SCADD
Lebanon, CT

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	Measure	Actual	1 Yr Ago	Variance %	
	Unique Clients	1,949	3,103	-37%	▼
	Admits	2,355	4,070	-42%	▼
	Discharges	2,447	4,414	-45%	▼
	Service Hours	4,890	9,764	-50%	▼
	Bed Days	30,354	45,819	-34%	▼
	S.Rehab/PHP/IOP	1,576	2,010	-22%	▼

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

Clients by Level of Care

Program Type / Level of Care Type		#	%
Addiction			
	Residential Services	1,183	52.3%
	Outpatient	632	27.9%
	IOP	82	3.6%
	Medication Assisted Treatment	61	2.7%
Forensic SA			
	Forensics Community-based	240	10.6%
	Case Management	64	2.8%

Consumer Satisfaction Survey   (Based on 195 FY20 Surveys)

	Question Domain	Satisfied % vs Goal%	Satisfied %	Goal %	State Avg
✓	Participation in Treatment		85%	80%	92%
✓	Respect		82%	80%	91%
✓	Quality and Appropriateness		81%	80%	93%
●	Overall		77%	80%	91%
●	Recovery		76%	80%	79%
●	General Satisfaction		74%	80%	92%
●	Outcome		74%	80%	83%
●	Access		69%	80%	88%

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

Client Demographics

Age

	#	%	State Avg
18-25	172	9%	10%
26-34	623	32%	22%
35-44	565	29%	23%
45-54	334	17%	19%
55-64	230	12%	18%
65+	25	1%	7%

Gender

	#	%		State Avg
Male	1,496	77%	▲	59%
Female	448	23%	▼	41%
Transgender				0%

Ethnicity

	#	%		State Avg
Non-Hispanic	1,581	81%	▲	68%
Hisp-Puerto Rican	218	11%		11%
Unknown	84	4%		12%
Hispanic-Other	56	3%		8%
Hispanic-Mexican	7	0%		0%
Hispanic-Cuban	3	0%		0%

Race

	#	%		State Avg
White/Caucasian	1,402	72%	▲	61%
Black/African American	305	16%		17%
Other	159	8%		13%
Unknown	41	2%		6%
Am. Indian/Native Alaskan	20	1%		0%
Asian	9	0%		1%
Hawaiian/Other Pacific Islander	8	0%		0%
Multiple Races	5	0%		1%

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

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

Bank St 922402

SCADD

Addiction - Residential Services - Transitional/Halfway House 3.1

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	47	60	-22% ▼
Admits	41	52	-21% ▼
Discharges	45	51	-12% ▼
Bed Days	2,831	3,294	-14% ▼

Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
● Treatment Completed Successfully		29	64%	85%	61%	-21% ▼
● No Re-admit within 30 Days of Discharge		35	78%	85%	81%	-7%
● Follow-up within 30 Days of Discharge		25	86%	90%	70%	-4%

Data Submission Quality

Data Entry		Actual	State Avg
✓ Valid NOMS Data		97%	88%
✓ Valid TEDS Data		100%	97%

On-Time Periodic		Actual	State Avg
6 Month Updates		N/A	100%

Co-occurring		Actual	State Avg
✓ MH Screen Complete		100%	91%
✓ SA Screen Complete		100%	91%

Diagnosis		Actual	State Avg
✓ Valid Axis I Diagnosis		100%	100%

Recovery

National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
✓ Abstinence/Reduced Drug Use		49	98%	70%	89%	28% ▲
● Employed		19	38%	60%	40%	-22% ▼

Bed Utilization

	12 Months Trend	Beds	Avg LOS	Turnover	Actual %	Goal %	State Avg	Actual vs Goal
● Avg Utilization Rate		10	70 days	0.1	78%	90%	77%	-12% ▼

☐ < 90%	☐ 90-110%	☐ >110%

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	% Months Submitted
Admissions	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	100%
Discharges	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	100%

☐ 1 or more Records Submitted to DMHAS

▲ > 10% Over   ▼ < 10% Under

☐ Actual | Goal   ✓ Goal Met   ● Below Goal

* State Avg based on 8 Active Transitional/Halfway House 3.1 Programs

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

Coit St Women-DMHAS 922401
SCADD
Addiction - Residential Services - Transitional/Halfway House 3.1

