**Gilead Community Services Inc.**
Middletown, CT

Connecticut Dept of Mental Health and Addiction Services
Provider Quality Dashboard
Reporting Period: July 2012 - June 2013    (Data as of Dec 16, 2013)

## Provider Activity

| 12 Month Trend | Measure | Actual | 1 Yr Ago | Variance % |
|---|---|---|---|---|
| | Unique Clients | 324 | 303 | 7% |
| | Admits | 145 | 101 | 44% ▲ |
| | Discharges | 145 | 85 | 71% ▲ |
| | Service Hours | 49,888 | 48,151 | 4% |
| | Bed Days | 13,291 | 12,322 | 8% |
| | S.Rehab/PHP/IOP | 12,675 | 13,904 | -9% |

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

## Consumer Satisfaction Survey    (Based on 140 FY12 Surveys)

| | Question Domain | Satisfied % vs Goal% | Satisfied % | Goal % | State Avg |
|---|---|---|---|---|---|
| ✔ | Overall | | 90% | 80% | 91% |
| ✔ | General Satisfaction | | 89% | 80% | 92% |
| ✔ | Participation in Treatment | | 88% | 80% | 92% |
| ✔ | Quality and Appropriateness | | 87% | 80% | 93% |
| ✔ | Respect | | 86% | 80% | 91% |
| ✔ | Access | | 83% | 80% | 88% |
| ✔ | Outcome | | 81% | 80% | 83% |
| 🔴 | Recovery | | 78% | 80% | 79% |

| Satisfied % | Goal % | 0-80% | 80-100% | ✔ Goal Met | 🔴 Under Goal |
|---|---|---|---|---|---|

## Unique Clients by Level of Care

| Program Type | Level of Care Type | # | % |
|---|---|---|---|
| **Mental Health** | | | |
| | Social Rehabilitation | 233 | 71.9% |
| | ACT | 105 | 32.4% |
| | Residential Services | 84 | 25.9% |
| | Community Support | 60 | 18.5% |
| | Case Management | 29 | 9.0% |

## Client Demographics

### Age
| | # | % | | State Avg |
|---|---|---|---|---|
| 18-25 | 14 | 4% | ▼ | 17% |
| 26-34 | 31 | 10% | ▼ | 22% |
| 35-44 | 51 | 16% | | 20% |
| 45-54 | 106 | 33% | | 24% |
| 55-64 | 97 | 30% | ▲ | 13% |
| 65+ | 25 | 8% | | 4% |

### Gender
| | # | % | | State Avg |
|---|---|---|---|---|
| Male | 203 | 63% | | 60% |
| Female | 121 | 37% | | 40% |

### Ethnicity
| | # | % | | State Avg |
|---|---|---|---|---|
| Non-Hispanic | 279 | 86% | ▲ | 74% |
| Unknown | 27 | 8% | | 7% |
| Hisp-Puerto Rican | 12 | 4% | | 12% |
| Hispanic-Other | 6 | 2% | | 7% |
| Hispanic-Cuban | | | | 0% |
| Hispanic-Mexican | | | | 0% |

### Race
| | # | % | | State Avg |
|---|---|---|---|---|
| White/Caucasian | 266 | 82% | ▲ | 64% |
| Black/African American | 35 | 11% | | 17% |
| Multiple Races | 10 | 3% | | 1% |
| Other | 10 | 3% | ▼ | 15% |
| Am. Indian/Native Alaskan | 1 | 0% | | 1% |
| Asian | 1 | 0% | | 1% |
| Unknown | 1 | 0% | | 2% |
| Hawaiian/Other Pacific Islander | | | | 0% |

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

**ACT Team 306292**
Gilead Community Services Inc.
Mental Health - ACT - Assertive Community Treatment

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2012 - June 2013 (Data as of Dec 16, 2013)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 105 | 86 | 22% | ▲ |
| Admits | 36 | 27 | 33% | ▲ |
| Discharges | 26 | 17 | 53% | ▲ |
| Service Hours | 5,779 | 7,148 | -19% | ▼ |

## Discharge Outcomes

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ✓ Treatment Completed Successfully | | 19 | 79% | 65% | 59% | 14% | ▲ |
| ✓ No Re-admit within 30 Days of Discharge | | 24 | 100% | 85% | 100% | 15% | ▲ |
| ● Follow-up within 30 Days of Discharge | | 10 | 53% | 90% | 39% | -37% | ▼ |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| ✓ Valid NOMS Data | | 92% | 88% |

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| ✓ 6 Month Updates | | 89% | 75% |

| Cooccurring | | Actual | State Avg |
|---|---|---|---|
| MH Screen Complete | | 64% | 78% |
| SA Screen Complete | | 67% | 78% |

| Diagnosis | | Actual | State Avg |
|---|---|---|---|
| ✓ Valid Axis I Diagnosis | | 99% | 99% |
| ✓ Valid Axis V GAF Score | | 99% | 81% |

