**Pathways Inc.**
Greenwich, CT

Connecticut Dept of Mental Health and Addiction Services
Provider Quality Dashboard
Reporting Period: July 2016 - March 2017   (Data as of Jun 08, 2017)

## Provider Activity

| Monthly Trend | Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|---|
| | Unique Clients | 73 | 74 | -1% | |
| | Admits | 16 | 25 | -36% | ▼ |
| | Discharges | 6 | 18 | -67% | ▼ |
| | Service Hours | 3,475 | 3,585 | -3% | |
| | Bed Days | 4,345 | 3,454 | 26% | ▲ |
| | S.Rehab/PHP/IOP | 5,442 | 5,971 | -9% | |

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

## Clients by Level of Care

| Program Type | Level of Care Type | # | % |
|---|---|---|---|
| **Mental Health** | | | |
| | Social Rehabilitation | 49 | 42.6% |
| | Community Support | 36 | 31.3% |
| | Residential Services | 19 | 16.5% |
| | Case Management | 11 | 9.6% |

## Consumer Satisfaction Survey   (Based on 95 FY16 Surveys)

| | Question Domain | Satisfied % vs Goal% | Satisfied % | Goal % | State Avg |
|---|---|---|---|---|---|
| ✔ | Quality and Appropriateness | | 98% | 80% | 93% |
| ✔ | Overall | | 97% | 80% | 91% |
| ✔ | Participation in Treatment | | 96% | 80% | 92% |
| ✔ | Access | | 93% | 80% | 88% |
| ✔ | General Satisfaction | | 93% | 80% | 92% |
| ✔ | Outcome | | 89% | 80% | 83% |
| ✔ | Respect | | 89% | 80% | 91% |
| ✔ | Recovery | | 86% | 80% | 79% |

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

## Client Demographics

### Age

| Age | | # | % | | State Avg |
|---|---|---|---|---|---|
| 18-25 | | | | ▼ | 14% |
| 26-34 | | 7 | 10% | ▼ | 24% |
| 35-44 | | 11 | 15% | | 20% |
| 45-54 | | 16 | 22% | | 22% |
| 55-64 | | 27 | 37% | ▲ | 16% |
| 65+ | | 12 | 16% | ▲ | 5% |

### Gender

| Gender | | # | % | | State Avg |
|---|---|---|---|---|---|
| Male | | 50 | 68% | | 60% |
| Female | | 23 | 32% | | 40% |
| Transgender | | | | | 0% |

### Ethnicity

| Ethnicity | | # | % | | State Avg |
|---|---|---|---|---|---|
| Non-Hispanic | | 70 | 96% | ▲ | 74% |
| Hispanic-Other | | 2 | 3% | | 7% |
| Unknown | | 1 | 1% | | 6% |
| Hispanic-Cuban | | | | | 0% |
| Hispanic-Mexican | | | | | 1% |
| Hisp-Puerto Rican | | | | ▼ | 12% |

### Race

| Race | | # | % | | State Avg |
|---|---|---|---|---|---|
| White/Caucasian | | 62 | 85% | ▲ | 65% |
| Black/African American | | 6 | 8% | | 17% |
| Other | | 2 | 3% | | 13% |
| Asian | | 1 | 1% | | 1% |
| Multiple Races | | 1 | 1% | | 1% |
| Unknown | | 1 | 1% | | 3% |
| Am. Indian/Native Alaskan | | | | | 1% |
| Hawaiian/Other Pacific Islander | | | | | 0% |

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

**175 Milbank Ave.GrpRes 116-240**
Pathways Inc.
Mental Health - Residential Services - Group Home

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2016 - March 2017  (Data as of Jun 08, 2017)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 9 | 11 | -18% | ▼ |
| Admits | 1 | 3 | -67% | ▼ |
| Discharges | 1 | 3 | -67% | ▼ |
| Bed Days | 2,192 | 2,166 | 1% | |

## Discharge Outcomes

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✔ | Treatment Completed Successfully | | 1 | 100% | 80% | 82% | 20% | ▲ |
| ✔ | No Re-admit within 30 Days of Discharge | | 1 | 100% | 85% | 94% | 15% | ▲ |
| ✔ | Follow-up within 30 Days of Discharge | | 1 | 100% | 90% | 80% | 10% | |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| ✔ | Valid NOMS Data | 100% | 99% |

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| ✔ | 6 Month Updates | 100% | 98% |

| Cooccurring | | Actual | State Avg |
|---|---|---|---|
| | MH Screen Complete | 0% | 88% |
| | SA Screen Complete | 0% | 89% |

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

## Recovery

| National Recovery Measures (NOMS) | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✔ | Stable Living Situation | | 9 | 100% | 90% | 99% | 10% | |
| ✔ | Social Support | | 6 | 67% | 60% | 82% | 7% | |
| ● | Improved/Maintained Axis V GAF Score | | 6 | 75% | 95% | 71% | -20% | ▼ |

## Bed Utilization

| | 12 Months Trend | Beds | Avg LOS | Turnover | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|---|
| ✔ Avg Utilization Rate | | 8 | 2,899 days | 0.3 | 100% | 90% | 96% | 10% | |