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	32	48	-33%	▼
Admits	22	39	-44%	▼
Discharges	23	39	-41%	▼
Bed Days	2,334	3,369	-31%	▼

Discharge Outcomes

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
🔴	Treatment Completed Successfully		15	65%	85%	61%	-20%	▼
✓	No Re-admit within 30 Days of Discharge		21	91%	85%	81%	6%	
🔴	Follow-up within 30 Days of Discharge		13	87%	90%	70%	-3%	

Data Submission Quality

Data Entry		Actual	State Avg
✓	Valid NOMS Data	99%	88%
✓	Valid TEDS Data	100%	97%

On-Time Periodic		Actual	State Avg
	6 Month Updates	N/A	100%

Co-occurring		Actual	State Avg
✓	MH Screen Complete	100%	91%
✓	SA Screen Complete	100%	91%

Diagnosis		Actual	State Avg
✓	Valid Axis I Diagnosis	100%	100%

Recovery

National Recovery Measures (NOMS)		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓	Abstinence/Reduced Drug Use		31	97%	70%	89%	27%	▲
🔴	Employed		14	44%	60%	40%	-16%	▼

Bed Utilization

		12 Months Trend	Beds	Avg LOS	Turnover	Actual %	Goal %	State Avg	Actual vs Goal	
🔴	Avg Utilization Rate		11	121 days	0.2	58%	90%	77%	-32%	▼

■ < 90%   ■ 90-110%   ■ >110%

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	% Months Submitted
Admissions	▪	▪	▪			▪	▪	▪	▪	▪	▪	▪	83%
Discharges	▪	▪	▪		▪	▪	▪	▪	▪		▪	▪	83%

▪ 1 or more Records Submitted to DMHAS

▲ > 10% Over   ▼ < 10% Under

■ Actual | Goal   ✓ Goal Met   🔴 Below Goal

* State Avg based on 8 Active Transitional/Halfway House 3.1 Programs

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

Detox 922600
SCADD
Addiction - Residential Services - Medically Monitored Detox 3.7D

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	896	968	-7%	
Admits	1,146	1,286	-11%	▼
Discharges	1,146	1,288	-11%	▼
Bed Days	4,806	5,527	-13%	▼

Discharge Outcomes

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
●	Treatment Completed Successfully		741	65%	80%	67%	-15%	▼
●	No Re-admit within 30 Days of Discharge		901	79%	85%	80%	-6%	
●	Follow-up within 30 Days of Discharge		415	56%	90%	54%	-34%	▼

Data Submission Quality

Data Entry		Actual	State Avg
✓	Valid NOMS Data	92%	80%
✓	Valid TEDS Data	100%	98%

On-Time Periodic		Actual	State Avg
	6 Month Updates	N/A	N/A

Co-occurring		Actual	State Avg
✓	MH Screen Complete	97%	96%
✓	SA Screen Complete	97%	95%

Diagnosis		Actual	State Avg
✓	Valid Axis I Diagnosis	100%	100%

Bed Utilization

		12 Months Trend	Beds	Avg LOS	Turnover	Actual %	Goal %	State Avg	Actual vs Goal	
●	Avg Utilization Rate		20	4 days	0.0	66%	90%	72%	-24%	▼

■ < 90%   ■ 90-110%   ■ >110%

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	% Months Submitted
Admissions	■	■	■	■	■	■	■	■	■	■	■	■	100%
Discharges	■	■	■	■	■	■	■	■	■	■	■	■	100%

■ 1 or more Records Submitted to DMHAS

▲ > 10% Over   ▼ < 10% Under

■ Actual | Goal   ✓ Goal Met   ● Below Goal

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

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

Lebanon Pines-CSSD 922702
SCADD
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

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	41	83	-51%	▼
Admits	38	61	-38%	▼
Discharges	37	75	-51%	▼
Bed Days	3,339	6,938	-52%	▼

Discharge Outcomes

		Actual	Actual %	Goal %	State Avg	Actual vs Goal	
● Treatment Completed Successfully	Actual % vs Goal %	21	57%	70%	68%	-13%	▼
● No Re-admit within 30 Days of Discharge	Actual % vs Goal %	28	76%	85%	89%	-9%	
● Follow-up within 30 Days of Discharge	Actual % vs Goal %	10	48%	90%	71%	-42%	▼