## Recovery

| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ✓ Stable Living Situation | | 101 | 95% | 60% | 79% | 35% | ▲ |
| ✓ Social Support | | 79 | 75% | 60% | 57% | 15% | ▲ |
| ● Employed | | 9 | 8% | 15% | 8% | -7% | |
| ● Improved/Maintained Axis V GAF Score | | 49 | 54% | 85% | 34% | -31% | ▼ |

## Service Utilization

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ✓ Clients Receiving Services | | 78 | 98% | 90% | 98% | 8% | |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | % Months Submitted |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Admissions | | | | | | | | | | | | | 100% |
| Discharges | | | | | | | | | | | | | 92% |
| Services | | | | | | | | | | | | | 100% |

1 or more Records Submitted to DMHAS

▲ > 10% Over    ▼ < 10% Under

■ Actual    | Goal    ✓ Goal Met    ● Below Goal

* State Avg based on 11 Active Assertive Community Treatment Programs

**Gateway - CSP/RP Program**
Gilead Community Services Inc.
Mental Health - Community Support - CSP

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2012 - June 2013 (Data as of Dec 16, 2013)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 60 | 34 | 76% | ▲ |
| Admits | 36 | 10 | 260% | ▲ |
| Discharges | 7 | 10 | -30% | ▼ |
| Service Hours | 1,689 | 1,180 | 43% | ▲ |

## Discharge Outcomes

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ✔ Treatment Completed Successfully | | 6 | 86% | 65% | 49% | 21% | ▲ |

## Recovery

| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ✔ Social Support | | 57 | 95% | 60% | 61% | 35% | ▲ |
| ✔ Stable Living Situation | | 60 | 100% | 80% | 86% | 20% | ▲ |
| ● Improved/Maintained Axis V GAF Score | | 47 | 82% | 95% | 49% | -13% | ▼ |
| ● Employed | | 2 | 3% | 20% | 10% | -17% | ▼ |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| ✔ Valid NOMS Data | | 96% | 92% |

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| ✔ 6 Month Updates | | 100% | 66% |

| Cooccurring | | Actual | State Avg |
|---|---|---|---|
| ✔ MH Screen Complete | | 100% | 64% |
| ✔ SA Screen Complete | | 94% | 67% |

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

## Service Utilization

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| ✔ Clients Receiving Services | | 53 | 100% | 90% | 97% | 10% |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | % Months Submitted |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Admissions | | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | | | | ▢ | ▢ | 67% |
| Discharges | ▢ | | | ▢ | | ▢ | | | | ▢ | | ▢ | 42% |
| Services | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | 100% |

▢ 1 or more Records Submitted to DMHAS
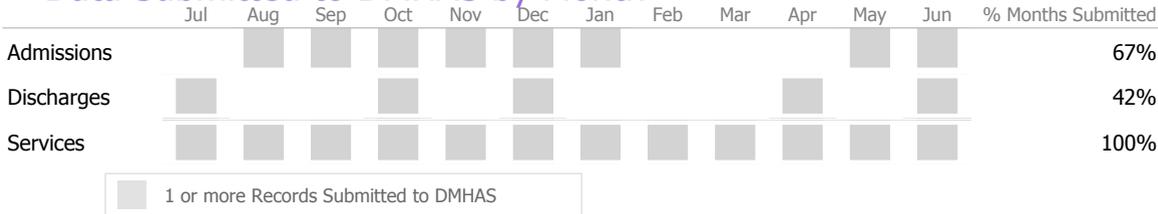
| ▲ > 10% Over | ▼ < 10% Under |
|---|---|

| ▮ Actual | | Goal | ✔ Goal Met | ● Below Goal |
|---|---|---|---|---|

* State Avg based on 40 Active CSP Programs

**Gateway - Recovery Pathways (de-activated 10/1/12)**
Gilead Community Services Inc.
Mental Health - Case Management - Recovery Pathways

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2012 - June 2013 (Data as of Dec 16, 2013)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 29 | 39 | -26% | ▼ |
| Admits | - | 10 | -100% | ▼ |
| Discharges | 29 | 10 | 190% | ▲ |
| Service Hours | 95 | 362 | -74% | ▼ |

## Discharge Outcomes

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✓ | Treatment Completed Successfully | | 29 | 100% | 50% | 74% | 50% | ▲ |

## Recovery

| | National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✓ | Stable Living Situation | | 29 | 100% | 85% | 84% | 15% | ▲ |
| ✓ | Social Support | | 20 | 69% | 60% | 58% | 9% | |
| ● | Improved/Maintained Axis V GAF Score | | 25 | 86% | 95% | 77% | -9% | |
| ● | Employed | | 1 | 3% | 25% | 10% | -22% | ▼ |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| ✓ | Valid NOMS Data | 86% | 86% |

