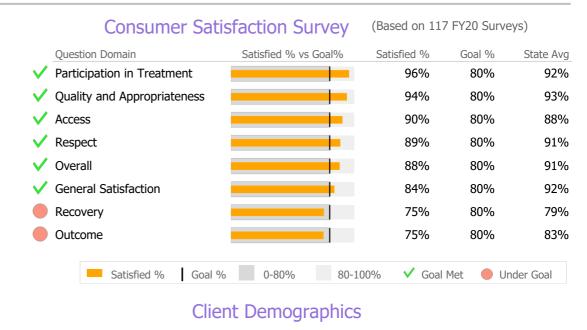
Connecticut Dept of Mental Health and Addiction Services
Provider Quality Dashboard

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

Provider Activity Monthly Trend Actual 1 Yr Ago Variance % Measure **Unique Clients** 1,220 1,302 -6% Admits 725 1,131 -36% ▼ 553 1,096 -50% ▼ Discharges Service Hours **-40%** ▼ 6,905 11,511 **Bed Days** 5,345 5,155 4% **-96%** ▼ 78 1,847 S.Rehab/PHP/IOP > 10% Over 1 Yr Ago → > 10% Under 1Yr Ago Clients by Level of Care Program Type Level of Care Type % Addiction Outpatient 1,067 73.8% IOP 120 8.3% Case Management 119 8.2% Residential Services 61 4.2% **Mental Health** Case Management 78 5.4%



Gender Age # % State Avg # % State Avg 11% 614 50% 41% 18-25 125 10% Female 604 50% 59% 26-34 309 26% 22% Male Transgender 0% 29% 35-44 343 23% 20% 45-54 232 19% 55-64 129 11% 18% **Race** % State Avg 65+|| 30 3% 7% 75% White/Caucasian 911 61% **Ethnicity** Other 126 10% 13% State Avg # % Black/African American 94 8% 17% Non-Hispanic 884 72% 68% Unknown 68 6% 6% Hisp-Puerto Rican 216 18% 11% Asian 1% 1% 10 Hispanic-Other 8% 68 6% Am. Indian/Native Alaskan 0% 0% Unknown 3% 12% 39 Hawaiian/Other Pacific Islander 0% 0% Hispanic-Mexican 0% 11 1% Multiple Races 0% 1% 3 Hispanic-Cuban 2 0% 0%

▲ > 10% Over State Avg

▼ > 10% Under State Avg

Unique Clients State Avg

Behavioral Health Center OP Willimantic 026200

Perception Programs Inc

Addiction - Outpatient - Standard Outpatient

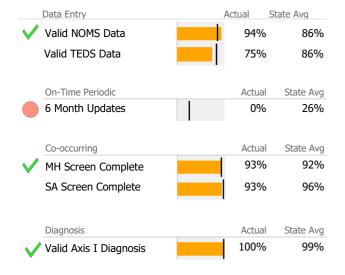
Connecticut Dept of Mental Health and Addiction Services Program Quality Dashboard

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

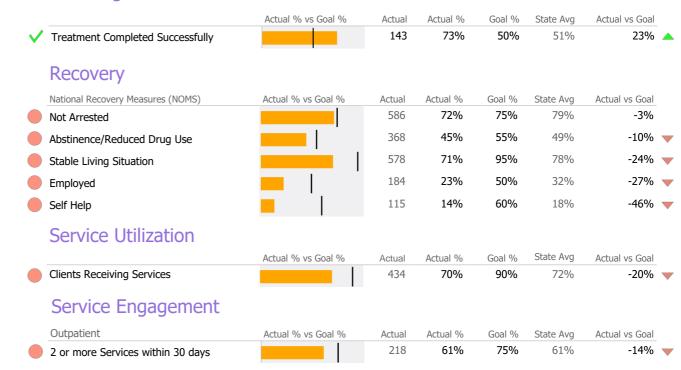
Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	792	818	-3%	
Admits	366	537	-32%	•
Discharges	195	483	-60%	•
Service Hours	4,171	7,574	-45%	•

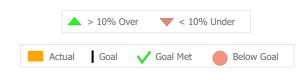
Data Submission Quality



Discharge Outcomes



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	% Months Submitted
Admissions													100%
Discharges													100%
Services													100%
	1 or mo	ore Recor	ds Subn	nitted to	DMHAS	5							



^{*} State Avg based on 111 Active Standard Outpatient Programs

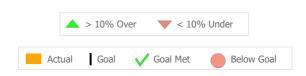
Program Activity

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	119	149	-20% ▼
Admits	55	47	17% 🔺
Discharges	76	74	3%
Service Hours	418	455	-8%

Service Engagement



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	% Months Submitted
Admissions													100%
Discharges													58%
Services													100%
	1 or mo	re Recor	ds Suhn	nitted to	DMHAS								



^{*} State Avg based on 23 Active Outreach & Engagement Programs

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	38	94	-60%	•
Admits	13	38	-66%	•
Discharges	26	69	-62%	•
Service Hours	48	150	-68%	•

