Reporting Period: July 2019 - June 2020 (Data as of Oct 19, 2020)

#### **Provider Activity**

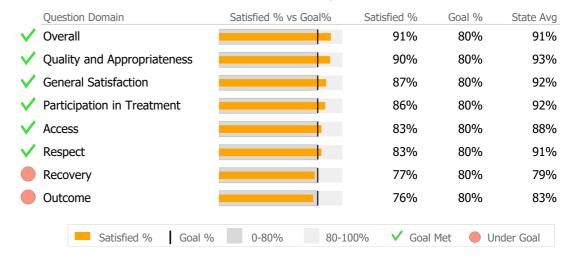




#### Clients by Level of Care

Program Type	Level of Care Type	#	<u>%</u>
Addiction			
	Outpatient	4,264	54.0%
	Intake	1,019	12.9%
Medicatio	on Assisted Treatment	377	4.8%
	Case Management	160	2.0%
	Consultation	74	0.9%
	Recovery Support	54	0.7%
	IOP	16	0.2%
Forensic SA			
Forens	sics Community-based	1,875	23.7%
	Case Management	60	0.8%

#### Consumer Satisfaction Survey (Based on 202 FY19 Surveys)



#### **Client Demographics**

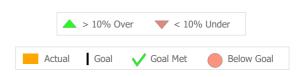
Age		#	%	State Avg	Gender	#	%	State Avg
18-25		1,350	18%	11%	Male	4,580	61%	60%
26-34		2,092	28%	23%	Female	2,919	39%	40%
35-44	1	1,711	23%	22%	Transgender			0%
45-54		1,229	16%	20%				
55-64		848	11%	18%				
65+	1	260	3%	6%	Race	#	%	State Avg
					White/Caucasian	4,236	56%	62%
<b>Ethnicity</b>		#	%	State Avg	Other <b> </b>	1,195	16%	13%
Unknown		3,855	51%	<b>11</b> %	Black/African American	1,040	14%	17%
Non-Hispanic		2,486	33%	<b>▼</b> 69%	Unknown	705	9%	6%
Hisp-Puerto Rican	· '	890	12%	11%	Multiple Races	187	2%	1%
Hispanic-Other	<b>!</b>	214	3%	8%	Asian	70	1%	1%
					Am. Indian/Native Alaskan	39	1%	1%
Hispanic-Mexican		40	1%	1%	Hawaiian/Other Pacific Islander	32	0%	0%
Hispanic-Cuban		19	0%	0%				
		Unique C	lients	State Avg	▲ > 10% Over State Avg	> 10% (	Jnder St	ate Avg

Reporting Period: July 2019 - June 2020 (Data as of Oct 19, 2020)

#### **Program Activity**

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	1,019	775	31%	•
Admits	1,225	927	32%	•
Discharges	1,225	927	32%	•

Data	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	Mav	Jun	% Months Submitted
Admissions	Jul	Aug	ЭСР		1407	Dec	Juli	TCD	Tidi	Дрі	ridy	Juli	100%
Discharges													100%
	1 or mo	ore Record	ds Sub	mitted to	DMHA:	S							



<sup>\*</sup> State Avg based on 1 Active Central Intake Programs

#### **Bettor Choice 620740**

Wheeler Clinic

Addiction - Outpatient - Gambling Outpatient

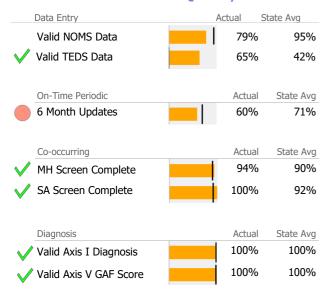
#### Connecticut Dept of Mental Health and Addiction Services Program Quality Dashboard

Reporting Period: July 2019 - June 2020 (Data as of Oct 19, 2020)

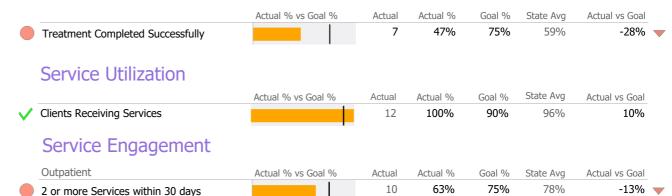
#### **Program Activity**

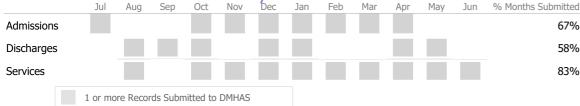
Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	27	20	35%	•
Admits	16	12	33%	•
Discharges	15	9	67%	•
Service Hours	117	141	-16%	•

