**Rushford Center**
Middletown, CT

Connecticut Dept of Mental Health and Addiction Services
Provider Quality Dashboard
Reporting Period: July 2018 - March 2019   (Data as of Jun 19, 2019)

## Provider Activity

| Monthly Trend | Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|---|
| | Unique Clients | 3,140 | 3,312 | -5% | |
| | Admits | 3,356 | 3,759 | -11% | ▼ |
| | Discharges | 3,274 | 3,841 | -15% | ▼ |
| | Service Hours | 30,087 | 29,034 | 4% | |
| | Bed Days | 35,745 | 31,798 | 12% | ▲ |
| | S.Rehab/PHP/IOP | 3,016 | 3,388 | -11% | ▼ |

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

## Clients by Level of Care

| Program Type | Level of Care Type | # | % |
|---|---|---|---|
| **Addiction** | | | |
| | Residential Services | 1,299 | 30.0% |
| | Outpatient | 550 | 12.7% |
| | Case Management | 289 | 6.7% |
| **Mental Health** | | | |
| | Outpatient | 1,122 | 25.9% |
| | Community Support | 448 | 10.3% |
| | Employment Services | 170 | 3.9% |
| | Social Rehabilitation | 149 | 3.4% |
| | Crisis Services | 132 | 3.0% |
| | Case Management | 66 | 1.5% |
| | Residential Services | 29 | 0.7% |
| | ACT | 10 | 0.2% |
| **Forensic MH** | | | |
| | Forensics Community-based | 60 | 1.4% |
| | Residential Services | 6 | 0.1% |

## Consumer Satisfaction Survey   (Based on 660 FY18 Surveys)

| Question Domain | Satisfied % vs Goal% | Satisfied % | Goal % | State Avg |
|---|---|---|---|---|
| ✓ Quality and Appropriateness | | 88% | 80% | 93% |
| ✓ Participation in Treatment | | 87% | 80% | 92% |
| ✓ Respect | | 86% | 80% | 91% |
| ✓ General Satisfaction | | 86% | 80% | 92% |
| ✓ Overall | | 85% | 80% | 91% |
| ✓ Access | | 83% | 80% | 88% |
| ● Recovery | | 74% | 80% | 79% |
| ● Outcome | | 73% | 80% | 83% |

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

## Client Demographics

### Age

| Age | # | % | State Avg |
|---|---|---|---|
| 18-25 | 318 | 10% | 12% |
| 26-34 | 765 | 24% | 24% |
| 35-44 | 632 | 20% | 21% |
| 45-54 | 727 | 23% | 20% |
| 55-64 | 534 | 17% | 17% |
| 65+ | 163 | 5% | 6% |

### Gender

| Gender | # | % | State Avg |
|---|---|---|---|
| Male | 1,951 | 62% | 60% |
| Female | 1,186 | 38% | 40% |
| Transgender | | | 0% |

### Ethnicity

| Ethnicity | # | % | State Avg |
|---|---|---|---|
| Non-Hispanic | 2,168 | 69% | 71% |
| Hisp-Puerto Rican | 454 | 14% | 13% |
| Unknown | 361 | 11% | 9% |
| Hispanic-Other | 133 | 4% | 7% |
| Hispanic-Mexican | 18 | 1% | 1% |
| Hispanic-Cuban | 6 | 0% | 0% |

### Race

| Race | # | % | | State Avg |
|---|---|---|---|---|
| White/Caucasian | 2,533 | 81% | ▲ | 63% |
| Black/African American | 298 | 9% | | 16% |
| Unknown | 271 | 9% | | 5% |
| Asian | 13 | 0% | | 1% |
| Am. Indian/Native Alaskan | 12 | 0% | | 1% |
| Other | 11 | 0% | ▼ | 14% |
| Multiple Races | 2 | 0% | | 1% |
| Hawaiian/Other Pacific Islander | | | | 0% |

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

**ABI SA Counselor Outpatient Program**
Rushford Center
Addiction - Outpatient - Standard Outpatient

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2018 - March 2019  (Data as of Jun 19, 2019)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 44 | 23 | 91% | ▲ |
| Admits | 23 | 1 | 2200% | ▲ |
| Discharges | 6 | 5 | 20% | ▲ |
| Service Hours | 201 | 272 | -26% | ▼ |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| ✓ | Valid NOMS Data | 99% | 92% |
| ✓ | Valid TEDS Data | 96% | 88% |

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| ✓ | 6 Month Updates | 96% | 25% |

| Cooccurring | | Actual | State Avg |
|---|---|---|---|
| | MH Screen Complete | 35% | 95% |
| | SA Screen Complete | 48% | 99% |

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

## Discharge Outcomes

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|---|
| ✓ | Treatment Completed Successfully | | 3 | 50% | 50% | 54% | 0% |

## Recovery

| | National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✓ | Not Arrested | | 43 | 98% | 75% | 83% | 23% | ▲ |
| ✓ | Abstinence/Reduced Drug Use | | 33 | 75% | 55% | 51% | 20% | ▲ |
| ✓ | Self Help | | 29 | 66% | 60% | 31% | 6% | |
| ✓ | Stable Living Situation | | 43 | 98% | 95% | 81% | 3% | |
| ✓ | Improved/Maintained Axis V GAF Score | | 22 | 76% | 75% | 57% | 1% | |
| ⬤ | Employed | | 4 | 9% | 50% | 41% | -41% | ▼ |

## Service Utilization

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|---|
| ✓ | Clients Receiving Services | | 36 | 95% | 90% | 60% | 5% |

## Service Engagement

| | Outpatient | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ⬤ | 2 or more Services within 30 days | | 12 | 52% | 75% | 65% | -23% | ▼ |

## Data Submitted to DMHAS by Month
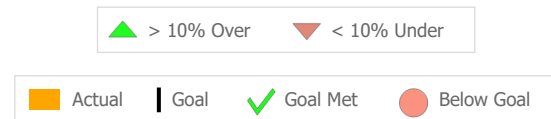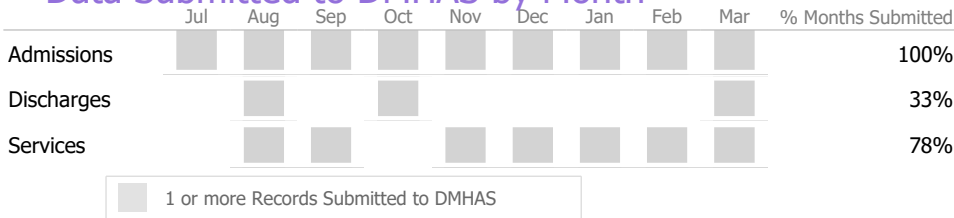
| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | % Months Submitted |
|---|---|---|---|---|---|---|---|---|---|---|
| Admissions | | | | | | | | | | 100% |
| Discharges | | | | | | | | | | 33% |
| Services | | | | | | | | | | 78% |

