Reporting Period: July 2018 - December 2018 (Data as of Mar 20, 2019)

## **Provider Activity**





#### Clients by Level of Care

Program Type	Level of Care Type	#	%
Addiction			
	Outpatient	3,737	62.7%
	Intake	353	5.9%
Medicati	on Assisted Treatment	161	2.7%
	Case Management	49	0.8%
	IOP	21	0.4%
	Consultation	10	0.2%
Forensic SA			
Foren	sics Community-based	1,562	26.2%
	Case Management	65	1.1%

#### Consumer Satisfaction Survey (Based on 228 FY18 Surveys)



#### Client Demographics

Age		#	%	State Avg	Gender		#	%	State Avg
18-25		1,061	18%	11%	Male		3,583	62%	59%
26-34		1,760	31%	23%	Female		2,167	38%	41%
35-44		1,263	22%	21%	Transgender				0%
45-54		903	16%	21%					
55-64		592	10%	18%					
65+		172	3%	6%	Race		#	%	State Avg
					White/Caucasian		3,162	55%	63%
<b>Ethnicity</b>		#	%	State Avg	Other <b>I</b>		872	15%	13%
Unknown 📙		2,349	41%	<b>▲</b> 9%	Black/African American		849	15%	16%
Non-Hispanic	ı	2,158	37%	<b>▼</b> 71%	Unknown		463	8%	5%
Hisp-Puerto Rican	'	1,020	18%	13%	Multiple Races		290	5%	1%
Hispanic-Other		188	3%	7%	Asian		58	1%	1%
· .					Am. Indian/Native Alaskan		42	1%	1%
Hispanic-Mexican		34	1%	1%	Hawaiian/Other Pacific Islander		28	0%	0%
Hispanic-Cuban		15	0%	0%					
_		Jnique C	lients	State Avg	▲ > 10% Over State Avg	<b>V</b> :	> 10% U	Inder St	ate Avg

#### **Access Line**

Wheeler Clinic

Addiction - Intake - Central Intake

## 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	353		
Admits	381	-	
Discharges	381	-	

Data	Jul	Aug	Sep	Oct	Nov	Dec	% Months Submitted
Admissions							67%
Discharges							67%
	1 or mo	re Record	ds Sub	mitted t	o DMHA	S	



<sup>\*</sup> State Avg based on 0 Active Central Intake Programs

#### **Bettor Choice 620740**

Wheeler Clinic

Addiction - Outpatient - Gambling 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	9	12	-25%	$\blacksquare$
Admits	-	1	-100%	•
Discharges	-	3	-100%	•
Service Hours	-	30	-100%	•

## **Data Submission Quality**

Data Entry	Actu	al State Avg
Valid NOMS Data	N/	'A 95%
Valid TEDS Data	N/	/A 34%
On-Time Periodic	Actu	al State Avg
6 Month Updates	00	% 86%
Cooccurring	Actu	al State Avg
MH Screen Complete	N/	/A 100%
SA Screen Complete	N/	/A 100%
Diagnosis	Actu	al State Avg
Valid Axis I Diagnosis	1000	% 100%
✓ Valid Axis V GAF Score	1000	% 99%

## Data Submitted to DMHAS by Month

	Ju	l Aug	Sep	Oct	Nov	Dec	% Months Submitted
Admissions							0%
Discharges							0%
Services							0%
	1 or	more Reco	rds Subr	nitted to	DMHAS		

## **Discharge Outcomes**

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Treatment Completed Successfully		N/A	N/A	75%	87%	N/A	
Service Utilization							
	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Clients Receiving Services		0	0%	90%	91%	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%	83%	-75%	_



<sup>\*</sup> State Avg based on 8 Active Gambling Outpatient Programs

#### Latino Outreach 620296

Wheeler Clinic

Addiction - Case Management - Outreach & Engagement

# 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	49	19	158%	•
Admits	28	7	300%	•
Discharges	5	6	-17%	•
Service Hours	384	244	58%	•

#### Service Engagement



	Jul	Aug	Sep	Oct	Nov	Dec	% Months Submitted
Admissions							100%
Discharges							33%
Services							83%
	1 or mo	re Record	ds Subm	nitted to	DMHAS		



<sup>\*</sup> State Avg based on 7 Active Outreach & Engagement Programs

Reporting Period: July 2018 - December 2018 (Data as of Mar 20, 2019)

# **Program Activity**

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	21	64	-67%	•
Admits	-	37	-100%	•
Discharges	-	44	-100%	•
Service Hours	-	37	-100%	•
Social Rehab/PHP/IOP	0	332	-100%	•

