

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

Provider Activity

| Monthly Trend | Measure | Actual | 1 Yr Ago | Variance % |
|---------------|----------------|--------|----------|------------|
| | Unique Clients | 940 | 1,006 | -7% |
| | Admits | 414 | 610 | -32% ▼ |
| | Discharges | 378 | 569 | -34% ▼ |
| | Service Hours | 6,517 | 12,419 | -48% ▼ |
| | Bed Days | 1,368 | 2,547 | -46% ▼ |

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

Consumer Satisfaction Survey

(Based on 105 FY20 Surveys)

| Question Domain | Satisfied % vs Goal% | Satisfied % | Goal % | State Avg |
|-------------------------------|----------------------|-------------|--------|-----------|
| ✓ Respect | | 89% | 80% | 91% |
| ✓ Participation in Treatment | | 88% | 80% | 92% |
| ✓ Overall | | 87% | 80% | 91% |
| ✓ Quality and Appropriateness | | 85% | 80% | 93% |
| ✓ General Satisfaction | | 84% | 80% | 92% |
| ✓ Access | | 82% | 80% | 88% |
| ● Outcome | | 74% | 80% | 83% |
| ● Recovery | | 61% | 80% | 79% |

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

Clients by Level of Care

| Program Type | Level of Care Type | # | % |
|----------------------|----------------------|---------------------------|-------|
| Mental Health | Outpatient | 260 | 23.7% |
| | Crisis Services | 186 | 16.9% |
| | Community Support | 184 | 16.8% |
| | ACT | 144 | 13.1% |
| | Intake | 59 | 5.4% |
| | Residential Services | 25 | 2.3% |
| | Other | 1 | 0.1% |
| | Forensic MH | Forensics Community-based | 239 |

Client Demographics

| Age | # | % | State Avg | Gender | # | % | State Avg |
|-------------------|-----|-----|-----------|---------------------------------|-----|-----|-----------|
| 18-25 | 121 | 13% | 9% | Male | 568 | 60% | 58% |
| 26-34 | 184 | 20% | 21% | Female | 368 | 39% | 42% |
| 35-44 | 189 | 20% | 22% | Transgender | 3 | 0% | 0% |
| 45-54 | 192 | 21% | 19% | Race | | | |
| 55-64 | 159 | 17% | 20% | White/Caucasian | 596 | 68% | 62% |
| 65+ | 87 | 9% | 8% | Black/African American | 134 | 15% | 17% |
| Ethnicity | | | | Other | 61 | 7% | 13% |
| Non-Hispanic | 711 | 76% | 70% | Unknown | 35 | 4% | 6% |
| Unknown | 129 | 14% | 10% | Multiple Races | 30 | 3% | 1% |
| Hisp-Puerto Rican | 50 | 5% | 12% | Am. Indian/Native Alaskan | 12 | 1% | 1% |
| Hispanic-Other | 46 | 5% | 8% | Asian | 10 | 1% | 1% |
| Hispanic-Cuban | 3 | 0% | 0% | Hawaiian/Other Pacific Islander | 2 | 0% | 0% |
| Hispanic-Mexican | 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.

Program Activity

| Measure | Actual | 1 Yr Ago | Variance % |
|----------------|--------|----------|------------|
| Unique Clients | 88 | 87 | 1% |
| Admits | 17 | 25 | -32% ▼ |
| Discharges | 13 | 15 | -13% ▼ |
| Service Hours | 1,609 | 2,882 | -44% ▼ |

Data Submission Quality

| Data Entry | Actual | State Avg |
|------------------------|--------|-----------|
| Valid NOMS Data | 97% | 84% |
| On-Time Periodic | | |
| 6 Month Updates | 84% | 87% |
| Co-occurring | | |
| MH Screen Complete | 100% | 89% |
| SA Screen Complete | 100% | 89% |
| Diagnosis | | |
| Valid Axis I Diagnosis | 95% | 98% |

Discharge Outcomes

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|-----------------------------------------|--------------------|--------|----------|--------|-----------|----------------|
| Treatment Completed Successfully | | 6 | 46% | 65% | 39% | -19% ▼ |
| No Re-admit within 30 Days of Discharge | | 13 | 100% | 85% | 94% | 15% ▲ |
| Follow-up within 30 Days of Discharge | | 4 | 67% | 90% | 48% | -23% ▼ |

