**Community Health Resources Inc.**
Manchester, CT

Connecticut Dept of Mental Health and Addiction Services
Provider Quality Dashboard
Reporting Period: July 2019 - March 2020   (Data as of Jul 15, 2020)

## Provider Activity

| Monthly Trend | Measure | Actual | 1 Yr Ago | Variance % |
|---|---|---|---|---|
| | Unique Clients | 10,992 | 11,084 | -1% |
| | Admits | 6,608 | 7,110 | -7% |
| | Discharges | 6,600 | 6,478 | 2% |
| | Service Hours | 74,738 | 72,722 | 3% |
| | Bed Days | 20,365 | 20,798 | -2% |
| | S.Rehab/PHP/IOP | 6,973 | 8,217 | -15% ▼ |

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

## Clients by Level of Care

| Program Type / Level of Care Type | # | % |
|---|---|---|
| **Mental Health** | | |
| Outpatient | 7,292 | 54.7% |
| Community Support | 494 | 3.7% |
| Social Rehabilitation | 365 | 2.7% |
| Crisis Services | 272 | 2.0% |
| ACT | 217 | 1.6% |
| Employment Services | 211 | 1.6% |
| IOP | 162 | 1.2% |
| Case Management | 123 | 0.9% |
| Residential Services | 46 | 0.3% |
| **Addiction** | | |
| Outpatient | 1,671 | 12.5% |
| Medication Assisted Treatment | 381 | 2.9% |
| Residential Services | 286 | 2.1% |
| **Forensic SA** | | |
| Forensics Community-based | 1,363 | 10.2% |
| **Forensic MH** | | |
| Forensics Community-based | 436 | 3.3% |

## Consumer Satisfaction Survey   (Based on 1,121 FY19 Surveys)

| | Question Domain | Satisfied % vs Goal% | Satisfied % | Goal % | State Avg |
|---|---|---|---|---|---|
| ✓ | Participation in Treatment | | 94% | 80% | 92% |
| ✓ | Quality and Appropriateness | | 92% | 80% | 93% |
| ✓ | Respect | | 92% | 80% | 91% |
| ✓ | Overall | | 91% | 80% | 91% |
| ✓ | General Satisfaction | | 91% | 80% | 92% |
| ✓ | Access | | 89% | 80% | 88% |
| ✓ | Outcome | | 80% | 80% | 83% |
| ● | Recovery | | 78% | 80% | 79% |

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

## Client Demographics

### Age

| Age | # | % | State Avg |
|---|---|---|---|
| 18-25 | 1,741 | 16% | 11% |
| 26-34 | 2,626 | 24% | 23% |
| 35-44 | 2,162 | 20% | 22% |
| 45-54 | 1,916 | 17% | 20% |
| 55-64 | 1,779 | 16% | 18% |
| 65+ | 752 | 7% | 6% |

### Gender

| Gender | # | % | State Avg |
|---|---|---|---|
| Male | 5,892 | 54% | 60% |
| Female | 5,084 | 46% | 40% |
| Transgender | | | 0% |

### Ethnicity

| Ethnicity | # | % | State Avg |
|---|---|---|---|
| Non-Hispanic | 9,261 | 84% ▲ | 70% |
| Hisp-Puerto Rican | 950 | 9% | 12% |
| Hispanic-Other | 505 | 5% | 8% |
| Unknown | 210 | 2% | 10% |
| Hispanic-Mexican | 43 | 0% | 1% |
| Hispanic-Cuban | 23 | 0% | 0% |

### Race

| Race | # | % | State Avg |
|---|---|---|---|
| White/Caucasian | 8,016 | 73% ▲ | 62% |
| Black/African American | 1,255 | 11% | 17% |
| Other | 1,054 | 10% | 13% |
| Unknown | 345 | 3% | 5% |
| Asian | 157 | 1% | 1% |
| Am. Indian/Native Alaskan | 114 | 1% | 1% |
| Hawaiian/Other Pacific Islander | 34 | 0% | 0% |
| Multiple Races | 17 | 0% | 1% |

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

**ACT Team - Manchester 606296**
Community Health Resources Inc.
Mental Health - ACT - Assertive Community Treatment

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2019 - March 2020  (Data as of Jul 15, 2020)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 80 | 95 | -16% | ▼ |
| Admits | 16 | 27 | -41% | ▼ |
| Discharges | 33 | 25 | 32% | ▲ |
| Service Hours | 2,978 | 4,835 | -38% | ▼ |

## Discharge Outcomes

| | Measure | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✓ | Treatment Completed Successfully | | 24 | 73% | 65% | 54% | 8% | |
| ✓ | No Re-admit within 30 Days of Discharge | | 33 | 100% | 85% | 90% | 15% | ▲ |
| ● | Follow-up within 30 Days of Discharge | | 13 | 54% | 90% | 55% | -36% | ▼ |

## Data Submission Quality

| | Data Entry | | Actual | State Avg |
|---|---|---|---|---|
| ✓ | Valid NOMS Data | | 98% | 64% |

| | On-Time Periodic | | Actual | State Avg |
|---|---|---|---|---|
| ● | 6 Month Updates | | 88% | 90% |

| | Co-occurring | | Actual | State Avg |
|---|---|---|---|---|
| ✓ | MH Screen Complete | | 81% | 29% |
| ✓ | SA Screen Complete | | 81% | 30% |

| | Diagnosis | | Actual | State Avg |
|---|---|---|---|---|
| ✓ | Valid Axis I Diagnosis | | 100% | 99% |
| ✓ | Valid Axis V GAF Score | | 100% | 89% |

## Recovery

| | National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✓ | Stable Living Situation | | 79 | 95% | 60% | 89% | 35% | ▲ |
| ✓ | Social Support | | 58 | 70% | 60% | 78% | 10% | |
| ● | Employed | | 6 | 7% | 15% | 14% | -8% | |
| ● | Improved/Maintained Axis V GAF Score | | 39 | 52% | 85% | 58% | -33% | ▼ |

## Service Utilization

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✓ | Clients Receiving Services | | 50 | 100% | 90% | 99% | 10% | |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | % Months Submitted |
|---|---|---|---|---|---|---|---|---|---|---|
| Admissions | ■ | ■ | ■ | | ■ | ■ | ■ | ■ | ■ | 89% |
| Discharges | ■ | ■ | ■ | | ■ | ■ | ■ | ■ | ■ | 89% |
| Services | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | 100% |

☐ 1 or more Records Submitted to DMHAS

▲ > 10% Over    ▼ < 10% Under

■ Actual    | Goal    ✓ Goal Met    ● Below Goal

* State Avg based on 23 Active Assertive Community Treatment Programs

**Adult Intensive OP - Enfield 633-210X**
Community Health Resources Inc.
Mental Health - IOP - Standard IOP

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2019 - March 2020  (Data as of Jul 15, 2020)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 162 | 240 | -33% | ▼ |
| Admits | 161 | 231 | -30% | ▼ |
| Discharges | 185 | 227 | -19% | ▼ |
| Service Hours | | | | |
| Social Rehab/PHP/IOP Days | 1,571 | 2,163 | -27% | ▼ |

## Data Submission Quality

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

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| ✓ 6 Month Updates | | 0% | 0% |

| Co-occurring | | Actual | State Avg |
|---|---|---|---|
| ✓ MH Screen Complete | | 96% | 92% |
| ✓ SA Screen Complete | | 97% | 93% |

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

## Discharge Outcomes

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✓ | Treatment Completed Successfully | | 149 | 81% | 50% | 81% | 31% | ▲ |
| ● | Follow-up within 30 Days of Discharge | | 129 | 87% | 90% | 85% | -3% | |

## Recovery

| National Recovery Measures (NOMS) | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✓ | Improved/Maintained Axis V GAF Score | | 175 | 94% | 75% | 92% | 19% | ▲ |
| ✓ | Social Support | | 127 | 68% | 60% | 65% | 8% | |
| ● | Employed | | 53 | 28% | 30% | 28% | -2% | |
| ● | Stable Living Situation | | 169 | 90% | 95% | 88% | -5% | |

## Service Utilization

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ● | Clients Receiving Services | | 2 | 67% | 90% | 20% | -23% | ▼ |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | % Months Submitted |
|---|---|---|---|---|---|---|---|---|---|---|
| Admissions | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | 100% |
| Discharges | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | 100% |
| Services | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | 100% |

▢ 1 or more Records Submitted to DMHAS

▲ > 10% Over     ▼ < 10% Under

■ Actual   | Goal   ✓ Goal Met   ● Below Goal

* State Avg based on 3 Active Standard IOP Programs

**Adult Outpatient - Bloomfield 620212**
Community Health Resources Inc.
Mental Health - Outpatient - Standard Outpatient

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2019 - March 2020  (Data as of Jul 15, 2020)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 737 | 850 | -13% | ▼ |
| Admits | 177 | 279 | -37% | ▼ |
| Discharges | 210 | 289 | -27% | ▼ |
| Service Hours | 4,247 | 4,496 | -6% | |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| ✔ | Valid NOMS Data | 98% | 85% |

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| ✔ | 6 Month Updates | 59% | 58% |

| Co-occurring | | Actual | State Avg |
|---|---|---|---|
| ✔ | MH Screen Complete | 98% | 59% |
| ✔ | SA Screen Complete | 98% | 59% |

| Diagnosis | | Actual | State Avg |
|---|---|---|---|
| ✔ | Valid Axis I Diagnosis | 100% | 97% |
| ✔ | Valid Axis V GAF Score | 100% | 90% |

## Discharge Outcomes

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✔ | Treatment Completed Successfully | | 150 | 71% | 50% | 40% | 21% | ▲ |

## Recovery

| National Recovery Measures (NOMS) | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✔ | Employed | | 278 | 37% | 30% | 25% | 7% | |
| ● | Stable Living Situation | | 688 | 91% | 95% | 81% | -4% | |
| ● | Social Support | | 291 | 39% | 60% | 64% | -21% | ▼ |
| ● | Improved/Maintained Axis V GAF Score | | 358 | 55% | 75% | 52% | -20% | ▼ |

## Service Utilization

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✔ | Clients Receiving Services | | 517 | 95% | 90% | 85% | 5% | |

## Service Engagement

| Outpatient | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✔ | 2 or more Services within 30 days | | 155 | 88% | 75% | 76% | 13% | ▲ |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | % Months Submitted |
|---|---|---|---|---|---|---|---|---|---|---|
| Admissions | | | | | | | | | | 100% |
| Discharges | | | | | | | | | | 100% |
| Services | | | | | | | | | | 100% |

1 or more Records Submitted to DMHAS

| | | |
|---|---|---|
| ▲ > 10% Over | ▼ < 10% Under | |

| Actual | Goal | ✔ Goal Met | ● Below Goal |
|---|---|---|---|

* State Avg based on 89 Active Standard Outpatient Programs

# Adult Outpatient - Enfield 617-210
Community Health Resources Inc.
Mental Health - Outpatient - Standard Outpatient

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2019 - March 2020  (Data as of Jul 15, 2020)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 2,837 | 2,805 | 1% | |
| Admits | 1,027 | 1,127 | -9% | |
| Discharges | 1,102 | 920 | 20% | ▲ |
| Service Hours | 11,999 | 11,466 | 5% | |

## Data Submission Quality

| Data Entry | Actual | State Avg |
|---|---|---|
| ✓ Valid NOMS Data | 96% | 85% |

| On-Time Periodic | Actual | State Avg |
|---|---|---|
| ✓ 6 Month Updates | 63% | 58% |

| Co-occurring | Actual | State Avg |
|---|---|---|
| ✓ MH Screen Complete | 97% | 59% |
| ✓ SA Screen Complete | 97% | 59% |

| Diagnosis | Actual | State Avg |
|---|---|---|
| ✓ Valid Axis I Diagnosis | 100% | 97% |
| ✓ Valid Axis V GAF Score | 100% | 90% |

## Discharge Outcomes

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ● | Treatment Completed Successfully | | 378 | 34% | 50% | 40% | -16% | ▼ |

## Recovery

| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ✓ Employed | | 1,142 | 38% | 30% | 25% | 8% | |
| ● Stable Living Situation | | 2,609 | 88% | 95% | 81% | -7% | |
| ● Social Support | | 1,068 | 36% | 60% | 64% | -24% | ▼ |
| ● Improved/Maintained Axis V GAF Score | | 1,387 | 55% | 75% | 52% | -20% | ▼ |

## Service Utilization

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ✓ Clients Receiving Services | | 1,813 | 96% | 90% | 85% | 6% | |

## Service Engagement

| Outpatient | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ✓ 2 or more Services within 30 days | | 909 | 93% | 75% | 76% | 18% | ▲ |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | % Months Submitted |
|---|---|---|---|---|---|---|---|---|---|---|
| Admissions | | | | | | | | | | 100% |
| Discharges | | | | | | | | | | 100% |
| Services | | | | | | | | | | 100% |

1 or more Records Submitted to DMHAS

▲ > 10% Over   ▼ < 10% Under

■ Actual   | Goal   ✓ Goal Met   ● Below Goal

* State Avg based on 89 Active Standard Outpatient Programs

**Adult Outpatient MH Manchester**
Community Health Resources Inc.
Mental Health - Outpatient - Standard Outpatient

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2019 - March 2020  (Data as of Jul 15, 2020)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % |
|---|---|---|---|
| Unique Clients | 3,814 | 3,949 | -3% |
| Admits | 1,458 | 1,597 | -9% |
| Discharges | 1,458 | 1,463 | 0% |
| Service Hours | 20,089 | 19,879 | 1% |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| ✓ Valid NOMS Data | | 94% | 85% |

