Wheeler Clinic
Plainville, CT

Connecticut Dept of Mental Health and Addiction Services
Provider Quality Dashboard
Reporting Period: July 2016 - September 2016   (Data as of Jan 06, 2017)

Provider Activity

Monthly Trend	Measure	Actual	1 Yr Ago	Variance %
	Unique Clients	4,074	4,348	-6%
	Admits	1,604	1,720	-7%
	Discharges	1,607	1,835	-12% ▼
	Service Hours	11,338	12,298	-8%
	S.Rehab/PHP/IOP	2,525	2,304	10%

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

Clients by Level of Care

Program Type	Level of Care Type		#	%
Addiction				
	Outpatient		2,466	57.5%
	IOP		422	9.8%
	Case Management		65	1.5%
Forensic SA				
	Forensics Community-based		1,282	29.9%
	Case Management		53	1.2%

Consumer Satisfaction Survey   (Based on 675 FY16 Surveys)

Question Domain	Satisfied % vs Goal%	Satisfied %	Goal %	State Avg
✔ Quality and Appropriateness		86%	80%	93%
✔ Participation in Treatment		85%	80%	92%
✔ Overall		83%	80%	91%
✔ Respect		82%	80%	91%
🔴 General Satisfaction		79%	80%	92%
🔴 Outcome		76%	80%	83%
🔴 Recovery		75%	80%	79%
🔴 Access		75%	80%	88%

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

Client Demographics

Age

Age	#	%	State Avg
18-25	904	22%	12%
26-34	1,268	31%	22%
35-44	784	19%	19%
45-54	653	16%	23%
55-64	351	9%	18%
65+	101	2%	6%

Gender

Gender	#	%	State Avg
Male	2,573	63%	58%
Female	1,492	37%	42%
Transgender			0%

Ethnicity

Ethnicity	#	%		State Avg
Non-Hispanic	2,618	64%	▼	75%
Hisp-Puerto Rican	951	23%	▲	12%
Unknown	315	8%		6%
Hispanic-Other	136	3%		7%
Hispanic-Mexican	37	1%		1%
Hispanic-Cuban	17	0%		0%

Race

Race	#	%		State Avg
White/Caucasian	2,413	59%		65%
Black/African American	648	16%		16%
Multiple Races	591	15%	▲	1%
Other	302	7%		13%
Unknown	46	1%		3%
Asian	31	1%		1%
Am. Indian/Native Alaskan	27	1%		1%
Hawaiian/Other Pacific Islander	16	0%		0%

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

Bettor Choice 620740
Wheeler Clinic
Addiction - Outpatient - Gambling Outpatient

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2016 - September 2016 (Data as of Jan 06, 2017)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	28	40	-30%	▼
Admits	7	9	-22%	▼
Discharges	5	7	-29%	▼
Service Hours	84	142	-41%	▼

Data Submission Quality

Data Entry		Actual	State Avg
✓ Valid NOMS Data		99%	95%
✓ Valid TEDS Data		38%	25%

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

Cooccurring		Actual	State Avg
✓ MH Screen Complete		100%	97%
✓ SA Screen Complete		100%	100%

Diagnosis		Actual	State Avg
✓ Valid Axis I Diagnosis		100%	100%
✓ Valid Axis V GAF Score		100%	86%

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	% Months Submitted
Admissions				100%
Discharges				67%
Services				100%

1 or more Records Submitted to DMHAS

Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
✓ Treatment Completed Successfully		4	80%	75%	96%	5%

Service Utilization

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
✓ Clients Receiving Services		21	91%	90%	92%	1%

Service Engagement

Outpatient	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
✓ 2 or more Services within 30 days		6	86%	75%	88%	11% ▲

▲ > 10% Over   ▼ < 10% Under

■ Actual | Goal   ✓ Goal Met   ● Below Goal

* State Avg based on 9 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 2016 - September 2016 (Data as of Jan 06, 2017)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	96	95	1%	
Admits	55	69	-20%	▼
Discharges	53	63	-16%	▼
Service Hours	42	66	-36%	▼
Social Rehab/PHP/IOP Days	563	606	-7%	

Data Submission Quality

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

On-Time Periodic	Actual	State Avg
6 Month Updates	0%	2%

Cooccurring		Actual	State Avg
✓	MH Screen Complete	100%	97%
✓	SA Screen Complete	100%	97%

Diagnosis		Actual	State Avg
✓	Valid Axis I Diagnosis	98%	85%
✓	Valid Axis V GAF Score	98%	85%

