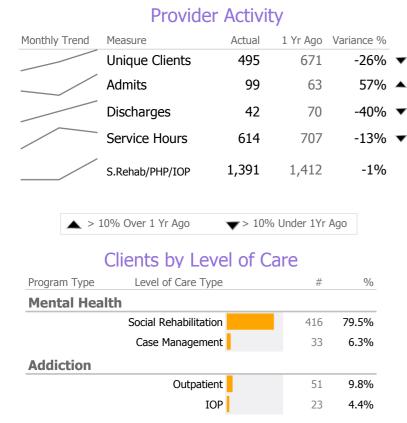
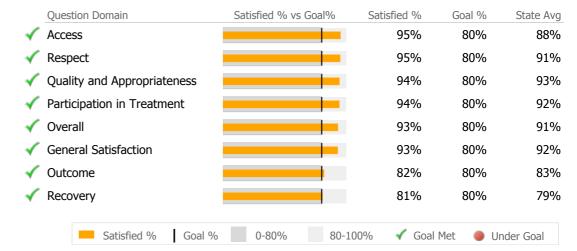
Reporting Period: July 2016 - September 2016 (Data as of Jan 06, 2017)



Consumer Satisfaction Survey (Based on 132 FY16 Surveys)



Client Demographics

| Age | # | % | State Avg | Gender | # | % | State Avg |
|-------------------|----------|---------|-----------|---------------------------------|-----------|---------|--------------|
| 18-25 | 37 | 8% | 12% | Male 🗾 | 317 | 64% | 58% |
| 26-34 | 93 | 19% | 22% | Female 📒 | 176 | 36% | 42% |
| 35-44 | 87 | 18% | 19% | Transgender | | | 0% |
| 45-54 | 148 | 31% | 23% | | | | |
| 55-64 | 100 | 21% | 18% | | | | |
| 65+ | 19 | 4% | 6% | Race | | % | State Avg |
| | | | | Black/African American 📙 | 202 | 41% | ▲ 16% |
| Ethnicity | # | % | State Avg | White/Caucasian 📒 | 184 | 37% | ▼ 65% |
| Non-Hispanic | 329 | 66% | 75% | Other <mark> </mark> | 64 | 13% | 13% |
| Hispanic-Other | 64 | 13% | 7% | Unknown | 28 | 6% | 3% |
| Hisp-Puerto Rican | 52 | 11% | 12% | Multiple Races | 8 | 2% | 1% |
| Unknown | 36 | 7% | 6% | Am. Indian/Native Alaskan | 5 | 1% | 1% |
| • | | | | Asian | 3 | 1% | 1% |
| Hispanic-Mexican | 11 | 2% | 1% | Hawaiian/Other Pacific Islander | 1 | 0% | 0% |
| Hispanic-Cuban | 3 | 1% | 0% | | | | |
| , | | | | | | | |
| 1 | Unique (| Clients | State Avg | ▲ > 10% Over State Avg | 🗸 > 10% L | Jnder S | tate Avg |

Program Quality Dashboard

Reporting Period: July 2016 - September 2016 (Data as of Jan 06, 2017)

Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|----------------|--------|----------|------------|---|
| Unique Clients | 51 | 51 | 0% | |
| Admits | 22 | 19 | 16% | |
| Discharges | 20 | 18 | 11% | |
| Service Hours | 330 | 460 | -28% | • |

Data Submission Quality

| Data Entry | | Actual | State Avg |
|--------------------------|---|--------|-----------|
| 🞸 Valid NOMS Data | | 100% | 96% |
| √ Valid TEDS Data | | 97% | 92% |
| | | | |
| On-Time Periodic | | Actual | State Avg |
| 6 Month Updates | | 42% | 45% |
| Cooccurring | | Actual | State Avg |
| √ MH Screen Complete | | 100% | 96% |
| 🞻 SA Screen Complete | | 100% | 96% |
| | • | | |
| Diagnosis | | Actual | State Avg |
| 🥒 Valid Axis I Diagnosis | | 100% | 99% |

Discharge Outcomes



Data Submitted to DMHAS by Month

100%

93%

| | | Jui | Aug | Sep | % Months Submitted |
|-----------|---|---------|----------|---------|--------------------|
| Admission | S | | | | 100% |
| Discharge | 5 | | | | 100% |
| Services | | | | | 100% |
| | | 1 or mo | re Recor | ds Subr | nitted to DMHAS |

Valid Axis V GAF Score

| | > 10% 0 | ver 🔻 < 10 | % Under | |
|--------|---------|------------|---------|--------|
| Actual | Goal | 🞻 Goal Met | 🔵 Belo | w Goal |

* State Avg based on 115 Active Standard Outpatient Programs

Mental Health - Case Management - Outreach & Engagement

Program Activity

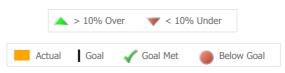
| Measure | Actual | 1 Yr Ago | Variance % |
|----------------|--------|----------|------------|
| Unique Clients | 22 | 60 | -63% 🔻 |
| Admits | 7 | 7 | 0% |
| Discharges | 7 | 46 | -85% 🔻 |
| Service Hours | 61 | 59 | 3% |

Service Engagement



Data Submitted to DMHAS by Month

| _ | | 67% |
|---|--|------|
| | | |
| | | 100% |
| | | 67% |
| | | |



* State Avg based on 38 Active Outreach & Engagement Programs

Next Step Supportive Hsg105551

Family and Childrens Agency Inc

Connecticut Dept of Mental Health and Addiction Services

Program Quality Dashboard

Mental Health - Case Management - Supportive Housing - Scattered Site

Reporting Period: July 2016 - September 2016 (Data as of Jan 06, 2017)

