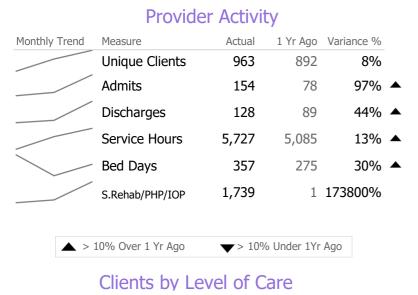
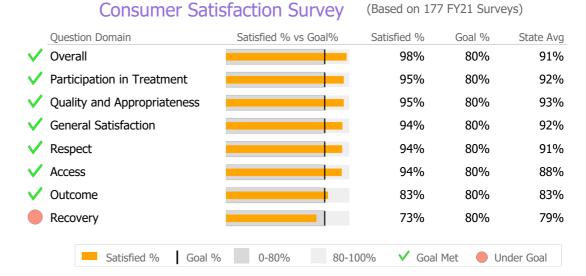
Bridges Healthcare Inc. Milford, CT

Reporting Period: July 2021 - September 2021 (Data as of Feb 01, 2022)



Program Type Level of Care Type # % **Mental Health** Outpatient 830 62.4% Community Support 207 15.6% Social Rehabilitation 64 4.8% **Employment Services** 53 4.0% ACT 48 3.6% **Residential Services** 6 0.5% Case Management 3 0.2% Addiction Medication Assisted Treatment 39 2.9% 32 Outpatient 2.4% **Forensic MH** Forensics Community-based 46 3.5% Other Other 3 0.2%



Client Demographics

| Age | # | % | State Avg | Gender | # | % | State Avg |
|-------------------|----------|--------|-----------|---------------------------------|---------|----------|--------------|
| 18-25 📙 | 119 | 12% | 9% | Female | 498 | 52% | 42% |
| 26-34 | 159 | 17% | 20% | Male 🗾 | 465 | 48% | 58% |
| 35-44 📒 | 141 | 15% | 23% | Transgender | | | 0% |
| 45-54 📕 | 160 | 17% | 19% | | | | |
| 55-64 🗾 | 215 | 22% | 20% | | | | |
| 65+ 📘 | 169 | 18% | 9% | Race | # | % | State Avg |
| | | | | White/Caucasian | 775 | 80% | ▲ 63% |
| Ethnicity | # | % | State Avg | Other <mark>I</mark> | 82 | 9% | 13% |
| Non-Hispanic | 754 | 78% | 69% | Black/African American | 62 | 6% | ▼ 17% |
| Unknown | 100 | 10% | 11% | Unknown | 28 | 3% | 5% |
| Hispanic-Other | 68 | 7% | 8% | Am. Indian/Native Alaskan | 8 | 1% | 1% |
| | 37 | 4% | 12% | Asian | 7 | 1% | 1% |
| Hisp-Puerto Rican | | | | Hawaiian/Other Pacific Islander | 1 | 0% | 0% |
| Hispanic-Cuban | 2 | 0% | 0% | Multiple Races | | | 1% |
| Hispanic-Mexican | 2 | 0% | 0% | - | | | |
| , | | | | | | | |
| | Unique C | lients | State Avg | ▲ > 10% Over State Avg ▼ | > 10% L | Inder St | ate Avg |

Addiction Outpatient 988200

Bridges Healthcare Inc.