☐ 1 or more Records Submitted to DMHAS

▲ > 10% Over   ▼ < 10% Under

■ Actual   | Goal   ✓ Goal Met   ⬤ Below Goal

* State Avg based on 113 Active Standard Outpatient Programs

**ACCESS Program 303-230**
Rushford Center
Mental Health - Outpatient - Standard Outpatient

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2018 - March 2019  (Data as of Jun 19, 2019)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 853 | 938 | -9% | |
| Admits | 333 | 382 | -13% | ▼ |
| Discharges | 317 | 430 | -26% | ▼ |
| Service Hours | 10,992 | 10,726 | 2% | |

## Data Submission Quality

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

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| ✔ 6 Month Updates | | 66% | 63% |

| Cooccurring | | Actual | State Avg |
|---|---|---|---|
| ✔ MH Screen Complete | | 97% | 92% |
| ✔ SA Screen Complete | | 97% | 92% |

| Diagnosis | | Actual | State Avg |
|---|---|---|---|
| ✔ Valid Axis I Diagnosis | | 100% | 97% |
| ✔ Valid Axis V GAF Score | | 100% | 91% |

## Discharge Outcomes

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✔ | Treatment Completed Successfully | | 173 | 55% | 50% | 52% | 5% | |

## Recovery

| National Recovery Measures (NOMS) | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✔ | Social Support | | 814 | 88% | 60% | 67% | 28% | ▲ |
| ✔ | Stable Living Situation | | 888 | 96% | 95% | 85% | 1% | |
| ● | Employed | | 198 | 21% | 30% | 25% | -9% | |
| ● | Improved/Maintained Axis V GAF Score | | 498 | 63% | 75% | 51% | -12% | ▼ |

## Service Utilization

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✔ | Clients Receiving Services | | 570 | 94% | 90% | 86% | 4% | |

## Service Engagement

| Outpatient | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✔ | 2 or more Services within 30 days | | 261 | 84% | 75% | 69% | 9% | |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | % 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 94 Active Standard Outpatient Programs

**BHH ADULT NAE**
Rushford Center
Mental Health - Outpatient - Standard Outpatient

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2018 - March 2019  (Data as of Jun 19, 2019)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 135 | 152 | -11% | ▼ |
| Admits | 72 | 103 | -30% | ▼ |
| Discharges | 55 | 100 | -45% | ▼ |
| Service Hours | 894 | 681 | 31% | ▲ |

## Data Submission Quality

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

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| ✓ 6 Month Updates | | 85% | 63% |

| Cooccurring | | Actual | State Avg |
|---|---|---|---|
| ✓ MH Screen Complete | | 98% | 92% |
| ✓ SA Screen Complete | | 97% | 92% |

| Diagnosis | | Actual | State Avg |
|---|---|---|---|
| ✓ Valid Axis I Diagnosis | | 100% | 97% |
| ✓ Valid Axis V GAF Score | | 100% | 91% |

## Discharge Outcomes

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✓ | Treatment Completed Successfully | | 32 | 58% | 50% | 52% | 8% | |

## Recovery

| | National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✓ | Social Support | | 116 | 82% | 60% | 67% | 22% | ▲ |
| 🔴 | Stable Living Situation | | 127 | 89% | 95% | 85% | -6% | |
| 🔴 | Employed | | 29 | 20% | 30% | 25% | -10% | |
| ✓ | Improved/Maintained Axis V GAF Score | | 89 | 83% | 75% | 51% | 8% | |

## Service Utilization

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|---|
| ✓ | Clients Receiving Services | | 83 | 95% | 90% | 86% | 5% |

## Service Engagement

| | Outpatient | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| 🔴 | 2 or more Services within 30 days | | 42 | 62% | 75% | 69% | -13% | ▼ |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | % 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 94 Active Standard Outpatient Programs

# BHH CHILDREN Program
Rushford Center
Mental Health - Case Management - Outreach & Engagement

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2018 - March 2019  (Data as of Jun 19, 2019)
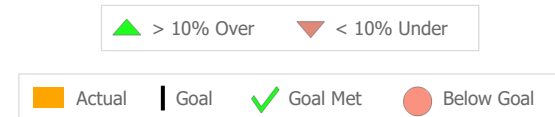
## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % |
|---|---|---|---|
| Unique Clients | 0 | | |
| Admits | - | - | |
| Discharges | - | - | |
| Service Hours | - | - | |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | % 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 42 Active Outreach & Engagement Programs

**Camp Street MH Intensive Forensic Residential Prog**
Rushford Center
Forensic MH - Residential Services - MH Intensive Res. Rehabilitation

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2018 - March 2019  (Data as of Jun 19, 2019)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 6 | 10 | -40% | ▼ |
| Admits | 3 | 6 | -50% | ▼ |
| Discharges | 1 | 7 | -86% | ▼ |
| Bed Days | 1,089 | 706 | 54% | ▲ |

## Discharge Outcomes

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✓ | Treatment Completed Successfully | | 1 | 100% | 75% | 100% | 25% | ▲ |
| ✓ | No Re-admit within 30 Days of Discharge | | 1 | 100% | 85% | 100% | 15% | ▲ |
| ✓ | Follow-up within 30 Days of Discharge | | 1 | 100% | 90% | 100% | 10% | |

## Data Submission Quality

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

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

| | Cooccurring | | Actual | State Avg |
|---|---|---|---|---|
| ✓ | MH Screen Complete | | 75% | 75% |
| ✓ | SA Screen Complete | | 75% | 75% |

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

## Recovery

| | National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|---|
| ✓ | Improved/Maintained Axis V GAF Score | | 3 | 75% | 75% | 75% | 0% |

## Bed Utilization

| | | 12 Months Trend | Beds | Avg LOS | Turnover | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|---|---|
| ● | Avg Utilization Rate | | 6 | 343 days | 0.4 | 66% | 90% | 66% | -24% | ▼ |

■ < 90%    ■ 90-110%    ■ >110%

## Data Submitted to DMHAS by Month

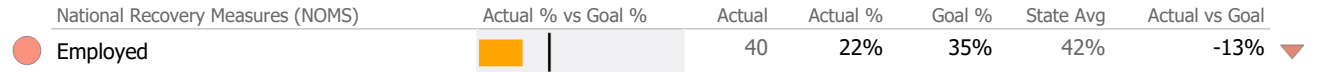| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | % Months Submitted |
|---|---|---|---|---|---|---|---|---|---|---|
| Admissions | ■ | | | | | ■ | | ■ | | 33% |
| Discharges | | | | | | ■ | | | | 11% |

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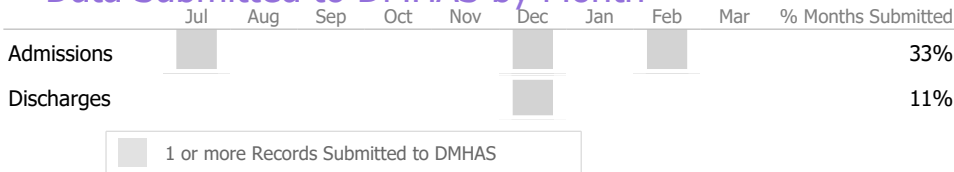
▲ > 10% Over    ▼ < 10% Under

