Capitol Region Mental Health Center

Hartford, CT

Connecticut Dept of Mental Health and Addiction Services
Provider Quality Dashboard

Reporting Period: July 2021 - June 2022 (Data as of Oct 03, 2022)

Provider Activity Consumer Satisfaction Survey (Based on 144 FY21 Surveys) Monthly Trend Actual 1 Yr Ago Variance % Measure **Ouestion Domain** Satisfied % vs Goal% Satisfied % Goal % State Ava **Unique Clients** 1,772 5% 1,691 Overall 94% 80% 91% Admits 1,335 1,191 12% General Satisfaction 93% 80% 92% 1,498 **Quality and Appropriateness** 88% 80% 93% 1,279 17% Discharges Participation in Treatment 87% 80% 92% Service Hours 39% ▲ 23,213 16,645 Access 88% 85% 80% **Bed Days** 6,115 7,576 **-19%** ▼ Respect 83% 80% 91% Outcome 83% 82% 80% ▲ > 10% Over 1 Yr Ago > 10% Under 1Yr Ago Recovery 78% 80% 79% Clients by Level of Care Goal % ✓ Goal Met Satisfied % 0-80% 80-100% Under Goal Program Type Level of Care Type % Client Demographics **Mental Health** Outpatient 861 31.2% Gender Age # % State Avg # % State Avg Crisis Services 22.2% 614 14% 1,036 58% 59% 18-25 244 10% Male Social Rehabilitation 520 18.8% Female 725 41% 41% 26-34 17% 22% 304 ACT 140 5.1% Transgender 1% 0% 20% 10 35-44 357 23% Community Support 126 4.6% 18% 45-54 313 18% Intake 90 3.3% 55-64 345 20% 18% Other 35 1.3% Race % State Avg 65+ 203 11% 8% Inpatient Services 30 1.1% Black/African American 653 41% 17% Residential Services 4 0.1% **Ethnicity** White/Caucasian 532 33% 61% # % State Avg Other 326 20% 13% **Forensic MH** Non-Hispanic 1,107 62% 68% Unknown 48 3% 6% Forensics Community-based 260 9.4% Hisp-Puerto Rican 265 15% 11% Asian 28 2% 1% Outpatient 51 1.8% Unknown 12% 235 13% Multiple Races 1% 1% 14 Case Management 29 1.1% Hispanic-Other 9% 9% 156 Am. Indian/Native Alaskan 0% 0% Hispanic-Mexican 0% 6 Hawaiian/Other Pacific Islander 3 0% 0% Hispanic-Cuban 3 0% 0%

Unique Clients State Avg

▲ > 10% Over State Avg

▼ > 10% Under State Avg

500 Vine Jail Div

Capitol Region Mental Health Center

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

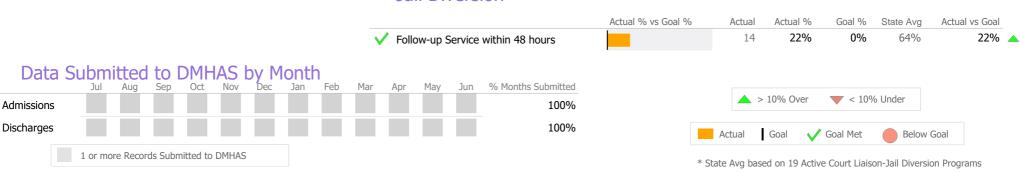
Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard

Reporting Period: July 2021 - June 2022 (Data as of Oct 03, 2022)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	256	197	30%	•
Admits	222	182	22%	•
Discharges	254	138	84%	•

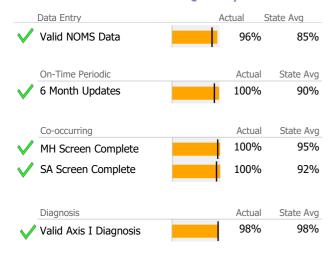
Jail Diversion



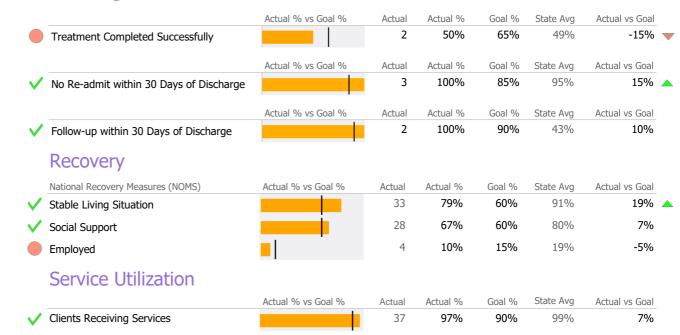
Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	42	42	0%	
Admits	2	1	100% 🔺	•
Discharges	4	2	100% 🔺	•
Service Hours	1,091	993	10%	

