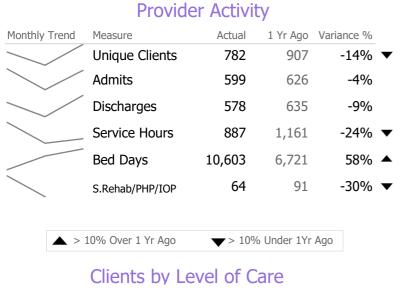
SCADD

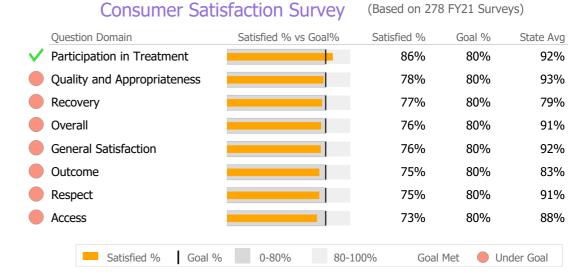
Lebanon, CT

Connecticut Dept of Mental Health and Addiction Services Provider Quality Dashboard

Reporting Period: July 2021 - September 2021 (Data as of Feb 01, 2022)



Program Type Level of Care Type # % Addiction **Residential Services** 488 55.6% Outpatient 167 19.0% Medication Assisted Treatment 33 3.8% IOP 8 0.9% **Forensic SA** Forensics Community-based 17.3% 152 Case Management 30 3.4%



Client Demographics

Age	#	%	State Avg	Gender	#	%	State Avg
18-25	59	8%	9%	Male 🗾	631	81%	▲ 58%
26-34	240	31%	▲ 20%	Female 📒 📔	149	19%	▼ 42%
35-44	217	28%	23%	Transgender			0%
45-54	154	20%	19%				
55-64	99	13%	20%				
65+	13	2%	9%	Race	#	%	State Avg
				White/Caucasian	548	70%	63%
Ethnicity	#	%	State Avg	Black/African American	127	16%	17%
Non-Hispanic	626	80%	▲ 69%	Other	68	9%	13%
Hisp-Puerto Rican	82	10%	12%	Unknown	17	2%	5%
Unknown	36	5%	11%	Am. Indian/Native Alaskan	9	1%	1%
Hispanic-Other	34	4%	8%	Asian	6	1%	1%
				Hawaiian/Other Pacific Islander	4	1%	0%
Hispanic-Mexican	3	0%	0%	Multiple Races	3	0%	1%
Hispanic-Cuban	1	0%	0%				
	Unique C	lients	State Avg	▲ > 10% Over State Avg	> 10% L	Inder St	ate Avg

Bank St 922402

SCADD Addiction - Residential Services - Transitional/Halfway House 3.1

Connecticut Dept of Mental Health and Addiction Services Program Quality Dashboard

Reporting Period: July 2021 - September 2021 (Data as of Feb 01, 2022)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	17	20	-15% 🔻	
Admits	12	11	9%	
Discharges	9	11	-18% 🔻	
Bed Days	662	695	-5%	

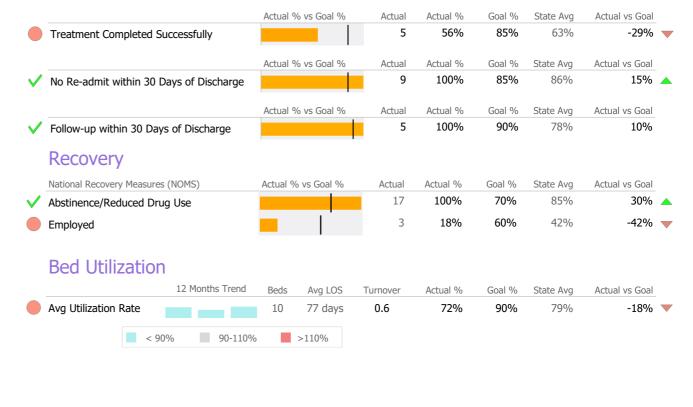
Data Submission Quality

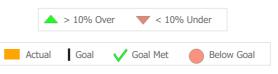
Data Entry	Actual S	tate Avg
Valid NOMS Data	99%	90%
Valid TEDS Data	100%	94%
On-Time Periodic	Actual	State Avg
6 Month Updates	N/A	N/A
Co-occurring	Actual	State Avg
MH Screen Complete	100%	94%
V SA Screen Complete	100%	94%
Diagnosis	Actual	State Avg
	100%	100%

