# Laurel House Stamford, CT

Reporting Period: July 2016 - June 2017 (Data as of Sep 13, 2017)



Clients by Level of Care

| Program Type Level of Care Type | #   | %     |
|---------------------------------|-----|-------|
| Mental Health                   |     |       |
| Social Rehabilitation           | 383 | 62.3% |
| Employment Services             | 92  | 15.0% |
| Education Support               | 76  | 12.4% |
| Community Support               | 33  | 5.4%  |
| Case Management                 | 31  | 5.0%  |

# Consumer Satisfaction Survey (Based on 218 FY16 Surveys)



# **Client Demographics**

| Age                  | #        | %      | State Avg | Gender                          | #       | %        | State Avg    |
|----------------------|----------|--------|-----------|---------------------------------|---------|----------|--------------|
| 18-25                | 56       | 14%    | 14%       | Male 🗾                          | 220     | 56%      | 60%          |
| 26-34 <mark> </mark> | 61       | 15%    | 24%       | Female                          | 176     | 44%      | 40%          |
| 35-44 📕              | 58       | 15%    | 20%       | Transgender                     |         |          | 0%           |
| 45-54                | 104      | 26%    | 22%       |                                 |         |          |              |
| 55-64                | 95       | 24%    | 16%       |                                 |         |          |              |
| 65+                  | 20       | 5%     | 5%        | Race                            | #       | %        | State Avg    |
| •                    |          |        |           | White/Caucasian                 | 252     | 64%      | 65%          |
| Ethnicity            | #        | %      | State Avg | Black/African American 📙        | 107     | 27%      | <b>▲</b> 16% |
| Non-Hispanic         | 311      | 79%    | 74%       | Other                           | 30      | 8%       | 13%          |
| Hispanic-Other       | 33       | 8%     | 7%        | Unknown                         | 4       | 1%       | 3%           |
| Hisp-Puerto Rican    | 26       | 7%     | 13%       | Am. Indian/Native Alaskan       | 1       | 0%       | 1%           |
| Unknown              | 23       | 6%     | 6%        | Asian                           | 1       | 0%       | 1%           |
|                      |          |        |           | Multiple Races                  | 1       | 0%       | 1%           |
| Hispanic-Mexican     | 3        | 1%     | 1%        | Hawaiian/Other Pacific Islander |         |          | 0%           |
| Hispanic-Cuban       |          |        | 0%        |                                 |         |          |              |
| ,                    |          |        |           |                                 |         |          |              |
|                      | Unique C | lients | State Avg | ▲ > 10% Over State Avg ▼        | > 10% L | Inder St | ate Avg      |

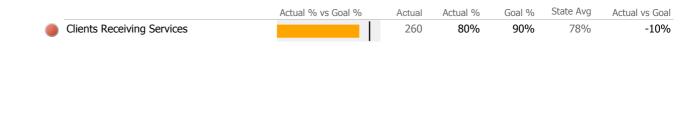
# Program Quality Dashboard

Reporting Period: July 2016 - June 2017 (Data as of Sep 13, 2017)

# **Program Activity**

| Measure                      | Actual | 1 Yr Ago | Variance % |
|------------------------------|--------|----------|------------|
| Unique Clients               | 383    | 432      | -11% 🔻     |
| Admits                       | 109    | 176      | -38% 🔻     |
| Discharges                   | 66     | 170      | -61% 🔻     |
| Service Hours                | 5,187  | 3,388    | 53% 🔺      |
| Social Rehab/PHP/IOP<br>Days | 8,985  | 9,343    | -4%        |

# Service Utilization



42%

#### Data Submitted to Sep DMHAS by Month Feb Mar Apr May Jun % Months Submitted Admissions 100% Discharges 100% Services 1 or more Records Submitted to DMHAS

|        | > 10% 0\ | ver 🔍 < 10% | % Under |      |
|--------|----------|-------------|---------|------|
| Actual | Goal     | 🞻 Goal Met  | Below   | Goal |

