**Wheeler Clinic**
Plainville, CT

Connecticut Dept of Mental Health and Addiction Services
Provider Quality Dashboard
Reporting Period: July 2013 - June 2014   (Data as of Sep 16, 2014)

## Provider Activity

| Monthly Trend | Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|---|
| | Unique Clients | 5,706 | 4,961 | 15% | ▲ |
| | Admits | 4,514 | 3,590 | 26% | ▲ |
| | Discharges | 3,808 | 3,568 | 7% | |
| | Service Hours | 23,429 | 24,255 | -3% | |
| | S.Rehab/PHP/IOP | 4,276 | 3,682 | 16% | ▲ |

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

## Clients by Level of Care

| Program Type | Level of Care Type | # | % |
|---|---|---|---|
| **Addiction** | | | |
| | Outpatient | 2,887 | 47.0% |
| | IOP | 434 | 7.1% |
| | PHP | 160 | 2.6% |
| | Case Management | 74 | 1.2% |
| **Forensic SA** | | | |
| | Forensics Community-based | 2,468 | 40.2% |
| | Case Management | 120 | 2.0% |

## Consumer Satisfaction Survey   (Based on 632 FY13 Surveys)

| | Question Domain | Satisfied % vs Goal% | Satisfied % | Goal % | State Avg |
|---|---|---|---|---|---|
| ✔ | Quality and Appropriateness | | 87% | 80% | 93% |
| ✔ | Participation in Treatment | | 86% | 80% | 92% |
| ✔ | Overall | | 84% | 80% | 91% |
| ✔ | Respect | | 83% | 80% | 91% |
| ✔ | General Satisfaction | | 81% | 80% | 92% |
| ● | Access | | 76% | 80% | 88% |
| ● | Recovery | | 75% | 80% | 79% |
| ● | Outcome | | 75% | 80% | 83% |

Legend: ▬ Satisfied %   | Goal %   ▓ 0-80%   ░ 80-100%   ✔ Goal Met   ● Under Goal

## Client Demographics

### Age

| | # | % | | State Avg |
|---|---|---|---|---|
| 18-25 | 1,671 | 30% | ▲ | 16% |
| 26-34 | 1,628 | 29% | | 23% |
| 35-44 | 1,019 | 18% | | 20% |
| 45-54 | 862 | 15% | | 24% |
| 55-64 | 368 | 7% | | 14% |
| 65+ | 99 | 2% | | 4% |

### Gender

| | # | % | | State Avg |
|---|---|---|---|---|
| Male | 4,087 | 72% | ▲ | 60% |
| Female | 1,613 | 28% | ▼ | 40% |

### Ethnicity

| | # | % | State Avg |
|---|---|---|---|
| Non-Hispanic | 3,920 | 69% | 75% |
| Hisp-Puerto Rican | 1,052 | 18% | 12% |
| Unknown | 408 | 7% | 6% |
| Hispanic-Other | 262 | 5% | 6% |
| Hispanic-Mexican | 40 | 1% | 0% |
| Hispanic-Cuban | 24 | 0% | 0% |

### Race

| | # | % | State Avg |
|---|---|---|---|
| White/Caucasian | 3,322 | 58% | 65% |
| Black/African American | 989 | 17% | 17% |
| Other | 797 | 14% | 14% |
| Multiple Races | 370 | 6% | 1% |
| Unknown | 169 | 3% | 3% |
| Asian | 32 | 1% | 1% |
| Hawaiian/Other Pacific Islander | 14 | 0% | 0% |
| Am. Indian/Native Alaskan | 13 | 0% | 1% |

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

# Compulsive Gambling 620740
## Wheeler Clinic
Addiction - Outpatient - Gambling Outpatient

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2013 - June 2014 (Data as of Sep 16, 2014)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 54 | 66 | -18% | ▼ |
| Admits | 28 | 26 | 8% | |
| Discharges | 34 | 37 | -8% | |
| Service Hours | 395 | 846 | -53% | ▼ |

## Discharge Outcomes

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| ✔ Treatment Completed Successfully | | 27 | 79% | 75% | 66% | 4% |

## Service Utilization

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| 🔴 Clients Receiving Services | | 21 | 78% | 90% | 75% | -12% ▼ |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| Valid NOMS Data | | 93% | 96% |
| ✔ Valid TEDS Data | | 40% | 45% |

