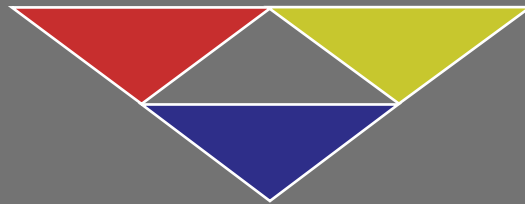


August 2019

Missouri Department of Mental Health

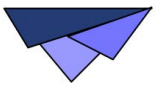
Quarterly Performance Measures



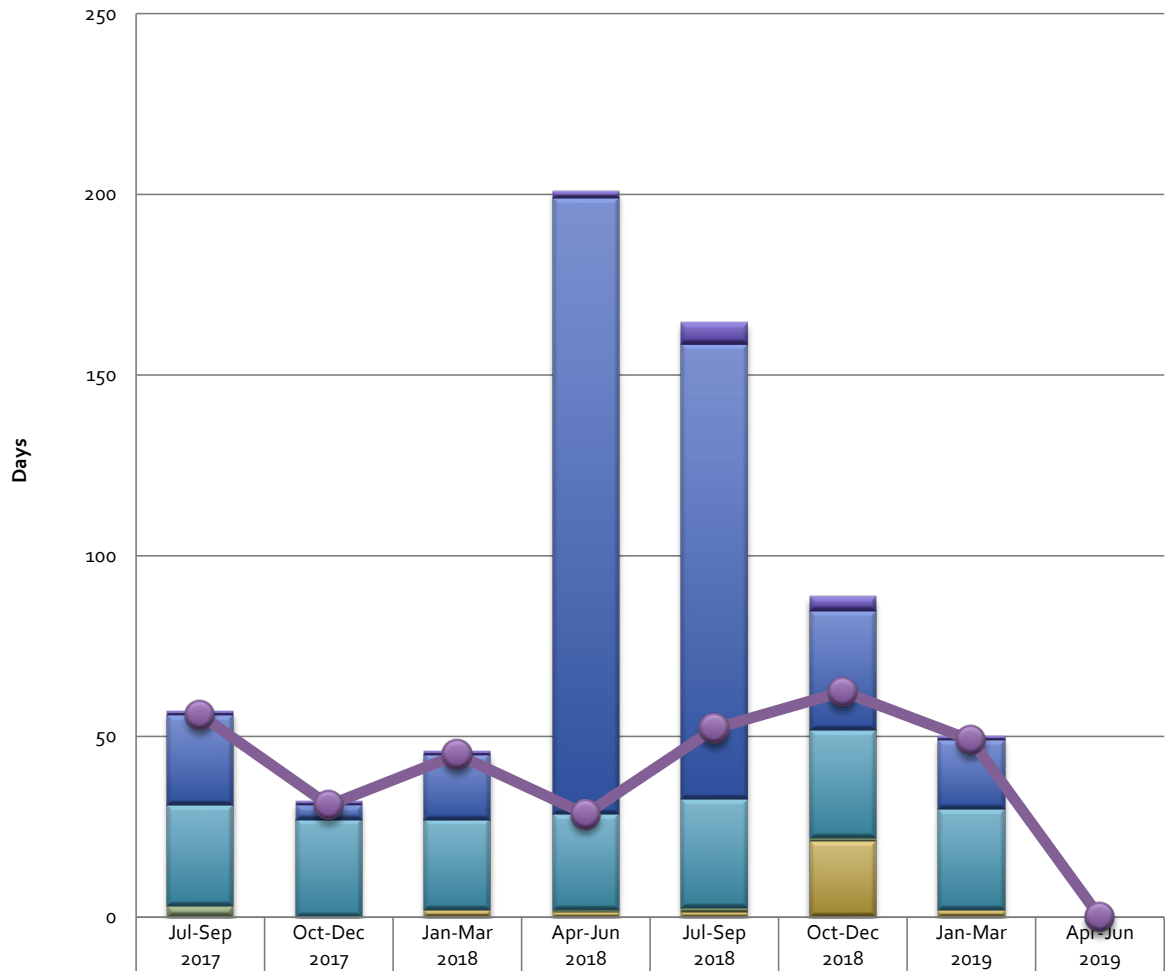


Division of Behavioral Health

Substance Use Services



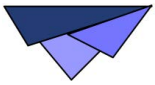
Substance Use Treatment Community Investigations Timelines



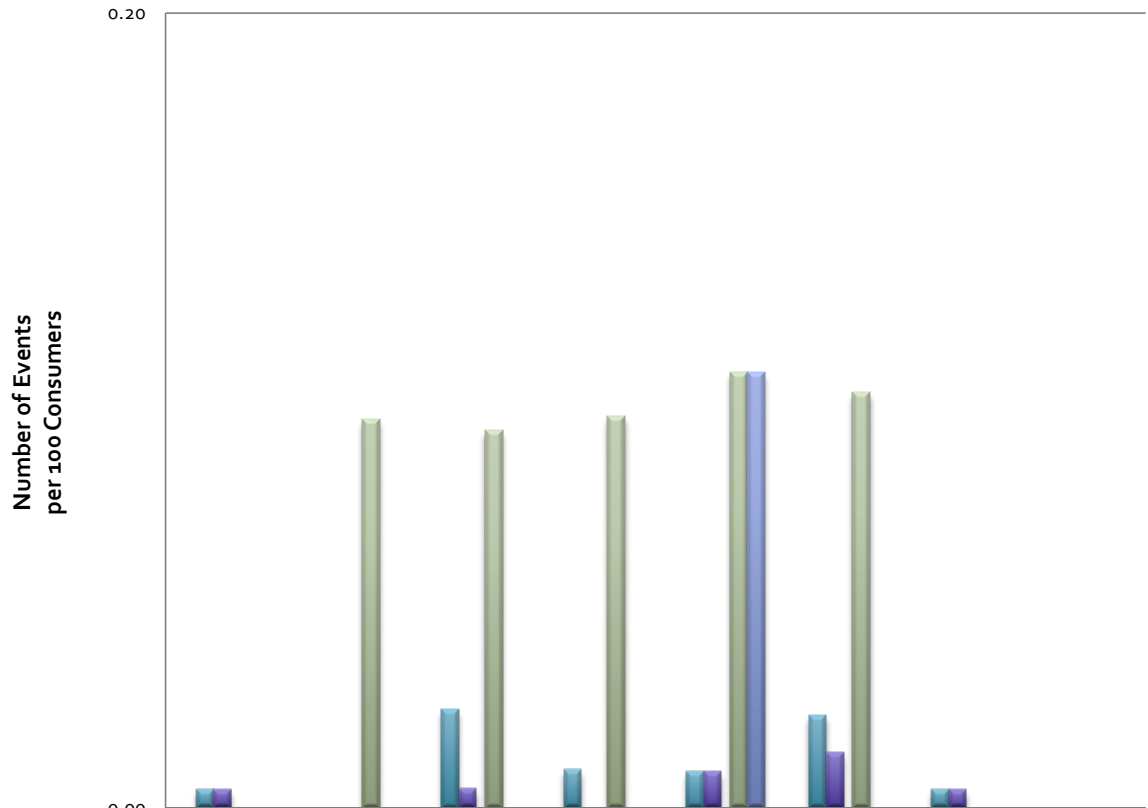
	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018	Oct-Dec 2018	Jan-Mar 2019	Apr-Jun 2019
Community Event Count	1	1	1	2	6	4	1	0
Inv. Final Report to Final Determ.	25.0	4.0	18.0	170.5	126.0	33.0	19.0	0.0
Inv. Request to Final Report	28.0	27.0	25.0	26.5	30.0	29.8	28.0	0.0
Notification to Inv. Request	3.0	0.0	0.0	0.5	1.2	1.0	0.0	0.0
Event Discovery to Notification	0.0	0.0	2.0	1.5	1.5	21.0	2.0	0.0
Total Investigation Time (90%)	56.0	31.0	45.0	28.5	52.2	62.4	49.0	0.0

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

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



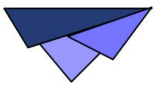
Substance Use Treatment Abuse/Neglect Investigations



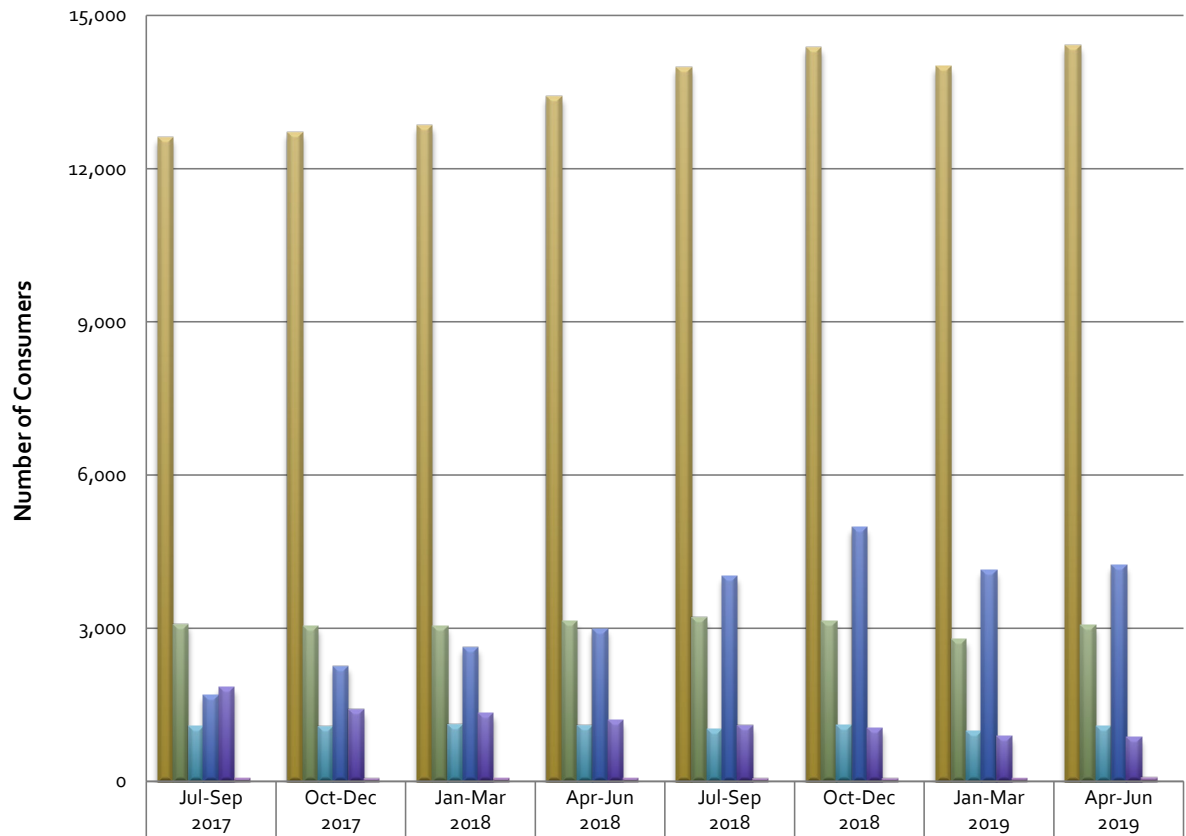
	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018	Oct-Dec 2018	Jan-Mar 2019	Apr-Jun 2019
# Adult Consumers	21,329	20,657	20,058	20,757	21,503	21,535	21,830	21,476
Adult A/N Investigations Completed	1	0	5	2	2	5	1	1
Adult A/N Investigations Rate	0.005	0.000	0.025	0.010	0.009	0.023	0.005	0.000
Adult A/N Substantiated	1	0	1	0	2	3	1	0
Adult A/N Substantiation Rate	0.005	0.000	0.005	0.000	0.009	0.014	0.005	0.000
# Youth Consumers	998	1,022	1,053	1,015	913	961	948	969
Youth A/N Investigations Completed	0	1	1	1	1	1	0	0
Youth A/N Investigations Rate	0.000	0.098	0.095	0.099	0.110	0.105	0.000	0.000
Youth A/N Substantiated	0	0	0	0	1	0	0	0
Youth A/N Substantiation Rate	0.000	0.000	0.000	0.000	0.110	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

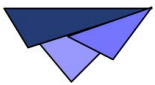


	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018	Oct-Dec 2018	Jan-Mar 2019	Apr-Jun 2019
■ CSTAR Gen Adult	12,617	12,718	12,858	13,424	13,986	14,388	14,017	14,424
■ CSTAR W&C	3,074	3,043	3,042	3,129	3,212	3,146	2,779	3,055
■ CSTAR Adol	1,073	1,078	1,121	1,111	1,026	1,098	973	1,089
■ Opioid Tx	1,687	2,257	2,627	2,992	4,023	4,974	4,137	4,234
■ Primary Recovery & Tx	1,839	1,404	1,338	1,199	1,095	1,042	888	863
■ Compulsive Gambling	68	63	70	72	65	63	60	79
Unduplicated Number of ADA Served	21894	21969	22542	23559	24978	26189	23881	24950

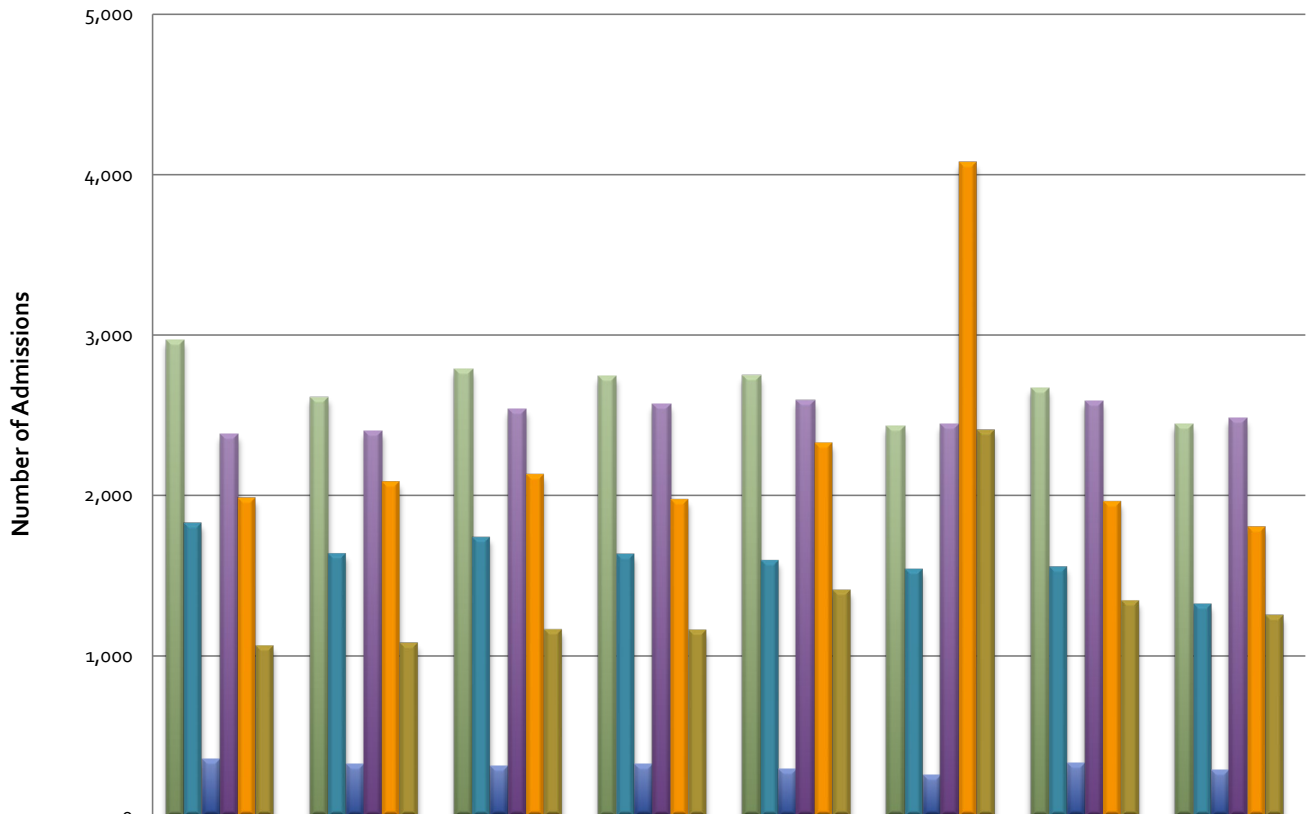
CAUTION: Data from July 2017 onward may be incomplete due to a delay in submission of encounters to CIMOR as the result of the CCBHC project.

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

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



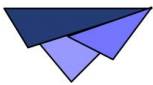
Primary Substance at Admission to Substance Use Treatment Programs



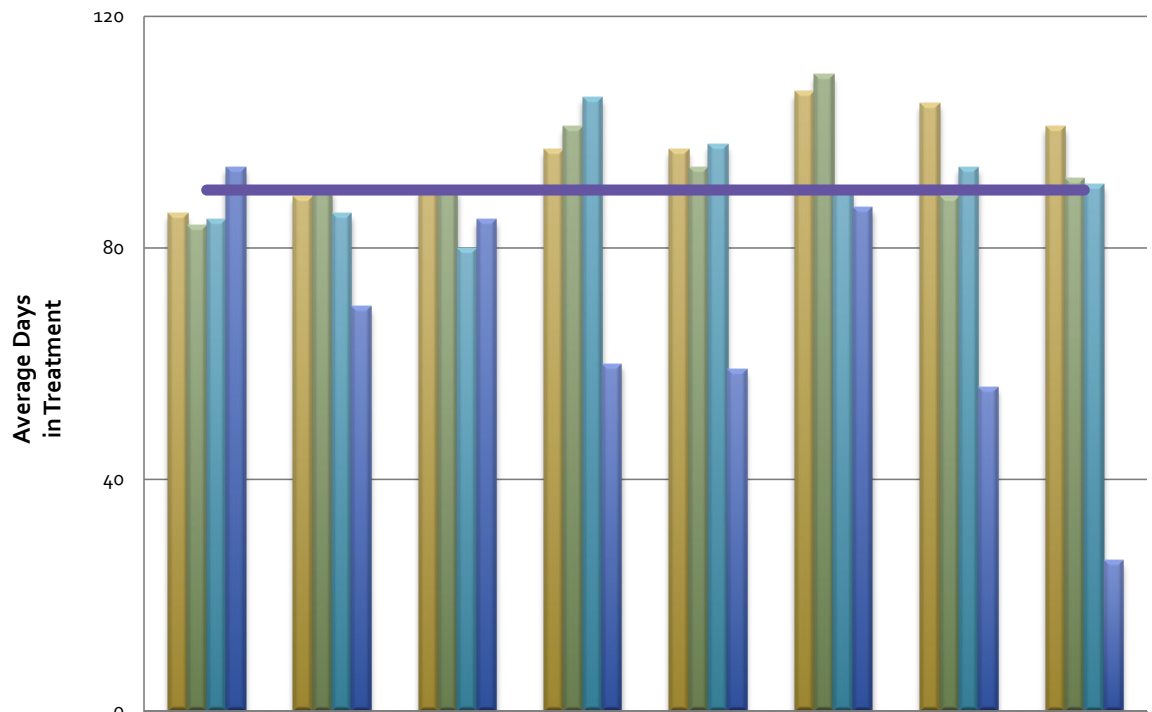
	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018	Oct-Dec 2018	Jan-Mar 2019	Apr-Jun 2019
Alcohol	2,967	2,612	2,788	2,742	2,748	2,433	2,670	2,444
% Alcohol	28.0%	25.7%	26.1%	26.3%	25.0%	18.5%	25.5%	25.5%
Marijuana	1,825	1,637	1,737	1,634	1,594	1,541	1,554	1,325
% Marijuana	17.2%	16.1%	16.3%	15.7%	14.5%	11.7%	14.9%	13.8%
Cocaine	358	323	313	322	296	257	330	288
% Cocaine	3.4%	3.2%	2.9%	3.1%	2.7%	2.0%	3.2%	3.0%
Methamphetamine	2,381	2,404	2,538	2,572	2,596	2,447	2,592	2,481
% Methamphetamine	22.5%	23.7%	23.8%	24.7%	23.7%	18.6%	24.8%	25.8%
Heroin	1,986	2,088	2,134	1,977	2,329	4,077	1,964	1,807
% Heroin	18.8%	20.6%	20.0%	19.0%	21.2%	31.0%	18.8%	18.8%
Other Drugs	1,065	1,083	1,167	1,164	1,412	2,410	1,347	1,257
% Other Drugs	10.1%	10.7%	10.9%	11.2%	12.9%	18.3%	12.9%	13.1%

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

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



Retention In Substance Use Treatment

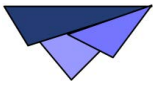


	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018	Oct-Dec 2018	Jan-Mar 2019	Apr-Jun 2019
CSTAR Gen Adult - N	4,423	4,197	3,859	4,152	3,694	3,678	3,849	4,010
CSTAR Gen Adult - Avg Days	86	89	90	97	97	107	105	101
CSTAR W&C - N	1,023	963	996	996	942	970	881	929
CSTAR W&C - Avg Days	84	90	90	101	94	110	89	92
CSTAR Adol - N	446	416	406	479	396	416	343	383
CSTAR Adol - Avg Days	85	86	80	106	98	90	94	91
Primary Recovery & Tx - N	821	701	755	742	759	2,659	321	224
Primary Recovery & Tx - Avg Days	94	70	85	60	59	87	56	26
# of Outliers	440	379	422	469	359	620	447	415
NIDA recommended minimum (days)	90	90	90	90	90	90	90	90

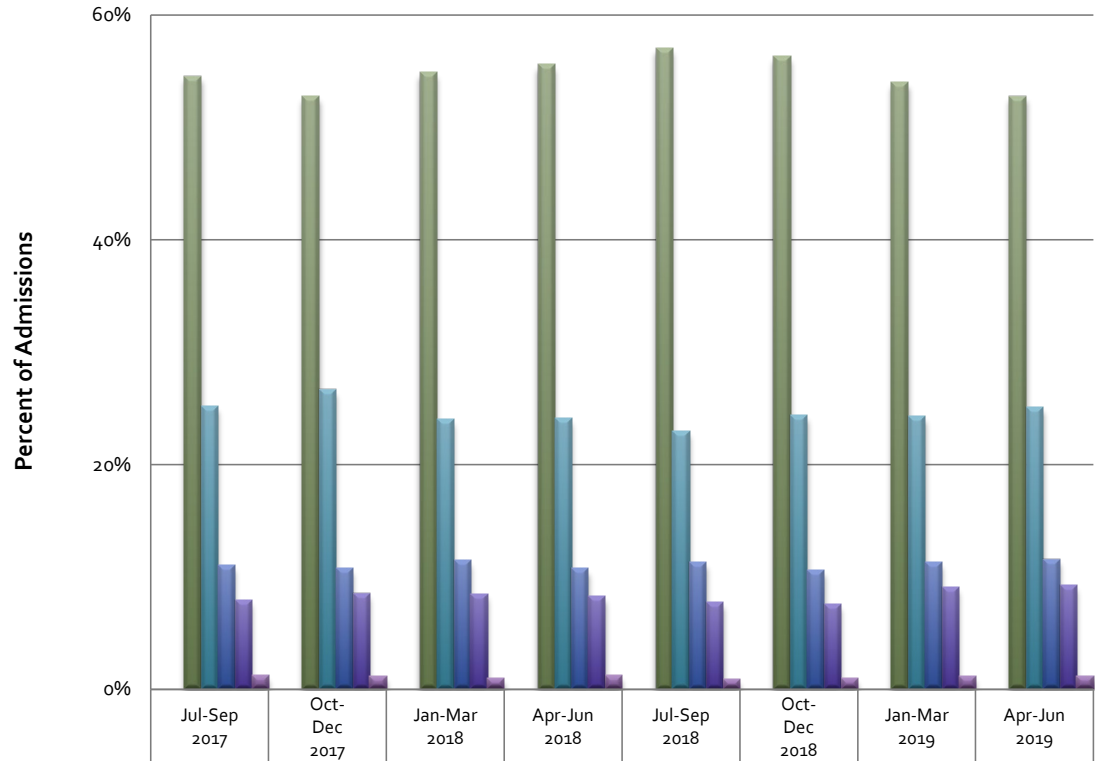
NOTE: Average days in treatment include both residential and outpatient services . Length of stay was calculated using the program admission date and the last date of billable service. Outliers greater than two standard deviations above the mean or less than or equal to 1 day were not included when calculating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



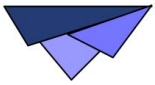
Adult Substance Use Treatment Admissions With Prior Substance Use Treatment Episodes in Past 36 Months



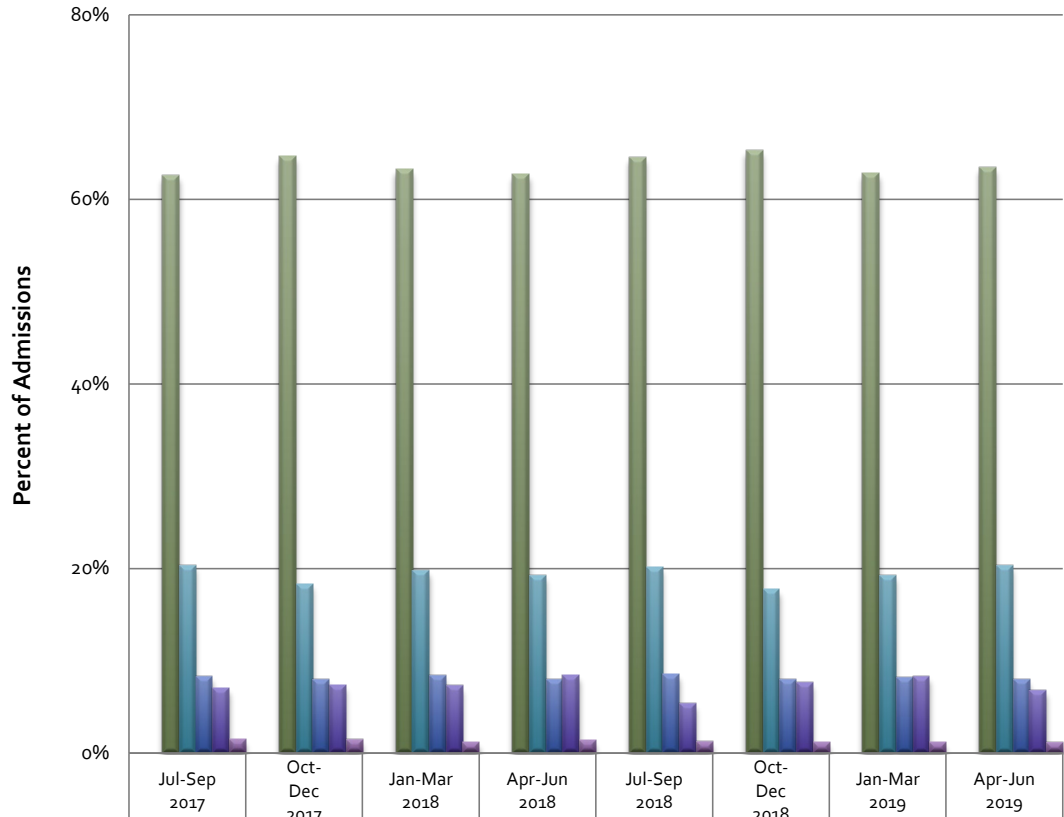
	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018	Oct-Dec 2018	Jan-Mar 2019	Apr-Jun 2019
Adult Consumers Admitted to Tx	7,490	7,327	7,793	7,660	8,156	7,401	7,431	7,134
Adult Consumers with Previous Tx	3,405	3,459	3,511	3,402	3,504	3,233	3,416	3,365
Adult Consumers Admitted with Previous Tx Pct	45.5%	47.2%	45.1%	44.4%	43.0%	43.7%	46.0%	47.2%
0 Prior Tx Episodes	4,085	3,868	4,282	4,258	4,652	4,168	4,015	3,769
0 Prior Tx Episodes Pct	54.5%	52.8%	54.9%	55.6%	57.0%	56.3%	54.0%	52.8%
1 Prior Tx Episode	1,887	1,955	1,874	1,848	1,874	1,809	1,808	1,791
1 Prior Tx Episode Pct	25.2%	26.7%	24.0%	24.1%	23.0%	24.4%	24.3%	25.1%
2 Prior Tx Episodes	826	791	895	824	920	784	840	826
2 Prior Tx Episodes Pct	11.0%	10.8%	11.5%	10.8%	11.3%	10.6%	11.3%	11.6%
3 - 5 Prior Tx Episodes	598	628	664	635	633	564	678	660
3 - 5 Prior Tx Episodes Pct	8.0%	8.6%	8.5%	8.3%	7.8%	7.6%	9.1%	9.3%
6 + Prior Tx Episodes	94	85	78	95	77	76	90	88
6 + Prior Tx Episodes Pct	1.3%	1.2%	1.0%	1.2%	0.9%	1.0%	1.2%	1.2%

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

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



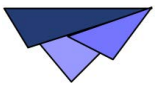
Adult Detox Admissions With Prior Detox Episodes in Past 36 Months



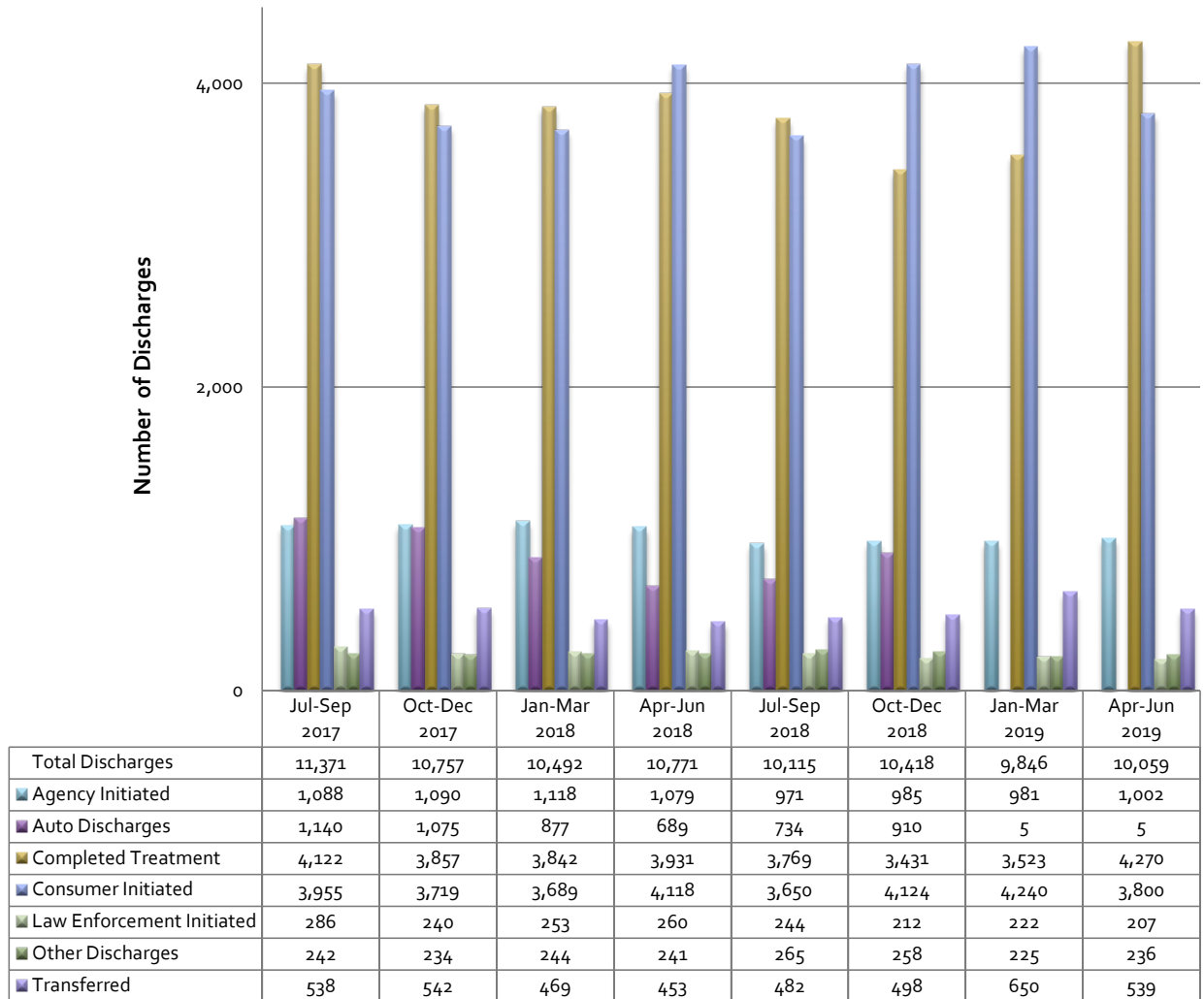
Consumers Admitted to Detox	1650	1449	1451	1306	1343	1216	1,463	1,414
Consumers with Previous Detox	616	511	532	486	475	422	543	516
Consumers Admitted with Previous Detox Pct	37.3%	35.3%	36.7%	37.2%	35.4%	34.7%	37.1%	36.5%
0 Prior Detox Episodes	1,034	938	919	820	868	794	920	898
0 Prior Detox Episodes Pct	62.7%	64.7%	63.3%	62.8%	64.6%	65.3%	62.9%	63.5%
1 Prior Detox Episode	337	266	287	252	271	216	282	288
1 Prior Detox Episode Pct	20.4%	18.4%	19.8%	19.3%	20.2%	17.8%	19.3%	20.4%
2 Prior Detox Episodes	138	116	122	105	115	98	121	114
2 Prior Detox Episodes Pct	8.4%	8.0%	8.4%	8.0%	8.6%	8.1%	8.3%	8.1%
3 - 5 Prior Detox Episodes	116	107	106	110	72	93	122	97
3 - 5 Prior Detox Episodes Pct	7.0%	7.4%	7.3%	8.4%	5.4%	7.6%	8.3%	6.9%
6 + Prior Detox Episodes	25	22	17	19	17	15	18	17
6 + Prior Detox Episodes Pct	1.5%	1.5%	1.2%	1.5%	1.3%	1.2%	1.2%	1.2%

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

Significance: More than one-half of detox admissions (60-64%) are for consumers who have not been in detox within the past 36

