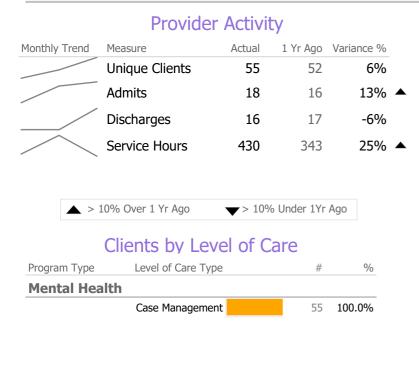
YWCA of Hartford

Hartford, CT

Connecticut Dept of Mental Health and Addiction Services Provider Quality Dashboard

(Based on 26 FY22 Surveys)

Reporting Period: July 2022 - September 2022 (Data as of Dec 16, 2022)



Question Domain Satisfied % vs Goal% Satisfied % Goal % State Avg ✓ Quality and Appropriateness 100% 80% 93% Participation in Treatment 100% 80% 92% \checkmark Overall \checkmark 96% 80% 91% ✓ Access 96% 80% 88% ✓ Respect 96% 80% 91% General Satisfaction 80% 92% 92% V Outcome 92% 80% 83% ✓ Recovery 88% 80% 79% Goal % 0-80% 80-100% ✓ Goal Met Satisfied % Under Goal

Consumer Satisfaction Survey

Client Demographics

Age		#	%	State	Avg	Gender	#	%	State Avg
18-25		3	5%	1	L0%	Female	42	78%	▲ 42%
26-34		4	7%	▼ 2	21%	Male 📒 📔	12	22%	▼ 58%
35-44		10	18%	2	23%	Transgender			0%
45-54		12	22%	1	19%				
55-64		19	35%	▲ 2	20%				
65+ 📘		7	13%		8%	Race	#	%	State Avg
						Black/African American	26	47%	▲ 17%
Ethnicity		#	%	State A	vg	White/Caucasian 📒 📔	24	44%	▼ 62%
Non-Hispanic		45	82%	▲ 69	%	Multiple Races	4	7%	1%
Hispanic-Other		10	18%	8	8%	Asian	1	2%	1%
Hispanic-Cuban				0)%	Am. Indian/Native Alaskan			1%
Hispanic-Mexican				1	.%	Hawaiian/Other Pacific Islander			0%
						Other			▼ 12%
Hisp-Puerto Rican				▼ 11	.%	Unknown			6%
Unknown				▼ 12	2%				
		Unique C	lients	State	Avg	▲ > 10% Over State Avg ▼	> 10% L	Inder 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	35	34	3%
Admits	17	16	6%
Discharges	16	17	-6%
Service Hours	247	259	-5%

Service Engagement



Data Submitted to DMHAS by Month Jul Aug Sep % Months Submitted Admissions Image: Comparison of the second state of t

	▲ :	> 10% Ove	r	•	< 10% l	Jnde	r	
Ac	tual	Goal	\checkmark	Goal N	1et		Below	/ Goal

* State Avg based on Active Outreach & Engagement Programs

Soromundi Commons

YWCA of Hartford Mental Health - Case Management - Supportive Housing – Development

Connecticut Dept of Mental Health and Addiction Services

Reporting Period: July 2022 - September 2022 (Data as of Dec 16, 2022)

Program Quality Dashboard

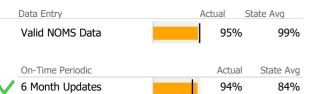
Program Activity

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	20	18	11% 🔺
Admits	1	-	
Discharges	-	-	
Service Hours	183	84	117% 🔺

Recovery

	National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
\checkmark	Stable Living Situation		18	90%	85%	95%	5%
	Service Utilization						
		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
\checkmark	Clients Receiving Services		20	100%	90%	89%	10%

Data Submission Quality





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

* State Avg based on Active Supportive Housing – Development Programs

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