

0%

Unique Clients State Avg

0%

▲ > 10% Over State Avg

▼ > 10% Under State Avg

Hispanic-Cuban

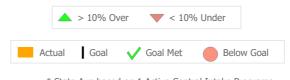
Connecticut Dept of Mental Health and Addiction Services Program Quality Dashboard

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

Program Activity

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	656	629	4%
Admits	807	761	6%
Discharges	807	761	6%

Data	Jul	Aug	Sep	Oct	Nov		% Months Submitted
Admissions							100%
Discharges							100%



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	56	36	56%	•
Admits	17	15	13%	•
Discharges	12	11	9%	
Service Hours	198	197	1%	

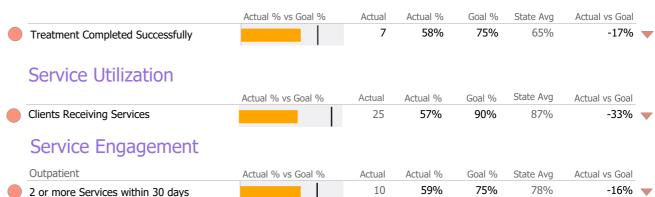
Data Submission Quality

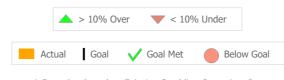
Data Entry	Actı	ıal	State Avg
Valid NOMS Data		74%	95%
✓ Valid TEDS Data		67%	38%
On-Time Periodic		Actual	State Avg
6 Month Updates		16%	76%
Co-occurring		Actual	State Avg
✓ MH Screen Complete		100%	96%
✓ SA Screen Complete		100%	97%
Diagnosis		Actual	State Avg
Valid Axis I Diagnosis		100%	99%

Data Submitted to DMHAS by Month

Data		Jul	Aua	Sep		Oct		Vov		Dec	% Months Submitted
Admissions											100%
Discharges											100%
Services											100%
	1 0	or more	e Record	s Sub	mit	ted to	DM	1HAS	5		

Discharge Outcomes





* State Avg based on 7 Active Gambling Outpatient Programs

Wheeler Clinic

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

Program Activity

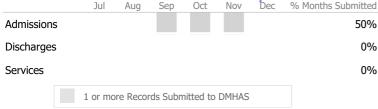
Measure	Actual	1 Yr Ago	Variance %
Unique Clients	21		
Admits	21	-	
Discharges	-	-	
Service Hours	107	-	

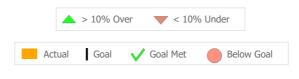
Data Submission Quality

Data Entry	Act	ual	State Avg
Valid NOMS Data		86%	94%
On-Time Periodic		Actual	State Avg
6 Month Updates		N/A	56%

Discharge Outcomes

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
	Treatment Completed Successfully		N/A	N/A	50%	69%	N/A
	Recovery						
	National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
/	Stable Living Situation		18	86%	80%	80%	6%
	Employed		4	19%	20%	29%	-1%
	Self Help	·	12	57%	60%	51%	-3%
	Service Utilization						
		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
/	Clients Receiving Services		19	90%	90%	77%	0%





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	33	30	10%	
Admits	5	3	67% 🔺	
Discharges	8	4	100% 🔺	
Service Hours	121	204	-41% ▼	

Service Engagement







^{*} State Avg based on 22 Active Outreach & Engagement Programs

Data Entry

Valid NOMS Data

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

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	10	11	-9%	
Admits	-	-		
Discharges	-	1	-100%	•
Service Hours	-	-		
Social Rehab/PHP/IOP Days	0	0		

State Avg

83%

Data Submission Quality

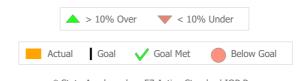
Valid TEDS Data		N/A	86%
On-Time Periodic		Actual	State Avg
6 Month Updates		0%	0%
Co-occurring		Actual	State Avg
MH Screen Complete		N/A	86%
SA Screen Complete	į	N/A	86%
Diagnosis		Actual	State Avg
✓ Valid Axis I Diagnosis		100%	100%

Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Treatment Completed Successfully		N/A	N/A	50%	56%	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%	65%	N/A	
Recovery							
National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Employed		0	0%	50%	29%	-50%	
Abstinence/Reduced Drug Use		0	0%	55%	47%	-55%	
Self Help	Ì	0	0%	60%	13%	-60%	
Not Arrested	·	0	0%	75%	74%	-75%	
Stable Living Situation	·	0	0%	95%	84%	-95%	
Service Utilization							
	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Clients Receiving Services		0	0%	90%	57%	N/A	







^{*} State Avg based on 57 Active Standard IOP Programs

Program Activity

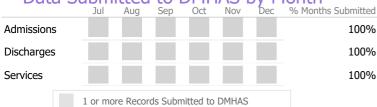
Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	69	78	-12%	lacktriangle
Admits	20	18	11%	•
Discharges	17	23	-26%	•
Service Hours	214	72	196%	•

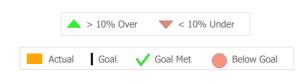
Data Submission Quality

Data Entry	Actual	State Avg
Valid NOMS Data	72%	87%
✓ Valid TEDS Data	91%	87%
On-Time Periodic	Actua	l State Avg
✓ 6 Month Updates	42%	18%
Co-occurring	Actua	l State Avg
✓ MH Screen Complete	100%	95%
✓ SA Screen Complete	100%	95%
Diagnosis	Actua	l State Avg
✓ Valid Axis I Diagnosis	100%	99%

Discharge Outcomes







^{*} State Avg based on 107 Active Standard Outpatient Programs

SA Screen Complete

Connecticut Dept of Mental Health and Addiction Services Program Quality Dashboard

State Avo

Actual vs Goal

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

Actual %

Program Activity

Measure	Actual	1 Yr Ago	Variance 0	/-
		ı II Ago	variance 9	0
Unique Clients	0			
Admits	-	-		
Discharges	-	-		
Data Cubmid	scion ()uality		
Data Submis	SION	Zuailty		
Data Entry		Actual	State A	/g
Valid NOMS Data		N	I/A	95%
Valid TEDS Data		N	I/A 1	00%
On-Time Periodic		Act	ual Stat	e Avg
6 Month Updates		N	I/A	5%
Co-occurring		Act	ual Stat	e Av
MH Screen Complete		N	I/A	87%

Discharge Outcomes

	Actual 70 VS Goal 70	Actual	Actual 70	Guai 70	State Avy	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	ľ	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	· I	N/A	N/A	95%	84%	-95%	

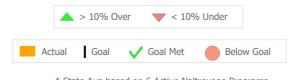
Actual

Actual % vs Goal %



N/A

96%



^{*} State Avg based on 6 Active Naltrexone Programs

Admissions

Discharges

Services

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

Program Activity Variance % Measure Actual 1 Yr Ago **Unique Clients** 633 484 31% 66 -23% 🔻 Admits 86 Discharges Service Hours **Data Submission Quality** Data Entry Actual State Avg Valid NOMS Data 62% 91% Valid TEDS Data 100% 92% On-Time Periodic Actual State Avg 0% 6 Month Updates 24% Co-occurring Actual State Avg 100% 75% MH Screen Complete SA Screen Complete 100% 93% Diagnosis Actual State Avg 100% 99% ✓ Valid Axis I Diagnosis Data Submitted to DMHAS by Month

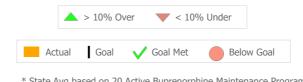
1 or more Records Submitted to DMHAS

% Months Submitted

100% 0%

0%

Discharge Outcomes Actual % State Avg Actual % vs Goal % Actual Goal % Actual vs Goal N/A N/A 50% 48% N/A Treatment Completed Successfully Recovery National Recovery Measures (NOMS) Actual % vs Goal % Actual Actual % Goal % State Avg Actual vs Goal 235 37% 75% 62% -38% -Not Arrested 107 17% 55% -38% -41% Abstinence/Reduced Drug Use **Employed** 6 1% 50% 20% **-49%** 55 9% -51% 60% 14% Self Help 194 -64% -31% 95% 59% Stable Living Situation Service Utilization Goal % State Avg Actual % vs Goal % Actual % Actual vs Goal Actual Clients Receiving Services 0 0% 90% 37% N/A 🔻



