

Provider Activity

| 12 Month Trend | Measure | Actual | 1 Yr Ago | Variance % |
|----------------|-----------------|--------|----------|------------|
| | Unique Clients | 459 | 460 | 0% |
| | Admits | 259 | 236 | 10% |
| | Discharges | 266 | 219 | 21% ▲ |
| | Service Hours | 7,977 | 8,286 | -4% |
| | S.Rehab/PHP/IOP | 7,734 | 8,867 | -13% ▼ |

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

Consumer Satisfaction Survey (Based on 207 FY12 Surveys)

| Question Domain | Satisfied % vs Goal% | Satisfied % | Goal % | State Avg |
|-------------------------------|----------------------|-------------|--------|-----------|
| ✓ General Satisfaction | | 97% | 80% | 92% |
| ✓ Access | | 95% | 80% | 88% |
| ✓ Quality and Appropriateness | | 94% | 80% | 93% |
| ✓ Overall | | 94% | 80% | 91% |
| ✓ Participation in Treatment | | 94% | 80% | 92% |
| ✓ Respect | | 92% | 80% | 91% |
| ✓ Outcome | | 84% | 80% | 83% |
| ● Recovery | | 78% | 80% | 79% |

■ Satisfied % | ■ Goal % ■ 0-80% ■ 80-100% ✓ Goal Met ● Under Goal

Unique Clients by Level of Care

| Program Type | Level of Care Type | # | % |
|----------------------|-----------------------|-----|-------|
| Mental Health | Social Rehabilitation | 228 | 49.7% |
| | Case Management | 214 | 46.6% |
| | Community Support | 163 | 35.5% |
| | Recovery Support | 12 | 2.6% |

Client Demographics

| Age | # | % | State Avg | Gender | # | % | State Avg | |
|------------------|-------------------|-----|-----------|-------------|---------------------------------|-----|-----------|-----|
| 18-25 | 49 | 11% | 17% | Male | 236 | 51% | 60% | |
| 26-34 | 55 | 12% | 22% | Female | 223 | 49% | 40% | |
| 35-44 | 72 | 16% | 20% | Race | White/Caucasian | 362 | 79% ▲ | 64% |
| 45-54 | 156 | 34% | 24% | | Black/African American | 60 | 13% | 17% |
| 55-64 | 97 | 21% | 13% | | Other | 27 | 6% | 15% |
| 65+ | 29 | 6% | 4% | | Asian | 7 | 2% | 1% |
| Ethnicity | Non-Hispanic | 409 | 89% ▲ | 74% | Am. Indian/Native Alaskan | 1 | 0% | 1% |
| | Hispanic-Other | 26 | 6% | 7% | Multiple Races | 1 | 0% | 1% |
| | Hisp-Puerto Rican | 20 | 4% | 12% | Unknown | 1 | 0% | 2% |
| | Hispanic-Mexican | 2 | 0% | 0% | Hawaiian/Other Pacific Islander | | | 0% |
| Unknown | 2 | 0% | 7% | | | | | |
| Hispanic-Cuban | | | 0% | | | | | |

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

Program Activity

| Measure | Actual | 1 Yr Ago | Variance % |
|----------------|--------|----------|------------|
| Unique Clients | 4 | 3 | 33% ▲ |
| Admits | 2 | - | |
| Discharges | 1 | 1 | 0% |
| Service Hours | 170 | 87 | 95% ▲ |

Recovery

| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|-----------------------------------|--------------------|--------|----------|--------|-----------|----------------|
| Stable Living Situation | | 3 | 75% | 85% | 80% | -10% |

Service Utilization

| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|-----------------------------------|--------------------|--------|----------|--------|-----------|----------------|
| Clients Receiving Services | | 3 | 100% | 90% | 90% | 10% |

Data Submission Quality

| Data Entry | Actual | State Avg |
|------------------|--------|-----------|
| Valid NOMS Data | | 98% |
| On-Time Periodic | Actual | State Avg |
| 6 Month Updates | | 59% |

