

Reporting Period: July 2021 - December 2021 (Data as of Apr 18, 2022)

Provider Activity

| Monthly Trend | Measure | Actual | 1 Yr Ago | Variance % |
|---------------|----------------|--------|----------|------------|
| | Unique Clients | 722 | 703 | 3% |
| | Admits | 723 | 652 | 11% ▲ |
| | Discharges | 700 | 671 | 4% |
| | Service Hours | 588 | 650 | -9% |
| | Bed Days | 2,471 | 2,275 | 9% |

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

Consumer Satisfaction Survey

(Based on 252 FY21 Surveys)

| Question Domain | Satisfied % vs Goal% | Satisfied % | Goal % | State Avg |
|-------------------------------|----------------------|-------------|--------|-----------|
| ✓ Overall | | 92% | 80% | 91% |
| ✓ Quality and Appropriateness | | 92% | 80% | 93% |
| ✓ Respect | | 91% | 80% | 91% |
| ✓ General Satisfaction | | 91% | 80% | 92% |
| ✓ Participation in Treatment | | 89% | 80% | 92% |
| ✓ Access | | 88% | 80% | 88% |
| ✓ Outcome | | 87% | 80% | 83% |
| ✓ Recovery | | 85% | 80% | 79% |

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

Clients by Level of Care

| Program Type | Level of Care Type | # | % |
|----------------------|-------------------------------|-----|-------|
| Addiction | Residential Services | 568 | 78.5% |
| | Medication Assisted Treatment | 143 | 19.8% |
| Mental Health | Case Management | 13 | 1.8% |

Client Demographics

| Age | # | % | State Avg |
|-------|-----|-----|-----------|
| 18-25 | 17 | 2% | 9% |
| 26-34 | 192 | 27% | 21% |
| 35-44 | 214 | 30% | 23% |
| 45-54 | 148 | 21% | 19% |
| 55-64 | 133 | 18% | 19% |
| 65+ | 17 | 2% | 9% |

| Gender | # | % | State Avg |
|-------------|-----|-------|-----------|
| Male | 513 | 71% ▲ | 59% |
| Female | 209 | 29% ▼ | 41% |
| Transgender | | | 0% |

| Ethnicity | # | % | State Avg |
|-------------------|-----|-------|-----------|
| Non-Hispanic | 603 | 84% ▲ | 68% |
| Hisp-Puerto Rican | 71 | 10% | 11% |
| Hispanic-Other | 42 | 6% | 8% |
| Unknown | 5 | 1% | 11% |
| Hispanic-Mexican | 1 | 0% | 1% |
| Hispanic-Cuban | | | 0% |

| Race | # | % | State Avg |
|---------------------------------|-----|-----|-----------|
| White/Caucasian | 500 | 69% | 62% |
| Black/African American | 139 | 19% | 17% |
| Other | 76 | 11% | 13% |
| Unknown | 3 | 0% | 6% |
| Am. Indian/Native Alaskan | 2 | 0% | 0% |
| Asian | 1 | 0% | 1% |
| Multiple Races | 1 | 0% | 1% |
| Hawaiian/Other Pacific Islander | | | 0% |

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

Variations in data may be indicative of operational adjustments related to the pandemic.

Arrest Diversion - New Haven

Cornell Scott-Hill Health Corporation

Forensic SA - Case Management - Outreach & Engagement

Connecticut Dept of Mental Health and Addiction Services

Program Quality Dashboard

Reporting Period: July 2021 - December 2021 (Data as of Apr 18, 2022)

Program Activity

| Measure | Actual | 1 Yr Ago | Variance % |
|----------------|--------|----------|------------|
| Unique Clients | 0 | 15 | ▼ |
| Admits | - | 2 | -100% ▼ |
| Discharges | - | 15 | -100% ▼ |
| Service Hours | - | 13 | -100% ▼ |

Data Submitted to DMHAS by Month

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

■ 1 or more Records Submitted to DMHAS

▲ > 10% Over ▼ < 10% Under

■ Actual | Goal ✓ Goal Met ● Below Goal

* State Avg based on 0 Active Outreach & Engagement Programs

Variances in data may be indicative of operational adjustments related to the pandemic.

