Gilead Community Services Inc.
Middletown, CT

Connecticut Dept of Mental Health and Addiction Services
Provider Quality Dashboard
Reporting Period: July 2021 - March 2022 (Data as of Jun 27, 2022)

Provider Activity

Monthly Trend	Measure	Actual	1 Yr Ago	Variance %	
	Unique Clients	464	424	9%	
	Admits	250	156	60%	▲
	Discharges	224	162	38%	▲
	Service Hours	10,077	8,995	12%	▲
	Bed Days	11,215	12,778	-12%	▼
	S.Rehab/PHP/IOP	1,826	98	1763%	

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

Clients by Level of Care

Program Type	Level of Care Type	#	%
Mental Health			
	Social Rehabilitation	104	19.2%
	ACT	90	16.6%
	Residential Services	82	15.1%
	Community Support	52	9.6%
Addiction			
	Outpatient	215	39.6%

Consumer Satisfaction Survey (Based on 204 FY21 Surveys)

Question Domain	Satisfied % vs Goal%	Satisfied %	Goal %	State Avg
✓ Respect		95%	80%	91%
✓ Overall		94%	80%	91%
✓ Quality and Appropriateness		94%	80%	93%
✓ Participation in Treatment		94%	80%	92%
✓ Access		93%	80%	88%
✓ General Satisfaction		91%	80%	92%
✓ Outcome		89%	80%	83%
✓ Recovery		88%	80%	79%

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

Client Demographics

Age	#	%	State Avg
18-25	21	5%	10%
26-34	115	25%	22%
35-44	129	28%	23%
45-54	70	15%	19%
55-64	87	19%	19%
65+	42	9%	8%

Gender	#	%	State Avg
Male	306	66%	59%
Female	156	34%	41%
Transgender			0%

Ethnicity	#	%	State Avg
Non-Hispanic	367	79% ▲	68%
Hisp-Puerto Rican	37	8%	11%
Unknown	37	8%	12%
Hispanic-Other	22	5%	8%
Hispanic-Mexican	1	0%	1%
Hispanic-Cuban			0%

Race	#	%	State Avg
White/Caucasian	324	70%	62%
Black/African American	66	14%	17%
Other	46	10%	13%
Multiple Races	12	3%	1%
Unknown	10	2%	6%
Asian	4	1%	1%
Am. Indian/Native Alaskan	2	0%	0%
Hawaiian/Other Pacific Islander			0%

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.

ACT Team 306292
Gilead Community Services Inc.
Mental Health - ACT - Assertive Community Treatment

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2021 - March 2022 (Data as of Jun 27, 2022)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	90	101	-11%	▼
Admits	10	15	-33%	▼
Discharges	17	18	-6%	
Service Hours	3,164	2,833	12%	▲

Data Submission Quality

Data Entry	Actual	State Avg
✓ Valid NOMS Data	100%	84%

On-Time Periodic	Actual	State Avg
✓ 6 Month Updates	97%	84%

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

Diagnosis	Actual	State Avg
✓ Valid Axis I Diagnosis	100%	98%

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	% Months Submitted
Admissions	■			■	■	■	■		■	67%
Discharges		■	■	■	■	■	■	■	■	89%
Services	■	■	■	■	■	■			■	78%

■ 1 or more Records Submitted to DMHAS

Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓ Treatment Completed Successfully		13	76%	65%	48%	11%	▲
✓ No Re-admit within 30 Days of Discharge		12	86%	85%	96%	1%	
● Follow-up within 30 Days of Discharge		4	31%	90%	42%	-59%	▼

Recovery

National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓ Social Support		91	100%	60%	79%	40%	▲
✓ Stable Living Situation		85	93%	60%	91%	33%	▲
✓ Employed		21	23%	15%	17%	8%	

Service Utilization

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
✓ Clients Receiving Services		72	97%	90%	99%	7%

▲ > 10% Over ▼ < 10% Under

Actual | Goal ✓ Goal Met ● Below Goal

* State Avg based on 23 Active Assertive Community Treatment Programs

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

Farrell Outpatient Clinic Bassett Street
Gilead Community Services Inc.
Addiction - Outpatient - Standard Outpatient

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2021 - March 2022 (Data as of Jun 27, 2022)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	104	26	300%	▲
Admits	91	18	406%	▲
Discharges	73	5	1360%	▲
Service Hours	269	31		