Addiction - Outpatient - Standard Outpatient

Program Activity

| Measure | Actual | 1 Yr Ago | Variance % |
|----------------|--------|----------|------------|
| Unique Clients | 30 | 32 | -6% |
| Admits | - | - | |
| Discharges | - | 1 | -100% 🔻 |
| Service Hours | 56 | 61 | -8% |

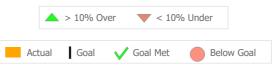
Data Submission Quality

| Data Entry | Actual | State Avg |
|--------------------|--------|--------------|
| Valid NOMS Data | 100% | 87% |
| Valid TEDS Data | 67% | 88% |
| On-Time Periodic | Actual | State Avg |
| ✓ 6 Month Updates | 27% | 25% |
| Co-occurring | Actual | State Avg |
| MH Screen Complete | 33% | 94% |
| | i | 0 407 |
| SA Screen Complete | 33% | 94% |
| SA Screen Complete | Actual | |

Data Submitted to DMHAS by Month

| | | Jui | Aug | Sep | % Months Submitted | | | |
|------------|--------------------------------------|-----|-----|-----|--------------------|--|--|--|
| Admissions | 6 | | | | 0% | | | |
| Discharges | | | | | 0% | | | |
| Services | | | | | 100% | | | |
| | 1 or more Records Submitted to DMHAS | | | | | | | |

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|-----------------------------------|--------------------|--------|----------|--------|-----------|----------------|--|
| Treatment Completed Successfully | | N/A | N/A | 50% | 50% | N/A | |
| _ | | | | | | | |
| Recovery | | | | | | | |
| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
| Not Arrested | | 18 | 60% | 75% | 69% | -15% | |
| Stable Living Situation | | 21 | 70% | 95% | 67% | -25% | |
| Employed | | 4 | 13% | 50% | 25% | -37% | |
| Abstinence/Reduced Drug Use | | 5 | 17% | 55% | 37% | -38% | |
| Self Help | I İ | 1 | 3% | 60% | 13% | -57% | |
| Service Utilization | | | | | | | |
| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
| Clients Receiving Services | | 23 | 77% | 90% | 50% | -13% | |
| Service Engagement | | | | | | | |
| Outpatient | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
| 2 or more Services within 30 days | | 0 | 0% | 75% | 62% | -75% | |



* State Avg based on 106 Active Standard Outpatient Programs

Discharge Outcomes

| Measure | Actual | 1 Yr Ago | Variance % |
|----------------|--------|----------|------------|
| Unique Clients | 2 | | |
| Admits | 2 | - | |
| Discharges | - | - | |
| Service Hours | 6 | - | |

Data Submission Quality

| Data Entry | Actual | State Avg |
|--------------------|--------|-------------|
| Valid NOMS Data | 100% | 95% |
| Valid TEDS Data | 50% | 38% |
| | | |
| On-Time Periodic | Actua | I State Avg |
| 6 Month Updates | N/A | 79% |
| | | |
| Co-occurring | Actua | State Avg |
| MH Screen Complete | 50% | 97% |
| SA Screen Complete | 50% | 97% |
| | | |
| Diagnosis | Actua | I State Avg |

Data Submitted to DMHAS by Month

100%

99%

| | Jul | Aug | Sep | % Months Submitted |
|------------|-----|-----|-----|--------------------|
| Admissions | | | | 67% |
| Discharges | | | | 0% |
| Services | | | | 0% |
| | | | | |

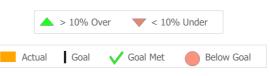
Valid Axis I Diagnosis

1 or more Records Submitted to DMHAS

Discharge Outcomes

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|----------------------------------|--------------------|--------|----------|--------|-----------|----------------|
| Treatment Completed Successfully | | N/A | N/A | 75% | 59% | N/A |
| Service Utilization | | | | | | |
| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
| Clients Receiving Services | | 2 | 100% | 90% | 89% | 10% |
| Service Engagement | | | | | | |

| Outpatient | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|-------------------------------------|--------------------|--------|----------|--------|-----------|----------------|--|
| ✓ 2 or more Services within 30 days | | 2 | 100% | 75% | 86% | 25% | |



