SCADD
Lebanon, 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

Monthly Trend	Measure	Actual	1 Yr Ago	Variance %	
	Unique Clients	1,964	1,960	0%	
	Admits	2,523	2,360	7%	
	Discharges	2,442	2,446	0%	
	Service Hours	3,656	4,891	-25%	▼
	Bed Days	44,162	30,354	45%	▲
	S.Rehab/PHP/IOP	1,317	1,576	-16%	▼

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

Clients by Level of Care

Program Type	Level of Care Type	#	%
Addiction			
	Residential Services	1,394	61.6%
	Outpatient	448	19.8%
	IOP	95	4.2%
	Medication Assisted Treatment	66	2.9%
Forensic SA			
	Forensics Community-based	185	8.2%
	Case Management	76	3.4%

Consumer Satisfaction Survey   (Based on 278 FY21 Surveys)

	Question Domain	Satisfied % vs Goal%	Satisfied %	Goal %	State Avg
✓	Participation in Treatment		86%	80%	92%
●	Quality and Appropriateness		78%	80%	93%
●	Recovery		77%	80%	79%
●	Overall		76%	80%	91%
●	General Satisfaction		76%	80%	92%
●	Outcome		75%	80%	83%
●	Respect		75%	80%	91%
●	Access		73%	80%	88%

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

Client Demographics

Age	#	%	State Avg
18-25	146	7%	10%
26-34	591	30%	22%
35-44	580	30%	23%
45-54	373	19%	18%
55-64	248	13%	18%
65+	26	1%	8%

Gender	#	%		State Avg
Male	1,545	79%	▲	59%
Female	414	21%	▼	41%
Transgender				0%

Ethnicity	#	%		State Avg
Non-Hispanic	1,585	81%	▲	68%
Hisp-Puerto Rican	227	12%		11%
Hispanic-Other	79	4%		9%
Unknown	61	3%		12%
Hispanic-Mexican	8	0%		1%
Hispanic-Cuban	4	0%		0%

Race	#	%		State Avg
White/Caucasian	1,436	73%	▲	61%
Black/African American	294	15%		17%
Other	154	8%		13%
Unknown	50	3%		6%
Am. Indian/Native Alaskan	12	1%		0%
Asian	9	0%		1%
Hawaiian/Other Pacific Islander	5	0%		0%
Multiple Races	4	0%		1%

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.

Bank St 922402

SCADD

Addiction - Residential Services - Transitional/Halfway House 3.1

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	53	47	13%	▲
Admits	49	41	20%	▲
Discharges	44	45	-2%	
Bed Days	3,171	2,831	12%	▲

Discharge Outcomes

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
🔴	Treatment Completed Successfully		32	73%	85%	64%	-12%	▼
✓	No Re-admit within 30 Days of Discharge		41	93%	85%	83%	8%	
✓	Follow-up within 30 Days of Discharge		29	91%	90%	73%	1%	

Data Submission Quality

Data Entry		Actual	State Avg
✓	Valid NOMS Data	94%	87%
✓	Valid TEDS Data	100%	86%

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

Co-occurring	Actual	State Avg
MH Screen Complete	93%	98%
SA Screen Complete	82%	98%

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

Recovery

National Recovery Measures (NOMS)

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓	Abstinence/Reduced Drug Use		53	98%	70%	81%	28%	▲
🔴	Employed		28	52%	60%	38%	-8%	

Bed Utilization

		12 Months Trend	Beds	Avg LOS	Turnover	Actual %	Goal %	State Avg	Actual vs Goal
🔴	Avg Utilization Rate		10	76 days	0.1	87%	90%	85%	-3%

▆ < 90%	▆ 90-110%	▆ >110%

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	% Months Submitted
Admissions	▢	▢	▢	▢	▢	▢	▢	▢	▢	▢	▢	▢	100%
Discharges	▢	▢	▢	▢	▢	▢	▢	▢	▢	▢	▢	▢	100%

