**Hartford Hospital**
Hartford, CT

Connecticut Dept of Mental Health and Addiction Services
Provider Quality Dashboard
Reporting Period: July 2020 - June 2021   (Data as of Sep 20, 2021)

## Provider Activity

| Monthly Trend | Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|---|
| | Unique Clients | 322 | 344 | -6% | |
| | Admits | 107 | 112 | -4% | |
| | Discharges | 69 | 136 | -49% | ▼ |
| | Service Hours | 120 | 711 | -83% | ▼ |
| | Bed Days | 7,626 | 7,472 | 2% | |

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

## Clients by Level of Care

| Program Type | Level of Care Type | | # | % |
|---|---|---|---|---|
| **Mental Health** | | | | |
| | Outpatient | | 179 | 54.4% |
| | Case Management | | 67 | 20.4% |
| | Other | | 49 | 14.9% |
| | Residential Services | | 34 | 10.3% |

## 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% |

Legend: ▮ Satisfied %  | Goal %  ▮ 0-80%  ▮ 80-100%  ✓ Goal Met  ● Under Goal

## Client Demographics

### Age

| | # | % | | State Avg |
|---|---|---|---|---|
| 18-25 | 91 | 28% | ▲ | 10% |
| 26-34 | 60 | 19% | | 22% |
| 35-44 | 35 | 11% | ▼ | 23% |
| 45-54 | 45 | 14% | | 19% |
| 55-64 | 56 | 17% | | 18% |
| 65+ | 35 | 11% | | 7% |

### Gender

| | # | % | | State Avg |
|---|---|---|---|---|
| Female | 173 | 54% | ▲ | 41% |
| Male | 149 | 46% | ▼ | 59% |
| Transgender | | | | 0% |

### Ethnicity

| | # | % | | State Avg |
|---|---|---|---|---|
| Non-Hispanic | 189 | 59% | | 68% |
| Hisp-Puerto Rican | 97 | 30% | ▲ | 11% |
| Hispanic-Other | 34 | 11% | | 8% |
| Hispanic-Cuban | 1 | 0% | | 0% |
| Unknown | 1 | 0% | ▼ | 12% |
| Hispanic-Mexican | | | | 0% |

### Race

| | # | % | | State Avg |
|---|---|---|---|---|
| White/Caucasian | 114 | 35% | ▼ | 61% |
| Other | 94 | 29% | ▲ | 13% |
| Black/African American | 69 | 21% | | 17% |
| Unknown | 42 | 13% | | 6% |
| Asian | 3 | 1% | | 1% |
| Am. Indian/Native Alaskan | | | | 0% |
| Multiple Races | | | | 1% |
| Hawaiian/Other Pacific Islander | | | | 0% |

Legend: ▮ 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
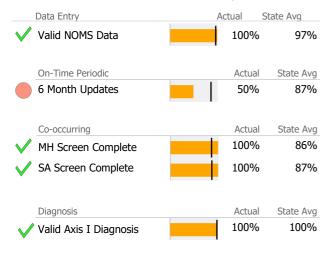
Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
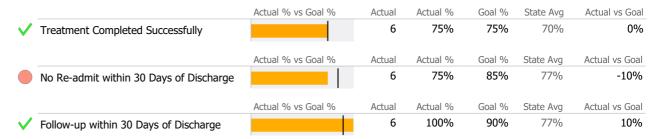Reporting Period: July 2020 - June 2021  (Data as of Sep 20, 2021)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 14 | 12 | 17% | ▲ |
| Admits | 9 | 9 | 0% | |
| Discharges | 8 | 7 | 14% | ▲ |
| Bed Days | 2,014 | 1,872 | 8% | |

## Discharge Outcomes

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|---|
| ✓ | Treatment Completed Successfully | | 6 | 75% | 75% | 70% | 0% |
| 🔴 | No Re-admit within 30 Days of Discharge | | 6 | 75% | 85% | 77% | -10% |
| ✓ | Follow-up within 30 Days of Discharge | | 6 | 100% | 90% | 77% | 10% |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| ✓ | Valid NOMS Data | 100% | 97% |

