**Ledge Light Health District**
New London, CT

Connecticut Dept of Mental Health and Addiction Services
Provider Quality Dashboard
Reporting Period: July 2021 - June 2022   (Data as of Oct 03, 2022)

## Provider Activity

| Monthly Trend | Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|---|
| | Unique Clients | 394 | 227 | 74% | ▲ |
| | Admits | 167 | 173 | -3% | |
| | Discharges | 10 | | | |
| | Service Hours | 5 | 98 | -95% | ▼ |

▲ > 10% Over 1 Yr Ago   ▼ > 10% Under 1Yr Ago

## Clients by Level of Care

| Program Type | Level of Care Type | | # | % |
|---|---|---|---|---|
| **Addiction** | | | | |
| | Case Management | | 394 | 100.0% |

## Client Demographics

### Age

| Age | # | % | State Avg |
|---|---|---|---|
| 18-25 | 14 | 4% | 10% |
| 26-34 | 82 | 25% | 22% |
| 35-44 | 97 | 29% | 23% |
| 45-54 | 76 | 23% | 18% |
| 55-64 | 54 | 16% | 18% |
| 65+ | 8 | 2% | 8% |

### Ethnicity

| Ethnicity | # | % | | State Avg |
|---|---|---|---|---|
| Unknown | 226 | 57% | ▲ | 12% |
| Non-Hispanic | 122 | 31% | ▼ | 68% |
| Hispanic-Other | 33 | 8% | | 9% |
| Hisp-Puerto Rican | 13 | 3% | | 11% |
| Hispanic-Cuban | | | | 0% |
| Hispanic-Mexican | | | | 1% |

### Gender

| Gender | # | % | State Avg |
|---|---|---|---|
| Male | 208 | 54% | 59% |
| Female | 174 | 46% | 41% |
| Transgender | | | 0% |

### Race

| Race | # | % | | State Avg |
|---|---|---|---|---|
| White/Caucasian | 177 | 45% | ▼ | 61% |
| Unknown | 157 | 40% | ▲ | 6% |
| Black/African American | 38 | 10% | | 17% |
| Other | 21 | 5% | | 13% |
| Multiple Races | 1 | 0% | | 1% |
| Am. Indian/Native Alaskan | | | | 0% |
| Asian | | | | 1% |
| Hawaiian/Other Pacific Islander | | | | 0% |

■ Unique Clients   | State Avg   ▲ > 10% Over State Avg   ▼ > 10% Under State Avg

## Survey Data Not Available

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

**SOR - HCWH-Ledge Light**
Ledge Light Health District
Addiction - Case Management - Outreach & Engagement

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
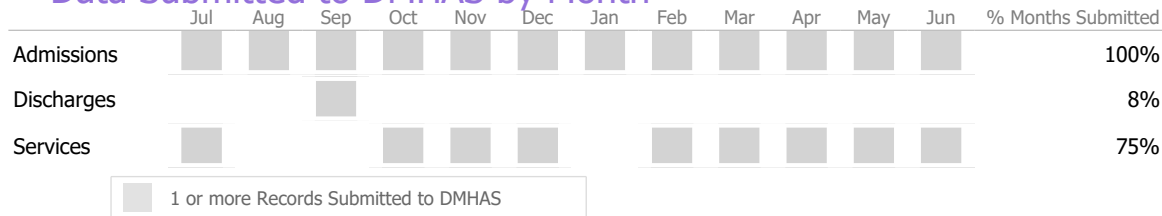Reporting Period: July 2021 - June 2022  (Data as of Oct 03, 2022)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 394 | 227 | 74% | ▲ |
| Admits | 167 | 173 | -3% | |
| Discharges | 10 | - | | |
| Service Hours | 5 | 98 | -95% | ▼ |

## Service Engagement

| Homeless Outreach | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ✓ at least 1 Service within 180 days | | 167 | 100% | 50% | 86% | 50% | ▲ |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | % Months Submitted |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Admissions | ▪ | ▪ | ▪ | ▪ | ▪ | ▪ | ▪ | ▪ | ▪ | ▪ | ▪ | ▪ | 100% |
| Discharges | | | ▪ | | | | | | | | | | 8% |
| Services | ▪ | | | ▪ | ▪ | ▪ | | ▪ | ▪ | ▪ | ▪ | ▪ | 75% |

▪ 1 or more Records Submitted to DMHAS

▲ > 10% Over    ▼ < 10% Under

■ Actual    | Goal    ✓ Goal Met    ● Below Goal

* State Avg based on 22 Active Outreach & Engagement Programs

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