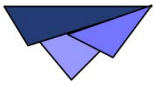


Substance Use Treatment Discharges

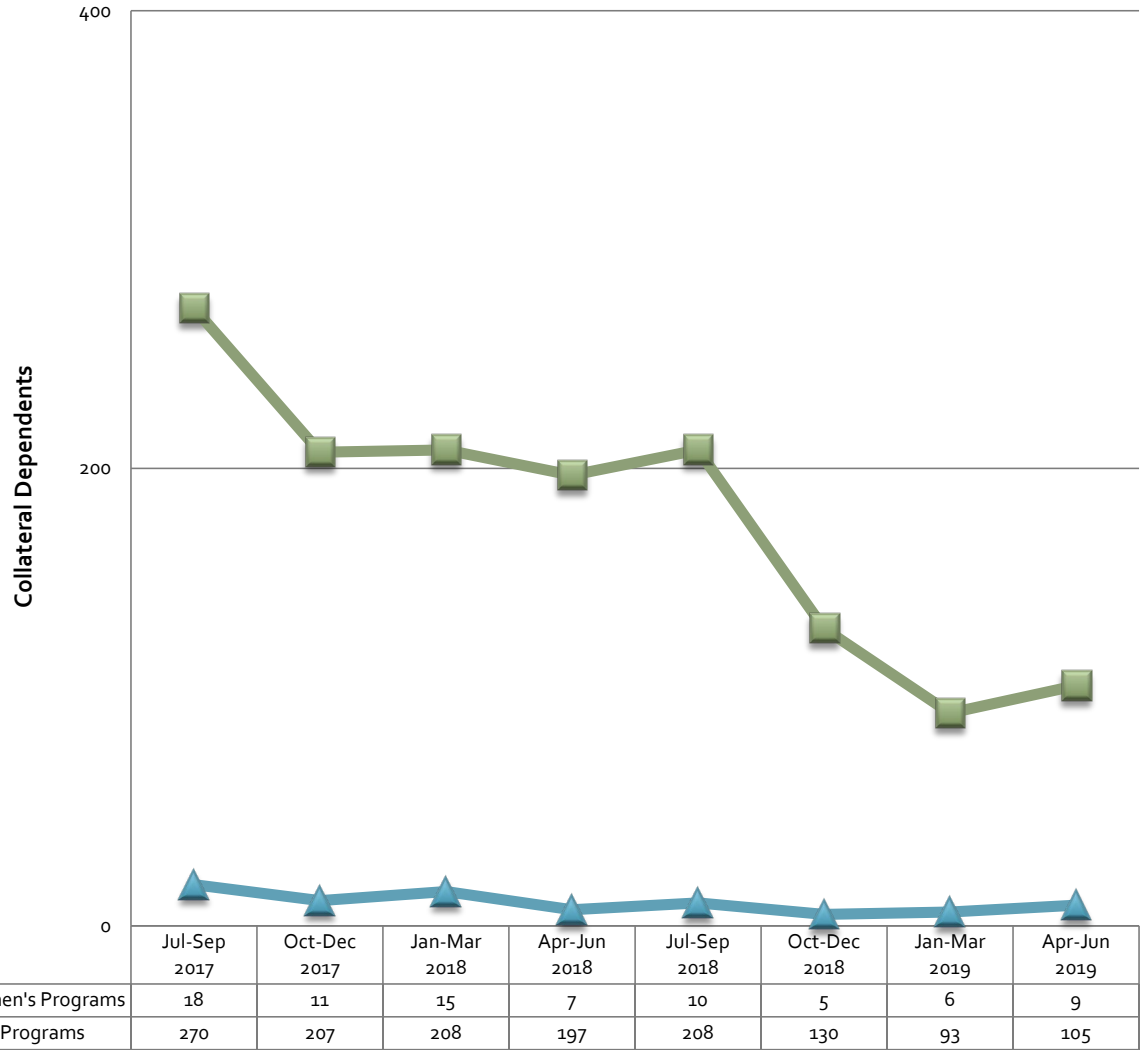


NOTE: Other discharges category includes the following discharge reasons: consumer died; consumer moved away; medical reasons. On July 25, 2008 the monthly Auto Discharge program was implemented and closed all episodes of care that had no service or billing activity within the past six months. The episode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

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

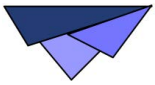


Collateral Dependents Served

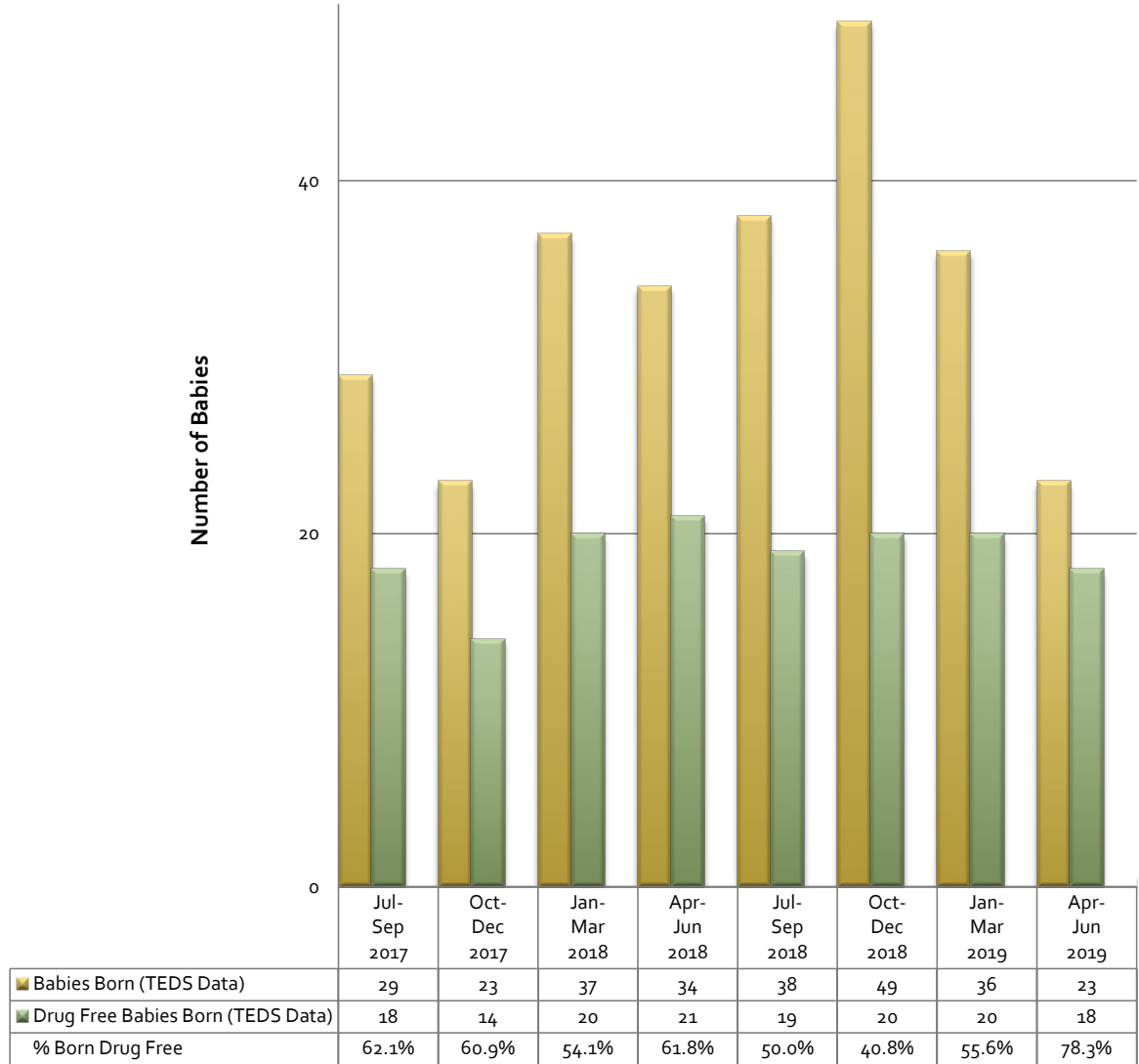


NOTE: A collateral dependent has no substance use disorder but is seeking services because of problems arising from his or her relationship with an individual who has a substance use disorder and is engaged in treatment.

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

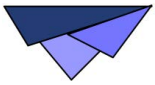


Babies Born Drug Free

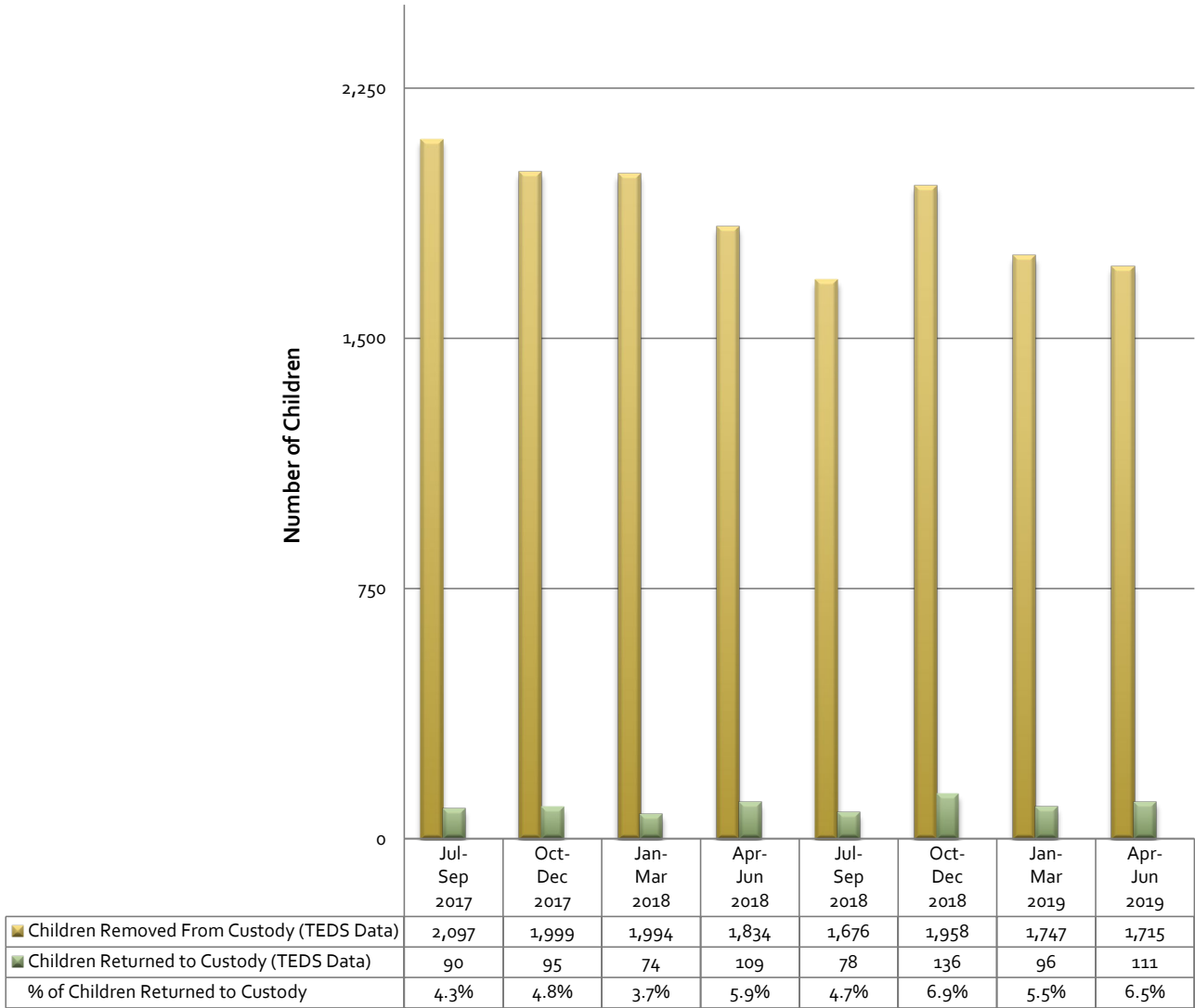


NOTE: In May 2010, TEDS data collection pages in CIMOR were upgraded to collect the number of babies born drug free during treatment for all female consumers in treatment and is collected when the program is closed. Due to this change, the data from previous reports are not comparable.

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.

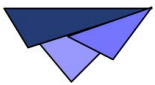


Children Returned to Custody

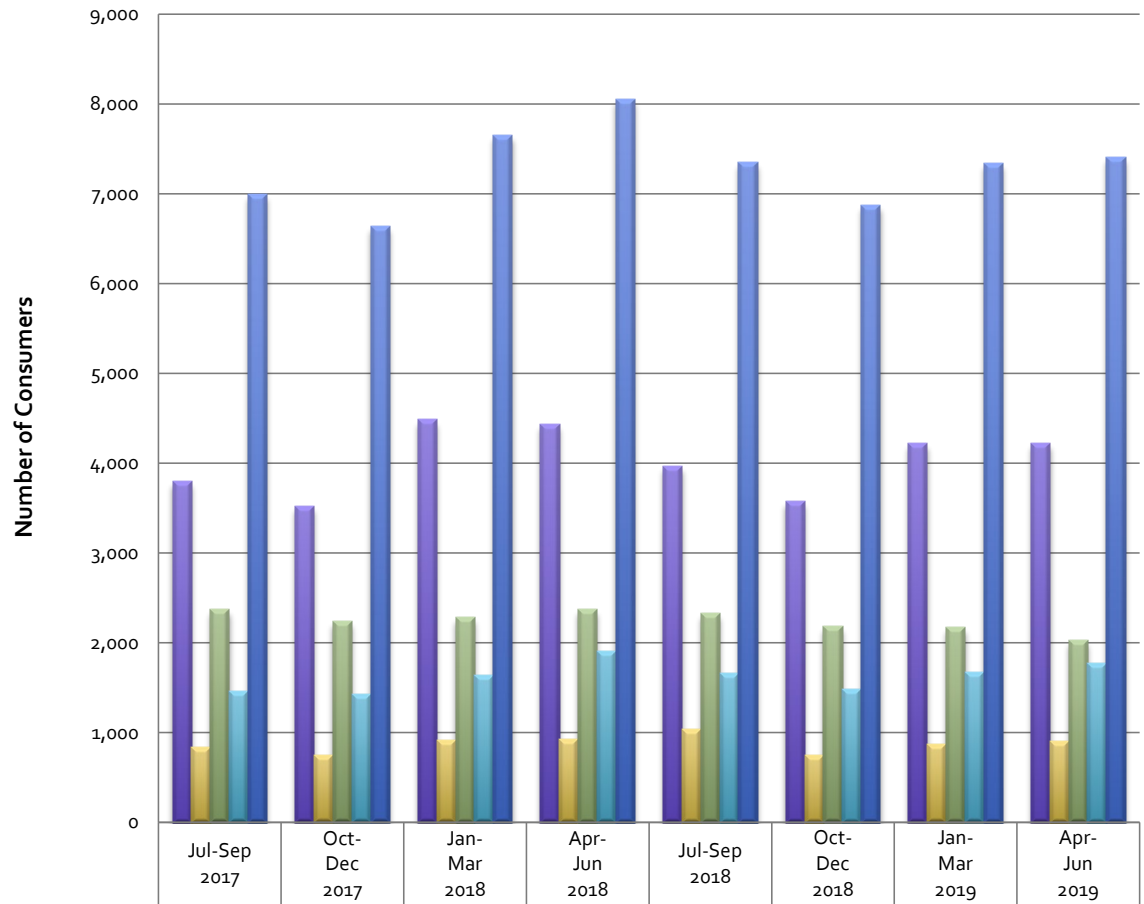


NOTE: In May 2010, TEDS data collection pages in CIMOR were upgraded to collect the number of children returned to custody for all consumers in treatment and is collected when the program is closed.

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



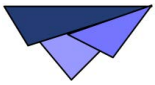
Substance Awareness Traffic Offenders Program (SATOP) Consumers Served



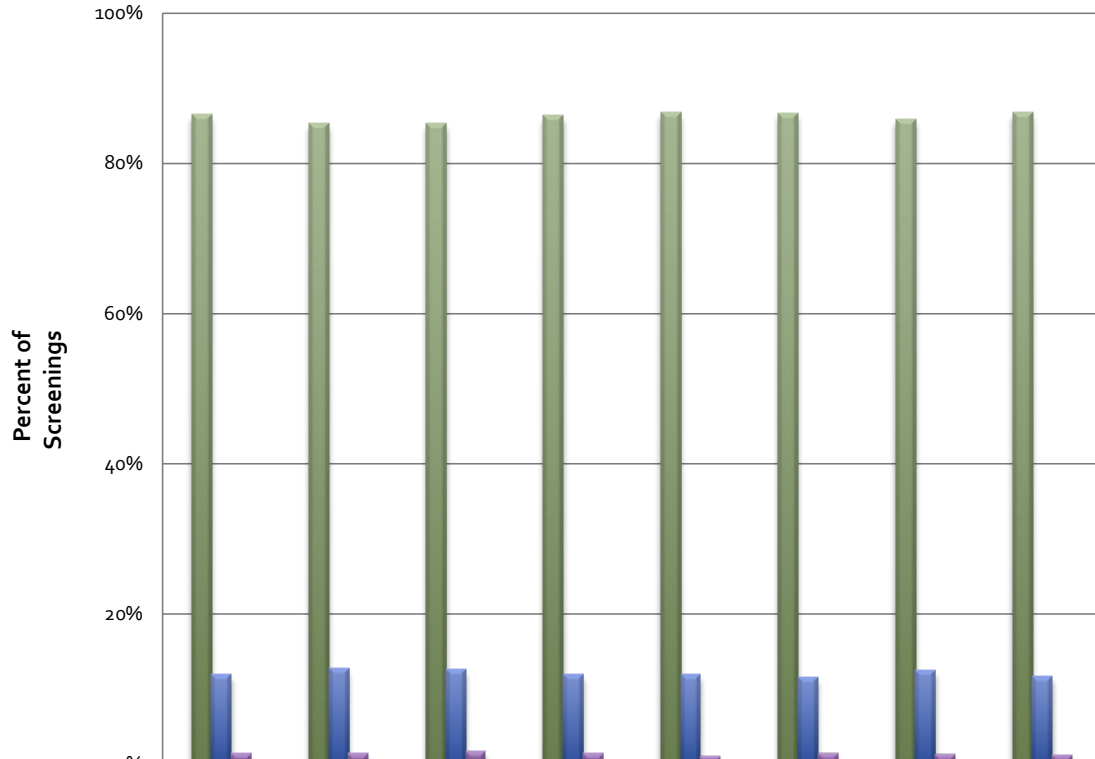
■ SATOP Screened	3,800	3,527	4,486	4,435	3,965	3,582	4,220	4,221
■ Weekend Intervention Pgm	839	751	921	926	1,038	753	873	904
■ Clinical Treatment Pgm	2,376	2,240	2,280	2,375	2,326	2,184	2,171	2,026
■ Education Pgm	1,459	1,429	1,642	1,911	1,668	1,490	1,671	1,773
■ Unduplicated Number of SATOP Consumers	7,002	6,641	7,652	8,055	7,351	6,871	7,342	7,405

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

Significance: The data show a trend of increased screenings in the Apr-Jun quarter.



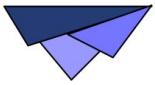
Substance Awareness Traffic Offenders Program (SATOP) Consumers Screened - Range of Previous SATOP Screenings Within Past 5 Years



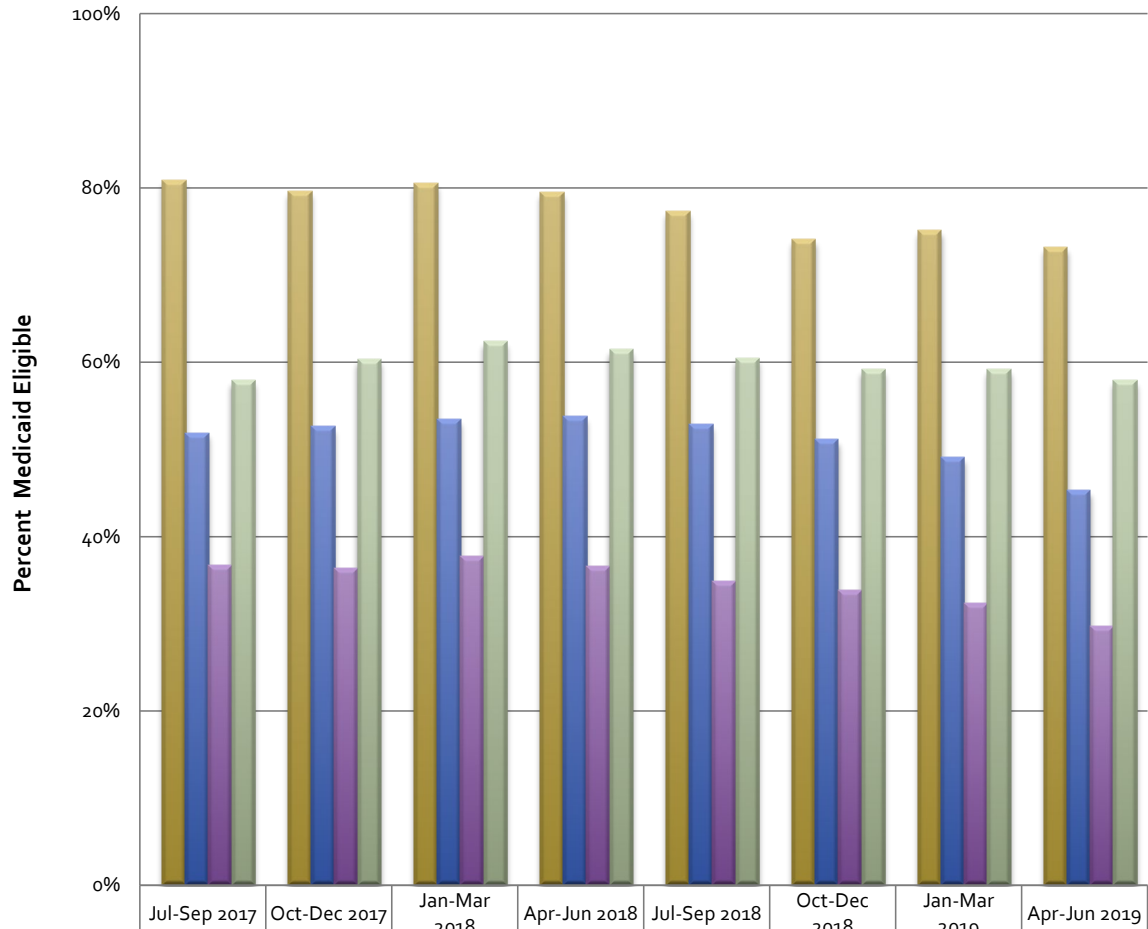
	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018	Oct-Dec 2018	Jan-Mar 2019	Apr-Jun 2019
SATOP Screened or Assigned to Comparable Pgm	4,437	4,148	5,261	5,297	4,621	4,385	4,910	4,861
0 Prior Screening	3,838	3,541	4,490	4,577	4,013	3,803	4,219	4,221
0 Prior Screening Pct	86.5%	85.4%	85.3%	86.4%	86.8%	86.7%	85.9%	86.8%
1 Prior Screening	531	531	668	638	552	511	617	569
1 Prior Screening Pct	12.0%	12.8%	12.7%	12.0%	11.9%	11.7%	12.6%	11.7%
2 Prior Screenings	63	59	93	76	50	67	67	62
2 Prior Screenings Pct	1.4%	1.4%	1.8%	1.4%	1.1%	1.5%	1.4%	1.3%
3+ Prior Screenings	5	17	10	6	6	4	7	9
3+ Prior Screenings Pct	0.1%	0.4%	0.2%	0.1%	0.1%	0.1%	0.1%	0.2%

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.

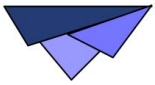


Medicaid Eligibility for Individuals Served in CSTAR Programs

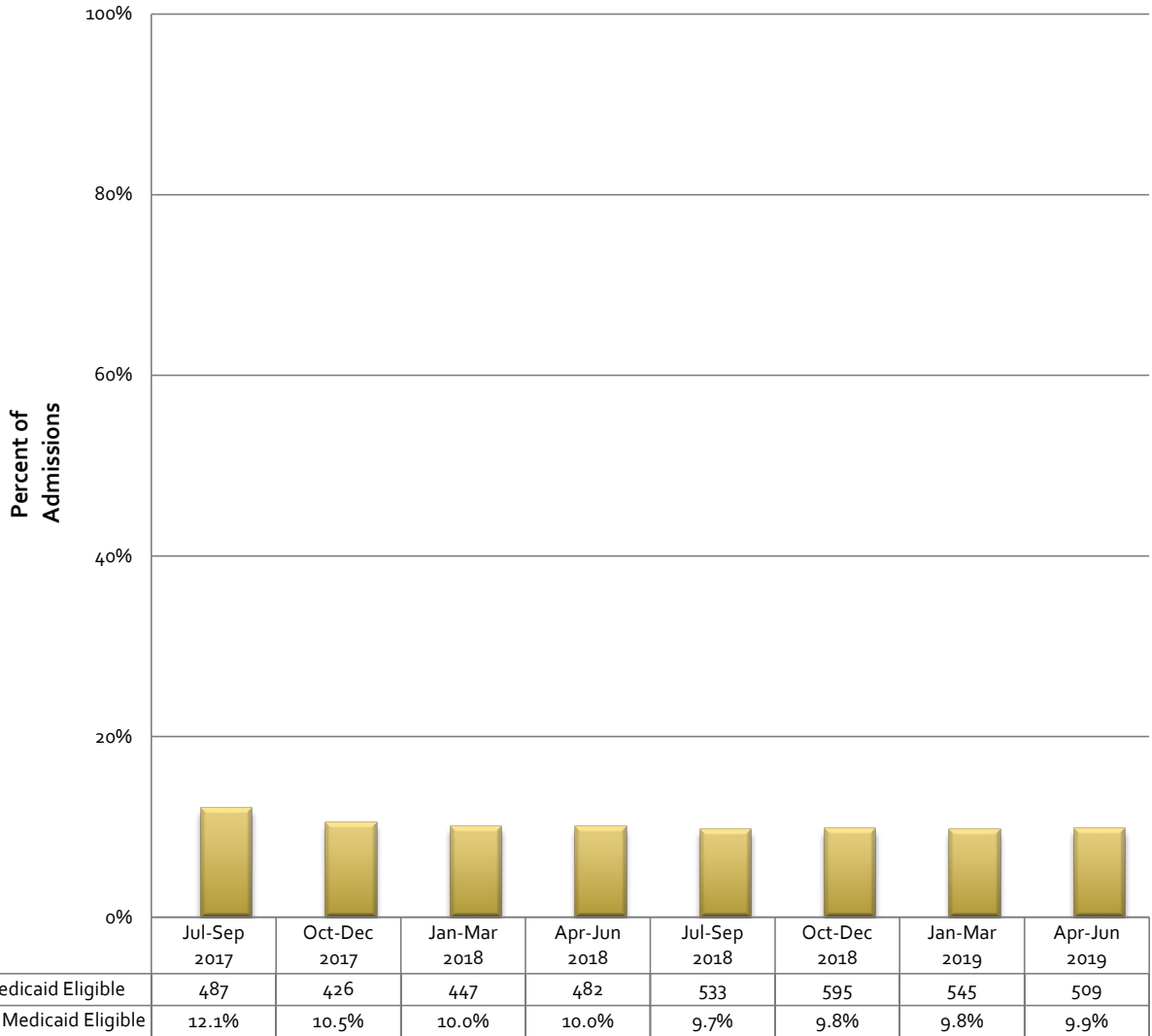


NOTE: CSTAR Detox is excluded.

Significance: Medicaid-eligible consumers comprise between 35 - 80% of the CSTAR consumer populations. The proportion is higher in the Adolescent program and lower in the General Adult program.

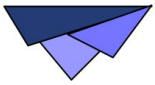


Medicaid Eligibility for Individuals Served in Non-CSTAR Substance Use Programs

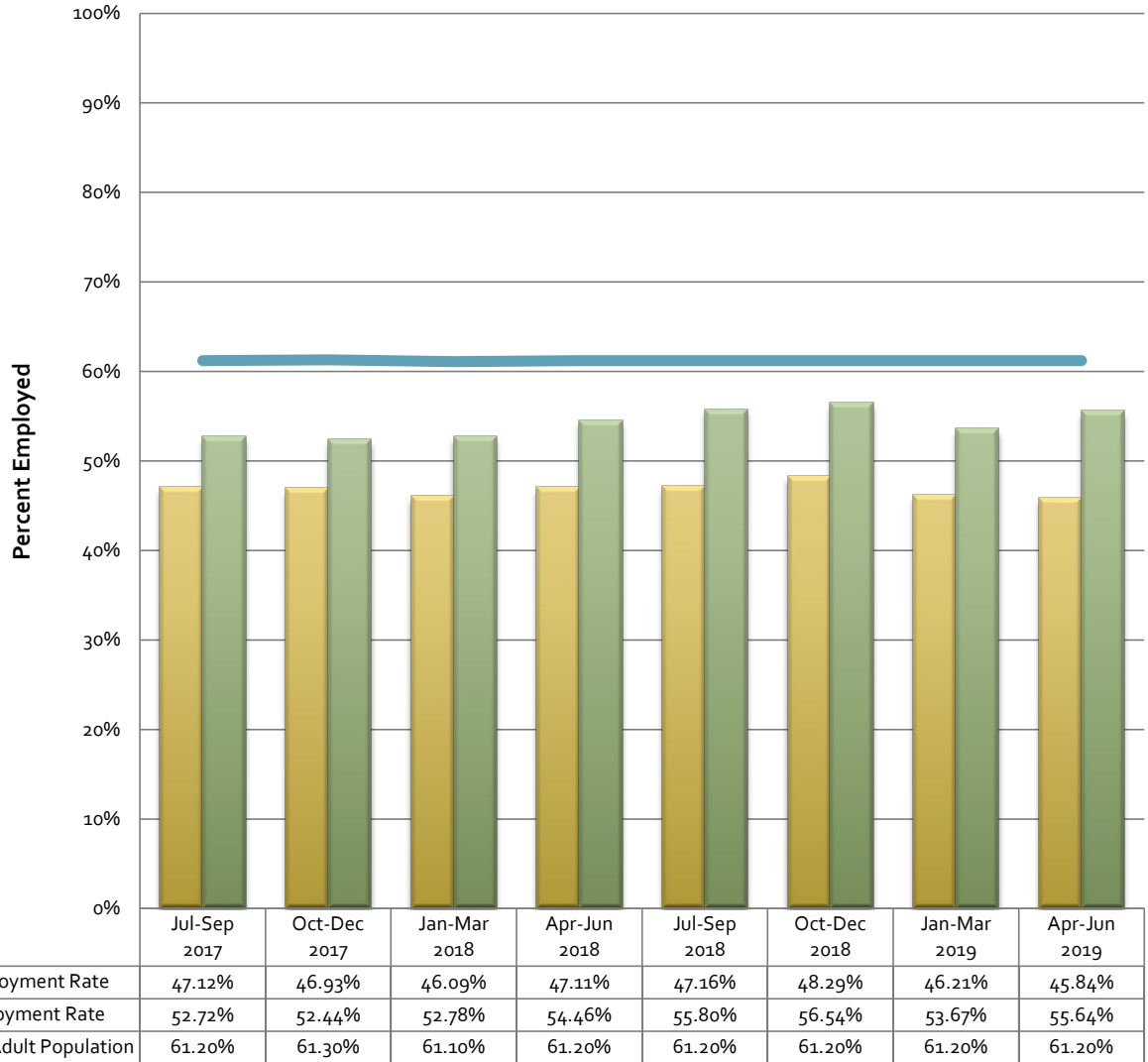


NOTE: Non-CSTAR programs include Primary Recovery Plus, Enhanced Primary Recovery Plus, Corrections Primary Recovery Plus, DOC Free & Clean Plus, DOC Partnership for Community Restoration, Clinical Intervention Program (Adult and Youth), Serious & Repeat Offender Program, SOR, and General Treatment.

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

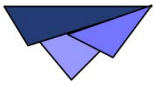


Employment of Adult Population in Substance Use Treatment

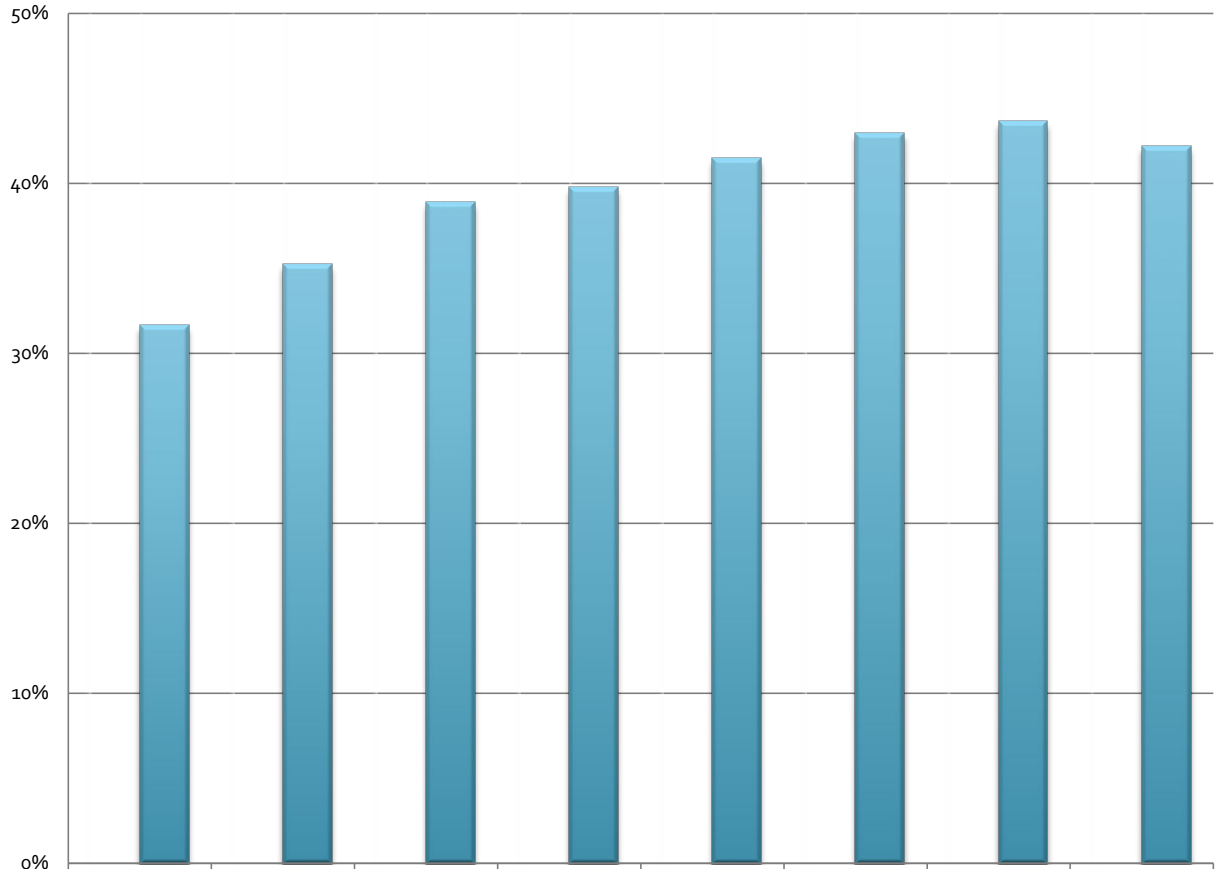


Note: Adolescent programs, detox, and codependents are excluded from the employment calculations.