Recovery

| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|-----------------------------------|--------------------|--------|----------|--------|-----------|----------------|
| Stable Living Situation | | 80 | 91% | 60% | 93% | 31% ▲ |
| Employed | | 8 | 9% | 15% | 14% | -6% |
| Social Support | | 45 | 51% | 60% | 79% | -9% |

Service Utilization

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|----------------------------|--------------------|--------|----------|--------|-----------|----------------|
| Clients Receiving Services | | 75 | 100% | 90% | 99% | 10% |

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 23 Active Assertive Community Treatment Programs

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

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 | | |
| 6 Month Updates | | N/A 52% |
| Co-occurring | | |
| MH Screen Complete | | N/A 75% |
| SA Screen Complete | | N/A 75% |

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 ▼ |

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 85 Active Standard Outpatient Programs

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

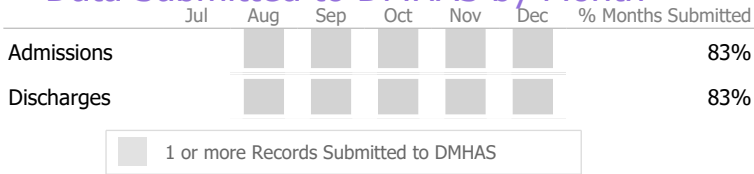
Program Activity

| Measure | Actual | 1 Yr Ago | Variance % |
|----------------|--------|----------|------------|
| Unique Clients | 19 | 47 | -60% ▼ |
| Admits | 20 | 55 | -64% ▼ |
| Discharges | 15 | 55 | -73% ▼ |

Crisis

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|------------------------------------------|--------------------|--------|----------|--------|-----------|----------------|
| ● Evaluation within 1.5 hours of Request | | 5 | 50% | 75% | 79% | -25% ▼ |
| ✓ Community Location Evaluation | | 10 | 100% | 80% | 71% | 20% ▲ |
| ● Follow-up Service within 48 hours | | 0 | NA | 90% | 69% | -90% ▼ |

Data Submitted to DMHAS by Month



▲ > 10% Over ▼ < 10% Under

■ Actual | Goal ✓ Goal Met ● Below Goal

* State Avg based on 25 Active Mobile Crisis Team Programs

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

Program Activity

| Measure | Actual | 1 Yr Ago | Variance % |
|----------------|--------|----------|------------|
| Unique Clients | 1 | 5 | -80% ▼ |
| Admits | - | 2 | -100% ▼ |
| Discharges | - | 2 | -100% ▼ |
| Service Hours | - | - | |

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 3 Active Re-entry Programs Programs

Program Activity

| Measure | Actual | 1 Yr Ago | Variance % |
|----------------|--------|----------|------------|
| Unique Clients | 103 | 116 | -11% ▼ |
| Admits | 2 | - | |
| Discharges | 6 | 11 | -45% ▼ |
| Service Hours | 254 | 622 | -59% ▼ |

Data Submission Quality

| Data Entry | Actual | State Avg |
|------------------------|--------|-----------|
| Valid NOMS Data | 95% | 86% |
| On-Time Periodic | | |
| 6 Month Updates | 72% | 52% |
| Co-occurring | | |
| MH Screen Complete | N/A | 75% |
| SA Screen Complete | N/A | 75% |
| Diagnosis | | |
| Valid Axis I Diagnosis | 100% | 98% |

Discharge Outcomes

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|----------------------------------|--------------------|--------|----------|--------|-----------|----------------|
| Treatment Completed Successfully | | 4 | 67% | 50% | 33% | 17% ▲ |

Recovery

| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|-----------------------------------|--------------------|--------|----------|--------|-----------|----------------|
| Social Support | | 85 | 83% | 60% | 60% | 23% ▲ |
| Stable Living Situation | | 96 | 93% | 95% | 74% | -2% |
| Employed | | 12 | 12% | 30% | 22% | -18% ▼ |

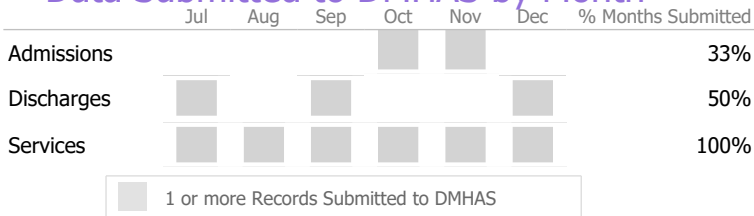
Service Utilization

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|----------------------------|--------------------|--------|----------|--------|-----------|----------------|
| Clients Receiving Services | | 94 | 97% | 90% | 81% | 7% |

