New York - Strengthening Treatment Access and Retention - Quality Initiative (STAR-QI)
Definitions for Process Improvement Indicators

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Additional Definitions and Notes

Data item definitions can be found in the STAR-QI Data Items Glossary. The following additional definitions and notes apply to all reports available online, to help explain how each measure is calculated.

1. **Adjusted First Request for Service Date** is the *First Request for Service Date* or *Previous Discharge Date* whichever is later. The adjustment accounts for cases in which the requestor may not be immediately available for a first clinical service because, for instance, a request for service may be made prior to discharge from a referring inpatient or residential program. While it is possible that a client may receive an assessment service prior to the *Previous Discharge Date* (if, for instance, the program conducts an offsite assessment), the request for service is still counted based on the later date for purposes of this indicator.

2. **First Clinical Service Date** is the *First Assessment Date* or, if there is <u>no</u> *First Assessment Date*, then it is the *Admission Date.* Thus, **First Clinical Service** accounts for cases in which the client is admitted to treatment based on a previous assessment or an assessment conducted by another program.

Ref#	Process Improvement Indicator
	AS: Access to Service (up to admission)
AS-1	**Percent of First Appointments Kept** Denominator: Count of first requests for service in a given period (e.g. month). Numerator: Count of those first requests for service where the requestor "showed" for the first appointment. Notes: 1. A first request for service is counted in a specific period (e.g., month) based on an **Adjusted First Request for Service Date** (see definitions). A *First Request for Service Date* indicates that the service was requested <u>and</u> that an appointment was scheduled. The appointment may be on the same day if, for instance, a person "walks in" and receives a clinical service. 2. Presence of a "Yes" for *Did Client Show for First Appointment?* indicates that the first appointment was kept. 3. The first appointment may be for an assessment or for admission (if assessment has been completed previously or by another program). 4. If the initial date for the first appointment is rescheduled by the client or program, the appointment on the rescheduled date is considered the first appointment. 5. There is no required time limit regarding how long it takes from the date of request for services to "showing" for first appointment. Individual provider practice will determine how long a request for service should be kept open if a client fails to show. An open request for service can be closed by using code 4 "Not completed" for *Assessment Disposition* but this does not affect calculation of this indicator. In Completion Status, an episode can be completed by inserting a 1 "Done" if the person has been designated as a "no show". 6. Since the indicator is computed based on the date of request for service, a sufficient amount of time must elapse to allow appointments to be kept for purposes of examining indicator trends. The amount of time necessary will vary from program to program; however, assuming up-to-date data, 30 days from the request should be more than adequate.

Ref#	Process Improvement Indicator
AS-2a	**Percent of First Requests Resulting in a Clinical Service** Denominator: Count of first requests for service in a given period (e.g. month). Numerator: Count of those first requests for service for which the requestor receives a first clinical service. Notes: 1. A first request for service is counted in a specific period (e.g., month) based on an **Adjusted First Request for Service Date (**see definitions**)**. 2. A request for service is counted in the numerator if there is a **First Clinical Service Date** (see definitions). 3. Computational consideration: The number of days from the **Adjusted First Request for Service Date** to the **First Clinical Service Date** may be negative, for instance, when a program conducts an offsite assessment prior to the *Previous Discharge Date*. 4. Since the indicator is computed based on the date of request for service, a sufficient amount of time must elapse to allow the first clinical service to be provided for purposes of examining indicator trends. The amount of time necessary will vary from program to program; however, assuming up-to-date data, 30 days from the request should be more than adequate.
AS-2b	**Percent of First Requests for Service Resulting in an Admission** Denominator: Count of first requests for service in a given period (e.g. month). Numerator: Count of those first requests for service for which the requestor receives an admission Notes: 1. A first request for service is counted in a specific period (e.g., month) based on an **Adjusted First Request for Service Date (**see definitions**)**. 2. A request for service is counted in the numerator if there is an *Admission Date*. 3. Since the indicator is computed based on the date of request for service, a sufficient amount of time must elapse to allow for the admission to occur for purposes of examining indicator trends. The amount of time necessary will vary from program to program; however, assuming up-to-date data, 30 days from the request should be more than adequate.
AS-3	**Average Days Between First Request and Assessment for Admissions** Denominator: Count of admissions in a given period (e.g. month) with a first request for service date and a first assessment date. Numerator: Sum of the number of days from first request for service to first assessment. Notes: 1. This indicator is based on *Admission Date* and is calculated for the period (e.g., month) in which the *Admission Date* occurs. 2. Any client admitted without a *First Request for Service Date* or a *First Assessment Date* is not included in this indicator. Thus a client admitted to treatment based on a previous assessment or an assessment conducted by another program is not included. 3. The date of first request for service is *First Request for Service Date*. For purposes of this indicator, *Previous Discharge Date* is not considered in calculating the days from first request for service to clinical assessment. 4. The number of days from the *First Request for Service* to *First Assessment Date* cannot be negative, but may be zero if the assessment is conducted on the same day as the request for service.