Data Submitted to DMHAS by Month



▲ > 10% Over ▼ < 10% Under

Actual | Goal Goal Met Below Goal

* State Avg based on 52 Active Supportive Housing – Development Programs

Program Activity

| Measure | Actual | 1 Yr Ago | Variance % |
|----------------|--------|----------|------------|
| Unique Clients | 163 | 84 | 94% ▲ |
| Admits | 120 | 30 | 300% ▲ |
| Discharges | 52 | 39 | 33% ▲ |
| Service Hours | 4,797 | 3,731 | 29% ▲ |

Data Submission Quality

| Data Entry | Actual | State Avg |
|------------------------|--------|-----------|
| Valid NOMS Data | 100% | 92% |
| On-Time Periodic | Actual | State Avg |
| 6 Month Updates | 100% | 66% |
| Cooccurring | Actual | State Avg |
| MH Screen Complete | 100% | 64% |
| SA Screen Complete | 100% | 67% |
| Diagnosis | Actual | State Avg |
| Valid Axis I Diagnosis | 100% | 99% |
| Valid Axis V GAF Score | 100% | 99% |

Discharge Outcomes

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|----------------------------------|--------------------|--------|----------|--------|-----------|----------------|
| Treatment Completed Successfully | | 40 | 77% | 65% | 49% | 12% ▲ |

Recovery

| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|--------------------------------------|--------------------|--------|----------|--------|-----------|----------------|
| Social Support | | 166 | 98% | 60% | 61% | 38% ▲ |
| Stable Living Situation | | 162 | 96% | 80% | 86% | 16% ▲ |
| Employed | | 49 | 29% | 20% | 10% | 9% |
| Improved/Maintained Axis V GAF Score | | 138 | 95% | 95% | 49% | 0% |

Service Utilization

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|----------------------------|--------------------|--------|----------|--------|-----------|----------------|
| Clients Receiving Services | | 121 | 100% | 90% | 97% | 10% |

Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | % Months Submitted |
|------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--------------------|
| Admissions | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | 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 40 Active CSP Programs

Program Activity

| Measure | Actual | 1 Yr Ago | Variance % |
|----------------|--------|----------|------------|
| Unique Clients | 20 | 19 | 5% |
| Admits | 1 | 2 | -50% ▼ |
| Discharges | - | - | |
| Service Hours | 599 | 595 | 1% |

Recovery

| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|-----------------------------------|--------------------|--------|----------|--------|-----------|----------------|
| ✓ Stable Living Situation | | 18 | 90% | 85% | 90% | 5% |

Service Utilization

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|------------------------------|--------------------|--------|----------|--------|-----------|----------------|
| ● Clients Receiving Services | | 17 | 85% | 90% | 96% | -5% |

Data Submission Quality

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

| On-Time Periodic | Actual | State Avg |
|------------------|--------|-----------|
| 6 Month Updates | | 72% |

Data Submitted to DMHAS by Month



▲ > 10% Over ▼ < 10% Under

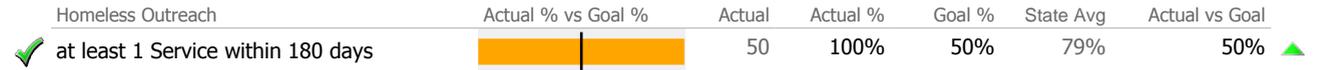
■ Actual | Goal ✓ Goal Met ● Below Goal

* State Avg based on 65 Active Supportive Housing – Scattered Site Programs

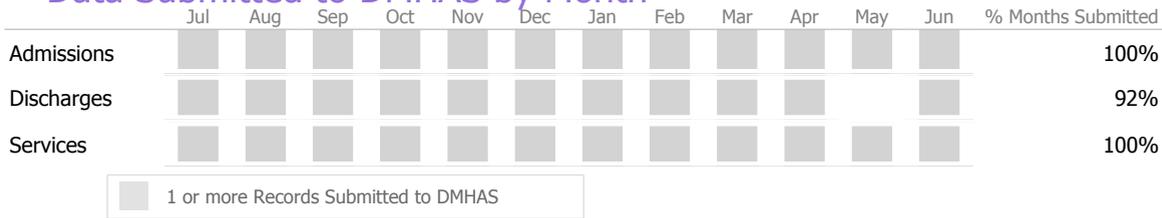
Program Activity

| Measure | Actual | 1 Yr Ago | Variance % |
|----------------|--------|----------|------------|
| Unique Clients | 96 | 113 | -15% ▼ |
| Admits | 50 | 68 | -26% ▼ |
| Discharges | 53 | 66 | -20% ▼ |
| Service Hours | 924 | 1,190 | -22% ▼ |

Service Engagement



Data Submitted to DMHAS by Month



* State Avg based on 39 Active Outreach & Engagement Programs

Mentoring 502-281

Catholic Charities of Fairfield County Inc.

