Keystone House Inc.
Norwalk, CT

Connecticut Dept of Mental Health and Addiction Services
Provider Quality Dashboard
Reporting Period: July 2016 - March 2017   (Data as of Jun 08, 2017)

Provider Activity

Monthly Trend	Measure	Actual	1 Yr Ago	Variance %	
	Unique Clients	164	163	1%	
	Admits	27	33	-18%	▼
	Discharges	36	29	24%	▲
	Service Hours	1,268	1,310	-3%	
	Bed Days	6,355	6,788	-6%	
	S.Rehab/PHP/IOP	7,024	7,425	-5%	

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

Clients by Level of Care

Program Type	Level of Care Type	#	%
Mental Health			
	Social Rehabilitation	124	57.7%
	Community Support	38	17.7%
	Residential Services	32	14.9%
	Case Management	21	9.8%

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%

▬ Satisfied %	│ Goal %	▬ 0-80%	▬ 80-100%	✓ Goal Met	● Under Goal

Client Demographics

Age

Age	#	%		State Avg
18-25	8	5%		14%
26-34	20	12%	▼	24%
35-44	18	11%		20%
45-54	45	27%		22%
55-64	52	32%	▲	16%
65+	21	13%		5%

Gender

Gender	#	%	State Avg
Male	93	57%	60%
Female	71	43%	40%
Transgender			0%

Ethnicity

Ethnicity	#	%		State Avg
Non-Hispanic	142	87%	▲	74%
Hisp-Puerto Rican	10	6%		12%
Hispanic-Other	8	5%		7%
Hispanic-Mexican	2	1%		1%
Unknown	2	1%		6%
Hispanic-Cuban				0%

Race

Race	#	%	State Avg
White/Caucasian	104	63%	65%
Black/African American	45	27%	17%
Other	13	8%	13%
Asian	1	1%	1%
Hawaiian/Other Pacific Islander	1	1%	0%
Am. Indian/Native Alaskan			1%
Multiple Races			1%
Unknown			3%

▬ 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 - March 2017 (Data as of Jun 08, 2017)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	124	122	2%	
Admits	17	20	-15%	▼
Discharges	18	17	6%	
Service Hours	-	-		
Social Rehab/PHP/IOP Days	7,024	7,425	-5%	

Service Utilization

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
✔	Clients Receiving Services		112	100%	90%	70%	10%

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	% Months Submitted
Admissions			▢	▢	▢	▢	▢	▢	▢	78%
Discharges	▢	▢	▢				▢		▢	56%
Services	▢	▢	▢	▢	▢	▢	▢	▢	▢	100%

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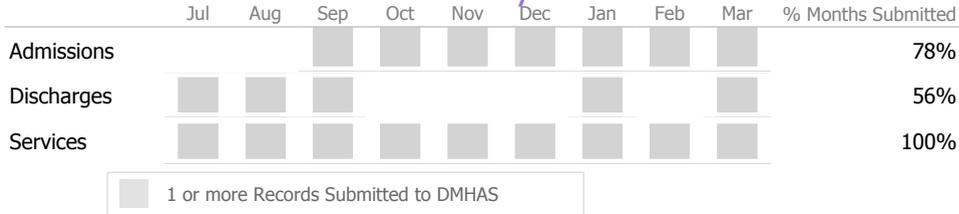
▲ > 10% Over   ▼ < 10% Under

■ Actual | Goal   ✔ Goal Met   ● Below Goal

* State Avg based on 37 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 - March 2017 (Data as of Jun 08, 2017)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	29	26	12%	▲
Admits	1	3	-67%	▼
Discharges	6	-		
Service Hours	623	501	24%	▲

Data Submission Quality

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

On-Time Periodic		Actual	State Avg
✓ 6 Month Updates		100%	95%

Cooccurring		Actual	State Avg
✓ MH Screen Complete		100%	88%
✓ SA Screen Complete		100%	86%

Diagnosis		Actual	State Avg
✓ Valid Axis I Diagnosis		100%	97%
✓ Valid Axis V GAF Score		100%	92%

