**Wellmore**
Waterbury, CT

Connecticut Dept of Mental Health and Addiction Services
Provider Quality Dashboard
Reporting Period: July 2018 - December 2018 (Data as of Mar 20, 2019)

## Provider Activity

| Monthly Trend | Measure | Actual | 1 Yr Ago | Variance % |
|---|---|---|---|---|
| | Unique Clients | 578 | 640 | -10% |
| | Admits | 734 | 745 | -1% |
| | Discharges | 729 | 814 | -10% |
| | Service Hours | 2,177 | 2,749 | -21% ▼ |
| | Bed Days | 7,063 | 7,401 | -5% |

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

## Clients by Level of Care

| Program Type | Level of Care Type | # | % |
|---|---|---|---|
| **Addiction** | | | |
| | Outpatient | 439 | 57.2% |
| | Residential Services | 198 | 25.8% |
| | Case Management | 69 | 9.0% |
| **Forensic SA** | | | |
| | Case Management | 61 | 8.0% |

## Consumer Satisfaction Survey

(Based on 612 FY18 Surveys)

| Question Domain | Satisfied % vs Goal% | Satisfied % | Goal % | State Avg |
|---|---|---|---|---|
| ✓ Quality and Appropriateness | | 97% | 80% | 93% |
| ✓ Overall | | 97% | 80% | 91% |
| ✓ Participation in Treatment | | 97% | 80% | 92% |
| ✓ Respect | | 94% | 80% | 91% |
| ✓ General Satisfaction | | 94% | 80% | 92% |
| ✓ Access | | 94% | 80% | 88% |
| ✓ Outcome | | 92% | 80% | 83% |
| ✓ Recovery | | 92% | 80% | 79% |

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

## Client Demographics

| Age | # | % | State Avg |
|---|---|---|---|
| 18-25 | 64 | 11% | 11% |
| 26-34 | 196 | 34% ▲ | 23% |
| 35-44 | 135 | 23% | 21% |
| 45-54 | 117 | 20% | 21% |
| 55-64 | 54 | 9% | 18% |
| 65+ | 10 | 2% | 6% |

| Gender | # | % | State Avg |
|---|---|---|---|
| Male | 451 | 78% ▲ | 59% |
| Female | 127 | 22% ▼ | 41% |
| Transgender | | | 0% |

| Ethnicity | # | % | State Avg |
|---|---|---|---|
| Non-Hispanic | 417 | 72% | 71% |
| Hisp-Puerto Rican | 119 | 21% | 13% |
| Hispanic-Other | 37 | 6% | 7% |
| Hispanic-Mexican | 3 | 1% | 1% |
| Hispanic-Cuban | 2 | 0% | 0% |
| Unknown | | | 9% |

| Race | # | % | State Avg |
|---|---|---|---|
| White/Caucasian | 279 | 48% ▼ | 63% |
| Black/African American | 157 | 27% ▲ | 16% |
| Other | 134 | 23% | 13% |
| Am. Indian/Native Alaskan | 4 | 1% | 1% |
| Asian | 3 | 1% | 1% |
| Hawaiian/Other Pacific Islander | 1 | 0% | 0% |
| Multiple Races | | | 1% |
| Unknown | | | 5% |

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

**Case Management 931480**
Wellmore
Addiction - Case Management - Standard Case Management

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2018 - December 2018 (Data as of Mar 20, 2019)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 69 | 144 | -52% | ▼ |
| Admits | 57 | 89 | -36% | ▼ |
| Discharges | 44 | 111 | -60% | ▼ |
| Service Hours | 324 | 395 | -18% | ▼ |

## Data Submission Quality

| Data Entry | Actual | State Avg |
|---|---|---|
| ✓ Valid NOMS Data | 100% | 89% |

| On-Time Periodic | Actual | State Avg |
|---|---|---|
| 6 Month Updates | N/A | 45% |

## Discharge Outcomes

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ✓ Treatment Completed Successfully | | 43 | 98% | 50% | 59% | 48% | ▲ |

## Recovery

| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ✓ Self Help | | 69 | 100% | 60% | 61% | 40% | ▲ |
| ✓ Employed | | 33 | 48% | 20% | 28% | 28% | ▲ |
| ✓ Stable Living Situation | | 65 | 94% | 80% | 78% | 14% | ▲ |

## Service Utilization

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| ✓ Clients Receiving Services | | 25 | 100% | 90% | 80% | 10% |

