

DMHAS QUALITY DASHBOARDS REFERENCE GUIDE



APRIL 2015

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OVERVIEW

DMHAS first introduced a provider quality report system in 2009. Since then changes have been made, however, the reporting system continues to evaluate consumer outcomes and agency and program performance on a wide range of indicators. These reports are now presented in the form of a quality 'dashboard', which displays provider and program information in the form of totals, percentages, graphs and charts for easy viewing. The Quality Dashboard is used as a feedback tool that focuses on improving quality within the DMHAS system. Program performance is compared to statewide averages for programs in the same levels of care using a common set of indicators.

The design for the Quality Dashboard and the indicators that were selected for measurement, draw from a number of quality influences. The Connecticut legislature has been very interested in Results Based Accountability (RBA), a quality improvement model that focuses on an agency's mission and whether the mission is being accomplished. RBA looks at various indicators like service utilization, consumer satisfaction, and whether people "get better" as a result of an agency's services. Another major influence that allows further analysis of our recovery-oriented system of care is the National Outcome Measures (NOMs). DMHAS reports regularly on these measures to our federal funders. These outcomes examine employment, living situation, arrests, abstinence, treatment completions, readmission, and social supports.

Quality Dashboard Basics:

- The dashboards are distributed based on a reporting period and include Provider and Program data for Providers and Programs that were active during that reporting period.
- The information includes all DMHAS funded or operated programs except 'Intakes' and program types classified as 'Other'.
- Program performance is compared to other programs within the same level of care.
- Data is pulled from the DMHAS Enterprise Data Warehouse (EDW), the repository for DDaP (Private Non Profit) and WITS (State Operated) data.
- 'NA's' indicate that the denominator was zero for the measure.

The dashboards are organized by Provider and Program data sections:

DMHAS Provider Quality Dashboard Sections:

- Dashboard Header with basic provider information
- Provider Activity
- Client Demographics
- Clients by Level of Care
- Consumer Satisfaction Survey

DMHAS Program Quality Dashboard Sections:

- Dashboard Header with basic program information
- Program Activity
- Data Submission Quality
- Data Submitted to DMHAS by Month
- Discharge Outcomes
- Recovery (National Outcomes Measures (NOMs))
- Service Engagement
- Service Utilization
- Bed Utilization
- Evaluations - Crisis/Jail Diversion

It is essential that data quality be maintained and continually improved so that:

- Providers can examine their data and make decisions about care provision
- DMHAS and the State may plan funding of existing or new services
- Consumers can make informed choices about their health care

The following document will guide the user through the various sections of the DMHAS Quality Dashboards, provide explanations for each section and reference reports that can be used to validate the data.

The **DMHAS Provider Quality Dashboard** is composed of multiple sections and will display based on the Provider requirements and Level of Care.

A: Dashboard Header: This section includes the Provider Name and location, dashboard name and the reporting period.

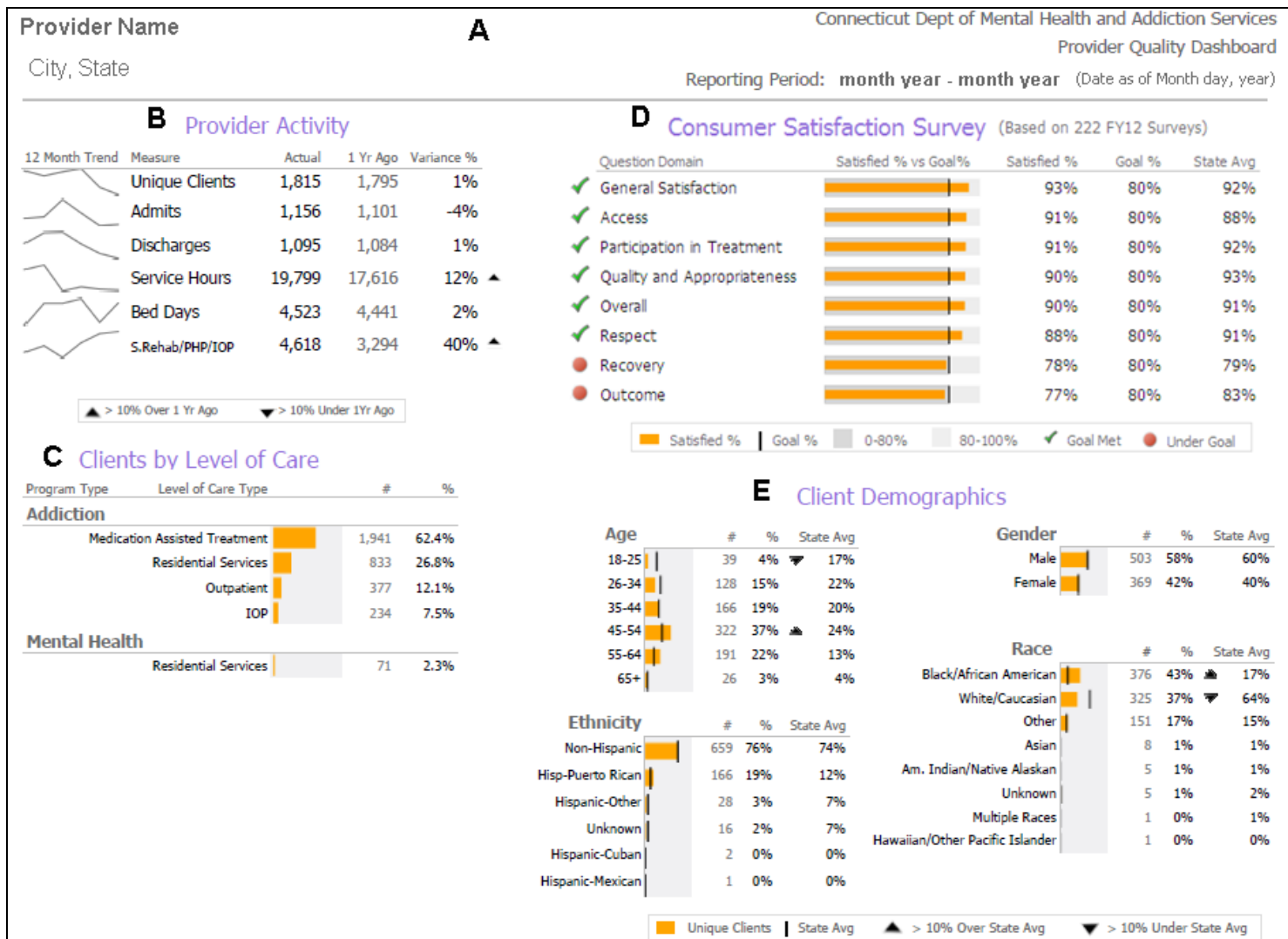
B: Provider Activity: This section compares current (Actual) utilization measures to measures from 1 Year Ago. The measures include the Unique (unduplicated) Clients count, total count of Admits and total count of Discharges.

- Variance % is the difference between the current totals and the totals from 1 year ago.
- Up or down arrows denote whether the Actual percentage is greater than 10% over or 10% under from 1 Year Ago.
- The following measures will display if applicable to the Provider: Service Hours, Social Rehab, Partial Hospitalization and Intensive Outpatient Services (Social Rehab/PHP/IOP) and Bed Days

C: Unique Clients by Level of Care: This section displays the unique client totals (listed under the number sign #) and percentages (listed under the percent sign %) for each Program Type and Level of Care for funded programs.

D: Consumer Satisfaction Survey: This section displays the Consumer Satisfaction Survey Domain questions and the Satisfaction vs. Goal Percentages, as well as Statewide Average Percentages. A green ✓ 'check' next to a Question Domain means the goal has been met. A red ● 'circle' next to a Question Domain means that it is under goal.

E: Client Demographics: This section displays client demographics by unique total (listed under the number sign #) and percentages (listed under the percent sign %) for Age, Gender, Race and Ethnicity and compares them to a Statewide average. The up or down arrows denote whether the Actual percentage is greater than 10% over or 10% under the State Average percentage.



DMHAS PROVIDER QUALITY DASHBOARD

NOTE: Only Providers active during the reporting period will display in the dashboard.

A. DASHBOARD HEADER

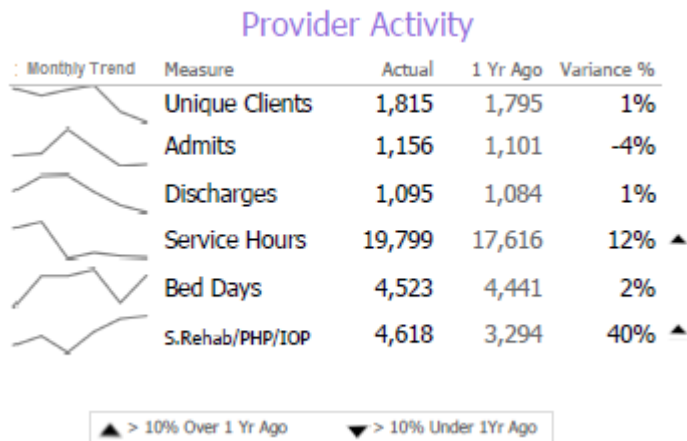
The **Provider Name** and location (**City** and **State**), **Dashboard Name** and the **Reporting Period** will display at the top of the dashboard.

B. PROVIDER ACTIVITY

This section displays the total number of unique clients served and the total number of admissions and discharges by the Provider in funded programs during the reporting period. *The following will display if applicable to the Provider:* total direct Service Hours, Social Rehab, Partial Hospitalization and Intensive Outpatient services delivered (Social Rehab/PHP/IOP) and Bed Days.

- **Counts:** The 'Actual' count is based on the current reporting period and '1 Yr Ago' count is based on the prior year's reporting period. **Example:** 'Actual' = July 2013 – June 2014 (7/1/2013 - 6/30/2014) and '1 Yr Ago' = July 2012 – June 2013 (7/1/2012 - 6/30/2013)

A comparison of the 'Actual' count and the '1 Yr Ago' is displayed in the form of a 12 Month Trend graph. The difference is displayed as a percentage under Variance % and shows if the percentage is a less than (-) amount or greater than amount. 10% Variances are shown with up arrows (greater than 10% over 1 Yr ago) or down arrows (less than 10% over 1 Yr ago).



UNIQUE CLIENTS

This is the total number of unique (unduplicated) clients with Open Admits served within all programs in the agency during the reporting period, including consumers on leave (state-operated). Clients with Open Admits in multiple programs during the reporting period **are only counted once**. A Client must have been active in at least one program during the reporting period to be included in the count.

*The following DMHAS report can be used to measure the outcome for Unique Clients: **Program Roster** in the **Client Reports** folder in EDW. (Select 'Clients to Include' **All Active Clients** and refer to the **Distinct Clients** count in the report.) **NOTE:** If your facility has non-funded programs, refer to counts for DMHAS funded programs only.*

ADMITS

This is the total number (duplicated count) of client admissions to the provider during the reporting period.

DISCHARGES

This is the total number (duplicated count) of client discharges from the provider during the reporting period.

*The following DMHAS report can be used to measure the outcome for Admits and Discharges: **Program Roster** in the **Client Reports** folder in EDW. (Select 'Clients to Include' **Admits Only** and refer to the **Total Admits** count in the report for **Admits** or select 'Clients to Include' **Discharges Only** and refer to the **Total Discharges** count in the report for **Discharges**.) **NOTE:** If your facility has non-funded programs, refer to counts for DMHAS funded programs only. The following will only display if applicable to the Provider and Program:*

SERVICES HOURS

This is the Total Direct Service Hours provided by the agency during the reporting period.