▢ 1 or more Records Submitted to DMHAS

▲ > 10% Over	▼ < 10% Under

▆ Actual	│ Goal	✓ Goal Met	🔴 Below Goal

* State Avg based on 9 Active Transitional/Halfway House 3.1 Programs

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

Coit St Women-DMHAS 922401
SCADD
Addiction - Residential Services - Transitional/Halfway House 3.1

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	43	32	34%	▲
Admits	35	22	59%	▲
Discharges	36	23	57%	▲
Bed Days	3,216	2,334	38%	▲

Discharge Outcomes

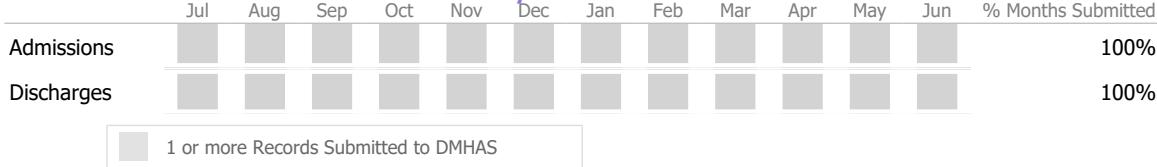|		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
🔴	Treatment Completed Successfully		17	47%	85%	64%	-38%	▼
✓	No Re-admit within 30 Days of Discharge		32	89%	85%	83%	4%	
✓	Follow-up within 30 Days of Discharge		16	94%	90%	73%	4%	

Recovery

National Recovery Measures (NOMS)		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓	Abstinence/Reduced Drug Use		41	93%	70%	81%	23%	▲
🔴	Employed		8	18%	60%	38%	-42%	▼

Data Submission Quality

Data Entry		Actual	State Avg
✓	Valid NOMS Data	91%	87%
✓	Valid TEDS Data	100%	86%

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

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

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

Bed Utilization

		12 Months Trend	Beds	Avg LOS	Turnover	Actual %	Goal %	State Avg	Actual vs Goal
🔴	Avg Utilization Rate		11	113 days	0.2	80%	90%	85%	-10%

🟦 < 90%   ⬜ 90-110%   🟥 >110%

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	% Months Submitted
Admissions	⬜	⬜	⬜	⬜	⬜	⬜	⬜	⬜	⬜	⬜	⬜	⬜	100%
Discharges	⬜	⬜	⬜	⬜	⬜	⬜	⬜	⬜	⬜	⬜	⬜	⬜	100%

⬜ 1 or more Records Submitted to DMHAS

▲ > 10% Over   ▼ < 10% Under

🟧 Actual | Goal   ✓ Goal Met   🔴 Below Goal

* State Avg based on 9 Active Transitional/Halfway House 3.1 Programs

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

Detox 922600
SCADD
Addiction - Residential Services - Medically Monitored Detox 3.7D

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	925	896	3%
Admits	1,213	1,146	6%
Discharges	1,208	1,146	5%
Bed Days	4,835	4,806	1%

Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
● Treatment Completed Successfully		779	64%	80%	69%	-16% ▼
● No Re-admit within 30 Days of Discharge		981	81%	85%	80%	-4%
● Follow-up within 30 Days of Discharge		456	59%	90%	54%	-31% ▼

Data Submission Quality

Data Entry	Actual	State Avg
✓ Valid NOMS Data	95%	86%
✓ Valid TEDS Data	100%	98%

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

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

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

Bed Utilization

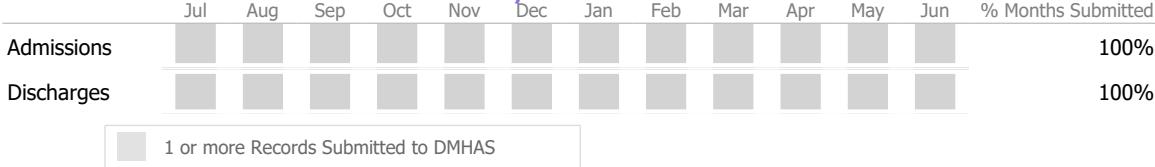|	12 Months Trend	Beds	Avg LOS	Turnover	Actual %	Goal %	State Avg	Actual vs Goal
● Avg Utilization Rate		20	4 days	0.0	66%	90%	69%	-24% ▼

