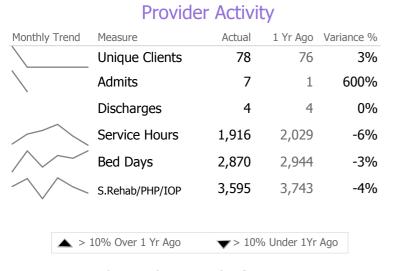
Pathways Inc.

Greenwich, CT

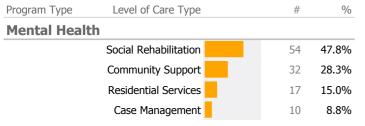
Connecticut Dept of Mental Health and Addiction Services Provider Quality Dashboard

(Based on 55 FY18 Surveys)

Reporting Period: July 2018 - December 2018 (Data as of Mar 19, 2019)



Clients by Level of Care



Consumer Satisfaction Survey Question Domain Satisfied % vs Goal% Satisfied % Goal % State Avg Participation in Treatment 100% 80% 92% General Satisfaction 100% 80% 92% Access 100% 80% 88% Quality and Appropriateness 80% 93% 98% Overall 80% 91% 96% 80% 91% Respect 94% Outcome 93% 80% 83% Recovery 84% 80% 79% 80-100% 0-80% 🗸 Goal Met Satisfied % Goal % Under Goal

Client Demographics

Age

18-25

26-34

35-44

45-54

55-64

65+

Ethnicity

Non-Hispanic

Hispanic-Cuban Hispanic-Mexican Hisp-Puerto Rican

Unknown Hispanic-Other

	#	%	Sta	ate Avg	Gender		#	%	Sta	te Avg
1			\mathbf{v}	11%	Male		55	71%		59%
İ.	9	12%	\mathbf{v}	23%	Female		23	29%	\mathbf{v}	41%
Í	10	13%		21%	Transgender					0%
i	15	19%		21%						
É.	27	35%		18%						
	17	22%		6%	Race		#	%	Sta	te Avg
					White/Caucasian		67	86%		63%
	#	%	Stat	e Avg	Black/African American		6	8%		16%
	71	91%		71%	Other		2	3%		13%
	5	6%		9%	Asian		1	1%		1%
	2	3%		7%	Multiple Races		1	1%		1%
	2	570			Unknown		1	1%		5%
				0%	Am. Indian/Native Alaskan					1%
				1%	Hawaiian/Other Pacific Islander					0%
			▼	13%	,					0,0
	Unique C	lients	Sta	ate Avg	▲ > 10% Over State Avg	▼	> 10% U	nder S	tate A	vg

Program Quality Dashboard

Reporting Period: July 2018 - December 2018 (Data as of Mar 19, 2019)

Program Activity

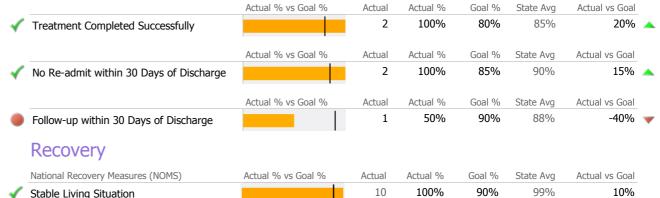
Measure	Actual	1 Yr Ago	Variance %
Unique Clients	10	8	25% 🔺
Admits	3	-	
Discharges	2	-	
Bed Days	1,416	1,472	-4%

Data Submission Quality

Valid Axis V GAF Score

Data Entry	A	ctual	State Avg
Valid NOMS Data	10	00%	99%
On-Time Periodic	A	ctual	State Avg
6 Month Updates		0%	88%
Cooccurring	A	ctual	State Avg
MH Screen Complete		0%	87%
SA Screen Complete	ĺ	0%	94%
Diagnosis	A	ctual	State Avg
🖉 Valid Axis I Diagnosis	10	00%	100%

Discharge Outcomes



					5	
Stable Living Situation		10	100%	90%	99%	10%
Social Support	·	6	60%	60%	81%	0%
Improved/Maintained Axis V GAF Score		4	57%	95%	69%	-38% 🝬

Bed Utilization

		12 M	onths Trend	Beds	Avg LOS	Turnover	Actual %	Goal %	State Avg	Actual vs Goal
«	Avg Utilization Rate	2		8	1,643 days	0.5	96%	90%	96%	6%
		< 90%	90-110%		>110%					

Data Submitted to DMHAS by Month



100%

100%

	> 10% 0	ver 🔻 < 100	% Under
Actual	Goal	🖌 Goal Met	Below Goal

* State Avg based on 24 Active Group Home Programs

Reporting Period: July 2018 - December 2018 (Data as of Mar 19, 2019)

