Midwestern CT Council on Alcoholism (MCCA) Danbury, CT

Connecticut Dept of Mental Health and Addiction Services Provider Quality Dashboard

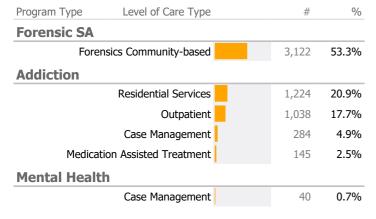
Reporting Period: July 2019 - June 2020 (Data as of Oct 19, 2020)



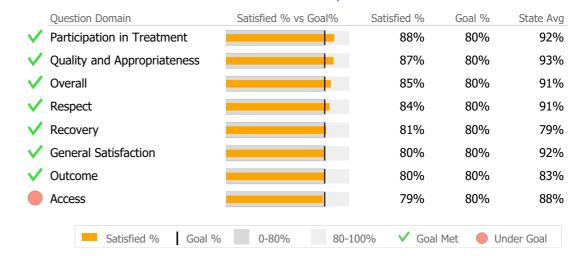
▲ > 10% Over 1 Yr Ago

 \checkmark > 10% Under 1Yr Ago

Clients by Level of Care



Consumer Satisfaction Survey (Based on 2,482 FY19 Surveys)



Client Demographics

Age		#	%	State Avg	Gender	#	%	State Avg
18-25 📕		923	17%	11%	Male 🗾	3,855	72%	▲ 60%
26-34	1	,684	32%	23%	Female <mark>—</mark>	1,531	28%	▼ 40%
35-44	1	,207	23%	22%	Transgender			0%
45-54		831	16%	20%				
55-64		554	10%	18%				
65+		136	3%	6%	Race	#	%	State Avg
					White/Caucasian	3,556	66%	62%
Ethnicity		#	%	State Avg	Other	736	14%	13%
Non-Hispanic	4,	,004	74%	69%	Black/African American	687	13%	17%
Hispanic-Other		605	11%	8%	Unknown	323	6%	6%
Unknown		457	8%	11%	Asian	67	1%	1%
Hisp-Puerto Rican		266	5%	11%	Am. Indian/Native Alaskan	18	0%	1%
					Hawaiian/Other Pacific Islander	9	0%	0%
Hispanic-Mexican		56	1%	1%	Multiple Races	1	0%	1%
Hispanic-Cuban		9	0%	0%				
					•			
Unique			ients	State Avg	▲ > 10% Over State Avg	> 10% U	nder St	ate Avg

CM Latino Outreach 945728

Midwestern CT Council on Alcoholism (MCCA) Addiction - Case Management - Outreach & Engagement

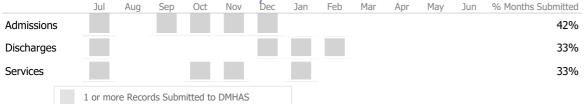
Program Activity

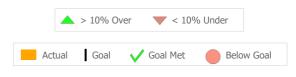
Measure	Actual	1 Yr Ago	Variance %
Unique Clients	117	279	-58% 🔻
Admits	42	148	-72% 🔻
Discharges	36	210	-83% 🔻
Service Hours	334	1,304	-74% 🔻

Service Engagement



Data Submitted to DMHAS by Month





* State Avg based on 21 Active Outreach & Engagement Programs

Program Activity

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	172	162	6%
Admits	131	142	-8%
Discharges	150	131	15% 🔺
Service Hours	672	1,052	-36% 🔻

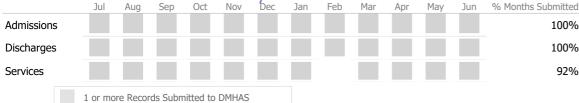
Data Submission Quality

Data Entry	Actual S	tate Avg
Valid NOMS Data	100%	98%
	I	
On-Time Periodic	 Actual	State Avg
6 Month Updates	N/A	49%

Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
✓ Treatment Completed Successfully		122	81%	50%	78%	31%
Recovery						
National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Employed		89	51%	20%	35%	31%
✓ Self Help		111	63%	60%	74%	3%
Stable Living Situation		141	81%	80%	86%	1%
Service Utilization						
	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Clients Receiving Services		24	96%	90%	80%	6%

Data Submitted to DMHAS by Month



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

* State Avg based on 8 Active Standard Case Management Programs

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	55	89	-38% 🔻	
Admits	44	68	-35% 🔻	
Discharges	45	82	-45% 🔻	
Service Hours	583	732	-20% 🔻	

Data Submission Quality

Data Entry	Actual S	State Avg
Valid NOMS Data	89%	90%
Valid TEDS Data	99%	89%
On-Time Periodic	Actual	State Avg
6 Month Updates	0%	20%
 ✓ Co-occurring ✓ MH Screen Complete 	Actual	State Avg 88%
✓ SA Screen Complete	100%	96%
	Т	

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

Discharge Outcomes

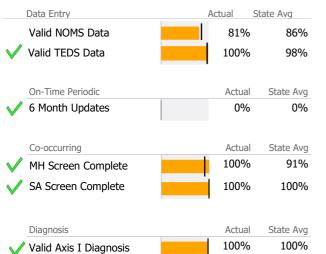
nt Completed Successfully VCIY ecovery Measures (NOMS) ce/Reduced Drug Use d/Maintained Axis V GAF Score sted d ving Situation	Actual % vs Goal %	21 Actual 38 45 46 24	47% Actual % 61% 92% 74% 39%	50% Goal % 55% 75% 75%	48% State Avg 53% 56% 82%	-3% Actual vs Goal 6% 17% -1%
ecovery Measures (NOMS) ce/Reduced Drug Use d/Maintained Axis V GAF Score sted d ving Situation	Actual % vs Goal %	38 45 46	61% 92% 74%	55% 75%	53% 56%	6% 17%
ce/Reduced Drug Use d/Maintained Axis V GAF Score sted d ving Situation	Actual % vs Goal %	38 45 46	61% 92% 74%	55% 75%	53% 56%	6% 17%
//Maintained Axis V GAF Score sted d ving Situation		45 46	92% 74%	75%	56%	17%
sted d ving Situation		46	74%			
d ving Situation				75%	82%	-1%
ving Situation		24	39%			
	· · · · · · · · · · · · · · · · · · ·		5570	50%	40%	-11%
		54	87%	95%	81%	-8%
	– – '	12	19%	60%	27%	-41%
ce Utilization						
	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
eceiving Services		15	88%	90%	62%	-2%
ce Engagement						
nt	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
e Services within 30 days		31	76%	75%	66%	1%
	eceiving Services ce Engagement nt e Services within 30 days	eceiving Services ce Engagement nt Actual % vs Goal %	eceiving Services 15 ce Engagement 15 nt Actual % vs Goal % Actual	eceiving Services 15 88% ce Engagement 15 Actual % vs Goal % Actual %	eceiving Services 15 88% 90% ce Engagement nt Actual % vs Goal % Actual % Actual % Goal %	eceiving Services 15 88% 90% 62% ce Engagement 15 88% 90% 62% nt Actual % vs Goal % Actual % Goal % State Avg

* State Avg based on 117 Active Standard Outpatient Programs



Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	72	25	188%	
Admits	59	25	136%	
Discharges	38	12	217%	

Data Submission Quality



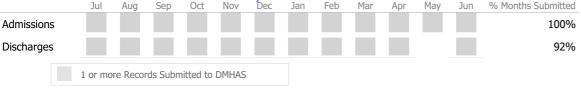
Discharge Outcomes

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
\checkmark	Treatment Completed Successfully		25	66%	50%	57%	16% 🔺
	Recovery						
	National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
\checkmark	Not Arrested		58	81%	75%	85%	6%
	Stable Living Situation		58	81%	95%	83%	-14% 🔷
	Employed		18	25%	50%	28%	-25% 🔷
	Abstinence/Reduced Drug Use		20	28%	55%	38%	-27% 🔷
	Improved/Maintained Axis V GAF Score		27	46%	75%	54%	-29% 🔻
	Self Help		6	8%	60%	22%	-52% 🔫