	< 90%		90-110%		>110%

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	% Months Submitted
Admissions	■	■	■	■	■	■	■	■	■	■	■	■	100%
Discharges	■	■	■	■	■	■	■	■	■	■	■	■	100%

☐ 1 or more Records Submitted to DMHAS

▲ > 10% Over   ▼ < 10% Under

■ Actual | Goal   ✓ Goal Met   ● Below Goal

* State Avg based on 8 Active Medically Monitored Detox 3.7D Programs

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

Lebanon Pines-CSSD 922702
SCADD
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 - June 2022 (Data as of Oct 03, 2022)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	51	41	24%	▲
Admits	42	38	11%	▲
Discharges	42	37	14%	▲
Bed Days	3,509	3,339	5%	

Discharge Outcomes

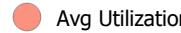|		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
🔴	Treatment Completed Successfully		29	69%	70%	66%	-1%	
✔	No Re-admit within 30 Days of Discharge		39	93%	85%	91%	8%	
🔴	Follow-up within 30 Days of Discharge		18	62%	90%	68%	-28%	▼

Data Submission Quality

Data Entry		Actual	State Avg
	Valid NOMS Data	79%	86%
✔	Valid TEDS Data	100%	93%

On-Time Periodic	Actual	State Avg
6 Month Updates	N/A	36%

Co-occurring		Actual	State Avg
✔	MH Screen Complete	100%	94%
✔	SA Screen Complete	100%	92%

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

Recovery
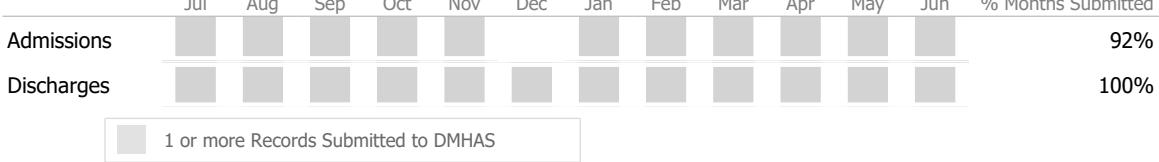
National Recovery Measures (NOMS)		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✔	Abstinence/Reduced Drug Use		41	80%	70%	68%	10%	▲

Bed Utilization

		12 Months Trend	Beds	Avg LOS	Turnover	Actual %	Goal %	State Avg	Actual vs Goal
🔴	Avg Utilization Rate		11	105 days	0.1	87%	90%	92%	-3%

▢ < 90%	▢ 90-110%	▢ >110%

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	% Months Submitted
Admissions	▢	▢	▢	▢	▢		▢	▢	▢	▢	▢		92%
Discharges	▢	▢	▢	▢	▢	▢	▢	▢	▢	▢	▢		100%

▢ 1 or more Records Submitted to DMHAS

▲ > 10% Over	▼ < 10% Under

▢ Actual		Goal	✔ Goal Met	🔴 Below Goal

* State Avg based on 29 Active Intermediate/Long Term Res.Tx 3.5 Programs

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

Lebanon Pines-DMHAS 922701
SCADD
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 - June 2022 (Data as of Oct 03, 2022)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	481	233	106%	▲
Admits	464	239	94%	▲
Discharges	429	218	97%	▲
Bed Days	25,582	14,071	82%	▲

Discharge Outcomes

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
🔴	Treatment Completed Successfully		248	58%	70%	66%	-12%	▼
✓	No Re-admit within 30 Days of Discharge		377	88%	85%	91%	3%	
🔴	Follow-up within 30 Days of Discharge		175	71%	90%	68%	-19%	▼

