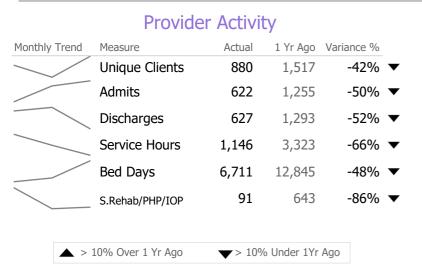
SCADD

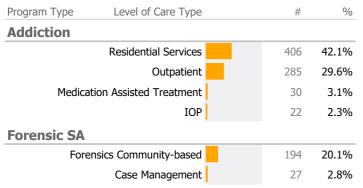
Lebanon, CT

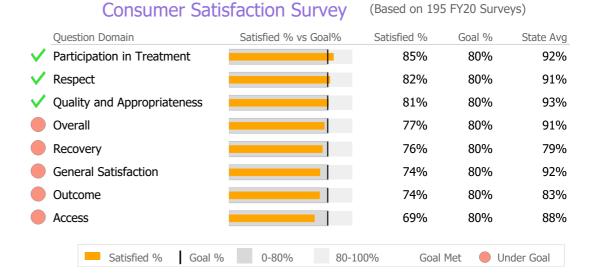
Connecticut Dept of Mental Health and Addiction Services Provider Quality Dashboard

Reporting Period: July 2020 - September 2020 (Data as of Feb 01, 2021)



Clients by Level of Care





Client Demographics

Age	#	%	State Avg	Gender	#	%	State Avg
18-25	79	9%	8%	Male Male	664	76%	▲ 58%
26-34	287	33%	▲ 21%	Female <mark>–</mark>	214	24%	▼ 42%
35-44	251	29%	22%	Transgender			0%
45-54 📕	143	16%	20%				
55-64 <mark> </mark>	100	11%	20%				
65+	20	2%	9%	Race	#	%	State Avg
				White/Caucasian	627	71%	63%
Ethnicity	#	%	State Avg	Black/African American	133	15%	16%
Non-Hispanic	710	81%	▲ 69%	Other <mark> </mark>	77	9%	13%
Hisp-Puerto Rican	85	10%	12%	Unknown	27	3%	5%
Unknown	56	6%	11%	Am. Indian/Native Alaskan	9	1%	1%
Hispanic-Other	24	3%	8%	Hawaiian/Other Pacific Islander	4	0%	0%
1				Asian	2	0%	1%
Hispanic-Cuban	3	0%	0%	Multiple Races	1	0%	1%
Hispanic-Mexican	2	0%	1%				
	Unique C	lients	State Avg	▲ > 10% Over State Avg	> 10% L	Inder St	ate Avg

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

Bank St 922402

SCADD Addiction - Residential Services - Transitional/Halfway House 3.1

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	20	21	-5%
Admits	11	13	-15% 🔻
Discharges	11	13	-15% 🔻
Bed Days	695	851	-18% 🔻

Data Submission Quality

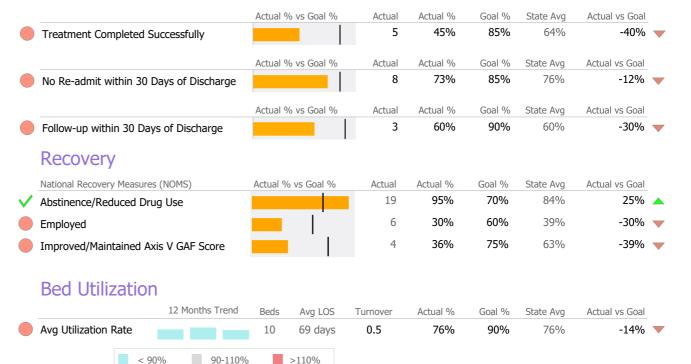
Data Entry	Actual	State Avg
Valid NOMS Data	98%	89%
Valid TEDS Data	100%	99%
On-Time Periodic	Actual	State Avg
6 Month Updates	N/A	N/A
Co-occurring	Actual	State Avg
MH Screen Complete	100%	94%
V SA Screen Complete	100%	94%
Diagnosis	Actual	State Avg
Valid Axis I Diagnosis	100%	100%