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



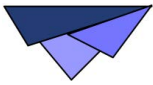
Consumers Receiving Medication Therapy



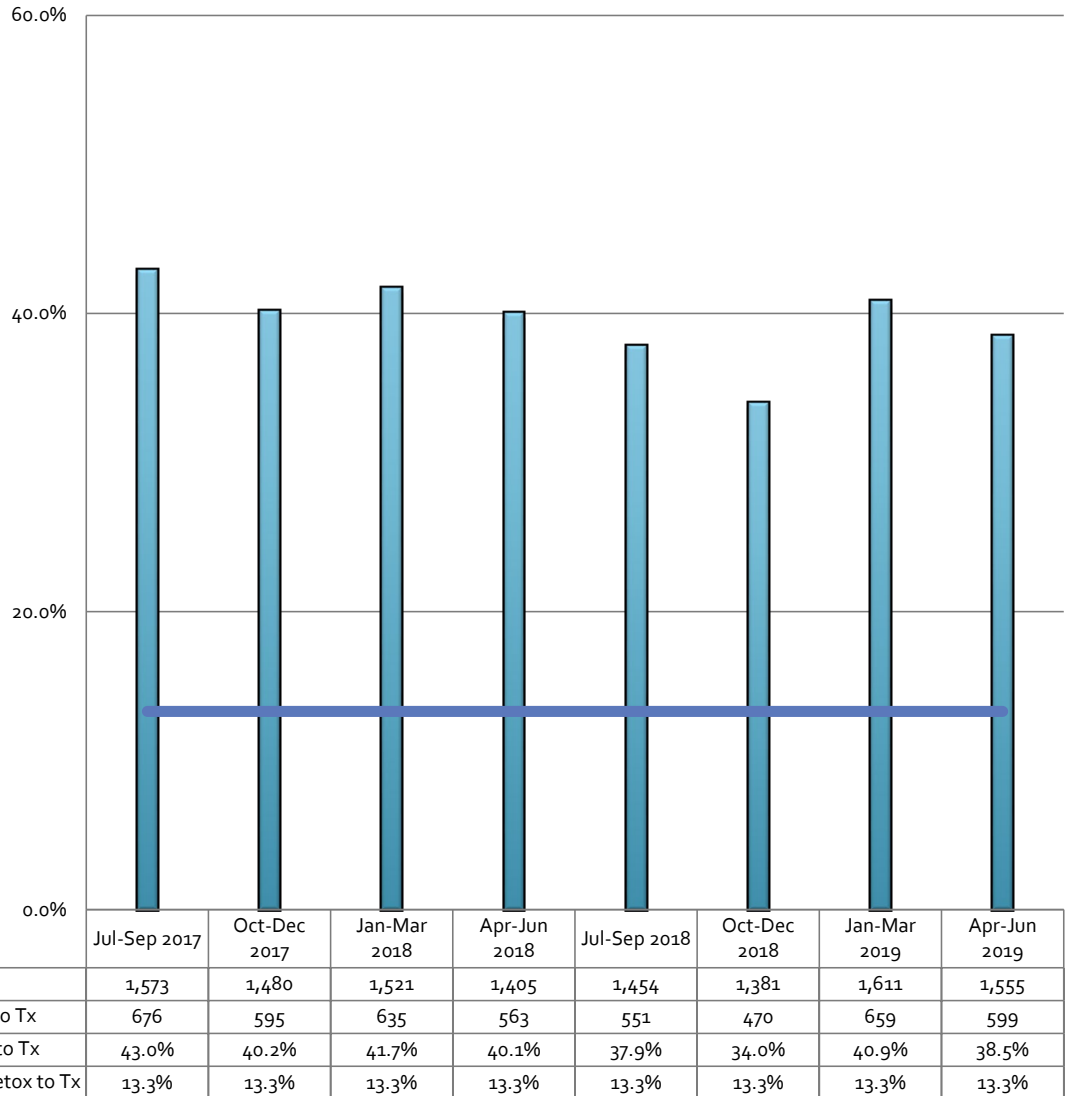
	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018	Oct-Dec 2018	Jan-Mar 2019	Apr-Jun 2019
Including CSTAR Opioid: # Adult Opioid/Alcohol- Addicted Consumers	11,283	11,173	11,748	12,178	12,812	13,168	13,128	12,948
# Consumers Receiving Medication Therapy	3,575	3,939	4,573	4,844	5,313	5,656	5,732	5,466
■ % Consumers Receiving Medication Therapy	31.7%	35.3%	38.9%	39.8%	41.5%	43.0%	43.7%	42.2%

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

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



Transition from Detox to Treatment



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

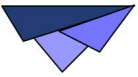
Notes: A transition is recorded if any treatment service is provided within 5 days of the last day of detox. U.S. data for transition from the Treatment Episode Dataset - Discharges, 2013 (SAMHSA, 2016).

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

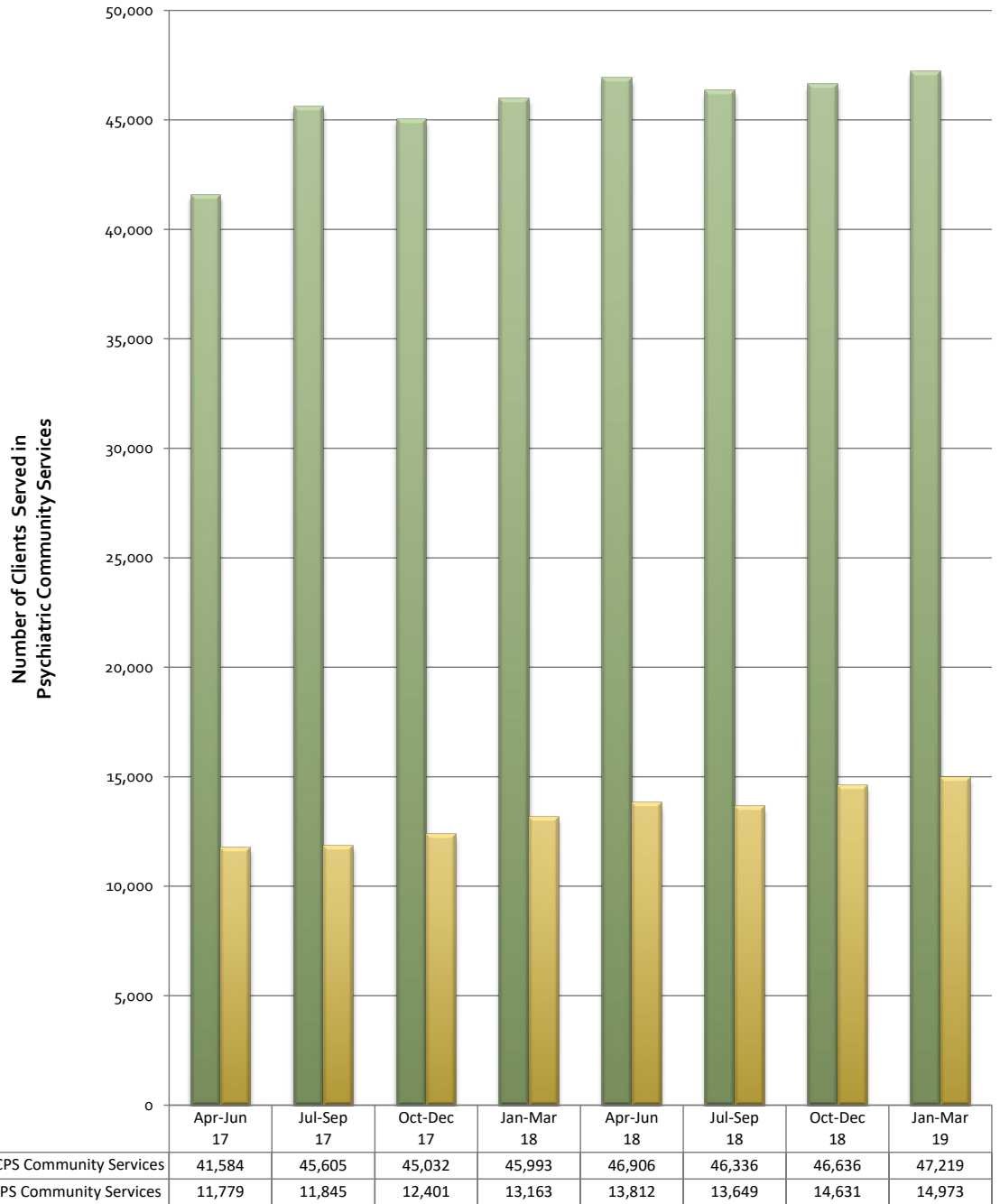


Division of Behavioral Health

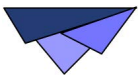
Comprehensive Psychiatric
Services



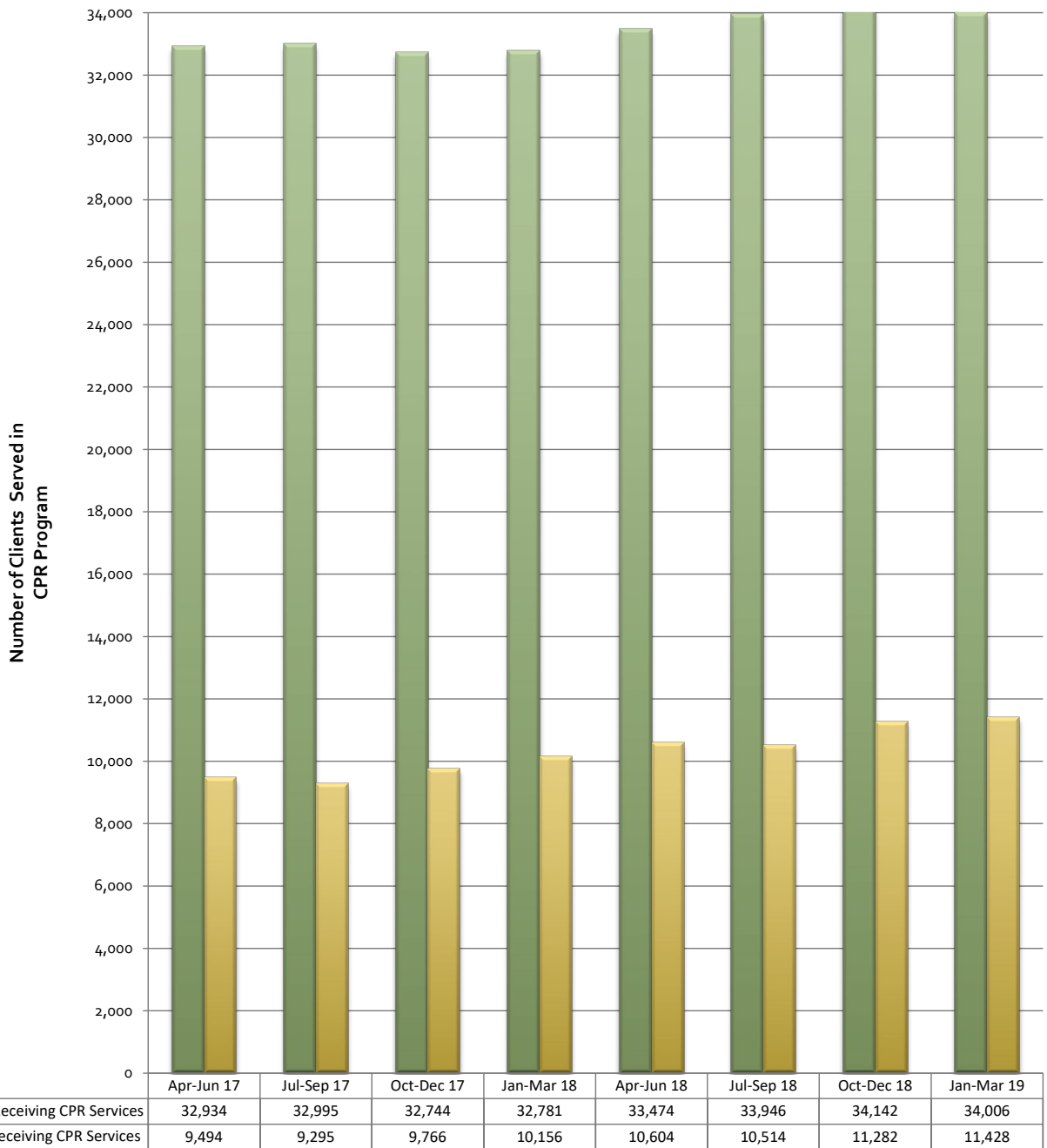
Clients Receiving Psychiatric Community Services



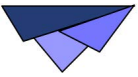
SIGNIFICANCE: Note that the most recent quarter will always be undercounted due to lagging claims and therefore is not displayed. Numbers for 2 quarters back are displayed but subject to slight upward revision as lagging claims come in. The long term trend (over many years) has been one of slowly increasing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



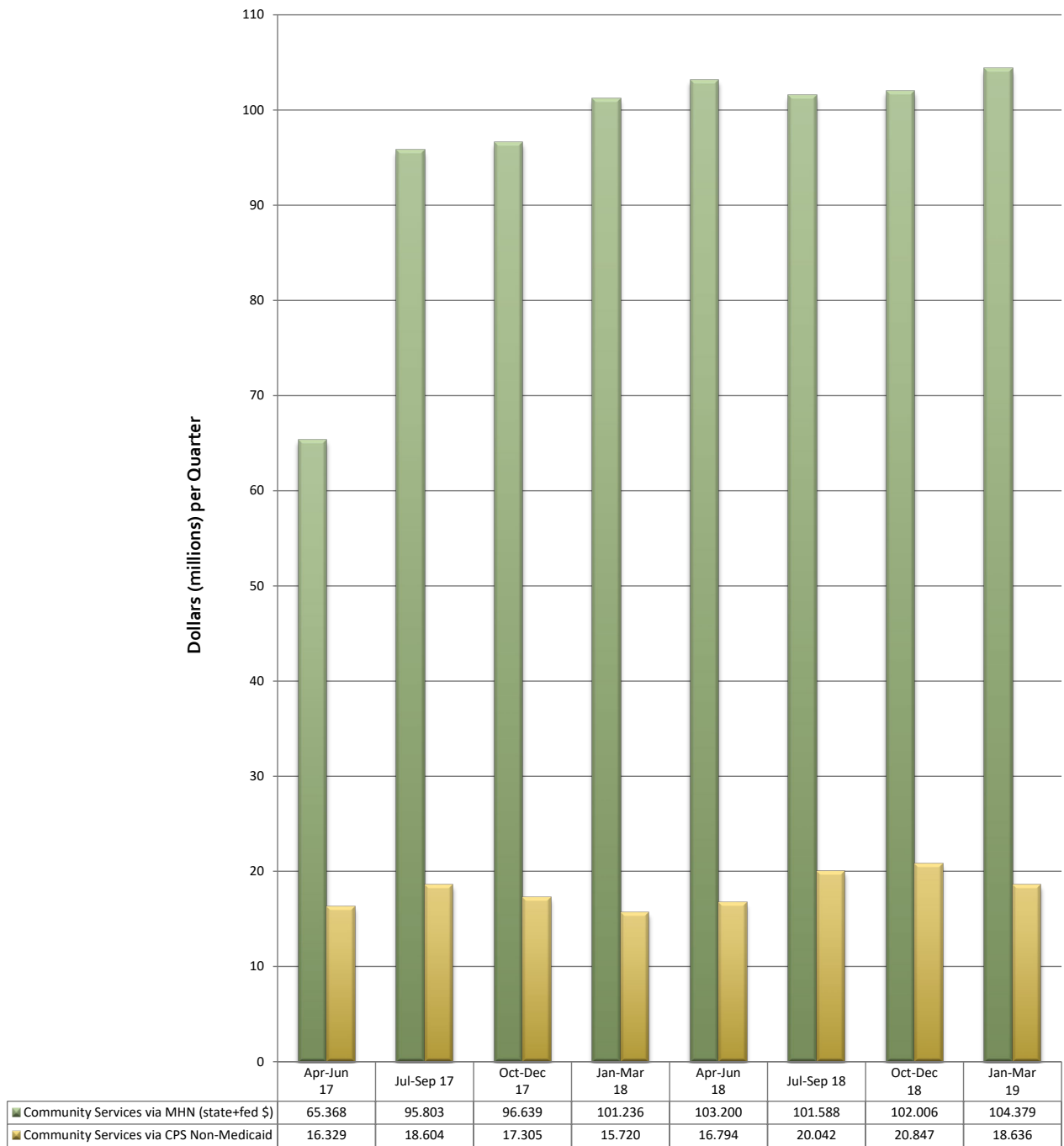
Clients in the Community Psychiatric Rehabilitation Program



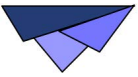
SIGNIFICANCE: The most recent quarter will always be undercounted due to lagging claims and therefore is not displayed. Adult and Youth CPR enrollment has somewhat stabilized after several years of steady growth, but Youth CPR was showing very gradual increases in the previous quarters.



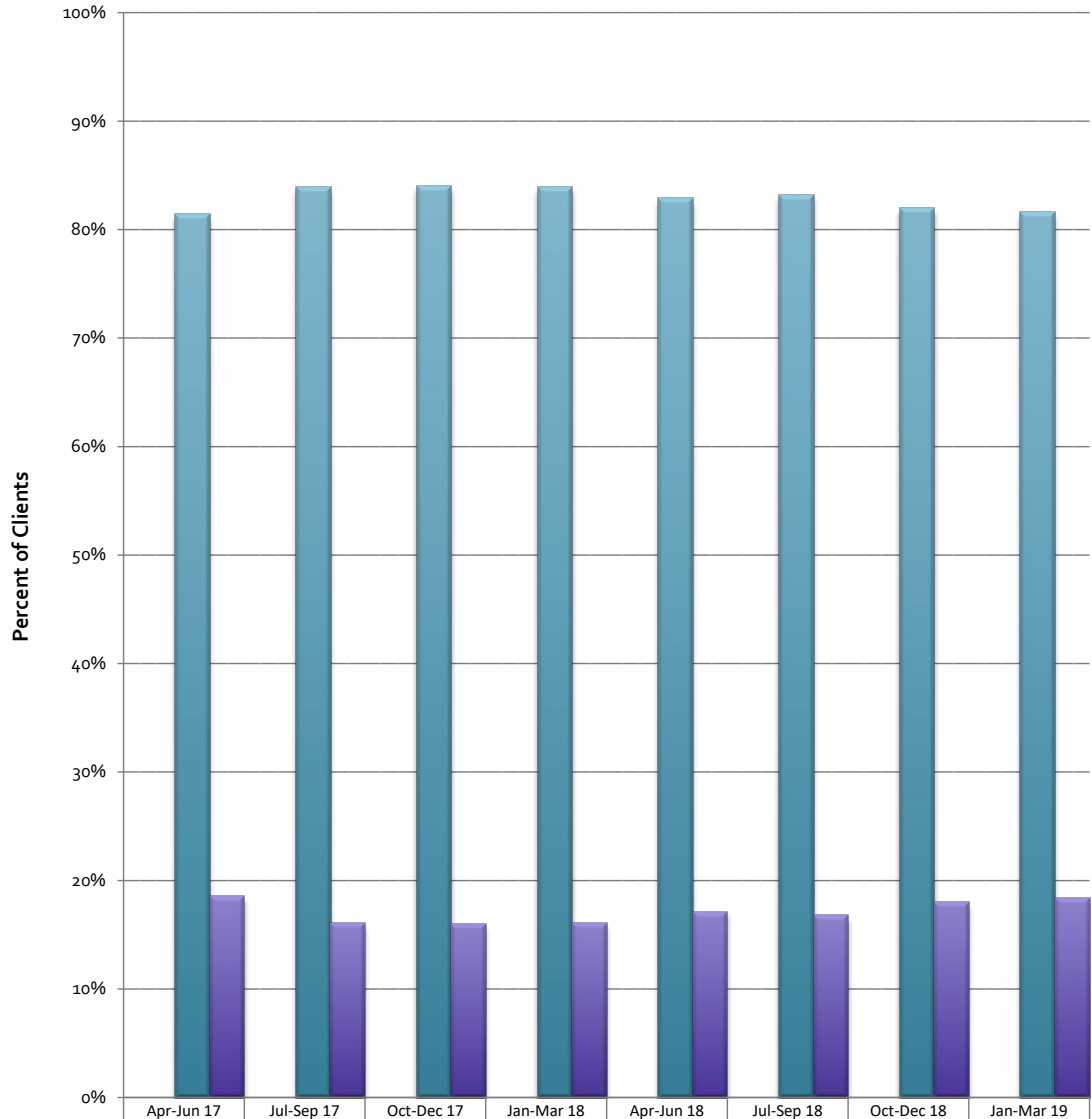
Funding Sources for Psychiatric Services Community Clients



SIGNIFICANCE: The most recent quarter will always be undercounted due to lagging claims and therefore is not displayed. The quarters starting Jul-Sep '17 include some DSS clinic option funding for CCBHC.

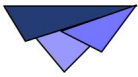


Medicaid Eligibility of Psychiatric Services Community Clients

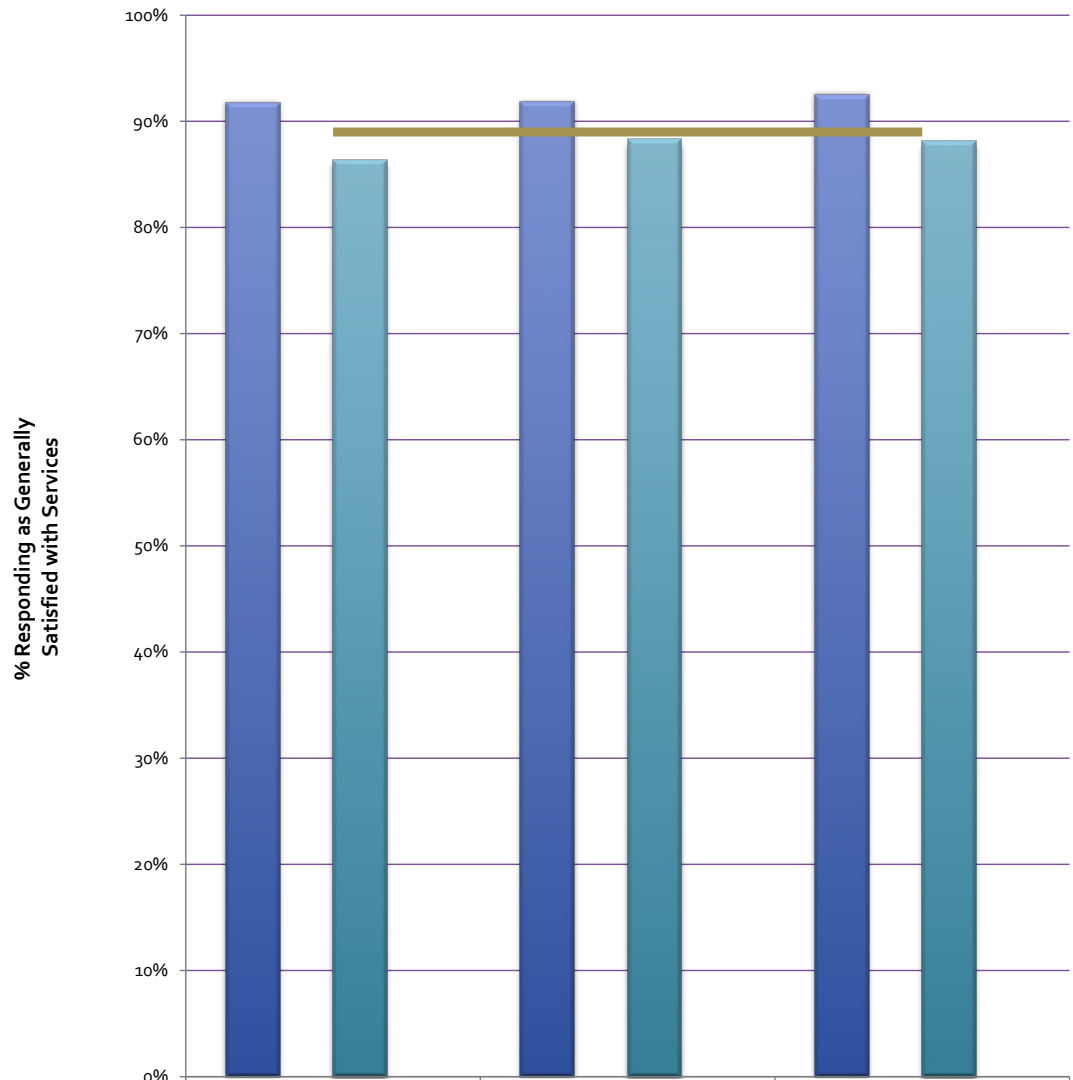


	Apr-Jun 17	Jul-Sep 17	Oct-Dec 17	Jan-Mar 18	Apr-Jun 18	Jul-Sep 18	Oct-Dec 18	Jan-Mar 19
CPS Facility Client Count	1,341	1,336	1,331	1,341	1,339	1,314	1,323	1,326
CPS Community Client Count	53,363	57,450	57,433	59,156	60,718	59,985	61,267	62,192
M.E. Clients -- All CPS Community	43,452	48,205	48,252	49,650	50,311	49,921	50,244	50,745
% M.E. -- All CPS Community	81.4%	83.9%	84.0%	83.9%	82.9%	83.2%	82.0%	81.6%
Not M.E. Clients -- All CPS Community	9,911	9,245	9,181	9,506	10,407	10,064	11,023	11,447
% Not M.E. -- All CPS Community	18.6%	16.1%	16.0%	16.1%	17.1%	16.8%	18.0%	18.4%

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



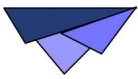
Community Client General Satisfaction with Services



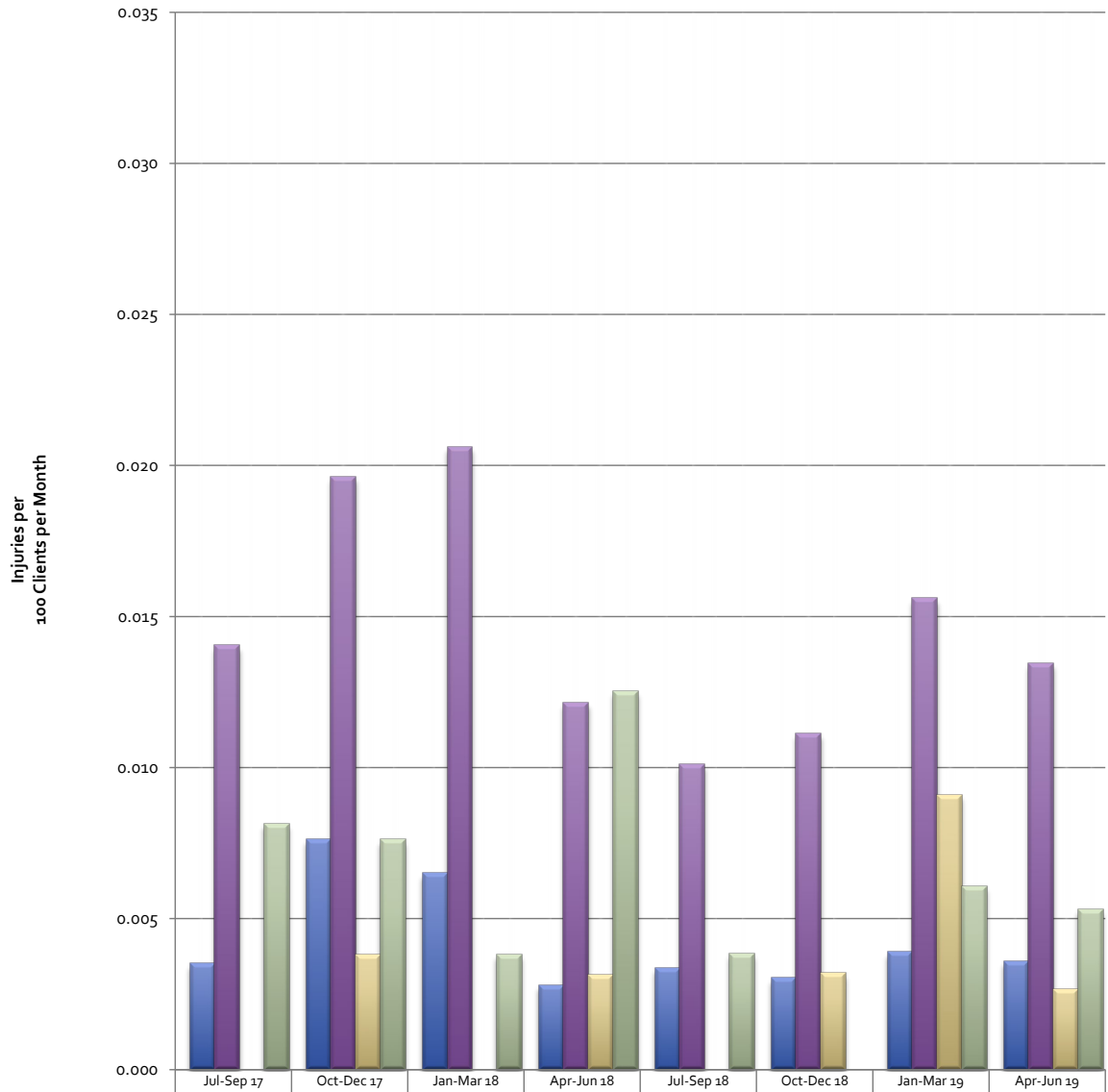
	FY16	FY17	FY18
Adult Community Satisfaction Rate	92%	92%	93%
Number of Adult Surveys	6,529	6,016	4,685
Youth Community Satisfaction Rate	86%	88%	88%
Number of Youth Surveys	1278	1162	3358
National Adult Satisfaction Rate	89%	89%	89%
National Youth Satisfaction Rate	86%	86%	86%

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

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

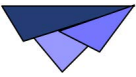


Community Client Injuries

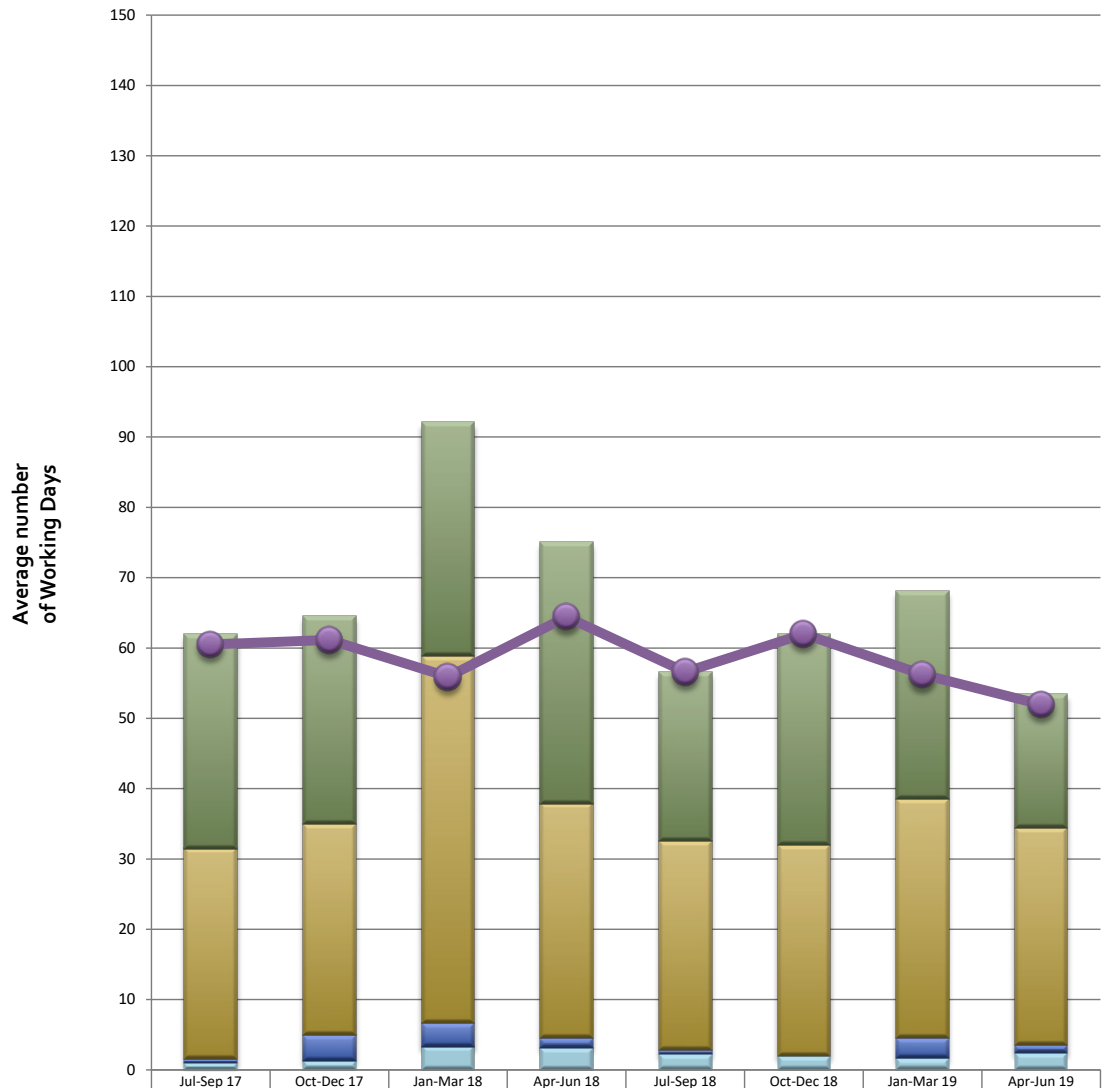


# Adult Injuries (hospitalization)	3	7	6	3	3	3	4	4
# Adult Injuries (hosp.) per 100 consumers/mo	0	0	0	0	0	0	0	0
# Adult Injuries (death)	12	18	19	13	9	11	16	15
# Adult Injuries (death.) per 100 consumers/mo	0	0	0	0	0	0	0	0
# Youth Injuries (hospitalization)	0	1	0	1	0	1	3	1
# Youth Injuries (hosp.) per 100 consumers/mo	0	0	0	0	0	0	0	0
# Youth Injuries (death)	2	2	1	4	1	0	2	2
# Youth Injuries (death.) per 100 consumers/mo	0	0	0	0	0	0	0	0

SIGNIFICANCE: There is a very low rate of serious injury to clients receiving community services, but these are individually significant events. The 17 adult injuries that resulted in deaths reported in the April-June '19 quarter are further categorized as: 9 suicides, 3 car accidents, 2 homicides, 1 chockin accident, 1 drawing accident, and 1 other accident. All the events had a death determination performed by service provider with no indications of need for abuse/neglect investigation.

