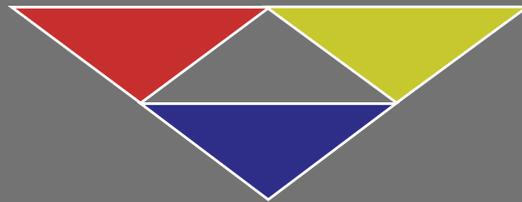


February 2016

Missouri Department of Mental Health

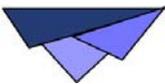
Quarterly Performance Measures



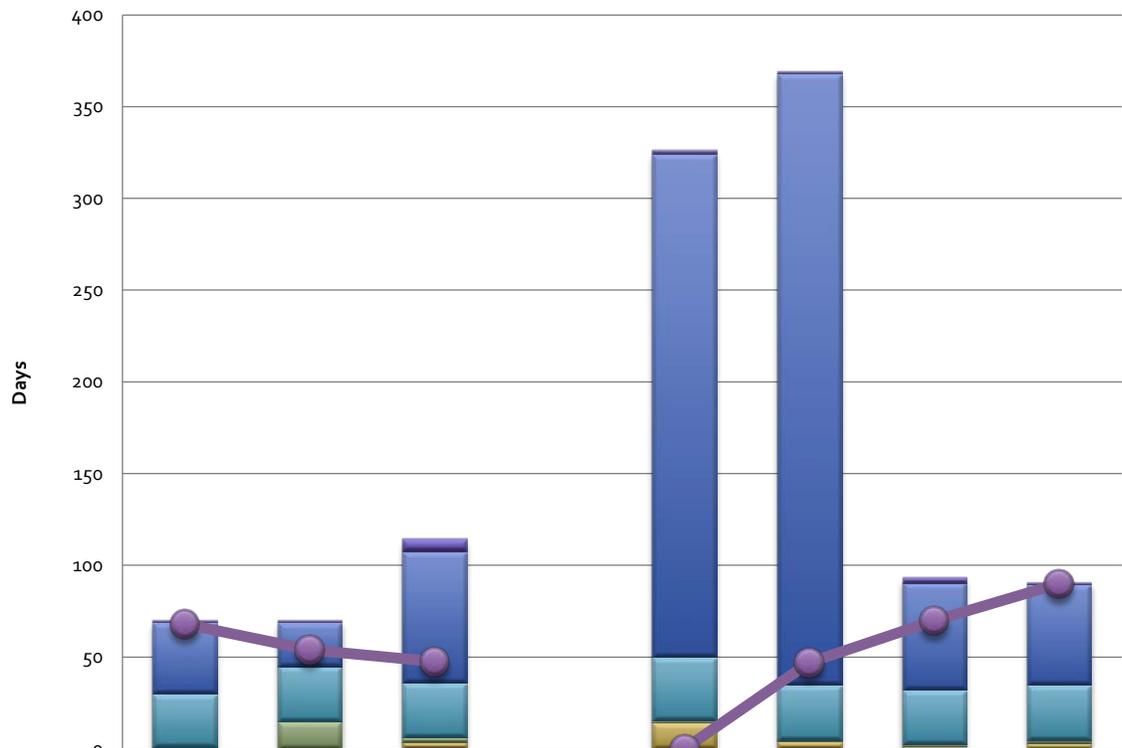


Division of Behavioral Health

Substance Abuse Services



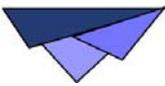
Substance Use Treatment Community Investigations Timelines



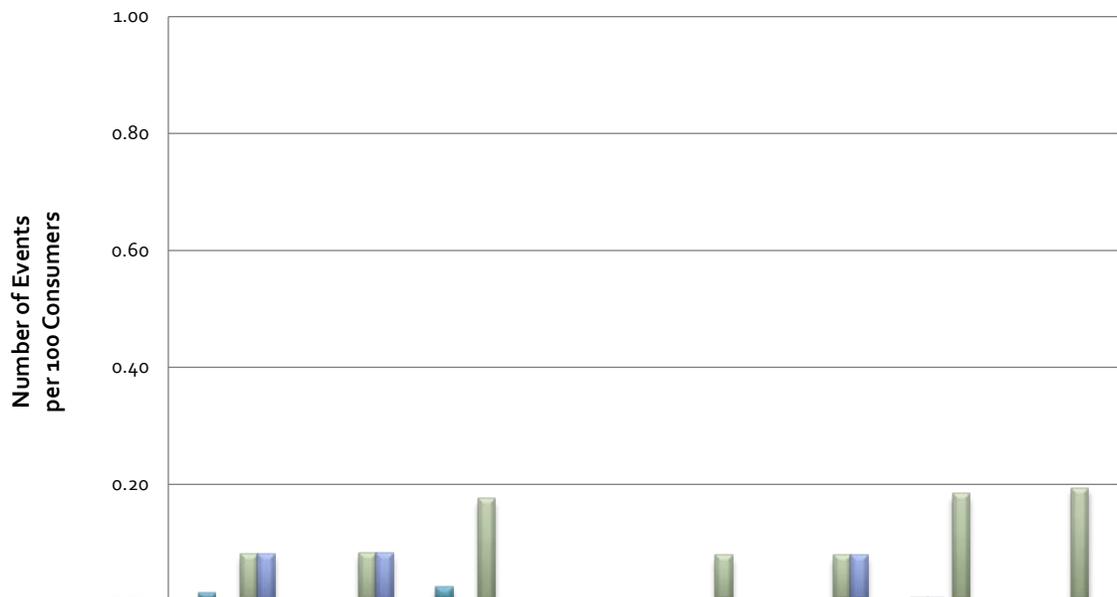
	Jan - Mar 2014	Apr - Jun 2014	Jul - Sep 2014	Oct-Dec 2014	Jan - Mar 2015	Apr - Jun 2015	Jul - Sep 2015	Oct-Dec 2015
Community Event Count	1	1	7	0	2	1	3	1
Inv. Final Report to Final Determin.	39.0	24.0	71.4		274.5	333.0	58.3	55.0
Inv. Request to Final Report	29.0	30.0	30.0		34.5	30.0	29.7	30.0
Notification to Inv. Request	0.0	15.0	2.4		1.0	1.0	1.3	2.0
Event Discovery to Notification	1.0	0.0	3.9		14.5	4.0	1.3	3.0
Total Investigation Time (90%)	68.0	54.0	47.6		0.0	46.9	69.8	90.0

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.



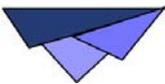
Substance Use Treatment Abuse/Neglect Investigations



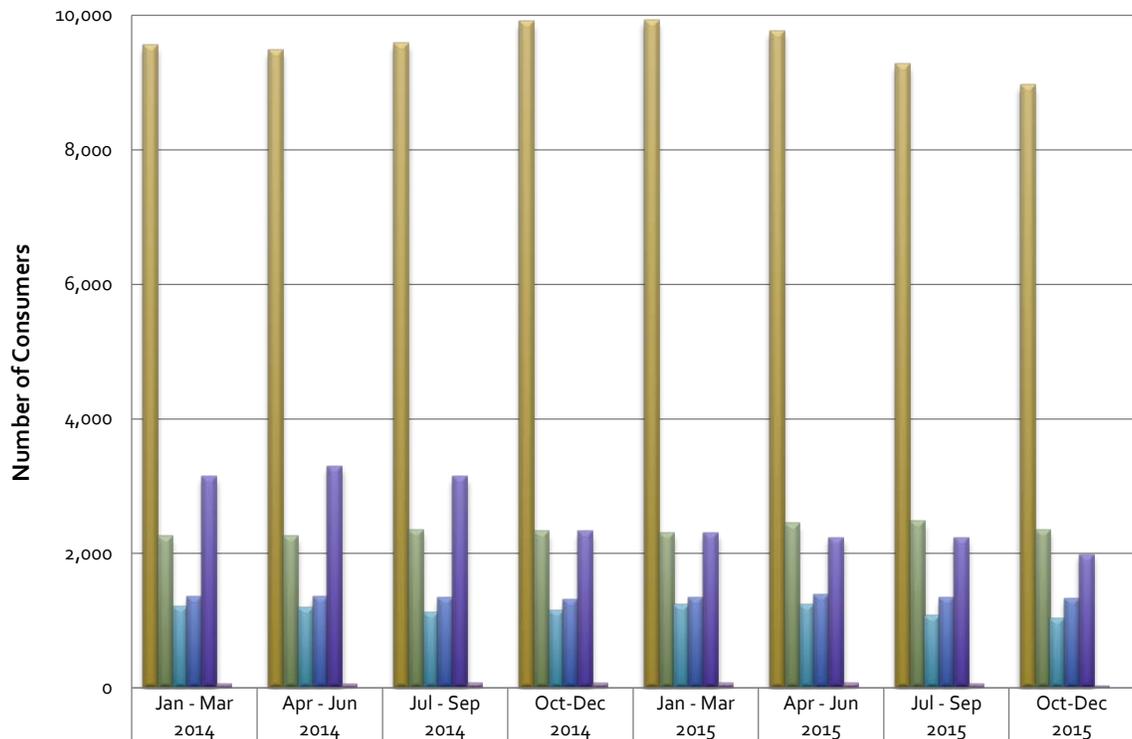
	Jan - Mar 2014	Apr - Jun 2014	Jul - Sep 2014	Oct-Dec 2014	Jan - Mar 2015	Apr - Jun 2015	Jul - Sep 2015	Oct-Dec 2015
# Adult Consumers	20,315	20,591	20,286	19,434	19,836	19,929	19,055	17,833
Adult A/N Investigations Completed	3	1	5	0	1	0	1	0
Adult A/N Investigations Rate	0.015	0.005	0.025	0.000	0.005	0.000	0.005	0.000
Adult A/N Substantiated	0	1	0	0	0	0	1	0
Adult A/N Substantiation Rate	0.000	0.005	0.000	0.000	0.000	0.000	0.005	0.000
# Youth Consumers	1,242	1,210	1,138	1,173	1,256	1,251	1,087	1,032
Youth A/N Investigations Completed	1	1	2	0	1	1	2	2
Youth A/N Investigations Rate	0.081	0.083	0.176	0.000	0.080	0.080	0.184	0.194
Youth A/N Substantiated	1	1	0	0	0	1	0	0
Youth A/N Substantiation Rate	0.081	0.083	0.000	0.000	0.000	0.080	0.000	0.000

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

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



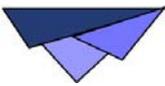
Substance Use Treatment Consumers Served By Program



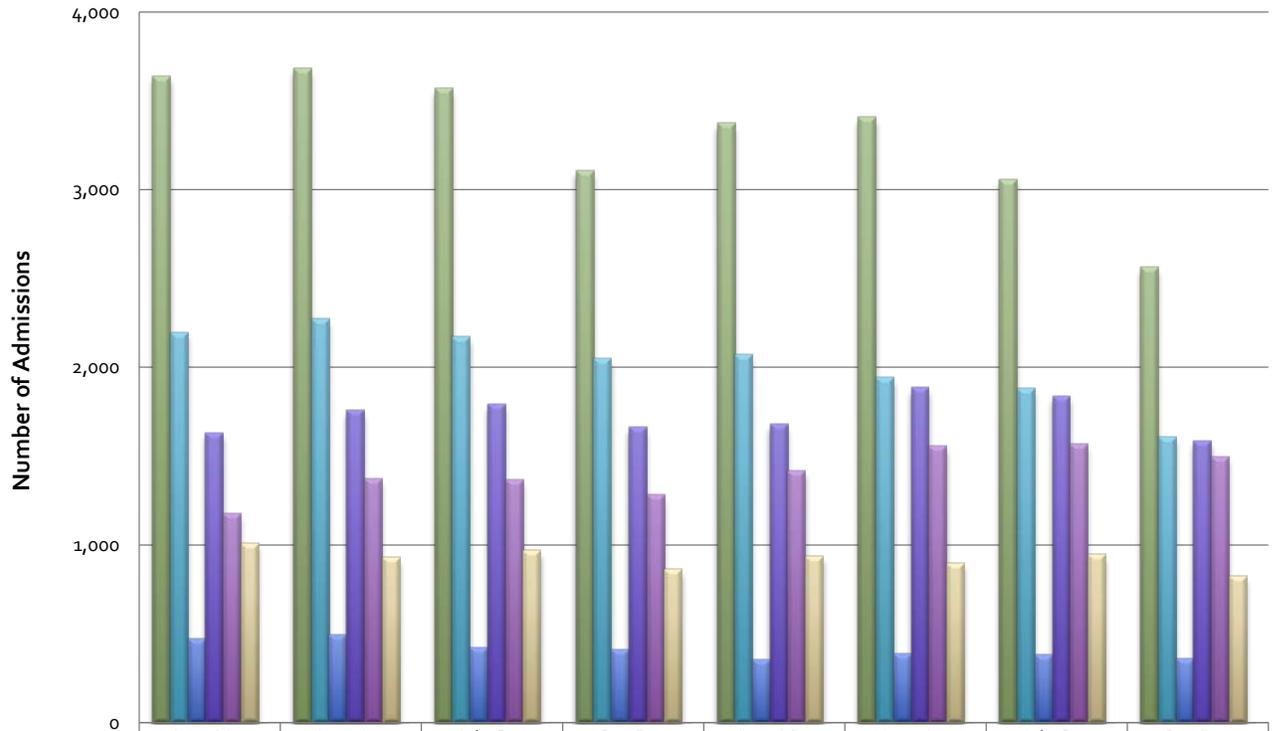
Program	Jan - Mar 2014	Apr - Jun 2014	Jul - Sep 2014	Oct-Dec 2014	Jan - Mar 2015	Apr - Jun 2015	Jul - Sep 2015	Oct-Dec 2015
CSTAR Gen Adult	9,569	9,492	9,591	9,921	9,938	9,768	9,284	8,978
CSTAR W&C	2,261	2,262	2,357	2,332	2,312	2,448	2,487	2,348
CSTAR Adol	1,220	1,198	1,132	1,161	1,250	1,239	1,076	1,029
CSTAR Opioid Tx	1,369	1,366	1,349	1,322	1,347	1,390	1,350	1,339
Primary Recovery & Tx	3,145	3,302	3,154	2,332	2,312	2,237	2,239	1,990
Compulsive Gambling	61	58	73	72	70	73	60	37
Unduplicated Number of ADA Served	21,557	21,801	21,424	20,607	21,092	21,180	20,142	18,865

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.

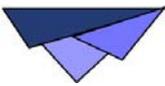
Significance: The majority of consumers receiving treatment services are in a CSTAR program.



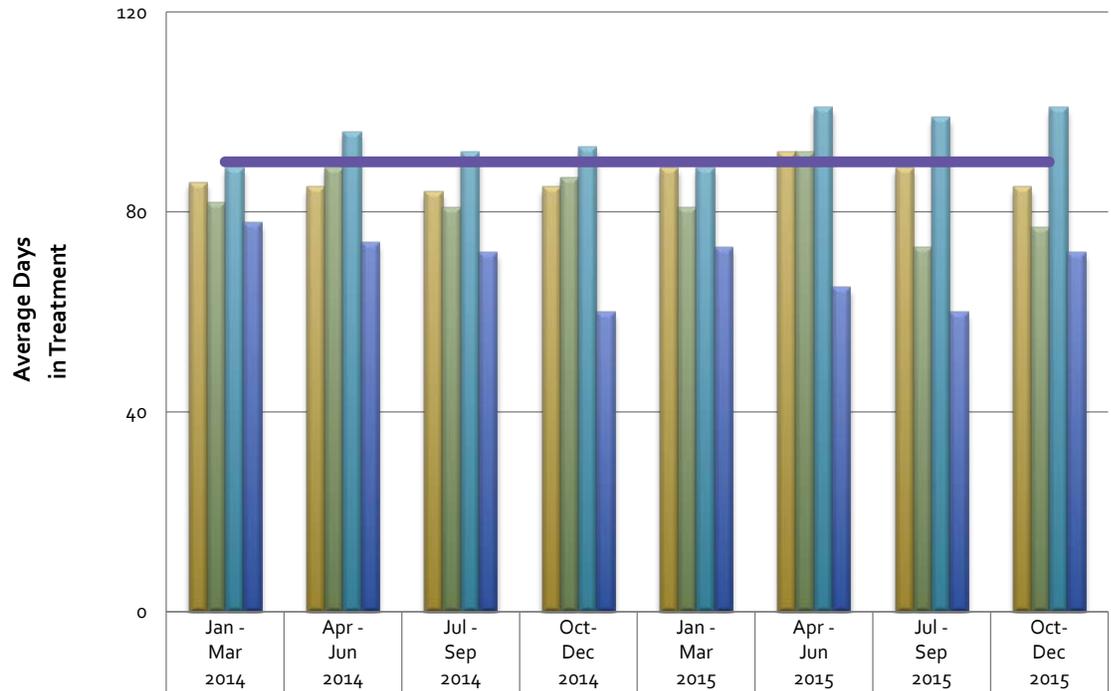
Drug of Choice at Admission to Substance Use Treatment



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



Retention In Substance Use Treatment



	Jan - Mar 2014	Apr - Jun 2014	Jul - Sep 2014	Oct - Dec 2014	Jan - Mar 2015	Apr - Jun 2015	Jul - Sep 2015	Oct - Dec 2015
CSTAR Gen Adult - N	4,283	4,245	4,131	4,197	4,237	4,561	3,771	3,178
CSTAR Gen Adult - Avg Days	86	85	84	85	89	92	89	85
CSTAR W&C - N	1,043	997	990	1,051	943	1,256	845	755
CSTAR W&C - Avg Days	82	89	81	87	81	92	73	77
CSTAR Adol - N	593	563	547	496	485	596	490	416
CSTAR Adol - Avg Days	89	96	92	93	89	101	99	101
Primary Recovery & Tx - N	1,075	1,296	1,513	758	822	802	548	466
Primary Recovery & Tx - Avg Days	78	74	72	60	73	65	60	72
# of Outliers	463	443	503	466	394	443	355	315
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."

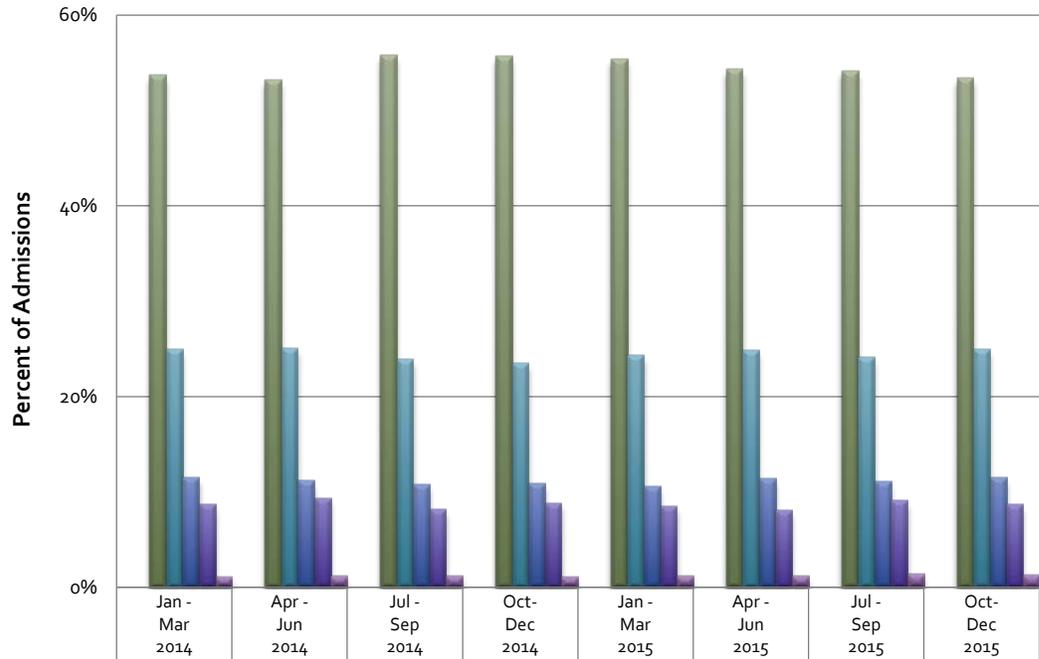
Significance: Average length of stay in substance use treatment is around 3 months.



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

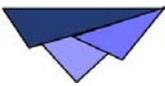
¹Dennis, M.L. et al, 2005. The duration and correlates of addiction and treatment careers. Journal of Substance Abuse Treatment 28 (Suppl.1):S51-S62



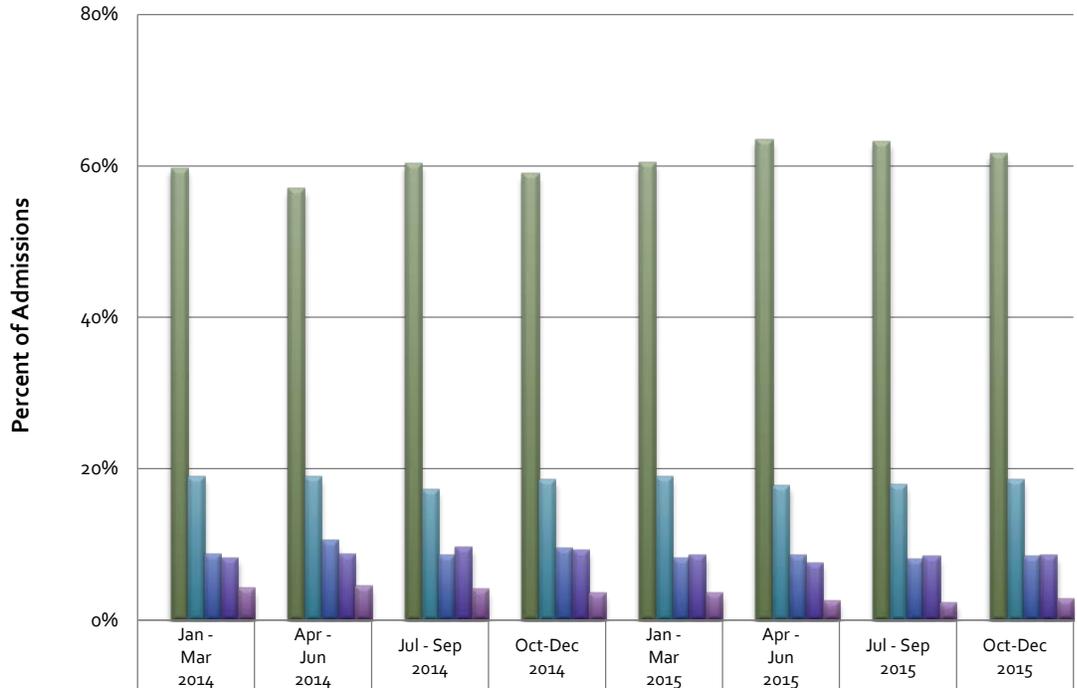
Adult Consumers Admitted to Tx	7,009	7,356	7,370	6,848	6,910	7,201	7,023	6,717
Adult Consumers with Previous Tx	3,245	3,441	3,258	3,036	3,084	3,288	3,218	3,128
Adult Consumers Admitted with Previous Tx Pct	46.3%	46.8%	44.2%	44.3%	44.6%	45.7%	45.8%	46.6%
0 Prior Tx Episodes	3,764	3,915	4,115	3,812	3,826	3,913	3,805	3,589
0 Prior Tx Episodes Pct	53.7%	53.2%	55.8%	55.7%	55.4%	54.3%	54.2%	53.4%
1 Prior Tx Episode	1,749	1,844	1,765	1,611	1,679	1,791	1,695	1,678
1 Prior Tx Episode Pct	25.0%	25.1%	23.9%	23.5%	24.3%	24.9%	24.1%	25.0%
2 Prior Tx Episodes	808	824	799	744	730	822	780	772
2 Prior Tx Episodes Pct	11.5%	11.2%	10.8%	10.9%	10.6%	11.4%	11.1%	11.5%
3 - 5 Prior Tx Episodes	612	685	602	606	589	585	640	586
3 - 5 Prior Tx Episodes Pct	8.7%	9.3%	8.2%	8.8%	8.5%	8.1%	9.1%	8.7%
6 + Prior Tx Episodes	76	88	92	75	86	90	103	92
6 + Prior Tx Episodes Pct	1.1%	1.2%	1.2%	1.1%	1.2%	1.2%	1.5%	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.



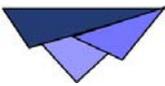
Adult Detox Admissions With Prior Detox Episodes in Past 36 Months



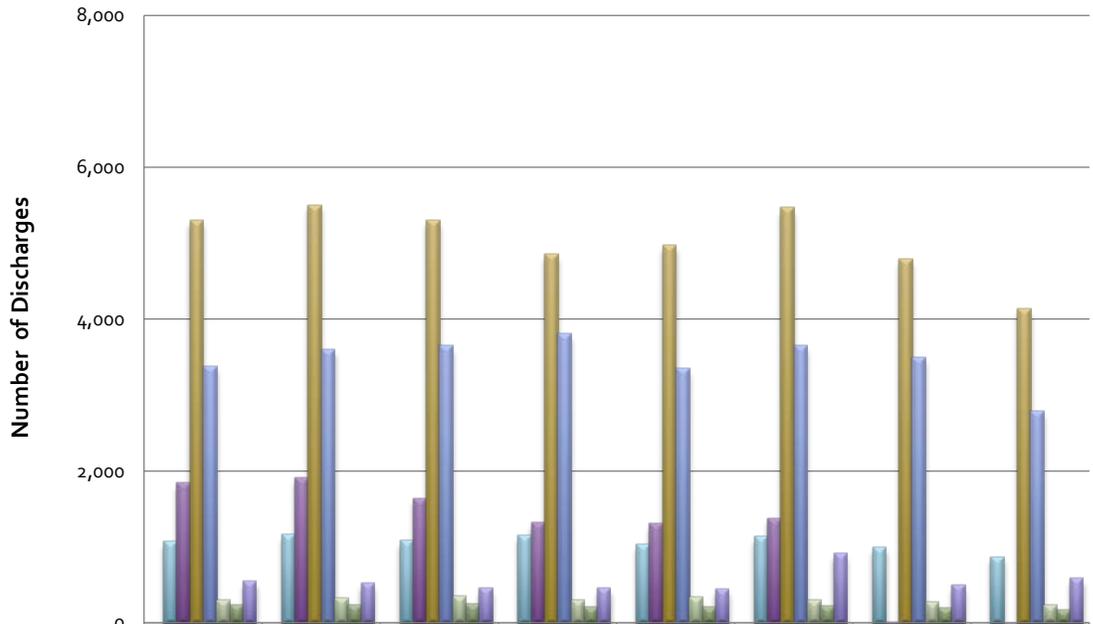
	Jan - Mar 2014	Apr - Jun 2014	Jul - Sep 2014	Oct-Dec 2014	Jan - Mar 2015	Apr - Jun 2015	Jul - Sep 2015	Oct-Dec 2015
Consumers Admitted to Detox	1,555	1,556	1,535	1,385	1,455	1,667	1,732	1,539
Consumers with Previous Detox	626	668	609	567	576	609	636	591
Consumers Admitted with Previous Detox Pct	40.3%	42.9%	39.7%	40.9%	39.6%	36.5%	36.7%	38.4%
0 Prior Detox Episodes	929	888	926	818	879	1058	1096	948
0 Prior Detox Episodes Pct	59.7%	57.1%	60.3%	59.1%	60.4%	63.5%	63.3%	61.6%
1 Prior Detox Episode	296	296	265	257	277	296	310	286
1 Prior Detox Episode Pct	19.0%	19.0%	17.3%	18.6%	19.0%	17.8%	17.9%	18.6%
2 Prior Detox Episodes	136	165	133	132	120	143	139	130
2 Prior Detox Episodes Pct	8.7%	10.6%	8.7%	9.5%	8.2%	8.6%	8.0%	8.4%
3 - 5 Prior Detox Episodes	128	136	148	128	126	126	147	132
3 - 5 Prior Detox Episodes Pct	8.2%	8.7%	9.6%	9.2%	8.7%	7.6%	8.5%	8.6%
6 + Prior Detox Episodes	66	71	63	50	53	44	40	43
6 + Prior Detox Episodes Pct	4.2%	4.6%	4.1%	3.6%	3.6%	2.6%	2.3%	2.8%

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.



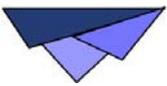
Substance Use Treatment Discharges



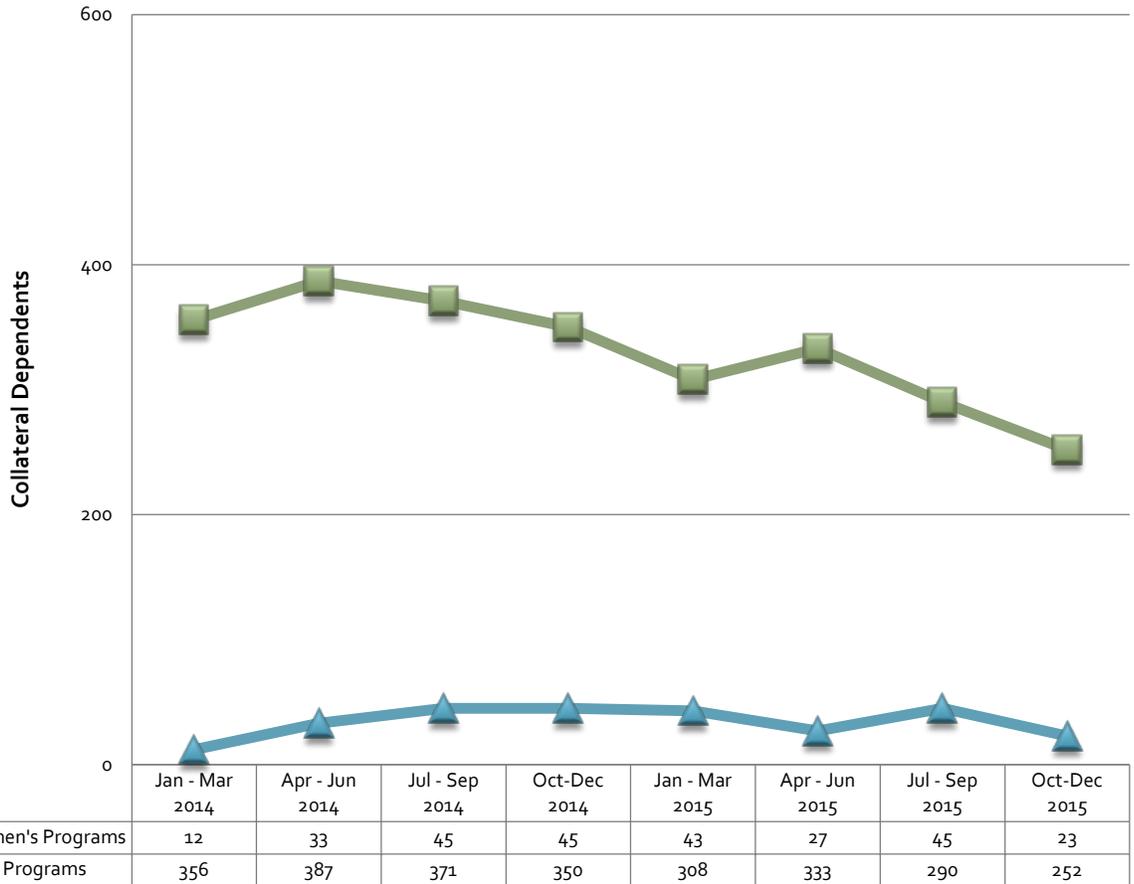
	Jan - Mar 2014	Apr - Jun 2014	Jul - Sep 2014	Oct-Dec 2014	Jan - Mar 2015	Apr - Jun 2015	Jul - Sep 2015	Oct-Dec 2015
Total Discharges	12,727	13,280	12,768	12,132	11,701	13,101	10,308	8,819
Agency Initiated	1,081	1,166	1,092	1,160	1,040	1,141	1,007	876
Auto Discharges	1,849	1,910	1,640	1,333	1,314	1,385	12	1
Completed Treatment	5,307	5,506	5,306	4,855	4,975	5,468	4,799	4,143
Consumer Initiated	3,384	3,596	3,660	3,808	3,359	3,656	3,497	2,786
Law Enforcement Initiated	304	337	354	302	344	301	282	241
Other Discharges	245	243	259	217	218	227	206	178
Transferred	557	522	457	457	451	923	505	594

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 41-48 % of consumers complete treatment. Consumer dropped out of treatment is the most common reason for non-completion.

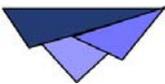


Collateral Dependents Served



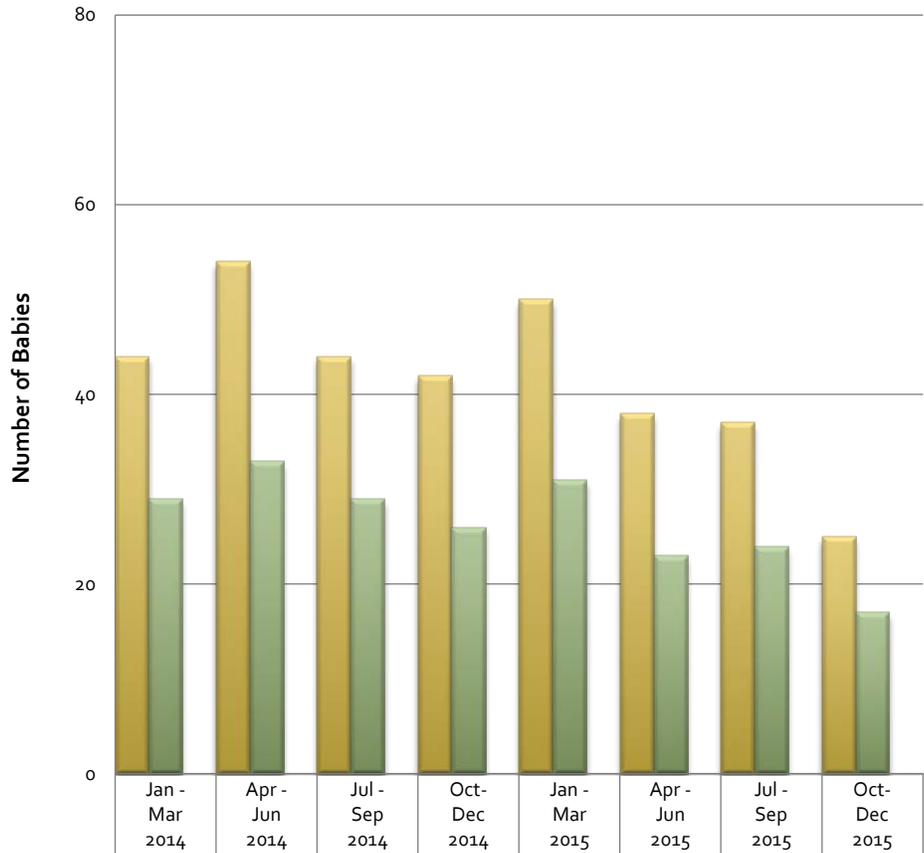
NOTE: A collateral dependent has no alcohol or drug abuse problem but is seeking services because of problems arising from his or her relationship with an alcohol or drug user who is engaged in treatment.