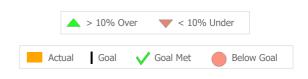
Data Submission Quality



Discharge Outcomes







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

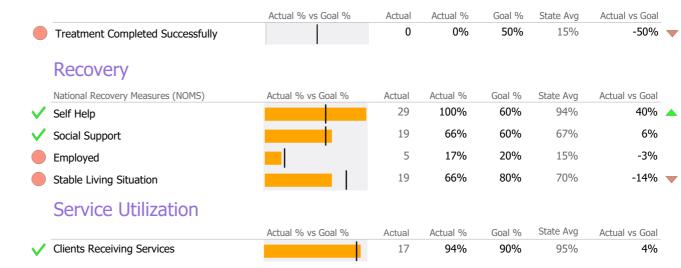
Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	29	23	26%	•
Admits	20	9	122%	•
Discharges	11	14	-21%	•
Service Hours	573	566	1%	

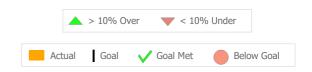
Data Submission Quality

Data Entry	Ac	ctual S	tate Avg
Valid NOMS Data		90%	91%
On-Time Periodic		Actual	State Avg
6 Month Updates		83%	88%

Discharge Outcomes



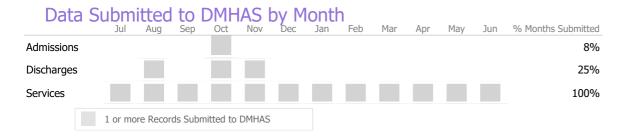


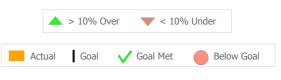


^{*} State Avg based on 3 Active Standard Case Management Programs

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	8	10	-20%	•
Admits	1	3	-67%	•
Discharges	4	2	100%	•
Service Hours	334	240	39%	•





* State Avg based on 3 Active Re-entry Programs Programs

CRMHC UM Screening

Capitol Region Mental Health Center

Mental Health - Intake - UM Screening

Connecticut Dept of Mental Health and Addiction Services Program Quality Dashboard

Reporting Period: July 2021 - June 2022 (Data as of Oct 03, 2022)

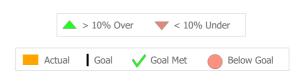
Program Activity

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

Data Submitted to DMHAS by Month



1 or more Records Submitted to DMHAS

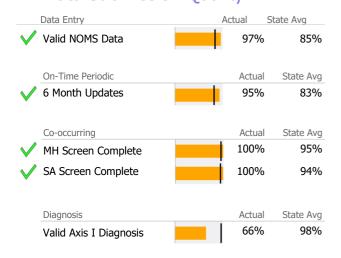


^{*} State Avg based on 0 Active UM Screening Programs

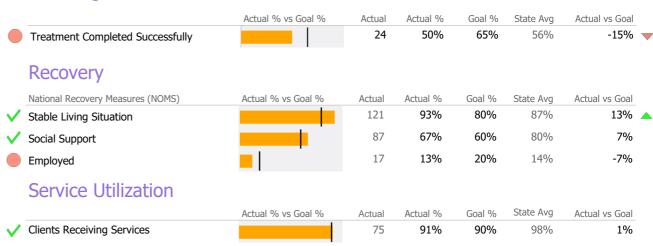
Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	126	121	4%	
Admits	46	28	64%	•
Discharges	48	38	26%	•
Service Hours	1,955	792	147%	•

