Satisfied %

93%

90%

89%

88%

87%

80%

(Based on 349 FY20 Surveys)

Goal %

80%

80%

80%

80%

80%

80%

State Ava

92%

91%

93%

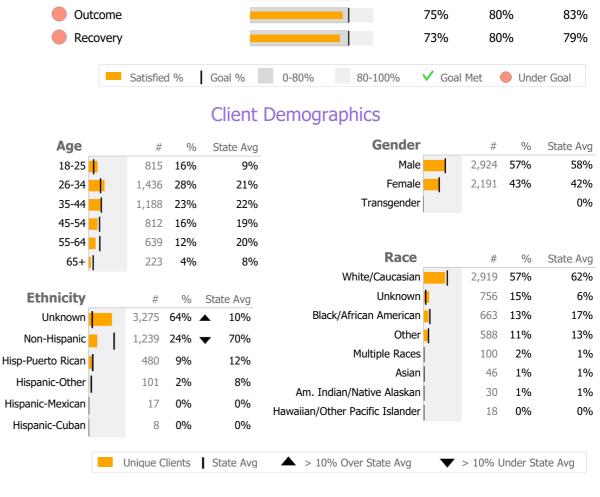
92%

91%

88%

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

#### **Provider Activity Consumer Satisfaction Survey** Monthly Trend Actual 1 Yr Ago Variance % Measure **Ouestion Domain** Satisfied % vs Goal% **Unique Clients** 5,120 -2% 5,228 Participation in Treatment 2,151 2,464 -13% ▼ Admits Respect **Quality and Appropriateness** Discharges 1,807 **-22%** ▼ 2,305 General Satisfaction Service Hours -9% 7,337 8,048 Overall Access > 10% Over 1 Yr Ago > 10% Under 1Yr Ago Outcome Recovery Clients by Level of Care Program Type Level of Care Type % Goal % Satisfied % Addiction 3,177 59.2% Outpatient Intake 629 11.7% Age # % State Avg Medication Assisted Treatment 474 8.8% 16% 18-25 815 9% Case Management 87 1.6% 26-34 1,436 28% 21% Consultation 55 1.0% 23% 35-44 1,188 22% IOP 11 0.2% 16% 45-54 812 19% **Forensic SA** 55-64 639 12% 20% Forensics Community-based 896 16.7% 65+ 223 4% 8% 39 0.7% Case Management **Ethnicity** State Avg # % Unknown 3,275 64% 10%

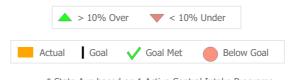


Reporting Period: July 2020 - December 2020 (Data as of Apr 06, 2021)

### **Program Activity**

Measure	Actual	1 Yr Ago	Variance %		
Unique Clients	629	533	18%	•	
Admits	761	604	26%	•	
Discharges	761	604	26%	•	

	Jul	Aug	Sep	Oct	Nov	Dec	% Months Submitted
Admissions							100%
Discharges							100%
1 or more Records Submitted to DMHAS							



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

### **Program Activity**

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	36	18	100%	•
Admits	15	7	114%	•
Discharges	11	7	57%	•
Service Hours	193	26		

## **Data Submission Quality**

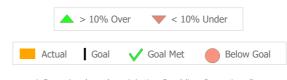
Data Entry		Actual	State Avg
Valid NOMS Data		67%	90%
✓ Valid TEDS Data		61%	38%
On-Time Periodic		Actua	State Avg
6 Month Updates	<u> </u>	21%	
O Transition			
Co-occurring		Actua	State Avg
✓ MH Screen Complete		100%	99%
✓ SA Screen Complete		100%	99%
ı		•	
Diagnosis		Actua	State Avg
Valid Axis I Diagnosis		97%	100%

#### Data Submitted to DMHAS by Month

Data	Ju	ווט	IILLCU	LU		л. П			IOTILIT
		Jul	Aug	Sep		Oct	Nov	Dec	% Months Submitted
Admissions									100%
Discharges									67%
Services									67%
	1	1 or more Records Submitted to DMHAS							

### Discharge Outcomes





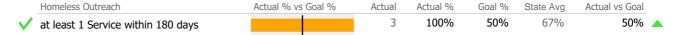
\* State Avg based on 4 Active Gambling Outpatient Programs

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

### **Program Activity**

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	30	72	<b>-58%</b> ▼
Admits	3	5	<b>-40%</b> ▼
Discharges	4	-	
Service Hours	204	207	-1%

