Wheeler Clinic
Plainville, CT

Connecticut Dept of Mental Health and Addiction Services
Provider Quality Dashboard
Reporting Period: July 2015 - December 2015 (Data as of Mar 22, 2016)

Provider Activity

Monthly Trend	Measure	Actual	1 Yr Ago	Variance %	
	Unique Clients	5,682	5,336	6%	
	Admits	3,292	3,091	7%	
	Discharges	3,483	3,007	16%	▲
	Service Hours	24,196	16,541	46%	▲
	S.Rehab/PHP/IOP	4,552	4,105	11%	▲

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

Clients by Level of Care

Program Type	Level of Care Type	#	%
Addiction			
	Outpatient	3,336	55.0%
	IOP	672	11.1%
	Case Management	102	1.7%
Forensic SA			
	Forensics Community-based	1,867	30.8%
	Case Management	89	1.5%

Consumer Satisfaction Survey (Based on 639 FY15 Surveys)

	Question Domain	Satisfied % vs Goal%	Satisfied %	Goal %	State Avg
✓	Participation in Treatment		90%	80%	92%
✓	Quality and Appropriateness		88%	80%	93%
✓	Overall		85%	80%	91%
✓	General Satisfaction		83%	80%	92%
✓	Respect		81%	80%	91%
●	Access		78%	80%	88%
●	Outcome		78%	80%	83%
●	Recovery		75%	80%	79%

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

Client Demographics

Age	#	%	State Avg
18-25	1,386	24%	▲ 13%
26-34	1,708	30%	23%
35-44	1,085	19%	19%
45-54	903	16%	23%
55-64	450	8%	16%
65+	130	2%	5%

Gender	#	%	State Avg
Male	3,631	64%	59%
Female	2,050	36%	41%
Transgender			0%

Ethnicity	#	%	State Avg
Non-Hispanic	3,685	65%	75%
Hisp-Puerto Rican	1,183	21%	12%
Unknown	525	9%	6%
Hispanic-Other	239	4%	6%
Hispanic-Mexican	32	1%	1%
Hispanic-Cuban	18	0%	0%

Race	#	%	State Avg
White/Caucasian	3,609	64%	65%
Black/African American	911	16%	17%
Multiple Races	614	11%	1%
Other	401	7%	13%
Unknown	85	1%	3%
Asian	39	1%	1%
Am. Indian/Native Alaskan	18	0%	0%
Hawaiian/Other Pacific Islander	5	0%	0%

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

Bettor Choice 620740
Wheeler Clinic
Addiction - Outpatient - Gambling Outpatient

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2015 - December 2015 (Data as of Mar 22, 2016)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	43	35	23%	▲
Admits	13	14	-7%	
Discharges	14	12	17%	▲
Service Hours	275	208	33%	▲

Data Submission Quality

Data Entry	Actual	State Avg
✓ Valid NOMS Data	99%	96%
✓ Valid TEDS Data	39%	29%

On-Time Periodic	Actual	State Avg
✓ 6 Month Updates	100%	83%

Cooccurring	Actual	State Avg
✓ MH Screen Complete	100%	100%
✓ SA Screen Complete	100%	100%

Diagnosis	Actual	State Avg
✓ Valid Axis I Diagnosis	100%	100%
✓ Valid Axis V GAF Score	100%	87%

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	% Months Submitted
Admissions							100%
Discharges							100%
Services							100%

1 or more Records Submitted to DMHAS

Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
● Treatment Completed Successfully		8	57%	75%	67%	-18%	▼

Service Utilization

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
✓ Clients Receiving Services		29	97%	90%	73%	7%

Service Engagement

Outpatient	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓ 2 or more Services within 30 days		12	92%	75%	81%	17%	▲

