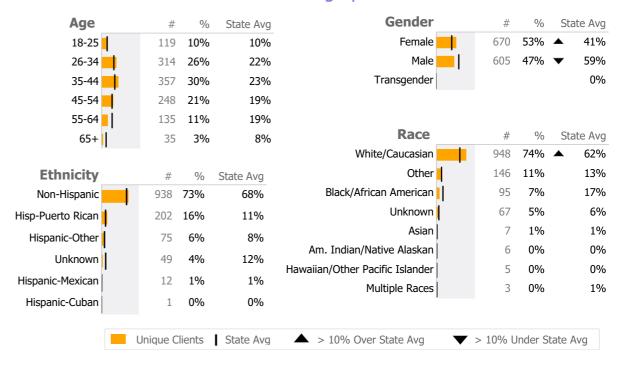
Connecticut Dept of Mental Health and Addiction Services Provider Quality Dashboard

Reporting Period: July 2021 - March 2022 (Data as of Jun 27, 2022)

Provider Activity Monthly Trend Actual 1 Yr Ago Variance % Measure **Unique Clients** 1,079 18% 🔺 1,277 631 538 17% Admits 534 453 18% ▲ Discharges 15% 🔺 Service Hours 5,887 5,097 **Bed Days** 7,621 3,433 122% 465 76 512% S.Rehab/PHP/IOP > 10% Over 1 Yr Ago → > 10% Under 1Yr Ago Clients by Level of Care Program Type Level of Care Type % Addiction Outpatient 1,153 77.3% IOP 127 8.5% Case Management 89 6.0% Residential Services 79 5.3% **Mental Health** Case Management 43 2.9%



Client Demographics



Behavioral Health Center OP Willimantic 026200

Perception Programs Inc

Addiction - Outpatient - Standard Outpatient

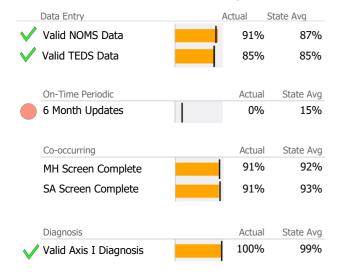
Connecticut Dept of Mental Health and Addiction Services Program Quality Dashboard

Reporting Period: July 2021 - March 2022 (Data as of Jun 27, 2022)

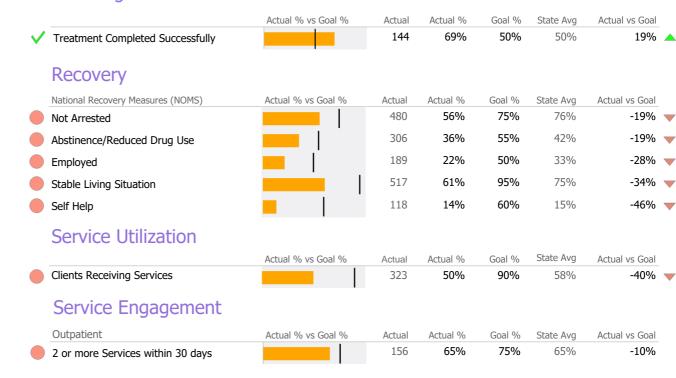
Program Activity

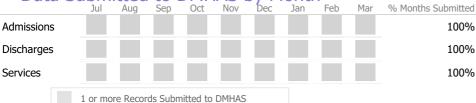
Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	827	706	17%	•
Admits	254	289	-12%	•
Discharges	209	148	41%	•
Service Hours	3,331	3,127	7%	

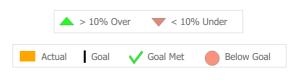
Data Submission Quality



Discharge Outcomes







^{*} State Avg based on 108 Active Standard Outpatient Programs

Reporting Period: July 2021 - March 2022 (Data as of Jun 27, 2022)

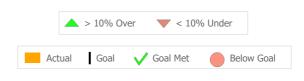
Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	89	104	-14% 🔻	•
Admits	41	36	14% 🔺	•
Discharges	46	60	-23% 🔻	•
Service Hours	248	299	-17%	,

