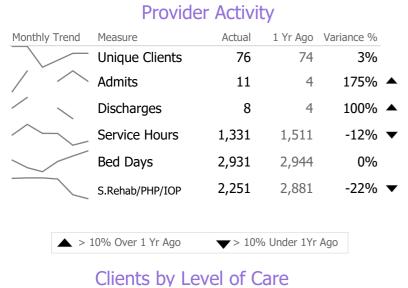
Pathways Inc.

Greenwich, CT

Connecticut Dept of Mental Health and Addiction Services Provider Quality Dashboard

Reporting Period: July 2021 - December 2021 (Data as of Apr 18, 2022)





Consumer Satisfaction Survey (Based on 53 FY21 Surveys) **Ouestion Domain** Satisfied % vs Goal% Satisfied % Goal % State Avg Overall \checkmark 96% 80% 91% Access 94% 80% 88% General Satisfaction 92% 91% 80% \checkmark ✓ Quality and Appropriateness 80% 93% 90% ✓ Respect 80% 91% 90% ✓ Participation in Treatment 80% 92% 89% V Outcome 80% 80% 83% \checkmark Recovery 80% 80% 79% 0-80% 80-100% ✓ Goal Met Satisfied % Goal % Under Goal

Client Demographics

Age	#	%	State Avg	Gender	#	%	State Avg
18-25	2	3%	9%	Male 🗾	55	72%	▲ 59%
26-34	8	11%	21%	Female 📒 📔	21	28%	▼ 41%
35-44 📕	9	12%	▼ 23%	Transgender			0%
45-54	20	26%	19%				
55-64	21	28%	19%				
65+	16	21%	▲ 9%	Race	#	%	State Avg
				White/Caucasian	66	87%	▲ 62%
Ethnicity	#	%	State Avg	Black/African American	5	7%	17%
Non-Hispanic	65	86%	▲ 68%	Asian	2	3%	1%
Unknown	6	8%	11%	Other	2	3%	13%
Hispanic-Other	5	7%	8%	Unknown	1	1%	6%
Hispanic-Cuban	-		0%	Am. Indian/Native Alaskan			0%
				Multiple Races			1%
Hispanic-Mexican			1%	Hawaiian/Other Pacific Islander			0%
Hisp-Puerto Rican			▼ 11%	1			
	Unique (Clients	State Avg	▲ > 10% Over State Avg	> 10% L	Inder S	tate Avg

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

175 Milbank Ave.GrpRes 116-240 Pathways Inc. Mental Health - Residential Services - Group Home

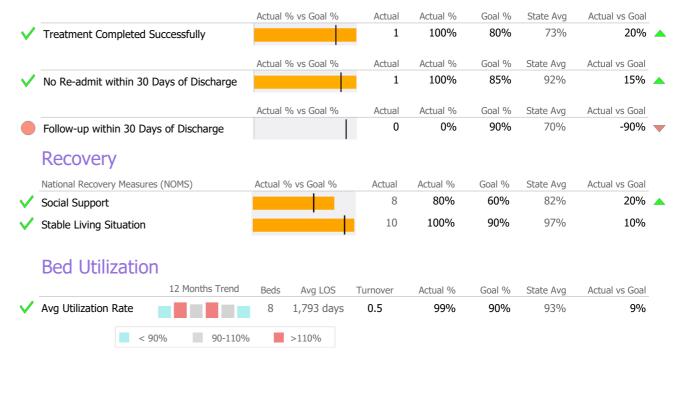
Program Activity

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	10	8	25% 🔺
Admits	2	-	
Discharges	1	-	
Bed Days	1,459	1,472	-1%

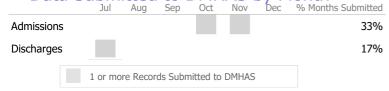
Data Submission Quality

Data Entry	Actual	State Avg
Valid NOMS Data	100)% 99%
On-Time Periodic	Act	ual State Avg
6 Month Updates	(0% 86%
Co-occurring	Act	tual State Avg
MH Screen Complete	(0% 86%
SA Screen Complete		96%
Diagnosis	Act	ual State Avg
Valid Axis I Diagnosis	100	0% 100%

Discharge Outcomes



Data Submitted to DMHAS by Month



	> 10% O	ver 🔻 < 109	% Under	
Actual	Goal	🗸 Goal Met	Below Goal	

* State Avg based on 24 Active Group Home Programs

Reporting Period: July 2021 - December 2021 (Data as of Apr 18, 2022)

Program Activity

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	8	8	0%
Admits	-	-	
Discharges	-	-	
Service Hours	158	90	77% 🔺
Bed Days	1,472	1,472	0%

