Forensic SA

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

Provider Activity Monthly Trend Actual 1 Yr Ago Variance % Measure **Unique Clients** 7,335 4% 7,063 Admits 4,710 4,630 2% 4,351 -16% ▼ Discharges 3,657 Service Hours 0% 15,445 15,447 > 10% Over 1 Yr Ago > 10% Under 1Yr Ago Clients by Level of Care



IOP

Forensics Community-based

Case Management

11

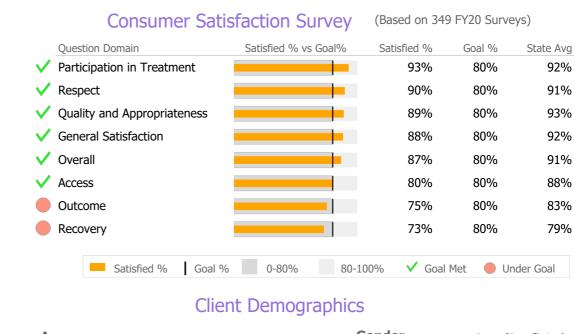
1,235

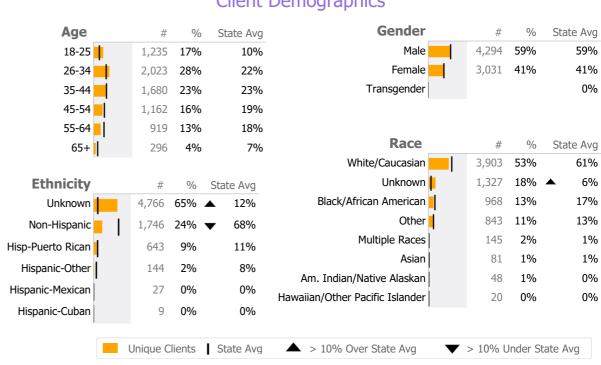
45

0.1%

16.1%

0.6%





Access Line

Wheeler Clinic

Addiction - Intake - Central Intake

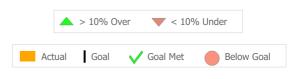
Connecticut Dept of Mental Health and Addiction Services Program Quality Dashboard

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

Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|----------------|--------|----------|------------|---|
| Unique Clients | 1,218 | 1,019 | 20% | • |
| Admits | 1,583 | 1,225 | 29% | • |
| Discharges | 1,583 | 1,225 | 29% | • |

| Data | 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 | | | | | | | | | | | | | |



^{*} State Avg based on 1 Active Central Intake Programs

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

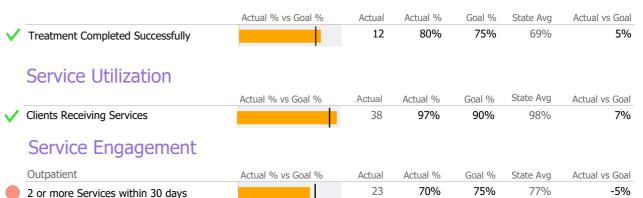
Program Activity

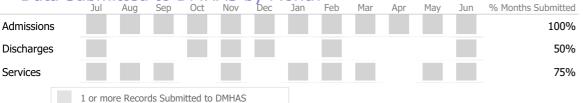
| Measure | Actual | 1 Yr Ago | Variance % | |
|----------------|--------|----------|------------|---|
| Unique Clients | 54 | 35 | 54% | • |
| Admits | 33 | 25 | 32% | • |
| Discharges | 15 | 15 | 0% | |
| Service Hours | 511 | 187 | 173% | • |

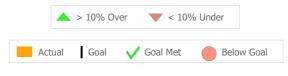
Data Submission Quality

| Data Entry | Actual | State Avg |
|------------------------|--------|-----------|
| Valid NOMS Data | 68% | 90% |
| ✓ Valid TEDS Data | 67% | 42% |
| On-Time Periodic | Actual | State Avg |
| 6 Month Updates | 17% | 45% |
| Co-occurring | Actual | State Avg |
| ✓ MH Screen Complete | 100% | 99% |
| ✓ SA Screen Complete | 100% | 99% |
| Diagnosis | Actual | State Avg |
| Valid Axis I Diagnosis | 100% | 100% |