Service Engagement

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

Data Submitted to DMHAS by Month



▲ > 10% Over ▼ < 10% Under

■ Actual | Goal ✓ Goal Met ● Below Goal

* State Avg based on 85 Active Standard Outpatient Programs

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

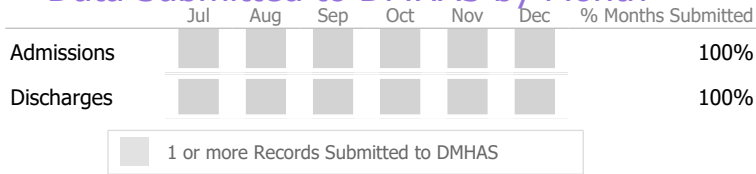
Program Activity

| Measure | Actual | 1 Yr Ago | Variance % |
|----------------|--------|----------|------------|
| Unique Clients | 173 | 135 | 28% ▲ |
| Admits | 213 | 173 | 23% ▲ |
| Discharges | 212 | 173 | 23% ▲ |

Crisis

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|------------------------------------------|--------------------|--------|----------|--------|-----------|----------------|
| ● Evaluation within 1.5 hours of Request | | 123 | 64% | 75% | 79% | -11% ▼ |
| ✓ Community Location Evaluation | | 183 | 96% | 80% | 71% | 16% ▲ |
| ● Follow-up Service within 48 hours | | 3 | 18% | 90% | 69% | -72% ▼ |

Data Submitted to DMHAS by Month



▲ > 10% Over ▼ < 10% Under

█ Actual | Goal ✓ Goal Met ● Below Goal

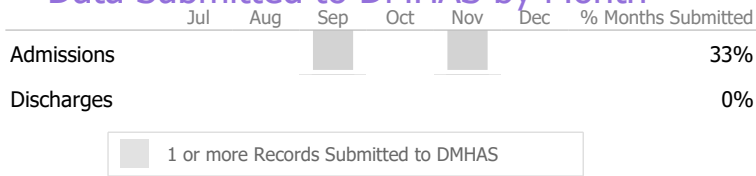
* State Avg based on 25 Active Mobile Crisis Team Programs

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

Program Activity

| Measure | Actual | 1 Yr Ago | Variance % |
|----------------|--------|----------|------------|
| Unique Clients | 24 | 23 | 4% |
| Admits | 3 | 4 | -25% ▼ |
| Discharges | - | 3 | -100% ▼ |

Data Submitted to DMHAS by Month



* State Avg based on 1 Active Outreach & Engagement Programs

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

Program Activity

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

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

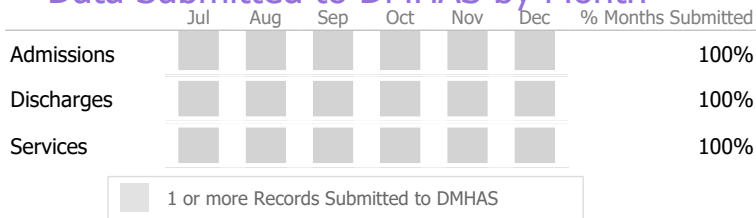
 Actual |  Goal  Goal Met  Below Goal

* State Avg based on 0 Active Housing Assistance Programs

Program Activity

| Measure | Actual | 1 Yr Ago | Variance % |
|----------------|--------|----------|------------|
| Unique Clients | 59 | 81 | -27% ▼ |
| Admits | 54 | 78 | -31% ▼ |
| Discharges | 53 | 74 | -28% ▼ |
| Service Hours | 119 | 185 | -36% ▼ |

Data Submitted to DMHAS by Month



▲ > 10% Over ▼ < 10% Under

■ Actual | Goal ✓ Goal Met ● Below Goal

* State Avg based on 17 Active Central Intake Programs

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

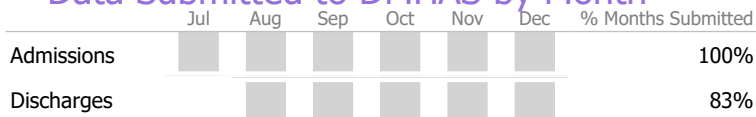
Program Activity

| Measure | Actual | 1 Yr Ago | Variance % |
|----------------|--------|----------|------------|
| Unique Clients | 185 | 259 | -29% ▼ |
| Admits | 43 | 160 | -73% ▼ |
| Discharges | 27 | 139 | -81% ▼ |

