**Community Health Resources Inc.**
Manchester, CT

Connecticut Dept of Mental Health and Addiction Services
Provider Quality Dashboard
Reporting Period: July 2020 - December 2020  (Data as of Apr 07, 2021)

## Provider Activity

| Monthly Trend | Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|---|
| | Unique Clients | 8,304 | 9,931 | -16% | ▼ |
| | Admits | 2,912 | 4,718 | -38% | ▼ |
| | Discharges | 2,843 | 4,488 | -37% | ▼ |
| | Service Hours | 37,993 | 50,291 | -24% | ▼ |
| | Bed Days | 10,325 | 13,976 | -26% | ▼ |
| | S.Rehab/PHP/IOP | 1,584 | 4,470 | -65% | ▼ |

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

## Clients by Level of Care

| Program Type / Level of Care Type | # | % |
|---|---|---|
| **Mental Health** | | |
| Outpatient | 5,887 | 58.1% |
| Social Rehabilitation | 500 | 4.9% |
| Community Support | 394 | 3.9% |
| Crisis Services | 202 | 2.0% |
| ACT | 189 | 1.9% |
| Employment Services | 138 | 1.4% |
| Case Management | 131 | 1.3% |
| IOP | 44 | 0.4% |
| Residential Services | 34 | 0.3% |
| **Addiction** | | |
| Outpatient | 1,061 | 10.5% |
| Medication Assisted Treatment | 453 | 4.5% |
| Recovery Support | 231 | 2.3% |
| Residential Services | 132 | 1.3% |
| **Forensic SA** | | |
| Forensics Community-based | 533 | 5.3% |
| **Forensic MH** | | |
| Forensics Community-based | 207 | 2.0% |

## Consumer Satisfaction Survey  (Based on 986 FY20 Surveys)

| | Question Domain | Satisfied % vs Goal% | Satisfied % | Goal % | State Avg |
|---|---|---|---|---|---|
| ✓ | Quality and Appropriateness | | 93% | 80% | 93% |
| ✓ | Overall | | 92% | 80% | 91% |
| ✓ | Participation in Treatment | | 91% | 80% | 92% |
| ✓ | General Satisfaction | | 91% | 80% | 92% |
| ✓ | Respect | | 91% | 80% | 91% |
| ✓ | Access | | 89% | 80% | 88% |
| ✓ | Outcome | | 83% | 80% | 83% |
| ● | Recovery | | 78% | 80% | 79% |

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

## Client Demographics

### Age

| | # | % | State Avg |
|---|---|---|---|
| 18-25 | 1,136 | 14% | 9% |
| 26-34 | 1,851 | 22% | 21% |
| 35-44 | 1,711 | 21% | 22% |
| 45-54 | 1,374 | 17% | 19% |
| 55-64 | 1,550 | 19% | 20% |
| 65+ | 679 | 8% | 8% |

### Gender

| | # | % | State Avg |
|---|---|---|---|
| Male | 4,215 | 51% | 58% |
| Female | 4,072 | 49% | 42% |
| Transgender | | | 0% |

### Ethnicity

| | # | % | State Avg |
|---|---|---|---|
| Non-Hispanic | 6,930 | 83% ▲ | 70% |
| Hisp-Puerto Rican | 716 | 9% | 12% |
| Hispanic-Other | 447 | 5% | 8% |
| Unknown | 168 | 2% | 10% |
| Hispanic-Mexican | 27 | 0% | 0% |
| Hispanic-Cuban | 16 | 0% | 0% |

### Race

| | # | % | State Avg |
|---|---|---|---|
| White/Caucasian | 6,091 | 73% ▲ | 62% |
| Black/African American | 993 | 12% | 17% |
| Other | 799 | 10% | 13% |
| Unknown | 214 | 3% | 6% |
| Asian | 106 | 1% | 1% |
| Am. Indian/Native Alaskan | 65 | 1% | 1% |
| Hawaiian/Other Pacific Islander | 22 | 0% | 0% |
| Multiple Races | 14 | 0% | 1% |

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

**ACT Team - Manchester 606296**
Community Health Resources Inc.
Mental Health - ACT - Assertive Community Treatment

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2020 - December 2020  (Data as of Apr 07, 2021)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 66 | 78 | -15% | ▼ |
| Admits | 10 | 9 | 11% | ▲ |
| Discharges | 14 | 20 | -30% | ▼ |
| Service Hours | 1,522 | 2,059 | -26% | ▼ |

## Data Submission Quality

| Data Entry | Actual % vs Goal % | Actual | State Avg |
|---|---|---|---|
| ✓ Valid NOMS Data | | 98% | 84% |

| On-Time Periodic | Actual % vs Goal % | Actual | State Avg |
|---|---|---|---|
| ✓ 6 Month Updates | | 100% | 87% |

| Co-occurring | Actual % vs Goal % | Actual | State Avg |
|---|---|---|---|
| ✓ MH Screen Complete | | 100% | 89% |
| ✓ SA Screen Complete | | 100% | 89% |

| Diagnosis | Actual % vs Goal % | Actual | State Avg |
|---|---|---|---|
| ✓ Valid Axis I Diagnosis | | 100% | 98% |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | % Months Submitted |
|---|---|---|---|---|---|---|---|
| Admissions | | | | | | | 83% |
| 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 | | 4 | 29% | 65% | 39% | -36% | ▼ |
| ✓ No Re-admit within 30 Days of Discharge | | 13 | 100% | 85% | 94% | 15% | ▲ |
| 🔴 Follow-up within 30 Days of Discharge | | 1 | 25% | 90% | 48% | -65% | ▼ |

## Recovery

| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ✓ Stable Living Situation | | 61 | 92% | 60% | 93% | 32% | ▲ |
| ✓ Social Support | | 47 | 71% | 60% | 79% | 11% | ▲ |
| 🔴 Employed | | 3 | 5% | 15% | 14% | -10% | |

## Service Utilization

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| ✓ Clients Receiving Services | | 53 | 100% | 90% | 99% | 10% |

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

| | | | |
|---|---|---|---|
| ☐ Actual | ❘ Goal | ✓ Goal Met | 🔴 Below Goal |
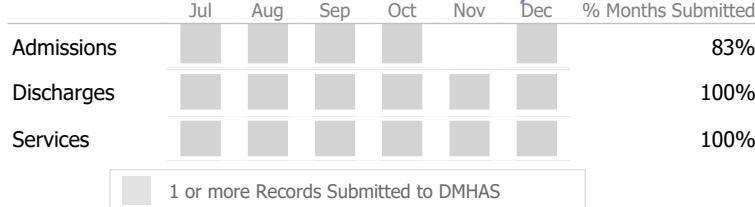
* State Avg based on 23 Active Assertive Community Treatment Programs

**Adult Intensive OP - Enfield 633-210X**
Community Health Resources Inc.
Mental Health - IOP - Standard IOP

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2020 - December 2020  (Data as of Apr 07, 2021)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 44 | 123 | -64% | ▼ |
| Admits | 41 | 108 | -62% | ▼ |
| Discharges | 37 | 115 | -68% | ▼ |
| Service Hours | - | - | | |
| Social Rehab/PHP/IOP Days | 318 | 1,060 | -70% | ▼ |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| ✓ Valid NOMS Data | | 96% | 96% |

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

| Co-occurring | | Actual | State Avg |
|---|---|---|---|
| ✓ MH Screen Complete | | 93% | 81% |
| ✓ SA Screen Complete | | 93% | 81% |

| Diagnosis | | Actual | State Avg |
|---|---|---|---|
| ✓ Valid Axis I Diagnosis | | 100% | 100% |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | % 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 | | 28 | 76% | 50% | 76% | 26% | ▲ |
| ● Follow-up within 30 Days of Discharge | | 25 | 89% | 90% | 78% | -1% | |

## Recovery

| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ✓ Social Support | | 34 | 76% | 60% | 71% | 16% | ▲ |
| ● Employed | | 8 | 18% | 30% | 14% | -12% | ▼ |
| ● Stable Living Situation | | 37 | 82% | 95% | 80% | -13% | ▼ |
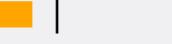
## Service Utilization

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| ✓ Clients Receiving Services | | 8 | 100% | 90% | 44% | 10% |
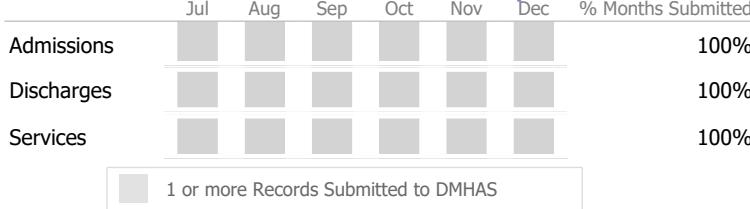
▲ > 10% Over     ▼ < 10% Under

☐ Actual   | Goal   ✓ Goal Met   ● Below Goal

* State Avg based on 3 Active Standard IOP Programs

**Adult Outpatient - Bloomfield 620212**
Community Health Resources Inc.
Mental Health - Outpatient - Standard Outpatient

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2020 - December 2020  (Data as of Apr 07, 2021)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 630 | 684 | -8% | |
| Admits | 99 | 111 | -11% | ▼ |
| Discharges | 102 | 137 | -26% | ▼ |
| Service Hours | 2,830 | 2,846 | -1% | |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| ✓ Valid NOMS Data | | 97% | 86% |

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| 🔴 6 Month Updates | | 16% | 52% |

| Co-occurring | | Actual | State Avg |
|---|---|---|---|
| ✓ MH Screen Complete | | 98% | 75% |
| ✓ SA Screen Complete | | 98% | 75% |

| Diagnosis | | Actual | State Avg |
|---|---|---|---|
| ✓ Valid Axis I Diagnosis | | 100% | 98% |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | % 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 | | 59 | 58% | 50% | 33% | 8% |

## Recovery

| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| ✓ Employed | | 224 | 35% | 30% | 22% | 5% |
| ✓ Stable Living Situation | | 605 | 96% | 95% | 74% | 1% |
| ✓ Social Support | | 380 | 60% | 60% | 60% | 0% |

## Service Utilization

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| 🔴 Clients Receiving Services | | 458 | 86% | 90% | 81% | -4% |

## Service Engagement

| Outpatient | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| ✓ 2 or more Services within 30 days | | 92 | 93% | 75% | 76% | 18% ▲ |

▲ > 10% Over    ▼ < 10% Under

☐ Actual    | Goal    ✓ Goal Met    🔴 Below Goal

* State Avg based on 85 Active Standard Outpatient Programs

**Adult Outpatient - Enfield 617-210**
Community Health Resources Inc.
Mental Health - Outpatient - Standard Outpatient

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2020 - December 2020  (Data as of Apr 07, 2021)
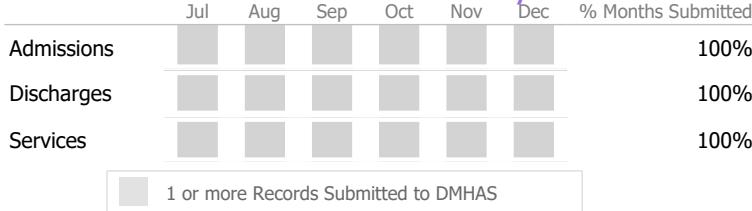
## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 2,296 | 2,588 | -11% | ▼ |
| Admits | 578 | 706 | -18% | ▼ |
| Discharges | 463 | 708 | -35% | ▼ |
| Service Hours | 7,315 | 7,908 | -7% | |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| ✓ | Valid NOMS Data | 95% | 86% |

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| 🔴 | 6 Month Updates | 11% | 52% |

| Co-occurring | | Actual | State Avg |
|---|---|---|---|
| ✓ | MH Screen Complete | 97% | 75% |
| ✓ | SA Screen Complete | 97% | 75% |

| Diagnosis | | Actual | State Avg |
|---|---|---|---|
| ✓ | Valid Axis I Diagnosis | 100% | 98% |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | % 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 | | 179 | 39% | 50% | 33% | -11% | ▼ |

## Recovery

| | National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✓ | Employed | | 790 | 34% | 30% | 22% | 4% | |
| 🔴 | Stable Living Situation | | 2,036 | 87% | 95% | 74% | -8% | |
| 🔴 | Social Support | | 895 | 38% | 60% | 60% | -22% | ▼ |

## Service Utilization

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|---|
| ✓ | Clients Receiving Services | | 1,734 | 93% | 90% | 81% | 3% |

## Service Engagement

| | Outpatient | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✓ | 2 or more Services within 30 days | | 537 | 94% | 75% | 76% | 19% | ▲ |