- **Exclusions:** Cancellation, Cancellation/No Show services, any service codes expressed in days or incidents and services deleted (**Include** services deleted with Cancellation Reason 1 (Documentation Insufficient/No Re-Bill)).
- **Includes:** All **minute based** services for programs that **are required to submit service data** whose service start date falls within the date range of the reporting period.
- **Calculation:** Since the duration of minute based services is expressed in minutes, divide total minutes by 60 to calculate the number of direct service hours delivered.

The following DMHAS report can be used to measure the outcome for Total Direct Service Hours: **Service Summary and Detail** in the **Client Reports** folder in EDW. (Refer to the **Grand Total... Hrs** at the end of the report.)

BED DAYS

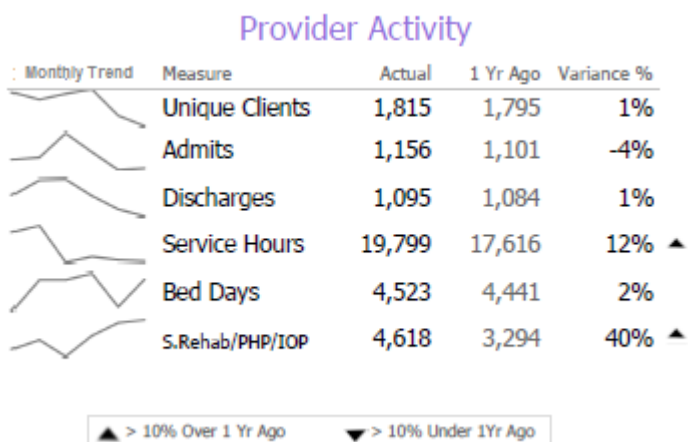
This is the total number of bed days provided in Inpatient, Residential and Crisis Respite programs for the agency during the reporting period.

- **Exclusions:** Mental Health Residential Support Programs and Residential Other
- **Count:** The Agency Total Bed Days is counted by adding Total Days from each program that reports day services.
- **Calculation:** Bed Days for Residential programs are calculated, using the reporting period start date (Program Admission Date if client was admitted after the start of the reporting period) and the reporting period end date (or Program Discharge Date – 1, if the client was discharged prior to the end of the reporting period).

The following DMHAS report can be used to measure the outcome for Total Bed Days: **Bed Utilization** in the **Client Reports** folder in EDW. (Refer to the **Utilization** count in the report.)

SOC REHAB, IOP and PHP DAYS

This is the total number of Days provided in Social Rehabilitation, Intensive Outpatient (IOP) and Partial Hospitalization programs for the Agency during the reporting period.



- **Exclusions:** Cancellation, Cancellation/No Show services, any service codes expressed in minutes or incidents and deleted services (**Include** services deleted with Cancellation Reason 1 (Documentation Insufficient/No Re-Bill)).
- **Count:** Social Rehab, IOP and Partial Hospitalization days are counted from the services that have *service start dates and/or end dates that fall within the date range for the reporting period.*

The following DMHAS report can be used to measure the outcome for Social Rehab, IOP and PHP Days: **Service Summary and Detail** in the **Client Reports** folder in the EDW. (Refer to the **Grand Total...Days** at the end of the report.)

C. CLIENTS by LEVEL OF CARE

This section lists a count and percentage of active (unduplicated) Clients by Program Type and Level of Care Type.

- **Includes:** Clients active during the reporting period. (*Clients are only counted once.*)
- **Count:** The Level of Care Types includes a count of unduplicated active clients for each Level of Care Type and a corresponding percentage of the total for each.

Clients by Level of Care

Program Type	Level of Care Type	#	%
Addiction			
	Medication Assisted Treatment	362	44.9%
	Outpatient	114	14.1%
	Case Management	91	11.3%
	Residential Services	91	11.3%
	IOP	60	7.4%
	PHP	53	6.6%
Mental Health			
	Case Management	35	4.3%

Percentage (%) Calculation:

The # for Program Type and Level of Care Type divided by the total for all Levels of Care listed times 100 = %

The calculations below are based on examples from the screen print above.

The total for all the Levels of Care = 806. Divide each Level of Care by the total of all Levels of Care to determine each percentage.

Program Type: Addiction

Level of Care Type: Medication Assisted Treatment: Total = 362
 $362/806 = .449 \times 100 = 44.9\%$

Level of Care Type: Outpatient: Total = 114
 $114/806 = .141 \times 100 = 14.1\%$

Level of Care Type: Case Management: Total = 91
 $91/806 = .1129 \times 100 = 11.3\%$

Level of Care Type: Residential Services: Total = 91
 $91/806 = .1129 \times 100 = 11.3\%$

Level of Care Type: IOP: Total = 60
 $60/806 = .074 \times 100 = 7.4\%$

Level of Care Type: PHP: Total = 53
 $53/806 = .0657 \times 100 = 6.6\%$

Program Type: Mental Health

Level of Care Type: Case Management: Total = 35
 $35/806 = .43 \times 100 = 4.3\%$

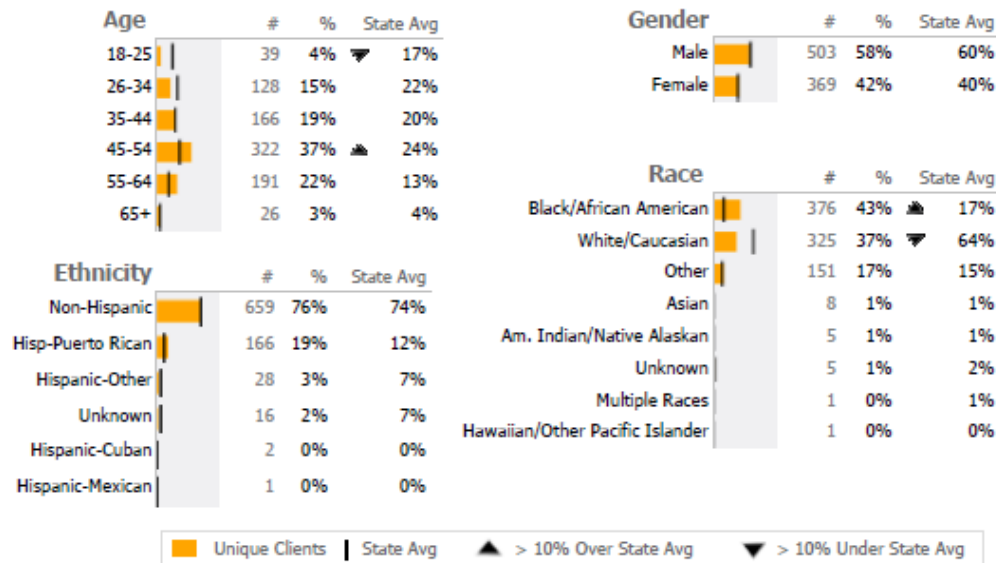
*The following DMHAS report can be used to measure the outcome for Unique Clients by Level of Care Type: **Program Roster** in the **Client Reports** folder in the EDW. (Select the desired Program Type and Level of Care for the provider and program(s). Refer to the **Distinct Client** count for each program / level of care total (#). Select 'All' to view the **Total Active** count for all programs (**Total Unique Clients** #). Calculate the percentage (%) as noted above.)*
NOTE: If your facility has non-funded programs, refer to counts for DMHAS funded programs only.

Note: Clients are unduplicated within each level of care, but can be in more than one level of care if they were admitted to other programs in other levels of care in a reporting period. The total for the levels of care under Clients By Level of Care may not equal the Unique Clients total for the Provider.

D. CLIENT DEMOGRAPHICS

This section displays by count, percentage and bar graph, the demographic makeup of the clients served by the agency by **Gender, Race, Ethnicity** and **Age Groups** and a Statewide Comparison for each percentage displayed. It includes clients that were *active in at least one program at any time during the reporting period*. The up or down arrows denote whether the Actual percentage is greater than 10% over or 10% under the State Average percentage.

Client Demographics



AGE: This is the *consumer's age range as of the beginning of the reporting period*:

- 18 – 25
- 26 – 34
- 35 – 44
- 45 – 54
- 55 – 64
- 65+
- Other/Unknown (all others; DOB missing, age < 18 or > 99, NULL - *will only display if it is 5% or more of the total*)

GENDER: This is the gender of the consumer:

- Male
- Female
- Unknown – *Anything other than M or F in the data is counted as "Unknown" for this report.*

ETHNICITY: This is the ethnicity of the consumer:

- Hispanic-Cuban
- Hispanic-Mexican
- Hispanic-Puerto Rican
- Hispanic-Other
- Non-Hispanic
- Unknown (*This will only display if it is 5% or more of the total.*)

RACE: This is the race of the consumer:

- American Indian/Alaska Native
- Asian
- Black/African American
- Hawaiian/Pacific Islander
- White/Caucasian
- Other
- Unknown (*Unknown will only display if it is 5% or more of the total.*)
- Multiple Races (*any client who has more than one race value where the second value is not 'Unknown'. Both values must come from the same Provider.*) Count 'Mixed' (if present as legacy value) as 'Multiple Races'.

*The following DMHAS report can be used to measure the outcome for Client Demographics: **Agency Consumer Demographics** in the **Client Reports** folder in the EDW. (Make all desired selections.)*

E. CONSUMER SATISFACTION SURVEY

This section will always show the **Prior Fiscal Year's Consumer Satisfaction Survey results** that are compiled by EQMI and measures the degree to which a consumer is satisfied with their services overall, as well as across several domains (listed below). This measure also includes statewide averages for comparison purposes. The percentage comparisons for each domain will be listed in a grid, as well as displayed in a bar graph. The domains will be listed in order by the 'Satisfied %', highest to lowest, including the Overall %. A green ✓ 'check' next to a Question Domain means the goal has been met. A red ● 'circle' next to a Question Domain means that it is under goal.

Consumer Satisfaction Survey (Based on 270 FY14 Surveys)

Question Domain	Satisfied % vs Goal%	Satisfied %	Goal %	State Avg
✓ Participation in Treatment		94%	80%	92%
✓ Quality and Appropriateness		92%	80%	93%
✓ Respect		90%	80%	91%
✓ General Satisfaction		89%	80%	92%
✓ Access		88%	80%	88%
✓ Overall		87%	80%	91%
● Outcome		73%	80%	83%
● Recovery		69%	80%	79%



A Quality Report for the period 7-1-14 through 6-30-15 will use CS Survey results from Fiscal Year 14 (July 1, 2013 through June 30, 2014). Since DMHAS only compiles CS Survey results annually, **these numbers will remain unchanged in each quarterly Quality dashboard during a given fiscal year.**

- **Exempted from submitting the survey:** Acute Care Hospitals, Crisis, Jail Diversion and PTIP programs.

In the Mental Health Statistics Improvement Program's (MHSIP) Consumer Satisfaction survey, responses are scored on a **five-point scale** with 1 indicating the highest degree of satisfaction and 5 indicating the highest level of dissatisfaction. Any blank or 'Not Applicable' response is not included when calculating average consumer satisfaction scores.

When calculating average scores:

- an average of less than 2.5 indicates satisfaction
- an average between 2.5 and 3.5 indicates neutrality
- an average greater than 3.5 indicates dissatisfaction

Calculate Satisfaction percent for **each Domain Question** by dividing the Numerator by the Denominator:

- **Denominators** = the number of surveys in which the appropriate domain was completed.

