Bridges Healthcare, Inc. Milford, CT

Connecticut Dept of Mental Health and Addiction Services Provider Quality Dashboard

Reporting Period: July 2018 - September 2018 (Data as of Dec 13, 2018)



Clients by Level of Care

Program Type	Level of Care Type	#	%	
Mental Healt	:h			
	Outpatient		824	61.4%
	Community Support		221	16.5%
	Social Rehabilitation		60	4.5%
	Employment Services		50	3.7%
	ACT		48	3.6%
	Residential Services		17	1.3%
	Case Management		4	0.3%
Addiction				
	Outpatient		71	5.3%
Forensic MH				
Fore	nsics Community-based		46	3.4%
Other		-		
	Other		1	0.1%



Client Demographics

Age

18-25

26-34

35-44

45-54

55-64

65+

Ethnicity

Non-Hispanic

Hispanic-Other

Unknown Hispanic-Cuban

Hisp-Puerto Rican

Hispanic-Mexican

#	%	State Avg	Gender		#	%	Sta	ate Avg
115	12%	10%	Female		528	55%	۸	41%
147	15%	22%	Male		439	45%	▼	58%
140	15%	20%	Transgender					0%
191	20%	21%						
229	24%	19%						
143	15%	7%	Race		#	%	Sta	ate Avg
			White/Caucasian		821	85%		63%
#	%	State Avg	Other		65	7%		13%
737	76%	71%	Black/African American		52	5%	▼	16%
203	21%	▲ 7%	Am. Indian/Native Alaskan		17	2%		1%
18	2%	▼ 13%	Asian		9	1%		1%
4	0%	1%	Unknown		2	0%		5%
			Hawaiian/Other Pacific Islander		1	0%		0%
4	0%	8%	Multiple Races					1%
1	0%	0%						
ique C	lients	State Avg	▲ > 10% Over State Avg	▼ :	> 10% U	nder S	tate /	Avg

Unique Clients State Avg \rightarrow > 10% Over State Avg Addiction - Outpatient - Standard Outpatient

Reporting Period: July 2018 - September 2018 (Data as of Dec 13, 2018)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	71	80	-11%	▼
Admits	4	11	-64%	▼
Discharges	7	9	-22%	▼
Service Hours	89	237	-63%	•

Data Submission Quality

	Data Entry		Actual	State Avg
\checkmark	Valid NOMS Data		98%	94%
	Valid TEDS Data		60%	90%
	On-Time Periodic		Actual	State Avg
\checkmark	6 Month Updates		80%	19%
	Cooccurring		Actual	State Avg
	MH Screen Complete		73%	96%
	SA Screen Complete		73%	100%
			'	
	Diagnosis		Actual	State Avg
	Valid Axis I Diagnosis		89%	99%
		i	100%	96%

Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	_
Treatment Completed Successfully		2	29%	50%	53%	-21%	-
Recovery							
National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Vot Arrested		63	89%	75%	80%	14%	
Improved/Maintained Axis V GAF Score		48	73%	75%	37%	-2%	
Stable Living Situation	i	59	83%	95%	77%	-12%	-
Abstinence/Reduced Drug Use	<u> </u>	22	31%	55%	46%	-24%	-
Employed	i i	18	25%	50%	39%	-25%	-
Self Help	<u> </u>	13	18%	60%	28%	-42%	-
Service Utilization							
	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Clients Receiving Services		45	70%	90%	48%	-20%	-
Service Engagement							
Outpatient	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
2 or more Services within 30 days		3	75%	75%	64%	0%	

Data Submitted to Sep OMHAS by Month



	> 10% 0	ver 🔻 < 10º	% Under	
Actual	Goal	🧹 Goal Met	Belo	w Goal

* State Avg based on 113 Active Standard Outpatient Programs

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	1		
Admits	-	-	
Discharges	-	-	
Service Hours	-	-	

Data Submission Quality

Data Entry	Actual	State Avg
Valid NOMS Data	N/A	96%
On-Time Periodic	Actual	State Avg
6 Month Updates	N/A	65%
Cooccurring	Actual	State Avg
MH Screen Complete	N/A	91%
MH Screen Complete SA Screen Complete	N/A N/A	91% 91%
•	,	
•	,	

