**Southeastern Mental Health Authority**
Norwich, CT

Connecticut Dept of Mental Health and Addiction Services
Provider Quality Dashboard
Reporting Period: July 2019 - September 2019 (Data as of Dec 27, 2019)

## Provider Activity

| Monthly Trend | Measure | Actual | 1 Yr Ago | Variance % |
|---|---|---|---|---|
| | Unique Clients | 869 | 831 | 5% |
| | Admits | 331 | 312 | 6% |
| | Discharges | 291 | 304 | -4% |
| | Service Hours | 6,485 | 6,254 | 4% |
| | Bed Days | 1,281 | 1,193 | 7% |

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

## Clients by Level of Care

| Program Type | Level of Care Type | # | % |
|---|---|---|---|
| **Mental Health** | | | |
| | Outpatient | 243 | 24.7% |
| | Community Support | 180 | 18.3% |
| | ACT | 124 | 12.6% |
| | Crisis Services | 104 | 10.6% |
| | Intake | 38 | 3.9% |
| | Residential Services | 37 | 3.8% |
| **Forensic MH** | | | |
| | Forensics Community-based | 259 | 26.3% |

## Consumer Satisfaction Survey

(Based on 278 FY19 Surveys)

| Question Domain | Satisfied % vs Goal% | Satisfied % | Goal % | State Avg |
|---|---|---|---|---|
| ✓ Overall | | 92% | 80% | 91% |
| ✓ Quality and Appropriateness | | 91% | 80% | 93% |
| ✓ Participation in Treatment | | 89% | 80% | 92% |
| ✓ Respect | | 89% | 80% | 91% |
| ✓ Access | | 88% | 80% | 88% |
| ✓ General Satisfaction | | 87% | 80% | 92% |
| ● Outcome | | 78% | 80% | 83% |
| ● Recovery | | 71% | 80% | 79% |

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

## Client Demographics

| Age | # | % | State Avg |
|---|---|---|---|
| 18-25 | 126 | 15% | 9% |
| 26-34 | 165 | 19% | 22% |
| 35-44 | 171 | 20% | 21% |
| 45-54 | 173 | 20% | 20% |
| 55-64 | 153 | 18% | 20% |
| 65+ | 75 | 9% | 7% |

| Gender | # | % | State Avg |
|---|---|---|---|
| Male | 546 | 63% | 59% |
| Female | 321 | 37% | 41% |
| Transgender | 2 | 0% | 0% |

| Ethnicity | # | % | State Avg |
|---|---|---|---|
| Non-Hispanic | 687 | 79% | 71% |
| Unknown | 88 | 10% | 9% |
| Hispanic-Other | 49 | 6% | 7% |
| Hisp-Puerto Rican | 43 | 5% | 12% |
| Hispanic-Cuban | 1 | 0% | 0% |
| Hispanic-Mexican | 1 | 0% | 1% |

| Race | # | % | State Avg |
|---|---|---|---|
| White/Caucasian | 566 | 68% | 64% |
| Black/African American | 126 | 15% | 16% |
| Other | 59 | 7% | 13% |
| Unknown | 31 | 4% | 5% |
| Multiple Races | 23 | 3% | 1% |
| Asian | 12 | 1% | 1% |
| Am. Indian/Native Alaskan | 9 | 1% | 1% |
| Hawaiian/Other Pacific Islander | 3 | 0% | 0% |

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

**ACCESS**
Southeastern Mental Health Authority
Mental Health - ACT - Assertive Community Treatment

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 | 70 | 83 | -16% | ▼ |
| Admits | 8 | 13 | -38% | ▼ |
| Discharges | 5 | 16 | -69% | ▼ |
| Service Hours | 1,580 | 1,632 | -3% | |

## Data Submission Quality

| Data Entry | Actual | State Avg |
|---|---|---|
| ✓ Valid NOMS Data | 97% | 64% |

