



DMHAS EDW REPORTS GUIDE

DMHAS Information Systems Division



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OVERVIEW OF DMHAS REPORTING

DMHAS reporting is currently comprised of three repositories:

- Enterprise Data Warehouse (EDW) Reports
- WITS Reports
- Avatar Reports

All reports will display based on the user's access. Reports access request forms need to be completed for each repository in order to gain access to reports. Refer to the DMHAS Intranet or the DMHAS EQMI website for report forms. Contact OOC System Support for questions regarding reports access and forms submission.

There are several reports folders, each containing a variety of reports, within each repository. There is a folder called 'Reports Documentation' in each repository that describes all of the reports and in which folder they each reside. The reports documentation is updated as new reports are added.

WITS Reports and Avatar Reports contain State Operated facilities data only, based on user access. Avatar reports contain primarily historical data prior to the WITS release (8/1/2014). EDW Reports contain State Operated facilities data and Private Non-Profit agencies data, based on user access.

The following documentation describes how to access EDW reports, how to request and navigate in reports and how to export and print reports. There are several report examples in this document that demonstrate the various data that can be requested and viewed in the Enterprise Data Warehouse.

Please refer to the DMHAS EQMI website at this link for more information regarding DMHAS reporting:
<http://www.ct.gov/dmhas/cwp/view.asp?a=2900&q=334736>

ENTERPRISE DATA WAREHOUSE REPORTS

Reports are housed in the Enterprise Data Warehouse.



Reports will display based on user access.

HOW TO ACCESS REPORTS AS A PNP USER:

To access reports in the Enterprise Data Warehouse, follow the steps below:

1. Boot-up the pc to the Windows desktop screen.
2. For VPN users, once VPN or Nortel has run, enter password and Token number. Launch Internet Explorer; an icon will display.
3. Launch Internet Explorer.
4. Select **DDap** from your 'Favorites' or enter the address in your website.
5. Hit the **Enter** key.
6. The **Log In** screen will be displayed:

DEPARTMENT OF
MENTAL HEALTH AND ADDICTION SERVICES

dmhas

STATE OF CONNECTICUT Provider Suite of Applications

Please Log In

User Name:

Password:

Log In

7. Enter the following information in the **Log In** window:

User Name: Enter your user name.

Password: Enter your password.

8. Point and click on the **Log In** button.



Need your password reset? Please contact the Help desk: DMHAS.Info@ct.gov or 860-262-5058.

9. Select the [DMHAS Data Warehouse](#) link on the **Provider Suite of Applications** screen.

STATE OF CONNECTICUT Provider Suite of Applications

dmhas

Tools [Log out](#)

Version
Test 2.4

DDAP - DMHAS DATA PERFORMANCE

The [DMHAS Data Performance \(DDaP\)](#) application is a web-based data entry and on-line file processing application. DDaP simplifies the collection of data needed for State and Federal Reporting by the Private Non Profit (PNP) agencies. Data collected in DDaP includes Client Demographics, Admission, Diagnosis, Assessment, Service and Discharge information.

DMHAS DATA WAREHOUSE

The [DMHAS Data Warehouse](#) is a central repository of DMHAS data that includes various Business Intelligence tools and processes, enabling access to DMHAS client information.

10. A connection window will display:



11. Type the domain (exec), '\', and your User name. (The backslash (\) is above the Enter button.)

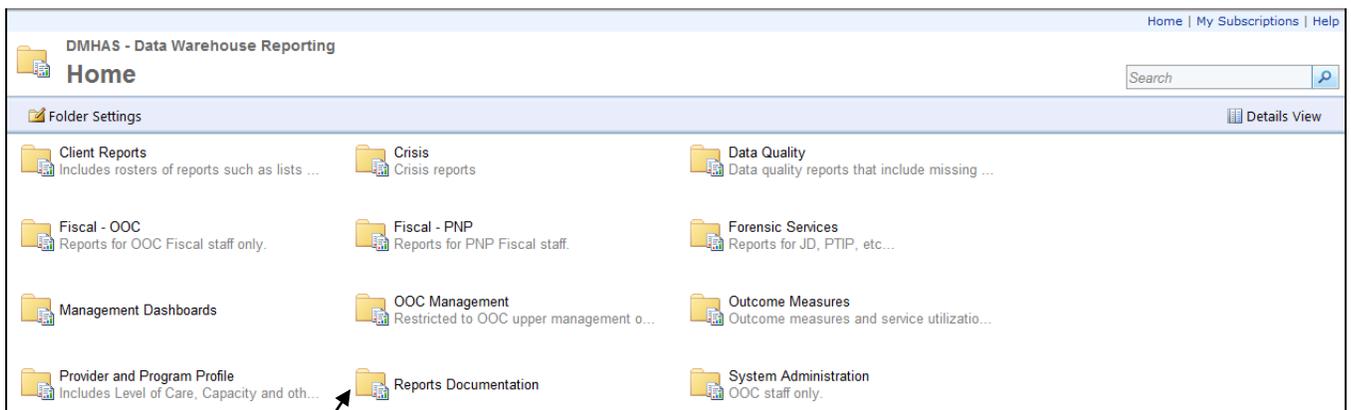
12. Type your password.

- If you are a new user or need your password reset or have any questions regarding your logon to the data warehouse, please contact the Help desk: DMHAS.Info@ct.gov or 860-262-5058.

13. Select the **OK** button. (The **Cancel** button will close the window.) **Note:** *There may be a short wait until folders display.*

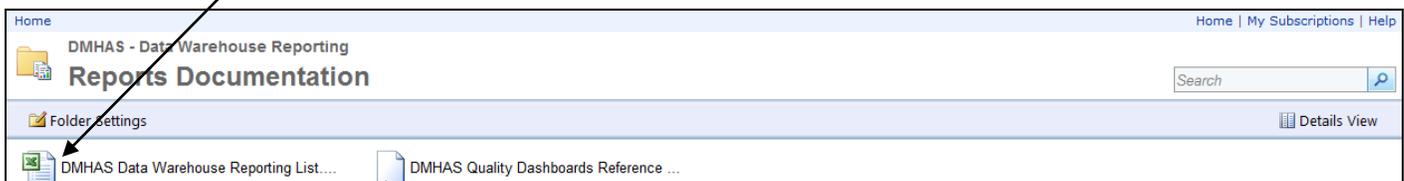
14. The **DMHAS - Data Warehouse Reporting** screen will display with the reports folders.

15. Select the desired **report folder** to display the reports in that folder.



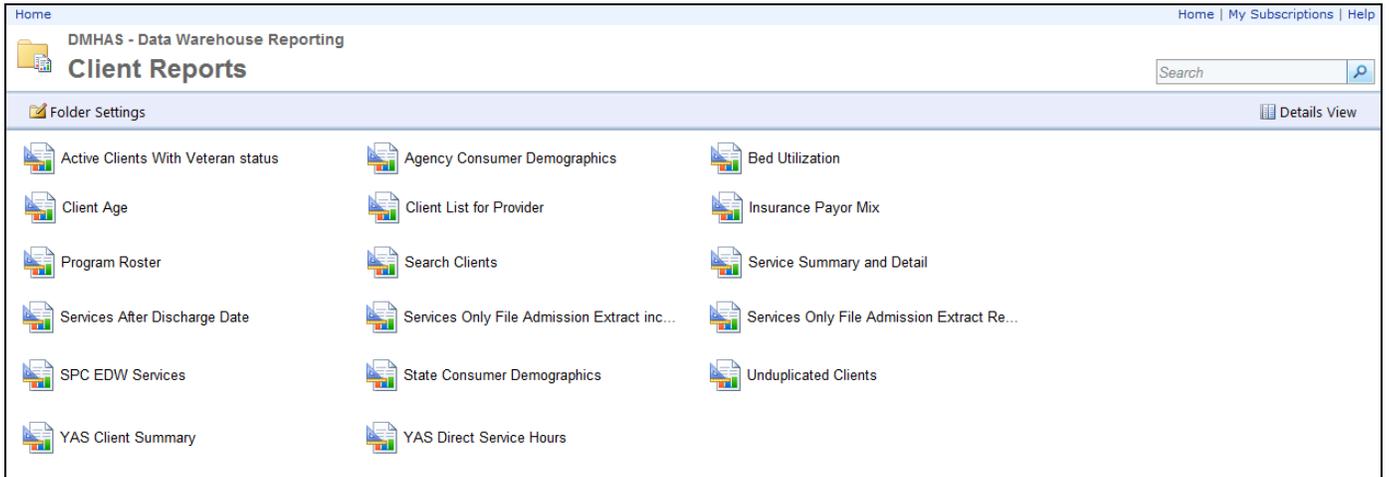
Select the **Reports Documentation** folder for Reports Documentation.

- Select the **DMHAS Data Warehouse Reporting List** to see a listing of all reports and descriptions.

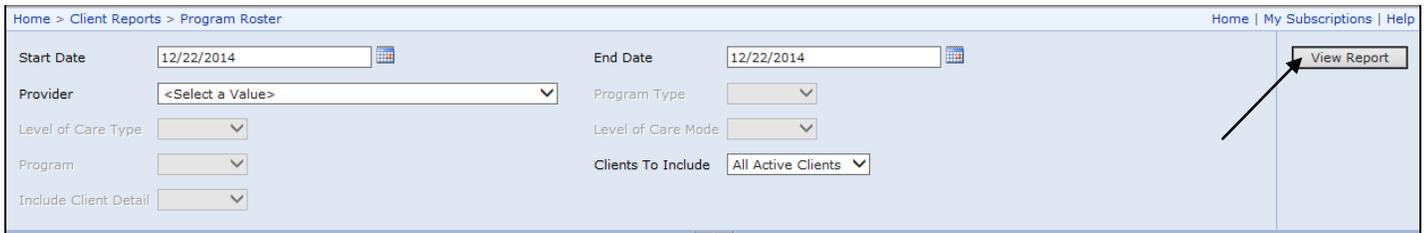


- Select the **DMHAS Quality Dashboard Reference Guide** to see a description of all of the Quality Report metrics and the reports that are used to confirm the counts and percentages.

16. Once the desired report folder is selected, the reports in that folder will display.



17. The report selection criteria will display based on the report that is selected.



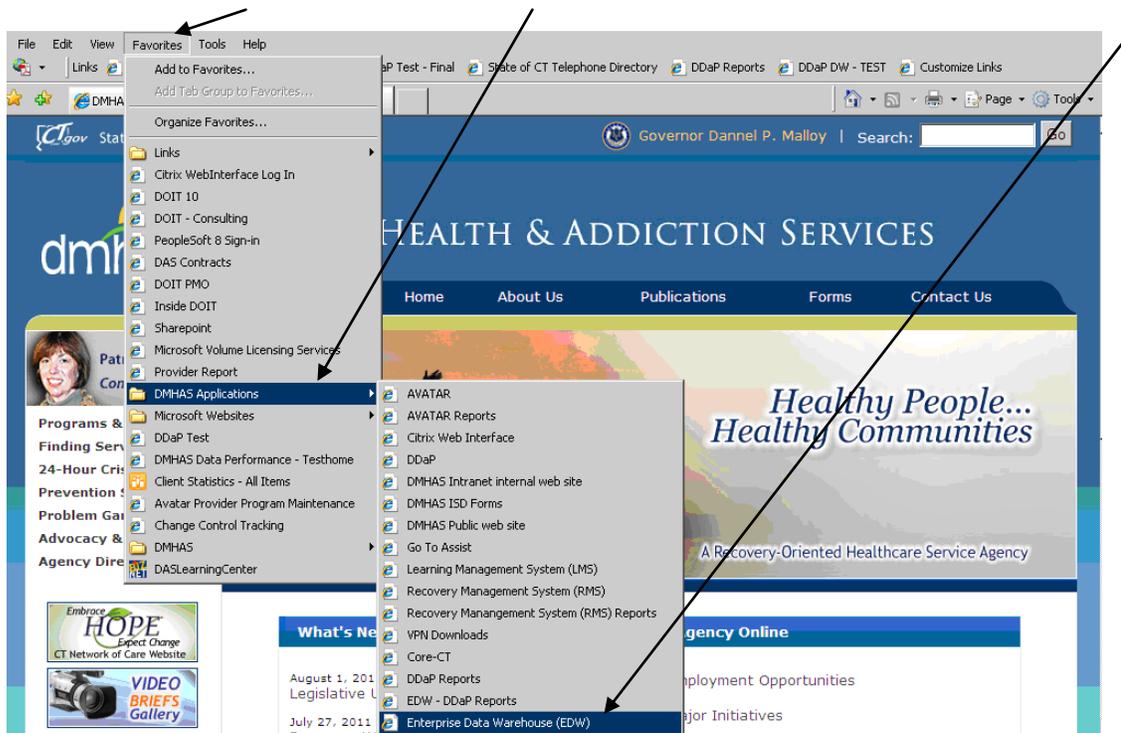
18. Complete the fields and select the View Report  button to view the report details.



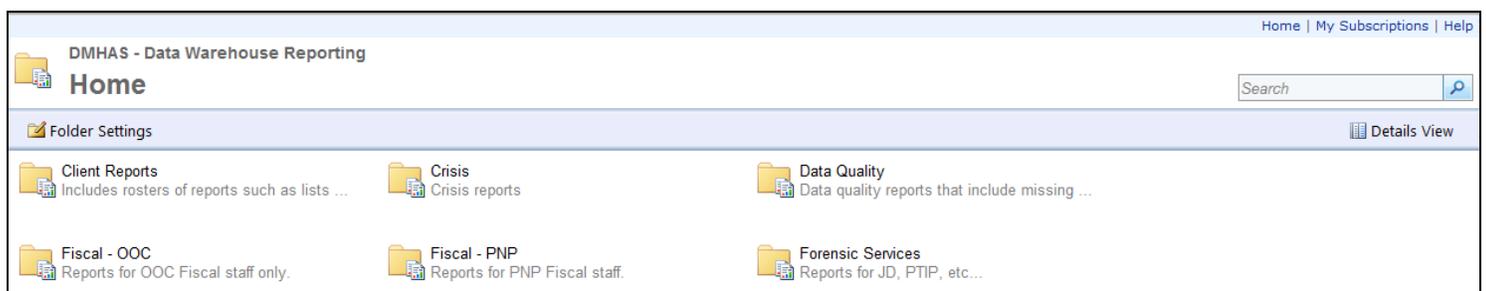
Because data refresh is done after the end of the business day, the data in the reporting environment will be one-day behind the source systems.

HOW TO ACCESS REPORTS AS A STATE OPERATOR:

1. Log into the DMHAS Network the way you normally do using your Active Directory ID and password.
2. Double-click on the **Internet Explorer** icon  on your Windows desktop.
3. Select '**Favorites**', **DMHAS Applications** and **Enterprise Data Warehouse (EDW)** in the menu bar.



4. Press the **Enter** button on your keyboard.
5. The **DMHAS - Data Warehouse Reporting** screen will display with the reports folders.