## **Data Submission Quality**

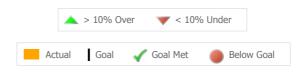
Data Entry	Actual	State Avg
Valid NOMS Data	N/A	95%
Valid TEDS Data	N/A	97%
On-Time Periodic	Actual	State Avg
6 Month Updates	0%	4%
Cooccurring	Actual	State Avg
MH Screen Complete	N/A	91%
SA Screen Complete	N/A	92%
Diagnosis	Actual	State Avg
Valid Axis I Diagnosis	95%	100%

# Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct		% Months Submitted
Admissions						0%
Discharges						0%
Services						33%
	1 or mo	re Record	ls 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%	60%	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%	56%	N/A	
Recovery							
National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Not Arrested		15	71%	75%	77%	-4%	
Self Help		7	33%	60%	41%	-27%	_
Abstinence/Reduced Drug Use		5	24%	55%	61%	-31%	_
Employed		3	14%	50%	29%	-36%	_
Stable Living Situation		12	57%	95%	86%	-38%	_
Improved/Maintained Axis V GAF Score		3	14%	75%	55%	-61%	_
Service Utilization							
	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Clients Receiving Services		0	0%	90%	65%	N/A	_



<sup>\*</sup> State Avg based on 50 Active Standard IOP Programs

#### **Lifeline for Women and Children - OP**

Wheeler Clinic

Addiction - Outpatient - Standard Outpatient

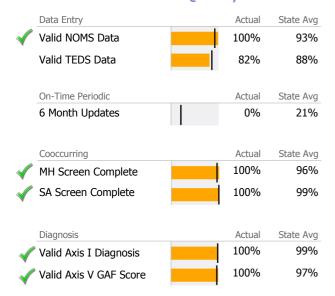
## Connecticut Dept of Mental Health and Addiction Services Program Quality Dashboard

Reporting Period: July 2018 - December 2018 (Data as of Mar 20, 2019)

## **Program Activity**

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	56	89	-37%	•
Admits	11	35	-69%	•
Discharges	-	44	-100%	•
Service Hours	25	266	-91%	•

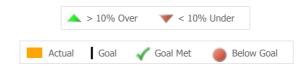
## **Data Submission Quality**



## **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	
Not Arrested		33	59%	75%	84%	-16%	_
Employed		17	30%	50%	41%	-20%	_
Self Help	·	20	36%	60%	30%	-24%	_
Abstinence/Reduced Drug Use		16	29%	55%	48%	-26%	<b>V</b>
Stable Living Situation		33	59%	95%	80%	-36%	_
Improved/Maintained Axis V GAF Score		7	16%	75%	50%	-59%	_
Service Utilization							
	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Clients Receiving Services		12	21%	90%	56%	-69%	-
Service Engagement							
Outpatient	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
2 or more Services within 30 days		10	91%	75%	63%	16%	_

Data	Jul	Aug	Sep	Oct	Nov		% Months Submitted
Admissions							33%
Discharges							0%
Services							33%
	1 or mo	re Record	ls Sub	mitted to I	AHMC	S	



<sup>\*</sup> State Avg based on 113 Active Standard Outpatient Programs

#### **MAT - Naltrexone - Plainville**

Wheeler Clinic

Addiction - Medication Assisted Treatment - Naltrexone

## 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	0		
Admits	-	-	
Discharges	_	_	

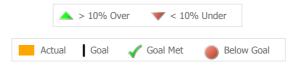
## **Data Submission Quality**

Data Entry		Actual	State Avg
Valid NOMS Data		N/A	72%
Valid TEDS Data	•	N/A	100%
On-Time Periodic		Actual	State Avg
6 Month Updates		N/A	0%
Cooccurring		Actual	State Avg
MH Screen Complete		N/A	67%
SA Screen Complete	•	N/A	100%

#### **Discharge Outcomes**

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Treatment Completed Successfully		N/A	N/A	50%	17%	N/A	
Recovery							
National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Abstinence/Reduced Drug Use		N/A	N/A	55%	68%	-55%	~
Employed	ĺ	N/A	N/A	50%	14%	-50%	<b>V</b>
Improved/Maintained Axis V GAF Score	· 1	N/A	N/A	75%	50%	-75% 🔻	<b>V</b>
Not Arrested		N/A	N/A	75%	77%	-75%	<b>V</b>
Self Help	1	N/A	N/A	60%	50%	-60%	<b>V</b>
Stable Living Situation		N/A	N/A	95%	82%	-95% 🔻	<b>*</b>

Data Submitted to DMHAS by Month
Jul Aug Sep Oct Nov Dec % Months Submitted 0% Admissions Discharges 0% 1 or more Records Submitted to DMHAS



<sup>\*</sup> State Avg based on 0 Active Naltrexone Programs

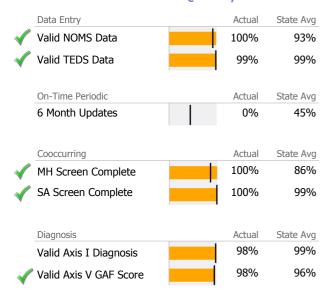
Wheeler Clinic

Reporting Period: July 2018 - December 2018 (Data as of Mar 20, 2019)

