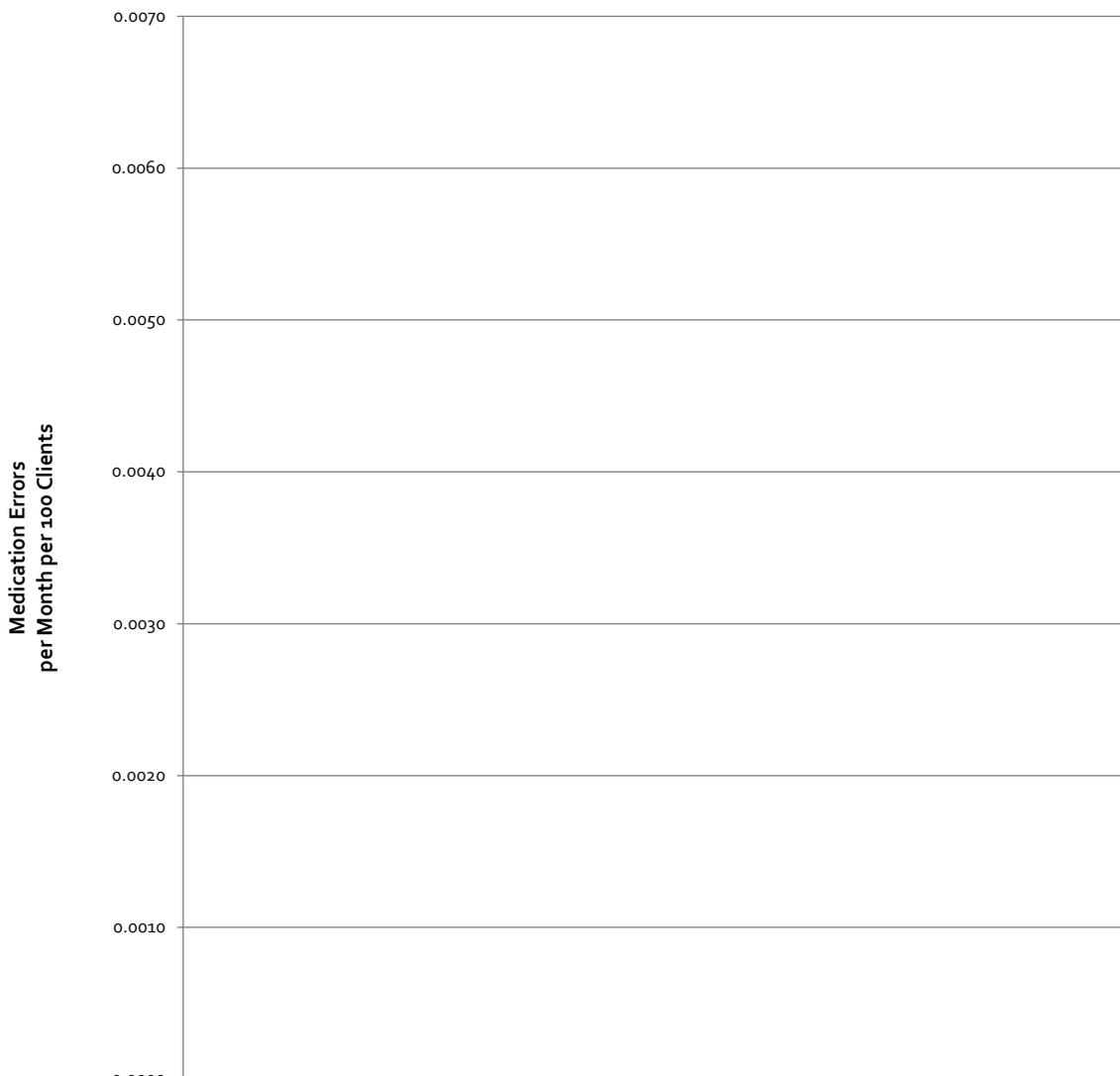


	Jul-Sep 13	Oct-Dec 13	Jan-Mar 14	Apr-Jun 14	Jul-Sep 14	Sep-Dec 14	Jan-Mar 15	Apr-Jun 2015
# Adult Consumers/month	27710	30169	29112	33986	29293	30327	30549	34979
Adult "Serious" Med Errors	0	0	1	0	0	0	0	0
Adult "Serious" Med Errors per 100 consumers/mo	0.000	0.000	0.001	0.000	0.000	0.000	0.0%	0.0%
Adult "Moderate" Med Errors	0	2	0	2	2	0	2	0
Adult "Moderate" Med Errors per 100 consumers/mo	0.000	0.002	0.000	0.002	0.002	0.000	0.2%	0.0%

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



Youth Community Medication Errors

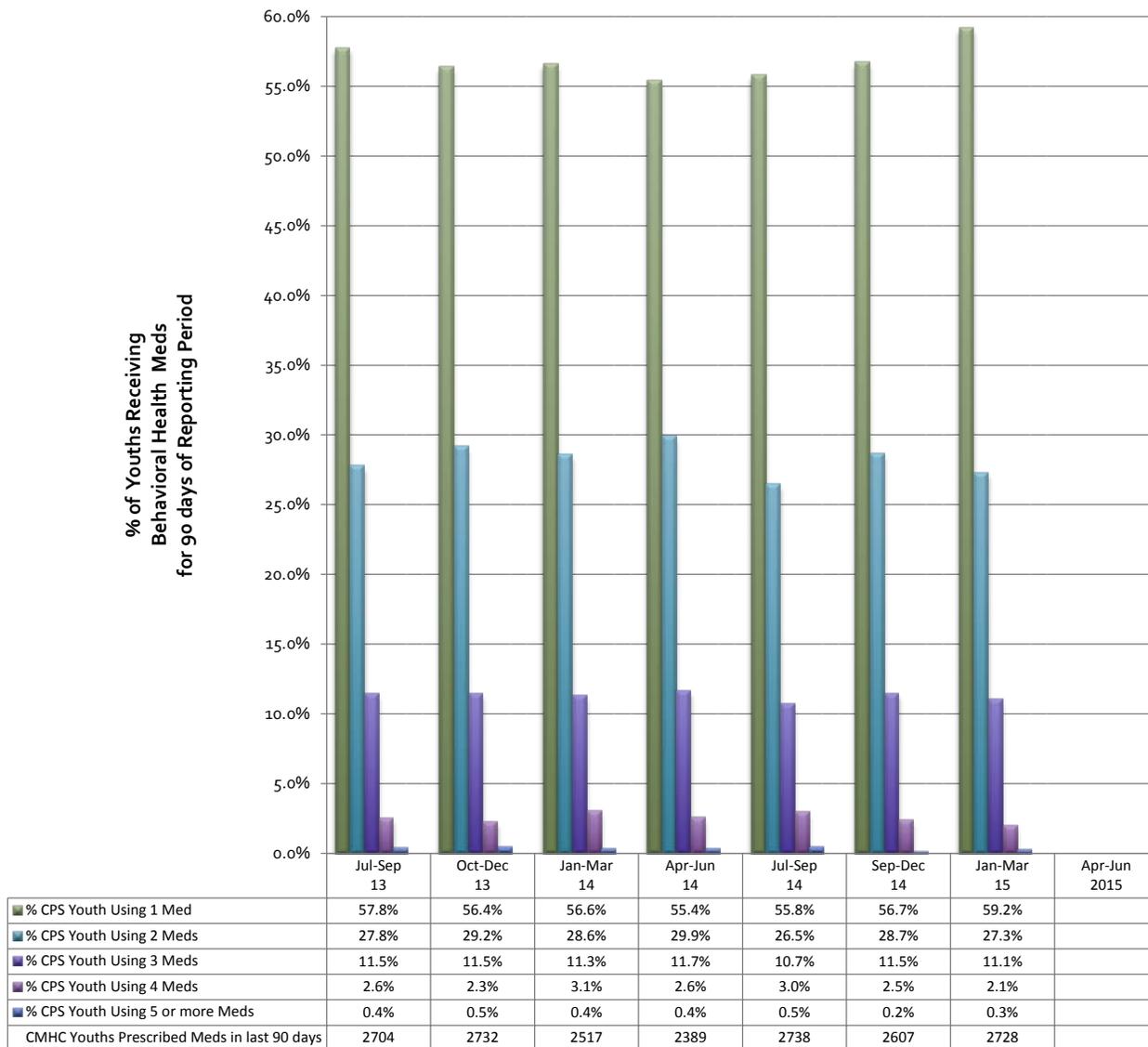


	Jul-Sep 13	Oct-Dec 13	Jan-Mar 14	Apr-Jun 14	Jul-Sep 14	Sep-Dec 14	Jan-Mar 15	Apr-Jun 2015
# Youth Consumers/month	6851	7253	6764	7747	6783	7141	7359	8446
Youth "Moderate" Med Errors	0	0	0	0	0	0	0	0
Youth "Moderate" Med Errors per 100 consumers/mo	0.000	0.000	0.000	0.000	0.000	0.000	0.0%	0.0%
Youth "Serious" Med Errors	0	0	0	0	0	0	0	0
Youth "Serious" Med Errors per 100 consumers/mo	0.000	0.000	0.000	0.000	0.000	0.000	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 Youth Prescribed Multiple Behavioral Health Medications

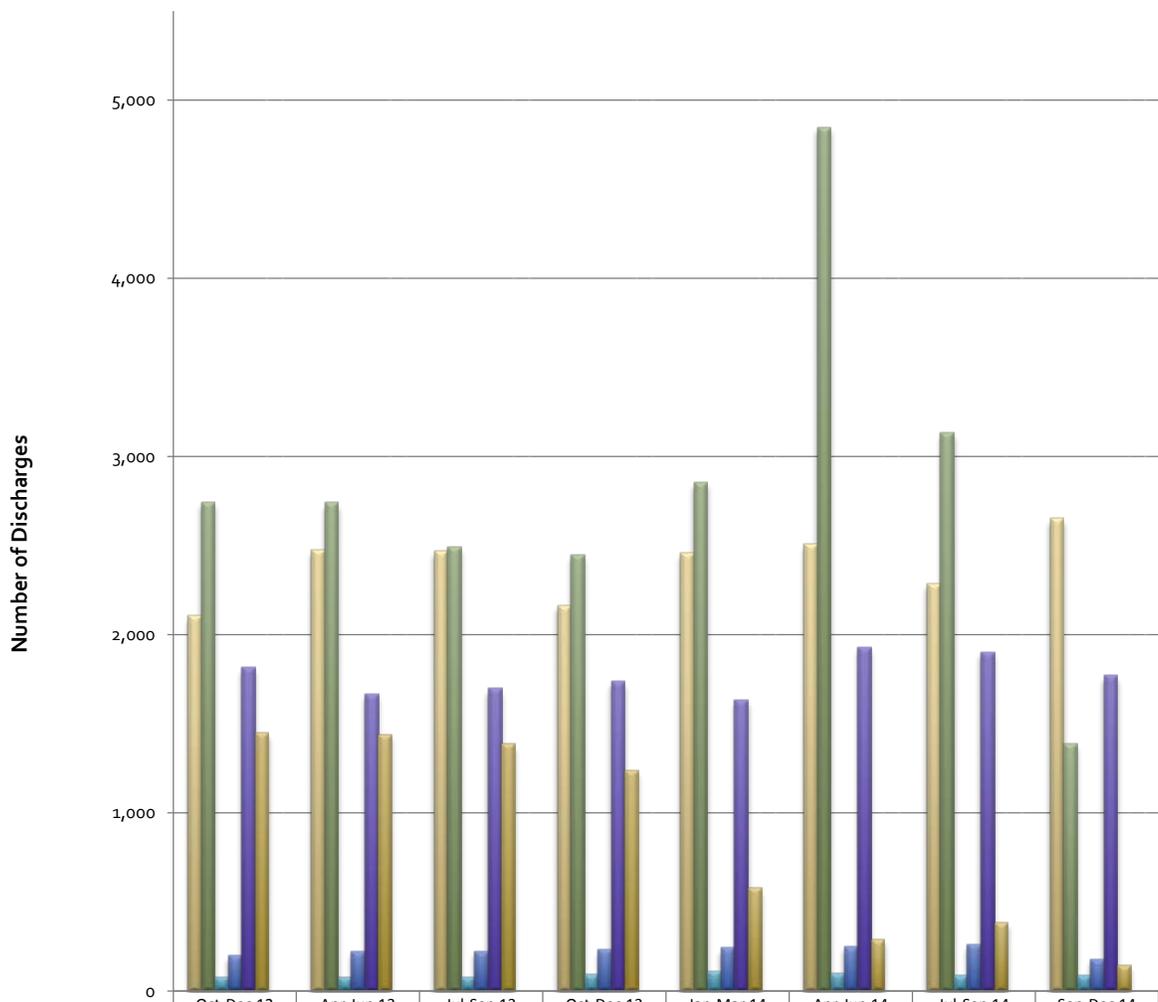


SIGNIFICANCE: Previous data on Community Youth prescribed multiple meds led to chart reviews of cases with 5+ meds. These reviews identified many false positives -- clients were titrating on and off meds appropriately but getting pulled into the prior definition (60 days of a med within the quarter.) Discussion resulted in revised definitions, consistent with other national medication management efforts, using a 90 day concurrent prescription definition.

NOTE: The data for the most recent quarter have not been provided by CMT.



Community Psychiatric Service Discharges

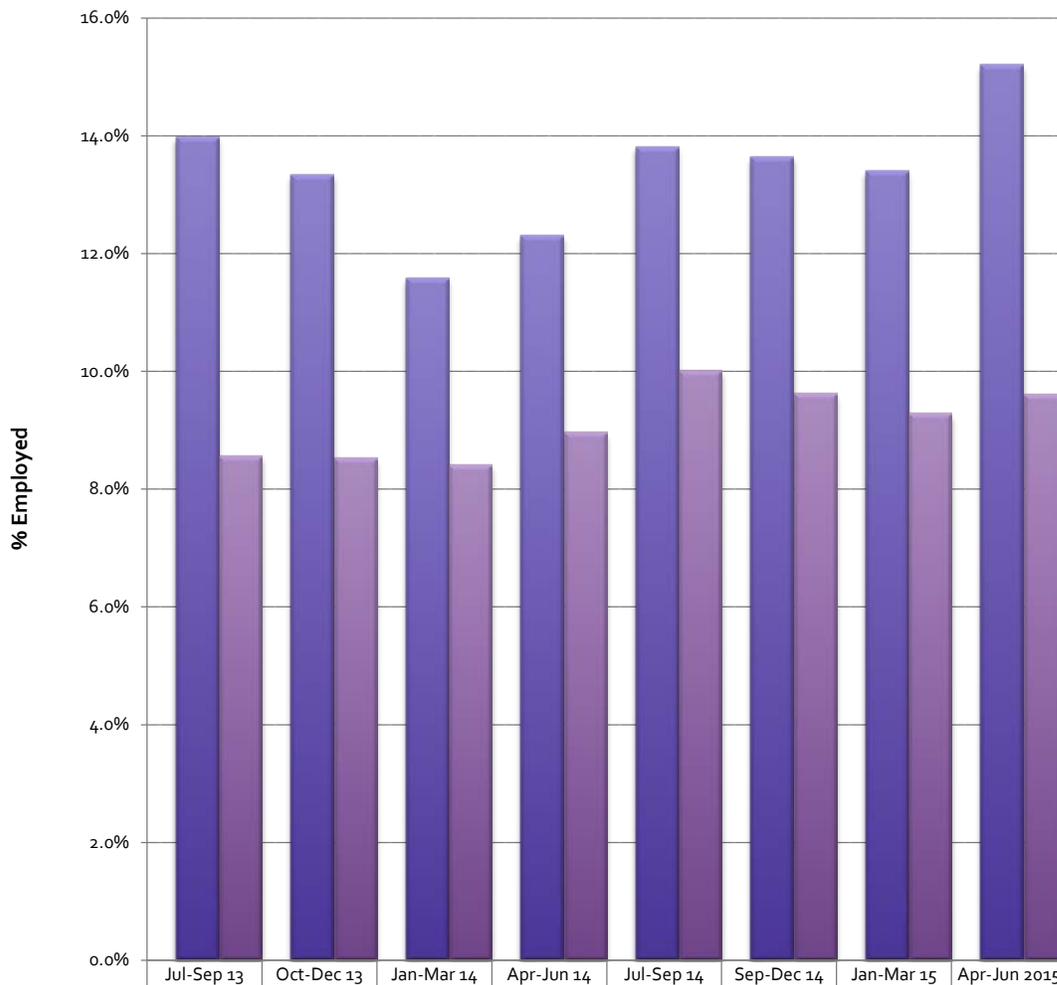


	Oct-Dec 12	Apr-Jun 13	Jul-Sep 13	Oct-Dec 13	Jan-Mar 14	Apr-Jun 14	Jul-Sep 14	Sep-Dec 14
Other Discharges	2108	2476	2472	2167	2460	2510	2289	2653
Admin. Discharge >24 hrs	2747	2743	2496	2451	2856	4847	3134	1388
Law Enforcement Initiated	78	79	79	94	114	102	89	89
Agency Initiated	201	225	223	236	244	253	265	181
Client Initiated	1820	1668	1699	1740	1636	1932	1904	1772
Admin. Discharge <24 hrs	1451	1440	1386	1238	579	289	388	146
CPS Community -- Total Discharges	8405	8631	8355	7926	7889	9933	8069	6229

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

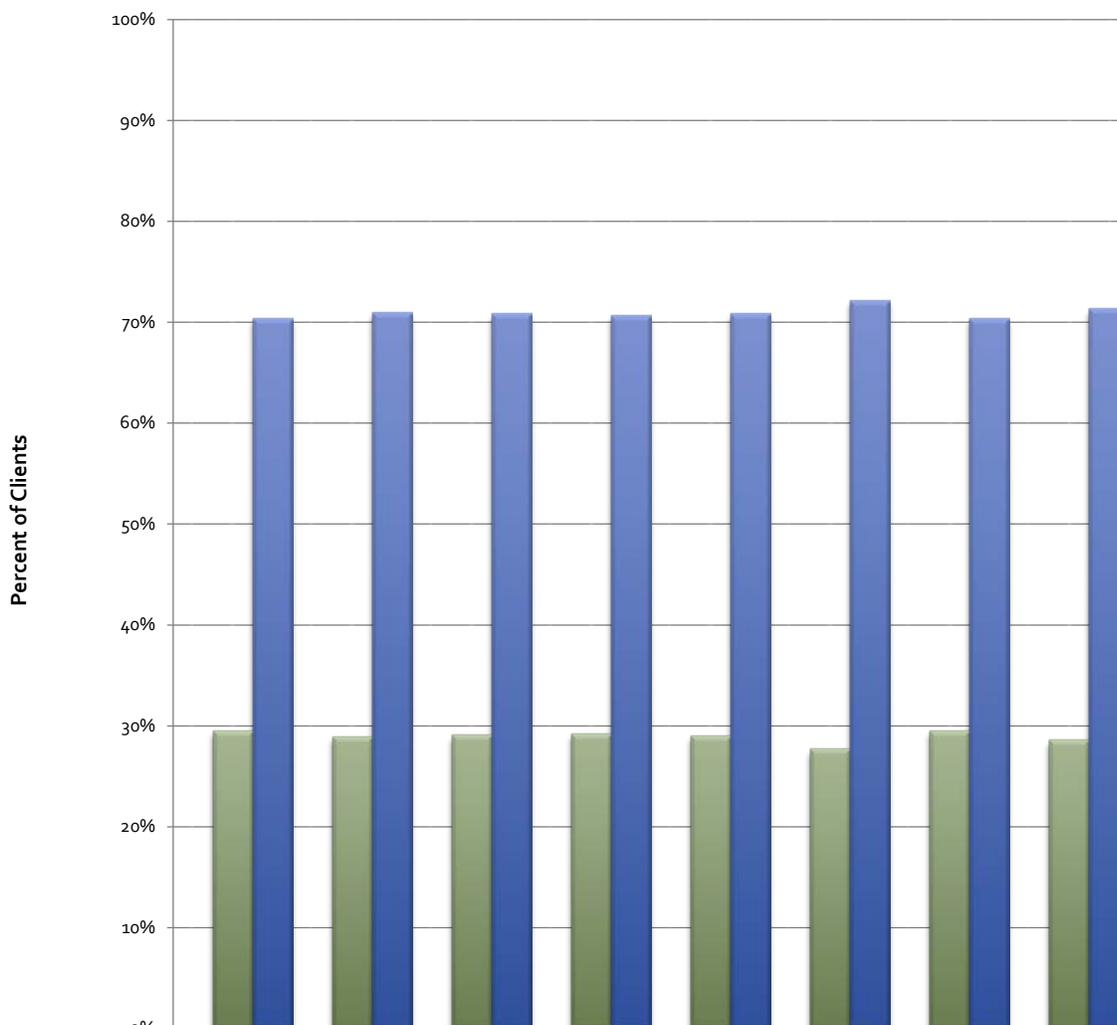


	Jul-Sep 13	Oct-Dec 13	Jan-Mar 14	Apr-Jun 14	Jul-Sep 14	Sep-Dec 14	Jan-Mar 15	Apr-Jun 2015
Adult Community Clients w/ Admission Status Reports	4260	3911	3857	3968	4218	4146	4114	3805
Adult Community Clients Employed at Admission	596	522	447	489	583	555	552	579
■ % Employed at Admission	0.139906103	0.133469701	0.115893181	0.123235887	0.138217165	0.136539525	0.134175984	0.1521682
Adult Community Clients w/ Annual Status Reports	5774	5265	5959	6233	6274	5829	6470	5725
Adult Community Clients Employed at Annual Review	495	449	502	559	629	561	601	551
■ % Employed at Annual Review	0.085729131	0.085280152	0.084242323	0.08968394	0.100255021	0.096299024	0.092890263	0.096244541

NOTE: This data is taken from the "CPS Status Report" and is thus an estimate taken from a large sample of clients each quarter. The CPS Status Report itself underwent significant revision starting Apr'12 so this graph starts with the new data. This 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 until the most recent quarter.



