SCADD
Lebanon, 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	1,176	1,261	-7%	
	Admits	1,173	1,178	0%	
	Discharges	1,196	1,225	-2%	
	Service Hours	1,784	2,377	-25%	▼
	Bed Days	22,419	14,845	51%	▲
	S.Rehab/PHP/IOP	264	525	-50%	▼

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

Clients by Level of Care

Program Type	Level of Care Type	#	%
Addiction			
	Residential Services	807	60.8%
	Outpatient	243	18.3%
	Medication Assisted Treatment	42	3.2%
	IOP	30	2.3%
Forensic SA			
	Forensics Community-based	165	12.4%
	Case Management	40	3.0%

Consumer Satisfaction Survey (Based on 278 FY21 Surveys)

	Question Domain	Satisfied % vs Goal%	Satisfied %	Goal %	State Avg
✔	Participation in Treatment		86%	80%	92%
●	Quality and Appropriateness		78%	80%	93%
●	Recovery		77%	80%	79%
●	Overall		76%	80%	91%
●	General Satisfaction		76%	80%	92%
●	Outcome		75%	80%	83%
●	Respect		75%	80%	91%
●	Access		73%	80%	88%

Satisfied % | Goal %   0-80%   80-100%   Goal Met   ● Under Goal

Client Demographics

Age	#	%	State Avg
18-25	79	7%	9%
26-34	351	30%	21%
35-44	341	29%	23%
45-54	232	20%	19%
55-64	157	13%	19%
65+	16	1%	9%

Gender	#	%		State Avg
Male	939	80%	▲	59%
Female	235	20%	▼	41%
Transgender				0%

Ethnicity	#	%		State Avg
Non-Hispanic	942	80%	▲	68%
Hisp-Puerto Rican	135	11%		11%
Hispanic-Other	48	4%		8%
Unknown	43	4%		11%
Hispanic-Mexican	5	0%		1%
Hispanic-Cuban	3	0%		0%

Race	#	%		State Avg
White/Caucasian	853	73%	▲	62%
Black/African American	181	15%		17%
Other	94	8%		13%
Unknown	24	2%		6%
Am. Indian/Native Alaskan	10	1%		0%
Asian	7	1%		1%
Hawaiian/Other Pacific Islander	4	0%		0%
Multiple Races	3	0%		1%

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.

Bank St 922402

SCADD

Addiction - Residential Services - Transitional/Halfway House 3.1

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	29	29	0%
Admits	24	22	9%
Discharges	21	22	-5%
Bed Days	1,457	1,431	2%

Discharge Outcomes

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
🔴	Treatment Completed Successfully		14	67%	85%	64%	-18% ▼
✓	No Re-admit within 30 Days of Discharge		19	90%	85%	82%	5%
✓	Follow-up within 30 Days of Discharge		14	100%	90%	74%	10%

Data Submission Quality

Data Entry		Actual	State Avg
✓	Valid NOMS Data	97%	88%
✓	Valid TEDS Data	100%	93%

On-Time Periodic		Actual	State Avg
	6 Month Updates	N/A	33%

Co-occurring		Actual	State Avg
✓	MH Screen Complete	100%	97%
✓	SA Screen Complete	100%	97%

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		28	97%	70%	83%	27% ▲
🔴	Employed		12	41%	60%	38%	-19% ▼

Bed Utilization

	12 Months Trend	Beds	Avg LOS	Turnover	Actual %	Goal %	State Avg	Actual vs Goal
🔴 Avg Utilization Rate		10	76 days	0.3	79%	90%	83%	-11% ▼

■ < 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 8 Active Transitional/Halfway House 3.1 Programs

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

Coit St Women-DMHAS 922401
SCADD
Addiction - Residential Services - Transitional/Halfway House 3.1

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	23	19	21%	▲
Admits	14	9	56%	▲
Discharges	15	14	7%	
Bed Days	1,554	1,273	22%	▲

Discharge Outcomes

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
🔴	Treatment Completed Successfully		9	60%	85%	64%	-25%	▼
✔	No Re-admit within 30 Days of Discharge		13	87%	85%	82%	2%	
✔	Follow-up within 30 Days of Discharge		9	100%	90%	74%	10%	

Data Submission Quality

Data Entry		Actual	State Avg
✔	Valid NOMS Data	99%	88%
✔	Valid TEDS Data	100%	93%

