Perception Programs Inc
Willimantic, CT

Connecticut Dept of Mental Health and Addiction Services
Provider Quality Dashboard
Reporting Period: July 2021 - December 2021   (Data as of Apr 18, 2022)

Provider Activity

Monthly Trend	Measure	Actual	1 Yr Ago	Variance %	
	Unique Clients	1,218	951	28%	▲
	Admits	493	337	46%	▲
	Discharges	354	269	32%	▲
	Service Hours	4,053	3,420	18%	▲
	Bed Days	5,096	2,118	141%	▲
	S.Rehab/PHP/IOP	465	50	830%	

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

Clients by Level of Care

Program Type	Level of Care Type		#	%
Addiction				
	Outpatient		1,116	80.3%
	IOP		117	8.4%
	Case Management		72	5.2%
	Residential Services		59	4.2%
Mental Health				
	Case Management		26	1.9%

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

	#	%	State Avg
18-25	114	10%	9%
26-34	295	26%	21%
35-44	340	30%	23%
45-54	233	20%	19%
55-64	133	12%	19%
65+	35	3%	9%

Gender

	#	%		State Avg
Female	631	52%	▲	41%
Male	585	48%	▼	59%
Transgender				0%

Ethnicity

	#	%	State Avg
Non-Hispanic	891	73%	68%
Hisp-Puerto Rican	195	16%	11%
Hispanic-Other	74	6%	8%
Unknown	45	4%	11%
Hispanic-Mexican	12	1%	1%
Hispanic-Cuban	1	0%	0%

Race

	#	%		State Avg
White/Caucasian	904	74%	▲	62%
Other	141	12%		13%
Black/African American	92	8%		17%
Unknown	62	5%		6%
Asian	7	1%		1%
Hawaiian/Other Pacific Islander	5	0%		0%
Am. Indian/Native Alaskan	4	0%		0%
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 - December 2021 (Data as of Apr 18, 2022)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	796	618	29%	▲
Admits	198	182	9%	
Discharges	150	96	56%	▲
Service Hours	2,218	2,106	5%	

Data Submission Quality

Data Entry		Actual	State Avg
✓	Valid NOMS Data	92%	87%
✓	Valid TEDS Data	86%	87%

On-Time Periodic		Actual	State Avg
●	6 Month Updates	0%	18%

Co-occurring	Actual	State Avg
MH Screen Complete	92%	95%
SA Screen Complete	92%	95%

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

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	% 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		99	66%	50%	50%	16%	▲

Recovery

National Recovery Measures (NOMS)		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
●	Not Arrested		426	52%	75%	74%	-23%	▼
●	Abstinence/Reduced Drug Use		256	31%	55%	39%	-24%	▼
●	Employed		165	20%	50%	30%	-30%	▼
●	Stable Living Situation		454	56%	95%	72%	-39%	▼
●	Self Help		96	12%	60%	14%	-48%	▼

Service Utilization

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
● Clients Receiving Services		297	45%	90%	55%	-45%	▼

Service Engagement

Outpatient		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
●	2 or more Services within 30 days		121	64%	75%	63%	-11%	▼

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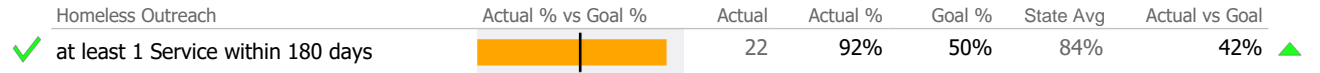
■ Actual | Goal   ✓ Goal Met   ● Below Goal

* State Avg based on 107 Active Standard Outpatient Programs

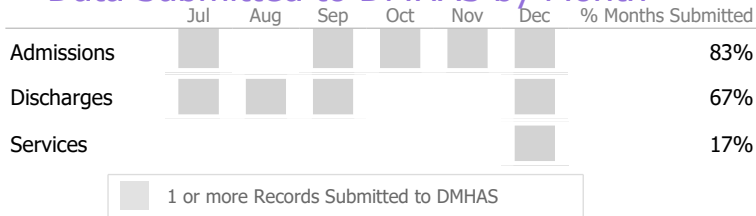Variances in data may be indicative of operational adjustments related to the pandemic.