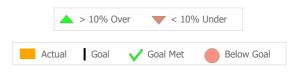
Data Submitted to DMHAS by Month

100%

Valid Axis V GAF Score



100%



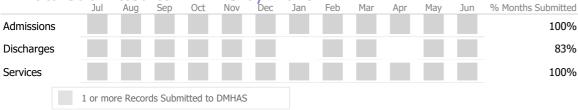
* State Avg based on 7 Active Naltrexone Programs

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	74	53	40% 🔺
Admits	53	35	51% 🔺
Discharges	24	31	-23% 🔻
Service Hours	602	535	12% 🔺

Data Submission Quality

Data Entry	A	ctual S	State Avg
Valid TEDS Data		N/A	N/A
Co-occurring		Actual	State Avg
V MH Screen Complete		96%	96%
SA Screen Complete		95%	95%
Diagnosis		Actual	State Avg
Valid Axis I Diagnosis		100%	100%
Valid Axis V GAF Score		100%	100%

Data Submitted to DMHAS by Month





* State Avg based on 1 Active Other Programs

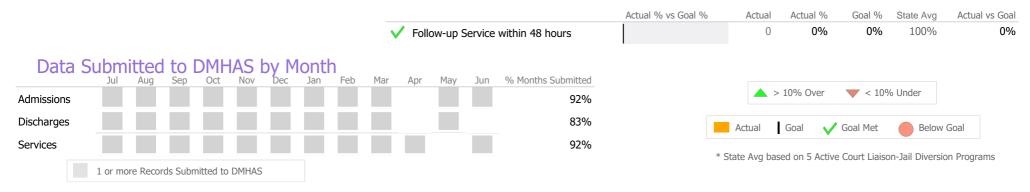
Program Activity

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	95	104	-9%
Admits	75	91	-18% 🔻
Discharges	66	85	-22% 🔻
Service Hours	142	170	-16% 🔻

Service Utilization

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
\checkmark	Clients Receiving Services		29	91%	90%	92%	1%

Jail Diversion



Midwestern CT Council on Alcoholism (MCCA) Addiction - Residential Services - SA Intensive Res. Rehabilitation 3.7 Connecticut Dept of Mental Health and Addiction Services Program Quality Dashboard

Reporting Period: July 2019 - June 2020 (Data as of Oct 19, 2020)

Program Activity

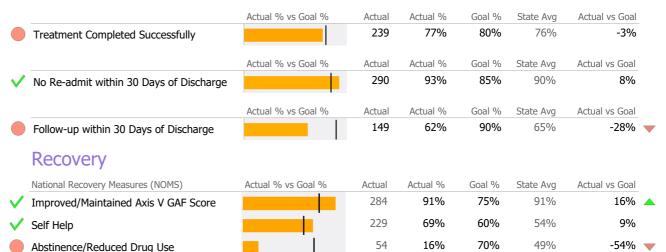
Measure	Actual	1 Yr Ago	Variance %
Unique Clients	320	332	-4%
Admits	311	319	-3%
Discharges	311	318	-2%
Bed Days	7,136	7,345	-3%

Data Submission Quality

Data Entry	Act	ual S	State Avg
🗸 Valid NOMS Data		97%	85%
Valid TEDS Data		100%	95%
On-Time Periodic		Actual	State Avg
6 Month Updates		N/A	N/A
Co-occurring		Actual	State Avg
MH Screen Complete		97%	98%
SA Screen Complete		97%	98%
Diagnosis		Actual	Ctoto Ava

