

# **TREATMENT OUTCOMES PROGRAM MANUAL**

## **GUIDELINES FOR SUBSTANCE USE DISORDER & MENTAL HEALTH SERVICES**

**South Dakota Division of Behavioral Health  
700 Governors Drive, Pierre SD 57501  
605-773-3123  
<http://dss.sd.gov/behavioralhealth>**

---

## INTRODUCTION

The Division of Behavioral Health (DBH) recognizes and supports a system that values meaningful data and outcomes. From both a programmatic and funding perspective, monitoring meaningful data and outcomes has become important to ensure the services being funded through the public behavioral health system are held to a high standard of quality and effectiveness.

In 2015, the Data Outcomes Work Group (DOWG) comprised of Division of Behavioral Health (DBH) staff, mental health providers, and substance use disorder providers developed a framework for identifying and determining meaningful outcome measures for mental health and substance use disorder services.

The Data Outcomes Work Group collaboratively established the following goals:

- Develop streamlined intake/exit data process for all services funded through the DBH
- Reduce duplication
- Identify key core outcome measures across all services
- Identify targeted outcome measures for specialized services
- Develop follow-up process to collect outcome measures post service
- Identify target data submission rates for agencies
- Utilize technology

In consensus, the DOWG agreed upon a comprehensive data collection and analysis process to measure the impacts of Behavioral Health services. This methodology allows for review and reporting of outcome measures on a variety of levels including but not limited to the individual client, the provider, and funding sources at both state and federal levels.

This comprehensive approach to data collection and outcome monitoring will support the DBH to ensure publically funded behavioral health services are an effective and efficient use of public funding. This objective aligns with the DSS strategic plan to improve outcomes through continuous quality improvement along with ensuring access to services for our customers.

# Table of Contents

<b>INTRODUCTION .....</b>	<b>I</b>
<b>GLOSSARY OF TERMS.....</b>	<b>III</b>
<b>THE W.K. KELLOGG FOUNDATION LOGIC MODEL.....</b>	<b>1</b>
<b>AREAS OF RESPONSIBILITY .....</b>	<b>2</b>
DIVISION OF BEHAVIORAL HEALTH RESPONSIBILITIES .....	2
PROVIDER RESPONSIBILITIES.....	2
<b>ADULT OUTCOME TOOL REPORTING ACTIVITIES: .....</b>	<b>3</b>
ADULT OUTCOME TOOL FORMS REQUIREMENTS .....	3
<i>Initial Outcome Tool</i> .....	4
<i>Update Outcome Tool</i> .....	4
<i>Discharge Outcome Tool</i> .....	4
<i>Change in a Client’s Level of Care</i> .....	5
<b>YOUTH OUTCOME TOOL AND FAMILY OUTCOME TOOL REPORTING ACTIVITIES: .....</b>	<b>5</b>
YOUTH OUTCOME TOOL AND FAMILY OUTCOME TOOL REQUIREMENTS.....	6
YOUTH OUTCOME TOOL AND FAMILY OUTCOME TOOL COMPLETION PROCESSES .....	6
<i>Initial Outcome Tool</i> .....	6
<i>Update Outcome Tool</i> .....	7
<i>Discharge Outcome Tool</i> .....	7
<i>Change in a Client’s Level of Care</i> .....	7
<b>APPENDIX A: COMMUNITY BEHAVIORAL HEALTH LOGIC MODELS.....</b>	<b>8</b>
COMMUNITY ADULT SERVICES LOGIC MODEL.....	8
<b>APPENDIX B.....</b>	<b>12</b>
ADULT MENTAL HEALTH OUTCOME QUESTIONS.....	12
SUBSTANCE USE DISORDER OUTCOME QUESTIONS .....	20
<b>References.....</b>	<b>31</b>

## **GLOSSARY OF TERMS**

*Crisis Residence:* A time-limited residential (24 hours/day) stabilization program that delivers services for acute symptom reduction in and restores clients to a pre-crisis level of functioning (SAMHSA, 2016).

*Dependent Living, in a private residence:* Adult clients living in a house, apartment, or other similar dwelling who are heavily dependent on others for daily living assistance (SAMHSA, 2016).

*Employed full time:* Working 35 hours or more each week, including active duty members of the uniformed services (SAMHSA, 2016).

*Employed part-time:* Working fewer than 35 hours each week (SAMHSA, 2016).

*Foster Home/Foster Care:* Client resides in a foster home, i.e., a home that is licensed by a county or state department to provide foster care to children, adolescents, and/or adults. This category includes therapeutic foster care facilities (SAMHSA, 2016).

*Homeless:* Clients with no fixed address; includes homeless shelters (SAMHSA, 2016).

*Inactive client, mental health:* A client who has not had contact by phone or by person with the agency for a time period longer than six months (ARSD 67:62:08:03).

*Inactive client, substance use disorder:* A client who has not had received services from an inpatient or residential program in 3 days; or services from an outpatient program in 30 days (ARSD 67:62:08:03).

*Independent Living, living in a private residence:* Clients living alone or with others in a private residence and capable of self-care. Includes adult children (age 18 and over) living with parents and adolescents living independently. Also includes clients who live independently with case management or supported housing support (SAMHSA, 2016).

*Institutional Setting:* Client resides in an institutional care facility providing care 24 hours/day, 7 days/week. May include skilled nursing/intermediate care facility, nursing homes, institute of mental disease (IMD), inpatient psychiatric hospital, psychiatric health facility, veterans' affairs hospital, state hospital, or Intermediate Care Facility/MR (SAMHSA, 2016).

*Jail/Correctional Facility:* Client resides in a jail, correctional facility, detention center, prison, or other institution under the justice system with care provided on 24 hours/day, 7 days/week (SAMHSA, 2016).

*Not in labor force:* Not looking for work during the past 30 days or a student, homemaker, disabled, retired, or an inmate of an institution (SAMHSA, 2016).

*Residential Care:* Individual resides in a residential care facility. This level of care may include a group home, therapeutic group home, board and care, residential treatment, rehabilitation center, or agency-operated residential care facilities (SAMHSA, 2016).

*School:* Includes, but is not limited to, any one or combination of home-schooling, online education, alternative school, vocational school, or regular school (public, private, charter, traditional, military, magnet, independent, parochial, etc.), at which the child is enrolled in any of the following school grade levels: nursery/pre-school (including Head Start), kindergarten, elementary/middle school (Grades 1-8), middle/high school (Grads 9-12, including General Equivalency Degree or GED), vocational school (including business, technical, secretarial, trade, or correspondence courses which are not counted as regular school enrollment and are not for recreational or adult education classes), or colleges/professional degree (SAMHSA, 2016).