^{*} State Avg based on 20 Active Buprenorphine Maintenance Programs

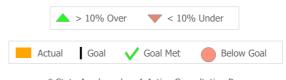
Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	44	55	-20%	•
Admits	-	14	-100%	•
Discharges	-	11	-100%	•
Service Hours	_	_		

Data Submitted to DMHAS by Month
Jul Aug Sep Oct Nov Dec % Months Submitted

Admissions 0% 0% Discharges 0% Services





Parents Recovering from Opioid Use Disorder (PROUD

Wheeler Clinic

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 Discharge Outcomes Actual % Measure Actual 1 Yr Ago Variance % Actual % vs Goal % Actual Goal % State Ava Actual vs Goal **Unique Clients** 34 11% 50% 50% -39% Treatment Completed Successfully 21 Admits Recovery 9 Discharges National Recovery Measures (NOMS) Actual % vs Goal % Actual Actual % Goal % State Avg Actual vs Goal Service Hours 34 100% 75% 74% 25% 🔺 Not Arrested 55% 39% 16% 🔺 24 71% Abstinence/Reduced Drug Use **Data Submission Quality** 85% Stable Living Situation 29 95% 72% -10% Data Entry Actual State Avg 29% 30% 10 50% -21% **Employed** Valid NOMS Data 99% 87% -48% 🔻 4 12% 60% 14% Self Help Valid TEDS Data 98% 87% Service Utilization On-Time Periodic State Avg Actual State Avg Actual % vs Goal % Actual % Goal % Actual vs Goal Actual 6 Month Updates 40% 18% Clients Receiving Services 0 0% 90% 55% N/A 🔻 Service Engagement Co-occurring Actual State Avg 100% 95% MH Screen Complete Outpatient Actual % vs Goal % Actual vs Goal Actual Actual % Goal % State Ava SA Screen Complete 100% 95% 0% 75% 63% -75% 🔻 2 or more Services within 30 days Diagnosis Actual State Avg 100% 99% ✓ Valid Axis I Diagnosis Data Submitted to DMHAS by Month % Months Submitted > 10% Over < 10% Under Admissions 83% 67% Discharges Actual Goal Goal Met Below Goal Services 0% * State Avg based on 107 Active Standard Outpatient Programs 1 or more Records Submitted to DMHAS

Post-Release Transitional Forensic Case Management

Wheeler Clinic

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)

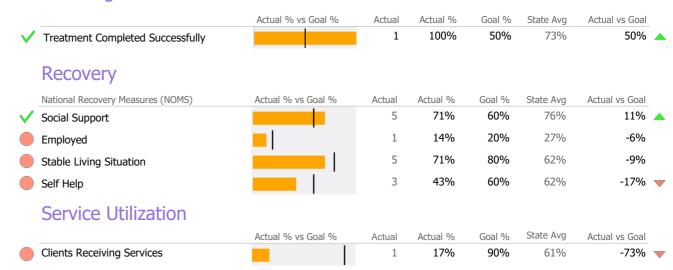
Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	7	16	-56%	•
Admits	-	3	-100%	•
Discharges	1	12	-92%	•
Service Hours	3	51	-94%	•

Data Submission Quality

Data Entry	Actual S	tate Avg
✓ Valid NOMS Data	100%	99%
On-Time Periodic	Actual	State Avg
6 Month Updates	0%	7%

Discharge Outcomes







^{*} State Avg based on 8 Active Standard Case Management Programs

Pre-Release Transitional Forensic Case Management

Wheeler Clinic

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)

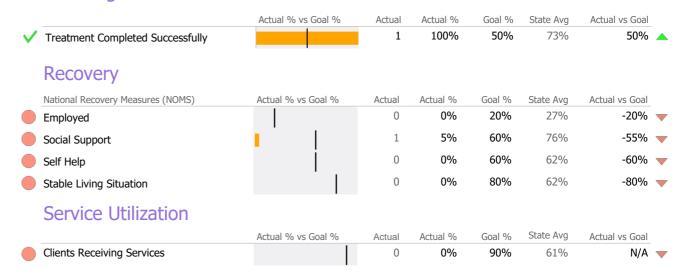
Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	20	26	-23%	•
Admits	-	4	-100%	•
Discharges	1	4	-75%	•
Service Hours	-	11	-100%	•