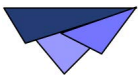


Duration of Investigation Process for Community Services

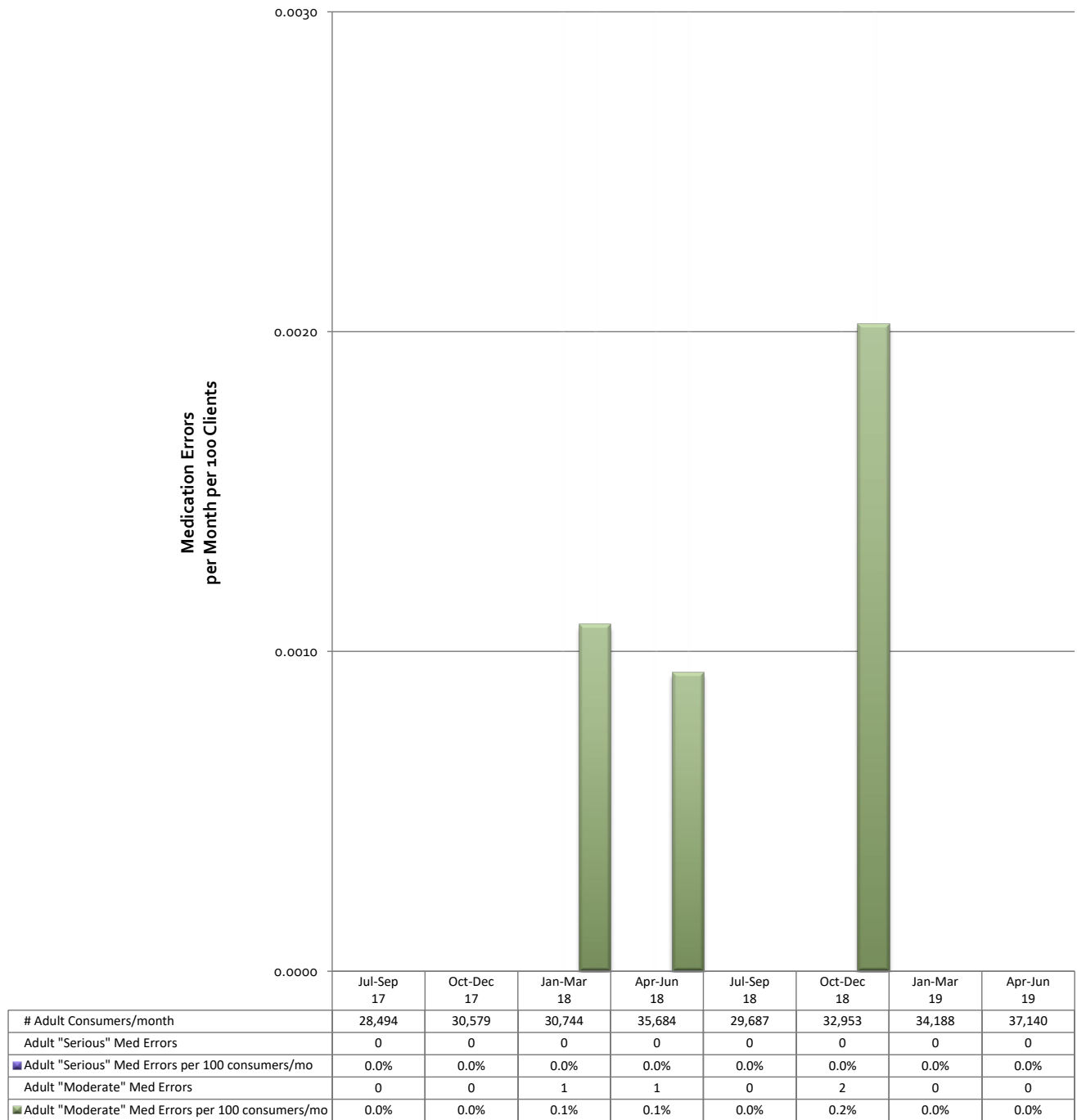


	Jul-Sep 17	Oct-Dec 17	Jan-Mar 18	Apr-Jun 18	Jul-Sep 18	Oct-Dec 18	Jan-Mar 19	Apr-Jun 19
CPS Comm. Investigation Event Count	2	4	4	9	6	1	11	9
CPS Comm.: Inv. Final Report to Final Determination	30.50	29.50	33.17	37.11	24.00	30.00	29.60	19.08
CPS Comm.: Inv. Request to Inv. Final Report	30.00	30.00	52.25	33.33	29.80	30.00	34.00	30.89
CPS Comm.: Event Report to Inv. Request	0.50	3.67	3.33	1.43	0.60	0.00	2.91	1.13
CPSComm.: Event Discovery to Event Report	1.00	1.33	3.33	3.14	2.20	2.00	1.64	2.38
CPS Comm.: "Typical" Inv Total Time	60.50	61.14	55.92	64.43	56.60	62.00	56.25	51.96

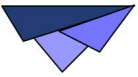
NOTE: Timelines are divided into 4 distinct stages of the investigation -- the bars show the average duration (in working days) for all final determinations made in each quarter, whereas the line superimposes the overall average duration of typical cases. This shows both SCL and CMHC cases.



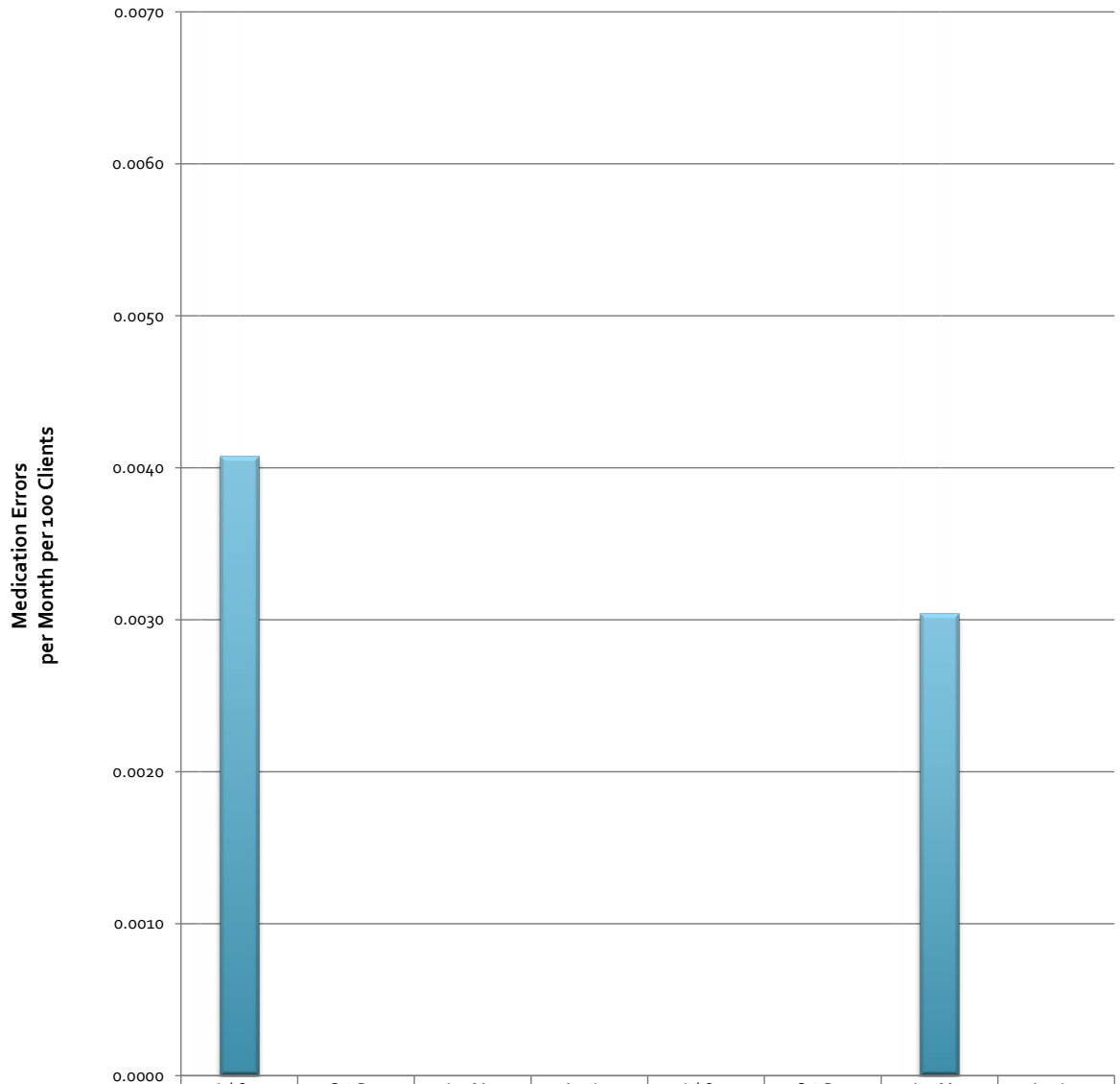
Adult Community Medication Errors



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

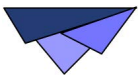


Youth Community Medication Errors

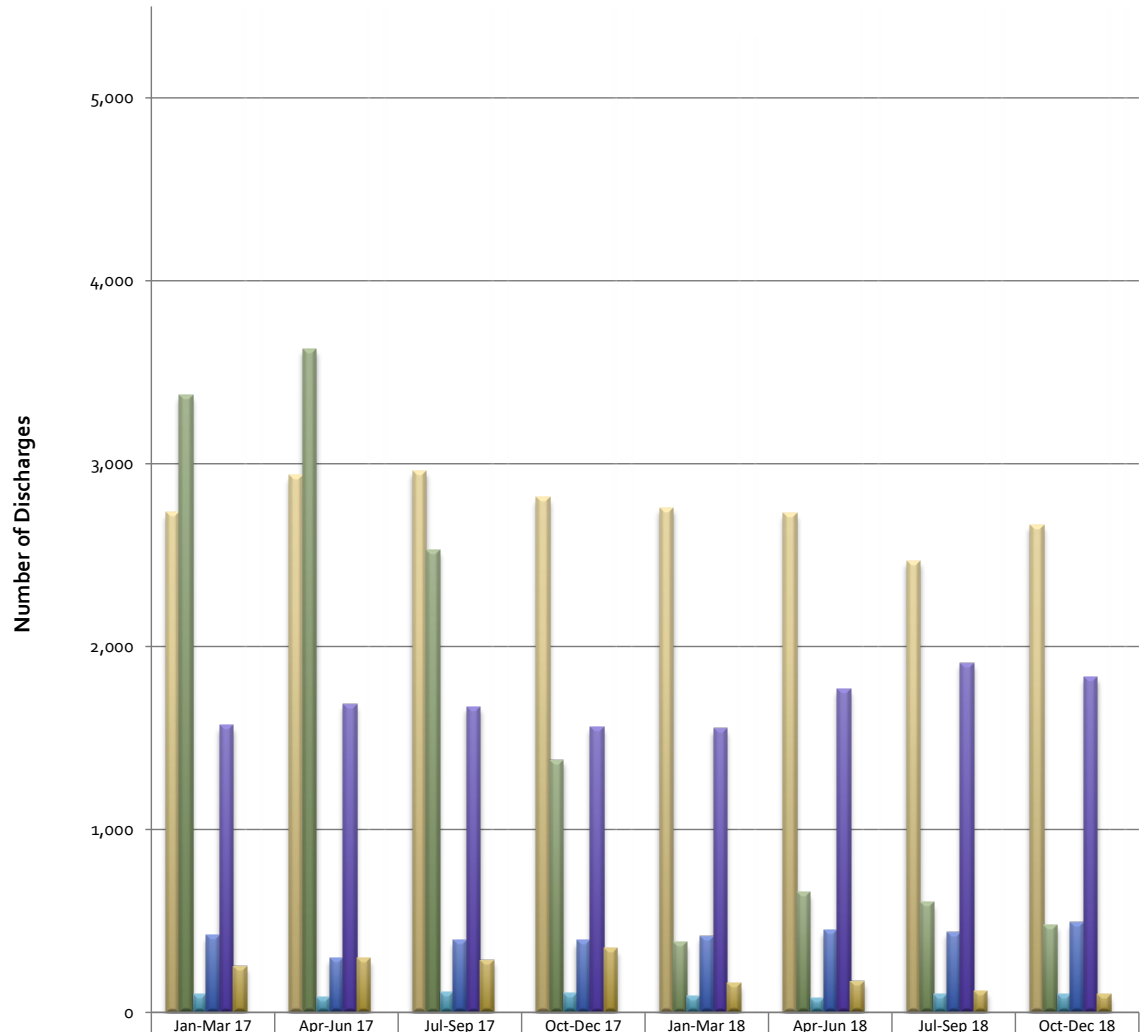


	Jul-Sep 17	Oct-Dec 17	Jan-Mar 18	Apr-Jun 18	Jul-Sep 18	Oct-Dec 18	Jan-Mar 19	Apr-Jun 19
# Youth Consumers/month	8,185	8,752	8,746	10,630	8,642	10,429	10,978	12,578
Youth "Moderate" Med Errors	1	0	0	0	0	0	1	0
Youth "Moderate" Med Errors per 100 consumers/mo	0.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.3%	0.0%
Youth "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.

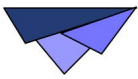


Community Psychiatric Service Discharges

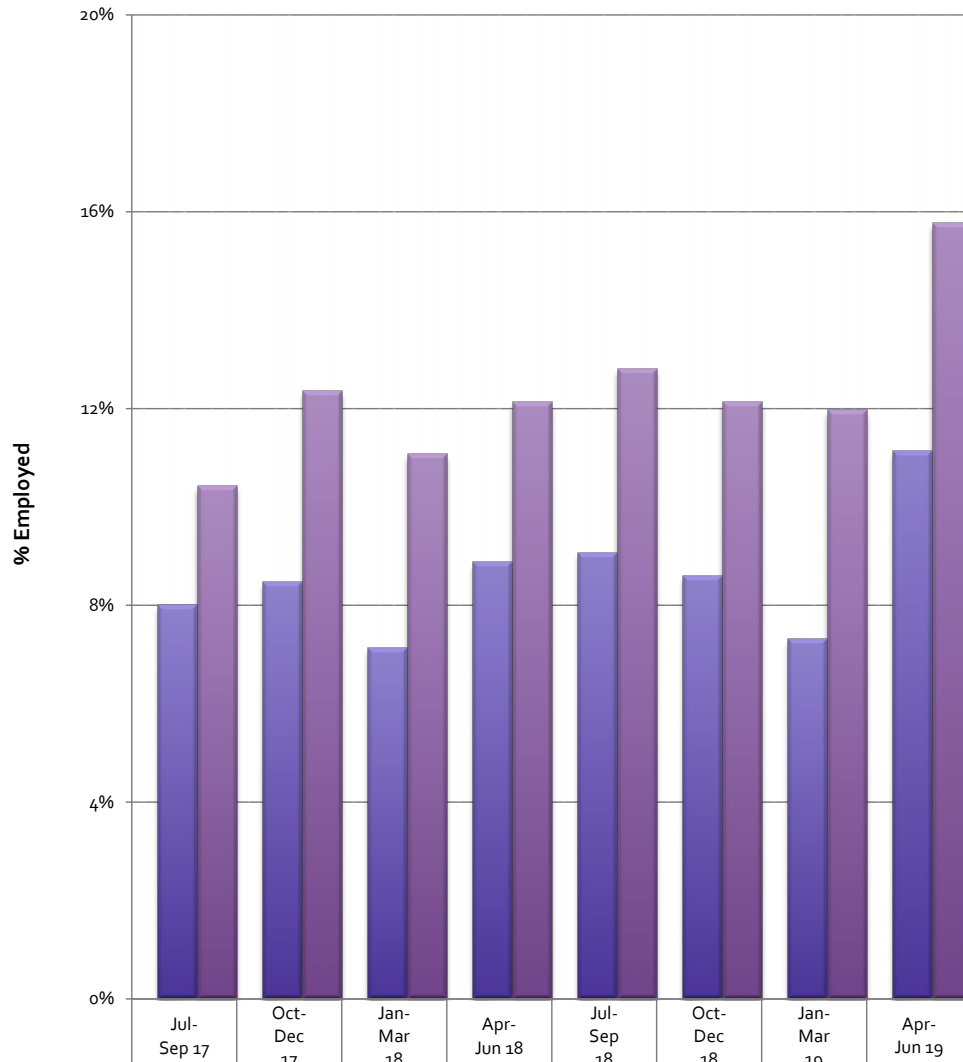


	Jan-Mar 17	Apr-Jun 17	Jul-Sep 17	Oct-Dec 17	Jan-Mar 18	Apr-Jun 18	Jul-Sep 18	Oct-Dec 18
Other Discharges	2,734	2,936	2,960	2,816	2,758	2,731	2,467	2,666
Admin. Discharge >24 hrs	3,377	3,626	2,528	1,381	382	656	601	479
Law Enforcement Initiated	102	85	112	103	89	78	99	98
Agency Initiated	421	296	398	393	418	450	439	491
Client Initiated	1,569	1,685	1,671	1,559	1,552	1,770	1,909	1,834
Admin. Discharge <24 hrs	254	295	289	349	159	170	116	98
CPS Community -- Total Discharges	8,457	8,923	7,958	6,601	5,358	5,855	5,631	5,666

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.

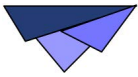


Community Adults -- Employment

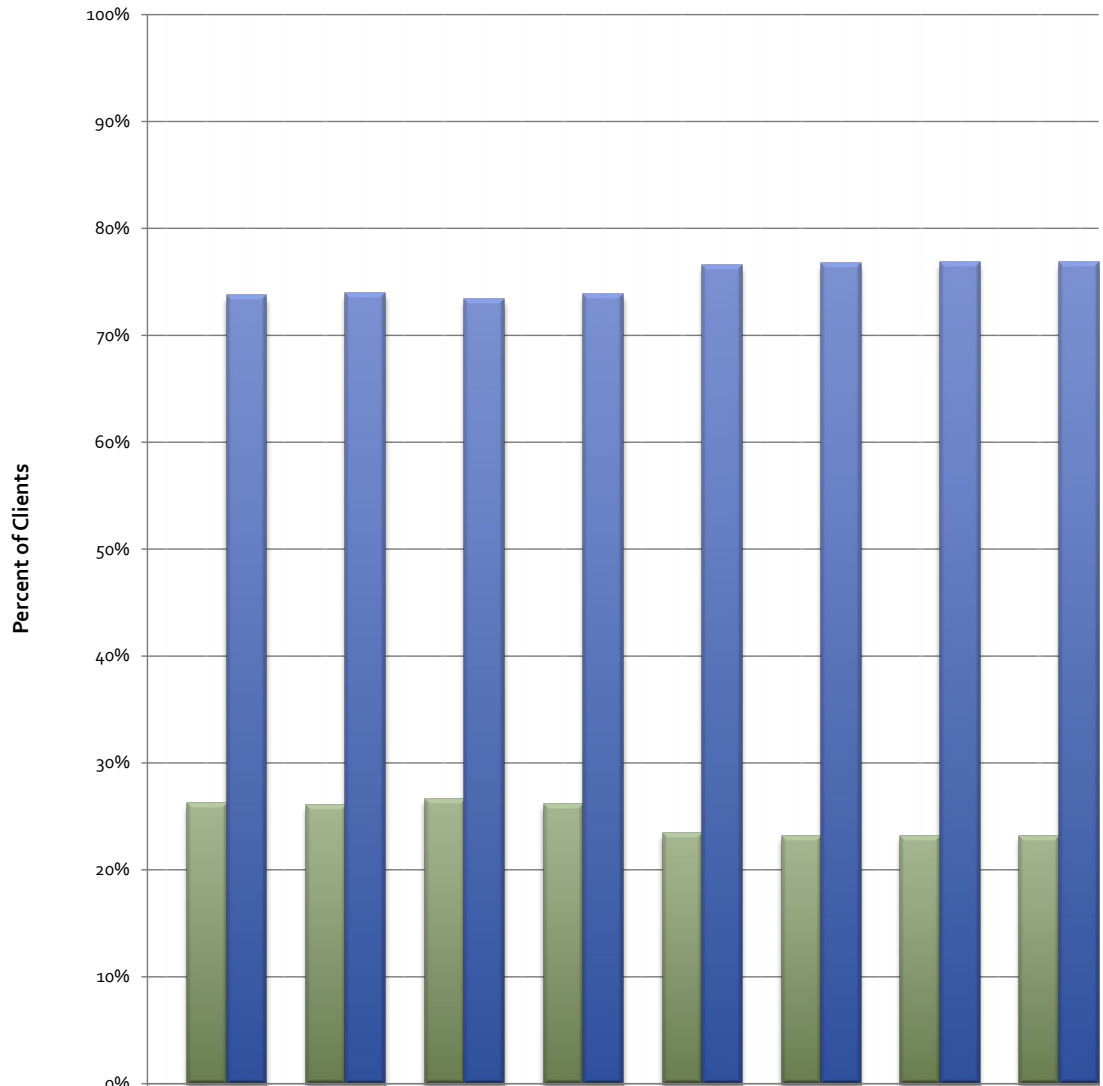


Adult Community Clients w/ Known Employment Status on Admission Status Report	933	986	1,023	1,058	1,041	976	954	840
Adult Community Clients Employed at Admission	81	86	80	103	98	96	76	94
■ % Employed at Admission	8.0%	8.5%	7.1%	8.9%	9.1%	8.6%	7.3%	11.1%
Adult Community Clients w/ Known Employment Status at Annual Status Review	933	986	1,023	1,058	1,041	976	954	840
Adult Community Clients Employed at Annual Review	105	129	120	136	139	129	123	127
■ % Employed at Annual Review	10.4%	12.4%	11.1%	12.1%	12.8%	12.1%	12.0%	15.8%

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 data for consumers who were admitted into CPS community services and had a known employment status on a CPS Status Report at admission and a known employment status in 10-14 months after the admission, after remaining in services for at least 10 months.

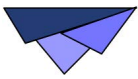


Medicaid Eligibility of Psychiatric Facility Clients

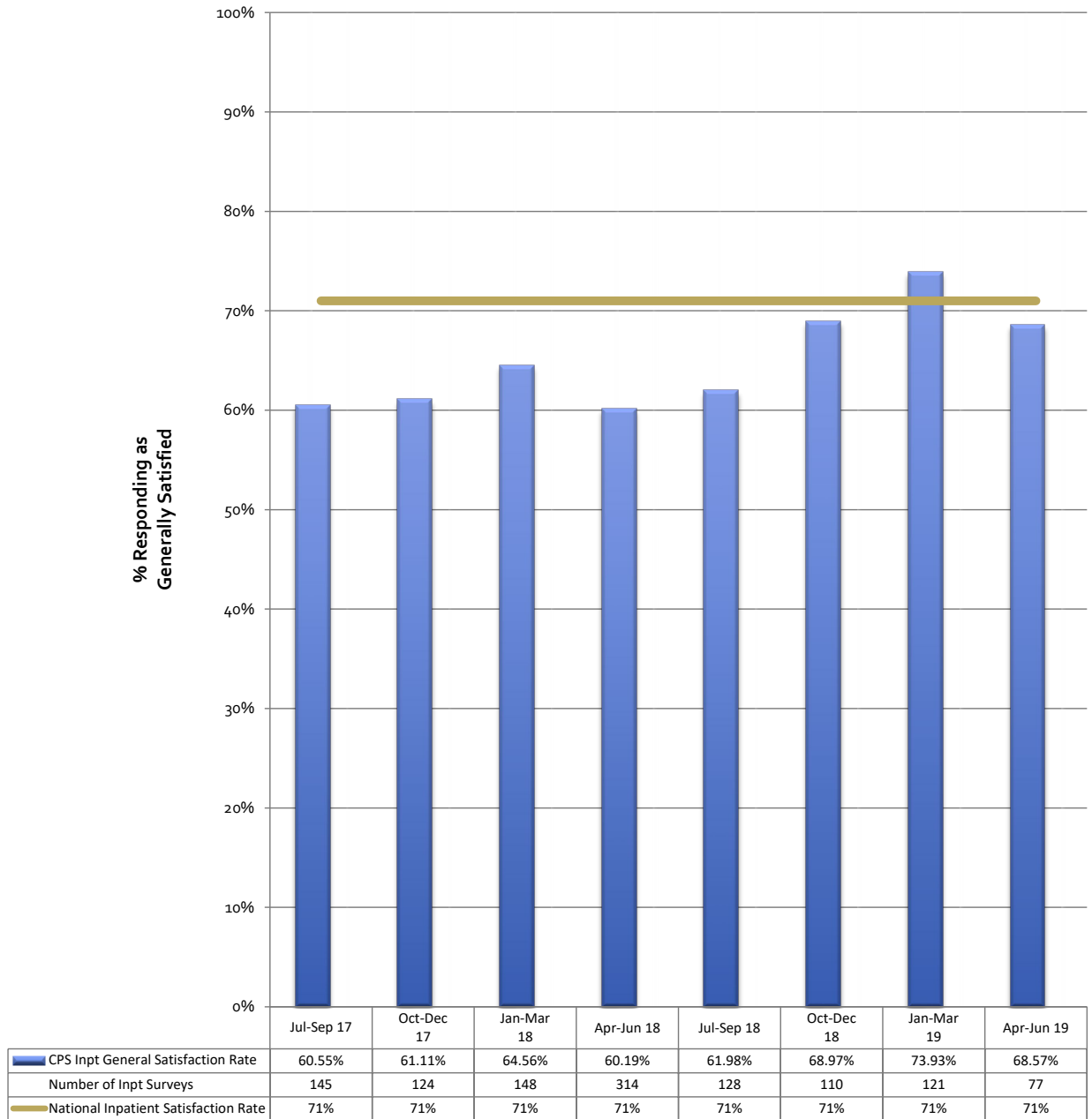


	Jul-Sep 17	Oct-Dec 17	Jan-Mar 18	Apr-Jun 18	Jul-Sep 18	Oct-Dec 18	Jan-Mar 19	Apr-Jun 19
CPS Facility Client Count	1,336	1,331	1,341	1,339	1,314	1,323	1,326	1,348
M.E. Clients - CPS State Facilities	351	347	357	350	308	307	307	312
% M.E. -- CPS State Facility Clients	26.3%	26.1%	26.6%	26.1%	23.4%	23.2%	23.2%	23.1%
Not M.E. Clients - CPS State Facilities	985	984	984	989	1,006	1,016	1,019	1,036
% Not M.E. -- CPS State Facilities	73.7%	73.9%	73.4%	73.9%	76.6%	76.8%	76.8%	76.9%

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.

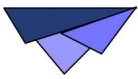


Inpatient Satisfaction

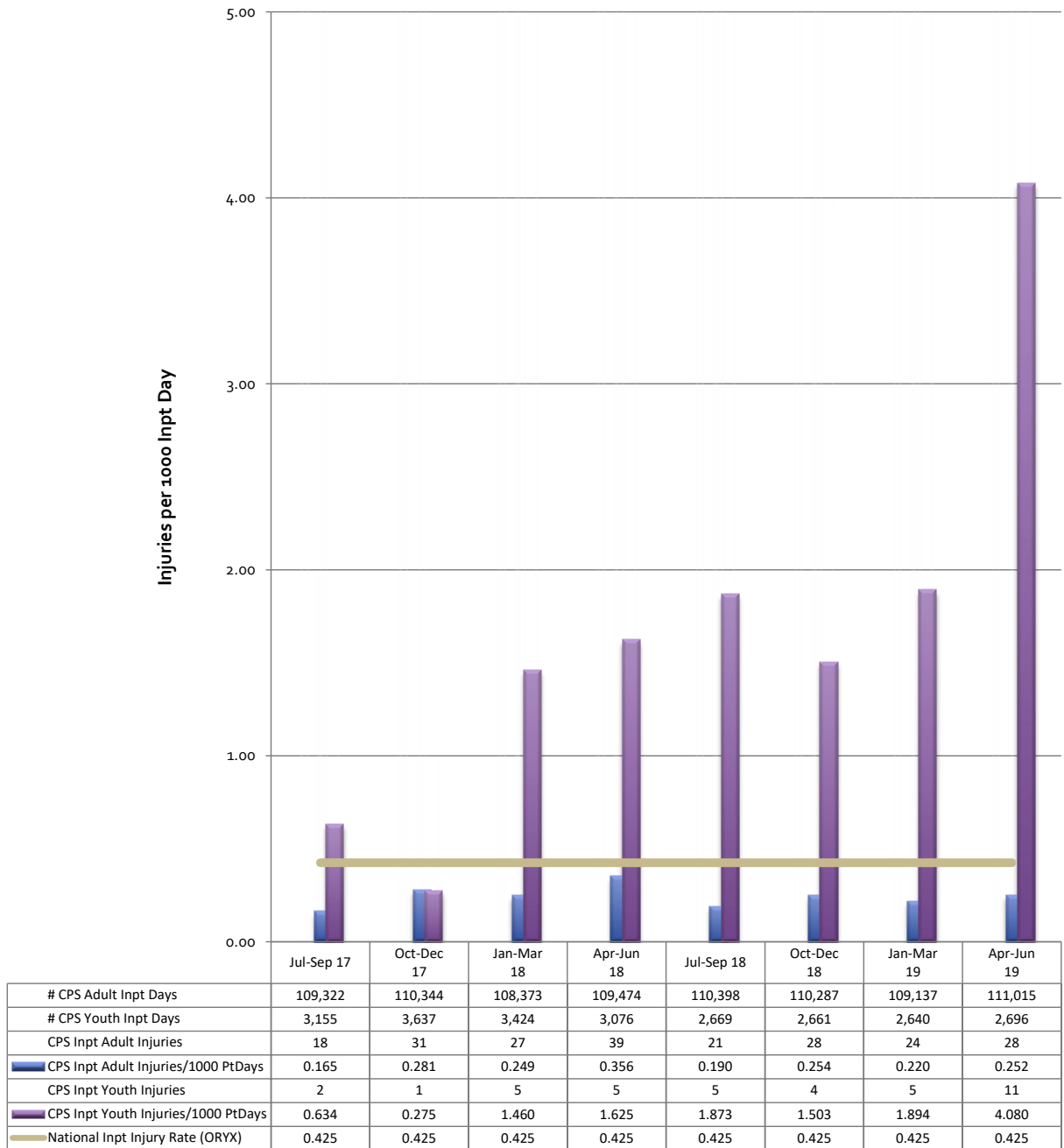


NOTE: Taken from the CPS Inpatient MHSIP survey -- average of all 5 domains.

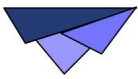
SIGNIFICANCE: No overall trend but the general inpatient satisfaction rate compares well to similar client populations in other states using the same standardized survey instrument.



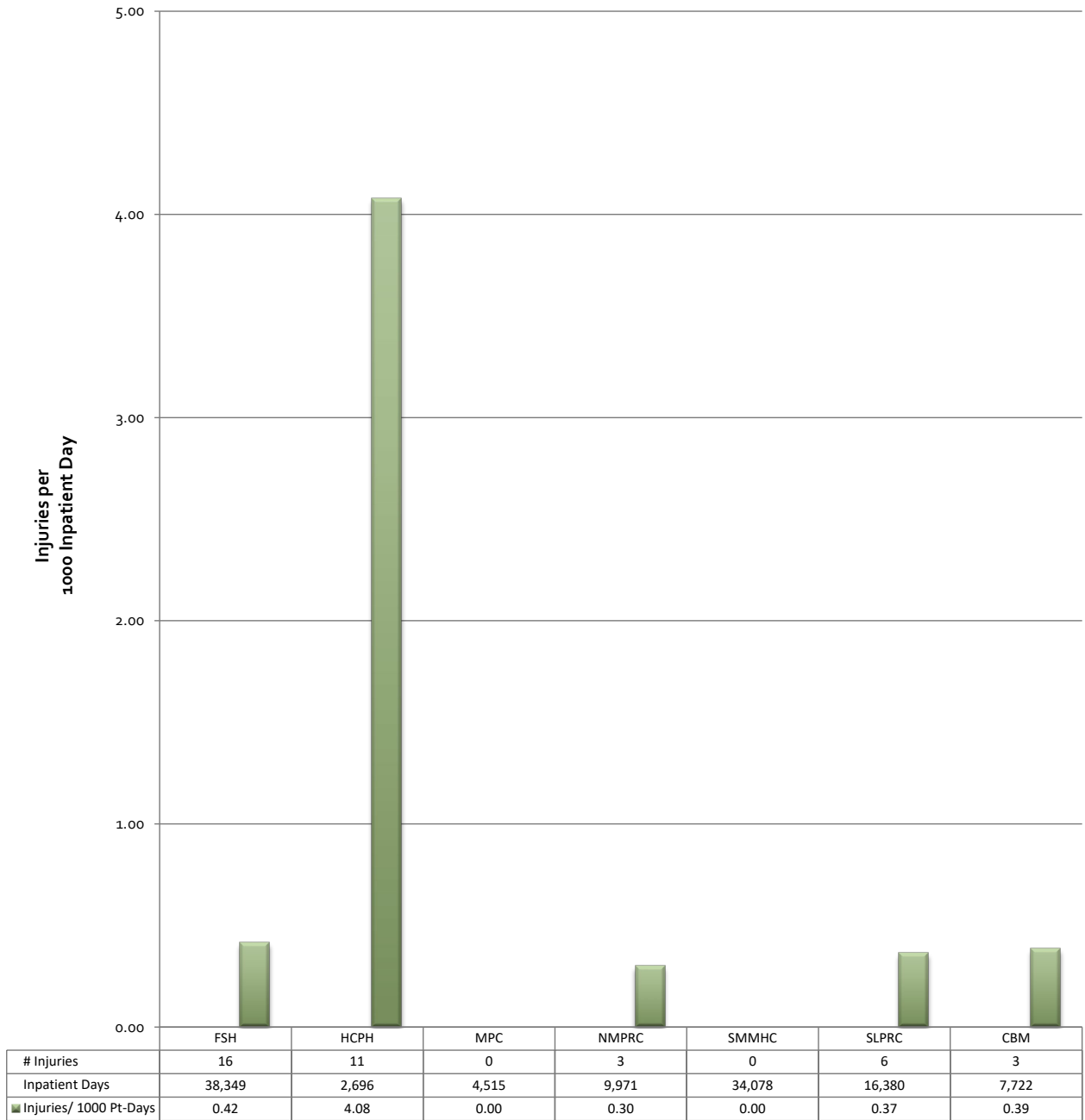
Inpatient Client Injuries



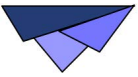
NOTE: "Injuries" for Inpatient clients include those medical intervention or more. PtDays is a standard way to adjust for facility size on inpatient metrics for measures that apply to both acute and long term facilities - if we were to simply count clients this would result in disproportionately high 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/ORIX rate of 0.425 injuries per 1000 patient days.



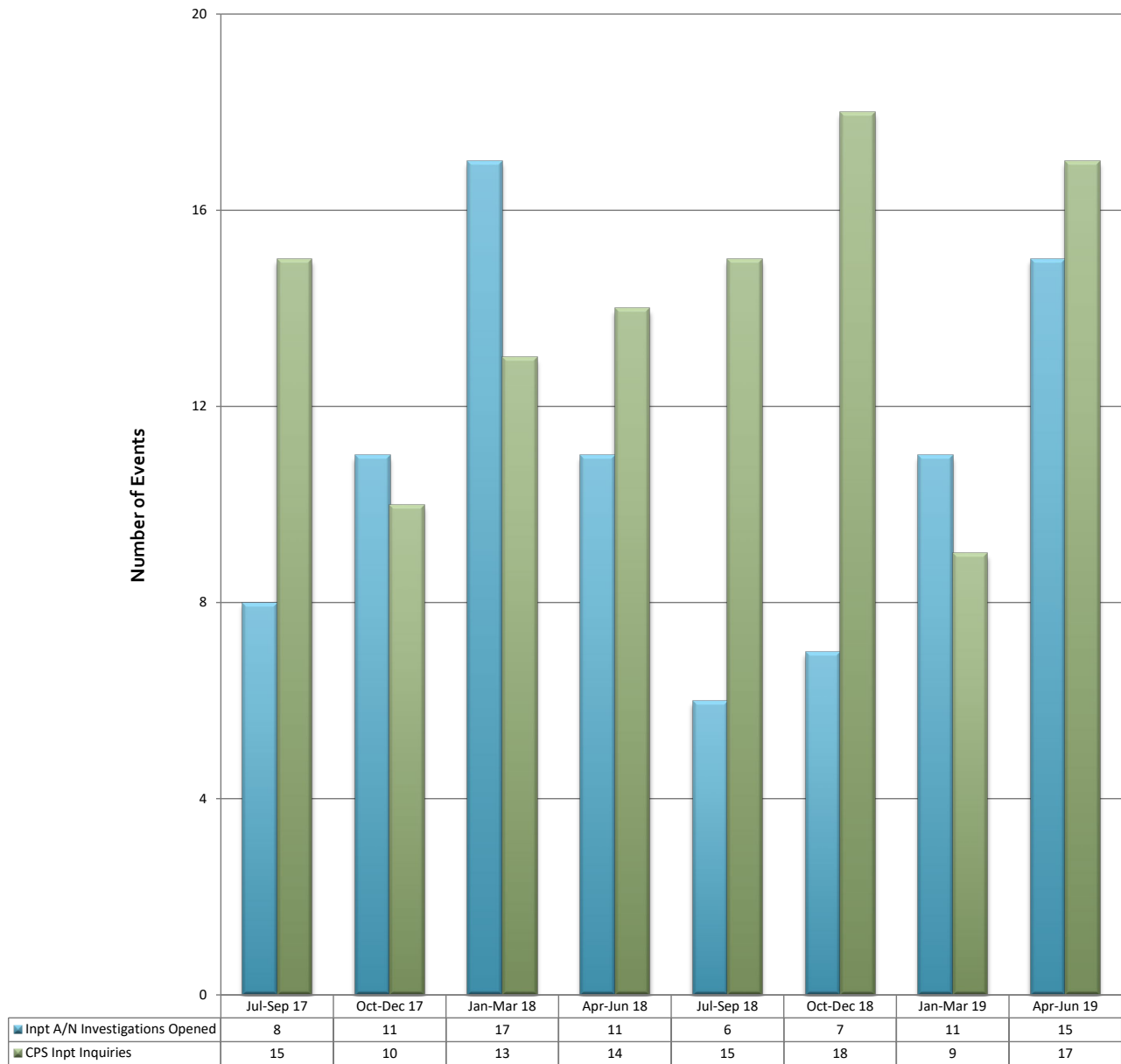
Inpatient Client Injuries by Facility



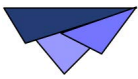
SIGNIFICANCE: This chart is looking at the most recent quarter's rate of client injuries per facility and adjusting that metric for the size (inpatient days) of the facility. Fourth quarter of FY19 shows a higher injury rate for Hawthorn Children's Psychiatric Hospital. Perhaps contrary to expectations, the rate of injuries is often low at our highest security facility. In order the facilities are: Fulton, Hawthorn, St Louis MPC, Northwest, Southeast, St Louis Psych, Center for Behavioral Medicine.