Data Submission Quality

Data Entry	Actual	State Avg
✓ Valid NOMS Data	98%	87%
✓ Valid TEDS Data	94%	85%

On-Time Periodic	Actual	State Avg
✓ 6 Month Updates	50%	15%

Co-occurring	Actual	State Avg
✓ MH Screen Complete	94%	92%
✓ SA Screen Complete	95%	93%

Diagnosis	Actual	State Avg
Valid Axis I Diagnosis	97%	99%

Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
✓ Treatment Completed Successfully		38	52%	50%	50%	2%

Recovery

National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓ Not Arrested		110	94%	75%	76%	19%	▲
✓ Abstinence/Reduced Drug Use		68	58%	55%	42%	3%	
● Stable Living Situation		104	89%	95%	75%	-6%	
● Employed		45	38%	50%	33%	-12%	▼
● Self Help		57	49%	60%	15%	-11%	▼

Service Utilization

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
● Clients Receiving Services		23	50%	90%	58%	-40%	▼

Service Engagement

Outpatient	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
● 2 or more Services within 30 days		21	26%	75%	65%	-49%	▼

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	% 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 108 Active Standard Outpatient Programs

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

Farrell Outpatient Clinic Main Street
Gilead Community Services Inc.
Addiction - Outpatient - Standard Outpatient

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2021 - March 2022 (Data as of Jun 27, 2022)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	154	150	3%	
Admits	123	100	23%	▲
Discharges	99	105	-6%	
Service Hours	432	1,030	-58%	▼

Data Submission Quality

Data Entry	Actual	State Avg
✓ Valid NOMS Data	100%	87%
✓ Valid TEDS Data	95%	85%

On-Time Periodic	Actual	State Avg
● 6 Month Updates	13%	15%

Co-occurring	Actual	State Avg
✓ MH Screen Complete	97%	92%
✓ SA Screen Complete	96%	93%

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

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	% 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		60	61%	50%	50%	11%	▲

Recovery

National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓ Not Arrested		152	88%	75%	76%	13%	▲
● Employed		81	47%	50%	33%	-3%	
✓ Abstinence/Reduced Drug Use		95	55%	55%	42%	0%	
● Stable Living Situation		158	91%	95%	75%	-4%	
● Self Help		48	28%	60%	15%	-32%	▼

Service Utilization

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
● Clients Receiving Services		38	51%	90%	58%	-39%	▼

Service Engagement

Outpatient	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
● 2 or more Services within 30 days		19	18%	75%	65%	-57%	▼

▲ > 10% Over ▼ < 10% Under

Actual | Goal | ✓ Goal Met | ● Below Goal

* State Avg based on 108 Active Standard Outpatient Programs

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

Gateway - CSP
Gilead Community Services Inc.
Mental Health - Community Support - CSP

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2021 - March 2022 (Data as of Jun 27, 2022)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	52	53	-2%	
Admits	2	4	-50%	▼
Discharges	3	5	-40%	▼
Service Hours	1,383	517	168%	▲

Data Submission Quality

Data Entry	Actual	State Avg
✓ Valid NOMS Data	100%	84%

On-Time Periodic	Actual	State Avg
✓ 6 Month Updates	94%	84%

Co-occurring	Actual	State Avg
✓ MH Screen Complete	100%	96%
✓ SA Screen Complete	100%	95%

Diagnosis	Actual	State Avg
✓ Valid Axis I Diagnosis	100%	98%

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	% Months Submitted
Admissions	■							■		22%
Discharges				■				■		22%
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		0	0%	65%	57%	-65%	▼

Recovery

National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓ Social Support		51	98%	60%	80%	38%	▲
✓ Stable Living Situation		51	98%	80%	87%	18%	▲
✓ Employed		11	21%	20%	14%	1%	

Service Utilization

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
✓ Clients Receiving Services		49	100%	90%	98%	10%

▲ > 10% Over ▼ < 10% Under

Actual | Goal | ✓ Goal Met | ● Below Goal

* State Avg based on 36 Active CSP Programs

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

Gateway - Social Rehab 306285
Gilead Community Services Inc.
Mental Health - Social Rehabilitation - Social Rehabilitation

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2021 - March 2022 (Data as of Jun 27, 2022)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	47	48	-2%	
Admits	1	-		
Discharges	10	5	100%	▲
Service Hours	-	-		
Social Rehab/PHP/IOP Days	613	17	3506%	▲

Service Utilization

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Clients Receiving Services		32	86%	90%	72%	-4%

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	% Months Submitted
Admissions				■						11%
Discharges				■	■			■		33%
Services	■	■	■	■	■	■	■		■	89%

■ 1 or more Records Submitted to DMHAS

▲ > 10% Over ▼ < 10% Under

Actual | Goal | ✓ 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.

