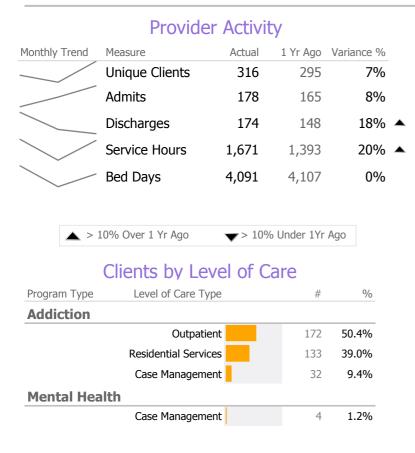
#### **McCall Foundation Inc**

Torrington, CT

Reporting Period: July 2015 - September 2015 (Data as of Jan 05, 2016)



#### Consumer Satisfaction Survey (Based on 149 FY15 Surveys)



#### **Client Demographics**

Age

18-25

26-34

35-44

45-54 55-64 65+

Ethnicity Non-Hispanic Hisp-Puerto Rican Hispanic-Other Hispanic-Mexican Hispanic-Cuban Unknown

#	%	State Avg	Gender	#	%	State Avg
43	14%	13%	Male	211	67%	58%
84	27%	22%	Female	105	33%	42%
67	21%	19%				
63	20%	24%				
43	14%	17%	Race	#	%	State Avg
16	5%	5%	White/Caucasian	283	90%	<b>▲</b> 66%
			Black/African American	14	4%	<b>▼</b> 16%
#	%	State Avg	Other	10	3%	13%
294	93%	<b>▲</b> 75%	Am. Indian/Native Alaskan	3	1%	0%
16	5%	12%	Unknown	3	1%	3%
5	2%	6%	Hawaiian/Other Pacific Islander	2	1%	0%
			Multiple Races	1	0%	1%
1	0%	1%	Asian			1%
		0%	,			
		5%				

#### 221 Migeon-PILOTS Development 562-551

McCall Foundation Inc

Mental Health - Case Management - Supportive Housing - Development

Connecticut Dept of Mental Health and Addiction Services

Reporting Period: July 2015 - September 2015 (Data as of Jan 05, 2016)

Program Quality Dashboard

## **Program Activity**

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	4	4	0%
Admits	-	-	
Discharges	-	-	
Service Hours	25	28	-11%

#### Recovery

	National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
	Stable Living Situation		0	0%	85%	90%	-85%	-
	Service Utilization							
		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
$\checkmark$	Clients Receiving Services		4	100%	90%	85%	10%	

# Data Submission Quality

Data Entry	Actual	State Avg
Valid NOMS Data	N/A	98%
On-Time Periodic	Actual	State Avg
6 Month Updates	0%	69%

# Data Submitted to DMHAS by Month

		Jul	Aug	Sep	% Months Submitted
Admission	5				0%
Discharges	5				0%
Services					67%
		1 or m	ore Recor	ds Subr	mitted to DMHAS

	> 10% 0	ver 🛛 🔻 < 10%	6 Under
Actual	Goal	🖌 Goal Met	Below Goal

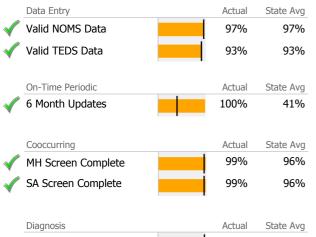
\* State Avg based on 54 Active Supportive Housing – Development Programs

#### Reporting Period: July 2015 - September 2015 (Data as of Jan 05, 2016)

#### **Program Activity**

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	153	141	9%
Admits	74	61	21% 🔺
Discharges	66	53	25% 🔺
Service Hours	1,115	957	16% 🔺