■ Actual    | Goal    ✓ Goal Met    ● Below Goal

* State Avg based on 1 Active MH Intensive Res. Rehabilitation Programs
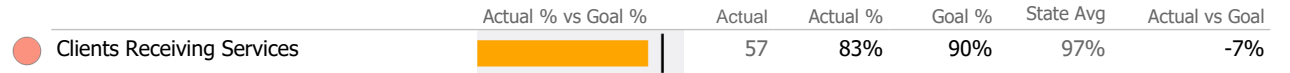
**Career Development Svs 303-270**
Rushford Center
Mental Health - Employment Services - Employment Services

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2018 - March 2019  (Data as of Jun 19, 2019)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 170 | 189 | -10% | ▼ |
| Admits | 103 | 103 | 0% | |
| Discharges | 109 | 137 | -20% | ▼ |
| Service Hours | 697 | 547 | 27% | ▲ |

## Recovery

| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ● Employed | | 40 | 22% | 35% | 42% | -13% | ▼ |

## Service Utilization

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| ● Clients Receiving Services | | 57 | 83% | 90% | 97% | -7% |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| Valid NOMS Data | | 81% | 97% |

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| 6 Month Updates | | 86% | 88% |

## Data Submitted to DMHAS by Month

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

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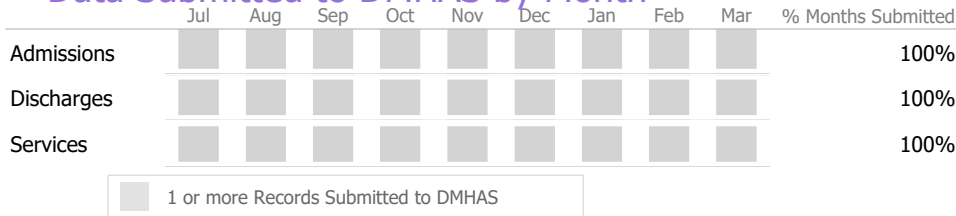
▲ > 10% Over   ▼ < 10% Under

☐ Actual   | Goal   ✔ Goal Met   ● Below Goal

* State Avg based on 43 Active Employment Services Programs

**Court Diversion Program303-295**
Rushford Center
Forensic MH - Forensics Community-based - Court Liaison-Jail Diversion

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2018 - March 2019  (Data as of Jun 19, 2019)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 60 | 78 | -23% | ▼ |
| Admits | 39 | 62 | -37% | ▼ |
| Discharges | 40 | 56 | -29% | ▼ |
| Service Hours | 195 | 169 | 15% | ▲ |

## Service Utilization

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|---|
| ✓ | Clients Receiving Services | | 19 | 90% | 90% | 46% | 0% |

## Jail Diversion

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|---|
| ✓ | Follow-up Service within 48 hours | | 30 | 1% | 0% | 3% | 1% |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | % Months Submitted |
|---|---|---|---|---|---|---|---|---|---|---|
| Admissions | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | 100% |
| Discharges | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | | 89% |
| Services | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | 100% |

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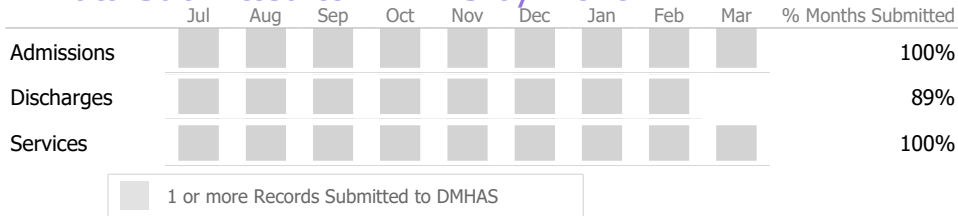
▲ > 10% Over     ▼ < 10% Under

Actual   | Goal   ✓ Goal Met   ● Below Goal

* State Avg based on 19 Active Court Liaison-Jail Diversion Programs

**Crisis/Respite Program 303-200**
Rushford Center
Mental Health - Crisis Services - Respite Bed

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2018 - March 2019  (Data as of Jun 19, 2019)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 62 | 72 | -14% | ▼ |
| Admits | 70 | 73 | -4% | |
| Discharges | 72 | 75 | -4% | |
| Bed Days | 1,681 | 2,550 | -34% | ▼ |

## Discharge Outcomes

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✓ | No Re-admit within 30 Days of Discharge | | 65 | 90% | 85% | 87% | 5% | |
| 🔴 | Follow-up within 30 Days of Discharge | | 25 | 60% | 90% | 75% | -30% | ▼ |

## Bed Utilization

| | | 12 Months Trend | Beds | Avg LOS | Turnover | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|---|---|
| 🔴 | Avg Utilization Rate | | 10 | 34 days | 0.1 | 61% | 90% | 61% | -29% | ▼ |

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

## Data Submitted to DMHAS by Month

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

▢ 1 or more Records Submitted to DMHAS

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

| 🟧 Actual | ▏ Goal | ✓ Goal Met | 🔴 Below Goal |
|---|---|---|---|
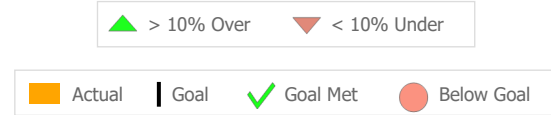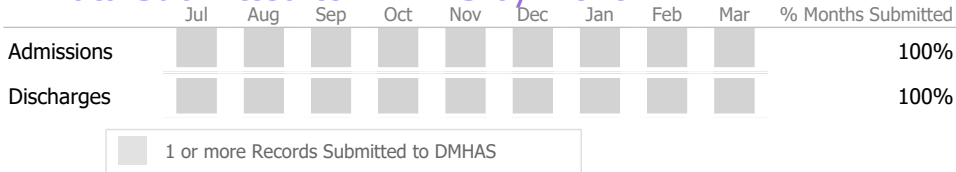
* State Avg based on 10 Active Respite Bed Programs

**Friendship Club 303-280**
Rushford Center
Mental Health - Social Rehabilitation - Social Rehabilitation

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2018 - March 2019  (Data as of Jun 19, 2019)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 149 | 148 | 1% | |
| Admits | 69 | 75 | -8% | |
| Discharges | 67 | 79 | -15% | ▼ |
| Service Hours | 396 | 2 | | |
| Social Rehab/PHP/IOP Days | 3,016 | 3,388 | -11% | ▼ |

## Service Utilization

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| ✓ Clients Receiving Services | | 81 | 92% | 90% | 73% | 2% |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | % Months Submitted |
|---|---|---|---|---|---|---|---|---|---|---|
| Admissions | ▪ | ▪ | ▪ | ▪ | ▪ | ▪ | ▪ | ▪ | ▪ | 100% |
| Discharges | ▪ | ▪ | ▪ | ▪ | | ▪ | ▪ | ▪ | ▪ | 89% |
| Services | ▪ | ▪ | ▪ | ▪ | ▪ | ▪ | ▪ | ▪ | ▪ | 100% |

