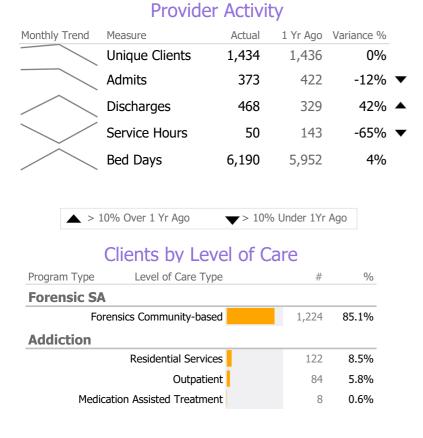
#### **Connecticut Renaissance Inc.**

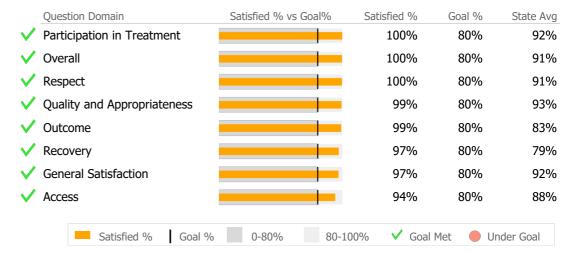
Shelton, CT

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

Reporting Period: July 2019 - September 2019 (Data as of Dec 27, 2019)



#### Consumer Satisfaction Survey (Based on 284 FY19 Surveys)



#### **Client Demographics**

Age

18-25

26-34

35-44

45-54 | 55-64 | 65+ |

Ethnicity Non-Hispanic Hispanic-Other Hisp-Puerto Rican

Unknown Hispanic-Cuban Hispanic-Mexican

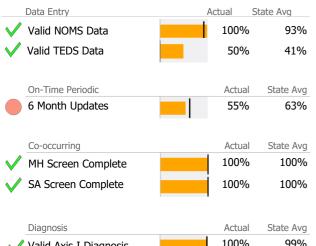
|          | #        | %      | State Avg    | Gender                          |   | #       | %       | State Avg    |
|----------|----------|--------|--------------|---------------------------------|---|---------|---------|--------------|
|          | 335      | 23%    | <b>▲</b> 9%  | Male                            |   | 1,124   | 79%     | <b>▲</b> 59% |
|          | 424      | 30%    | 22%          | Female                          |   | 307     | 21%     | <b>▼</b> 41% |
|          | 273      | 19%    | 21%          | Transgender                     |   |         |         | 0%           |
| Í        | 223      | 16%    | 20%          |                                 |   |         |         |              |
|          | 132      | 9%     | <b>▼</b> 20% |                                 |   |         |         |              |
| l        | 43       | 3%     | 7%           | Race                            |   | #       | %       | State Avg    |
|          |          |        |              | White/Caucasian                 |   | 1,044   | 73%     | 64%          |
|          | #        | %      | State Avg    | Black/African American          |   | 273     | 19%     | 16%          |
|          | 950      | 66%    | 71%          | Other                           |   | 55      | 4%      | 13%          |
| <u> </u> | 419      | 29%    | ▲ 7%         | Asian                           |   | 30      | 2%      | 1%           |
| I I      | 35       | 2%     | 12%          | Unknown                         |   | 23      | 2%      | 5%           |
| 1<br>1   | 24       | 2%     | 9%           | Hawaiian/Other Pacific Islander |   | 4       | 0%      | 0%           |
| I        |          |        |              | Am. Indian/Native Alaskan       |   | 3       | 0%      | 1%           |
|          | 3        | 0%     | 0%           | Multiple Races                  |   | 2       | 0%      | 1%           |
|          | 3        | 0%     | 1%           |                                 |   |         |         |              |
|          |          |        |              |                                 |   |         |         |              |
|          | Unique C | lients | State Avg    | > 10% Over State Avg            | ▼ | > 10% U | nder St | tate Avg     |

Reporting Period: July 2019 - September 2019 (Data as of Dec 27, 2019)

### **Program Activity**

| Measure        | Actual | 1 Yr Ago | Variance % |
|----------------|--------|----------|------------|
| Unique Clients | 14     | 11       | 27% 🔺      |
| Admits         | 3      | -        |            |
| Discharges     | -      | -        |            |
| Service Hours  | 50     | 41       | 21% 🔺      |