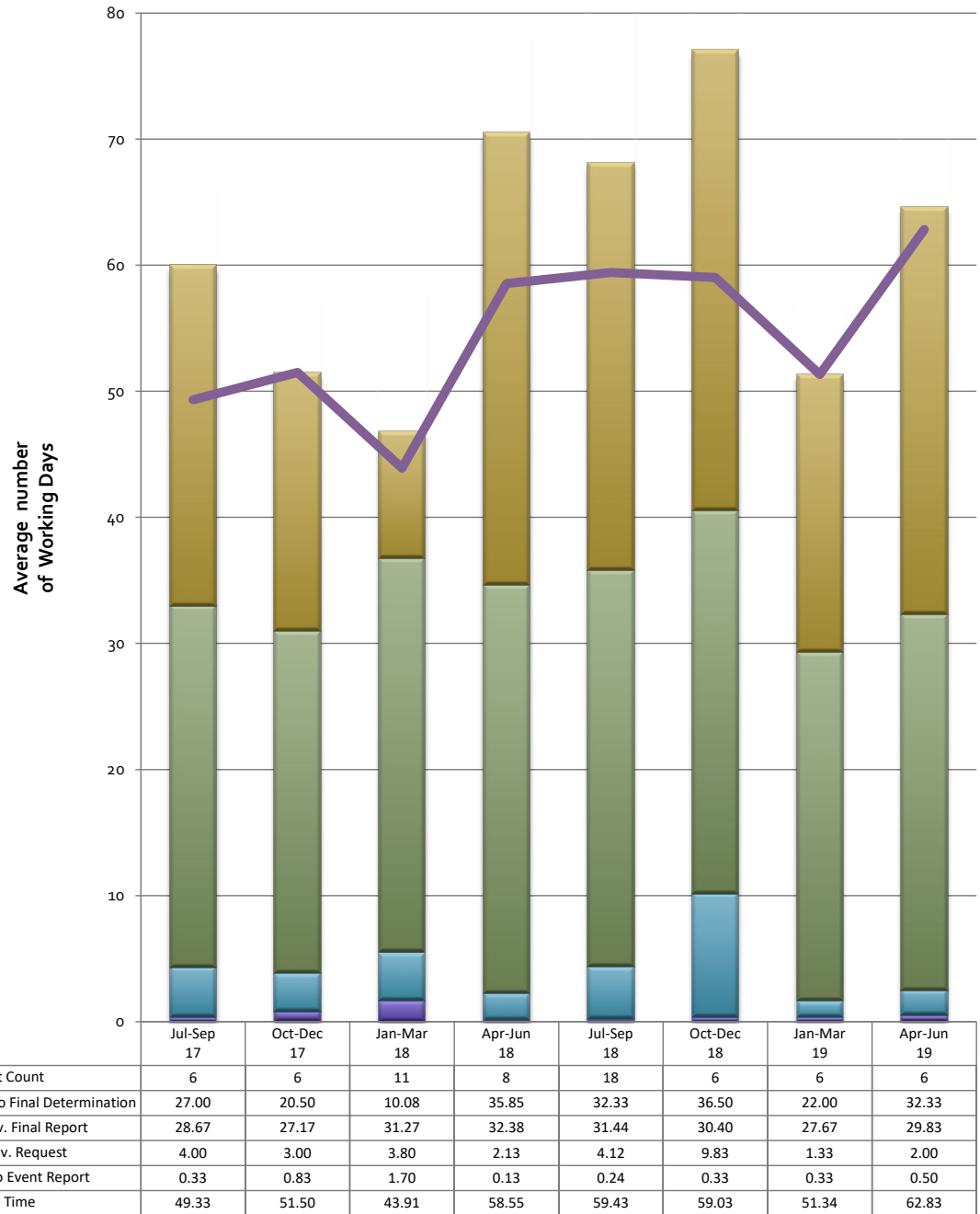
Inpatient Inquiries into Potential Abuse/Neglect Allegations



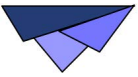
NOTE: If an event initial had an inquiry but then an A/N investigation, it is counted only as investigation to ensure an unduplicated count of cases under review. Also note that a "decision" to open an investigation is only the start of the investigation process -- when a final judgment is made regarding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



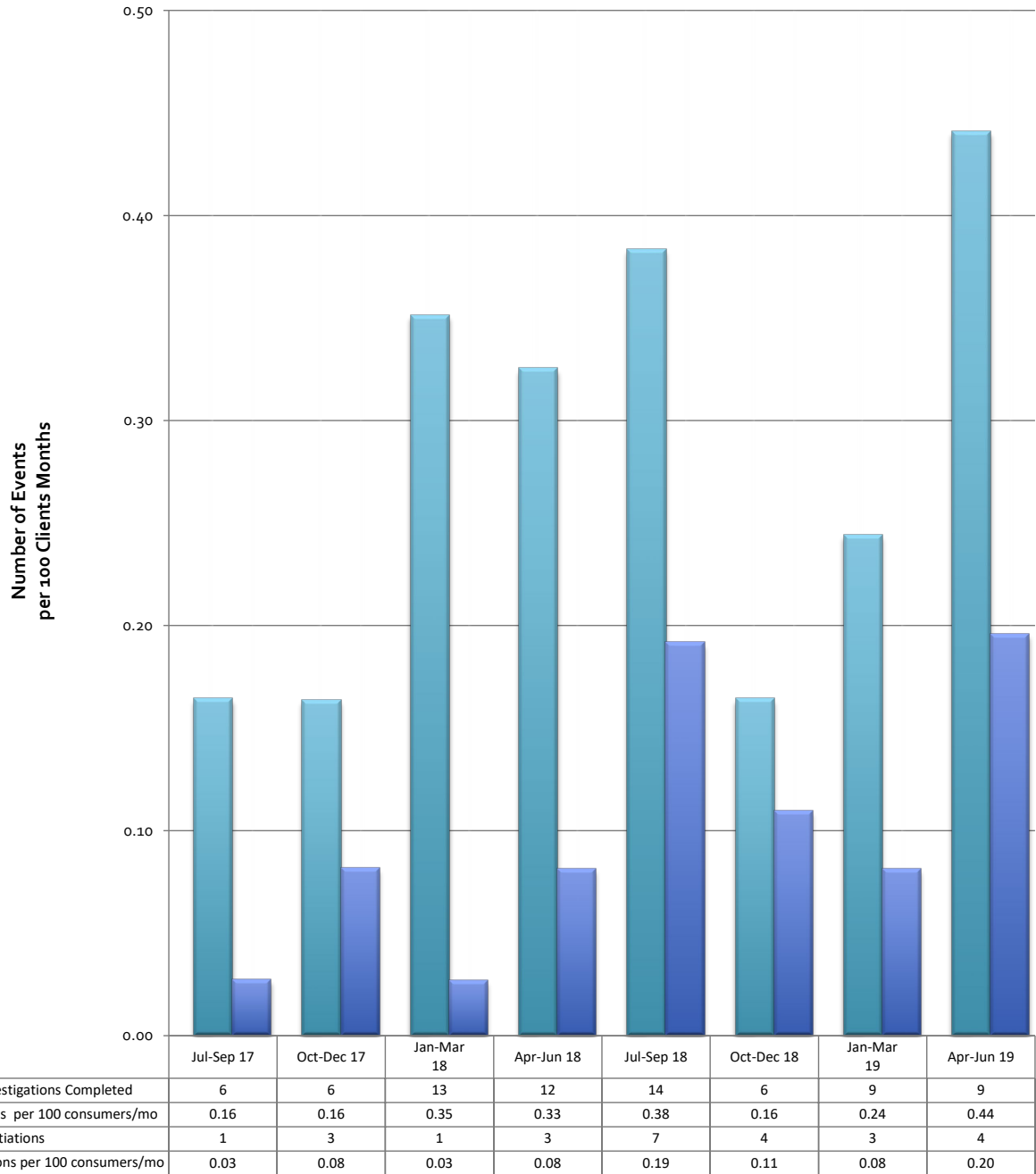
Duration of Investigation Process for Inpatient Facilities



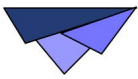
NOTE: Timelines are divided into 4 distinct stages of the investigation -- the bars show the average duration (in working days) for all final determinations made in each quarter, whereas the line superimposes the overall average duration of typical cases as defined by the 90% probability distribution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



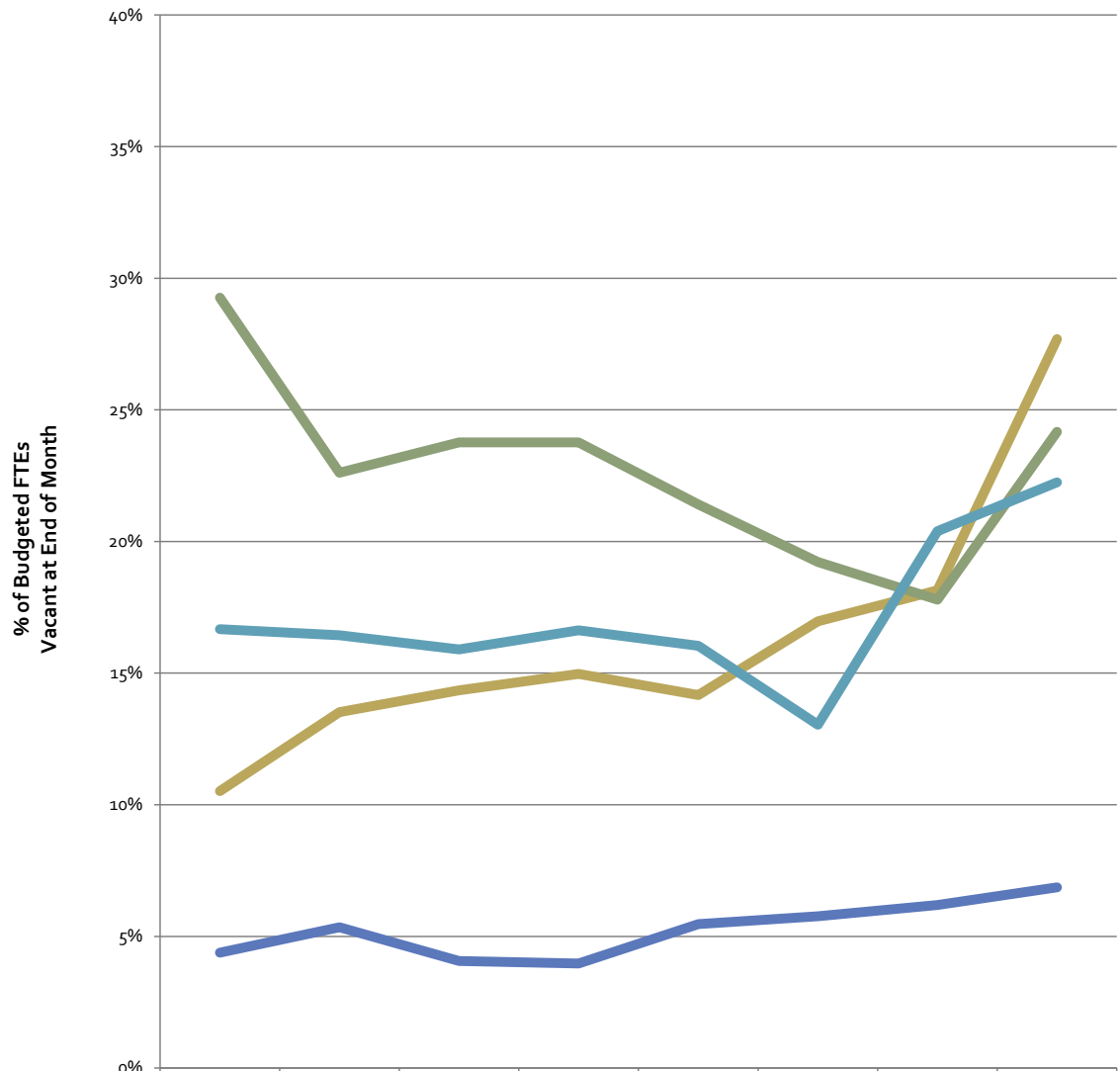
Inpatient Abuse / Neglect Investigations



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.

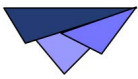


CPS Operated Facility Staff Vacancy Rates

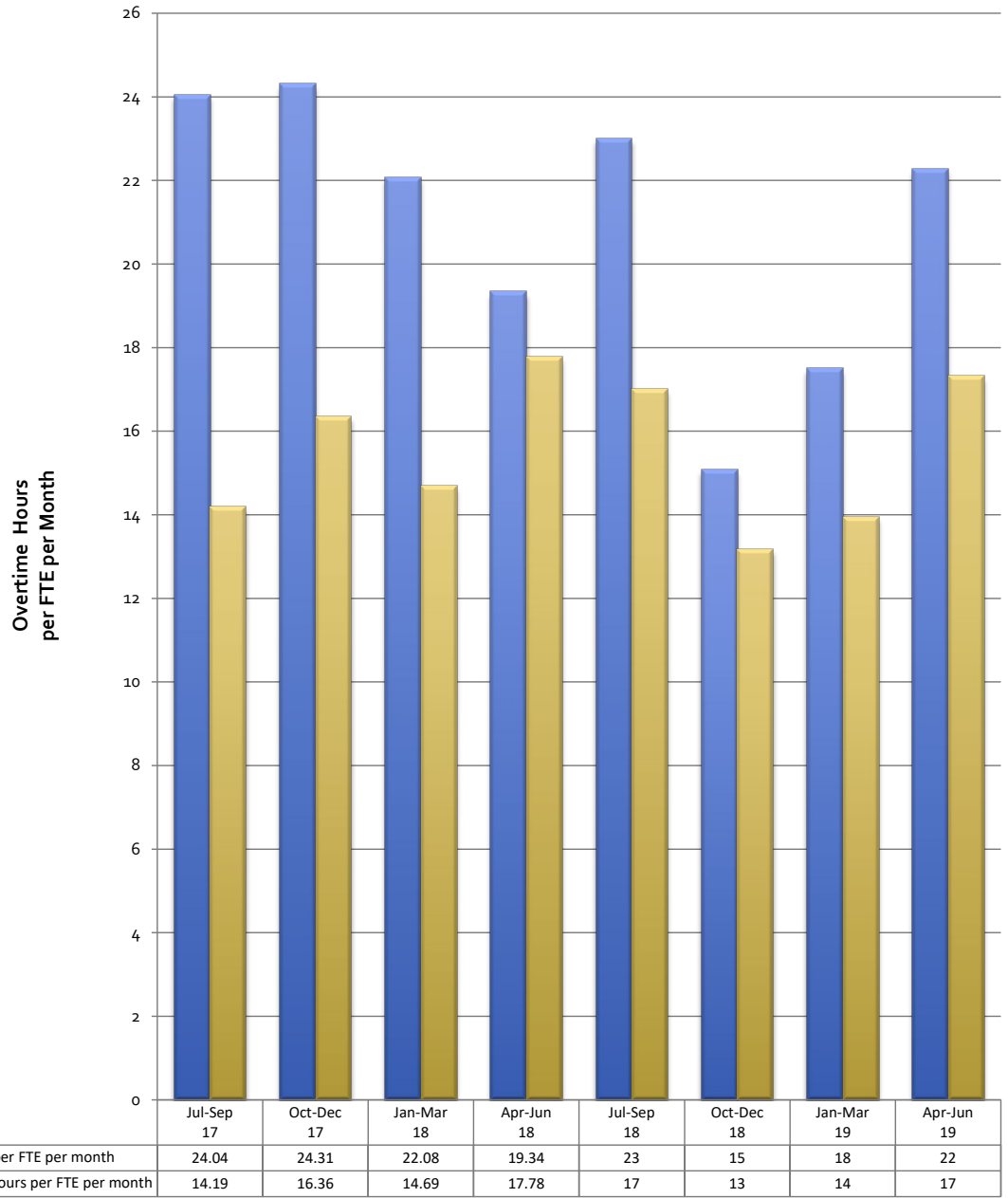


	Jul-Sep 17	Oct-Dec 17	Jan-Mar 18	Apr-Jun 18	Jul-Sep 18	Oct-Dec 18	Jan-Mar 19	Apr-Jun 19
Direct Care Staff Vacancy Rates	4.38%	5.35%	4.07%	3.97%	5.46%	5.76%	6.19%	6.86%
Licensed Nursing Staff Vacancy Rates	10.52%	13.52%	14.35%	14.97%	14.16%	16.97%	18.15%	27.69%
Psychologist Vacancy Rates	29.26%	22.61%	23.76%	23.76%	21.41%	19.22%	17.79%	24.17%
Psychiatrist Staff Vacancy Rates	16.67%	16.44%	15.90%	16.62%	16.03%	13.04%	20.39%	22.25%

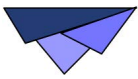
SIGNIFICANCE: Staff vacancy rates continue to be a problem, particularly for professional staff categories and are a factor in other cost and safety related metrics. The psychologist vacancy rates have been higher than other staff vacancy rates but showing lowering vacancy rates overtime. Data for the most recent quarter are incomplete.



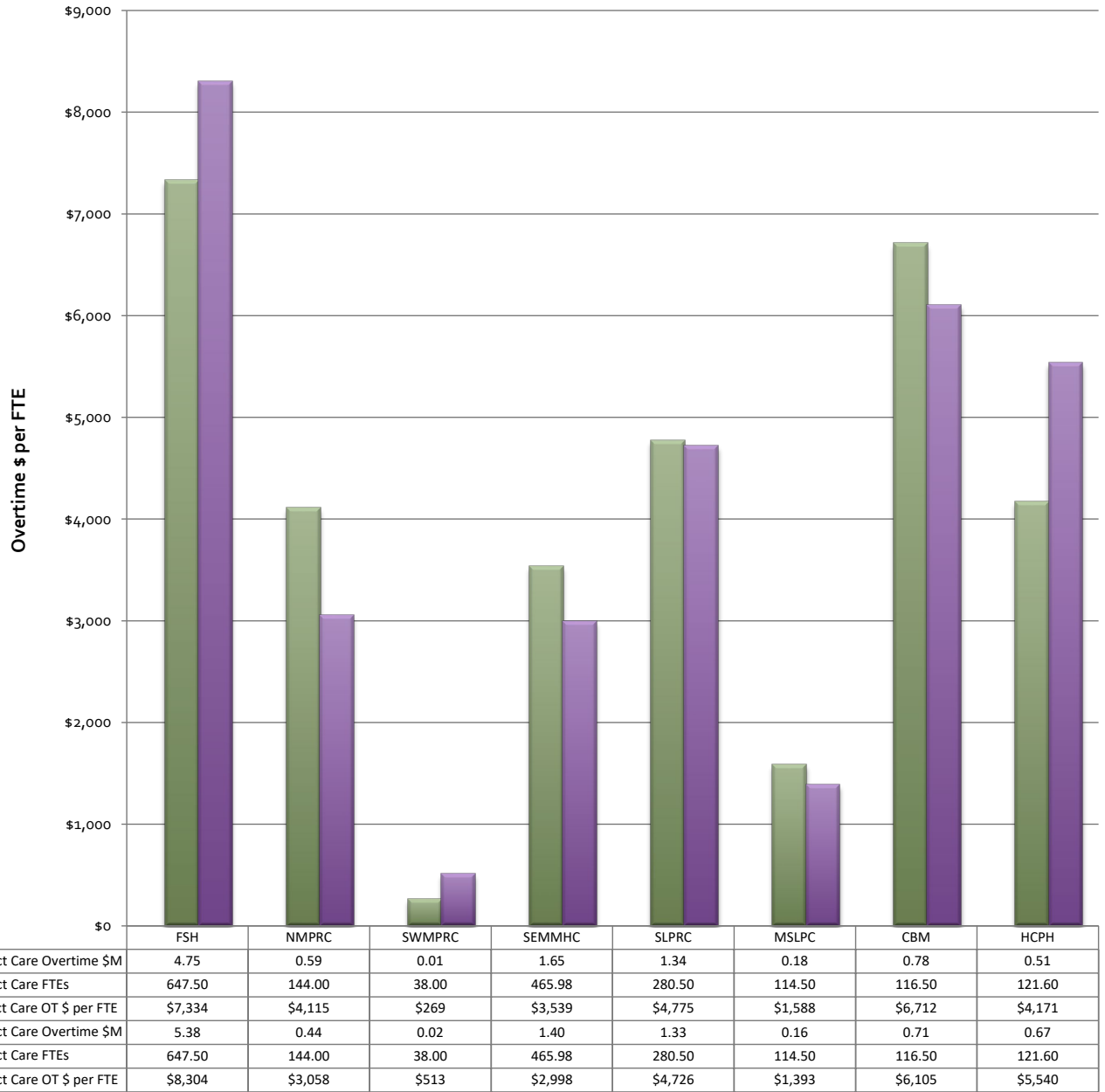
CPS Operated Facility Overtime Hours per FTE per Month



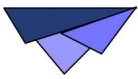
SIGNIFICANCE: Facility staffing levels, even without vacancies, are near minimums required for safety so that continued vacancy rates have historically translated into more overtime for Direct Care staff.



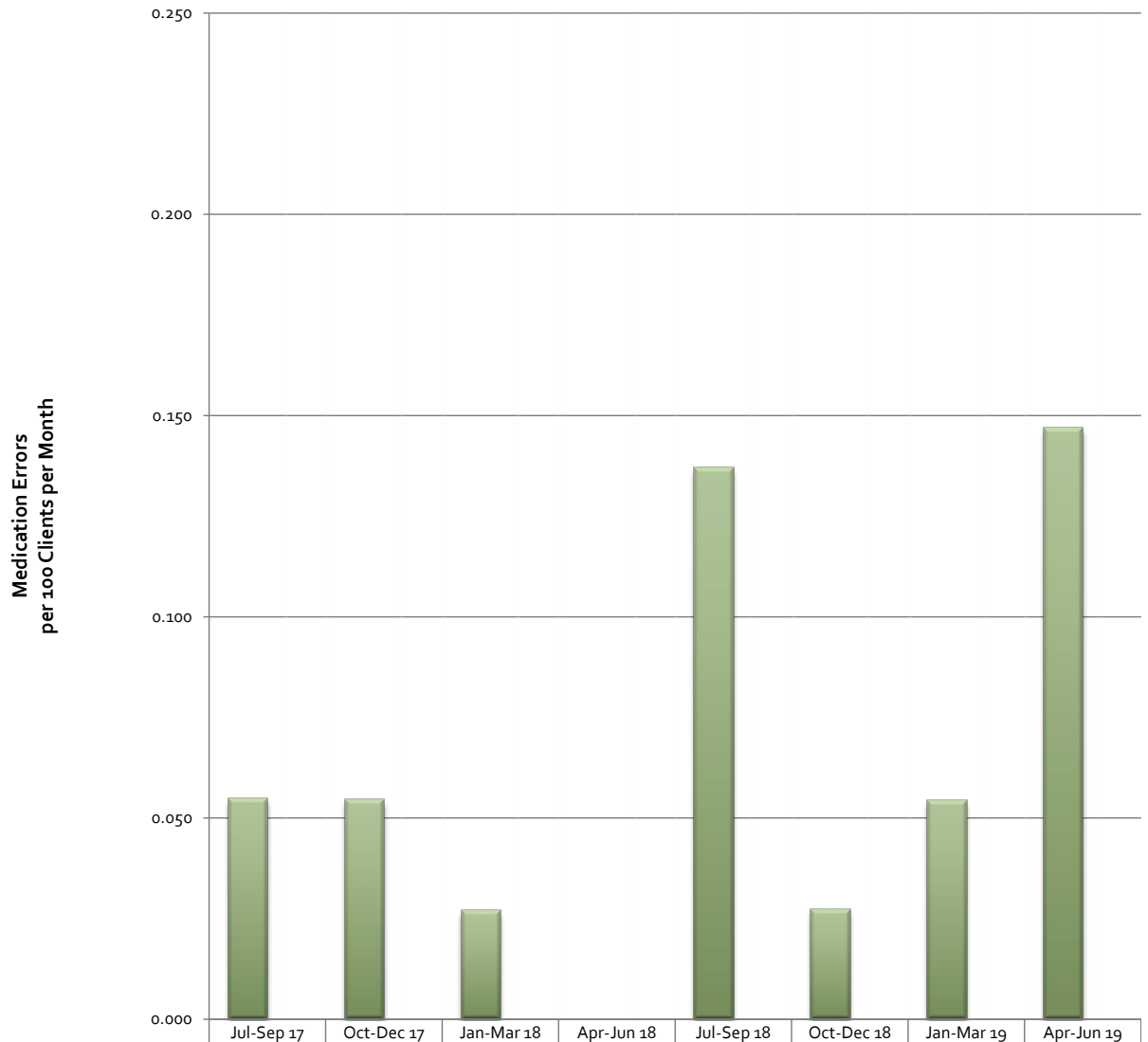
Inpatient Facility, FY19 Overtime \$ per FTE versus FY18 Overtime \$ per FTE -- FY to date



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



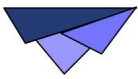
Inpatient Medication Errors



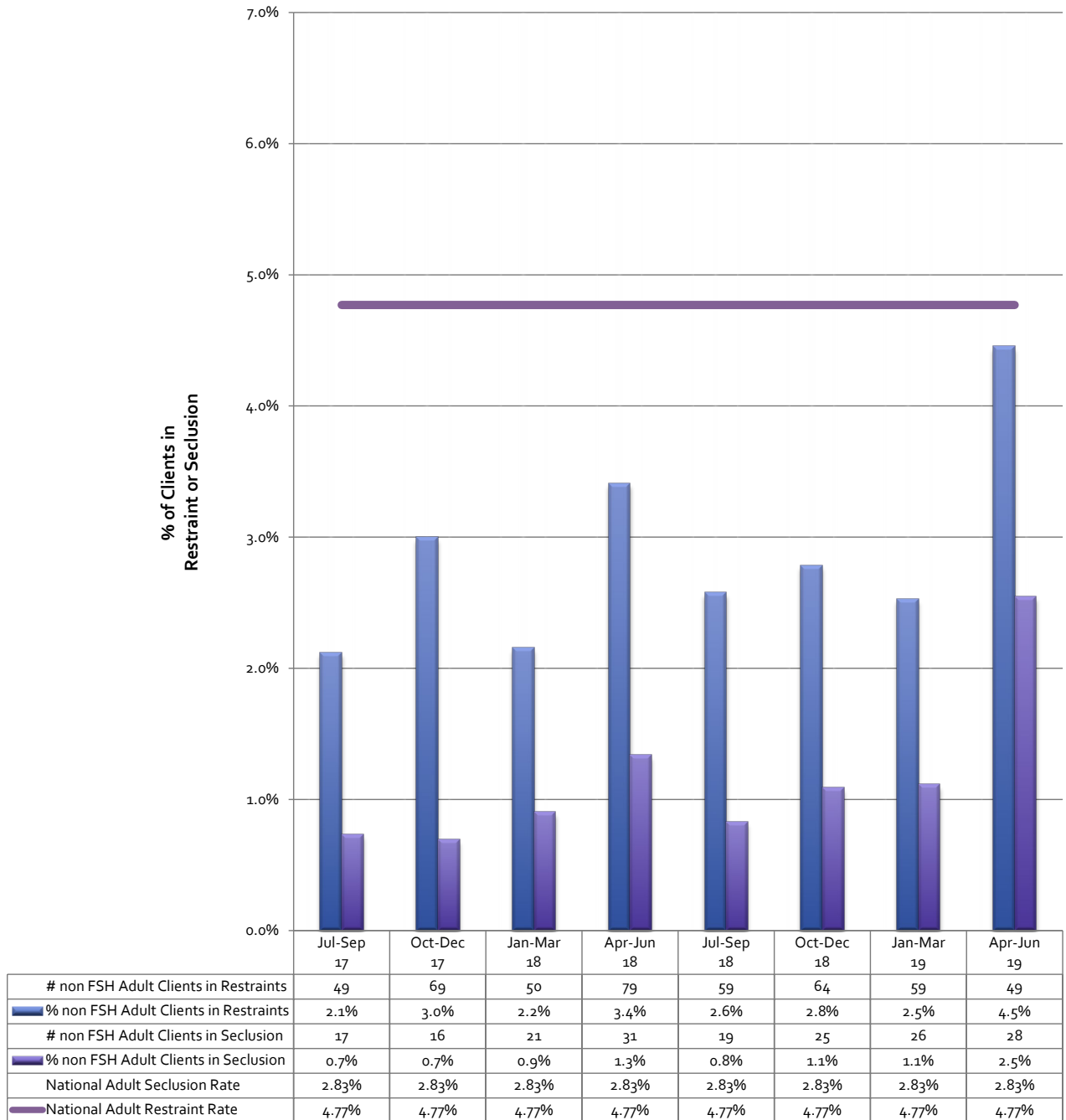
	Jul-Sep 17	Oct-Dec 17	Jan-Mar 18	Apr-Jun 18	Jul-Sep 18	Oct-Dec 18	Jan-Mar 19	Apr-Jun 19
Inpt "Moderate" Med Errors	2	2	1	0	5	1	2	3
Inpt "Moderate" Med Errors per 100 Consumers/mo	0.05	0.05	0.03	0.00	0.14	0.03	0.05	0.15
Inpt "Serious" Med Errors	0	0	0	0	0	0	0	0
Inpt "Serious" Med Errors per 100 Consumers/mo	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Unduplicated Client-month count	3,649	3,665	3,699	3,686	3,649	3,649	3,682	2,041

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

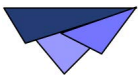
NOTE: In the most recent quarter no "moderate" medication errors have been reported.



