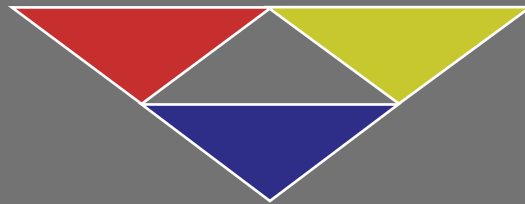


November 2016

Missouri Department of Mental Health

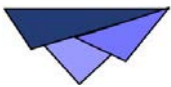
# Quarterly Performance Measures



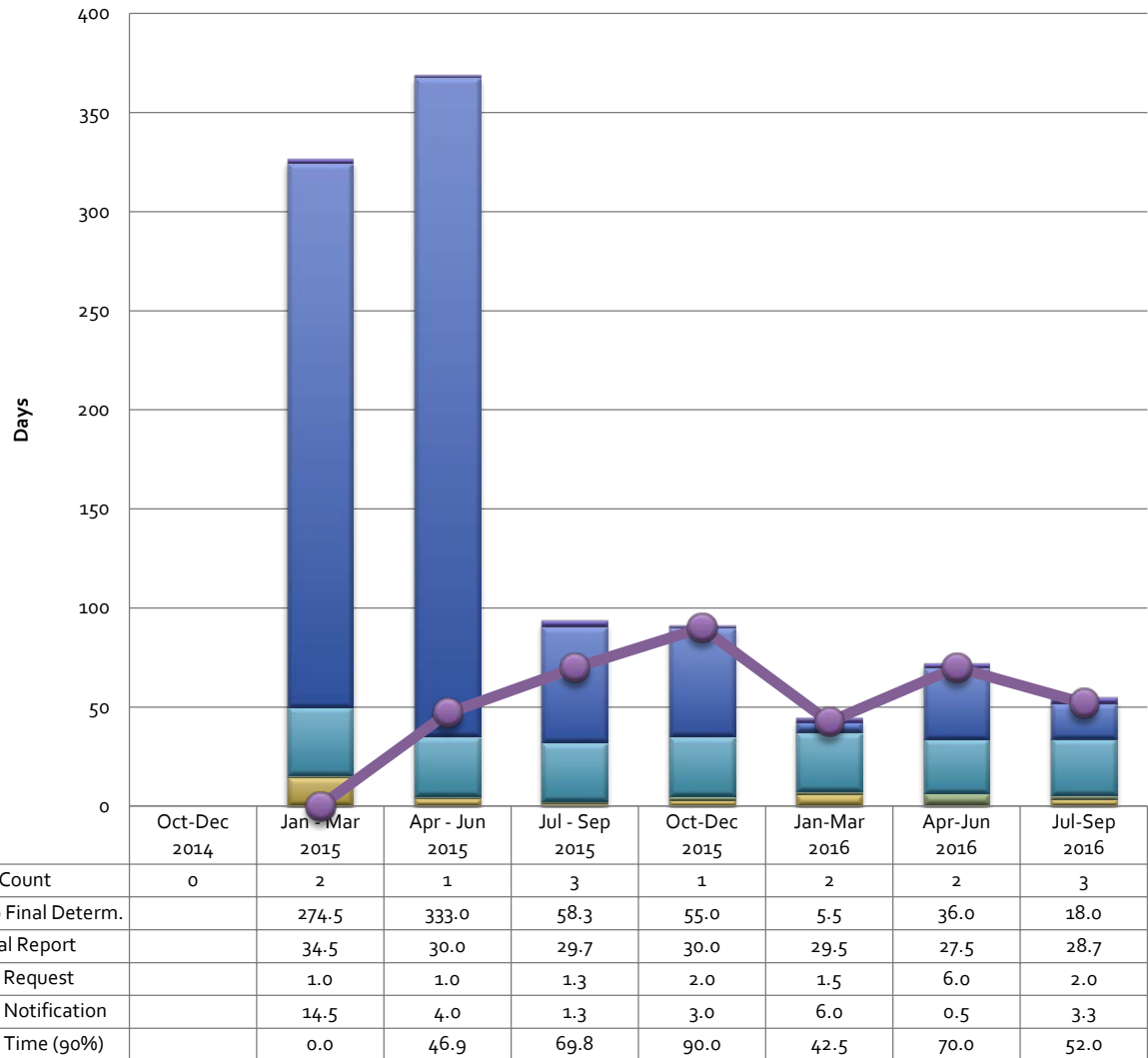


# Division of Behavioral Health

## Substance Abuse Services

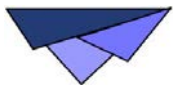


## Substance Use Treatment Community Investigations Time-lines

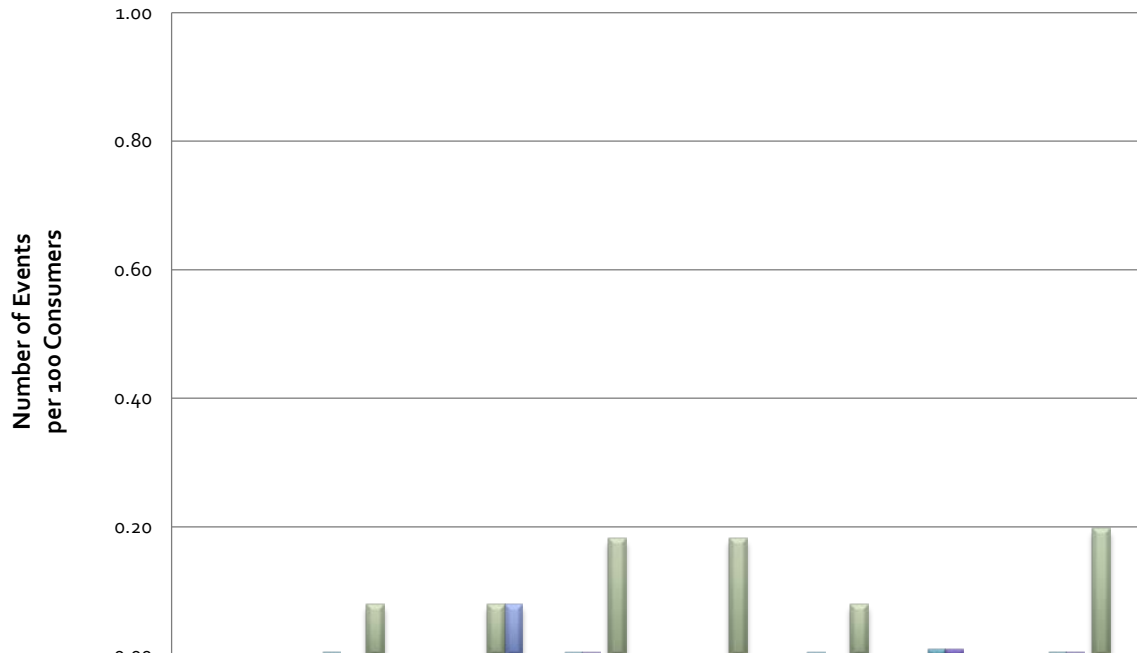


NOTE: Timelines are divided into 4 distinct sections or stages of an investigation. The bars include average times for all final determinations made in each quarter, whereas the purple line includes 90% of all cases in order to show typical timelines excluding the top 10% outliers.

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



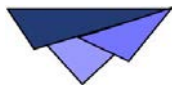
## Substance Use Treatment Abuse/Neglect Investigations



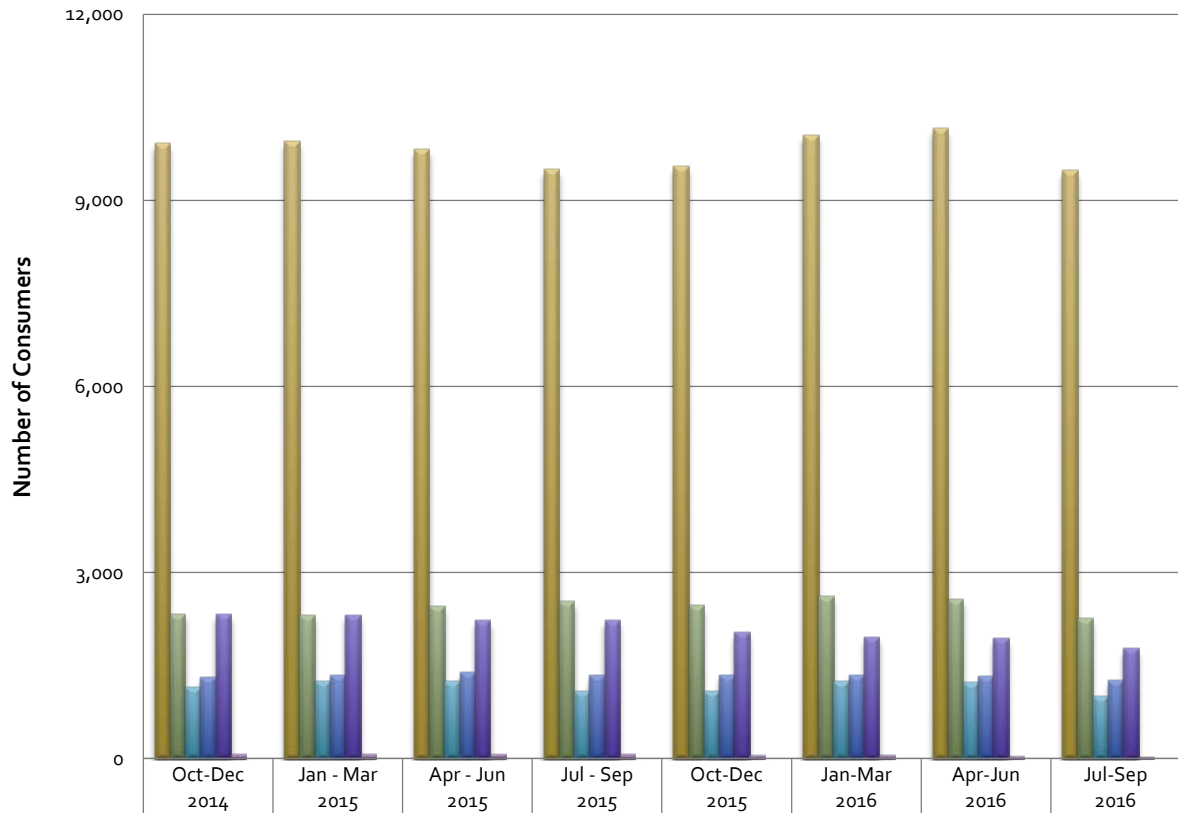
	Oct-Dec 2014	Jan - Mar 2015	Apr - Jun 2015	Jul - Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sep 2016
# Adult Consumers	19,428	19,856	19,991	19,326	18,726	19,321	19,516	17,650
Adult A/N Investigations Completed	0	1	0	1	0	1	2	1
Adult A/N Investigations Rate	0.000	0.005	0.000	0.005	0.000	0.005	0.010	0.006
Adult A/N Substantiated	0	0	0	1	0	0	2	1
Adult A/N Substantiation Rate	0.000	0.000	0.000	0.005	0.000	0.000	0.010	0.006
# Youth Consumers	1,173	1,257	1,256	1,096	1,093	1,253	1,239	1,009
Youth A/N Investigations Completed	0	1	1	2	2	1	0	2
Youth A/N Investigations Rate	0.000	0.080	0.080	0.182	0.183	0.080	0.000	0.198
Youth A/N Substantiated	0	0	1	0	0	0	0	0
Youth A/N Substantiation Rate	0.000	0.000	0.080	0.000	0.000	0.000	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.



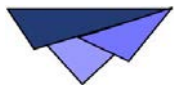
## Substance Use Treatment Consumers Served By Program



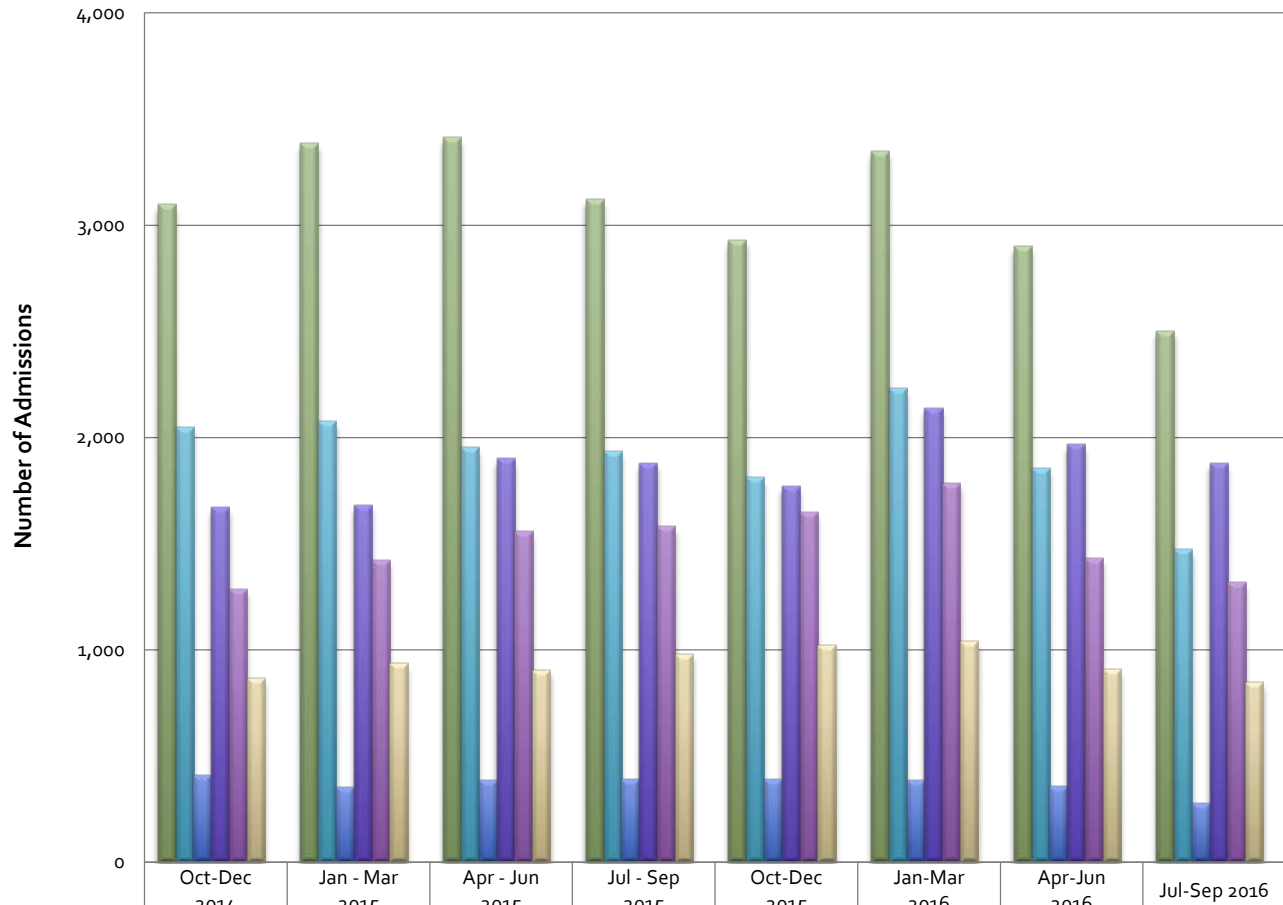
	Oct-Dec 2014	Jan - Mar 2015	Apr - Jun 2015	Jul - Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sep 2016
CSTAR Gen Adult	9,920	9,953	9,827	9,502	9,546	10,054	10,168	9,486
CSTAR W&C	2,332	2,312	2,454	2,532	2,468	2,616	2,574	2,262
CSTAR Adol	1,161	1,251	1,244	1,085	1,092	1,248	1,232	1,008
CSTAR Opioid Tx	1,322	1,347	1,390	1,350	1,346	1,355	1,335	1,260
Primary Recovery & Tx	2,327	2,311	2,233	2,234	2,046	1,957	1,942	1,785
Compulsive Gambling	72	70	73	67	50	54	43	30
Unduplicated Number of ADA Served	20,601	21,113	21,247	20,422	19,819	20,574	20,755	18,659

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.

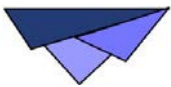
**Significance: The majority of consumers receiving treatment services are in a CSTAR program.**



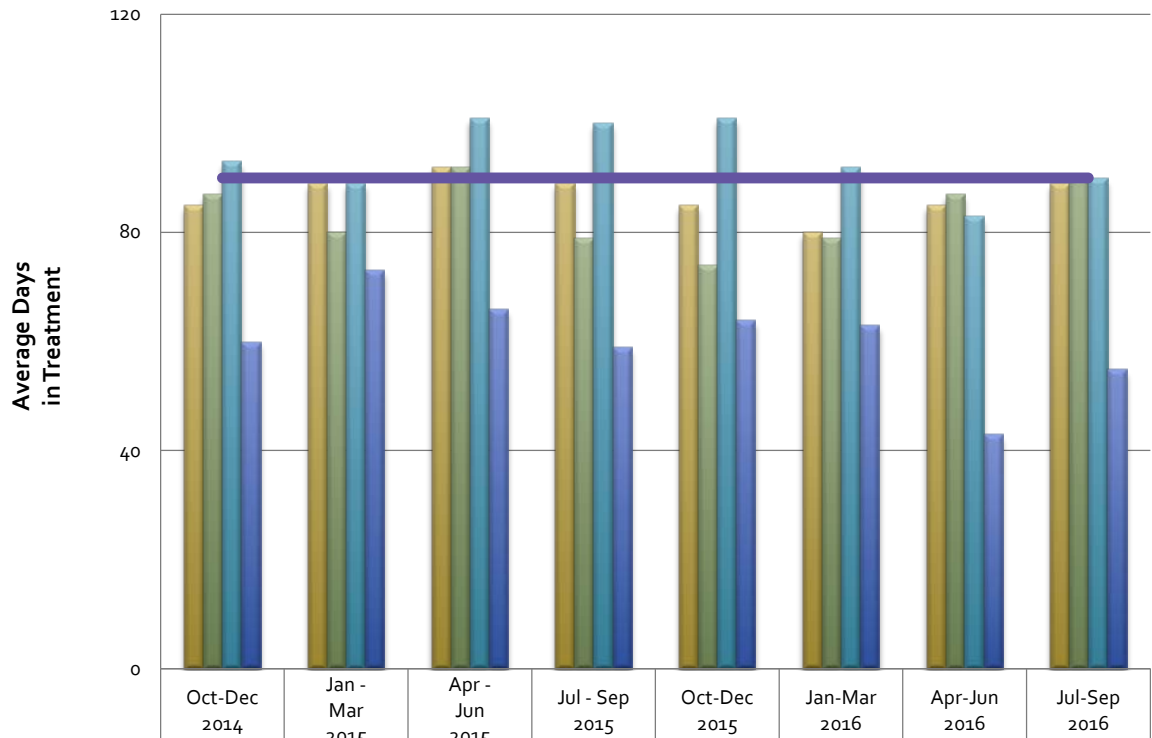
## Drug of Choice at Admission to Substance Use Treatment



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



## Retention In Substance Use Treatment

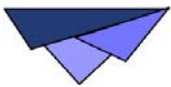


	Oct-Dec 2014	Jan - Mar 2015	Apr - Jun 2015	Jul - Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sep 2016
CSTAR Gen Adult - N	4,194	4,228	4,577	4,307	4,680	4,138	3,393	2,854
CSTAR Gen Adult - Avg Days	85	89	92	89	85	80	85	89
CSTAR W&C - N	1,051	942	1,257	1,062	1,227	1,064	1,031	713
CSTAR W&C - Avg Days	87	80	92	79	74	79	87	90
CSTAR Adol - N	496	486	600	508	474	503	493	294
CSTAR Adol - Avg Days	93	89	101	100	101	92	83	90
Primary Recovery & Tx - N	758	822	804	639	672	468	272	275
Primary Recovery & Tx - Avg Days	60	73	66	59	64	63	43	55
# of Outliers	466	394	444	403	464	365	346	232
NIDA recommended minimum (days)	90	90	90	90	90	90	90	90

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

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

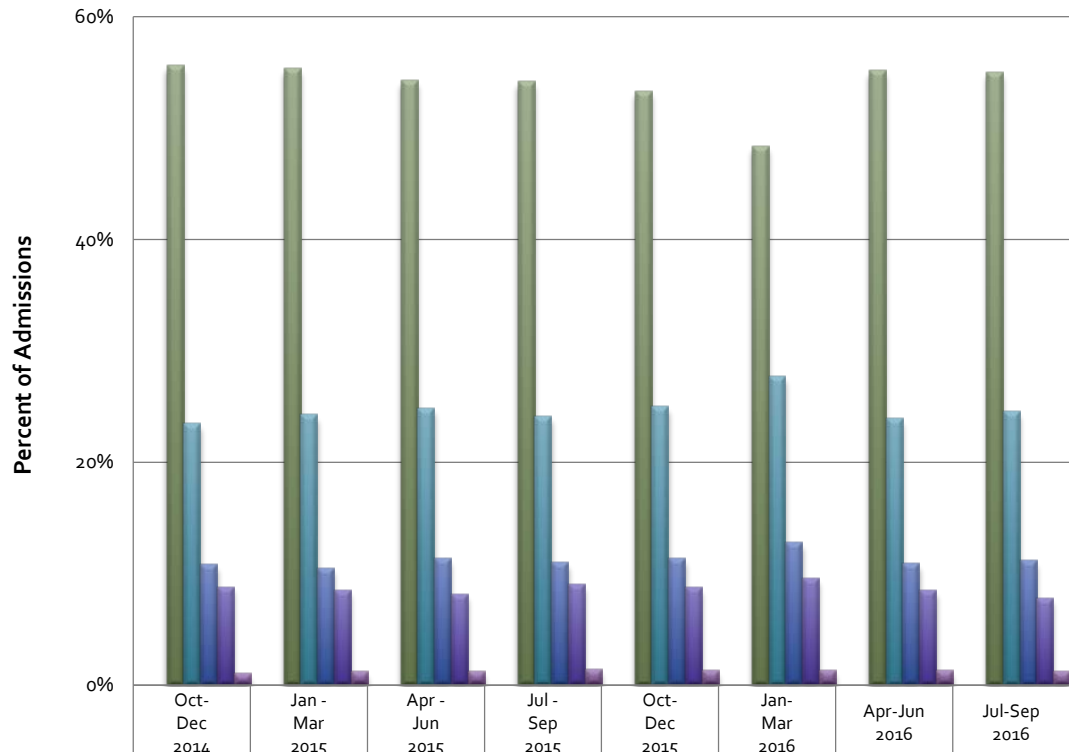
**Significance: Average length of stay in substance use treatment is around 3 months.**



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

NOTE: One study found that the median time from first treatment to 1 alcohol-and drug-free year was 9 years - with 3 to 4 episodes of treatment.<sup>1</sup>

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

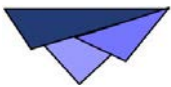


	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sep 2016
Adult Consumers Admitted to Tx	6,849	6,909	7,209	7,076	6,939	7,848	6,901	7,006
Adult Consumers with Previous Tx	3,036	3,084	3,293	3,241	3,237	4,053	3,092	3,149
Adult Consumers Admitted with Previous Tx Pct	44.3%	44.6%	45.7%	45.8%	46.6%	51.6%	44.8%	44.9%
0 Prior Tx Episodes	3,813	3,825	3,916	3,835	3,702	3,795	3,809	3,857
0 Prior Tx Episodes Pct	55.7%	55.4%	54.3%	54.2%	53.4%	48.4%	55.2%	55.1%
1 Prior Tx Episode	1,611	1,679	1,791	1,708	1,741	2,181	1,654	1,725
1 Prior Tx Episode Pct	23.5%	24.3%	24.8%	24.1%	25.1%	27.8%	24.0%	24.6%
2 Prior Tx Episodes	744	730	825	784	794	1,007	756	786
2 Prior Tx Episodes Pct	10.9%	10.6%	11.4%	11.1%	11.4%	12.8%	11.0%	11.2%
3 - 5 Prior Tx Episodes	606	589	587	645	609	758	590	547
3 - 5 Prior Tx Episodes Pct	8.8%	8.5%	8.1%	9.1%	8.8%	9.7%	8.5%	7.8%
6 + Prior Tx Episodes	75	86	90	104	93	107	92	91
6 + Prior Tx Episodes Pct	1.1%	1.2%	1.2%	1.5%	1.3%	1.4%	1.3%	1.3%

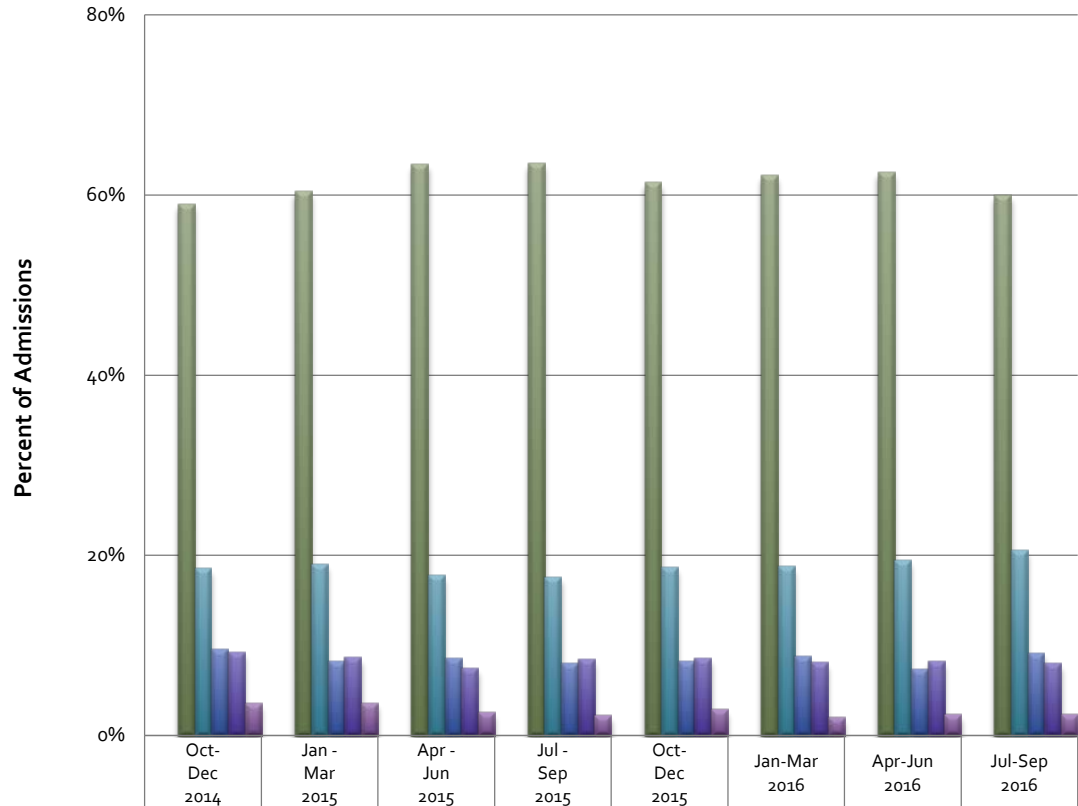
NOTE: The above data includes only treatment programs within 36 months of consumers' last admission within the quarter. Detox, SATOP, Recovery Support and Compulsive Gambling episodes of care were not included.

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





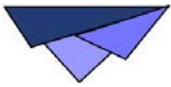
## Adult Detox Admissions With Prior Detox Episodes in Past 36 Months



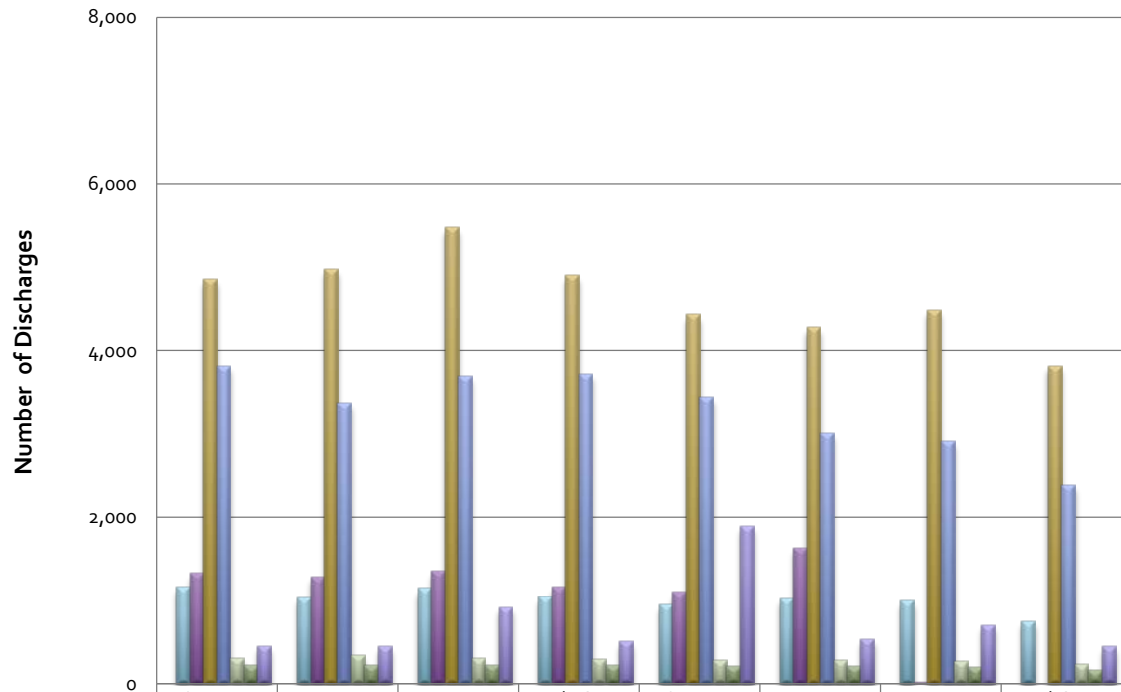
	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sep 2016
Consumers Admitted to Detox	1,385	1,459	1,676	1,753	1,614	1,712	1,673	1,626
Consumers with Previous Detox	567	577	613	639	622	646	627	651
Consumers Admitted with Previous Detox Pct	40.9%	39.5%	36.6%	36.5%	38.5%	37.7%	37.5%	40.0%
0 Prior Detox Episodes	818	882	1,063	1,114	992	1,066	1,046	975
0 Prior Detox Episodes Pct	59.1%	60.5%	63.4%	63.5%	61.5%	62.3%	62.5%	60.0%
1 Prior Detox Episode	257	278	299	309	302	322	325	335
1 Prior Detox Episode Pct	18.6%	19.1%	17.8%	17.6%	18.7%	18.8%	19.4%	20.6%
2 Prior Detox Episodes	132	120	144	141	134	150	124	148
2 Prior Detox Episodes Pct	9.5%	8.2%	8.6%	8.0%	8.3%	8.8%	7.4%	9.1%
3 - 5 Prior Detox Episodes	128	126	126	149	139	139	139	130
3 - 5 Prior Detox Episodes Pct	9.2%	8.6%	7.5%	8.5%	8.6%	8.1%	8.3%	8.0%
6 + Prior Detox Episodes	50	53	44	40	47	35	39	38
6 + Prior Detox Episodes Pct	3.6%	3.6%	2.6%	2.3%	2.9%	2.0%	2.3%	2.3%

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.



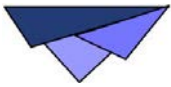
## Substance Use Treatment Discharges



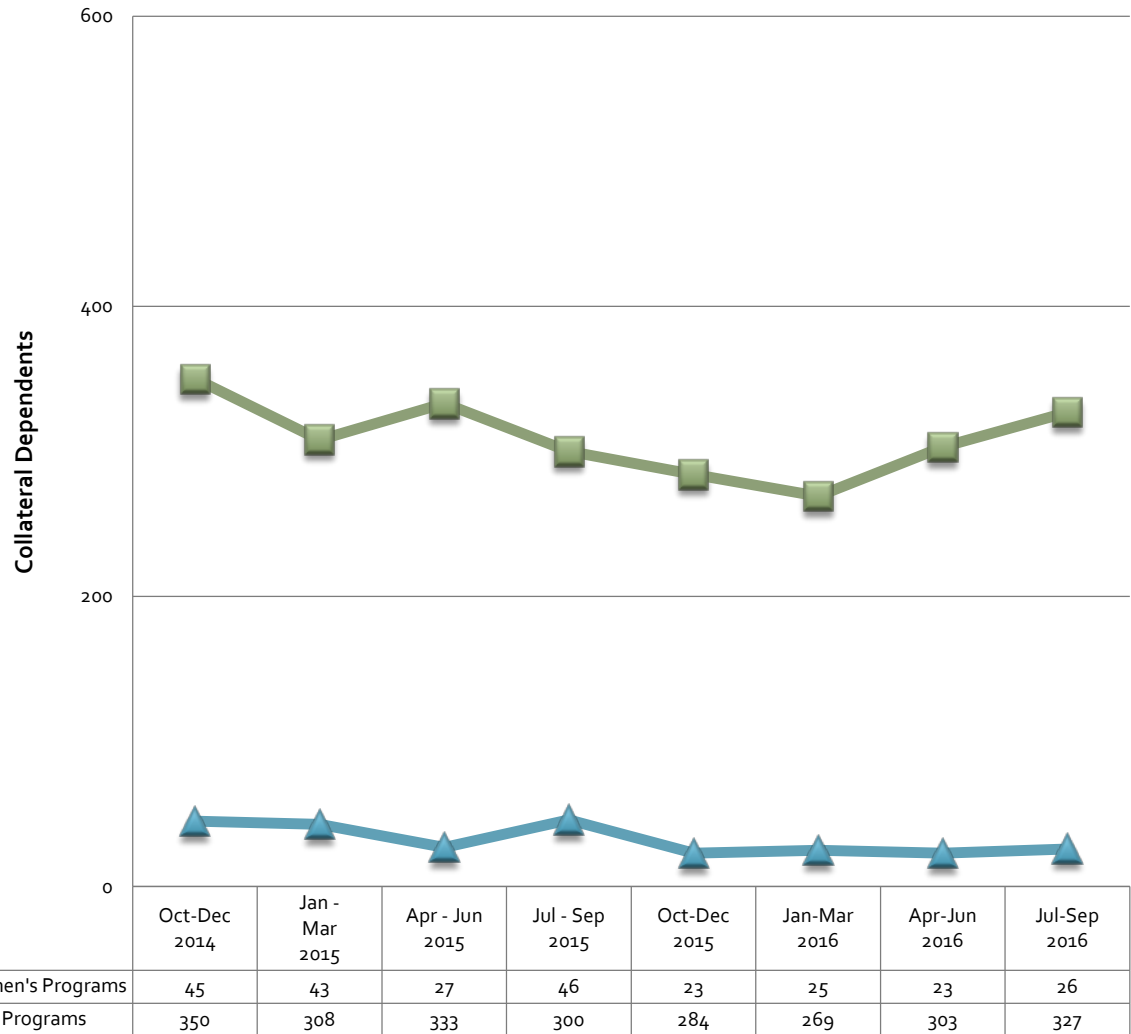
	Oct-Dec 2014	Jan - Mar 2015	Apr - Jun 2015	Jul - Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sep 2016
Total Discharges	12,126	11,680	13,117	11,860	12,296	10,971	9,583	7,787
Agency Initiated	1,160	1,041	1,142	1,045	957	1,030	1,003	754
Auto Discharges	1,322	1,277	1,355	1,160	1,100	1,630	19	2
Completed Treatment	4,857	4,981	5,479	4,907	4,431	4,275	4,487	3,809
Consumer Initiated	3,810	3,368	3,688	3,720	3,437	3,011	2,907	2,379
Law Enforcement Initiated	302	344	301	293	276	282	268	237
Other Discharges	218	219	227	221	209	206	196	158
Transferred	457	450	925	514	1,886	537	703	448

NOTE: Other discharges category includes the following discharge reasons: consumer died; consumer moved away; medical reasons. On July 25, 2008 the monthly Auto Discharge program was implemented and closed all episodes of care that had no service or billing activity within the past six months. The episode of care was closed and the discharge date was set to the last date of billable service. This will cause an increase in the number of Auto Discharges in previous quarters. The number of autodischarges in the two most recent quarters are not comparable to that of prior quarters because insufficient time as lapsed for the case to be considered inactive. Recovery support only episodes are excluded.