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| 🔴 6 Month Updates | | 55% | 58% |

| Co-occurring | | Actual | State Avg |
|---|---|---|---|
| ✓ MH Screen Complete | | 96% | 59% |
| ✓ SA Screen Complete | | 96% | 59% |

| Diagnosis | | Actual | State Avg |
|---|---|---|---|
| ✓ Valid Axis I Diagnosis | | 100% | 97% |
| ✓ Valid Axis V GAF Score | | 100% | 90% |

## Discharge Outcomes

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| 🔴 Treatment Completed Successfully | | 412 | 28% | 50% | 40% | -22% ▼ |

## Recovery

| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| ✓ Employed | | 1,214 | 30% | 30% | 25% | 0% |
| 🔴 Stable Living Situation | | 3,291 | 82% | 95% | 81% | -13% ▼ |
| 🔴 Social Support | | 1,519 | 38% | 60% | 64% | -22% ▼ |
| 🔴 Improved/Maintained Axis V GAF Score | | 1,818 | 55% | 75% | 52% | -20% ▼ |

## Service Utilization

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| ✓ Clients Receiving Services | | 2,475 | 97% | 90% | 85% | 7% |

## Service Engagement

| Outpatient | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| ✓ 2 or more Services within 30 days | | 1,221 | 89% | 75% | 76% | 14% ▲ |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | % Months Submitted |
|---|---|---|---|---|---|---|---|---|---|---|
| Admissions | | | | | | | | | | 100% |
| Discharges | | | | | | | | | | 100% |
| Services | | | | | | | | | | 100% |

■ 1 or more Records Submitted to DMHAS

▲ > 10% Over    ▼ < 10% Under

■ Actual    | Goal    ✓ Goal Met    🔴 Below Goal

\* State Avg based on 89 Active Standard Outpatient Programs

**BHH ADULT NAE**
Community Health Resources Inc.
Mental Health - Outpatient - Standard Outpatient

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2019 - March 2020  (Data as of Jul 15, 2020)

## 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 | 85% |

| On-Time Periodic | Actual | State Avg |
|---|---|---|
| 6 Month Updates | N/A | 58% |

| Co-occurring | Actual | State Avg |
|---|---|---|
| MH Screen Complete | N/A | 59% |
| SA Screen Complete | N/A | 59% |

## Discharge Outcomes

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| Treatment Completed Successfully | | N/A | N/A | 50% | 40% | N/A |

## Recovery

| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| Employed | | N/A | N/A | 30% | 25% | -30% |
| Improved/Maintained Axis V GAF Score | | N/A | N/A | 75% | 52% | -75% |
| Social Support | | N/A | N/A | 60% | 64% | -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% | 85% | N/A |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | % 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 89 Active Standard Outpatient Programs

**BHH CHILDREN Program**
Community Health Resources Inc.
Mental Health - Case Management - Outreach & Engagement

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2019 - March 2020  (Data as of Jul 15, 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 | Jan | Feb | Mar | % 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 46 Active Outreach & Engagement Programs

**Center Street 2**
Community Health Resources Inc.
Mental Health - Case Management - Supportive Housing – Development

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2019 - March 2020  (Data as of Jul 15, 2020)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 12 | 10 | 20% | ▲ |
| Admits | 3 | - | | |
| Discharges | 2 | - | | |
| Service Hours | 72 | 137 | -48% | ▼ |

## Recovery

| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| ✓ Stable Living Situation | | 11 | 92% | 85% | 90% | 7% |

## Service Utilization

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| ✓ Clients Receiving Services | | 10 | 100% | 90% | 96% | 10% |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| ✓ Valid NOMS Data | | 100% | 99% |

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| ✓ 6 Month Updates | | 100% | 83% |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | % Months Submitted |
|---|---|---|---|---|---|---|---|---|---|---|
| Admissions | | ▪ | ▪ | | | | | | | 22% |
| Discharges | ▪ | | | | ▪ | | | | | 22% |
| Services | ▪ | ▪ | ▪ | ▪ | ▪ | ▪ | ▪ | ▪ | ▪ | 100% |

▪ 1 or more Records Submitted to DMHAS

▲ > 10% Over   ▼ < 10% Under

◼ Actual   | Goal   ✓ Goal Met   ● Below Goal

* State Avg based on 66 Active Supportive Housing – Development Programs

**Center Street Apartments**
Community Health Resources Inc.
Mental Health - Case Management - Supportive Housing – Development

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2019 - March 2020  (Data as of Jul 15, 2020)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % |
|---|---|---|---|
| Unique Clients | 11 | 10 | 10% |
| Admits | - | - | |
| Discharges | 1 | 1 | 0% |
| Service Hours | 145 | 164 | -11% ▼ |

## Recovery

| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| ✓ Stable Living Situation | | 11 | 100% | 85% | 90% | 15% ▲ |

## Service Utilization

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| ✓ Clients Receiving Services | | 10 | 100% | 90% | 96% | 10% |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| ✓ Valid NOMS Data | | 100% | 99% |

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| ✓ 6 Month Updates | | 100% | 83% |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | % Months Submitted |
|---|---|---|---|---|---|---|---|---|---|---|
| Admissions | | | | | | | | | | 0% |
| Discharges | | ▪ | | | | | | | | 11% |
| Services | ▪ | ▪ | ▪ | ▪ | ▪ | ▪ | ▪ | ▪ | ▪ | 100% |

▢ 1 or more Records Submitted to DMHAS

▲ > 10% Over    ▼ < 10% Under

▮ Actual    | Goal    ✓ Goal Met    ● Below Goal

* State Avg based on 66 Active Supportive Housing – Development Programs

**CHR Enfield ACT**
Community Health Resources Inc.
Mental Health - ACT - Assertive Community Treatment

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2019 - March 2020  (Data as of Jul 15, 2020)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 64 | 60 | 7% | |
| Admits | 20 | 14 | 43% | ▲ |
| Discharges | 21 | 10 | 110% | ▲ |
| Service Hours | 2,398 | 2,987 | -20% | ▼ |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| ✓ Valid NOMS Data | | 98% | 64% |

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| ✓ 6 Month Updates | | 91% | 90% |

| Co-occurring | | Actual | State Avg |
|---|---|---|---|
| ✓ MH Screen Complete | | 86% | 29% |
| ✓ SA Screen Complete | | 86% | 30% |

| Diagnosis | | Actual | State Avg |
|---|---|---|---|
| ✓ Valid Axis I Diagnosis | | 100% | 99% |
| ✓ Valid Axis V GAF Score | | 100% | 89% |

## Discharge Outcomes

| | | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| 🔴 Treatment Completed Successfully | Actual % vs Goal % | 11 | 52% | 65% | 54% | -13% | ▼ |
| ✓ No Re-admit within 30 Days of Discharge | Actual % vs Goal % | 19 | 95% | 85% | 90% | 10% | |
| 🔴 Follow-up within 30 Days of Discharge | Actual % vs Goal % | 7 | 64% | 90% | 55% | -26% | ▼ |

## Recovery

| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ✓ Stable Living Situation | | 56 | 86% | 60% | 89% | 26% | ▲ |
| 🔴 Social Support | | 38 | 58% | 60% | 78% | -2% | |
| 🔴 Employed | | 7 | 11% | 15% | 14% | -4% | |
| 🔴 Improved/Maintained Axis V GAF Score | | 27 | 51% | 85% | 58% | -34% | ▼ |

## Service Utilization

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| ✓ Clients Receiving Services | | 45 | 100% | 90% | 99% | 10% |

## Data Submitted to DMHAS by Month
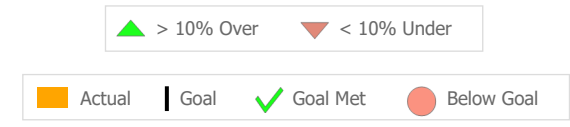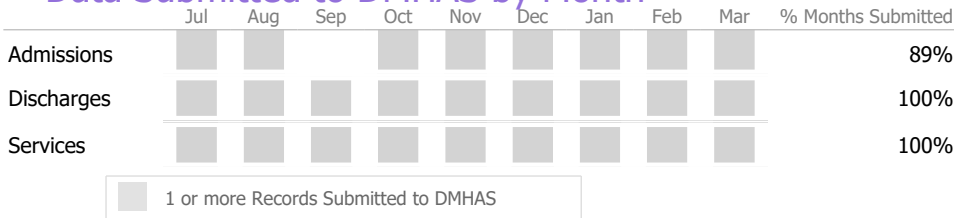
| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | % Months Submitted |
|---|---|---|---|---|---|---|---|---|---|---|
| Admissions | | | | | | | | | | 89% |
| Discharges | | | | | | | | | | 100% |
| Services | | | | | | | | | | 100% |

☐ 1 or more Records Submitted to DMHAS

▲ > 10% Over   ▼ < 10% Under

■ Actual   | Goal   ✓ Goal Met   🔴 Below Goal

* State Avg based on 23 Active Assertive Community Treatment Programs

**CPAS PTIP-37 Commerce 923705**
Community Health Resources Inc.
Forensic SA - Forensics Community-based - Pre-trial Intervention Programs

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2019 - March 2020  (Data as of Jul 15, 2020)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 158 | 205 | -23% | ▼ |
| Admits | 97 | 134 | -28% | ▼ |
| Discharges | 154 | 137 | 12% | ▲ |

## Data Submitted to DMHAS by Month
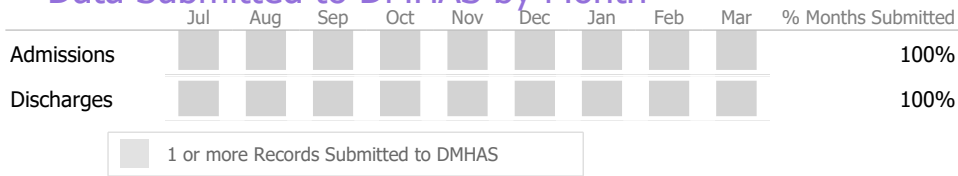
| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | % Months Submitted |
|---|---|---|---|---|---|---|---|---|---|---|
| Admissions | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | 100% |
| Discharges | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | 100% |

▢ 1 or more Records Submitted to DMHAS

▲ > 10% Over     ▼ < 10% Under

■ Actual   | Goal   ✓ Goal Met   ● Below Goal

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

**CPAS PTIP-W. Main Street 163705**
Community Health Resources Inc.
Forensic SA - Forensics Community-based - Pre-trial Intervention Programs

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2019 - March 2020  (Data as of Jul 15, 2020)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % |
|---|---|---|---|
| Unique Clients | 705 | 755 | -7% |
| Admits | 523 | 542 | -4% |
| Discharges | 591 | 545 | 8% |

## Data Submitted to DMHAS by Month
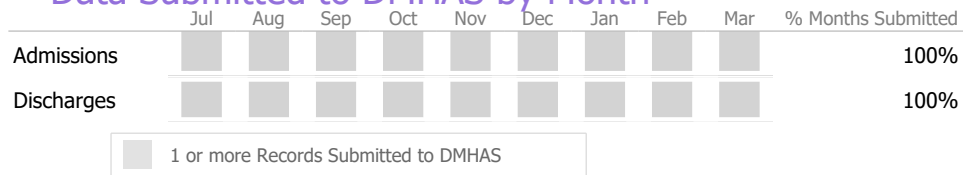
| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | % Months Submitted |
|---|---|---|---|---|---|---|---|---|---|---|
| Admissions | | | | | | | | | | 100% |
| Discharges | | | | | | | | | | 100% |

1 or more Records Submitted to DMHAS

▲ > 10% Over     ▼ < 10% Under

Actual | Goal   ✓ Goal Met   ● Below Goal

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

**Crisis Services - Windsor 606-200**
Community Health Resources Inc.
Mental Health - Crisis Services - Mobile Crisis Team

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2019 - March 2020  (Data as of Jul 15, 2020)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---------|--------|----------|------------|---|
| Unique Clients | 245 | 290 | -16% | ▼ |
| Admits | 308 | 355 | -13% | ▼ |
| Discharges | 309 | 353 | -12% | ▼ |

## Crisis

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| 🔴 | Evaluation within 1.5 hours of Request | | 214 | 64% | 75% | 75% | -11% | ▼ |
| ✓ | Community Location Evaluation | | 332 | 99% | 80% | 92% | 19% | ▲ |
| ✓ | Follow-up Service within 48 hours | | 205 | 99% | 90% | 91% | 9% | |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | % Months Submitted |
|---|-----|-----|-----|-----|-----|-----|-----|-----|-----|--------------------|
| Admissions | | | | | | | | | | 100% |
| Discharges | | | | | | | | | | 100% |

☐ 1 or more Records Submitted to DMHAS
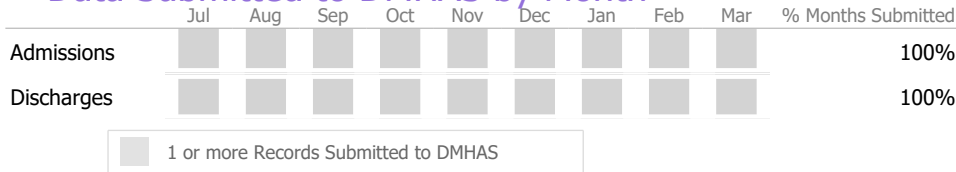
▲ > 10% Over    ▼ < 10% Under