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 - December 2021 (Data as of Apr 18, 2022)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	72	95	-24%	▼
Admits	24	19	26%	▲
Discharges	8	52	-85%	▼
Service Hours	128	200	-36%	▼

Service Engagement

Homeless Outreach		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓	at least 1 Service within 180 days		22	92%	50%	84%	42%	▲

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	% Months Submitted
Admissions	▢		▢	▢	▢	▢	83%
Discharges	▢	▢	▢			▢	67%
Services						▢	17%

▢ 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 - December 2021 (Data as of Apr 18, 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%	93%	-50%	▼
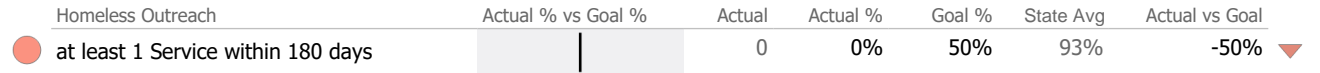
Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	% 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 47 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 - December 2021 (Data as of Apr 18, 2022)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	42	6	600%	▲
Admits	38	-		
Discharges	31	1	3000%	▲
Service Hours	86	-		
Social Rehab/PHP/IOP Days	161	0		

Data Submission Quality

Data Entry		Actual	State Avg
✓	Valid NOMS Data	95%	83%
✓	Valid TEDS Data	97%	86%

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

Co-occurring		Actual	State Avg
✓	MH Screen Complete	100%	86%
✓	SA Screen Complete	96%	86%

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

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	% 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		18	58%	50%	56%	8%	
🔴	Follow-up within 30 Days of Discharge		10	56%	90%	65%	-34%	▼

Recovery

National Recovery Measures (NOMS)		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓	Abstinence/Reduced Drug Use		29	63%	55%	47%	8%	
✓	Not Arrested		35	76%	75%	74%	1%	
🔴	Stable Living Situation		39	85%	95%	84%	-10%	
🔴	Employed		12	26%	50%	29%	-24%	▼
🔴	Self Help		5	11%	60%	13%	-49%	▼

Service Utilization

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
🔴	Clients Receiving Services		8	53%	90%	57%	-37%	▼

▲ > 10% Over   ▼ < 10% Under

▮ Actual | Goal   ✓ Goal Met   🔴 Below Goal

* State Avg based on 57 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 - December 2021 (Data as of Apr 18, 2022)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	336	241	39%	▲
Admits	137	76	80%	▲
Discharges	88	51	73%	▲
Service Hours	1,434	880	63%	▲

Data Submission Quality

Data Entry		Actual	State Avg
✓ Valid NOMS Data		96%	87%
Valid TEDS Data		72%	87%

On-Time Periodic		Actual	State Avg
● 6 Month Updates		0%	18%

Co-occurring		Actual	State Avg
MH Screen Complete		78%	95%
SA Screen Complete		77%	95%

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

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	% 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		55	62%	50%	50%	12%	▲

Recovery

National Recovery Measures (NOMS)		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
●	Not Arrested		247	70%	75%	74%	-5%	
●	Abstinence/Reduced Drug Use		128	36%	55%	39%	-19%	▼
●	Stable Living Situation		264	75%	95%	72%	-20%	▼
●	Employed		101	29%	50%	30%	-21%	▼
●	Self Help		11	3%	60%	14%	-57%	▼

Service Utilization

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
●	Clients Receiving Services		199	76%	90%	55%	-14%	▼

Service Engagement

Outpatient		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
● 2 or more Services within 30 days			94	72%	75%	63%	-3%

▲ > 10% Over   ▼ < 10% Under

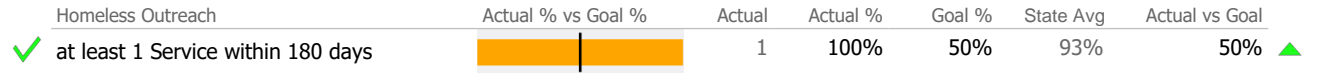| ▬ Actual		Goal	✓ Goal Met	● Below Goal

* State Avg based on 107 Active Standard Outpatient Programs

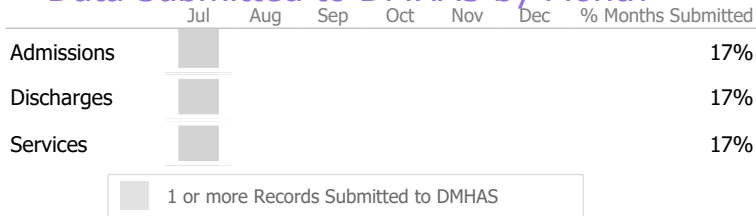Variances in data may be indicative of operational adjustments related to the pandemic.