▲ > 10% Over    ▼ < 10% Under

■ Actual    | Goal    ✓ Goal Met    🔴 Below Goal

* State Avg based on 85 Active Standard Outpatient Programs

**Adult Outpatient MH Manchester**
Community Health Resources Inc.
Mental Health - Outpatient - Standard Outpatient

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2020 - December 2020  (Data as of Apr 07, 2021)
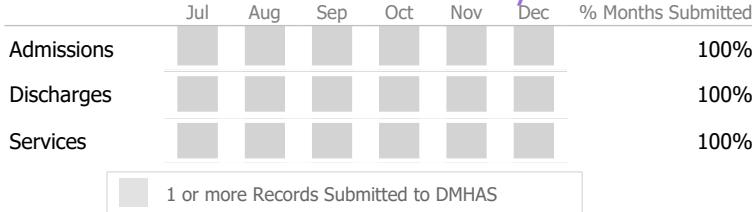
## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 3,000 | 3,511 | -15% | ▼ |
| Admits | 636 | 1,041 | -39% | ▼ |
| Discharges | 539 | 946 | -43% | ▼ |
| Service Hours | 10,045 | 13,438 | -25% | ▼ |

## Data Submission Quality

| Data Entry | Actual % vs | Actual | State Avg |
|---|---|---|---|
| ✓ Valid NOMS Data | | 96% | 86% |

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| ✓ 6 Month Updates | | 57% | 52% |

| Co-occurring | | Actual | State Avg |
|---|---|---|---|
| ✓ MH Screen Complete | | 90% | 75% |
| ✓ SA Screen Complete | | 90% | 75% |

| Diagnosis | | Actual | State Avg |
|---|---|---|---|
| ✓ Valid Axis I Diagnosis | | 100% | 98% |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | % 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 | | 129 | 24% | 50% | 33% | -26% | ▼ |

## Recovery

| National Recovery Measures (NOMS) | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| 🔴 | Employed | | 897 | 29% | 30% | 22% | -1% | |
| 🔴 | Stable Living Situation | | 2,763 | 91% | 95% | 74% | -4% | |
| 🔴 | Social Support | | 1,152 | 38% | 60% | 60% | -22% | ▼ |

## Service Utilization

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|---|
| ✓ | Clients Receiving Services | | 2,382 | 95% | 90% | 81% | 5% |

## Service Engagement

| Outpatient | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|---|
| ✓ | 2 or more Services within 30 days | | 535 | 85% | 75% | 76% | 10% |
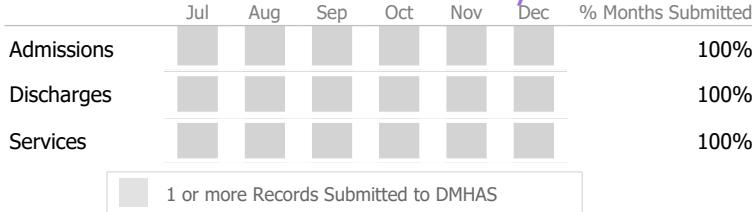
▲ > 10% Over    ▼ < 10% Under

☐ Actual    | Goal    ✓ Goal Met    🔴 Below Goal

* State Avg based on 85 Active Standard Outpatient Programs

**Alden House YAS**
Community Health Resources Inc.
Mental Health - Residential Services - MH Intensive Res. Rehabilitation

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2020 - December 2020  (Data as of Apr 07, 2021)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 6 | 8 | -25% | ▼ |
| Admits | 3 | 3 | 0% | |
| Discharges | 2 | 5 | -60% | ▼ |
| Bed Days | 412 | 704 | -41% | ▼ |

## Discharge Outcomes

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✓ | Treatment Completed Successfully | | 2 | 100% | 75% | 66% | 25% | ▲ |
| ✓ | No Re-admit within 30 Days of Discharge | | 2 | 100% | 85% | 69% | 15% | ▲ |
| ✓ | Follow-up within 30 Days of Discharge | | 2 | 100% | 90% | 76% | 10% | |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| ✓ | Valid NOMS Data | 100% | 97% |

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| ✓ | 6 Month Updates | 100% | 80% |

| Co-occurring | | Actual | State Avg |
|---|---|---|---|
| | MH Screen Complete | 33% | 86% |
| | SA Screen Complete | 33% | 88% |

| Diagnosis | | Actual | State Avg |
|---|---|---|---|
| ✓ | Valid Axis I Diagnosis | 100% | 100% |

## Bed Utilization

| | | 12 Months Trend | Beds | Avg LOS | Turnover | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|---|---|
| 🔴 | Avg Utilization Rate | | 4 | 200 days | 0.5 | 56% | 90% | 93% | -34% | ▼ |

| ▢ < 90% | ▢ 90-110% | ▢ >110% |
|---|---|---|

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | % Months Submitted |
|---|---|---|---|---|---|---|---|
| Admissions | | | ▢ | ▢ | ▢ | | 50% |
| Discharges | | ▢ | | | | | 17% |

▢ 1 or more Records Submitted to DMHAS

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

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

* State Avg based on 29 Active MH Intensive Res. Rehabilitation Programs

**BHH ADULT NAE**
Community Health Resources Inc.
Mental Health - Outpatient - Standard Outpatient

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2020 - December 2020  (Data as of Apr 07, 2021)

## 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 | 86% |

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| 6 Month Updates | | N/A | 52% |

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

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | % Months Submitted |
|---|---|---|---|---|---|---|---|
| Admissions | | | | | | | 0% |
| Discharges | | | | | | | 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 | | N/A | N/A | 30% | 22% | -30% ▼ |
| Social Support | | N/A | N/A | 60% | 60% | -60% ▼ |
| Stable Living Situation | | N/A | N/A | 95% | 74% | -95% ▼ |

## Service Utilization

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| Clients Receiving Services | | N/A | N/A | 90% | 81% | N/A ▼ |

▲ > 10% Over    ▼ < 10% Under

■ Actual    │ Goal    ✓ Goal Met    ● Below Goal

* State Avg based on 85 Active Standard Outpatient Programs

**BHH CHILDREN Program**
Community Health Resources Inc.
Mental Health - Case Management - Outreach & Engagement

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2020 - December 2020  (Data as of Apr 07, 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 | Oct | Nov | Dec | % 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

**BOS - 72**
Community Health Resources Inc.
Mental Health - Case Management - Supportive Housing – Scattered Site

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2020 - December 2020  (Data as of Apr 07, 2021)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % |
|---|---|---|---|
| Unique Clients | 6 | | |
| Admits | 6 | - | |
| Discharges | - | - | |
| Service Hours | 22 | - | |

## Recovery

| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| ✓ Stable Living Situation | | 6 | 100% | 85% | 90% | 15% ▲ |

## Service Utilization

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| 🔴 Clients Receiving Services | | 5 | 83% | 90% | 95% | -7% |

## Data Submission Quality

| Data Entry | Actual | State Avg |
|---|---|---|
| ✓ Valid NOMS Data | 100% | 96% |

| On-Time Periodic | Actual | State Avg |
|---|---|---|
| 6 Month Updates | N/A | 88% |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | % Months Submitted |
|---|---|---|---|---|---|---|---|
| Admissions | | | | ▪ | ▪ | | 33% |
| Discharges | | | | | | | 0% |
| Services | | | | | ▪ | ▪ | 33% |

☐ 1 or more Records Submitted to DMHAS

▲ > 10% Over    ▼ < 10% Under

☐ Actual    | Goal    ✓ Goal Met    🔴 Below Goal

* State Avg based on 101 Active Supportive Housing – Scattered Site Programs

**Carl Robinson MAT**
Community Health Resources Inc.
Addiction - Medication Assisted Treatment - Methadone Maintenance

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2020 - December 2020  (Data as of Apr 07, 2021)
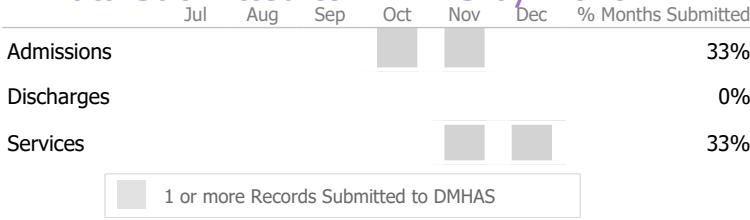
## Program Activity

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

## Data Submission Quality

| Data Entry | Actual | State Avg |
|---|---|---|
| Valid NOMS Data | | N/A | 99% |
| Valid TEDS Data | | N/A | 100% |

| On-Time Periodic | Actual | State Avg |
|---|---|---|
| 6 Month Updates | | N/A | 77% |

| Co-occurring | Actual | State Avg |
|---|---|---|
| MH Screen Complete | | N/A | 91% |
| SA Screen Complete | | N/A | 91% |

## Discharge Outcomes

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| Treatment Completed Successfully | | N/A | N/A | 50% | 53% | 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 | 50% | 69% | -50% ▼ |
| Employed | | N/A | N/A | 40% | 43% | -40% ▼ |
| Not Arrested | | N/A | N/A | 75% | 93% | -75% ▼ |
| Self Help | | N/A | N/A | 60% | 53% | -60% ▼ |
| Stable Living Situation | | N/A | N/A | 90% | 91% | -90% ▼ |

| Medication Assisted Treatment | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| Length of Stay over 1 Year | | 0 | 0% | 50% | 0% | -50% ▼ |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | % 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 32 Active Methadone Maintenance Programs

**Center Street 2**
Community Health Resources Inc.
Mental Health - Case Management - Supportive Housing – Development

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2020 - December 2020  (Data as of Apr 07, 2021)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 10 | 13 | -23% | ▼ |
| Admits | - | 3 | -100% | ▼ |
| Discharges | - | 2 | -100% | ▼ |
| Service Hours | 42 | 55 | -23% | ▼ |

## Recovery

| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ✓ Stable Living Situation | | 10 | 100% | 85% | 94% | 15% | ▲ |

## Service Utilization

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| ✓ Clients Receiving Services | | 10 | 100% | 90% | 97% | 10% |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| ✓ Valid NOMS Data | | 100% | 98% |

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| 🔴 6 Month Updates | | 50% | 89% |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | % Months Submitted |
|---|---|---|---|---|---|---|---|
| Admissions | | | | | | | 0% |
| 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 66 Active Supportive Housing – Development Programs

**Center Street Apartments**
Community Health Resources Inc.
Mental Health - Case Management - Supportive Housing – Development

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2020 - December 2020  (Data as of Apr 07, 2021)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 10 | 11 | -9% | |
| Admits | - | - | | |
| Discharges | - | 1 | -100% | ▼ |
| Service Hours | 65 | 97 | -32% | ▼ |

## Recovery

| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ✓ Stable Living Situation | | 10 | 100% | 85% | 94% | 15% | ▲ |

## Service Utilization

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| ✓ Clients Receiving Services | | 10 | 100% | 90% | 97% | 10% |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| ✓ Valid NOMS Data | | 100% | 98% |

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| ✓ 6 Month Updates | | 100% | 89% |

## Data Submitted to DMHAS by Month
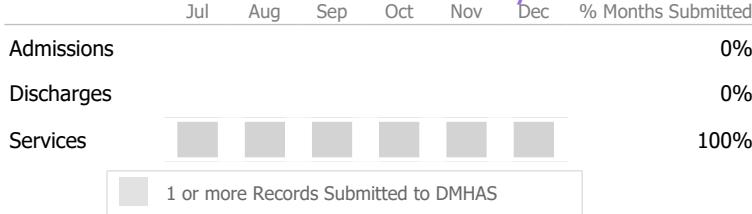
| | Jul | Aug | Sep | Oct | Nov | Dec | % Months Submitted |
|---|---|---|---|---|---|---|---|
| Admissions | | | | | | | 0% |
| Discharges | | | | | | | 0% |
| Services | | | | | | | 100% |

1 or more Records Submitted to DMHAS

▲ > 10% Over    ▼ < 10% Under

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

* State Avg based on 66 Active Supportive Housing – Development Programs

**CHR Enfield ACT**
Community Health Resources Inc.
Mental Health - ACT - Assertive Community Treatment

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2020 - December 2020  (Data as of Apr 07, 2021)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 57 | 57 | 0% | |
| Admits | 11 | 12 | -8% | |
| Discharges | 11 | 10 | 10% | |
| Service Hours | 2,251 | 1,465 | 54% | ▲ |

## Discharge Outcomes

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| 🔴 | Treatment Completed Successfully | | 4 | 36% | 65% | 39% | -29% | ▼ |
| 🔴 | No Re-admit within 30 Days of Discharge | | 9 | 82% | 85% | 94% | -3% | |
| 🔴 | Follow-up within 30 Days of Discharge | | 2 | 50% | 90% | 48% | -40% | ▼ |

## Data Submission Quality

| | Data Entry | | Actual | State Avg |
|---|---|---|---|---|
| ✓ | Valid NOMS Data | | 98% | 84% |

| | On-Time Periodic | | Actual | State Avg |
|---|---|---|---|---|
| 🔴 | 6 Month Updates | | 84% | 87% |

| | Co-occurring | | Actual | State Avg |
|---|---|---|---|---|
| | MH Screen Complete | | 82% | 89% |
| | SA Screen Complete | | 82% | 89% |

| | Diagnosis | | Actual | State Avg |
|---|---|---|---|---|
| ✓ | Valid Axis I Diagnosis | | 100% | 98% |