▲ > 10% Over ▼ < 10% Under

Actual | Goal | ✓ Goal Met | ● Below Goal

* State Avg based on 10 Active Gambling Outpatient Programs

Intensive OP Evening 620300
Wheeler Clinic
Addiction - IOP - Standard IOP

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2015 - December 2015 (Data as of Mar 22, 2016)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	155	154	1%	
Admits	135	114	18%	▲
Discharges	127	135	-6%	
Service Hours	130	116	13%	▲
Social Rehab/PHP/IOP Days	1,195	1,208	-1%	

Data Submission Quality

Data Entry	Actual	State Avg
✓ Valid NOMS Data	99%	97%
Valid TEDS Data	98%	99%

On-Time Periodic	Actual	State Avg
6 Month Updates	0%	24%

Cooccurring	Actual	State Avg
✓ MH Screen Complete	100%	96%
✓ SA Screen Complete	100%	96%

Diagnosis	Actual	State Avg
✓ Valid Axis I Diagnosis	100%	94%
✓ Valid Axis V GAF Score	100%	93%

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	% Months Submitted
Admissions							100%
Discharges							100%
Services							100%

1 or more Records Submitted to DMHAS

Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓ Treatment Completed Successfully		89	70%	50%	59%	20%	▲
● Follow-up within 30 Days of Discharge		49	55%	90%	48%	-35%	▼

Recovery

National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓ Not Arrested		147	90%	75%	93%	15%	▲
✓ Employed		95	58%	50%	32%	8%	
✓ Abstinence/Reduced Drug Use		93	57%	55%	57%	2%	
✓ Stable Living Situation		157	96%	95%	90%	1%	
✓ Improved/Maintained Axis V GAF Score		118	92%	75%	84%	17%	▲
● Self Help		25	15%	60%	39%	-45%	▼

Service Utilization

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
● Clients Receiving Services		32	89%	90%	72%	-1%

▲ > 10% Over ▼ < 10% Under

Actual | Goal | ✓ Goal Met | ● Below Goal

* State Avg based on 51 Active Standard IOP Programs

Intensive Outpatient-Day620350
Wheeler Clinic
Addiction - IOP - Standard IOP

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2015 - December 2015 (Data as of Mar 22, 2016)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	374	275	36%	▲
Admits	297	218	36%	▲
Discharges	286	184	55%	▲
Service Hours	378	310	22%	▲
Social Rehab/PHP/IOP Days	2,383	1,986	20%	▲

Data Submission Quality

Data Entry	Actual	State Avg
✓ Valid NOMS Data	99%	97%
Valid TEDS Data	98%	99%

On-Time Periodic	Actual	State Avg
✓ 6 Month Updates	88%	24%

Cooccurring	Actual	State Avg
✓ MH Screen Complete	100%	96%
✓ SA Screen Complete	100%	96%

Diagnosis	Actual	State Avg
✓ Valid Axis I Diagnosis	100%	94%
✓ Valid Axis V GAF Score	100%	93%

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	% Months Submitted
Admissions							100%
Discharges							100%
Services							100%

1 or more Records Submitted to DMHAS

Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓ Treatment Completed Successfully		198	69%	50%	59%	19%	▲
● Follow-up within 30 Days of Discharge		96	48%	90%	48%	-42%	▼

Recovery

National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓ Not Arrested		354	90%	75%	93%	15%	▲
● Abstinence/Reduced Drug Use		183	47%	55%	57%	-8%	
✓ Improved/Maintained Axis V GAF Score		261	89%	75%	84%	14%	▲
● Stable Living Situation		328	84%	95%	90%	-11%	▼
● Employed		135	34%	50%	32%	-16%	▼
● Self Help		85	22%	60%	39%	-38%	▼

Service Utilization

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
✓ Clients Receiving Services		98	92%	90%	72%	2%

▲ > 10% Over ▼ < 10% Under

Actual | Goal ✓ Goal Met ● Below Goal

* State Avg based on 51 Active Standard IOP Programs

Latino Outreach 620296
Wheeler Clinic
Addiction - Case Management - Outreach & Engagement

