Hartford Hospital
Hartford, CT

Connecticut Dept of Mental Health and Addiction Services
Provider Quality Dashboard
Reporting Period: July 2020 - September 2020   (Data as of Feb 01, 2021)

Provider Activity

Monthly Trend	Measure	Actual	1 Yr Ago	Variance %	
	Unique Clients	253	266	-5%	
	Admits	29	22	32%	▲
	Discharges	27	36	-25%	▼
	Service Hours	16	578	-97%	▼
	Bed Days	1,837	1,675	10%	

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

Consumer Satisfaction Survey   (Based on 19 FY20 Surveys)

	Question Domain	Satisfied % vs Goal%	Satisfied %	Goal %	State Avg
✓	Participation in Treatment		95%	80%	92%
✓	Overall		95%	80%	91%
✓	General Satisfaction		89%	80%	92%
✓	Recovery		89%	80%	79%
✓	Outcome		89%	80%	83%
✓	Access		84%	80%	88%
✓	Quality and Appropriateness		83%	80%	93%
✓	Respect		82%	80%	91%

▬ Satisfied %		Goal %	▬ 0-80%	▬ 80-100%	✓ Goal Met	● Under Goal

Clients by Level of Care

Program Type	Level of Care Type	#	%
Mental Health			
	Outpatient	146	57.5%
	Other	47	18.5%
	Case Management	37	14.6%
	Residential Services	24	9.4%

Client Demographics

Age

	#	%		State Avg
18-25	52	21%	▲	8%
26-34	47	19%		21%
35-44	28	11%	▼	22%
45-54	41	16%		20%
55-64	52	21%		20%
65+	33	13%		9%

Gender

	#	%		State Avg
Female	142	56%	▲	42%
Male	111	44%	▼	58%
Transgender				0%

Race

	#	%		State Avg
White/Caucasian	89	35%	▼	63%
Other	76	30%	▲	13%
Black/African American	46	18%		16%
Unknown	41	16%	▲	5%
Asian	1	0%		1%
Am. Indian/Native Alaskan				1%
Multiple Races				1%
Hawaiian/Other Pacific Islander				0%

Ethnicity

	#	%		State Avg
Non-Hispanic	143	57%	▼	69%
Hisp-Puerto Rican	83	33%	▲	12%
Hispanic-Other	26	10%		8%
Hispanic-Cuban	1	0%		0%
Hispanic-Mexican				1%
Unknown			▼	11%

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

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

Eli's Retreat 610242
Hartford Hospital
Mental Health - Residential Services - MH Intensive Res. Rehabilitation

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2020 - September 2020 (Data as of Feb 01, 2021)
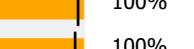
Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	8	7	14%	▲
Admits	3	4	-25%	▼
Discharges	3	1	200%	▲
Bed Days	392	352	11%	▲

Data Submission Quality

Data Entry		Actual	State Avg
✓	Valid NOMS Data	100%	96%

On-Time Periodic		Actual	State Avg
✓	6 Month Updates	100%	80%

Co-occurring		Actual	State Avg
✓	MH Screen Complete	100%	94%
✓	SA Screen Complete	100%	91%

Diagnosis		Actual	State Avg
✓	Valid Axis I Diagnosis	100%	97%
✓	Valid Axis V GAF Score	100%	93%

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	% Months Submitted
Admissions	▢		▢	67%
Discharges	▢		▢	67%

▢ 1 or more Records Submitted to DMHAS

Discharge Outcomes

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓	Treatment Completed Successfully		3	100%	75%	85%	25%	▲
●	No Re-admit within 30 Days of Discharge		2	67%	85%	54%	-18%	▼
✓	Follow-up within 30 Days of Discharge		3	100%	90%	73%	10%	

Recovery

National Recovery Measures (NOMS)		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
✓	Improved/Maintained Axis V GAF Score		3	75%	75%	52%	0%

Bed Utilization

		12 Months Trend	Beds	Avg LOS	Turnover	Actual %	Goal %	State Avg	Actual vs Goal
●	Avg Utilization Rate		5	175 days	0.6	85%	90%	97%	-5%

▨ < 90%	▨ 90-110%	▨ >110%
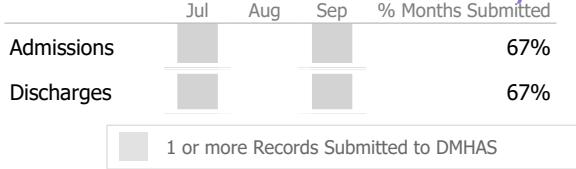
▲ > 10% Over   ▼ < 10% Under

▬ Actual		Goal	✓ Goal Met	● Below Goal

* State Avg based on 29 Active MH Intensive Res. Rehabilitation Programs

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

OP Clin 610-210
Hartford Hospital
Mental Health - Outpatient - Standard Outpatient

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2020 - September 2020 (Data as of Feb 01, 2021)

Program Activity

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	146	134	9%
Admits	10	-	
Discharges	9	-	
Service Hours	-	-	

Data Submission Quality

Data Entry		Actual	State Avg
✓ Valid NOMS Data		95%	86%

On-Time Periodic		Actual	State Avg
✓ 6 Month Updates		99%	54%

Co-occurring		Actual	State Avg
MH Screen Complete		0%	75%
SA Screen Complete		0%	76%

Diagnosis		Actual	State Avg
✓ Valid Axis I Diagnosis		100%	97%
✓ Valid Axis V GAF Score		100%	90%

