**Keystone House Inc.**
Norwalk, CT

Connecticut Dept of Mental Health and Addiction Services
Provider Quality Dashboard
Reporting Period: July 2017 - June 2018   (Data as of Sep 18, 2018)

Provider Activity

Monthly Trend	Measure	Actual	1 Yr Ago	Variance %	
	Unique Clients	153	168	-9%	
	Admits	19	35	-46%	▼
	Discharges	15	48	-69%	▼
	Service Hours	1,606	1,678	-4%	
	Bed Days	8,676	8,554	1%	
	S.Rehab/PHP/IOP	6,548	9,273	-29%	▼

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

Clients by Level of Care

Program Type	Level of Care Type	#	%
Mental Health			
	Social Rehabilitation	109	54.8%
	Community Support	34	17.1%
	Residential Services	31	15.6%
	Case Management	25	12.6%

Consumer Satisfaction Survey   (Based on 111 FY17 Surveys)

	Question Domain	Satisfied % vs Goal%	Satisfied %	Goal %	State Avg
✓	Respect		98%	80%	91%
✓	Overall		96%	80%	91%
✓	General Satisfaction		95%	80%	92%
✓	Quality and Appropriateness		95%	80%	93%
✓	Recovery		94%	80%	79%
✓	Participation in Treatment		94%	80%	92%
✓	Outcome		93%	80%	83%
✓	Access		93%	80%	88%

Satisfied % | Goal %   0-80%   80-100%   ✓ Goal Met   ● Under Goal

Client Demographics

Age

	#	%		State Avg
18-25	9	6%		13%
26-34	12	8%	▼	24%
35-44	20	13%		20%
45-54	40	26%		21%
55-64	54	35%	▲	16%
65+	18	12%		5%

Gender

	#	%	State Avg
Male	85	56%	60%
Female	68	44%	40%
Transgender			0%

Ethnicity

	#	%		State Avg
Non-Hispanic	132	86%	▲	72%
Hisp-Puerto Rican	11	7%		12%
Hispanic-Other	7	5%		7%
Unknown	2	1%		7%
Hispanic-Mexican	1	1%		1%
Hispanic-Cuban				0%

Race

	#	%	State Avg
White/Caucasian	95	62%	64%
Black/African American	41	27%	17%
Other	14	9%	13%
Asian	1	1%	1%
Multiple Races	1	1%	1%
Hawaiian/Other Pacific Islander	1	1%	0%
Am. Indian/Native Alaskan			1%
Unknown			4%

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

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 2017 - June 2018 (Data as of Sep 18, 2018)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	109	127	-14%	▼
Admits	6	20	-70%	▼
Discharges	-	25	-100%	▼
Service Hours	-	-		
Social Rehab/PHP/IOP Days	6,548	9,273	-29%	▼

Service Utilization

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
✔	Clients Receiving Services	▬▬▬	104	95%	90%	79%	5%

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	% Months Submitted
Admissions	▣							▣			▣	▣	33%
Discharges													0%
Services	▣	▣	▣	▣	▣	▣	▣	▣	▣	▣	▣	▣	100%

▣ 1 or more Records Submitted to DMHAS
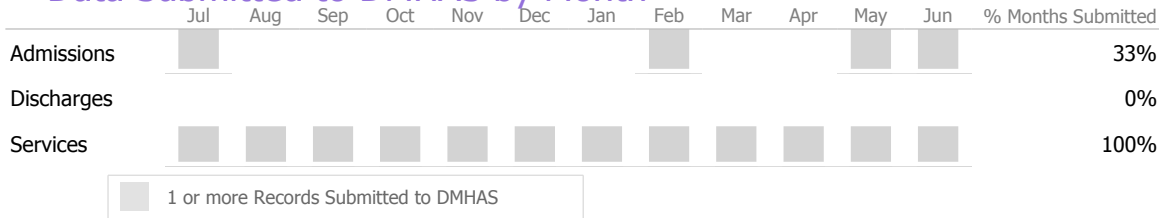
▲ > 10% Over   ▼ < 10% Under

▮ Actual | Goal   ✔ Goal Met   ● Below Goal

* State Avg based on 36 Active Social Rehabilitation Programs

CSP
Keystone House Inc.
Mental Health - Community Support - CSP

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2017 - June 2018 (Data as of Sep 18, 2018)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	26	30	-13%	▼
Admits	3	2	50%	▲
Discharges	4	7	-43%	▼
Service Hours	813	827	-2%	

Discharge Outcomes

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
🔴	Treatment Completed Successfully		2	50%	65%	67%	-15%	▼

Recovery

	National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✔	Social Support		22	85%	60%	82%	25%	▲
✔	Improved/Maintained Axis V GAF Score		22	88%	65%	66%	23%	▲
✔	Stable Living Situation		25	96%	80%	92%	16%	▲
🔴	Employed		4	15%	20%	13%	-5%	

