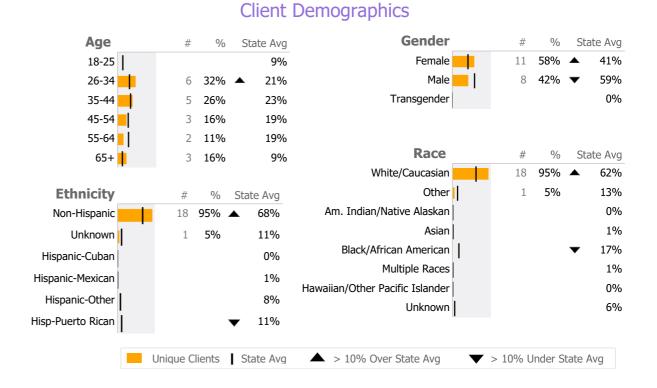
Reporting Period: July 2021 - December 2021 (Data as of Apr 18, 2022)

Provider Activity				
Monthly Trend	Measure	Actual	1 Yr Ago	Variance %
	Unique Clients	19	19	0%
	Admits			
	Discharges			
	Service Hours		-	
▲ > 10% Over 1 Yr Ago ▼> 10%			Under 1Yr	Ago
Clients by Level of Care				
Program Type	Level of Care Ty	pe	#	%
Mental He	alth			
	Case Manageme	ent	19	100.0%



Survey Data Not Available

## **Clinical Case Management**

Day Kimball Hospital

Valid Axis I Diagnosis

Mental Health - Case Management - Standard Case Management

## Connecticut Dept of Mental Health and Addiction Services Program Quality Dashboard

Reporting Period: July 2021 - December 2021 (Data as of Apr 18, 2022)

## **Program Activity Discharge Outcomes** Measure Actual % vs Goal % Actual % Goal % Actual vs Goal Actual Variance % Actual State Avg **Unique Clients** 19 19 0% N/A 50% 64% N/A Treatment Completed Successfully N/A Admits Recovery Discharges National Recovery Measures (NOMS) Actual % vs Goal % Actual % Goal % State Avg Actual vs Goal Actual Service Hours 0 0% 20% 15% -20% Employed Social Support 0 0% 60% 69% -60% **Data Submission Quality** 0 0% 80% 72% -80% -Stable Living Situation Data Entry State Avg Service Utilization Valid NOMS Data N/A 94% State Avg Actual % vs Goal % Actual % Actual vs Goal Actual Goal % 0 Clients Receiving Services 0% 90% 80% N/A 🔻 On-Time Periodic State Avg Actual 0% 6 Month Updates 55% Co-occurring State Avg Actual 77% N/A MH Screen Complete SA Screen Complete 70% N/A Diagnosis Actual State Avg



100%

19%