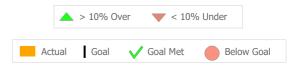
Data Submission Quality



Discharge Outcomes







^{*} State Avg based on 38 Active CSP Programs

Deaf and Hard of Hearing Team

Capitol Region Mental Health Center

Mental Health - Outpatient - Standard Outpatient

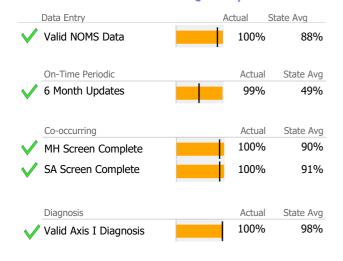
Connecticut Dept of Mental Health and Addiction Services Program Quality Dashboard

Reporting Period: July 2021 - June 2022 (Data as of Oct 03, 2022)

Program Activity

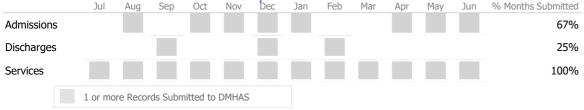
Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	85	93	-9%	
Admits	10	9	11%	•
Discharges	4	18	-78%	•
Service Hours	1,070	1,320	-19%	•

Data Submission Quality



Discharge Outcomes







^{*} State Avg based on 74 Active Standard Outpatient Programs

Forensic Outpatient 3120140F

Capitol Region Mental Health Center

Forensic MH - Outpatient - Standard Outpatient

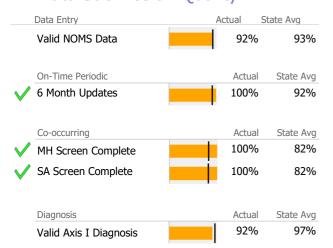
Connecticut Dept of Mental Health and Addiction Services Program Quality Dashboard

Reporting Period: July 2021 - June 2022 (Data as of Oct 03, 2022)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	51	50	2%	
Admits	16	18	-11%	•
Discharges	27	14	93%	•
Service Hours	1,077	822	31%	•

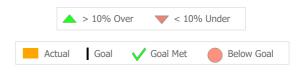
Data Submission Quality



Discharge Outcomes







^{*} State Avg based on 3 Active Standard Outpatient Programs

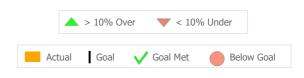
Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	352	273	29%	•
Admits	430	305	41%	•
Discharges	427	304	40%	•

Crisis

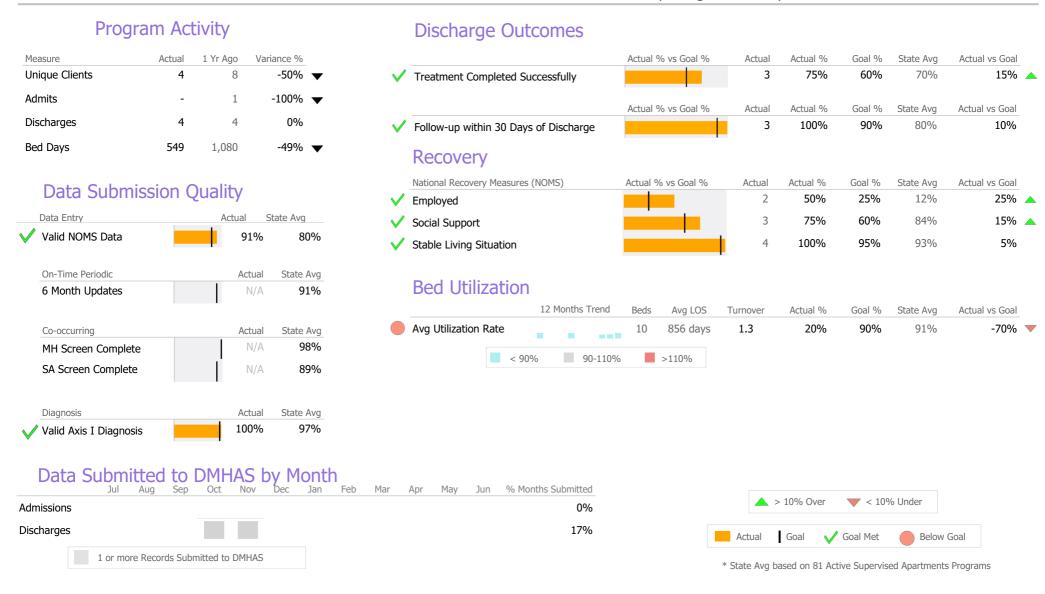


	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	% Months Submitted
Admissions													100%
Discharges													100%
	1 or mo	ore Recor	ds Subn	nitted to	DMHAS								



