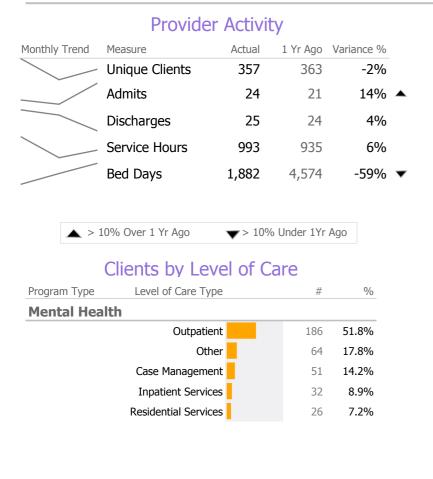
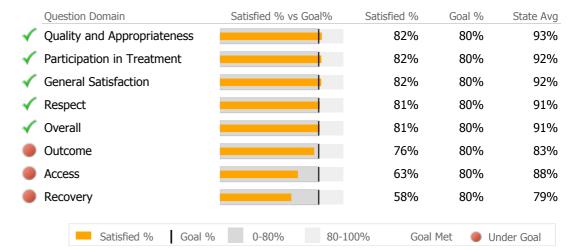
Hartford Hospital

Hartford, CT

Reporting Period: July 2016 - September 2016 (Data as of Jan 06, 2017)



Consumer Satisfaction Survey (Based on 1,039 FY16 Surveys)



Client Demographics

Age		#	%	State Avg	Gender	#	%	State Avg
18-25 📕		60	17%	12%	Female 📕	181	51%	42%
26-34		54	15%	22%	Male 🗾	171	49%	58%
35-44		53	15%	19%	Transgender			0%
45-54		66	19%	23%				
55-64 📕		71	20%	18%				
65+		49	14%	6%	Race	#	%	State Avg
					White/Caucasian 📒	131	37%	▼ 65%
Ethnicity		#	%	State Avg	Unknown 📙	90	25%	▲ 3%
Non-Hispanic		196	55%	▼ 75%	Other 📘	89	25%	▲ 13%
Hisp-Puerto Rican		125	35%	▲ 12%	Black/African American	43	12%	16%
Hispanic-Other		27	8%	7%	Asian	3	1%	1%
Unknown		7	2%	6%	Multiple Races	1	0%	1%
l l		-			Am. Indian/Native Alaskan			1%
Hispanic-Mexican		2	1%	1%	Hawaiian/Other Pacific Islander			0%
Hispanic-Cuban				0%	,			
	Uni	ique C	lients	State Avg	▲ > 10% Over State Avg	🗸 > 10% l	Jnder S	tate Avg

Eli's Retreat 610242

Connecticut Dept of Mental Health and Addiction Services

Reporting Period: July 2016 - September 2016 (Data as of Jan 06, 2017)

Program Quality Dashboard

Program Activity

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	9	5	80% 🔺
Admits	4	-	
Discharges	3	-	
Bed Days	555	460	21% 🔺

Data Submission Quality

Data Entry	Actual	State Avg
🗸 Valid NOMS Data	100%	98%
On-Time Periodic	Actual	State Avg
6 Month Updates	0%	82%
Cooccurring	Actual	State Avg
MH Screen Complete	80%	93%
SA Screen Complete	60%	91%
· · · · · ·		5170
		5170
Diagnosis	Actual	State Avg

Data Submitted to DMHAS by Month

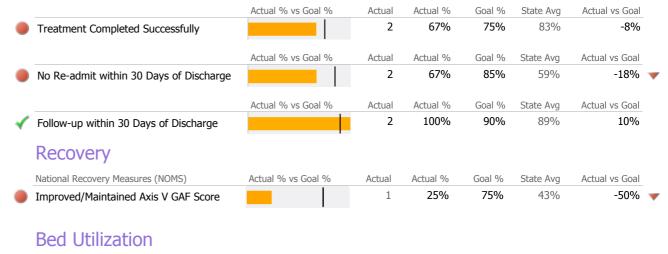
100%

84%



Valid Axis V GAF Score

Discharge Outcomes



			12 Months Trend	Beds	Avg LOS	Turnover	Actual %	Goal %	State Avg	Actual vs Goal	
«	Avg Utilization Ra	te		5	151 days	0.6	121%	90%	88%	31%	
		< 90%	90-110%		>110%						