# Data Submission Quality

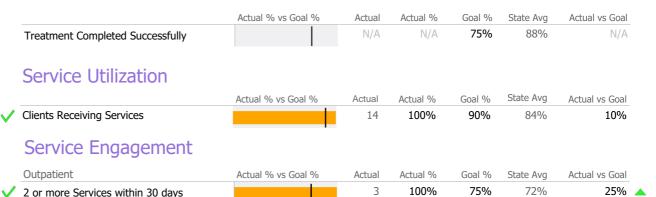


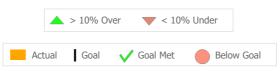
| Diagnosis              | Actual | State Avy |
|------------------------|--------|-----------|
| Valid Axis I Diagnosis | 100%   | 99%       |
| Valid Axis V GAF Score | 100%   | 96%       |

# Data Submitted to DMHAS by Month

|                                      |   | JUI | Aug | Sep | % Months Submitted |
|--------------------------------------|---|-----|-----|-----|--------------------|
| Admission                            | S |     |     |     | 67%                |
| Discharges                           | 5 |     |     |     | 0%                 |
| Services                             |   |     |     |     | 33%                |
| 1 or more Records Submitted to DMHAS |   |     |     |     |                    |

#### Discharge Outcomes





\* State Avg based on 6 Active Gambling Outpatient Programs

# **Program Activity**

| Measure        | Actual | 1 Yr Ago | Variance % |  |
|----------------|--------|----------|------------|--|
| Unique Clients | 12     | 6        | 100% 🔺     |  |
| Admits         | -      | 1        | -100% 🔻    |  |
| Discharges     | -      | -        |            |  |
| Service Hours  | -      | 22       | -100% 🔻    |  |

# Data Submission Quality

| Data Entry         | <br>Actual | State Avg   |
|--------------------|------------|-------------|
| Valid NOMS Data    | N/A        | 93%         |
| Valid TEDS Data    | N/A        | 41%         |
|                    |            |             |
| On-Time Periodic   | Actua      | I State Avg |
| 6 Month Updates    | 0%         | 63%         |
|                    |            |             |
| Co-occurring       | Actua      | I State Avg |
| MH Screen Complete | N/A        | 100%        |
| SA Screen Complete | N/A        | 100%        |
|                    |            |             |

| Diagnosis              | Actual | State Avg |
|------------------------|--------|-----------|
| Valid Axis I Diagnosis | 100%   | 99%       |
| Valid Axis V GAF Score | 92%    | 96%       |

# Data Submitted to DMHAS by Month

|            |   | 5 611   | ,         | 000     | 70 11011010 00001110000 |
|------------|---|---------|-----------|---------|-------------------------|
| Admission  | S |         |           |         | 0%                      |
| Discharges |   |         |           | 0%      |                         |
| Services   |   |         |           |         | 33%                     |
|            |   | 1 or mo | ore Recor | ds Subn | nitted to DMHAS         |

### Discharge Outcomes

|                                  | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|----------------------------------|--------------------|--------|----------|--------|-----------|----------------|
| Treatment Completed Successfully |                    | N/A    | N/A      | 75%    | 88%       | N/A            |
| Service Utilization              |                    |        |          |        |           |                |
|                                  | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
| Clients Receiving Services       |                    | 0      | 0%       | 90%    | 84%       | N/A            |
|                                  |                    |        |          |        |           |                |

| Outpatient                        | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|-----------------------------------|--------------------|--------|----------|--------|-----------|----------------|
| 2 or more Services within 30 days |                    | 0      | 0%       | 75%    | 72%       | -75% 🔻         |

|     |      | > 10% 0 | ver  | < 10%   | 6 Under |        |
|-----|------|---------|------|---------|---------|--------|
| Act | tual | Goal    | V Go | oal Met | Belo    | w Goal |
|     |      |         |      |         |         |        |

\* State Avg based on 6 Active Gambling Outpatient Programs

#### McAuliffe Center 301752

Connecticut Renaissance Inc.