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

| Co-occurring | Actual | State Avg |
|---|---|---|
| ✓ MH Screen Complete | 90% | 22% |
| ✓ SA Screen Complete | 100% | 26% |

| Diagnosis | Actual | State Avg |
|---|---|---|
| Valid Axis I Diagnosis | 97% | 98% |
| ✓ Valid Axis V GAF Score | 96% | 89% |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | % Months Submitted |
|---|---|---|---|---|
| Admissions | | | | 100% |
| Discharges | | | | 67% |
| Services | | | | 100% |

1 or more Records Submitted to DMHAS

## Discharge Outcomes

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ● Treatment Completed Successfully | | 3 | 60% | 65% | 52% | -5% | |
| ✓ No Re-admit within 30 Days of Discharge | | 5 | 100% | 85% | 96% | 15% | ▲ |
| ✓ Follow-up within 30 Days of Discharge | | 3 | 100% | 90% | 46% | 10% | |

## Recovery

| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ✓ Stable Living Situation | | 63 | 90% | 60% | 88% | 30% | ▲ |
| ● Social Support | | 38 | 54% | 60% | 78% | -6% | |
| ● Employed | | 4 | 6% | 15% | 13% | -9% | |
| ● Improved/Maintained Axis V GAF Score | | 37 | 69% | 85% | 47% | -16% | ▼ |

## Service Utilization

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| ✓ Clients Receiving Services | | 64 | 98% | 90% | 99% | 8% |

▲ > 10% Over ▼ < 10% Under

Actual | Goal | ✓ Goal Met | ● Below Goal

* State Avg based on 23 Active Assertive Community Treatment Programs

**BHH ADULT NAE**
Southeastern Mental Health Authority
Mental Health - Outpatient - Standard Outpatient

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 | 0 | | |
| Admits | - | - | |
| Discharges | - | - | |
| Service Hours | - | - | |

## Data Submission Quality

| Data Entry | Actual | State Avg |
|---|---|---|
| Valid NOMS Data | N/A | 86% |

| On-Time Periodic | Actual | State Avg |
|---|---|---|
| 6 Month Updates | N/A | 56% |

| Co-occurring | Actual | State Avg |
|---|---|---|
| MH Screen Complete | N/A | 61% |
| SA Screen Complete | N/A | 61% |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | % Months Submitted |
|---|---|---|---|---|
| Admissions | | | | 0% |
| Discharges | | | | 0% |

1 or more Records Submitted to DMHAS

## Discharge Outcomes

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| Treatment Completed Successfully | | N/A | N/A | 50% | 46% | N/A |

## Recovery

| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| Employed | | N/A | N/A | 30% | 22% | -30% |
| Improved/Maintained Axis V GAF Score | | N/A | N/A | 75% | 42% | -75% |
| Social Support | | N/A | N/A | 60% | 62% | -60% |
| Stable Living Situation | | N/A | N/A | 95% | 79% | -95% |

## Service Utilization

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| Clients Receiving Services | | N/A | N/A | 90% | 74% | N/A |

> 10% Over  < 10% Under

Actual  Goal  Goal Met  Below Goal

* State Avg based on 89 Active Standard Outpatient Programs

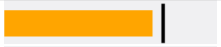
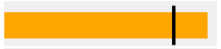
**CIT-401 W.Thames St**
Southeastern Mental Health Authority
Mental Health - Crisis Services - Mobile Crisis Team

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 | 25 | 10 | 150% | ▲ |
| Admits | 30 | 10 | 200% | ▲ |
| Discharges | 30 | 9 | 233% | ▲ |

## Crisis

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ● | Evaluation within 1.5 hours of Request |  | 19 | 70% | 75% | 75% | -5% | |
| ✓ | Community Location Evaluation |  | 26 | 96% | 80% | 94% | 16% | ▲ |
| ● | Follow-up Service within 48 hours | | 0 | 0% | 90% | 91% | -90% | ▼ |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | % 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 26 Active Mobile Crisis Team Programs