Data Submission Quality

Data Entry		Actual	State Avg
	Valid NOMS Data	73%	86%
✓	Valid TEDS Data	100%	93%

On-Time Periodic	Actual	State Avg
6 Month Updates	N/A	36%

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

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

Recovery

National Recovery Measures (NOMS)

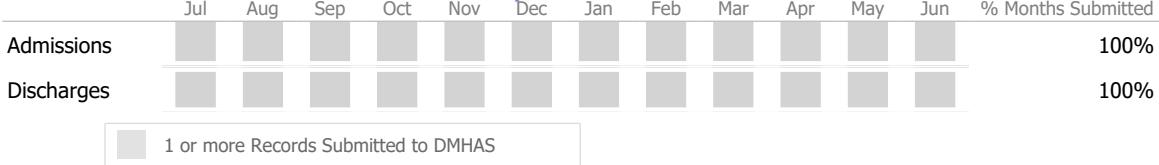|		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
🔴	Abstinence/Reduced Drug Use		280	55%	70%	68%	-15%	▼

Bed Utilization

		12 Months Trend	Beds	Avg LOS	Turnover	Actual %	Goal %	State Avg	Actual vs Goal
✓	Avg Utilization Rate		76	69 days	0.1	92%	90%	92%	2%

■ < 90%   ■ 90-110%   ■ >110%

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	% Months Submitted
Admissions	■	■	■	■	■	■	■	■	■	■	■	■	100%
Discharges	■	■	■	■	■	■	■	■	■	■	■	■	100%

■ 1 or more Records Submitted to DMHAS

▲ > 10% Over   ▼ < 10% Under

■ Actual | Goal   ✓ Goal Met   🔴 Below Goal

* State Avg based on 29 Active Intermediate/Long Term Res.Tx 3.5 Programs

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

Main St Men 922403
SCADD
Addiction - Residential Services - Transitional/Halfway House 3.1

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	71	62	15%	▲
Admits	63	56	13%	▲
Discharges	61	53	15%	▲
Bed Days	3,849	2,973	29%	▲

Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
🔴 Treatment Completed Successfully		38	62%	85%	64%	-23%	▼
🔴 No Re-admit within 30 Days of Discharge		50	82%	85%	83%	-3%	
🔴 Follow-up within 30 Days of Discharge		27	71%	90%	73%	-19%	▼

Data Submission Quality

Data Entry	Actual	State Avg
Valid NOMS Data	81%	87%
✔ Valid TEDS Data	99%	86%

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

Co-occurring	Actual	State Avg
MH Screen Complete	95%	98%
SA Screen Complete	93%	98%

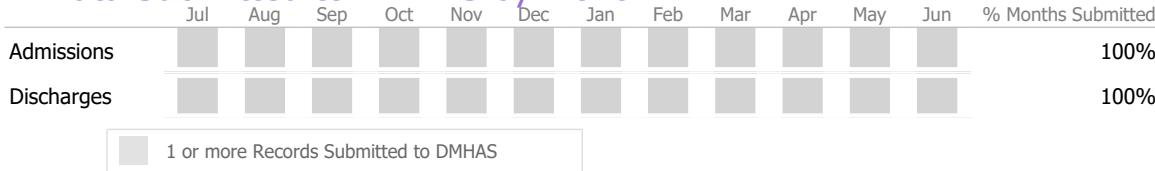| Diagnosis	Actual	State Avg
✔ Valid Axis I Diagnosis	100%	100%

Recovery

National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✔ Abstinence/Reduced Drug Use		68	92%	70%	81%	22%	▲
🔴 Employed		13	18%	60%	38%	-42%	▼

Bed Utilization

	12 Months Trend	Beds	Avg LOS	Turnover	Actual %	Goal %	State Avg	Actual vs Goal
🔴 Avg Utilization Rate		13	68 days	0.1	81%	90%	85%	-9%

