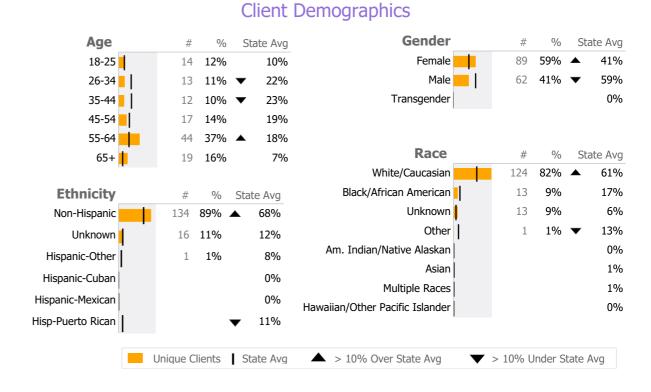
Reporting Period: July 2020 - June 2021 (Data as of Sep 20, 2021)

|                          | Provider Activity |                   |                 |           |            |  |
|--------------------------|-------------------|-------------------|-----------------|-----------|------------|--|
| Monthly                  | Trend             | Measure           | Actual          | 1 Yr Ago  | Variance % |  |
|                          |                   | Unique Clients    | 151             | 151       | 0%         |  |
|                          |                   | Admits            |                 |           |            |  |
|                          |                   | Discharges        |                 |           |            |  |
|                          |                   | Service Hours     |                 | -         |            |  |
|                          |                   |                   |                 |           |            |  |
|                          | <b>^</b> >        | 10% Over 1 Yr Ago | <b>&gt;</b> 10% | Under 1Yr | Ago        |  |
| Clients by Level of Care |                   |                   |                 |           |            |  |
| Progra                   | m Type            | Level of Care T   | уре             | #         | %          |  |
| Ment                     | tal Hea           | alth              |                 |           |            |  |
|                          |                   | Recovery Supp     | oort            | 151       | 100.0%     |  |



Survey Data Not Available

**TRED** 517-280

EdAdvance

Mental Health - Recovery Support - Transportation

## Connecticut Dept of Mental Health and Addiction Services Program Quality Dashboard

Reporting Period: July 2020 - June 2021 (Data as of Sep 20, 2021)

## **Program Activity**

| Measure        | Actual | 1 Yr Ago | Variance % |
|----------------|--------|----------|------------|
| Unique Clients | 151    | 151      | 0%         |
| Admits         | -      | -        |            |
| Discharges     | -      | -        |            |

Data Submitted to DMHAS by Month

Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun % Months Submitted Admissions 0% Discharges 0% 1 or more Records Submitted to DMHAS



\* State Avg based on 2 Active Transportation Programs