Provider Activity

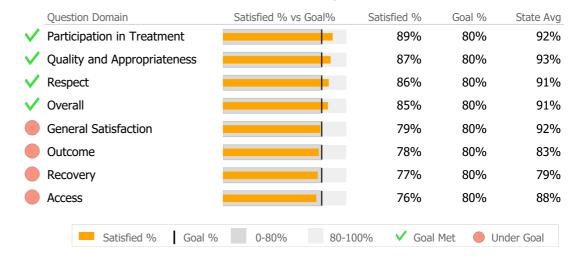




Clients by Level of Care

| Program Type | Level of Care Type | # | % |
|--------------|------------------------|-------|-------|
| Addiction | | | |
| | Residential Services | 1,378 | 35.7% |
| | Outpatient | 1,311 | 34.0% |
| | IOP | 391 | 10.1% |
| Medicat | ion Assisted Treatment | 21 | 0.5% |
| Forensic SA | | | |
| Forer | sics Community-based | 588 | 15.2% |
| | Case Management | 169 | 4.4% |

Consumer Satisfaction Survey (Based on 342 FY18 Surveys)



Client Demographics

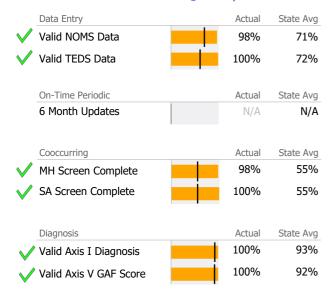
| Age | # | % | State Avg | Gender | # | % | State Avg |
|-------------------|----------|--------|-----------|---------------------------------|---------|----------|--------------|
| 18-25 | 424 | 14% | 12% | Male | 2,302 | 75% | ▲ 60% |
| 26-34 | 1,027 | 33% | 24% | Female 📙 📗 | 771 | 25% | ▼ 40% |
| 35-44 | 746 | 24% | 21% | Transgender | | | 0% |
| 45-54 | 550 | 18% | 20% | | | | |
| 55-64 | 286 | 9% | 17% | | | | |
| 65+ | 40 | 1% | 6% | Race | # | % | State Avg |
| | | | | White/Caucasian | 2,238 | 73% | 63% |
| Ethnicity | # | % | State Avg | Black/African American | 426 | 14% | 17% |
| Non-Hispanic | 2,435 | 79% | 70% | Other | 299 | 10% | 13% |
| Hisp-Puerto Rican | 286 | 9% | 12% | Unknown | 55 | 2% | 5% |
| Unknown | 223 | 7% | 10% | Am. Indian/Native Alaskan | 40 | 1% | 1% |
| Hispanic-Other | 105 | 3% | 7% | Asian | 14 | 0% | 1% |
| | | | | Hawaiian/Other Pacific Islander | 7 | 0% | 0% |
| Hispanic-Mexican | 18 | 1% | 1% | Multiple Races | 1 | 0% | 1% |
| Hispanic-Cuban | 13 | 0% | 0% | ' | | | |
| | Unique C | lients | State Avg | ▲ > 10% Over State Avg | > 10% \ | Inder St | cate Avg |

Reporting Period: July 2018 - June 2019 (Data as of Sep 16, 2019)

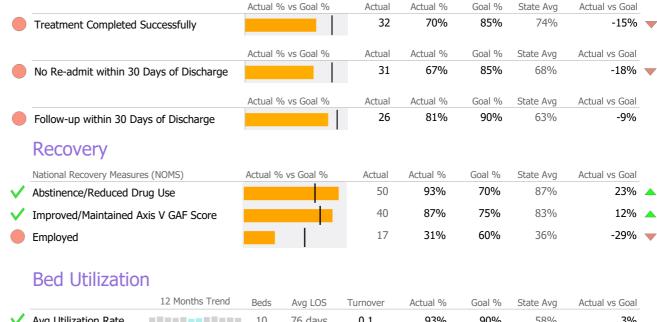
Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|----------------|--------|----------|------------|---|
| Unique Clients | 53 | 48 | 10% | • |
| Admits | 47 | 40 | 18% | • |
| Discharges | 46 | 41 | 12% | • |
| Bed Days | 3,412 | 2,772 | 23% | • |