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

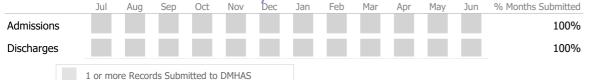
Discharge Outcomes

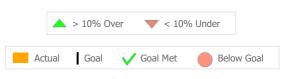


Bed Utilization

		12	Months Trend	Beds	Avg LOS	Turnover	Actual %	Goal %	State Avg	Actual vs Goal
✓ Avg Utilization I	Rate			20	24 days	0.1	97%	90%	102%	7%
		< 90%	90-110%		>110%					

Data Submitted to DMHAS by Month

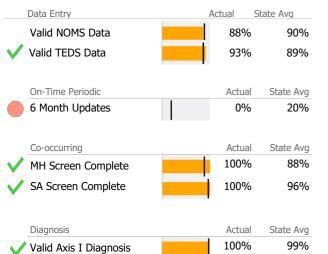




* State Avg based on 9 Active SA Intensive Res. Rehabilitation 3.7 Programs

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	807	901	-10% 🔻
Admits	775	862	-10%
Discharges	630	870	-28% 🔻

Data Submission Quality



Discharge Outcomes

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
\checkmark	Treatment Completed Successfully		350	56%	50%	48%	6%
	Recovery						
	National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
	Employed		386	43%	50%	40%	-7%
	Not Arrested		591	65%	75%	82%	-10%
	Stable Living Situation		733	81%	95%	81%	-14% 🔻
	Abstinence/Reduced Drug Use		351	39%	55%	53%	-16% 🔻
\checkmark	Improved/Maintained Axis V GAF Score		519	78%	75%	56%	3%
	Self Help		15	2%	60%	27%	-58% 🔻

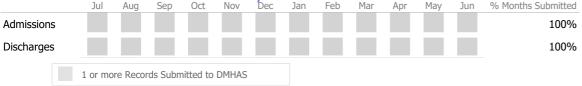
Service Engagement

Outpatient	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
2 or more Services within 30 days		483	69%	75%	66%	-6%

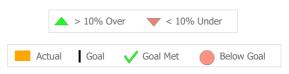
Data Submitted to DMHAS by Month

100%

Valid Axis V GAF Score



97%



* State Avg based on 117 Active Standard Outpatient Programs

Program Activity

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	178	157	13% 🔺
Admits	162	149	9%
Discharges	148	147	1%
Service Hours	1,299	1,207	8%

Data Submission Quality

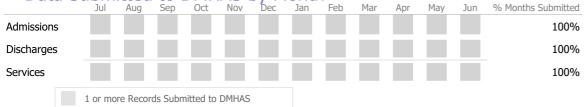
Data Entry	Actual	State Avg
🗸 Valid NOMS Data	90%	90%
Valid TEDS Data	98%	89%
On-Time Periodic	Actual	State Avg
6 Month Updates	0%	20%
Co-occurring	Actual	State Avg
MH Screen Complete	100%	88%
V MIT Screen Complete	100 /0	0070
V SA Screen Complete	100%	96%
	Т	
Diagnosis	Actual	State Avg

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

Discharge Outcomes

	Freatment Completed Successfully						
F	reachent completed Successfully		100	68%	50%	48%	18%
	Recovery						
Ν	ational Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
N	lot Arrested		158	81%	75%	82%	6%
E	mployed	·	101	52%	50%	40%	2%
A	bstinence/Reduced Drug Use	· · · ·	105	54%	55%	53%	-1%
Ir	mproved/Maintained Axis V GAF Score		126	83%	75%	56%	8%
S	table Living Situation		139	71%	95%	81%	-24%
S	elf Help	• 1 '	23	12%	60%	27%	-48%
5	Service Utilization						
		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
С	lients Receiving Services		48	100%	90%	62%	10%
9	Service Engagement						
С	Dutpatient	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
2	or more Services within 30 days		103	70%	75%	66%	-5%

Data Submitted to DMHAS by Month





Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	167	250	-33% 🔻	•
Admits	88	134	-34% 🔻	•
Discharges	131	172	-24% 🔻	•

