Connecticut Dept of Mental Health and Addiction Services
Provider Quality Dashboard

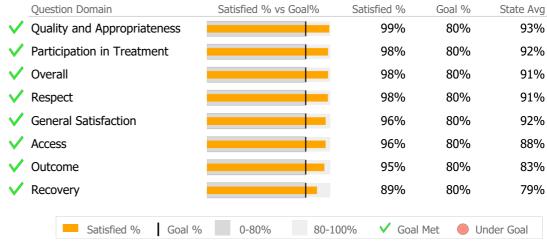
Reporting Period: July 2021 - June 2022 (Data as of Oct 03, 2022)

Provider Activity Monthly Trend Measure Actual 1 Yr Ago Variance % **Unique Clients** 162 154 5% 13 Admits 24 **-46%** ▼ 14 13 8% Discharges 132% 🔺 Service Hours 3,864 1,665 8,152 **Bed Days** 7,577 8% 180 1643% S.Rehab/PHP/IOP 3,137 > 10% Over 1 Yr Ago → > 10% Under 1Yr Ago

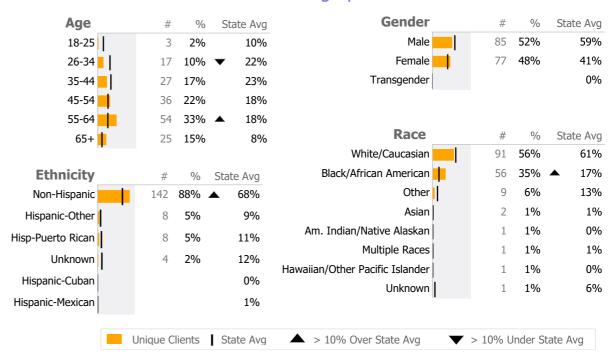
Clients by Level of Care

Program Type Level of 0	Care Type	#	%
Mental Health			
Social Reh	abilitation	118	58.1%
Residentia	ıl Services	31	15.3%
Case Ma	nagement	28	13.8%
Communit	y Support	26	12.8%

Consumer Satisfaction Survey (Based on 104 FY21 Surveys)



Client Demographics



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 - June 2022 (Data as of Oct 03, 2022)

Program Activity		Service Utilization								
Measure	Actual	1 Yr Ago	Variance %		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Unique Clients	118	116	2%	Clients Receiving Services		81	69%	90%	75%	-21%
Admits	2	6	-67% ▼							
Discharges	-	-								
Service Hours	3,120	913								
Social Rehab/PHP/I Days	OP 3,137	180	1643% 🔺							
Social Rehab/PHP/I	•		1643% 🛕							

Data Submitted to DMHAS by Month

Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun % Months Submitted

missions

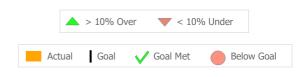
8%

Admissions

Discharges

Services

1 or more Records Submitted to DMHAS



^{*} State Avg based on 34 Active Social Rehabilitation Programs

Services

Keystone House Inc.

* State Avg based on 38 Active CSP Programs

1 or more Records Submitted to DMHAS

Reporting Period: July 2021 - June 2022 (Data as of Oct 03, 2022)

Program Activity Discharge Outcomes Actual % Measure Actual 1 Yr Ago Variance % Actual % vs Goal % Actual Goal % State Avg Actual vs Goal Unique Clients 26 31 -16% 50% 65% 56% -15% Treatment Completed Successfully 3 Admits -100% Recovery 2 5 Discharges -60% **T** National Recovery Measures (NOMS) Actual % vs Goal % Actual Actual % Goal % State Avg Actual vs Goal Service Hours 403 449 -10% 26 100% 60% 80% 40% 🔺 Social Support 42% 20% 14% 22% 🔺 11 **Employed Data Submission Quality** 87% 20% Stable Living Situation 26 100% 80% Data Entry Actual State Avg Service Utilization Valid NOMS Data 100% 85% State Avg Actual % vs Goal % Actual Actual % Goal % Actual vs Goal Clients Receiving Services 24 100% 90% 98% 10% On-Time Periodic Actual State Avg 6 Month Updates 100% 83% Actual State Avg Co-occurring 95% N/A MH Screen Complete SA Screen Complete N/A 94% State Avg Diagnosis Actual 100% 98% ✓ Valid Axis I Diagnosis Data Submitted to DMHAS by Month Mar Apr May Jun % Months Submitted > 10% Over < 10% Under</p> Admissions 0% Discharges 17% ✓ Goal Met Actual Goal Below Goal

100%

1 or more Records Submitted to DMHAS

* State Avg based on 26 Active Group Home Programs

Reporting Period: July 2021 - June 2022 (Data as of Oct 03, 2022)