Mental Health - Recovery Support - Peer Based Mentoring

Connecticut Dept of Mental Health and Addiction Services

Program Quality Dashboard

Reporting Period: July 2012 - June 2013 (Data as of Dec 16, 2013)

Program Activity

| Measure | Actual | 1 Yr Ago | Variance % |
|----------------|--------|----------|------------|
| Unique Clients | 12 | 18 | -33% ▼ |
| Admits | 5 | 9 | -44% ▼ |
| Discharges | 1 | 12 | -92% ▼ |

Data Submitted to DMHAS by Month



* State Avg based on 2 Active Peer Based Mentoring Programs

New Heights Soc Re 502-280

Catholic Charities of Fairfield County Inc.

Mental Health - Social Rehabilitation - Social Rehabilitation

Connecticut Dept of Mental Health and Addiction Services

Program Quality Dashboard

Reporting Period: July 2012 - June 2013 (Data as of Dec 16, 2013)

Program Activity

| Measure | Actual | 1 Yr Ago | Variance % |
|---------------------------|--------|----------|------------|
| Unique Clients | 228 | 216 | 6% |
| Admits | 70 | 67 | 4% |
| Discharges | 85 | 61 | 39% ▲ |
| Service Hours | - | - | |
| Social Rehab/PHP/IOP Days | 7,734 | 8,867 | -13% ▼ |

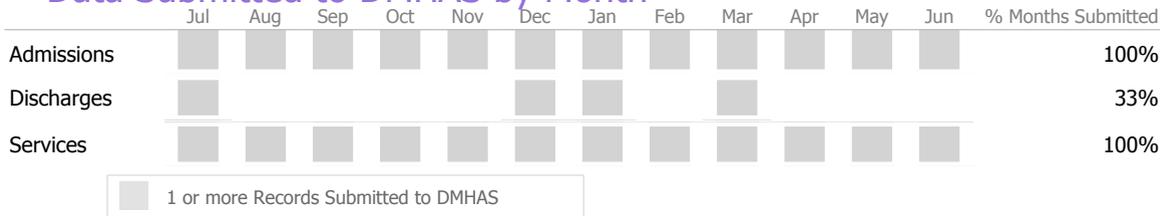
Service Utilization



Clients Receiving Services

| Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|--------------------|--------|----------|--------|-----------|----------------|
| | 145 | 99% | 90% | 82% | 9% |

Data Submitted to DMHAS by Month



* State Avg based on 38 Active Social Rehabilitation Programs

Next Steps Supportive Hsg, Bridgeport

Catholic Charities of Fairfield County Inc.

Mental Health - Case Management - Supportive Housing – Development

Connecticut Dept of Mental Health and Addiction Services

Program Quality Dashboard

Reporting Period: July 2012 - June 2013 (Data as of Dec 16, 2013)

Program Activity

| Measure | Actual | 1 Yr Ago | Variance % |
|----------------|--------|----------|------------|
| Unique Clients | 15 | 15 | 0% |
| Admits | - | - | |
| Discharges | 1 | - | |
| Service Hours | 424 | 673 | -37% ▼ |

Recovery

| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|-----------------------------------|--------------------|--------|----------|--------|-----------|----------------|
| ✓ Stable Living Situation | | 15 | 100% | 85% | 80% | 15% ▲ |