Data Submission Quality

Data Entry		Actual	State Avg
✓ Valid NOMS Data		93%	88%
✓ Valid TEDS Data		100%	98%

On-Time Periodic		Actual	State Avg
6 Month Updates		N/A	4%

Co-occurring		Actual	State Avg
✓ MH Screen Complete		93%	88%
✓ SA Screen Complete		98%	88%

Diagnosis		Actual	State Avg
✓ Valid Axis I Diagnosis		100%	100%

Recovery

National Recovery Measures (NOMS)		Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓ Abstinence/Reduced Drug Use	Actual % vs Goal %	40	87%	70%	69%	17%	▲

Bed Utilization

	12 Months Trend	Beds	Avg LOS	Turnover	Actual %	Goal %	State Avg	Actual vs Goal	
● Avg Utilization Rate		22	100 days	0.3	42%	90%	83%	-48%	▼

Legend: ■ < 90%   ■ 90-110%   ■ >110%

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	% Months Submitted
Admissions	■	■	■	■	■	■	■	■	■	■	■	■	100%
Discharges	■	■	■	■	■	■	■	■	■		■	■	92%

■ 1 or more Records Submitted to DMHAS

Legend: ▲ > 10% Over   ▼ < 10% Under

■ Actual | Goal   ✓ Goal Met   ● Below Goal

* State Avg based on 26 Active Intermediate/Long Term Res.Tx 3.5 Programs

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

Lebanon Pines-DMHAS 922701
SCADD
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

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	233	366	-36%	▼
Admits	239	306	-22%	▼
Discharges	218	352	-38%	▼
Bed Days	14,071	22,467	-37%	▼

Discharge Outcomes

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
🔴	Treatment Completed Successfully		130	60%	70%	68%	-10%	▼
🔴	No Re-admit within 30 Days of Discharge		175	80%	85%	89%	-5%	
🔴	Follow-up within 30 Days of Discharge		100	77%	90%	71%	-13%	▼

Data Submission Quality

Data Entry		Actual	State Avg
✓	Valid NOMS Data	89%	88%
✓	Valid TEDS Data	100%	98%

On-Time Periodic	Actual	State Avg
6 Month Updates	N/A	4%

Co-occurring		Actual	State Avg
✓	MH Screen Complete	93%	88%
✓	SA Screen Complete	93%	88%

Diagnosis		Actual	State Avg
✓	Valid Axis I Diagnosis	100%	100%

Recovery

National Recovery Measures (NOMS)		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
✓	Abstinence/Reduced Drug Use		203	78%	70%	69%	8%

Bed Utilization

		12 Months Trend	Beds	Avg LOS	Turnover	Actual %	Goal %	State Avg	Actual vs Goal	
🔴	Avg Utilization Rate		76	70 days	0.2	51%	90%	83%	-39%	▼

< 90%	90-110%	>110%

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	% Months Submitted
Admissions	▢	▢	▢	▢	▢	▢	▢	▢	▢	▢	▢	▢	100%
Discharges	▢	▢	▢	▢	▢	▢	▢	▢	▢	▢	▢	▢	100%

▢ 1 or more Records Submitted to DMHAS

▲ > 10% Over   ▼ < 10% Under

🟧 Actual   ❘ Goal   ✓ Goal Met   🔴 Below Goal

* State Avg based on 26 Active Intermediate/Long Term Res.Tx 3.5 Programs

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

Main St Men 922403
SCADD
Addiction - Residential Services - Transitional/Halfway House 3.1

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	62	75	-17%	▼
Admits	56	63	-11%	▼
Discharges	53	67	-21%	▼
Bed Days	2,973	4,224	-30%	▼

Discharge Outcomes

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
🔴	Treatment Completed Successfully		29	55%	85%	61%	-30%	▼
✓	No Re-admit within 30 Days of Discharge		45	85%	85%	81%	0%	
🔴	Follow-up within 30 Days of Discharge		16	55%	90%	70%	-35%	▼

Recovery

	National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓	Abstinence/Reduced Drug Use		61	95%	70%	89%	25%	▲
🔴	Employed		9	14%	60%	40%	-46%	▼

Data Submission Quality

Data Entry		Actual	State Avg
✓	Valid NOMS Data	88%	88%
✓	Valid TEDS Data	100%	97%