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| | 6 Month Updates | N/A | 0% |

| Cooccurring | | Actual | State Avg |
|---|---|---|---|
| ✓ | MH Screen Complete | 100% | 36% |
| ✓ | SA Screen Complete | 100% | 67% |

| Diagnosis | | Actual | State Avg |
|---|---|---|---|
| ✓ | Valid Axis I Diagnosis | 100% | 99% |
| ✓ | Valid Axis V GAF Score | 100% | 98% |

## Service Utilization

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ● | Clients Receiving Services | | 0 | 0% | 90% | 100% | -90% | ▼ |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | % Months Submitted |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Admissions | | | | | | | | | | | | | 0% |
| Discharges | | | ▢ | ▢ | | | | | | | | | 17% |
| Services | | ▢ | ▢ | ▢ | ▢ | | | | | | | | 33% |

▢ 1 or more Records Submitted to DMHAS

▲ > 10% Over    ▼ < 10% Under

■ Actual    | Goal    ✓ Goal Met    ● Below Goal

* State Avg based on 24 Active Recovery Pathways Programs

**Gateway - Social Rehab 306285**
Gilead Community Services Inc.
Mental Health - Social Rehabilitation - Social Rehabilitation

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2012 - June 2013 (Data as of Dec 16, 2013)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 84 | 81 | 4% | |
| Admits | 14 | 20 | -30% | ▼ |
| Discharges | 21 | 9 | 133% | ▲ |
| Service Hours | - | - | | |
| Social Rehab/PHP/IOP Days | 4,684 | 4,497 | 4% | |

## Service Utilization

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|---|
| ✔ | Clients Receiving Services | ▬▬▬ | 62 | 95% | 90% | 82% | 5% |

## Data Submitted to DMHAS by Month
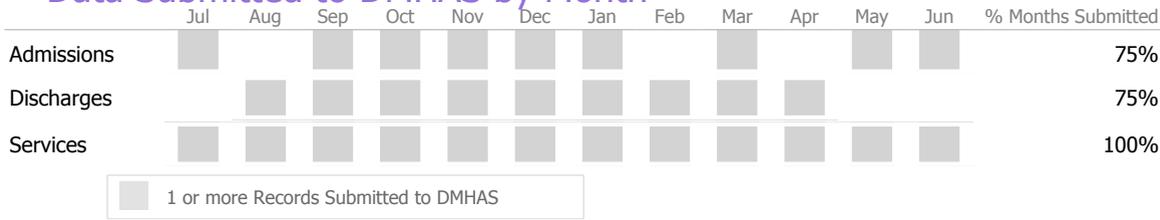
| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | % Months Submitted |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Admissions | ▨ | | ▨ | ▨ | ▨ | ▨ | | ▨ | | ▨ | ▨ | | 75% |
| Discharges | | ▨ | ▨ | ▨ | ▨ | ▨ | ▨ | ▨ | ▨ | | | | 75% |
| Services | ▨ | ▨ | ▨ | ▨ | ▨ | ▨ | ▨ | ▨ | ▨ | ▨ | ▨ | | 100% |

▨ 1 or more Records Submitted to DMHAS

▲ > 10% Over    ▼ < 10% Under

▮ Actual    | Goal    ✔ Goal Met    ⬤ Below Goal

* State Avg based on 38 Active Social Rehabilitation Programs

**Gilead Apartment Program306251**
Gilead Community Services Inc.
Mental Health - Residential Services - Residential Support

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2012 - June 2013 (Data as of Dec 16, 2013)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % |
|---|---|---|---|
| Unique Clients | 24 | 25 | -4% |
| Admits | 7 | 11 | -36% ▼ |
| Discharges | 8 | 8 | 0% |
| Service Hours | 8,375 | 8,272 | 1% |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| ✓ Valid NOMS Data | | 98% | 98% |

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| ✓ 6 Month Updates | | 100% | 80% |

| Cooccurring | | Actual | State Avg |
|---|---|---|---|
| ✓ MH Screen Complete | | 87% | 86% |
| ✓ SA Screen Complete | | 93% | 86% |

| 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 | | 7 | 88% | 50% | 57% | 38% ▲ |

## Recovery

| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| ✓ Stable Living Situation | | 24 | 100% | 85% | 93% | 15% ▲ |
| ✓ Social Support | | 17 | 71% | 60% | 79% | 11% ▲ |
| ● Employed | | 0 | 0% | 25% | 10% | -25% ▼ |
| ● Improved/Maintained Axis V GAF Score | | 13 | 65% | 95% | 53% | -30% ▼ |