To complete a domain, a consumer must answer a minimum number of questions with a response other than 'Not Applicable'. The following numbers of questions in each Domain must be answered for it to be considered complete:

- **Access:** 3 of 4 questions - Q4, Q5, Q6, Q7
- **General Satisfaction:** 2 of 3 questions - Q1, Q2, Q3
- **Outcome:** 5 of 7 questions - Q17, Q18, Q19, Q20, Q21, Q22, Q23
- **Participation in Treatment:** 1 of 1 question - Q9
- **Quality and Appropriateness:** 5 of 7 questions - Q8, Q10, Q11, Q12, Q13, Q14, Q15
- **Recovery:** 3 of 5 questions - Q24, Q25, Q26, Q27, Q28
- **Respect:** 1 of 1 question - Q16
- **Overall**

- **Numerators** = the number of unique surveys in which the average response for the domain was less than 2.5, indicating satisfaction.

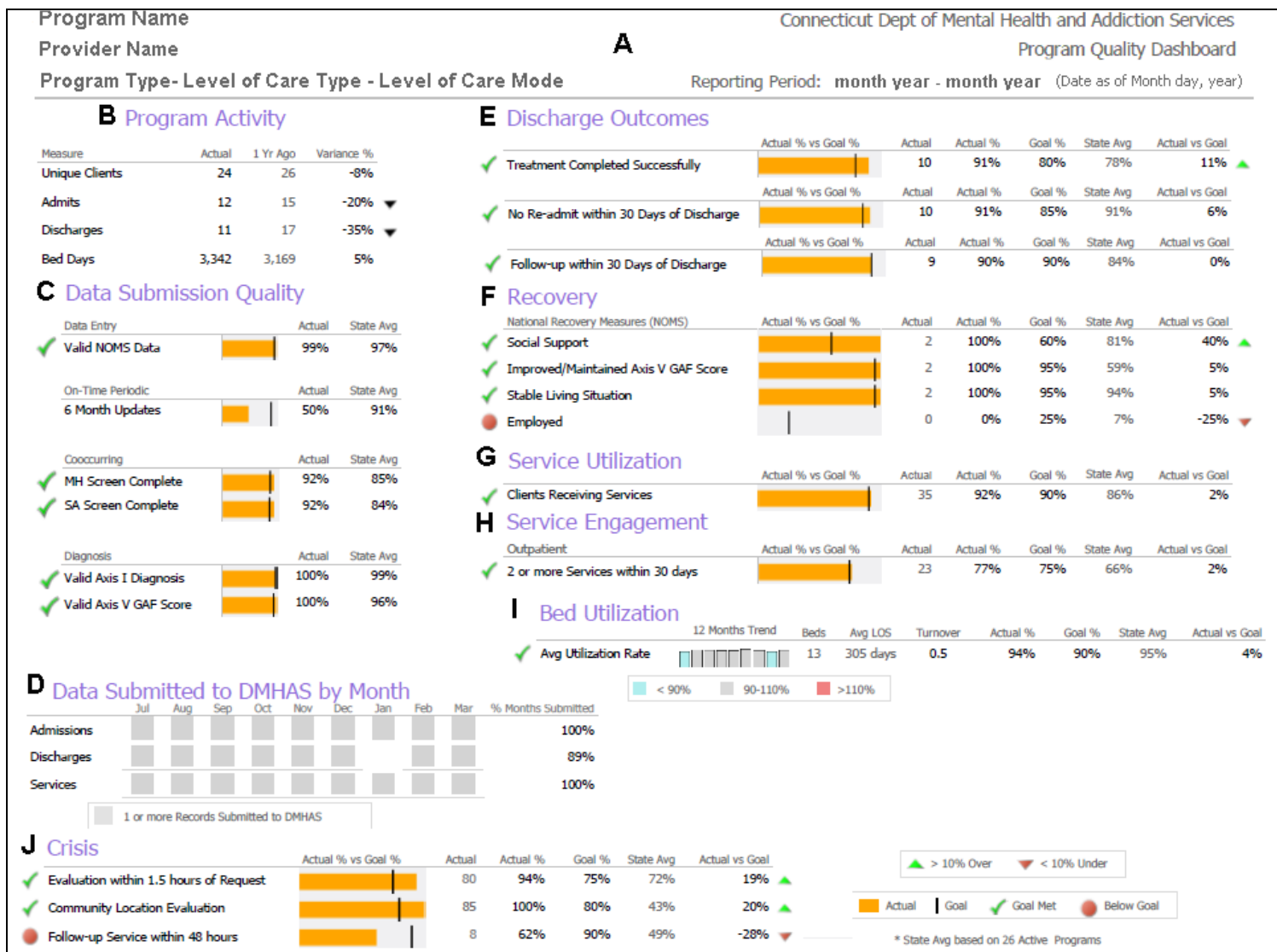
Calculate Overall Satisfaction percent for the Provider and for a Statewide comparison.

- **Denominator** = the number of unique consumer surveys that had any responses other than 'Not Applicable' for any of the MHSIP satisfaction questions.
- **Numerator** = the number of unique consumer surveys in which the average response for all questions not left blank or marked 'Not Applicable' was less than 2.5.
- **Percent:** The bar graph and the Percent column detail contains the percentage of surveys for which the average of the responses indicated satisfaction (had an average score less than 2.5).

The following reports can be used to measure the outcome for Consumer Satisfaction Survey: **Survey Results by Domain and Survey Frequencies by Provider and Program** in the **Outcome Measures** folder in the EDW

The **DMHAS Program Quality Dashboard** is composed of multiple sections and will display based on the Program requirements and Level of Care.

- A: Dashboard Header:** This section includes the Program Name and Provider Name, Program Type, Level of Care Type and Level of Care Mode, Dashboard Name and the Reporting Period (month and year).
- B: Program Activity:** This section compares Actual (current) and 1 Year Ago utilization measures and includes total counts for Unique Clients, Admits and Discharges, TCM, Soc Rehab/PHP/IOP and Bed Days will display based on LOC.
- C: Data Submission Quality:** This section displays the percentage of valid data submitted.
- D: Data Submitted to DMHAS by Month:** This section displays the percentage of Admissions, Discharges and Services provided by month for the program.
- E: Discharge Outcomes:** This section displays the percentage of discharges that completed treatment successfully, had a Re-Admit or a Follow-up activity within 30 days of discharge, and measures those percentages against set goals.
- F: Recovery:** This section displays the percentage of National Recovery Measures (NOMS), based on set goals, that evaluate improvement in employment, functioning, living situation, abstinence or reduced drug use and social supports.
- G: Service Utilization:** This section displays the clients that are active in the program and the number/percentage of clients that received a service during the reporting period.
- H: Service Engagement:** This sections displays the percentage of clients who received at least 2 Outpatient services, Homeless Outreach services and clients who receive Medication Assisted Treatment for >365 days
- I: Bed Utilization:** This section displays the percentage of bed days provided in Residential, Inpatient Services and Crisis Respite programs and the rate which beds were occupied based on a 12-month trend.
- J: Evaluations-Crisis/Jail Diversion:** This section displays prompt evaluations and timely follow-up services provided.



DMHAS PROGRAM QUALITY DASHBOARD

NOTE: Only Programs active during the reporting period will display in the quality dashboard.







A. DASHBOARD HEADER

The **Program Name**, **Provider Name**, **Program Type**, **Level of Care Type** and **Level of Care Mode**, **Dashboard Name** and the **reporting period** will display at the top of the dashboard.

B. PROGRAM ACTIVITY

This section displays 'Actual' totals and the '1 Yr Ago' totals for a range of program activity data including the total number of unique (unduplicated) clients, admissions and discharges during the reporting period for DMHAS funded programs. *The following will display if applicable to the program:* total direct Service Hours delivered, Social Rehab, Partial Hospitalization and Intensive Outpatient services and the total number of bed days of service delivered for the program during the reporting period.

The Variance % shown is the difference between the 'Actual' totals and the '1 Yr Ago' totals. 10% Variances are shown with up arrows (greater than 10% Over 1 Yr ago) or down arrows (less than 10% Under 1 Yr ago).

Provider Activity				
12 Month Trend	Measure	Actual	1 Yr Ago	Variance %
	Unique Clients	6,213	6,269	-1%
	Admits	3,525	4,966	-29% ▼
	Discharges	3,345	4,124	-19% ▼
	Service Hours	52,053	73,546	-29% ▼
	Bed Days	10,530	10,794	-2%
	S.Rehab/PHP/IOP	8,932	13,327	-33% ▼

UNIQUE CLIENTS

This is the total number of unique (unduplicated) clients served within the program during the reporting period.

- The count includes any client with an *open Admit Date* during the reporting period in the program including clients on leave (state-operated).
- Clients with multiple open Admits during the reporting period are *only counted once*.

*The following DMHAS report can be used to measure the outcome for Unique Clients: **Program Roster** in the **Client Reports** folder in EDW. (Select 'Clients to Include' **All Active Clients** and refer to the **Distinct Clients** count in the report.) **NOTE:** If your facility has non-funded programs, refer to counts for DMHAS funded programs only.*

ADMITS

This is the total number (duplicated count) of Admissions for clients within a program during the reporting period.

DISCHARGES

This is the total number (duplicated count) of Discharges for clients within a program during the reporting period.

*The following DMHAS report can be used to measure the outcome for Admits and Discharges: **Program Roster** in the **Client Reports** folder in EDW. (Select 'Clients to Include' **Admits Only** and refer to the **Total Admits** count in the report for **Admits** or select 'Clients to Include' **Discharges Only** and refer to the **Total Discharges** count in the report for **Discharges**.) **NOTE:** If your facility has non-funded programs, refer to counts for DMHAS funded programs only.*

SERVICES HOURS

This is the total direct Service Hours provided by the agency for the program during the reporting period.

- **Includes:** All minute based services whose service start date falls within the date range of the reporting period.
- **Exclusions:** Cancellation, Cancellation/No Show services, any service codes expressed in days or incidents and Deleted services (except include services deleted with Reason 1 (Documentation Insufficient/No Re-Bill))
- **Calculate Hours:** Since the duration of minute based services is expressed in minutes, divide total minutes by 60 to calculate the number of direct service hours delivered.

The following DMHAS report can be used to measure the outcome for Total Direct Service Hours: **Service Summary and Detail** in the **Client Reports** folder in EDW. (Select 'Report Type: **Service Details**', and 'Population: **Client With Services**' and refer to the **Program Total.. Hrs** for the total hours for each program.)

BED DAYS

This is the total number of Bed Days provided in Residential, Inpatient Services and Crisis Respite programs during the reporting period.

- **Count:** The Program Total Bed Days is counted by adding Total Days only for programs that report day services.
- **Exclusions:** LOC Modes: Residential Support and Other.
- **Calculation:** Bed Days for Residential programs are calculated using reporting period start date (Program Admission Date if client was admitted after the start of the reporting period) and reporting period end date (or Program Discharge Date – 1, if the client was discharged prior to the end of the reporting period).

Note: If a client was discharged on the first day of the reporting period, don't count them. If another client is then admitted to that bed on the first day, the bed count should be 1.

The following DMHAS report can be used to measure the outcome for Total Bed Days: **Bed Utilization** in the **Client Reports** folder in EDW. (Refer to the **Utilization** count in the report.)