*Self-contained special education:* Children in a special education class that does not have an equivalent school grade level (SAMHSA, 2016).

*Treatment Completed:* All parts of the treatment plan or program were completed (SAMHSA, 2016).

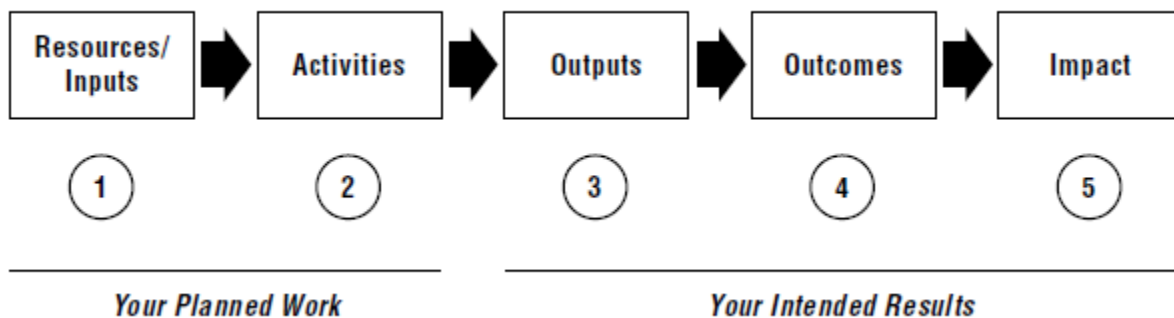
*Treatment Episode:* as defined by Block Grant federal reporting requirements, is the period that begins with the initiation in to a level of care and ends with the termination of services or inactive client with a lapse of services (SAMHSA, 2016).

*Unemployed:* looking for work during the past 30 days or on layoff from job (SAMHSA, 2016).

## THE W.K. KELLOGG FOUNDATION LOGIC MODEL

Data and Outcome Work Group members identified the need for a process that outlined a systematic and visual way to present and share the results of programs funded by Division of Behavioral Health. Collaboratively, the DOWG developed a comprehensive logic model for all publically funded adult behavioral health services. Additionally, logic models for specialized services were developed.

The logic models identify the activities, outputs, outcomes, and impacts for all publically funded adult behavioral health services. To support the collection of this information, outcome tools were developed to supplement the data currently collected and input directly into STARS (i.e.: admission screen, transfer screen, and discharge screen). Please refer to the STARS Manual for timelines and additional guidance regarding STARS requirements.



Planned work describes what resources will be needed for implementation and the intended results the program. Planned work includes:

- *Resources/Inputs* include the human, financial, organizational, and community resources available to direct toward doing the work (i.e.: staff, funding, data collection systems)
- *Activities* are what the program does with the resources. Activities are the processes, tools, events, technology, and actions intended to bring about the desired result (i.e.: direct services, outcome measure collection and reporting, training, quality assurance reviews)

Intended results include all of the program’s desired results. Intended results include:

- *Outputs* are the direct products of program activities including various types, levels, and targeted services to be delivered (i.e.: # of clients served, # clients discharged, # outcome tools submitted, contract expenditure, # of staff trained)
- *Outcomes* are the specific changes in program participants’ behavior, knowledge, skills, status, and level of functioning. (i.e.: pre/post test results)
- *Impacts* are the intended fundamental system change (i.e.: cost avoidance, reduction in arrests, nights homeless and suicide attempts)

The Community Behavioral Health Logic Model reflects the overall vision of the DOWG. The ultimate objectives of the Logic Model are the impacts resulting in fundamental system wide change including:

- Improve public safety
- Decrease reliance on publically funded services
- Increase or maintain quality of life

## **AREAS OF RESPONSIBILITY**

The DOWG collaboratively agreed and identified joint areas of responsibility for the DBH and contracted providers to ensure integrity of the data collection process.

Outlined below are the agreed up on areas of responsibility:

### **Division of Behavioral Health Responsibilities**

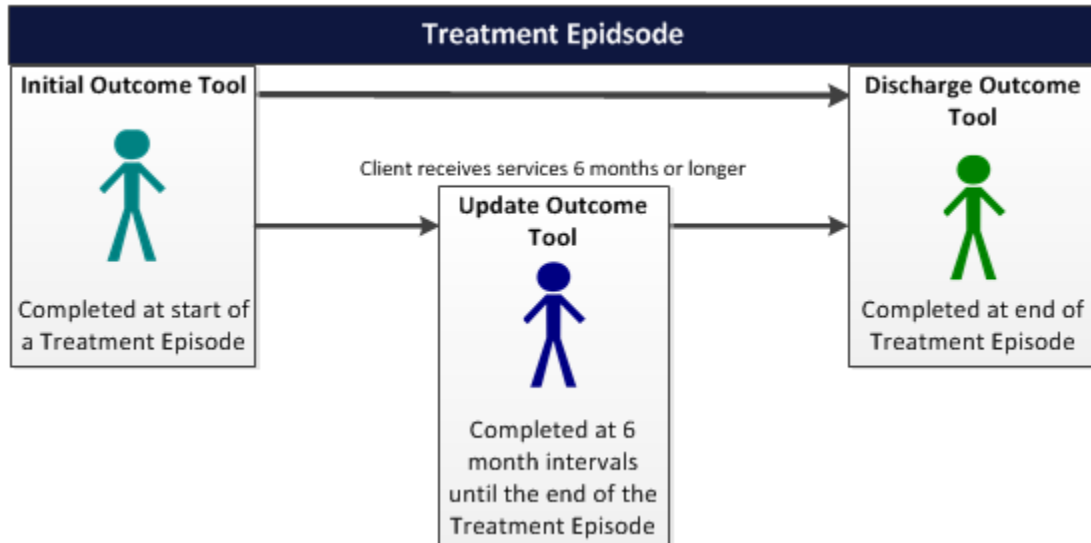
- Ensure all contracted mental health and substance use disorder providers adhere to the procedures set forth in ARSD 67:61 and 67:62 and by the *Treatment Outcome Program Manual*
- Ensure that the Management Information System (MIS), State Treatment Activity Reporting System (STARS), and Outcome Tools are up-to-date and meet federal reporting guidelines
- Ensure providers submit valid data within the identified targeted timeframe
- Review data submitted to DBH through STARS to ensure all required key fields are present and valid
- Provide quarterly and annual reports to providers comprised of outputs and outcomes identified through the Logic Model

### **Provider Responsibilities**

- Adhere to the procedures set forth by ARSD 67:61 and 67:62 and the *Treatment Outcome Program Manual*
- Report all eligible mental health and substance use disorder clients in the STARS data system
- Review data and outcome tools for validity prior to submission
- Timely submission of outcome tools

## ADULT OUTCOME TOOL REPORTING ACTIVITIES:

For individuals receiving publically funded behavioral health services, an Initial Outcome Tool must be completed at the beginning of treatment episode, followed by Update Outcome Tool (for clients in services 6 months or longer), and a Discharge Outcome at the end of an episode of care.