Gilead Apartment Program306251
Gilead Community Services Inc.
Mental Health - Residential Services - Residential Support

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2021 - March 2022 (Data as of Jun 27, 2022)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	17	19	-11%	▼
Admits	3	2	50%	▲
Discharges	1	4	-75%	▼
Service Hours	3,530	3,066	15%	▲

Data Submission Quality

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

On-Time Periodic	Actual	State Avg
● 6 Month Updates	87%	92%

Co-occurring	Actual	State Avg
✓ MH Screen Complete	100%	81%
✓ SA Screen Complete	100%	82%

Diagnosis	Actual	State Avg
✓ Valid Axis I Diagnosis	100%	95%

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	% Months Submitted
Admissions	■		■		■					33%
Discharges	■									11%
Services	■	■	■	■	■	■	■		■	89%

■ 1 or more Records Submitted to DMHAS

Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓ Treatment Completed Successfully		1	100%	50%	80%	50%	▲

Recovery

National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓ Social Support		17	100%	60%	85%	40%	▲
✓ Stable Living Situation		17	100%	85%	96%	15%	▲
✓ Employed		6	35%	25%	15%	10%	

Service Utilization

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
✓ Clients Receiving Services		16	100%	90%	98%	10%

▲ > 10% Over ▼ < 10% Under

Actual | Goal ✓ Goal Met ● Below Goal

* State Avg based on 25 Active Residential Support Programs

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

Gilead One Group Home 306240
Gilead Community Services Inc.
Mental Health - Residential Services - Group Home

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2021 - March 2022 (Data as of Jun 27, 2022)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	12	11	9%	
Admits	7	2	250%	▲
Discharges	6	2	200%	▲
Bed Days	2,379	2,434	-2%	

Data Submission Quality

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

On-Time Periodic	Actual	State Avg
✓ 6 Month Updates	100%	89%

Co-occurring	Actual	State Avg
✓ MH Screen Complete	100%	86%
✓ SA Screen Complete	100%	95%

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

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	% Months Submitted
Admissions		■		■				■	■	44%
Discharges	■			■			■	■	■	56%

■ 1 or more Records Submitted to DMHAS

Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓ Treatment Completed Successfully		6	100%	80%	72%	20%	▲
● No Re-admit within 30 Days of Discharge		2	33%	85%	88%	-52%	▼
● Follow-up within 30 Days of Discharge		2	33%	90%	67%	-57%	▼

Recovery

National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓ Social Support		15	100%	60%	82%	40%	▲
✓ Stable Living Situation		15	100%	90%	98%	10%	

Bed Utilization

	12 Months Trend	Beds	Avg LOS	Turnover	Actual %	Goal %	State Avg	Actual vs Goal
✓ Avg Utilization Rate	■■■■■■■■■■■■	9	548 days	0.3	96%	90%	87%	6%

■ < 90% ■ 90-110% ■ >110%

▲ > 10% Over ▼ < 10% Under

Actual | Goal | ✓ Goal Met | ● Below Goal

* State Avg based on 24 Active Group Home Programs

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

Gilead Two Group Home 306241
Gilead Community Services Inc.
Mental Health - Residential Services - Group Home

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2021 - March 2022 (Data as of Jun 27, 2022)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	11	10	10%	
Admits	2	2	0%	
Discharges	2	1	100%	▲
Bed Days	2,431	2,680	-9%	

Data Submission Quality

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

On-Time Periodic	Actual	State Avg
● 6 Month Updates	88%	89%

Co-occurring	Actual	State Avg
MH Screen Complete	83%	86%
SA Screen Complete	83%	95%

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		2	100%	80%	72%	20%	▲
✓ No Re-admit within 30 Days of Discharge		2	100%	85%	88%	15%	▲
✓ Follow-up within 30 Days of Discharge		2	100%	90%	67%	10%	

