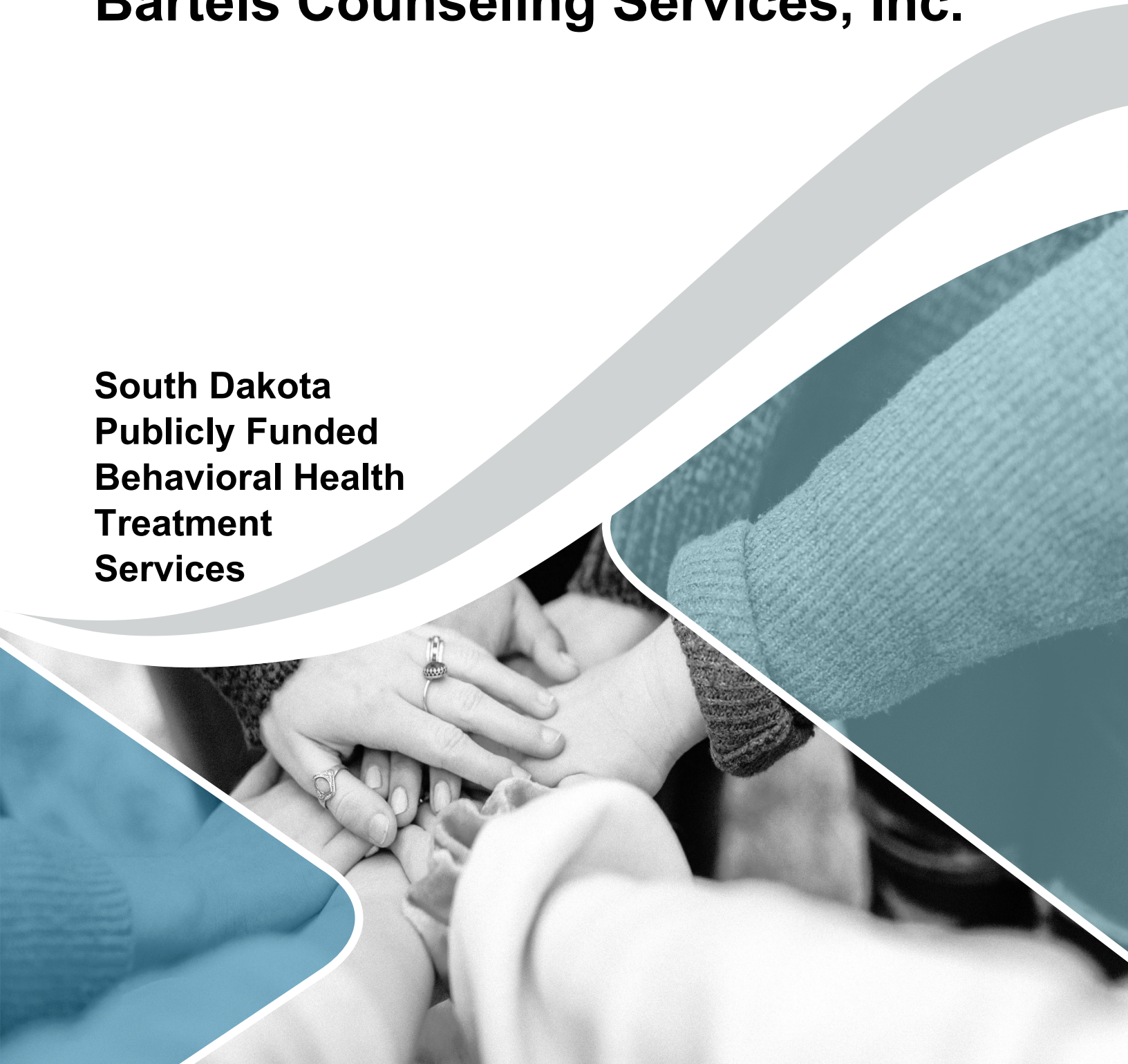


Fiscal Year 2024

Bartels Counseling Services, Inc.

**South Dakota
Publicly Funded
Behavioral Health
Treatment
Services**



FY24 Foreword by Data and Outcomes

The Division of Behavioral Health is dedicated to maintaining data quality and implementing best practices data collection and monitoring to provide the public and stakeholders with meaningful information on publicly funded behavioral health treatment services in the state of South Dakota. We do this to be transparent with the public and stakeholders regarding areas of accomplishment as well as areas that may require further improvement. To this end, the profiles the Division of Behavioral Health publishes every year highlighting annual outcomes and treatment data have undergone significant updates. These updates reflect advances made in technology and data science to produce more meaningful comparisons on how behavioral health treatment services impact the client. Given these changes, we address what we anticipate will be some frequently asked questions below.

Can I compare this data to previous years?

The Division of Behavioral Health's Data and Outcomes teams are currently refining the data extraction process to ensure its accuracy. In previous years, our data included clients who had assessments entered into STARS without formally being admitted into an SUD service. Many of these clients were categorized under outpatient services for reporting purposes. This year, however, we have adjusted our methodology to exclude clients who only received assessments and did not proceed to actual services.

Because of the changes and advancements in data processing, we do not recommend comparing data in this document to previous years' profiles. This recommendation is provided for many reasons; the chief among them is that data in this document are paired on a client basis, meaning that a client's admission data are paired up with their update and discharge data to create what is known as matched or paired datasets. Data were not matched previously, which means a direct comparison would produce inaccurate conclusions.

Does this mean that previous data are inaccurate?

Previous years' data are not inaccurate. Data analysis is a field that, like many areas, advances over time, especially as technology advances. Data presented in previous versions of the profiles were compiled and presented using valid and accurate data analysis techniques, and this new document also uses valid and accurate data analysis techniques. However, this document takes a step forward in using different data analysis techniques to align with best practices, and emerging and validated theories on data analysis and to utilize the leaps in technological advancements that have occurred within recent years.

What do these changes accomplish?

These changes allow us to make more definitive conclusions on the effects that behavioral health treatment services have on the clients receiving services. With paired data, we can directly analyze the changes in client responses from treatment admission to update to discharge.

Previously, such conclusions could not be definitively drawn, as the clients who were counted at admission, update, and discharge were not matched and therefore potentially different. Previous editions of profiles compared those that were admitted in a given contract year to those that provided updates in the same given year, to those that were successfully discharged from services in that same year. Each of those groups may have included some of the same clients,

but someone may admit in one fiscal year and discharge in another. With the new method, we look at those that received services in a given fiscal year regardless of when they admitted or discharged.

Does a client who receives services only receive one type of treatment service?

A client receives services as the trained professionals determine appropriate recommendations based on initial and ongoing assessment. A treatment episode (admission to services through discharge from services) for a client is as varied and unique to the client themselves. As an example, a client may initially be admitted to inpatient residential services, but as they progress in treatment, they may transition to outpatient services in their community. In such a case, a client's outcomes and data are counted once in both inpatient and outpatient services each, and once in the total services. This means that the data are unduplicated within service types as well as the overall data. If a client starts in outpatient, transitions to inpatient, and then transitions back into outpatient, that client is still only counted once in each service type. This is also why adult and youth services cannot be added to get the overall number of clients served. A client may turn 18 during their treatment episode and therefore, may be counted once in each adult and youth sections while being counted once in the overall number of clients served as well.

Why do I see “NaN” and “Infinity” in the percent change column?

“NaN” stands for “Not a Number.” NaN and Infinity both occur when the initial score or value at time of admission is 0. Because percent change is calculated by taking the difference divided by admission (multiplied by 100), if the initial score is 0, then this formula attempts to divide by 0, which results in either an error, NaN, when the difference is 0 also (0/0) or an infinite increase if the difference is anything but 0 (such as 1/0).

Why does the table show an increase in percent change, but the graph shows a decrease, or vice versa?

Generally, the tables show data pertaining to the average change on an individual basis. The graphs tend to show changes as percentages of the population of clients. This can sometimes result in what appears to be inconsistent data. It is possible for the average individual to experience an increase in symptoms while the majority of the client population had fewer symptoms. For example, if 3 clients reported their symptoms as a 2 at admission but a 0 at discharge and 1 client reported their symptoms as a 2 at admission but a 10 at discharge, 75% of clients (3/4) reported a decrease in symptoms but the average change for the average individual is an increase from 2 (8/4) at admission to 2.5 (10/4) at discharge, a 25% $((2.5-2)/2)$ increase in symptoms. Both ways of looking at the data are valid and convey different aspects of the clients served through public funding.

How do I find the state profile or an individual agency profile?

The Executive Summary, State Profile, and Agency Profiles can be found at:
<https://dss.sd.gov/behavioralhealth/reportsanddata.aspx>.

I am interested in similar data for other states or for the United States of America overall, where should I look?

The Division of Behavioral Health reports data in this document per the guidelines and categories as required by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA). We report data in this document per the guidelines and categories SAMHSA identifies in various treatment databases, including the Treatment Episode Database Set (TEDS) and the Uniform Reporting System (URS). Because of this close working relationship, we recommend visiting SAMHSA's website if you are looking for national behavioral health treatment information, data, and initiatives (<https://www.samhsa.gov/>).

Where can I find more information on state and national data related to behavioral health and substance use/misuse?

The Division of Behavioral Health encourages those that want to learn more to visit our epidemiology website located at <https://www.sdseow.org/>. The reports available from this website provide insight into how South Dakota trends historically against substance use and mental health as compared to our nation for both youth and adult.

Where can I find more information on DBH and publicly funded treatment services?

Information about the Division of Behavioral Health and publicly funded behavioral health services can be found on our newest website, <https://sdbehavioralhealth.gov/> or the state of South Dakota's Department of Social Services website <https://dss.sd.gov/behavioralhealth/>, the Division of Behavioral Health can be contacted at 605.367.5236, or via email at DSSBH@state.sd.us.

Thank you for your interest in the data and outcomes of clients who receive publicly funded behavioral health treatment services in the state of South Dakota.

- Data and Outcomes Team, Department of Social Services, Division of Behavioral Health

[Page intentionally left blank]

Table of Contents

Data Collection Methodology.....	1
Description of Substance Use Disorder (SUD) Treatment Services.....	5
Description of Mental Health (MH) Treatment Services.....	7
Stakeholder Survey Summary.....	9
Substance Use Disorder (SUD) Treatment Services.....	25
Adult SUD Treatment Services.....	29
Appendix A: Outcome Tool (OT) Return Rates.....	69
Appendix B: Outcome Tool Surveys.....	65

[Page intentionally left blank]

Data Collection Methodology

[Page intentionally left blank]

Data Collection Methodology

Since 2015, the Division of Behavioral Health has collaborated closely with members of the Data and Outcomes Work Group (DOWG) to identify the information found in the state profile and agency profiles. This work group, comprised of representatives from Community Mental Health Centers and substance use disorder agencies as well as the Division of Behavioral Health, meets on a regular basis to review and revise data and data collection methods for publicly funded behavioral health services in South Dakota.

Contracted providers collect data from client questionnaires. The surveyed population includes adults and youth receiving publicly funded behavioral health services as well as parents and guardians of youth receiving services. Publicly funded behavioral health services are funded through state general funds, block grant funding, and Medicaid funding.

Data in this Contract Year 2024 state profile as well as the executive summary and agency profiles were collected between June 1st, 2023, and May 31st, 2024.

Data Collection Process

Stakeholder Survey

The Division of Behavioral Health (DBH) collects Stakeholder Survey data once a year for all accredited mental health and substance use disorder agencies. As part of the survey process, accredited agencies are asked to share the survey with stakeholders in their community. In addition, the DBH surveys the Department of Corrections (DOC), Unified Judicial System (UJS), and Child Protection Services (CPS).

Substance Use Disorder Services

Contracted agencies collect substance use disorder outcome data at admission and at successful discharge from services. Clients completing the surveys do have the option to skip or refuse to answer questions. As a result, total data points collected may change between questions. The Division of Behavioral Health's Data and Outcomes teams are currently refining the data extraction process to ensure its accuracy. In previous years, our data included clients who had assessments entered in the system without formally being admitted into a SUD service. Many of these clients were categorized under outpatient services for reporting purposes. This year, however, we have adjusted our methodology to exclude clients who only received assessments and did not proceed to actual services.

Mental Health Services

Contracted agencies collect mental health outcome data at admission, every six months, and at successful discharge from services. Outcomes for mental health clients are reported as per their most recent update, as it is common for those receiving mental health services to remain in services for an extended period. Clients completing the surveys do have the option to skip or refuse to answer questions. As a result, total data points collected may change between questions.

Additional Data Collection Tools

The Texas Christian University Criminal Thinking Scales (TCU) and Global Appraisal of Individual Needs-Short Screener (GAIN-SS) are secondary tools utilized to measure the impact of applicable treatment services.

[Page intentionally left blank]

Publicly Funded Substance Use Disorder (SUD) Treatment Services

Publicly Funded Substance Use Disorder (SUD) Treatment Services

The Division of Behavioral Health contracts with substance use disorder agencies across the state to provide quality services to both adults and youth. Services include screenings and assessments, early intervention, detoxification, outpatient, residential, inpatient, and other specialized services. Services for justice-involved and at-risk clients who live with substance use disorders are also available. Financial assistance for services is available.

Outpatient Treatment Services (0.5, 1.0, 2.1, and 2.5 Services)

Outpatient treatment services provide counseling services to clients residing in their community who are diagnosed with a substance use disorder. Also available on an outpatient basis are early intervention services for clients who may have substance use related problems but are not diagnosed with a substance use disorder. Outpatient services can be delivered via telehealth.

Low Intensity Residential Treatment Services (3.1 Services)

Low intensity residential treatment services include residential, peer-oriented treatment programs for clients with substance use disorders whose living situation or recovery environment is incompatible with recovery goals. To prepare the client to live successfully in the community, the program provides substance use disorder counseling along with case management services.

Inpatient Treatment Services (3.7 Services)

Inpatient treatment services provide residential services with medically monitored intensive treatment for clients with severe substance use disorders. Thirty or more hours of treatment services are provided each week.

Detoxification Treatment Services (Clinically Managed and Medically Monitored)

Detoxification treatment services are residential services delivered by trained staff who provide 24-hour supervision, observation and support for clients who are intoxicated or experiencing withdrawal symptoms. Staff work to engage the client in further treatment services following stabilization of withdrawal symptoms.

Intensive Methamphetamine Treatment (IMT) Services

IMT services offer long-term, evidence-based programming to clients with moderate to severe methamphetamine use disorders. Clients receiving IMT services require extended treatment to allow for recovery of cognitive capacity as well as on-going case management. Treatment may include residential services, outpatient treatment and case management to support long-term recovery.

Pregnant Women and Women with Dependent Children Treatment Services (3.1 & 3.7 Services)

Pregnant women and women with dependent children can receive specialized treatment services that offer evidence-based programming to this unique population with a substance use disorder. This program allows for long-term support, which includes a stable living environment through the duration of treatment. This program can assist in supporting the client's participation

in psychiatric and medical care, childcare needs, parent education and child development, employment services and job training while providing treatment interventions.

Evidence-Based SUD Treatment for Justice-Involved and At-Risk Youth

Evidence-Based Practices (EBPs) for substance use disorder services, including, but not limited to, Integrated Cognitive Behavioral Treatment (ICBT) or Cognitive Behavioral Interventions- Substance Use Youth (CBI-SUY) are available for justice-involved or at-risk youth. Based on the youth's assessment, the community provider can make referrals to these services or residential treatment programs, as appropriate.

Evidence-Based SUD Treatment for Justice-Involved Adults

Evidence-Based Practice (EBPs) refers to programs, practices, and policies that have been rigorously evaluated and shown to be effective at preventing or reducing problem behaviors associated with substance use disorders. Services for justice-involved adults include the core EBPs of Cognitive Behavioral Interventions- Substance Use Adults (CBI-SUA), as well as any alternate EBPs the provider may deem clinically appropriate based on completion of the assessment. Services are available in person and statewide via telehealth.

Moral Reconciliation Therapy for Justice-Involved Adults (MRT)

MRT is an evidence-based program that combines education and structured exercises to assist participants in addressing negative thought and behavior patterns. The program promotes higher moral reasoning by increasing self-awareness and promoting pro-social attitudes and behaviors. MRT includes 12 steps, focusing on issues such as honesty, trust, acceptance, healing relationships and setting goals. MRT services are available in person and statewide via telehealth.

Publicly Funded Mental Health (MH) Treatment Services

Publicly Funded Mental Health (MH) Treatment Services

The Division of Behavioral Health contracts with community mental health centers throughout the state of South Dakota. Community mental health centers provide quality services to both adults and youth. Services provided may include screenings and assessments, case management, individual therapy, group therapy, crisis intervention, psychiatric evaluation, and medication management. Specialized services for justice-involved and at-risk youth are also available. Financial assistance for services is available.

Outpatient Treatment Services

Outpatient mental health counseling services are provided to clients of all ages in their community. Group or family therapy and psychiatric services may also be offered.

Comprehensive Assistance with Recovery and Empowerment Services (CARE)

The CARE program provides comprehensive outpatient services to adults with serious mental illness (SMI) within an integrated system, helping clients to live successfully in the community and experience the hope of recovery.

Individualized and Mobile Program of Assertive Community Treatment (IMPACT)

IMPACT provides evidence based intensive services utilizing the Assertive Community Treatment model to adults whose serious mental illness (SMI) significantly impacts their lives.

Forensic Assertive Community Treatment for Mental Health Court (FACT)

FACT is intended for clients with serious mental illness (SMI) who are involved with the criminal justice system. These clients may have co-occurring substance use disorders. FACT builds on the evidence based Assertive Community Treatment (ACT) model by making adaptations for criminal justice issues—in particular, addressing criminogenic risks and needs. FACT is an intervention that bridges the behavioral health and criminal justice systems.

