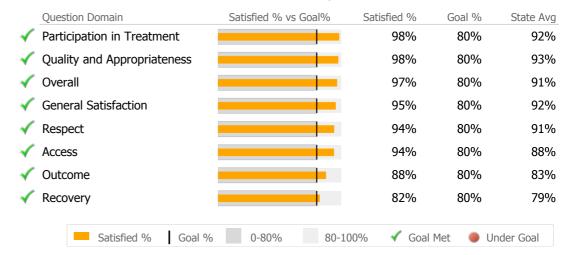
### **Norwalk Hospital**

Norwalk, CT

Reporting Period: July 2016 - June 2017 (Data as of Sep 13, 2017)



#### (Based on 288 FY16 Surveys) **Consumer Satisfaction Survey**



### **Client Demographics**

| Age               |     | #      | %     | State Avg | Gender                          | #       | %       | State Avg    |
|-------------------|-----|--------|-------|-----------|---------------------------------|---------|---------|--------------|
| 18-25             |     | 71     | 6%    | 14%       | Female                          | 705     | 60%     | <b>▲</b> 40% |
| 26-34             | 1   | 152    | 13%   | ▼ 24%     | Male 📒                          | 465     | 40%     | ▼ 60%        |
| 35-44             |     | 186    | 16%   | 20%       | Transgender                     |         |         | 0%           |
| 45-54             | •   | 288    | 25%   | 22%       |                                 |         |         |              |
| 55-64             |     | 308    | 26%   | 16%       |                                 |         |         |              |
| 65+ 📙             |     | 164    | 14%   | 5%        | Race                            | #       | %       | State Avg    |
|                   |     |        |       |           | White/Caucasian                 | 735     | 63%     | 65%          |
| Ethnicity         |     | #      | %     | State Avg | Black/African American          | 223     | 19%     | 16%          |
| Non-Hispanic      |     | 924    | 79%   | 74%       | Other <mark>-</mark>            | 182     | 16%     | 13%          |
| Hispanic-Other    | •   | 143    | 12%   | 7%        | Unknown                         | 17      | 1%      | 3%           |
| Hisp-Puerto Rican |     | 64     | 5%    | 13%       | Asian                           | 7       | 1%      | 1%           |
| Hispanic-Mexican  |     | 22     | 2%    | 1%        | Multiple Races                  | 4       | 0%      | 1%           |
|                   |     |        |       |           | Am. Indian/Native Alaskan       | 1       | 0%      | 1%           |
| Unknown           |     | 17     | 1%    | 6%        | Hawaiian/Other Pacific Islander | 1       | 0%      | 0%           |
| Hispanic-Cuban    |     |        |       | 0%        |                                 |         |         |              |
|                   |     |        |       |           |                                 |         |         |              |
|                   | Uni | que Cl | ients | State Avg | > 10% Over State Avg            | ▼ > 10% | Under S | tate Avg     |

Program Quality Dashboard

Reporting Period: July 2016 - June 2017 (Data as of Sep 13, 2017)

# **Program Activity**

| Measure        | Actual | 1 Yr Ago | Variance % |   |
|----------------|--------|----------|------------|---|
| Unique Clients | 1,162  | 1,419    | -18%       | ▼ |
| Admits         | 65     | 140      | -54%       | ▼ |
| Discharges     | 240    | 323      | -26%       | ▼ |
| Service Hours  | 5,438  | 9,072    | -40%       | • |

# Data Submission Quality

|   | Data Entry         | Actual | State Avg |
|---|--------------------|--------|-----------|
|   | Valid NOMS Data    | 91%    | 93%       |
|   |                    |        |           |
|   | On-Time Periodic   | Actual | State Avg |
|   | 6 Month Updates    | 49%    | 70%       |
|   | Cooccurring        | Actual | State Avg |
| ~ | cooccurring        | Actual | State Avg |
|   | MH Screen Complete | 82%    | 82%       |
|   | SA Screen Complete | 80%    | 81%       |
|   |                    |        |           |
|   |                    |        |           |