Data Submitted to DMHAS by Month



Discharge Outcomes





* State Avg based on 8 Active Transitional/Halfway House 3.1 Programs

Connecticut Dept of Mental Health and Addiction Services Program Quality Dashboard

Reporting Period: July 2021 - September 2021 (Data as of Feb 01, 2022)

Program Activity

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	15	18	-17% 🔻
Admits	6	8	-25% 🔻
Discharges	7	11	-36% 🔻
Bed Days	744	698	7%

Data Submission Quality

Data Entry	Actual	State Avg
Valid NOMS Data	100%	90%
Valid TEDS Data	100%	94%
On-Time Periodic	Actual	State Avg
6 Month Updates	N/A	N/A
Co-occurring	Actual	State Avg
V MH Screen Complete	100%	94%
V SA Screen Complete	100%	94%
	T. T	
Diagnosis	Actual	State Avg

Data Submitted to DMHAS by Month

100%

100%

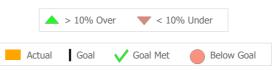


Valid Axis I Diagnosis

Discharge Outcomes

< 90%

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Treatment Completed Successfully		5	71%	85%	63%	-14%	-
	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
No Re-admit within 30 Days of Discharge		6	86%	85%	86%	1%	
	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓ Follow-up within 30 Days of Discharge		5	100%	90%	78%	10%	
Recovery							
National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Abstinence/Reduced Drug Use		14	93%	70%	85%	23%	
Employed		4	27%	60%	42%	-33%	▼
Bed Utilization							
12 Months Trend	Beds Avg LOS	Turnover	Actual %	Goal %	State Avg	Actual vs Goal	_
Avg Utilization Rate	11 108 days	0.7	74%	90%	79%	-16%	



90-110%

>110%

* State Avg based on 8 Active Transitional/Halfway House 3.1 Programs

Program Activity

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	289	281	3%
Admits	317	304	4%
Discharges	314	302	4%
Bed Days	1,221	1,248	-2%

Data Submission Quality

Data Entry	Actual S	tate Avg
Valid NOMS Data	96%	83%
Valid TEDS Data	100%	98%
On-Time Periodic	Actual	State Avg
6 Month Updates	N/A	N/A
Co-occurring	Actual	State Avg
V MH Screen Complete	97%	97%
V SA Screen Complete	97%	96%
·		
Diagnosis	Actual	State Avg

Data Submitted to DMHAS by Month

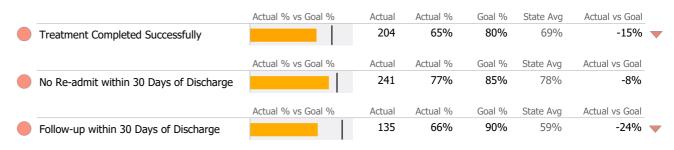
100%

100%



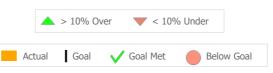
Valid Axis I Diagnosis

Discharge Outcomes



Bed Utilization





* State Avg based on 7 Active Medically Monitored Detox 3.7D Programs

Addiction - Residential Services - Intermediate/Long Term Res.Tx 3.5

Connecticut Dept of Mental Health and Addiction Services Program Quality Dashboard

Reporting Period: July 2021 - September 2021 (Data as of Feb 01, 2022)

Program Activity

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	20	21	-5%
Admits	11	13	-15% 🔻
Discharges	9	10	-10%
Bed Days	895	860	4%