#### Service Engagement







<sup>\*</sup> State Avg based on 23 Active Outreach & Engagement Programs

Data Entry

### 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	11	12	-8%
Admits	-	-	
Discharges	1	-	
Service Hours	-	-	
Social Rehab/PHP/IOP Days	0	0	

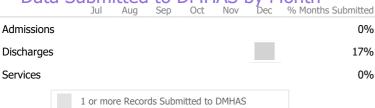
## **Data Submission Quality**

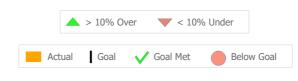
Valid NOMS Data	0%	80%	
Valid TEDS Data	0%	84%	
On-Time Periodic	Actual	State Avg	
6 Month Updates	0%	1%	
Co-occurring	Actual	State Avg	
MH Screen Complete	N/A	83%	
SA Screen Complete	N/A	83%	
Diagnosis	Actual	State Avg	
Valid Axis I Diagnosis	100%	100%	

State Avg

#### Discharge Outcomes







<sup>\*</sup> State Avg based on 52 Active Standard IOP Programs

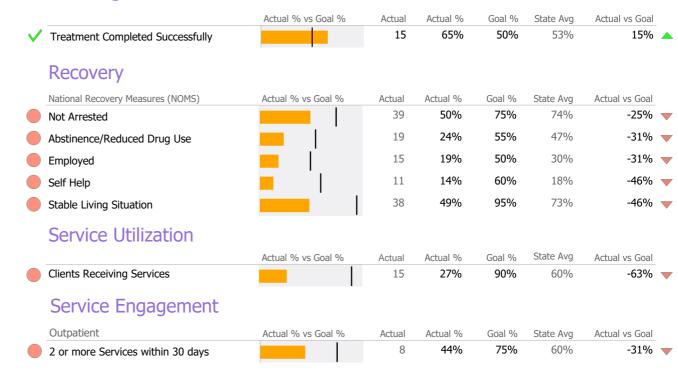
### **Program Activity**

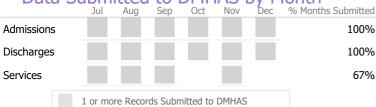
Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	78	117	-33%	•
Admits	18	44	-59%	•
Discharges	23	45	-49%	•
Service Hours	71	340	-79%	•

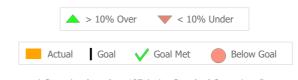
### **Data Submission Quality**

Data Entry	Actual S	state Avg
Valid NOMS Data	66%	85%
Valid TEDS Data	79%	84%
On-Time Periodic	Actual	State Avg
6 Month Updates	10%	21%
Co-occurring	Actual	State Avg
MH Screen Complete	100%	90%
✓ SA Screen Complete	100%	96%
Diagnosis	Actual	State Avg
✓ Valid Axis I Diagnosis	99%	99%

#### Discharge Outcomes







<sup>\*</sup> State Avg based on 107 Active Standard Outpatient Programs

SA Screen Complete

### 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	Vari	anco 0/-
		1 TI Ago	Valle	ance %
Unique Clients	0			
Admits	-	-		
Discharges	-	-		
Data Submis	sion (	)uality		
Data Dabiino	0.011	Eddiici		
Data Entry		Actual	St	ate Avg
Valid NOMS Data			I/A	71%
Valid TEDS Data		N	I/A	98%
		•		
On-Time Periodic		Act	ual	State Avg
6 Month Updates		N	I/A	11%
Co-occurring		Act	ual	State Avg
MH Screen Complete		1	I/A	95%

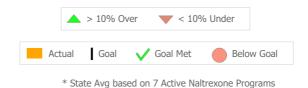
### **Discharge Outcomes**

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
٦	Treatment Completed Successfully		N/A	N/A	50%	72%	N/A	
F	Recovery							
N	National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
_ A	Abstinence/Reduced Drug Use		N/A	N/A	55%	29%	-55%	
_ E	Employed	ľ	N/A	N/A	50%	29%	-50%	
<b>N</b>	Not Arrested	· 1	N/A	N/A	75%	49%	-75%	
<b>S</b>	Self Help	1	N/A	N/A	60%	31%	-60%	
	Stable Living Situation	.	N/A	N/A	95%	74%	-95%	