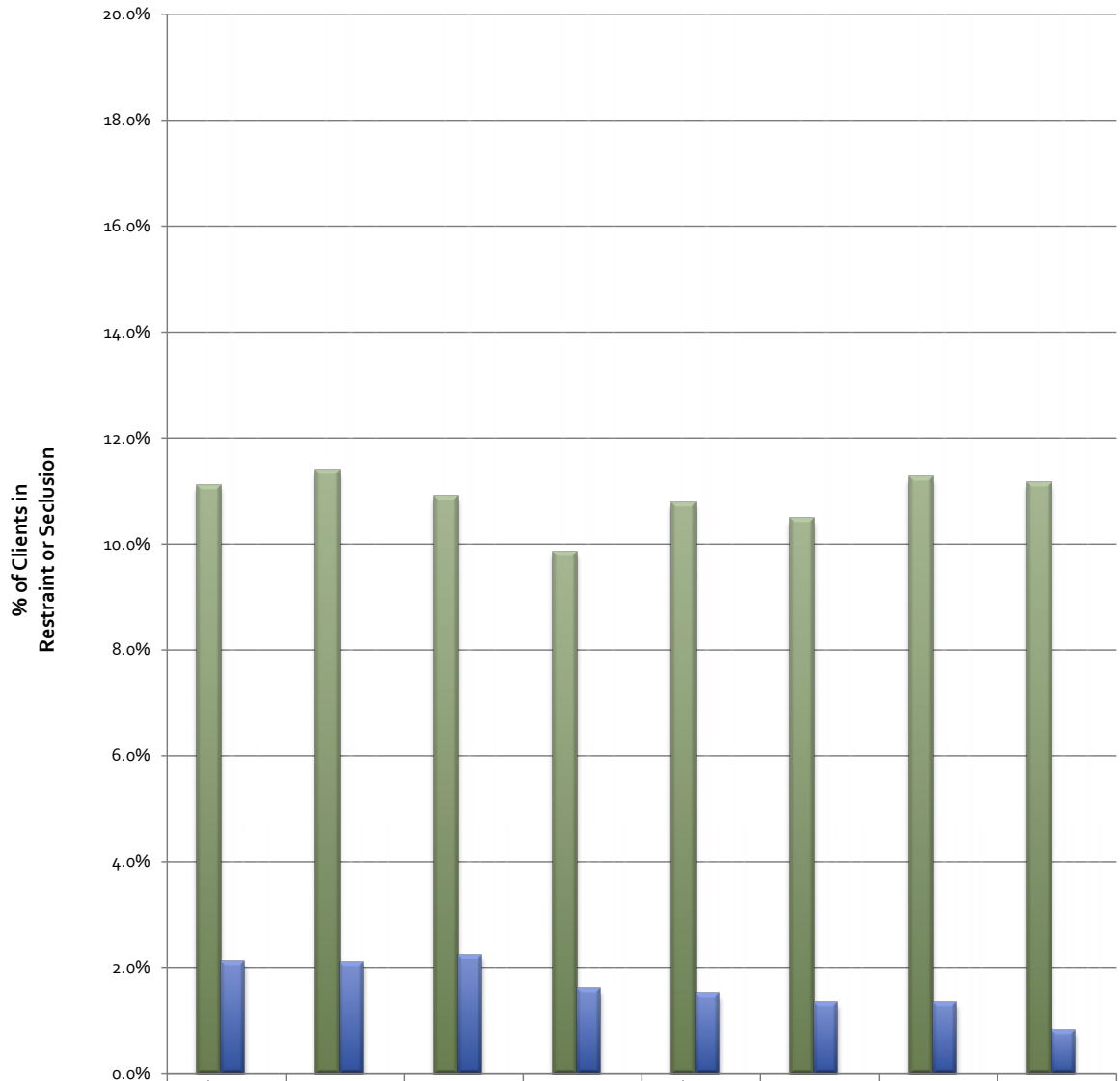
Inpatient Adult Restraint & Seclusion Use



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

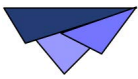


Fulton State Hospital Restraint & Seclusion Use

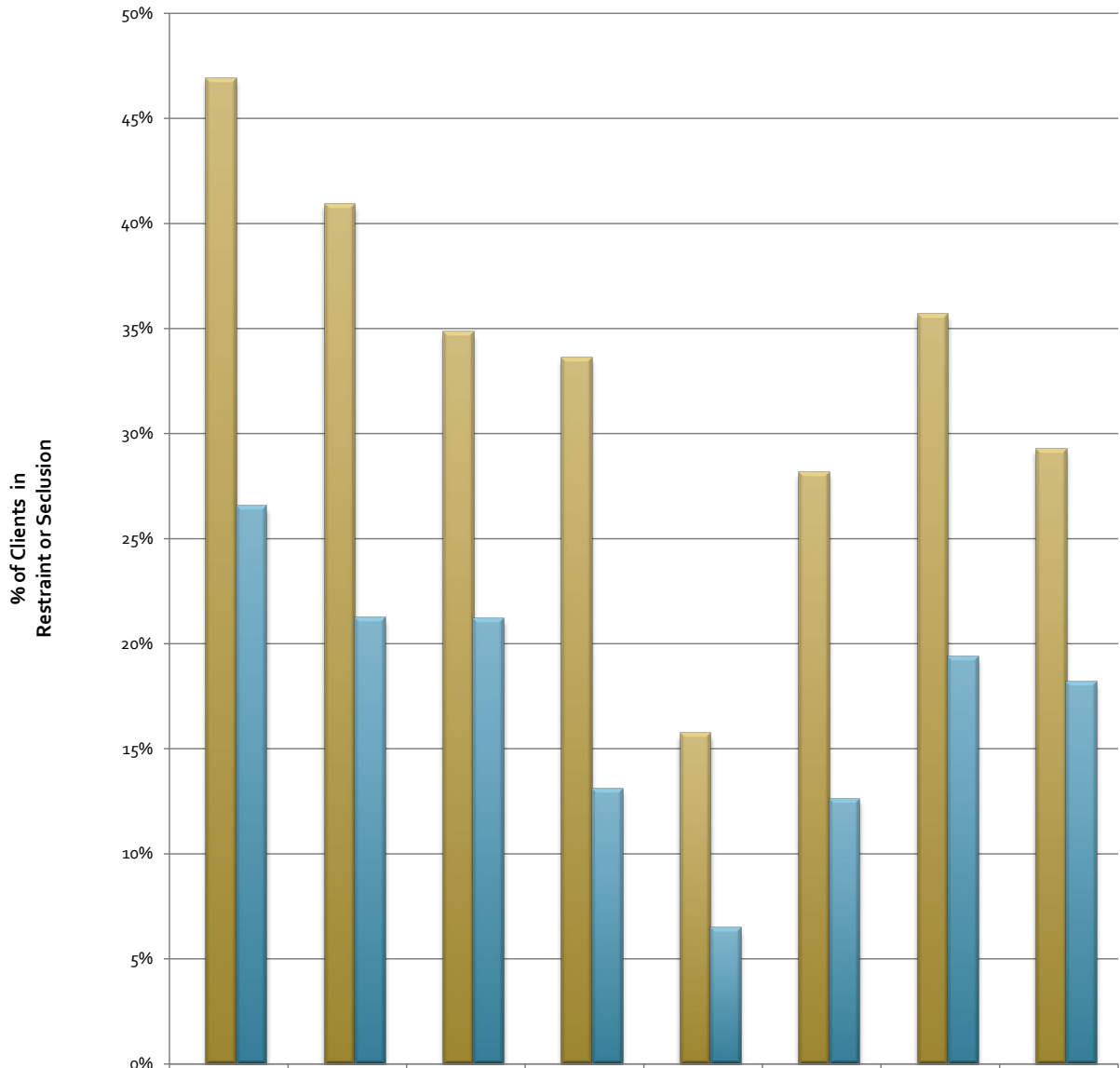


	Jul-Sep 17	Oct-Dec 17	Jan-Mar 18	Apr-Jun 18	Jul-Sep 18	Oct-Dec 18	Jan-Mar 19	Apr-Jun 19
# FSH Clients in Restraints	136	141	136	123	135	131	141	94
% FSH Clients in Restraints (per month)	11.1%	11.4%	10.9%	9.9%	10.8%	10.5%	11.3%	11.2%
# FSH Clients in Seclusion	26	26	28	20	19	17	17	7
% FSH Clients in Seclusion (per month)	2.1%	2.1%	2.2%	1.6%	1.5%	1.4%	1.4%	0.8%
# Adult Clients in Seclusion	43	42	49	51	38	42	43	35
National Adult Restraint Rate	4.77%	4.77%	4.77%	4.77%	4.77%	4.77%	4.77%	4.77%

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

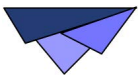


Inpatient Youth Restraint & Seclusion Use

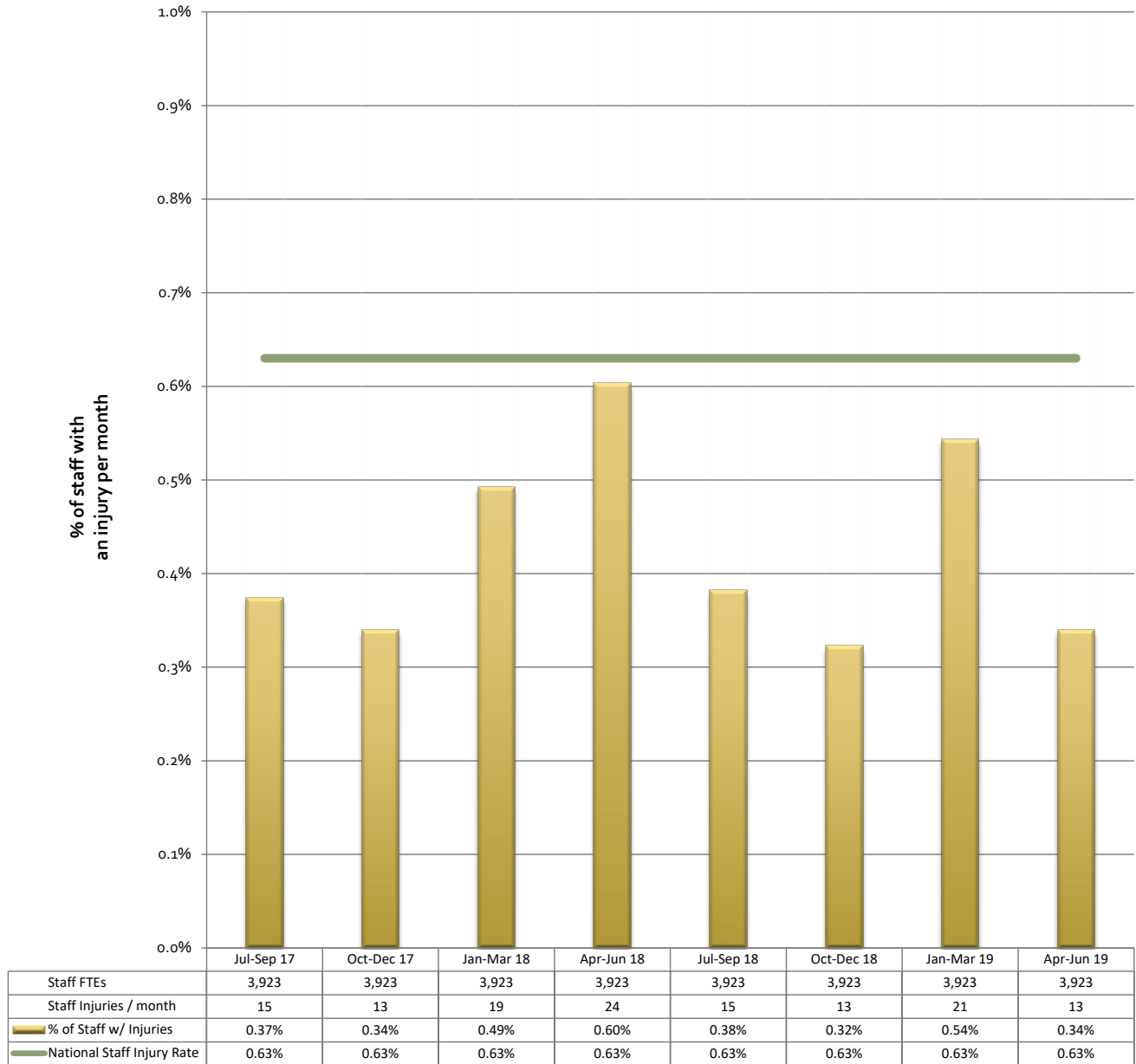


	Jul-Sep 17	Oct-Dec 17	Jan-Mar 18	Apr-Jun 18	Jul-Sep 18	Oct-Dec 18	Jan-Mar 19	Apr-Jun 19
# Youth in Restraints	53	52	46	41	17	29	35	29
% Youth in Restraints (per month)	0.47	0.41	0.35	0.34	0.16	0.28	0.36	0.29
# Youth in Seclusion	30	27	28	16	7	13	19	18
% Youth in Seclusion (per month)	0.27	0.21	0.21	0.13	0.06	0.13	0.19	0.18

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

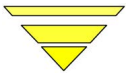


NOTE: Includes injuries requiring any medical care or hospitalization, but not first aid only. National average for inpatient staff in SFY 2012 (ORYX) was .63% of staff per month. (National rate is reported as per 1000 inpatient days, converted here into per FTE using Missouri inpatient days per FTE.)

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.

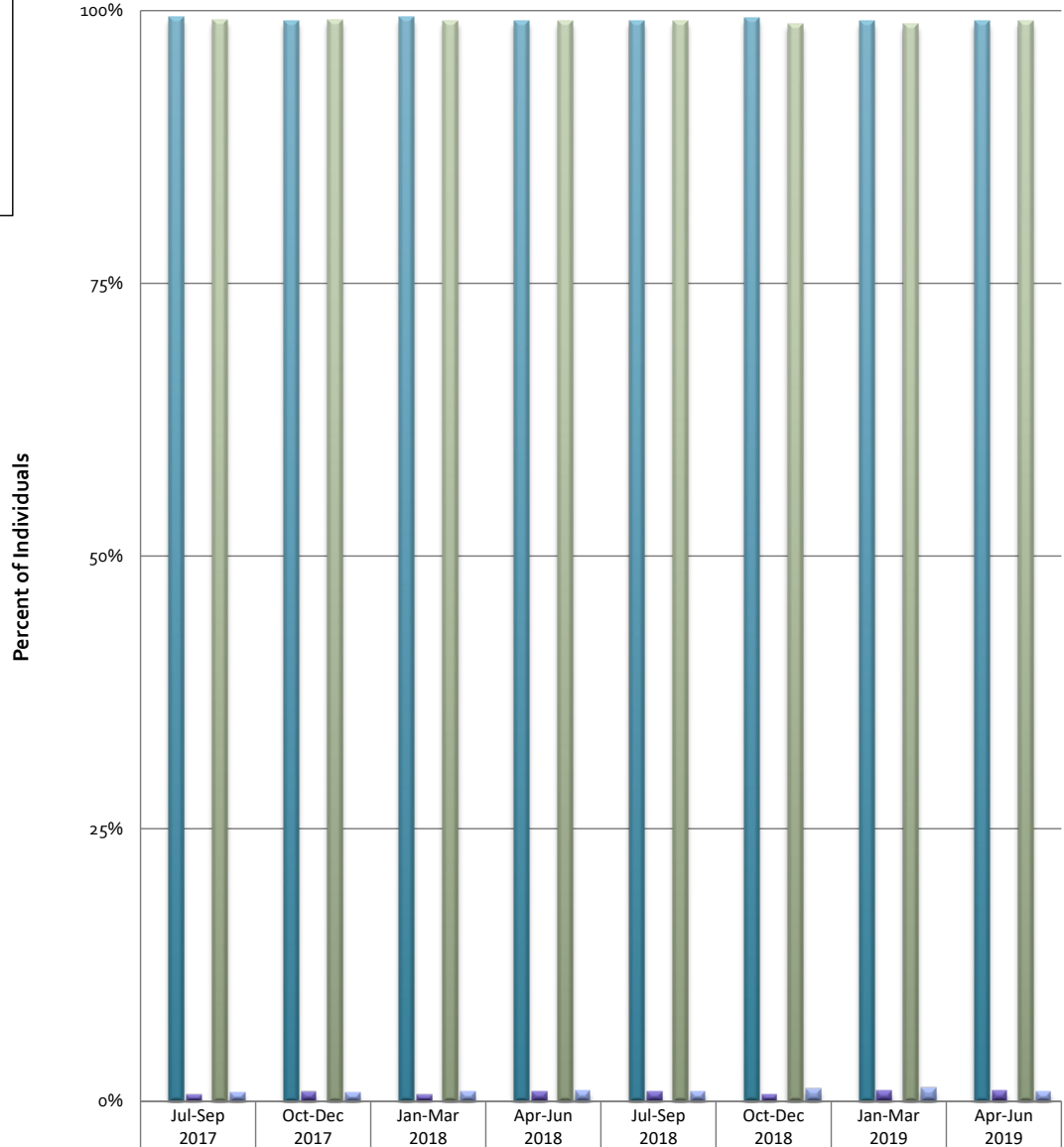


Division of Developmental Disabilities



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.

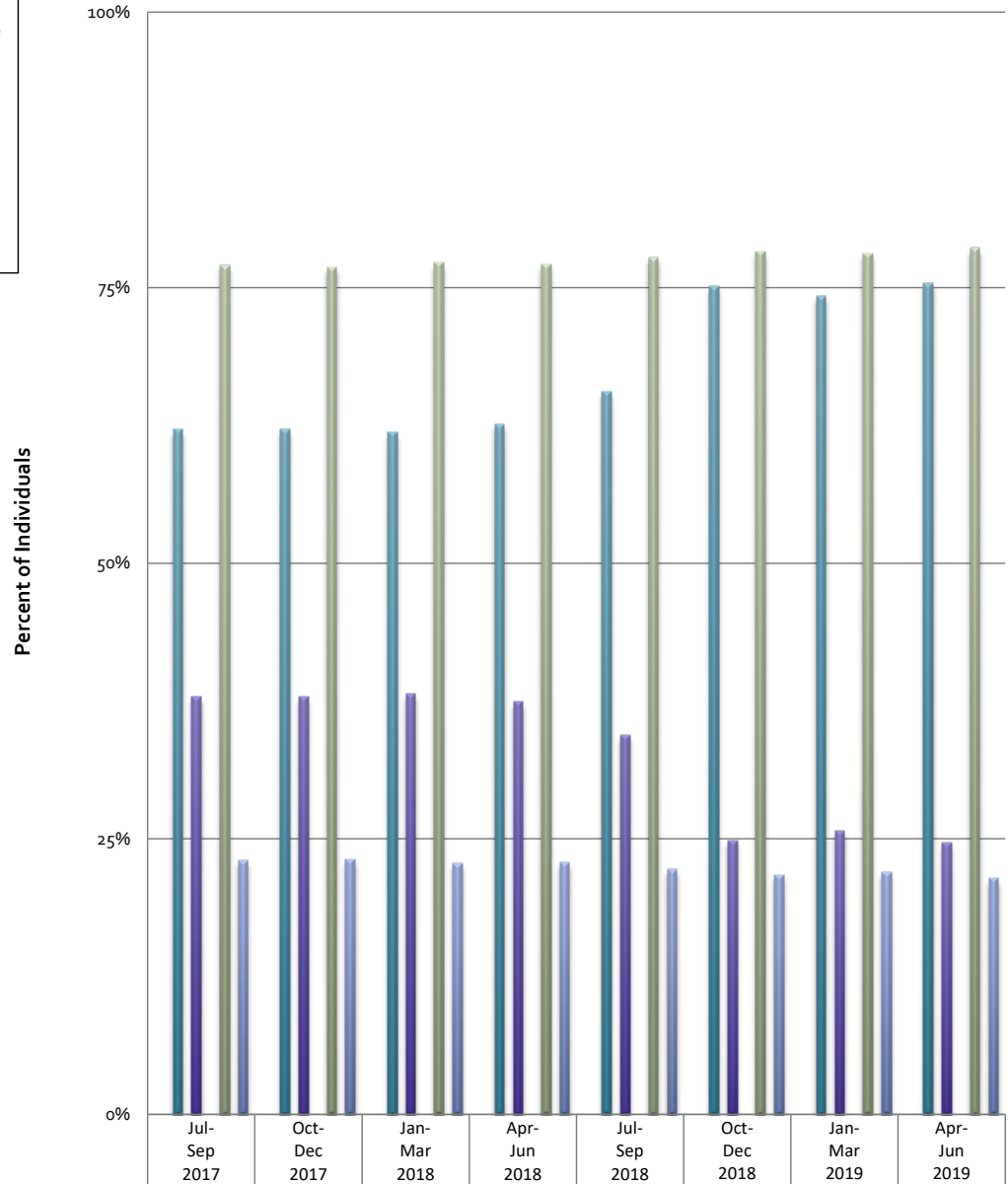


	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018	Oct-Dec 2018	Jan-Mar 2019	Apr-Jun 2019
# Individuals Served in Hab Centers	334	328	328	325	320	318	312	310
# HC Individuals Medicaid Eligible	331	326	325	322	318	315	309	307
% HC Individuals Medicaid Eligible	99%	99%	99%	99%	99%	99%	99%	99%
# HC Individuals Not Medicaid Eligible	3	2	3	3	2	3	3	3
% HC Individuals Not Medicaid Eligible	1%	1%	1%	1%	1%	1%	1%	1%
# Individuals Served in Community Residential	7437	7445	7448	7490	7525	7533	7533	7521
# Individuals Community Medicaid Eligible	7375	7375	7375	7421	7436	7428	7439	7450
% Individuals Community Medicaid Eligible	99%	99%	99%	99%	99%	99%	99%	99%
# Individuals Community Not Medicaid Eligible	62	70	73	69	89	105	94	71
% Individuals Community Not Medicaid Eligible	1%	1%	1%	1%	1%	1%	1%	1%



Division of DD Non-Residential Medicaid Eligibility

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

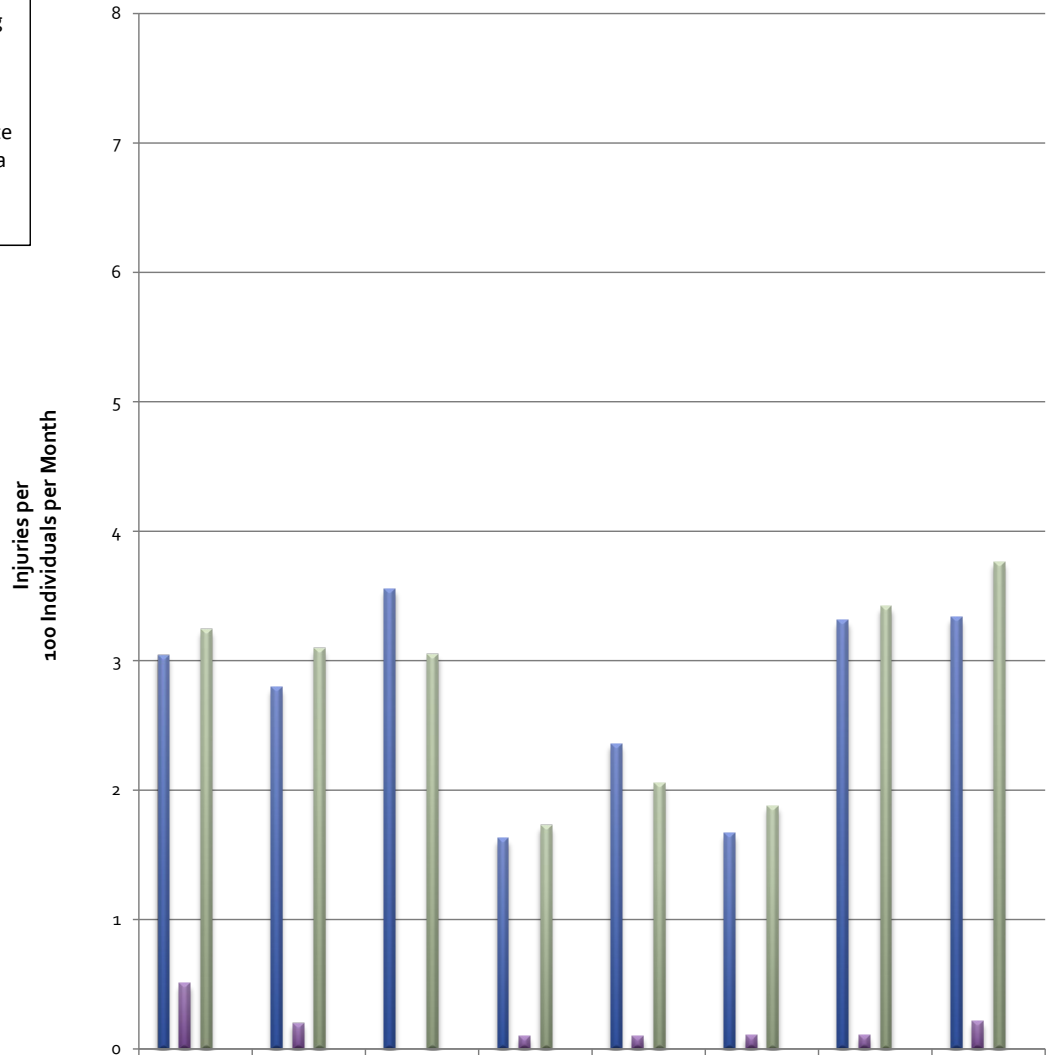


	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018	Oct-Dec 2018	Jan-Mar 2019	Apr-Jun 2019
# Individuals served in Case Management (CM) Only	15679	15774	15706	15130	12986	12694	12506	12376
# Individuals CM Only Medicaid Eligible	9744	9756	9831	9922	9760	9493	9285	9331
% Individuals CM Only Medicaid Eligible	62%	62%	62%	63%	66%	75%	74%	75%
# Individuals Case Mngmt Only Not Medicaid Eligible	5935	6018	5875	5208	3226	3201	3221	3045
% Individuals CM Only Not Medicaid Eligible	38%	38%	38%	37%	34%	25%	26%	25%
# Individuals Served in Other Services	13619	13880	14218	14435	14524	14718	14874	15031
# Individuals Other Services Medicaid Eligible	10467	10721	10965	11220	11370	11450	11612	11813
% Individuals Other Services Medicaid Eligible	77%	77%	77%	77%	78%	78%	78%	79%
# Individuals Other Services Not Medicaid Eligible	3152	3159	3253	3215	3154	3268	3262	3218
% Individuals Other Services Not Medicaid Eligible	23%	23%	23%	23%	22%	22%	22%	21%

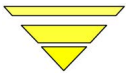


NOTE: Medical intervention denotes care requiring attention by a licensed professional and could occur either be on campus or in the community. Hospitalization and ER visits would be off campus at community hospitals. Beginning with the reporting period July-Sep 2013, data represents individuals from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

Division of DD Habilitation Center Campus Injuries per 100 Individuals

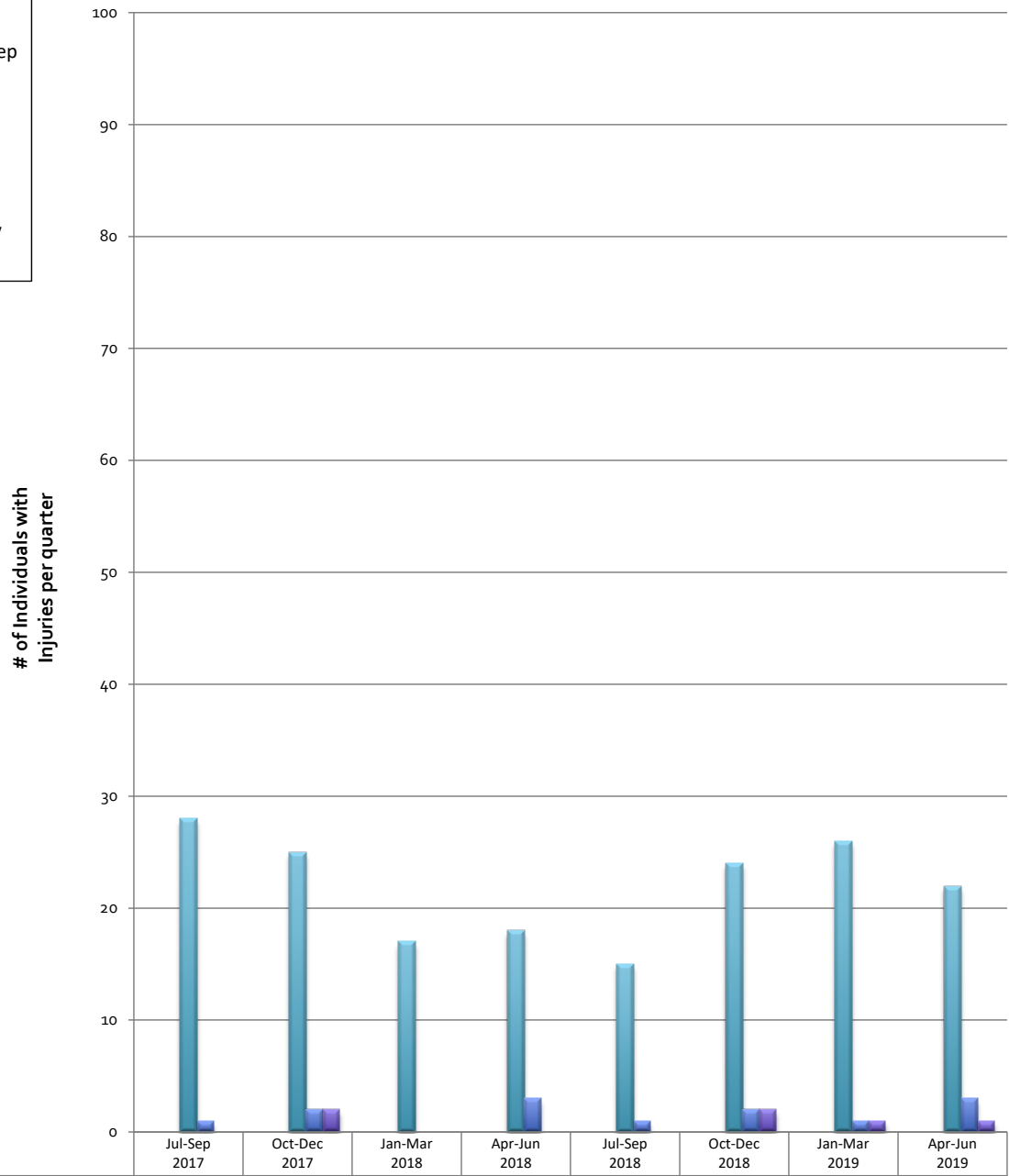


	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018	Oct-Dec 2018	Jan-Mar 2019	Apr-Jun 2019
# HCC Injuries Resulting in Medical Intervention	28	35	16	23	16	34	31	31
HCC Injuries Resulting in Medical Intervention per 100 Indiv/mo	3.0	2.8	3.6	1.6	2.4	1.7	3.3	3.3
#HCC Injuries Resulting in Hospitalization	2	0	1	1	1	0	1	2
HCC Injuries Resulting in Hospitalization per 100 Indiv/mo	0.5	0.2	0.0	0.1	0.1	0.1	0.1	0.2
# HCC Injuries Resulting in Emergency Room Visits	31	30	17	20	18	32	32	35
HCC Injuries Resulting in Emergency Room Visits per 100 Indiv/mo	3.2	3.1	3.0	1.7	2.1	1.9	3.4	3.8
# 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	329	334	328	328	325	320	312	310



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

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

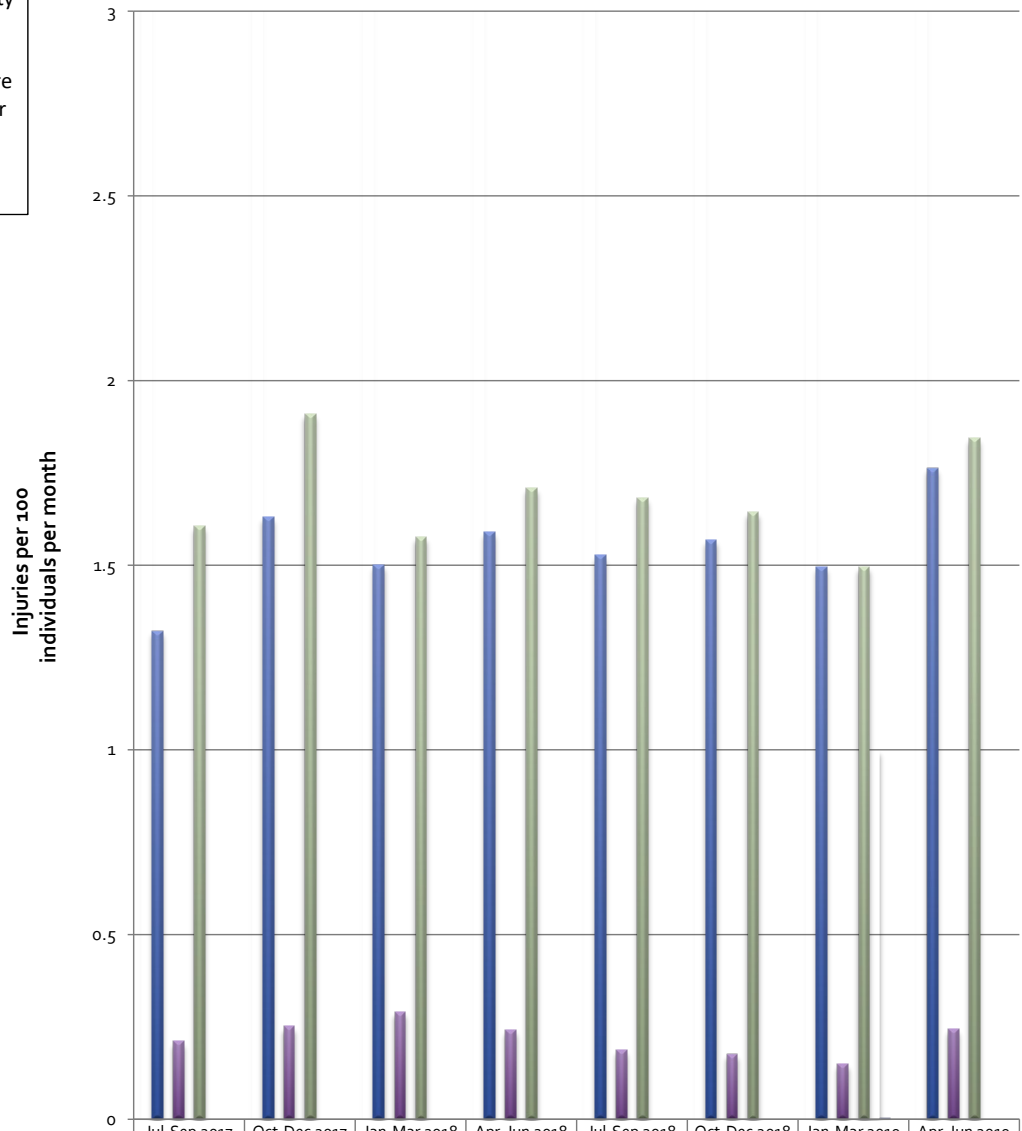


	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018	Oct-Dec 2018	Jan-Mar 2019	Apr-Jun 2019
# HCC Individuals	329	334	328	328	325	320	312	310
# HCC Individuals with No Injuries	298	305	299	311	304	304	284	284
# HCC Individuals with Exactly 1 Injury	28	25	17	18	15	24	26	22
# HCC Individuals with Exactly 2 Injuries	1	2	0	3	1	2	1	3
# HCC Individuals with 3+ Injuries	0	2	0	0	0	2	1	1



Division of DD Community Residential Injuries per 100 Individuals

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

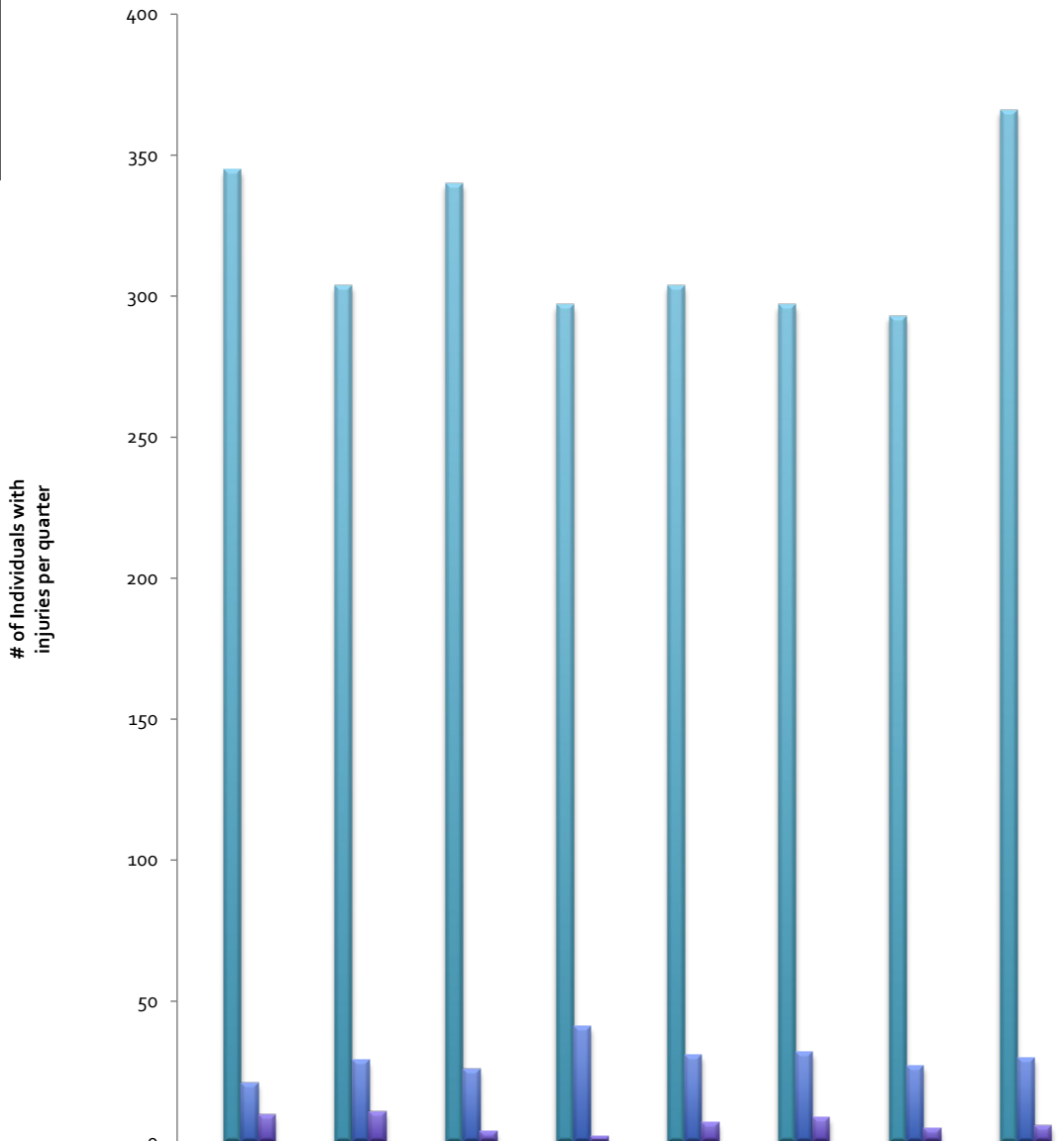


# Community Injuries Resulting in Medical Intervention	364	335	355	343	354	345	338	398
Community Injuries Resulting in Medical Intervention per 100 Indiv/mo	1.3	1.6	1.5	1.6	1.5	1.6	1.5	1.8
# Community Injuries Resulting in Hospitalization	56	65	54	42	40	49	34	55
Community Injuries Resulting in Hospitalization per 100 Indiv/mo	0.2	0.3	0.3	0.2	0.2	0.2	0.2	0.2
# Community Injuries Resulting in Emergency Room Visits	426	352	382	378	371	363	338	416
Community Injuries Resulting in ER Visits per 100 Indiv/mo	1.6	1.9	1.6	1.7	1.7	1.6	1.5	1.8
# Community Injuries Resulting in Death	0	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	7432	7437	7445	7448	7490	7525	7533	7521

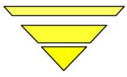


Division of DD Community Individuals with 1, 2, or 3+ Injuries

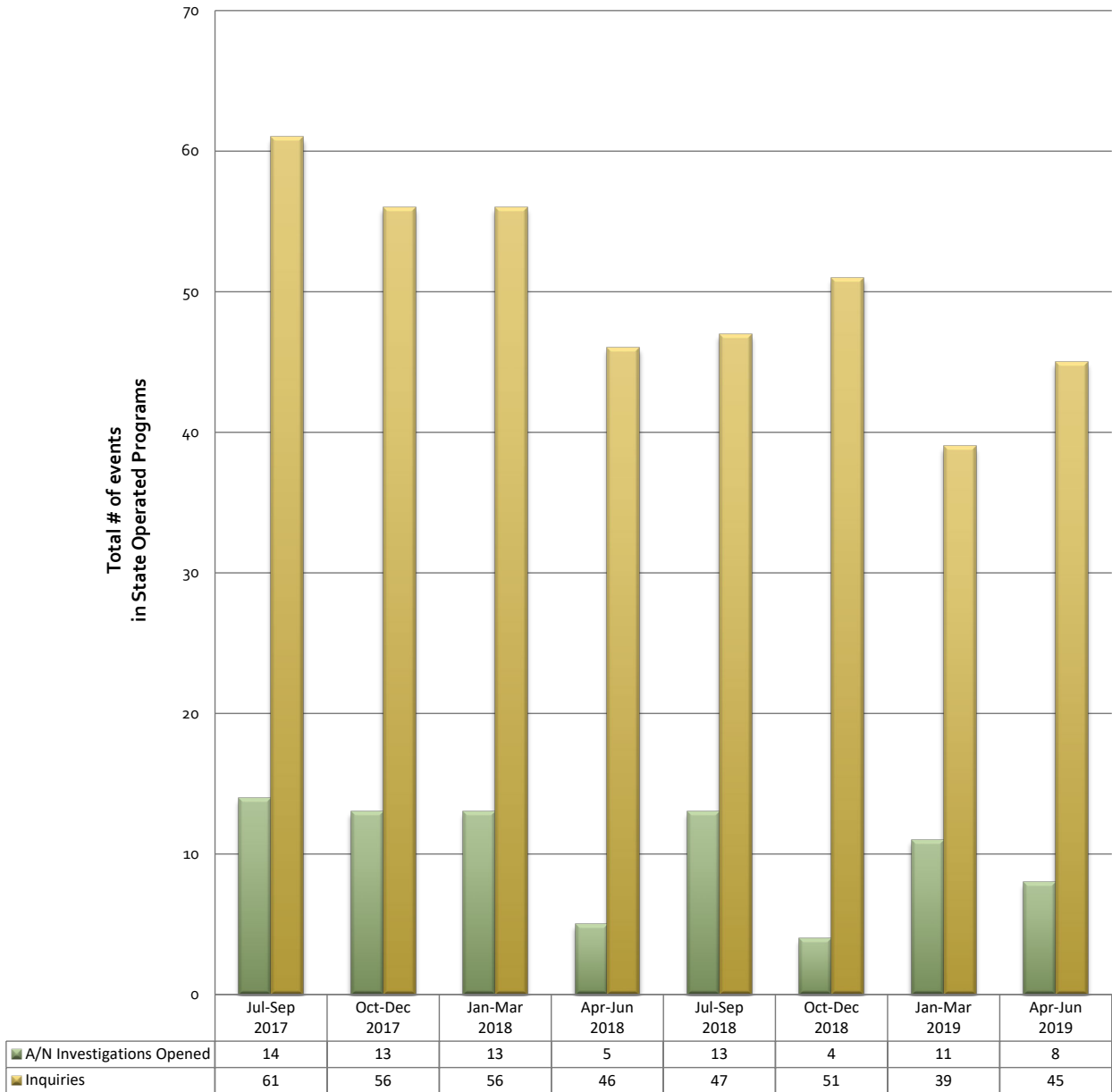
Note: An injury is defined as that which required treatment of more than first aid. State Operated Waiver Programs information now included in community residential data.