## Recovery

| | National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✓ | Stable Living Situation | | 53 | 91% | 60% | 93% | 31% | ▲ |
| 🔴 | Employed | | 6 | 10% | 15% | 14% | -5% | |
| 🔴 | Social Support | | 31 | 53% | 60% | 79% | -7% | |

## Service Utilization

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|---|
| ✓ | Clients Receiving Services | | 46 | 98% | 90% | 99% | 8% |

## Data Submitted to DMHAS by Month
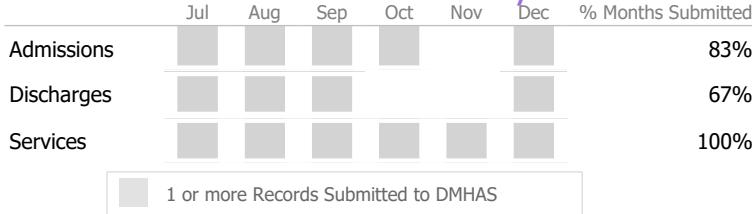
| | Jul | Aug | Sep | Oct | Nov | Dec | % Months Submitted |
|---|---|---|---|---|---|---|---|
| Admissions | ▪ | ▪ | ▪ | ▪ | | ▪ | 83% |
| Discharges | ▪ | ▪ | ▪ | | | ▪ | 67% |
| Services | ▪ | ▪ | ▪ | ▪ | ▪ | ▪ | 100% |

▪ 1 or more Records Submitted to DMHAS

▲ > 10% Over    ▼ < 10% Under

◼ Actual   | Goal   ✓ Goal Met   🔴 Below Goal

* State Avg based on 23 Active Assertive Community Treatment Programs

**CPAS PTIP-37 Commerce 923705**
Community Health Resources Inc.
Forensic SA - Forensics Community-based - Pre-trial Intervention Programs

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2020 - December 2020  (Data as of Apr 07, 2021)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 34 | 121 | -72% | ▼ |
| Admits | - | 58 | -100% | ▼ |
| Discharges | 19 | 77 | -75% | ▼ |

## Data Submitted to DMHAS by Month
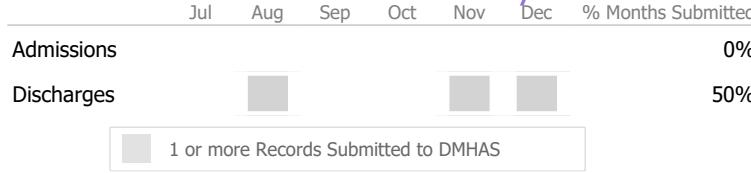
| | Jul | Aug | Sep | Oct | Nov | Dec | % Months Submitted |
|---|---|---|---|---|---|---|---|
| Admissions | | | | | | | 0% |
| Discharges | | ▢ | | | ▢ | ▢ | 50% |

▢ 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

**CPAS PTIP-W. Main Street 163705**
Community Health Resources Inc.
Forensic SA - Forensics Community-based - Pre-trial Intervention Programs

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2020 - December 2020  (Data as of Apr 07, 2021)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 319 | 550 | -42% | ▼ |
| Admits | 93 | 356 | -74% | ▼ |
| Discharges | 222 | 295 | -25% | ▼ |

## Data Submitted to DMHAS by Month
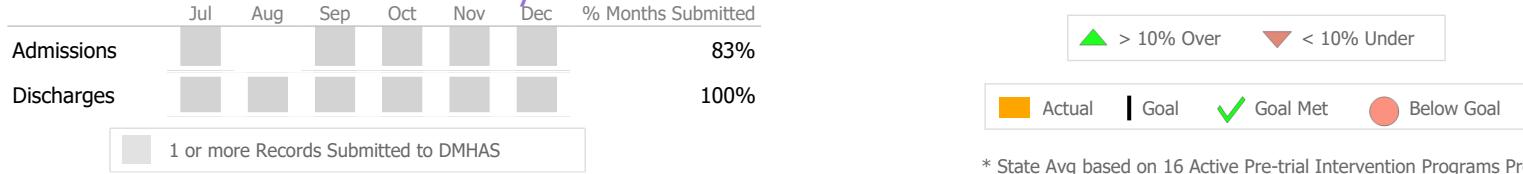
| | Jul | Aug | Sep | Oct | Nov | Dec | % Months Submitted |
|---|---|---|---|---|---|---|---|
| Admissions | ▢ | | ▢ | ▢ | ▢ | ▢ | 83% |
| Discharges | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | 100% |

▢ 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

**Crisis Services - Windsor 606-200**
Community Health Resources Inc.
Mental Health - Crisis Services - Mobile Crisis Team

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2020 - December 2020  (Data as of Apr 07, 2021)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % |
|---|---|---|---|
| Unique Clients | 197 | 185 | 6% |
| Admits | 239 | 222 | 8% |
| Discharges | 237 | 220 | 8% |

## Crisis

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| 🔴 Evaluation within 1.5 hours of Request | | 164 | 67% | 75% | 79% | -8% |
| ✅ Community Location Evaluation | | 242 | 100% | 80% | 71% | 20% ▲ |
| ✅ Follow-up Service within 48 hours | | 153 | 94% | 90% | 69% | 4% |
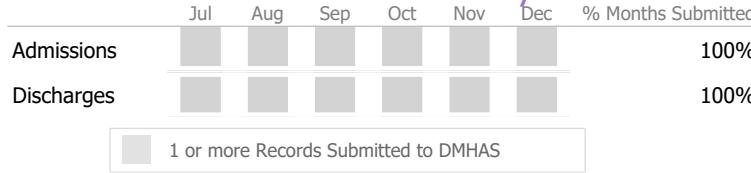
▲ > 10% Over    ▼ < 10% Under

◼ Actual    ｜ Goal    ✅ Goal Met    🔴 Below Goal

* State Avg based on 25 Active Mobile Crisis Team Programs

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | % Months Submitted |
|---|---|---|---|---|---|---|---|
| Admissions | | | | | | | 100% |
| Discharges | | | | | | | 100% |

◻ 1 or more Records Submitted to DMHAS

**CSP Recovery Bloomfield**
Community Health Resources Inc.
Mental Health - Community Support - CSP

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2020 - December 2020  (Data as of Apr 07, 2021)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 54 | 69 | -22% | ▼ |
| Admits | 3 | 8 | -63% | ▼ |
| Discharges | 13 | 19 | -32% | ▼ |
| Service Hours | 718 | 1,213 | -41% | ▼ |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| ✓ | Valid NOMS Data | 99% | 80% |

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| 🔴 | 6 Month Updates | 28% | 81% |

| Co-occurring | | Actual | State Avg |
|---|---|---|---|
| | MH Screen Complete | 67% | 80% |
| ✓ | SA Screen Complete | 67% | 61% |

| Diagnosis | | Actual | State Avg |
|---|---|---|---|
| | Valid Axis I Diagnosis | 96% | 98% |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | % Months Submitted |
|---|---|---|---|---|---|---|---|
| Admissions | ▪ | | | | ▪ | ▪ | 50% |
| Discharges | ▪ | ▪ | ▪ | ▪ | ▪ | | 83% |
| 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 | | 9 | 69% | 65% | 59% | 4% | |

## Recovery

| | National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✓ | Stable Living Situation | | 51 | 94% | 80% | 88% | 14% | ▲ |
| 🔴 | Social Support | | 29 | 54% | 60% | 82% | -6% | |
| 🔴 | Employed | | 6 | 11% | 20% | 13% | -9% | |

## Service Utilization

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|---|
| ✓ | Clients Receiving Services | | 37 | 90% | 90% | 97% | 0% |
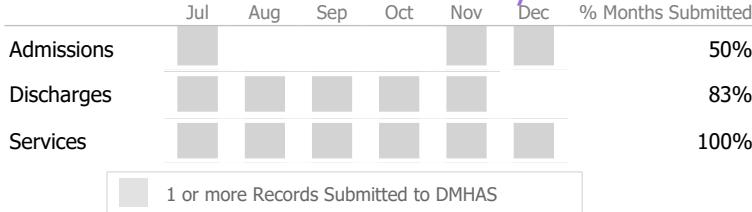
▲ > 10% Over   ▼ < 10% Under

Actual   | Goal   ✓ Goal Met   🔴 Below Goal

* State Avg based on 36 Active CSP Programs

**CSP/RP 606250, Manchester**
Community Health Resources Inc.
Mental Health - Community Support - CSP

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2020 - December 2020  (Data as of Apr 07, 2021)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 231 | 266 | -13% | ▼ |
| Admits | 31 | 76 | -59% | ▼ |
| Discharges | 39 | 63 | -38% | ▼ |
| Service Hours | 2,717 | 6,171 | -56% | ▼ |

## Data Submission Quality

| Data Entry | Actual % vs Goal % | Actual | State Avg |
|---|---|---|---|
| ✔ Valid NOMS Data | | 98% | 80% |

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| ✔ 6 Month Updates | | 100% | 81% |

| Co-occurring | | Actual | State Avg |
|---|---|---|---|
| ✔ MH Screen Complete | | 87% | 80% |
| ✔ SA Screen Complete | | 84% | 61% |

| Diagnosis | | Actual | State Avg |
|---|---|---|---|
| ✔ Valid Axis I Diagnosis | | 100% | 98% |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | % 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 | | 22 | 56% | 65% | 59% | -9% |

## Recovery

| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| ✔ Stable Living Situation | | 218 | 94% | 80% | 88% | 14% ▲ |
| 🔴 Social Support | | 132 | 57% | 60% | 82% | -3% |
| 🔴 Employed | | 27 | 12% | 20% | 13% | -8% |

## Service Utilization

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| ✔ Clients Receiving Services | | 192 | 99% | 90% | 97% | 9% |
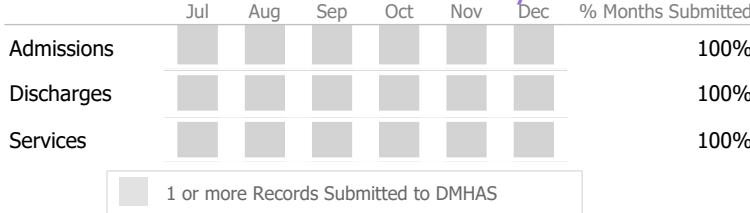
▲ > 10% Over    ▼ < 10% Under

☐ Actual    | Goal    ✔ Goal Met    🔴 Below Goal

* State Avg based on 36 Active CSP Programs

**CSP/RP 617290, Enfield**
Community Health Resources Inc.
Mental Health - Community Support - CSP

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2020 - December 2020  (Data as of Apr 07, 2021)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 113 | 120 | -6% | |
| Admits | 11 | 23 | -52% | ▼ |
| Discharges | 20 | 34 | -41% | ▼ |
| Service Hours | 1,451 | 2,165 | -33% | ▼ |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| ✔ Valid NOMS Data | | 96% | 80% |

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| 🔴 6 Month Updates | | 26% | 81% |

| Co-occurring | | Actual | State Avg |
|---|---|---|---|
| MH Screen Complete | | 73% | 80% |
| ✔ SA Screen Complete | | 73% | 61% |

| Diagnosis | | Actual | State Avg |
|---|---|---|---|
| ✔ Valid Axis I Diagnosis | | 100% | 98% |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | % Months Submitted |
|---|---|---|---|---|---|---|---|
| Admissions | ▪ | ▪ | ▪ | | ▪ | ▪ | 83% |
| Discharges | ▪ | ▪ | ▪ | ▪ | | ▪ | 83% |
| 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 | | 10 | 50% | 65% | 59% | -15% | ▼ |

## Recovery

| National Recovery Measures (NOMS) | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✔ | Stable Living Situation | | 105 | 92% | 80% | 88% | 12% | ▲ |
| 🔴 | Employed | | 6 | 5% | 20% | 13% | -15% | ▼ |
| 🔴 | Social Support | | 51 | 45% | 60% | 82% | -15% | ▼ |

## Service Utilization

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✔ | Clients Receiving Services | | 92 | 97% | 90% | 97% | 7% | |

▲ > 10% Over   ▼ < 10% Under

■ Actual   | Goal   ✔ Goal Met   🔴 Below Goal

* State Avg based on 36 Active CSP Programs

**CT0061**
Community Health Resources Inc.
Mental Health - Case Management - Supportive Housing – Scattered Site

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2020 - December 2020  (Data as of Apr 07, 2021)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % |
|---|---|---|---|
| Unique Clients | 18 | | |
| Admits | 18 | - | |
| Discharges | - | - | |
| Service Hours | 50 | - | |

## Recovery

| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| Stable Living Situation | | 14 | 78% | 85% | 90% | -7% |

## Service Utilization

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| Clients Receiving Services | | 15 | 83% | 90% | 95% | -7% |

## Data Submission Quality

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

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| 6 Month Updates | | N/A | 88% |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | % Months Submitted |
|---|---|---|---|---|---|---|---|
| Admissions | | | | | | | 33% |
| Discharges | | | | | | | 0% |
| Services | | | | | | | 50% |