Program Activity Discharge Outcomes Variance % Measure Actual 1 Yr Ago Actual % vs Goal % Actual Actual % Goal % State Ava Actual vs Goal **Unique Clients** 16 16 0% Treatment Completed Successfully 80% 80% 62% 0% 5 9 -44% 🔻 Admits Actual % vs Goal % Goal % State Avg Actual vs Goal Actual Actual % 5 5 0% Discharges No Re-admit within 30 Days of Discharge 5 100% 85% 90% 15% 2,755 26% **Bed Days** 3,476 Actual % vs Goal % Actual % Goal % State Avg Actual vs Goal Actual Follow-up within 30 Days of Discharge 3 75% 90% 72% -15% **Data Submission Quality** Recovery Data Entry Actual State Avg National Recovery Measures (NOMS) Actual % vs Goal % Actual Actual % Goal % State Ava Actual vs Goal Valid NOMS Data 100% 99% 14 88% 60% 87% 28% Social Support 16 100% 90% 98% 10% Stable Living Situation On-Time Periodic Actual State Avg 6 Month Updates 100% 86% **Bed Utilization** Co-occurring Actual State Avg 12 Months Trend Avg LOS Turnover Actual % Goal % State Ava Actual vs Goal 100% 88% MH Screen Complete Avg Utilization Rate 732 days 0.3 79% 90% 93% -11% SA Screen Complete 100% 95% < 90% 90-110% >110% Diagnosis State Avg Actual 100% 98% ✓ Valid Axis I Diagnosis Data Submitted to DMHAS by Month % Months Submitted > 10% Over < 10% Under</p> Admissions 33% Discharges 42% Actual Goal Goal Met Below Goal

Reporting Period: July 2021 - June 2022 (Data as of Oct 03, 2022)

Program Activity Discharge Outcomes Measure Actual 1 Yr Ago Variance % Actual % vs Goal % Actual Actual % Goal % State Ava Actual vs Goal **Unique Clients** 6 0% N/A N/A 60% 70% N/A Treatment Completed Successfully Admits Actual % vs Goal % Actual Actual % Goal % State Avg Actual vs Goal Discharges N/A N/A 90% 80% N/A Follow-up within 30 Days of Discharge **Bed Days** 2,190 2,190 0% Recovery National Recovery Measures (NOMS) Actual % vs Goal % Actual Actual % Goal % State Ava Actual vs Goal **Data Submission Quality** 5 23% Social Support 83% 60% 84% Data Entry Actual State Avg 6 95% 93% 5% 100% Stable Living Situation Valid NOMS Data 100% 80% 17% 25% 12% -8% **Employed** 1 On-Time Periodic Actual State Avg **Bed Utilization** 6 Month Updates 100% 91% 12 Months Trend Beds Avg LOS Turnover Actual % Goal % State Avg Actual vs Goal Avg Utilization Rate 90% 10% 3,905 days 0.3 100% 91% Actual State Avg Co-occurring N/A 98% MH Screen Complete 90-110% >110% < 90% SA Screen Complete N/A 89% State Avg Diagnosis Actual 100% 97% ✓ Valid Axis I Diagnosis Data Submitted to DMHAS by Month Mar Apr May % Months Submitted > 10% Over < 10% Under</p> Admissions 0% Discharges 0% Actual Goal ✓ Goal Met Below Goal 1 or more Records Submitted to DMHAS * State Avg based on 81 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 2021 - June 2022 (Data as of Oct 03, 2022)

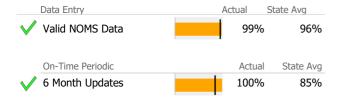
Program A	ctivity
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Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	28	26	8%	
Admits	3	5	-40%	•
Discharges	6	1	500%	•
Service Hours	341	303	13%	•

Recovery

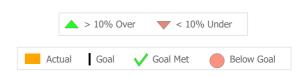
./	Clients Receiving Services		21	95%	90%	97%	5%
		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
	Service Utilization						
	Stable Living Situation		23	82%	85%	87%	-3%
	National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal

Data Submission Quality



Data Submitted to DMHAS by Month





^{*} State Avg based on 110 Active Supportive Housing – Scattered Site Programs

* State Avg based on 26 Active Group Home Programs

Reporting Period: July 2021 - June 2022 (Data as of Oct 03, 2022)

Program Activity Discharge Outcomes Variance % Measure Actual 1 Yr Ago Actual % vs Goal % Actual Actual % Goal % State Ava Actual vs Goal **Unique Clients** 8 13% 0 0% 80% 62% -80% Treatment Completed Successfully 3 200% Admits 1 Actual % vs Goal % Goal % State Avg Actual vs Goal Actual Actual % 2 -50% Discharges 1 No Re-admit within 30 Days of Discharge 1 100% 85% 90% 15% **Bed Days** 2,486 2,632 -6% Actual % vs Goal % Actual % Goal % State Avg Actual vs Goal Actual Follow-up within 30 Days of Discharge N/A N/A 90% 72% N/A **Data Submission Quality** Recovery Data Entry Actual State Avg National Recovery Measures (NOMS) Actual % vs Goal % Actual Actual % Goal % State Ava Actual vs Goal Valid NOMS Data 100% 99% 9 100% 90% 98% 10% Stable Living Situation 6 67% 60% 87% 7% Social Support On-Time Periodic Actual State Avg 6 Month Updates 100% 86% **Bed Utilization** Co-occurring Actual State Avg 12 Months Trend Avg LOS Turnover Actual % Goal % State Ava Actual vs Goal 100% 88% MH Screen Complete Avg Utilization Rate 1,288 days 0.3 85% 90% 93% -5% SA Screen Complete 100% 95% < 90% 90-110% >110% Diagnosis State Avg Actual 100% 98% ✓ Valid Axis I Diagnosis Data Submitted to DMHAS by Month Sep Mar Apr May % Months Submitted > 10% Over < 10% Under</p> Admissions 25% Discharges 8% Actual Goal Goal Met Below Goal 1 or more Records Submitted to DMHAS