

ABI SA Counselor Outpatient Program

Rushford Center

Addiction - Outpatient - Standard Outpatient

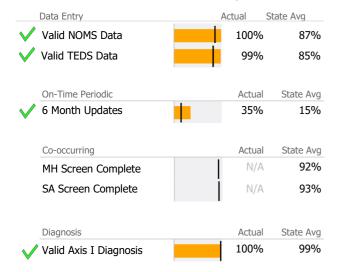
Connecticut Dept of Mental Health and Addiction Services Program Quality Dashboard

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

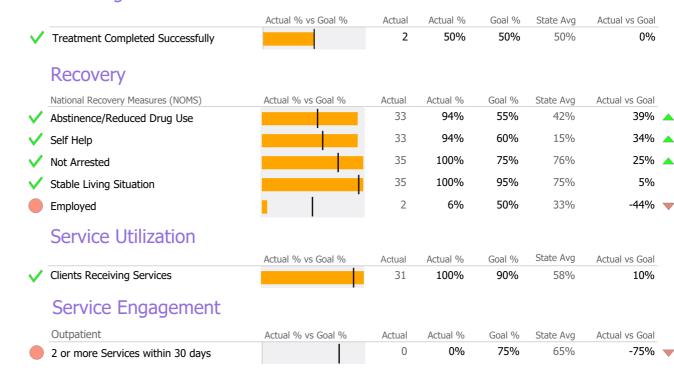
Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	35	39	-10%	▼
Admits	-	-		
Discharges	4	3	33%	•
Service Hours	62	3		

Data Submission Quality



Discharge Outcomes







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

1 or more Records Submitted to DMHAS

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

* State Avg based on 74 Active Standard Outpatient Programs

Program Activity Discharge Outcomes Variance % Measure Actual 1 Yr Ago Actual % vs Goal % Actual Actual % Goal % State Ava Actual vs Goal **Unique Clients** 766 860 -11% 51 20% 50% 41% -30% Treatment Completed Successfully 253 -4% Admits 264 Recovery 255 Discharges 344 -26% **T** National Recovery Measures (NOMS) Actual % vs Goal % Actual Actual % Goal % State Avg Actual vs Goal Service Hours 8,709 5,972 46% 422 52% 60% 61% -8% Social Support 14% 25% 115 30% -16% **Employed Data Submission Quality** 95% Stable Living Situation 269 33% 72% -62% Data Entry Actual State Avg Service Utilization Valid NOMS Data 63% 88% State Avg Actual % vs Goal % Actual Actual % Goal % Actual vs Goal Clients Receiving Services 551 98% 90% 82% 8% On-Time Periodic Actual State Avg 24% 53% 6 Month Updates Service Engagement Outpatient Actual % vs Goal % Actual % Goal % State Ava Actual vs Goal Actual State Avg Actual Co-occurring 8% 2 or more Services within 30 days 196 82% 75% 78% 7% 90% MH Screen Complete SA Screen Complete 8% 90% State Avg Diagnosis Actual 100% 98% ✓ Valid Axis I Diagnosis Data Submitted to DMHAS by Month Mar % Months Submitted > 10% Over < 10% Under</p> Admissions 100% Discharges 100% ✓ Goal Met Actual Goal Below Goal 100% Services

Services

1 or more Records Submitted to DMHAS

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

* State Avg based on 74 Active Standard Outpatient Programs

Program Activity Discharge Outcomes Variance % Actual % Measure Actual 1 Yr Ago Actual % vs Goal % Actual Goal % State Ava Actual vs Goal **Unique Clients** 215 233 -8% 13% 50% 41% -37% Treatment Completed Successfully 23 Admits 25 -8% Recovery 30 Discharges 29 3% National Recovery Measures (NOMS) Actual % vs Goal % Actual Actual % Goal % State Avg Actual vs Goal Service Hours 1,357 1,592 -15% 182 85% 60% 61% 25% 🔺 Social Support 28 30% 25% -17% 13% **Employed Data Submission Quality** 99 46% 95% Stable Living Situation 72% -49% Data Entry Actual State Avg Service Utilization 84% Valid NOMS Data 88% State Avg Actual % vs Goal % Actual Actual % Goal % Actual vs Goal Clients Receiving Services 186 100% 90% 82% 10% On-Time Periodic Actual State Avg 39% 53% 6 Month Updates Service Engagement Outpatient Actual % vs Goal % Actual Actual % Goal % State Ava Actual vs Goal Actual State Avg Co-occurring 9% 16 70% 75% 78% -5% 90% 2 or more Services within 30 days MH Screen Complete SA Screen Complete 9% 90% State Avg Diagnosis Actual 100% 98% ✓ Valid Axis I Diagnosis Data Submitted to DMHAS by Month Mar % Months Submitted > 10% Over < 10% Under</p> Admissions 67% Discharges 100% ✓ Goal Met Actual Goal Below Goal