**Significance:** About 40-50 % of consumers complete treatment. Consumer dropped out of treatment is the most common reason for non-completion. Agency mergers in quarters (Apr-Jun 2015) and (Oct-Dec 2015) resulted in a higher than usual number of transfers.

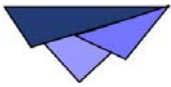


## Collateral Dependents Served



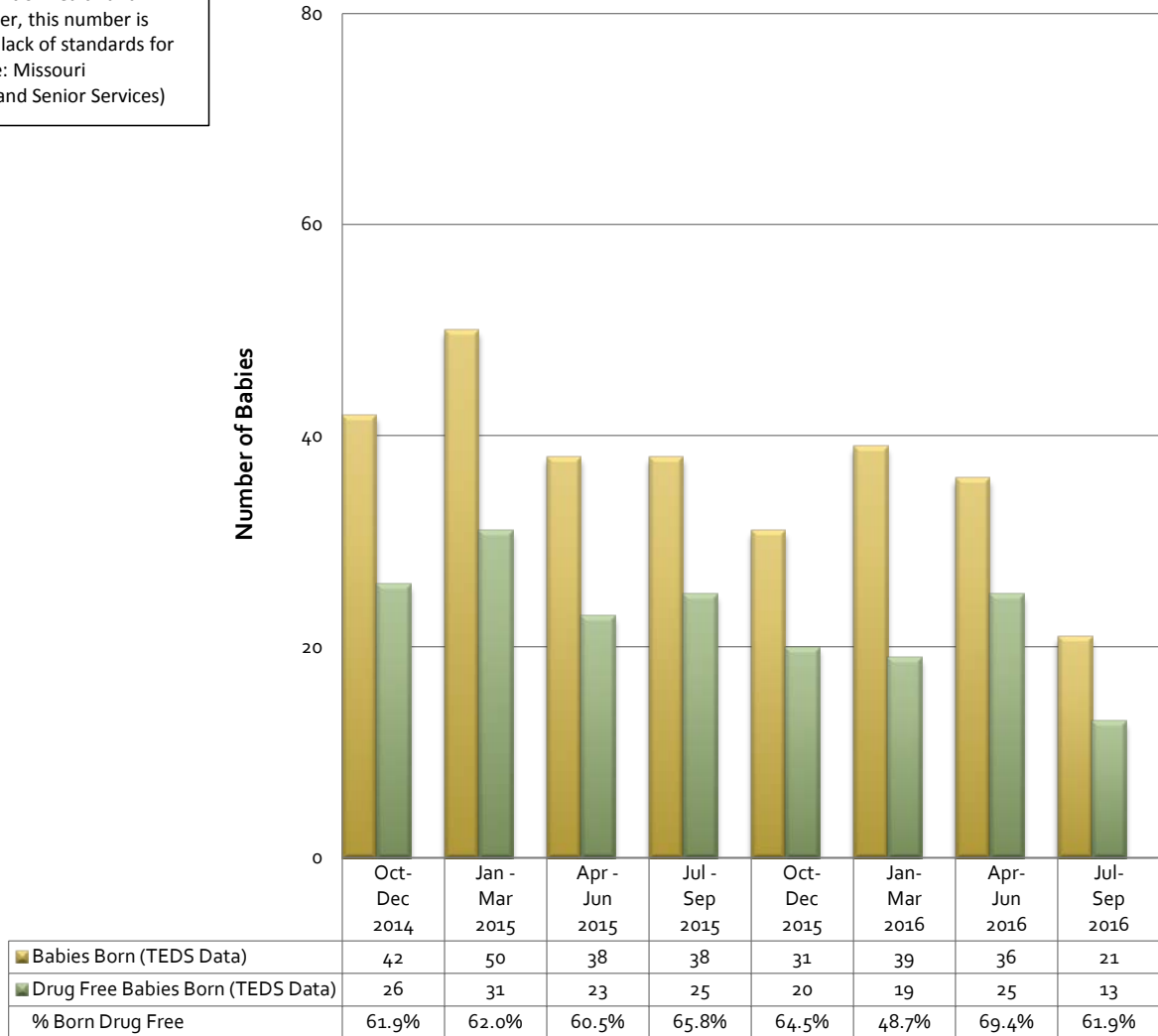
NOTE: A collateral dependent has no alcohol or drug abuse problem but is seeking services because of problems arising from his or her relationship with an alcohol or drug user who is engaged in treatment.

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



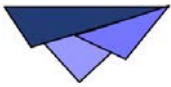
## Babies Born Drug Free

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



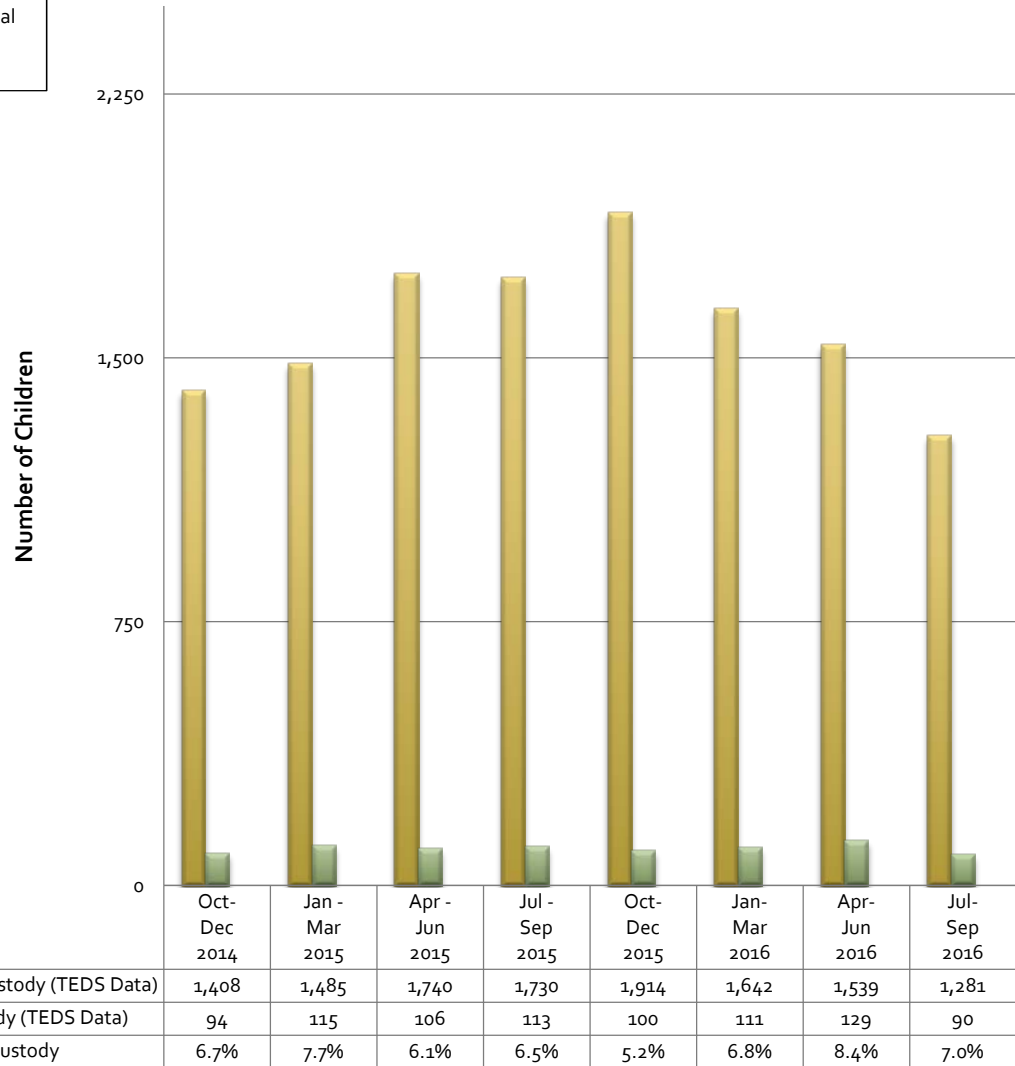
NOTE: In May 2010, TEDS data collection pages in CIMOR were upgraded to collect the number of babies born drug free during treatment for all female consumers in treatment and is collected when the program is closed. Due to this change, the data from previous reports are not comparable.

**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.**



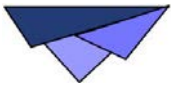
## Children Returned to Custody

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)

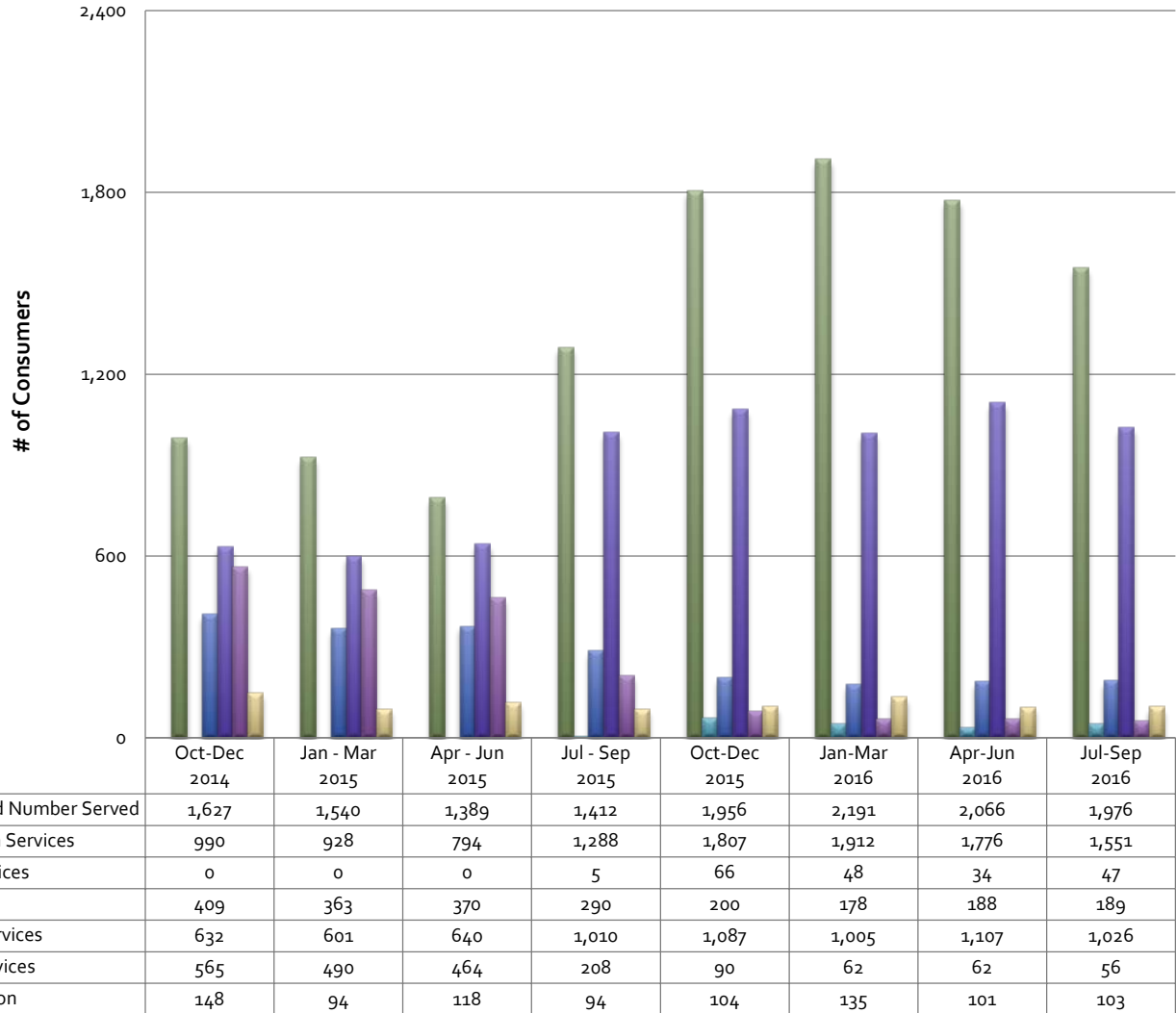


NOTE: In May 2010, TEDS data collection pages in CIMOR were upgraded to collect the number of children returned to custody for all consumers in treatment and is collected when the program is closed.

**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.

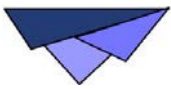


## Consumers Receiving Recovery Supports



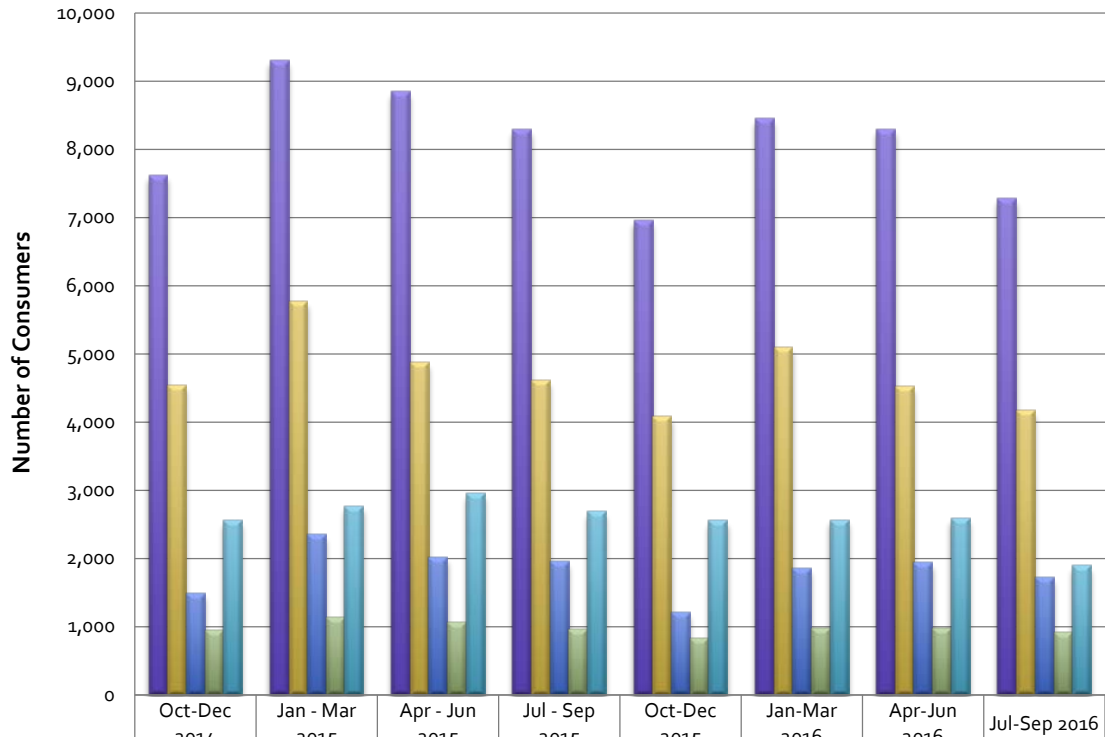
NOTE: Recovery supports are a collection of non clinical services that support recovery from alcohol and drug addiction. The ATR program is limited to 7 counties in West Central Missouri, 7 counties in Southwest Missouri, and 7 counties in Southeast Missouri.

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



## Substance Abuse Traffic Offenders Program (SATOP) Consumers Served

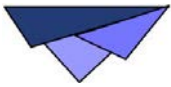
The annual number of DWI arrests have been trending downward: 35,543 in 2009 to 22,815 in 2015. Data Source: Missouri Department of Public Safety.



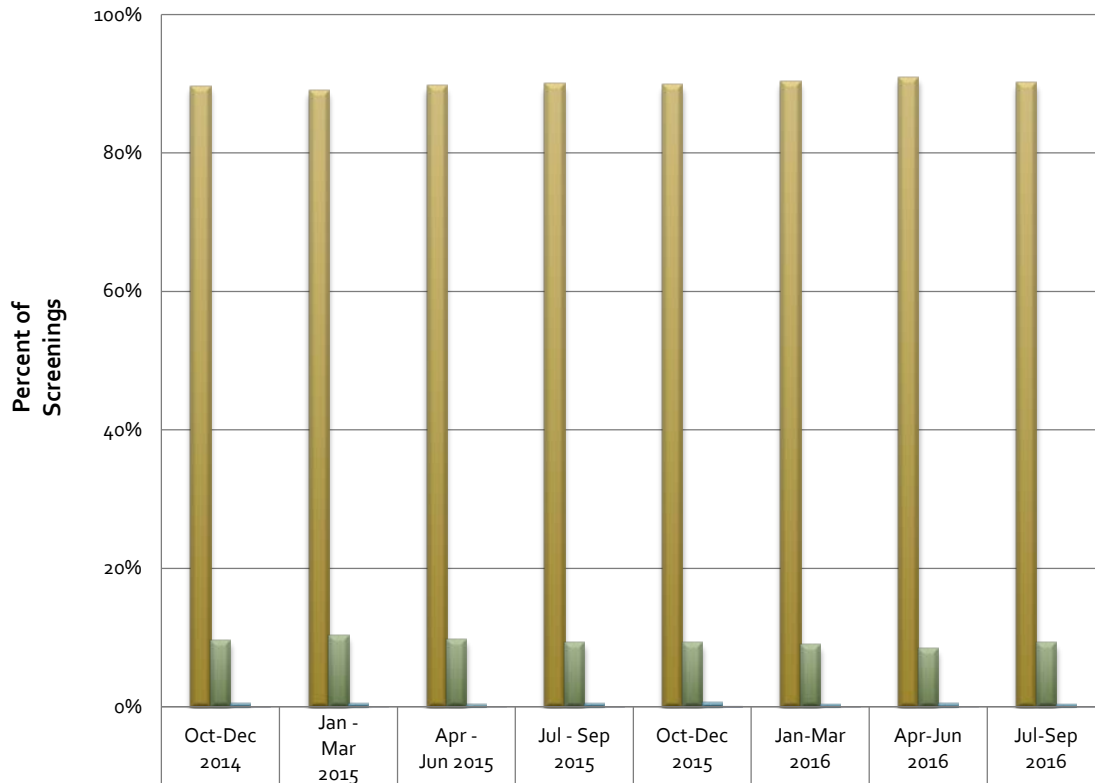
Program	Oct-Dec 2014	Jan - Mar 2015	Apr - Jun 2015	Jul - Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sep 2016
Unduplicated Number of SATOP Consumers	7,621	9,309	8,851	8,299	6,961	8,455	8,301	7,280
SATOP Screened	4,542	5,765	4,876	4,617	4,084	5,095	4,523	4,178
Education Pgm	1,483	2,349	2,024	1,959	1,215	1,862	1,944	1,722
Weekend Intervention Pgm	946	1,142	1,067	958	821	980	973	917
Clinical Treatment Pgm	2,565	2,760	2,954	2,691	2,563	2,566	2,590	1,893

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

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



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

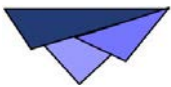


SATOP Screened or Assigned to Comparable Pgm	Oct-Dec 2014	Jan - Mar 2015	Apr - Jun 2015	Jul - Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sep 2016
0 Prior Screening	4,696	5,837	5,068	4,831	4,203	5,234	4,784	4,369
0 Prior Screening Pct	89.7%	89.1%	89.7%	90.0%	90.0%	90.4%	91.0%	90.2%
1 Prior Screening	508	676	556	504	435	527	446	452
1 Prior Screening Pct	9.7%	10.3%	9.8%	9.4%	9.3%	9.1%	8.5%	9.3%
2 Prior Screenings	28	34	22	28	31	25	26	21
2 Prior Screenings Pct	0.5%	0.5%	0.4%	0.5%	0.7%	0.4%	0.5%	0.4%
3+ Prior Screenings	3	2	1	3	3	3	1	2
3+ Prior Screenings Pct	0.1%	0.0%	0.0%	0.1%	0.1%	0.1%	0.0%	0.0%

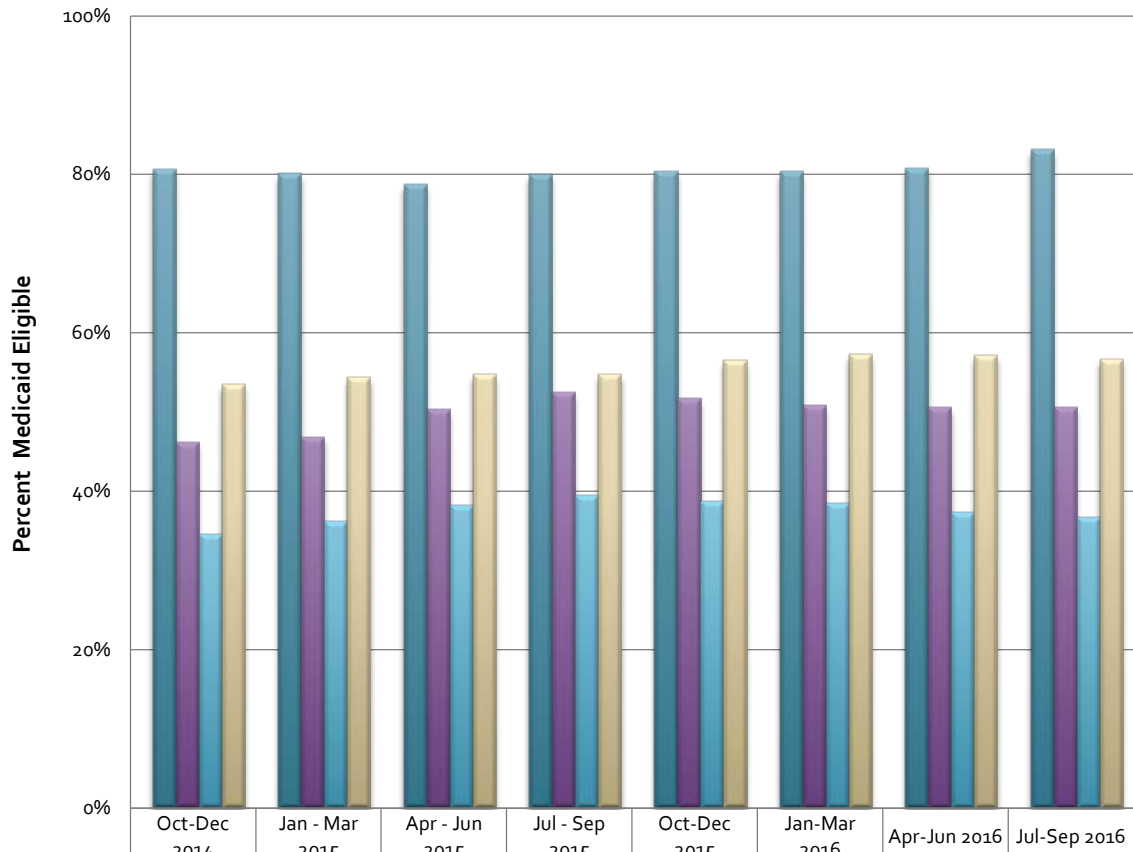
NOTE: All data reflects number of previous screenings within the past 5 years of consumers' last SATOP screening within the reported quarter.

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





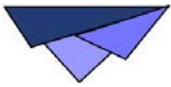
## Medicaid Eligibility for Individuals Served in CSTAR Programs



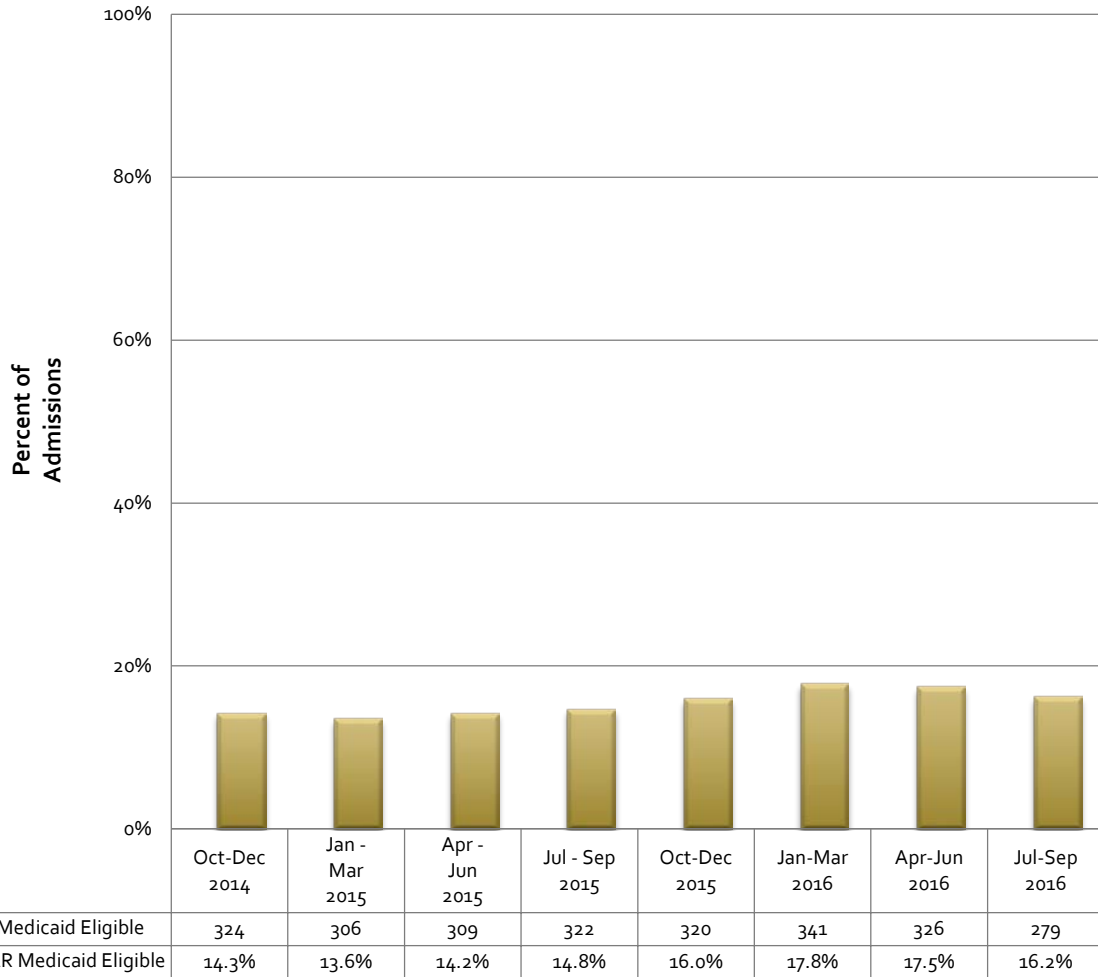
	Oct-Dec 2014	Jan - Mar 2015	Apr - Jun 2015	Jul - Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sep 2016
CSTAR Adolescent Medicaid Eligible	936	1,004	980	869	881	1,003	997	839
% CSTAR Adolescent Medicaid Eligible	80.6%	80.1%	78.8%	80.0%	80.5%	80.4%	80.8%	83.2%
CSTAR W&C Medicaid Eligible	1,078	1,084	1,238	1,330	1,276	1,332	1,304	1,148
% CSTAR W&C Medicaid Eligible	46.2%	46.9%	50.4%	52.5%	51.7%	50.9%	50.6%	50.6%
CSTAR Gen Adult Medicaid Eligible	3,440	3,611	3,767	3,736	3,705	3,872	3,807	3,482
% CSTAR Gen Adult Medicaid Eligible	34.6%	36.2%	38.3%	39.4%	38.8%	38.5%	37.4%	36.7%
Opioid Medicaid Eligible	708	733	761	740	761	777	765	714
% Opioid Medicaid Eligible	53.5%	54.4%	54.7%	54.8%	56.5%	57.3%	57.2%	56.7%

NOTE: CSTAR Detox is excluded.

**Significance:** Medicaid-eligible consumers comprise between 36 - 83% of the CSTAR consumer populations. The proportion is higher in the Adolescent program and lower in the General Adult program.

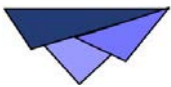


## Medicaid Eligibility for Individuals Served in Non-CSTAR Substance Use Programs

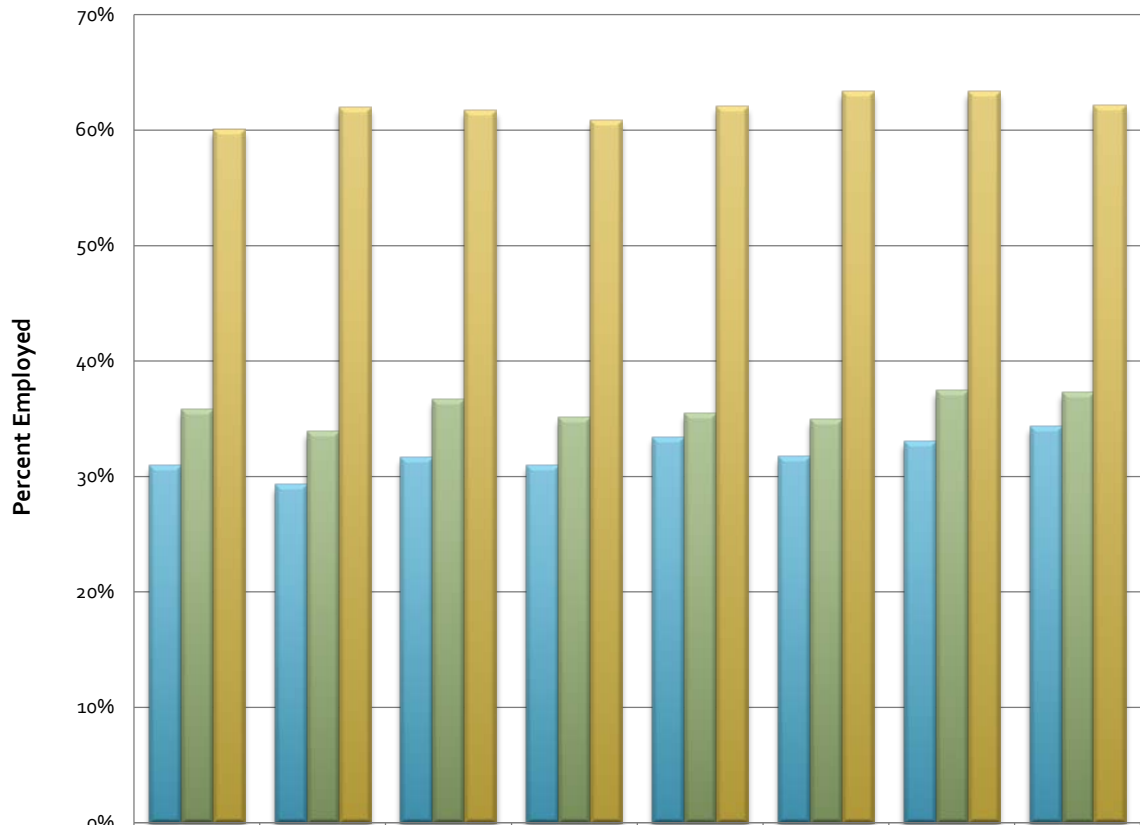


NOTE: Non-CSTAR programs include Primary Recovery Plus, Enhanced Primary Recovery Plus, Corrections Primary Recovery Plus, DOC Free & Clean Plus, DOC Partnership for Community Restoration, Clinical Intervention Program (Adult and Youth), Serious & Repeat Offender Program and General Treatment.

