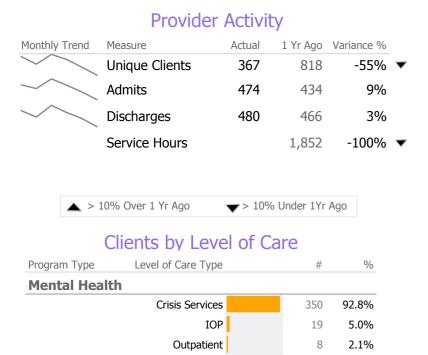
Danbury Hospital

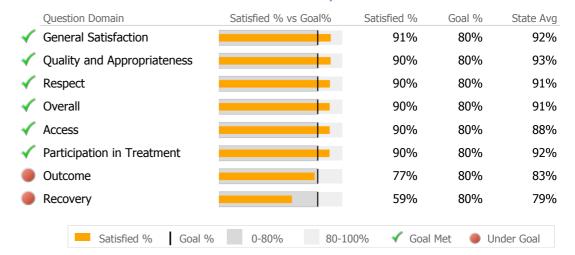
Danbury, CT

Connecticut Dept of Mental Health and Addiction Services Provider Quality Dashboard

Reporting Period: July 2017 - December 2017 (Data as of Mar 21, 2018)



Consumer Satisfaction Survey (Based on 116 FY17 Surveys)



Client Demographics

#	%	State Avg	Gender	#	%	State Avg
51	15%	12%	Male 🗾	206	56%	59%
67	19%	23%	Female	161	44%	41%
70	20%	20%	Transgender			0%
64	18%	22%				
58	17%	18%				
38	11%	6%	Race	#	%	State Avg
			White/Caucasian	278	76%	▲ 65%
#	%	State Avg	Other 📘	49	13%	13%
313	85%	▲ 74%	Black/African American	27	7%	16%
30	8%	7%	Asian	7	2%	1%
12	3%	13%	Unknown	3	1%	3%
8	2%	6%	Multiple Races	2	1%	1%
			Am. Indian/Native Alaskan	1	0%	1%
3	1%	1%	Hawaiian/Other Pacific Islander			0%
1	0%	0%				
nique C	lients	State Avg	▲ > 10% Over State Avg ▼	> 10% U	nder St	ate Avg
	51 67 70 64 58 38 # 313 30 12 8 3 1	51 15% 67 19% 70 20% 64 18% 58 17% 38 11% # % 313 85% 30 8% 12 3% 8 2% 3 1%	51 15% 12% 67 19% 23% 70 20% 20% 64 18% 22% 58 17% 18% 38 11% 6% # % State Avg 313 85% 74% 30 8% 7% 12 3% 13% 8 2% 6% 3 1% 1% 1 0% 0%	51 15% 12% Male 67 19% 23% Female 70 20% 20% Transgender 64 18% 22% 58 17% 18% 38 11% 6% # % State Avg 313 85% 74% Black/African American 1 30 8% 7% 12 3% 13% 13% 6% Multiple Races Am. Indian/Native Alaskan 1 1 0% 0%	51 15% 12% Male 206 67 19% 23% Female 161 70 20% 20% Transgender 161 64 18% 22% 18% 18% 18% 58 17% 18% 18% 278 18% 38 11% 6% Race # 11% 5% 74% Black/African American 278 30 8% 7% Asian 7 313 85% 74% Black/African American 27 30 8% 7% Asian 7 12 3% 13% Multiple Races 2 313 1% 1% 1% 1 1 0% 0% 1 1	51 15% 12% Male 206 56% 67 19% 23% Female 161 44% 70 20% 20% Transgender 161 44% 64 18% 22% Transgender 161 44% 58 17% 18% Transgender 161 44% 68 11% 6% Race # % 58 17% 18% Transgender 17 78 68 11% 6% Race # % 313 85% 74% Black/African American 127 7% 30 8% 7% Asian 77 2% 313 85% 74% Black/African American 12 2% 30 8% 7% Multiple Races 22 1% 4 13% 13% Multiple Races 22 1% 4 1% 0% Multiple Races 2 1% 1 0% 0% 0% Multiple Races<