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| ✔ 6 Month Updates | | 50% | 33% |

| Cooccurring | | Actual | State Avg |
|---|---|---|---|
| ✔ MH Screen Complete | | 96% | 74% |
| ✔ SA Screen Complete | | 96% | 74% |

| Diagnosis | | Actual | State Avg |
|---|---|---|---|
| Valid Axis I Diagnosis | | 98% | 99% |
| ✔ Valid Axis V GAF Score | | 100% | 75% |

## Service Engagement

| Outpatient | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| ✔ 2 or more Services within 30 days | | 23 | 82% | 75% | 69% | 7% |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | % Months Submitted |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Admissions | ▢ | ▢ | ▢ | ▢ | | | | | | | | | 83% |
| 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 10 Active Gambling Outpatient Programs

**Intensive OP Evening 620300**
Wheeler Clinic
Addiction - IOP - Standard IOP

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2013 - June 2014 (Data as of Sep 16, 2014)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 180 | 68 | 165% | ▲ |
| Admits | 179 | 60 | 198% | ▲ |
| Discharges | 105 | 59 | 78% | ▲ |
| Service Hours | 254 | 35 | 629% | ▲ |
| Social Rehab/PHP/IOP Days | 1,465 | 669 | 119% | ▲ |

## Discharge Outcomes

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✔ | Treatment Completed Successfully | | 76 | 72% | 50% | 60% | 22% | ▲ |
| 🔴 | Follow-up within 30 Days of Discharge | | 28 | 37% | 90% | 49% | -53% | ▼ |

## Recovery

| | National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✔ | Not Arrested | | 172 | 91% | 75% | 94% | 16% | ▲ |
| 🔴 | Stable Living Situation | | 179 | 94% | 95% | 93% | -1% | |
| 🔴 | Employed | | 89 | 47% | 50% | 28% | -3% | |
| 🔴 | Abstinence/Reduced Drug Use | | 87 | 46% | 55% | 64% | -9% | |
| 🔴 | Self Help | | 48 | 25% | 60% | 49% | -35% | ▼ |
| 🔴 | Improved/Maintained Axis V GAF Score | | 74 | 63% | 75% | 80% | -12% | ▼ |

## Service Utilization

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| 🔴 | Clients Receiving Services | | 76 | 89% | 90% | 84% | -1% | |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| ✔ | Valid NOMS Data | 99% | 96% |
| ✔ | Valid TEDS Data | 99% | 99% |

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

| Cooccurring | | Actual | State Avg |
|---|---|---|---|
| ✔ | MH Screen Complete | 100% | 93% |
| ✔ | SA Screen Complete | 100% | 93% |

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

## 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 50 Active Standard IOP Programs

**Intensive Outpatient-Day620350**
Wheeler Clinic
Addiction - IOP - Standard IOP

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2013 - June 2014 (Data as of Sep 16, 2014)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 268 | 225 | 19% | ▲ |
| Admits | 238 | 203 | 17% | ▲ |
| Discharges | 138 | 210 | -34% | ▼ |
| Service Hours | 341 | 229 | 49% | ▲ |
| Social Rehab/PHP/IOP Days | 1,737 | 1,915 | -9% | |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| | Valid NOMS Data | 95% | 96% |
| ✔ | Valid TEDS Data | 99% | 99% |

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| ✔ | 6 Month Updates | 7% | 6% |

| Cooccurring | | Actual | State Avg |
|---|---|---|---|
| ✔ | MH Screen Complete | 100% | 93% |
| ✔ | SA Screen Complete | 100% | 93% |

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

## Discharge Outcomes

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✔ | Treatment Completed Successfully | | 72 | 52% | 50% | 60% | 2% | |
| ● | Follow-up within 30 Days of Discharge | | 25 | 35% | 90% | 49% | -55% | ▼ |

## Recovery

| | National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✔ | Not Arrested | | 241 | 87% | 75% | 94% | 12% | ▲ |
| ● | Abstinence/Reduced Drug Use | | 129 | 47% | 55% | 64% | -8% | |
| ● | Stable Living Situation | | 237 | 86% | 95% | 93% | -9% | |
| ● | Employed | | 60 | 22% | 50% | 28% | -28% | ▼ |
| ● | Improved/Maintained Axis V GAF Score | | 101 | 55% | 75% | 80% | -20% | ▼ |
| ● | Self Help | | 55 | 20% | 60% | 49% | -40% | ▼ |

