**Wellmore**
Waterbury, CT

Connecticut Dept of Mental Health and Addiction Services
Provider Quality Dashboard
Reporting Period: July 2024 - June 2025 (Data as of Sep 09, 2025)

## Provider Activity

| Monthly Trend | Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|---|
| | Unique Clients | 778 | 804 | -4% | |
| | Admits | 1,144 | 1,006 | 14% | ▲ |
| | Discharges | 1,043 | 976 | 7% | |
| | Service Hours | 3,648 | 3,151 | 16% | ▲ |
| | Bed Days | 13,092 | 7,075 | 85% | ▲ |

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

## Consumer Satisfaction Survey

(Based on 259 FY24 Surveys)

| Question Domain | Satisfied % vs Goal% | Satisfied % | Goal % | State Avg |
|---|---|---|---|---|
| ✓ Participation in Treatment | | 89% | 80% | 92% |
| ✓ Quality and Appropriateness | | 89% | 80% | 93% |
| ✓ Overall | | 89% | 80% | 91% |
| ✓ General Satisfaction | | 88% | 80% | 92% |
| ✓ Respect | | 88% | 80% | 91% |
| ✓ Access | | 86% | 80% | 88% |
| ● Outcome | | 79% | 80% | 83% |

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

## Clients by Level of Care

| Program Type | Level of Care Type | # | % |
|---|---|---|---|
| **Addiction** | | | |
| | Outpatient | 478 | 39.6% |
| | Residential Services | 203 | 16.8% |
| | Case Management | 94 | 7.8% |
| **Other** | | | |
| | Other | 355 | 29.4% |
| **Forensic SA** | | | |
| | Case Management | 78 | 6.5% |

## Client Demographics

| Age | # | % | State Avg |
|---|---|---|---|
| 18-25 | 60 | 8% | 9% |
| 26-34 | 189 | 24% | 19% |
| 35-44 | 239 | 31% | 26% |
| 45-54 | 169 | 22% | 18% |
| 55-64 | 104 | 13% | 18% |
| 65+ | 19 | 2% | 10% |

| Gender | # | % | | State Avg |
|---|---|---|---|---|
| Male | 605 | 78% | ▲ | 60% |
| Female | 175 | 22% | ▼ | 40% |
| Transgender/Other | | | | 0% |

| Ethnicity | # | % | | State Avg |
|---|---|---|---|---|
| Non-Hispanic | 556 | 71% | | 64% |
| Hisp-Puerto Rican | 160 | 21% | ▲ | 10% |
| Hispanic-Other | 52 | 7% | | 12% |
| Hispanic-Mexican | 7 | 1% | | 1% |
| Hispanic-Cuban | 5 | 1% | | 0% |
| Unknown | | | ▼ | 14% |

| Race | # | % | | State Avg |
|---|---|---|---|---|
| White/Caucasian | 337 | 43% | ▼ | 58% |
| Black/African American | 276 | 35% | ▲ | 18% |
| Other | 154 | 20% | | 12% |
| Asian | 7 | 1% | | 1% |
| Hawaiian/Other Pacific Islander | 3 | 0% | | 0% |
| Am. Indian/Native Alaskan | 2 | 0% | | 1% |
| Multiple Races | 1 | 0% | | 1% |
| Unknown | | | | 10% |

Unique Clients | State Avg ▲ > 10% Over State Avg ▼ > 10% Under State Avg

**Case Management (Waterbury)**
Wellmore
Addiction - Case Management - Standard Case Management

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2024 - June 2025 (Data as of Sep 09, 2025)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 94 | 110 | -15% | ▼ |
| Admits | 92 | 94 | -2% | |
| Discharges | 85 | 101 | -16% | ▼ |
| Service Hours | 262 | 252 | 4% | |

## Data Submission Quality

| Data Entry | Actual | State Avg |
|---|---|---|
| ✓ Valid NOMS Data | 100% | 91% |

| On-Time Periodic | Actual | State Avg |
|---|---|---|
| ● 6 Month Updates | 0% | 35% |

## Discharge Outcomes

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ✓ Treatment Completed Successfully | | 84 | 99% | 50% | 61% | 49% | ▲ |

## Recovery

| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ✓ Stable Living Situation | | 102 | 100% | 80% | 72% | 20% | ▲ |
| ✓ Self Help | | 72 | 71% | 60% | 44% | 11% | ▲ |
| ✓ Employed | | 31 | 30% | 20% | 29% | 10% | |

## Service Utilization

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| ● Clients Receiving Services | | 15 | 88% | 90% | 93% | -2% |

## Data Submitted to DMHAS for 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

**Emergency Shelter (CSSD)**
Wellmore
Addiction - Residential Services - Recovery House

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2024 - June 2025 (Data as of Sep 09, 2025)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % |
|---|---|---|---|
| Unique Clients | 24 | 24 | 0% |
| Admits | 21 | 23 | -9% |
| Discharges | 21 | 22 | -5% |
| Bed Days | 839 | 1,009 | -17% ▼ |

