Keystone House Inc.
Norwalk, CT

Connecticut Dept of Mental Health and Addiction Services
Provider Quality Dashboard
Reporting Period: July 2016 - June 2017   (Data as of Sep 13, 2017)

Provider Activity

Monthly Trend	Measure	Actual	1 Yr Ago	Variance %	
	Unique Clients	168	169	-1%	
	Admits	33	41	-20%	▼
	Discharges	47	33	42%	▲
	Service Hours	1,678	1,688	-1%	
	Bed Days	8,526	9,154	-7%	
	S.Rehab/PHP/IOP	9,273	9,984	-7%	

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

Clients by Level of Care

Program Type	Level of Care Type	#	%
Mental Health			
	Social Rehabilitation	126	57.0%
	Community Support	39	17.6%
	Residential Services	34	15.4%
	Case Management	22	10.0%

Consumer Satisfaction Survey   (Based on 121 FY16 Surveys)

	Question Domain	Satisfied % vs Goal%	Satisfied %	Goal %	State Avg
✔	Overall		98%	80%	91%
✔	General Satisfaction		96%	80%	92%
✔	Access		96%	80%	88%
✔	Quality and Appropriateness		96%	80%	93%
✔	Respect		95%	80%	91%
✔	Participation in Treatment		93%	80%	92%
✔	Outcome		92%	80%	83%
✔	Recovery		90%	80%	79%

Legend: ▬ Satisfied % | Goal %   ▬ 0-80%   ▬ 80-100%   ✔ Goal Met   ● Under Goal

Client Demographics

Age		#	%		State Avg
18-25		10	6%		14%
26-34		20	12%	▼	24%
35-44		18	11%		20%
45-54		45	27%		22%
55-64		54	32%	▲	16%
65+		21	13%		5%

Gender	#	%		State Avg
Male	95	57%		60%
Female	73	43%		40%
Transgender				0%

Ethnicity	#	%		State Avg
Non-Hispanic	146	87%	▲	74%
Hisp-Puerto Rican	10	6%		13%
Hispanic-Other	8	5%		7%
Hispanic-Mexican	2	1%		1%
Unknown	2	1%		6%
Hispanic-Cuban				0%

Race	#	%		State Avg
White/Caucasian	107	64%		65%
Black/African American	45	27%	▲	16%
Other	14	8%		13%
Asian	1	1%		1%
Hawaiian/Other Pacific Islander	1	1%		0%
Am. Indian/Native Alaskan				1%
Multiple Races				1%
Unknown				3%

Legend: ▬ 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 2016 - June 2017 (Data as of Sep 13, 2017)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	126	126	0%	
Admits	19	24	-21%	▼
Discharges	25	19	32%	▲
Service Hours	-	-		
Social Rehab/PHP/IOP Days	9,273	9,984	-7%	

Service Utilization

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
✓	Clients Receiving Services		106	100%	90%	78%	10%

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	% Months Submitted
Admissions			▪	▪	▪	▪	▪	▪			▪	▪	75%
Discharges	▪	▪	▪				▪		▪	▪		▪	58%
Services	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪		100%

▫ 1 or more Records Submitted to DMHAS

▲ > 10% Over   ▼ < 10% Under

◼ Actual | Goal   ✓ Goal Met   ● Below Goal
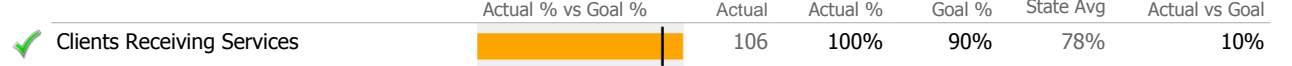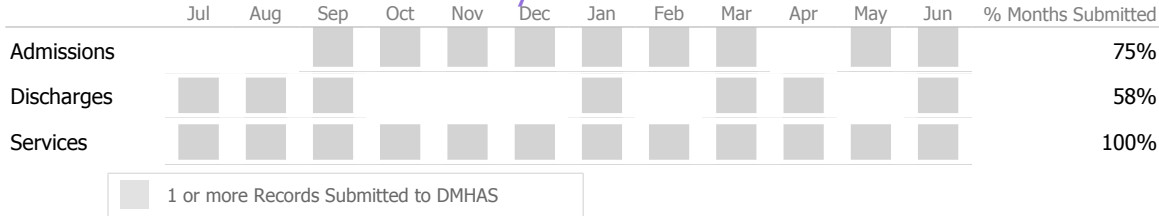
* State Avg based on 35 Active Social Rehabilitation Programs