Service Engagement







^{*} State Avg based on 46 Active Outreach & Engagement Programs

Program Activity Discharge Outcomes 1 Yr Ago Variance % Measure Actual Actual % vs Goal % Actual Actual % Goal % State Ava Actual vs Goal **Unique Clients** 9 45 -80% 100% 50% 59% 50% 🔺 Treatment Completed Successfully 3 Admits 35 -91% Actual % vs Goal % Actual Actual % Goal % State Avg Actual vs Goal Discharges 1 41 **-98% ▼** 0 0% 90% 57% -90% Follow-up within 30 Days of Discharge Service Hours 3 61 -95% **-**Recovery Social Rehab/PHP/IOP 2 384 -99% Days National Recovery Measures (NOMS) Actual % vs Goal % Actual Actual % Goal % State Ava Actual vs Goal 2 -28% -**Employed** 22% 50% 25% **Data Submission Quality** 6 67% 95% 85% -28% -Stable Living Situation 2 22% 55% 54% -33% -Abstinence/Reduced Drug Use Data Entry Actual State Avg Valid NOMS Data 80% 83% 3 33% 75% 78% -42% Not Arrested Valid TEDS Data 100% 87% 0 0% 60% 23% -60% Self Help Service Utilization On-Time Periodic Actual State Avg 6 Month Updates 0% 1% Actual % vs Goal % Actual % Goal % State Avg Actual vs Goal Actual Clients Receiving Services 2 25% 90% 53% -65% -Co-occurring Actua State Avg 100% 85% MH Screen Complete SA Screen Complete 100% 86% Diagnosis Actual State Avg 100% 99% Valid Axis I Diagnosis Data Submitted to DMHAS by Month Mar Apr May Jun % Months Submitted > 10% Over < 10% Under 8% Admissions Discharges 8% Actual Goal Goal Met Below Goal 0% Services * State Avg based on 62 Active Standard IOP Programs 1 or more Records Submitted to DMHAS

Program Activity Discharge Outcomes Variance % Measure Actual 1 Yr Ago Actual % vs Goal % Actual Actual % Goal % State Ava Actual vs Goal **Unique Clients** 304 348 -13% 103 89% 50% 51% 39% 🔺 Treatment Completed Successfully Admits 155 228 -32% Recovery 222 Discharges 116 -48% **T** National Recovery Measures (NOMS) Actual % vs Goal % Actual Actual % Goal % State Avg Actual vs Goal Service Hours 1,889 2,692 -30% 241 74% 75% 79% -1% Not Arrested 148 46% 55% 49% -9% Abstinence/Reduced Drug Use **Data Submission Quality** 95% Stable Living Situation 267 82% 78% -13% Data Entry Actual State Avg 94 29% 50% 32% -21% **Employed** Valid NOMS Data 94% 86% 5% -55% -16 60% 18% Self Help 79% Valid TEDS Data 86% Service Utilization On-Time Periodic Actual State Avg Goal % State Avg Actual % vs Goal % Actual % Actual vs Goal Actual 9% 6 Month Updates 26% Clients Receiving Services 181 87% 90% 72% -3% Service Engagement Co-occurring Actual State Avg 84% 92% MH Screen Complete Outpatient Actual % vs Goal % Actual Actual % Goal % State Ava Actual vs Goal SA Screen Complete 84% 96% 99 68% 75% 61% -7% 2 or more Services within 30 days Diagnosis Actual State Avg Valid Axis I Diagnosis 100% 99% Data Submitted to DMHAS by Month Mar % Months Submitted Jun > 10% Over < 10% Under Admissions 100% 100% Discharges Actual Goal ✓ Goal Met Below Goal Services 92% * State Avg based on 111 Active Standard Outpatient Programs 1 or more Records Submitted to DMHAS

Mental Health - Case Management - Outreach & Engagement

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard

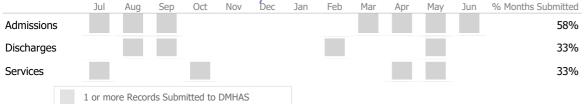
Reporting Period: July 2020 - June 2021 (Data as of Sep 20, 2021)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	44	31	42%	•
Admits	14	28	-50%	•
Discharges	35	1	3400%	•
Service Hours	66	81	-18%	•

Service Engagement







^{*} State Avg based on 46 Active Outreach & Engagement Programs

Perception House-CSSD 02640C

Perception Programs 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 - June 2021 (Data as of Sep 20, 2021)