DMHAS EDW REPORTS QUICK REFERENCE GUIDE

REPORT FOLDER	REPORT NAME	DESCRIPTION
Client Look - Up		
<i>Please note that data in reports is one day old.</i>		
Client Reports	Program Roster	Unduplicated list of clients by facility, program(s) and level of care, within a defined date range, <i>with the ability to drill down to individual client admission and assessment details.</i>
	Search Clients	Allows the user to search, by SSN or name, for a given client at a facility(s) and program(s) and view admission and assessment details.
Clients Served		
Client Reports	Unduplicated Clients	A list of unduplicated clients by provider and program within a program type, level of care type and level of care mode for given date range.
Utilization		
Client Reports	Bed Utilization	Bed Utilization for Inpatient and Residential Programs funded or run by DMHAS.
Outcome Measures	Outpatient Utilization	Assess outpatient utilization by program type, provider, program and funding source.
Assessments Due		
Data Quality	Periodic Assessment 6-Month Tickler Report	Shows clients whose program requires the periodic assessment and a periodic assessment has not been entered in six months (date in RED) or no date will be listed if no periodic assessment is on record.
	Required Assessments	Required assessment counts (or optional, or both) based on a date range, Program Type, level of care and Provider and Program, and a listing of clients who require the assessment.
Services		
Client Reports	Service Summary and Detail	A summary of services for clients at a selected facility by a selected program(s) within a user defined date range. User can select clients admitted, clients discharged or clients with open admissions. Output is sorted by program.
Data Quality	Monthly Service Data Submission report	Provides submission data by program within a user defined monthly time period.
Outcome Measures	CSP RP Service Utilization and Service Location Report	Expected number of quarterly face to face service hours based on program capacity, total number of face to face service hours delivered, total TCM face to face service hours, and total service hours that were not face to face within the quarter and fiscal year-face to face and rehabilitation.
Provider Program Information		
Provider and Program Profile	Provider Program Information	Overview of program type, level of care, funding source for both PNP and SO providers by provider. Specifies if program is designated as a TCM provider, Treatment related, Service required, and date opened and closed.
Program Completion / Discharge		
Outcome Measures	Program Completion Report	Groups discharge reasons into two major outcome categories, 'Program Completion' and 'Non-Completion of Program'.
Data Quality	Data Quality Admissions And Discharges Report	Provides admission and discharge counts by program within a defined monthly period.

DMHAS QUALITY DASHBOARD REPORT METRICS QUICK REFERENCE GUIDE

The following is a listing of the Provider Quality Report Metrics and the reports that can be run to compare against your Quality Report data.

Quality Report Metrics	DMHAS REPORT
PROVIDER ACTIVITY	
UNIQUE CLIENTS	Program Roster in the Client Reports folder. (Select 'Clients to Include' All Active Clients and refer to the Distinct Clients count.)
ADMITS	Program Roster in the Client Reports folder. (Select 'Clients to Include' Admits Only and refer to the Total Admits count.)
DISCHARGES	Program Roster in the Client Reports folder. (Select 'Clients to Include' Discharges Only and refer to the Total Discharges count.)
SERVICES HOURS	Service Summary and Detail in the Client Reports folder. (Refer to the Grand Total... Hrs at the end of the report.)
BED DAYS	Refer to the DMHAS Quality Dashboards Reference Guide explanation for this.
SOC REHAB, IOP and PHP DAYS	Service Summary and Detail in the Client Reports folder in the EDW. (Refer to the Grand Total...Days at the end of the report.)
UNIQUE CLIENTS by LEVEL OF CARE	Program Roster in the Client Reports folder. (Refer to the Distinct Client count for each program / level of care total (#). (Select 'All' to view the Total Active count for all programs (Total Unique Clients #)).
CLIENT DEMOGRAPHICS	Agency Consumer Demographics in the Client Reports folder. Select 'Provider' for 'Group By' to see totals.
CONSUMER SATISFACTION SURVEY	Survey Results by Domain and Survey Frequencies by Provider and Program in the Outcome Measures folder.
PROGRAM ACTIVITY	
UNIQUE CLIENTS	Program Roster in the Client Reports folder. (Select 'Clients to Include' All Active Clients and refer to the Distinct Clients count.)
ADMITS	Program Roster in the Client Reports folder. (Select 'Clients to Include' Admits Only and refer to the Total Admits count.)
DISCHARGES	Program Roster in the Client Reports folder in EDW. Select 'Clients to Include' Discharges Only and refer to the Total Discharges count.
SERVICES HOURS	Service Summary and Detail in the Client Reports. (Select 'Report Type: Service Details', and 'Population: Client With Services' and refer to the Program Total.. Hrs for the total hours <i>for each program.</i>)
BED DAYS	Refer to the DMHAS Quality Dashboards Reference Guide explanation for this.
SOC REHAB, IOP and PHP DAYS	Service Summary and Detail in the Client Reports folder. (Refer to the Program Total...Days for each program.)

DATA SUBMISSION QUALITY	
VALID NOMS DATA	Valid NOMs Data in the Data Quality folder
VALID TEDS DATA	Valid TEDS Data in the Data Quality folder
ON-TIME PERIODICS 6-MONTH UPDATES	On-Time Periodic 6 Month Updates in the Data Quality folder. Select the 'plus' + mark next to the program to view clients who have had an Update Periodic Assessment. (Refer to the Periodic Assessment 6-Month Tickler Report in the Data Quality folder in EDW to see clients who <u>have not had</u> an Update Periodic Assessment.)
CO-OCCURRING	
MH SCREEN COMPLETE	Co-occurring - MH Screen Complete in the Data Quality folder
SA SCREEN COMPLETE	Co-occurring - SA Screen Complete in the Data Quality folder
DIAGNOSIS	
AXIS 1 DIAGNOSIS	Valid Axis I Diagnosis in the Data Quality folder
AXIS V GAF SCORE	Valid Axis V GAF Score in the Data Quality folder
DATA SUBMITTED TO DMHAS BY MONTH	
ADMITS	Data Quality Admissions and Discharges Report in the Data Quality Report folder
DISCHARGES	Data Quality Admissions and Discharges Report in the Quality Report folder
SERVICES HOURS	Monthly Service Submission Report in the Data Quality Report folder
DISCHARGES OUTCOMES	
TREATMENT COMPLETED SUCCESSFULLY	Program Completion Report in the Outcome Measures folder. Refer to the Program Total for the total number of discharges and the valid discharge reason counts ('Discharged to New Service (Facility Concurs)', or 'Discharge to Another Facility Program' and/or 'Recovery Plan Completed').
FOLLOW-UP WITHIN 30 DAYS OF DISCHARGE	Follow-Up within 30 Days of Discharge report in the Data Quality folder
NO RE-ADMIT WITHIN 30 DAYS OF DISCHARGE	No Re-admit within 30 Days of Discharge report in the Data Quality folder
Recovery	
National Recovery Measures (NOMs)	NOMs Values Report in the Outcome Measures folder. Refer to each measure listed at the bottom of the report.
EMPLOYED	
STABLE LIVING SITUATION	
SELF HELP (SA Programs Only)	
SOCIAL SUPPORT (MH Programs Only)	
NOT ARRESTED	
ABSTINENCE / REDUCED DRUG USE	
IMPROVED / MAINTAINED AXIS V GAF SCORE	Improved/Maintained Axis V GAF Score Report in the Data Quality folder

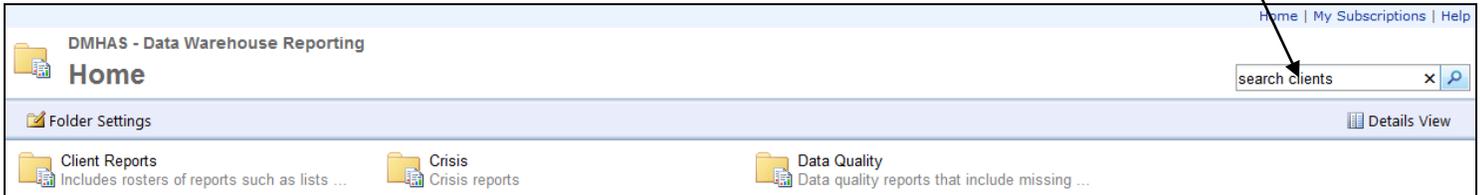
SERVICE UTILIZATION	
CLIENTS RECEIVING SERVICES	Clients Receiving Services report in the Data Quality folder
SERVICE ENGAGEMENT	
OUTPATIENT - 2 OR MORE SERVICES WITHIN 30 DAYS	Refer to the DMHAS Quality Dashboards Reference Guide explanation for this.
HOMELESS OUTREACH - AT LEAST 1 SERVICE WITHIN 180 DAYS	Refer to the DMHAS Quality Dashboards Reference Guide explanation for this.
MEDICATION ASSISTED TREATMENT- LENGTH OF STAY OVER 1 YEAR	Refer to the DMHAS Quality Dashboards Reference Guide explanation for this.
UTILIZATION	
BED UTILIZATION	Bed Utilization in the Client reports folder. Refer to the 'Capacity' number and the 'Capacity %' percent.
EVALUATIONS	
CRISIS EVALUATIONS	Refer to the DMHAS Quality Dashboards Reference Guide explanation for the measures listed below.
EVALUATION WITHIN 1.5 HOURS OF REQUEST	
COMMUNITY LOCATION EVALUATION	
FOLLOW-UP SERVICE WITHIN 48 HOURS	
JAIL DIVERSION EVALUATIONS	
FOLLOW-UP SERVICE WITHIN 48 HOURS	Refer to the DMHAS Quality Dashboards Reference Guide explanation for this.

NAVIGATION IN REPORTS

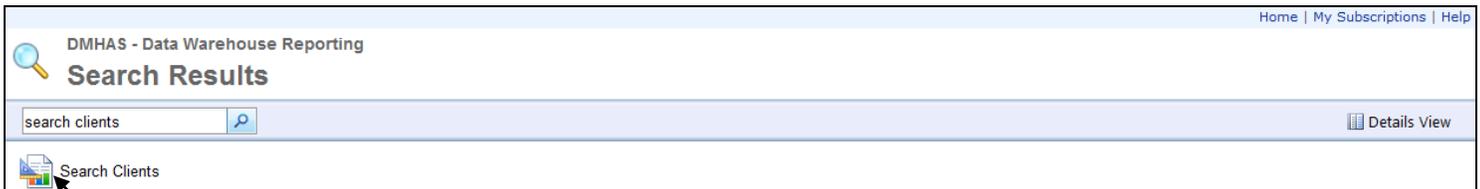
SEARCHING FOR A REPORT

To search for a report:

1. Enter the report name, or partial name in the **Search** text box at the top of the **Home** screen.
2. Click on the the Search icon  or press the Enter button.



3. The search results will display reports with that name.



4. Select the desired report.
5. The selection criteria will display for that report.



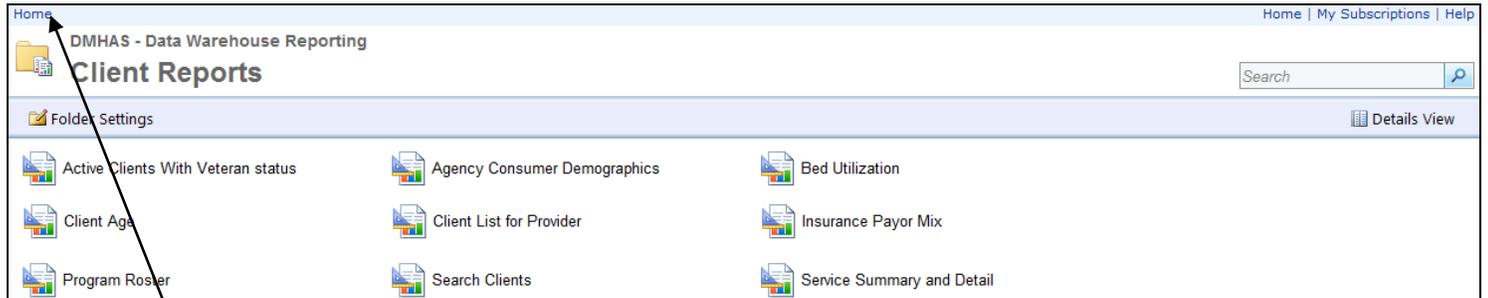
6. Complete the criteria accordingly.
7. The report will display.

NAVIGATING TO REPORTS AND FOLDERS

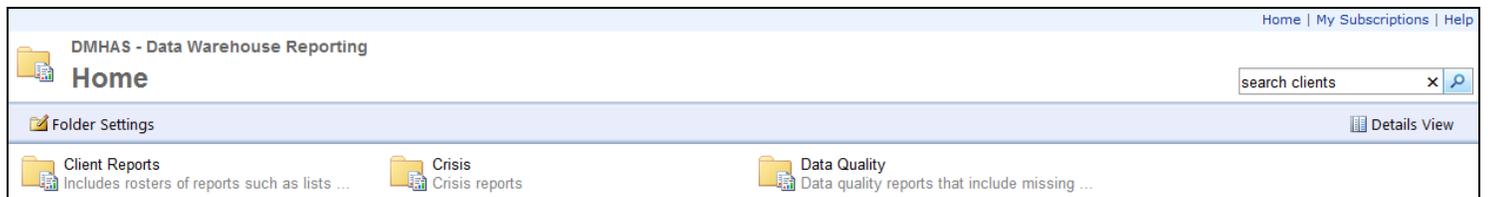
1. To access another report in that folder, select the folder (e.g., [Client Reports](#)) at the top of the page.



2. The reports listing for that folder will display. Select the desired report.

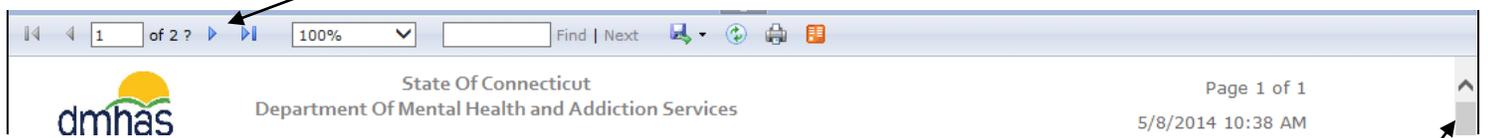


3. Select 'Home' link to go back to the Home page to select another reports folder, or log out of reports.



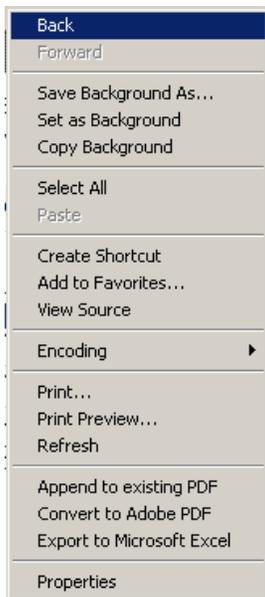
PAGE ARROWS

To scroll through pages within a report, click on the blue arrows at the top of the report.



1. Select the individual arrow  to go from page to page with in the report.
2. Select the arrow with the line *after* it  to go to the *end* of the report.
3. Select the arrow with the line *before* it  to *go back* to the beginning of the report.
4. Select the scroll bar on the right side of the report to scroll up and down on the page.

BACK BUTTON: If there are no blue arrows, press the **Backspace** key on the keyboard **OR** Right click on your mouse and choose the **Back** option on the top of the list (see below).



