Hartford Hospital
Hartford, CT

Connecticut Dept of Mental Health and Addiction Services
Provider Quality Dashboard
Reporting Period: July 2019 - September 2019   (Data as of Dec 27, 2019)
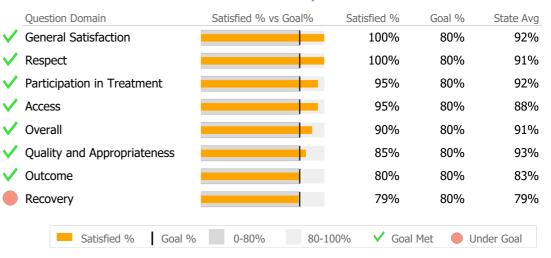
Provider Activity

Monthly Trend	Measure	Actual	1 Yr Ago	Variance %	
	Unique Clients	265	293	-10%	
	Admits	20	19	5%	
	Discharges	35	20	75%	▲
	Service Hours	578	1,726	-67%	▼
	Bed Days	1,668	1,635	2%	

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

Clients by Level of Care

Program Type	Level of Care Type	#	%
Mental Health			
	Outpatient	135	50.4%
	Other	58	21.6%
	Case Management	51	19.0%
	Residential Services	24	9.0%

Consumer Satisfaction Survey   (Based on 20 FY19 Surveys)

	Question Domain	Satisfied % vs Goal%	Satisfied %	Goal %	State Avg
✓	General Satisfaction		100%	80%	92%
✓	Respect		100%	80%	91%
✓	Participation in Treatment		95%	80%	92%
✓	Access		95%	80%	88%
✓	Overall		90%	80%	91%
✓	Quality and Appropriateness		85%	80%	93%
✓	Outcome		80%	80%	83%
●	Recovery		79%	80%	79%

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

Client Demographics

Age

	#	%		State Avg
18-25	61	23%	▲	9%
26-34	34	13%		22%
35-44	36	14%		21%
45-54	49	18%		20%
55-64	49	18%		20%
65+	36	14%		7%

Gender

	#	%		State Avg
Female	144	55%	▲	41%
Male	120	45%	▼	59%
Transgender				0%

Ethnicity

	#	%		State Avg
Non-Hispanic	150	57%	▼	71%
Hisp-Puerto Rican	88	33%	▲	12%
Hispanic-Other	21	8%		7%
Unknown	5	2%		9%
Hispanic-Cuban	1	0%		0%
Hispanic-Mexican				1%

Race

	#	%		State Avg
White/Caucasian	103	39%	▼	64%
Other	73	28%	▲	13%
Unknown	46	17%	▲	5%
Black/African American	37	14%		16%
Asian	6	2%		1%
Am. Indian/Native Alaskan				1%
Multiple Races				1%
Hawaiian/Other Pacific Islander				0%

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

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 2019 - September 2019 (Data as of Dec 27, 2019)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	7	6	17%	▲
Admits	4	1	300%	▲
Discharges	1	3	-67%	▼
Bed Days	352	370	-5%	

Data Submission Quality

Data Entry		Actual	State Avg
✓ Valid NOMS Data		100%	98%

On-Time Periodic		Actual	State Avg
6 Month Updates		N/A	91%

Co-occurring		Actual	State Avg
✓ MH Screen Complete		100%	89%
✓ SA Screen Complete		100%	89%

Diagnosis		Actual	State Avg
✓ Valid Axis I Diagnosis		100%	96%
✓ Valid Axis V GAF Score		100%	92%

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	% Months Submitted
Admissions				100%
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%	69%	25%	▲
✓	No Re-admit within 30 Days of Discharge		1	100%	85%	80%	15%	▲
●	Follow-up within 30 Days of Discharge		0	0%	90%	73%	-90%	▼

Recovery

	National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓	Improved/Maintained Axis V GAF Score		1	100%	75%	48%	25%	▲

Bed Utilization

		12 Months Trend	Beds	Avg LOS	Turnover	Actual %	Goal %	State Avg	Actual vs Goal	
●	Avg Utilization Rate		5	112 days	0.7	77%	90%	96%	-13%	▼

█ < 90%   █ 90-110%   █ >110%

▲ > 10% Over   ▼ < 10% Under

█ Actual | Goal   ✓ Goal Met   ● Below Goal

* State Avg based on 27 Active MH Intensive Res. Rehabilitation Programs

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 2019 - September 2019 (Data as of Dec 27, 2019)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	135	168	-20%	▼
Admits	-	-		
Discharges	-	1	-100%	▼
Service Hours	-	-		

Data Submission Quality

Data Entry		Actual	State Avg
Valid NOMS Data		N/A	86%

On-Time Periodic		Actual	State Avg
● 6 Month Updates		0%	56%

Co-occurring		Actual	State Avg
MH Screen Complete		N/A	61%
SA Screen Complete		N/A	61%

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				0%
Discharges				0%
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		N/A	N/A	50%	46%	N/A

Recovery

National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
● Stable Living Situation		113	84%	95%	79%	-11% ▼
● Employed		16	12%	30%	22%	-18% ▼
● Social Support		38	28%	60%	62%	-32% ▼
● Improved/Maintained Axis V GAF Score		1	1%	75%	42%	-74% ▼