On-Time Periodic	Actual	State Avg
6 Month Updates	N/A	33%

Co-occurring		Actual	State Avg
✔	MH Screen Complete	100%	97%
✔	SA Screen Complete	100%	97%

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		21	91%	70%	83%	21%	▲
🔴	Employed		5	22%	60%	38%	-38%	▼

Bed Utilization

		12 Months Trend	Beds	Avg LOS	Turnover	Actual %	Goal %	State Avg	Actual vs Goal	
🔴	Avg Utilization Rate		11	117 days	0.4	77%	90%	83%	-13%	▼

■ < 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 8 Active Transitional/Halfway House 3.1 Programs

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

Detox 922600
SCADD
Addiction - Residential Services - Medically Monitored Detox 3.7D

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	528	464	14%	▲
Admits	607	544	12%	▲
Discharges	611	555	10%	
Bed Days	2,427	2,332	4%	

Discharge Outcomes

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
🔴	Treatment Completed Successfully		405	66%	80%	68%	-14%	▼
🔴	No Re-admit within 30 Days of Discharge		497	81%	85%	80%	-4%	
🔴	Follow-up within 30 Days of Discharge		247	61%	90%	55%	-29%	▼

Data Submission Quality

Data Entry		Actual	State Avg
✔	Valid NOMS Data	96%	84%
✔	Valid TEDS Data	100%	98%

On-Time Periodic	Actual	State Avg
6 Month Updates	N/A	N/A

Co-occurring		Actual	State Avg
✔	MH Screen Complete	96%	96%
✔	SA Screen Complete	96%	96%

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		20	4 days	0.0	66%	90%	71%	-24%	▼

■ < 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 7 Active Medically Monitored Detox 3.7D Programs

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

Lebanon Pines-CSSD 922702
SCADD
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	26	23	13%	▲
Admits	17	18	-6%	
Discharges	19	20	-5%	
Bed Days	1,799	1,645	9%	

Discharge Outcomes

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓	Treatment Completed Successfully		14	74%	70%	67%	4%	
✓	No Re-admit within 30 Days of Discharge		18	95%	85%	93%	10%	
🔴	Follow-up within 30 Days of Discharge		9	64%	90%	69%	-26%	▼

Data Submission Quality

Data Entry		Actual	State Avg
✓	Valid NOMS Data	89%	86%
✓	Valid TEDS Data	100%	96%

On-Time Periodic		Actual	State Avg
	6 Month Updates	N/A	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		20	77%	70%	66%	7%

Bed Utilization

		12 Months Trend	Beds	Avg LOS	Turnover	Actual %	Goal %	State Avg	Actual vs Goal
🔴	Avg Utilization Rate		11	111 days	0.3	89%	90%	96%	-1%

■ < 90%   ■ 90-110%   ■ >110%

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	% Months Submitted
Admissions	■	■	■	■	■		83%
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.

Lebanon Pines-DMHAS 922701
SCADD
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	262	123	113%	▲
Admits	222	124	79%	▲
Discharges	212	107	98%	▲
Bed Days	13,453	6,816	97%	▲

Discharge Outcomes

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
🔴	Treatment Completed Successfully		112	53%	70%	67%	-17%	▼
✓	No Re-admit within 30 Days of Discharge		188	89%	85%	93%	4%	
🔴	Follow-up within 30 Days of Discharge		82	73%	90%	69%	-17%	▼

Data Submission Quality

Data Entry		Actual	State Avg
	Valid NOMS Data	77%	86%
✓	Valid TEDS Data	100%	96%

On-Time Periodic	Actual	State Avg
6 Month Updates	N/A	11%

Co-occurring	Actual	State Avg
MH Screen Complete	88%	94%
SA Screen Complete	88%	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		150	57%	70%	66%	-13%	▼

Bed Utilization

		12 Months Trend	Beds	Avg LOS	Turnover	Actual %	Goal %	State Avg	Actual vs Goal
✓	Avg Utilization Rate		76	71 days	0.2	96%	90%	96%	6%

🟦 < 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.