SOC REHAB, IOP and PHP DAYS

This is the total number of days of services provided in Social Rehabilitation, Partial Hospitalization and Intensive Outpatient days during the reporting period.

Provider Activity

12 Month Trend	Measure	Actual	1 Yr Ago	Variance %
	Unique Clients	6,213	6,269	-1%
	Admits	3,525	4,966	-29% ▼
	Discharges	3,345	4,124	-19% ▼
	Service Hours	52,053	73,546	-29% ▼
	Bed Days	10,530	10,794	-2%
	S.Rehab/PHP/IOP	8,932	13,327	-33% ▼

- **Exclusions:** Cancellation, Cancellation/No Show services, any service codes expressed in minutes or incidents and Exclude Deleted services (except include services deleted with Cancellation Reason 1 (Documentation Insufficient/No Re-Bill))
- **Count:** Social Rehab, Partial Hospitalization and IOP days are counted from the services entered into DDaP or WITS that have service start dates and/or end dates that fall within the date range for the reporting period.

The following DMHAS report can be used to measure the outcome for Social Rehab, IOP and PHP Days: **Service Summary and Detail** in the **Client Reports** folder in the EDW. (Refer to the **Program Total...Days** for each program in the report.)

C. DATA SUBMISSION QUALITY

This section measures the quality of the data submission for NOMS (National Outcome Measures), TEDS (Treatment Episode Datasets), Periodic Assessment Updates, Co-Occurring screenings, Primary Diagnoses (AXIS 1) and the GAF (Global Assessment of Functioning) scores (AXIS 5). A green ✓ 'check' next to a measure means that the Actual percent for that measure is equal to or greater than the State Average for the program type and level of care.

NOTE: If **N/A** displays instead of a percentage, it means that there are no eligible clients to be evaluated for the reporting period.

Data Entry		Actual	State Avg
Valid NOMS Data		92%	96%
✓ Valid TEDS Data		34%	42%

VALID NOMS DATA

This section measures the percentage of valid values for NOMs (any value that is not 'Unknown') in all Periodic Assessments (PA's) completed during the reporting period.

- **Exclusions:** Programs that do not require the Periodic Assessment.
- **Calculated from:** Valid data elements (all values other than 'Unknown') in required PA's including the following: employment status, living situation, number of arrests, social support voluntary, social support family/friends
- **Denominator** = the total number of PA's completed within the reporting period times the number of required data elements (i.e., 5)
- **Numerator** = the total number of required data elements with valid values (all values other than 'Unknown') for employment status, living situation, number of arrests, social support voluntary, social support family/friends
- **Actual %** = Numerator divided by the Denominator

*The following DMHAS report can be used to measure the outcome for Valid NOMS Data: **Valid NOMs Data** in the **Data Quality** folder in EDW. Enter the reporting period, select the Provider and Program(s) and select 'View Report'. Once the report displays, refer to the Percentage. Select the 'plus' + mark next to the program to view clients and NOMs details.*

VALID TEDS DATA

This section measures the percentage of valid TEDS data ('Drugs' data elements) for the Primary drug in all Periodic Assessments (PA's) completed during the reporting period for 'Treatment Related' Addiction programs.

- **Exclusions:** Programs that do not require Periodic Assessments and Mental Health Programs
- **Calculated from:** The four 'Drugs' data elements (Drug Type, Drug Method, Days used, and Age first used) in required PA's for the Primary drug ('Rank 1') for Addiction and Forensic SA programs.
- **Denominator** = the total number of PA's completed for 'Treatment Related' Addiction programs within the reporting period times the number of required TEDS data elements (i.e., 4) for the Primary drug
- **Numerator** = the total number of these required data elements with valid values for the Primary drug.
- **Actual %** = Numerator divided by the Denominator

*The following DMHAS report can be used to measure the outcome for Valid TEDS Data: **Valid TEDS Data** in the **Data Quality** folder in EDW. Enter the reporting period, select the Provider and Program(s) and select 'View Report'. Once the report displays, refer to the Percentage. Select the 'plus' + mark next to the program to view clients and TEDS details. The clients may be listed multiple times based on the number of Periodic Assessments completed during the period.*

C. DATA SUBMISSION QUALITY (cont.)

ON-TIME PERIODIC

This section measures the percentage of the clients active on the last day of the reporting period who have been active in the program for 6 months or more that have received a Periodic Assessment within the last 6 months from the end of the reporting period.

On-Time Periodic		Actual	State Avg
✓ 6 Month Updates		50%	31%

- **Exclusions:** Clients that have been active for less than 6 months, programs that do not require a Periodic Assessment and clients that have been discharged.
- **Count:** The number of clients active at the end of the reporting period that have been active for 6 months or more and the percentage that have received 1 Periodic Assessment within the last 6 months from the end of the reporting period.
- **Calculated based on:** the most recent Periodic Assessment
- **Denominator** = clients active at the end of the reporting period that have been active for 6 months or more.
- **Numerator** = clients in the denominator with a Periodic Assessment in the last 6 months from the end of the reporting period.
- **Actual %** = Numerator divided by the Denominator

The following DMHAS report can be used to measure the outcome for On-Time Periodic: **On-Time Periodic 6 Month Updates** in the **Data Quality** folder in EDW. Enter the reporting period, select the Provider and Program(s) and select 'View Report'. Once the report displays, refer to the Percentage. Select the 'plus' + mark next to the program to view clients who have had an Update Periodic Assessment. (Refer to the **Periodic Assessment 6-Month Tickler Report** in the **Data Quality** folder in EDW to see clients who have not had an Update Periodic Assessment. (Select **Show Overdue Clients 'No'**.) Complete Update Periodic Assessments, as needed.)

CO-OCCURRING

This section measures the percentage of Mental Health Co-Occurring screenings and Substance Abuse Co-Occurring screenings where a valid score was submitted during the reporting period.

Cooccurring		Actual	State Avg
✓ MH Screen Complete		95%	68%
✓ SA Screen Complete		95%	69%

- **Exclusions:** Programs that do not require the Co-Occurring Assessment.
- **Includes:** All treatment related programs.

MH SCREEN COMPLETE

This section measures the percentage of Mental Health Co-Occurring screenings where a valid screening was submitted (Mental Health Screen Form III or Modified Mini) using the data in the "MH screening used" field in MH Co-Occurring screens. (not Declined or Medically or Clinically Inappropriate)

- **Calculated** based on: 'MH screening used' field in Mental Health Co-Occurring screenings
- **Denominator** = the total number of Mental Health Co-Occurring screenings within the reporting period.
- **Numerator** = the total number of Mental Health Co-Occurring screenings completed with screenings using Mental Health Screen Form III or Modified Mini. (not Declined or Medically or Clinically Inappropriate)
- **Actual %** = Numerator divided by the Denominator

The following report can be used to measure the outcome for MH Screen Complete: **Co-Occurring MH Screen Complete** in the **Data Quality** folder in EDW. Enter the reporting period, select the Provider and Program(s) and select 'View Report'. Once the report displays, refer to the Percentage. Select the 'plus' + mark next to the program to view clients and MH Screen details. The clients may be listed multiple times based on the number of Co-Occurring Screenings completed during the period.

C. DATA SUBMISSION QUALITY (cont.)

SA SCREEN COMPLETE

This section measures the percentage of Substance Abuse Co-Occurring screenings where a valid screening was submitted (SSI Alcohol and Drugs or CAGE- Adapted to Include Drugs) using the data in the 'SA Screening Used' field in SA Co-Occurring screens. (not Declined or Medically or Clinically Inappropriate)



- **Calculated based on:** 'SA Screening Used' field in Substance Abuse Co-Occurring Screenings
- **Denominator** = the total number of Substance Abuse Co-Occurring Screenings within the reporting period.
- **Numerator** = the total number of Substance Abuse Co-Occurring Screenings completed with screenings using SSI Alcohol and Drugs or CAGE- Adapted to Include Drugs. (not Declined or Medically or Clinically Inappropriate)
- **Actual %** = Numerator divided by the Denominator

Cooccurring		Actual	State Avg
✓ MH Screen Complete		95%	68%
✓ SA Screen Complete		95%	69%

The following report can be used to measure the outcome for SA Screen Complete: **Co-Occurring SA Screen Complete** in the **Data Quality** folder in EDW. Enter the reporting period, select the Provider and Program(s) and select 'View Report'. Once the report displays, refer to the Percentage. Select the 'plus' + mark next to the program to view clients and SA Screen details. The clients may be listed multiple times based on the number of Co-Occurring Screenings completed during the period.

DIAGNOSIS

This section measures the percentage of valid diagnostic data for Axis I (Primary Diagnosis) and Axis 5 (GAF Score) that was submitted during the reporting period and compares the 'Actual' percentage to the 'State Avg' percentage.

Diagnosis		Actual	State Avg
Valid Axis I Diagnosis		98%	99%
✓ Valid Axis V GAF Score		100%	73%

- **Includes:** All treatment related programs and TCM programs.

VALID AXIS 1 DIAGNOSIS

This section measures the percentage of Axis 1 Diagnoses where a valid code is entered (not deferred 799.99 or a V code) using the 'Primary Diagnosis Code' field on the Diagnosis screen.

- **Calculated from:** AXIS I Primary diagnosis data
- **Denominator** = the total number of active clients who were active during the reporting period.
- **Numerator** = the total number of clients who were active during the reporting period and had a valid diagnosis value (not deferred 799.9 or V codes) as their Primary Axis 1 diagnosis in their most recent diagnostic set as of the last day of the reporting period.
- **Actual %** = Numerator divided by the Denominator

The following report can be used to measure the outcome for Valid Axis I Diagnosis: **Valid Axis I Diagnosis** in the **Data Quality** folder in EDW. Enter the reporting period, select the Provider and Program(s) and select 'View Report'. Once the report displays, refer to the Percentage. Select the 'plus' + mark next to the program to view clients and Axis I Diagnosis details.

C. DATA SUBMISSION QUALITY (cont.)

VALID AXIS V GAF SCORE

This section measures the percentage of Axis V GAF Scores where a valid score (1 to 100) is entered using the 'Axis V GAF Score' field on the Diagnosis screen.

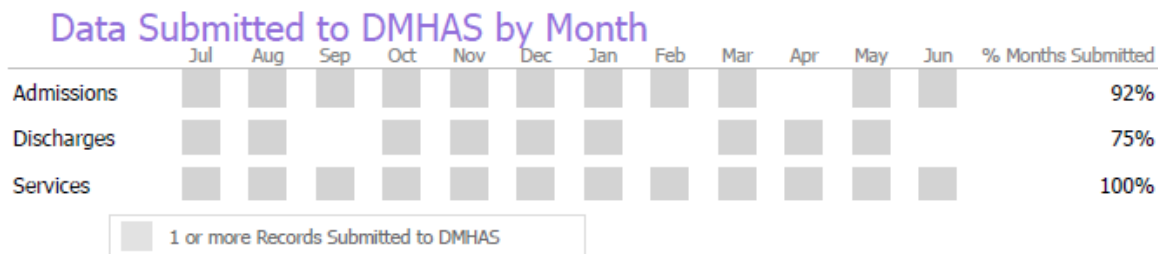
Diagnosis	Actual	State Avg
Valid Axis I Diagnosis	98%	99%
Valid Axis V GAF Score	100%	73%

- **Includes:** All treatment related programs
- **Calculated from:** AXIS V diagnosis data (GAF Score)
- **Denominator** = the total number of clients who were active during the report period.
- **Numerator** = the total number of clients who were active during the reporting period and had a score of 1-100 on Axis V in their most recent diagnostic set as of the last day of the reporting period.
- **Actual %** = Numerator divided by the Denominator

The following DMHAS report can be used to measure the outcome for Valid Axis V GAF Score: **Valid Axis V GAF Score** in the **Data Quality** folder in EDW. Enter the reporting period, select the Provider and Program(s) and select 'View Report'. Once the report displays, refer to the Percentage. Select the 'plus' + mark next to the program to view clients and Axis V GAF Score details.

