Wheeler Clinic
Plainville, 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	4,927	4,590	7%	
	Admits	1,023	1,191	-14%	▼
	Discharges	626	1,046	-40%	▼
	Service Hours	3,370	4,273	-21%	▼

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

Clients by Level of Care

Program Type	Level of Care Type		#	%
Addiction				
	Outpatient		3,447	66.6%
	Medication Assisted Treatment		426	8.2%
	Intake		317	6.1%
	Case Management		87	1.7%
	Consultation		53	1.0%
	IOP		16	0.3%
Forensic SA				
	Forensics Community-based		787	15.2%
	Case Management		42	0.8%

Consumer Satisfaction Survey   (Based on 349 FY20 Surveys)

	Question Domain	Satisfied % vs Goal%	Satisfied %	Goal %	State Avg
✓	Participation in Treatment		93%	80%	92%
✓	Respect		90%	80%	91%
✓	Quality and Appropriateness		89%	80%	93%
✓	General Satisfaction		88%	80%	92%
✓	Overall		87%	80%	91%
✓	Access		80%	80%	88%
🔴	Outcome		75%	80%	83%
🔴	Recovery		73%	80%	79%

Legend: ■ Satisfied % | Goal %   ▮ 0-80%   ▮ 80-100%   ✓ Goal Met   🔴 Under Goal

Client Demographics

Age

Age	#	%	State Avg
18-25	753	15%	8%
26-34	1,398	28%	21%
35-44	1,171	24%	22%
45-54	759	15%	20%
55-64	628	13%	20%
65+	211	4%	9%

Gender

Gender	#	%	State Avg
Male	2,804	57%	58%
Female	2,119	43%	42%
Transgender			0%

Ethnicity

Ethnicity	#	%		State Avg
Unknown	3,056	62%	▲	11%
Non-Hispanic	1,223	25%	▼	69%
Hisp-Puerto Rican	515	10%		12%
Hispanic-Other	107	2%		8%
Hispanic-Mexican	19	0%		1%
Hispanic-Cuban	7	0%		0%

Race

Race	#	%	State Avg
White/Caucasian	2,901	59%	63%
Black/African American	701	14%	16%
Other	633	13%	13%
Unknown	467	9%	5%
Multiple Races	122	2%	1%
Asian	51	1%	1%
Am. Indian/Native Alaskan	29	1%	1%
Hawaiian/Other Pacific Islander	23	0%	0%

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.

Access Line
Wheeler Clinic
Addiction - Intake - Central Intake

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	317	251	26%	▲
Admits	356	268	33%	▲
Discharges	356	268	33%	▲

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	% Months Submitted
Admissions				100%
Discharges				100%

1 or more Records Submitted to DMHAS

▲ > 10% Over   ▼ < 10% Under

Actual | Goal   ✓ Goal Met   ● Below Goal

* State Avg based on 1 Active Central Intake Programs

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

Bettor Choice 620740
Wheeler Clinic
Addiction - Outpatient - Gambling 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	19	14	36%	▲
Admits	4	3	33%	▲
Discharges	2	3	-33%	▼
Service Hours	41	4		
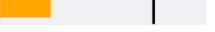
Discharge Outcomes

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
●	Treatment Completed Successfully		1	50%	75%	79%	-25%	▼
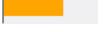
Service Utilization

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
●	Clients Receiving Services		9	53%	90%	84%	-37%	▼

Data Submission Quality

Data Entry		Actual	State Avg
	Valid NOMS Data	71%	92%
✓	Valid TEDS Data	64%	36%

On-Time Periodic		Actual	State Avg
●	6 Month Updates	36%	56%

Co-occurring		Actual	State Avg
✓	MH Screen Complete	100%	97%
✓	SA Screen Complete	100%	97%

Diagnosis		Actual	State Avg
	Valid Axis I Diagnosis	84%	98%
	Valid Axis V GAF Score	84%	98%

Service Engagement

Outpatient		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
●	2 or more Services within 30 days		1	25%	75%	78%	-50%	▼