Jail Diversion

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|-------------------------------------|--------------------|--------|----------|--------|-----------|----------------|
| ✓ Follow-up Service within 48 hours | | 2 | 13% | 0% | 61% | 13% ▲ |

Data Submitted to DMHAS by Month



█ 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

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

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 15 Active Other Programs

Program Activity

| Measure | Actual | 1 Yr Ago | Variance % |
|----------------|--------|----------|------------|
| Unique Clients | 25 | 57 | -56% ▼ |
| Admits | 15 | 46 | -67% ▼ |
| Discharges | 19 | 46 | -59% ▼ |
| Bed Days | 1,368 | 2,547 | -46% ▼ |

Data Submission Quality

| Data Entry | Actual | State Avg |
|------------------------|--------|-----------|
| Valid NOMS Data | 97% | 97% |
| On-Time Periodic | | |
| 6 Month Updates | 100% | 100% |
| Co-occurring | | |
| MH Screen Complete | 100% | 100% |
| SA Screen Complete | 100% | 100% |
| Diagnosis | | |
| Valid Axis I Diagnosis | 84% | 84% |

Discharge Outcomes

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|-----------------------------------------|--------------------|--------|----------|--------|-----------|----------------|
| Treatment Completed Successfully | | 15 | 79% | 95% | 79% | -16% ▼ |
| No Re-admit within 30 Days of Discharge | | 18 | 95% | 85% | 95% | 10% |
| Follow-up within 30 Days of Discharge | | 15 | 100% | 90% | 100% | 10% |

Bed Utilization

| | 12 Months Trend | Beds | Avg LOS | Turnover | Actual % | Goal % | State Avg | Actual vs Goal |
|----------------------|-----------------|------|----------|----------|----------|--------|-----------|----------------|
| Avg Utilization Rate | | 15 | 171 days | 0.5 | 50% | 90% | 50% | -40% ▼ |

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 square = 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 1 Active Sub-Acute Programs

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

Program Activity

| Measure | Actual | 1 Yr Ago | Variance % |
|----------------|--------|----------|------------|
| Unique Clients | 163 | 138 | 18% ▲ |
| Admits | 24 | 16 | 50% ▲ |
| Discharges | 12 | 15 | -20% ▼ |
| Service Hours | 1,278 | 1,370 | -7% |

Data Submission Quality

| Data Entry | Actual | State Avg |
|------------------------|--------|-----------|
| Valid NOMS Data | 98% | 86% |
| On-Time Periodic | | |
| 6 Month Updates | 84% | 52% |
| Co-occurring | | |
| MH Screen Complete | 100% | 75% |
| SA Screen Complete | 100% | 75% |
| Diagnosis | | |
| Valid Axis I Diagnosis | 94% | 98% |

Discharge Outcomes

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|----------------------------------|--------------------|--------|----------|--------|-----------|----------------|
| Treatment Completed Successfully | | 10 | 83% | 50% | 33% | 33% ▲ |

Recovery

| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|-----------------------------------|--------------------|--------|----------|--------|-----------|----------------|
| Social Support | | 130 | 80% | 60% | 60% | 20% ▲ |
| Stable Living Situation | | 152 | 93% | 95% | 74% | -2% |
| Employed | | 30 | 18% | 30% | 22% | -12% ▼ |

Service Utilization

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|----------------------------|--------------------|--------|----------|--------|-----------|----------------|
| Clients Receiving Services | | 147 | 97% | 90% | 81% | 7% |

Service Engagement

| Outpatient | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|-----------------------------------|--------------------|--------|----------|--------|-----------|----------------|
| 2 or more Services within 30 days | | 18 | 75% | 75% | 76% | 0% |

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 85 Active Standard Outpatient Programs

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

Program Activity

| Measure | Actual | 1 Yr Ago | Variance % |
|----------------|--------|----------|------------|
| Unique Clients | 30 | 35 | -14% ▼ |
| Admits | 5 | 7 | -29% ▼ |
| Discharges | 1 | 6 | -83% ▼ |

Jail Diversion

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|-------------------------------------|--------------------|--------|----------|--------|-----------|----------------|
| ✓ Follow-up Service within 48 hours | | 0 | 0% | 0% | 61% | 0% |

Data Submitted to DMHAS by Month



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

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

Program Activity

| Measure | Actual | 1 Yr Ago | Variance % |
|----------------|--------|----------|------------|
| Unique Clients | 184 | 193 | -5% |
| Admits | 8 | 30 | -73% ▼ |
| Discharges | 14 | 19 | -26% ▼ |
| Service Hours | 1,286 | 3,358 | -62% ▼ |

