**New Milford Hospital**
New Milford, CT

Connecticut Dept of Mental Health and Addiction Services
Provider Quality Dashboard
Reporting Period: July 2013 - June 2014    (Data as of Sep 16, 2014)

## Provider Activity

| Monthly Trend | Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|---|
| | Unique Clients | 449 | 485 | -7% | |
| | Admits | 110 | 128 | -14% | ▼ |
| | Discharges | 123 | 146 | -16% | ▼ |
| | Service Hours | 1,495 | 2,052 | -27% | ▼ |

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

## Clients by Level of Care

| Program Type | Level of Care Type | | # | % |
|---|---|---|---|---|
| **Mental Health** | | | | |
| | Outpatient | | 449 | 100.0% |

## Consumer Satisfaction Survey    (Based on 120 FY13 Surveys)

| | Question Domain | Satisfied % vs Goal% | Satisfied % | Goal % | State Avg |
|---|---|---|---|---|---|
| ✓ | Quality and Appropriateness | | 100% | 80% | 93% |
| ✓ | Access | | 99% | 80% | 88% |
| ✓ | Respect | | 99% | 80% | 91% |
| ✓ | General Satisfaction | | 98% | 80% | 92% |
| ✓ | Participation in Treatment | | 95% | 80% | 92% |
| ✓ | Overall | | 94% | 80% | 91% |
| ✓ | Outcome | | 85% | 80% | 83% |
| 🔴 | Recovery | | 75% | 80% | 79% |

| ▮ Satisfied % | ▮ Goal % | ▮ 0-80% | ▮ 80-100% | ✓ Goal Met | 🔴 Under Goal |
|---|---|---|---|---|---|

## Client Demographics

### Age

| Age | | # | % | State Avg |
|---|---|---|---|---|
| 18-25 | | 41 | 9% | 16% |
| 26-34 | | 86 | 19% | 23% |
| 35-44 | | 74 | 16% | 20% |
| 45-54 | | 100 | 22% | 24% |
| 55-64 | | 87 | 19% | 14% |
| 65+ | | 61 | 14% | 4% |

### Gender

| Gender | | # | % | | State Avg |
|---|---|---|---|---|---|
| Female | | 276 | 62% | ▲ | 40% |
| Male | | 172 | 38% | ▼ | 60% |

### Race

| Race | | # | % | | State Avg |
|---|---|---|---|---|---|
| White/Caucasian | | 425 | 95% | ▲ | 65% |
| Black/African American | | 15 | 3% | ▼ | 17% |
| Other | | 6 | 1% | ▼ | 14% |
| Unknown | | 3 | 1% | | 3% |
| Am. Indian/Native Alaskan | | | | | 1% |
| Asian | | | | | 1% |
| Multiple Races | | | | | 1% |
| Hawaiian/Other Pacific Islander | | | | | 0% |

### Ethnicity

| Ethnicity | | # | % | | State Avg |
|---|---|---|---|---|---|
| Non-Hispanic | | 423 | 94% | ▲ | 75% |
| Hispanic-Other | | 15 | 3% | | 6% |
| Hisp-Puerto Rican | | 6 | 1% | ▼ | 12% |
| Unknown | | 5 | 1% | | 6% |
| Hispanic-Cuban | | | | | 0% |
| Hispanic-Mexican | | | | | 0% |

| ▮ Unique Clients | ▮ State Avg | ▲ > 10% Over State Avg | ▼ > 10% Under State Avg |
|---|---|---|---|

**23 Poplar St. OP Clin 515-210**
New Milford Hospital
Mental Health - Outpatient - Standard Outpatient

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2013 - June 2014 (Data as of Sep 16, 2014)

## Program Activity

| Measure | Actual | 1 Yr Ago | Variance % | |
|---|---|---|---|---|
| Unique Clients | 449 | 485 | -7% | |
| Admits | 110 | 128 | -14% | ▼ |
| Discharges | 123 | 146 | -16% | ▼ |
| Service Hours | 1,495 | 2,052 | -27% | ▼ |

## Data Submission Quality

| Data Entry | Actual % vs Goal % | Actual | State Avg |
|---|---|---|---|
| ✔ Valid NOMS Data | | 100% | 88% |

| On-Time Periodic | Actual % vs Goal % | Actual | State Avg |
|---|---|---|---|
| 6 Month Updates | | 1% | 56% |

| Cooccurring | Actual % vs Goal % | Actual | State Avg |
|---|---|---|---|
| ✔ MH Screen Complete | | 92% | 70% |
| ✔ SA Screen Complete | | 91% | 67% |

| Diagnosis | Actual % vs Goal % | Actual | State Avg |
|---|---|---|---|
| ✔ Valid Axis I Diagnosis | | 100% | 98% |
| ✔ Valid Axis V GAF Score | | 98% | 91% |

## Discharge Outcomes

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| 🔴 | Treatment Completed Successfully | | 12 | 11% | 50% | 45% | -39% | ▼ |

## Recovery

| National Recovery Measures (NOMS) | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| ✔ | Social Support | | 436 | 96% | 60% | 55% | 36% | ▲ |
| ✔ | Stable Living Situation | | 448 | 98% | 95% | 81% | 3% | |
| ✔ | Employed | | 145 | 32% | 30% | 19% | 2% | |
| 🔴 | Improved/Maintained Axis V GAF Score | | 121 | 30% | 75% | 51% | -45% | ▼ |

## Service Utilization

| | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|---|---|---|---|---|---|---|---|
| ✔ | Clients Receiving Services | | 318 | 95% | 90% | 87% | 5% |

## Service Engagement

| Outpatient | | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal | |
|---|---|---|---|---|---|---|---|---|
| 🔴 | 2 or more Services within 30 days | | 68 | 62% | 75% | 67% | -13% | ▼ |

## Data Submitted to DMHAS by Month

| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | % Months Submitted |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Admissions | | | | | | | | | | | | | 100% |
| Discharges | | | | | | | | | | | | | 100% |
| Services | | | | | | | | | | | | | 100% |

☐ 1 or more Records Submitted to DMHAS

▲ > 10% Over   ▼ < 10% Under

🟧 Actual   │ Goal   ✔ Goal Met   🔴 Below Goal

* State Avg based on 91 Active Standard Outpatient Programs