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



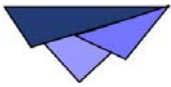
## Employment of Adult Population in Substance Use Treatment



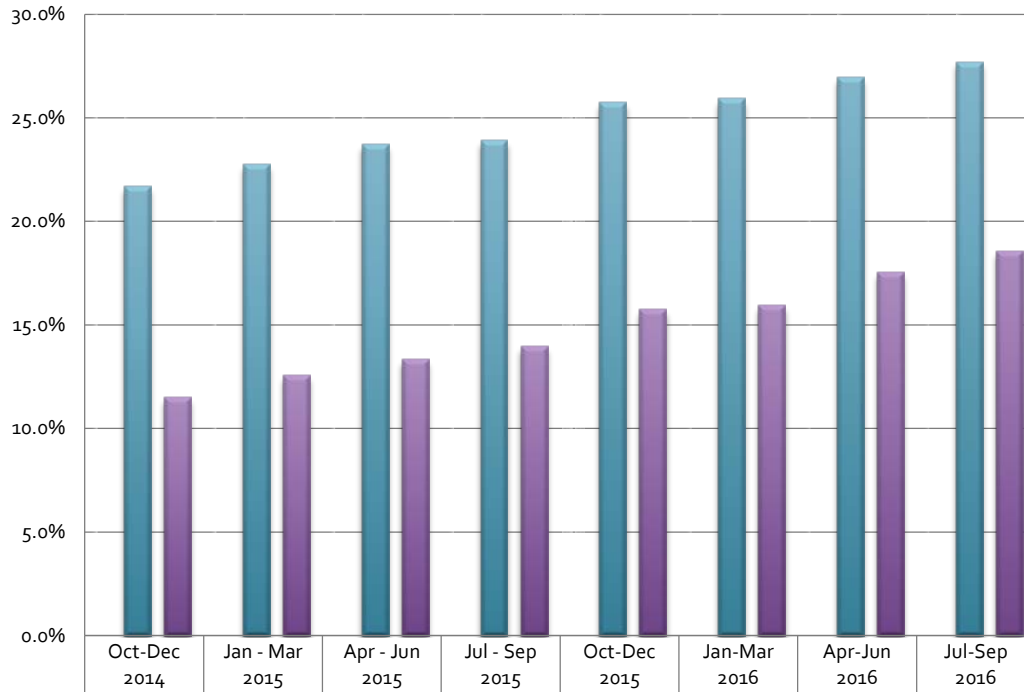
	Oct-Dec 2014	Jan - Mar 2015	Apr - Jun 2015	Jul - Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sep 2016
Admission Employment of ADA Adult Population	30.95%	29.29%	31.65%	30.98%	33.43%	31.72%	33.06%	34.35%
Discharge Employment of ADA Adult Population	35.80%	33.94%	36.70%	35.10%	35.47%	34.95%	37.45%	37.30%
Employment of MO Adult Population	60.10%	61.97%	61.77%	60.83%	62.07%	63.37%	63.33%	62.15%

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.



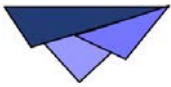
## Consumers Receiving Medication Therapy



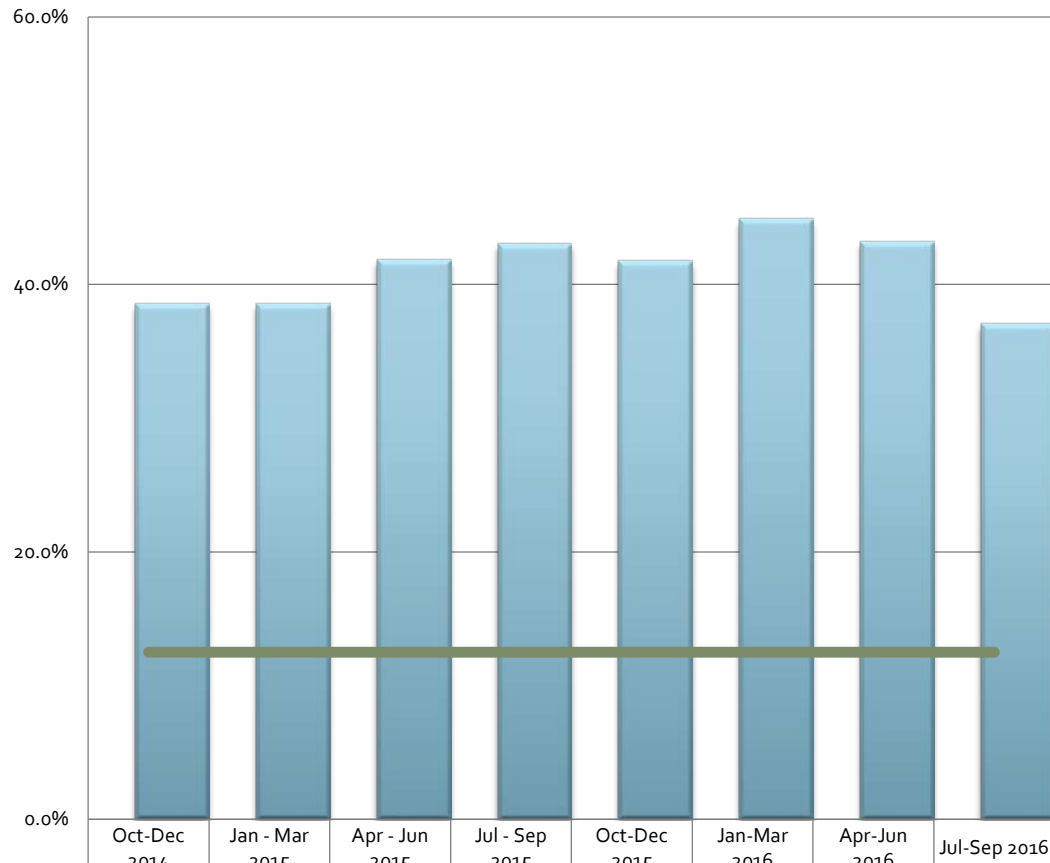
	Oct-Dec 2014	Jan - Mar 2015	Apr - Jun 2015	Jul - Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sep 2016
Including CSTAR Opioid: # Adult Opioid/Alcohol-Addicted Consumers	10,967	10,943	10,912	10,794	10,503	10,723	10,848	10,157
# Consumers Receiving Medication Therapy	2,381	2,493	2,592	2,584	2,704	2,781	2,927	2,815
% Consumers Receiving Medication Therapy	21.7%	22.8%	23.8%	23.9%	25.7%	25.9%	27.0%	27.7%
Excluding CSTAR Opioid: # Adult Opioid/Alcohol-Addicted Consumers	9,360	9,359	9,274	9,194	8,870	9,137	9,194	8,555
# Consumers Receiving Medication Therapy	1,078	1,178	1,240	1,287	1,399	1,459	1,612	1,590
% Consumers Receiving Medication Therapy	11.5%	12.6%	13.4%	14.0%	15.8%	16.0%	17.5%	18.6%

Note: Detox and SATOP treatment programs are excluded. Medications for addiction treatment include Vivitrol, acamprosate, buprenorphine, naltrexone, and Suboxone. Medicaid claims for direct billing from pharmacies for substance abuse treatment consumers are included. CIMOR only started tracking type of medication in January 2010.

**Significance: Medication therapy in combination with psychosocial counseling to support treatment and recovery from substance abuse disorders is a National Quality Forum recommendation.**



## Transition from Detox to Treatment



	Oct-Dec 2014	Jan - Mar 2015	Apr - Jun 2015	Jul - Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sep 2016
# of Detox Discharges	1,483	1,582	1,788	1,826	1,665	1,763	1,803	1,618
# Transitioning from Detox to Tx	573	611	749	787	696	792	780	600
% Transitioning from Detox to Tx	38.6%	38.6%	41.9%	43.1%	41.8%	44.9%	43.3%	37.1%
U.S. % Transitioning from Detox to Tx	12.5%	12.5%	12.5%	12.5%	12.5%	12.5%	12.5%	12.5%

Notes: A transition is recorded if any treatment service is provided within 5 days of the last day of detox. U.S. data for transition from the Treatment Episode Dataset - Discharges, 2011 (SAMHSA, 2014).

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

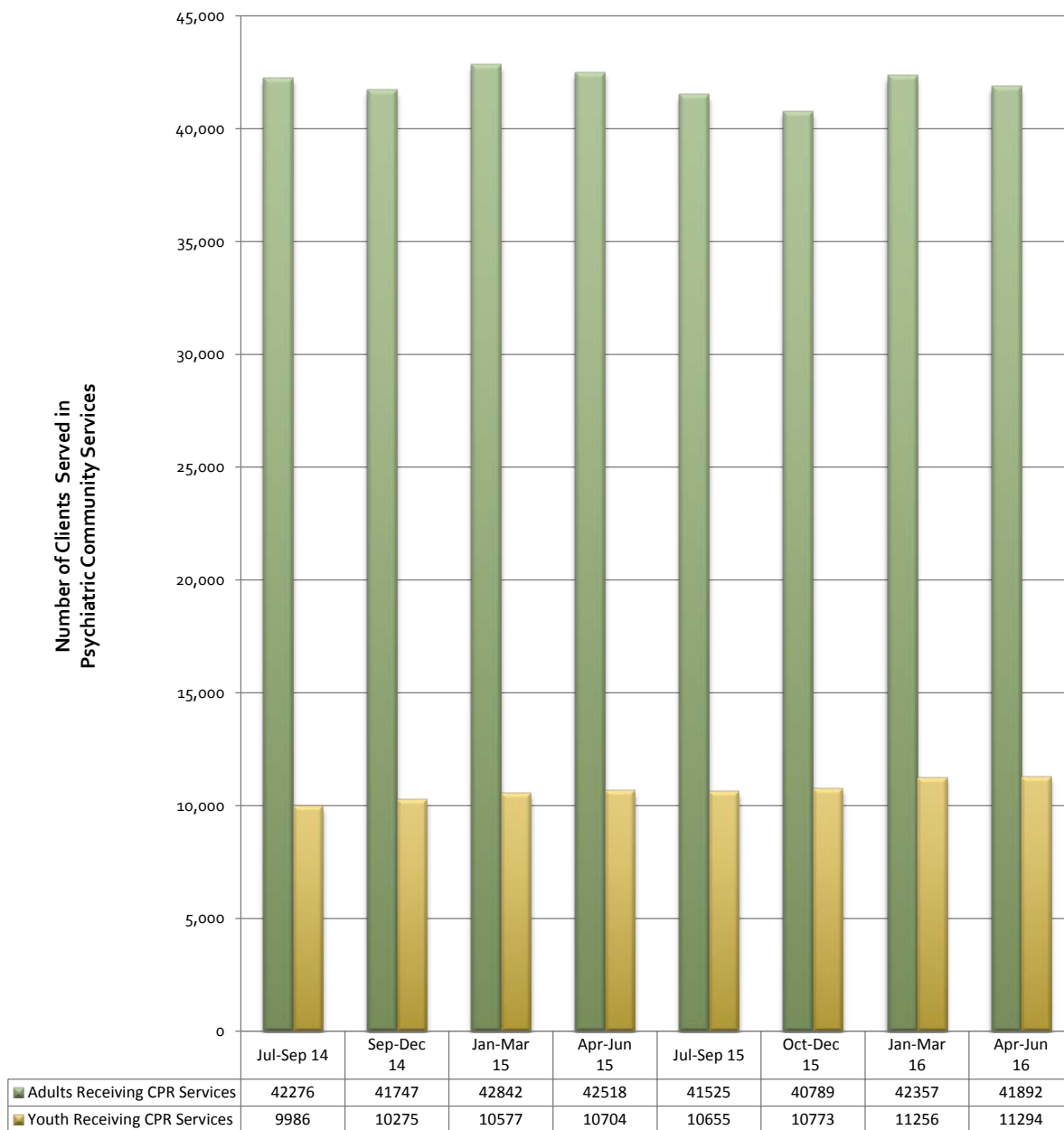


# Division of Behavioral Health

Comprehensive Psychiatric  
Services



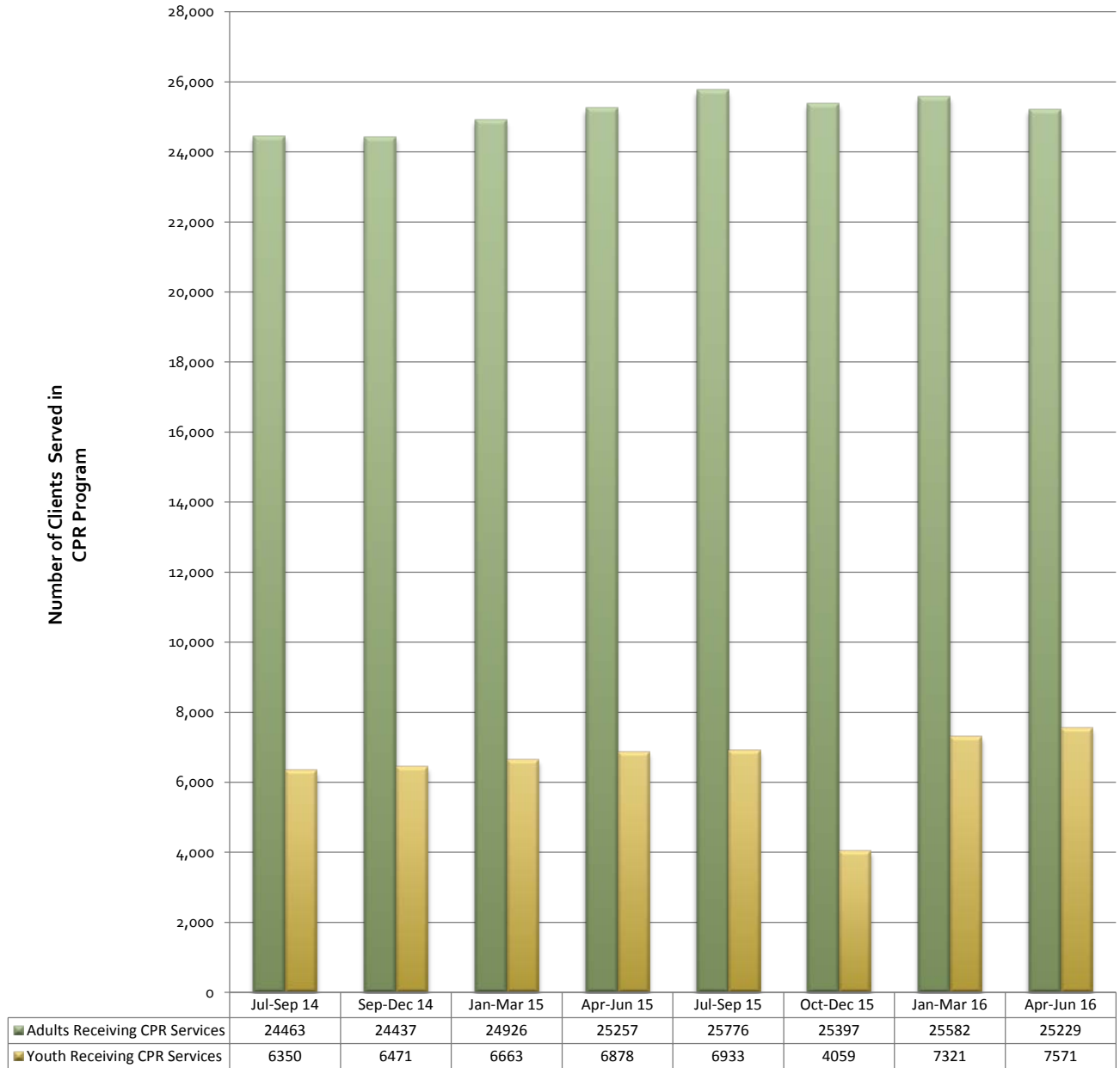
## Clients Receiving Psychiatric Community Services



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



## Clients in the Community Psychiatric Rehabilitation Program

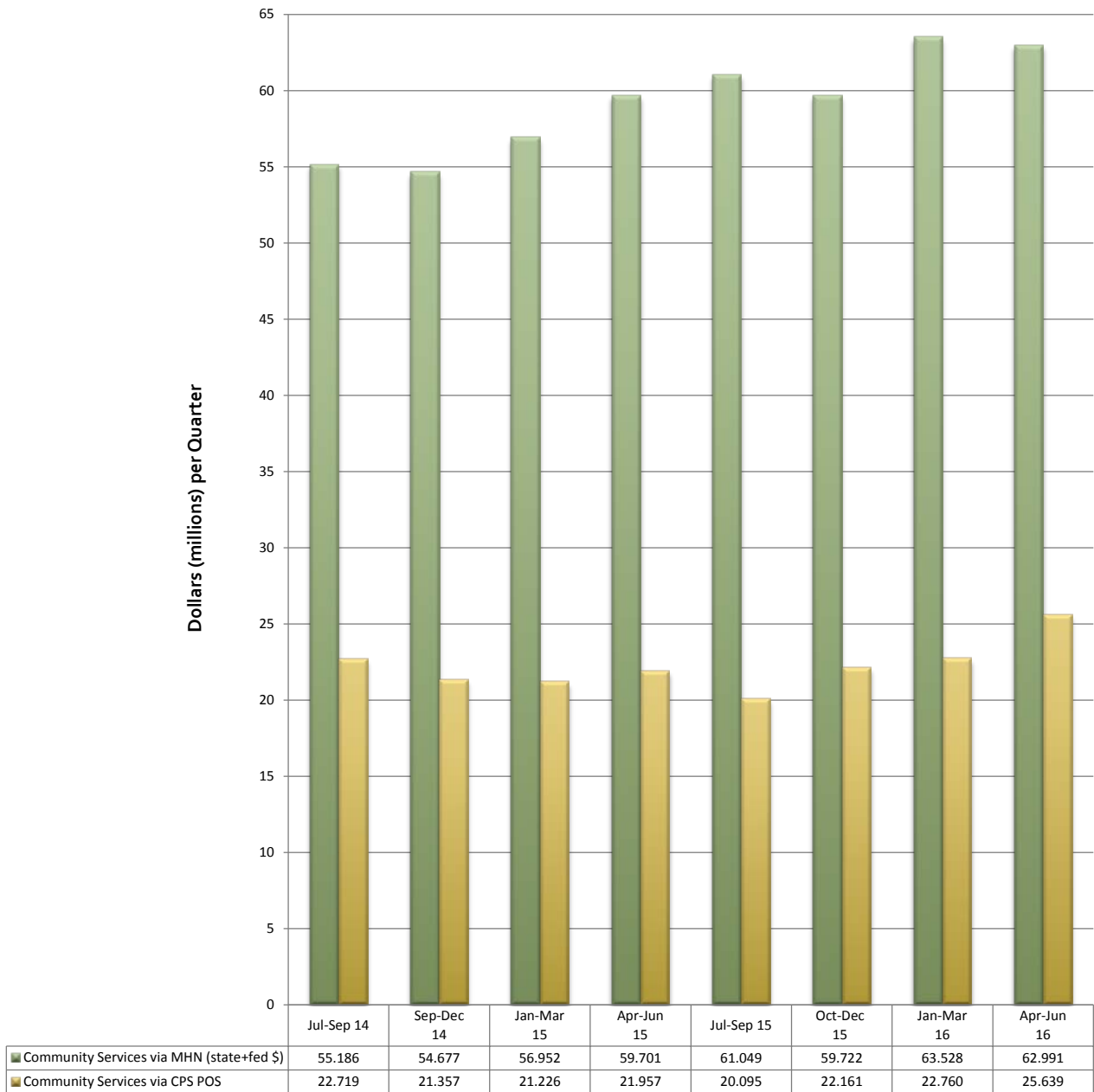


**SIGNIFICANCE:** The most recent quarter will always be undercounted due to lagging claims and therefore is not displayed. Adult and Youth CPR enrollment has somewhat stabilized after several years of steady growth, but Youth CPR was showing very gradual increases in the previous four quarters.





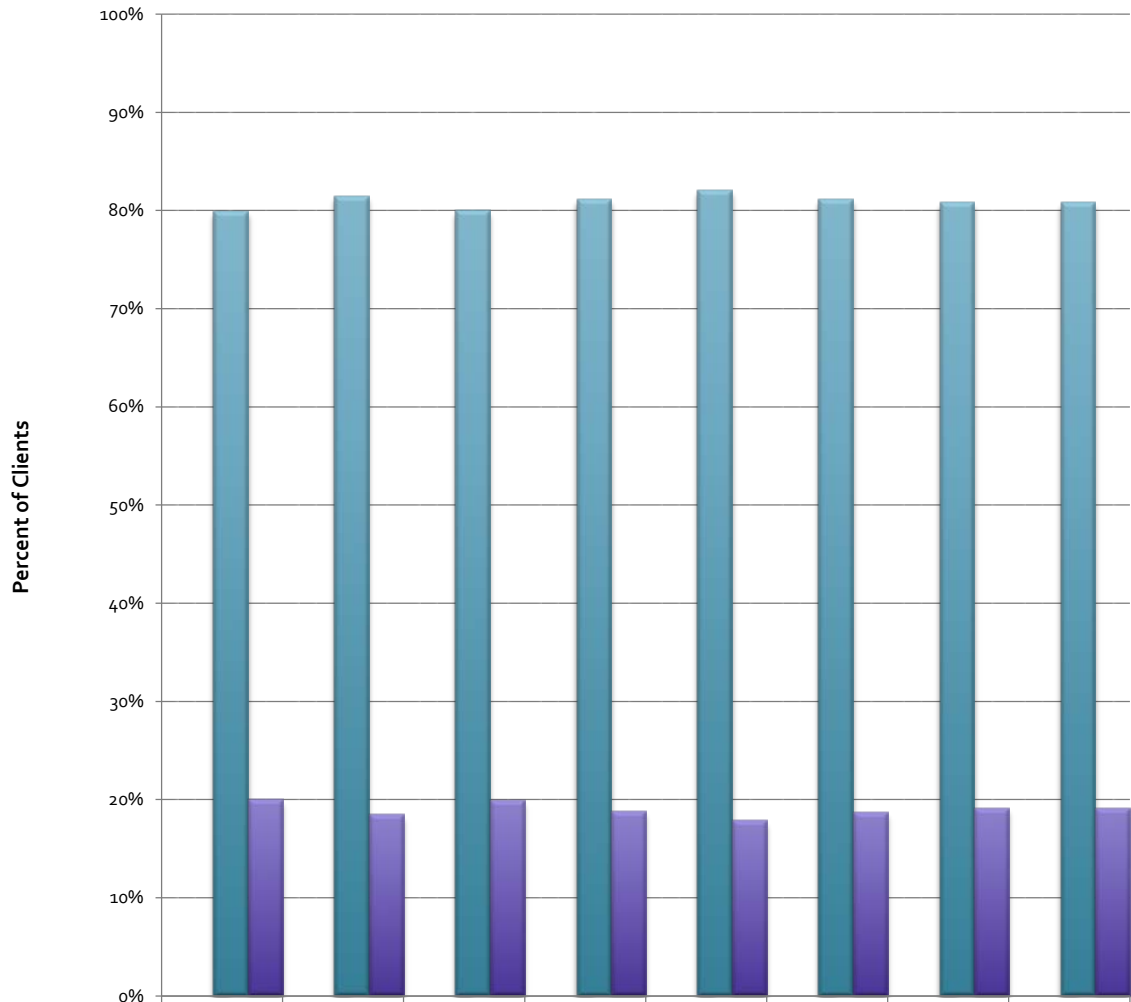
## Funding Sources for Psychiatric Services Community Clients



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



## Medicaid Eligibility of Psychiatric Services Community Clients

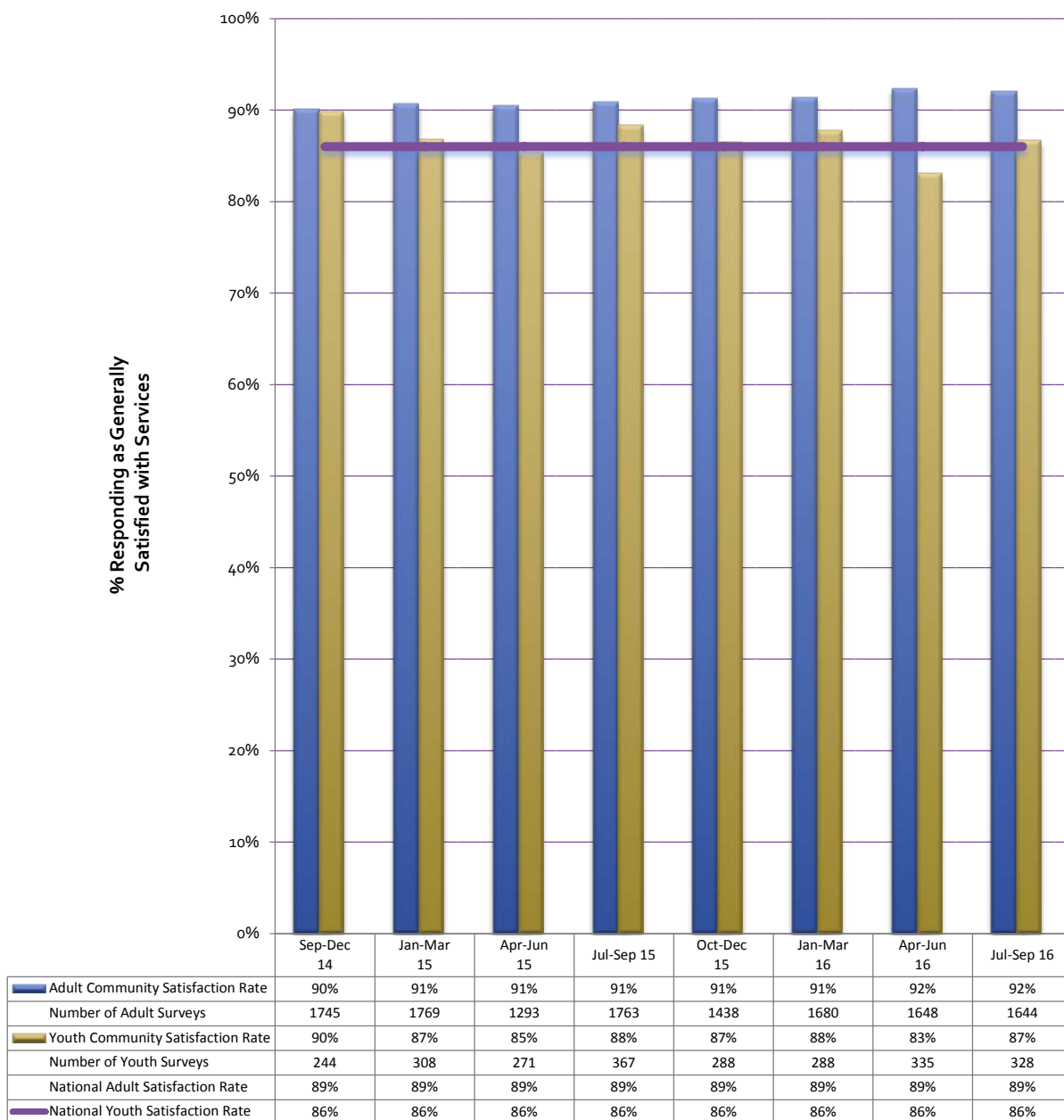


	Jul-Sep 14	Sep-Dec 14	Jan-Mar 15	Apr-Jun 15	Jul-Sep 15	Oct-Dec 15	Jan-Mar 16	Apr-Jun 16
CPS Facility Client Count	1317	1331	1318	1334	1346	1342	1370	1387
CPS Community Client Count	52262	52022	53419	53222	52180	51562	53613	53186
M.E. Clients -- All CPS Community	41798	41692	42753	43195	42838	41879	43345	43000
% M.E. -- All CPS Community	80.0%	81.5%	80.0%	81.2%	82.1%	81.2%	80.8%	80.8%
Not M.E. Clients -- All CPS Community	10464	8065	10666	10027	9342	9683	10268	10186
% Not M.E. -- All CPS Community	20.0%	18.5%	20.0%	18.8%	17.9%	18.8%	19.2%	19.2%

**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

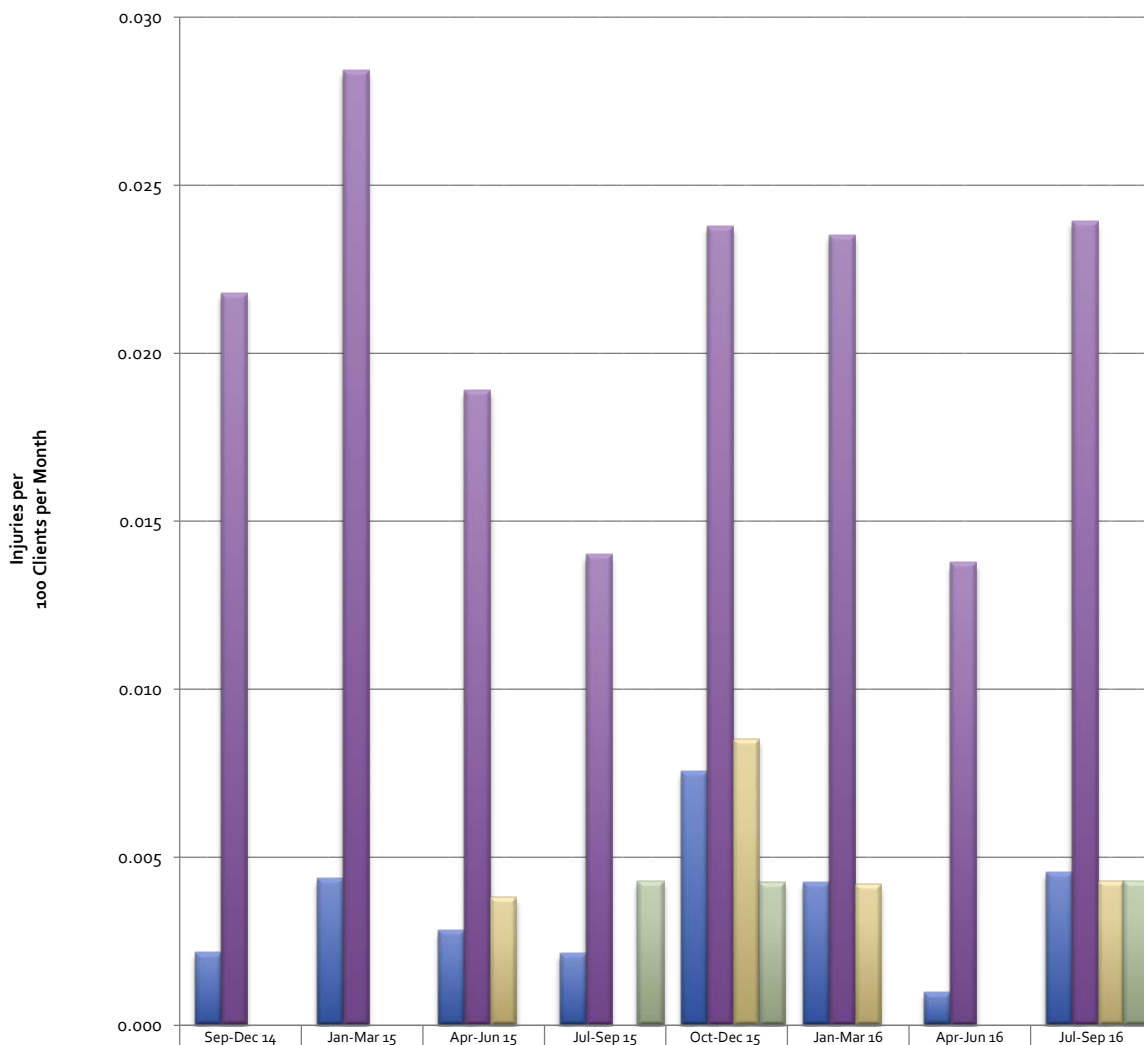


NOTE: Taken from the Adult and Youth Satisfaction Surveys using national standard MHSIP questions.

**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

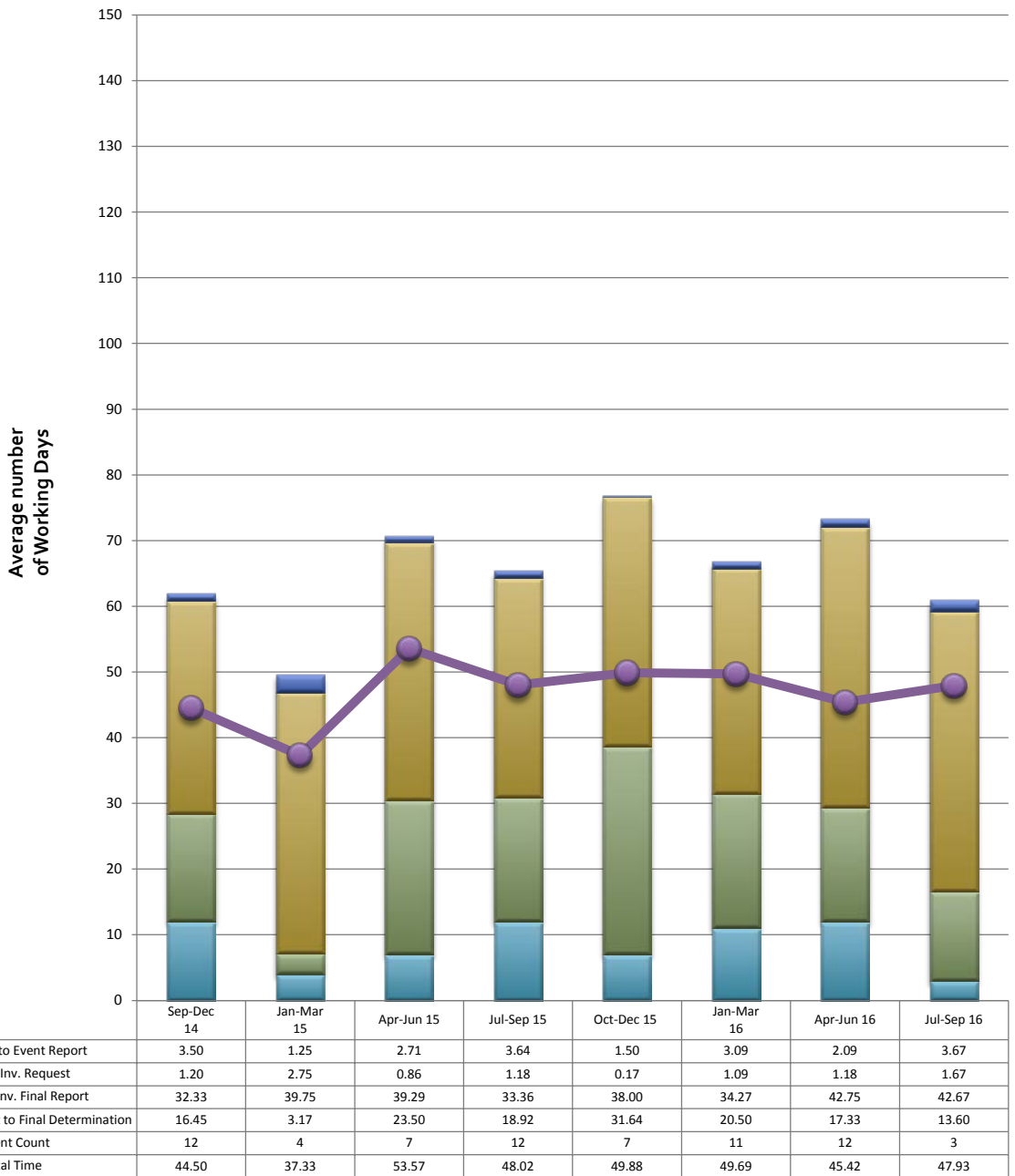


	Sep-Dec 14	Jan-Mar 15	Apr-Jun 15	Jul-Sep 15	Oct-Dec 15	Jan-Mar 16	Apr-Jun 16	Jul-Sep 16
# Adult Injuries (hospitalization)	2	4	3	2	7	4	1	4
■ Adult Injuries (hosp.) per 100 consumers/mo	0	0	0	0	0	0	0	0
# Adult Injuries (death)	24	26	20	13	22	22	14	21
■ Adult Injuries (death.) per 100 consumers/mo	0	0	0	0	0	0	0	0
# Youth Injuries (hospitalization)	0	0	1	0	2	1	0	1
■ Youth Injuries (hosp.) per 100 consumers/mo	0	0	0	0	0	0	0	0
# Youth Injuries (death)	0	0	0	1	1	0	0	1
■ Youth Injuries (death.) per 100 consumers/mo	0	0	0	0	0	0	0	0

**SIGNIFICANCE:** There is a very low rate of serious injury to clients receiving community services, but these are individually significant events. The 21 adult injuries that resulted in deaths reported in the July-September '16 quarter are further categorized as: 6 suicides, 3 accidental overdose, 3 homicides, 6 motor vehicle accidents, 2 house fires, 1 accidental drowning. The one youth injury resulted in death was a suicide by gun shot. All such events had a death determination performed by service provider with no indications of need for abuse/neglect investigation.



