

Reporting Period: July 2020 - December 2020 (Data as of Apr 06, 2021)

### Provider Activity

Monthly Trend	Measure	Actual	1 Yr Ago	Variance %
	Unique Clients	699	914	-24% ▼
	Admits	652	950	-31% ▼
	Discharges	670	942	-29% ▼
	Service Hours	634	829	-24% ▼
	Bed Days	2,275	3,226	-29% ▼

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

### Consumer Satisfaction Survey

(Based on 219 FY20 Surveys)

Question Domain	Satisfied % vs Goal%	Satisfied %	Goal %	State Avg
✓ Quality and Appropriateness		89%	80%	93%
✓ Respect		89%	80%	91%
✓ Participation in Treatment		88%	80%	92%
✓ Overall		85%	80%	91%
✓ General Satisfaction		85%	80%	92%
✓ Outcome		85%	80%	83%
✓ Access		80%	80%	88%
● Recovery		75%	80%	79%

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

### Clients by Level of Care

Program Type	Level of Care Type	#	%
<b>Addiction</b>	Residential Services	556	79.2%
	Medication Assisted Treatment	118	16.8%
<b>Forensic SA</b>	Case Management	15	2.1%
<b>Mental Health</b>	Case Management	13	1.9%

### Client Demographics

Age	#	%	State Avg	Gender	#	%	State Avg
18-25	39	6%	9%	Male	486	70%	▲ 58%
26-34	175	25%	21%	Female	212	30%	▼ 42%
35-44	208	30%	22%	Transgender			0%
45-54	149	21%	19%				
55-64	110	16%	20%				
65+	18	3%	8%				
Ethnicity	#	%	State Avg	Race	#	%	State Avg
Non-Hispanic	557	80%	70%	White/Caucasian	481	69%	62%
Hisp-Puerto Rican	81	12%	12%	Black/African American	119	17%	17%
Hispanic-Other	53	8%	8%	Other	85	12%	13%
Unknown	5	1%	10%	Unknown	8	1%	6%
Hispanic-Cuban	2	0%	0%	Asian	2	0%	1%
Hispanic-Mexican	1	0%	0%	Multiple Races	2	0%	1%
				Am. Indian/Native Alaskan	1	0%	1%
				Hawaiian/Other Pacific Islander	1	0%	0%

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

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

## Arrest Diversion - New Haven

Cornell Scott-Hill Health Corporation

Forensic SA - Case Management - Outreach & Engagement

Connecticut Dept of Mental Health and Addiction Services

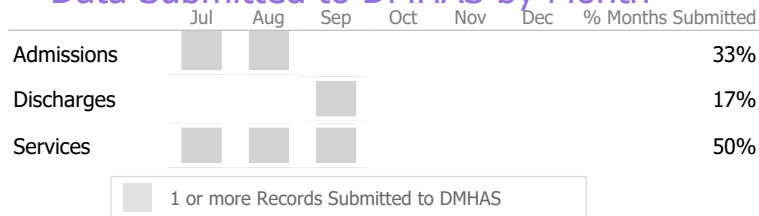
Program Quality Dashboard

Reporting Period: July 2020 - December 2020 (Data as of Apr 06, 2021)

### Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	15	19	-21%	▼
Admits	2	6	-67%	▼
Discharges	15	10	50%	▲
Service Hours	13	88	-86%	▼

### Data Submitted to DMHAS by Month



▲ > 10% Over ▼ < 10% Under

■ Actual | Goal ✓ Goal Met ● Below Goal

\* State Avg based on 2 Active Outreach & Engagement Programs

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

### Program Activity

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	5	5	0%
Admits	-	-	
Discharges	-	-	

### Data Submission Quality

Data Entry	Actual	State Avg
Valid NOMS Data		N/A 71%
Valid TEDS Data		N/A 98%
<b>On-Time Periodic</b>		
6 Month Updates		0% 11%
<b>Co-occurring</b>		
MH Screen Complete		N/A 95%
SA Screen Complete		N/A 99%
<b>Diagnosis</b>		
Valid Axis I Diagnosis		100% 100%

### Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Treatment Completed Successfully		N/A	N/A	50%	72%	N/A

### Recovery

National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Employed		0	0%	50%	29%	-50% ▼
Abstinence/Reduced Drug Use		0	0%	55%	29%	-55% ▼
Self Help		0	0%	60%	31%	-60% ▼
Not Arrested		0	0%	75%	49%	-75% ▼
Stable Living Situation		0	0%	95%	74%	-95% ▼

