**APT Foundation Inc**
New Haven, CT

Connecticut Dept of Mental Health and Addiction Services
Provider Quality Dashboard
Reporting Period: July 2022 - June 2023   (Data as of Sep 25, 2023)

## Provider Activity

| Monthly Trend | Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|---|
| | Unique Clients | 1,647 | 1,935 | -15% | ▼ |
| | Admits | 1,088 | 994 | 9% | |
| | Discharges | 1,007 | 979 | 3% | |
| | Service Hours | 5,067 | 3,978 | 27% | ▲ |
| | Bed Days | 28,065 | 30,781 | -9% | |

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

## Consumer Satisfaction Survey   (Based on 1,734 FY22 Surveys)

| Question Domain | Satisfied % vs Goal% | Satisfied % | Goal % | State Avg |
|---|---|---|---|---|
| ✓ Quality and Appropriateness | | 97% | 80% | 93% |
| ✓ Overall | | 96% | 80% | 91% |
| ✓ Participation in Treatment | | 96% | 80% | 92% |
| ✓ Respect | | 95% | 80% | 91% |
| ✓ General Satisfaction | | 95% | 80% | 92% |
| ✓ Outcome | | 90% | 80% | 83% |
| ✓ Access | | 88% | 80% | 88% |
| ✓ Recovery | | 83% | 80% | 79% |

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

## Clients by Level of Care

| Program Type | Level of Care Type | # | % |
|---|---|---|---|
| **Addiction** | | | |
| | Outpatient | 871 | 48.5% |
| | Residential Services | 538 | 29.9% |
| | Employment Services | 164 | 9.1% |
| | Recovery Support | 152 | 8.5% |
| **Mental Health** | | | |
| | Case Management | 46 | 2.6% |
| | Employment Services | 26 | 1.4% |

## Client Demographics

| Age | | # | % | State Avg |
|---|---|---|---|---|
| 18-25 | | 64 | 4% | 10% |
| 26-34 | | 364 | 22% | 21% |
| 35-44 | | 557 | 34% | 24% |
| 45-54 | | 356 | 22% | 18% |
| 55-64 | | 256 | 16% | 18% |
| 65+ | | 49 | 3% | 9% |

| Gender | | # | % | State Avg |
|---|---|---|---|---|
| Male | | 982 | 60% | 59% |
| Female | | 663 | 40% | 41% |
| Transgender | | | | 0% |

| Ethnicity | | # | % | | State Avg |
|---|---|---|---|---|---|
| Non-Hispanic | | 1,380 | 84% | ▲ | 67% |
| Hisp-Puerto Rican | | 196 | 12% | | 10% |
| Hispanic-Other | | 53 | 3% | | 9% |
| Unknown | | 13 | 1% | ▼ | 13% |
| Hispanic-Mexican | | 4 | 0% | | 1% |
| Hispanic-Cuban | | 1 | 0% | | 0% |

| Race | | # | % | State Avg |
|---|---|---|---|---|
| White/Caucasian | | 909 | 55% | 60% |
| Other | | 364 | 22% | 12% |
| Black/African American | | 360 | 22% | 18% |
| Am. Indian/Native Alaskan | | 4 | 0% | 1% |
| Asian | | 4 | 0% | 1% |
| Multiple Races | | 4 | 0% | 1% |
| Hawaiian/Other Pacific Islander | | 1 | 0% | 0% |
| Unknown | | 1 | 0% | 7% |

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.

**1 Long Wharf-Voc Rehab 780270**
APT Foundation Inc
Addiction - Employment Services - Employment Services

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2022 - June 2023  (Data as of Sep 25, 2023)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 164 | 104 | 58% | ▲ |
| Admits | 116 | 63 | 84% | ▲ |
| Discharges | 92 | 54 | 70% | ▲ |
| Service Hours | 793 | 686 | 16% | ▲ |

## Recovery

| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| 🔴 Employed | ▮ | 39 | 23% | 35% | 30% | -12% | ▼ |

## Service Utilization

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| ✔ Clients Receiving Services | ▮▮▮▮ | 67 | 91% | 90% | 94% | 1% |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| ✔ Valid NOMS Data | ▮▮ | 100% | 92% |

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| ✔ 6 Month Updates | ▮▮ | 100% | 52% |

