Keystone House Inc.
Norwalk, CT

Connecticut Dept of Mental Health and Addiction Services
Provider Quality Dashboard
Reporting Period: July 2012 - June 2013   (Data as of Dec 16, 2013)

Provider Activity

12 Month Trend	Measure	Actual	1 Yr Ago	Variance %	
	Unique Clients	183	178	3%	
	Admits	51	77	-34%	▼
	Discharges	50	42	19%	▲
	Service Hours	769	937	-18%	▼
	Bed Days	9,019	9,356	-4%	
	S.Rehab/PHP/IOP	12,001	11,179	7%	

▲ > 10% Over 1 Yr Ago	▼ > 10% Under 1Yr Ago

Unique Clients by Level of Care

Program Type	Level of Care Type		#	%
Mental Health				
	Social Rehabilitation		141	77.0%
	Residential Services		77	42.1%
	Case Management		23	12.6%

Consumer Satisfaction Survey   (Based on 122 FY12 Surveys)

	Question Domain	Satisfied % vs Goal%	Satisfied %	Goal %	State Avg
✔	General Satisfaction		94%	80%	92%
✔	Overall		94%	80%	91%
✔	Access		93%	80%	88%
✔	Participation in Treatment		92%	80%	92%
✔	Quality and Appropriateness		92%	80%	93%
✔	Respect		89%	80%	91%
✔	Outcome		86%	80%	83%
✔	Recovery		85%	80%	79%

Satisfied %		Goal %		0-80%		80-100%		✔ Goal Met		● Under Goal

Client Demographics

Age

	#	%		State Avg
18-25	7	4%	▼	17%
26-34	28	15%		22%
35-44	21	11%		20%
45-54	64	35%	▲	24%
55-64	49	27%	▲	13%
65+	14	8%		4%

Gender

	#	%	State Avg
Male	113	62%	60%
Female	70	38%	40%

Ethnicity

	#	%		State Avg
Non-Hispanic	162	89%	▲	74%
Hisp-Puerto Rican	9	5%		12%
Hispanic-Other	8	4%		7%
Hispanic-Mexican	3	2%		0%
Unknown	1	1%		7%
Hispanic-Cuban				0%

Race

	#	%	State Avg
White/Caucasian	129	70%	64%
Black/African American	41	22%	17%
Other	12	7%	15%
Asian	1	1%	1%
Am. Indian/Native Alaskan			1%
Multiple Races			1%
Hawaiian/Other Pacific Islander			0%
Unknown			2%

Unique Clients		State Avg		▲ > 10% Over State Avg		▼ > 10% Under State Avg

137 E Ave-PilotsSupHsng112-551
Keystone House Inc.
Mental Health - Case Management - Supportive Housing – Scattered Site

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2012 - June 2013 (Data as of Dec 16, 2013)

Program Activity

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	23	23	0%
Admits	2	2	0%
Discharges	2	2	0%
Service Hours	585	758	-23% ▼

Recovery

National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
✔ Stable Living Situation		23	100%	85%	90%	15% ▲

Service Utilization

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
✔ Clients Receiving Services		21	100%	90%	96%	10%

Data Submission Quality

Data Entry		Actual	State Avg
✔ Valid NOMS Data		100%	97%

On-Time Periodic		Actual	State Avg
✔ 6 Month Updates		100%	72%

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	% Months Submitted
Admissions	■											■	17%
Discharges	■								■				17%
Services	■	■	■	■	■	■	■	■	■	■	■	■	100%

■ 1 or more Records Submitted to DMHAS

▲ > 10% Over   ▼ < 10% Under

■ Actual | Goal   ✔ Goal Met   ● Below Goal

* State Avg based on 65 Active Supportive Housing – Scattered Site Programs

137East Ave-ResSup 112-260
Keystone House Inc.
Mental Health - Residential Services - Residential Support

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2012 - June 2013 (Data as of Dec 16, 2013)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	16	16	0%	
Admits	4	6	-33%	▼
Discharges	6	2	200%	▲
Service Hours	37	34	7%	

