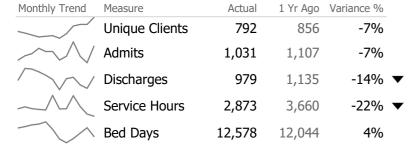
Connecticut Dept of Mental Health and Addiction Services
Provider Quality Dashboard

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

# **Provider Activity**





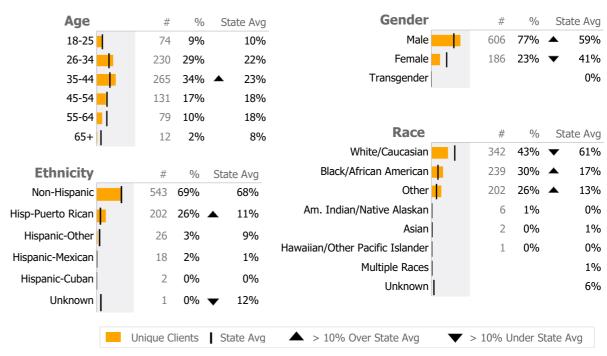
#### Clients by Level of Care

Program Type	Level of Care Type	#	%
Addiction			
	Outpatient	504	43.0%
	Residential Services	229	19.6%
	Case Management	68	5.8%
Other			
	Other	312	26.6%
Forensic SA			
	Case Management	58	5.0%

# Consumer Satisfaction Survey (Based on 224 FY21 Surveys)



## **Client Demographics**



#### **Case Management 931480**

Wellmore

Addiction - 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)

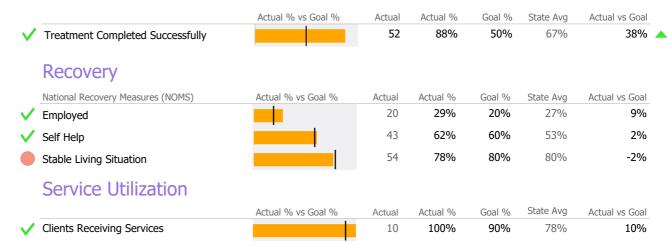
## **Program Activity**

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	68	116	-41%	▼
Admits	52	93	-44%	•
Discharges	59	99	-40%	•
Service Hours	194	435	-56%	•

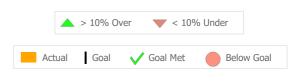
# **Data Submission Quality**

Data Entry	Actual	State Avg
✓ Valid NOMS Data	100%	93%
On-Time Periodic	Actual	State Avg
6 Month Updates	N/A	48%

### **Discharge Outcomes**



	J	lul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	% Months Submitted
Admission	IS													83%
Discharge	S													92%
Services														100%
	1 0	r mor	e Record	ds Subm	itted to	DMHAS								



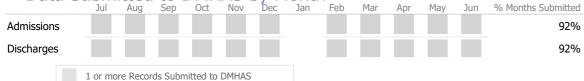
<sup>\*</sup> State Avg based on 13 Active Standard Case Management Programs

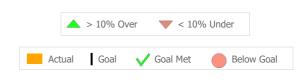
# Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	24	21	14%	•
Admits	24	20	20%	•
Discharges	22	20	10%	
Bed Days	896	683	31%	•

## Discharge Outcomes



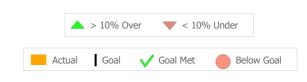




<sup>\*</sup> State Avg based on 12 Active Recovery House Programs

#### **Program Activity Discharge Outcomes** Measure Actual 1 Yr Ago Variance % Actual % vs Goal % Actual Actual % Goal % State Avg Actual vs Goal **Unique Clients** 119 123 -3% Treatment Completed Successfully 106 85% 85% 79% 0% 119 129 -8% Admits 124 Discharges 128 -3% **Bed Utilization** 2,789 **Bed Days** 2.711 3% 12 Months Trend Avg LOS Turnover Actual % Goal % State Avg Actual vs Goal Avg Utilization Rate 25 days 0.1 51% 90% 64% -39% **T** < 90% 90-110% >110%





