Community Renewal Team (CRT)
Hartford, CT

Connecticut Dept of Mental Health and Addiction Services
Provider Quality Dashboard
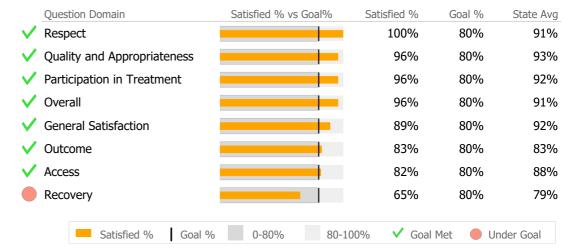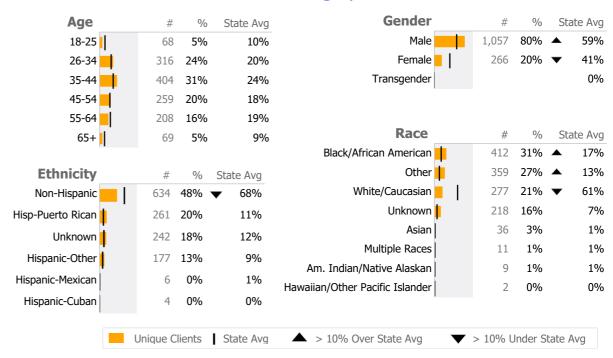Reporting Period: July 2022 -March 2023   (Data as of Jul 03, 2023)

Provider Activity

Monthly Trend	Measure	Actual	1 Yr Ago	Variance %	
	Unique Clients	1,324	1,357	-2%	
	Admits	269	506	-47%	▼
	Discharges	248	315	-21%	▼
	Service Hours	1,115	452	147%	▲
	Bed Days	223	66	238%	▲

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

Clients by Level of Care

Program Type	Level of Care Type	#	%
Addiction			
	Outpatient	1,107	81.6%
Forensic SA			
	Case Management	140	10.3%
Mental Health			
	Case Management	76	5.6%
	Outpatient	30	2.2%
Forensic MH			
	Crisis Services	3	0.2%

Consumer Satisfaction Survey   (Based on 47 FY22 Surveys)

	Question Domain	Satisfied % vs Goal%	Satisfied %	Goal %	State Avg
✓	Respect		100%	80%	91%
✓	Quality and Appropriateness		96%	80%	93%
✓	Participation in Treatment		96%	80%	92%
✓	Overall		96%	80%	91%
✓	General Satisfaction		89%	80%	92%
✓	Outcome		83%	80%	83%
✓	Access		82%	80%	88%
🔴	Recovery		65%	80%	79%

▬ Satisfied %		Goal %	▨ 0-80%	▨ 80-100%	✓ Goal Met	🔴 Under Goal

Client Demographics

Age

	#	%	State Avg
18-25	68	5%	10%
26-34	316	24%	20%
35-44	404	31%	24%
45-54	259	20%	18%
55-64	208	16%	19%
65+	69	5%	9%

Gender

	#	%		State Avg
Male	1,057	80%	▲	59%
Female	266	20%	▼	41%
Transgender				0%

Ethnicity

	#	%		State Avg
Non-Hispanic	634	48%	▼	68%
Hisp-Puerto Rican	261	20%		11%
Unknown	242	18%		12%
Hispanic-Other	177	13%		9%
Hispanic-Mexican	6	0%		1%
Hispanic-Cuban	4	0%		0%

Race

	#	%		State Avg
Black/African American	412	31%	▲	17%
Other	359	27%	▲	13%
White/Caucasian	277	21%	▼	61%
Unknown	218	16%		7%
Asian	36	3%		1%
Multiple Races	11	1%		1%
Am. Indian/Native Alaskan	9	1%		1%
Hawaiian/Other Pacific Islander	2	0%		0%

▬ 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.

Asian Family Service OP 627210
Community Renewal Team (CRT)
Mental Health - Outpatient - Standard Outpatient

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2022 - March 2023 (Data as of Jul 03, 2023)
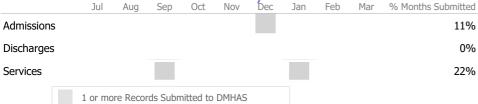
Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	30	33	-9%	
Admits	1	7	-86%	▼
Discharges	-	4	-100%	▼
Service Hours	3	2	67%	▲

Data Submission Quality

Data Entry		Actual	State Avg
✓ Valid NOMS Data		100%	90%

On-Time Periodic		Actual	State Avg
● 6 Month Updates		0%	49%

Diagnosis		Actual	State Avg
✓ Valid Axis I Diagnosis		100%	98%

Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Treatment Completed Successfully		N/A	N/A	50%	44%	N/A

Recovery

National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
✓ Social Support		21	70%	60%	60%	10%
● Employed		7	23%	30%	25%	-7%
● Stable Living Situation		26	87%	95%	73%	-8%
● Improved/Maintained Function Score		0	0%	75%	25%	-75% ▼

Service Utilization

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
● Clients Receiving Services		2	7%	90%	82%	-83% ▼