1 or more Records Submitted to DMHAS

▲ > 10% Over      ▼ < 10% Under

Actual | Goal ✓ Goal Met ● Below Goal

* State Avg based on 101 Active Supportive Housing – Scattered Site Programs

**Danielson OP 202**
Community Health Resources Inc.
Addiction - Outpatient - Standard Outpatient

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2020 - December 2020  (Data as of Apr 07, 2021)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 399 | 469 | -15% | ▼ |
| Admits | 194 | 277 | -30% | ▼ |
| Discharges | 176 | 270 | -35% | ▼ |
| Service Hours | 2,330 | 2,927 | -20% | ▼ |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| ✓ | Valid NOMS Data | 95% | 85% |
| | Valid TEDS Data | 73% | 84% |

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| ✓ | 6 Month Updates | 37% | 21% |

| Co-occurring | | Actual | State Avg |
|---|---|---|---|
| ✓ | MH Screen Complete | 99% | 90% |
| ✓ | SA Screen Complete | 99% | 96% |

| Diagnosis | | Actual | State Avg |
|---|---|---|---|
| | Valid Axis I Diagnosis | 97% | 99% |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | % 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 | | 78 | 44% | 50% | 53% | -6% |

## Recovery

| | National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|---|
| ✓ | Not Arrested | | 328 | 80% | 75% | 74% | 5% |
| 🔴 | Employed | | 200 | 49% | 50% | 30% | -1% |
| 🔴 | Abstinence/Reduced Drug Use | | 204 | 50% | 55% | 47% | -5% |
| 🔴 | Stable Living Situation | | 363 | 89% | 95% | 73% | -6% |
| 🔴 | Self Help | | 44 | 11% | 60% | 18% | -49% ▼ |

## Service Utilization

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|---|
| ✓ | Clients Receiving Services | | 212 | 91% | 90% | 60% | 1% |

## Service Engagement

| | Outpatient | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|---|
| ✓ | 2 or more Services within 30 days | | 175 | 91% | 75% | 60% | 16% ▲ |
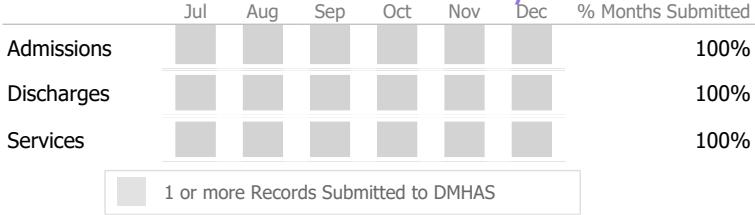
▲ > 10% Over    ▼ < 10% Under

🟧 Actual    | Goal    ✓ Goal Met    🔴 Below Goal

* State Avg based on 107 Active Standard Outpatient Programs

**Enfield Methadone Maintenance**
Community Health Resources Inc.
Addiction - Medication Assisted Treatment - Methadone Maintenance

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2020 - December 2020  (Data as of Apr 07, 2021)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 237 | 170 | 39% | ▲ |
| Admits | 66 | 57 | 16% | ▲ |
| Discharges | 49 | 35 | 40% | ▲ |
| Service Hours | 833 | 470 | 77% | ▲ |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| Valid NOMS Data | | 96% | 99% |
| Valid TEDS Data | | 99% | 100% |

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| ✓ 6 Month Updates | | 96% | 77% |

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

| Diagnosis | | Actual | State Avg |
|---|---|---|---|
| Valid Axis I Diagnosis | | 98% | 99% |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | % 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 | | 20 | 41% | 50% | 53% | -9% | |

## Recovery

| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ✓ Not Arrested | | 228 | 95% | 75% | 93% | 20% | ▲ |
| 🔴 Stable Living Situation | | 210 | 88% | 90% | 91% | -2% | |
| 🔴 Abstinence/Reduced Drug Use | | 110 | 46% | 50% | 69% | -4% | |
| 🔴 Employed | | 76 | 32% | 40% | 43% | -8% | |
| 🔴 Self Help | | 39 | 16% | 60% | 53% | -44% | ▼ |

## Service Utilization

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ✓ Clients Receiving Services | | 187 | 98% | 90% | 89% | 8% | |

## Service Engagement

| Medication Assisted Treatment | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| 🔴 Length of Stay over 1 Year | | 111 | 47% | 50% | 71% | -3% | |

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

| Actual | Goal | ✓ Goal Met | 🔴 Below Goal |
|---|---|---|---|
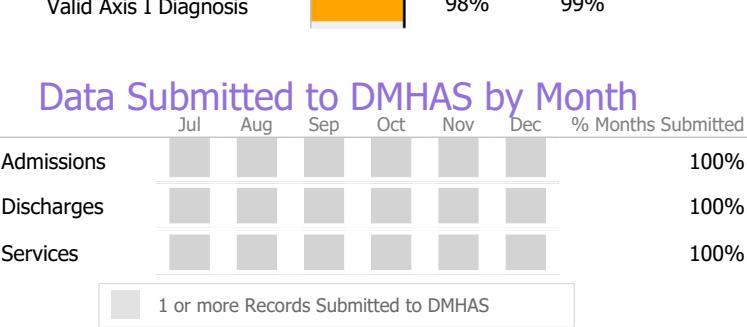
* State Avg based on 32 Active Methadone Maintenance Programs

**HUD SHP - 298**
Community Health Resources Inc.
Mental Health - Case Management - Supportive Housing – Scattered Site

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2020 - December 2020  (Data as of Apr 07, 2021)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % |
|---|---|---|---|
| Unique Clients | 12 | 12 | 0% |
| Admits | - | - | |
| Discharges | 2 | - | |
| Service Hours | 123 | 191 | -35% ▼ |

## Recovery

| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| 🔴 Stable Living Situation | | 10 | 83% | 85% | 90% | -2% |

## Service Utilization

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| ✔ Clients Receiving Services | | 10 | 100% | 90% | 95% | 10% |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| ✔ Valid NOMS Data | | 99% | 96% |

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| ✔ 6 Month Updates | | 90% | 88% |

## Data Submitted to DMHAS by Month
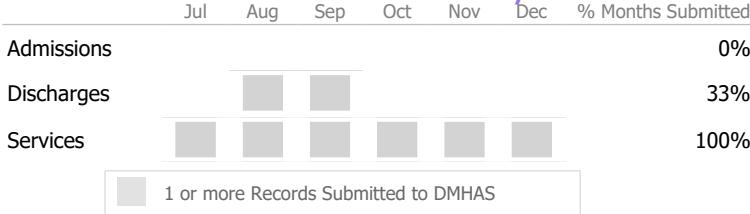
| | Jul | Aug | Sep | Oct | Nov | Dec | % Months Submitted |
|---|---|---|---|---|---|---|---|
| Admissions | | | | | | | 0% |
| Discharges | | ▪ | ▪ | | | | 33% |
| Services | ▪ | ▪ | ▪ | ▪ | ▪ | ▪ | 100% |

▪ 1 or more Records Submitted to DMHAS

▲ > 10% Over     ▼ < 10% Under

▮ Actual   | Goal   ✔ Goal Met   🔴 Below Goal

* State Avg based on 101 Active Supportive Housing – Scattered Site Programs

**Jail Diversion - Enfield 617-341**
Community Health Resources 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 - December 2020  (Data as of Apr 07, 2021)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 83 | 153 | -46% | ▼ |
| Admits | 1 | 121 | -99% | ▼ |
| Discharges | 10 | 102 | -90% | ▼ |
| Service Hours | - | - | | |

## Service Utilization

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| 🔴 | Clients Receiving Services | | 0 | 0% | 90% | 46% | N/A | ▼ |

## Jail Diversion

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|---|
| ✔ | Follow-up Service within 48 hours | | 0 | 0% | 0% | 62% | 0% |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | % Months Submitted |
|---|---|---|---|---|---|---|---|
| Admissions | | | | | | ▪ | 17% |
| Discharges | | | ▪ | ▪ | ▪ | ▪ | 67% |
| Services | | | | | | | 0% |

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

**Jail Diversion - Manchester 606-341**
Community Health Resources 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 - December 2020  (Data as of Apr 07, 2021)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 125 | 204 | -39% | ▼ |
| Admits | 40 | 120 | -67% | ▼ |
| Discharges | 26 | 118 | -78% | ▼ |
| Service Hours | - | - | | |

## Service Utilization

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| 🔴 Clients Receiving Services | | 0 | 0% | 90% | 46% | N/A | ▼ |

## Jail Diversion

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ✓ Follow-up Service within 48 hours | | 4 | 14% | 0% | 62% | 14% | ▲ |

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

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

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

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | % Months Submitted |
|---|---|---|---|---|---|---|---|
| Admissions | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | 100% |
| Discharges | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | 100% |
| Services | | | | | | | 0% |

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

**MAT - Naltrexone - Willimantic**
Community Health Resources Inc.
Addiction - Medication Assisted Treatment - Naltrexone

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2020 - December 2020  (Data as of Apr 07, 2021)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 2 | 3 | -33% | ▼ |
| Admits | - | 3 | -100% | ▼ |
| Discharges | 1 | - | | |

## Discharge Outcomes

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| 🔴 | Treatment Completed Successfully | | 0 | 0% | 50% | 72% | -50% | ▼ |

## Recovery

| National Recovery Measures (NOMS) | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✓ | Not Arrested | | 2 | 100% | 75% | 49% | 25% | ▲ |
| ✓ | Stable Living Situation | | 2 | 100% | 95% | 74% | 5% | |
| ✓ | Employed | | 1 | 50% | 50% | 29% | 0% | |
| 🔴 | Abstinence/Reduced Drug Use | | 1 | 50% | 55% | 29% | -5% | |
| 🔴 | Self Help | | 1 | 50% | 60% | 31% | -10% | |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| ✓ | Valid NOMS Data | 100% | 71% |
| | Valid TEDS Data | 67% | 98% |

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| ✓ | 6 Month Updates | 100% | 11% |

| Co-occurring | | Actual | State Avg |
|---|---|---|---|
| | MH Screen Complete | N/A | 95% |
| | SA Screen Complete | N/A | 99% |

| Diagnosis | | Actual | State Avg |
|---|---|---|---|
| ✓ | Valid Axis I Diagnosis | 100% | 100% |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | % Months Submitted |
|---|---|---|---|---|---|---|---|
| Admissions | | | | | | | 0% |
| Discharges | | | ▣ | | | | 17% |

☐ 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

**MATx OP**
Community Health Resources Inc.
Addiction - Medication Assisted Treatment - Buprenorphine Maintenance

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2020 - December 2020  (Data as of Apr 07, 2021)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 28 | 49 | -43% | ▼ |
| Admits | - | 21 | -100% | ▼ |
| Discharges | 13 | 20 | -35% | ▼ |
| Service Hours | 122 | 424 | -71% | ▼ |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| ✓ | Valid NOMS Data | 95% | 87% |
| ✓ | Valid TEDS Data | 99% | 96% |

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| ✓ | 6 Month Updates | 73% | 26% |

| Co-occurring | | Actual | State Avg |
|---|---|---|---|
| | MH Screen Complete | N/A | 73% |
| | SA Screen Complete | N/A | 86% |

| Diagnosis | | Actual | State Avg |
|---|---|---|---|
| ✓ | Valid Axis I Diagnosis | 100% | 100% |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | % Months Submitted |
|---|---|---|---|---|---|---|---|
| Admissions | | | | | | | 0% |
| 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 | | 1 | 8% | 50% | 45% | -42% | ▼ |

## Recovery

| | National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✓ | Abstinence/Reduced Drug Use | | 23 | 82% | 55% | 47% | 27% | ▲ |
| ✓ | Not Arrested | | 26 | 93% | 75% | 64% | 18% | ▲ |
| ✓ | Employed | | 15 | 54% | 50% | 24% | 4% | |
| ✓ | Stable Living Situation | | 27 | 96% | 95% | 63% | 1% | |
| 🔴 | Self Help | | 6 | 21% | 60% | 18% | -39% | ▼ |

## Service Utilization

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|---|
| ✓ | Clients Receiving Services | | 14 | 93% | 90% | 39% | 3% |

| | | | |
|---|---|---|---|
| ▲ > 10% Over | ▼ < 10% Under | | |
| 🟧 Actual | │ Goal | ✓ Goal Met | 🔴 Below Goal |
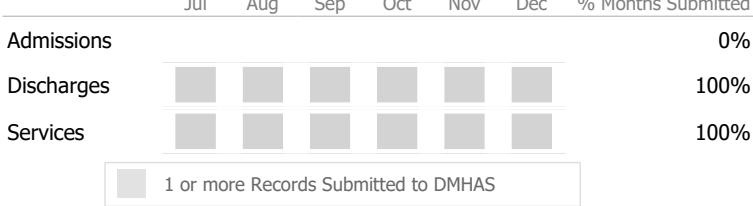
* State Avg based on 22 Active Buprenorphine Maintenance Programs

**Milestone - CSSD**
Community Health Resources Inc.
Addiction - Residential Services - SA Intensive Residential - Enhanced