Data Submission Quality



Discharge Outcomes



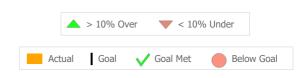


>110%

90-110%

< 90%

| | Ju | l Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | % Months Submitted |
|------------|------|-----------|----------|-----------|-------|-----|-----|-----|-----|-----|-----|-----|--------------------|
| Admissions | | | | | | | | | | | | | 100% |
| Discharges | | | | | | | | | | | | | 100% |
| | 1 or | more Reco | rds Subr | mitted to | DMHAS | 5 | | | | | | | |



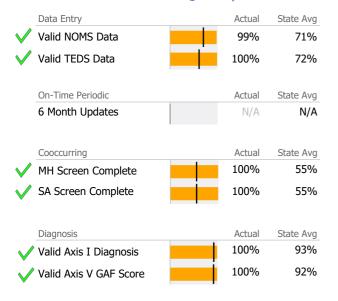
^{*} State Avg based on 11 Active Transitional/Halfway House 3.1 Programs

Reporting Period: July 2018 - June 2019 (Data as of Sep 16, 2019)

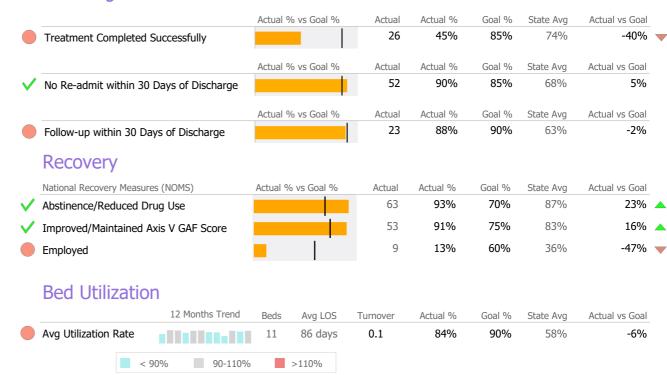
Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|----------------|--------|----------|------------|---|
| Unique Clients | 64 | 49 | 31% | • |
| Admits | 57 | 42 | 36% | • |
| Discharges | 58 | 40 | 45% | • |
| Bed Days | 3,367 | 3,742 | -10% | |

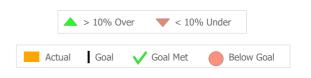
Data Submission Quality



Discharge Outcomes



| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | % Months Submitted |
|------------|---------|---------|----------|-----------|-------|-----|-----|-----|-----|-----|-----|-----|--------------------|
| Admissions | | | | | | | | | | | | | 100% |
| Discharges | | | | | | | | | | | | | 100% |
| | 1 or mo | re Reco | rds Subn | nitted to | DMHAS | | | | | | | | |

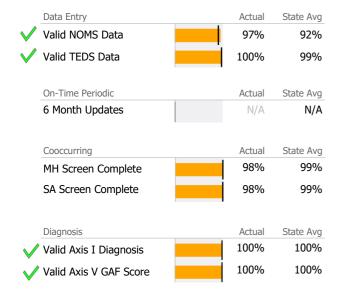


^{*} State Avg based on 11 Active Transitional/Halfway House 3.1 Programs

Program Activity

| Measure | Actual | 1 Yr Ago | Variance % |
|----------------|--------|----------|------------|
| Unique Clients | 904 | 921 | -2% |
| Admits | 1,209 | 1,264 | -4% |
| Discharges | 1,210 | 1,264 | -4% |
| Bed Days | 5,453 | 5,679 | -4% |

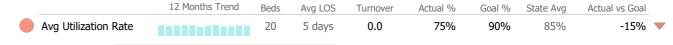
Data Submission Quality



Discharge Outcomes



Bed Utilization



>110%

90-110%

| | | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | % Months Submitted |
|------------|---|-------|-----------|---------|-----------|-------|-----|-----|-----|-----|-----|-----|-----|--------------------|
| Admissions | 5 | | | | | | | | | | | | | 100% |
| Discharges | ; | | | | | | | | | | | | | 100% |
| | 1 | or mo | ore Recor | ds Subn | nitted to | DMHAS | ; | | | | | | | |



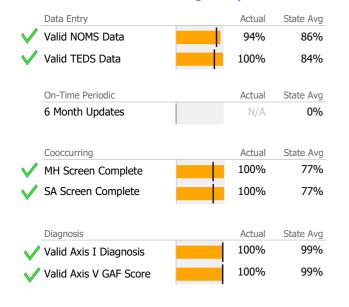
^{*} State Avg based on 9 Active Medically Monitored Detox 3.7D Programs

