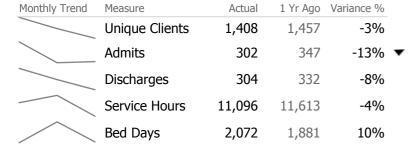
Connecticut Dept of Mental Health and Addiction Services
Provider Quality Dashboard

Reporting Period: July 2018 - September 2018 (Data as of Dec 13, 2018)

Provider Activity





Clients by Level of Care

| Program Type | Level of Care Type | # | % |
|--------------|---------------------------|-----|-------|
| Mental He | ealth | | |
| | Outpatient | 925 | 39.0% |
| | Social Rehabilitation | 675 | 28.5% |
| | ACT | 152 | 6.4% |
| | Community Support | 139 | 5.9% |
| | Crisis Services | 87 | 3.7% |
| | Intake | 57 | 2.4% |
| | Inpatient Services | 20 | 0.8% |
| | Other | 20 | 0.8% |
| | Residential Services | 8 | 0.3% |
| Forensic N | 4H | | |
| F | Forensics Community-based | 161 | 6.8% |
| | Outpatient | 44 | 1.9% |
| | Case Management | 23 | 1.0% |
| Forensic S | 5A | | |
| F | orensics Community-based | 59 | 2.5% |

Consumer Satisfaction Survey (Based on 258 FY18 Surveys)



Client Demographics

| Age | # | % | State Avg | Gender | # | % | State Avg |
|----------------------|----------|--------|-----------|---------------------------------|---------|---------|--------------|
| 18-25 <mark> </mark> | 148 | 11% | 10% | Male | 862 | 61% | 58% |
| 26-34 | 228 | 16% | 22% | Female | 542 | 38% | 41% |
| 35-44 | 270 | 19% | 20% | Transgender | 4 | 0% | 0% |
| 45-54 | 321 | 23% | 21% | ' | | | |
| 55-64 | 320 | 23% | 19% | | | | |
| 65+ | 121 | 9% | 7% | Race | # | % | State Avg |
| • | | | | Black/African American | 578 | 41% | 1 6% |
| Ethnicity | # | % | State Avg | White/Caucasian | 463 | 33% | ▼ 63% |
| Non-Hispanic | 955 | 68% | 71% | Other <mark> </mark> | 289 | 21% | 13% |
| Hisp-Puerto Rican | 282 | 20% | 13% | Asian | 23 | 2% | 1% |
| Hispanic-Other | 101 | 7% | 7% | Unknown | 19 | 1% | 5% |
| Unknown | 61 | 4% | 8% | Multiple Races | 17 | 1% | 1% |
| [" | 5 | 0% | 1% | Am. Indian/Native Alaskan | 3 | 0% | 1% |
| Hispanic-Mexican | | | | Hawaiian/Other Pacific Islander | 2 | 0% | 0% |
| Hispanic-Cuban | 4 | 0% | 0% | | | | |
| | Unique C | lients | State Avg | ▲ > 10% Over State Avg | > 10% (| Jnder S | tate Avg |

500 Vine Jail Div

Capitol Region Mental Health Center

Forensic MH - Forensics Community-based - Court Liaison-Jail Diversion

Connecticut Dept of Mental Health and Addiction Services Program Quality Dashboard

Goal % State Avg

Actual vs Goal

Reporting Period: July 2018 - September 2018 (Data as of Dec 13, 2018)

Program Activity

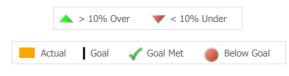
| Measure | Actual | 1 Yr Ago | Variance % | |
|----------------|--------|----------|------------|---|
| Unique Clients | 153 | 139 | 10% | • |
| Admits | 79 | 76 | 4% | |
| Discharges | 50 | 77 | -35% | • |
| Service Hours | 11 | 96 | -89% | • |

Service Utilization

| | Actual 70 V3 Goal 70 | Actual | Actual 70 | Godi 70 | otate / trg | Actual vs Goal | |
|----------------------------|----------------------|--------|-----------|---------|-------------|----------------|---|
| Clients Receiving Services | | 12 | 9% | 90% | 43% | -81% | _ |

Jail Diversion

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|-------------------------------------|--------------------|--------|----------|--------|-----------|----------------|
| √ Follow-up Service within 48 hours | | 5 | 1% | 0% | 1% | 1% |