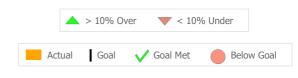
#### **Data Submission Quality**



#### Discharge Outcomes







<sup>\*</sup> State Avg based on 6 Active Gambling Outpatient Programs

#### **Latino Outreach 620296**

Wheeler Clinic

Addiction - Case Management - Outreach & Engagement

#### Connecticut Dept of Mental Health and Addiction Services Program Quality Dashboard

Reporting Period: July 2019 - June 2020 (Data as of Oct 19, 2020)

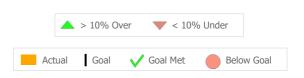
#### **Program Activity**

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	75	72	4%
Admits	8	51	-84% ▼
Discharges	48	5	860% 🔺
Service Hours	417	674	-38% 🔻

#### Service Engagement



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	% Months Submitted
Admissions													42%
Discharges													50%
Services													92%
	1 or mo	ore Reco	rds Subn	nitted to	DMHAS								



<sup>\*</sup> State Avg based on 21 Active Outreach & Engagement Programs

Reporting Period: July 2019 - June 2020 (Data as of Oct 19, 2020)

#### **Program Activity**

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	16	21	-24%	•
Admits	-	-		
Discharges	-	5	-100%	•
Service Hours	-	-		
Social Rehab/PHP/IOP Days	0	0		

#### **Data Submission Quality**

Data Entry	Actual S	State Avg
Valid NOMS Data	N/A	92%
Valid TEDS Data	N/A	94%
	•	
On-Time Periodic	Actual	State Avg
6 Month Updates	0%	2%
Co-occurring	Actual	State Avg
MH Screen Complete	N/A	90%
SA Screen Complete	N/A	90%
Diagnosis	Actual	State Avg
✓ Valid Axis I Diagnosis	100%	100%
✓ Valid Axis V GAF Score	100%	100%

#### **Discharge Outcomes**

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Treatment Completed Successfully		N/A	N/A	50%	64%	N/A	
	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Follow-up within 30 Days of Discharge		N/A	N/A	90%	65%	N/A	
Recovery							
National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Employed		0	0%	50%	27%	-50%	
Abstinence/Reduced Drug Use	T T	0	0%	55%	65%	-55%	
Self Help	Ì	0	0%	60%	35%	-60%	
Improved/Maintained Axis V GAF Score	1	0	0%	75%	77%	-75%	
Not Arrested	į	0	0%	75%	79%	-75%	
Stable Living Situation	İ	0	0%	95%	88%	-95%	
Service Utilization							
	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Clients Receiving Services		0	0%	90%	70%	N/A	

### Data Submitted to DMHAS by Month

Admissions
Discharges

Services

Dec Nov Dec Jan Feb Mar Apr May Jun % Months Submitted

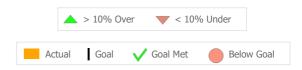
\*\*Nov Dec Jan Feb Mar Apr May Jun % Months Submitted

\*\*O%\*\*

\*\*O%\*\*
\*\*O%\*\*
\*\*O%\*\*
\*\*O%\*\*

\*\*O%\*\*
\*\*O%\*\*
\*\*O%\*\*
\*\*O%\*\*
\*\*O%\*\*
\*\*O%\*\*
\*\*O%\*\*
\*\*O%\*\*
\*\*O%\*\*
\*\*O%\*\*
\*\*O%\*\*
\*\*O%\*\*
\*\*O%\*\*
\*\*O%\*\*
\*\*O%\*\*
\*\*O%\*\*
\*\*O%\*\*
\*\*O%\*\*
\*\*O%\*\*
\*\*O%\*\*
\*\*O%\*\*
\*\*O%\*\*
\*\*O%\*\*
\*\*O%\*\*
\*\*O%\*\*
\*\*O%\*\*
\*\*O%\*\*
\*\*O%\*\*
\*\*O%\*
\*\*O%\*\*
\*\*O%\*
\*\*O%\*\*
\*\*O%\*\*
\*\*O%\*
\*\*O%\*\*
\*\*O%\*

1 or more Records Submitted to DMHAS



<sup>\*</sup> State Avg based on 56 Active Standard IOP Programs

Reporting Period: July 2019 - June 2020 (Data as of Oct 19, 2020)

