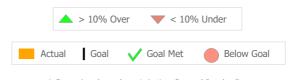


Reporting Period: July 2022 - December 2022 (Data as of Mar 22, 2023)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	854	656	30%	•
Admits	1,073	807	33%	•
Discharges	1,073	807	33%	•

Data	Jubili	itteu	CO	וויוט			
	Jul	Aug	Sep	Oct	Nov	Dec	% Months Submitted
Admissions							100%
Discharges							100%
	1 or mo	re Record	s Sub	mitted to	DMHAS		



Reporting Period: July 2022 - December 2022 (Data as of Mar 22, 2023)

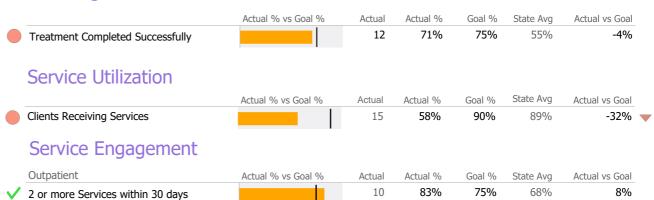
Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	43	50	-14%	\blacksquare
Admits	12	18	-33%	•
Discharges	17	16	6%	
Service Hours	190	201	-6%	

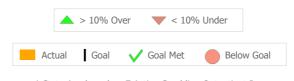
Data Submission Quality

Data Entry	Actual	State Avg
Valid NOMS Data	5	6% 97%
✓ Valid TEDS Data	3	22% 22%
On-Time Periodic	Ac	ctual State Avg
6 Month Updates	1	8% 61%
Diagnosis	Ac	ctual State Avg
Valid Axis I Diagnosis	9	8% 99%

Discharge Outcomes







Wheeler Clinic

Reporting Period: July 2022 - December 2022 (Data as of Mar 22, 2023)

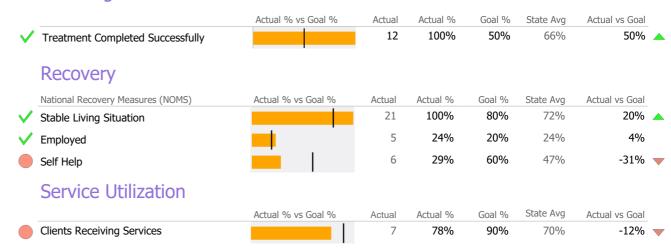
Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	21	21	0%	
Admits	10	21	-52%	•
Discharges	12	-		
Service Hours	73	107	-32%	•

Data Submission Quality

Data Entry	Actual S	tate Avg
✓ Valid NOMS Data	99%	94%
On-Time Periodic	Actual	State Avg
6 Month Updates	0%	39%

Discharge Outcomes







^{*} State Avg based on 13 Active Standard Case Management Programs

Program Activity

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	6	6	0%
Admits	-	-	
Discharges	-	-	
Service Hours	-	-	
Social Rehab/PHP/IOP Days	0	0	

Data Submission Quality

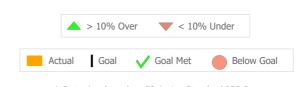
Data Entry	Actual	State Avg
Valid NOMS Data	N/A	88%
Valid TEDS Data	N/A	91%
On-Time Periodic	Actual	State Avg
✓ 6 Month Updates	0%	0%
Diagnosis	Actual	State Avg
✓ Valid Axis I Diagnosis	100%	99%

Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Treatment Completed Successfully		N/A	N/A	50%	43%	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%	78%	N/A	
Recovery							
National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Employed		0	0%	50%	27%	-50%	
Abstinence/Reduced Drug Use	İ	0	0%	55%	49%	-55%	
Self Help	Ĭ	0	0%	60%	21%	-60%	~
Not Arrested		0	0%	75%	57%	-75%	
Stable Living Situation	· 1	0	0%	95%	80%	-95%	
Service Utilization							
	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Clients Receiving Services		0	0%	90%	88%	N/A	

Data Submitted to DMHAS by Month
Jul Aug Sep Oct Nov Dec % Months Submitted





^{*} State Avg based on 59 Active Standard IOP Programs

Reporting Period: July 2022 - December 2022 (Data as of Mar 22, 2023)

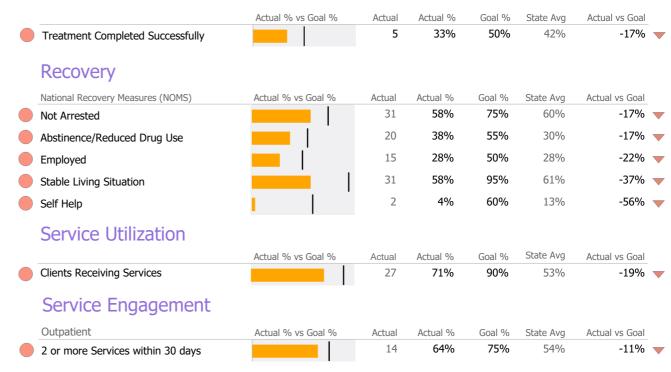
Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	53	65	-18%	•
Admits	22	21	5%	
Discharges	15	20	-25%	•
Service Hours	214	217	-1%	