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2020 - December 2020  (Data as of Apr 07, 2021)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % |
|---|---|---|---|
| Unique Clients | 15 | 15 | 0% |
| Admits | 13 | 13 | 0% |
| Discharges | 13 | 13 | 0% |
| Bed Days | 308 | 325 | -5% |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| ✓ Valid NOMS Data | | 100% | 99% |
| ✓ Valid TEDS Data | | 100% | 98% |

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

| Co-occurring | | Actual | State Avg |
|---|---|---|---|
| MH Screen Complete | | 54% | 93% |
| SA Screen Complete | | 54% | 93% |

| Diagnosis | | Actual | State Avg |
|---|---|---|---|
| Valid Axis I Diagnosis | | 93% | 99% |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | % Months Submitted |
|---|---|---|---|---|---|---|---|
| Admissions | | | | | | | 100% |
| Discharges | | | | | | | 100% |

☐ 1 or more Records Submitted to DMHAS

## Discharge Outcomes

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|---|
| ✓ | Treatment Completed Successfully | | 10 | 77% | 50% | 81% | 27% ▲ |
| ✓ | No Re-admit within 30 Days of Discharge | | 13 | 100% | 85% | 90% | 15% ▲ |
| ● | Follow-up within 30 Days of Discharge | | 4 | 40% | 90% | 69% | -50% ▼ |

## Recovery

| National Recovery Measures (NOMS) | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|---|
| ✓ Abstinence/Reduced Drug Use | | | 11 | 73% | 70% | 79% | 3% |

## Bed Utilization

| | 12 Months Trend | Beds | Avg LOS | Turnover | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|---|---|
| ● Avg Utilization Rate | | 2 | 27 days | 0.1 | 84% | 90% | 70% | -6% |

☐ < 90%    ☐ 90-110%    ☐ >110%

▲ > 10% Over    ▼ < 10% Under

☐ Actual    | Goal    ✓ Goal Met    ● Below Goal

* State Avg based on 4 Active SA Intensive Residential - Enhanced Programs

**Milestone-DMHAS**
Community Health Resources Inc.
Addiction - Residential Services - SA Intensive Residential - Enhanced

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2020 - December 2020  (Data as of Apr 07, 2021)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 48 | 99 | -52% | ▼ |
| Admits | 41 | 89 | -54% | ▼ |
| Discharges | 41 | 87 | -53% | ▼ |
| Bed Days | 1,088 | 2,383 | -54% | ▼ |

## Discharge Outcomes

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✓ | Treatment Completed Successfully | | 36 | 88% | 50% | 81% | 38% | ▲ |
| ✓ | No Re-admit within 30 Days of Discharge | | 39 | 95% | 85% | 90% | 10% | |
| 🔴 | Follow-up within 30 Days of Discharge | | 24 | 67% | 90% | 69% | -23% | ▼ |

## Recovery

| | National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|---|
| ✓ | Abstinence/Reduced Drug Use | | 37 | 77% | 70% | 79% | 7% |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| | Valid NOMS Data | 98% | 99% |
| ✓ | Valid TEDS Data | 100% | 98% |

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

| Co-occurring | Actual | State Avg |
|---|---|---|
| MH Screen Complete | 59% | 93% |
| SA Screen Complete | 59% | 93% |

| Diagnosis | Actual | State Avg |
|---|---|---|
| Valid Axis I Diagnosis | 98% | 99% |

## Bed Utilization

| | | 12 Months Trend | Beds | Avg LOS | Turnover | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|---|---|
| 🔴 | Avg Utilization Rate | | 14 | 28 days | 0.3 | 42% | 90% | 70% | -48% | ▼ |
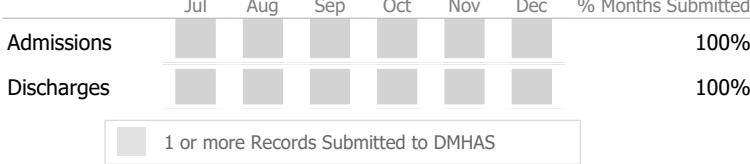
■ < 90%   ■ 90-110%   ■ >110%

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | % 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 4 Active SA Intensive Residential - Enhanced Programs

**New Life Residential LTT**
Community Health Resources Inc.
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 - December 2020  (Data as of Apr 07, 2021)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 8 | 21 | -62% | ▼ |
| Admits | 4 | 14 | -71% | ▼ |
| Discharges | 4 | 14 | -71% | ▼ |
| Bed Days | 731 | 1,393 | -48% | ▼ |

## Discharge Outcomes

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ● | Treatment Completed Successfully | | 2 | 50% | 70% | 64% | -20% | ▼ |
| ✓ | No Re-admit within 30 Days of Discharge | | 4 | 100% | 85% | 87% | 15% | ▲ |
| ✓ | Follow-up within 30 Days of Discharge | | 2 | 100% | 90% | 69% | 10% | |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| ✓ | Valid NOMS Data | 98% | 90% |
| ✓ | Valid TEDS Data | 100% | 99% |

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| ✓ | 6 Month Updates | 100% | 7% |

| Co-occurring | | Actual | State Avg |
|---|---|---|---|
| ✓ | MH Screen Complete | 100% | 92% |
| ✓ | SA Screen Complete | 100% | 92% |

| Diagnosis | | Actual | State Avg |
|---|---|---|---|
| ✓ | Valid Axis I Diagnosis | 100% | 100% |

## Recovery

| National Recovery Measures (NOMS) | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ● | Abstinence/Reduced Drug Use | | 3 | 38% | 70% | 64% | -32% | ▼ |

## Bed Utilization

| | | 12 Months Trend | Beds | Avg LOS | Turnover | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|---|---|
| ● | Avg Utilization Rate | | 8 | 242 days | 0.7 | 50% | 90% | 77% | -40% | ▼ |
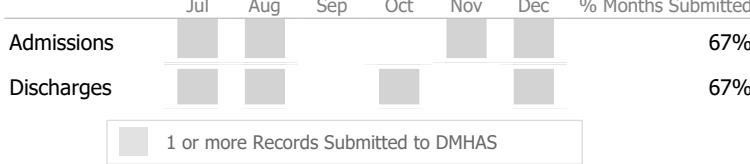
■ < 90%    ■ 90-110%    ■ >110%

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | % 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 26 Active Intermediate/Long Term Res.Tx 3.5 Programs

**Next Steps - Manchester 606551**
Community Health Resources Inc.
Mental Health - Case Management - Supportive Housing – Scattered Site

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2020 - December 2020  (Data as of Apr 07, 2021)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 35 | 35 | 0% | |
| Admits | 3 | 1 | 200% | ▲ |
| Discharges | 6 | 3 | 100% | ▲ |
| Service Hours | 491 | 538 | -9% | |

## Recovery

| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| ✓ Stable Living Situation | | 32 | 91% | 85% | 90% | 6% |

## Service Utilization

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| ✓ Clients Receiving Services | | 28 | 97% | 90% | 95% | 7% |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| ✓ Valid NOMS Data | | 99% | 96% |

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| 🔴 6 Month Updates | | 81% | 88% |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | % Months Submitted |
|---|---|---|---|---|---|---|---|
| Admissions | ☐ | | ☐ | ☐ | | | 50% |
| Discharges | ☐ | ☐ | ☐ | ☐ | ☐ | | 83% |
| Services | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | 100% |

☐ 1 or more Records Submitted to DMHAS

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

| ■ Actual | | Goal | ✓ Goal Met | 🔴 Below Goal |
|---|---|---|---|---|

* State Avg based on 101 Active Supportive Housing – Scattered Site Programs

**NHDTP**
Community Health Resources Inc.
Mental Health - Case Management - Standard Case Management

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2020 - December 2020  (Data as of Apr 07, 2021)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 7 | 16 | -56% | ▼ |
| Admits | 3 | 6 | -50% | ▼ |
| Discharges | 7 | 7 | 0% | |

## Discharge Outcomes

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✓ | Treatment Completed Successfully | | 7 | 100% | 50% | 76% | 50% | ▲ |

## Recovery

| | National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✓ | Stable Living Situation | | 7 | 100% | 80% | 80% | 20% | ▲ |
| ● | Employed | | 0 | 0% | 20% | 10% | -20% | ▼ |
| ● | Social Support | | 0 | 0% | 60% | 71% | -60% | ▼ |
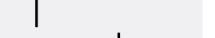
## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| ✓ Valid NOMS Data | | 96% | 95% |

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| 6 Month Updates | | N/A | 56% |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | % Months Submitted |
|---|---|---|---|---|---|---|---|
| Admissions | | | | | | | 33% |
| Discharges | | | | | | | 17% |

☐ 1 or more Records Submitted to DMHAS
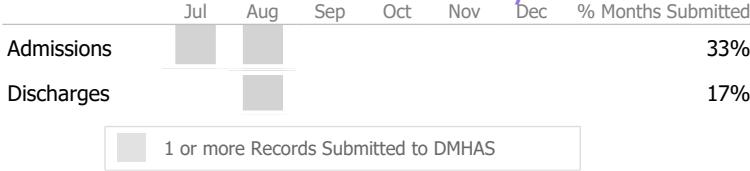
▲ > 10% Over          ▼ < 10% Under

🟧 Actual     | Goal     ✓ Goal Met     ● Below Goal

* State Avg based on 23 Active Standard Case Management Programs

**Northfield Group Home - Enfield 617-240**
Community Health Resources Inc.
Mental Health - Residential Services - Group Home

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2020 - December 2020  (Data as of Apr 07, 2021)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 7 | 10 | -30% | ▼ |
| Admits | 3 | 4 | -25% | ▼ |
| Discharges | - | 3 | -100% | ▼ |
| Bed Days | 1,185 | 1,065 | 11% | ▲ |

## Data Submission Quality

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

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| ✓ 6 Month Updates | | 100% | 84% |

| Co-occurring | | Actual | State Avg |
|---|---|---|---|
| MH Screen Complete | | 67% | 80% |
| SA Screen Complete | | 67% | 91% |

| Diagnosis | | Actual | State Avg |
|---|---|---|---|
| ✓ Valid Axis I Diagnosis | | 100% | 99% |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | % Months Submitted |
|---|---|---|---|---|---|---|---|
| Admissions | | | | | | | 33% |
| Discharges | | | | | | | 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 | 80% | 94% | N/A |
| No Re-admit within 30 Days of Discharge | | N/A | N/A | 85% | 97% | N/A |
| Follow-up within 30 Days of Discharge | | N/A | N/A | 90% | 91% | N/A |

## Recovery

| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| ✓ Stable Living Situation | | 7 | 100% | 90% | 100% | 10% |
| ● Social Support | | 4 | 57% | 60% | 89% | -3% |

## Bed Utilization

| | 12 Months Trend | Beds | Avg LOS | Turnover | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|---|---|
| ● Avg Utilization Rate | | 8 | 264 days | 0.6 | 81% | 90% | 90% | -9% |

■ < 90%   ■ 90-110%   ■ >110%
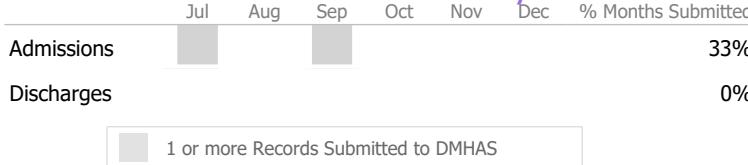
▲ > 10% Over   ▼ < 10% Under

■ Actual   | Goal   ✓ Goal Met   ● Below Goal

* State Avg based on 24 Active Group Home Programs

**Oak Street Recovery House**
Community Health Resources Inc.
Addiction - Residential Services - Recovery House

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2020 - December 2020  (Data as of Apr 07, 2021)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 37 | 49 | -24% | ▼ |
| Admits | 35 | 45 | -22% | ▼ |
| Discharges | 30 | 45 | -33% | ▼ |
| Bed Days | 1,086 | 1,633 | -33% | ▼ |

## Discharge Outcomes

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|---|
| ✓ | Treatment Completed Successfully | | 26 | 87% | 85% | 81% | 2% |

## Bed Utilization

| | | 12 Months Trend | Beds | Avg LOS | Turnover | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|---|---|---|
| ● | Avg Utilization Rate | | 10 | 45 days | 0.2 | 59% | 90% | 60% | -31% ▼ |

| ☐ < 90% | ☐ 90-110% | ☐ >110% |
|---|---|---|

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | % Months Submitted |
|---|---|---|---|---|---|---|---|
| Admissions | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | 100% |
| Discharges | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | 100% |

☐ 1 or more Records Submitted to DMHAS
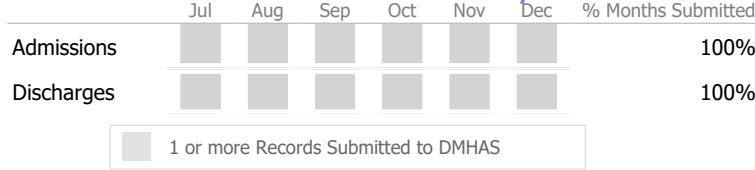
| ▲ > 10% Over | ▼ < 10% Under |
|---|---|

| ☐ Actual | | Goal | ✓ Goal Met | ● Below Goal |
|---|---|---|---|---|

* State Avg based on 12 Active Recovery House Programs

**Outpatient 202200 (formerly New Directions)**
Community Health Resources Inc.
Addiction - Outpatient - Standard Outpatient