Program Activity

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	8	8	0%
Admits	1	-	
Discharges	-	-	
Bed Days	1,454	1,472	-1%

Data Submission Quality

Data Entry	Actual	State Avg
🞸 Valid NOMS Data	100%	99%
On-Time Periodic	Actual	State Avg
6 Month Updates	0%	81%
Cooccurring	Actual	State Avg
5	0%	90%
MH Screen Complete	0%	90%
SA Screen Complete	0%	88%
Diagnosis	Actual	State Avg
🞻 Valid Axis I Diagnosis	100%	97%
Valid Axis V GAF Score	100%	94%

Discharge Outcomes

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
	Treatment Completed Successfully		N/A	N/A	60%	66%	N/A
		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
	Follow-up within 30 Days of Discharge		N/A	N/A	90%	74%	N/A
	Recovery						
	National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
\checkmark	Social Support		8	100%	60%	83%	40% 🔺
«	Stable Living Situation		8	100%	95%	95%	5%
	Employed	I	1	12%	25%	12%	-13% 🔻
	Improved/Maintained Axis V GAF Score		0	0%	95%	63%	-95% 🔻

Bed Utilization

		12 Months Trend	Beds	Avg LOS	Turnover	Actual %	Goal %	State Avg	Actual vs Goal
\checkmark	Avg Utilization Rate		8	1,177 days	0.5	99%	90%	95%	9%
	< 90	% 90-110%		>110%					

Data Submitted to DMHAS by Month

		Jul	Aug	Sep	Oct	INOV	Dec	% Months Submitted
Admission	S							17%
Discharge	S							0%
		1 or mo	ore Recor	ds Subn	nitted to	DMHAS		

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

* State Avg based on 62 Active Supervised Apartments Programs

Pathways Inc.

Mental Health - Social Rehabilitation - Social Rehabilitation

Connecticut Dept of Mental Health and Addiction Services Program Quality Dashboard

Reporting Period: July 2018 - December 2018 (Data as of Mar 19, 2019)

Program Activity

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	54	52	4%
Admits	2	1	100% 🔺
Discharges	-	-	
Service Hours	-	-	
Social Rehab/PHP/IOP Days	3,595	3,743	-4%

Service Utilization

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Clients Receiving Services		43	80%	90%	69%	-10%

Data Submitted to DMHAS by Month



	> 10% 0	ver	▼ < 109	% Under	
Actual	Goal	√	Goal Met	🔵 Belo	w Goal

* State Avg based on 36 Active Social Rehabilitation Programs

Program Activity

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	32	34	-6%
Admits	1	-	
Discharges	2	4	-50% 🔻
Service Hours	1,173	1,212	-3%

Data Submission Quality

Valid Axis V GAF Score

Data Entry	Actual	State Avg
Valid NOMS Data	100%	98%
On Time Deviedie	A stual	Chebe Aug
On-Time Periodic	Actual	State Avg
6 Month Updates	62%	93%
Cooccurring	Actual	State Avg
MH Screen Complete	0%	91%
SA Screen Complete	0%	90%
Diagnosis	Actual	State Avg
🖌 Valid Axis I Diagnosis	100%	98%

Discharge Outcomes

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
\checkmark	Treatment Completed Successfully		2	100%	65%	67%	35%	
	Recovery							
	National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
\checkmark	Social Support		30	94%	60%	82%	34%	
\checkmark	Stable Living Situation		32	100%	80%	93%	20%	
\checkmark	Employed		8	25%	20%	13%	5%	
\checkmark	Improved/Maintained Axis V GAF Score		21	68%	65%	63%	3%	
	Service Utilization							
		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
\checkmark	Clients Receiving Services		30	100%	90%	99%	10%	

Data Submitted to DMHAS by Month

100%

94%



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

* State Avg based on 48 Active CSP Programs

Suppv Housing PILOTS 116-551

Pathways Inc.

Mental Health - Case Management - Supportive Housing - Scattered Site

Connecticut Dept of Mental Health and Addiction Services

Program Quality Dashboard

Reporting Period: July 2018 - December 2018 (Data as of Mar 19, 2019)

Program Activity

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	10	10	0%
Admits	-	-	
Discharges	-	-	
Service Hours	743	817	-9%

Recovery

	· ·							
	National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
V	Stable Living Situation		10	100%	85%	85%	15%	
	Service Utilization							
		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
\checkmark	Clients Receiving Services		10	100%	90%	95%	10%	

Data Submission Quality



Data Submitted to DMHAS by Month



	▲ >	> 10% Ove	r	V < 100	% Unde	er
Act	ual	Goal	<	Goal Met		Below Goal

* State Avg based on 74 Active Supportive Housing – Scattered Site Programs