Keystone House Inc.
Norwalk, CT

Connecticut Dept of Mental Health and Addiction Services
Provider Quality Dashboard
Reporting Period: July 2021 - December 2021   (Data as of Apr 18, 2022)

Provider Activity

Monthly Trend	Measure	Actual	1 Yr Ago	Variance %
	Unique Clients	153	142	8%
	Admits	3	6	-50% ▼
	Discharges	6	9	-33% ▼
	Service Hours	3,497	485	
	Bed Days	4,023	3,714	8%
	S.Rehab/PHP/IOP	1,521	179	750%

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

Clients by Level of Care

Program Type	Level of Care Type	#	%
Mental Health			
	Social Rehabilitation	118	61.1%
	Community Support	26	13.5%
	Case Management	25	13.0%
	Residential Services	24	12.4%

Consumer Satisfaction Survey   (Based on 104 FY21 Surveys)

Question Domain	Satisfied % vs Goal%	Satisfied %	Goal %	State Avg
✓ Quality and Appropriateness		99%	80%	93%
✓ Participation in Treatment		98%	80%	92%
✓ Overall		98%	80%	91%
✓ Respect		98%	80%	91%
✓ General Satisfaction		96%	80%	92%
✓ Access		96%	80%	88%
✓ Outcome		95%	80%	83%
✓ Recovery		89%	80%	79%

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

Client Demographics

Age

	#	%		State Avg
18-25	3	2%		9%
26-34	13	8%	▼	21%
35-44	23	15%		23%
45-54	36	24%		19%
55-64	53	35%	▲	19%
65+	25	16%		9%

Gender

	#	%	State Avg
Male	80	52%	59%
Female	73	48%	41%
Transgender			0%

Ethnicity

	#	%		State Avg
Non-Hispanic	133	87%	▲	68%
Hispanic-Other	8	5%		8%
Hisp-Puerto Rican	8	5%		11%
Unknown	4	3%		11%
Hispanic-Cuban				0%
Hispanic-Mexican				1%

Race

	#	%		State Avg
White/Caucasian	88	58%		62%
Black/African American	52	34%	▲	17%
Other	9	6%		13%
Asian	2	1%		1%
Hawaiian/Other Pacific Islander	1	1%		0%
Unknown	1	1%		6%
Am. Indian/Native Alaskan				0%
Multiple Races				1%

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 2021 - December 2021 (Data as of Apr 18, 2022)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	118	111	6%	
Admits	2	1	100%	▲
Discharges	-	-		
Service Hours	3,120	119		
Social Rehab/PHP/IOP Days	1,521	179	750%	▲

Service Utilization

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
🔴	Clients Receiving Services		78	66%	90%	70%	-24%	▼

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	% Months Submitted
Admissions	▪						17%
Discharges							0%
Services		▪	▪	▪	▪		67%

▪ 1 or more Records Submitted to DMHAS

▲ > 10% Over   ▼ < 10% Under

🟧 Actual	❘ Goal	✓ Goal Met	🔴 Below Goal
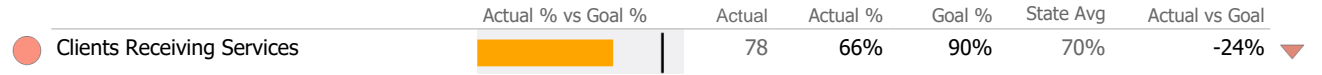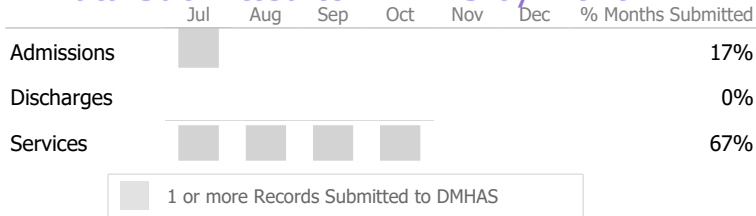
* State Avg based on 34 Active Social Rehabilitation Programs

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 2021 - December 2021 (Data as of Apr 18, 2022)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	26	29	-10%	▼
Admits	-	1	-100%	▼
Discharges	-	5	-100%	▼
Service Hours	195	209	-7%	

Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Treatment Completed Successfully		N/A	N/A	65%	57%	N/A

Recovery

National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓ Social Support		26	100%	60%	80%	40%	▲
✓ Employed		12	46%	20%	14%	26%	▲
✓ Stable Living Situation		25	96%	80%	86%	16%	▲

Data Submission Quality

Data Entry		Actual	State Avg
✓ Valid NOMS Data		100%	83%

On-Time Periodic		Actual	State Avg
✓ 6 Month Updates		92%	83%

Co-occurring		Actual	State Avg
MH Screen Complete		N/A	96%
SA Screen Complete		N/A	95%

Diagnosis		Actual	State Avg
✓ Valid Axis I Diagnosis		100%	98%

Service Utilization

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
✓ Clients Receiving Services		24	92%	90%	98%	2%

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	% Months Submitted
Admissions							0%
Discharges							0%
Services	▢	▢	▢	▢	▢	▢	100%

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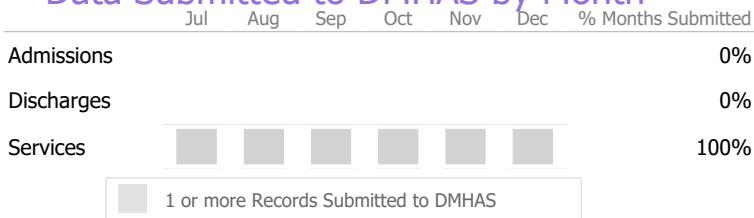
▲ > 10% Over   ▼ < 10% Under