Recovery

National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓ Social Support		11	100%	60%	82%	40%	▲
✓ Stable Living Situation		11	100%	90%	98%	10%	

Bed Utilization

	12 Months Trend	Beds	Avg LOS	Turnover	Actual %	Goal %	State Avg	Actual vs Goal	
✓ Avg Utilization Rate		8	1,143 days	0.3	111%	90%	87%	21%	▲

< 90% | 90-110% | >110%

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	% Months Submitted
Admissions										22%
Discharges										22%

1 or more Records Submitted to DMHAS

▲ > 10% Over ▼ < 10% Under

Actual | Goal | ✓ Goal Met | ● Below Goal

* State Avg based on 24 Active Group Home Programs

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

Juniper Home
Gilead Community Services Inc.
Mental Health - Residential Services - Supervised Apartments

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2021 - March 2022 (Data as of Jun 27, 2022)

Program Activity

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	0		
Admits	-	-	
Discharges	-	-	

Data Submission Quality

Data Entry	Actual	State Avg
Valid NOMS Data	N/A	78%

On-Time Periodic	Actual	State Avg
6 Month Updates	N/A	90%

Co-occurring	Actual	State Avg
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%	72%	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%	79%	N/A

Recovery

National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Employed		N/A	N/A	25%	12%	-25%
Social Support		N/A	N/A	60%	85%	-60%
Stable Living Situation		N/A	N/A	95%	95%	-95%

Bed Utilization

	12 Months Trend	Beds	Avg LOS	Turnover	Actual %	Goal %	State Avg	Actual vs Goal
Avg Utilization Rate		3	N/A	N/A	0%	90%	92%	-90%

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	% 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 80 Active Supervised Apartments Programs

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

Juniper Home YAS
Gilead Community Services Inc.
Mental Health - Residential Services - Supervised Apartments

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2021 - March 2022 (Data as of Jun 27, 2022)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	5	7	-29%	▼
Admits	-	2	-100%	▼
Discharges	1	2	-50%	▼

Data Submission Quality

Data Entry	Actual	State Avg
✓ Valid NOMS Data	100%	78%

On-Time Periodic	Actual	State Avg
✓ 6 Month Updates	100%	90%

Co-occurring	Actual	State Avg
MH Screen Complete	N/A	98%
SA Screen Complete	N/A	88%

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

Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓ Treatment Completed Successfully		1	100%	60%	72%	40%	▲

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
✓ Follow-up within 30 Days of Discharge		1	100%	90%	79%	10%

Recovery

National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓ Social Support		5	100%	60%	85%	40%	▲
✓ Stable Living Situation		5	100%	95%	95%	5%	
● Employed		0	0%	25%	12%	-25%	▼

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	% Months Submitted
Admissions										0%
Discharges					■					11%

1 or more Records Submitted to DMHAS

▲ > 10% Over ▼ < 10% Under

Actual | Goal | ✓ Goal Met | ● Below Goal

* State Avg based on 80 Active Supervised Apartments Programs

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

Liberty Home 306230
Gilead Community Services Inc.
Mental Health - Residential Services - Supervised Apartments

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2021 - March 2022 (Data as of Jun 27, 2022)

Program Activity

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	6	6	0%
Admits	-	-	
Discharges	1	-	
Bed Days	1,634	1,644	-1%

Data Submission Quality

Data Entry	Actual	State Avg
✓ Valid NOMS Data	100%	78%

On-Time Periodic	Actual	State Avg
✓ 6 Month Updates	100%	90%

Co-occurring	Actual	State Avg
MH Screen Complete	N/A	98%
SA Screen Complete	N/A	88%

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

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	% Months Submitted
Admissions										0%
Discharges										11%

1 or more Records Submitted to DMHAS

Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
✓ Treatment Completed Successfully		1	100%	60%	72%	40% ▲
● Follow-up within 30 Days of Discharge		0	0%	90%	79%	-90% ▼

Recovery

National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
✓ Social Support		6	100%	60%	85%	40% ▲
✓ Stable Living Situation		6	100%	95%	95%	5%
● Employed		1	17%	25%	12%	-8%

Bed Utilization

	12 Months Trend	Beds	Avg LOS	Turnover	Actual %	Goal %	State Avg	Actual vs Goal
✓ Avg Utilization Rate		6	2,894 days	0.3	99%	90%	92%	9%