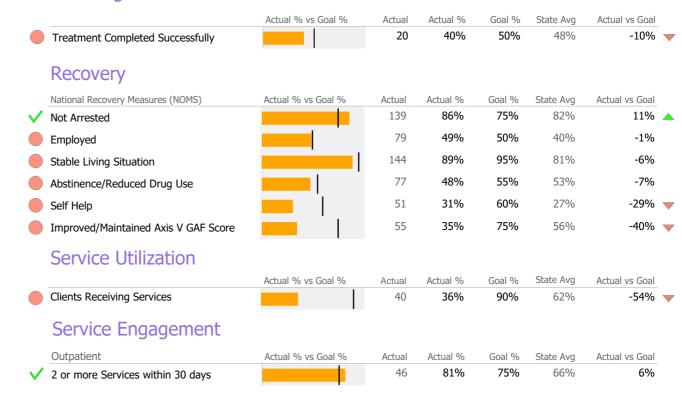
#### **Program Activity**

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	161	149	8%	
Admits	57	103	-45%	•
Discharges	50	45	11%	•
Service Hours	475	434	9%	

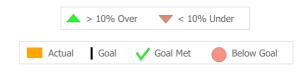
#### **Data Submission Quality**

Data Entry	Actual	State Avg
Valid NOMS Data	83%	90%
✓ Valid TEDS Data	90%	89%
On-Time Periodic	Actual	State Avg
6 Month Updates	7%	20%
Co-occurring	Actual	State Avg
MH Screen Complete	80%	88%
✓ SA Screen Complete	100%	96%
Diagnosis	Actual	State Avg
✓ Valid Axis I Diagnosis	99%	99%
✓ Valid Axis V GAF Score	99%	97%

#### Discharge Outcomes



		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	% Months Submitted
Admissions	;													83%
Discharges														100%
Services														83%
		1 or mo	re Reco	rds Subn	nitted to	DMHAS								



<sup>\*</sup> State Avg based on 117 Active Standard Outpatient Programs

#### **MAT - Naltrexone - Plainville**

Wheeler Clinic

Valid NOMS Data

Valid TEDS Data

Addiction - Medication Assisted Treatment - Naltrexone

#### Connecticut Dept of Mental Health and Addiction Services Program Quality Dashboard

Reporting Period: July 2019 - June 2020 (Data as of Oct 19, 2020)

#### **Program Activity**

Measure	Actual	1 Yr Ago	Variance %					
Unique Clients	0							
Admits	-	-						
Discharges	-	-						
Data Submission Ouality								

On-Time Periodic		Actual	State Avg
6 Month Updates		N/A	0%
Co-occurring		Actual	State Avg
MH Screen Complete		N/A	91%
SA Screen Complete	•	N/A	100%

#### **Discharge Outcomes**

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Treatment Completed Successfully		N/A	N/A	50%	57%	N/A	
Recovery							
National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Abstinence/Reduced Drug Use		N/A	N/A	55%	38%	-55%	
Employed	ľ	N/A	N/A	50%	28%	-50%	
Improved/Maintained Axis V GAF Sco	ore	N/A	N/A	75%	54%	-75%	
Not Arrested	į	N/A	N/A	75%	85%	-75%	
Self Help	T i	N/A	N/A	60%	22%	-60%	
Stable Living Situation	·	N/A	N/A	95%	83%	-95%	

Data Submitted to DMHAS by Month

Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun % Months Submitted Admissions 0% Discharges 0% 1 or more Records Submitted to DMHAS

State Avg

86%

98%

Actual

N/A

N/A



<sup>\*</sup> State Avg based on 7 Active Naltrexone Programs

Wheeler Clinic

Reporting Period: July 2019 - June 2020 (Data as of Oct 19, 2020)

#### **Program Activity**

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	377	241	56%	•
Admits	136	102	33%	•
Discharges	-	-		
Service Hours	_	_		

#### **Data Submission Quality**

Data Entry	A	Actual S	tate Avg
Valid NOMS Data		79%	91%
✓ Valid TEDS Data		99%	95%
On-Time Periodic		Actual	State Avg
6 Month Updates		0%	35%
Co-occurring		Actual	State Avg
✓ MH Screen Complete		100%	81%
✓ SA Screen Complete		100%	91%
Diagnosis		Actual	State Avg
✓ Valid Axis I Diagnosis		100%	100%
✓ Valid Axis V GAF Score		100%	99%