Data Submission Quality

Data Entry	Actual	State Avg
Valid NOMS Data	53%	83%
Valid TEDS Data	61%	73%
On-Time Periodic	Actual	State Avg
✓ 6 Month Updates	36%	15%
Diagnosis	Actual	State Avg
√ Valid Axis I Diagnosis	100%	99%

Discharge Outcomes







^{*} State Avg based on 111 Active Standard Outpatient Programs

6 Month Updates

Connecticut Dept of Mental Health and Addiction Services Program Quality Dashboard

Reporting Period: July 2022 - December 2022 (Data as of Mar 22, 2023)

Program Activity

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	0		
Admits	-	-	
Discharges	-	-	
Data Submi	ssion (Quality	
Data Submi	ssion (Quality Actual	State Avg
	ssion (Actual	State Avg
Data Entry	ssion (Actual	_
Data Entry Valid NOMS Data	ssion (Actual	N/A 96%

Discharge Outcomes

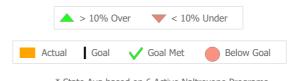
	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Treatment Completed Successfully		N/A	N/A	50%	13%	N/A	
Recovery							
National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Abstinence/Reduced Drug Use		N/A	N/A	55%	44%	-55%	
Employed	ĺ	N/A	N/A	50%	23%	-50%	_
Not Arrested		N/A	N/A	75%	77%	-75%	_
Self Help		N/A	N/A	60%	26%	-60%	
Stable Living Situation		N/A	N/A	95%	67%	-95%	

Data Submitted to DMHAS by Month



N/A

12%



^{*} State Avg based on 6 Active Naltrexone Programs

Addiction - Medication Assisted Treatment - Buprenorphine Maintenance

Reporting Period: July 2022 - December 2022 (Data as of Mar 22, 2023)

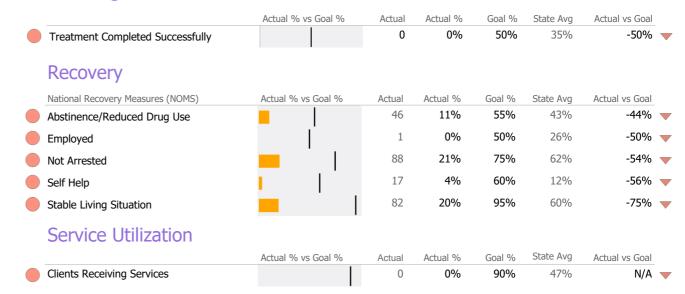
Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	411	392	5%	
Admits	53	97	-45%	•
Discharges	19	56	-66%	•
Service Hours	_	_		

Data Submission Quality

Data Entry	Ad	ctual S	tate Avg
Valid NOMS Data		15%	87%
Valid TEDS Data		16%	86%
On-Time Periodic		Actual	State Avg
6 Month Updates		0%	30%
Diagnosis		Actual	State Avg
✓ Valid Axis I Diagnosis		100%	100%

Discharge Outcomes



Data Submitted to DMHAS by Month





* State Avg based on 19 Active Buprenorphine Maintenance Programs

Mental Health - Case Management - Standard Case Management

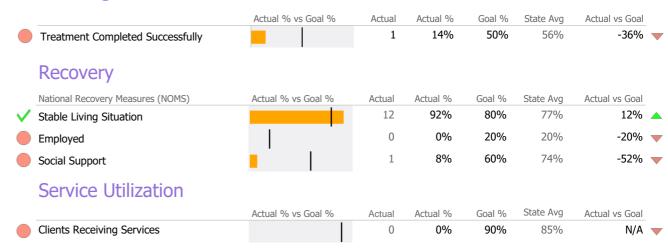
Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	13	1	1200%	•
Admits	10	-		
Discharges	7	-		
Service Hours	-	-		

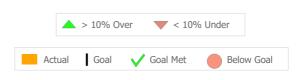
Data Submission Quality

Data Entry	Ac	ctual S	tate Avg
Valid NOMS Data		75%	95%
On-Time Periodic		Actual	State Avg
6 Month Updates		100%	64%

Discharge Outcomes





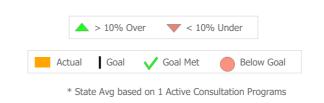


^{*} State Avg based on 31 Active Standard Case Management Programs

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	8	12	-33%	•
Admits	3	-		
Discharges	3	3	0%	
Service Hours	-	_		