89%

Camp Street MH Intensive Forensic Residential Prog

1 or more Records Submitted to DMHAS

Rushford Center

Forensic MH - Residential Services - MH Intensive Res. Rehabilitation

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 1 Active MH Intensive Res. Rehabilitation Programs

Program Activity Discharge Outcomes 1 Yr Ago Variance % Measure Actual Actual % vs Goal % Actual Actual % Goal % State Avg Actual vs Goal Treatment Completed Successfully **Unique Clients** 9 -11% 3 75% 75% 75% 0% 5 25% 🔺 Admits 4 Actual % vs Goal % Actual vs Goal Actual Actual % Goal % State Avg 5 Discharges -20% 2 50% 85% 50% -35% No Re-admit within 30 Days of Discharge -5% **Bed Days** 1,129 1,192 Actual % vs Goal % Actual % State Avg Actual vs Goal Actual Goal % Follow-up within 30 Days of Discharge 67% 90% 67% -23% -**Data Submission Quality Bed Utilization** Data Entry Actual State Avg Valid NOMS Data 58% 58% 12 Months Trend Avg LOS Turnover Actual % Goal % State Avg Actual vs Goal Avg Utilization Rate 90% 259 days 0.4 69% 69% -21% **T** On-Time Periodic Actual State Avg 90-110% >110% 6 Month Updates 0% 0% Co-occurring Actual State Avg 0% 0% MH Screen Complete SA Screen Complete 0% 0% 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 44% Discharges 33% Actual Goal ✓ Goal Met Below Goal

Career Development Svs 303-270

Rushford Center

Mental Health - Employment Services - Employment Services

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	89	86	3%	
Admits	35	17	106%	•
Discharges	48	53	-9%	
Service Hours	231	102	126%	•

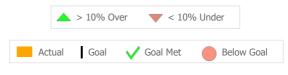
Recovery



Data Submission Quality

Data Entry	Actual	State Avg
Valid NOMS Data	79%	6 92%
On-Time Periodic	Actua	al State Avg
6 Month Updates	37%	6 91%

	u	\sim 1 1 1	I C C C C			17 10	\sim ,				
		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	% Months Submitted
Admissions											100%
Discharges											89%
Services											89%
	1	or mo	ore Record	ds Sub	mitted t	o DMHA	S				



^{*} State Avg based on 39 Active Employment Services Programs

1 or more Records Submitted to DMHAS

Forensic MH - Forensics Community-based - Court Liaison-Jail Diversion

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 Service Utilization Actual % vs Goal % Actual Actual % Goal % State Avg Actual vs Goal Measure Actual 1 Yr Ago Variance % Clients Receiving Services 26 67% 90% 73% -23% -**Unique Clients** 103 42 145% 84 250% Admits 24 71 255% Discharges 20 Service Hours 82 38 117% Jail Diversion Actual % vs Goal % Actual % Goal % Actual vs Goal Actual State Avg 0% 61% 38% 🔺 16 38% Follow-up Service within 48 hours Data Submitted to DMHAS by Month Sep % Months Submitted Feb Mar > 10% Over < 10% Under</p> Admissions 100% Discharges 100% Goal Below Goal Services 89% * State Avg based on 19 Active Court Liaison-Jail Diversion Programs

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	50	44	14%	•
Admits	57	50	14%	•
Discharges	57	51	12%	•
Bed Days	985	975	1%	

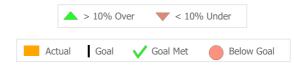
Discharge Outcomes



Bed Utilization







^{*} State Avg based on 10 Active Respite Bed Programs

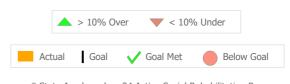
Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	102	90	13%	•
Admits	20	3	567%	•
Discharges	37	6	517%	•
Service Hours	1,681	579	190%	•
Social Rehab/PHP/IOP Days	0	2	-100%	▼

