**Bridges Healthcare Inc.**
Milford, CT

Connecticut Dept of Mental Health and Addiction Services
Provider Quality Dashboard
Reporting Period: July 2020 - September 2020   (Data as of Feb 01, 2021)

## Provider Activity

| Monthly Trend | Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|---|
| | Unique Clients | 904 | 963 | -6% | |
| | Admits | 74 | 171 | -57% | ▼ |
| | Discharges | 81 | 188 | -57% | ▼ |
| | Service Hours | 5,030 | 8,468 | -41% | ▼ |
| | Bed Days | 354 | 438 | -19% | ▼ |
| | S.Rehab/PHP/IOP | 1 | 1,413 | -100% | ▼ |

▲ > 10% Over 1 Yr Ago    ▼ > 10% Under 1Yr Ago

## Consumer Satisfaction Survey   (Based on 197 FY20 Surveys)

| | Question Domain | Satisfied % vs Goal% | Satisfied % | Goal % | State Avg |
|---|---|---|---|---|---|
| ✓ | Respect | | 98% | 80% | 91% |
| ✓ | Overall | | 97% | 80% | 91% |
| ✓ | General Satisfaction | | 96% | 80% | 92% |
| ✓ | Quality and Appropriateness | | 96% | 80% | 93% |
| ✓ | Participation in Treatment | | 96% | 80% | 92% |
| ✓ | Access | | 94% | 80% | 88% |
| ● | Outcome | | 75% | 80% | 83% |
| ● | Recovery | | 68% | 80% | 79% |

Legend: Satisfied % | Goal % ▌ 0-80% ▌ 80-100% ✓ Goal Met ● Under Goal

## Clients by Level of Care

| Program Type / Level of Care Type | # | % |
|---|---|---|
| **Mental Health** | | |
| Outpatient | 793 | 63.7% |
| Community Support | 182 | 14.6% |
| Social Rehabilitation | 65 | 5.2% |
| Employment Services | 43 | 3.5% |
| ACT | 41 | 3.3% |
| Case Management | 9 | 0.7% |
| Residential Services | 4 | 0.3% |
| **Addiction** | | |
| Outpatient | 32 | 2.6% |
| Medication Assisted Treatment | 31 | 2.5% |
| Recovery Support | 15 | 1.2% |
| **Forensic MH** | | |
| Forensics Community-based | 26 | 2.1% |
| **Other** | | |
| Other | 4 | 0.3% |

## Client Demographics

| Age | # | % | State Avg |
|---|---|---|---|
| 18-25 | 99 | 11% | 8% |
| 26-34 | 138 | 15% | 21% |
| 35-44 | 134 | 15% | 22% |
| 45-54 | 155 | 17% | 20% |
| 55-64 | 212 | 23% | 20% |
| 65+ | 166 | 18% | 9% |

| Gender | # | % | | State Avg |
|---|---|---|---|---|
| Female | 490 | 54% | ▲ | 42% |
| Male | 414 | 46% | ▼ | 58% |
| Transgender | | | | 0% |

| Ethnicity | # | % | State Avg |
|---|---|---|---|
| Non-Hispanic | 704 | 78% | 69% |
| Unknown | 94 | 10% | 11% |
| Hispanic-Other | 74 | 8% | 8% |
| Hisp-Puerto Rican | 31 | 3% | 12% |
| Hispanic-Mexican | 1 | 0% | 1% |
| Hispanic-Cuban | | | 0% |

| Race | # | % | | State Avg |
|---|---|---|---|---|
| White/Caucasian | 739 | 82% | ▲ | 63% |
| Other | 76 | 8% | | 13% |
| Black/African American | 43 | 5% | ▼ | 16% |
| Unknown | 28 | 3% | | 5% |
| Am. Indian/Native Alaskan | 11 | 1% | | 1% |
| Asian | 6 | 1% | | 1% |
| Hawaiian/Other Pacific Islander | 1 | 0% | | 0% |
| Multiple Races | | | | 1% |

Legend: Unique Clients | State Avg ▲ > 10% Over State Avg ▼ > 10% Under State Avg

Variances in data may be indicative of operational adjustments related to the pandemic.