Service Engagement



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	% Months Submitted
Admissions										89%
Discharges										67%
Services										44%
	1 or mo	ore Recor	ds Subn	nitted to	DMHAS					



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

Reporting Period: July 2021 - March 2022 (Data as of Jun 27, 2022)

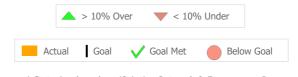
Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	23	27	-15%	•
Admits	11	2	450%	•
Discharges	1	26	-96%	•
Service Hours	26	12	117%	_

Service Engagement



200	<u> </u>	11000		\sim 111 1	<i>,</i> ,	_,				
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	% Months Submitted
Admissions										33%
Discharges										11%
Services										22%
	1 or mo	ore Record	ds Subi	mitted to	DMHAS					



Reporting Period: July 2021 - March 2022 (Data as of Jun 27, 2022)

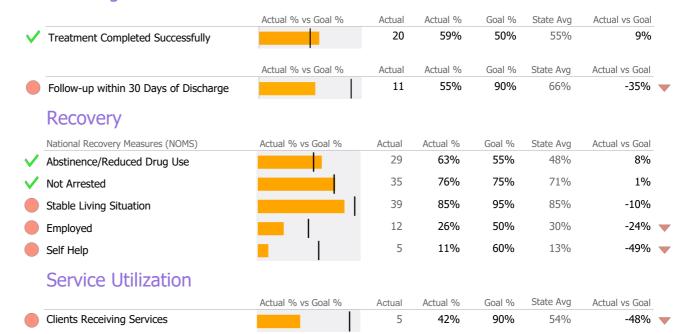
Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	42	6	600%	•
Admits	38	-		
Discharges	34	1	3300%	•
Service Hours	89	-		
Social Rehab/PHP/IOP Days	161	0		

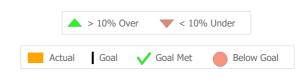
Data Submission Quality

Actual	State Avg
95%	83%
97%	86%
Actua	State Avg
0%	0%
1	<u>J</u>
96%	86%
Actua	State Avg
100%	100%
	95% 97% Actual 0% Actual 100% 96% Actual

Discharge Outcomes







^{*} State Avg based on 58 Active Standard IOP Programs

Addiction - Medication Assisted Treatment - Buprenorphine Maintenance

Reporting Period: July 2021 - March 2022 (Data as of Jun 27, 2022)

Program Activity Discharge Outcomes Actual % State Avg Actual vs Goal Measure 1 Yr Ago Variance % Actual % vs Goal % Actual Goal % **Unique Clients** N/A N/A 50% 44% N/A Treatment Completed Successfully Admits Recovery Discharges National Recovery Measures (NOMS) Actual % vs Goal % Actual Actual % Goal % State Avg Actual vs Goal N/A N/A 55% 44% -55% -Abstinence/Reduced Drug Use **Data Submission Quality** 50% 22% -50% N/A N/A **Employed** State Avg Data Entry -75% -Not Arrested N/A N/A 75% 66% Valid NOMS Data N/A 92% 15% -60% N/A N/A 60% Self Help Valid TEDS Data N/A 90% 95% -95% -N/A N/A 63% Stable Living Situation On-Time Periodic State Avg Actual 6 Month Updates N/A 28% Co-occurring Actual State Avg N/A 76% MH Screen Complete SA Screen Complete N/A 93% Data Submitted to DMHAS by Month Dec Oct Nov Mar % Months Submitted > 10% Over < 10% Under</p> Admissions 0% 0% Discharges ✓ Goal Met Actual Goal Below Goal 1 or more Records Submitted to DMHAS * State Avg based on 20 Active Buprenorphine Maintenance Programs

1 or more Records Submitted to DMHAS

Reporting Period: July 2021 - March 2022 (Data as of Jun 27, 2022)