Addiction - Residential Services - SA Intensive Residential - Enhanced

Connecticut Dept of Mental Health and Addiction Services Program Quality Dashboard

Reporting Period: July 2019 - September 2019 (Data as of Dec 27, 2019)

### **Program Activity**

| Measure        | Actual | 1 Yr Ago | Variance % |
|----------------|--------|----------|------------|
| Unique Clients | 40     | 55       | -27%       |
| Admits         | 21     | 39       | -46%       |
| Discharges     | 20     | 38       | -47%       |
| Bed Days       | 1,709  | 1,646    | 4%         |

# Data Submission Quality

| Data Entry           | Actual S | tate Avg  |
|----------------------|----------|-----------|
| Valid NOMS Data      | 80%      | 97%       |
| Valid TEDS Data      | 100%     | 98%       |
|                      |          |           |
| On-Time Periodic     | Actual   | State Avg |
| 6 Month Updates      | 0%       | 0%        |
|                      |          |           |
| Co-occurring         | Actual   | State Avg |
| V MH Screen Complete | 100%     | 100%      |
| V SA Screen Complete | 100%     | 100%      |
|                      |          |           |
| Diagnosis            | Actual   | State Avg |

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

# Data Submitted to DMHAS by Month

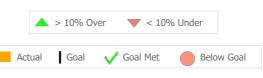
|                                      | Jui | Aug | Seb | 70 MONTHS Submitted |  |  |
|--------------------------------------|-----|-----|-----|---------------------|--|--|
| Admissions                           |     |     |     | 67%                 |  |  |
| Discharges                           |     |     |     | 67%                 |  |  |
| 1 or more Records Submitted to DMHAS |     |     |     |                     |  |  |

### **Discharge Outcomes**

|   | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|--------------------|--------|----------|--------|-----------|----------------|
| Treatment Completed Successfully        |                    | 15     | 75%      | 50%    | 81%       | 25%            |
|   | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
| No Re-admit within 30 Days of Discharge |                    | 20     | 100%     | 85%    | 87%       | 15%            |
|   | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
| Follow-up within 30 Days of Discharge   |                    | 13     | 87%      | 90%    | 78%       | -3%            |
| Recovery                                |                    |        |          |        |           |                |
| National Recovery Measures (NOMS)       | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
| Abstinence/Reduced Drug Use             |                    | 22     | 55%      | 70%    | 73%       | -15%           |
| Improved/Maintained Axis V GAF Score    | 1                  | 0      | 0%       | 75%    | 86%       | -75%           |

#### **Bed Utilization**

|              |                   |       | 12 Months Trend | Beds | Avg LOS | Turnover | Actual % | Goal % | State Avg | Actual vs Goal |
|--------------|-------------------|-------|-----------------|------|---------|----------|----------|--------|-----------|----------------|
| $\checkmark$ | Avg Utilization F | Rate  |                 | 20   | 65 days | 0.5      | 93%      | 90%    | 93%       | 3%             |
|              |                   | < 90% | 90-110%         | 6    | >110%   |          |          |        |           |                |



\* State Avg based on 4 Active SA Intensive Residential - Enhanced Programs

## **Program Activity**

| Measure        | Actual | 1 Yr Ago | Variance % |  |
|----------------|--------|----------|------------|--|
| Unique Clients | 58     | 67       | -13% 🔻     |  |
| Admits         | 12     | 38       | -68% 🔻     |  |
| Discharges     | 7      | 39       | -82% 🔻     |  |
| Service Hours  | -      | 56       | -100% 🔻    |  |

# Data Submission Quality

| Data Entry           | Actual S | tate Avg  |
|----------------------|----------|-----------|
| Valid NOMS Data      | 76%      | 92%       |
| Valid TEDS Data      | 89%      | 90%       |
| On-Time Periodic     | Actual   | State Avg |
| 6 Month Updates      | 0%       | 31%       |
| Co-occurring         | Actual   | State Avg |
| V MH Screen Complete | 100%     | 91%       |
| V SA Screen Complete | 100%     | 97%       |
|                      |          |           |
| Diagnosis            | Actual   | State Ava |

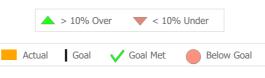
| Diagnosis              | Actual | State Avg |
|------------------------|--------|-----------|
| Valid Axis I Diagnosis | 100%   | 99%       |
| Valid Axis V GAF Score | 100%   | 97%       |

# Data Submitted to DMHAS by Month

|            | Jui    | Aug                                  | JCP | 70 Pionens Submitteeu |  |  |  |
|------------|--------|--------------------------------------|-----|-----------------------|--|--|--|
| Admission  | 5      |                                      |     | 67%                   |  |  |  |
| Discharges | 6      |                                      |     | 100%                  |  |  |  |
| Services   |        |                                      |     | 33%                   |  |  |  |
|            | 1 or r | 1 or more Records Submitted to DMHAS |     |                       |  |  |  |