🟧 Actual   | Goal   ✓ Goal Met   🔴 Below Goal

\* State Avg based on 26 Active Mobile Crisis Team Programs

**CSP Recovery Bloomfield**
Community Health Resources Inc.
Mental Health - Community Support - CSP

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2019 - March 2020  (Data as of Jul 15, 2020)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 72 | 76 | -5% | |
| Admits | 14 | 24 | -42% | ▼ |
| Discharges | 27 | 20 | 35% | ▲ |
| Service Hours | 1,738 | 1,788 | -3% | |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| ✔ Valid NOMS Data | | 98% | 70% |

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| ● 6 Month Updates | | 42% | 85% |

| Co-occurring | | Actual | State Avg |
|---|---|---|---|
| ✔ MH Screen Complete | | 79% | 30% |
| ✔ SA Screen Complete | | 79% | 30% |

| Diagnosis | | Actual | State Avg |
|---|---|---|---|
| ✔ Valid Axis I Diagnosis | | 100% | 98% |
| ✔ Valid Axis V GAF Score | | 100% | 96% |

## Discharge Outcomes

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ● Treatment Completed Successfully | | 10 | 37% | 65% | 63% | -28% | ▼ |

## Recovery

| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ✔ Stable Living Situation | | 69 | 93% | 80% | 86% | 13% | ▲ |
| ● Employed | | 9 | 12% | 20% | 13% | -8% | |
| ● Social Support | | 34 | 46% | 60% | 82% | -14% | ▼ |
| ● Improved/Maintained Axis V GAF Score | | 33 | 51% | 65% | 66% | -14% | ▼ |

## Service Utilization

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| ✔ Clients Receiving Services | | 46 | 98% | 90% | 99% | 8% |

## Data Submitted to DMHAS by Month
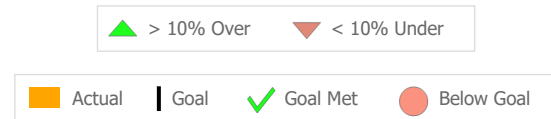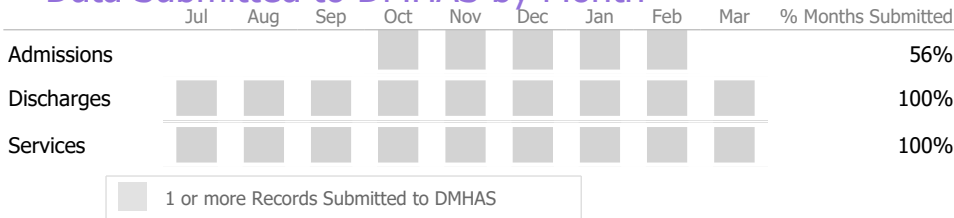
| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | % Months Submitted |
|---|---|---|---|---|---|---|---|---|---|---|
| Admissions | | | | ▪ | ▪ | ▪ | ▪ | ▪ | | 56% |
| Discharges | ▪ | ▪ | ▪ | ▪ | ▪ | ▪ | ▪ | ▪ | ▪ | 100% |
| Services | ▪ | ▪ | ▪ | ▪ | ▪ | ▪ | ▪ | ▪ | ▪ | 100% |

▪ 1 or more Records Submitted to DMHAS

▲ > 10% Over    ▼ < 10% Under

| ▬ Actual | | Goal | ✔ Goal Met | ● Below Goal |
|---|---|---|---|---|

* State Avg based on 36 Active CSP Programs

**CSP/RP 606250, Manchester**
Community Health Resources Inc.
Mental Health - Community Support - CSP

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2019 - March 2020  (Data as of Jul 15, 2020)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 285 | 312 | -9% | |
| Admits | 96 | 95 | 1% | |
| Discharges | 93 | 114 | -18% | ▼ |
| Service Hours | 8,677 | 6,131 | 42% | ▲ |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| ✓ | Valid NOMS Data | 98% | 70% |

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| ✓ | 6 Month Updates | 100% | 85% |

| Co-occurring | | Actual | State Avg |
|---|---|---|---|
| ✓ | MH Screen Complete | 93% | 30% |
| ✓ | SA Screen Complete | 93% | 30% |

| Diagnosis | | Actual | State Avg |
|---|---|---|---|
| ✓ | Valid Axis I Diagnosis | 100% | 98% |
| ✓ | Valid Axis V GAF Score | 99% | 96% |

## Discharge Outcomes

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ● | Treatment Completed Successfully | | 40 | 43% | 65% | 63% | -22% | ▼ |

## Recovery

| National Recovery Measures (NOMS) | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✓ | Stable Living Situation | | 256 | 90% | 80% | 86% | 10% | |
| ● | Social Support | | 156 | 55% | 60% | 82% | -5% | |
| ● | Employed | | 28 | 10% | 20% | 13% | -10% | ▼ |
| ● | Improved/Maintained Axis V GAF Score | | 113 | 47% | 65% | 66% | -18% | ▼ |

## Service Utilization

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|---|
| ✓ | Clients Receiving Services | | 190 | 98% | 90% | 99% | 8% |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | % Months Submitted |
|---|---|---|---|---|---|---|---|---|---|---|
| Admissions | | | | | | | | | | 100% |
| Discharges | | | | | | | | | | 100% |
| Services | | | | | | | | | | 100% |

☐ 1 or more Records Submitted to DMHAS

▲ > 10% Over     ▼ < 10% Under

■ Actual    │ Goal    ✓ Goal Met    ● Below Goal

* State Avg based on 36 Active CSP Programs

**CSP/RP 617290, Enfield**
Community Health Resources Inc.
Mental Health - Community Support - CSP

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2019 - March 2020  (Data as of Jul 15, 2020)
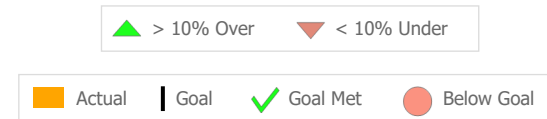
## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 140 | 136 | 3% | |
| Admits | 50 | 39 | 28% | ▲ |
| Discharges | 51 | 47 | 9% | |
| Service Hours | 3,157 | 3,348 | -6% | |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| ✓ | Valid NOMS Data | 98% | 70% |

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| ● | 6 Month Updates | 52% | 85% |

| Co-occurring | | Actual | State Avg |
|---|---|---|---|
| ✓ | MH Screen Complete | 70% | 30% |
| ✓ | SA Screen Complete | 70% | 30% |

| Diagnosis | | Actual | State Avg |
|---|---|---|---|
| ✓ | Valid Axis I Diagnosis | 100% | 98% |
| ✓ | Valid Axis V GAF Score | 100% | 96% |

## Discharge Outcomes

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ● | Treatment Completed Successfully | | 26 | 51% | 65% | 63% | -14% | ▼ |

## Recovery

| | National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✓ | Stable Living Situation | | 139 | 95% | 80% | 86% | 15% | ▲ |
| ● | Social Support | | 73 | 50% | 60% | 82% | -10% | |
| ● | Employed | | 9 | 6% | 20% | 13% | -14% | ▼ |
| ● | Improved/Maintained Axis V GAF Score | | 53 | 47% | 65% | 66% | -18% | ▼ |

## Service Utilization

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✓ | Clients Receiving Services | | 94 | 98% | 90% | 99% | 8% | |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | % Months Submitted |
|---|---|---|---|---|---|---|---|---|---|---|
| Admissions | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | 89% |
| Discharges | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | 100% |
| Services | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | 100% |

▢ 1 or more Records Submitted to DMHAS

▲ > 10% Over    ▼ < 10% Under

Actual | Goal  ✓ Goal Met  ● Below Goal

* State Avg based on 36 Active CSP Programs

**Danielson OP 202**
Community Health Resources Inc.
Addiction - Outpatient - Standard Outpatient

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2019 - March 2020  (Data as of Jul 15, 2020)
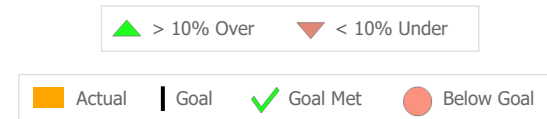
## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % |
|---|---|---|---|
| Unique Clients | 572 | 620 | -8% |
| Admits | 419 | 465 | -10% |
| Discharges | 416 | 441 | -6% |
| Service Hours | 4,314 | 4,214 | 2% |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| ✓ | Valid NOMS Data | 94% | 91% |
| | Valid TEDS Data | 75% | 90% |

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| ✓ | 6 Month Updates | 74% | 20% |

| Co-occurring | | Actual | State Avg |
|---|---|---|---|
| ✓ | MH Screen Complete | 99% | 88% |
| ✓ | SA Screen Complete | 99% | 98% |

| Diagnosis | | Actual | State Avg |
|---|---|---|---|
| | Valid Axis I Diagnosis | 96% | 99% |
| ✓ | Valid Axis V GAF Score | 100% | 98% |

## Discharge Outcomes

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|---|
| ● | Treatment Completed Successfully | | 191 | 46% | 50% | 52% | -4% |

## Recovery

| National Recovery Measures (NOMS) | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|---|
| ✓ | Not Arrested | | 579 | 92% | 75% | 82% | 17% ▲ |
| ● | Employed | | 304 | 48% | 50% | 43% | -2% |
| ● | Abstinence/Reduced Drug Use | | 309 | 49% | 55% | 51% | -6% |
| ✓ | Improved/Maintained Axis V GAF Score | | 412 | 83% | 75% | 58% | 8% |
| ● | Stable Living Situation | | 537 | 86% | 95% | 82% | -9% |
| ● | Self Help | | 78 | 12% | 60% | 26% | -48% ▼ |

## Service Utilization

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|---|
| ✓ | Clients Receiving Services | | 202 | 95% | 90% | 66% | 5% |

## Service Engagement

| Outpatient | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|---|
| ✓ | 2 or more Services within 30 days | | 377 | 97% | 75% | 70% | 22% ▲ |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | % Months Submitted |
|---|---|---|---|---|---|---|---|---|---|---|
| Admissions | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | 100% |
| Discharges | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | 100% |
| Services | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | 100% |

▢ 1 or more Records Submitted to DMHAS

▲ > 10% Over    ▼ < 10% Under

■ Actual    | Goal    ✓ Goal Met    ● Below Goal

* State Avg based on 115 Active Standard Outpatient Programs

**Enfield Methadone Maintenance**
Community Health Resources Inc.
Addiction - Medication Assisted Treatment - Methadone Maintenance

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2019 - March 2020  (Data as of Jul 15, 2020)
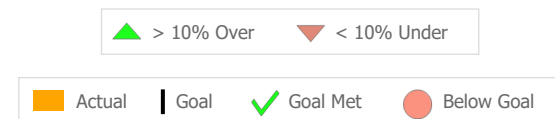
## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 201 | 94 | 114% | ▲ |
| Admits | 97 | 76 | 28% | ▲ |
| Discharges | 54 | 2 | 2600% | ▲ |
| Service Hours | 690 | 1 | | |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| Valid NOMS Data | | 96% | 99% |
| ✓ Valid TEDS Data | | 100% | 99% |

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| ✓ 6 Month Updates | | 97% | 92% |

| Co-occurring | | Actual | State Avg |
|---|---|---|---|
| ✓ MH Screen Complete | | 99% | 98% |
| ✓ SA Screen Complete | | 99% | 98% |

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

## Discharge Outcomes

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✓ | Treatment Completed Successfully | | 32 | 59% | 50% | 57% | 9% | |

## Recovery

| | National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✓ | Not Arrested | | 187 | 88% | 75% | 94% | 13% | ▲ |
| ✓ | Abstinence/Reduced Drug Use | | 121 | 57% | 50% | 74% | 7% | |
| ● | Employed | | 70 | 33% | 40% | 44% | -7% | |
| ● | Stable Living Situation | | 176 | 83% | 90% | 93% | -7% | |
| ● | Improved/Maintained Axis V GAF Score | | 95 | 63% | 75% | 87% | -12% | ▼ |
| ● | Self Help | | 48 | 23% | 60% | 65% | -37% | ▼ |

## Service Utilization

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|---|
| ✓ | Clients Receiving Services | | 151 | 95% | 90% | 94% | 5% |

## Service Engagement

| | Medication Assisted Treatment | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ● | Length of Stay over 1 Year | | 63 | 31% | 50% | 66% | -19% | ▼ |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | % Months Submitted |
|---|---|---|---|---|---|---|---|---|---|---|
| Admissions | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | 100% |
| Discharges | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | 100% |
| Services | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | 100% |

■ 1 or more Records Submitted to DMHAS

▲ > 10% Over    ▼ < 10% Under

■ Actual    | Goal    ✓ Goal Met    ● Below Goal

\* State Avg based on 36 Active Methadone Maintenance Programs

**HUD SHP - 298**
Community Health Resources Inc.
Mental Health - Case Management - Supportive Housing – Scattered Site

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2019 - March 2020  (Data as of Jul 15, 2020)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 11 | 13 | -15% | ▼ |
| Admits | - | 3 | -100% | ▼ |
| Discharges | - | 2 | -100% | ▼ |
| Service Hours | 274 | 269 | 2% | |

