

# Division of Behavioral Health Substance Use Disorder Outcome Tool DISCHARGE

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Client STARS ID: |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|

- |  |  |
|--|--|
| <p><b>Program</b></p> <p><input type="checkbox"/> 1.0 Outpatient</p> <p><input type="checkbox"/> 2.1 Intensive Outpatient<br/>(Including 2.1/3.1)</p> <p><input type="checkbox"/> 2.5 Day Treatment</p> <p><input type="checkbox"/> 3.1 Low Intensity Residential</p> <p><input type="checkbox"/> 3.7 Intensive Inpatient<br/>Treatment</p> <p><input type="checkbox"/> CBISA (CJI Only)</p> <p><input type="checkbox"/> CBISA/MRT (CJI Only)</p> <p><input type="checkbox"/> CBISA/MRT/3.1 Services (CJI<br/>Only)</p> <p><input type="checkbox"/> MRT Telehealth Based Services<br/>(CJI Only)</p> <p><input type="checkbox"/> Intensive Methamphetamine<br/>Treatment- Phase 1</p> <p><input type="checkbox"/> Intensive Methamphetamine<br/>Treatment- Phase 3</p> | <p><input type="checkbox"/> 1.0 Gambling Outpatient</p> <p><input type="checkbox"/> 2.1 Gambling Intensive<br/>Outpatient</p> <p><input type="checkbox"/> 2.5 Gambling Day Treatment</p> <p><input type="checkbox"/> 3.7 Gambling Intensive Inpatient<br/>Treatment</p> <p><input type="checkbox"/> MRT (CJI Only)</p> <p><input type="checkbox"/> CBISA/3.1 Services (CJI Only)</p> <p><input type="checkbox"/> CBISA Telehealth Based Services<br/>(CJI Only)</p> <p><input type="checkbox"/> CBISA/MRT Telehealth Based<br/>Services (CJI Only)</p> <p><input type="checkbox"/> Intensive Methamphetamine<br/>Treatment- Phase 2</p> <p><input type="checkbox"/> Intensive Methamphetamine<br/>Treatment- Phase 4</p> |
|--|--|

### 1. Would you say that in general your health is:

- Excellent   
  Very Good   
  Good   
  Fair   
  Poor

- a. Now thinking about your physical health, which includes physical illness and injury, how many days during the past 30 days was your physical health not good? \_\_\_\_\_
- b. Now thinking about your mental health, which includes stress, depression, and problems with emotions, how many days during the past 30 days was your mental health not good? \_\_\_\_\_
- c. During the past 30 days, approximately how many days did your poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? \_\_\_\_\_

### 2. At this moment, how important is it that you change your current your 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<br>would like to achieve now |   |   |   | Most important thing in my<br>life right now |   |   |    |
| 0                    | 1 | 2 | 3   | 4 | 5 | 6 | 7  | 8 | 9 | 10 |

### 3. At this moment, how confident are you that you will change your 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<br>would like to achieve now |   |   |   | Most important thing in my<br>life right now |   |   |    |
| 0                    | 1 | 2 | 3   | 4 | 5 | 6 | 7  | 8 | 9 | 10 |

### 4. Please answer the following question

Number of      Don't

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	Nights/Times	know
In the <u>past 30 days</u> , how many times have you been arrested? *Federally Required Element	_____	<input type="checkbox"/>

<b>5. Please answer the following questions based on the <u>past 30 days</u>...</b>		
a. Have you gotten into trouble at home, at school, work, or in the community, because of your use of alcohol, drugs, inhalants, or gambling?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Have you missed school or work because of using alcohol, drugs, inhalants, or gambling?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>6. Please answer the following questions based on the <u>past 6 months</u>...</b>	Number of Nights/Times	Don't know
a. How many times have you gone to an emergency room for a psychiatric or emotional problem?	_____	<input type="checkbox"/>
b. How many nights have you spent in a facility for:		
i. Detoxification?	_____	<input type="checkbox"/>
ii. Inpatient/Residential Substance Use Disorder Treatment?	_____	<input type="checkbox"/>
iii. Mental Health Care?	_____	<input type="checkbox"/>
iv. Illness, Injury, Surgery?	_____	<input type="checkbox"/>
c. How many times have you been arrested?	_____	<input type="checkbox"/>
d. How many nights have you spent in a correctional facility including jail or prisons (as a result of an arrest, parole or probation violation)?	_____	<input type="checkbox"/>
e. How many times have you tried to commit suicide?	_____	<input type="checkbox"/>
*Element agreed upon by the DOWG		

<b>7. Please check the appropriate box on how you are doing since entering the program that best tells us what you think.</b>	Before the Program				Now (At end of Program)			
	Poor 1	Average 2	Good 3	Excellent 4	Poor 1	Average 2	Good 3	Excellent 4
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Controlling alcohol use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Controlling drug use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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<b>8. I would be able to resist the urge to drink heavily and/or use drugs...</b>	Not at all confident <span style="float: right;">Very Confident</span>										
... 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

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

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

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
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>