

Provider Activity

Monthly Trend	Measure	Actual	1 Yr Ago	Variance %
	Unique Clients	964	909	6%
	Admits	1,080	945	14% ▲
	Discharges	1,055	986	7%
	Service Hours	896	935	-4%
	Bed Days	3,722	3,271	14% ▲

▲ > 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	802	82.9%
	Medication Assisted Treatment	152	15.7%
Mental Health	Case Management	13	1.3%

Client Demographics

Age	#	%	State Avg
18-25	34	4%	10%
26-34	244	25%	22%
35-44	296	31%	23%
45-54	193	20%	19%
55-64	174	18%	19%
65+	22	2%	8%

Gender	#	%	State Avg
Male	684	71%	▲ 59%
Female	280	29%	▼ 41%
Transgender			0%

Ethnicity	#	%	State Avg
Non-Hispanic	809	84%	▲ 68%
Hisp-Puerto Rican	95	10%	11%
Hispanic-Other	50	5%	8%
Unknown	8	1%	▼ 12%
Hispanic-Cuban	1	0%	0%
Hispanic-Mexican	1	0%	1%

Race	#	%	State Avg
White/Caucasian	665	69%	62%
Black/African American	180	19%	17%
Other	107	11%	13%
Unknown	5	1%	6%
Am. Indian/Native Alaskan	2	0%	0%
Asian	2	0%	1%
Multiple Races	2	0%	1%
Hawaiian/Other Pacific Islander	1	0%	0%

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

Variances 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 - March 2022 (Data as of Jun 27, 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	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 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	4	0%
Admits	1	1	0%
Discharges	-	1	-100% ▼

Data Submission Quality

Data Entry	Actual	State Avg
Valid NOMS Data	100%	95%
Valid TEDS Data	100%	93%
On-Time Periodic		
6 Month Updates	75%	23%
Co-occurring		
MH Screen Complete	100%	79%
SA Screen Complete	100%	91%
Diagnosis		
Valid Axis I Diagnosis	100%	99%

Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Treatment Completed Successfully		N/A	N/A	50%	54%	N/A

Recovery

National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
✓ Abstinence/Reduced Drug Use		4	100%	55%	65%	45% ▲
✓ Not Arrested		4	100%	75%	92%	25% ▲
✓ Stable Living Situation		4	100%	95%	83%	5%
✓ Employed		2	50%	50%	47%	0%
● Self Help		2	50%	60%	38%	-10%

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	% Months Submitted
Admissions										11%
Discharges										0%

1 or more Records Submitted to DMHAS

▲ > 10% Over ▼ < 10% Under

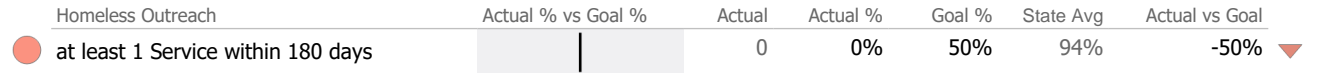
Actual | Goal ✓ Goal Met ● Below Goal

* 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	Jan	Feb	Mar	% Months Submitted
Admissions										0%
Discharges										0%
Services										0%

1 or more Records Submitted to DMHAS

▲ > 10% Over ▼ < 10% Under

■ Actual | Goal ✓ Goal Met ● Below Goal

* State Avg based on 48 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	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 8 Active Peer Based Mentoring Programs

Program Activity

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	802	756	6%
Admits	1,033	918	13% ▲
Discharges	1,029	922	12% ▲
Bed Days	3,722	3,271	14% ▲

Data Submission Quality

Data Entry	Actual	State Avg
Valid NOMS Data	100%	86%
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		824	80%	80%	69%	0%
● No Re-admit within 30 Days of Discharge		790	77%	85%	81%	-8%
● Follow-up within 30 Days of Discharge		424	51%	90%	54%	-39% ▼

Bed Utilization

	12 Months Trend	Beds	Avg LOS	Turnover	Actual %	Goal %	State Avg	Actual vs Goal
● Avg Utilization Rate		24	4 days	0.0	57%	90%	70%	-33% ▼

Legend: < 90% (light blue), 90-110% (grey), >110% (red)

Data Submitted to DMHAS by Month

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

Legend: ■ 1 or more Records Submitted to DMHAS

▲ > 10% Over ▼ < 10% Under

■ Actual | Goal ✓ Goal Met ● Below Goal

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

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

Program Activity

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	148	127	17% ▲
Admits	46	24	92% ▲
Discharges	26	28	-7%
Service Hours	896	923	-3%

Data Submission Quality

Data Entry	Actual	State Avg
Valid NOMS Data	99%	92%
Valid TEDS Data	100%	90%
On-Time Periodic		
6 Month Updates	99%	28%
Co-occurring		
MH Screen Complete	100%	76%
SA Screen Complete	100%	93%
Diagnosis		
Valid Axis I Diagnosis	100%	100%

Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Treatment Completed Successfully		9	35%	50%	44%	-15% ▼

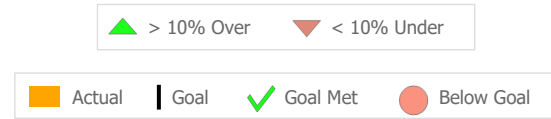
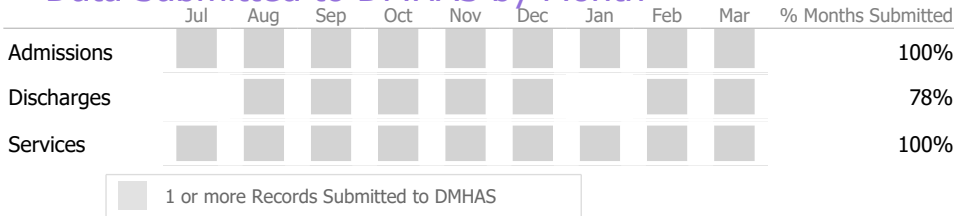
Recovery

National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Abstinence/Reduced Drug Use		118	79%	55%	44%	24% ▲
Not Arrested		147	99%	75%	66%	24% ▲
Employed		91	61%	50%	22%	11% ▲
Stable Living Situation		148	99%	95%	63%	4%
Self Help		18	12%	60%	15%	-48% ▼

Service Utilization

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Clients Receiving Services		124	100%	90%	38%	10%

Data Submitted to DMHAS by Month



* State Avg based on 20 Active Buprenorphine Maintenance Programs

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