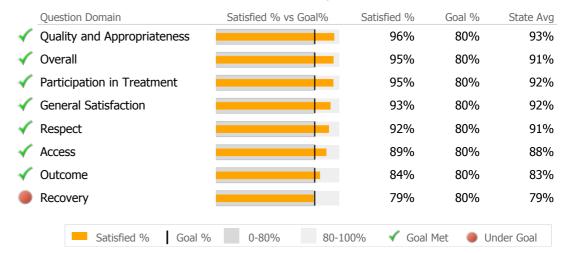
### Norwalk Hospital

Norwalk, CT

Reporting Period: July 2017 - June 2018 (Data as of Sep 18, 2018)



### Consumer Satisfaction Survey (Based on 253 FY17 Surveys)



### **Client Demographics**

Age		#	%	State Avg	Gender	#	%	State Avg	
18-25		39	4%	13%	Female	534	58%	<b>▲</b> 40%	
26-34		124 <b>1</b>	4%	24%	Male 🗾 📔	383	42%	▼ 60%	
35-44		136 <b>1</b>	5%	20%	Transgender			0%	
45-54	1	205 <b>2</b>	2%	21%					
55-64		262 <b>2</b>	9%	<b>▲</b> 16%					
65+ 📙		150 <b>1</b>	6%	<b>▲</b> 5%	Race	#	%	State Avg	
					White/Caucasian	592	65%	64%	
Ethnicity		#	%	State Avg	Black/African American	169	18%	17%	
Non-Hispanic	7	23 <b>79</b>	%	72%	Other 📘	130	14%	13%	
Hispanic-Other	1	11 <b>12</b>	%	7%	Unknown	14	2%	4%	
Hisp-Puerto Rican		56 6	%	12%	Asian	6	1%	1%	
Hispanic-Mexican			%	1%	Multiple Races	4	0%	1%	
					Am. Indian/Native Alaskan	1	0%	1%	
Unknown		13 <b>1</b>	%	7%	Hawaiian/Other Pacific Islander	1	0%	0%	
Hispanic-Cuban				0%					
	Uniq	ue Clier	nts	State Avg	ightarrow > 10% Over State Avg $ ightarrow$	> 10% U	nder St	ate Avg	

Reporting Period: July 2017 - June 2018 (Data as of Sep 18, 2018)

# **Program Activity**

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	912	1,115	-18%	▼
Admits	51	74	-31%	▼
Discharges	84	255	-67%	▼
Service Hours	5,643	7,311	-23%	•

# Data Submission Quality

Data Entry	Actual	State Avg
Valid NOMS Data	96%	94%
On-Time Periodic	Actual	State Avg
6 Month Updates	47%	69%
Cooccurring	Actual	State Avg
MH Screen Complete	57%	88%
SA Screen Complete	53%	88%
D: .		<u> </u>

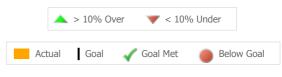


## **Discharge Outcomes**

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Treatment Completed Successfully		7	8%	50%	45%	-42%
Recovery						
National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Social Support		459	50%	60%	69%	-10%
Employed		153	17%	30%	24%	-13%
Stable Living Situation		716	78%	95%	86%	-17%
Improved/Maintained Axis V GAF Score	· · ·	101	11%	75%	54%	-64%
Service Utilization						
	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Clients Receiving Services		629	76%	90%	89%	-14%
Clients Receiving Services Service Engagement		629	76%	90%	89%	-14%
-	Actual % vs Goal %	629 Actual	76% Actual %	<b>90%</b> Goal %	89% State Avg	-14% Actual vs Goal

#### Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	% Months Submitted
Admissions													58%
Discharges													100%
Services													100%
	1 or m	ore Recor	nitted to	DMHAS	5								



\* State Avg based on 93 Active Standard Outpatient Programs

Reporting Period: July 2017 - June 2018 (Data as of Sep 18, 2018)

## **Program Activity**

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	149	176	-15%	▼
Admits	19	44	-57%	▼
Discharges	27	47	-43%	▼
Service Hours	5,423	4,579	18%	

# Data Submission Quality

Valid Axis V GAF Score

Data Entry	Actual	State Avg
√ Valid NOMS Data	100%	98%
	·	
On-Time Periodic	Actual	State Avg
🧹 6 Month Updates	100%	96%
Ŧ		
Cooccurring	Actual	State Avg
< MH Screen Complete	100%	90%
🞻 SA Screen Complete	100%	89%
·		
Diagnosis	Actual	State Avg
	1	5
🖋 Valid Axis I Diagnosis	100%	98%

## **Discharge Outcomes**

-		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
	Treatment Completed Successfully		2	7%	65%	67%	-58%	-
	Recovery							
	National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
$\checkmark$	Social Support		144	95%	60%	82%	35%	
$\checkmark$	Stable Living Situation		145	96%	80%	92%	16%	
	Employed		26	17%	20%	13%	-3%	
	Improved/Maintained Axis V GAF Score		42	30%	65%	66%	-35%	-
	Service Utilization							
		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
$\checkmark$	Clients Receiving Services		124	100%	90%	99%	10%	

#### Data Submitted to DMHAS by Month

100%

		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	% Months Submitted
Admissions														83%
Discharges														92%
Services														100%
	1 or more Records Submitted to DMHAS													

96%