Program Activity

| Measure | Actual | 1 Yr Ago | Variance % |
|----------------|--------|----------|------------|
| Unique Clients | 4 | 3 | 33% ▲ |
| Admits | 1 | - | |
| Discharges | - | 1 | -100% ▼ |

Data Submission Quality

| Data Entry | Actual | State Avg |
|-------------------------|--------|-----------|
| Valid NOMS Data | 100% | 95% |
| Valid TEDS Data | 100% | 100% |
| On-Time Periodic | | |
| 6 Month Updates | 0% | 5% |
| Co-occurring | | |
| MH Screen Complete | 100% | 87% |
| SA Screen Complete | 100% | 96% |
| Diagnosis | | |
| Valid Axis I Diagnosis | 100% | 98% |

Discharge Outcomes

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

Recovery

| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|-----------------------------------|--------------------|--------|----------|--------|-----------|----------------|
| Not Arrested | | 4 | 100% | 75% | 89% | 25% ▲ |
| Abstinence/Reduced Drug Use | | 3 | 75% | 55% | 66% | 20% ▲ |
| Stable Living Situation | | 4 | 100% | 95% | 84% | 5% |
| Employed | | 2 | 50% | 50% | 50% | 0% |
| Self Help | | 2 | 50% | 60% | 39% | -10% |

Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | % Months Submitted |
|------------|-----|-----|-----|-----|-----|-----|--------------------|
| Admissions | | | | | | | 17% |
| Discharges | | | | | | | 0% |

1 or more Records Submitted to DMHAS

▲ > 10% Over ▼ < 10% Under

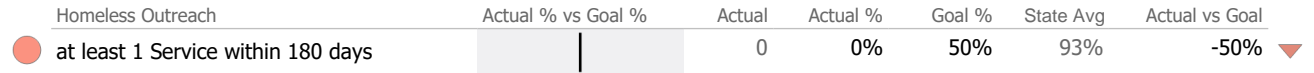
Actual Goal Goal Met Below Goal

* State Avg based on 6 Active Naltrexone Programs

Program Activity

| Measure | Actual | 1 Yr Ago | Variance % |
|----------------|--------|----------|------------|
| Unique Clients | 13 | 13 | 0% |
| Admits | - | - | |
| Discharges | - | - | |
| Service Hours | - | - | |

Service Engagement



Data Submitted to DMHAS by Month

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

1 or more Records Submitted to DMHAS




* State Avg based on 47 Active Outreach & Engagement Programs

Program Activity

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

Data Submitted to DMHAS by Month

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

 1 or more Records Submitted to DMHAS

 > 10% Over  < 10% Under

 Actual  Goal  Goal Met  Below Goal

* State Avg based on 8 Active Peer Based Mentoring Programs

Program Activity

| Measure | Actual | 1 Yr Ago | Variance % |
|----------------|--------|----------|------------|
| Unique Clients | 568 | 556 | 2% |
| Admits | 686 | 634 | 8% |
| Discharges | 686 | 639 | 7% |
| Bed Days | 2,471 | 2,275 | 9% |

Data Submission Quality

| Data Entry | Actual | State Avg |
|------------------------|--------|-----------|
| Valid NOMS Data | 100% | 84% |
| Valid TEDS Data | 100% | 98% |
| On-Time Periodic | | |
| 6 Month Updates | N/A | N/A |
| Co-occurring | | |
| MH Screen Complete | 100% | 96% |
| SA Screen Complete | 100% | 96% |
| Diagnosis | | |
| Valid Axis I Diagnosis | 100% | 100% |