■ < 90%   ■ 90-110%   ■ >110%

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	% Months Submitted
Admissions	■	■	■	■	■	■	■	■	■	■	■	■	100%
Discharges	■	■	■	■	■	■	■	■	■	■	■	■	100%

■ 1 or more Records Submitted to DMHAS

▲ > 10% Over   ▼ < 10% Under

■ Actual | Goal   ✔ Goal Met   🔴 Below Goal

* State Avg based on 9 Active Transitional/Halfway House 3.1 Programs

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

New London IOP 922750
SCADD
Addiction - IOP - Standard IOP

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	95	82	16%	▲
Admits	92	82	12%	▲
Discharges	81	86	-6%	
Service Hours	62	192	-68%	▼
Social Rehab/PHP/IOP Days	1,317	1,576	-16%	▼

Data Submission Quality

Data Entry	Actual % vs State Avg	Actual	State Avg
Valid NOMS Data		40%	85%
✓ Valid TEDS Data		100%	87%

On-Time Periodic		Actual	State Avg
6 Month Updates		N/A	0%

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

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

Discharge Outcomes

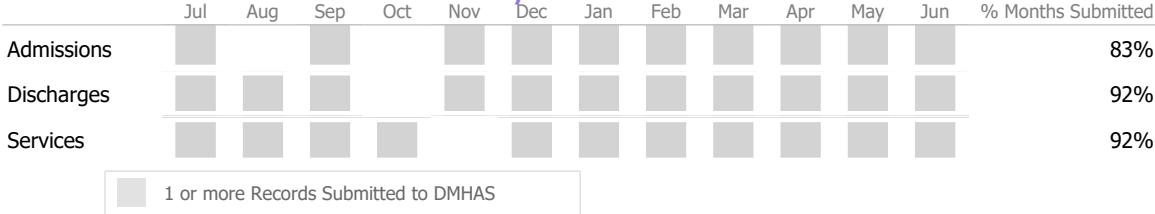|	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
🔴 Treatment Completed Successfully		27	33%	50%	53%	-17%	▼
🔴 Follow-up within 30 Days of Discharge		21	78%	90%	65%	-12%	▼

Recovery

National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
🔴 Abstinence/Reduced Drug Use		41	43%	55%	55%	-12%	▼
🔴 Stable Living Situation		76	79%	95%	87%	-16%	▼
🔴 Employed		23	24%	50%	19%	-26%	▼
🔴 Self Help		1	1%	60%	18%	-59%	▼
🔴 Not Arrested		4	4%	75%	64%	-71%	▼

Service Utilization

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
✓ Clients Receiving Services		15	100%	90%	77%	10%

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	% Months Submitted
Admissions	■		■		■	■	■	■	■	■	■	■	83%
Discharges	■	■	■		■	■	■	■	■	■	■	■	92%
Services	■	■	■	■		■	■	■	■	■	■	■	92%

■ 1 or more Records Submitted to DMHAS

Legend:
▲ > 10% Over ▼ < 10% Under
Actual | Goal ✓ Goal Met 🔴 Below Goal

* State Avg based on 63 Active Standard IOP Programs

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

New London Outpatient 922407
SCADD
Addiction - 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	448	634	-29%	▼
Admits	390	571	-32%	▼
Discharges	347	612	-43%	▼
Service Hours	2,761	4,064	-32%	▼

Data Submission Quality

Data Entry		Actual	State Avg
	Valid NOMS Data	48%	87%
✓	Valid TEDS Data	99%	84%

On-Time Periodic		Actual	State Avg
✓	6 Month Updates	100%	15%

Co-occurring		Actual	State Avg
✓	MH Screen Complete	100%	91%
✓	SA Screen Complete	100%	93%