**Addiction Outpatient 988200**
Bridges Healthcare Inc.
Addiction - Outpatient - Standard Outpatient

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2020 - September 2020  (Data as of Feb 01, 2021)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % |
|---|---|---|---|
| Unique Clients | 32 | 30 | 7% |
| Admits | - | - | |
| Discharges | 1 | 1 | 0% |
| Service Hours | 60 | 65 | -8% |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| Valid NOMS Data | | 85% | 87% |
| Valid TEDS Data | | 38% | 87% |

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| ✓ 6 Month Updates | | 29% | 17% |

| Co-occurring | | Actual | State Avg |
|---|---|---|---|
| MH Screen Complete | | 40% | 91% |
| SA Screen Complete | | 40% | 96% |

| Diagnosis | | Actual | State Avg |
|---|---|---|---|
| ✓ Valid Axis I Diagnosis | | 100% | 99% |
| ✓ Valid Axis V GAF Score | | 100% | 96% |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | % Months Submitted |
|---|---|---|---|---|
| Admissions | | | | 0% |
| Discharges | | | | 33% |
| Services | | | | 100% |

1 or more Records Submitted to DMHAS

## Discharge Outcomes

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| 🔴 Treatment Completed Successfully | | 0 | 0% | 50% | 46% | -50% ▼ |

## Recovery

| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| ✓ Improved/Maintained Axis V GAF Score | | 29 | 91% | 75% | 34% | 16% ▲ |
| 🔴 Not Arrested | | 20 | 62% | 75% | 68% | -13% ▼ |
| 🔴 Stable Living Situation | | 23 | 72% | 95% | 66% | -23% ▼ |
| 🔴 Abstinence/Reduced Drug Use | | 9 | 28% | 55% | 41% | -27% ▼ |
| 🔴 Employed | | 5 | 16% | 50% | 26% | -34% ▼ |
| 🔴 Self Help | | 1 | 3% | 60% | 17% | -57% ▼ |

## Service Utilization

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| 🔴 Clients Receiving Services | | 25 | 81% | 90% | 45% | -9% |

## Service Engagement

| Outpatient | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| 🔴 2 or more Services within 30 days | | 0 | 0% | 75% | 58% | -75% ▼ |

▲ > 10% Over    ▼ < 10% Under

🟧 Actual    | Goal    ✓ Goal Met    🔴 Below Goal

* State Avg based on 105 Active Standard Outpatient Programs

Variances in data may be indicative of operational adjustments related to the pandemic.

**BHH ADULT NAE**
Bridges Healthcare Inc.
Mental Health - Outpatient - Standard Outpatient

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2020 - September 2020  (Data as of Feb 01, 2021)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % |
|---|---|---|---|
| Unique Clients | 1 | 1 | 0% |
| Admits | - | - | |
| Discharges | - | - | |
| Service Hours | - | - | |

## Data Submission Quality

| Data Entry | Actual | State Avg |
|---|---|---|
| Valid NOMS Data | | N/A | 86% |

| On-Time Periodic | Actual | State Avg |
|---|---|---|
| 6 Month Updates | | 0% | 54% |

| Co-occurring | Actual | State Avg |
|---|---|---|
| MH Screen Complete | | N/A | 75% |
| SA Screen Complete | | N/A | 76% |

| Diagnosis | Actual | State Avg |
|---|---|---|
| Valid Axis I Diagnosis | | 0% | 97% |
| ✓ Valid Axis V GAF Score | | 100% | 90% |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | % Months Submitted |
|---|---|---|---|---|
| Admissions | | | | 0% |
| Discharges | | | | 0% |
| Services | | | | 0% |