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

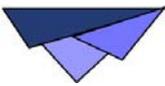
During 2013, there were 658 newborns affected by illicit drugs that were reported to the Missouri Department of Health and Senior Services. However, this number is under-reported due to lack of standards for reporting. (Data Source: Missouri Department of Health and Senior Services)



■ Babies Born (TEDS Data)	44	54	44	42	50	38	37	25
■ Drug Free Babies Born (TEDS Data)	29	33	29	26	31	23	24	17
% Born Drug Free	65.9%	61.1%	65.9%	61.9%	62.0%	60.5%	64.9%	68.0%

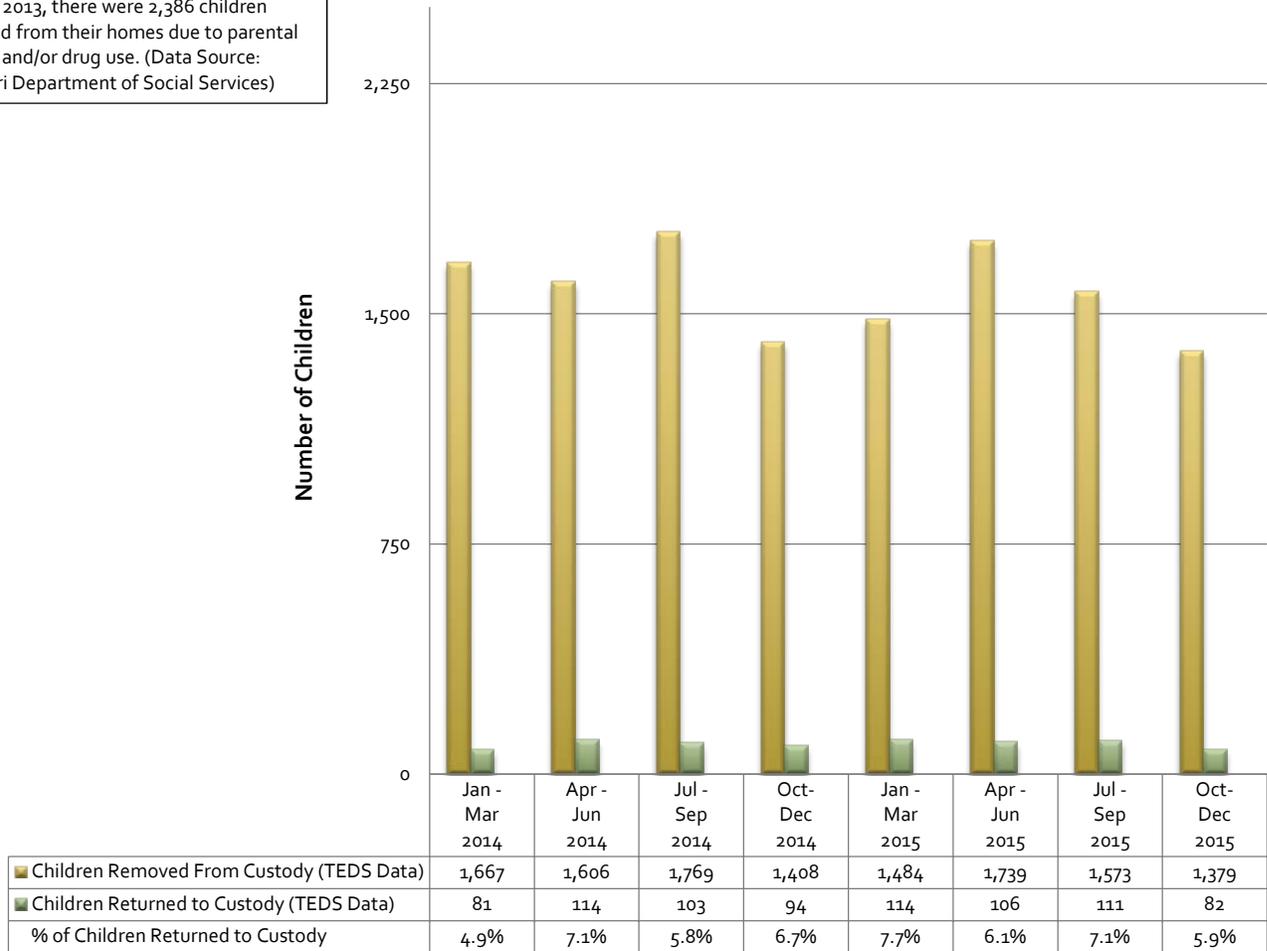
NOTE: In May 2010, TEDS data collection pages in CIMOR were upgraded to collect the number of babies born drug free during treatment for all female consumers in treatment and is collected when the program is closed. Due to this change, the data from previous reports are not comparable.

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



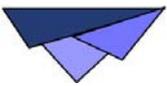
Children Returned to Custody

During 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)

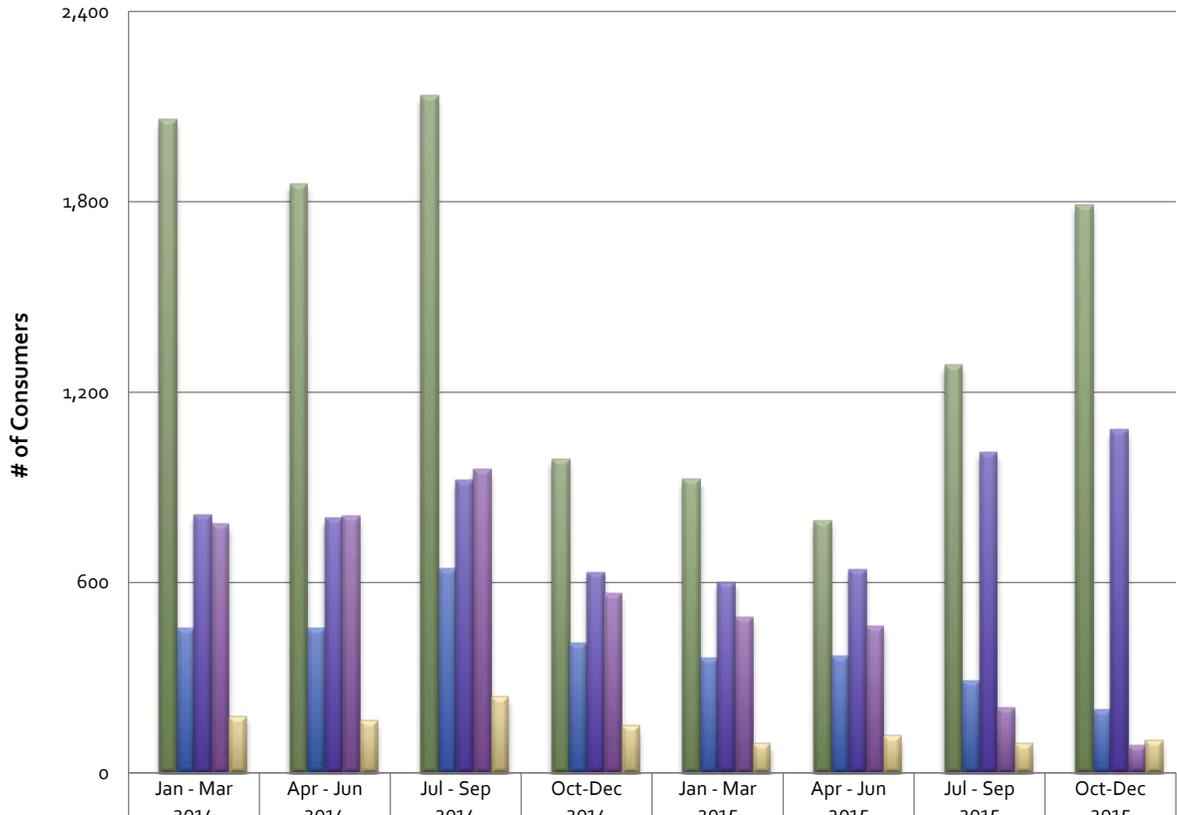


NOTE: In May 2010, TEDS data collection pages in CIMOR were upgraded to collect the number of children returned to custody for all consumers in treatment and is collected when the program is closed.

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.



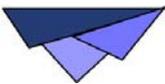
Consumers Receiving Recovery Supports



	Jan - Mar 2014	Apr - Jun 2014	Jul - Sep 2014	Oct-Dec 2014	Jan - Mar 2015	Apr - Jun 2015	Jul - Sep 2015	Oct-Dec 2015
Unduplicated Number Served	2,534	2,302	2,493	1,627	1,540	1,389	1,412	1,953
Coordination Services	2,060	1,856	2,135	990	928	794	1,288	1,792
Housing	456	456	646	409	363	370	290	200
Recovery Services	815	804	924	632	601	640	1,010	1,084
Spiritual Services	784	809	957	565	490	464	208	88
Transportation	180	165	242	148	94	118	94	104

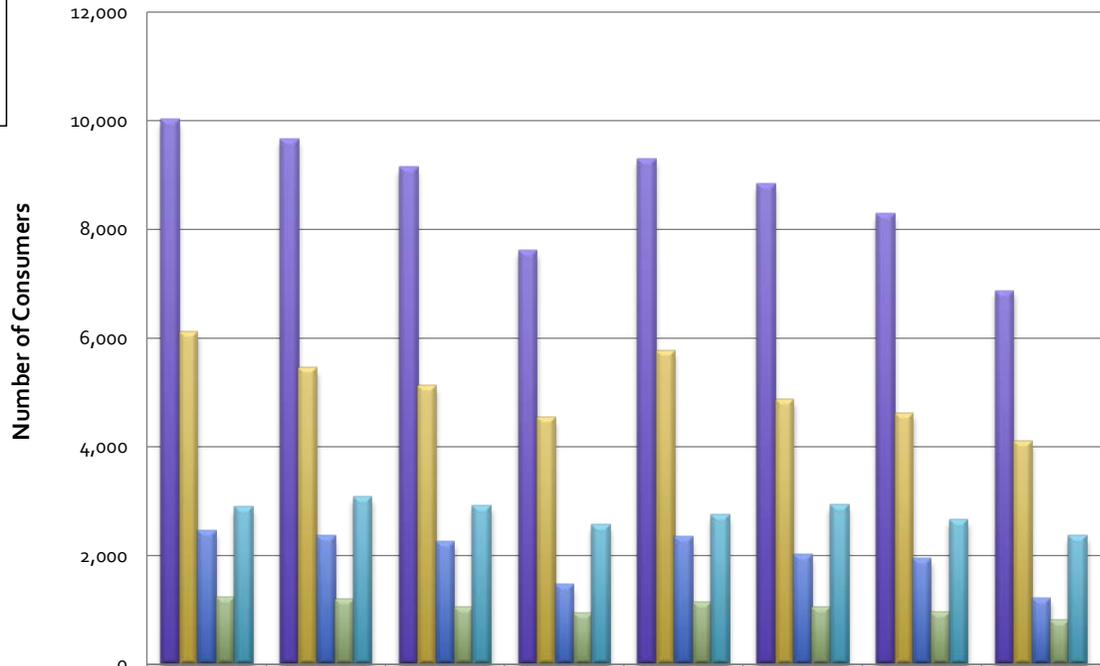
NOTE: Recovery supports are a collection of non clinical services that support recovery from alcohol and drug addiction. The ATR program is limited to 7 counties in West Central Missouri, 7 counties in Southwest Missouri, and 7 counties in Southeast Missouri.

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

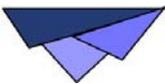
The annual number of DWI arrests have been trending downward: 35,543 in 2009 to 28,550 in 2013. Data Source: Missouri Department of Public Safety.



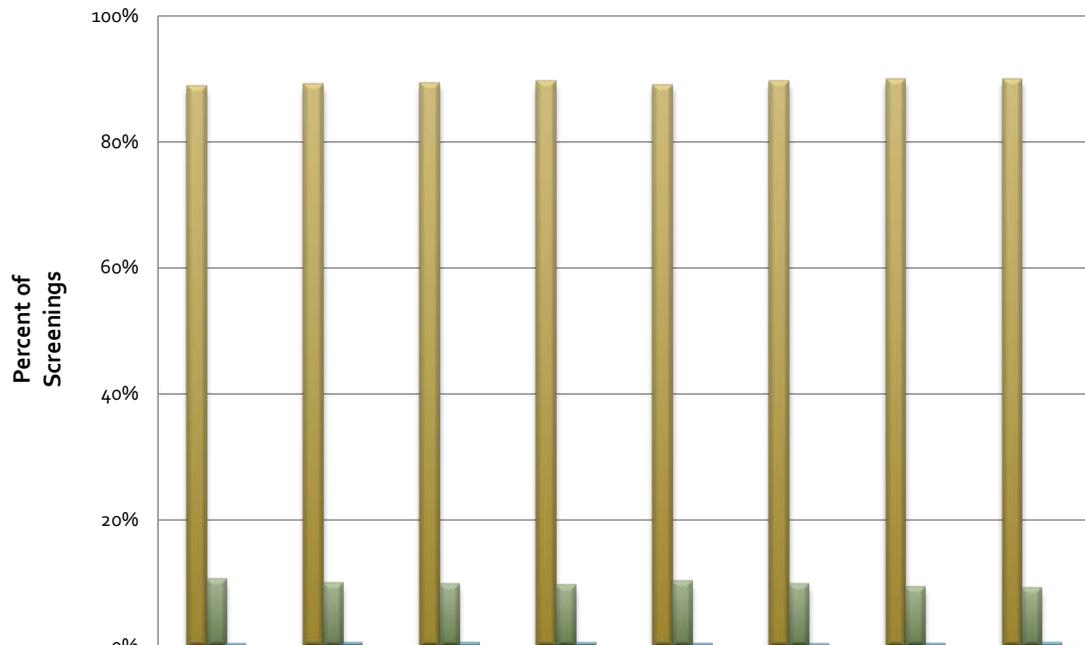
	Jan - Mar 2014	Apr - Jun 2014	Jul - Sep 2014	Oct-Dec 2014	Jan - Mar 2015	Apr - Jun 2015	Jul - Sep 2015	Oct-Dec 2015
■ Unduplicated Number of SATOP Consumers	10,025	9,676	9,148	7,621	9,307	8,851	8,290	6,879
■ SATOP Screened	6,128	5,456	5,126	4,543	5,772	4,886	4,631	4,118
■ Education Pgm	2,473	2,368	2,258	1,483	2,349	2,024	1,959	1,215
■ Weekend Intervention Pgm	1,237	1,197	1,051	946	1,142	1,067	958	820
■ Clinical Treatment Pgm	2,906	3,085	2,924	2,565	2,760	2,950	2,669	2,375

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).



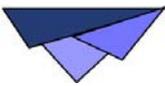
Substance Abuse Traffic Offenders Program (SATOP) Consumers Screened - Range of Previous SATOP Screenings Within Past 5 Years



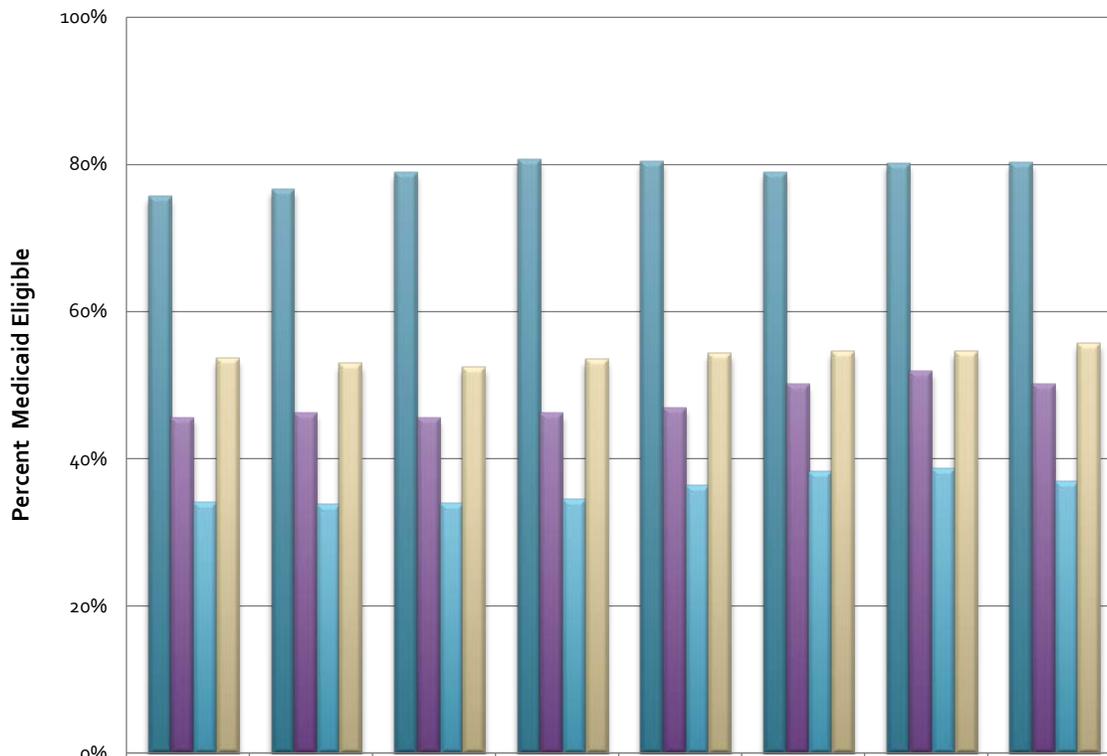
	Jan - Mar 2014	Apr - Jun 2014	Jul - Sep 2014	Oct-Dec 2014	Jan - Mar 2015	Apr - Jun 2015	Jul - Sep 2015	Oct-Dec 2015
SATOP Screened or Assigned to Comparable Pgm	6,944	6,215	5,923	5,235	6,547	5,647	5,367	4,675
0 Prior Screening	6,172	5,547	5,295	4,696	5,835	5,068	4,832	4,207
0 Prior Screening Pct	88.9%	89.3%	89.4%	89.7%	89.1%	89.7%	90.0%	90.0%
1 Prior Screening	738	630	586	508	676	556	504	434
1 Prior Screening Pct	10.6%	10.1%	9.9%	9.7%	10.3%	9.8%	9.4%	9.3%
2 Prior Screenings	32	35	39	28	34	22	28	31
2 Prior Screenings Pct	0.5%	0.6%	0.7%	0.5%	0.5%	0.4%	0.5%	0.7%
3+ Prior Screenings	2	3	3	3	2	1	3	3
3+ Prior Screenings Pct	0.0%	0.0%	0.1%	0.1%	0.0%	0.0%	0.1%	0.1%

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.



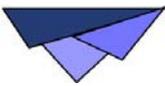
Medicaid Eligibility for Individuals Served in CSTAR Programs



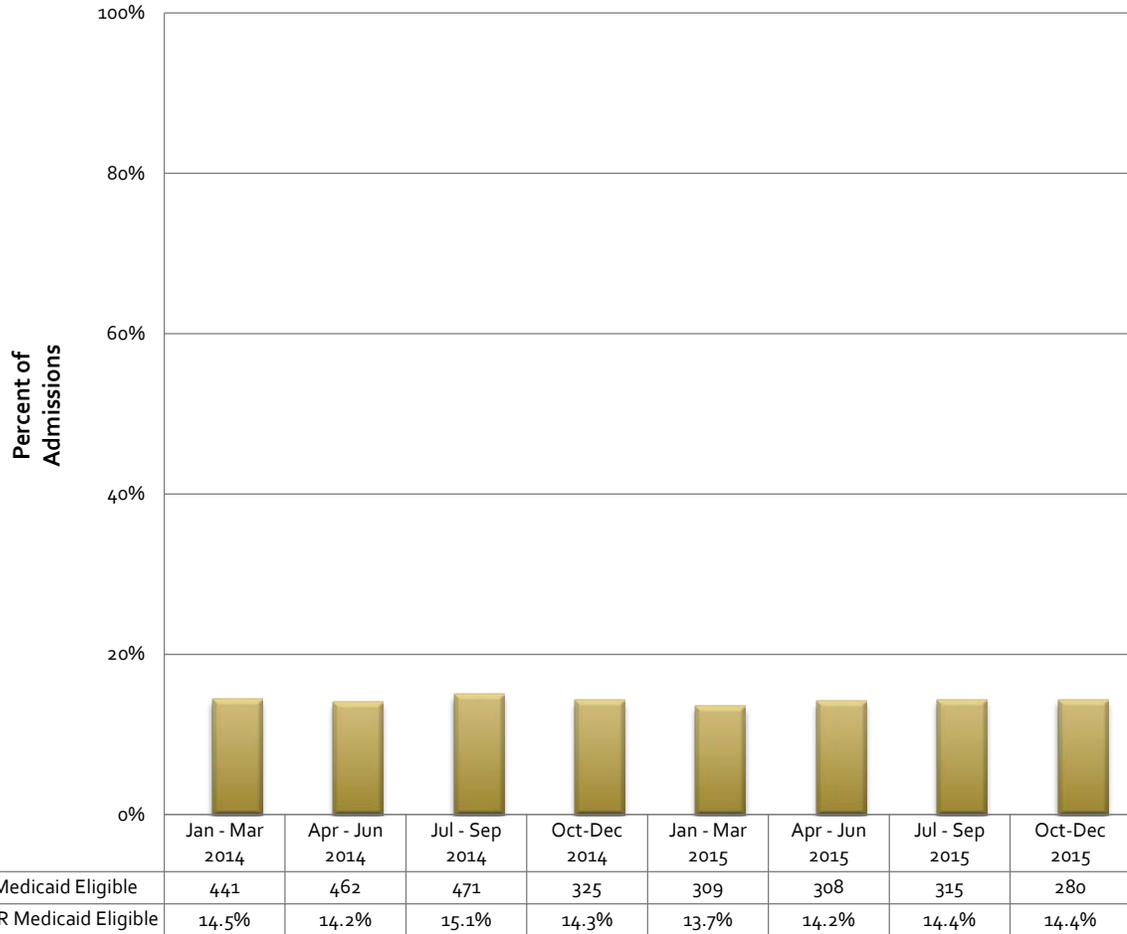
	Jan - Mar 2014	Apr - Jun 2014	Jul - Sep 2014	Oct-Dec 2014	Jan - Mar 2015	Apr - Jun 2015	Jul - Sep 2015	Oct-Dec 2015
CSTAR Adolescent Medicaid Eligible	925	921	896	937	1,007	979	865	832
% CSTAR Adolescent Medicaid Eligible	75.7%	76.8%	79.0%	80.7%	80.4%	79.0%	80.2%	80.3%
CSTAR W&C Medicaid Eligible	1,033	1,048	1,076	1,079	1,087	1,229	1,294	1,179
% CSTAR W&C Medicaid Eligible	45.7%	46.3%	45.7%	46.3%	47.0%	50.2%	52.0%	50.2%
CSTAR Gen Adult Medicaid Eligible	3,275	3,228	3,265	3,441	3,621	3,742	3,603	3,335
% CSTAR Gen Adult Medicaid Eligible	34.2%	33.9%	34.0%	34.6%	36.4%	38.3%	38.8%	37.0%
Opioid Medicaid Eligible	736	724	709	709	733	760	738	746
% Opioid Medicaid Eligible	53.8%	53.0%	52.5%	53.6%	54.4%	54.7%	54.7%	55.7%

NOTE: CSTAR Detox is excluded.

Significance: Medicaid-eligible consumers comprise between 38 - 80% of the CSTAR consumer populations. The proportion is higher in the Adolescent program and lower in the General Adult program.

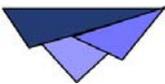


Medicaid Eligibility for Individuals Served in Non-CSTAR Substance Use Programs

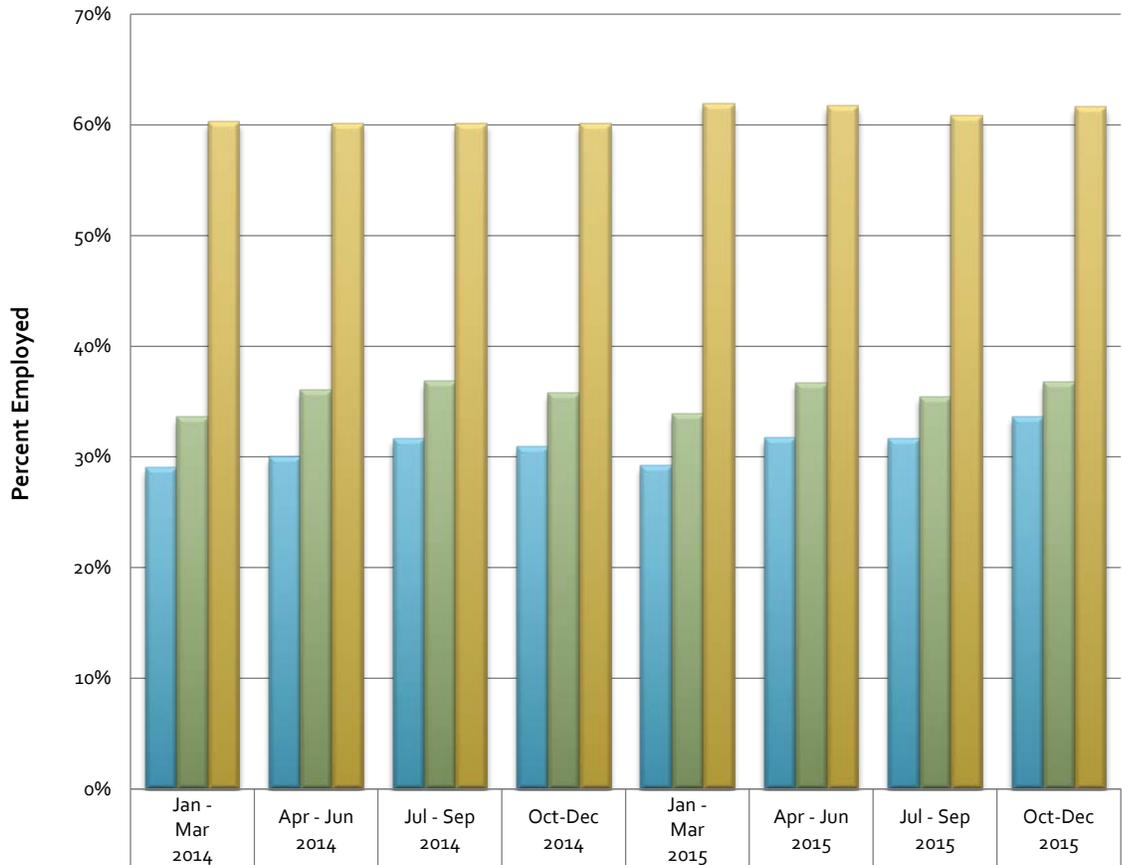


NOTE: Non-CSTAR programs include Primary Recovery Plus, Enhanced Primary Recovery Plus, Corrections Primary Recovery Plus, DOC Free & Clean Plus, DOC Partnership for Community Restoration, Clinical Intervention Program (Adult and Youth), Serious & Repeat Offender Program and General Treatment.

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.



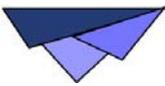
Employment of Adult Population in Substance Use Treatment



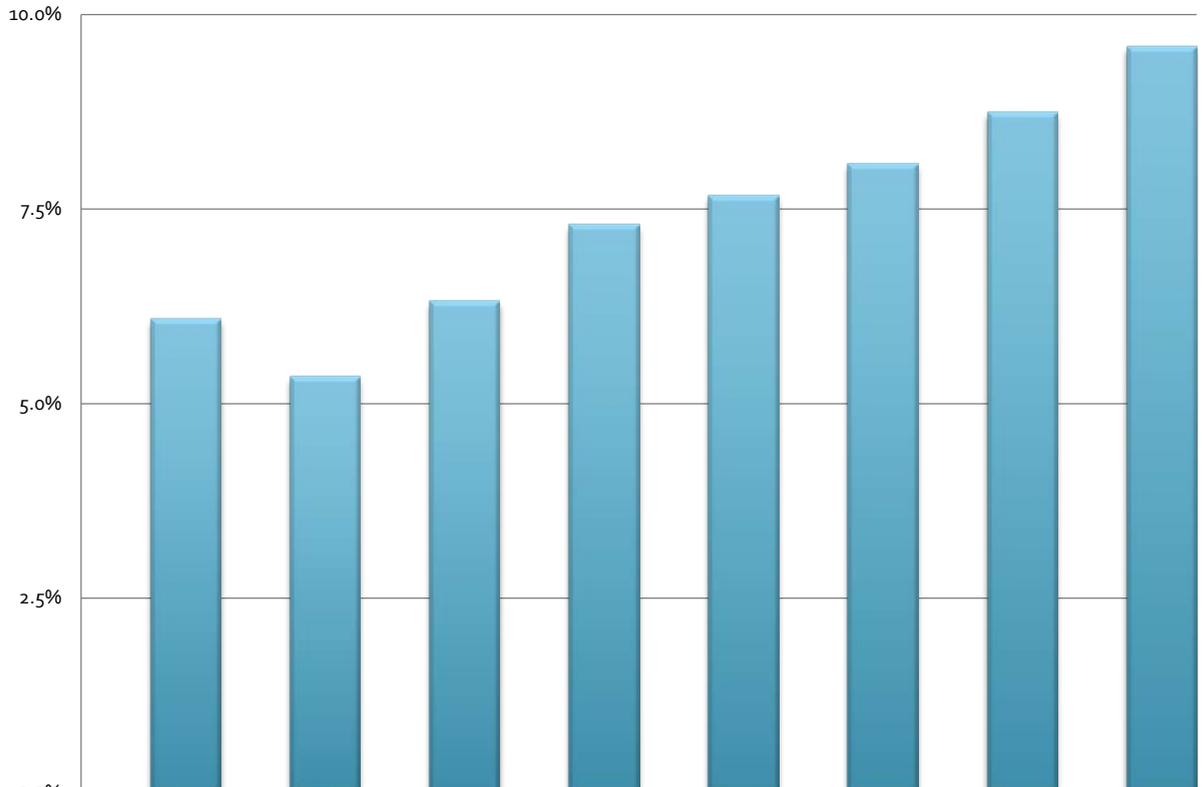
■ Admission Employment of ADA Adult Population	29.09%	30.01%	31.64%	30.93%	29.22%	31.72%	31.68%	33.63%
■ Discharge Employment of ADA Adult Population	33.66%	36.03%	36.87%	35.79%	33.92%	36.72%	35.48%	36.78%
■ Employment of MO Adult Population	60.30%	60.17%	60.14%	60.10%	61.97%	61.77%	60.83%	61.70%

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.



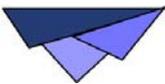
Consumers Receiving Medication Therapy



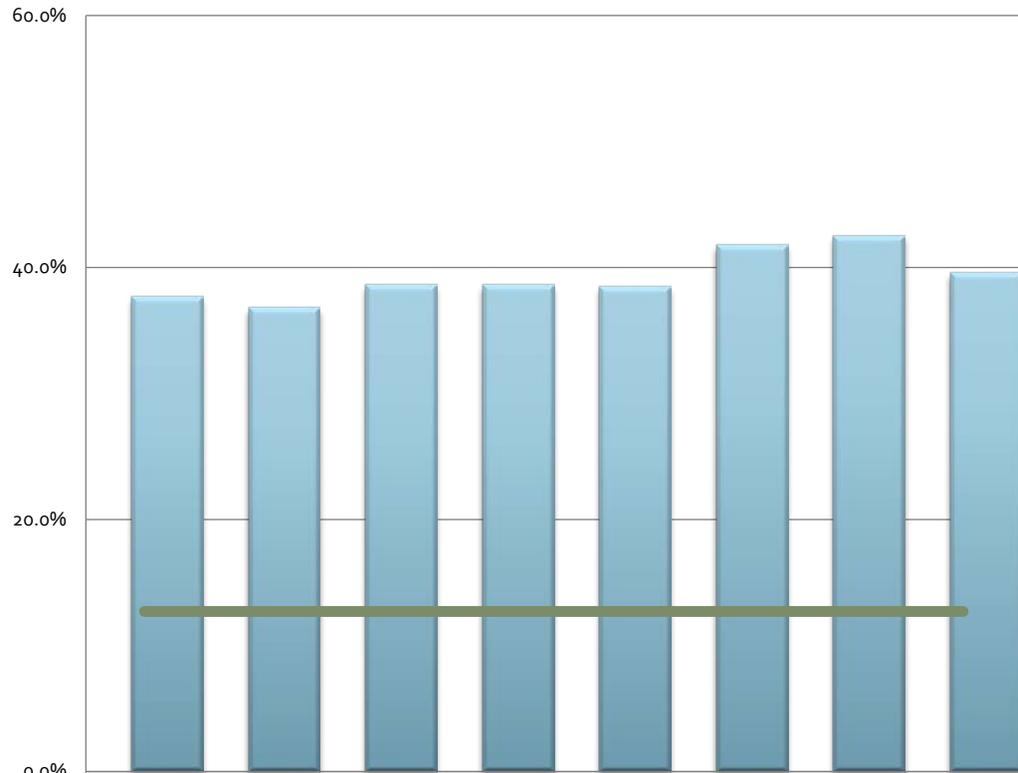
	Jan - Mar 2014	Apr - Jun 2014	Jul - Sep 2014	Oct-Dec 2014	Jan - Mar 2015	Apr - Jun 2015	Jul - Sep 2015	Oct-Dec 2015
# Adult Opioid/Alcohol-Addicted Consumers	13,889	14,131	13,972	13,410	13,587	13,683	13,182	12,257
# Consumers Receiving Medication Therapy	846	756	884	980	1,044	1,106	1,153	1,176
% Consumers Receiving Medication Therapy	6.1%	5.3%	6.3%	7.3%	7.7%	8.1%	8.7%	9.6%

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.



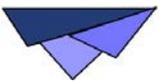
Transition from Detox to Treatment



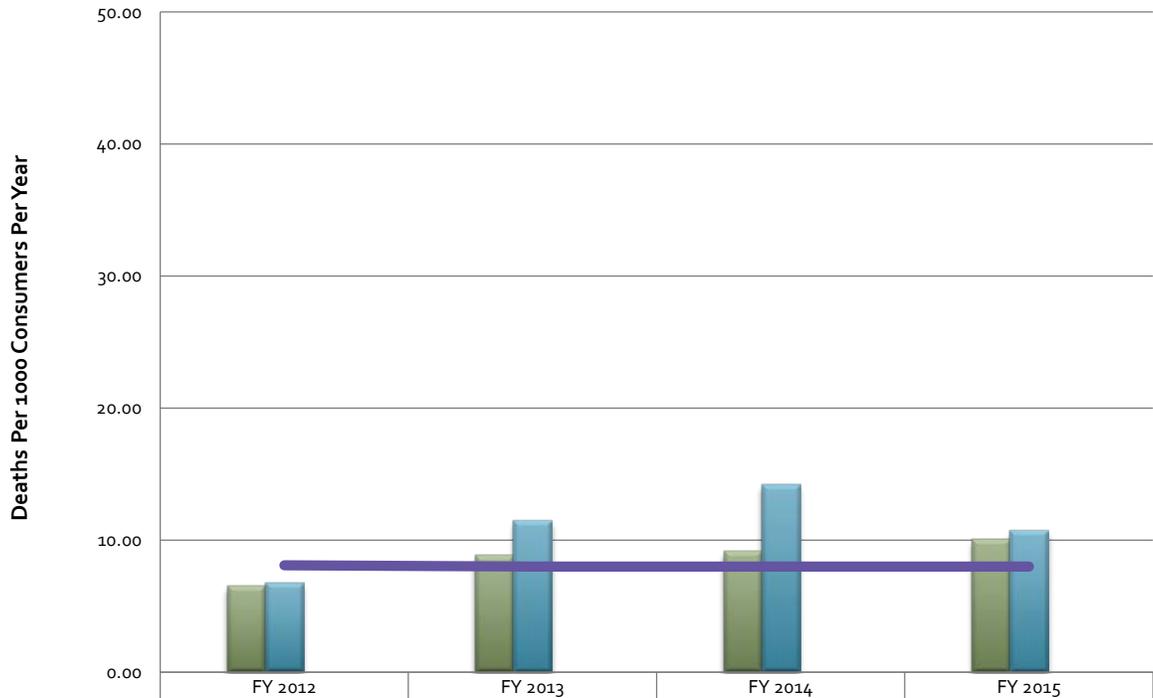
	Jan - Mar 2014	Apr - Jun 2014	Jul - Sep 2014	Oct-Dec 2014	Jan - Mar 2015	Apr - Jun 2015	Jul - Sep 2015	Oct-Dec 2015
# of Detox Discharges	1,638	1,650	1,661	1,483	1,580	1,788	1,811	1,642
# Transitioning from Detox to Tx	618	608	642	573	609	748	771	651
% Transitioning from Detox to Tx	37.7%	36.8%	38.7%	38.6%	38.5%	41.8%	42.6%	39.6%
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.



Substance Use Treatment Consumer Mortality Rates



	FY 2012	FY 2013	FY 2014	FY 2015
Community Deaths	105	142	144	151
Mortality Rate	6.58	8.87	9.18	10.11
Age Adjusted Mortality Rate	6.81	11.53	14.24	10.81
# Consumers	58,886	58,122	56,411	52,597
MO Vital Statistics Crude Mortality/1000	9.3	9.3	9.5	9.6
MO Vital Statistics Age Adj Mortality/1000	8.1	8.0	8.0	8.0
Average Age At Death	40	42.6	42.9	

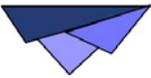
NOTE: Chart includes all substance use treatment consumers (residential and community primary consumers, compulsive gambling, collateral dependents, SATOP – except educational programs and screenings).

Significance: Substance use treatment consumers have a crude mortality rate that is comparable to Missouri community mortality rate of 9.5 deaths per 1000 Missouri residents (Missouri Department of Health and Senior Services, Bureau of Vital Statistics, 2014). Age-adjusted rate, however, tends to be higher for substance use treatment consumers presumably due to their substance use. Average age of consumers served is 34 years. Average age for consumers who die while in treatment is 42 years.