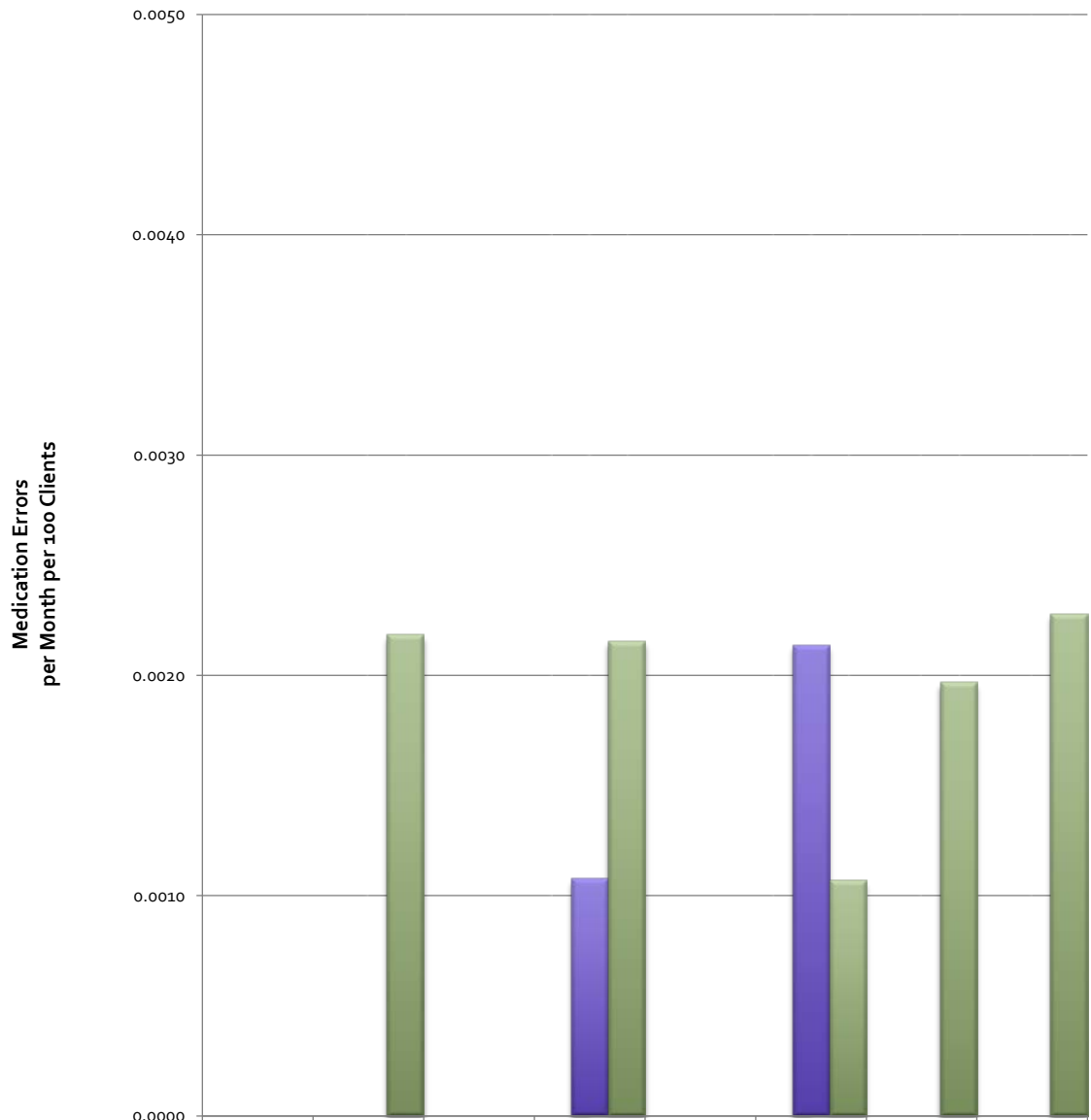
## Duration of Investigation Process for Community Services



**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

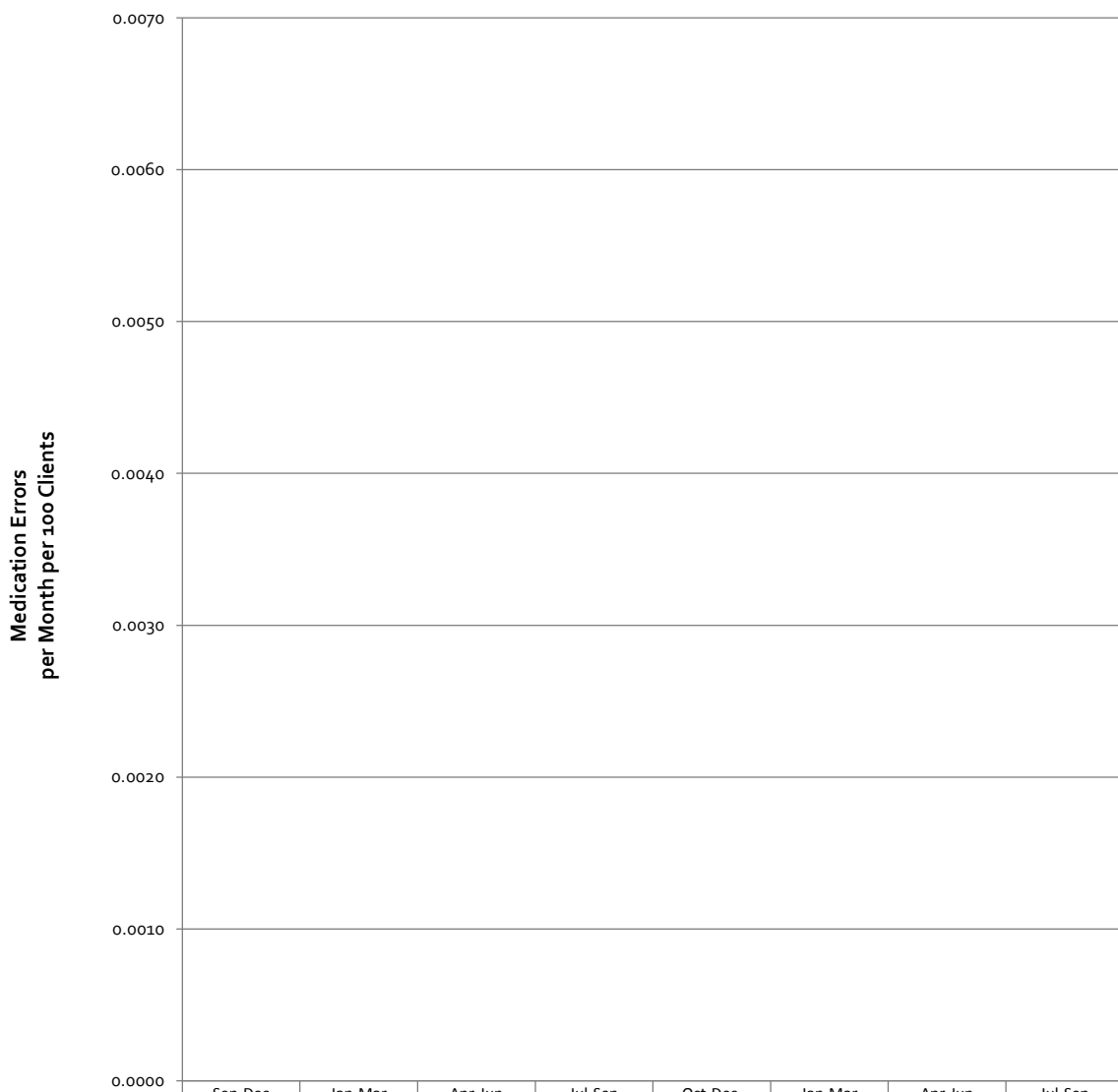


	Sep-Dec 14	Jan-Mar 15	Apr-Jun 15	Jul-Sep 15	Oct-Dec 15	Jan-Mar 16	Apr-Jun 16	Jul-Sep 16
# Adult Consumers/month	30291	30501	35246	30926	30824	31185	33873	29249
Adult "Serious" Med Errors	0	0	0	1	0	2	0	0
Adult "Serious" Med Errors per 100 consumers/mo	0.0%	0.0%	0.0%	0.1%	0.0%	0.2%	0.0%	0.0%
Adult "Moderate" Med Errors	0	2	0	2	0	1	2	2
Adult "Moderate" Med Errors per 100 consumers/mo	0.0%	0.2%	0.0%	0.2%	0.0%	0.1%	0.2%	0.2%

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



## Youth Community Medication Errors

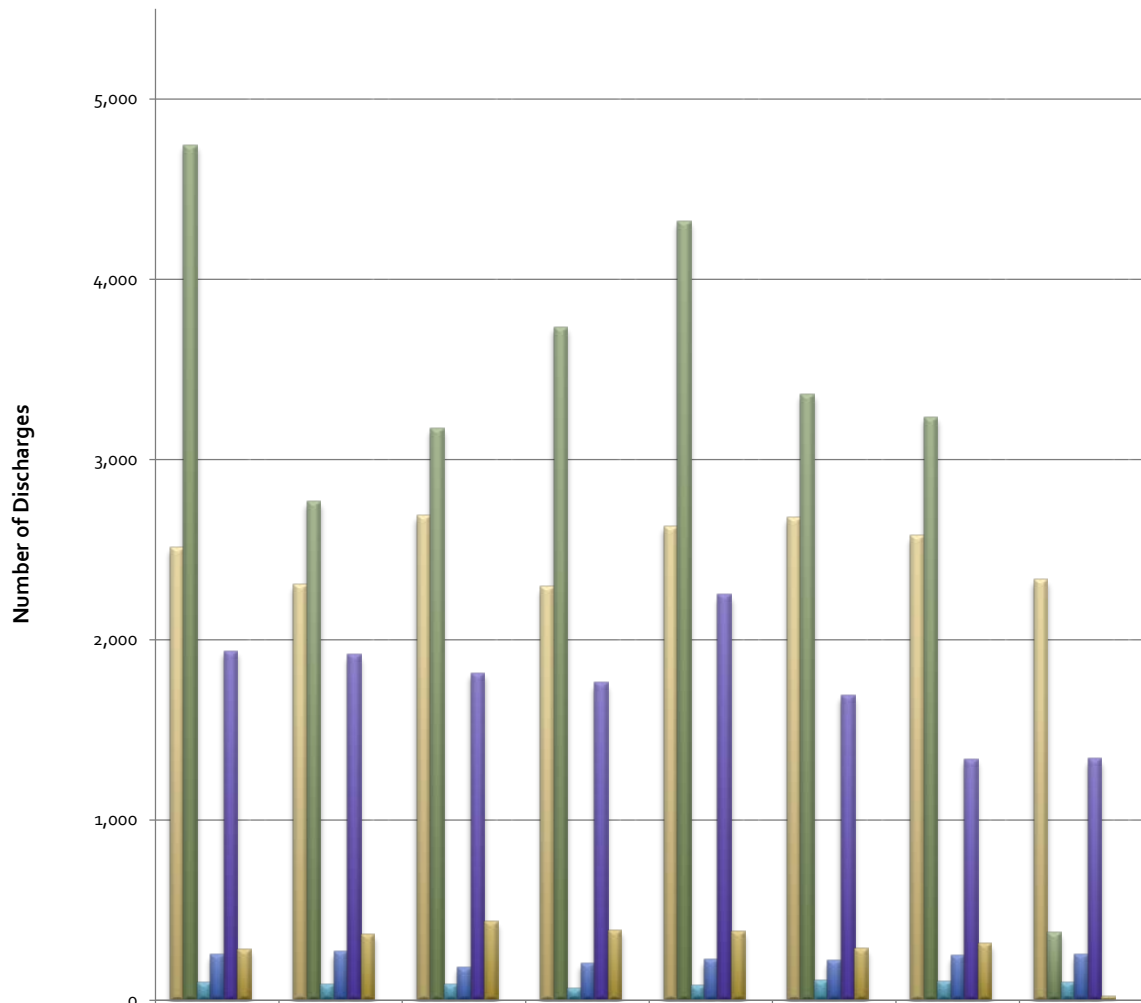


	Sep-Dec 14	Jan-Mar 15	Apr-Jun 15	Jul-Sep 15	Oct-Dec 15	Jan-Mar 16	Apr-Jun 16	Jul-Sep 16
# Youth Consumers/month	7138	7352	8746	7746	7823	7927	9244	7746
Youth "Moderate" Med Errors	0	0	0	0	0	0	0	0
Youth "Moderate" Med Errors per 100 consumers/mo	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Youth "Serious" Med Errors	0	0	0	0	0	0	0	0
Youth "Serious" Med Errors per 100 consumers/mo	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

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



## Community Psychiatric Service Discharges



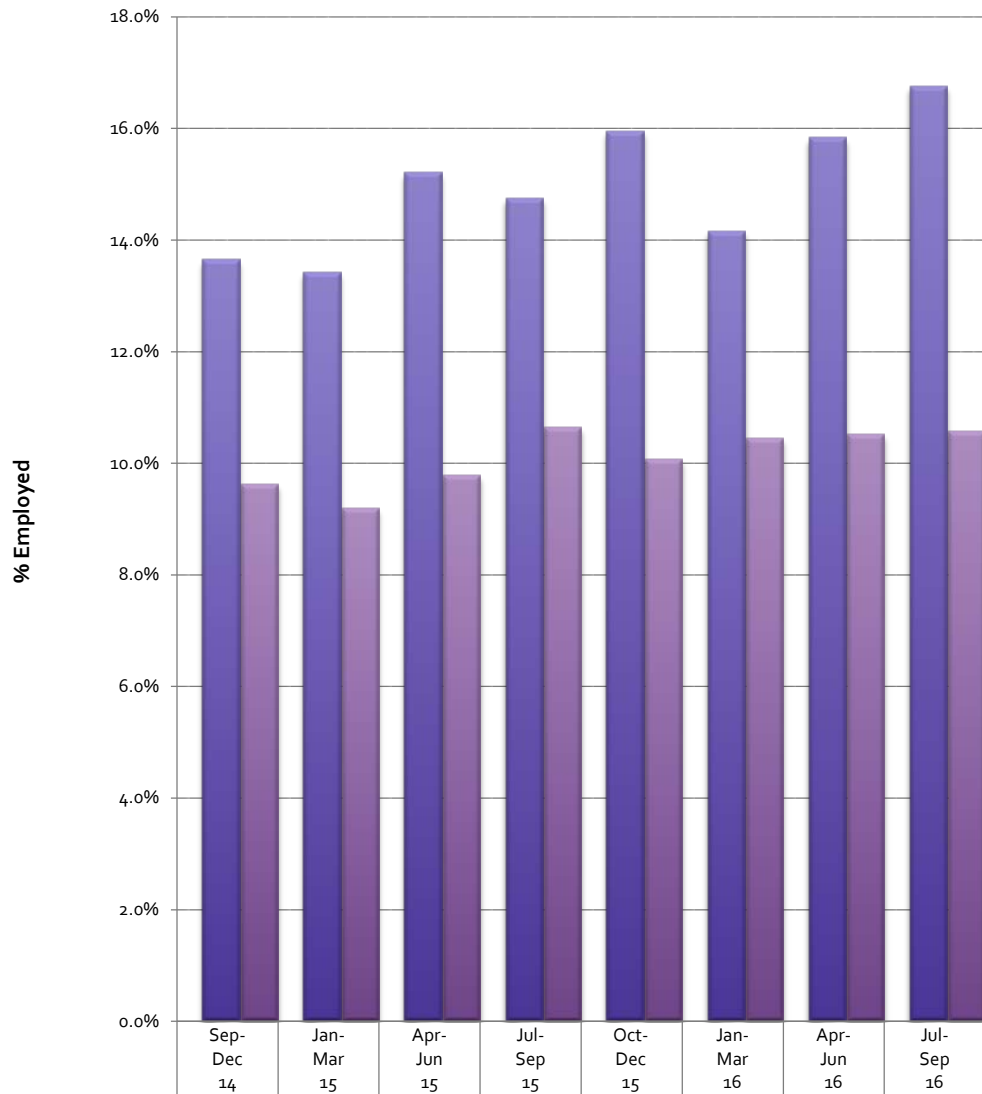
	Apr-Jun 14	Jul-Sep 14	Sep-Dec 14	Jan-Mar 15	Apr-Jun 15	Jul-Sep 15	Oct-Dec 15	Jan-Mar 16
Other Discharges	2513	2308	2689	2295	2631	2680	2578	2338
Admin. Discharge >24 hrs	4744	2769	3175	3735	4324	3363	3236	378
Law Enforcement Initiated	103	90	91	67	81	111	106	101
Agency Initiated	253	270	186	206	226	220	248	253
Client Initiated	1937	1918	1816	1762	2251	1691	1339	1341
Admin. Discharge <24 hrs	286	368	439	390	384	287	318	22
CPS Community -- Total Discharges	9836	7723	8396	8455	9897	8352	7825	4433

**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

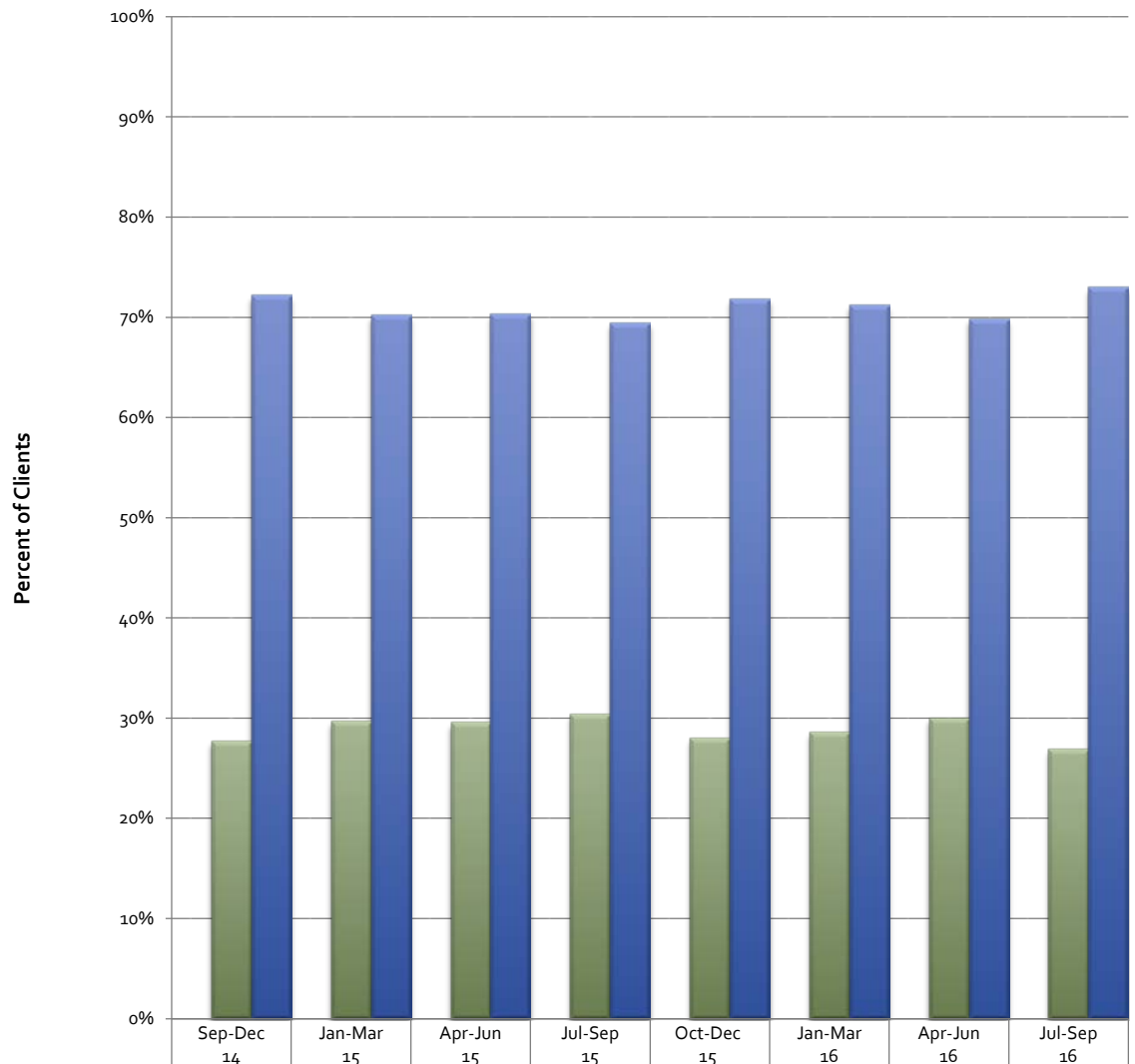


	Sep-Dec 14	Jan-Mar 15	Apr-Jun 15	Jul-Sep 15	Oct-Dec 15	Jan-Mar 16	Apr-Jun 16	Jul-Sep 16
Adult Community Clients w/ Admission Status Reports	4222	4209	4030	4346	3917	4337	4141	4094
Adult Community Clients Employed at Admission	559	565	613	641	625	614	656	686
■ % Employed at Admission	13.7%	13.4%	15.2%	14.7%	16.0%	14.2%	15.8%	16.8%
Adult Community Clients w/ Annual Status Reports	5896	6623	6077	6421	5743	6443	5768	5676
Adult Community Clients Employed at Annual Review	564	609	595	684	579	674	607	600
■ % Employed at Annual Review	9.6%	9.2%	9.8%	10.7%	10.1%	10.5%	10.5%	10.6%

**NOTE:** This data is taken from the "CPS Status Report" and is thus an estimate taken from a large sample of clients each quarter. This graph shows consistently lower employment rates at annual re-assessment, probably due to recovering clients being more likely to become employed but also less likely to remain in services for the annual reassessment. The trend over the last year is not encouraging -- clearly our clients are particularly hard hit by the relatively weak economy, but employment rates at admission improved somewhat.



## Medicaid Eligibility of Psychiatric Facility Clients

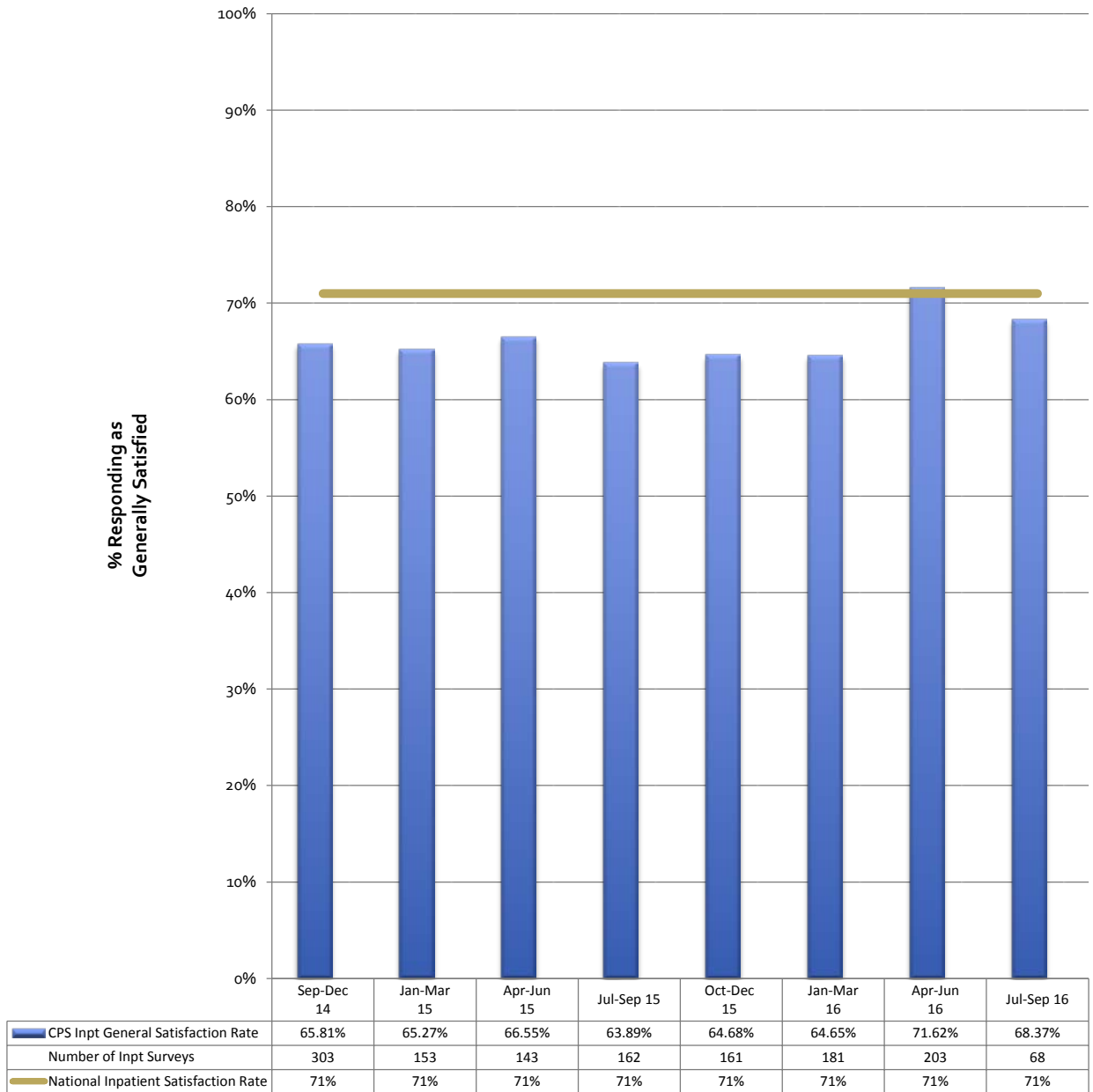


	Sep-Dec 14	Jan-Mar 15	Apr-Jun 15	Jul-Sep 15	Oct-Dec 15	Jan-Mar 16	Apr-Jun 16	Jul-Sep 16
CPS Facility Client Count	1331	1318	1334	1346	1342	1370	1387	1351
M.E. Clients - CPS State Facilities	396	392	395	410	377	393	417	364
■ % M.E. -- CPS State Facility Clients	27.8%	29.7%	29.6%	30.5%	28.1%	28.7%	30.1%	26.9%
Not M.E. Clients - CPS State Facilities	935	926	939	936	965	977	970	987
■ % Not M.E. -- CPS State Facilities	72.2%	70.3%	70.4%	69.5%	71.9%	71.3%	69.9%	73.1%

**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

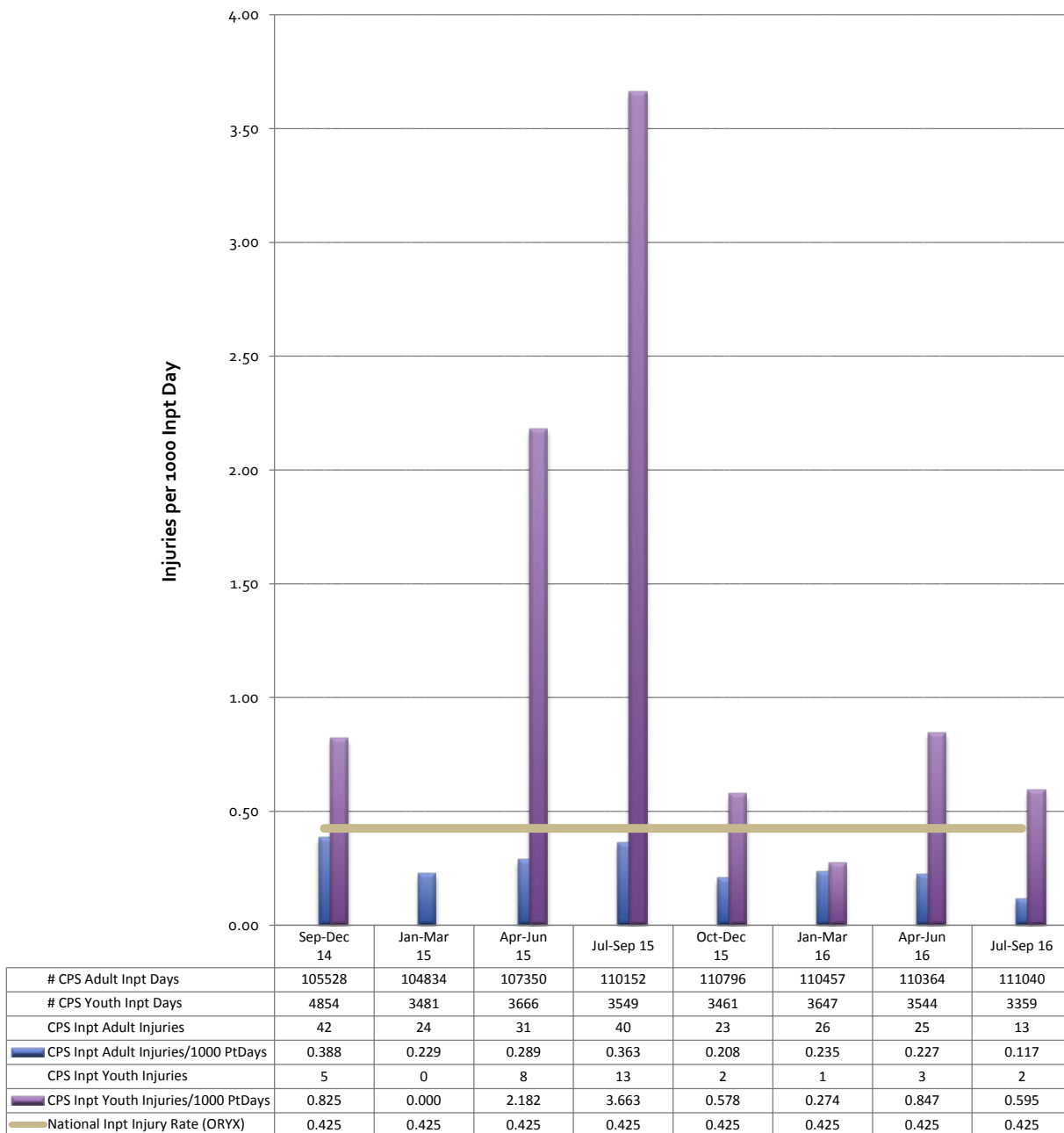


NOTE: Taken from the CPS Inpatient MHSIP survey -- average of all 5 domains.

**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.



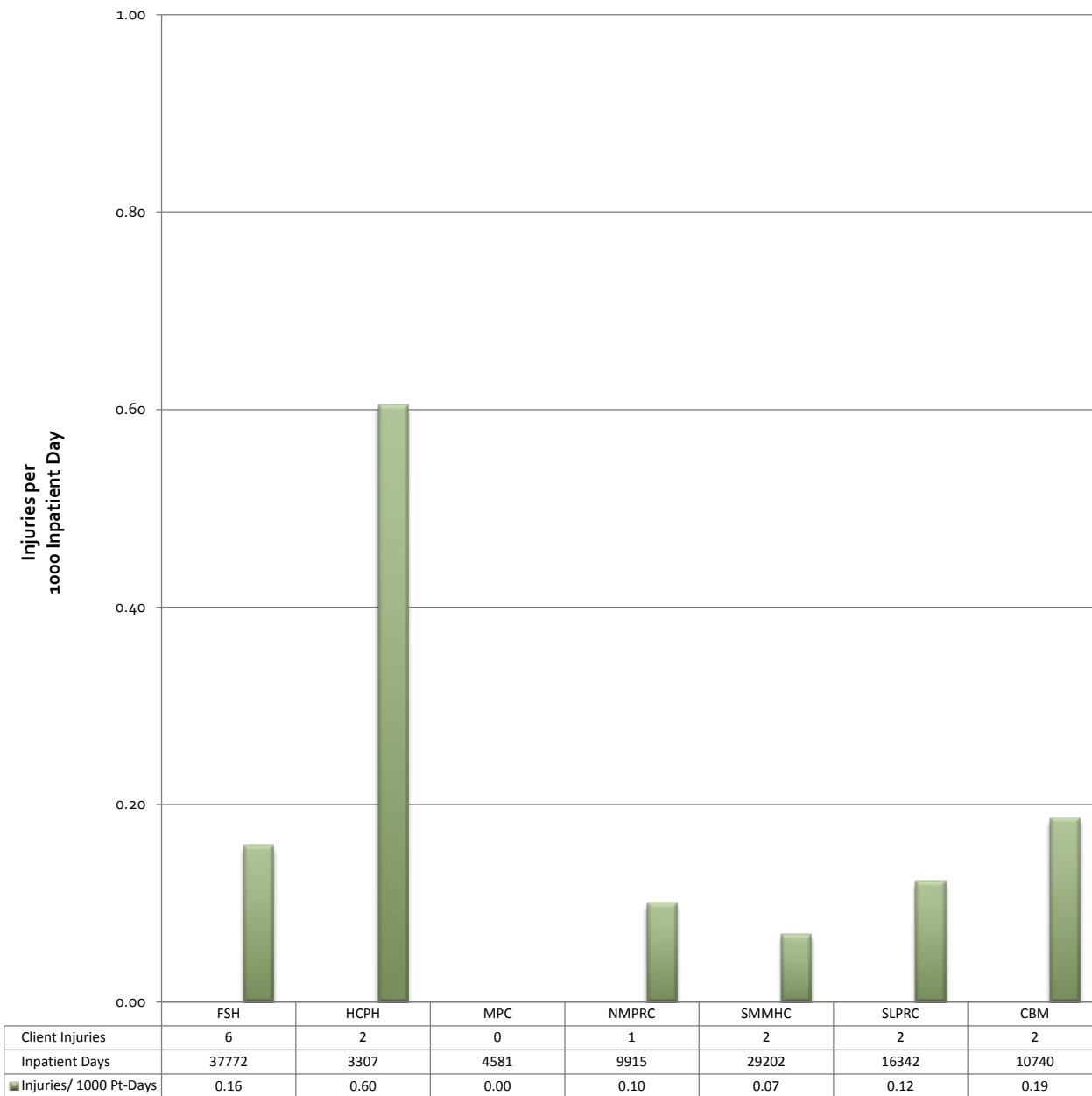
## Inpatient Client Injuries



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.



