Perception Programs Inc
Willimantic, CT

Connecticut Dept of Mental Health and Addiction Services
Provider Quality Dashboard
Reporting Period: July 2021 - September 2021   (Data as of Feb 01, 2022)

Provider Activity

Monthly Trend	Measure	Actual	1 Yr Ago	Variance %	
	Unique Clients	1,089	848	28%	▲
	Admits	248	167	49%	▲
	Discharges	181	102	77%	▲
	Service Hours	1,873	1,506	24%	▲
	Bed Days	2,160	866	149%	▲
	S.Rehab/PHP/IOP	192	50	284%	▲

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

Clients by Level of Care

Program Type	Level of Care Type	#	%
Addiction			
	Outpatient	994	82.3%
	IOP	98	8.1%
	Case Management	54	4.5%
	Residential Services	40	3.3%
Mental Health			
	Case Management	22	1.8%

Consumer Satisfaction Survey   (Based on 47 FY21 Surveys)

	Question Domain	Satisfied % vs Goal%	Satisfied %	Goal %	State Avg
✓	Quality and Appropriateness		98%	80%	93%
✓	Participation in Treatment		98%	80%	92%
✓	Access		98%	80%	88%
✓	Respect		96%	80%	91%
✓	Overall		94%	80%	91%
✓	General Satisfaction		89%	80%	92%
✓	Outcome		80%	80%	83%
●	Recovery		67%	80%	79%

Legend: ▬ Satisfied % | Goal %   ▬ 0-80%   ▬ 80-100%   ✓ Goal Met   ● Under Goal

Client Demographics

Age

Age	#	%	State Avg
18-25	101	10%	9%
26-34	268	26%	20%
35-44	307	29%	23%
45-54	213	20%	19%
55-64	121	12%	20%
65+	31	3%	9%

Gender

Gender	#	%		State Avg
Female	572	53%	▲	42%
Male	515	47%	▼	58%
Transgender				0%

Ethnicity

Ethnicity	#	%	State Avg
Non-Hispanic	793	73%	69%
Hisp-Puerto Rican	178	16%	12%
Hispanic-Other	65	6%	8%
Unknown	41	4%	11%
Hispanic-Mexican	11	1%	0%
Hispanic-Cuban	1	0%	0%

Race

Race	#	%		State Avg
White/Caucasian	805	74%	▲	63%
Other	123	11%		13%
Black/African American	84	8%		17%
Unknown	59	5%		5%
Asian	7	1%		1%
Hawaiian/Other Pacific Islander	5	0%		0%
Am. Indian/Native Alaskan	3	0%		1%
Multiple Races	3	0%		1%

Legend: ▬ 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.

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 2021 - September 2021 (Data as of Feb 01, 2022)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	722	535	35%	▲
Admits	111	90	23%	▲
Discharges	80	36	122%	▲
Service Hours	1,029	909	13%	▲

Data Submission Quality

Data Entry		Actual	State Avg
✓	Valid NOMS Data	92%	87%
✓	Valid TEDS Data	89%	88%

On-Time Periodic		Actual	State Avg
●	6 Month Updates	0%	25%

Co-occurring		Actual	State Avg
	MH Screen Complete	92%	94%
	SA Screen Complete	93%	94%

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

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	% Months Submitted
Admissions				100%
Discharges				100%
Services				100%

1 or more Records Submitted to DMHAS

Discharge Outcomes

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓	Treatment Completed Successfully		48	60%	50%	50%	10%	▲

Recovery

National Recovery Measures (NOMS)		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
●	Abstinence/Reduced Drug Use		204	28%	55%	37%	-27%	▼
●	Not Arrested		344	47%	75%	69%	-28%	▼
●	Employed		127	17%	50%	25%	-33%	▼
●	Stable Living Situation		360	49%	95%	67%	-46%	▼
●	Self Help		71	10%	60%	13%	-50%	▼

Service Utilization

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
●	Clients Receiving Services		269	41%	90%	50%	-49%	▼

Service Engagement

Outpatient		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
●	2 or more Services within 30 days		73	66%	75%	62%	-9%

Legend: ▲ > 10% Over   ▼ < 10% Under
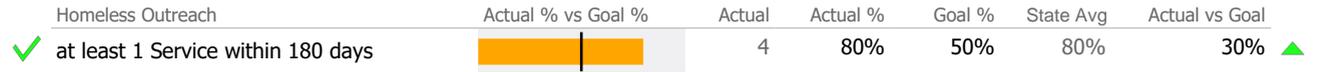
Actual | Goal   ✓ Goal Met   ● Below Goal

* State Avg based on 106 Active Standard Outpatient Programs

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

CM Latino Outreach 026721
Perception Programs Inc
Addiction - Case Management - Outreach & Engagement

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	54	82	-34%	▼
Admits	5	7	-29%	▼
Discharges	3	17	-82%	▼
Service Hours	35	96	-64%	▼

