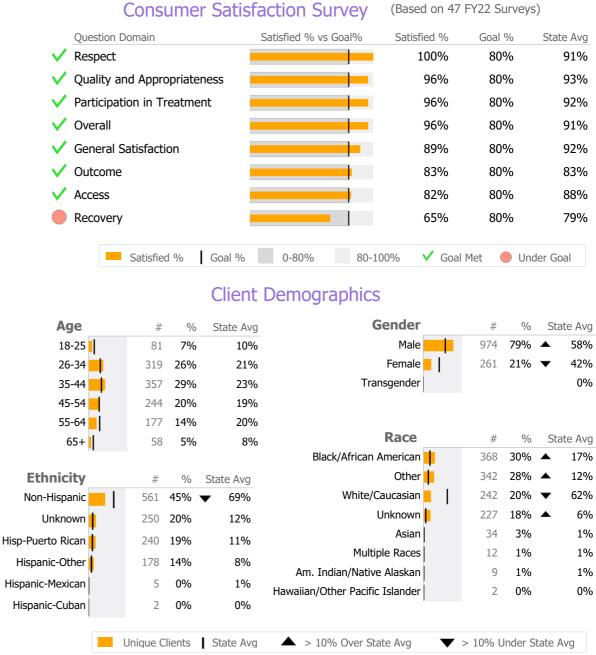
Reporting Period: July 2022 - September 2022 (Data as of Dec 16, 2022)

Provider Activity Monthly Trend Actual 1 Yr Ago Variance % Measure **Unique Clients** 1,236 11% 🔺 1,111 101 194 **-48%** ▼ Admits -38% ▼ Discharges 80 128 Service Hours 164% 387 147 39% ▲ **Bed Days** 92 66 ▲ > 10% Over 1 Yr Ago > 10% Under 1Yr Ago Clients by Level of Care Program Type Level of Care Type % Addiction Outpatient 1,098 87.2% **Mental Health** Case Management 61 4.8% Outpatient 29 2.3% **Forensic SA** Case Management 70 5.6% **Forensic MH** Crisis Services 0.1%



Asian Family Service OP 627210

Community Renewal Team (CRT)

Mental Health - Outpatient - Standard Outpatient

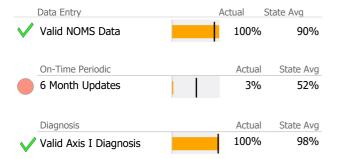
Connecticut Dept of Mental Health and Addiction Services Program Quality Dashboard

Reporting Period: July 2022 - September 2022 (Data as of Dec 16, 2022)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	29	30	-3%	
Admits	-	4	-100%	•
Discharges	-	3	-100%	•
Service Hours	1	2	-33%	•

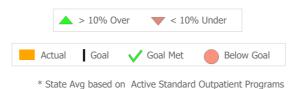
Data Submission Quality



Discharge Outcomes

3							
	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Treatment Completed Successfully		N/A	N/A	50%	42%	N/A	
Recovery							
National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓ Social Support		21	72%	60%	57%	12%	
Employed		7	24%	30%	23%	-6%	
Stable Living Situation		25	86%	95%	71%	-9%	
Service Utilization							
	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Clients Receiving Services		1	3%	90%	74%	-87%	
Service Engagement							
Outpatient	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
2 or more Services within 30 days		0	0%	75%	79%	-75%	_

	Jul Aug	Sep	% Months Submitted	
Admissions			0%	
Discharges			0%	
Services			33%	
	1 or more Record	ls Sul	omitted to DMHAS	



CORP-Prison Off Re-entry703555

Community Renewal Team (CRT)

Forensic MH - Crisis Services - Respite Bed

Connecticut Dept of Mental Health and Addiction Services Program Quality Dashboard

Reporting Period: July 2022 - September 2022 (Data as of Dec 16, 2022)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	1	2	-50%	\blacksquare
Admits	-	1	-100%	•
Discharges	-	2	-100%	•
Service Hours	-	7	-100%	•
Bed Days	92	66	39%	•

Data Submission Quality



Discharge Outcomes

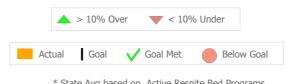
	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
No Re-admit within 30 Days of Discharge		N/A	N/A	85%	100%	N/A
	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Follow-up within 30 Days of Discharge		N/A	N/A	90%	71%	N/A

Bed Utilization



Data Submitted to DMHAS by Month

	Jui	Aug	Seh	70 PIONICIS SUDMINICEU
Admissions				0%
Discharges				0%
Services				0%
	1 or mo	re Recor	ds Subr	nitted to DMHAS



* State Avg based on Active Respite Bed Programs

Reporting Period: July 2022 - September 2022 (Data as of Dec 16, 2022)

Program Activity

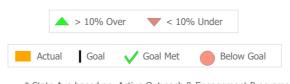
Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	52	33	58%	•
Admits	11	9	22%	•
Discharges	27	6	350%	•
Service Hours	14	48	-71%	•