D. DATA SUBMITTED TO DMHAS BY MONTH

This section displays the monthly Admissions, Discharges and Services submitted for the program for the reporting period.



- **Calculation:** The '% Months Submitted' is calculated based on 1 or more admissions, discharges or services being submitted each month during the reporting period.

The following DMHAS report can be used to measure the outcomes for Data Submitted - Admissions and Discharges: **Data Quality Admissions and Discharges Report** in the **Quality Report** folder in EDW. Select the end of the reporting period for year and month. (Example: For 7/1/2013 to 6/30/2014, select '2014' for the Year and 'June' for the Month.) Select Provider, Funding Source and 'Details' for Report Type. Select 'View Report'. The report will display with the monthly totals for Admissions and Discharges. If there is a '0' for any month, data was not entered for that month and will display as blank on the quality report. If there is a '1' or more for the month, admission(s) and / or discharge(s) were entered and a shaded box will display for each month that data was entered. The report example below corresponds with the 'Data Submitted...' picture above. The provider totals are list on top and each program and the totals are listed below. 'Apr' Admissions has a '0' on the report and 'Sep', 'Feb' and 'Jun' Discharges have a '0'. They are shown as blanks above. The remaining months have '1' or more and display with shaded boxes.

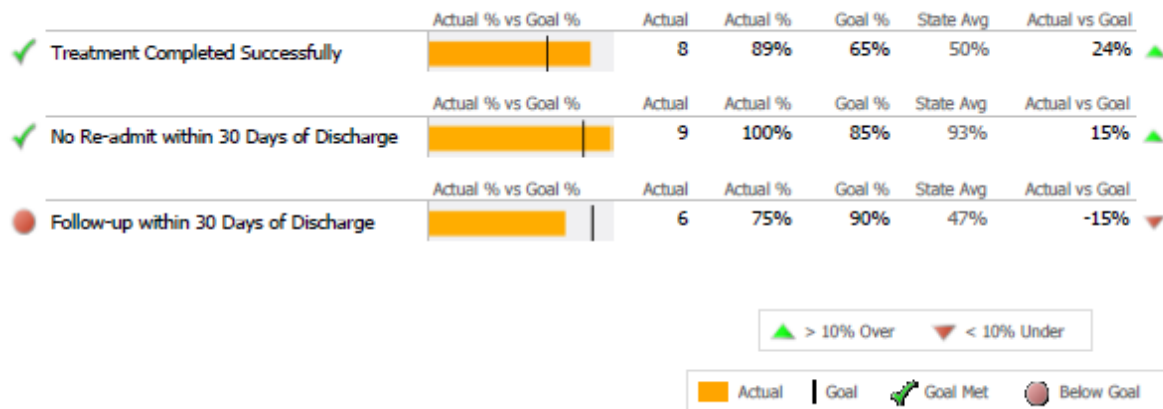
2014												2013											
Jun		May		Apr		Mar		Feb		Jan		Dec		Nov		Oct		Sep		Aug		Jul	
Adms	Dischr	Adms	Dischr	Adms	Dischr	Adms	Dischr	Adms	Dischr	Adms	Dischr	Adms	Dischr	Adms	Dischr	Adms	Dischr	Adms	Dischr	Adms	Dischr	Adms	Dischr
16	19	17	32	18	11	31	30	18	14	22	21	33	19	25	26	23	21	26	25	30	31	14	21
3	0	1	12	0	1	2	2	2	0	1	1	2	3	5	5	3	4	4	0	3	7	4	8

The **Monthly Service Submission Report** in the **Quality Report** folder in EDW can be used for Services. Follow the procedures listed above, but enter the Fiscal Year for this report. Review the months: If there is a '0' for the month, it will display as blank on the quality report. If there is a '1' or more, a shaded box will display for that month.

E. DISCHARGES OUTCOMES

This is 'Continuity of Care' outcomes and measures a client's progress from more severe to less severe Levels of Care. They are calculated for all Levels of Care except for Education, Housing, and Recovery Support. The results are displayed in the form of percentages and bar graphs and will display based on the Level of Care. A green ✓ 'check' next to the measure means that the goal has been met. A red ● 'circle' means that the Actual percent is under goal. The up or down arrows denote whether the Actual percentage is greater than 10% over or 10% under the Goal.

Discharge Outcomes



TREATMENT COMPLETED SUCCESSFULLY

This is the percentage of discharges that have successfully completed treatment, based on a Discharge Reason of 'Recovery Plan Completed', 'Discharged to New Service (Facility Concur)', 'Discharge to Another Facility Program' or 'Transferred to another Program within the Facility'.

- **Calculation:** The 'Actual %' is based on the total number of discharges and the number that have successfully completed treatment and is calculated by dividing the Numerator by the Denominator:
- **Denominator** = the total number of discharges during the reporting period.
- **Numerator** = the total number of discharges during the reporting period with the following discharge reasons:
 - Recovery Plan Completed
 - Discharged to New Service (Facility Concur)
 - Discharge to Another Facility Program
 - Transferred to another Program within the Facility

The following DMHAS report can be used to measure the outcome for Treatment Completed Successfully. This report will give the Discharge Reasons and Totals: **Program Completion Report** in the **Outcome Measures** folder in EDW. Select the 'plus sign' [⊕] to view the Program Completion or Non-Completion Discharge Reasons. Refer to the **Program Total** in the report for the total **Discharge Counts (Denominator)** and the percentage. Select the 'plus sign' [⊕] next to **Program Completion Total** to view the successful discharge reasons: 'Discharged to New Service (Facility Concur)', 'Discharge to Another Facility Program', 'Recovery Plan Completed' and/or 'Transferred to another Program within the Facility' (**Numerator**).

To view the **Discharge Reason for an individual client**, select the **Program Roster** report in the **Client Reports** folder in the EDW. Complete the criteria for the report to view the Program Roster (Select 'Clients to Include' **All Active Clients** and select 'Include Client Detail' **Yes**.) Once the Program Roster displays, select the **'Admissions'** link next to the desired client. The **Discharge Reason** will be listed on the **Client Summary** screen across from the program under the **Admissions** information.

E. DISCHARGES OUTCOMES (cont.)

NO RE-ADMIT WITHIN 30 DAYS OF DISCHARGE

This section measures the percentage of client's discharged who were not re-admitted to an equal or higher level of care (as defined by an equal or lower number severity ranking) within 30 days of discharge.

- **Exclusions:** Clients discharged with a Discharge Reason of Death and any LOC with a severity level of '0'.
- **Count:** This is the total number of discharges during the reporting period that are identified, and subsequent admissions for that client are searched for to find an admission to an equal or more intensive program within 30 days of discharge.
- **Calculation:** The 'Actual %' is based on the Program Discharge and Admission Dates and severity rank and is calculated by dividing the Numerator by the Denominator:
- **Denominator** = the total number of discharges from the program during the reporting period.
- **Numerator** = the total number of discharges in the denominator that were not re-admitted to an equal or more intensive program, funded or non-funded, within 30 days of discharge. (*Only the first Re-Admit that occurs within 30 days of discharge qualifies for the Numerator.*)

*The following DMHAS report can be used to measure the outcome for No Re-Admit within 30 days of Discharge: **No Re-Admit within 30 days of Discharge** in the **Data Quality** folder in EDW. Enter the reporting period dates, select the Provider, Program(s) and '30 Days' and select 'View Report'. Once the report displays, refer to the 'Number of Clients with No Readmissions' number and the Percentage. Select the 'plus' + mark next to the program to view clients, Discharge Dates and Readmission dates. (Clients with no Readmissions will have no Readmission date.)*

FOLLOW-UP WITHIN 30 DAYS OF DISCHARGE

This measures the percentage of a program's successful discharges that receive follow-up care within 30 days. Follow-Up care includes services provided from any DMHAS program within 30 days (including services provided from existing open admissions), admission to any DMHAS program within 30 days or clients currently receiving care in a Residential program (Follow-Up care for a Residential program would be a client with an Open admission to a Residential program on, before or within 30 days of the successful discharge.)

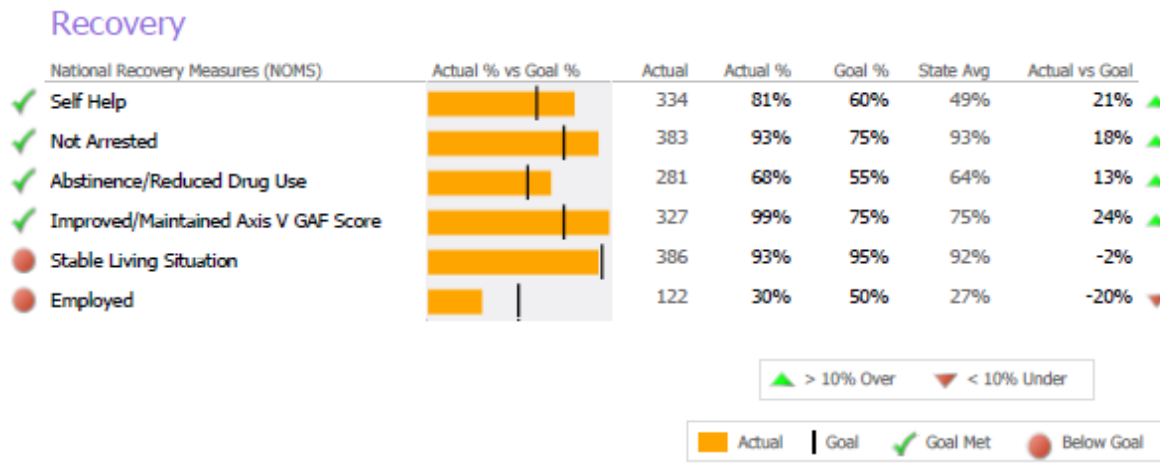
- **Exclusions:** Clients in programs for Education (Education & Training-LOC Type 13 and Education Support-15), Housing (LOC Type 5) and Recovery Support Levels of Care (LOC Type 11) and all discharge reasons other than the 4 'successful' discharge reasons listed below under 'Denominator'.
- **Calculated from:** Program Discharge Date and service submissions or admissions to a *less intensive level of care*. Each high-level Level of Care defined in the DMHAS system is assigned a 'severity rating'. The severity rank is assigned values in descending order severity; a value of 1 is the most severe, 13 is the least severe. *This measure includes LOC Mode 4 Ambulatory Detox.*
- **Denominator** = the number of clients (duplicated) that were discharged from the program during the reporting period that have successfully completed treatment with the following discharge reasons:
 - Recovery Plan Completed
 - Discharged to New Service (Facility Concur)
 - Discharge to Another Facility Program
 - Transferred to another Program within the Facility
- **Numerator** = the number of clients (duplicated) in the denominator that received a follow-up service for *any program*, funded or non-funded with a less intensive level of care (including services provided from existing open admissions) and/or an admission to a program, funded or non-funded, at a less intensive Level of Care and clients with an Open admission to a Residential program on, before or within 30 days of the successful discharge.
- **Actual %** = Numerator divided by the Denominator

(Only the first Follow-up service that occurs within 30 days of discharge qualifies for the Numerator.)

