Hartford Hospital

Hartford, CT

Connecticut Dept of Mental Health and Addiction Services Provider Quality Dashboard

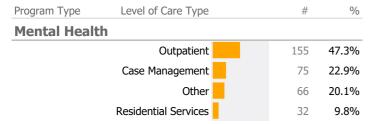
Reporting Period: July 2019 - March 2020 (Data as of Jul 15, 2020)

Provider Activity Actual 1 Yr Ago Variance % Monthly Trend Measure Unique Clients 318 327 -3% 83 46% 🔺 Admits 57 Discharges 14% 🔺 98 86 -89% 🔻 Service Hours 687 6,410 Bed Days 18% 🔺 5,657 4,781

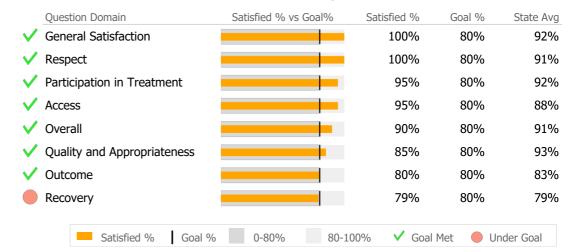
▲ > 10% Over 1 Yr Ago

▼ > 10% Under 1Yr Ago

Clients by Level of Care



Consumer Satisfaction Survey (Based on 20 FY19 Surveys)



Client Demographics

Ethnicity Non-Hispanic Hisp-Puerto Rican Hispanic-Other Unknown Hispanic-Cuban Hispanic-Mexican

Age	#	÷ %	State Avg	Gender		#	%	State	Avg
18-25 📕	90	28%	▲ 11%	Female		165	52%		40%
26-34	45	5 14%	23%	Male		152	48%	•	60%
35-44	42	13%	22%	Transgender					0%
45-54	51	16%	20%						
55-64	52	16%	18%						
65+	36	5 11%	6%	Race		#	%	State	Avg
				White/Caucasian		130	41%	•	62%
nicity	#	%	State Avg	Other <mark> </mark>		84	26%	▲	13%
Hispanic	192	60%	70%	Black/African American		48	15%		17%
o Rican	96	30%	▲ 12%	Unknown 🖡		47	15%		5%
c-Other	23	7%	8%	Asian		9	3%		1%
nknown	6	2%	10%	Am. Indian/Native Alaskan					1%
				Multiple Races					1%
c-Cuban	1	0%	0%	Hawaiian/Other Pacific Islander					0%
Mexican			1%						
	Unique	Clients	State Avg	> 10% Over State Avg	\bullet	> 10% U	Inder S	tate Avg]

Program Quality Dashboard

Mental Health - Residential Services - MH Intensive Res. Rehabilitation

Reporting Period: July 2019 - March 2020 (Data as of Jul 15, 2020)

Program Activity

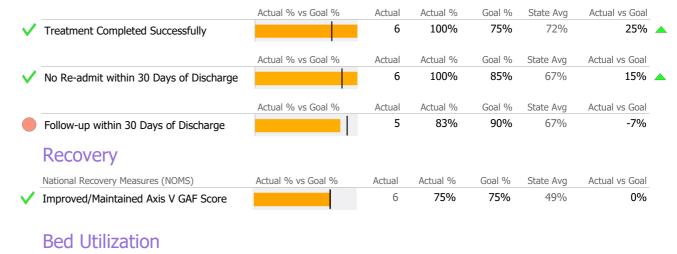
Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	11	13	-15% 🔻	•
Admits	8	8	0%	
Discharges	6	8	-25% 🔻	•
Bed Days	1,440	1,199	20% 🔺	

Data Submission Quality

Data Entry	Actual State Avg
Valid NOMS Data	100% 98%
On-Time Periodic	Actual State Avg
6 Month Updates	0% 77%
Co-occurring	Actual State Avg
V MH Screen Complete	100% 86%
V SA Screen Complete	100% 90%
Diagnosis	Actual State Avo



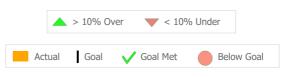
Discharge Outcomes



		12 Months Trend	Beds	Avg LOS	Turnover	Actual %	Goal %	State Avg	Actual vs Goal	
\checkmark	Avg Utilization Rate		5	180 days	0.2	105%	90%	95%	15%	
		< 90% 90-110%		>110%						

Data Submitted to DMHAS by Month





* State Avg based on 28 Active MH Intensive Res. Rehabilitation Programs

Reporting Period: July 2019 - March 2020 (Data as of Jul 15, 2020)