Reporting Period: July 2017 - December 2017 (Data as of Mar 21, 2018)

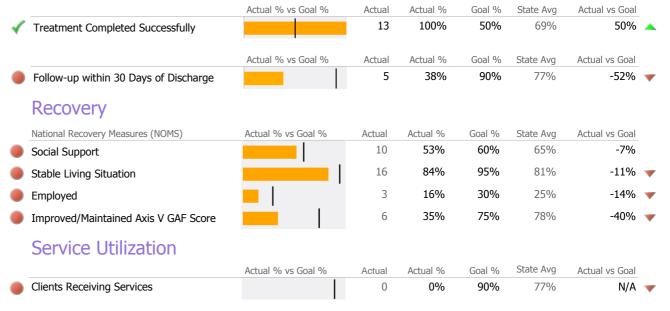
Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	19	18	6%	
Admits	12	10	20%	
Discharges	13	12	8%	
Service Hours	-	-		
Social Rehab/PHP/IOP Days	0	0		

Data Submission Quality

Data Entry	Actual	State Avg
< Valid NOMS Data	92%	86%
On-Time Periodic	Actual	State Avg
6 Month Updates	0%	0%
Cooccurring	Actual	State Avg
MH Screen Complete	0%	76%
SA Screen Complete	42%	79%
Diagnosis	Actual	State Avg
🗸 Valid Axis I Diagnosis	100%	99%
🞻 Valid Axis V GAF Score	100%	92%

Discharge Outcomes



Data Submitted to DMHAS by Month

		Jul	Aug	Sep	Oct	Nov	Dec	% Months Submitted
Admission	S							100%
Discharge	5							83%
Services								0%
1 or more Records Submitted to DMHAS								

	> 10% 0	ver 🛛 🔻 < 10%	6 Under	
Actual	Goal	🞻 Goal Met	Belov	w Goal

* State Avg based on 5 Active Standard IOP Programs

Reporting Period: July 2017 - December 2017 (Data as of Mar 21, 2018)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	8	507	-98% 🔻	
Admits	-	8	-100% 🔻	
Discharges	4	36	-89% 🔻	
Service Hours	-	1,852	-100% 🔻	

Data Submission Quality

✓ Valid Axis V GAF Score

	Data Entry	Actual	State Avg
\checkmark	Valid NOMS Data	100%	93%
	On-Time Periodic	Actual	State Avg
	6 Month Updates	0%	68%
	Cooccurring	Actual	State Avg
	MH Screen Complete	N/A	86%
	SA Screen Complete	N/A	83%
	Diagnosis	 Actual	State Avg
\checkmark	Valid Axis I Diagnosis	100%	96%

Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Treatment Completed Successfully		2	50%	50%	42%	0%
Recovery						
National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Social Support		8	100%	60%	68%	40%
Improved/Maintained Axis V GAF Score		7	88%	75%	48%	13%
Stable Living Situation		8	100%	95%	84%	5%
Employed		0	0%	30%	22%	-30%
Service Utilization						
	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Clients Receiving Services		0	0%	90%	85%	N/A
Service Engagement						
Outpatient	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
		0	0%	75%	68%	-75%

Data Submitted to DMHAS by Month

		Jul	Aug	Sep	Oct	Nov	Dec	% Months Submitted
Admission	s							0%
Discharge	S							33%
Services								17%
		1 or mo	ore Recor	ds Subr	nitted to	DMHAS		

100%

88%

	> 10% 0	ver	▼ < 10	% Under	
Actual	Goal	\checkmark	Goal Met	🔵 Belo	w Goal

* State Avg based on 92 Active Standard Outpatient Programs

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	350	329	6%	
Admits	462	416	11%	
Discharges	463	418	11%	

Crisis

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Evaluation within 1.5 hours of Request		293	64%	75%	68%	-11%	▼
Community Location Evaluation		34	7%	80%	76%	-73%	-
Follow-up Service within 48 hours		52	20%	90%	57%	-70%	-

Data Submitted to DMHAS by Month



	🔌 > 10% Ove	er 🔻 < 10%	6 Under
Actual	l Goal	🧹 Goal Met	Below Goa

* State Avg based on 25 Active Mobile Crisis Team Programs