Service Utilization

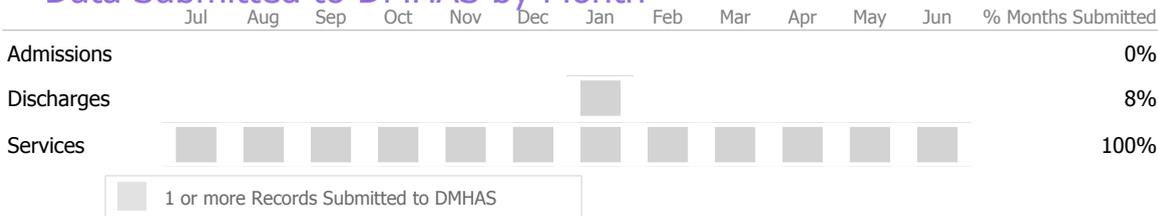
| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|-----------------------------------|--------------------|--------|----------|--------|-----------|----------------|
| ✓ Clients Receiving Services | | 14 | 100% | 90% | 90% | 10% |

Data Submission Quality

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

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

Data Submitted to DMHAS by Month



▲ > 10% Over ▼ < 10% Under

Actual | Goal Goal Met Below Goal

* State Avg based on 52 Active Supportive Housing – Development Programs

PILOTS Scattered Site 502-553

Catholic Charities of Fairfield County Inc.

Mental Health - Case Management - Supportive Housing – Scattered Site

Connecticut Dept of Mental Health and Addiction Services

Program Quality Dashboard

Reporting Period: July 2012 - June 2013 (Data as of Dec 16, 2013)

Program Activity

| Measure | Actual | 1 Yr Ago | Variance % |
|----------------|--------|----------|------------|
| Unique Clients | 7 | 7 | 0% |
| Admits | - | - | |
| Discharges | - | - | |
| Service Hours | 581 | 370 | 57% ▲ |

Recovery

| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|-----------------------------------|--------------------|--------|----------|--------|-----------|----------------|
| ✓ Stable Living Situation | | 7 | 100% | 85% | 90% | 15% ▲ |

Service Utilization

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|------------------------------|--------------------|--------|----------|--------|-----------|----------------|
| ✓ Clients Receiving Services | | 7 | 100% | 90% | 96% | 10% |

Data Submission Quality

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

| On-Time Periodic | Actual | State Avg |
|-------------------|--------|-----------|
| ✓ 6 Month Updates | | 72% |

Data Submitted to DMHAS by Month



▲ > 10% Over ▼ < 10% Under

■ Actual | Goal ✓ Goal Met ● Below Goal

* State Avg based on 65 Active Supportive Housing – Scattered Site Programs

Program Activity

| Measure | Actual | 1 Yr Ago | Variance % |
|----------------|--------|----------|------------|
| Unique Clients | 72 | 97 | -26% ▼ |
| Admits | 11 | 60 | -82% ▼ |
| Discharges | 73 | 40 | 83% ▲ |
| Service Hours | 312 | 1,640 | -81% ▼ |

Data Submission Quality

| Data Entry | Actual | State Avg |
|----------------------------------|--------|-----------|
| Valid NOMS Data | 100% | 86% |
| On-Time Periodic 6 Month Updates | N/A | 0% |
| Cooccurring | Actual | State Avg |
| MH Screen Complete | 100% | 36% |
| SA Screen Complete | 100% | 67% |
| Diagnosis | Actual | State Avg |
| Valid Axis I Diagnosis | 100% | 99% |
| Valid Axis V GAF Score | 100% | 98% |

Discharge Outcomes

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|----------------------------------|--------------------|--------|----------|--------|-----------|----------------|
| Treatment Completed Successfully | | 69 | 95% | 50% | 74% | 45% ▲ |

Recovery

| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|--------------------------------------|--------------------|--------|----------|--------|-----------|----------------|
| Social Support | | 69 | 95% | 60% | 58% | 35% ▲ |
| Stable Living Situation | | 70 | 96% | 85% | 84% | 11% ▲ |
| Improved/Maintained Axis V GAF Score | | 72 | 99% | 95% | 77% | 4% ▲ |
| Employed | | 14 | 19% | 25% | 10% | -6% ▼ |

Service Utilization

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

Data Submitted to DMHAS by Month

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

■ 1 or more Records Submitted to DMHAS

▲ > 10% Over ▼ < 10% Under

Actual
 |
 Goal
 ✓ Goal Met
 ● Below Goal

* State Avg based on 24 Active Recovery Pathways Programs