Program Activity

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	155	168	-8%
Admits	21	-	
Discharges	14	33	-58% 🔻
Service Hours	-	-	

Data Submission Quality

Data Entry	Actual S	State Avg
Valid NOMS Data	84%	85%
On-Time Periodic	Actual	State Avg
6 Month Updates	19%	58%
Co-occurring	Actual	State Avg
MH Screen Complete	5%	59%
SA Screen Complete	10%	59%
Diagnosis	Actual	State Avo

Diagnosis		Actual	State Avg
Valid Axis I Diagnosis	1	100%	97%
Valid Axis V GAF Score	1	100%	90%

Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Treatment Completed Successfully		2	14%	50%	40%	-36%	•
Recovery							
National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Stable Living Situation		132	85%	95%	81%	-10%	
Employed	– 1 [.]	23	15%	30%	25%	-15%	
Social Support		52	34%	60%	64%	-26%	
Improved/Maintained Axis V GAF Score	■ <u> </u>	14	10%	75%	52%	-65%	-
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%	76%	-75%	

Data Submitted to DMHAS by Month



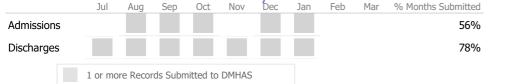


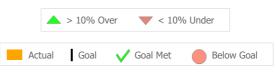
* State Avg based on 89 Active Standard Outpatient Programs

Program Activity

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	66	67	-1%
Admits	9	10	-10%
Discharges	15	16	-6%

Data Submitted to DMHAS by Month





* State Avg based on 16 Active Other Programs

6%

Reporting Period: July 2019 - March 2020 (Data as of Jul 15, 2020)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	24	24	0%	
Admits	9	11	-18%	▼
Discharges	8	11	-27%	▼
Bed Days	4,217	3,582	18%	

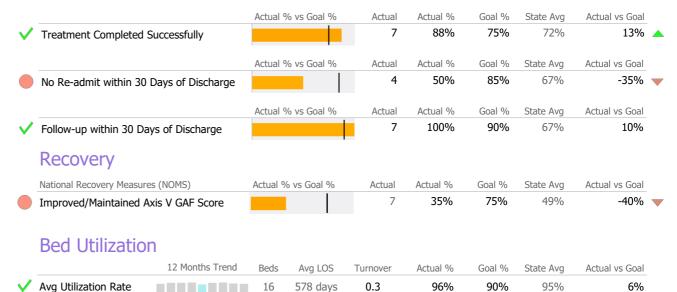
Data Submission Quality

Valid Axis V GAF Score

Data Entry	A	ctual S	tate Avg
🗸 Valid NOMS Data		100%	98%
On-Time Periodic		Actual	State Avg
6 Month Updates		67%	77%
-			
Co-occurring		Actual	State Avg
V MH Screen Complete		100%	86%
V SA Screen Complete	i i i	100%	90%
•			
Diamagia		A should	Charles Asses
Diagnosis		Actual	State Avg
Valid Axis I Diagnosis		100%	95%

Discharge Outcomes

 \checkmark



< 90%

90-110%

16

>110%

Data Submitted to DMHAS by Month

	Ju	1	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	% Months Submitted
Admissions											67%
Discharges											67%
	1 or	mo	re Reco	rds Subn	nitted to	DMHAS					

100%

91%



0.3

* State Avg based on 28 Active MH Intensive Res. Rehabilitation Programs

Reporting Period: July 2019 - March 2020 (Data as of Jul 15, 2020)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	75	62	21%	
Admits	36	28	29%	
Discharges	55	18	206%	
Service Hours	687	6,410	-89%	▼

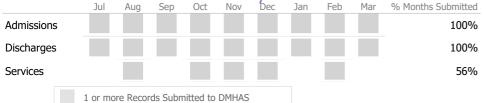
Data Submission Quality

	Data Entry	Actual St	tate Avg
\checkmark	Valid NOMS Data	100%	94%
	On-Time Periodic	Actual	State Avg
	6 Month Updates	0%	63%

Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
/ Treatment Completed Successfully		42	76%	50%	57%	26%
Recovery						
National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Social Support		67	88%	60%	71%	28%
Employed		31	41%	20%	12%	21%
Stable Living Situation		68	89%	80%	76%	9%
Service Utilization						
	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Clients Receiving Services		22	100%	90%	83%	10%

Data Submitted to DMHAS by Month



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

* State Avg based on 24 Active Standard Case Management Programs