Discharge Outcomes



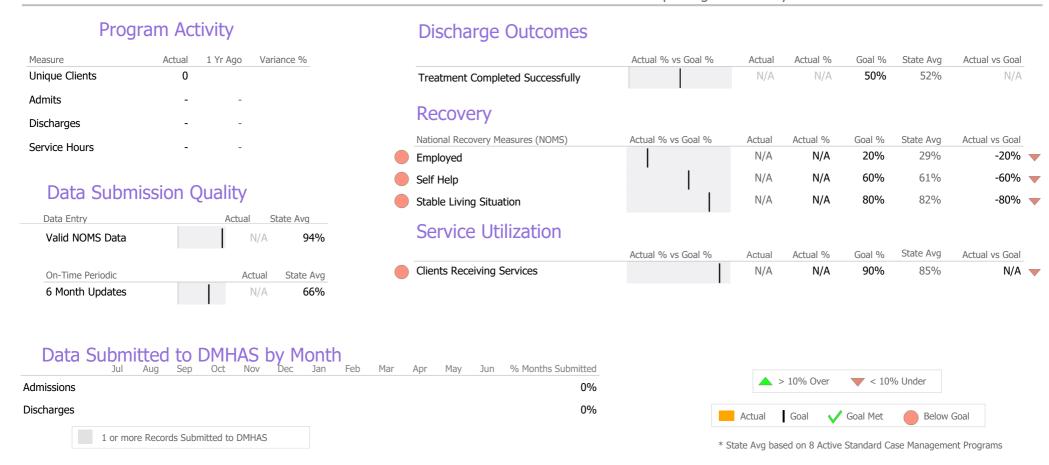




^{*} State Avg based on 4 Active Gambling Outpatient Programs

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

Addiction - Case Management - Standard Case Management



Addiction - Case Management - Outreach & Engagement

Connecticut Dept of Mental Health and Addiction Services Program Quality Dashboard

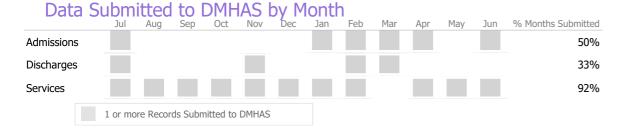
Reporting Period: July 2020 - June 2021 (Data as of Sep 20, 2021)

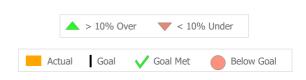
Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|----------------|--------|----------|------------|---|
| Unique Clients | 37 | 75 | -51% | • |
| Admits | 10 | 8 | 25% | • |
| Discharges | 9 | 48 | -81% | • |
| Service Hours | 351 | 417 | -16% | • |

Service Engagement







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

Program Activity Discharge Outcomes Measure Actual 1 Yr Ago Variance % Actual % vs Goal % Actual Actual % Goal % State Ava Actual vs Goal **Unique Clients** 11 12 -8% Treatment Completed Successfully 100% 50% 59% 50% 🔺 Admits Actual % vs Goal % Actual Actual % Goal % State Avg Actual vs Goal Discharges 1 1 0% 0 0% 90% 57% -90% Follow-up within 30 Days of Discharge Service Hours Recovery Social Rehab/PHP/IOP 0 0 Days National Recovery Measures (NOMS) Actual % vs Goal % Actual Actual % Goal % State Ava Actual vs Goal 0 **Employed** 0% 50% 25% -50% **Data Submission Quality** 0 55% 54% -55% -0% Abstinence/Reduced Drug Use 0 0% 60% 23% -60% Self Help Data Entry Actual State Avg Valid NOMS Data 0% 83% 0 0% 75% 78% -75% Not Arrested Valid TEDS Data 0% 87% 0 95% -95% 🔻 0% 85% Stable Living Situation 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 0 0% 90% 53% N/A 🔻 Actual State Avg Co-occurring 85% N/A MH Screen Complete SA Screen Complete N/A 86% Diagnosis Actual State Avg 100% 99% Valid Axis I Diagnosis Data Submitted to DMHAS by Month Feb Mar Apr May Jun % Months Submitted > 10% Over < 10% Under</p> 0% 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

