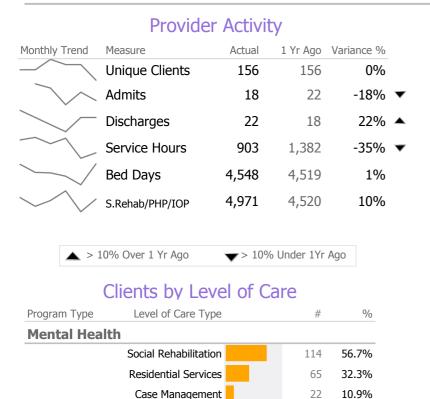
Keystone House Inc.

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

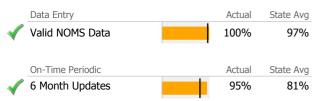
Program Activity

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

Recovery

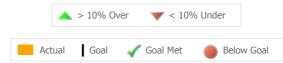
| | / | | | | | | |
|--------------|-----------------------------------|--------------------|--------|----------|--------|-----------|----------------|
| | National Recovery Measures (NOMS) | Actual % vs Goal % | Actual | Actual % | Goal % | State Avg | Actual vs Goal |
| \checkmark | Stable Living Situation | | 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

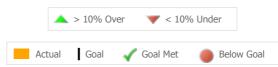
| | Data Entry | Actual | State Avg |
|--------------|------------------------|--------|-----------|
| \checkmark | Valid NOMS Data | 100% | 98% |
| | | | |
| | On-Time Periodic | Actual | State Avg |
| \checkmark | 6 Month Updates | 100% | 92% |
| v | | | |
| | Cooccurring | Actual | State Avg |
| | 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

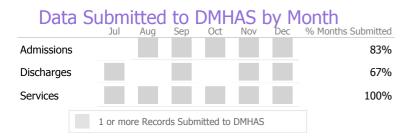
Reporting Period: July 2015 - December 2015 (Data as of Mar 22, 2016)

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)

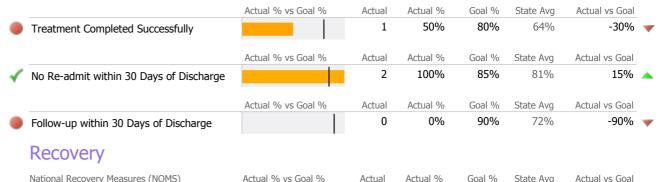
Program Activity

| 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

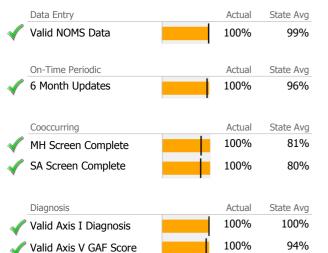
Keystone House Inc. Mental Health - Residential Services - Supervised Apartments Connecticut Dept of Mental Health and Addiction Services Program Quality Dashboard

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