## Service Utilization

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| ✓ Clients Receiving Services | | 16 | 100% | 90% | 96% | 10% |

## Data Submitted to DMHAS by Month
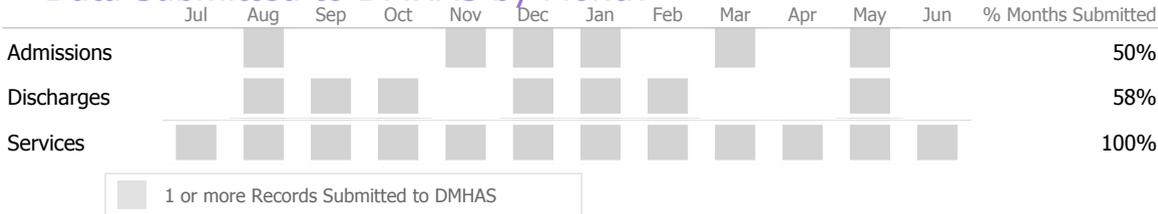
| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | % Months Submitted |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Admissions | | ▪ | | | ▪ | ▪ | ▪ | | ▪ | | ▪ | | 50% |
| Discharges | | ▪ | ▪ | | ▪ | | ▪ | ▪ | | | ▪ | | 58% |
| Services | ▪ | ▪ | ▪ | ▪ | ▪ | ▪ | ▪ | ▪ | ▪ | ▪ | ▪ | ▪ | 100% |

1 or more Records Submitted to DMHAS

▲ > 10% Over   ▼ < 10% Under

Actual   | Goal   ✓ Goal Met   ● Below Goal

* State Avg based on 54 Active Residential Support Programs

**Gilead One Group Home 306240**
Gilead Community Services Inc.
Mental Health - Residential Services - Group Home

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2012 - June 2013 (Data as of Dec 16, 2013)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 14 | 10 | 40% | ▲ |
| Admits | 5 | 1 | 400% | ▲ |
| Discharges | 5 | 1 | 400% | ▲ |
| Bed Days | 3,098 | 3,265 | -5% | |

## Discharge Outcomes

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| 🔴 | Treatment Completed Successfully | | 3 | 75% | 80% | 61% | -5% | |
| ✔ | No Re-admit within 30 Days of Discharge | | 4 | 100% | 85% | 88% | 15% | ▲ |
| 🔴 | Follow-up within 30 Days of Discharge | | 1 | 33% | 90% | 87% | -57% | ▼ |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| ✔ Valid NOMS Data | | 99% | 98% |

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| ✔ 6 Month Updates | | 100% | 77% |

| Cooccurring | | Actual | State Avg |
|---|---|---|---|
| ✔ MH Screen Complete | | 93% | 88% |
| ✔ SA Screen Complete | | 93% | 85% |

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

## Recovery

| National Recovery Measures (NOMS) | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✔ | Social Support | | 14 | 100% | 60% | 78% | 40% | ▲ |
| ✔ | Stable Living Situation | | 13 | 93% | 90% | 95% | 3% | |
| 🔴 | Improved/Maintained Axis V GAF Score | | 11 | 92% | 95% | 55% | -3% | |

## Bed Utilization

| | | 12 Months Trend | Beds | Avg LOS | Turnover | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|---|---|---|
| ✔ | Avg Utilization Rate | | 9 | 2,100 days | 0.6 | 94% | 90% | 93% | 4% |

| | < 90% | | 90-110% | | >110% |
|---|---|---|---|---|---|
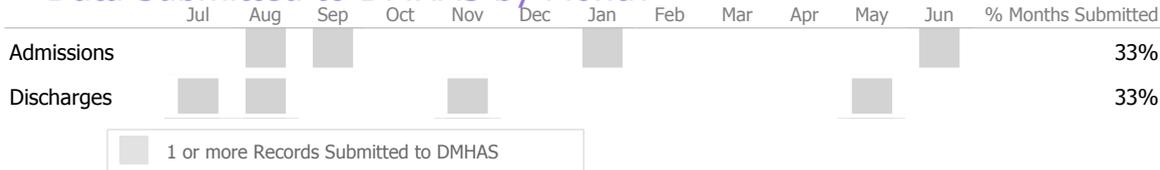
## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | % Months Submitted |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Admissions | | ▪ | ▪ | | | ▪ | | | | | ▪ | | 33% |
| Discharges | ▪ | ▪ | | | ▪ | | | | | | ▪ | | 33% |

☐ 1 or more Records Submitted to DMHAS

▲ > 10% Over    ▼ < 10% Under

| ▬ Actual | | Goal | ✔ Goal Met | 🔴 Below Goal |
|---|---|---|---|---|

* State Avg based on 26 Active Group Home Programs

**Gilead Two Group Home 306241**
Gilead Community Services Inc.
Mental Health - Residential Services - Group Home

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2012 - June 2013 (Data as of Dec 16, 2013)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 11 | 9 | 22% | ▲ |
| Admits | 4 | 1 | 300% | ▲ |
| Discharges | 3 | 2 | 50% | ▲ |
| Bed Days | 2,817 | 2,924 | -4% | |