1 or more Records Submitted to DMHAS

## Discharge Outcomes

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| Treatment Completed Successfully | | N/A | N/A | 50% | 33% | N/A |

## Recovery

| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| ● Employed | | 0 | 0% | 30% | 20% | -30% ▼ |
| ● Social Support | | 0 | 0% | 60% | 59% | -60% ▼ |
| ● Improved/Maintained Axis V GAF Score | | 0 | 0% | 75% | 40% | -75% ▼ |
| ● Stable Living Situation | | 0 | 0% | 95% | 73% | -95% ▼ |

## Service Utilization

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| ● Clients Receiving Services | | 0 | 0% | 90% | 75% | N/A ▼ |

## Service Engagement

| Outpatient | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| ● 2 or more Services within 30 days | | 0 | 0% | 75% | 76% | -75% ▼ |

▲ > 10% Over    ▼ < 10% Under

| ▮ Actual | ▮ Goal | ✓ Goal Met | ● Below Goal |

* State Avg based on 84 Active Standard Outpatient Programs

Variances in data may be indicative of operational adjustments related to the pandemic.

**BHH CHILDREN Program**
Bridges Healthcare Inc.
Mental Health - Case Management - Outreach & Engagement

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2020 - September 2020  (Data as of Feb 01, 2021)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % |
|---|---|---|---|
| Unique Clients | 0 | | |
| Admits | - | - | |
| Discharges | - | - | |
| Service Hours | - | - | |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | % Months Submitted |
|---|---|---|---|---|
| Admissions | | | | 0% |
| Discharges | | | | 0% |

| | 1 or more Records Submitted to DMHAS |
|---|---|

| ▲ > 10% Over | ▼ < 10% Under |
|---|---|

| █ Actual | ❘ Goal | ✓ Goal Met | ● Below Goal |
|---|---|---|---|

* State Avg based on 45 Active Outreach & Engagement Programs

Variances in data may be indicative of operational adjustments related to the pandemic.

**CSP 230**
Bridges Healthcare Inc.
Mental Health - Community Support - CSP

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2020 - September 2020  (Data as of Feb 01, 2021)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 182 | 186 | -2% | |
| Admits | 9 | 11 | -18% | ▼ |
| Discharges | 7 | 20 | -65% | ▼ |
| Service Hours | 986 | 1,706 | -42% | ▼ |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| Valid NOMS Data | | 71% | 80% |

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| 🔴 6 Month Updates | | 71% | 85% |

| Co-occurring | | Actual | State Avg |
|---|---|---|---|
| MH Screen Complete | | 42% | 78% |
| SA Screen Complete | | 37% | 61% |

| Diagnosis | | Actual | State Avg |
|---|---|---|---|
| ✓ Valid Axis I Diagnosis | | 100% | 98% |
| ✓ Valid Axis V GAF Score | | 99% | 96% |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | % Months Submitted |
|---|---|---|---|---|
| Admissions | | | | 67% |
| Discharges | | | | 67% |
| Services | | | | 100% |

1 or more Records Submitted to DMHAS

## Discharge Outcomes

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| 🔴 Treatment Completed Successfully | | 4 | 57% | 65% | 61% | -8% |

## Recovery

| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| ✓ Social Support | | 127 | 70% | 60% | 81% | 10% |
| ✓ Stable Living Situation | | 153 | 84% | 80% | 89% | 4% |
| ✓ Improved/Maintained Axis V GAF Score | | 117 | 70% | 65% | 56% | 5% |
| 🔴 Employed | | 27 | 15% | 20% | 13% | -5% |

## Service Utilization

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| ✓ Clients Receiving Services | | 167 | 95% | 90% | 94% | 5% |

▲ > 10% Over    ▼ < 10% Under

Actual | Goal | ✓ Goal Met | 🔴 Below Goal
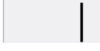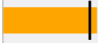
* State Avg based on 36 Active CSP Programs

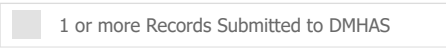Variances in data may be indicative of operational adjustments related to the pandemic.