### Adult Outcome Tool Forms Requirements

Adult Outcome Tool forms shall be completed with individuals in the following levels of care:

- Mental Health
  - CARE (Comprehensive Assistance with Recovery and Empowerment)
  - IMPACT (Individualized Mobile Programs of Assertive Community Treatment)
  - First Episode Psychosis (SEBHS and BMS Only)
  - Transition Age Youth (LSS/BMS Only)
- Substance Use Disorders
  - Outpatient Services Program (Level 1.0)
  - Intensive Outpatient Treatment Program (Level 2.1, including 2.1/3.1 Services)
  - Day Treatment Program (Level 2.5)
  - Clinically-Managed Low-Intensity Residential Treatment (Level 3.1)
  - Inpatient Treatment (Level 3.7)
  - CJJ Services
    - CBISA
    - MRT
  - Specialized Intensive Methamphetamine Treatment (Phase 1 through Phase 4, City County Alcohol and Drug and Keystone Treatment Center Only)



## Adult Outcome Forms

- **Initial Outcome Tool**

To be completed at the beginning of a treatment episode as part of the development of the client's treatment plan. The Initial Interview should not be completed prior to the client's formal date of admission to STARS.

- Mental Health Outcome forms shall be completed within 30 days of admission
- Substance Use Disorder Outcome forms shall be completed within
  - 30 days of admission for 1.0, CBISA (CJI Only), and MRT (CJI Only) Levels of Care
  - 10 days of admission for 2.1, 2.5, 3.1, and 3.7 Levels of Care

- **Update Outcome Tool**

To be completed every 6 months until completion of services for both mental health and substance use disorder services.

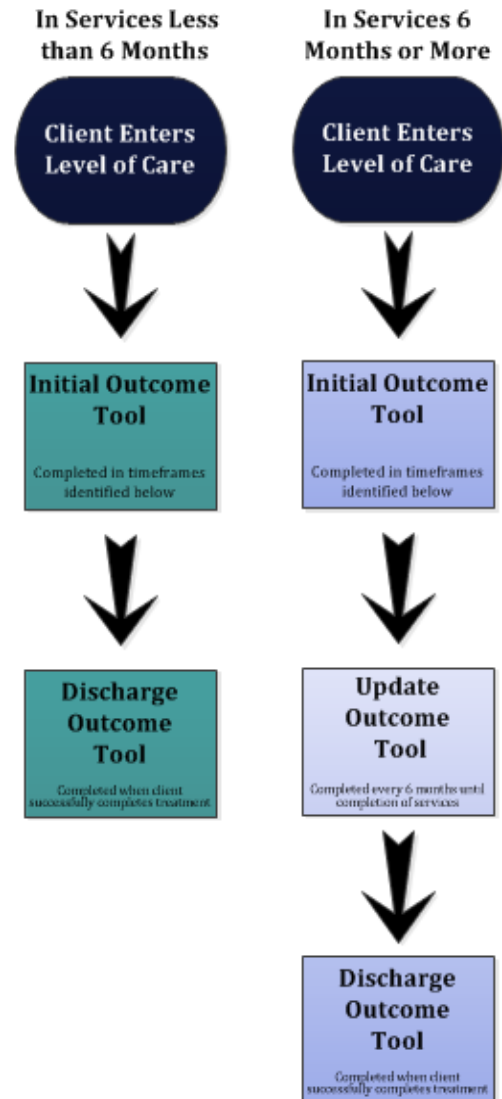
- The forms shall be completed within two weeks prior or two weeks after the appropriate update is due.
- The timing of an appropriate update is based on the client's date of admission in STARS. For example, if a client's admission date was 1/3/16, the 6-month update is expected on 7/3/16.
- For clients who are in services less than 6 months, an Update Outcome Tool is not required.

- **Discharge Outcome Tool**

To be completed when a client successfully completes treatment.

- If a client returns after a Discharge Interview form has been completed, the provider shall complete an Initial Interview for the new episode of care.
- Note: Submitting a Discharge Interview form should coincide with completing a discharge record in STARS.

### Outcome Tool Completion



### Change in a Client’s Level of Care

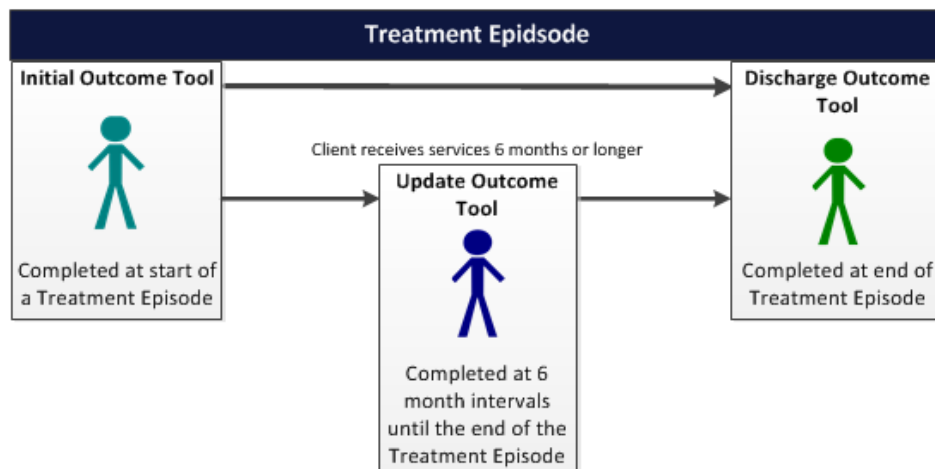
If the client is transferring to a new level of care within the same provider, the new clinician will be responsible for completing appropriate Update Outcome Tool thereafter, on the scheduled established with the previous level of care.

If the client is successfully completes treatment as planned and is transferring to a new agency to continue services, the current agency shall complete a Discharge Interview form.

### YOUTH OUTCOME TOOL AND FAMILY OUTCOME TOOL REPORTING ACTIVITIES:

For youth receiving publically funded behavioral health services, parents/guardians shall complete the Initial Outcome Tool at the beginning of a treatment episode, followed by the Update Outcome Tool (for youth in services 6 months or longer) and a Discharge Outcome Tool at the end of an episode of care. For youth 12 and older, both the youth and the parents/guardians shall complete the outcome tools.