Children or Youth and Family Services (CYF)

CYF services are specialized outpatient services provided to youth with serious emotional disturbance (SED). Family counseling may include a strength-based model for building skills to help improve family relationships, reduce behavioral issues, and improve school performance.

Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)

FFT is a family-based therapy that focuses on building skills to improve family relationships, reduce behavioral issues, and improve school performance. FFT is a clinical model that increases a family's motivation to change and tailor's interventions to each family's unique risk and protective factors.

Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth

Evidenced-based programming is available for justice-involved and at-risk youth at Community Mental Health Centers and Lutheran Social Services. Those services may include but are not limited to: Functional Family Therapy, Aggression Replacement Training, and Moral Reconation Therapy.

Systems of Care Program (SOC)**

SOC includes a wraparound approach to care coordination and service delivery for youth and families with complex needs. This approach is built on the values of being family driven, team-based, collaborative, individualized and outcomes-based. SOC helps families to navigate and access services, while also giving them the skills they need to become self-reliant.

** Data for this program are not presented in the State Profile. However, select data and outcomes can be found in the Executive Summary.

Stakeholder Survey Summary

[Page intentionally left blank]

Stakeholder Survey



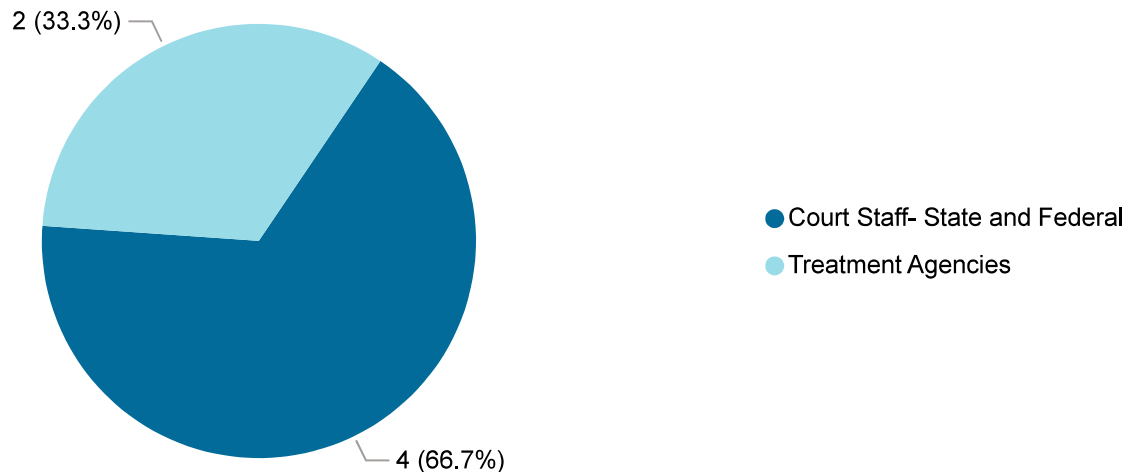
The Division of Behavioral Health (DBH) recognizes the need for strong community collaboration at the local level between accredited behavioral health treatment providers and their local referral sources. Accredited agencies are asked to share a stakeholder survey with local referral sources such as schools, healthcare providers, and other entities of their choosing.

Additionally, the Division of Behavioral Health shares these stakeholder surveys with state partners such as the Unified Judicial System, Department of Corrections, and Child Protection Services.

The stakeholder survey is intended to create a dialogue between referral sources and accredited agencies to encourage collaboration to best meet the needs of clients.

The majority of stakeholders who completed the survey were court staff, followed by treatment agencies.

Types of Stakeholders Who Responded



Stakeholder Type	N	%
Court Staff-State and Federal (Judge/Attorney/Probation/Parole/JCA/Drug Court/Teen Court)	4	66.7%
Treatment Agency (Mental Health/SUD/HSC/EAP/Therapist/Counselor/Case Manager/Domestic Violence)	2	33.3%
Total	6	100.0%

Familiarity with Services

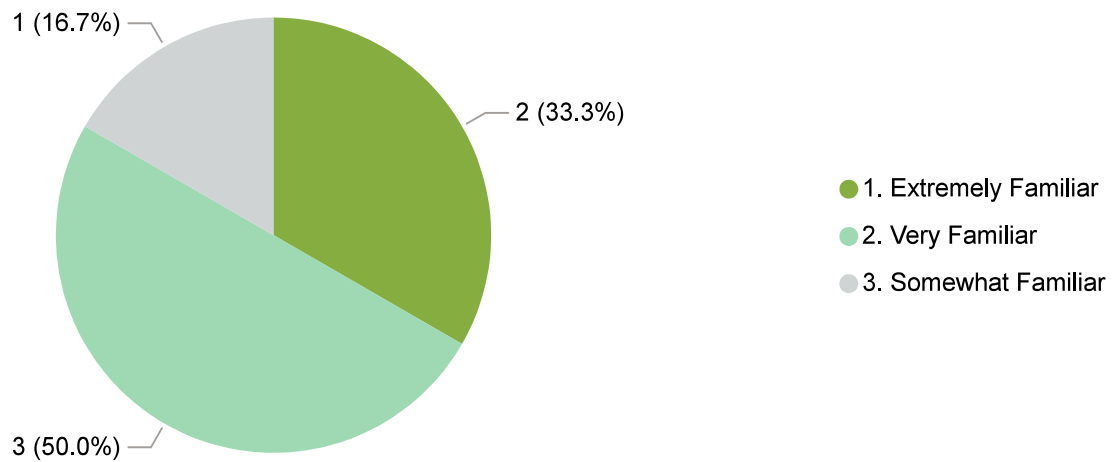


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

Regarding Familiarity with Services, stakeholders were asked, "How familiar are you with the services that are offered by this treatment provider?"

The majority of stakeholders indicated they were very or extremely familiar with services.

Familiarity with Services



Stakeholder Type	1. Extremely Familiar	2. Very Familiar	3. Somewhat Familiar	Total
Court Staff- State and Federal	50.0%	25.0%	25.0%	100.0%
Treatment Agencies		100.0%		100.0%
Total	33.3%	50.0%	16.7%	100.0%

Staff Respectfulness

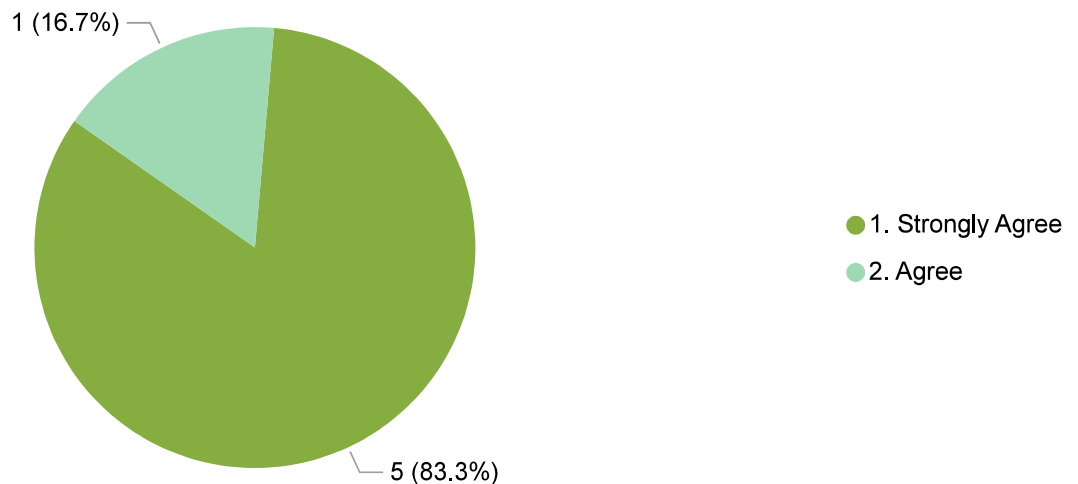


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

Regarding Staff Respectfulness, stakeholders were asked to rate how much they agree with the following statement: "Staff at this provider are respectful."

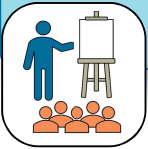
The majority of stakeholders agreed or strongly agreed staff members are respectful.

Staff Are Respectful



Stakeholder Type	1. Strongly Agree	2. Agree	Total
Court Staff- State and Federal	75.0%	25.0%	100.0%
Treatment Agencies	100.0%		100.0%
Total	83.3%	16.7%	100.0%

Staff Training

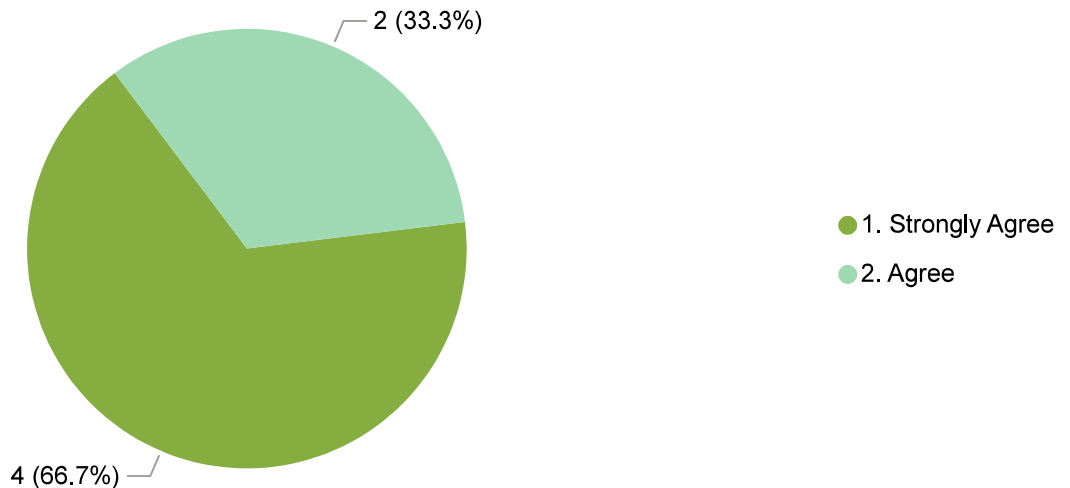


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

Regarding Staff Training, stakeholders were asked to rate how much they agree with the following statement: "Staff at this provider are well trained."

The majority of stakeholders agreed or strongly agreed staff members are well trained.

Staff Are Well Trained



Stakeholder Type	1. Strongly Agree	2. Agree	Total
Court Staff- State and Federal Treatment Agencies	50.0%	50.0%	100.0%
Total	66.7%	33.3%	100.0%

Staff Communication

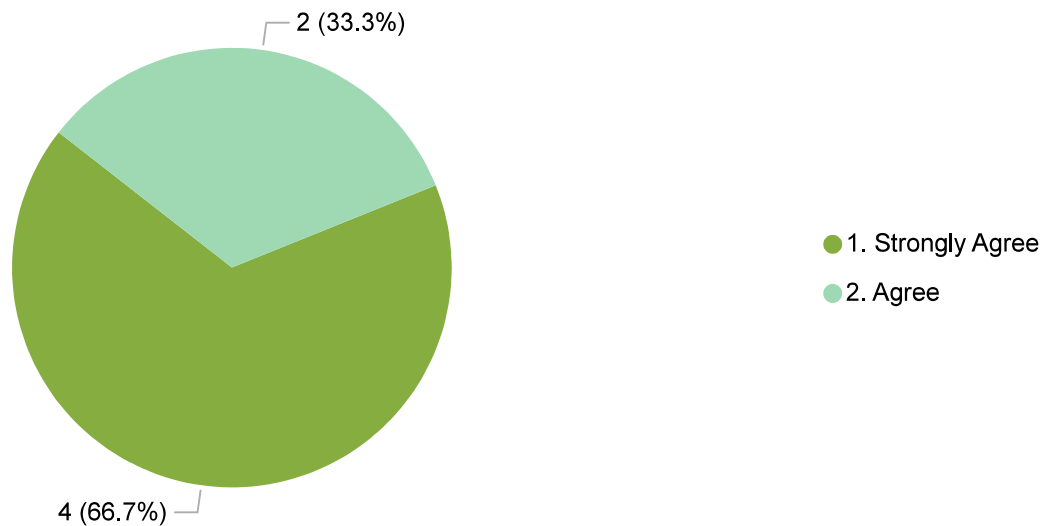


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

Regarding Staff Communication, stakeholders were asked to rate how much they agree with the following statement: "Staff actively communicate regarding clients' treatment."

The majority of stakeholders agreed or strongly agreed staff members actively communicate with them about their referred clients' treatment.

Staff Actively Communicate



Stakeholder Type	1. Strongly Agree	2. Agree	Total
Court Staff- State and Federal	50.0%	50.0%	100.0%
Treatment Agencies	100.0%		100.0%
Total	66.7%	33.3%	100.0%

Staff Competency

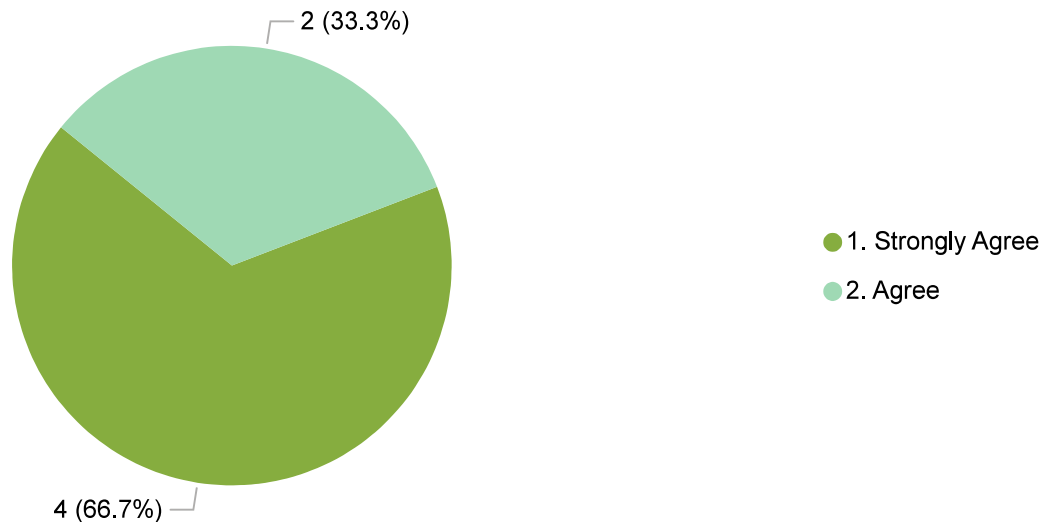


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

Regarding Staff Competency, stakeholders were asked to rate how much they agree with the following statement: "Staff at this provider are competent to deliver treatment services."

The majority of stakeholders agreed or strongly agreed staff members are competent to deliver treatment services.

Staff Are Competent to Deliver Treatment Services



Stakeholder Type	1. Strongly Agree	2. Agree	Total
Court Staff- State and Federal	50.0%	50.0%	100.0%
Treatment Agencies	100.0%		100.0%
Total	66.7%	33.3%	100.0%

Location of Services

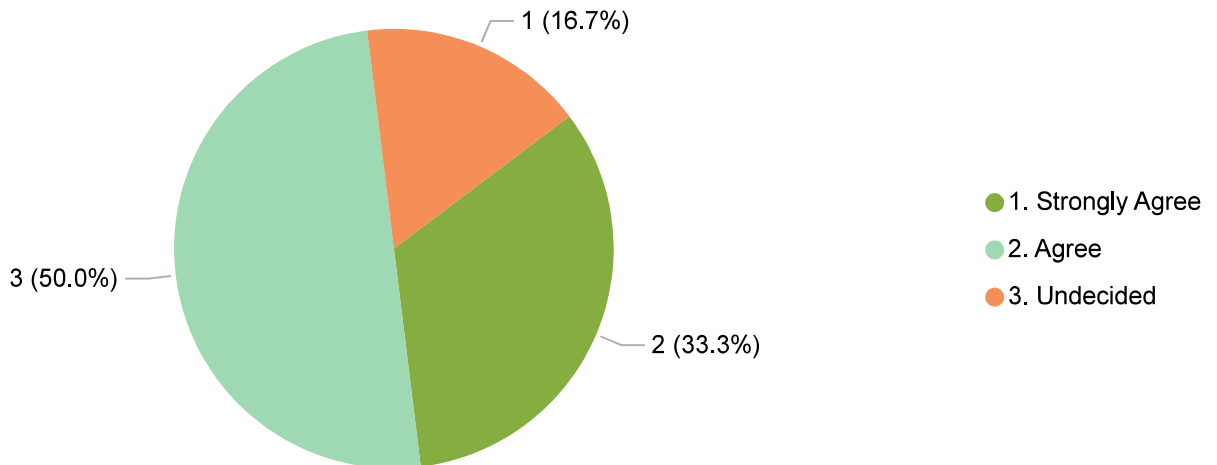
The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

Regarding Location of Services, stakeholders were asked to rate how much they agree with the following statement: "The location of services are convenient for clients."

The majority of stakeholders agreed or strongly agreed that the location of services are convenient for clients.