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 - December 2021 (Data as of Apr 18, 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	25	-67%	▼

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%	93%	50%	▲

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	% Months Submitted
Admissions	▢						17%
Discharges	▢						17%
Services	▢						17%

▢ 1 or more Records Submitted to DMHAS

▲ > 10% Over   ▼ < 10% Under

◼ Actual | Goal   ✓ Goal Met   ● Below Goal

* State Avg based on 47 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 - December 2021 (Data as of Apr 18, 2022)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	28	12	133%	▲
Admits	15	9	67%	▲
Discharges	12	8	50%	▲
Bed Days	2,532	954	165%	▲

Discharge Outcomes

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
🔴	Treatment Completed Successfully		8	67%	70%	67%	-3%	
✓	No Re-admit within 30 Days of Discharge		12	100%	85%	93%	15%	▲
🔴	Follow-up within 30 Days of Discharge		3	38%	90%	69%	-52%	▼

Data Submission Quality

Data Entry		Actual	State Avg
✓	Valid NOMS Data	99%	86%
✓	Valid TEDS Data	100%	96%

On-Time Periodic		Actual	State Avg
🔴	6 Month Updates	0%	11%

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

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		24	86%	70%	66%	16%	▲

Bed Utilization

		12 Months Trend	Beds	Avg LOS	Turnover	Actual %	Goal %	State Avg	Actual vs Goal	
✓	Avg Utilization Rate		10	177 days	0.2	138%	90%	96%	48%	▲

	< 90%		90-110%		>110%

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	% 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.

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 - December 2021 (Data as of Apr 18, 2022)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	31	20	55%	▲
Admits	23	16	44%	▲
Discharges	15	11	36%	▲
Bed Days	2,564	1,164	120%	▲

Discharge Outcomes

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
🔴	Treatment Completed Successfully		8	53%	70%	67%	-17%	▼
✅	No Re-admit within 30 Days of Discharge		13	87%	85%	93%	2%	
🔴	Follow-up within 30 Days of Discharge		4	50%	90%	69%	-40%	▼

Recovery

	National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
🔴	Abstinence/Reduced Drug Use		17	53%	70%	66%	-17%	▼

Data Submission Quality

	Data Entry		Actual	State Avg
✅	Valid NOMS Data		98%	86%
✅	Valid TEDS Data		100%	96%

	On-Time Periodic		Actual	State Avg
🔴	6 Month Updates		0%	11%

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

	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		10	203 days	0.2	139%	90%	96%	49%	▲

🟦 < 90%   ⬜ 90-110%   🟥 >110%

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	% 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.

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 - December 2021 (Data as of Apr 18, 2022)

Program Activity

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	4		
Admits	4	-	
Discharges	-	-	
Service Hours	-	-	

Service Engagement

Homeless Outreach	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
✓ at least 1 Service within 180 days		2	50%	50%	93%	0%

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	% Months Submitted
Admissions							33%
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 47 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 - December 2021 (Data as of Apr 18, 2022)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	75	63	19%	▲
Admits	53	29	83%	▲
Discharges	47	45	4%	
Service Hours	178	202	-12%	▼
Social Rehab/PHP/IOP Days	304	50	508%	▲

Discharge Outcomes

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓	Treatment Completed Successfully		32	68%	50%	56%	18%	▲
●	Follow-up within 30 Days of Discharge		19	59%	90%	65%	-31%	▼

Recovery

	National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓	Abstinence/Reduced Drug Use		56	72%	55%	47%	17%	▲
●	Stable Living Situation		72	92%	95%	84%	-3%	
●	Not Arrested		55	71%	75%	74%	-4%	
●	Employed		16	21%	50%	29%	-29%	▼
●	Self Help		16	21%	60%	13%	-39%	▼

Service Utilization

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
●	Clients Receiving Services		22	71%	90%	57%	-19%	▼

Data Submission Quality

Data Entry		Actual	State Avg
✓	Valid NOMS Data	84%	83%
✓	Valid TEDS Data	95%	86%

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

Co-occurring		Actual	State Avg
✓	MH Screen Complete	94%	86%
✓	SA Screen Complete	94%	86%

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

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	% 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 57 Active Standard IOP Programs

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