Hartford Hospital
Hartford, CT

Connecticut Dept of Mental Health and Addiction Services
Provider Quality Dashboard
Reporting Period: July 2021 - June 2022   (Data as of Oct 03, 2022)

Provider Activity

Monthly Trend	Measure	Actual	1 Yr Ago	Variance %	
	Unique Clients	338	325	4%	
	Admits	81	109	-26%	▼
	Discharges	70	70	0%	
	Service Hours	148	120	23%	▲
	Bed Days	8,127	7,756	5%	

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

Clients by Level of Care

Program Type	Level of Care Type		#	%
Mental Health				
	Outpatient		162	47.1%
	Case Management		88	25.6%
	Other		50	14.5%
	Residential Services		44	12.8%

Consumer Satisfaction Survey   (Based on 20 FY21 Surveys)

	Question Domain	Satisfied % vs Goal%	Satisfied %	Goal %	State Avg
✓	Quality and Appropriateness		100%	80%	93%
✓	Respect		100%	80%	91%
✓	Access		100%	80%	88%
✓	Participation in Treatment		95%	80%	92%
✓	General Satisfaction		95%	80%	92%
✓	Overall		95%	80%	91%
✓	Outcome		95%	80%	83%
●	Recovery		74%	80%	79%

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

Client Demographics

Age

Age		#	%		State Avg
18-25		100	30%	▲	10%
26-34		62	18%		22%
35-44		35	10%	▼	23%
45-54		51	15%		18%
55-64		52	15%		18%
65+		37	11%		8%

Gender

Gender		#	%	State Avg
Female		171	51%	41%
Male		167	49%	59%
Transgender				0%

Ethnicity

Ethnicity		#	%		State Avg
Non-Hispanic		204	60%		68%
Hisp-Puerto Rican		98	29%	▲	11%
Hispanic-Other		34	10%		9%
Hispanic-Cuban		1	0%		0%
Unknown		1	0%	▼	12%
Hispanic-Mexican					1%

Race

Race		#	%		State Avg
White/Caucasian		122	36%	▼	61%
Other		90	27%	▲	13%
Black/African American		81	24%		17%
Unknown		40	12%		6%
Asian		4	1%		1%
Hawaiian/Other Pacific Islander		1	0%		0%
Am. Indian/Native Alaskan					0%
Multiple Races					1%

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 2021 - June 2022 (Data as of Oct 03, 2022)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	19	15	27%	▲
Admits	12	10	20%	▲
Discharges	12	8	50%	▲
Bed Days	2,024	2,100	-4%	

Discharge Outcomes

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
✓	Treatment Completed Successfully		9	75%	75%	64%	0%
●	No Re-admit within 30 Days of Discharge		10	83%	85%	81%	-2%
●	Follow-up within 30 Days of Discharge		8	89%	90%	81%	-1%

Data Submission Quality

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

On-Time Periodic		Actual	State Avg
●	6 Month Updates	0%	90%

Co-occurring		Actual	State Avg
	MH Screen Complete	75%	92%
	SA Screen Complete	75%	90%

Diagnosis		Actual	State Avg
✓	Valid Axis I Diagnosis	100%	99%

Bed Utilization

		12 Months Trend	Beds	Avg LOS	Turnover	Actual %	Goal %	State Avg	Actual vs Goal	
✓	Avg Utilization Rate		5	190 days	0.1	111%	90%	91%	21%	▲

< 90%	90-110%	>110%

Data Submitted to DMHAS by Month
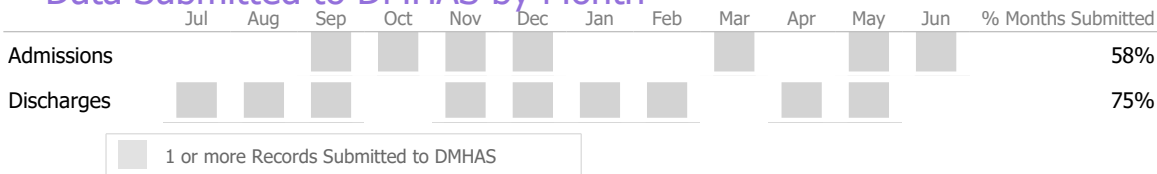
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	% Months Submitted
Admissions			☐	☐	☐	☐			☐		☐	☐	58%
Discharges	☐	☐	☐		☐	☐	☐		☐	☐			75%

☐ 1 or more Records Submitted to DMHAS

▲ > 10% Over   ▼ < 10% Under

■ Actual | Goal   ✓ Goal Met   ● Below Goal

* State Avg based on 30 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 2021 - June 2022 (Data as of Oct 03, 2022)