## Discharge Outcomes

| waster ant Completed Cuses of ully  |   |  |  |  | State Avg  | Actual vs Goal   |  |
|-------------------------------------|---|--|--|--|--|--|--|
| reatment Completed Successfully     |   | 5  | 71%  | 50%  | 54%  | 21%  |  |
| Recovery                            |   |  |  |  |  |  |  |
| ational Recovery Measures (NOMS)    | Actual % vs Goal %  | Actual   | Actual %   | Goal %   | State Avg  | Actual vs Goal   |  |
| ot Arrested                         |   | 52   | 90%  | 75%  | 79%  | 15%  |  |
| mployed                             |   | 31   | 53%  | 50%  | 40%  | 3%   |  |
| table Living Situation              | · · ·   | 52   | 90%  | 95%  | 78%  | -5%  |  |
| bstinence/Reduced Drug Use          |   | 26   | 45%  | 55%  | 48%  | -10%   |  |
| elf Help                            | I   | 0  | 0%   | 60%  | 28%  | -60%   |  |
| nproved/Maintained Axis V GAF Score |   | 0  | 0%   | 75%  | 47%  | -75%   |  |
| Service Utilization                 |   |  |  |  |  |  |  |
|                                     | Actual % vs Goal %  | Actual   | Actual %   | Goal %   | State Avg  | Actual vs Goal   |  |
| lients Receiving Services           |   | 0  | 0%   | 90%  | 59%  | N/A  |  |
| Service Engagement                  |   |  |  |  |  |  |  |
| Jutpatient                          | Actual % vs Goal %  | Actual   | Actual %   | Goal %   | State Avg  | Actual vs Goal   |  |
| or more Services within 30 days     |   | 0  | 0%   | 75%  | 67%  | -75%   |  |
|                                     |   |  |  |  |  |  |  |
|                                     | ational Recovery Measures (NOMS)<br>ot Arrested<br>mployed<br>table Living Situation<br>bstinence/Reduced Drug Use<br>elf Help<br>mproved/Maintained Axis V GAF Score<br><b>Service Utilization</b><br>lients Receiving Services<br><b>Service Engagement</b><br>mutpatient | ational Recovery Measures (NOMS) Actual % vs Goal %   ot Arrested Imployed   mployed Imployed   table Living Situation Imployed   bstinence/Reduced Drug Use Imployed   elf Help Imployed   nproved/Maintained Axis V GAF Score Imployed   Service Utilization Actual % vs Goal %   Hients Receiving Services Imployed   Service Engagement Imployed   mutpatient Actual % vs Goal % | ational Recovery Measures (NOMS) Actual % vs Goal % Actual   ot Arrested 52   mployed 31   table Living Situation 52   bstinence/Reduced Drug Use 26   elf Help 0   mproved/Maintained Axis V GAF Score 0   Cervice Utilization Actual % vs Goal % Actual   Itents Receiving Services 0   Service Engagement 0   utpatient Actual % vs Goal % Actual | ational Recovery Measures (NOMS) Actual % vs Goal % Actual %   ot Arrested 52 90%   mployed 31 53%   table Living Situation 52 90%   bstinence/Reduced Drug Use 26 45%   elf Help 0 0%   nproved/Maintained Axis V GAF Score 0 0%   Actual % vs Goal % Actual %   Actual % vs Goal % Actual %   Actual % vs Goal % Actual %   Service Utilization   Actual % vs Goal % Actual %   Betweet Services   O 0%   Actual % vs Goal % Actual %   Dervice Engagement   Patient   Actual % vs Goal % Actual % | ational Recovery Measures (NOMS) Actual % vs Goal % Actual % Actual % Goal %   ot Arrested 52 90% 75%   mployed 31 53% 50%   table Living Situation 52 90% 95%   bstinence/Reduced Drug Use 26 45% 55%   elf Help 0 0% 60%   nproved/Maintained Axis V GAF Score 0 0% 75%   Actual % vs Goal % Actual % Goal %   Actual % vs Goal % Actual % Goal %   Official Services   Actual % vs Goal % Actual % Goal %   Official Services   Actual % vs Goal % Actual % Goal %   Official Services   Actual % vs Goal % Actual % Goal %   Official Services   Actual % vs Goal % Actual % Goal %   Official Services   Official Service Soal % Actual % Actual % Goal %   Official Service Soal % Actual % Actual | ational Recovery Measures (NOMS) Actual % vs Goal % Actual % Actual % Goal % State Avg   ot Arrested 52 90% 75% 79%   mployed 31 53% 50% 40%   table Living Situation 52 90% 95% 78%   bstinence/Reduced Drug Use 26 45% 55% 48%   elf Help 0 0% 60% 28%   mproved/Maintained Axis V GAF Score 0 0% 75% 47%   Actual % vs Goal % Actual % Goal % State Avg   bients Receiving Services 0 0% 0% 55% 55%   State Avg   bients Receiving Services 0 0% 90% 55%   State Avg   Utpatient   Actual % vs Goal % Actual % Goal % State Avg   Of 0% 90% 59%   Of 0% 90% 59%   Of 0% 90% 59%   Actual % vs Goal % Actual % | ational Recovery Measures (NOMS) Actual % vs Goal % Actual % Actual % Goal % State Avg Actual vs Goal   ot Arrested 52 90% 75% 79% 15%   mployed 31 53% 50% 40% 3%   table Living Situation 52 90% 95% 78% -5%   bstinence/Reduced Drug Use 26 45% 55% 48% -10%   elf Help 0 0% 60% 28% -60%   mproved/Maintained Axis V GAF Score 0 0% 75% 47% -75%   Service Utilization   Actual % vs Goal % Actual % Goal % State Avg Actual vs Goal   Measures (NOMS)   Actual % vs Goal % Actual % Goal % State Avg Actual vs Goal   Measures (NOMS)   Actual % vs Goal % Actual % Goal % State Avg Actual vs Goal   Measures (Nomes) Actual % vs Goal % Actual % Goal % State Avg Actual vs Goal   Measures ( |