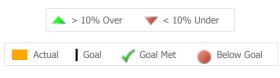


# **Discharge Outcomes**

|                                      | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
|--------------------------------------|--------------------|--------|----------|--------|-----------|----------------|
| Treatment Completed Successfully     |                    | 35     | 15%      | 50%    | 45%       | -35%           |
| Recovery                             |                    |        |          |        |           |                |
| National Recovery Measures (NOMS)    | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
| Social Support                       |                    | 563    | 48%      | 60%    | 70%       | -12%           |
| Stable Living Situation              |                    | 952    | 82%      | 95%    | 86%       | -13%           |
| Employed                             | <b>–</b> 1         | 190    | 16%      | 30%    | 23%       | -14%           |
| Improved/Maintained Axis V GAF Score | · ·                | 136    | 12%      | 75%    | 59%       | -63%           |
| Service Utilization                  | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
| Clients Receiving Services           |                    | 724    | 78%      | 90%    | 90%       | -12%           |
| Service Engagement                   |                    |        |          |        |           |                |
|                                      | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
| Outpatient                           |                    | 35     | 55%      | 75%    | 65%       | -20%           |

#### Data Submitted to DMHAS by Month





\* State Avg based on 92 Active Standard Outpatient Programs

Reporting Period: July 2016 - June 2017 (Data as of Sep 13, 2017)

## **Program Activity**

| Measure        | Actual | 1 Yr Ago | Variance % |
|----------------|--------|----------|------------|
| Unique Clients | 176    | 166      | 6%         |
| Admits         | 44     | 72       | -39% 🔻     |
| Discharges     | 47     | 31       | 52% 🔺      |
| Service Hours  | 4,579  | 2,569    | 78% 🔺      |

# Data Submission Quality

| Data Entry               | Actual | State Avg |
|--------------------------|--------|-----------|
| 🖌 Valid NOMS Data        | 100%   | 98%       |
| On-Time Periodic         | Actual | State Avg |
| 🧹 6 Month Updates        | 100%   | 93%       |
| Cooccurring              | Actual | State Avg |
| 🖌 MH Screen Complete     | 98%    | 88%       |
| 🖌 SA Screen Complete     | 97%    | 87%       |
| Diagnosis                | Actual | State Avq |
| Valid Axis I Diagnosis   | 100%   | 98%       |
| ✓ Valid Axis V GAF Score | 100%   | 93%       |

# **Discharge Outcomes**

|              |                                      | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |   |
|--------------|--------------------------------------|--------------------|--------|----------|--------|-----------|----------------|---|
|              | Treatment Completed Successfully     |                    | 19     | 40%      | 65%    | 69%       | -25%           | - |
|              | Recovery                             |                    |        |          |        |           |                |   |
|              | National Recovery Measures (NOMS)    | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |   |
| $\checkmark$ | Social Support                       |                    | 174    | 97%      | 60%    | 81%       | 37%            |   |
| $\checkmark$ | Stable Living Situation              |                    | 172    | 96%      | 80%    | 92%       | 16%            |   |
|              | Employed                             | • I                | 17     | 9%       | 20%    | 13%       | -11%           | - |
|              | Improved/Maintained Axis V GAF Score | I                  | 95     | 61%      | 95%    | 69%       | -34%           | - |
|              | Service Utilization                  |                    |        |          |        |           |                |   |
|              |                                      | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |   |
| $\checkmark$ | Clients Receiving Services           |                    | 132    | 100%     | 90%    | 99%       | 10%            |   |

#### Data Submitted to DMHAS by Month

|            |   | Jul     | Aug      | Sep      | Oct       | Nov   | Dec | Jan | Feb | Mar | Apr | May | Jun | % Months Submitted |
|------------|---|---------|----------|----------|-----------|-------|-----|-----|-----|-----|-----|-----|-----|--------------------|
| Admissions | ; |         |          |          |           |       |     |     |     |     |     |     |     | 92%                |
| Discharges |   |         |          |          |           |       |     |     |     |     |     |     |     | 100%               |
| Services   |   |         |          |          |           |       |     |     |     |     |     |     |     | 100%               |
|            |   | 1 or mo | ore Reco | rds Subn | nitted to | DMHAS |     |     |     |     |     |     |     |                    |