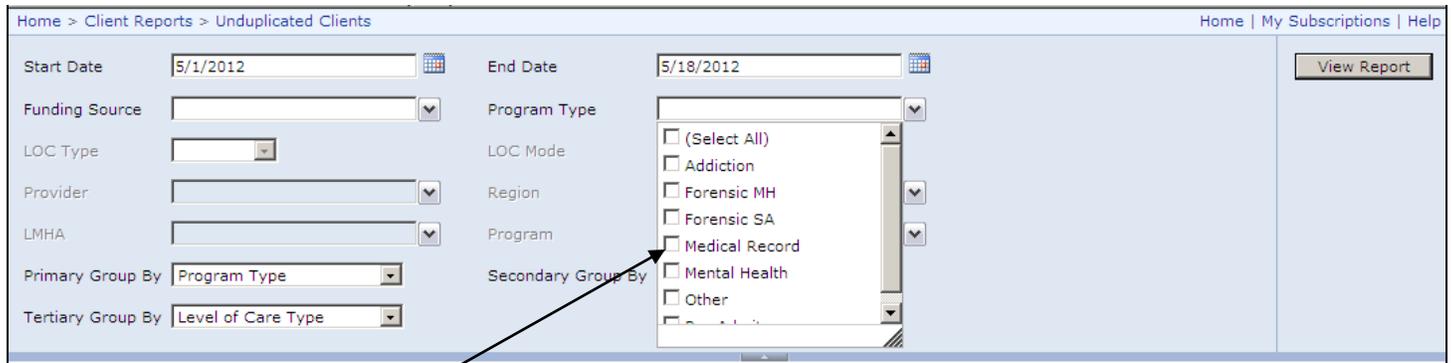
CRITERIA SELECTION AND FILTERING

Each report will have certain selection criteria based on the type of report. There may be dates to enter, drop lists to make data selections and check boxes.

 There may be a delay (and white screen) after making selections. This is due to the filtering that may occur after selections are made in order to display the correct data for the report.

Examples:

- There may be a delay when entering or selecting a Date.
- After selecting Agency or Agencies, Program or Programs, Level of Care, or Sort By, the system goes through a filtering process in order to display the correct data.



CHECK BOXES: One or as many as desired can be selected. Choose the (Select All) check box to view all in the list.

DRILL DOWN FOR REPORT DETAILS

ADMISSION & ASSESSMENT DETAILS

1. Click on the [Admissions](#) or [Assessments](#) link for Admission or Assessment details.

Provider - APT Foundation Inc						609	661	661
Program - CTU OP Cocaine 780200 - A100215780200						609	661	661
Last Name	First Name	Admit	Discharge	Status	Length of Stay	Click for Detail		
Clientone	TestOne	7/12/2000		Open	1,413	Admissions	Assessments	
Clienttwo	TestTwo	6/16/2000		Open	343	Admissions		

 **Note:** If there are no assessments for a client, the field for the assessments link will be blank.

2. Click on the [Detail](#) link next to the Admission for client admission details.

APT Foundation Inc	Admitted	Discharged	Referral	Discharge Reason	Detail
1 Long Wharf Dr Voc Re 916-270	6/7/2011	-	Mental Health Provider	-	Detail
CTU OP Cocaine 780200	6/6/2011	-	Self	-	Detail

3. Select the [Click for Detail](#) link next to the assessment for **Assessments** details.

Assessments			
Assessment Type	Admit Type	Count	Click For Detail
Periodic	Admit	1	Click For Detail
Co-Occurring	Admit	1	Click For Detail
Periodic	Discharge	1	Click For Detail

4. Once the [Click for Detail](#) link is selected, the Assessments details will display.

Assessments			
2/1/2014			
CTU OP			
		Question Text	Response Text
Periodic	Admit	Employment Status	Unknown
Periodic	Admit	Highest Grade Completed	9
Periodic	Admit	Persons Dependent on Income	1
Periodic	Admit	Minors Dependent on Income	0
Periodic	Admit	Principal Source Of Support	Public Assistance
Periodic	Admit	Living Situation	Unknown
Periodic	Admit	Number of Days in a Controlled Environment in the last 30 days	5

 *All of the assessments that were completed for the client for each program will display.*

NO DATA FOUND

 If there are no Assessments, Diagnoses or Services data in the report for the client, 'NoFound' messages will display below the Admission information on the Client Summary screen.

Diagnoses

No Diagnosis Information Found

Services

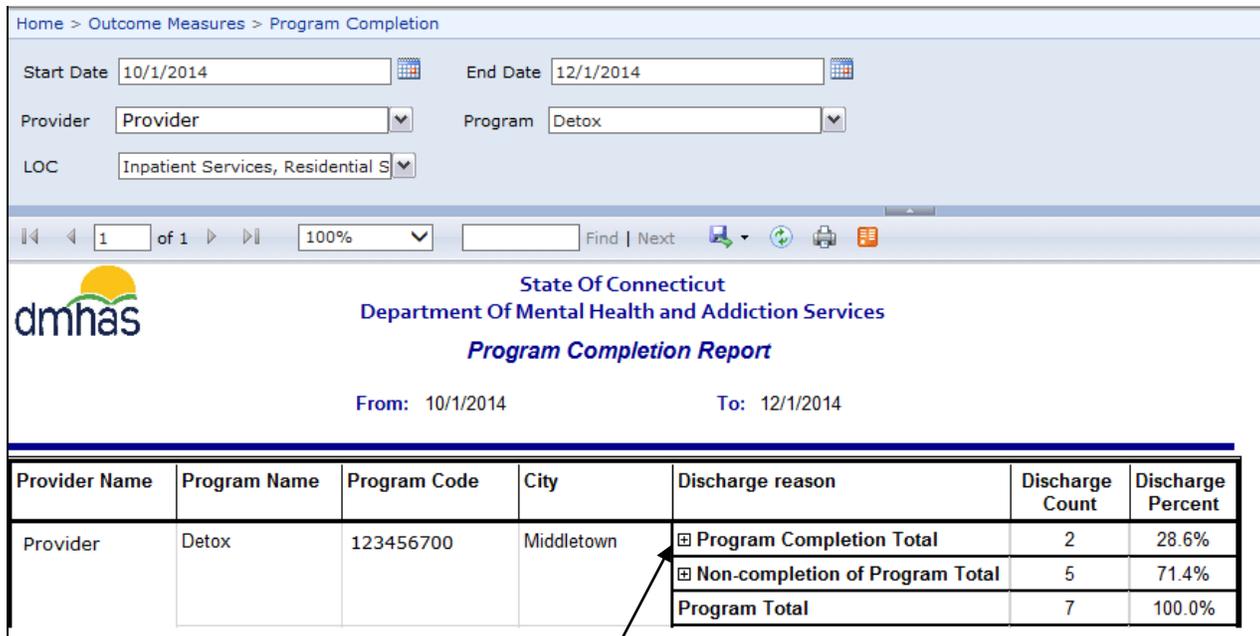
No Services Found

Assessments

No Assessments Found

EXPAND TO VIEW DETAIL

Some reports have a  'plus sign' to expand details.



Home > Outcome Measures > Program Completion

Start Date: 10/1/2014 End Date: 12/1/2014

Provider: Provider Program: Detox

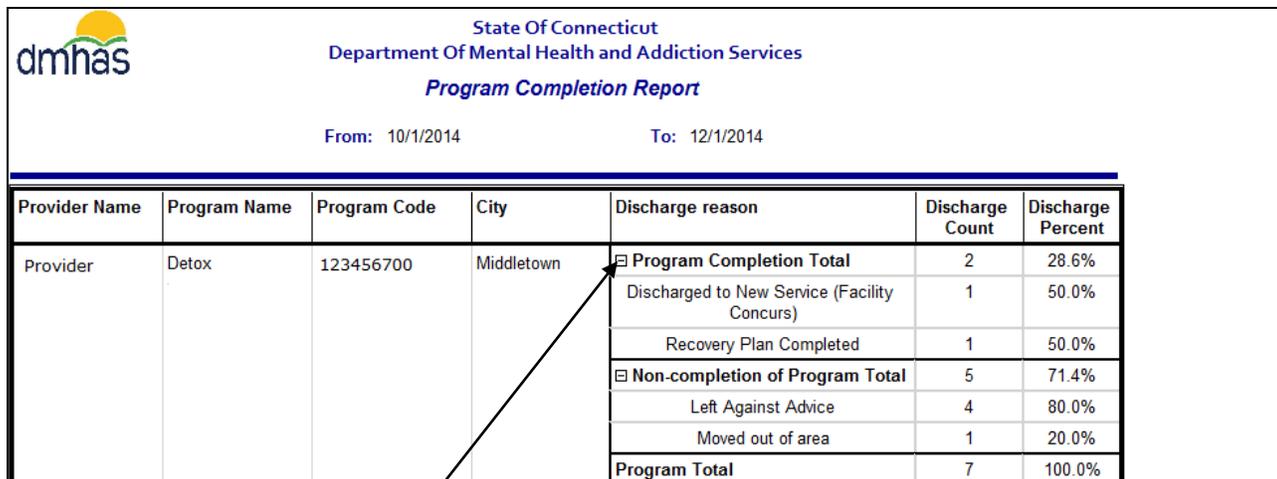
LOC: Inpatient Services, Residential S

dmhas State Of Connecticut Department Of Mental Health and Addiction Services Program Completion Report

From: 10/1/2014 To: 12/1/2014

Provider Name	Program Name	Program Code	City	Discharge reason	Discharge Count	Discharge Percent
Provider	Detox	123456700	Middletown	 Program Completion Total	2	28.6%
				 Non-completion of Program Total	5	71.4%
				Program Total	7	100.0%

1. To **expand** a report for detail, select the  'plus sign'. The details will display.



dmhas State Of Connecticut Department Of Mental Health and Addiction Services Program Completion Report

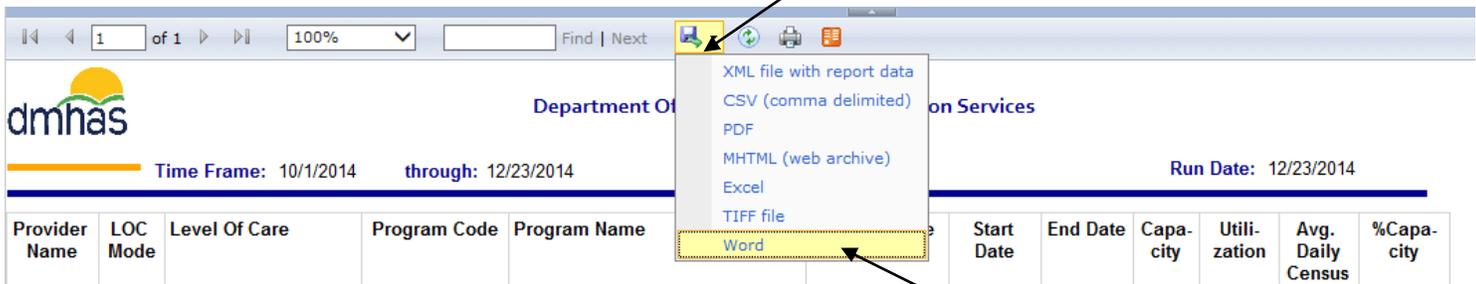
From: 10/1/2014 To: 12/1/2014

Provider Name	Program Name	Program Code	City	Discharge reason	Discharge Count	Discharge Percent
Provider	Detox	123456700	Middletown	 Program Completion Total	2	28.6%
				Discharged to New Service (Facility Concurs)	1	50.0%
				Recovery Plan Completed	1	50.0%
				 Non-completion of Program Total	5	71.4%
				Left Against Advice	4	80.0%
				Moved out of area	1	20.0%
				Program Total	7	100.0%

2. It will become a  'minus sign'. Select the 'minus sign' to collapse the detail listing.

EXPORTING A REPORT

1. Once the desired report displays, select export icon  to export to Word, PDF, Excel or CSV.



2. Select the droplist arrow next to the export icon and choose the desired format from the droplist.
3. A message will display at the bottom of the screen asking if you want to **Open** or **Save** the report.
4. If you want to print the report, select the Open option. (See **Printing** instructions below.)

PRINTING A REPORT

1. To print a report that was **exported**, select **File** and **Print** in the menu bar of the report or select the printer  icon at the top of the report menu bar.



OR

Select the Printer  icon in the menu bar of the report.



2. Select **OK** to 'Print' the report.

SEARCHING AND NAVIGATING WITHIN A REPORT

1. To **Search** for something in a report, enter the search criteria in **Find** box and select **Next**.



2. Select the percentage drop list to make a report size larger or smaller.
3. Select the **arrows** next to the page numbers to **scroll** through the pages.

CLIENT LOOK-UP REPORTS

PROGRAM ROSTER REPORT: This report is in the Client Reports folder and generates a listing of clients in a particular provider and program for a given period of time. Admission and any Assessment details can be viewed for an individual client by selecting links within the report.

1. Once the Client Reports folder is selected, a list of reports will display.
2. Select the Program Roster Report
3. The criteria for the report will display

Home > Client Reports > Program Roster Home | My Subscriptions | Help

Start Date: 5/18/2012 End Date: 5/18/2012

Provider: <Select a Value> Program Type:

Level of Care Type: Level of Care Mode:

Program: Clients To Include: All Active Clients (dropdown menu open showing: Admits Only, Discharges Only, All Active Clients)

Include Client Detail:

Select to view report

4. Select the appropriate search criteria: **Start Date**, **End Date**, **Provider**, **Program Type**, **LOC Type**, **LOC Mode**, **Program**, **Clients to Include** (Admits Only, Discharges Only or All Active Clients) and **Include Client Detail** (Yes or No).
5. Select the **View Report** button.
6. The **Program Roster Report** will display.
7. A listing of clients will display based on the criteria that was entered.

Home > Client Reports > Program Roster Home | My Subscriptions | Help

Start Date: 3/21/2012 End Date: 3/21/2012

Provider: APT Foundation Inc Program Type: Addiction

Level of Care Type: Outpatient Level of Care Mode: Standard Outpatient

Program: CTU OP Cocaine 780200 Clients To Include: All Active Clients

Include Client Detail: Yes

View Report

dmhas State Of Connecticut Department Of Mental Health and Addiction Services Page 1 of 1
5/18/2012 3:21 PM

Program Roster

Selected Report Parameters

Provider: APT Foundation Inc	Date Range: 3/21/2012 - 3/21/2012 - All Active Clients
Program: CTU OP Cocaine 780200	Level of Care Type: Outpatient
Program Type: Addiction	Level of Care Mode: Standard Outpatient

	Avg Length of Stay (Days)	Total Active	Distinct Clients
APT Foundation Inc	352.6	658	658
CTU OP Cocaine 780200 - A100215780200	352.6	658	658

Last Name	First Name	Admitted	Discharged	Status	Length of Stay	Click for Detail
Clientone	TestOne	7/12/2000		Open	1,413	Admissions Assessments
Clienttwo	TestTwo	6/16/2000		Open	343	Admissions Assessments
Clientthree	TestThree	9/8/2000		Open	989	Admissions Assessments

8. Select the Admissions link to view client admission detail or the Assessments link to view client assessment detail.

9. If the [Admissions](#) link is selected, **Client Summary** information will display.

10. Select the [Detail](#) link to view Client Admission Detail.

dmhas State Of Connecticut Department Of Mental Health and Addiction Services Client Summary

TestThree Clientthree
 Street: [Redacted]
 New Haven, CT 06519

Date of Birth: 1/11/1981
 Social Security: 123-00-1234
 Gender: Male
 Marital Status: Unknown

Ethnicity: Hispanic-Other
 Religion: None
 Language 1: English

Admissions

APT Foundation Inc	Admitted	Discharged	Referral	Discharge Reason	
1 Long Wharf-Voc Rehab 780270	2/25/2000	-	Unknown	-	Detail
CTU OP Cocaine 780200	9/8/2000	-	Mental Health Provider	-	Detail

Diagnoses

Axis	Code	Description	Count
Axis 1	111.11	Cocaine Dependence, Unspecified Use	1
Axis 1	222.22	Diagnosis Deferred On This Axis	2
Axis 4	4	Occupational problems.	1
Axis 5	0	0 Inadequate Information	1

Services

Code	Description	Total	Measure
------	-------------	-------	---------

Select to [Detail](#) view admission details

11. Client Admission Details will display.

12. Select the blue arrows to go to the next page in the report.

Home > Client Reports > Client Admission Detail Page 1 of 1

dmhas State Of Connecticut Department Of Mental Health and Addiction Services Client Admission Detail

TestThree Clientthree
 Street: [Redacted]
 New Haven, CT 06519

Date of Birth: 1/11/1981
 Social Security: 123-00-1234
 Gender: Male
 Marital Status: Unknown

Ethnicity: Hispanic-Other
 Religion: None
 Language 1: English

Provider: APT Foundation Inc
 Program: CTU OP Cocaine 780200

DDAP ClientID: [Redacted] Provider ClientID: [Redacted]

Admit Date	Discharge Date	Length of stay	Admit Age	Primary Referral Source	Discharge Reason
9/8/2000	-	928	44	Mental Health Provider	-

Client Insurance

Insurance Type	Policy Number	Policy Start Date	Policy End Date
Other private insurance	1111111	3/18/2000	
GA-SAGA	33333	2/12/2000	

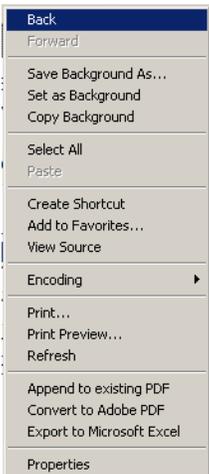
Diagnoses

Diagnosis Date	Type	Axis	Code	Description
9/8/2008	Admit	Axis 1	111.11	Cocaine Dependence, Unspecified Use
	Admit	Axis 2	222.22	Diagnosis Deferred On This Axis
	Admit	Axis 4	4	Occupational problems.