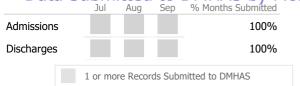
Data Submission Quality

Data Entry	Actual S	State Avg
Valid NOMS Data	90%	84%
Valid TEDS Data	100%	96%
On-Time Periodic	Actual	State Avg
6 Month Updates	N/A	6%
Co-occurring	Actual	State Avg
V MH Screen Complete	100%	94%
V SA Screen Complete	100%	90%
Diagnosis	Actual	State Avg

Data Submitted to DMHAS by Month

100%

99%

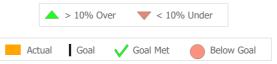


Valid Axis I Diagnosis

Discharge Outcomes

		Actual 9	% vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Treatment Completed Su	Iccessfully			5	56%	70%	66%	-14%
		Actual 9	% vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
V No Re-admit within 30 D	ays of Discharge			8	89%	85%	91%	4%
		Actual 9	% vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
V Follow-up within 30 Days	s of Discharge			5	100%	90%	72%	10%
Recovery								
National Recovery Measures	(NOMS)	Actual %	% vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Abstinence/Reduced Dru	g Use			13	65%	70%	62%	-5%
Bed Utilization								
	12 Months Trend	Beds	Avg LOS	Turnover	Actual %	Goal %	State Avg	Actual vs Goal
Avg Utilization Rate		11	98 days	0.6	88%	90%	92%	-2%

< 90%	90-110%	>110%



* State Avg based on 25 Active Intermediate/Long Term Res.Tx 3.5 Programs

Addiction - Residential Services - Intermediate/Long Term Res.Tx 3.5

Connecticut Dept of Mental Health and Addiction Services Program Quality Dashboard

Reporting Period: July 2021 - September 2021 (Data as of Feb 01, 2022)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	167	73	129%	
Admits	127	54	135%	
Discharges	86	33	161%	
Bed Days	6,397	2,623	144%	

Data Submission Quality

Data Entry	Actual	State Avg
Valid NOMS Data	79%	84%
Valid TEDS Data	100%	96%
On-Time Periodic	Actua	I State Avg
6 Month Updates	N/A	6%
Co-occurring	Actua	I State Avg
MH Screen Complete	81%	94%
SA Screen Complete	81%	90%
Diagnosis	Actua	I State Avg
Valid Axis I Diagnosis	100%	99%

Discharge Outcomes

	Actual %	vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Treatment Completed Successfully			40	47%	70%	66%	-23%
	Actual %	vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
No Re-admit within 30 Days of Discharge			73	85%	85%	91%	0%
	Actual %	vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Follow-up within 30 Days of Discharge			29	72%	90%	72%	-18%
Recovery							
National Recovery Measures (NOMS)	Actual %	vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Abstinence/Reduced Drug Use			88	52%	70%	62%	-18%
Bed Utilization							
12 Months Trend	Beds	Avg LOS	Turnover	Actual %	Goal %	State Avg	Actual vs Goal
Avg Utilization Rate	76	69 days	0.5	91%	90%	92%	1%



Data Submitted to DMHAS by Month

	Jul	Aug	Sep	% Months Submitted
Admissions				100%
Discharges				100%
	1 or mo	ore Reco	rds Subr	nitted to DMHAS

	> 10% 0	ver 🔻 < 10 ⁰	% Under	
Actual	Goal	V Goal Met	Belo	w Goal

* State Avg based on 25 Active Intermediate/Long Term Res.Tx 3.5 Programs

Addiction - Residential Services - Transitional/Halfway House 3.1 Report

Reporting Period: July 2021 - September 2021 (Data as of Feb 01, 2022)

Program Activity

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	22	25	-12% 🔻
Admits	11	18	-39% 🔻
Discharges	14	16	-13% 🔻
Bed Days	684	597	15% 🔺

Data Submission Quality

Data Entry	Actual S	State Avg
Valid NOMS Data	82%	90%
Valid TEDS Data	100%	94%
On-Time Periodic	Actual	State Avg
6 Month Updates	N/A	N/A
Co-occurring	Actual	State Avg
V MH Screen Complete	100%	94%
V SA Screen Complete	100%	94%
Diagnosis	Actual	State Avg