Medicaid Eligibility of Psychiatric Facility Clients

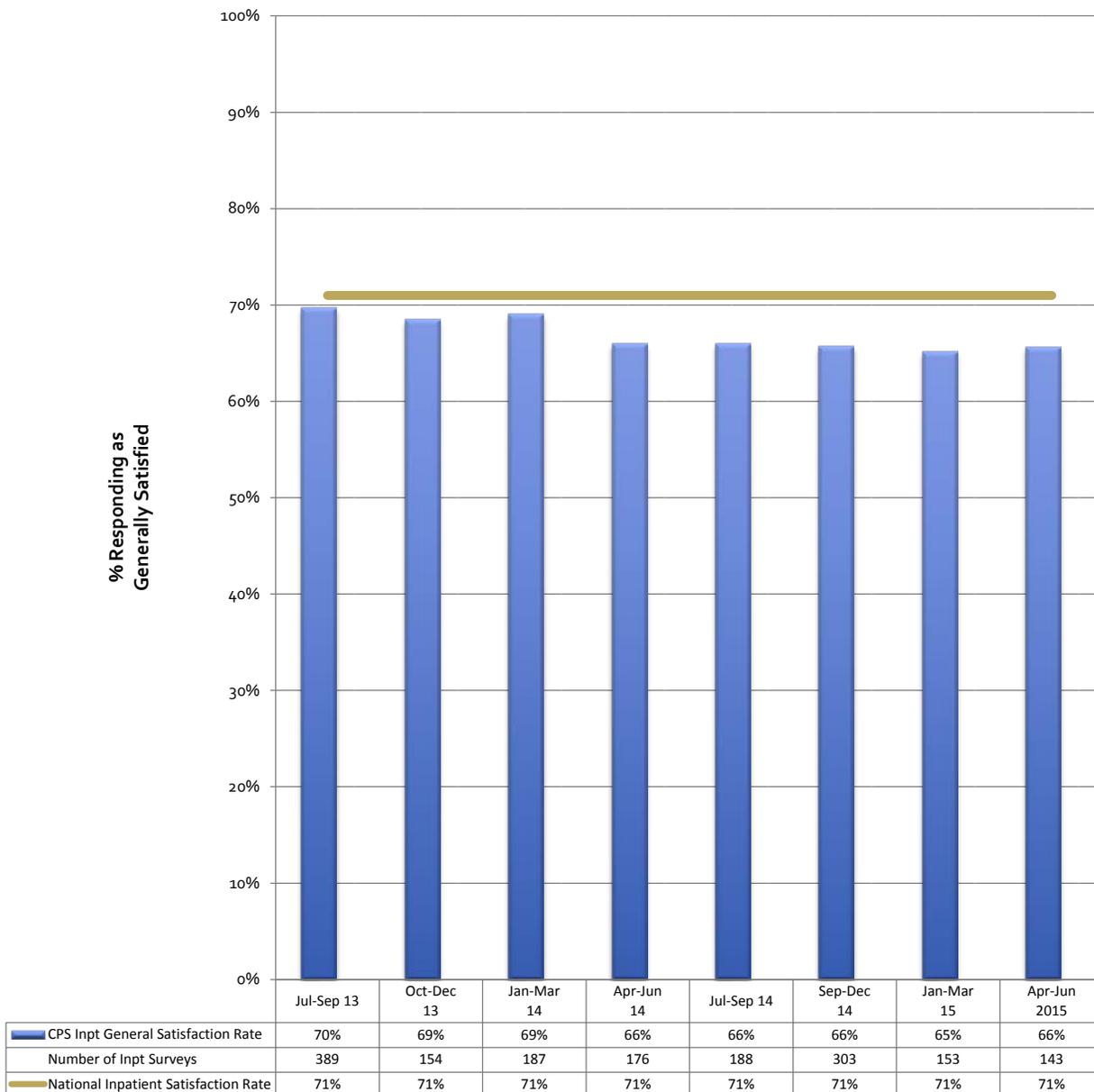


	Jul-Sep 13	Oct-Dec 13	Jan-Mar 14	Apr-Jun 14	Jul-Sep 14	Sep-Dec 14	Jan-Mar 15	Apr-Jun 2015
CPS Facility Client Count	1337	1330	1336	1337	1317	1331	1318	1334
M.E. Clients - CPS State Facilities	395	385	389	391	383	395	390	382
% M.E. -- CPS State Facility Clients	0.295437547	0.289473684	0.291167665	0.292445774	0.290812453	0.27765237	29.6%	28.6%
Not M.E. Clients - CPS State Facilities	942	945	947	946	934	960	928	952
% Not M.E. -- CPS State Facilities	0.704562453	0.710526316	0.708832335	0.707554226	0.709187547	0.72234763	70.4%	71.4%

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

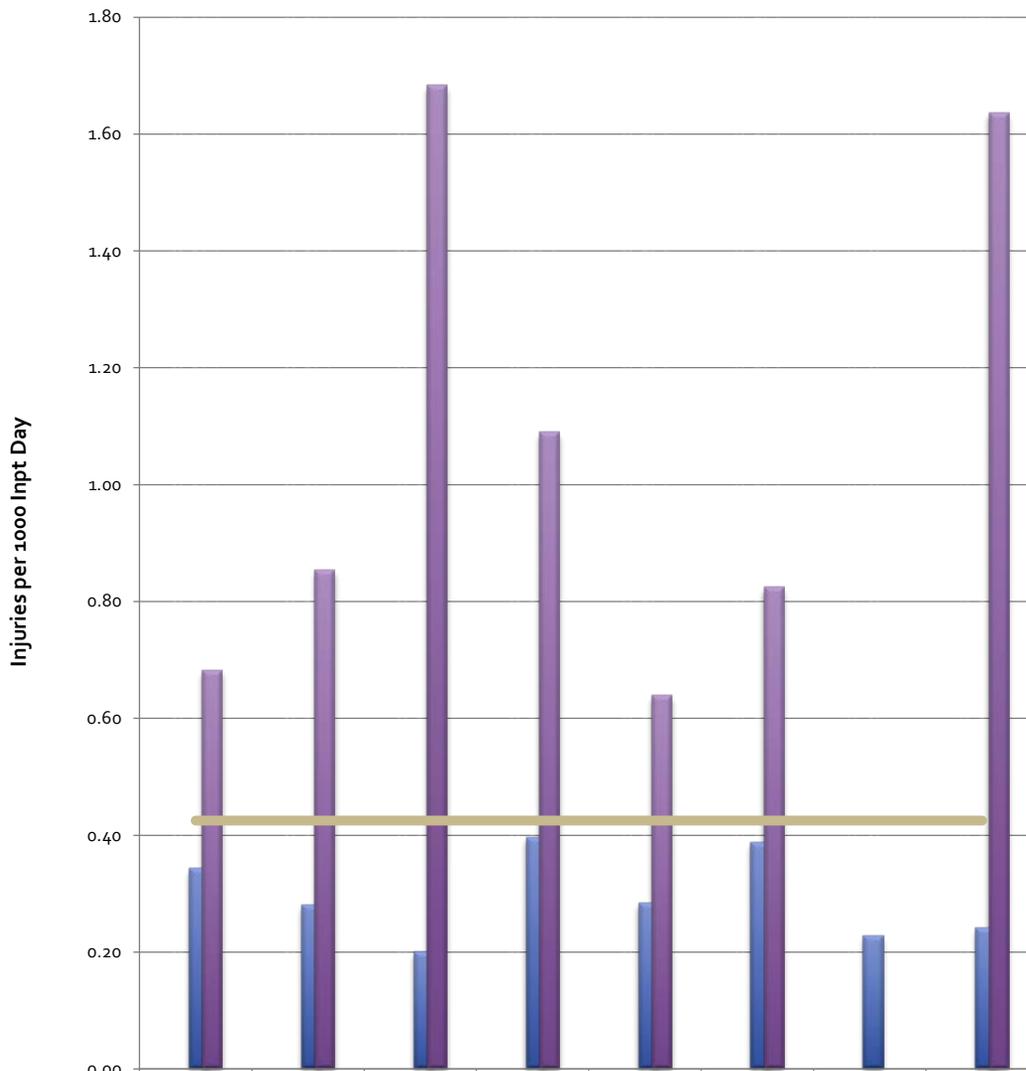


NOTE: Taken from the CPS Inpatient MHSIP survey -- average of all 5 domains.

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

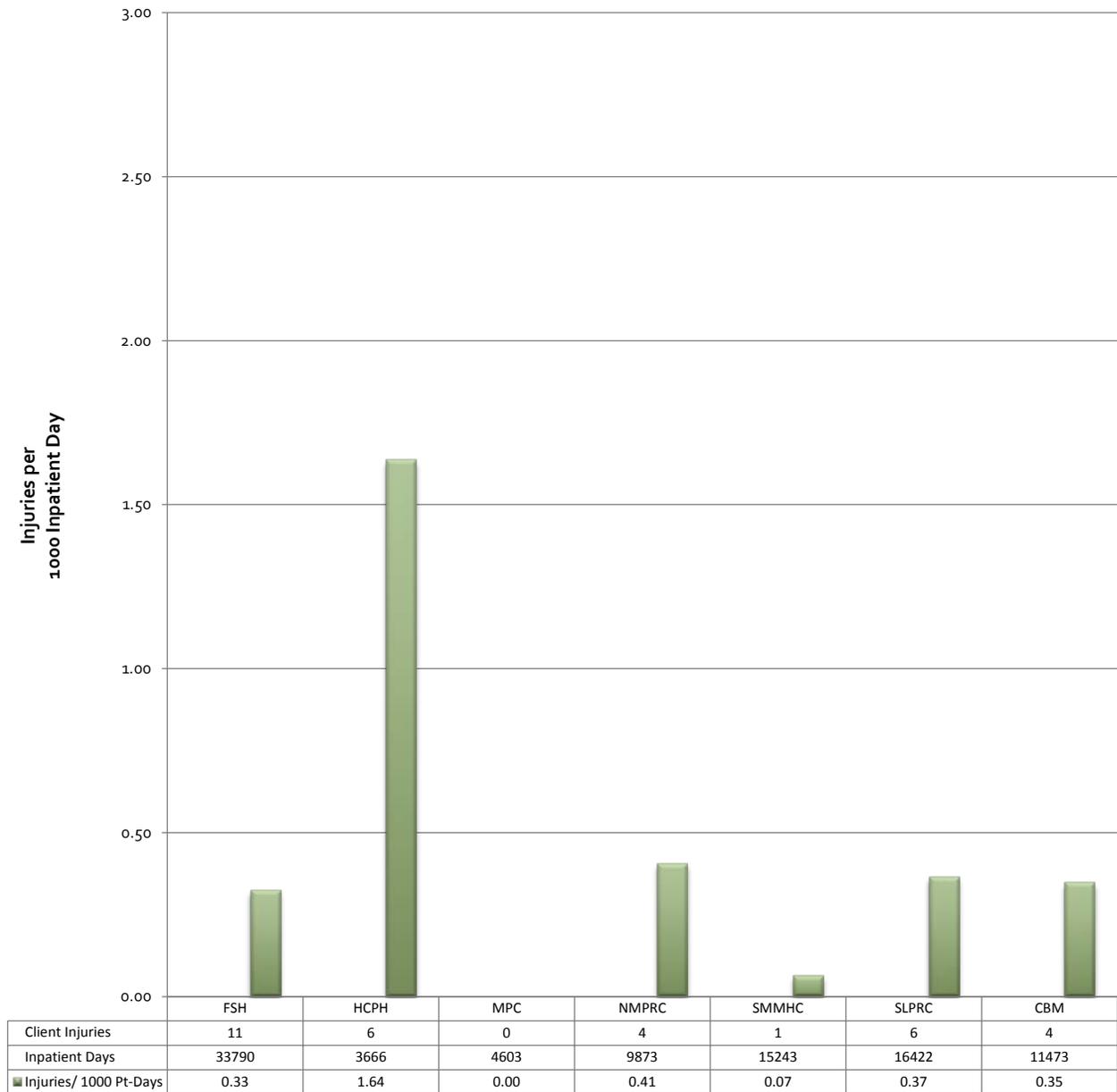


	Jul-Sep 13	Oct-Dec 13	Jan-Mar 14	Apr-Jun 14	Jul-Sep 14	Sep-Dec 14	Jan-Mar 15	Apr-Jun 2015
# CPS Adult Inpt Days	107546	106499	103914	105750	105595	105620	104924	107494
# CPS Youth Inpt Days	5864	5854	5934	5503	4683	4854	3481	3666
CPS Inpt Adult Injuries	37	30	21	42	30	42	24	26
CPS Inpt Adult Injuries/1000 PtDays	0.344	0.282	0.202	0.397	0.284	0.388	0.229	0.242
CPS Inpt Youth Injuries	4	5	10	6	3	5	0	6
CPS Inpt Youth Injuries/1000 PtDays	0.682	0.854	1.685	1.090	0.641	0.825	0.000	1.637
National Inpt Injury Rate (ORYX)	0.425	0.425	0.425	0.425	0.425	0.425	0.425	0.425

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



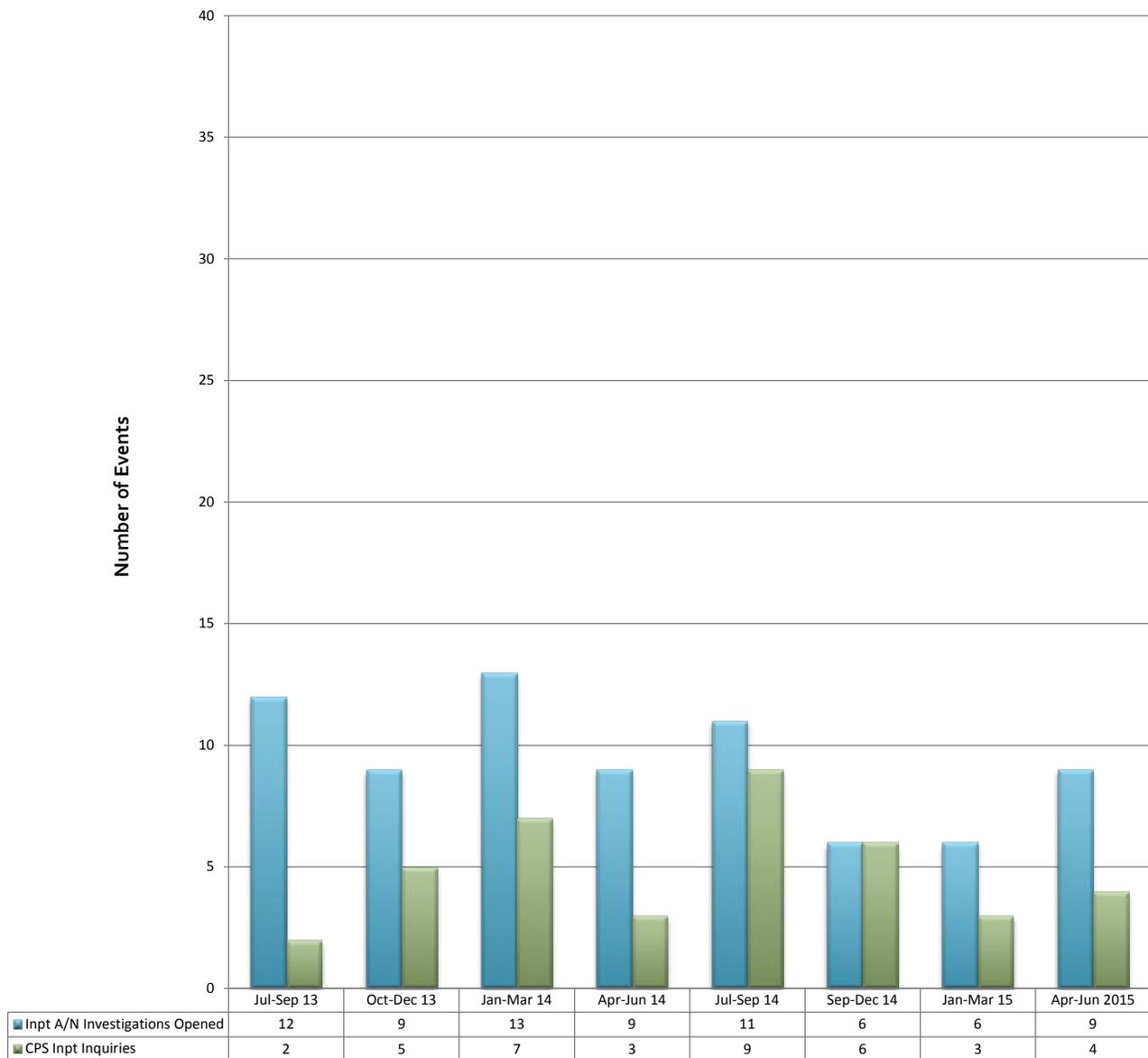
Inpatient Client Injuries by Facility



SIGNIFICANCE: This was a new chart last fiscal year, 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. Second quarter showed a higher injury rate for the children's facility. Perhaps somewhat counterintuitively, the rate of injuries is often low at our highest security facility. This quarter continues the now familiar pattern although the HCPHC rate is much higher than the adult facilities. In order the facilities are: Fulton, Hawthorn, St Louis MPC, Northwest, Southeast, St Louis Psych, Center for Behavioral Medicine.



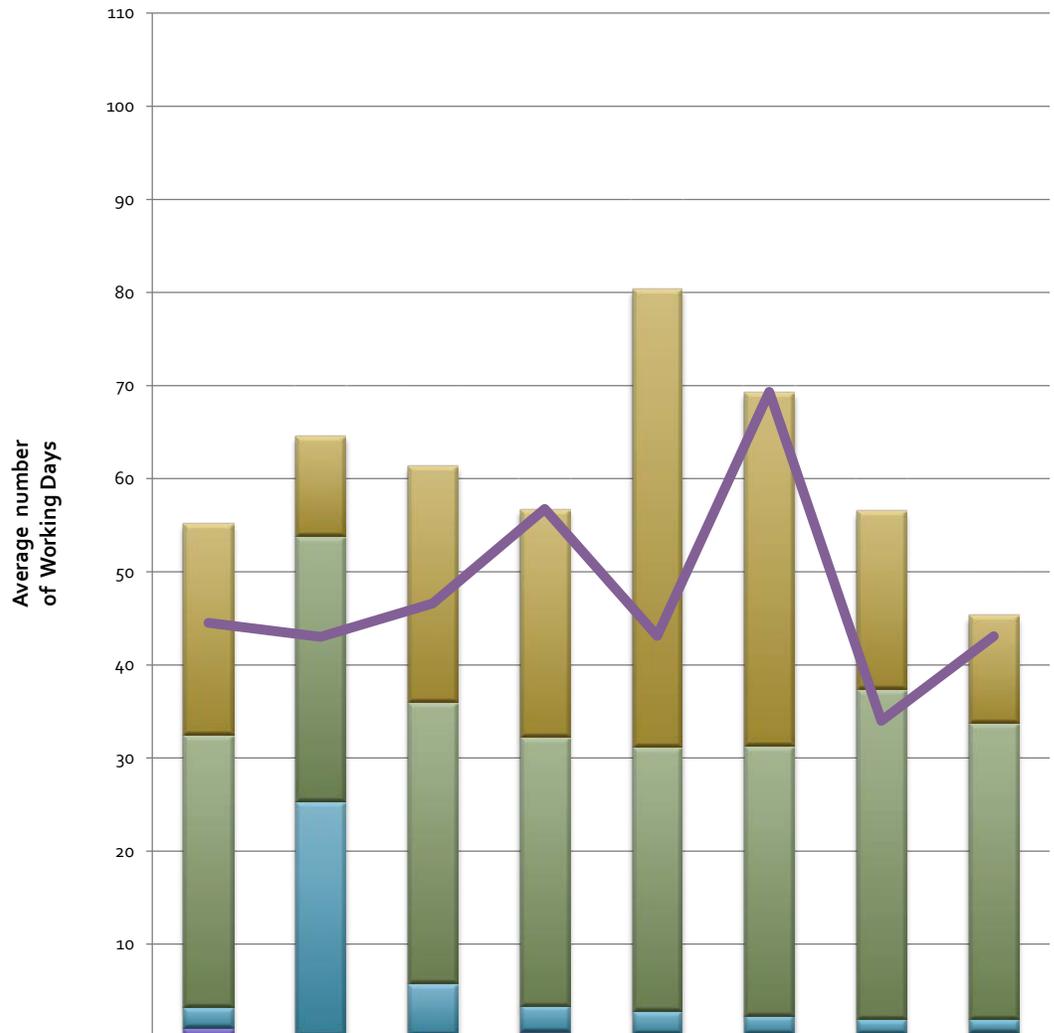
Inpatient Inquiries into Potential Abuse/Neglect Allegations



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

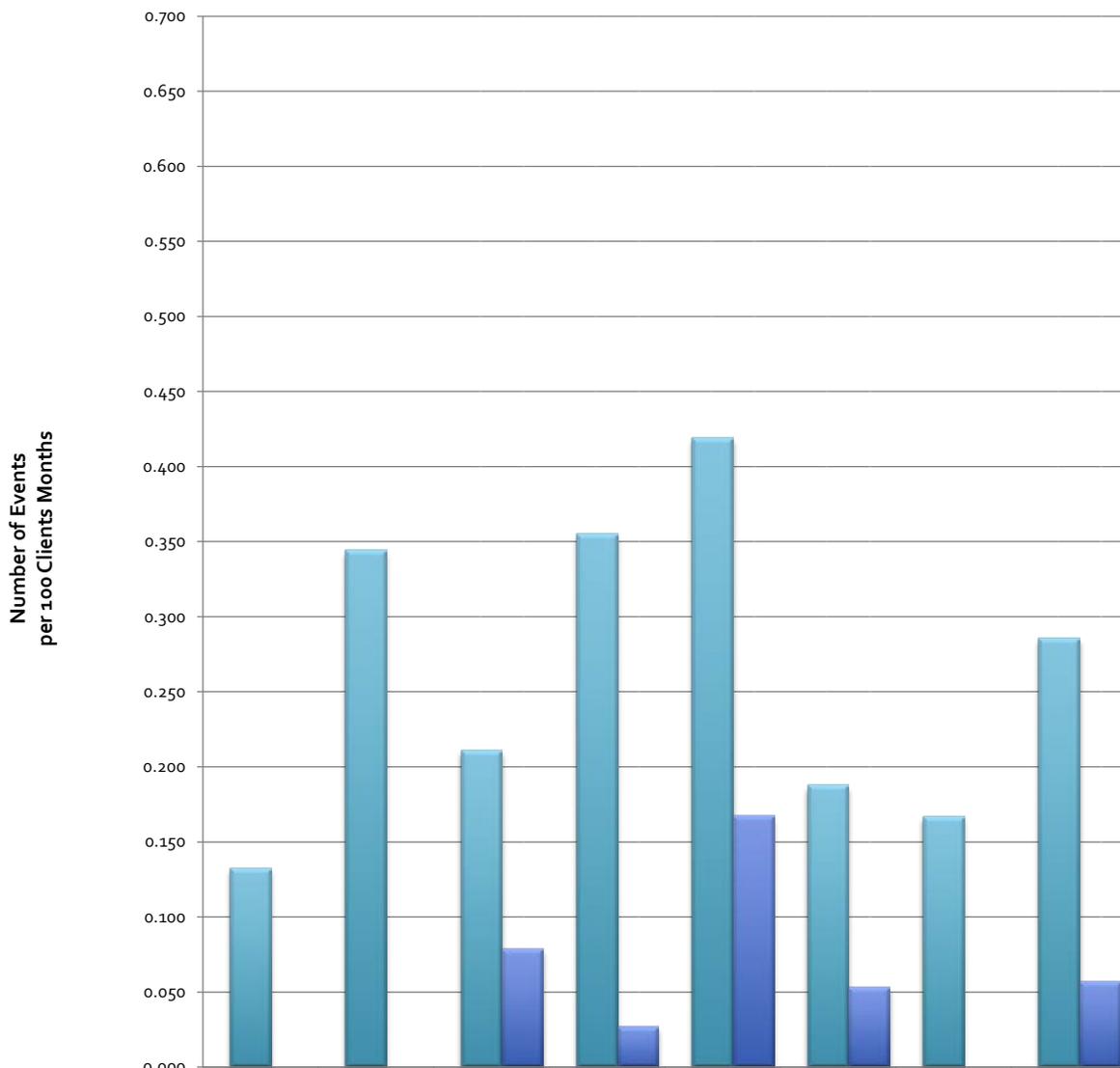


CPS Inpt Investigation Event Count	Jul-Sep 13	Oct-Dec 13	Jan-Mar 14	Apr-Jun 14	Jul-Sep 14	Sep-Dec 14	Jan-Mar 15	Apr-Jun 2015
CPS Inpt: Inv. Final Report to Final Determination	22.75	10.82	25.44	24.44	49.27	38.00	19.17	11.57
CPS Inpt: Inv. Request to Inv. Final Report	29.25	28.44	30.22	28.88	28.38	29.00	35.40	31.80
CPS Inpt: Event Report to Inv. Request	2.25	25.20	5.56	2.86	2.47	2.00	1.60	1.50
CPS Inpt: Event Discovery to Event Report	1.00	0.20	0.22	0.57	0.33	0.33	0.40	0.50
CPS Inpt: "Typical" Inv Total Time	44.50	43.01	46.60	56.75	43.12	69.33	34.00	43.07