Program Activity

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	162	180	-10%
Admits	9	43	-79% ▼
Discharges	19	27	-30% ▼
Service Hours	-	-	

Data Submission Quality

Data Entry		Actual	State Avg
✓ Valid NOMS Data		100%	88%

On-Time Periodic		Actual	State Avg
✓ 6 Month Updates		98%	49%

Co-occurring		Actual	State Avg
MH Screen Complete		0%	90%
SA Screen Complete		10%	91%

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	42%	50%	41%	-8%

Recovery

National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
✓ Social Support		158	98%	60%	62%	38% ▲
✓ Stable Living Situation		159	98%	95%	73%	3%
● Employed		33	20%	30%	26%	-10%

Service Utilization

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
● Clients Receiving Services		0	0%	90%	84%	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%	79%	-75% ▼

Data Submitted to DMHAS by Month
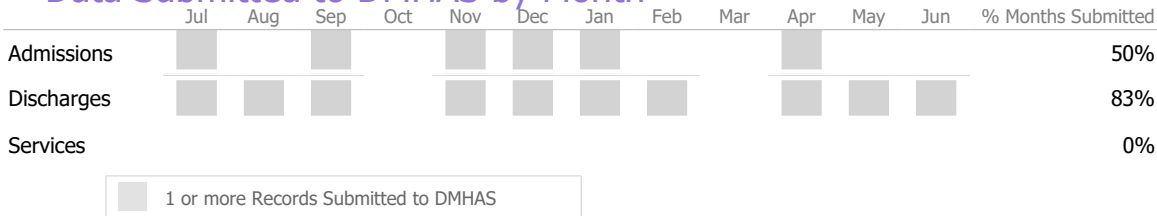
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	% Months Submitted
Admissions													50%
Discharges													83%
Services													0%

▢ 1 or more Records Submitted to DMHAS

▲ > 10% Over   ▼ < 10% Under

▢ Actual | Goal   ✓ Goal Met   ● Below Goal

* State Avg based on 74 Active Standard Outpatient Programs

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

Potential Program
Hartford Hospital
Mental Health - Outpatient - Standard Outpatient

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2021 - June 2022 (Data as of Oct 03, 2022)

Program Activity

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

Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Treatment Completed Successfully		N/A	N/A	50%	41%	N/A

Recovery

National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Employed		N/A	N/A	30%	26%	-30% ▼
Social Support		N/A	N/A	60%	62%	-60% ▼
Stable Living Situation		N/A	N/A	95%	73%	-95% ▼

Service Utilization

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Clients Receiving Services		N/A	N/A	90%	84%	N/A ▼

Data Submission Quality

Data Entry		Actual	State Avg
Valid NOMS Data		N/A	88%

On-Time Periodic		Actual	State Avg
6 Month Updates		N/A	49%

Co-occurring		Actual	State Avg
MH Screen Complete		N/A	90%
SA Screen Complete		N/A	91%

Data Submitted to DMHAS by Month

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

1 or more Records Submitted to DMHAS

▲ > 10% Over   ▼ < 10% Under
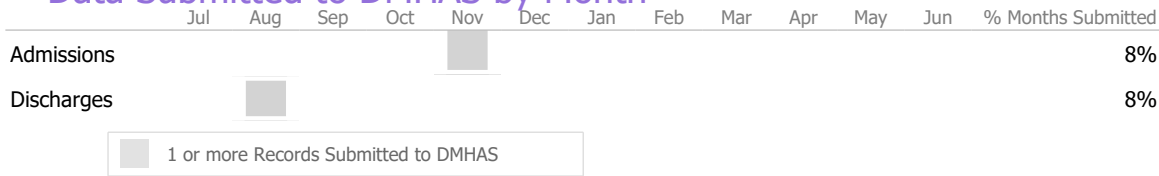
Actual | Goal ✓ Goal Met ● Below Goal

* State Avg based on 74 Active Standard Outpatient Programs

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

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2021 - June 2022 (Data as of Oct 03, 2022)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	50	49	2%	
Admits	1	3	-67%	▼
Discharges	2	-		

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	% Months Submitted
Admissions					▇								8%
Discharges		▇											8%

▇ 1 or more Records Submitted to DMHAS

▲ > 10% Over   ▼ < 10% Under

■ Actual | Goal   ✓ Goal Met   ● Below Goal

* State Avg based on 26 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 2021 - June 2022 (Data as of Oct 03, 2022)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	26	22	18%	▲
Admits	9	6	50%	▲
Discharges	8	5	60%	▲
Bed Days	6,103	5,656	8%	