Program Activity

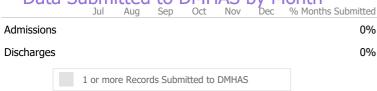
Measure	Actual	1 Yr Ago	Variance %
Unique Clients	0		
Admits	-	-	
Discharges	-	-	
Service Hours	-	-	

Data Submission Quality

Data Entry	Actual	State Avg
Valid NOMS Data	N/A	90%
On-Time Periodic	Actual	State Avg
6 Month Updates	N/A	51%

Discharge Outcomes







^{*} State Avg based on 73 Active Standard Outpatient Programs

Addiction - Outpatient - Standard Outpatient

Connecticut Dept of Mental Health and Addiction Services Program Quality Dashboard

Reporting Period: July 2022 - December 2022 (Data as of Mar 22, 2023)

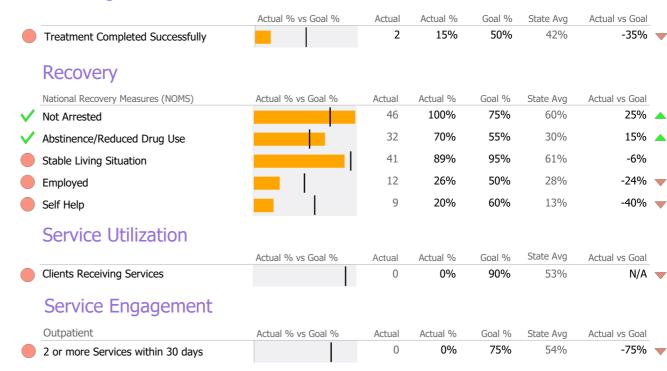
Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	46	35	31%	•
Admits	19	22	-14%	•
Discharges	13	9	44%	•
Service Hours	_	_		

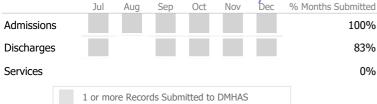
Data Submission Quality

Data Entry		Actual	State Avg
✓ Valid NOMS Data		96%	83%
✓ Valid TEDS Data		96%	73%
	•		
On-Time Periodic		Actual	State Avg
6 Month Updates		0%	15%
Diagnosis		Actual	State Avg
✓ Valid Axis I Diagnosis		100%	99%

Discharge Outcomes



Data Submitted to DMHAS by Month





* State Avg based on 111 Active Standard Outpatient Programs

Post-Release Transitional Forensic Case Management

Wheeler Clinic

Forensic SA - Case Management - Standard Case Management

Connecticut Dept of Mental Health and Addiction Services Program Quality Dashboard

Reporting Period: July 2022 - December 2022 (Data as of Mar 22, 2023)

Program Activity

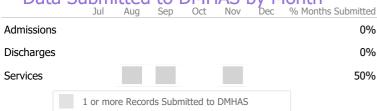
Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	7	5	40%	•
Admits	-	-		
Discharges	-	1	-100%	•
Service Hours	18	3		

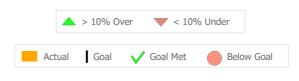
Data Submission Quality

Data Entry	Actual St	ate Avg
Valid NOMS Data	N/A	99%
On-Time Periodic	Actual	State Avg
6 Month Updates	0%	4%

Discharge Outcomes

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
	Treatment Completed Successfully		N/A	N/A	50%	76%	N/A
	Recovery						
	National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
V	Employed		2	29%	20%	38%	9%
	Social Support		3	43%	60%	83%	-17%
	Stable Living Situation		3	43%	80%	60%	-37%
	Self Help	'	1	14%	60%	71%	-46%
	Service Utilization						
		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
	Clients Receiving Services		2	29%	90%	60%	-61%





^{*} State Avg based on 8 Active Standard Case Management Programs

Pre-Release Transitional Forensic Case Management

Wheeler Clinic

Forensic SA - Case Management - Standard Case Management

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard

Reporting Period: July 2022 - December 2022 (Data as of Mar 22, 2023)

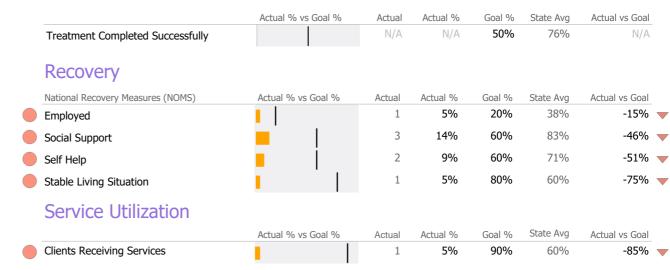
Program Activity

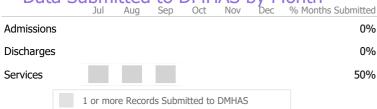
Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	22	23	-4%	
Admits	-	3	-100%	•
Discharges	-	1	-100%	•
Service Hours		2	-89%	•