Reporting Period: July 2018 - June 2019 (Data as of Sep 16, 2019)

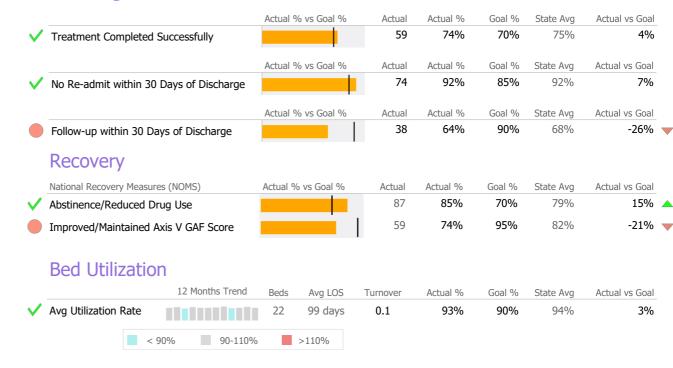
Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|----------------|--------|----------|------------|---|
| Unique Clients | 101 | 73 | 38% | • |
| Admits | 84 | 57 | 47% | • |
| Discharges | 80 | 55 | 45% | • |
| Bed Days | 7,461 | 5,924 | 26% | • |

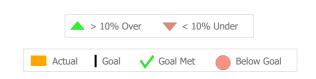
Data Submission Quality



Discharge Outcomes



| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | % Months Submitted |
|------------|---------|----------|----------|-----------|-------|-----|-----|-----|-----|-----|-----|-----|--------------------|
| Admissions | | | | | | | | | | | | | 100% |
| Discharges | | | | | | | | | | | | | 100% |
| | 1 or mo | ore Reco | rds Subn | nitted to | DMHAS | | | | | | | | |

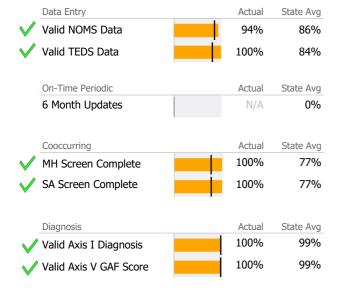


^{*} State Avg based on 30 Active Intermediate/Long Term Res.Tx 3.5 Programs

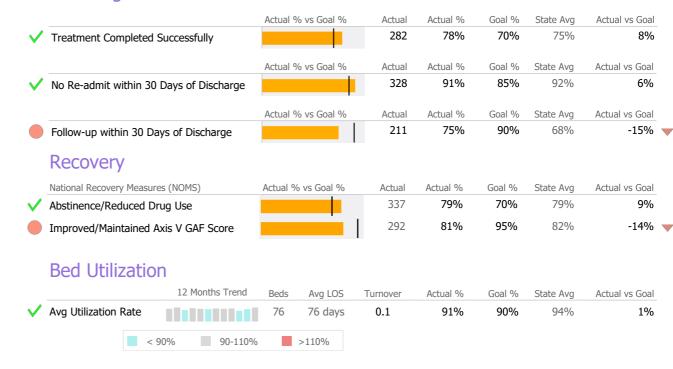
Program Activity

| Measure | Actual | 1 Yr Ago | Variance % |
|----------------|--------|----------|------------|
| Unique Clients | 415 | 453 | -8% |
| Admits | 357 | 393 | -9% |
| Discharges | 360 | 394 | -9% |
| Bed Days | 25,322 | 27,296 | -7% |

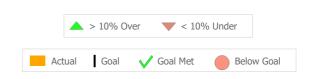
Data Submission Quality



Discharge Outcomes



| | | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | % Months Submitted |
|------------|---|-------|----------|---------|-----------|-------|-----|-----|-----|-----|-----|-----|-----|--------------------|
| Admissions | 5 | | | | | | | | | | | | | 100% |
| Discharges | 6 | | | | | | | | | | | | | 100% |
| | 1 | or mo | re Recor | ds Subm | nitted to | DMHAS | | | | | | | | |



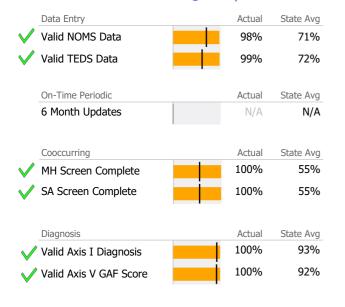
^{*} State Avg based on 30 Active Intermediate/Long Term Res.Tx 3.5 Programs