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		170	49%	50%	48%	-1%

Recovery

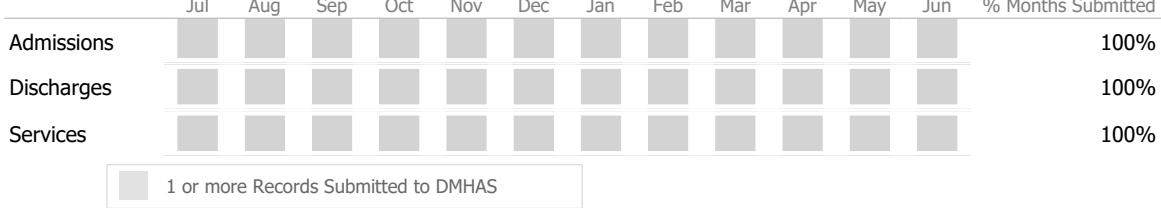| National Recovery Measures (NOMS)		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
🔴	Abstinence/Reduced Drug Use		258	54%	55%	42%	-1%	
🔴	Employed		193	40%	50%	33%	-10%	
🔴	Stable Living Situation		379	79%	95%	76%	-16%	▼
🔴	Self Help		39	8%	60%	16%	-52%	▼
🔴	Not Arrested		53	11%	75%	77%	-64%	▼

Service Utilization

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
✓	Clients Receiving Services		134	99%	90%	58%	9%

Service Engagement

Outpatient		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
🔴	2 or more Services within 30 days		264	72%	75%	63%	-3%

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	% 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 117 Active Standard Outpatient Programs

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

Post-Release Transitional Forensic Case Management
SCADD
Forensic SA - Case Management - Standard Case Management

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	53	46	15%	▲
Admits	43	36	19%	▲
Discharges	38	39	-3%	
Service Hours	462	271	70%	▲

Data Submission Quality

Data Entry		Actual	State Avg
Valid NOMS Data		98%	99%

On-Time Periodic		Actual	State Avg
6 Month Updates		N/A	0%

Discharge Outcomes

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓	Treatment Completed Successfully		31	82%	50%	79%	32%	▲

Recovery

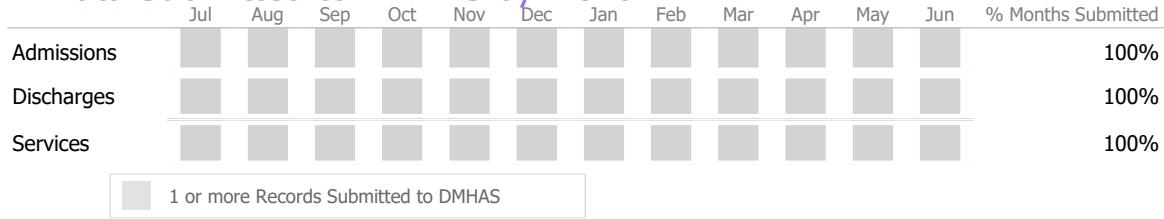|	National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓	Self Help		52	98%	60%	65%	38%	▲
✓	Social Support		50	94%	60%	84%	34%	▲
✓	Employed		24	45%	20%	33%	25%	▲
✓	Stable Living Situation		47	89%	80%	62%	9%	

Service Utilization

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓	Clients Receiving Services		15	100%	90%	76%	10%	

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	% 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 8 Active Standard Case Management Programs

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

Pre-Release Transitional Forensic Case Management
SCADD
Forensic SA - Case Management - Standard Case Management

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	65	43	51%	▲
Admits	57	40	43%	▲
Discharges	57	36	58%	▲
Service Hours	105	70	50%	▲

Data Submission Quality

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

On-Time Periodic		Actual	State Avg
6 Month Updates		N/A	0%

Discharge Outcomes

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓	Treatment Completed Successfully		56	98%	50%	79%	48%	▲