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2015 - December 2015 (Data as of Mar 22, 2016)

Program Activity

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	49	45	9%
Admits	25	-	
Discharges	26	-	
Service Hours	125	-	

Service Engagement

	Homeless Outreach	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓	at least 1 Service within 180 days		25	100%	50%	94%	50%	▲

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	% Months Submitted
Admissions	■	■	■	■	■	■	100%
Discharges			■	■	■		50%
Services	■	■	■	■	■	■	100%

■ 1 or more Records Submitted to DMHAS

▲ > 10% Over ▼ < 10% Under

Actual | Goal | ✓ Goal Met | Below Goal

* State Avg based on 6 Active Outreach & Engagement Programs

Lifeline For Wmn and Chld62030
Wheeler Clinic
Addiction - IOP - Standard IOP

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2015 - December 2015 (Data as of Mar 22, 2016)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	151	129	17%	▲
Admits	115	111	4%	
Discharges	125	91	37%	▲
Service Hours	128	140	-8%	
Social Rehab/PHP/IOP Days	974	911	7%	

Data Submission Quality

Data Entry	Actual	State Avg
✓ Valid NOMS Data	99%	97%
✓ Valid TEDS Data	99%	99%

On-Time Periodic	Actual	State Avg
✓ 6 Month Updates	60%	24%

Cooccurring	Actual	State Avg
✓ MH Screen Complete	100%	96%
✓ SA Screen Complete	100%	96%

Diagnosis	Actual	State Avg
✓ Valid Axis I Diagnosis	99%	94%
✓ Valid Axis V GAF Score	100%	93%

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	% Months Submitted
Admissions							100%
Discharges							100%
Services							100%

1 or more Records Submitted to DMHAS

Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓ Treatment Completed Successfully		68	54%	50%	59%	4%	
● Follow-up within 30 Days of Discharge		25	37%	90%	48%	-53%	▼

Recovery

National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓ Not Arrested		151	95%	75%	93%	20%	▲
● Abstinence/Reduced Drug Use		83	52%	55%	57%	-3%	
● Stable Living Situation		136	86%	95%	90%	-9%	
● Self Help		62	39%	60%	39%	-21%	▼
● Improved/Maintained Axis V GAF Score		85	65%	75%	84%	-10%	
● Employed		30	19%	50%	32%	-31%	▼

Service Utilization

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
● Clients Receiving Services		27	77%	90%	72%	-13%	▼

▲ > 10% Over ▼ < 10% Under

Actual | Goal | ✓ Goal Met | ● Below Goal

* State Avg based on 51 Active Standard IOP Programs

Post-Release Transitional Forensic Case Management
Wheeler Clinic
Forensic SA - Case Management - Standard Case Management

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2015 - December 2015 (Data as of Mar 22, 2016)

Program Activity

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	26	27	-4%
Admits	18	20	-10%
Discharges	23	21	10%
Service Hours	164	247	-34%

Data Submission Quality

Data Entry	Actual	State Avg
✓ Valid NOMS Data	97%	97%

On-Time Periodic	Actual	State Avg
6 Month Updates	N/A	29%

Discharge Outcomes

	Actual	Actual %	Goal %	State Avg	Actual vs Goal
✓ Treatment Completed Successfully	14	61%	50%	72%	11% ▲

Recovery

National Recovery Measures (NOMS)	Actual	Actual %	Goal %	State Avg	Actual vs Goal
✓ Employed	17	65%	20%	14%	45% ▲
✓ Social Support	25	96%	60%	71%	36% ▲
✓ Self Help	20	77%	60%	59%	17% ▲
● Stable Living Situation	14	54%	80%	40%	-26% ▼

Service Utilization

	Actual	Actual %	Goal %	State Avg	Actual vs Goal
✓ Clients Receiving Services	3	100%	90%	80%	10%

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	% Months Submitted
Admissions	■	■	■		■	■	83%
Discharges	■	■	■	■	■	■	100%
Services	■	■	■	■	■	■	100%

