Backus Hospital
Norwich, CT

Connecticut Dept of Mental Health and Addiction Services
Provider Quality Dashboard
Reporting Period: July 2017 - December 2017 (Data as of Mar 21, 2018)

Provider Activity

Monthly Trend	Measure	Actual	1 Yr Ago	Variance %
	Unique Clients	400	441	-9%
	Admits	20	4	400%
	Discharges	37	52	-29% ▼
	Service Hours	571	2,555	-78% ▼

▲ > 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	#	%	State Avg
18-25	9	2%	12%
26-34	25	6% ▼	23%
35-44	44	11%	20%
45-54	84	21%	22%
55-64	128	32% ▲	18%
65+	110	28% ▲	6%

Gender	#	%	State Avg
Female	260	65% ▲	41%
Male	140	35% ▼	59%
Transgender			0%

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	#	%	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 - December 2017 (Data as of Mar 21, 2018)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	400	404	-1%	
Admits	20	2	900%	▲
Discharges	20	34	-41%	▼
Service Hours	568	1,921	-70%	▼

Data Submission Quality

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

On-Time Periodic	Actual	State Avg
6 Month Updates	9%	68%

Cooccurring	Actual	State Avg
✓ MH Screen Complete	100%	86%
✓ SA Screen Complete	100%	83%

Diagnosis	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	Oct	Nov	Dec	% Months Submitted
Admissions	■	■	■				50%
Discharges			■				17%
Services	■	■	■	■			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	10%	50%	42%	-40%	▼

Recovery

National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓ Social Support		300	75%	60%	68%	15%	▲
● Stable Living Situation		337	84%	95%	84%	-11%	▼
● Employed		64	16%	30%	22%	-14%	▼
● Improved/Maintained Axis V GAF Score		242	64%	75%	48%	-11%	▼

Service Utilization

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
● Clients Receiving Services		325	86%	90%	85%	-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%	68%	-5%

▲ > 10% Over ▼ < 10% Under

Actual | Goal ✓ Goal Met ● Below Goal

* State Avg based on 92 Active Standard Outpatient Programs