Recovery

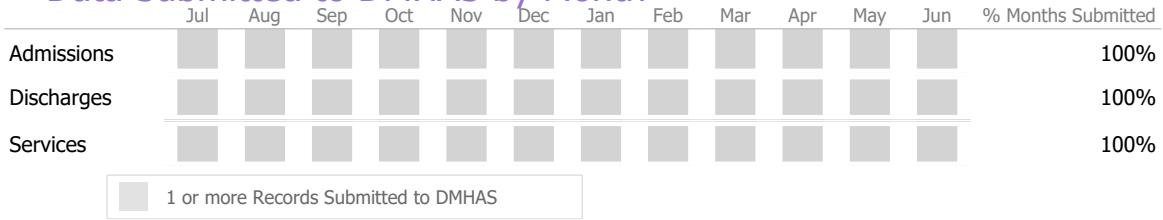|	National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓	Self Help		66	99%	60%	65%	39%	▲
✓	Social Support		60	90%	60%	84%	30%	▲
✓	Employed		22	33%	20%	33%	13%	▲
✓	Stable Living Situation		55	82%	80%	62%	2%	

Service Utilization

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
✓	Clients Receiving Services		10	100%	90%	76%	10%

Data Submitted to DMHAS by Month

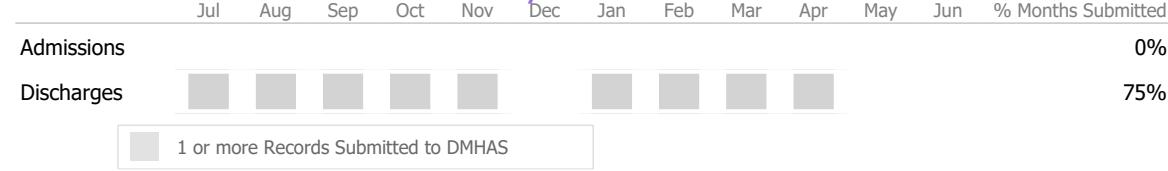|	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	% Months Submitted
Admissions													100%
Discharges													100%
Services													100%

☐ 1 or more Records Submitted to DMHAS

▲ > 10% Over   ▼ < 10% Under

■ Actual | Goal   ✓ Goal Met   ● Below Goal

* State Avg based on 8 Active Standard Case Management Programs

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

PTIP-Main Street 922705
SCADD
Forensic SA - Forensics Community-based - Pre-trial Intervention Programs

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	140	184	-24%	▼
Admits	-	12	-100%	▼
Discharges	19	44	-57%	▼

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	% Months Submitted
Admissions													0%
Discharges	■	■	■	■	■		■	■	■	■			75%

■ 1 or more Records Submitted to DMHAS

▲ > 10% Over   ▼ < 10% Under

■ Actual | Goal   ✓ Goal Met   ● Below Goal

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

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

SOR E-MAT
SCADD
Addiction - Medication Assisted Treatment - Buprenorphine Maintenance

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	66	57	16%	▲
Admits	41	38	8%	
Discharges	40	32	25%	▲
Service Hours	266	269	-1%	

Data Submission Quality

Data Entry	Actual % vs	Actual	State Avg
Valid NOMS Data		70%	92%
✔ Valid TEDS Data		100%	88%

On-Time Periodic		Actual	State Avg
✔ 6 Month Updates		100%	26%

Co-occurring		Actual	State Avg
✔ MH Screen Complete		100%	75%
✔ SA Screen Complete		100%	93%

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		17	42%	50%	44%	-8%

Recovery

National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✔ Abstinence/Reduced Drug Use		58	87%	55%	44%	32%	▲
🔴 Stable Living Situation		62	93%	95%	64%	-2%	
🔴 Employed		27	40%	50%	23%	-10%	
🔴 Self Help		21	31%	60%	16%	-29%	▼
🔴 Not Arrested		25	37%	75%	68%	-38%	▼

Service Utilization

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
🔴 Clients Receiving Services		21	78%	90%	38%	-12%	▼