## Discharge Outcomes

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✓ | Treatment Completed Successfully | | 3 | 100% | 80% | 61% | 20% | ▲ |
| ● | No Re-admit within 30 Days of Discharge | | 1 | 33% | 85% | 88% | -52% | ▼ |
| ✓ | Follow-up within 30 Days of Discharge | | 3 | 100% | 90% | 87% | 10% | |

## Data Submission Quality

| | Data Entry | | Actual | State Avg |
|---|---|---|---|---|
| ✓ | Valid NOMS Data | | 100% | 98% |

| | On-Time Periodic | | Actual | State Avg |
|---|---|---|---|---|
| ✓ | 6 Month Updates | | 100% | 77% |

| | Cooccurring | | Actual | State Avg |
|---|---|---|---|---|
| ✓ | MH Screen Complete | | 100% | 88% |
| ✓ | SA Screen Complete | | 100% | 85% |

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

## Recovery

| | National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✓ | Social Support | | 10 | 91% | 60% | 78% | 31% | ▲ |
| ✓ | Stable Living Situation | | 11 | 100% | 90% | 95% | 10% | |
| ● | Improved/Maintained Axis V GAF Score | | 6 | 67% | 95% | 55% | -28% | ▼ |

## Bed Utilization

| | | 12 Months Trend | Beds | Avg LOS | Turnover | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|---|---|---|
| ✓ | Avg Utilization Rate | | 8 | 1,441 days | 0.7 | 96% | 90% | 93% | 6% |

■ < 90%  ■ 90-110%  ■ >110%

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | % Months Submitted |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Admissions | | ▢ | | | | ▢ | | | ▢ | | | ▢ | 33% |
| Discharges | | | | | | ▢ | | ▢ | | | | ▢ | 25% |

▢ 1 or more Records Submitted to DMHAS

▲ > 10% Over  ▼ < 10% Under

■ Actual  | Goal  ✓ Goal Met  ● Below Goal

* State Avg based on 26 Active Group Home Programs

**Liberty Home 306230**
Gilead Community Services Inc.
Mental Health - Residential Services - Supervised Apartments

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2012 - June 2013 (Data as of Dec 16, 2013)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 7 | 6 | 17% | ▲ |
| Admits | 1 | - | | |
| Discharges | 1 | - | | |
| Bed Days | 2,149 | 2,196 | -2% | |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| ✔ Valid NOMS Data | | 99% | 97% |

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| ✔ 6 Month Updates | | 100% | 74% |

| Cooccurring | | Actual | State Avg |
|---|---|---|---|
| MH Screen Complete | | 60% | 78% |
| ✔ SA Screen Complete | | 100% | 77% |

| Diagnosis | | Actual | State Avg |
|---|---|---|---|
| ✔ Valid Axis I Diagnosis | | 100% | 99% |
| ✔ Valid Axis V GAF Score | | 100% | 96% |

## Discharge Outcomes

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ✔ Treatment Completed Successfully | | 1 | 100% | 60% | 59% | 40% | ▲ |

## Recovery

| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ✔ Social Support | | 7 | 100% | 60% | 77% | 40% | ▲ |
| ✔ Stable Living Situation | | 7 | 100% | 95% | 92% | 5% | |
| ● Improved/Maintained Axis V GAF Score | | 5 | 83% | 95% | 55% | -12% | ▼ |
| ● Employed | | 0 | 0% | 25% | 7% | -25% | ▼ |

## Bed Utilization

| | 12 Months Trend | Beds | Avg LOS | Turnover | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|---|---|
| ✔ Avg Utilization Rate | | 6 | 1,245 days | 0.9 | 98% | 90% | 96% | 8% |

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

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | % Months Submitted |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Admissions | | | | | | | | | | ▢ | | | 8% |
| Discharges | | | | | | | | ▢ | | | | | 8% |

▢ 1 or more Records Submitted to DMHAS

| ▲ > 10% Over | ▼ < 10% Under |
|---|---|

| ▢ Actual | | Goal | ✔ Goal Met | ● Below Goal |
|---|---|---|---|---|

* State Avg based on 68 Active Supervised Apartments Programs

**Magnolia Home**
Gilead Community Services Inc.
Mental Health - Residential Services - Supervised Apartments

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2012 - June 2013 (Data as of Dec 16, 2013)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % |
|---|---|---|---|
| Unique Clients | 1 | | |
| Admits | 1 | - | |
| Discharges | - | - | |
| Bed Days | 13 | - | |

