**InterCommunity Inc.**
East Hartford, CT

Connecticut Dept of Mental Health and Addiction Services
Provider Quality Dashboard
Reporting Period: July 2016 - June 2017   (Data as of Sep 13, 2017)

## Provider Activity

| Monthly Trend | Measure | Actual | 1 Yr Ago | Variance % |
|---|---|---|---|---|
| | Unique Clients | 4,037 | 3,968 | 2% |
| | Admits | 1,993 | 2,213 | -10% |
| | Discharges | 2,186 | 1,996 | 10% |
| | Service Hours | 40,102 | 36,817 | 9% |
| | Bed Days | 6,446 | 7,092 | -9% |

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

## Clients by Level of Care

| Program Type / Level of Care Type | # | % |
|---|---|---|
| **Mental Health** | | |
| Outpatient | 3,898 | 80.8% |
| Community Support | 406 | 8.4% |
| Employment Services | 118 | 2.4% |
| Crisis Services | 114 | 2.4% |
| Consultation | 83 | 1.7% |
| Social Rehabilitation | 71 | 1.5% |
| Residential Services | 53 | 1.1% |
| ACT | 45 | 0.9% |
| Case Management | 34 | 0.7% |

## Consumer Satisfaction Survey   (Based on 182 FY16 Surveys)

| | Question Domain | Satisfied % vs Goal% | Satisfied % | Goal % | State Avg |
|---|---|---|---|---|---|
| ✓ | Overall | | 100% | 80% | 91% |
| ✓ | Respect | | 100% | 80% | 91% |
| ✓ | Access | | 99% | 80% | 88% |
| ✓ | Quality and Appropriateness | | 99% | 80% | 93% |
| ✓ | Recovery | | 98% | 80% | 79% |
| ✓ | Participation in Treatment | | 97% | 80% | 92% |
| ✓ | General Satisfaction | | 96% | 80% | 92% |
| ✓ | Outcome | | 95% | 80% | 83% |

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

## Client Demographics

| Age | # | % | State Avg |
|---|---|---|---|
| 18-25 | 550 | 14% | 14% |
| 26-34 | 850 | 21% | 24% |
| 35-44 | 812 | 20% | 20% |
| 45-54 | 881 | 22% | 22% |
| 55-64 | 708 | 18% | 16% |
| 65+ | 229 | 6% | 5% |

| Gender | # | % | | State Avg |
|---|---|---|---|---|
| Female | 2,095 | 52% | ▲ | 40% |
| Male | 1,941 | 48% | ▼ | 60% |
| Transgender | | | | 0% |

| Ethnicity | # | % | | State Avg |
|---|---|---|---|---|
| Non-Hispanic | 2,562 | 63% | ▼ | 74% |
| Hisp-Puerto Rican | 696 | 17% | | 13% |
| Unknown | 382 | 9% | | 6% |
| Hispanic-Other | 361 | 9% | | 7% |
| Hispanic-Cuban | 18 | 0% | | 0% |
| Hispanic-Mexican | 18 | 0% | | 1% |

| Race | # | % | | State Avg |
|---|---|---|---|---|
| White/Caucasian | 2,183 | 54% | ▼ | 65% |
| Black/African American | 783 | 19% | | 16% |
| Other | 648 | 16% | | 13% |
| Unknown | 304 | 8% | | 3% |
| Asian | 66 | 2% | | 1% |
| Hawaiian/Other Pacific Islander | 30 | 1% | | 0% |
| Am. Indian/Native Alaskan | 23 | 1% | | 1% |
| Multiple Races | | | | 1% |

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

**ABI Case Managment Program**
InterCommunity Inc.
Mental Health - Case Management - Standard Case Management

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2016 - June 2017  (Data as of Sep 13, 2017)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % |
|---|---|---|---|
| Unique Clients | 11 | | |
| Admits | 11 | - | |
| Discharges | 1 | - | |
| Service Hours | 299 | - | |

## Discharge Outcomes

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|---|
| ✔ | Treatment Completed Successfully | | 1 | 100% | 50% | 58% | 50% ▲ |

## Recovery

| | National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|---|
| ✔ | Social Support | | 11 | 100% | 60% | 68% | 40% ▲ |
| ✔ | Stable Living Situation | | 9 | 82% | 80% | 85% | 2% |
| 🔴 | Employed | | 0 | 0% | 20% | 10% | -20% ▼ |