\* State Avg based on 35 Active Social Rehabilitation Programs

Laurel House

Mental Health - Employment Services - Employment Services

#### Connecticut Dept of Mental Health and Addiction Services Program Quality Dashboard

Goal %

35%

State Avg

43%

Actual vs Goal

8%

Reporting Period: July 2016 - June 2017 (Data as of Sep 13, 2017)

43%

# **Program Activity**

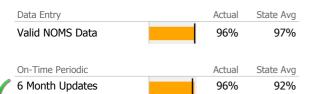
| Measure        | Actual | 1 Yr Ago | Variance % |
|----------------|--------|----------|------------|
| Unique Clients | 92     | 96       | -4%        |
| Admits         | 49     | 60       | -18% 🔻     |
| Discharges     | 38     | 57       | -33% 🔻     |
| Service Hours  | 2,000  | 1,857    | 8%         |

#### Recovery National Recovery Measures (NOMS) Actual % vs Goal % Actual % Actual 40 Employed

# Service Utilization

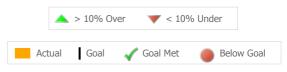
|                            | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|----------------------------|--------------------|--------|----------|--------|-----------|----------------|
| Clients Receiving Services |                    | 54     | 96%      | 90%    | 97%       | 6%             |

# Data Submission Quality



# Data Submitted to DMHAS by Month





\* State Avg based on 40 Active Employment Services Programs

### 6 WashingtonCT.SuppED 113-272

Laurel House

Mental Health - Education Support - Education 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 | 76     | 63       | 21%        |   |
| Admits         | 44     | 27       | 63%        |   |
| Discharges     | 24     | 33       | -27%       | ▼ |
| Service Hours  | 1,371  | 607      | 126%       |   |

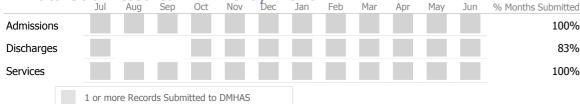
# Recovery

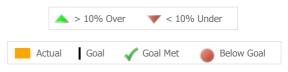
|              | National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |  |
|--------------|-----------------------------------|--------------------|--------|----------|--------|-----------|----------------|--|
| V            | Enrolled in Educational Program   |                    | 49     | 64%      | 35%    | 67%       | 29%            |  |
|              | Service Utilization               |                    |        |          |        |           |                |  |
|              |                                   | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |  |
| $\checkmark$ | Clients Receiving Services        |                    | 53     | 98%      | 90%    | 99%       | 8%             |  |

# Data Submission Quality



# Data Submitted to DMHAS by Month





\* State Avg based on 5 Active Education Support Programs

Reporting Period: July 2016 - June 2017 (Data as of Sep 13, 2017)

# **Program Activity**

| Measure        | Actual | 1 Yr Ago | Variance % |   |
|----------------|--------|----------|------------|---|
| Unique Clients | 30     | 24       | 25%        |   |
| Admits         | 8      | 4        | 100%       |   |
| Discharges     | 1      | 2        | -50%       | ▼ |
| Service Hours  | 475    | 311      | 53%        |   |

# Data Submission Quality

Valid Axis V GAF Score

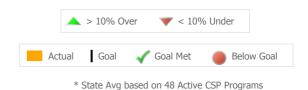
| Data Entry               | Actual | State Avg |
|--------------------------|--------|-----------|
| √ Valid NOMS Data        | 100%   | 98%       |
|                          |        |           |
| On-Time Periodic         | Actual | State Avg |
| 6 Month Updates          | 96%    | 93%       |
| Cooccurring              | Actual | State Avg |
| MH Screen Complete       | 100%   | 88%       |
| 🞸 SA Screen Complete     | 100%   | 87%       |
|                          |        |           |
| Diagnosis                | Actual | State Avg |
| 🞻 Valid Axis I Diagnosis | 100%   | 98%       |
| 🖋 Valid Axis V GAF Score | 97%    | 93%       |

