Keystone House Inc.
Norwalk, CT

Connecticut Dept of Mental Health and Addiction Services
Provider Quality Dashboard
Reporting Period: July 2019 - December 2019   (Data as of Apr 06, 2020)
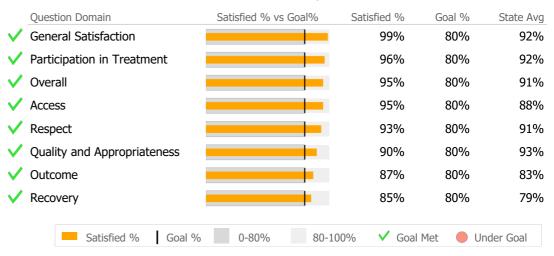
Provider Activity

Monthly Trend	Measure	Actual	1 Yr Ago	Variance %	
	Unique Clients	156	158	-1%	
	Admits	7	21	-67%	▼
	Discharges	6	14	-57%	▼
	Service Hours	861	859	0%	
	Bed Days	4,467	4,272	5%	
	S.Rehab/PHP/IOP	3,338	3,969	-16%	▼

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

Clients by Level of Care

Program Type	Level of Care Type		#	%
Mental Health				
	Social Rehabilitation		121	59.9%
	Community Support		30	14.9%
	Residential Services		27	13.4%
	Case Management		24	11.9%

Consumer Satisfaction Survey   (Based on 78 FY19 Surveys)

	Question Domain	Satisfied % vs Goal%	Satisfied %	Goal %	State Avg
✓	General Satisfaction		99%	80%	92%
✓	Participation in Treatment		96%	80%	92%
✓	Overall		95%	80%	91%
✓	Access		95%	80%	88%
✓	Respect		93%	80%	91%
✓	Quality and Appropriateness		90%	80%	93%
✓	Outcome		87%	80%	83%
✓	Recovery		85%	80%	79%

Satisfied % | Goal % ▨ 0-80% ▨ 80-100% ✓ Goal Met ⬤ Under Goal

Client Demographics

Age

	#	%	State Avg	
18-25	2	1%		10%
26-34	12	8%	▼	23%
35-44	22	14%		22%
45-54	38	24%		20%
55-64	57	37%	▲	19%
65+	25	16%		7%

Gender

	#	%	State Avg
Male	81	52%	60%
Female	75	48%	40%
Transgender			0%

Ethnicity

	#	%	State Avg	
Non-Hispanic	134	86%	▲	70%
Hisp-Puerto Rican	11	7%		12%
Hispanic-Other	7	4%		8%
Unknown	4	3%		9%
Hispanic-Cuban				0%
Hispanic-Mexican				1%

Race

	#	%	State Avg	
White/Caucasian	94	60%		63%
Black/African American	46	29%	▲	17%
Other	11	7%		13%
Asian	2	1%		1%
Hawaiian/Other Pacific Islander	2	1%		0%
Multiple Races	1	1%		1%
Am. Indian/Native Alaskan				1%
Unknown				5%

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

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
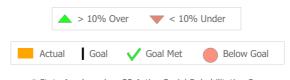Reporting Period: July 2019 - December 2019 (Data as of Apr 06, 2020)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	121	123	-2%	
Admits	4	10	-60%	▼
Discharges	-	2	-100%	▼
Social Rehab/PHP/IOP Days	3,338	3,969	-16%	▼

Service Utilization

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
🔴	Clients Receiving Services		95	79%	90%	68%	-11%	▼

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	% Months Submitted
Admissions		▨		▨	▨	▨	67%
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 33 Active Social Rehabilitation Programs

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

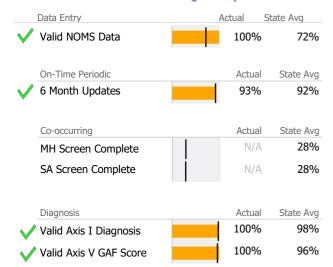Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2019 - December 2019 (Data as of Apr 06, 2020)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	30	27	11%	▲
Admits	-	5	-100%	▼
Discharges	2	-		
Service Hours	619	567	9%	