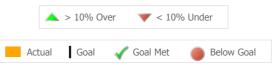
100% Valid Axis V GAF Score 89%

Data Submitted to DMHAS by Month

	Jui	Aug	Seb	70 Month's Submitted
Admissions				0%
Discharges				0%
Services				33%
	1 or mo	ore 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%	55%	N/A	
	_	·						
	Recovery							
	National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
\checkmark	Social Support		1	100%	60%	65%	40%	
\checkmark	Stable Living Situation		1	100%	95%	82%	5%	
	Employed		0	0%	30%	22%	-30%	-
	Improved/Maintained Axis V GAF Score		N/A	N/A	75%	42%	-75%	•
	Service Utilization							
		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
	Clients Receiving Services		0	0%	90%	79%	N/A	
	Service Engagement							
	Outpatient	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
	2 or more Services within 30 days		0	0%	75%	68%	-75%	•

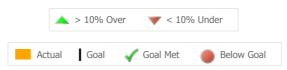


* State Avg based on 93 Active Standard Outpatient Programs

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	0		
Admits	-	-	
Discharges	-	-	
Service Hours	-	-	

Data	Submi	itted	to	DMHAS by Month
	Jul	Aug	Sep	% Months Submitted
Admissions				0%

	•		0,0	
Discharge	5		0%	
		1 or more Records Submitted to DMHAS		



* State Avg based on 39 Active Outreach & Engagement Programs

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	221	228	-3%
Admits	25	42	-40% 🔻
Discharges	38	26	46% 🔺
Service Hours	2,170	1,881	15% 🔺

Data Submission Quality

4

	Data Entry	Act	ual S	State Avg
	Valid NOMS Data	96	%	98%
	On-Time Periodic	Act	ual S	State Avg
	6 Month Updates	96	%	92%
•				
	Cooccurring	Act	ual S	State Avg
	MH Screen Complete	75	%	90%
	SA Screen Complete	73	%	89%
	·			
	Diagnosis	Act		State Ava
	Diagnosis	ACU	udi 3	State Avg
\checkmark	Valid Axis I Diagnosis	100	%	98%
1	Valid Axis V GAF Score	100	%	97%

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	% Months Submitted
Admissions				100%
Discharges				100%
Services				100%
	1 or mo	re Recor	ds Subr	nitted to DMHAS

Discharge Outcomes

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
\checkmark	Treatment Completed Successfully		26	68%	65%	69%	3%	
	Recovery							
	National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
\checkmark	Stable Living Situation		213	95%	80%	93%	15%	
\checkmark	Social Support		139	62%	60%	82%	2%	
	Employed	<u> </u>	42	19%	20%	12%	-1%	
\checkmark	Improved/Maintained Axis V GAF Score		139	76%	65%	61%	11%	
	Service Utilization							
		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
\checkmark	Clients Receiving Services		185	99%	90%	99%	9%	



* State Avg based on 48 Active CSP Programs

Actual	1 Yr Ago	Variance %
1		
-	-	
-	-	
-	-	
	1	1

Cooccurring	Actual	State Avg
MH Screen Complete	N/A	N/A
SA Screen Complete	N/A	N/A
Diagnosis	Actual	State Avg
🖉 Valid Axis I Diagnosis	100%	5%
🖉 Valid Axis V GAF Score	100%	5%

Data Submitted to DMHAS by Month

	Jui	Aug	Seb	70 MONUIS Submitted
Admissions				0%
Discharges				0%
Services				33%
	1 or mo	re Reco	rds Subr	nitted to DMHAS



* State Avg based on 1 Active Integrated Primary Care Programs

Connecticut Dept of Mental Health and Addiction Services Program Quality Dashboard

Reporting Period: July 2018 - September 2018 (Data as of Dec 13, 2018)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	46	31	48%	
Admits	18	18	0%	
Discharges	15	6	150%	
Service Hours	-	-		