**Integrated Behavioral Health**
Bridges Healthcare Inc.
Other - Other - Integrated Primary Care

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2020 - September 2020  (Data as of Feb 01, 2021)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % |
|---|---|---|---|
| Unique Clients | 4 | 4 | 0% |
| Admits | - | - | |
| Discharges | - | - | |
| Service Hours | - | - | |

## Data Submission Quality

| Data Entry | Actual | State Avg |
|---|---|---|

| Co-occurring | | Actual | State Avg |
|---|---|---|---|
| MH Screen Complete | | N/A | 65% |
| SA Screen Complete | | N/A | 82% |

| Diagnosis | | Actual | State Avg |
|---|---|---|---|
| ✓ Valid Axis I Diagnosis | | 100% | 92% |
| ✓ Valid Axis V GAF Score | | 100% | 92% |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | % Months Submitted |
|---|---|---|---|---|
| Admissions | | | | 0% |
| Discharges | | | | 0% |
| Services | | | | 0% |

1 or more Records Submitted to DMHAS

▲ > 10% Over      ▼ < 10% Under
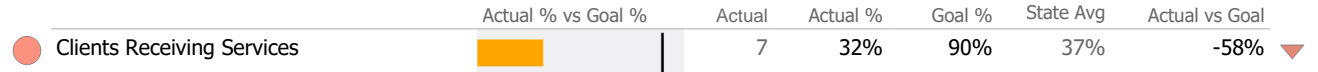
▮ Actual      | Goal      ✓ Goal Met      ⬤ Below Goal

* State Avg based on 6 Active Integrated Primary Care Programs

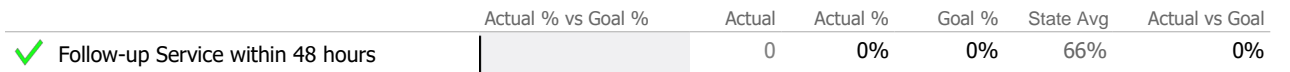Variances in data may be indicative of operational adjustments related to the pandemic.

**Jail Diversion 309-341**
Bridges Healthcare Inc.
Forensic MH - Forensics Community-based - Court Liaison-Jail Diversion

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2020 - September 2020  (Data as of Feb 01, 2021)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 26 | 52 | -50% | ▼ |
| Admits | 4 | 14 | -71% | ▼ |
| Discharges | 4 | 22 | -82% | ▼ |
| Service Hours | 3 | 2 | 28% | ▲ |

## Service Utilization

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ● Clients Receiving Services | ▬ | 7 | 32% | 90% | 37% | -58% | ▼ |

## Jail Diversion

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| ✓ Follow-up Service within 48 hours | | 0 | 0% | 0% | 66% | 0% |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | % Months Submitted |
|---|---|---|---|---|
| Admissions | | ▪ | ▪ | 67% |
| Discharges | | ▪ | | 33% |
| Services | | | ▪ | 33% |

▪ 1 or more Records Submitted to DMHAS

▲ > 10% Over    ▼ < 10% Under

▮ Actual    | Goal    ✓ Goal Met    ● Below Goal

\* State Avg based on 19 Active Court Liaison-Jail Diversion Programs

Variances in data may be indicative of operational adjustments related to the pandemic.