Service Utilization



Data	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	% Months Submitted
Admissions										78%
Discharges										100%
Services										89%
	1 or mo	re Record	ds Subr	nitted to	DMHAS					



^{*} State Avg based on 34 Active Social Rehabilitation Programs

Homeless Case Management303-294

Rushford Center

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)

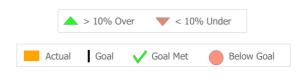
Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	30	23	30%	•
Admits	16	20	-20%	•
Discharges	15	10	50%	•
Service Hours	24	84	-72%	•

Service Engagement



Data	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	% Months Submitted
Admissions										78%
Discharges										56%
Services										89%
	1 or r	nore Recor	ds Sub	mitted to	DMHAS	S				



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

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 % Actual % Measure Actual 1 Yr Ago Actual % vs Goal % Actual Goal % State Ava Actual vs Goal **Unique Clients** 193 201 -4% 3 8% 50% 41% -42% Treatment Completed Successfully 27 -7% Admits 29 Recovery 37 Discharges 31 19% National Recovery Measures (NOMS) Actual % vs Goal % Actual Actual % Goal % State Avg Actual vs Goal Service Hours 1,686 1,349 25% 82 40% 60% 61% -20% -Social Support 5% 30% 25% -25% 11 **Employed Data Submission Quality** 7% 95% -88% -Stable Living Situation 14 72% Data Entry Actual State Avg Service Utilization Valid NOMS Data 61% 88% State Avg Actual % vs Goal % Actual Actual % Goal % Actual vs Goal Clients Receiving Services 111 67% 90% 82% -23% -On-Time Periodic Actual State Avg 16% 53% 6 Month Updates Service Engagement Outpatient Actual % vs Goal % Actual % Goal % State Ava Actual vs Goal Actual State Avg Actual Co-occurring 0% 17 71% 75% 78% -4% 90% 2 or more Services within 30 days MH Screen Complete SA Screen Complete 0% 90% State Avg Diagnosis Actual 100% 98% ✓ Valid Axis I Diagnosis Data Submitted to DMHAS by Month Mar % Months Submitted > 10% Over < 10% Under</p> Admissions 89% Discharges 100% ✓ Goal Met Actual Goal Below Goal 89% Services * State Avg based on 74 Active Standard Outpatient Programs 1 or more Records Submitted to DMHAS

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 Discharge Outcomes Variance % Measure Actual 1 Yr Ago Actual % vs Goal % Actual Actual % Goal % State Ava Actual vs Goal **Unique Clients** 19 20 -5% 100% 60% 72% 40% 🔺 Treatment Completed Successfully 2 Admits 1 -50% Actual % vs Goal % Actual Actual % Goal % State Avg Actual vs Goal 2 -50% Discharges 1 100% 90% 79% 10% Follow-up within 30 Days of Discharge 5% **Bed Days** 4,882 5,146 Recovery National Recovery Measures (NOMS) Actual % vs Goal % Actual Actual % Goal % State Ava Actual vs Goal **Data Submission Quality** Social Support 19 100% 60% 85% 40% Data Entry Actual State Avg 37% 25% 12% 12% **Employed** Valid NOMS Data 78% 17 89% 95% 95% -6% Stable Living Situation On-Time Periodic Actual State Avg **Bed Utilization** 6 Month Updates 67% 90% 12 Months Trend Beds Avg LOS Turnover Actual % Goal % State Avg Actual vs Goal Avg Utilization Rate 89% 90% 92% 1,860 days 0.4 -1% Co-occurring Actual State Avg 100% 98% MH Screen Complete 90-110% >110% < 90% SA Screen Complete 100% 88% Diagnosis State Avg Actual 100% 99% ✓ Valid Axis I Diagnosis Data Submitted to DMHAS by Month Nov Mar % Months Submitted ▲ > 10% Over < 10% Under</p> Admissions 11% Discharges 11% ✓ Goal Met Actual Goal Below Goal 1 or more Records Submitted to DMHAS * State Avg based on 80 Active Supervised Apartments Programs