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

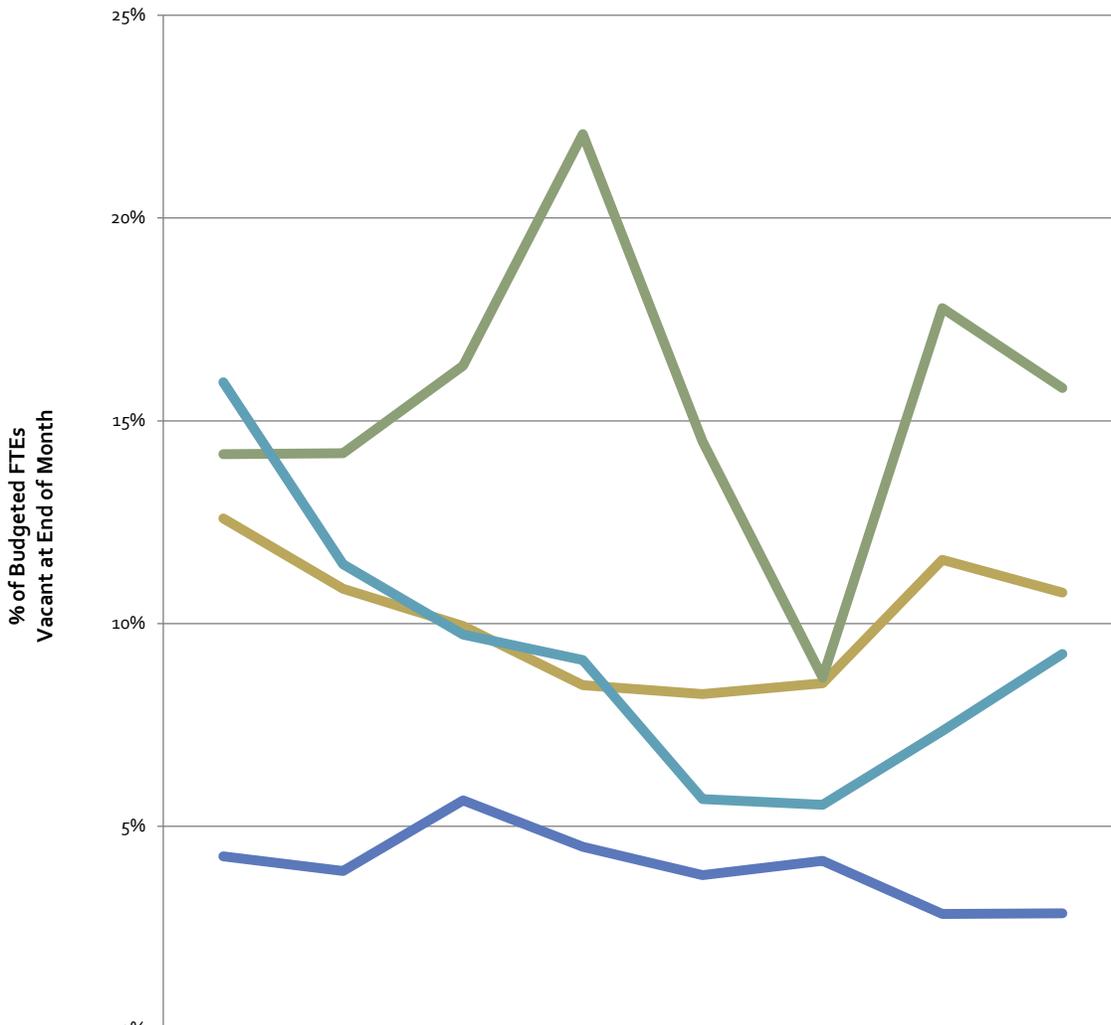


	Jul-Sep 13	Oct-Dec 13	Jan-Mar 14	Apr-Jun 14	Jul-Sep 14	Sep-Dec 14	Jan-Mar 15	Apr-Jun 2015
CPS Inpt A/N Investigations Completed	5	13	8	13	15	7	6	10
A/N Investigations per 100 consumers/mo	0.13	0.34	0.21	0.36	0.42	0.19	0.17	0.29
Inpt A/N Substantiations	0	0	3	1	6	2	0	2
A/N Substantiations per 100 consumers/mo	0.00	0.00	0.08	0.03	0.17	0.05	0.00	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

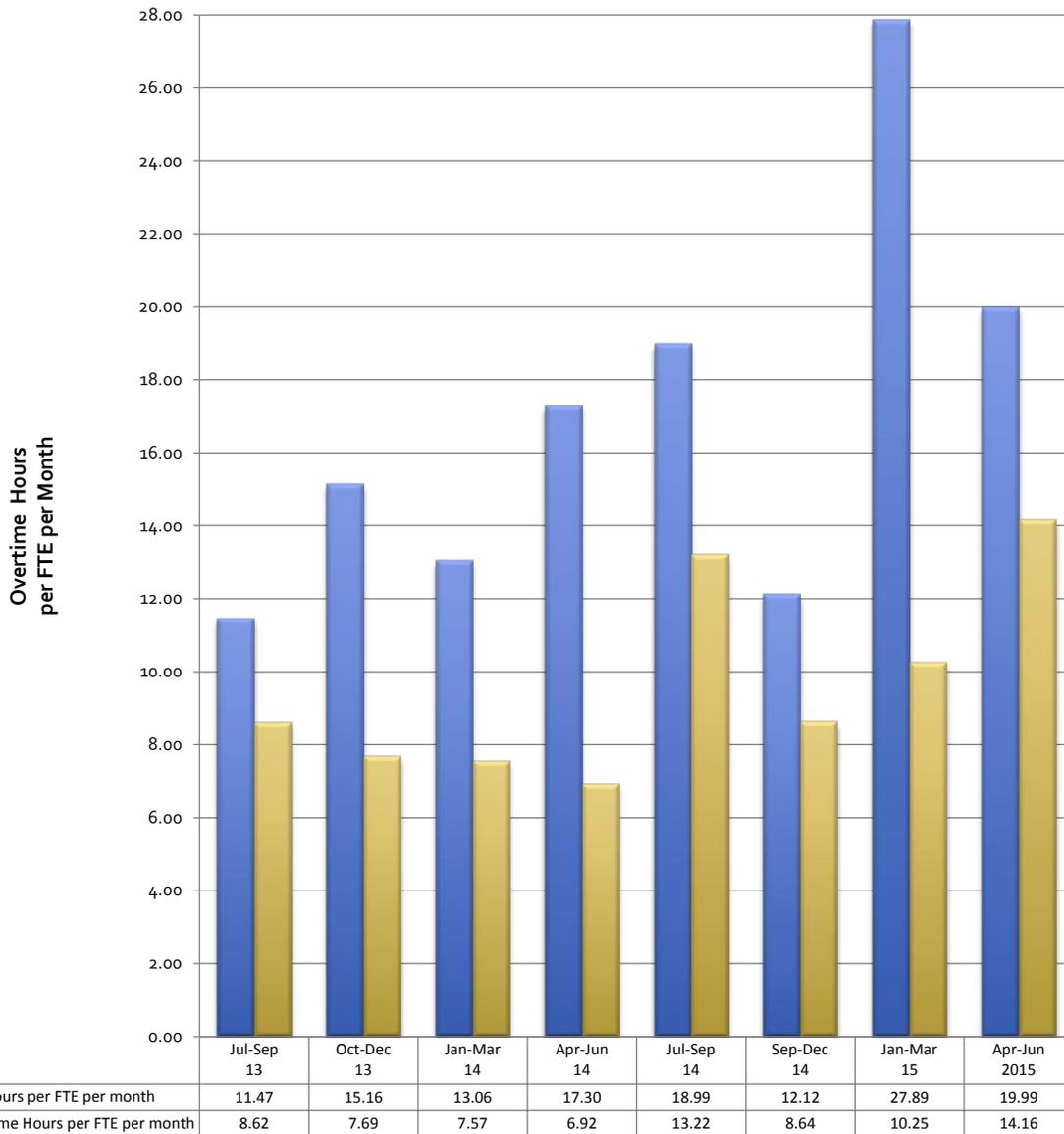


	Jul-Sep 13	Oct-Dec 13	Jan-Mar 14	Apr-Jun 14	Jul-Sep 14	Sep-Dec 14	Jan-Mar 15	Apr-Jun 2015
Direct Care Staff Vacancy Rates	4.26%	3.90%	5.64%	4.49%	3.80%	4.15%	2.84%	2.85%
Licensed Nursing Staff Vacancy Rates	12.59%	10.86%	9.94%	8.48%	8.26%	8.53%	11.57%	10.76%
Psychologist Vacancy Rates	14.18%	14.20%	16.36%	22.07%	14.49%	8.67%	17.78%	15.81%
Psychiatrist Staff Vacancy Rates	15.95%	11.46%	9.73%	9.10%	5.67%	5.53%	7.35%	9.25%

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. However, this quarter shows continuous improvement in Direct Care staffing category, and also some progress in psychiatrist and licensed nursing staffing.



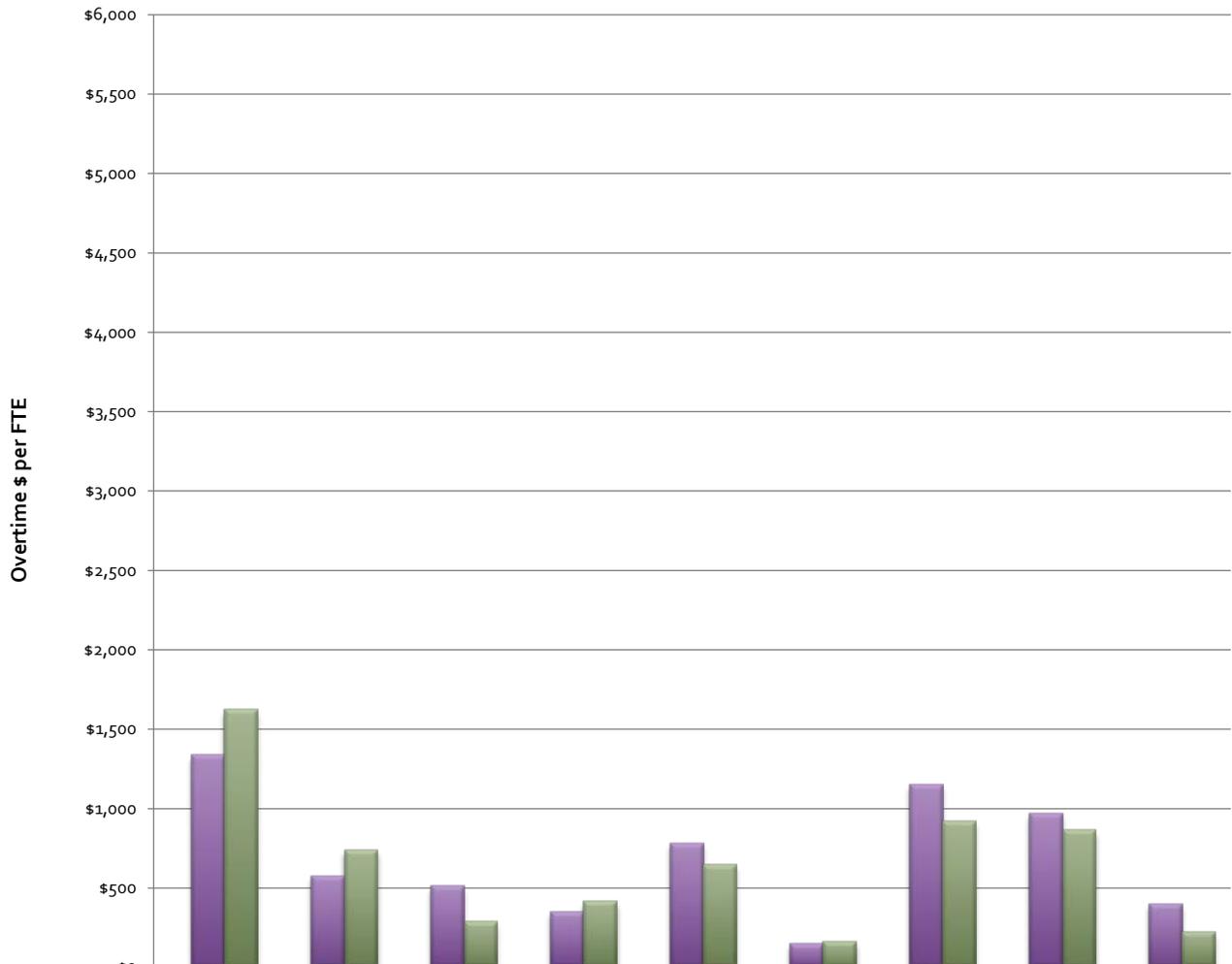
CPS Operated Facility Overtime Hours per FTE per Month



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, FY15 Overtime \$ per FTE versus FY14 Overtime \$ per FTE -- FY to date

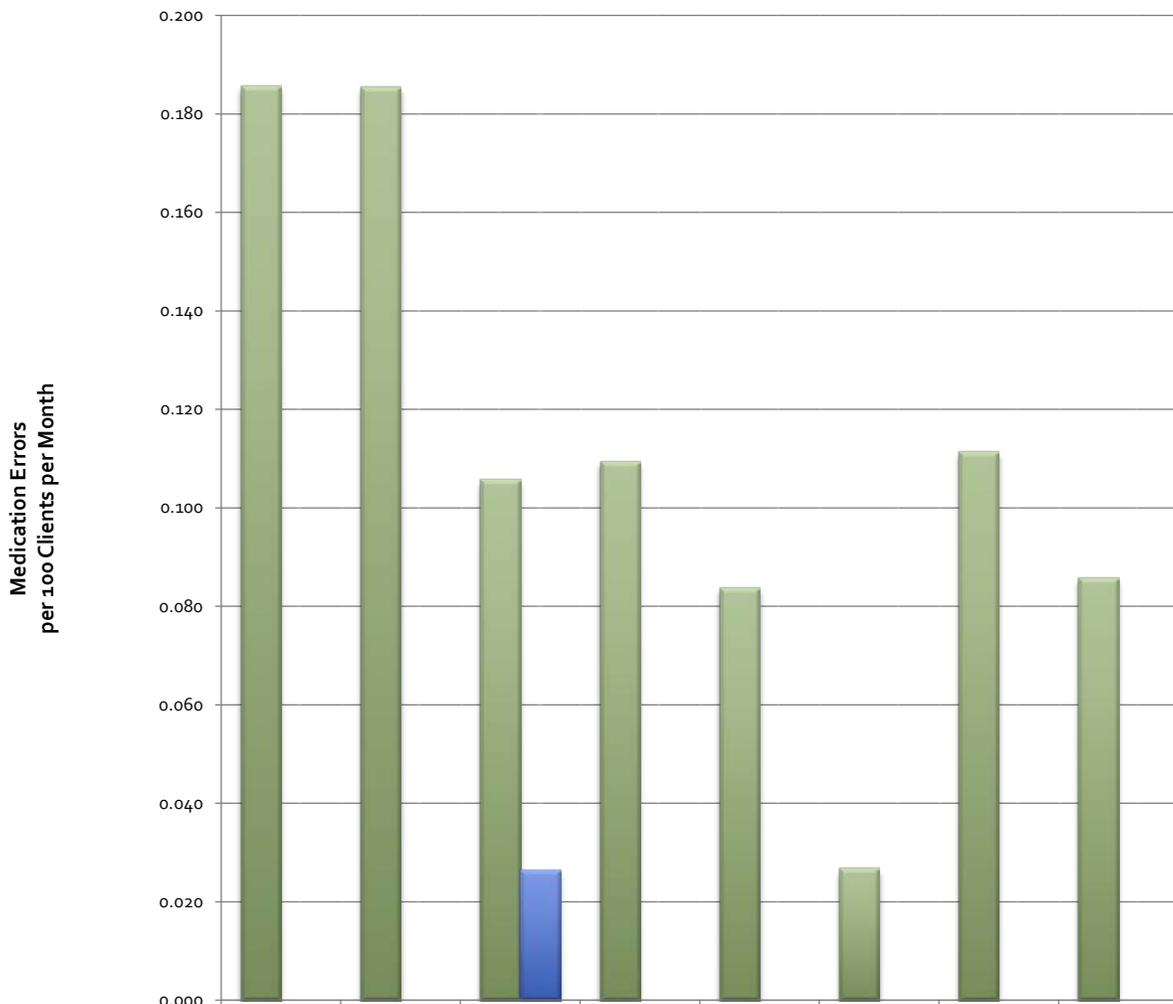


	FSH	NMPRC	SWMPRC	SEMMHC	SLPRC	MSLPC	CBM	HCPH	CRTC
FY14 Direct Care Overtime \$M	\$0.867	\$0.083	\$0.020	\$0.164	\$0.220	\$0.017	\$0.135	\$0.118	\$0.024
FY14 Direct Care FTEs	647.50	144.00	38.00	465.98	280.50	114.50	116.50	121.60	60.01
FY14 Direct Care OT \$ per FTE	\$1,339	\$578	\$513	\$351	\$784	\$152	\$1,156	\$974	\$401
FY15 Direct Care Overtime \$M	\$1.052	\$0.107	\$0.011	\$0.195	\$0.183	\$0.019	\$0.107	\$0.105	\$0.013
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	\$1,625	\$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

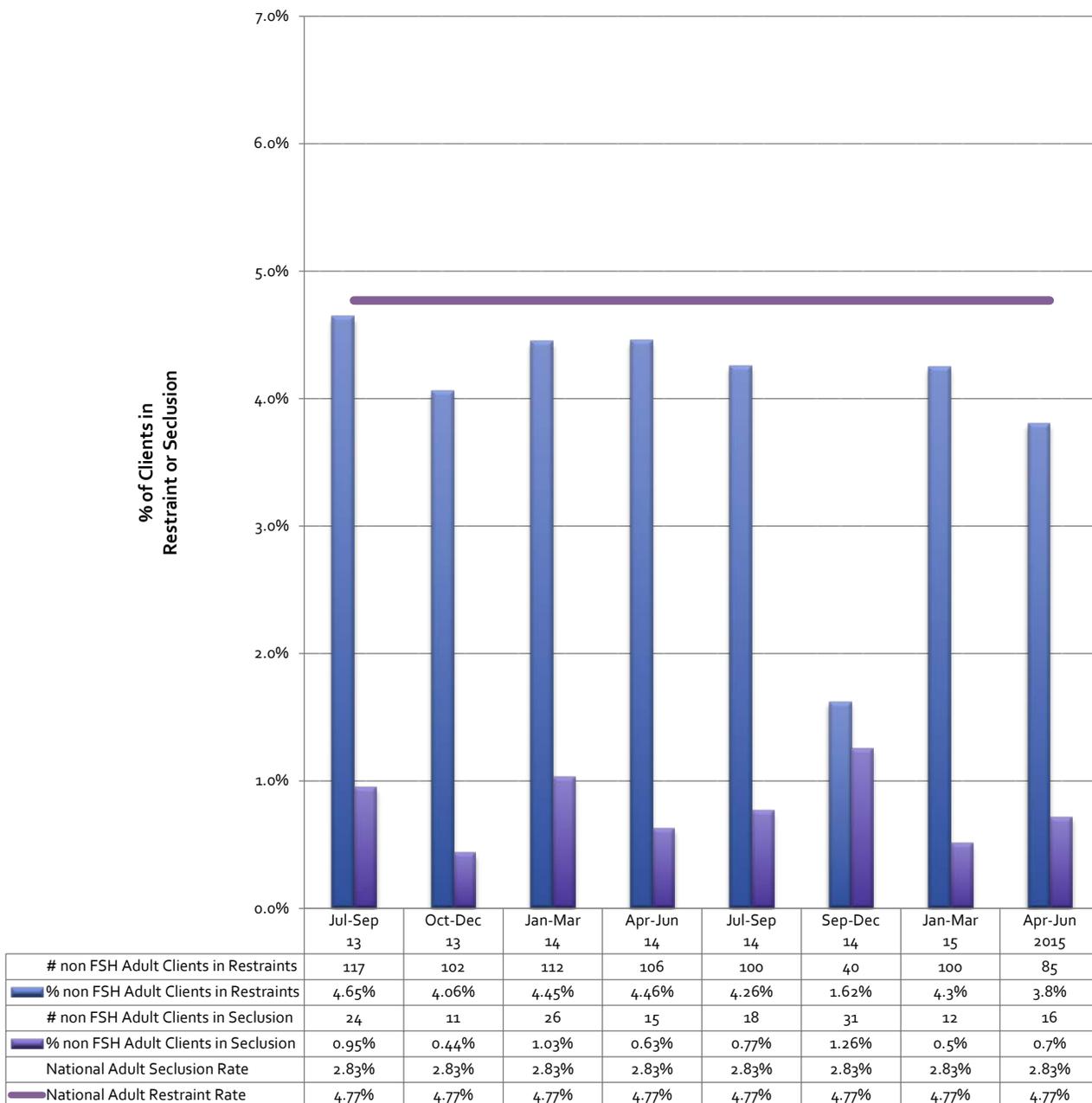


	Jul-Sep 13	Oct-Dec 13	Jan-Mar 14	Apr-Jun 14	Jul-Sep 14	Sep-Dec 14	Jan-Mar 15	Apr-Jun 2015
Inpt "Moderate" Med Errors	7	7	4	4	3	1	4	3
Inpt "Moderate" Med Errors per 100 Consumers/mo	0.186	0.186	0.106	0.109	0.084	0.027	0.112	0.086
Inpt "Serious" Med Errors	0	0	1	0	0	0	0	0
Inpt "Serious" Med Errors per 100 Consumers/mo	0.000	0.000	0.026	0.000	0.000	0.000	0.0%	0.0%
Unduplicated Client-month count	3768	3772	3782	3653	3577	3720	3585	3494

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.