## Data Submission Quality

| | Data Entry | | Actual | State Avg |
|---|---|---|---|---|
| ✔ | Valid NOMS Data | | 96% | 96% |

| | On-Time Periodic | | Actual | State Avg |
|---|---|---|---|---|
| ✔ | 6 Month Updates | | 100% | 73% |

## Service Utilization

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|---|
| ✔ | Clients Receiving Services | | 9 | 90% | 90% | 74% | 0% |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | % Months Submitted |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Admissions | | | ▪ | ▪ | | | | ▪ | | | | | 25% |
| Discharges | | | | | | | ▪ | | | | | | 8% |
| Services | | | | | ▪ | ▪ | ▪ | ▪ | ▪ | ▪ | | ▪ | 58% |

☐ 1 or more Records Submitted to DMHAS
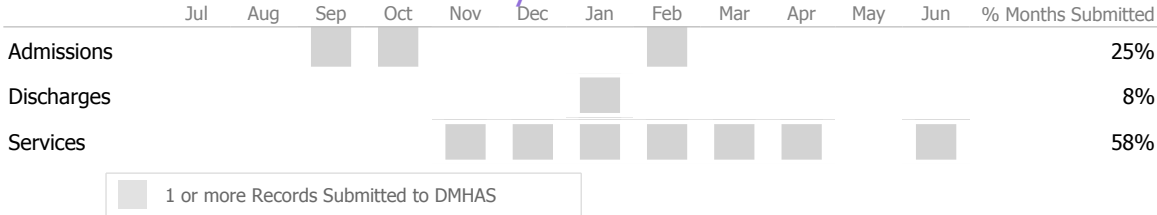
▲ > 10% Over    ▼ < 10% Under

■ Actual    | Goal    ✔ Goal Met    🔴 Below Goal

* State Avg based on 31 Active Standard Case Management Programs

**ABI Consultation Services**
InterCommunity Inc.
Mental Health - Consultation - Consultation

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2016 - June 2017  (Data as of Sep 13, 2017)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % |
|---|---|---|---|
| Unique Clients | 83 | | |
| Admits | 85 | - | |
| Discharges | 12 | - | |
| Service Hours | 176 | - | |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | % Months Submitted |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Admissions | | | | | | | | | ▨ | ▨ | ▨ | ▨ | 33% |
| Discharges | | | | | | | | | ▨ | | | ▨ | 17% |
| Services | | | | | | | | | | ▨ | ▨ | ▨ | 25% |

▨ 1 or more Records Submitted to DMHAS
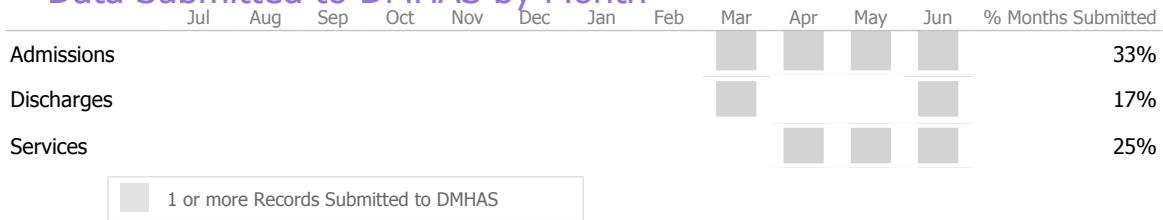
▲ > 10% Over    ▼ < 10% Under

■ Actual   | Goal   ✔ Goal Met   ● Below Goal

* State Avg based on 8 Active Consultation Programs

**ACT Program**
InterCommunity Inc.
Mental Health - ACT - Assertive Community Treatment

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2016 - June 2017  (Data as of Sep 13, 2017)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 45 | 47 | -4% | |
| Admits | 20 | 18 | 11% | ▲ |
| Discharges | 19 | 20 | -5% | |
| Service Hours | 2,812 | 2,530 | 11% | ▲ |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| ✓ Valid NOMS Data | | 98% | 97% |

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| ✓ 6 Month Updates | | 100% | 88% |

| Cooccurring | | Actual | State Avg |
|---|---|---|---|
| MH Screen Complete | | 88% | 91% |
| SA Screen Complete | | 86% | 90% |

| Diagnosis | | Actual | State Avg |
|---|---|---|---|
| ✓ Valid Axis I Diagnosis | | 100% | 99% |
| ✓ Valid Axis V GAF Score | | 100% | 84% |

