



Report Title: CTBH07034 - Outpatient (AMD) Registration Dashboard (18-C)

Report Date: QTR 2 2009

Report Description

Quarterly metrics on specific question selection on the Service Registration Form for ambulatory detox outpatient services (AMD). Selections are counted based on the beginning date of requested services.

Data source(s): RPT_CTBH08000, SP_CTBH07034C

	FREE STANDING CLINICS						HOSPITALS						TOTALS					
	Child Count	Pct.	Adult Count	Pct.	Total Count	Pct.	Child Count	Pct.	Adult Count	Pct.	Total Count	Pct.	Child Count	Pct.	Adult Count	Pct.	Total Count	Pct.
<u>Question/Selection</u>	2	6.9	27	93.1	29	100.0	0	0.0	0	0.0	0	0.0	2	6.9	27	93.1	29	100.0
<u>Substance Need of Detoxification</u>																		
Opiates	2	100.0	25	92.6	27	93.1	0	0.0	0	0.0	0	0.0	2	100.0	25	92.6	27	93.1
No Selection	0	0.0	2	7.4	2	6.9	0	0.0	0	0.0	0	0.0	0	0.0	2	7.4	2	6.9
<u>Previous Detox in Past Year</u>																		
Yes	0	0.0	9	33.3	9	31.0	0	0.0	0	0.0	0	0.0	0	0.0	9	33.3	9	31.0
No	2	100.0	18	66.7	20	69.0	0	0.0	0	0.0	0	0.0	2	100.0	18	66.7	20	69.0
<u>Number of Detoxes Past Year</u>																		
1	0	0.0	9	33.3	9	31.0	0	0.0	0	0.0	0	0.0	0	0.0	9	33.3	9	31.0
2	0	0.0	1	3.7	1	3.4	0	0.0	0	0.0	0	0.0	0	0.0	1	3.7	1	3.4
No Selection	2	100.0	17	63.0	19	65.5	0	0.0	0	0.0	0	0.0	2	100.0	17	63.0	19	65.5
<u>Discharge Plan</u>																		
OP Therapy	1	50.0	12	44.4	13	44.8	0	0.0	0	0.0	0	0.0	1	50.0	12	44.4	13	44.8
Comm. Supp. >AA/NA<	2	100.0	25	92.6	27	93.1	0	0.0	0	0.0	0	0.0	2	100.0	25	92.6	27	93.1
IOP/PHP	0	0.0	1	3.7	1	3.4	0	0.0	0	0.0	0	0.0	0	0.0	1	3.7	1	3.4
PCP/MD Follow-Up	1	50.0	7	25.9	8	27.6	0	0.0	0	0.0	0	0.0	1	50.0	7	25.9	8	27.6
Methadone Services	0	0.0	1	3.7	1	3.4	0	0.0	0	0.0	0	0.0	0	0.0	1	3.7	1	3.4
Other Behav Hth Svc	0	0.0	6	22.2	6	20.7	0	0.0	0	0.0	0	0.0	0	0.0	6	22.2	6	20.7
<u>Referral Source</u>																		
Self/Family Member	2	100.0	24	88.9	26	89.7	0	0.0	0	0.0	0	0.0	2	100.0	24	88.9	26	89.7
PCP/Medical Provider	0	0.0	2	7.4	2	6.9	0	0.0	0	0.0	0	0.0	0	0.0	2	7.4	2	6.9
Other	0	0.0	1	3.7	1	3.4	0	0.0	0	0.0	0	0.0	0	0.0	1	3.7	1	3.4
<u>Screening Type</u>																		
Walk-in	2	100.0	26	96.3	28	96.6	0	0.0	0	0.0	0	0.0	2	100.0	26	96.3	28	96.6
Telephone	0	0.0	1	3.7	1	3.4	0	0.0	0	0.0	0	0.0	0	0.0	1	3.7	1	3.4
<u>Referral Type</u>																		
Routine	2	100.0	27	100.0	29	100.0	0	0.0	0	0.0	0	0.0	2	100.0	27	100.0	29	100.0
<u>BH Treatment Past 6 Months</u>																		
Mental Health	0	0.0	1	3.7	1	3.4	0	0.0	0	0.0	0	0.0	0	0.0	1	3.7	1	3.4
Substance Abuse	2	100.0	3	11.1	5	17.2	0	0.0	0	0.0	0	0.0	2	100.0	3	11.1	5	17.2
NA	0	0.0	23	85.2	23	79.3	0	0.0	0	0.0	0	0.0	0	0.0	23	85.2	23	79.3