## **Program Activity**

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	161	44	266%	•
Admits	45	43	5%	
Discharges	-	-		
Service Hours	_	_		

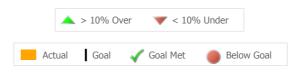
## **Data Submission Quality**



## **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	
$\checkmark$	Not Arrested		152	94%	75%	92%	19%	_
	Abstinence/Reduced Drug Use		81	50%	55%	62%	-5%	
	Stable Living Situation		142	88%	95%	90%	-7%	
	Employed		68	42%	50%	35%	-8%	
	Self Help		77	48%	60%	31%	-12%	7
	Improved/Maintained Axis V GAF Score	· I	0	0%	75%	52%	-75%	7
	Service Utilization							
		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
	Clients Receiving Services		0	0%	90%	62%	N/A	7

		Jul	Aug	Sep	Oct	Nov	Dec	% Months Submitted
Admission	5							100%
Discharges	6							0%
Services								0%
		1 or m	ore Reco	rds Subi	mitted to	DMHAS		



<sup>\*</sup> State Avg based on 5 Active Buprenorphine Maintenance Programs

Addiction - Consultation - Consultat

# **Program Activity**

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	10		
Admits	6	-	
Discharges	-	-	
Service Hours	-	-	

	Jul	Aug	Sep	Oct	Nov	Dec	% Months Submitted
Admissions							50%
Discharges							0%
Services							0%
	1 or mo	re Record	ds Subm	nitted to	DMHAS		



#### **Post-Release Transitional Forensic Case Management**

Wheeler Clinic

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)

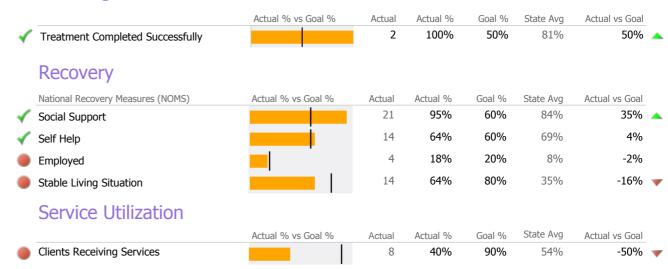
#### **Program Activity**

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	22	20	10%	
Admits	7	16	-56%	•
Discharges	2	6	-67%	•
Service Hours	93	120	-23%	•

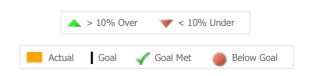
## **Data Submission Quality**

Data Entry	Actual	State Avg
Valid NOMS Data	100%	100%
On-Time Periodic	Actual	State Avg
6 Month Updates	0%	3%

#### Discharge Outcomes







<sup>\*</sup> State Avg based on 8 Active Standard Case Management Programs

#### **Pre-Release Transitional Forensic Case Management**

Wheeler Clinic

Forensic SA - Case Management - Standard Case Management

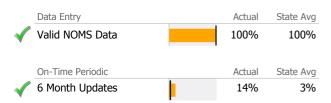
Connecticut Dept of Mental Health and Addiction Services Program Quality Dashboard

Reporting Period: July 2018 - December 2018 (Data as of Mar 20, 2019)

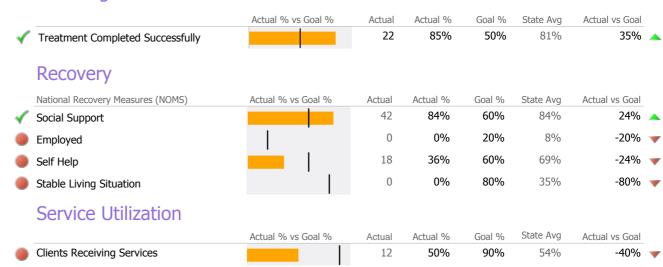
#### **Program Activity**

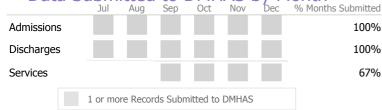
Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	50	59	-15%	•
Admits	23	24	-4%	
Discharges	26	45	-42%	•
Service Hours	128	118	8%	

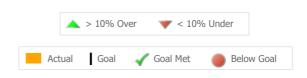
## **Data Submission Quality**



#### Discharge Outcomes







<sup>\*</sup> State Avg based on 8 Active Standard Case Management Programs

Forensic SA - Forensics Community-based - Pre-trial Intervention Programs

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	584	597	-2%	
Admits	315	285	11%	•
Discharges	338	303	12%	•