## 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

▲ > 10% Over ▼ < 10% Under

Actual | Goal | ✓ Goal Met | Below Goal

* State Avg based on 14 Active Standard Case Management Programs

**Emergency Shelter-CSSD 93145**
Wellmore
Addiction - Residential Services - Recovery House

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2018 - December 2018 (Data as of Mar 20, 2019)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 18 | 15 | 20% | ▲ |
| Admits | 15 | 12 | 25% | ▲ |
| Discharges | 15 | 14 | 7% | |
| Bed Days | 469 | 432 | 9% | |

## Discharge Outcomes

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| ✓ Treatment Completed Successfully | | 14 | 93% | 85% | 78% | 8% |

## Bed Utilization

| | 12 Months Trend | Beds | Avg LOS | Turnover | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|---|---|
| Avg Utilization Rate | | 3 | 31 days | 0.1 | 85% | 90% | 75% | -5% |

< 90% | 90-110% | >110%

## 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 Recovery House Programs

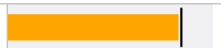
**Emergency Shelter-DMHAS 931450**
Wellmore
Addiction - Residential Services - Recovery House

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2018 - December 2018 (Data as of Mar 20, 2019)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 123 | 111 | 11% | ▲ |
| Admits | 118 | 113 | 4% | |
| Discharges | 122 | 109 | 12% | ▲ |
| Bed Days | 1,791 | 1,973 | -9% | |

## Discharge Outcomes

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| Treatment Completed Successfully |  | 102 | 84% | 85% | 78% | -1% |

## Bed Utilization

| | 12 Months Trend | Beds | Avg LOS | Turnover | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|---|
| Avg Utilization Rate |  | 15 | 16 days | 0.1 | 65% | 90% | 75% | -25% | ▼ |

< 90% 90-110% >110%

## 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 Recovery House Programs

**Morris House-DMHAS 931404**
Wellmore
Addiction - Residential Services - Recovery House

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2018 - December 2018 (Data as of Mar 20, 2019)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % |
|---|---|---|---|
| Unique Clients | 63 | 63 | 0% |
| Admits | 42 | 45 | -7% |
| Discharges | 44 | 45 | -2% |
| Bed Days | 3,591 | 3,697 | -3% |

## Discharge Outcomes

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| Treatment Completed Successfully | | 27 | 61% | 85% | 78% | -24% |

## Bed Utilization

| | 12 Months Trend | Beds | Avg LOS | Turnover | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|---|---|
| Avg Utilization Rate | | 23 | 92 days | 0.3 | 85% | 90% | 75% | -5% |

< 90% 90-110% >110%

## 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 Recovery House Programs

**Post-Release Transitional Forensic Case Management**
Wellmore
Forensic SA - Case Management - Standard Case Management

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2018 - December 2018 (Data as of Mar 20, 2019)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 20 | 19 | 5% | |
| Admits | 18 | 15 | 20% | ▲ |
| Discharges | 14 | 16 | -13% | ▼ |
| Service Hours | 86 | 103 | -16% | ▼ |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| ✓ Valid NOMS Data | | 100% | 100% |

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| 6 Month Updates | | N/A | 3% |

## Discharge Outcomes

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ✓ Treatment Completed Successfully | | 12 | 86% | 50% | 81% | 36% | ▲ |

## Recovery

| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ✓ Social Support | | 17 | 85% | 60% | 84% | 25% | ▲ |
| ✓ Employed | | 6 | 30% | 20% | 8% | 10% | |
| ✓ Self Help | | 13 | 65% | 60% | 69% | 5% | |
| ✓ Stable Living Situation | | 17 | 85% | 80% | 35% | 5% | |

## Service Utilization

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| ✓ Clients Receiving Services | | 6 | 100% | 90% | 54% | 10% |

## 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

▲ > 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**
Wellmore
Forensic SA - Case Management - Standard Case Management

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2018 - December 2018 (Data as of Mar 20, 2019)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 59 | 59 | 0% | |
| Admits | 48 | 40 | 20% | ▲ |
| Discharges | 44 | 36 | 22% | ▲ |
| Service Hours | 257 | 192 | 34% | ▲ |

## Data Submission Quality

| Data Entry | Actual | State Avg |
|---|---|---|
| ✓ Valid NOMS Data | 100% | 100% |

| On-Time Periodic | Actual | State Avg |
|---|---|---|
| 6 Month Updates | N/A | 3% |

## Discharge Outcomes

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ✓ Treatment Completed Successfully | | 43 | 98% | 50% | 81% | 48% | ▲ |

## Recovery

| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ✓ Social Support | | 41 | 69% | 60% | 84% | 9% | |
| ● Self Help | | 34 | 58% | 60% | 69% | -2% | |
| ● Employed | | 6 | 10% | 20% | 8% | -10% | ▼ |
| ● Stable Living Situation | | 37 | 63% | 80% | 35% | -17% | ▼ |