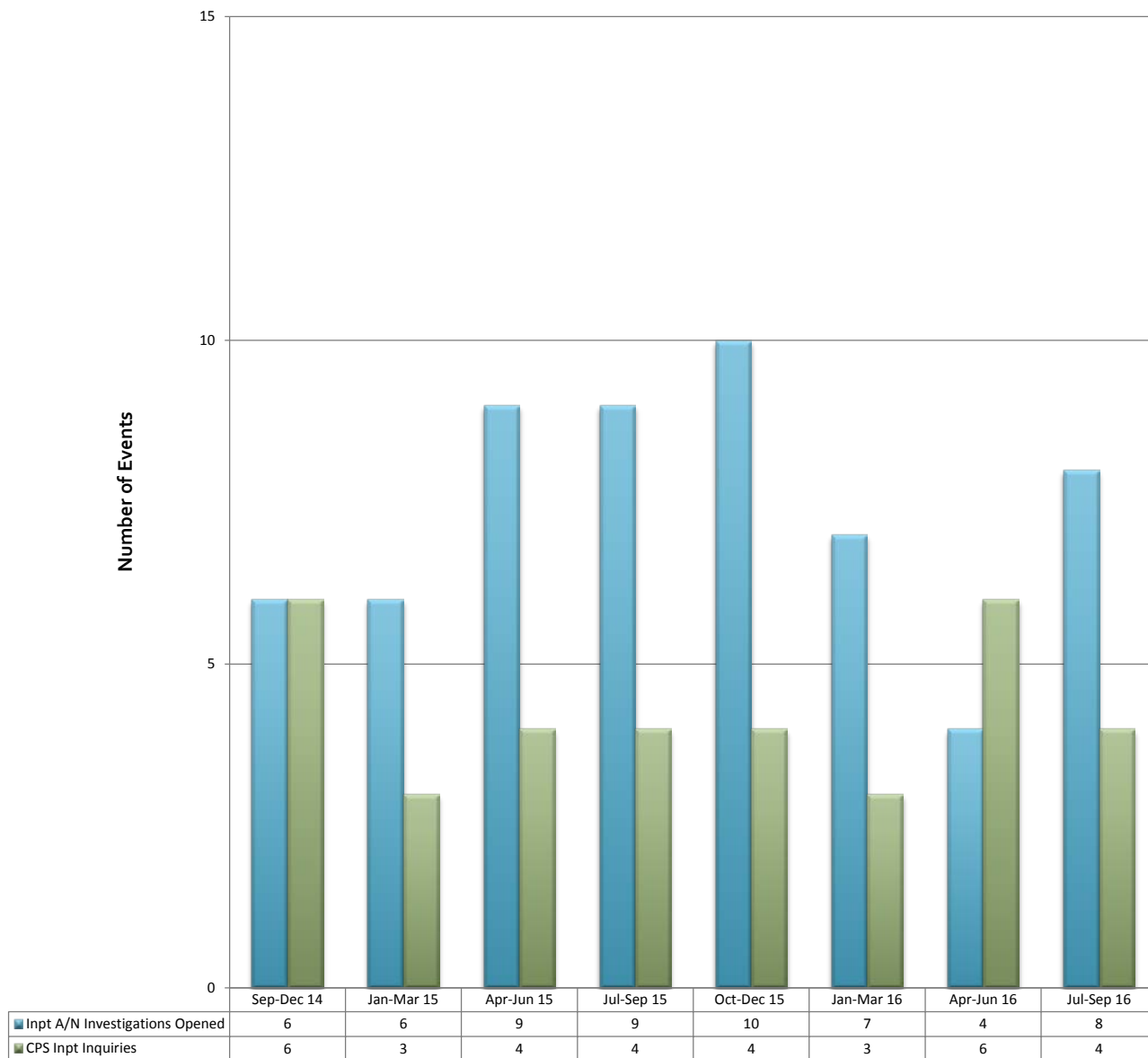
## Inpatient Client Injuries by Facility



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



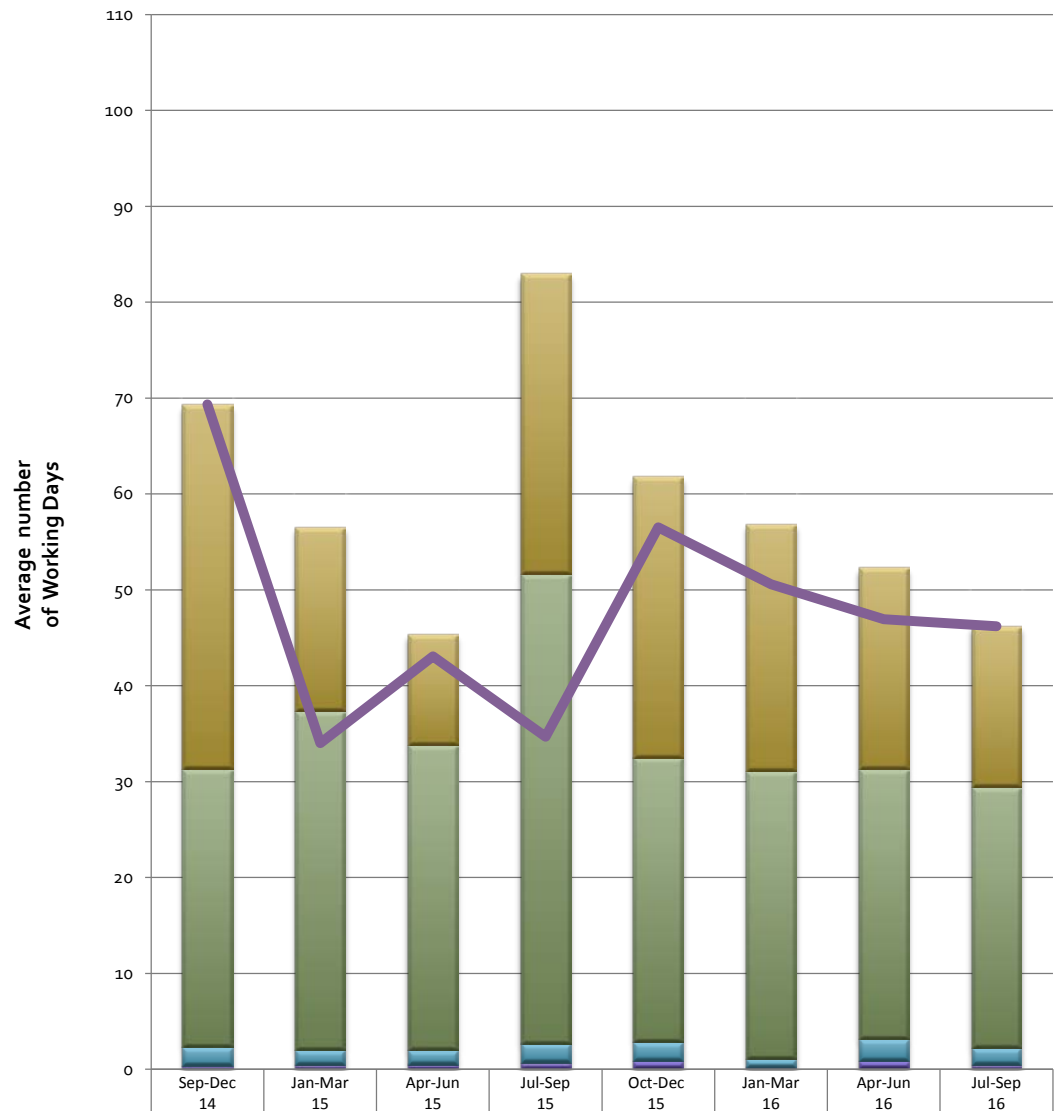
## Inpatient Inquiries into Potential Abuse/Neglect Allegations



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



## Duration of Investigation Process for Inpatient Facilities

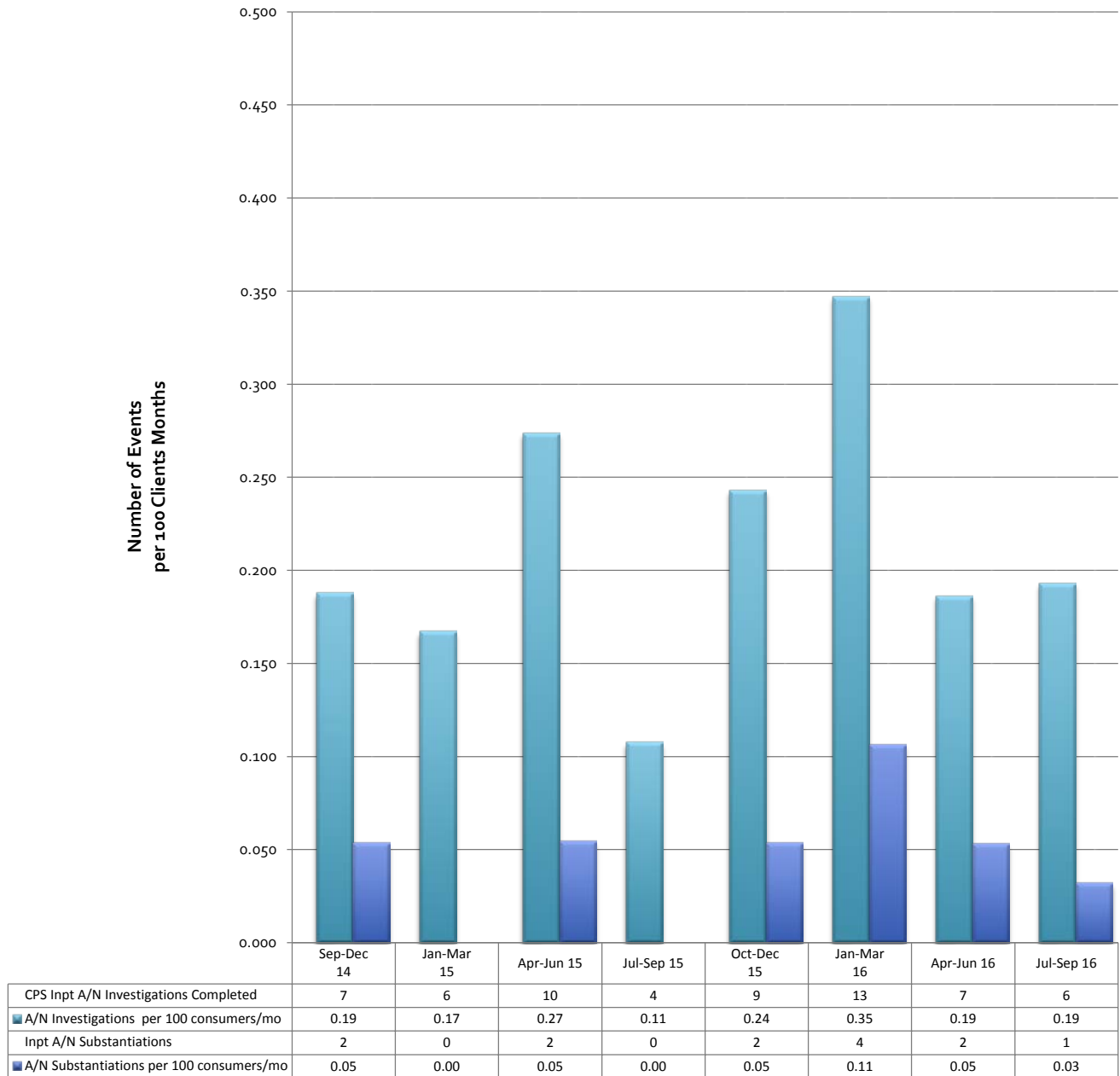


CPS Inpt Investigation Event Count	Sep-Dec 14	Jan-Mar 15	Apr-Jun 15	Jul-Sep 15	Oct-Dec 15	Jan-Mar 16	Apr-Jun 16	Jul-Sep 16
CPS Inpt: Inv. Final Report to Final Determination	38.00	19.17	11.57	31.33	29.33	25.80	21.00	16.80
CPS Inpt: Inv. Request to Inv. Final Report	29.00	35.40	31.80	49.00	29.63	30.00	28.17	27.20
CPS Inpt: Event Report to Inv. Request	2.00	1.60	1.50	2.00	2.00	0.92	2.33	1.80
CPS Inpt: Event Discovery to Event Report	0.33	0.40	0.50	0.67	0.88	0.17	0.83	0.40
CPS Inpt: "Typical" Inv Total Time	69.33	34.00	43.07	34.67	56.51	50.58	46.94	46.20

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



## Inpatient Abuse / Neglect Investigations

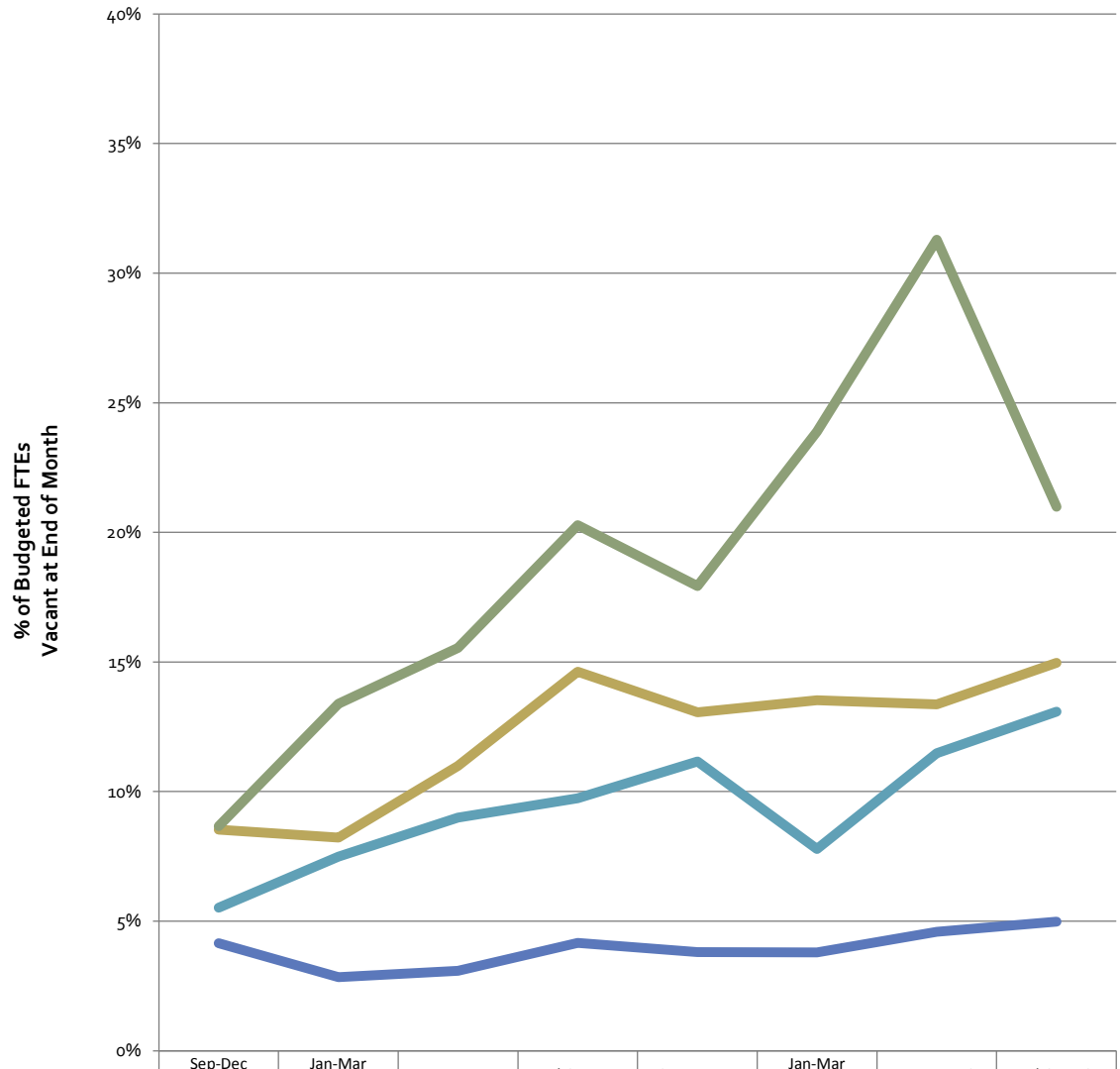


NOTE: Investigations and Substantiations are a count of the number of events, not the number of alleged perpetrators or victims. Also, both counts reflect cases finalized in the quarter reported. Often, such measures are taken as a proportion of 1000 pt-days for inpatient events, but here we are using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





## CPS Operated Facility Staff Vacancy Rates

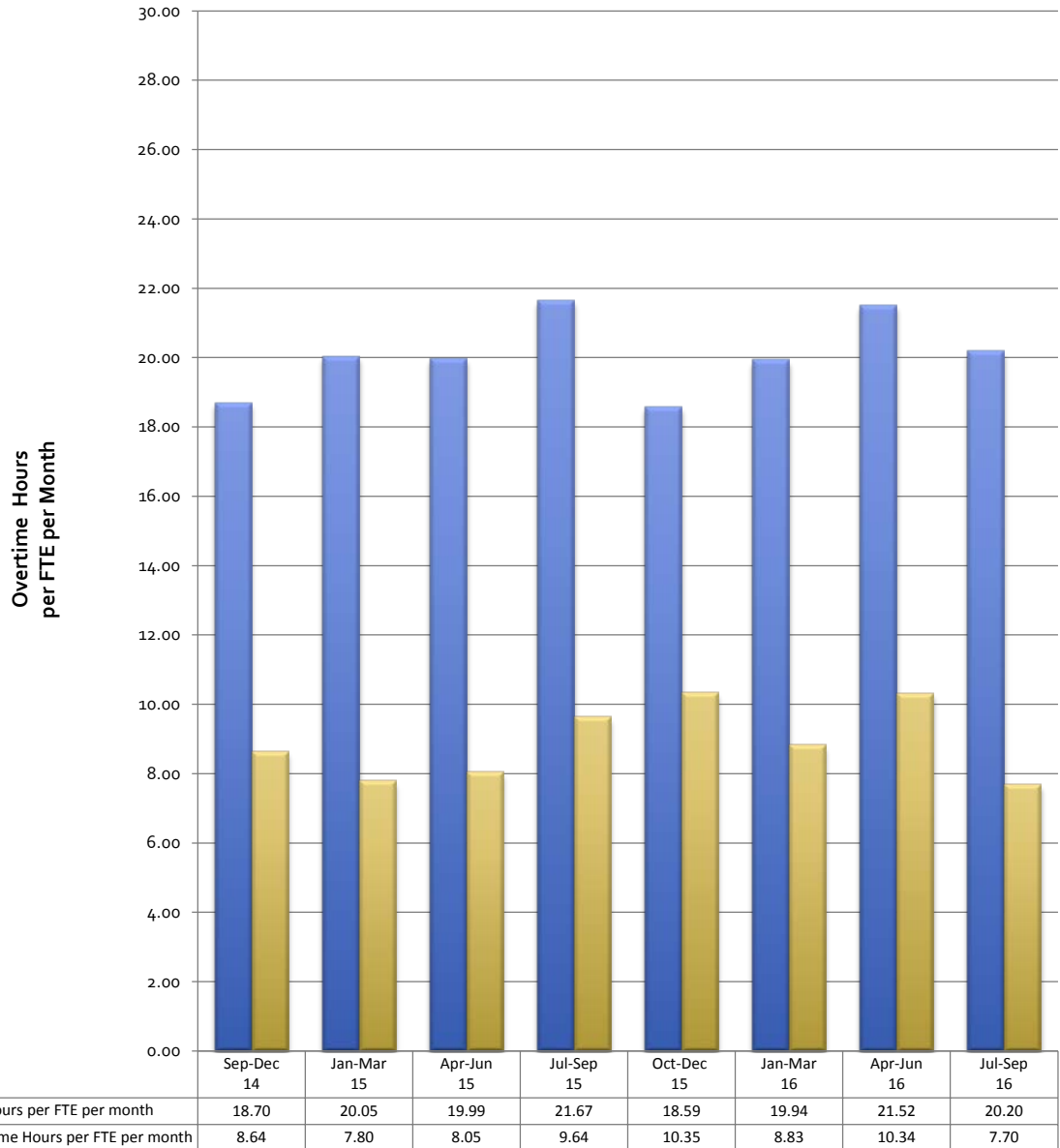


	Sep-Dec 14	Jan-Mar 15	Apr-Jun 15	Jul-Sep 15	Oct-Dec 15	Jan-Mar 16	Apr-Jun 16	Jul-Sep 16
Direct Care Staff Vacancy Rates	4.15%	2.84%	3.09%	4.16%	3.80%	3.79%	4.59%	4.98%
Licensed Nursing Staff Vacancy Rates	8.53%	8.23%	10.99%	14.63%	13.06%	13.52%	13.36%	14.96%
Psychologist Vacancy Rates	8.67%	13.39%	15.54%	20.28%	17.93%	23.89%	31.28%	20.99%
Psychiatrist Staff Vacancy Rates	5.52%	7.49%	8.99%	9.74%	11.15%	7.78%	11.48%	13.08%

**SIGNIFICANCE:** Staff vacancy rates continue to be a problem, particularly for professional staff categories and are a factor in other cost and safety related metrics. The psychologist vacancy rates remained higher than other staff vacancy rates.



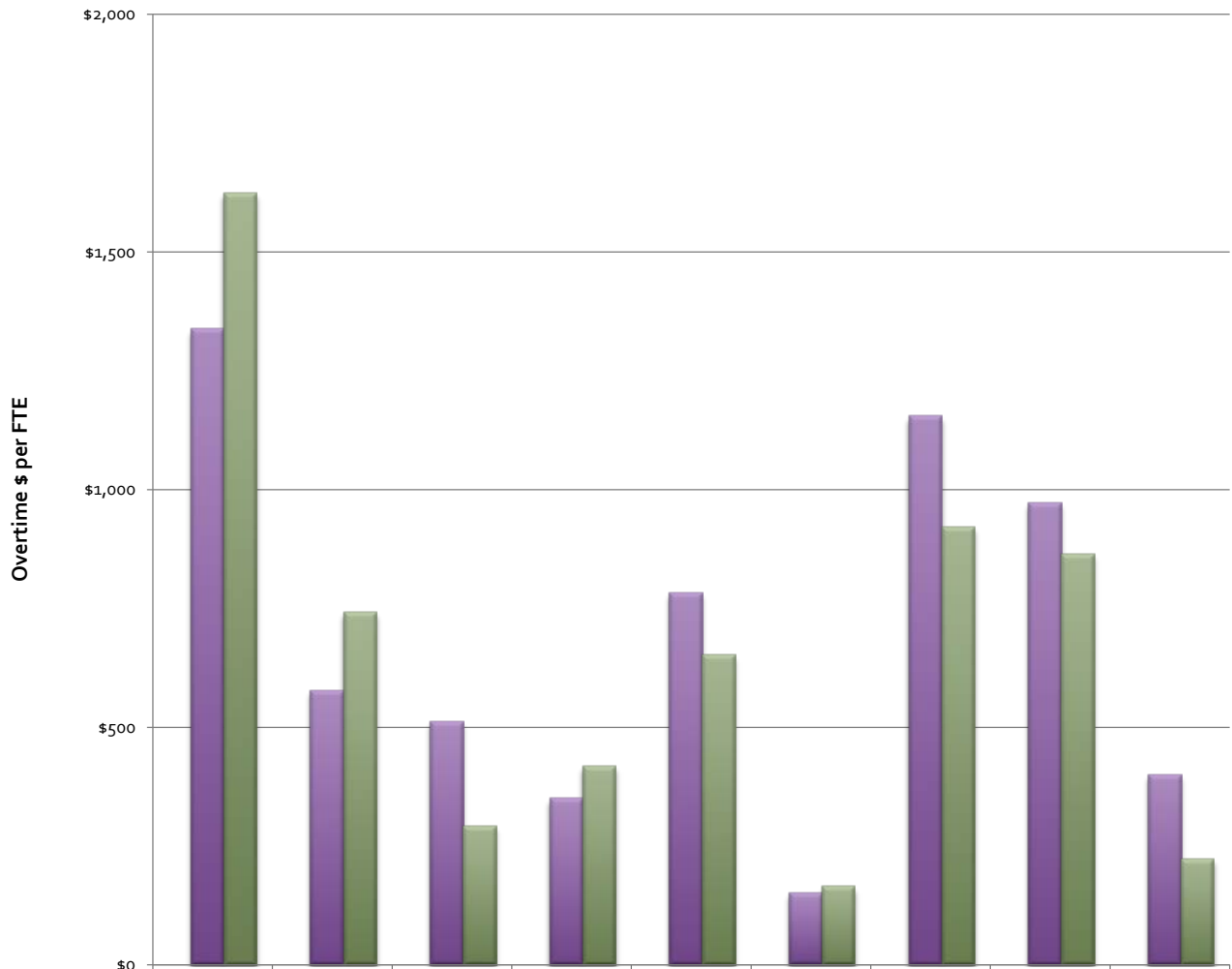
## CPS Operated Facility Overtime Hours per FTE per Month



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



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

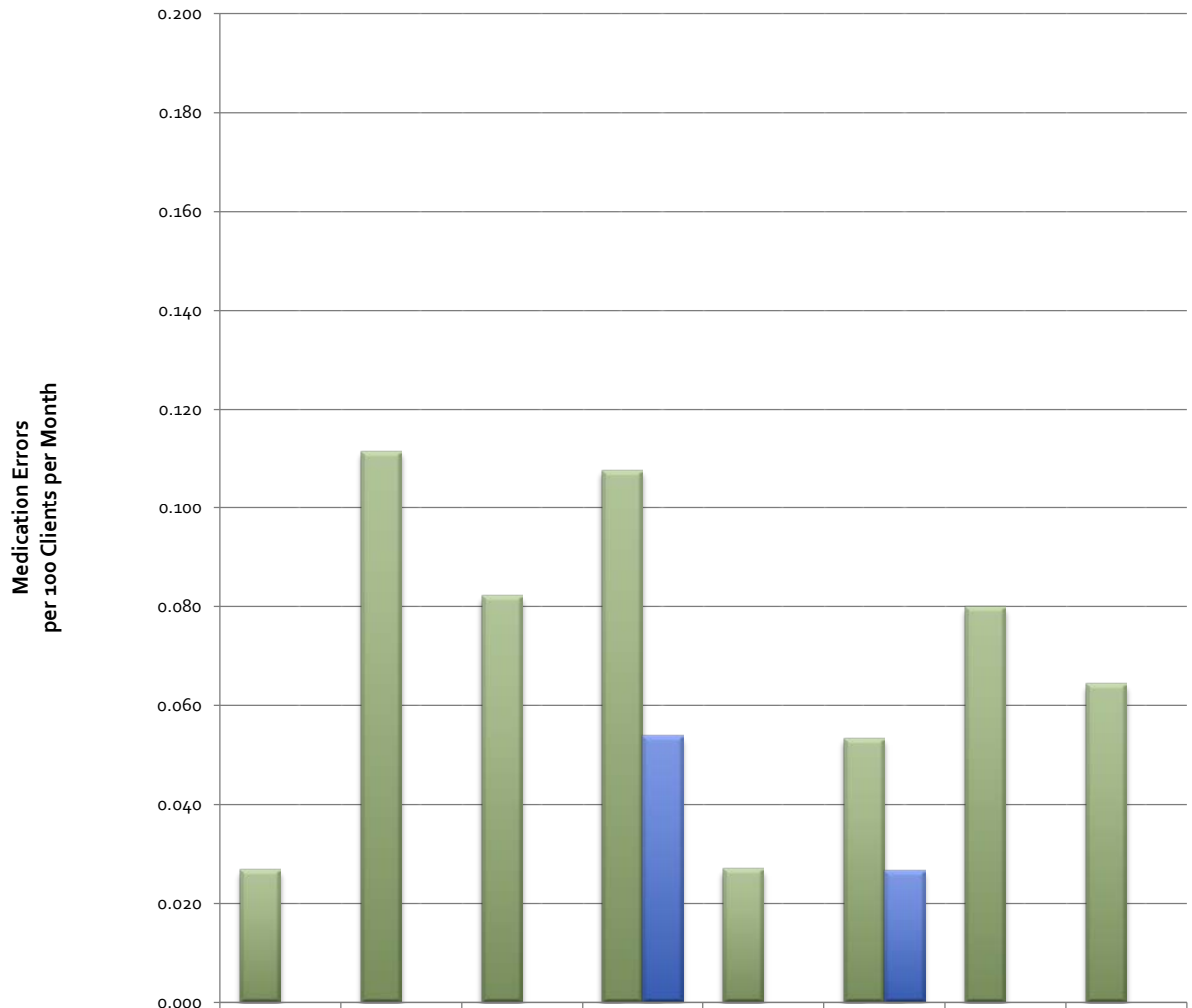


	FSH	NMPRC	SWMPRC	SEMMHC	SLPRC	MSLPC	CBM	HCPH	CRTC
FY15 Direct Care Overtime \$M	\$0.867	\$0.083	\$0.020	\$0.164	\$0.220	\$0.017	\$0.135	\$0.118	\$0.024
FY15 Direct Care FTEs	647.50	144.00	38.00	465.98	280.50	114.50	116.50	121.60	60.01
FY15 Direct Care OT \$ per FTE	\$1,339	\$578	\$513	\$351	\$784	\$152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

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



## Inpatient Medication Errors

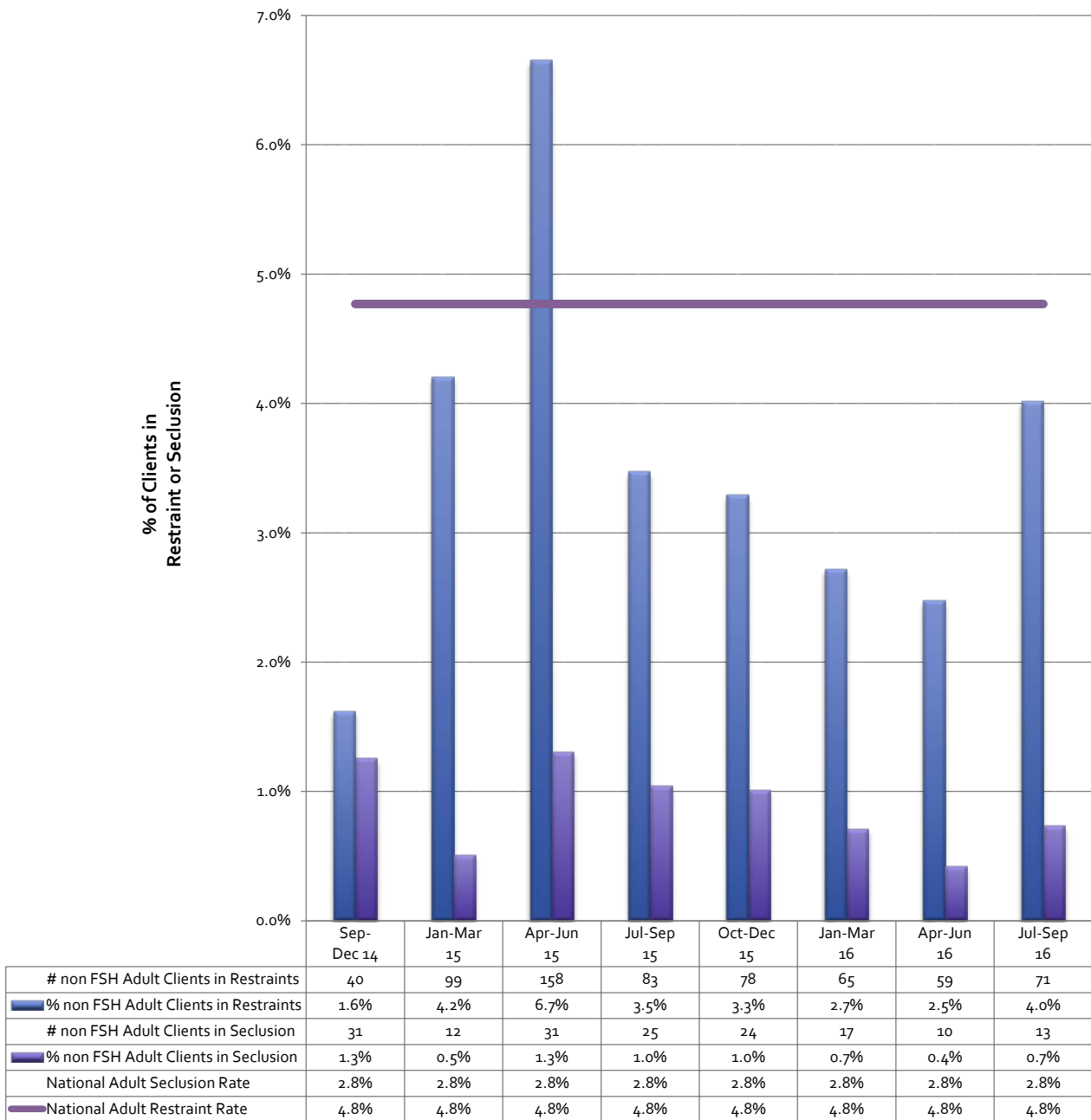


	Sep-Dec 14	Jan-Mar 15	Apr-Jun 15	Jul-Sep 15	Oct-Dec 15	Jan-Mar 16	Apr-Jun 16	Jul-Sep 16
Inpt "Moderate" Med Errors	1	4	3	4	1	2	3	2
Inpt "Moderate" Med Errors per 100 Consumers/mo	0.03	0.11	0.08	0.11	0.03	0.05	0.08	0.06
Inpt "Serious" Med Errors	0	0	0	2	0	1	0	0
Inpt "Serious" Med Errors per 100 Consumers/mo	0.00	0.00	0.00	0.05	0.00	0.03	0.00	0.00
Unduplicated Client-month count	3720	3585	3650	3710	3698	3743	3752	3105