Location of Services are Convenient for Clients



Stakeholder Type	1. Strongly Agree	2. Agree	3. Undecided	Total
Court Staff- State and Federal	25.0%	50.0%	25.0%	100.0%
Treatment Agencies	50.0%	50.0%		100.0%
Total	33.3%	50.0%	16.7%	100.0%

Service Availability

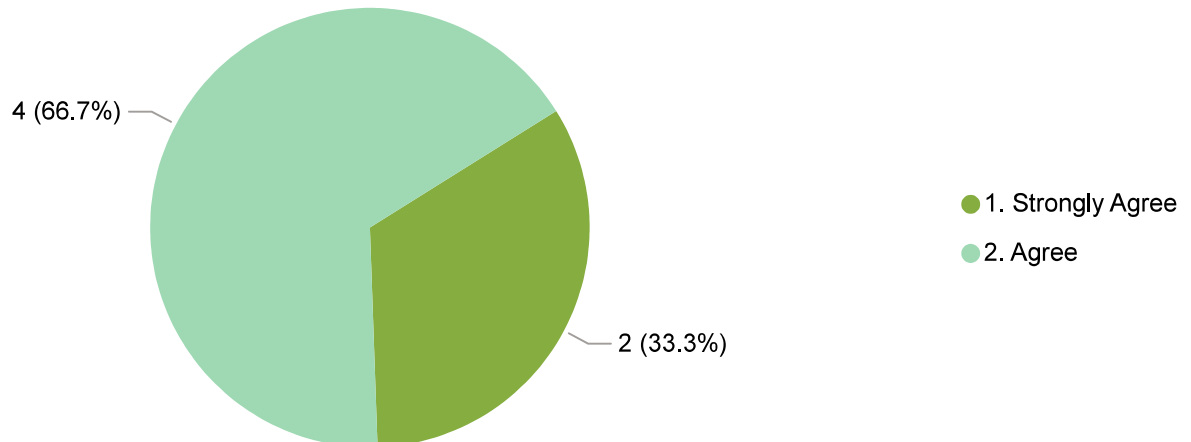


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

Regarding Service Availability, stakeholders were asked to rate how much they agree with the following statement: "Services are available at times that are convenient for clients."

The majority of stakeholders agreed or strongly agreed that services are available at times that are convenient for clients.

Services Are Available at Times Convenient for Clients



Stakeholder Type	1. Strongly Agree	2. Agree	Total
Court Staff- State and Federal	25.0%	75.0%	100.0%
Treatment Agencies	50.0%	50.0%	100.0%
Total	33.3%	66.7%	100.0%

Community Responsiveness

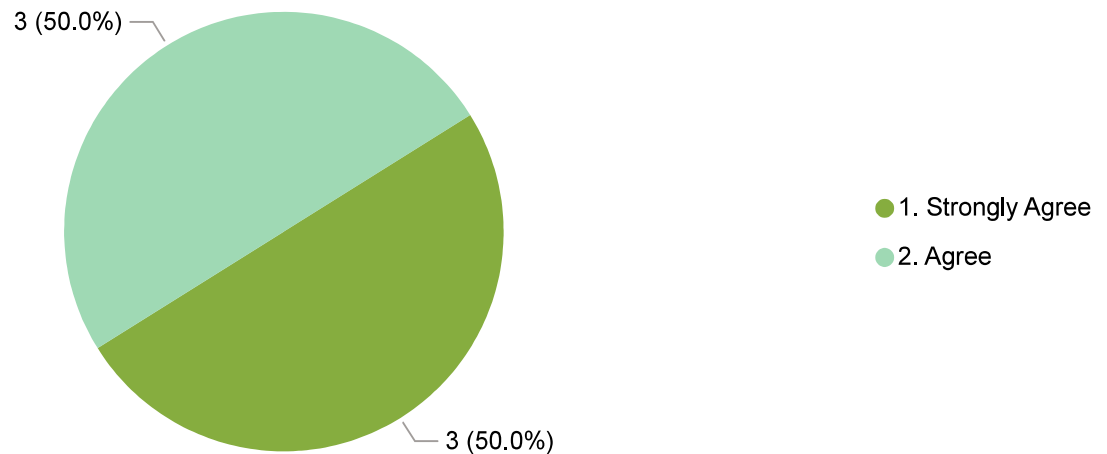


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

Regarding Community Responsiveness, stakeholders were asked to rate how much they agree with the following statement: "This provider is responsive to the needs within the community."

The majority of stakeholders agreed or strongly agreed that providers are responsive to the needs within the communities.

Provider is Responsive to the Needs Within the Community



Stakeholder Type	1. Strongly Agree	2. Agree	Total
Court Staff- State and Federal	25.0%	75.0%	100.0%
Treatment Agencies	100.0%		100.0%
Total	50.0%	50.0%	100.0%

Supportiveness of Clients' Needs

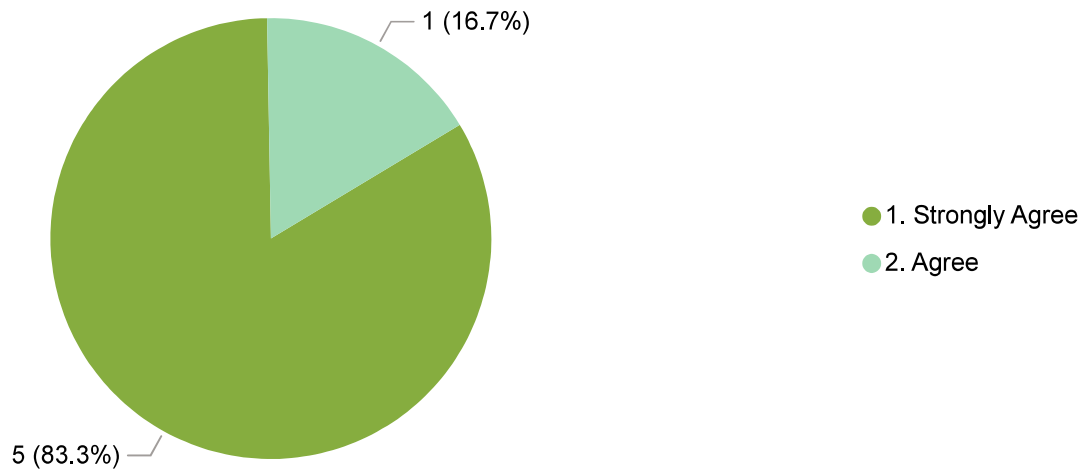


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

Regarding Supportiveness of Clients' Needs, stakeholders were asked to rate how much they agree with the following statement: "The provider is supportive of clients' needs."

The majority of stakeholders agreed or strongly agreed that providers are supportive of referred clients' needs.

Provider is Supportive of Clients' Needs



Stakeholder Type	1. Strongly Agree	2. Agree	Total
Court Staff- State and Federal	75.0%	25.0%	100.0%
Treatment Agencies	100.0%		100.0%
Total	83.3%	16.7%	100.0%

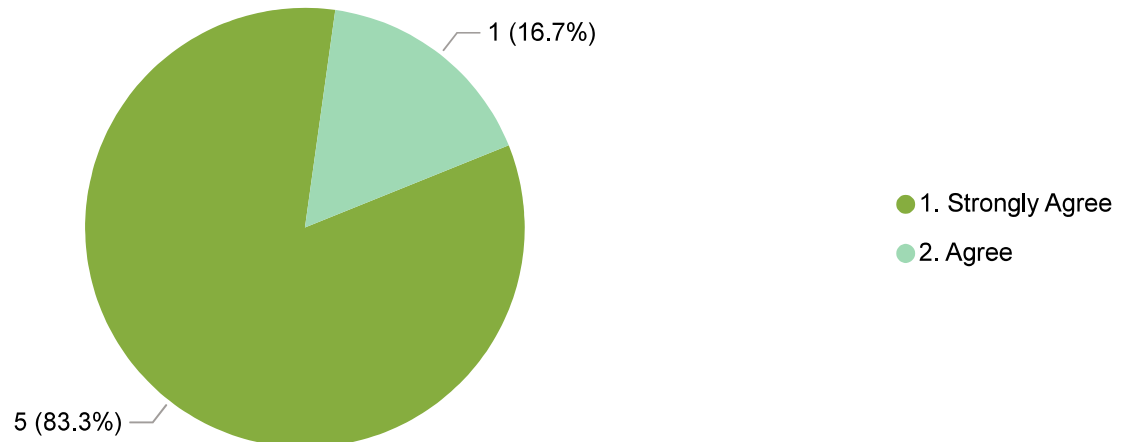
Quality of Services

The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

Regarding Quality of Services, stakeholders were asked to rate how much they agree with the following statement: "This provider delivers quality services."

The majority of stakeholders agreed or strongly agreed that quality services are provided.

Provider Provides Quality Services



Stakeholder Type	1. Strongly Agree	2. Agree	Total
Court Staff- State and Federal	75.0%	25.0%	100.0%
Treatment Agencies	100.0%		100.0%
Total	83.3%	16.7%	100.0%

Provider Responsiveness

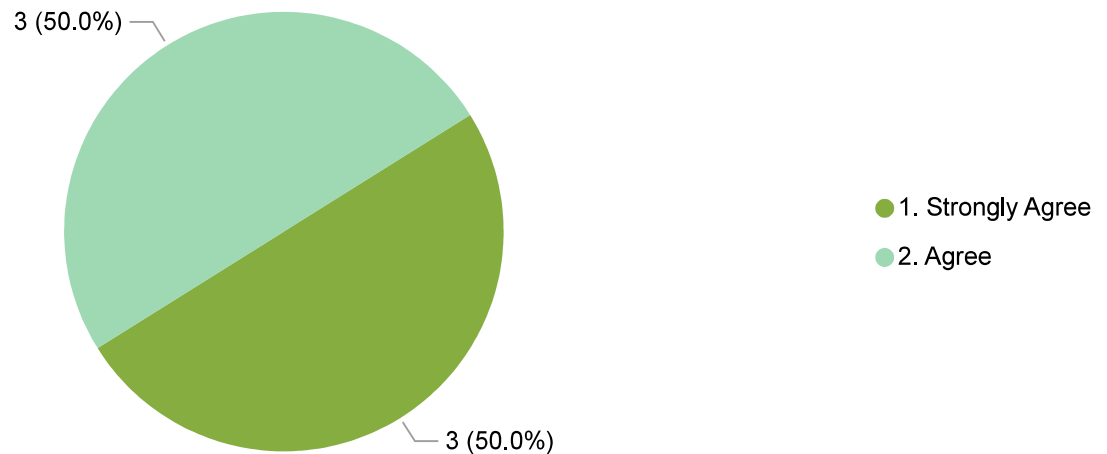


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

Regarding Provider Responsiveness, stakeholders were asked to rate how much they agree with the following statement: "Overall, the provider has been responsive to my questions and concerns."

The majority of stakeholders agreed or strongly agreed that providers are responsive to their questions and concerns.

Provider Has Been Responsive To My Questions and Concerns



Stakeholder Type	1. Strongly Agree	2. Agree	Total
Court Staff- State and Federal	25.0%	75.0%	100.0%
Treatment Agencies	100.0%		100.0%
Total	50.0%	50.0%	100.0%

Satisfaction of Outcomes

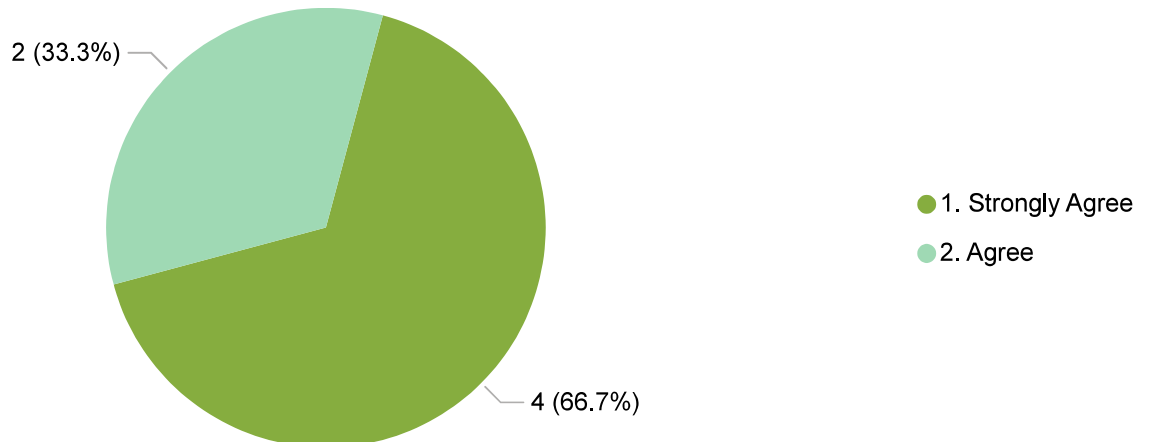


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

Regarding Satisfaction of Outcomes, stakeholders were asked to rate how much they agree with the following statement: "Clients report satisfaction with the outcome of services."

The majority of stakeholders agreed or strongly agreed that clients experienced satisfaction of outcomes.

Clients Report Satisfaction of Outcomes



Stakeholder Type	1. Strongly Agree	2. Agree	Total
Court Staff- State and Federal	75.0%	25.0%	100.0%
Treatment Agencies	50.0%	50.0%	100.0%
Total	66.7%	33.3%	100.0%

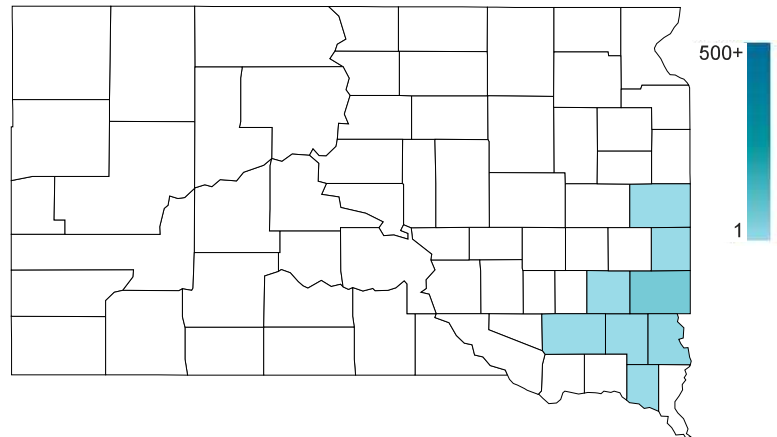
[Page intentionally left blank]

Substance Use Disorder (SUD) Treatment Services

[Page intentionally left blank]

SUD Treatment Services

County of Residence for Clients Who Received Publicly Funded Services



Treatment Services

Publicly Funded
Clients Served

Average Duration of
Treatment (Days)

Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)

79

105

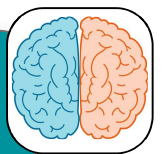


Unduplicated Clients Served
(Publicly Funded)

79

Publicly Funded Clients Served with
Co-Occurring Mental Health Conditions

66



Veterans Served (Publicly Funded)

4

Pregnant Clients Served (Publicly Funded)

0



This page reflects the number of adult and youth clients served. Subsequent sections reflect outcomes for adults and youth separately. Numbers served in some adult and youth services may appear lower than the overall totals.

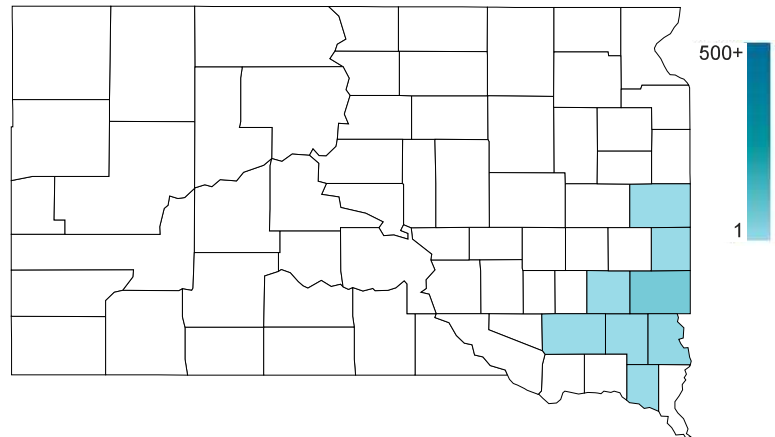
[Page intentionally left blank]

Adult SUD Treatment Services

[Page intentionally left blank]

Adult SUD Treatment Services

County of Residence for Clients Who Received Publicly Funded Services



Treatment Services	Publicly Funded Clients Served	Average Duration of Treatment (Days)
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	78	106

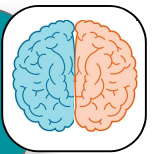


Unduplicated Clients Served
(Publicly Funded)

78

Publicly Funded Clients Served with
Co-Occurring Mental Health Conditions

66



Veterans Served (Publicly Funded)

4

Pregnant Clients Served (Publicly Funded)

0



Data are reported in this section for clients ages 18 or older. Depending on specific needs and prior admissions, an 18 year-old client may have received a youth service. Data represent clients served in publicly funded services (i.e., Medicaid or state funds).

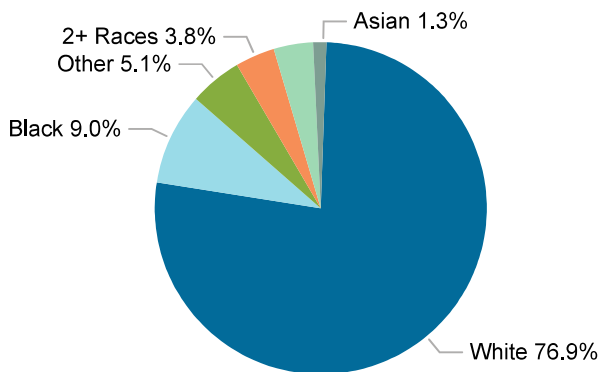
Race & Ethnicity

The data below reflect the self-reported race and ethnicity of adults served in publicly funded treatment services.