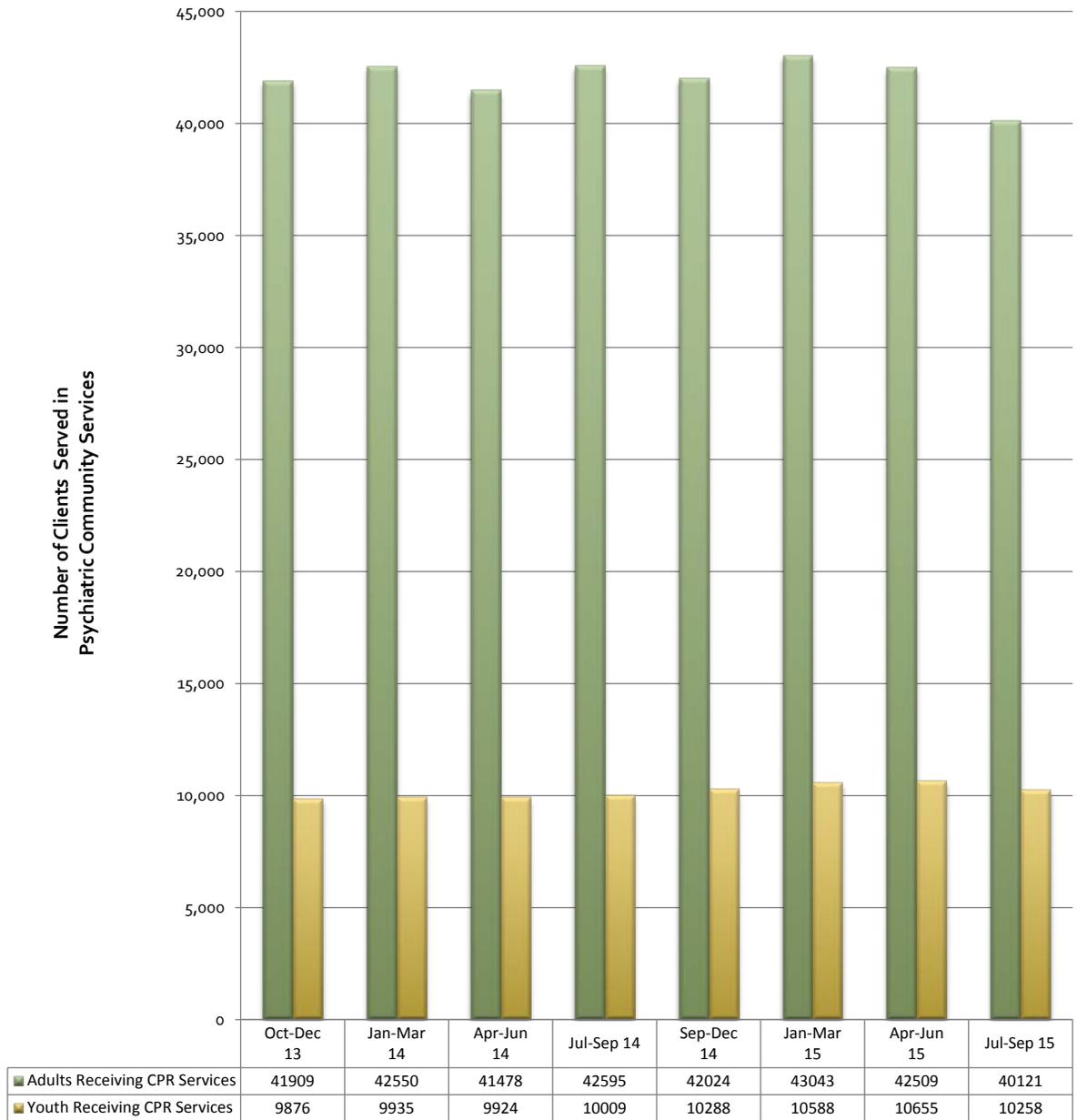


Division of Behavioral Health

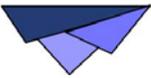
Comprehensive Psychiatric
Services



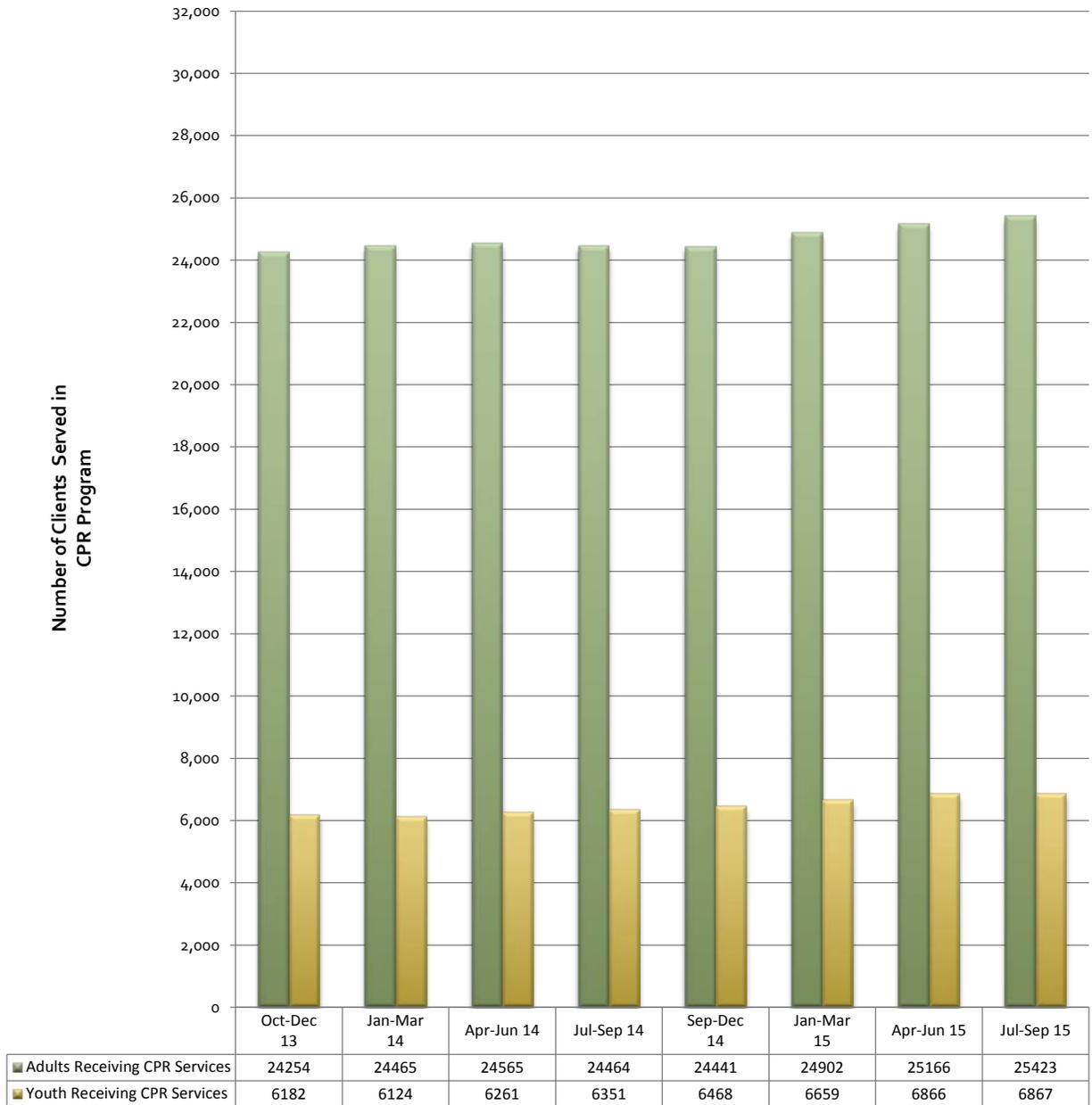
Clients Receiving Psychiatric Community Services



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.



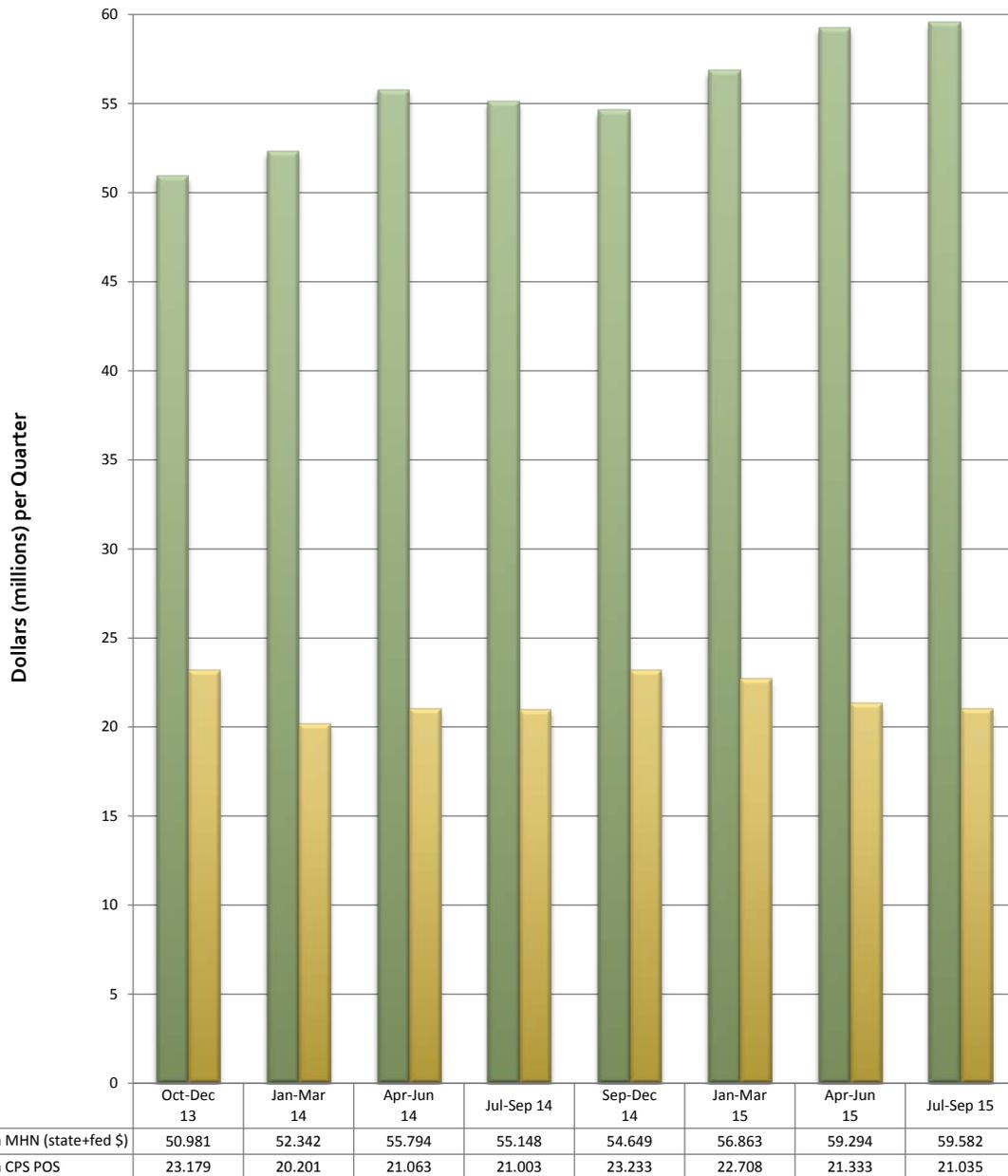
Clients in the Community Psychiatric Rehabilitation Program



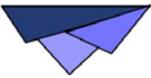
SIGNIFICANCE: The most recent quarter will always be undercounted due to lagging claims and therefore is not displayed. Adult and Youth CPR enrollment has somewhat stabilized after several years of steady growth, but Youth CPR was showing very gradual increases in the previous four quarters.



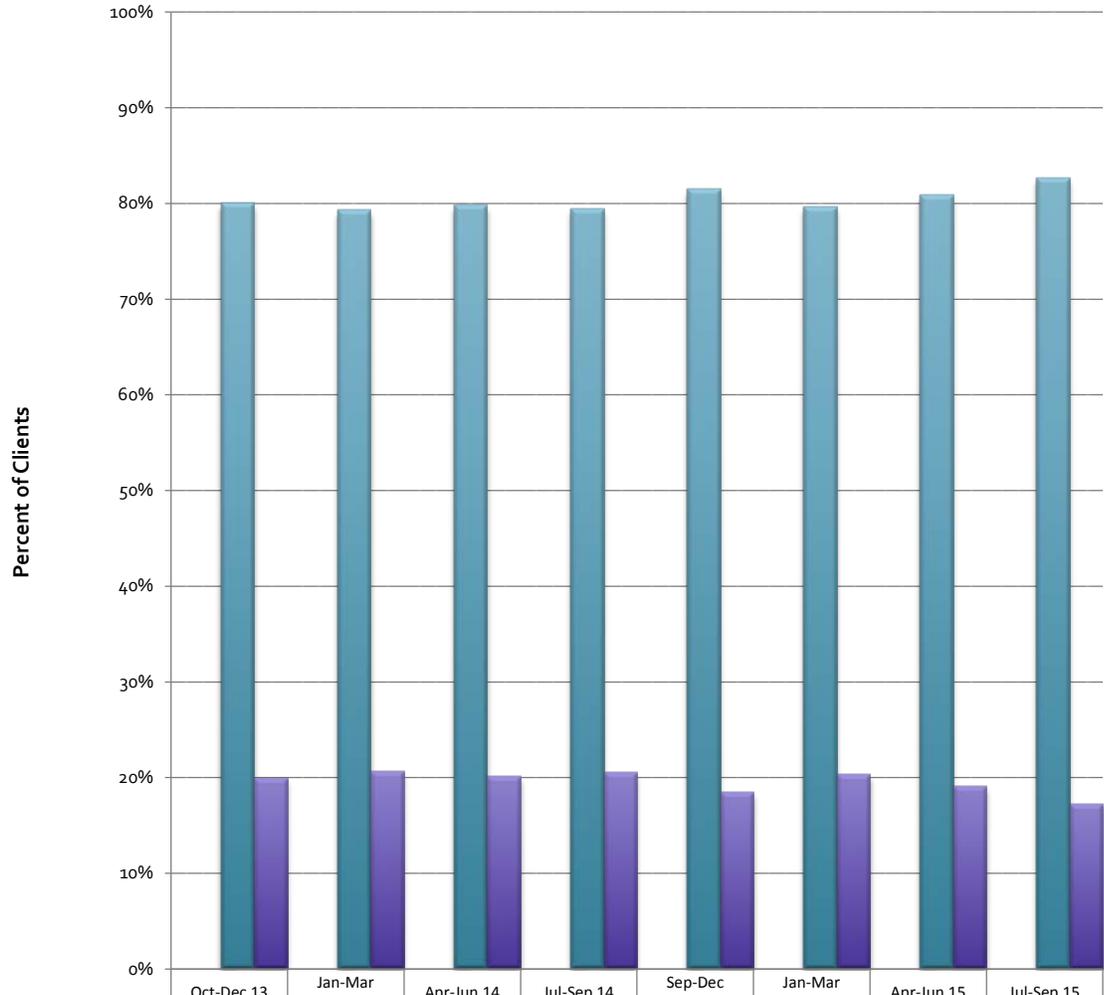
Funding Sources for Psychiatric Services Community Clients



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

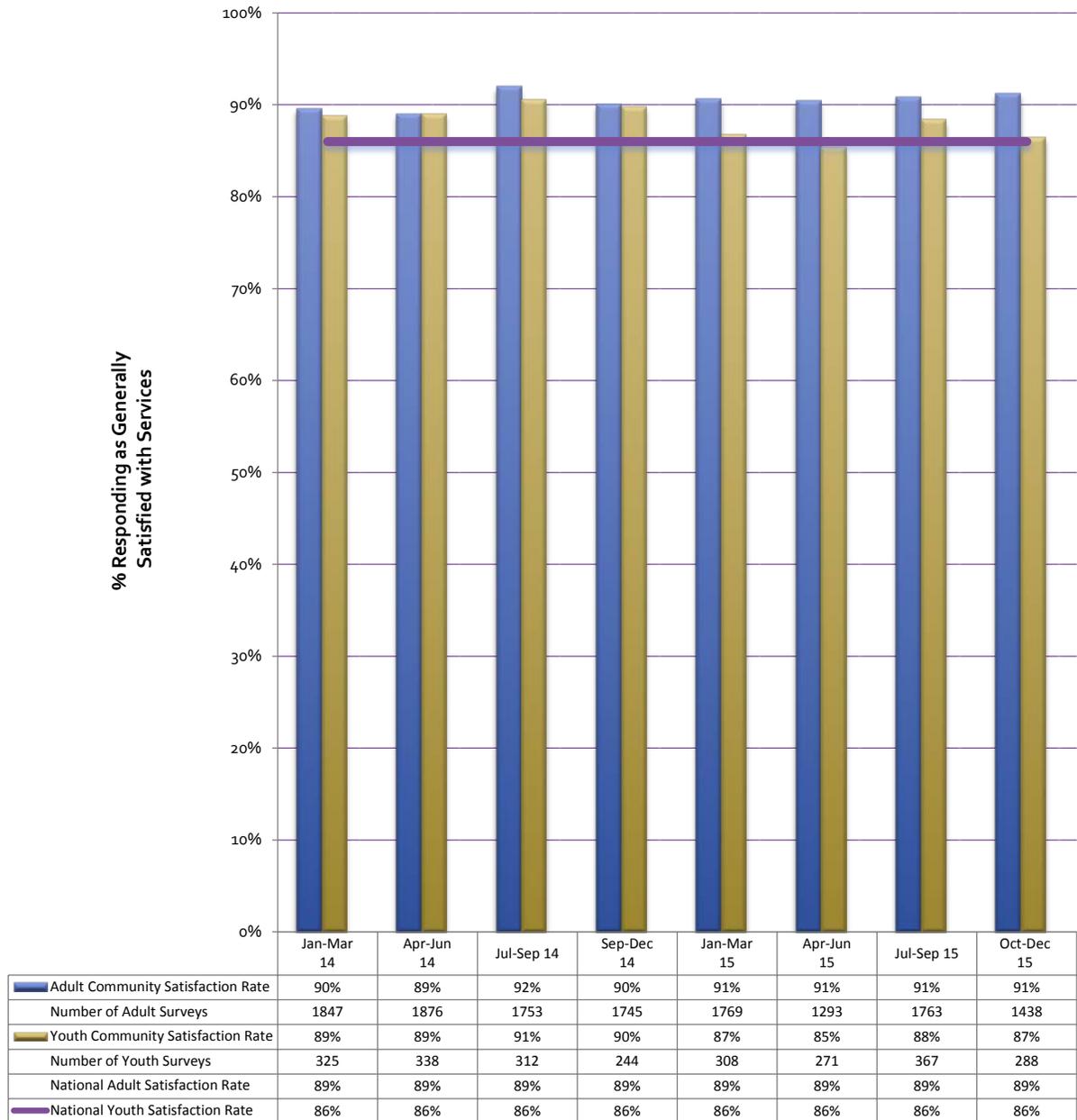


	Oct-Dec 13	Jan-Mar 14	Apr-Jun 14	Jul-Sep 14	Sep-Dec 14	Jan-Mar 15	Apr-Jun 15	Jul-Sep 15
CPS Facility Client Count	1330	1336	1337	1317	1331	1318	1334	1346
CPS Community Client Count	51785	52485	51402	52604	52312	53631	53164	50379
M.E. Clients -- All CPS Community	41449	41635	41041	41806	41712	42727	42996	41666
% M.E. -- All CPS Community	80.0%	79.3%	79.8%	79.5%	81.5%	79.7%	80.9%	82.7%
Not M.E. Clients -- All CPS Community	10336	10850	10361	10798	8065	10904	10168	8713
% Not M.E. -- All CPS Community	20.0%	20.7%	20.2%	20.5%	18.5%	20.3%	19.1%	17.3%

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

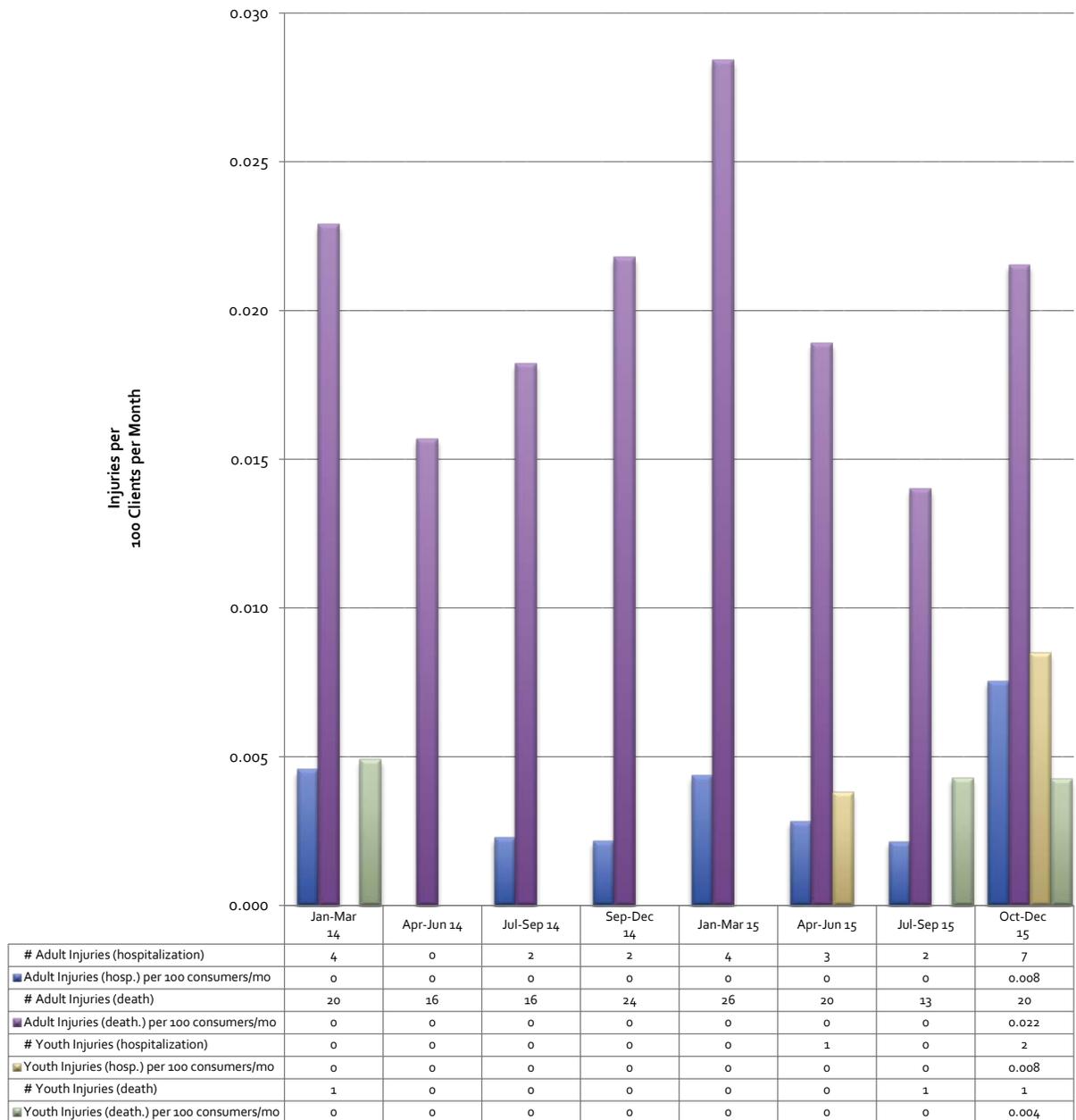


NOTE: Taken from the Adult and Youth Satisfaction Surveys using national standard MHSIP questions.

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.



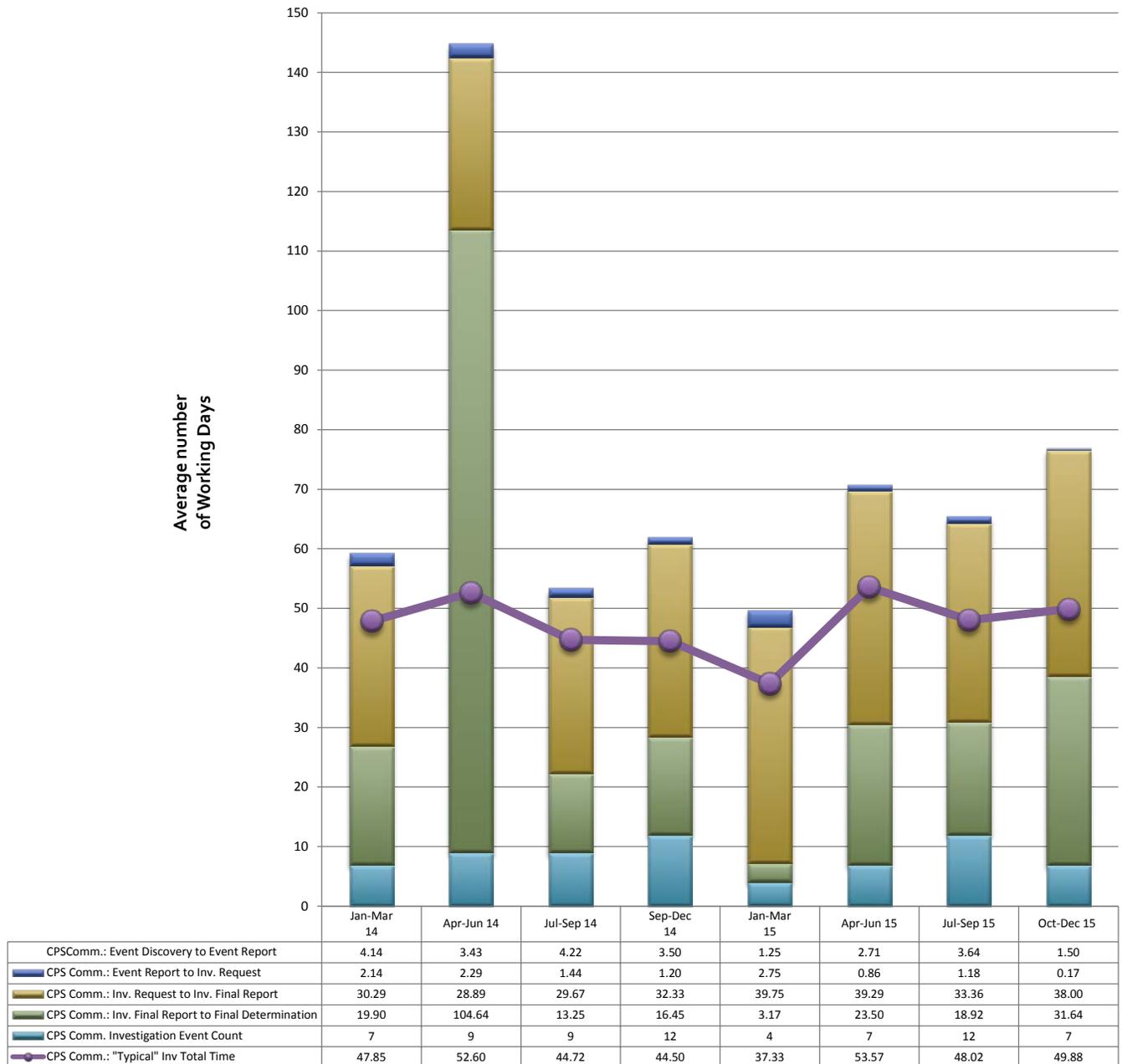
Community Client Injuries



SIGNIFICANCE: There is a very low rate of serious injury to clients receiving community services, but these are individually significant events. The 20 adult injuries that resulted in deaths reported in the October-December '15 quarter are further categorized as: 11 suicides, 1 homicides, 3 motor vehicle accidents, 2 accidental overdose, 3 other accidents. All such events had a death determination performed by service provider with no indications of need for abuse/neglect investigation.



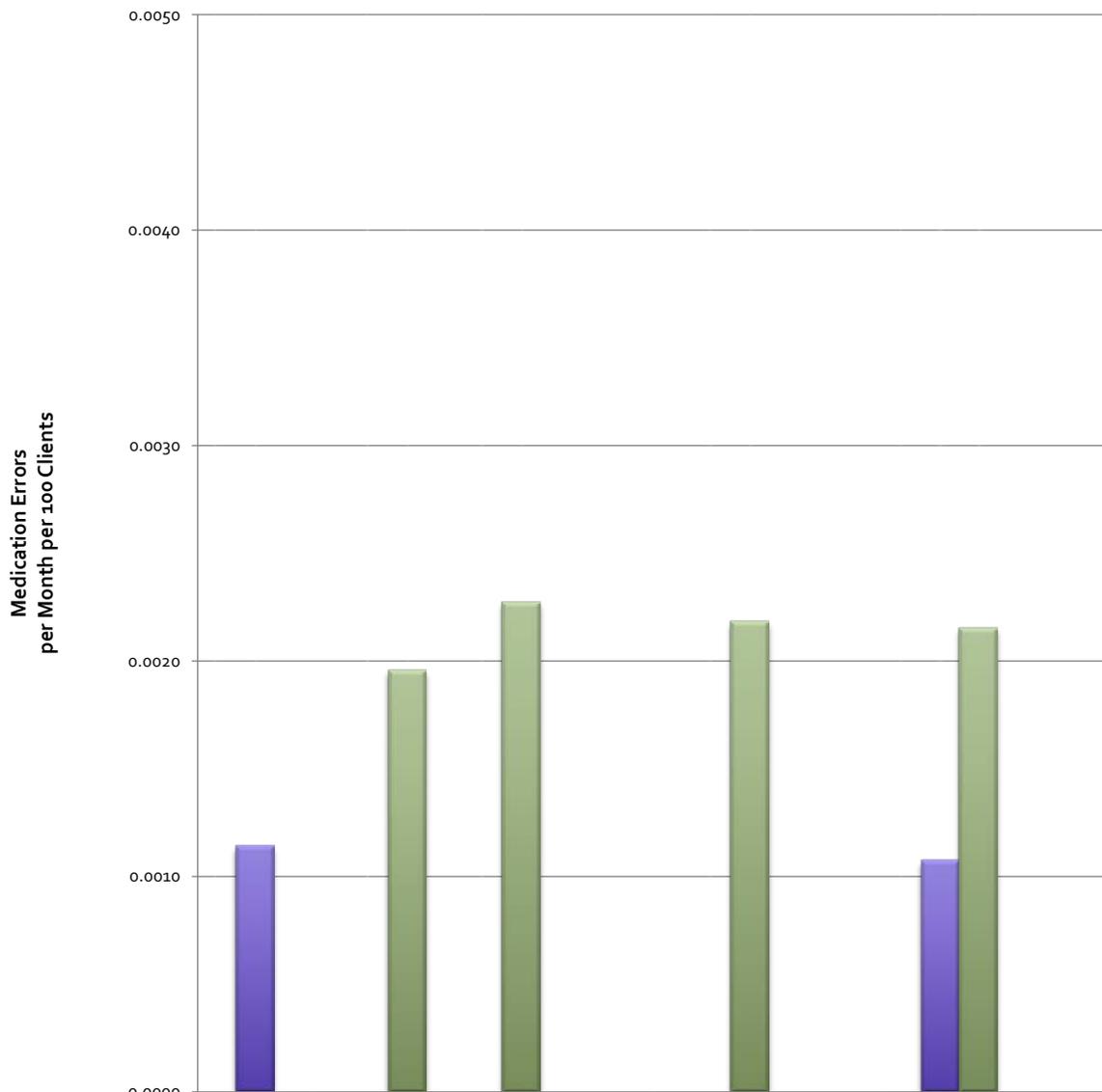
Duration of Investigation Process for Community Services



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

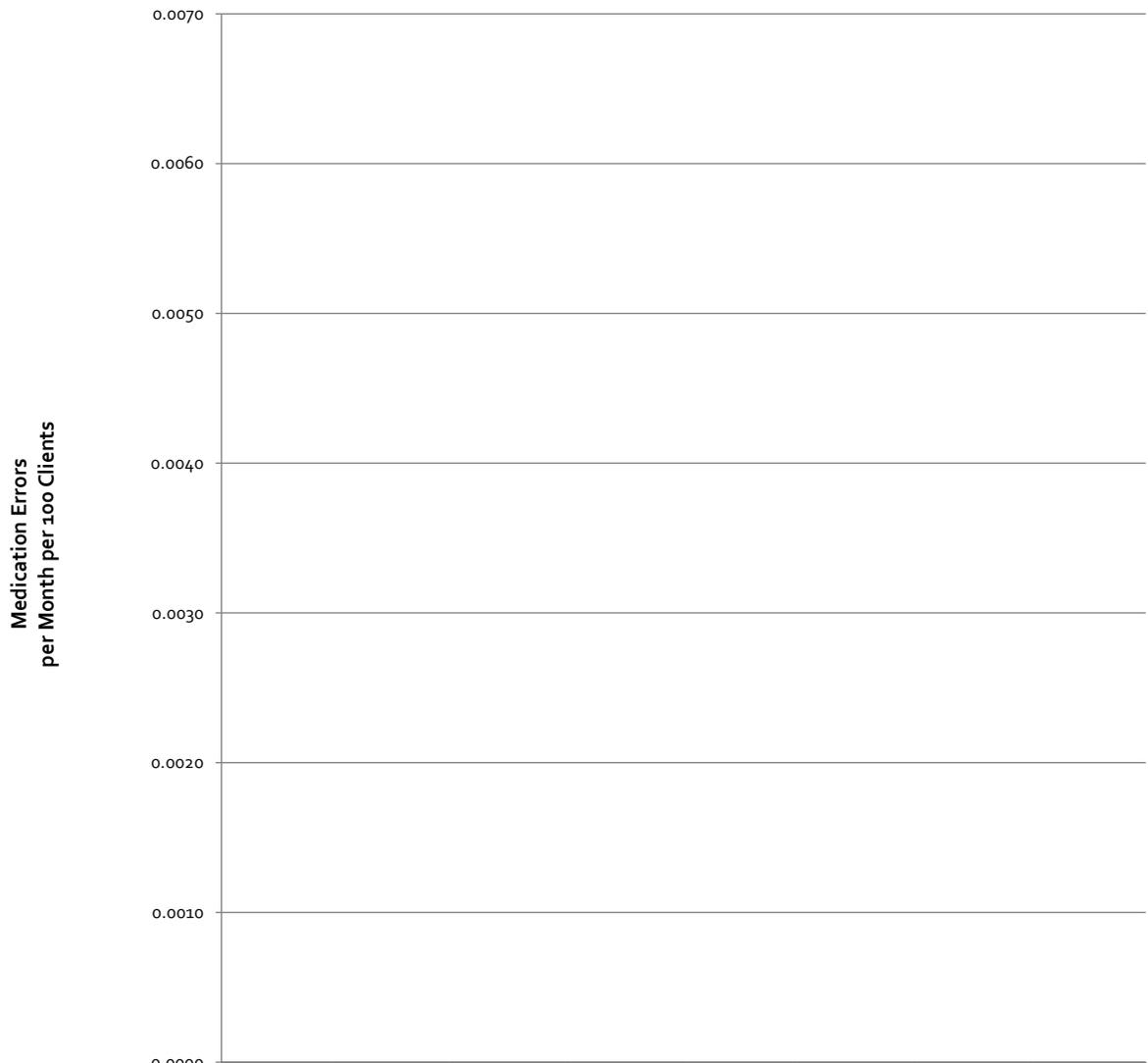


	Jan-Mar 14	Apr-Jun 14	Jul-Sep 14	Sep-Dec 14	Jan-Mar 15	Apr-Jun 15	Jul-Sep 15	Oct-Dec 15
# Adult Consumers/month	29112	33986	29269	30291	30501	35246	30913	30959
Adult "Serious" Med Errors	1	0	0	0	0	0	1	0
Adult "Serious" Med Errors per 100 consumers/mo	0.001	0.000	0.000	0.000	0.000	0.0%	0.1%	0.000
Adult "Moderate" Med Errors	0	2	2	0	2	0	2	0
Adult "Moderate" Med Errors per 100 consumers/mo	0.000	0.002	0.002	0.000	0.002	0.0%	0.2%	0.000

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

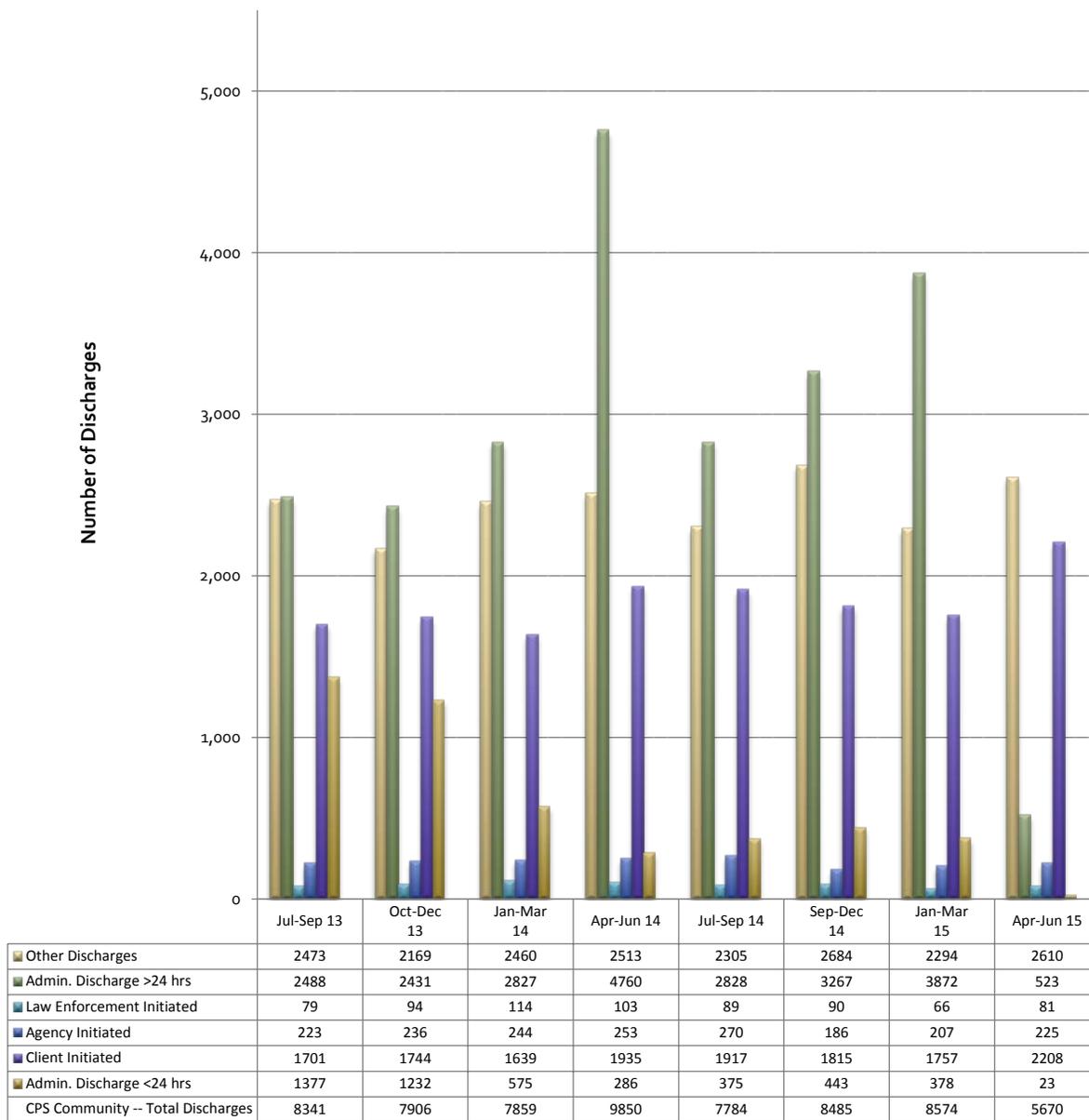


	Jan-Mar 14	Apr-Jun 14	Jul-Sep 14	Sep-Dec 14	Jan-Mar 15	Apr-Jun 15	Jul-Sep 15	Oct-Dec 15
# Youth Consumers/month	6764	7747	3782	7138	7352	8746	7749	7845
Youth "Moderate" Med Errors	0	0	0	0	0	0	0	0
Youth "Moderate" Med Errors per 100 consumers/mo	0.000	0.000	0.000	0.000	0.000	0.0%	0.0%	0.000
Youth "Serious" 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	0.0%	0.0%	0.000

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.



