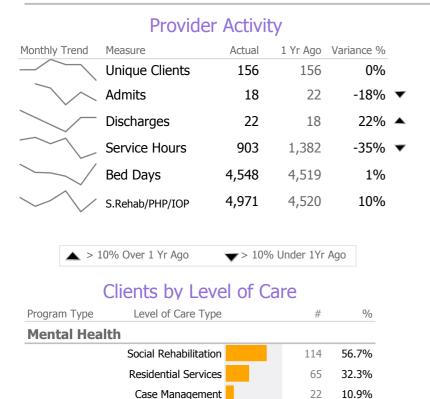
Keystone House Inc.

Norwalk, CT

(Based on 116 FY15 Surveys)

Reporting Period: July 2015 - December 2015 (Data as of Mar 22, 2016)



Consumer Satisfaction Survey Question Domain Satisfied % Goal % Satisfied % vs Goal% State Avg Participation in Treatment 96% 80% 92% Overall 92% 80% 91% Respect 92% 80% 91% General Satisfaction 80% 92% 91% Quality and Appropriateness 80% 93% 90% Access 90% 80% 88% Outcome 83% 86% 80% 78% 80% 79% Recovery Satisfied % Goal % 0-80% 80-100% 🖌 Goal Met Under Goal

Client Demographics

Age

18-25

26-34

35-44 45-54 55-64 65+

Ethnicity Non-Hispanic Hispanic-Other Hisp-Puerto Rican Hispanic-Mexican

> Unknown Hispanic-Cuban

> > Unique Clients State Avg

#	%	State Avg	Gender		#	%	State Avg
8	5%	13%	Male 🗾		88	56%	59%
18	12%	▼ 23%	Female	•	68	44%	41%
18	12%	19%	Transgender				0%
41	26%	23%					
54	35%	▲ 16%					
17	11%	5%	Race		#	%	State Avg
			White/Caucasian		101	65%	65%
#	%	State Avg	Black/African American 📕		43	28%	▲ 17%
139	89%	▲ 75%	Other		10	6%	13%
8	5%	6%	Asian		1	1%	1%
5	3%	12%	Hawaiian/Other Pacific Islander		1	1%	0%
2	1%	1%	Am. Indian/Native Alaskan				0%
_			Multiple Races				1%
2	1%	6%	Unknown				3%
		0%					

137 E Ave-PilotsSupHsng112-551

Keystone House Inc. Mental Health - Case Management - Supportive Housing – Scattered Site Connecticut Dept of Mental Health and Addiction Services

Reporting Period: July 2015 - December 2015 (Data as of Mar 22, 2016)

Program Quality Dashboard

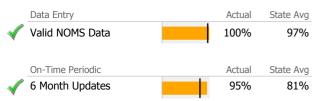
Program Activity

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	22	22	0%
Admits	-	-	
Discharges	-	-	
Service Hours	343	441	-22% 🔻

Recovery

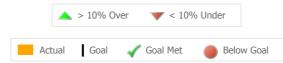
	/						
	National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
\checkmark	Stable Living Situation		21	95%	85%	80%	10%
	Service Utilization						
		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
\checkmark	Clients Receiving Services		22	100%	90%	88%	10%

Data Submission Quality



Data Submitted to DMHAS by Month

		Jul	Aug	Sep	Oct	Nov	Dec	% Months Submitted
Admissions	6							0%
Discharges	;							0%
Services								100%
1 or more Records Submitted to DMHAS								



* State Avg based on 71 Active Supportive Housing – Scattered Site Programs

Reporting Period: July 2015 - December 2015 (Data as of Mar 22, 2016)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	12	14	-14%	▼
Admits	-	1	-100%	▼
Discharges	4	1	300%	
Service Hours	219	442	-50%	▼

Data Submission Quality

	Data Entry	Actual	State Avg
\checkmark	Valid NOMS Data	100%	98%
	On-Time Periodic	Actual	State Avg
\checkmark	6 Month Updates	100%	92%
v			
	Cooccurring	Actual	State Avg
	MH Screen Complete	N/A	92%
	SA Screen Complete	N/A	90%
	Diagnosis	Actual	State Avg
\checkmark	Valid Axis I Diagnosis	100%	97%
, √	Valid Axis V GAF Score	100%	96%

Discharge Outcomes

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
V	Treatment Completed Successfully		4	100%	50%	71%	50%	
	Recovery							
	National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
\checkmark	Social Support		11	92%	60%	87%	32%	
\checkmark	Stable Living Situation		12	100%	85%	93%	15%	
\checkmark	Employed		4	33%	25%	13%	8%	
	Improved/Maintained Axis V GAF Score		10	83%	95%	73%	-12%	-
	Service Utilization							
		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
\checkmark	Clients Receiving Services		8	100%	90%	96%	10%	