## Discharge Outcomes

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✓ | Treatment Completed Successfully | | 16 | 84% | 65% | 56% | 19% | ▲ |
| ✓ | No Re-admit within 30 Days of Discharge | | 16 | 89% | 85% | 93% | 4% | |
| 🔴 | Follow-up within 30 Days of Discharge | | 9 | 56% | 90% | 52% | -34% | ▼ |

## Recovery

| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ✓ Social Support | | 48 | 100% | 60% | 77% | 40% | ▲ |
| ✓ Stable Living Situation | | 46 | 96% | 60% | 89% | 36% | ▲ |
| 🔴 Employed | | 4 | 8% | 15% | 12% | -7% | |
| 🔴 Improved/Maintained Axis V GAF Score | | 27 | 71% | 85% | 53% | -14% | ▼ |

## Service Utilization

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|---|
| ✓ | Clients Receiving Services | | 28 | 97% | 90% | 98% | 7% |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | % Months Submitted |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Admissions | ▢ | ▢ | ▢ | ▢ | | ▢ | ▢ | | ▢ | ▢ | | ▢ | 83% |
| Discharges | | | | ▢ | ▢ | ▢ | ▢ | | ▢ | ▢ | | | 58% |
| Services | ▢ | | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | | ▢ | 92% |

▢ 1 or more Records Submitted to DMHAS
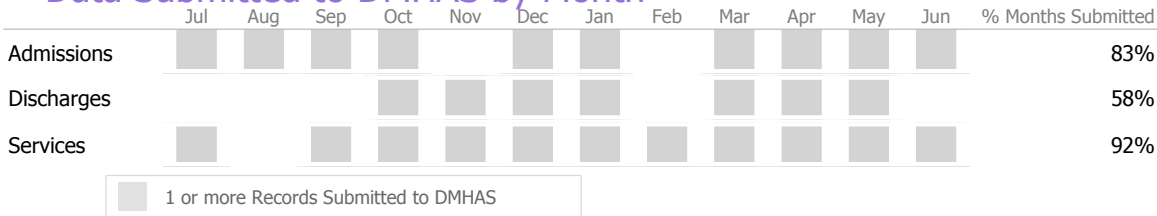
▲ > 10% Over    ▼ < 10% Under

🟧 Actual    | Goal    ✓ Goal Met    🔴 Below Goal

* State Avg based on 14 Active Assertive Community Treatment Programs

**Assessment Center**
InterCommunity Inc.
Mental Health - Intake - Central Intake

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2016 - June 2017  (Data as of Sep 13, 2017)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % |
|---|---|---|---|
| Unique Clients | 0 | | |
| Admits | - | - | |
| Discharges | - | - | |
| Service Hours | - | - | |

## Data Submitted to DMHAS by Month

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

| | 1 or more Records Submitted to DMHAS |
|---|---|

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

| ■ Actual | | Goal | ✔ Goal Met | ● Below Goal |
|---|---|---|---|---|

* State Avg based on 8 Active Central Intake Programs

**BHH ADULT NAE**
InterCommunity Inc.
Mental Health - Outpatient - Standard Outpatient

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2016 - June 2017  (Data as of Sep 13, 2017)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 31 | 15 | 107% | ▲ |
| Admits | 21 | 15 | 40% | ▲ |
| Discharges | 15 | 3 | 400% | ▲ |
| Service Hours | 123 | 21 | | |

## Data Submission Quality

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

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| ✔ 6 Month Updates | | 100% | 70% |

| Cooccurring | | Actual | State Avg |
|---|---|---|---|
| ✔ MH Screen Complete | | 82% | 82% |
| ✔ SA Screen Complete | | 80% | 81% |

| Diagnosis | | Actual | State Avg |
|---|---|---|---|
| ✔ Valid Axis I Diagnosis | | 100% | 98% |
| ✔ Valid Axis V GAF Score | | 100% | 89% |

## Discharge Outcomes

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ✔ Treatment Completed Successfully | | 13 | 87% | 50% | 45% | 37% | ▲ |