Service Utilization

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
● Clients Receiving Services		0	0%	90%	74%	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%	78%	-75% ▼

▲ > 10% Over   ▼ < 10% Under

Actual | Goal   ✔ Goal Met   ● Below Goal

* State Avg based on 89 Active Standard Outpatient Programs

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

Connecticut Dept of Mental Health and Addiction Services
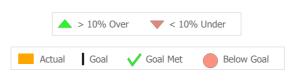Program Quality Dashboard
Reporting Period: July 2019 - September 2019 (Data as of Dec 27, 2019)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	58	63	-8%	
Admits	1	6	-83%	▼
Discharges	6	10	-40%	▼

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	% Months Submitted
Admissions		▪		33%
Discharges	▪	▪		67%

▪ 1 or more Records Submitted to DMHAS

▲ > 10% Over   ▼ < 10% Under

■ Actual | Goal   ✓ Goal Met   ● Below Goal

* State Avg based on 16 Active Other Programs

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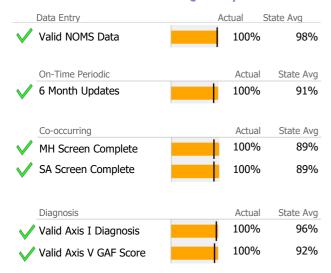Mental Health - Residential Services - MH Intensive Res. Rehabilitation

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2019 - September 2019 (Data as of Dec 27, 2019)
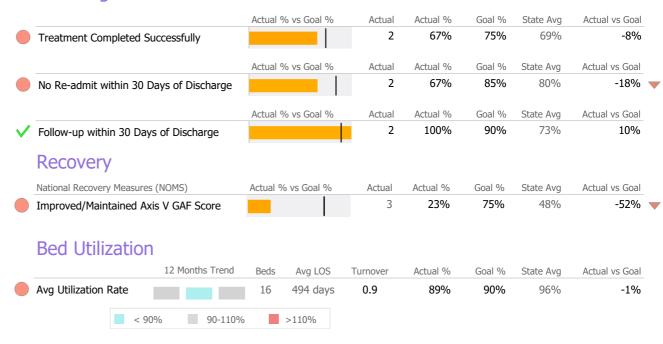
Program Activity

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	18	17	6%
Admits	3	3	0%
Discharges	3	5	-40% ▼
Bed Days	1,316	1,265	4%

Data Submission Quality

Data Entry		Actual	State Avg
✓	Valid NOMS Data	100%	98%

On-Time Periodic		Actual	State Avg
✓	6 Month Updates	100%	91%

Co-occurring		Actual	State Avg
✓	MH Screen Complete	100%	89%
✓	SA Screen Complete	100%	89%

Diagnosis		Actual	State Avg
✓	Valid Axis I Diagnosis	100%	96%
✓	Valid Axis V GAF Score	100%	92%

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	% Months Submitted
Admissions				100%
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		2	67%	75%	69%	-8%
🔴	No Re-admit within 30 Days of Discharge		2	67%	85%	80%	-18% ▼
✓	Follow-up within 30 Days of Discharge		2	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	23%	75%	48%	-52% ▼

Bed Utilization

		12 Months Trend	Beds	Avg LOS	Turnover	Actual %	Goal %	State Avg	Actual vs Goal
🔴	Avg Utilization Rate		16	494 days	0.9	89%	90%	96%	-1%

☐ < 90%	☐ 90-110%	🔴 >110%

▲ > 10% Over   ▼ < 10% Under

☐ Actual	│ Goal	✓ Goal Met	🔴 Below Goal

* State Avg based on 27 Active MH Intensive Res. Rehabilitation Programs

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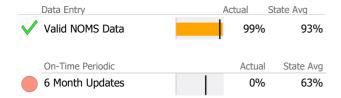
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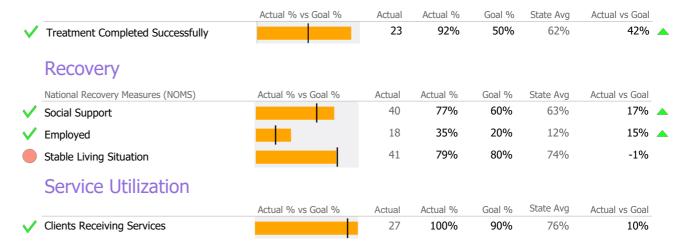
Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	51	43	19%	▲
Admits	12	9	33%	▲
Discharges	25	1	2400%	▲
Service Hours	578	1,726	-67%	▼

Data Submission Quality

Data Entry	Actual % vs Goal	Actual	State Avg
✔ Valid NOMS Data		99%	93%

On-Time Periodic		Actual	State Avg
🔴 6 Month Updates		0%	63%

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		23	92%	50%	62%	42%	▲

Recovery

National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✔ Social Support		40	77%	60%	63%	17%	▲
✔ Employed		18	35%	20%	12%	15%	▲
🔴 Stable Living Situation		41	79%	80%	74%	-1%	

Service Utilization

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
✔ Clients Receiving Services		27	100%	90%	76%	10%

▲ > 10% Over   ▼ < 10% Under

▦ Actual | Goal   ✔ Goal Met   🔴 Below Goal

* State Avg based on 24 Active Standard Case Management Programs