Program Activity Discharge Outcomes Variance % Measure Actual 1 Yr Ago Actual % vs Goal % Actual Actual % Goal % State Ava Actual vs Goal **Unique Clients** 27 38 -29% 13 93% 70% 68% 23% 🔺 Treatment Completed Successfully 24 Admits 30 -20% Actual % vs Goal % Actual Actual % Goal % State Avg Actual vs Goal Discharges 14 36 -61% 13 93% 85% 89% 8% No Re-admit within 30 Days of Discharge **Bed Days** 2,320 2,546 -9% Actual % vs Goal % Actual % Actual vs Goal Actual Goal % State Avg Follow-up within 30 Days of Discharge 10 77% 90% 71% -13% **Data Submission Quality** Recovery Data Entry Actual State Avg National Recovery Measures (NOMS) Actual % vs Goal % Actual Actual % Goal % State Ava Actual vs Goal 86% Valid NOMS Data 88% 25 93% 70% 69% 23% 🔺 Abstinence/Reduced Drug Use Valid TEDS Data 100% 98% **Bed Utilization** On-Time Periodic Actual State Avg 12 Months Trend Avg LOS Beds Turnover Actual % Goal % State Avg Actual vs Goal 6 Month Updates N/A 4% Avg Utilization Rate 64% 90% -26% **T** 10 107 days 0.2 83% Co-occurring Actual State Avg >110% < 90% 90-110% 100% 88% MH Screen Complete SA Screen Complete 100% 88% Diagnosis Actual State Avg 100% 100% ✓ Valid Axis I Diagnosis Data Submitted to DMHAS by Month Sep % Months Submitted > 10% Over < 10% Under</p> Admissions 100% 75% Discharges ✓ Goal Met Actual Goal Below Goal 1 or more Records Submitted to DMHAS * State Avg based on 26 Active Intermediate/Long Term Res.Tx 3.5 Programs

Perception House-DMHAS 026400

Perception Programs 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 - June 2021 (Data as of Sep 20, 2021)

Program Activity Discharge Outcomes Variance % Measure Actual 1 Yr Ago Actual % vs Goal % Actual Actual % Goal % State Ava Actual vs Goal -19% 🔻 **Unique Clients** 35 43 21 78% 70% 68% 8% Treatment Completed Successfully 31 Admits 36 -14% Actual % vs Goal % Actual Actual % Goal % State Avg Actual vs Goal 27 Discharges 40 -33% 🔻 26 96% 85% 89% 11% No Re-admit within 30 Days of Discharge **Bed Days** 3,025 16% 2,609 Actual % vs Goal % Actual % Actual vs Goal Actual Goal % State Avg Follow-up within 30 Days of Discharge 16 76% 90% 71% -14% **Data Submission Quality** Recovery Data Entry Actual State Avg National Recovery Measures (NOMS) Actual % vs Goal % Actual Actual % Goal % State Ava Actual vs Goal Valid NOMS Data 81% 88% 22 61% 70% 69% -9% Abstinence/Reduced Drug Use Valid TEDS Data 100% 98% **Bed Utilization** On-Time Periodic Actual State Avg 12 Months Trend 0% Beds Avg LOS Turnover Actual % Goal % State Avg Actual vs Goal 6 Month Updates 4% Avg Utilization Rate 83% 90% -7% 10 163 days 0.2 83% Co-occurring Actual State Avg >110% < 90% 90-110% 98% 88% MH Screen Complete SA Screen Complete 98% 88% Diagnosis Actual State Avg 100% 100% ✓ Valid Axis I Diagnosis Data Submitted to DMHAS by Month Sep % Months Submitted > 10% Over < 10% Under</p> Admissions 100% 92% Discharges ✓ Goal Met Actual Goal Below Goal 1 or more Records Submitted to DMHAS * State Avg based on 26 Active Intermediate/Long Term Res.Tx 3.5 Programs

Connecticut Dept of Mental Health and Addiction Services Program Quality Dashboard

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

Perception Programs Inc Addiction - IOP - Standard IOP

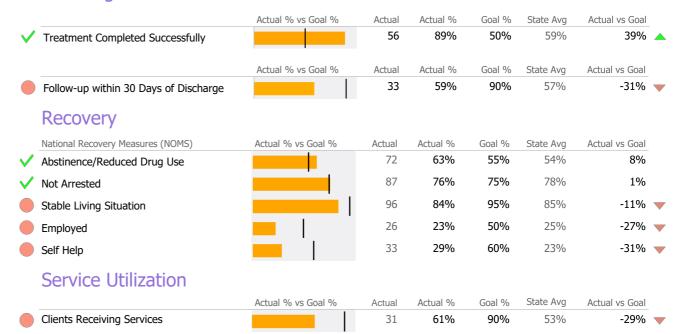
Program Activity

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	111	162	-31% ▼
Admits	64	152	-58% ▼
Discharges	63	130	-52% ▼
Service Hours	311	499	-38% ▼
Social Rehab/PHP/IOP Days	76	1,463	-95% ▼

Data Submission Quality

Data Entry	Actual S	State Avg
✓ Valid NOMS Data	94%	83%
✓ Valid TEDS Data	88%	87%
On-Time Periodic	Actual	State Avg
6 Month Updates	0%	1%
Co-occurring	Actual	State Avg
✓ MH Screen Complete	92%	85%
✓ SA Screen Complete	93%	86%
Diagnosis	Actual	State Avg

Discharge Outcomes







^{*} State Avg based on 62 Active Standard IOP Programs