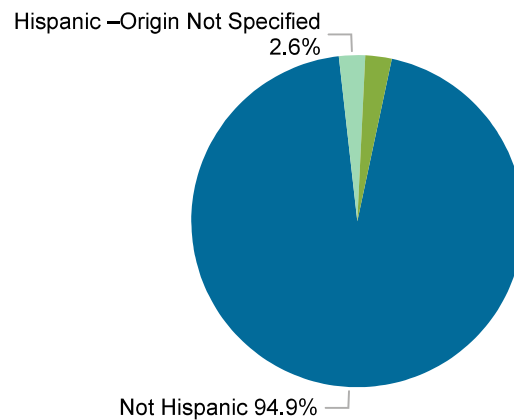


According to the U.S. Census Bureau, 84.2% of South Dakotans identify as White, 8.5% identify as American Indian, and 5.1% identify as Hispanic.

Clients Served by Race



Clients Served by Ethnicity



Clients Served by Service Type and Race

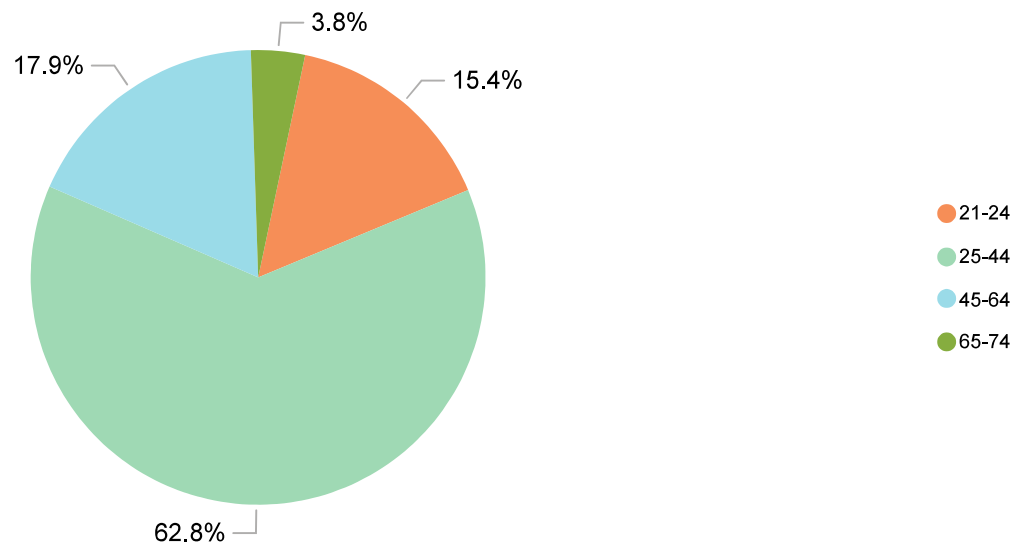
Treatment Services	2+ Races		American Indian		Asian		Black		Other		White		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	3	3.8%	3	3.8%	1	1.3%	7	9.0%	4	5.1%	60	76.9%	78	100.0%
Total	3	3.8%	3	3.8%	1	1.3%	7	9.0%	4	5.1%	60	76.9%	78	100.0%

Age

The below data reflect the age of adults served in publicly funded treatment services.



Clients Served by Age



Clients Served by Service Type and Age Group

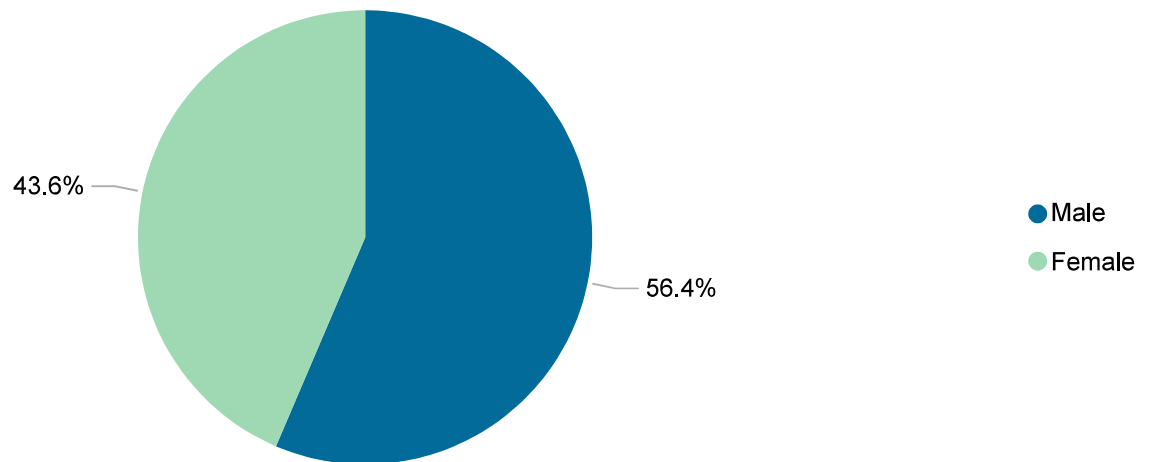
Treatment Services	21-24		25-44		45-64		65-74		Total	
	N	%	N	%	N	%	N	%	N	%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	12	15.4%	49	62.8%	14	17.9%	3	3.8%	78	100.0%
Total	12	15.4%	49	62.8%	14	17.9%	3	3.8%	78	100.0%

Gender

The data below reflect the self-reported gender of adults served in publicly funded treatment services. Gender categories follow SAMHSA guidelines for data reporting.



Clients Served by Self-Identified Gender



Clients Served by Service Type and Self-Identified Gender

Treatment Services	Female		Male		Total	
	N	%	N	%	N	%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	34	43.6%	44	56.4%	78	100.0%
Total	34	43.6%	44	56.4%	78	100.0%

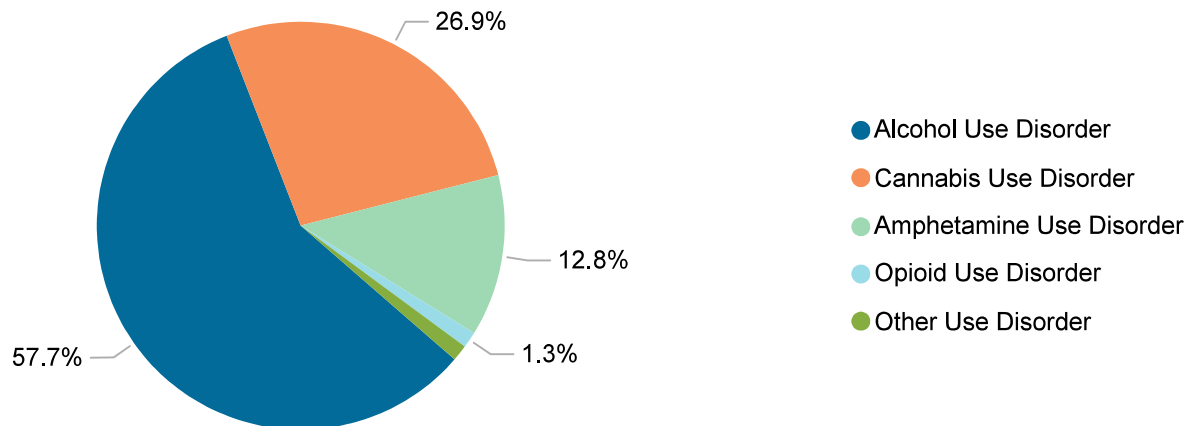
Primary Diagnosis

The data below reflect the primary diagnoses of adults served in publicly funded treatment services.

The majority of adults served had a primary diagnosis of Alcohol Use Disorder, followed by Cannabis Use Disorder.



Percent of Clients Served for Each Primary Diagnosis



Diagnosis by Service Type

Treatment Services	Alcohol Use Disorder		Amphetamine Use Disorder		Cannabis Use Disorder		Opioid Use Disorder		Other Use Disorder		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	45	57.7%	10	12.8%	21	26.9%	1	1.3%	1	1.3%	78	100.0%
Total	45	57.7%	10	12.8%	21	26.9%	1	1.3%	1	1.3%	78	100.0%

Reason for Discharge

The data below reflect the reasons adult clients discharged from publicly funded treatment services.

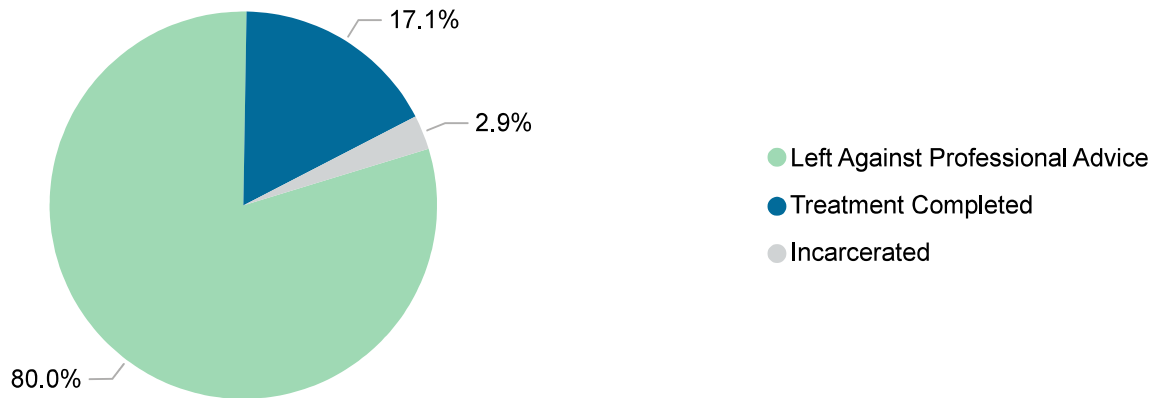
Please note, a client may have more than one admission and discharge.

The majority of adults served Left Against Professional Advice. The next most common discharge reason was Treatment Completed.

The national rate for successful treatment completion for adult and youth clients was 35%.



Reason for Discharge from Services



Reason for Discharge by Service Type

Treatment Services	Incarcerated		Left Against Professional Advice		Treatment Completed		Total	
	N	%	N	%	N	%	N	%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	1	2.9%	28	80.0%	6	17.1%	35	100.0%
Total	1	2.9%	28	80.0%	6	17.1%	35	100.0%

Living Situation

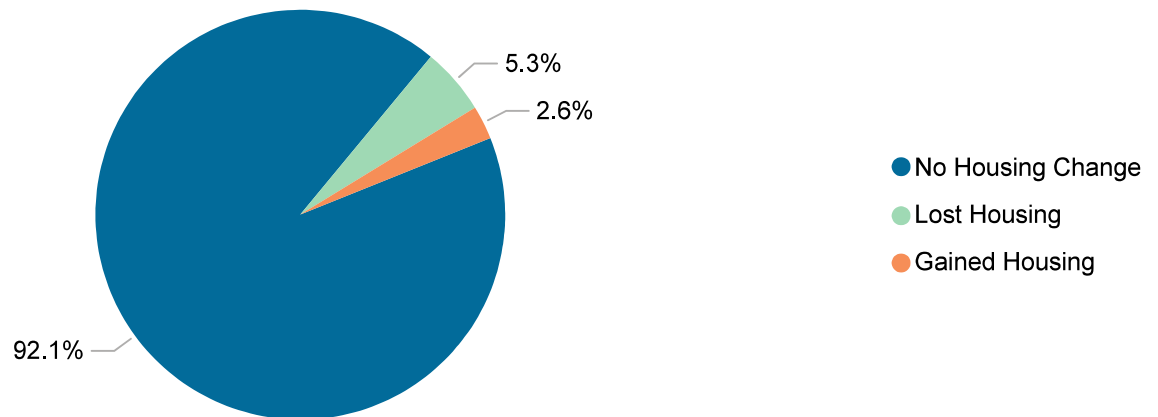
The data below reflect the living situations of adults served in publicly funded treatment services.



The national rate of homelessness for adult and youth clients was 12%.

Most adults served in publicly funded treatment services had stable housing at discharge from services.

Clients Who Gained, Lost, or Had No Change in Housing From Admission to Discharge



Clients Who Reported Homelessness at Admission and Discharge

Treatment Services	Unduplicated Client Count	Homelessness at Admission	Homelessness at Discharge
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	37	4.3%	6.4%
Total	37	4.3%	6.4%

Employment

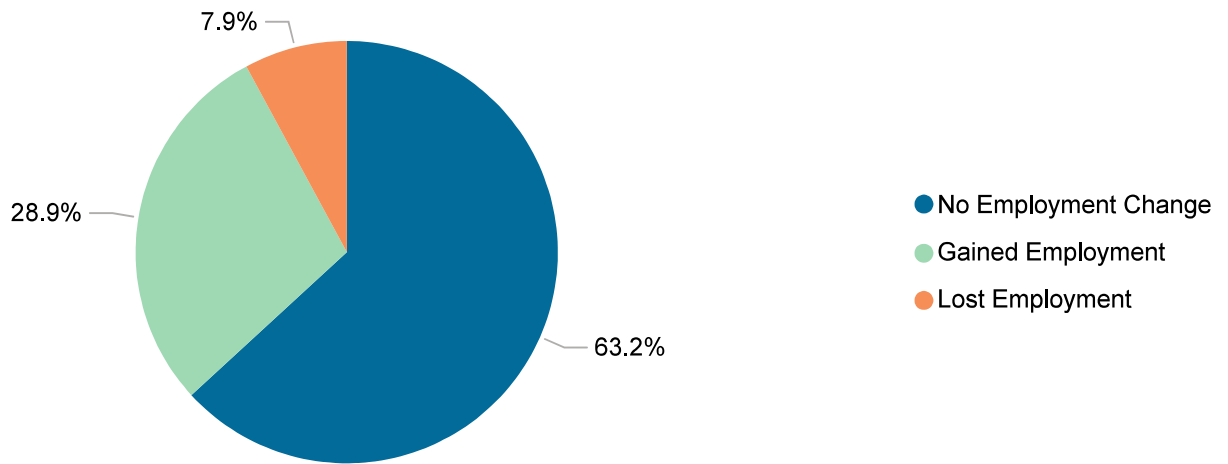
The data below reflect the employment status of adults served in publicly funded treatment services.



The national rate of employment for adult and youth clients was 22%.

The rate of employment for adults served in publicly funded treatment services increased.

Clients Who Gained, Lost, or Had No Change in Employment From Admission to Discharge



Client Employment at Admission and Discharge

Treatment Services	Unduplicated Client Count	Employment at Admission	Employment at Discharge
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	37	63.8%	76.6%
Total	37	63.8%	76.6%

Arrest History

Clients are asked at the start of treatment and at the end of treatment, "In the past 30 days, how many times have you been arrested?" Only clients who completed this question at time of admission and time of discharge are included.

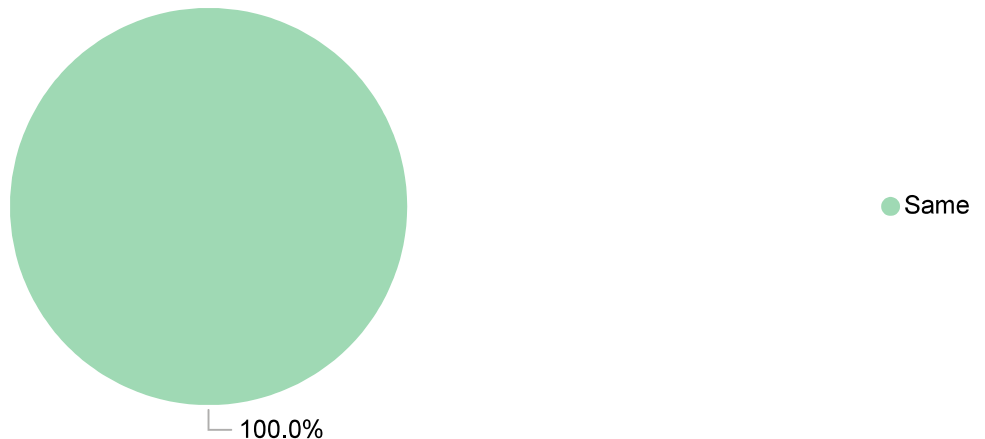
Client responses on these surveys are then broken out by the type of treatment service they received.



The national rate of adult and youth clients with at least one arrest was 4%.

No adults served in publicly funded treatment services reported an arrest in the past 30 days.

Clients Who Had More, Fewer, or the Same Number of Arrests at Discharge Compared to Admission



Clients Who Had One or More Arrests Within 30 Days of Admission and Discharge

Treatment Services	Unduplicated Client Count	Arrest at Admission	Arrest at Discharge
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	5	0.0%	0.0%
Total	5	0.0%	0.0%

General Health

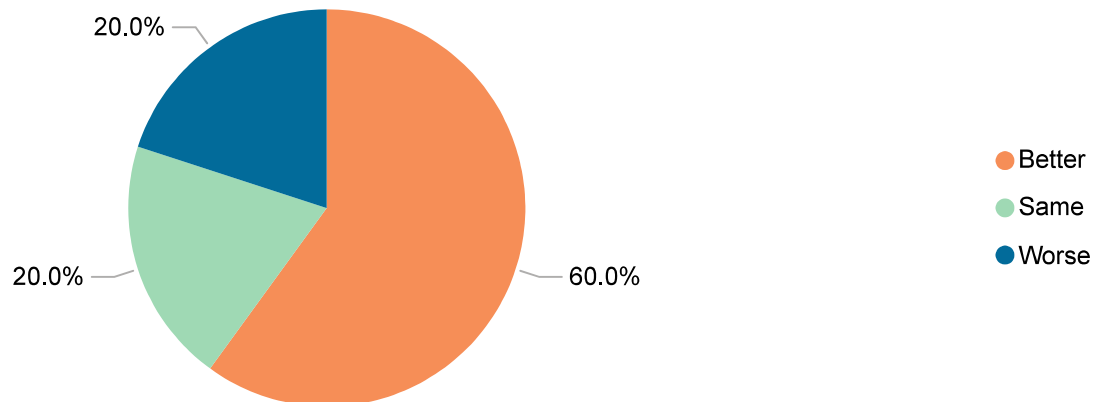


Clients are asked at the start of treatment and at the end of treatment, "Would you say that in general your health is?" Clients could answer in a range from 1-"Poor" to 5-"Excellent". Only clients who completed this question at time of admission and time of discharge are included.