## Data Submission Quality



			<u> </u>
🞻 Valid Axis I Diagnosis	1	100%	98%
Valid Axis V GAF Score	1	100%	96%

# Data Submitted to DMHAS by Month



#### **Discharge Outcomes**

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Treatment Completed Successfully		40	61%	50%	56%	11%	4
Recovery							
National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Not Arrested		138	90%	75%	84%	15%	4
Abstinence/Reduced Drug Use		100	65%	55%	50%	10%	
Employed		65	42%	50%	39%	-8%	
Self Help		74	48%	60%	19%	-12%	
Stable Living Situation	i	126	82%	95%	83%	-13%	
Improved/Maintained Axis V GAF Score	• · ·	5	6%	75%	53%	-69%	
Service Utilization							
	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Clients Receiving Services		89	100%	90%	74%	10%	
Service Engagement							
Outpatient	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
2 or more Services within 30 days		66	89%	75%	76%	14%	



\* State Avg based on 116 Active Standard Outpatient Programs

McCall Foundation Inc

Addiction - Residential Services - SA Intensive Res. Rehabilitation 3.7

Connecticut Dept of Mental Health and Addiction Services Program Quality Dashboard

93%

-10%

Reporting Period: July 2015 - September 2015 (Data as of Jan 05, 2016)

#### **Program Activity**

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	91	94	-3%
Admits	72	75	-4%
Discharges	71	74	-4%
Bed Days	1,742	1,767	-1%

# Data Submission Quality

Data Entry	Actual	State Avg
		5
Valid NOMS Data	100%	93%
🖌 Valid TEDS Data	100%	99%
On-Time Periodic	Actual	State Avg
6 Month Updates	N/A	0%
Cooccurring	Actual	State Avg
MH Screen Complete	100%	99%
✓ SA Screen Complete	100%	99%
Diagnosis	Actual	State Avg
🖌 Valid Axis I Diagnosis	100%	100%

🞸 Valid Axis V GAF Score	100%	99%

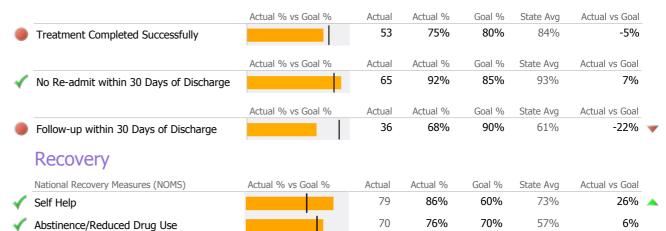
### Data Submitted to DMHAS by Month

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#### Discharge Outcomes



#### **Bed Utilization**

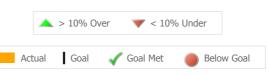
Improved/Maintained Axis V GAF Score

|   |                      | 12 Months Trend | Beds | Avg LOS | Turnover | Actual % | Goal % | State Avg | Actual vs Goal |
|---|----------------------|-----------------|------|---------|----------|----------|--------|-----------|----------------|
| V | Avg Utilization Rate |                 | 20   | 26 days | 0.2      | 95%      | 90%    | 99%       | 5%             |
|   | < 90                 | 90-110%         |      | >110%   |          |          |        |           |                |

46

65%

75%



\* State Avg based on 12 Active SA Intensive Res. Rehabilitation 3.7 Programs

#### **Program Activity**

| Measure        | Actual | 1 Yr Ago | Variance % |
|----------------|--------|----------|------------|
| Unique Clients | 21     | 15       | 40% 🔺      |
| Admits         | 8      | 5        | 60% 🔺      |
| Discharges     | 10     | 4        | 150% 🔺     |
| Bed Days       | 1,120  | 1,052    | 6%         |

| Data       | Su | bn<br><sup>Jul</sup> | hit | tte<br>Aug | d   | to<br><sub>Sep</sub> | DMHAS by Month<br>% Months Submitted |
|------------|----|----------------------|-----|------------|-----|----------------------|--------------------------------------|
| Admissions |    |                      |     |            |     |                      | 100%                                 |
| Discharges |    |                      |     |            |     |                      | 100%                                 |
|            | 1  | or m                 | ore | e Rec      | ord | s Sub                | pmitted to DMHAS                     |

|        | > 10% 0 | ver 🔻 < 109 | % Under |        |
|--------|---------|-------------|---------|--------|
| Actual | Goal    | 🞻 Goal Met  | Belov   | w Goal |