**Mental Health Outpatient309210**
Bridges Healthcare Inc.
Mental Health - Outpatient - Standard Outpatient

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2020 - September 2020  (Data as of Feb 01, 2021)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 792 | 832 | -5% | |
| Admits | 39 | 106 | -63% | ▼ |
| Discharges | 45 | 88 | -49% | ▼ |
| Service Hours | 2,387 | 2,864 | -17% | ▼ |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| Valid NOMS Data | | 84% | 86% |

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| ● 6 Month Updates | | 40% | 54% |

| Co-occurring | | Actual | State Avg |
|---|---|---|---|
| MH Screen Complete | | 43% | 75% |
| SA Screen Complete | | 45% | 76% |

| Diagnosis | | Actual | State Avg |
|---|---|---|---|
| ✓ Valid Axis I Diagnosis | | 100% | 97% |
| ✓ Valid Axis V GAF Score | | 100% | 90% |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | % Months Submitted |
|---|---|---|---|---|
| Admissions | | | | 100% |
| Discharges | | | | 100% |
| Services | | | | 100% |

☐ 1 or more Records Submitted to DMHAS

## Discharge Outcomes

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ● | Treatment Completed Successfully | | 12 | 27% | 50% | 33% | -23% | ▼ |

## Recovery

| | National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✓ | Social Support | | 555 | 70% | 60% | 59% | 10% | |
| ● | Improved/Maintained Axis V GAF Score | | 532 | 73% | 75% | 40% | -2% | |
| ● | Employed | | 156 | 20% | 30% | 20% | -10% | |
| ● | Stable Living Situation | | 625 | 79% | 95% | 73% | -16% | ▼ |

## Service Utilization

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|---|
| ● | Clients Receiving Services | | 651 | 87% | 90% | 75% | -3% |

## Service Engagement

| | Outpatient | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|---|
| ● | 2 or more Services within 30 days | | 25 | 66% | 75% | 76% | -9% |

▲ > 10% Over  ▼ < 10% Under

☐ Actual  | Goal  ✓ Goal Met  ● Below Goal

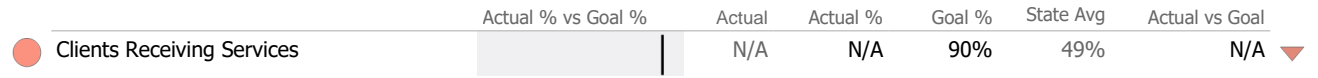* State Avg based on 84 Active Standard Outpatient Programs

Variances in data may be indicative of operational adjustments related to the pandemic.

**RM4**
Bridges Healthcare Inc.
Mental Health - Social Rehabilitation - Social Rehabilitation

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
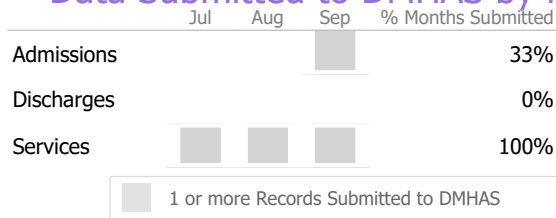Reporting Period: July 2020 - September 2020  (Data as of Feb 01, 2021)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % |
|---|---|---|---|
| Unique Clients | 0 | | |
| Admits | - | - | |
| Discharges | - | - | |
| Service Hours | - | - | |

## Service Utilization

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ● | Clients Receiving Services | | N/A | N/A | 90% | 49% | N/A | ▼ |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | % Months Submitted |
|---|---|---|---|---|
| Admissions | | | | 0% |
| Discharges | | | | 0% |

| | 1 or more Records Submitted to DMHAS |
|---|---|

| ▲ > 10% Over | ▼ < 10% Under |
|---|---|

| ▬ Actual | ▏ Goal | ✓ Goal Met | ● Below Goal |
|---|---|---|---|

* State Avg based on 33 Active Social Rehabilitation Programs

Variances in data may be indicative of operational adjustments related to the pandemic.