* State Avg based on 7 Active Gambling Outpatient Programs

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

Data Submission Quality

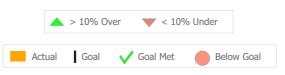
| Data Entry | | Actual S | tate Avg |
|------------------------|---|----------|-----------|
| Valid NOMS Data | | N/A | 86% |
| | | | |
| On-Time Periodic | | Actual | State Avg |
| 6 Month Updates | | 0% | 54% |
| | | | |
| Co-occurring | | Actual | State Avg |
| MH Screen Complete | | N/A | 89% |
| SA Screen Complete | i | N/A | 89% |
| | | | |
| Diagnosis | | Actual | State Avg |
| Valid Axis I Diagnosis | | 0% | 98% |

Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | % Months Submitted |
|------------|---------|----------|---------|--------------------|
| Admissions | | | | 0% |
| Discharges | | | | 0% |
| Services | | | | 0% |
| | 1 or mo | re Recor | ds Subr | nitted to DMHAS |

Discharge Outcomes

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|-----------------------------------|--------------------|--------|----------|--------|-----------|----------------|--|
| Treatment Completed Successfully | | N/A | N/A | 50% | 40% | N/A | |
| Recovery | | | | | | | |
| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
| Employed | | 0 | 0% | 30% | 21% | -30% | |
| Social Support | | 0 | 0% | 60% | 57% | -60% | |
| Stable Living Situation | . | 0 | 0% | 95% | 66% | -95% | |
| Service Utilization | | | | | | | |
| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
| Clients Receiving Services | | 0 | 0% | 90% | 74% | N/A | |
| Service Engagement | | | | | | | |
| Outpatient | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
| 2 or more Services within 30 days | | 0 | 0% | 75% | 79% | -75% | |



* State Avg based on 74 Active Standard Outpatient Programs

Reporting Period: July 2021 - September 2021 (Data as of Feb 01, 2022)

Program Activity

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

Data Submission Quality

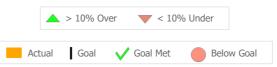
| Data Entry | Actual State Avg |
|------------------|------------------|
| Valid NOMS Data | N/A 95% |
| | · |
| On-Time Periodic | Actual State Avg |
| 6 Month Updates | N/A 61% |
| | |

Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | % Months Submitted |
|------------|---------|----------|----------|--------------------|
| Admissions | | | | 0% |
| Discharges | | | | 0% |
| | 1 or mo | re Recor | rds Subr | nitted to DMHAS |

Discharge Outcomes

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|-----------------------------------|--------------------|--------|----------|--------|-----------|----------------|
| Treatment Completed Successfully | | N/A | N/A | 50% | 74% | N/A |
| Recovery | | | | | | |
| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
| Employed | | N/A | N/A | 20% | 27% | -20% 🔻 |
| Self Help | | N/A | N/A | 60% | 55% | -60% 🔻 |
| Stable Living Situation | | N/A | N/A | 80% | 82% | -80% 🔻 |
| Service Utilization | | | | | | |
| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
| Clients Receiving Services | | N/A | N/A | 90% | 76% | N/A 🔷 |



* State Avg based on 11 Active Standard Case Management Programs

Reporting Period: July 2021 - September 2021 (Data as of Feb 01, 2022)

Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|----------------|--------|----------|------------|--|
| Unique Clients | 207 | 183 | 13% | |
| Admits | 17 | 9 | 89% | |
| Discharges | 16 | 7 | 129% | |
| Service Hours | 1,347 | 990 | 36% | |

Data Submission Quality

| Data Entry | Actual | State Avg |
|------------------------|--------|-----------|
| Valid NOMS Data | 76% | 82% |
| | | |
| On-Time Periodic | Actua | State Avg |
| 6 Month Updates | 73% | 86% |
| | | |
| Co-occurring | Actua | State Avg |
| MH Screen Complete | 47% | 96% |
| SA Screen Complete | 49% | 96% |
| | | |
| Diagnosis | Actual | State Avg |
| Valid Axis I Diagnosis | 100% | 5 |

Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | % Months Submitted |
|------------|---------|----------|---------|--------------------|
| Admissions | | | | 100% |
| Discharges | | | | 100% |
| Services | | | | 100% |
| | 1 or mo | re Recor | ds Subr | nitted to DMHAS |