Data Submission Quality

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

On-Time Periodic		Actual	State Avg
6 Month Updates		57%	96%

Cooccurring		Actual	State Avg
✔ MH Screen Complete		100%	90%
✔ SA Screen Complete		100%	89%

Diagnosis		Actual	State Avg
✔ Valid Axis I Diagnosis		100%	98%
✔ Valid Axis V GAF Score		100%	96%

Service Utilization

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
✔	Clients Receiving Services		21	95%	90%	99%	5%

Data Submitted to DMHAS by Month
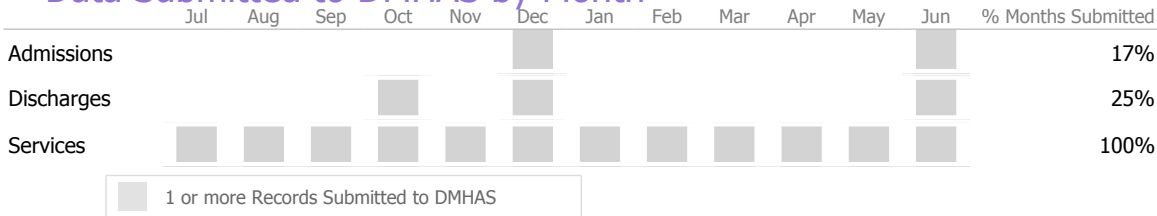
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	% Months Submitted
Admissions						▪						▪	17%
Discharges				▪		▪						▪	25%
Services	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	100%

◻ 1 or more Records Submitted to DMHAS

▲ > 10% Over   ▼ < 10% Under

◻ Actual | Goal   ✔ Goal Met   🔴 Below Goal

* State Avg based on 48 Active CSP Programs

CSP - 2
Keystone House Inc.
Mental Health - Community Support - CSP

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2017 - June 2018 (Data as of Sep 18, 2018)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	8	13	-38%	▼
Admits	-	3	-100%	▼
Discharges	-	5	-100%	▼
Service Hours	273	337	-19%	▼

Data Submission Quality

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

On-Time Periodic		Actual	State Avg
6 Month Updates		38%	96%

Cooccurring		Actual	State Avg
MH Screen Complete		N/A	90%
SA Screen Complete		N/A	89%

Diagnosis		Actual	State Avg
✔ Valid Axis I Diagnosis		100%	98%
✔ Valid Axis V GAF Score		100%	96%

Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Treatment Completed Successfully		N/A	N/A	65%	67%	N/A

Recovery

National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
✔ Social Support		8	100%	60%	82%	40% ▲
✔ Improved/Maintained Axis V GAF Score		8	100%	65%	66%	35% ▲
✔ Stable Living Situation		8	100%	80%	92%	20% ▲
✔ Employed		2	25%	20%	13%	5%

Service Utilization

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
✔ Clients Receiving Services		8	100%	90%	99%	10%

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	% Months Submitted
Admissions													0%
Discharges													0%
Services													100%

1 or more Records Submitted to DMHAS

▲ > 10% Over   ▼ < 10% Under

■ Actual | Goal   ✔ Goal Met   ● Below Goal

* State Avg based on 48 Active CSP 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 2017 - June 2018 (Data as of Sep 18, 2018)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	15	18	-17%	▼
Admits	5	6	-17%	▼
Discharges	6	8	-25%	▼
Bed Days	3,833	3,552	8%	

Data Submission Quality

Data Entry		Actual	State Avg
Valid NOMS Data		97%	99%

On-Time Periodic		Actual	State Avg
✓ 6 Month Updates		100%	86%

Cooccurring		Actual	State Avg
✓ MH Screen Complete		100%	90%
✓ SA Screen Complete		100%	93%

Diagnosis		Actual	State Avg
✓ Valid Axis I Diagnosis		100%	100%
✓ Valid Axis V GAF Score		100%	100%

Discharge Outcomes

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
🔴	Treatment Completed Successfully		1	17%	80%	79%	-63%	▼
✓	No Re-admit within 30 Days of Discharge		6	100%	85%	88%	15%	▲
✓	Follow-up within 30 Days of Discharge		1	100%	90%	81%	10%	

Recovery

National Recovery Measures (NOMS)		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓	Social Support		12	80%	60%	85%	20%	▲
✓	Stable Living Situation		15	100%	90%	98%	10%	
🔴	Improved/Maintained Axis V GAF Score		6	46%	95%	68%	-49%	▼

