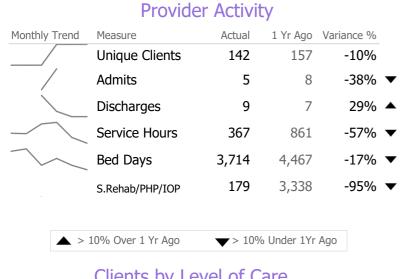
Keystone House Inc.

Norwalk, CT

Connecticut Dept of Mental Health and Addiction Services Provider Quality Dashboard

(Based on 116 FY20 Surveys)

Reporting Period: July 2020 - December 2020 (Data as of Apr 06, 2021)



Clients by Level of Care

Program Type	Level of Care Type	#	%
Mental Health	า		
	Social Rehabilitation	111	60.0%
	Community Support	29	15.7%
	Residential Services	23	12.4%
	Case Management	22	11.9%

Consumer Satisfaction Survey Question Domain Satisfied % vs Goal% Satisfied % Goal % State Avg Overall \checkmark 100% 80% 91% Access 100% 80% 88% General Satisfaction 92% \checkmark 99% 80% ✓ Quality and Appropriateness 80% 93% 99% ✓ Participation in Treatment 97% 80% 92% V Outcome 80% 83% 97% ✓ Respect 95% 80% 91% ✓ Recovery 87% 80% 79% Goal % 0-80% 80-100% ✓ Goal Met Satisfied % Under Goal

Client Demographics

Age	#	%	State Avg	Gender	#	%	State Avg
18-25	3	2%	9%	Male 🔜	72	51%	58%
26-34	12	8%	▼ 21%	Female	70	49%	42%
35-44 <mark>-</mark>	22	15%	22%	Transgender			0%
45-54	31	22%	19%				
55-64	50	35%	▲ 20%				
65+	24	17%	8%	Race	#	%	State Avg
				White/Caucasian	84	59%	62%
Ethnicity	#	%	State Avg	Black/African American 📙	45	32%	▲ 17%
Non-Hispanic	123	87%	▲ 70%	Other 📘	10	7%	13%
Hisp-Puerto Rican	9	6%	12%	Asian	2	1%	1%
Hispanic-Other	7	5%	8%	Hawaiian/Other Pacific Islander	1	1%	0%
Unknown	3	2%	10%	Am. Indian/Native Alaskan			1%
1	5	270		Multiple Races			1%
Hispanic-Cuban			0%	Unknown			6%
Hispanic-Mexican			0%				
	Unique C	lients	State Avg	▲ > 10% Over State Avg	> 10% U	Inder St	ate 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

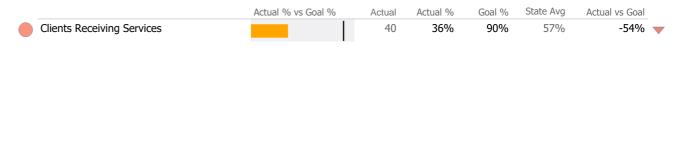
Connecticut Dept of Mental Health and Addiction Services Program Quality Dashboard

Reporting Period: July 2020 - December 2020 (Data as of Apr 06, 2021)

Program Activity

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	111	122	-9%
Admits	1	4	-75% 🔻
Discharges	-	1	-100% 🔻
Service Hours	-	-	
Social Rehab/PHP/IOP Days	179	3,338	-95% 🔻

Service Utilization



Data Submitted to DMHAS by Month

		Jul	Aug	Sep	Oct	Nov	Dec	% Months Submitted
Admission	s							17%
Discharge	S							0%
Services								17%
		1 or mo	re Recor	ds Subr	nitted to	DMHAS		

	> 10% Ove	er	•	< 10%	Unde	er		
Actual	Goal	\checkmark	Goal	Met		Belo	w Goal	

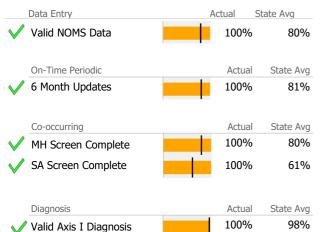
* State Avg based on 34 Active Social Rehabilitation Programs

Reporting Period: July 2020 - December 2020 (Data as of Apr 06, 2021)

Program Activity

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	29	30	-3%
Admits	1	-	
Discharges	5	2	150% 🔺
Service Hours	209	619	-66% 🔻

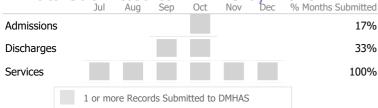
Data Submission Quality



Discharge Outcomes

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
\checkmark	Treatment Completed Successfully		4	80%	65%	59%	15%	
	Recovery							
	National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
	Social Support		28	97%	60%	82%	37%	
\checkmark	Stable Living Situation		29	100%	80%	88%	20%	
~	Employed		10	34%	20%	13%	14%	
	Service Utilization							
		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
\checkmark	Clients Receiving Services		24	100%	90%	97%	10%	

Data Submitted to DMHAS by Month



	> 10% 0	ver v < 100	% Under
Actual	Goal	🗸 Goal Met	Below Goal

* State Avg based on 36 Active CSP Programs

Keystone House Inc.