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	% Months Submitted
Admissions				100%
Discharges				100%
Services				100%

1 or more Records Submitted to DMHAS

Discharge Outcomes

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓	Treatment Completed Successfully		37	70%	50%	61%	20%	▲
●	Follow-up within 30 Days of Discharge		20	54%	90%	53%	-36%	▼

Recovery

	National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓	Not Arrested		89	91%	75%	94%	16%	▲
✓	Employed		58	59%	50%	33%	9%	
●	Stable Living Situation		92	94%	95%	91%	-1%	
●	Abstinence/Reduced Drug Use		49	50%	55%	45%	-5%	
●	Self Help		39	40%	60%	32%	-20%	▼
✓	Improved/Maintained Axis V GAF Score		49	82%	75%	72%	7%	

Service Utilization

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
●	Clients Receiving Services		30	67%	90%	61%	-23%	▼

▲ > 10% Over   ▼ < 10% Under

■ Actual | Goal   ✓ Goal Met   ● Below Goal

* State Avg based on 51 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 2016 - September 2016 (Data as of Jan 06, 2017)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	257	243	6%	
Admits	165	154	7%	
Discharges	165	146	13%	▲
Service Hours	177	195	-9%	
Social Rehab/PHP/IOP Days	1,450	1,238	17%	▲

Data Submission Quality

Data Entry		Actual	State Avg
✔	Valid NOMS Data	98%	96%
	Valid TEDS Data	98%	99%

On-Time Periodic	Actual	State Avg
6 Month Updates	0%	2%

Cooccurring		Actual	State Avg
✔	MH Screen Complete	100%	97%
✔	SA Screen Complete	100%	97%

Diagnosis		Actual	State Avg
✔	Valid Axis I Diagnosis	100%	85%
✔	Valid Axis V GAF Score	100%	85%

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	% Months Submitted
Admissions				100%
Discharges				100%
Services				100%

1 or more Records Submitted to DMHAS

Discharge Outcomes

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✔	Treatment Completed Successfully		106	64%	50%	61%	14%	▲
🔴	Follow-up within 30 Days of Discharge		50	47%	90%	53%	-43%	▼

Recovery

	National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✔	Not Arrested		257	94%	75%	94%	19%	▲
🔴	Stable Living Situation		239	88%	95%	91%	-7%	
🔴	Abstinence/Reduced Drug Use		118	43%	55%	45%	-12%	▼
✔	Improved/Maintained Axis V GAF Score		150	85%	75%	72%	10%	
🔴	Employed		78	29%	50%	33%	-21%	▼
🔴	Self Help		49	18%	60%	32%	-42%	▼

Service Utilization

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
🔴	Clients Receiving Services		83	77%	90%	61%	-13%	▼

▲ > 10% Over   ▼ < 10% Under

■ Actual | Goal   ✔ Goal Met   🔴 Below Goal

* State Avg based on 51 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 2016 - September 2016 (Data as of Jan 06, 2017)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	27	38	-29%	▼
Admits	6	13	-54%	▼
Discharges	8	1	700%	▲
Service Hours	198	71	179%	▲

Service Engagement
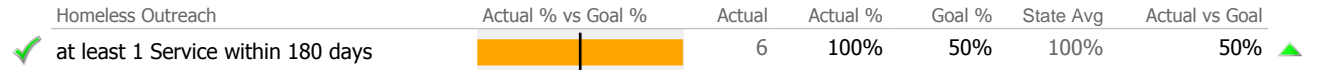
Homeless Outreach		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✔	at least 1 Service within 180 days		6	100%	50%	100%	50%	▲

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	% 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 6 Active Outreach & Engagement Programs

Lifeline For Wmn and Chld62030
Wheeler Clinic
Addiction - IOP - Standard IOP

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2016 - September 2016 (Data as of Jan 06, 2017)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	74	93	-20%	▼
Admits	53	55	-4%	
Discharges	43	64	-33%	▼
Service Hours	58	63	-9%	
Social Rehab/PHP/IOP Days	512	460	11%	▲

Data Submission Quality

Data Entry		Actual	State Avg
✔ Valid NOMS Data		98%	96%
Valid TEDS Data		96%	99%

On-Time Periodic		Actual	State Avg
✔ 6 Month Updates		50%	2%

Cooccurring		Actual	State Avg
✔ MH Screen Complete		100%	97%
✔ SA Screen Complete		100%	97%

Diagnosis		Actual	State Avg
✔ Valid Axis I Diagnosis		100%	85%
✔ Valid Axis V GAF Score		100%	85%