Data Submitted to DMHAS by Month

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

1 or more Records Submitted to DMHAS
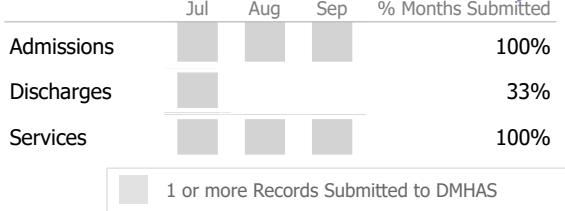
▲ > 10% Over		▼ < 10% Under	
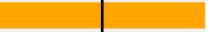
▪ Actual		Goal	✓ Goal Met	● Below Goal

* State Avg based on 5 Active Gambling Outpatient Programs

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

Latino Outreach 620296
Wheeler Clinic
Addiction - 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	30	69	-57%	▼
Admits	3	2	50%	▲
Discharges	3	-		
Service Hours	122	88	38%	▲

Service Engagement

Homeless Outreach	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓ at least 1 Service within 180 days		3	100%	50%	56%	50%	▲

Data Submitted to DMHAS by Month
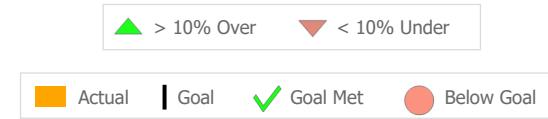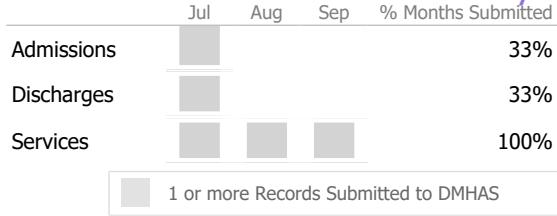
	Jul	Aug	Sep	% Months Submitted
Admissions				33%
Discharges				33%
Services				100%

1 or more Records Submitted to DMHAS

▲ > 10% Over   ▼ < 10% Under

■ Actual | Goal   ✓ Goal Met   ● Below Goal

* State Avg based on 22 Active Outreach & Engagement Programs

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

Lifeline For Wmn and Chld62030
Wheeler Clinic
Addiction - IOP - Standard IOP

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	16	16	0%
Admits	-	-	
Discharges	-	-	
Service Hours	-	-	
Social Rehab/PHP/IOP Days	0	0	

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		0%	1%

Co-occurring		Actual	State Avg
MH Screen Complete		N/A	80%
SA Screen Complete		N/A	80%

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

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%	66%	N/A

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Follow-up within 30 Days of Discharge		N/A	N/A	90%	54%	N/A

Recovery

National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
● Employed		0	0%	50%	24%	-50% ▼
● Abstinence/Reduced Drug Use		0	0%	55%	47%	-55% ▼
● Self Help		0	0%	60%	19%	-60% ▼
● Improved/Maintained Axis V GAF Score		0	0%	75%	48%	-75% ▼
● Not Arrested		0	0%	75%	78%	-75% ▼
● Stable Living Situation		0	0%	95%	79%	-95% ▼

Service Utilization

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
● Clients Receiving Services		0	0%	90%	54%	N/A ▼

▲ > 10% Over   ▼ < 10% Under

■ Actual | Goal   ✓ Goal Met   ● Below Goal

* State Avg based on 53 Active Standard IOP Programs

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

Lifeline for Women and Children - OP
Wheeler Clinic
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	111	131	-15% ▼
Admits	5	30	-83% ▼
Discharges	9	12	-25% ▼
Service Hours	20	210	-90% ▼

Data Submission Quality

Data Entry		Actual	State Avg
Valid NOMS Data		76%	87%
✓ Valid TEDS Data		94%	87%

On-Time Periodic		Actual	State Avg
● 6 Month Updates		5%	17%

Co-occurring		Actual	State Avg
✓ MH Screen Complete		100%	91%
✓ SA Screen Complete		100%	96%

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

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		6	67%	50%	46%	17% ▲

Recovery

National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
● Employed		20	18%	50%	26%	-32% ▼
● Abstinence/Reduced Drug Use		20	18%	55%	41%	-37% ▼
● Not Arrested		39	35%	75%	68%	-40% ▼
● Self Help		11	10%	60%	17%	-50% ▼
● Stable Living Situation		39	35%	95%	66%	-60% ▼
● Improved/Maintained Axis V GAF Score		15	14%	75%	34%	-61% ▼

Service Utilization

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
● Clients Receiving Services		8	8%	90%	45%	-82% ▼

Service Engagement

Outpatient	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
● 2 or more Services within 30 days		1	20%	75%	58%	-55% ▼
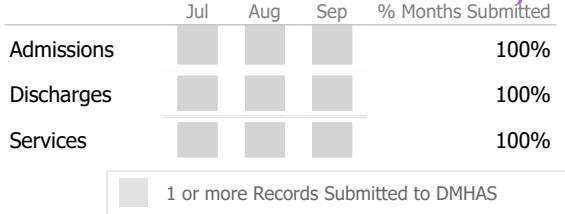
▲ > 10% Over   ▼ < 10% Under

■ 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.