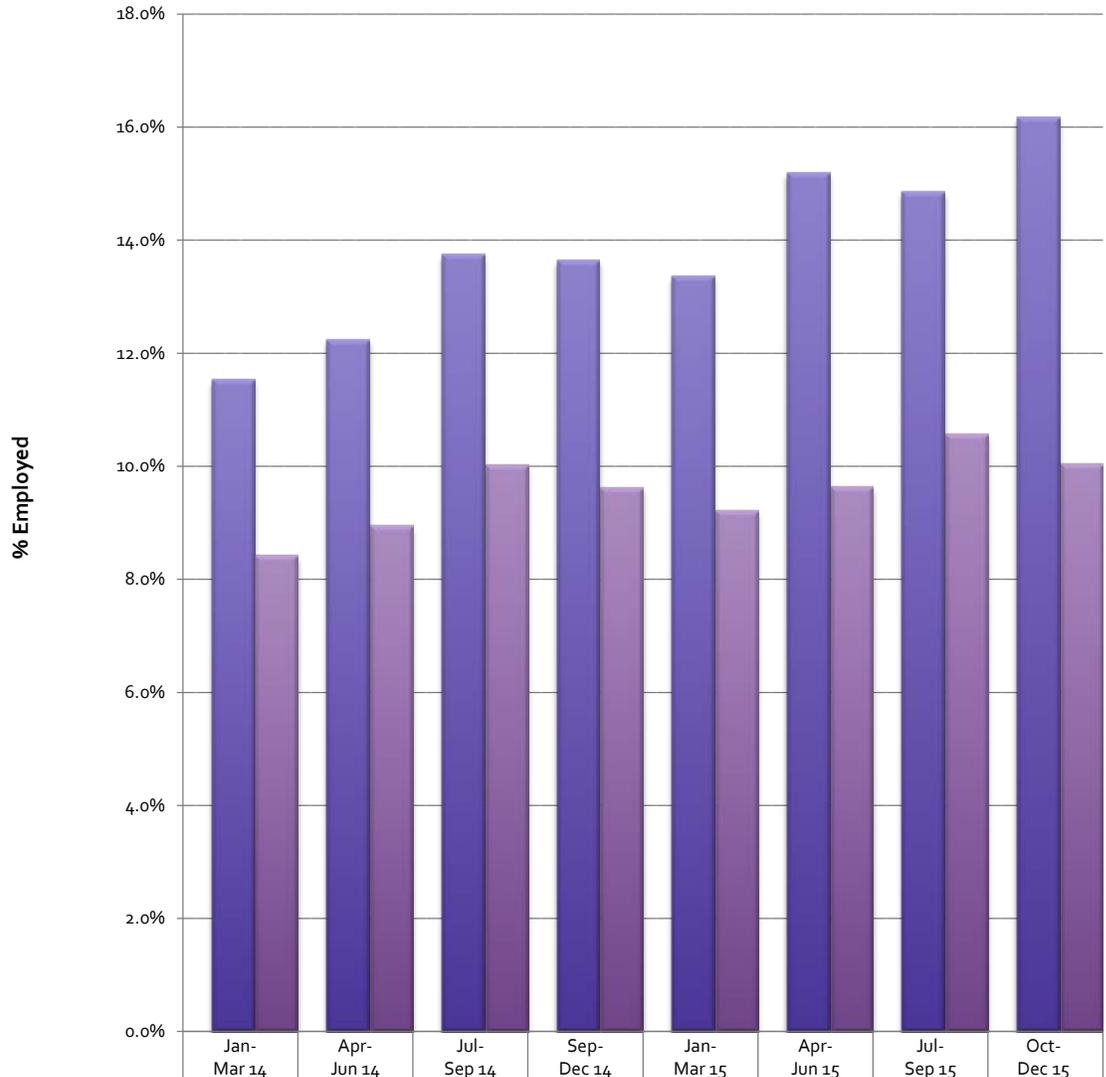
Community Psychiatric Service Discharges



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

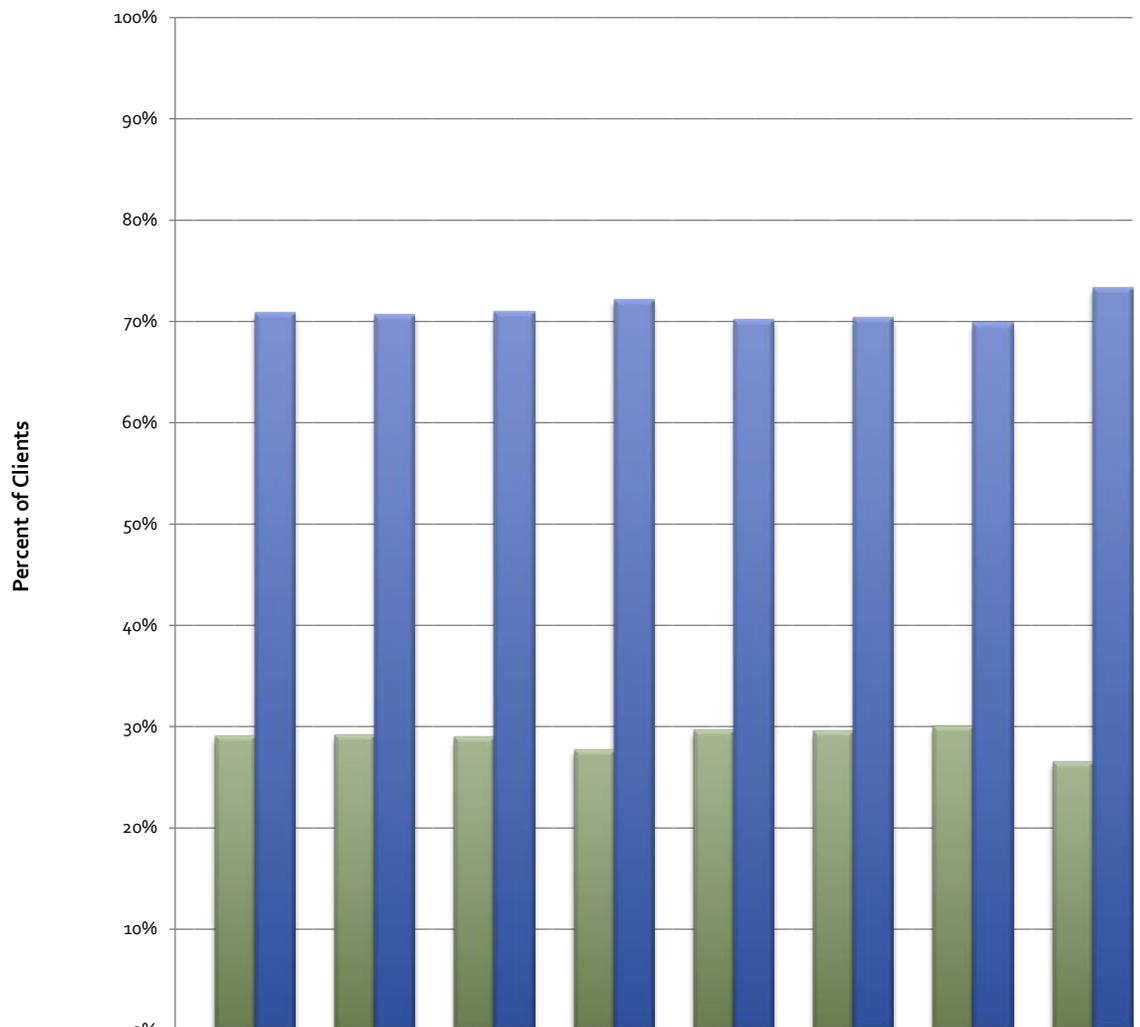


	Jan-Mar 14	Apr-Jun 14	Jul-Sep 14	Sep-Dec 14	Jan-Mar 15	Apr-Jun 15	Jul-Sep 15	Oct-Dec 15
Adult Community Clients w/ Admission Status Reports	3863	3982	4251	4217	4189	3980	4264	3529
Adult Community Clients Employed at Admission	446	488	585	558	560	605	634	571
■ % Employed at Admission	11.55%	12.26%	13.76%	13.65%	13.37%	15.20%	14.87%	16.2%
Adult Community Clients w/ Annual Status Reports	5966	6246	6306	5880	6584	6025	6337	5263
Adult Community Clients Employed at Annual Review	503	559	633	563	607	581	670	529
■ % Employed at Annual Review	8.43%	8.95%	10.04%	9.63%	9.22%	9.64%	10.57%	10.1%

NOTE: This data is taken from the "CPS Status Report" and is thus an estimate taken from a large sample of clients each quarter. This graph shows consistently lower employment rates at annual re-assessment, probably due to recovering clients being more likely to become employed but also less likely to remain in services for the annual reassessment. The trend over the last 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

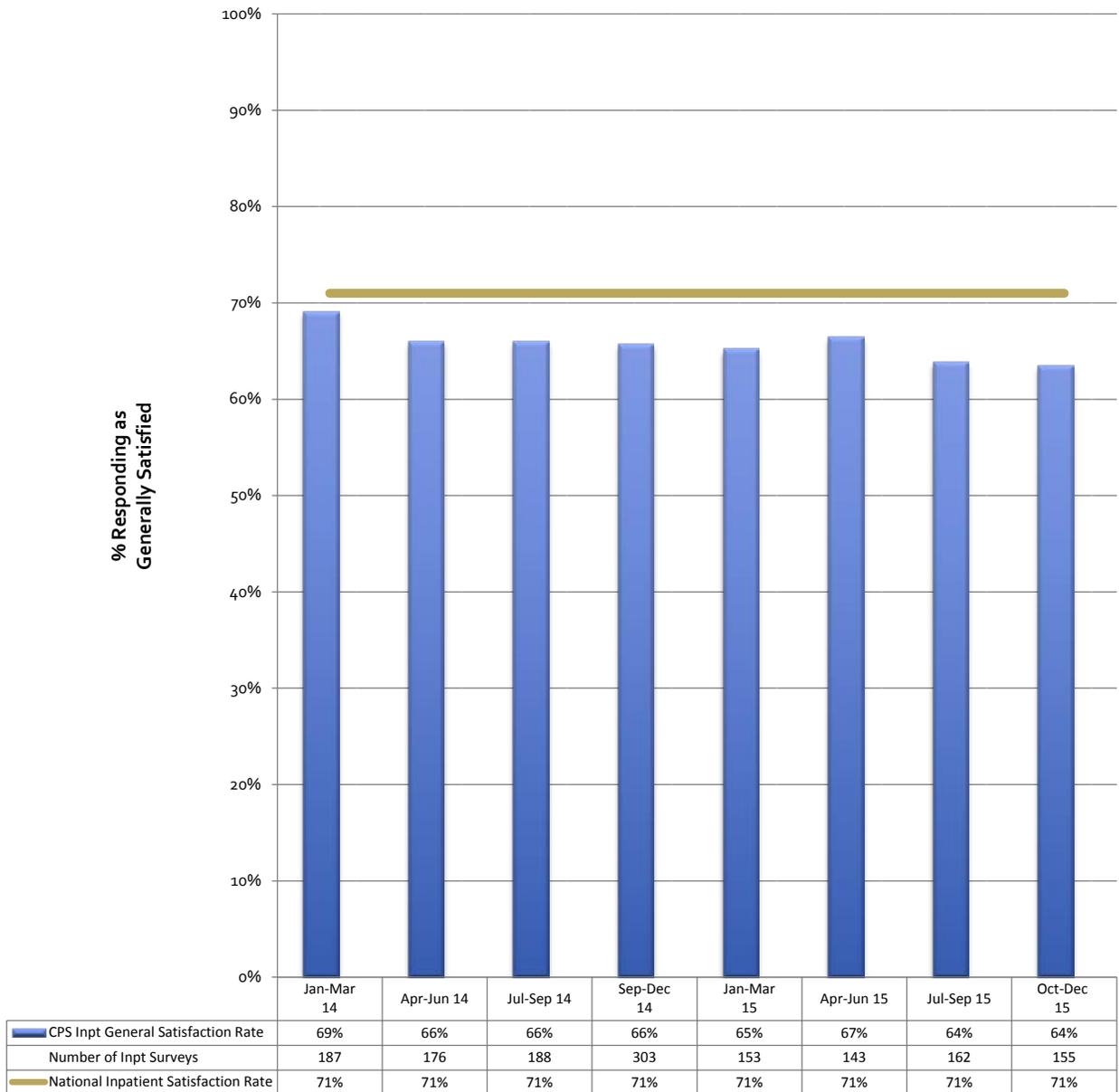


	Jan-Mar 14	Apr-Jun 14	Jul-Sep 14	Sep-Dec 14	Jan-Mar 15	Apr-Jun 15	Jul-Sep 15	Oct-Dec 15
CPS Facility Client Count	1336	1337	1317	1331	1318	1334	1346	1342
M.E. Clients - CPS State Facilities	389	391	382	395	392	395	405	357
% M.E. -- CPS State Facility Clients	29.1%	29.2%	29.0%	27.8%	29.7%	29.6%	30.1%	26.6%
Not M.E. Clients - CPS State Facilities	947	946	935	960	926	939	941	985
% Not M.E. -- CPS State Facilities	70.9%	70.8%	71.0%	72.2%	70.3%	70.4%	69.9%	73.4%

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.



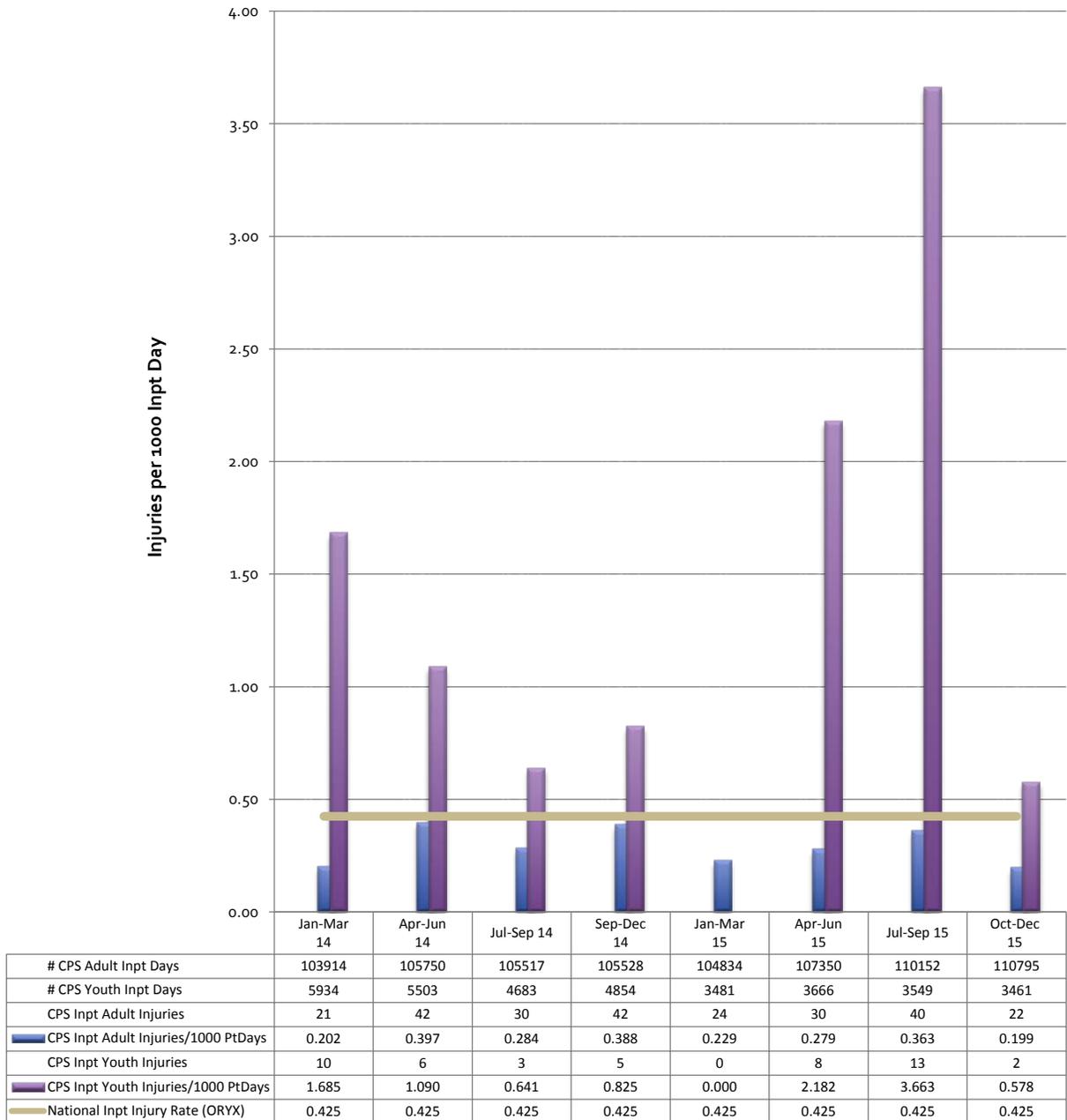
Inpatient Satisfaction



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.



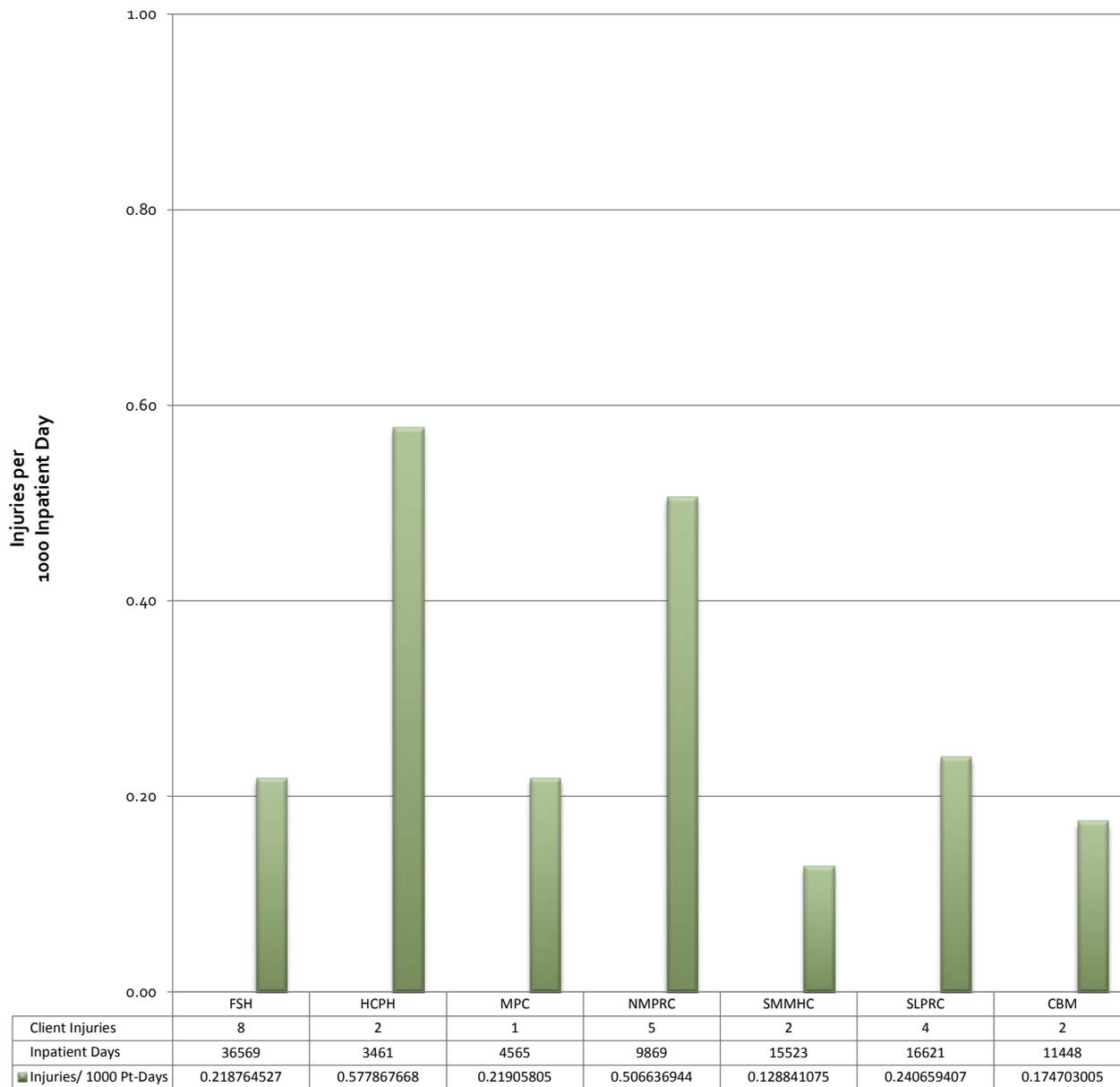
Inpatient Client Injuries



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.



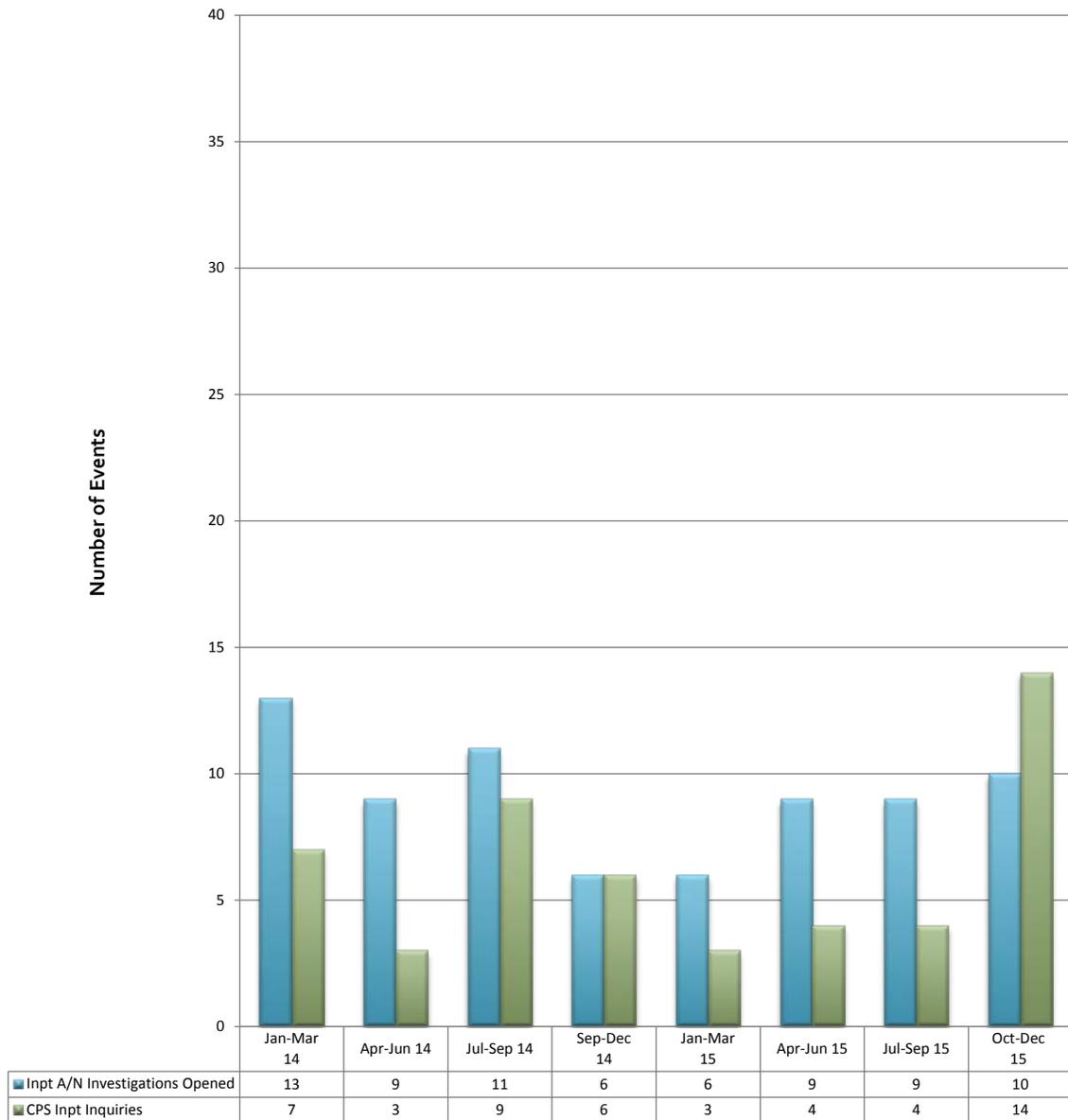
Inpatient Client Injuries by Facility



SIGNIFICANCE: This 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. Second quarter fo FY2016 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. 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.



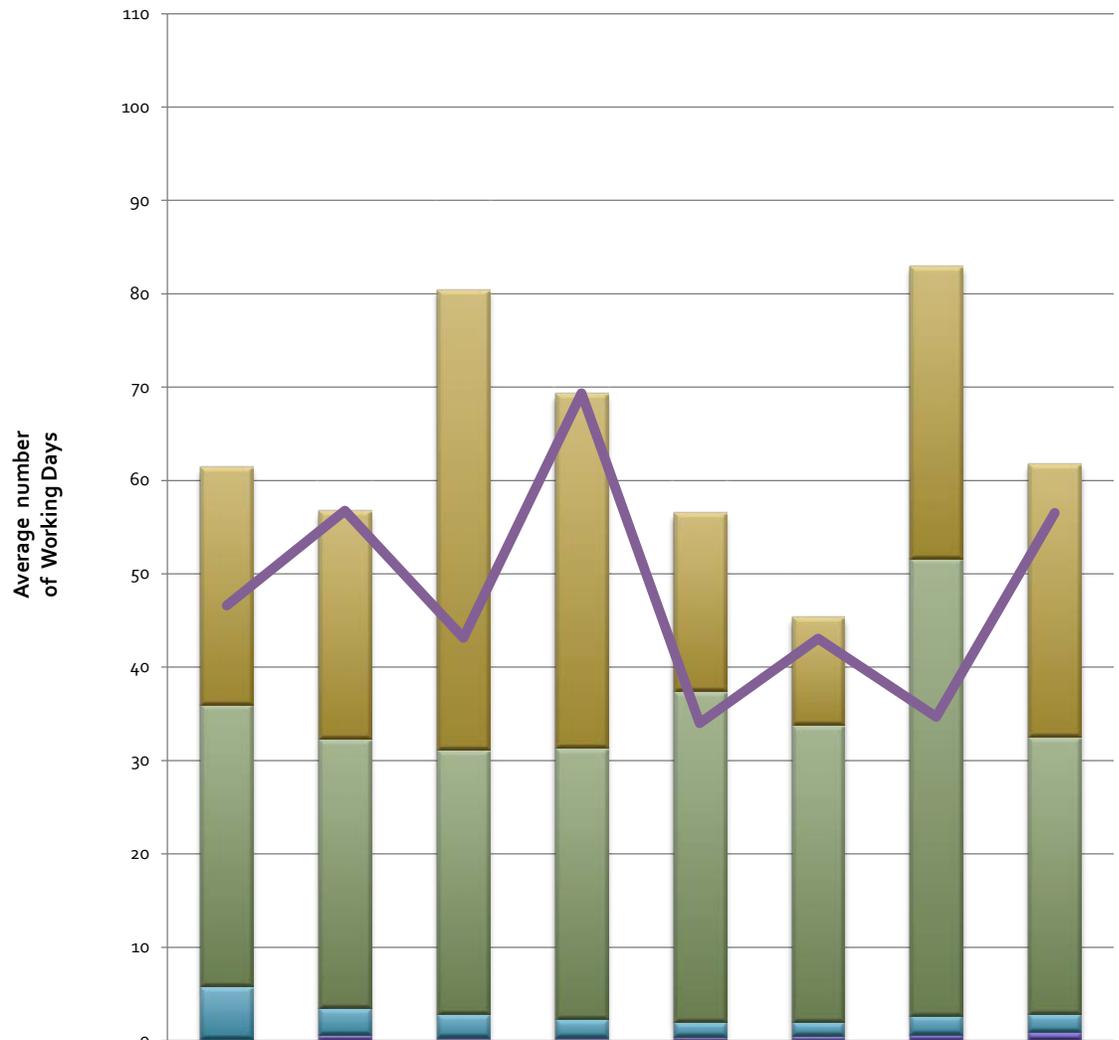
Inpatient Inquiries into Potential Abuse/Neglect Allegations



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

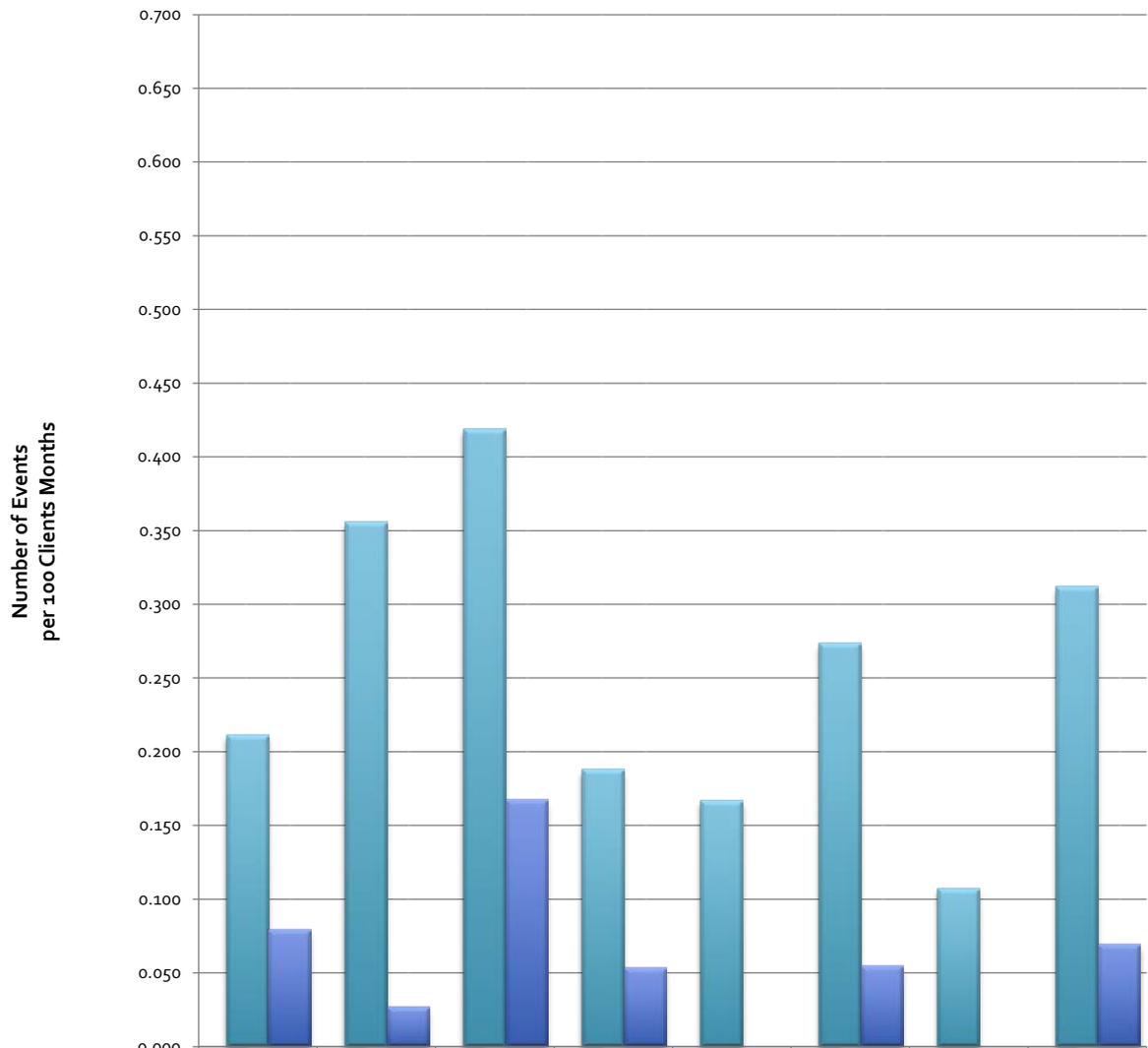


CPS Inpt Investigation Event Count	9	8	17	3	5	5	3	8
CPS Inpt: Inv. Final Report to Final Determination	25.44	24.44	49.27	38.00	19.17	11.57	31.33	29.33
CPS Inpt: Inv. Request to Inv. Final Report	30.22	28.88	28.38	29.00	35.40	31.80	49.00	29.63
CPS Inpt: Event Report to Inv. Request	5.56	2.86	2.47	2.00	1.60	1.50	2.00	2.00
CPS Inpt: Event Discovery to Event Report	0.22	0.57	0.33	0.33	0.40	0.50	0.67	0.88
CPS Inpt: "Typical" Inv Total Time	46.60	56.75	43.12	69.33	34.00	43.07	34.67	56.51

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

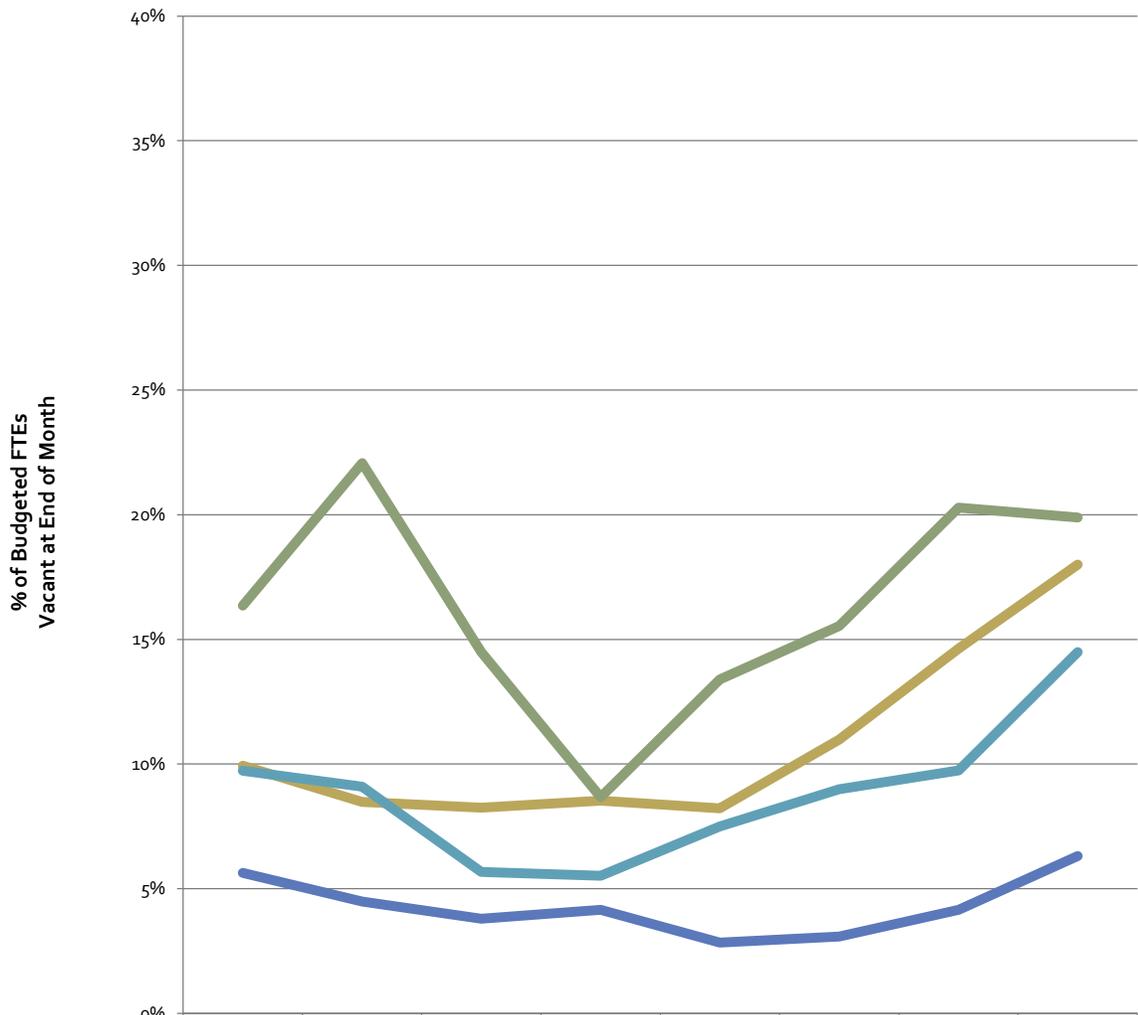


	Jan-Mar 14	Apr-Jun 14	Jul-Sep 14	Sep-Dec 14	Jan-Mar 15	Apr-Jun 15	Jul-Sep 15	Oct-Dec 15
CPS Inpt A/N Investigations Completed	8	13	15	7	6	10	4	9
A/N Investigations per 100 consumers/mo	0.21	0.36	0.42	0.19	0.17	0.27	0.11	0.31
Inpt A/N Substantiations	3	1	6	2	0	2	0	2
A/N Substantiations per 100 consumers/mo	0.08	0.03	0.17	0.05	0.00	0.05	0.00	0.07