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2020 - December 2020  (Data as of Apr 07, 2021)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 162 | 298 | -46% | ▼ |
| Admits | 72 | 154 | -53% | ▼ |
| Discharges | 80 | 168 | -52% | ▼ |

## Data Submission Quality

| Data Entry | Actual % vs | Actual | State Avg |
|---|---|---|---|
| ✔ Valid NOMS Data | | 95% | 85% |
| ✔ Valid TEDS Data | | 89% | 84% |

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| ✔ 6 Month Updates | | 38% | 21% |

| Co-occurring | | Actual | State Avg |
|---|---|---|---|
| ✔ MH Screen Complete | | 99% | 90% |
| ✔ SA Screen Complete | | 99% | 96% |

| Diagnosis | | Actual | State Avg |
|---|---|---|---|
| Valid Axis I Diagnosis | | 98% | 99% |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | % Months Submitted |
|---|---|---|---|---|---|---|---|
| Admissions | | | | | | | 100% |
| Discharges | | | | | | | 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 | 48% | 50% | 53% | -2% |

## Recovery

| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ● Abstinence/Reduced Drug Use | | 83 | 48% | 55% | 47% | -7% | |
| ● Employed | | 72 | 42% | 50% | 30% | -8% | |
| ● Not Arrested | | 107 | 62% | 75% | 74% | -13% | ▼ |
| ● Stable Living Situation | | 143 | 83% | 95% | 73% | -12% | ▼ |
| ● Self Help | | 28 | 16% | 60% | 18% | -44% | ▼ |

## Service Engagement

| Outpatient | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| ✔ 2 or more Services within 30 days | | 58 | 83% | 75% | 60% | 8% |
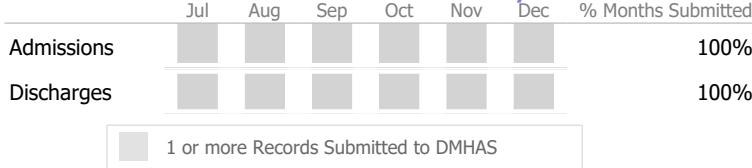
▲ > 10% Over   ▼ < 10% Under

■ Actual   | Goal   ✔ Goal Met   ● Below Goal

* State Avg based on 107 Active Standard Outpatient Programs

**PATH - CM - Outreach and Eng**
Community Health Resources Inc.
Mental Health - Case Management - Outreach & Engagement

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2020 - December 2020  (Data as of Apr 07, 2021)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 18 | 19 | -5% | |
| Admits | 5 | 5 | 0% | |
| Discharges | 7 | 6 | 17% | ▲ |
| Service Hours | 146 | 191 | -24% | ▼ |

## Service Engagement

| Homeless Outreach | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✓ | at least 1 Service within 180 days | | 5 | 100% | 50% | 92% | 50% | ▲ |

## Data Submitted to DMHAS by Month
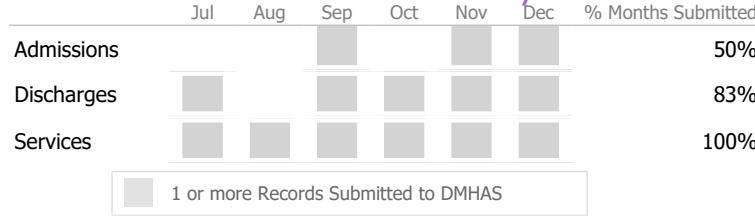
| | Jul | Aug | Sep | Oct | Nov | Dec | % Months Submitted |
|---|---|---|---|---|---|---|---|
| Admissions | | | ▢ | | ▢ | ▢ | 50% |
| Discharges | ▢ | | ▢ | ▢ | ▢ | ▢ | 83% |
| Services | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | 100% |

▢ 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

**Pilots Housing - Manchester 617297**
Community Health Resources Inc.
Mental Health - Case Management - Supportive Housing – Scattered Site

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2020 - December 2020  (Data as of Apr 07, 2021)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 16 | 18 | -11% | ▼ |
| Admits | - | - | | |
| Discharges | - | - | | |
| Service Hours | 177 | 268 | -34% | ▼ |

## Recovery

| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ✓ Stable Living Situation | | 16 | 100% | 85% | 90% | 15% | ▲ |

## Service Utilization

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| ✓ Clients Receiving Services | | 16 | 100% | 90% | 95% | 10% |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| ✓ Valid NOMS Data | | 97% | 96% |

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| 🔴 6 Month Updates | | 81% | 88% |
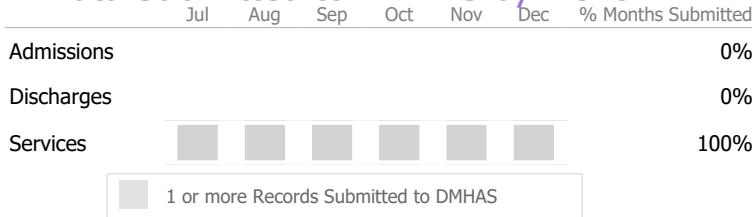
## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | % Months Submitted |
|---|---|---|---|---|---|---|---|
| Admissions | | | | | | | 0% |
| 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 101 Active Supportive Housing – Scattered Site Programs

**Pre-Trial Drug/Alc Ed 202705**
Community Health Resources Inc.
Forensic SA - Forensics Community-based - Pre-trial Intervention Programs

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2020 - December 2020  (Data as of Apr 07, 2021)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 187 | 418 | -55% | ▼ |
| Admits | 40 | 226 | -82% | ▼ |
| Discharges | 88 | 243 | -64% | ▼ |
| Service Hours | - | - | | |

## Data Submitted to DMHAS by Month
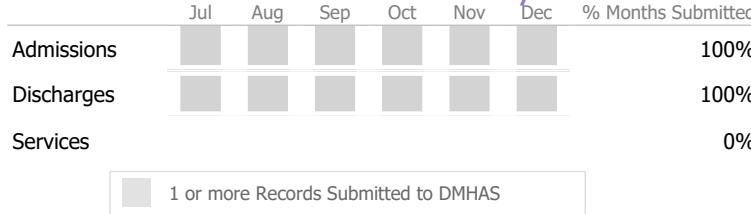
| | Jul | Aug | Sep | Oct | Nov | Dec | % Months Submitted |
|---|---|---|---|---|---|---|---|
| Admissions | | | | | | | 100% |
| Discharges | | | | | | | 100% |
| Services | | | | | | | 0% |

1 or more Records Submitted to DMHAS

▲ > 10% Over     ▼ < 10% Under

Actual     | Goal     ✔ Goal Met     ● Below Goal

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

**Recovery Coach - Meth**
Community Health Resources Inc.
Addiction - Recovery Support - Peer Based Mentoring

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2020 - December 2020  (Data as of Apr 07, 2021)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 231 | 159 | 45% | ▲ |
| Admits | 67 | 48 | 40% | ▲ |
| Discharges | 44 | 30 | 47% | ▲ |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | % Months Submitted |
|---|---|---|---|---|---|---|---|
| Admissions | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | 100% |
| Discharges | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | 100% |

▢ 1 or more Records Submitted to DMHAS
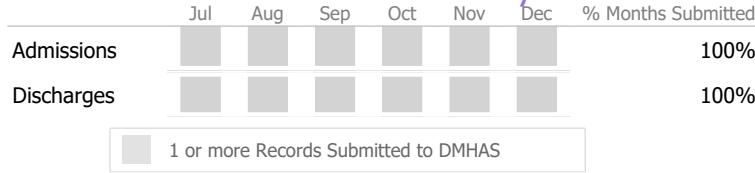
▲ > 10% Over      ▼ < 10% Under

■ Actual    | Goal    ✓ Goal Met    ● Below Goal

* State Avg based on 9 Active Peer Based Mentoring Programs

**Respite - Enfield 617200**
Community Health Resources Inc.
Mental Health - Crisis Services - Respite Bed

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2020 - December 2020  (Data as of Apr 07, 2021)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 6 | 29 | -79% | ▼ |
| Admits | 4 | 30 | -87% | ▼ |
| Discharges | 3 | 30 | -90% | ▼ |
| Bed Days | 620 | 884 | -30% | ▼ |

## Discharge Outcomes

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✓ | No Re-admit within 30 Days of Discharge | | 3 | 100% | 85% | 91% | 15% | ▲ |
| ✓ | Follow-up within 30 Days of Discharge | | 2 | 100% | 90% | 70% | 10% | |

## Bed Utilization

| | 12 Months Trend | Beds | Avg LOS | Turnover | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|---|
| 🔴 Avg Utilization Rate | | 6 | 282 days | 0.6 | 56% | 90% | 139% | -34% | ▼ |

🔷 < 90%    ⬜ 90-110%    🟥 >110%

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | % Months Submitted |
|---|---|---|---|---|---|---|---|
| Admissions | | | | | | | 33% |
| Discharges | | | | | | | 33% |

⬜ 1 or more Records Submitted to DMHAS

▲ > 10% Over    ▼ < 10% Under

🟧 Actual    ❘ Goal    ✓ Goal Met    🔴 Below Goal

* State Avg based on 10 Active Respite Bed Programs

**Roots to Recovery**
Community Health Resources Inc.
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 - December 2020  (Data as of Apr 07, 2021)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 38 | 41 | -7% | |
| Admits | 30 | 28 | 7% | |
| Discharges | 28 | 27 | 4% | |
| Bed Days | 1,919 | 2,498 | -23% | ▼ |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| ✓ Valid NOMS Data | | 97% | 90% |
| ✓ Valid TEDS Data | | 100% | 99% |

| On-Time Periodic | Actual | State Avg |
|---|---|---|
| 6 Month Updates | N/A | 7% |

| Co-occurring | Actual | State Avg |
|---|---|---|
| ✓ MH Screen Complete | 100% | 92% |
| ✓ SA Screen Complete | 100% | 92% |

| Diagnosis | Actual | State Avg |
|---|---|---|
| ✓ Valid Axis I Diagnosis | 100% | 100% |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | % Months Submitted |
|---|---|---|---|---|---|---|---|
| Admissions | | | | | | | 100% |
| Discharges | | | | | | | 100% |

☐ 1 or more Records Submitted to DMHAS

## Discharge Outcomes

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ✓ Treatment Completed Successfully | | 20 | 71% | 70% | 64% | 1% | |
| ✓ No Re-admit within 30 Days of Discharge | | 24 | 86% | 85% | 87% | 1% | |
| ✓ Follow-up within 30 Days of Discharge | | 18 | 90% | 90% | 69% | 0% | |

## Recovery

| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ✓ Abstinence/Reduced Drug Use | | 38 | 95% | 70% | 64% | 25% | ▲ |

## Bed Utilization

| | 12 Months Trend | Beds | Avg LOS | Turnover | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|---|
| ⬤ Avg Utilization Rate | | 14 | 67 days | 0.3 | 74% | 90% | 77% | -16% | ▼ |

| ☐ < 90% | ☐ 90-110% | ☐ >110% |
|---|---|---|

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

| ☐ Actual | │ Goal | ✓ Goal Met | ⬤ Below Goal |
|---|---|---|---|
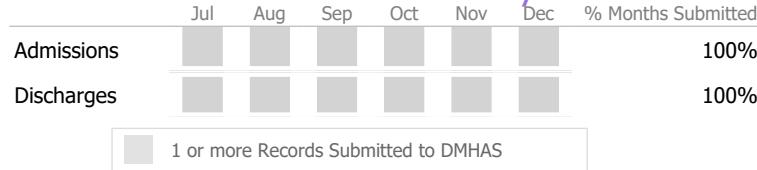
* State Avg based on 26 Active Intermediate/Long Term Res.Tx 3.5 Programs

**Second Wind Club House - Enfield 617-280**
Community Health Resources Inc.
Mental Health - Social Rehabilitation - Social Rehabilitation

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2020 - December 2020  (Data as of Apr 07, 2021)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 63 | 83 | -24% | ▼ |
| Admits | 6 | 14 | -57% | ▼ |
| Discharges | 22 | 27 | -19% | ▼ |
| Service Hours | 55 | 164 | -66% | ▼ |
| Social Rehab/PHP/IOP Days | 278 | 1,878 | -85% | ▼ |

## Service Utilization

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|---|
| ✓ | Clients Receiving Services | | 40 | 91% | 90% | 57% | 1% |

## Data Submitted to DMHAS by Month
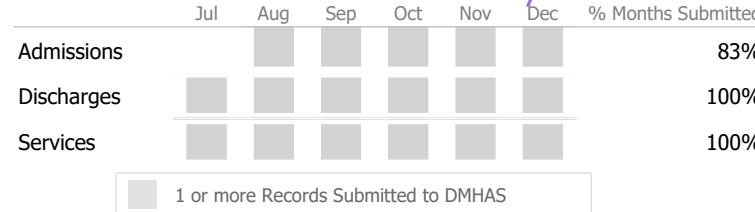
| | Jul | Aug | Sep | Oct | Nov | Dec | % Months Submitted |
|---|---|---|---|---|---|---|---|
| Admissions | | ▢ | ▢ | ▢ | ▢ | ▢ | 83% |
| Discharges | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | 100% |
| Services | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | 100% |