Discharge Outcomes

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|--------------------|--------|----------|--------|-----------|----------------|
| ✓ Treatment Completed Successfully | | 553 | 81% | 80% | 68% | 1% |
| ● No Re-admit within 30 Days of Discharge | | 527 | 77% | 85% | 80% | -8% |
| ● Follow-up within 30 Days of Discharge | | 302 | 55% | 90% | 55% | -35% |

Bed Utilization

| | 12 Months Trend | Beds | Avg LOS | Turnover | Actual % | Goal % | State Avg | Actual vs Goal |
|------------------------|-----------------|------|---------|----------|----------|--------|-----------|----------------|
| ● Avg Utilization Rate | | 24 | 4 days | 0.0 | 56% | 90% | 71% | -34% |

Legend: ■ < 90% ■ 90-110% ■ > 110%

Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | % Months Submitted |
|------------|-----|-----|-----|-----|-----|-----|--------------------|
| Admissions | ■ | ■ | ■ | ■ | ■ | ■ | 100% |
| Discharges | ■ | ■ | ■ | ■ | ■ | ■ | 100% |

Legend: ■ 1 or more Records Submitted to DMHAS

Legend: ▲ > 10% Over ▼ < 10% Under

Legend: ■ Actual ■ Goal ✓ Goal Met ● Below Goal

* State Avg based on 7 Active Medically Monitored Detox 3.7D Programs

Variances in data may be indicative of operational adjustments related to the pandemic.

Program Activity

| Measure | Actual | 1 Yr Ago | Variance % |
|----------------|--------|----------|------------|
| Unique Clients | 139 | 119 | 17% ▲ |
| Admits | 36 | 16 | 125% ▲ |
| Discharges | 14 | 15 | -7% |
| Service Hours | 588 | 637 | -8% |

Data Submission Quality

| Data Entry | Actual | State Avg |
|------------------------|--------|-----------|
| Valid NOMS Data | 99% | 91% |
| Valid TEDS Data | 99% | 92% |
| On-Time Periodic | | |
| 6 Month Updates | 100% | 24% |
| Co-occurring | | |
| MH Screen Complete | 100% | 75% |
| SA Screen Complete | 100% | 93% |
| Diagnosis | | |
| Valid Axis I Diagnosis | 100% | 99% |

Discharge Outcomes

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|----------------------------------|--------------------|--------|----------|--------|-----------|----------------|
| Treatment Completed Successfully | | 4 | 29% | 50% | 48% | -21% ▼ |

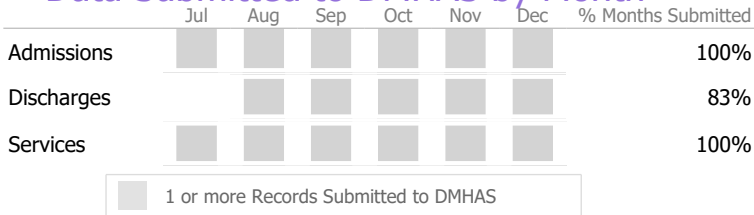
Recovery

| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|-----------------------------------|--------------------|--------|----------|--------|-----------|----------------|
| Abstinence/Reduced Drug Use | | 111 | 80% | 55% | 41% | 25% ▲ |
| Not Arrested | | 137 | 99% | 75% | 62% | 24% ▲ |
| Employed | | 82 | 59% | 50% | 20% | 9% |
| Stable Living Situation | | 138 | 99% | 95% | 59% | 4% |
| Self Help | | 16 | 12% | 60% | 14% | -48% ▼ |

Service Utilization

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|----------------------------|--------------------|--------|----------|--------|-----------|----------------|
| Clients Receiving Services | | 125 | 100% | 90% | 37% | 10% |

Data Submitted to DMHAS by Month



▲ > 10% Over ▼ < 10% Under

█ Actual | Goal ✓ Goal Met ● Below Goal

* State Avg based on 20 Active Buprenorphine Maintenance Programs

Variations in data may be indicative of operational adjustments related to the pandemic.