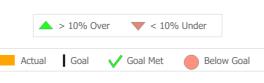


Data Submitted to DMHAS by Month



Discharge Outcomes





* State Avg based on 8 Active Transitional/Halfway House 3.1 Programs

Addiction - Residential Services - Transitional/Halfway House 3.1

Connecticut Dept of Mental Health and Addiction Services Program Quality Dashboard

16% 🔺

-21% 🔷

Reporting Period: July 2020 - September 2020 (Data as of Feb 01, 2021)

Program Activity

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	18	23	-22% 🔻
Admits	8	13	-38% 🔻
Discharges	11	15	-27% 🔻
Bed Days	698	894	-22% 🔻

Data Submission Quality

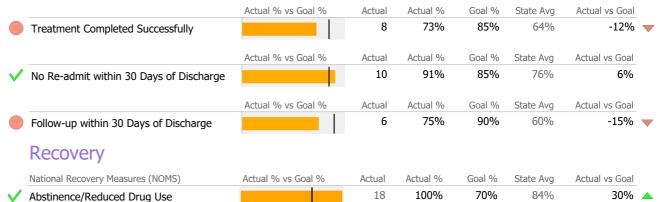
Data Entry	Actual S	State Avg
Valid NOMS Data	98%	89%
Valid TEDS Data	100%	99%
On-Time Periodic	Actual	State Avg
6 Month Updates	N/A	N/A
Co-occurring	Actual	State Avg
MH Screen Complete	100%	94%
V SA Screen Complete	100%	94%
Diagnosis	Actual	State Avg

Valid Axis I Diagnosis	100%	100%
Valid Axis V GAF Score	100%	81%

Data Submitted to DMHAS by Month



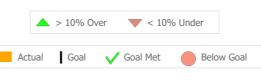
Discharge Outcomes



Abstinence/Reduced Drug Use18100%70%84%Improved/Maintained Axis V GAF Score1091%75%63%Employed739%60%39%

Bed Utilization





* State Avg based on 8 Active Transitional/Halfway House 3.1 Programs

Program Activity

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	281	341	-18% 🔻
Admits	304	377	-19% 🔻
Discharges	302	373	-19% 🔻
Bed Days	1,248	1,537	-19% 🔻

Data Submission Quality

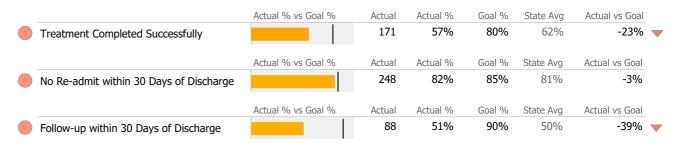
Data Entry	Actual S	State Avg
Valid NOMS Data	88%	78%
Valid TEDS Data	100%	98%
On-Time Periodic	Actual	State Avg
6 Month Updates	N/A	8%
Co-occurring	Actual	State Avg
MH Screen Complete	98%	95%
V SA Screen Complete	98%	94%
Diagnosis	Actual	State Avg

Diagnosis	Actual	State Avg
Valid Axis I Diagnosis	100%	100%
Valid Axis V GAF Score	100%	97%

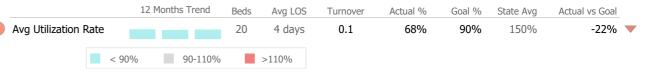
Data Submitted to DMHAS by Month

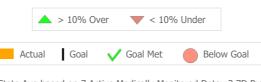
	Jui	Aug	JCP	70 FIOTICITS SubTrificed		
Admissions				100%		
Discharges				100%		
1 or more Records Submitted to DMHAS						

Discharge Outcomes



Bed Utilization





* State Avg based on 7 Active Medically Monitored Detox 3.7D Programs

Addiction - Residential Services - Intermediate/Long Term Res.Tx 3.5

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	21	42	-50% 🔻
Admits	13	20	-35% 🔻
Discharges	10	22	-55% 🔻
Bed Days	860	1,920	-55% 🔻