Discharge Outcomes

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|--------------|-----------------------------------|--------------------|--------|----------|--------|-----------|----------------|---|
| | Treatment Completed Successfully | | 7 | 44% | 65% | 56% | -21% | • |
| | Recovery | | | | | | | |
| | National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
| \checkmark | Social Support | | 173 | 84% | 60% | 79% | 24% | |
| \checkmark | Stable Living Situation | | 186 | 90% | 80% | 86% | 10% | |
| | Employed | | 30 | 14% | 20% | 13% | -6% | |
| | Service Utilization | | | | | | | |
| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
| \checkmark | Clients Receiving Services | | 185 | 97% | 90% | 95% | 7% | |



* State Avg based on 36 Active CSP Programs

| Measure | Actual | 1 Yr Ago | Variance % | |
|----------------|--------|----------|------------|--|
| Unique Clients | 3 | 4 | -25% 🔻 | |
| Admits | - | - | | |
| Discharges | - | - | | |
| Service Hours | - | - | | |

Data Submission Quality

Data Entry Actual

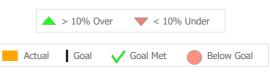
Co-occurringActualState AvgMH Screen CompleteN/A67%SA Screen CompleteN/A75%

State Avg

| Diagnosis | Actual | State Avg |
|------------------------|--------|-----------|
| Valid Axis I Diagnosis | 100% | 93% |

Data Submitted to DMHAS by Month

| | Jui | Aug | Sep | 70 Months Submitted |
|------------|---------|----------|---------|---------------------|
| Admissions | | | | 0% |
| Discharges | | | | 0% |
| Services | | | | 0% |
| | 1 or mo | re Recor | ds Subn | nitted to DMHAS |



* State Avg based on 6 Active Integrated Primary Care Programs

Connecticut Dept of Mental Health and Addiction Services Program Quality Dashboard

Reporting Period: July 2021 - September 2021 (Data as of Feb 01, 2022)

Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|----------------|--------|----------|------------|--|
| Unique Clients | 46 | 26 | 77% | |
| Admits | 12 | 4 | 200% | |
| Discharges | 8 | 4 | 100% | |
| Service Hours | 42 | 3 | | |

Data Submitted to DMHAS by Month Sep

1 or more Records Submitted to DMHAS

Aug

Jul

Admissions

Discharges

Services

% Months Submitted

67%

100%

100%

Service Utilization



Jail Diversion

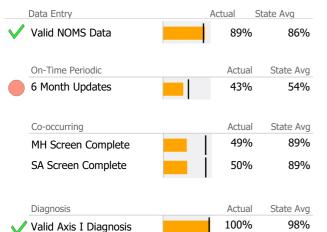
| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goa |
|-------------------------------------|------------------------|--------|----------|--------|-----------|---------------|
| V Follow-up Service within 48 hours | | 0 | 0% | 0% | 57% | 0% |
| | | | | | | |
| | | | | | | |
| ▲ > 10% Over | < 10% Under | | | | | |
| | Dal Met Below Goal | | | | | |
| Actual Goal 🗸 Go | bal Met 🛛 🛑 Below Goal | | | | | |
| | | | | | | |

Reporting Period: July 2021 - September 2021 (Data as of Feb 01, 2022)

Program Activity

| Measure | Actual | 1 Yr Ago | Variance % |
|----------------|--------|----------|------------|
| Unique Clients | 829 | 791 | 5% |
| Admits | 70 | 42 | 67% 🔺 |
| Discharges | 68 | 48 | 42% 🔺 |
| Service Hours | 2,452 | 2,427 | 1% |