Data Submission Quality

Valid Axis I Diagnosis

Data Entry	Actual State Avg	
Valid NOMS Data	100% 77	%
On-Time Periodic	Actual State A	vg
🗸 6 Month Updates	100% 93	%
Co-occurring	Actual State A	vg
MH Screen Complete	N/A 98	%
SA Screen Complete	N/A 88	%

Discharge Outcomes

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
	Treatment Completed Successfully		N/A	N/A	60%	75%	N/A
		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
	Follow-up within 30 Days of Discharge		N/A	N/A	90%	81%	N/A
	Recovery						
	National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
\checkmark	Social Support		8	100%	60%	86%	40% 🔺
\checkmark	Stable Living Situation		8	100%	95%	96%	5%
	Employed	•	1	12%	25%	13%	-13% 🔻

Bed Utilization

		12 Months Trend	Beds	Avg LOS	Turnover	Actual %	Goal %	State Avg	Actual vs Goal
\checkmark	Avg Utilization Rate		8	1,962 days	0.5	100%	90%	94%	10%
	< 90	90-110%		>110%					

Data Submitted to DMHAS by Month



100%

99%

	^ >	10% Ove	r	▼ < 10%	Under	
Act	ual	Goal	\checkmark	Goal Met	Belo	w Goal

* State Avg based on 80 Active Supervised Apartments Programs

Pathways Inc.

Mental Health - Social Rehabilitation - Social Rehabilitation

Connecticut Dept of Mental Health and Addiction Services Program Quality Dashboard

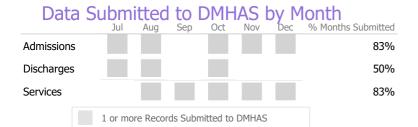
Reporting Period: July 2021 - December 2021 (Data as of Apr 18, 2022)

Program Activity

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	46	42	10%
Admits	5	-	
Discharges	3	-	
Service Hours	-	-	
Social Rehab/PHP/IOP Days	2,251	2,881	-22% 🔻

Service Utilization

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Clients Receiving Services		41	95%	90%	70%	5%



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

* State Avg based on 34 Active Social Rehabilitation Programs

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

Reporting Period: July 2021 - December 2021 (Data as of Apr 18, 2022)

Program Activity

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	34	37	-8%
Admits	3	4	-25% 🔻
Discharges	3	4	-25% 🔻
Service Hours	551	636	-13% 🔻

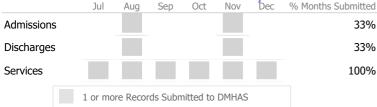
Data Submission Quality

Data Entry	Actual	State Avg
Valid NOMS Data	100%	83%
	·	
On-Time Periodic	Actual	State Avg
6 Month Updates	54%	83%
Co-occurring	Actual	State Avg
MH Screen Complete	0%	96%
SA Screen Complete	0%	95%
Diagnosis	Actual	State Avg
Valid Axis I Diagnosis	100%	98%

Discharge Outcomes

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
	Treatment Completed Successfully		1	33%	65%	57%	-32%	
	Recovery							
	National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
\checkmark	Social Support		33	97%	60%	80%	37%	
\checkmark	Stable Living Situation	· · · ·	34	100%	80%	86%	20%	
	Employed		5	15%	20%	14%	-5%	
	Service Utilization							
		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
\checkmark	Clients Receiving Services		31	100%	90%	98%	10%	

Data Submitted to DMHAS by Month



	> 10% 0	ver v < 10 ⁰	% Under
Actual	Goal	🗸 Goal Met	Below Goal

^{*} State Avg based on 36 Active CSP Programs

Suppv Housing PILOTS 116-551

Pathways Inc.

Mental Health - Case Management - Supportive Housing - Scattered Site

Connecticut Dept of Mental Health and Addiction Services

Reporting Period: July 2021 - December 2021 (Data as of Apr 18, 2022)

Program Quality Dashboard

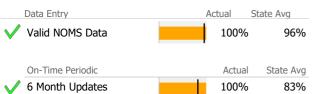
Program Activity

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	11	10	10%
Admits	1	-	
Discharges	1	-	
Service Hours	622	786	-21% 🔻

Recovery

	National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
\checkmark	Stable Living Situation		10	91%	85%	88%	6%
	Service Utilization						
		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
\checkmark	Clients Receiving Services		10	100%	90%	96%	10%

Data Submission Quality



Data Submitted to Jul Aug DMHAS by Month Jul Aug Sep Oct Nov Dec % Months Submitted Admissions 17% Discharges 17% Services 100%

1 or more Records Submitted to DMHAS

	> 10% 0	/er	V < 100	% Under	
Actual	Goal	V	Goal Met	Belo	w Goal

* State Avg based on 109 Active Supportive Housing – Scattered Site Programs