■ 1 or more Records Submitted to DMHAS

▲ > 10% Over ▼ < 10% Under

Actual | Goal | ✓ Goal Met | ● Below Goal

* State Avg based on 8 Active Standard Case Management Programs

Pre-Release Transitional Forensic Case Management
Wheeler Clinic
Forensic SA - Case Management - Standard Case Management

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2015 - December 2015 (Data as of Mar 22, 2016)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	80	68	18%	▲
Admits	53	38	39%	▲
Discharges	36	40	-10%	
Service Hours	167	144	16%	▲

Data Submission Quality

Data Entry	Actual	State Avg
Valid NOMS Data	96%	97%

On-Time Periodic	Actual	State Avg
6 Month Updates	11%	29%

Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓ Treatment Completed Successfully		30	83%	50%	72%	33%	▲

Recovery

National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓ Social Support		61	76%	60%	71%	16%	▲
● Employed		6	8%	20%	14%	-12%	▼
● Self Help		32	40%	60%	59%	-20%	▼
● Stable Living Situation		0	0%	80%	40%	-80%	▼

Service Utilization

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
● Clients Receiving Services		36	82%	90%	80%	-8%

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	% Months Submitted
Admissions	■	■	■	■		■	83%
Discharges	■	■	■	■	■	■	100%
Services		■	■	■	■	■	83%

■ 1 or more Records Submitted to DMHAS

▲ > 10% Over ▼ < 10% Under

Actual | Goal | ✓ Goal Met | ● Below Goal

* State Avg based on 8 Active Standard Case Management Programs

PTIP - 2024 E. Main St. 620713
Wheeler Clinic
Forensic SA - Forensics Community-based - Pre-trial Intervention Programs

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2015 - December 2015 (Data as of Mar 22, 2016)

Program Activity

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	761	780	-2%
Admits	359	331	8%
Discharges	415	377	10%

Data Submitted to DMHAS by Month

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

1 or more Records Submitted to DMHAS

> 10% Over < 10% Under

Actual Goal Goal Met Below Goal

* State Avg based on 16 Active Pre-trial Intervention Programs Programs

PTIP-75 N. Mountain Rd. 620707
Wheeler Clinic
Forensic SA - Forensics Community-based - Pre-trial Intervention Programs

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2015 - December 2015 (Data as of Mar 22, 2016)

Program Activity

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	1,107	1,112	0%
Admits	412	395	4%
Discharges	493	418	18% ▲

Data Submitted to DMHAS by Month

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

1 or more Records Submitted to DMHAS

▲ > 10% Over ▼ < 10% Under

Actual | Goal ✓ Goal Met ● Below Goal

* State Avg based on 16 Active Pre-trial Intervention Programs Programs

SA OP Hartford 620203
Wheeler Clinic
Addiction - Outpatient - Standard Outpatient

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2015 - December 2015 (Data as of Mar 22, 2016)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	1,311	1,270	3%	
Admits	780	841	-7%	
Discharges	818	740	11%	▲
Service Hours	8,737	6,549	33%	▲

Data Submission Quality

Data Entry	Actual	State Avg
✓ Valid NOMS Data	98%	97%
Valid TEDS Data	88%	93%

On-Time Periodic	Actual	State Avg
✓ 6 Month Updates	88%	54%

Cooccurring	Actual	State Avg
✓ MH Screen Complete	100%	96%
✓ SA Screen Complete	100%	96%

Diagnosis	Actual	State Avg
✓ Valid Axis I Diagnosis	100%	99%
✓ Valid Axis V GAF Score	100%	95%

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	% Months Submitted
Admissions							100%
Discharges							100%
Services							100%

1 or more Records Submitted to DMHAS

Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓ Treatment Completed Successfully		459	56%	50%	56%	6%	