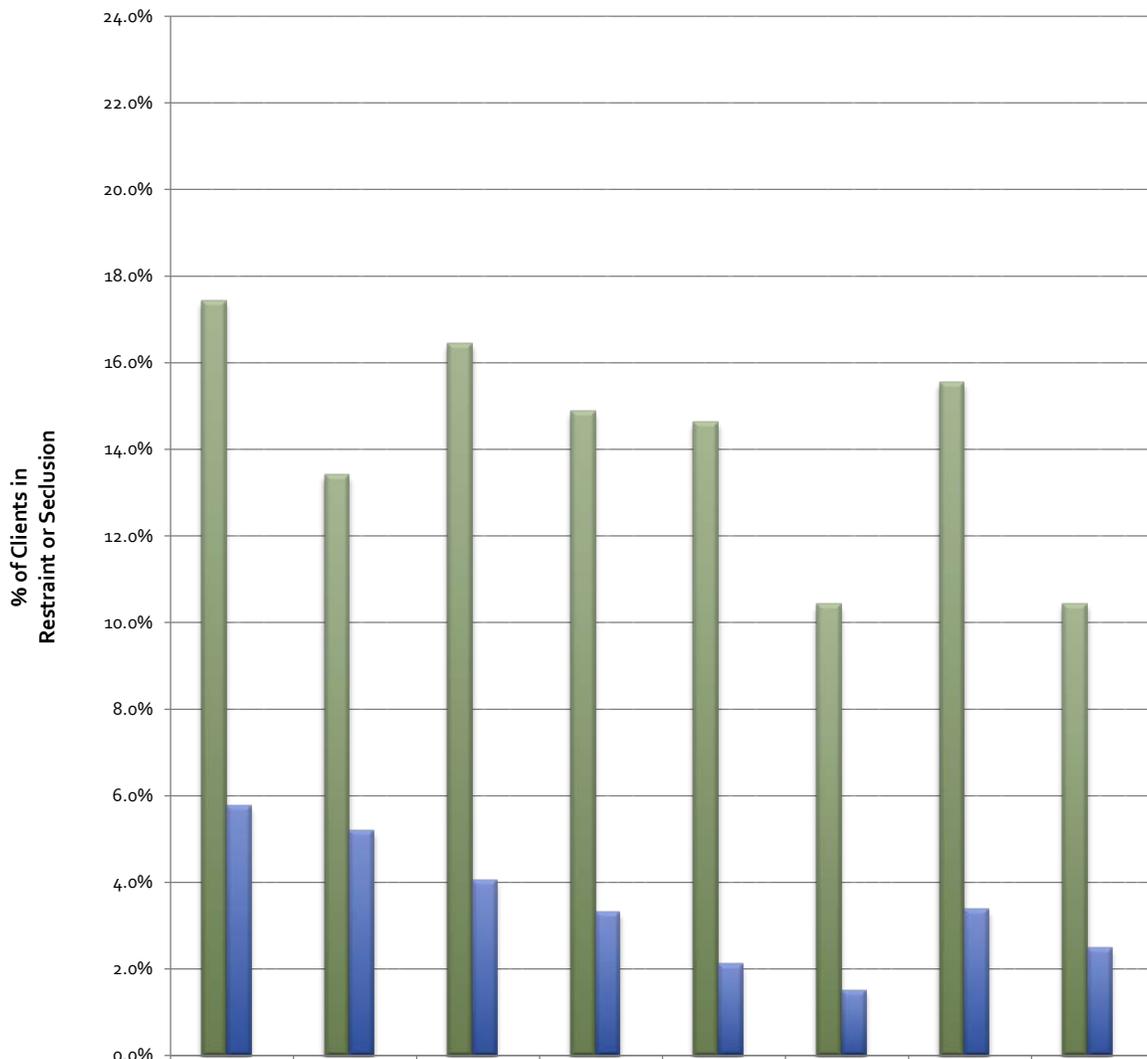
Inpatient Adult Restraint & Seclusion Use



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

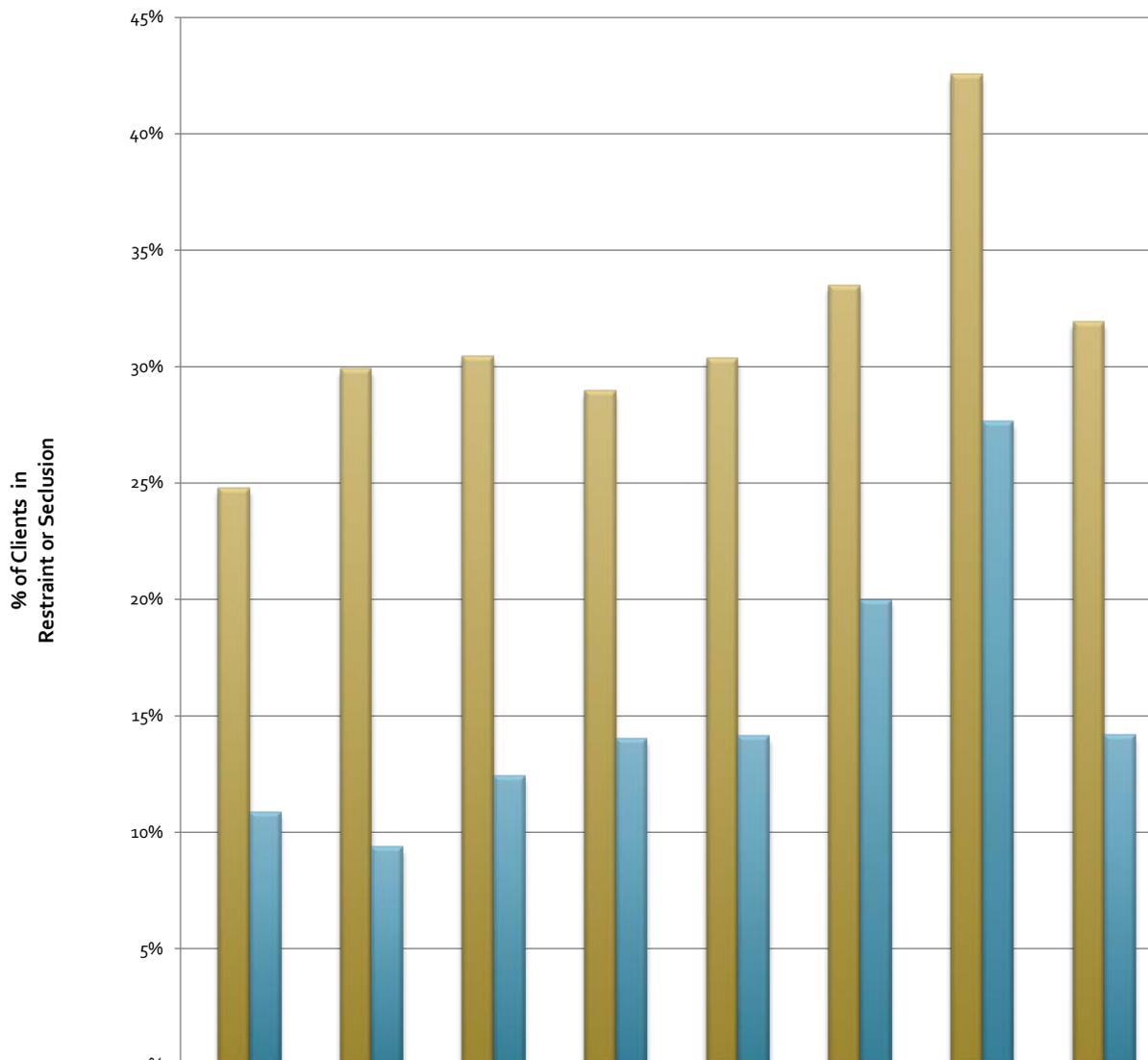


	Jul-Sep 13	Oct-Dec 13	Jan-Mar 14	Apr-Jun 14	Jul-Sep 14	Sep-Dec 14	Jan-Mar 15	Apr-Jun 2015
# FSH Clients in Restraints	178	139	170	157	152	154	170	117
% FSH Clients in Restraints (per month)	17.45%	13.42%	16.46%	14.90%	14.64%	10.43%	15.6%	10.4%
# FSH Clients in Seclusion	59	54	42	35	22	24	37	28
% FSH Clients in Seclusion (per month)	5.78%	5.21%	4.07%	3.32%	2.12%	1.52%	3.4%	2.5%
# Adult Clients in Seclusion	81	66	68	50	40	39	49	44
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 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

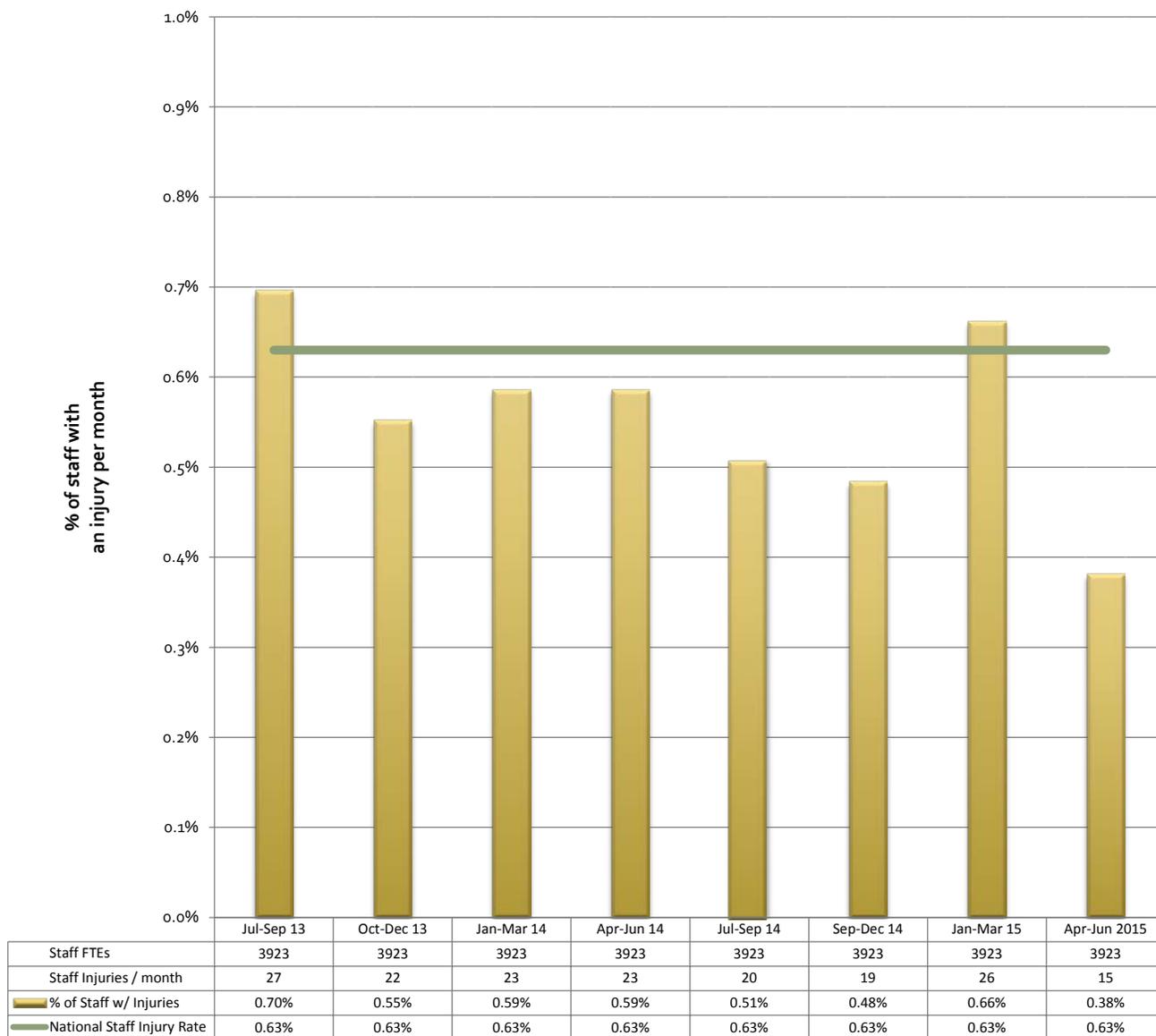


	Jul-Sep 13	Oct-Dec 13	Jan-Mar 14	Apr-Jun 14	Jul-Sep 14	Sep-Dec 14	Jan-Mar 15	Apr-Jun 2015
# Youth in Restraints	57	67	71	64	58	62	60	45
% Youth in Restraints (per month)	24.78%	29.91%	30.47%	28.96%	30.37%	33.51%	42.6%	31.9%
# Youth in Seclusion	25	21	29	31	27	37	39	20
% Youth in Seclusion (per month)	10.87%	9.38%	12.45%	14.03%	14.14%	20.00%	27.7%	14.2%

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

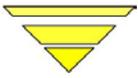


NOTE: Includes injuries requiring any medical care or hospitalization, but not first aid only. National average for inpatient staff in SFY 2012 (ORYX) was .63% of staff per month. (National rate is reported as per 1000 inpatient days, converted here into per FTE using Missouri inpatient days per FTE.)

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.

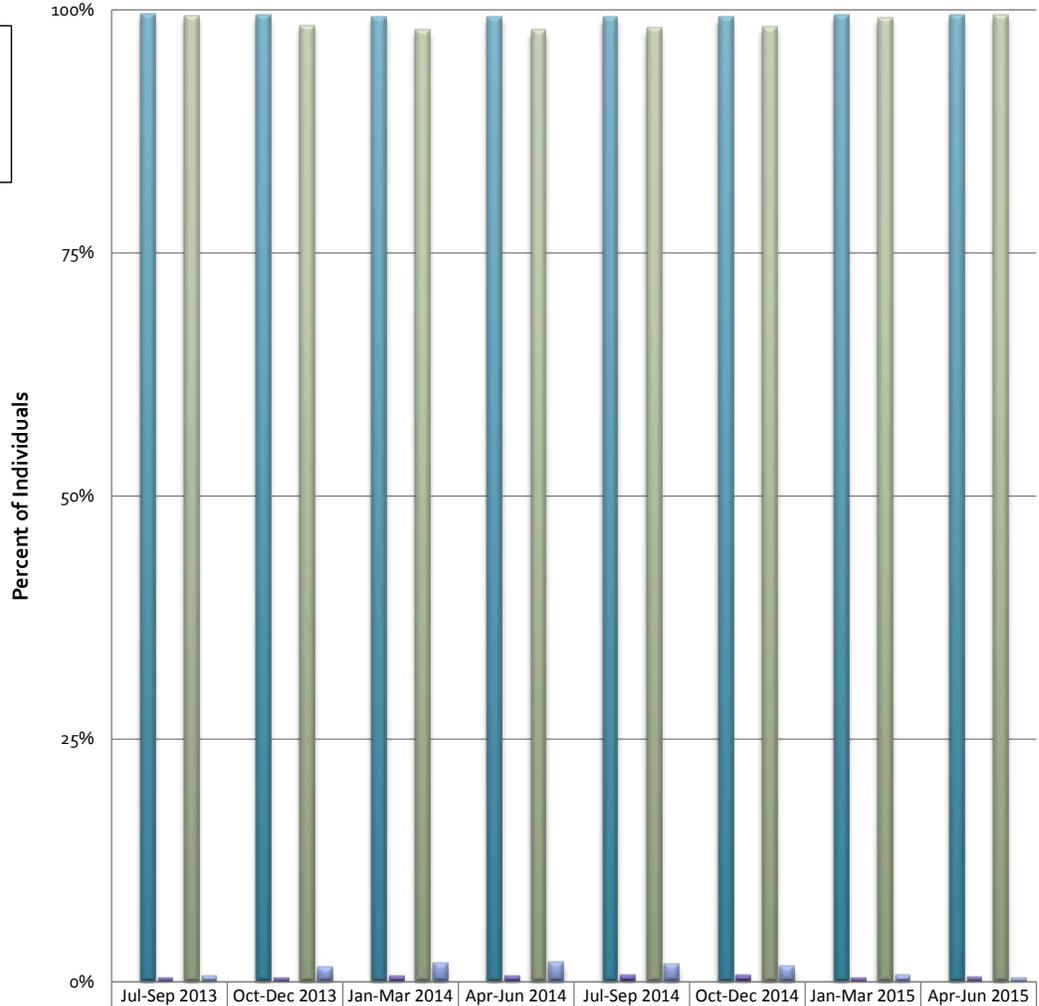


Division of Developmental Disabilities

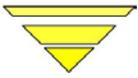


Division of DD Residential Medicaid Eligibility

Note: The proportion of Medicaid Eligible DD individuals has remained consistent over the past two years.

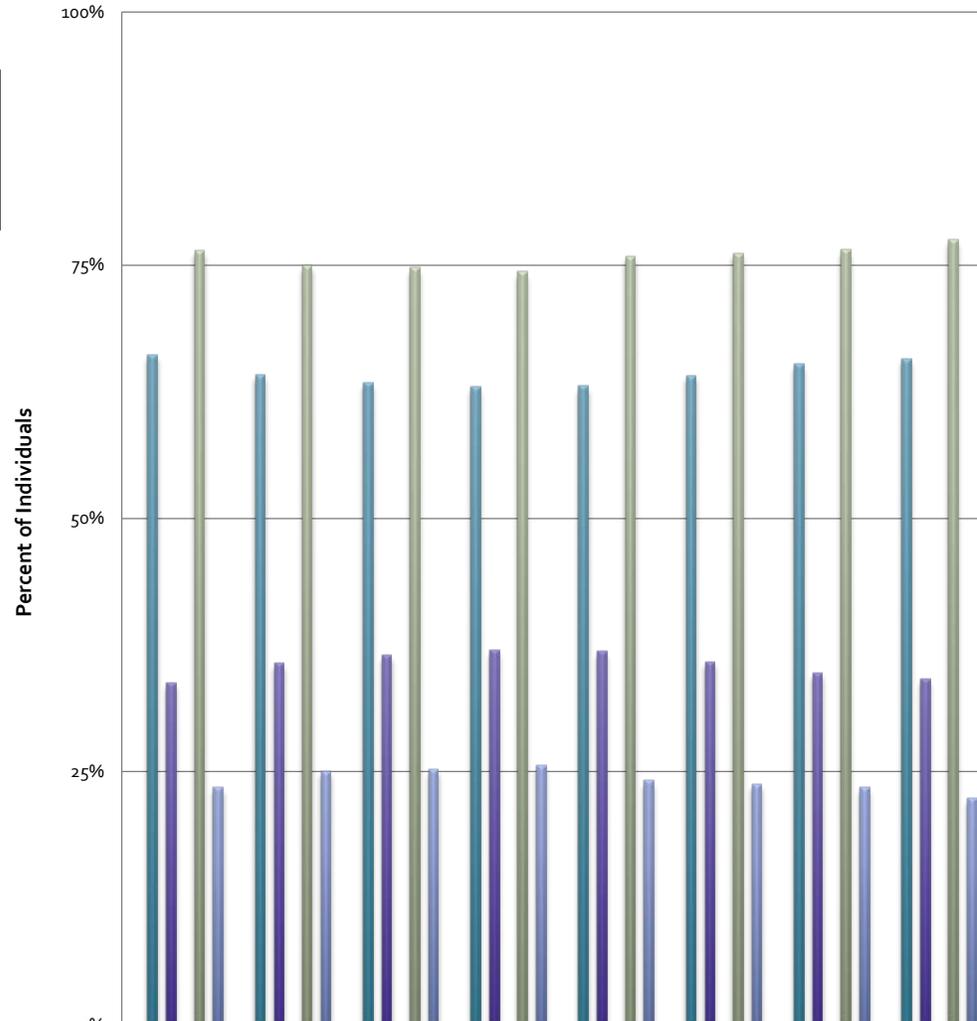


	Jul-Sep 2013	Oct-Dec 2013	Jan-Mar 2014	Apr-Jun 2014	Jul-Sep 2014	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015
# Individuals Served in Hab Centers	458	445	438	441	421	416	405	394
# HC Individuals Medicaid Eligible	456	443	435	438	418	413	403	392
% HC Individuals Medicaid Eligible	100%	100%	99%	99%	99%	99%	100%	99%
# HC Individuals Not Medicaid Eligible	2	2	3	3	3	3	2	2
% HC Individuals Not Medicaid Eligible	0%	0%	1%	1%	1%	1%	0%	1%
# Individuals Served in Community Residential	7061	7082	7087	7102	7097	7144	7178	7186
# Individuals Community Medicaid Eligible	7019	6969	6944	6956	6966	7024	7124	7151
% Individuals Community Medicaid Eligible	99%	98%	98%	98%	98%	98%	99%	100%
# Individuals Community Not Medicaid Eligible	42	113	143	146	131	120	54	35
% Individuals Community Not Medicaid Eligible	1%	2%	2%	2%	2%	2%	1%	0%

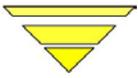


Division of DD Non-Residential Medicaid Eligibility

Note: The proportion of Medicaid Eligible DD individuals has remained consistent over the past two fiscal years.