## Recovery

| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ✓ Stable Living Situation | | 11 | 100% | 85% | 89% | 15% | ▲ |

## Service Utilization

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| ✓ Clients Receiving Services | | 11 | 100% | 90% | 96% | 10% |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| ✓ Valid NOMS Data | | 98% | 90% |

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| ✓ 6 Month Updates | | 100% | 91% |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | % Months Submitted |
|---|---|---|---|---|---|---|---|---|---|---|
| Admissions | | | | | | | | | | 0% |
| Discharges | | | | | | | | | | 0% |
| Services | | | | | | | | | | 100% |

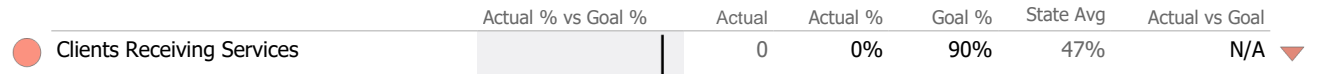1 or more Records Submitted to DMHAS

▲ > 10% Over     ▼ < 10% Under

■ Actual     | Goal     ✓ Goal Met     ● Below Goal

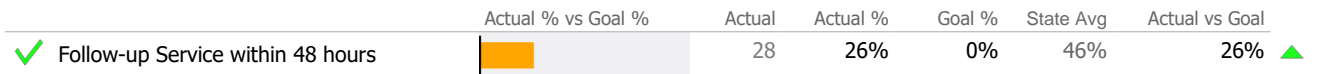* State Avg based on 98 Active Supportive Housing – Scattered Site Programs

**Jail Diversion - Enfield 617-341**
Community Health Resources Inc.
Forensic MH - Forensics Community-based - Court Liaison-Jail Diversion

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2019 - March 2020  (Data as of Jul 15, 2020)
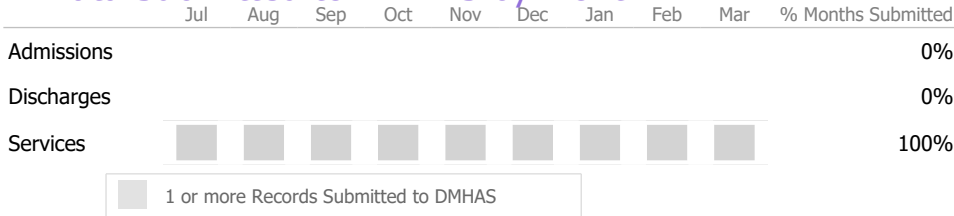
## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 196 | 262 | -25% | ▼ |
| Admits | 178 | 193 | -8% | |
| Discharges | 142 | 229 | -38% | ▼ |
| Service Hours | - | - | | |

## Service Utilization

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ● Clients Receiving Services | | 0 | 0% | 90% | 47% | N/A | ▼ |

## Jail Diversion

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ✓ Follow-up Service within 48 hours | | 28 | 26% | 0% | 46% | 26% | ▲ |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | % Months Submitted |
|---|---|---|---|---|---|---|---|---|---|---|
| Admissions | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | 100% |
| Discharges | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | 100% |
| Services | | | | | | | | | | 0% |

☐ 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

**Jail Diversion - Manchester 606-341**
Community Health Resources Inc.
Forensic MH - Forensics Community-based - Court Liaison-Jail Diversion

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2019 - March 2020  (Data as of Jul 15, 2020)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 243 | 202 | 20% | ▲ |
| Admits | 162 | 134 | 21% | ▲ |
| Discharges | 162 | 135 | 20% | ▲ |
| Service Hours | - | - | | |

## Service Utilization

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| ● Clients Receiving Services | | 0 | 0% | 90% | 47% | N/A ▼ |

## Jail Diversion

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| ✓ Follow-up Service within 48 hours | | 9 | 8% | 0% | 46% | 8% |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | % Months Submitted |
|---|---|---|---|---|---|---|---|---|---|---|
| Admissions | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | 100% |
| Discharges | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | 100% |
| Services | | | | | | | | | | 0% |

☐ 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

**MAT - Naltrexone - Bloomfield**
Community Health Resources Inc.
Addiction - Medication Assisted Treatment - Naltrexone

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2019 - March 2020  (Data as of Jul 15, 2020)

## Program Activity

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

## Discharge Outcomes

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| Treatment Completed Successfully | | N/A | N/A | 50% | 59% | 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% | 39% | -55% ▼ |
| Employed | | N/A | N/A | 50% | 30% | -50% ▼ |
| Improved/Maintained Axis V GAF Score | | N/A | N/A | 75% | 51% | -75% ▼ |
| Not Arrested | | N/A | N/A | 75% | 86% | -75% ▼ |
| Self Help | | N/A | N/A | 60% | 23% | -60% ▼ |
| Stable Living Situation | | N/A | N/A | 95% | 84% | -95% ▼ |

## Data Submission Quality

| Data Entry | Actual | State Avg |
|---|---|---|
| Valid NOMS Data | N/A | 86% |
| 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 | 99% |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | % 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 7 Active Naltrexone Programs

**MAT - Naltrexone - Willimantic**
Community Health Resources Inc.
Addiction - Medication Assisted Treatment - Naltrexone

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2019 - March 2020  (Data as of Jul 15, 2020)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 3 | 2 | 50% | ▲ |
| Admits | 3 | 1 | 200% | ▲ |
| Discharges | - | - | | |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| ✓ Valid NOMS Data | | 100% | 86% |
| Valid TEDS Data | | 75% | 99% |

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| ✓ 6 Month Updates | | 100% | 3% |

| Co-occurring | | Actual | State Avg |
|---|---|---|---|
| ✓ MH Screen Complete | | 100% | 93% |
| ✓ SA Screen Complete | | 100% | 99% |

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

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | % Months Submitted |
|---|---|---|---|---|---|---|---|---|---|---|
| Admissions | | ▪ | | | ▪ | ▪ | | | | 33% |
| 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% | 59% | N/A |

## Recovery

| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| ● Not Arrested | | 2 | 67% | 75% | 86% | -8% |
| ● Employed | | 1 | 33% | 50% | 30% | -17% ▼ |
| ● Abstinence/Reduced Drug Use | | 1 | 33% | 55% | 39% | -22% ▼ |
| ● Self Help | | 1 | 33% | 60% | 23% | -27% ▼ |
| ● Stable Living Situation | | 2 | 67% | 95% | 84% | -28% ▼ |
| ● Improved/Maintained Axis V GAF Score | | 0 | 0% | 75% | 51% | -75% ▼ |
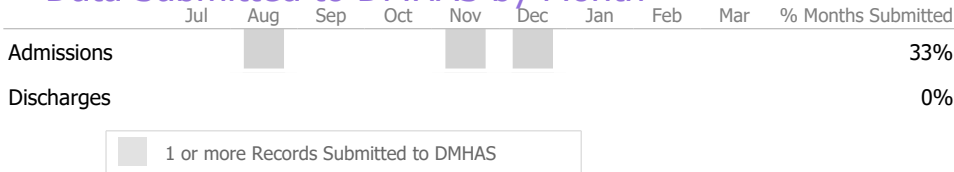
▲ > 10% Over    ▼ < 10% Under

■ Actual    | Goal    ✓ Goal Met    ● Below Goal

* State Avg based on 7 Active Naltrexone Programs

**MATx OP**
Community Health Resources Inc.
Addiction - Medication Assisted Treatment - Buprenorphine Maintenance

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2019 - March 2020  (Data as of Jul 15, 2020)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 49 | 58 | -16% | ▼ |
| Admits | 23 | 23 | 0% | |
| Discharges | 29 | 27 | 7% | |
| Service Hours | 593 | 731 | -19% | ▼ |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| | Valid NOMS Data | 91% | 93% |
| ✓ | Valid TEDS Data | 98% | 96% |

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| ✓ | 6 Month Updates | 57% | 33% |

| Co-occurring | | Actual | State Avg |
|---|---|---|---|
| ✓ | MH Screen Complete | 96% | 83% |
| ✓ | SA Screen Complete | 96% | 94% |

| Diagnosis | | Actual | State Avg |
|---|---|---|---|
| ✓ | Valid Axis I Diagnosis | 100% | 99% |
| ✓ | Valid Axis V GAF Score | 100% | 98% |

## Discharge Outcomes

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|---|
| ● | Treatment Completed Successfully | | 12 | 41% | 50% | 40% | -9% |

## Recovery

| National Recovery Measures (NOMS) | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✓ | Abstinence/Reduced Drug Use | | 41 | 76% | 55% | 53% | 21% | ▲ |
| ✓ | Improved/Maintained Axis V GAF Score | | 42 | 84% | 75% | 51% | 9% | |
| ✓ | Not Arrested | | 45 | 83% | 75% | 74% | 8% | |
| ● | Self Help | | 27 | 50% | 60% | 26% | -10% | |
| ● | Employed | | 19 | 35% | 50% | 32% | -15% | ▼ |
| ● | Stable Living Situation | | 39 | 72% | 95% | 76% | -23% | ▼ |

## Service Utilization

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|---|
| ✓ | Clients Receiving Services | | 23 | 92% | 90% | 52% | 2% |

## Data Submitted to DMHAS by Month
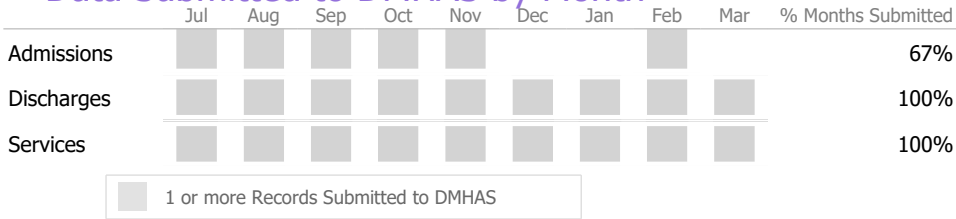
| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | % Months Submitted |
|---|---|---|---|---|---|---|---|---|---|---|
| Admissions | | | | | | | | | | 67% |
| Discharges | | | | | | | | | | 100% |
| Services | | | | | | | | | | 100% |

▨ 1 or more Records Submitted to DMHAS

▲ > 10% Over    ▼ < 10% Under

▨ Actual    | Goal    ✓ Goal Met    ● Below Goal

* State Avg based on 24 Active Buprenorphine Maintenance Programs

**Milestone - CSSD**
Community Health Resources Inc.
Addiction - Residential Services - SA Intensive Residential - Enhanced

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2019 - March 2020  (Data as of Jul 15, 2020)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % |
|---|---|---|---|
| Unique Clients | 18 | 20 | -10% |
| Admits | 17 | 18 | -6% |
| Discharges | 18 | 18 | 0% |
| Bed Days | 488 | 501 | -3% |

## Data Submission Quality

| Data Entry | Actual % vs Goal % | Actual | State Avg |
|---|---|---|---|
| ✓ Valid NOMS Data | | 100% | 99% |
| Valid TEDS Data | | 95% | 100% |

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

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

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

## Discharge Outcomes

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ✓ Treatment Completed Successfully | | 14 | 78% | 50% | 81% | 28% | ▲ |
| ✓ No Re-admit within 30 Days of Discharge | | 18 | 100% | 85% | 86% | 15% | ▲ |
| ● Follow-up within 30 Days of Discharge | | 9 | 64% | 90% | 75% | -26% | ▼ |

## Recovery

| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ✓ Improved/Maintained Axis V GAF Score | | 18 | 100% | 75% | 91% | 25% | ▲ |
| ✓ Abstinence/Reduced Drug Use | | 17 | 89% | 70% | 88% | 19% | ▲ |

## Bed Utilization

| | 12 Months Trend | Beds | Avg LOS | Turnover | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|---|---|
| ● Avg Utilization Rate | | 2 | 28 days | 0.1 | 89% | 90% | 94% | -1% |

■ < 90%   ■ 90-110%   ■ >110%

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | % 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 4 Active SA Intensive Residential - Enhanced Programs

**Milestone-DMHAS**
Community Health Resources Inc.
Addiction - Residential Services - SA Intensive Residential - Enhanced

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2019 - March 2020  (Data as of Jul 15, 2020)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % |
|---|---|---|---|
| Unique Clients | 135 | 141 | -4% |
| Admits | 125 | 130 | -4% |
| Discharges | 128 | 131 | -2% |
| Bed Days | 3,505 | 3,491 | 0% |

## Discharge Outcomes

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✓ | Treatment Completed Successfully | | 102 | 80% | 50% | 81% | 30% | ▲ |
| ✓ | No Re-admit within 30 Days of Discharge | | 120 | 94% | 85% | 86% | 9% | |
| ● | Follow-up within 30 Days of Discharge | | 69 | 68% | 90% | 75% | -22% | ▼ |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| ✓ Valid NOMS Data | | 100% | 99% |
| Valid TEDS Data | | 99% | 100% |

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

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

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

## Recovery

| National Recovery Measures (NOMS) | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✓ | Improved/Maintained Axis V GAF Score | | 127 | 99% | 75% | 91% | 24% | ▲ |
| ✓ | Abstinence/Reduced Drug Use | | 119 | 88% | 70% | 88% | 18% | ▲ |

## Bed Utilization

| | | 12 Months Trend | Beds | Avg LOS | Turnover | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|---|---|---|
| ✓ | Avg Utilization Rate | | 14 | 28 days | 0.1 | 91% | 90% | 94% | 1% |

| ☐ < 90% | ☐ 90-110% | ☐ >110% |
|---|---|---|

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | % 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 4 Active SA Intensive Residential - Enhanced Programs