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	% Months Submitted
Admissions							0%
Discharges							33%
Services							100%
	1 or mo	re Recor	ds Subr	nitted to	DMHAS		



* State Avg based on 51 Active Residential Support Programs

Reporting Period: July 2015 - December 2015 (Data as of Mar 22, 2016)

Program Activity

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	24	23	4%
Admits	1	1	0%
Discharges	-	-	
Service Hours	341	499	-32% 🔻

Data Submission Quality

Data Entry	Actual	State Avg
√ Valid NOMS Data	100%	98%
On-Time Periodic	Actual	State Avg
6 Month Updates	100%	92%
Cooccurring	Actual	State Avg
MH Screen Complete	100%	92%
🞻 SA Screen Complete	100%	90%
Diagnosis	Actual	State Avg
🞻 Valid Axis I Diagnosis	100%	97%
🞻 Valid Axis V GAF Score	100%	96%

Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Treatment Completed Successfully		N/A	N/A	50%	71%	N/A
Recovery						
National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
🗸 Social Support		22	92%	60%	87%	32% 🔺
Stable Living Situation		23	96%	85%	93%	11% 🔺
Improved/Maintained Axis V GAF Score		22	96%	95%	73%	1%
Employed	<u> </u>	5	21%	25%	13%	-4%
Service Utilization						
	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Clients Receiving Services		24	100%	90%	96%	10%

Data Submitted to DMHAS by Month

	J	ul	Aug	Sep	Oct	Nov	Dec	% Months Submitted
Admissions								17%
Discharges								0%
Services								100%
	1 0	r more	e Record	ds Subm	itted to	DMHAS		

	> 10% Ov	er	▼ < 10%	Under	
Actual	Goal	<	Goal Met	Belo	w Goal

* State Avg based on 51 Active Residential Support Programs

Keystone House Inc. Mental Health - Social Rehabilitation - Social Rehabilitation Connecticut Dept of Mental Health and Addiction Services Program Quality Dashboard

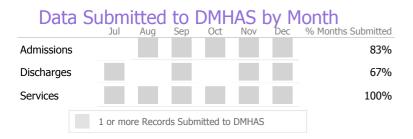
Reporting Period: July 2015 - December 2015 (Data as of Mar 22, 2016)

Program Activity

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	114	115	-1%
Admits	12	16	-25% 🔻
Discharges	13	14	-7%
Service Hours	-	-	
Social Rehab/PHP/IOP Days	4,971	4,520	10%

Service Utilization

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Clients Receiving Services		104	99%	90%	64%	9%



	> 10% O	ver 🔻 < 10 ⁰	% Under	
Actual	Goal	🞻 Goal Met	Below G	Soal

* State Avg based on 39 Active Social Rehabilitation Programs

Keystone House Inc.

Mental Health - Residential Services - Group Home

Connecticut Dept of Mental Health and Addiction Services Program Quality Dashboard

Reporting Period: July 2015 - December 2015 (Data as of Mar 22, 2016)

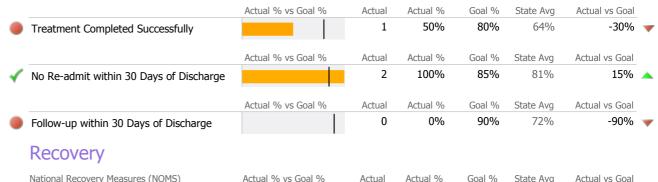
Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	13	14	-7%	
Admits	2	3	-33% 🔻	
Discharges	2	2	0%	
Bed Days	2,082	2,086	0%	

Data Submission Quality

Data Entry		Actual	State Avg
Valid NOMS Data		97%	99%
On-Time Periodic		Actual	State Avg
6 Month Updates		22%	91%
Cooccurring		Actual	State Avg
MH Screen Complete		100%	91%
SA Screen Complete		100%	91%
Diagnosis		Actual	State Avg
Valid Axis I Diagnosis		100%	99%
Valid Axis V GAF Score		100%	95%
	Valid NOMS Data On-Time Periodic 6 Month Updates Cooccurring MH Screen Complete SA Screen Complete Diagnosis Valid Axis I Diagnosis	Valid NOMS Data On-Time Periodic 6 Month Updates Cooccurring MH Screen Complete SA Screen Complete Diagnosis Valid Axis I Diagnosis	Valid NOMS Data 97% On-Time Periodic Actual 6 Month Updates 22% Cooccurring Actual MH Screen Complete 100% SA Screen Complete 100% Diagnosis Actual Valid Axis I Diagnosis 100%