## Service Utilization

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ● | Clients Receiving Services | | 114 | 82% | 90% | 84% | -8% | |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | % 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

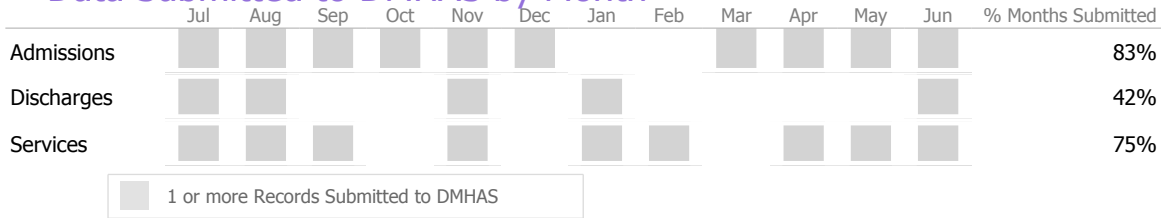* State Avg based on 50 Active Standard IOP Programs

**Latino Outreach 620296**
Wheeler Clinic
Addiction - Case Management - Outreach & Engagement

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2013 - June 2014 (Data as of Sep 16, 2014)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 53 | 58 | -9% | |
| Admits | 27 | 19 | 42% | ▲ |
| Discharges | 8 | 32 | -75% | ▼ |
| Service Hours | 58 | 30 | 97% | ▲ |

## Service Engagement
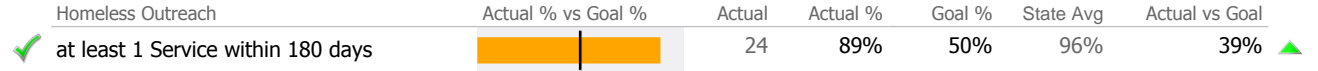
| Homeless Outreach | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ✔ at least 1 Service within 180 days | | 24 | 89% | 50% | 96% | 39% | ▲ |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | % Months Submitted |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Admissions | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | | | ▢ | ▢ | ▢ | ▢ | 83% |
| Discharges | ▢ | ▢ | | | ▢ | | ▢ | | | | | ▢ | 42% |
| Services | ▢ | ▢ | ▢ | | ▢ | | ▢ | ▢ | | ▢ | ▢ | ▢ | 75% |

▢ 1 or more Records Submitted to DMHAS

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

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

\* State Avg based on 6 Active Outreach & Engagement Programs

**Lifeline For Wmn and Chld62030**
Wheeler Clinic
Addiction - PHP - Partial Hospitalization Services

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2013 - June 2014 (Data as of Sep 16, 2014)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 160 | 137 | 17% | ▲ |
| Admits | 154 | 145 | 6% | |
| Discharges | 123 | 143 | -14% | ▼ |
| Service Hours | 274 | 200 | 37% | ▲ |
| Social Rehab/PHP/IOP Days | 1,074 | 1,098 | -2% | |

## Discharge Outcomes

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✓ | Treatment Completed Successfully | | 66 | 54% | 50% | 42% | 4% | |
| ✓ | No Re-admit within 30 Days of Discharge | | 107 | 87% | 85% | 67% | 2% | |
| ● | Follow-up within 30 Days of Discharge | | 30 | 45% | 90% | 42% | -45% | ▼ |

## Recovery

| | National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ● | Stable Living Situation | | 157 | 90% | 95% | 77% | -5% | |
| ✓ | Improved/Maintained Axis V GAF Score | | 110 | 81% | 75% | 88% | 6% | |
| ● | Employed | | 51 | 29% | 50% | 17% | -21% | ▼ |
| ● | Self Help | | 61 | 35% | 60% | 55% | -25% | ▼ |

## Data Submission Quality

| | Data Entry | | Actual | State Avg |
|---|---|---|---|---|
| ✓ | Valid NOMS Data | | 97% | 96% |
| | Valid TEDS Data | | 98% | 99% |

| | On-Time Periodic | | Actual | State Avg |
|---|---|---|---|---|
| ✓ | 6 Month Updates | | 8% | 8% |

| | Cooccurring | | Actual | State Avg |
|---|---|---|---|---|
| ✓ | MH Screen Complete | | 100% | 74% |
| ✓ | SA Screen Complete | | 100% | 74% |