Data Submission Quality

Data Entry	Actual S	tate Avg
Valid NOMS Data	90%	89%
Valid TEDS Data	100%	99%
On-Time Periodic	Actual	State Avg
6 Month Updates	N/A	14%
Co-occurring	Actual	State Avg
V MH Screen Complete	100%	93%
V SA Screen Complete	100%	93%

Diagnosis	Actual	State Avg
Valid Axis I Diagnosis	100%	100%
Valid Axis V GAF Score	100%	97%

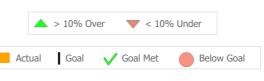
Data Submitted to DMHAS by Month

	Jui	Aug	Sch	70 PIOTICITS Submitted
Admissions				100%
Discharges				100%
	1 or mo	ore Reco	rds Subr	nitted to DMHAS

Discharge Outcomes

		Actual %	% vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	1
Treatment Completed Succ	cessfully			5	50%	70%	62%	-20%	
		Actual %	% vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
No Re-admit within 30 Day	s of Discharge			8	80%	85%	90%	-5%	
		Actual %	% vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Follow-up within 30 Days o	of Discharge			2	40%	90%	64%	-50%	
Recovery									
National Recovery Measures (N	IOMS)	Actual %	vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Abstinence/Reduced Drug L	Use			16	76%	70%	53%	6%	
Improved/Maintained Axis	V GAF Score			7	70%	95%	79%	-25%	
Bed Utilization									
	12 Months Trend	Beds	Avg LOS	Turnover	Actual %	Goal %	State Avg	Actual vs Goal	
Avg Utilization Rate		22	87 days	1.0	42%	90%	72%	-48%	

Avg Utilization Ra	Rate	-	22	87 days	1.0	42%	90%	72%	-48% 🔻
	< 90%	90-110%		>110%					



* State Avg based on 26 Active Intermediate/Long Term Res.Tx 3.5 Programs

Addiction - Residential Services - Intermediate/Long Term Res.Tx 3.5

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	73	160	-54%	▼
Admits	53	93	-43%	▼
Discharges	33	83	-60%	▼
Bed Days	2,613	6,546	-60%	•

Data Submission Quality

Data Entry	Actual S	tate Avg
Valid NOMS Data	89%	89%
Valid TEDS Data	100%	99%
On-Time Periodic	Actual	State Avg
6 Month Updates	N/A	14%
Co-occurring	Actual	State Avg
MH Screen Complete	100%	93%
V SA Screen Complete	100%	93%

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

Data Submitted to DMHAS by Month



Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Treatment Completed Successfully		22	67%	70%	62%	-3%
	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
No Re-admit within 30 Days of Discharge		28	85%	85%	90%	0%
	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Follow-up within 30 Days of Discharge		12	55%	90%	64%	-35%
Recovery						
Recovery National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
,	Actual % vs Goal %	Actual 45	Actual %	Goal %	State Avg 53%	Actual vs Goal -9%

	12	Months Trend	Beds	Avg LOS	Turnover	Actual %	Goal %	State Avg	Actual vs Goal	
Avg Utilization Ra	ate		76	74 days	1.0	37%	90%	72%	-53%	
	< 90%	90-110%		>110%						



* State Avg based on 26 Active Intermediate/Long Term Res.Tx 3.5 Programs

Addiction - Residential Services - Transitional/Halfway House 3.1

Reporting Period: July 2020 - September 2020 (Data as of Feb 01, 2021)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	25	29	-14% 🔻	
Admits	18	17	6%	
Discharges	16	18	-11% 🔻	
Bed Days	597	1,097	-46% 🔻	

Data Submission Quality

Data Entry	Actual S	tate Avg
Valid NOMS Data	92%	89%
Valid TEDS Data	100%	99%
On-Time Periodic	Actual	State Avg
6 Month Updates	N/A	N/A
Co-occurring	Actual	State Avg
MH Screen Complete	100%	94%
V SA Screen Complete	100%	94%
Diagnosis	Actual	State Avg