Service Utilization

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Clients Receiving Services		0	0%	90%	43%	N/A	-

Jail Diversion

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goa
Follow-up Service within 48 hours		3	1%	0%	1%	19
📥 > 10% Over 🛛 🔻	" < 10% Under					
Actual Goal 🏑 Goa	l Met 🛛 🛑 Below Goal					

Data S		d to DMHAS Sep % Months Su	by Month
Admissions			100%
Discharges			100%
Services			0%
	1 or more Rec	ords Submitted to DMHA	S

Reporting Period: July 2018 - September 2018 (Data as of Dec 13, 2018)

Program Activity

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	824	838	-2%
Admits	80	88	-9%
Discharges	69	102	-32% 🔻
Service Hours	2,838	3,802	-25% 🔻

Data Submission Quality

4

	Data Entry		Actual	State Avg	
	Valid NOMS Data		95%	96%	
	On-Time Periodic		Actual	State Avg	
	6 Month Updates		87%	65%	
•					
	Cooccurring		Actual	State Avg	
	MH Screen Complete		77%	91%	
	SA Screen Complete		77%	91%	
	·				
				<u> </u>	
	Diagnosis		Actual	State Avg	
\checkmark	Valid Axis I Diagnosis		96%	96%	
, J	Valid Axis V GAF Score	i i i i i i i i i i i i i i i i i i i	97%	89%	

Data Submitted to DMHAS by Month

	JUI	Aug	Sep	% Months Submitted
Admissions				100%
Discharges				100%
Services				100%
	1 or mo	re Recor	ds Subr	nitted to DMHAS

Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goa
Treatment Completed Successfully		19	28%	50%	55%	-22%
Recovery						
National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goa
Social Support		505	61%	60%	65%	1%
Employed		233	28%	30%	22%	-2%
Stable Living Situation	· · ·	737	89%	95%	82%	-6%
Improved/Maintained Axis V GAF Score	·	530	74%	75%	42%	-1%
Service Utilization						
	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goa
Clients Receiving Services		670	89%	90%	79%	-19
Service Engagement						
Outpatient	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goa
2 or more Services within 30 days		56	70%	75%	68%	-5%



* State Avg based on 93 Active Standard Outpatient Programs

Connecticut Dept of Mental Health and Addiction Services Program Quality Dashboard

Reporting Period: July 2018 - September 2018 (Data as of Dec 13, 2018)

Program Activity

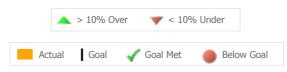
Measure	Actual	1 Yr Ago	Variance %
Unique Clients	0		
Admits	-	-	
Discharges	-	-	
Service Hours	-	-	

Service Utilization

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Clients Receiving Services		N/A	N/A	90%	65%	N/A	-

Data Submitted to DMHAS by Month

Admissions 0°
Discharges 0 ^c



* State Avg based on 36 Active Social Rehabilitation Programs

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	4		
Admits	2	-	
Discharges	-	-	
Service Hours	15	-	

Service Engagement





	> 10% 0	ver 🔻 < 109	6 Under	
Actual	Goal	🞻 Goal Met	Below Goal	

* State Avg based on 39 Active Outreach & Engagement Programs

Bridges Healthcare, Inc. Mental Health - Social Rehabilitation - Social Rehabilitation Connecticut Dept of Mental Health and Addiction Services Program Quality Dashboard

Reporting Period: July 2018 - September 2018 (Data as of Dec 13, 2018)

Program Activity

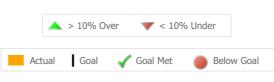
Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	60	64	-6%	
Admits	3	4	-25% 🔻	
Discharges	-	2	-100% 🔻	
Service Hours	1,381	6,777	-80% 🔻	
Social Rehab/PHP/IOP Days	4	0		

Service Utilization



Data Submitted to DMHAS by Month Jul Aug Sep % Months Submitted Admissions 33%

Admission	S	33%
Discharge	5	0%
Services		100%
	1 or more Records	Submitted to DMHAS



* State Avg based on 36 Active Social Rehabilitation Programs

Vocational 309-270

Bridges Healthcare, Inc.