Services

Service Date	Code	Description	Unit	Duration	Measure
--------------	------	-------------	------	----------	---------

13. To view Assessment information, right click on your mouse and select 'back' to get back to the **Program Roster** screen. (Or use the **Backspace** key on your keyboard)



14. The **Program Roster** listing will display.

Selected Report Parameters						Program Roster		
Provider: APT Foundation Inc			Date Range: 10/13/2010 - 10/13/2010					
Program: CTU OP Cocaine 780200			Level of Care Type: Outpatient					
Program Type: Addiction			Level of Care Mode: Standard Outpatient					
						Avg Length of Stay (Days)	Total Admits	Distinct Clients
Provider - APT Foundation Inc						573.8	649	649
Program - CTU OP Cocaine 780200 - A100215780200						573.8	649	649
Last Name	First Name	Admit	Discharge	Status	Length of Stay	Click for Detail		
Clientone	TestOne	7/12/2000		Open	1,352	Admissions	Assessments	
Clienttwo	TestTwo	6/16/2000		Open	282	Admissions	Assessments	
Clientthree	TestThree	9/8/2000		Open	928	Admissions	Assessments	

15. Select the [Assessments](#) link for the client to view detail.

16. The **Assessment Detail** will display for the client.

dmhas		State Of Connecticut Department Of Mental Health and Addiction Services		Assessment	
TestThree Clientthree		Date of Birth	1/11/1981	Ethnicity	Hispanic-Other
Street New Haven, CT 06519		Social Security	123-00-1234	Religion	None
		Gender	Male	Language 1	English
		Marital Status	Unknown		
Assessments					
9/8/2000					
CTU OP Cocaine 780200					
		Question Text		Response Text	
Periodic	Admit	Employment Status		Unknown	
Periodic	Admit	Highest Grade Completed		9	
Periodic	Admit	Persons Dependent on Income		1	
Periodic	Admit	Minors Dependent on Income		0	
Periodic	Admit	Principal Source Of Support		Public Assistance	
Periodic	Admit	Living Situation		Unknown	
Periodic	Admit	Number of Days in a Controlled Environment in the last 30 days		5	

SEARCH CLIENTS REPORT: This report is in the Client Reports folder and allows the user to search on individual clients and view admission details for that client.

1. Select the Client Reports folder and select the Search Clients report.
2. The **Search Clients** criteria will display.
3. Select the following from the drop lists: **Provider**, **Program** and **Last Name** or **Social Security Number**. Enter a **Partial Last Name** or **Full Social Security Number**.
4. Select the **View Report** button.

5. Clients will display based on the search criteria selected.
6. Select [Admissions](#) to view Client Admission Details for a client.

Last Name	First Name	MI	DOB	SS#	Provider	
Clientfour	Tom		2/1/1977	000-12-0000	Bridges	Admissions
Clientfive	Juan		3/2/1982	000-11-0000	Bridges	Admissions
Clientsix	John		4/20/1983	111-00-1111	Bridges	Admissions

7. **Client Information** will display for the client that is selected.

Tom Clientfour

Road
West Haven, CT
06516

Date of Birth: 2/1/1977
Social Security: 000-12-0000
Gender: Male
Marital Status: Married

Ethnicity: Non-Hispanic
Religion:
Language 1: English
Language 2: Spanish

Admissions

YWCA of Hartford	Admitted	Discharged	Referral	Discharge Reason	
Salvation Army OutReach628295	7/8/2000	9/2/2007	Unknown	Recovery Plan Completed	Detail

Diagnoses

Axis	Code	Description	Count
Axis 1	799.9	Diagnosis Deferred On This Axis	2
Axis 5	0	0 Inadequate Information	2

Services

Code	Description	Total	Measure
T1016	Case Management w/ Client Face to Face	30	Minutes

Assessments

Assessment Type	Admit Type	Count	
Periodic	Discharge	1	Click For Detail

8. When [Detail](#) for the Admission is selected, client Admission Detail will display.

dmhas State Of Connecticut Department Of Mental Health and Addiction Services Client Admission Detail

Tom Clientfour
Road West Haven, CT 06516

Date of Birth: 2/1/1977
Social Security: 000-12-0000
Gender: Male
Marital Status: Married
DDAP ClientID: 00000

Ethnicity: Non-Hispanic
Religion:
Language 1: English
Language 2: Spanish
Provider ClientID:

Provider: YWCA of Hartford
Program: Salvation Army OutReach628295

Admit Date	Discharge Date	Length of stay	Admit Age	Primary Referral Source	Discharge Reason
7/8/2000	-	260	62	Unknown	-

Client Insurance

Insurance Type	Policy Number	Policy Start Date	Policy End Date
No health insurance	Unknown	7/8/ 2000	

Diagnoses

Diagnosis Date	Type	Axis	Code	Description
9/2/2007	Discharge	Axis 1	799.9	Diagnosis Deferred On This Axis



[Click for Detail](#) takes you to a listing and details of all of the client's Assessments. If there are several Assessments, you may need to scroll through the pages using the blue arrows at the top of the report 1 of 3 to find the Assessment.

dmhas State Of Connecticut Department Of Mental Health and Addiction Services Client Admission Detail

Tom Clientfour
Road West Haven, CT 06516

Date of Birth: 2/1/1977
Social Security: 000-12-0000
Gender: Male
Marital Status: Married
DDAP ClientID: 00000

Ethnicity: Non-Hispanic
Religion:
Language 1: English
Language 2: Spanish
Provider ClientID:

Provider: YWCA of Hartford
Program: Salvation Army OutReach628295

Admit Date	Discharge Date	Length of stay	Admit Age	Primary Referral Source	Discharge Reason
7/8/2000	-	260	62	Unknown	-

Client Insurance

Insurance Type	Policy Number	Policy Start Date	Policy End Date
No health insurance	Unknown	7/8/ 2000	

Diagnoses

Diagnosis Date	Type	Axis	Code	Description
9/2/2007	Discharge	Axis 1	799.9	Diagnosis Deferred On This Axis
	Discharge	Axis 5	0	0 Inadequate Information

Assessments

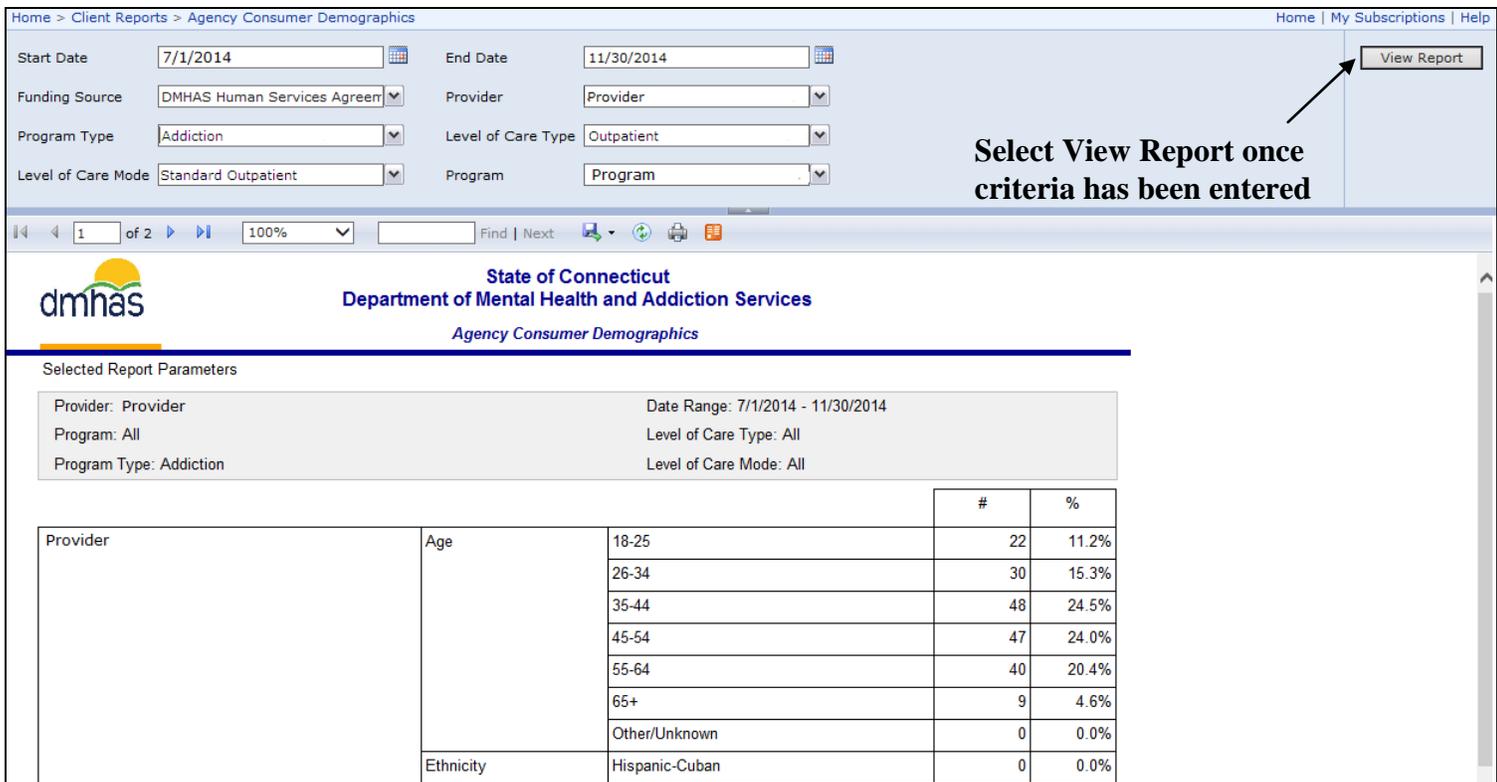
Question Text	Response Text
Co-Occurring Admit Mental Health Screening Used	Medically or Clinically Inappropriate
Co-Occurring Admit Mental Health Screening Score	NA
Co-Occurring Admit Have you ever lost considerable amounts of money through gambling or had problems at work, in school	No
Co-Occurring Admit Substance Abuse Screening Used	Medically or Clinically Inappropriate
Co-Occurring Admit Substance Abuse Screening Score	NA
Jail Diversion Admit Unit	Bridges Court Diversion

9. When [Click for Detail](#) for Assessments is selected, Assessment detail will display.

CLIENT DEMOGRAPHICS

AGENCY CONSUMER DEMOGRAPHICS: This report is in the Client Reports folder and displays client totals and percentages based on age, ethnicity, race and gender within a particular provider and program for the date range selected.

1. Enter a **Start** and **End Date** in the correct MM/DD/YYYY date format, or use the calendar.
2. Select one, or more or 'Select All' from the drop lists:
 - **Funding Source**
 - **Provider**
 - **Program Type**
 - **Level of Care Type**
 - **Level of Care Mode**
 - **Program**
3. Select the **View Report** button.
4. The **Agency Consumer Demographics** report will display **Age, Ethnicity, Gender** and **Race** based on the date range and criteria selected.



Home > Client Reports > Agency Consumer Demographics Home | My Subscriptions | Help

Start Date: 7/1/2014 End Date: 11/30/2014

Funding Source: DMHAS Human Services Agree Provider: Provider

Program Type: Addiction Level of Care Type: Outpatient

Level of Care Mode: Standard Outpatient Program: Program

Select View Report once criteria has been entered

dmhas State of Connecticut
Department of Mental Health and Addiction Services
Agency Consumer Demographics

Selected Report Parameters

Provider: Provider Date Range: 7/1/2014 - 11/30/2014
 Program: All Level of Care Type: All
 Program Type: Addiction Level of Care Mode: All

			#	%
Provider	Age	18-25	22	11.2%
		26-34	30	15.3%
		35-44	48	24.5%
		45-54	47	24.0%
		55-64	40	20.4%
		65+	9	4.6%
		Other/Unknown	0	0.0%
	Ethnicity	Hispanic-Cuban	0	0.0%

SERVICE HISTORY REPORTS

SERVICE SUMMARY AND DETAIL REPORT: This report is in the **Client Reports** folder and displays service information for clients within a provider and program for a given period of time.

1. Enter a **Start** and **End Date** in the correct MM/DD/YYYY date format, or use the calendar.
2. Select a **Provider** from the drop list.
3. Select one, or more or 'select All' from the drop lists:
 - **Funding Source**
 - **LOC (Level of Care)Type**
 - **LOC Mode**
 - **Program**
4. **Report Type:** Select 'Service Details' or 'Service Summary'.
5. **Population:** Select 'Clients With Services', 'Clients Without Services', or 'Both.' *(If 'Service Summary' is selected for 'Report Type', the 'Population' will only display 'Clients with Services'.)*
6. **Collapse Groups:** Select 'False' for to see individual service code details for each client or leave 'True' selected to see client listing with total services.
7. Select the **View Report** button to view the **Service Summary and Detail** report.
8. A listing of clients will display based on the criteria selected.