## Discharge Outcomes

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| Treatment Completed Successfully | | N/A | N/A | 60% | 59% | N/A |

## Recovery

| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| ✔ Social Support | | 1 | 100% | 60% | 77% | 40% ▲ |
| ✔ Stable Living Situation | | 1 | 100% | 95% | 92% | 5% |
| ⬤ Employed | | 0 | 0% | 25% | 7% | -25% ▼ |
| ⬤ Improved/Maintained Axis V GAF Score | | 0 | 0% | 95% | 55% | -95% ▼ |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| ✔ Valid NOMS Data | | 100% | 97% |

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| 6 Month Updates | | N/A | 74% |

| Cooccurring | | Actual | State Avg |
|---|---|---|---|
| ✔ MH Screen Complete | | 100% | 78% |
| ✔ SA Screen Complete | | 100% | 77% |

| Diagnosis | | Actual | State Avg |
|---|---|---|---|
| ✔ Valid Axis I Diagnosis | | 100% | 99% |
| ✔ Valid Axis V GAF Score | | 0% | 96% |

## Bed Utilization

| | 12 Months Trend | Beds | Avg LOS | Turnover | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|---|---|
| ✔ Avg Utilization Rate | | 2 | 181 days | 2.0 | 22% | 90% | 95% | 22% |

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

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | % Months Submitted |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Admissions | | | | | | | | | | | | ▪ | 8% |
| Discharges | | | | | | | | | | | | | 0% |

1 or more Records Submitted to DMHAS

▲ > 10% Over     ▼ < 10% Under

| | | | |
|---|---|---|---|
| ▬ Actual | ❘ Goal | ✔ Goal Met | ⬤ Below Goal |

* State Avg based on 68 Active Supervised Apartments Programs

**SCAP - Apartment Program306260**
Gilead Community Services Inc.
Mental Health - Residential Services - Residential Support

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2012 - June 2013 (Data as of Dec 16, 2013)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % |
|---|---|---|---|
| Unique Clients | 17 | 17 | 0% |
| Admits | 4 | 4 | 0% |
| Discharges | 4 | 4 | 0% |
| Service Hours | 3,837 | 1,913 | 101% ▲ |

## Discharge Outcomes

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ✔ Treatment Completed Successfully | | 4 | 100% | 50% | 57% | 50% | ▲ |

## Recovery

| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ✔ Social Support | | 15 | 88% | 60% | 79% | 28% | ▲ |
| ✔ Stable Living Situation | | 17 | 100% | 85% | 93% | 15% | ▲ |
| ● Employed | | 1 | 6% | 25% | 10% | -19% | ▼ |
| ● Improved/Maintained Axis V GAF Score | | 8 | 57% | 95% | 53% | -38% | ▼ |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| Valid NOMS Data | | 97% | 98% |

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| ✔ 6 Month Updates | | 100% | 80% |

| Cooccurring | | Actual | State Avg |
|---|---|---|---|
| ✔ MH Screen Complete | | 88% | 86% |
| ✔ SA Screen Complete | | 100% | 86% |

| Diagnosis | | Actual | State Avg |
|---|---|---|---|
| ✔ Valid Axis I Diagnosis | | 100% | 97% |
| ✔ Valid Axis V GAF Score | | 100% | 94% |

## Service Utilization

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| ✔ Clients Receiving Services | | 12 | 92% | 90% | 96% | 2% |

## Data Submitted to DMHAS by Month
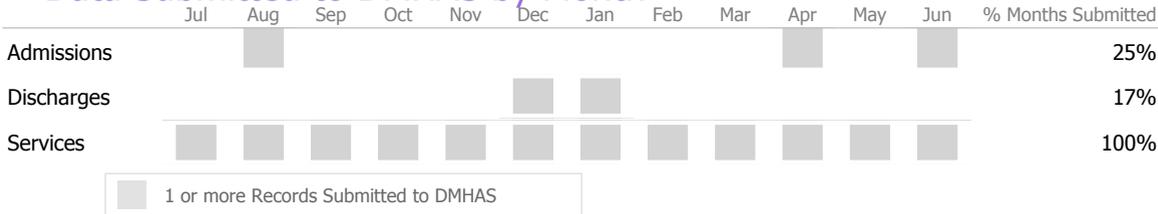
| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | % Months Submitted |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Admissions | | ▪ | | | | | | | | ▪ | | ▪ | 25% |
| Discharges | | | | | | ▪ | ▪ | | | | | | 17% |
| Services | | ▪ | ▪ | ▪ | ▪ | ▪ | ▪ | ▪ | ▪ | ▪ | ▪ | ▪ | 100% |