## Recovery

| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ✔ Social Support | | 33 | 100% | 60% | 70% | 40% | ▲ |
| ✔ Stable Living Situation | | 32 | 97% | 95% | 86% | 2% | |
| ✔ Improved/Maintained Axis V GAF Score | | 23 | 82% | 75% | 59% | 7% | |
| 🔴 Employed | | 4 | 12% | 30% | 23% | -18% | ▼ |

## Service Utilization

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| 🔴 Clients Receiving Services | | 16 | 89% | 90% | 90% | -1% | |

## Service Engagement

| Outpatient | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| 🔴 2 or more Services within 30 days | | 12 | 60% | 75% | 65% | -15% | ▼ |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | % Months Submitted |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Admissions | ▪ | ▪ | ▪ | ▪ | ▪ | | | | | ▪ | | ▪ | 58% |
| Discharges | | ▪ | ▪ | | | ▪ | | | ▪ | ▪ | ▪ | | 50% |
| Services | ▪ | ▪ | ▪ | ▪ | ▪ | ▪ | ▪ | ▪ | ▪ | ▪ | | ▪ | 92% |

▪ 1 or more Records Submitted to DMHAS

▲ > 10% Over    ▼ < 10% Under

🟧 Actual    | Goal    ✔ Goal Met    🔴 Below Goal

* State Avg based on 92 Active Standard Outpatient Programs

**BHH CHILDREN Program**
InterCommunity Inc.
Mental Health - Case Management - Outreach & Engagement

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2016 - June 2017  (Data as of Sep 13, 2017)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % |
|---|---|---|---|
| Unique Clients | 0 | | |
| Admits | - | - | |
| Discharges | - | - | |
| Service Hours | - | - | |

## Data Submitted to DMHAS by Month

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

| | 1 or more Records Submitted to DMHAS |
|---|---|

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

| Actual | | Goal | ✔ Goal Met | ● Below Goal |
|---|---|---|---|---|

* State Avg based on 39 Active Outreach & Engagement Programs

**Career Opportunities 612-270**
InterCommunity Inc.
Mental Health - Employment Services - Employment Services

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2016 - June 2017  (Data as of Sep 13, 2017)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 118 | 143 | -17% | ▼ |
| Admits | 42 | 66 | -36% | ▼ |
| Discharges | 54 | 72 | -25% | ▼ |
| Service Hours | 2,003 | 2,618 | -24% | ▼ |

## Recovery

| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| ✔ Employed | | 50 | 42% | 35% | 43% | 7% |

## Service Utilization

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| ✔ Clients Receiving Services | | 63 | 95% | 90% | 97% | 5% |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| ✔ Valid NOMS Data | | 99% | 97% |

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| ✔ 6 Month Updates | | 100% | 92% |

## Data Submitted to DMHAS by Month

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

▪ 1 or more Records Submitted to DMHAS
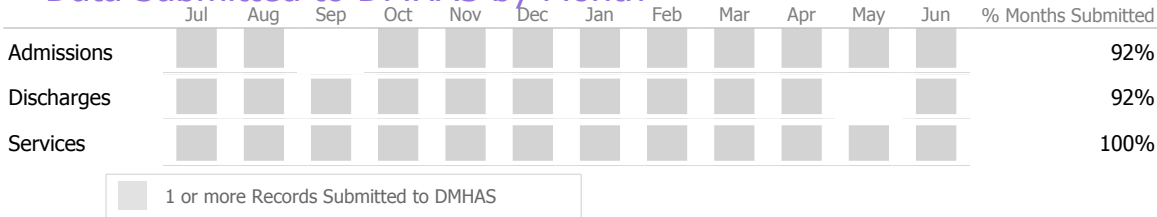
▲ > 10% Over     ▼ < 10% Under

█ Actual   | Goal   ✔ Goal Met   ⬤ Below Goal

\* State Avg based on 40 Active Employment Services Programs

**CASA HOPE 18 - 260**
InterCommunity Inc.
Mental Health - Case Management - Supportive Housing – Scattered Site

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2016 - June 2017  (Data as of Sep 13, 2017)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 23 | 22 | 5% | |
| Admits | 3 | 2 | 50% | ▲ |
| Discharges | 2 | 2 | 0% | |
| Service Hours | 566 | 515 | 10% | |

## Recovery

| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| 🔴 Stable Living Situation | | 17 | 74% | 85% | 85% | -11% | ▼ |