Addiction - Residential Services - Transitional/Halfway House 3.1

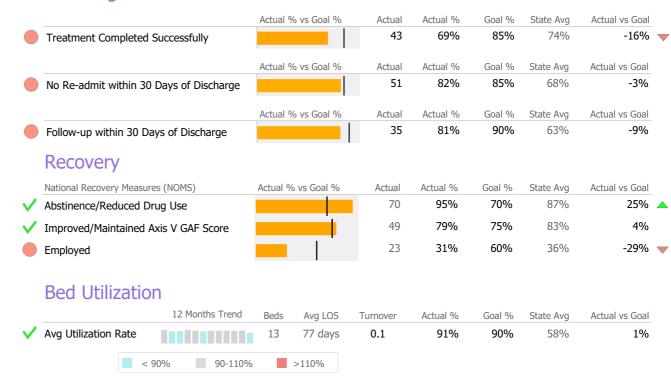
Program Activity

| Measure | Actual | 1 Yr Ago | Variance % |
|----------------|--------|----------|------------|
| Unique Clients | 73 | 75 | -3% |
| Admits | 62 | 64 | -3% |
| Discharges | 62 | 65 | -5% |
| Bed Davs | 4,323 | 4,506 | -4% |

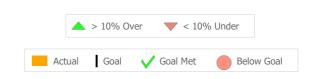
Data Submission Quality



Discharge Outcomes



| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | % Months Submitted |
|------------|---------|----------|----------|-----------|-------|-----|-----|-----|-----|-----|-----|-----|--------------------|
| Admissions | | | | | | | | | | | | | 100% |
| Discharges | | | | | | | | | | | | | 100% |
| | 1 or mo | ore Reco | rds Subn | nitted to | DMHAS | | | | | | | | |



^{*} State Avg based on 11 Active Transitional/Halfway House 3.1 Programs

Connecticut Dept of Mental Health and Addiction Services

Addiction - IOP - Standard IOP

Program Activity

| Measure | Actual | 1 Yr Ago | Variance % |
|------------------------------|--------|----------|---------------|
| Unique Clients | 218 | 121 | 80% 🔺 |
| Admits | 231 | 133 | 74% 🔺 |
| Discharges | 220 | 128 | 72% 🔺 |
| Service Hours | 16 | 56 | -72% ▼ |
| Social Rehab/PHP/IOP Days | 54,766 | 825 | 6538% |

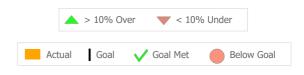
Data Submission Quality

| Data Entry | Actual | State Avg |
|---|--------|-----------|
| Valid NOMS Data | 89% | 95% |
| ✓ Valid TEDS Data | 100% | 97% |
| | | |
| On-Time Periodic | Actual | State Avg |
| ✓ 6 Month Updates | 0% | 0% |
| | | |
| Cooccurring | Actual | State Avg |
| | 0.00 | 010/ |
| ✓ MH Screen Complete | 96% | 91% |
| ✓ MH Screen Complete ✓ SA Screen Complete | 98% | 91% |
| • | | |
| • | | |
| SA Screen Complete | 98% | 91% |

Discharge Outcomes



| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | % Months Submitted |
|------------|--------|----------|----------|-----------|-------|-----|-----|-----|-----|-----|-----|-----|--------------------|
| Admissions | | | | | | | | | | | | | 100% |
| Discharges | | | | | | | | | | | | | 100% |
| Services | | | | | | | | | | | | | 50% |
| | 1 or m | ore Reco | rds Subr | nitted to | DMHAS | | | | | | | | |



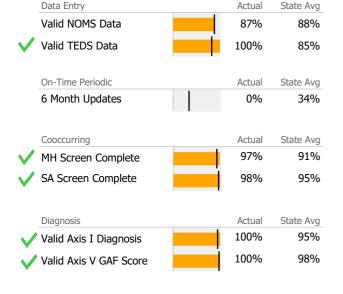
^{*} State Avg based on 51 Active Standard IOP Programs

Reporting Period: July 2018 - June 2019 (Data as of Sep 16, 2019)