▪ 1 or more Records Submitted to DMHAS

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

| ▪ Actual | ❘ Goal | ✓ Goal Met | ● Below Goal |
|---|---|---|---|
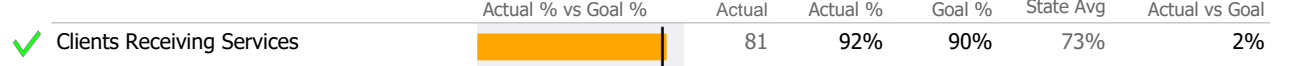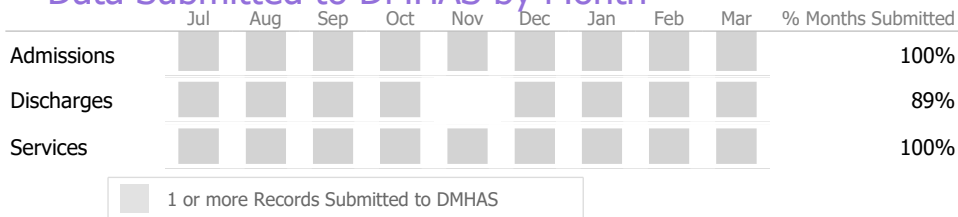
* State Avg based on 33 Active Social Rehabilitation Programs

**Homeless Case Management303-294**
Rushford Center
Mental Health - Case Management - Outreach & Engagement

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2018 - March 2019  (Data as of Jun 19, 2019)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 17 | 30 | -43% | ▼ |
| Admits | 13 | 21 | -38% | ▼ |
| Discharges | 15 | 23 | -35% | ▼ |
| Service Hours | 51 | 143 | -64% | ▼ |

## Service Engagement
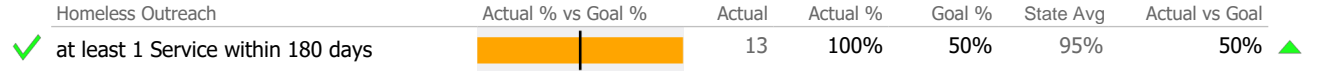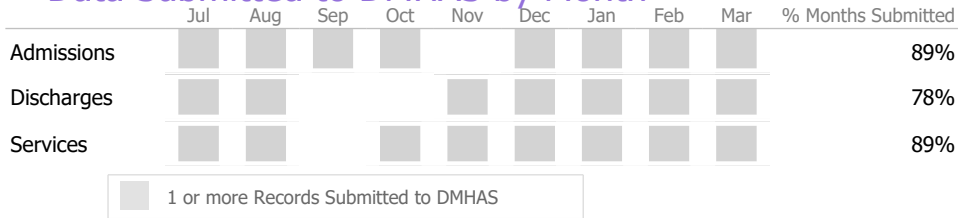
| Homeless Outreach | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ✓ at least 1 Service within 180 days | | 13 | 100% | 50% | 95% | 50% | ▲ |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | % Months Submitted |
|---|---|---|---|---|---|---|---|---|---|---|
| Admissions | ▢ | ▢ | ▢ | ▢ | | ▢ | ▢ | ▢ | ▢ | 89% |
| Discharges | ▢ | ▢ | | | ▢ | ▢ | ▢ | ▢ | ▢ | 78% |
| Services | ▢ | ▢ | | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | 89% |

▢ 1 or more Records Submitted to DMHAS

▲ > 10% Over    ▼ < 10% Under

🟧 Actual    | Goal    ✓ Goal Met    🔴 Below Goal

* State Avg based on 42 Active Outreach & Engagement Programs

**Latino Clinical Prog.OP303-211**
Rushford Center
Mental Health - Outpatient - Standard Outpatient

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2018 - March 2019  (Data as of Jun 19, 2019)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % |
|---|---|---|---|
| Unique Clients | 188 | 207 | -9% |
| Admits | 46 | 72 | -36% ▼ |
| Discharges | 55 | 60 | -8% |
| Service Hours | 2,736 | 2,930 | -7% |

## Data Submission Quality

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

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| ✔ 6 Month Updates | | 66% | 63% |

| Cooccurring | | Actual | State Avg |
|---|---|---|---|
| MH Screen Complete | | 90% | 92% |
| SA Screen Complete | | 89% | 92% |

| Diagnosis | | Actual | State Avg |
|---|---|---|---|
| ✔ Valid Axis I Diagnosis | | 100% | 97% |
| ✔ Valid Axis V GAF Score | | 100% | 91% |

## Discharge Outcomes

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| ✔ Treatment Completed Successfully | | 29 | 53% | 50% | 52% | 3% |

## Recovery

| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| ✔ Social Support | | 171 | 84% | 60% | 67% | 24% ▲ |
| ✔ Stable Living Situation | | 198 | 98% | 95% | 85% | 3% |
| ● Employed | | 18 | 9% | 30% | 25% | -21% ▼ |
| ● Improved/Maintained Axis V GAF Score | | 103 | 56% | 75% | 51% | -19% ▼ |

## Service Utilization

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| ✔ Clients Receiving Services | | 138 | 93% | 90% | 86% | 3% |

## Service Engagement

| Outpatient | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| ✔ 2 or more Services within 30 days | | 33 | 80% | 75% | 69% | 5% |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | % Months Submitted |
|---|---|---|---|---|---|---|---|---|---|---|
| Admissions | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | 100% |
| Discharges | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | ▢ | 100% |
| Services | ▢ | ▢ | ▢ | | ▢ | ▢ | ▢ | ▢ | ▢ | 89% |

▢ 1 or more Records Submitted to DMHAS

▲ > 10% Over    ▼ < 10% Under

■ Actual    | Goal    ✔ Goal Met    ● Below Goal

* State Avg based on 94 Active Standard Outpatient Programs

**Meriden Independent Lvg303-265**
Rushford Center
Mental Health - Residential Services - Supervised Apartments

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2018 - March 2019  (Data as of Jun 19, 2019)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 23 | 25 | -8% | |
| Admits | 5 | 14 | -64% | ▼ |
| Discharges | 4 | 14 | -71% | ▼ |
| Bed Days | 5,184 | 4,087 | 27% | ▲ |

## Data Submission Quality

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

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| ✓ 6 Month Updates | | 100% | 84% |

| Cooccurring | | Actual | State Avg |
|---|---|---|---|
| ✓ MH Screen Complete | | 100% | 87% |
| ✓ SA Screen Complete | | 100% | 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 | | 2 | 50% | 60% | 68% | -10% | ▼ |
| 🔴 Follow-up within 30 Days of Discharge | | 1 | 50% | 90% | 65% | -40% | ▼ |

## Recovery

| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ✓ Social Support | | 21 | 91% | 60% | 82% | 31% | ▲ |
| ✓ Employed | | 8 | 35% | 25% | 13% | 10% | |
| ✓ Stable Living Situation | | 23 | 100% | 95% | 96% | 5% | |
| ✓ Improved/Maintained Axis V GAF Score | | 20 | 95% | 95% | 65% | 0% | |

## Bed Utilization

| | 12 Months Trend | Beds | Avg LOS | Turnover | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|---|---|
| ✓ Avg Utilization Rate | | 21 | 1,237 days | 0.3 | 90% | 90% | 94% | 0% |

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

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | % Months Submitted |
|---|---|---|---|---|---|---|---|---|---|---|
| Admissions | ▢ | ▢ | | ▢ | | | | | ▢ | 44% |
| Discharges | ▢ | | ▢ | | ▢ | | ▢ | | | 44% |