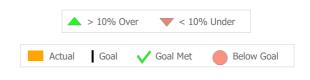
#### **Discharge Outcomes**

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Treatment Completed Successfully		N/A	N/A	50%	48%	N/A	
Recovery							
National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Not Arrested		228	60%	75%	77%	-15%	
Abstinence/Reduced Drug Use		117	31%	55%	55%	-24%	
Employed		90	24%	50%	33%	-26%	
Self Help		106	28%	60%	26%	-32%	
Stable Living Situation	·	198	53%	95%	78%	-42%	
Improved/Maintained Axis V GAF Score		0	0%	75%	56%	-75%	
Service Utilization							
	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Clients Receiving Services		0	0%	90%	47%	N/A	

#### Data Submitted to DMHAS by Month

1 or more Records Submitted to DMHAS

Admissions 100%		Nov Dec Jan Feb	b Mar Apr May Jun	% Months Submitted
	Admissions			100%
Discharges 0%	Discharges			0%
Services 0%	Services			0%



<sup>\*</sup> State Avg based on 24 Active Buprenorphine Maintenance Programs

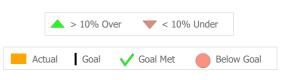
Reporting Period: July 2019 - June 2020 (Data as of Oct 19, 2020)

#### **Program Activity**

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	74	35	111%	•
Admits	62	29	114%	•
Discharges	36	21	71%	•
Service Hours	_	_		

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	% Months Submitted
Admissions													83%
Discharges													75%
Services													0%





<sup>\*</sup> State Avg based on 1 Active Consultation Programs

#### **Post-Release Transitional Forensic Case Management**

Wheeler Clinic

Forensic SA - Case Management - Standard Case Management

Connecticut Dept of Mental Health and Addiction Services Program Quality Dashboard

Reporting Period: July 2019 - June 2020 (Data as of Oct 19, 2020)

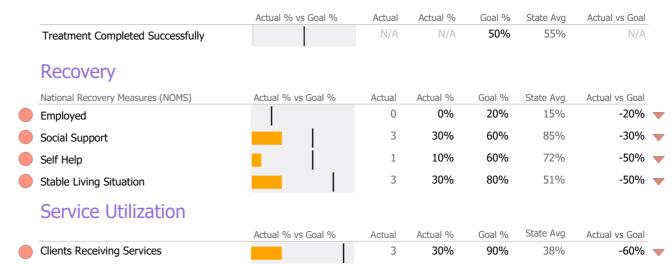
#### **Program Activity**

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	10	19	-47%	•
Admits	3	7	-57%	•
Discharges	-	12	-100%	•
Service Hours	15	98	-85%	•

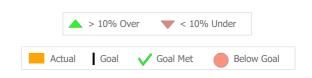
#### **Data Submission Quality**

Data Entry	Actua	al St	tate Avg
✓ Valid NOMS Data	1	00%	99%
On-Time Periodic	P.	Actual	State Avg
6 Month Updates		0%	14%

#### Discharge Outcomes







<sup>\*</sup> State Avg based on 8 Active Standard Case Management Programs

#### **Pre-Release Transitional Forensic Case Management**

Wheeler Clinic

Forensic SA - Case Management - Standard Case Management

Connecticut Dept of Mental Health and Addiction Services Program Quality Dashboard

Reporting Period: July 2019 - June 2020 (Data as of Oct 19, 2020)

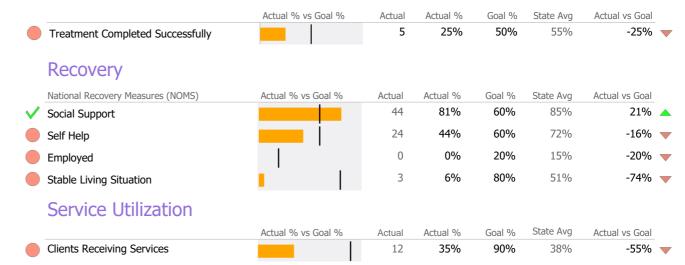
#### **Program Activity**

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	54	78	-31%	•
Admits	31	51	-39%	•
Discharges	20	55	-64%	•
Service Hours	48	279	-83%	•

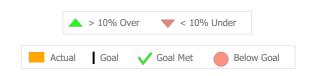
#### **Data Submission Quality**

Data Entry	Actual	State Avg
Valid NOMS Data	96%	99%
On-Time Periodic	Actual	State Avg
6 Month Updates	0%	14%