**CORP Post-Release**
Southeastern Mental Health Authority
Forensic MH - Forensics Community-based - Re-entry Programs

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 | 4 | 7 | -43% | ▼ |
| Admits | 1 | 4 | -75% | ▼ |
| Discharges | 1 | 2 | -50% | ▼ |
| Service Hours | - | - | | |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | % Months Submitted |
|---|---|---|---|---|
| Admissions | | ■ | | 33% |
| Discharges | ■ | | | 33% |
| Services | | | | 0% |

■ 1 or more Records Submitted to DMHAS

▲ > 10% Over ▼ < 10% Under

Actual | Goal ✓ Goal Met ● Below Goal

* State Avg based on 3 Active Re-entry Programs Programs

**Medication Management**
Southeastern Mental Health Authority
Mental Health - Outpatient - Standard Outpatient

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 | 116 | 152 | -24% | ▼ |
| Admits | - | - | | |
| Discharges | 4 | 14 | -71% | ▼ |
| Service Hours | 375 | 315 | 19% | ▲ |

## Data Submission Quality

| Data Entry | Actual | State Avg |
|---|---|---|
| ✓ Valid NOMS Data | 96% | 86% |

| On-Time Periodic | Actual | State Avg |
|---|---|---|
| ✓ 6 Month Updates | 100% | 56% |

| Co-occurring | Actual | State Avg |
|---|---|---|
| MH Screen Complete | N/A | 61% |
| SA Screen Complete | N/A | 61% |

| Diagnosis | Actual | State Avg |
|---|---|---|
| ✓ Valid Axis I Diagnosis | 99% | 97% |
| ✓ Valid Axis V GAF Score | 97% | 90% |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | % Months Submitted |
|---|---|---|---|---|
| Admissions | | | | 0% |
| Discharges | ■ | ■ | ■ | 100% |
| Services | ■ | ■ | ■ | 100% |

■ 1 or more Records Submitted to DMHAS

## Discharge Outcomes

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ● Treatment Completed Successfully | | 1 | 25% | 50% | 46% | -25% | ▼ |

## Recovery

| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ✓ Social Support | | 92 | 79% | 60% | 62% | 19% | ▲ |
| ✓ Stable Living Situation | | 110 | 95% | 95% | 79% | 0% | |
| ● Employed | | 23 | 20% | 30% | 22% | -10% | |
| ● Improved/Maintained Axis V GAF Score | | 35 | 31% | 75% | 42% | -44% | ▼ |

## Service Utilization

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| ✓ Clients Receiving Services | | 111 | 99% | 90% | 74% | 9% |

## Service Engagement

| Outpatient | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ● 2 or more Services within 30 days | | 0 | 0% | 75% | 78% | -75% | ▼ |

▲ > 10% Over ▼ < 10% Under

Actual | Goal ✓ Goal Met ● Below Goal

* State Avg based on 89 Active Standard Outpatient Programs

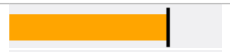
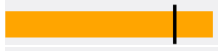
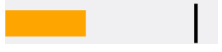
**SMHA Crisis**
Southeastern Mental Health Authority
Mental Health - Crisis Services - Mobile Crisis Team

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 | 97 | -15% | ▼ |
| Admits | 98 | 127 | -23% | ▼ |
| Discharges | 98 | 126 | -22% | ▼ |

## Crisis

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✓ | Evaluation within 1.5 hours of Request |  | 72 | 75% | 75% | 75% | 0% | |
| ✓ | Community Location Evaluation |  | 94 | 98% | 80% | 94% | 18% | ▲ |
| ● | Follow-up Service within 48 hours |  | 5 | 38% | 90% | 91% | -52% | ▼ |

▲ > 10% Over ▼ < 10% Under

Actual | Goal ✓ Goal Met ● Below Goal

* State Avg based on 26 Active Mobile Crisis Team Programs

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | % Months Submitted |
|---|---|---|---|---|
| Admissions | | | | 100% |
| Discharges | | | | 100% |