On-Time Periodic		Actual	State Avg
	6 Month Updates	N/A	100%

Co-occurring		Actual	State Avg
✓	MH Screen Complete	100%	91%
✓	SA Screen Complete	100%	91%

Diagnosis		Actual	State Avg
✓	Valid Axis I Diagnosis	100%	100%

Bed Utilization

		12 Months Trend	Beds	Avg LOS	Turnover	Actual %	Goal %	State Avg	Actual vs Goal	
🔴	Avg Utilization Rate		13	65 days	0.2	63%	90%	77%	-27%	▼

🟦 < 90%	⬜ 90-110%	🟥 >110%

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	% Months Submitted
Admissions	⬜	⬜	⬜	⬜	⬜	⬜	⬜	⬜	⬜	⬜	⬜	⬜	100%
Discharges	⬜	⬜	⬜	⬜	⬜	⬜	⬜	⬜	⬜	⬜	⬜	⬜	100%

⬜ 1 or more Records Submitted to DMHAS

▲ > 10% Over   ▼ < 10% Under

🟧 Actual | Goal   ✓ Goal Met   🔴 Below Goal

* State Avg based on 8 Active Transitional/Halfway House 3.1 Programs

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

New London IOP 922750
SCADD
Addiction - IOP - Standard IOP

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	82	191	-57%	▼
Admits	82	195	-58%	▼
Discharges	86	209	-59%	▼
Service Hours	192	95	102%	▲
Social Rehab/PHP/IOP Days	1,576	1,539	2%	

Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓ Treatment Completed Successfully		44	51%	50%	59%	1%	
● Follow-up within 30 Days of Discharge		34	77%	90%	57%	-13%	▼

Recovery

National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓ Abstinence/Reduced Drug Use		51	57%	55%	54%	2%	
● Stable Living Situation		70	78%	95%	85%	-17%	▼
● Employed		26	29%	50%	25%	-21%	▼
● Not Arrested		47	52%	75%	78%	-23%	▼
● Self Help		18	20%	60%	23%	-40%	▼

Service Utilization

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
✓ Clients Receiving Services		4	100%	90%	53%	10%

Data Submission Quality

Data Entry		Actual	State Avg
Valid NOMS Data		71%	83%
✓ Valid TEDS Data		100%	87%

On-Time Periodic		Actual	State Avg
6 Month Updates		N/A	1%

Co-occurring		Actual	State Avg
✓ MH Screen Complete		99%	85%
✓ SA Screen Complete		98%	86%

Diagnosis		Actual	State Avg
✓ Valid Axis I Diagnosis		100%	99%

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	% 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 62 Active Standard IOP Programs

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

New London Outpatient 922407
SCADD
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	632	982	-36%	▼
Admits	568	933	-39%	▼
Discharges	612	1,000	-39%	▼
Service Hours	4,064	5,397	-25%	▼

Data Submission Quality

Data Entry		Actual	State Avg
	Valid NOMS Data	76%	86%
✓	Valid TEDS Data	99%	86%

On-Time Periodic		Actual	State Avg
✓	6 Month Updates	100%	26%

Co-occurring		Actual	State Avg
✓	MH Screen Complete	98%	92%
✓	SA Screen Complete	99%	96%

Diagnosis		Actual	State Avg
✓	Valid Axis I Diagnosis	100%	99%

Discharge Outcomes

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
🔴	Treatment Completed Successfully		252	41%	50%	51%	-9%	

Recovery

National Recovery Measures (NOMS)		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓	Abstinence/Reduced Drug Use		501	71%	55%	49%	16%	▲
🔴	Stable Living Situation		633	90%	95%	78%	-5%	
🔴	Employed		312	45%	50%	32%	-5%	
🔴	Not Arrested		385	55%	75%	79%	-20%	▼
🔴	Self Help		156	22%	60%	18%	-38%	▼

Service Utilization

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
✓	Clients Receiving Services		86	93%	90%	72%	3%

Service Engagement

Outpatient		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
🔴	2 or more Services within 30 days		320	62%	75%	61%	-13%	▼

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	% 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 111 Active Standard Outpatient Programs

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

Post-Release Transitional Forensic Case Management
SCADD
Forensic SA - Case Management - Standard Case Management

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	46	81	-43%	▼
Admits	36	71	-49%	▼
Discharges	39	76	-49%	▼
Service Hours	271	613	-56%	▼