		20070
Valid Axis V GAF Score	100%	81%

Valid Avis I Diagnosis

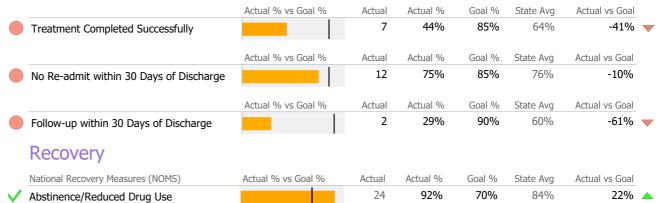
Data Submitted to DMHAS by Month

100%

100%

	Jui	Aug	Sch	70 PIONUIS Submitted
Admissions				100%
Discharges				100%
	1 or r	nore Reco	ords Sub	mitted to DMHAS

Discharge Outcomes



Abstinence/Reduced Drug Use 24 92% 70% 84% 22% Abstinence/Reduced Drug Use Improved/Maintained Axis V GAF Score 11 69% 75% 63% -6% Employed 3 12% 60% 39% -48%

Bed Utilization



* State Avg based on 8 Active Transitional/Halfway House 3.1 Programs

 ^{▲ &}gt; 10% Over
 ▼ < 10% Under</td>

 Actual
 Goal
 ✓ Goal Met
 Below Goal

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	22	90	-76% 🔻	,
Admits	15	71	-79% 🔻	,
Discharges	18	76	-76% 🔻	,
Service Hours	92	5		
Social Rehab/PHP/IOP Days	91	446	-80% 🔻	,

Data Submission Quality

Data Entry	Actual S	itate Avg
Valid NOMS Data	88%	78%
Valid TEDS Data	100%	82%
On-Time Periodic	Actual	State Avg
6 Month Updates	N/A	1%
Co-occurring	Actual	State Avg
V MH Screen Complete	94%	80%
V SA Screen Complete	88%	80%

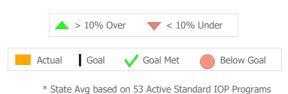


Data Submitted to DMHAS by Month

		Jul	Aug	Sep	% Months Submitted				
Admission	S				100%				
Discharge	S				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		11	61%	50%	66%	11%
	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Follow-up within 30 Days of Discharge		8	73%	90%	54%	-17%
Recovery						
National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Abstinence/Reduced Drug Use		16	70%	55%	47%	15%
Not Arrested		21	91%	75%	78%	16%
/ Improved/Maintained Axis V GAF Score		15	83%	75%	48%	8%
Employed		9	39%	50%	24%	-11%
Self Help		10	43%	60%	19%	-17%
Stable Living Situation	I	18	78%	95%	79%	-17%
Service Utilization						
	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Clients Receiving Services		4	80%	90%	54%	-10%



Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	285	451	-37% 🔻	
Admits	164	269	-39% 🔻	
Discharges	181	306	-41% 🔻	
Service Hours	929	1,908	-51% 🔻	

Data Submission Quality

Data Entry	Actual	State Avg
Valid NOMS Data	88%	% 87%
Valid TEDS Data	99%	% 87%
On-Time Periodic	Actua	al State Avg
6 Month Updates	93%	
Co-occurring	Actua	al State Avg
V MH Screen Complete	95%	6 91%
V SA Screen Complete	96%	% 96%
	•	
Diagnosis	Actua	al State Avg

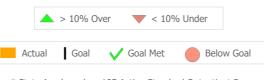
Valid Axis I Diagnosis	100%	99%
Valid Axis V GAF Score	99%	96%

