

Month of Discharge	Name of Community Partner Clinic	Site Name (if Applicable)	Put an "X" in this box only if there are no discharges for this month	Patient Last Name	Patient First Name	MHLA PID #	Date of Service for Initial Subscales (The MHPS Screening)	Initial BUPPS Protective Factors Score	Initial WHO Wellbeing Score	Date of Service for final/last collected subscales	Final or Last Collected BUPPS Protective Factors Score	Final or Last Collected WHO Wellbeing Score	Total Number of MHPS sessions (H0002 + H2014)
February	Clinic of America	Alpha Site		Doe	John	111111	12/15/2021	12	10	2/20/22	25	20	6
February	Clinic of America	Alpha Site		Turner	Tina	555555	1/3/2022	20	19	2/2/22	25	17	3
February	Clinic of America	Beta Site		Eastwood	Clint	222222	2/12/22	13	9	2/26/22	12	9	2
March	Clinic of America	Alpha Site	X										
March	Clinic of America	Beta Site		Wayne	John	888888	1/5/22	18	15	3/20/22	27	19	8
March	Clinic of America	Beta Site		Ross	Diana	333333	2/15/22	17	12	3/28/22	17	20	4

Sample