**Senior Outreach**
Bridges Healthcare Inc.
Mental Health - Case Management - Outreach & Engagement

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2020 - September 2020  (Data as of Feb 01, 2021)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 9 | 6 | 50% | ▲ |
| Admits | 1 | - | | |
| Discharges | - | 5 | -100% | ▼ |
| Service Hours | 18 | 16 | 13% | ▲ |

## Service Engagement

| Homeless Outreach | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| 🔴 at least 1 Service within 180 days | | 0 | 0% | 50% | 93% | -50% | ▼ |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | % Months Submitted |
|---|---|---|---|---|
| Admissions | | | ▦ | 33% |
| Discharges | | | | 0% |
| Services | ▦ | ▦ | ▦ | 100% |

▦ 1 or more Records Submitted to DMHAS

| ▲ > 10% Over | ▼ < 10% Under |
|---|---|

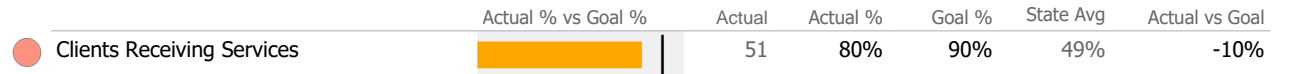| 🟧 Actual | ❘ Goal | ✓ Goal Met | 🔴 Below Goal |
|---|---|---|---|

* State Avg based on 45 Active Outreach & Engagement Programs

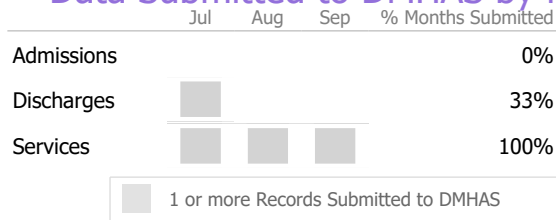Variances in data may be indicative of operational adjustments related to the pandemic.

**Social Rehab 309-280**
Bridges Healthcare Inc.
Mental Health - Social Rehabilitation - Social Rehabilitation

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2020 - September 2020  (Data as of Feb 01, 2021)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 65 | 65 | 0% | |
| Admits | - | 3 | -100% | ▼ |
| Discharges | 1 | 2 | -50% | ▼ |
| Service Hours | 575 | 958 | -40% | ▼ |
| Social Rehab/PHP/IOP Days | 1 | 1,413 | -100% | ▼ |

## Service Utilization

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| ● Clients Receiving Services | | 51 | 80% | 90% | 49% | -10% |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | % Months Submitted |
|---|---|---|---|---|
| Admissions | | | | 0% |
| Discharges | ▢ | | | 33% |
| Services | ▢ | ▢ | ▢ | 100% |

▢ 1 or more Records Submitted to DMHAS

▲ > 10% Over    ▼ < 10% Under

| Actual | | Goal | ✓ Goal Met | ● Below Goal |

\* State Avg based on 33 Active Social Rehabilitation Programs

Variances in data may be indicative of operational adjustments related to the pandemic.

**SOR- Recovery Coach - Outreach**
Bridges Healthcare Inc.
Addiction - Recovery Support - Peer Based Mentoring

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2020 - September 2020   (Data as of Feb 01, 2021)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 15 | 32 | -53% | ▼ |
| Admits | 7 | 11 | -36% | ▼ |
| Discharges | 8 | 20 | -60% | ▼ |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| Valid TEDS Data | | N/A | N/A |

| Co-occurring | | Actual | State Avg |
|---|---|---|---|
| MH Screen Complete | | 0% | 30% |
| ✓ SA Screen Complete | | 57% | 37% |

| Diagnosis | | Actual | State Avg |
|---|---|---|---|
| ✓ Valid Axis I Diagnosis | | 100% | 25% |
| ✓ Valid Axis V GAF Score | | 100% | 25% |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | % Months Submitted |
|---|---|---|---|---|
| Admissions | | | | 100% |
| Discharges | | | | 67% |

1 or more Records Submitted to DMHAS

▲ > 10% Over    ▼ < 10% Under

Actual   | Goal   ✓ Goal Met   ● Below Goal

* State Avg based on 8 Active Peer Based Mentoring Programs

Variances in data may be indicative of operational adjustments related to the pandemic.