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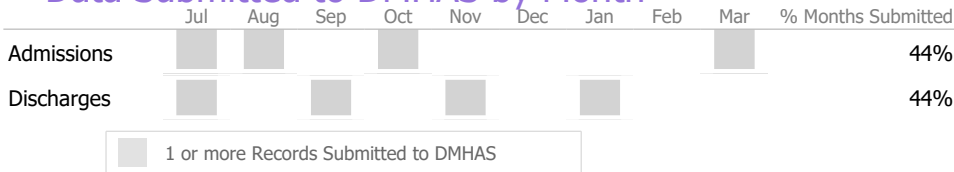
▲ > 10% Over    ▼ < 10% Under

| Actual | Goal | ✓ Goal Met | 🔴 Below Goal |
|---|---|---|---|

* State Avg based on 79 Active Supervised Apartments Programs

**MISA Outpatient 925200**
Rushford Center
Addiction - Outpatient - Standard Outpatient

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2018 - March 2019  (Data as of Jun 19, 2019)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 7 | 35 | -80% | ▼ |
| Admits | 3 | 32 | -91% | ▼ |
| Discharges | 3 | 28 | -89% | ▼ |
| Service Hours | 216 | 199 | 9% | |

## Data Submission Quality

| Data Entry | Actual % vs State Avg | Actual | State Avg |
|---|---|---|---|
| ✓ Valid NOMS Data | | 100% | 92% |
| ✓ Valid TEDS Data | | 100% | 88% |

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| ✓ 6 Month Updates | | 100% | 25% |

| Cooccurring | | Actual | State Avg |
|---|---|---|---|
| ✓ MH Screen Complete | | 100% | 95% |
| ✓ SA Screen Complete | | 100% | 99% |

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

## Discharge Outcomes

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ✓ Treatment Completed Successfully | | 2 | 67% | 50% | 54% | 17% | ▲ |

## Recovery

| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ✓ Not Arrested | | 9 | 100% | 75% | 83% | 25% | ▲ |
| ✓ Improved/Maintained Axis V GAF Score | | 6 | 86% | 75% | 57% | 11% | ▲ |
| ✓ Stable Living Situation | | 9 | 100% | 95% | 81% | 5% | |
| ✓ Self Help | | 6 | 67% | 60% | 31% | 7% | |
| ● Abstinence/Reduced Drug Use | | 3 | 33% | 55% | 51% | -22% | ▼ |
| ● Employed | | 0 | 0% | 50% | 41% | -50% | ▼ |

## Service Utilization

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ✓ Clients Receiving Services | | 6 | 100% | 90% | 60% | 10% | |

## Service Engagement

| Outpatient | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ✓ 2 or more Services within 30 days | | 2 | 100% | 75% | 65% | 25% | ▲ |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | % Months Submitted |
|---|---|---|---|---|---|---|---|---|---|---|
| Admissions | ▪ | | | | | | | | ▪ | 22% |
| Discharges | | | | ▪ | ▪ | | | | | 22% |
| Services | ▪ | ▪ | ▪ | | ▪ | ▪ | ▪ | ▪ | ▪ | 89% |

☐ 1 or more Records Submitted to DMHAS

▲ > 10% Over     ▼ < 10% Under

■ Actual | Goal  ✓ Goal Met  ● Below Goal
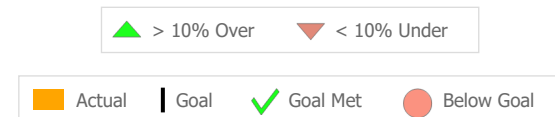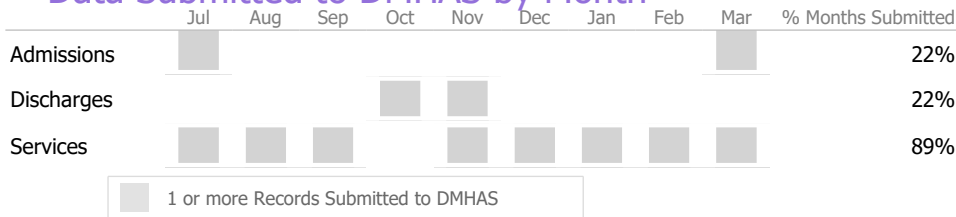
* State Avg based on 113 Active Standard Outpatient Programs

**Mobile Crisis Program**
Rushford Center
Mental Health - Crisis Services - Mobile Crisis Team

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
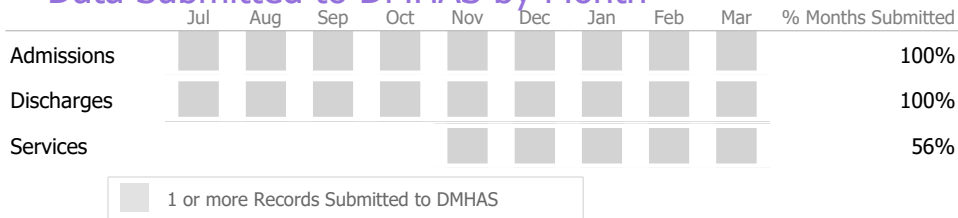Reporting Period: July 2018 - March 2019  (Data as of Jun 19, 2019)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 82 | 106 | -23% | ▼ |
| Admits | 92 | 120 | -23% | ▼ |
| Discharges | 90 | 120 | -25% | ▼ |
| Service Hours | 3 | 1 | 175% | ▲ |

## Crisis

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✓ | Evaluation within 1.5 hours of Request | | 80 | 95% | 75% | 69% | 20% | ▲ |
| ● | Community Location Evaluation | | 57 | 68% | 80% | 92% | -12% | ▼ |
| ● | Follow-up Service within 48 hours | | 20 | 50% | 90% | 87% | -40% | ▼ |

## Data Submitted to DMHAS by Month

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

▪ 1 or more Records Submitted to DMHAS

▲ > 10% Over     ▼ < 10% Under

■ Actual   | Goal   ✓ Goal Met   ● Below Goal

* State Avg based on 26 Active Mobile Crisis Team Programs

**Outpatient 925202**
Rushford Center
Addiction - Outpatient - Standard Outpatient

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2018 - March 2019  (Data as of Jun 19, 2019)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 271 | 284 | -5% | |
| Admits | 198 | 246 | -20% | ▼ |
| Discharges | 195 | 249 | -22% | ▼ |
| Service Hours | 2,030 | 1,869 | 9% | |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| ✓ Valid NOMS Data | | 100% | 92% |
| ✓ Valid TEDS Data | | 100% | 88% |

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| ✓ 6 Month Updates | | 63% | 25% |

| Cooccurring | | Actual | State Avg |
|---|---|---|---|
| ✓ MH Screen Complete | | 100% | 95% |
| ✓ SA Screen Complete | | 100% | 99% |

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

## Discharge Outcomes

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ✓ Treatment Completed Successfully | | 138 | 71% | 50% | 54% | 21% | ▲ |

## Recovery

| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ✓ Not Arrested | | 254 | 89% | 75% | 83% | 14% | ▲ |
| ✓ Abstinence/Reduced Drug Use | | 182 | 64% | 55% | 51% | 9% | |
| ✓ Employed | | 169 | 60% | 50% | 41% | 10% | |
| ✓ Stable Living Situation | | 269 | 95% | 95% | 81% | 0% | |
| ✓ Improved/Maintained Axis V GAF Score | | 165 | 77% | 75% | 57% | 2% | |
| ● Self Help | | 107 | 38% | 60% | 31% | -22% | ▼ |