Ref#	Process Improvement Indicator

AS-4   **Average Days from First Request to First Clinical Service**

Denominator: Count of first clinical service events (whether assessment or treatment) with an adjusted first request for service date occurring in a given period (e.g. month).

Numerator: Sum of the number of days from the adjusted first request for service date to the date of first clinical service.

Notes:
1. This indicator is based on **First Clinical Service Date** (see definitions) and is calculated for the period (e.g., month) in which the first clinical service occurs.
2. A first request for service is counted in a specific period (e.g., month) based on an **Adjusted First Request for Service Date (**see definitions).
3. Clients admitted without first receiving a clinical assessment are included in this indicator. Thus a client admitted to treatment based on a previous assessment or an assessment conducted by another program <u>is</u> included.
4. The date of first clinical service cannot occur prior to the *First Request for Service Date*. However, the number of days from the **Adjusted First Request for Service Date** to the date of first clinical service may be negative, for instance, when a program conducts an offsite assessment prior to the *Previous Discharge Date*. If the calculation results in a negative number of days, the calculation is reset to zero.

AS-5   **Percent of First Assessments Completed**

Denominator: Count of first assessment dates occurring in a given period (e.g. month).

Numerator: Count of those first assessment dates resulting in a completed assessment.

Notes:
1. This indicator is based on *First Assessment Date* and is calculated for the period (e.g., month) in which the first assessment occurs.
2. Completion of an assessment is indicated by *Assessment Disposition* codes 1 "admitted", 2 "referred" or 3 "other". If a *First Assessment Date* has been entered but no disposition code has been entered, the assessment is considered incomplete even though Code 4 "not completed" has not been entered.
3. There is no required time limit regarding how long it takes from the *First Assessment Date* to completion of the assessment. Individual provider practices will determine how long an assessment should be kept open without being completed. An incomplete assessment can be closed by using code 4 "assessment not completed" for *Assessment Disposition*, but this does not affect calculation of this indicator.
4. Since the indicator is computed based on the date of the first assessment, a sufficient amount of time must elapse to allow assessments to be completed for purposes of examining indicator trends. The amount of time necessary will vary from program to program; however, assuming up-to-date data, 30 days from the date of the first assessment should be more than adequate.