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	FREE STANDING CLINICS						HOSPITALS						TOTALS					
	Child Count	Pct.	Adult Count	Pct.	Total Count	Pct.	Child Count	Pct.	Adult Count	Pct.	Total Count	Pct.	Child Count	Pct.	Adult Count	Pct.	Total Count	Pct.
<u>Question/Selection</u>	2	6.9	27	93.1	29	100.0	0	0.0	0	0.0	0	0.0	2	6.9	27	93.1	29	100.0
<u>Family/Significant Other Involved in Member Tx Plan</u>																		
Yes	1	50.0	10	37.0	11	37.9	0	0.0	0	0.0	0	0.0	1	50.0	10	37.0	11	37.9
No	1	50.0	14	51.9	15	51.7	0	0.0	0	0.0	0	0.0	1	50.0	14	51.9	15	51.7
NA	0	0.0	3	11.1	3	10.3	0	0.0	0	0.0	0	0.0	0	0.0	3	11.1	3	10.3
<u>Family/Significant Other Receiving Own MH/SA Tx</u>																		
Yes	0	0.0	4	14.8	4	13.8	0	0.0	0	0.0	0	0.0	0	0.0	4	14.8	4	13.8
No	2	100.0	13	48.1	15	51.7	0	0.0	0	0.0	0	0.0	2	100.0	13	48.1	15	51.7
No Selection	0	0.0	10	37.0	10	34.5	0	0.0	0	0.0	0	0.0	0	0.0	10	37.0	10	34.5
<u>Obtained Consent to Contact School</u>																		
No	2	100.0	26	96.3	28	96.6	0	0.0	0	0.0	0	0.0	2	100.0	26	96.3	28	96.6
Denied	0	0.0	1	3.7	1	3.4	0	0.0	0	0.0	0	0.0	0	0.0	1	3.7	1	3.4
<u>Obtained Consent to Contact Medical Provider</u>																		
Yes	1	50.0	15	55.6	16	55.2	0	0.0	0	0.0	0	0.0	1	50.0	15	55.6	16	55.2
No	1	50.0	12	44.4	13	44.8	0	0.0	0	0.0	0	0.0	1	50.0	12	44.4	13	44.8
<u>Obtained Consent to Contact Prev BH Tx Prov</u>																		
Yes	1	50.0	2	7.4	3	10.3	0	0.0	0	0.0	0	0.0	1	50.0	2	7.4	3	10.3
No	0	0.0	7	25.9	7	24.1	0	0.0	0	0.0	0	0.0	0	0.0	7	25.9	7	24.1
N/A	1	50.0	18	66.7	19	65.5	0	0.0	0	0.0	0	0.0	1	50.0	18	66.7	19	65.5
<u>Obtained Consent to Contact BH Tx Prov for Family/Significant Other</u>																		
Yes	0	0.0	2	7.4	2	6.9	0	0.0	0	0.0	0	0.0	0	0.0	2	7.4	2	6.9
No	1	50.0	10	37.0	11	37.9	0	0.0	0	0.0	0	0.0	1	50.0	10	37.0	11	37.9
Denied	1	50.0	0	0.0	1	3.4	0	0.0	0	0.0	0	0.0	1	50.0	0	0.0	1	3.4
N/A	0	0.0	15	55.6	15	51.7	0	0.0	0	0.0	0	0.0	0	0.0	15	55.6	15	51.7
<u>Who is Lead Case Management Prov</u>																		
DCF Case Worker	0	0.0	3	11.1	3	10.3	0	0.0	0	0.0	0	0.0	0	0.0	3	11.1	3	10.3
No CM Provider	2	100.0	24	88.9	26	89.7	0	0.0	0	0.0	0	0.0	2	100.0	24	88.9	26	89.7



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Question/Selection	FREE STANDING CLINICS						HOSPITALS						TOTALS					
	Child		Adult		Total		Child		Adult		Total		Child		Adult		Total	
	Count	Pct.	Count	Pct.	Count	Pct.	Count	Pct.	Count	Pct.	Count	Pct.	Count	Pct.	Count	Pct.	Count	Pct.
Question/Selection	2	6.9	27	93.1	29	100.0	0	0.0	0	0.0	0	0.0	2	6.9	27	93.1	29	100.0
<u>Member Currently Taking Psych. Meds</u>																		
Yes	0	0.0	5	18.5	5	17.2	0	0.0	0	0.0	0	0.0	0	0.0	5	18.5	5	17.2
No	2	100.0	22	81.5	24	82.8	0	0.0	0	0.0	0	0.0	2	100.0	22	81.5	24	82.8
<u>Is Psych. Med Eval or Visit Indicated</u>																		
Yes	1	50.0	5	18.5	6	20.7	0	0.0	0	0.0	0	0.0	1	50.0	5	18.5	6	20.7
No	1	50.0	22	81.5	23	79.3	0	0.0	0	0.0	0	0.0	1	50.0	22	81.5	23	79.3
<u>Co-occurring MH and SA Condition</u>																		
Yes	0	0.0	5	18.5	5	17.2	0	0.0	0	0.0	0	0.0	0	0.0	5	18.5	5	17.2
No	1	50.0	13	48.1	14	48.3	0	0.0	0	0.0	0	0.0	1	50.0	13	48.1	14	48.3
Not Assessed	1	50.0	9	33.3	10	34.5	0	0.0	0	0.0	0	0.0	1	50.0	9	33.3	10	34.5
<u>Member Involved in Legal System</u>																		
Probation	0	0.0	8	29.6	8	27.6	0	0.0	0	0.0	0	0.0	0	0.0	8	29.6	8	27.6
Other Court	1	50.0	2	7.4	3	10.3	0	0.0	0	0.0	0	0.0	1	50.0	2	7.4	3	10.3
None Identified	1	50.0	17	63.0	18	62.1	0	0.0	0	0.0	0	0.0	1	50.0	17	63.0	18	62.1
<u>Information Regarding Peer Support or Self-Help</u>																		
Yes	2	100.0	27	100.0	29	100.0	0	0.0	0	0.0	0	0.0	2	100.0	27	100.0	29	100.0