<sup>\*</sup> State Avg based on 12 Active Recovery House Programs

Discharges

# 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	312	324	-4%	
Admits	156	181	-14%	•
Discharges	93	171	-46%	•
Service Hours	312	699	-55%	•

#### **Data Submission Quality**

Data Entry	Actual	State Avg



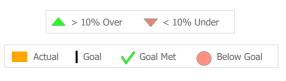
Data Submitted to DMHAS by Month

Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr

Admissions

Services

1 or more Records Submitted to DMHAS



<sup>\*</sup> State Avg based on 6 Active Integrated Primary Care Programs

% Months Submitted

100% 67%

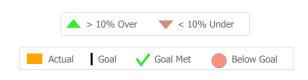
100%

May

Jun

#### **Program Activity Discharge Outcomes** Measure Actual 1 Yr Ago Variance % Actual % vs Goal % Actual Actual % Goal % State Avg Actual vs Goal **Unique Clients** 91 94 -3% 49 60% 85% 79% -25% Treatment Completed Successfully 79 -6% Admits 84 82 Discharges 82 0% **Bed Utilization** 6,996 **Bed Days** 6,786 3% 12 Months Trend Avg LOS Turnover Actual % Goal % State Avg Actual vs Goal Avg Utilization Rate 112 days 0.2 83% 90% 64% -7% < 90% 90-110% >110%





<sup>\*</sup> State Avg based on 12 Active Recovery House Programs

### **Post-Release Transitional Forensic Case Management**

Wellmore

Forensic SA - Case Management - Standard Case Management

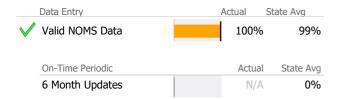
Connecticut Dept of Mental Health and Addiction Services Program Quality Dashboard

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

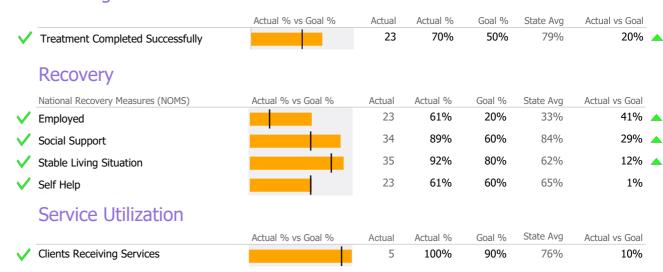
#### **Program Activity**

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	38	23	65%	•
Admits	31	19	63%	•
Discharges	33	16	106%	•
Service Hours	155	157	-1%	

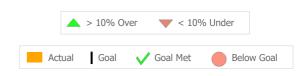
## **Data Submission Quality**



#### Discharge Outcomes







<sup>\*</sup> State Avg based on 8 Active Standard Case Management Programs

#### **Pre-Release Transitional Forensic Case Management**

Wellmore

Forensic SA - Case Management - Standard Case Management

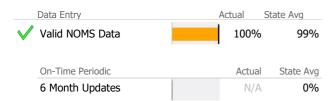
Connecticut Dept of Mental Health and Addiction Services Program Quality Dashboard

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

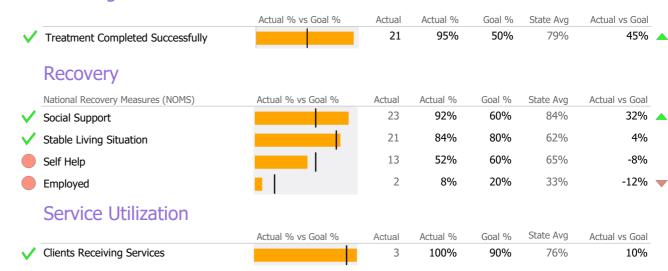
# Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	25	14	79%	•
Admits	22	11	100%	•
Discharges	22	11	100%	•
Service Hours	80	45	77%	•