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	% Months Submitted
Admissions				100%
Discharges				100%
Services				100%

☐ 1 or more Records Submitted to DMHAS

Discharge Outcomes

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✔	Treatment Completed Successfully		42	98%	50%	61%	48%	▲
🔴	Follow-up within 30 Days of Discharge		23	55%	90%	53%	-35%	▼

Recovery

	National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✔	Not Arrested		74	95%	75%	94%	20%	▲
✔	Self Help		50	64%	60%	32%	4%	
🔴	Abstinence/Reduced Drug Use		41	53%	55%	45%	-2%	
🔴	Stable Living Situation		70	90%	95%	91%	-5%	
🔴	Employed		18	23%	50%	33%	-27%	▼
✔	Improved/Maintained Axis V GAF Score		36	80%	75%	72%	5%	

Service Utilization

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
🔴	Clients Receiving Services		28	80%	90%	61%	-10%

▲ > 10% Over	▼ < 10% Under

■ Actual | Goal ✔ Goal Met 🔴 Below Goal

* State Avg based on 51 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 2016 - September 2016 (Data as of Jan 06, 2017)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	120	1	11900%	▲
Admits	75		-	
Discharges	38		-	
Service Hours	811		-	

Data Submission Quality

Data Entry		Actual	State Avg
✓ Valid NOMS Data		99%	96%
Valid TEDS Data		85%	92%

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

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

Diagnosis		Actual	State Avg
✓ Valid Axis I Diagnosis		100%	99%
✓ Valid Axis V GAF Score		100%	93%

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	% Months Submitted
Admissions				100%
Discharges				100%
Services				100%

1 or more Records Submitted to DMHAS

Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓ Treatment Completed Successfully		31	82%	50%	51%	32%	▲

Recovery

National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓ Not Arrested		112	92%	75%	83%	17%	▲
● Abstinence/Reduced Drug Use		63	52%	55%	51%	-3%	
● Stable Living Situation		110	90%	95%	83%	-5%	
● Employed		51	42%	50%	40%	-8%	
● Self Help		53	43%	60%	23%	-17%	▼
✓ Improved/Maintained Axis V GAF Score		33	87%	75%	52%	12%	▲

Service Utilization

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓ Clients Receiving Services		82	96%	90%	68%	6%	

Service Engagement

Outpatient	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓ 2 or more Services within 30 days		68	91%	75%	77%	16%	▲

▲ > 10% Over   ▼ < 10% Under

■ Actual | Goal   ✓ Goal Met   ● Below Goal

* State Avg based on 115 Active Standard Outpatient 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 2016 - September 2016 (Data as of Jan 06, 2017)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	8	21	-62%	▼
Admits	4	13	-69%	▼
Discharges	5	10	-50%	▼
Service Hours	40	110	-64%	▼

Data Submission Quality

Data Entry	Actual % vs Goal %	Actual	State Avg
✓ Valid NOMS Data		98%	98%

On-Time Periodic	Actual % vs Goal %	Actual	State Avg
6 Month Updates		N/A	33%

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	% Months Submitted
Admissions				100%
Discharges				100%
Services				100%

☐ 1 or more Records Submitted to DMHAS

Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
🔴 Treatment Completed Successfully		2	40%	50%	60%	-10%	▼

Recovery

National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓ Social Support		8	100%	60%	68%	40%	▲
✓ Employed		3	38%	20%	6%	18%	▲
✓ Self Help		5	62%	60%	47%	2%	
🔴 Stable Living Situation		5	62%	80%	39%	-18%	▼

Service Utilization

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
🔴 Clients Receiving Services		3	75%	90%	72%	-15%	▼

▲ > 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 2016 - September 2016 (Data as of Jan 06, 2017)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	49	46	7%	
Admits	28	19	47%	▲
Discharges	11	17	-35%	▼
Service Hours	66	81	-19%	▼

Data Submission Quality

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

On-Time Periodic		Actual	State Avg
6 Month Updates		30%	33%

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	% Months Submitted
Admissions				67%
Discharges				100%
Services				100%

1 or more Records Submitted to DMHAS

Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✔ Treatment Completed Successfully		8	73%	50%	60%	23%	▲

Recovery

National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✔ Social Support		44	90%	60%	68%	30%	▲
🔴 Employed		3	6%	20%	6%	-14%	▼
🔴 Self Help		19	39%	60%	47%	-21%	▼
🔴 Stable Living Situation		7	14%	80%	39%	-66%	▼

Service Utilization

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
🔴 Clients Receiving Services		19	50%	90%	72%	-40%	▼