*Treatment Episode Flow Chart for Youth Receiving Services*



For youth ages 11 or under receiving CYF, MRT, ART, FFT, and/or SUD services, only the Family Outcome Tool is required, whereas both the Family Outcome Tool *and* the Youth Outcome Tool are required for youth ages 12 or older receiving CYF, MRT, ART, FFT, and/or SUD services. Youth receiving Outpatient mental health services are not required, but are encouraged to complete the Family Outcome Tool or the Youth Outcome Tool.

Youth Client Type	Required Outcome Tools	Who Completes the Outcome Tools
Youth 11 years and under	Family Outcome Tool	Parent/Caregiver
Youth 12 years or older	Family Outcome Tool & Youth Outcome Tool	Parent/Caregiver & Youth

**Youth Outcome Tool and Family Outcome Tool Requirements**

Outcome Tool forms shall be completed with individuals in the following levels of care:

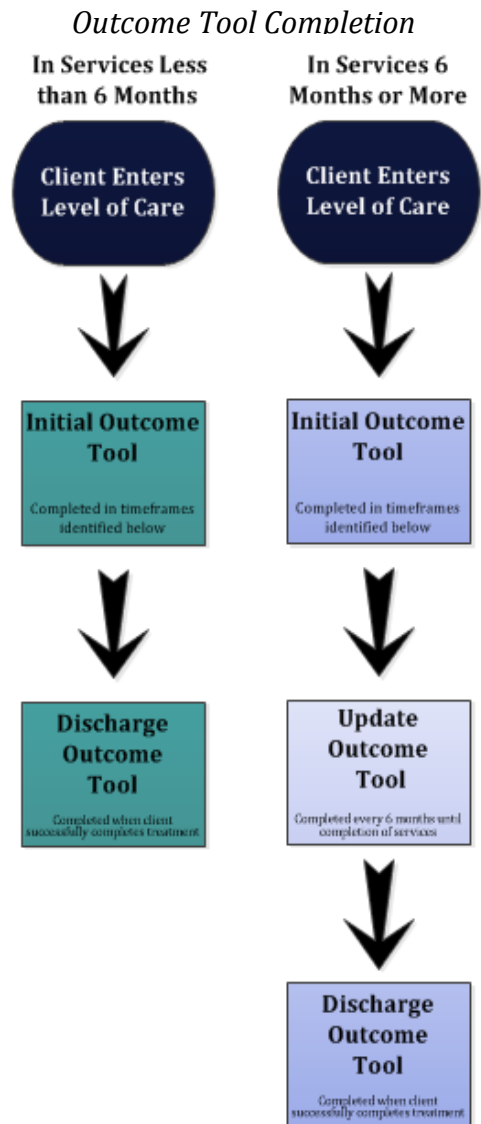
- Mental Health
  - Outpatient (*Optional*)
  - Child/Youth and Family Services (CYF)
  - Functional Family Therapy (FFT, *JJRI Youth Only*)
  - Moral Reconciliation Therapy (MRT, *JJRI Youth Only*)
  - Aggression Replacement Therapy (ART, *JJRI Youth Only*)
- Substance Use Disorders
  - Outpatient Services Program (Level 1.0)
  - Intensive Outpatient Treatment Program (Level 2.1)
  - Day Treatment Program (Level 2.5)
  - Clinically-Managed Low-Intensity Residential Treatment (Level 3.1)
  - Inpatient Treatment (PRTF)

**Youth Outcome Tool and Family Outcome Tool Completion Processes**

The following illustrates the process for completing outcome forms.

- **Initial Outcome Tool**  
 Like the adult tools, the initial outcome tool will be completed by parents/guardians at the beginning of a treatment services as part of the development of the youth’s treatment plan for mental health and/or substance use disorder services. Youth 12 and older will also complete the Youth Initial Outcome Tool. In instance where family members are not involved in treatment indicate this on the Family Outcome Tool.
  - Mental Health Outcome forms shall be completed within 30 days of admission or start of treatment service
  - Substance Use Disorder Outcome forms shall be completed within
    - 30 days of admission for 1.0
    - 10 days of admission for 2.1, 2.5, 3.1, and PRTF Levels of Care

*JJRI Services Only:* Youth Receiving JJRI Services will complete an Initial Outcome Tool at the beginning of each service. A youth may have



multiple Youth Outcome Tools and Family Outcome Tools completed during a treatment episode.

### **Update Outcome Tool**

To be completed by parents/guardians every 6 months until completion of services for mental health and/or substance use disorder services. Again, youth 12 and older will also complete the Youth Update Outcome Tool. In instance where family members are not involved in treatment indicate this on the Family Outcome Tool.

- The forms shall be completed within two weeks prior or two weeks after the appropriate update is due.
- The timing of an appropriate update is based on the client's date of admission in STARS. For example, if a client's admission date was 1/3/16, the 6-month update is expected on 7/3/16.

- **Discharge Outcome Tool**

To be completed by parents/guardians when youth successfully completes mental health and/or substance use disorder services. Again, youth 12 and older will also complete the Youth Discharge Outcome Tool. In instance where family members are not involved in treatment indicate this on the Family Outcome Tool.

- Submitting a Discharge Interview form for CYF services, outpatient mental health services, and/or substance use disorder services must coincide with completing a discharge record in STARS.

*JJRI Services Only:* Youth Receiving JJRI Services will complete a Discharge Outcome Tool at the end of each service. A youth may have multiple Youth Outcome Tool and Family Outcome Tools completed during a treatment episode.

If a client returns for services after a Discharge Interview form has been completed, the provider shall complete an Initial Interview for the new episode of care.

*JJRI Services Only:* Youths who are in a JJRI level of care (FFT, MRT or ART) less than 6 months will not complete an Update Outcome Tool.

### **Change in a Client's Level of Care**

If the client is transferring to a new level of care within the same provider, the new clinician will be responsible for completing appropriate Update Outcome Tool thereafter, on the schedule established with the previous level of care.

If the client successfully completes treatment as planned and is transferring to a new agency to continue services, the current agency shall complete a Discharge Interview form.