**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.



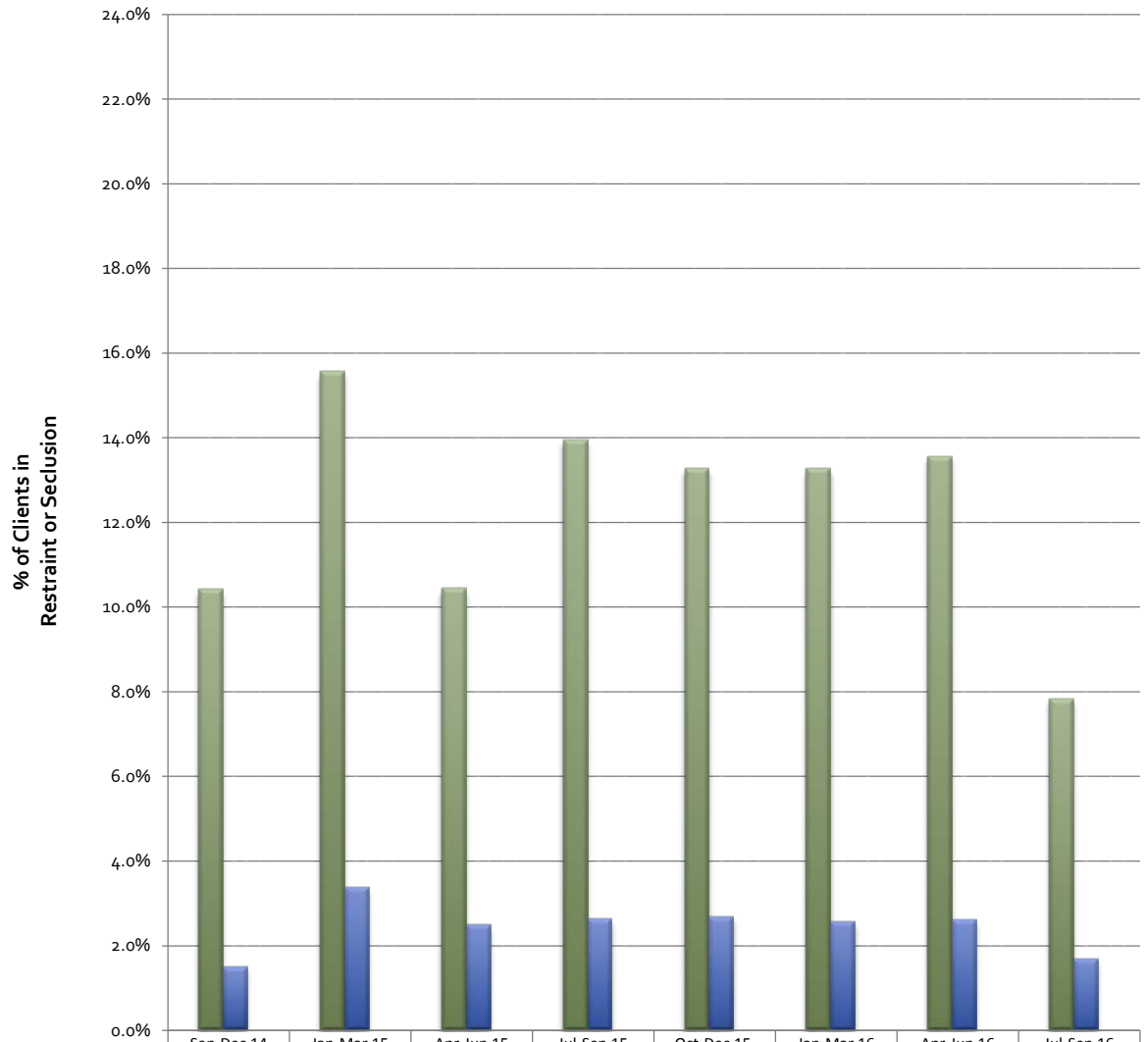
## Inpatient Adult Restraint & Seclusion Use



**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

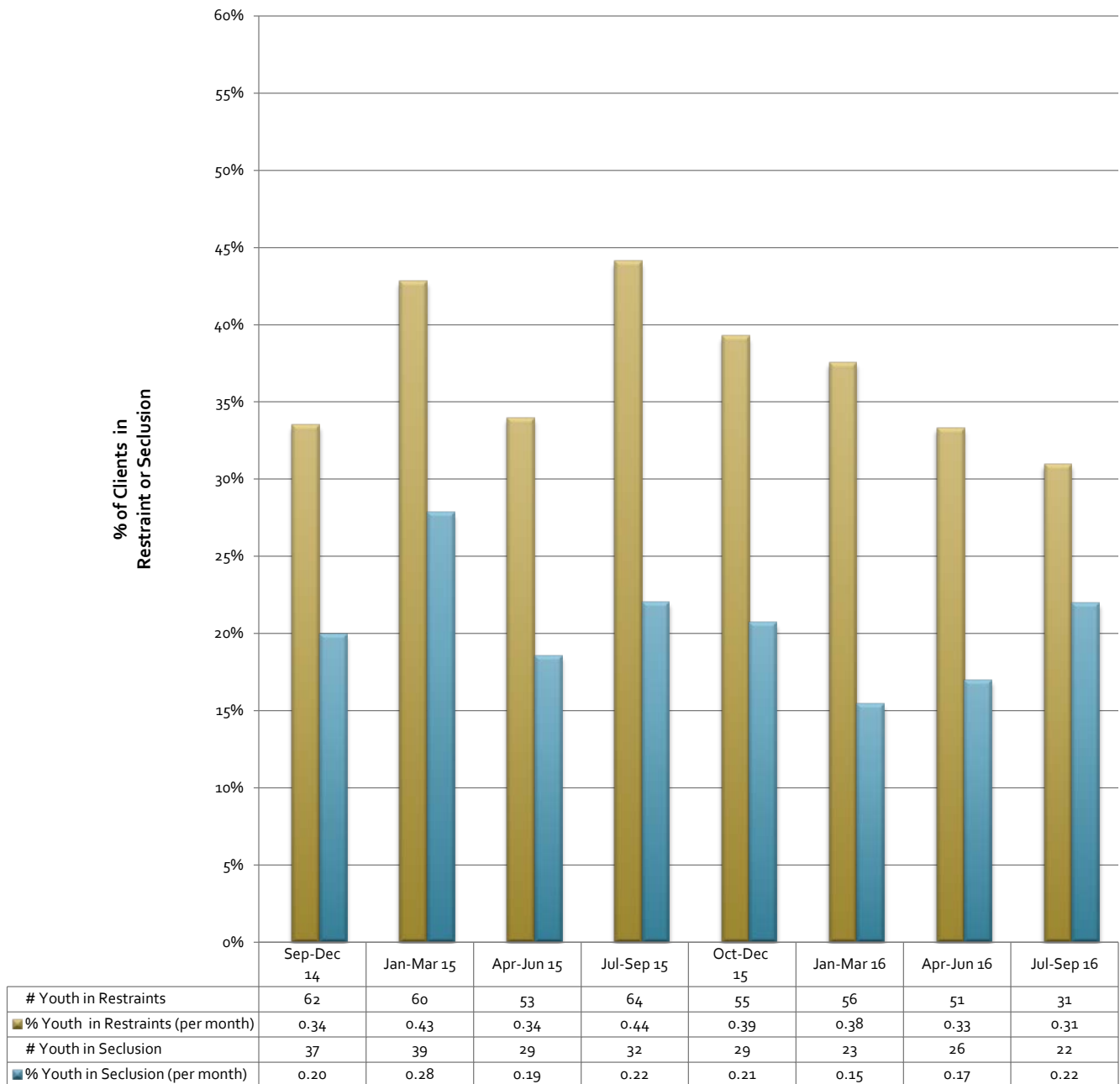


	Sep-Dec 14	Jan-Mar 15	Apr-Jun 15	Jul-Sep 15	Oct-Dec 15	Jan-Mar 16	Apr-Jun 16	Jul-Sep 16
# FSH Clients in Restraints	154	170	117	164	158	160	165	97
% FSH Clients in Restraints (per month)	10.4%	15.6%	10.4%	14.0%	13.3%	13.3%	13.6%	7.8%
# FSH Clients in Seclusion	24	37	28	31	32	31	32	21
% FSH Clients in Seclusion (per month)	1.5%	3.4%	2.5%	2.6%	2.7%	2.6%	2.6%	1.7%
# Adult Clients in Seclusion	39	49	59	56	56	48	42	34
National Adult Restraint Rate	4.8%	4.8%	4.8%	4.8%	4.8%	4.8%	4.8%	4.8%

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



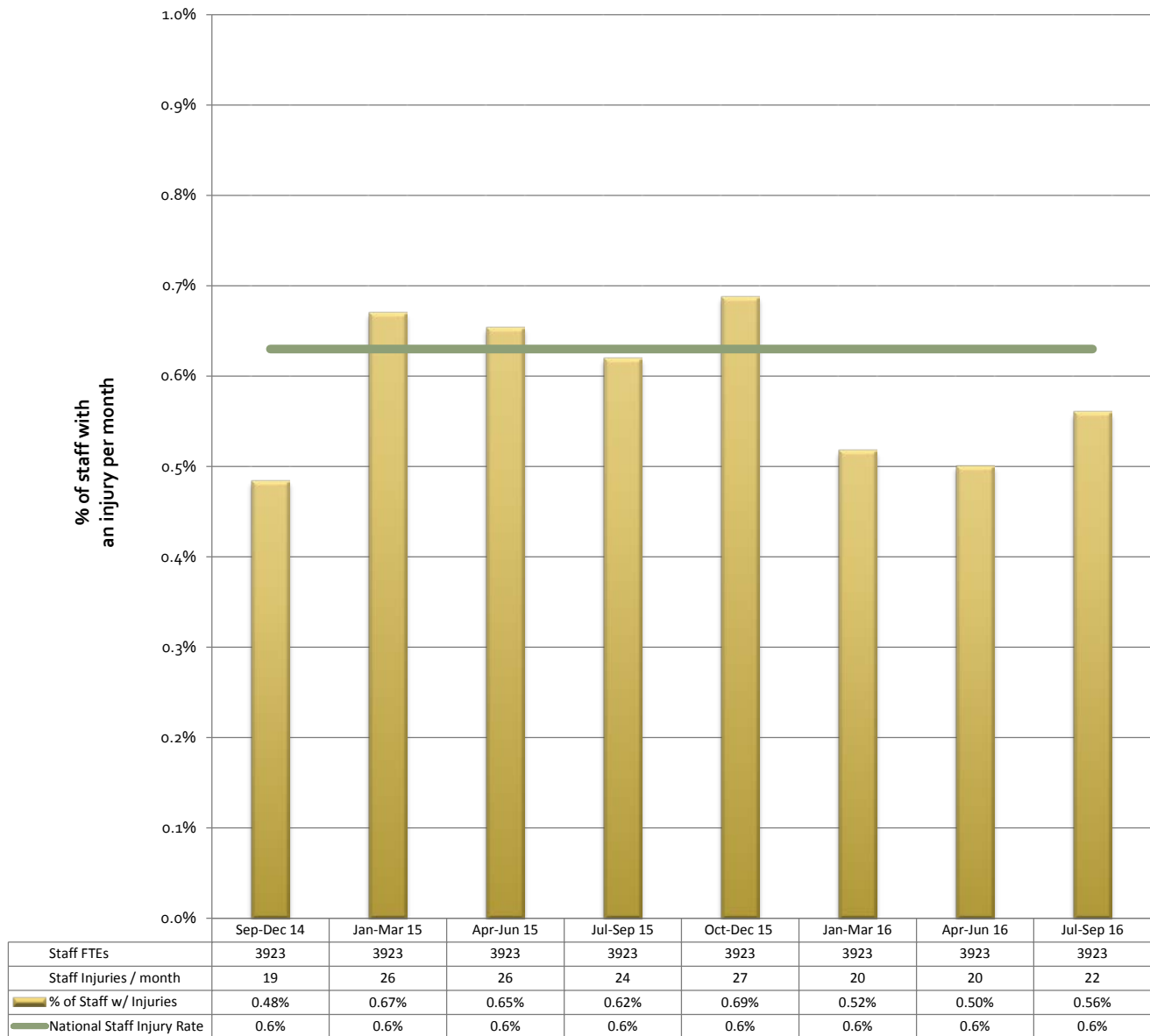
## Inpatient Youth Restraint & Seclusion Use



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



## Inpatient Direct Care Staff Injuries



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

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



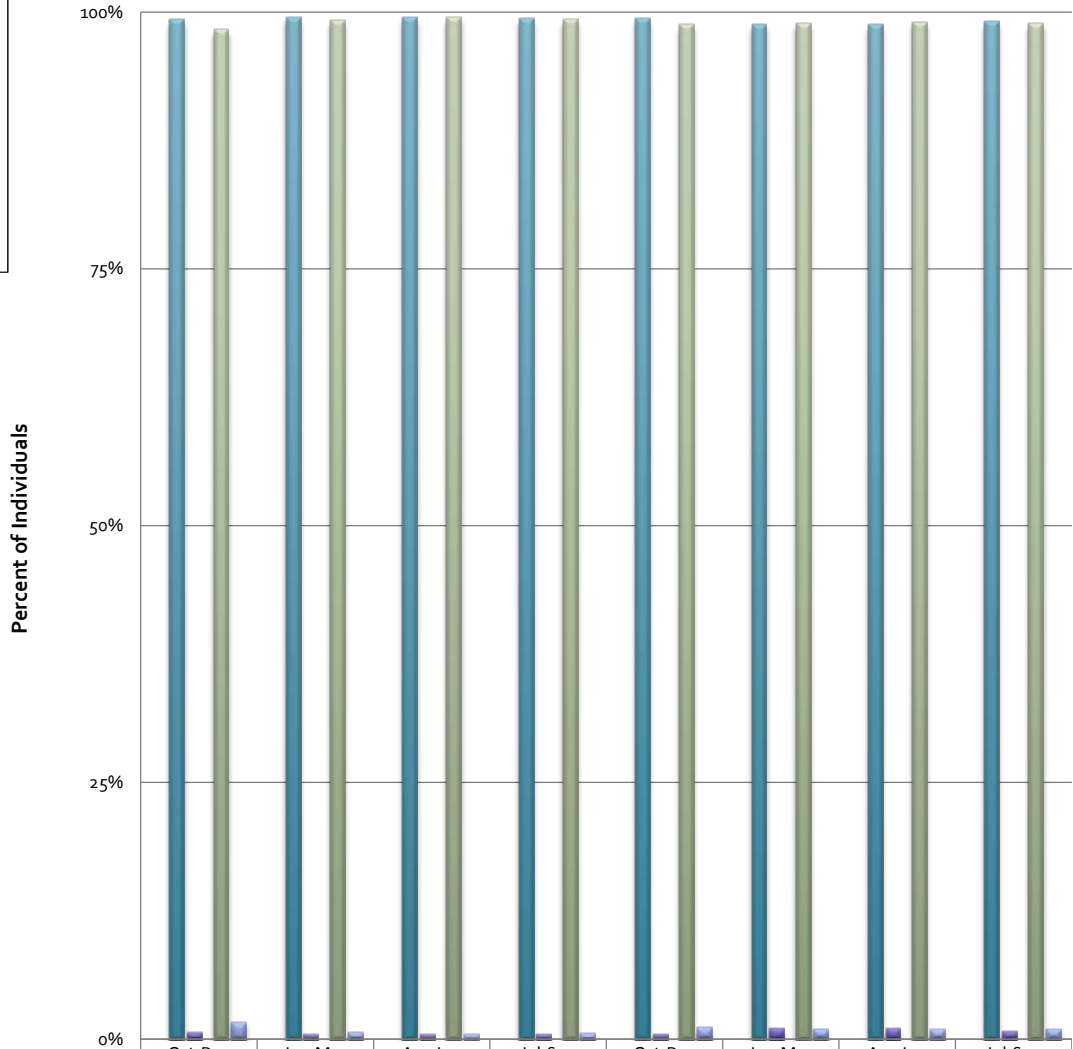


# Division of Developmental Disabilities



## Division of DD Residential Medicaid Eligibility

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

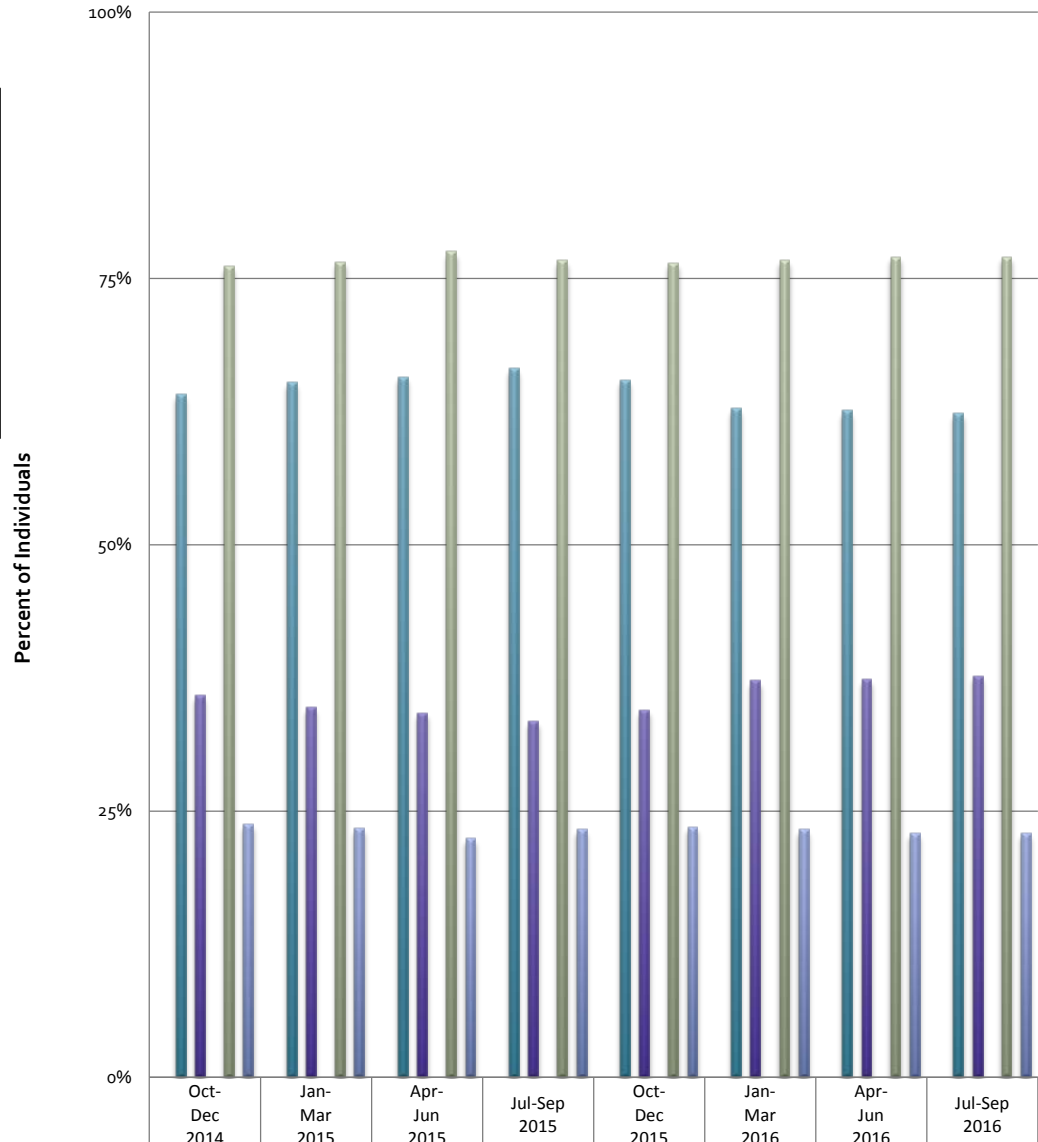


	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sep 2016
# Individuals Served in Hab Centers	416	405	394	379	363	359	355	347
# HC Individuals Medicaid Eligible	413	403	392	377	361	355	351	344
% HC Individuals Medicaid Eligible	99%	100%	99%	99%	99%	99%	99%	99%
# HC Individuals Not Medicaid Eligible	3	2	2	2	2	4	4	3
% HC Individuals Not Medicaid Eligible	1%	0%	1%	1%	1%	1%	1%	1%
# Individuals Served in Community Residential	7144	7178	7186	7236	7278	7300	7222	7367
# Individuals Community Medicaid Eligible	7024	7124	7151	7191	7193	7226	7153	7290
% Individuals Community Medicaid Eligible	98%	99%	100%	99%	99%	99%	99%	99%
# Individuals Community Not Medicaid Eligible	120	54	35	45	85	74	69	77
% Individuals Community Not Medicaid Eligible	2%	1%	0%	1%	1%	1%	1%	1%



## Division of DD Non-Residential Medicaid Eligibility

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

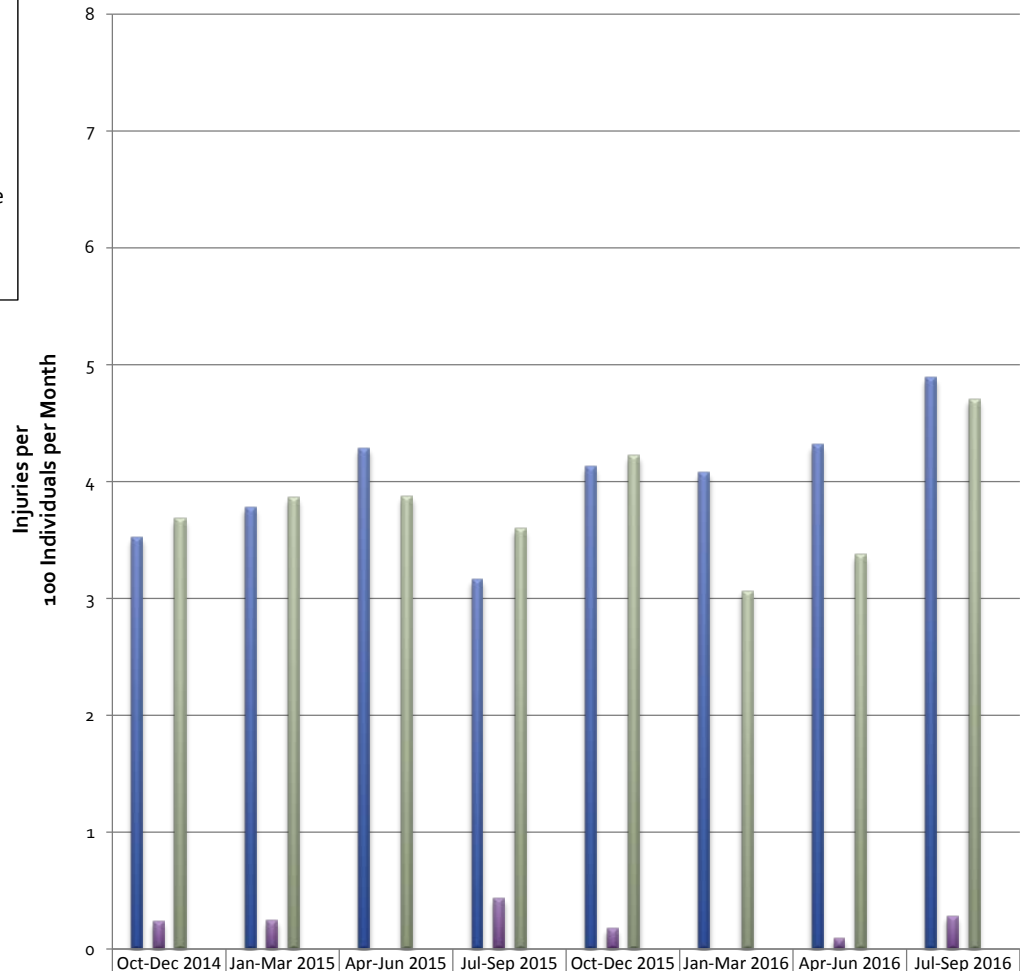


	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sep 2016
# Individuals served in Case Management (CM) Only	16366	16384	16205	16068	16270	14521	13900	15277
# Individuals CM Only Medicaid Eligible	10494	10691	10663	10694	10652	9120	8703	9522
% Individuals CM Only Medicaid Eligible	64%	65%	66%	67%	65%	63%	63%	62%
# Individuals Case Mngmt Only Not Medicaid Eligible	5872	5693	5542	5374	5618	5411	5197	5755
% Individuals CM Only Not Medicaid Eligible	36%	35%	34%	33%	35%	37%	37%	38%
# Individuals Served in Other Services	11164	11502	11682	12142	12221	12342	12038	12608
# Individuals Other Services Medicaid Eligible	8508	8804	9059	9313	9348	9469	9271	9711
% Individuals Other Services Medicaid Eligible	76%	77%	78%	77%	76%	77%	77%	77%
# Individuals Other Services Not Medicaid Eligible	2656	2698	2623	2829	2873	2873	2767	2897
% Individuals Other Services Not Medicaid Eligible	24%	23%	22%	23%	24%	23%	23%	23%



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

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

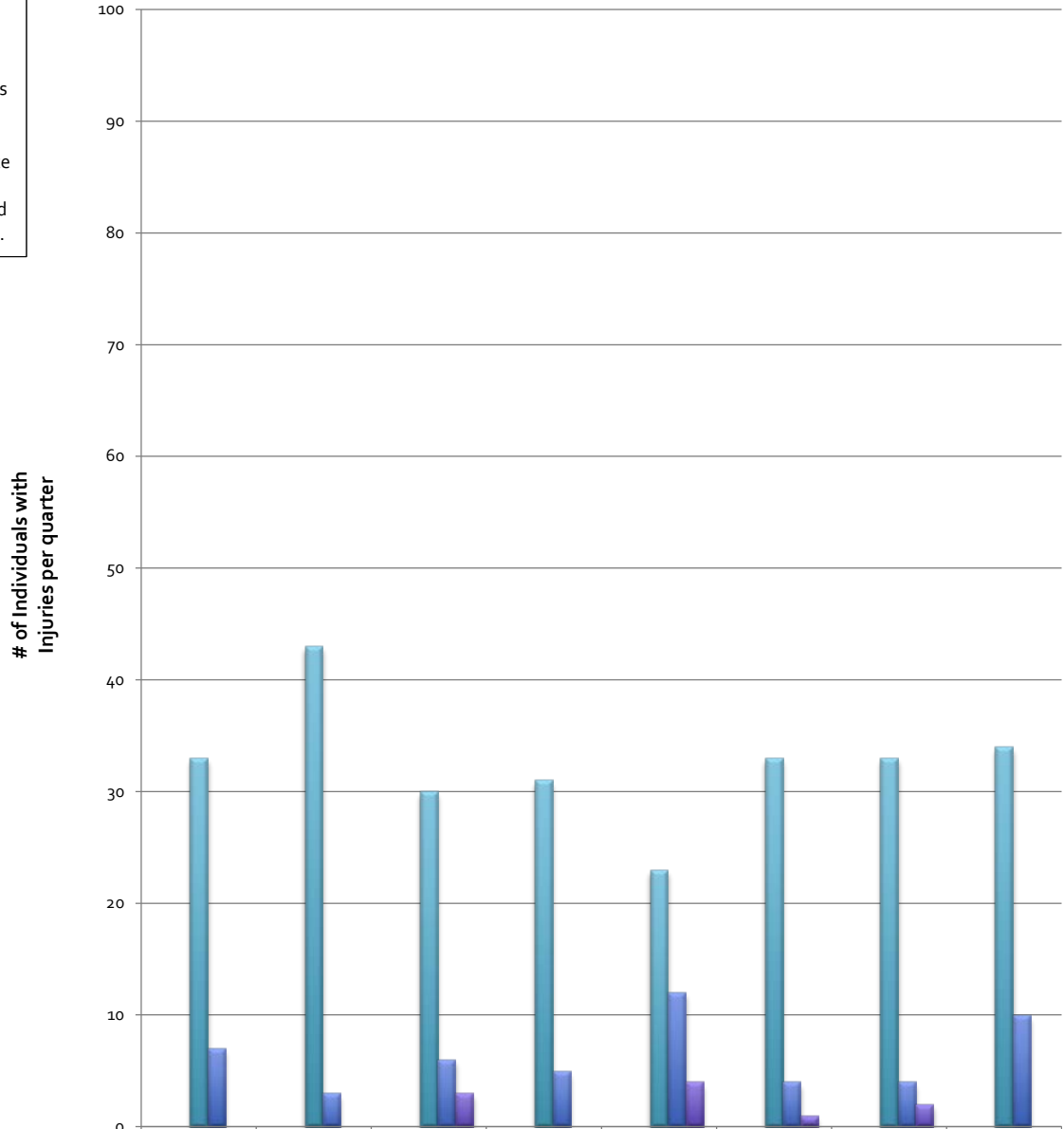


	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sep 2016
# HCC Injuries Resulting in Medical Intervention	44	46	52	36	45	44	46	51
#HCC Injuries Resulting in Medical Intervention per 100 Indiv/mo	3.5	3.8	4.3	3.2	4.1	4.1	4.3	4.9
#HCC Injuries Resulting in Hospitalization	3	3	0	5	2	0	1	3
#HCC Injuries Resulting in Hospitalization per 100 Indiv/mo	0.2	0.2	0.0	0.4	0.2	0.0	0.1	0.3
# HCC Injuries Resulting in Emergency Room Visits	46	47	47	41	46	33	36	49
#HCC Injuries Resulting in Emergency Room Visits per 100 Indiv/mo	3.7	3.9	3.9	3.6	4.2	3.1	3.4	4.7
# 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	416	405	404	379	363	359	355	347



## 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.

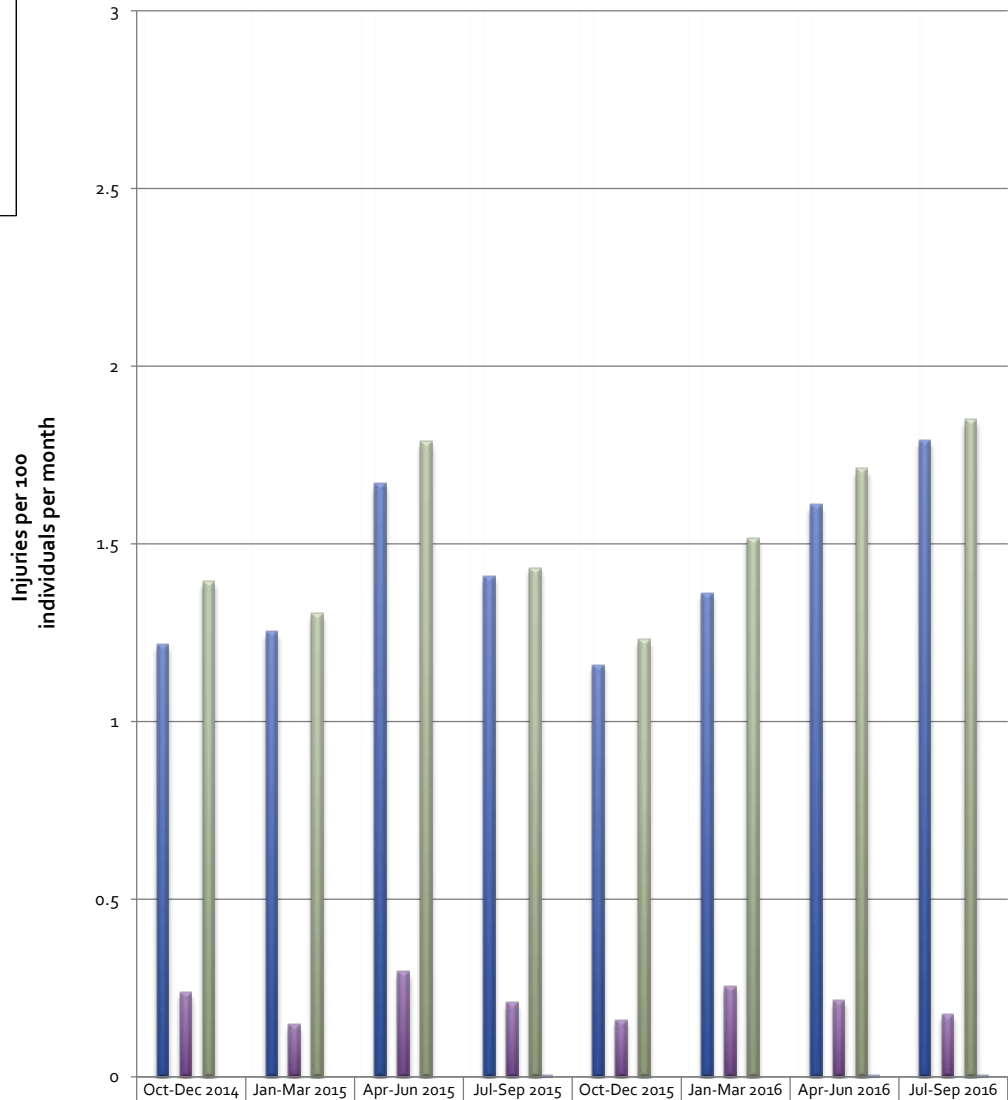


	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sep 2016
# HCC Individuals	416	405	404	379	363	359	355	347
# HCC Individuals with No Injuries	376	359	365	343	324	321	316	303
# HCC Individuals with Exactly 1 Injury	33	43	30	31	23	33	33	34
# HCC Individuals with Exactly 2 Injuries	7	3	6	5	12	4	4	10
# HCC Individuals with 3+ Injuries	0	0	3	0	4	1	2	0