Ref#	Process Improvement Indicator
AS-6a	**Percent of First Assessments Resulting in Admission** Denominator: Count of first assessment dates occurring in a given period (e.g. month). Numerator: Count of those first assessment dates which resulted in an admission. Notes: 1. This indicator is based on the *First Assessment Date* and is calculated for the period (e.g., month) in which the first assessment service occurs. 2. There is no required time limit regarding how long it takes from *First Assessment Date* to *Admission Date*. Individual provider practice will determine how long an assessment may be kept open without a disposition. An incomplete assessment can be closed by using code 4 "assessment not completed" for *Assessment Disposition*, but this does not affect calculation of this indicator. 3. Since the indicator is computed based on the date of the first assessment, a sufficient amount of time must elapse to allow for admissions to occur for purposes of examining indicator trends. The amount of time necessary will vary from program to program; however, assuming up-to-date data, 30 days from the date of the first assessment should be more than adequate.
AS-7	**Average Days from First Assessment to Admission** Denominator: Count of admissions in a given period (e.g. month) who received a first assessment. Numerator: Sum of the number of days from the first assessment to admission. Notes: 1. This indicator is based on admissions and is calculated for the period (e.g., month) in which the admissions occur. 2. Any client admitted without first receiving an assessment is not included in this indicator. Thus a client admitted to treatment based on a previous assessment will not be counted. 3. The number of days from the *First Assessment Date* to *Admission Date* cannot be negative; and it cannot be zero since an assessment visit and an admission visit cannot be counted on the same day.
AS-8	**Average Days from Last Assessment to Admission** Denominator: Count of admissions in a given period (e.g. month) who received a first assessment. Numerator: Sum of the number of days from the <u>last</u> assessment to admission. Notes: 1. This indicator is based on admissions and is calculated for the period (e.g., month) in which the admissions occur. 2. Any client admitted without first receiving an assessment is not included in this indicator. Thus a client admitted to treatment based on a previous assessment or an assessment conducted by another program is <u>not</u> included. 3. The date of <u>last</u> assessment is *Second Assessment Date*, if entered; otherwise it is the *First Assessment Date*. 4. The number of days from the date of <u>last</u> assessment to *Admission* cannot be negative; and it cannot be zero since an assessment visit and admission visit cannot be counted on the same day.

Ref#	Process Improvement Indicator
AS-9	**Average Days from First Request to Admission** Denominator: Count of admissions with first request for service date in a given period (e.g. month). Numerator: Sum of the number of days from the first request for service to admission. Notes: 1. This indicator is based on *First Request for Service Date* and is calculated for the period (e.g., month) in which the *First Request for Service Date* occurs. 2. A client admitted without first receiving an assessment is included in this indicator. For instance, a client admitted to treatment based on a previous assessment or an assessment conducted by another program is included. 3. For purposes of this indicator, *Previous Discharge Date* is not considered in calculating the days from first request for service to admission. 4. The number of days from the *First Request for Service Date* to *Admission* cannot be negative; but it can be zero since admission may occur on the same day as the request for service (although this may be unusual).
AS-10	**Average Days from First Request (adjusted) to Admission** Denominator: Count of admissions with adjusted first request for service date a in a given period (e.g. month). Numerator: Sum of the number of days from the adjusted first request for service to admission. Notes: 1. This indicator is based on **Adjusted First Request for Service Date** (see the definitions above) and is calculated for the period (e.g., month) in which the **Adjusted First Request for Service Date** occurs. 2. A client admitted without first receiving an assessment is included in this indicator. For instance, a client admitted to treatment based on a previous assessment or an assessment conducted by another program is included. 3. The number of days from the **Adjusted First Request for Service Date** cannot be negative; but it can be zero since a treatment visit can be received on the same day as the request for service (although this may be unusual).
**ER: Engagement & Retention (post admission)**
ER-1	**Percent of Admissions with 4 or More Services Within 30 Days** Denominator: Count of admissions in a given period (e.g. month). Numerator: Count of those admissions in a given period (e.g. month) who received a fourth date of service within 30 days of admission. 1. This indicator is based on admissions and is calculated for the period (e.g., month) in which the admissions occur. 2. Receipt of a fourth treatment service is indicated by a valid date in the field "Fourth Date of Service". If this date is within 30 days of the admission date, this case is counted in the numerator. For instance, if the client is admitted on the 1st day of the month and receives a fourth date of service on the 31st day of the same month, the case would be counted in the numerator because 31 minus 1 is equal to or less than 30. 3. Since the indicator is computed based on admission date, a sufficient amount of time must elapse to allow treatment services to be provided. The indicator value for a given period (e.g., a month) can be examined 30 days after the end of the period (assuming that data entry is up-to-date).