Service Engagement

Outpatient	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
● 2 or more Services within 30 days		0	0%	75%	78%	-75% ▼

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	% Months Submitted
Admissions						▪				11%
Discharges										0%
Services			▪				▪			22%

1 or more Records Submitted to DMHAS

▲ > 10% Over	▼ < 10% Under

▮ Actual	┃ Goal	✓ Goal Met	● Below Goal

* State Avg based on 71 Active Standard Outpatient Programs

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

CORP-Prison Off Re-entry703555
Community Renewal Team (CRT)
Forensic MH - Crisis Services - Respite Bed

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2022 - March 2023 (Data as of Jul 03, 2023)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	3	2	50%	▲
Admits	2	1	100%	▲
Discharges	2	2	0%	
Service Hours	-	7	-100%	▼
Bed Days	223	66	238%	▲

Discharge Outcomes

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓	No Re-admit within 30 Days of Discharge		2	100%	85%	100%	15%	▲

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓	Follow-up within 30 Days of Discharge		2	100%	90%	65%	10%	

Bed Utilization

		12 Months Trend	Beds	Avg LOS	Turnover	Actual %	Goal %	State Avg	Actual vs Goal	
🔴	Avg Utilization Rate		3	107 days	0.6	27%	90%	57%	-63%	▼

🟦 < 90%	⬜ 90-110%	🟥 >110%

Data Submission Quality

Data Entry		Actual	State Avg

Diagnosis		Actual	State Avg
✓ Valid Axis I Diagnosis		100%	57%

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	% Months Submitted
Admissions		▪				▪				22%
Discharges	▪			▪						22%
Services										0%

⬜ 1 or more Records Submitted to DMHAS

▲ > 10% Over	▼ < 10% Under

🟧 Actual	│ Goal	✓ Goal Met	🔴 Below Goal

* State Avg based on 7 Active Respite Bed Programs

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

Homeless Outreach
Community Renewal Team (CRT)
Mental Health - Case Management - Outreach & Engagement

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2022 - March 2023 (Data as of Jul 03, 2023)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	67	60	12%	▲
Admits	27	36	-25%	▼
Discharges	47	15	213%	▲
Service Hours	47	89	-47%	▼

Service Engagement

Homeless Outreach	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓ at least 1 Service within 180 days		27	100%	50%	94%	50%	▲

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	% 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 48 Active Outreach & Engagement Programs

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

Next Steps - Pilots
Community Renewal Team (CRT)
Mental Health - Case Management - Supportive Housing – Scattered Site

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2022 - March 2023 (Data as of Jul 03, 2023)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	9	10	-10%	
Admits	1	2	-50%	▼
Discharges	1	2	-50%	▼
Service Hours	206	256	-19%	▼

Recovery

National Recovery Measures (NOMS)		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓	Stable Living Situation		9	100%	85%	86%	15%	▲

Service Utilization

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
✓	Clients Receiving Services		8	100%	90%	97%	10%

Data Submission Quality

Data Entry		Actual	State Avg
✓	Valid NOMS Data	100%	97%

On-Time Periodic		Actual	State Avg
✓	6 Month Updates	88%	84%

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	% Months Submitted
Admissions			▪							11%
Discharges	▪									11%
Services		▪		▪						22%

1 or more Records Submitted to DMHAS

▲ > 10% Over   ▼ < 10% Under

Actual | Goal ✓ Goal Met ● Below Goal

* State Avg based on 117 Active Supportive Housing – Scattered Site Programs

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

Post-Release Transitional Forensic Case Management
Community Renewal Team (CRT)
Forensic SA - Case Management - Standard Case Management

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2022 - March 2023 (Data as of Jul 03, 2023)
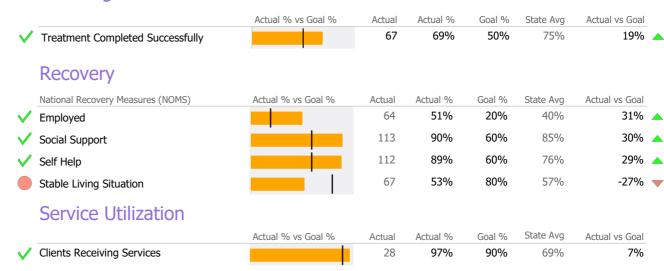
Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	125	32	291%	▲
Admits	95	24	296%	▲
Discharges	97	21	362%	▲
Service Hours	658	62		

Data Submission Quality

Data Entry		Actual	State Avg
✓ Valid NOMS Data		100%	99%

On-Time Periodic		Actual	State Avg
6 Month Updates		N/A	3%

Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓ Treatment Completed Successfully		67	69%	50%	75%	19%	▲

Recovery

National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓ Employed		64	51%	20%	40%	31%	▲
✓ Social Support		113	90%	60%	85%	30%	▲
✓ Self Help		112	89%	60%	76%	29%	▲
● Stable Living Situation		67	53%	80%	57%	-27%	▼

Service Utilization

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓ Clients Receiving Services		28	97%	90%	69%	7%	