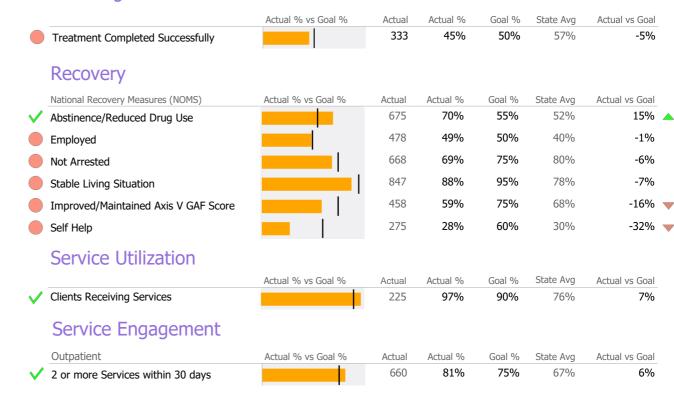
Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|----------------|--------|----------|------------|---|
| Unique Clients | 881 | 465 | 89% | • |
| Admits | 889 | 454 | 96% | • |
| Discharges | 737 | 429 | 72% | • |
| Service Hours | 8,335 | 3,701 | 125% | • |

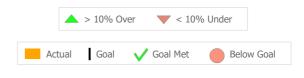
Data Submission Quality



Discharge Outcomes



| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | % Months Submitted |
|------------|---------|----------|----------|-----------|-------|-----|-----|-----|-----|-----|-----|-----|--------------------|
| Admissions | | | | | | | | | | | | | 100% |
| Discharges | | | | | | | | | | | | | 100% |
| Services | | | | | | | | | | | | | 50% |
| | 1 or mo | ore Reco | rds Subn | nitted to | DMHAS | | | | | | | | |



^{*} State Avg based on 116 Active Standard Outpatient Programs

Addiction - IOP - Standard IOP

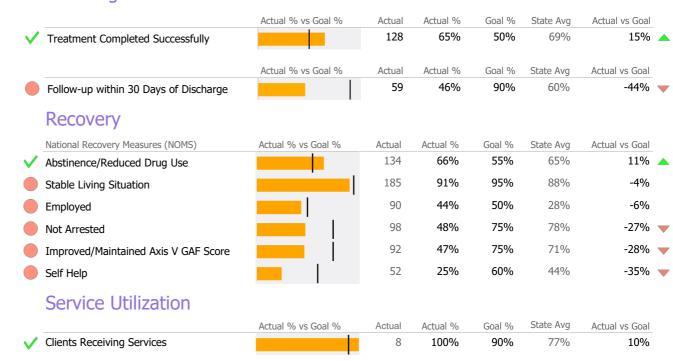
Program Activity

| Measure | Actual | 1 Yr Ago | Variance % |
|------------------------------|--------|----------|---------------|
| Unique Clients | 188 | 306 | -39% ▼ |
| Admits | 185 | 316 | -41% ▼ |
| Discharges | 196 | 310 | -37% ▼ |
| Service Hours | 19 | 165 | -89% ▼ |
| Social Rehab/PHP/IOP Days | 37,037 | 1,931 | 1818% |

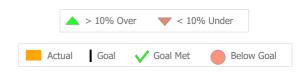
Data Submission Quality

| Data Entry | Actual | State Avg |
|----------------------|---------------|-----------|
| Valid NOMS Data | 84% | 95% |
| ✓ Valid TEDS Data | 99% | 97% |
| On-Time Periodic | Actual | State Avg |
| 6 Month Updates | N/A | 0% |
| | | |
| Cooccurring | Actual | State Avg |
| MH Screen Complete | 89% | 91% |
| | | |
| ✓ SA Screen Complete | 93% | 91% |
| | 93% | |
| | 93% Actual | |
| SA Screen Complete | | 91% |

Discharge Outcomes



| | | | | | | \sim , . | | | | | | | |
|------------|---------|----------|---------|-----------|-------|------------|-----|-----|-----|-----|-----|-----|--------------------|
| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | % Months Submitted |
| Admissions | | | | | | | | | | | | | 100% |
| Discharges | | | | | | | | | | | | | 100% |
| Services | | | | | | | | | | | | | 58% |
| | 1 or mo | re Recor | ds Subr | nitted to | DMHAS | 5 | | | | | | | |



