Keystone House Inc.
Norwalk, CT

Connecticut Dept of Mental Health and Addiction Services
Provider Quality Dashboard
Reporting Period: July 2022 -March 2023   (Data as of Jul 03, 2023)

Provider Activity

Monthly Trend	Measure	Actual	1 Yr Ago	Variance %	
	Unique Clients	162	159	2%	
	Admits	12	9	33%	▲
	Discharges	52	10	420%	
	Service Hours	13,056	3,711		
	Bed Days	6,322	5,985	6%	
	S.Rehab/PHP/IOP	4,279	2,173	97%	▲

▲ > 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	61.7%
	Residential Services		30	14.9%
	Community Support		24	11.9%
	Case Management		23	11.4%

Consumer Satisfaction Survey   (Based on 94 FY22 Surveys)

Question Domain	Satisfied % vs Goal%	Satisfied %	Goal %	State Avg
✓ Participation in Treatment		96%	80%	92%
✓ Access		95%	80%	88%
✓ Respect		95%	80%	91%
✓ Quality and Appropriateness		94%	80%	93%
✓ General Satisfaction		94%	80%	92%
✓ Overall		94%	80%	91%
✓ Outcome		92%	80%	83%
✓ Recovery		91%	80%	79%

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

Client Demographics

Age

		#	%	State Avg
18-25		3	2%	10%
26-34		16	10%	20%
35-44		24	15%	24%
45-54		36	22%	18%
55-64		55	34% ▲	19%
65+		28	17%	9%

Gender

		#	%	State Avg
Male		88	54%	59%
Female		74	46%	41%
Transgender				0%

Ethnicity

		#	%	State Avg
Non-Hispanic		140	86% ▲	68%
Hispanic-Other		9	6%	9%
Hisp-Puerto Rican		9	6%	11%
Unknown		4	2%	12%
Hispanic-Cuban				0%
Hispanic-Mexican				1%

Race

		#	%	State Avg
White/Caucasian		92	57%	61%
Black/African American		53	33% ▲	17%
Other		11	7%	13%
Asian		2	1%	1%
Am. Indian/Native Alaskan		1	1%	1%
Multiple Races		1	1%	1%
Hawaiian/Other Pacific Islander		1	1%	0%
Unknown		1	1%	7%

Unique Clients | State Avg   ▲ > 10% Over State Avg   ▼ > 10% Under State Avg
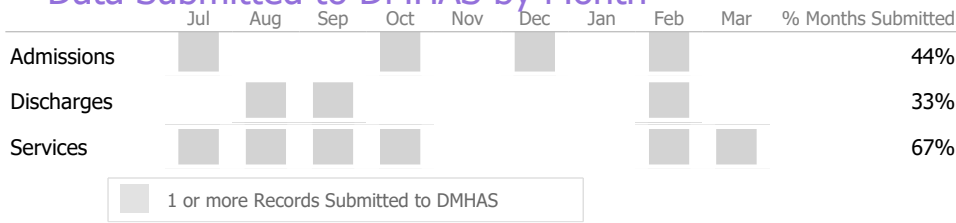
Variances in data may be indicative of operational adjustments related to the pandemic.

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 2022 - March 2023 (Data as of Jul 03, 2023)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	124	118	5%	
Admits	5	2	150%	▲
Discharges	16	-		
Service Hours	12,742	3,180		
Social Rehab/PHP/IOP Days	4,279	2,173	97%	▲

Service Utilization
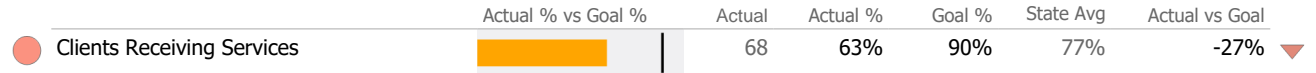
		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
🔴	Clients Receiving Services	🟧▮	68	63%	90%	77%	-27%	▼