Data Submission Quality

Data Entry		Actual	State Avg
✓ Valid NOMS Data		99%	99%

On-Time Periodic		Actual	State Avg
6 Month Updates		N/A	8%

Discharge Outcomes

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
●	Treatment Completed Successfully		14	36%	50%	67%	-14%	▼

Recovery

National Recovery Measures (NOMS)		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓	Self Help		48	98%	60%	60%	38%	▲
✓	Social Support		47	96%	60%	85%	36%	▲
✓	Employed		13	27%	20%	26%	7%	
✓	Stable Living Situation		40	82%	80%	66%	2%	

Service Utilization

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
✓	Clients Receiving Services		10	100%	90%	67%	10%

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	% Months Submitted
Admissions	▢	▢	▢	▢		▢	▢	▢	▢	▢	▢	▢	92%
Discharges	▢	▢	▢	▢	▢		▢	▢	▢	▢	▢	▢	92%
Services	▢	▢	▢	▢	▢	▢	▢	▢	▢	▢	▢	▢	100%

▢ 1 or more Records Submitted to DMHAS

▲ > 10% Over   ▼ < 10% Under

■ Actual | Goal   ✓ Goal Met   ● Below Goal

* State Avg based on 8 Active Standard Case Management Programs

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

Pre-Release Transitional Forensic Case Management
SCADD
Forensic SA - Case Management - Standard Case Management

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	43	124	-65%	▼
Admits	40	83	-52%	▼
Discharges	36	121	-70%	▼
Service Hours	70	216	-67%	▼

Data Submission Quality

Data Entry		Actual	State Avg
Valid NOMS Data		98%	99%

On-Time Periodic		Actual	State Avg
✔ 6 Month Updates		100%	8%

Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✔ Treatment Completed Successfully		33	92%	50%	67%	42%	▲

Recovery

National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✔ Social Support		45	98%	60%	85%	38%	▲
✔ Self Help		43	93%	60%	60%	33%	▲
✔ Employed		10	22%	20%	26%	2%	
🔴 Stable Living Situation		32	70%	80%	66%	-10%	▼

Service Utilization

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
✔ Clients Receiving Services		10	100%	90%	67%	10%

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	% Months Submitted
Admissions		▢	▢	▢	▢	▢	▢	▢	▢	▢		▢	92%
Discharges		▢	▢	▢		▢	▢	▢	▢	▢	▢	▢	83%
Services	▢	▢	▢	▢	▢	▢		▢	▢		▢	▢	83%

▢ 1 or more Records Submitted to DMHAS

▲ > 10% Over ▼ < 10% Under

🟧 Actual | Goal ✔ Goal Met 🔴 Below Goal

* State Avg based on 8 Active Standard Case Management Programs

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

PTIP-Main Street 922705
SCADD
Forensic SA - Forensics Community-based - Pre-trial Intervention Programs

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	173	388	-55%	▼
Admits	12	193	-94%	▼
Discharges	45	228	-80%	▼

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	% Months Submitted
Admissions		▪	▪	▪	▪	▪						▪	50%
Discharges	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	100%

▪ 1 or more Records Submitted to DMHAS

▲ > 10% Over   ▼ < 10% Under

■ Actual | Goal   ✓ Goal Met   ● Below Goal
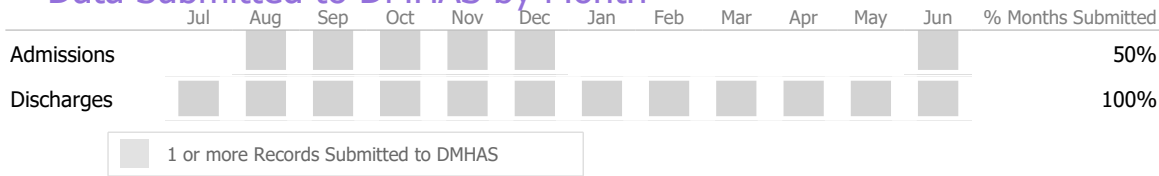
* State Avg based on 17 Active Pre-trial Intervention Programs Programs

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

SOR E-MAT
SCADD
Addiction - Medication Assisted Treatment - Buprenorphine Maintenance

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	56	76	-26%	▼
Admits	36	52	-31%	▼
Discharges	32	60	-47%	▼
Service Hours	269	188	43%	▲