Discharge Outcomes

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
🔴	Treatment Completed Successfully		0	0%	65%	60%	-65%	▼

Recovery

	National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✔	Social Support		28	93%	60%	81%	33%	▲
✔	Stable Living Situation		30	100%	80%	87%	20%	▲
✔	Employed		10	33%	20%	13%	13%	▲
🔴	Improved/Maintained Axis V GAF Score		4	13%	65%	63%	-52%	▼

Data Submission Quality

Data Entry		Actual	State Avg
✔	Valid NOMS Data	100%	72%

On-Time Periodic		Actual	State Avg
✔	6 Month Updates	93%	92%

Co-occurring		Actual	State Avg
	MH Screen Complete	N/A	28%
	SA Screen Complete	N/A	28%

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

Service Utilization

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
✔	Clients Receiving Services		27	96%	90%	99%	6%

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	% Months Submitted
Admissions							0%
Discharges				▣			17%
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

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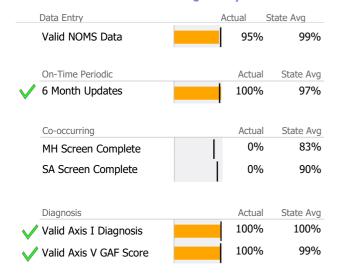Mental Health - Residential Services - Group Home

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
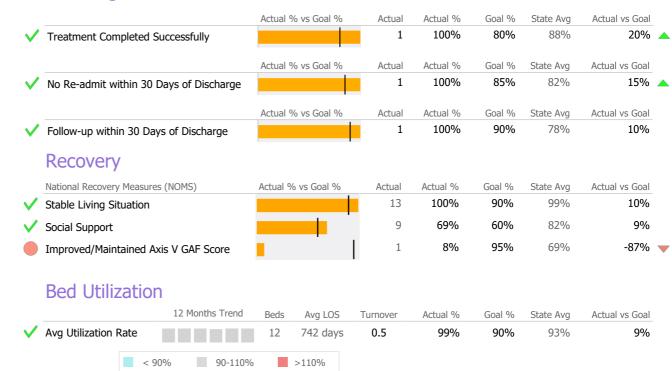Reporting Period: July 2019 - December 2019 (Data as of Apr 06, 2020)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	13	13	0%	
Admits	1	4	-75%	▼
Discharges	1	2	-50%	▼
Bed Days	2,192	1,805	21%	▲

Discharge Outcomes

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓	Treatment Completed Successfully		1	100%	80%	88%	20%	▲
✓	No Re-admit within 30 Days of Discharge		1	100%	85%	82%	15%	▲
✓	Follow-up within 30 Days of Discharge		1	100%	90%	78%	10%	

Data Submission Quality

Data Entry		Actual	State Avg
Valid NOMS Data		95%	99%

On-Time Periodic		Actual	State Avg
✓ 6 Month Updates		100%	97%

Co-occurring		Actual	State Avg
MH Screen Complete		0%	83%
SA Screen Complete		0%	90%

Diagnosis		Actual	State Avg
✓ Valid Axis I Diagnosis		100%	100%
✓ 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		13	100%	90%	99%	10%	
✓	Social Support		9	69%	60%	82%	9%	
●	Improved/Maintained Axis V GAF Score		1	8%	95%	69%	-87%	▼

Bed Utilization

		12 Months Trend	Beds	Avg LOS	Turnover	Actual %	Goal %	State Avg	Actual vs Goal
✓	Avg Utilization Rate		12	742 days	0.5	99%	90%	93%	9%

▢ < 90%	▢ 90-110%	▢ >110%

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	% Months Submitted
Admissions					▢		17%
Discharges					▢		17%