Data Submitted to DMHAS by Month

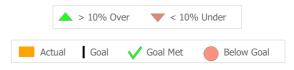


	> 10% 0	ver 💙 < 100	% Under	
Actual	Goal	V Goal Met	Belov	w Goal

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	304	357	-15% 🔻
Admits	132	242	-45% 🔻
Discharges	248	192	29% 🔺
Service Hours	-	-	

Data Submitted to DMHAS by Month

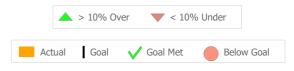
		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	% Months Submitted
Admissions														92%
Discharges														100%
Services														0%
	1	or moi	re Recor	ds Subm	itted to	DMHAS								



Measure	Actual	1 Yr Ago	Variance %
Unique Clients	612	749	-18% 🔻
Admits	394	489	-19% 🔻
Discharges	492	535	-8%
Service Hours	-	-	

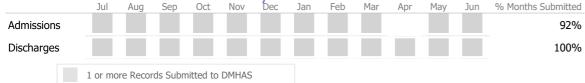
Data Submitted to DMHAS by Month

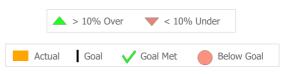
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	% Months Submitted
Admissions													100%
Discharges													100%
Services													0%
	1 or mo	ore Reco	rds Subn	nitted to	DMHAS								



Measure	Actual	1 Yr Ago	Variance %
Unique Clients	1,127	1,382	-18% 🔻
Admits	285	369	-23% 🔻
Discharges	404	537	-25% 🔻

Data Submitted to DMHAS by Month

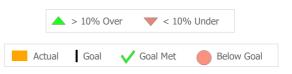




Measure	Actual	1 Yr Ago	Variance %
Unique Clients	763	959	-20% 🔻
Admits	179	294	-39% 🔻
Discharges	245	380	-36% 🔻

Data Submitted to DMHAS by Month





Program Activity

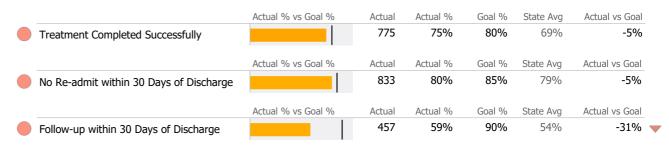
Measure	Actual	1 Yr Ago	Variance %
Unique Clients	757	750	1%
Admits	1,042	1,010	3%
Discharges	1,040	1,008	3%
Bed Days	5,308	5,008	6%

Data Submission Quality

Data Entry	Actual	State Avg
Valid NOMS Data	97	7% 82%
Valid TEDS Data	99	9% 95%
On-Time Periodic	Act	tual State Avg
6 Month Updates	Π	N/A N/A
Co-occurring	Act	tual State Avg
V MH Screen Complete	100	0% 97%
V SA Screen Complete	100	0% 97%
•		

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

Discharge Outcomes

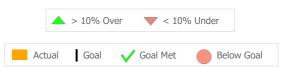


Bed Utilization

		12 Month	is Trend	Beds	Avg LOS	Turnover	Actual %	Goal %	State Avg	Actual vs Goal	
\checkmark	Avg Utilization Rat	e		14	6 days	0.0	104%	90%	94%	14%	
		< 90%	90-110%		>110%						

Data Submitted to DMHAS by Month

		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	% Months Submitted
Admissions	5													100%
Discharges	5													100%
		1 or mo	re Recor	ds Subn	nitted to	DMHAS								



* State Avg based on 8 Active Medically Monitored Detox 3.7D Programs

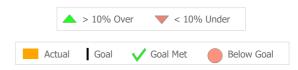
Measure	Actual	1 Yr Ago	Variance %
Unique Clients	316	416	-24% 🔻
Admits	342	449	-24% 🔻
Discharges	349	447	-22% 🔻
Bed Days	5,202	5,615	-7%

