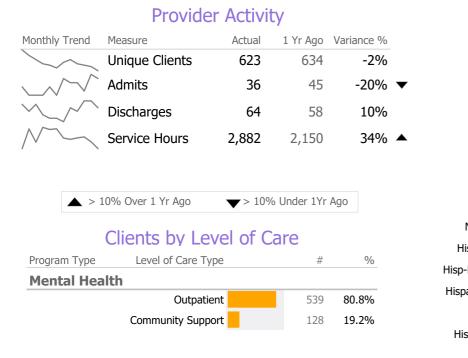
Norwalk Hospital

Norwalk, CT

Connecticut Dept of Mental Health and Addiction Services Provider Quality Dashboard

Reporting Period: July 2023 - June 2024 (Data as of Sep 10, 2024)



Client Demographics

Age		#	%	State Avg	Gender	#	%	State Avg
18-25	1	20	3%	9%	Female	336	54%	▲ 40%
26-34	i I	65	10%	20%	Male	286	46%	▼ 60%
35-44	Ì	105	17%	25%	Transgender			0%
45-54	_	108	17%	18%				
55-64		164	26%	18%				
65+		161	26%	▲ 9%	Race	#	%	State Avg
					White/Caucasian	409	66%	58%
Ethnicity		#	%	State Avg	Black/African American	119	19%	17%
Non-Hispanic		487	78%	▲ 64%	Other 📘	74	12%	12%
Hispanic-Other	Г [–]	80	13%	11%	Unknown	9	1%	9%
Hisp-Puerto Rican	i	39	6%	10%	Asian	5	1%	1%
Hispanic-Mexican	1	12	2%	1%	Multiple Races	5	1%	1%
					Am. Indian/Native Alaskan	2	0%	1%
Unknown	I	5	1%	▼ 15%	Hawaiian/Other Pacific Islander			0%
Hispanic-Cuban				0%				
		Unique C	lients	State Avg	> 10% Over State Avg	▼ > 10% L	Inder S	tate Avg

Survey Data Not Available

Reporting Period: July 2023 - June 2024 (Data as of Sep 10, 2024)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	128	134	-4%	
Admits	36	43	-16%	•
Discharges	42	41	2%	
Service Hours	1,621	1,731	-6%	

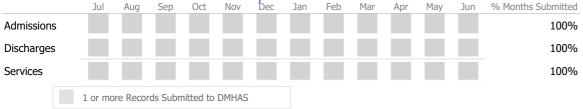
Data Submission Quality

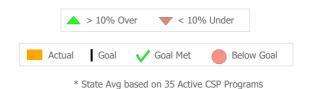
Data Entry	Actual	State Avg
Valid NOMS Data	100%	6 91%
On-Time Periodic	Actua	al State Avg
6 Month Updates	100%	% 89%
Diagnosis	Actua	al State Avg
Valid Axis I Diagnosis	100%	6 97%

Actual % vs Goal % Actual % Goal % State Avg Actual vs Goal Actual 22 52% 65% 53% -13% 🗡 Treatment Completed Successfully Recovery National Recovery Measures (NOMS) Actual % vs Goal % Actual % Goal % State Avg Actual vs Goal Actual 88% 60% 80% 28% Social Support 113 \checkmark Stable Living Situation 127 98% 80% 86% 18% \checkmark 27 21% 1% 20% 16% Employed \checkmark 25 58% -42% 🚽 23% 65% Improved/Maintained Function Score Service Utilization

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Clients Receiving Services		86	99%	90%	99%	9%

Data Submitted to DMHAS by Month





Discharge Outcomes

Reporting Period: July 2023 - June 2024 (Data as of Sep 10, 2024)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	539	556	-3%	
Admits	-	2	-100% 🔻	•
Discharges	22	17	29% 🔺	•
Service Hours	1,261	419		

Data Submission Quality

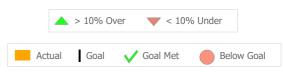
Data Entry	Actual S	tate Avg
Valid NOMS Data	100%	89%
On-Time Periodic	Actual	State Avg
6 Month Updates	5%	54%
Diagnosis	Actual	State Avg
Valid Axis I Diagnosis	100%	98%

Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Treatment Completed Successfully		0	0%	50%	45%	-50%	
_							
Recovery							
National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Employed		41	8%	30%	27%	-22%	
Social Support		196	36%	60%	66%	-24%	
Stable Living Situation	· · ·	206	38%	95%	75%	-57%	
Improved/Maintained Function Score		0	0%	75%	49%	-75%	-
Service Utilization							
	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Clients Receiving Services		277	54%	90%	90%	-36%	▼
Service Engagement							
Outpatient	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
2 or more Services within 30 days		0	0%	75%	68%	-75%	•

Data Submitted to DMHAS by Month





* State Avg based on 79 Active Standard Outpatient Programs