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** 109 130 -16% 22 37% 50% 51% -13% Treatment Completed Successfully Admits 49 58 -16% Recovery Discharges 59 71 -17% National Recovery Measures (NOMS) Actual % vs Goal % Actual Actual % Goal % State Avg Actual vs Goal Service Hours 263 482 **-46% \rightarrow** 89 82% 75% 79% 7% Not Arrested 50 46% 55% 49% -9% Abstinence/Reduced Drug Use **Data Submission Quality Employed** 35 32% 50% 32% -18% Data Entry Actual State Avg 83 95% 78% 76% -19% Stable Living Situation 69% Valid NOMS Data 86% 7 6% 60% 18% -54% Self Help Valid TEDS Data 83% 86% Service Utilization On-Time Periodic State Avg Actual Goal % State Avg Actual % vs Goal % Actual % Actual vs Goal Actual 6 Month Updates 33% 26% Clients Receiving Services 36 72% 90% 72% -18% Service Engagement Co-occurring Actual State Avg 100% 92% MH Screen Complete Outpatient Actual % vs Goal % Actual Actual % Goal % State Ava Actual vs Goal SA Screen Complete 100% 96% 27 55% 75% 61% -20% 2 or more Services within 30 days Diagnosis Actual State Avg 100% 99% ✓ Valid Axis I Diagnosis Data Submitted to DMHAS by Month Mar % Months Submitted Jun > 10% Over < 10% Under</p> Admissions 100% 100% Discharges Actual Goal ✓ Goal Met Below Goal Services 75% * State Avg based on 111 Active Standard Outpatient Programs 1 or more Records Submitted to DMHAS

Program Activity Discharge Outcomes Measure 1 Yr Ago Variance % Actual % vs Goal % Actual Actual % Goal % State Avg Actual vs Goal **Unique Clients** N/A N/A 50% 70% N/A Treatment Completed Successfully Admits Recovery Discharges National Recovery Measures (NOMS) Actual % vs Goal % Actual Actual % Goal % State Avg Actual vs Goal N/A N/A 55% 46% -55% -Abstinence/Reduced Drug Use **Data Submission Quality** 50% 35% -50% N/A N/A **Employed** State Avg Data Entry -75% -Not Arrested N/A N/A 75% 68% Valid NOMS Data N/A 79% 60% 36% -60% -N/A N/A Self Help Valid TEDS Data N/A 96% 95% 82% -95% -N/A N/A Stable Living Situation On-Time Periodic State Avg Actual 6 Month Updates N/A 17% Co-occurring Actual State Avg N/A 95% MH Screen Complete SA Screen Complete N/A 97% Data Submitted to DMHAS by Month Dec Oct Nov Mar Apr May Jun % Months Submitted > 10% Over < 10% Under</p> Admissions 0% 0% Discharges ✓ Goal Met Below Goal Actual Goal 1 or more Records Submitted to DMHAS * State Avg based on 7 Active Naltrexone Programs

