Reporting Period: July 2019 - December 2019 (Data as of Apr 06, 2020)

Provider Activity





Clients by Level of Care

Program Type	Level of Care Type	#	%
Addiction			
	Outpatient	3,197	55.2%
	Intake	533	9.2%
Medication	Assisted Treatment	290	5.0%
	Case Management	72	1.2%
	Consultation	41	0.7%
	Recovery Support	19	0.3%
	IOP	16	0.3%
Forensic SA			
Forensic	s Community-based	1,578	27.2%
	Case Management	45	0.8%

Consumer Satisfaction Survey (Based on 202 FY19 Surveys)



Client Demographics

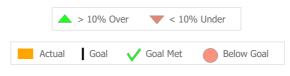
Age		#	%	State Avg	Gender	#	%	State Avg
18-25	<u> </u>	972	17%	10%	Male	3,443	62%	60%
26-34	_				Female	2,122	38%	40%
		1,579	28%	23%		2,122	3070	
35-44	_	1,270	23%	22%	Transgender			0%
45-54		885	16%	20%				
55-64		651	12%	19%				
65+		201	4%	7%	Race	#	%	State Avg
					White/Caucasian	3,314	60%	63%
Ethnicity		#	%	State Avg	Other 📙	991	18%	13%
Unknown		2,539	46%	4 9%	Black/African American	792	14%	17%
Non-Hispanic		2,054	37%	▼ 70%	Unknown	198	4%	5%
Hisp-Puerto Rican	_ '	747	13%	12%	Multiple Races	159	3%	1%
Hispanic-Other	!	176	3%	8%	Asian	57	1%	1%
· ·					Am. Indian/Native Alaskan	29	1%	1%
Hispanic-Mexican		36	1%	1%	Hawaiian/Other Pacific Islander	28	1%	0%
Hispanic-Cuban		16	0%	0%				
	l	Jnique C	lients	State Avg	▲ > 10% Over State Avg	> 10% L	Inder St	ate Avg

Reporting Period: July 2019 - December 2019 (Data as of Apr 06, 2020)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	533	353	51%	•
Admits	604	381	59%	•
Discharges	604	381	59%	•

	Jata	Jubili	ILLCU	LU	וויוט			
		Jul	Aug	Sep	Oct	Nov	Dec	% Months Submitted
Admi	issions							100%
Disch	narges							100%
1 or more Records Submitted to DMHAS								



^{*} State Avg based on 1 Active Central Intake Programs

Reporting Period: July 2019 - December 2019 (Data as of Apr 06, 2020)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	16	12	33%	•
Admits	5	5	0%	
Discharges	7	-		
Service Hours	24	65	-62%	•

Data Submission Quality

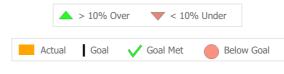
Data Entry	Actual	State Avg
Valid NOMS Data	85%	95%
✓ Valid TEDS Data	65%	41%
On-Time Periodic	Actua	I State Avg
6 Month Updates	14%	48%
Co-occurring	Actua	l State Avg
MH Screen Complete	80%	97%
✓ SA Screen Complete	100%	100%
Diagnosis	Actua	l State Avg
Valid Axis I Diagnosis	94%	100%
✓ Valid Axis V GAF Score	100%	97%

Data Submitted to DMHAS by Month

	-	Jul	Aug	Sep		Oct	Nov	Dec	% Months Submitted
Admissions									50%
Discharges									67%
Services									67%
	1 or more Records Submitted to DMHAS								

Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Treatment Completed Successfully		5	71%	75%	63%	-4%	
Service Utilization							
	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Clients Receiving Services		7	70%	90%	89%	-20%	_
Service Engagement							
Outpatient	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
2 or more Services within 30 days		2	40%	75%	81%	-35%	_



^{*} State Avg based on 6 Active Gambling Outpatient Programs

Latino Outreach 620296

Wheeler Clinic

Addiction - Case Management - Outreach & Engagement

Connecticut Dept of Mental Health and Addiction Services Program Quality Dashboard

Reporting Period: July 2019 - December 2019 (Data as of Apr 06, 2020)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	72	49	47%	•
Admits	5	28	-82%	•
Discharges	-	5	-100%	•
Service Hours	207	384	-46%	•