Bed Utilization

		12 Months Trend	Beds	Avg LOS	Turnover	Actual %	Goal %	State Avg	Actual vs Goal
🔴	Avg Utilization Rate		12	509 days	0.3	88%	90%	95%	-2%
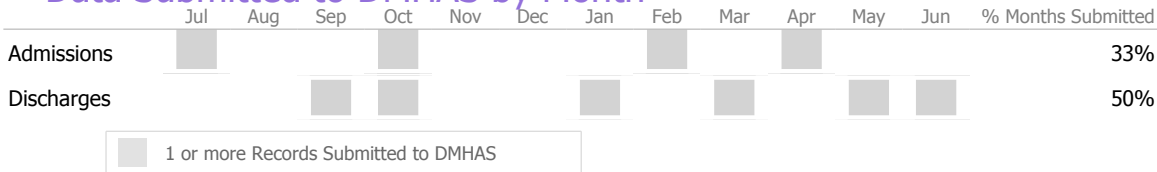
	< 90%		90-110%		>110%

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	% Months Submitted
Admissions	▪			▪				▪		▪			33%
Discharges			▪	▪			▪		▪		▪		50%

	1 or more Records Submitted to DMHAS

▲ > 10% Over   ▼ < 10% Under

Actual		Goal	✓ Goal Met	🔴 Below Goal

* State Avg based on 24 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 2017 - June 2018 (Data as of Sep 18, 2018)

Program Activity

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

Data Submission Quality

Data Entry		Actual	State Avg
✔ Valid NOMS Data		100%	99%

On-Time Periodic		Actual	State Avg
6 Month Updates		50%	83%

Cooccurring		Actual	State Avg
MH Screen Complete		N/A	84%
SA Screen Complete		N/A	82%

Diagnosis		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		N/A	N/A	60%	68%	N/A
Follow-up within 30 Days of Discharge		N/A	N/A	90%	80%	N/A

Recovery

National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
✔ Social Support		6	100%	60%	84%	40% ▲
✔ Stable Living Situation		6	100%	95%	96%	5%
● Employed		0	0%	25%	11%	-25% ▼
● Improved/Maintained Axis V GAF Score		4	67%	95%	68%	-28% ▼

Bed Utilization

	12 Months Trend	Beds	Avg LOS	Turnover	Actual %	Goal %	State Avg	Actual vs Goal
✔ Avg Utilization Rate		6	3,294 days	0.3	100%	90%	94%	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 62 Active Supervised Apartments Programs

Pilots Sup Hsng 112-551
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 2017 - June 2018 (Data as of Sep 18, 2018)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	25	22	14%	▲
Admits	3	1	200%	▲
Discharges	2	-		
Service Hours	520	514	1%	

Recovery

National Recovery Measures (NOMS)		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓	Stable Living Situation		25	100%	85%	85%	15%	▲

Service Utilization

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
✓	Clients Receiving Services		23	100%	90%	96%	10%

Data Submission Quality

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

On-Time Periodic		Actual	State Avg
✓ 6 Month Updates		100%	85%

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 74 Active Supportive Housing – Scattered Site 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 2017 - June 2018 (Data as of Sep 18, 2018)

Program Activity

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	10	11	-9%
Admits	2	3	-33% ▼
Discharges	3	3	0%
Bed Days	2,653	2,812	-6%

Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
● Treatment Completed Successfully		1	33%	80%	79%	-47% ▼
✓ No Re-admit within 30 Days of Discharge		3	100%	85%	88%	15% ▲
✓ Follow-up within 30 Days of Discharge		1	100%	90%	81%	10%

Data Submission Quality

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

On-Time Periodic		Actual	State Avg
6 Month Updates		60%	86%

Cooccurring		Actual	State Avg
✓ MH Screen Complete		100%	90%
✓ SA Screen Complete		100%	93%

Diagnosis		Actual	State Avg
✓ Valid Axis I Diagnosis		100%	100%
✓ Valid Axis V GAF Score		100%	100%

Recovery

National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
✓ Social Support		6	60%	60%	85%	0%
✓ Stable Living Situation		9	90%	90%	98%	0%
● Improved/Maintained Axis V GAF Score		4	50%	95%	68%	-45% ▼

Bed Utilization

	12 Months Trend	Beds	Avg LOS	Turnover	Actual %	Goal %	State Avg	Actual vs Goal
✓ Avg Utilization Rate		8	896 days	0.3	91%	90%	95%	1%
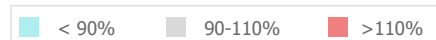
▢ < 90%	▢ 90-110%	▢ >110%

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	% Months Submitted
Admissions										▢		▢	17%
Discharges						▢		▢				▢	25%

▢ 1 or more Records Submitted to DMHAS

▲ > 10% Over   ▼ < 10% Under

▢ Actual | Goal   ✓ Goal Met   ● Below Goal

* State Avg based on 24 Active Group Home Programs