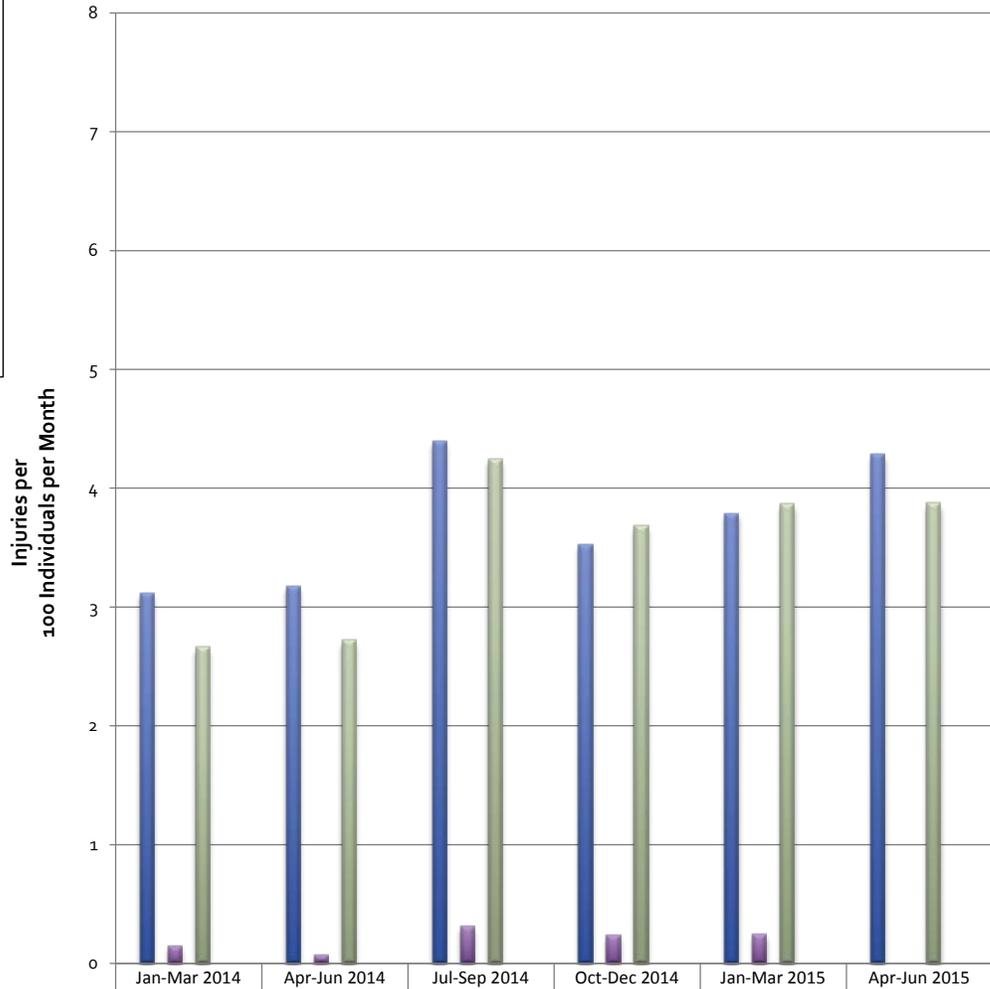


	Jul-Sep 2013	Oct-Dec 2013	Jan-Mar 2014	Apr-Jun 2014	Jul-Sep 2014	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015
# Individuals served in Case Management (CM) Only	14910	15125	15388	15561	15983	16366	16384	16205
# Individuals CM Only Medicaid Eligible	9871	9711	9760	9805	10083	10494	10691	10663
% Individuals CM Only Medicaid Eligible	66%	64%	63%	63%	63%	64%	65%	66%
# Individuals Case Mngmt Only Not Medicaid Eligible	5039	5414	5628	5756	5900	5872	5693	5542
% Individuals CM Only Not Medicaid Eligible	34%	36%	37%	37%	37%	36%	35%	34%
# Individuals Served in Other Services	11019	10917	10928	11180	11080	11164	11502	11682
# Individuals Other Services Medicaid Eligible	8429	8184	8170	8315	8406	8508	8804	9059
% Individuals Other Services Medicaid Eligible	76%	75%	75%	74%	76%	76%	77%	78%
# Individuals Other Services Not Medicaid Eligible	2590	2733	2758	2865	2674	2656	2698	2623
% Individuals Other Services Not Medicaid Eligible	24%	25%	25%	26%	24%	24%	23%	22%

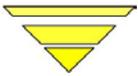


Division of DD Habilitation Center Campus Injuries per 100 Individuals

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.

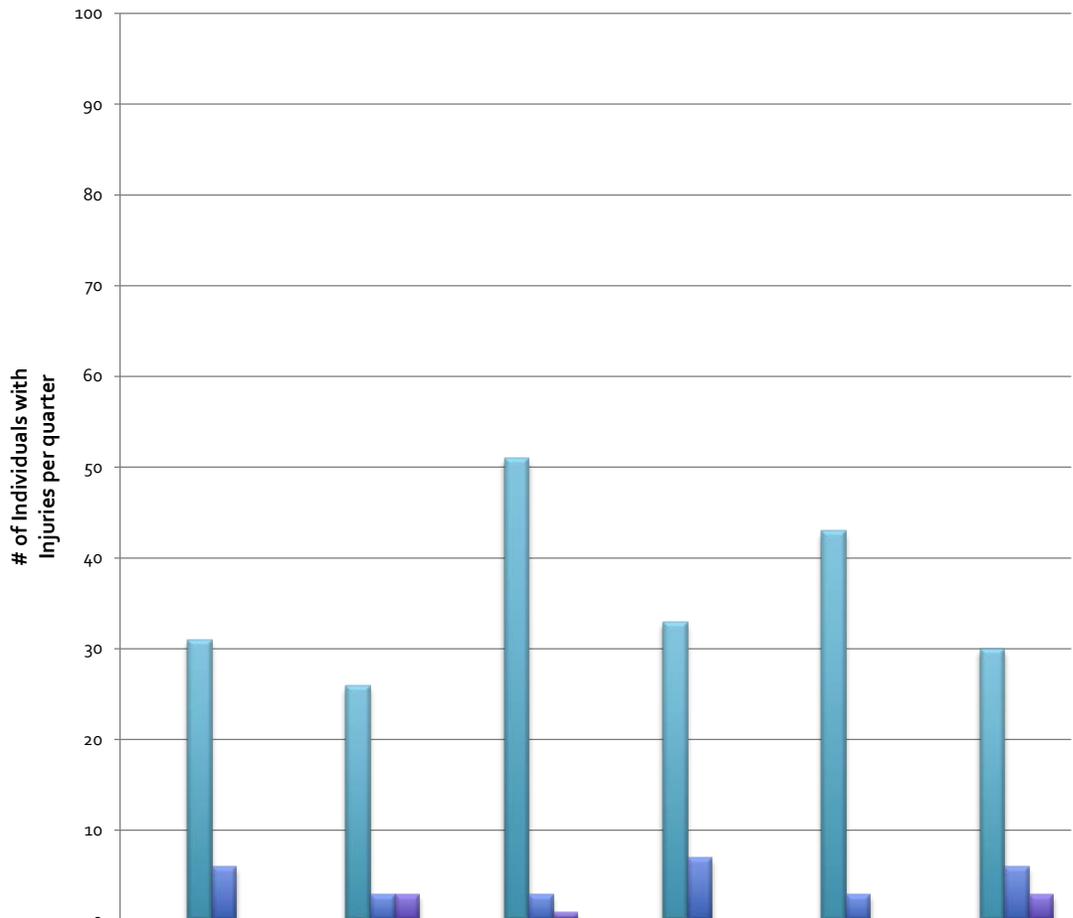


	Jan-Mar 2014	Apr-Jun 2014	Jul-Sep 2014	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015
# HCC Injuries Resulting in Medical Intervention	41	42	56	44	46	52
HCC Injuries Resulting in Medical Intervention per 100 Indiv/mo	3.1	3.2	4.4	3.5	3.8	4.3
#HCC Injuries Resulting in Hospitalization	2	1	4	3	3	0
HCC Injuries Resulting in Hospitalization per 100 Indiv/mo	0.2	0.1	0.3	0.2	0.2	0.0
# HCC Injuries Resulting in Emergency Room Visits	35	36	54	46	47	47
HCC Injuries Resulting in Emergency Room Visits per 100 Indiv/mo	2.7	2.7	4.2	3.7	3.9	3.9
# HCC Injuries Resulting in Death	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
# Individuals in Hab Centers	438	441	424	416	405	404

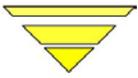


Division of DD Habilitation Center Campus Individuals with 1, 2, or 3+ Injuries

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.

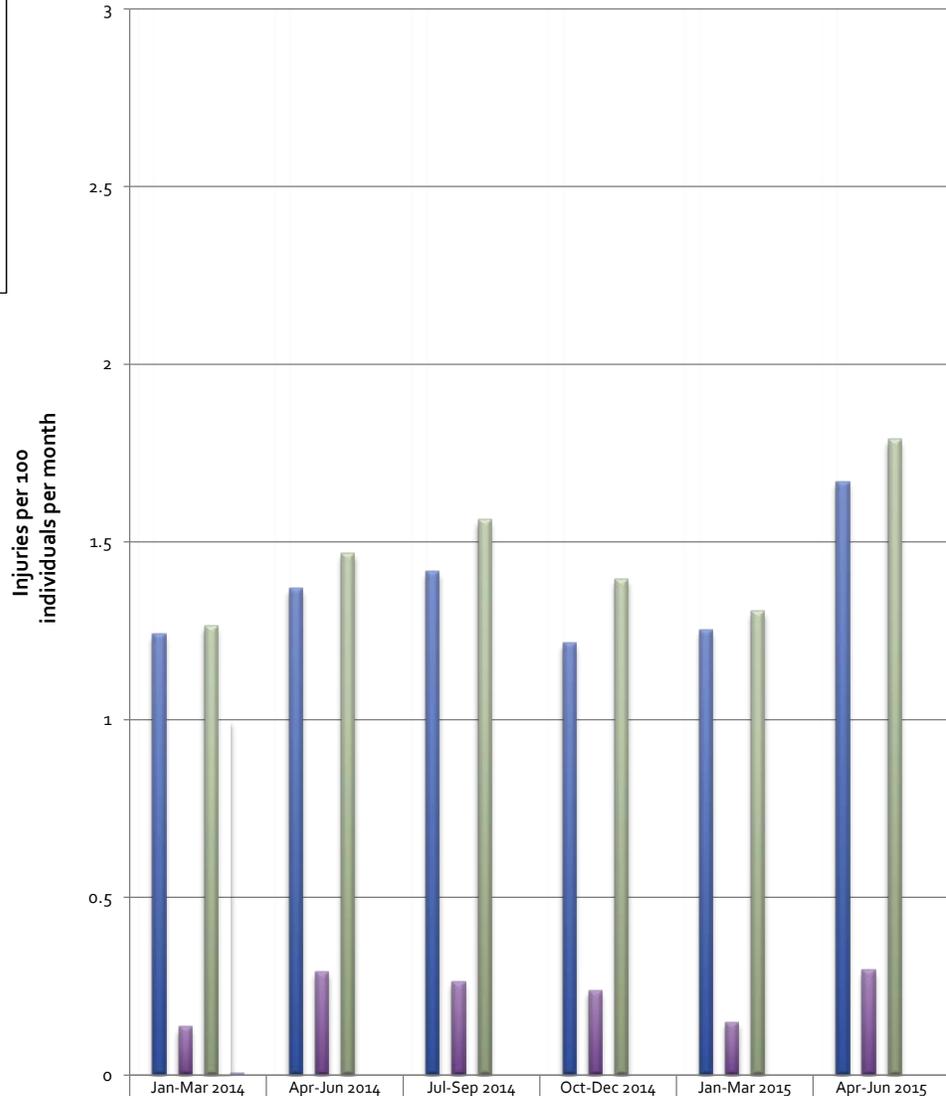


	Jan-Mar 2014	Apr-Jun 2014	Jul-Sep 2014	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015
# HCC Individuals	438	441	424	416	405	404
# HCC Individuals with No Injuries	401	409	369	376	359	365
# HCC Individuals with Exactly 1 Injury	31	26	51	33	43	30
# HCC Individuals with Exactly 2 Injuries	6	3	3	7	3	6
# HCC Individuals with 3+ Injuries	0	3	1	0	0	3

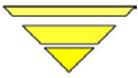


Division of DD Community Residential Injuries per 100 Individuals

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.

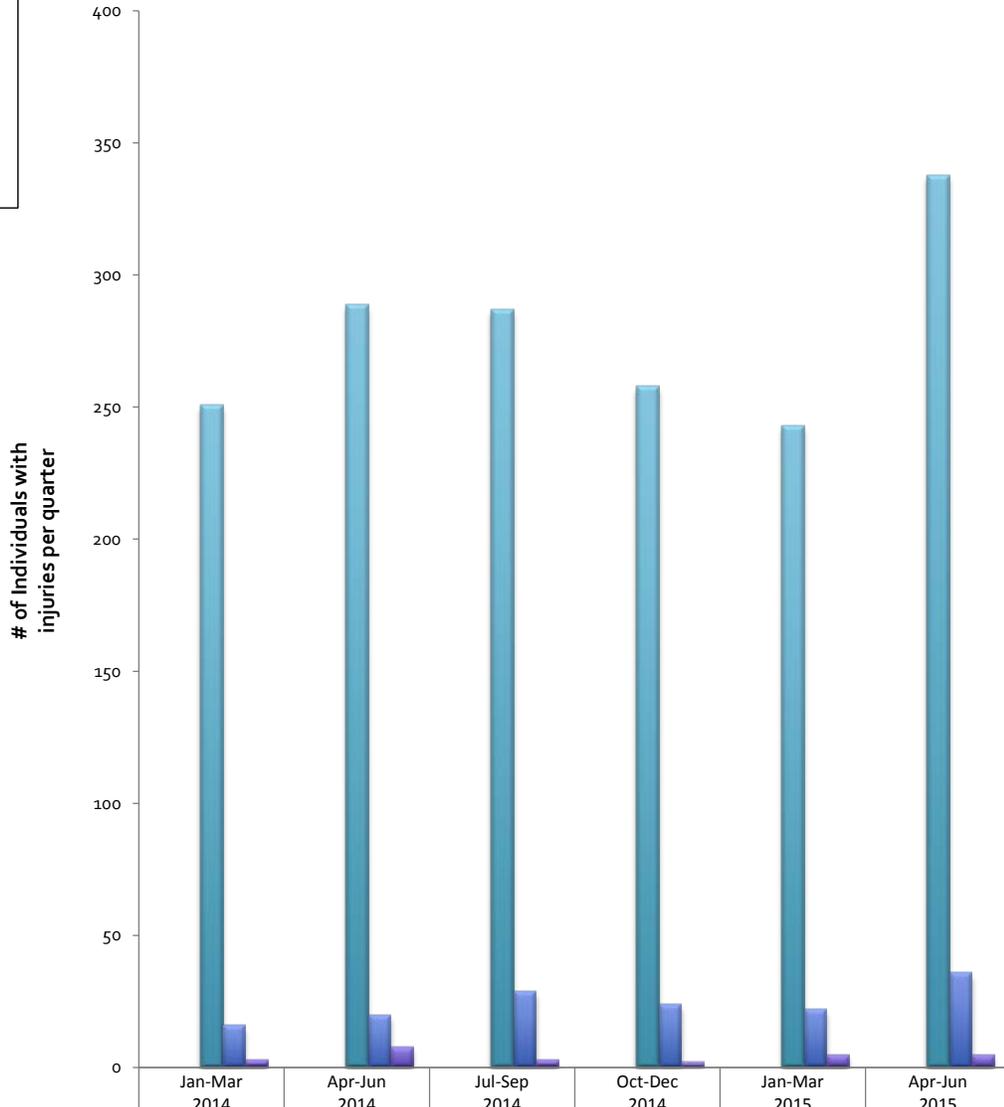


	Jan-Mar 2014	Apr-Jun 2014	Jul-Sep 2014	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015
# Community Injuries Resulting in Medical Intervention	264	292	302	261	270	360
■ Community Injuries Resulting in Medical Intervention per 100 Indiv/mo	1.2	1.4	1.4	1.2	1.3	1.7
# Community Injuries Resulting in Hospitalization	29	62	56	51	32	64
■ Community Injuries Resulting in Hospitalization per 100 Indiv/mo	0.1	0.3	0.3	0.2	0.1	0.3
# Community Injuries Resulting in Emergency Room Visits	269	313	333	299	281	386
■ Community Injuries Resulting in ER Visits per 100 Indiv/mo	1.3	1.5	1.6	1.4	1.3	1.8
# Community Injuries Resulting in Death	1	0	0	0	0	0
■ Community Injuries Resulting in Death per 100 Indiv/mo	0.0	0.0	0.0	0.0	0.0	0.0
# Community Residential Individuals	7087	7102	7097	7144	7178	7186

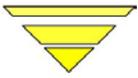


Division of DD Community Individuals with 1, 2, or 3+ Injuries

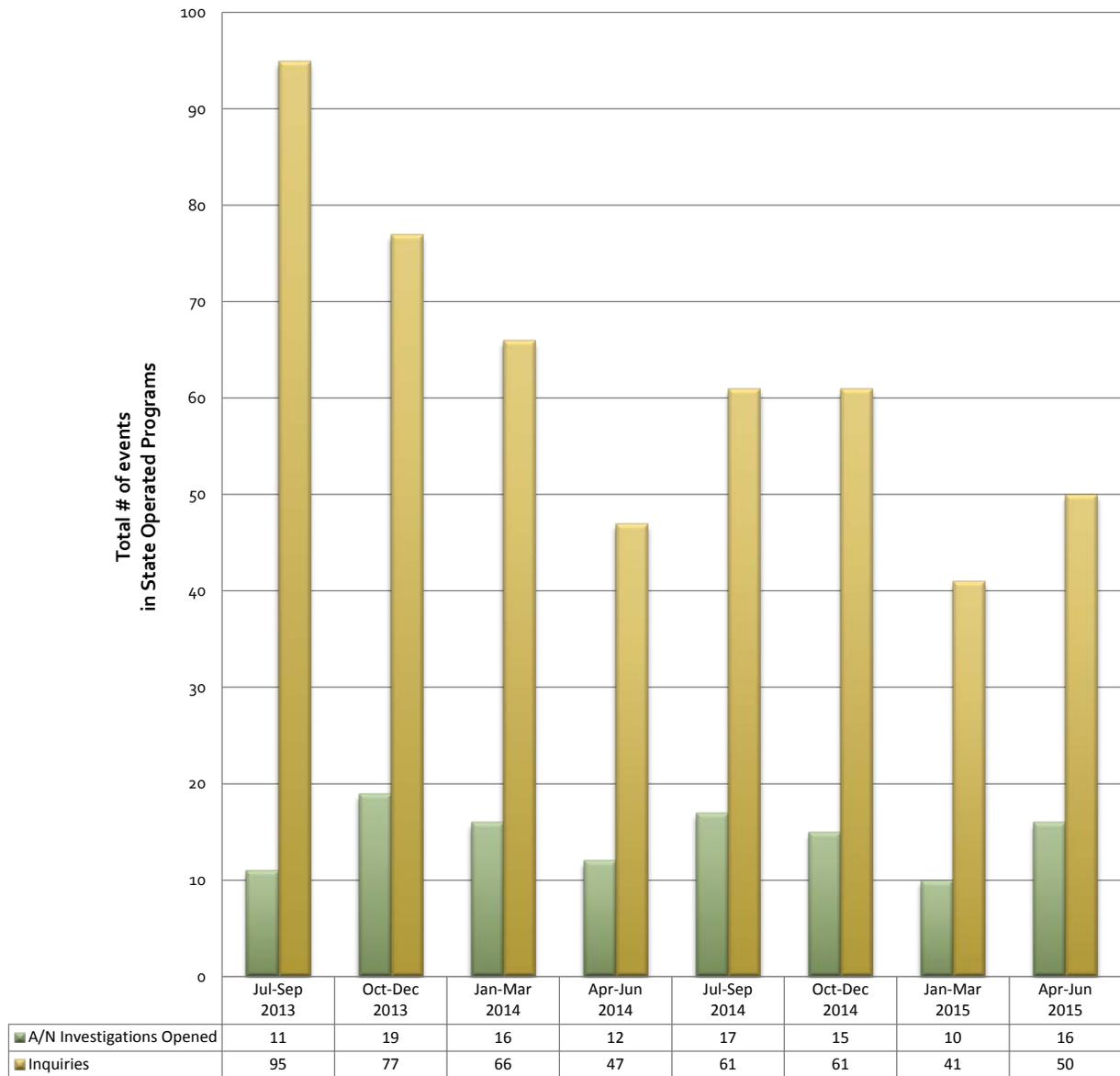
Note: An injury is defined as that which required treatment of more than first aid. State Operated Waiver Programs information now included in community residential data.



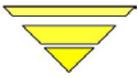
# DD Individuals in Community Residential	7087	7102	7097	7144	7178	7186
# DD Community Individuals with No Injuries	6817	6785	6778	6860	6908	6807
# DD Community Individuals with Exactly 1 Injury	251	289	287	258	243	338
# DD Community Individuals with Exactly 2 Injuries	16	20	29	24	22	36
# DD Community Individuals with 3+ Injuries	3	8	3	2	5	5



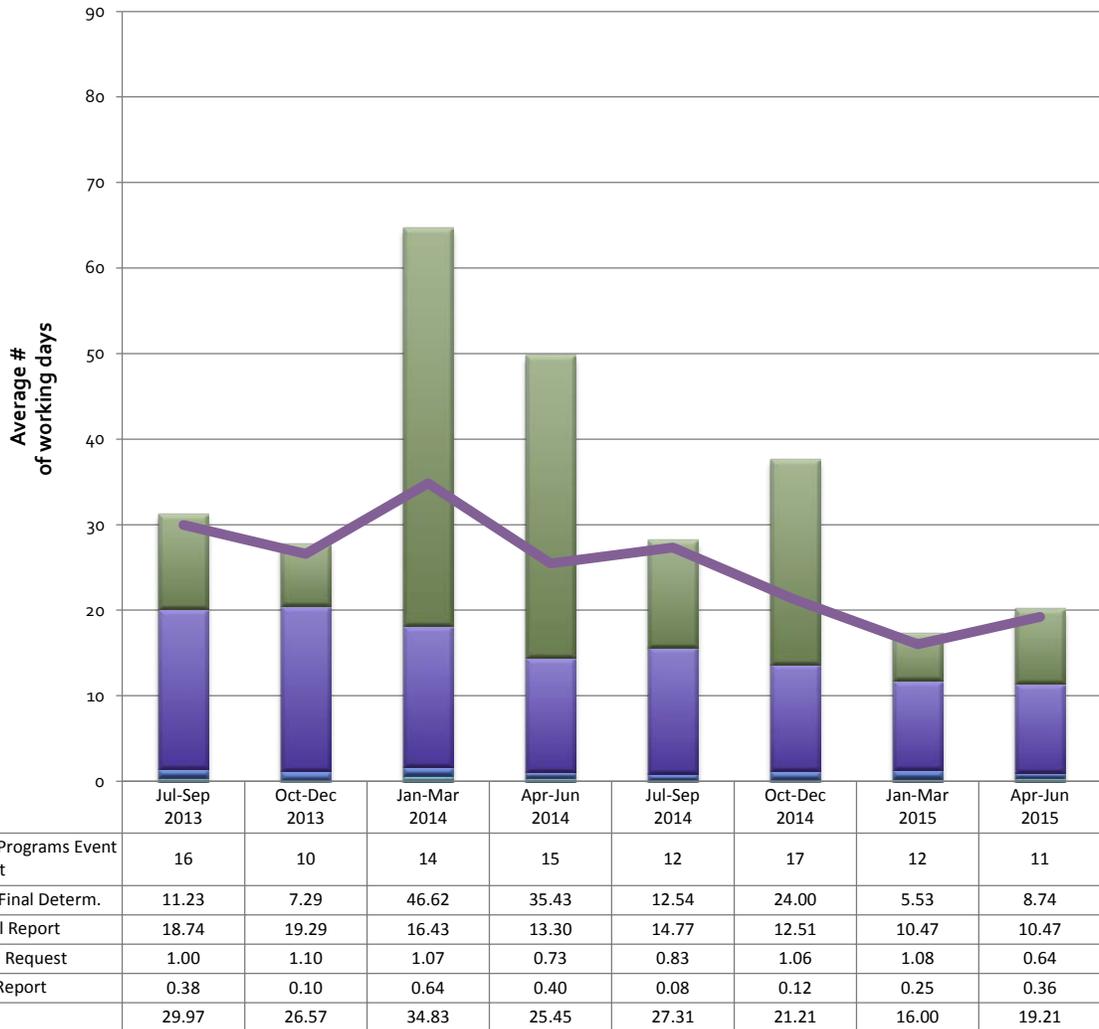
Division of DD State Operated Programs Inquiries Into Potential Abuse/Neglect Allegations



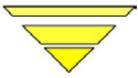
NOTE: If an event initially had an inquiry but then an A/N investigation, it is counted only as an investigation to ensure an unduplicated count of cases under review. Also note that a "decision" for an investigation is only the start of the investigation process. When a final judgment is made regarding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