Service Engagement

Homeless Outreach	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓ at least 1 Service within 180 days		4	80%	50%	80%	30%	▲

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	% Months Submitted
Admissions				67%
Discharges				100%
Services				0%

1 or more Records Submitted to DMHAS

▲ > 10% Over   ▼ < 10% Under

■ Actual | Goal   ✓ Goal Met   ● Below Goal

* State Avg based on 22 Active Outreach & Engagement Programs

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

CM Shelter Outreach 850-294
Perception Programs Inc
Mental Health - Case Management - Outreach & Engagement

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	12	26	-54%	▼
Admits	-	1	-100%	▼
Discharges	-	-		
Service Hours	-	8	-100%	▼

Service Engagement

Homeless Outreach	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
🔴 at least 1 Service within 180 days		0	0%	50%	84%	-50%	▼

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	% Months Submitted
Admissions				0%
Discharges				0%
Services				0%

	1 or more Records Submitted to DMHAS

▲ > 10% Over   ▼ < 10% Under

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

* State Avg based on 43 Active Outreach & Engagement Programs

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

Danielson-IOP 026736
Perception Programs Inc
Addiction - IOP - Standard IOP

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	22	6	267%	▲
Admits	15	-		
Discharges	9	-		
Service Hours	27	-		
Social Rehab/PHP/IOP Days	52	0		

Discharge Outcomes

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓	Treatment Completed Successfully		6	67%	50%	62%	17%	▲
●	Follow-up within 30 Days of Discharge		4	67%	90%	64%	-23%	▼

Recovery

	National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
●	Abstinence/Reduced Drug Use		12	52%	55%	39%	-3%	
●	Not Arrested		15	65%	75%	68%	-10%	
●	Stable Living Situation		18	78%	95%	74%	-17%	▼
●	Employed		7	30%	50%	23%	-20%	▼
●	Self Help		3	13%	60%	11%	-47%	▼

Service Utilization

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
●	Clients Receiving Services		6	43%	90%	45%	-47%	▼

Data Submission Quality

	Data Entry		Actual	State Avg
✓	Valid NOMS Data		93%	85%
✓	Valid TEDS Data		100%	87%

	On-Time Periodic		Actual	State Avg
●	6 Month Updates		0%	4%

	Co-occurring		Actual	State Avg
✓	MH Screen Complete		100%	87%
✓	SA Screen Complete		100%	87%

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

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	% 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 55 Active Standard IOP Programs

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

OP Danielson 026203
Perception Programs Inc
Addiction - Outpatient - Standard Outpatient

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	282	201	40%	▲
Admits	70	32	119%	▲
Discharges	47	16	194%	▲
Service Hours	695	375	85%	▲

Data Submission Quality

Data Entry		Actual	State Avg
✔ Valid NOMS Data		97%	87%
Valid TEDS Data		73%	88%

On-Time Periodic		Actual	State Avg
🔴 6 Month Updates		0%	25%

Co-occurring		Actual	State Avg
MH Screen Complete		78%	94%
SA Screen Complete		77%	94%

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

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	% Months Submitted
Admissions				100%
Discharges				100%
Services				100%

1 or more Records Submitted to DMHAS

Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✔ Treatment Completed Successfully		33	70%	50%	50%	20%	▲

Recovery

National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
🔴 Not Arrested		180	64%	75%	69%	-11%	▼
🔴 Abstinence/Reduced Drug Use		95	34%	55%	37%	-21%	▼
🔴 Employed		76	27%	50%	25%	-23%	▼
🔴 Stable Living Situation		192	68%	95%	67%	-27%	▼
🔴 Self Help		8	3%	60%	13%	-57%	▼

Service Utilization

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
🔴 Clients Receiving Services		160	68%	90%	50%	-22%	▼

Service Engagement

Outpatient	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
🔴 2 or more Services within 30 days		48	70%	75%	62%	-5%

▲ > 10% Over   ▼ < 10% Under

🟧 Actual	❘ Goal	✔ Goal Met	🔴 Below Goal

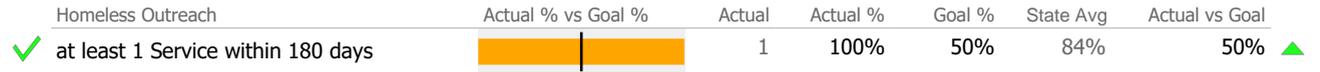* State Avg based on 106 Active Standard Outpatient Programs

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

PATH - CM Outreach and Eng
Perception Programs Inc
Mental Health - Case Management - Outreach & Engagement

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	10	35	-71%	▼
Admits	1	5	-80%	▼
Discharges	3	5	-40%	▼
Service Hours	8	24	-66%	▼

Service Engagement

Homeless Outreach	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓ at least 1 Service within 180 days		1	100%	50%	84%	50%	▲