## 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 10 Active Employment Services Programs

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

**Amethyst House**
APT Foundation Inc
Addiction - Residential Services - Intermediate/Long Term Res.Tx 3.5

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2022 - June 2023  (Data as of Sep 25, 2023)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 39 | 50 | -22% | ▼ |
| Admits | 35 | 38 | -8% | |
| Discharges | 33 | 45 | -27% | ▼ |
| Bed Days | 2,474 | 3,712 | -33% | ▼ |

## Discharge Outcomes

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✓ | Treatment Completed Successfully | | 28 | 85% | 70% | 66% | 15% | ▲ |
| ● | No Re-admit within 30 Days of Discharge | | 26 | 79% | 85% | 90% | -6% | |
| ● | Follow-up within 30 Days of Discharge | | 24 | 86% | 90% | 65% | -4% | |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| ✓ | Valid NOMS Data | 99% | 92% |
| ✓ | Valid TEDS Data | 99% | 94% |

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

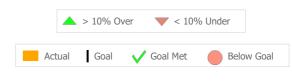| Diagnosis | | Actual | State Avg |
|---|---|---|---|
| ✓ | Valid Axis I Diagnosis | 100% | 100% |

## Recovery

National Recovery Measures (NOMS)

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✓ | Abstinence/Reduced Drug Use | | 30 | 73% | 70% | 68% | 3% | |
| ● | Improved/Maintained Function Score | | 25 | 76% | 95% | 77% | -19% | ▼ |

## Bed Utilization

| | | 12 Months Trend | Beds | Avg LOS | Turnover | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|---|---|
| ● | Avg Utilization Rate | | 15 | 99 days | 0.3 | 45% | 90% | 78% | -45% | ▼ |

| | < 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 | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | | 92% |

▢ 1 or more Records Submitted to DMHAS

▲ > 10% Over    ▼ < 10% Under

▮ Actual    | Goal    ✓ Goal Met    ● Below Goal

* State Avg based on 23 Active Intermediate/Long Term Res.Tx 3.5 Programs

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

**APT - Amethyst House/CSSD**
APT Foundation Inc
Addiction - Residential Services - Intermediate/Long Term Res.Tx 3.5

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2022 - June 2023 (Data as of Sep 25, 2023)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 274 | 38 | 621% | ▲ |
| Admits | 245 | 35 | 600% | ▲ |
| Discharges | 242 | 6 | 3933% | ▲ |
| Bed Days | 13,942 | 993 | 1304% | ▲ |

## Discharge Outcomes

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✓ | Treatment Completed Successfully | | 212 | 88% | 70% | 66% | 18% | ▲ |
| ✓ | No Re-admit within 30 Days of Discharge | | 231 | 95% | 85% | 90% | 10% | |
| ● | Follow-up within 30 Days of Discharge | | 129 | 61% | 90% | 65% | -29% | ▼ |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| ✓ | Valid NOMS Data | 98% | 92% |
| ✓ | Valid TEDS Data | 100% | 94% |

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

| 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 | | 258 | 93% | 70% | 68% | 23% | ▲ |
| ● | Improved/Maintained Function Score | | 201 | 83% | 95% | 77% | -12% | ▼ |

## Bed Utilization

| | | 12 Months Trend | Beds | Avg LOS | Turnover | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|---|---|---|
| ✓ | Avg Utilization Rate | | 3 | 69 days | 0.0 | 1273% | 90% | 78% | 1183% |

< 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 23 Active Intermediate/Long Term Res.Tx 3.5 Programs

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

**APT Residential Services - New Haven - CSSD**
APT Foundation Inc
Addiction - Residential Services - Intermediate/Long Term Res.Tx 3.5

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2022 - June 2023  (Data as of Sep 25, 2023)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 18 | 220 | -92% | ▼ |
| Admits | 4 | 191 | -98% | ▼ |
| Discharges | 17 | 209 | -92% | ▼ |
| Bed Days | 344 | 11,918 | -97% | ▼ |

## Discharge Outcomes

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✓ | Treatment Completed Successfully | | 16 | 94% | 70% | 66% | 24% | ▲ |
| ✓ | No Re-admit within 30 Days of Discharge | | 16 | 94% | 85% | 90% | 9% | |
| 🔴 | Follow-up within 30 Days of Discharge | | 13 | 81% | 90% | 65% | -9% | |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| ✓ | Valid NOMS Data | 98% | 92% |
| ✓ | Valid TEDS Data | 98% | 94% |