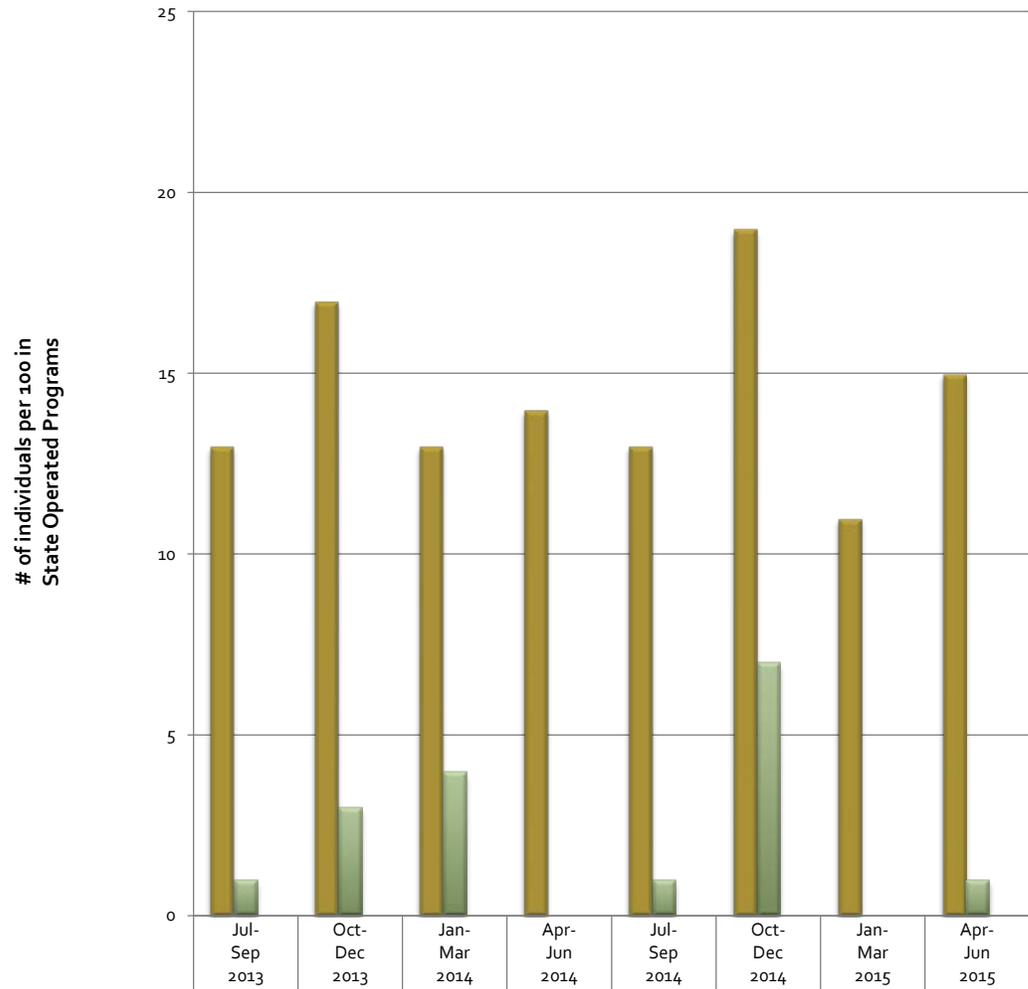
Duration of Investigation Process State Operated Programs



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

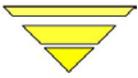


Division of DD State Operated Programs Abuse and Neglect Completed Investigations/Substantiations

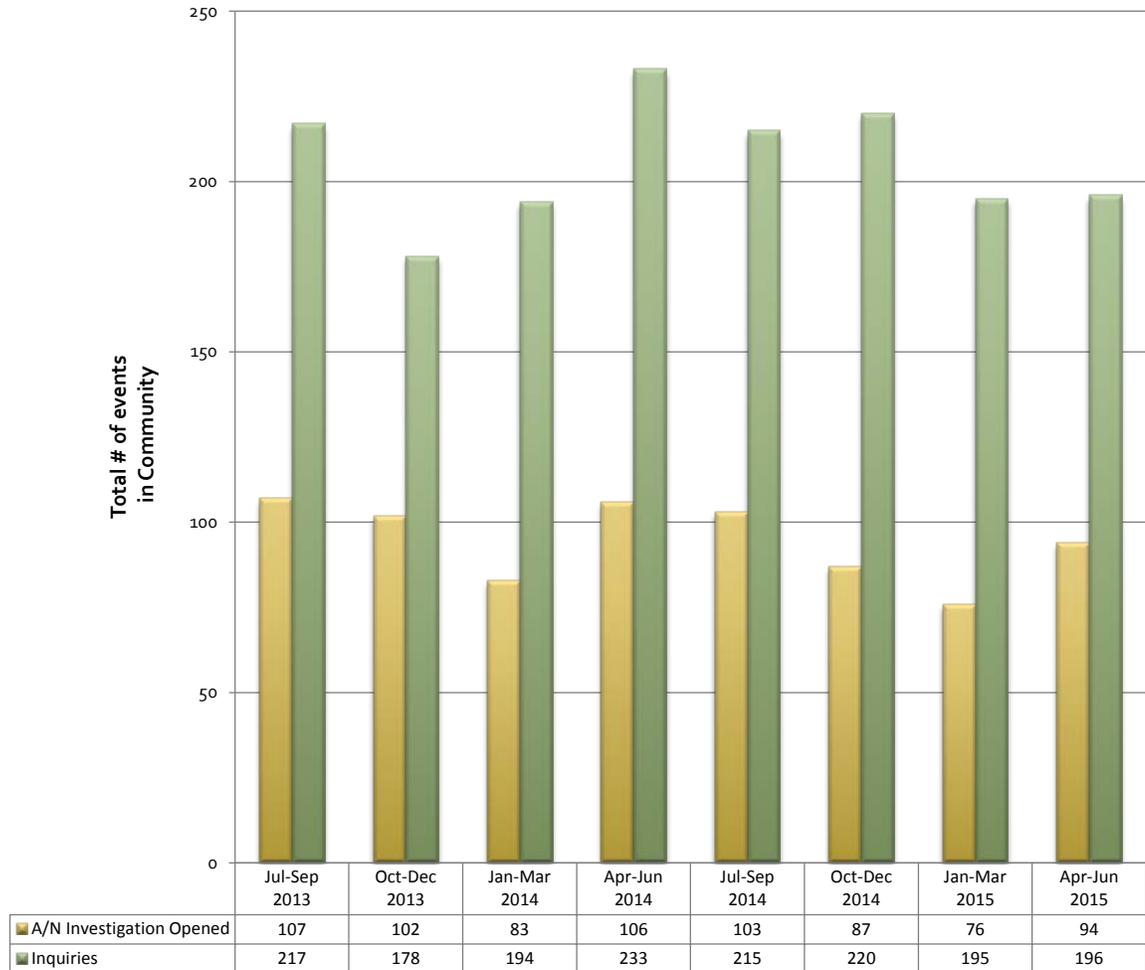


■ CO Investigations Completed	13	17	13	14	13	19	11	15
■ A/N Substantiations	1	3	4	0	1	7	0	1
# Individuals in State Operated Programs (Waiver & On Campus)	678	669	658	642	629	622	609	602

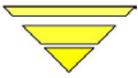
NOTE: Investigations and Substantiations are a count of the number of events, not the number of alleged perpetrators or victims. Also, both counts reflect cases finalized in the quarter reported. Starting in the Jul-Sep quarter, process includes both Habilitation Center Campus and Waiver programs .



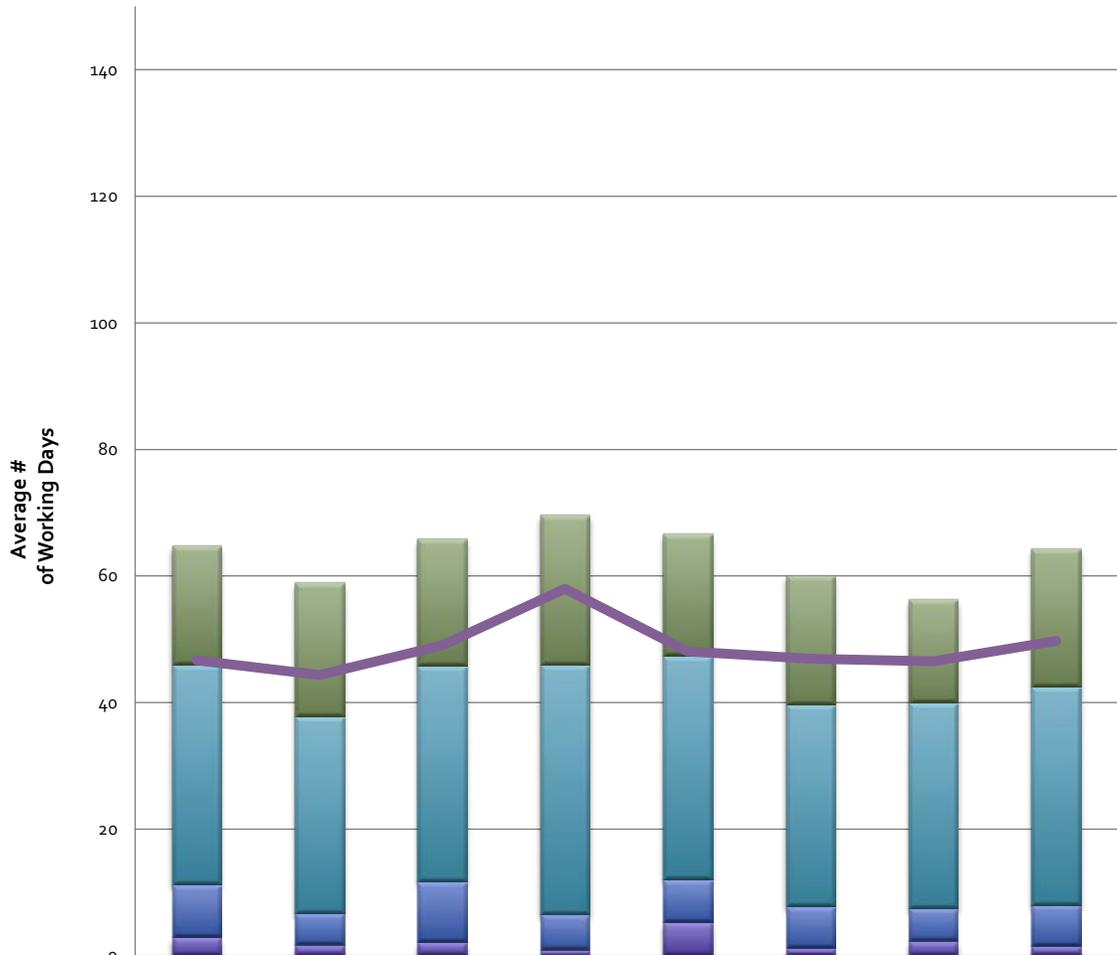
Division of DD Community Inquiries Into Potential Abuse/Neglect Allegations



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

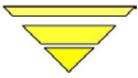


Duration of Investigation Process DD Community

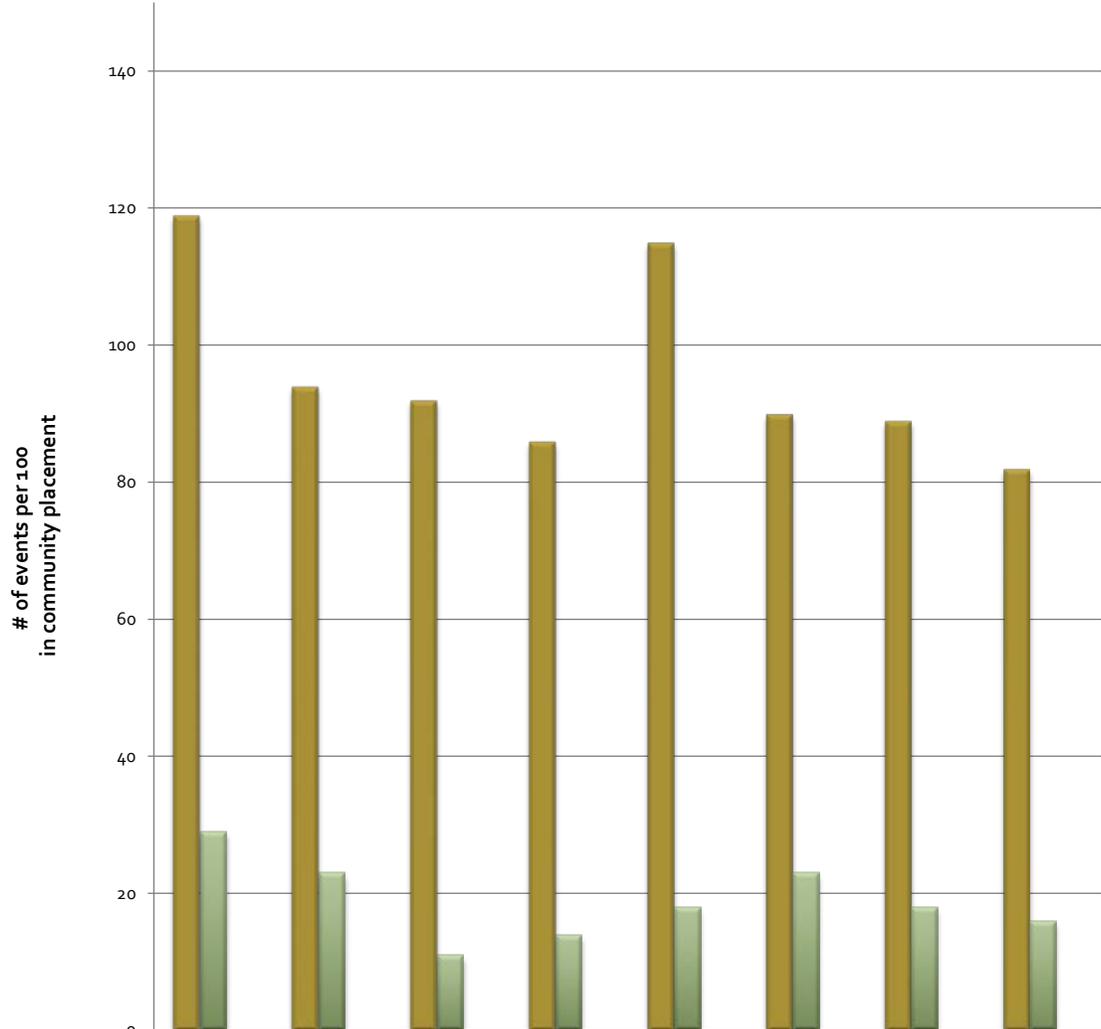


	Jul-Sep 2013	Oct-Dec 2013	Jan-Mar 2014	Apr-Jun 2014	Jul-Sep 2014	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015
DD Community Event Count	117	97	91	94	113	102	68	67
Inv. Final Report to Final Det.	18.92	21.11	20.03	23.81	19.30	20.40	16.23	21.95
Inv. Request to Final Report	34.64	31.14	34.13	39.32	35.33	31.95	32.62	34.45
Event Report to Inv. Request	8.34	4.98	9.59	5.68	6.72	6.66	5.15	6.51
Event Discovery to Report	3.02	1.76	2.14	0.97	5.32	1.18	2.31	1.55
Total Time (90%)	46.69	44.38	49.04	57.99	48.07	46.92	46.53	49.74

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

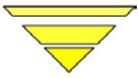


Division of DD Community Abuse and Neglect Investigations

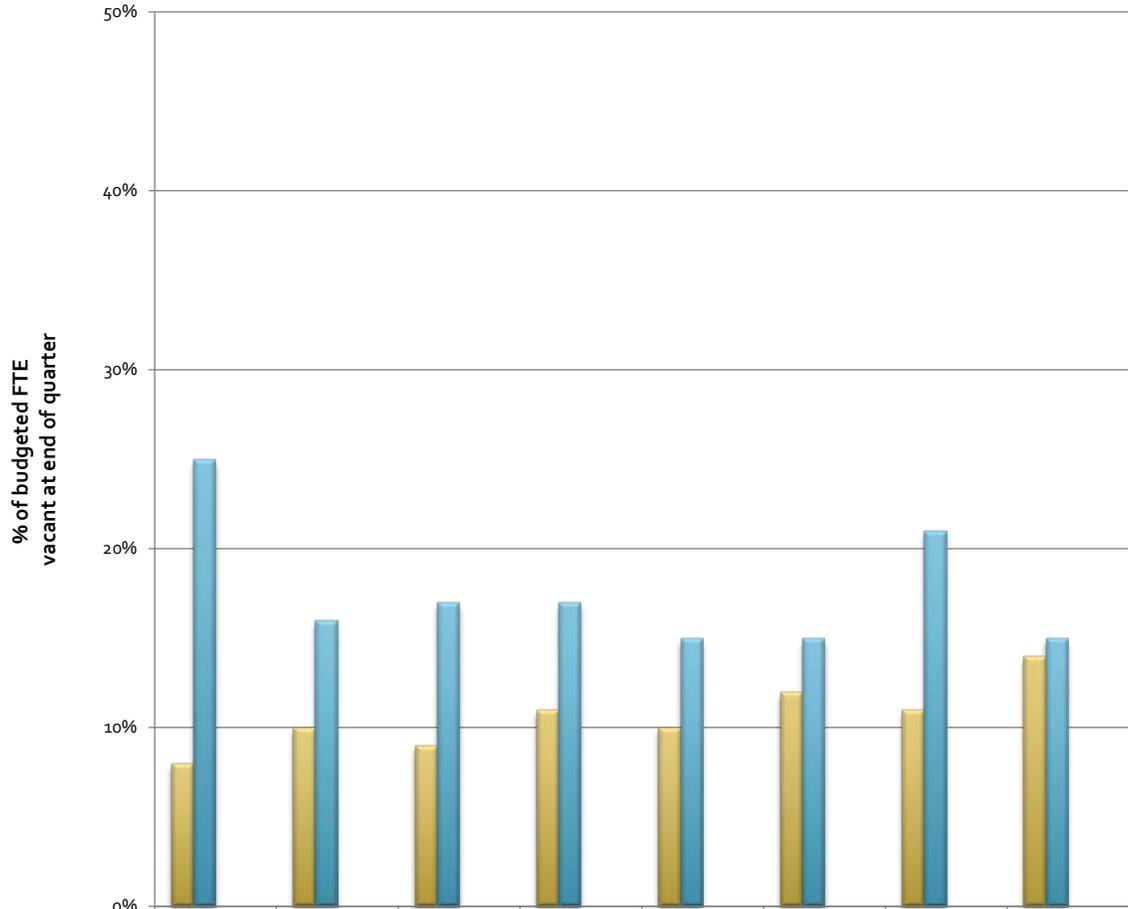


	Jul-Sep 2013	Oct-Dec 2013	Jan-Mar 2014	Apr-Jun 2014	Jul-Sep 2014	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015
CO Investigations Completed	119	94	92	86	115	90	89	82
A/N Substantiations	29	23	11	14	18	23	18	16
# Individuals in Community Residential	6841	6867	6876	6892	6889	6938	6974	6978

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.

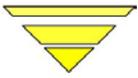


Division of DD State Operated Programs Staff Vacancy Rates

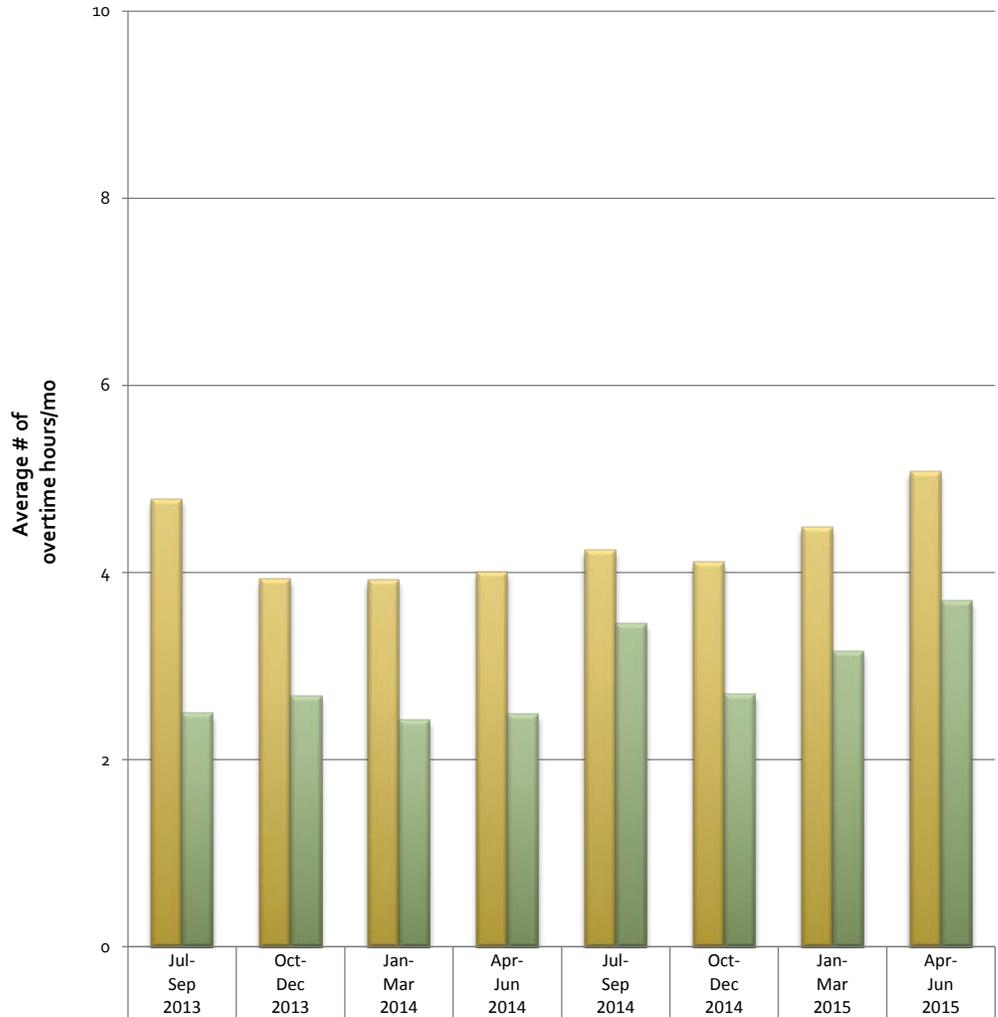


	Jul-Sep 2013	Oct-Dec 2013	Jan-Mar 2014	Apr-Jun 2014	Jul-Sep 2014	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015
■ Direct Care Staff Vacancy Rates	8%	10%	9%	11%	10%	12%	11%	14%
■ Licensed Nursing Staff Vacancy Rates	25%	16%	17%	17%	15%	15%	21%	15%
# Direct Care Vacancies	144.3	159.3	197.3	204.3	182.4	175.0	217.6	272.8
# Licensed Nursing Vacancies	42.2	27.7	29.7	29.9	24.1	25.1	33.4	21.4