Mental Health - Residential Services - Group Home

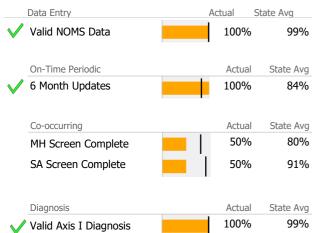
Connecticut Dept of Mental Health and Addiction Services Program Quality Dashboard

Reporting Period: July 2020 - December 2020 (Data as of Apr 06, 2021)

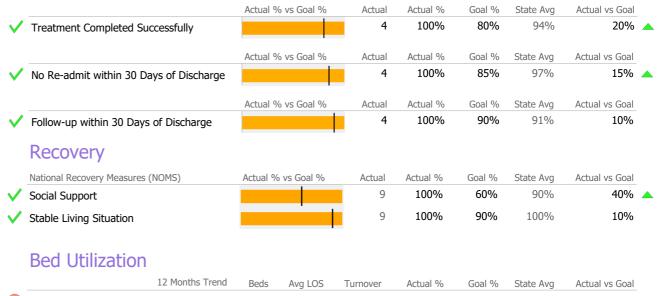
Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	9	13	-31%	▼
Admits	2	1	100%	
Discharges	4	1	300%	
Bed Days	1,228	2,192	-44%	▼

Data Submission Quality



Discharge Outcomes



		12 Months Trend	Beds	Avg LOS	Turnover	Actual %	Goal %	State Avg	Actual vs Goal	
Avg Utilization F	Rate		12	931 days	0.8	56%	90%	90%	-34%	
	< 90%	6 90-110%		>110%						



1	or	more	Records	Submitted	to	DMHAS

	^ >	· 10% Ov	er	▼ < 10	% Under	
Act	ual	Goal	\checkmark	Goal Met	Bel	ow Goal

* State Avg based on 24 Active Group Home Programs

Valid Axis I Diagnosis

Reporting Period: July 2020 - December 2020 (Data as of Apr 06, 2021)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	6	5	20% 🔺	
Admits	-	-		
Discharges	-	-		
Bed Days	1,104	920	20% 🔺	

Data Submission Quality

Data Entry	Actual	State Avg
🗸 Valid NOMS Data	100%	75%
On-Time Periodic	Actual	State Avg
✓ 6 Month Updates	100%	87%
·		
Co-occurring	Actual	State Avg
MH Screen Complete	N/A	84%
SA Screen Complete	N/A	69%
Diagnosis	Actual	State Avg

Discharge Outcomes

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Treatment Completed Su	ccessfully		N/A	N/A	60%	79%	N/A
		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Follow-up within 30 Days	of Discharge		N/A	N/A	90%	75%	N/A
Recovery							
National Recovery Measures ((NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Social Support			6	100%	60%	83%	40%
Stable Living Situation			6	100%	95%	93%	5%
Employed		<u> </u>	1	17%	25%	9%	-8%

		12 Months Trend	Beds	Avg LOS	Turnover	Actual %	Goal %	State Avg	Actual vs Goal
\checkmark	Avg Utilization Rate		6	3,359 days	0.5	100%	90%	93%	10%
	< 90	90-110%		>110%					

Data Submitted to DMHAS by Month

		Jul	Aug	Sep	Oct	Nov	Dec	% Months Submitted
Admission	s							0%
Discharge	S							0%
		1 or mo	ore Reco	rds Subn	nitted to	DMHAS		

100%

99%

	▲ > 1	10% Ovei	r	▼ < 10%	Unde	r	
Act	ual	Goal	\checkmark	Goal Met		Belo	w Goal

* State Avg based on 79 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 2020 - December 2020 (Data as of Apr 06, 2021)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	22	25	-12% 🔻	
Admits	-	2	-100% 🔻	
Discharges	-	2	-100% 🔻	
Service Hours	158	242	-35% 🔻	

Recovery

	,							
	National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
\checkmark	Stable Living Situation		22	100%	85%	90%	15% 🔺	
	Service Utilization							
		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
\checkmark	Clients Receiving Services		21	95%	90%	95%	5%	

Data Submission Quality



Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	% Months Submitted
Admissions							0%
Discharges							0%
Services							100%
	1 or mo	ore Recor	ds Subn	nitted to	DMHAS		

	> 10% 0	/er	V < 100	% Under	
Actual	Goal	V	Goal Met	Belo	w 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.

Reporting Period: July 2020 - December 2020 (Data as of Apr 06, 2021)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	8	9	-11%	▼
Admits	1	1	0%	
Discharges	-	1	-100%	▼
Bed Days	1,382	1,355	2%	

Data Submission Quality

Data Entry	Actual	State Avg
Valid NOMS Data	95%	% 99%
On-Time Periodic	Actu	al State Avg
V 6 Month Updates	100%	% 84%
Co-occurring	Actu	al State Avg
V MH Screen Complete	100%	% 80%
V SA Screen Complete	100%	% 91%
•		
Diagnosis	Actu	al State Avg
	1009	
Valid Axis I Diagnosis	100%	% 99%

Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goa
Treatment Completed Successfully		N/A	N/A	80%	94%	N//
	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goa
No Re-admit within 30 Days of Discharge		N/A	N/A	85%	97%	N/A
	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goa
Follow-up within 30 Days of Discharge		N/A	N/A	90%	91%	N/J
Recovery						
National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goa
Stable Living Situation		8	100%	90%	100%	10%
Social Support	·	5	62%	60%	90%	29

Bed Utilization

		12 Months Trend	Beds	Avg LOS	Turnover	Actual %	Goal %	State Avg	Actual vs Goal
\checkmark	Avg Utilization Rate		8	924 days	0.5	94%	90%	90%	4%
	<	90% 90-110%		>110%					

Data	Subm	to _{Sep}	DMH	HAS Nov	by M	Nonths Submitted
Admissions						17%
Discharges						0%

1 or more Records Submitted to DMHAS

	> 10% 0	ver 🔻 < 109	% Under
Actual	Goal	🗸 Goal Met	Below Goal

* State Avg based on 24 Active Group Home Programs