Division of Behavioral Health
Substance Use Disorder Outcome Tool
Family
INITIAL

Todays' Date:

Client STARS ID:|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

Program

- ☐ 1.0 Outpatient
- ☐ 2.1 Intensive Outpatient
- ☐ 2.5 Day Treatment
- ☐ 3.7 Intensive Inpatient Treatment (PRTF)
- ☐ 3.1 Low Intensity Residential
- ☐ Adolescent EBP Services

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1. Would you say that in general your child's health is:

☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

a. Now thinking about your child's physical health, which includes physical illness and injury, how many days during the past 30 days was your child's physical health not good? ___

b. Now thinking about your child's mental health, which includes stress, depression, and problems with emotions, how many days during the past 30 days was your child's mental health not good? ___

c. During the past 30 days, approximately how many days did your child's poor physical or mental health keep you from doing your child's usual activities, such as self-care, school, work, or recreation? ___

2. At this moment, how important is it that your child change their current behaviors and/or symptoms? Please circle a number on the scale below:

Not important at all				About as important as most of the other things I would like to achieve now					Most important thing in my life right now	
0	1	2	3	4	5	6	7	8	9	10

3. At this moment, how confident are you, that your child will change their current behaviors and/or symptoms? Please circle a number on the scale below:

Not important at all				About as important as most of the other things I would like to achieve now					Most important thing in my life right now	
0	1	2	3	4	5	6	7	8	9	10

4. Please answer the following question	Number of Nights/Times	Don't know
In the past 30 days, how many times has your child been arrested? *Federally Required Element	____	☐

5. Please answer the following questions based on the past 30 days…		
a. Has your child gotten into trouble at home, at school, work, or in the community, because of their use of alcohol, drugs, inhalants, or gambling?	☐Yes	☐No
b. Has your child missed school or work because of using alcohol, drugs, inhalants, or gambling?	☐Yes	☐No

*Federally Required Element

6. Please answer the following questions based on the past 30 days…	Number of Nights/Times	Don't know
a. How many times has your child gone to an emergency room for a psychiatric or emotional problem?	____	☐
b. How many nights has your child spent in a facility for:		
i. Detoxification?	____	☐
ii. Inpatient/Residential Substance Use Disorder Treatment?	____	☐
iii. Mental Health Care?	____	☐
iv. Illness, Injury, Surgery?	____	☐
c. How many nights has your child spent in a correctional facility including JDC or Jail (as a result of an arrest, parole or probation violation)?	____	☐
d. How many times has your child tried to commit suicide?	____	☐

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

8. Please indicate your level of agreement or 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 *Federally Required	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Not applicable	Refused
Domain: Social Connectedness Questions 1-4							
1. My child knows people who will listen and understand them when they need to talk.	☐	☐	☐	☐	☐	☐	☐
2. In a crisis, my child would have the support they need from family and friends.	☐	☐	☐	☐	☐	☐	☐
3. My child has people that he/she are comfortable talking with about their problems.	☐	☐	☐	☐	☐	☐	☐
4. My child has people with whom they can do enjoyable things.	☐	☐	☐	☐	☐	☐	☐
Domain: Improved Functioning Domain: Questions 5-11							
5. My child is able to do things he or she wants to do.	☐	☐	☐	☐	☐	☐	☐
6. My child gets along with family members.	☐	☐	☐	☐	☐	☐	☐
7. My child gets along with friends and other people.	☐	☐	☐	☐	☐	☐	☐
8. My child does well in school and/or work.	☐	☐	☐	☐	☐	☐	☐
9. My child is able to cope when things go wrong.	☐	☐	☐	☐	☐	☐	☐
10. My child is able to handle daily life.	☐	☐	☐	☐	☐	☐	☐
11. I am satisfied with our family life right now.	☐	☐	☐	☐	☐	☐	☐

Question to be answered 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:

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