Main St Men 922403
SCADD
Addiction - Residential Services - Transitional/Halfway House 3.1

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	39	33	18%	▲
Admits	28	27	4%	
Discharges	28	32	-13%	▼
Bed Days	1,729	1,348	28%	▲

Discharge Outcomes

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
🔴	Treatment Completed Successfully		20	71%	85%	64%	-14%	▼
✓	No Re-admit within 30 Days of Discharge		25	89%	85%	82%	4%	
🔴	Follow-up within 30 Days of Discharge		15	75%	90%	74%	-15%	▼

Data Submission Quality

Data Entry		Actual	State Avg
	Valid NOMS Data	78%	88%
✓	Valid TEDS Data	100%	93%

On-Time Periodic	Actual	State Avg
6 Month Updates	N/A	33%

Co-occurring		Actual	State Avg
✓	MH Screen Complete	100%	97%
✓	SA Screen Complete	100%	97%

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		37	95%	70%	83%	25%	▲
🔴	Employed		4	10%	60%	38%	-50%	▼

Bed Utilization

		12 Months Trend	Beds	Avg LOS	Turnover	Actual %	Goal %	State Avg	Actual vs Goal	
🔴	Avg Utilization Rate		13	71 days	0.3	72%	90%	83%	-18%	▼

■ < 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 8 Active Transitional/Halfway House 3.1 Programs

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

New London IOP 922750
SCADD
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	30	47	-36%	▼
Admits	27	41	-34%	▼
Discharges	21	37	-43%	▼
Service Hours	25	126	-80%	▼
Social Rehab/PHP/IOP Days	264	525	-50%	▼

Data Submission Quality

Data Entry	Actual % vs State Avg	Actual	State Avg
Valid NOMS Data		50%	83%
✓ Valid TEDS Data		100%	86%

On-Time Periodic		Actual	State Avg
6 Month Updates		N/A	0%

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

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

Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
🔴 Treatment Completed Successfully		6	29%	50%	56%	-21%	▼
🔴 Follow-up within 30 Days of Discharge		5	83%	90%	65%	-7%	

Recovery

National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
🔴 Stable Living Situation		25	81%	95%	84%	-14%	▼
🔴 Abstinence/Reduced Drug Use		10	32%	55%	47%	-23%	▼
🔴 Employed		8	26%	50%	29%	-24%	▼
🔴 Not Arrested		5	16%	75%	74%	-59%	▼
🔴 Self Help		0	0%	60%	13%	-60%	▼

Service Utilization

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
🔴 Clients Receiving Services		8	80%	90%	57%	-10%

Data Submitted to DMHAS by Month

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

☐ 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.

New London Outpatient 922407
SCADD
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	243	430	-43%	▼
Admits	161	318	-49%	▼
Discharges	174	333	-48%	▼
Service Hours	1,323	2,013	-34%	▼

Data Submission Quality

Data Entry		Actual	State Avg
	Valid NOMS Data	57%	87%
✓	Valid TEDS Data	99%	87%

On-Time Periodic		Actual	State Avg
✓	6 Month Updates	100%	18%

Co-occurring		Actual	State Avg
✓	MH Screen Complete	100%	95%
✓	SA Screen Complete	100%	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		88	51%	50%	50%	1%

Recovery

National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓ Abstinence/Reduced Drug Use		143	57%	55%	39%	2%	
🔴 Stable Living Situation		225	89%	95%	72%	-6%	
🔴 Employed		111	44%	50%	30%	-6%	
🔴 Self Help		26	10%	60%	14%	-50%	▼
🔴 Not Arrested		43	17%	75%	74%	-58%	▼

Service Utilization

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
✓ Clients Receiving Services		77	97%	90%	55%	7%

Service Engagement

Outpatient	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
🔴 2 or more Services within 30 days		106	68%	75%	63%	-7%

▲ > 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.