Wheeler Clinic

* State Avg based on 21 Active Buprenorphine Maintenance Programs

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

1 or more Records Submitted to DMHAS

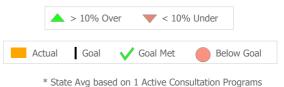
Program Activity Discharge Outcomes Variance % Actual % Measure Actual 1 Yr Ago Actual % vs Goal % Actual Goal % State Ava Actual vs Goal **Unique Clients** 562 397 42% N/A N/A 50% 48% N/A Treatment Completed Successfully 166 10% Admits 151 Recovery Discharges 1 -100% National Recovery Measures (NOMS) Actual % vs Goal % Actual Actual % Goal % State Avg Actual vs Goal Service Hours 311 55% 75% 70% -20% -Not Arrested 152 27% 55% 50% -28% Abstinence/Reduced Drug Use **Data Submission Quality Employed** 45 8% 50% 24% -42% Data Entry Actual State Avg 97 19% -43% -17% 60% Self Help Valid NOMS Data 64% 88% 256 46% 95% 67% -49% Stable Living Situation Valid TEDS Data 99% 95% Service Utilization On-Time Periodic Actual State Avg Goal % State Avg Actual % vs Goal % Actual % Actual vs Goal Actual 6 Month Updates 0% 23% Clients Receiving Services 0 0% 90% 38% N/A 🔻 Co-occurring Actual State Avg 100% 80% MH Screen Complete SA Screen Complete 100% 89% Diagnosis Actual State Avg 99% 100% Valid Axis I Diagnosis Data Submitted to DMHAS by Month % Months Submitted > 10% Over < 10% Under</p> Admissions 100% 0% Discharges Actual Goal ✓ Goal Met Below Goal Services 0%

Addiction - Consultation - Consultation

Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|----------------|--------|----------|------------|---|
| Unique Clients | 55 | 75 | -27% | • |
| Admits | 14 | 63 | -78% | • |
| Discharges | 11 | 36 | -69% | • |
| Service Hours | _ | _ | | |





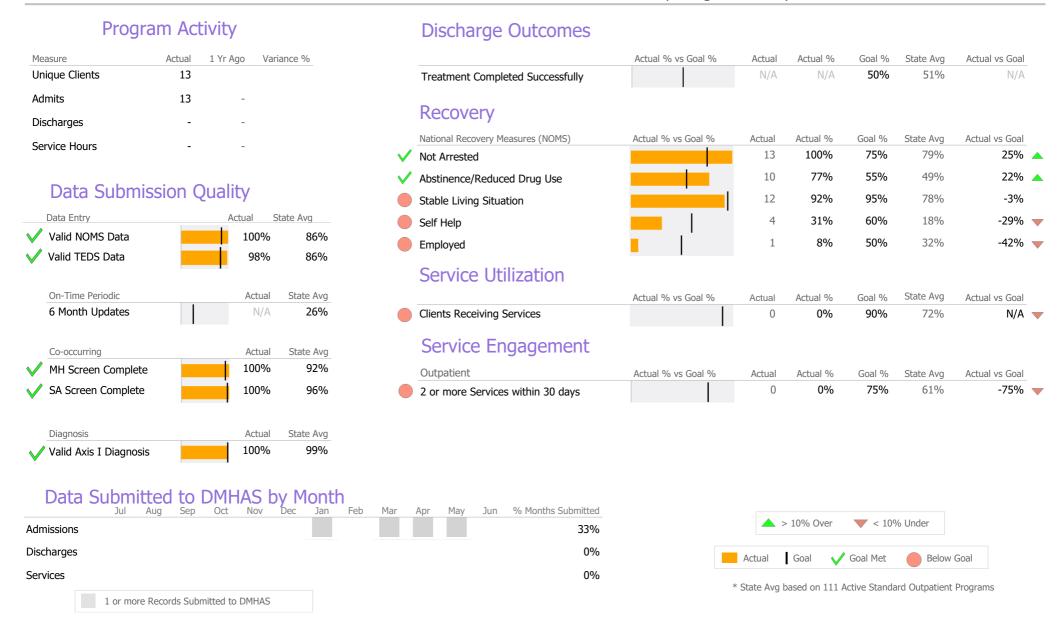
Parents Recovering from Opioid Use Disorder (PROUD

Wheeler Clinic

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)



Post-Release Transitional Forensic Case Management

Wheeler Clinic

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 Discharge Outcomes

| Measure | Actual | 1 Yr Ago | Variance % | |
|----------------|--------|----------|------------|---|
| Unique Clients | 22 | 18 | 22% | • |
| Admits | 9 | 12 | -25% | • |
| Discharges | 15 | 5 | 200% | • |
| Service Hours | 125 | 88 | 42% | • |

