Reporting Period: July 2015 - September 2015 (Data as of Jan 05, 2016)

Provider Activity





Clients by Level of Care

Program Type	Level of Care Type	#	%
Mental Healt	h		
	Outpatient	1,373	92.6%
	Community Support	103	6.9%
	Inpatient Services	7	0.5%

Consumer Satisfaction Survey (Based on 253 FY15 Surveys)



Client Demographics

Age		# %	State Avg	Gender	#	%	State Avg
18-25		90 6%	13%	Female Female	834	60%	42 %
26-34	1	96 14%	22%	Male	556	40%	▼ 58%
35-44	2	29 16%	19%				
45-54	3	42 25 %	24%				
55-64	3	63 26 %	17%	Race	#	%	State Avg
65+	1	69 12%	5%	White/Caucasian	886	64%	66%
				Black/African American	254	18%	16%
Ethnicity		# %	State Avg	Other	215	15%	13%
Non-Hispanic	1,08	36 78%	75%	Unknown	21	2%	3%
Hispanic-Other	17	72 12%	6%	Asian	8	1%	1%
Hisp-Puerto Rican	8	32 6%	12%	Multiple Races	3	0%	1%
Unknown		26 2%	5%	Hawaiian/Other Pacific Islander	2	0%	0%
· ·				Am. Indian/Native Alaskan	1	0%	0%
Hispanic-Mexican	4	23 2 %	1%				
Hispanic-Cuban		1 0%	0%				
			_				
	Unique Clients		State Avg	▲ > 10% Over State Avg	′ > 10% L	Inder S	tate Avg

24 Stevens St OP Clin.115-211

Norwalk Hospital

Mental Health - Outpatient - Standard Outpatient

Connecticut Dept of Mental Health and Addiction Services Program Quality Dashboard

Reporting Period: July 2015 - September 2015 (Data as of Jan 05, 2016)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	1,373	1,613	-15%	•
Admits	30	64	-53%	•
Discharges	45	72	-38%	•
Service Hours	2,338	2,741	-15%	•

Data Submission Quality

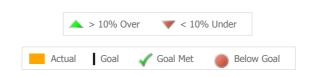
	_		
Data Entry		Actual	State Avg
Valid NOMS Data		87%	95%
On-Time Periodic		Actual	State Avg
6 Month Updates		37%	67%
			C
Cooccurring		Actual	State Avg
✓ MH Screen Complete		95%	78%
✓ SA Screen Complete		92%	76%
Diagnosis		Actual	State Avg
√ Valid Axis I Diagnosis		98%	96%
Valid Axis V GAF Score		67%	91%

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	% Months Submitted				
Admissions				100%				
Discharges				100%				
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	4%	50%	38%	-46%	V
Recovery							
National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Employed		207	15%	30%	19%	-15%	_
Social Support		457	33%	60%	65%	-27%	_
Stable Living Situation		899	65%	95%	83%	-30%	_
Improved/Maintained Axis V GAF Score		15	1%	75%	48%	-74%	_
Service Utilization							
	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Clients Receiving Services		695	52%	90%	71%	-38%	_
Service Engagement							
Outpatient	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
2 or more Services within 30 days		21	70%	75%	63%	-5%	



^{*} State Avg based on 93 Active Standard Outpatient Programs

Acute Psychiatric Inpt.115-111

Norwalk Hospital

Mental Health - Inpatient Services - Acute Psychiatric

Connecticut Dept of Mental Health and Addiction Services Program Quality Dashboard

Reporting Period: July 2015 - September 2015 (Data as of Jan 05, 2016)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	7	6	17%	•
Admits	8	7	14%	•
Discharges	9	7	29%	•
Bed Days	37	18	106%	•

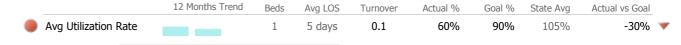
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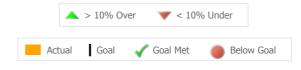
Discharge Outcomes