# DD Individuals in Community Residential	711	702	519	605	729	749	615	801
# DD Community Individuals with No Injuries	402	326	175	235	389	407	290	399
# DD Community Individuals with Exactly 1 Injury	345	304	340	297	304	297	293	366
# DD Community Individuals with Exactly 2 Injuries	21	29	26	41	31	32	27	30
DD Community Individuals with 3+ Injuries	10	11	4	2	7	9	5	6



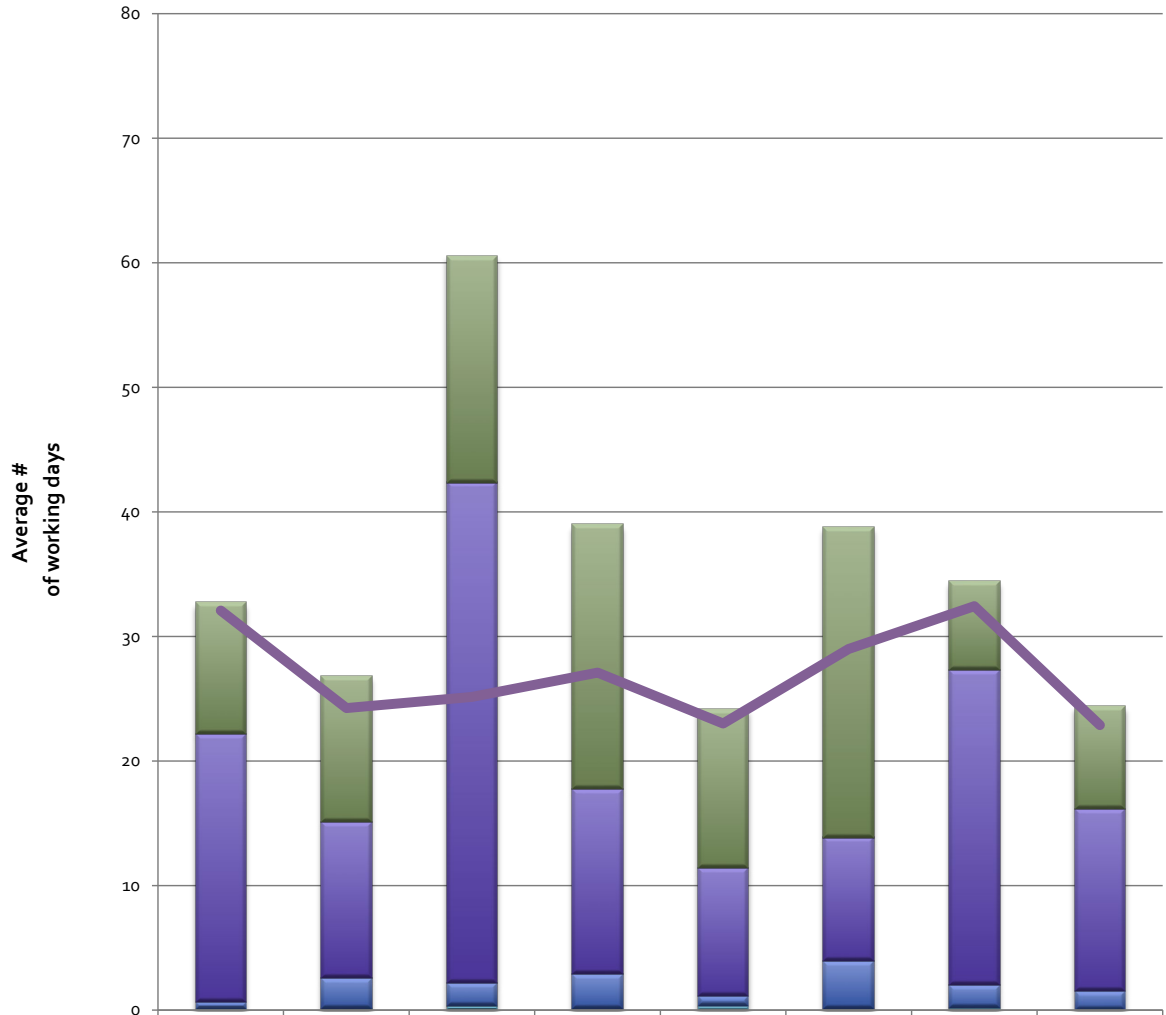
Division of DD State Operated Programs Inquiries Into Potential Abuse/Neglect Allegations



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

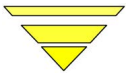


Duration of Investigation Process State Operated Programs

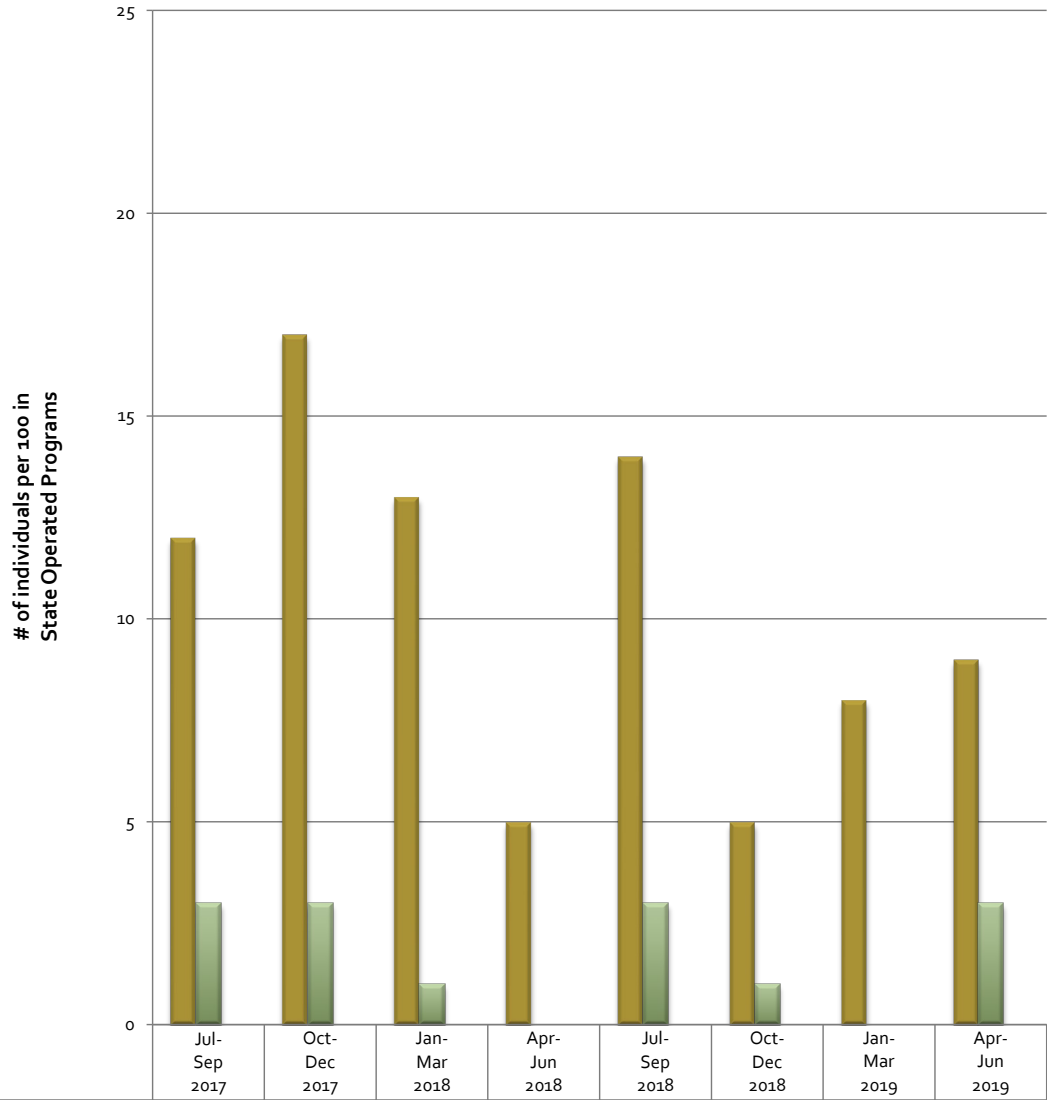


DD State Operated Programs Event Count	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018	Oct-Dec 2018	Jan-Mar 2019	Apr-Jun 2019
Inv. Final Report to Final Determ.	10.53	11.71	18.17	21.27	12.75	24.93	7.14	8.25
Inv. Request to Final Report	21.53	12.53	40.17	14.82	10.25	9.93	25.29	14.63
Event Report to Inv. Request	0.56	2.43	1.90	2.80	0.83	3.85	1.83	1.50
Event Discovery to Report	0.11	0.14	0.30	0.10	0.33	0.08	0.17	0.00
Total Time (90%)	32.07	24.24	25.14	27.10	23.00	29.00	32.43	22.88

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

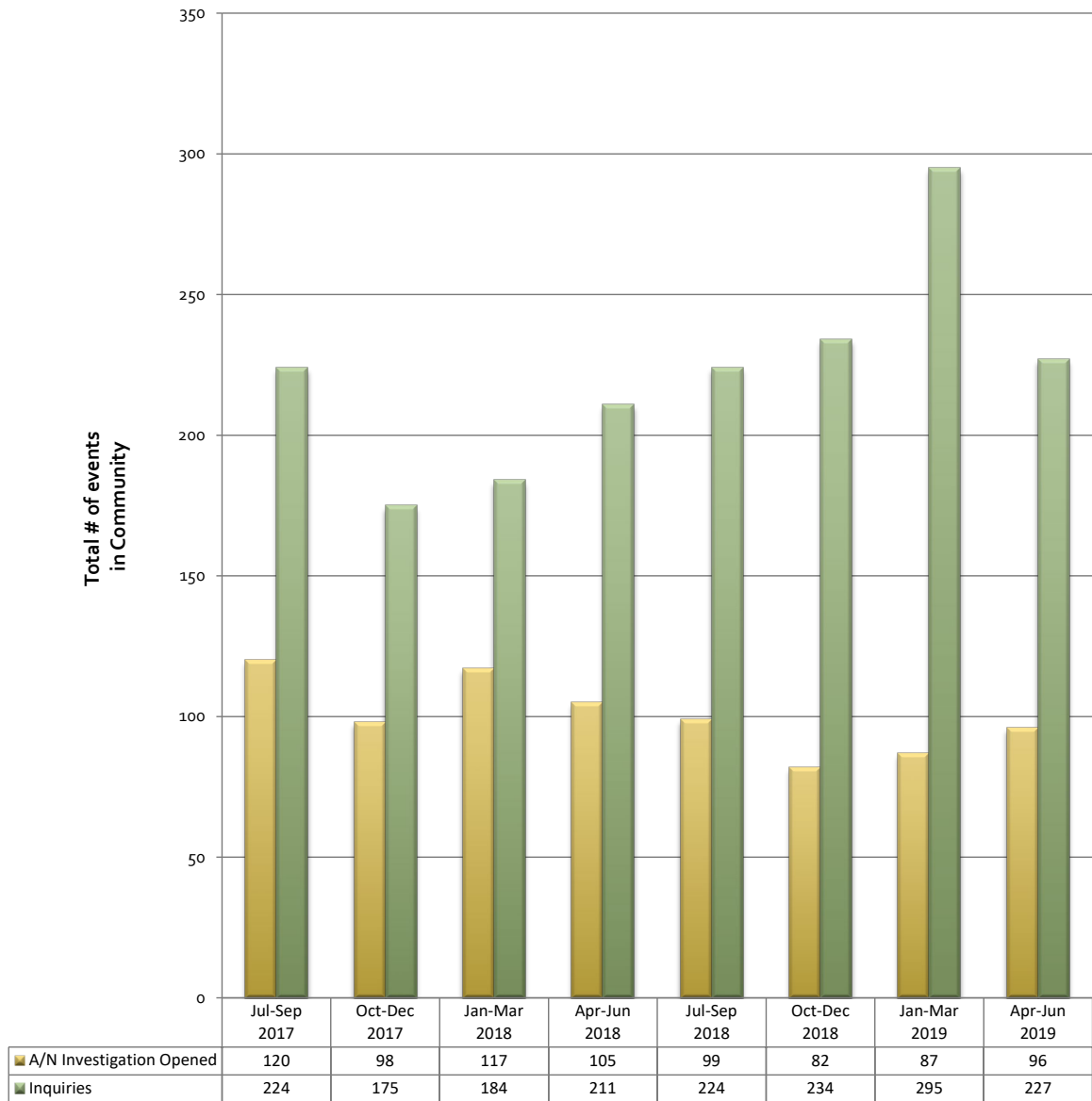


CO Investigations Completed	12	17	13	5	14	5	8	9
A/N Substantiations	3	3	1	0	3	1	0	3
# Individuals in State Operated Programs (Waiver & On Campus)	556	549	541	539	532	527	521	519

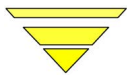
NOTE: Investigations and Substantiations are a count of the number of events, not the number of alleged perpetrators or victims. Also, both counts reflect cases finalized in the quarter reported. Process includes both Habilitation Center Campus and Waiver programs .



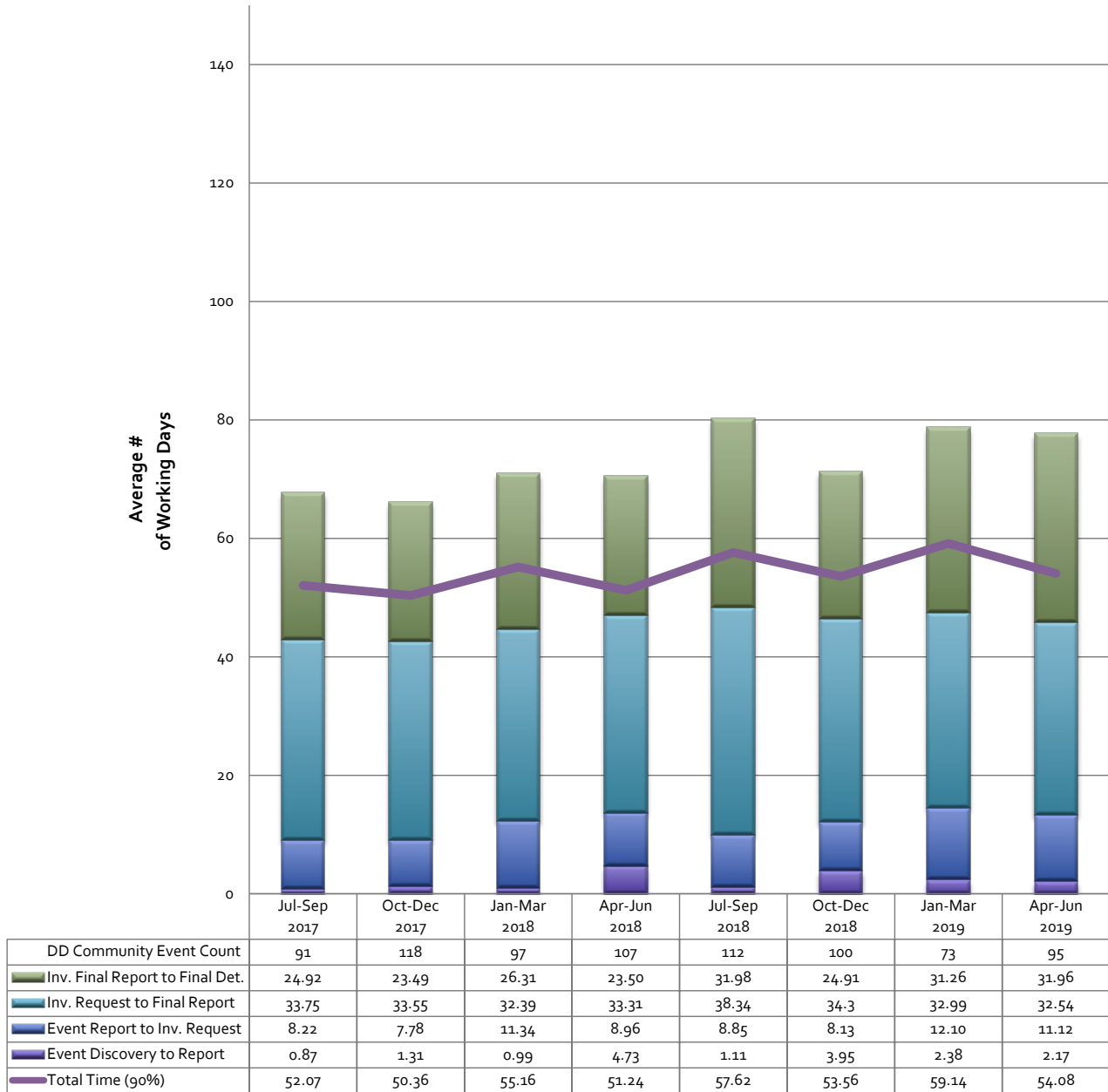
Division of DD Community Inquiries Into Potential Abuse/Neglect Allegations



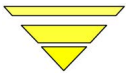
NOTE: If an event initially had an inquiry but then an A/N investigation, it is counted only as an investigation to ensure an unduplicated account of cases under review. Also note that a "decision" for an investigation is only the start of the investigation process. When a final judgment is made regarding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



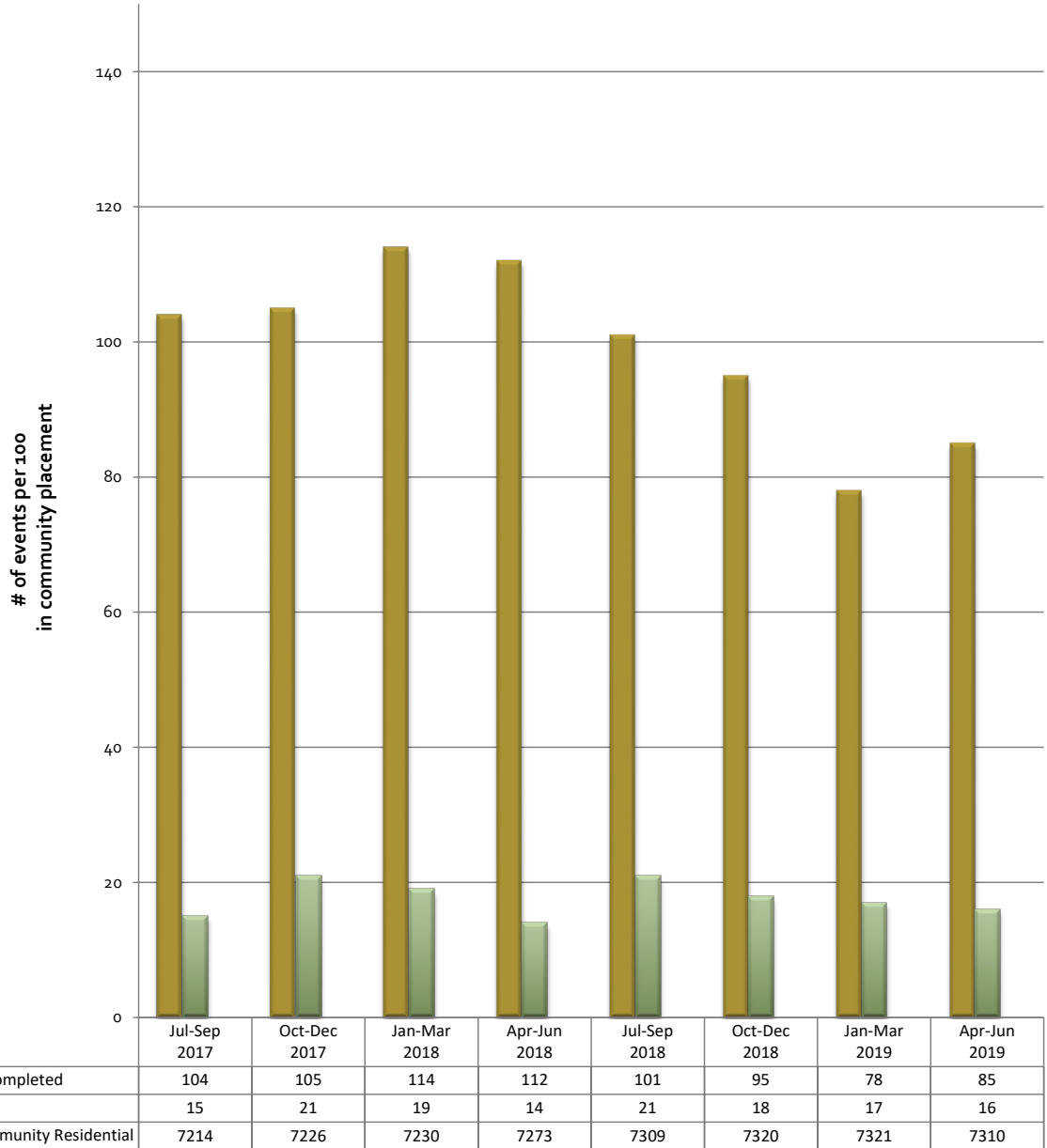
Duration of Investigation Process DD Community



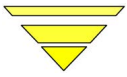
NOTE: Timelines are divided into four distinct stages of the investigation. The bars show the average duration (in working days) for all final determinations made in each quarter, whereas the line superimposes the overall average duration of 90% of the cases. The 90% is used in order to show a more "typical"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



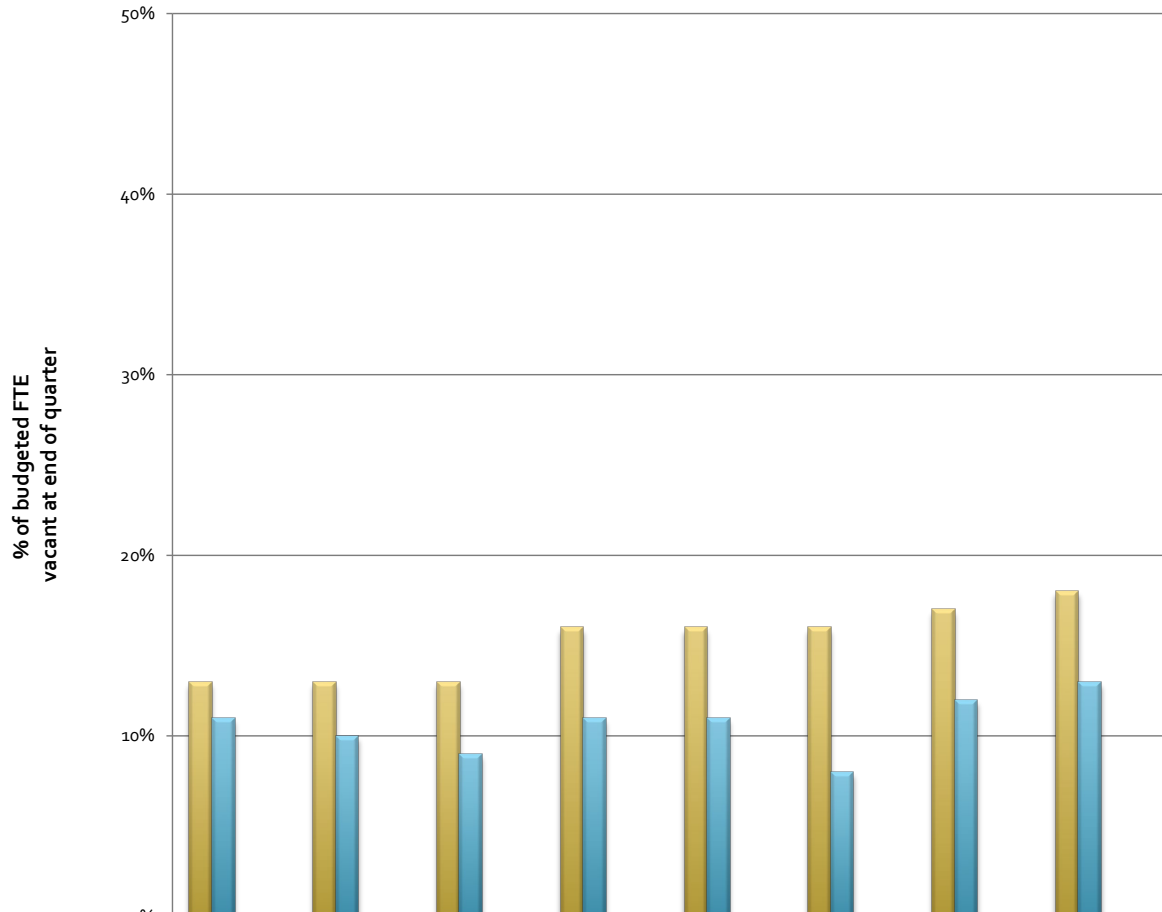
Division of DD Community Abuse and Neglect Investigations



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



Division of DD State Operated Programs Staff Vacancy Rates



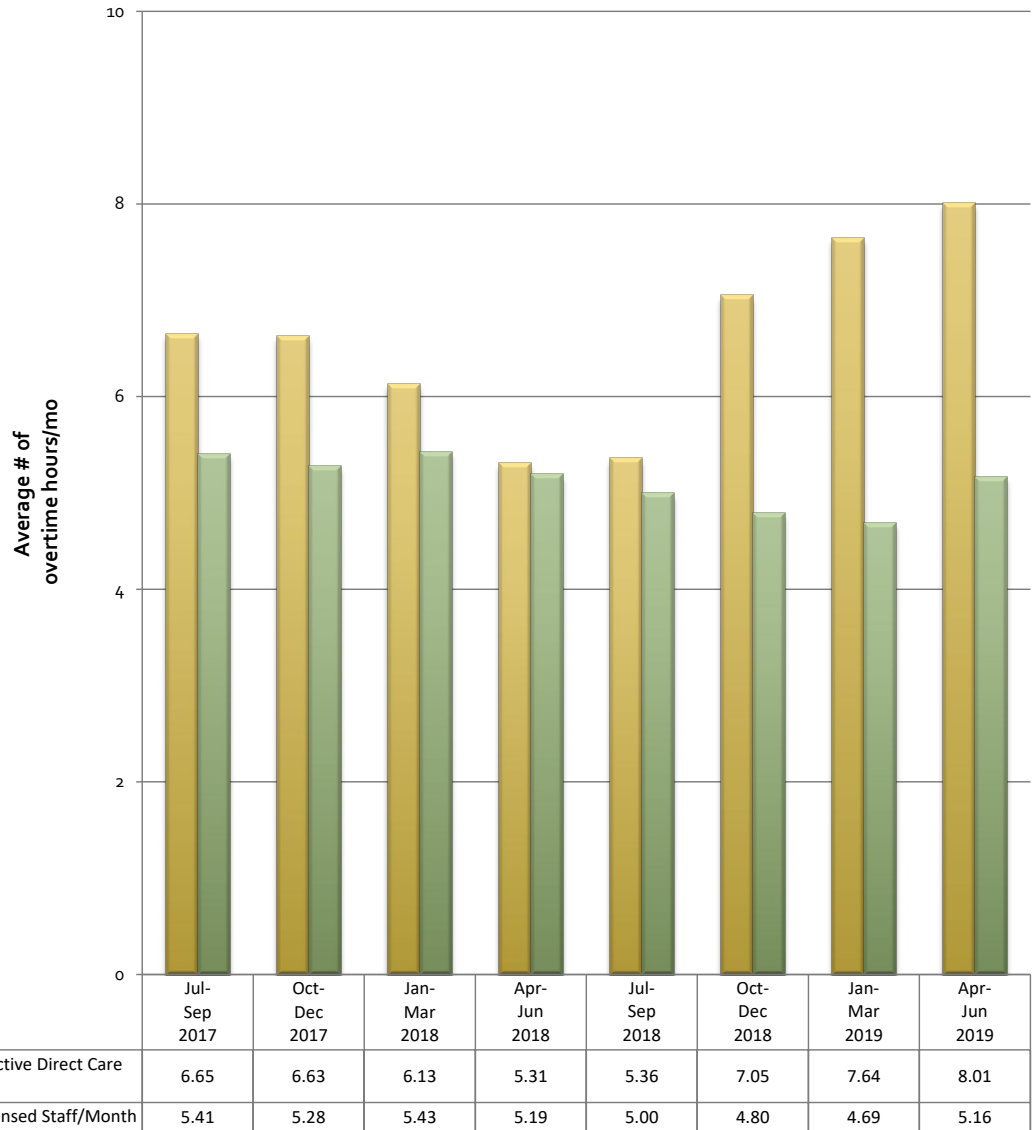
	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018	Oct-Dec 2018	Jan-Mar 2019	Apr-Jun 2019
■ Direct Care Staff Vacancy Rates	13%	13%	13%	16%	16%	16%	17%	18%
■ Licensed Nursing Staff Vacancy Rates	11%	10%	9%	11%	11%	8%	12%	13%
# Direct Care Vacancies	249.0	248.4	254.0	289.0	290.0	268.8	300.8	329.8
# Licensed Nursing Vacancies	18.0	16.3	15.0	18.5	17.5	14.0	19.3	21.3

NOTE: Vacancy rates are based upon last day of the month for the quarter. Chart includes Habilitation Center Campus and State Operated Waiver Programs vacancy data.

Definitions: Direct Care - DAI, DAII, DAIII
 Licensed Nursing - Licensed Practical Nurses (LPN)
 Registered Nurses (RN).



