Backus Hospital
Norwich, CT

Connecticut Dept of Mental Health and Addiction Services
Provider Quality Dashboard
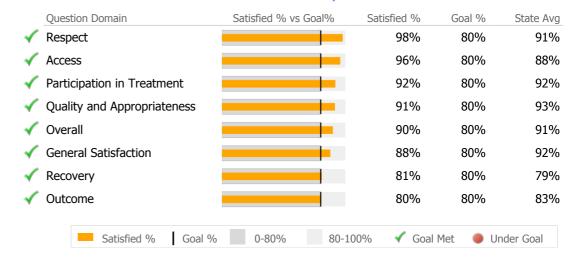Reporting Period: July 2017 - September 2017   (Data as of Dec 13, 2017)

Provider Activity

Monthly Trend	Measure	Actual	1 Yr Ago	Variance %	
	Unique Clients	400	438	-9%	
	Admits	20	1	1900%	
	Discharges	37	30	23%	▲
	Service Hours	571	1,225	-53%	▼

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

Clients by Level of Care

Program Type	Level of Care Type		#	%
Mental Health				
	Outpatient		400	100.0%

Consumer Satisfaction Survey   (Based on 49 FY17 Surveys)

	Question Domain	Satisfied % vs Goal%	Satisfied %	Goal %	State Avg
✔	Respect		98%	80%	91%
✔	Access		96%	80%	88%
✔	Participation in Treatment		92%	80%	92%
✔	Quality and Appropriateness		91%	80%	93%
✔	Overall		90%	80%	91%
✔	General Satisfaction		88%	80%	92%
✔	Recovery		81%	80%	79%
✔	Outcome		80%	80%	83%

▬ Satisfied %		Goal %	0-80%	80-100%	✔ Goal Met	● Under Goal

Client Demographics

Age

Age		#	%		State Avg
18-25		9	2%		11%
26-34		25	6%	▼	22%
35-44		44	11%		19%
45-54		84	21%		22%
55-64		128	32%	▲	19%
65+		110	28%	▲	6%

Gender

Gender		#	%		State Avg
Female		260	65%	▲	41%
Male		140	35%	▼	58%
Transgender					0%

Ethnicity

Ethnicity		#	%		State Avg
Non-Hispanic		378	95%	▲	74%
Hispanic-Other		22	6%		7%
Hispanic-Cuban					0%
Hispanic-Mexican					1%
Hisp-Puerto Rican				▼	13%
Unknown					6%

Race

Race		#	%		State Avg
White/Caucasian		341	85%	▲	65%
Other		28	7%		13%
Black/African American		26	7%		16%
Am. Indian/Native Alaskan		4	1%		1%
Asian		1	0%		1%
Multiple Races					1%
Hawaiian/Other Pacific Islander					0%
Unknown					3%

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

326 Washington St. OP 401-210
Backus Hospital
Mental Health - Outpatient - Standard Outpatient

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2017 - September 2017   (Data as of Dec 13, 2017)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	400	403	-1%	
Admits	20	1	1900%	▲
Discharges	20	15	33%	▲
Service Hours	568	910	-38%	▼

Data Submission Quality

Data Entry	Actual % vs Goal %	Actual	State Avg
Valid NOMS Data		89%	93%

On-Time Periodic	Actual % vs Goal %	Actual	State Avg
6 Month Updates		31%	70%

Cooccurring	Actual % vs Goal %	Actual	State Avg
✓ MH Screen Complete		100%	84%
✓ SA Screen Complete		100%	81%

Diagnosis	Actual % vs Goal %	Actual	State Avg
✓ Valid Axis I Diagnosis		100%	96%
✓ Valid Axis V GAF Score		100%	88%

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	% Months Submitted
Admissions				100%
Discharges				33%
Services				100%

1 or more Records Submitted to DMHAS

Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
● Treatment Completed Successfully		2	10%	50%	40%	-40%	▼

Recovery

National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓ Social Support		300	75%	60%	67%	15%	▲
● Stable Living Situation		337	84%	95%	83%	-11%	▼
● Employed		64	16%	30%	21%	-14%	▼
● Improved/Maintained Axis V GAF Score		232	67%	75%	43%	-8%	

Service Utilization

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
● Clients Receiving Services		325	86%	90%	78%	-4%

Service Engagement

Outpatient	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
● 2 or more Services within 30 days		14	70%	75%	67%	-5%

▲ > 10% Over   ▼ < 10% Under

Actual | Goal   ✓ Goal Met   ● Below Goal

* State Avg based on 93 Active Standard Outpatient Programs