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

## Service Utilization

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|---|
| ● | Clients Receiving Services | | 45 | 88% | 90% | 89% | -2% |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | % 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 Partial Hospitalization Services Programs

# 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 2013 - June 2014 (Data as of Sep 16, 2014)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % |
|---|---|---|---|
| Unique Clients | 49 | 49 | 0% |
| Admits | 36 | 40 | -10% |
| Discharges | 38 | 36 | 6% |
| Service Hours | 403 | 430 | -6% |

## Data Submission Quality

| Data Entry | Actual % vs Goal % | Actual | State Avg |
|---|---|---|---|
| Valid NOMS Data | | 83% | 93% |

| On-Time Periodic | Actual % vs Goal % | Actual | State Avg |
|---|---|---|---|
| 6 Month Updates | | 0% | 13% |

## Discharge Outcomes

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|---|
| ✔ | Treatment Completed Successfully | | 19 | 50% | 50% | 64% | 0% |

## Recovery

| | National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✔ | Social Support | | 36 | 72% | 60% | 71% | 12% | ▲ |
| ✔ | Employed | | 12 | 24% | 20% | 9% | 4% | |
| ● | Stable Living Situation | | 24 | 48% | 80% | 37% | -32% | ▼ |
| ● | Self Help | | 14 | 28% | 60% | 67% | -32% | ▼ |

## Service Utilization

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|---|
| ● | Clients Receiving Services | | 10 | 83% | 90% | 91% | -7% |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | % Months Submitted |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Admissions | ▪ | ▪ | ▪ | | ▪ | ▪ | ▪ | ▪ | ▪ | ▪ | ▪ | ▪ | 92% |
| 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 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 2013 - June 2014 (Data as of Sep 16, 2014)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 102 | 85 | 20% | ▲ |
| Admits | 75 | 73 | 3% | |
| Discharges | 69 | 57 | 21% | ▲ |
| Service Hours | 67 | - | | |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| Valid NOMS Data | ▬ | 84% | 93% |

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| 6 Month Updates | | 0% | 13% |

## Discharge Outcomes

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✓ | Treatment Completed Successfully | ▬ | 43 | 62% | 50% | 64% | 12% | ▲ |

## Recovery

| National Recovery Measures (NOMS) | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ● | Self Help | ▬ | 60 | 58% | 60% | 67% | -2% | |
| ● | Social Support | ▬ | 60 | 58% | 60% | 71% | -2% | |
| ● | Employed | ▬ | 8 | 8% | 20% | 9% | -12% | ▼ |
| ● | Stable Living Situation | | 0 | 0% | 80% | 37% | -80% | ▼ |

## Service Utilization

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|---|
| ● | Clients Receiving Services | ▬ | 28 | 82% | 90% | 91% | -8% |

## Data Submitted to DMHAS by Month
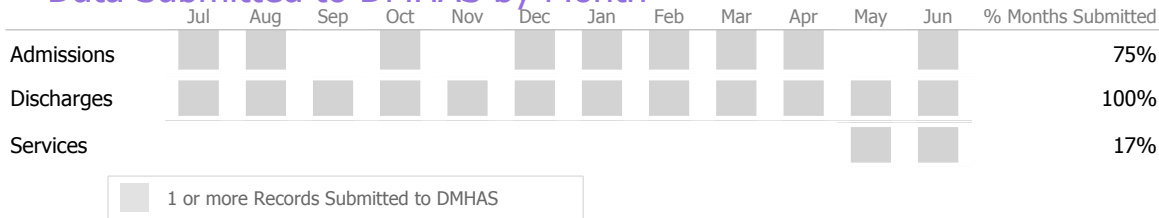
| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | % Months Submitted |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Admissions | ▨ | ▨ | | ▨ | | ▨ | ▨ | ▨ | ▨ | ▨ | | ▨ | 75% |
| Discharges | ▨ | ▨ | ▨ | ▨ | ▨ | ▨ | ▨ | ▨ | ▨ | ▨ | ▨ | ▨ | 100% |
| Services | | | | | | | | | | | ▨ | ▨ | 17% |