## Service Utilization

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ✓ Clients Receiving Services | | 87 | 98% | 90% | 60% | 8% | |

## Service Engagement

| Outpatient | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ✓ 2 or more Services within 30 days | | 171 | 90% | 75% | 65% | 15% | ▲ |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | % Months Submitted |
|---|---|---|---|---|---|---|---|---|---|---|
| Admissions | | | | | | | | | | 100% |
| Discharges | | | | | | | | | | 100% |
| Services | | | | | | | | | | 89% |

1 or more Records Submitted to DMHAS

▲ > 10% Over    ▼ < 10% Under

Actual | Goal   ✓ Goal Met   ● Below Goal

\* State Avg based on 113 Active Standard Outpatient Programs

**Parker North**
Rushford Center
Mental Health - Residential Services - MH Intensive Res. Rehabilitation

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2018 - March 2019  (Data as of Jun 19, 2019)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 6 | 5 | 20% | ▲ |
| Admits | 1 | 1 | 0% | |
| Discharges | 1 | - | | |
| Bed Days | 1,294 | 1,338 | -3% | |

## Discharge Outcomes

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✓ | Treatment Completed Successfully | | 1 | 100% | 75% | 54% | 25% | ▲ |
| ✓ | No Re-admit within 30 Days of Discharge | | 1 | 100% | 85% | 77% | 15% | ▲ |
| ✓ | Follow-up within 30 Days of Discharge | | 1 | 100% | 90% | 82% | 10% | |

## Data Submission Quality

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

| | On-Time Periodic | | Actual | State Avg |
|---|---|---|---|---|
| ✓ | 6 Month Updates | | 100% | 95% |

| | Cooccurring | | Actual | State Avg |
|---|---|---|---|---|
| | MH Screen Complete | | 0% | 91% |
| | SA Screen Complete | | 0% | 91% |

| | Diagnosis | | Actual | State Avg |
|---|---|---|---|---|
| ✓ | Valid Axis I Diagnosis | | 100% | 95% |
| ✓ | Valid Axis V GAF Score | | 100% | 89% |

## Recovery

| | National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✓ | Improved/Maintained Axis V GAF Score | | 5 | 100% | 75% | 54% | 25% | ▲ |

## Bed Utilization

| | | 12 Months Trend | Beds | Avg LOS | Turnover | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|---|---|---|
| ✓ | Avg Utilization Rate | | 5 | 1,020 days | 0.3 | 94% | 90% | 93% | 4% |

| | < 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
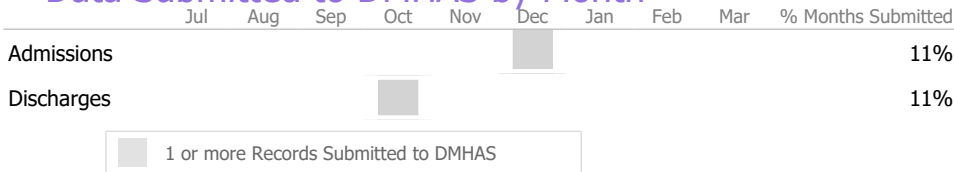
▲ > 10% Over   ▼ < 10% Under

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

* State Avg based on 28 Active MH Intensive Res. Rehabilitation Programs

**Pilots Program 303-551**
Rushford Center
Mental Health - Case Management - Supportive Housing – Scattered Site

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2018 - March 2019  (Data as of Jun 19, 2019)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % |
|---|---|---|---|
| Unique Clients | 23 | 23 | 0% |
| Admits | - | - | |
| Discharges | - | 1 | -100% ▼ |
| Service Hours | 195 | 209 | -7% |

## Recovery

| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| ✓ Stable Living Situation | | 23 | 100% | 85% | 86% | 15% ▲ |

## Service Utilization

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| ✓ Clients Receiving Services | | 23 | 100% | 90% | 97% | 10% |

## Data Submission Quality

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

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| 6 Month Updates | | 65% | 89% |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | % Months Submitted |
|---|---|---|---|---|---|---|---|---|---|---|
| Admissions | | | | | | | | | | 0% |
| 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 96 Active Supportive Housing – Scattered Site Programs

**Res Intensive (DMHAS) 925601**
Rushford Center
Addiction - Residential Services - SA Intensive Res. Rehabilitation 3.7

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2018 - March 2019  (Data as of Jun 19, 2019)
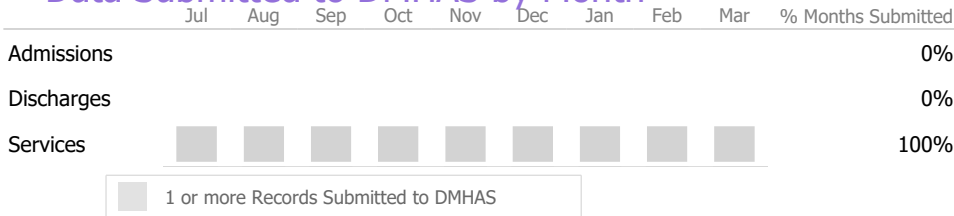
## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % |
|---|---|---|---|
| Unique Clients | 516 | 540 | -4% |
| Admits | 514 | 539 | -5% |
| Discharges | 522 | 547 | -5% |
| Bed Days | 9,981 | 10,226 | -2% |

## Discharge Outcomes

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|---|
| ✓ | Treatment Completed Successfully | | 432 | 83% | 80% | 81% | 3% |
| ✓ | No Re-admit within 30 Days of Discharge | | 488 | 93% | 85% | 93% | 8% |
| ● | Follow-up within 30 Days of Discharge | | 230 | 53% | 90% | 62% | -37% ▼ |

## Data Submission Quality

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

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

| Cooccurring | Actual | State Avg |
|---|---|---|
| MH Screen Complete | 95% | 97% |
| SA Screen Complete | 96% | 97% |

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

## Recovery

| National Recovery Measures (NOMS) | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|---|
| ✓ | Self Help | | 404 | 73% | 60% | 74% | 13% ▲ |
| ✓ | Improved/Maintained Axis V GAF Score | | 470 | 90% | 75% | 88% | 15% ▲ |
| ✓ | Abstinence/Reduced Drug Use | | 414 | 75% | 70% | 68% | 5% |

## Bed Utilization

| | | 12 Months Trend | Beds | Avg LOS | Turnover | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|---|---|---|
| ✓ | Avg Utilization Rate | | 34 | 21 days | 0.1 | 107% | 90% | 99% | 17% ▲ |

- < 90%   90-110%   >110%

## Data Submitted to DMHAS by Month

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

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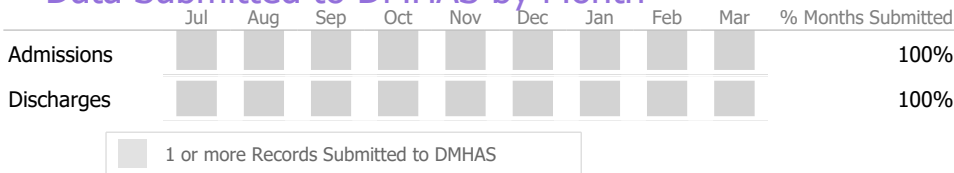
▲ > 10% Over    ▼ < 10% Under