Data Submission Quality

Data Entry	Actual % vs Goal	Actual	State Avg
Valid NOMS Data		97%	98%

On-Time Periodic	Actual % vs Goal	Actual	State Avg
✔ 6 Month Updates		100%	80%

Cooccurring	Actual % vs Goal	Actual	State Avg
✔ MH Screen Complete		100%	86%
✔ SA Screen Complete		100%	86%

Diagnosis	Actual % vs Goal	Actual	State Avg
✔ Valid Axis I Diagnosis		100%	97%
✔ Valid Axis V GAF Score		100%	94%

Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
🔴 Treatment Completed Successfully		1	17%	50%	57%	-33%	▼

Recovery

National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✔ Social Support		13	72%	60%	79%	12%	▲
✔ Stable Living Situation		17	94%	85%	93%	9%	
🔴 Employed		1	6%	25%	10%	-19%	▼
🔴 Improved/Maintained Axis V GAF Score		5	31%	95%	53%	-64%	▼

Service Utilization

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
✔ Clients Receiving Services		12	100%	90%	96%	10%

Data Submitted to DMHAS by Month
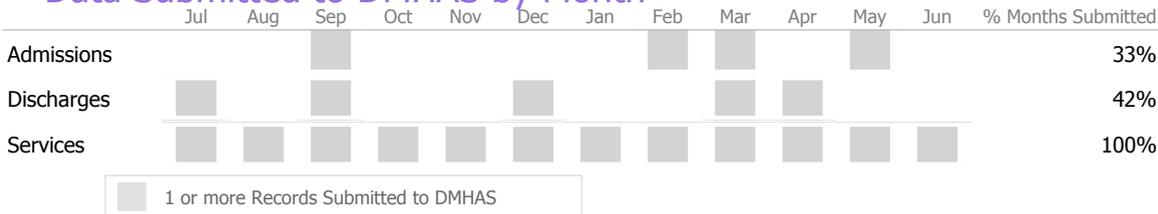
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	% Months Submitted
Admissions			▪					▪	▪		▪		33%
Discharges	▪		▪			▪			▪	▪			42%
Services	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	100%

▪ 1 or more Records Submitted to DMHAS

▲ > 10% Over   ▼ < 10% Under

🟧 Actual | Goal   ✔ Goal Met   🔴 Below Goal

* State Avg based on 54 Active Residential Support Programs

137East Ave-SupRes 112-250
Keystone House Inc.
Mental Health - Residential Services - Residential Support

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2012 - June 2013 (Data as of Dec 16, 2013)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	31	28	11%	▲
Admits	6	4	50%	▲
Discharges	7	3	133%	▲
Service Hours	73	73	1%	

Discharge Outcomes

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
🔴	Treatment Completed Successfully		0	0%	50%	57%	-50%	▼

Recovery

	National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✔	Social Support		25	81%	60%	79%	21%	▲
✔	Stable Living Situation		29	94%	85%	93%	9%	
🔴	Employed		5	16%	25%	10%	-9%	
🔴	Improved/Maintained Axis V GAF Score		5	18%	95%	53%	-77%	▼

Data Submission Quality

Data Entry		Actual	State Avg
✔	Valid NOMS Data	99%	98%

On-Time Periodic		Actual	State Avg
	6 Month Updates	76%	80%

Cooccurring		Actual	State Avg
✔	MH Screen Complete	100%	86%
✔	SA Screen Complete	100%	86%

Diagnosis		Actual	State Avg
✔	Valid Axis I Diagnosis	100%	97%
✔	Valid Axis V GAF Score	100%	94%

Service Utilization

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✔	Clients Receiving Services		24	100%	90%	96%	10%	

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	% Months Submitted
Admissions	☐		☐					☐		☐	☐		42%
Discharges			☐			☐		☐	☐			☐	42%
Services	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐		☐	100%