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

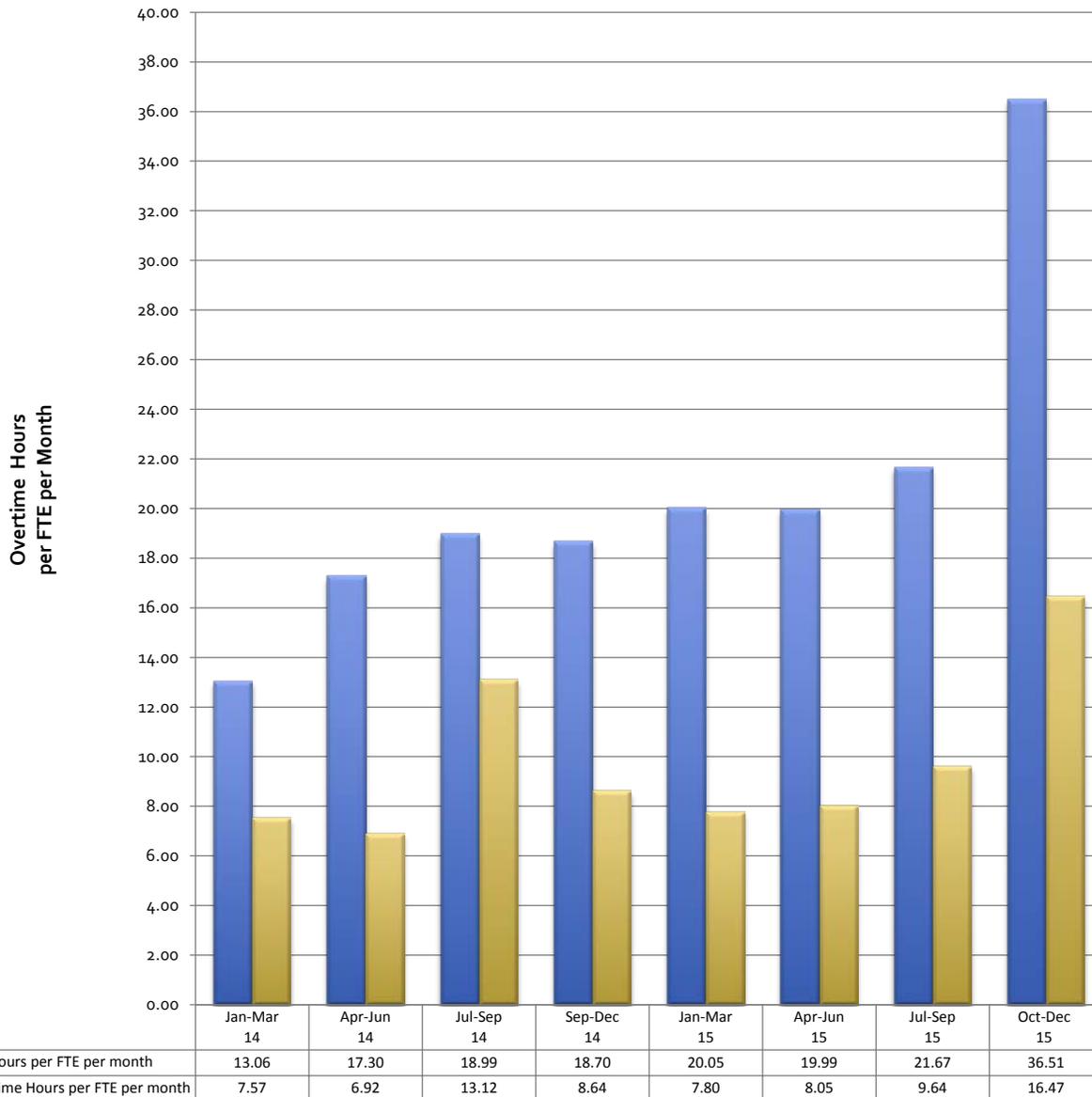


	Jan-Mar 14	Apr-Jun 14	Jul-Sep 14	Sep-Dec 14	Jan-Mar 15	Apr-Jun 15	Jul-Sep 15	Oct-Dec 15
Direct Care Staff Vacancy Rates	5.64%	4.49%	3.80%	4.15%	2.84%	3.09%	4.16%	6.32%
Licensed Nursing Staff Vacancy Rates	9.94%	8.48%	8.26%	8.53%	8.23%	10.99%	14.63%	17.99%
Psychologist Vacancy Rates	16.36%	22.07%	14.49%	8.67%	13.39%	15.54%	20.28%	19.90%
Psychiatrist Staff Vacancy Rates	9.73%	9.10%	5.67%	5.52%	7.49%	8.99%	9.74%	14.49%

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. This quarter shows increased psychologist and licensed nursing staff vacancy rates.



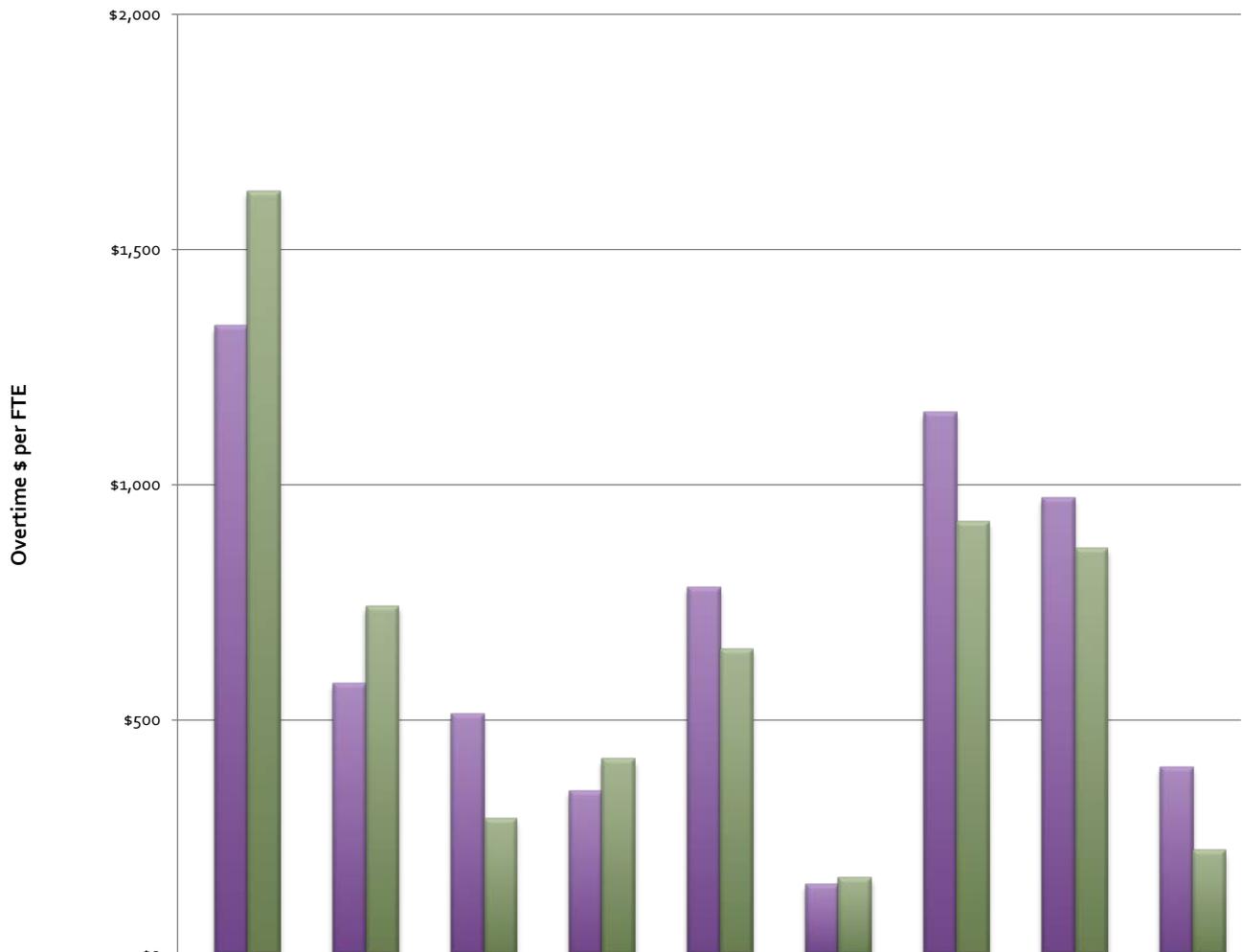
CPS Operated Facility Overtime Hours per FTE per Month



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

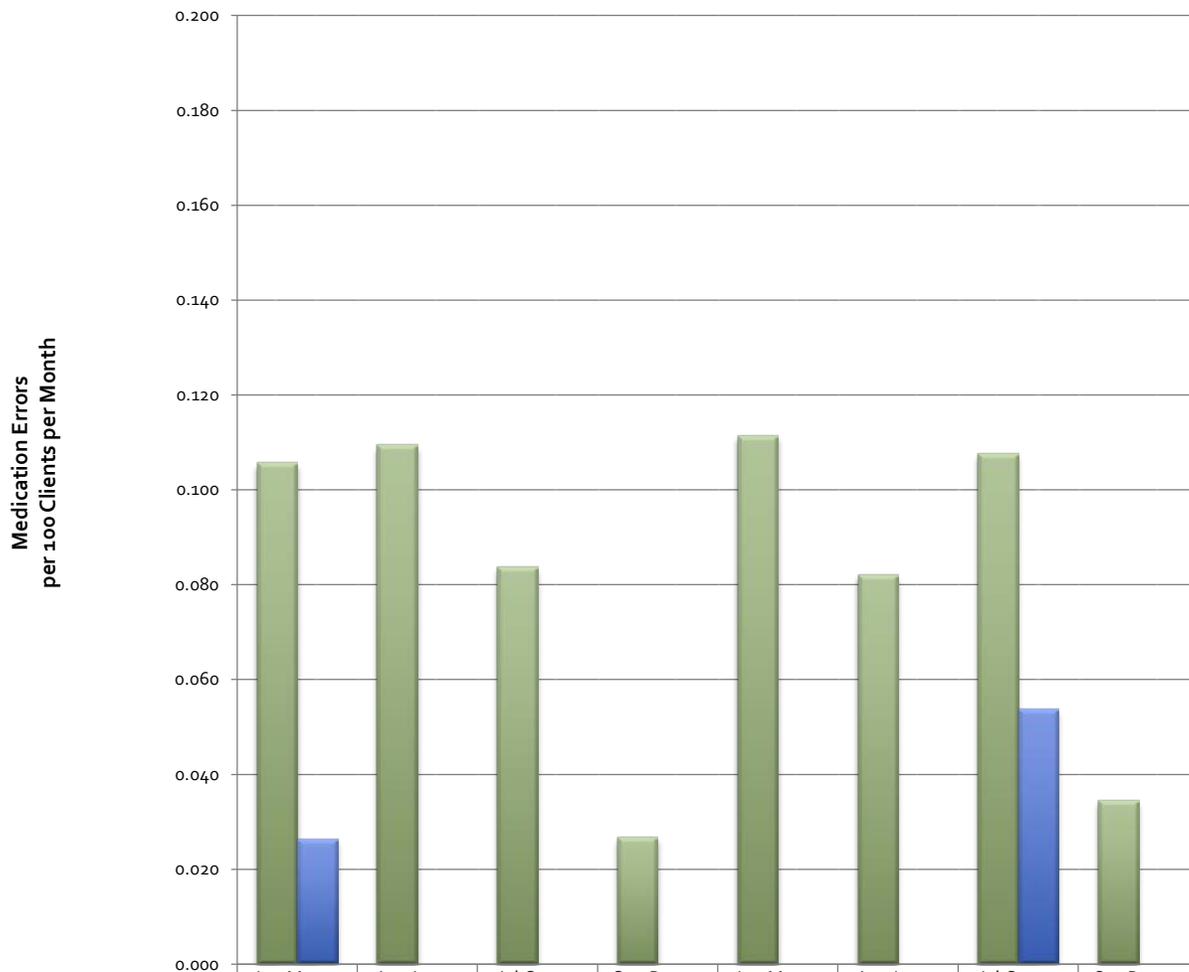


	FSH	NMPRC	SWMPRC	SEMMHC	SLPRC	MSLPC	CBM	HCPH	CRTC
FY14 Direct Care Overtime \$M	\$0.867	\$0.083	\$0.020	\$0.164	\$0.220	\$0.017	\$0.135	\$0.118	\$0.024
FY14 Direct Care FTEs	647.50	144.00	38.00	465.98	280.50	114.50	116.50	121.60	60.01
FY14 Direct Care OT \$ per FTE	\$1,339	\$578	\$513	\$351	\$784	\$152	\$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

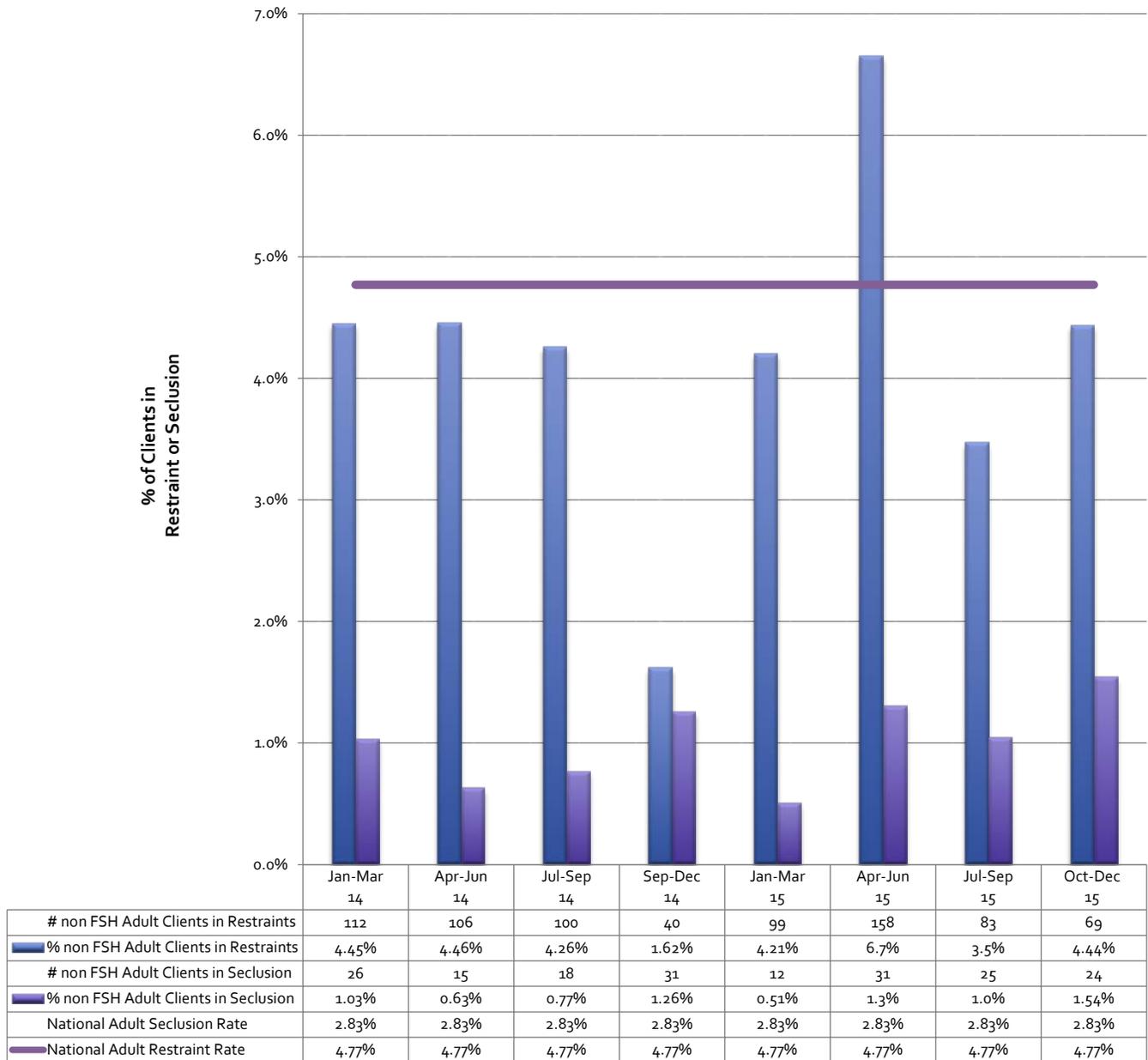


	Jan-Mar 14	Apr-Jun 14	Jul-Sep 14	Sep-Dec 14	Jan-Mar 15	Apr-Jun 15	Jul-Sep 15	Oct-Dec 15
Inpt "Moderate" Med Errors	4	4	3	1	4	3	4	1
Inpt "Moderate" Med Errors per 100 Consumers/mo	0.106	0.109	0.084	0.027	0.112	0.082	0.108	0.035
Inpt "Serious" Med Errors	1	0	0	0	0	0	2	0
Inpt "Serious" Med Errors per 100 Consumers/mo	0.026	0.000	0.000	0.000	0.000	0.000	5.4%	0.000
Unduplicated Client-month count	3782	3653	3577	3720	3585	3650	3710	2883

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.



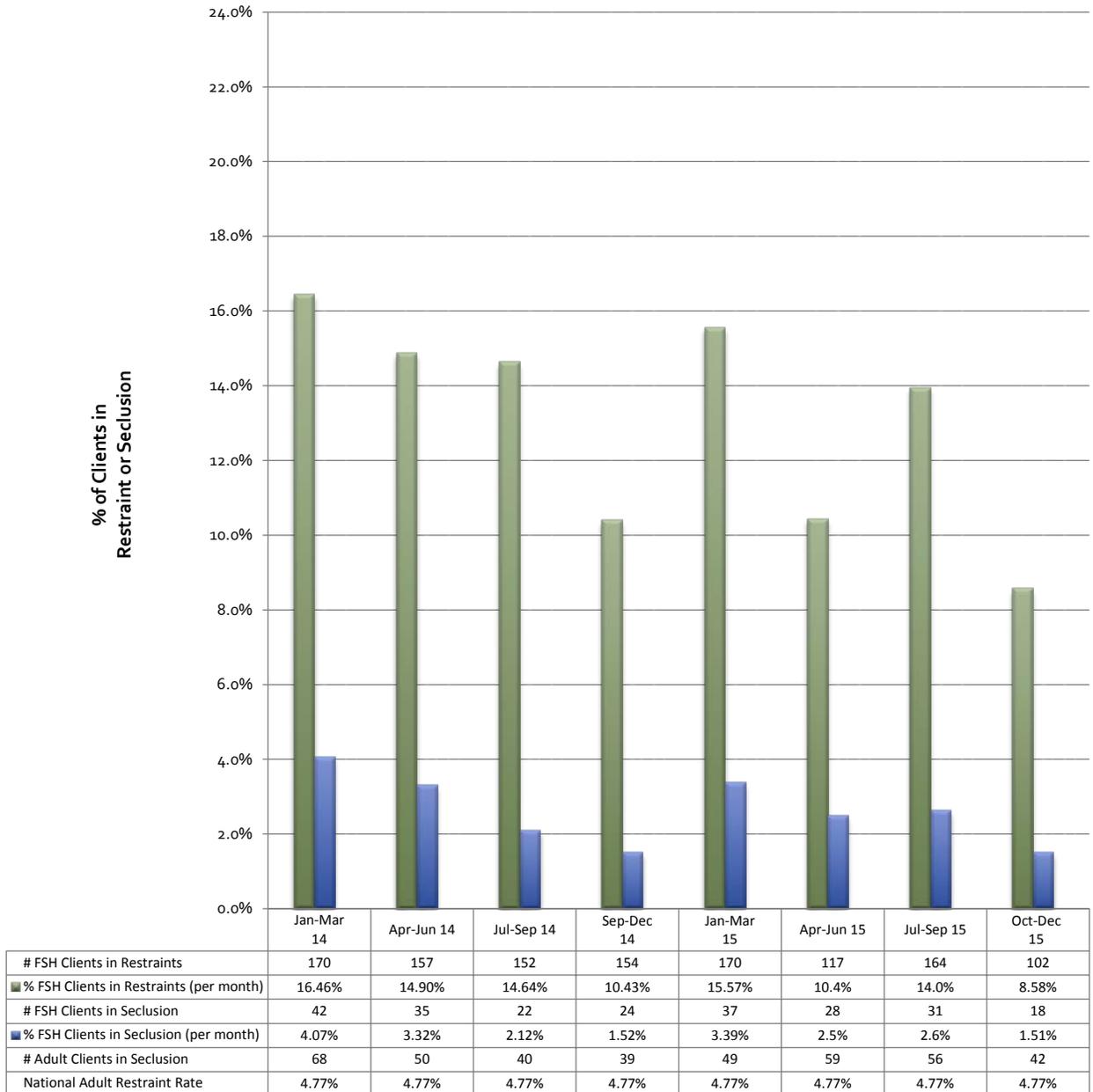
Inpatient Adult Restraint & Seclusion Use



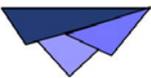
SIGNIFICANCE: This graph excludes FSH and illustrates that adult inpatient programs outside of FSH have restraint and seclusions rates that compare favorably to the national benchmark rates. Even so, various projects are under way around the state to help reduce reliance on restraint and seclusion.



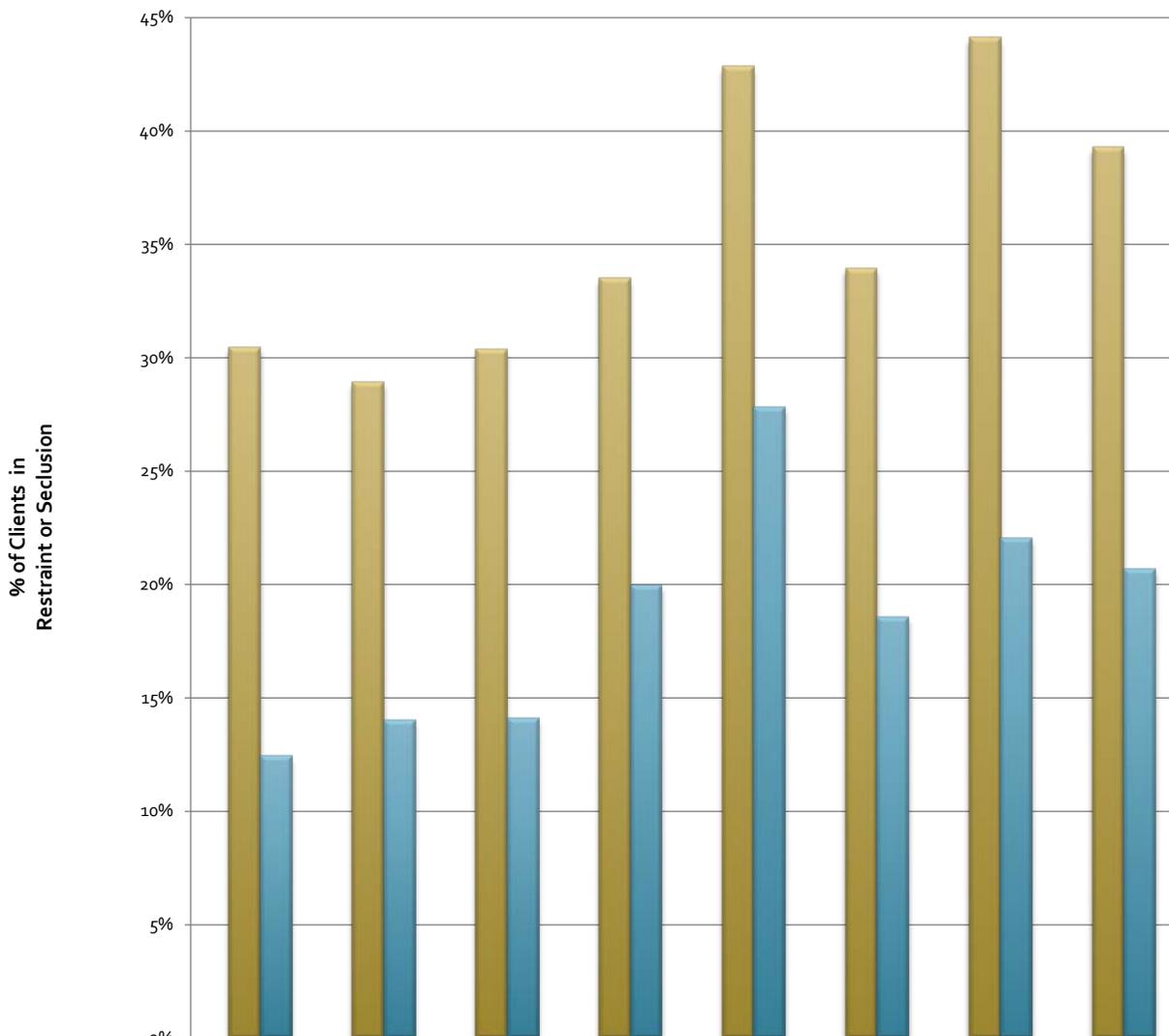
Fulton State Hospital Restraint & Seclusion Use



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

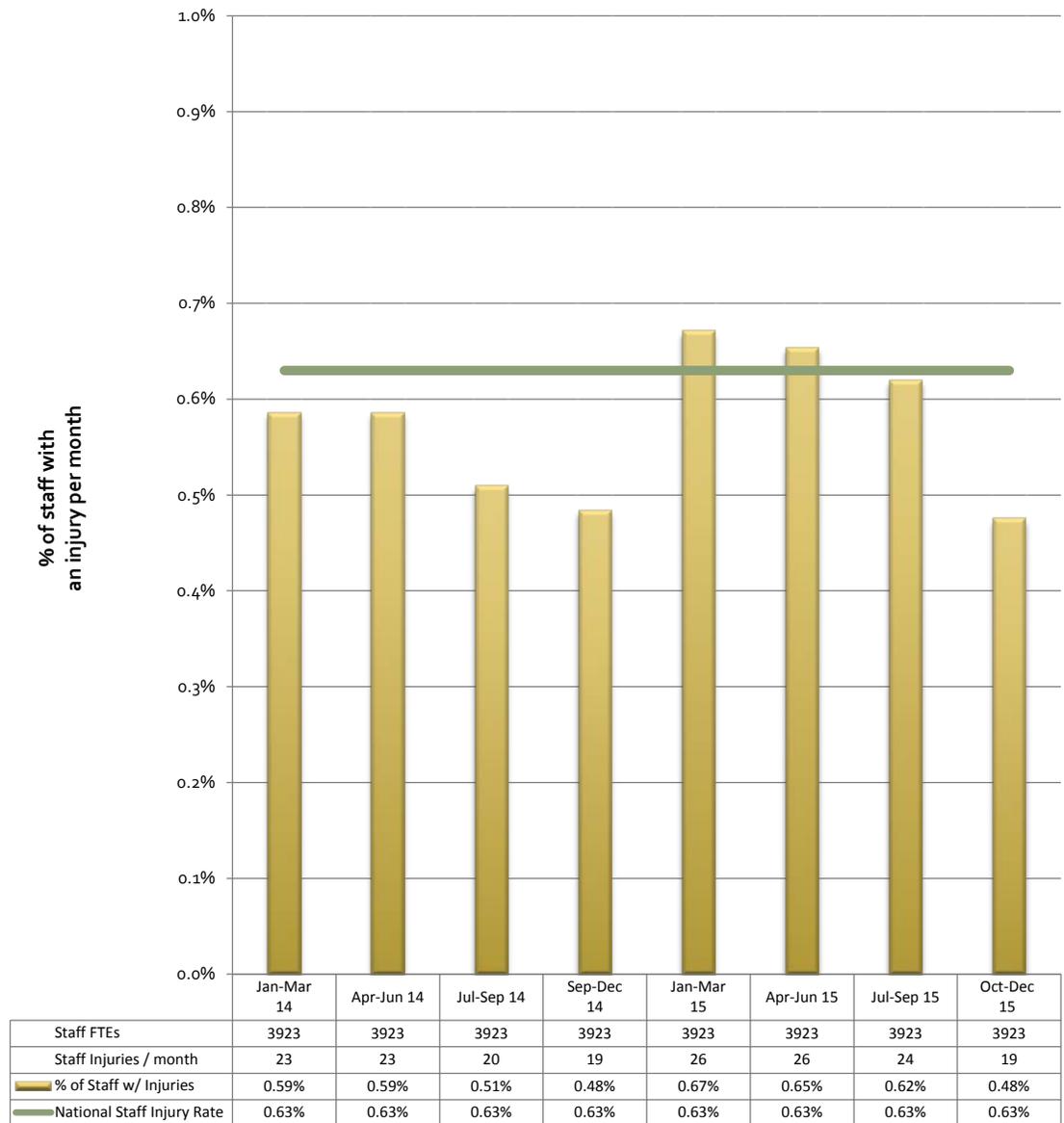


	Jan-Mar 14	Apr-Jun 14	Jul-Sep 14	Sep-Dec 14	Jan-Mar 15	Apr-Jun 15	Jul-Sep 15	Oct-Dec 15
# Youth in Restraints	71	64	58	62	60	53	64	55
% Youth in Restraints (per month)	30.47%	28.96%	30.37%	33.51%	42.86%	34.0%	44.1%	39.29%
# Youth in Seclusion	29	31	27	37	39	29	32	29
% Youth in Seclusion (per month)	12.45%	14.03%	14.14%	20.00%	27.86%	18.6%	22.1%	20.71%

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

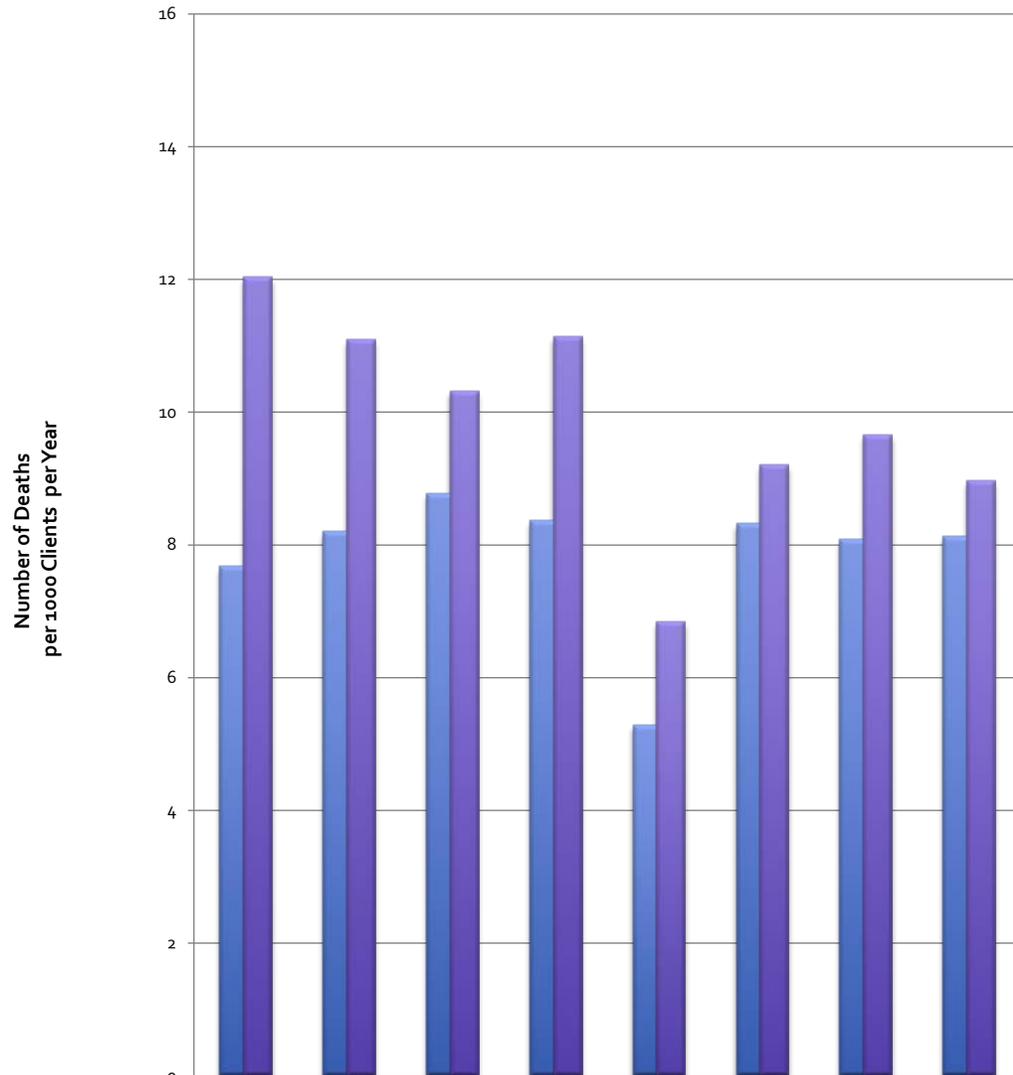


NOTE: Includes injuries requiring any medical care or hospitalization, but not first aid only. National average for inpatient staff in SFY 2012 (ORYX) was .63% of staff per month. (National rate is reported as per 1000 inpatient days, converted here into per FTE using Missouri inpatient days per FTE.)

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.



Psychiatric Services Mortality Rate in Community

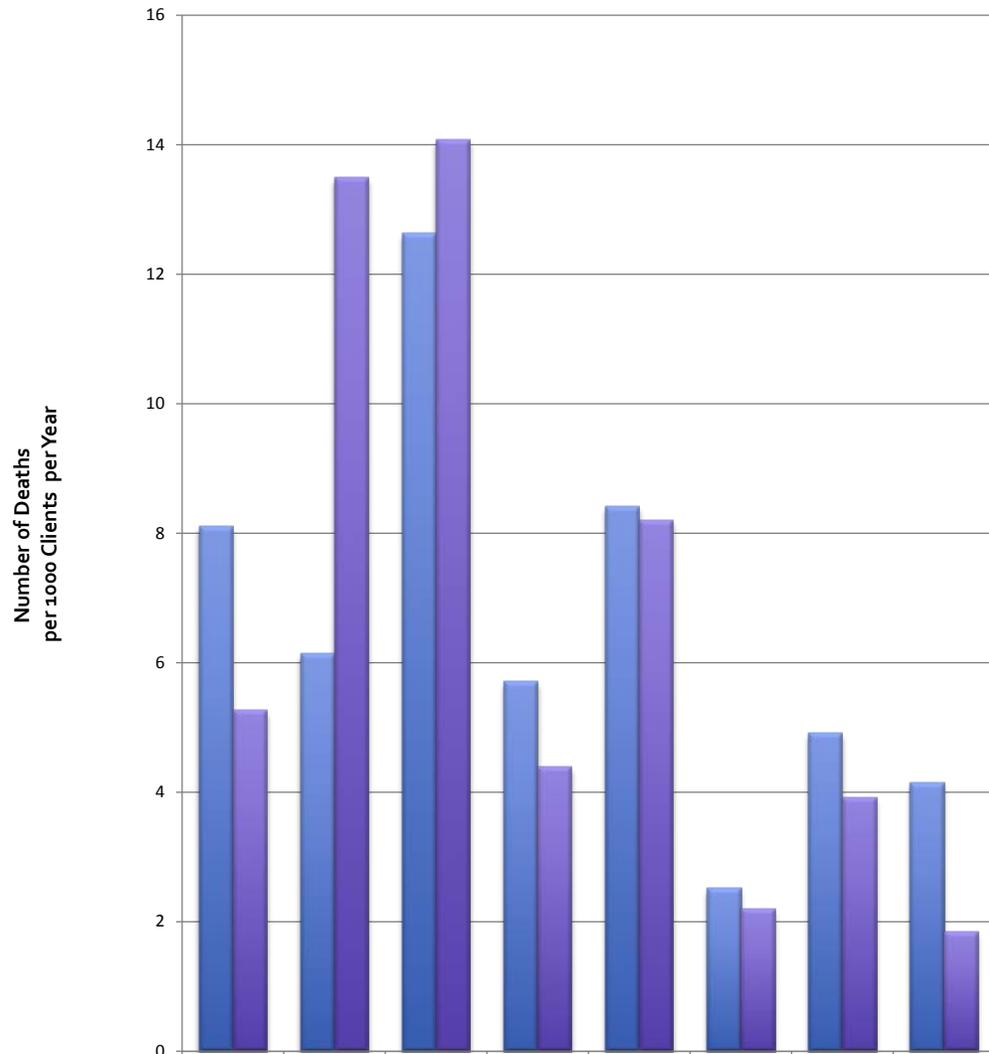


	FY08	FY09	FY10	FY11	FY12	FY13	FY14	FY15
CPS Community Client Deaths	358	343	390	419	407	481	494	513
CPS Community Crude Mortality / 1000	7.7	8.2	8.8	8.4	5.3	8.3	8.1	8.1
Missouri Vital Statistics Crude Mortality / 1000	9.2	9.5	9.2	9.3	9.3	9.5	9.6	
CPS Community Age Adj Mortality / 1000	12.0	11.1	10.3	11.2	6.9	9.2	9.7	9.0
Missouri Vital Statistics Age Adj Mortality / 1000	8.2	8.4	8.2	8.1	8.0	8.0	8.0	

NOTE: The crude mortality rate compares to the Missouri community mortality rate of 9.6 deaths per 1000 Missouri residents (2014 MO Vital Statistics). The age adjusted mortality rate for all of Missouri in 2015 was 9.0 deaths per 1000 residents. National studies report clients of psychiatric services with twice the community age adjusted mortality rate.