*The following DMHAS report can be used to measure the outcome for Follow-up within 30 days of Discharge: **Follow-up within 30 days of Discharge** in the **Data Quality** folder in EDW. Enter the reporting period; select the Provider, Program(s) and '30 Days' and select 'View Report'. Once the report displays, refer to the 'Number of clients who continued care' number and the Percentage. Select the 'plus' + mark next to the program to view clients, Discharge Dates and the 'Continuation of Care' (CoC) dates.*

F. RECOVERY- NATIONAL OUTCOME MEASURES (NOMs)

This section addresses NOMs; the recovery-oriented measures that evaluate the improvement in employment, functioning, living situation, abstinence or reduced drug use and social supports for the Program and Statewide; and is compared to a Performance Measure Goal. These measures are calculated by using data contained in the *most recent Periodic Assessments* for the episodes and *only for programs that are required to submit a Periodic Assessment*. A green ✓ 'check' next to the measure means that the goal has been met. A red ● 'circle' means that the Actual percent is under goal. The up or down arrows denote whether the Actual percentage is greater than 10% over or 10% under the Goal.



SELF HELP

This measures the participation in self-help groups and improved or maintained social support during the reporting period and is based on the '**Number of Times Attended Voluntary Self-Help Group**' question from the most recent Periodic Assessment (PA) within the episode for **Substance Abuse** programs only.

- **Exclusions:** Programs that do not require a Periodic Assessment and programs other than Substance Abuse.
- **Count:** The total number of clients in Substance Abuse programs with a corresponding performance measure that had valid social support data selection for 'Number of Times Attended Voluntary Self-Help Group' (Values = 0 - 90) and the percentage that increased or maintained their self- help participation.
- **Calculated based on:** Number times attended voluntary self-help group' question on the Periodic Assessment
- **Denominator** = the total number of clients active in Substance Abuse programs within the reporting period.
- **Numerator** = the total number of clients in Substance Abuse programs with 'Number of Times Attended Voluntary Self-Help Group' greater than 0 and less than or equal to 90 on the Periodic Assessment. *If the last PA was entered more than one year prior to the reporting period start date, it is not included in the Numerator.*
- **Actual %** = Numerator divided by the Denominator

*The following DMHAS report can be used to measure the outcome for Recovery-NOMs -Self Help: **NOMs Values Report** in the **Outcome Measures** folder in EDW. (Refer to the '**Numerator**', '**Total Unduplicated Clients**' and '**Percentage %**' for "Self Help" at the bottom of the report.)*

NOT ARRESTED

This measures the percentage of clients that have remained free from criminal justice involvement during the reporting period and is based on the '**Number of arrests in the last 30 days**' question from the most recent Periodic Assessment (PA) within the reporting period.

- **Exclusions:** Programs that do not require a Periodic Assessment
- **Calculated based on:** 'Number of arrests in the last 30 days' field with a value of '0' (not = 97 - Unknown) taken from the Discharge PA or the last PA submitted within the reporting period.
- **Denominator** = the number of unduplicated clients active within the reporting period.
- **Numerator** = Clients that had no arrests in the last 30 days at the most recent qualifying PA. *If the last PA was entered more than one year prior to the reporting period start date, it is not included in the Numerator.*
- **Actual %** = Numerator divided by the Denominator

*The following DMHAS report can be used to measure the outcome for Recovery-NOMs - Not Arrested: **NOMs Values Report** in the **Outcome Measures** folder in EDW. Refer to the '**Numerator**', '**Total Unduplicated Clients**' and '**Percentage %**' for 'Not Arrested' at the bottom of the report.*

F. RECOVERY- NOMs (cont.)

ENROLLED IN EDUCATIONAL PROGRAM

This measures the percentage of active clients (duplicated) who were enrolled in a Level of Care (LOC) Type Education Support program and have an Employment Status of '42' (NOT IN LABOR FORCE: student enrolled in a school or job training program) on the most recent qualifying Periodic Assessment.

- **Exclusions:** Programs that are not LOC Type Education Support and programs that do not require a Periodic Assessment
- **Calculation:** The 'Actual %' is based on the Employment Status field and the most recent Periodic Assessment (PA) within the episode.
- **Denominator** = the total number of clients active or discharged during the reporting period.
- **Numerator** = the clients counted in the denominator who had an Employment Status value of '42' (NOT IN LABOR FORCE: student enrolled in a school or job training program) during the reporting period based on the description above. *If the last PA was entered more than one year prior to the reporting period start date, do not add to the Numerator.*
- **Actual %** = Numerator divided by the Denominator

ABSTINENCE / REDUCED DRUG USE

This measures the percentage of clients that have reduced or become abstinent from alcohol or drugs during the reporting period. *This is based on the **Primary Drug** and **Days Used** listed on the Periodic Assessment.*

- **Exclusions:** Clients without a valid value at T2 for the Abstinence measure or without a valid value at either T1 or T2 for the 'Reduced' measure and programs that do not require the Periodic Assessment.
- **Calculation:** The 'Actual %' is based on the number of Clients that were Abstinent or Reduced from Alcohol and Substances and is calculated by dividing the Numerator (Numerator Abstinent plus the Numerator Reduced) by the Denominator:
- **Denominator** = the total count of unduplicated clients that were active during the reporting period.
- **Numerator Abstinent** = the number of qualifying clients with a Drug type = 1 – 18 or 96 and Days used = 0 for the drug ranked #1, at T2. *If the last PA was entered more than one year prior to the reporting period start date, do not add to the Numerator.*
- **Numerator Reduced** = the number of qualifying clients with Drug type = 1 – 18 or 96 as the drug ranked #1, with Days used at T1 = a value of 1 to 30, and the Days used at T2 is less than the number of Days used at T1. *If the last PA was entered more than one year prior to the reporting period start date, it is not included in the Numerator.*

*The following DMHAS report can be used to measure the outcome for Abstinence: **NOMs Values Report** in the **Outcome Measures** folder in EDW. (Refer to the '**Numerator**', '**Total Unduplicated Clients**' and '**Percentage %**' for '**Abstinent or Reduced**' at the bottom of the report.)*

F. RECOVERY- NOMs (cont.)

IMPROVED / MAINTAINED AXIS V GAF SCORE

The section measures the percentage of clients (duplicated) with Improved or Maintained GAF Score based on clients being:

- Active on the last day of the reporting period that were in the program for six or more months that have improved or maintained functioning (GAF Score)
- Discharged during the reporting period regardless of LOS (Length of Stay) that have improved or maintained functioning
 - **Exclusions:** Programs that are not treatment related
 - **Calculated based on:** Valid Axis V Diagnosis (GAF Score) (Valid = 1-100)
 - **Denominator** = the total number of clients (duplicated) who were:
 - Active on the last day of the reporting period *that were in the program for six or more months*
 - Discharged during the reporting period regardless of LOS
 - **Numerator** = the total number of clients (duplicated) in the denominator with a qualifying **T2** score that is greater than or equal to **T1**.
T1 = the first valid Axis V diagnosis (GAF Score). *Does not matter how old it is.*
T2 = the most recent valid Axis V diagnosis (GAF Score). Effective date must be greater than or equal to the first day of the reporting period minus 365 days.
 - **Actual %** = Numerator divided by the Denominator

The following report can be used to measure the outcome for Improved/Maintained Axis V GAF Score:

Improved/Maintained Axis V GAF Score in the Data Quality folder in EDW. Enter the reporting period; select the Provider, Program(s) and select 'View Report'. Once the report displays, refer to the 'Episode that Improved or Maintain GAF' number and the Percentage. Select the 'plus' + mark next to the program to view clients and details.

STABLE LIVING SITUATION

This measures the percentage of clients with a stable living situation during the reporting period with a corresponding performance measure. This measure categorizes living situations into three categories: homeless, dependent living, and independent living. Clients are only included in the calculations for this measure if they were active during the reporting period and in Independent or dependent living on the last day of the reporting period or, at time of discharge.

- **Exclusions:** Programs that do not require a Periodic Assessment
- **Includes:** Clients are only included in the calculations for this measure if they were active during the reporting period and in Independent or dependent living on the last day of the reporting period or, at time of discharge.
 - Independent Living:
 - 30 - Private residence, client owns or holds lease
 - 32 - Private residence, friend or relative owns the residence or holds lease
 - 34 - Single Room Occupancy (Hotel, YMCA, Rooming House)
 - 36 - Private residence, Community agency owns or holds lease
 - 37 - Private Residence, Unspecified ** Use only for Conversion **
 - Dependent Living:
 - 38 - Residential Care Home/ Board and Care
 - 39 - Dependent Living, Unspecified ** Use only for Conversion **
 - 40 - Congregate Residential Care (24-hour supervision, group setting, services focus on MH, SA, &/or MR issues, Recovery House)
 - 42 - Crisis / Respite Bed
 - 44 - Skilled Nursing Facility/Intermediate Care Facility/Nursing Home
 - 46 - Psychiatric/SA/Medical Inpatient.
- **Calculated Based on:** 'Living Situation' field in the most recent Periodic Assessment (PA) within the episode.
- **Denominator** = the total number of clients active or discharged during the reporting period.
- **Numerator** = the total number of clients active or discharged during the reporting period with a living situation code in the Categories of Independent Living and Dependent Living. *If the last PA was entered more than one year prior to the reporting period start date, do not add to the Numerator.*
- **Actual %** = Numerator divided by the Denominator

The following DMHAS report can be used to measure the outcome for Recovery-NOMs – Stable Living Situation: NOMs Values Report in the Outcome Measures folder in EDW. Refer to the 'Numerator', 'Total Unduplicated Clients' and 'Percentage %' for 'Stable Living Situation' at the bottom of the report.

F. RECOVERY- NOMs (cont.)

EMPLOYED

This measures the percentage of active clients who were employed at the time of the latest qualifying Periodic Assessment based on the Employment Status value. Clients are only included in the calculations for this measure if they were employed on the last day of the reporting period or, if they were discharged during the reporting period and they were employed at the time of discharge.

- **Exclusions:** Programs that do not require a Periodic Assessment
- **Employed Status values are:**
 - Employed full time (in competitive employment)
 - Employed part time (in competitive employment)
- **Calculated based on:** 'Employment Status' field in the most recent Periodic Assessment (PA) within the episode.
- **Denominator** = the total number of clients active or discharged during the report period.
- **Numerator** = the clients counted in the denominator who were employed during the reporting period based on description above. *If the last PA was entered more than one year prior to the reporting period start date, do not add to the Numerator.*
- **Actual %** = Numerator divided by the Denominator

*The following DMHAS report can be used to measure the outcome for Recovery-NOMs - Employed: **NOMs Values Report** in the **Outcome Measures** folder in EDW. (Refer to the '**Numerator**', '**Total Unduplicated Clients**' and '**Percentage %**' for 'Employed' at the bottom of the report.)*

SOCIAL SUPPORT

This measures the participation in self-help groups and improved or maintained social support during the reporting period and is based on the '**Supportive Interaction with Friends/Family**' question from the most recent Periodic Assessment (PA) within the episode for **Mental Health programs only**.