## Service Utilization

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| ✔ Clients Receiving Services | | 20 | 95% | 90% | 97% | 5% |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| Valid NOMS Data | | 96% | 98% |

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| ✔ 6 Month Updates | | 100% | 87% |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | % Months Submitted |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Admissions | | ▪ | | | ▪ | | | | | ▪ | | | 25% |
| Discharges | | | | | | | | ▪ | ▪ | | | | 17% |
| Services | ▪ | | ▪ | ▪ | ▪ | ▪ | ▪ | ▪ | ▪ | ▪ | | ▪ | 83% |

▪ 1 or more Records Submitted to DMHAS
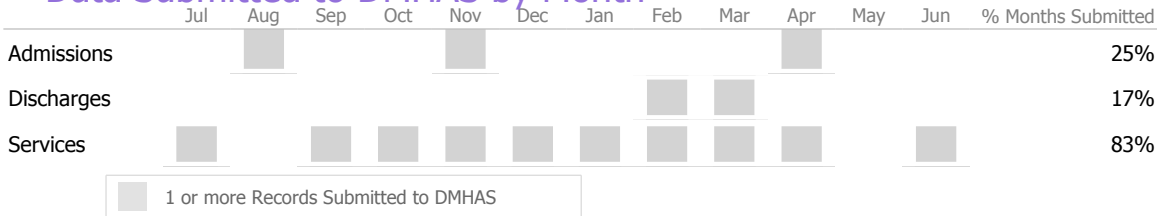
▲ > 10% Over    ▼ < 10% Under

Actual    | Goal    ✔ Goal Met    🔴 Below Goal

* State Avg based on 69 Active Supportive Housing – Scattered Site Programs

**Common Ground 612-281**
InterCommunity Inc.
Mental Health - Social Rehabilitation - Social Rehabilitation

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2016 - June 2017  (Data as of Sep 13, 2017)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 71 | 76 | -7% | |
| Admits | 10 | 20 | -50% | ▼ |
| Discharges | 16 | 14 | 14% | ▲ |
| Service Hours | 804 | 622 | 29% | ▲ |
| Social Rehab/PHP/IOP Days | 0 | 0 | | |

## Service Utilization

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| ✔ Clients Receiving Services | ▬▬▬▬ | 56 | 98% | 90% | 78% | 8% |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | % Months Submitted |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Admissions | ▪ | ▪ | | ▪ | | | ▪ | ▪ | | | ▪ | ▪ | 58% |
| Discharges | ▪ | ▪ | ▪ | | ▪ | ▪ | ▪ | ▪ | | ▪ | | | 67% |
| Services | ▪ | ▪ | ▪ | | ▪ | ▪ | ▪ | ▪ | ▪ | ▪ | | ▪ | 92% |

▪ 1 or more Records Submitted to DMHAS

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

| ▬ Actual | │ Goal | ✔ Goal Met | ● Below Goal |
|---|---|---|---|
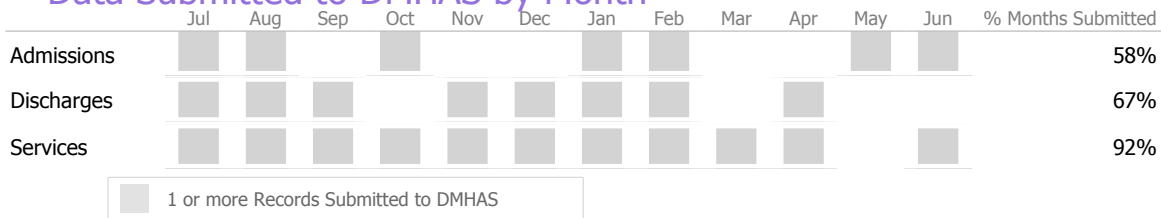
* State Avg based on 35 Active Social Rehabilitation Programs

**Community Foundations 612252**
InterCommunity Inc.
Mental Health - Residential Services - Supervised Apartments

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2016 - June 2017  (Data as of Sep 13, 2017)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 23 | 23 | 0% | |
| Admits | 5 | 4 | 25% | ▲ |
| Discharges | 6 | 6 | 0% | |
| Bed Days | 6,446 | 7,092 | -9% | |