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

| 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 | | 16 | 89% | 70% | 68% | 19% | ▲ |
| 🔴 | Improved/Maintained Function Score | | 3 | 18% | 95% | 77% | -77% | ▼ |

## Bed Utilization

| | | 12 Months Trend | Beds | Avg LOS | Turnover | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|---|---|
| 🔴 | Avg Utilization Rate | | 49 | 81 days | 2.5 | 2% | 90% | 78% | -88% | ▼ |

| ■ < 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 | | | ■ | | | | ■ | | | | | ■ | 25% |
| Discharges | ■ | ■ | | | | | ■ | | ■ | | | ■ | 42% |

■ 1 or more Records Submitted to DMHAS

| ▲ > 10% Over | ▼ < 10% Under |
|---|---|

| ■ Actual | | Goal | ✓ Goal Met | 🔴 Below Goal |
|---|---|---|---|---|

* State Avg based on 23 Active Intermediate/Long Term Res.Tx 3.5 Programs

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

**CTU OP Cocaine 780200**
APT Foundation Inc
Addiction - Outpatient - Standard Outpatient

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
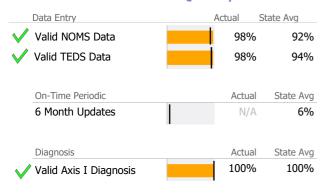Reporting Period: July 2022 - June 2023  (Data as of Sep 25, 2023)

## Program Activity

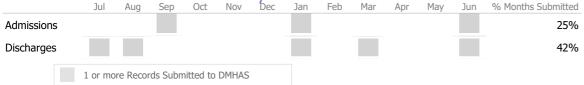| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 871 | 833 | 5% | |
| Admits | 452 | 418 | 8% | |
| Discharges | 396 | 419 | -5% | |
| Service Hours | 4,123 | 2,857 | 44% | ▲ |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| ✓ Valid NOMS Data | | 99% | 85% |
| ✓ Valid TEDS Data | | 99% | 74% |

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| 🔴 6 Month Updates | | 2% | 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 | | 54 | 14% | 50% | 42% | -36% | ▼ |

## Recovery

| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| 🔴 Not Arrested | | 680 | 73% | 75% | 66% | -2% | |
| 🔴 Abstinence/Reduced Drug Use | | 374 | 40% | 55% | 35% | -15% | ▼ |
| 🔴 Employed | | 259 | 28% | 50% | 35% | -22% | ▼ |
| 🔴 Stable Living Situation | | 649 | 70% | 95% | 68% | -25% | ▼ |
| 🔴 Improved/Maintained Function Score | | 299 | 37% | 75% | 42% | -38% | ▼ |
| 🔴 Self Help | | 65 | 7% | 60% | 18% | -53% | ▼ |

## Service Utilization

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| 🔴 Clients Receiving Services | | 386 | 73% | 90% | 64% | -17% | ▼ |

## Service Engagement

| Outpatient | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| 🔴 2 or more Services within 30 days | | 159 | 37% | 75% | 57% | -38% | ▼ |

## 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 105 Active Standard Outpatient Programs

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

**NHCC - PILOT MM**
APT Foundation Inc
Addiction - Medication Assisted Treatment - Methadone Maintenance

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
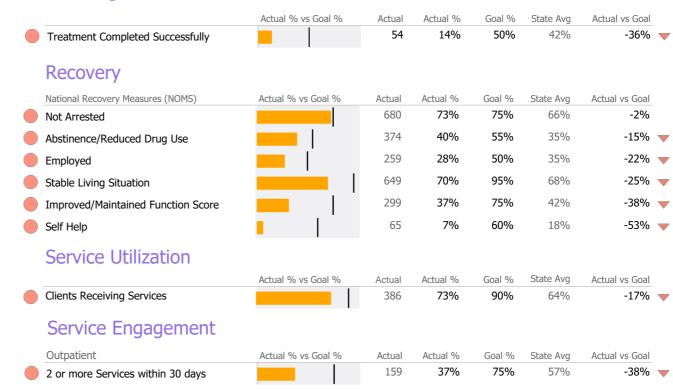Reporting Period: July 2022 - June 2023  (Data as of Sep 25, 2023)