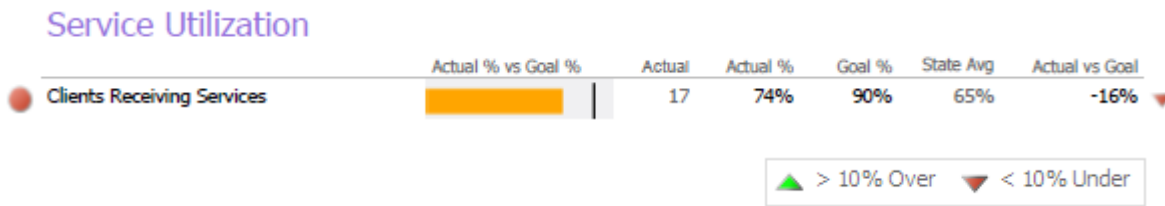
- **Exclusions:** Programs that do not require a Periodic Assessment and programs other than Mental Health
- **Count:** The total number of clients in Mental Health programs with a corresponding performance measure that had valid social support data selections for 'Supportive Interaction with Friends/Family' (Values = Yes, No or Unknown) and the percentage that increased or maintained their social support participation.
- **Calculated from:** Periodic Assessment question 'Supportive Interaction with Friends/Family'
- **Denominator** = the total number of clients active in Mental Health programs within the reporting period.
- **Numerator** for Improved or Maintained Social Support = the total number of clients with "Supportive Interaction with Friends/Family" = 'Yes' in Mental Health programs. *If the last PA was entered more than one year prior to the reporting period start date, do not add to the Numerator.*
- **Actual %** = Numerator divided by the Denominator

*The following DMHAS report can be used to measure the outcome for Recovery-NOMs - Social Support: **NOMs Values Report** in the **Outcome Measures** folder in EDW. Refer to the '**Numerator**', '**Total Unduplicated Clients**' and '**Percentage %**' for 'Social Support' at the bottom of the report.*

G. SERVICE UTILIZATION

CLIENTS RECEIVING SERVICES

This is the number and percentage of clients active on the reporting period that received at least one service during the reporting period.



- **Exclusions:** Programs that do not require services.
- **Count:** Clients who were active in the program on the last day of the reporting period and the number/percentage that received a service during the period. (excluding Deleted services, Cancellation, Cancellation/No Show services)
- **Calculated based on:** Program Admission and Discharge Dates and program service submissions.
- **Denominator** = the total number of clients active on the last day of the reporting period.
- **Numerator** = the total number of clients active on the last day of the reporting period that received a service (excluding Deleted services, Cancellation, Cancellation/No Show services) during the reporting period.
- **Actual %** = Numerator divided by the Denominator

The following report can be used to measure the outcome for Clients Receiving Services: **Clients Receiving Services** in the **Data Quality** folder in EDW. Enter the reporting period, select the Provider and Program(s) and select 'View Report'. Once the report displays, refer to the 'Clients with Service's number and the Percentage. Select the 'plus' + mark next to the program to view clients and whether or not the Episode/Admission had at least one service.

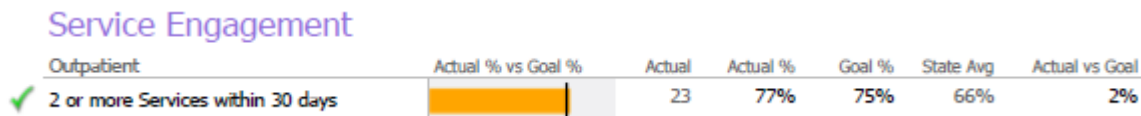
H. SERVICE ENGAGEMENT

This section measures the percentage of active clients who received services or treatment during the reporting period.

OUTPATIENT

2 OR MORE SERVICES WITHIN 30 DAYS

This section measures active clients who were admitted to Outpatient programs during the reporting period and the number/percentage that received two or more services in the program within 30 days of admission.



- **Exclusions:** Deleted services, Cancellation, Cancellation/No Show services
- **Calculated based on:** Program Admission Date and service dates in the program after admission.
- **Denominator** = the total number of consumers that were admitted during the reporting period.
- **Numerator** = the total number of consumers that were admitted during the reporting period that received two or more services (excluding Deleted services, Cancellation, Cancellation/No Show services) within the program within 30 days of admission.
- **Actual %** = Numerator divided by the Denominator

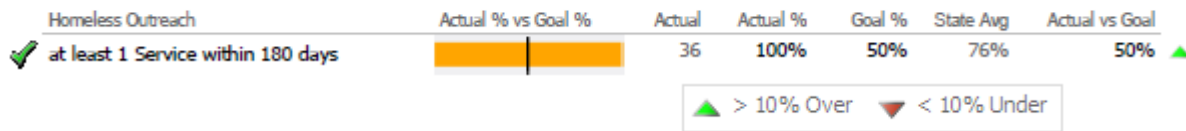
H. SERVICE ENGAGEMENT (cont.)

HOMELESS OUTREACH

AT LEAST 1 SERVICE WITHIN 180 DAYS

The section measures active clients who were admitted to Homeless Outreach programs during the reporting period and the number/percentage that received at least one service anywhere in the DMHAS system within 180 days of admission.

Service Engagement



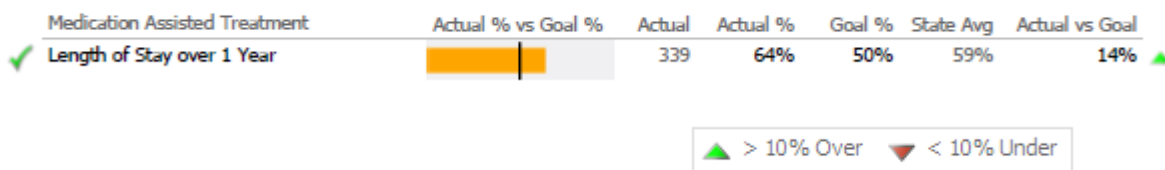
- **Exclusions:** Deleted services, Cancellation, Cancellation/No Show services
- **Calculated based on:** Program Admission Date and service dates in the program within 180 days of admission.
- **Denominator** = the total number of consumers that were admitted to Homeless Outreach programs during the reporting period.
- **Numerator** = the total number of consumers that were admitted during the reporting period that received one service anywhere in the DMHAS system within 180 days of admission.
- **Actual %** = Numerator divided by the Denominator

MEDICATION ASSISTED TREATMENT

LENGTH OF STAY OVER 1 YEAR

The section measures clients active during the reporting period who were admitted to Medically Assisted programs and the number/percentage that had a Length of Stay (LOS) in excess of 365 days.

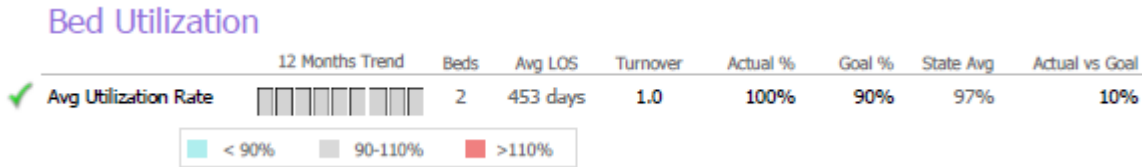
Service Engagement



- **Calculated based on:** Admission date and length of stay in the program
- **Denominator** = the total number of clients who were active during the reporting period.
- **Numerator** = the total number of active clients who had a LOS greater than 365 days based on the Admission Date and the current date and clients who were discharged during the reporting period who had a LOS greater than 365 days based on the Admission Date and the Discharge Date.
- **Actual %** = Numerator divided by the Denominator

I. BED UTILIZATION

This section measures the total number of bed days/days provided to all clients during the reporting period and the rate which beds were occupied or used during the period. This includes the average length of stay (LOS) and turnover based on a 12 Month Trend, Actual percent, Goal percent and State Average percent. A comparison of the Actual vs. the Goal percent displays at the end. The up and down arrows denote a less than or greater than percentage difference.



- **Exclusions:** Substance Abuse and Mental Health Residential Support programs, Residential Shelter and Residential 'Other'
- **Calculated based on:** The total number of bed days/days provided to all clients during the report period and the rate which beds were occupied or used during the period.
- **Denominator** = the total number of bed/program days available during the reporting period which is calculated by multiplying the program capacity by the number of days in the reporting period.
- **Numerator** = For Residential programs, the total number of days a bed was occupied; Bed Days for Residential programs are calculated, using the fiscal reporting start date (Program Admission Date if client was admitted after the start of the fiscal reporting period) and rolling fiscal reporting end date (or Program Discharge Date – 1, if the client was discharged prior to the end of the rolling fiscal reporting period).
For Social Rehab, IOP and Partial Hospitalization days are counted from services entered into DDaP or WITS that have service start dates and/or end dates that fall within the date range for the reporting period.
- **Actual %** = Numerator divided by the Denominator

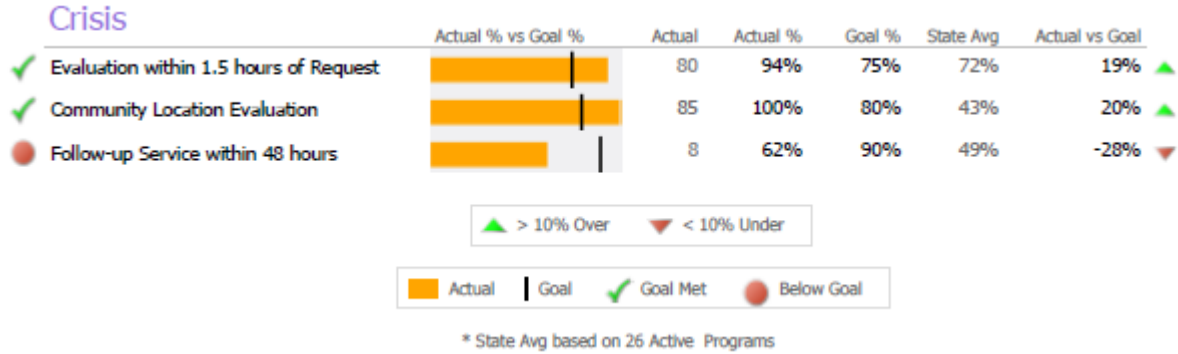
Note: If a client was discharged on the first day of the reporting period, *they are not counted*. If another client is admitted to that bed on the first day, the bed count will be 1.

J. EVALUATIONS

CRISIS EVALUATIONS

This section measures the percentage of active clients in crisis programs who receive prompt evaluations, evaluation in a community location and follow-up services or are admitted to another program within DMHAS within 48 hours.

- **Includes:** All LOC Crisis - LOC Mode Crisis programs. (*All other levels of care are excluded.*)



EVALUATION WITHIN 1.5 HOURS OF REQUEST

This measures the percentage of active clients in a Crisis program within the reporting period that received an evaluation within 1.5 hours of the initial request and is calculated from the Crisis Assessment and time of request and time of evaluation fields within the Crisis Assessment.

- **Calculated based on:** 'Request Time' and 'Evaluation Time' fields within the Crisis Assessment.
- **Denominator** = the total number of assessments that were provided during the reporting period.
- **Numerator** = the total number of assessment evaluations that were provided during the reporting period within 1.5 hours of the initial request (Request Time).
- **Actual %** = Numerator divided by the Denominator

COMMUNITY LOCATION EVALUATION

This measures the percentage of active clients in a Crisis program who received a crisis evaluation in a community location and is calculated from Crisis Assessment and the location of crisis assessment field within the Crisis Assessment.

