Keystone House Inc.
Norwalk, CT

Connecticut Dept of Mental Health and Addiction Services
Provider Quality Dashboard
Reporting Period: July 2020 - September 2020   (Data as of Feb 01, 2021)

Provider Activity

Monthly Trend	Measure	Actual	1 Yr Ago	Variance %	
	Unique Clients	140	152	-8%	
	Admits	2	2	0%	
	Discharges	5	2	150%	▲
	Service Hours	195	421	-54%	▼
	Bed Days	1,898	2,266	-16%	▼
	S.Rehab/PHP/IOP	179	1,849	-90%	▼

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

Clients by Level of Care

Program Type	Level of Care Type	#	%
Mental Health			
	Social Rehabilitation	110	60.4%
	Community Support	28	15.4%
	Case Management	22	12.1%
	Residential Services	22	12.1%

Consumer Satisfaction Survey   (Based on 116 FY20 Surveys)

	Question Domain	Satisfied % vs Goal%	Satisfied %	Goal %	State Avg
✓	Overall		100%	80%	91%
✓	Access		100%	80%	88%
✓	General Satisfaction		99%	80%	92%
✓	Quality and Appropriateness		99%	80%	93%
✓	Participation in Treatment		97%	80%	92%
✓	Outcome		97%	80%	83%
✓	Respect		95%	80%	91%
✓	Recovery		87%	80%	79%

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

Client Demographics

Age

Age	#	%		State Avg
18-25	2	1%		8%
26-34	12	9%	▼	21%
35-44	21	15%		22%
45-54	31	22%		20%
55-64	50	36%	▲	20%
65+	24	17%		9%

Gender

Gender	#	%	State Avg
Male	72	51%	58%
Female	68	49%	42%
Transgender			0%

Ethnicity

Ethnicity	#	%		State Avg
Non-Hispanic	121	86%	▲	69%
Hisp-Puerto Rican	9	6%		12%
Hispanic-Other	7	5%		8%
Unknown	3	2%		11%
Hispanic-Cuban				0%
Hispanic-Mexican				1%

Race

Race	#	%		State Avg
White/Caucasian	84	60%		63%
Black/African American	43	31%	▲	16%
Other	10	7%		13%
Asian	2	1%		1%
Hawaiian/Other Pacific Islander	1	1%		0%
Am. Indian/Native Alaskan				1%
Multiple Races				1%
Unknown				5%

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

Variances in data may be indicative of operational adjustments related to the pandemic.

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
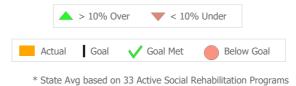Reporting Period: July 2020 - September 2020   (Data as of Feb 01, 2021)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	110	119	-8%	
Admits	-	1	-100%	▼
Discharges	-	-		
Service Hours	-	-		
Social Rehab/PHP/IOP Days	179	1,849	-90%	▼

Service Utilization

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
● Clients Receiving Services	▬	40	36%	90%	49%	-54%	▼

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	% Months Submitted
Admissions				0%
Discharges				0%
Services				0%

☐ 1 or more Records Submitted to DMHAS

▲ > 10% Over   ▼ < 10% Under

▭ Actual	│ Goal	✓ Goal Met	● Below Goal

* State Avg based on 33 Active Social Rehabilitation Programs

Variances in data may be indicative of operational adjustments related to the pandemic.

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

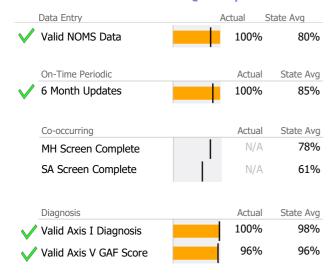Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2020 - September 2020 (Data as of Feb 01, 2021)

Program Activity

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	28	30	-7%
Admits	-	-	
Discharges	3	-	
Service Hours	109	318	-66% ▼

Data Submission Quality

Data Entry		Actual	State Avg
✓ Valid NOMS Data		100%	80%

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

Co-occurring		Actual	State Avg
MH Screen Complete		N/A	78%
SA Screen Complete		N/A	61%

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

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	% Months Submitted
Admissions				0%
Discharges			▢	33%
Services	▢	▢	▢	100%

▢ 1 or more Records Submitted to DMHAS

Discharge Outcomes

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
✓	Treatment Completed Successfully		2	67%	65%	61%	2%

Recovery

	National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
✓	Social Support		27	96%	60%	81%	36% ▲
✓	Stable Living Situation		28	100%	80%	89%	20% ▲
✓	Employed		9	32%	20%	13%	12% ▲
●	Improved/Maintained Axis V GAF Score		7	26%	65%	56%	-39% ▼

Service Utilization

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
✓	Clients Receiving Services		24	96%	90%	94%	6%

▲ > 10% Over   ▼ < 10% Under

▢ Actual | Goal   ✓ Goal Met   ● Below Goal

* State Avg based on 36 Active CSP Programs

Variances in data may be indicative of operational adjustments related to the pandemic.