MAT - Naltrexone - Plainville
Wheeler Clinic
Addiction - Medication Assisted Treatment - Naltrexone

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	-	-	

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		N/A	N/A	50%	29%	-50% ▼
● Improved/Maintained Axis V GAF Score		N/A	N/A	75%	57%	-75% ▼
● Not Arrested		N/A	N/A	75%	50%	-75% ▼
● Self Help		N/A	N/A	60%	28%	-60% ▼
● Stable Living Situation		N/A	N/A	95%	71%	-95% ▼

Data Submission Quality

Data Entry	Actual	State Avg
Valid NOMS Data	N/A	69%
Valid TEDS Data	N/A	98%

On-Time Periodic	Actual	State Avg
6 Month Updates	N/A	0%

Co-occurring	Actual	State Avg
MH Screen Complete	N/A	97%
SA Screen Complete	N/A	100%

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 7 Active Naltrexone Programs

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

MATx OP
Wheeler Clinic
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	426	268	59%	▲
Admits	39	24	63%	▲
Discharges	-	-		
Service Hours	-	-		

Data Submission Quality

Data Entry	Actual % vs State Avg	Actual	State Avg
Valid NOMS Data		63%	88%
✔ Valid TEDS Data		100%	96%

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

Co-occurring		Actual	State Avg
✔ MH Screen Complete		100%	77%
✔ SA Screen Complete		100%	88%

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

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	% Months Submitted
Admissions				100%
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%	34%	N/A

Recovery

National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
● Not Arrested		178	42%	75%	61%	-33%	▼
● Abstinence/Reduced Drug Use		92	22%	55%	45%	-33%	▼
● Employed		37	9%	50%	23%	-41%	▼
● Self Help		70	16%	60%	17%	-44%	▼
● Stable Living Situation		145	34%	95%	60%	-61%	▼
● Improved/Maintained Axis V GAF Score		0	0%	75%	31%	-75%	▼

Service Utilization

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
● Clients Receiving Services		0	0%	90%	36%	N/A	▼
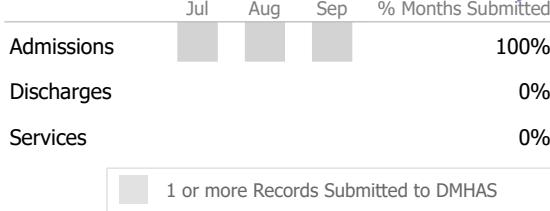
▲ > 10% Over	▼ < 10% Under

■ 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.

NHDTP
Wheeler Clinic
Addiction - Consultation - Consultation

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	53	30	77%	▲
Admits	12	16	-25%	▼
Discharges	11	12	-8%	
Service Hours	-	-		

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	% Months Submitted
Admissions				100%
Discharges				100%
Services				0%

☐ 1 or more Records Submitted to DMHAS

▲ > 10% Over	▼ < 10% Under

☐ Actual		Goal	✓ Goal Met	⬤ Below Goal

* State Avg based on 1 Active Consultation Programs

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

Post-Release Transitional Forensic Case Management
Wheeler Clinic
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	19	10	90%	▲
Admits	2	-		
Discharges	8	2	300%	▲
Service Hours	38	7		

Discharge Outcomes

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓	Treatment Completed Successfully		5	62%	50%	66%	12%	▲

Recovery

	National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓	Employed		6	32%	20%	15%	12%	▲
✓	Social Support		12	63%	60%	69%	3%	
●	Stable Living Situation		12	63%	80%	40%	-17%	▼
●	Self Help		3	16%	60%	47%	-44%	▼

Data Submission Quality

	Data Entry		Actual	State Avg
✓	Valid NOMS Data		100%	99%

	On-Time Periodic		Actual	State Avg
✓	6 Month Updates		10%	7%

Service Utilization

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
●	Clients Receiving Services		3	27%	90%	30%	-63%	▼