Mortality Rate in State Operated Inpatient Care

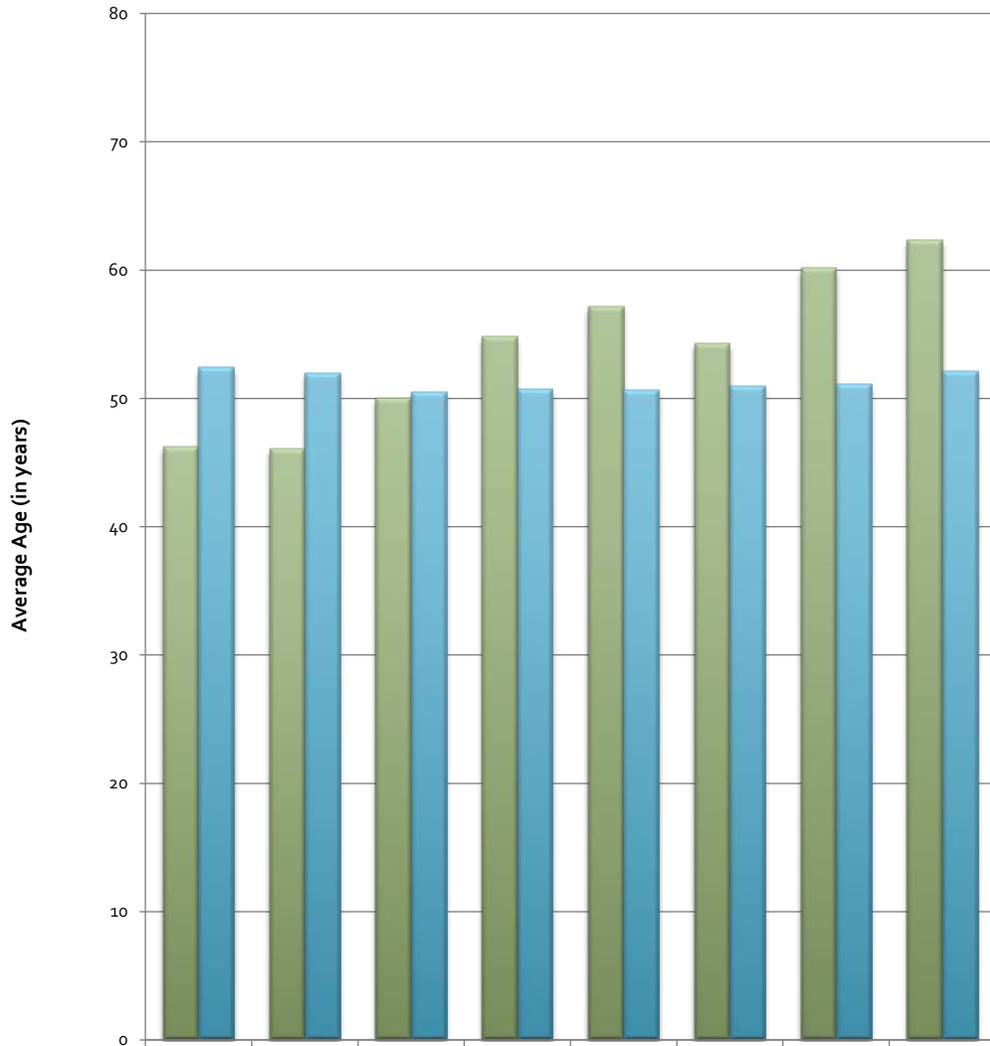


	FY08	FY09	FY10	FY11	FY12	FY13	FY14	FY15
CPS Inpt Client Deaths	12	9	17	7	10	3	6	5
CPS Inpt Crude Mortality / 1000	8.1	6.1	12.6	5.7	8.4	2.5	4.9	4.1
Missouri Vital Statistics Crude Mortality / 1000	9.2	9.5	9.2	9.3	9.3	9.5	9.6	
CPS Inpt Age Adj Mortality / 1000	5.3	13.5	14.1	4.4	8.2	2.2	3.9	1.8
Missouri Vital Statistics Age Adj Mortality / 1000	8.2	8.4	8.2	8.1	8.0	8.0	8.0	

NOTE: The crude mortality rate compares to the Missouri community mortality rate of 9.6 deaths per 1000 Missouri residents. (2014 MO Vital Statistics). The age adjusted mortality rate for all of Missouri in 2014 was 8.0 deaths per 1000 residents. National studies report clients of psychiatric services with twice the community age adjusted mortality rate but FY15 rates for MO inpatient compare favorably to MO average and FY15 had 5 inpatient client deaths reported.



Psychiatric Services Average Age at Death



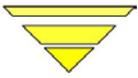
	FY08	FY09	FY10	FY11	FY12	FY13	FY14	FY15
Average Age at Death all MO Residents	71.7	71.8	71.4	71.7	71.8			
CPS Inpt Average Age at Death	46.25	46.11	50.06	54.86	57.20	54.33	60.17	62.33
CPS Inpt Client Deaths	12	9	17	7	10	3	6	5
CPS Community Average Age at Death	52.41	52.02	50.52	50.71	50.66	50.96	51.15	52.15
CPS Community Client Deaths	358	343	390	419	407	481	494	513

NOTE: Deaths reported for all psychiatric inpatient and community subpopulations. All Missouri average is calculated from the "Missouri Vital Statistics". (2013, 2014 and 2015 are not yet available.)

SIGNIFICANCE: National studies show that the clients of state mental health agencies die 20-25 years younger than the general population. Unfortunately, Missouri is right in line with this alarming statistic. This underlines the importance of various efforts to better integrate the physical and mental health care of our clients throughout the state.

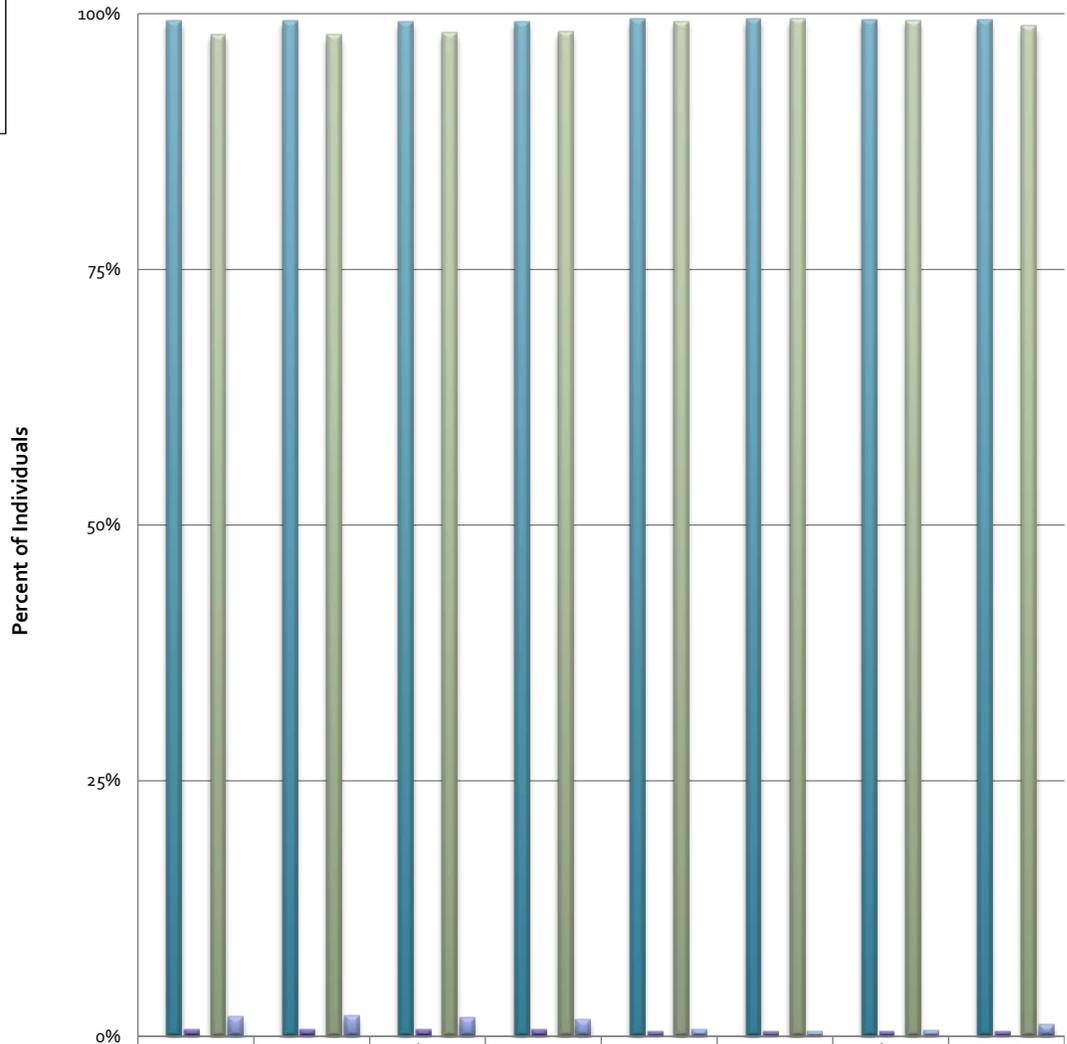


Division of Developmental Disabilities

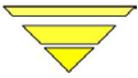


Division of DD Residential Medicaid Eligibility

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

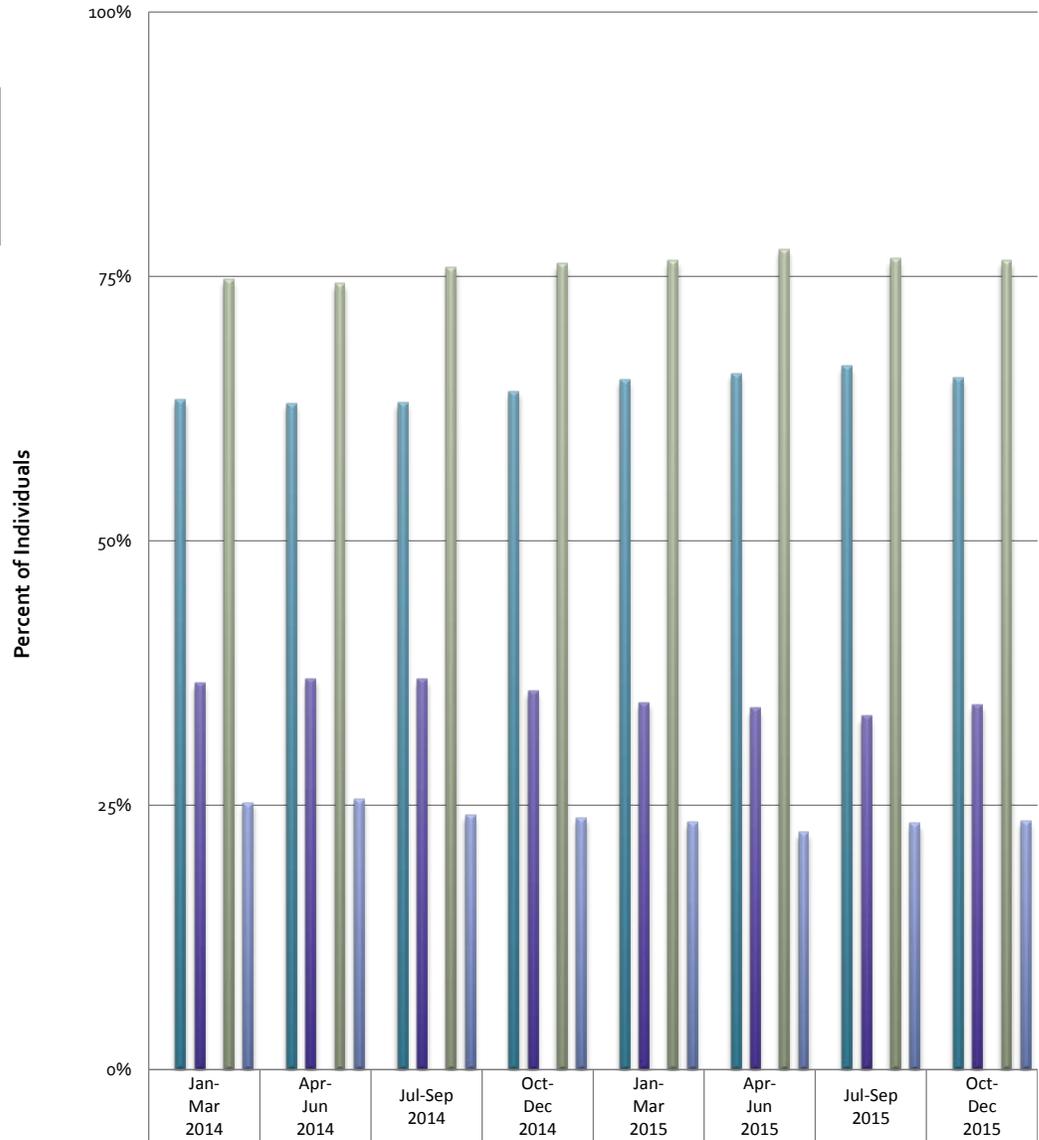


	Jan-Mar 2014	Apr-Jun 2014	Jul-Sep 2014	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Oct-Dec 2015
# Individuals Served in Hab Centers	438	441	421	416	405	394	379	363
# HC Individuals Medicaid Eligible	435	438	418	413	403	392	377	361
% HC Individuals Medicaid Eligible	99%	99%	99%	99%	100%	99%	99%	99%
# HC Individuals Not Medicaid Eligible	3	3	3	3	2	2	2	2
% HC Individuals Not Medicaid Eligible	1%	1%	1%	1%	0%	1%	1%	1%
# Individuals Served in Community Residential	7087	7102	7097	7144	7178	7186	7236	7278
# Individuals Community Medicaid Eligible	6944	6956	6966	7024	7124	7151	7191	7193
% Individuals Community Medicaid Eligible	98%	98%	98%	98%	99%	100%	99%	99%
# Individuals Community Not Medicaid Eligible	143	146	131	120	54	35	45	85
% Individuals Community Not Medicaid Eligible	2%	2%	2%	2%	1%	0%	1%	1%

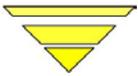


Division of DD Non-Residential Medicaid Eligibility

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

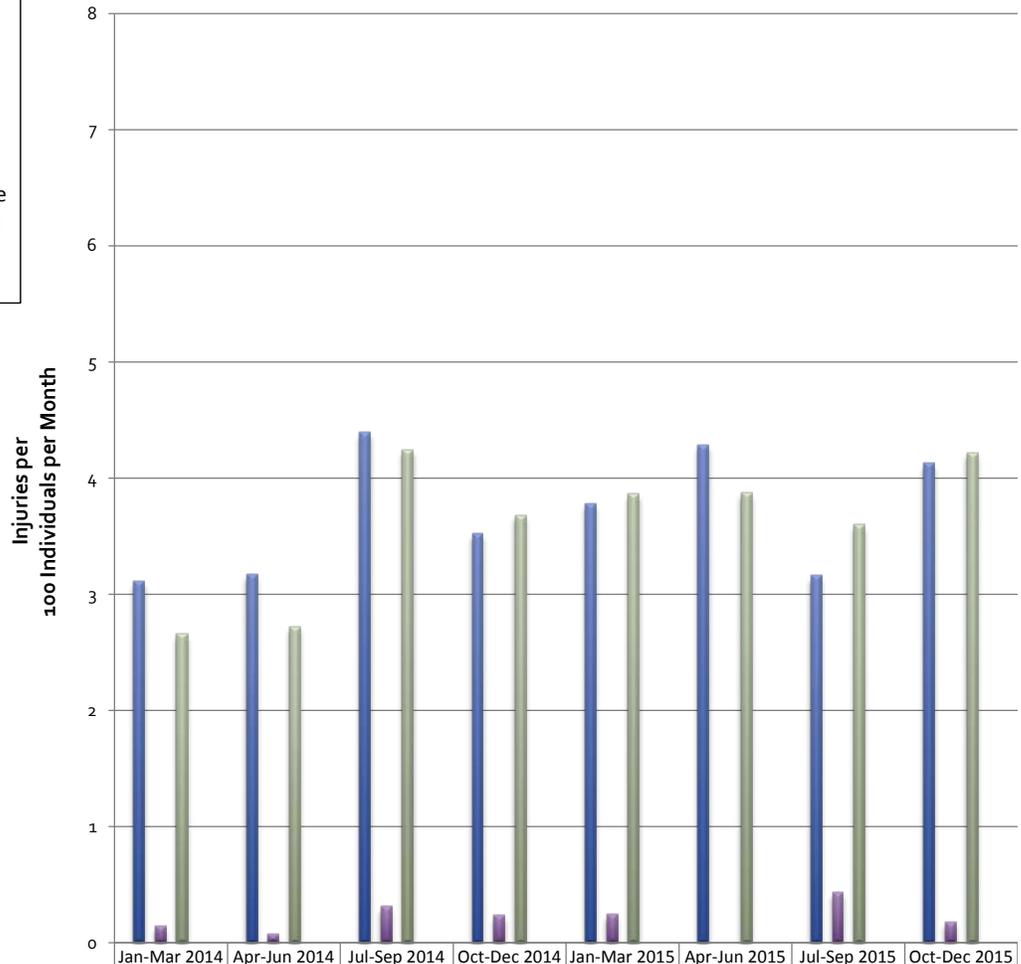


	Jan-Mar 2014	Apr-Jun 2014	Jul-Sep 2014	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Oct-Dec 2015
# Individuals served in Case Management (CM) Only	15388	15561	15983	16366	16384	16205	16068	16270
# Individuals CM Only Medicaid Eligible	9760	9805	10083	10494	10691	10663	10694	10652
% Individuals CM Only Medicaid Eligible	63%	63%	63%	64%	65%	66%	67%	65%
# Individuals Case Mngmt Only Not Medicaid Eligible	5628	5756	5900	5872	5693	5542	5374	5618
% Individuals CM Only Not Medicaid Eligible	37%	37%	37%	36%	35%	34%	33%	35%
# Individuals Served in Other Services	10928	11180	11080	11164	11502	11682	12142	12221
# Individuals Other Services Medicaid Eligible	8170	8315	8406	8508	8804	9059	9313	9348
% Individuals Other Services Medicaid Eligible	75%	74%	76%	76%	77%	78%	77%	76%
# Individuals Other Services Not Medicaid Eligible	2758	2865	2674	2656	2698	2623	2829	2873
% Individuals Other Services Not Medicaid Eligible	25%	26%	24%	24%	23%	22%	23%	24%

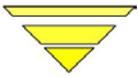


Division of DD Habilitation Center Campus Injuries per 100 Individuals

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.

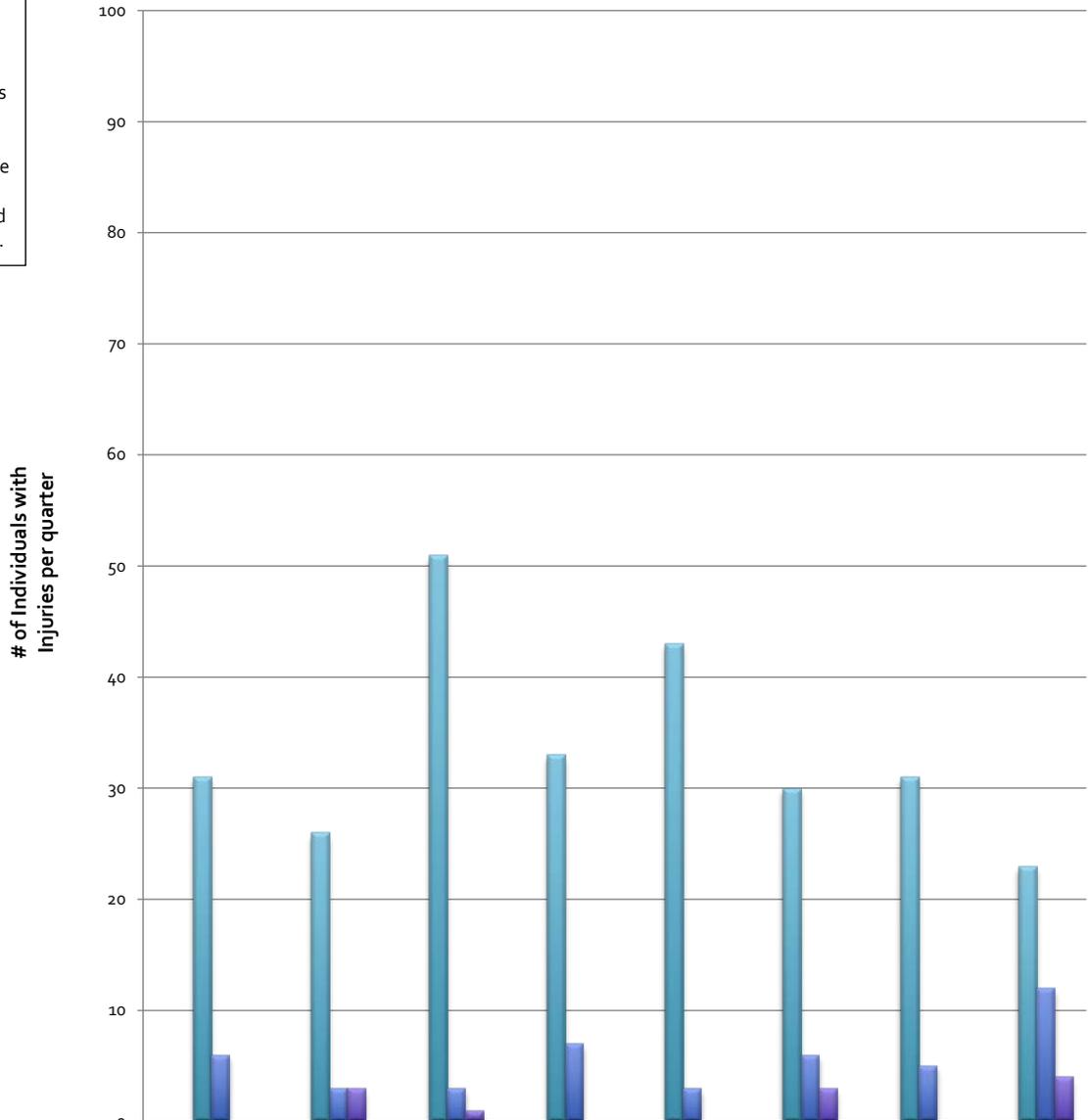


# HCC Injuries Resulting in Medical Intervention	41	42	56	44	46	52	36	45
#HCC Injuries Resulting in Medical Intervention per 100 Indiv/mo	3.1	3.2	4.4	3.5	3.8	4.3	3.2	4.1
#HCC Injuries Resulting in Hospitalization	2	1	4	3	3	0	5	2
#HCC Injuries Resulting in Hospitalization per 100 Indiv/mo	0.2	0.1	0.3	0.2	0.2	0.0	0.4	0.2
# HCC Injuries Resulting in Emergency Room Visits	35	36	54	46	47	47	41	46
#HCC Injuries Resulting in Emergency Room Visits per 100 Indiv/mo	2.7	2.7	4.2	3.7	3.9	3.9	3.6	4.2
# 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	438	441	424	416	405	404	379	363

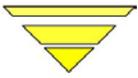


Division of DD Habilitation Center Campus Individuals with 1, 2, or 3+ Injuries

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.

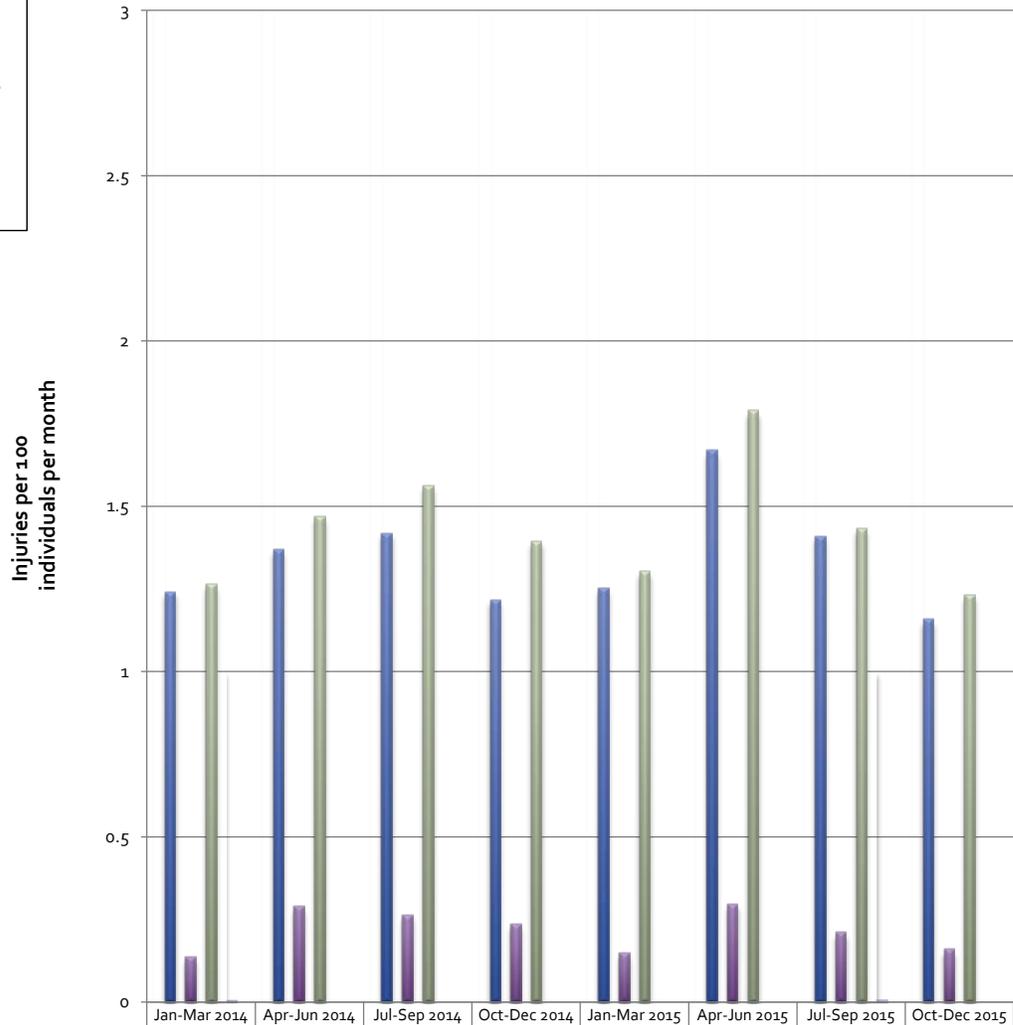


	Jan-Mar 2014	Apr-Jun 2014	Jul-Sep 2014	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Oct-Dec 2015
# HCC Individuals	438	441	424	416	405	404	379	363
# HCC Individuals with No Injuries	401	409	369	376	359	365	343	324
# HCC Individuals with Exactly 1 Injury	31	26	51	33	43	30	31	23
# HCC Individuals with Exactly 2 Injuries	6	3	3	7	3	6	5	12
# HCC Individuals with 3+ Injuries	0	3	1	0	0	3	0	4

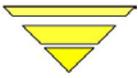


Division of DD Community Residential Injuries per 100 Individuals

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.

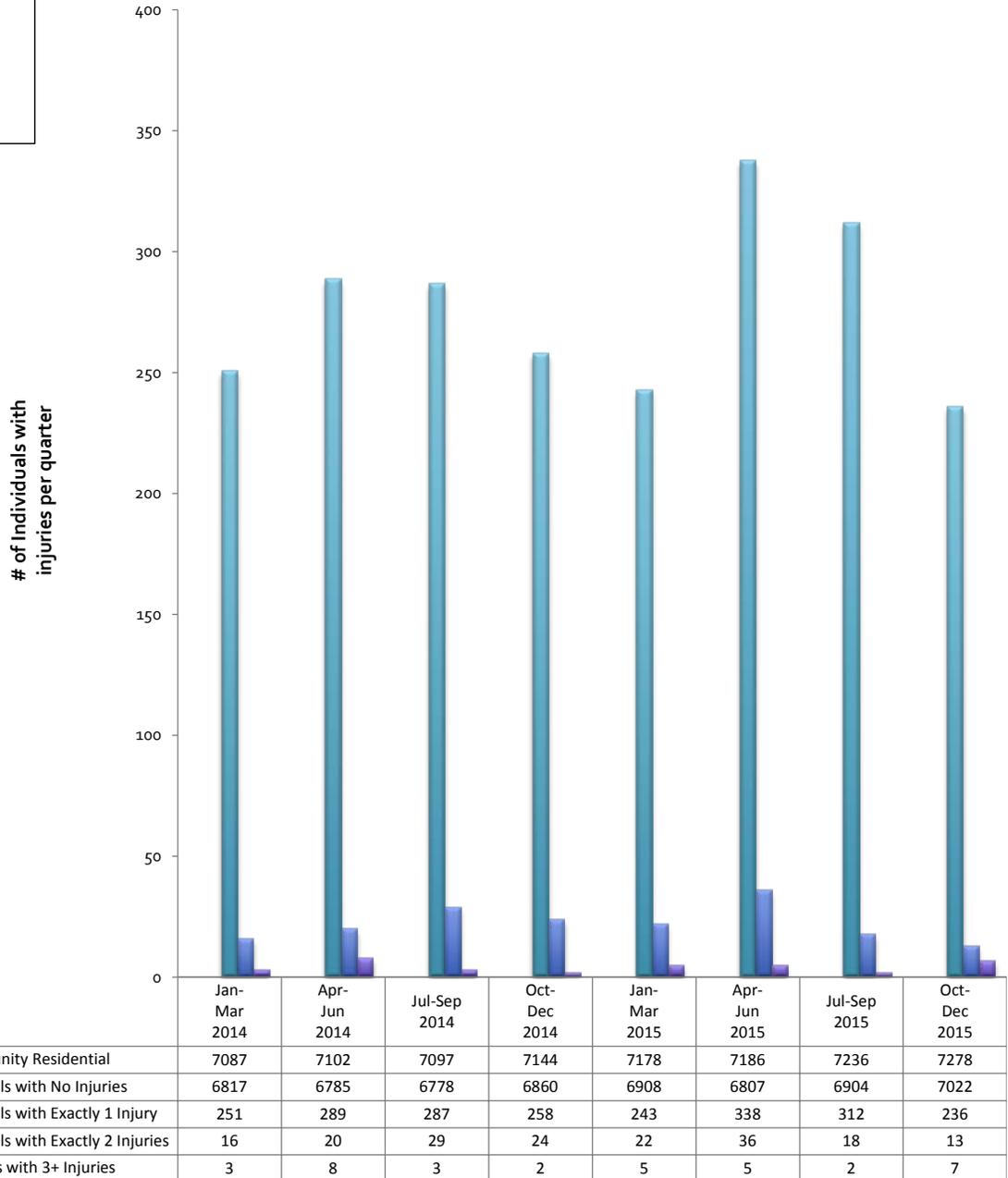


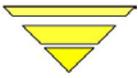
	Jan-Mar 2014	Apr-Jun 2014	Jul-Sep 2014	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Oct-Dec 2015
# Community Injuries Resulting in Medical Intervention	264	292	302	261	270	360	306	253
Community Injuries Resulting in Medical Intervention per 100 Indiv/mo	1.2	1.4	1.4	1.2	1.3	1.7	1.4	1.2
# Community Injuries Resulting in Hospitalization	29	62	56	51	32	64	46	35
Community Injuries Resulting in Hospitalization per 100 Indiv/mo	0.1	0.3	0.3	0.2	0.1	0.3	0.2	0.2
# Community Injuries Resulting in Emergency Room Visits	269	313	333	299	281	386	311	269
Community Injuries Resulting in ER Visits per 100 Indiv/mo	1.3	1.5	1.6	1.4	1.3	1.8	1.4	1.2
# Community Injuries Resulting in Death	1	0	0	0	0	0	1	0
Community Injuries Resulting in Death per 100 Indiv/mo	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
# Community Residential Individuals	7087	7102	7097	7144	7178	7186	7236	7278



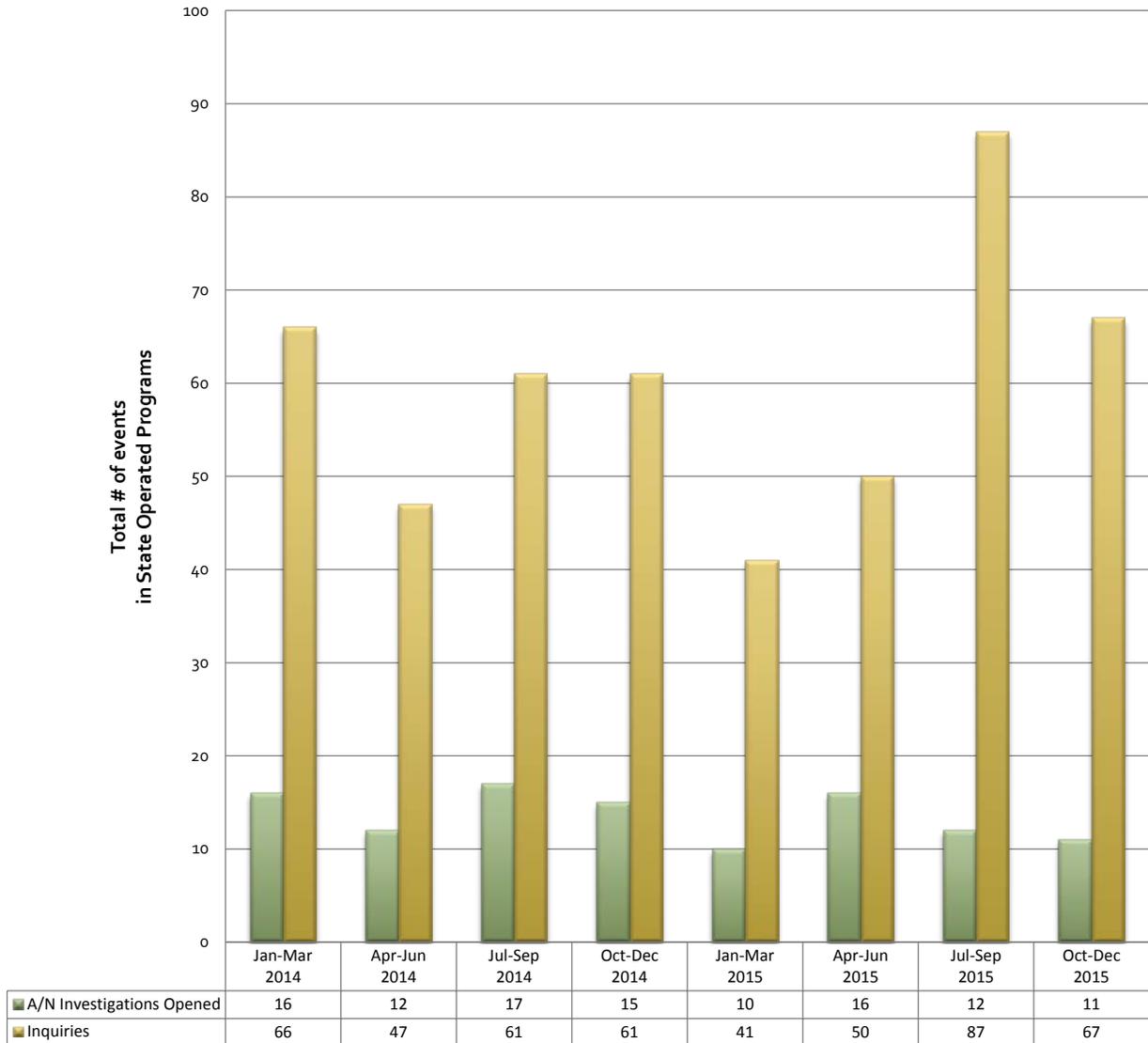
Division of DD Community Individuals with 1, 2, or 3+ Injuries