## Division of DD Community Residential Injuries per 100 Individuals

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

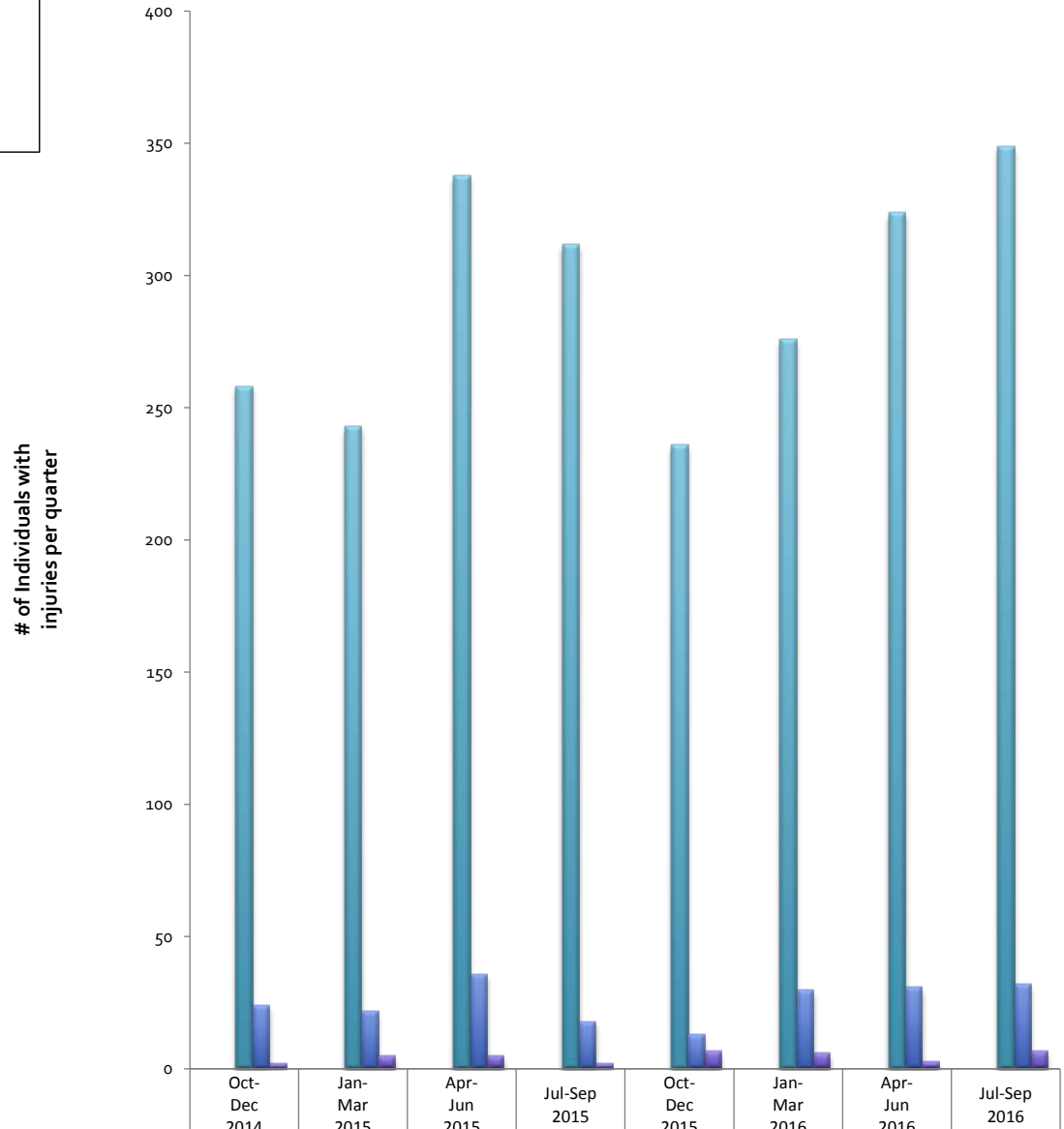


	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sep 2016
# Community Injuries Resulting in Medical Intervention	261	270	360	306	253	298	349	396
Community Injuries Resulting in Medical Intervention per 100 Indiv/mo	1.2	1.3	1.7	1.4	1.2	1.4	1.6	1.8
# Community Injuries Resulting in Hospitalization	51	32	64	46	35	56	47	39
Community Injuries Resulting in Hospitalization per 100 Indiv/mo	0.2	0.1	0.3	0.2	0.2	0.3	0.2	0.2
# Community Injuries Resulting in Emergency Room Visits	299	281	386	311	269	332	371	409
Community Injuries Resulting in ER Visits per 100 Indiv/mo	1.4	1.3	1.8	1.4	1.2	1.5	1.7	1.9
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	7144	7178	7186	7236	7278	7300	7222	7367



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

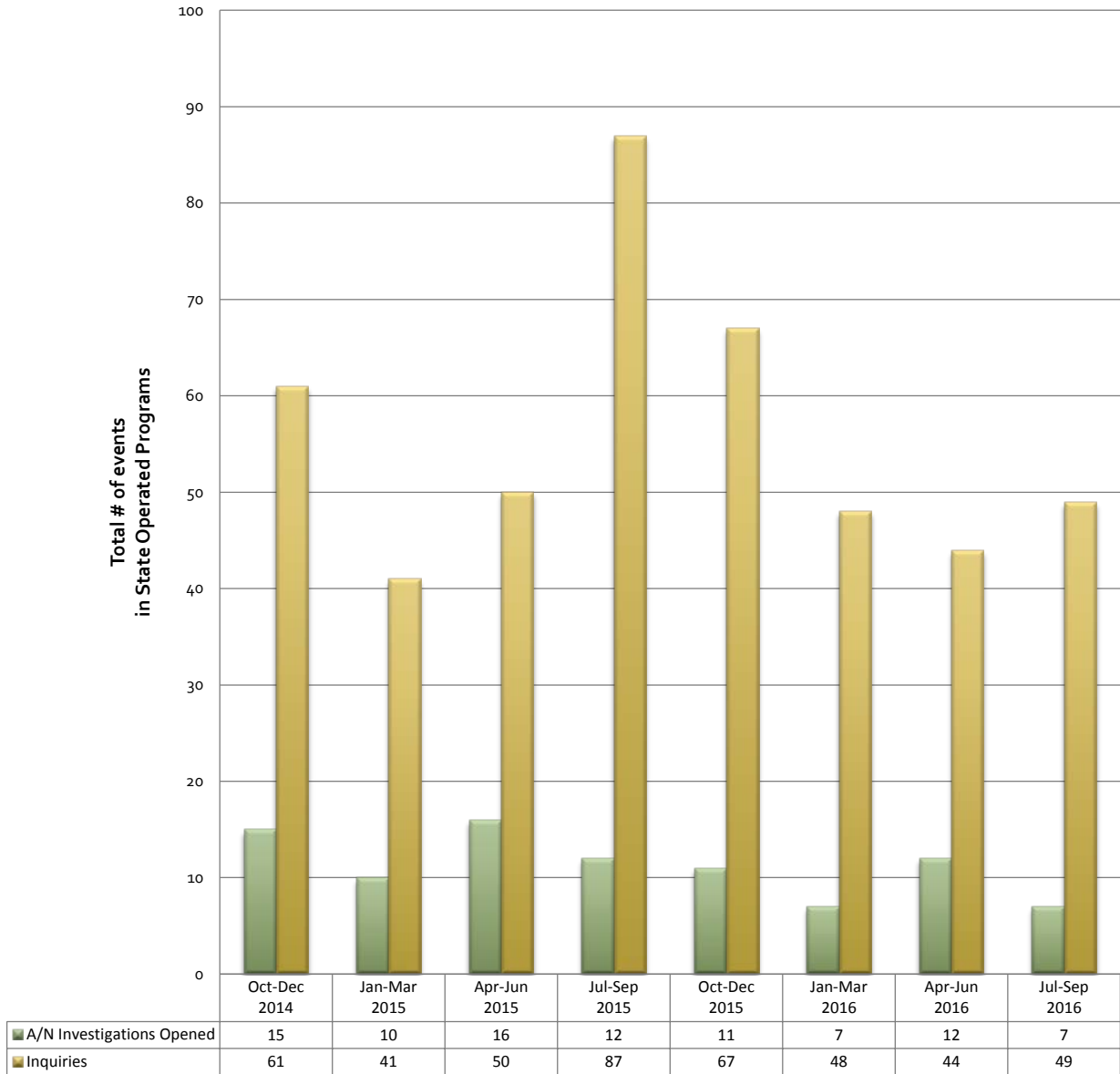
Note: An injury is defined as that which required treatment of more than first aid. State Operated Waiver Programs information now included in community residential data.



	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sep 2016
# DD Individuals in Community Residential	506	487	719	693	492	684	704	749
# DD Community Individuals with No Injuries	222	217	340	361	236	372	346	361
# DD Community Individuals with Exactly 1 Injury	258	243	338	312	236	276	324	349
# DD Community Individuals with Exactly 2 Injuries	24	22	36	18	13	30	31	32
# DD Community Individuals with 3+ Injuries	2	5	5	2	7	6	3	7



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

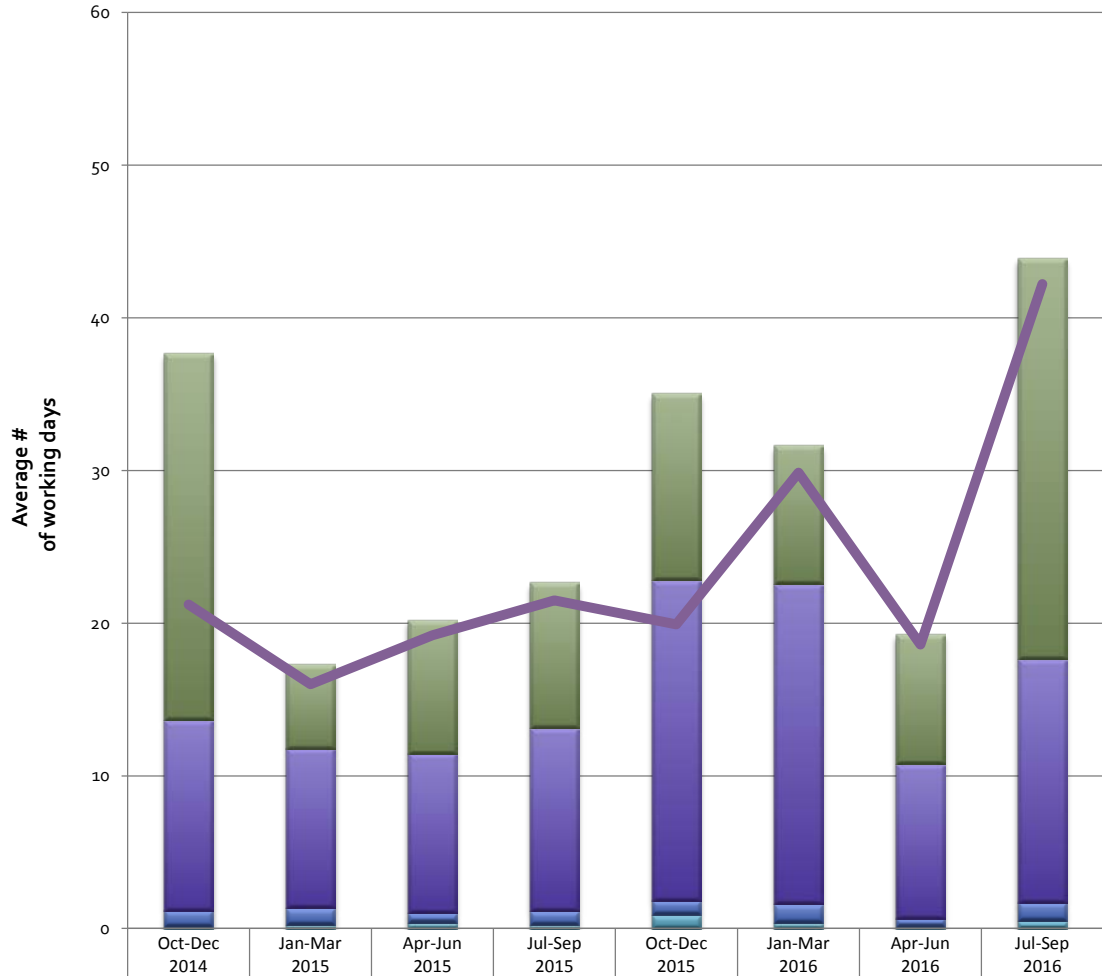


NOTE: If an event initially had an inquiry but then an A/N investigation, it is counted only as an investigation to ensure an unduplicated count of cases under review. Also note that a "decision" for an investigation is only the start of the investigation process. When a final judgment is made regarding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

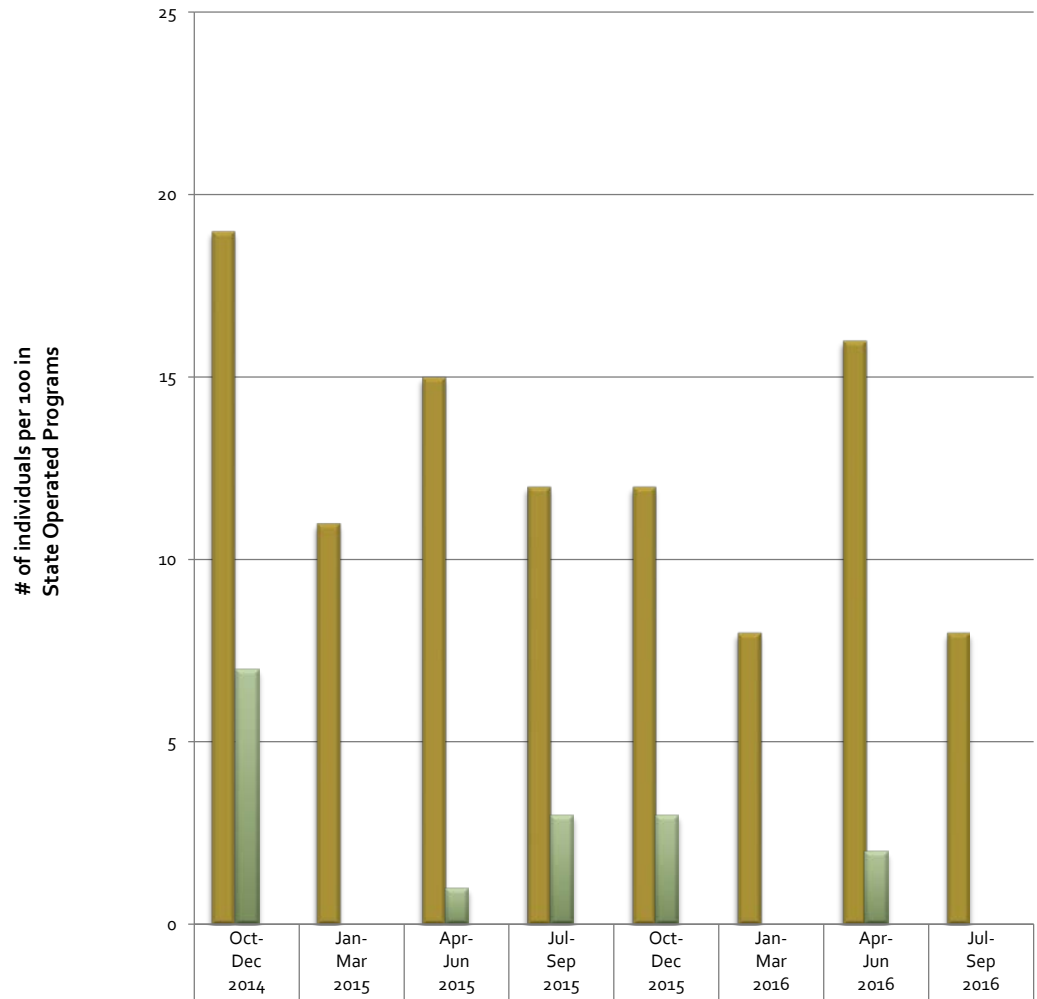


	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sep 2016
DD State Operated Programs Event Count	17	12	11	12	12	10	9	10
Inv. Final Report to Final Determin.	24.00	5.53	8.74	9.55	12.21	9.07	8.50	26.29
Inv. Request to Final Report	12.51	10.47	10.47	11.95	21.00	20.97	10.10	15.93
Event Report to Inv. Request	1.06	1.08	0.64	0.92	0.92	1.20	0.56	1.20
Event Discovery to Report	0.12	0.25	0.36	0.25	0.92	0.40	0.11	0.50
Total Time (90%)	21.21	16.00	19.21	21.50	19.92	29.86	18.60	42.21

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

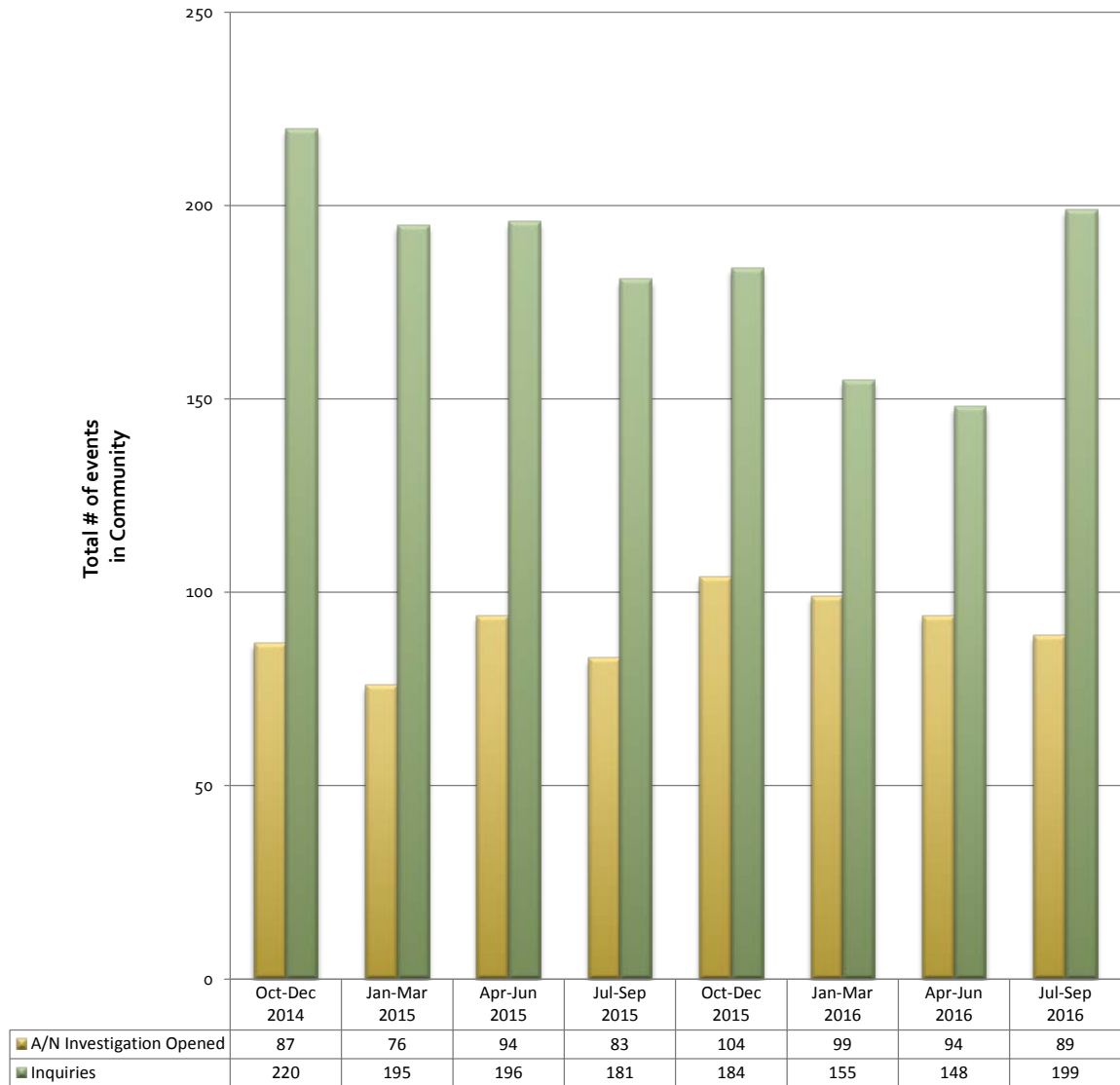


CO Investigations Completed	19	11	15	12	12	8	16	8
A/N Substantiations	7	0	1	3	3	0	2	0
# Individuals in State Operated Programs (Waiver & On Campus)	622	609	602	598	586	582	579	570

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 .



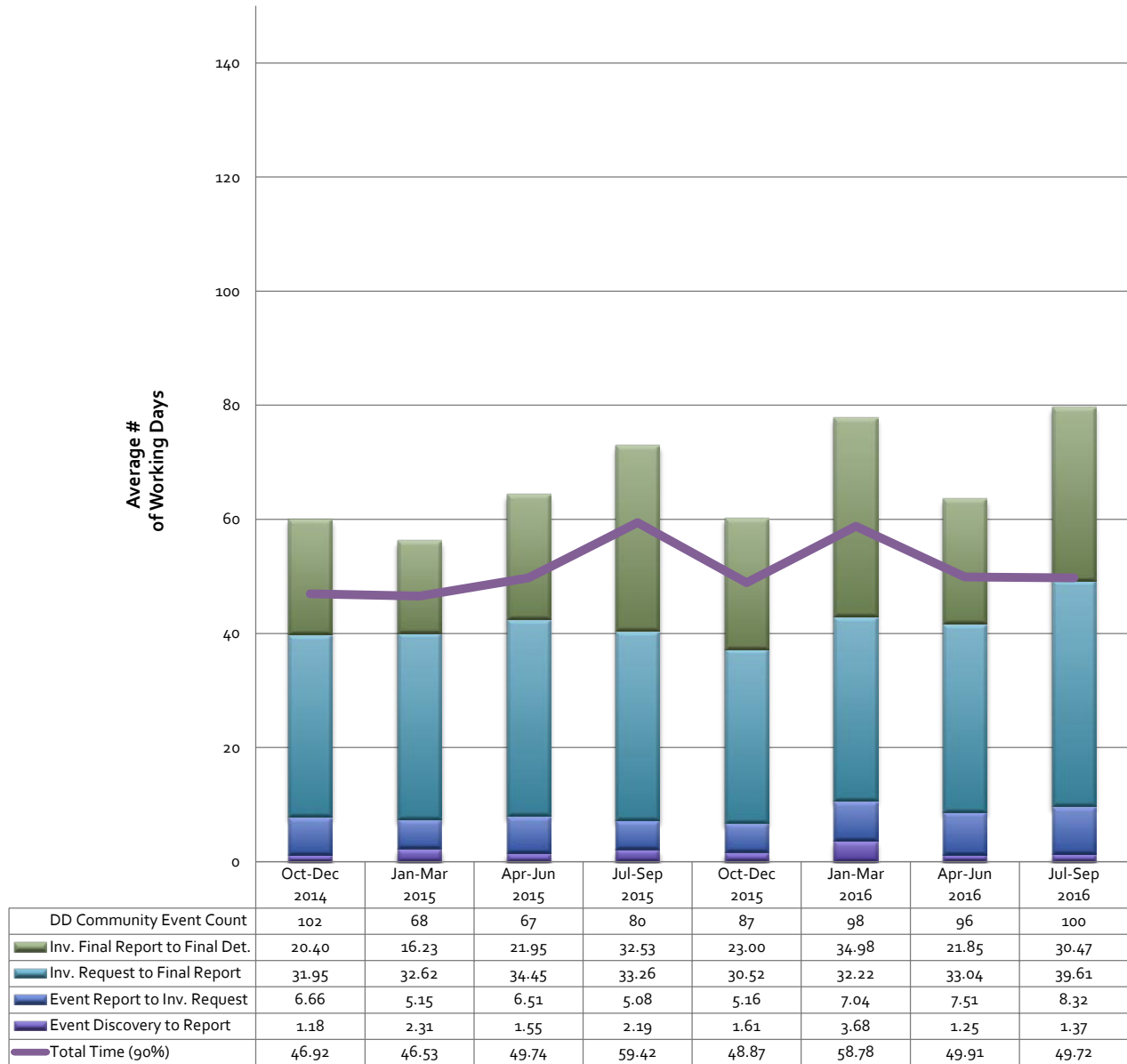
## Division of DD Community Inquiries Into Potential Abuse/Neglect Allegations



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.



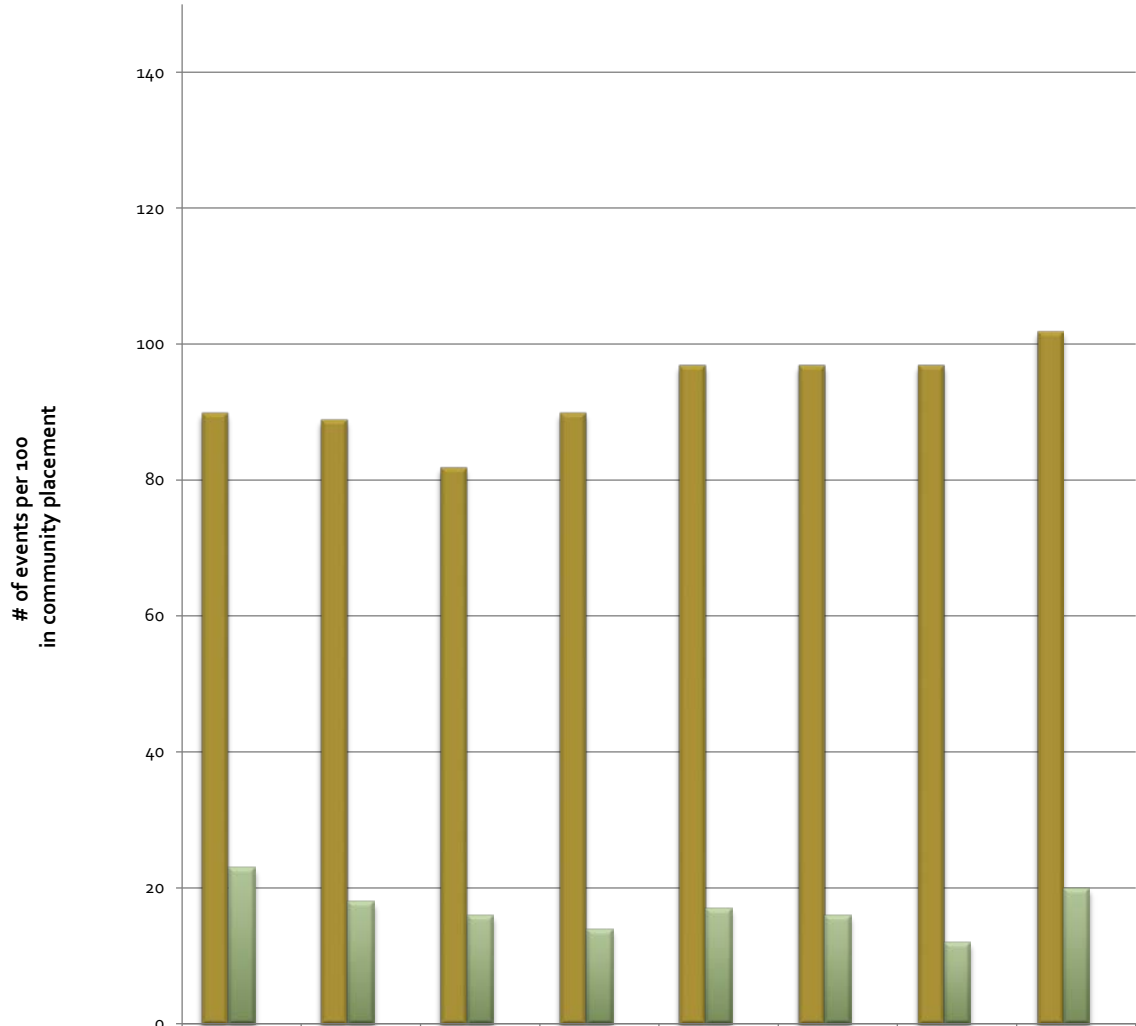
## Duration of Investigation Process DD Community



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

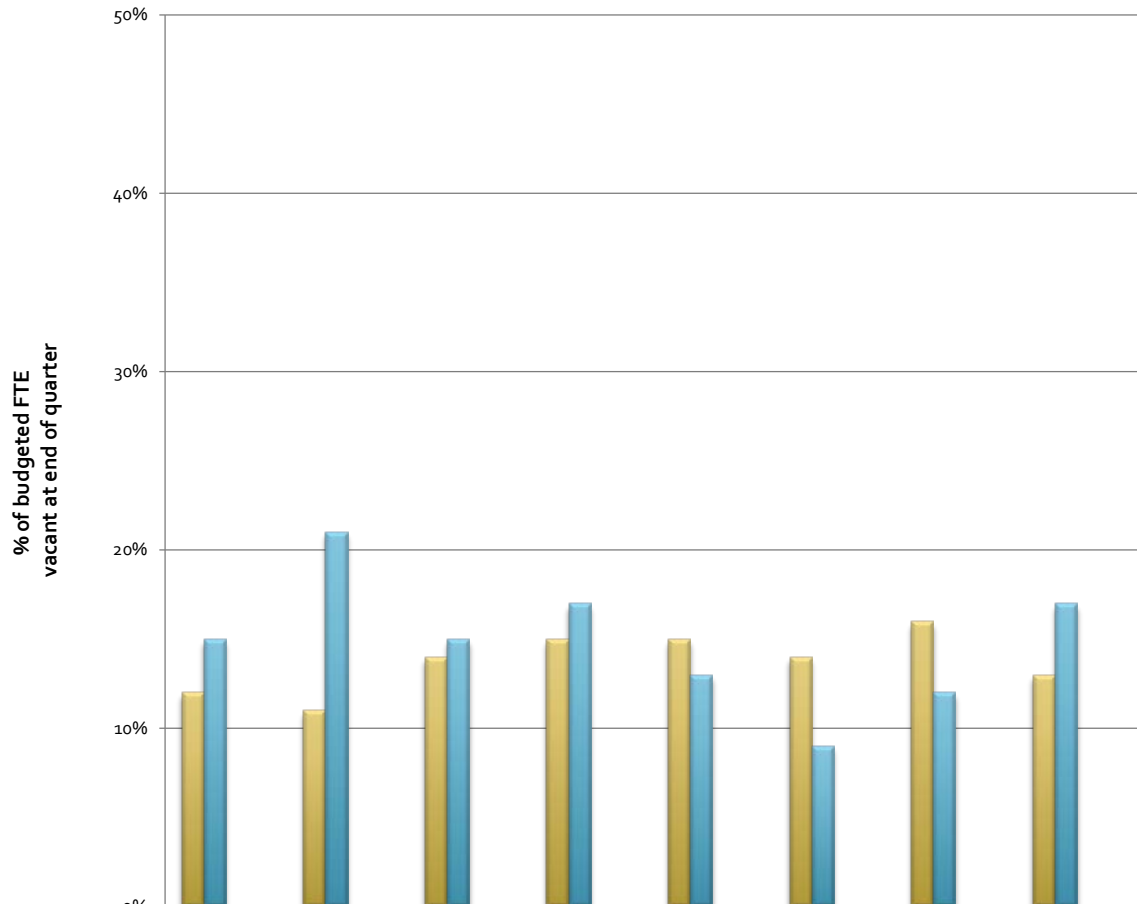


	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sep 2016
CO Investigations Completed	90	89	82	90	97	97	97	102
A/N Substantiations	23	18	16	14	17	16	12	20
# Individuals in Community Residential	6938	6974	6978	7017	7055	7077	6998	7147

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



## Division of DD State Operated Programs Staff Vacancy Rates

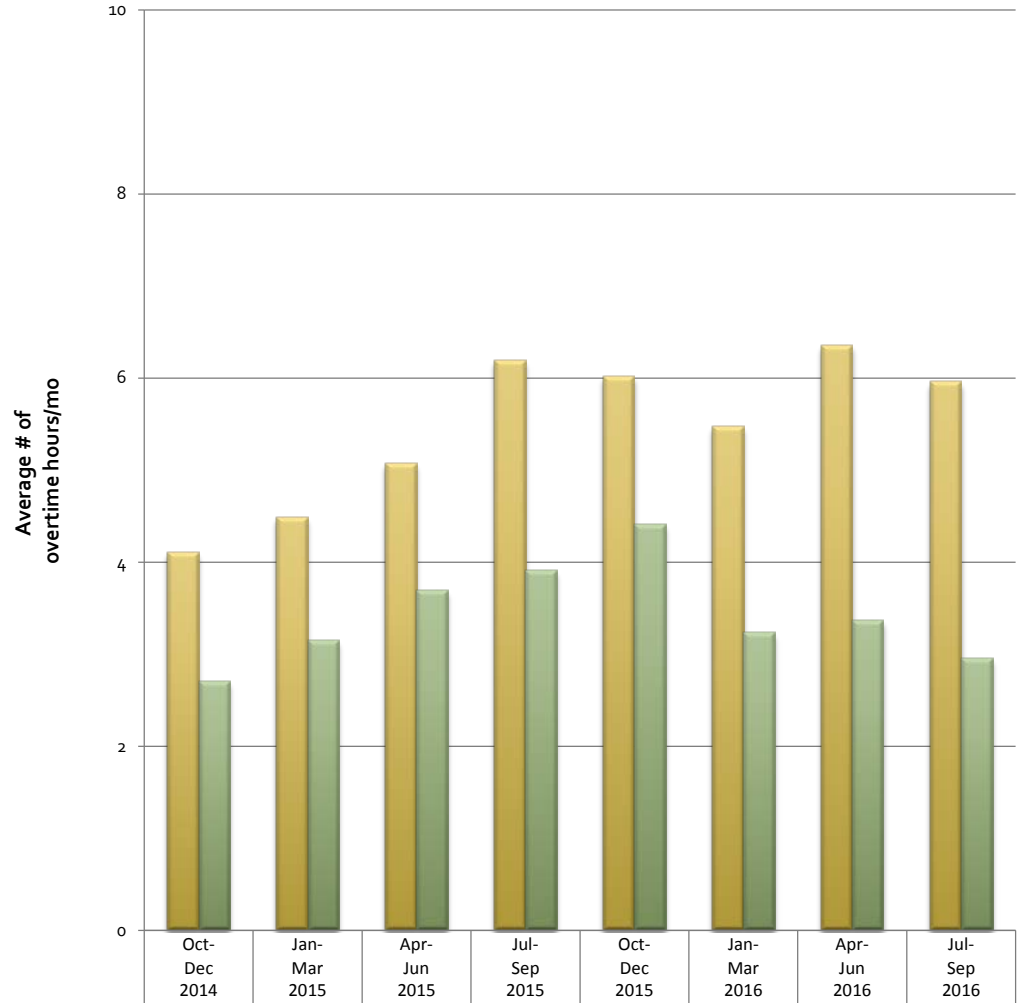


	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sep 2016
■ Direct Care Staff Vacancy Rates	12%	11%	14%	15%	15%	14%	16%	13%
■ Licensed Nursing Staff Vacancy Rates	15%	21%	15%	17%	13%	9%	12%	17%
# Direct Care Vacancies	175.0	217.6	272.8	287.0	280.0	262.0	289.0	234.0
# Licensed Nursing Vacancies	25.1	33.4	21.4	24.6	18.6	14.5	19.5	21.0