Data Submission Quality

Data Entry		Actual	State Avg
	Valid NOMS Data	84%	88%
✓	Valid TEDS Data	100%	95%

On-Time Periodic		Actual	State Avg
✓	6 Month Updates	100%	23%

Co-occurring		Actual	State Avg
✓	MH Screen Complete	95%	80%
✓	SA Screen Complete	95%	89%

Diagnosis		Actual	State Avg
✓	Valid Axis I Diagnosis	100%	100%

Discharge Outcomes

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓	Treatment Completed Successfully		20	62%	50%	48%	12%	▲

Recovery

	National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓	Abstinence/Reduced Drug Use		46	82%	55%	50%	27%	▲
✓	Stable Living Situation		53	95%	95%	67%	0%	
🔴	Self Help		33	59%	60%	19%	-1%	
🔴	Not Arrested		38	68%	75%	70%	-7%	
🔴	Employed		22	39%	50%	24%	-11%	▼

Service Utilization

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
🔴	Clients Receiving Services		21	88%	90%	38%	-2%	

Data Submitted to DMHAS by Month
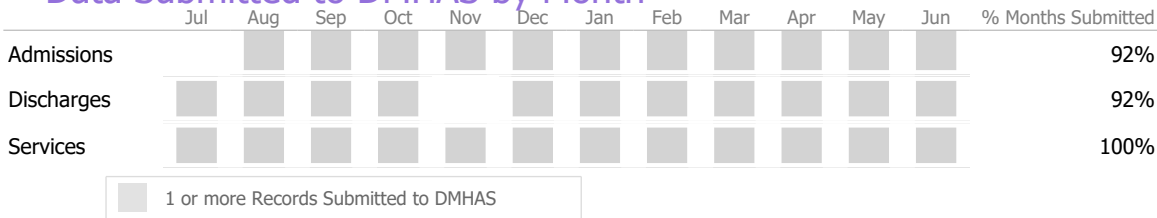
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	% Months Submitted
Admissions													92%
Discharges													92%
Services													100%

☐ 1 or more Records Submitted to DMHAS

▲ > 10% Over   ▼ < 10% Under

🟧 Actual | Goal   ✓ Goal Met   🔴 Below Goal

* State Avg based on 21 Active Buprenorphine Maintenance Programs

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

SOR MAT Employment
SCADD
Addiction - Medication Assisted Treatment - Buprenorphine Maintenance

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	15	6	150%	▲
Admits	11	6	83%	▲
Discharges	15	2	650%	▲
Service Hours	3	11	-74%	▼

Data Submission Quality

Data Entry		Actual	State Avg
	Valid NOMS Data	73%	88%
✓	Valid TEDS Data	100%	95%

On-Time Periodic	Actual	State Avg
6 Month Updates	N/A	23%

Co-occurring		Actual	State Avg
✓	MH Screen Complete	100%	80%
✓	SA Screen Complete	100%	89%

Diagnosis		Actual	State Avg
✓	Valid Axis I Diagnosis	100%	100%

Discharge Outcomes

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
🔴	Treatment Completed Successfully		0	0%	50%	48%	-50%	▼

Recovery

	National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓	Abstinence/Reduced Drug Use		12	80%	55%	50%	25%	▲
✓	Employed		9	60%	50%	24%	10%	
🔴	Stable Living Situation		14	93%	95%	67%	-2%	
🔴	Not Arrested		5	33%	75%	70%	-42%	▼
🔴	Self Help		1	7%	60%	19%	-53%	▼

Service Utilization

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
🔴	Clients Receiving Services		N/A	N/A	90%	38%	N/A	▼

Data Submitted to DMHAS by Month
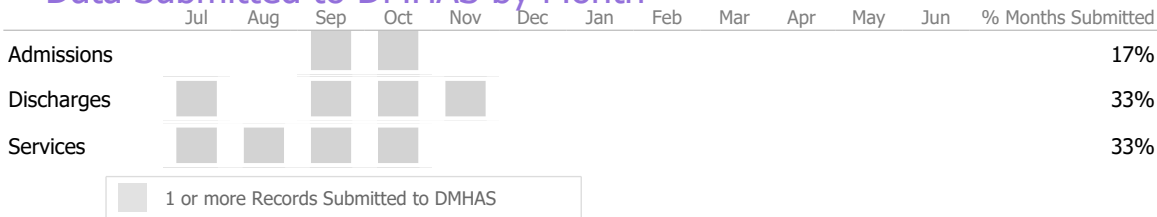
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	% Months Submitted
Admissions			▢	▢									17%
Discharges	▢		▢	▢	▢								33%
Services	▢	▢	▢	▢									33%