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

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | % Months Submitted |
|---|---|---|---|---|---|---|---|---|---|---|
| Admissions | | | | | | | | ▢ | | 11% |
| Discharges | | | | | | | | ▢ | | 11% |

▢ 1 or more Records Submitted to DMHAS

▲ > 10% Over    ▼ < 10% Under

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

* State Avg based on 24 Active Group Home Programs

**258 Davis Ave.SupRes 116-250**
Pathways Inc.
Mental Health - Residential Services - Supervised Apartments

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2016 - March 2017  (Data as of Jun 08, 2017)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 10 | 10 | 0% | |
| Admits | 2 | 6 | -67% | ▼ |
| Discharges | 2 | 2 | 0% | |
| Bed Days | 2,153 | 1,288 | 67% | ▲ |

## Discharge Outcomes

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✓ | Treatment Completed Successfully | | 2 | 100% | 60% | 70% | 40% | ▲ |
| ✓ | Follow-up within 30 Days of Discharge | | 2 | 100% | 90% | 79% | 10% | |

## Recovery

| | National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✓ | Social Support | | 10 | 100% | 60% | 85% | 40% | ▲ |
| ✓ | Stable Living Situation | | 10 | 100% | 95% | 96% | 5% | |
| 🔴 | Employed | | 1 | 10% | 25% | 7% | -15% | ▼ |
| 🔴 | Improved/Maintained Axis V GAF Score | | 6 | 67% | 95% | 68% | -28% | ▼ |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| ✓ | Valid NOMS Data | 100% | 99% |

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| | 6 Month Updates | 0% | 93% |

| Cooccurring | | Actual | State Avg |
|---|---|---|---|
| | MH Screen Complete | 0% | 88% |
| | SA Screen Complete | 0% | 87% |

| Diagnosis | | Actual | State Avg |
|---|---|---|---|
| ✓ | Valid Axis I Diagnosis | 100% | 100% |
| ✓ | 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 | | 8 | 680 days | 0.3 | 98% | 90% | 93% | 8% |

■ < 90%    ■ 90-110%    ■ >110%

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | % Months Submitted |
|---|---|---|---|---|---|---|---|---|---|---|
| Admissions | | | ■ | | | | | | ■ | 22% |
| Discharges | | | ■ | | | | | ■ | | 22% |

■ 1 or more Records Submitted to DMHAS
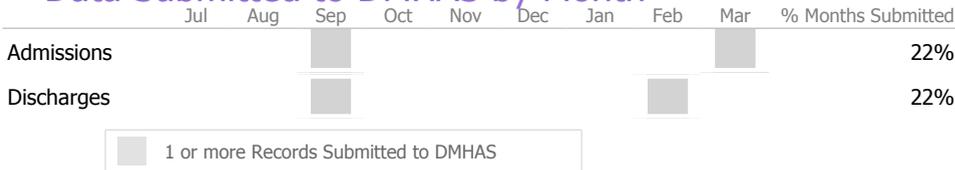
▲ > 10% Over    ▼ < 10% Under

■ Actual    | Goal    ✓ Goal Met    🔴 Below Goal

* State Avg based on 72 Active Supervised Apartments Programs
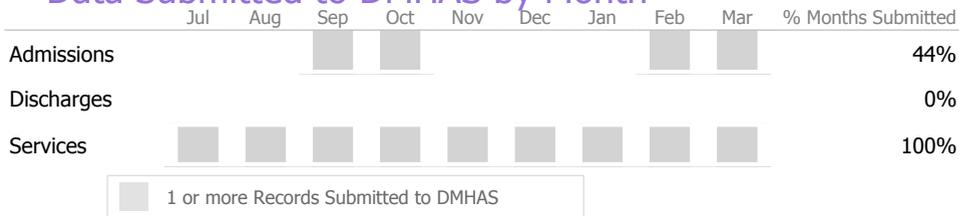
**8 Sinawoy Road SR Clbhse 116-280**
Pathways Inc.
Mental Health - Social Rehabilitation - Social Rehabilitation

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2016 - March 2017   (Data as of Jun 08, 2017)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 49 | 53 | -8% | |
| Admits | 5 | 7 | -29% | ▼ |
| Discharges | - | 6 | -100% | ▼ |
| Service Hours | - | - | | |
| Social Rehab/PHP/IOP Days | 5,442 | 5,971 | -9% | |

## Service Utilization

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|---|
| ✔ | Clients Receiving Services | | 45 | 92% | 90% | 70% | 2% |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | % Months Submitted |
|---|---|---|---|---|---|---|---|---|---|---|
| Admissions | | | ▪ | ▪ | | | | ▪ | ▪ | 44% |
| Discharges | | | | | | | | | | 0% |
| Services | | ▪ | ▪ | ▪ | ▪ | ▪ | ▪ | ▪ | ▪ | 100% |