Discharge Outcomes



National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Social Support		11	85%	60%	76%	25%	
Stable Living Situation		13	100%	90%	97%	10%	
Improved/Maintained Axis V GAF Score		8	73%	95%	66%	-22%	-

Bed Utilization

		12 Months Trend	Beds	Avg LOS	Turnover	Actual %	Goal %	State Avg	Actual vs Goal
«	Avg Utilization Rate		12	880 days	0.5	94%	90%	98%	4%
	<	90% 90-110%		>110%					

Data Submitted to DMHAS by Month



	▲ >	10% Ove	er	▼ < 10%	Unde	er -
Act	ual	Goal	«	Goal Met		Below Goal

* State Avg based on 24 Active Group Home Programs

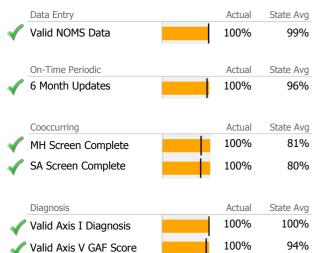
Keystone House Inc. Mental Health - Residential Services - Supervised Apartments Connecticut Dept of Mental Health and Addiction Services Program Quality Dashboard

Reporting Period: July 2015 - December 2015 (Data as of Mar 22, 2016)

Program Activity

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	7	6	17% 🔺
Admits	1	-	
Discharges	1	-	
Bed Days	1,051	1,104	-5%

Data Submission Quality



Discharge Outcomes



Bed Utilization

			12 Months Trend	Beds	Avg LOS	Turnover	Actual %	Goal %	State Avg	Actual vs Goal
\checkmark	Avg Utilization F	Rate		6	2,563 days	0.5	95%	90%	92%	5%
		< 90	% 90-110%		>110%					

Data Submitted to DMHAS by Month

		Jul	Aug	Sep	Oct	Nov	Dec	% Months Submitted
Admission	S							17%
Discharge	5							17%
		1 or mo	ore Recor	ds Subn	nitted to	DMHAS		

	> 10% Ov	ver 🛛 🔻 < 10%	6 Under
Actual	Goal	🞻 Goal Met	Below Goal

* State Avg based on 72 Active Supervised Apartments Programs

Keystone House Inc.

Mental Health - Residential Services - Group Home

Reporting Period: July 2015 - December 2015 (Data as of Mar 22, 2016)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	10	8	25%	
Admits	2	1	100%	
Discharges	2	1	100%	
Bed Days	1,415	1,329	6%	

Data Submission Quality

	Data Entry		Actual	State Avg
	Valid NOMS Data		95%	99%
		•		
	On-Time Periodic		Actual	State Avg
\checkmark	6 Month Updates		100%	91%
		·		
	Cooccurring		Actual	State Avg
\checkmark	MH Screen Complete		100%	91%
\checkmark	SA Screen Complete		100%	91%
		•		
	Diagnosis		Actual	State Avg
\checkmark	Valid Axis I Diagnosis		100%	99%
\checkmark	Valid Axis V GAF Score		100%	95%

Discharge Outcomes

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
	Treatment Completed Successfully		0	0%	80%	64%	-80%	▼
		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
\checkmark	No Re-admit within 30 Days of Discharge		2	100%	85%	81%	15%	
		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
	Follow-up within 30 Days of Discharge		N/A	N/A	90%	72%	N/A	
	Recovery							
	National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	

		Accual 70 45 Goal 70	/ tecaai	/ tecaal /0	Goul 70	otate my	/iccual vo ooui	
P	Social Support		7	70%	60%	76%	10%	
P	Stable Living Situation		10	100%	90%	97%	10%	
	Improved/Maintained Axis V GAF Score		6	75%	95%	66%	-20% 🔻	

Bed Utilization

			12 N	1onth	s Trend	Beds	Avg LOS	S	Turnover	Actual ^o	%	Goal %	State Avg	Actual vs Goal	
«	Avg Utilization Ra	ate				8	364 day	ys	0.4	960	6	90%	98%	6%	
			< 90%		90-110%		>110%								

Data Submitted to Sep Oct Nov Dec % Months Submitted



	> 10% 0	/er	▼ < 109	% Under	
Actual	Goal	√	Goal Met	Below	Goal

* State Avg based on 24 Active Group Home Programs