▢ 1 or more Records Submitted to DMHAS

▲ > 10% Over   ▼ < 10% Under

| ▢ Actual | | Goal | ✓ Goal Met | 🔴 Below Goal |

* State Avg based on 21 Active Buprenorphine Maintenance Programs

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

SOR-MAT-Naltrexone
SCADD
Addiction - Medication Assisted Treatment - Naltrexone

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	0		
Admits	-	-	
Discharges	-	-	
Service Hours	-	-	

Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Treatment Completed Successfully		N/A	N/A	50%	70%	N/A

Recovery

National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Abstinence/Reduced Drug Use		N/A	N/A	55%	46%	-55%
Employed		N/A	N/A	50%	35%	-50%
Not Arrested		N/A	N/A	75%	68%	-75%
Self Help		N/A	N/A	60%	36%	-60%
Stable Living Situation		N/A	N/A	95%	82%	-95%

Data Submission Quality

Data Entry	Actual	State Avg
Valid NOMS Data	N/A	79%
Valid TEDS Data	N/A	96%

On-Time Periodic	Actual	State Avg
6 Month Updates	N/A	17%

Co-occurring	Actual	State Avg
MH Screen Complete	N/A	95%
SA Screen Complete	N/A	97%

Service Utilization

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Clients Receiving Services		N/A	N/A	90%	72%	N/A

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

△ > 10% Over   ▽ < 10% Under

Actual | Goal   ✓ Goal Met   ● Below Goal

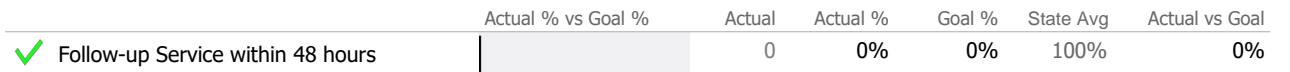* State Avg based on 7 Active Naltrexone Programs

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

STR TPP - New London
SCADD
Forensic SA - Forensics Community-based - Court Liaison-Jail Diversion

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	68	168	-60%	▼
Admits	27	133	-80%	▼
Discharges	59	136	-57%	▼
Service Hours	22	63	-65%	▼

Service Utilization
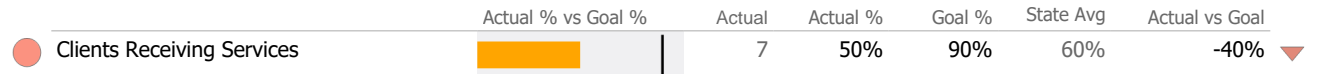
		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
🔴	Clients Receiving Services		7	50%	90%	60%	-40%	▼

Jail Diversion

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
✓	Follow-up Service within 48 hours		0	0%	0%	100%	0%

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	% Months Submitted
Admissions		▪	▪			▪	▪	▪	▪	▪		▪	75%
Discharges	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪		▪	100%
Services		▪	▪	▪	▪				▪				42%

▫ 1 or more Records Submitted to DMHAS
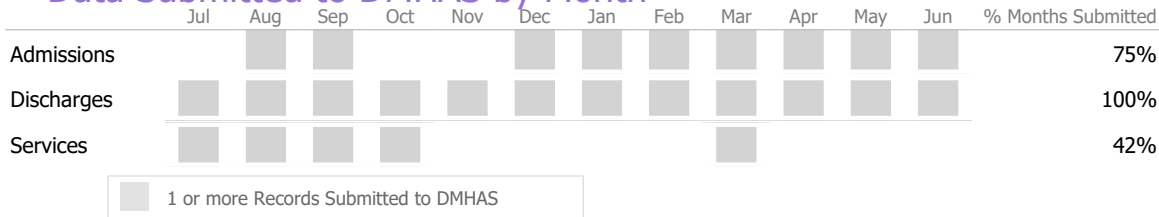
▲ > 10% Over   ▼ < 10% Under

🟧 Actual | Goal   ✓ Goal Met   🔴 Below Goal

* State Avg based on 5 Active Court Liaison-Jail Diversion Programs

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