\* State Avg based on 14 Active Recovery House Programs

McCall Foundation Inc

Connecticut Dept of Mental Health and Addiction Services Program Quality Dashboard

Addiction - Residential Services - Transitional/Halfway House 3.1

Reporting Period: July 2015 - September 2015 (Data as of Jan 05, 2016)

### **Program Activity**

| Measure        | Actual | 1 Yr Ago | Variance % |  |
|----------------|--------|----------|------------|--|
| Unique Clients | 28     | 25       | 12%        |  |
| Admits         | 16     | 11       | 45%        |  |
| Discharges     | 15     | 11       | 36%        |  |
| Bed Days       | 1,229  | 1,288    | -5%        |  |

# Data Submission Quality

| Data Entry               | Actual | State Avg |
|--------------------------|--------|-----------|
| 🞻 Valid NOMS Data        | 99%    | 99%       |
| 🞻 Valid TEDS Data        | 100%   | 100%      |
|                          |        |           |
| On-Time Periodic         | Actual | State Avg |
| 6 Month Updates          | N/A    | 67%       |
| Cooccurring              | Actual | State Avg |
| MH Screen Complete       | 100%   | 100%      |
| 🞻 SA Screen Complete     | 100%   | 100%      |
|                          |        |           |
| Diagnosis                | Actual | State Avg |
| 🞻 Valid Axis I Diagnosis | 100%   | 100%      |

# Data Submitted to DMHAS by Month

100%

99%



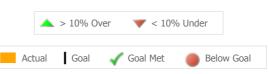
Valid Axis V GAF Score

#### Discharge Outcomes

|              |                                         | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |   |
|--------------|-----------------------------------------|--------------------|--------|----------|--------|-----------|----------------|---|
|              | Treatment Completed Successfully        |                    | 8      | 53%      | 85%    | 65%       | -32%           | - |
|              |                                         | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |   |
| $\checkmark$ | No Re-admit within 30 Days of Discharge |                    | 13     | 87%      | 85%    | 81%       | 2%             |   |
|              |                                         | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |   |
|              | Follow-up within 30 Days of Discharge   |                    | 2      | 25%      | 90%    | 50%       | -65%           | - |
|              | Recovery                                |                    |        |          |        |           |                |   |
|              | National Recovery Measures (NOMS)       | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |   |
| $\checkmark$ | Abstinence/Reduced Drug Use             |                    | 24     | 83%      | 70%    | 89%       | 13%            |   |
|              | Employed                                |                    | 6      | 21%      | 60%    | 32%       | -39%           | - |
|              | Improved/Maintained Axis V GAF Score    |                    | 10     | 67%      | 75%    | 82%       | -8%            |   |

### **Bed Utilization**

|   |                      | 12 Months Trend | Beds | Avg LOS | Turnover | Actual % | Goal % | State Avg | Actual vs Goal |
|---|----------------------|-----------------|------|---------|----------|----------|--------|-----------|----------------|
| V | Avg Utilization Rate |                 | 14   | 86 days | 0.5      | 95%      | 90%    | 92%       | 5%             |
|   | < 90                 | 0% 90-110%      |      | >110%   |          |          |        |           |                |



\* State Avg based on 11 Active Transitional/Halfway House 3.1 Programs

#### Reporting Period: July 2015 - September 2015 (Data as of Jan 05, 2016)

### **Program Activity**

| Measure        | Actual | 1 Yr Ago | Variance % |   |
|----------------|--------|----------|------------|---|
| Unique Clients | 32     | 28       | 14%        |   |
| Admits         | -      | 4        | -100%      | ▼ |
| Discharges     | -      | 1        | -100%      | ▼ |
| Service Hours  | 441    | 327      | 35%        |   |