## Service Utilization

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| ✓ Clients Receiving Services | | 15 | 100% | 90% | 54% | 10% |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | % Months Submitted |
|---|---|---|---|---|---|---|---|
| Admissions | ■ | ■ | | ■ | | ■ | 67% |
| 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

**Waterbury Outpatient 931204**
Wellmore
Addiction - Outpatient - Standard Outpatient

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2018 - December 2018 (Data as of Mar 20, 2019)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % |
|---|---|---|---|
| Unique Clients | 439 | 420 | 5% |
| Admits | 422 | 397 | 6% |
| Discharges | 431 | 402 | 7% |
| Service Hours | 1,510 | 1,820 | -17% |

## Data Submission Quality

| Data Entry | Actual | State Avg |
|---|---|---|
| Valid NOMS Data | 100% | 93% |
| Valid TEDS Data | 87% | 88% |

| On-Time Periodic | Actual | State Avg |
|---|---|---|
| 6 Month Updates | N/A | 21% |

| Cooccurring | Actual | State Avg |
|---|---|---|
| MH Screen Complete | 100% | 96% |
| SA Screen Complete | 100% | 99% |

| Diagnosis | Actual | State Avg |
|---|---|---|
| Valid Axis I Diagnosis | 100% | 99% |
| Valid Axis V GAF Score | 100% | 97% |

## 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 | | 308 | 71% | 50% | 55% | 21% |

## Recovery

| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| Not Arrested | | 460 | 95% | 75% | 84% | 20% |
| Abstinence/Reduced Drug Use | | 284 | 59% | 55% | 48% | 4% |
| Stable Living Situation | | 431 | 89% | 95% | 80% | -6% |
| Employed | | 159 | 33% | 50% | 41% | -17% |
| Self Help | | 190 | 39% | 60% | 30% | -21% |
| Improved/Maintained Axis V GAF Score | | 196 | 45% | 75% | 50% | -30% |

## Service Utilization

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| Clients Receiving Services | | 52 | 98% | 90% | 56% | 8% |

## Service Engagement

| Outpatient | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| 2 or more Services within 30 days | | 380 | 97% | 75% | 63% | 22% |

> 10% Over  < 10% Under

Actual  Goal  Goal Met  Below Goal

* State Avg based on 113 Active Standard Outpatient Programs

**Women/Children InterRes 931405**
Wellmore
Addiction - Residential Services - Intermediate/Long Term Res.Tx 3.5

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2018 - December 2018 (Data as of Mar 20, 2019)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % |
|---|---|---|---|
| Unique Clients | 20 | 22 | -9% |
| Admits | 14 | 16 | -13% |
| Discharges | 15 | 16 | -6% |
| Bed Days | 1,212 | 1,299 | -7% |

## Data Submission Quality

| Data Entry | Actual | State Avg |
|---|---|---|
| ✓ Valid NOMS Data | 100% | 95% |
| ✓ Valid TEDS Data | 100% | 100% |

| On-Time Periodic | Actual | State Avg |
|---|---|---|
| 6 Month Updates | N/A | 4% |

| Cooccurring | Actual | State Avg |
|---|---|---|
| ✓ MH Screen Complete | 100% | 95% |
| ✓ SA Screen Complete | 100% | 96% |

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

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | % Months Submitted |
|---|---|---|---|---|---|---|---|
| Admissions | | | | | | | 67% |
| Discharges | | | | | | | 83% |

1 or more Records Submitted to DMHAS

## Discharge Outcomes

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| ✓ Treatment Completed Successfully | | 11 | 73% | 70% | 73% | 3% |
| ✓ No Re-admit within 30 Days of Discharge | | 13 | 87% | 85% | 94% | 2% |
| ● Follow-up within 30 Days of Discharge | | 7 | 64% | 90% | 66% | -26% |

## Recovery

| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| ✓ Abstinence/Reduced Drug Use | | 14 | 70% | 70% | 75% | 0% |
| ● Improved/Maintained Axis V GAF Score | | 13 | 87% | 95% | 73% | -8% |

## Bed Utilization

| | 12 Months Trend | Beds | Avg LOS | Turnover | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|---|---|
| ● Avg Utilization Rate | | 8 | 115 days | 0.3 | 82% | 90% | 113% | -8% |

< 90% 90-110% >110%

> 10% Over < 10% Under

Actual Goal ✓ Goal Met ● Below Goal

* State Avg based on 40 Active Intermediate/Long Term Res.Tx 3.5 Programs