Data Submission Quality

Data Entry	Actual	State Avg
✓ Valid NOMS Data	100	% 99%
On-Time Periodic	Actu	ual State Avg
6 Month Updates	5	% 4%

Discharge Outcomes







^{*} State Avg based on 8 Active Standard Case Management Programs

Reporting Period: July 2022 - December 2022 (Data as of Mar 22, 2023)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	428	502	-15%	•
Admits	111	240	-54%	•
Discharges	190	166	14%	•

Data	Jul	Aug	Sep	Oct	Nov	Dec	% Months Submitted
Admissions							100%
Discharges							100%
	1 or mo	re Record	ds Subm	itted to	DMHAS		

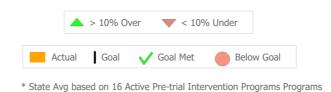


Reporting Period: July 2022 - December 2022 (Data as of Mar 22, 2023)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	1,171	1,216	-4%	
Admits	265	557	-52%	•
Discharges	400	252	59%	•

	Jul	Aug	Sep	Oct	Nov	Dec	% Months Submitted
Admissions							100%
Discharges							100%
	1 or mo	re Record	ds Subm	itted to	DMHAS		



Reporting Period: July 2022 - December 2022 (Data as of Mar 22, 2023)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	2,566	2,428	6%	
Admits	819	959	-15%	•
Discharges	557	895	-38%	•
Service Hours	5,203	4,758	9%	

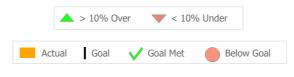
Data Submission Quality

Data Entry	Actual	State Avg
Valid NOMS Data	43%	83%
Valid TEDS Data	39%	73%
On-Time Periodic	Actual	State Avg
6 Month Updates	13%	15%
Diagnosis	Actual	State Avg
✓ Valid Axis I Diagnosis	99%	99%

Discharge Outcomes







^{*} State Avg based on 111 Active Standard Outpatient Programs

Reporting Period: July 2022 - December 2022 (Data as of Mar 22, 2023)

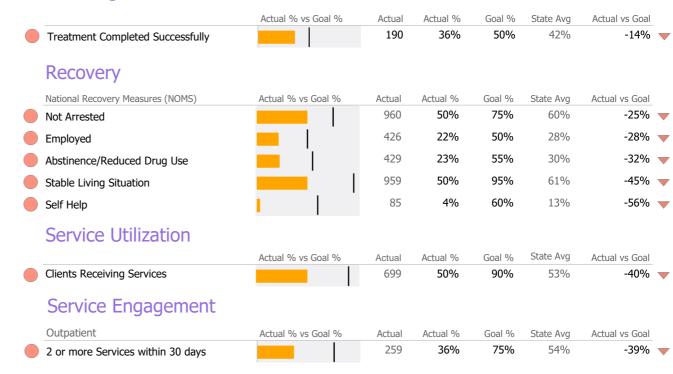
Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	1,905	1,870	2%	
Admits	721	799	-10%	
Discharges	526	677	-22%	•
Service Hours	4,585	3,951	16%	•

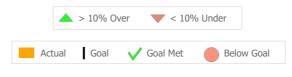
Data Submission Quality

Data Entry	Actual S	tate Avg
Valid NOMS Data	44%	83%
Valid TEDS Data	40%	73%
On-Time Periodic	Actual	State Avg
6 Month Updates	19%	15%
Diagnosis	Actual	State Avg
Valid Axis I Diagnosis	98%	99%

Discharge Outcomes







^{*} State Avg based on 111 Active Standard Outpatient Programs

TPP New Britain

Wheeler Clinic

Addiction - Forensics Community-based - Court Liaison-Jail Diversion

1 or more Records Submitted to DMHAS

Connecticut Dept of Mental Health and Addiction Services Program Quality Dashboard

Reporting Period: July 2022 - December 2022 (Data as of Mar 22, 2023)

Program Activity Service Utilization Actual % vs Goal % Actual Actual % Goal % State Avg Actual vs Goal Measure 1 Yr Ago Variance % Clients Receiving Services 0 0% 90% 64% N/A 🔻 **Unique Clients** Admits Discharges Service Hours **Data Submission Quality** Data Entry Actual State Avg Valid TEDS Data N/A N/A Diagnosis Actual State Avg 100% 100% Valid Axis I Diagnosis **Jail Diversion** Actual % vs Goal % Actual Actual % Goal % State Avg Actual vs Goal 0% 0% 0% 0% Follow-up Service within 48 hours Data Submitted to DMHAS by Month ▲ > 10% Over < 10% Under</p> Admissions 67% Discharges 50% Below Goal Goal Goal Met Services 0%

* State Avg based on 3 Active Court Liaison-Jail Diversion Programs