APPENDIX A: COMMUNITY BEHAVIORAL HEALTH LOGIC MODELS

**DIVISION OF BEHAVIORAL HEALTH  
COMMUNITY ADULT SERVICES LOGIC MODEL**

Service Line	Resources /Inputs	Activities	Outputs	Outcomes	Impacts/Return on Investment
<p><b>Community Behavioral Health Adult Services/ Programs:</b></p> <p><b>Mental Health</b></p> <ul style="list-style-type: none"> <li>• IMPACT</li> <li>• CARE</li> <li>• Transition Age Youth</li> <li>• First Episode Psychosis</li> </ul> <p><b>SUD Services</b></p> <ul style="list-style-type: none"> <li>• CJI-CBISA</li> <li>• CJI- MRT</li> <li>• Intensive Meth Services</li> <li>• 1.0 Services</li> <li>• 2.1 Services</li> <li>• 2.5 Services</li> <li>• 3.1 Services</li> <li>• 3.2D</li> </ul>	<p><b>Funding</b></p> <ul style="list-style-type: none"> <li>• Block Grant</li> <li>• General Funds</li> <li>• Medicaid</li> <li>• Other</li> </ul> <p><b>State Staff</b></p> <p><b>Contracted Agencies</b></p> <p><b>Partnering State Agencies</b></p> <ul style="list-style-type: none"> <li>• DOC</li> <li>• UJS</li> </ul> <p><b>STARS (State Treatment Activity Reporting System)</b></p>	<p>✓ <b>Annual Contracts with Agencies:</b></p> <ul style="list-style-type: none"> <li>• Direct Treatment Services</li> </ul> <p>✓ <b>DBH Monitor Contract Utilization</b></p> <p>✓ <b>Data Elements Completed by Providers:</b></p> <ul style="list-style-type: none"> <li>• STARS Reporting</li> <li>• MH Outcome Tools</li> <li>• SUD Outcome Tools</li> </ul> <p>✓ <b>Workforce Development</b></p> <ul style="list-style-type: none"> <li>• Evidence Based Models</li> <li>• Competency</li> </ul>	<p><b>Reports (Quarterly and Annual)</b></p> <ul style="list-style-type: none"> <li>• Expenditure Utilization Reports</li> <li>• Number of Admissions by Referral Source</li> <li>• Number of Clients Served for Levels of Care/Programs</li> <li>• <b>Number of Clients by Demographic Information</b></li> <li>• <b>Diagnosis Information</b></li> <li>• <b>Substance of Use</b></li> <li>• <b>Reasons for Discharge</b></li> <li>• Number of MH and SUD Outcome Tools submitted</li> </ul>	<p><b>Mental Health and Substance Use</b></p> <ul style="list-style-type: none"> <li>• <b>Increase or Maintain Employment</b></li> <li>• <b>Change or Maintain Living Arrangement</b></li> <li>• <b>Reduction in the number arrests 30 Days/180 Days</b></li> <li>• <b>Client Perception in the following areas:</b> <ul style="list-style-type: none"> <li>○ Social Connectedness</li> <li>○ Access to Services</li> <li>○ Quality and Appropriateness of Services</li> <li>○ Outcome of Services</li> <li>○ Participation in Treatment Planning</li> <li>○ General Satisfaction</li> <li>○ Change in Quality of Life</li> </ul> </li> </ul> <p><b>Mental Health Only</b></p> <ul style="list-style-type: none"> <li>• <b>Reduction in Psychiatric Hospital Readmissions (30Days/180 Days after</b></li> </ul>	<p><b>Improving Public safety by decreasing the number of</b></p> <ul style="list-style-type: none"> <li>• <b>Arrests</b></li> </ul> <p><b>Decrease the reliance on publically funded services</b></p> <ul style="list-style-type: none"> <li>• Nights Spent in the Hospital</li> <li>• Emergency Room (ER) visits</li> <li>• Nights spent in a Correctional Facility</li> <li>• Nights Homeless</li> </ul> <p><b>Increase or Maintain Quality of Life</b></p> <ul style="list-style-type: none"> <li>• <i>Full and Part-time Employment</i></li> <li>• <i>Sobriety/ Harm</i></li> </ul>

<p>Services</p> <ul style="list-style-type: none"> <li>• 3.7 Services</li> <li>• Technology Based Services (TBS)</li> </ul>	<p><b>Addiction Technology Transfer Center (ATTC) Resource</b></p>	<p>Development</p> <ul style="list-style-type: none"> <li>• Communicate Training Opportunities</li> </ul> <p>✓ <b>Quality Assurance and Fidelity Monitoring for Evidence Based Practices</b></p>	<ul style="list-style-type: none"> <li>• Age of First Use</li> <li>• Co-Occurring Substance Abuse and Mental Health Problems</li> <li>• Source of Referrals</li> <li>• Source of Income/Support</li> <li>• Payment Source</li> <li>• Pregnancy Status</li> <li>• Frequency of Use</li> <li>• Route of Administration</li> <li>• Frequency of attendance at self-help programs 30 days prior to admission/30 prior to discharge</li> <li>• Type of Services received at admission/ discharge</li> <li>• Reason for Discharge/ Transfer, or Discontinuation of Treatment</li> </ul> <p><b>Federal Reporting</b></p>	<p>discharge)</p> <p><b>Substance Use Disorders Only</b></p> <ul style="list-style-type: none"> <li>• Number of Days Waiting to Enter Treatment</li> <li>• % of Clients who Reported Motivation to not use Drugs or Alcohol</li> <li>• % of Clients who Reported the Ability to Control Substance Use</li> <li>• MRT Only <ul style="list-style-type: none"> <li>○ % of Clients with a Decrease in the 6 TCU Sub-scales: <ul style="list-style-type: none"> <li>▪ Entitlement</li> <li>▪ Justification</li> <li>▪ Power Orientation</li> <li>▪ Cold Heartedness</li> <li>▪ Rationalization</li> <li>▪ Personal Irresponsibility</li> </ul> </li> </ul> </li> </ul>	<p><i>Reduction</i></p> <ul style="list-style-type: none"> <li>• Suicide Attempts</li> <li>• Overall Health</li> </ul>
---	--	--	---	--	--

			<ul style="list-style-type: none"> <li>• <b>BCI/SHR/URS Tables (MH)</b></li> <li>• Submitted December 1<sup>st</sup> of Year</li> <li>• <b>TEDS (SUD)</b></li> <li>• Submitted the 1<sup>st</sup> of each month</li> </ul> <p><b>Number of Persons who attended state supported trainings</b></p> <p><b>Number of Evidence Based Programs Utilized in the State</b></p> <p><b>Number of Quality Assurance Reviews conducted</b></p> <p><b>Number of Fidelity Reviews Conducted</b></p>		
<p><b>Acronym List:</b></p> <p><i>BCI Tables:</i> Basic Client Information</p> <p><i>CARE:</i> Comprehensive Assistance with Recovery and Empowerment</p> <p><i>CBISA:</i> Cognitive Behavioral Interventions for Substance</p>			<p><b>Key:</b></p> <p><b>RED FONT:</b> Federally Required Data Elements for Mental Health and Substance Use Disorders</p> <p><b>GREEN FONT:</b> Federally Required for Substance</p>	<p><b>Key:</b></p> <p><b>RED FONT:</b> Federally Required Data Elements for Mental Health and Substance Use Disorders</p> <p><b>BLUE FONT:</b> Federally Required Data Elements for Mental Health Only</p>	<p><b>Key:</b></p> <p><i>FONT IN ITALICS:</i> Data Elements for Substance Use Disorder Only</p> <p><b>RED FONT:</b> Federally Required</p>