**New Life Residential LTT**
Community Health Resources 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 - March 2020  (Data as of Jul 15, 2020)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 24 | 22 | 9% | |
| Admits | 17 | 15 | 13% | ▲ |
| Discharges | 18 | 15 | 20% | ▲ |
| Bed Days | 2,062 | 1,929 | 7% | |

## Discharge Outcomes

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| ✓ Treatment Completed Successfully | | 14 | 78% | 70% | 76% | 8% |
| ✓ No Re-admit within 30 Days of Discharge | | 16 | 89% | 85% | 92% | 4% |
| ✓ Follow-up within 30 Days of Discharge | | 14 | 100% | 90% | 72% | 10% |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| ✓ Valid NOMS Data | | 97% | 83% |
| ✓ Valid TEDS Data | | 100% | 94% |

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| 6 Month Updates | | N/A | 40% |

| Co-occurring | | Actual | State Avg |
|---|---|---|---|
| ✓ MH Screen Complete | | 100% | 85% |
| ✓ SA Screen Complete | | 100% | 85% |

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

## Recovery

| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| ✓ Abstinence/Reduced Drug Use | | 17 | 71% | 70% | 71% | 1% |
| 🔴 Improved/Maintained Axis V GAF Score | | 17 | 94% | 95% | 89% | -1% |

## Bed Utilization

| | 12 Months Trend | Beds | Avg LOS | Turnover | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|---|---|
| ✓ Avg Utilization Rate | | 8 | 130 days | 0.2 | 94% | 90% | 99% | 4% |

| ▢ < 90% | ▢ 90-110% | 🔴 >110% |
|---|---|---|
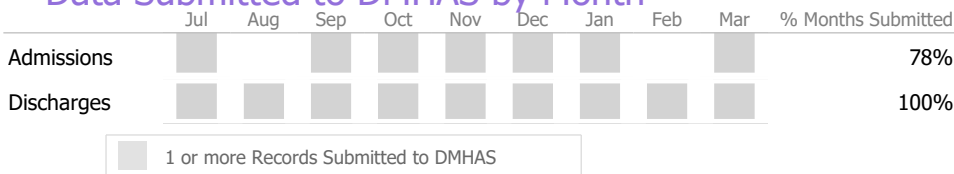
## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | % Months Submitted |
|---|---|---|---|---|---|---|---|---|---|---|
| Admissions | ▢ | | ▢ | ▢ | ▢ | ▢ | ▢ | | ▢ | 78% |
| 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 Intermediate/Long Term Res.Tx 3.5 Programs

**Next Steps - Manchester 606551**
Community Health Resources Inc.
Mental Health - Case Management - Supportive Housing – Scattered Site

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2019 - March 2020  (Data as of Jul 15, 2020)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 35 | 33 | 6% | |
| Admits | 3 | 2 | 50% | ▲ |
| Discharges | 5 | 1 | 400% | ▲ |
| Service Hours | 835 | 835 | 0% | |

## Recovery

| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ✓ Stable Living Situation | | 34 | 97% | 85% | 89% | 12% | ▲ |

## Service Utilization

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| ✓ Clients Receiving Services | | 30 | 100% | 90% | 96% | 10% |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| ✓ Valid NOMS Data | | 98% | 90% |

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| ✓ 6 Month Updates | | 93% | 91% |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | % Months Submitted |
|---|---|---|---|---|---|---|---|---|---|---|
| Admissions | | ▪ | | | | | ▪ | | | 22% |
| Discharges | | ▪ | | ▪ | ▪ | | | ▪ | ▪ | 56% |
| Services | ▪ | ▪ | ▪ | ▪ | ▪ | ▪ | ▪ | ▪ | ▪ | 100% |

▪ 1 or more Records Submitted to DMHAS

| ▲ > 10% Over | ▼ < 10% Under |
|---|---|

Actual | Goal ✓ Goal Met ● Below Goal

* State Avg based on 98 Active Supportive Housing – Scattered Site Programs

**NHDTP**
Community Health Resources Inc.
Mental Health - Case Management - Standard Case Management

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2019 - March 2020  (Data as of Jul 15, 2020)
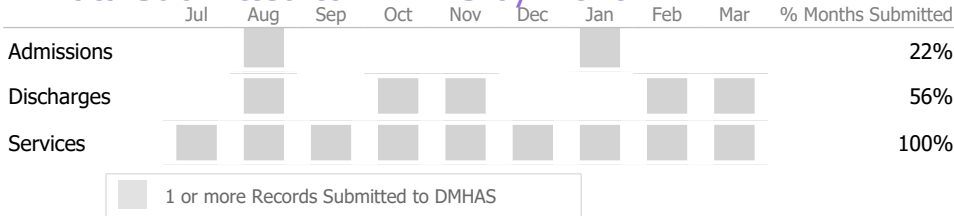
## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 16 | 27 | -41% | ▼ |
| Admits | 6 | 17 | -65% | ▼ |
| Discharges | 9 | 14 | -36% | ▼ |

## Discharge Outcomes

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✓ | Treatment Completed Successfully | | 8 | 89% | 50% | 57% | 39% | ▲ |

## Recovery

| | National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✓ | Stable Living Situation | | 16 | 100% | 80% | 76% | 20% | ▲ |
| 🔴 | Employed | | 0 | 0% | 20% | 12% | -20% | ▼ |
| 🔴 | Social Support | | 3 | 19% | 60% | 71% | -41% | ▼ |

## Data Submission Quality

| | Data Entry | | Actual | State Avg |
|---|---|---|---|---|
| ✓ | Valid NOMS Data | | 100% | 94% |

| | On-Time Periodic | | Actual | State Avg |
|---|---|---|---|---|
| ✓ | 6 Month Updates | | 67% | 63% |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | % Months Submitted |
|---|---|---|---|---|---|---|---|---|---|---|
| Admissions | | | | | | | | | | 44% |
| Discharges | | | | | | | | | | 56% |

1 or more Records Submitted to DMHAS
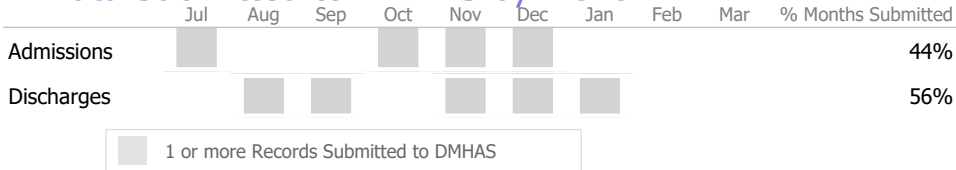
▲ > 10% Over   ▼ < 10% Under

Actual | Goal   ✓ Goal Met   🔴 Below Goal

\* State Avg based on 24 Active Standard Case Management Programs

**Northfield Group Home - Enfield 617-240**
Community Health Resources Inc.
Mental Health - Residential Services - Group Home

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2019 - March 2020  (Data as of Jul 15, 2020)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 12 | 12 | 0% | |
| Admits | 6 | 5 | 20% | ▲ |
| Discharges | 7 | 4 | 75% | ▲ |
| Bed Days | 1,652 | 2,078 | -21% | ▼ |

## Discharge Outcomes

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✓ | Treatment Completed Successfully | | 7 | 100% | 80% | 83% | 20% | ▲ |
| ✓ | No Re-admit within 30 Days of Discharge | | 6 | 86% | 85% | 82% | 1% | |
| ● | Follow-up within 30 Days of Discharge | | 6 | 86% | 90% | 77% | -4% | |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| ✓ | Valid NOMS Data | 99% | 99% |

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| ✓ | 6 Month Updates | 100% | 94% |

| Co-occurring | | Actual | State Avg |
|---|---|---|---|
| ✓ | MH Screen Complete | 83% | 83% |
| | SA Screen Complete | 83% | 90% |

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

## Recovery

| National Recovery Measures (NOMS) | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✓ | Social Support | | 9 | 75% | 60% | 88% | 15% | ▲ |
| ✓ | Stable Living Situation | | 12 | 100% | 90% | 100% | 10% | |
| ● | Improved/Maintained Axis V GAF Score | | 7 | 88% | 95% | 74% | -7% | |

## Bed Utilization

| | | 12 Months Trend | Beds | Avg LOS | Turnover | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|---|---|
| ● | Avg Utilization Rate | | 8 | 403 days | 0.3 | 75% | 90% | 94% | -15% | ▼ |

| | < 90% | | 90-110% | | >110% |
|---|---|---|---|---|---|

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | % Months Submitted |
|---|---|---|---|---|---|---|---|---|---|---|
| Admissions | | | ▪ | | ▪ | ▪ | | | | 44% |
| Discharges | | ▪ | | | ▪ | | | ▪ | ▪ | 44% |

☐ 1 or more Records Submitted to DMHAS
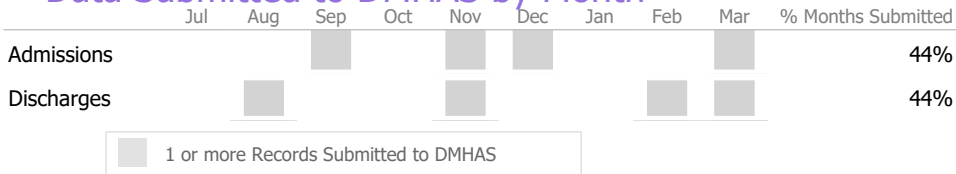
▲ > 10% Over     ▼ < 10% Under

| Actual | | Goal | ✓ Goal Met | ● Below Goal |
|---|---|---|---|---|

* State Avg based on 24 Active Group Home Programs

**Oak Street Recovery House**
Community Health Resources Inc.
Addiction - Residential Services - Recovery House

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2019 - March 2020  (Data as of Jul 15, 2020)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % |
|---|---|---|---|
| Unique Clients | 73 | 76 | -4% |
| Admits | 71 | 69 | 3% |
| Discharges | 72 | 71 | 1% |
| Bed Days | 2,230 | 2,203 | 1% |

## Discharge Outcomes

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|---|
| ✓ | Treatment Completed Successfully | | 61 | 85% | 85% | 80% | 0% |

## Bed Utilization

| | | 12 Months Trend | Beds | Avg LOS | Turnover | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|---|---|---|
| 🔴 | Avg Utilization Rate | | 10 | 41 days | 0.1 | 81% | 90% | 81% | -9% |

| ■ < 90% | ■ 90-110% | ■ >110% |
|---|---|---|

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | % Months Submitted |
|---|---|---|---|---|---|---|---|---|---|---|
| Admissions | | | | | | | | | | 100% |
| Discharges | | | | | | | | | | 100% |

■ 1 or more Records Submitted to DMHAS

| ▲ > 10% Over | ▼ < 10% Under |
|---|---|

| ■ Actual | │ Goal | ✓ Goal Met | 🔴 Below Goal |
|---|---|---|---|
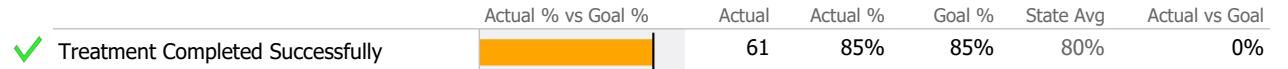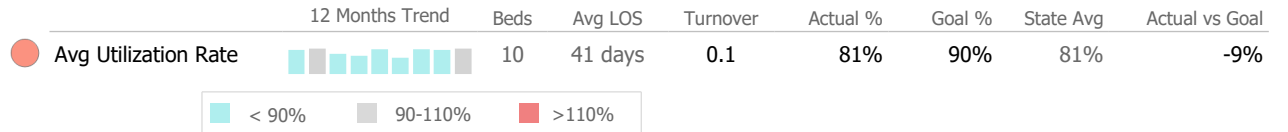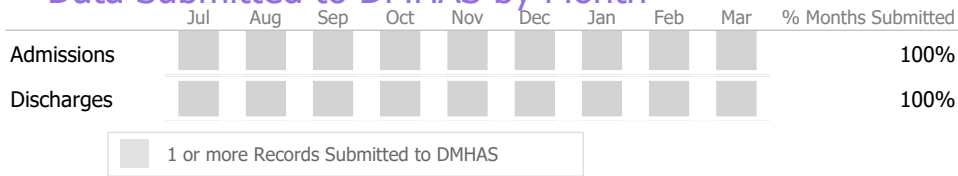
* State Avg based on 13 Active Recovery House Programs

**Outpatient 202200 (formerly New Directions)**
Community Health Resources Inc.
Addiction - Outpatient - Standard Outpatient

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2019 - March 2020  (Data as of Jul 15, 2020)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 342 | 472 | -28% | ▼ |
| Admits | 215 | 307 | -30% | ▼ |
| Discharges | 239 | 347 | -31% | ▼ |

## Discharge Outcomes

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|---|
| 🔴 | Treatment Completed Successfully | | 118 | 49% | 50% | 52% | -1% |