☐ 1 or more Records Submitted to DMHAS

▲ > 10% Over   ▼ < 10% Under

🟧 Actual | Goal   ✔ Goal Met   🔴 Below Goal

* State Avg based on 54 Active Residential Support Programs

141 East Ave. Soc.Res 112-280
Keystone House Inc.
Mental Health - Social Rehabilitation - Social Rehabilitation

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2012 - June 2013 (Data as of Dec 16, 2013)
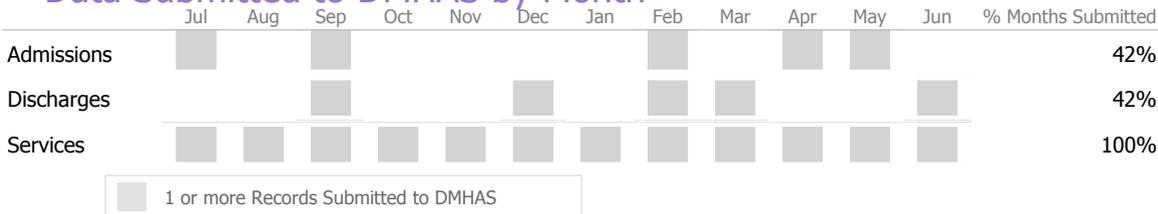
Program Activity

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	141	135	4%
Admits	29	54	-46% ▼
Discharges	25	26	-4%
Service Hours	-	-	
Social Rehab/PHP/IOP Days	12,001	11,179	7%

Service Utilization

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
✔ Clients Receiving Services		116	100%	90%	82%	10%

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	% Months Submitted
Admissions			▪	▪	▪	▪	▪	▪	▪	▪		▪	83%
Discharges	▪		▪	▪	▪	▪	▪	▪	▪	▪			83%
Services	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪		100%

☐ 1 or more Records Submitted to DMHAS

▲ > 10% Over   ▼ < 10% Under

◼ Actual | Goal   ✔ Goal Met   ● Below Goal
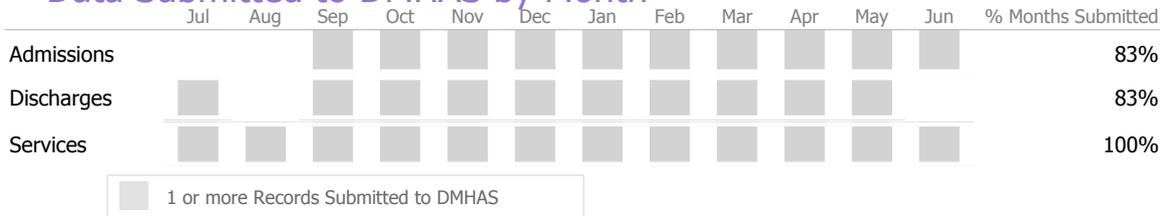
* State Avg based on 38 Active Social Rehabilitation Programs

Elmcrest 1 112-241
Keystone House Inc.
Mental Health - Residential Services - Group Home

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2012 - June 2013 (Data as of Dec 16, 2013)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	20	17	18%	▲
Admits	8	9	-11%	▼
Discharges	8	5	60%	▲
Bed Days	3,987	4,231	-6%	

Discharge Outcomes

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
🔴	Treatment Completed Successfully		3	38%	80%	61%	-42%	▼
✔	No Re-admit within 30 Days of Discharge		8	100%	85%	88%	15%	▲
🔴	Follow-up within 30 Days of Discharge		2	67%	90%	87%	-23%	▼

Data Submission Quality

Data Entry		Actual	State Avg
Valid NOMS Data		96%	98%

On-Time Periodic		Actual	State Avg
6 Month Updates		0%	77%

Cooccurring		Actual	State Avg
✔ MH Screen Complete		100%	88%
✔ SA Screen Complete		88%	85%

Diagnosis		Actual	State Avg
✔ Valid Axis I Diagnosis		100%	99%
✔ Valid Axis V GAF Score		100%	97%

Recovery

National Recovery Measures (NOMS)		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✔	Stable Living Situation		20	100%	90%	95%	10%	
✔	Social Support		13	65%	60%	78%	5%	
🔴	Improved/Maintained Axis V GAF Score		7	47%	95%	55%	-48%	▼

Bed Utilization

		12 Months Trend	Beds	Avg LOS	Turnover	Actual %	Goal %	State Avg	Actual vs Goal
✔	Avg Utilization Rate		12	603 days	0.6	91%	90%	93%	1%
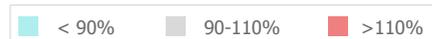
- ▢ < 90%   ▢ 90-110%   ▢ >110%