▢ 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

Genoa 1 112251
Keystone House Inc.
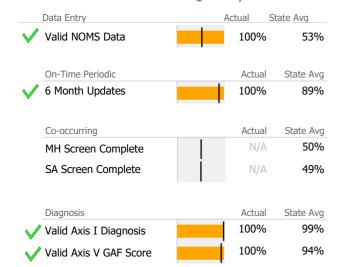Mental Health - Residential Services - Supervised Apartments

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2019 - December 2019 (Data as of Apr 06, 2020)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	5	6	-17%	▼
Admits	-	-		
Discharges	-	-		
Bed Days	920	1,104	-17%	▼

Data Submission Quality

Data Entry		Actual	State Avg
✓ Valid NOMS Data		100%	53%

On-Time Periodic		Actual	State Avg
✓ 6 Month Updates		100%	89%

Co-occurring		Actual	State Avg
MH Screen Complete		N/A	50%
SA Screen Complete		N/A	49%

Diagnosis		Actual	State Avg
✓ Valid Axis I Diagnosis		100%	99%
✓ Valid Axis V GAF Score		100%	94%

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

Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Treatment Completed Successfully		N/A	N/A	60%	68%	N/A
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	100%	60%	85%	40%	▲
✓ Stable Living Situation		5	100%	95%	92%	5%	
● Employed		1	20%	25%	10%	-5%	
● Improved/Maintained Axis V GAF Score		4	80%	95%	62%	-15%	▼

Bed Utilization

	12 Months Trend	Beds	Avg LOS	Turnover	Actual %	Goal %	State Avg	Actual vs Goal
● Avg Utilization Rate		6	3,593 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 80 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 2019 - December 2019 (Data as of Apr 06, 2020)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	24	23	4%	
Admits	1	-		
Discharges	2	1	100%	▲
Service Hours	242	231	5%	

Recovery

National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
✓ Stable Living Situation		22	92%	85%	89%	7%

Service Utilization

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
✓ Clients Receiving Services		23	100%	90%	95%	10%

Data Submission Quality

Data Entry		Actual	State Avg
✓ Valid NOMS Data		100%	90%

On-Time Periodic		Actual	State Avg
✓ 6 Month Updates		100%	91%

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	% Months Submitted
Admissions		▩					17%
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 98 Active Supportive Housing – Scattered Site Programs

St. John's 1 112240
Keystone House Inc.
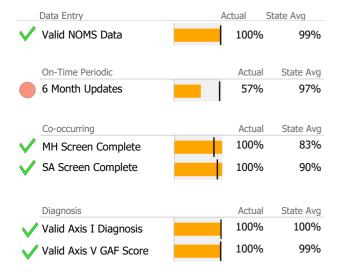Mental Health - Residential Services - Group Home

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2019 - December 2019 (Data as of Apr 06, 2020)

Program Activity

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	9	9	0%
Admits	1	2	-50% ▼
Discharges	1	1	0%
Bed Days	1,355	1,363	-1%

Discharge Outcomes

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
✓	Treatment Completed Successfully		1	100%	80%	88%	20% ▲
✓	No Re-admit within 30 Days of Discharge		1	100%	85%	82%	15% ▲
✓	Follow-up within 30 Days of Discharge		1	100%	90%	78%	10%

Data Submission Quality

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

On-Time Periodic		Actual	State Avg
●	6 Month Updates	57%	97%

Co-occurring		Actual	State Avg
✓	MH Screen Complete	100%	83%
✓	SA Screen Complete	100%	90%

Diagnosis		Actual	State Avg
✓	Valid Axis I Diagnosis	100%	100%
✓	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	89%	90%	99%	-1%
●	Social Support		3	33%	60%	82%	-27% ▼
●	Improved/Maintained Axis V GAF Score		6	75%	95%	69%	-20% ▼

Bed Utilization

		12 Months Trend	Beds	Avg LOS	Turnover	Actual %	Goal %	State Avg	Actual vs Goal
✓	Avg Utilization Rate		8	827 days	0.5	92%	90%	93%	2%

█ < 90%	█ 90-110%	█ >110%

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	% Months Submitted
Admissions						█	17%
Discharges		█					17%

█ 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