Division of DD State Operated Programs Staff Overtime Hours



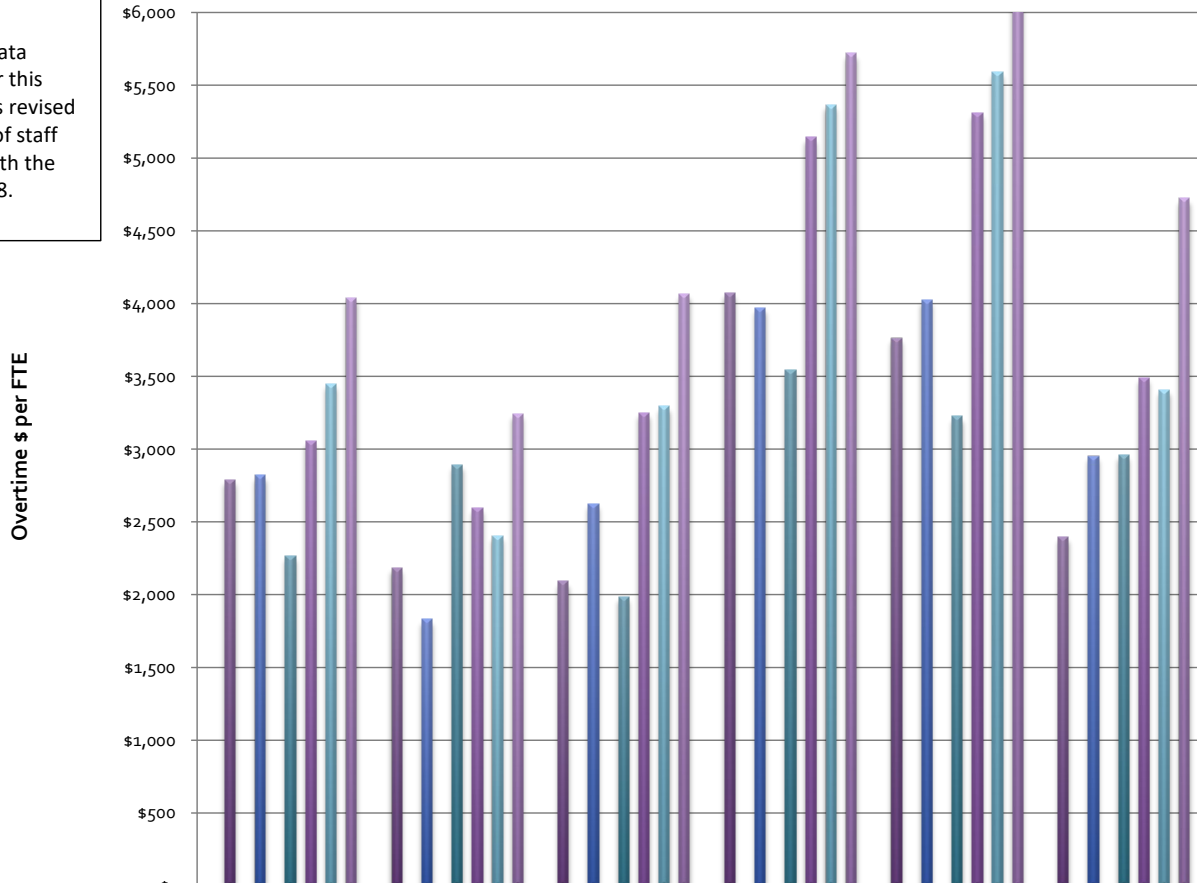
NOTE: Staff noted are active staff. Chart includes Habilitation Center Campus and State Operated Waiver Programs overtime data.
 Definitions: Direct Care - Developmental Assistant I (DAI), DAII, DAIII.
 Licensed Nursing: Licensed Practical Nurses (LPN) and Registered Nurses (RN).
 Method of data collection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



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

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

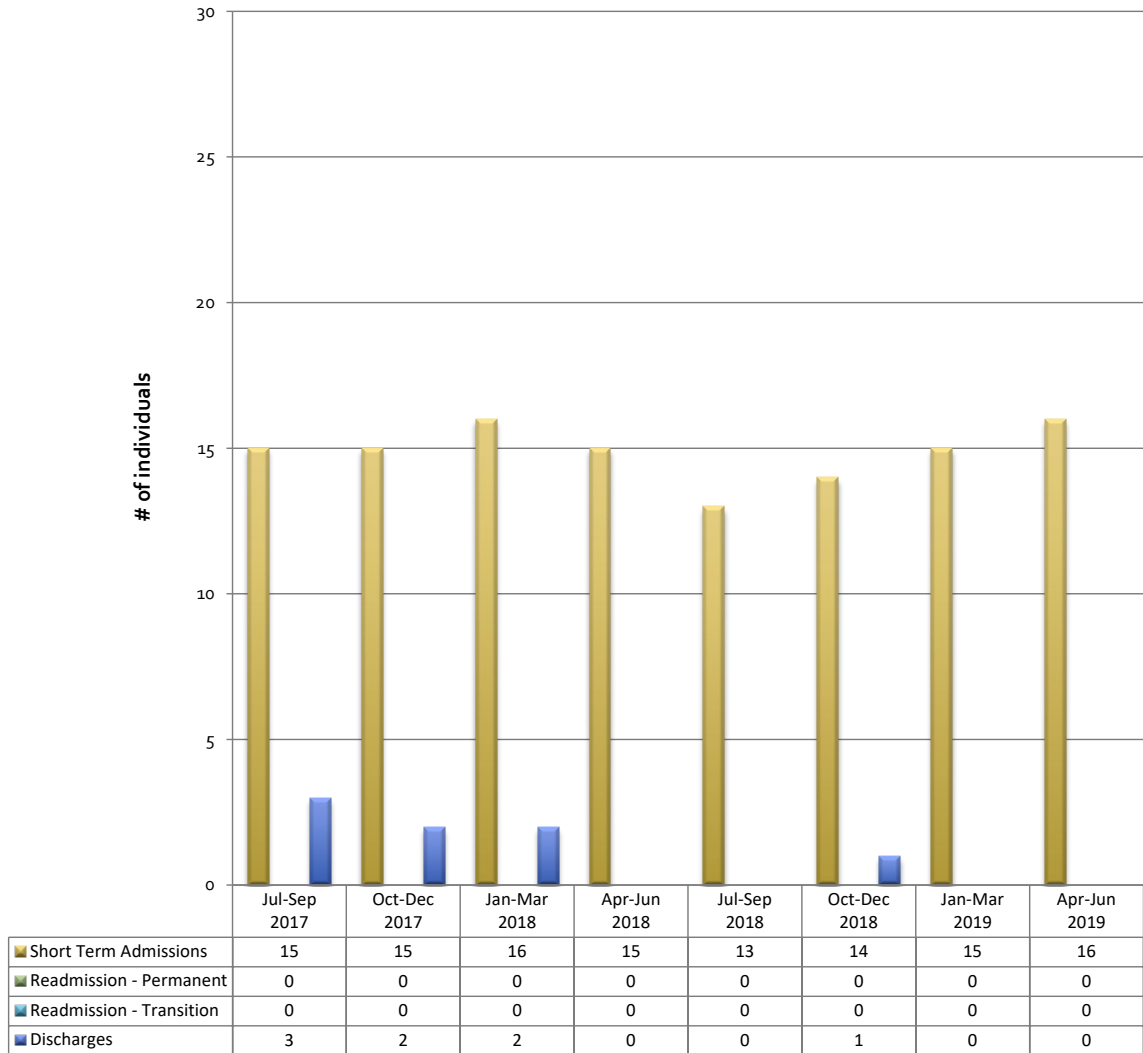
Method of data collection for this measure was revised for number of staff beginning with the Oct-Dec 2018.



	Bellefontaine	Higginsville	NWCS	SWCS	SEMORS	SLDDTC
FY 14 Overtime \$M	\$1.440	\$1.077	\$1.056	\$0.985	\$0.953	\$1.270
FY 14 FTEs	516	493	505	242	253	530
FY 14 OT \$ per FTE	\$2,790.70	\$2,184.58	\$2,091.09	\$4,070.25	\$3,766.80	\$2,396.23
FY 15 Overtime \$M	\$1.466	\$0.882	\$1.209	\$0.866	\$0.994	\$1.518
FY 15 FTEs	520	482	461	218	247	514
FY 15 OT \$ per FTE	\$2,819.23	\$1,829.88	\$2,622.56	\$3,972.48	\$4,024.29	\$2,953.31
FY16 Overtime \$M	\$1.205	\$0.969	\$1.095	\$0.741	\$0.764	\$1.487
FY16 FTEs	531	335	552	209	237	502
FY16 OT \$ per FTE	\$2,269.30	\$2,892.54	\$1,983.70	\$3,545.45	\$3,223.63	\$2,962.15
FY17 Overtime \$M	\$1.572	\$0.794	\$1.931	\$1.064	\$1.343	\$1.612
FY17 OT \$ per FTE	\$3,052.43	\$2,594.77	\$3,250.84	\$5,140.10	\$5,308.30	\$3,489.18
FY18 Overtime \$M	\$1.786	\$0.724	\$1.953	\$1.057	\$1.397	\$1.530
FY18 OT \$ per FTE	\$3,447.88	\$2,405.32	\$3,293.42	\$5,365.48	\$5,588.00	\$3,407.57
FY19 Overtime \$M	\$1.708	\$0.827	\$2.411	\$1.178	\$1.506	\$1.851
FY19 OT \$ per FTE	\$4,037.83	\$3,243.14	\$4,065.77	\$5,718.45	\$6,908.26	\$4,721.94



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

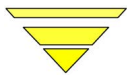


Short Term: Total number of individuals admitted to SOP from any Community Provider for medical and/or behavioral short term support with intention of returning back to their home in the community. Note: 100% of the days a crisis bed was available. Crisis bed services are provided in both Habilitation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

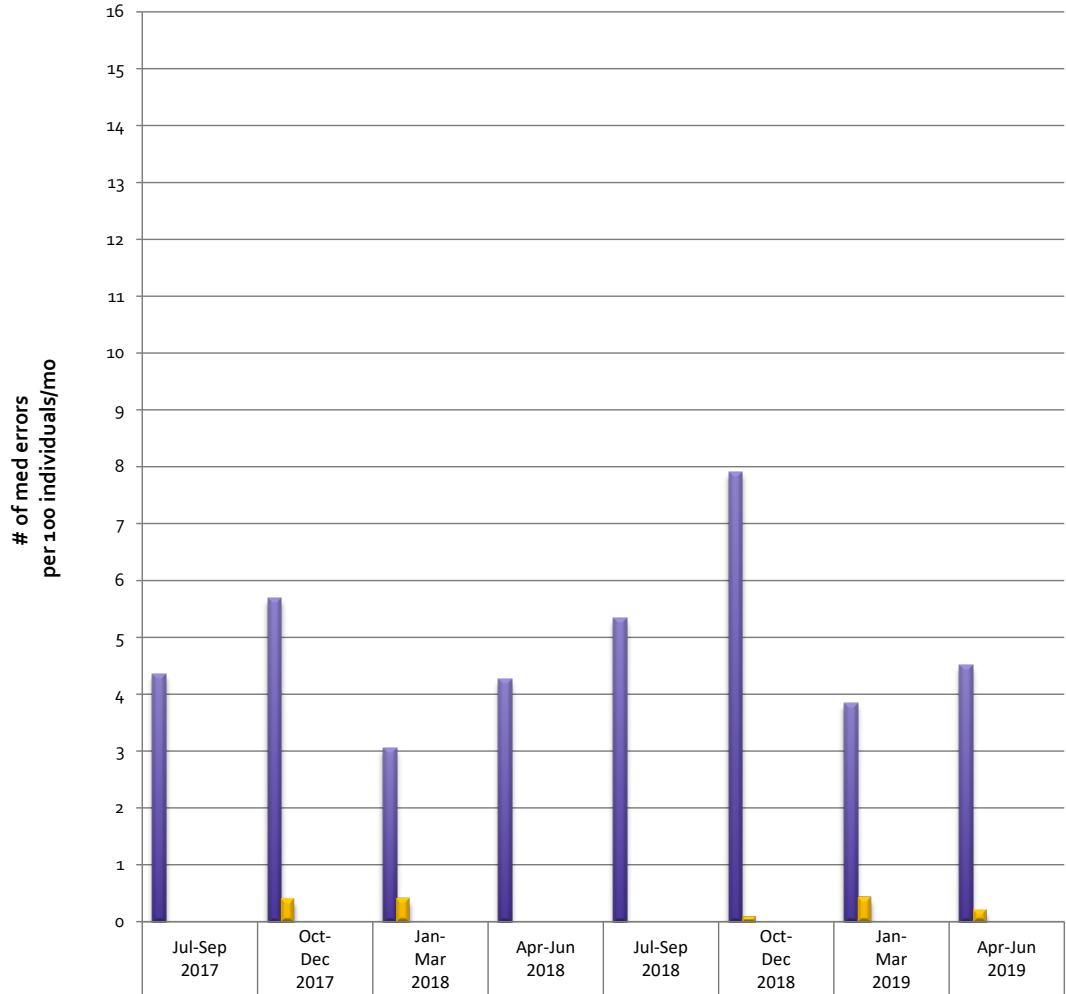
Permanent: Total number of individuals previously discharged from the Habilitation Center Campus within the last 12 months that returned during report period with no plans to move back to community.

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

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



Division of DD Habilitation Center Campus Medication Errors

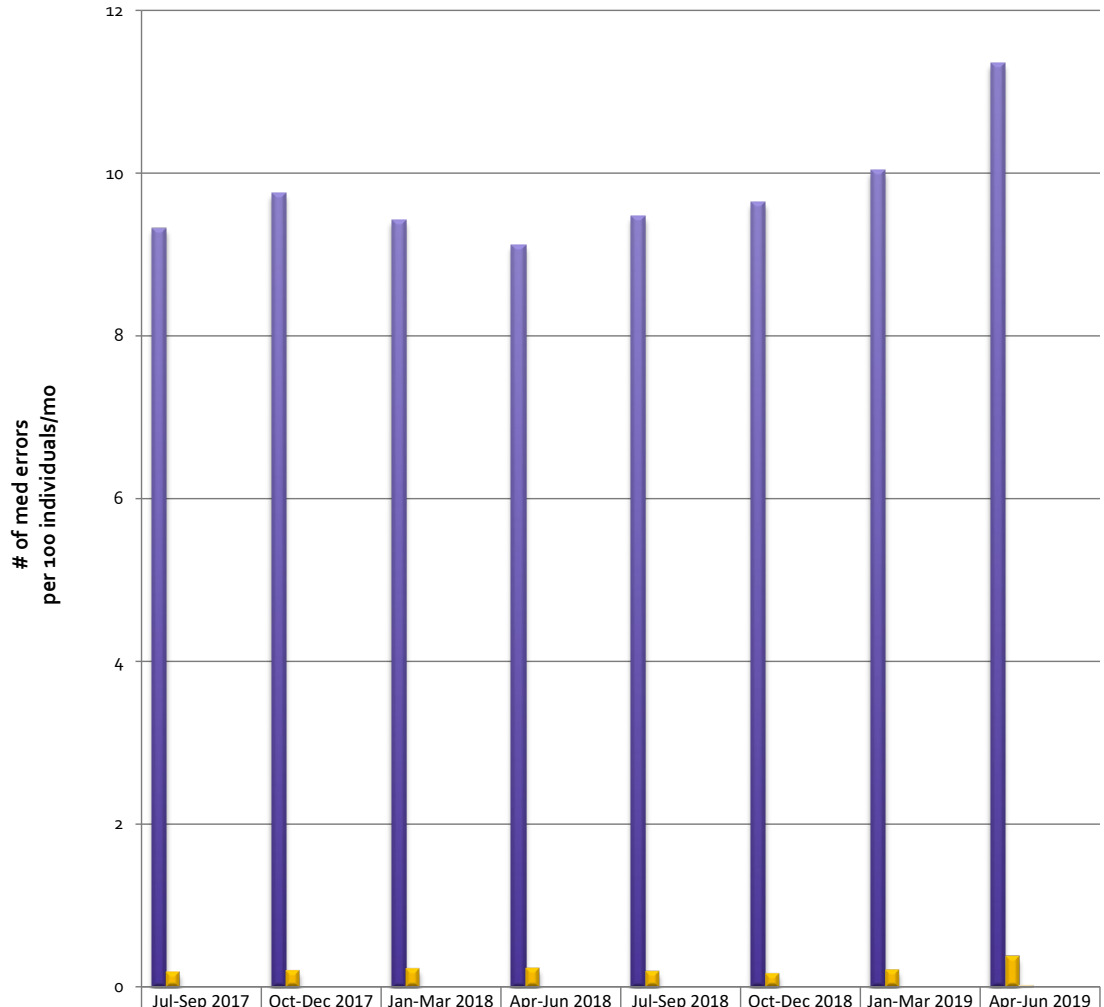


	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018	Oct-Dec 2018	Jan-Mar 2019	Apr-Jun 2019
Minimal Med Errors per 100 Individuals/month	4.36	5.69	3.05	4.27	5.33	7.92	3.85	4.52
Moderate Med Errors per 100 Individuals/month	0.00	0.40	0.41	0.00	0.00	0.10	0.43	0.22
Serious Med Errors per 100 Individuals/month	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HCC Minimal Medication Errors	57	30	42	52	76	37	36	42
HCC Center Moderate Medication Errors	4	4	0	0	1	0	4	2
HCC Center Serious Medication Errors	0	0	0	0	0	0	0	0
# HCC Individuals	329	334	328	328	325	320	312	310

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



Division of DD Community Medication Errors



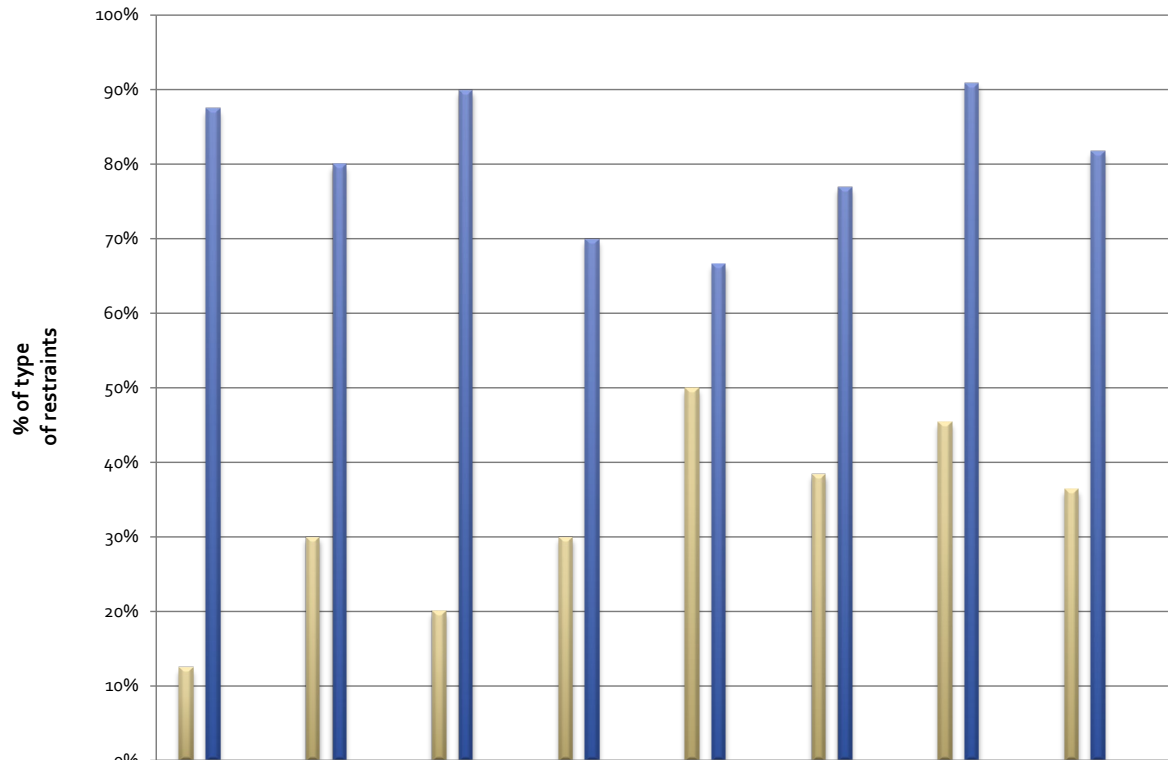
	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018	Oct-Dec 2018	Jan-Mar 2019	Apr-Jun 2019
Minimal Med Errors per 100 Individuals/month	9.32	9.76	9.43	9.11	9.47	9.64	10.03	11.35
Moderate Med Errors per 100 Individuals/month	0.19	0.21	0.23	0.23	0.20	0.17	0.21	0.38
Serious Med Errors per 100 Individuals/month	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.02
Community Minimal Medication Errors	2178	2106	2036	2129	2177	2287	2267	2561
Community Moderate Medication Errors	46	51	52	44	38	36	48	85
Community Serious Medication Errors	0	1	0	0	1	4	1	4
# Individuals in Community Residential	7432	7437	7445	7448	7490	7525	7533	7521

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



	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018	Oct-Dec 2018	Jan-Mar 2019	Apr-Jun 2019
# Individuals Chemical Restraint	3	2	6	6	5	7	5	4
% Individuals Chemical Restraint	13%	30%	20%	30%	50%	38%	45%	36%
# Individuals Physical Restraint	8	9	14	8	10	6	10	9
% Individuals Physical Restraint	88%	80%	90%	70%	67%	77%	91%	82%
# Individuals Mechanical Restraint	0	0	0	0	0	1	0	0
% Individuals Mechanical Restraint	0%	0%	0%	0%	0%	0%	0%	0%
# of HCC Individuals Restrained	10	10	20	12	13	9	11	11
# of Hab Center Campus Individuals	329	334	328	328	325	320	312	310

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.

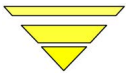
Percentage of each type of restraint is based on total number of people restrained for the quarter. Beginning reporting period July-Sep 2013, data represents individuals from Habilitation Center Campus (HCC) sites.

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 or render them unable to function as a result of the medication.

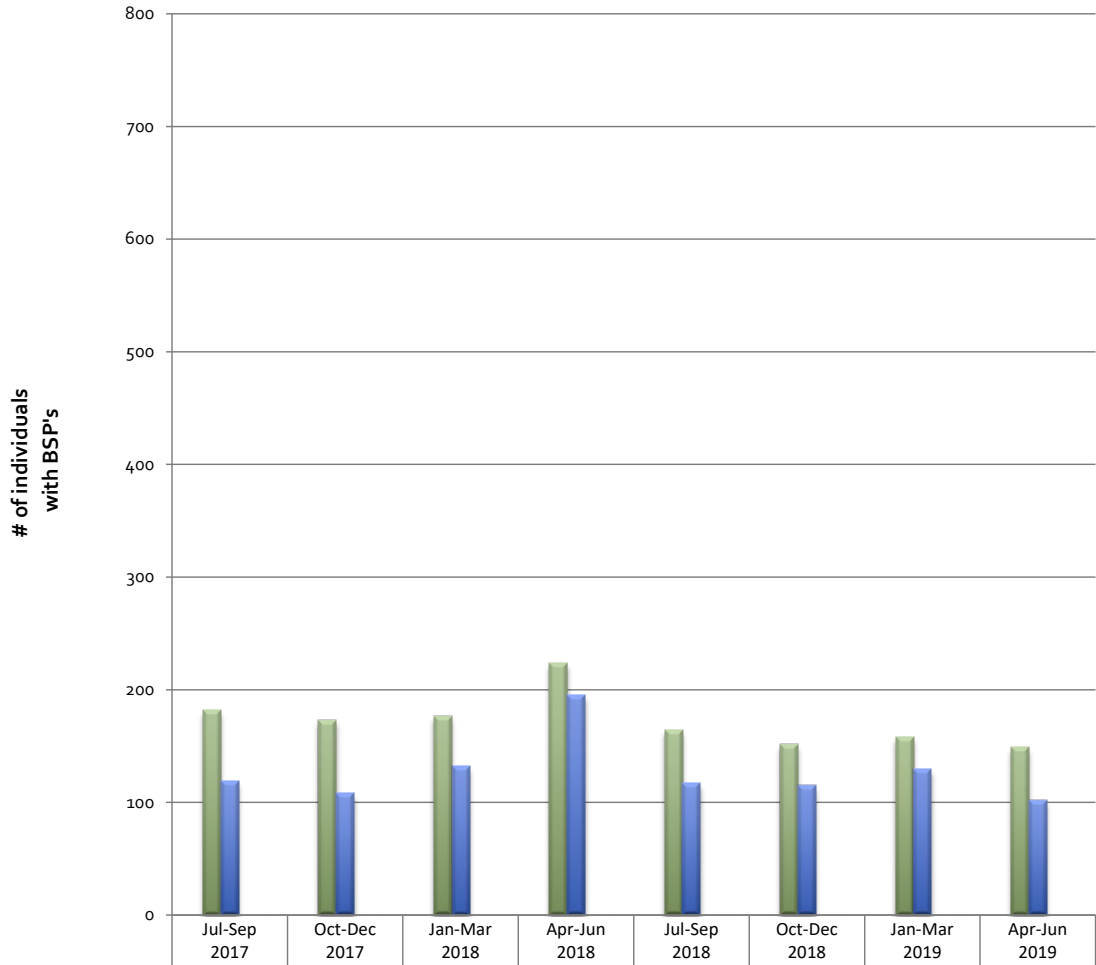
Physical Restraint: Any physical hold involving a restriction of an individual's voluntary movement.

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

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

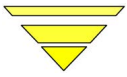


Division of DD Habilitation Center Campus Individuals with Behavior Support Programs

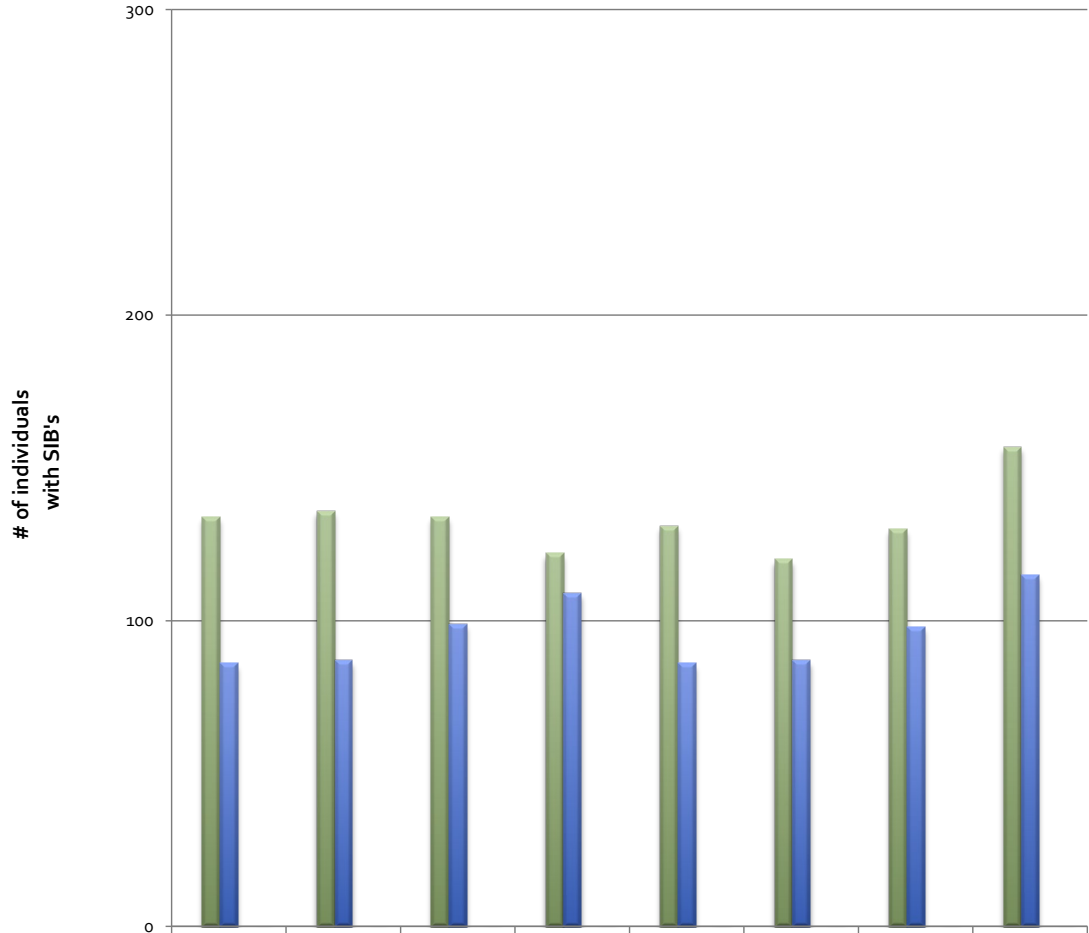


	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018	Oct-Dec 2018	Jan-Mar 2019	Apr-Jun 2019
# Hab Center Campus Individuals	329	334	328	328	325	320	312	310
■ Individuals with Behavior Support Programs	182	173	177	224	164	152	158	149
■ Individuals Progressing with Behavior Support Programs	119	108	132	195	117	115	130	102
% On Behavior Support Programs	53%	54%	53%	54%	69%	51%	51%	48%
% Progressing on Behavior Support Programs	64%	65%	62%	75%	87%	71%	82%	68%

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



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

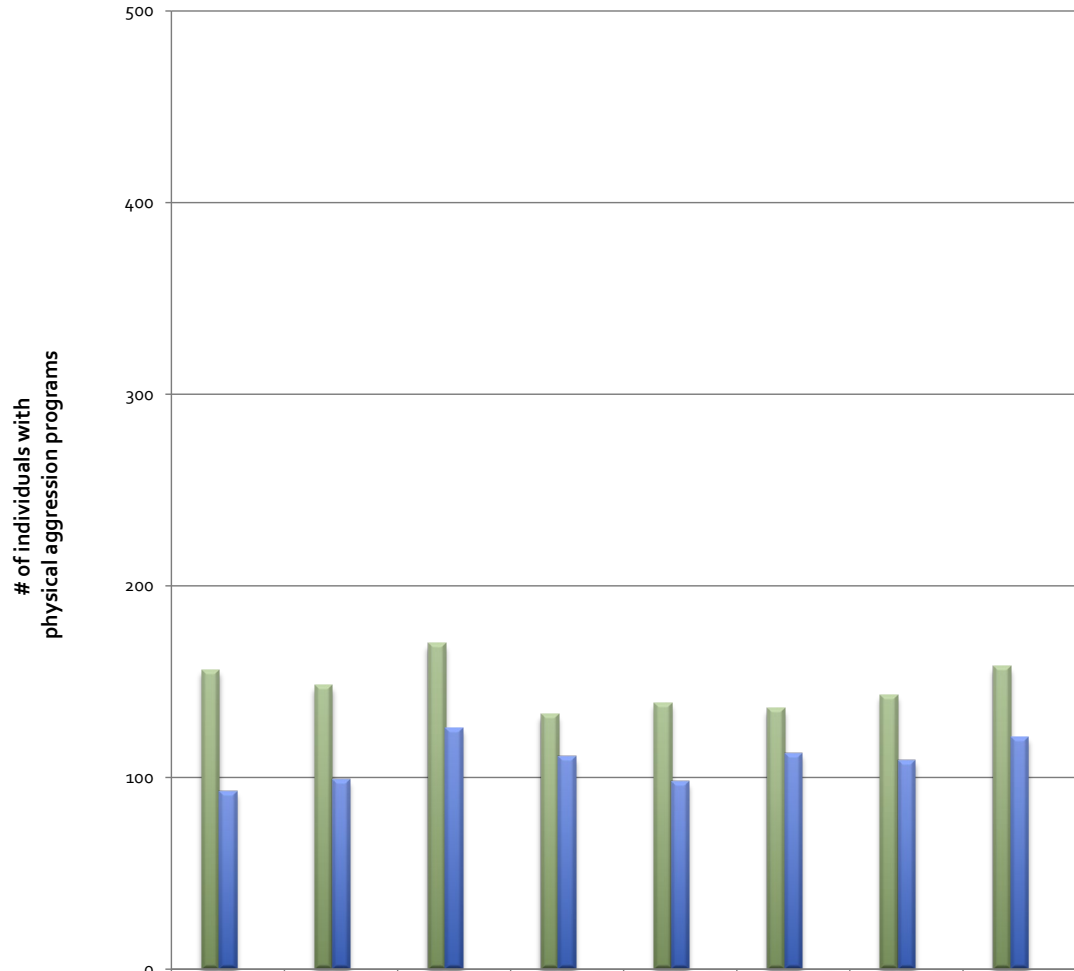


	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018	Oct-Dec 2018	Jan-Mar 2019	Apr-Jun 2019
# Hab Center Campus Individuals	329	334	328	328	325	320	312	310
Individuals with Self Injurious Behavior Programs	134	136	134	122	131	120	130	157
Individuals Progressing with SIB Programs	86	87	99	109	86	87	98	115
% on Self Injurious Behavior Programs	39%	40%	41%	41%	38%	41%	42%	51%
% Progressing on Self Injurious Behavior Programs	65%	64%	64%	74%	89%	66%	75%	73%

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

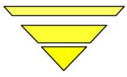


Division of DD Habilitation Center Campus Individuals with Physical Aggression Programs

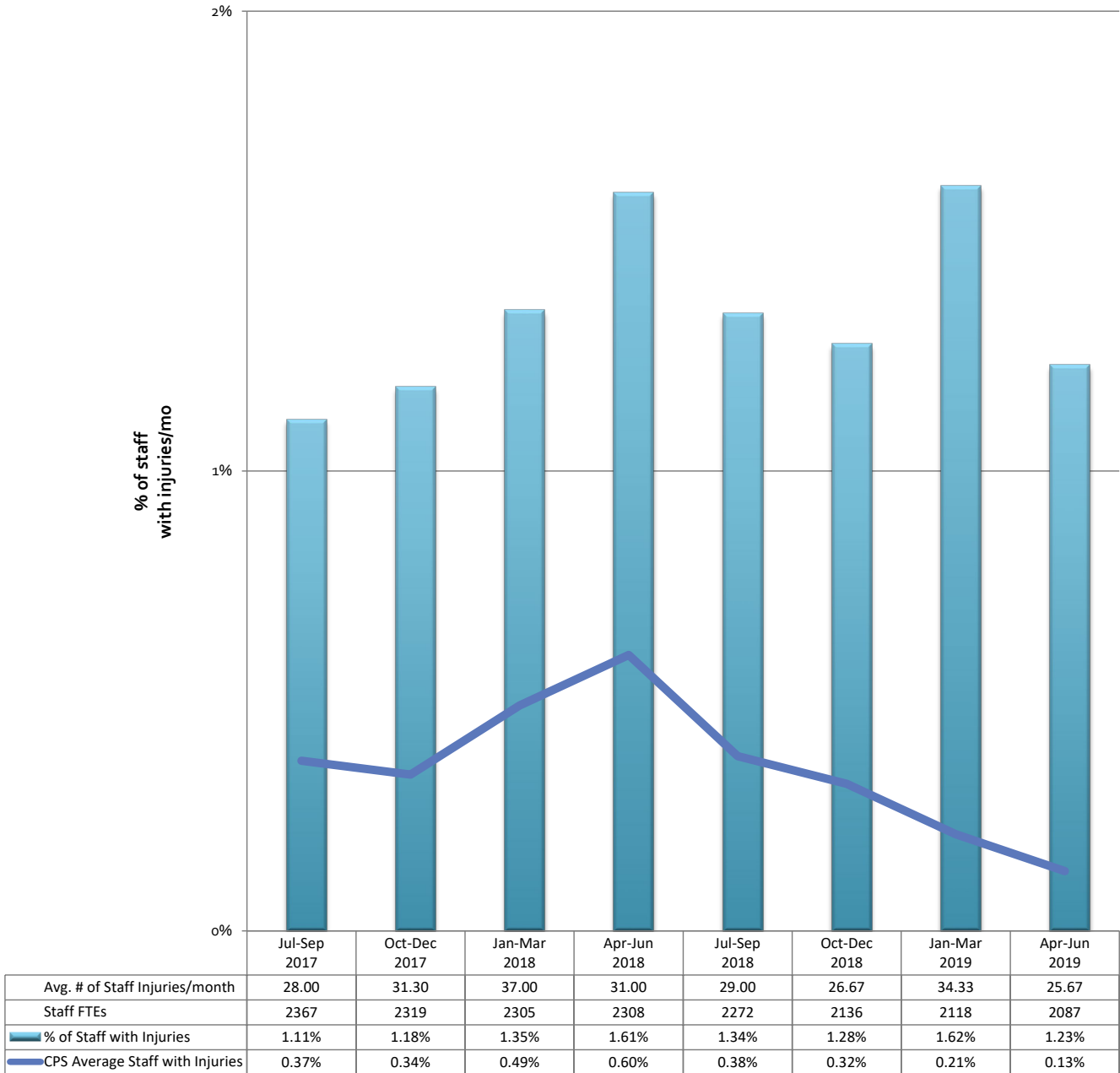


	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018	Oct-Dec 2018	Jan-Mar 2019	Apr-Jun 2019
# Hab Center Campus Individuals	329	334	328	328	325	320	312	310
■ Individuals with Physical Aggression Programs	156	148	170	133	139	136	143	158
■ Individuals Progressing with Physical Aggression Programs	93	99	126	111	98	113	109	121
% on Physical Aggression Programs	46%	47%	45%	52%	41%	43%	46%	51%
% Progressing on Physical Aggression Programs	61%	60%	67%	74%	83%	71%	76%	77%

Definition - Physical Aggression Programs: Individuals with a Behavior Support plan that includes a program designed to reduce or eliminate Physical Aggression (such as hitting, kicking, throwing objects, biting) towards another person.
 Definition - Progressing with Physical aggression programs: Individuals who are at baseline or below for their Physical Aggression program.
 Beginning reporting period July-Sep 2013 , data represents individuals from Habilitation Center Campus (HCC) sites.
 Note the transition to off-campus for MHC becoming NWCS Jan-Mar 2016



Division of DD State Operated Programs Staff Injuries



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