<p>Abuse  <i>CJI</i>: Criminal Justice Initiative  <i>DBH</i>: Division of Behavioral Health  <i>DOC</i>: Department of Corrections  <i>IMPACT</i>: Individualized Mobile Program of Assertive Community Treatment  <i>MH</i>: Mental Health  <i>MRT</i>: Moral Reconciliation Therapy  <i>SHR Tables</i>: State Hospital Readmission  <i>SUD</i>: Substance Use Disorder  <i>TEDS</i>: Treatment Episode Data Set  <i>UJS</i>: Unified Judicial System  <i>URS Tables</i>: Unified Reporting System</p>		Use Only	<p><b>GREEN FONT</b>: Federally Required Data Elements for Substance Use Only</p>	Data Elements for Mental Health and Substance Use Disorders
--	--	----------	---	---



## APPENDIX B

### Adult Mental Health Outcome Questions

Today's Date: ____/____/____	
Client STARS ID:  _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	
<b>Program:</b> <input type="checkbox"/> CARE <input type="checkbox"/> IMPACT <input type="checkbox"/> First Episode Psychosis (SEBHS and BMS Only) <input type="checkbox"/> Transition Age Youth Receiving <input type="checkbox"/> Transition Age Youth Receiving CARE (BMS/LSS Only)                                      IMPACT (BMS/LSS Only)	

Interview Item	Item Description, Definition or Entry Instructions	Interview Type	Completing Party
Today's Date:	Date the form is completed	Initial, Update, Discharge	Clinician
Client STARS ID	ID used to identify client in STARS	Initial, Update, Discharge	Clinician
Program:	Used to identify the type of Services the client is receiving.	Initial, Update, Discharge	Clinician

<b>1. Are you currently employed?</b>	
<input type="checkbox"/> Employed full time (35+ hours per week)	<input type="checkbox"/> Student
<input type="checkbox"/> Employed part time	<input type="checkbox"/> Retired
<input type="checkbox"/> Homemaker	<input type="checkbox"/> Unemployed
<input type="checkbox"/> Disabled	<input type="checkbox"/> Other (Specify) _____
*Federally Required	

Interview Item	Item Description, Definition or Entry Instructions	Interview Type	Completing Party
Are you Currently Employed	Federally required field.  Required to collect updated employment information after admission in to services.  Other includes: Volunteer, seasonal worker, etc.  Definitions of terms can be	Update, Discharge	Client, Clinician

	found on page iii.		
--	--------------------	--	--

<b>2. Which of following best describes your current residential status?</b>	
<input type="checkbox"/> Independent, living in a private residence	<input type="checkbox"/> Homelessness
<input type="checkbox"/> Dependent, living in private residence	<input type="checkbox"/> Jail/Correctional Facility
<input type="checkbox"/> Residential Care (group home, rehabilitation center, agency-operated care)	<input type="checkbox"/> Foster Home/Foster Care
<input type="checkbox"/> Institutional setting (24/7 care by skilled/specialized staff or doctors)	<input type="checkbox"/> Crisis Residence
	<input type="checkbox"/> Other

\*Federally Required

<b>Interview Item</b>	<b>Item Description, Definition or Entry Instructions</b>	<b>Interview Type</b>	<b>Completing Party</b>
Which of the following best describes your current residential status?	Federally required field.  Required to collect updated residential status information after admission into services.  Definitions of terms can be found on page iii.	Update, Discharge	Client, Clinician

**What is your highest educational level completed (12=GED or high school diploma)? \_\_\_\_\_**

<b>Interview Item</b>	<b>Item Description, Definition or Entry Instructions</b>	<b>Interview Type</b>	<b>Completing Party</b>
What is your highest educational level completed (12=GED or high school diploma)?	Federally required field.  Required to collect change in education status.  Appropriate Answers: 00- for less than one school grade/no years of schools (for children 3-4 years old who are not in nursery school/pre-school, head start) 01-11 -Highest school grade (specify grade level) 12- High School or GED 13- 1 <sup>st</sup> year of	Update, Discharge	Client, Clinician

	<p>college/university (Freshman)</p> <p>14- 2<sup>nd</sup> year of college/university (sophomore) or Associates Degree</p> <p>15- 3<sup>rd</sup> year of college/university (Junior)</p> <p>16- 4<sup>th</sup> year of college/university (Senior) or Bachelor's Degree</p> <p>17- Some postgraduate study – Degree not completed</p> <p>18- Master's Degree completed</p> <p>19-25- Post-Graduate Study</p> <p>70- Graduate or Professional school- include Master's and doctoral study or degrees, medical school, law school, etc. –</p> <p>71- Vocational School- includes business, technical, secretarial, trade, or correspondence course which provides specialized training for skilled employment</p> <p>72- Nursery school, pre-school (includes Head Start)</p> <p>73- Kindergarten</p> <p>74- Self-contained special education class –no grade equivalent</p> <p>Definitions of terms can be found on page iii.</p>		
--	--	--	--

<b>Would you say that in general your health is:</b>	
<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good
<input type="checkbox"/> Good	<input type="checkbox"/> Fair
<input type="checkbox"/> Poor	
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? _____	
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? _____	
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? _____	

<b>Interview Item</b>	<b>Item Description, Definition or Entry Instructions</b>	<b>Interview Type</b>	<b>Completing Party</b>
Would you say that in general your health is?	Will be used to measure improvement in general health due to services provided	Initial, Update, Discharge	Client, Clinician

<b>Please answer the following question</b>	<b>Number of Nights/Times</b>	<b>Don't know</b>
In the past 30 days, how many times have you been arrested?	_____	<input type="checkbox"/>

<b>Interview Item</b>	<b>Item Description, Definition or Entry Instructions</b>	<b>Interview Type</b>	<b>Completing Party</b>
In the past 30 days, how many times have you been arrested?	Federally required question. Measures reduction in arrest rates	Initial, Update, Discharge	Client, Clinician