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	% Months Submitted
Admissions	▢			▢		▢		▢		44%
Discharges		▢	▢					▢		33%
Services	▢	▢	▢	▢				▢	▢	67%

▢ 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 2022 - March 2023 (Data as of Jul 03, 2023)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	24	26	-8%	
Admits	-	-		
Discharges	24	1	2300%	▲
Service Hours	45	260	-83%	▼

Data Submission Quality

Data Entry		Actual	State Avg
✔ Valid NOMS Data		99%	88%

On-Time Periodic		Actual	State Avg
6 Month Updates		N/A	86%

Diagnosis		Actual	State Avg
✔ Valid Axis I Diagnosis		100%	97%

Discharge Outcomes

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✔	Treatment Completed Successfully		18	75%	65%	55%	10%	▲

Recovery

	National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✔	Social Support		24	100%	60%	79%	40%	▲
✔	Stable Living Situation		24	100%	80%	88%	20%	▲
✔	Employed		9	38%	20%	15%	18%	▲
●	Improved/Maintained Function Score		0	0%	65%	30%	-65%	▼

Service Utilization

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
●	Clients Receiving Services		N/A	N/A	90%	98%	N/A	▼

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	% Months Submitted
Admissions										0%
Discharges		▢	▢							22%
Services	▢	▢								22%

▢ 1 or more Records Submitted to DMHAS

▲ > 10% Over   ▼ < 10% Under

▮ Actual | Goal   ✔ Goal Met   ● Below Goal
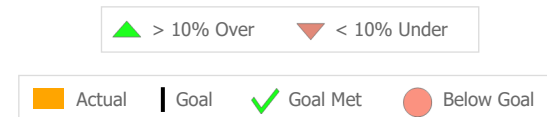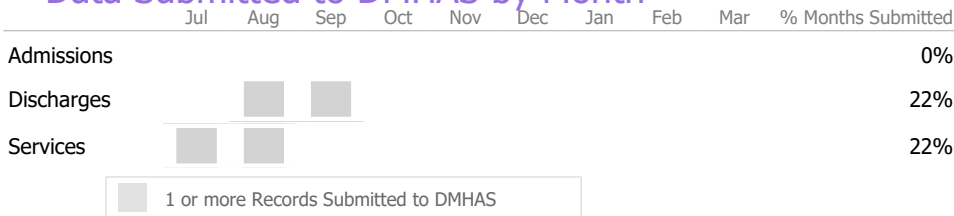
* State Avg based on 36 Active CSP Programs

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 2022 - March 2023 (Data as of Jul 03, 2023)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients ▲	14	15	-7%	
Admits	3	4	-25%	▼
Discharges	4	4	0%	
Bed Days	2,959	2,502	18%	▲

Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓ Treatment Completed Successfully		4	100%	80%	78%	20%	▲
● No Re-admit within 30 Days of Discharge		3	75%	85%	86%	-10%	
✓ Follow-up within 30 Days of Discharge		4	100%	90%	76%	10%	

Data Submission Quality

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

On-Time Periodic		Actual	State Avg
● 6 Month Updates		50%	69%

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		14	100%	60%	87%	40%	▲
✓ Stable Living Situation		14	100%	90%	99%	10%	
● Improved/Maintained Function Score		0	0%	95%	29%	-95%	▼

Bed Utilization

	12 Months Trend	Beds	Avg LOS	Turnover	Actual %	Goal %	State Avg	Actual vs Goal
✓ Avg Utilization Rate		12	750 days	0.3	90%	90%	85%	0%
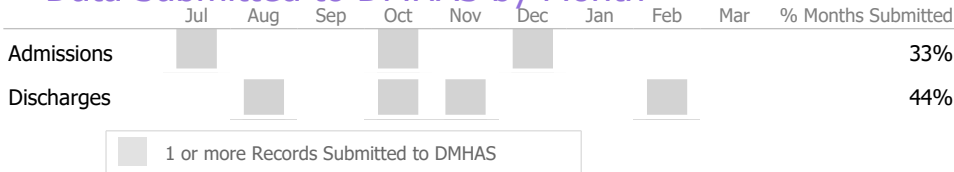
	< 90%	90-110%	>110%