■ Actual | Goal   ✓ Goal Met   ● Below Goal

* State Avg based on 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 2021 - December 2021 (Data as of Apr 18, 2022)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	11	9	22%	▲
Admits	-	2	-100%	▼
Discharges	4	4	0%	
Bed Days	1,701	1,228	39%	▲

Discharge Outcomes

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
🔴	Treatment Completed Successfully		3	75%	80%	73%	-5%	
✓	No Re-admit within 30 Days of Discharge		4	100%	85%	92%	15%	▲
🔴	Follow-up within 30 Days of Discharge		2	67%	90%	70%	-23%	▼

Data Submission Quality

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

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

Co-occurring		Actual	State Avg
	MH Screen Complete	N/A	86%
	SA Screen Complete	N/A	96%

Diagnosis		Actual	State Avg
✓	Valid Axis I Diagnosis	100%	100%

Recovery

National Recovery Measures (NOMS)		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓	Social Support		9	82%	60%	82%	22%	▲
✓	Stable Living Situation		11	100%	90%	97%	10%	

Bed Utilization

		12 Months Trend	Beds	Avg LOS	Turnover	Actual %	Goal %	State Avg	Actual vs Goal	
🔴	Avg Utilization Rate		12	653 days	0.6	77%	90%	93%	-13%	▼

■ < 90%   ■ 90-110%   ■ >110%

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	% Months Submitted
Admissions							0%
Discharges							67%

■ 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 2021 - December 2021 (Data as of Apr 18, 2022)

Program Activity

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	6	6	0%
Admits	-	-	
Discharges	-	-	
Bed Days	1,104	1,104	0%

Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Treatment Completed Successfully		N/A	N/A	60%	75%	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%	81%	N/A

Recovery

National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
✓ Social Support		5	83%	60%	86%	23% ▲
✓ Stable Living Situation		6	100%	95%	96%	5%
● Employed		1	17%	25%	13%	-8%

Data Submission Quality

Data Entry		Actual	State Avg
✓ Valid NOMS Data		100%	77%

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

Co-occurring		Actual	State Avg
MH Screen Complete		N/A	98%
SA Screen Complete		N/A	88%

Diagnosis		Actual	State Avg
✓ Valid Axis I Diagnosis		100%	99%

Bed Utilization

	12 Months Trend	Beds	Avg LOS	Turnover	Actual %	Goal %	State Avg	Actual vs Goal
✓ Avg Utilization Rate		6	3,724 days	0.5	100%	90%	94%	10%

	< 90%	90-110%	>110%

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	% 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 80 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 2021 - December 2021 (Data as of Apr 18, 2022)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	25	22	14%	▲
Admits	-	1	-100%	▼
Discharges	2	-		
Service Hours	182	158	15%	▲

Recovery

National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
✓ Stable Living Situation		22	88%	85%	88%	3%

Service Utilization

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
✓ Clients Receiving Services		22	96%	90%	96%	6%

Data Submission Quality

Data Entry		Actual	State Avg
✓ Valid NOMS Data		99%	96%

On-Time Periodic		Actual	State Avg
✓ 6 Month Updates		100%	83%

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	% Months Submitted
Admissions							0%
Discharges					▪	▪	33%
Services	▪	▪	▪	▪	▪	▪	100%

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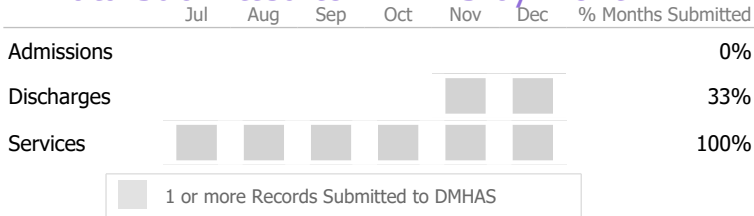
▲ > 10% Over   ▼ < 10% Under

☐ Actual | Goal   ✓ Goal Met   ● Below Goal

* State Avg based on 109 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 2021 - December 2021 (Data as of Apr 18, 2022)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	7	8	-13%	▼
Admits	1	1	0%	
Discharges	-	-		
Bed Days	1,218	1,382	-12%	▼

Data Submission Quality

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

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

Co-occurring		Actual	State Avg
✓ MH Screen Complete		100%	86%
✓ SA Screen Complete		100%	96%

Diagnosis		Actual	State Avg
✓ Valid Axis I Diagnosis		100%	100%

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	% Months Submitted
Admissions							17%
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	80%	73%	N/A
No Re-admit within 30 Days of Discharge		N/A	N/A	85%	92%	N/A
Follow-up within 30 Days of Discharge		N/A	N/A	90%	70%	N/A

Recovery

National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
● Stable Living Situation		6	86%	90%	97%	-4%
● Social Support		3	43%	60%	82%	-17% ▼

Bed Utilization

	12 Months Trend	Beds	Avg LOS	Turnover	Actual %	Goal %	State Avg	Actual vs Goal
● Avg Utilization Rate		8	1,176 days	0.6	83%	90%	93%	-7%

█ < 90%   ▢ 90-110%   ▮ >110%

▲ > 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.