Ref#	Process Improvement Indicator
ER-2	**Percent of Discharges with 4 Dates of Service** Denominator: Count of discharges in a given period (e.g. month). Numerator: Count of those discharges in a given period (e.g. month) who received four dates of service (not necessarily in 30 days). 1. This indicator is based on discharges and is calculated for the period (e.g., month) in which the discharges occur. 2. Receipt of a fourth treatment service is indicated by a valid date in the field *Fourth Date of Service*. 3. Since the indicator is computed based on the date of discharge, a sufficient amount of time must elapse to allow the discharge date to be entered. 4. The Four Dates of Service do not necessarily have to occur within 30 days of admission.
ER-3a	**Average Client Length of Stay (Admission to Discharge)** Denominator: Count of discharges in a given period (e.g. month). Numerator: Sum of the number of days from the date of admission to the date of discharge. Notes: 1. This indicator is based on discharges and is calculated for the period (e.g., month) in which the discharges occur. 2. Discharge is indicated by a valid date entered into *Discharge Date*. To be valid, the discharge date must be on or after the date of admission. If date of discharge is prior to the date of admission, the date of discharge is invalid: no discharge is counted for the denominator and the case is not included in the sum of days (i.e., the numerator). 3. Except as follows, the days from admission to discharge (i.e., the client's length of stay) is calculated by subtracting the admission date from the discharge date. For instance, if the client is admitted on the 1st day of the month and discharged on the 31st day of the same month, the client's length of stay is 30 days (i.e., $31 - 1 = 30$). The exception is, if this calculation results in zero days, the length of stay is adjusted to 1 day. The rationale is, in New York, outpatient clients typically receive a treatment service on the same day as admission. If the client does not return for a second treatment visit, the client will be discharged. In such case, since reporting rules require that the reported date of discharge must be the date of last treatment service, the date of discharge will be the same as the date of admission. However, the typical client will have received one treatment visit even though the unadjusted length of stay would be zero.
ER-4	**Percent of Clients Discharged Successfully Completing Treatment** Denominator: Count of discharges in a given period (e.g. month). Numerator: Count of those discharges successfully completing treatment. Notes: 1. This indicator is based on discharges and is calculated for the period (e.g., month) in which the discharges occur. 2. Discharge is indicated by a valid date entered into *Discharge Date*. If *Discharge Date* is prior to the *Admission Date*, the *Discharge Date* is invalid: no discharge is counted for the denominator and the case is not counted in the numerator. 3. Successful completion of treatment is indicated by a *Discharge Status* of 1 (All treatment goals met) or 2 (Half or more goals met). All other Discharge Status codes are not considered successful completion of treatment.

Ref#	Process Improvement Indicator

ER-5	**Percent of Clients Admitted Successfully Completing Treatment**
	
	Denominator: Count of admissions in a given period (e.g. month).
	Numerator: Count of those admissions for whom successful completion of the treatment episode is indicated.
	Notes:
	   1. This indicator is based on admissions and is calculated for the period (e.g., month) in which the admissions occur.
	   2. Successful completion of treatment is indicated by a *Discharge Status* of 1 (All treatment goals met) or 2 (Half or more goals met). All other Discharge Status codes are not considered successful completion of treatment.
	   3. Sufficient time must elapse from the admission period to allow for discharges. Admissions not yet discharged will appear to not successfully complete treatment.

ER-6	**Percent of First Requests Successfully Completing Treatment**
	
	Denominator: Count of adjusted first requests for service in a given period (e.g. a month).
	Numerator: Count of those adjusted first requests for service for whom successful completion of the treatment episode is indicated.
	Notes:
	   1. This indicator is based on **Adjusted First Request for Service Date (**see definitions) and is calculated for the period (e.g., month) in which the *Adjusted First Request for Service Date* occurs.
	   2. Successful completion of treatment is indicated by a *Discharge Status* of 1 (All treatment goals met) or 2 (Half or more goals met). All other Discharge Status codes are not considered successful completion of treatment.
	   3. Sufficient time must elapse from the period of first request for service to allow for discharges. Persons who requested services who were not admitted or who were admitted but have not yet been discharged will appear to not successfully complete treatment.