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

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 2022 - March 2023 (Data as of Jul 03, 2023)

Program Activity

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	6	6	0%
Admits	-	-	
Discharges	-	-	
Bed Days	1,644	1,644	0%

Data Submission Quality

Data Entry		Actual	State Avg
✓ Valid NOMS Data		100%	86%

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

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

Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Treatment Completed Successfully		N/A	N/A	60%	67%	N/A
Follow-up within 30 Days of Discharge		N/A	N/A	90%	77%	N/A

Recovery

National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
✓ Social Support		5	83%	60%	84%	23% ▲
✓ Stable Living Situation		6	100%	95%	96%	5%
● Employed		1	17%	25%	14%	-8%
● Improved/Maintained Function Score		0	0%	95%	31%	-95% ▼

Bed Utilization

	12 Months Trend	Beds	Avg LOS	Turnover	Actual %	Goal %	State Avg	Actual vs Goal
✓ Avg Utilization Rate		6	4,179 days	0.3	100%	90%	94%	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 83 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 2022 - March 2023 (Data as of Jul 03, 2023)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	23	26	-12%	▼
Admits	1	1	0%	
Discharges	1	4	-75%	▼
Service Hours	270	271	-1%	

Recovery

National Recovery Measures (NOMS)		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
🔴	Stable Living Situation		18	78%	85%	86%	-7%

Service Utilization

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
✓	Clients Receiving Services		22	100%	90%	97%	10%

Data Submission Quality

Data Entry		Actual	State Avg
✓	Valid NOMS Data	98%	97%

On-Time Periodic		Actual	State Avg
✓	6 Month Updates	100%	84%

Data Submitted to DMHAS by Month

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

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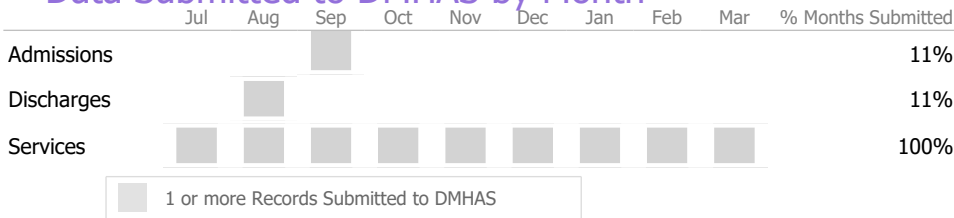
▲ > 10% Over   ▼ < 10% Under

▮ Actual | Goal   ✓ Goal Met   🔴 Below Goal

* State Avg based on 117 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 2022 - March 2023 (Data as of Jul 03, 2023)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	11	8	38%	▲
Admits	3	2	50%	▲
Discharges	7	1	600%	▲
Bed Days	1,719	1,839	-7%	

Discharge Outcomes

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓	Treatment Completed Successfully		6	86%	80%	78%	6%	
✓	No Re-admit within 30 Days of Discharge		7	100%	85%	86%	15%	▲
●	Follow-up within 30 Days of Discharge		3	50%	90%	76%	-40%	▼

Data Submission Quality

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

	On-Time Periodic		Actual	State Avg
✓	6 Month Updates		100%	69%

	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		8	73%	60%	87%	13%	▲
✓	Stable Living Situation		10	91%	90%	99%	1%	
●	Improved/Maintained Function Score		0	0%	95%	29%	-95%	▼

Bed Utilization

		12 Months Trend	Beds	Avg LOS	Turnover	Actual %	Goal %	State Avg	Actual vs Goal	
●	Avg Utilization Rate		8	1,163 days	0.4	78%	90%	85%	-12%	▼

	< 90%		90-110%		>110%

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	% Months Submitted
Admissions								▢		11%
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

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