Mental Health - Employment Services - Employment Services

Connecticut Dept of Mental Health and Addiction Services

Program Quality Dashboard

Reporting Period: July 2018 - September 2018 (Data as of Dec 13, 2018)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	50	62	-19%	▼
Admits	7	14	-50%	▼
Discharges	12	20	-40%	▼
Service Hours	184	223	-17%	•

Recovery

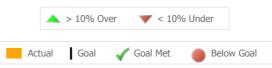
	/						
	National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
\checkmark	Employed		22	44%	35%	44%	9%
	Service Utilization						
		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
	Clients Receiving Services		34	87%	90%	93%	-3%

Data Submission Quality

Data Entry	Actual	State Avg
Valid NOMS Data	95%	96%
On-Time Periodic	Actual	State Avg
6 Month Updates	86%	91%

Data Submitted to DMHAS by Month





* State Avg based on 41 Active Employment Services Programs

Reporting Period: July 2018 - September 2018 (Data as of Dec 13, 2018)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	48	60	-20%	\mathbf{v}
Admits	2	5	-60%	▼
Discharges	1	14	-93%	▼
Service Hours	2,034	2,237	-9%	

Data Submission Quality

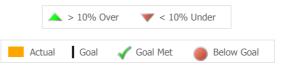
Data Entry	Actual	State Avg
< Valid NOMS Data	98%	97%
On-Time Periodic	Actual	State Avg
6 Month Updates	86%	91%
Cooccurring	Actual	State Avg
MH Screen Complete	33%	93%
SA Screen Complete	33%	95%
	-	
Diagnosis	Actual	State Avg
🞻 Valid Axis I Diagnosis	98%	98%
🧹 Valid Axis V GAF Score	98%	89%

Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Treatment Completed Successfully		0	0%	65%	57%	-65%	
	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
No Re-admit within 30 Days of Discharge		1	100%	85%	91%	15%	
	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Follow-up within 30 Days of Discharge		N/A	N/A	90%	45%	N/A	
Recovery							
National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Stable Living Situation		38	79%	60%	91%	19%	
Social Support		34	71%	60%	81%	11%	
Employed	_	8	17%	15%	15%	2%	
Improved/Maintained Axis V GAF Score	·	33	75%	85%	53%	-10%	
Service Utilization							
	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Clients Receiving Services		40	85%	90%	99%	-5%	

Data Submitted to DMHAS by Month

	Jui	Aug	Sep	70 MONUS SUDINILLEU
Admissions				33%
Discharges				33%
Services				100%
	1 or mo	re Recor	ds Subn	nitted to DMHAS



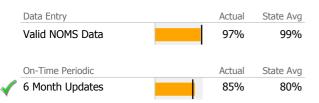
* State Avg based on 15 Active Assertive Community Treatment Programs

Reporting Period: July 2018 - September 2018 (Data as of Dec 13, 2018)

Program Activity

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	17	4	325% 🔺
Admits	-	3	-100% 🔻
Discharges	2	-	
Service Hours	300	-	
Bed Days	1,479	289	412% 🔺

Data Submission Quality



Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Treatment Completed Successfully		0	0%	60%	63%	-60%	-
	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Follow-up within 30 Days of Discharge		N/A	N/A	90%	80%	N/A	
Recovery							
National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
🗸 Social Support		13	76%	60%	80%	16%	
Employed		4	24%	25%	11%	-1%	
Stable Living Situation		13	76%	95%	92%	-19%	-
and the second se							

Bed Utilization

			12 M	onths T	rend	Beds	Avg LOS	Turnover	Actual %	Goal %	State Avg	Actual vs Goal
\checkmark	Avg Utilization I	Rate				4	380 days	0.2	402%	90%	95%	312%
		< 9	90%	90	-110%		>110%					

Data Submitted to DMHAS by Month

	J	u Aug	Sep	70 MONUIS SUDINILLEU
Admission	5			0%
Discharges	6			67%
Services				100%
	1 or	more Red	ords Sul	omitted to DMHAS

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

* State Avg based on 62 Active Supervised Apartments Programs