

Division of Behavioral Health

Substance Use Disorder Outcome Tool

Family Update

Today's Date: ____/____/____

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

- Program**
- | | |
|--|---|
| <input type="checkbox"/> 1.0 Outpatient | <input type="checkbox"/> 2.1 Intensive Outpatient |
| <input type="checkbox"/> 2.5 Day Treatment | <input type="checkbox"/> 3.7 Intensive Inpatient Treatment (PRFT) |
| <input type="checkbox"/> 3.1 Low Intensity Residential | |

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 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. 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? <small>*Federally Required Element</small> | _____ | <input type="checkbox"/> |

3. Please answer the following questions based on the past 6 months...

| | Number of Nights/Times | Don't know |
|--|---------------------------|--------------------------|
| 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? | _____ | <input type="checkbox"/> |

| | | |
|---|-------|--------------------------|
| b. How many nights has your child 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 has your child been arrested? | _____ | <input type="checkbox"/> |
|---|-------|--------------------------|

| | | |
|---|-------|--------------------------|
| d. 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)? | _____ | <input type="checkbox"/> |
|---|-------|--------------------------|

| | | |
|---|-------|--------------------------|
| e. How many times has your child tried to commit suicide? <small>*Federally Required Element</small> | _____ | <input type="checkbox"/> |
|---|-------|--------------------------|

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| 4. 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).) *Federally Required | Response Options | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | 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. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. In a crisis, my child would have the support they need from family and friends. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. My child has people that he/she are comfortable talking with about their problems. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. My child has people with whom they 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"/> |
| Domain: Improved Functioning/ Outcomes Domain: Questions 5-11 | | | | | | | |
| 5. My child is better able to do things he or she wants to do. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. My child gets along with family members. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. My child gets along with friends and other people. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. My child is doing 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"/> |
| 9. My child is able to cope when things go wrong. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. I am satisfied with our family life right now. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. I am able to do things 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"/> |
| Domain: Perception of Access to Services Questions 12-13 | | | | | | | |
| 12. The location of services was convenient for us. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Services are available at times that are convenient for us. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Domains: Perception of Cultural Sensitivity Questions 14-17 | | | | | | | |
| 14. Staff treat me with respect. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Staff respect my family's religious/spiritual beliefs. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Staff speak with me in a way that I understand. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Staff are 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"/> |
| Domain: Perceptions of Participation in Treatment Planning Questions 18-20 | | | | | | | |
| 18. I helped to choose my child's services. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. I help to choose my child's treatment goals. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. I am frequently involved in my child's treatment. | <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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| | Response Options | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Strongly disagree | Disagree | Undecided | Agree | Strongly agree | Not applicable | Refused |
| Domain: General Satisfaction Questions 21-26 | | | | | | | |
| 21. Overall I am satisfied with the services my child received here. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. The people helping my child have stuck with us no matter what. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. I feel my child has someone to talk to when he/she is troubled. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. The services my child and/or family received were right for us. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. My family got the help we wanted for my child. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. My family has gotten as much help as we needed for my child | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |