Wheeler Clinic Plainville, 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 Actual 1 Yr Ago Variance % Monthly Trend Measure **Unique Clients** 6,809 7,100 -4% Admits 3,653 3,899 -6% Discharges 3,143 3,289 -4% -22% 🔻 Service Hours 11,757 15,137

▲ > 10% Over 1 Yr Ago

▼ > 10% Under 1Yr Ago

Clients by Level of Care

Program Type	Level of Care Type	#	%
Addiction			
	Outpatient	3,848	54.0%
	Intake	818	11.5%
Medicatio	n Assisted Treatment	338	4.7%
	Case Management	91	1.3%
	Consultation	66	0.9%
	Recovery Support	60	0.8%
	IOP	16	0.2%
Forensic SA			
Forens	ics Community-based	1,832	25.7%
	Case Management	55	0.8%

Consumer Satisfaction Survey (Based on 202 FY19 Surveys) Question Domain Satisfied % vs Goal% Satisfied % Goal % State Avg ✓ Overall 91% 91% 80% ✓ Quality and Appropriateness 90% 80% 93% General Satisfaction \checkmark 87% 80% 92% Participation in Treatment 86% 80% 92% \checkmark ✓ Access 80% 88% 83% ✓ Respect 80% 91% 83% Recovery 77% 80% 79% Outcome 76% 80% 83% ✓ Goal Met Goal % 0-80% 80-100% Satisfied % Under Goal

Client Demographics

Age 18-25 26-34 35-44 45-54 55-64 65+

Ethnicity Unknown Non-Hispanic Hisp-Puerto Rican Hispanic-Other Hispanic-Mexican Hispanic-Cuban

	#	%	State Avg	Gender		#	%	State Avg
ļ.	1,222	18%	11%	Male		4,185	61%	60%
	1,910	28%	23%	Female		2,620	39%	40%
	1,556	23%	22%	Transgender				0%
	1,097	16%	20%					
Í	773	11%	18%					
Ĺ	241	4%	6%	Race		#	%	State Avg
				White/Caucasian		3,912	57%	62%
	#	%	State Avg	Other 📘		1,149	17%	13%
	3,366	49%	▲ 10%	Black/African American		944	14%	17%
	2,332	34%	▼ 70%	Unknown		497	7%	5%
· '	848	12%	12%	Multiple Races		173	3%	1%
	203	3%	8%	Asian		69	1%	1%
				Am. Indian/Native Alaskan		35	1%	1%
	41	1%	1%	Hawaiian/Other Pacific Islander		30	0%	0%
	19	0%	0%					
	Unique C	lients	State Avg	> 10% Over State Avg	V :	> 10% U	nder St	ate Avg

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	818	560	46%	
Admits	955	637	50%	
Discharges	955	637	50%	

Data Submitted to DMHAS by Month



	> 10% 0	ver 💙 < 100	% Under	
Actual	Goal	V Goal Met	Belo	w Goal

* State Avg based on 1 Active Central Intake Programs

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	27	17	59%	
Admits	15	9	67%	
Discharges	9	2	350%	
Service Hours	94	124	-24%	▼

Data Submission Quality

Data Entry		Actual	State Avg
Valid NOMS Data		79%	94%
Valid TEDS Data		68%	40%
	,		
On-Time Periodic		Actual	State Avg
✓ 6 Month Updates		67%	39%
Co-occurring		Actual	State Avg
V MH Screen Complete		93%	90%
V SA Screen Complete	i	100%	91%

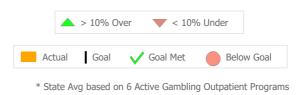
Diagnosis	Actual	State Avg
Valid Axis I Diagnosis	96%	99%
Valid Axis V GAF Score	96%	97%

Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Treatment Completed Successfully		7	78%	75%	62%	3%
Service Utilization						
	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Clients Receiving Services		16	89%	90%	93%	-1%
Service Engagement						
Service Engagement						

Outpatient	ACLUAI 70 VS GUAI 70	Actual	ACLUAI 70	Guai 70	State Avy	Actual vs Goal	
2 or more Services within 30 days		9	60%	75%	77%	-15%	

		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	% Months Submitted
Admission	s										78%
Discharge	S										56%
Services											78%
	1 0	or mo	re Recor	ds Subm	itted to	DMHAS					



Measure	Actual	1 Yr Ago	Variance %
Unique Clients	72	66	9%
Admits	5	45	-89% 🔻
Discharges	22	5	340% 🔺
Service Hours	309	554	-44% 🔻

Service Engagement



Data Submitted to DMHAS by Month



	> 10% O	ver 🔻 < 10%	6 Under	
Actual	Goal	V Goal Met	Below	/ Goal

* State Avg based on 21 Active Outreach & Engagement Programs

Program Activity

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

Data Submission Quality

Data Entry	 Actual	State Avg
Valid NOMS Data	N/A	94%
Valid TEDS Data	N/A	97%
On-Time Periodic	Actual	State Avg
6 Month Updates	0%	4%
Co-occurring	Actua	State Avg
MH Screen Complete	N/A	92%
SA Screen Complete	N/A	92%

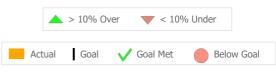
Diagnosis	Actual	State Avg
Valid Axis I Diagnosis	100%	100%
Valid Axis V GAF Score	100%	100%

Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goa
Treatment Completed Successfully		N/A	N/A	50%	56%	N/A
	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Follow-up within 30 Days of Discharge		N/A	N/A	90%	63%	N/A
Recovery						
National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goa
Employed		0	0%	50%	35%	-50%
Abstinence/Reduced Drug Use	I	0	0%	55%	42%	-55%
Self Help	I	0	0%	60%	16%	-60%
Improved/Maintained Axis V GAF Score		0	0%	75%	72%	-75%
Not Arrested		0	0%	75%	78%	-75%
Stable Living Situation	· · · · ·	0	0%	95%	83%	-95%
Service Utilization						
	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goa
Clients Receiving Services		0	0%	90%	77%	N/A

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	% Months Submitted
Admissions										0%
Discharges										0%
Services										0%
	1 or mo	ore Reco	rds Subn	nitted to	DMHAS					



* State Avg based on 53 Active Standard IOP Programs

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	160	117	37%	
Admits	56	70	-20%	▼
Discharges	42	8	425%	
Service Hours	437	218	101%	

Data Submission Quality

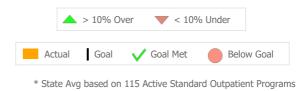
Data Entry	Actual	State Avg
Valid NOMS Data	83%	6 91%
Valid TEDS Data	90%	% 90%
	•	
On-Time Periodic	Actua	al State Avg
6 Month Updates	129	6 20%
Co-occurring	Actua	al State Avg
MH Screen Complete	79%	6 88%
🗸 SA Screen Complete	100%	% 98%

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		20	48%	50%	52%	-2%	
	_							
	Recovery							
	National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
\checkmark	Not Arrested		138	86%	75%	82%	11%	
	Employed		76	47%	50%	43%	-3%	
	Stable Living Situation		142	88%	95%	82%	-7%	
	Abstinence/Reduced Drug Use		71	44%	55%	51%	-11%	-
	Self Help		53	33%	60%	26%	-27%	
	Improved/Maintained Axis V GAF Score		48	33%	75%	58%	-42%	
	Service Utilization							
	Service Othization	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
	Clients Receiving Services	Actual % vs Goal %	45	38%	90%	66%	-52%	-
	<u> </u>							•
	Service Engagement							
	Outpatient	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
\checkmark	2 or more Services within 30 days		45	80%	75%	70%	5%	
		•						





Program Activity



Data Submission Quality

Data Entry	Actual S	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%

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	ĺ	N/A	N/A	50%	30%	-50%	
Improved/Maintained Axis V GAF Score		N/A	N/A	75%	51%	-75%	
Not Arrested	Í	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 Submitted to DMHAS by Month

	J	JI AL	lg Sep	o Oct	INOV	Dec	Jan	Feb	Mar	% Months Submitted
Admission	S									0%
Discharge	s									0%
	1 or	more R	ecords Su	ubmitted to	DMHAS					

Actual Goal 🗸 Goal Met 🥚 Below Goa	al

* State Avg based on 7 Active Naltrexone Programs

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	338	216	56%	
Admits	97	77	26%	
Discharges	-	-		
Service Hours	-	-		

Data Submission Quality

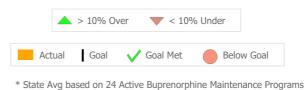
Data Entry	Actual	State Avg
Valid NOMS Data	84%	93%
Valid TEDS Data	99%	96%
On-Time Periodic	Actual	State Avg
6 Month Updates	0%	33%
Co-occurring	Actual	State Avg
MH Screen Complete	100%	83%
V SA Screen Complete	100%	94%

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
Treatm	ent Completed Successfully		N/A	N/A	50%	40%	N/A
Reco	overy						
National	Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Not Arre	ested		189	56%	75%	74%	-19% 🔻
Employe	ed		88	26%	50%	32%	-24% 🔻
Abstine	nce/Reduced Drug Use		95	28%	55%	53%	-27% 🔻
Self Hel	p	<u> </u>	100	30%	60%	26%	-30% 🔻
Stable L	iving Situation		167	49%	95%	76%	-46% 🔻
Improve	ed/Maintained Axis V GAF Score		0	0%	75%	51%	-75% 🔻
Serv	ice Utilization						
		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Clients I	Receiving Services		0	0%	90%	52%	N/A 🔷

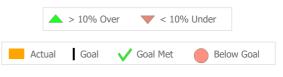
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	% Months Submitted
Admissions										100%
Discharges										0%
Services										0%
	1 or m	ore Reco	rds Subn	nitted to	DMHAS					



Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	66	29	128%	
Admits	53	23	130%	
Discharges	34	16	113%	
Service Hours	-	-		

Data Submitted to DMHAS by Month

		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	% Months Submitted
Admissions	S										89%
Discharges	5										78%
Services											0%
	1	. or m	ore Recor	ds Subr	nitted to	DMHAS					



* State Avg based on 1 Active Consultation Programs

Connecticut Dept of Mental Health and Addiction Services Program Quality Dashboard

Forensic SA - Case Management - Standard Case Management

Reporting Period: July 2019 - March 2020 (Data as of Jul 15, 2020)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	8	19	-58% 🔻	
Admits	1	7	-86% 🔻	
Discharges	-	10	-100% 🔻	
Service Hours	6	98	-94% 🔻	

Data Submission Quality

	Data Entry	Actual	State Avg
\checkmark	Valid NOMS Data	100%	99%
	On-Time Periodic	Actual	State Avg
	6 Month Updates	0%	8%

Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Treatment Completed Successfully		N/A	N/A	50%	56%	N/A	
Recovery							
National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Employed		0	0%	20%	15%	-20%	
Social Support	_ `	1	12%	60%	86%	-48%	
Self Help		0	0%	60%	75%	-60%	
Stable Living Situation	■ ·	1	12%	80%	44%	-68%	
Service Utilization							
	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Clients Receiving Services		1	13%	90%	53%	-78%	▼

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	% Months Submitted
Admissions										11%
Discharges										0%
Services										0%
	1 or mo	ore Reco	rds Subn	nitted to	DMHAS					

(

	> 10% 0	ver 🔻 < 10	% Under	
Actual	Goal	V Goal Met	Belo	w Goal

* State Avg based on 8 Active Standard Case Management Programs

Forensic SA - Case Management - Standard Case Management

Reporting Period: July 2019 - March 2020 (Data as of Jul 15, 2020)

Program Activity

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	49	67	-27% 🔻
Admits	26	40	-35% 🔻
Discharges	9	41	-78% 🔻
Service Hours	40	229	-83% 🔻

Data Submission Quality

	Data Entry	Actual	State Avg	
\checkmark	Valid NOMS Data	100%	99%	
	On-Time Periodic	Actual	State Avg	
	6 Month Updates	0%	8%	

Discharge Outcomes

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
	Treatment Completed Successfully		2	22%	50%	56%	-28%	
	Recovery							
	National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
\checkmark	Social Support		42	86%	60%	86%	26%	
	Self Help		27	55%	60%	75%	-5%	
	Employed		0	0%	20%	15%	-20%	
	Stable Living Situation		1	2%	80%	44%	-78%	
	Service Utilization							
		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
	Clients Receiving Services		17	43%	90%	53%	-48%	▼

Data Submitted to Sep Oct Nov Dec Jan

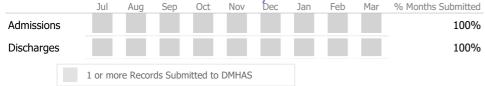


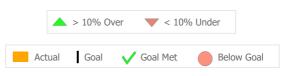
	> 10% Ov	ver 🔻 < 100	% Under	
Actual	Goal	V Goal Met	Below C	Goal

* State Avg based on 8 Active Standard Case Management Programs

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	667	763	-13% 🔻
Admits	380	495	-23% 🔻
Discharges	447	464	-4%

Data Submitted to DMHAS by Month

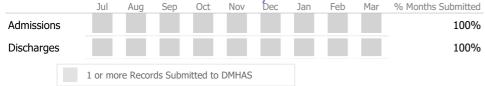


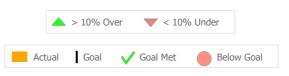


* State Avg based on 16 Active Pre-trial Intervention Programs Programs

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	1,168	1,162	1%
Admits	487	506	-4%
Discharges	535	483	11% 🔺

Data Submitted to DMHAS by Month





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

Program Activity

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	1,997	1,816	10%
Admits	849	931	-9%
Discharges	630	622	1%
Service Hours	6,452	6,133	5%

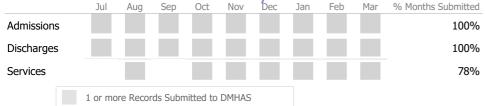
Data Submission Quality

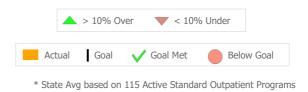
	Data Entry		Actual	State Avg
	Valid NOMS Data		79%	91%
	Valid TEDS Data		88%	90%
	On-Time Periodic		Actual	State Avg
	6 Month Updates		14%	20%
	Co-occurring		Actual	State Avg
	MH Screen Complete		85%	88%
\checkmark	SA Screen Complete	•	100%	98%
	1		•	
	Diagnosis		Actual	State Avg

Didyi iosis	Actual	State Avy
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	I
Treatment Completed Successfully		186	30%	50%	52%	-20%	
Recovery							
National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Not Arrested		1,710	86%	75%	82%	11%	4
Employed		749	37%	50%	43%	-13%	
Abstinence/Reduced Drug Use		831	42%	55%	51%	-13%	
Stable Living Situation		1,582	79%	95%	82%	-16%	
Self Help	I [`]	739	37%	60%	26%	-23%	
Improved/Maintained Axis V GAF Score	·	730	47%	75%	58%	-28%	
Service Utilization							
	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Clients Receiving Services		816	59%	90%	66%	-31%	
Clients Receiving Services Service Engagement		816	59%	90%	66%	-31%	
-	Actual % vs Goal %	816 Actual	59% Actual %	90% Goal %	66% State Avg	-31% Actual vs Goal	





Program Activity

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	1,769	2,664	-34% 🔻
Admits	686	1,055	-35% 🔻
Discharges	451	990	-54% 🔻
Service Hours	4,418	7,762	-43% 🔻

Data Submission Quality

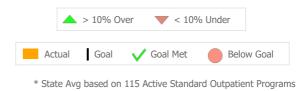
	Data Entry	Actual	State Avg
	Valid NOMS Data	79%	91%
	Valid TEDS Data	88%	90%
	I		
	On-Time Periodic	Actual	State Avg
	6 Month Updates	9%	20%
	Co-occurring	Actual	State Avg
	MH Screen Complete	77%	88%
\checkmark	SA Screen Complete	100%	98%
	ſ	1	

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

Discharge Outcomes

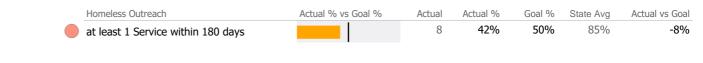
		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Trea	tment Completed Successfully		187	41%	50%	52%	-9%	
Re	covery							
Natio	nal Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Not A	Arrested		1,293	73%	75%	82%	-2%	
Empl	loyed	 `	682	39%	50%	43%	-11%	
Absti	nence/Reduced Drug Use	<u> </u>	632	36%	55%	51%	-19%	
Stabl	le Living Situation	i	1,269	72%	95%	82%	-23%	
Self I	Help	—	475	27%	60%	26%	-33%	
Impr	oved/Maintained Axis V GAF Score		582	40%	75%	58%	-35%	
Sei	rvice Utilization							
		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Clien	ts Receiving Services		551	42%	90%	66%	-48%	
Se	rvice Engagement							
Outp	patient	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
🗸 2 or	more Services within 30 days		538	78%	75%	70%	3%	
		_						





Actual	1 Yr Ago	Variance %
19		
19	-	
9	-	
-	-	
	19 19 9	19 19 - 9 -

Service Engagement



Data Submitted to DMHAS by Month

	Ju	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	% Months Submitted
Admissions	;									44%
Discharges										44%
Services										0%
	1 or	more Reco	rds Subr	nitted to	DMHAS					

	> 10% 0	ver 💙 < 10 ⁰	% Under	
Actual	Goal	V Goal Met	Below	w Goal

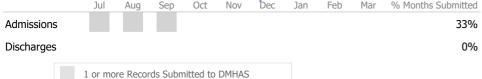
* State Avg based on 21 Active Outreach & Engagement Programs

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	60		
Admits	24	-	
Discharges	-	-	

Data Submission Quality

Data Entry		Actual	State Avg
Valid TEDS Data		N/A	N/A
Co-occurring		Actual	State Avg
MH Screen Complete		0%	48%
SA Screen Complete		0%	62%
Diagnosis		Actual	State Avg
Valid Axis I Diagnosis		98%	12%
Valid Axis V GAF Score	•	32%	11%

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





* State Avg based on 9 Active Peer Based Mentoring Programs