Data Submitted to DMHAS by Month
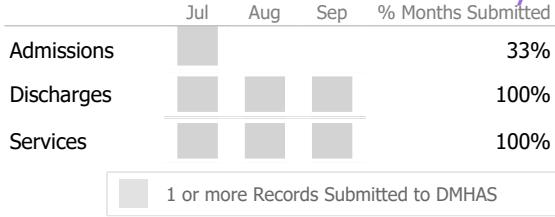
	Jul	Aug	Sep	% Months Submitted
Admissions	▪			33%
Discharges	▪	▪	▪	100%
Services	▪	▪	▪	100%

☐ 1 or more Records Submitted to DMHAS

▲ > 10% Over   ▼ < 10% Under

■ Actual | Goal   ✓ Goal Met   ● Below Goal

* State Avg based on 8 Active Standard Case Management Programs

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

Pre-Release Transitional Forensic Case Management
Wheeler Clinic
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	25	26	-4%
Admits	2	3	-33% ▼
Discharges	2	3	-33% ▼
Service Hours	4	7	-49% ▼
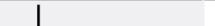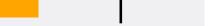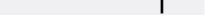
Data Submission Quality

Data Entry		Actual	State Avg
Valid NOMS Data		96%	99%

On-Time Periodic		Actual	State Avg
● 6 Month Updates		0%	7%
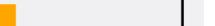
Data Submitted to DMHAS by Month

	Jul	Aug	Sep	% Months Submitted
Admissions		▢	▢	67%
Discharges	▢			33%
Services	▢	▢		67%

▢ 1 or more Records Submitted to DMHAS

Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
✓ Treatment Completed Successfully		1	50%	50%	66%	0%

Recovery

National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
● Employed		0	0%	20%	15%	-20% ▼
● Social Support		6	24%	60%	69%	-36% ▼
● Self Help		5	20%	60%	47%	-40% ▼
● Stable Living Situation		0	0%	80%	40%	-80% ▼

Service Utilization

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
● Clients Receiving Services		2	9%	90%	30%	-81% ▼
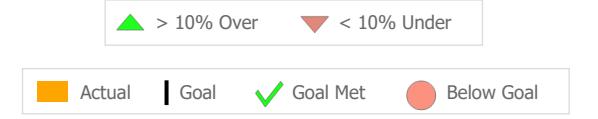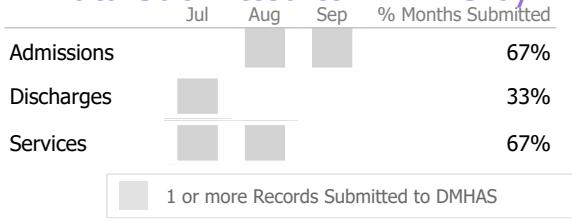
▲ > 10% Over   ▼ < 10% Under

▮ Actual | Goal   ✓ Goal Met   ● Below Goal

* State Avg based on 8 Active Standard Case Management Programs

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

PTIP - 2024 E. Main St. 620713
Wheeler Clinic
Forensic SA - Forensics Community-based - Pre-trial Intervention Programs

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	194	415	-53%	▼
Admits	13	123	-89%	▼
Discharges	10	138	-93%	▼

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	% Months Submitted
Admissions		▢	▢	67%
Discharges		▢	▢	67%

▢ 1 or more Records Submitted to DMHAS

▲ > 10% Over	▼ < 10% Under

| ▢ Actual		Goal	✓ Goal Met	⬤ Below Goal

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

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

PTIP-75 N. Mountain Rd. 620707
Wheeler Clinic
Forensic SA - Forensics Community-based - Pre-trial Intervention Programs

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	594	858	-31%	▼
Admits	14	174	-92%	▼
Discharges	5	165	-97%	▼

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	% Months Submitted
Admissions		▩	▩	67%
Discharges		▩	▩	67%

▢ 1 or more Records Submitted to DMHAS

▲ > 10% Over	▼ < 10% Under

▢ Actual	❘ Goal	✓ Goal Met	● Below Goal

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

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

SA OP Hartford 620203
Wheeler Clinic
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	1,813	1,425	27%	▲
Admits	369	298	24%	▲
Discharges	99	244	-59%	▼
Service Hours	1,863	2,465	-24%	▼