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| 🔴 | 6 Month Updates | 50% | 87% |

| Co-occurring | | Actual | State Avg |
|---|---|---|---|
| ✓ | MH Screen Complete | 100% | 86% |
| ✓ | SA Screen Complete | 100% | 87% |

| Diagnosis | | Actual | State Avg |
|---|---|---|---|
| ✓ | Valid Axis I Diagnosis | 100% | 100% |

## Bed Utilization

| | | 12 Months Trend | Beds | Avg LOS | Turnover | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|---|---|
| ✓ | Avg Utilization Rate | | 5 | 235 days | 0.2 | 110% | 90% | 91% | 20% | ▲ |

🟦 < 90%   ⬜ 90-110%   🟥 >110%

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | % Months Submitted |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Admissions | | | ▪ | ▪ | ▪ | | | ▪ | | ▪ | ▪ | | 58% |
| Discharges | ▪ | | ▪ | | | ▪ | | ▪ | | ▪ | ▪ | | 50% |

⬜ 1 or more Records Submitted to DMHAS

▲ > 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 - June 2021  (Data as of Sep 20, 2021)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 179 | 164 | 9% | |
| Admits | 43 | 30 | 43% | ▲ |
| Discharges | 26 | 28 | -7% | |
| Service Hours | - | - | | |

## Data Submission Quality

| Data Entry | Actual % vs Goal | Actual | State Avg |
|---|---|---|---|
| ✓ Valid NOMS Data | | 99% | 86% |

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

| Co-occurring | | Actual | State Avg |
|---|---|---|---|
| MH Screen Complete | | 0% | 80% |
| SA Screen Complete | | 2% | 81% |

| Diagnosis | | Actual | State Avg |
|---|---|---|---|
| ✓ Valid Axis I Diagnosis | | 100% | 98% |

## Discharge Outcomes

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| 🔴 Treatment Completed Successfully | | 8 | 31% | 50% | 36% | -19% | ▼ |

## Recovery

| National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| ✓ Social Support | | 159 | 89% | 60% | 62% | 29% | ▲ |
| ✓ Stable Living Situation | | 179 | 100% | 95% | 75% | 5% | |
| 🔴 Employed | | 32 | 18% | 30% | 24% | -12% | ▼ |

## Service Utilization

| | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|
| 🔴 Clients Receiving Services | | 0 | 0% | 90% | 85% | 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% | 75% | -75% | ▼ |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | % Months Submitted |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Admissions | ▪ | ▪ | ▪ | ▪ | ▪ | ▪ | ▪ | ▪ | ▪ | ▪ | ▪ | ▪ | 100% |
| Discharges | ▪ | ▪ | ▪ | ▪ | ▪ | ▪ | ▪ | ▪ | | | ▪ | ▪ | 83% |
| Services | | | | | | | | | | | | | 0% |

▪ 1 or more Records Submitted to DMHAS

▲ > 10% Over     ▼ < 10% Under

🟧 Actual  | Goal  ✓ Goal Met  🔴 Below Goal

* State Avg based on 88 Active Standard Outpatient Programs

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

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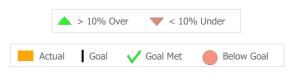Hartford Hospital
Mental Health - Other - Other

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2020 - June 2021   (Data as of Sep 20, 2021)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 49 | 69 | -29% | ▼ |
| Admits | 3 | 12 | -75% | ▼ |
| Discharges | - | 23 | -100% | ▼ |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | % Months Submitted |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Admissions | ▮ | | | | | | | ▮ | | ▮ | | | 25% |
| Discharges | | | | | | | | | | | | | 0% |

| | 1 or more Records Submitted to DMHAS |
|---|---|

| ▲ > 10% Over | ▼ < 10% Under |
|---|---|

| ▮ Actual | ❘ Goal | ✔ Goal Met | ⬤ Below Goal |
|---|---|---|---|

\* State Avg based on 15 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 - June 2021  (Data as of Sep 20, 2021)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 21 | 27 | -22% | ▼ |
| Admits | 5 | 12 | -58% | ▼ |
| Discharges | 5 | 11 | -55% | ▼ |
| Bed Days | 5,612 | 5,600 | 0% | |