Program Activity Discharge Outcomes Actual % Measure 1 Yr Ago Variance % Actual % vs Goal % Actual Goal % State Ava Actual vs Goal **Unique Clients** 5 0% N/A N/A 50% 50% N/A Treatment Completed Successfully Admits Recovery Discharges National Recovery Measures (NOMS) Actual % vs Goal % Actual Actual % Goal % State Avg Actual vs Goal Service Hours 0 0% 50% 33% -50% **Employed** 0 0% 55% 42% -55% -Abstinence/Reduced Drug Use **Data Submission Quality** 0 Self Help 0% 60% 15% -60% Data Entry Actual State Avg 0 0% 75% -75% -76% Not Arrested Valid NOMS Data 87% N/A 0 0% 95% -95% -75% Stable Living Situation Valid TEDS Data N/A 85% Service Utilization On-Time Periodic State Avg Actual Goal % State Avg Actual % vs Goal % Actual % Actual vs Goal Actual 6 Month Updates 0% 15% 0 Clients Receiving Services 0% 90% 58% N/A 🔻 Service Engagement Co-occurring Actual State Avg N/A 92% MH Screen Complete Outpatient Actual % vs Goal % Actual vs Goal Actual Actual % Goal % State Ava SA Screen Complete N/A 93% 0% 75% 65% -75% -2 or more Services within 30 days Diagnosis Actual State Avg 100% 99% ✓ Valid Axis I Diagnosis Data Submitted to DMHAS by Month Mar % Months Submitted > 10% Over < 10% Under</p> Admissions 0% 0% Discharges ✓ Goal Met Actual Goal Below Goal Services 0% * State Avg based on 108 Active Standard Outpatient Programs 1 or more Records Submitted to DMHAS

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard

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

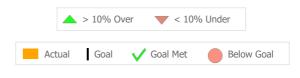
Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	101	104	-3%	
Admits	120	124	-3%	
Discharges	122	122	0%	
Service Hours	126	45	183%	•

Crisis



		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	% Months Submitted
Admission	S										100%
Discharges	5										100%
Services											100%
		1 or mo	ore Reco	rds Subn	nitted to	DMHAS					



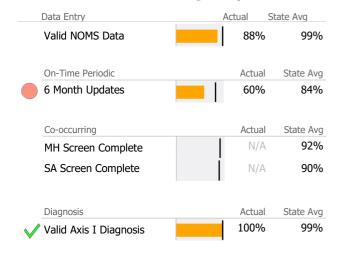
^{*} State Avg based on 26 Active Mobile Crisis Team Programs

Program Activity Discharge Outcomes Variance % Actual % Measure Actual 1 Yr Ago Actual % vs Goal % Actual Goal % State Ava Actual vs Goal **Unique Clients** 293 258 14% 36% 50% 50% -14% Treatment Completed Successfully 30 3% Admits 29 Recovery 7 Discharges 11 57% National Recovery Measures (NOMS) Actual % vs Goal % Actual Actual % Goal % State Avg Actual vs Goal Service Hours 566 554 2% 11 4% 50% 33% -46% -**Employed** 23 8% 55% 42% -47% Abstinence/Reduced Drug Use **Data Submission Quality** 8 Self Help 3% 60% 15% -57% Data Entry Actual State Avg 30 75% -65% -10% 76% Not Arrested Valid NOMS Data 48% 87% 24 8% 95% -87% 🔷 75% Stable Living Situation Valid TEDS Data 51% 85% Service Utilization On-Time Periodic Actual State Avg Goal % State Avg Actual vs Goal Actual % vs Goal % Actual % Actual 6 Month Updates 0% 15% 55 Clients Receiving Services 19% 90% 58% -71% Service Engagement Co-occurring Actual State Avg 43% 92% MH Screen Complete Outpatient Actual % vs Goal % Actual Actual % Goal % State Ava Actual vs Goal SA Screen Complete 43% 93% 20 69% 75% 65% -6% 2 or more Services within 30 days Diagnosis Actual State Avg 100% 99% ✓ Valid Axis I Diagnosis Data Submitted to DMHAS by Month Sep Nov Mar % Months Submitted > 10% Over < 10% Under</p> Admissions 67% 56% Discharges ✓ Goal Met Actual Goal Below Goal Services 89% * State Avg based on 108 Active Standard Outpatient Programs 1 or more Records Submitted to DMHAS

Program Activity

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

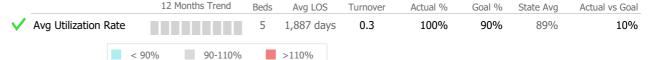
Data Submission Quality



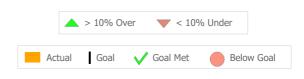
Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Treatment Completed Successfully		N/A	N/A	75%	67%	N/A
	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
No Re-admit within 30 Days of Discharge		N/A	N/A	85%	81%	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%	85%	N/A