Recovery

National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓ Not Arrested		1,321	94%	75%	89%	19%	▲
✓ Abstinence/Reduced Drug Use		806	57%	55%	56%	2%	
● Stable Living Situation		1,268	90%	95%	88%	-5%	
● Employed		626	45%	50%	42%	-5%	
✓ Improved/Maintained Axis V GAF Score		854	88%	75%	61%	13%	▲
● Self Help		143	10%	60%	22%	-50%	▼

Service Utilization

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
✓ Clients Receiving Services		537	92%	90%	79%	2%

Service Engagement

Outpatient	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓ 2 or more Services within 30 days		699	93%	75%	79%	18%	▲

▲ > 10% Over ▼ < 10% Under

Actual | Goal | ✓ Goal Met | ● Below Goal

* State Avg based on 116 Active Standard Outpatient Programs

SA OP Plainville 620200
Wheeler Clinic
Addiction - Outpatient - Standard Outpatient

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2015 - December 2015 (Data as of Mar 22, 2016)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	2,022	1,794	13%	▲
Admits	1,059	999	6%	
Discharges	1,096	983	11%	▲
Service Hours	13,482	8,632	56%	▲

Data Submission Quality

Data Entry	Actual	State Avg
✓ Valid NOMS Data	98%	97%
Valid TEDS Data	83%	93%

On-Time Periodic	Actual	State Avg
✓ 6 Month Updates	90%	54%

Cooccurring	Actual	State Avg
✓ MH Screen Complete	100%	96%
✓ SA Screen Complete	100%	96%

Diagnosis	Actual	State Avg
✓ Valid Axis I Diagnosis	99%	99%
✓ Valid Axis V GAF Score	100%	95%

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	% Months Submitted
Admissions							100%
Discharges							100%
Services							100%

1 or more Records Submitted to DMHAS

Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
✓ Treatment Completed Successfully		610	56%	50%	56%	6%

Recovery

National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓ Not Arrested		1,998	94%	75%	89%	19%	▲
✓ Employed		1,126	53%	50%	42%	3%	
● Abstinence/Reduced Drug Use		1,137	54%	55%	56%	-1%	
● Stable Living Situation		1,972	93%	95%	88%	-2%	
✓ Improved/Maintained Axis V GAF Score		1,201	80%	75%	61%	5%	
● Self Help		265	13%	60%	22%	-47%	▼

Service Utilization

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
● Clients Receiving Services		872	85%	90%	79%	-5%

Service Engagement

Outpatient	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓ 2 or more Services within 30 days		975	94%	75%	79%	19%	▲

▲ > 10% Over ▼ < 10% Under

Actual | Goal | ✓ Goal Met | ● Below Goal

* State Avg based on 116 Active Standard Outpatient Programs

Senior Services
Wheeler Clinic
Addiction - Case Management - Standard Case Management

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2015 - December 2015 (Data as of Mar 22, 2016)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	53	19	179%	▲
Admits	26	10	160%	▲
Discharges	24	6	300%	▲
Service Hours	610	197		

Data Submission Quality

Data Entry	Actual	State Avg
✓ Valid NOMS Data	99%	99%

On-Time Periodic	Actual	State Avg
✓ 6 Month Updates	87%	71%

Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓ Treatment Completed Successfully		17	71%	50%	53%	21%	▲

Recovery

National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓ Employed		12	23%	20%	22%	3%	
✓ Stable Living Situation		43	81%	80%	82%	1%	
● Self Help		11	21%	60%	75%	-39%	▼

Service Utilization

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
✓ Clients Receiving Services		26	90%	90%	87%	0%

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	% Months Submitted
Admissions	■	■	■	■	■	■	100%
Discharges		■	■	■	■	■	83%
Services	■	■	■	■	■	■	100%

■ 1 or more Records Submitted to DMHAS

▲ > 10% Over ▼ < 10% Under

Actual | Goal ✓ Goal Met ● Below Goal

* State Avg based on 17 Active Standard Case Management Programs