Service Engagement







^{*} State Avg based on 20 Active Outreach & Engagement Programs

Addiction - IOP - Standard IOP

Connecticut Dept of Mental Health and Addiction Services Program Quality Dashboard

Reporting Period: July 2019 - December 2019 (Data as of Apr 06, 2020)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	16	21	-24%	•
Admits	-	-		
Discharges	-	-		
Service Hours	-	-		
Social Rehab/PHP/IOP Days	0	0		

Data Submission Quality

Data Entry	Actual	State Avg
Valid NOMS Data	N/A	95%
Valid TEDS Data	N/A	96%
On-Time Periodic	Actua	al State Avg
6 Month Updates	0%	ó 1%
Co-occurring	Actua	al State Avg
MH Screen Complete	N//	91%
SA Screen Complete	N/A	91%
Diagnosis	Actua	State Avg
√ Valid Axis I Diagnosis	100%	6 100%
✓ Valid Axis V GAF Score	100%	6 100%

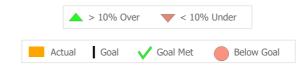
Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Treatment Completed Successfully		N/A	N/A	50%	55%	N/A	
	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Follow-up within 30 Days of Discharge		N/A	N/A	90%	68%	N/A	
Recovery							
National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Employed		0	0%	50%	28%	-50%	
Abstinence/Reduced Drug Use	i i	0	0%	55%	45%	-55%	
Self Help	Ϊ	0	0%	60%	17%	-60%	_
Improved/Maintained Axis V GAF Score	ĺ	0	0%	75%	65%	-75%	
Not Arrested	İ	0	0%	75%	75%	-75%	
Stable Living Situation		0	0%	95%	82%	-95%	_
Service Utilization							
	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Clients Receiving Services		0	0%	90%	70%	N/A	

Data Submitted to DMHAS by Month

1 or more Records Submitted to DMHAS

	Jul	Aug	Sep	Oct	Nov	Dec	% Months Submitted
Admissions							0%
Discharges							0%
Services							0%



^{*} State Avg based on 50 Active Standard IOP Programs

Reporting Period: July 2019 - December 2019 (Data as of Apr 06, 2020)

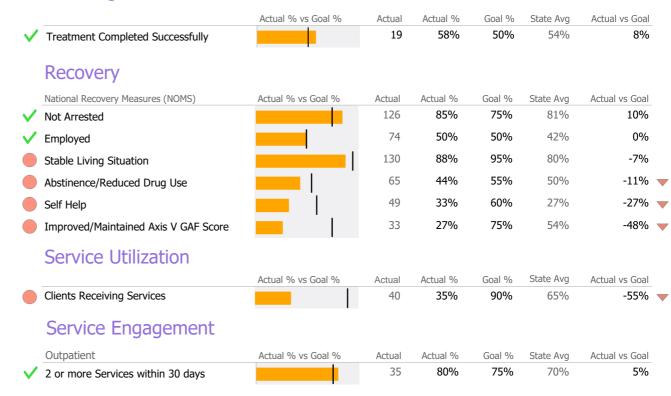
Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	147	72	104%	•
Admits	44	25	76%	•
Discharges	33	3	1000%	•
Service Hours	340	44		

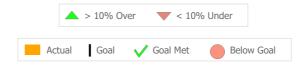
Data Submission Quality

Data Entry		Actual	State Avg
Valid NOMS Data		86%	92%
✓ Valid TEDS Data		91%	90%
On-Time Periodic		Actua	l State Avg
6 Month Updates		1%	24%
Co-occurring		Actua	l State Avg
MH Screen Complete		73%	86%
✓ SA Screen Complete	,	100%	98%
Diagnosis		Actua	l State Avg
✓ Valid Axis I Diagnosis		100%	<u> </u>
✓ Valid Axis V GAF Score		100%	

Discharge Outcomes



	Jul	Aug	Sep	Oct	Nov	Dec	% Months Submitted
Admissions							100%
Discharges							100%
Services							67%
	1 or mo						



^{*} State Avg based on 113 Active Standard Outpatient Programs

MAT - Naltrexone - Plainville

Wheeler Clinic

Data Entry

Valid NOMS Data

Addiction - Medication Assisted Treatment - Naltrexone

Connecticut Dept of Mental Health and Addiction Services Program Quality Dashboard