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

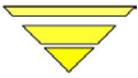




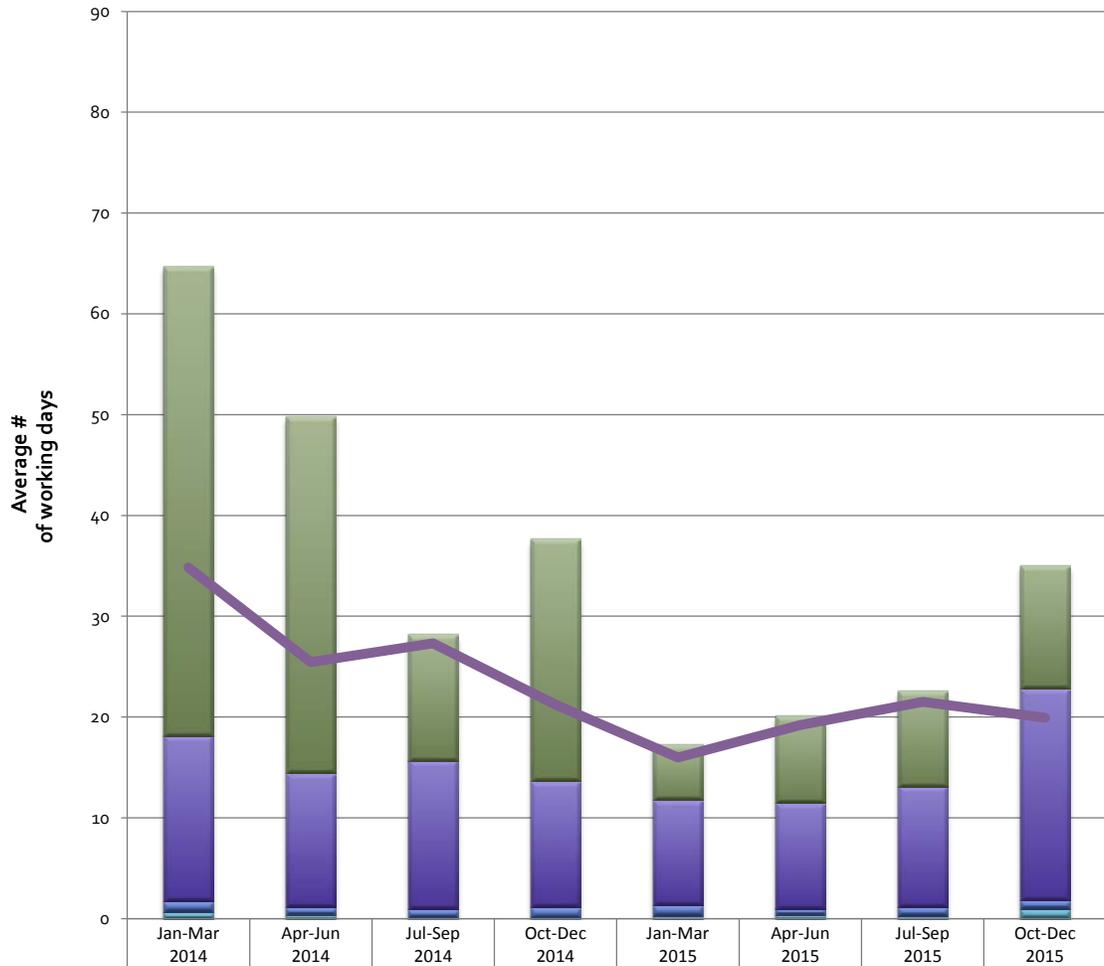
Division of DD State Operated Programs Inquiries Into Potential Abuse/Neglect Allegations



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

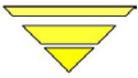


Duration of Investigation Process State Operated Programs

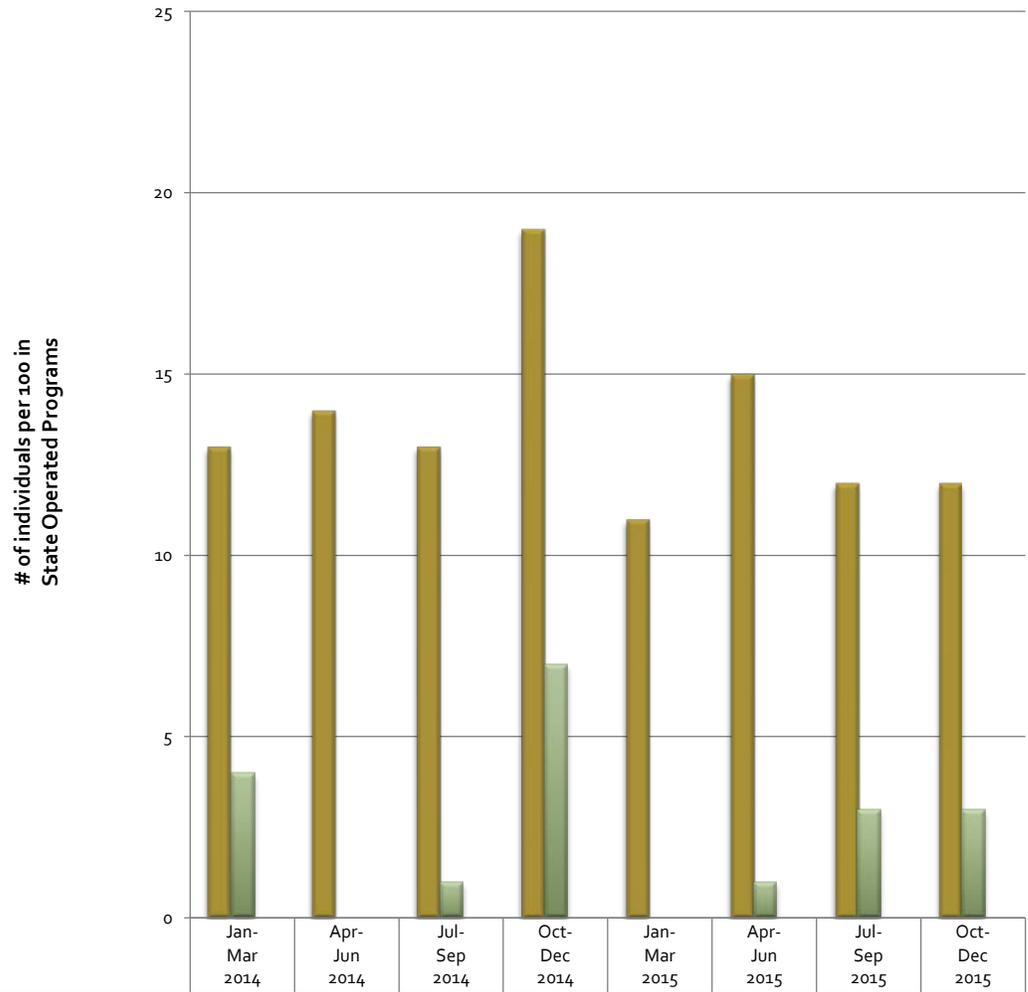


DD State Operated Programs Event Count	Jan-Mar 2014	Apr-Jun 2014	Jul-Sep 2014	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Oct-Dec 2015
Inv. Final Report to Final Determ.	46.62	35.43	12.54	24.00	5.53	8.74	9.55	12.21
Inv. Request to Final Report	16.43	13.30	14.77	12.51	10.47	10.47	11.95	21.00
Event Report to Inv. Request	1.07	0.73	0.83	1.06	1.08	0.64	0.92	0.92
Event Discovery to Report	0.64	0.40	0.08	0.12	0.25	0.36	0.25	0.92
Total Time (90%)	34.83	25.45	27.31	21.21	16.00	19.21	21.50	19.92

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.

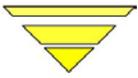


Division of DD State Operated Programs Abuse and Neglect Completed Investigations/Substantiations

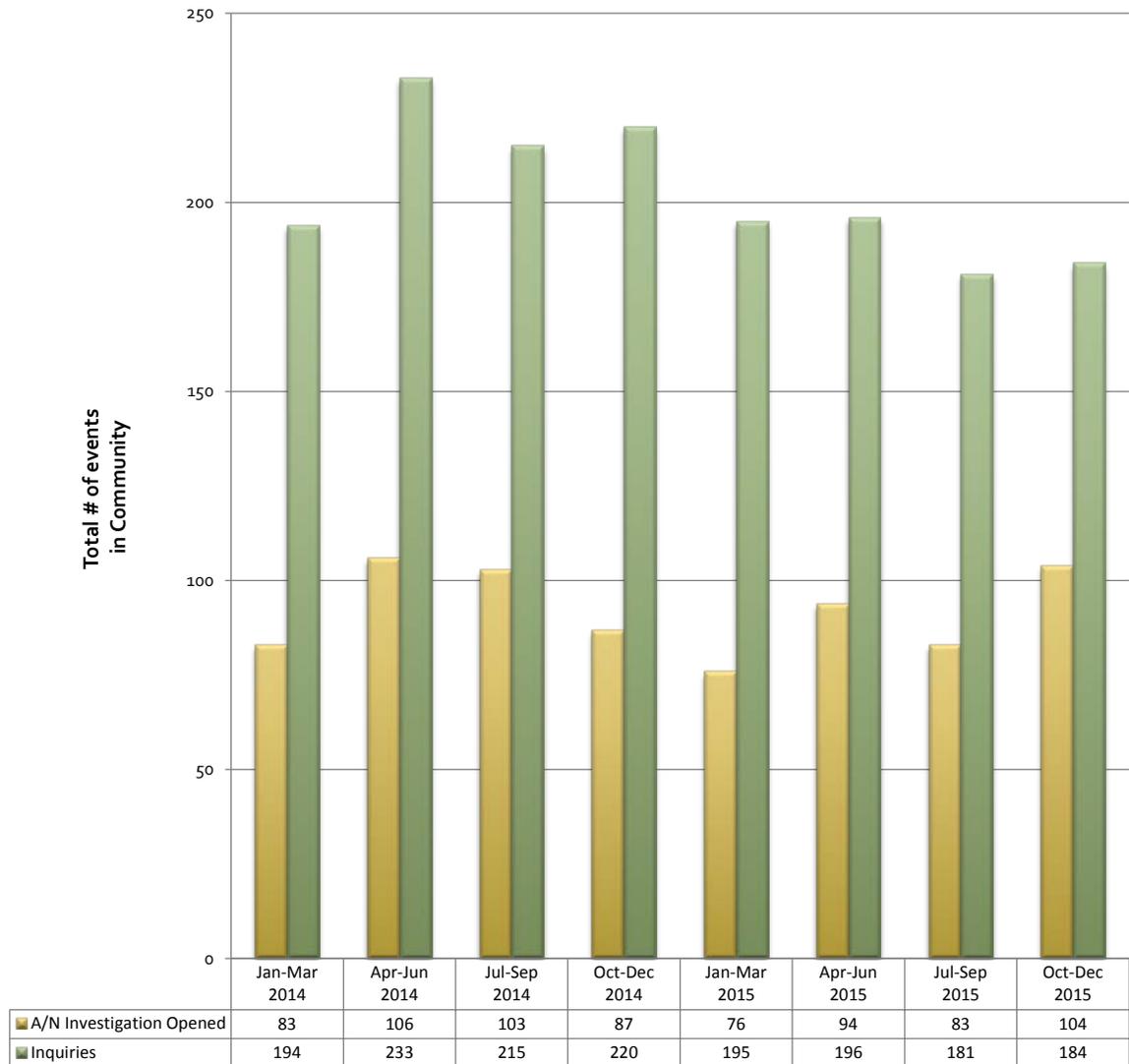


■ CO Investigations Completed	13	14	13	19	11	15	12	12
■ A/N Substantiations	4	0	1	7	0	1	3	3
# Individuals in State Operated Programs (Waiver & On Campus)	658	642	629	622	609	602	598	586

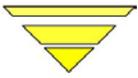
NOTE: Investigations and Substantiations are a count of the number of events, not the number of alleged perpetrators or victims. Also, both counts reflect cases finalized in the quarter reported. Starting in the Jul-Sep quarter, process includes both Habilitation Center Campus and Waiver programs .



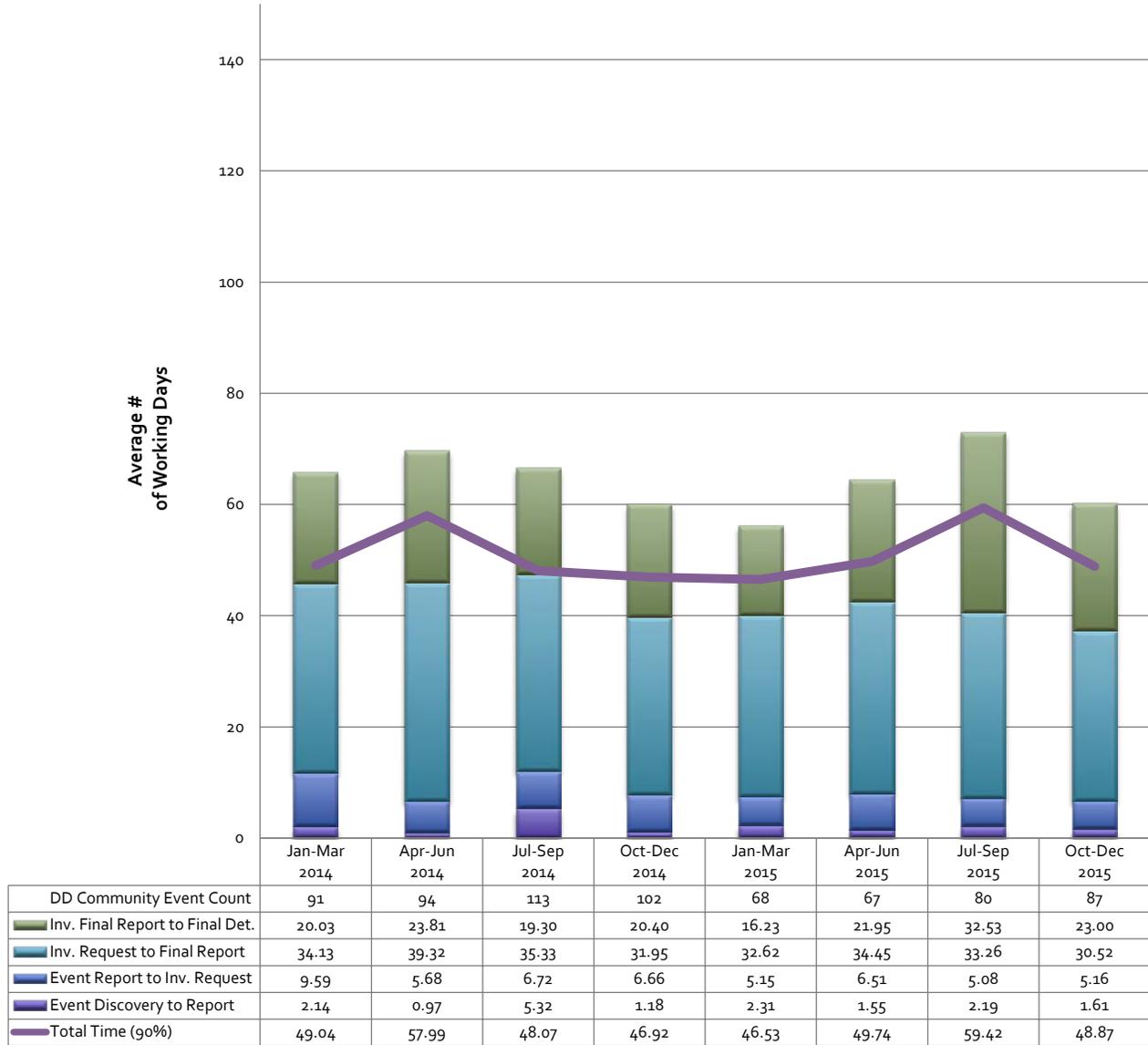
Division of DD Community Inquiries Into Potential Abuse/Neglect Allegations



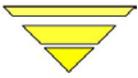
NOTE: If an event initially had an inquiry but then an A/N investigation, it is counted only as an investigation to ensure an unduplicated account of cases under review. Also note that a "decision" for an investigation is only the start of the investigation process. When a final judgment is made regarding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



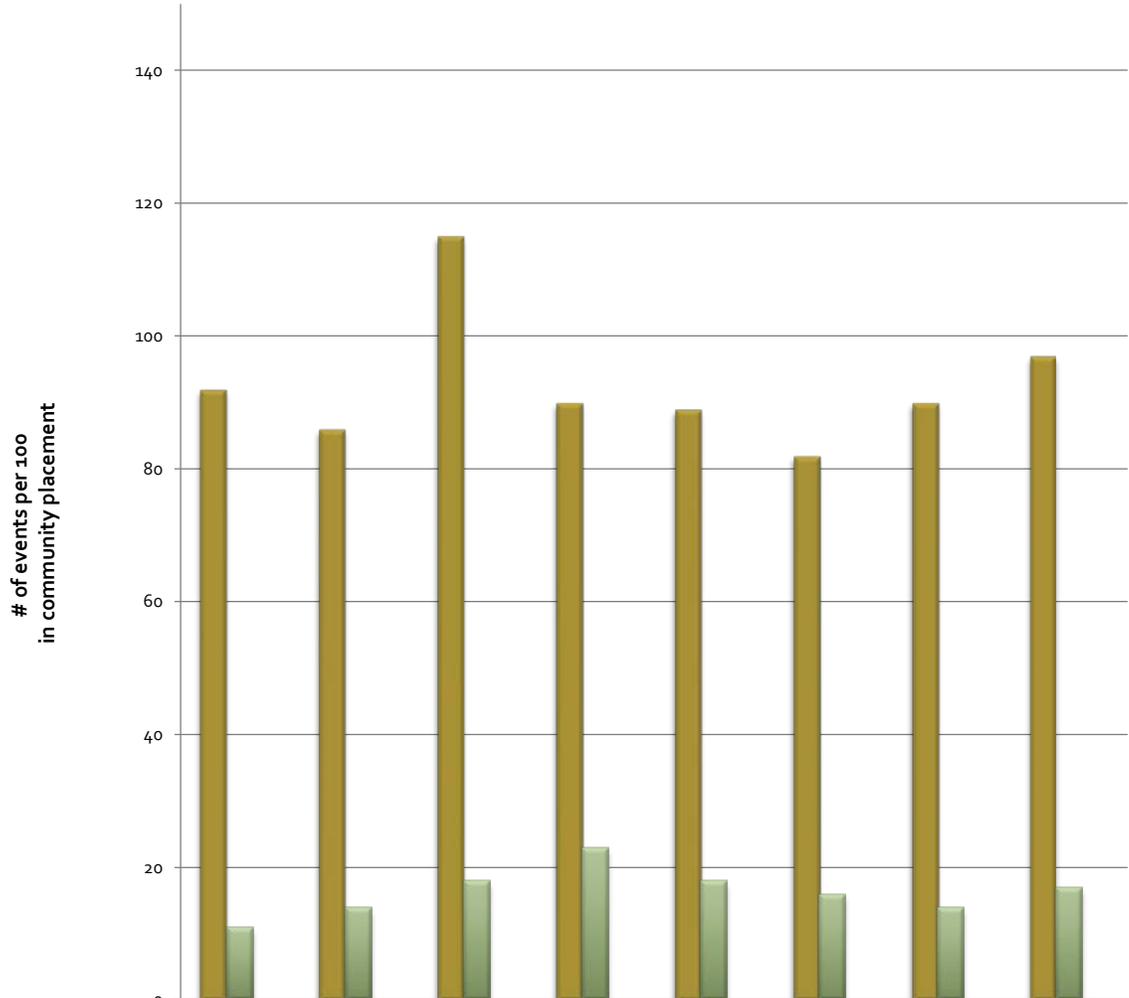
Duration of Investigation Process DD Community



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.

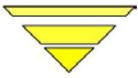


Division of DD Community Abuse and Neglect Investigations

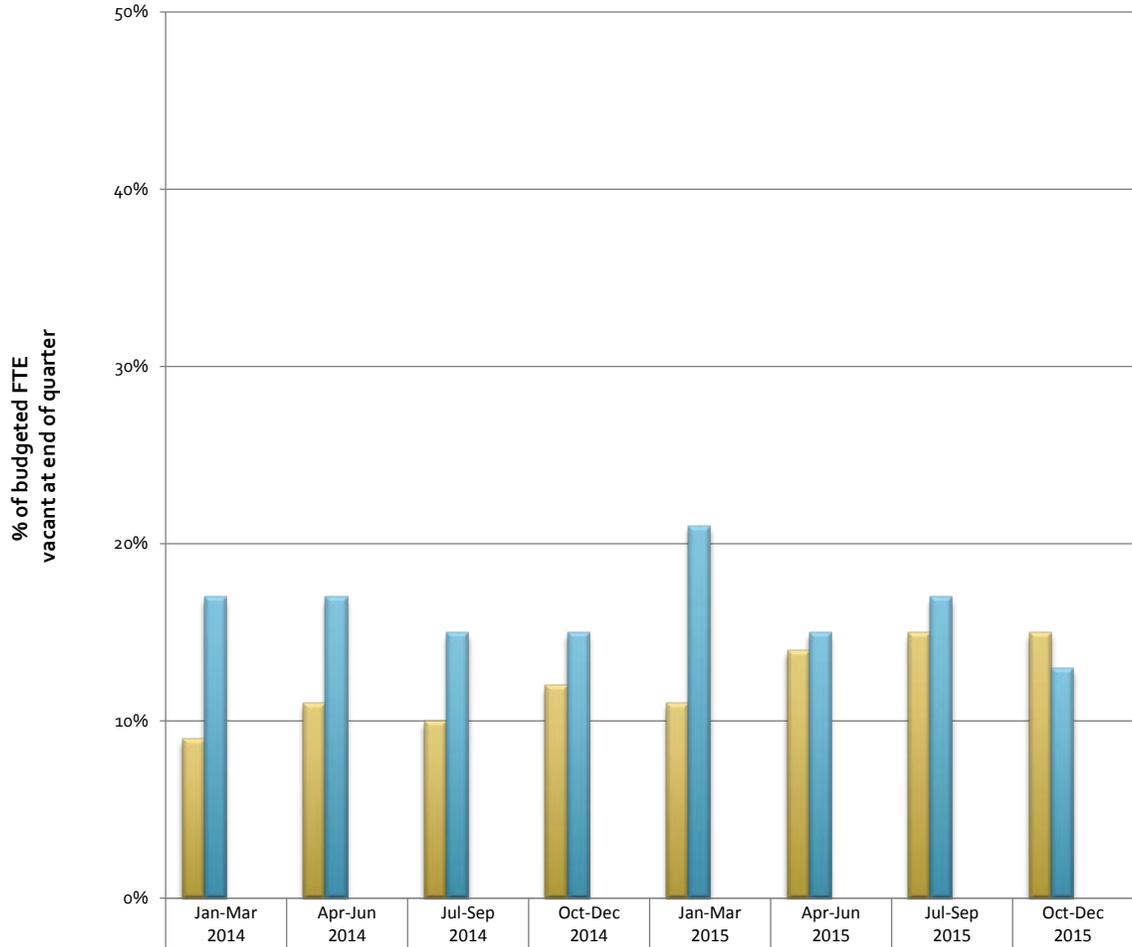


	Jan-Mar 2014	Apr-Jun 2014	Jul-Sep 2014	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Oct-Dec 2015
■ CO Investigations Completed	92	86	115	90	89	82	90	97
■ A/N Substantiations	11	14	18	23	18	16	14	17
# Individuals in Community Residential	6876	6892	6889	6938	6974	6978	7017	7055

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.

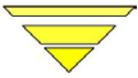


Division of DD State Operated Programs Staff Vacancy Rates

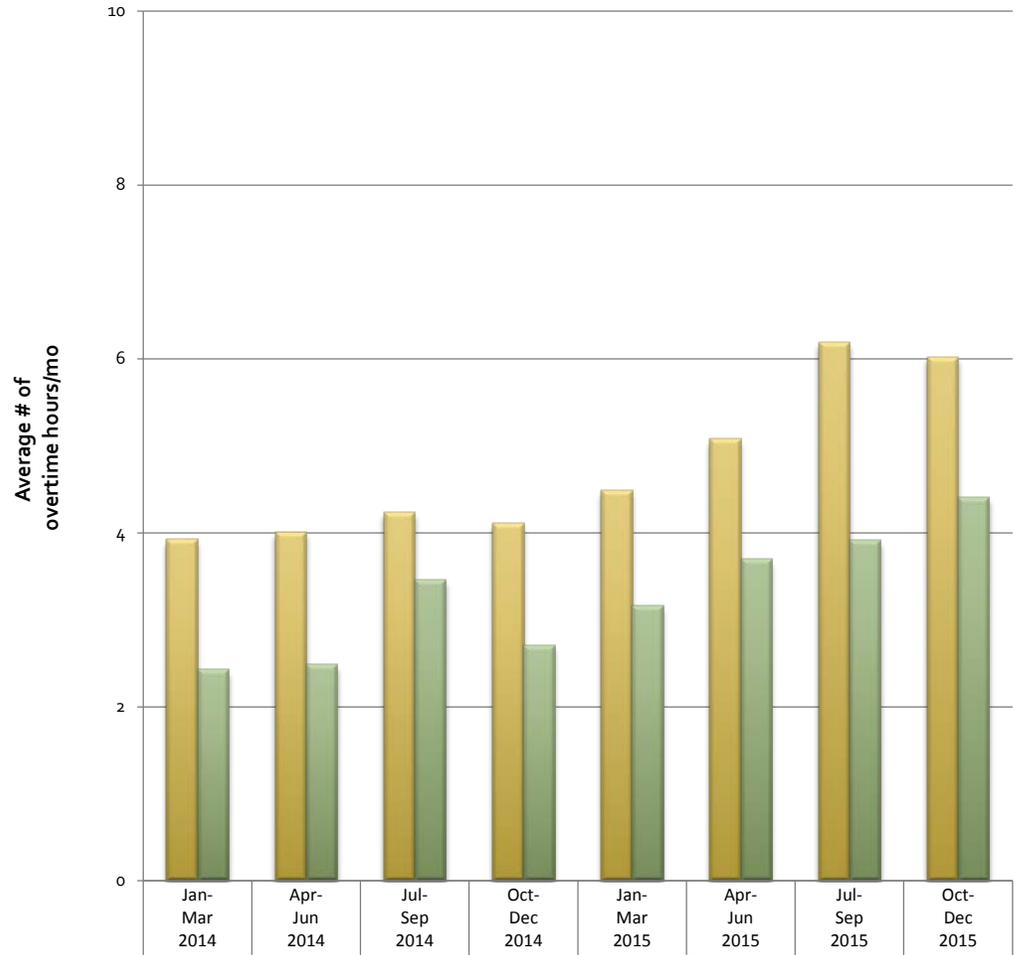


	Jan-Mar 2014	Apr-Jun 2014	Jul-Sep 2014	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Oct-Dec 2015
■ Direct Care Staff Vacancy Rates	9%	11%	10%	12%	11%	14%	15%	15%
■ Licensed Nursing Staff Vacancy Rates	17%	17%	15%	15%	21%	15%	17%	13%
# Direct Care Vacancies	197.3	204.3	182.4	175.0	217.6	272.8	287.0	280.0
# Licensed Nursing Vacancies	29.7	29.9	24.1	25.1	33.4	21.4	24.6	18.6

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).

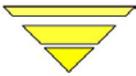


Division of DD State Operated Programs Staff Overtime Hours



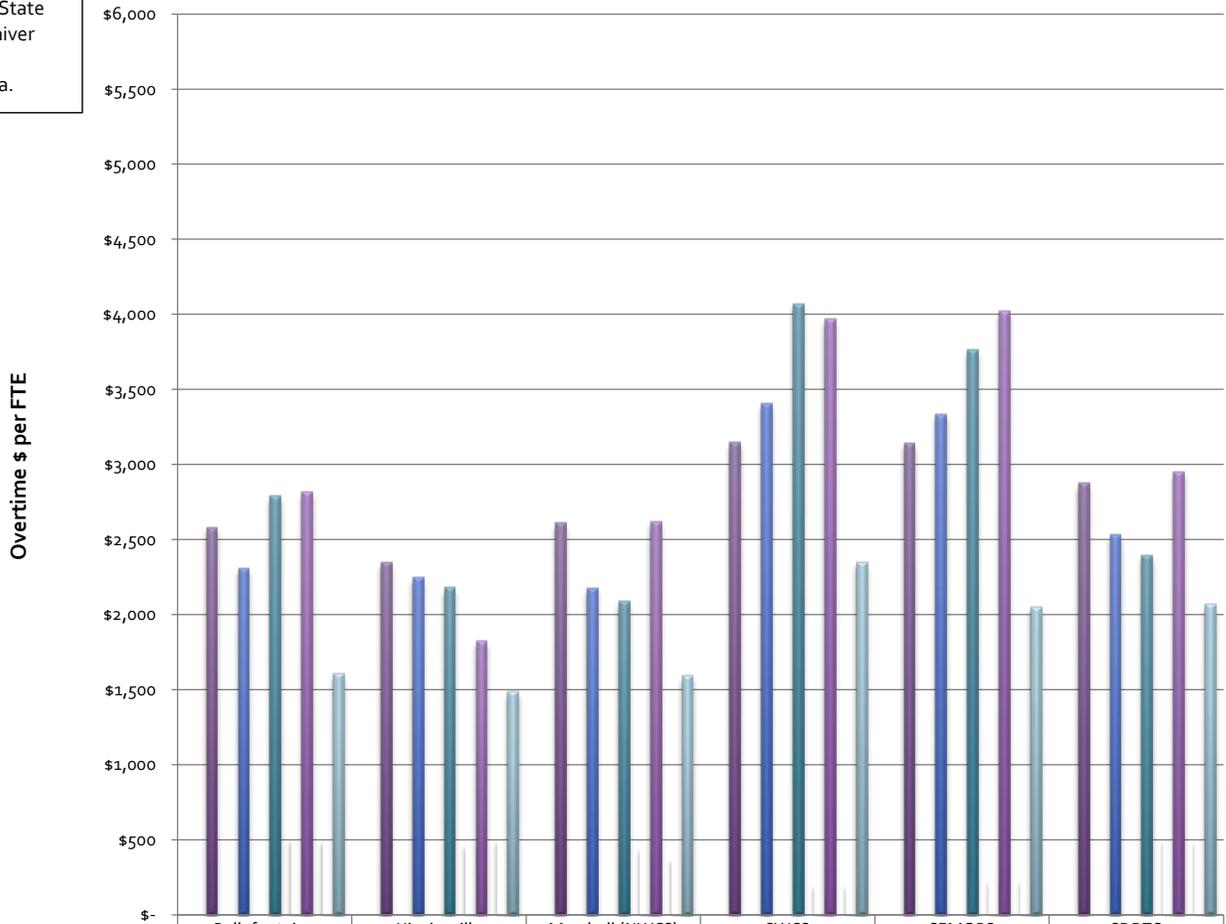
■ Average # OT Hours Worked Per Active Direct Care Staff/Month	3.93	4.01	4.24	4.11	4.49	5.08	6.20	6.03
■ Average # OT Hours Per Active Licensed Staff/Month	2.43	2.49	3.46	2.71	3.16	3.70	3.91	4.41

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).

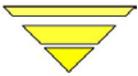


State Operated Programs Overtime Accrued FY 2011-FY 2013 YTD Comparison

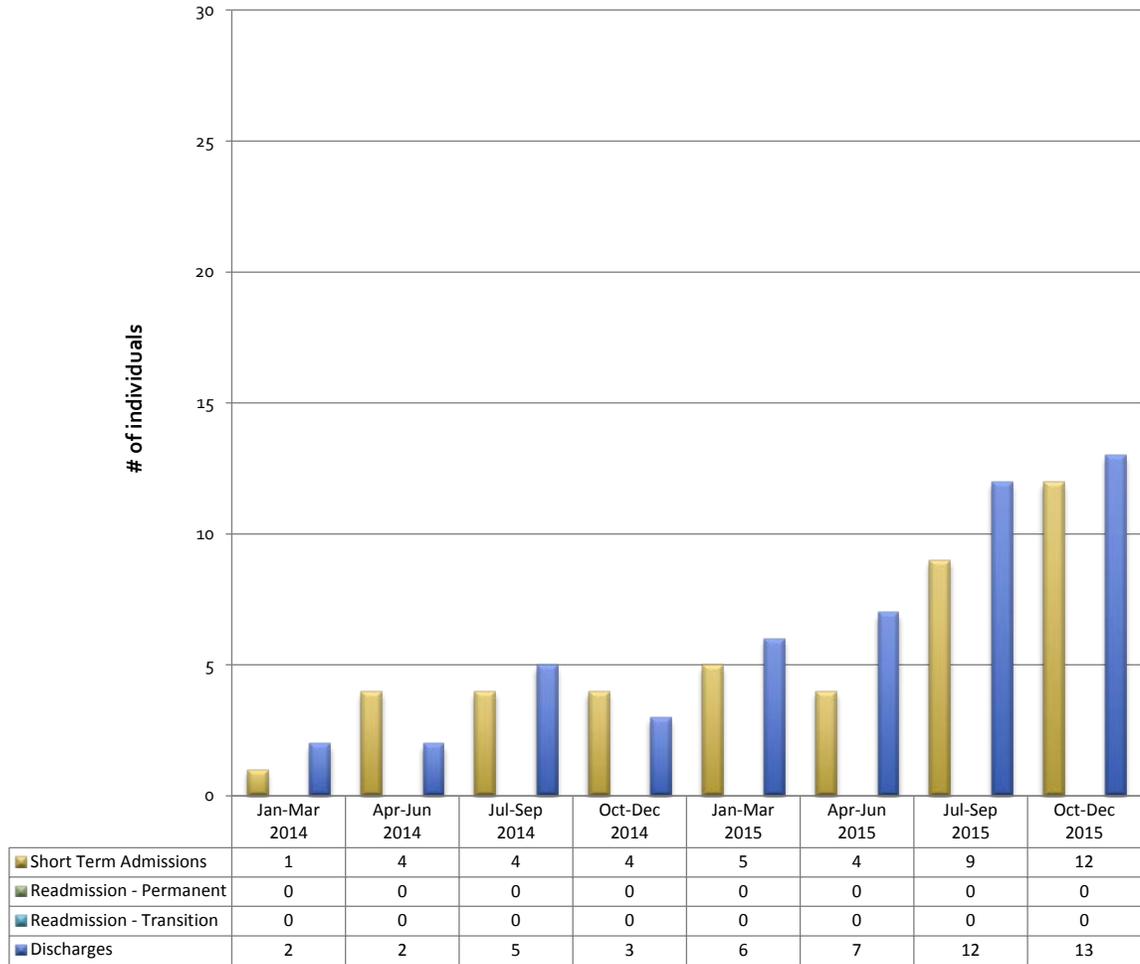
Note: Chart includes Habilitation Center Campus and State Operated Waiver Programs overtime data.



	Bellefontaine	Higginsville	Marshall (NWCS)	SWCS	SEMORS	SDDTC
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	\$0.820	\$0.764	\$0.627	\$0.513	\$0.514	\$1.059
FY16 FTEs	510	514	393	218	250	512
FY16 OT \$ per FTE	\$1,607.84	\$1,486.38	\$1,595.42	\$2,353.21	\$2,056.00	\$2,068.36



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

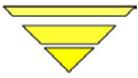


Short Term: Total number of individuals admitted to SOP from any Community Provider for medical and/or behavioral short term support with intention of returning back to their home in the community. Note: 100% of the days a crisis bed was available. Crisis bed services are provided in both Habilitation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

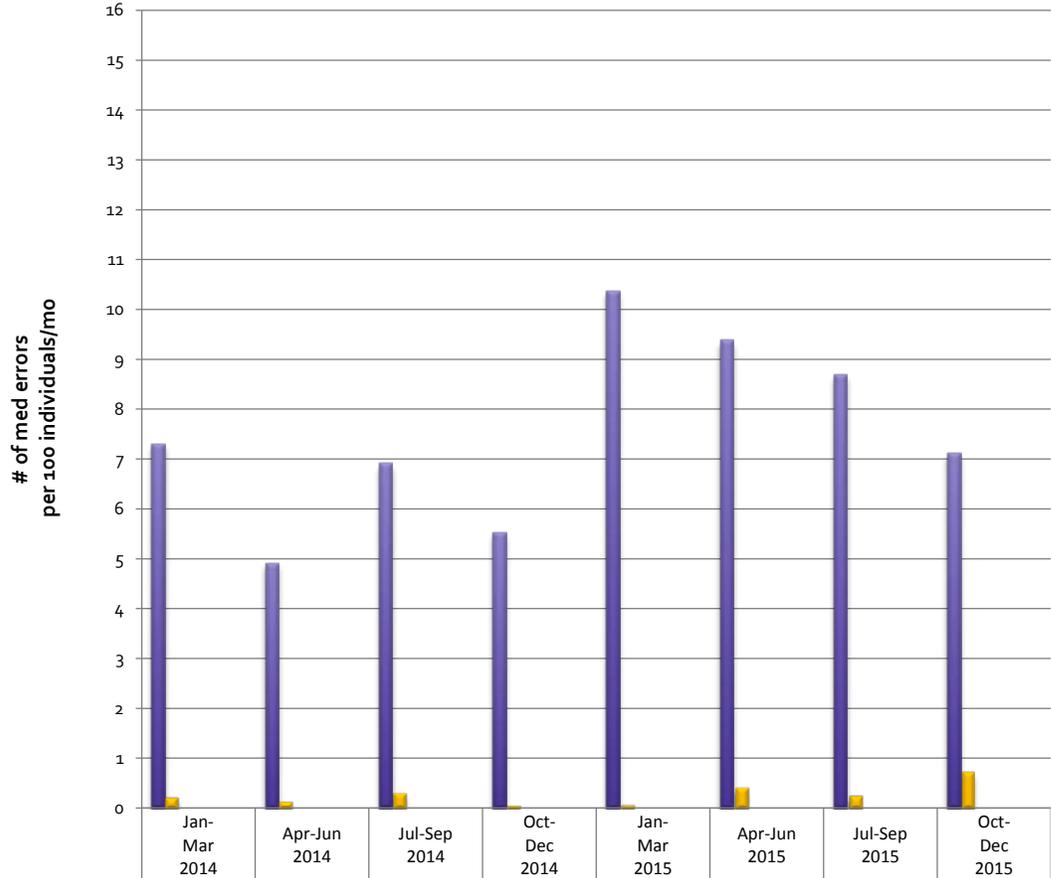
Permanent: Total number of individuals previously discharged from the Habilitation Center Campus within the last 12 months that returned during report period with no plans to move back to community.