▢ 1 or more Records Submitted to DMHAS

▲ > 10% Over    ▼ < 10% Under

◼ Actual    | Goal    ✓ Goal Met    ● Below Goal

\* State Avg based on 34 Active Social Rehabilitation Programs

**SOR - Corrigan MM**
Community Health Resources Inc.
Addiction - Medication Assisted Treatment - Methadone Maintenance

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2020 - December 2020  (Data as of Apr 07, 2021)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 37 | 54 | -31% | ▼ |
| Admits | 18 | 34 | -47% | ▼ |
| Discharges | 22 | 36 | -39% | ▼ |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| Valid NOMS Data | | 96% | 99% |
| Valid TEDS Data | | 93% | 100% |

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| 🔴 6 Month Updates | | 25% | 77% |

| Co-occurring | | Actual | State Avg |
|---|---|---|---|
| MH Screen Complete | | 89% | 91% |
| SA Screen Complete | | 89% | 91% |

| Diagnosis | | Actual | State Avg |
|---|---|---|---|
| ✔ Valid Axis I Diagnosis | | 100% | 99% |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | % Months Submitted |
|---|---|---|---|---|---|---|---|
| Admissions | | | | | | | 100% |
| Discharges | | | | | | | 100% |

1 or more Records Submitted to DMHAS

## Discharge Outcomes

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| 🔴 Treatment Completed Successfully | | 10 | 45% | 50% | 53% | -5% | |

## Recovery

| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ✔ Abstinence/Reduced Drug Use | | 26 | 68% | 50% | 69% | 18% | ▲ |
| 🔴 Not Arrested | | 22 | 58% | 75% | 93% | -17% | ▼ |
| 🔴 Self Help | | 15 | 39% | 60% | 53% | -21% | ▼ |
| 🔴 Employed | | 0 | 0% | 40% | 43% | -40% | ▼ |
| 🔴 Stable Living Situation | | 5 | 13% | 90% | 91% | -77% | ▼ |

## Service Engagement

| Medication Assisted Treatment | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| 🔴 Length of Stay over 1 Year | | 4 | 11% | 50% | 71% | -39% | ▼ |
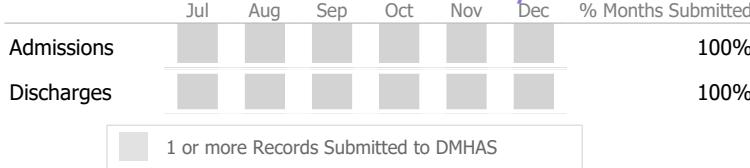
▲ > 10% Over     ▼ < 10% Under

🟧 Actual    | Goal    ✔ Goal Met    🔴 Below Goal

* State Avg based on 32 Active Methadone Maintenance Programs

**SOR - Hartford CC MM**
Community Health Resources Inc.
Addiction - Medication Assisted Treatment - Methadone Maintenance

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2020 - December 2020  (Data as of Apr 07, 2021)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 88 | 73 | 21% | ▲ |
| Admits | 67 | 52 | 29% | ▲ |
| Discharges | 38 | 46 | -17% | ▼ |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| Valid NOMS Data | | N/A | 99% |
| Valid TEDS Data | | N/A | 100% |

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| ● 6 Month Updates | | 0% | 77% |

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

| Diagnosis | | Actual | State Avg |
|---|---|---|---|
| ✓ Valid Axis I Diagnosis | | 99% | 99% |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | % Months Submitted |
|---|---|---|---|---|---|---|---|
| Admissions | | | | | | | 100% |
| Discharges | | | | | | | 100% |

1 or more Records Submitted to DMHAS

## Discharge Outcomes

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ✓ Treatment Completed Successfully | | 30 | 79% | 50% | 53% | 29% | ▲ |

## Recovery

| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ● Employed | | 0 | 0% | 40% | 43% | -40% | ▼ |
| ● Abstinence/Reduced Drug Use | | 1 | 1% | 50% | 69% | -49% | ▼ |
| ● Self Help | | 1 | 1% | 60% | 53% | -59% | ▼ |
| ● Not Arrested | | 0 | 0% | 75% | 93% | -75% | ▼ |
| ● Stable Living Situation | | 0 | 0% | 90% | 91% | -90% | ▼ |

## Service Engagement

| Medication Assisted Treatment | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ● Length of Stay over 1 Year | | 6 | 7% | 50% | 71% | -43% | ▼ |
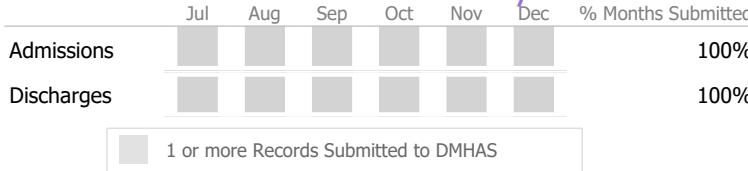
Legend:
▲ > 10% Over    ▼ < 10% Under

■ Actual    | Goal    ✓ Goal Met    ● Below Goal

* State Avg based on 32 Active Methadone Maintenance Programs

**SOR - Osborne MM**
Community Health Resources Inc.
Addiction - Medication Assisted Treatment - Methadone Maintenance

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2020 - December 2020  (Data as of Apr 07, 2021)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 85 | 117 | -27% | ▼ |
| Admits | 32 | 85 | -62% | ▼ |
| Discharges | 51 | 54 | -6% | |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| Valid NOMS Data | | 98% | 99% |
| Valid TEDS Data | | 95% | 100% |

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| ✓ 6 Month Updates | | 80% | 77% |

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

| Diagnosis | | Actual | State Avg |
|---|---|---|---|
| ✓ Valid Axis I Diagnosis | | 100% | 99% |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | % Months Submitted |
|---|---|---|---|---|---|---|---|
| Admissions | | | | | | | 100% |
| Discharges | | | | | | | 100% |

1 or more Records Submitted to DMHAS

## Discharge Outcomes

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✓ | Treatment Completed Successfully | | 49 | 96% | 50% | 53% | 46% | ▲ |

## Recovery

| | National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✓ | Abstinence/Reduced Drug Use | | 72 | 85% | 50% | 69% | 35% | ▲ |
| ✓ | Not Arrested | | 71 | 84% | 75% | 93% | 9% | |
| ● | Employed | | 1 | 1% | 40% | 43% | -39% | ▼ |
| ● | Self Help | | 9 | 11% | 60% | 53% | -49% | ▼ |
| ● | Stable Living Situation | | 2 | 2% | 90% | 91% | -88% | ▼ |

## Service Engagement

| | Medication Assisted Treatment | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ● | Length of Stay over 1 Year | | 10 | 12% | 50% | 71% | -38% | ▼ |
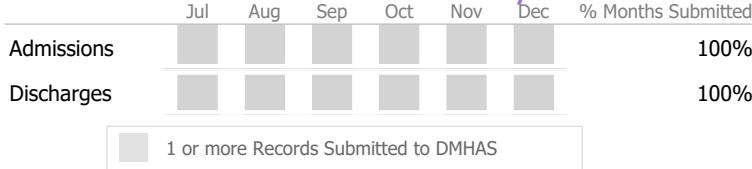
▲ > 10% Over    ▼ < 10% Under

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

* State Avg based on 32 Active Methadone Maintenance Programs

**SOR- MAT**
Community Health Resources Inc.
Addiction - Medication Assisted Treatment - Buprenorphine Maintenance

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2020 - December 2020  (Data as of Apr 07, 2021)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 1 | 126 | -99% | ▼ |
| Admits | - | 50 | -100% | ▼ |
| Discharges | 1 | 51 | -98% | ▼ |
| Service Hours | - | 1,121 | -100% | ▼ |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| ✓ Valid NOMS Data | | 100% | 87% |
| ✓ Valid TEDS Data | | 100% | 96% |

| On-Time Periodic | Actual | State Avg |
|---|---|---|
| 6 Month Updates | N/A | 26% |

| Co-occurring | Actual | State Avg |
|---|---|---|
| MH Screen Complete | N/A | 73% |
| SA Screen Complete | N/A | 86% |

| Diagnosis | | Actual | State Avg |
|---|---|---|---|
| ✓ Valid Axis I Diagnosis | | 100% | 100% |

## Discharge Outcomes

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ✓ Treatment Completed Successfully | | 1 | 100% | 50% | 45% | 50% | ▲ |

## Recovery

| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ✓ Abstinence/Reduced Drug Use | | 1 | 100% | 55% | 47% | 45% | ▲ |
| ✓ Self Help | | 1 | 100% | 60% | 18% | 40% | ▲ |
| ✓ Not Arrested | | 1 | 100% | 75% | 64% | 25% | ▲ |
| ✓ Stable Living Situation | | 1 | 100% | 95% | 63% | 5% | |
| ● Employed | | 0 | 0% | 50% | 24% | -50% | ▼ |
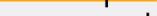
## Service Utilization
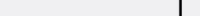
| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ● Clients Receiving Services | | N/A | N/A | 90% | 39% | N/A | ▼ |

## Data Submitted to DMHAS by Month
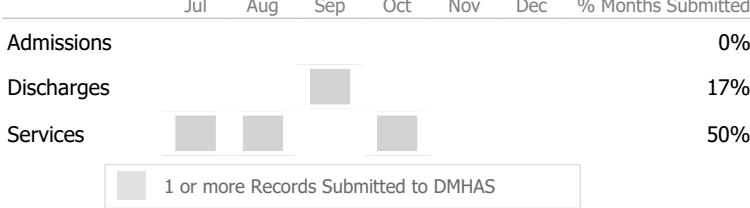
| | Jul | Aug | Sep | Oct | Nov | Dec | % Months Submitted |
|---|---|---|---|---|---|---|---|
| Admissions | | | | | | | 0% |
| Discharges | | | ▪ | | | | 17% |
| Services | | ▪ | ▪ | | ▪ | | 50% |

▪ 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

**Strickland Street Residence - Manchester**
Community Health Resources Inc.
Mental Health - Residential Services - MH Intensive Res. Rehabilitation

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2020 - December 2020  (Data as of Apr 07, 2021)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % |
|---|---|---|---|
| Unique Clients | 6 | 6 | 0% |
| Admits | - | - | |
| Discharges | - | - | |
| Bed Days | 1,104 | 1,104 | 0% |

## Discharge Outcomes

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| Treatment Completed Successfully | | N/A | N/A | 75% | 66% | N/A |
| No Re-admit within 30 Days of Discharge | | N/A | N/A | 85% | 69% | N/A |
| Follow-up within 30 Days of Discharge | | N/A | N/A | 90% | 76% | N/A |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| ✓ Valid NOMS Data | | 100% | 97% |

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| ✓ 6 Month Updates | | 100% | 80% |

| Co-occurring | | Actual | State Avg |
|---|---|---|---|
| MH Screen Complete | | N/A | 86% |
| SA Screen Complete | | N/A | 88% |

| Diagnosis | | Actual | State Avg |
|---|---|---|---|
| ✓ Valid Axis I Diagnosis | | 100% | 100% |

## Bed Utilization

| | 12 Months Trend | Beds | Avg LOS | Turnover | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|---|---|
| ✓ Avg Utilization Rate | | 6 | 2,534 days | 0.5 | 100% | 90% | 93% | 10% |

| | < 90% | | 90-110% | | >110% |
|---|---|---|---|---|---|

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | % 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 29 Active MH Intensive Res. Rehabilitation Programs

**Supported Employment - Enfield 620222**
Community Health Resources Inc.
Mental Health - Employment Services - Employment Services

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2020 - December 2020  (Data as of Apr 07, 2021)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 85 | 107 | -21% | ▼ |
| Admits | 49 | 67 | -27% | ▼ |
| Discharges | 56 | 56 | 0% | |
| Service Hours | 460 | 688 | -33% | ▼ |

## Recovery

| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| 🔴 Employed | | 30 | 34% | 35% | 44% | -1% |

## Service Utilization

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| ✔ Clients Receiving Services | | 30 | 94% | 90% | 91% | 4% |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| ✔ Valid NOMS Data | | 99% | 89% |

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| 🔴 6 Month Updates | | 45% | 92% |

## Data Submitted to DMHAS by Month
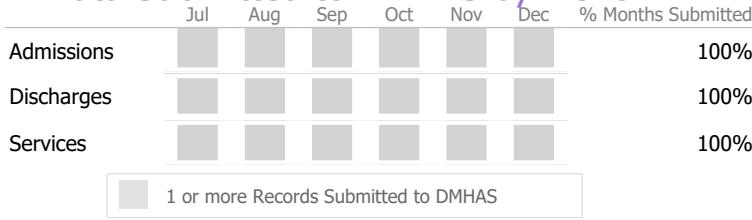
| | Jul | Aug | Sep | Oct | Nov | Dec | % Months Submitted |
|---|---|---|---|---|---|---|---|
| Admissions | | | | | | | 100% |
| Discharges | | | | | | | 100% |
| Services | | | | | | | 100% |