Data	Jubili	ILLEU	w	וויוט		Dy I'	IOHUH	
	Jul	Aug	Sep	Oct	Nov	Dec	% Months Submitt	ed
Admissions							100	%
Discharges							100	%
	1 or mo	re Record	ls Sub	mitted t	o DMHA	S		



<sup>\*</sup> State Avg based on 16 Active Pre-trial Intervention Programs Programs

#### PTIP-75 N. Mountain Rd. 620707

Wheeler Clinic

Forensic SA - Forensics Community-based - Pre-trial Intervention Programs

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	980	934	5%	
Admits	329	322	2%	
Discharges	344	304	13%	_

Data	Jubili	ILLCU	CO			Dy I	IOTICIT
	Jul	Aug	Sep	Oct	Nov	Dec	% Months Submitted
Admissions							100%
Discharges							100%
	1 or mo	ore Record	ls Sub	mitted t	o DMHA	S	



<sup>\*</sup> State Avg based on 16 Active Pre-trial Intervention Programs Programs

Reporting Period: July 2018 - December 2018 (Data as of Mar 20, 2019)

## **Program Activity**

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	1,393	1,000	39%	•
Admits	495	541	-9%	
Discharges	390	424	-8%	
Service Hours	3,842	3,128	23%	•

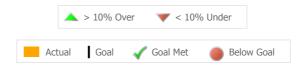
# **Data Submission Quality**

Data Entry		Actual	State Avg
Valid NOMS Data		87%	93%
Valid TEDS Data		72%	88%
On-Time Periodic		Actual	State Avg
6 Month Updates		5%	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%

# **Discharge Outcomes**

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
1	Treatment Completed Successfully		200	51%	50%	55%	1%	
	Recovery							
	National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
$\checkmark$	Not Arrested		1,163	83%	75%	84%	8%	
	Employed		563	40%	50%	41%	-10%	
	Abstinence/Reduced Drug Use		574	41%	55%	48%	-14%	-
	Stable Living Situation	•	1,062	76%	95%	80%	-19%	7
	Self Help		395	28%	60%	30%	-32%	7
	Improved/Maintained Axis V GAF Score		442	42%	75%	50%	-33%	7
	Service Utilization							
		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
	Clients Receiving Services		455	45%	90%	56%	-45%	-
	Service Engagement							
	Outpatient	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
$\checkmark$	2 or more Services within 30 days		421	85%	75%	63%	10%	

	Jul	Aug	Sep	Oct	Nov	Dec	% Months Submitted
Admissions							100%
Discharges							100%
Services							100%
	1 or mo	ore Recor	ds Subm	nitted to	DMHAS		



<sup>\*</sup> State Avg based on 113 Active Standard Outpatient Programs

Reporting Period: July 2018 - December 2018 (Data as of Mar 20, 2019)

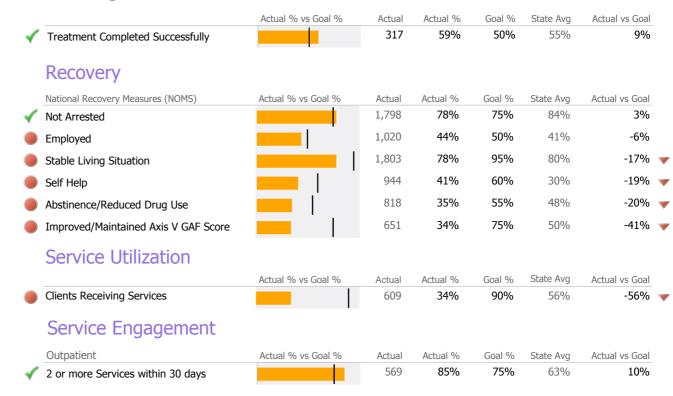
## **Program Activity**

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	2,297	1,776	29%	•
Admits	670	1,009	-34%	•
Discharges	537	523	3%	
Service Hours	5,286	6,428	-18%	•

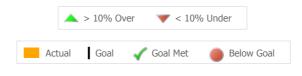
## **Data Submission Quality**

Data Entry	A	Actual	State Avg
Valid NOMS Data		88%	93%
Valid TEDS Data		63%	88%
On-Time Periodic	A	Actual	State Avg
6 Month Updates		4%	21%
Cooccurring	Į.	Actual	State Avg
✓ MH Screen Complete	1	00%	96%
SA Screen Complete	1	00%	99%
	•		
Diagnosis	A	Actual	State Avg
√ Valid Axis I Diagnosis		99%	99%
✓ Valid Axis V GAF Score	1	00%	97%

#### **Discharge Outcomes**



		Jul	Aug	Sep	Oct	Nov	Dec	% Months Submitted
Admissions								100%
Discharges								100%
Services								100%
1 or more Records Submitted to DMHAS								



<sup>\*</sup> State Avg based on 113 Active Standard Outpatient Programs