Service Engagement



Data Submitted to DMHAS by Month Admissions 100% Discharges 100% Services 100%

1 or more Records Submitted to DMHAS



^{*} State Avg based on Active Outreach & Engagement Programs

Next Steps - Pilots

Community Renewal Team (CRT)

Mental Health - Case Management - Supportive Housing - Scattered Site

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard

Reporting Period: July 2022 - September 2022 (Data as of Dec 16, 2022)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	9	9	0%	
Admits	1	1	0%	
Discharges	1	2	-50%	•
Service Hours	69	69	1%	

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170		UV	CI	7

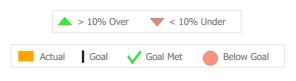
/	Clients Receiving Services		8	100%	90%	91%	10%	
		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
	Service Utilization							
V	Stable Living Situation		9	100%	85%	88%	15%	
	National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	

Data Submission Quality

Data Entry	Actual State Avg
✓ Valid NOMS Data	100% 97%
On-Time Periodic	Actual State Avg
6 Month Updates	86% 84%

Data Submitted to DMHAS by Month





* State Avg based on Active Supportive Housing - Scattered Site Programs

Forensic SA - Case Management - Standard Case Management

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard

Reporting Period: July 2022 - September 2022 (Data as of Dec 16, 2022)

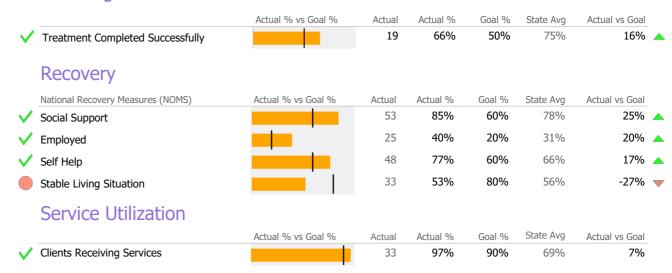
Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	62	11	464%	•
Admits	31	3	933%	•
Discharges	29	8	263%	•
Service Hours	220	4		

Data Submission Quality

Data Entry	Actual	State Avg
✓ Valid NOMS Data	100%	99%
On-Time Periodic	Actual	State Avg
6 Month Updates	N/A	0%

Discharge Outcomes



	Jul	Aug	Sep	% Months Submitted	
Admissions				100%	
Discharges				100%	
Services				100%	
	1 or mor	e Record	ls Sub	omitted to DMHAS	



^{*} State Avg based on Active Standard Case Management Programs

Pre-Release Transitional Forensic Case Management

Community Renewal Team (CRT)

Forensic SA - Case Management - Standard Case Management

Connecticut Dept of Mental Health and Addiction Services Program Quality Dashboard

Reporting Period: July 2022 - September 2022 (Data as of Dec 16, 2022)

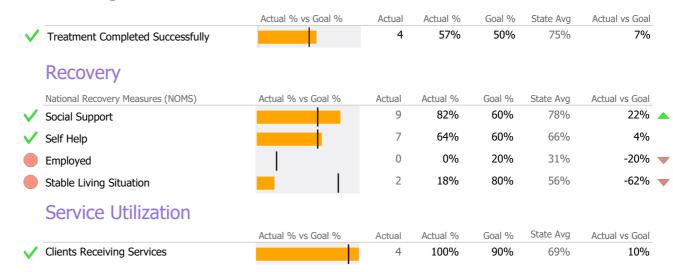
Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	11	7	57%	•
Admits	7	4	75%	•
Discharges	7	4	75%	•
Service Hours	10	2		

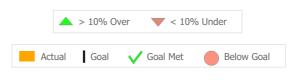
Data Submission Quality

Data Entry	Actual	State Avg
✓ Valid NOMS Data	99%	99%
On-Time Periodic	Actual	State Avg
6 Month Updates	N/A	0%

Discharge Outcomes



	Jul	Aug	Sep	% Months Submitted	
Admissions				100%	
Discharges				100%	
Services				100%	
	1 or mor	re Record	ds Sub	mitted to DMHAS	



^{*} State Avg based on Active Standard Case Management Programs

Reporting Period: July 2022 - September 2022 (Data as of Dec 16, 2022)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	1,098	1,039	6%	
Admits	51	172	-70%	•
Discharges	16	103	-84%	•
Service Hours	72	15		

Data Submission Quality

Data Entry		Actual	State Avg
✓ Valid NOMS Data		100%	89%
✓ Valid TEDS Data		89%	81%
	•		
On-Time Periodic		Actua	I State Avg
6 Month Updates		0%	14%
Diagnosis		Actua	I State Avg
✓ Valid Axis I Diagnosis		100%	99%

Discharge Outcomes



	Jul	Aug	Sep	% Months Submitted
Admissions				100%
Discharges				100%
Services				33%
	1 or n	nore Record	ls Sub	omitted to DMHAS



^{*} State Avg based on Active Standard Outpatient Programs