CSP - 1
Keystone House Inc.
Mental Health - Community Support - CSP

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2016 - June 2017 (Data as of Sep 13, 2017)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	30	28	7%	
Admits	2	5	-60%	▼
Discharges	7	-		
Service Hours	827	687	20%	▲

Discharge Outcomes

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
🔴	Treatment Completed Successfully		3	43%	65%	69%	-22%	▼

Recovery

	National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓	Social Support		30	100%	60%	81%	40%	▲
✓	Stable Living Situation		30	100%	80%	92%	20%	▲
🔴	Employed		5	17%	20%	13%	-3%	
🔴	Improved/Maintained Axis V GAF Score		27	93%	95%	69%	-2%	

Data Submission Quality

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

On-Time Periodic		Actual	State Avg
✓ 6 Month Updates		100%	93%

Cooccurring		Actual	State Avg
MH Screen Complete		33%	88%
SA Screen Complete		33%	87%

Diagnosis		Actual	State Avg
✓ Valid Axis I Diagnosis		100%	98%
✓ Valid Axis V GAF Score		100%	93%

Service Utilization

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
✓	Clients Receiving Services		23	100%	90%	99%	10%

Data Submitted to DMHAS by Month
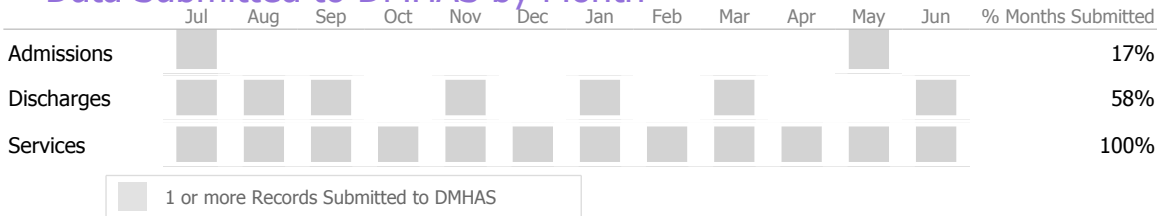
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	% Months Submitted
Admissions	▪										▪		17%
Discharges	▪	▪	▪		▪		▪		▪		▪	▪	58%
Services	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	100%

☐ 1 or more Records Submitted to DMHAS

▲ > 10% Over   ▼ < 10% Under

Legend: ▮ 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 2016 - June 2017 (Data as of Sep 13, 2017)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	13	16	-19%	▼
Admits	3	4	-25%	▼
Discharges	5	6	-17%	▼
Service Hours	337	391	-14%	▼

Data Submission Quality

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

On-Time Periodic		Actual	State Avg
✔ 6 Month Updates		100%	93%

Cooccurring		Actual	State Avg
✔ MH Screen Complete		100%	88%
✔ SA Screen Complete		100%	87%

Diagnosis		Actual	State Avg
✔ Valid Axis I Diagnosis		100%	98%
✔ Valid Axis V GAF Score		100%	93%

Discharge Outcomes

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
🔴	Treatment Completed Successfully		2	40%	65%	69%	-25%	▼

Recovery

National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✔ Social Support		12	92%	60%	81%	32%	▲
✔ Stable Living Situation		13	100%	80%	92%	20%	▲
✔ Improved/Maintained Axis V GAF Score		13	100%	95%	69%	5%	
🔴 Employed		2	15%	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	▨					▨							17%
Discharges		▨		▨	▨								25%
Services	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨	100%

▨ 1 or more Records Submitted to DMHAS

▲ > 10% Over   ▼ < 10% Under

Legend: ▨ 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 2016 - June 2017 (Data as of Sep 13, 2017)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	17	16	6%	
Admits	5	5	0%	
Discharges	7	4	75%	▲
Bed Days	3,524	4,140	-15%	▼

Discharge Outcomes

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✔	Treatment Completed Successfully		6	86%	80%	82%	6%	
✔	No Re-admit within 30 Days of Discharge		7	100%	85%	96%	15%	▲
✔	Follow-up within 30 Days of Discharge		6	100%	90%	79%	10%	