Bed Utilization







^{*} State Avg based on 29 Active MH Intensive Res. Rehabilitation Programs

Pilots Program 303-551

Rushford Center

Mental Health - Case Management - Supportive Housing - Scattered Site

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

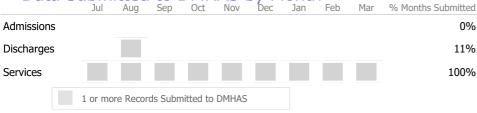
Measure	Actual	1 Yr Ago	Variance %
Unique Clients	15	16	-6%
Admits	-	-	
Discharges	1	1	0%
Service Hours	41	40	1%

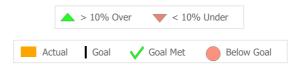
Recovery

National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Stable Living Situation		0	0%	85%	88%	-85%
Service Utilization						
	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Clients Receiving Services		12	86%	90%	97%	-4%

Data Submission Quality

Data Entry	Actual	State Avg
Valid NOMS Data	63%	96%
On-Time Periodic	Actual	State Avg
6 Month Updates	14%	83%





^{*} State Avg based on 109 Active Supportive Housing – Scattered Site Programs

Program Activity Discharge Outcomes Variance % Measure Actual 1 Yr Ago Actual % vs Goal % Actual Actual % Goal % State Ava Actual vs Goal **Unique Clients** 486 417 17% 347 71% 80% 69% -9% Treatment Completed Successfully 23% 🔺 Admits 486 396 Actual % vs Goal % Goal % Actual Actual % State Avg Actual vs Goal 492 422 Discharges 17% 437 89% 85% 88% 4% No Re-admit within 30 Days of Discharge **Bed Days** 8,136 7,499 8% Actual % vs Goal % Actual % Actual vs Goal Actual Goal % State Avg Follow-up within 30 Days of Discharge 155 45% 90% 63% -45% -**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 81% 88% 405 77% 60% 17% Self Help 66% Valid TEDS Data 100% 95% 142 27% 70% 41% -43% -Abstinence/Reduced Drug Use On-Time Periodic Actual State Avg **Bed Utilization** 6 Month Updates N/A 0% 12 Months Trend Avg LOS Turnover Actual % Goal % State Ava Actual vs Goal Avg Utilization Rate 0.1 87% 90% 92% -3% 18 days Co-occurring Actual State Avg 46% 94% MH Screen Complete < 90% 90-110% >110% SA Screen Complete 38% 94% Diagnosis Actual State Avg Valid Axis I Diagnosis 100% 100% 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 * State Avg based on 8 Active SA Intensive Res. Rehabilitation 3.7 Programs

1 or more Records Submitted to DMHAS

Connecticut Dept of Mental Health and Addiction Services Program Quality Dashboard

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

✓ Goal Met

* State Avg based on 7 Active Medically Monitored Detox 3.7D Programs

Below Goal

Actual

Goal

Program Activity Discharge Outcomes State Avg Measure Actual 1 Yr Ago Variance % Actual % vs Goal % Actual Actual % Goal % Actual vs Goal **Unique Clients** 724 722 0% Treatment Completed Successfully 586 66% 80% 69% -14% Admits 891 870 2% Actual % vs Goal % Actual Actual % Goal % State Avg Actual vs Goal 887 Discharges 876 1% 728 82% 85% 81% -3% No Re-admit within 30 Days of Discharge **Bed Days** 3,554 1% 3,508 Actual % vs Goal % Actual % Actual vs Goal Actual Goal % State Avg Follow-up within 30 Days of Discharge 312 53% 90% 54% -37% **Data Submission Quality Bed Utilization** Data Entry Actual State Avg Valid NOMS Data 78% 86% 12 Months Trend Avg LOS Beds Turnover Actual % Goal % State Avg Actual vs Goal Valid TEDS Data 100% 98% Avg Utilization Rate 90% 19 4 days 0.0 68% 70% -22% **T** 90-110% >110% On-Time Periodic Actual State Avg 6 Month Updates N/A N/A Co-occurring Actual State Avg 58% 96% MH Screen Complete SA Screen Complete 54% 96% 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

Rushford Community Support/RP Program

Rushford Center

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)