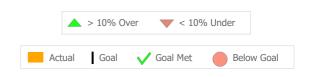
Data Submission Quality

| Data Entry | Actual S | tate Avg |
|-------------------|----------|-----------|
| ✓ Valid NOMS Data | 99% | 99% |
| On-Time Periodic | Actual | State Avg |
| 6 Month Updates | 0% | 8% |

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|----------|-----------------------------------|--------------------|--------|----------|--------|-----------|----------------|---|
| V | Treatment Completed Successfully | | 8 | 53% | 50% | 67% | 3% | |
| | Recovery | | | | | | | |
| | National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
| V | Social Support | | 19 | 86% | 60% | 85% | 26% | |
| V | Employed | | 8 | 36% | 20% | 26% | 16% | _ |
| V | Stable Living Situation | | 19 | 86% | 80% | 66% | 6% | |
| | Self Help | . | 8 | 36% | 60% | 60% | -24% | _ |
| | Service Utilization | | | | | | | |
| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |

Data Submitted to DMHAS by Month





^{*} State Avg based on 8 Active Standard Case Management Programs

90%

67%

-33% -

Clients Receiving Services

Pre-Release Transitional Forensic Case Management

Wheeler Clinic

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)

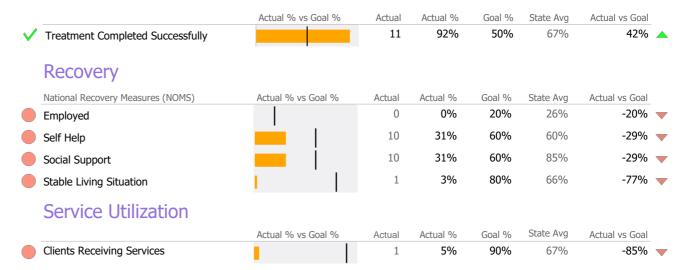
Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|----------------|--------|----------|------------|---|
| Unique Clients | 32 | 55 | -42% | ▼ |
| Admits | 10 | 32 | -69% | • |
| Discharges | 12 | 33 | -64% | • |
| Service Hours | 22 | 54 | -60% | • |

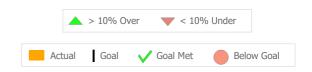
Data Submission Quality

| Data Entry | Actual | State | Avg |
|------------------|--------|----------|---------|
| Valid NOMS Data | 9 | 8% | 99% |
| On-Time Periodic | Ac | ctual St | ate Avg |
| 6 Month Updates | | 0% | 8% |

Discharge Outcomes







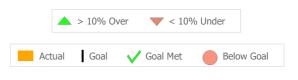
^{*} State Avg based on 8 Active Standard Case Management Programs

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

Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|----------------|--------|----------|------------|---|
| Unique Clients | 417 | 684 | -39% | • |
| Admits | 217 | 397 | -45% | • |
| Discharges | 198 | 490 | -60% | • |

| Data | Jubili | ILLCU | LU | וויוש | | Uy I'I | | | | | | | |
|------------|---------|-----------|---------|-----------|-------|--------|-----|-----|-----|-----|-----|-----|--------------------|
| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | % Months Submitted |
| Admissions | | | | | | | | | | | | | 92% |
| Discharges | | | | | | | | | | | | | 92% |
| | 1 or mo | re Record | ds Subi | mitted to | DMHAS | | | | | | | | |



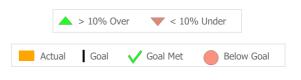
^{*} State Avg based on 17 Active Pre-trial Intervention Programs Programs

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

Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|----------------|--------|----------|------------|---|
| Unique Clients | 819 | 1,196 | -32% | • |
| Admits | 208 | 512 | -59% | • |
| Discharges | 209 | 586 | -64% | • |

| Data | Jubili | ILLCU | LU | וויוט | | Dy I'l | | | | | | | |
|------------|---------|------------|--------|-----------|-------|--------|-----|-----|-----|-----|-----|-----|--------------------|
| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | % Months Submitted |
| Admissions | | | | | | | | | | | | | 92% |
| Discharges | | | | | | | | | | | | | 92% |
| | 1 or mo | ore Record | ds Sub | mitted to | DMHAS | 5 | | | | | | | |