## Data Submission Quality

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

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| ✓ 6 Month Updates | | 100% | 84% |

| Cooccurring | | Actual | State Avg |
|---|---|---|---|
| MH Screen Complete | | 67% | 86% |
| SA Screen Complete | | 72% | 85% |

| Diagnosis | | Actual | State Avg |
|---|---|---|---|
| ✓ Valid Axis I Diagnosis | | 100% | 100% |
| ✓ Valid Axis V GAF Score | | 100% | 96% |

## Discharge Outcomes

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ✓ Treatment Completed Successfully | | 6 | 100% | 60% | 68% | 40% | ▲ |
| ● Follow-up within 30 Days of Discharge | | 4 | 67% | 90% | 78% | -23% | ▼ |

## Recovery

| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ✓ Social Support | | 23 | 100% | 60% | 86% | 40% | ▲ |
| ✓ Stable Living Situation | | 22 | 96% | 95% | 97% | 1% | |
| ● Employed | | 1 | 4% | 25% | 7% | -21% | ▼ |
| ● Improved/Maintained Axis V GAF Score | | 8 | 42% | 95% | 69% | -53% | ▼ |

## Bed Utilization

| | 12 Months Trend | Beds | Avg LOS | Turnover | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|---|
| ✓ Avg Utilization Rate | | 17 | 2,101 days | 0.2 | 104% | 90% | 94% | 14% | ▲ |

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

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | % Months Submitted |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Admissions | | | | | ■ | | ■ | | | ■ | | | 25% |
| Discharges | | | | | ■ | | ■ | ■ | | ■ | | | 33% |

■ 1 or more Records Submitted to DMHAS
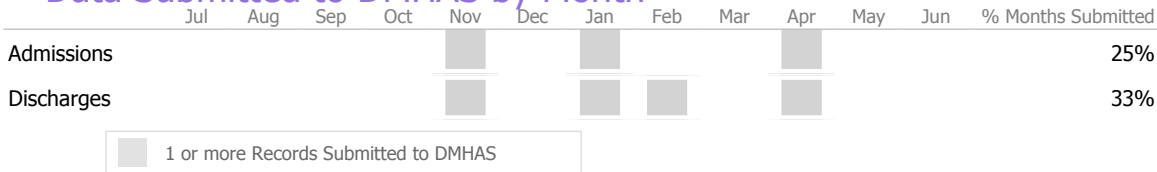
| ▲ > 10% Over | ▼ < 10% Under |
|---|---|

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

* State Avg based on 70 Active Supervised Apartments Programs

**Crisis Srvs&CtrlAccess 612-200**
InterCommunity Inc.
Mental Health - Crisis Services - Mobile Crisis Team

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2016 - June 2017  (Data as of Sep 13, 2017)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---------|--------|----------|-----------|---|
| Unique Clients | 114 | 174 | -34% | ▼ |
| Admits | 123 | 201 | -39% | ▼ |
| Discharges | 120 | 201 | -40% | ▼ |

## Crisis

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|--------|----------|--------|-----------|----------------|---|
| ✔ Evaluation within 1.5 hours of Request | | 92 | 93% | 75% | 69% | 18% | ▲ |
| ✔ Community Location Evaluation | | 97 | 98% | 80% | 75% | 18% | ▲ |
| ✔ Follow-up Service within 48 hours | | 39 | 95% | 90% | 61% | 5% | |

## Data Submitted to DMHAS by Month

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

☐ 1 or more Records Submitted to DMHAS

▲ > 10% Over     ▼ < 10% Under

☐ Actual     | Goal     ✔ Goal Met     ● Below Goal
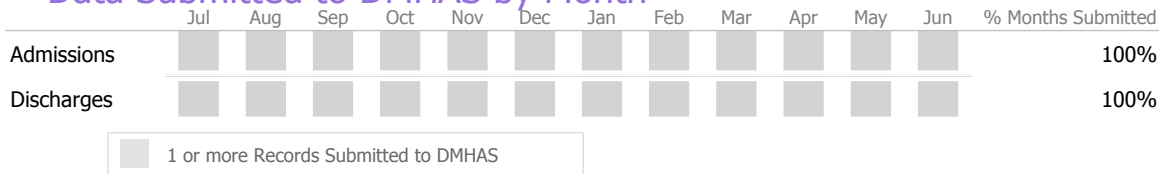
* State Avg based on 25 Active Mobile Crisis Team Programs

