

Provider Activity

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

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

Clients by Level of Care

| Program Type | Level of Care Type | # | % |
|----------------------|--------------------|----|--------|
| Mental Health | Case Management | 19 | 100.0% |

Client Demographics

| Age | # | % | State Avg |
|-------|---|-----|-----------|
| 18-25 | | | 8% |
| 26-34 | 5 | 26% | 18% |
| 35-44 | 6 | 32% | 24% |
| 45-54 | 1 | 5% | 19% |
| 55-64 | 4 | 21% | 20% |
| 65+ | 3 | 16% | 11% |

| Ethnicity | # | % | State Avg |
|-------------------|----|-----|-----------|
| Non-Hispanic | 18 | 95% | 66% |
| Unknown | 1 | 5% | 13% |
| Hispanic-Cuban | | | 0% |
| Hispanic-Mexican | | | 1% |
| Hispanic-Other | | | 10% |
| Hisp-Puerto Rican | | | 11% |

| Gender | # | % | State Avg |
|-------------|----|-----|-----------|
| Female | 11 | 58% | 42% |
| Male | 8 | 42% | 58% |
| Transgender | | | 0% |

| Race | # | % | State Avg |
|---------------------------------|----|-----|-----------|
| White/Caucasian | 18 | 95% | 60% |
| Other | 1 | 5% | 12% |
| Am. Indian/Native Alaskan | | | 1% |
| Asian | | | 1% |
| Black/African American | | | 17% |
| Multiple Races | | | 1% |
| Hawaiian/Other Pacific Islander | | | 0% |
| Unknown | | | 8% |

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

Survey Data Not Available

Clinical Case Management

Day Kimball Hospital

Mental Health - Case Management - Standard Case Management

Connecticut Dept of Mental Health and Addiction Services

Program Quality Dashboard

Reporting Period: July 2023 - September 2023 (Data as of Dec 26, 2023)

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 92% |
| On-Time Periodic | Actual | State Avg |
| 6 Month Updates | | 0% 67% |
| Diagnosis | Actual | State Avg |
| Valid Axis I Diagnosis | | 100% 27% |

Discharge Outcomes

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|----------------------------------|--------------------|--------|----------|--------|-----------|----------------|
| Treatment Completed Successfully | | N/A | N/A | 50% | 69% | N/A |

Recovery

| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|-----------------------------------|--------------------|--------|----------|--------|-----------|----------------|
| Employed | | 0 | 0% | 20% | 17% | -20% ▼ |
| Social Support | | 0 | 0% | 60% | 74% | -60% ▼ |
| Stable Living Situation | | 0 | 0% | 80% | 82% | -80% ▼ |

Service Utilization

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|----------------------------|--------------------|--------|----------|--------|-----------|----------------|
| Clients Receiving Services | | 0 | 0% | 90% | 78% | N/A ▼ |

Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | % Months Submitted |
|------------|-----|-----|-----|--------------------|
| Admissions | | | | 0% |
| Discharges | | | | 0% |
| Services | | | | 0% |

1 or more Records Submitted to DMHAS

> 10% Over < 10% Under

Actual Goal Goal Met Below Goal

* State Avg based on 24 Active Standard Case Management Programs

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