Home > Client Reports > Service Summary and Detail

Start Date: 11/1/2014 End Date: 12/1/2014 View Report

Provider: Provider Funding Source: DMHAS Human Services Agreement

LOC Type: Outpatient LOC Mode: Standard Outpatient

Program(s): Outpatient Program Report Type: Service Details

Population: Both (W/ and W/O) Collapse Groups: True False

1 of 3 100% Find | Next

State of Connecticut
Department of Mental Health and Addiction Services
Service Summary and Detail Report
From: 11/1/2014 To: 12/1/2014

Provider:

Program Name	Program Code	Total Unduplicated Clients Active in Program: 513							
Outpatient	L12345000	Total Unduplicated Clients with Services: 333							
Prov Client ID	Client Name	SSN	DOB	Sex	Admit Date	Dischr Date	Total Hrs	Total Days	Total Incidents
<input checked="" type="checkbox"/> 11111	ATest1, Client	123-00-1234	11/1/1988	Female	4/20/2000		2.00	0	0
<input checked="" type="checkbox"/> 221122	ATest2, Client	222-00-3333	11/3/1965	Female	5/4/2000		1.00	0	0
<input checked="" type="checkbox"/> 10006	ATest3, Client	111-00-1111	11/1/1977	Male	11/3/1997		1.00	0	0
<input checked="" type="checkbox"/> 0099000	ATest4, Client	000-11-0000	11/10/1981	Female	12/9/1997		0.33	0	0

9. If 'True' was selected for Collapse Groups, a 'plus' sign icon will display next to each client ID.
10. Select the 'plus' sign to view the services that were provided to the client for that period.

11. The individual service code details will display for the clients.

Home > Client Reports > Service Summary and Detail

Start Date: 11/1/2014 End Date: 12/1/2014 View Report

Provider: Provider Funding Source: DMHAS Human Services Agreem

LOC Type: Outpatient LOC Mode: Standard Outpatient

Program(s): Outpatient Program Report Type: Service Details

Population: Both (W/ and W/O) Collapse Groups: True

dmhas State of Connecticut
Department of Mental Health and Addiction Services
Service Summary and Detail Report
From: 11/1/2014 To: 12/1/2014

Provider:

Program Name	Program Code	Total Unduplicated Clients Active in Program: 513							
Outpatient	L12345000	Total Unduplicated Clients with Services: 333							
Prov Client ID	Client Name	SSN	DOB	Sex	Admit Date	Dischr Date	Total Hrs	Total Days	Total Incidents
<input checked="" type="checkbox"/> 11111	A Test1, Client	123-00-1234	11/1/1988	Female	4/20/2000		2.00	0	0
CPT Code	Description	Start Date	End Date	Unit	Duration	Measure			
90804	Individual Psychotherapy (face to face) 20-30 min	11/3/2010	11/3/2010	1	0.50	Hours			
		11/12/2010	11/12/2010	1	0.50	Hours			
90806	Individual Psychotherapy (face to face) - 45-50 minutes	10/20/2010	10/20/2010	1	1.00	Hours			

12. The 'plus sign' becomes a 'minus sign' when the selected. To collapse the service detail listing, select the 'minus' sign.

dmhas State of Connecticut
Department of Mental Health and Addiction Services
Service Summary and Detail Report
From: 11/1/2014 To: 12/1/2014

Provider:

Program Name	Program Code	Total Unduplicated Clients Active in Program: 513							
Outpatient	L12345000	Total Unduplicated Clients with Services: 333							
Prov Client ID	Client Name	SSN	DOB	Sex	Admit Date	Dischr Date	Total Hrs	Total Days	Total Incidents
<input checked="" type="checkbox"/> 11111	A Test1, Client	123-00-1234	11/1/1988	Female	4/20/2000		2.00	0	0
CPT Code	Description	Start Date	End Date	Unit	Duration	Measure			
90804	Individual Psychotherapy (face to face) 20-30 min	11/3/2010	11/3/2010	1	0.50	Hours			
		11/12/2010	11/12/2010	1	0.50	Hours			
90806	Individual Psychotherapy (face to face) - 45-50 minutes	10/20/2010	10/20/2010	1	1.00	Hours			
<input checked="" type="checkbox"/> 1111111	Client,Six	123-45-6789	1/11/1976	Male	6/22/2011		0.00	0	0
<input checked="" type="checkbox"/> 000000	Test,Two	000-22-0000	10/05/1954	Male	9/20/2010		6.00	0	0
<input checked="" type="checkbox"/> 0000	Case,Four	000-11-0000	3/01/1961	Female	4/11/2010		0.00	0	0



If 'Both' is selected for **Population**, and a client has no services, the client information will highlight in gray and, when the 'plus' sign is selected, white space will display below since there are no services.

MONTHLY SERVICE DATA SUBMISSION REPORT: This report is in the Data Quality folder and displays service data submission totals by month based on the fiscal year selected. It also displays service monthly totals by program, region and level of care.

- Select from the drop lists:
 - Fiscal Year
 - Provider(s)
 - Funding Type(s)
 - Report Type (Summary or Details)
 - Program Status (Active, Inactive or Select All for both statuses)
- Select the **View Report** button to view the report.

Report Type: 'Details' displays as follow:

Home > Data Quality > Monthly Service Data Submission Report Home | My Subscriptions | Help

Select Fiscal Year: 2014 Select Provider(s): Provider View Report

Select Funding Type: DMHAS Human Services Agreement Select Report Type: Details

Select Program Status: Active

dmhas State Of Connecticut
Department Of Mental Health and Addiction Services
Monthly Service Data Submission Report

Start Date: 7/1/2013 End Date: 6/30/2014

									2013						
Provider Name									July	August	September	October	November	December	January
<input checked="" type="checkbox"/> Provider Total for Provider									270	347	332	315	897	280	523
Program	Program Code	Region #	LOC Type	LOC Mode	Funded	TCM Prov	TCM Prog								
Hartford	A987600001	Region 4	Employment Services	Employment Services	Y	N	N	4	4	5	7	6	4	19	
New London	A987600002	Region 3	Employment Services	Employment Services	Y	N	N	1	7	0	16	5	8	20	
Willimantic	A987600003	Region 3	Employment Services	Employment Services	Y	N	N	0	0	0	1	0	1	1	
OP Center	A987600004	Region 4	Outpatient	Standard Outpatient	Y	N	N	214	329	306	288	771	247	442	
Grand Total for Providers Selected:									270	347	332	315	897	280	523

- Select the 'plus' sign icon to display the summary by Provider.

Report Type: 'Summary' displays as follow:

Home > Data Quality > Monthly Service Data Submission Report Home | My Subscriptions | Help

Select Fiscal Year: 2014 Select Provider(s): Alcohol and Drug Recovery Center View Report

Select Funding Type: DMHAS Human Services Agreement Select Report Type: Details

Select Program Status: Active

dmhas State Of Connecticut
Department Of Mental Health and Addiction Services
Monthly Service Data Submission Report

Start Date: 7/1/2013 End Date: 6/30/2014

									2013						
Provider Name									July	August	September	October	November	December	January
<input checked="" type="checkbox"/> Provider Total for Provider									270	347	332	315	897	280	523
Grand Total for Providers Selected:									270	347	332	315	897	280	523

ASSESSMENT REPORTS

PERIODIC ASSESSMENT 6-MONTH TICKLER REPORT: This report is in the **Data Quality** folder and displays a listing of clients who require a Periodic Assessment based on the 'As of Date' and the **Provider** and **Program** selected. This report shows:

- Only programs that are designated as requiring Periodic Assessments.
- Clients who have been active more than 6 months who have not had a Periodic Assessment entered in six months (date will be in **RED**) or the date will be missing if the client has no Periodic Assessment on record.
- Clients who had a substance abuse diagnosis in their last diagnosis record in DDaP. (*Substance Use fields in the Periodic Assessment will be required.*)

1. Select the **Data Quality** folder and select the **Periodic Assessment 6-Month Tickler Report**.
2. Enter the **As of Date** (date will default to current date) and select the **Provider** and **Program(s)**.
3. Select 'Yes' or 'No' for **Show Only Overdue Clients**. ('No' will display all Last Assessment Dates)
4. Select the **View Report** button.
5. The **Periodic Assessment 6-Month Tickler Report** will display.

Home > Data Quality > Periodic Assessment 6-Month Tickler Report

As Of Date: 11/1/2014 Provider: Provider Program: Outpatient 1, Outpatient 2 Show Only Overdue Clients: No View Report

dmhas State Of Connecticut Department Of Mental Health and Addiction Services Periodic Assessment 6-Month Tickler Report As Of Date: 5/21/2012 12:00 AM

This Six Month Tickler report only shows programs that are designated as requiring Periodic Assessments. The report does not show missing admission or discharge Periodic Assessments, as these are required by DDaP in order to complete an admission or discharge. Instead, the report shows clients who have not had a periodic assessment entered in six months (date will be in **RED**) or the date will be missing if the client has no periodic assessment on record. This occurs when the client has been active for more than 6 months. The report also shows if the client has a substance abuse diagnosis in their last diagnosis record in DDaP. If so, the substance use fields in the periodic assessment will be required. Provider client counts are for the selected programs only, and not all the providers' programs.

This Report shows all clients in the selected programs whose admission date is equal to or greater than six months prior to the as of date.

						Clients Needing Assessment	Number of Clients
Facility: Program Name							2783
Program: Outpatient 1						1	1
Client Name	Client ID	Source System	Admission Date	SA Dx Present	Last Assessment Date		
One, Client	0000	DDAP	2/23/2011	No	2/23/2011		
Program: Outpatient 2						9	9
Client Name	Client ID	Source System	Admission Date	SA Dx Present	Last Assessment Date		
Four, Client	000	DDAP	5/23/2012	No	5/23/2012		
Three, Client	00000	DDAP	10/13/2010	Yes	10/15/2014		
Two, Client	000000	DDAP	6/7/2013	No	8/26/2014		

6. Review clients listed and enter **Periodic Assessment Updates** accordingly.

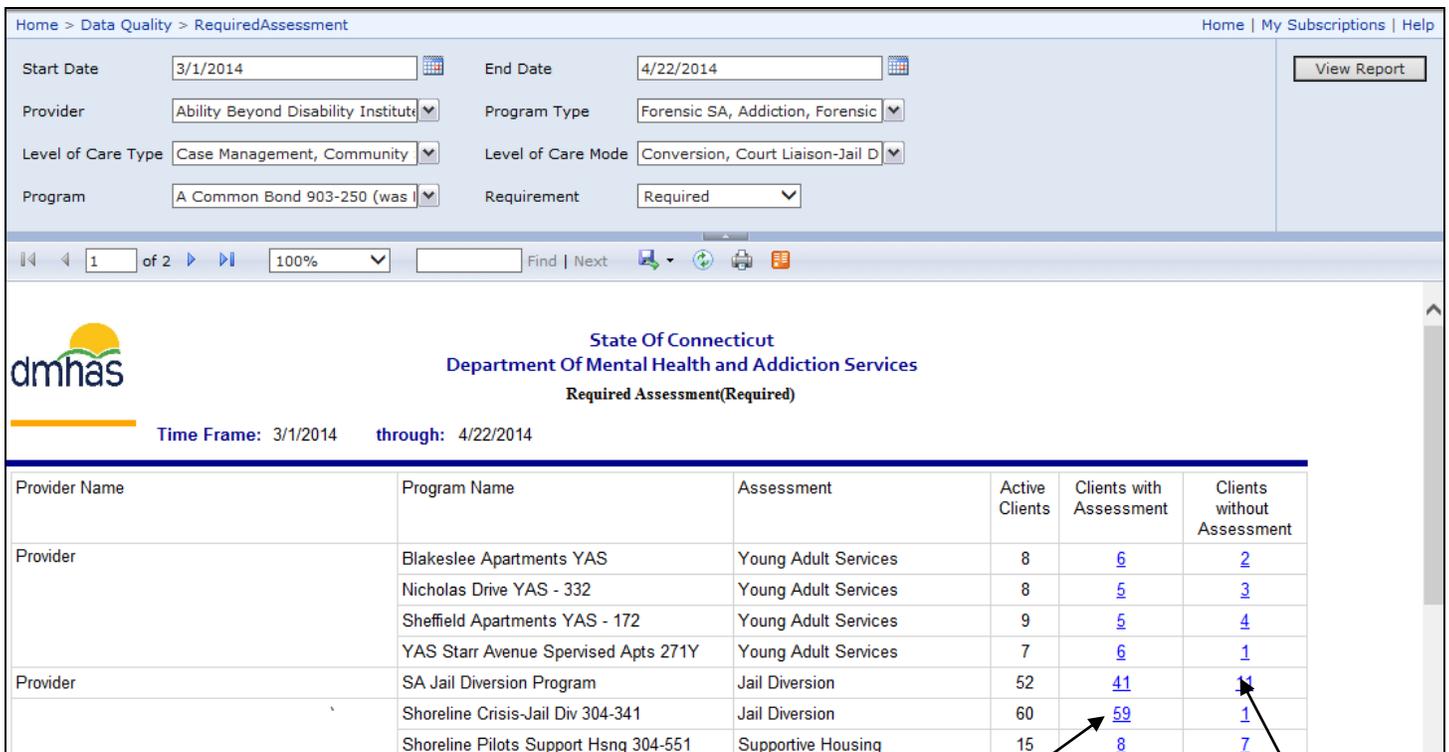


Provider client counts are for the selected programs only.

REQUIRED ASSESSMENT REPORT: This report is in the Data Quality folder and displays a listing of required assessment counts (or optional assessments, or both), as well as a listing of clients who require an Assessment based on a date range, Program Type, Level of Care and the **Provider** and **Program** selected.

 **NOTE:** This does not include Periodic Assessment. See the 6 Month Periodic Tickler report.

1. Select the Data Quality folder and select the Required Assessment report.
2. Enter a **Start** and **End Date** in the correct MM/DD/YYYY date format, or use the calendar.
3. Select one, or more or Select All' from the drop lists:
 - **Provider**
 - **Program Type**
 - **Level of Care Type**
 - **Level of Care Mode**
 - **Program**
 - **Requirement** (Select 'Required','Optional' or 'Both'.)
4. Select the **View Report** button
5. The report will display based on the criteria selected.



Provider Name	Program Name	Assessment	Active Clients	Clients with Assessment	Clients without Assessment
Provider	Blakeslee Apartments YAS	Young Adult Services	8	6	2
	Nicholas Drive YAS - 332	Young Adult Services	8	5	3
	Sheffield Apartments YAS - 172	Young Adult Services	9	5	4
	YAS Starr Avenue Spervised Apts 271Y	Young Adult Services	7	6	1
Provider	SA Jail Diversion Program	Jail Diversion	52	41	11
	Shoreline Crisis-Jail Div 304-341	Jail Diversion	60	59	1
	Shoreline Pilots Support Hsng 304-551	Supportive Housing	15	8	7

11. Select the **'Client with Assessments'** link to view the list of clients who have completed assessments.
12. Select the **'Clients without Assessment'** link to view those who need assessment data entered in the system.

NATIONAL OUTCOME MEASURES

NOMS VALUES REPORT: This report is in the **Outcome Measures** folder displays Periodic Assessment NOMs (National Outcome Measures) details for a provider / program. The valid values used for the valid NOMs measures in the Program Quality Report are highlighted in the report.

1. Select the **Outcome Measures** folder and select the **NOMS Values** report from the reports listing.
2. The selection criteria for the NOMs Values report will display.
3. Enter the **Start Date** and **End Date** in the correct MM/DD/YYYY date format, or use the calendar.
4. Select the **Provider**.
5. Select one, or more or 'All' from the drop lists:
 - **Funding Source(s)**
 - **Program Type(s)**
 - **Program(s)**
6. Select the **'View Report'** button to view the **NOMS Values** for the clients.