Clients' responses on these surveys are then broken out by the type of treatment service they received. If they received multiple types of treatment services in FY24, their responses are counted once in each service.

Adults served in publicly funded treatment services reported an increase in their general health.

Clients Who Had Better, Worse, or the Same General Health Rating at Discharge Compared to Admission



General Health Rating: 1-Poor; 2-Fair; 3-Good; 4-Very Good; 5-Excellent

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	5	2.80	3.80	1.00	35.7%
Total	5	2.80	3.80	1.00	35.7%

Physical Health

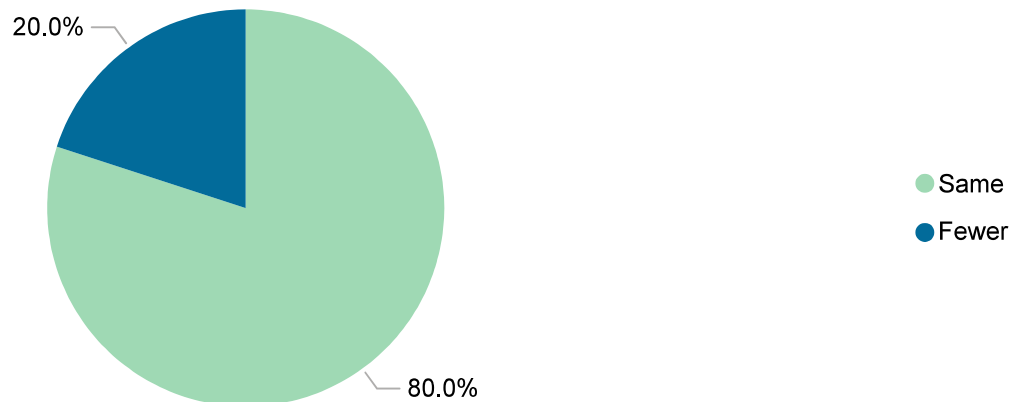


Clients are asked at the start of treatment and at the end of treatment, "Now thinking about your physical health, which includes physical illness and injury, how many days during the past 30 days was your physical health not good?" Only clients who completed this question at time of admission and time of discharge are included.

Clients' responses on these surveys are then broken out by the type of treatment service they received. If they received multiple types of treatment services in FY24, their responses are counted once in each service.

Adults served in publicly funded treatment services reported a decrease in days spent in poor physical health.

Clients Who Had More, Fewer, or the Same Number of Days Spent in Poor Physical Health at Discharge Compared to Admission



How Many Days Within the Past 30 Days Have You Spent in Poor Physical Health?

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	5	6.40	6.00	-0.40	-6.3%
Total	5	6.40	6.00	-0.40	-6.3%

Mental Health

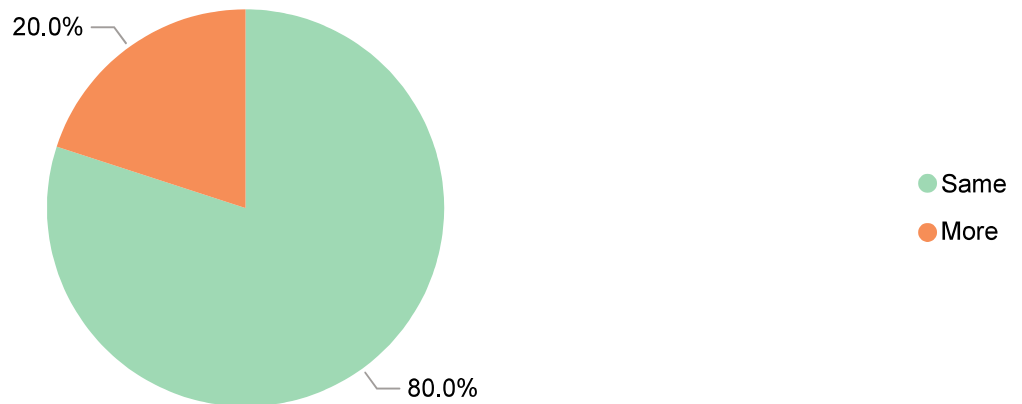


Clients are asked at the start of treatment and at the end of treatment, "Now thinking about your mental health, which includes stress, depression, and problems with emotions, how many days during the past 30 days was your mental health not good?" Only clients who completed this question at time of admission and time of discharge are included.

Clients' responses on these surveys are then broken out by the type of treatment service they received. If they received multiple types of treatment services in FY24, their responses are counted once in each service.

Adults served in publicly funded treatment services reported an increase in days of poor mental health.

Clients Who Had More, Fewer, or the Same Number of Days Spent in Poor Mental Health at Discharge Compared to Admission



How Many Days Within the Past 30 Days Have You Spent in Poor Mental Health?

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	5	0.20	1.00	0.80	400.0%
Total	5	0.20	1.00	0.80	400.0%

Physical or Mental Health Prevented Normal Activities

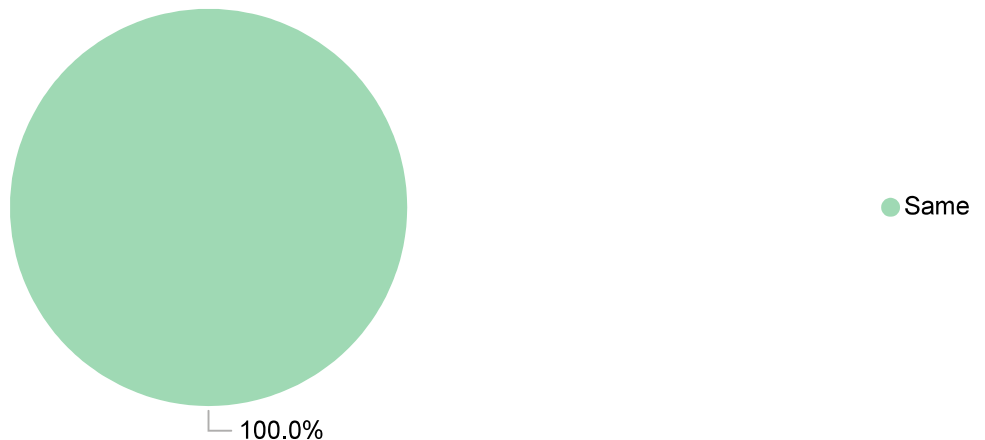


Clients are asked at the start of treatment and at the end of treatment, "During the past 30 days, approximately how many days did your poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?" Only clients who completed this question at time of admission and time of discharge are included.

Clients' responses on these surveys are then broken out by the type of treatment service they received. If they received multiple types of treatment services in FY24, their responses are counted once in each service.

Adults served in publicly funded treatment services reported no change in days in which their physical or mental health prevented them from engaging in normal activities.

Clients Who Had More, Fewer, or the Same Number of Days Where Their Poor Physical or Mental Health Prevented Normal Activities at Discharge Compared to Admission



Number of Days Poor Physical or Mental Health Prevented Normal Activities

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	5	0.00	0.00	0.00	NaN
Total	5	0.00	0.00	0.00	NaN

Reported Attempts to Die by Suicide

Clients are asked at the start of treatment and at the end of treatment, "How many times have you tried to commit suicide in the past 30 days?" Only clients who completed this question at time of admission and time of discharge are included.

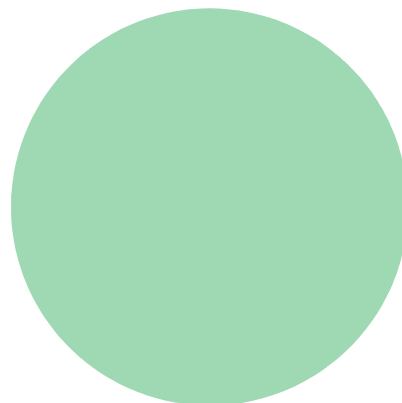
Clients' responses on these surveys are then broken out by the type of treatment service they received. If they received multiple types of treatment services in FY24, their responses are counted once in each service.



If you, or someone you know, is in need of crisis support, or experiencing emotional distress, call or text 988, or chat at <https://988lifeline.org/>.

No adults served in publicly funded treatment services reported an attempt to die by suicide in the past 30 days.

Clients Who Had More, Fewer, or the Same Number of Attempts to Die by Suicide in the Past 30 Days



Same

100.0%

In the Past 30 Days How Many Times Have You Attempted to Die by Suicide?

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	5	0.00	0.00	0.00	NaN
Total	5	0.00	0.00	0.00	NaN

Ability to Control Alcohol Use



Clients are asked at the end of treatment to rate their ability to control their alcohol use before the program and after the program. They rate each question on a scale from 1-"Poor" to 4-"Excellent."

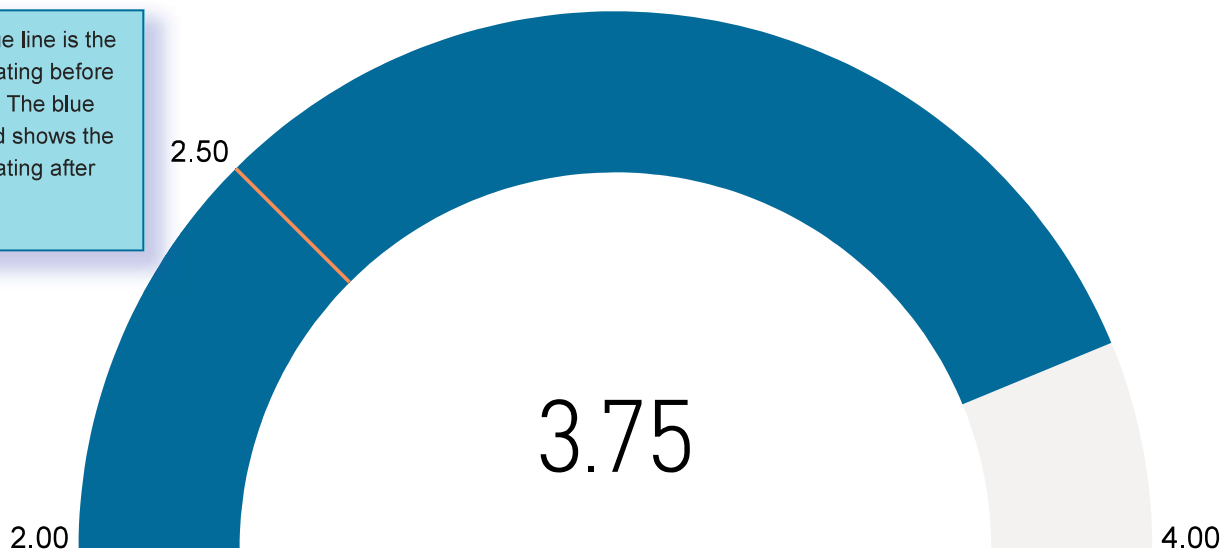
Only clients with a primary alcohol use disorder are included in this outcome measure. Clients with primary non-alcohol use disorder rate their ability to control their drug use specifically on the following page.

Clients' responses on these surveys are then broken out by the type of treatment service they received. If they received multiple types of treatment services in FY24, their responses are counted once in each service.

Adults served in publicly funded treatment services rated their ability to control their alcohol use higher at discharge.

Ability to Control Alcohol Use

The orange line is the average rating before treatment. The blue dashboard shows the average rating after treatment.



Ability to Control Alcohol Use Ratings: 1-Poor; 2-Average; 3-Good; 4-Excellent

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	4	2.50	3.75	1.25	50.0%
Total	4	2.50	3.75	1.25	50.0%

Ability to Control Drug Use



Clients are asked at the end of treatment to rate their ability to control their drug use before the program and after the program. They rate each question on a scale from 1-"Poor" to 4-"Excellent."

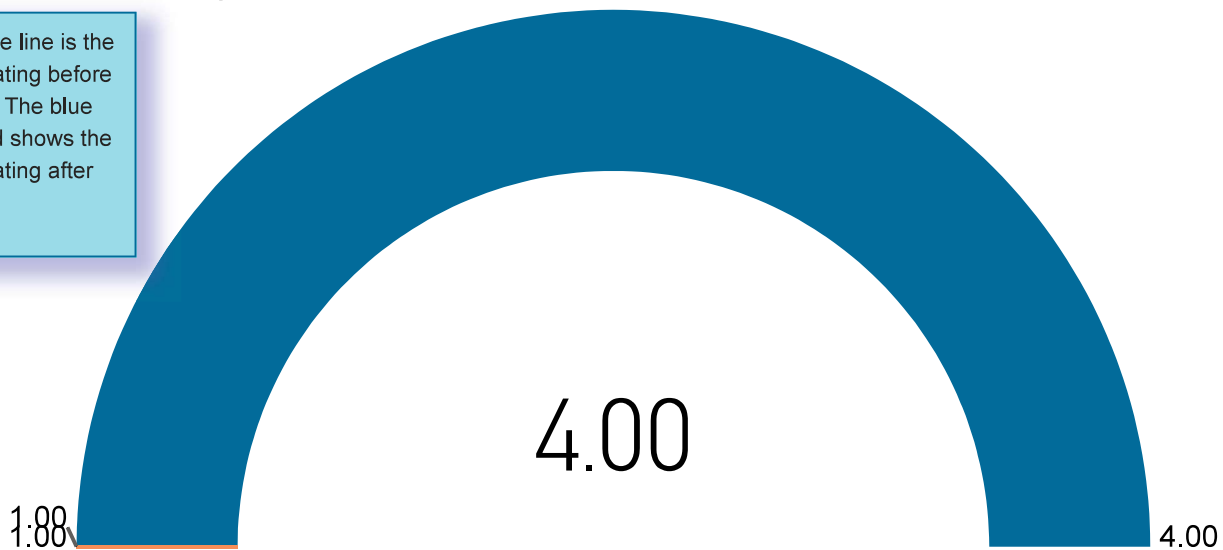
Only clients with primary non-alcohol use disorders are included in this outcome measure. Clients with primary alcohol use disorder rate their ability to control alcohol use specifically on the preceding page.

Clients' responses on these surveys are then broken out by the type of treatment service they received. If they received multiple types of treatment services in FY24, their responses are counted once in each service.

Adults served in publicly funded treatment services rated their ability to control their drug use higher at discharge.

Ability to Control Drug Use

The orange line is the average rating before treatment. The blue dashboard shows the average rating after treatment.



Ability to Control Drug Use Ratings: 1-Poor; 2-Average; 3-Good; 4-Excellent

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	1	1.00	4.00	3.00	300.0%
Total	1	1.00	4.00	3.00	300.0%

Treatment Engagement



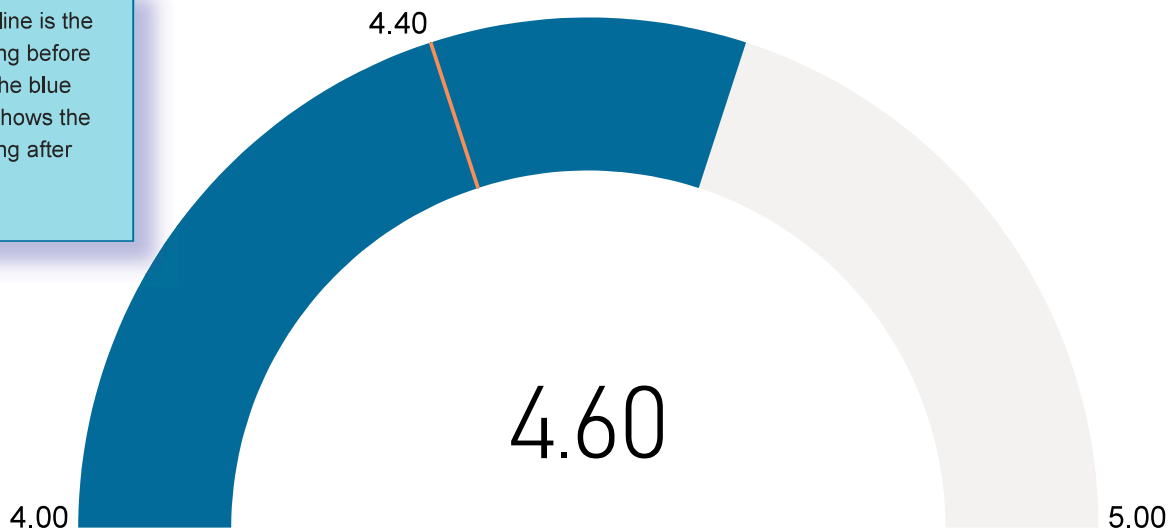
Clinicians are asked at the start of the client's treatment and at the end of treatment, "At this interval period, what is your (clinician's) assessment of the client's understanding and willingness to engage in their treatment program?" Clinicians may answer in a range from 1- "Unengaged" to 5-"Optimal Engagement." Only clients who completed this question at time of admission and time of discharge are included.

Responses on these surveys are then broken out by the type of treatment service the client received. If they received multiple types of treatment services in FY24, their responses are counted once in each service.