1 or more Records Submitted to DMHAS

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 23 | 18 | 28% | ▲ |
| Admits | 4 | - | | |
| Discharges | 1 | - | | |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | % Months Submitted |
|---|---|---|---|---|
| Admissions | | ■ | ■ | 67% |
| Discharges | | ■ | | 33% |

■ 1 or more Records Submitted to DMHAS

▲ > 10% Over ▼ < 10% Under

Actual | Goal | ✓ Goal Met | ● Below Goal

* State Avg based on 1 Active Outreach & Engagement Programs

**SMHA Hsing Asst**
Southeastern Mental Health Authority
Mental Health - Housing Services - Housing Assistance

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 | 0 | | |
| Admits | - | - | |
| Discharges | - | - | |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | % 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 0 Active Housing Assistance Programs

**SMHA Intake Unit**
Southeastern Mental Health Authority
Mental Health - Intake - Central Intake

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2019 - September 2019 (Data as of Dec 27, 2019)

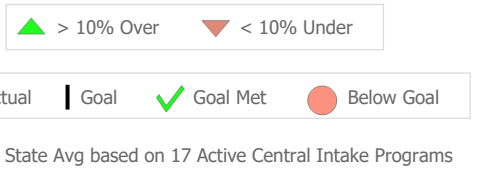
## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 38 | 33 | 15% | ▲ |
| Admits | 35 | 31 | 13% | ▲ |
| Discharges | 32 | 33 | -3% | |
| Service Hours | 71 | 62 | 14% | ▲ |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | % Months Submitted |
|---|---|---|---|---|
| Admissions | | | | 100% |
| Discharges | | | | 100% |
| Services | | | | 100% |

1 or more Records Submitted to DMHAS




* State Avg based on 17 Active Central Intake Programs

**SMHA Jail Diversion**
Southeastern Mental Health Authority
Forensic MH - Forensics Community-based - Court Liaison-Jail Diversion

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 | 199 | 111 | 79% | ▲ |
| Admits | 99 | 38 | 161% | ▲ |
| Discharges | 74 | 31 | 139% | ▲ |

## Jail Diversion

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✓ | Follow-up Service within 48 hours | | 7 | 16% | 0% | 44% | 16% | ▲ |

▲ > 10% Over ▼ < 10% Under

Actual | Goal | ✓ Goal Met | Below Goal

* State Avg based on 19 Active Court Liaison-Jail Diversion Programs

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | % Months Submitted |
|---|---|---|---|---|
| Admissions | | | | 100% |
| Discharges | | | | 100% |

1 or more Records Submitted to DMHAS

**SMHA Liaison**
Southeastern Mental Health Authority
Mental Health - Other - Other

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 | 0 | | |
| Admits | - | - | |
| Discharges | - | - | |
| Service Hours | - | - | |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | % 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 16 Active Other Programs

**SMHA Sub-Acute BCP**
Southeastern Mental Health Authority
Mental Health - Residential Services - Sub-Acute

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 | 37 | 40 | -8% | |
| Admits | 22 | 28 | -21% | ▼ |
| Discharges | 22 | 27 | -19% | ▼ |
| Bed Days | 1,281 | 1,193 | 7% | |

## Data Submission Quality

| Data Entry | Actual | State Avg |
|---|---|---|
| ✓ Valid NOMS Data | 95% | 94% |

| On-Time Periodic | Actual | State Avg |
|---|---|---|
| ✓ 6 Month Updates | 100% | 14% |

| Co-occurring | Actual | State Avg |
|---|---|---|
| MH Screen Complete | 87% | 91% |
| ✓ SA Screen Complete | 100% | 100% |

| Diagnosis | Actual | State Avg |
|---|---|---|
| Valid Axis I Diagnosis | 97% | 98% |
| ✓ Valid Axis V GAF Score | 92% | 73% |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | % Months Submitted |
|---|---|---|---|---|
| Admissions | | | | 100% |
| Discharges | | | | 100% |