**SOR-Mobile MAT**
Bridges Healthcare Inc.
Addiction - Medication Assisted Treatment - Buprenorphine Maintenance

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2020 - September 2020  (Data as of Feb 01, 2021)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % |
|---|---|---|---|
| Unique Clients | 31 | 31 | 0% |
| Admits | 8 | 11 | -27% ▼ |
| Discharges | 4 | 13 | -69% ▼ |

## Discharge Outcomes

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|---|
| ✓ | Treatment Completed Successfully | | 2 | 50% | 50% | 34% | 0% |

## Recovery

| | National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|---|
| 🔴 | Stable Living Situation | | 24 | 77% | 95% | 60% | -18% ▼ |
| 🔴 | Employed | | 9 | 29% | 50% | 23% | -21% ▼ |
| 🔴 | Abstinence/Reduced Drug Use | | 8 | 26% | 55% | 45% | -29% ▼ |
| 🔴 | Not Arrested | | 8 | 26% | 75% | 61% | -49% ▼ |
| 🔴 | Self Help | | 2 | 6% | 60% | 17% | -54% ▼ |
| 🔴 | Improved/Maintained Axis V GAF Score | | 3 | 14% | 75% | 31% | -61% ▼ |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| Valid NOMS Data | | 60% | 88% |
| Valid TEDS Data | | 75% | 96% |

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| 🔴 6 Month Updates | | 0% | 31% |

| Co-occurring | | Actual | State Avg |
|---|---|---|---|
| MH Screen Complete | | 0% | 77% |
| SA Screen Complete | | 27% | 88% |

| Diagnosis | | Actual | State Avg |
|---|---|---|---|
| ✓ Valid Axis I Diagnosis | | 100% | 99% |
| ✓ Valid Axis V GAF Score | | 97% | 97% |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | % Months Submitted |
|---|---|---|---|---|
| Admissions | | | | 100% |
| Discharges | | | | 33% |

1 or more Records Submitted to DMHAS

▲ > 10% Over    ▼ < 10% Under

Actual | Goal | ✓ Goal Met | 🔴 Below Goal

\* State Avg based on 22 Active Buprenorphine Maintenance Programs

Variances in data may be indicative of operational adjustments related to the pandemic.

**Vocational 309-270**
Bridges Healthcare Inc.
Mental Health - Employment Services - Employment Services

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2020 - September 2020  (Data as of Feb 01, 2021)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 43 | 50 | -14% | ▼ |
| Admits | 4 | 8 | -50% | ▼ |
| Discharges | 7 | 15 | -53% | ▼ |
| Service Hours | 183 | 164 | 12% | ▲ |

## Recovery

| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| ✓ Employed | | 17 | 40% | 35% | 44% | 5% |

## Service Utilization

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| ✓ Clients Receiving Services | | 34 | 92% | 90% | 87% | 2% |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| Valid NOMS Data | | 74% | 87% |

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| ● 6 Month Updates | | 79% | 91% |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | % Months Submitted |
|---|---|---|---|---|
| Admissions | | | | 67% |
| Discharges | | | | 100% |
| Services | | | | 100% |

1 or more Records Submitted to DMHAS

▲ > 10% Over    ▼ < 10% Under

Actual | Goal  ✓ Goal Met  ● Below Goal

* State Avg based on 39 Active Employment Services Programs

Variances in data may be indicative of operational adjustments related to the pandemic.

**YAS 309-220**
Bridges Healthcare Inc.
Mental Health - ACT - Assertive Community Treatment

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2020 - September 2020  (Data as of Feb 01, 2021)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 41 | 42 | -2% | |
| Admits | 1 | 6 | -83% | ▼ |
| Discharges | 3 | 2 | 50% | ▲ |
| Service Hours | 735 | 2,312 | -68% | ▼ |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| ✓ | Valid NOMS Data | 92% | 84% |