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

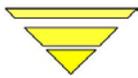


Division of DD State Operated Programs Staff Overtime Hours



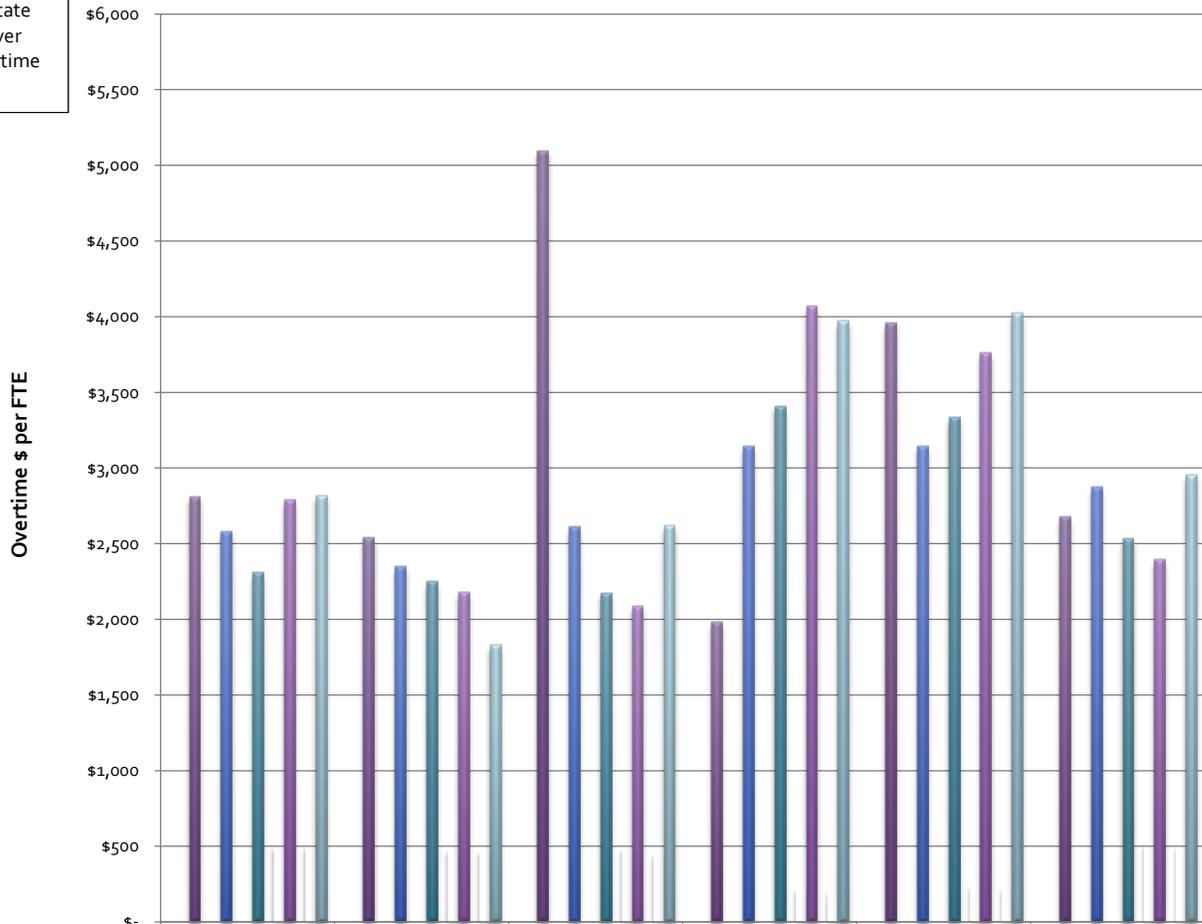
■ Average # OT Hours Worked Per Active Direct Care Staff/Month	4.79	3.94	3.93	4.01	4.24	4.11	4.49	5.08
■ Average # OT Hours Per Active Licensed Staff/Month	2.50	2.69	2.43	2.49	3.46	2.71	3.16	3.70

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

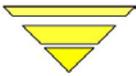


State Operated Programs Overtime Accrued FY 2011-FY 2013 YTD Comparison

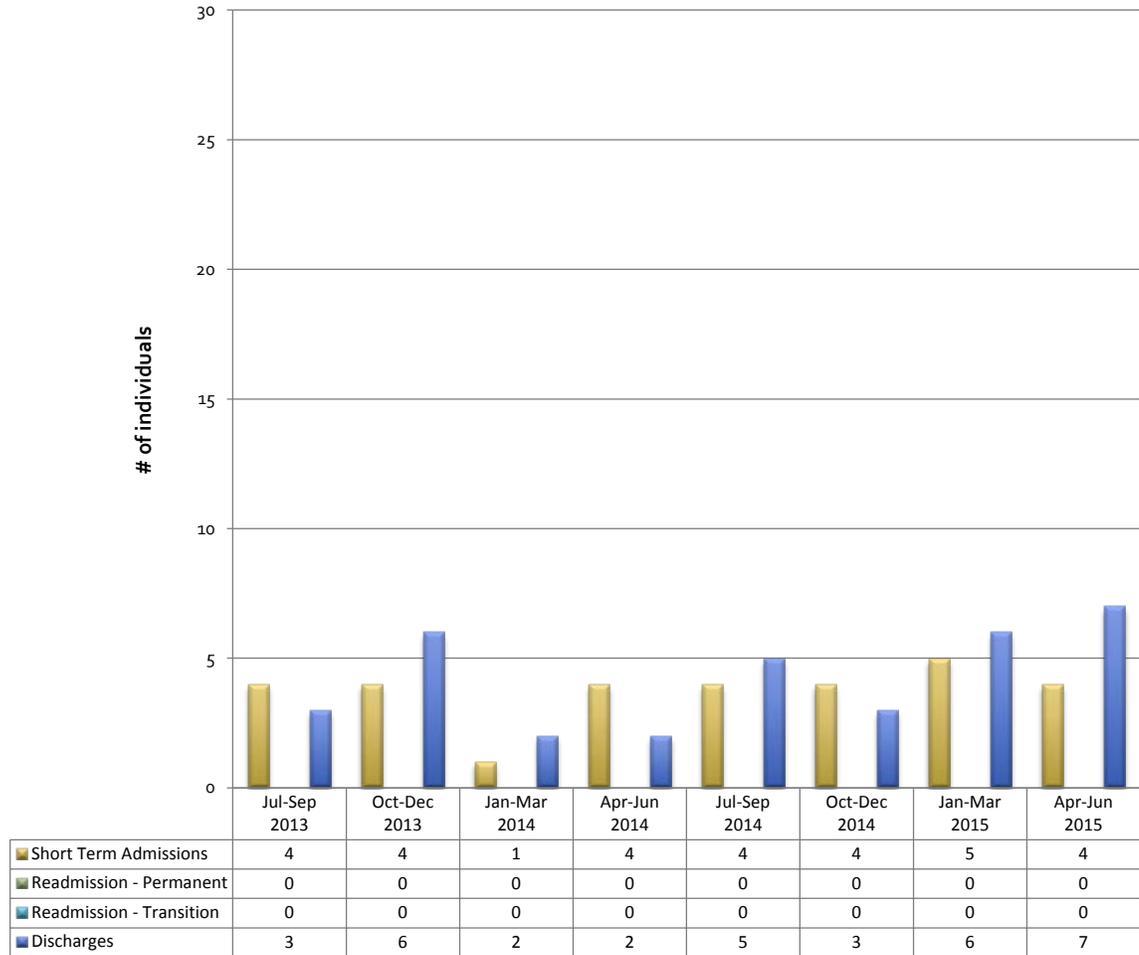
Note: Chart includes Habilitation Center Campus and State Operated Waiver Programs overtime data.



	Bellefontaine	Higginsville	Marshall	SWCS	SEMORS	SDDTC
FY 11 Overtime \$M	\$1.518	\$1.174	\$2.993	\$0.524	\$0.959	\$1.615
FY 11 FTEs	540	462	587	264	242	602
FY 11 OT \$ per FTE	\$2,811.11	\$2,541.13	\$5,098.81	\$1,984.85	\$3,962.81	\$2,682.72
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
FY14 Overtime \$M	\$1.440	\$1.077	\$1.056	\$0.985	\$0.953	\$1.270
FY14 FTEs	516	493	505	242	253	530
FY14 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



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

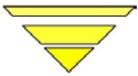


Short Term: Total number of individuals admitted to SOP from any Community Provider for medical and/or behavioral short term support with intention of returning back to their home in the community. Note: 100% of the days a crisis bed was available. Crisis bed services are provided in both Habilitation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

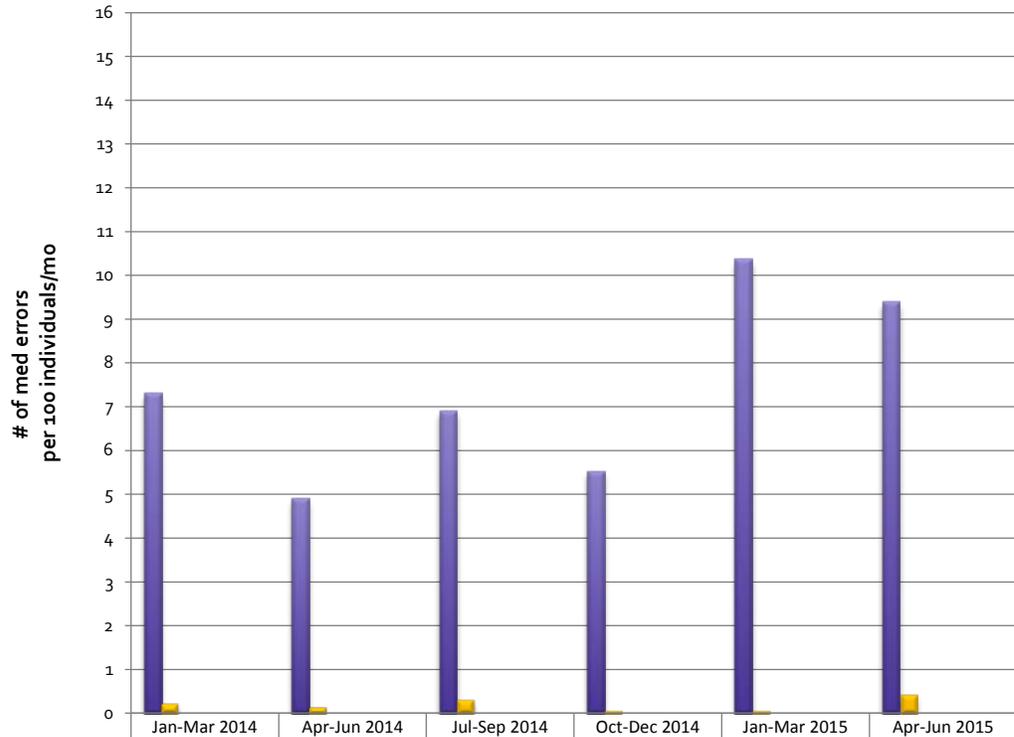
Permanent: Total number of individuals previously discharged from the Habilitation Center Campus within the last 12 months that returned during report period with no plans to move back to community.

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.



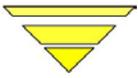
Division of DD Habilitation Center Campus Medication Errors



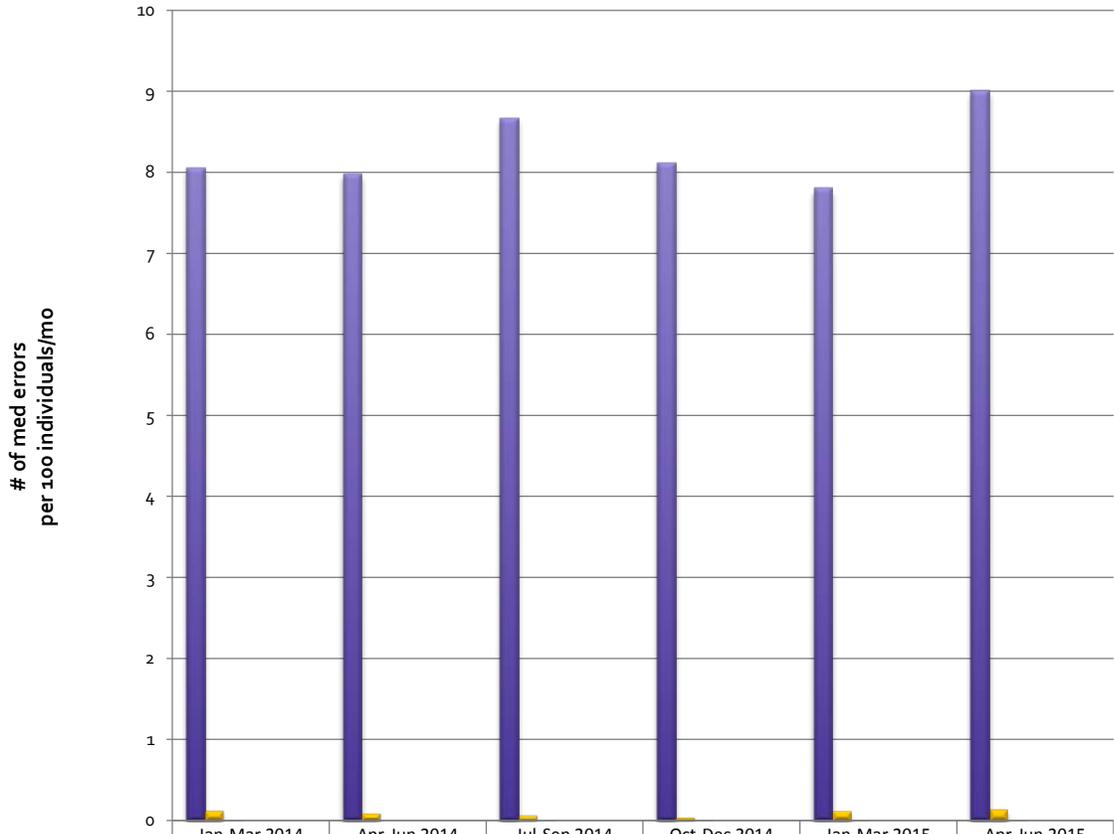
	Jan-Mar 2014	Apr-Jun 2014	Jul-Sep 2014	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015
Minimal Med Errors per 100 Individuals/month	7.31	4.91	6.92	5.53	10.37	9.39
Moderate Med Errors per 100 Individuals /month	0.23	0.15	0.31	0.08	0.08	0.42
Serious Med Errors per 100 Individuals/month	0.00	0.00	0.00	0.00	0.00	0.00
HCC Minimal Medication Errors	96	65	88	69	126	111
HCC Center Moderate Medication Errors	3	2	4	1	1	5
HCC Center Serious Medication Errors	0	0	0	0	0	0
# HCC Individuals	438	441	424	416	405	394

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.



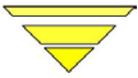
Division of DD Community Medication Errors



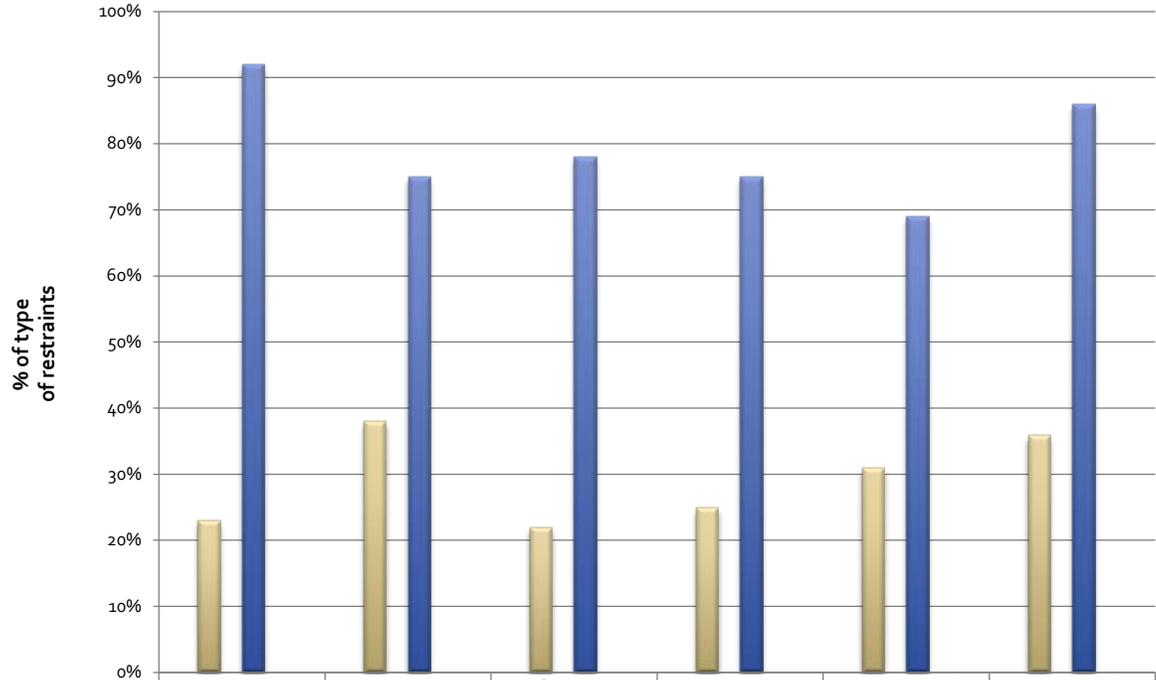
	Jan-Mar 2014	Apr-Jun 2014	Jul-Sep 2014	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015
■ Minimal Med Errors per 100 Individuals/month	8.05	7.99	8.68	8.11	7.81	9.01
■ Moderate Med Errors per 100 Individuals/month	0.12	0.09	0.06	0.05	0.11	0.13
■ Serious Med Errors per 100 Individuals/month	0.00	0.00	0.00	0.00	0.00	0.00
Community Minimal Medication Errors	1712	1702	1847	1739	1681	1943
Community Moderate Medication Errors	25	19	13	10	24	29
Community Serious Medication Errors	1	0	1	1	1	1
# Individuals in Community Residential	7087	7102	7097	7144	7178	7186

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



	Jan-Mar 2014	Apr-Jun 2014	Jul-Sep 2014	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015
# Individuals Chemical Restraint	3	6	2	2	4	5
% Individuals Chemical Restraint	23%	38%	22%	25%	31%	36%
# Individuals Physical Restraint	12	12	7	6	9	12
% Individuals Physical Restraint	92%	75%	78%	75%	69%	86%
# of HCC Individuals Restrained	13	16	9	8	13	14
# of Hab Center Campus Individuals	438	441	424	416	405	394

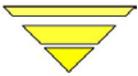
NOTE: Each individual who experienced at least one chemical, physical, mechanical restraint is counted so duplication occurs. For example, one individual may experience a chemical restraint and a physical restraint. They are counted in both categories. Percentage of each type of restraint is based on 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 and i to sleep and render them unable to function as a result of the medication.

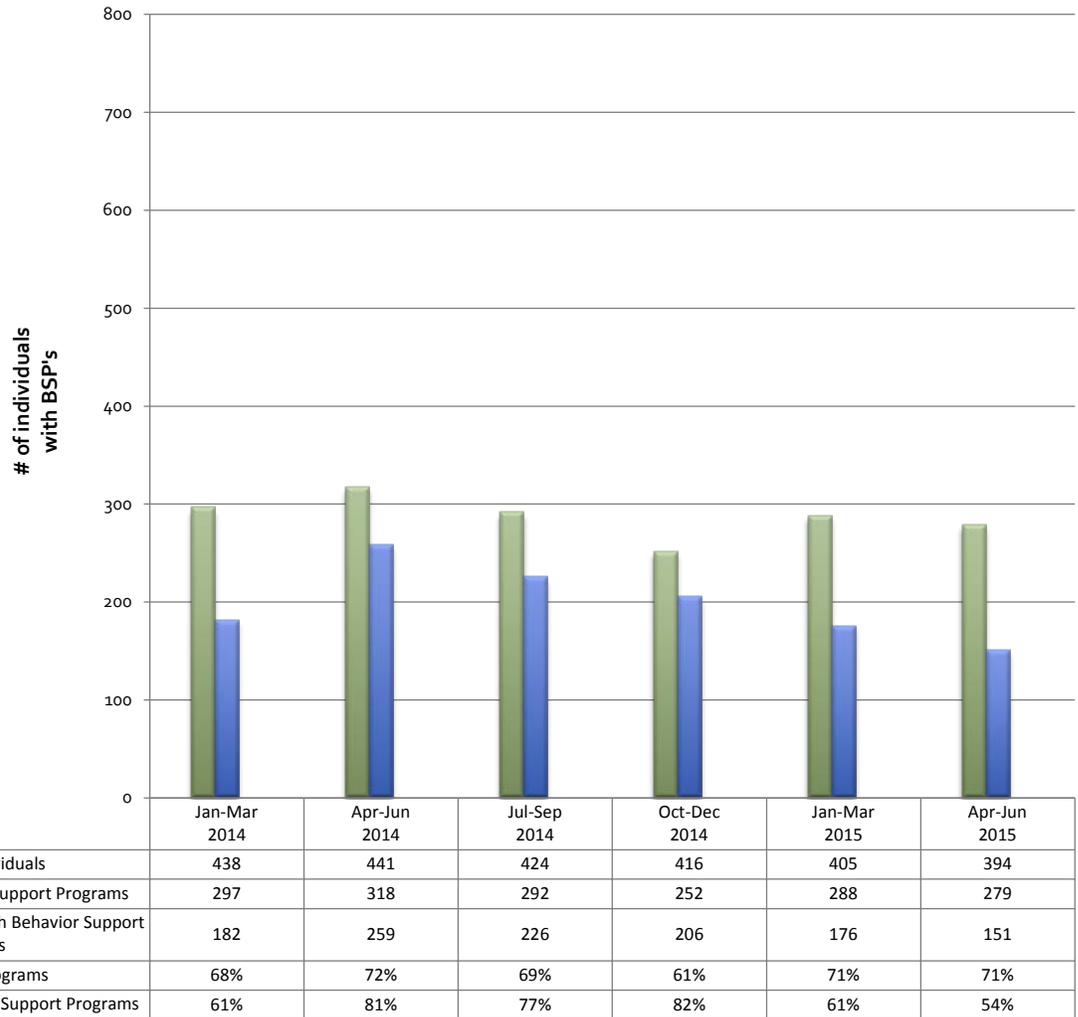
Physical Restraint: Any physical hold involving a restriction of an individual's voluntary movement.

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.