^{*} State Avg based on 18 Active Court Liaison-Jail Diversion Programs

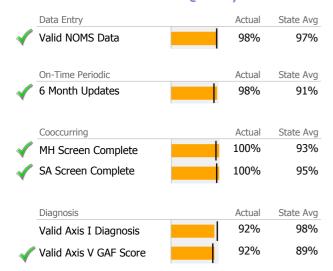
Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | % Months Submitted |
|------------|--------|-----------|--------|--------------------|
| Admissions | | | | 100% |
| Discharges | | | | 100% |
| Services | | | | 100% |
| | 1 or m | ore Recor | ds Sub | omitted to DMHAS |

Program Activity

| Measure | Actual | 1 Yr Ago | Variance % |
|----------------|--------|----------|------------|
| Unique Clients | 52 | 56 | -7% |
| Admits | 3 | - | |
| Discharges | 3 | - | |
| Service Hours | 947 | 777 | 22% 🔺 |

Data Submission Quality



Data Submitted to DMHAS by Month

| Data | Jul | Aug | Sep | % Months Submitted | |
|------------|--------|------------|-------|--------------------|--|
| Admissions | | | | 33% | |
| Discharges | | | | 67% | |
| Services | | | | 100% | |
| | 1 or m | ore Record | s Sub | omitted to DMHAS | |

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|--------------|---|--------------------|--------|----------|--------|-----------|----------------|---|
| | Treatment Completed Successfully | | 0 | 0% | 65% | 57% | -65% | _ |
| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
| 1 | No Re-admit within 30 Days of Discharge | | 3 | 100% | 85% | 91% | 15% | _ |
| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
| | Follow-up within 30 Days of Discharge | | N/A | N/A | 90% | 45% | N/A | |
| | Recovery | | | | | | | |
| | National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
| \checkmark | Stable Living Situation | | 45 | 87% | 60% | 91% | 27% | _ |
| \checkmark | Social Support | | 34 | 65% | 60% | 81% | 5% | |
| | Employed | | 2 | 4% | 15% | 15% | -11% | |
| | Improved/Maintained Axis V GAF Score | | 19 | 40% | 85% | 53% | -45% | _ |
| | Service Utilization | | | | | | | |
| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
| \checkmark | Clients Receiving Services | | 49 | 100% | 90% | 99% | 10% | |

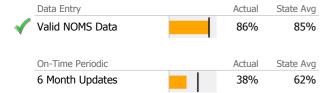


^{*} State Avg based on 15 Active Assertive Community Treatment Programs

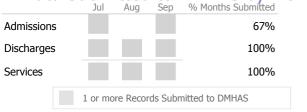
Program Activity

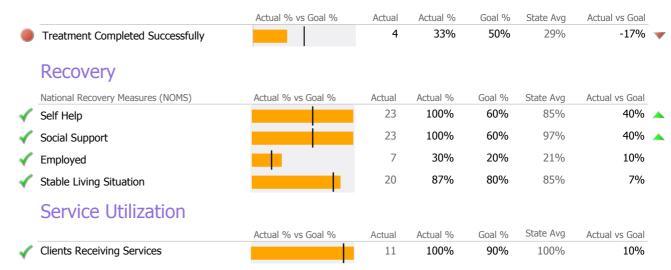
| Measure | Actual | 1 Yr Ago | Variance % | |
|----------------|--------|----------|------------|---|
| Unique Clients | 23 | 20 | 15% | • |
| Admits | 2 | 3 | -33% | • |
| Discharges | 12 | 2 | 500% | • |
| Service Hours | 92 | 302 | -70% | • |

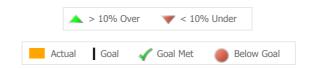
Data Submission Quality



Data Submitted to DMHAS by Month







^{*} State Avg based on 3 Active Standard Case Management Programs

BHH ADULT NAE

Capitol Region Mental Health Center Mental Health - Outpatient - Standard Outpatient Connecticut Dept of Mental Health and Addiction Services Program Quality Dashboard

Reporting Period: July 2018 - September 2018 (Data as of Dec 13, 2018)

Program Activity

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

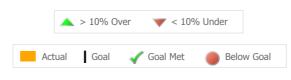
Data Submission Quality

| Data Entry | Actual | State Avg |
|--------------------|--------|-----------|
| Valid NOMS Data | N/A | 96% |
| On-Time Periodic | Actual | State Avg |
| 6 Month Updates | N/A | 65% |
| | | |
| Cooccurring | Actual | State Avg |
| MH Screen Complete | N/A | 91% |
| SA Screen Complete | N/A | 91% |
| | | |