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| ● | 6 Month Updates | 87% | 92% |

| Co-occurring | | Actual | State Avg |
|---|---|---|---|
| ✓ | MH Screen Complete | 100% | 90% |
| ✓ | SA Screen Complete | 100% | 90% |

| Diagnosis | | Actual | State Avg |
|---|---|---|---|
| ✓ | Valid Axis I Diagnosis | 100% | 98% |
| ✓ | Valid Axis V GAF Score | 100% | 87% |

## Discharge Outcomes

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ● | Treatment Completed Successfully | | 1 | 33% | 65% | 36% | -32% | ▼ |
| ✓ | No Re-admit within 30 Days of Discharge | | 3 | 100% | 85% | 94% | 15% | ▲ |
| ✓ | Follow-up within 30 Days of Discharge | | 1 | 100% | 90% | 53% | 10% | |

## Recovery

| National Recovery Measures (NOMS) | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✓ | Stable Living Situation | | 38 | 90% | 60% | 92% | 30% | ▲ |
| ✓ | Social Support | | 36 | 86% | 60% | 80% | 26% | ▲ |
| ✓ | Employed | | 10 | 24% | 15% | 12% | 9% | |
| ✓ | Improved/Maintained Axis V GAF Score | | 35 | 88% | 85% | 49% | 3% | |

## Service Utilization

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|---|
| ✓ | Clients Receiving Services | | 40 | 100% | 90% | 99% | 10% |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | % Months Submitted |
|---|---|---|---|---|
| Admissions | | | ▪ | 33% |
| Discharges | ▪ | ▪ | ▪ | 100% |
| Services | ▪ | ▪ | ▪ | 100% |

▪ 1 or more Records Submitted to DMHAS

**Legend:**
▲ > 10% Over    ▼ < 10% Under

■ Actual    | Goal    ✓ Goal Met    ● Below Goal

\* State Avg based on 23 Active Assertive Community Treatment Programs

Variances in data may be indicative of operational adjustments related to the pandemic.

**YAS Supervised Apt**
Bridges Healthcare Inc.
Mental Health - Residential Services - Supervised Apartments

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2020 - September 2020  (Data as of Feb 01, 2021)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 4 | 5 | -20% | ▼ |
| Admits | 1 | 1 | 0% | |
| Discharges | 1 | - | | |
| Service Hours | 85 | 382 | -78% | ▼ |
| Bed Days | 354 | 438 | -19% | ▼ |

## Data Submission Quality

| | Data Entry | | Actual | State Avg |
|---|---|---|---|---|
| ✔ | Valid NOMS Data | | 80% | 74% |

| | On-Time Periodic | | Actual | State Avg |
|---|---|---|---|---|
| ● | 6 Month Updates | | 33% | 87% |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | % Months Submitted |
|---|---|---|---|---|
| Admissions | ▢ | | | 33% |
| Discharges | | | ▢ | 33% |
| Services | ▢ | ▢ | ▢ | 100% |

▢ 1 or more Records Submitted to DMHAS

## Discharge Outcomes

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ● | Treatment Completed Successfully | | 0 | 0% | 60% | 84% | -60% | ▼ |

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|---|
| | Follow-up within 30 Days of Discharge | | N/A | N/A | 90% | 76% | N/A |

## Recovery

| | National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✔ | Social Support | | 3 | 75% | 60% | 84% | 15% | ▲ |
| ✔ | Employed | | 1 | 25% | 25% | 8% | 0% | |
| ● | Stable Living Situation | | 3 | 75% | 95% | 92% | -20% | ▼ |

## Bed Utilization

| | | 12 Months Trend | Beds | Avg LOS | Turnover | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|---|---|---|
| ✔ | Avg Utilization Rate | | 4 | 622 days | 1.0 | 96% | 90% | 101% | 6% |

■ < 90%  ■ 90-110%  ■ >110%

▲ > 10% Over   ▼ < 10% Under

■ Actual   | Goal   ✔ Goal Met   ● Below Goal

* State Avg based on 79 Active Supervised Apartments Programs

Variances in data may be indicative of operational adjustments related to the pandemic.