Data Submitted to DMHAS by Month



Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Treatment Completed Successfully		74	41%	50%	46%	-9%	
Recovery							
National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Abstinence/Reduced Drug Use		223	75%	55%	41%	20%	
Not Arrested		249	84%	75%	68%	9%	
Stable Living Situation	· · · · ·	274	92%	95%	66%	-3%	
Employed	I `	132	44%	50%	26%	-6%	
Improved/Maintained Axis V GAF Score	i	122	63%	75%	34%	-12%	
Self Help		75	25%	60%	17%	-35%	,
Service Utilization							
	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Clients Receiving Services		117	98%	90%	45%	8%	
Service Engagement							
Outpatient	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
2 or more Services within 30 days		84	52%	75%	58%	-23%	



* State Avg based on 105 Active Standard Outpatient Programs

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	0	38	•	
Admits	-	33	-100% 🔻	
Discharges	-	33	-100% 🔻	
Service Hours	-	-		

Data Submission Quality

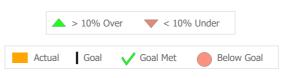
Data Entry	Actual	State Avg
Valid NOMS Data	N/A	78%
Valid TEDS Data	N/A	82%
On-Time Periodic	Actual	State Avg
6 Month Updates	N/A	1%
Co-occurring	 Actual	State Avg
MH Screen Complete	N/A	80%
SA Screen Complete	N/A	80%

Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Treatment Completed Successfully		N/A	N/A	50%	66%	N/A	
	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Follow-up within 30 Days of Discharge	2	N/A	N/A	90%	54%	N/A	
Recovery							
National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Abstinence/Reduced Drug Use		N/A	N/A	55%	47%	-55%	
Employed	l.	N/A	N/A	50%	24%	-50%	▼
Improved/Maintained Axis V GAF Score	e l	N/A	N/A	75%	48%	-75%	
Not Arrested	i	N/A	N/A	75%	78%	-75%	-
Self Help		N/A	N/A	60%	19%	-60%	
Stable Living Situation		N/A	N/A	95%	79%	-95%	▼
Service Utilization							
	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Clients Receiving Services		N/A	N/A	90%	54%	N/A	•

Data Submitted to DMHAS by Month

		Jui	Aug	Seb	70 Month's Submitted
Admissions	5				0%
Discharges	5				0%
		1 or mo	ore Recor	ds Subr	nitted to DMHAS



* State Avg based on 53 Active Standard IOP Programs

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	1	248	-100% 🔻	
Admits	1	158	-99% 🔻	
Discharges	1	168	-99% 🔻	
Service Hours	-	1,112	-100% 🔻	

Data Submission Quality

Data Entry	Actual	State Avg
🗸 Valid NOMS Data	100%	87%
Valid TEDS Data	100%	87%
On-Time Periodic	Actual	State Avg
6 Month Updates	N/A	17%
Co-occurring	Actual	State Avg
MH Screen Complete	100%	91%
SA Screen Complete	0%	96%
Diagnosis	Actual	State Avg
Valid Axis I Diagnosis	100%	99%

Data Submitted to DMHAS by Month

100%

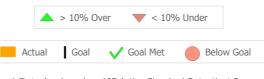
96%

	JU	I Aug	Sep	% Months Submitted
Admission	S			33%
Discharge	5			33%
Services				33%
1 or more Records Submitted to DMHAS				
	1 01		0.00 000	

Valid Axis V GAF Score

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	
Employed		1	100%	50%	26%	50%	
✓ Stable Living Situation		1	100%	95%	66%	5%	
Abstinence/Reduced Drug Use		0	0%	55%	41%	-55%	
Self Help	<u> </u>	0	0%	60%	17%	-60%	
Improved/Maintained Axis V GAF Score		0	0%	75%	34%	-75%	-
Not Arrested	İ	0	0%	75%	68%	-75%	
Service Utilization							
	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Clients Receiving Services		N/A	N/A	90%	45%	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%	58%	-75%	



* State Avg based on 105 Active Standard Outpatient Programs

Forensic SA - Case Management - Standard Case Management

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	22	32	-31%	▼
Admits	10	16	-38%	▼
Discharges	8	24	-67%	▼
Service Hours	59	168	-65%	▼

