

Youth and Family Outcome Tools Instruction Sheet

Purpose of Tool

The Youth and Family Outcome Tools were developed through partnerships with providers, clients, and Division staff to collect valuable information related to outcomes for individuals receiving community mental health services across the state. The purpose of the tools are two-fold. First, the tool can be a valuable added resource for clients and provider staff during treatment planning and service delivery. Second, data gathered can help inform the system as a whole on important recovery indicators such as stability in housing, criminal justice involvement, employment, education, improvement in social connectedness, and overall satisfaction/quality of services. This information will assist at both an agency and state level in identifying continued movement toward a client-driven, recovery-oriented, integrated system of care for individuals across the state.

WHO and WHEN

WHO:

- The Youth Outcome Tool should be completed with Youth ages 12 and older involved in SED services.
- The Family Outcome Tool should be completed by a family member or guardian of youth's of all ages involved in SED services.

For clients 11 and under the *Family Outcome Tool* will be completed.

For clients 12 and over both the *Youth and Family Outcome Tools* will be completed.

NEW Clients: New clients are clients recently admitted to services. The Outcome Tool should be completed within 30 days of admission or upon determination of SED eligibility, whichever is sooner. For new clients, mark the "Initial" check box at the top of page one at the time of completion. New clients will only complete the first page and question 7 on the second page.

INTERVAL Clients: Interval clients are SED clients that are currently receiving services. The Outcome Tool should be completed at a minimum **six-month interval and upon discharge from services**. Mark the "Interval" checkbox located at the top of page one at the time of completion. All questions in the Outcome Tool will be completed.

The tool should be completed as part of the treatment process with participation from both the clinician and the client for appropriate sections. It is recommended the Outcome Tool be completed as part of the six-month review process to enhance the treatment planning and review process. **Note: The Outcome Tool does not cover all requirements associated with the six month review, but could be used in conjunction with treatment reviews being completed. Please refer to ARSD 46:20:28:07 for Six Month Review Requirements.**

Guidance for Form Completion

1. **The Client Unique ID (STARS number), Date field, and Survey Type** on the form must be completed by provider staff. CID number is for internal agency use only, it is not required, and it does not replace the STARS number. **The STARS number, Date field, and Survey Type are required.**
2. It is recommended that questions on page one of the form be completed by the clinician through conversations with the client. If clinically indicated, a client may also complete without staff involvement. However, it is encouraged that conversations between provider and client occur regarding answers provided to questions to support continued treatment planning processes.
3. Questions on page two are designed to be completed by the client with minimal or no assistance from provider staff. However, with client's permission, responses to questions may form a basis for treatment and services.
4. For Interval completion, providers can complete the Outcome Tool within 30 days prior to or after the six month review date. If an individual is not scheduled to be seen close to a six month planned review, providers can complete at the scheduled time of appointment, which may fall outside of the 30-day window.

Tips for completing questions

- ❖ For question 1, the intent is to collect information on the youth's current school/education involvement. More than one option may be checked under question one, as is appropriate for the client.
- ❖ For question 2, answer only if the client is 16 years old or older.
- ❖ For question 4, please refer to the list of definitions.
- ❖ For question 5, if the Client has no arrests in the past 30 days please report 0 for the number of times client has been arrested.
- ❖ For questions 7 and 8, many words are subjective. If clients have questions about what is meant by a word, help the client identify what that word means to them and have them answer the question in that way.

Definitions

- ❖ **Homeless:** Client has no fixed address: includes homeless shelters
- ❖ **Foster Home/Foster Care:** Client resides in a foster home for therapeutic foster care. A foster home is a home that is licensed by a county or State department to provide foster care to children, adolescents, and/or adults. Therapeutic foster care is a service that provides treatment for troubled children within private homes of trained families.
- ❖ **Residential Care:** Client 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.
- ❖ **Crisis Residence:** a time-limited residential (24 hours/day) stabilization program that delivers services for acute symptom reduction and restores clients to a pre-crisis level of functioning.
- ❖ **Institutional Setting:** Client resides in an institutional care facility with care provided on a 2 hour, 7 days a week basis. This level of care may include skilled nursing/intermediate care facility, nursing homes, institution of mental disease

(IMD), inpatient psychiatric hospital, psychiatric health facility, veterans' affairs hospital, or state hospital.

- ❖ **Jail/correctional facility:** Client resides in a jail and/or correctional facility with care provided on 24 hour, 7 days a week basis. This includes a jail, correctional facility, detention center, and prison.
- ❖ **Private Residence:** Client living in a private residence regardless of living arrangement.

Submission Information

- ❖ If your agency is using a hard copy to complete the tool, these should be submitted to Mountain Plains Evaluation on a monthly basis.
 - Please mail to:
Mountain Plains Evaluation, LLC
P.O. Box 530
Salem, SD 57058
(605)425-3305
- ❖ If agency is entering information electronically through their own management information system, information should be sent to Mountain Plains Evaluation on a monthly basis utilizing the standard file format developed. Contact Mountain Plains Evaluation to receive the current file format for submitting information.
 - **Mountain Plains contact info:**
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Mountain Plains Evaluation, LLC
P.O. Box 530
Salem, SD 57058
(605)425-3305
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