Data Submission Quality

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

On-Time Periodic		Actual	State Avg
✔ 6 Month Updates		100%	90%

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

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

Recovery

National Recovery Measures (NOMS)		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✔	Social Support		16	94%	60%	83%	34%	▲
✔	Stable Living Situation		17	100%	90%	99%	10%	
🔴	Improved/Maintained Axis V GAF Score		11	85%	95%	71%	-10%	

Bed Utilization

		12 Months Trend	Beds	Avg LOS	Turnover	Actual %	Goal %	State Avg	Actual vs Goal
🔴	Avg Utilization Rate		12	698 days	0.3	80%	90%	95%	-10%
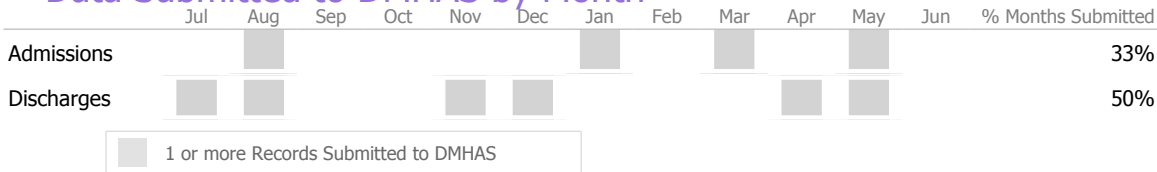
	< 90%		90-110%		>110%

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	% Months Submitted
Admissions		▩					▩		▩		▩		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 2016 - June 2017 (Data as of Sep 13, 2017)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	6	7	-14%	▼
Admits	-	1	-100%	▼
Discharges	-	1	-100%	▼
Bed Days	2,190	2,143	2%	

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%	78%	N/A

Recovery

National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✔ Social Support		6	100%	60%	86%	40%	▲
✔ Stable Living Situation		6	100%	95%	97%	5%	
🔴 Employed		0	0%	25%	7%	-25%	▼
🔴 Improved/Maintained Axis V GAF Score		4	67%	95%	69%	-28%	▼

Data Submission Quality

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

On-Time Periodic	Actual	State Avg
6 Month Updates	0%	84%

Cooccurring	Actual	State Avg
MH Screen Complete	N/A	86%
SA Screen Complete	N/A	85%

Diagnosis	Actual	State Avg
✔ Valid Axis I Diagnosis	100%	100%
✔ 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	2,929 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 70 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 2016 - June 2017 (Data as of Sep 13, 2017)

Program Activity

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	22	22	0%
Admits	1	-	
Discharges	-	1	-100% ▼
Service Hours	514	609	-16% ▼

Recovery

National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓ Stable Living Situation		22	100%	85%	85%	15%	▲

Service Utilization

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
✓ Clients Receiving Services		22	100%	90%	97%	10%

Data Submission Quality

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

On-Time Periodic		Actual	State Avg
✓ 6 Month Updates		95%	87%

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	% Months Submitted
Admissions										▪			8%
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 69 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 2016 - June 2017 (Data as of Sep 13, 2017)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	11	10	10%	▼
Admits	3	2	50%	▲
Discharges	3	2	50%	▲
Bed Days	2,812	2,871	-2%	

Discharge Outcomes

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
🔴	Treatment Completed Successfully		1	33%	80%	82%	-47%	▼
✓	No Re-admit within 30 Days of Discharge		3	100%	85%	96%	15%	▲
✓	Follow-up within 30 Days of Discharge		1	100%	90%	79%	10%	

Data Submission Quality

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

On-Time Periodic		Actual	State Avg
6 Month Updates		83%	90%

Cooccurring		Actual	State Avg
✓ MH Screen Complete		100%	88%
✓ SA Screen Complete		100%	88%

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

Recovery

	National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓	Stable Living Situation		11	100%	90%	99%	10%	
✓	Social Support		7	64%	60%	83%	4%	
🔴	Improved/Maintained Axis V GAF Score		4	44%	95%	71%	-51%	▼

Bed Utilization

		12 Months Trend	Beds	Avg LOS	Turnover	Actual %	Goal %	State Avg	Actual vs Goal
✓	Avg Utilization Rate		8	707 days	0.2	96%	90%	95%	6%

	< 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