Reporting Period: July 2019 - December 2019 (Data as of Apr 06, 2020)

Program Activity

Measure	Actual	I Yr Ago	variance %
Unique Clients	0		
Admits	-	-	
Discharges	_	_	

Data Submission Quality

Valid TEDS Data	N/A	99%
On-Time Periodic	Actual	State Avg
6 Month Updates	N/A	3%
Co-occurring	Actual	State Avg
MH Screen Complete	N/A	93%
SA Screen Complete	N/A	100%

State Avg

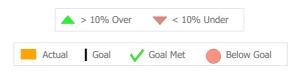
84%

N/A

Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Treatment Completed Successfully		N/A	N/A	50%	62%	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%	43%	-55%	
Employed	ĺ	N/A	N/A	50%	27%	-50%	
Improved/Maintained Axis V GAF Score	· 1	N/A	N/A	75%	58%	-75%	
Not Arrested	j	N/A	N/A	75%	83%	-75%	
Self Help	T i	N/A	N/A	60%	23%	-60%	
Stable Living Situation	·	N/A	N/A	95%	81%	-95%	

Data Submitted to DMHAS by Month
Jul Aug Sep Oct Nov Dec % Months Submitted Admissions 0% Discharges 0% 1 or more Records Submitted to DMHAS



^{*} State Avg based on 7 Active Naltrexone Programs

Wheeler Clinic Addiction - Medication Assisted Treatment - Buprenorphine Maintenance

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	290	190	53%	•
Admits	53	53	0%	
Discharges	-	-		
Service Hours	_	_		

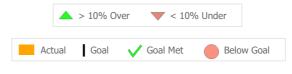
Data Submission Quality

Data Entry	Actual	State Avg
Valid NOMS Data	90%	93%
✓ Valid TEDS Data	98%	97%
On-Time Periodic	Actua	I State Avg
6 Month Updates	0%	31%
Co-occurring	Actua	I State Avg
MH Screen Complete	100%	81%
✓ SA Screen Complete	100%	93%
Diagnosis	Actua	I State Avg
✓ Valid Axis I Diagnosis	100%	100%
✓ Valid Axis V GAF Score	100%	99%

Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Treatment Completed Successfully		N/A	N/A	50%	45%	N/A
Recovery						
National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Employed		79	27%	50%	32%	-23%
Not Arrested		144	50%	75%	71%	-25%
Abstinence/Reduced Drug Use		70	24%	55%	50%	-31%
Self Help		79	27%	60%	26%	-33%
Stable Living Situation	· 1	130	45%	95%	73%	-50%
Improved/Maintained Axis V GAF Score	Ι.	0	0%	75%	51%	-75%
Service Utilization						
	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Clients Receiving Services		0	0%	90%	55%	N/A

Dutt						Dy i	TOTICIT
	Jul	Aug	Sep	Oct	Nov	Dec	% Months Submitted
Admissions							100%
Discharges							0%
Services							0%
	1 or m	nore Rec					



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

Connecticut Dept of Mental Health and Addiction Services

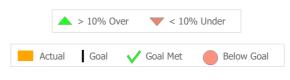
Reporting Period: July 2019 - December 2019 (Data as of Apr 06, 2020)

Addiction - Consultation - Consultation

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	41	13	215%	•
Admits	27	7	286%	•
Discharges	22	4	450%	•
Service Hours	-	-		

Data	Cabili	I CCC G		– 111	17 10	\sim $^{\circ}$	101101
	Jul	Aug	Sep	Oct	Nov	Dec	% Months Submitted
Admissions							100%
Discharges							100%
Services							0%
	1 or mo	re Record	ds Subn	nitted to	DMHA	S	



^{*} State Avg based on 1 Active Consultation Programs

Post-Release Transitional Forensic Case Management

Wheeler Clinic

Forensic SA - Case Management - Standard Case Management

Connecticut Dept of Mental Health and Addiction Services Program Quality Dashboard

Reporting Period: July 2019 - December 2019 (Data as of Apr 06, 2020)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	7	19	-63%	\blacksquare
Admits	-	7	-100%	•
Discharges	-	8	-100%	•
Service Hours	-	93	-100%	•