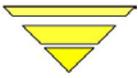


Division of DD Habilitation Center Campus Individuals with Behavior Support Programs

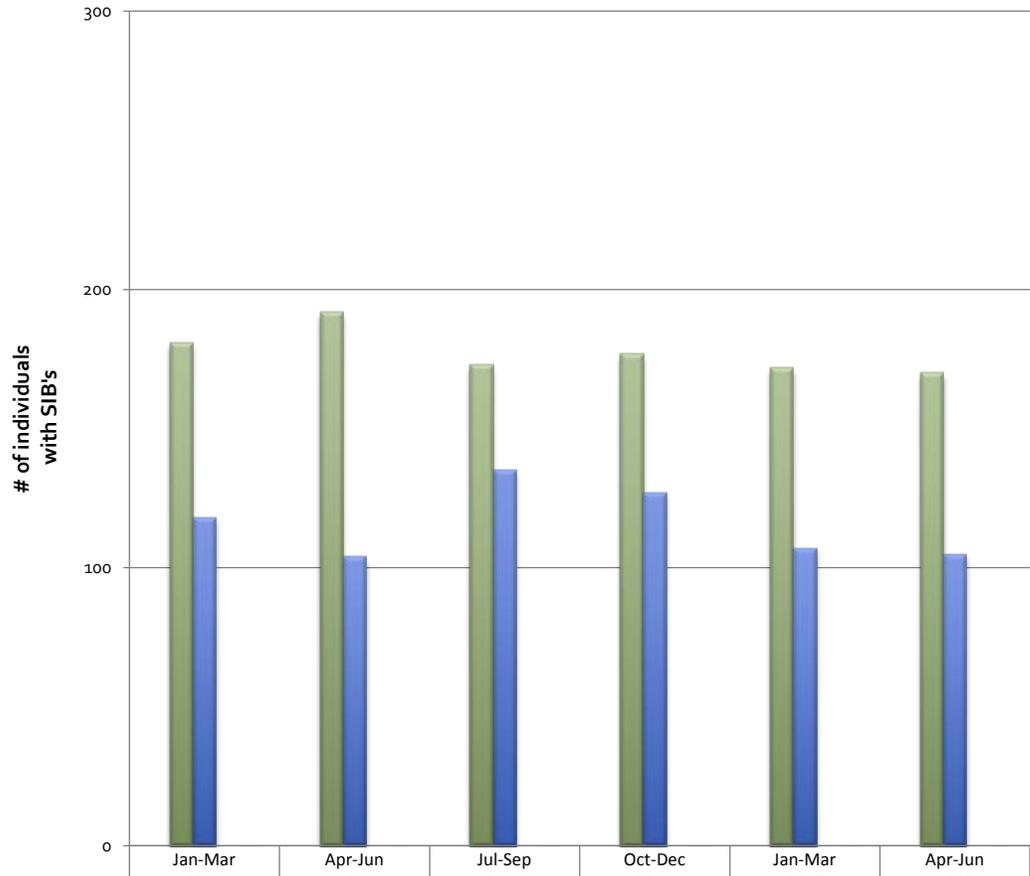


NOTE: Individuals placed on Behavior Support Programs (BSP's) may be those who have been prescribed medication for a psychiatric disorder or who exhibit behaviors that interfere with their level of functioning. Number is based on average for the quarter. Definition - Individuals with BSP's: Individuals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



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

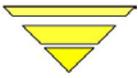


# Hab Center Campus Individuals	438	441	424	416	405	394
■ Individuals with Self Injurious Behavior Programs	181	192	173	177	172	170
■ Individuals Progressing with SIB Programs	118	104	135	127	107	105
% on Self Injurious Behavior Programs	41%	44%	41%	43%	42%	43%
% Progressing on Self Injurious Behavior Programs	65%	54%	78%	72%	62%	62%

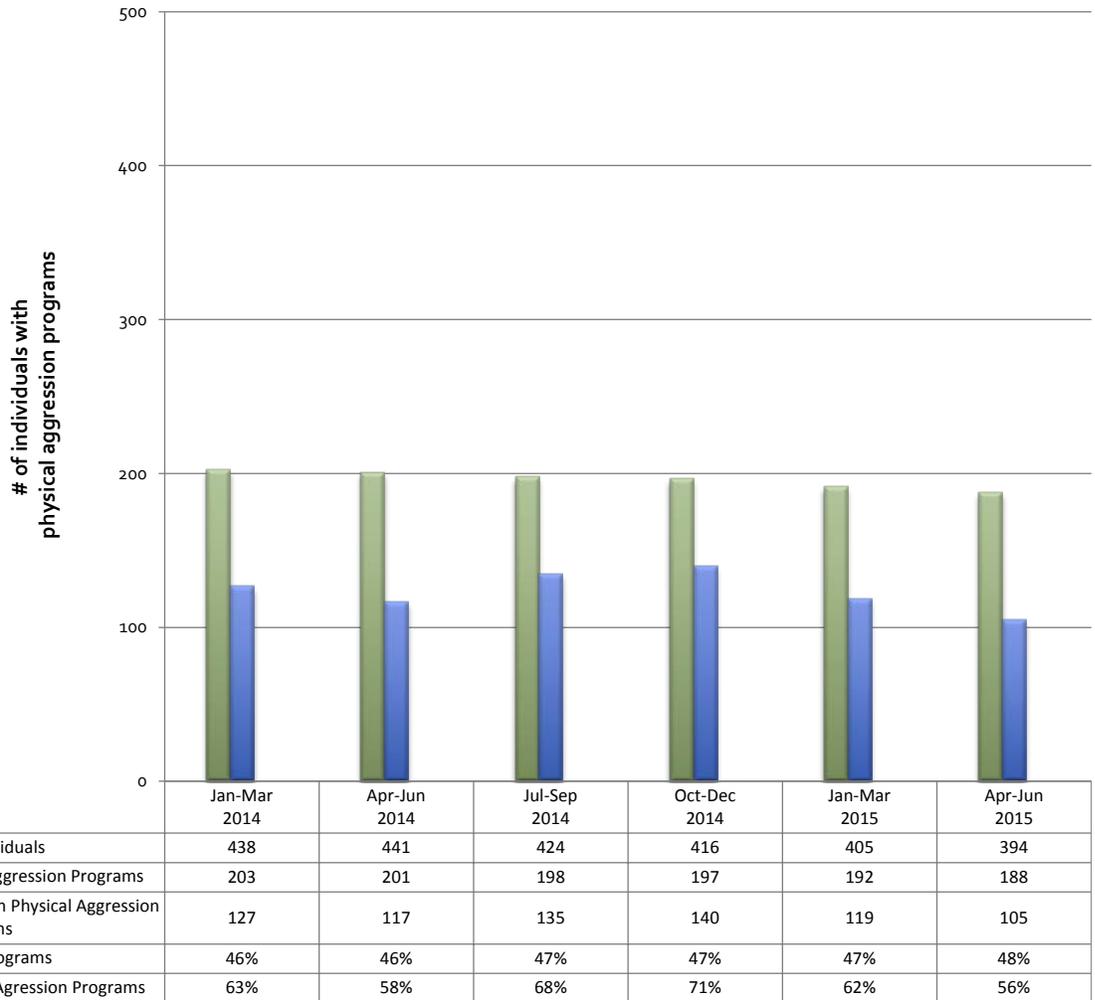
Definition- Self Injurious Behavior Program: A individual with a Behavior Support Program that includes a program developed to systematically reduce or eliminate Self Injurious Behaviors (incidents of self harm) such as slapping self in the face, biting self on hand, or banging own head.

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.



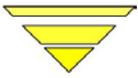
Division of DD Habilitation Center Campus Individuals with Physical Aggression Programs



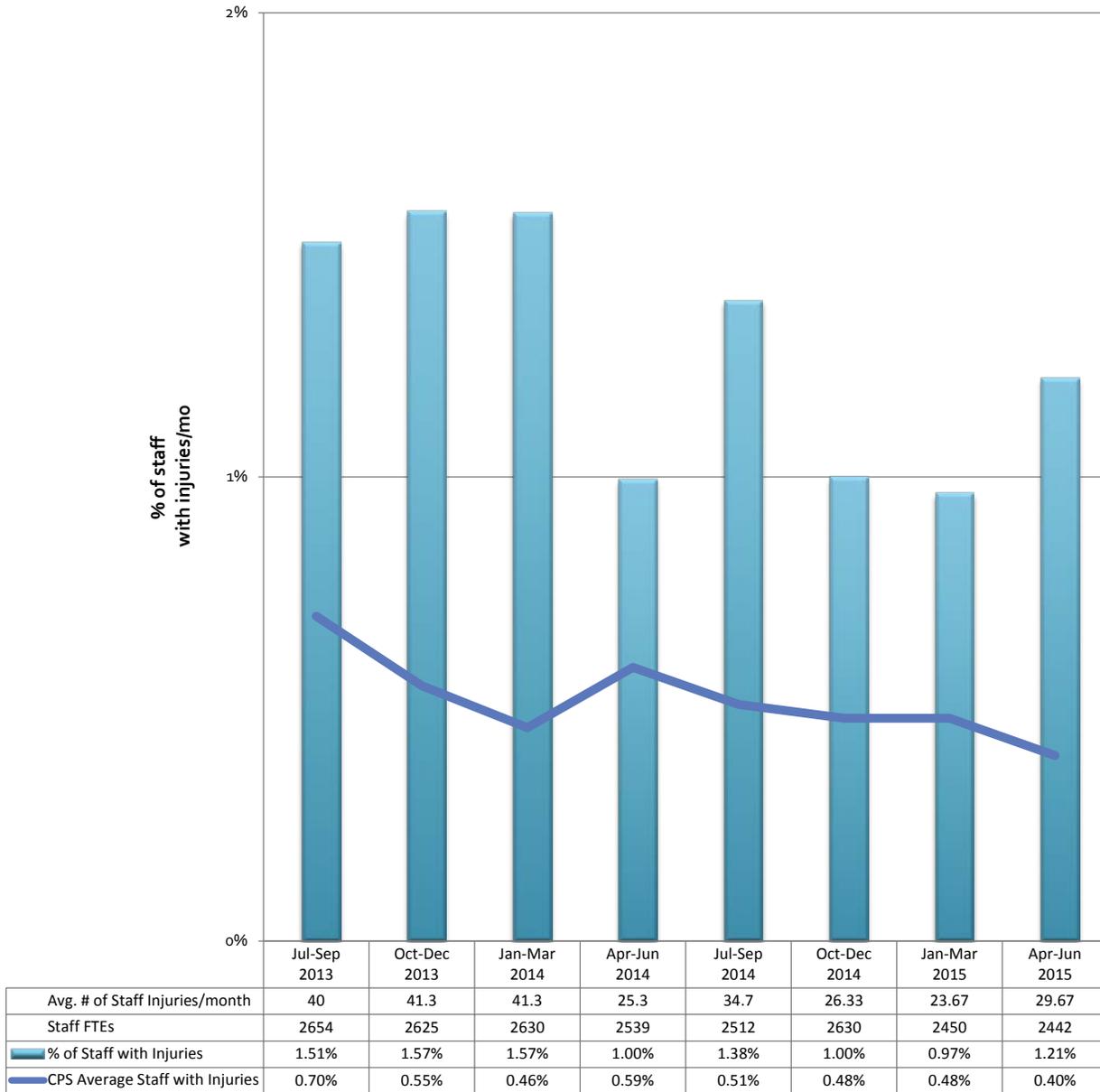
Definition - Physical Aggression Programs: Individuals with a Behavior Support plan that includes a program designed to reduce or eliminate Physical Aggression (such as hitting, kicking, throwing objects, biting) towards another person.

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.



Division of DD State Operated Programs Staff Injuries

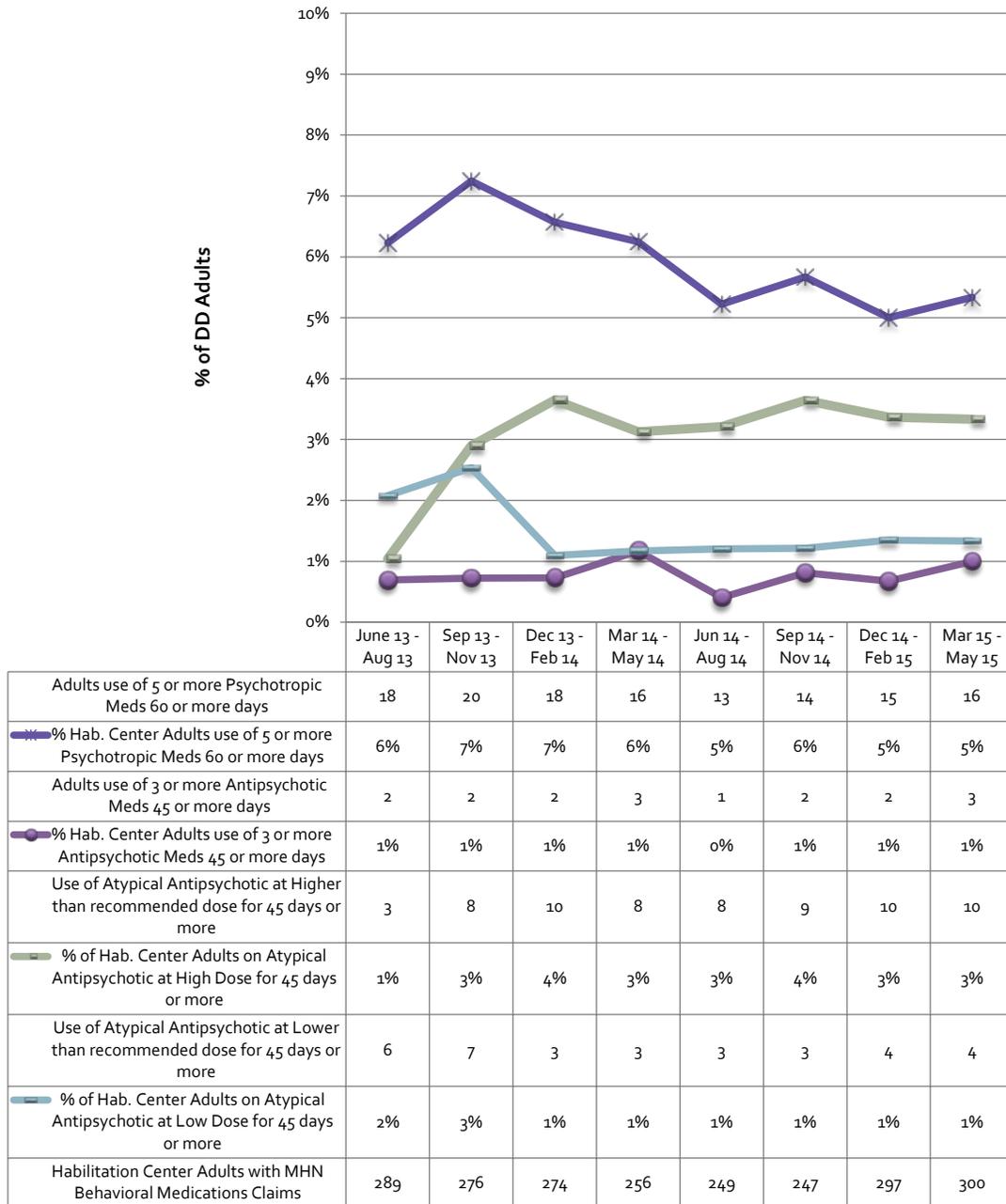


Definition: Total number of different employees who experienced at least one injury requiring medical treatment or hospitalization.

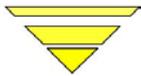
NOTE: Chart includes both Habilitation Center Campus and State Operated Waiver Programs staff data.



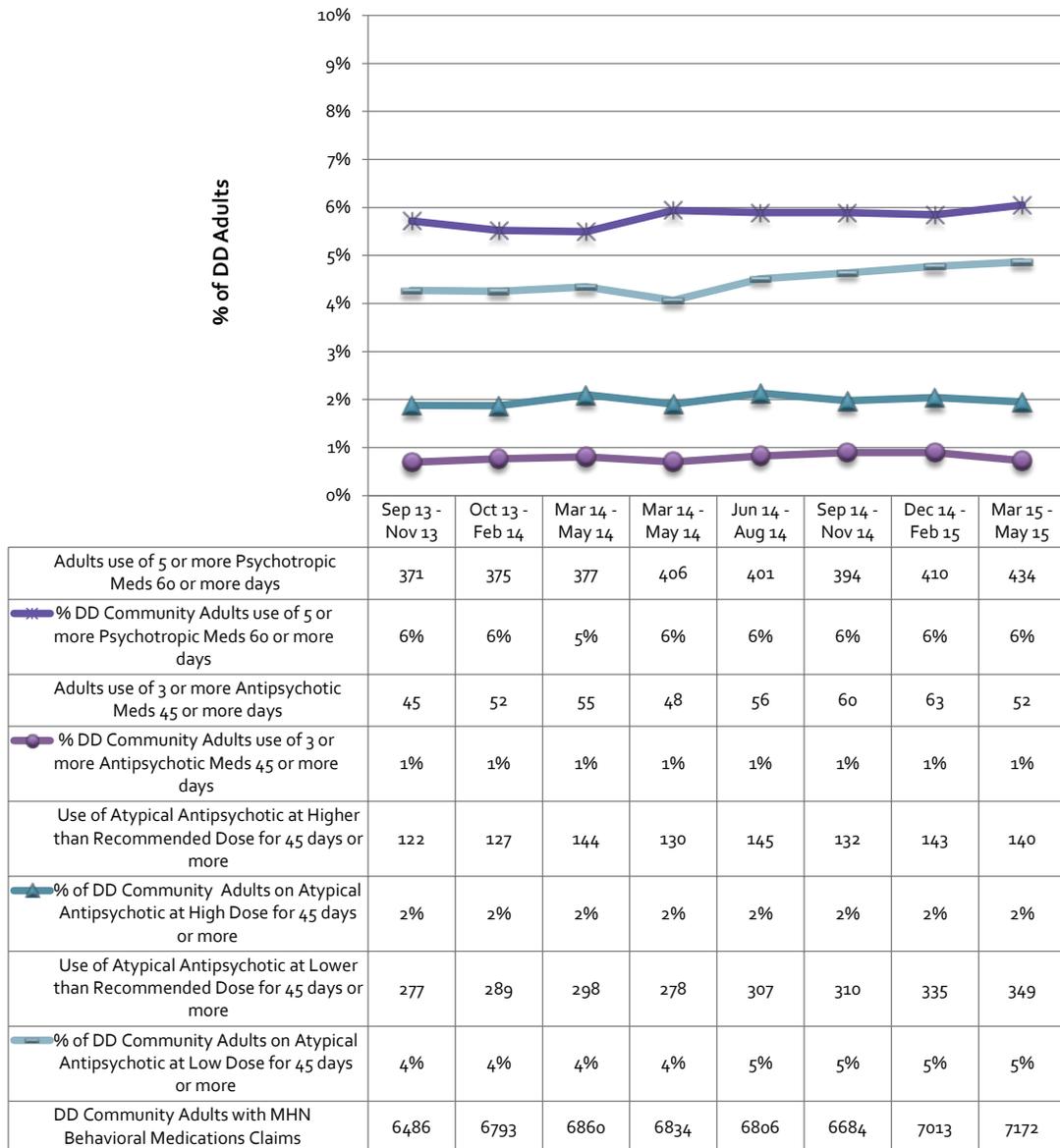
DD Habilitation Center Adult Medication Screens



NOTE: "Quarters" do not match other charts - using time periods set by most recent consecutive " Missouri CMHC Behavioral Pharmacy Management Program" reports.



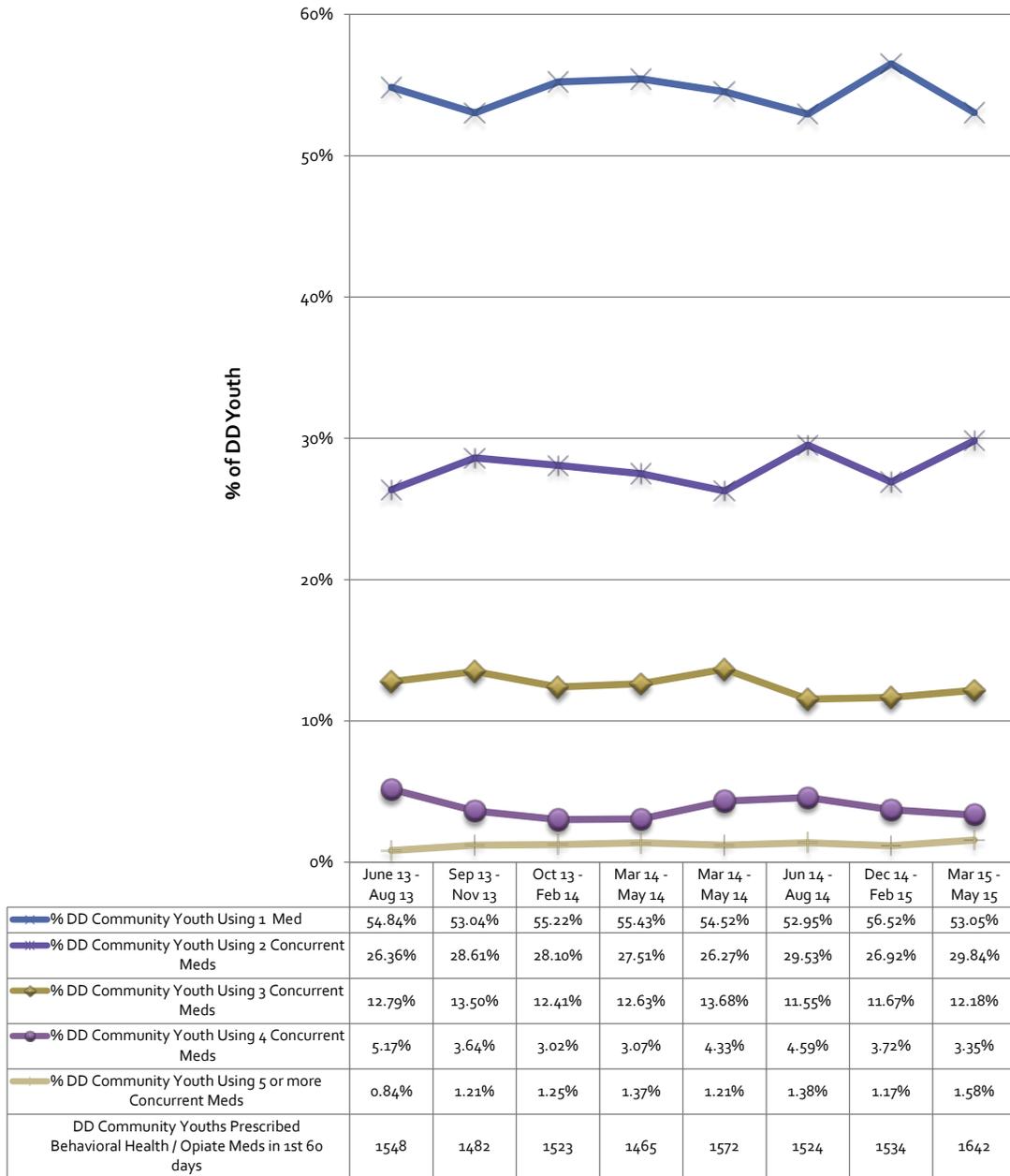
DD Community Adult Medication Screens



NOTE: "Quarters" do not match other charts - using time periods set by most recent consecutive " Missouri CMHC Behavioral Pharmacy Management Program" reports.



DD Community Youth Prescribed Multiple Behavioral Health Medications



NOTE: This identifies the maximum number of concurrent behavioral health and opiates prescribed in the first 60 days of the 90 day reporting period.