#### **Charlotte Hungerford Hospital** Torrington, CT

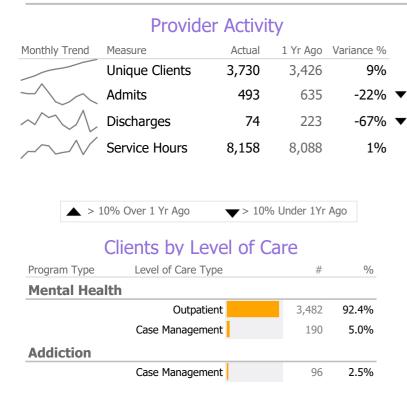
Connecticut Dept of Mental Health and Addiction Services Provider Quality Dashboard

Reporting Period: July 2021 - June 2022 (Data as of Oct 03, 2022)

80-100%

✓ Goal Met

Under Goal



#### **Consumer Satisfaction Survey** (Based on 205 FY21 Surveys) Question Domain Satisfied % vs Goal% Satisfied % Goal % State Avg Participation in Treatment 95% 80% 92% $\checkmark$ ✓ Quality and Appropriateness 92% 80% 93% General Satisfaction 92% $\checkmark$ 92% 80% Respect 90% 80% 91% ✓ Access 80% 88% 90% V Overall 80% 91% 88% Outcome 69% 80% 83% Recovery 64% 80% 79%

#### **Client Demographics**

0-80%

Goal %

Satisfied %

Age	#	%	State Avg	Gender	#	%	State Avg
18-25	358	10%	10%	Female	2,230	60%	<b>▲</b> 41%
26-34	655	18%	22%	Male 📒 📔	1,495	40%	▼ 59%
35-44 📒	638	17%	23%	Transgender			0%
45-54 📕	653	18%	18%				
55-64	779	21%	18%				
65+	644	17%	8%	Race	#	%	State Avg
				White/Caucasian	3,291	88%	<b>▲</b> 61%
Ethnicity	#	%	State Avg	Unknown	189	5%	6%
Non-Hispanic	3,295	88%	▲ 68%	Other	137	4%	13%
Unknown	276	7%	12%	Black/African American	91	2%	▼ 17%
Hispanic-Other	148	4%	9%	Asian	13	0%	1%
Hisp-Puerto Rican	11		▼ 11%	Am. Indian/Native Alaskan	4	0%	0%
	11	0%		Multiple Races	4	0%	1%
Hispanic-Cuban			0%	Hawaiian/Other Pacific Islander	1	0%	0%
Hispanic-Mexican			1%				
	Jnique C	lients	State Avg	▲ > 10% Over State Avg	<b>v</b> > 10% l	Jnder S	tate Avg

Variances in data may be indicative of operational adjustments related to the pandemic.

## **Program Activity**

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	96	232	-59% 🔻
Admits	30	85	-65% 🔻
Discharges	18	171	-89% 🔻
Service Hours	27	47	-42% 🔻

## Data Submission Quality

Data Entry	Actual S	tate Avg
Valid NOMS Data	99%	93%
On-Time Periodic	Actual	State Avg
6 Month Updates	0%	48%

## **Discharge Outcomes**

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
$\checkmark$	Treatment Completed Successfully		18	100%	50%	67%	50%	
	Recovery							
	National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
	Employed		10	10%	20%	27%	-10%	
	Stable Living Situation	I	55	57%	80%	80%	-23%	
	Self Help		11	11%	60%	53%	-49%	▼
	Service Utilization							
		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
	Clients Receiving Services		10	13%	90%	78%	-77%	

#### Data Submitted to DMHAS by Month

		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	% Months Submitted
Admissions														50%
Discharges														42%
Services														33%
	1	or mo	ore Recor	ds Subn	nitted to	DMHAS								

	> 10% 0	ver 🔻 < 10	% Under	
Actual	Goal	🗸 Goal Met	Belo	w Goal

\* State Avg based on 13 Active Standard Case Management Programs

Variances in data may be indicative of operational adjustments related to the pandemic.

### **Program Activity**

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	190	190	0%
Admits	-	-	
Discharges	-	-	
Service Hours	-	-	

### Service Engagement

1 Yr Ago	Variance %	Llemelees Out	u a a ala	Actual 0/ up Cool 0/	A shund	Ashual 0/	Ceel 0/	04-4- 4	A shuslus Casl	
100	00/	Homeless Out	reach	Actual % VS Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
190	0%	🛑 at least 1 Se	rvice within 180 days		0	0%	50%	93%	-50%	-
-										
	190	190 <b>0%</b>	190 0%   at least 1 Se	190   0%     Homeless Outreach     at least 1 Service within 180 days	190   0%     Homeless Outreach   Actual % vs Goal %     at least 1 Service within 180 days	190   0%     at least 1 Service within 180 days   0	190   0%     at least 1 Service within 180 days	190   0%   Actual % vs Goal %   Actual % vs Goal %     1 at least 1 Service within 180 days   0   0%	190   0%     at least 1 Service within 180 days	190   0%   Homeless Outreach   Actual % vs Goal %   Actual %   Goal %   State Avg   Actual vs Goal     190   0%   at least 1 Service within 180 days   0   0%   50%   93%   -50%

#### Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	% Months Submitted
Admissions													0%
Discharges													0%
Services													0%

1 or more Records Submitted to DMHAS

	> 10% 0	ver 🔻 < 109	% Under	
Actual	Goal	V Goal Met	Below	Goal

\* State Avg based on 50 Active Outreach & Engagement Programs

#### **Program Activity**

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	3,482	3,072	13%	
Admits	463	550	-16%	•
Discharges	56	52	8%	
Service Hours	8,130	8,041	1%	

# **Data Submission Quality**

Valid Axis I Diagnosis

Data Entry		Actual S	tate Avg
Valid NOMS Data		61%	88%
On-Time Periodic		Actual	State Avg
6 Month Updates		5%	49%
	•		
Co-occurring		Actual	State Avg
MH Screen Complete		8%	90%
SA Screen Complete		35%	91%
Diagnosis		Actual	State Avg

#### **Discharge Outcomes**

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Treatment Completed Successfully		0	0%	50%	41%	-50%	
	ľ						
Recovery							
National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Employed		617	18%	30%	26%	-12%	
Social Support		1,520	44%	60%	62%	-16%	
Stable Living Situation		42	1%	95%	73%	-94%	
Convice Utilization							
Service Utilization							
	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Clients Receiving Services		1,723	50%	90%	84%	-40%	
Service Engagement							
Outpatient	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
2 or more Services within 30 days		341	74%	75%	79%	-1%	

#### Data Submitted to DMHAS by Month

100%



98%



\* State Avg based on 74 Active Standard Outpatient Programs

Variances in data may be indicative of operational adjustments related to the pandemic.