Data Submitted to DMHAS by Month

| | Jui | Aug | эср | 70 PIONUIS SUDMILLECU |
|------------|------|----------|----------|-----------------------|
| Admissions | | | | 0% |
| Discharges | | | | 0% |
| | 1 or | more Rec | ords Sub | omitted to DMHAS |

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|--------------------------------------|--------------------|--------|----------|--------|-----------|----------------|----------|
| Treatment Completed Successfully | | N/A | N/A | 50% | 55% | N/A | |
| Recovery | | | | | | | |
| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
| Employed | | N/A | N/A | 30% | 22% | -30% | _ |
| Improved/Maintained Axis V GAF Score | , I | N/A | N/A | 75% | 42% | -75% | _ |
| Social Support | | N/A | N/A | 60% | 65% | -60% | _ |
| Stable Living Situation | · | N/A | N/A | 95% | 82% | -95% | V |
| Service Utilization | | | | | | | |
| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
| Clients Receiving Services | | N/A | N/A | 90% | 79% | N/A | _ |



^{*} State Avg based on 93 Active Standard Outpatient Programs

Corp Post-Release

Capitol Region Mental Health Center

Forensic MH - Forensics Community-based - Re-entry Programs

Connecticut Dept of Mental Health and Addiction Services Program Quality Dashboard

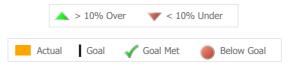
Reporting Period: July 2018 - September 2018 (Data as of Dec 13, 2018)

Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|----------------|--------|----------|------------|---|
| Unique Clients | 15 | 16 | -6% | |
| Admits | 1 | - | | |
| Discharges | 2 | 1 | 100% | • |
| Service Hours | 267 | 210 | 27% | • |

Data Submitted to DMHAS by Month Submitted Month Submitted





^{*} State Avg based on 2 Active Re-entry Programs Programs

CRMHC UM Screening

Capitol Region Mental Health Center Mental Health - Intake - UM Screening Connecticut Dept of Mental Health and Addiction Services Program Quality Dashboard

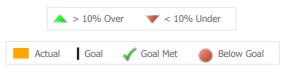
Reporting Period: July 2018 - September 2018 (Data as of Dec 13, 2018)

Program Activity

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

Data Submitted to DMHAS by Month Submitted Month Submitted



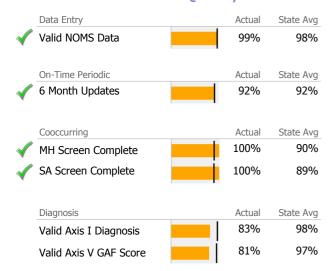


^{*} State Avg based on 3 Active UM Screening Programs

Program Activity

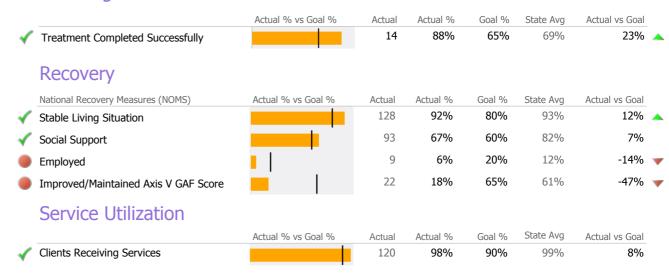
| Measure | Actual | 1 Yr Ago | Variance % | |
|----------------|--------|----------|------------|---|
| Unique Clients | 139 | 210 | -34% | • |
| Admits | 12 | 40 | -70% | • |
| Discharges | 16 | 32 | -50% | • |
| Service Hours | 731 | 1,272 | -43% | • |

Data Submission Quality



Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | % Months Submitted | | | |
|------------|--------------------------------------|-----|-----|--------------------|--|--|--|
| Admissions | | | | 100% | | | |
| Discharges | | | | 100% | | | |
| Services | | | | 100% | | | |
| | 1 or more Records Submitted to DMHAS | | | | | | |





^{*} State Avg based on 48 Active CSP Programs

Deaf and Hard of Hearing Team

Capitol Region Mental Health Center

Mental Health - Outpatient - Standard Outpatient

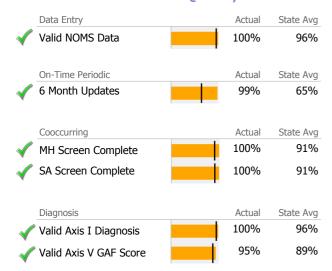
Connecticut Dept of Mental Health and Addiction Services Program Quality Dashboard