N/A

99%

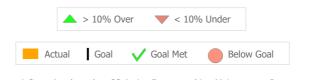


Wheeler Clinic

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

#### **Program Activity Discharge Outcomes** Variance % Actual % State Avg Measure Actual 1 Yr Ago Actual % vs Goal % Actual Goal % Actual vs Goal **Unique Clients** 474 307 54% N/A N/A 50% 45% N/A Treatment Completed Successfully 81 33% 🔺 Admits 61 Recovery Discharges National Recovery Measures (NOMS) Actual % vs Goal % Actual Actual % Goal % State Avg Actual vs Goal Service Hours 224 47% 75% 64% -28% -Not Arrested 23% 55% 47% -32% -110 Abstinence/Reduced Drug Use **Data Submission Quality Employed** 41 9% 50% 24% -41% Data Entry Actual State Avg 80 18% -43% -17% 60% Self Help Valid NOMS Data 64% 87% -56% 🔻 183 39% 95% 63% Stable Living Situation Valid TEDS Data 99% 96% Service Utilization On-Time Periodic Actual State Avg Goal % State Avg Actual % vs Goal % Actual % Actual vs Goal Actual 0% 6 Month Updates 26% Clients Receiving Services 0 0% 90% 39% N/A 🔻 Co-occurring Actual State Avg 100% 73% MH Screen Complete SA Screen Complete 100% 86% Diagnosis Actual State Avg 100% 100% ✓ Valid Axis I Diagnosis





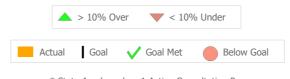
<sup>\*</sup> State Avg based on 22 Active Buprenorphine Maintenance Programs

#### Addiction - Consultation - Consultation

### **Program Activity**

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	55	41	34%	•
Admits	14	27	-48%	•
Discharges	11	22	-50%	•
Service Hours	_	_		





Forensic SA - Case Management - Standard Case Management

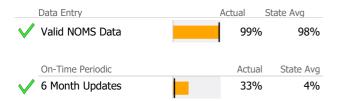
Connecticut Dept of Mental Health and Addiction Services Program Quality Dashboard

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

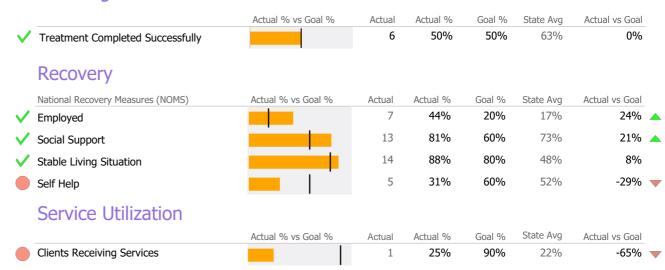
### **Program Activity**

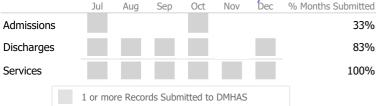
Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	16	8	100%	•
Admits	3	2	50%	•
Discharges	12	2	500%	•
Service Hours	51	10		

### **Data Submission Quality**



#### Discharge Outcomes







<sup>\*</sup> State Avg based on 8 Active Standard Case Management Programs

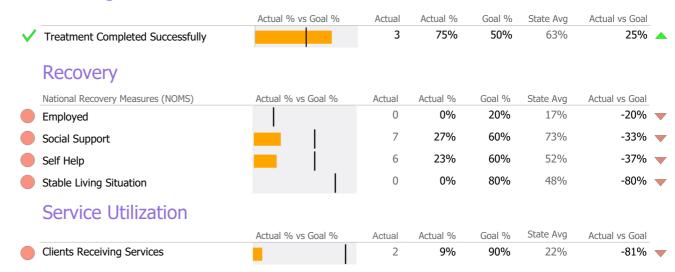
### **Program Activity**

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	26	42	-38%	•
Admits	3	19	-84%	•
Discharges	4	12	-67%	•
Service Hours	11	28	-61%	•

### **Data Submission Quality**

Data Entry	Ad	ctual	State Avg
Valid NOMS Data		95%	98%
On-Time Periodic		Actual	State Avg
6 Month Updates		0%	4%

#### Discharge Outcomes







<sup>\*</sup> State Avg based on 8 Active Standard Case Management Programs

### **Program Activity**

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	239	553	-57%	lacktriangle
Admits	53	265	-80%	•
Discharges	49	283	-83%	$\blacksquare$

	Jul	Aug	Sep	Oct	Nov	Dec	% Months Submitted
Admissions							83%
Discharges							83%
1 or more Records Submitted to DMHAS							

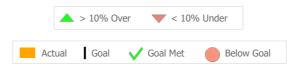


<sup>\*</sup> State Avg based on 16 Active Pre-trial Intervention Programs Programs

### **Program Activity**

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	658	1,029	-36%	•
Admits	66	346	-81%	•
Discharges	65	320	-80%	•