## Discharge Outcomes

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| 🔴 | Treatment Completed Successfully | | 3 | 60% | 75% | 70% | -15% | ▼ |
| 🔴 | No Re-admit within 30 Days of Discharge | | 4 | 80% | 85% | 77% | -5% | |
| ✅ | Follow-up within 30 Days of Discharge | | 3 | 100% | 90% | 77% | 10% | |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| ✅ | Valid NOMS Data | 99% | 97% |

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| ✅ | 6 Month Updates | 100% | 87% |

| Co-occurring | | Actual | State Avg |
|---|---|---|---|
| ✅ | MH Screen Complete | 100% | 86% |
| ✅ | SA Screen Complete | 100% | 87% |

| Diagnosis | | Actual | State Avg |
|---|---|---|---|
| ✅ | Valid Axis I Diagnosis | 100% | 100% |

## Bed Utilization

| | | 12 Months Trend | Beds | Avg LOS | Turnover | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|---|---|---|
| 🔴 | Avg Utilization Rate | | 20 | 768 days | 0.3 | 89% | 90% | 91% | -1% |

■ < 90%    ■ 90-110%    ■ >110%

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | % Months Submitted |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Admissions | | | | | | ■ | ■ | | ■ | ■ | ■ | | 42% |
| Discharges | | | ■ | ■ | | ■ | | | | | ■ | | 33% |

■ 1 or more Records Submitted to DMHAS

▲ > 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
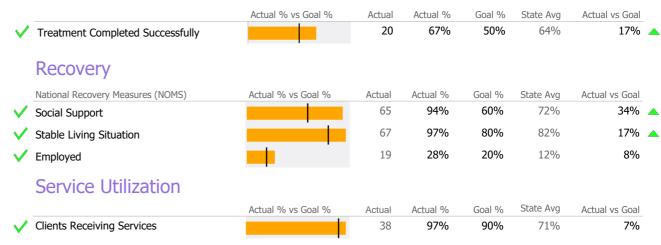Reporting Period: July 2020 - June 2021  (Data as of Sep 20, 2021)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 67 | 86 | -22% | ▼ |
| Admits | 47 | 49 | -4% | |
| Discharges | 30 | 67 | -55% | ▼ |
| Service Hours | 120 | 711 | -83% | ▼ |

## Discharge Outcomes

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✓ | Treatment Completed Successfully | | 20 | 67% | 50% | 64% | 17% | ▲ |

## Recovery

| | National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✓ | Social Support | | 65 | 94% | 60% | 72% | 34% | ▲ |
| ✓ | Stable Living Situation | | 67 | 97% | 80% | 82% | 17% | ▲ |
| ✓ | Employed | | 19 | 28% | 20% | 12% | 8% | |

## Data Submission Quality

| Data Entry | | Actual | State Avg |
|---|---|---|---|
| ✓ | Valid NOMS Data | 100% | 95% |

| On-Time Periodic | | Actual | State Avg |
|---|---|---|---|
| 🔴 | 6 Month Updates | 0% | 59% |

## Service Utilization

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|---|
| ✓ | Clients Receiving Services | | 38 | 97% | 90% | 71% | 7% |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | % Months Submitted |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Admissions | ▣ | ▣ | ▣ | ▣ | ▣ | ▣ | ▣ | ▣ | ▣ | ▣ | ▣ | ▣ | 100% |
| Discharges | ▣ | ▣ | ▣ | | ▣ | | ▣ | | | ▣ | | | 50% |
| Services | | | ▣ | ▣ | ▣ | ▣ | ▣ | ▣ | ▣ | ▣ | ▣ | ▣ | 83% |

▢ 1 or more Records Submitted to DMHAS

▲ > 10% Over    ▼ < 10% Under

🟧 Actual    | Goal    ✓ Goal Met    🔴 Below Goal

* State Avg based on 26 Active Standard Case Management Programs

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