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	% Months Submitted
Admissions	▪	▪	▪	▪	▪	▪	▪	▪	▪	100%
Discharges	▪	▪	▪	▪	▪	▪	▪	▪	▪	100%
Services	▪	▪	▪	▪	▪	▪				67%

▪ 1 or more Records Submitted to DMHAS

▲ > 10% Over   ▼ < 10% Under

Legend: ▮ 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
Community Renewal Team (CRT)
Forensic SA - Case Management - Standard Case Management

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
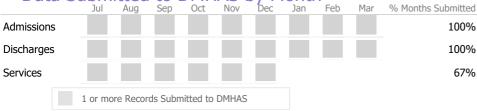Reporting Period: July 2022 - March 2023 (Data as of Jul 03, 2023)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	26	23	13%	▲
Admits	22	20	10%	
Discharges	22	16	38%	▲
Service Hours	32	20	61%	▲

Data Submission Quality

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

On-Time Periodic		Actual	State Avg
6 Month Updates		N/A	3%

Discharge Outcomes

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✔	Treatment Completed Successfully		14	64%	50%	75%	14%	▲

Recovery

	National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✔	Social Support		24	92%	60%	85%	32%	▲
✔	Self Help		16	62%	60%	76%	2%	
🔴	Employed		0	0%	20%	40%	-20%	▼
🔴	Stable Living Situation		5	19%	80%	57%	-61%	▼

Service Utilization

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✔	Clients Receiving Services		4	100%	90%	69%	10%	

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	% Months Submitted
Admissions										100%
Discharges										100%
Services										67%

▢ 1 or more Records Submitted to DMHAS

Legend:
▲ > 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.

SA Outpatient 703725
Community Renewal Team (CRT)
Addiction - Outpatient - Standard Outpatient

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
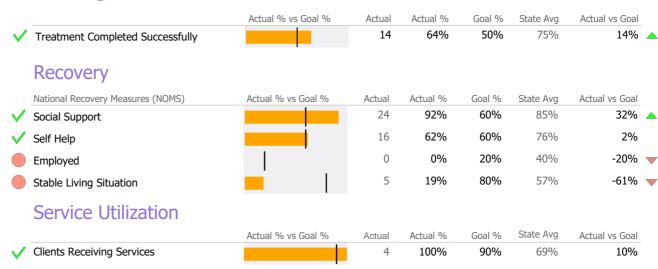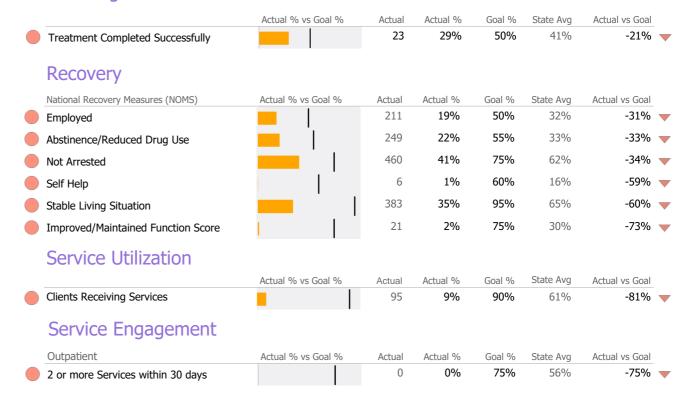Reporting Period: July 2022 - March 2023 (Data as of Jul 03, 2023)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	1,107	1,242	-11%	▼
Admits	121	416	-71%	▼
Discharges	79	255	-69%	▼
Service Hours	170	17		

Data Submission Quality

Data Entry		Actual	State Avg
✓	Valid NOMS Data	99%	83%
✓	Valid TEDS Data	84%	72%

On-Time Periodic		Actual	State Avg
🔴	6 Month Updates	0%	14%

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		23	29%	50%	41%	-21%	▼

Recovery

National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
🔴 Employed		211	19%	50%	32%	-31%	▼
🔴 Abstinence/Reduced Drug Use		249	22%	55%	33%	-33%	▼
🔴 Not Arrested		460	41%	75%	62%	-34%	▼
🔴 Self Help		6	1%	60%	16%	-59%	▼
🔴 Stable Living Situation		383	35%	95%	65%	-60%	▼
🔴 Improved/Maintained Function Score		21	2%	75%	30%	-73%	▼

Service Utilization

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
🔴 Clients Receiving Services		95	9%	90%	61%	-81%	▼

Service Engagement

Outpatient	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
🔴 2 or more Services within 30 days		0	0%	75%	56%	-75%	▼

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	% Months Submitted
Admissions	▪	▪	▪	▪	▪	▪	▪	▪	▪	100%
Discharges	▪	▪	▪	▪	▪	▪	▪	▪		89%
Services			▪	▪	▪	▪	▪	▪	▪	78%

▪ 1 or more Records Submitted to DMHAS

▲ > 10% Over   ▼ < 10% Under

🟧 Actual | Goal   ✓ Goal Met   🔴 Below Goal

* State Avg based on 105 Active Standard Outpatient Programs

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