Reporting Period: July 2018 - September 2018 (Data as of Dec 13, 2018)

Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|----------------|--------|----------|------------|---|
| Unique Clients | 78 | 82 | -5% | |
| Admits | 2 | 5 | -60% | • |
| Discharges | - | 2 | -100% | • |
| Service Hours | 413 | 469 | -12% | • |

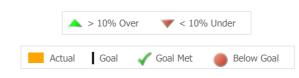
Data Submission Quality



Data Submitted to DMHAS by Month

| | | Jul | Aug | Sep | % Months Submitted | | |
|------------|--------------------------------------|-----|-----|-----|--------------------|--|--|
| Admissions | | | | | 67% | | |
| Discharges | | | | | 0% | | |
| Services | | | | | 100% | | |
| | 1 or more Records Submitted to DMHAS | | | | | | |

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|----------|--------------------------------------|--------------------|--------|----------|--------|-----------|----------------|---|
| | Treatment Completed Successfully | | N/A | N/A | 50% | 55% | N/A | |
| | Recovery | | | | | | | |
| | National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
| √ | Social Support | | 61 | 78% | 60% | 65% | 18% | _ |
| 1 | Employed | | 31 | 40% | 30% | 22% | 10% | _ |
| 1 | Stable Living Situation | | 77 | 99% | 95% | 82% | 4% | |
| √ | Improved/Maintained Axis V GAF Score | i | 59 | 84% | 75% | 42% | 9% | |
| | Service Utilization | | | | | | | |
| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
| 1 | Clients Receiving Services | | 78 | 100% | 90% | 79% | 10% | |
| | Service Engagement | | | | | | | |
| | Outpatient | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
| 1 | 2 or more Services within 30 days | | 2 | 100% | 75% | 68% | 25% | _ |



^{*} State Avg based on 93 Active Standard Outpatient Programs

Forensic Outpatient 3120140F

Capitol Region Mental Health Center
Forensic MH - Outpatient - Standard Outpatient

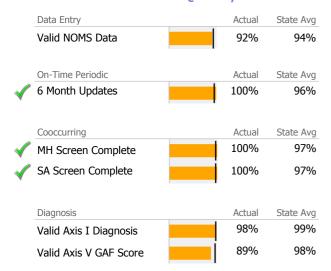
Connecticut Dept of Mental Health and Addiction Services Program Quality Dashboard

Reporting Period: July 2018 - September 2018 (Data as of Dec 13, 2018)

Program Activity

| Measure | Actual | 1 Yr Ago | Variance % |
|----------------|--------|----------|---------------|
| Unique Clients | 44 | 45 | -2% |
| Admits | 6 | 7 | -14% ▼ |
| Discharges | 5 | 4 | 25% 🔺 |
| Service Hours | 650 | 643 | 1% |

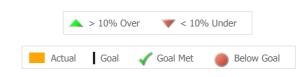
Data Submission Quality



Data Submitted to DMHAS by Month

| | Ju | l Aug | Sep | % Months Submitted | 10116 | |
|--------------------------------------|----|-------|-----|--------------------|-------|--|
| Admissions | | | | 100% | | |
| Discharges | | | | 100% | | |
| Services | | | | 100% | | |
| 1 or more Records Submitted to DMHAS | | | | | | |





^{*} State Avg based on 2 Active Standard Outpatient Programs

Hartford Crisis Intervention Team

Capitol Region Mental Health Center

Mental Health - Crisis Services - Mobile Crisis Team

Connecticut Dept of Mental Health and Addiction Services Program Quality Dashboard

Reporting Period: July 2018 - September 2018 (Data as of Dec 13, 2018)

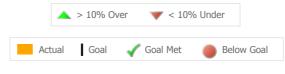
Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|----------------|--------|----------|------------|---|
| Unique Clients | 21 | 18 | 17% | • |
| Admits | 18 | 14 | 29% | • |
| Discharges | 17 | 14 | 21% | • |