Data Submission Quality

Data Entry	Actual	State Avg
Valid NOMS Data	67%	87%
✓ Valid TEDS Data	87%	87%

On-Time Periodic	Actual	State Avg
● 6 Month Updates	16%	17%

Co-occurring	Actual	State Avg
✓ MH Screen Complete	100%	91%
✓ SA Screen Complete	100%	96%

Diagnosis	Actual	State Avg
Valid Axis I Diagnosis	97%	99%
✓ Valid Axis V GAF Score	98%	96%

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		38	38%	50%	46%	-12%	▼

Recovery

National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
● Not Arrested		1,223	67%	75%	68%	-8%	
● Abstinence/Reduced Drug Use		524	29%	55%	41%	-26%	▼
● Stable Living Situation		1,129	62%	95%	66%	-33%	▼
● Employed		264	15%	50%	26%	-35%	▼
● Self Help		363	20%	60%	17%	-40%	▼
● Improved/Maintained Axis V GAF Score		319	25%	75%	34%	-50%	▼

Service Utilization

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
● Clients Receiving Services		752	44%	90%	45%	-46%	▼

Service Engagement

Outpatient	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
● 2 or more Services within 30 days		192	52%	75%	58%	-23%	▼

▲ > 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.

SA OP Plainville 620200
Wheeler Clinic
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)
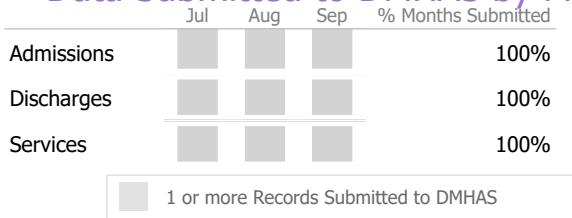
Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	1,565	1,288	22%	▲
Admits	201	210	-4%	
Discharges	117	167	-30%	▼
Service Hours	1,282	1,491	-14%	▼

Data Submission Quality

Data Entry		Actual	State Avg
Valid NOMS Data		66%	87%
Valid TEDS Data		81%	87%

On-Time Periodic		Actual	State Avg
● 6 Month Updates		11%	17%

Co-occurring		Actual	State Avg
✔ MH Screen Complete		100%	91%
✔ SA Screen Complete		100%	96%

Diagnosis		Actual	State Avg
Valid Axis I Diagnosis		98%	99%
✔ Valid Axis V GAF Score		99%	96%

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		37	32%	50%	46%	-18%	▼

Recovery

National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
● Not Arrested		796	51%	75%	68%	-24%	▼
● Employed		259	17%	50%	26%	-33%	▼
● Abstinence/Reduced Drug Use		334	21%	55%	41%	-34%	▼
● Stable Living Situation		762	49%	95%	66%	-46%	▼
● Self Help		173	11%	60%	17%	-49%	▼
● Improved/Maintained Axis V GAF Score		265	21%	75%	34%	-54%	▼

Service Utilization

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
● Clients Receiving Services		395	27%	90%	45%	-63%	▼

Service Engagement

Outpatient	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
● 2 or more Services within 30 days		120	60%	75%	58%	-15%	▼

▲ > 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.

SOR - HCWH-Bristol
Wheeler Clinic
Addiction - 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)
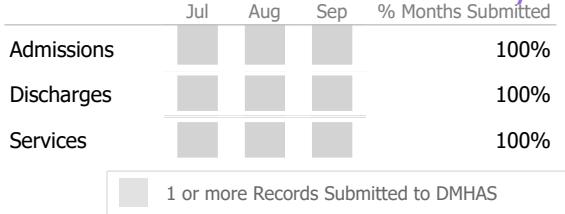
Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	57	33	73%	▲
Admits	3	16	-81%	▼
Discharges	4	-		
Service Hours	-	-		

Service Engagement

Homeless Outreach	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
● at least 1 Service within 180 days		1	33%	50%	56%	-17%	▼

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	% Months Submitted
Admissions				67%
Discharges				33%
Services				0%

1 or more Records Submitted to DMHAS

▲ > 10% Over	▼ < 10% Under

■ Actual		Goal	✓ Goal Met	● Below Goal

* State Avg based on 22 Active Outreach & Engagement Programs

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