Discharge Outcomes

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
🔴	Treatment Completed Successfully		3	50%	65%	68%	-15%	▼

Recovery

National Recovery Measures (NOMS)		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓	Social Support		29	100%	60%	81%	40%	▲
✓	Stable Living Situation		29	100%	80%	93%	20%	▲
🔴	Employed		5	17%	20%	12%	-3%	
🔴	Improved/Maintained Axis V GAF Score		24	83%	95%	66%	-12%	▼

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
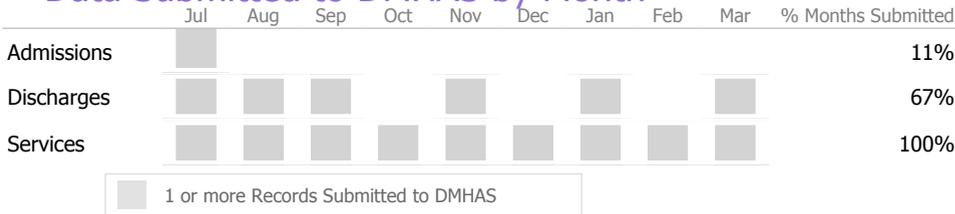
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	% Months Submitted
Admissions	▪									11%
Discharges	▪	▪	▪		▪		▪		▪	67%
Services	▪	▪	▪	▪	▪	▪	▪	▪	▪	100%

▫ 1 or more Records Submitted to DMHAS

▲ > 10% Over   ▼ < 10% Under

Legend: ▬ Actual | Goal ✓ Goal Met 🔴 Below Goal

* State Avg based on 47 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 - March 2017 (Data as of Jun 08, 2017)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	13	14	-7%	▼
Admits	3	2	50%	▲
Discharges	5	5	0%	
Service Hours	246	307	-20%	▼

Data Submission Quality

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

On-Time Periodic		Actual	State Avg
✔ 6 Month Updates		100%	95%

Cooccurring		Actual	State Avg
✔ MH Screen Complete		100%	88%
✔ SA Screen Complete		100%	86%

Diagnosis		Actual	State Avg
✔ Valid Axis I Diagnosis		100%	97%
✔ Valid Axis V GAF Score		100%	92%

Discharge Outcomes

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
🔴	Treatment Completed Successfully		2	40%	65%	68%	-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%	93%	20%	▲
✔ Improved/Maintained Axis V GAF Score		12	100%	95%	66%	5%	
🔴 Employed		2	15%	20%	12%	-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
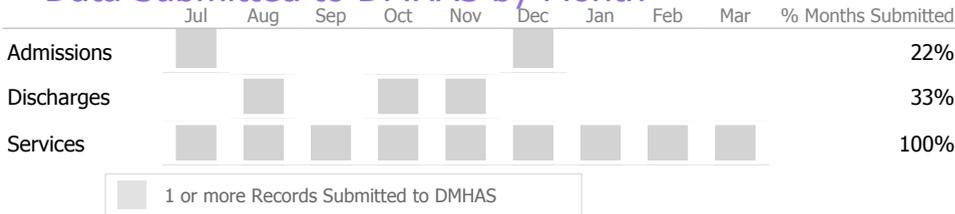
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	% Months Submitted
Admissions	▪					▪				22%
Discharges		▪		▪	▪					33%
Services	▪	▪	▪	▪	▪	▪	▪	▪	▪	100%

▪ 1 or more Records Submitted to DMHAS

▲ > 10% Over   ▼ < 10% Under

■ Actual | Goal   ✔ Goal Met   🔴 Below Goal

* State Avg based on 47 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 - March 2017 (Data as of Jun 08, 2017)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	15	16	-6%	
Admits	3	5	-40%	▼
Discharges	5	4	25%	▲
Bed Days	2,680	3,048	-12%	▼

Discharge Outcomes

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✔	Treatment Completed Successfully		5	100%	80%	82%	20%	▲
✔	No Re-admit within 30 Days of Discharge		5	100%	85%	94%	15%	▲
✔	Follow-up within 30 Days of Discharge		5	100%	90%	80%	10%	