Post-Release Transitional Forensic Case Management
SCADD
Forensic SA - Case Management - Standard Case Management

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	29	-3%	
Admits	18	17	6%	
Discharges	21	23	-9%	
Service Hours	251	116	117%	▲

Data Submission Quality

Data Entry		Actual	State Avg
✔ Valid NOMS Data		100%	99%

On-Time Periodic		Actual	State Avg
✔ 6 Month Updates		100%	7%

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		17	81%	50%	73%	31%	▲

Recovery

National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✔ Self Help		28	100%	60%	62%	40%	▲
✔ Social Support		26	93%	60%	76%	33%	▲
✔ Employed		13	46%	20%	27%	26%	▲
✔ Stable Living Situation		28	100%	80%	62%	20%	▲

Service Utilization

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
✔ Clients Receiving Services		7	100%	90%	61%	10%

▲ > 10% Over	▼ < 10% Under

■ Actual		Goal	✔ Goal Met	● Below Goal

* State Avg based on 8 Active Standard Case Management Programs

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

Pre-Release Transitional Forensic Case Management
SCADD
Forensic SA - Case Management - Standard Case Management

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	30	16	88%	▲
Admits	20	11	82%	▲
Discharges	22	11	100%	▲
Service Hours	41	27	53%	▲

Data Submission Quality

Data Entry	Actual % vs Goal %	Actual	State Avg
✓ Valid NOMS Data		100%	99%

On-Time Periodic		Actual	State Avg
✓ 6 Month Updates		100%	7%

Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓ Treatment Completed Successfully		21	95%	50%	73%	45%	▲

Recovery

National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓ Self Help		30	100%	60%	62%	40%	▲
✓ Social Support		26	87%	60%	76%	27%	▲
✓ Employed		11	37%	20%	27%	17%	▲
● Stable Living Situation		20	67%	80%	62%	-13%	▼

Service Utilization

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓ Clients Receiving Services		8	100%	90%	61%	10%	

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 8 Active Standard Case Management Programs

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

PTIP-Main Street 922705
SCADD
Forensic SA - Forensics Community-based - Pre-trial Intervention Programs

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	134	177	-24%	▼
Admits	-	11	-100%	▼
Discharges	13	27	-52%	▼

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	% Months Submitted
Admissions							0%
Discharges	�	☐	☐	☐	☐		83%

☐ 1 or more Records Submitted to DMHAS

▲ > 10% Over   ▼ < 10% Under

■ Actual | Goal   ✓ Goal Met   ● Below Goal
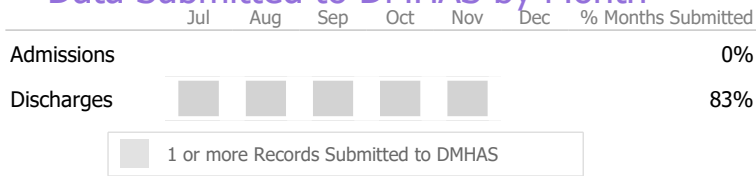
* State Avg based on 16 Active Pre-trial Intervention Programs Programs

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

SOR E-MAT
SCADD
Addiction - Medication Assisted Treatment - Buprenorphine Maintenance

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	37	14%	▲
Admits	16	17	-6%	
Discharges	20	15	33%	▲
Service Hours	145	74	97%	▲

Data Submission Quality

Data Entry		Actual	State Avg
	Valid NOMS Data	74%	91%
✓	Valid TEDS Data	100%	92%

On-Time Periodic		Actual	State Avg
✓	6 Month Updates	93%	24%

Co-occurring		Actual	State Avg
✓	MH Screen Complete	100%	75%
✓	SA Screen Complete	100%	93%

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		▢	▢	▢	▢		67%
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		10	50%	50%	48%	0%	

Recovery

	National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓	Abstinence/Reduced Drug Use		37	88%	55%	41%	33%	▲
✓	Stable Living Situation		42	100%	95%	59%	5%	
●	Self Help		20	48%	60%	14%	-12%	▼
●	Employed		15	36%	50%	20%	-14%	▼
●	Not Arrested		21	50%	75%	62%	-25%	▼

Service Utilization

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓	Clients Receiving Services		20	91%	90%	37%	1%	
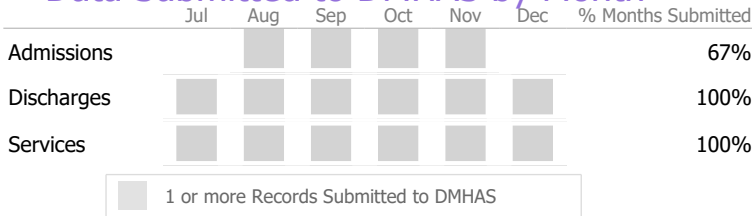
Legend:
▲ > 10% Over   ▼ < 10% Under