< 90% | 90-110% | >110%

▲ > 10% Over ▼ < 10% Under

Actual | Goal | ✓ Goal Met | ● Below Goal

* State Avg based on 80 Active Supervised Apartments Programs

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

Magnolia Home YAS
Gilead Community Services Inc.
Mental Health - Residential Services - Supervised Apartments

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2021 - March 2022 (Data as of Jun 27, 2022)

Program Activity

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	3	3	0%
Admits	1	-	
Discharges	1	2	-50% ▼
Bed Days	592	571	4%

Data Submission Quality

Data Entry	Actual	State Avg
✓ Valid NOMS Data	100%	78%

On-Time Periodic	Actual	State Avg
✓ 6 Month Updates	100%	90%

Co-occurring	Actual	State Avg
✓ MH Screen Complete	100%	98%
✓ SA Screen Complete	100%	88%

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

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	% Months Submitted
Admissions										11%
Discharges										11%

1 or more Records Submitted to DMHAS

Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
✓ Treatment Completed Successfully		1	100%	60%	72%	40% ▲

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
● Follow-up within 30 Days of Discharge		0	0%	90%	79%	-90% ▼

Recovery

National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
✓ Social Support		2	67%	60%	85%	7%
✓ Stable Living Situation		3	100%	95%	95%	5%
● Employed		0	0%	25%	12%	-25% ▼

Bed Utilization

	12 Months Trend	Beds	Avg LOS	Turnover	Actual %	Goal %	State Avg	Actual vs Goal
● Avg Utilization Rate		3	772 days	0.4	72%	90%	92%	-18% ▼

< 90% | 90-110% | >110%

▲ > 10% Over ▼ < 10% Under

Actual | Goal | ✓ Goal Met | ● Below Goal

* State Avg based on 80 Active Supervised Apartments Programs

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

SCAP - Apartment Program306260
Gilead Community Services Inc.
Mental Health - Residential Services - Residential Support

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2021 - March 2022 (Data as of Jun 27, 2022)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	16	20	-20%	▼
Admits	2	6	-67%	▼
Discharges	2	6	-67%	▼
Service Hours	1,300	1,518	-14%	▼

Data Submission Quality

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

On-Time Periodic	Actual	State Avg
● 6 Month Updates	67%	92%

Co-occurring	Actual	State Avg
✓ MH Screen Complete	100%	81%
✓ SA Screen Complete	100%	82%

Diagnosis	Actual	State Avg
✓ Valid Axis I Diagnosis	100%	95%

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	% Months Submitted
Admissions								■		11%
Discharges		■						■		22%
Services	■	■	■	■	■	■	■		■	89%

■ 1 or more Records Submitted to DMHAS

Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓ Treatment Completed Successfully		2	100%	50%	80%	50%	▲

Recovery

National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓ Social Support		15	94%	60%	85%	34%	▲
✓ Employed		8	50%	25%	15%	25%	▲
✓ Stable Living Situation		14	88%	85%	96%	3%	

Service Utilization

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
✓ Clients Receiving Services		14	100%	90%	98%	10%

▲ > 10% Over ▼ < 10% Under

Actual | Goal | ✓ Goal Met | ● Below Goal

* State Avg based on 25 Active Residential Support Programs

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

SCAP - Group Home 306265
Gilead Community Services Inc.
Mental Health - Residential Services - Group Home

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2021 - March 2022 (Data as of Jun 27, 2022)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	9	9	0%	
Admits	3	3	0%	
Discharges	4	3	33%	▲
Bed Days	1,502	1,429	5%	

Data Submission Quality

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

On-Time Periodic	Actual	State Avg
✓ 6 Month Updates	100%	89%

Co-occurring	Actual	State Avg
✓ MH Screen Complete	100%	86%
✓ SA Screen Complete	100%	95%

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

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	% Months Submitted
Admissions								■	■	22%
Discharges								■	■	22%

■ 1 or more Records Submitted to DMHAS

Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓ Treatment Completed Successfully		4	100%	80%	72%	20%	▲
✓ No Re-admit within 30 Days of Discharge		4	100%	85%	88%	15%	▲
● Follow-up within 30 Days of Discharge		3	75%	90%	67%	-15%	▼