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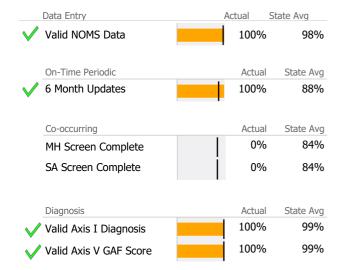Mental Health - Residential Services - Group Home

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2020 - September 2020 (Data as of Feb 01, 2021)
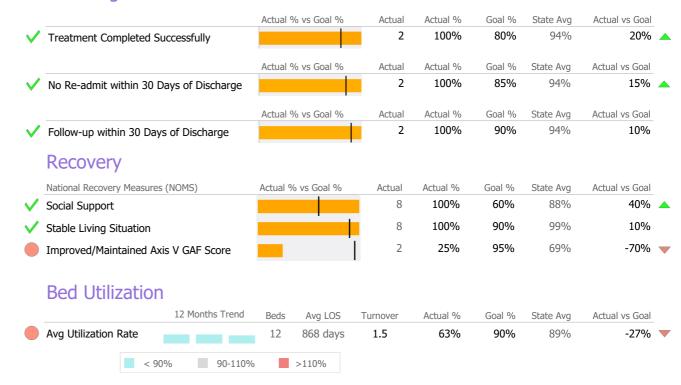
Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	8	12	-33%	▼
Admits	1	-		
Discharges	2	-		
Bed Days	700	1,104	-37%	▼

Discharge Outcomes

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓	Treatment Completed Successfully		2	100%	80%	94%	20%	▲
✓	No Re-admit within 30 Days of Discharge		2	100%	85%	94%	15%	▲
✓	Follow-up within 30 Days of Discharge		2	100%	90%	94%	10%	

Data Submission Quality

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

On-Time Periodic		Actual	State Avg
✓ 6 Month Updates		100%	88%

Co-occurring		Actual	State Avg
MH Screen Complete		0%	84%
SA Screen Complete		0%	84%

Diagnosis		Actual	State Avg
✓ Valid Axis I Diagnosis		100%	99%
✓ 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		8	100%	60%	88%	40%	▲
✓ Stable Living Situation		8	100%	90%	99%	10%	
🔴 Improved/Maintained Axis V GAF Score		2	25%	95%	69%	-70%	▼

Bed Utilization

	12 Months Trend	Beds	Avg LOS	Turnover	Actual %	Goal %	State Avg	Actual vs Goal	
🔴 Avg Utilization Rate		12	868 days	1.5	63%	90%	89%	-27%	▼

	< 90%		90-110%		>110%

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	% Months Submitted
Admissions				33%
Discharges				33%

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

Variances in data may be indicative of operational adjustments related to the pandemic.

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 2020 - September 2020 (Data as of Feb 01, 2021)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	6	5	20%	▲
Admits	-	-		
Discharges	-	-		
Bed Days	552	460	20%	▲

Data Submission Quality

Data Entry		Actual	State Avg
✓ Valid NOMS Data		100%	74%

On-Time Periodic		Actual	State Avg
✓ 6 Month Updates		100%	87%

Co-occurring		Actual	State Avg
MH Screen Complete		N/A	82%
SA Screen Complete		N/A	67%

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

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	% Months Submitted
Admissions				0%
Discharges				0%

1 or more Records Submitted to DMHAS

Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Treatment Completed Successfully		N/A	N/A	60%	84%	N/A
Follow-up within 30 Days of Discharge		N/A	N/A	90%	76%	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%	92%	5%	
● Employed		1	17%	25%	8%	-8%	
● Improved/Maintained Axis V GAF Score		5	83%	95%	58%	-12%	▼

Bed Utilization

	12 Months Trend	Beds	Avg LOS	Turnover	Actual %	Goal %	State Avg	Actual vs Goal
✓ Avg Utilization Rate		6	3,267 days	1.0	100%	90%	101%	10%

■ < 90%	■ 90-110%	■ >110%

▲ > 10% Over   ▼ < 10% Under

■ Actual		Goal	✓ Goal Met	● Below Goal

* State Avg based on 79 Active Supervised Apartments Programs

Variances in data may be indicative of operational adjustments related to the pandemic.

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 2020 - September 2020 (Data as of Feb 01, 2021)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	22	24	-8%	
Admits	-	1	-100%	▼
Discharges	-	1	-100%	▼
Service Hours	86	103	-17%	▼

Recovery

National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
✓ Stable Living Situation		21	95%	85%	88%	10%

Service Utilization

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
✓ Clients Receiving Services		21	95%	90%	92%	5%

Data Submission Quality

Data Entry		Actual	State Avg
✓ Valid NOMS Data		100%	96%

On-Time Periodic		Actual	State Avg
✓ 6 Month Updates		100%	87%

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	% 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 101 Active Supportive Housing – Scattered Site Programs

Variances in data may be indicative of operational adjustments related to the pandemic.

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 2020 - September 2020 (Data as of Feb 01, 2021)

Program Activity

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	8	8	0%
Admits	1	-	
Discharges	-	1	-100% ▼
Bed Days	646	702	-8%

Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Treatment Completed Successfully		N/A	N/A	80%	94%	N/A
No Re-admit within 30 Days of Discharge		N/A	N/A	85%	94%	N/A
Follow-up within 30 Days of Discharge		N/A	N/A	90%	94%	N/A

Data Submission Quality

Data Entry		Actual	State Avg
Valid NOMS Data		95%	98%

On-Time Periodic		Actual	State Avg
✓ 6 Month Updates		100%	88%

Co-occurring		Actual	State Avg
✓ MH Screen Complete		100%	84%
✓ SA Screen Complete		100%	84%

Diagnosis		Actual	State Avg
✓ Valid Axis I Diagnosis		100%	99%
✓ 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		8	100%	90%	99%	10%
✓ Social Support		5	62%	60%	88%	2%
● Improved/Maintained Axis V GAF Score		4	57%	95%	69%	-38% ▼

Bed Utilization

	12 Months Trend	Beds	Avg LOS	Turnover	Actual %	Goal %	State Avg	Actual vs Goal
● Avg Utilization Rate		8	861 days	1.0	88%	90%	89%	-2%

■ < 90%   ■ 90-110%   ■ >110%

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	% Months Submitted
Admissions				33%
Discharges				0%

☐ 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

Variances in data may be indicative of operational adjustments related to the pandemic.