Data Submission Quality



Admissions Discharges

Services

1 or more Records Submitted to DMHAS

100%

100%

Discharge Outcomes

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|--------------|-----------------------------------|--------------------|--------|----------|--------|-----------|----------------|
| | Treatment Completed Successfully | | 18 | 26% | 50% | 40% | -24% |
| | Recovery | | | | | | |
| | National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
| \checkmark | Social Support | | 580 | 70% | 60% | 57% | 10% |
| | Employed | <u> </u> | 194 | 23% | 30% | 21% | -7% |
| | Stable Living Situation | I | 636 | 77% | 95% | 66% | -18% 🔻 |
| | Service Utilization | | | | | | |
| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
| | Clients Receiving Services | | 647 | 85% | 90% | 74% | -5% |
| | Service Engagement | | | | | | |
| | Outpatient | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
| \checkmark | 2 or more Services within 30 days | | 53 | 76% | 75% | 79% | 1% |

| Data | Submi | | | DMHAS by Mc | onth | | |
|-----------|-------|------|-----|-------------|------|--|--------------|
| Imissions | 50. | , ag | UCP | 100% | | | ▲ > 10% Over |



* State Avg based on 74 Active Standard Outpatient Programs

V < 10% Under

RM4 Bridges Healthcare Inc. Mental Health - Social Rehabilitation - Social Rehabilitation Connecticut Dept of Mental Health and Addiction Services Program Quality Dashboard

Reporting Period: July 2021 - September 2021 (Data as of Feb 01, 2022)

Program Activity

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

Service Utilization

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|----------------------------|--------------------|--------|----------|--------|-----------|----------------|--|
| Clients Receiving Services | | N/A | N/A | 90% | 61% | N/A | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | % Months Submitted |
|------------|--------|----------|----------|--------------------|
| Admission | S | | | 0% |
| Discharges | 5 | | | 0% |
| | 1 or m | ore Reco | rds Subr | nitted to DMHAS |

| | > 10% 0 | ver 🔻 < 10 | % Under | |
|--------|---------|------------|---------|--------|
| Actual | Goal | 🗸 Goal Met | Belov | w Goal |

* State Avg based on 34 Active Social Rehabilitation Programs

| Measure | Actual | 1 Yr Ago | Variance % |
|----------------|--------|----------|------------|
| Unique Clients | 3 | 8 | -63% 🔻 |
| Admits | 3 | 1 | 200% 🔺 |
| Discharges | - | - | |
| Service Hours | 1 | 18 | -93% 🔻 |

Service Engagement



Data Submitted to DMHAS by Month

| | | 1 or mo | re Recor | ds Subn | nitted to DMHAS |
|-----------|---|---------|----------|---------|--------------------|
| Services | | | | | 33% |
| Discharge | 5 | | | | 0% |
| Admission | 5 | | | | 33% |
| | | Jui | Aug | Sep | % Months Submitted |

| | | • 10% Ove | r | ▼ < 10% | Unde | er |
|----|---------|-----------|--------------|----------|------|------------|
| Ac | tual | Goal | \checkmark | Goal Met | | Below Goal |

* State Avg based on 43 Active Outreach & Engagement Programs

Bridges Healthcare Inc. Mental Health - Social Rehabilitation - Social Rehabilitation Connecticut Dept of Mental Health and Addiction Services Program Quality Dashboard

Reporting Period: July 2021 - September 2021 (Data as of Feb 01, 2022)

Program Activity

| Measure | Actual | 1 Yr Ago | Variance % |
|------------------------------|--------|----------|------------|
| Unique Clients | 64 | 61 | 5% |
| Admits | 4 | - | |
| Discharges | 5 | 2 | 150% 🔺 |
| Service Hours | 247 | 583 | -58% 🔻 |
| Social Rehab/PHP/IOP Days | 1,739 | 1 | 173800% |

Service Utilization

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|----------------------------|--------------------|--------|----------|--------|-----------|----------------|
| Clients Receiving Services | | 52 | 87% | 90% | 61% | -3% |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |



| | | > 10% Ove | er | - | < 10% | Unde | r | | |
|----|---------|-----------|--------------|------|-------|------|-------|--------|--|
| Ac | tual | Goal | \checkmark | Goal | Met | | Belov | w Goal | |
| | | | | | | | | | |