## Discharge Outcomes

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| ✓ Treatment Completed Successfully | | 21 | 100% | 85% | 75% | 15% ▲ |

## Bed Utilization

| | 12 Months Trend | Beds | Avg LOS | Turnover | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|---|---|
| Avg Utilization Rate | | 3 | 40 days | 0.1 | 77% | 90% | 60% | -13% ▼ |

< 90% | 90-110% | >110%

## Data Submitted to DMHAS for Month

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

■ 1 or more Records Submitted to DMHAS

▲ > 10% Over ▼ < 10% Under

Actual | Goal | ✓ Goal Met | Below Goal

* State Avg based on 13 Active Recovery House Programs

**Emergency Shelter (DMHAS)**
Wellmore
Addiction - Residential Services - Recovery House

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2024 - June 2025 (Data as of Sep 09, 2025)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 94 | 78 | 21% | ▲ |
| Admits | 97 | 72 | 35% | ▲ |
| Discharges | 90 | 73 | 23% | ▲ |
| Bed Days | 3,918 | 2,404 | 63% | ▲ |

## Discharge Outcomes

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|---|
| ✓ | Treatment Completed Successfully | | 77 | 86% | 85% | 75% | 1% |

## Bed Utilization

| | | 12 Months Trend | Beds | Avg LOS | Turnover | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|---|---|
| ● | Avg Utilization Rate | | 15 | 49 days | 0.1 | 72% | 90% | 60% | -18% | ▼ |

< 90% | 90-110% | >110%

## Data Submitted to DMHAS for 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 13 Active Recovery House Programs

**Integrated Primary & BH Care - PIC**
Wellmore
Other - Other - Integrated Primary Care

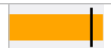
Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2024 - June 2025 (Data as of Sep 09, 2025)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 355 | 228 | 56% | ▲ |
| Admits | 283 | 153 | 85% | ▲ |
| Discharges | 204 | 159 | 28% | ▲ |
| Service Hours | 292 | 130 | 124% | ▲ |

## Data Submission Quality

| Data Entry | Actual | State Avg |
|---|---|---|

| Diagnosis | | Actual | State Avg |
|---|---|---|---|
| ✓ Valid MH/SU Diagnosis |  | 100% | 88% |

## Data Submitted to DMHAS for 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 5 Active Integrated Primary Care Programs

**Morris House (DMHAS)**
Wellmore
Addiction - Residential Services - Recovery House

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2024 - June 2025 (Data as of Sep 09, 2025)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 97 | 28 | 246% | ▲ |
| Admits | 97 | 20 | 385% | ▲ |
| Discharges | 84 | 25 | 236% | ▲ |
| Bed Days | 6,490 | 1,780 | 265% | ▲ |

## Discharge Outcomes

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| Treatment Completed Successfully | | 51 | 61% | 85% | 75% | -24% | ▼ |

## Bed Utilization

| | 12 Months Trend | Beds | Avg LOS | Turnover | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|---|
| Avg Utilization Rate | | 27 | 85 days | 0.2 | 66% | 90% | 60% | -24% | ▼ |

< 90% | 90-110% | >110%

## Data Submitted to DMHAS for 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 13 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 2024 - June 2025 (Data as of Sep 09, 2025)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 62 | 90 | -31% | ▼ |
| Admits | 59 | 91 | -35% | ▼ |
| Discharges | 56 | 88 | -36% | ▼ |
| Service Hours | 91 | 248 | -64% | ▼ |

## Data Submission Quality

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

| On-Time Periodic | Actual | State Avg |
|---|---|---|
| ● 6 Month Updates | 0% | 3% |

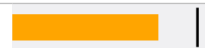
## Discharge Outcomes

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ✓ Treatment Completed Successfully | | 48 | 86% | 50% | 80% | 36% | ▲ |

## Recovery

| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ✓ Social Support | | 57 | 90% | 60% | 92% | 30% | ▲ |
| ✓ Stable Living Situation | | 59 | 94% | 80% | 84% | 14% | ▲ |
| ✓ Employed | | 20 | 32% | 20% | 30% | 12% | ▲ |
| ✓ Self Help | | 40 | 63% | 60% | 69% | 3% | |

## Service Utilization

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ● Clients Receiving Services |  | 5 | 71% | 90% | 88% | -19% | ▼ |

## Data Submitted to DMHAS for Month

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | % Months Submitted |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Admissions | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | 100% |
| Discharges | ■ | ■ | | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | | 83% |
| Services | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | | ■ | 92% |