## Data Submission Quality

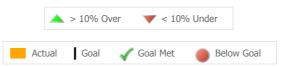
|              | Data Entry       | Actual | State Avg |
|--------------|------------------|--------|-----------|
|              | Valid NOMS Data  | N/A    | 99%       |
|              |                  |        |           |
|              | On-Time Periodic | Actual | State Avg |
| $\checkmark$ | 6 Month Updates  | 80%    | 74%       |

## Data Submitted to DMHAS by Month

|            | Jul     | Aug      | Sep     | % Months Submitted |
|------------|---------|----------|---------|--------------------|
| Admissions |         |          |         | 0%                 |
| Discharges |         |          |         | 0%                 |
| Services   |         |          |         | 67%                |
|            | 1 or mo | re Recor | ds Subr | nitted to DMHAS    |

#### Discharge Outcomes

|              |                                   | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |         |
|--------------|-----------------------------------|--------------------|--------|----------|--------|-----------|----------------|---------|
|              | Treatment Completed Successfully  |                    | N/A    | N/A      | 50%    | 44%       | N/A            |         |
|              | Recovery                          |                    |        |          |        |           |                |         |
|              | National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |         |
| $\checkmark$ | Self Help                         |                    | 30     | 94%      | 60%    | 73%       | 34%            |         |
| $\checkmark$ | Stable Living Situation           |                    | 30     | 94%      | 80%    | 81%       | 14%            | <b></b> |
|              | Employed                          | <b>_</b>           | 4      | 12%      | 20%    | 17%       | -8%            |         |
|              | Service Utilization               |                    |        |          |        |           |                |         |
|              |                                   | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |         |
| ∢            | Clients Receiving Services        |                    | 32     | 100%     | 90%    | 76%       | 10%            |         |



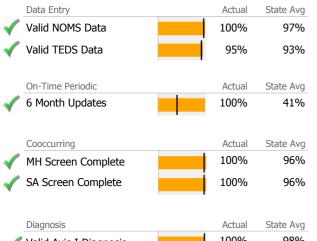
\* State Avg based on 17 Active Standard Case Management Programs

Reporting Period: July 2015 - September 2015 (Data as of Jan 05, 2016)

## **Program Activity**

| Measure        | Actual | 1 Yr Ago | Variance % |   |
|----------------|--------|----------|------------|---|
| Unique Clients | 19     | 14       | 36%        |   |
| Admits         | 8      | 9        | -11%       | ▼ |
| Discharges     | 12     | 5        | 140%       |   |
| Service Hours  | 90     | 81       | 11%        |   |

# Data Submission Quality



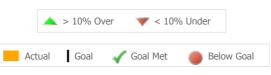
| 🞸 Valid Axis I Diagnosis | 100% | 98% |
|--------------------------|------|-----|
| 🞸 Valid Axis V GAF Score | 100% | 96% |

# Data Submitted to DMHAS by Month



### **Discharge Outcomes**

| 33%            | ۰.<br>۱                                         |
|----------------|-------------------------------------------------|
|                |                                                 |
|                |                                                 |
| Actual vs Goal | 1                                               |
| 25%            | . 4                                             |
| 8%             | )                                               |
| 5%             | )                                               |
| -2%            | )                                               |
| -13%           | ) 🧃                                             |
| -52%           | ) 🔳                                             |
|                |                                                 |
| Actual vs Goal |                                                 |
| 10%            | )                                               |
|                |                                                 |
| Actual vs Goal | 1                                               |
| 25%            | , 🦽                                             |
|                | -52%<br>Actual vs Goal<br>10%<br>Actual vs Goal |



\* State Avg based on 116 Active Standard Outpatient Programs