# **Discharge Outcomes**

|              |                                      | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |  |
|--------------|--------------------------------------|--------------------|--------|----------|--------|-----------|----------------|--|
| _            |                                      | Actual % vs Goal % |        |          |        | 5         |                |  |
|              | Treatment Completed Successfully     |                    | 0      | 0%       | 65%    | 69%       | -65%           |  |
|              |                                      |                    |        |          |        |           |                |  |
|              | Receivery                            |                    |        |          |        |           |                |  |
|              | Recovery                             |                    |        |          |        |           |                |  |
|              | National Recovery Measures (NOMS)    | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |  |
|              | Social Support                       |                    | 25     | 83%      | 60%    | 81%       | 23%            |  |
|              |                                      |                    | 20     | 0570     | 0070   | 0170      | 2570           |  |
| $\checkmark$ | Stable Living Situation              |                    | 30     | 100%     | 80%    | 92%       | 20%            |  |
|              | Employed                             |                    | 9      | 30%      | 20%    | 13%       | 10%            |  |
| *            | Employed                             |                    | 9      | 5070     | 2070   | 1370      | 1070           |  |
|              | Improved/Maintained Axis V GAF Score |                    | 22     | 92%      | 95%    | 69%       | -3%            |  |
|              |                                      |                    |        |          |        |           |                |  |
|              | Service Utilization                  |                    |        |          |        |           |                |  |
|              | Service Othization                   |                    |        |          |        |           |                |  |
|              |                                      | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |  |
| 1            | Clients Receiving Services           |                    | 29     | 100%     | 90%    | 99%       | 10%            |  |
|              | 5                                    |                    |        |          |        |           |                |  |

# Data Submitted to Sep OCt Nov Dec Jan





Reporting Period: July 2016 - June 2017 (Data as of Sep 13, 2017)

# **Program Activity**

| Measure        | Actual | 1 Yr Ago | Variance % |
|----------------|--------|----------|------------|
| Unique Clients | 20     | 22       | -9%        |
| Admits         | 2      | 7        | -71% 🔻     |
| Discharges     | 20     | 4        | 400% 🔺     |
| Service Hours  | 1,136  | 1,164    | -2%        |

# Data Submission Quality

Valid Axis V GAF Score

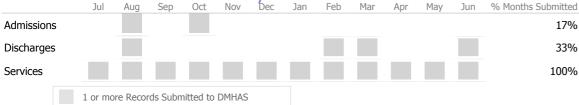
|              | Data Entry         | Actual | State Avg |
|--------------|--------------------|--------|-----------|
| $\checkmark$ | Valid NOMS Data    | 100%   | 98%       |
|              |                    |        |           |
|              | On-Time Periodic   | Actual | State Avg |
|              | 6 Month Updates    | N/A    | 93%       |
|              |                    |        |           |
|              | Cooccurring        | Actual | State Avg |
| $\checkmark$ | MH Screen Complete | 97%    | 88%       |
| $\checkmark$ | SA Screen Complete | 97%    | 87%       |
|              |                    | •      |           |
|              | Diagnosis          | Actual | State Avg |
|              |                    |        |           |

# **Discharge Outcomes**

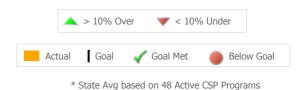
|              | Treatment Completed Successfully     | Actual % vs Goal % | Actual<br>2 | Actual %<br>10% | Goal %<br>65% | State Avg<br>69% | Actual vs Goal<br>-55% | • |
|--------------|--------------------------------------|--------------------|-------------|-----------------|---------------|------------------|------------------------|---|
|              | Recovery                             |                    |             |                 |               |                  |                        |   |
|              | National Recovery Measures (NOMS)    | Actual % vs Goal % | Actual      | Actual %        | Goal %        | State Avg        | Actual vs Goal         |   |
| $\checkmark$ | Social Support                       |                    | 17          | 85%             | 60%           | 81%              | 25%                    |   |
| $\checkmark$ | Stable Living Situation              | · · ·              | 20          | 100%            | 80%           | 92%              | 20%                    |   |
| $\checkmark$ | Improved/Maintained Axis V GAF Score |                    | 20          | 100%            | 95%           | 69%              | 5%                     |   |
| <b>«</b>     | Employed                             | <b>_</b>           | 5           | 25%             | 20%           | 13%              | 5%                     |   |
|              | 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