Actual | Goal | ✓ Goal Met | ● Below Goal

* State Avg based on 8 Active SA Intensive Res. Rehabilitation 3.7 Programs

**Resid. Med. Monit. Detox925600**
Rushford Center
Addiction - Residential Services - Medically Monitored Detox 3.7D

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2018 - March 2019  (Data as of Jun 19, 2019)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % |
|---|---|---|---|
| Unique Clients | 954 | 1,033 | -8% |
| Admits | 1,099 | 1,194 | -8% |
| Discharges | 1,099 | 1,191 | -8% |
| Bed Days | 4,383 | 4,472 | -2% |

## Discharge Outcomes

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|---|
| 🔴 | Treatment Completed Successfully | | 852 | 78% | 80% | 75% | -2% |
| ✅ | No Re-admit within 30 Days of Discharge | | 952 | 87% | 85% | 81% | 2% |
| 🔴 | Follow-up within 30 Days of Discharge | | 456 | 54% | 90% | 56% | -36% ▼ |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| Valid NOMS Data | | 98% | 99% |
| ✅ Valid TEDS Data | | 100% | 100% |

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

| Cooccurring | | Actual | State Avg |
|---|---|---|---|
| MH Screen Complete | | 99% | 100% |
| SA Screen Complete | | 99% | 100% |

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

## Bed Utilization

| | | 12 Months Trend | Beds | Avg LOS | Turnover | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|---|---|---|
| 🔴 | Avg Utilization Rate | | 19 | 4 days | 0.0 | 84% | 90% | 80% | -6% |

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

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | % 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 8 Active Medically Monitored Detox 3.7D Programs

**Rushford Community Support/RP Program**
Rushford Center
Mental Health - Community Support - CSP

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2018 - March 2019  (Data as of Jun 19, 2019)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 448 | 458 | -2% | |
| Admits | 119 | 125 | -5% | |
| Discharges | 120 | 146 | -18% | ▼ |
| Service Hours | 9,354 | 9,344 | 0% | |

## Discharge Outcomes

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| 🔴 | Treatment Completed Successfully | | 51 | 42% | 65% | 69% | -23% | ▼ |

## Recovery

| | National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✓ | Social Support | | 396 | 86% | 60% | 82% | 26% | ▲ |
| ✓ | Stable Living Situation | | 414 | 90% | 80% | 92% | 10% | |
| 🔴 | Employed | | 52 | 11% | 20% | 13% | -9% | |
| 🔴 | Improved/Maintained Axis V GAF Score | | 208 | 53% | 65% | 65% | -12% | ▼ |

## Service Utilization

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✓ | Clients Receiving Services | | 330 | 98% | 90% | 99% | 8% | |

## Data Submission Quality

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

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| | 6 Month Updates | 59% | 82% |

| Cooccurring | | Actual | State Avg |
|---|---|---|---|
| ✓ | MH Screen Complete | 96% | 90% |
| ✓ | SA Screen Complete | 97% | 90% |

| Diagnosis | | Actual | State Avg |
|---|---|---|---|
| ✓ | Valid Axis I Diagnosis | 100% | 98% |
| ✓ | Valid Axis V GAF Score | 100% | 96% |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | % 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 37 Active CSP Programs

**Shelter Plus Care 303-292**
Rushford Center
Mental Health - Case Management - Supportive Housing – Scattered Site

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2018 - March 2019  (Data as of Jun 19, 2019)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % |
|---|---|---|---|
| Unique Clients | 26 | 26 | 0% |
| Admits | 3 | - | |
| Discharges | 3 | 1 | 200% ▲ |
| Service Hours | 240 | 242 | -1% |

## Recovery

| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| ✓ Stable Living Situation | | 26 | 96% | 85% | 86% | 11% ▲ |

## Service Utilization

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|
| ✓ Clients Receiving Services | | 24 | 100% | 90% | 97% | 10% |

## Data Submission Quality

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

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| 6 Month Updates | | 73% | 89% |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | % Months Submitted |
|---|---|---|---|---|---|---|---|---|---|---|
| Admissions | | | ▪ | | ▪ | | | ▪ | | 33% |
| Discharges | ▪ | | | ▪ | | | | ▪ | | 33% |
| Services | ▪ | ▪ | ▪ | ▪ | ▪ | ▪ | ▪ | ▪ | ▪ | 100% |

□ 1 or more Records Submitted to DMHAS

▲ > 10% Over    ▼ < 10% Under

■ Actual    | Goal    ✓ Goal Met    ● Below Goal

* State Avg based on 96 Active Supportive Housing – Scattered Site Programs

**Stone Haven 925400**
Rushford Center
Addiction - Residential Services - Intermediate/Long Term Res.Tx 3.5

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2018 - March 2019  (Data as of Jun 19, 2019)
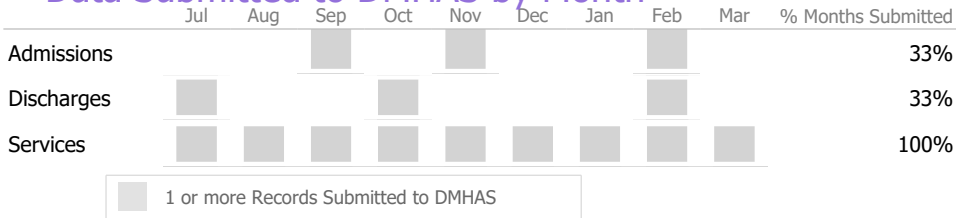
## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 91 | 92 | -1% | |
| Admits | 72 | 72 | 0% | |
| Discharges | 35 | 73 | -52% | ▼ |
| Bed Days | 9,616 | 5,652 | 70% | ▲ |

## Discharge Outcomes

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✓ | Treatment Completed Successfully | | 27 | 77% | 70% | 75% | 7% | |
| ● | No Re-admit within 30 Days of Discharge | | 29 | 83% | 85% | 93% | -2% | |
| ● | Follow-up within 30 Days of Discharge | | 11 | 41% | 90% | 68% | -49% | ▼ |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| ✓ | Valid NOMS Data | 98% | 95% |
| ✓ | Valid TEDS Data | 100% | 100% |

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| | 6 Month Updates | 0% | 3% |

| Cooccurring | | Actual | State Avg |
|---|---|---|---|
| ✓ | MH Screen Complete | 96% | 96% |
| ✓ | SA Screen Complete | 99% | 96% |

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

## Recovery

| National Recovery Measures (NOMS) | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✓ | Abstinence/Reduced Drug Use | | 72 | 77% | 70% | 80% | 7% | |
| ● | Improved/Maintained Axis V GAF Score | | 31 | 65% | 95% | 78% | -30% | ▼ |

## Bed Utilization

| | | 12 Months Trend | Beds | Avg LOS | Turnover | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|---|---|
| ✓ | Avg Utilization Rate | | 26 | 163 days | 0.2 | 135% | 90% | 103% | 45% | ▲ |