ER-6a	**Number of Clients Currently in Treatment for 1 month or more**
	
	Count of admissions with no discharge date whose admission date is 1 month or more prior to the current date in a given period (e.g. a month).
	
	Notes:
	   1 This indicator is based on admissions and is calculated for the period (e.g., month) in which the admissions occur.
	   2 This indicator is updated based on the current date.

ER-7	**Number of Clients Currently in Treatment for 2 months or more**
	
	Count of admissions with no discharge date whose admission date is 2 months or more prior to the current date in a given period (e.g. a month).
	
	Notes:
	   1 This indicator is based on admissions and is calculated for the period (e.g., month) in which the admissions occur.
	   2 This indicator is updated based on the current date.

Ref#	Process Improvement Indicator

ER-9	**Number of Clients Currently in Treatment for 3 months or more**
	
	Count of Clients with no discharge date whose admission date is 3 months or more prior to the current date in a given period (e.g. a month).
	Notes:
	  1 This indicator is based on admissions and is calculated for the period (e.g., month) in which the admissions occur.
	  2 This indicator is updated based on the current date.

ER-10	**Percent of Admissions Currently in Treatment for 1 month or more**
	
	Denominator: Count of admissions in a given period (e.g. month)
	Numerator: Count of clients with no discharge date whose admission date is 1 month or more prior to the current date in a given period (e.g. a month)
	Notes:
	  1 This indicator is based on admissions and is calculated for the period (e.g., month) in which the admissions occur.
	  2 This indicator is updated based on the current date.

ER-11	**Percent of Admissions Currently in Treatment for 2 months or more**
	
	Denominator: Count of admissions in a given period (e.g. month)
	Numerator: Count of clients with no discharge date whose admission date is 2 months or more prior to the current date in a given period (e.g. a month)
	Notes:
	  1 This indicator is based on admissions and is calculated for the period (e.g., month) in which the admissions occur.
	  2 This indicator is updated based on the current date.

ER-12	**Percent of Admissions Currently in Treatment for 3 months or more**
	
	Denominator: Count of admissions in a given period (e.g. month)
	Numerator: Count of clients with no discharge date whose admission date is 3 months or more prior to the current date in a given period (e.g. a month)
	Notes:
	  1 This indicator is based on admissions and is calculated for the period (e.g., month) in which the admissions occur.
	  2 This indicator is updated based on the current date.

ER-13	**Percent of Admissions Currently in Treatment for 6 months or more**
	
	Denominator: Count of admissions in a given period (e.g. month)
	Numerator: Count of clients with no discharge date whose admission date is 6 months or more prior to the current date in a given period (e.g. a month)
	Notes:
	  1 This indicator is based on admissions and is calculated for the period (e.g., month) in which the admissions occur.
	  2 This indicator is updated based on the current date.