1 or more Records Submitted to DMHAS

## Discharge Outcomes

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| Treatment Completed Successfully | | 17 | 77% | 95% | 82% | -18% | ▼ |
| ✓ No Re-admit within 30 Days of Discharge | | 22 | 100% | 85% | 86% | 15% | ▲ |
| ✓ Follow-up within 30 Days of Discharge | | 16 | 94% | 90% | 83% | 4% | |

## Recovery

| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| Improved/Maintained Axis V GAF Score | | 10 | 43% | 95% | 31% | -52% | ▼ |

## Bed Utilization

| | 12 Months Trend | Beds | Avg LOS | Turnover | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|---|---|
| ✓ Avg Utilization Rate | | 15 | 80 days | 0.4 | 93% | 90% | 93% | 3% |

< 90% 90-110% >110%

▲ > 10% Over ▼ < 10% Under

Actual | Goal ✓ Goal Met ● Below Goal

* State Avg based on 2 Active Sub-Acute Programs

**SMHA/OUTPT CLINICAL**
Southeastern Mental Health Authority
Mental Health - Outpatient - Standard Outpatient

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 | 128 | 142 | -10% | |
| Admits | 5 | 25 | -80% | ▼ |
| Discharges | 5 | 10 | -50% | ▼ |
| Service Hours | 702 | 691 | 2% | |

## Data Submission Quality

| Data Entry | Actual | State Avg |
|---|---|---|
| ✓ Valid NOMS Data | 97% | 86% |

| On-Time Periodic | Actual | State Avg |
|---|---|---|
| ✓ 6 Month Updates | 77% | 56% |

| Co-occurring | Actual | State Avg |
|---|---|---|
| ✓ MH Screen Complete | 100% | 61% |
| ✓ SA Screen Complete | 100% | 61% |

| Diagnosis | Actual | State Avg |
|---|---|---|
| Valid Axis I Diagnosis | 95% | 97% |
| ✓ Valid Axis V GAF Score | 93% | 90% |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | % Months Submitted |
|---|---|---|---|---|
| Admissions | | | | 100% |
| Discharges | | | | 100% |
| Services | | | | 100% |

1 or more Records Submitted to DMHAS

## Discharge Outcomes

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ✓ Treatment Completed Successfully | | 3 | 60% | 50% | 46% | 10% | ▲ |

## Recovery

| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ✓ Social Support | | 106 | 83% | 60% | 62% | 23% | ▲ |
| ✓ Stable Living Situation | | 124 | 97% | 95% | 79% | 2% | |
| ● Employed | | 29 | 23% | 30% | 22% | -7% | |
| ● Improved/Maintained Axis V GAF Score | | 39 | 37% | 75% | 42% | -38% | ▼ |

## Service Utilization

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| ✓ Clients Receiving Services | | 118 | 96% | 90% | 74% | 6% |

## Service Engagement

| Outpatient | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ✓ 2 or more Services within 30 days | | 5 | 100% | 75% | 78% | 25% | ▲ |

▲ > 10% Over ▼ < 10% Under

Actual | Goal | ✓ Goal Met | ● Below Goal

* State Avg based on 89 Active Standard Outpatient Programs

**Veterans Jail Diversion Initiative**
Southeastern Mental Health Authority
Forensic MH - Forensics Community-based - Court Liaison-Jail Diversion

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 | 33 | 40 | -18% |
| Admits | 5 | 13 | -62% |
| Discharges | 4 | 13 | -69% |

## Jail Diversion

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| ✓ Follow-up Service within 48 hours | | 0 | 0% | 0% | 44% | 0% |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | % 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 19 Active Court Liaison-Jail Diversion Programs

**WRAP (CSP- Wellness Recovery Adv. Prgm.)**
Southeastern Mental Health Authority
Mental Health - Community Support - CSP

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 | 180 | 186 | -3% | |
| Admits | 17 | 12 | 42% | ▲ |
| Discharges | 8 | 5 | 60% | ▲ |
| Service Hours | 1,715 | 1,715 | 0% | |