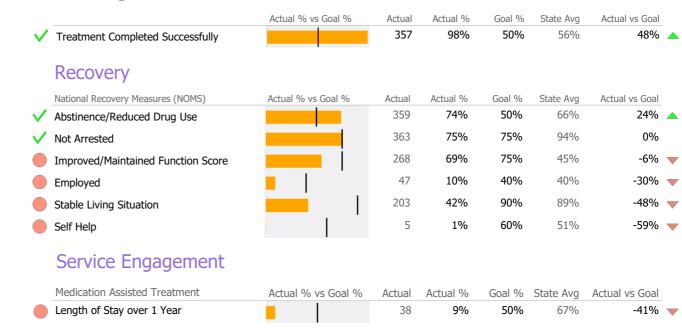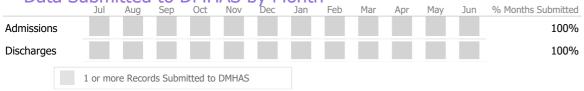## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 441 | 382 | 15% | ▲ |
| Admits | 378 | 334 | 13% | ▲ |
| Discharges | 363 | 310 | 17% | ▲ |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| Valid NOMS Data | | 87% | 98% |
| Valid TEDS Data | | 84% | 99% |

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| 6 Month Updates | | N/A | 77% |

| 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 | | 357 | 98% | 50% | 56% | 48% | ▲ |

## Recovery

| | National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✔ | Abstinence/Reduced Drug Use | | 359 | 74% | 50% | 66% | 24% | ▲ |
| ✔ | Not Arrested | | 363 | 75% | 75% | 94% | 0% | |
| ● | Improved/Maintained Function Score | | 268 | 69% | 75% | 45% | -6% | ▼ |
| ● | Employed | | 47 | 10% | 40% | 40% | -30% | ▼ |
| ● | Stable Living Situation | | 203 | 42% | 90% | 89% | -48% | ▼ |
| ● | Self Help | | 5 | 1% | 60% | 51% | -59% | ▼ |

## Service Engagement

| | Medication Assisted Treatment | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ● | Length of Stay over 1 Year | | 38 | 9% | 50% | 67% | -41% | ▼ |

## 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 37 Active Methadone Maintenance Programs

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

**Residential Services - New Haven**
APT Foundation Inc
Addiction - Residential Services - Intermediate/Long Term Res.Tx 3.5

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2022 - June 2023  (Data as of Sep 25, 2023)

## Program Activity

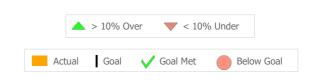| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 220 | 194 | 13% | ▲ |
| Admits | 197 | 182 | 8% | |
| Discharges | 201 | 175 | 15% | ▲ |
| Bed Days | 11,305 | 11,471 | -1% | |

## Discharge Outcomes

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✓ | Treatment Completed Successfully | | 153 | 76% | 70% | 66% | 6% | |
| ✓ | No Re-admit within 30 Days of Discharge | | 187 | 93% | 85% | 90% | 8% | |
| 🔴 | Follow-up within 30 Days of Discharge | | 119 | 78% | 90% | 65% | -12% | ▼ |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| ✓ | Valid NOMS Data | 99% | 92% |
| ✓ | Valid TEDS Data | 100% | 94% |

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

| 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 | | 198 | 86% | 70% | 68% | 16% | ▲ |
| 🔴 | Improved/Maintained Function Score | | 157 | 78% | 95% | 77% | -17% | ▼ |

## Bed Utilization

| | | 12 Months Trend | Beds | Avg LOS | Turnover | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|---|---|
| 🔴 | Avg Utilization Rate | | 41 | 76 days | 0.1 | 76% | 90% | 78% | -14% | ▼ |

| | < 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 23 Active Intermediate/Long Term Res.Tx 3.5 Programs

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

**SHP Work Services New Haven**
APT Foundation Inc
Mental Health - Employment Services - Employment Services

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2022 - June 2023  (Data as of Sep 25, 2023)

## Program Activity

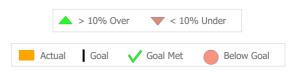| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 26 | 30 | -13% | ▼ |
| Admits | 19 | 25 | -24% | ▼ |
| Discharges | 15 | 23 | -35% | ▼ |
| Service Hours | 150 | 196 | -23% | ▼ |

## Recovery

| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| ✓ Employed | | 11 | 42% | 35% | 43% | 7% |