Home > Outcome Measures > NOMS Values

Home | My Subscriptions | Help

Start Date: 12/1/2012 End Date: 1/1/2013

Provider: Sober Solutions Funding Source(s): DMHAS Human Services Agree

Program Type(s): Addiction Program(s): Support Recovery House/Coop

View Report

dmhas State of Connecticut
Department of Mental Health and Addiction Services

NOMS Values
From: 12/1/2012 To: 1/1/2013

Selected Report Parameters:

Date Range: 12/1/2012 - 1/1/2013
Provider: Sober Solutions Funding Source: DMHAS Human Services Agree
Program Type: Addiction Program: Support Recovery House/Cooper 6347

Sober Solutions
Program Name: Support Recovery House/Cooper 634742

Values in red are used in the DMHAS Quality Dashboard Report.

Client Name	Assessment Date	Employment	Housing	Arrests	Social Supports Voluntary	Social Supports with Family/Friends	Primary Drug	# of Days Used in Last Rep
Client, One	12/01/2012	Unemp	Cong. Res Care	0	30	Yes	Heroin	n/a
Client, Three	11/15/2012	Unemp	Cong. Res Care	0	4	Yes	Heroin	n/a
Client, Zack	11/20/2012	Emp FT	Cong. Res Care	0	30	Yes	Crack	n/a
Client, Zelda	11/05/2012	Unemp	Cong. Res Care	0	30	Yes	Heroin	n/a

	Employed	Stable Housing	Not Arrested	Participate in Self Help Groups	Improved / Maintained Social Supports	Abstinent or Reduced
Numerator	3	8	8	8	8	8
Total Unduplicated Clients	8	8	8	8	8	8
Percentage %	38%	100%	100%	100%	100%	100%
Percentage % (Unknown)	0%	0%	0%	0%	0%	0%

UTILIZATION REPORTS

BED UTILIZATION REPORT: This report is in the Client Reports folder and allows the user to generate bed utilization information, based on the selections made, for Inpatient and Residential Programs for both State-operated and Private-non-Profits programs funded or run by DMHAS.

1. Select the Client Reports folder and select the Bed Utilization report
2. Enter a **Start** and **End Date** in the correct MM/DD/YYYY date format, or use the calendar.
3. Select one or more or 'Select All' from each of the drop lists:
 - **Program Type**
 - **Funding Source**
 - **Provider**
 - **LOC Type**
 - **LOC Mode**
4. Select the **View Report** button to view the report.
5. The **Bed Utilization** report will display based on the criteria selected.

Home > Client Reports > Bed Utilization Home | My Subscriptions | Help

Start Date: 4/1/2012 End Date: 4/30/2012 View Report

Program Type: Mental Health, Addiction, Foren... Funding Source: DMHAS Human Services Agree...

Provider: Columbus House LOC Type: Case Management, Recovery S...

LOC Mode: Group Home, Intensive Case M...

dmhas State Of Connecticut Department Of Mental Health and Addiction Services

Bed Utilization

Time Frame: 4/1/2012 through: 4/30/2012 Total Days: 30 Run Date: 5/21/2012

Provider Name	LOC Mode	Level Of Care	Program Code	Program Name	Program Type	Start Date	End Date	Capacity	Utilization	Avg. Daily Census	%Capacity
Columbus House								90	4,439	148	164.41%
	Recovery House							10	209	7	69.67%
	Shelter							80	4,230	141	176.25%
Total Across All Providers								90	4,439	148	164.41%

1. Average capacity for an agency or program may be higher or lower than "actual capacities" at the end of a reporting period due to the possibility that programs may not be active during the entire reporting period.
2. The census calculation includes clients on leave in inpatient facilities.

6. Select the plus sign next to the **LOC Mode** to expand the data and see Program information.

dmhas State Of Connecticut Department Of Mental Health and Addiction Services

Bed Utilization

Time Frame: 4/1/2012 through: 4/30/2012 Total Days: 30 Run Date: 5/21/2012

Provider Name	LOC Mode	Level Of Care	Program Code	Program Name	Program Type	Start Date	End Date	Capacity	Utilization	Avg. Daily Census	%Capacity
Columbus House								90	4,439	148	164.41%
	Recovery House							10	209	7	69.67%
	Shelter							80	4,230	141	176.25%
		Residential Services	A901000901750	Shelter 901750	Clinical Site	7/1/2011		80	4,230	141	176.25%
Total Across All Providers								90	4,439	148	164.41%

7. The 'plus sign' becomes a 'minus sign'. Select the 'minus sign' to collapse the data.

OUTPATIENT UTILIZATION BY LOC: This report is in the **Outcome Measures** folder and displays outpatient utilization by program type, funding source and level of care for a provider(s) and programs(s) within a given date range.

1. Select the **Outcome Measures** folder and select the **Outpatient Utilizations by LOC** report.
2. Enter a **Start** and **End Date** in the correct MM/DD/YYYY date format, or use the calendar.
3. Select one or more or 'Select All' from each of the drop lists:
 - **Program Type**
 - **Funding Source**
 - **LOC Type**
 - **LOC Mode**
 - **Provider**
 - **Program**
4. Select the **View Report** button.
5. The **Outpatient Utilization by LOC** report will display based on the criteria selected.

Home > Outcome Measures > Outpatient Utilization by Loc Home | My Subscriptions | Help

Enter Start Date: 11/1/2014 Enter End Date: 11/30/2014

Program Type: Mental Health Only, Substance Funding Source: DMHAS Human Services Agree

LOC Type: ACT, PHP, Housing Services, IC LOC Mode: Ambulatory Detox, Assertive C

Provider: Provider Program: Outpatient 1, Oupatient 2, CSP


State Of Connecticut
Department Of Mental Health and Addiction Services
Outpatient Utilization By LOC

From: 11/1/2014 To: 11/30/2014

Provider Name	LOC Mode	Level Of Care	Program	Program Name	Program Type	Capacity	Total Active Clients	Active Clients with Services	Utilization %	Total service Hours
Provider	Outpatient 1	Outpatient	A90098820	Addiction Outpatient	Addiction	64	228	137	214.06	389.68
Provider	Outpatient 2	Outpatient	L309230	Outpatient	Mental Health	54	39	30	55.56	208.58
Provider	CSP	Community Support	L30937	Comm Supp Prog	Mental Health	10	5	5	50.00	68.75

PROVIDER & PROGRAM INFORMATION

PROGRAM LOC AND CONTRACT MEASURES REPORT: This report is in the Provider and Program Profile folder and lists the providers and programs by program type, level of care, and funding source for both Private Non Profit and State Operated providers, with capacity values for each program.

1. Select the Provider and Program Profile folder.
2. Select the Program LOC and Contract Measures report.
3. Enter a **Start** and **End Date** in the correct MM/DD/YYYY date format, or use the calendar.
4. Select one or more or 'Select All' from each of the drop lists:
 - **Region**
 - **LMHA**
 - **Program Type**
 - **Level of Care Type**
 - **Level of Care Mode**
 - **Providers**
 - **Program**
5. Select All, Yes or No for **HAS/SO Funded**.
6. The **Program LOC and Contract Measures Report** will display based on the criteria selected.

Home > Provider and Program Profile > Program LOC and Contract Measures Report Home | My Subscriptions | Help

Enter Start Date: Enter End Date:

Region: LMHA:

Program Types: Level Of Care Type:

Level Of Care Mode: Providers:

Program: HSA/SO Funded:

1 of 1 | 100% | Find | Next

 **State Of Connecticut**
 Department Of Mental Health and Addiction Services
Program LOC and Contract Measures Report
 From: 4/1/2012 To: 4/30/2012

This report shows DMHAS' Programs by level of care; if they are funded by Human Service Agreements, or State-Operated; and, their capacities and the service expectations for sp report is run for a date range, variations in capacity during that time period will display in separate rows of data. Additionally, if a program has more than one EBP, additional rows w

Provider Name	Program Name	Program Code	Program LMHA	Program Region	Program Type	LOC Type Desc.	LOC Mode Desc.	HSA/ SO Funded	Capacity Start Date	Capacit Bed
APT Foundation Inc	CTU OP Cocaine 780200	A100215780200	Unspecified	Region 2	Addiction	Outpatient	Standard Outpatient	Yes	7/1/2004	
APT Foundation Inc	CTU Women OP PregWom 780201	A100215780201	Unspecified	Region 2	Addiction	Outpatient	Standard Outpatient	Yes	7/1/2004	
Bridges	Addiction Outpatient 988200	A988000988200	Unspecified	Region 2	Addiction	Outpatient	Standard Outpatient	Yes	7/1/2005	
Bridges	Mental Health Outpatient309210	L309309210	L309-Bridges MHC	Region 2	Mental Health	Outpatient	Standard Outpatient	Yes	7/1/2004	

PROVIDER PROGRAM INFORMATION: This report is in the **Provider and Program Profile** folder and allows the user to generate a listing of program type, level of care, funding source for both Private Non Profit and State Operated providers by provider. It also specifies if program is designated as a TCM provider, Treatment Related, Services Required, and date opened and closed.

1. Select the **Funding Source**, the **Provider** and the **Program Status** from the drop lists.

Home > Provider and Program Profile > Provider Program Information Home | My Subscriptions | Help

Funding Source: Provider:

Program Status:

- (Select All)
- Active
- Inactive

2. Select the **View Report** button to view the report.

3. The **Provider-Program Information** report will display for that Provider.

Home > Provider and Program Profile > Provider Program Information Home | My Subscriptions | Help

Funding Source: Provider:

Program Status:

dmhas State Of Connecticut Page 1 of 1
 Department Of Mental Health and Addiction Services 5/21/2012 11:37 AM

Provider - Program Information

Provider - Artreach Inc.

Provider ID 19	Status Active
Provider Type Private Non-Profit Agency	TCM #
Open Date 1/1/1980	NPI #
Close Date	FEIN #

Street 401 W. Thames St., Unit 702
 City Norwich
 State CT
 Zipcode 06360
 LMHA # L661-SMHA

1 Program Found

1 - Artreach 212-280

Funding Source DMHAS Human Services Agreements	
Program ID 409	Program Status Active
Program Type Mental Health	Level of Care Type Social Rehabilitation
Program Code L661421281	Level of Care Mode Social Rehabilitation
Open Date 1/1/1980	Program Region Region 3
Close Date	NPI #
Street 401 W. Thames St., Unit 702	LHMA # L661-SMHA
City Norwich	TCM Program No
State CT	Treatment Related No
Zipcode 06360	ServiceData Required Yes

This is a current snap shot of data related to a particular agency and program. If provider or program data needs to be updated, please contact your Regional Manager or Managed Service staff at the LMHA to submit a 'change control' to make the requested changes.

DISCHARGE REPORTS

DATA QUALITY ADMISSIONS AND DISCHARGES REPORT: This report is in the Data Quality folder and provides admission and discharge counts by program for State-Operated and PNP within a user defined monthly period. (Program information will display in red if there are no admissions or discharges for the months that display in the report.)

1. Select from the drop lists:

- Year
- Month
- Provider (Select one, or more or 'Select All'.)
- Funding Source (Select one, or more or 'Select All'.)
- Report Type (Select 'Summary Report' or 'Details Report')

2. Select the **View Report** button to view the report.

Home > Data Quality > Data Quality Admissions and Discharges Report Home | My Subscriptions | Help

Year: 2014 Month: November View Report

Provider: Provider Funding Source: DMHAS Human Services Agree

Report Type: Details Report

State Of Connecticut
Department Of Mental Health and Addiction Services
Data Quality Admissions and Discharges
Year: 2014 Month: November

Details Report				2014											
				Nov		Oct		Sep		Aug		Jul		Jun	
Provider	Adms	Dischr	Adms	Dischr	Adms	Dischr	Adms	Dischr	Adms	Dischr	Adms	Dischr	Adms	Dischr	
Provider	4	5	13	6	7	7	11	11	4	11	10	6			
Program	Program Code	LOC Type	LOC Mode	Adms	Dischr										
Apartments YAS	L00998001	Residential Services	Supervised Apartments	0	0	0	1	0	0	0	0	0	0	0	0
House ABVTBI	L0000011	Residential Services	Group Home	0	0	0	0	0	0	0	0	0	0	0	0
Employment Svs	L1123456	Employment Services	Employment Services	3	2	6	4	4	1	2	4	2	2	6	4
Employment Svs	L123457	Employment Services	Employment Services	1	3	6	1	3	5	8	7	2	9	4	2
YAS	L0000022	Residential Services	Supervised Apartments	0	0	1	0	0	1	0	0	0	0	0	0
Apartments YAS	L0000033	Residential Services	Supervised Apartments	0	0	0	0	0	0	1	0	0	0	0	0
Grand Total for Providers Selected:				4	5	13	6	7	7	11	11	4	11	10	6

Data Quality/Data Quality Admissions and Discharges Report (1_0_0)

3. Select **Summary Report** to view the total Admissions and Discharges for all programs.

Home > Data Quality > Data Quality Admissions and Discharges Report Home | My Subscriptions | Help

Year: 2014 Month: November View Report

Provider: Provider Funding Source: DMHAS Human Services Agree

Report Type: Summary Report

State Of Connecticut
Department Of Mental Health and Addiction Services
Data Quality Admissions and Discharges
Year: 2014 Month: November

Summary Report				2014											
				Nov		Oct		Sep		Aug		Jul		Jun	
Provider	Adms	Dischr													
Provider	4	5	13	6	7	7	11	11	4	11	10	6			
Grand Total for Providers Selected:				4	5	13	6	7	7	11	11	4	11	10	6

Data Quality/Data Quality Admissions and Discharges Report (1_0_0)

PROGRAM COMPLETION REPORT: The report is in the **Outcome Measures** folder and lists discharge counts by provider and program and groups the discharge reasons into two major outcome categories: Program Completion and Non-Completion of Program.

1. Enter a **Start** and **End Date** in the correct MM/DD/YYYY date format, or use the calendar.
2. Select one, or more or 'All' from the drop lists:
 - **LMHA** (Local Mental Health Authority)
 - **Provider**
 - **Program**
 - **LOC** (Level of Care)
3. Select the **View Report** button to view the report.

Provider Name	Program Name	Program Code	City	Discharge reason	Discharge Count	Discharge Percent
Provider	Outpatient 1	A90098820	Milford	⊕ Program Completion Total	5	27.8%
				⊕ Non-completion of Program Total	13	72.2%
				Program Total	18	100.0%
				Provider Total	5	27.8%
				Non-completion Total	13	72.2%
				Provider Total	18	100.0%
				Grand Total	5	27.8%
				Non-completion Total	13	72.2%
				Grand Total	18	100.0%

This report groups discharge reasons into two major outcome categories, "Program Completion", and "Non-Completion of Program"

4. Select the ⊕ 'plus sign' to view the discharge reasons for the program.

The following discharge reasons are grouped under 'Program Completion':

- Recovery Plan Completed
- Discharged top New Service (Facility Concurs)
- Discharged to New Facility Program

The remaining discharge reasons will be grouped under Non-completion.

Refer to the next page for a listing of discharge reasons and definitions.

DISCHARGE REASONS

Discharge Reasons	Definitions
AWOL for Inpatient only	Client left program setting without notice.
Death	The client died prior to completing the recovery plan in this episode of care.
Evaluation Only	Clients who receive evaluation service without admission to an episode of treatment
Incarcerated	Client ended program involvement due to being incarcerated.
Inpatient Discharge for Inpatient Medical Tx	Client ended an episode of care due to a medical inpatient hospitalization.
Client Discontinued Tx	Client made insufficient progress in the program so that a mutual decision is made to end the program involvement.
AMA	Client left Against Medical Advice.
Left Against Advice	Clients who decide to leave a program against the advice of the program because of the potential risk to the client due to their behaviors or symptoms.
Moved out of area	Clients who move domiciles and, due to a lack of proximity to the program, end the program involvement.
Non-compliance with rules	Clients who display sufficient inability to follow a program rules such that the program makes a unilateral decision to discharge the person.
Recovery Plan Completed	Clients who have successfully completed most or all of the recovery goals for this episode of care. It assumes that subsequent episodes of care will be attained as new goals and phases of recovery emerge for the client.
Released by Court	The court released the client.
Discharged to New Service (Facility Concurs)	Client will be leaving a program and entering a new level of care.
Other	Use if no other value is applicable for the episode of care.
Unknown	This is chosen if a discharge reason was not collected for this episode of care.
Research Protocol Disenrolled	Client is no longer participating in Research Protocol.