Data Submission Quality

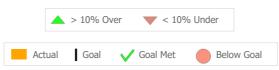
Data Entry	Actual	State Avg
🗸 Valid NOMS Data	99%	99%
On-Time Periodic	Actual	State Avg
V 6 Month Updates	100%	7%

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
🗸 Treatm	ent Completed Successfully		4	50%	50%	66%	0%
Reco	overy						
National	Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
🗸 Self Hel	р		23	100%	60%	47%	40% 🔺
🗸 Social S	upport		23	100%	60%	69%	40% 🔺
V Employe	ed		6	26%	20%	15%	6%
🗸 Stable L	iving Situation		19	83%	80%	40%	3%
Serv	ice Utilization						
		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
V Clients I	Receiving Services		15	100%	90%	30%	10%



* State Avg based on 8 Active Standard Case Management Programs

Forensic SA - Case Management - Standard Case Management

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	8	77	-90%	▼
Admits	2	33	-94%	▼
Discharges	4	28	-86%	▼
Service Hours	15	67	-78%	▼

Data Submission Quality

Data Entry	Actual	State Avg
Valid NOMS Data	96%	99%
On-Time Periodic	Actual	State Avg
V 6 Month Updates	100%	7%

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		2	50%	50%	66%	0%
Recovery						
National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
✓ Social Support		8	100%	60%	69%	40%
🗸 Self Help		7	88%	60%	47%	28%
Employed		0	0%	20%	15%	-20%
Stable Living Situation		2	25%	80%	40%	-55%
Service Utilization						
	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Clients Receiving Services		4	100%	90%	30%	10%

	> 10% 0	ver 🔻 < 10	% Under	
Actual	Goal	V Goal Met	Belo	w Goal

* State Avg based on 8 Active Standard Case Management Programs

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	143	252	-43%	▼
Admits	4	61	-93%	▼
Discharges	17	56	-70%	▼

Data Submitted to DMHAS by Month

	JUI	Aug	Sep	% Months Submitted			
Admissions				67%			
Discharges				100%			
	1 or more Records Submitted to DMHAS						

	> 10% 0	ver 🔻 < 109	% Under	
Actual	Goal	V Goal Met	Below Goal	

* State Avg based on 16 Active Pre-trial Intervention Programs Programs

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	26	48	-46%	▼
Admits	6	22	-73%	▼
Discharges	2	24	-92%	▼
Service Hours	29	65	-55%	▼

Data Submission Quality

Data Entry	Actual	State Avg
Valid NOMS Data	96%	88%
Valid TEDS Data	99%	96%
On-Time Periodic	Actual	State Avg
6 Month Updates	100%	31%
Co-occurring	Actual	State Avg
V MH Screen Complete	83%	77%
SA Screen Complete	83%	88%
	-	
Diagnosis	Actual	State Ava

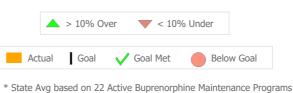
Diagnosis	Actual	State Avg	
Valid Axis I Diagnosis	92%	99%	
Valid Axis V GAF Score	92%	97%	

Data Submitted to DMHAS by Month

		Jui	Aug	JCP	70 PIOTICIS Submitteeu	
Admission	5				67%	
Discharges	6				67%	
Services					100%	
1 or more Records Submitted to DMHAS						

Discharge Outcomes

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
\checkmark	Treatment Completed Successfully		2	100%	50%	34%	50%	
	Recovery							
	National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
\checkmark	Abstinence/Reduced Drug Use		20	77%	55%	45%	22%	
\checkmark	Not Arrested		22	85%	75%	61%	10%	
\checkmark	Self Help		17	65%	60%	17%	5%	
\checkmark	Stable Living Situation		26	100%	95%	60%	5%	
\checkmark	Employed		13	50%	50%	23%	0%	
\checkmark	Improved/Maintained Axis V GAF Score		15	94%	75%	31%	19%	
	Service Utilization							
		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
	Clients Receiving Services		21	88%	90%	36%	-2%	