□ 1 or more Records Submitted to DMHAS

▲ > 10% Over    ▼ < 10% Under

■ Actual    | Goal    ✔ Goal Met    ● Below Goal

\* State Avg based on 54 Active Residential Support Programs

**SCAP - Group Home 306265**
Gilead Community Services Inc.
Mental Health - Residential Services - Group Home

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2012 - June 2013 (Data as of Dec 16, 2013)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 8 | 7 | 14% | ▲ |
| Admits | 2 | 1 | 100% | ▲ |
| Discharges | 2 | 1 | 100% | ▲ |
| Bed Days | 2,179 | 2,107 | 3% | |

## Discharge Outcomes

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ✔ Treatment Completed Successfully | | 2 | 100% | 80% | 61% | 20% | ▲ |
| ✔ No Re-admit within 30 Days of Discharge | | 2 | 100% | 85% | 88% | 15% | ▲ |
| ✔ Follow-up within 30 Days of Discharge | | 2 | 100% | 90% | 87% | 10% | |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| ✔ Valid NOMS Data | | 100% | 98% |

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| ✔ 6 Month Updates | | 100% | 77% |

| Cooccurring | | Actual | State Avg |
|---|---|---|---|
| ✔ MH Screen Complete | | 88% | 88% |
| ✔ SA Screen Complete | | 88% | 85% |

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

## Recovery

| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ✔ Social Support | | 8 | 100% | 60% | 78% | 40% | ▲ |
| ✔ Stable Living Situation | | 8 | 100% | 90% | 95% | 10% | |
| ● Improved/Maintained Axis V GAF Score | | 3 | 43% | 95% | 55% | -52% | ▼ |

## Bed Utilization

| | 12 Months Trend | Beds | Avg LOS | Turnover | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|---|---|
| ✔ Avg Utilization Rate | | 6 | 1,546 days | 0.8 | 99% | 90% | 93% | 9% |

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

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | % Months Submitted |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Admissions | | | | | | ▨ | | | | | | ▨ | 17% |
| Discharges | | | | | | ▨ | | | | | | ▨ | 17% |

▨ 1 or more Records Submitted to DMHAS

▲ > 10% Over     ▼ < 10% Under

| ▨ Actual | | Goal | ✔ Goal Met | ● Below Goal |
|---|---|---|---|---|

* State Avg based on 26 Active Group Home Programs

**Social Rehab 306280**
Gilead Community Services Inc.
Mental Health - Social Rehabilitation - Social Rehabilitation

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2012 - June 2013 (Data as of Dec 16, 2013)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 165 | 163 | 1% | |
| Admits | 29 | 16 | 81% | ▲ |
| Discharges | 38 | 23 | 65% | ▲ |
| Service Hours | - | - | | |
| Social Rehab/PHP/IOP Days | 7,991 | 9,407 | -15% | ▼ |

## Service Utilization

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|---|
| ✔ | Clients Receiving Services | ▬ | 123 | 94% | 90% | 82% | 4% |

## Data Submitted to DMHAS by Month
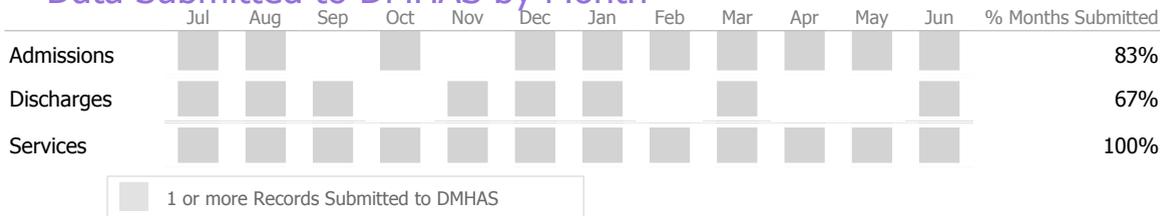
| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | % Months Submitted |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Admissions | ▨ | ▨ | | ▨ | | ▨ | ▨ | ▨ | ▨ | ▨ | | ▨ | 83% |
| Discharges | ▨ | ▨ | ▨ | | ▨ | ▨ | | ▨ | ▨ | | | ▨ | 67% |
| Services | ▨ | ▨ | ▨ | ▨ | ▨ | ▨ | ▨ | ▨ | ▨ | ▨ | ▨ | ▨ | 100% |

☐ 1 or more Records Submitted to DMHAS

| ▲ > 10% Over | ▼ < 10% Under |
|---|---|

| ▬ Actual | ❘ Goal | ✔ Goal Met | ⬤ Below Goal |
|---|---|---|---|

* State Avg based on 38 Active Social Rehabilitation Programs

**Valor Home 306231**
Gilead Community Services Inc.
Mental Health - Residential Services - Supervised Apartments

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2012 - June 2013 (Data as of Dec 16, 2013)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % |
|---|---|---|---|
| Unique Clients | 6 | | |
| Admits | 6 | - | |
| Discharges | 1 | - | |
| Bed Days | 1,210 | - | |