^{*} State Avg based on 51 Active Standard IOP Programs

Reporting Period: July 2018 - June 2019 (Data as of Sep 16, 2019)

Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|----------------|--------|----------|------------|---|
| Unique Clients | 473 | 426 | 11% | • |
| Admits | 466 | 407 | 14% | • |
| Discharges | 407 | 403 | 1% | |
| Service Hours | 3,966 | 3,199 | 24% | • |

Data Submission Quality

| | Data Entry | Actual | State Avg |
|----------|------------------------|--------|-----------|
| | Valid NOMS Data | 84% | 88% |
| \ | Valid TEDS Data | 99% | 85% |
| | On-Time Periodic | Actual | State Avg |
| | 6 Month Updates | 17% | 34% |
| | | | |
| | Cooccurring | Actual | State Avg |
| | MH Screen Complete | 84% | 91% |
| | SA Screen Complete | 86% | 95% |
| | | | |
| | Diagnosis | Actual | State Avg |
| / | Valid Axis I Diagnosis | 100% | 95% |
| / | Valid Axis V GAF Score | 100% | 98% |
| | | | |

Discharge Outcomes

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|--------------------------------------|--------------------|--------|----------|--------|-----------|----------------|---|
| Treatment Completed Successfully | | 196 | 48% | 50% | 57% | -2% | |
| Recovery | | | | | | | |
| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
| Abstinence/Reduced Drug Use | | 363 | 69% | 55% | 52% | 14% | 4 |
| Employed | | 258 | 49% | 50% | 40% | -1% | |
| Stable Living Situation | | 457 | 87% | 95% | 78% | -8% | |
| Not Arrested | | 319 | 61% | 75% | 80% | -14% | , |
| Improved/Maintained Axis V GAF Score | | 219 | 53% | 75% | 68% | -22% | , |
| Self Help | | 116 | 22% | 60% | 30% | -38% | , |
| Service Utilization | | | | | | | |
| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
| Clients Receiving Services | | 114 | 96% | 90% | 76% | 6% | |
| Service Engagement | | | | | | | |
| Outpatient | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
| 2 or more Services within 30 days | | 361 | 85% | 75% | 67% | 10% | |

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | % Months Submitted |
|------------|---------|----------|----------|-----------|-------|-----|-----|-----|-----|-----|-----|-----|--------------------|
| Admissions | | | | | | | | | | | | | 100% |
| Discharges | | | | | | | | | | | | | 100% |
| Services | | | | | | | | | | | | | 67% |
| | 1 or mo | ore Reco | rds Subn | nitted to | DMHAS | | | | | | | | |



^{*} State Avg based on 116 Active Standard Outpatient Programs

Post-Release Transitional Forensic Case Management SCADD

Forensic SA - Case Management - Standard Case Management

Connecticut Dept of Mental Health and Addiction Services Program Quality Dashboard

Reporting Period: July 2018 - June 2019 (Data as of Sep 16, 2019)

Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|----------------|--------|----------|------------|---|
| Unique Clients | 67 | 50 | 34% | • |
| Admits | 64 | 37 | 73% | • |
| Discharges | 51 | 46 | 11% | • |
| Service Hours | 721 | 447 | 61% | • |

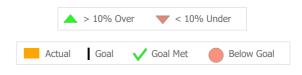
Data Submission Quality

| Data Entry | Actual | State Avg |
|-------------------|--------|-----------|
| ✓ Valid NOMS Data | 99% | 98% |
| | • | |
| On-Time Periodic | Actual | State Avg |
| 6 Month Updates | 0% | 8% |

Discharge Outcomes



| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | % Months Submitted |
|------------|--------|----------|----------|-----------|-------|-----|-----|-----|-----|-----|-----|-----|--------------------|
| Admissions | | | | | | | | | | | | | 100% |
| Discharges | | | | | | | | | | | | | 100% |
| Services | | | | | | | | | | | | | 58% |
| | 1 or m | ore Reco | rds Subr | nitted to | DMHAS | 5 | | | | | | | |



^{*} State Avg based on 8 Active Standard Case Management Programs

Pre-Release Transitional Forensic Case Management SCADD

Forensic SA - Case Management - Standard Case Management

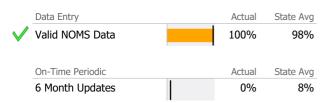
Connecticut Dept of Mental Health and Addiction Services Program Quality Dashboard