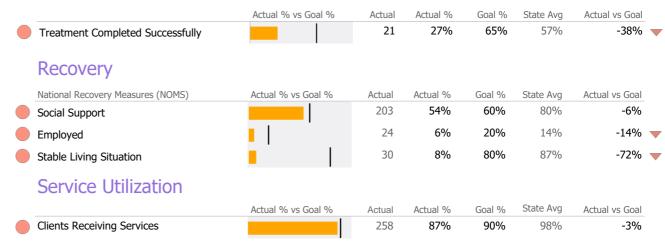
Program Activity

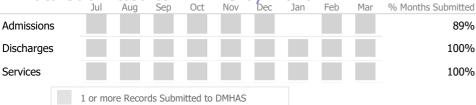
Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	371	417	-11%	lacktriangle
Admits	25	49	-49%	•
Discharges	78	73	7%	
Service Hours	2,459	3,885	-37%	•

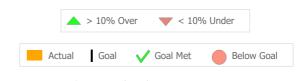
Data Submission Quality

Data Entry	Actual	State Avg
Valid NOMS Data	66%	84%
On-Time Periodic	Actual	State Avg
6 Month Updates	21%	84%
Co-occurring	Actua	State Avg
MH Screen Complete	12%	96%
SA Screen Complete	4%	95%
Diagnosis	Actual	State Avg
✓ Valid Axis I Diagnosis	100%	98%

Discharge Outcomes







^{*} State Avg based on 36 Active CSP Programs

Mental Health - Case Management - Supportive Housing - Scattered Site

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard

Goal %

State Avg

Actual vs Goal

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

Actual %

Program Activity

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	33	34	-3%
Admits	2	5	-60% ▼
Discharges	1	3	-67% ▼
Service Hours	151	123	22% 🔺

Recovery

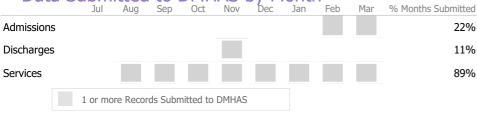
National Recovery Measures (NOMS)

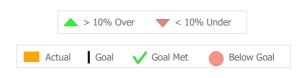
	Stable Living Situation		3	9%	85%	88%	-76%
	Service Utilization						
		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
/	Clients Receiving Services		32	100%	90%	97%	10%

Actual % vs Goal %

Data Submission Quality

Data Entry	Actual	State Avg
Valid NOMS Data	810	% 96%
On-Time Periodic	Actu	al State Avg
6 Month Updates	300	% 83%





^{*} State Avg based on 109 Active Supportive Housing – Scattered Site Programs

Program Activity Discharge Outcomes Variance % Measure Actual 1 Yr Ago Actual % vs Goal % Actual Actual % Goal % State Ava Actual vs Goal **Unique Clients** 119 84 42% 🔺 69 64% 70% 69% -6% Treatment Completed Successfully Admits 115 62 85% Actual % vs Goal % Actual Actual % Goal % State Avg Actual vs Goal 32% 🔺 Discharges 108 82 95 88% 85% 91% 3% No Re-admit within 30 Days of Discharge **Bed Days** 5,926 17% 5,085 Actual % vs Goal % Actual % Actual vs Goal Actual Goal % State Avg Follow-up within 30 Days of Discharge 38 55% 90% 69% -35% **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 90% 86% 106 82% 70% 66% 12% 🔺 Abstinence/Reduced Drug Use 99% Valid TEDS Data 93% **Bed Utilization** On-Time Periodic State Avg Actual 12 Months Trend Beds Avg LOS Turnover Actual % Goal % State Avg Actual vs Goal 6 Month Updates N/A 8% Avg Utilization Rate 83% 90% -7% 58 days 0.2 89% Co-occurring Actual State Avg < 90% 90-110% >110% 83% 95% MH Screen Complete SA Screen Complete 79% 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> 100% Admissions 100% 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