Community Locations that are included: Client Residence, Court, Nursing Home, Other Community Site, Shelter/Soup Kitchen, Department of Children & Family Services: DCF, DMHAS-Facility Non Crisis, Department of Developmental Services: DDS, Home for Aged/Assisted Living, Hospital other than ER and Police Department.

- **Excluded locations:** Correctional Facility, Crisis Unit and Hospital ER
- **Calculated based on:** 'Evaluation Location' field within the Crisis Assessment
- **Denominator** = the total number of assessments that were provided during the reporting period.
- **Numerator** = the total number of assessments that were conducted within a valid community location.
- **Actual %** = Numerator divided by the Denominator

J. EVALUATIONS (cont.)

CRISIS EVALUATIONS

FOLLOW-UP SERVICE WITHIN 48 HOURS

This measures the percentage of clients who were assessed and received at least one follow-up service provided by any program within DMHAS within 48 hours or were admitted to another program within DMHAS within 48 hours. The 48 hour period is based on the date in the 'Disposition Date' field in the Crisis Assessment and the date of the first service provided for any program within DMHAS or the new Admission Date on or after the Crisis Disposition Date.

This is LOC Mode Crisis only.

This measure only applies to the following 'Disposition Referrals' on the Crisis Assessment: Residential, Case Management, Community Support Program (CSP), Assertive Community Treatment (ACT), Outpatient (OP), Recovery Supports, Partial Hospital Program (PHP), Crisis Respite Bed and Crisis Follow-Up

- **Exclusions:** Deleted services, Cancellation, Cancellation/No Show services
- **Calculated based on:** Disposition Date field in Crisis Assessment and service dates or new admission dates anywhere in the DMHAS system following the assessment.
- **Denominator** = Clients who have a disposition date during the reporting period AND have one of the qualifying disposition referrals
- **Numerator** = the total number of Crisis assessments, for clients with qualifying disposition referral codes and a disposition date during the reporting period, who received at least one follow-up service within 48 hours of the Disposition Date (any DMHAS program, (including LOC Mode Crisis) or were admitted to another program anywhere in DMHAS (including LOC Mode Crisis) within 48 hours of the Disposition Date.
- **Actual %** = Numerator divided by the Denominator

JAIL DIVERSION EVALUATIONS

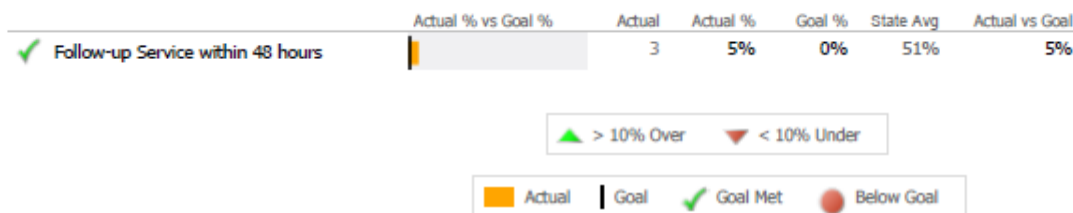
FOLLOW-UP SERVICE WITHIN 48 HOURS

This measures the percentage of clients (duplicated) admitted to the JD program who had Jail Diversion Assessments provided during the reporting period and:

- were 'Diverted' (Client diverted = 'Yes' on the Jail Diversion Assessment form)
- received at least one follow-up service in any DMHAS Program **or** a new admission within 48 hours of the 'Date Diverted' on the Jail Diversion Assessment form. (including LOC Mode Court Liaison-Jail Diversion admissions and services)

The 48 hour time period is based on the date in the 'Date Diverted' field on the Jail Diversion Assessment and the date of the first service provided or the new Admission Date for any program within DMHAS on or after the Date Diverted.

Jail Diversion



- **Exclusions:** Deleted services, Cancellation, Cancellation/No Show services
- **Calculated based on:** 'Date Diverted' field in the Jail Diversion Assessment and service dates or new admission dates anywhere in the DMHAS system following the JD assessment Date Diverted.
- **Denominator** = Clients active during the reporting period AND with a date diverted within the reporting period.
- **Numerator** = Clients active during the reporting period AND with a date diverted within the reporting period where a diverted client received at least one follow-up service from any DMHAS program (including LOC Mode Court Liaison-Jail Diversion) within 48 hours of the JD assessment Date Diverted or were admitted to another program (including LOC Mode Court Liaison-Jail Diversion) within DMHAS within 48 hours of the JD assessment Date Diverted.
- **Actual %** = Numerator divided by the Denominator

DMHAS REPORTS QUICK REFERENCE GUIDE

Quality Report Metrics	DMHAS REPORT
<p>NOTE: If your facility has non-funded programs, refer to counts for DMHAS funded programs only with the exception of 'Follow-up within 30 Days of Discharge'.</p>	<p>The following reports can be found in the DMHAS Enterprise Data Warehouse (EDW).</p>
PROVIDER ACTIVITY	
<p>UNIQUE CLIENTS</p>	<p>Program Roster in the Client Reports folder. (Select 'Clients to Include' All Active Clients and refer to the Distinct Clients count.)</p>
<p>ADMITS</p>	<p>Program Roster in the Client Reports folder. (Select 'Clients to Include' Admits Only and refer to the Total Admits count.)</p>
<p>DISCHARGES</p>	<p>Program Roster in the Client Reports folder. (Select 'Clients to Include' Discharges Only and refer to the Total Discharges count.)</p>
<p>SERVICES HOURS</p>	<p>Service Summary and Detail in the Client Reports folder. (Refer to the Grand Total... Hrs at the end of the report.)</p>
<p>BED DAYS</p>	<p>Refer to the DMHAS Quality Dashboards Reference Guide explanation for this.</p>
<p>SOC REHAB, IOP and PHP DAYS</p>	<p>Service Summary and Detail in the Client Reports folder in the EDW. (Refer to the Grand Total...Days at the end of the report.)</p>
<p>UNIQUE CLIENTS by LEVEL OF CARE</p>	<p>Program Roster in the Client Reports folder. (Refer to the Distinct Client count for each program / level of care total (#). (Select 'All' to view the Total Active count for all programs (Total Unique Clients #)).</p>
<p>CLIENT DEMOGRAPHICS</p>	<p>Agency Consumer Demographics in the Client Reports folder. Select 'Provider' for 'Group By' to see totals.</p>
<p>CONSUMER SATISFACTION SURVEY</p>	<p>Survey Results by Domain and Survey Frequencies by Provider and Program in the Outcome Measures folder.</p>
PROGRAM ACTIVITY	
<p>UNIQUE CLIENTS</p>	<p>Program Roster in the Client Reports folder. (Select 'Clients to Include' All Active Clients and refer to the Distinct Clients count.)</p>
<p>ADMITS</p>	<p>Program Roster in the Client Reports folder. (Select 'Clients to Include' Admits Only and refer to the Total Admits count.)</p>
<p>DISCHARGES</p>	<p>Program Roster in the Client Reports folder in EDW. Select 'Clients to Include' Discharges Only and refer to the Total Discharges count.</p>
<p>SERVICES HOURS</p>	<p>Service Summary and Detail in the Client Reports. (Select 'Report Type: Service Details', and 'Population: Client With Services' and refer to the Program Total.. Hrs for the total hours <i>for each program</i>.)</p>
<p>BED DAYS</p>	<p>Refer to the DMHAS Quality Dashboards Reference Guide explanation for this.</p>
<p>SOC REHAB, IOP and PHP DAYS</p>	<p>Service Summary and Detail in the Client Reports folder. (Refer to the Program Total...Days for each program.)</p>

DATA SUBMISSION QUALITY	
VALID NOMS DATA	Valid NOMs Data in the Data Quality folder
VALID TEDS DATA	Valid TEDS Data in the Data Quality folder
ON-TIME PERIODICS 6-MONTH UPDATES	On-Time Periodic 6 Month Updates in the Data Quality folder. Select the 'plus' + mark next to the program to view clients who have had an Update Periodic Assessment. (Refer to the Periodic Assessment 6-Month Tickler Report in the Data Quality folder in EDW to see clients who <u>have not had</u> an Update Periodic Assessment.)
CO-OCCURRING	
MH SCREEN COMPLETE	Co-occurring - MH Screen Complete in the Data Quality folder
SA SCREEN COMPLETE	Co-occurring - SA Screen Complete in the Data Quality folder
DIAGNOSIS	
AXIS 1 DIAGNOSIS	Valid Axis I Diagnosis in the Data Quality folder
AXIS V GAF SCORE	Valid Axis V GAF Score in the Data Quality folder
DATA SUBMITTED TO DMHAS BY MONTH	
ADMITS	Data Quality Admissions and Discharges Report in the Data Quality Report folder
DISCHARGES	Data Quality Admissions and Discharges Report in the Quality Report folder
SERVICES HOURS	Monthly Service Submission Report in the Data Quality Report folder
DISCHARGES OUTCOMES	
TREATMENT COMPLETED SUCCESSFULLY	Program Completion Report in the Outcome Measures folder. Refer to the Program Total for the total number of discharges and the valid discharge reason counts ('Discharged to New Service (Facility Concurs)', or 'Discharge to Another Facility Program' or 'Recovery Plan Completed' or 'Transferred to another Program within the Facility').
FOLLOW-UP WITHIN 30 DAYS OF DISCHARGE	Follow-Up within 30 Days of Discharge report in the Data Quality folder
NO RE-ADMIT WITHIN 30 DAYS OF DISCHARGE	No Re-admit within 30 Days of Discharge report in the Data Quality folder
Recovery	
National Recovery Measures (NOMs)	NOMs Values Report in the Outcome Measures folder. Refer to each measure listed at the bottom of the report.
EMPLOYED	
STABLE LIVING SITUATION	
SELF HELP (SA Programs Only)	
SOCIAL SUPPORT (MH Programs Only)	
NOT ARRESTED	
ABSTINENCE / REDUCED DRUG USE	

IMPROVED / MAINTAINED AXIS V GAF SCORE	Improved/Maintained Axis V GAF Score Report in the Data Quality folder
SERVICE UTILIZATION	
CLIENTS RECEIVING SERVICES	Clients Receiving Services report in the Data Quality folder
SERVICE ENGAGEMENT	
OUTPATIENT - 2 OR MORE SERVICES WITHIN 30 DAYS	Refer to the DMHAS Quality Dashboards Reference Guide explanation for this.
HOMELESS OUTREACH - AT LEAST 1 SERVICE WITHIN 180 DAYS	Refer to the DMHAS Quality Dashboards Reference Guide explanation for this.
MEDICATION ASSISTED TREATMENT- LENGTH OF STAY OVER 1 YEAR	Refer to the DMHAS Quality Dashboards Reference Guide explanation for this.
UTILIZATION	
BED UTILIZATION	Bed Utilization in the Client reports folder. Refer to the 'Capacity' number and the 'Capacity %' percent.
EVALUATIONS	
CRISIS EVALUATIONS	Refer to the DMHAS Quality Dashboards Reference Guide explanation for the measures listed below.
EVALUATION WITHIN 1.5 HOURS OF REQUEST	
COMMUNITY LOCATION EVALUATION	
FOLLOW-UP SERVICE WITHIN 48 HOURS	
JAIL DIVERSION EVALUATIONS	
FOLLOW-UP SERVICE WITHIN 48 HOURS	Refer to the DMHAS Quality Dashboards Reference Guide explanation for this.