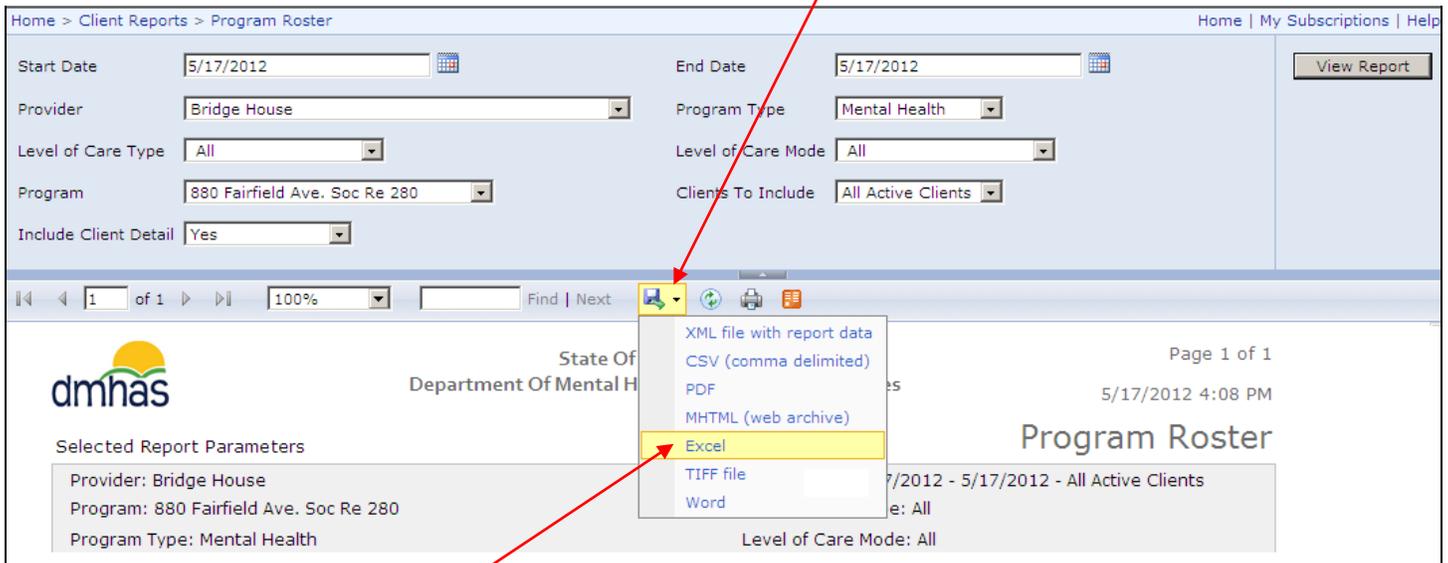
FORMAT REPORT

If you want to be able to filter or sort on data in a report, select **Excel** or **CSV** for the format when exporting the report.

EXCEL

If you export to **Excel**, you will need to delete the extra header rows and several columns in the spreadsheet in order to filter or sort on the data. Follow the steps below.

1. Once the desired report displays, select export icon  and select the droplist arrow.



Home > Client Reports > Program Roster

Start Date: 5/17/2012 End Date: 5/17/2012

Provider: Bridge House Program Type: Mental Health

Level of Care Type: All Level of Care Mode: All

Program: 880 Fairfield Ave. Soc Re 280 Clients To Include: All Active Clients

Include Client Detail: Yes

View Report

dmhas State Of Connecticut Department Of Mental Health and Addiction Services

Selected Report Parameters

Provider: Bridge House
Program: 880 Fairfield Ave. Soc Re 280
Program Type: Mental Health

Page 1 of 1
5/17/2012 4:08 PM

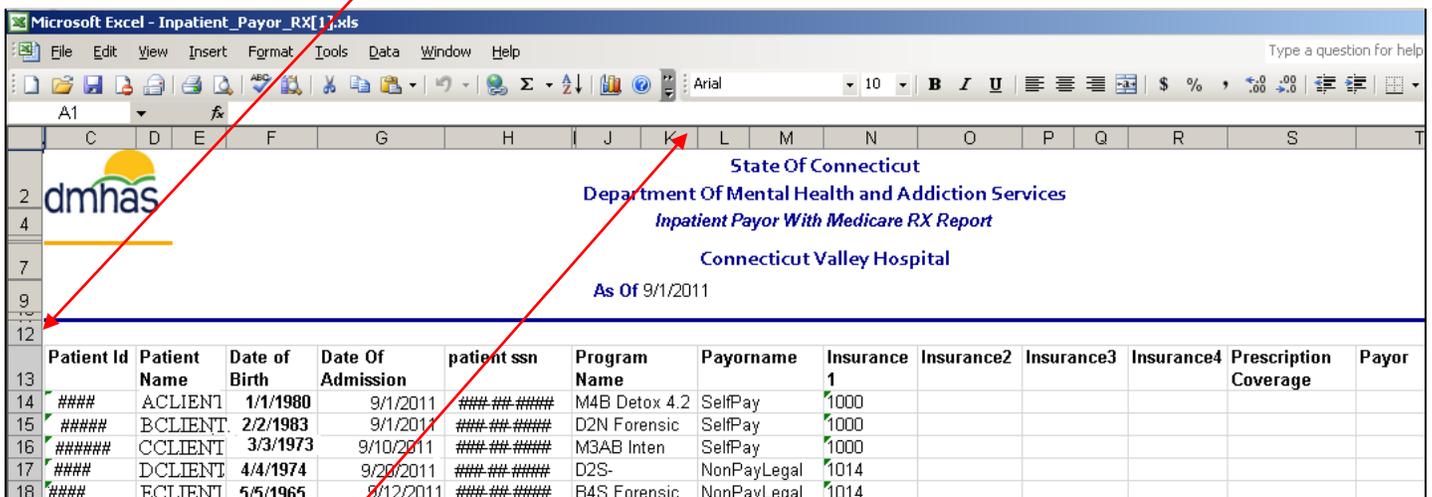
Program Roster

7/2012 - 5/17/2012 - All Active Clients

Level of Care Mode: All

Export options: XML file with report data, CSV (comma delimited), PDF, MHTML (web archive), **Excel**, TIFF file, Word

2. Select **Excel** in the format drop list.
3. A message will display at the bottom of the screen asking if you want to **Open** or **Save** the report.
4. Select the **Open** button and select 'Enable Editing' at the top of the screen.
5. The report will display in the **Excel** format.
6. Delete the extra rows above the main header row. (main header row is row 13 in example below)



Microsoft Excel - Inpatient_Payor_RX[1].xls

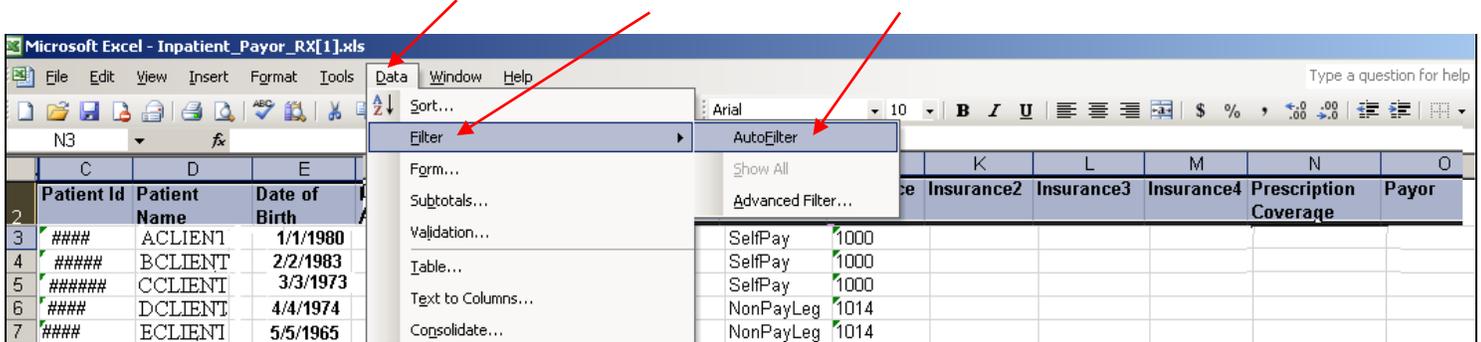
File Edit View Insert Format Tools Data Window Help

dmhas State Of Connecticut Department Of Mental Health and Addiction Services Inpatient Payor With Medicare RX Report Connecticut Valley Hospital As Of 9/1/2011

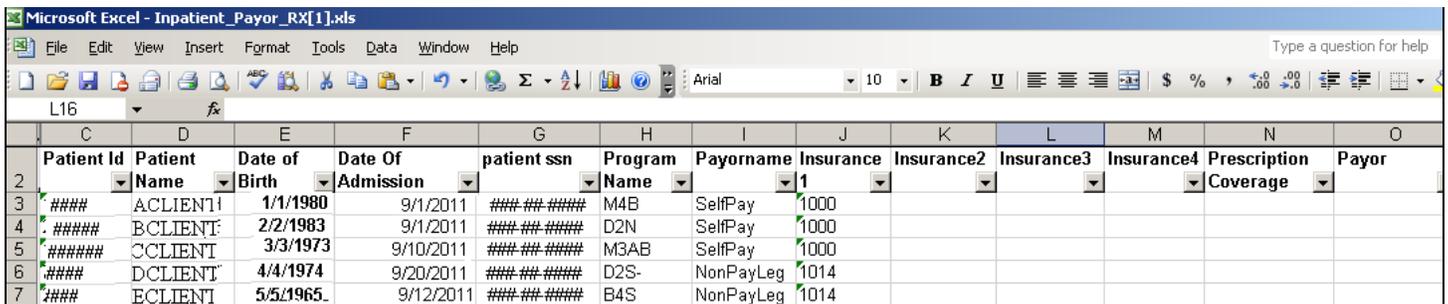
Patient Id	Patient Name	Date of Birth	Date Of Admission	patient ssn	Program Name	Payorname	Insurance 1	Insurance2	Insurance3	Insurance4	Prescription Coverage	Payor
####	ACLIEN1	1/1/1980	9/1/2011	### #	M4B Detox 4.2	SelfPay	1000					
####	BCLIEN1	2/2/1983	9/1/2011	### #	D2N Forensic	SelfPay	1000					
#####	CCLIEN1	3/3/1973	9/10/2011	### #	M3AB Inten	SelfPay	1000					
####	DCLIEN1	4/4/1974	9/20/2011	### #	D2S-	NonPayLegal	1014					
####	ECLIEN1	5/5/1965	9/12/2011	### #	B4S Forensic	NonPayLegal	1014					

8. Delete any extra columns. (You will need to open the columns to see where the data is and *delete blank columns only* or you will lose data.) The data will be in the far left column. In the example above, the Patient Name will be in column D. Column E can be deleted. Review all columns.

9. Once you have deleted extra empty columns, highlight the Header row and select: **Data** in the menu, **Filter** and **Auto Filter** from the drop list.



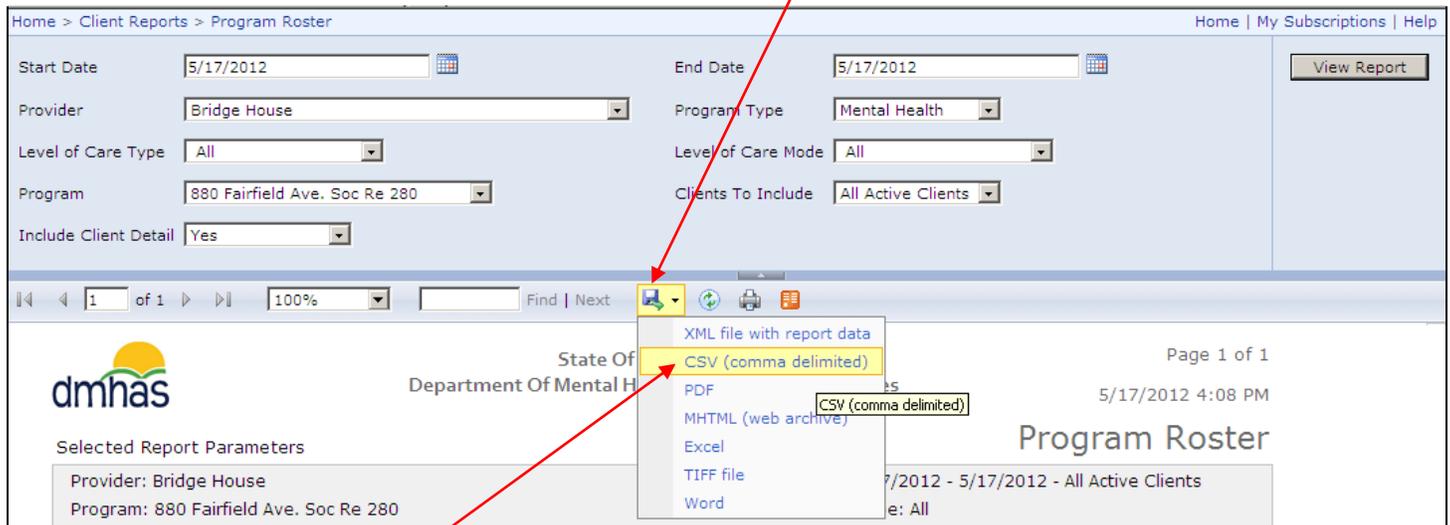
10. Filter or sort on the report as needed. Print or save the report as desired.



CSV

If you export to **CSV (comma-delimited)**, you will also have extra header rows to delete, but you will not have the extra columns. Follow the steps below.

1. Once the desired report displays, select export icon  and select the droplist arrow.



2. Select **CSV (comma-delimited)** in the format drop list.

3. A message will display asking if you want to **Open** or **Save** the report.

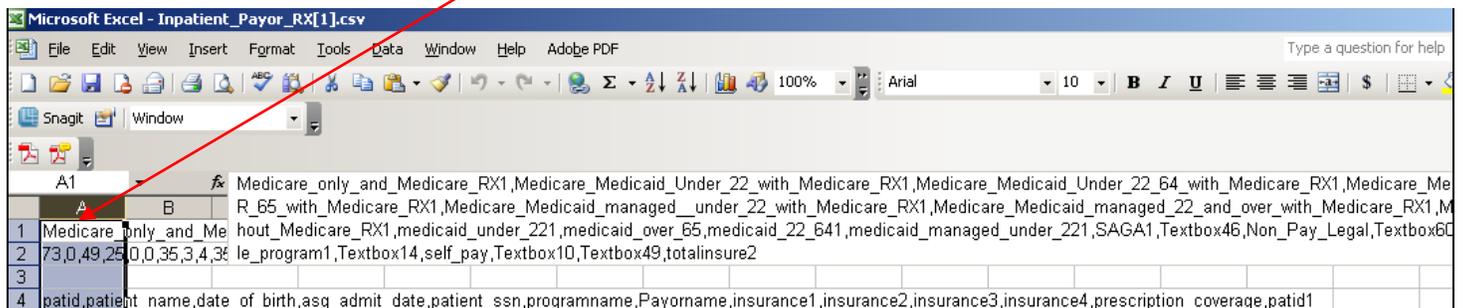
4. Select the **Open** button to open the exported report.