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	% Months Submitted
Admissions	▢					▢	▢			▢			42%
Discharges	▢	▢		▢			▢			▢		▢	50%

▢ 1 or more Records Submitted to DMHAS

▲ > 10% Over   ▼ < 10% Under

▢ Actual | Goal   ✔ Goal Met   🔴 Below Goal

* State Avg based on 26 Active Group Home Programs

Genoa 1 112251
Keystone House Inc.
Mental Health - Residential Services - Supervised Apartments

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2012 - June 2013 (Data as of Dec 16, 2013)

Program Activity

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	6	6	0%
Admits	-	-	
Discharges	-	-	
Bed Days	2,190	2,196	0%

Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Treatment Completed Successfully		N/A	N/A	60%	59%	N/A

Recovery

National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
✔ Social Support		6	100%	60%	77%	40% ▲
✔ Stable Living Situation		6	100%	95%	92%	5%
● Employed		0	0%	25%	7%	-25% ▼
● Improved/Maintained Axis V GAF Score		0	0%	95%	55%	-95% ▼

Data Submission Quality

Data Entry		Actual	State Avg
✔ Valid NOMS Data		100%	97%

On-Time Periodic		Actual	State Avg
6 Month Updates		0%	74%

Cooccurring		Actual	State Avg
MH Screen Complete		N/A	78%
SA Screen Complete		N/A	77%

Diagnosis		Actual	State Avg
Valid Axis I Diagnosis		83%	99%
✔ Valid Axis V GAF Score		100%	96%

Bed Utilization

	12 Months Trend	Beds	Avg LOS	Turnover	Actual %	Goal %	State Avg	Actual vs Goal
✔ Avg Utilization Rate		6	2,370 days	1.0	100%	90%	96%	10%

☐ < 90%	☐ 90-110%	☐ >110%

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	% Months Submitted
Admissions													0%
Discharges													0%

☐ 1 or more Records Submitted to DMHAS

▲ > 10% Over   ▼ < 10% Under

☐ Actual		Goal	✔ Goal Met	● Below Goal

* State Avg based on 68 Active Supervised Apartments Programs

St. John's 1 112240
Keystone House Inc.
Mental Health - Residential Services - Group Home

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2012 - June 2013 (Data as of Dec 16, 2013)

Program Activity

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	10	10	0%
Admits	2	2	0%
Discharges	2	2	0%
Bed Days	2,842	2,929	-3%

Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
🔴 Treatment Completed Successfully		1	50%	80%	61%	-30%	▼
✔ No Re-admit within 30 Days of Discharge		2	100%	85%	88%	15%	▲
✔ Follow-up within 30 Days of Discharge		1	100%	90%	87%	10%	

Data Submission Quality

Data Entry		Actual	State Avg
✔ Valid NOMS Data		100%	98%

On-Time Periodic		Actual	State Avg
6 Month Updates		0%	77%

Cooccurring		Actual	State Avg
✔ MH Screen Complete		100%	88%
✔ SA Screen Complete		100%	85%

Diagnosis		Actual	State Avg
✔ Valid Axis I Diagnosis		100%	99%
✔ Valid Axis V GAF Score		100%	97%

Recovery

National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✔ Social Support		10	100%	60%	78%	40%	▲
✔ Stable Living Situation		10	100%	90%	95%	10%	
🔴 Improved/Maintained Axis V GAF Score		2	25%	95%	55%	-70%	▼

Bed Utilization

	12 Months Trend	Beds	Avg LOS	Turnover	Actual %	Goal %	State Avg	Actual vs Goal
✔ Avg Utilization Rate		8	1,139 days	0.8	97%	90%	93%	7%

☐ < 90%	☐ 90-110%	☐ >110%

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	% Months Submitted
Admissions									☐	☐			17%
Discharges								☐		☐			17%

☐ 1 or more Records Submitted to DMHAS

▲ > 10% Over   ▼ < 10% Under

☐ Actual | Goal   ✔ Goal Met   🔴 Below Goal

* State Avg based on 26 Active Group Home Programs