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

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

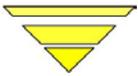


Division of DD Habilitation Center Campus Medication Errors

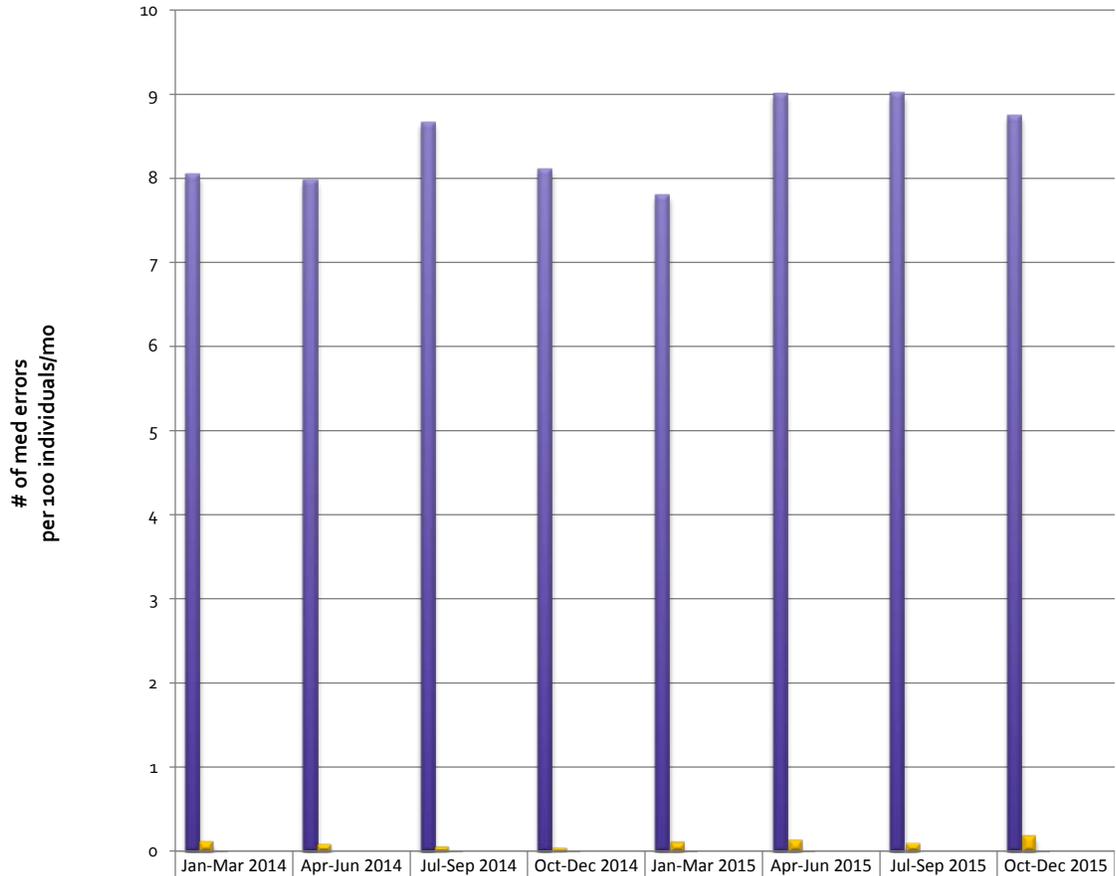


■ Minimal Med Errors per 100 Individuals/month	7.31	4.91	6.92	5.53	10.37	9.39	8.71	7.12
■ Moderate Med Errors per 100 Individuals /month	0.23	0.15	0.31	0.08	0.08	0.42	0.26	0.73
■ Serious Med Errors per 100 Individuals/month	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HCC Minimal Medication Errors	96	65	88	69	126	111	99	78
HCC Center Moderate Medication Errors	3	2	4	1	1	5	3	8
HCC Center Serious Medication Errors	0	0	0	0	0	0	0	0
# HCC Individuals	438	441	424	416	405	394	379	365

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.

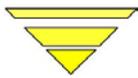


Division of DD Community Medication Errors

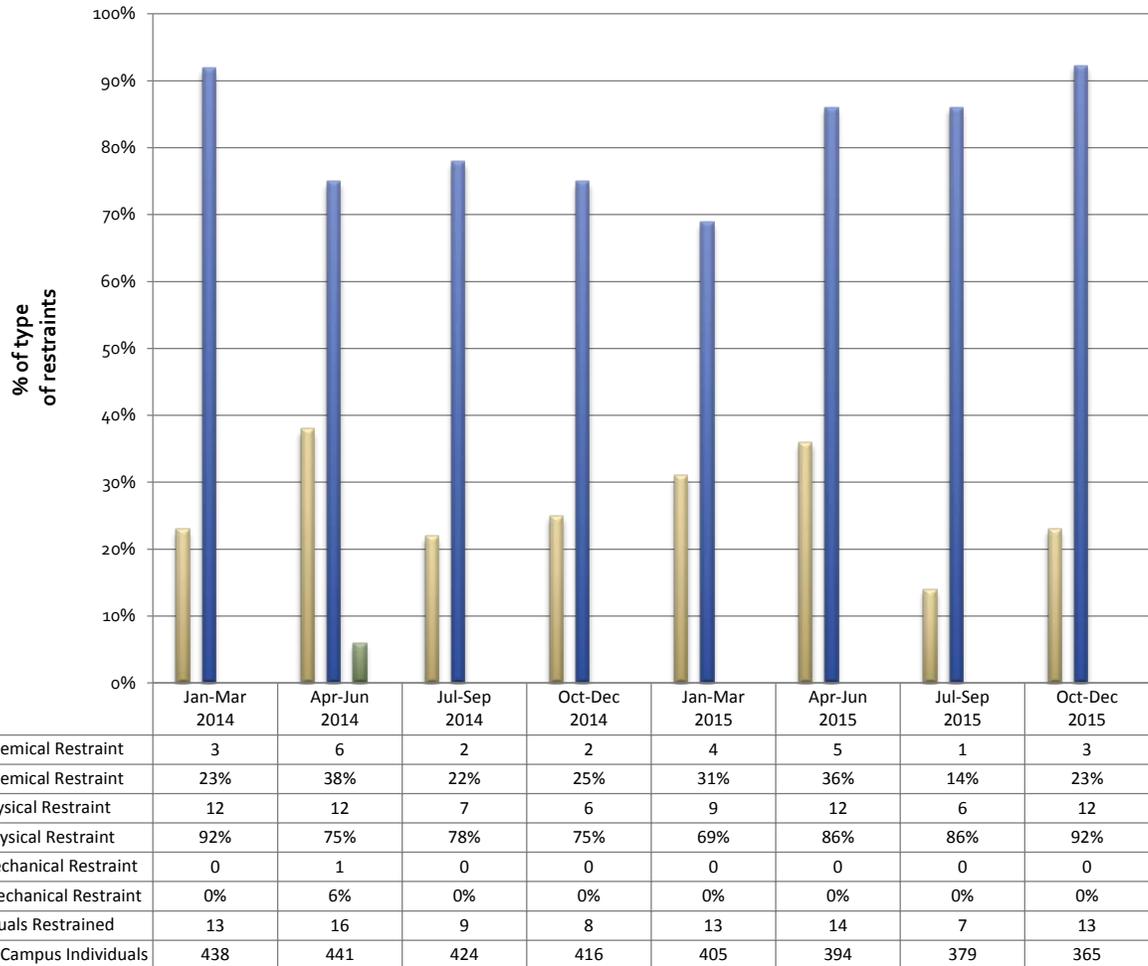


	Jan-Mar 2014	Apr-Jun 2014	Jul-Sep 2014	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Oct-Dec 2015
Minimal Med Errors per 100 Individuals/month	8.05	7.99	8.68	8.11	7.81	9.01	9.02	8.76
Moderate Med Errors per 100 Individuals/month	0.12	0.09	0.06	0.05	0.11	0.13	0.10	0.18
Serious Med Errors per 100 Individuals/month	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Community Minimal Medication Errors	1712	1702	1847	1739	1681	1943	1958	1912
Community Moderate Medication Errors	25	19	13	10	24	29	21	40
Community Serious Medication Errors	1	0	1	1	1	1	0	1
# Individuals in Community Residential	7087	7102	7097	7144	7178	7186	7236	7278

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



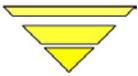
NOTE: Each individual who experienced at least one chemical, physical, mechanical restraint is counted so duplication occurs. For example, one individual may experience a chemical restraint and a physical restraint. They are counted in both categories. Percentage of each type of restraint is based on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

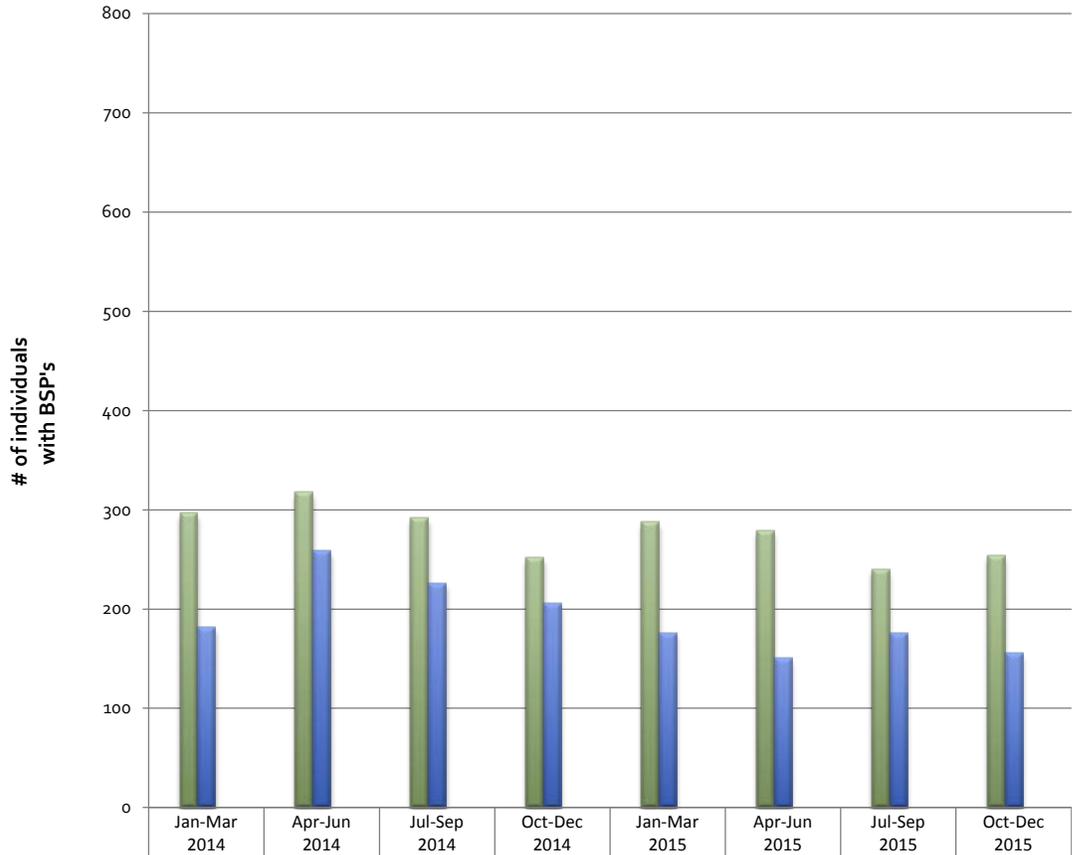
Physical Restraint: Any physical hold involving a restriction of an individual's voluntary movement.

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.

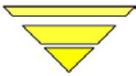


Division of DD Habilitation Center Campus Individuals with Behavior Support Programs

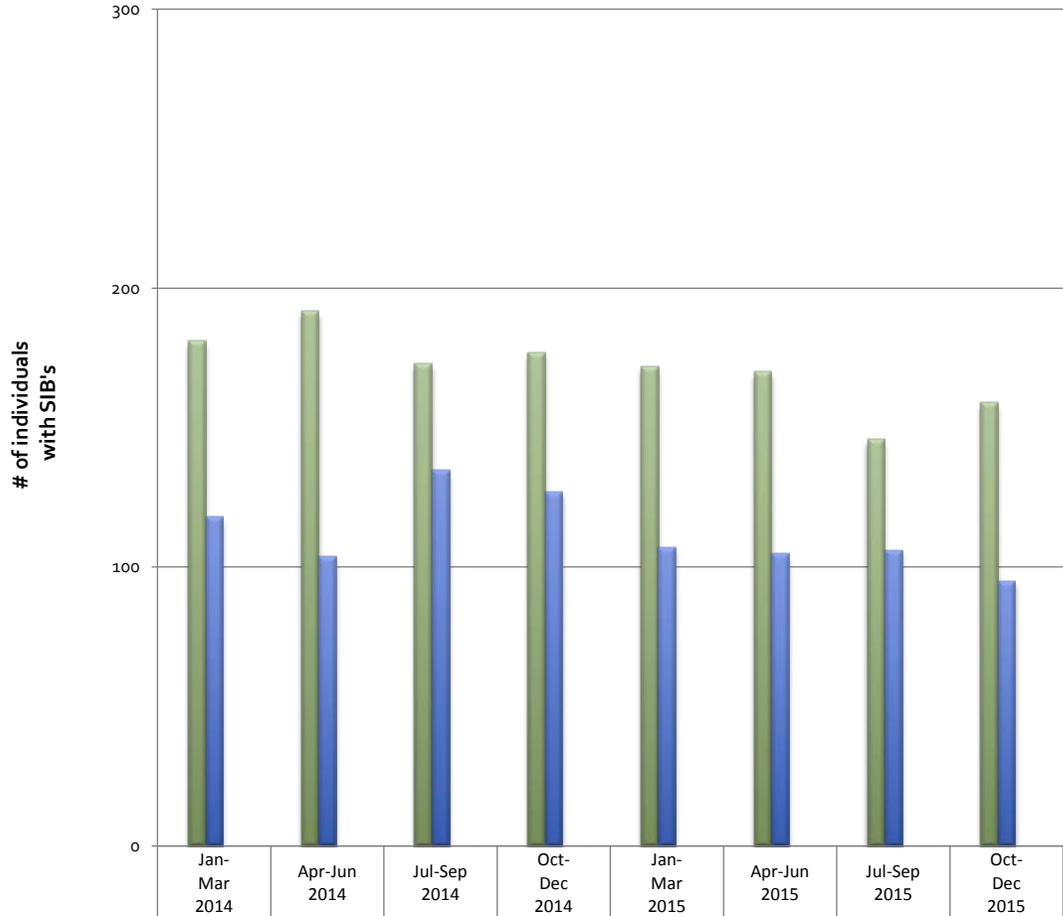


	Jan-Mar 2014	Apr-Jun 2014	Jul-Sep 2014	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Oct-Dec 2015
# Hab Center Campus Individuals	438	441	424	416	405	394	379	365
■ Individuals with Behavior Support Programs	297	318	292	252	288	279	240	254
■ Individuals Progressing with Behavior Support Programs	182	259	226	206	176	151	176	156
% On Behavior Support Programs	68%	72%	69%	61%	71%	71%	63%	70%
% Progressing on Behavior Support Programs	61%	81%	77%	82%	61%	54%	73%	61%

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

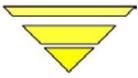


	Jan-Mar 2014	Apr-Jun 2014	Jul-Sep 2014	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Oct-Dec 2015
# Hab Center Campus Individuals	438	441	424	416	405	394	379	365
■ Individuals with Self Injurious Behavior Programs	181	192	173	177	172	170	146	159
■ Individuals Progressing with SIB Programs	118	104	135	127	107	105	106	95
% on Self Injurious Behavior Programs	41%	44%	41%	43%	42%	43%	39%	44%
% Progressing on Self Injurious Behavior Programs	65%	54%	78%	72%	62%	62%	73%	60%

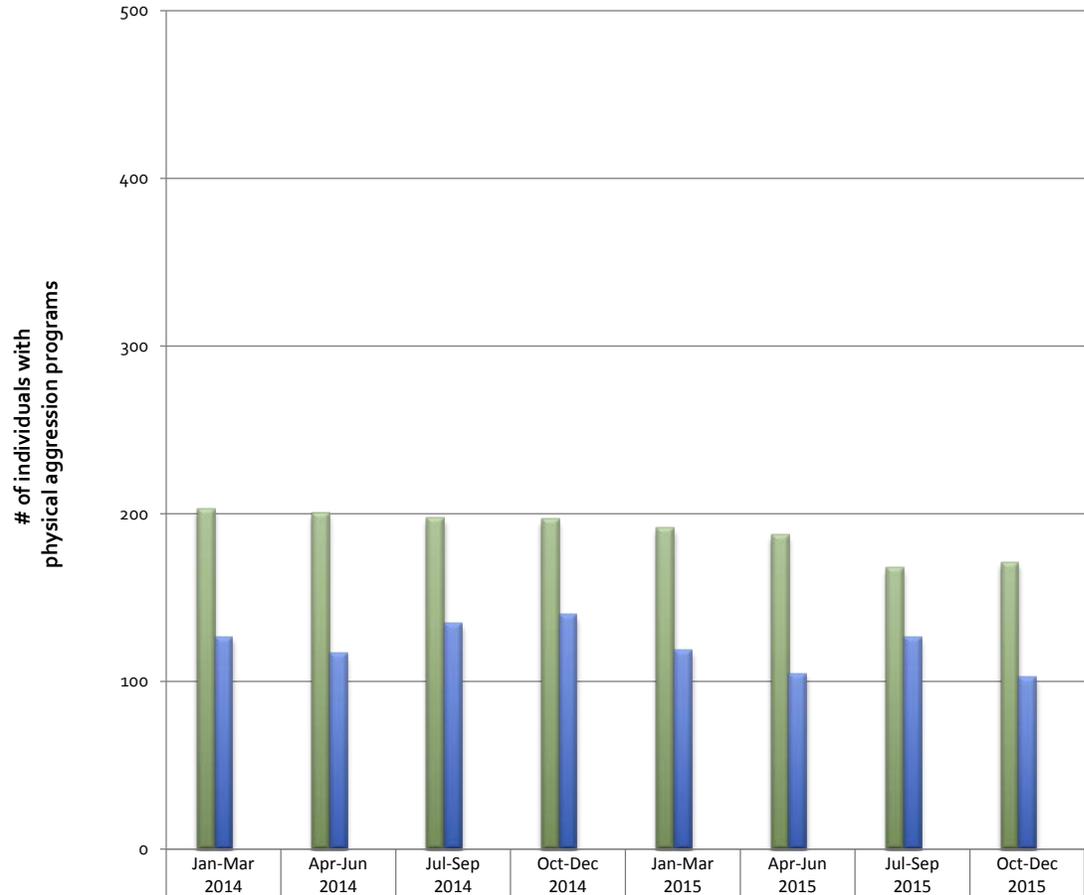
Definition- Self Injurious Behavior Program: A individual with a Behavior Support Program that includes a program developed to systematically reduce or eliminate Self Injurious Behaviors (incidents of self harm) such as slapping self in the face, biting self on hand, or banging own head.

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

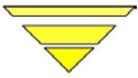


	Jan-Mar 2014	Apr-Jun 2014	Jul-Sep 2014	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Oct-Dec 2015
# Hab Center Campus Individuals	438	441	424	416	405	394	379	365
■ Individuals with Physical Aggression Programs	203	201	198	197	192	188	168	171
■ Individuals Progressing with Physical Aggression Programs	127	117	135	140	119	105	127	103
% on Physical Aggression Programs	46%	46%	47%	47%	47%	48%	44%	47%
% Progressing on Physical Aggression Programs	63%	58%	68%	71%	62%	56%	76%	60%

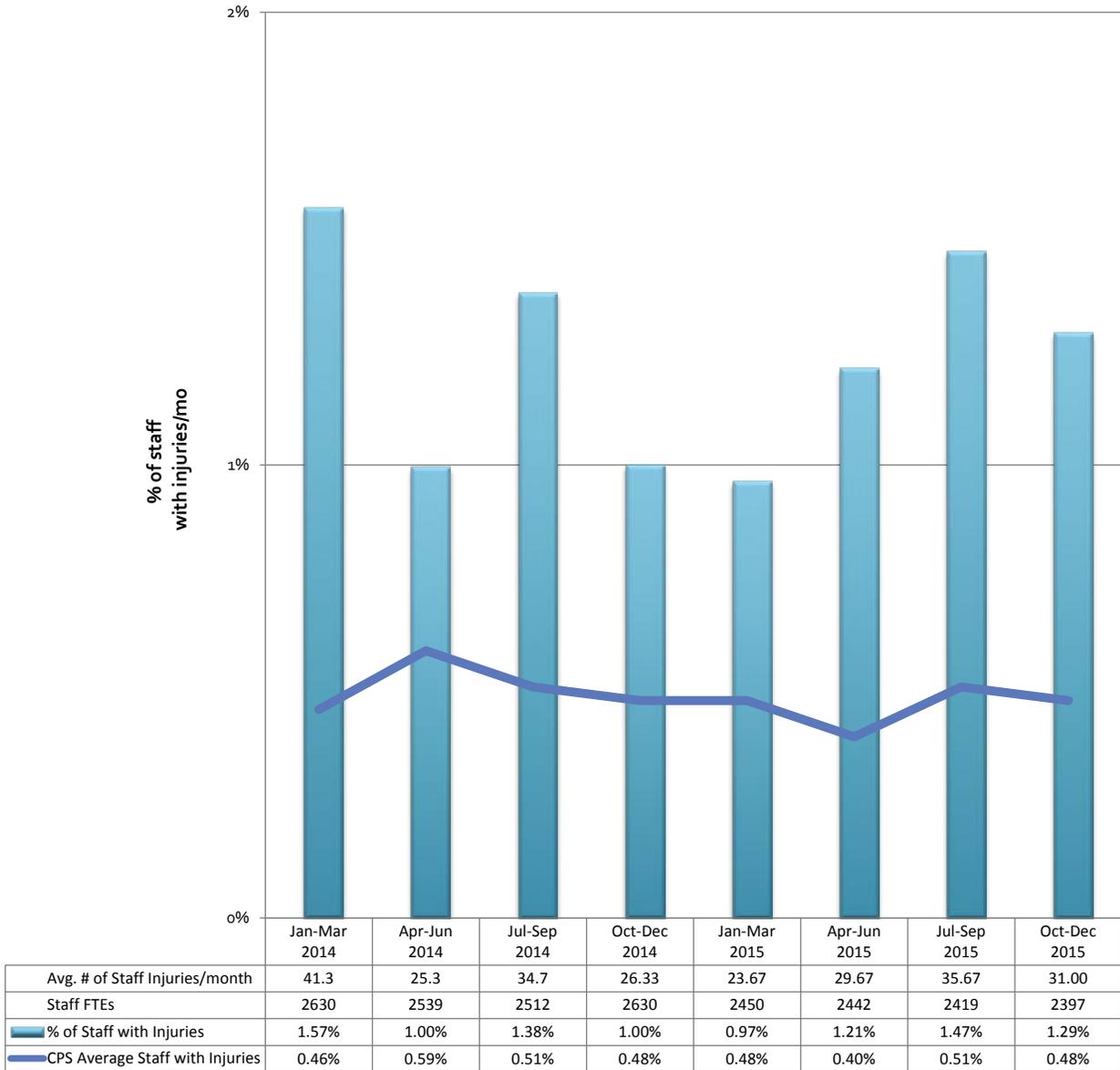
Definition - Physical Aggression Programs: Individuals with a Behavior Support plan that includes a program designed to reduce or eliminate Physical Aggression (such as hitting, kicking, throwing objects, biting) towards another person.

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

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



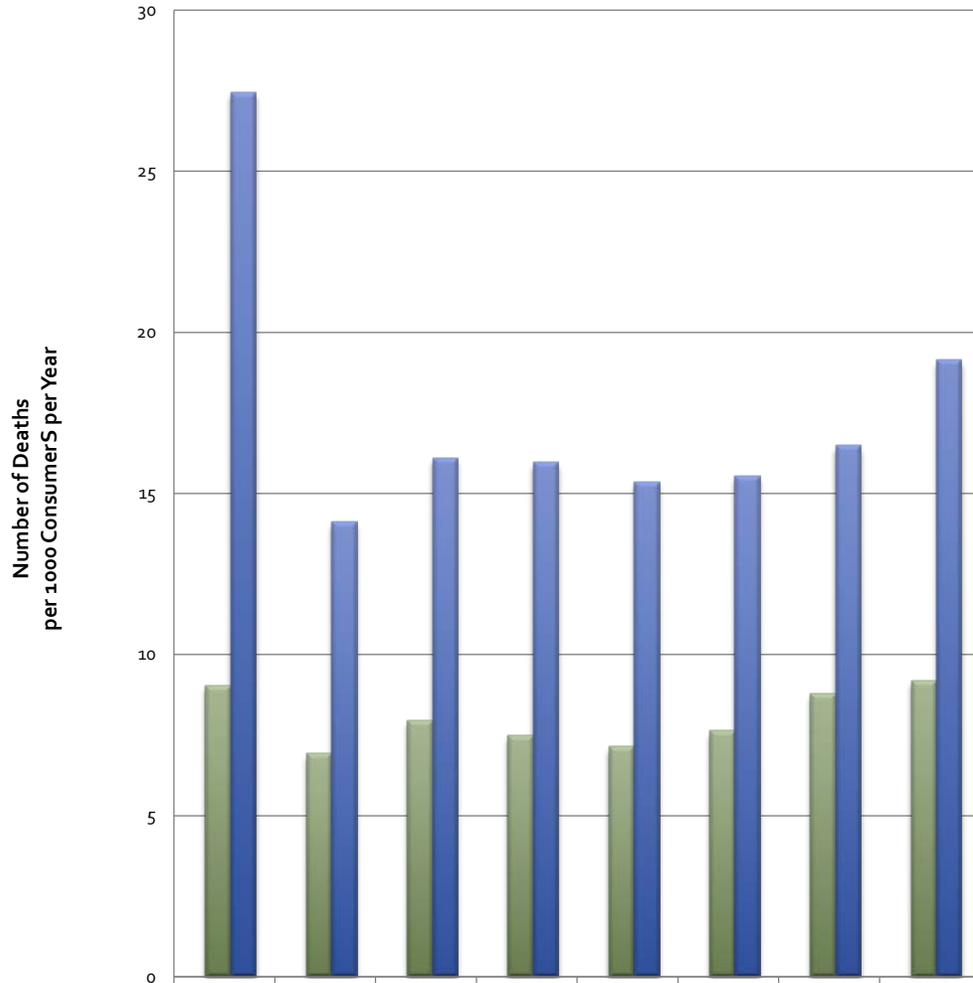
Division of DD State Operated Programs Staff Injuries



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.

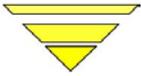


DD Mortality Rate in Community

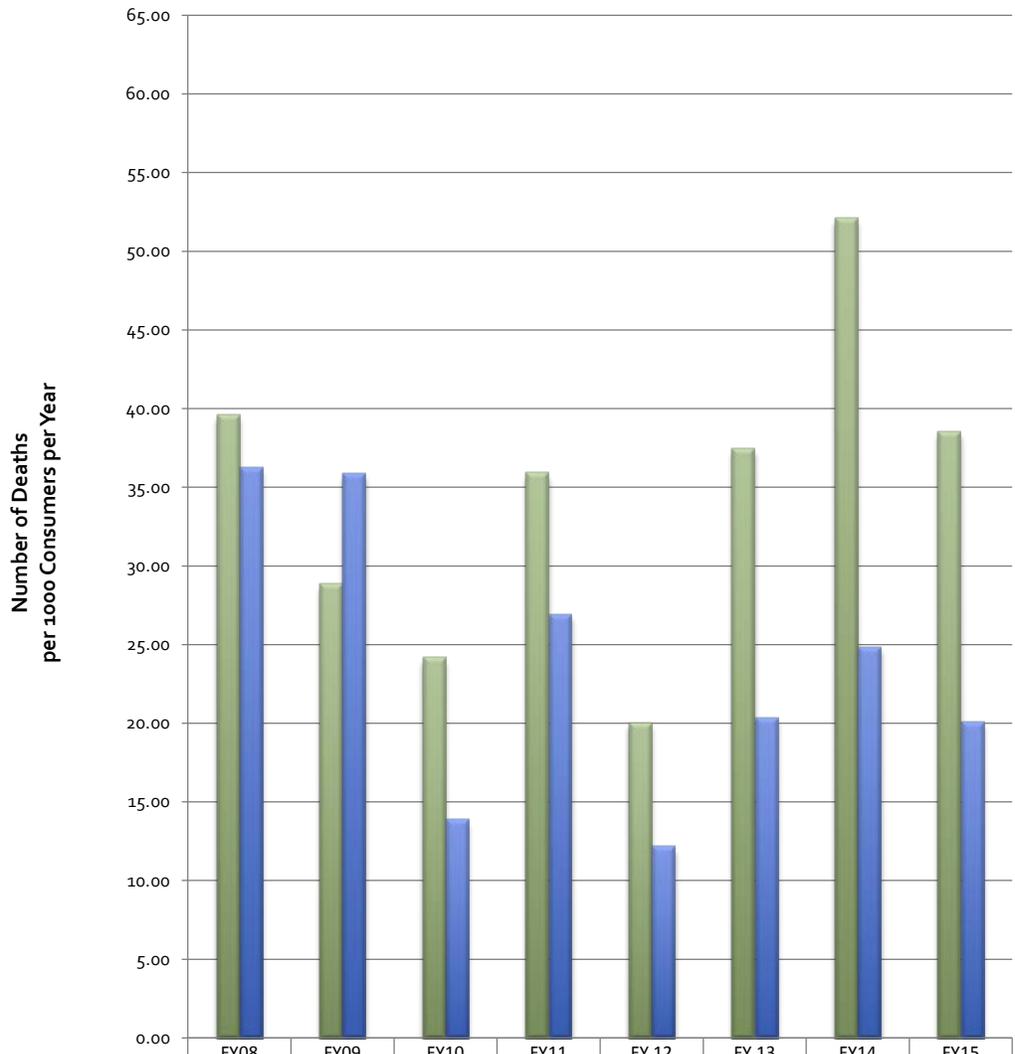


	FY08	FY09	FY10	FY11	FY12	FY13	FY14	FY15
DD Community Consumer Deaths	237	222	253	243	239	265	297	318
■ DD Community Crude Mortality / 1000	9.04	6.93	7.97	7.51	7.15	7.64	8.80	9.19
Missouri Vital Statistics Crude Mortality / 1000	9.20	9.50	9.20	9.30	9.3	9.5	9.6	
■ DD Community Age Adjusted Mortality / 1000	27.45	14.12	16.11	15.97	15.38	15.56	16.49	19.15
Missouri Vital Statistics Age Adj Mortality / 1000	8.20	8.40	8.20	8.10	8.00	8.0	8.0	
National Core Indicators Mortality (est.)	8.40	8.40	8.40	8.40	8.40	8.40	8.40	8.40

NOTE: Deaths reported for consumers receiving community services. Per 1000 client years compares to the Missouri community mortality rate of 9.5 deaths per 1000 Missouri residents (2013 MO Vital Statistics) .



DD Mortality Rate in Habilitation Centers

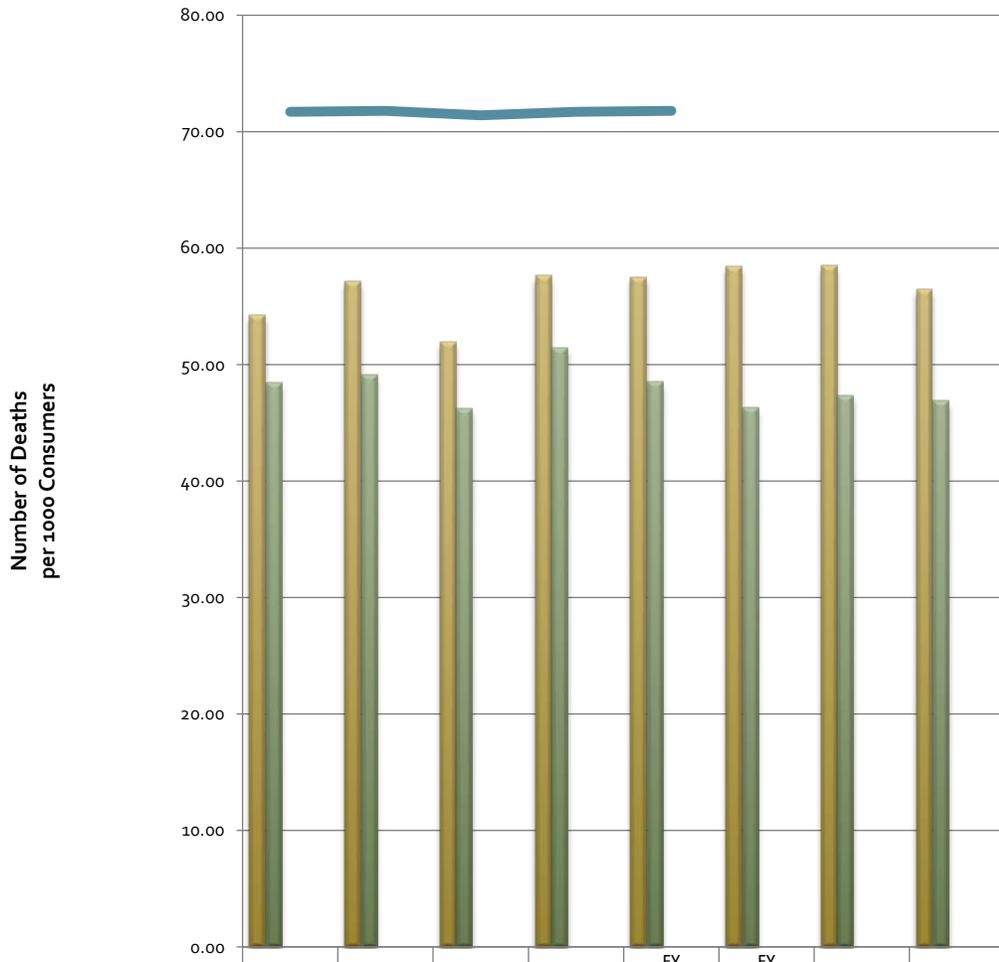


	FY08	FY09	FY10	FY11	FY 12	FY 13	FY14	FY15
DD Hab Center Deaths	29.00	19.00	26.00	15.00	17.00	26	34	21
DD Hab Center Crude Mortality / 1000	39.60	28.87	24.18	35.93	20.07	37.51	52.12	38.59
Missouri Vital Statistics Crude Mortality / 1000	9.20	9.50	9.20	9.30	9.30	9.5	9.6	
DD Hab Center Age Adj Mortality / 1000	36.30	35.89	13.90	26.93	12.19	20.37	24.85	20.12
Missouri Vital Statistics Age Adj Mortality / 1000	8.20	8.40	8.20	8.10	8.00	8.0	8.0	

NOTE: Deaths reported for consumers residing in Habilitation Centers. Per 1000 client years compares to the Missouri community mortality rate of 9.5 deaths per 1000 Missouri residents (2013 MO Vital Statistics) .



DD Average Age At Death



	FY08	FY09	FY10	FY11	FY 12	FY 13	FY14	FY15
DD Average Age at Death - Hab Center	54.30	57.17	52.00	57.66	57.52	58.46	58.56	56.48
DD Average Age at Death - Community	48.46	49.13	46.27	51.48	48.53	46.38	47.37	46.91
Number of Deaths - All DD	277	249	274	261	256	291	331	339
Number of Deaths - Hab Center	40	27	21	29	15	26	34	21
Number of Deaths - Community	237	222	253	243	239	265	297	318
Average Age at Death - Missouri Vital Statistics	71.70	71.80	71.40	71.70	71.8			

NOTE: Deaths reported for all DD Hab Center and community consumers. All Missouri average is calculated from the "Missouri Vital Statistics", 2008-2012 (2013-2014 not yet available). To make this comparison, calendar year data is used for vital statistics from other sources while fiscal year data is reported for DD statistics. As of 2-2-15, 2013 & 2014 data not yet available from Missouri Vital Statistics.