Data Submitted to DMHAS by Month

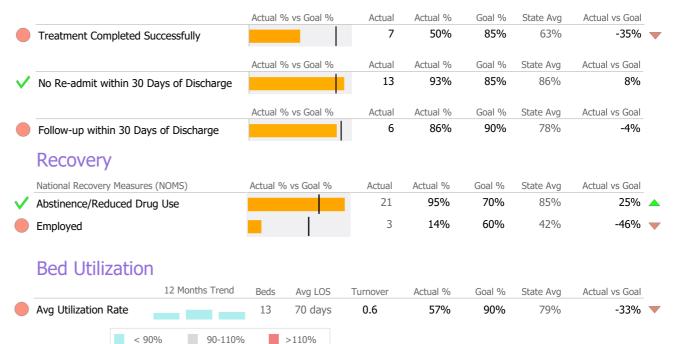
100%

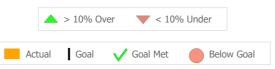
100%



Valid Axis I Diagnosis

Discharge Outcomes





* State Avg based on 8 Active Transitional/Halfway House 3.1 Programs

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	8	22	-64% 🔻	
Admits	4	15	-73% 🔻	
Discharges	8	18	-56% 🔻	
Service Hours	21	91	-77% 🔻	
Social Rehab/PHP/IOP Days	64	91	-30% 🔻	

Data Submission Quality

Data Entry	Actual S	itate Avg
Valid NOMS Data	56%	85%
Valid TEDS Data	100%	87%
On-Time Periodic	Actual	State Avg
6 Month Updates	N/A	4%
Co-occurring	Actual	State Avg
V MH Screen Complete	100%	87%
V SA Screen Complete	100%	87%
I		
Diagnosis	Actual	State Ava

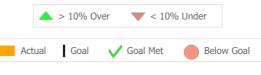


Data Submitted to DMHAS by Month



Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	_
Treatment Completed Successfully		3	38%	50%	62%	-12%	
	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Follow-up within 30 Days of Discharge		3	100%	90%	64%	10%	
Recovery							
National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Stable Living Situation		7	88%	95%	74%	-7%	
Employed	· ·	3	38%	50%	23%	-12%	,
Not Arrested		2	25%	75%	68%	-50%	,
Abstinence/Reduced Drug Use		0	0%	55%	39%	-55%	,
Self Help		0	0%	60%	11%	-60%	
Service Utilization							
	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Clients Receiving Services		N/A	N/A	90%	45%	N/A	-



* State Avg based on 55 Active Standard IOP Programs

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	167	287	-42%	▼
Admits	78	166	-53%	▼
Discharges	87	182	-52%	▼
Service Hours	693	943	-27%	▼

Data Submission Quality

Data Entry	Actual S	tate Avg
Valid NOMS Data	59%	87%
Valid TEDS Data	99%	88%
On-Time Periodic	Actual	State Avg
V 6 Month Updates	94%	25%
Co-occurring	Actual	State Avg
MH Screen Complete	100%	94%
V SA Screen Complete	100%	94%
	•	
Diagnosis	Actual	State Avg

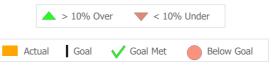
Valid Axis I Diagnosis	100%	99%

Data Submitted to DMHAS by Month



Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Treatment Completed Successfully		46	53%	50%	50%	3%
Recovery						
National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Abstinence/Reduced Drug Use		100	59%	55%	37%	4%
Stable Living Situation	· · · · · · · · · · · · · · · · · · ·	155	91%	95%	67%	-4%
Employed	 '	68	40%	50%	25%	-10%
Self Help	_ '	27	16%	60%	13%	-44%
Not Arrested	<u> </u>	40	24%	75%	69%	-51%
Service Utilization						
	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Clients Receiving Services		81	98%	90%	50%	8%
Service Engagement						
Outpatient	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
2 or more Services within 30 days		56	73%	75%	62%	-2%