Discharge Outcomes

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓	Treatment Completed Successfully		7	88%	75%	64%	13%	▲
✓	No Re-admit within 30 Days of Discharge		7	88%	85%	81%	3%	
✓	Follow-up within 30 Days of Discharge		7	100%	90%	81%	10%	

Data Submission Quality

Data Entry		Actual	State Avg
✓	Valid NOMS Data	100%	99%

On-Time Periodic		Actual	State Avg
✓	6 Month Updates	92%	90%

Co-occurring		Actual	State Avg
✓	MH Screen Complete	100%	92%
✓	SA Screen Complete	100%	90%

Diagnosis		Actual	State Avg
✓	Valid Axis I Diagnosis	100%	99%
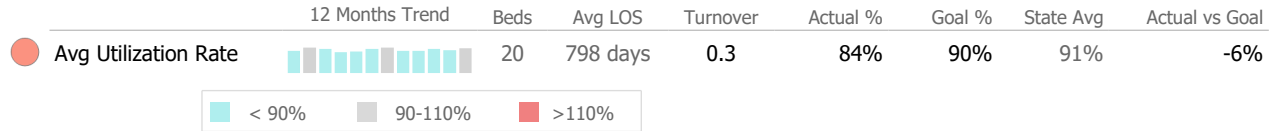
Bed Utilization

		12 Months Trend	Beds	Avg LOS	Turnover	Actual %	Goal %	State Avg	Actual vs Goal
🔴	Avg Utilization Rate		20	798 days	0.3	84%	90%	91%	-6%

🟦 < 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	▪	▪			▪				▪		▪	▪	50%
Discharges			▪	▪		▪	▪				▪	▪	50%

⬜ 1 or more Records Submitted to DMHAS

▲ > 10% Over   ▼ < 10% Under

🟧 Actual | Goal   ✓ Goal Met   🔴 Below Goal

* State Avg based on 30 Active MH Intensive Res. Rehabilitation Programs

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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 2021 - June 2022 (Data as of Oct 03, 2022)
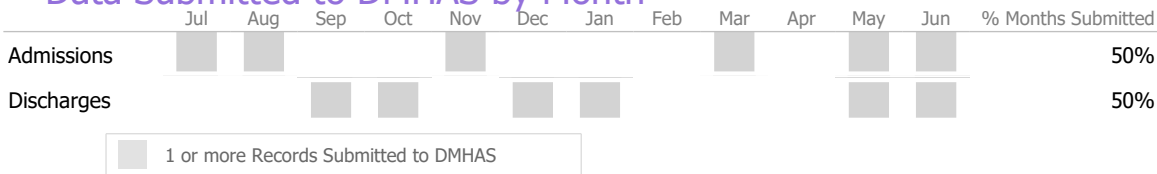
Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	88	67	31%	▲
Admits	50	47	6%	
Discharges	29	30	-3%	
Service Hours	148	120	23%	▲

Data Submission Quality

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

On-Time Periodic		Actual	State Avg
🔴 6 Month Updates		0%	69%

Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
🔴 Treatment Completed Successfully		14	48%	50%	63%	-2%	

Recovery

National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓ Social Support		85	96%	60%	74%	36%	▲
✓ Stable Living Situation		87	98%	80%	78%	18%	▲
✓ Employed		31	35%	20%	20%	15%	▲

Service Utilization

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓ Clients Receiving Services		56	93%	90%	90%	3%	

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	% Months Submitted
Admissions	▢	▢	▢		▢	▢	▢	▢	▢	▢	▢	▢	92%
Discharges		▢					▢				▢		25%
Services	▢	▢	▢	▢	▢	▢	▢	▢	▢	▢	▢		100%

▢ 1 or more Records Submitted to DMHAS
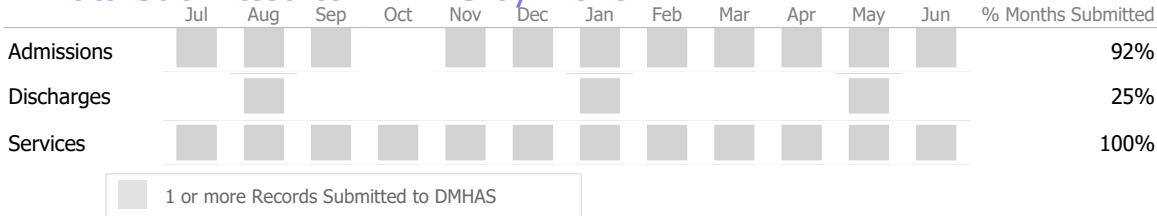
▲ > 10% Over   ▼ < 10% Under

▮ Actual | Goal   ✓ Goal Met   🔴 Below Goal

* State Avg based on 31 Active Standard Case Management Programs

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