* State Avg based on 10 Active MH Intensive Res. Rehabilitation Programs

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	186	210	-11%	▼
Admits	-	-		
Discharges	-	6	-100%	▼
Service Hours	-	-		

Data Submission Quality

Valid Axis I Diagnosis

Data Entry	Actual	State Avg
Valid NOMS Data	N/A	93%
On-Time Periodic	 Actual	State Avg
6 Month Updates	0%	58%
Cooccurring	Actual	State Avg
MH Screen Complete	0%	83%
MH Screen Complete SA Screen Complete	0% 0%	
·		83%

Valid Axis V GAF Score 100% 86%

97%

99%

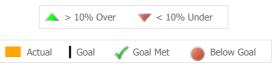
Data Submitted to DMHAS by Month

	Jui	rug	ocp	70 TIONEID DUDINICCOU
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%	42%	N/A	
_	·						
Recovery							
National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Employed		0	0%	30%	19%	-30%	-
Social Support		0	0%	60%	64%	-60%	-
Improved/Maintained Axis V GAF Score		0	0%	75%	45%	-75%	-
Stable Living Situation		0	0%	95%	80%	-95%	-
Service Utilization							
	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Clients Receiving Services		0	0%	90%	69%	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%	64%	-75%	-



* State Avg based on 94 Active Standard Outpatient Programs

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	64	64	0%	
Admits	6	10	-40%	•
Discharges	9	8	13%	

Data Submitted to DMHAS by Month Jul Aug Sep % Months Submitted Admissions 67%

Discharges			100%
	1	or more Records Submitted to DMH	AS

		• 10% Ove	r	▼	< 10%	Unde	r		
Act	ual	Goal	«	Goal I	Met		Belov	w Goal	
						-			

* State Avg based on 14 Active Other Programs

Reporting Period: July 2016 - September 2016 (Data as of Jan 06, 2017)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	17	15	13%	
Admits	4	2	100%	
Discharges	1	1	0%	
Bed Days	1,327	1,170	13%	

Data Submission Quality

	Data Entry		Actual	State Avg	
\checkmark	Valid NOMS Data		100%	98%	
	On-Time Periodic		Actual	State Avg	
	6 Month Updates		0%	82%	
	Cooccurring	-	Actual	State Avg	
	MH Screen Complete		67%	93%	
	SA Screen Complete		67%	91%	
	Diagnosis		Actual	State Avg	
\checkmark	Valid Axis I Diagnosis		100%	99%	
	Valid Axis V GAF Score		100%	84%	

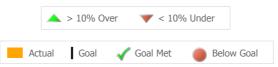
Discharge Outcomes





Data Submitted to DMHAS by Month

		Jul	Aug	Sep	% Months Submitted	
Admission	S				100%	
Discharges					33%	
1 or more Records Submitted to DMHAS						



* State Avg based on 10 Active MH Intensive Res. Rehabilitation Programs

Reporting Period: July 2016 - September 2016 (Data as of Jan 06, 2017)

Program Activity

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	51	44	16% 🔺
Admits	10	9	11% 🔺
Discharges	12	9	33% 🔺
Service Hours	993	935	6%

Data Submission Quality

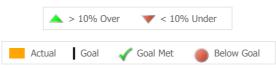
	Data Entry	Actual	State Avg
\checkmark	Valid NOMS Data	100%	96%
	On-Time Periodic	Actual	State Avg
\checkmark	6 Month Updates	86%	63%

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	% Months Submitted
Admissions				100%
Discharges				100%
Services				100%
	1 or mo	re Recor	ds Subr	nitted to DMHAS

Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Treatment Completed Successfully		11	92%	50%	50%	42%
Recovery						
National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Employed		23	45%	20%	9%	25%
Social Support	· ·	43	84%	60%	57%	24%
Stable Living Situation		49	96%	80%	72%	16%
Service Utilization						
	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Clients Receiving Services		39	100%	90%	58%	10%



* State Avg based on 31 Active Standard Case Management Programs