## Service Utilization

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| ✓ Clients Receiving Services | | 11 | 100% | 90% | 95% | 10% |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| ✓ Valid NOMS Data | | 99% | 93% |

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| 6 Month Updates | | N/A | 77% |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | % Months Submitted |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Admissions | ▣ | | | ▣ | | | ▣ | ▣ | ▣ | ▣ | | ▣ | 58% |
| Discharges | ▣ | | ▣ | | ▣ | | ▣ | ▣ | ▣ | ▣ | | ▣ | 75% |
| Services | ▣ | ▣ | ▣ | ▣ | ▣ | ▣ | ▣ | ▣ | ▣ | ▣ | ▣ | ▣ | 100% |

▣ 1 or more Records Submitted to DMHAS

▲ > 10% Over   ▼ < 10% Under

▮ Actual   | Goal   ✓ Goal Met   ⬤ Below Goal

* State Avg based on 44 Active Employment Services Programs

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

**SOR - Recovery Coach - Meth**
APT Foundation Inc
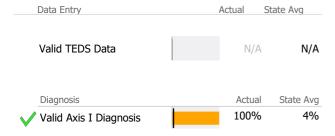Addiction - Recovery Support - Peer Based Mentoring

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2022 - June 2023  (Data as of Sep 25, 2023)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % |
|---|---|---|---|
| Unique Clients | 21 | 22 | -5% |
| Admits | - | 2 | -100% ▼ |
| Discharges | 1 | 1 | 0% |

## Data Submission Quality

| Data Entry | Actual | State Avg |
|---|---|---|
| Valid TEDS Data | N/A | N/A |

| Diagnosis | Actual | State Avg |
|---|---|---|
| ✓ Valid Axis I Diagnosis | 100% | 4% |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | % Months Submitted |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Admissions | | | | | | | | | | | | | 0% |
| Discharges | | | | ▢ | | | | | | | | | 8% |

▢ 1 or more Records Submitted to DMHAS

▲ > 10% Over    ▼ < 10% Under

■ Actual   | Goal   ✓ Goal Met   ● Below Goal

* State Avg based on 9 Active Peer Based Mentoring Programs

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

**SOR - Recovery Coach - Meth 495**
APT Foundation Inc
Addiction - Recovery Support - Peer Based Mentoring

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
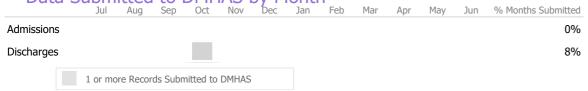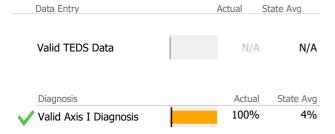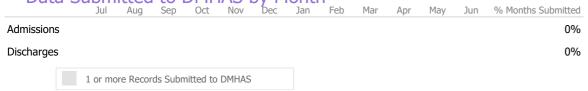Reporting Period: July 2022 - June 2023  (Data as of Sep 25, 2023)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 131 | 132 | -1% | |
| Admits | - | 21 | -100% | ▼ |
| Discharges | - | 1 | -100% | ▼ |

## Data Submission Quality

| Data Entry | Actual | State Avg |
|---|---|---|
| Valid TEDS Data | N/A | N/A |

| Diagnosis | | Actual | State Avg |
|---|---|---|---|
| ✔ Valid Axis I Diagnosis | | 100% | 4% |

## 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 9 Active Peer Based Mentoring Programs

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

**Taking Initiative Center**
APT Foundation Inc
Mental Health - Case Management - Outreach & Engagement

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
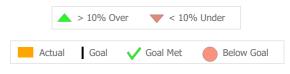Reporting Period: July 2022 - June 2023  (Data as of Sep 25, 2023)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 46 | 51 | -10% | |
| Admits | 20 | 11 | 82% | ▲ |
| Discharges | 10 | 24 | -58% | ▼ |
| Service Hours | - | - | | |

## Service Engagement

| Homeless Outreach | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ✓ at least 1 Service within 180 days | | 19 | 100% | 50% | 94% | 50% | ▲ |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | % Months Submitted |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Admissions | ▢ | ▢ | | ▢ | ▢ | ▢ | ▢ | | ▢ | | | ▢ | 67% |
| Discharges | | ▢ | ▢ | | ▢ | | | | ▢ | | | ▢ | 42% |
| Services | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | | ▢ | ▢ | ▢ | 92% |

▢ 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.