▨ 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

**PTIP - 2024 E. Main St. 620713**
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 2013 - June 2014 (Data as of Sep 16, 2014)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 1,144 | 1,109 | 3% | |
| Admits | 710 | 648 | 10% | |
| Discharges | 758 | 675 | 12% | ▲ |

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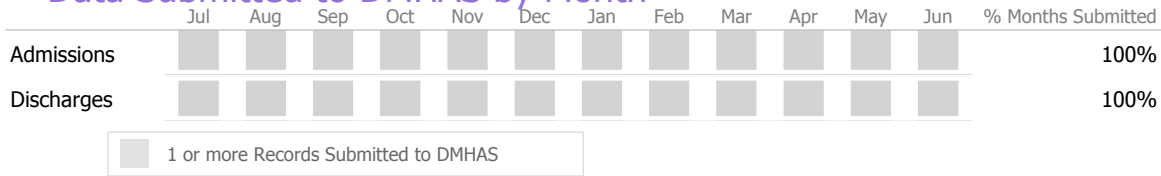
| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | % Months Submitted |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Admissions | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | 100% |
| Discharges | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | 100% |

■ 1 or more Records Submitted to DMHAS

▲ > 10% Over    ▼ < 10% Under

■ Actual    | Goal    ✔ Goal Met    ● Below Goal

* State Avg based on 16 Active 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 2013 - June 2014 (Data as of Sep 16, 2014)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 1,331 | 1,385 | -4% | |
| Admits | 739 | 652 | 13% | ▲ |
| Discharges | 724 | 785 | -8% | |

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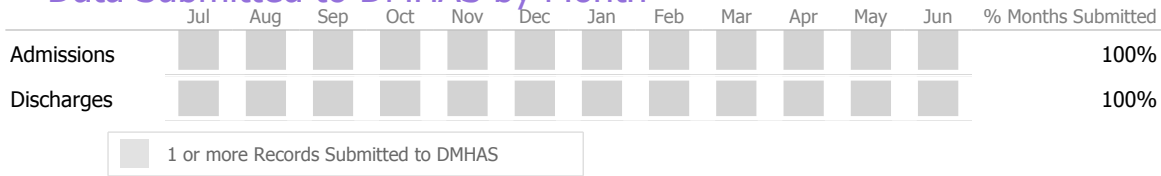
| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | % Months Submitted |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Admissions | | | | | | | | | | | | | 100% |
| Discharges | | | | | | | | | | | | | 100% |

1 or more Records Submitted to DMHAS

▲ > 10% Over      ▼ < 10% Under

◼ Actual      | Goal      ✓ Goal Met      ● Below Goal

* State Avg based on 16 Active Pre-trial Intervention Programs Programs

**SA OP Hartford 620203**
Wheeler Clinic
Addiction - Outpatient - Standard Outpatient

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2013 - June 2014 (Data as of Sep 16, 2014)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 1,396 | 1,146 | 22% | ▲ |
| Admits | 1,081 | 907 | 19% | ▲ |
| Discharges | 906 | 765 | 18% | ▲ |
| Service Hours | 9,739 | 11,588 | -16% | ▼ |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| Valid NOMS Data | | 93% | 95% |
| Valid TEDS Data | | 90% | 94% |

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| 6 Month Updates | | 29% | 34% |

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

| Diagnosis | | Actual | State Avg |
|---|---|---|---|
| Valid Axis I Diagnosis | | 98% | 99% |
| ✔ Valid Axis V GAF Score | | 100% | 91% |

## Discharge Outcomes

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| ✔ Treatment Completed Successfully | | 490 | 54% | 50% | 52% | 4% |

## Recovery

| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ✔ Not Arrested | | 1,299 | 85% | 75% | 89% | 10% | |
| ⬤ Abstinence/Reduced Drug Use | | 815 | 54% | 55% | 58% | -1% | |
| ⬤ Stable Living Situation | | 1,257 | 83% | 95% | 87% | -12% | ▼ |
| ⬤ Employed | | 538 | 35% | 50% | 37% | -15% | ▼ |
| ⬤ Improved/Maintained Axis V GAF Score | | 824 | 72% | 75% | 60% | -3% | |
| ⬤ Self Help | | 104 | 7% | 60% | 25% | -53% | ▼ |