▮ Actual | Goal   ✓ Goal Met   ● Below Goal

* State Avg based on 20 Active Buprenorphine Maintenance Programs

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

SOR MAT Employment
SCADD
Addiction - Medication Assisted Treatment - Buprenorphine Maintenance

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	0	15		▼
Admits	-	11	-100%	▼
Discharges	-	15	-100%	▼
Service Hours	-	3	-100%	▼

Data Submission Quality

Data Entry		Actual	State Avg
Valid NOMS Data		N/A	91%
Valid TEDS Data		N/A	92%

On-Time Periodic		Actual	State Avg
6 Month Updates		N/A	24%

Co-occurring		Actual	State Avg
MH Screen Complete		N/A	75%
SA Screen Complete		N/A	93%

Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Treatment Completed Successfully		N/A	N/A	50%	48%	N/A

Recovery

National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Abstinence/Reduced Drug Use		N/A	N/A	55%	41%	-55%	▼
Employed		N/A	N/A	50%	20%	-50%	▼
Not Arrested		N/A	N/A	75%	62%	-75%	▼
Self Help		N/A	N/A	60%	14%	-60%	▼
Stable Living Situation		N/A	N/A	95%	59%	-95%	▼

Service Utilization

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Clients Receiving Services		N/A	N/A	90%	37%	N/A	▼

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	% 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 20 Active Buprenorphine Maintenance Programs

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

SOR-MAT-Naltrexone
SCADD
Addiction - Medication Assisted Treatment - Naltrexone

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	0		
Admits	-	-	
Discharges	-	-	
Service Hours	-	-	

Data Submission Quality

Data Entry		Actual	State Avg
Valid NOMS Data		N/A	95%
Valid TEDS Data		N/A	100%

On-Time Periodic		Actual	State Avg
6 Month Updates		N/A	5%

Co-occurring		Actual	State Avg
MH Screen Complete		N/A	87%
SA Screen Complete		N/A	96%

Discharge Outcomes

	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
● Abstinence/Reduced Drug Use		N/A	N/A	55%	66%	-55% ▼
● Employed		N/A	N/A	50%	50%	-50% ▼
● Not Arrested		N/A	N/A	75%	89%	-75% ▼
● Self Help		N/A	N/A	60%	39%	-60% ▼
● Stable Living Situation		N/A	N/A	95%	84%	-95% ▼

Service Utilization

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
● Clients Receiving Services		N/A	N/A	90%	84%	N/A ▼

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	% 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 6 Active Naltrexone Programs

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

STR TPP - New London
SCADD
Forensic SA - Forensics Community-based - Court Liaison-Jail Diversion

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	32	53	-40%	▼
Admits	19	7	171%	▲
Discharges	19	13	46%	▲
Service Hours	-	20	-100%	▼

Service Utilization
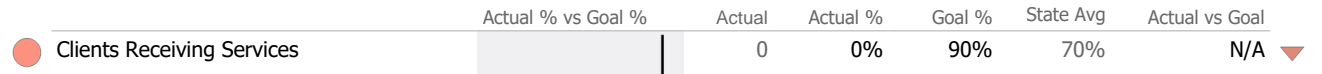
	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
⬤ Clients Receiving Services		0	0%	90%	70%	N/A	▼

Jail Diversion

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
✓ Follow-up Service within 48 hours		0	0%	0%	63%	0%

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	% Months Submitted
Admissions	▢	▢	▢	▢	▢	▢	100%
Discharges		▢	▢	▢	▢	▢	83%
Services	▢						17%

▢ 1 or more Records Submitted to DMHAS
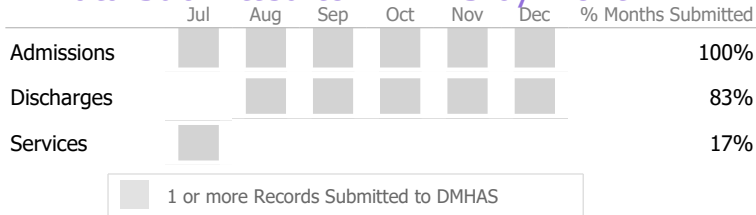
▲ > 10% Over   ▼ < 10% Under

◼ Actual | Goal   ✓ Goal Met   ⬤ Below Goal

* State Avg based on 5 Active Court Liaison-Jail Diversion Programs

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