## Discharge Outcomes

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✓ | Treatment Completed Successfully | | 1 | 100% | 60% | 59% | 40% | ▲ |

## Recovery

| | National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✓ | Social Support | | 6 | 100% | 60% | 77% | 40% | ▲ |
| ✓ | Stable Living Situation | | 6 | 100% | 95% | 92% | 5% | |
| ● | Employed | | 0 | 0% | 25% | 7% | -25% | ▼ |
| ● | Improved/Maintained Axis V GAF Score | | 4 | 80% | 95% | 55% | -15% | ▼ |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| Valid NOMS Data | | 96% | 97% |

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| ✓ 6 Month Updates | | 100% | 74% |

| Cooccurring | | Actual | State Avg |
|---|---|---|---|
| ✓ MH Screen Complete | | 100% | 78% |
| ✓ SA Screen Complete | | 100% | 77% |

| Diagnosis | | Actual | State Avg |
|---|---|---|---|
| ✓ Valid Axis I Diagnosis | | 100% | 99% |
| ✓ Valid Axis V GAF Score | | 100% | 96% |

## Bed Utilization

| | | 12 Months Trend | Beds | Avg LOS | Turnover | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|---|---|---|
| ✓ | Avg Utilization Rate | | 5 | 373 days | 0.8 | 89% | 90% | 95% | 89% |
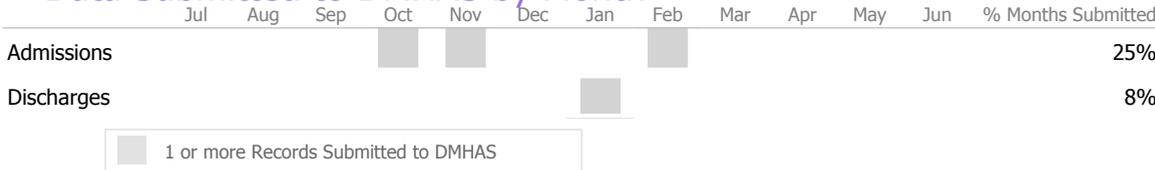
■ < 90%   ■ 90-110%   ■ >110%

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | % Months Submitted |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Admissions | | | | ■ | ■ | | | ■ | | | | | 25% |
| Discharges | | | | | | ■ | | | | | | | 8% |

■ 1 or more Records Submitted to DMHAS

▲ > 10% Over   ▼ < 10% Under

■ Actual   | Goal   ✓ Goal Met   ● Below Goal

* State Avg based on 68 Active Supervised Apartments Programs

**Women's Program 306235**
Gilead Community Services Inc.
Mental Health - Residential Services - Supervised Apartments

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2012 - June 2013 (Data as of Dec 16, 2013)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % |
|---|---|---|---|
| Unique Clients | 5 | 5 | 0% |
| Admits | - | - | |
| Discharges | - | - | |
| Bed Days | 1,825 | 1,830 | 0% |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| ✔ Valid NOMS Data | | 100% | 97% |

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| ✔ 6 Month Updates | | 100% | 74% |

| Cooccurring | | Actual | State Avg |
|---|---|---|---|
| MH Screen Complete | | N/A | 78% |
| SA Screen Complete | | N/A | 77% |

| Diagnosis | | Actual | State Avg |
|---|---|---|---|
| ✔ Valid Axis I Diagnosis | | 100% | 99% |
| ✔ Valid Axis V GAF Score | | 100% | 96% |

## Discharge Outcomes

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| Treatment Completed Successfully | | N/A | N/A | 60% | 59% | N/A |

## Recovery

| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| ✔ Social Support | | 5 | 100% | 60% | 77% | 40% ▲ |
| ✔ Stable Living Situation | | 5 | 100% | 95% | 92% | 5% |
| ● Employed | | 0 | 0% | 25% | 7% | -25% ▼ |
| ● Improved/Maintained Axis V GAF Score | | 3 | 60% | 95% | 55% | -35% ▼ |

## Bed Utilization

| | 12 Months Trend | Beds | Avg LOS | Turnover | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|---|---|
| ✔ Avg Utilization Rate | | 5 | 1,306 days | 1.0 | 100% | 90% | 96% | 10% |

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

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | % Months Submitted |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Admissions | | | | | | | | | | | | | 0% |
| Discharges | | | | | | | | | | | | | 0% |

| ◻ 1 or more Records Submitted to DMHAS |
|---|

| ▲ > 10% Over | ▼ < 10% Under |
|---|---|

| ◼ Actual | | Goal | ✔ Goal Met | ● Below Goal |
|---|---|---|---|---|

* State Avg based on 68 Active Supervised Apartments Programs