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	% Months Submitted
Admissions				100%
Discharges				100%
Services				0%

1 or more Records Submitted to DMHAS

Discharge Outcomes

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
✓	Treatment Completed Successfully		5	56%	50%	33%	6%

Recovery

	National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
✓	Stable Living Situation		142	97%	95%	73%	2%
●	Social Support		80	55%	60%	59%	-5%
●	Employed		22	15%	30%	20%	-15% ▼
●	Improved/Maintained Axis V GAF Score		9	7%	75%	40%	-68% ▼

Service Utilization

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
●	Clients Receiving Services		0	0%	90%	75%	N/A ▼

Service Engagement

	Outpatient	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
●	2 or more Services within 30 days		0	0%	75%	76%	-75% ▼
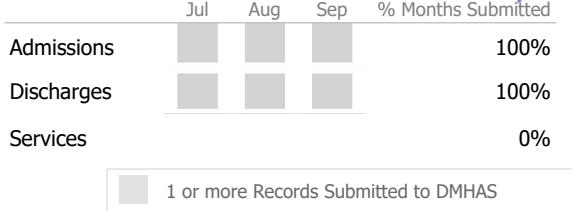
▲ > 10% Over   ▼ < 10% Under

Actual | Goal   ✓ Goal Met   ● Below Goal

* State Avg based on 84 Active Standard Outpatient Programs

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

Schizophrenia Rehab. Program
Hartford Hospital
Mental Health - Other - Other

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2020 - September 2020 (Data as of Feb 01, 2021)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	47	59	-20%	▼
Admits	1	2	-50%	▼
Discharges	-	7	-100%	▼

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	% Months Submitted
Admissions				33%
Discharges				0%

1 or more Records Submitted to DMHAS

▲ > 10% Over   ▼ < 10% Under

■ Actual | Goal   ✓ Goal Met   ● Below Goal

* State Avg based on 17 Active Other Programs

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

Todd House Group Res. 624-240
Hartford Hospital
Mental Health - Residential Services - MH Intensive Res. Rehabilitation

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2020 - September 2020 (Data as of Feb 01, 2021)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	16	19	-16%	▼
Admits	-	4	-100%	▼
Discharges	1	3	-67%	▼
Bed Days	1,445	1,323	9%	

Data Submission Quality

Data Entry		Actual	State Avg
✓ Valid NOMS Data		100%	96%

On-Time Periodic		Actual	State Avg
✓ 6 Month Updates		92%	80%

Co-occurring		Actual	State Avg
MH Screen Complete		N/A	94%
SA Screen Complete		N/A	91%

Diagnosis		Actual	State Avg
✓ Valid Axis I Diagnosis		100%	97%
✓ Valid Axis V GAF Score		100%	93%

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	% Months Submitted
Admissions				0%
Discharges				33%

1 or more Records Submitted to DMHAS

Discharge Outcomes

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓	Treatment Completed Successfully		1	100%	75%	85%	25%	▲
✓	No Re-admit within 30 Days of Discharge		1	100%	85%	54%	15%	▲
✓	Follow-up within 30 Days of Discharge		1	100%	90%	73%	10%	

Recovery

	National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
●	Improved/Maintained Axis V GAF Score		1	8%	75%	52%	-67%	▼

Bed Utilization

	12 Months Trend	Beds	Avg LOS	Turnover	Actual %	Goal %	State Avg	Actual vs Goal
✓ Avg Utilization Rate		16	563 days	1.0	98%	90%	97%	8%

	< 90%		90-110%		>110%

▲ > 10% Over   ▼ < 10% Under

■ Actual		Goal	✓ Goal Met	● Below Goal

* State Avg based on 29 Active MH Intensive Res. Rehabilitation Programs

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

Young Adult Case Management
Hartford Hospital
Mental Health - Case Management - Standard Case Management

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2020 - September 2020 (Data as of Feb 01, 2021)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	37	51	-27%	▼
Admits	15	12	25%	▲
Discharges	14	25	-44%	▼
Service Hours	16	578	-97%	▼

Data Submission Quality

Data Entry		Actual	State Avg
✓ Valid NOMS Data		99%	95%

On-Time Periodic		Actual	State Avg
🔴 6 Month Updates		29%	56%

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	% Months Submitted
Admissions	▪	▪	▪	100%
Discharges	▪	▪	▪	100%
Services			▪	33%

▪ 1 or more Records Submitted to DMHAS

Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓ Treatment Completed Successfully		9	64%	50%	69%	14%	▲

Recovery

National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓ Social Support		32	86%	60%	70%	26%	▲
✓ Stable Living Situation		33	89%	80%	77%	9%	
✓ Employed		8	22%	20%	10%	2%	

Service Utilization

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
🔴 Clients Receiving Services		21	75%	90%	61%	-15%	▼
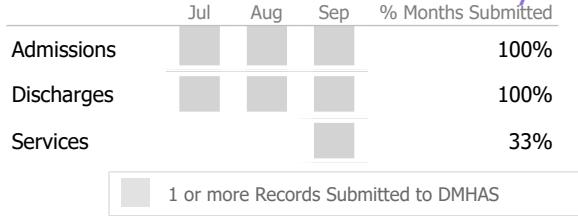
▲ > 10% Over   ▼ < 10% Under

▪ Actual | Goal   ✓ Goal Met   🔴 Below Goal

* State Avg based on 23 Active Standard Case Management Programs

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