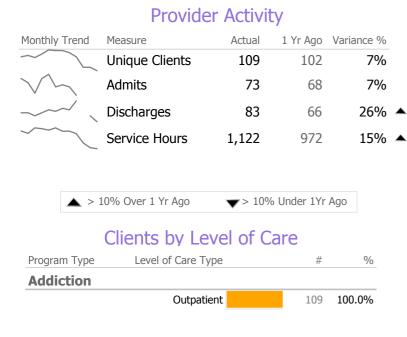
Connecticut Dept of Mental Health and Addiction Services Provider Quality Dashboard

Reporting Period: July 2015 - June 2016 (Data as of Sep 12, 2016)



Client Demographics

| Age | # | % | State Avg | Gender | # | % | State Avg |
|-------------------|----------|---------|-----------|---------------------------------|---------|---------|--------------|
| 18-25 | 22 | 20% | 15% | Male | 62 | 57% | 60% |
| 26-34 | 25 | 23% | 24% | Female | 47 | 43% | 40% |
| 35-44 | 19 | 17% | 19% | Transgender | | | 0% |
| 45-54 | 28 | 26% | 22% | | | | |
| 55-64 | 12 | 11% | 15% | | | | |
| 65+ | 3 | 3% | 4% | Race # | | % | State Avg |
| | | | | White/Caucasian | 86 | 79% | ▲ 65% |
| Ethnicity | # | % | State Avg | Black/African American | 14 | 13% | 16% |
| Non-Hispanic | 88 | 81% | 75% | Other | 6 | 6% | 13% |
| Unknown | 12 | 11% | 6% | Asian | 2 | 2% | 1% |
| Hispanic-Other | 6 | 6% | 7% | Unknown | 1 | 1% | 3% |
| Hisp-Puerto Rican | 2 | 2% | 12% | Am. Indian/Native Alaskan | | | 1% |
| | | | | Multiple Races | | | 1% |
| Hispanic-Cuban | 1 | 1% | 0% | Hawaiian/Other Pacific Islander | | | 0% |
| Hispanic-Mexican | | | 1% | | | | |
| | Unique (| Clients | State Avg | ▲ > 10% Over State Avg ▼ | > 10% L | Inder S | tate Avg |

Survey Data Not Available

Fairfield Counseling Services Inc. Addiction - Outpatient - Standard Outpatient

Reporting Period: July 2015 - June 2016 (Data as of Sep 12, 2016)

Program Activity

| Measure | Actual | 1 Yr Ago | Variance % |
|----------------|--------|----------|------------|
| Unique Clients | 109 | 102 | 7% |
| Admits | 73 | 68 | 7% |
| Discharges | 83 | 66 | 26% 🔺 |
| Service Hours | 1,122 | 972 | 15% 🔺 |

Data Submission Quality

| Data Entry | Actual | State Avg |
|----------------------|----------------|------------------|
| Valid NOMS Data | 96% | 97% |
| 🞸 Valid TEDS Data | 100% | 93% |
| On-Time Periodic | Actual | State Avg |
| 🞻 6 Month Updates | 100% | 49% |
| | | |
| Cooccurring | Actual | State Avg |
| MH Screen Complete | 100% | 96% |
| | | |
| 🖌 SA Screen Complete | 100% | 96% |
| SA Screen Complete | 100% | 96% |
| SA Screen Complete | 100% Actual | 96% State Avg |

Discharge Outcomes

| nent Completed Successfully OVERY Il Recovery Measures (NOMS) rested yed ence/Reduced Drug Use | Actual % vs Goal % | 16 Actual 109 64 | 19% Actual % 98% | 50% Goal % 75% | 53% State Avg 90% | -31% Actual vs Goal 23% |
|---|--|--|--|--|--|--|
| al Recovery Measures (NOMS) rested yed | Actual % vs Goal % | 109 | 98% | | | |
| rested yed | Actual % vs Goal % | 109 | 98% | | | |
| yed | | | | 75% | 90% | 23% |
| | | 64 | F00/ | | | |
| ence/Reduced Drug Use | · · · · | | 58% | 50% | 44% | 8% |
| | | 66 | 59% | 55% | 59% | 4% |
| Living Situation | | 106 | 95% | 95% | 90% | 0% |
| ved/Maintained Axis V GAF Score | | 79 | 75% | 75% | 68% | 0% |
| | • • • | 11 | 10% | 60% | 24% | -50% |
| vice Utilization | | | | | | |
| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
| Receiving Services | | 28 | 100% | 90% | 83% | 10% |
| vice Engagement | | | | | | |
| tient | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
| nore Services within 30 days | | 54 | 74% | 75% | 80% | -1% |
| | ved/Maintained Axis V GAF Score elp vice Utilization s Receiving Services vice Engagement tient nore Services within 30 days | elp vice Utilization Actual % vs Goal % vice Engagement tient Actual % vs Goal % | elp 11 vice Utilization Actual % vs Goal % s Receiving Services 28 vice Engagement 28 tient Actual % vs Goal % | elp 11 10% vice Utilization Actual % vs Goal % Actual Actual % s Receiving Services 28 100% vice Engagement tient Actual % vs Goal % Actual % Actual % | elp 11 10% 60% vice Utilization Actual % vs Goal % Actual % Coal % s Receiving Services 28 100% vice Engagement tient Actual % vs Goal % Actual % Coal % | elp 11 10% 60% 24% vice Utilization Actual % vs Goal % Actual % Goal % State Avg s Receiving Services 28 100% 90% 83% vice Engagement 4ctual % vs Goal % Actual % ctual % Goal % State Avg |

Actual Goal

* State Avg based on 115 Active Standard Outpatient Programs

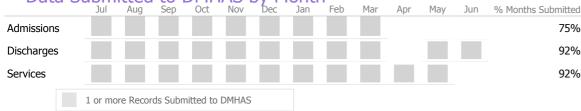
🧹 Goal Met

Below Goal

Data Submitted to DMHAS by Month

Valid Axis V GAF Score

98%



94%