## Recovery

| National Recovery Measures (NOMS) | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✔ | Not Arrested | | 293 | 80% | 75% | 82% | 5% | |
| ✔ | Employed | | 186 | 51% | 50% | 43% | 1% | |
| 🔴 | Abstinence/Reduced Drug Use | | 175 | 48% | 55% | 51% | -7% | |
| ✔ | Improved/Maintained Axis V GAF Score | | 227 | 80% | 75% | 58% | 5% | |
| 🔴 | Stable Living Situation | | 296 | 81% | 95% | 82% | -14% | ▼ |
| 🔴 | Self Help | | 74 | 20% | 60% | 26% | -40% | ▼ |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| ✔ | Valid NOMS Data | 96% | 91% |
| | Valid TEDS Data | 84% | 90% |

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| ✔ | 6 Month Updates | 39% | 20% |

| Co-occurring | | Actual | State Avg |
|---|---|---|---|
| ✔ | MH Screen Complete | 99% | 88% |
| | SA Screen Complete | 97% | 98% |

| Diagnosis | | Actual | State Avg |
|---|---|---|---|
| ✔ | Valid Axis I Diagnosis | 100% | 99% |
| ✔ | Valid Axis V GAF Score | 100% | 98% |

## Service Engagement

| Outpatient | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|---|
| ✔ | 2 or more Services within 30 days | | 164 | 81% | 75% | 70% | 6% |

## Data Submitted to DMHAS by Month
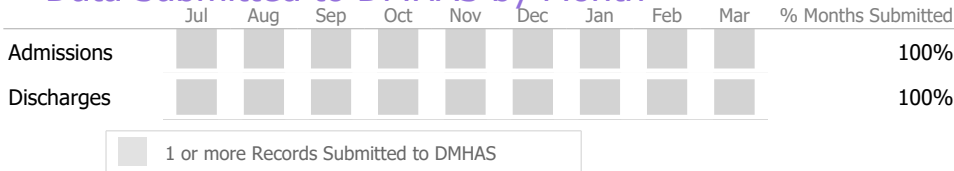
| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | % Months Submitted |
|---|---|---|---|---|---|---|---|---|---|---|
| Admissions | | | | | | | | | | 100% |
| Discharges | | | | | | | | | | 100% |

1 or more Records Submitted to DMHAS

▲ > 10% Over    ▼ < 10% Under

■ Actual    | Goal    ✔ Goal Met    🔴 Below Goal

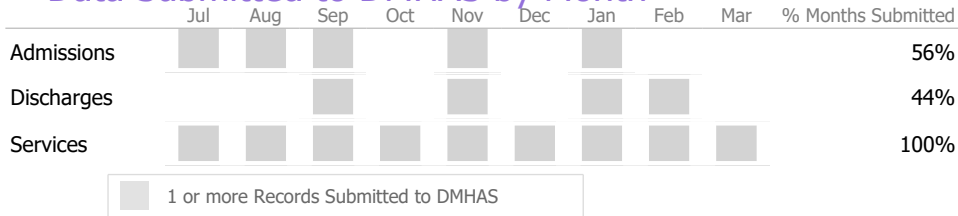* State Avg based on 115 Active Standard Outpatient Programs

**PATH - CM - Outreach and Eng**
Community Health Resources Inc.
Mental Health - Case Management - Outreach & Engagement

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2019 - March 2020  (Data as of Jul 15, 2020)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 20 | 32 | -38% | ▼ |
| Admits | 6 | 14 | -57% | ▼ |
| Discharges | 8 | 19 | -58% | ▼ |
| Service Hours | 278 | 181 | 53% | ▲ |

## Service Engagement
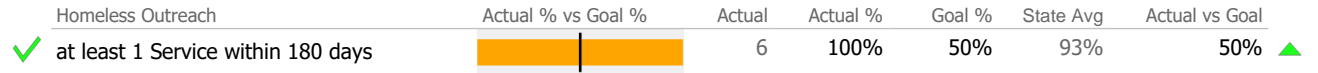
| Homeless Outreach | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✓ | at least 1 Service within 180 days | | 6 | 100% | 50% | 93% | 50% | ▲ |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | % Months Submitted |
|---|---|---|---|---|---|---|---|---|---|---|
| Admissions | ■ | ■ | ■ | | ■ | | ■ | | | 56% |
| Discharges | | | ■ | | ■ | | ■ | ■ | | 44% |
| Services | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | 100% |

■ 1 or more Records Submitted to DMHAS

| ▲ > 10% Over | ▼ < 10% Under |
|---|---|

■ Actual | Goal | ✓ Goal Met | ● Below Goal

* State Avg based on 46 Active Outreach & Engagement Programs

**Pilots Housing - Manchester 617297**
Community Health Resources Inc.
Mental Health - Case Management - Supportive Housing – Scattered Site

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2019 - March 2020  (Data as of Jul 15, 2020)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 18 | 22 | -18% | ▼ |
| Admits | - | 3 | -100% | ▼ |
| Discharges | 2 | 4 | -50% | ▼ |
| Service Hours | 351 | 337 | 4% | |

## Recovery

| National Recovery Measures (NOMS) | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✓ | Stable Living Situation | | 18 | 100% | 85% | 89% | 15% | ▲ |

## Service Utilization

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|---|
| ✓ | Clients Receiving Services | | 16 | 100% | 90% | 96% | 10% |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| ✓ | Valid NOMS Data | 100% | 90% |

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| ✓ | 6 Month Updates | 94% | 91% |

## Data Submitted to DMHAS by Month

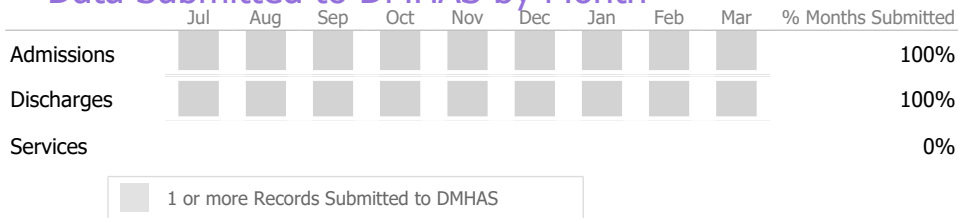| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | % Months Submitted |
|---|---|---|---|---|---|---|---|---|---|---|
| Admissions | | | | | | | | | | 0% |
| Discharges | | | | | | | ▧ | ▧ | | 22% |
| Services | ▧ | ▧ | ▧ | ▧ | ▧ | ▧ | ▧ | ▧ | ▧ | 100% |

▧ 1 or more Records Submitted to DMHAS

▲ > 10% Over    ▼ < 10% Under

■ Actual    | Goal    ✓ Goal Met    ● Below Goal

* State Avg based on 98 Active Supportive Housing – Scattered Site Programs

**Pre-Trial Drug/Alc Ed 202705**
Community Health Resources Inc.
Forensic SA - Forensics Community-based - Pre-trial Intervention Programs

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2019 - March 2020  (Data as of Jul 15, 2020)
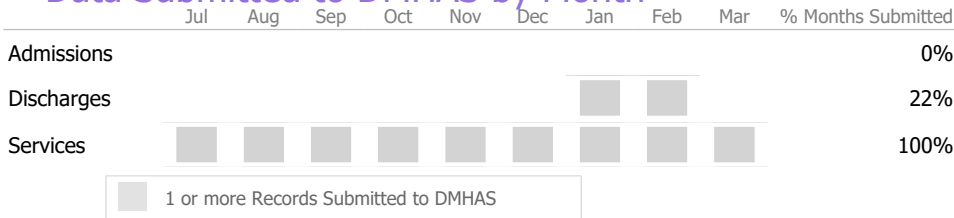
## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 511 | 311 | 64% | ▲ |
| Admits | 313 | 282 | 11% | ▲ |
| Discharges | 245 | 148 | 66% | ▲ |
| Service Hours | - | - | | |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | % Months Submitted |
|---|---|---|---|---|---|---|---|---|---|---|
| Admissions | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | 100% |
| Discharges | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | 100% |
| Services | | | | | | | | | | 0% |

▢ 1 or more Records Submitted to DMHAS

▲ > 10% Over    ▼ < 10% Under

■ Actual    | Goal    ✓ Goal Met    ● Below Goal

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

**Respite - Enfield 617200**
Community Health Resources Inc.
Mental Health - Crisis Services - Respite Bed

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2019 - March 2020  (Data as of Jul 15, 2020)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 38 | 38 | 0% | |
| Admits | 44 | 39 | 13% | ▲ |
| Discharges | 47 | 42 | 12% | ▲ |
| Bed Days | 1,270 | 1,186 | 7% | |

## Discharge Outcomes

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|---|
| 🔴 | No Re-admit within 30 Days of Discharge | | 39 | 83% | 85% | 88% | -2% |
| ✅ | Follow-up within 30 Days of Discharge | | 39 | 98% | 90% | 81% | 8% |

## Bed Utilization

| | | 12 Months Trend | Beds | Avg LOS | Turnover | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|---|---|
| 🔴 | Avg Utilization Rate | | 6 | 67 days | 0.1 | 77% | 90% | 73% | -13% | ▼ |

| 🟦 < 90% | ⬜ 90-110% | 🟥 >110% |
|---|---|---|

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | % Months Submitted |
|---|---|---|---|---|---|---|---|---|---|---|
| Admissions | ⬜ | ⬜ | ⬜ | ⬜ | ⬜ | ⬜ | ⬜ | ⬜ | ⬜ | 100% |
| Discharges | ⬜ | ⬜ | ⬜ | ⬜ | ⬜ | ⬜ | ⬜ | ⬜ | ⬜ | 100% |

⬜ 1 or more Records Submitted to DMHAS

| ▲ > 10% Over | ▼ < 10% Under |
|---|---|

| 🟧 Actual | | Goal | ✅ Goal Met | 🔴 Below Goal |
|---|---|---|---|---|
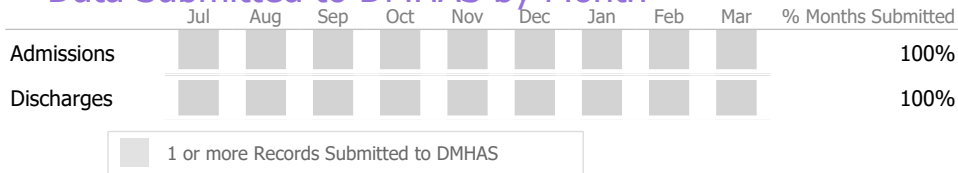
* State Avg based on 10 Active Respite Bed Programs

**Roots to Recovery**
Community Health Resources 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 - March 2020  (Data as of Jul 15, 2020)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 58 | 46 | 26% | ▲ |
| Admits | 45 | 36 | 25% | ▲ |
| Discharges | 45 | 34 | 32% | ▲ |
| Bed Days | 3,678 | 3,539 | 4% | |

## Discharge Outcomes

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✓ | Treatment Completed Successfully | | 38 | 84% | 70% | 76% | 14% | ▲ |
| ✓ | No Re-admit within 30 Days of Discharge | | 42 | 93% | 85% | 92% | 8% | |
| ✓ | Follow-up within 30 Days of Discharge | | 36 | 95% | 90% | 72% | 5% | |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| ✓ | Valid NOMS Data | 95% | 83% |
| ✓ | Valid TEDS Data | 99% | 94% |

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| 6 Month Updates | | N/A | 40% |

| Co-occurring | | Actual | State Avg |
|---|---|---|---|
| ✓ | MH Screen Complete | 100% | 85% |
| ✓ | SA Screen Complete | 100% | 85% |

| Diagnosis | | Actual | State Avg |
|---|---|---|---|
| Valid Axis I Diagnosis | | 98% | 100% |
| Valid Axis V GAF Score | | 98% | 99% |

## Recovery

| National Recovery Measures (NOMS) | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✓ | Abstinence/Reduced Drug Use | | 50 | 86% | 70% | 71% | 16% | ▲ |
| ✓ | Improved/Maintained Axis V GAF Score | | 45 | 100% | 95% | 89% | 5% | |

## Bed Utilization

| | | 12 Months Trend | Beds | Avg LOS | Turnover | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|---|---|---|
| ✓ | Avg Utilization Rate | | 14 | 86 days | 0.2 | 96% | 90% | 99% | 6% |

| ■ < 90% | ■ 90-110% | ■ >110% |
|---|---|---|

## Data Submitted to DMHAS by Month
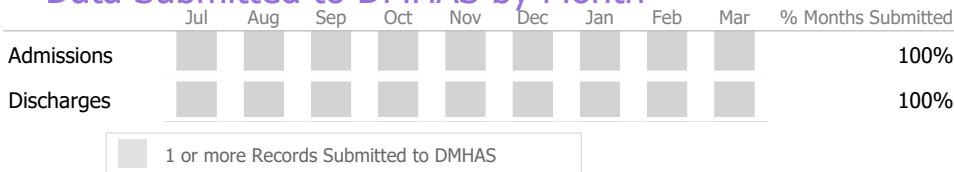
| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | % Months Submitted |
|---|---|---|---|---|---|---|---|---|---|---|
| Admissions | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | 100% |
| Discharges | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | 100% |

■ 1 or more Records Submitted to DMHAS

▲ > 10% Over      ▼ < 10% Under

■ Actual | Goal ✓ Goal Met ● Below Goal

\* State Avg based on 26 Active Intermediate/Long Term Res.Tx 3.5 Programs

**Second Wind Club House - Enfield 617-280**
Community Health Resources Inc.
Mental Health - Social Rehabilitation - Social Rehabilitation

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2019 - March 2020  (Data as of Jul 15, 2020)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 95 | 97 | -2% | |
| Admits | 27 | 29 | -7% | |
| Discharges | 35 | 28 | 25% | ▲ |
| Social Rehab/PHP/IOP Days | 2,734 | 3,322 | -18% | ▼ |

## Service Utilization

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|---|
| ✓ | Clients Receiving Services | | 65 | 100% | 90% | 73% | 10% |

## Data Submitted to DMHAS by Month
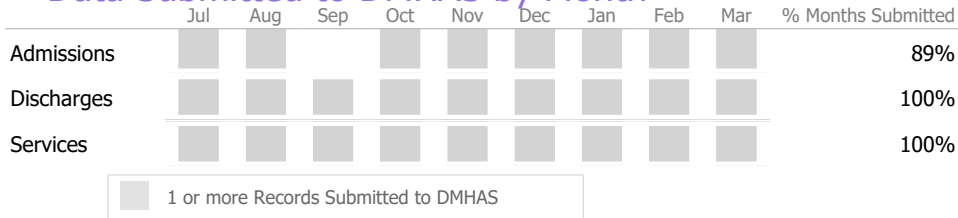
| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | % Months Submitted |
|---|---|---|---|---|---|---|---|---|---|---|
| Admissions | ▢ | ▢ | | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | 89% |
| Discharges | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | 100% |
| Services | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | 100% |

▢ 1 or more Records Submitted to DMHAS

▲ > 10% Over     ▼ < 10% Under

Actual | Goal     ✓ Goal Met     ● Below Goal

* State Avg based on 33 Active Social Rehabilitation Programs

**SOR - Recovery Coach**
Community Health Resources Inc.
Addiction - Recovery Support - Peer Based Mentoring

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2019 - March 2020  (Data as of Jul 15, 2020)

## Program Activity

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

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | % 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 9 Active Peer Based Mentoring Programs

**STR - MAT Y2**
Community Health Resources Inc.
Addiction - Medication Assisted Treatment - Buprenorphine Maintenance

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2019 - March 2020  (Data as of Jul 15, 2020)

## 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 | 93% |
| Valid TEDS Data | | N/A | 96% |

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| 6 Month Updates | | N/A | 33% |

| Co-occurring | | Actual | State Avg |
|---|---|---|---|
| MH Screen Complete | | N/A | 83% |
| SA Screen Complete | | N/A | 94% |

## Discharge Outcomes

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| Treatment Completed Successfully | | N/A | N/A | 50% | 40% | 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% | 53% | -55% ▼ |
| Employed | | N/A | N/A | 50% | 32% | -50% ▼ |
| Improved/Maintained Axis V GAF Score | | N/A | N/A | 75% | 51% | -75% ▼ |
| Not Arrested | | N/A | N/A | 75% | 74% | -75% ▼ |
| Self Help | | N/A | N/A | 60% | 26% | -60% ▼ |
| Stable Living Situation | | N/A | N/A | 95% | 76% | -95% ▼ |

## Service Utilization

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| Clients Receiving Services | | N/A | N/A | 90% | 52% | N/A ▼ |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | % 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 24 Active Buprenorphine Maintenance Programs

**STR MAT**
Community Health Resources Inc.
Addiction - Medication Assisted Treatment - Buprenorphine Maintenance

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2019 - March 2020  (Data as of Jul 15, 2020)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 135 | 114 | 18% | ▲ |
| Admits | 62 | 61 | 2% | |
| Discharges | 65 | 39 | 67% | ▲ |
| Service Hours | 1,528 | 1,206 | 27% | ▲ |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| ✔ | Valid NOMS Data | 93% | 93% |
| ✔ | Valid TEDS Data | 99% | 96% |

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| ✔ | 6 Month Updates | 37% | 33% |

| Co-occurring | | Actual | State Avg |
|---|---|---|---|
| ✔ | MH Screen Complete | 98% | 83% |
| ✔ | SA Screen Complete | 98% | 94% |

| Diagnosis | | Actual | State Avg |
|---|---|---|---|
| ✔ | Valid Axis I Diagnosis | 99% | 99% |
| ✔ | Valid Axis V GAF Score | 98% | 98% |

## Discharge Outcomes

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| ● Treatment Completed Successfully | | 30 | 46% | 50% | 40% | -4% |

## Recovery

| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ● Abstinence/Reduced Drug Use | | 79 | 52% | 55% | 53% | -3% | |
| ● Not Arrested | | 107 | 70% | 75% | 74% | -5% | |
| ● Improved/Maintained Axis V GAF Score | | 89 | 70% | 75% | 51% | -5% | |
| ● Employed | | 44 | 29% | 50% | 32% | -21% | ▼ |
| ● Stable Living Situation | | 99 | 65% | 95% | 76% | -30% | ▼ |
| ● Self Help | | 34 | 22% | 60% | 26% | -38% | ▼ |

## Service Utilization

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ● Clients Receiving Services | | 69 | 79% | 90% | 52% | -11% | ▼ |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | % Months Submitted |
|---|---|---|---|---|---|---|---|---|---|---|
| Admissions | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | 100% |
| Discharges | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | 100% |
| Services | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | 100% |

▢ 1 or more Records Submitted to DMHAS

▲ > 10% Over     ▼ < 10% Under

■ Actual     | Goal     ✔ Goal Met     ● Below Goal

* State Avg based on 24 Active Buprenorphine Maintenance Programs

**Strickland Street Residence - Manchester**
Community Health Resources Inc.
Mental Health - Residential Services - MH Intensive Res. Rehabilitation

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2019 - March 2020  (Data as of Jul 15, 2020)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % |
|---|---|---|---|
| Unique Clients | 6 | 6 | 0% |
| Admits | - | 1 | -100% ▼ |
| Discharges | - | - | |
| Bed Days | 1,650 | 1,566 | 5% |

## Discharge Outcomes

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| Treatment Completed Successfully | | N/A | N/A | 75% | 72% | N/A |
| No Re-admit within 30 Days of Discharge | | N/A | N/A | 85% | 67% | N/A |
| Follow-up within 30 Days of Discharge | | N/A | N/A | 90% | 67% | N/A |

## Data Submission Quality

| Data Entry | Actual | State Avg |
|---|---|---|
| ✓ Valid NOMS Data | 100% | 98% |

| On-Time Periodic | Actual | State Avg |
|---|---|---|
| ✓ 6 Month Updates | 83% | 77% |

| Co-occurring | Actual | State Avg |
|---|---|---|
| MH Screen Complete | N/A | 86% |
| SA Screen Complete | N/A | 90% |

| Diagnosis | Actual | State Avg |
|---|---|---|
| ✓ Valid Axis I Diagnosis | 100% | 95% |
| ✓ Valid Axis V GAF Score | 100% | 91% |

## Recovery

| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| ● Improved/Maintained Axis V GAF Score | | 1 | 17% | 75% | 49% | -58% ▼ |

## Bed Utilization

| | 12 Months Trend | Beds | Avg LOS | Turnover | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|---|---|
| ✓ Avg Utilization Rate | | 6 | 2,258 days | 0.3 | 100% | 90% | 95% | 10% |

| | < 90% | 90-110% | >110% |
|---|---|---|---|

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | % 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 28 Active MH Intensive Res. Rehabilitation Programs

**Supported Employment - Enfield 620222**
Community Health Resources Inc.
Mental Health - Employment Services - Employment Services
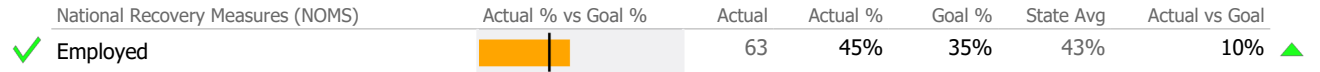
Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
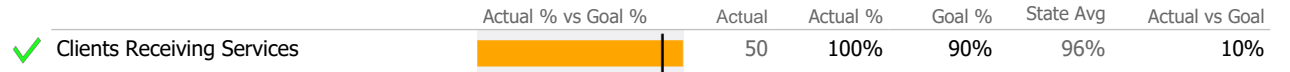Reporting Period: July 2019 - March 2020  (Data as of Jul 15, 2020)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 135 | 126 | 7% | |
| Admits | 99 | 107 | -7% | |
| Discharges | 90 | 72 | 25% | ▲ |
| Service Hours | 993 | 758 | 31% | ▲ |

## Recovery

| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ✓ Employed | | 63 | 45% | 35% | 43% | 10% | ▲ |

## Service Utilization

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| ✓ Clients Receiving Services | | 50 | 100% | 90% | 96% | 10% |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| ✓ Valid NOMS Data | | 99% | 83% |

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| ✓ 6 Month Updates | | 100% | 96% |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | % Months Submitted |
|---|---|---|---|---|---|---|---|---|---|---|
| Admissions | | | | | | | | | | 100% |
| Discharges | | | | | | | | | | 89% |
| Services | | | | | | | | | | 100% |

1 or more Records Submitted to DMHAS

▲ > 10% Over    ▼ < 10% Under

Actual    | Goal    ✓ Goal Met    ● Below Goal

* State Avg based on 42 Active Employment Services Programs
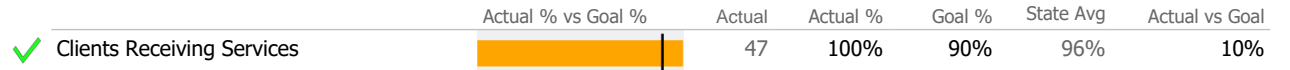
**Supported Employment Manchester**
Community Health Resources Inc.
Mental Health - Employment Services - Employment Services

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2019 - March 2020  (Data as of Jul 15, 2020)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 76 | 85 | -11% | ▼ |
| Admits | 22 | 51 | -57% | ▼ |
| Discharges | 29 | 30 | -3% | |
| Service Hours | 885 | 942 | -6% | |

## Recovery

| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ✓ Employed | | 35 | 46% | 35% | 43% | 11% | ▲ |

## Service Utilization

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| ✓ Clients Receiving Services | | 47 | 100% | 90% | 96% | 10% |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| ✓ Valid NOMS Data | | 99% | 83% |

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| ✓ 6 Month Updates | | 100% | 96% |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | % Months Submitted |
|---|---|---|---|---|---|---|---|---|---|---|
| Admissions | | ▩ | ▩ | ▩ | ▩ | ▩ | ▩ | ▩ | | 78% |
| Discharges | ▩ | | ▩ | | ▩ | ▩ | ▩ | ▩ | | 78% |
| Services | ▩ | ▩ | ▩ | ▩ | ▩ | ▩ | ▩ | ▩ | ▩ | 100% |

▩ 1 or more Records Submitted to DMHAS

▲ > 10% Over    ▼ < 10% Under

■ Actual    | Goal    ✓ Goal Met    ● Below Goal

* State Avg based on 42 Active Employment Services Programs

**Trans Support Program 617255**
Community Health Resources Inc.
Mental Health - Residential Services - Supervised Apartments

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2019 - March 2020  (Data as of Jul 15, 2020)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 20 | 18 | 11% | ▲ |
| Admits | 7 | 7 | 0% | |
| Discharges | 11 | 3 | 267% | ▲ |
| Bed Days | 2,866 | 3,757 | -24% | ▼ |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| ✓ | Valid NOMS Data | 100% | 51% |

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| ✓ | 6 Month Updates | 100% | 88% |

| Co-occurring | | Actual | State Avg |
|---|---|---|---|
| ✓ | MH Screen Complete | 100% | 56% |
| ✓ | SA Screen Complete | 100% | 56% |

| Diagnosis | | Actual | State Avg |
|---|---|---|---|
| ✓ | Valid Axis I Diagnosis | 100% | 99% |
| ✓ | Valid Axis V GAF Score | 100% | 94% |

## Discharge Outcomes

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ● | Treatment Completed Successfully | | 6 | 55% | 60% | 71% | -5% | |
| ● | Follow-up within 30 Days of Discharge | | 4 | 67% | 90% | 82% | -23% | ▼ |

## Recovery

| | National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✓ | Social Support | | 16 | 80% | 60% | 85% | 20% | ▲ |
| ✓ | Stable Living Situation | | 20 | 100% | 95% | 92% | 5% | |
| ● | Employed | | 4 | 20% | 25% | 10% | -5% | |
| ● | Improved/Maintained Axis V GAF Score | | 6 | 38% | 95% | 63% | -57% | ▼ |

## Bed Utilization

| | | 12 Months Trend | Beds | Avg LOS | Turnover | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|---|---|
| ● | Avg Utilization Rate | | 14 | 392 days | 0.4 | 74% | 90% | 96% | -16% | ▼ |

| ☐ < 90% | ☐ 90-110% | ☐ >110% |
|---|---|---|

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | % Months Submitted |
|---|---|---|---|---|---|---|---|---|---|---|
| Admissions | ■ | | ■ | | | ■ | ■ | | ■ | 56% |
| Discharges | ■ | ■ | ■ | | | ■ | ■ | ■ | ■ | 78% |

☐ 1 or more Records Submitted to DMHAS
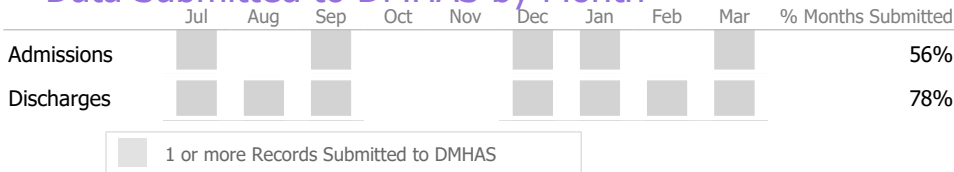
▲ > 10% Over     ▼ < 10% Under

| ☐ Actual | ❘ Goal | ✓ Goal Met | ● Below Goal |
|---|---|---|---|

* State Avg based on 81 Active Supervised Apartments Programs

**We Can Club House - Manchester 606284**
Community Health Resources Inc.
Mental Health - Social Rehabilitation - Social Rehabilitation

