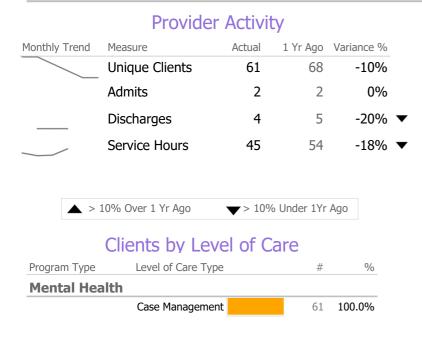
ImmaCare

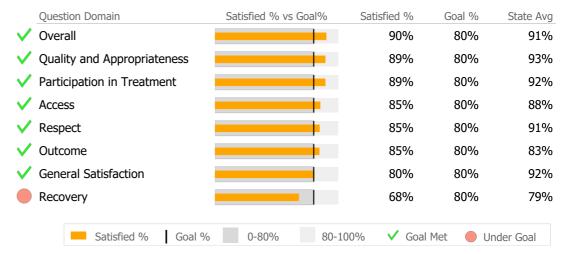
Hartford, CT

Connecticut Dept of Mental Health and Addiction Services Provider Quality Dashboard

Reporting Period: July 2023 - December 2023 (Data as of Mar 26, 2024)



Consumer Satisfaction Survey (Based on 41 FY23 Surveys)



Client Demographics

Age	#	%	State Avg	Gender	#	%	State Avg
18-25			8%	Male 🗾	51	84%	▲ 59%
26-34	2	3%	▼ 19%	Female <mark> </mark>	10	16%	▼ 41%
35-44	5	8%	▼ 24%	Transgender			0%
45-54	7	11%	18%				
55-64	29	48%	▲ 19%				
65+	18	30%	▲ 10%	Race	#	%	State Avg
				Black/African American	35	57%	▲ 17%
Ethnicity	#	%	State Avg	White/Caucasian 📒	15	25%	▼ 60%
Non-Hispanic	40	66%	65%	Other <mark> </mark>	8	13%	12%
Hisp-Puerto Rican	11	18%	10%	Unknown	3	5%	8%
Unknown	6	10%	14%	Am. Indian/Native Alaskan			1%
Hispanic-Other	4	7%	10%	Asian			1%
•	Т	770		Multiple Races			1%
Hispanic-Cuban			0%	Hawaiian/Other Pacific Islander			0%
Hispanic-Mexican			1%				
,							
	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.

Casa De Francisco PSH

ImmaCare

Mental Health - Case Management - Supportive Housing - Development

Connecticut Dept of Mental Health and Addiction Services

Reporting Period: July 2023 - December 2023 (Data as of Mar 26, 2024)

Program Quality Dashboard

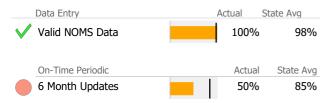
Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	23	24	-4%	
Admits	-	-		
Discharges	1	2	-50%	▼
Service Hours	9	14	-39%	•

Recovery

National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Stable Living Situation		18	78%	85%	92%	-7%	
Service Utilization							
	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Clients Receiving Services		12	55%	90%	96%	-35%	

Data Submission Quality



Actual Goal V Goal Met * State Avg based on 68 Active Supportive Housing - Development Programs

▲ > 10% Over

V < 10% Under

Below Goal

Data Submitted to DMHAS by Month Admissions 0% Discharges 17% 50% Services 1 or more Records Submitted to DMHAS

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

Program Activity

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	11	14	-21% 🔻
Admits	-	2	-100% 🔻
Discharges	2	1	100% 🔺
Service Hours	23	32	-27% 🔻

Service Engagement

Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
	0	0%	50%	92%	-50%
	Actual % Vs Goal %	Actual % VS Goal % Actual 0			

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	% Months Submitted
Admissions							0%
Discharges							33%
Services							0%
	1 or mo	ore Recor	ds Subm	nitted to	DMHAS		

	> 10% 0	ver 🔻 < 100	% Under	
Actual	Goal	🗸 Goal Met	Below	Goal

* State Avg based on 54 Active Outreach & Engagement Programs

Next Steps PSH ImmaCare

Connecticut Dept of Mental Health and Addiction Services

Program Quality Dashboard

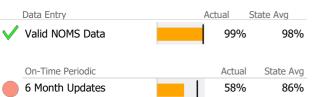
Mental Health - Case Management - Supportive Housing - Scattered Site

Reporting Period: July 2023 - December 2023 (Data as of Mar 26, 2024)

Program Activity

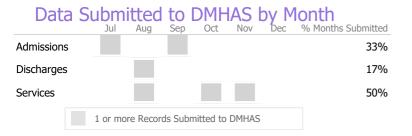
Measure	Actual	1 Yr Ago	Variance %
Unique Clients	29	32	-9%
Admits	2	-	
Discharges	1	2	-50% 🔻
Service Hours	13	8	55% 🔺

Data Submission Quality



Recovery

/							
National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Stable Living Situation		19	66%	85%	86%	-19%	
Service Utilization							
	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Clients Receiving Services		12	43%	90%	91%	-47%	



	> 10% 0	ver 🔻 < 109	6 Under
Actual	Goal	V Goal Met	Below Goal
	•	•	

^{*} State Avg based on 118 Active Supportive Housing – Scattered Site Programs