Clinicians serving adults in publicly funded treatment services reported an increase in levels of engagement.

Clinician's Assessment of Client's Understanding and Willingness to Engage in Treatment

The orange line is the average rating before treatment. The blue dashboard shows the average rating after treatment.



Engagement Ratings: 1-Unengaged; 2-Minimal; 3-Limited; 4-Positive; 5-Optimal

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	5	4.40	4.60	0.20	4.5%
Total	5	4.40	4.60	0.20	4.5%

Importance of Changing Current Behaviors

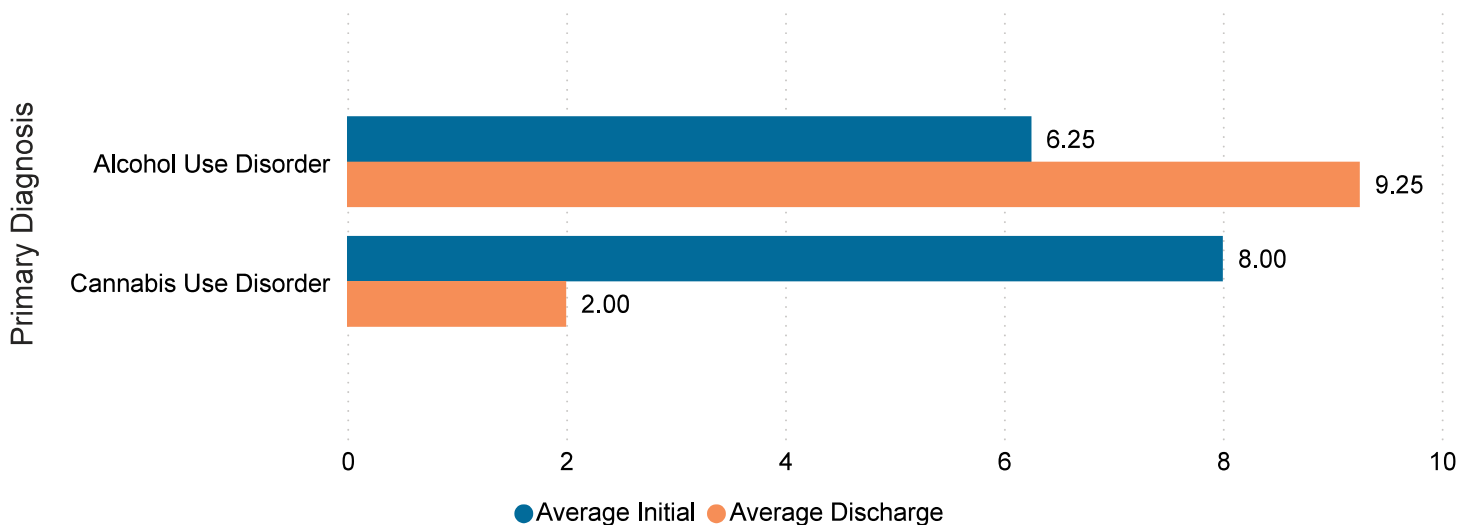


Clients are asked at the start of treatment and at the end of treatment to rate how important it is that they change their current behaviors and/or symptoms. They rate this question on a scale from 0-"Not Important at All" to 10-"Most Important Thing in My Life Right Now." To see specific question, please see Appendix B.

Clients' responses on these surveys are then broken out by primary diagnosis (bar chart) and by type of service received (table).

Adults served in publicly funded treatment services reported an increase in their self-rated importance of changing current behaviors.

Self-Rated Importance in Changing Current Behaviors



Importance of Changing Behavior Ratings: 0-"Not Important at All" to 10-"Most Important Thing in My Life Right Now"

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	5	6.60	7.80	1.20	18.2%
Total	5	6.60	7.80	1.20	18.2%

Motivation to Change Current Behaviors

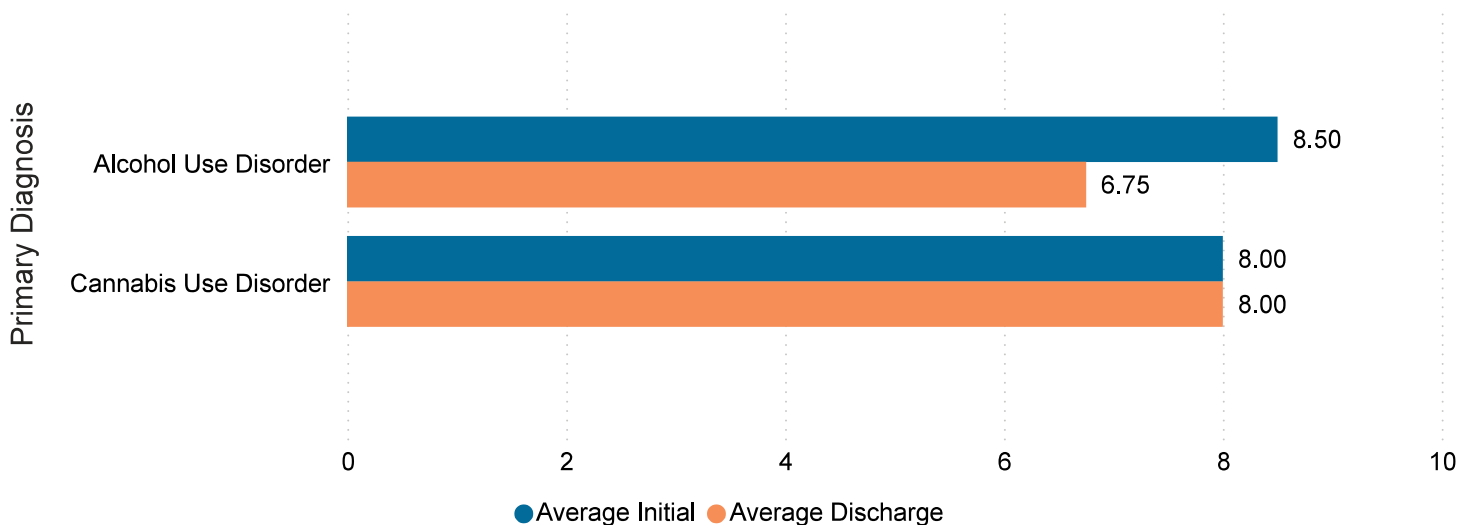
Clients are asked at the start of treatment and at the end of treatment to rate their motivation to change their current behaviors and/or symptoms. They rate this question on a scale from 0-"Not Important at All" to 10-"Most Important Thing in My Life Right Now."

Clients' responses on these surveys are then broken out by primary diagnosis (bar chart) and by type of service received (table).

Adults served in publicly funded treatment services reported a decrease in their self-rated motivation to change current behaviors.



Self-Rated Motivation to Change Current Behaviors and/or Symptoms



Motivation to Change Behavior Ratings: 0-"Not Important at All" to 10-"Most Important Thing in My Life Right Now"

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	5	8.40	7.00	-1.40	-16.7%
Total	5	8.40	7.00	-1.40	-16.7%

Confidence to Control Use Under Stress and Peer Pressure

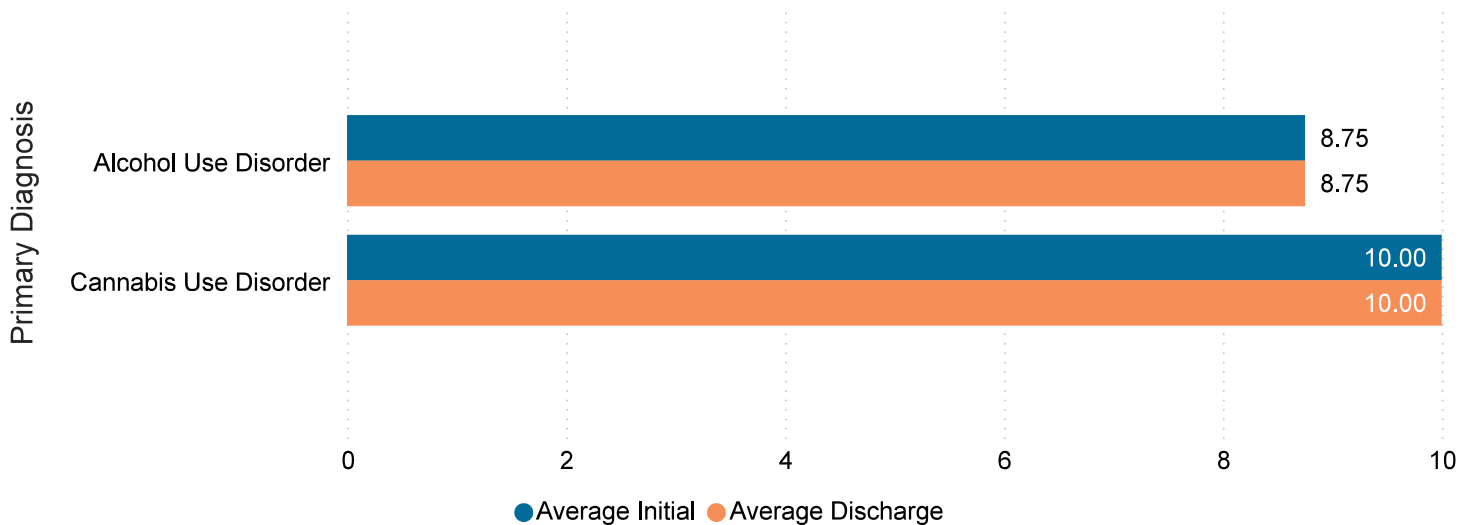
Clients are asked at the start of treatment and at the end of treatment to rate their confidence in their ability to control use under different stressful situations, including peer pressure. They rate each question on a scale from 0-"Not at All Confident" to 10-"Very Confident." The average of these four questions is taken at time of admission (average initial) and at time of discharge (average discharge). To see specific questions, please see Appendix B.

Clients' responses on these surveys are then broken out by primary diagnosis (bar chart) and by type of service received (table).

Adults served in publicly funded treatment services reported no change in their self-rated confidence to control use under stress and peer pressure.



Self-Rated Confidence to Control Substance Use



Confidence to Control Use Ratings: 0-"Not at All Confident" to 10-"Very Confident"

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	5	9.00	9.00	0.00	0.0%
Total	5	9.00	9.00	0.00	0.0%

Visits to Emergency Department



Clients are asked at the start of treatment and at the end of treatment, "How many times have you gone to an emergency room for a psychiatric or emotional problem in the past 30 days?" Only clients who completed this question at time of admission and time of discharge are included.

Clients who had at least one emergency department visit prior to receiving treatment services are included.

Clients' responses on these surveys are then broken out by the type of treatment service they received. If they received multiple types of treatment services in FY24, their responses are counted once in each service.

There were no adults who completed both an admission outcome tool and discharge outcome tool for inclusion in this outcome.

Clients Who Had More, Fewer, or the Same Number of Visits to the Emergency Department at Discharge Compared to Admission

Unable to Report Due to Low Number of Outcome Tools.

How Many Times in the Past 30 Days Have You Visited the Emergency Department?

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Total					

Detoxification Services



Clients are asked at the start of treatment and at the end of treatment, "How many nights have you spent in a facility for detoxification in the past 30 days?" Only clients who completed this question at time of admission and time of discharge are included.

Clients who had at least one night in a facility for detoxification prior to receiving treatment services are included.

Clients' responses on these surveys are then broken out by the type of treatment service they received. If they received multiple types of treatment services in FY24, their responses are counted once in each service.

There were no adults who completed both an admission outcome tool and discharge outcome tool for inclusion in this outcome.

Clients Who Had More, Fewer, or the Same Number of Nights Spent in a Facility for Detoxification at Discharge Compared to Admission

Unable to Report Due to Low Number of Outcome Tools.

How Many Nights in the Past 30 Days Have You Spent in a Facility for Detoxification?					
Treatment Services		Unduplicated Client Count	Average Initial	Average Discharge	Change Percent Change
Total					

Inpatient
 Substance
 Use Disorder
 Treatment
 Services



Clients are asked at the start of treatment and at the end of treatment, "How many nights have you spent in a facility for inpatient/residential substance use disorder treatment in the past 30 days?" Only clients who completed this question at time of admission and time of discharge are included.

Clients who had at least one night in a facility for substance use treatment prior to receiving treatment services are included.

Clients' responses on these surveys are then broken out by the type of treatment service they received. If they received multiple types of treatment services in FY24, their responses are counted once in each service.

There were no adults who completed both an admission outcome tool and discharge outcome tool for inclusion in this outcome.

Clients Who Had More, Fewer, or the Same Number of Nights Spent in a Facility for Inpatient/Residential Substance Use Disorder Treatment at Discharge Compared to Admission

Unable to Report Due to Low
 Number of Outcome Tools.

How Many Nights in the Past 30 Days Have You Spent in a Facility for Inpatient/Residential Substance Use Disorder Treatment?						
Treatment Services		Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Total						

Hospital Admissions for Mental Health Care



Clients are asked at the start of treatment and at the end of treatment, "How many nights have you spent in a facility for mental health care in the past 30 days?" Only clients who completed this question at time of admission and time of discharge are included.

Clients who had at least one night in a facility for mental health care prior to receiving treatment services are included.

Clients' responses on these surveys are then broken out by the type of treatment service they received. If they received multiple types of treatment services in FY24, their responses are counted once in each service.

There were no adults who completed both an admission outcome tool and discharge outcome tool for inclusion in this outcome.

Clients Who Had More, Fewer, or the Same Number of Nights Spent in a Facility for Mental Health Care at Discharge Compared to Admission

Unable to Report Due to Low Number of Outcome Tools.

How Many Nights in the Past 30 Days Have You Spent in a Facility for Mental Health Care?

	Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
▲	Total					

Illness,
 Injury, or
 Surgery



Clients are asked at the start of treatment and at the end of treatment, "How many nights have you spent in a facility for illness, injury, or surgery in the past 30 days?" Only clients who completed this question at time of admission and time of discharge are included.

Clients who had at least one night in a facility for illness, injury, or surgery prior to receiving treatment services are included.

Clients' responses on these surveys are then broken out by the type of treatment service they received. If they received multiple types of treatment services in FY24, their responses are counted once in each service.

There were no adults who completed both an admission outcome tool and discharge outcome tool for inclusion in this outcome.

Clients Who Had More, Fewer, or the Same Number of Nights Spent in a Facility for Illness, Injury, or Surgery at Discharge Compared to Admission

Unable to Report Due to Low
 Number of Outcome Tools.

How Many Nights in the Past 30 Days Have You Spent in a Facility for Illness, Injury, or Surgery?		Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Total							

Nights Spent
 in
 Correctional
 Facility



Clients are asked at the start of treatment and at the end of treatment, "How many nights have you spent in a correctional facility including jail or prisons (as a result of an arrest, parole or probation violation) in the past 30 days?" Only clients who completed this question at time of admission and time of discharge are included.

Clients who had at least one night in a correctional facility prior to receiving treatment services are included.

Clients' responses on these surveys are then broken out by the type of treatment service they received. If they received multiple types of treatment services in FY24, their responses are counted once in each service.

There were no adults who completed both an admission outcome tool and discharge outcome tool for inclusion in this outcome.

Clients Who Had More, Fewer, or the Same Number of Nights Spent in a Correctional Facility at Discharge Compared to Admission

Unable to Report Due to Low
 Number of Outcome Tools.

How Many Nights in the Past 30 Days Have You Spent in a Correctional Facility?

	Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
▲	Total					

Trouble as a Result of Substance Use

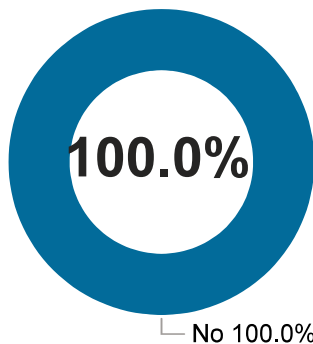


Clients are asked at the start of treatment and at the end of treatment, "Have you gotten in trouble at home, at school, work, or in the community, because of your use of alcohol, drugs, inhalants or gambling?" Only clients who completed this question at time of admission and time of discharge are included.

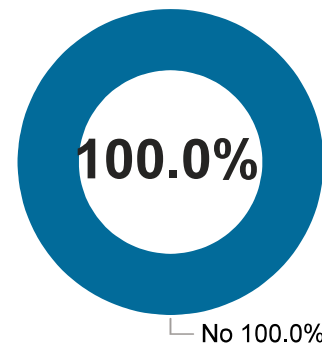
Clients' responses on these surveys are then broken out by the percentage of clients who responded "Yes" or "No" at time of admission and at time of discharge (donut chart) as well as the average responses and change from admission to discharge (table).

No adults served in publicly funded treatment services reported getting into trouble due to their substance use.

Initial: Have You Gotten in Trouble at Work/School/Community Due to Substance Use or Gambling?



Discharge: Have You Gotten in Trouble at Work/School/Community Due to Substance Use or Gambling?



Have You Gotten in Trouble Because of Substance Use or Gambling? 1-"Yes"; 0-"No"

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	5	0.00	0.00	0.00	NaN
Total	5	0.00	0.00	0.00	NaN

Missing School/Work as a Result of Substance Use

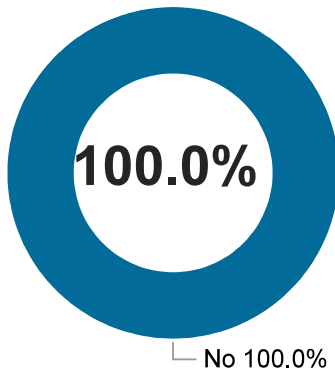


Clients are asked at the start of treatment and at the end of treatment, "Have you missed school or work because of using alcohol, drugs, inhalants, or gambling?" Only clients who completed this question at time of admission and time of discharge are included.