<b>Please answer the following questions based on the past 6 months...</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"/>

Interview Item	Item Description, Definition or Entry Instructions	Interview Type	Completing Party
Question A.	Measure reduction in emergency room visits, and cost avoidance	Initial, Update, Discharge	Client, Clinician
Question B.	Measure reduction in number of nights spent in a hospital or inpatient treatment program, and cost avoidance	Initial, Update, Discharge	Client, Clinician
Question C.	Measure reduction in number of times clients have been arrested with in past 6 months.	Initial, Update, Discharge	Client, Clinician
Question D.	Measure reduction in number of nights spent in a correctional facility, and cost avoidance	Initial, Update, Discharge	Client, Clinician
Question E.	Measure reduction in number of suicide attempts	Initial, Update, Discharge	Client, Clinician

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 *Federally Required	Response Options						
	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Not applicable	Refused
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"/>
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"/>

Interview Item	Item Description, Definition or Entry Instructions	Interview Type	Completing Party
Question 1-4	Measures Social Connectedness Federally Required	Initial, Update, Discharge	Client
Question 5-8	Measures Improved Functioning Federally Required	Initial, Update, Discharge	Client

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 *Federally Required	Response Options						
	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Not applicable	Refused
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>

Interview Item	Item Description, Definition or Entry Instructions	Interview Type	Completing Party
Questions 9-13	Measures Perception of Access to Services  Federally Required	Update, Discharge	Client

Questions 14-21	Measures Perception of Quality and Appropriateness  Federally Required	Update, Discharge	Client
Questions 22-29	Measures Perception of Outcomes  Federally Required	Update, Discharge	Client
Questions 30-31	Measures Perception in Treatment  Federally Required	Update, Discharge	Client
Questions 32-34	Measures General Satisfaction  Federally Required	Update, Discharge	Client

<b>GAIN Short Screener (GAIN-SS) Scoring</b>					
Screeener	Items	Past Month (4)	Past 90 Days (4, 3)	Past Year (4, 3, 2)	Ever (4, 3, 2, 1)
<u>IDScr</u>	1a – 1f				
<u>EDScr</u>	2a – 2g				
<u>SDScr</u>	3a – 3e				
<u>CVScr</u>	4a – 4e				
<u>TDSer</u>	1a – 4e				

<b>Interview Item</b>	<b>Item Description, Definition or Entry Instructions</b>	<b>Interview Type</b>	<b>Completing Party</b>
GAIN Short Screener (GAIN-SS)	Will measure change based on recent and 90 day symptom counts. Also will be used to measure remission rates.	Initial, Update, Discharge	Client and Clinician



### Substance Use Disorder Outcome Questions

<b>Today's Date:</b> ____/____/____	
<b>Client STARS ID:</b>  _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	
<b>Program</b>	<input type="checkbox"/> 1.0 Outpatient <input type="checkbox"/> 2.1 Intensive Outpatient <input type="checkbox"/> 2.5 Day Treatment <input type="checkbox"/> 3.1 Low Intensity Residential <input type="checkbox"/> 3.7 Intensive Inpatient Treatment <input type="checkbox"/> CBISA (CJI Only) <input type="checkbox"/> MRT (CJI Only) <input type="checkbox"/> Intensive Methamphetamine Treatment- Phase 1 <input type="checkbox"/> Intensive Methamphetamine Treatment- Phase 2 <input type="checkbox"/> Intensive Methamphetamine Treatment- Phase 3 <input type="checkbox"/> Intensive Methamphetamine Treatment- Phase 4

Interview Item	Item Description, Definition or Entry Instructions	Interview Type	Completing Party
Today's Date:	Date the form is completed	Initial, Update, Discharge	Clinician
Client STARS ID	ID used to identify client in STARS	Initial, Update, Discharge	Clinician
Program:	<p>Used to identify the type of services the client is receiving.</p> <p><i>2.1</i> also includes 2.1/3.1 services.</p> <p><i>CBISA</i> and <i>MRT</i> are to be selected if and only if the client is participating CJI contracted services.</p> <p><i>Intensive Methamphetamine Treatment</i> is to be selected if the client is receiving services from Keystone Treatment Center or, City County Alcohol and Drug Program.</p>	Initial, Update, Discharge	<p>Clinician,</p> <p><i>Intensive Methamphetamine Treatment Surveys</i> are to be completed Keystone Treatment Center or City County Alcohol and Drug Program clinicians for each phase of Intensive Methamphetamine Treatment.</p>

<b>Would you say that in general your health is:</b>	
<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good
<input type="checkbox"/> Good	<input type="checkbox"/> Fair
<input type="checkbox"/> Poor	
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? -----	
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? -----	
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? -----	

<b>Interview Item</b>	<b>Item Description, Definition or Entry Instructions</b>	<b>Interview Type</b>	<b>Completing Party</b>
Would you say that in general your health is?	Will be used to measure improvement in general health due to services provided	Initial, Update, Discharge	Client, Clinician

<b>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:</b>										
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
<b>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:</b>										
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

<b>Interview Item</b>	<b>Item Description, Definition or Entry Instructions</b>	<b>Interview Type</b>	<b>Completing Party</b>
Readiness to Change	Used to measure a client's readiness to change when entering and leaving treatment	Update, Discharge	Client, Clinician

<b>Please answer the following question</b>	Number of Nights/Times	Don't know
In the past 30 days, how many times have you been arrested?	-----	<input type="checkbox"/>

<b>Interview Item</b>	<b>Item Description, Definition or Entry Instructions</b>	<b>Interview Type</b>	<b>Completing Party</b>
In the past 30 days, how many times have you been arrested?	Federally required question.  Measures reduction in arrest rates	Initial, Update, Discharge	Client, Clinician

<b>Please answer the following questions based on the past 30 days...</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>Interview Item</b>	<b>Item Description, Definition or Entry Instructions</b>	<b>Interview Type</b>	<b>Completing Party</b>
Based on the past 30 days...	Measures the effects of substance use and community involvement	Initial, Update, Discharge	Client, Clinician

<b>Please answer the following questions based on the past 6 months...</b>	<b>Number of Nights/Times</b>	<b>Don't know</b>
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"/>