Data	Jubili	itteu	LU	וויוט		Dy I'	IUITUI
	Jul	Aug	Sep	Oct	Nov	Dec	% Months Submitted
Admissions							83%
Discharges							83%
	1 or mo	re Record	ls Sub	omitted to	o DMHA	S	



<sup>\*</sup> State Avg based on 16 Active Pre-trial Intervention Programs Programs

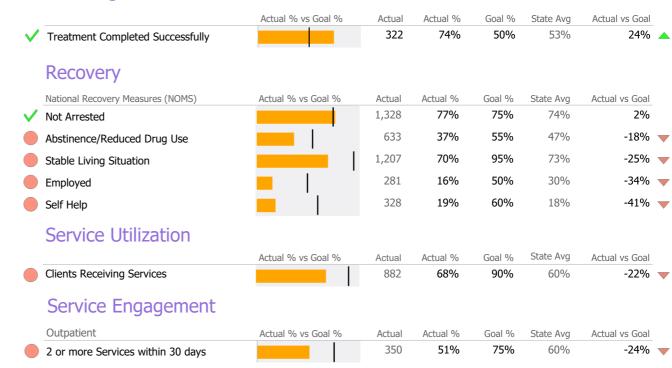
### **Program Activity**

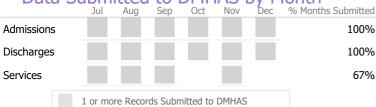
Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	1,734	1,487	17%	•
Admits	687	566	21%	•
Discharges	434	585	-26%	•
Service Hours	3,977	4,512	-12%	•

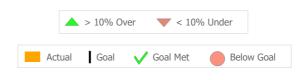
### **Data Submission Quality**

Data Entry	Actual	State Avg
Valid NOMS Data	61%	85%
Valid TEDS Data	77%	84%
On-Time Periodic	Actual	State Avg
6 Month Updates	24%	21%
Co-occurring	Actual	State Avg
✓ MH Screen Complete	100%	90%
✓ SA Screen Complete	100%	96%
	•	
Diagnosis	Actual	State Avg
Valid Axis I Diagnosis	98%	99%

#### Discharge Outcomes







<sup>\*</sup> State Avg based on 107 Active Standard Outpatient Programs

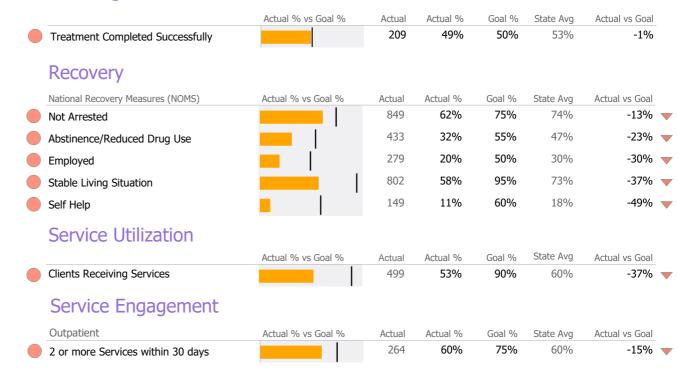
### **Program Activity**

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	1,369	1,204	14%	•
Admits	444	445	0%	
Discharges	428	367	17%	•
Service Hours	2,829	2,925	-3%	

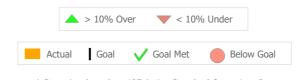
### **Data Submission Quality**

Data Entry	Actual	State Avg
Valid NOMS Data	58%	85%
Valid TEDS Data	71%	84%
On-Time Periodic	 Actual	State Avg
6 Month Updates	20%	21%
Co-occurring	Actual	State Avg
✓ MH Screen Complete	100%	90%
✓ SA Screen Complete	100%	96%
Diagnosis	Actual	State Avg
✓ Valid Axis I Diagnosis	99%	99%

### **Discharge Outcomes**







<sup>\*</sup> State Avg based on 107 Active Standard Outpatient Programs

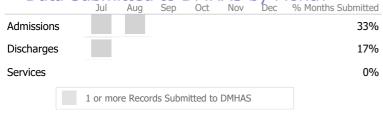
Reporting Period: July 2020 - December 2020 (Data as of Apr 06, 2021)

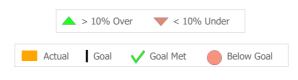
### **Program Activity**

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	57	66	-14%	•
Admits	3	49	-94%	•
Discharges	4	5	-20%	•
Service Hours	-	_		

### Service Engagement

Homeless Outreach	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
at least 1 Service within 180 days		1	33%	50%	67%	-17%





<sup>\*</sup> State Avg based on 23 Active Outreach & Engagement Programs