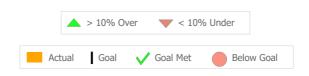
Data Submission Quality

Data Entry	Actual	State Avg
Valid NOMS Data	N/A	99%
On-Time Periodic	Actual	State Avg
6 Month Updates	0%	27%

Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Treatment Completed Successfully		N/A	N/A	50%	54%	N/A	
Recovery							
National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Employed		0	0%	20%	11%	-20%	
Self Help	· 1	0	0%	60%	78%	-60%	_
Social Support	İ	0	0%	60%	86%	-60%	_
Stable Living Situation		0	0%	80%	38%	-80%	_
Service Utilization							
	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Clients Receiving Services		0	0%	90%	58%	N/A	_

	JUI	Aug	Sep	Oct	IVOV	Dec	% Months Submitted
Admissions							0%
Discharges							0%
Services							0%
	1 or mo	ore Recoi	rds Subr	nitted to	DMHAS		



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

Pre-Release Transitional Forensic Case Management

Wheeler Clinic

Forensic SA - Case Management - Standard Case Management

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard

Reporting Period: July 2019 - December 2019 (Data as of Apr 06, 2020)

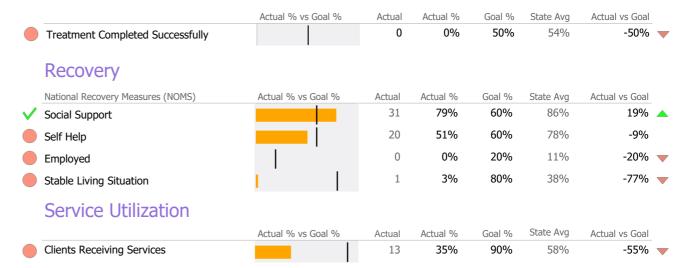
Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	39	51	-24%	▼
Admits	16	24	-33%	•
Discharges	2	27	-93%	•
Service Hours	21	130	-84%	•

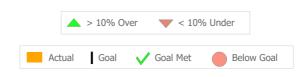
Data Submission Quality

Data Entry	Actual S	State Avg
✓ Valid NOMS Data	100%	99%
On-Time Periodic	Actual	State Avg
6 Month Updates	5%	27%

Discharge Outcomes







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

Forensic SA - Forensics Community-based - Pre-trial Intervention Programs

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard

Reporting Period: July 2019 - December 2019 (Data as of Apr 06, 2020)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	553	588	-6%	
Admits	265	315	-16%	•
Discharges	290	303	-4%	

	Jul	Aug	Sep	Oct	Nov	Dec	% Months Submitted
Admissions							100%
Discharges							100%
	1 or more Records Submitted to DMHAS						



^{*} State Avg based on 16 Active Pre-trial Intervention Programs Programs

PTIP-75 N. Mountain Rd. 620707

Wheeler Clinic

Forensic SA - Forensics Community-based - Pre-trial Intervention Programs

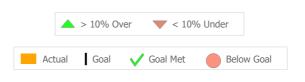
Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard

Reporting Period: July 2019 - December 2019 (Data as of Apr 06, 2020)

Program Activity

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	1,027	988	4%
Admits	346	329	5%
Discharges	348	323	8%

	Jul	Aug	Sep	Oct	Nov	Dec	% Months Submitted
Admissions							100%
Discharges							100%
	1 or mo	re Record	ds Subm	nitted to	DMHA	S	



^{*} State Avg based on 16 Active Pre-trial Intervention Programs Programs

Reporting Period: July 2019 - December 2019 (Data as of Apr 06, 2020)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	1,642	1,409	17%	•
Admits	516	518	0%	
Discharges	440	442	0%	
Service Hours	4 397	3 988	10%	

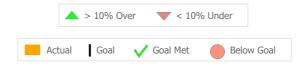
Data Submission Quality

Data Entry	Actual	State Avg
Valid NOMS Data	82%	92%
Valid TEDS Data	88%	90%
On-Time Periodic	Actual	State Avg
6 Month Updates	11%	24%
Co-occurring	Actua	State Avg
MH Screen Complete	75%	86%
✓ SA Screen Complete	100%	98%
Diagnosis	Actual	State Avg
√ Valid Axis I Diagnosis	99%	99%
✓ Valid Axis V GAF Score	100%	97%

Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Treatment Completed Successfully		172	39%	50%	54%	-11%	
Recovery							
National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Not Arrested		1,346	82%	75%	81%	7%	
Employed		661	40%	50%	42%	-10%	
Abstinence/Reduced Drug Use		636	39%	55%	50%	-16%	
Stable Living Situation		1,259	77%	95%	80%	-18%	
Self Help		635	39%	60%	27%	-21%	
Improved/Maintained Axis V GAF Score		533	42%	75%	54%	-33%	
Service Utilization							
	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Clients Receiving Services		663	55%	90%	65%	-35%	
Service Engagement							
Outpatient	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
2 or more Services within 30 days		394	76%	75%	70%	1%	

	Jul	Aug	Sep	Oct	Nov	Dec	% Months Submitted
Admissions							100%
Discharges							100%
Services							67%
	1 or n	nore Reco	rds Sub	mitted to	o DMHA	S	



^{*} State Avg based on 113 Active Standard Outpatient Programs

Reporting Period: July 2019 - December 2019 (Data as of Apr 06, 2020)

Addiction - Outpatient - Standard Outpatient

Program Activity

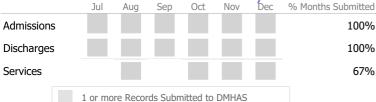
Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	1,491	2,376	-37%	•
Admits	419	750	-44%	•
Discharges	271	630	-57%	•
Service Hours	2,844	5,601	-49%	•

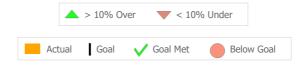
Data Submission Quality

Data Entry	Actual	State Avg
Valid NOMS Data	82%	92%
Valid TEDS Data	87%	90%
On-Time Periodic	Actual	State Avg
6 Month Updates	7%	24%
Co-occurring	Actual	State Avg
MH Screen Complete	62%	86%
✓ SA Screen Complete	100%	98%
Diagnosis	Actual	State Avg
Valid Axis I Diagnosis	98%	99%
✓ Valid Axis V GAF Score	100%	97%

Discharge Outcomes

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
~	Treatment Completed Successfully		164	61%	50%	54%	11%	_
	Recovery							
	National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
	Not Arrested		1,004	67%	75%	81%	-8%	
	Employed		605	41%	50%	42%	-9%	
	Abstinence/Reduced Drug Use	<u> </u>	478	32%	55%	50%	-23%	
	Stable Living Situation		1,004	67%	95%	80%	-28%	
	Self Help		428	29%	60%	27%	-31%	
	Improved/Maintained Axis V GAF Score		410	35%	75%	54%	-40%	
	Service Utilization							
		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
	Clients Receiving Services		466	38%	90%	65%	-52%	
	Service Engagement							
	Outpatient	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
~	2 or more Services within 30 days		335	80%	75%	70%	5%	





^{*} State Avg based on 113 Active Standard Outpatient Programs

SOR - HCWH-Bristol

Wheeler Clinic

Addiction - Case Management - Outreach & Engagement

Connecticut Dept of Mental Health and Addiction Services Program Quality Dashboard

Reporting Period: July 2019 - December 2019 (Data as of Apr 06, 2020)

Program Activity

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

Data Submitted to DMHAS by Month Jul Aug Sep Oct Nov Dec % Months Submitted

Admissions

Discharges

Oct Nov Dec % Months Submitted

0%





^{*} State Avg based on 20 Active Outreach & Engagement Programs

SOR - Recovery Coach

Wheeler Clinic

Addiction - Recovery Support - Peer Based Mentoring

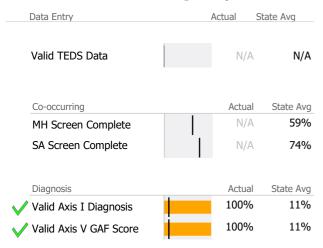
Connecticut Dept of Mental Health and Addiction Services Program Quality Dashboard

Reporting Period: July 2019 - December 2019 (Data as of Apr 06, 2020)

Program Activity

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	19		
Admits	-	-	
Discharges	_	_	

Data Submission Quality



Data	Jul			Oct	Nov	Dec	% Months Submitted
Admissions							0%
Discharges							0%
	1 or mo	ore Record	ds Subr	nitted to	DMHA:	S	



^{*} State Avg based on 9 Active Peer Based Mentoring Programs