5. The report will display in the **CSV** format.

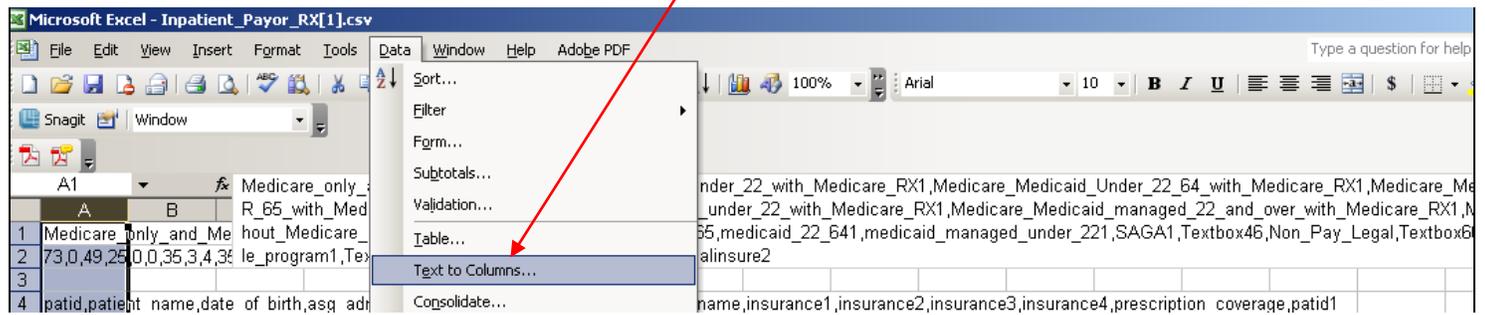


Note: If columns already display, go to step 16.

6. Select the first column (column A)

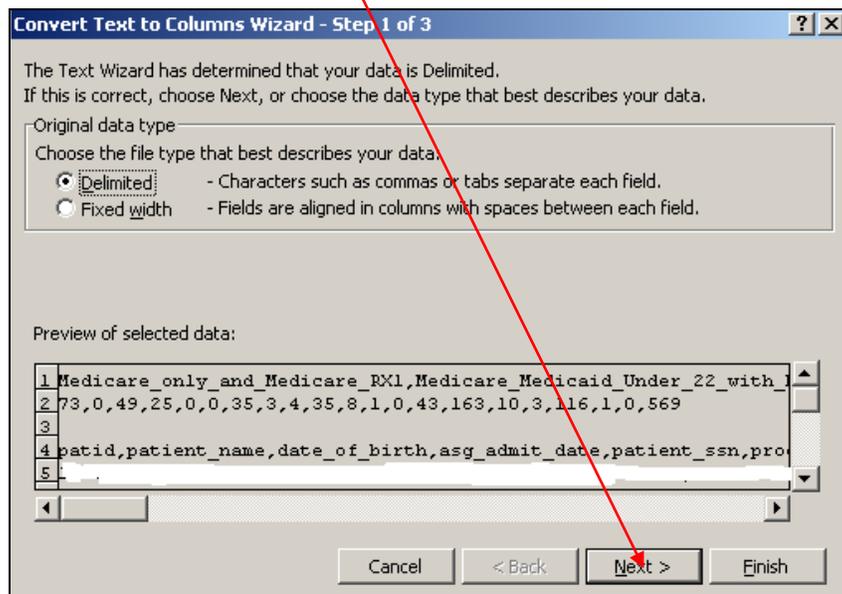


7. Select 'Data' from the menu bar and select 'Text to Columns'



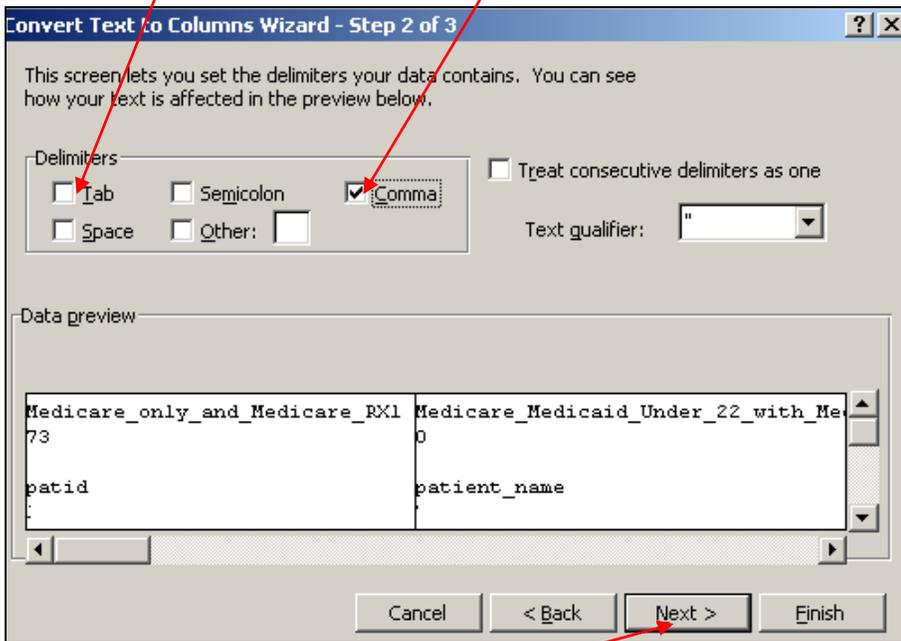
8. The Convert Text to Columns Wizard box – Step 1 of 3 will display.

9. Select the 'Next' button (leave 'Delimited' checked)



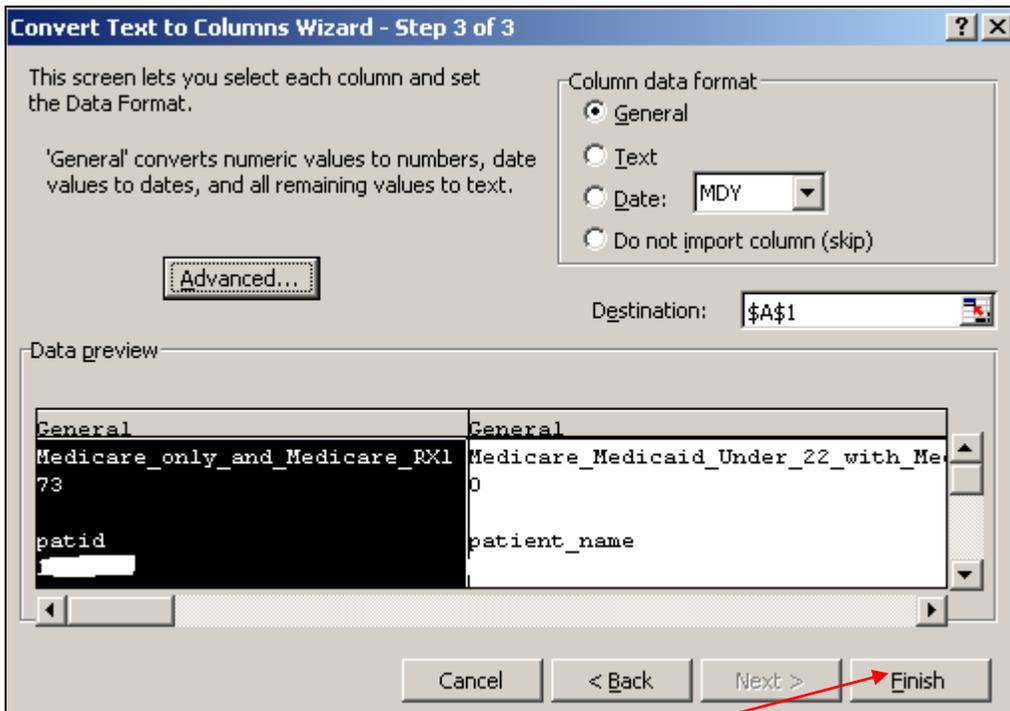
10. The Convert Text to Columns Wizard box Step 2 of 3 will display.

11. Uncheck 'Tab' and select 'Comma' (you are separating a comma delimited report format)



12. Select the 'Next' button.

13. The **Convert Text to Columns Wizard** box - **Step 3 of 3** will display.



14. Select the 'Finish' button.

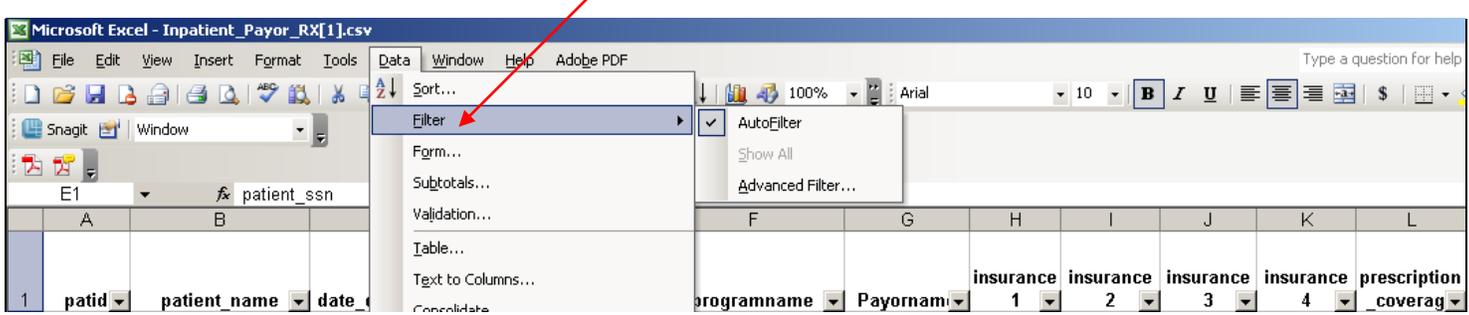
15. The report will display in columns.

16. Delete the extra rows above the main header row. (main header row is row 4 in example below)

1	Medicare_on	Medicare_M	Medicare_M	Medicare_M	Medicare_Med	Medicare	Medicare	medicaid	medicaid	medicaid	medicaid	SAGA1	Textbox46	Non_Pay
4	patid	patient_nam	date_of_birt	asg_admit	patient_ssn	programna	Payornam	insurance1	insurance2	insurance3	insurance4	prescriptio	patid1	
5	####	ACLIENT I	1/1/1980	9/1/2011	### ## ####	M4B Detox SelfPay	1000							558
6	####	BCLIENT I	2/2/1983	9/1/2011	### ## ####	D2N Foren SelfPay	1000							558
7	####	CCLIENT I	3/3/1973	9/10/2011	### ## ####	M3AB Inte SelfPay	1000							558
8	####	DCLIENT I	4/4/1974	9/20/2011	### ## ####	D2S-Foren NonPayLe	1014							558
9	####	ECLIENT I	5/5/1965	9/12/2011	### ## ####	B4S Foren NonPayLe	1014							558

You may need to rename some header rows. Refer to the main report screen.

17. Select 'Data' in the menu bar, 'Filter' and 'AutoFilter' to filter on the data in the report.



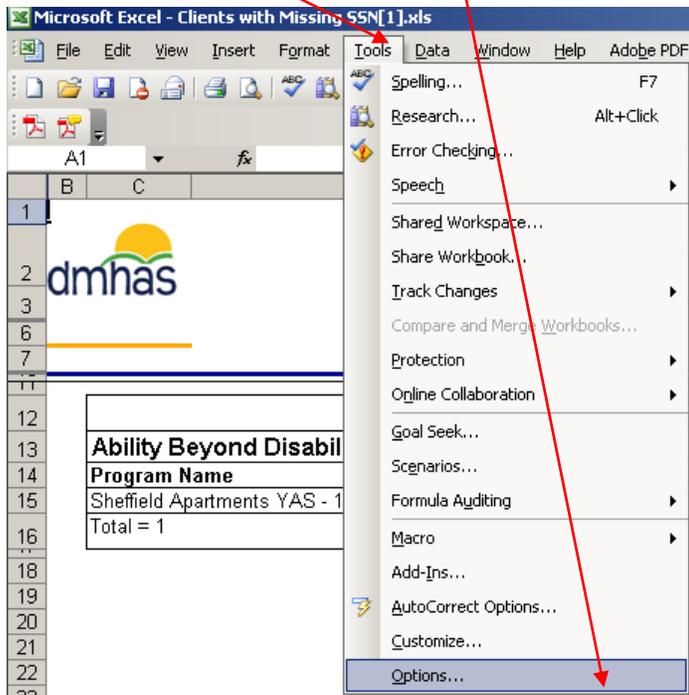
18. Filter or sort on data in the report as desired.

19. Save or print the report as desired.

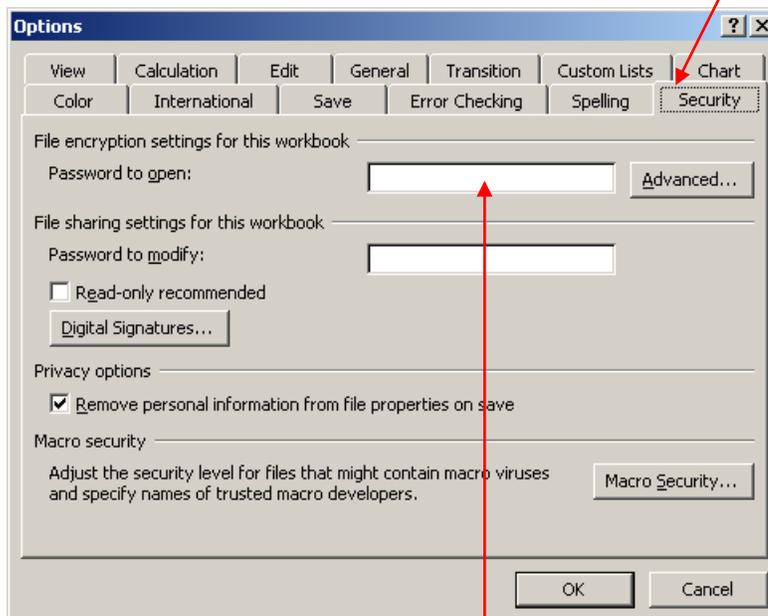
Note: Be sure to 'encrypt' any report with confidential data if saving. See instructions on the next page.

HOW TO ENCRYPT (PROTECT) A DOCUMENT

1. Select 'Tools' and 'Options' in the menu bar.



2. The Options box will display. Select the Security tab.



3. Enter a password in the "Password to open:" text box. If you are sharing the file, enter a password in the 'Password to modify:' text box to allow other to modify.

4. Select the OK button. You will be prompted to reenter the password. Report is now encrypted.

5. When communicating the password via email, be sure to send a separate email with the password. **Do not send it with the report.**

When you are finished working in the DMHAS Data Warehouse, you must log out to ensure the confidentiality of the client data.

To logout of reports, follow the steps below:

1. Select the [Home](#) link at the top of the report page.
2. Click on the close (X) button on the upper right end of the screen.
3. Once back on the Provider Suite of Applications screen, select [Log out](#) on the Side Bar.
4. Click on close (X) button on the upper right end of the screen.