Ref#	Process Improvement Indicator
ER-14	**Percent of Admissions with Length of Stay (LOS) or Length of Treatment (LOT) of 1 Month or more** Denominator: Count of admissions in a given period (e.g. month) Numerator: Count of admissions with length of stay (LOS) or length of treatment (LOT) of 1 month or more in a given period (e.g. a month) Notes: 1 This indicator is based on admissions and is calculated for the period (e.g., month) in which the admissions occur. . 2 This indicator is updated based on the current date. 3 Length of Stay is calculated based on the discharge date, if the client is not discharged then Length of Treatment is calculated based on the current date of the report.
ER-15	**Percent of Admissions with Length of Stay (LOS) or Length of Treatment (LOT) of 2 Months or more** Denominator: Count of admissions in a given period (e.g. month) Numerator: Count of admissions with length of stay (LOS) or length of treatment (LOT) of 2 months or more in a given period (e.g. a month) Notes: 1 This indicator is based on admissions and is calculated for the period (e.g., month) in which the admissions occur. . 2 This indicator is updated based on the current date. 3 Length of Stay is calculated based on the discharge date, if the client is not discharged then Length of Treatment is calculated based on the current date of the report.
ER-16	**Percent of Admissions with Length of Stay (LOS) or Length of Treatment (LOT) of 3 Months or more** Denominator: Count of admissions in a given period (e.g. month) Numerator: Count of admissions with length of stay (LOS) or length of treatment (LOT) of 3 months or more in a given period (e.g. a month) Notes: 1 This indicator is based on admissions and is calculated for the period (e.g., month) in which the admissions occur. . 2 This indicator is updated based on the current date. 3 Length of Stay is calculated based on the discharge date, if the client is not discharged then Length of Treatment is calculated based on the current date of the report.
ER-17	**Percent of Admissions with Length of Stay (LOS) or Length of Treatment (LOT) of 6 Months or more** Denominator: Count of admissions in a given period (e.g. month) Numerator: Count of admissions with length of stay (LOS) or length of treatment (LOT) of 6 months or more in a given period (e.g. a month) Notes: 1 This indicator is based on admissions and is calculated for the period (e.g., month) in which the admissions occur. . 2 This indicator is updated based on the current date. 3 Length of Stay is calculated based on the discharge date, if the client is not discharged then Length of Treatment is calculated based on the current date of the report.

	VE: Volume and Efficiency (Many of these items are used to calculate the indicators above)
VE-1a	**Number of Adjusted First Requests for Service** Count of adjusted first requests for service in a given period (e.g. a month) based on the adjusted first request for service date. Notes: A *First Request for Service Date* is counted in a specific period (e.g., month) based on an **Adjusted First Request for Service Date** (see definitions).
VE-2	**Number of First Appointments Kept** Count of first appointments kept in a given period (e.g. a month) based on the adjusted first request for service date. Notes: 1. A *First Request for Service Date* is counted in a specific period (e.g., month) based on an **Adjusted First Request for Service Date** (see definitions). 2. Presence of a "Yes" for *Did Client Show for First Appointment?* indicates that the first appointment was kept.
VE-2a	**Number of First Clinical Services** Count of first clinical service dates in a given period (e.g. a month) based on the adjusted date of first request for service. Notes: This indicator is based on whether a **First Clinical Service Date** (see definitions) has been entered and is calculated for the period (e.g., month) in which the **Adjusted First Request for Service Date (**see definitions) occurs.
VE-3	**Number of First Assessment Visits (by admission)** Count of first assessment dates in a given period (e.g. a month) based on admission date. Notes: This indicator is based on whether a *First Assessment Date* has been entered and is calculated for the period (e.g., month) in which the *Admission Date* occurs.
VE-3a	**Number of First Assessment Visits (by assessment)** Count of first assessment dates in a given period (e.g. a month) based on the first assessment date. Notes: This indicator is based on a *First Assessment Date* and is calculated for the period (e.g., month) in which the *First Assessment Date* occurs.

