



**Report Title: CTBH07034 - Outpatient (MET) Registration Dashboard (18-B)**

**Report Date: QTR 2 2009**

*Report Description*

*Quarterly metrics on specific question selection on the Service Registration Form for methadone maintenance outpatient services (MET). Selections are counted based on the beginning date of requested services.*

*Data source(s): RPT\_CTBH08000, SP\_CTBH07034B*

	METHADONE MAINTENANCE CLINICS					
	Child		Adult		Total	
	Count	Pct.	Count	Pct.	Count	Pct.
<b><u>Question/Selection</u></b>	2	0.8	236	99.2	238	100.0
<b><u>Member Currently Maintained on Met</u></b>						
Yes	1	50.0	208	88.1	209	87.8
No	1	50.0	28	11.9	29	12.2
<b><u>How Long Recv. Met. Services</u></b>						
6 months or less	1	50.0	88	37.3	89	37.4
7 months - 1 year	0	0.0	28	11.9	28	11.8
1-3 years	0	0.0	63	26.7	63	26.5
3-5 years	0	0.0	20	8.5	20	8.4
5 years or longer	0	0.0	12	5.1	12	5.0
No Selection	1	50.0	25	10.6	26	10.9
<b><u>Duration of Opioid Use</u></b>						
Less than one year	0	0.0	7	3.0	7	2.9
1-3 years	1	50.0	24	10.2	25	10.5
3-5 years	0	0.0	15	6.4	15	6.3
5 years or longer	0	0.0	22	9.3	22	9.2
No Selection	1	50.0	168	71.2	169	71.0
<b><u>Other Services in TX Plan</u></b>						
OP Therapy	2	100.0	88	37.3	90	37.8
Comm. Supp >NA/AA<	1	50.0	186	78.8	187	78.6
IOP/PHP	0	0.0	6	2.5	6	2.5
PCP/MD Follow-up	0	0.0	62	26.3	62	26.1
Other Behav Hlth Svcs	1	50.0	36	15.3	37	15.5
<b><u>Ultimate Treatment Goal</u></b>						
Methadone Maintenance	2	100.0	199	84.3	201	84.5
Abstinence	0	0.0	37	15.7	37	15.5
<b><u>Referral Source</u></b>						
Self/Family Member	2	100.0	220	93.2	222	93.3
PCP/Medical Provider	0	0.0	3	1.3	3	1.3
Other BH Provider	0	0.0	7	3.0	7	2.9
DCF	0	0.0	1	0.4	1	0.4
Court-Ordered	0	0.0	1	0.4	1	0.4
Other Legal	0	0.0	2	0.8	2	0.8
Other	0	0.0	2	0.8	2	0.8
<b><u>Screening Type</u></b>						
Walk-in	2	100.0	207	87.7	209	87.8
Telephone	0	0.0	28	11.9	28	11.8
No Selection	0	0.0	1	0.4	1	0.4
<b><u>Referral Type</u></b>						
Routine	2	100.0	229	97.0	231	97.1
Urgent	0	0.0	5	2.1	5	2.1
Emergent	0	0.0	2	0.8	2	0.8
<b><u>BH Treatment Past 6 Months</u></b>						
Mental Health	0	0.0	27	11.4	27	11.3
Substance Abuse	1	50.0	160	67.8	161	67.6
NA	1	50.0	71	30.1	72	30.3



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	Child Count	Pct.	Adult Count	Pct.	Total Count	Pct.
<b><u>Question/Selection</u></b>	2	0.8	236	99.2	238	100.0
<b><u>Family/Significant Other Involved in Member Tx Plan</u></b>						
Yes	1	50.0	108	45.8	109	45.8
No	1	50.0	118	50.0	119	50.0
NA	0	0.0	10	4.2	10	4.2
<b><u>Family/Significant Other Receiving Own MH/SA Tx</u></b>						
Yes	1	50.0	50	21.2	51	21.4
No	0	0.0	128	54.2	128	53.8
No Selection	1	50.0	58	24.6	59	24.8
<b><u>Obtained Consent to Contact School</u></b>						
Yes	0	0.0	2	0.8	2	0.8
No	2	100.0	229	97.0	231	97.1
Denied	0	0.0	5	2.1	5	2.1
<b><u>Obtained Consent to Contact Medical Provider</u></b>						
Yes	2	100.0	123	52.1	125	52.5
No	0	0.0	112	47.5	112	47.1
Denied	0	0.0	1	0.4	1	0.4
<b><u>Obtained Consent to Contact Prev BH Tx Prov</u></b>						
Yes	1	50.0	111	47.0	112	47.1
No	1	50.0	69	29.2	70	29.4
Denied	0	0.0	1	0.4	1	0.4
N/A	0	0.0	55	23.3	55	23.1
<b><u>Obtained Consent to Contact BH Tx Prov for Family/Significant Other</u></b>						
Yes	0	0.0	42	17.8	42	17.6
No	1	50.0	102	43.2	103	43.3
Denied	0	0.0	3	1.3	3	1.3
N/A	1	50.0	89	37.7	90	37.8
<b><u>Who is Lead Case Management Prov</u></b>						
DCF Case Worker	0	0.0	10	4.2	10	4.2
DMHAS Case Manager	0	0.0	1	0.4	1	0.4
No CM Provider	2	100.0	225	95.3	227	95.4
<b><u>Member Currently Taking Psych. Meds</u></b>						
Yes	0	0.0	49	20.8	49	20.6
No	2	100.0	187	79.2	189	79.4
<b><u>Is Psych. Med Eval or Visit Indicated</u></b>						
Yes	0	0.0	63	26.7	63	26.5
No	2	100.0	173	73.3	175	73.5
<b><u>Co-occurring MH and SA Condition</u></b>						
Yes	0	0.0	81	34.3	81	34.0
No	2	100.0	114	48.3	116	48.7
Not Assessed	0	0.0	41	17.4	41	17.2



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<b><u>Question/Selection</u></b>	2	0.8	236	99.2	238	100.0
<b><u>Member Involved in Legal System</u></b>						
Juvenile Justice	0	0.0	1	0.4	1	0.4
Probation	0	0.0	26	11.0	26	10.9
Parole	0	0.0	1	0.4	1	0.4
Other Court	0	0.0	30	12.7	30	12.6
None Identified	2	100.0	179	75.8	181	76.1
<b><u>Information Regarding Peer Support or Self-Help</u></b>						
Yes	1	50.0	230	97.5	231	97.1
No	1	50.0	6	2.5	7	2.9