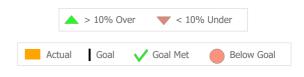
## **Data Submission Quality**



#### Discharge Outcomes







<sup>\*</sup> State Avg based on 8 Active Standard Case Management Programs

1 or more Records Submitted to DMHAS

\* State Avg based on 117 Active Standard Outpatient Programs

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

#### **Program Activity Discharge Outcomes** Measure Actual 1 Yr Ago Variance % Actual % vs Goal % Actual Actual % Goal % State Ava Actual vs Goal **Unique Clients** 504 555 -9% 349 67% 50% 48% 17% 🔺 Treatment Completed Successfully 525 Admits 551 -5% Recovery Discharges 519 591 -12% National Recovery Measures (NOMS) Actual % vs Goal % Actual Actual % Goal % State Avg Actual vs Goal Service Hours 2,133 2,323 -8% 523 94% 75% 77% 19% 🔺 Not Arrested 54% 55% 42% -1% 302 Abstinence/Reduced Drug Use **Data Submission Quality** Stable Living Situation 469 84% 95% 76% -11% Data Entry Actual State Avg 50% 33% 189 34% -16% **Employed** Valid NOMS Data 100% 87% 106 19% 60% 16% -41% Self Help Valid TEDS Data 88% 84% Service Utilization On-Time Periodic State Avg Actual Goal % State Avg Actual % vs Goal % Actual % Actual vs Goal Actual 6 Month Updates 67% 15% Clients Receiving Services 41 95% 90% 58% 5% Service Engagement Co-occurring Actual State Avg 100% 91% MH Screen Complete Outpatient Actual vs Goal Actual % vs Goal % Actual Actual % Goal % State Ava SA Screen Complete 100% 93% 2 or more Services within 30 days 461 97% 75% 63% 22% 🔺 Diagnosis Actual State Avg 100% 99% ✓ Valid Axis I Diagnosis Data Submitted to DMHAS by Month Mar % Months Submitted Jun > 10% Over < 10% Under</p> 100% Admissions 100% Discharges Actual Goal ✓ Goal Met Below Goal Services 100%

#### **Program Activity Discharge Outcomes** Variance % Measure Actual 1 Yr Ago Actual % vs Goal % Actual Actual % Goal % State Ava Actual vs Goal **Unique Clients** 27 22 23% 14 56% 70% 66% -14% Treatment Completed Successfully 23 21% 🔺 Admits 19 Actual % vs Goal % Actual Actual % Goal % State Avg Actual vs Goal Discharges 25 17 47% 21 84% 85% 91% -1% No Re-admit within 30 Days of Discharge **Bed Days** 1,897 2% 1,864 Actual % vs Goal % Actual % Actual vs Goal Actual Goal % State Avg Follow-up within 30 Days of Discharge 9 64% 90% 68% -26% **Data Submission Quality** Recovery Data Entry Actual State Avg Goal % National Recovery Measures (NOMS) Actual % vs Goal % Actual Actual % State Ava Actual vs Goal Valid NOMS Data 100% 86% 23 79% 70% 68% 9% Abstinence/Reduced Drug Use Valid TEDS Data 100% 93% **Bed Utilization** On-Time Periodic Actual State Avg 12 Months Trend 6 Month Updates Beds Avg LOS Turnover Actual % Goal % State Avg Actual vs Goal N/A 36% Avg Utilization Rate 141 days 65% 90% 92% -25% add-ada-adda 0.2 Co-occurring Actual State Avg 90-110% >110% < 90% 100% 94% MH Screen Complete SA Screen Complete 100% 92% Diagnosis Actual State Avg ✓ Valid Axis I Diagnosis 100% 100% Data Submitted to DMHAS by Month Sep % Months Submitted > 10% Over < 10% Under</p> Admissions 75% 92% Discharges ✓ Goal Met Actual Goal Below Goal 1 or more Records Submitted to DMHAS \* State Avg based on 29 Active Intermediate/Long Term Res.Tx 3.5 Programs