#### Discharge Outcomes







<sup>\*</sup> State Avg based on 8 Active Standard Case Management Programs

#### PTIP - 2024 E. Main St. 620713

Wheeler Clinic

Forensic SA - Forensics Community-based - Pre-trial Intervention Programs

Connecticut Dept of Mental Health and Addiction Services Program Quality Dashboard

Reporting Period: July 2019 - June 2020 (Data as of Oct 19, 2020)

#### **Program Activity**

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	684	875	-22%	•
Admits	397	613	-35%	•
Discharges	528	599	-12%	•

Date	ı Ju	Jul	Aug	Sep	Oct	Nov	Dy I	Jan	Feb	Mar	Apr	May	Jun	% Months Submitted
Admissions											·			92%
Discharges														100%
	1 or more Records Submitted to DMHAS													



<sup>\*</sup> State Avg based on 16 Active Pre-trial Intervention Programs Programs

#### PTIP-75 N. Mountain Rd. 620707

Wheeler Clinic

Forensic SA - Forensics Community-based - Pre-trial Intervention Programs

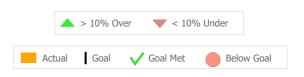
Connecticut Dept of Mental Health and Addiction Services Program Quality Dashboard

Reporting Period: July 2019 - June 2020 (Data as of Oct 19, 2020)

#### **Program Activity**

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	1,194	1,325	-10%	
Admits	512	673	-24%	•
Discharges	630	653	-4%	

	Data		ITTICLE											
		J	ul Aug	j Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	% Months Submitted
Ad	missions													100%
Dis	charges													100%
	1 or more Records Submitted to DMHAS													



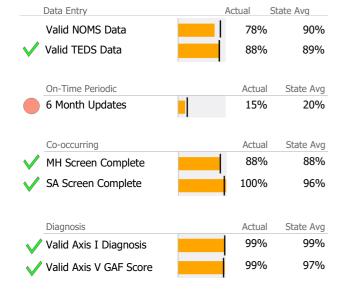
<sup>\*</sup> State Avg based on 16 Active Pre-trial Intervention Programs Programs

Reporting Period: July 2019 - June 2020 (Data as of Oct 19, 2020)

#### **Program Activity**

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	2,230	2,285	-2%
Admits	1,082	1,411	<b>-23%</b> ▼
Discharges	751	1,156	-35% 🔻
Service Hours	7,962	8,669	-8%

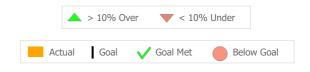
#### **Data Submission Quality**



#### **Discharge Outcomes**

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
	Treatment Completed Successfully		198	26%	50%	48%	-24%	
	Recovery							
	National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
<b>/</b>	Not Arrested		1,950	87%	75%	82%	12%	
	Abstinence/Reduced Drug Use		951	43%	55%	53%	-12%	
	Stable Living Situation		1,803	81%	95%	81%	-14%	
	Employed		788	35%	50%	40%	-15%	
	Self Help		804	36%	60%	27%	-24%	_
	Improved/Maintained Axis V GAF Score		875	49%	75%	56%	-26%	
	Service Utilization							
		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
	Clients Receiving Services		912	61%	90%	62%	-29%	
	Service Engagement							
	Outpatient	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
	2 or more Services within 30 days		758	70%	75%	66%	-5%	

		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	% Months Submitted
Admissions	;													100%
Discharges														100%
Services														83%
	1 or more Records Submitted to DMHAS													



<sup>\*</sup> State Avg based on 117 Active Standard Outpatient Programs

Reporting Period: July 2019 - June 2020 (Data as of Oct 19, 2020)

#### **Program Activity**

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	1,953	2,947	-34%	•
Admits	870	1,352	-36%	•
Discharges	557	1,914	-71%	•
Service Hours	5,889	9,513	-38%	•

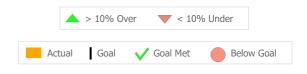
### **Data Submission Quality**

Data Entry	Actual S	State Avg
Valid NOMS Data	77%	90%
✓ Valid TEDS Data	88%	89%
On-Time Periodic	Actual	State Avg
6 Month Updates	9%	20%
Co-occurring	Actual	State Avg
MH Screen Complete	82%	88%
✓ SA Screen Complete	100%	96%
Diagnosis	Actual	State Avg
✓ Valid Axis I Diagnosis	99%	99%
✓ Valid Axis V GAF Score	100%	97%