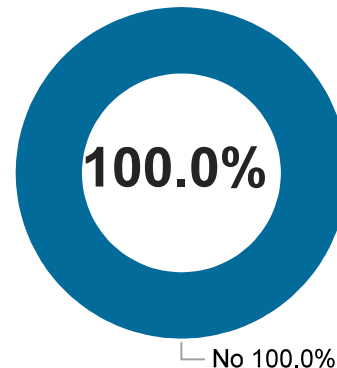
Clients' responses on these surveys are then broken out by the percentage of clients who responded "Yes" or "No" at time of admission and at time of discharge (donut chart) as well as the average responses and change from admission to discharge (table).

No adults served in publicly funded treatment services reported missing school or work due to their substance use.

Initial: Have You Missed School/Work Due to Substance Use or Gambling?



Discharge: Have You Missed School/Work Due to Substance Use or Gambling?



Have You Missed School or Work Because of Substance Use or Gambling? 1-"Yes"; 0-"No"

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	5	0.00	0.00	0.00	NaN
Total	5	0.00	0.00	0.00	NaN

General Satisfaction with Services

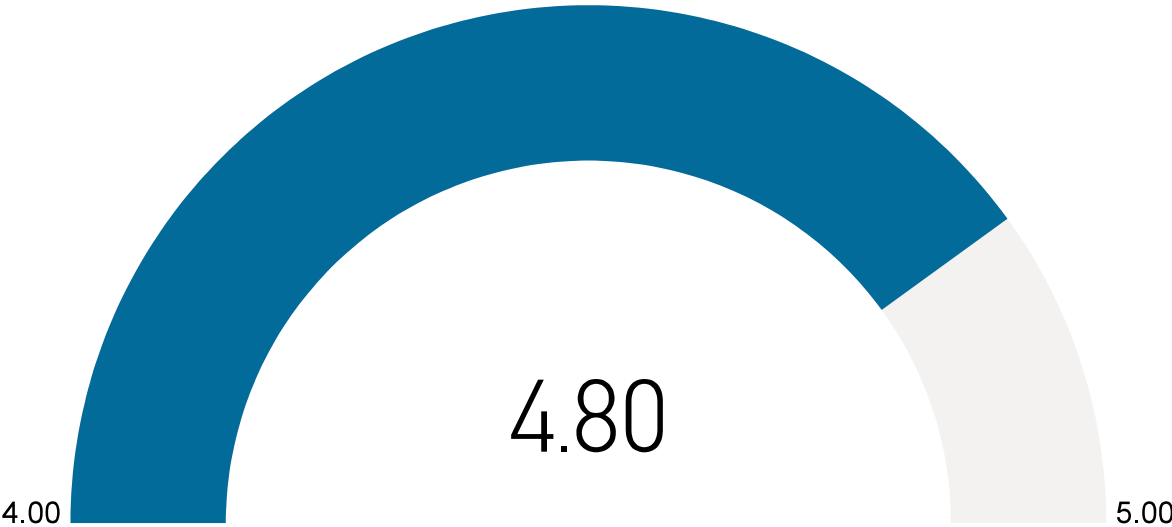


Clients are asked at discharge to rate how strongly they agree with three different questions pertaining to their overall satisfaction with treatment services they received. The average of these three responses is given below. To see specific questions, please see Appendix B.

Clients' responses on these surveys are then broken out by the type of treatment service they received. If they received multiple types of treatment services in FY24, their responses are counted once in each service.

Adults served in publicly funded treatment services reported satisfaction with the services they received.

Were You Satisfied With the Services You Received?



General Satisfaction Ratings: 0-Refused to Respond; 1-Strongly Disagree; 2-Disagree; 3-Undecided; 4-Agree; 5-Strongly Agree

Treatment Services	Unduplicated Client Count	General Satisfaction with Services
<div>▲</div> Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	5	4.80
Total	5	4.80

Improved Functioning



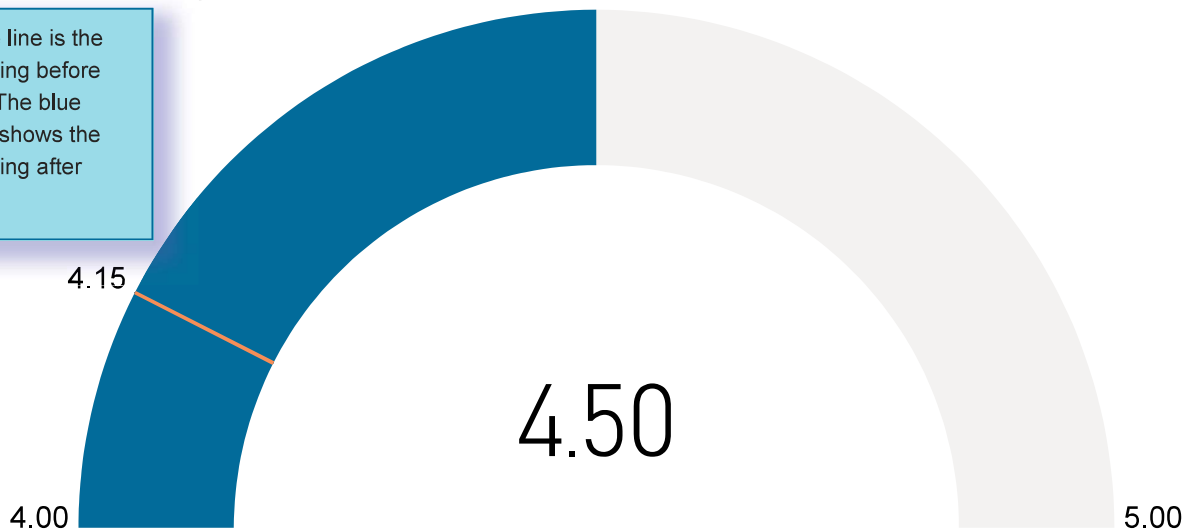
Clients are asked at discharge to rate how strongly they agree with four different questions pertaining to their perception of their mental health and social well-being before and after the services they received. The average of these four responses is given below. To see specific questions, please see Appendix B.

Clients' responses on these surveys are then broken out by the type of treatment service they received. If they received multiple types of treatment services in FY24, their responses are counted once in each service.

Adults served in publicly funded treatment services reported improved functioning as a result of services received.

Improved Functioning

The orange line is the average rating before treatment. The blue dashboard shows the average rating after treatment.



Improved Functioning Ratings: 0-Refused to Respond; 1-Strongly Disagree; 2-Disagree; 3-Undecided; 4-Agree; 5-Strongly Agree

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	5	4.15	4.50	0.35	8.4%
Total	5	4.15	4.50	0.35	8.4%

Social Connectedness



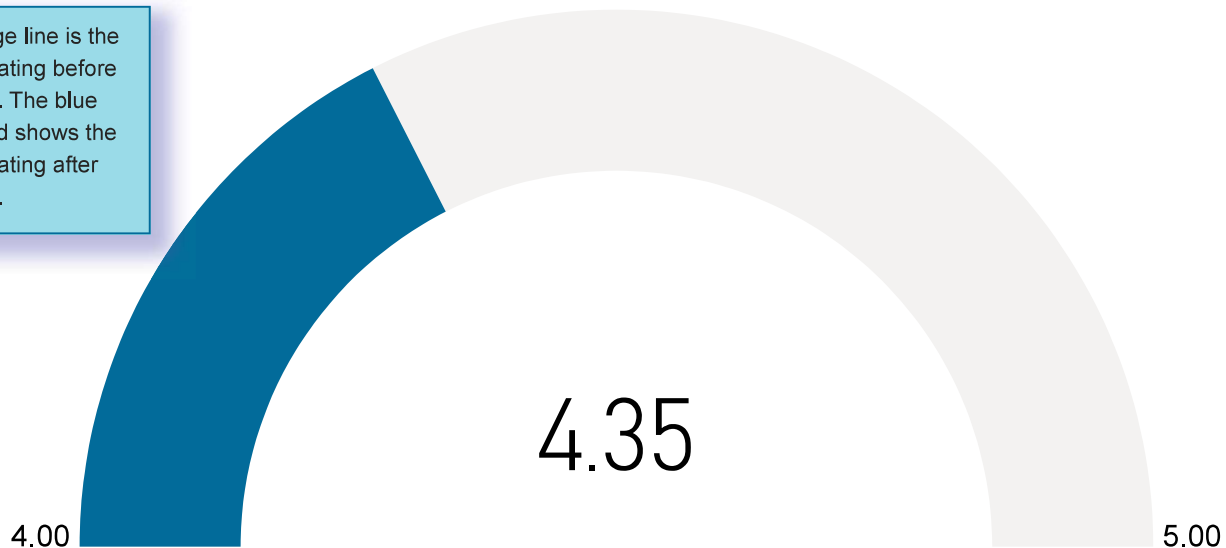
Clients are asked at discharge to rate how strongly they agree with four different questions pertaining to their connections with their family, friends, and community. The average of these four responses is given below. To see specific questions, please see Appendix B.

Clients' responses on these surveys are then broken out by the type of treatment service they received. If they received multiple types of treatment services in FY24, their responses are counted once in each service.

Adults served in publicly funded treatment services reported increased social connectedness.

Social Connectedness

The orange line is the average rating before treatment. The blue dashboard shows the average rating after treatment.



Social Connectedness Ratings: 0-Refused to Respond; 1-Strongly Disagree; 2-Disagree; 3-Undecided; 4-Agree; 5-Strongly Agree

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	5	3.75	4.35	0.60	16.0%
Total	5	3.75	4.35	0.60	16.0%

Participation in Treatment Planning and Outcomes of Services



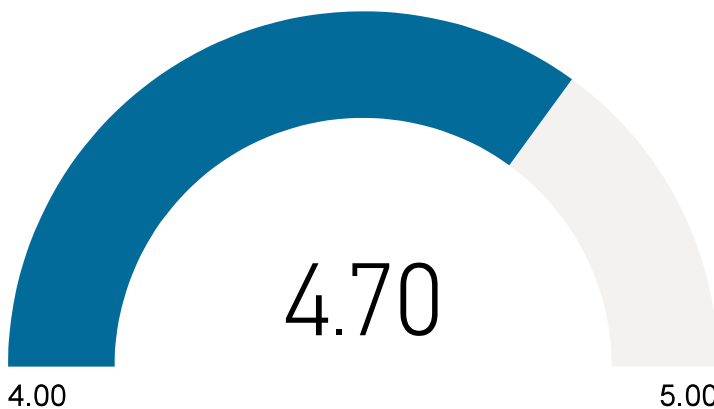
Clients are asked at discharge to rate how strongly they agree with two different questions pertaining to their participation in treatment planning for services they received. The average of these two responses is given below.

Additionally, clients are asked at discharge to rate how strongly they agree with eight different questions pertaining to the outcomes of the services they received. The average of these eight responses is given below. To see specific questions, please see Appendix B.

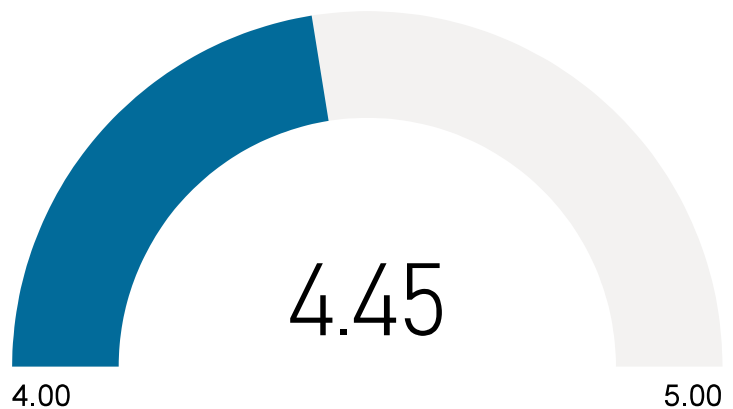
Clients' responses on these surveys are then broken out by the type of treatment service they received. If they received multiple types of treatment services in FY24, their responses are counted once in each service.

Adults served in publicly funded treatment services reported high levels of participation in treatment planning and good outcomes as a result of services received.

Participation in Treatment Planning



Outcomes of Treatment Services

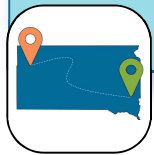


Participation and Outcomes Ratings: 0-Refused to Respond; 1-Strongly Disagree; 2-Disagree; 3-Undecided; 4-Agree; 5-Strongly Agree

Treatment Services

	Unduplicated Client Count	Participation in Treatment Planning	Outcomes of Treatment Services
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	5	4.70	4.45
Total	5	4.70	4.45

Access and Quality and Appropriateness of Services



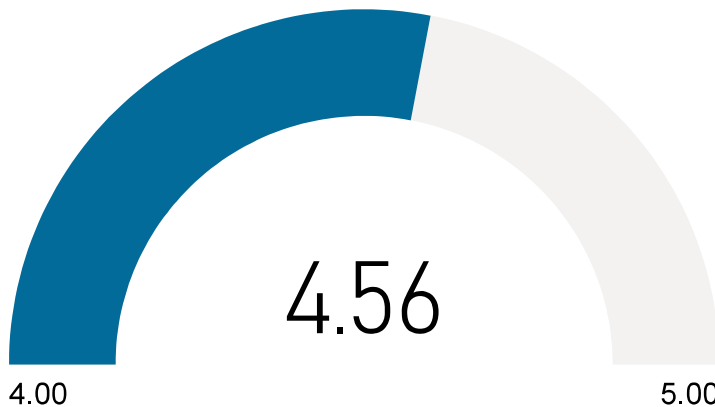
Clients are asked at discharge to rate how strongly they agree with five different questions pertaining to the ease and convenience of accessing the services they received. The average of these five responses is given below.

Additionally, clients are asked at discharge to rate how strongly they agree with eight different questions pertaining to the quality and appropriateness of the services they received. The average of these eight responses is given below. To see specific questions, please see Appendix B.

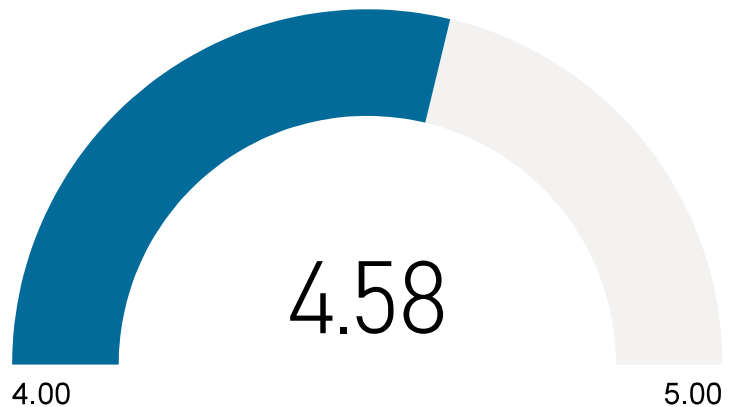
Clients' responses on these surveys are then broken out by the type of treatment service they received. If they received multiple types of treatment services in FY24, their responses are counted once in each service.

Adults served in publicly funded treatment services reported ease and convenience when accessing services and high quality and appropriateness of services.

Access to Services



Quality and Appropriateness of Services



Access and Quality/Appropriateness Ratings: 0-Refused to Respond; 1-Strongly Disagree; 2-Disagree; 3-Undecided; 4-Agree; 5-Strongly Agree

Treatment Services	Unduplicated Client Count	Access to Services	Quality and Appropriateness
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	5	4.56	4.58
Total	5	4.56	4.58

[Page intentionally left blank]

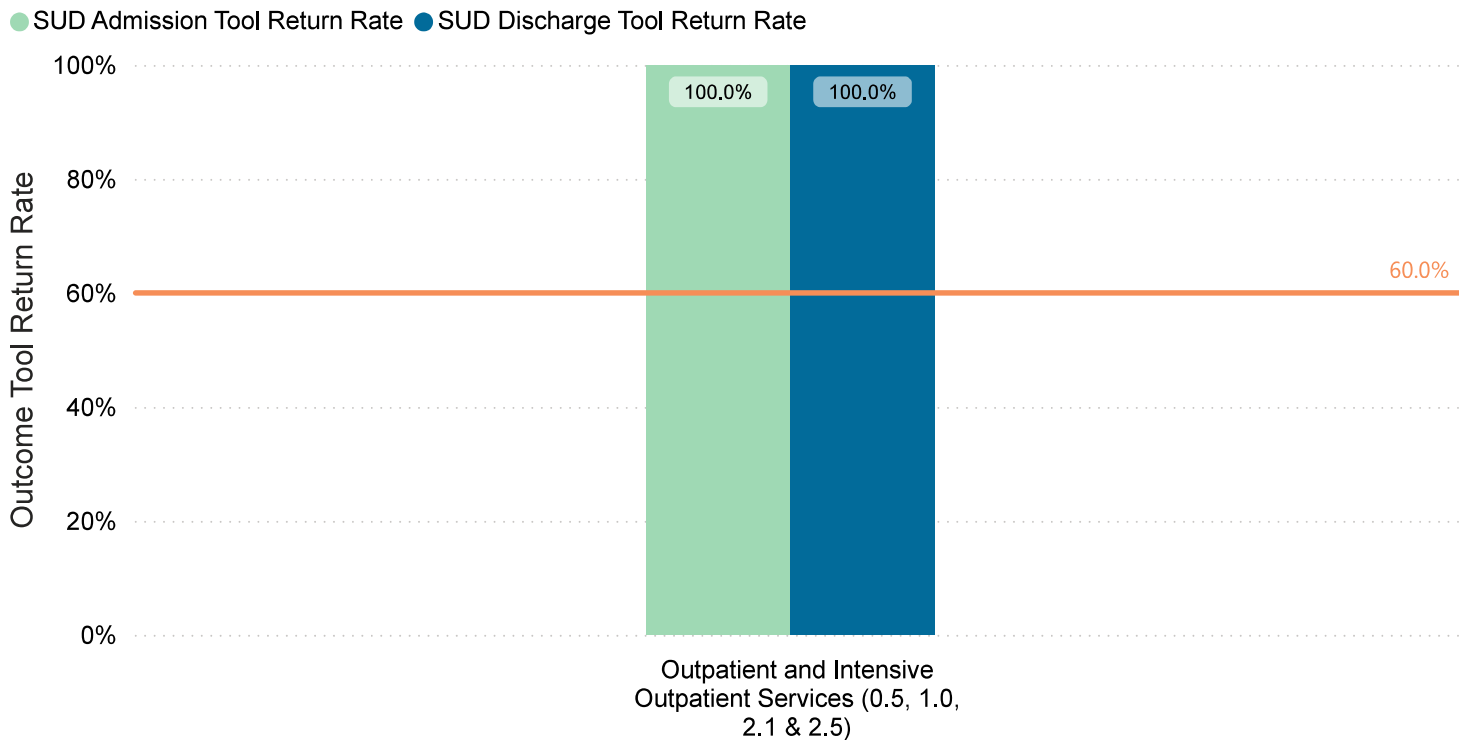
Appendix A: Outcome Tool Return Rates

[Page intentionally left blank]

Adult SUD Outcome Tool Return Rates

Return rates in this section are for adult outcome tools. The return rate reflects tools collected and attempts to collect tools as clients may not always wish to complete the outcome tool.