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

Capitol Region Mental Health Center Mental Health - Residential Services - Supervised Apartments



Inpatient Treatment Unit

Capitol Region Mental Health Center

Mental Health - Inpatient Services - Non-Certified Subacute

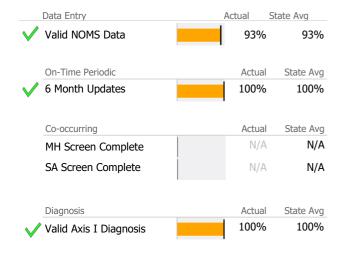
Connecticut Dept of Mental Health and Addiction Services Program Quality Dashboard

Reporting Period: July 2021 - June 2022 (Data as of Oct 03, 2022)

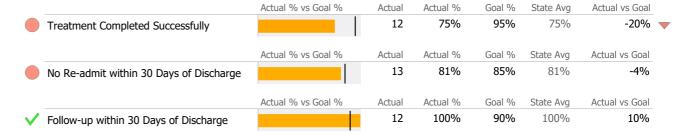
Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	30	30	0%	
Admits	17	15	13%	•
Discharges	16	15	7%	
Bed Days	5,566	5,475	2%	

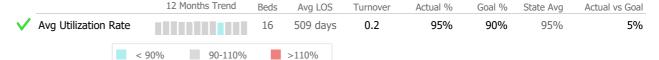
Data Submission Quality



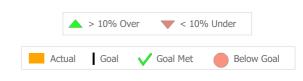
Discharge Outcomes



Bed Utilization





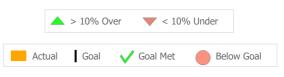


^{*} State Avg based on 1 Active Non-Certified Subacute Programs

Program Activity

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	90	90	0%
Admits	75	68	10%
Discharges	71	75	-5%
Service Hours	360	430	-16% 🔻

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	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	% Months Submitted
Admissions													100%
Discharges													100%
Services													100%
	1 or n	nore Recor	ds Sub	mitted to	DMHAS								

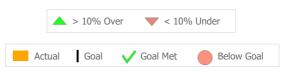


^{*} State Avg based on 16 Active Central Intake Programs

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	35	30	17%	•
Admits	21	8	163%	•
Discharges	17	15	13%	•
Service Hours	130	212	-39%	•

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	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	% Months Submitted
Admissions													92%
Discharges													83%
Services													100%
	1 or mo	ore Recor	ds Subr	mitted to	DMHAS	5							



^{*} State Avg based on 26 Active Other Programs

Connecticut Dept of Mental Health and Addiction Services

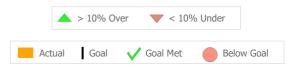
Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	319	320	0%	
Admits	404	462	-13%	•
Discharges	398	461	-14%	•

Crisis



	Ju	l Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	% Months Submitted
Admissions	5												100%
Discharges	;												100%
1 or more Records Submitted to DMHAS													



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

Peer Support

Capitol Region Mental Health Center

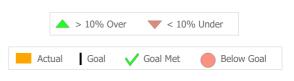
Mental Health - Social Rehabilitation - Social Rehabilitation

Connecticut Dept of Mental Health and Addiction Services Program Quality Dashboard

Reporting Period: July 2021 - June 2022 (Data as of Oct 03, 2022)

Program Activity Service Utilization State Avg Actual % vs Goal % Actual Actual % Goal % Actual vs Goal Measure Actual 1 Yr Ago Variance % Clients Receiving Services 29 6% 90% 75% -84% -**Unique Clients** 520 581 -10% Admits 62 2% Discharges 61 41% 🔺 Service Hours 18 13 Social Rehab/PHP/IOP 0 Days





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

1 or more Records Submitted to DMHAS

* State Avg based on 74 Active Standard Outpatient Programs

Reporting Period: July 2021 - June 2022 (Data as of Oct 03, 2022)