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



## Division of DD State Operated Programs Staff Overtime Hours



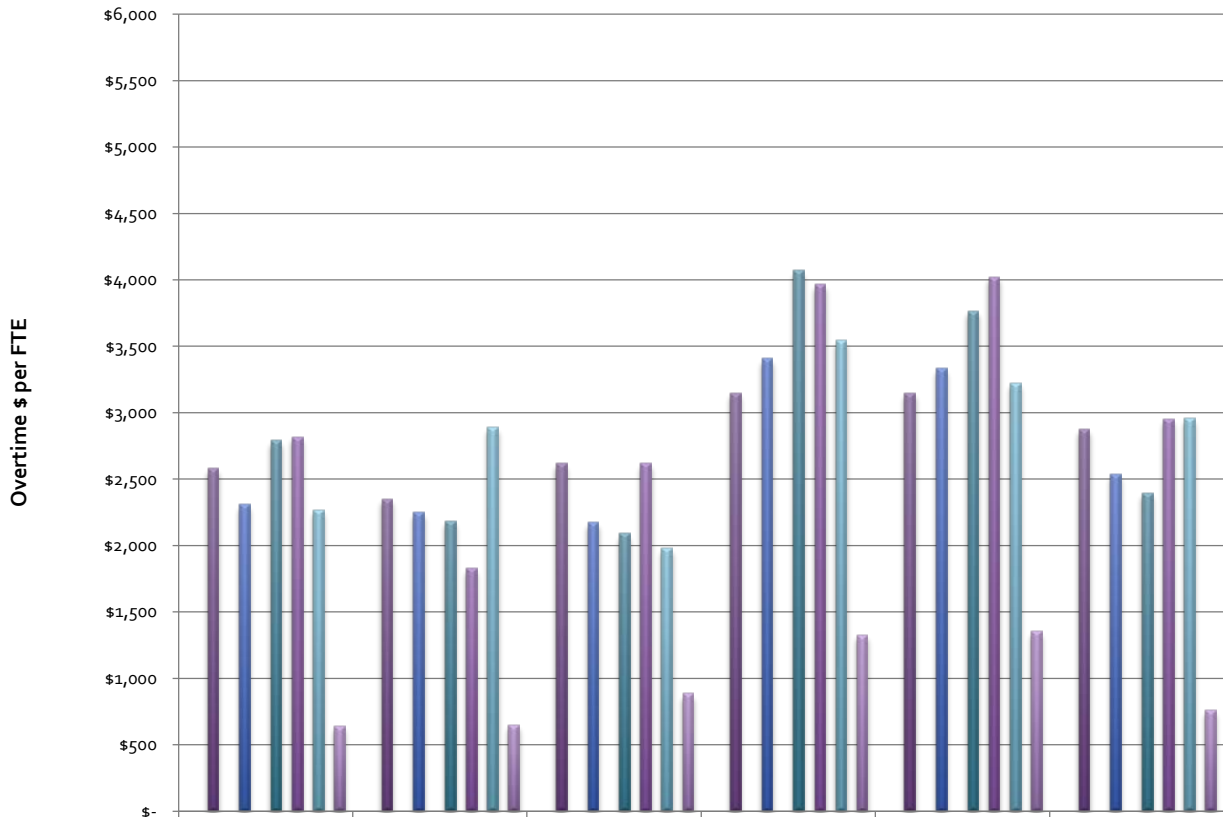
<span style="color: #C4A000;">■</span> Average # OT Hours Worked Per Active Direct Care Staff/Month	4.11	4.49	5.08	6.20	6.03	5.48	6.36	5.96
<span style="color: #669966;">■</span> Average # OT Hours Per Active Licensed Staff/Month	2.71	3.16	3.70	3.91	4.41	3.24	3.37	2.96

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



## State Operated Programs Overtime Accrued FY 2012-FY 2017 YTD Comparison

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

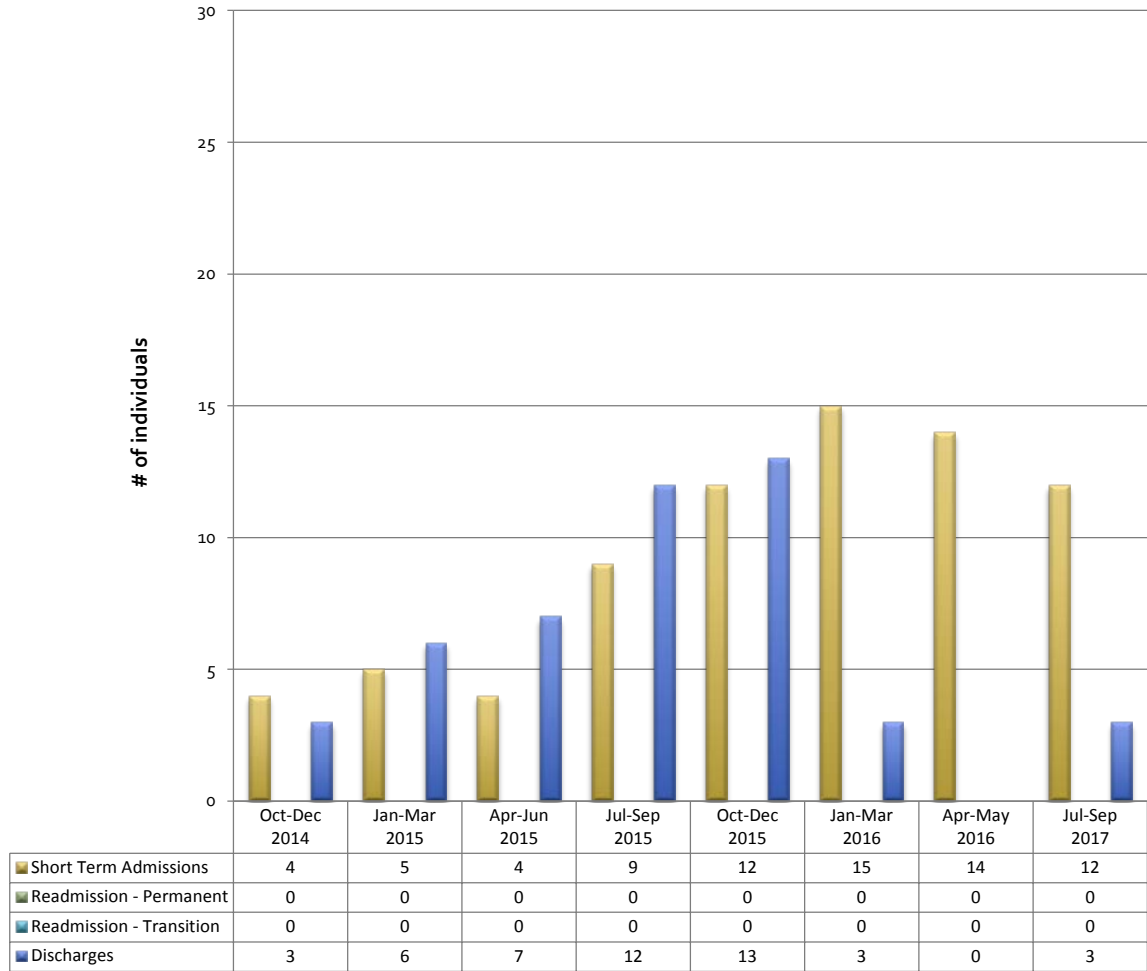


	Bellefontaine	Higginsville	NWCS	SWCS	SEMORS	SLDDTC
FY 12 Overtime \$M	\$1.335	\$1.163	\$1.526	\$0.866	\$0.809	\$1.743
FY 12 FTEs	517	495	583	275	257	606
FY 12 OT \$ per FTE	\$2,582.21	\$2,349.49	\$2,617.50	\$3,149.09	\$3,147.86	\$2,876.24
FY 13 Overtime \$M	\$1.240	\$1.093	\$1.217	\$0.917	\$0.847	\$1.388
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 OT \$ per FTE	\$2,819.23	\$1,829.88	\$2,622.56	\$3,972.48	\$4,024.29	\$2,953.31
FY16 Overtime \$M	\$1.205	\$0.969	\$1.095	\$0.741	\$0.764	\$1.487
FY16 OT \$ per FTE	\$2,269.30	\$2,892.54	\$1,983.70	\$3,545.45	\$3,223.63	\$2,962.15
FY17 Overtime \$M	\$0.336	\$0.216	\$0.496	\$0.280	\$0.323	\$0.385
FY17 OT \$ per FTE	\$641.22	\$650.60	\$885.71	\$1,327.01	\$1,357.14	\$763.89





## 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.

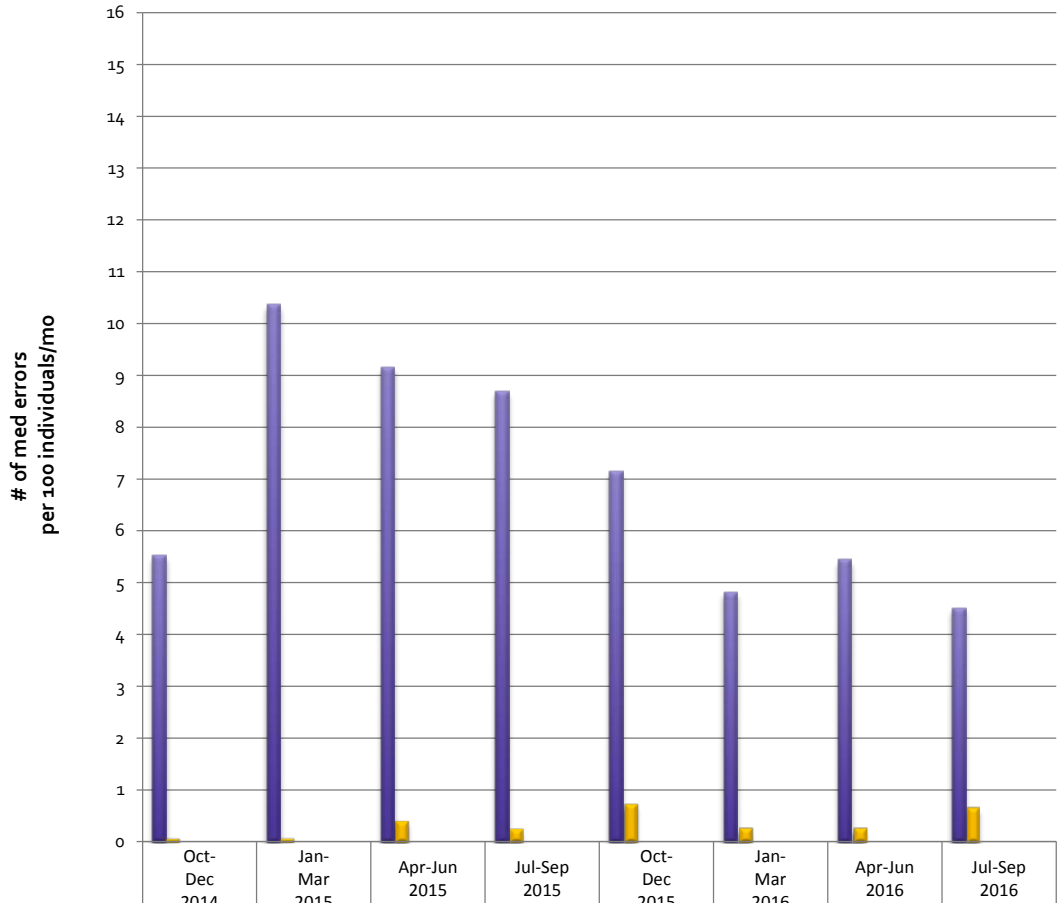
**Permanent:** Total number of individuals previously discharged from the Habilitation Center Campus within the last 12 months that returned during report period with no plans to move back to community.

**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

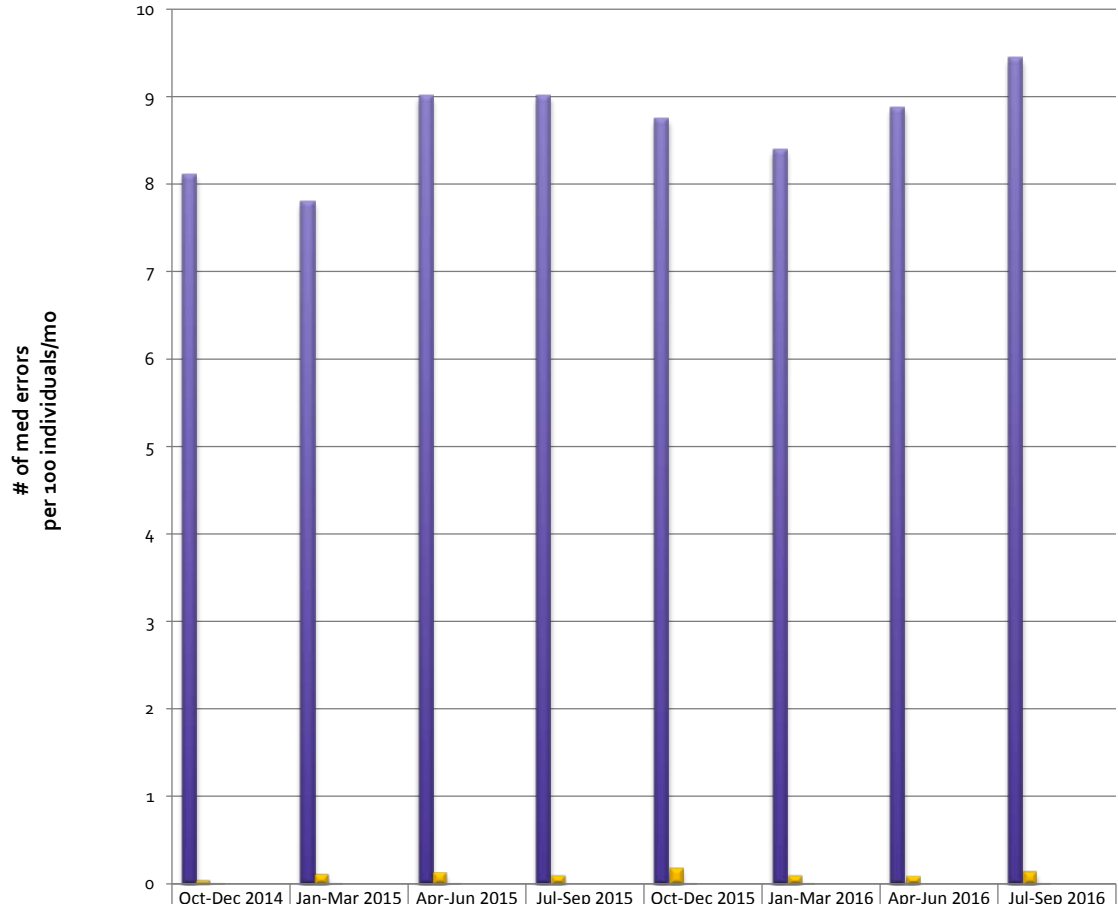


Minimal Med Errors per 100 Individuals/month	5.53	10.37	9.16	8.71	7.16	4.83	5.45	4.51
Moderate Med Errors per 100 Individuals /month	0.08	0.08	0.41	0.26	0.73	0.28	0.28	0.67
Serious Med Errors per 100 Individuals/month	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HCC Minimal Medication Errors	69	126	111	99	78	52	58	47
HCC Center Moderate Medication Errors	1	1	5	3	8	3	3	7
HCC Center Serious Medication Errors	0	0	0	0	0	0	0	0
# HCC Individuals	416	405	404	379	363	359	355	347

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



## Division of DD Community Medication Errors

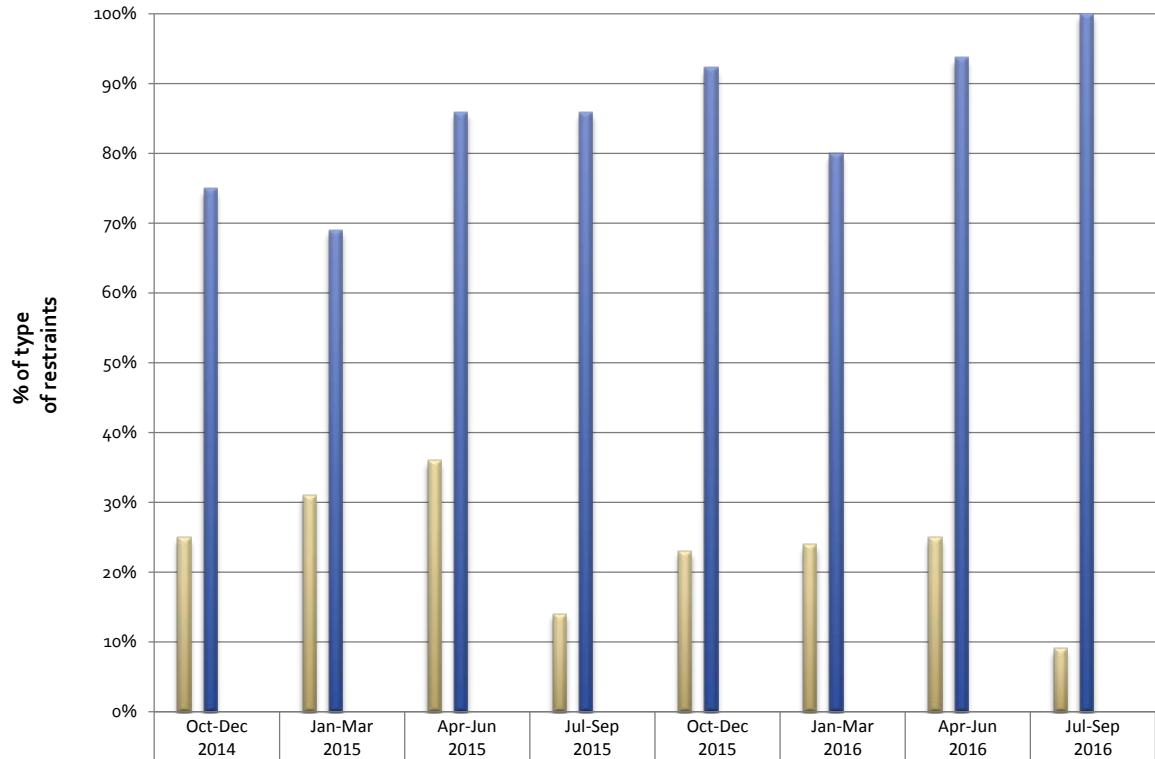


	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sep 2016
Minimal Med Errors per 100 Individuals/month	8.11	7.81	9.01	9.02	8.76	8.41	8.88	9.45
Moderate Med Errors per 100 Individuals/month	0.05	0.11	0.13	0.10	0.18	0.10	0.09	0.14
Serious Med Errors per 100 Individuals/month	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Community Minimal Medication Errors	1739	1681	1943	1958	1912	1841	1924	2088
Community Moderate Medication Errors	10	24	29	21	40	21	20	32
Community Serious Medication Errors	1	1	1	0	1	1	0	1
# Individuals in Community Residential	7144	7178	7186	7236	7278	7300	7222	7367

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



	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sep 2016
# Individuals Chemical Restraint	2	4	5	1	3	6	4	1
% Individuals Chemical Restraint	25%	31%	36%	14%	23%	24%	25%	9%
# Individuals Physical Restraint	6	9	12	6	12	20	15	11
% Individuals Physical Restraint	75%	69%	86%	86%	92%	80%	94%	100%
# Individuals Mechanical Restraint	0	0	0	0	0	0	0	0
% Individuals Mechanical Restraint	0%	0%	0%	0%	0%	0%	0%	0%
# of HCC Individuals Restrained	8	13	14	7	13	25	16	11
# of Hab Center Campus Individuals	416	405	404	379	363	359	355	347

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.

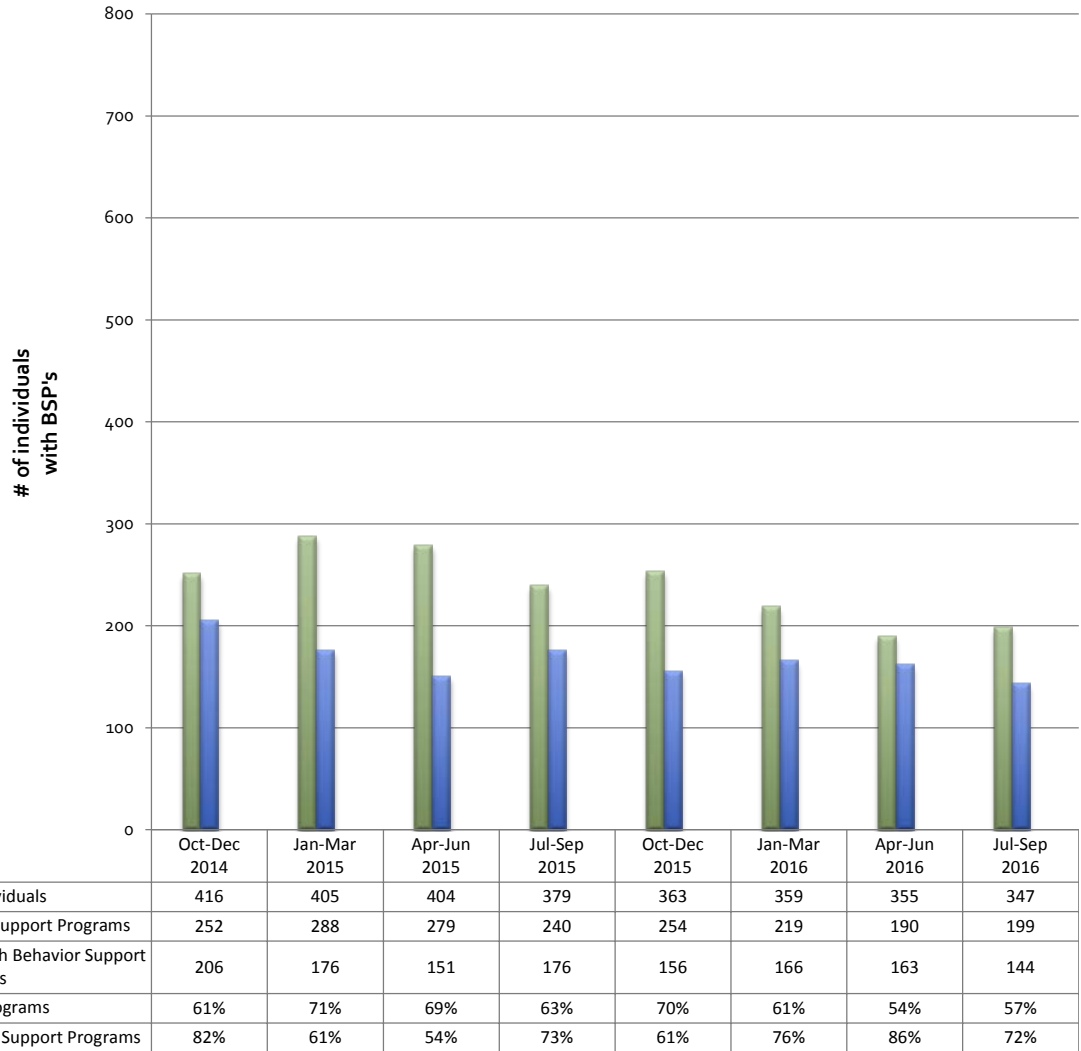
**Physical Restraint:** Any physical hold involving a restriction of an individual's voluntary movement.

**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.



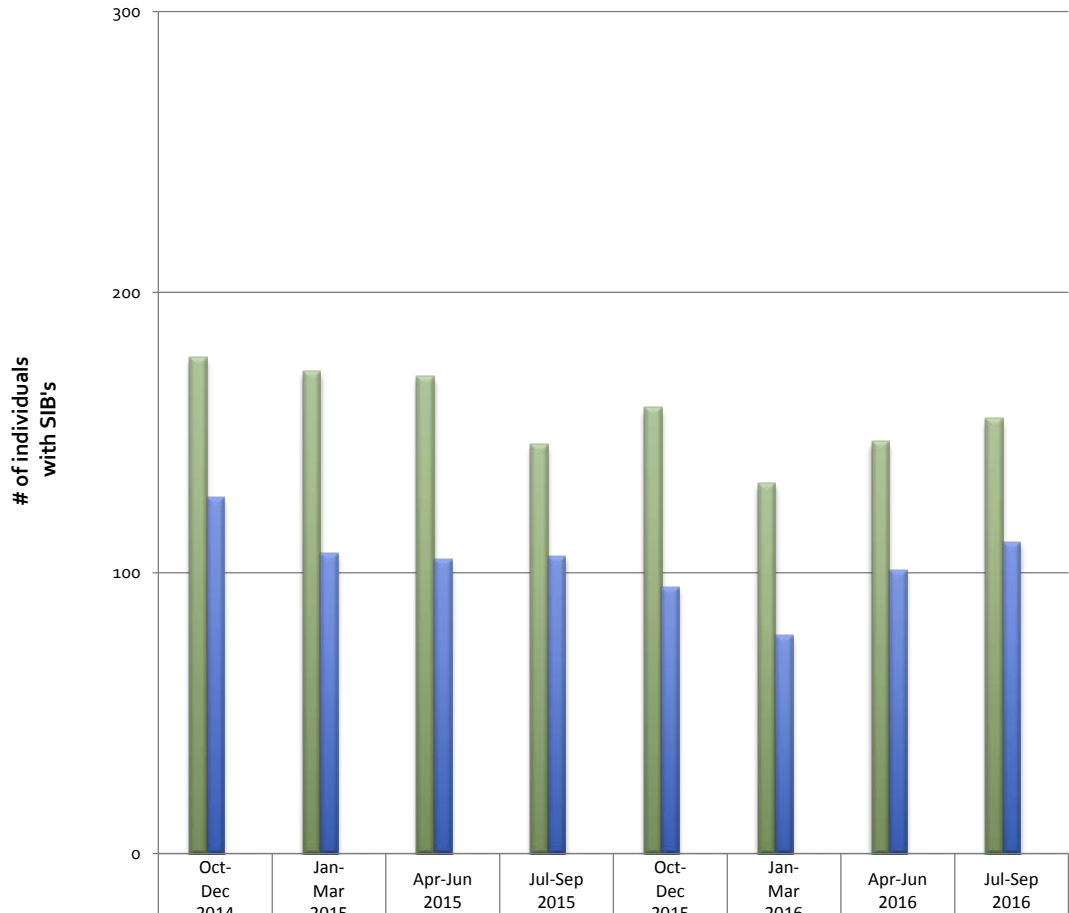
## Division of DD Habilitation Center Campus Individuals with Behavior Support Programs



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



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



	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sep 2016
# Hab Center Campus Individuals	416	405	404	379	363	359	355	347
■ Individuals with Self Injurious Behavior Programs	177	172	170	146	159	132	147	155
■ Individuals Progressing with SIB Programs	127	107	105	106	95	78	101	111
% on Self Injurious Behavior Programs	43%	42%	42%	39%	44%	37%	41%	45%
% Progressing on Self Injurious Behavior Programs	72%	62%	62%	73%	60%	59%	69%	72%

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

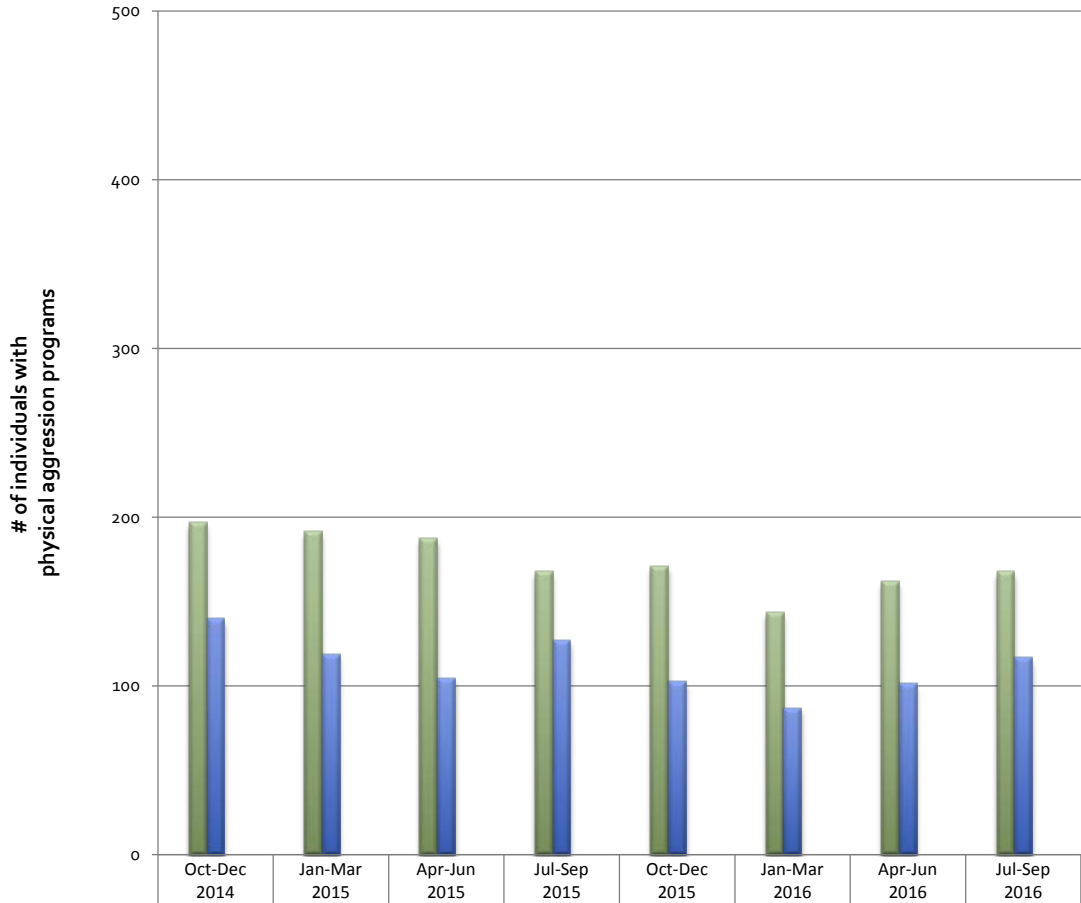
Definition- Progressing with Self Injurious Behavior Programs: An individual who is at baseline or below for their Self Injurious Behavior Program.

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

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



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



# Hab Center Campus Individuals	416	405	404	379	363	359	355	347
■ Individuals with Physical Aggression Programs	197	192	188	168	171	144	162	168
■ Individuals Progressing with Physical Aggression Programs	140	119	105	127	103	87	102	117
% on Physical Aggression Programs	47%	47%	47%	44%	47%	40%	46%	48%
% Progressing on Physical Aggression Programs	71%	62%	56%	76%	60%	60%	63%	70%

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

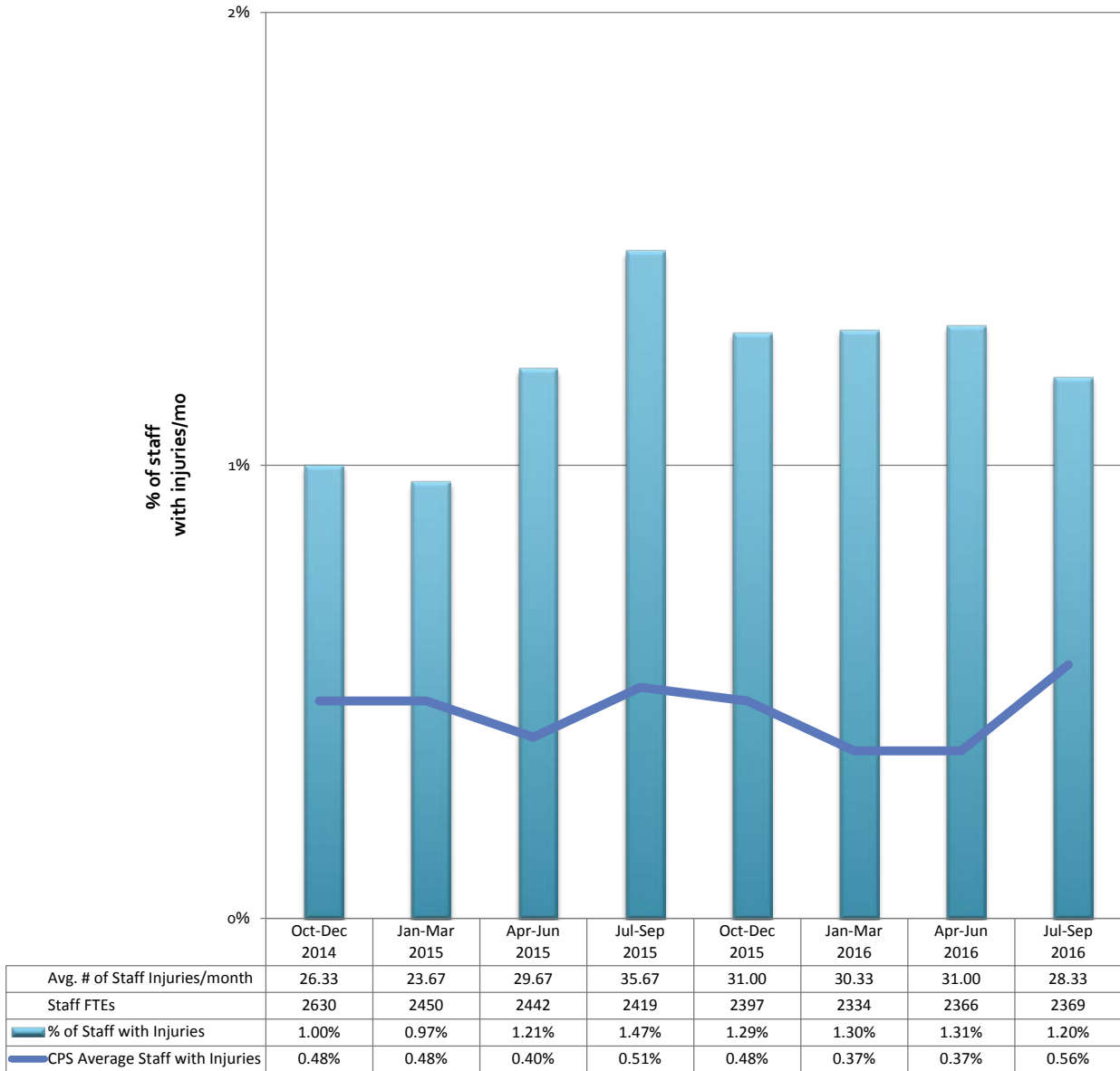
Definition - Progressing with Physical aggression programs: Individuals who are at baseline or below for their Physical Aggression program.

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

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



## Division of DD State Operated Programs Staff Injuries



Definition: Total number of different employees who experienced at least one injury requiring medical treatment or hospitalization.  
 NOTE: Chart includes both Habilitation Center Campus and State Operated Waiver Programs staff data.