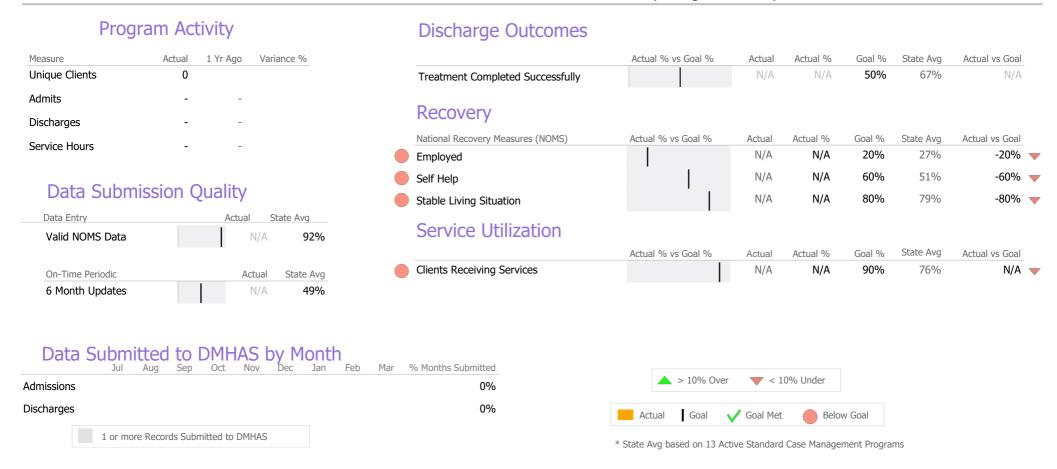
SUD CM/ Substance Use Disorder Case Management

Rushford Center

Addiction - Case Management - Standard Case Management

Connecticut Dept of Mental Health and Addiction Services Program Quality Dashboard

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



Connecticut Dept of Mental Health and Addiction Services Program Quality Dashboard

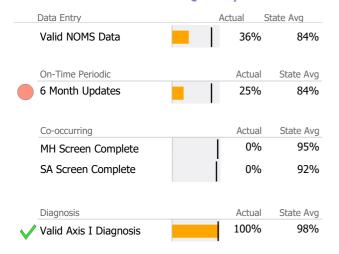
Reporting Period: July 2021 - March 2022 (Data as of Jun 27, 2022)

Program Activity Discharge Outcomes Variance % Actual % Measure Actual 1 Yr Ago Actual % vs Goal % Actual Goal % State Ava Actual vs Goal **Unique Clients** 149 122 22% 🔺 3 12% 50% 50% -38% Treatment Completed Successfully 44% Admits 36 25 Recovery Discharges 24 14 71% National Recovery Measures (NOMS) Actual % vs Goal % Actual Actual % Goal % State Avg Actual vs Goal Service Hours 437 487 -10% 19 13% 50% 33% -37% **Employed** 26 17% 55% 42% -38% -Abstinence/Reduced Drug Use **Data Submission Quality** 39 26% 75% 76% -49% -Not Arrested Data Entry Actual State Avg 10 7% 15% -53% -60% Self Help Valid NOMS Data 65% 87% 33 95% 22% 75% -73% -Stable Living Situation Valid TEDS Data 59% 85% Service Utilization On-Time Periodic State Avg Actual Goal % State Avg Actual % vs Goal % Actual % Actual vs Goal Actual 6 Month Updates 1% 15% 39 Clients Receiving Services 31% 90% 58% -59% Service Engagement Co-occurring Actual State Avg 31% 92% MH Screen Complete Outpatient Actual % vs Goal % Actual Actual % Goal % State Ava Actual vs Goal SA Screen Complete 31% 93% 23 66% 75% 65% -9% 2 or more Services within 30 days Diagnosis Actual State Avg 100% 99% 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 Services 100% * State Avg based on 108 Active Standard Outpatient Programs 1 or more Records Submitted to DMHAS

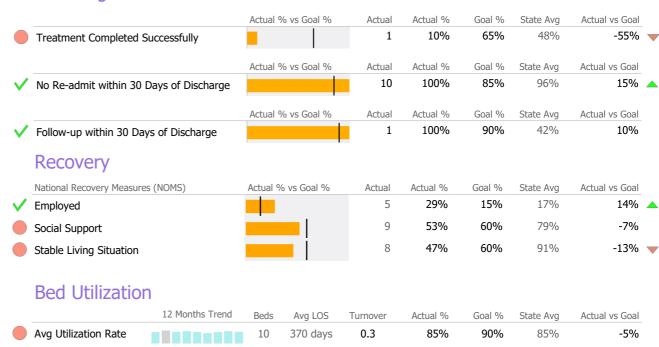
Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	17	12	42%	•
Admits	9	5	80%	•
Discharges	10	7	43%	•
Bed Days	2,319	1,694	37%	•

Data Submission Quality

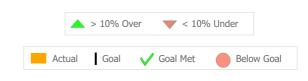


Discharge Outcomes



Data Submitted to DMHAS by Month





^{*} State Avg based on 23 Active Assertive Community Treatment Programs

90-110%

< 90%

>110%