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

**Supported Employment Manchester**
Community Health Resources Inc.
Mental Health - Employment Services - Employment Services

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2020 - December 2020  (Data as of Apr 07, 2021)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 54 | 75 | -28% | ▼ |
| Admits | 25 | 20 | 25% | ▲ |
| Discharges | 19 | 15 | 27% | ▲ |
| Service Hours | 391 | 613 | -36% | ▼ |

## Recovery
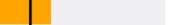
| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ✓ Employed | | 25 | 45% | 35% | 44% | 10% | ▲ |

## Service Utilization

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| ✓ Clients Receiving Services | | 36 | 100% | 90% | 91% | 10% |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| ✓ Valid NOMS Data | | 99% | 89% |

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| ✓ 6 Month Updates | | 100% | 92% |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | % Months Submitted |
|---|---|---|---|---|---|---|---|
| Admissions | | | | | | | 100% |
| Discharges | | | | | | | 83% |
| 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

**Transitional Support Program (TSP) YAS**
Community Health Resources Inc.
Mental Health - Residential Services - Supervised Apartments

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2020 - December 2020  (Data as of Apr 07, 2021)
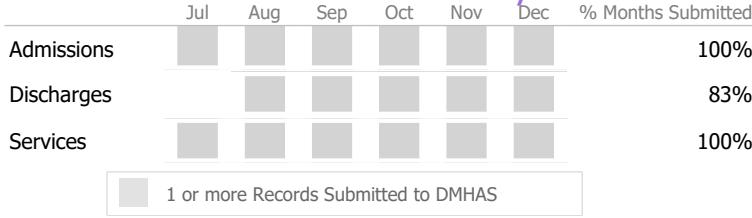
## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 17 | 17 | 0% | |
| Admits | 7 | 4 | 75% | ▲ |
| Discharges | 6 | 7 | -14% | ▼ |
| Bed Days | 1,872 | 1,987 | -6% | |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| ✓ Valid NOMS Data | | 97% | 75% |

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| ✓ 6 Month Updates | | 100% | 87% |

| Co-occurring | | Actual | State Avg |
|---|---|---|---|
| ✓ MH Screen Complete | | 86% | 84% |
| ✓ SA Screen Complete | | 86% | 69% |

| Diagnosis | | Actual | State Avg |
|---|---|---|---|
| ✓ Valid Axis I Diagnosis | | 100% | 99% |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | % Months Submitted |
|---|---|---|---|---|---|---|---|
| Admissions | | | ▪ | ▪ | ▪ | | 67% |
| Discharges | | ▪ | | ▪ | ▪ | | 50% |

1 or more Records Submitted to DMHAS

## Discharge Outcomes

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ✓ Treatment Completed Successfully | | 4 | 67% | 60% | 79% | 7% | |
| ● Follow-up within 30 Days of Discharge | | 3 | 75% | 90% | 75% | -15% | ▼ |

## Recovery

| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ✓ Social Support | | 13 | 76% | 60% | 83% | 16% | ▲ |
| ✓ Stable Living Situation | | 17 | 100% | 95% | 93% | 5% | |
| ✓ Employed | | 5 | 29% | 25% | 9% | 4% | |
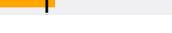
## Bed Utilization

| | 12 Months Trend | Beds | Avg LOS | Turnover | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|---|
| ● Avg Utilization Rate | | 14 | 334 days | 0.5 | 73% | 90% | 92% | -17% | ▼ |

| < 90% | 90-110% | >110% |
|---|---|---|
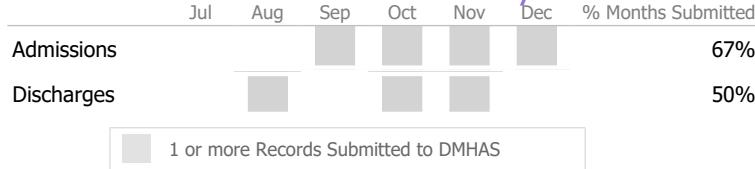
▲ > 10% Over    ▼ < 10% Under

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

* State Avg based on 78 Active Supervised Apartments Programs

**We Can Club House - Manchester 606284**
Community Health Resources Inc.
Mental Health - Social Rehabilitation - Social Rehabilitation

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2020 - December 2020  (Data as of Apr 07, 2021)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 437 | 142 | 208% | ▲ |
| Admits | 104 | 44 | 136% | ▲ |
| Discharges | 29 | 31 | -6% | |
| Service Hours | - | 1 | -100% | ▼ |
| Social Rehab/PHP/IOP Days | 988 | 1,532 | -36% | ▼ |

## Service Utilization

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ● Clients Receiving Services | ▬▬▬ | 275 | 67% | 90% | 57% | -23% | ▼ |

## Data Submitted to DMHAS by Month
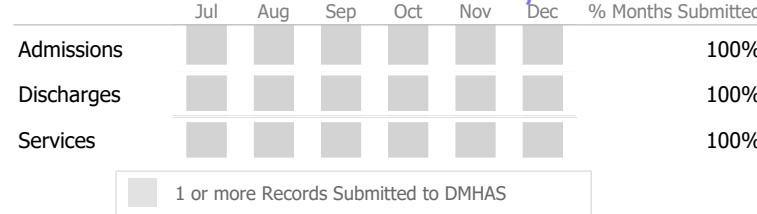
| | Jul | Aug | Sep | Oct | Nov | Dec | % Months Submitted |
|---|---|---|---|---|---|---|---|
| Admissions | ▢ | ▢ | | ▢ | ▢ | ▢ | 100% |
| Discharges | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | 100% |
| Services | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | 100% |

▢ 1 or more Records Submitted to DMHAS

▲ > 10% Over    ▼ < 10% Under

■ Actual    | Goal    ✔ Goal Met    ● Below Goal

* State Avg based on 34 Active Social Rehabilitation Programs

**Willimantic OP**
Community Health Resources Inc.
Addiction - Outpatient - Standard Outpatient

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2020 - December 2020  (Data as of Apr 07, 2021)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 510 | 649 | -21% | ▼ |
| Admits | 186 | 337 | -45% | ▼ |
| Discharges | 240 | 274 | -12% | ▼ |
| Service Hours | 1,768 | 2,710 | -35% | ▼ |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| ✓ | Valid NOMS Data | 90% | 85% |
| | Valid TEDS Data | 73% | 84% |

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| ✓ | 6 Month Updates | 84% | 21% |

| Co-occurring | | Actual | State Avg |
|---|---|---|---|
| ✓ | MH Screen Complete | 97% | 90% |
| ✓ | SA Screen Complete | 98% | 96% |

| Diagnosis | | Actual | State Avg |
|---|---|---|---|
| ✓ | Valid Axis I Diagnosis | 99% | 99% |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | % 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 | | 96 | 40% | 50% | 53% | -10% | ▼ |

## Recovery

| | National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✓ | Not Arrested | | 403 | 76% | 75% | 74% | 1% | |
| 🔴 | Abstinence/Reduced Drug Use | | 258 | 49% | 55% | 47% | -6% | |
| 🔴 | Stable Living Situation | | 438 | 83% | 95% | 73% | -12% | ▼ |
| 🔴 | Employed | | 173 | 33% | 50% | 30% | -17% | ▼ |
| 🔴 | Self Help | | 67 | 13% | 60% | 18% | -47% | ▼ |

## Service Utilization

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|---|
| ✓ | Clients Receiving Services | | 277 | 96% | 90% | 60% | 6% |

## Service Engagement

| | Outpatient | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|---|
| ✓ | 2 or more Services within 30 days | | 151 | 82% | 75% | 60% | 7% |
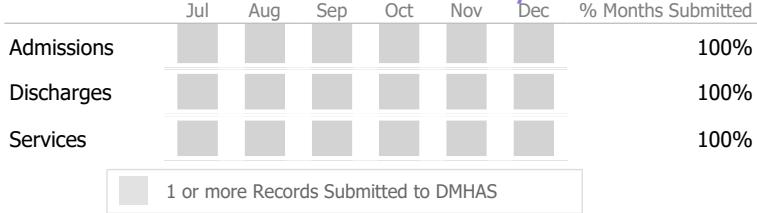
▲ > 10% Over    ▼ < 10% Under

☐ Actual    | Goal    ✓ Goal Met    🔴 Below Goal

* State Avg based on 107 Active Standard Outpatient Programs

**YAS CTT - Enfield 617-373**
Community Health Resources Inc.
Mental Health - ACT - Assertive Community Treatment

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2020 - December 2020  (Data as of Apr 07, 2021)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 44 | 38 | 16% | ▲ |
| Admits | 13 | 9 | 44% | ▲ |
| Discharges | 8 | 13 | -38% | ▼ |
| Service Hours | 1,281 | 1,166 | 10% | |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| ✓ Valid NOMS Data | | 97% | 84% |

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

| Co-occurring | | Actual | State Avg |
|---|---|---|---|
| MH Screen Complete | | 77% | 89% |
| SA Screen Complete | | 77% | 89% |

| Diagnosis | | Actual | State Avg |
|---|---|---|---|
| ✓ Valid Axis I Diagnosis | | 100% | 98% |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | % Months Submitted |
|---|---|---|---|---|---|---|---|
| Admissions | | | | | | | 100% |
| 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 | | 6 | 75% | 65% | 39% | 10% | ▲ |
| ✓ | No Re-admit within 30 Days of Discharge | | 8 | 100% | 85% | 94% | 15% | ▲ |
| ● | Follow-up within 30 Days of Discharge | | 0 | 0% | 90% | 48% | -90% | ▼ |

## Recovery

| | National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✓ | Stable Living Situation | | 41 | 93% | 60% | 93% | 33% | ▲ |
| ✓ | Social Support | | 39 | 89% | 60% | 79% | 29% | ▲ |
| ✓ | Employed | | 12 | 27% | 15% | 14% | 12% | ▲ |

## Service Utilization

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|---|
| ✓ | Clients Receiving Services | | 35 | 97% | 90% | 99% | 7% |
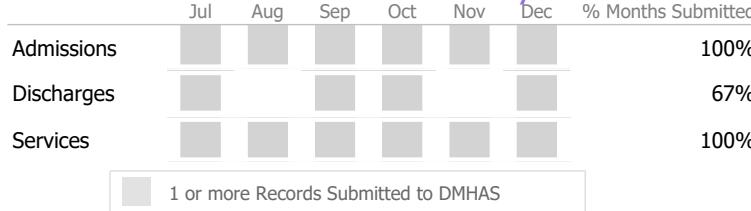
▲ > 10% Over    ▼ < 10% Under

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

* State Avg based on 23 Active Assertive Community Treatment Programs

**Young Adult Services - Manchester**
Community Health Resources Inc.
Mental Health - ACT - Assertive Community Treatment

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2020 - December 2020  (Data as of Apr 07, 2021)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 25 | 26 | -4% | ▼ |
| Admits | 5 | 4 | 25% | ▲ |
| Discharges | 5 | 5 | 0% | |
| Service Hours | 784 | 1,402 | -44% | ▼ |

## Data Submission Quality

| Data Entry | Actual % vs Goal | Actual | State Avg |
|---|---|---|---|
| ✓ Valid NOMS Data | | 100% | 84% |

| On-Time Periodic | Actual % vs Goal | Actual | State Avg |
|---|---|---|---|
| 🔴 6 Month Updates | | 67% | 87% |

| Co-occurring | Actual % vs Goal | Actual | State Avg |
|---|---|---|---|
| ✓ MH Screen Complete | | 100% | 89% |
| ✓ SA Screen Complete | | 100% | 89% |

| Diagnosis | Actual % vs Goal | Actual | State Avg |
|---|---|---|---|
| ✓ Valid Axis I Diagnosis | | 100% | 98% |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | % Months Submitted |
|---|---|---|---|---|---|---|---|
| Admissions | | | ▢ | | ▢ | ▢ | 50% |
| Discharges | ▢ | | ▢ | ▢ | | | 50% |
| 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% | 65% | 39% | -65% | ▼ |
| ✓ | No Re-admit within 30 Days of Discharge | | 5 | 100% | 85% | 94% | 15% | ▲ |
| | Follow-up within 30 Days of Discharge | | N/A | N/A | 90% | 48% | N/A | |

## Recovery

| | National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✓ | Stable Living Situation | | 24 | 96% | 60% | 93% | 36% | ▲ |
| ✓ | Employed | | 12 | 48% | 15% | 14% | 33% | ▲ |
| ✓ | Social Support | | 19 | 76% | 60% | 79% | 16% | ▲ |

## Service Utilization

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|---|
| ✓ | Clients Receiving Services | | 19 | 95% | 90% | 99% | 5% |

▲ > 10% Over    ▼ < 10% Under

■ Actual    | Goal    ✓ Goal Met    🔴 Below Goal

* State Avg based on 23 Active Assertive Community Treatment Programs