Data Submission Quality

| Data Entry | Actual | State Avg |
|------------------------|--------|-----------|
| Valid NOMS Data | 97% | 80% |
| On-Time Periodic | Actual | State Avg |
| 6 Month Updates | 73% | 81% |
| Co-occurring | Actual | State Avg |
| MH Screen Complete | 80% | 80% |
| SA Screen Complete | 100% | 61% |
| Diagnosis | Actual | State Avg |
| Valid Axis I Diagnosis | 98% | 98% |

Discharge Outcomes

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|----------------------------------|--------------------|--------|----------|--------|-----------|----------------|
| Treatment Completed Successfully | | 12 | 86% | 65% | 59% | 21% ▲ |

Recovery

| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|-----------------------------------|--------------------|--------|----------|--------|-----------|----------------|
| Stable Living Situation | | 171 | 93% | 80% | 88% | 13% ▲ |
| Social Support | | 117 | 64% | 60% | 82% | 4% |
| Employed | | 19 | 10% | 20% | 13% | -10% ▼ |

Service Utilization

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|----------------------------|--------------------|--------|----------|--------|-----------|----------------|
| Clients Receiving Services | | 169 | 99% | 90% | 97% | 9% |

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

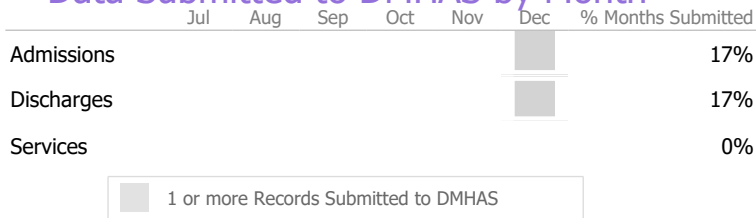
* State Avg based on 36 Active CSP Programs

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

Program Activity

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

Data Submitted to DMHAS by Month



* State Avg based on 15 Active Other Programs

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

Program Activity

| Measure | Actual | 1 Yr Ago | Variance % |
|----------------|--------|----------|------------|
| Unique Clients | 57 | 59 | -3% |
| Admits | 9 | 14 | -36% ▼ |
| Discharges | 5 | 11 | -55% ▼ |
| Service Hours | 1,972 | 4,002 | -51% ▼ |

Data Submission Quality

| Data Entry | Actual | State Avg |
|------------------------|--------|-----------|
| Valid NOMS Data | 92% | 84% |
| On-Time Periodic | Actual | State Avg |
| 6 Month Updates | 58% | 87% |
| Co-occurring | Actual | State Avg |
| MH Screen Complete | 100% | 89% |
| SA Screen Complete | 100% | 89% |
| Diagnosis | Actual | State Avg |
| Valid Axis I Diagnosis | 100% | 98% |

Discharge Outcomes

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|-----------------------------------------|--------------------|--------|----------|--------|-----------|----------------|
| Treatment Completed Successfully | | 1 | 20% | 65% | 39% | -45% ▼ |
| No Re-admit within 30 Days of Discharge | | 3 | 60% | 85% | 94% | -25% ▼ |
| Follow-up within 30 Days of Discharge | | 1 | 100% | 90% | 48% | 10% |

Recovery

| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|-----------------------------------|--------------------|--------|----------|--------|-----------|----------------|
| Stable Living Situation | | 47 | 82% | 60% | 93% | 22% ▲ |
| Social Support | | 34 | 60% | 60% | 79% | 0% |
| Employed | | 4 | 7% | 15% | 14% | -8% |

Service Utilization

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|----------------------------|--------------------|--------|----------|--------|-----------|----------------|
| Clients Receiving Services | | 52 | 100% | 90% | 99% | 10% |

Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | % Months Submitted |
|------------|-----|-----|-----|-----|-----|-----|--------------------|
| Admissions | ■ | ■ | ■ | ■ | ■ | ■ | 100% |
| Discharges | ■ | | | ■ | | | 33% |
| Services | ■ | ■ | ■ | ■ | ■ | ■ | 100% |

■ 1 or more Records Submitted to DMHAS

▲ > 10% Over ▼ < 10% Under

■ Actual | Goal ✓ Goal Met ● Below Goal

* State Avg based on 23 Active Assertive Community Treatment Programs

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