Division of Behavioral Health Substance Use Disorder Outcome Tool DISCHARGE

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Client STAF	RS ID:	_	_ _ _ _			
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Adult SUD Form -Discharge

								Don't			
4. Please answer the foll	Nig	hts/Time	es know								
In the past 30 days, how man											
*Federally Required Element			ĺ—								
5. Please answer the following questions based on the <u>past 30 days</u>											
a. Have you gotten into trouble at home, at school, work, or in the community,											
because of your use of alcoh-							[Ш]1 С3	i □No			
b. Have you missed school or	r work l	pecause of	using a	ılcohol, dru	ıgs, inh	alants, or	□Yes	No			
gambling?											
*Element agreed upon by the DOWG	r										
6. Please answer the foll	owing	question	ıs base	ed on the	past 3	<u>U</u>	nber of	Don't			
davs		_			_	Nig	hts/Time	es know			
a. How many times have you	gone to	an emerg	gency r	oom for a p	sychiat	ric	[
or emotional problem?	_			_	_						
b. How many nights have you	u spent	in a facilit	y for:								
i. Detoxification?											
ii. Inpatient/Residential Su	ıbstanc	e Use Diso	rder Tr	eatment?							
iii. Mental Health Care?											
iv. Illness, Injury, Surgery?											
c. How many nights have you		in a correc	ctional	facility incl	uding ja	ail					
or prisons (as a result of a	-				Ο,						
d. How many times have you											
7. Please check the		Before the			No	w (At end	of Pro	gram)			
appropriate box on											
how you are doing											
since entering the											
program that best tells	-		0 1				<i>a</i> 1				
us what you think.	Poor 1	Average 2	Good 3	Excellent	Poor 1	Average 2	Good 3	Excellent 4			
•				4				4			
a. Controlling alcohol											
use.		,	· —	, 		, 	·	· [
b. Controlling drug use.											

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8. I would be able to resist the urge to drink heavily and/or use drugs	Not at all confident					Very Confident					
if I were angry at the way things had turned out	0	[1	2	3	4	5	6	7	8	9	10
if I had unexpectedly found some booze/drugs or happened to see something that reminded me of drinking/using drugs	0	1	2	3	4	5	6	7	8	9	10
if other people treated me unfairly or interfered with my plans	0	[1	2	3	4	5	6	7	8	9	10
if I were out with friends and they kept suggesting we go somewhere to drink/use drugs	0	[1	2	[3	4	5	6	7	8	9	[10

9. Please indicate your level of agreement or	Response Options								
disagreement with the statements by checking the choice that best represents your feelings or opinion over the past 30 days. (Please answer for relationships with persons other than your behavioral health provider(s).) Source: MHSIP Survey *Element Agreed upon by DOWG	Strongly	Disagree	Undecided	Agree	Strongly agree	Not applicable	Refused		
Domain: Social Connectedness Questions 1-4									
1. I am happy with the friendships I have.									
2. I have people with whom I can do enjoyable things.									
3. I feel I belong in my community.									
4. In a crisis, I would have the support I need from family or friends.									
Domain: Improved Functioning Domain: Questions 5-8									
5. I do things that are more meaningful to me.									
6. I am better able to take care of my needs.									
7. I am better able to handle things when they go wrong.									
8. I am better able to do things that I want to do.									
Domain: Perception of Access to Services Questions 9-13									
9. The location of services was convenient.									
10. Staff was willing to see me as often as I felt it was necessary.									
11. Staff returned my calls within 24 hours.									
12. Services were available at times that were good for me.									
13. I was able to get all the services I thought I needed.									
Domains: Perception of Quality and Appropriateness Questions 14-21									
14. Staff believed that I could grow, change and recover.									
15. I felt free to complain.									
16. Staff respected my wishes about who is and is not to be given information about my treatment.									
17. Staff was sensitive to my cultural/ethnic background.									

Adult SUD Form -Discharge

18. Staff helped me obtain the information needed so I could take charge of managing my illness.				
19. I was given information about my rights.		П		
20. Staff encouraged me to take responsibility for how I live				
my life.				
21. I was encouraged to use consumer-run programs.				
Domain: Perceptions of Outcomes Questions 22-29				
22. I deal more effectively with daily problems.				
23. I am better able to control my life.				
24. I am better able to deal with crisis.				
25. I am getting along better with my family.				
26. I do better in social situations.				
27. I do better in school and/or work.				
28. My symptoms are not bothering me as much.				
29. My housing situation has improved.				
Domain: Perceptions of Participation in Treatment				
Planning Questions 30-31				
30. I felt comfortable asking questions about my treatment.				
31. I, not staff, decided my treatment goals.				
Domain: General Satisfaction Questions 32-34				
32. I liked the services that I received here.				
33. If I had other choices, I would still get services at this				
agency.	 	 		
34. I would recommend this agency to a friend or family member.				
Ouestion required to be completed by Clinician				

10. At this interval period, what is your (clinician's) assessment of the client's understanding and willingness to engage in their treatment program? Please circle a number on the scale below:

	Minimal	Limited	Positive	Optimal	
Unengaged and	Engagement in	Engagement in	Engagement in	Engagement in	
Blocked	Recovery	Recovery	Recovery	Recovery	
1	2	3	4	5	