<b>Interview Item</b>	<b>Item Description, Definition or Entry Instructions</b>	<b>Interview Type</b>	<b>Completing Party</b>
Question A.	Measure reduction in emergency room visits, and cost avoidance	Initial, Update, Discharge	Client, Clinician
Question B.	Measure reduction in number of nights spent in a hospital or inpatient treatment program, and cost avoidance	Initial, Update, Discharge	Client, Clinician
Question C.	Measure reduction in number of times clients have been arrested with in past 6 months.	Initial, Update, Discharge	Client, Clinician
Question D.	Measure reduction in number of nights spent in a correctional facility, and cost avoidance	Initial, Update, Discharge	Client, Clinician
Question E.	Measure reduction in number of suicide attempts	Initial, Update, Discharge	Client, Clinician

Please check the appropriate box on how you are doing since entering the program that best tells us what you think.	Before the Program				Now (At end of Program)			
	Poor 1	Average 2	Good 3	Excellent 4	Poor 1	Average 2	Good 3	Excellent 4
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"/>

Interview Item	Item Description, Definition or Entry Instructions	Interview Type	Completing Party
Questions A and B	Measures urge to use substances before and after the program.	Discharge	Client

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	10
... if I had unexpectedly found some booze/drugs or happened to see something that reminded me of drinking/using drugs	0	10
... if other people treated me unfairly or interfered with my plans	0	10
... if I were out with friends and they kept suggesting we go somewhere to drink/use drugs	0	10

Interview Item	Item Description, Definition or Entry Instructions	Interview Type	Completing Party
I would be able to resist the urge to drink heavily and/or use drugs...	Measures urge to use substances in social situations	Discharge	Client

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 *Federally Required	Response Options						
	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Not applicable	Refused
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"/>
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"/>

Interview Item	Item Description, Definition or Entry Instructions	Interview Type	Completing Party
Question 1-4	Measures Social Connectedness Federally Required	Initial, Update, Discharge	Client
Question 5-8	Measures Improved Functioning Federally Required	Initial, Update, Discharge	Client

[Continued on next page]

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 *Federally Required	Response Options						
	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Not applicable	Refused
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>

Interview Item	Item Description, Definition or Entry Instructions	Interview Type	Completing Party
Questions 9-13	Measures Perception of Access to Services  Federally Required	Update, Discharge	Client

Questions 14-21	Measures Perception of Quality and Appropriateness  Federally Required	Update, Discharge	Client
Questions 22-29	Measures Perception of Outcomes  Federally Required	Update, Discharge	Client
Questions 30-31	Measures Perception in Treatment  Federally Required	Update, Discharge	Client
Questions 32-34	Measures General Satisfaction  Federally Required	Update, Discharge	Client

**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>

Source: Psychiatrists, A. A. (2009, March 20). *LOCUS Level of Care Utilization System for Psychiatric and Addiction Services*. Retrieved May 19, 2016, from [www.dhs.state.il.us: http://www.dhs.state.il.us/OneNetLibrary/27896/documents/By\\_Division/MentalHealth/FY2011/Locus2010/LOCUS2010.pdf](http://www.dhs.state.il.us/OneNetLibrary/27896/documents/By_Division/MentalHealth/FY2011/Locus2010/LOCUS2010.pdf)

Interview Item	Item Description, Definition or Entry Instructions	Interview Type	Completing Party
At this interval period, what is your (clinician's) assessment of the client's understanding and willingness to engage in their treatment program?	Measures a client's understanding of illness and treatment and ability or willingness to engage in the treatment and recovery process through a clinician's perspective.  Criteria:  <b>1 – Unengaged and Blocked</b> a- Has no awareness or understanding of illness (Pre-contemplation Stage). b- Inability to understand recovery concept or contributions of personal behavior to disease process.	Initial, Discharge	Clinician



	<p>c- Unable to actively engage in recovery or treatment and has no current capacity to relate to another or develop trust.</p> <p>d- Extremely avoidant, frightened, or guarded.</p> <p><b>2 - Minimal Engagement and Recovery</b></p> <p>a- Rarely, if ever, is able to accept reality of illness but may acknowledge some difficulties in living.</p> <p>b- Has no desire or is afraid to adjust behavior, but may recognize the need to do so (Contemplation Stage).</p> <p>c- Relates poorly to treatment and treatment providers and ability to trust is extremely narrow.</p> <p>d- Avoids contact with and use of treatment resources if left to own devices.</p> <p>e- Does not accept any responsibility for recovery or feels powerless to do so.</p> <p><b>3 - Limited Engagement and Recovery</b></p> <p>a- Has some variability, hesitation or uncertainty in acceptance or understanding of illness.</p> <p>b- Has limited desire or lacks confidence to change despite intentions to do so (Preparation Stage).</p> <p>c- Relates to treatment with some difficulty and establishes few, if any, trusting relationships.</p> <p>d- Does not use available resources independently or only in cases of extreme need.</p> <p>e- Has limited ability to accept responsibility for recovery.</p> <p><b>4 - Positive Engagement and Recovery</b></p> <p>a- Has significant understanding</p>		
--	---	--	--

	<p>and acceptance of illness and its effect on function.</p> <p>b- Willing to change and is actively working toward it (Action Stage).</p> <p>c- Positive attitude toward recovery and treatment, capable of developing trusting relationships, and uses available resources independently when necessary.</p> <p>d- Shows recognition of personal role in recovery and accepts significant responsibility for it.</p> <p><b>5 - Optimal Engagement and Recovery</b></p> <p>a- Has complete understanding and acceptance of illness and its effect on function.</p> <p>b- Actively maintains changes made in the past (Maintenance Stage).</p> <p>c- Is enthusiastic about recovery, is trusting, and shows strong ability to utilize available resources and treatment.</p> <p>d- Understands recovery process and takes on a personal role and responsibility in a recovery plan.</p> <p>16 LOCUS Instrument 2010 © AACF</p>		
--	--	--	--

<b>GAIN Short Screener (GAIN-SS) Scoring</b>					
Screeners	Items	Past Month (4)	Past 90 Days (4, 3)	Past Year (4, 3, 2)	Ever (4, 3, 2, 1)
<u>IDScr</u>	1a - 1f				
<u>EDScr</u>	2a - 2g				
<u>SDScr</u>	3a - 3e				
<u>CVScr</u>	4a - 4e				
<u>TDSer</u>	1a - 4e				

<b>Interview Item</b>	<b>Item Description, Definition or Entry Instructions</b>	<b>Interview Type</b>	<b>Completing Party</b>
GAIN Short Screener (GAIN-SS)	Will measure change based on recent and 90 day symptom counts. Also will be used to measure remission rates.	Initial, Update, Discharge	Client and Clinician

## References

Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. *Combined Substance Abuse and Mental Health Treatment Episode Data Set (TEDS) State Instruction Manual – Version 4.1, with State TEDS Submission System (STSS) Guide*. Rockville, MD: SAMHSA, 2016.