Discharge Outcomes



Data Submitted to DMHAS by Month





* State Avg based on 13 Active Recovery House Programs

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	74	57	30%	
Admits	87	72	21%	
Discharges	70	65	8%	
Service Hours	507	197	157%	

Data Submission Quality

Data Entry		Actual S	itate Avg
🗸 Valid NOMS Data		97%	91%
Valid TEDS Data		98%	95%
		1	
On-Time Periodic		Actual	State Avg
6 Month Updates		0%	35%
Co-occurring		Actual	State Avg
V MH Screen Complete		100%	81%
V SA Screen Complete	i	100%	91%
•			

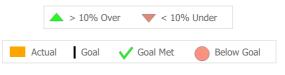
Diagnosis	Actual	State Avg	
Valid Axis I Diagnosis	100%	100%	
Valid Axis V GAF Score	100%	99%	

Discharge Outcomes

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
\checkmark	Treatment Completed Successfully		40	57%	50%	48%	7%	
	Recovery							
	National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
\checkmark	Not Arrested		84	85%	75%	77%	10%	
\checkmark	Improved/Maintained Axis V GAF Score		60	79%	75%	56%	4%	
	Abstinence/Reduced Drug Use		44	44%	55%	55%	-11%	
	Stable Living Situation		85	86%	95%	78%	-9%	
	Employed		36	36%	50%	33%	-14%	
	Self Help		6	6%	60%	26%	-54%	
	Service Utilization							
		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
\checkmark	Clients Receiving Services		28	97%	90%	47%	7%	

Data Submitted to DMHAS by Month

Data	Sabii	ince a					CITC	· · · · ·					
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	% Months Submitted
Admissions													100%
Discharges													100%
Services													100%
	1 or m	ore Recor	ds Subn	nitted to	DMHAS	5							



* State Avg based on 24 Active Buprenorphine Maintenance Programs

Program Activity

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	90	107	-16% 🔻
Admits	81	114	-29% 🔻
Discharges	76	98	-22% 🔻
Service Hours	161	221	-27% 🔻

Service Utilization

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Clients Receiving Services		19	90%	90%	92%	0%
·						

Jail Diversion

	Actual % vs Goal %	Actual Actual % Goal % State Avg Actual vs Goal
	✓ Follow-up Service within 48 hours	0 0% 0% 100% 0%
Data Submitted to DMHAS by Month	Mare Anno Mare Los Of Martha Cabacita d	
Jul Aug Sep Oct Nov Dec Jan Fe	Mar Apr May Jun % Months Submitted	▲ > 100/ Over = < 100/ Under
Admissions	92%	▲ > 10% Over ▼ < 10% Under
Discharges	92%	Actual 🛛 Goal 🗸 Goal Met 🛑 Below Goal
Services	100%	- · · ·
1 or more Records Submitted to DMHAS	*	State Avg based on 5 Active Court Liaison-Jail Diversion Programs

Sunrise Terr.PILOTS Dev.945551

Midwestern CT Council on Alcoholism (MCCA)

Mental Health - Case Management - Supportive Housing - Development

Connecticut Dept of Mental Health and Addiction Services

Program Quality Dashboard

Reporting Period: July 2019 - June 2020 (Data as of Oct 19, 2020)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	40	35	14%	
Admits	24	22	9%	
Discharges	25	19	32%	
Service Hours	553	635	-13%	▼

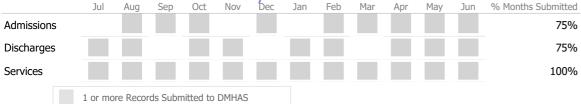
Recovery

	National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
\checkmark	Stable Living Situation		36	90%	85%	91%	5%
	Service Utilization						
		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
\checkmark	Clients Receiving Services		15	100%	90%	97%	10%

Data Submission Quality

Data Entry	Actual State Avg	
Valid NOMS Data	98% 9	9%
On-Time Periodic	Actual State	Δνα
6 Month Updates		7%