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	% Months Submitted
Admissions													92%
Discharges													100%
Services													100%

1 or more Records Submitted to DMHAS
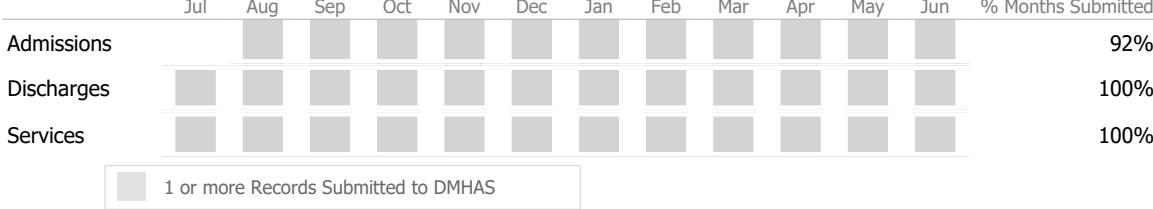
▲ > 10% Over   ▼ < 10% Under

Actual | Goal | ✔ Goal Met | 🔴 Below Goal

* State Avg based on 22 Active Buprenorphine Maintenance Programs

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

SOR-MAT-Naltrexone
SCADD
Addiction - Medication Assisted Treatment - Naltrexone

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	-	-	
Service Hours	-	-	

Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Treatment Completed Successfully		N/A	N/A	50%	45%	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%	65%	-55% ▼
● Employed		N/A	N/A	50%	50%	-50% ▼
● Not Arrested		N/A	N/A	75%	90%	-75% ▼
● Self Help		N/A	N/A	60%	35%	-60% ▼
● Stable Living Situation		N/A	N/A	95%	84%	-95% ▼

Service Utilization

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
● Clients Receiving Services		N/A	N/A	90%	85%	N/A ▼

Data Submission Quality

Data Entry		Actual	State Avg
Valid NOMS Data		N/A	96%
Valid TEDS Data		N/A	86%

On-Time Periodic		Actual	State Avg
6 Month Updates		N/A	35%

Co-occurring		Actual	State Avg
MH Screen Complete		N/A	75%
SA Screen Complete		N/A	91%

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	% 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 8 Active Naltrexone Programs

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

STR TPP - New London
SCADD
Forensic SA - 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

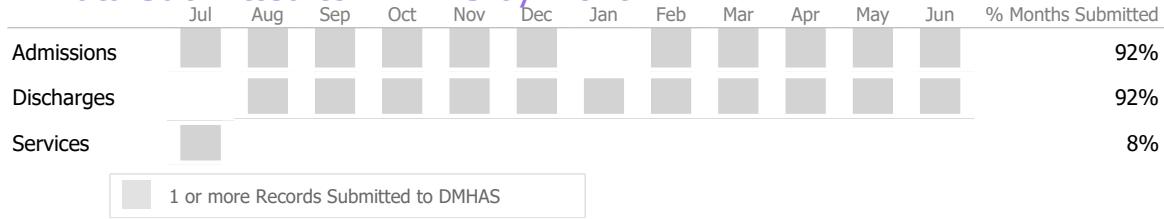| Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	47	68	-31%	▼
Admits	34	27	26%	▲
Discharges	40	59	-32%	▼
Service Hours	-	22	-100%	▼

Service Utilization

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
🔴	Clients Receiving Services		0	0%	90%	85%	N/A	▼

Jail Diversion

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
✓	Follow-up Service within 48 hours		0	0%	0%	71%	0%

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	% Months Submitted
Admissions	▪	▪	▪	▪	▪		▪	▪	▪	▪	▪		92%
Discharges		▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	92%
Services	▪												8%

▫ 1 or more Records Submitted to DMHAS

▲ > 10% Over	▼ < 10% Under	

🟧 Actual	▎ Goal	✓ Goal Met	🔴 Below Goal

* State Avg based on 5 Active Court Liaison-Jail Diversion Programs

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