■ < 90%    ■ 90-110%    ■ >110%

## Data Submitted to DMHAS by Month

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

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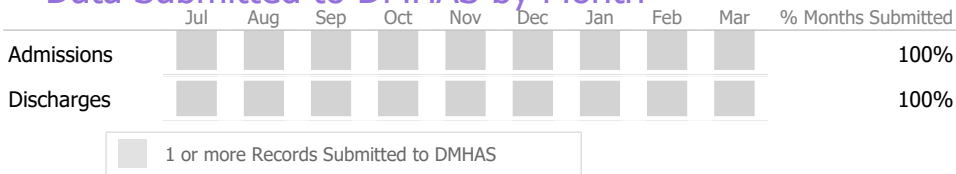
▲ > 10% Over    ▼ < 10% Under

■ Actual  | Goal  ✓ Goal Met  ● Below Goal

* State Avg based on 28 Active Intermediate/Long Term Res.Tx 3.5 Programs

**SUD CM/ Substance Use Disorder Case Management**
Rushford Center
Addiction - Case Management - Standard Case Management

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2018 - March 2019  (Data as of Jun 19, 2019)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 289 | 339 | -15% | ▼ |
| Admits | 315 | 350 | -10% | |
| Discharges | 312 | 339 | -8% | |
| Service Hours | 209 | 198 | 5% | |

## Discharge Outcomes

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✓ | Treatment Completed Successfully | | 310 | 99% | 50% | 61% | 49% | ▲ |

## Recovery

| | National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✓ | Employed | | 119 | 37% | 20% | 29% | 17% | ▲ |
| ✓ | Self Help | | 238 | 74% | 60% | 61% | 14% | ▲ |
| ✓ | Stable Living Situation | | 292 | 90% | 80% | 78% | 10% | |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| ✓ Valid NOMS Data | | 100% | 90% |

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| 6 Month Updates | | N/A | 50% |

## Service Utilization

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|---|
| ✓ | Clients Receiving Services | | 11 | 100% | 90% | 81% | 10% |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | % 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 8 Active Standard Case Management Programs

**Turning Point OP 560200**
Rushford Center
Addiction - Outpatient - Standard Outpatient

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2018 - March 2019  (Data as of Jun 19, 2019)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 229 | 203 | 13% | ▲ |
| Admits | 163 | 163 | 0% | |
| Discharges | 151 | 143 | 6% | |
| Service Hours | 1,678 | 1,277 | 31% | ▲ |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| ✔ | Valid NOMS Data | 99% | 92% |
| ✔ | Valid TEDS Data | 100% | 88% |

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| ✔ | 6 Month Updates | 74% | 25% |

| Cooccurring | | Actual | State Avg |
|---|---|---|---|
| ✔ | MH Screen Complete | 100% | 95% |
| ✔ | SA Screen Complete | 100% | 99% |

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

## Discharge Outcomes

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✔ | Treatment Completed Successfully | | 91 | 60% | 50% | 54% | 10% | ▲ |

## Recovery

| National Recovery Measures (NOMS) | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✔ | Not Arrested | | 220 | 92% | 75% | 83% | 17% | ▲ |
| ✔ | Abstinence/Reduced Drug Use | | 151 | 63% | 55% | 51% | 8% | |
| ✔ | Stable Living Situation | | 228 | 95% | 95% | 81% | 0% | |
| ● | Employed | | 112 | 47% | 50% | 41% | -3% | |
| ● | Self Help | | 88 | 37% | 60% | 31% | -23% | ▼ |
| ● | Improved/Maintained Axis V GAF Score | | 106 | 61% | 75% | 57% | -14% | ▼ |

## Service Utilization

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|---|
| ✔ | Clients Receiving Services | | 88 | 99% | 90% | 60% | 9% |

## Service Engagement

| Outpatient | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✔ | 2 or more Services within 30 days | | 137 | 88% | 75% | 65% | 13% | ▲ |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | % Months Submitted |
|---|---|---|---|---|---|---|---|---|---|---|
| Admissions | | | | | | | | | | 100% |
| Discharges | | | | | | | | | | 100% |
| Services | | | | | | | | | | 89% |

☐ 1 or more Records Submitted to DMHAS

▲ > 10% Over     ▼ < 10% Under

🟧 Actual     | Goal     ✔ Goal Met     ● Below Goal

\* State Avg based on 113 Active Standard Outpatient Programs

**YAS ACT - 269**
Rushford Center
Mental Health - ACT - Assertive Community Treatment

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2018 - March 2019  (Data as of Jun 19, 2019)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 10 | 12 | -17% | ▼ |
| Admits | 1 | 4 | -75% | ▼ |
| Discharges | 2 | 3 | -33% | ▼ |
| Bed Days | 2,517 | 2,767 | -9% | |

## Data Submission Quality

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

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| ✓ 6 Month Updates | | 88% | 88% |

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

| Diagnosis | | Actual | State Avg |
|---|---|---|---|
| ✓ Valid Axis I Diagnosis | | 100% | 98% |
| ✓ Valid Axis V GAF Score | | 100% | 89% |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | % Months Submitted |
|---|---|---|---|---|---|---|---|---|---|---|
| Admissions | | ■ | | | | | | | | 11% |
| Discharges | | | | ■ | | | | ■ | | 22% |

■ 1 or more Records Submitted to DMHAS

## Discharge Outcomes

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| 🔴 Treatment Completed Successfully | | 1 | 50% | 65% | 60% | -15% | ▼ |
| ✓ No Re-admit within 30 Days of Discharge | | 2 | 100% | 85% | 93% | 15% | ▲ |
| 🔴 Follow-up within 30 Days of Discharge | | 0 | 0% | 90% | 47% | -90% | ▼ |

## Recovery

| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ✓ Social Support | | 10 | 100% | 60% | 79% | 40% | ▲ |
| ✓ Stable Living Situation | | 10 | 100% | 60% | 91% | 40% | ▲ |
| ✓ Improved/Maintained Axis V GAF Score | | 9 | 90% | 85% | 56% | 5% | |
| ✓ Employed | | 2 | 20% | 15% | 14% | 5% | |

## Bed Utilization

| | 12 Months Trend | Beds | Avg LOS | Turnover | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|---|---|
| ✓ Avg Utilization Rate | | 10 | 739 days | 0.3 | 92% | 90% | 92% | 2% |

🟦 < 90%   ⬜ 90-110%   🟥 >110%
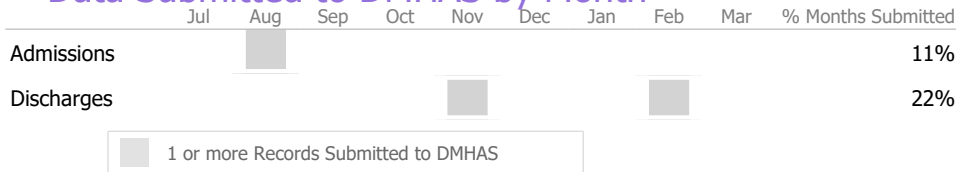
▲ > 10% Over   ▼ < 10% Under

🟧 Actual   | Goal   ✓ Goal Met   🔴 Below Goal

* State Avg based on 23 Active Assertive Community Treatment Programs