#### **Discharge Outcomes**

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Treatment Completed Successfully		190	34%	50%	48%	-16%	
Recovery							
National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Not Arrested		1,485	76%	75%	82%	1%	
Employed		718	37%	50%	40%	-13%	
Abstinence/Reduced Drug Use		733	37%	55%	53%	-18%	
Stable Living Situation		1,440	74%	95%	81%	-21%	
Self Help		486	25%	60%	27%	-35%	
Improved/Maintained Axis V GAF Score	·	700	44%	75%	56%	-31%	
Service Utilization							
	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Clients Receiving Services		632	45%	90%	62%	-45%	
Service Engagement							
Outpatient	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
2 or more Services within 30 days		672	77%	75%	66%	2%	
	Recovery  National Recovery Measures (NOMS)  Not Arrested  Employed  Abstinence/Reduced Drug Use  Stable Living Situation  Self Help  Improved/Maintained Axis V GAF Score  Service Utilization  Clients Receiving Services  Service Engagement  Outpatient	Treatment Completed Successfully  Recovery  National Recovery Measures (NOMS)  Not Arrested  Employed  Abstinence/Reduced Drug Use  Stable Living Situation  Self Help  Improved/Maintained Axis V GAF Score  Service Utilization  Clients Receiving Services  Service Engagement  Outpatient  Actual % vs Goal %	Treatment Completed Successfully  Recovery  National Recovery Measures (NOMS)  Not Arrested  Employed  Abstinence/Reduced Drug Use  Stable Living Situation  Self Help  Improved/Maintained Axis V GAF Score  Service Utilization  Actual % vs Goal %  Actual  Actual % vs Goal %  Actual  Actual  Outpatient  Actual % vs Goal %  Actual  Actual	Treatment Completed Successfully  Recovery  National Recovery Measures (NOMS)  Not Arrested  Employed  Abstinence/Reduced Drug Use  Stable Living Situation  Self Help  Improved/Maintained Axis V GAF Score  Service Utilization  Actual % vs Goal %  Actual Actual %  Actual % vs Goal %  Actual Actual %  Actual % vs Goal %  Actual % vs Goal %  Actual % Actual %  Actual %	Treatment Completed Successfully  Recovery  National Recovery Measures (NOMS)  Not Arrested  Index of the provided Actual of the provided	Recovery         Actual % vs Goal %         Actual % data from the property of the pr	190   34%   50%   48%   -16%

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	% Months Submitted
Admissions													100%
Discharges													100%
Services													83%
	1 or mo	ore Reco	rds Subr	nitted to	DMHAS	5							



<sup>\*</sup> State Avg based on 117 Active Standard Outpatient Programs

#### **SOR - HCWH-Bristol**

Wheeler Clinic

Addiction - Case Management - Outreach & Engagement

#### Connecticut Dept of Mental Health and Addiction Services Program Quality Dashboard

Reporting Period: July 2019 - June 2020 (Data as of Oct 19, 2020)

#### **Program Activity**

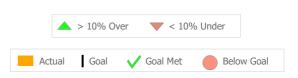
Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	85	17	400%	•
Admits	68	17	300%	•
Discharges	31	-		
Service Hours	_	_		

#### Service Engagement

Homeless Outreach	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
at least 1 Service within 180 days		23	34%	50%	82%	-16%	

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	% Months Submitted
Admissions													92%
Discharges													67%
Services													0%





<sup>\*</sup> State Avg based on 21 Active Outreach & Engagement Programs

#### **SOR - Recovery Coach**

Wheeler Clinic

Addiction - Recovery Support - Peer Based Mentoring

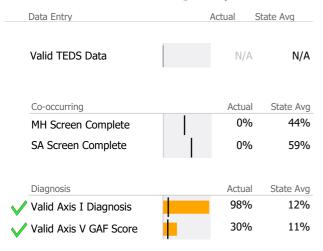
#### Connecticut Dept of Mental Health and Addiction Services Program Quality Dashboard

Reporting Period: July 2019 - June 2020 (Data as of Oct 19, 2020)

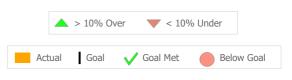
#### **Program Activity**

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	54	30	80%	•
Admits	24	36	-33%	•
Discharges	60	-		

#### **Data Submission Quality**



Dat	u Jubi Jul		Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	% Months Submitted
Admission	s												25%
Discharges	5												75%
	1 or r	more Recor	ds Sub	omitted to	DMHAS	;							



<sup>\*</sup> State Avg based on 9 Active Peer Based Mentoring Programs