\* State Avg based on 113 Active Standard Outpatient Programs

### **Program Activity**

| Measure        | Actual | 1 Yr Ago | Variance % |
|----------------|--------|----------|------------|
| Unique Clients | 1,224  | 1,175    | 4%         |
| Admits         | 302    | 267      | 13% 🔺      |
| Discharges     | 406    | 195      | 108% 🔺     |

## Data Submitted to DMHAS by Month

|            |   | Jui                                  | Aug | Sep | % Months Submitted |  |  |
|------------|---|--------------------------------------|-----|-----|--------------------|--|--|
| Admissions | 5 |                                      |     |     | 100%               |  |  |
| Discharges | 5 |                                      |     |     | 100%               |  |  |
|            |   | 1 or more Records Submitted to DMHAS |     |     |                    |  |  |

|        | > 10% 0\ | ver 🔻 < 10% | 6 Under    |
|--------|----------|-------------|------------|
| Actual | Goal     | 🗸 Goal Met  | Below Goal |

\* State Avg based on 16 Active Pre-trial Intervention Programs Programs

Connecticut Renaissance Inc.

Addiction - Residential Services - Intermediate/Long Term Res.Tx 3.5

Connecticut Dept of Mental Health and Addiction Services Program Quality Dashboard

Reporting Period: July 2019 - September 2019 (Data as of Dec 27, 2019)

## **Program Activity**

| Measure        | Actual | 1 Yr Ago | Variance % |   |
|----------------|--------|----------|------------|---|
| Unique Clients | 82     | 106      | -23%       | • |
| Admits         | 35     | 62       | -44%       | • |
| Discharges     | 35     | 53       | -34%       | • |
| Bed Days       | 4,481  | 4,306    | 4%         |   |

# Data Submission Quality

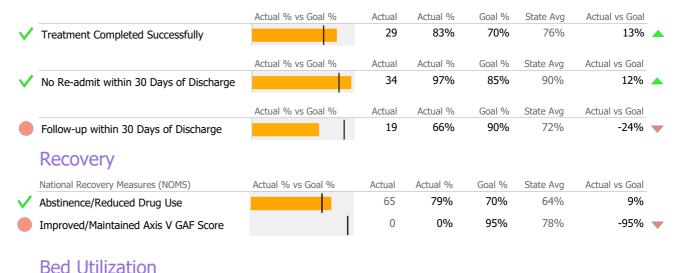
| Data Entry           | Actual | State Avg   |
|----------------------|--------|-------------|
| Valid NOMS Data      | 77%    | 83%         |
| Valid TEDS Data      | 100%   | 90%         |
|                      | ·      |             |
| On-Time Periodic     | Actua  | I State Avg |
| 6 Month Updates      | 0%     | 0%          |
| Co-occurring         | Actua  | I State Avg |
| MH Screen Complete   | 100%   | o 77%       |
| V SA Screen Complete | 100%   | o 78%       |
|                      |        |             |