**CSP/RP 612290  East Hartford**
InterCommunity Inc.
Mental Health - Community Support - CSP

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2016 - June 2017  (Data as of Sep 13, 2017)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 406 | 384 | 6% | |
| Admits | 207 | 206 | 0% | |
| Discharges | 213 | 188 | 13% | ▲ |
| Service Hours | 9,604 | 7,884 | 22% | ▲ |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| ✔ Valid NOMS Data | | 98% | 98% |

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| ✔ 6 Month Updates | | 99% | 93% |

| Cooccurring | | Actual | State Avg |
|---|---|---|---|
| MH Screen Complete | | 87% | 88% |
| SA Screen Complete | | 86% | 87% |

| Diagnosis | | Actual | State Avg |
|---|---|---|---|
| ✔ Valid Axis I Diagnosis | | 100% | 98% |
| ✔ Valid Axis V GAF Score | | 100% | 93% |

## Discharge Outcomes

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✔ | Treatment Completed Successfully | | 209 | 98% | 65% | 69% | 33% | ▲ |

## Recovery

| | National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✔ | Social Support | | 415 | 99% | 60% | 81% | 39% | ▲ |
| ✔ | Stable Living Situation | | 366 | 88% | 80% | 92% | 8% | |
| 🔴 | Employed | | 44 | 11% | 20% | 13% | -9% | |
| 🔴 | Improved/Maintained Axis V GAF Score | | 256 | 72% | 95% | 69% | -23% | ▼ |

## Service Utilization

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|---|
| ✔ | Clients Receiving Services | | 236 | 99% | 90% | 99% | 9% |

## Data Submitted to DMHAS by Month

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

▢ 1 or more Records Submitted to DMHAS

▲ > 10% Over    ▼ < 10% Under

■ Actual    | Goal    ✔ Goal Met    🔴 Below Goal

* State Avg based on 48 Active CSP Programs

**Housing Srvs Supported 612-250**
InterCommunity Inc.
Mental Health - Residential Services - Residential Support

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2016 - June 2017  (Data as of Sep 13, 2017)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 17 | 21 | -19% | ▼ |
| Admits | 2 | 7 | -71% | ▼ |
| Discharges | 17 | 6 | 183% | ▲ |
| Service Hours | 284 | 1,216 | -77% | ▼ |

## Discharge Outcomes

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✓ | Treatment Completed Successfully | | 17 | 100% | 50% | 87% | 50% | ▲ |

## Recovery

| | National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✓ | Social Support | | 17 | 100% | 60% | 88% | 40% | ▲ |
| ✓ | Stable Living Situation | | 17 | 100% | 85% | 94% | 15% | ▲ |
| ● | Employed | | 1 | 6% | 25% | 11% | -19% | ▼ |
| ● | Improved/Maintained Axis V GAF Score | | 11 | 65% | 95% | 79% | -30% | ▼ |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| Valid NOMS Data | | 96% | 99% |

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| 6 Month Updates | | N/A | 98% |

| Cooccurring | | Actual | State Avg |
|---|---|---|---|
| ✓ MH Screen Complete | | 91% | 90% |
| ✓ SA Screen Complete | | 91% | 89% |

| Diagnosis | | Actual | State Avg |
|---|---|---|---|
| ✓ Valid Axis I Diagnosis | | 100% | 98% |
| ✓ Valid Axis V GAF Score | | 100% | 98% |

## Service Utilization

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ● | Clients Receiving Services | | N/A | N/A | 90% | 99% | N/A | ▼ |

## Data Submitted to DMHAS by Month
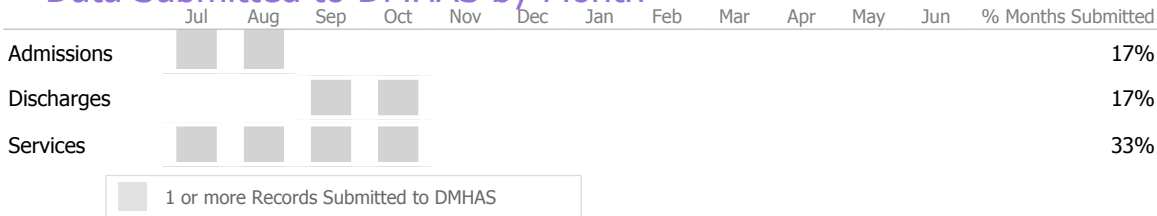
| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | % Months Submitted |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Admissions | ▪ | ▪ | | | | | | | | | | | 17% |
| Discharges | | | ▪ | ▪ | | | | | | | | | 17% |
| Services | | ▪ | ▪ | ▪ | ▪ | | | | | | | | 33% |

