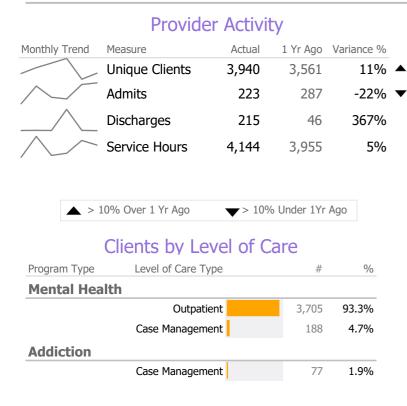
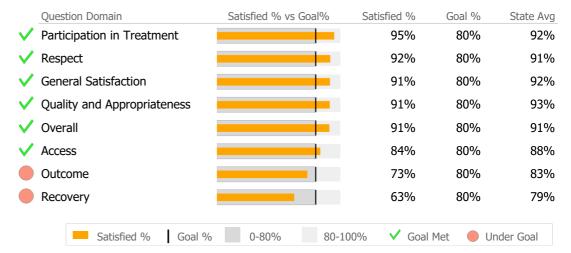
#### **Charlotte Hungerford Hospital** Torrington, CT

Connecticut Dept of Mental Health and Addiction Services Provider Quality Dashboard

Reporting Period: July 2022 - December 2022 (Data as of Mar 20, 2023)



#### Consumer Satisfaction Survey (Based on 223 FY22 Surveys)



#### **Client Demographics**

| Age               |   | #        | %      | State Avg | Gender                          | #       | %        | State Avg    |
|-------------------|---|----------|--------|-----------|---------------------------------|---------|----------|--------------|
| 18-25             |   | 339      | 9%     | 9%        | Female                          | 2,377   | 60%      | <b>▲</b> 42% |
| 26-34             |   | 698      | 18%    | 20%       | Male 📒 📔                        | 1,558   | 40%      | ▼ 58%        |
| 35-44             |   | 674      | 17%    | 24%       | Transgender                     |         |          | 0%           |
| 45-54             |   | 650      | 17%    | 18%       |                                 |         |          |              |
| 55-64             | • | 838      | 21%    | 20%       |                                 |         |          |              |
| 65+               |   | 739      | 19%    | 9%        | Race                            | #       | %        | State Avg    |
|                   |   |          |        |           | White/Caucasian                 | 3,440   | 87%      | <b>▲</b> 62% |
| Ethnicity         |   | #        | %      | State Avg | Unknown                         | 218     | 6%       | 6%           |
| Non-Hispanic      |   | 3,460    | 88%    | ▲ 69%     | Other                           | 159     | 4%       | 13%          |
| Unknown           | • | 303      | 8%     | 11%       | Black/African American          | 99      | 3%       | <b>▼</b> 17% |
| Hispanic-Other    |   | 166      | 4%     | 8%        | Asian                           | 14      | 0%       | 1%           |
| Hisp-Puerto Rican |   | 11       | 0%     | ▼ 11%     | Am. Indian/Native Alaskan       | 5       | 0%       | 1%           |
| · ·               |   | 11       | 070    |           | Multiple Races                  | 4       | 0%       | 1%           |
| Hispanic-Cuban    |   |          |        | 0%        | Hawaiian/Other Pacific Islander | 1       | 0%       | 0%           |
| Hispanic-Mexican  |   |          |        | 1%        |                                 |         |          |              |
|                   |   |          |        | _         |                                 |         |          |              |
|                   | l | Jnique C | lients | State Avg | ▲ > 10% Over State Avg          | > 10% l | Jnder St | 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 | 77     | 95       | -19%       | ▼ |
| Admits         | -      | 30       | -100%      | ▼ |
| Discharges     | 1      | 18       | -94%       | ▼ |
| Service Hours  | -      | 27       | -100%      | ▼ |

## Data Submission Quality

| Data Entry       | Actual S | tate Avg  |
|------------------|----------|-----------|
| Valid NOMS Data  | 100%     | 94%       |
| On-Time Periodic | Actual   | State Avg |
| 6 Month Updates  | 0%       | 39%       |

### Discharge Outcomes

|                                   | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |   |
|-----------------------------------|--------------------|--------|----------|--------|-----------|----------------|---|
| Treatment Completed Successfully  |                    | 0      | 0%       | 50%    | 66%       | -50%           | • |
| Recovery                          |                    |        |          |        |           |                |   |
| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |   |
| Employed                          |                    | 0      | 0%       | 20%    | 24%       | -20%           |   |
| Self Help                         |                    | 1      | 1%       | 60%    | 47%       | -59%           |   |
| Stable Living Situation           |                    | 11     | 14%      | 80%    | 72%       | -66%           |   |
| Service Utilization               |                    |        |          |        |           |                |   |
|                                   | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |   |
| Clients Receiving Services        |                    | 0      | 0%       | 90%    | 70%       | N/A            | ▼ |