Data Submitted to DMHAS by Month



	> 10% 0	ver 🔻 < 100	% Under	
Actual	Goal	V Goal Met	Below	v Goal

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

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	43	37	16%	
Admits	33	28	18%	
Discharges	35	27	30%	
Bed Days	3,427	3,421	0%	

Data Submission Quality

Data Entry	Actual	State Avg
Valid NOMS Data	99%	97%
Valid TEDS Data	100%	99%
On-Time Periodic	Actual	State Avg
6 Month Updates	N/A	N/A
Co-occurring	Actual	State Avg
V MH Screen Complete	100%	96%
V SA Screen Complete	100%	97%
•		

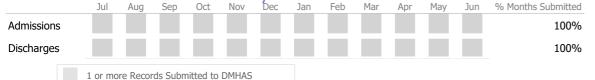
Diagnosis	Actual	State Avg
Valid Axis I Diagnosis	100%	100%
Valid Axis V GAF Score	100%	100%

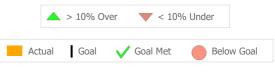
Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Treatment Completed Successfully		19	54%	60%	62%	-6%
	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
No Re-admit within 30 Days of Discharge		25	71%	85%	58%	-14%
	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Follow-up within 30 Days of Discharge		11	58%	90%	56%	-32%
Recovery						
the second se						
۔ National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
National Recovery Measures (NOMS) Improved/Maintained Axis V GAF Score	Actual % vs Goal %	Actual 31	Actual %	Goal % 75%	State Avg 92%	Actual vs Goal 14%

	12 Months Trend	Beds	Avg LOS	Turnover	Actual %	Goal %	State Avg	Actual vs Goal
Avg Utilization Rate		11	125 days	0.2	85%	90%	96%	-5%
	< 90% 90-110%		>110%					

Data Submitted to DMHAS by Month





* State Avg based on 2 Active Long Term Care 3.3 Programs

Program Activity

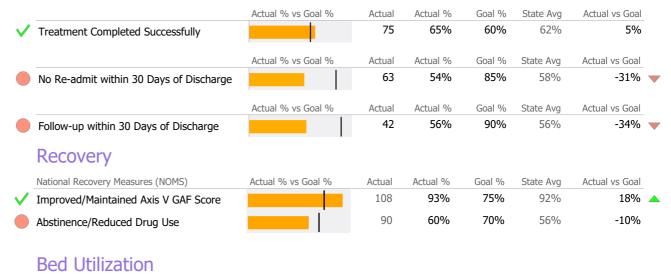
Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	146	117	25%	
Admits	112	84	33%	
Discharges	116	84	38%	
Bed Days	14,222	13,948	2%	

Data Submission Quality

	Data Entry	Actu	ıal	State Avg
\checkmark	Valid NOMS Data		97%	97%
\checkmark	Valid TEDS Data		99%	99%
	On-Time Periodic		Actual	State Avg
	6 Month Updates		N/A	N/A
	Co-occurring		Actual	State Avg
	MH Screen Complete		95%	96%
	SA Screen Complete		95%	97%

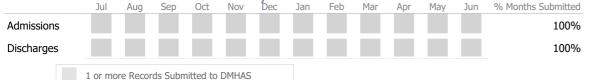
Diagnosis	Diagnosis			
Valid Axis I Diagnosis		100%	100%	
Valid Axis V GAF Score		100%	100%	

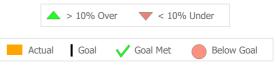
Discharge Outcomes



		12 Months Trend	Beds	Avg LOS	Turnover	Actual %	Goal %	State Avg	Actual vs Goal
\checkmark	Avg Utilization Rate		39	144 days	0.1	100%	90%	96%	10%
	<	90% 90-110%		>110%					

Data Submitted to DMHAS by Month





* State Avg based on 2 Active Long Term Care 3.3 Programs