Program Activity Discharge Outcomes Variance % Measure Actual 1 Yr Ago Actual % vs Goal % Actual Actual % Goal % State Ava Actual vs Goal **Unique Clients** 345 280 23% 86 66% 50% 50% 16% 🔺 Treatment Completed Successfully 150 25% 🔺 Admits 120 Recovery 131 49% 🔺 Discharges 88 National Recovery Measures (NOMS) Actual % vs Goal % Actual Actual % Goal % State Avg Actual vs Goal Service Hours 1,871 1,365 37% 269 75% 75% 76% 0% Not Arrested 281 78% 95% 75% -17% Stable Living Situation **Data Submission Quality** Abstinence/Reduced Drug Use 135 38% 55% 42% -17% Data Entry Actual State Avg 50% 33% -19% 111 31% **Employed** Valid NOMS Data 97% 87% -57% 🔻 12 3% 60% 15% Self Help Valid TEDS Data 74% 85% Service Utilization On-Time Periodic State Avg Actual Goal % State Avg Actual vs Goal Actual % vs Goal % Actual % Actual 6 Month Updates 1% 15% Clients Receiving Services 176 77% 90% 58% -13% Service Engagement Co-occurring Actual State Avg 79% 92% MH Screen Complete Outpatient Actual % vs Goal % Actual Actual % Goal % State Ava Actual vs Goal SA Screen Complete 78% 93% 96 67% 75% 65% -8% 2 or more Services within 30 days Diagnosis Actual State Avg Valid Axis I Diagnosis 100% 99% Data Submitted to DMHAS by Month Mar % Months Submitted > 10% Over < 10% Under</p> Admissions 89% 100% Discharges ✓ Goal Met Actual Goal Below Goal Services 100% * State Avg based on 108 Active Standard Outpatient Programs

Mental Health - Case Management - Outreach & Engagement

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard

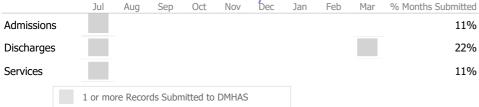
Reporting Period: July 2021 - March 2022 (Data as of Jun 27, 2022)

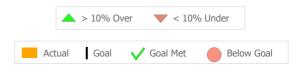
Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	10	37	-73%	•
Admits	1	7	-86%	•
Discharges	10	34	-71%	•
Service Hours	8	27	-69%	•

Service Engagement







^{*} State Avg based on 48 Active Outreach & Engagement Programs

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 - March 2022 (Data as of Jun 27, 2022)

* State Avg based on 26 Active Intermediate/Long Term Res.Tx 3.5 Programs

Program Activity Discharge Outcomes Variance % Measure Actual 1 Yr Ago Actual % vs Goal % Actual Actual % Goal % State Ava Actual vs Goal **Unique Clients** 38 19 100% 15 75% 70% 69% 5% Treatment Completed Successfully 26 Admits 16 63% Actual % vs Goal % Actual Actual % Goal % State Avg Actual vs Goal Discharges 20 12 67% 20 100% 85% 91% 15% No Re-admit within 30 Days of Discharge **Bed Days** 3,670 1,419 159% Actual % vs Goal % Actual % Actual vs Goal Actual Goal % State Avg Follow-up within 30 Days of Discharge 10 67% 90% 69% -23% -**Data Submission Quality** Recovery Data Entry Actual State Avg National Recovery Measures (NOMS) Actual % vs Goal % Actual Actual % Goal % State Ava Actual vs Goal Valid NOMS Data 96% 86% 31 82% 70% 66% 12% 🔺 Abstinence/Reduced Drug Use Valid TEDS Data 99% 93% **Bed Utilization** On-Time Periodic Actual State Avg 12 Months Trend Avg LOS 0% Beds Turnover Actual % Goal % State Avg Actual vs Goal 6 Month Updates 8% Avg Utilization Rate 200 days 10 134% 90% 89% 44% 🔺 0.2 Co-occurring Actual State Avg < 90% 90-110% >110% 98% 95% MH Screen Complete SA Screen Complete 98% 92% Diagnosis Actual State Avg 100% 100% ✓ Valid Axis I Diagnosis Data Submitted to DMHAS by Month Mar % Months Submitted > 10% Over < 10% Under</p> Admissions 100% 100% Discharges ✓ Goal Met Actual Goal Below Goal 1 or more Records Submitted to DMHAS

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 - March 2022 (Data as of Jun 27, 2022)