Crisis





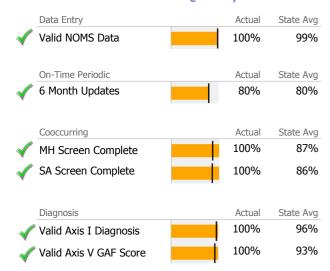


^{*} State Avg based on 25 Active Mobile Crisis Team Programs

Program Activity

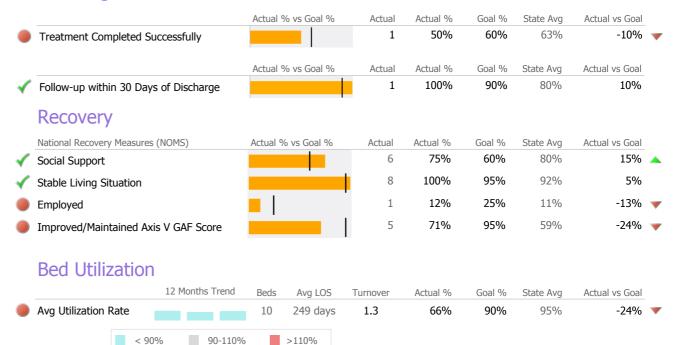
| Measure | Actual | 1 Yr Ago | Variance % | |
|----------------|--------|----------|------------|---|
| Unique Clients | 8 | 6 | 33% | • |
| Admits | 1 | 2 | -50% | • |
| Discharges | 2 | - | | |
| Bed Days | 610 | 414 | 47% | • |

Data Submission Quality



Data Submitted to DMHAS by Month







^{*} State Avg based on 62 Active Supervised Apartments Programs

Inpatient Treatment Unit

Capitol Region Mental Health Center

Mental Health - Inpatient Services - Non-Certified Subacute

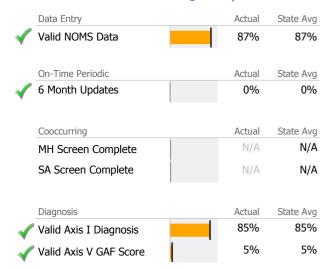
Connecticut Dept of Mental Health and Addiction Services Program Quality Dashboard

Reporting Period: July 2018 - September 2018 (Data as of Dec 13, 2018)

Program Activity

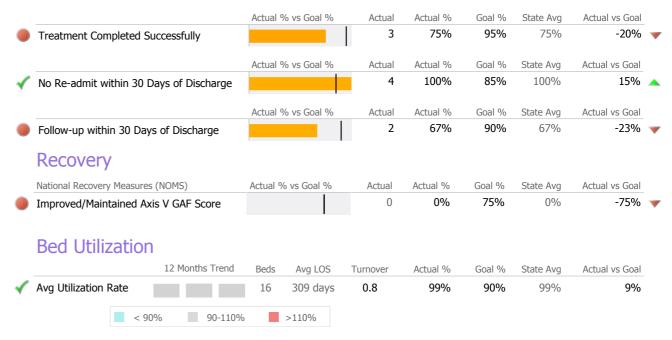
| Measure | Actual | 1 Yr Ago | Variance % | |
|----------------|--------|----------|------------|---|
| Unique Clients | 20 | 19 | 5% | |
| Admits | 4 | 3 | 33% | • |
| Discharges | 4 | 3 | 33% | • |
| Bed Days | 1,462 | 1,467 | 0% | |

Data Submission Quality



Data Submitted to DMHAS by Month







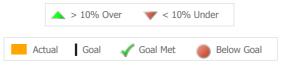
^{*} State Avg based on 2 Active Non-Certified Subacute Programs

Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|----------------|--------|----------|------------|---|
| Unique Clients | 57 | 60 | -5% | |
| Admits | 24 | 36 | -33% | • |
| Discharges | 34 | 30 | 13% | • |
| Service Hours | 220 | 192 | 14% | • |

Data Submitted to DMHAS by Month Jul Aug Sep Month Months Submitted





^{*} State Avg based on 8 Active Central Intake Programs

JD Sub Use

Capitol Region Mental Health Center

Forensic SA - Forensics Community-based - Court Liaison-Jail Diversion

Connecticut Dept of Mental Health and Addiction Services Program Quality Dashboard

Reporting Period: July 2018 - September 2018 (Data as of Dec 13, 2018)

Program Activity

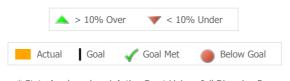
| Measure | Actual | 1 Yr Ago | Variance % | |
|----------------|--------|----------|------------|---|
| Unique Clients | 59 | 67 | -12% | • |
| Admits | 27 | 38 | -29% | • |
| Discharges | 27 | 33 | -18% | • |
| Service Hours | _ | - | | |