^{*} State Avg based on 17 Active Pre-trial Intervention Programs Programs

Program Activity Discharge Outcomes Measure Actual 1 Yr Ago Variance % Actual % vs Goal % Actual Actual % Goal % State Ava Actual vs Goal **Unique Clients** 2,500 2,069 21% 459 62% 50% 51% 12% 🔺 Treatment Completed Successfully 25% 🔺 Admits 1,445 1,154 Recovery Discharges 746 1,018 -27% National Recovery Measures (NOMS) Actual % vs Goal % Actual Actual % Goal % State Avg Actual vs Goal Service Hours 8,022 8,169 -2% 2,062 82% 75% 79% 7% Not Arrested 40% 55% 49% -15% 1,005 Abstinence/Reduced Drug Use **Data Submission Quality** Stable Living Situation 1,852 74% 95% 78% -21% Data Entry Actual State Avg 50% 32% -32% 445 18% **Employed** Valid NOMS Data 62% 86% 431 -43% 🔷 17% 60% 18% Self Help Valid TEDS Data 81% 86% Service Utilization On-Time Periodic Actual State Avg Goal % State Avg Actual % vs Goal % Actual % Actual vs Goal Actual 6 Month Updates 16% 26% Clients Receiving Services 1,347 77% 90% 72% -13% Service Engagement Co-occurring Actual State Avg 100% 92% MH Screen Complete Outpatient Actual % vs Goal % Actual Actual % Goal % State Ava Actual vs Goal SA Screen Complete 100% 96% 657 46% 75% 61% -29% 2 or more Services within 30 days Diagnosis Actual State Avg 99% 99% ✓ Valid Axis I Diagnosis Data Submitted to DMHAS by Month Mar % Months Submitted Jun > 10% Over < 10% Under</p> 100% Admissions 100% Discharges Actual Goal ✓ Goal Met Below Goal Services 75% * State Avg based on 111 Active Standard Outpatient 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** 1,856 1,639 13% 334 45% 50% 51% -5% Treatment Completed Successfully 950 5% Admits 901 Recovery 742 Discharges 731 2% National Recovery Measures (NOMS) Actual % vs Goal % Actual Actual % Goal % State Avg Actual vs Goal Service Hours 6,151 6,049 2% 1,357 73% 75% 79% -2% Not Arrested 38% 55% 49% -17% 699 Abstinence/Reduced Drug Use **Data Submission Quality Employed** 457 25% 50% 32% -25% Data Entry Actual State Avg 69% 95% 78% -26% -1,292 Stable Living Situation Valid NOMS Data 62% 86% 207 11% 60% 18% -49% Self Help Valid TEDS Data 76% 86% Service Utilization On-Time Periodic State Avg Actual Goal % State Avg Actual % vs Goal % Actual % Actual vs Goal Actual 6 Month Updates 18% 26% Clients Receiving Services 707 63% 90% 72% -27% Service Engagement Co-occurring Actual State Avg 100% 92% MH Screen Complete Outpatient Actual vs Goal Actual % vs Goal % Actual Actual % Goal % State Ava SA Screen Complete 100% 96% 559 59% 75% 61% -16% 2 or more Services within 30 days Diagnosis Actual State Avg 99% 99% ✓ Valid Axis I Diagnosis Data Submitted to DMHAS by Month Mar % Months Submitted Jun > 10% Over < 10% Under</p> 100% Admissions 100% Discharges Actual Goal ✓ Goal Met Below Goal Services 75% * State Avg based on 111 Active Standard Outpatient Programs 1 or more Records Submitted to DMHAS

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

Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|----------------|--------|----------|------------|---|
| Unique Clients | 57 | 85 | -33% | • |
| Admits | 3 | 68 | -96% | • |
| Discharges | 57 | 31 | 84% | • |
| Service Hours | _ | _ | | |

Service Engagement

| Homeless Outreach | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|----------------------------------|--------------------|--------|----------|--------|-----------|----------------|
| at least 1 Service within 180 da | ays | 1 | 33% | 50% | 76% | -17% |





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