■ 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

**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 2024 - June 2025 (Data as of Sep 09, 2025)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 21 | 44 | -52% | ▼ |
| Admits | 13 | 39 | -67% | ▼ |
| Discharges | 21 | 36 | -42% | ▼ |
| Service Hours | 95 | 167 | -43% | ▼ |

## 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 | | 17 | 81% | 50% | 80% | 31% | ▲ |

## Recovery

| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ✓ Social Support | | 20 | 95% | 60% | 92% | 35% | ▲ |
| ✓ Self Help | | 16 | 76% | 60% | 69% | 16% | ▲ |
| ● Stable Living Situation | | 16 | 76% | 80% | 84% | -4% | |
| ● Employed | | 2 | 10% | 20% | 30% | -10% | ▼ |

## Service Utilization

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ● Clients Receiving Services | | N/A | N/A | 90% | 88% | N/A | ▼ |

## Data Submitted to DMHAS for Month

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | % Months Submitted |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Admissions | ■ | ■ | ■ | | ■ | ■ | ■ | | | | | | 50% |
| Discharges | ■ | ■ | ■ | | ■ | ■ | ■ | | ■ | | | | 58% |
| Services | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | | | | 75% |

■ 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

**Waterbury Outpatient**
Wellmore
Addiction - Outpatient - Standard Outpatient

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2024 - June 2025 (Data as of Sep 09, 2025)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % |
|---|---|---|---|
| Unique Clients | 476 | 487 | -2% |
| Admits | 453 | 493 | -8% |
| Discharges | 453 | 450 | 1% |
| Service Hours | 2,908 | 2,354 | 24% ▲ |

## Data Submission Quality

| Data Entry | Actual | State Avg |
|---|---|---|
| ✓ Valid NOMS Data | 100% | 92% |
| ✓ Valid TEDS Data | 86% | 51% |

| On-Time Periodic | Actual | State Avg |
|---|---|---|
| ● 6 Month Updates | 0% | 8% |

| Diagnosis | Actual | State Avg |
|---|---|---|
| Valid MH/SU Diagnosis | 95% | 99% |

## Discharge Outcomes

| | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|
| ● Treatment Completed Successfully | 201 | 44% | 50% | 51% | -6% |

## Recovery

| National Recovery Measures (NOMS) | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|
| ✓ Not Arrested | 501 | 95% | 75% | 52% | 20% ▲ |
| ✓ Abstinence/Reduced Drug Use | 327 | 62% | 55% | 30% | 7% |
| ✓ Improved/Maintained Function Score | 372 | 80% | 75% | 44% | 5% |
| ● Stable Living Situation | 476 | 90% | 95% | 53% | -5% |
| ● Employed | 206 | 39% | 50% | 27% | -11% ▼ |
| ● Self Help | 174 | 33% | 60% | 16% | -27% ▼ |

## Service Utilization

| | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|
| ✓ Clients Receiving Services | 75 | 97% | 90% | 51% | 7% |

## Service Engagement

| Outpatient | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|
| ✓ 2 or more Services within 30 days | 372 | 90% | 75% | 64% | 15% ▲ |

## Data Submitted to DMHAS for 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 107 Active Standard Outpatient Programs

**Women & Children's Program**
Wellmore
Addiction - Residential Services - Intermediate/Long Term Res.Tx 3.5

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2024 - June 2025 (Data as of Sep 09, 2025)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 31 | 26 | 19% | ▲ |
| Admits | 29 | 21 | 38% | ▲ |
| Discharges | 29 | 22 | 32% | ▲ |
| Bed Days | 1,845 | 1,882 | -2% | |

## Data Submission Quality

| Data Entry | Actual | State Avg |
|---|---|---|
| ✓ Valid NOMS Data | 100% | 84% |
| ✓ Valid TEDS Data | 100% | 96% |

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

| Diagnosis | Actual | State Avg |
|---|---|---|
| ✓ Valid MH/SU Diagnosis | 100% | 100% |

## Discharge Outcomes

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| Treatment Completed Successfully | | 17 | 59% | 70% | 76% | -11% | ▼ |
| No Re-admit within 30 Days of Discharge | | 20 | 69% | 85% | 92% | -16% | ▼ |
| Follow-up within 30 Days of Discharge | | 11 | 65% | 90% | 58% | -25% | ▼ |

## Recovery

| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| ✓ Abstinence/Reduced Drug Use | | 24 | 73% | 70% | 81% | 3% |
| ✓ Improved/Maintained Function Score | | 28 | 97% | 95% | 92% | 2% |

## Bed Utilization

| | 12 Months Trend | Beds | Avg LOS | Turnover | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|---|
| Avg Utilization Rate | | 8 | 82 days | 0.2 | 63% | 90% | 73% | -27% | ▼ |

< 90% | 90-110% | >110%

## Data Submitted to DMHAS for 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 18 Active Intermediate/Long Term Res.Tx 3.5 Programs