Reporting Period: July 2018 - June 2019 (Data as of Sep 16, 2019)

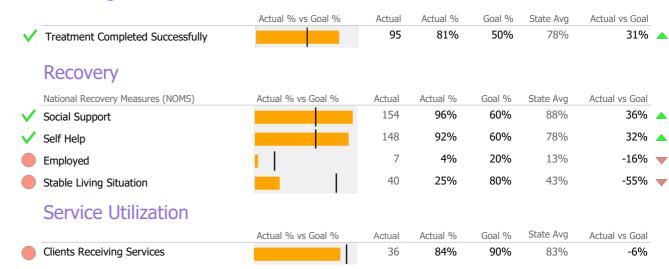
Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|----------------|--------|----------|------------|---|
| Unique Clients | 158 | 100 | 58% | • |
| Admits | 141 | 78 | 81% | • |
| Discharges | 117 | 83 | 41% | • |
| Service Hours | 123 | 258 | -52% | • |

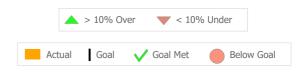
Data Submission Quality



Discharge Outcomes



| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | % Months Submitted |
|------------|---------|----------|----------|-----------|-------|-----|-----|-----|-----|-----|-----|-----|--------------------|
| Admissions | | | | | | | | | | | | | 100% |
| Discharges | | | | | | | | | | | | | 100% |
| Services | | | | | | | | | | | | | 58% |
| | 1 or me | oro Poco | rde Suhn | nitted to | DMHVC | | | | | | | | |



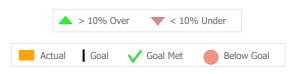
^{*} State Avg based on 8 Active Standard Case Management Programs

Reporting Period: July 2018 - June 2019 (Data as of Sep 16, 2019)

Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|----------------|--------|----------|------------|---|
| Unique Clients | 439 | 547 | -20% | • |
| Admits | 270 | 343 | -21% | • |
| Discharges | 280 | 380 | -26% | • |

| Data . | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | % Months Submitted |
|------------|---------|-----------|---------|-----------|-------|-----|-----|-----|-----|-----|-----|-----|--------------------|
| Admissions | | | | | | | | | | | | | 100% |
| Discharges | | | | | | | | | | | | | 100% |
| | 1 or mo | ore Recor | ds Subi | mitted to | DMHAS | 5 | | | | | | | |



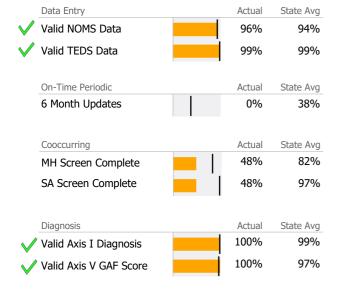
^{*} State Avg based on 15 Active Pre-trial Intervention Programs Programs

| | | - | , | | |
|------|------|-------|-----------|----|------|
| Juno | 2010 | (Data | ac of Son | 16 | 2010 |

Program Activity

| Measure | Actual | 1 Yr Ago | Variance % |
|----------------|--------|----------|------------|
| Unique Clients | 21 | | |
| Admits | 21 | - | |
| Discharges | 4 | - | |
| Service Hours | 11 | _ | |

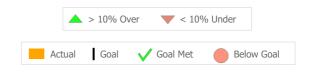
Data Submission Quality



Discharge Outcomes



| Data | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | % Months Submitted |
|------------|--------|------------|---------|-------------|-------|-----|-----|-----|-----|-----|-----|-----|--------------------|
| Admissions | | | | | | | | | | | | | 50% |
| Discharges | | | | | | | | | | | | | 17% |
| Services | | | | | | | | | | | | | 0% |
| | 1 or n | nore Recor | ds Subm | nitted to I | DMHAS | | | | | | | | |



^{*} State Avg based on 23 Active Buprenorphine Maintenance Programs

Data Entry

Valid NOMS Data

Addiction - Medication Assisted Treatment - Buprenorphine Maintenance

N/A

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard

Reporting Period: July 2018 - June 2019 (Data as of Sep 16, 2019)

Program Activity

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

Data Submission Quality

| Valid TEDS Data | | N/A | 99% |
|--------------------|----------|--------|-----------|
| On-Time Periodic | | Actual | State Avg |
| 6 Month Updates | | N/A | 38% |
| | | | |
| Cooccurring | | Actual | State Avg |
| MH Screen Complete | | N/A | 82% |
| SA Screen Complete | <u> </u> | N/A | 97% |