Addiction - Medication Assisted Treatment - Buprenorphine Maintenance

Reporting Period: July 2020 - September 2020 (Data as of Feb 01, 2021)

Program Activity

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	12		
Admits	8	-	
Discharges	10	-	
Service Hours	3	-	

Data Submission Quality

Data Entry	Actual S	state Avg
Valid NOMS Data	75%	88%
Valid TEDS Data	100%	96%
On-Time Periodic	Actual	State Avg
6 Month Updates	N/A	31%
Co-occurring	 Actual	State Avg
V MH Screen Complete	100%	77%
V SA Screen Complete	100%	88%
Diagnosis	Actual	State Avg

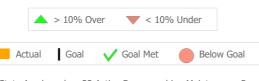
Diagnosis	Actual	State Avg
Valid Axis I Diagnosis	100%	99%
Valid Axis V GAF Score	100%	97%

Data Submitted to DMHAS by Month

		Jui	Aug	Sep	70 MONUNS SUDMILLEU
Admissions					33%
Discharges					67%
Services					100%
	1 0	or mo	re Recor	ds Subn	nitted to DMHAS

Discharge Outcomes

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
	Treatment Completed Successfully		0	0%	50%	34%	-50%	
	Recovery							
	National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
\checkmark	Abstinence/Reduced Drug Use		9	75%	55%	45%	20%	
\checkmark	Employed		7	58%	50%	23%	8%	
\checkmark	Stable Living Situation		12	100%	95%	60%	5%	
	Not Arrested		6	50%	75%	61%	-25%	
	Self Help		2	17%	60%	17%	-43%	▼
	Improved/Maintained Axis V GAF Score		2	20%	75%	31%	-55%	
	Service Utilization							
		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
\checkmark	Clients Receiving Services		2	100%	90%	36%	10%	



* State Avg based on 22 Active Buprenorphine Maintenance Programs

Program Activity

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

Data Submission Quality

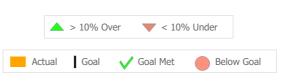
Data Entry	Actual	State Avg
Valid NOMS Data	N/A	69%
Valid TEDS Data	N/A	98%
On-Time Periodic	Actua	State Avg
6 Month Updates	N/A	0%
Co-occurring	Actua	State Avg
MH Screen Complete	N/A	97%
SA Screen Complete	N/A	100%

Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Treatment Completed Successfully		N/A	N/A	50%	72%	N/A
Recovery						
National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Abstinence/Reduced Drug Use		N/A	N/A	55%	21%	-55%
Employed	l l	N/A	N/A	50%	29%	-50%
Improved/Maintained Axis V GAF Score	· · ·	N/A	N/A	75%	57%	-75%
Not Arrested	i	N/A	N/A	75%	50%	-75%
Self Help		N/A	N/A	60%	28%	-60%
Stable Living Situation	· 1	N/A	N/A	95%	71%	-95%
Service Utilization						
	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Clients Receiving Services		N/A	N/A	90%	41%	N/A

Data Submitted to DMHAS by Month

		JUI	Aug	Sep	% Months Submitted
Admissions	5				0%
Discharges	6				0%
		1 or mo	re Recor	ds Subr	nitted to DMHAS



* State Avg based on 7 Active Naltrexone Programs

Connecticut Dept of Mental Health and Addiction Services Program Quality Dashboard

Forensic SA - Forensics Community-based - Court Liaison-Jail Diversion

Reporting Period: July 2020 - September 2020 (Data as of Feb 01, 2021)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	51	104	-51% 🔻	
Admits	5	59	-92% 🔻	
Discharges	3	54	-94% 🔻	
Service Hours	20	-		

Data Submitted to DMHAS by Month Sep

1 or more Records Submitted to DMHAS

Jul

Admissions

Discharges

Services

Aug

% Months Submitted

67%

100%

100%

Service Utilization



Jail Diversion

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goa
Follow-up Service within 48 hours		0	0%	0%	0%	0%
▲ > 10% Over	💙 < 10% Under					
Actual Goal 🗸	Goal Met 🛛 🛑 Below Goal					