Data Submission Quality

Data Entry	Actual S	tate Avg
✓ Valid NOMS Data	100%	99%
On-Time Periodic	Actual	State Avg
6 Month Updates	0%	7%

Discharge Outcomes







^{*} State Avg based on 8 Active Standard Case Management Programs

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	494	260	90%	•
Admits	240	53	353%	•
Discharges	207	39	431%	•

	Jul		Sep Oct	Nov	Dec	% Months Submitted
Admissions						100%
Discharges						100%
1 or more Records Submitted to DMHAS						



^{*} State Avg based on 16 Active Pre-trial Intervention Programs Programs

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	1,205	684	76%	•
Admits	557	66	744%	•
Discharges	351	61	475%	•

	Jul	Aug	Sep	Oct	Nov		% Months Submitted
Admissions							100%
Discharges							100%
1 or more Records Submitted to DMHAS							

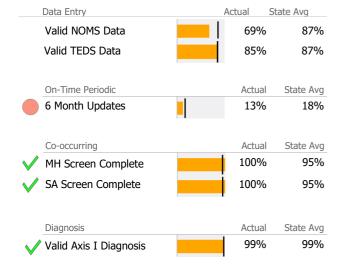


^{*} State Avg based on 16 Active Pre-trial Intervention Programs Programs

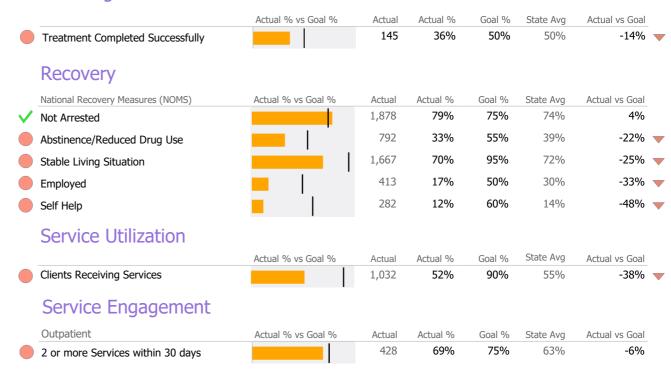
Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	2,392	1,766	35%	•
Admits	621	711	-13%	•
Discharges	402	437	-8%	
Service Hours	4,479	4,233	6%	

Data Submission Quality

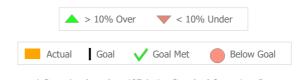


Discharge Outcomes









^{*} State Avg based on 107 Active Standard Outpatient Programs

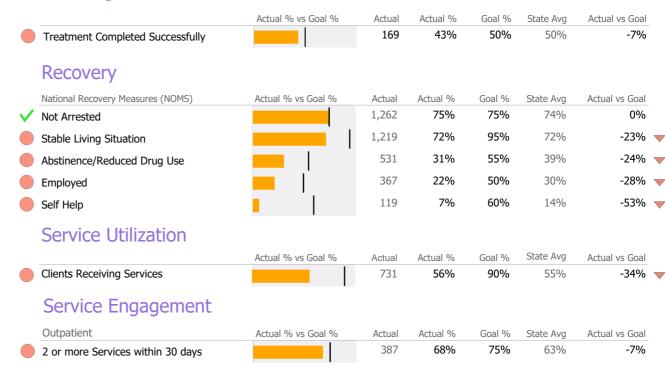
Program Activity

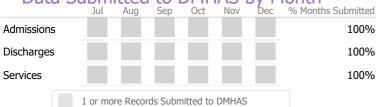
Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	1,691	1,360	24%	•
Admits	569	453	26%	•
Discharges	391	431	-9%	
Service Hours	3,804	2,955	29%	•

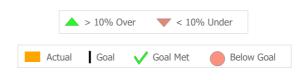
Data Submission Quality

Data Entry	Actual	State Avg
Valid NOMS Data	68%	87%
✓ Valid TEDS Data	86%	87%
On-Time Periodic	Actua	State Avg
✓ 6 Month Updates	18%	18%
Co-occurring	Actua	l State Avg
✓ MH Screen Complete	100%	95%
✓ SA Screen Complete	100%	95%
Diagnosis	Actua	State Avg
✓ Valid Axis I Diagnosis	99%	99%

Discharge Outcomes







^{*} State Avg based on 107 Active Standard Outpatient Programs