## Data Submission Quality

| Data Entry | Actual | State Avg |
|---|---|---|
| ✓ Valid NOMS Data | 97% | 73% |

| On-Time Periodic | Actual | State Avg |
|---|---|---|
| ● 6 Month Updates | 80% | 85% |

| Co-occurring | Actual | State Avg |
|---|---|---|
| ✓ MH Screen Complete | 100% | 25% |
| ✓ SA Screen Complete | 100% | 25% |

| Diagnosis | Actual | State Avg |
|---|---|---|
| Valid Axis I Diagnosis | 96% | 98% |
| Valid Axis V GAF Score | 95% | 96% |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | % Months Submitted |
|---|---|---|---|---|
| Admissions | | | | 100% |
| Discharges | | | | 100% |
| Services | | | | 100% |

1 or more Records Submitted to DMHAS

## Discharge Outcomes

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ● Treatment Completed Successfully | | 3 | 38% | 65% | 57% | -27% | ▼ |

## Recovery

| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ✓ Stable Living Situation | | 165 | 91% | 80% | 88% | 11% | ▲ |
| ✓ Social Support | | 124 | 68% | 60% | 82% | 8% | |
| ● Employed | | 20 | 11% | 20% | 13% | -9% | |
| ● Improved/Maintained Axis V GAF Score | | 56 | 36% | 65% | 60% | -29% | ▼ |

## Service Utilization

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| ✓ Clients Receiving Services | | 172 | 99% | 90% | 98% | 9% |

▲ > 10% Over ▼ < 10% Under

Actual | Goal | ✓ Goal Met | ● Below Goal

* State Avg based on 36 Active CSP Programs

**YAS Pre-Admit**
Southeastern Mental Health Authority
Mental Health - Other - Other

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 | 0 | 5 | | ▼ |
| Admits | - | 4 | -100% | ▼ |
| Discharges | - | 4 | -100% | ▼ |
| Service Hours | - | - | | |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | % 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 16 Active Other Programs

**Young Adult Services**
Southeastern Mental Health Authority
Mental Health - ACT - Assertive Community Treatment

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 | 54 | 63 | -14% | ▼ |
| Admits | 7 | 7 | 0% | |
| Discharges | 7 | 13 | -46% | ▼ |
| Service Hours | 2,041 | 1,824 | 12% | ▲ |

## Data Submission Quality

| Data Entry | Actual | State Avg |
|---|---|---|
| ✓ Valid NOMS Data | 76% | 64% |

| On-Time Periodic | Actual | State Avg |
|---|---|---|
| ● 6 Month Updates | 27% | 84% |

| Co-occurring | Actual | State Avg |
|---|---|---|
| ✓ MH Screen Complete | 100% | 22% |
| ✓ SA Screen Complete | 100% | 26% |

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

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | % Months Submitted |
|---|---|---|---|---|
| Admissions | ■ | | ■ | 67% |
| Discharges | | ■ | ■ | 67% |
| Services | ■ | ■ | ■ | 100% |

■ 1 or more Records Submitted to DMHAS

## Discharge Outcomes

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ● Treatment Completed Successfully | | 2 | 29% | 65% | 52% | -36% | ▼ |
| ✓ No Re-admit within 30 Days of Discharge | | 7 | 100% | 85% | 96% | 15% | ▲ |
| ● Follow-up within 30 Days of Discharge | | 1 | 50% | 90% | 46% | -40% | ▼ |

## Recovery

| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ✓ Stable Living Situation | | 41 | 75% | 60% | 88% | 15% | ▲ |
| ✓ Employed | | 8 | 15% | 15% | 13% | 0% | |
| ● Social Support | | 31 | 56% | 60% | 78% | -4% | |
| ● Improved/Maintained Axis V GAF Score | | 25 | 62% | 85% | 47% | -23% | ▼ |

## Service Utilization

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| ✓ Clients Receiving Services | | 46 | 96% | 90% | 99% | 6% |

▲ > 10% Over ▼ < 10% Under

Actual | Goal | ✓ Goal Met | ● Below Goal

* State Avg based on 23 Active Assertive Community Treatment Programs