Discharge Outcomes

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|--------------------------------------|--------------------|--------|----------|--------|-----------|----------------|---|
| Treatment Completed Successfully | | N/A | N/A | 50% | 52% | N/A | |
| Recovery | | | | | | | |
| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
| Abstinence/Reduced Drug Use | | N/A | N/A | 55% | 61% | -55% | |
| Employed | ľ | N/A | N/A | 50% | 35% | -50% | |
| Improved/Maintained Axis V GAF Score | | N/A | N/A | 75% | 57% | -75% | |
| Not Arrested | i | N/A | N/A | 75% | 89% | -75% | |
| Self Help | 1 | N/A | N/A | 60% | 32% | -60% | |
| Stable Living Situation | · I | N/A | N/A | 95% | 88% | -95% | _ |
| Service Utilization | | | | | | | |
| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
| Clients Receiving Services | | N/A | N/A | 90% | 67% | N/A | |

Data Submitted to DMHAS by Month

Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun % Months Submitted

Admissions

Discharges

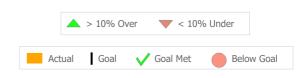
Oct Nov Dec Jan Feb Mar Apr May Jun % Months Submitted

0%

1 or more Records Submitted to DMHAS

State Avg

94%



^{*} State Avg based on 23 Active Buprenorphine Maintenance Programs

Valid NOMS Data

Connecticut Dept of Mental Health and Addiction Services Program Quality Dashboard

Reporting Period: July 2018 - June 2019 (Data as of Sep 16, 2019)

Program Activity

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

Data Submission Quality

| Valid TEDS Data | I | N/A | 99% |
|--------------------|---|--------|-----------|
| On-Time Periodic | | Actual | State Avg |
| 6 Month Updates | | N/A | 23% |
| | | | |
| Cooccurring | | Actual | State Avg |
| MH Screen Complete | | N/A | 84% |
| SA Screen Complete | • | N/A | 100% |

Discharge Outcomes

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|--------------------------------------|--------------------|--------|----------|--------|-----------|----------------|
| Treatment Completed Successfully | | N/A | N/A | 50% | 61% | N/A |
| Recovery | | | | | | |
| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
| Abstinence/Reduced Drug Use | | N/A | N/A | 55% | 58% | -55% |
| Employed | ľ | N/A | N/A | 50% | 21% | -50% |
| Improved/Maintained Axis V GAF Score | · 1 | N/A | N/A | 75% | 72% | -75% |
| Not Arrested | ĺ | N/A | N/A | 75% | 79% | -75% |
| Self Help | | N/A | N/A | 60% | 39% | -60% |
| Stable Living Situation | | N/A | N/A | 95% | 81% | -95% |
| Service Utilization | | | | | | |
| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
| Clients Receiving Services | | N/A | N/A | 90% | 62% | N/A |

Data Submitted to DMHAS by Month

Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun % Months Submitted

Admissions

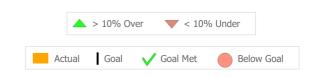
Discharges

1 or more Records Submitted to DMHAS

State Avg

80%

N/A



^{*} State Avg based on 8 Active Naltrexone Programs

Services

1 or more Records Submitted to DMHAS

Forensic SA - Forensics Community-based - Court Liaison-Jail Diversion

Connecticut Dept of Mental Health and Addiction Services Program Quality Dashboard

* State Avg based on 4 Active Court Liaison-Jail Diversion Programs

Reporting Period: July 2018 - June 2019 (Data as of Sep 16, 2019)

Program Activity Service Utilization Actual % vs Goal % Actual Actual % Goal % State Avg Actual vs Goal Variance % Measure Actual 1 Yr Ago Clients Receiving Services 3% 90% 42% -87% 151 57 165% Unique Clients 126% Admits 129 57 96 27 256% Discharges Service Hours 6 Jail Diversion Actual % vs Goal % Goal % Actual Actual % State Avg Actual vs Goal Follow-up Service within 48 hours 0% 0% 0% 0% Data Submitted to DMHAS by Month Sep Dec % Months Submitted Feb Mar Jun > 10% Over < 10% Under</p> Admissions 100% 100% Discharges Actual Goal ✓ Goal Met Below Goal

0%