# Data Submitted to Sep DMHAS by Month Jul Aug Sep Oct Nov Dec % Months Submitted Admissions 0% Discharges 17% Services 0% 1 or more Records Submitted to DMHAS

|    | <b>^</b> > | 10% Ove | er           | ▼ < 1    | 0% Un | ıder |        |
|----|------------|---------|--------------|----------|-------|------|--------|
| Ac | ctual      | Goal    | $\checkmark$ | Goal Met |       | Belo | w Goal |

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

# **Program Activity**

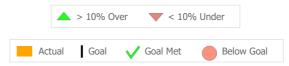
| Measure        | Actual | 1 Yr Ago | Variance % |
|----------------|--------|----------|------------|
| Unique Clients | 188    | 188      | 0%         |
| Admits         | -      | -        |            |
| Discharges     | 187    | -        |            |
| Service Hours  | -      | -        |            |

### Service Engagement

|  | Homeless Ou    | treach                 | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |   |
|--|----------------|------------------------|--------------------|--------|----------|--------|-----------|----------------|---|
| at least 1 Service within 180 days         0         0%         50%         93%         -50% | 🛑 at least 1 S | ervice within 180 days |                    | 0      | 0%       | 50%    | 93%       | -50%           | ▼ |

#### Data Submitted to DMHAS by Month

|            |   | Jul     | Aug      | Sep     | Oct       | Nov   | Dec | % Months Submitted |
|------------|---|---------|----------|---------|-----------|-------|-----|--------------------|
| Admission  | S |         |          |         |           |       |     | 0%                 |
| Discharges | 5 |         |          |         |           |       |     | 33%                |
| Services   |   |         |          |         |           |       |     | 0%                 |
|            |   | 1 or mo | re Recor | ds Subr | nitted to | DMHAS |     |                    |



\* State Avg based on 49 Active Outreach & Engagement Programs

#### Reporting Period: July 2022 - December 2022 (Data as of Mar 20, 2023)

#### **Program Activity**

| Measure        | Actual | 1 Yr Ago | Variance % |   |
|----------------|--------|----------|------------|---|
| Unique Clients | 3,705  | 3,314    | 12%        |   |
| Admits         | 223    | 257      | -13%       | ▼ |
| Discharges     | 27     | 28       | -4%        |   |
| Service Hours  | 4,144  | 3,928    | 5%         |   |

# Data Submission Quality

|              | Data Entry             | Actual | State Avg |
|--------------|------------------------|--------|-----------|
|              | Valid NOMS Data        | 66%    | 90%       |
|              |                        |        |           |
|              | On-Time Periodic       | Actual | State Avg |
|              | 6 Month Updates        | 17%    | 51%       |
|              |                        |        |           |
|              | Diagnosis              | Actual | State Avg |
| $\checkmark$ | Valid Axis I Diagnosis | 100%   | 98%       |

#### Discharge Outcomes

|                                   | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |   |
|-----------------------------------|--------------------|--------|----------|--------|-----------|----------------|---|
| Treatment Completed Successfully  |                    | 2      | 7%       | 50%    | 43%       | -43%           |   |
| Recovery                          |                    |        |          |        |           |                |   |
| Recovery                          |                    |        |          |        |           |                |   |
| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |   |
| Employed                          |                    | 351    | 9%       | 30%    | 24%       | -21%           |   |
| Social Support                    |                    | 1,116  | 30%      | 60%    | 59%       | -30%           |   |
| Stable Living Situation           |                    | 43     | 1%       | 95%    | 72%       | -94%           |   |
| Service Utilization               |                    |        |          |        |           |                |   |
|                                   | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |   |
| Clients Receiving Services        |                    | 1,587  | 43%      | 90%    | 80%       | -47%           |   |
| Service Engagement                |                    |        |          |        |           |                |   |
| Outpatient                        | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |   |
| 2 or more Services within 30 days |                    | 141    | 63%      | 75%    | 79%       | -12%           | • |

# Data Submitted to DMHAS by Month Jul Aug Sep Oct Nov Dec % Months Submitted Admissions 100%

| Discharges |                                      | 100% |
|------------|--------------------------------------|------|
| Services   |                                      | 100% |
|            | 1 or more Records Submitted to DMHAS |      |

|        | > 10% 0 | ver 🔻 < 109 | % Under    |  |
|--------|---------|-------------|------------|--|
| Actual | Goal    | 🗸 Goal Met  | Below Goal |  |

\* State Avg based on 73 Active Standard Outpatient Programs