* State Avg based on 106 Active Standard Outpatient Programs

Forensic SA - Case Management - Standard Case Management

Connecticut Dept of Mental Health and Addiction Services Program Quality Dashboard

Reporting Period: July 2021 - September 2021 (Data as of Feb 01, 2022)

Program Activity

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	19	22	-14% 🔻
Admits	9	10	-10%
Discharges	6	8	-25% 🔻
Service Hours	95	59	61% 🔺

Data Submission Quality

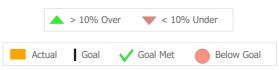
Data Entry	Actual	State Avg
Valid NOMS Data	100%	99%
On-Time Periodic	Actual	State Avg
V 6 Month Updates	100%	11%

Data Submitted to DMHAS by Month

Admissions		100%
Discharges		100%
Services		100%

Discharge Outcomes

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
\checkmark	Treatment Completed Successfully		5	83%	50%	69%	33%	
	Recovery							
	National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
\checkmark	Self Help		19	100%	60%	60%	40%	
\checkmark	Employed		10	53%	20%	25%	33%	
\checkmark	Social Support		17	89%	60%	74%	29%	
\checkmark	Stable Living Situation		18	95%	80%	52%	15%	
	Service Utilization							
		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
\checkmark	Clients Receiving Services		13	93%	90%	60%	3%	



* State Avg based on 8 Active Standard Case Management Programs

Forensic SA - Case Management - Standard Case Management

Connecticut Dept of Mental Health and Addiction Services Program Quality Dashboard

Reporting Period: July 2021 - September 2021 (Data as of Feb 01, 2022)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	20	8	150%	
Admits	10	2	400%	
Discharges	12	4	200%	
Service Hours	18	15	24%	

Data Submission Quality

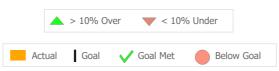
	Data Entry	Actual	State Avg
\checkmark	Valid NOMS Data	1009	% 99%
		•	
	On-Time Periodic	Actu	al State Avg
\checkmark	6 Month Updates	1009	% 11%

Data Submitted to DMHAS by Month

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

Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
✓ Treatment Completed Successfully		11	92%	50%	69%	42%
Recovery						
National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
✓ Self Help		20	100%	60%	60%	40%
✓ Social Support		18	90%	60%	74%	30%
Employed		7	35%	20%	25%	15%
Stable Living Situation		10	50%	80%	52%	-30%
Service Utilization						
	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
✓ Clients Receiving Services		9	100%	90%	60%	10%



* State Avg based on 8 Active Standard Case Management Programs

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	132	168	-21%	▼
Admits	-	4	-100%	▼
Discharges	7	15	-53%	▼

Data Submitted to DMHAS by Month

	Jui	Aug	Seb	70 Month's Submitted
Admissions				0%
Discharges				100%
	1 or mo	re Recor	rds Subr	nitted to DMHAS

	> 10% 0	ver 🔍 < 109	6 Under	
Actual	Goal	V Goal Met	Below Goal	

* State Avg based on 16 Active Pre-trial Intervention Programs Programs

Addiction - Medication Assisted Treatment - Buprenorphine Maintenance

Reporting Period: July 2021 - September 2021 (Data as of Feb 01, 2022)

Program Activity

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	33	27	22%	
Admits	7	7	0%	
Discharges	8	11	-27%	▼
Service Hours	60	30	97%	

Data Submission Quality

Data Entry	Actual	I State Avg
Valid NOMS Data	8	33% 92%
Valid TEDS Data	10	0% 94%
On-Time Periodic	Ac	ctual State Ave
✓ 6 Month Updates	9	93% 23%
Co-occurring	Ac	ctual State Avg
MH Screen Complete	10	0% 76%
V SA Screen Complete	10	0% 92%
Diagnosis	Ac	ctual State Avg

Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
✓ Treatment Completed Successfully		4	50%	50%	54%	0%
Recovery						
National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
✓ Abstinence/Reduced Drug Use		31	94%	55%	40%	39%
Stable Living Situation		33	100%	95%	56%	5%
✓ Self Help	· · ·	21	64%	60%	13%	4%
Not Arrested	· · · · ·	23	70%	75%	58%	-5%
Employed	 `	12	36%	50%	19%	-14%
Service Utilization						
	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Clients Receiving Services		23	92%	90%	39%	2%

Data Submitted to DMHAS by Month

97%

100%



Valid Axis I Diagnosis



* State Avg based on 20 Active Buprenorphine Maintenance Programs

Program Activity

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	0	12	•
Admits	-	8	-100% 🔻
Discharges	-	10	-100% 🔻
Service Hours	-	3	-100% 🔻

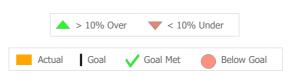
Data Submission Quality

Data Entry	Actual	State Avg
Valid NOMS Data	N/A	92%
Valid TEDS Data	N/A	94%
On-Time Periodic	Actua	State Avg
6 Month Updates	N/A	23%
Co-occurring	Actua	State Avg
MH Screen Complete	N/A	76%
SA Screen Complete	N/A	92%

Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Treatment Completed Successfully		N/A	N/A	50%	54%	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%	40%	-55% 🤜	
Employed	Ĺ	N/A	N/A	50%	19%	-50%	
Not Arrested		N/A	N/A	75%	58%	-75%	
Self Help		N/A	N/A	60%	13%	-60%	
Stable Living Situation	·	N/A	N/A	95%	56%	-95%	
Service Utilization							
	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Clients Receiving Services		N/A	N/A	90%	39%	N/A	

Data Submitted to DMHAS by Month



* State Avg based on 20 Active Buprenorphine Maintenance Programs

Program Activity

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	0		
Admits	-	-	
Discharges	-	-	
Service Hours	-	-	

Data Submission Quality

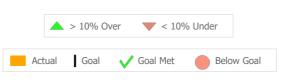
Data Entry	Actual	State Avg
Valid NOMS Data	N/A	93%
Valid TEDS Data	N/A	100%
	-	
On-Time Periodic	Actua	State Avg
6 Month Updates	N/A	10%
Co-occurring	Actua	State Avg
MH Screen Complete	N/A	77%
SA Screen Complete	N/A	92%

Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Treatment Completed Successfully		N/A	N/A	50%	62%	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%	69%	-55%	
Employed	l.	N/A	N/A	50%	46%	-50%	
Not Arrested	· · ·	N/A	N/A	75%	85%	-75%	
Self Help		N/A	N/A	60%	40%	-60%	
Stable Living Situation		N/A	N/A	95%	83%	-95%	
Service Utilization							
	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Clients Receiving Services		N/A	N/A	90%	85%	N/A	

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	% Months Submitted
Admissions				0%
Discharges				0%
	1 or mo	re Reco	rds Subr	nitted to DMHAS



* State Avg based on 6 Active Naltrexone Programs

Connecticut Dept of Mental Health and Addiction Services Program Quality Dashboard

Forensic SA - Forensics Community-based - Court Liaison-Jail Diversion

Reporting Period: July 2021 - September 2021 (Data as of Feb 01, 2022)

Program Activity

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	21	51	-59% 🔻
Admits	7	5	40% 🔺
Discharges	11	3	267% 🔺
Service Hours	-	20	-100% 🔻

Service Utilization

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
Clients Receiving Services		0	0%	90%	61%	N/A	

Jail Diversion

		Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goa
Follow-up Service	within 48 hours		0	0%	0%	50%	0%
	▲ > 10% Over	< 10% Under					
Act	ual 🛛 Goal 🗸 G	oal Met 🛛 🔴 Below Goal					

Data	Submitted Jul Aug	to E	MHAS by Month % Months Submitted			
Admissions			100%			
Discharges			67%			
Services			33%			
1 or more Records Submitted to DMHAS						