* State Avg based on 34 Active Social Rehabilitation Programs

SOR-Mobile MAT

Bridges Healthcare Inc. Addiction - Medication Assisted Treatment - Buprenorphine Maintenance Connecticut Dept of Mental Health and Addiction Services Program Quality Dashboard

Reporting Period: July 2021 - September 2021 (Data as of Feb 01, 2022)

Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|----------------|--------|----------|------------|--|
| Unique Clients | 39 | 20 | 95% | |
| Admits | 24 | 8 | 200% | |
| Discharges | 13 | 8 | 63% | |

Data Submission Quality

| Data Entry | Actual S | tate Avg |
|--------------------------|------------|-----------|
| Valid NOMS Data | 88% | 92% |
| Valid TEDS Data | 62% | 94% |
| On-Time Periodic | Actual | State Avg |
| 6 Month Updates | 0% | 23% |
| Co-occurring | Actual | State Avg |
| MH Screen Complete | 0% | 76% |
| SA Screen Complete | 81% | 92% |
| Diagnosis | Actual | State Avg |
| 🖊 Valid Axis I Diagnosis | 100% | 100% |

Data Submitted to DMHAS by Month



| | > 10% 0 | ver 🔻 < 10° | % Under |
|--------|---------|-------------|------------|
| Actual | Goal | V Goal Met | Below Goal |

* State Avg based on 20 Active Buprenorphine Maintenance Programs

Discharge Outcomes

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|-----------------------------------|--------------------|--------|----------|--------|-----------|----------------|
| Treatment Completed Successfully | | 6 | 46% | 50% | 54% | -4% |
| Recovery | | | | | | |
| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
| Stable Living Situation | | 36 | 92% | 95% | 56% | -3% |
| Employed | | 17 | 44% | 50% | 19% | -6% |
| Not Arrested | | 25 | 64% | 75% | 58% | -11% 🔷 |
| Abstinence/Reduced Drug Use | | 11 | 28% | 55% | 40% | -27% 🔷 |
| Self Help | | 1 | 3% | 60% | 13% | -57% 🔻 |

Vocational 309-270

Bridges Healthcare Inc.

Mental Health - Employment Services - Employment Services

Connecticut Dept of Mental Health and Addiction Services

Program Quality Dashboard

Reporting Period: July 2021 - September 2021 (Data as of Feb 01, 2022)

Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|----------------|--------|----------|------------|--|
| Unique Clients | 53 | 40 | 33% | |
| Admits | 14 | 4 | 250% | |
| Discharges | 10 | 7 | 43% | |
| Service Hours | 294 | 183 | 60% | |

Data Submission Quality

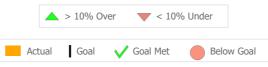


Data Submitted to DMHAS by Month

| Admissions | | 100% |
|------------|--|------|
| | | |
| Discharges | | 100% |
| Services | | 100% |

Recovery

| | , | | | | | | |
|--------------|-----------------------------------|--------------------|--------|----------|--------|-----------|----------------|
| | National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
| \checkmark | Employed | | 19 | 36% | 35% | 47% | 1% |
| | Service Utilization | | | | | | |
| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
| \checkmark | Clients Receiving Services | | 41 | 95% | 90% | 91% | 5% |



* State Avg based on 39 Active Employment Services Programs

Valid Axis I Diagnosis

Reporting Period: July 2021 - September 2021 (Data as of Feb 01, 2022)

Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|----------------|--------|----------|------------|--|
| Unique Clients | 48 | 41 | 17% | |
| Admits | 7 | 1 | 600% | |
| Discharges | 5 | 3 | 67% | |
| Service Hours | 1,097 | 735 | 49% | |