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2019 - March 2020  (Data as of Jul 15, 2020)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 271 | 105 | 158% | ▲ |
| Admits | 176 | 33 | 433% | ▲ |
| Discharges | 33 | 17 | 94% | ▲ |
| Social Rehab/PHP/IOP Days | 2,668 | 2,732 | -2% | |

## Service Utilization

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|---|
| ✓ | Clients Receiving Services | ▬▬▬▬ | 227 | 94% | 90% | 73% | 4% |

## Data Submitted to DMHAS by Month
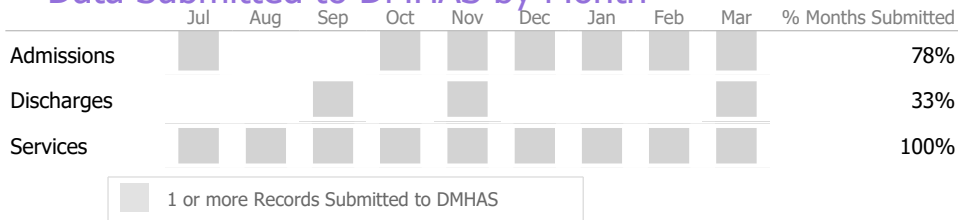
| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | % Months Submitted |
|---|---|---|---|---|---|---|---|---|---|---|
| Admissions | ▧ | | | ▧ | ▧ | ▧ | ▧ | ▧ | ▧ | 78% |
| Discharges | | | ▧ | | ▧ | | | | ▧ | 33% |
| Services | ▧ | ▧ | ▧ | ▧ | ▧ | ▧ | ▧ | ▧ | ▧ | 100% |

☐ 1 or more Records Submitted to DMHAS

▲ > 10% Over    ▼ < 10% Under

■ Actual    | Goal    ✓ Goal Met    ● Below Goal

* State Avg based on 33 Active Social Rehabilitation Programs

**Willimantic OP**
Community Health Resources Inc.
Addiction - Outpatient - Standard Outpatient

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2019 - March 2020  (Data as of Jul 15, 2020)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % |
|---|---|---|---|
| Unique Clients | 767 | 723 | 6% |
| Admits | 486 | 487 | 0% |
| Discharges | 422 | 403 | 5% |
| Service Hours | 4,285 | 4,168 | 3% |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| Valid NOMS Data | | 88% | 91% |
| Valid TEDS Data | | 75% | 90% |

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| ✓ 6 Month Updates | | 56% | 20% |

| Co-occurring | | Actual | State Avg |
|---|---|---|---|
| ✓ MH Screen Complete | | 100% | 88% |
| ✓ SA Screen Complete | | 100% | 98% |

| Diagnosis | | Actual | State Avg |
|---|---|---|---|
| ✓ Valid Axis I Diagnosis | | 99% | 99% |
| ✓ Valid Axis V GAF Score | | 99% | 98% |

## Discharge Outcomes

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| 🔴 Treatment Completed Successfully | | 166 | 39% | 50% | 52% | -11% ▼ |

## Recovery

| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| ✓ Not Arrested | | 709 | 87% | 75% | 82% | 12% ▲ |
| 🔴 Abstinence/Reduced Drug Use | | 375 | 46% | 55% | 51% | -9% |
| 🔴 Employed | | 306 | 38% | 50% | 43% | -12% ▼ |
| ✓ Improved/Maintained Axis V GAF Score | | 488 | 83% | 75% | 58% | 8% |
| 🔴 Stable Living Situation | | 572 | 70% | 95% | 82% | -25% ▼ |
| 🔴 Self Help | | 168 | 21% | 60% | 26% | -39% ▼ |

## Service Utilization

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| ✓ Clients Receiving Services | | 378 | 95% | 90% | 66% | 5% |

## Service Engagement

| Outpatient | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| ✓ 2 or more Services within 30 days | | 412 | 88% | 75% | 70% | 13% ▲ |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | % Months Submitted |
|---|---|---|---|---|---|---|---|---|---|---|
| Admissions | | | | | | | | | | 100% |
| Discharges | | | | | | | | | | 100% |
| Services | | | | | | | | | | 100% |

1 or more Records Submitted to DMHAS

▲ > 10% Over    ▼ < 10% Under

Actual | Goal  ✓ Goal Met  🔴 Below Goal

* State Avg based on 115 Active Standard Outpatient Programs

**YAS CTT - Enfield 617-373**
Community Health Resources Inc.
Mental Health - ACT - Assertive Community Treatment

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2019 - March 2020  (Data as of Jul 15, 2020)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 48 | 53 | -9% | |
| Admits | 19 | 27 | -30% | ▼ |
| Discharges | 17 | 24 | -29% | ▼ |
| Service Hours | 1,900 | 1,588 | 20% | ▲ |

## Data Submission Quality

| Data Entry | Actual % vs Goal % | Actual | State Avg |
|---|---|---|---|
| ✓ Valid NOMS Data | | 99% | 64% |

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| ✓ 6 Month Updates | | 100% | 90% |

| Co-occurring | | Actual | State Avg |
|---|---|---|---|
| ✓ MH Screen Complete | | 84% | 29% |
| ✓ SA Screen Complete | | 84% | 30% |

| Diagnosis | | Actual | State Avg |
|---|---|---|---|
| ✓ Valid Axis I Diagnosis | | 100% | 99% |
| ✓ Valid Axis V GAF Score | | 100% | 89% |

## Discharge Outcomes

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ✓ Treatment Completed Successfully | | 12 | 71% | 65% | 54% | 6% | |
| ✓ No Re-admit within 30 Days of Discharge | | 16 | 94% | 85% | 90% | 9% | |
| ● Follow-up within 30 Days of Discharge | | 8 | 67% | 90% | 55% | -23% | ▼ |

## Recovery

| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ✓ Stable Living Situation | | 47 | 98% | 60% | 89% | 38% | ▲ |
| ✓ Social Support | | 40 | 83% | 60% | 78% | 23% | ▲ |
| ✓ Employed | | 17 | 35% | 15% | 14% | 20% | ▲ |
| ● Improved/Maintained Axis V GAF Score | | 17 | 52% | 85% | 58% | -33% | ▼ |

## Service Utilization

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ✓ Clients Receiving Services | | 30 | 97% | 90% | 99% | 7% | |

## Data Submitted to DMHAS by Month
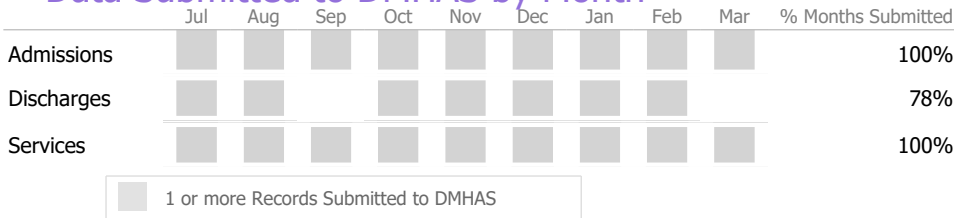
| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | % Months Submitted |
|---|---|---|---|---|---|---|---|---|---|---|
| Admissions | | | | | | | | | | 100% |
| Discharges | | | | | | | | | | 78% |
| Services | | | | | | | | | | 100% |

☐ 1 or more Records Submitted to DMHAS

▲ > 10% Over     ▼ < 10% Under

■ Actual    | Goal    ✓ Goal Met    ● Below Goal

* State Avg based on 23 Active Assertive Community Treatment Programs

**YAS Staffed Apartments - Enfield**
Community Health Resources Inc.
Mental Health - Residential Services - MH Intensive Res. Rehabilitation

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2019 - March 2020  (Data as of Jul 15, 2020)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 9 | 2 | 350% | ▲ |
| Admits | 4 | - | | |
| Discharges | 6 | - | | |
| Bed Days | 964 | 548 | 76% | ▲ |

## Discharge Outcomes

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ● Treatment Completed Successfully | | 3 | 50% | 75% | 72% | -25% | ▼ |
| ● No Re-admit within 30 Days of Discharge | | 5 | 83% | 85% | 67% | -2% | |
| ● Follow-up within 30 Days of Discharge | | 2 | 67% | 90% | 67% | -23% | ▼ |

## Data Submission Quality

| Data Entry | Actual | State Avg |
|---|---|---|
| ✓ Valid NOMS Data | 100% | 98% |

| On-Time Periodic | Actual | State Avg |
|---|---|---|
| ✓ 6 Month Updates | 100% | 77% |

| Co-occurring | Actual | State Avg |
|---|---|---|
| MH Screen Complete | 75% | 86% |
| SA Screen Complete | 75% | 90% |

| Diagnosis | Actual | State Avg |
|---|---|---|
| ✓ Valid Axis I Diagnosis | 100% | 95% |
| ✓ Valid Axis V GAF Score | 100% | 91% |

## Recovery

| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ✓ Improved/Maintained Axis V GAF Score | | 6 | 86% | 75% | 49% | 11% | ▲ |

## Bed Utilization

| | 12 Months Trend | Beds | Avg LOS | Turnover | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|---|
| ✓ Avg Utilization Rate | | 3 | 234 days | 0.2 | 117% | 90% | 95% | 27% | ▲ |
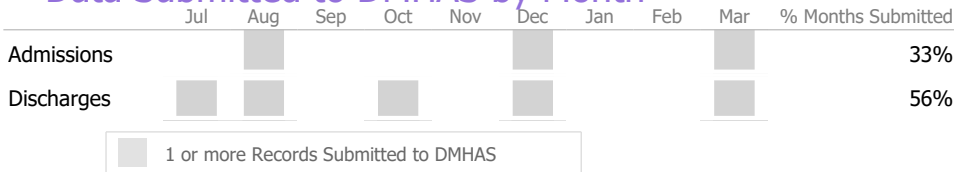
■ < 90%   ■ 90-110%   ■ >110%

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | % Months Submitted |
|---|---|---|---|---|---|---|---|---|---|---|
| Admissions | | ▪ | | | | ▪ | | | ▪ | 33% |
| Discharges | ▪ | ▪ | | ▪ | | ▪ | | | ▪ | 56% |

▪ 1 or more Records Submitted to DMHAS

▲ > 10% Over   ▼ < 10% Under

■ Actual   | Goal   ✓ Goal Met   ● Below Goal

* State Avg based on 28 Active MH Intensive Res. Rehabilitation Programs

**Young Adult Services - Manchester**
Community Health Resources Inc.
Mental Health - ACT - Assertive Community Treatment

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2019 - March 2020  (Data as of Jul 15, 2020)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 28 | 30 | -7% | |
| Admits | 6 | 7 | -14% | ▼ |
| Discharges | 9 | 12 | -25% | ▼ |
| Service Hours | 1,997 | 2,083 | -4% | |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| ✓ | Valid NOMS Data | 100% | 64% |

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| ✓ | 6 Month Updates | 100% | 90% |

| Co-occurring | | Actual | State Avg |
|---|---|---|---|
| ✓ | MH Screen Complete | 100% | 29% |
| ✓ | SA Screen Complete | 100% | 30% |

| Diagnosis | | Actual | State Avg |
|---|---|---|---|
| ✓ | Valid Axis I Diagnosis | 100% | 99% |
| ✓ | Valid Axis V GAF Score | 100% | 89% |

## Discharge Outcomes

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| 🔴 | Treatment Completed Successfully | | 4 | 44% | 65% | 54% | -21% | ▼ |
| ✓ | No Re-admit within 30 Days of Discharge | | 9 | 100% | 85% | 90% | 15% | ▲ |
| 🔴 | Follow-up within 30 Days of Discharge | | 2 | 50% | 90% | 55% | -40% | ▼ |

## Recovery

| National Recovery Measures (NOMS) | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✓ | Stable Living Situation | | 27 | 96% | 60% | 89% | 36% | ▲ |
| ✓ | Employed | | 14 | 50% | 15% | 14% | 35% | ▲ |
| ✓ | Social Support | | 22 | 79% | 60% | 78% | 19% | ▲ |
| 🔴 | Improved/Maintained Axis V GAF Score | | 10 | 42% | 85% | 58% | -43% | ▼ |

## Service Utilization

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|---|
| ✓ | Clients Receiving Services | | 19 | 100% | 90% | 99% | 10% |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | % Months Submitted |
|---|---|---|---|---|---|---|---|---|---|---|
| Admissions | | | ▪ | | ▪ | ▪ | ▪ | | ▪ | 67% |
| Discharges | ▪ | ▪ | ▪ | | ▪ | | ▪ | ▪ | | 67% |
| Services | ▪ | ▪ | ▪ | ▪ | ▪ | ▪ | ▪ | ▪ | ▪ | 100% |

▪ 1 or more Records Submitted to DMHAS

▲ > 10% Over   ▼ < 10% Under

■ Actual   | Goal   ✓ Goal Met   🔴 Below Goal

* State Avg based on 23 Active Assertive Community Treatment Programs