Service Utilization



Jail Diversion

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|-------------------------------------|--------------------|--------|----------|--------|-----------|----------------|
| √ Follow-up Service within 48 hours | | 0 | 0% | 0% | 0% | 0% |



^{*} State Avg based on 1 Active Court Liaison-Jail Diversion Programs

Data Submitted to DMHAS by Month

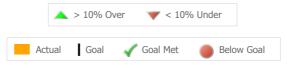


Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|----------------|--------|----------|------------|---|
| Unique Clients | 20 | 16 | 25% | • |
| Admits | 4 | 3 | 33% | • |
| Discharges | 4 | 2 | 100% | • |
| Service Hours | 87 | 56 | 56% | • |

Data Submitted to DMHAS by Month Jul Aug Sep Month Months Submitted





^{*} State Avg based on 14 Active Other Programs

Mobile Crisis Team

Capitol Region Mental Health Center Mental Health - Crisis Services - Mobile Crisis Team Connecticut Dept of Mental Health and Addiction Services Program Quality Dashboard

Reporting Period: July 2018 - September 2018 (Data as of Dec 13, 2018)

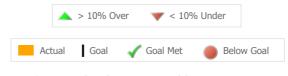
Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|----------------|--------|----------|------------|---|
| Unique Clients | 69 | 63 | 10% | |
| Admits | 78 | 71 | 10% | |
| Discharges | 78 | 70 | 11% | _ |

Crisis







^{*} State Avg based on 25 Active Mobile Crisis Team Programs

Peer Support

Capitol Region Mental Health Center

Mental Health - Social Rehabilitation - Social Rehabilitation

Connecticut Dept of Mental Health and Addiction Services Program Quality Dashboard

Reporting Period: July 2018 - September 2018 (Data as of Dec 13, 2018)

Program Activity

| Measure | Actual | 1 Yr Ago | Variance % |
|------------------------------|--------|----------|---------------|
| Unique Clients | 675 | 697 | -3% |
| Admits | 16 | 27 | -41% v |
| Discharges | 19 | 22 | -14% 🔻 |
| Service Hours | 18 | 40 | -55% 🔻 |
| Social Rehab/PHP/IOP Days | 0 | 0 | |

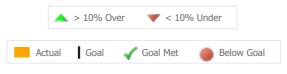
^{*}Data System Limitations are affecting service numbers in this program

Service Utilization



Data Submitted to DMHAS by Month

| | | Jul | Aug | Sep | % Months Submitted |
|------------|----|---------|--------|--------|--------------------|
| Admission | 5 | | | | 100% |
| Discharges | 5 | | | | 100% |
| Services | | | | | 100% |
| Scivices | 10 | or more | Record | s Subm | itted to DMHAS |



^{*} State Avg based on 36 Active Social Rehabilitation Programs

Team ACapitol Region Mental Health Center
Mental Health - Outpatient - Standard Outpatient

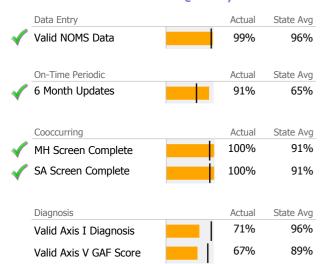
Connecticut Dept of Mental Health and Addiction Services Program Quality Dashboard

Reporting Period: July 2018 - September 2018 (Data as of Dec 13, 2018)

Program Activity

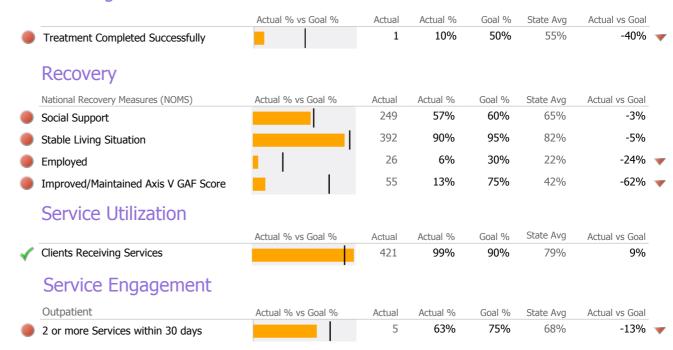
| Measure | Actual | 1 Yr Ago | Variance % | |
|----------------|--------|----------|------------|---|
| Unique Clients | 434 | 456 | -5% | |
| Admits | 8 | 3 | 167% | • |
| Discharges | 10 | 14 | -29% | • |
| Service Hours | 1,563 | 1,665 | -6% | |