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
\checkmark	Treatment Completed Successfully		9	100%	95%	56%	5%
		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
	No Re-admit within 30 Days of Discharge		7	78%	85%	87%	-7%
		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
	Follow-up within 30 Days of Discharge		3	33%	90%	48%	-57%

Bed Utilization



>110%



90-110%

^{*} State Avg based on 29 Active Acute Psychiatric Programs

BHH ADULT NAE

Norwalk Hospital

Mental Health - Outpatient - Standard Outpatient

Connecticut Dept of Mental Health and Addiction Services Program Quality Dashboard

Reporting Period: July 2015 - September 2015 (Data as of Jan 05, 2016)

Program Activity

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	0		
Admits	-	-	
Discharges	-	-	
Service Hours	_	_	

Data Submission Quality

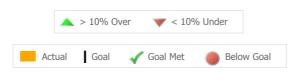
Data Entry		Actual	State Avg
Valid NOMS Data		N/A	95%
On-Time Periodic		Actual	State Avg
6 Month Updates		N/A	67%
Cooccurring		Actual	State Avg
MH Screen Complete		N/A	78%
SA Screen Complete	İ	N/A	76%

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	% Months Submitted
Admissions				0%
Discharges				0%
	1 or mo	re Recoi	rds Subr	nitted to DMHAS

Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Treatment Completed Successfully		N/A	N/A	50%	38%	N/A	
Recovery							
National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Employed		N/A	N/A	30%	19%	-30%	_
Improved/Maintained Axis V GAF Score		N/A	N/A	75%	48%	-75%	_
Social Support		N/A	N/A	60%	65%	-60%	_
Stable Living Situation	·	N/A	N/A	95%	83%	-95%	•
Service Utilization							
	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Clients Receiving Services		N/A	N/A	90%	71%	N/A	_



^{*} State Avg based on 93 Active Standard Outpatient Programs

BHH CHILDREN Program

Norwalk Hospital

Mental Health - Case Management - Outreach & Engagement

Connecticut Dept of Mental Health and Addiction Services Program Quality Dashboard

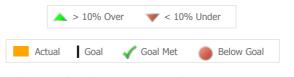
Reporting Period: July 2015 - September 2015 (Data as of Jan 05, 2016)

Program Activity

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	0		
Admits	-	-	
Discharges	-	-	
Service Hours	-	-	

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	% Months Submitted
Admissions				0%
Discharges				0%
	1 or more Records Submitted to DMHAS			



^{*} State Avg based on 38 Active Outreach & Engagement Programs

Reporting Period: July 2015 - September 2015 (Data as of Jan 05, 2016)

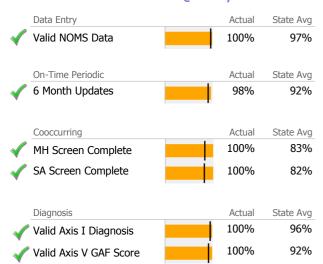
Norwalk Hospital

Mental Health - Community Support - CSP

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	103	104	-1%	
Admits	9	2	350%	•
Discharges	4	9	-56%	•
Service Hours	555	594	-7%	

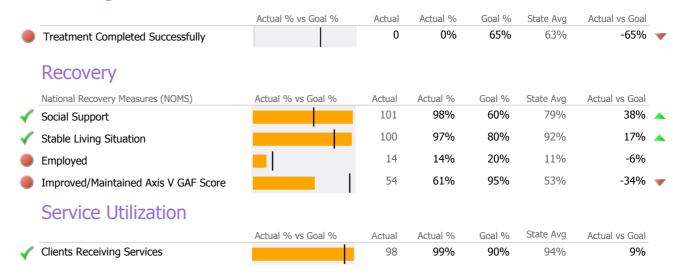
Data Submission Quality



Data Submitted to DMHAS by Month

	Jul	Aug	Sep	% Months Submitted	
Admissions				100%	
Discharges				67%	
Services				100%	
	1 or more Records Submitted to DMHAS				

Discharge Outcomes





^{*} State Avg based on 40 Active CSP Programs