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	% Months Submitted
Admissions				33%
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 43 Active Outreach & Engagement Programs

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

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 2021 - September 2021 (Data as of Feb 01, 2022)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	19	9	111%	▲
Admits	6	6	0%	
Discharges	6	2	200%	▲
Bed Days	1,088	443	146%	▲

Discharge Outcomes

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
🔴	Treatment Completed Successfully		2	33%	70%	66%	-37%	▼
✔	No Re-admit within 30 Days of Discharge		6	100%	85%	91%	15%	▲
🔴	Follow-up within 30 Days of Discharge		1	50%	90%	72%	-40%	▼

Recovery

	National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
🔴	Abstinence/Reduced Drug Use		13	68%	70%	62%	-2%	

Data Submission Quality

	Data Entry		Actual	State Avg
✔	Valid NOMS Data		97%	84%
✔	Valid TEDS Data		100%	96%

	On-Time Periodic		Actual	State Avg
🔴	6 Month Updates		0%	6%

	Co-occurring		Actual	State Avg
✔	MH Screen Complete		100%	94%
✔	SA Screen Complete		100%	90%

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

Bed Utilization

		12 Months Trend	Beds	Avg LOS	Turnover	Actual %	Goal %	State Avg	Actual vs Goal	
✔	Avg Utilization Rate		10	145 days	0.5	118%	90%	92%	28%	▲

■ < 90%   ■ 90-110%   ■ >110%

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	% 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 25 Active Intermediate/Long Term Res.Tx 3.5 Programs

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

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 2021 - September 2021 (Data as of Feb 01, 2022)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	21	13	62%	▲
Admits	13	8	63%	▲
Discharges	7	5	40%	▲
Bed Days	1,072	423	153%	▲

Discharge Outcomes

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓	Treatment Completed Successfully		6	86%	70%	66%	16%	▲
✓	No Re-admit within 30 Days of Discharge		6	86%	85%	91%	1%	
●	Follow-up within 30 Days of Discharge		2	33%	90%	72%	-57%	▼

Recovery

National Recovery Measures (NOMS)		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
●	Abstinence/Reduced Drug Use		9	41%	70%	62%	-29%	▼

Data Submission Quality

Data Entry		Actual	State Avg
✓	Valid NOMS Data	97%	84%
✓	Valid TEDS Data	100%	96%

On-Time Periodic		Actual	State Avg
●	6 Month Updates	0%	6%

Co-occurring		Actual	State Avg
✓	MH Screen Complete	100%	94%
✓	SA Screen Complete	100%	90%

Diagnosis	Actual	State Avg
Valid Axis I Diagnosis	95%	99%

Bed Utilization

		12 Months Trend	Beds	Avg LOS	Turnover	Actual %	Goal %	State Avg	Actual vs Goal	
✓	Avg Utilization Rate		10	164 days	0.5	117%	90%	92%	27%	▲

< 90%	90-110%	>110%

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	% 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 25 Active Intermediate/Long Term Res.Tx 3.5 Programs

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

SOAR - COVID 19
Perception Programs Inc
Mental Health - Case Management - Outreach & Engagement

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	-	-	

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	% 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 43 Active Outreach & Engagement Programs

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

Willimantic-IOP 026735
Perception Programs Inc
Addiction - IOP - Standard IOP

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	76	68	12%	▲
Admits	27	18	50%	▲
Discharges	26	21	24%	▲
Service Hours	78	95	-18%	▼
Social Rehab/PHP/IOP Days	140	50	180%	▲

Data Submission Quality

Data Entry		Actual	State Avg
✓ Valid NOMS Data		85%	85%
✓ Valid TEDS Data		90%	87%

On-Time Periodic		Actual	State Avg
🔴 6 Month Updates		0%	4%

Co-occurring		Actual	State Avg
✓ MH Screen Complete		97%	87%
✓ SA Screen Complete		97%	87%

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

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	% Months Submitted
Admissions				100%
Discharges				100%
Services				100%

1 or more Records Submitted to DMHAS

Discharge Outcomes

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓	Treatment Completed Successfully		19	73%	50%	62%	23%	▲
🔴	Follow-up within 30 Days of Discharge		11	58%	90%	64%	-32%	▼

Recovery

National Recovery Measures (NOMS)		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
🔴	Abstinence/Reduced Drug Use		36	46%	55%	39%	-9%	
🔴	Not Arrested		41	53%	75%	68%	-22%	▼
🔴	Stable Living Situation		52	67%	95%	74%	-28%	▼
🔴	Employed		8	10%	50%	23%	-40%	▼
🔴	Self Help		12	15%	60%	11%	-45%	▼

Service Utilization

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
🔴	Clients Receiving Services		20	38%	90%	45%	-52%	▼

▲ > 10% Over   ▼ < 10% Under

🟧 Actual | Goal   ✓ Goal Met   🔴 Below Goal

* State Avg based on 55 Active Standard IOP Programs

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