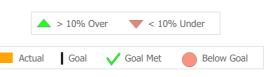
### Data Submitted to DMHAS by Month

|            | Jui     | Aug       | Sep     | % Months Submitted |
|------------|---------|-----------|---------|--------------------|
| Admissions |         |           |         | 67%                |
| Discharges |         |           |         | 100%               |
|            | 1 or mo | ore Recor | ds Subr | nitted to DMHAS    |

### Discharge Outcomes



|              |                      | 12 Months Trend | Beds | Avg LOS  | Turnover | Actual % | Goal % | State Avg | Actual vs Goal |
|--------------|----------------------|-----------------|------|----------|----------|----------|--------|-----------|----------------|
| $\checkmark$ | Avg Utilization Rate |                 | 50   | 202 days | 0.6      | 97%      | 90%    | 99%       | 7%             |
|              | -                    | < 90% 90-110%   |      | >110%    |          |          |        |           |                |



\* State Avg based on 28 Active Intermediate/Long Term Res.Tx 3.5 Programs

Reporting Period: July 2019 - September 2019 (Data as of Dec 27, 2019)

# **Program Activity**

| Measure        | Actual | 1 Yr Ago | Variance % |   |
|----------------|--------|----------|------------|---|
| Unique Clients | 8      | 18       | -56%       | ▼ |
| Admits         | -      | 15       | -100%      | ▼ |
| Discharges     | -      | 3        | -100%      | ▼ |
| Service Hours  | -      | 24       | -100%      | ▼ |

# Data Submission Quality

| Data Entry         | A | ctual S | State Avg |
|--------------------|---|---------|-----------|
| Valid NOMS Data    |   | N/A     | 93%       |
| Valid TEDS Data    |   | N/A     | 97%       |
|                    | • |         |           |
| On-Time Periodic   |   | Actual  | State Avg |
| 6 Month Updates    |   | 0%      | 37%       |
|                    |   |         |           |
| Co-occurring       |   | Actual  | State Avg |
| MH Screen Complete |   | N/A     | 78%       |
| SA Screen Complete | I | N/A     | 92%       |
|                    |   |         |           |
| Diagnosis          |   | Actual  | State Avg |

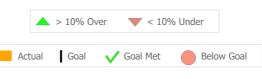
| Diagnosis              | A  | ctual | State Avg |
|------------------------|----|-------|-----------|
| Valid Axis I Diagnosis | 10 | 00%   | 100%      |
| Valid Axis V GAF Score | 10 | 0%    | 99%       |

# Data Submitted to DMHAS by Month

|           |   | Jui     | riag    | ocp      | 70 TIONEID DUDINICCOU |
|-----------|---|---------|---------|----------|-----------------------|
| Admission | S |         |         |          | 0%                    |
| Discharge | 5 |         |         |          | 0%                    |
| Services  |   |         |         |          | 33%                   |
|           |   | 1 or mo | re Reco | rds Subn | nitted to DMHAS       |

## Discharge Outcomes

|              |                                      | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |   |
|--------------|--------------------------------------|--------------------|--------|----------|--------|-----------|----------------|---|
|              | Treatment Completed Successfully     |                    | N/A    | N/A      | 50%    | 47%       | N/A            |   |
|              | Recovery                             |                    |        |          |        |           |                |   |
|              | National Recovery Measures (NOMS)    | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |   |
| $\checkmark$ | Not Arrested                         |                    | 7      | 88%      | 75%    | 71%       | 13%            |   |
| $\checkmark$ | Abstinence/Reduced Drug Use          | ·                  | 5      | 62%      | 55%    | 52%       | 7%             |   |
|              | Stable Living Situation              |                    | 7      | 88%      | 95%    | 71%       | -7%            |   |
|              | Employed                             |                    | 3      | 38%      | 50%    | 31%       | -12%           |   |
|              | Self Help                            |                    | 0      | 0%       | 60%    | 25%       | -60%           |   |
|              | Improved/Maintained Axis V GAF Score |                    | 0      | 0%       | 75%    | 44%       | -75%           | ▼ |
|              | Service Utilization                  |                    |        |          |        |           |                |   |
|              |                                      | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |   |
|              | Clients Receiving Services           |                    | 0      | 0%       | 90%    | 57%       | N/A            | ▼ |
|              |                                      |                    |        |          |        |           |                |   |



\* State Avg based on 23 Active Buprenorphine Maintenance Programs