Program Activity Discharge Outcomes Variance % Measure Actual 1 Yr Ago Actual % vs Goal % Actual Actual % Goal % State Ava Actual vs Goal **Unique Clients** 397 425 -7% Treatment Completed Successfully 19 28% 50% 41% -22% -56% 🔻 Admits 14 32 Recovery 58% Discharges 68 43 National Recovery Measures (NOMS) Actual % vs Goal % Actual Actual % Goal % State Avg Actual vs Goal Service Hours 3,660 3,329 10% 256 64% 60% 62% 4% Social Support 373 94% 95% 73% -1% Stable Living Situation **Data Submission Quality** -19% **Employed** 43 11% 30% 26% Data Entry Actual State Avg Service Utilization Valid NOMS Data 98% 88% State Avg Actual % vs Goal % Actual Actual % Goal % Actual vs Goal Clients Receiving Services 329 100% 90% 84% 10% On-Time Periodic Actual State Avg 6 Month Updates 89% 49% Service Engagement Outpatient Actual % vs Goal % Actual % Goal % State Avg Actual vs Goal Co-occurring Actual State Avg Actual 18% 100% 90% 2 or more Services within 30 days 13 93% 75% 79% MH Screen Complete SA Screen Complete 100% 91% Diagnosis State Avg Actual 75% 98% Valid Axis I Diagnosis Data Submitted to DMHAS by Month Mar Apr Jun % Months Submitted > 10% Over < 10% Under</p> Admissions 75% Discharges 100% Actual Goal ✓ Goal Met Below Goal Services 100%

1 or more Records Submitted to DMHAS

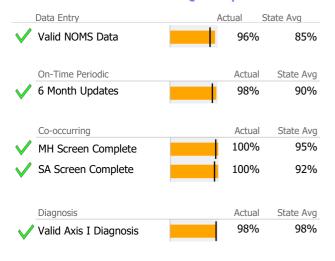
Reporting Period: July 2021 - June 2022 (Data as of Oct 03, 2022)

Program Activity Discharge Outcomes Variance % Actual % Measure Actual 1 Yr Ago Actual % vs Goal % Actual Goal % State Ava Actual vs Goal **Unique Clients** 393 399 -2% Treatment Completed Successfully 6 11% 50% 41% -39% 32 39% 🔺 Admits 23 Recovery 56 Discharges 38 47% National Recovery Measures (NOMS) Actual % vs Goal % Actual Actual % Goal % State Avg Actual vs Goal Service Hours 3,743 4,537 -17% 316 80% 60% 62% 20% 🔺 Social Support 378 96% 95% 73% 1% Stable Living Situation **Data Submission Quality Employed** 63 16% 30% 26% -14% Data Entry Actual State Avg Service Utilization Valid NOMS Data 97% 88% State Avg Actual % vs Goal % Actual Actual % Goal % Actual vs Goal Clients Receiving Services 336 99% 90% 84% 9% On-Time Periodic Actual State Avg 6 Month Updates 97% 49% Service Engagement Outpatient Actual % vs Goal % Actual Actual % Goal % State Ava Actual vs Goal Co-occurring Actual State Avg 92% 90% 2 or more Services within 30 days 24 75% 75% 79% 0% MH Screen Complete SA Screen Complete 100% 91% Diagnosis State Avg Actual 90% 98% Valid Axis I Diagnosis Data Submitted to DMHAS by Month May % Months Submitted > 10% Over < 10% Under</p> Admissions 83% Discharges 100% ✓ Goal Met Actual Goal Below Goal Services 100% * State Avg based on 74 Active Standard Outpatient Programs

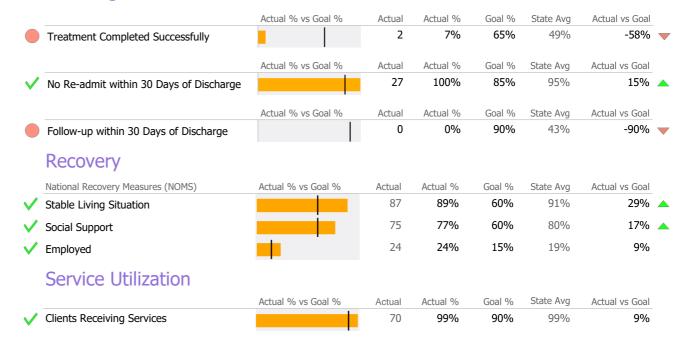
Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	98	109	-10%	•
Admits	25	26	-4%	
Discharges	27	36	-25%	•
Service Hours	9,202	3,392	171%	•

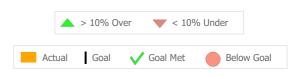
Data Submission Quality



Discharge Outcomes







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