▫ 1 or more Records Submitted to DMHAS

▲ > 10% Over    ▼ < 10% Under

■ Actual    | Goal    ✔ Goal Met    ● Below Goal

* State Avg based on 37 Active Social Rehabilitation Programs

**CSP 116-260**
Pathways Inc.
Mental Health - Community Support - CSP

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2016 - March 2017  (Data as of Jun 08, 2017)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 36 | 34 | 6% | ▼ |
| Admits | 7 | 6 | 17% | ▲ |
| Discharges | 2 | 4 | -50% | ▼ |
| Service Hours | 2,414 | 2,351 | 3% | |

## Discharge Outcomes

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| 🔴 | Treatment Completed Successfully | | 1 | 50% | 65% | 68% | -15% | ▼ |

## Recovery

| | National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✓ | Social Support | | 32 | 89% | 60% | 81% | 29% | ▲ |
| ✓ | Stable Living Situation | | 36 | 100% | 80% | 93% | 20% | ▲ |
| ✓ | Employed | | 11 | 31% | 20% | 12% | 11% | ▲ |
| 🔴 | Improved/Maintained Axis V GAF Score | | 17 | 52% | 95% | 66% | -43% | ▼ |

## Data Submission Quality

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

| | On-Time Periodic | | Actual | State Avg |
|---|---|---|---|---|
| | 6 Month Updates | | 35% | 95% |

| | Cooccurring | | Actual | State Avg |
|---|---|---|---|---|
| | MH Screen Complete | | 17% | 88% |
| | SA Screen Complete | | 17% | 86% |

| | Diagnosis | | Actual | State Avg |
|---|---|---|---|---|
| ✓ | Valid Axis I Diagnosis | | 100% | 97% |
| ✓ | Valid Axis V GAF Score | | 100% | 92% |

## Service Utilization

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✓ | Clients Receiving Services | | 34 | 100% | 90% | 99% | 10% | |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | % Months Submitted |
|---|---|---|---|---|---|---|---|---|---|---|
| Admissions | ▪ | | ▪ | | | ▪ | ▪ | ▪ | | 56% |
| Discharges | | | ▪ | | | | ▪ | | | 22% |
| Services | ▪ | ▪ | ▪ | ▪ | ▪ | ▪ | ▪ | ▪ | ▪ | 100% |

☐ 1 or more Records Submitted to DMHAS
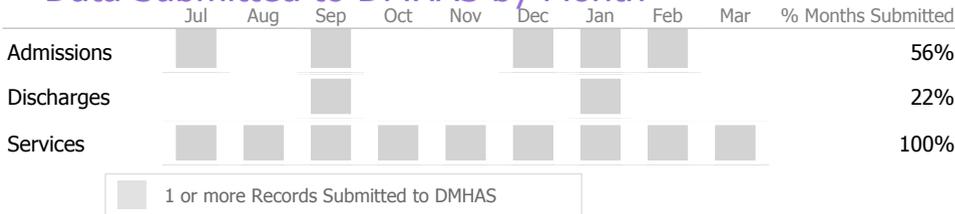
▲ > 10% Over    ▼ < 10% Under

🟧 Actual    | Goal    ✓ Goal Met    🔴 Below Goal

* State Avg based on 47 Active CSP Programs

**Suppv Housing PILOTS 116-551**
Pathways Inc.
Mental Health - Case Management - Supportive Housing – Scattered Site

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2016 - March 2017  (Data as of Jun 08, 2017)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---------|--------|----------|------------|---|
| Unique Clients | 11 | 13 | -15% | ▼ |
| Admits | 1 | 3 | -67% | ▼ |
| Discharges | 1 | 3 | -67% | ▼ |
| Service Hours | 1,061 | 1,234 | -14% | ▼ |

## Recovery

| | National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✔ | Stable Living Situation | | 11 | 100% | 85% | 83% | 15% | ▲ |

## Service Utilization

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

## Data Submission Quality

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

| | On-Time Periodic | | Actual | State Avg |
|---|---|---|--------|-----------|
| ✔ | 6 Month Updates | | 89% | 86% |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | % Months Submitted |
|---|-----|-----|-----|-----|-----|-----|-----|-----|-----|--------------------|
| Admissions | | | | | | | | | ▪ | 11% |
| Discharges | | | | | | | | ▪ | | 11% |
| Services | ▪ | ▪ | ▪ | ▪ | ▪ | ▪ | ▪ | ▪ | ▪ | 100% |

☐ 1 or more Records Submitted to DMHAS
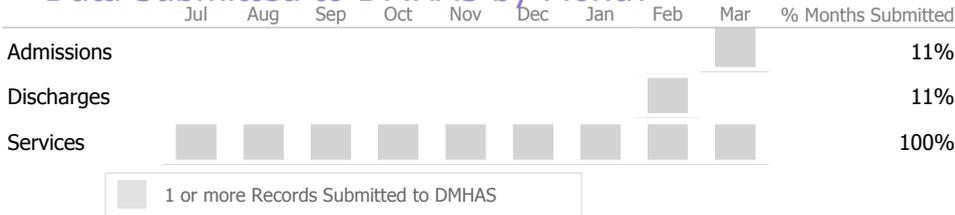
▲ > 10% Over    ▼ < 10% Under

▮ Actual    | Goal    ✔ Goal Met    ● Below Goal

* State Avg based on 71 Active Supportive Housing – Scattered Site Programs