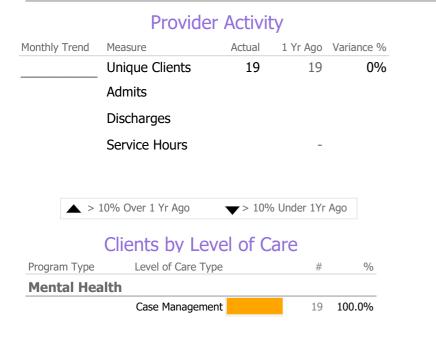
Day Kimball Hospital

Putnam, CT

Connecticut Dept of Mental Health and Addiction Services Provider Quality Dashboard

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



Client Demographics

Age	#	%	State Avg	Gender	#	%	State Avg
18-25			9%	Female	11	58%	▲ 42%
26-34	6	32%	▲ 20%	Male 🗾 📔	8	42%	▼ 58%
35-44	5	26%	24%	Transgender			0%
45-54	1	5%	▼ 18%				
55-64	4	21%	20%				
65+ 📘	3	16%	9%	Race	#	%	State Avg
				White/Caucasian	18	95%	▲ 62%
Ethnicity	#	%	State Avg	Other <mark> </mark>	1	5%	13%
Non-Hispanic	18	95%	▲ 69%	Am. Indian/Native Alaskan			1%
Unknown	1	5%	11%	Asian			1%
Hispanic-Cuban			0%	Black/African American			▼ 17%
Hispanic-Mexican			1%	Multiple Races			1%
·				Hawaiian/Other Pacific Islander			0%
Hispanic-Other			8%	Unknown			6%
Hisp-Puerto Rican			▼ 11%	1			
	Unique C	lients	State Avg	▲ > 10% Over State Avg	> 10% L	Inder S	tate Avg

Survey Data Not Available

Clinical Case Management

Day Kimball Hospital Mental Health - Case Management - Standard Case Management

-20% 🔻

-60% 🚽

-80% 🔷

N/A 🔻

Program Activity

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	19	19	0%
Admits	-	-	
Discharges	-	-	
Service Hours	-	-	

Data Submission Quality

Data Entry	Actual	State Avg
Valid NOMS Data	N/A	95%
On Time David I'r	A	Charles Aver
On-Time Periodic	Actua	State Avg
6 Month Updates	0%	64%
Diagnosis	Actua	I State Avg
Valid Axis I Diagnosis	100%	o 19%

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Treatment Completed Successfully		N/A	N/A	50%	57%	N/A
Recovery						
National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Employed		0	0%	20%	20%	-20%
Social Support		0	0%	60%	74%	-60%
Stable Living Situation		0	0%	80%	77%	-80%
Service Utilization						
	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Clients Receiving Services		0	0%	90%	85%	N/A

Data Submitted to DMHAS by Month

		Jul	Aug	Sep	Oct	Nov	Dec	% Months Submitted
Admission	S							0%
Discharge	s							0%
Services								0%
		1 or mo	re Recor	ds Subm	nitted to	DMHAS		

	► > 10% O	ver v < 10 ⁰	% Under
Actua	l Goal	🗸 Goal Met	Below G

* State Avg based on 31 Active Standard Case Management Programs

Discharge Outcomes

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