VE-4	**Total Assessment Visits (First and Second)**
	Count of total assessment dates in a given period (e.g. a month) based on first request for service dates.
	Notes: This indicator is based on **Adjusted First Request for Service Date** (see definitions) and is calculated for the period (e.g., month) in which the **Adjusted First Request for Service Date** occurs.
VE-4a	**Number of First Assessments With an Admission (by assessment date)**
	Count of first assessment dates with a subsequent admission date in a given period (e.g. a month) based on first assessment date.
	Notes: This indicator is based on whether a *First Assessment Date* and an A*dmission Date* exists and is calculated for the period (e.g., month) in which the *First Assessment Date* occurs.
VE-5	**Number of First Assessments Completed (by assessment date)**
	Count of assessments completed in a given period (e.g. a month) based on assessment date.
	Notes: 1 This indicator is based on a *First Assessment Date* and is calculated for the period (e.g., month) in which the assessment date occurs. 2 Completion of an assessment is indicated by *Assessment Disposition* 1 "admitted", 2 "referred" or 3 "other". If a *First Assessment Date* has been entered but no disposition code has been entered, the assessment is considered incomplete even though Code 4 "assessment not completed" has not been entered.
VE-6	**Number of Admissions (by admission and assessment)**
	Count of admissions in a given period (e.g. a month) based on date of admission.
	Notes: 1 This indicator is based on A*dmission Date* and is calculated for the period (e.g., month) in which the admission date occurs. 2 This indicator relies on the presence of an A*ssessment Date* and an A*dmission Date*.
VE-6a	**Number of Admissions (by admission)**
	Count of admissions in a given period (e.g. a month) based on date of admission.
	Notes: 1 This indicator is based on A*dmission Date* and is calculated for the period (e.g., month) in which the admission date occurs. 2 This indicator counts admissions and relies only on the presence of an A*dmission Date*.

VE-7a	**Number of First Clinical Service Events** Count of clients with a date of a First Clinical Service in a given period (e.g. a month) based on First Clinical Service date. Notes: This indicator is based on **First Clinical Service Date** (see definitions) and is calculated for the period (e.g., month) in which the **First Clinical Service Date** occurs.
VE-8	**Number of Clients Completing Second Date of Service within 30 Days** Count of clients with a *Second Date of Service* date in a given period (e.g. a month) based on date of admission. Notes: 1 This indicator is based on A*dmission Date* and is calculated for the period (e.g., month) in which the A*dmission Date* occurs. 2 This indicator only counts those admits with a *Second Date of Service*. 3 The count is only incremented if the *Second Date of Service* is within 30 days of the Admission date
VE-9	**Number of Clients Completing Third Date of Service within 30 Days** Count of clients with a *Third Date of Service* in a given period (e.g. a month) based on date of admission. Notes: 1 This indicator is based on *Admission Date* and is calculated for the period (e.g., month) in which the admission date occurs. 2 This indicator only counts those admits with a *Third Date of Service.* 3 The count is only incremented if the *Third Date of Service* is within 30 days of the Admission date.
VE-10	**Number of Clients Completing Fourth Date of Service within 30 Days** Count of clients with a *Fourth Date of Service* date in a given period (e.g. a month) based on *Admission Date*. Notes: 1 This indicator is based on *Admission Date* and is calculated for the period (e.g., month) in which the *Admission Date* occurs. 2 This indicator counts those admits with a *Fourth Date of Service* 3 The count is only incremented if the *Fourth Date of Service* is within 30 days of the Admission date.
VE-13	**Number of Admissions with a Successful Treatment Completion** Count of clients with a successful treatment completion in a given period (e.g. a month) based on the admission date. Notes: 1 This indicator is based on A*dmission Date* and is calculated for the period (e.g., month) in which the A*dmission Date* occurs. 2 Successful completion of treatment is indicated by a *Discharge Status* of 1 (All treatment goals met) or 2 (Half or more goals met). All other Discharge Status codes are not considered successful completion of treatment. 3 This indicator cannot be reviewed until almost all clients admitted in the period have been discharged.

VE-14	**Number of Discharges**
	Count of clients with a discharge date in a given period (e.g. a month) based on date of discharge.
	Notes:
	1 This indicator is based on D*ischarge Date* and is calculated for the period (e.g., month) in which the D*ischarge Date* occurs.
	2 This indicator counts clients for whom discharge dates have been entered.
VE-15	**Number of Discharges with a Successful Treatment Completion**
	Count of clients with a successful treatment completion in a given period (e.g. a month) based on date of discharge.
	Notes:
	1 This indicator is based on D*ischarge Date* and is calculated for the period (e.g., month) in which the D*ischarge Date* occurs.
	2 Successful completion of treatment is indicated by a *Discharge Status* of 1 (All treatment goals met) or 2 (Half or more goals met). All other Discharge Status codes are not considered successful completion of treatment.