Fairfield Counseling Services Inc.
Fairfield, CT

Connecticut Dept of Mental Health and Addiction Services
Provider Quality Dashboard
Reporting Period: July 2014 - June 2015   (Data as of Sep 17, 2015)

Provider Activity

Monthly Trend	Measure	Actual	1 Yr Ago	Variance %	
	Unique Clients	101	84	20%	▲
	Admits	68	31	119%	▲
	Discharges	66	49	35%	▲
	Service Hours	972	447	117%	▲

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

Clients by Level of Care

Program Type	Level of Care Type		#	%
Addiction				
	Outpatient		101	100.0%

Consumer Satisfaction Survey   (Based on 51 FY14 Surveys)

	Question Domain	Satisfied % vs Goal%	Satisfied %	Goal %	State Avg
✓	Participation in Treatment		100%	80%	92%
✓	Overall		98%	80%	91%
✓	Quality and Appropriateness		98%	80%	93%
✓	Respect		98%	80%	91%
✓	Access		96%	80%	88%
✓	General Satisfaction		96%	80%	92%
✓	Outcome		87%	80%	83%
🔴	Recovery		79%	80%	79%

Satisfied %	Goal %	0-80%	80-100%	✓ Goal Met	🔴 Under Goal

Client Demographics

Age

Age	#	%	State Avg
18-25	17	17%	16%
26-34	21	21%	24%
35-44	19	19%	19%
45-54	23	23%	23%
55-64	15	15%	14%
65+	4	4%	4%

Gender

Gender	#	%	State Avg
Male	60	59%	60%
Female	41	41%	40%

Race

Race	#	%		State Avg
White/Caucasian	81	80%	▲	66%
Black/African American	11	11%		17%
Other	9	9%		13%
Am. Indian/Native Alaskan				1%
Asian				1%
Multiple Races				1%
Hawaiian/Other Pacific Islander				0%
Unknown				3%

Ethnicity

Ethnicity	#	%		State Avg
Non-Hispanic	68	67%		75%
Unknown	19	19%	▲	6%
Hispanic-Other	8	8%		6%
Hisp-Puerto Rican	6	6%		12%
Hispanic-Cuban				0%
Hispanic-Mexican				1%

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

370 Beach Rd OP 100058
Fairfield Counseling Services Inc.
Addiction - Outpatient - Standard Outpatient

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2014 - June 2015 (Data as of Sep 17, 2015)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	101	84	20%	▲
Admits	68	31	119%	▲
Discharges	66	49	35%	▲
Service Hours	972	447	117%	▲

Data Submission Quality

Data Entry		Actual	State Avg
	Valid NOMS Data	94%	95%
✔	Valid TEDS Data	100%	92%

On-Time Periodic		Actual	State Avg
✔	6 Month Updates	100%	33%

Cooccurring		Actual	State Avg
✔	MH Screen Complete	100%	97%
✔	SA Screen Complete	99%	96%

Diagnosis		Actual	State Avg
✔	Valid Axis I Diagnosis	100%	97%
✔	Valid Axis V GAF Score	96%	95%

Discharge Outcomes

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
🔴	Treatment Completed Successfully		12	18%	50%	51%	-32%	▼

Recovery

National Recovery Measures (NOMS)		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✔	Not Arrested		99	96%	75%	86%	21%	▲
✔	Abstinence/Reduced Drug Use		67	65%	55%	58%	10%	
✔	Employed		52	50%	50%	40%	0%	
✔	Stable Living Situation		98	95%	95%	85%	0%	
🔴	Improved/Maintained Axis V GAF Score		61	72%	75%	62%	-3%	
🔴	Self Help		14	14%	60%	26%	-46%	▼

Service Utilization

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
✔	Clients Receiving Services		37	100%	90%	81%	10%

Service Engagement

Outpatient		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
🔴	2 or more Services within 30 days		45	67%	75%	73%	-8%

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								▢	▢	▢	▢	▢	42%

▢ 1 or more Records Submitted to DMHAS

▲ > 10% Over   ▼ < 10% Under

█ Actual | Goal   ✔ Goal Met   🔴 Below Goal

* State Avg based on 116 Active Standard Outpatient Programs