▲ > 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 2016 - September 2016 (Data as of Jan 06, 2017)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	457	542	-16%	▼
Admits	159	192	-17%	▼
Discharges	182	155	17%	▲

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	% 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 2016 - September 2016 (Data as of Jan 06, 2017)

Program Activity

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	826	900	-8%
Admits	187	196	-5%
Discharges	265	274	-3%

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	% 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 2016 - September 2016 (Data as of Jan 06, 2017)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	956	976	-2%	
Admits	399	411	-3%	
Discharges	407	466	-13%	▼
Service Hours	3,651	4,537	-20%	▼

Data Submission Quality

Data Entry		Actual	State Avg
✓ Valid NOMS Data		99%	96%
Valid TEDS Data		89%	92%

On-Time Periodic		Actual	State Avg
✓ 6 Month Updates		85%	45%

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

Diagnosis		Actual	State Avg
✓ Valid Axis I Diagnosis		100%	99%
✓ Valid Axis V GAF Score		100%	93%

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	% Months Submitted
Admissions				100%
Discharges				100%
Services				100%

1 or more Records Submitted to DMHAS

Discharge Outcomes

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓	Treatment Completed Successfully		216	53%	50%	51%	3%	

Recovery

	National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓	Not Arrested		936	95%	75%	83%	20%	▲
●	Stable Living Situation		906	92%	95%	83%	-3%	
●	Abstinence/Reduced Drug Use		499	50%	55%	51%	-5%	
●	Employed		416	42%	50%	40%	-8%	
✓	Improved/Maintained Axis V GAF Score		478	83%	75%	52%	8%	
●	Self Help		93	9%	60%	23%	-51%	▼

Service Utilization

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
●	Clients Receiving Services		496	85%	90%	68%	-5%

Service Engagement

	Outpatient	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓	2 or more Services within 30 days		375	95%	75%	77%	20%	▲

▲ > 10% Over   ▼ < 10% Under

■ Actual | Goal   ✓ Goal Met   ● Below Goal

* State Avg based on 115 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 2016 - September 2016 (Data as of Jan 06, 2017)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	1,393	1,566	-11%	▼
Admits	455	572	-20%	▼
Discharges	415	621	-33%	▼
Service Hours	6,005	6,683	-10%	

Data Submission Quality

Data Entry		Actual	State Avg
✓ Valid NOMS Data		98%	96%
Valid TEDS Data		84%	92%

On-Time Periodic		Actual	State Avg
✓ 6 Month Updates		79%	45%

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

Diagnosis		Actual	State Avg
✓ Valid Axis I Diagnosis		100%	99%
✓ Valid Axis V GAF Score		100%	93%

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	% Months Submitted
Admissions				100%
Discharges				100%
Services				100%

1 or more Records Submitted to DMHAS

Discharge Outcomes

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
✓	Treatment Completed Successfully		235	57%	50%	51%	7%

Recovery

	National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓	Not Arrested		1,306	92%	75%	83%	17%	▲
✓	Employed		729	51%	50%	40%	1%	
●	Stable Living Situation		1,319	93%	95%	83%	-2%	
●	Abstinence/Reduced Drug Use		664	47%	55%	51%	-8%	
●	Improved/Maintained Axis V GAF Score		567	70%	75%	52%	-5%	
●	Self Help		306	22%	60%	23%	-38%	▼

Service Utilization

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
●	Clients Receiving Services		781	77%	90%	68%	-13%	▼

Service Engagement

	Outpatient	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓	2 or more Services within 30 days		416	92%	75%	77%	17%	▲

▲ > 10% Over   ▼ < 10% Under

■ Actual | Goal   ✓ Goal Met   ● Below Goal

* State Avg based on 115 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 2016 - September 2016 (Data as of Jan 06, 2017)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	39	44	-11%	▼
Admits	11	17	-35%	▼
Discharges	10	11	-9%	
Service Hours	205	350	-41%	▼

Discharge Outcomes

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✔	Treatment Completed Successfully		5	50%	50%	48%	0%	

Recovery

	National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✔	Stable Living Situation		36	92%	80%	82%	12%	▲
🔴	Employed		6	15%	20%	17%	-5%	
🔴	Self Help		14	36%	60%	67%	-24%	▼

Data Submission Quality

Data Entry		Actual	State Avg
Valid NOMS Data		96%	98%

On-Time Periodic		Actual	State Avg
6 Month Updates		67%	69%

Service Utilization

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
🔴	Clients Receiving Services		22	71%	90%	82%	-19%	▼

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	% 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 17 Active Standard Case Management Programs