## Service Utilization

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| ⬤ Clients Receiving Services | | 516 | 83% | 90% | 84% | -7% |

## Service Engagement

| Outpatient | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ✔ 2 or more Services within 30 days | | 914 | 90% | 75% | 74% | 15% | ▲ |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | % 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 117 Active Standard Outpatient Programs

**SA OP Plainville 620200**
Wheeler Clinic
Addiction - Outpatient - Standard Outpatient

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2013 - June 2014 (Data as of Sep 16, 2014)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 1,467 | 992 | 48% | ▲ |
| Admits | 1,232 | 803 | 53% | ▲ |
| Discharges | 890 | 749 | 19% | ▲ |
| Service Hours | 11,735 | 10,567 | 11% | ▲ |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| ✔ Valid NOMS Data | | 98% | 95% |
| ✔ Valid TEDS Data | | 95% | 94% |

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| ✔ 6 Month Updates | | 42% | 34% |

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

| Diagnosis | | Actual | State Avg |
|---|---|---|---|
| ✔ Valid Axis I Diagnosis | | 99% | 99% |
| ✔ Valid Axis V GAF Score | | 100% | 91% |

## Discharge Outcomes

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ✔ Treatment Completed Successfully | | 507 | 57% | 50% | 52% | 7% | |

## Recovery

National Recovery Measures (NOMS)

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ✔ Not Arrested | | 1,403 | 89% | 75% | 89% | 14% | ▲ |
| ✔ Abstinence/Reduced Drug Use | | 920 | 58% | 55% | 58% | 3% | |
| ● Employed | | 765 | 49% | 50% | 37% | -1% | |
| ● Stable Living Situation | | 1,460 | 93% | 95% | 87% | -2% | |
| ✔ Improved/Maintained Axis V GAF Score | | 844 | 76% | 75% | 60% | 1% | |
| ● Self Help | | 244 | 15% | 60% | 25% | -45% | ▼ |

## Service Utilization

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ● Clients Receiving Services | | 600 | 87% | 90% | 84% | -3% | |

## Service Engagement

Outpatient

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ✔ 2 or more Services within 30 days | | 1,052 | 90% | 75% | 74% | 15% | ▲ |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | % 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 117 Active Standard Outpatient Programs

**Senior Services**
Wheeler Clinic
Addiction - Case Management - Standard Case Management

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2013 - June 2014 (Data as of Sep 16, 2014)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 21 | 28 | -25% | ▼ |
| Admits | 15 | 14 | 7% | |
| Discharges | 15 | 20 | -25% | ▼ |
| Service Hours | 162 | 331 | -51% | ▼ |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| Valid NOMS Data | | 88% | 94% |

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| ✔ 6 Month Updates | | 80% | 67% |

## Discharge Outcomes

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✔ | Treatment Completed Successfully | | 11 | 79% | 50% | 41% | 29% | ▲ |

## Recovery

| | National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✔ | Stable Living Situation | | 20 | 83% | 80% | 77% | 3% | |
| ● | Employed | | 3 | 12% | 20% | 19% | -8% | |
| ● | Self Help | | 3 | 12% | 60% | 48% | -48% | ▼ |

## Service Utilization

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ● | Clients Receiving Services | | 8 | 89% | 90% | 93% | -1% | |

## 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
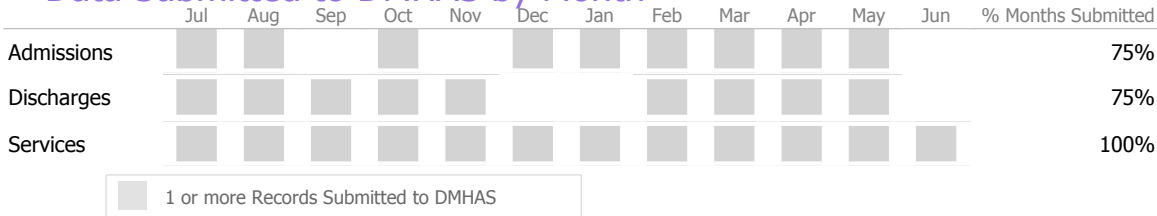
▲ > 10% Over    ▼ < 10% Under

█ Actual    | Goal    ✔ Goal Met    ● Below Goal

* State Avg based on 17 Active Standard Case Management Programs