Data Submission Quality

| Data Entry | Actual S | itate Avg |
|----------------------|----------|-----------|
| Valid NOMS Data | 97% | 83% |
| | | |
| On-Time Periodic | Actual | State Avg |
| 6 Month Updates | 53% | 90% |
| <u> </u> | | |
| Co-occurring | Actual | State Avg |
| V MH Screen Complete | 96% | 96% |
| ✓ SA Screen Complete | 96% | 93% |
| | | |
| Diagnosis | Actual | State Avg |

Discharge Outcomes

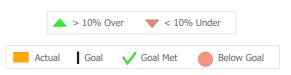
| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|--------------|---|--------------------|--------|----------|--------|-----------|----------------|---|
| | Treatment Completed Successfully | | 1 | 20% | 65% | 41% | -45% | |
| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
| | No Re-admit within 30 Days of Discharge | | 3 | 75% | 85% | 95% | -10% | |
| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
| | Follow-up within 30 Days of Discharge | | 0 | 0% | 90% | 46% | -90% | • |
| | Recovery | | | | | | | |
| | National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
| \checkmark | Stable Living Situation | | 43 | 90% | 60% | 92% | 30% | |
| \checkmark | Social Support | | 39 | 81% | 60% | 79% | 21% | |
| \checkmark | Employed | | 14 | 29% | 15% | 15% | 14% | |
| | Service Utilization | | | | | | | |
| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
| \checkmark | Clients Receiving Services | | 43 | 100% | 90% | 96% | 10% | |

Data Submitted to DMHAS by Month

100%

98%

| Data | Jul Aug | Sep % Months Submitted | |
|------------|----------------|-------------------------|--|
| Admissions | | 100% | |
| Discharges | | 67% | |
| Services | | 100% | |
| | 1 or more Reco | ords Submitted to DMHAS | |



* State Avg based on 23 Active Assertive Community Treatment Programs

Reporting Period: July 2021 - September 2021 (Data as of Feb 01, 2022)

Program Activity

| Measure | Actual | 1 Yr Ago | Variance % |
|----------------|--------|----------|------------|
| Unique Clients | 6 | 3 | 100% 🔺 |
| Admits | 1 | 2 | -50% 🔻 |
| Discharges | 2 | 1 | 100% 🔺 |
| Service Hours | 186 | 85 | 120% 🔺 |
| Bed Days | 357 | 275 | 30% 🔺 |

Data Submission Quality



Discharge Outcomes

< 90%

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|--------------|---------------------------------------|--------------------|----------|----------|--------|-----------|----------------|---|
| | Treatment Completed Successfully | | 0 | 0% | 60% | 66% | | - |
| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
| | Follow-up within 30 Days of Discharge | | N/A | N/A | 90% | 82% | N/A | |
| | Recovery | | | | | | | |
| | National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
| \checkmark | Social Support | | 5 | 83% | 60% | 84% | 23% | |
| \checkmark | Stable Living Situation | | 6 | 100% | 95% | 96% | 5% | |
| | Employed | | 1 | 17% | 25% | 11% | -8% | |
| | Bed Utilization | Beds Avg LOS | Turnover | Actual % | Goal % | State Avg | Actual vs Goal | |
| \checkmark | Avg Utilization Rate | 4 316 days | 0.7 | 97% | 90% | 94% | 7% | |

Data Submitted to DMHAS by Month

| | | Jul | Aug | Sep | % Months Submitted |
|-----------|---|---------|----------|---------|--------------------|
| Admission | S | | | | 33% |
| Discharge | 5 | | | | 33% |
| Services | | | | | 100% |
| | | 1 or mo | re Recor | ds Subr | nitted to DMHAS |

| | > 10% 0 | ver 🔻 < 109 | % Under | |
|--------|---------|-------------|---------|--------|
| Actual | Goal | V Goal Met | Below | w Goal |

90-110%

>110%

* State Avg based on 80 Active Supervised Apartments Programs