Data Submission Quality

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

On-Time Periodic		Actual	State Avg
6 Month Updates	✔	100%	98%

Cooccurring		Actual	State Avg
MH Screen Complete	✔	100%	88%
SA Screen Complete	✔	100%	89%

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

Recovery

	National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✔	Social Support		14	93%	60%	82%	33%	▲
✔	Stable Living Situation		15	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	716 days	0.4	82%	90%	96%	-8%

🟦	< 90%	⬜	90-110%	🟥	>110%

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	% Months Submitted
Admissions		⬜				⬜			⬜	33%
Discharges	⬜	⬜			⬜	⬜				44%

⬜ 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 - March 2017 (Data as of Jun 08, 2017)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	6	7	-14%	▼
Admits	-	1	-100%	▼
Discharges	-	1	-100%	▼
Bed Days	1,644	1,597	3%	

Data Submission Quality

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

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

Cooccurring		Actual	State Avg
MH Screen Complete		N/A	88%
SA Screen Complete		N/A	87%

Diagnosis		Actual	State Avg
✔ Valid Axis I Diagnosis		100%	100%
✔ 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	60%	70%	N/A
Follow-up within 30 Days of Discharge		N/A	N/A	90%	79%	N/A

Recovery

National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✔ Social Support		6	100%	60%	85%	40%	▲
✔ Stable Living Situation		6	100%	95%	96%	5%	
🔴 Employed		0	0%	25%	7%	-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	2,838 days	0.3	100%	90%	93%	10%

🟦 < 90%	⬜ 90-110%	🟥 >110%

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	% 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 72 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 - March 2017 (Data as of Jun 08, 2017)

Program Activity

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	21	22	-5%
Admits	-	-	
Discharges	-	-	
Service Hours	398	501	-21% ▼

Recovery

National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✔ Stable Living Situation		21	100%	85%	83%	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%	98%

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

Data Submitted to DMHAS by Month

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

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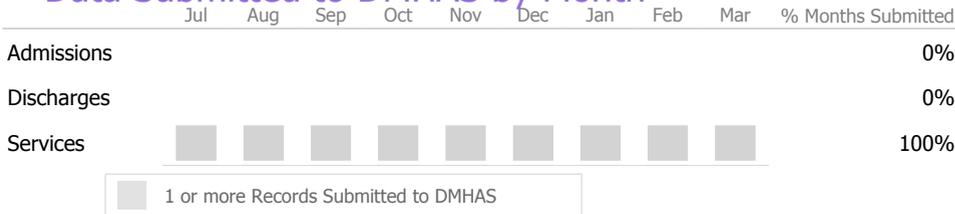
▲ > 10% Over   ▼ < 10% Under

🟧 Actual | Goal   ✔ Goal Met   🔴 Below Goal

* State Avg based on 71 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 - March 2017 (Data as of Jun 08, 2017)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	11	10	10%	▼
Admits	3	2	50%	▲
Discharges	2	2	0%	
Bed Days	2,031	2,143	-5%	

Data Submission Quality

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

On-Time Periodic		Actual	State Avg
✓ 6 Month Updates		100%	98%

Cooccurring		Actual	State Avg
✓ MH Screen Complete		100%	88%
✓ SA Screen Complete		100%	89%

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

Discharge Outcomes

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
🔴	Treatment Completed Successfully		1	50%	80%	82%	-30%	▼
✓	No Re-admit within 30 Days of Discharge		2	100%	85%	94%	15%	▲
✓	Follow-up within 30 Days of Discharge		1	100%	90%	80%	10%	

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%	82%	4%	
🔴	Improved/Maintained Axis V GAF Score		4	50%	95%	71%	-45%	▼

Bed Utilization

		12 Months Trend	Beds	Avg LOS	Turnover	Actual %	Goal %	State Avg	Actual vs Goal
✓	Avg Utilization Rate		8	683 days	0.3	93%	90%	96%	3%

Legend: ▨ < 90%   ▨ 90-110%   ▨ >110%

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	% Months Submitted
Admissions				▨					▨	22%
Discharges	▨							▨		22%

▨ 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