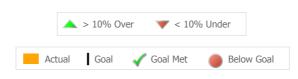
Data Submission Quality



Data Submitted to DMHAS by Month

| | J | ul | Aug | Sep | % Months Submitted | | | |
|------------|--------------------------------------|----|-----|-----|--------------------|--|--|--|
| Admissions | | | | | 100% | | | |
| Discharges | | | | | 100% | | | |
| Services | | | | | 100% | | | |
| | 1 or more Records Submitted to DMHAS | | | | | | | |





^{*} State Avg based on 93 Active Standard Outpatient Programs

Team BCapitol Region Mental Health Center
Mental Health - Outpatient - Standard Outpatient

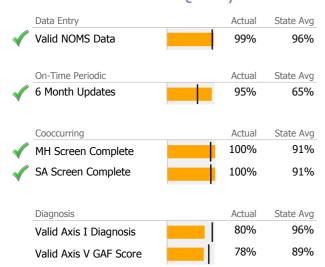
Connecticut Dept of Mental Health and Addiction Services Program Quality Dashboard

Reporting Period: July 2018 - September 2018 (Data as of Dec 13, 2018)

Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|----------------|--------|----------|------------|---|
| Unique Clients | 413 | 430 | -4% | |
| Admits | 8 | 11 | -27% | • |
| Discharges | 13 | 12 | 8% | |
| Service Hours | 1,978 | 2,249 | -12% | • |

Data Submission Quality



Data Submitted to DMHAS by Month

| | Ju | l Aug | Sep | % Months Submitted | 10116 |
|------------|------|----------|----------|--------------------|-------|
| Admissions | | | | 100% | |
| Discharges | | | | 100% | |
| Services | | | | 100% | |
| | 1 or | more Rec | ords Sub | omitted to DMHAS | |





^{*} State Avg based on 93 Active Standard Outpatient Programs

Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|----------------|--------|----------|------------|---|
| Unique Clients | 100 | 103 | -3% | |
| Admits | 9 | 8 | 13% | • |
| Discharges | 8 | 9 | -11% | • |
| Service Hours | 4,120 | 3,641 | 13% | • |

Data Submission Quality

| Data Entry | Actual | State Avg |
|--------------------------|--------|-----------|
| Valid NOMS Data | 96% | 97% |
| On-Time Periodic | Actual | State Avg |
| 6 Month Updates | 87% | 91% |
| Cooccurring | Actual | State Avg |
| MH Screen Complete | 82% | 93% |
| SA Screen Complete | 100% | 95% |
| Diagnosis | Actual | State Avg |
| √ Valid Axis I Diagnosis | 98% | 98% |
| √ Valid Axis V GAF Score | 97% | 89% |

Data Submitted to DMHAS by Month

| Data | Ju | Jul | Aug | | Sep | % Months Submitted | 101161 |
|------------|----|------|---------|------|-----|--------------------|--------|
| Admissions | | | | | | 100% | |
| Discharges | | | | | | 100% | |
| Services | | | | | | 100% | |
| | 1 | or m | ore Rec | ords | Sub | mitted to DMHAS | |

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|----------------------------------|---|--------------------|--------|----------|--------|-----------|----------------|---|
| Treatment Completed Successfully | | | 3 | 38% | 65% | 57% | -27% | _ |
| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
| 1 | No Re-admit within 30 Days of Discharge | | 7 | 88% | 85% | 91% | 3% | |
| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
| | Follow-up within 30 Days of Discharge | | 0 | 0% | 90% | 45% | -90% | _ |
| | Recovery | | | | | | | |
| | National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
| 1 | Stable Living Situation | | 92 | 91% | 60% | 91% | 31% | _ |
| √ | Social Support | | 90 | 89% | 60% | 81% | 29% | _ |
| √ | Employed | <u> </u> | 25 | 25% | 15% | 15% | 10% | _ |
| √ | Improved/Maintained Axis V GAF Score | | 78 | 91% | 85% | 53% | 6% | |
| | Service Utilization | | | | | | | |
| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
| \checkmark | Clients Receiving Services | | 93 | 100% | 90% | 99% | 10% | |



^{*} State Avg based on 15 Active Assertive Community Treatment Programs