☐ 1 or more Records Submitted to DMHAS

▲ > 10% Over   ▼ < 10% Under

▮ Actual   | Goal   ✓ Goal Met   ● Below Goal

* State Avg based on 39 Active Residential Support Programs

**Outpatient Services 612-210**
InterCommunity Inc.
Mental Health - Outpatient - Standard Outpatient

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2016 - June 2017  (Data as of Sep 13, 2017)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 3,888 | 3,874 | 0% | |
| Admits | 1,461 | 1,660 | -12% | ▼ |
| Discharges | 1,704 | 1,476 | 15% | ▲ |
| Service Hours | 21,244 | 19,933 | 7% | |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| ✓ Valid NOMS Data | | 97% | 93% |

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| ✓ 6 Month Updates | | 100% | 70% |

| Cooccurring | | Actual | State Avg |
|---|---|---|---|
| MH Screen Complete | | 81% | 82% |
| SA Screen Complete | | 80% | 81% |

| Diagnosis | | Actual | State Avg |
|---|---|---|---|
| ✓ Valid Axis I Diagnosis | | 100% | 98% |
| ✓ Valid Axis V GAF Score | | 100% | 89% |

## Discharge Outcomes

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✓ | Treatment Completed Successfully | | 1,635 | 96% | 50% | 45% | 46% | ▲ |

## Recovery

| | National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✓ | Social Support | | 4,036 | 99% | 60% | 70% | 39% | ▲ |
| 🔴 | Employed | | 1,138 | 28% | 30% | 23% | -2% | |
| 🔴 | Stable Living Situation | | 3,523 | 87% | 95% | 86% | -8% | |
| 🔴 | Improved/Maintained Axis V GAF Score | | 2,133 | 62% | 75% | 59% | -13% | ▼ |

## Service Utilization

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| 🔴 | Clients Receiving Services | | 2,001 | 85% | 90% | 90% | -5% | |

## Service Engagement

| | Outpatient | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| 🔴 | 2 or more Services within 30 days | | 497 | 35% | 75% | 65% | -40% | ▼ |

## Data Submitted to DMHAS by Month

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

☐ 1 or more Records Submitted to DMHAS

▲ > 10% Over    ▼ < 10% Under

🟧 Actual    | Goal    ✓ Goal Met    🔴 Below Goal

* State Avg based on 92 Active Standard Outpatient Programs

**YAS Mixed Model**
InterCommunity Inc.
Mental Health - Residential Services - Residential Support

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2016 - June 2017  (Data as of Sep 13, 2017)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 13 | 13 | 0% | |
| Admits | 3 | 13 | -77% | ▼ |
| Discharges | 2 | 3 | -33% | ▼ |
| Service Hours | 2,187 | 1,477 | 48% | ▲ |

## Data Submission Quality

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

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| ✓ 6 Month Updates | | 100% | 98% |

## Discharge Outcomes

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✓ | Treatment Completed Successfully | | 2 | 100% | 50% | 87% | 50% | ▲ |

## Recovery

| | National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✓ | Social Support | | 13 | 100% | 60% | 88% | 40% | ▲ |
| ✓ | Stable Living Situation | | 13 | 100% | 85% | 94% | 15% | ▲ |
| 🔴 | Employed | | 2 | 15% | 25% | 11% | -10% | ▼ |

## Service Utilization

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✓ | Clients Receiving Services | | 10 | 91% | 90% | 99% | 1% | |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | % Months Submitted |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Admissions | | | | | | | | | | ▪ | ▪ | | 17% |
| Discharges | | | | | | | | | ▪ | | | ▪ | 17% |
| Services | ▪ | | ▪ | ▪ | ▪ | ▪ | ▪ | ▪ | ▪ | | | ▪ | 83% |

☐ 1 or more Records Submitted to DMHAS

▲ > 10% Over   ▼ < 10% Under

| ▮ Actual | | Goal | ✓ Goal Met | 🔴 Below Goal |

* State Avg based on 39 Active Residential Support Programs