100%



93%



### Fairfield Commons 552

#### Laurel House

Mental Health - Case Management - Supportive Housing - Development

Connecticut Dept of Mental Health and Addiction Services

#### Program Quality Dashboard

Reporting Period: July 2016 - June 2017 (Data as of Sep 13, 2017)

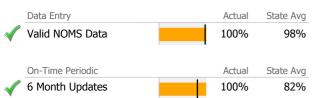
# **Program Activity**

| Measure        | Actual | 1 Yr Ago | Variance % |   |
|----------------|--------|----------|------------|---|
| Unique Clients | 6      | 7        | -14%       | ▼ |
| Admits         | -      | 7        | -100%      | • |
| Discharges     | -      | 1        | -100%      | • |
| Service Hours  | 103    | 173      | -41%       | • |

## Recovery

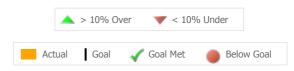
|              | /                                 |                    |        |          |        |           |                |  |
|--------------|-----------------------------------|--------------------|--------|----------|--------|-----------|----------------|--|
|              | National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |  |
| $\checkmark$ | Stable Living Situation           |                    | 6      | 100%     | 85%    | 91%       | 15%            |  |
|              | Service Utilization               |                    |        |          |        |           |                |  |
|              |                                   | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |  |
| $\checkmark$ | Clients Receiving Services        |                    | 6      | 100%     | 90%    | 91%       | 10%            |  |

# Data Submission Quality



# Data Submitted to DMHAS by Month





\* State Avg based on 53 Active Supportive Housing – Development Programs

## Next Steps SupportiveHsg113551

Laurel House

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)

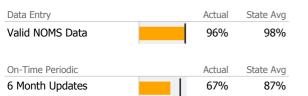
# **Program Activity**

| Measure        | Actual | 1 Yr Ago | Variance % |
|----------------|--------|----------|------------|
| Unique Clients | 9      | 9        | 0%         |
| Admits         | 1      | 1        | 0%         |
| Discharges     | 2      | 1        | 100% 🔺     |
| Service Hours  | 156    | 273      | -43% 🔻     |

## Recovery

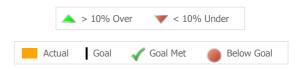
|              | ,                                 |                    |        |          |        |           |                |   |
|--------------|-----------------------------------|--------------------|--------|----------|--------|-----------|----------------|---|
|              | National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |   |
| $\checkmark$ | Stable Living Situation           |                    | 9      | 100%     | 85%    | 85%       | 15%            |   |
|              | Service Utilization               |                    |        |          |        |           |                |   |
|              |                                   | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |   |
|              | Clients Receiving Services        |                    | 5      | 71%      | 90%    | 97%       | -19%           | - |

# Data Submission Quality



# Data Submitted to DMHAS by Month





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

### Supp Housing Pilots 113-260

Laurel House

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)

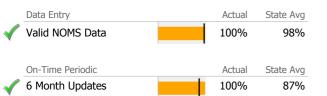
# **Program Activity**

| Measure        | Actual | 1 Yr Ago | Variance % |   |
|----------------|--------|----------|------------|---|
| Unique Clients | 16     | 13       | 23%        |   |
| Admits         | 6      | 1        | 500%       |   |
| Discharges     | 3      | 3        | 0%         |   |
| Service Hours  | 538    | 793      | -32%       | - |

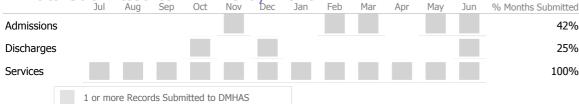
## Recovery

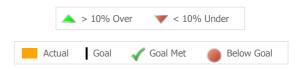
| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|-----------------------------------|--------------------|--------|----------|--------|-----------|----------------|
| Stable Living Situation           |                    | 13     | 81%      | 85%    | 85%       | -4%            |
| Service Utilization               |                    |        |          |        |           |                |
|                                   | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
| Clients Receiving Services        |                    | 11     | 85%      | 90%    | 97%       | -5%            |

# Data Submission Quality



# Data Submitted to DMHAS by Month





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