Program Activity Discharge Outcomes Variance % Measure Actual 1 Yr Ago Actual % vs Goal % Actual Actual % Goal % State Ava Actual vs Goal **Unique Clients** 41 29 41% 13 52% 70% 69% -18% Treatment Completed Successfully 33 Admits 25 32% Actual % vs Goal % Actual Actual % Goal % State Avg Actual vs Goal 25% 🔺 Discharges 25 20 20 80% 85% 91% -5% No Re-admit within 30 Days of Discharge **Bed Days** 3,951 96% 2.014 Actual % vs Goal % Actual % Actual vs Goal Actual Goal % State Avg Follow-up within 30 Days of Discharge 8 62% 90% 69% -28% -**Data Submission Quality** Recovery Data Entry Actual State Avg National Recovery Measures (NOMS) Actual % vs Goal % Actual Actual % Goal % State Ava Actual vs Goal Valid NOMS Data 97% 86% 22 52% 70% 66% -18% Abstinence/Reduced Drug Use Valid TEDS Data 100% 93% **Bed Utilization** On-Time Periodic Actual State Avg 12 Months Trend Avg LOS Beds Turnover Actual % Goal % State Avg Actual vs Goal 6 Month Updates 0% 8% Avg Utilization Rate 10 144% 90% 89% 54% 242 days 0.1 Co-occurring Actual State Avg < 90% 90-110% >110% 100% 95% MH Screen Complete SA Screen Complete 100% 92% Diagnosis Actual State Avg 100% 100% ✓ Valid Axis I Diagnosis Data Submitted to DMHAS by Month Mar % Months Submitted > 10% Over < 10% Under</p> Admissions 100% 89% Discharges ✓ Goal Met Actual Goal Below Goal 1 or more Records Submitted to DMHAS * State Avg based on 26 Active Intermediate/Long Term Res.Tx 3.5 Programs

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 - March 2022 (Data as of Jun 27, 2022)

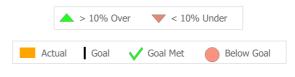
Program Activity

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	13		
Admits	13	-	
Discharges	-	-	
Service Hours	21	_	

Service Engagement



Date	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	% Months Submitted
Admissions	;									56%
Discharges										0%
Services										22%
	1 or mo	ore Record	ds Sub	mitted to	DMHA	S				



^{*} State Avg based on 48 Active Outreach & Engagement Programs

Addiction - IOP - Standard IOP

Reporting Period: July 2021 - March 2022 (Data as of Jun 27, 2022)

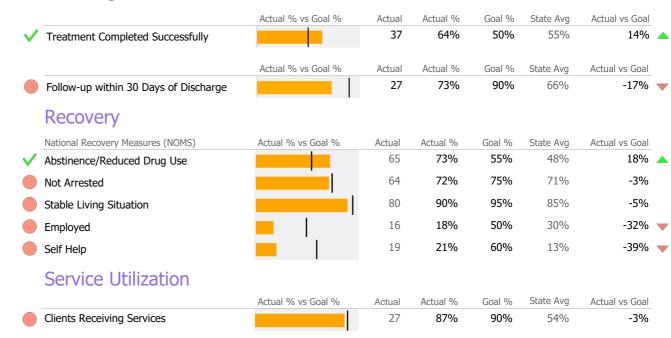
Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	85	77	10%	•
Admits	64	43	49%	•
Discharges	58	64	-9%	
Service Hours	293	268	10%	
Social Rehab/PHP/IOP Days	304	76	300%	•

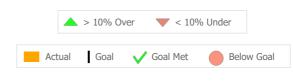
Data Submission Quality

Data Entry	Actu	al S	tate Avg
✓ Valid NOMS Data		86%	83%
✓ Valid TEDS Data		92%	86%
On-Time Periodic	,	Actual	State Avg
6 Month Updates		0%	0%
Co-occurring		Actual	State Avg
✓ MH Screen Complete		96%	85%
✓ SA Screen Complete		96%	86%
Diagnosis	,	Actual	State Avg
✓ Valid Axis I Diagnosis	1	.00%	100%

Discharge Outcomes







^{*} State Avg based on 58 Active Standard IOP Programs