Program Activity

| Measure | Actual | 1 Yr Ago | Variance % |
|----------------|--------|----------|------------|
| Unique Clients | 11 | 12 | -8% |
| Admits | - | - | |
| Discharges | - | 1 | -100% 🔻 |
| Service Hours | 58 | 44 | 33% 🔺 |

Recovery

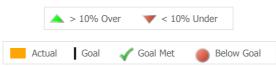
| , | | | | | | | |
|-----------------------------------|--|--|---|--|---|--|---|
| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
| Stable Living Situation | | 11 | 100% | 85% | 79% | 15% | |
| Service Utilization | | | | | | | |
| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
| Clients Receiving Services | | 11 | 100% | 90% | 92% | 10% | |
| | Stable Living Situation Service Utilization | Stable Living Situation Service Utilization Actual % vs Goal % | Stable Living Situation 11 Service Utilization Actual % vs Goal % | Stable Living Situation 11 100% Service Utilization Actual % vs Goal % Actual % Actual % | Stable Living Situation 11 100% 85% Service Utilization Actual % vs Goal % Actual % Actual % Goal % | Stable Living Situation 11 100% 85% 79% Service Utilization Actual % vs Goal % Actual % Goal % State Avg | Stable Living Situation 11 100% 85% 79% 15% Service Utilization Actual % vs Goal % Actual % Goal % State Avg Actual vs Goal |

Data Submission Quality

| | Data Entry | | Actual | State Avg |
|--------------|------------------|--|--------|-----------|
| | Valid NOMS Data | | N/A | 98% |
| | | | | |
| | On-Time Periodic | | Actual | State Avg |
| \checkmark | 6 Month Updates | | 100% | 75% |

Data Submitted to DMHAS by Month

| Admissions | | 00/ |
|------------|--|------|
| | | 0% |
| Discharges | | 0% |
| Services | | 100% |



* State Avg based on 71 Active Supportive Housing – Scattered Site Programs

Family and Childrens Agency Inc

Addiction - IOP - Standard IOP

Connecticut Dept of Mental Health and Addiction Services Program Quality Dashboard

Reporting Period: July 2016 - September 2016 (Data as of Jan 06, 2017)

Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|------------------------------|--------|----------|------------|--|
| Unique Clients | 23 | 14 | 64% | |
| Admits | 11 | 10 | 10% | |
| Discharges | 15 | 5 | 200% | |
| Service Hours | 165 | 144 | 14% | |
| Social Rehab/PHP/IOP Days | 262 | 166 | 58% | |

Data Submission Quality

| Data Entry | Actual | State Avg |
|----------------------|--------|-----------|
| < Valid NOMS Data | 100% | 96% |
| √ Valid TEDS Data | 100% | 99% |
| | | |
| On-Time Periodic | Actual | State Avg |
| 6 Month Updates | N/A | 2% |
| | | |
| Cooccurring | Actual | State Avg |
| MH Screen Complete | 100% | 97% |
| 🞻 SA Screen Complete | 100% | 97% |
| • | I | |
| Diagnosis | Actual | State Avg |
| A | 1000/ | 050/ |

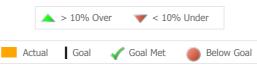


Data Submitted to DMHAS by Month

| | | JUI | Aug | Sep | % Months Submitted | |
|-----------|---|--------------------------------------|-----|-----|--------------------|--|
| Admission | S | | | | 100% | |
| Discharge | S | | | | 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 | | 10 | 67% | 50% | 61% | 17% | |
| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
| Follow-up within 30 Days of Discharge | | 8 | 80% | 90% | 53% | -10% | |
| Recovery | | | | | | | |
| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
| Not Arrested | | 21 | 91% | 75% | 94% | 16% | |
| Abstinence/Reduced Drug Use | | 15 | 65% | 55% | 45% | 10% | |
| Stable Living Situation | | 21 | 91% | 95% | 91% | -4% | |
| Improved/Maintained Axis V GAF Score | | 13 | 87% | 75% | 72% | 12% | |
| Employed | | 6 | 26% | 50% | 33% | -24% | , |
| Self Help | – . | 3 | 13% | 60% | 32% | -47% | |
| Service Utilization | | | | | | | |
| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
| Clients Receiving Services | | 9 | 100% | 90% | 61% | 10% | |



* State Avg based on 51 Active Standard IOP Programs

Connecticut Dept of Mental Health and Addiction Services Program Quality Dashboard

Reporting Period: July 2016 - September 2016 (Data as of Jan 06, 2017)

Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|------------------------------|--------|----------|------------|---|
| Unique Clients | 416 | 578 | -28% | ▼ |
| Admits | 59 | 27 | 119% | |
| Discharges | - | - | | |
| Service Hours | - | - | | |
| Social Rehab/PHP/IOP Days | 1,129 | 1,246 | -9% | |

Service Utilization

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|----------------------------|--------------------|--------|----------|--------|-----------|----------------|---|
| Clients Receiving Services | | 133 | 32% | 90% | 58% | -58% | - |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| Data | Submitted Jul Aug | to _{Sep} | DMHAS by Month % Months Submitted | | | |
|------------|--------------------------------------|----------------------|--------------------------------------|--|--|--|
| Admissions | | | 100% | | | |
| Discharges | | | 0% | | | |
| Services | | | 0% | | | |
| | 1 or more Records Submitted to DMHAS | | | | | |



* State Avg based on 38 Active Social Rehabilitation Programs