### 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

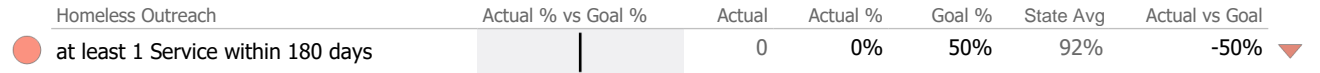
\* State Avg based on 7 Active Naltrexone Programs

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

### Program Activity

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	13	21	-38% ▼
Admits	-	3	-100% ▼
Discharges	-	8	-100% ▼
Service Hours	-	97	-100% ▼

### Service Engagement



### Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	% Months Submitted
Admissions							0%
Discharges							0%
Services							0%

1 or more Records Submitted to DMHAS

▲ > 10% Over    ▼ < 10% Under

■ Actual    | Goal    ✓ Goal Met    ● Below Goal

\* State Avg based on 45 Active Outreach & Engagement Programs

### Program Activity

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	0	11	▼
Admits	-	-	
Discharges	-	11	-100% ▼
Service Hours	-	1	-100% ▼

### 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 9 Active Peer Based Mentoring Programs

### Program Activity

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	556	749	-26% ▼
Admits	634	871	-27% ▼
Discharges	639	879	-27% ▼
Bed Days	2,275	3,226	-29% ▼

### Data Submission Quality

Data Entry	Actual	State Avg
Valid NOMS Data	100%	79%
Valid TEDS Data	100%	98%
<b>On-Time Periodic</b>		
6 Month Updates	N/A	N/A
<b>Co-occurring</b>		
MH Screen Complete	100%	94%
SA Screen Complete	100%	94%
<b>Diagnosis</b>		
Valid Axis I Diagnosis	100%	100%

### Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Treatment Completed Successfully		473	74%	80%	65%	-6%
No Re-admit within 30 Days of Discharge		489	77%	85%	80%	-8%
Follow-up within 30 Days of Discharge		259	55%	90%	53%	-35% ▼

### Bed Utilization

	12 Months Trend	Beds	Avg LOS	Turnover	Actual %	Goal %	State Avg	Actual vs Goal
Avg Utilization Rate		24	4 days	0.0	52%	90%	75%	-38% ▼

Legend: < 90% (light blue), 90-110% (grey), > 110% (red)

### Data Submitted to DMHAS by Month

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

Legend: Grey bar = 1 or more Records Submitted to DMHAS

Legend: ▲ > 10% Over, ▼ < 10% Under

Legend: Orange bar = Actual, Vertical line = Goal, Green checkmark = Goal Met, Red circle = Below Goal

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

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

### Program Activity

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	113	115	-2%
Admits	16	37	-57% ▼
Discharges	15	21	-29% ▼
Service Hours	621	645	-4%

### Data Submission Quality

Data Entry	Actual	State Avg
Valid NOMS Data	99%	87%
Valid TEDS Data	99%	96%
On-Time Periodic		
6 Month Updates	99%	26%
Co-occurring		
MH Screen Complete	94%	73%
SA Screen Complete	94%	86%
Diagnosis		
Valid Axis I Diagnosis	100%	100%

### Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Treatment Completed Successfully		5	33%	50%	45%	-17% ▼

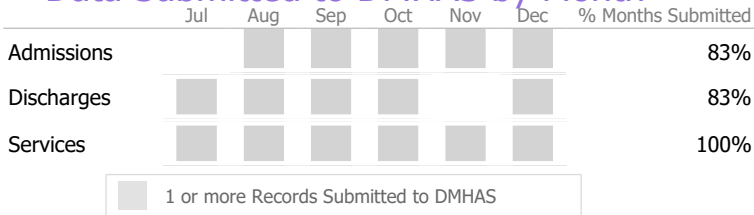
### Recovery

National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Abstinence/Reduced Drug Use		88	77%	55%	47%	22% ▲
Not Arrested		110	96%	75%	64%	21% ▲
Employed		69	61%	50%	24%	11% ▲
Stable Living Situation		112	98%	95%	63%	3%
Self Help		12	11%	60%	18%	-49% ▼

### Service Utilization

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Clients Receiving Services		98	99%	90%	39%	9%

### Data Submitted to DMHAS by Month



▲ > 10% Over    ▼ < 10% Under

Actual    | Goal    Goal Met    Below Goal

\* State Avg based on 22 Active Buprenorphine Maintenance Programs

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