Recovery

National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓ Social Support		7	78%	60%	82%	18%	▲
● Stable Living Situation		7	78%	90%	98%	-12%	▼

Bed Utilization

	12 Months Trend	Beds	Avg LOS	Turnover	Actual %	Goal %	State Avg	Actual vs Goal
✓ Avg Utilization Rate	■■■■■■■■■■■■	6	858 days	0.3	91%	90%	87%	1%

■ < 90% ■ 90-110% ■ >110%

▲ > 10% Over ▼ < 10% Under

Actual | Goal | ✓ Goal Met | ● Below Goal

* State Avg based on 24 Active Group Home Programs

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

Social Rehab 306280
Gilead Community Services Inc.
Mental Health - Social Rehabilitation - Social Rehabilitation

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2021 - March 2022 (Data as of Jun 27, 2022)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	57	61	-7%	
Admits	4	1	300%	▲
Discharges	4	4	0%	
Service Hours	-	-		
Social Rehab/PHP/IOP Days	1,213	81	1398%	▲

Service Utilization

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Clients Receiving Services		42	79%	90%	72%	-11%	▼

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	% Months Submitted
Admissions				■						11%
Discharges				■			■	■		33%
Services	■	■	■	■	■	■	■		■	89%

■ 1 or more Records Submitted to DMHAS

▲ > 10% Over ▼ < 10% Under

Actual | Goal | ✓ 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.

Valor Home 306231
Gilead Community Services Inc.
Mental Health - Residential Services - Supervised Apartments

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2021 - March 2022 (Data as of Jun 27, 2022)

Program Activity

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	5	5	0%
Admits	-	-	
Discharges	-	-	
Bed Days	1,370	1,370	0%

Data Submission Quality

Data Entry	Actual	State Avg
✓ Valid NOMS Data	100%	78%

On-Time Periodic	Actual	State Avg
✓ 6 Month Updates	100%	90%

Co-occurring	Actual	State Avg
MH Screen Complete	N/A	98%
SA Screen Complete	N/A	88%

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

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	% Months Submitted
Admissions										0%
Discharges										0%

1 or more Records Submitted to DMHAS

Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Treatment Completed Successfully		N/A	N/A	60%	72%	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%	79%	N/A

Recovery

National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
✓ Social Support		5	100%	60%	85%	40% ▲
✓ Employed		2	40%	25%	12%	15% ▲
✓ Stable Living Situation		5	100%	95%	95%	5%

Bed Utilization

	12 Months Trend	Beds	Avg LOS	Turnover	Actual %	Goal %	State Avg	Actual vs Goal
✓ Avg Utilization Rate		5	2,547 days	0.3	100%	90%	92%	10%

< 90% 90-110% >110%

▲ > 10% Over ▼ < 10% Under

Actual | Goal ✓ Goal Met ● Below Goal

* State Avg based on 80 Active Supervised Apartments Programs

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

Women's Program 306235
Gilead Community Services Inc.
Mental Health - Residential Services - Supervised Apartments

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2021 - March 2022 (Data as of Jun 27, 2022)

Program Activity

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	5	5	0%
Admits	1	1	0%
Discharges	-	-	
Bed Days	1,307	1,322	-1%

Data Submission Quality

Data Entry	Actual	State Avg
✓ Valid NOMS Data	100%	78%

On-Time Periodic	Actual	State Avg
✓ 6 Month Updates	100%	90%

Co-occurring	Actual	State Avg
✓ MH Screen Complete	100%	98%
✓ SA Screen Complete	100%	88%

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

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	% Months Submitted
Admissions										11%
Discharges										0%

1 or more Records Submitted to DMHAS

Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Treatment Completed Successfully		N/A	N/A	60%	72%	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%	79%	N/A

Recovery

National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
✓ Social Support		5	100%	60%	85%	40% ▲
✓ Stable Living Situation		5	100%	95%	95%	5%
● Employed		1	20%	25%	12%	-5%

Bed Utilization

	12 Months Trend	Beds	Avg LOS	Turnover	Actual %	Goal %	State Avg	Actual vs Goal
✓ Avg Utilization Rate		5	2,195 days	0.3	95%	90%	92%	5%

< 90% 90-110% >110%

▲ > 10% Over ▼ < 10% Under

Actual | Goal ✓ Goal Met ● Below Goal

* State Avg based on 80 Active Supervised Apartments Programs

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