The target return rate for attempted outcome tools is 60%, which is indicated in the graph below by the orange line.



[Page intentionally left blank]

Appendix B: Outcome Tool Surveys

[Page intentionally left blank]

Division of Behavioral Health Substance Use Disorder Outcome Tool INITIAL

Today's Date:

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

- Program**
- | | |
|--|--|
| <input type="checkbox"/> 1.0 Outpatient | <input type="checkbox"/> 1.0 Gambling Outpatient |
| <input type="checkbox"/> 2.1 Intensive Outpatient
(Including 2.1/3.1) | <input type="checkbox"/> 2.1 Gambling Intensive Outpatient |
| <input type="checkbox"/> 2.5 Day Treatment | <input type="checkbox"/> 2.5 Gambling Day Treatment |
| <input type="checkbox"/> 3.1 Low Intensity Residential | <input type="checkbox"/> 3.7 Gambling Intensive Inpatient
Treatment |
| <input type="checkbox"/> 3.7 Intensive Inpatient Treatment | <input type="checkbox"/> MRT (CJI Clients Only) |
| <input type="checkbox"/> Adult Outpatient EBP (CJI Clients
Only) | <input type="checkbox"/> Adult Outpatient EBP/3.1 Services
(CJI Clients Only) |
| <input type="checkbox"/> Adult Outpatient EBP/MRT (CJI
Clients Only) | <input type="checkbox"/> IMT - OP |
| <input type="checkbox"/> Adult Outpatient EBP/MRT/3.1
Services (CJI Clients Only) | <input type="checkbox"/> IMT - E |
| | <input type="checkbox"/> IMT - OC |

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 behaviors and/or symptoms? Please circle a number on the scale below:

Not important at all About as important as most of the other things I would like to achieve now Most important thing in my life right now

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 would like to achieve now Most important thing in my life right now

Adult SUD Form –Initial

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

5. Please answer the following questions based on the past 30 days...		
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
<small>*Federally Required Element</small>		

6. Please answer the following questions based on the <u>past 30 days</u> ...	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 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"/>
d. How many times have you tried to commit suicide?	_____	<input type="checkbox"/>

7. 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 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	

Adult SUD Form –Initial

8. Please indicate your level of agreement or disagreement with the statements by checking the choice that best represents your feelings or opinion over the past 30 days . (Please answer for relationships with persons other than your behavioral health provider(s).) Source: MHSIP Survey *Federally Required	Response Options						
	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Not applicable	Refused
Domain: Social Connectedness Questions 1-4							
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"/>
Domain: Improved Functioning Domain: Questions 5-8							
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"/>

Question **required** to be completed 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
<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>

Today's Date:

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

Program	Program
<input type="checkbox"/> 1.0 Outpatient	<input type="checkbox"/> 1.0 Gambling Outpatient
<input type="checkbox"/> 2.1 Intensive Outpatient (Including 2.1/3.1)	<input type="checkbox"/> 2.1 Gambling Intensive Outpatient
<input type="checkbox"/> 2.5 Day Treatment	<input type="checkbox"/> 2.5 Gambling Day Treatment
<input type="checkbox"/> 3.1 Low Intensity Residential	<input type="checkbox"/> 3.7 Gambling Intensive Inpatient Treatment
<input type="checkbox"/> 3.7 Intensive Inpatient Treatment	<input type="checkbox"/> MRT (CJI Clients Only)
<input type="checkbox"/> Adult Outpatient EBP (CJI Clients Only)	<input type="checkbox"/> Adult Outpatient EBP/3.1 Services (CJI Clients Only)
<input type="checkbox"/> Adult Outpatient EBP/MRT (CJI Clients Only)	<input type="checkbox"/> IMT - OP
<input type="checkbox"/> Adult Outpatient EBP/MRT/3.1 Services (CJI Clients Only)	<input type="checkbox"/> IMT - E
	<input type="checkbox"/> IMT - OC

☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

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?

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
1	2	3
4	5	6
7	8	9
10	11	12

0 1 2 3 4 5 6 7 8 9 10

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
1	2	3
4	5	6
7	8	9
10	11	12

0 **1** **2** **3** **4** **5** **6** **7** **8** **9** **10**

Adult SUD Form -Discharge

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

5. Please answer the following questions based on the <u>past 30 days...</u>		
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

*Element agreed upon by the DOWG

6. Please answer the following questions based on the <u>past 30 days...</u>	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 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"/>
d. How many times have you tried to commit suicide?	_____	<input type="checkbox"/>

7. 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	Average	Good	Excellent	Poor	Average	Good	Excellent
	1	2	3	4	1	2	3	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"/>

Adult SUD Form -Discharge

8. 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	<input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="3"/> <input type="text" value="4"/> <input type="text" value="5"/> <input type="text" value="6"/> <input type="text" value="7"/> <input type="text" value="8"/> <input type="text" value="9"/> <input type="text" value="10"/>	
... if I had unexpectedly found some booze/drugs or happened to see something that reminded me of drinking/using drugs	<input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="3"/> <input type="text" value="4"/> <input type="text" value="5"/> <input type="text" value="6"/> <input type="text" value="7"/> <input type="text" value="8"/> <input type="text" value="9"/> <input type="text" value="10"/>	
... if other people treated me unfairly or interfered with my plans	<input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="3"/> <input type="text" value="4"/> <input type="text" value="5"/> <input type="text" value="6"/> <input type="text" value="7"/> <input type="text" value="8"/> <input type="text" value="9"/> <input type="text" value="10"/>	
... if I were out with friends and they kept suggesting we go somewhere to drink/use drugs	<input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="3"/> <input type="text" value="4"/> <input type="text" value="5"/> <input type="text" value="6"/> <input type="text" value="7"/> <input type="text" value="8"/> <input type="text" value="9"/> <input type="text" value="10"/>	

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 30 days. (Please answer for relationships with persons other than your behavioral health provider(s).) Source: MHSIP Survey *Element Agreed upon by DOWG	Response Options						
	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Not applicable	Refused
Domain: Social Connectedness Questions 1-4							
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"/>
Domain: Improved Functioning Domain: Questions 5-8							
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"/>
Domain: Perception of Access to Services Questions 9-13							
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"/>
Domains: Perception of Quality and Appropriateness Questions 14-21							
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"/>

Last Updated: 03/23/2021

Page 3 of 4

Adult SUD Form -Discharge

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 **required** to be completed by Clinician

10. At this interval period, what is your (clinician's) assessment of the client's understanding and willingness to engage in their treatment program? Please circle a number on the scale below:

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

Division of Behavioral Health Substance Use Disorder Outcome Tool Youth INITIAL

Todays' 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 |
| <input type="checkbox"/> 3.1 Low Intensity Residential | Treatment (PRTF) |
| <input type="checkbox"/> Adolescent EBP Services | |

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 behaviors and/or symptoms? Please circle a number on the scale below:

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

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

4. Please answer the following question

In the past 30 days, how many times have you been arrested?

*Federally Required Element

Number of
Nights/Times

Don't know ☐

5. Please answer the following questions based on the past 30 days...

- 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? ☐ Yes ☐ No
- b. Have you missed school or work because of using alcohol, drugs, inhalants, or gambling? ☐ Yes ☐ No

*Federally Required Element

Last Updated: 03/23/2021

Page 1 of 3

Youth SUD Form –Initial Interview

6. Please answer the following questions based on the <u>30 days</u> ...	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 nights have you spent in a correctional facility including JDC or Jail (as a result of an arrest, parole or probation violation)?	_____	<input type="checkbox"/>
d. How many times have you tried to commit suicide?	_____	<input type="checkbox"/>
7. 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 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	

Youth SUD Form –Initial Interview

8. Please indicate your level of agreement or disagreement with the statements by checking the choice that best represents your feelings or opinion over the past 30 days. (Please answer for relationships with persons other than your behavioral health provider(s).) *Federally Required	Response Options						
	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Not applicable	Refused
Domain: Social Connectedness Questions 1-4							
1. I know people who will listen and understand me when I 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, I would have the support I 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. I have people that I am comfortable talking with about my problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. 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"/>
Domain: Improved Functioning Domain: Questions 5-11							
5. 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"/>
6. I get 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. I get 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. I do well 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. I am 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 able to handle my daily life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I am satisfied with my 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"/>

Question to be answered by Clinician

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

9. 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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Division of Behavioral Health Substance Use Disorder Outcome Tool Youth Discharge

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 (PRTF) |
| <input type="checkbox"/> 3.1 Low Intensity Residential | |
| <input type="checkbox"/> Adolescent EBP Services | |

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 behaviors and/or symptoms? Please select the number below:

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

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

4. Please answer the following question

In the past 30 days, how many times have you been arrested?

*Federally Required Element

Number of
Nights/Times

Don't
know

_____ ☐

5. Please answer the following questions based on the past 30 days...

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? ☐ Yes ☐ No

b. Have you missed school or work because of using alcohol, drugs, inhalants, or gambling? ☐ Yes ☐ No

Youth SUD Form – Discharge

6. Please answer the following questions based on the <u>past 30 days</u> ...	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"/>
Source: Current MPR Adult History Form (Revised 3/06)		
c. How many nights have you spent in a correctional facility including JDC or Jail (as a result of an arrest, parole or probation violation)?	___	<input type="checkbox"/>
d. How many times have you tried to commit suicide?	___	<input type="checkbox"/>

*Federally Required Element

7. 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	Average	Good	Excellent	Poor	Average	Good	Excellent
	1	2	3	4	1	2	3	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"/>

*Element agreed upon by the DOWG

8. 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	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	

Youth SUD Form – Discharge

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 30 days. (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. I know people who will listen and understand me when I 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, I would have the support I 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. I have people that I am comfortable talking with about my problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. 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"/>
Domain: Improved Functioning/ Outcomes Domain: Questions 5-11							
5. I am better 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"/>
6. I get along better 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. I get along better 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. I am 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. I am better 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 better at handling my daily life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I am satisfied with my 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"/>
Domain: Perception of Access to Services Questions 12-13							
12. 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"/>
13. Services are available at times that are convenient for me.	<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 services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I helped to choose my 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 participated in my own treatment.	<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 21-26							
21. Overall I am satisfied with the services I have 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 me have stuck with me 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 I have someone to talk to when I am troubled.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. I received services that were right for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. I have gotten the help I want.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. I have gotten as much help as I need.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Youth SUD Form – Discharge

Questions to be answered by Clinician

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

10. At this interval period, what is your (clinician's) assessment of the client's understanding and willingness to engage in their treatment program? Please circle a number on the scale below:

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

Division of Behavioral Health Substance Use Disorder Outcome Tool Family INITIAL

Todays' 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 |
| <input type="checkbox"/> 3.1 Low Intensity Residential | Treatment (PRTF) |
| <input type="checkbox"/> Adolescent EBP Services | |

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

- ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

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

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

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

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

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

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

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

4. Please answer the following question

In the past 30 days, how many times has your child been arrested?

*Federally Required Element

Number of Nights/Times	Don't know
---------------------------	---------------

_____ ☐

Family SUD Form –Initial Interview

5. Please answer the following questions based on the past 30 days...

- a. Has your child gotten into trouble at home, at school, work, or in the community, because of their use of alcohol, drugs, inhalants, or gambling? ☐ Yes ☐ No
- b. Has your child missed school or work because of using alcohol, drugs, inhalants, or gambling? ☐ Yes ☐ No

*Federally Required Element

6. Please answer the following questions based on the past 30 days...

	Number of Nights/Times	Don't know
a. How many times has your child gone to an emergency room for a psychiatric or emotional problem?	___	<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 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"/>
d. How many times has your child tried to commit suicide?	___	<input type="checkbox"/>

7. My child would be able to resist the urge to drink heavily and/or use drugs...

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

Family SUD Form –Initial Interview

8. Please indicate your level of agreement or disagreement with the statements by checking the choice that best represents your feelings or opinion over the past 30 days. (Please answer for relationships with persons other than your behavioral health provider(s).) Source: MHSIP Survey *Federally Required	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 Domain: Questions 5-11							
5. My child is 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 does well 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. My child is able to handle daily life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. 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"/>

Question to be answered by Clinician

10. At this interval period, what is your (clinician's) assessment of the client's understanding and willingness to engage in their treatment program? Please circle a number on the scale below:				
Unengaged and Blocked	Minimal Engagement in Recovery	Limited Engagement in Recovery	Positive Engagement in Recovery	Optimal Engagement in Recovery
1	2	3	4	5

Division of Behavioral Health Substance Use Disorder Outcome Tool Family Discharge

Todays' 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 |
| <input type="checkbox"/> 3.1 Low Intensity Residential | Treatment (PRTF) |
| <input type="checkbox"/> Adolescent EBP Services | |

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

- ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

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

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

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

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

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

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

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

4. Please answer the following question

In the past 30 days, how many times has your child been arrested?

*Federally Required Element

Number of
Nights/Times

Don't
know

_____ ☐

5. Please answer the following questions based on the past 30 days...

- | | |
|--|--|
| a. Has your child gotten into trouble at home, at school, work, or in the community, because of their use of alcohol, drugs, inhalants, or gambling? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Has your child missed school or work because of using alcohol, drugs, inhalants, or gambling? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Family SUD Form – Discharge

6. Please answer the following questions based on the <u>past 30 days</u> ...	Number of Nights/Times	Don't know
a. How many times has your child gone to an emergency room for a psychiatric or emotional problem?	_____	<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 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"/>
d. How many times has your child tried to commit suicide?	_____	<input type="checkbox"/>

*Federally Required Element

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

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

Family SUD Form – Discharge

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 30 days. (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 better 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 better 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 better 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. My child is better at handling daily life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. 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"/>
Domain: Perception of Access to Services Questions 12-13							
12. 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"/>
13. Services were available at times that were 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 treated 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 respected 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 spoke 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 were 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 helped 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 was 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"/>

Family SUD Form – Discharge

	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"/>

Question to be answered by Clinician

10. At this interval period, what is your (clinician's) assessment of the client's understanding and willingness to engage in their treatment program? Please circle a number on the scale below:

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

Division of Behavioral Health Mental Health Outcome Tool INITIAL

Today's Date:

Client STARS ID:

Program: ☐ CARE ☐ IMPACT
☐ First Episode Psychosis (SEBHS and BMS Only)
☐ Transition Age Youth Receiving CARE (BMS/LSS Only) ☐ Transition Age Youth Receiving IMPACT (BMS/LSS Only)

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. Please answer the following question based on the past 30 days...

Number of
Nights/Times Don't
know

How many times have you been arrested?

*Federally required element

☐

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

Number of
Nights/Times Don't
know

a. How many times have you gone to an emergency room for a psychiatric or emotional problem? _____

☐

b. How many nights have you spent in a facility for:

i. Detoxification? _____

☐

ii. Inpatient/Residential Substance Use Disorder Treatment _____

☐

iii. Mental Health Care? _____

☐

iv. Illness, Injury, Surgery _____

☐

c. How many times have you been arrested? _____

☐

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)? _____

☐

e. How many times have you tried to commit suicide? _____

☐

Adult MH Tool – Initial Interview

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).) Source: MHSIP Survey *Federally Required	Response Options						
	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Not applicable	Refused
Domain: Social Connectedness Questions 1-4							
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"/>
Domain: Improved Functioning Domain: Questions 5-8							
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 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 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 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"/>

Adult MH Tool – Update Interval

5. Please answer the following question based on the past 30 days...	Number of Nights/Times	Don't know
How many times have you been arrested? <small>*Federally required Element</small>	_____	<input type="checkbox"/>

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

7. 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
Domain: Social Connectedness Questions 1-4							
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"/>
Domain: Improved Functioning Domain: Questions 5-8							
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"/>
Domain: Perception of Access to Services Questions 9-13							
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"/>

Adult MH Tool – Update Interval

Domains: Perception of Quality and Appropriateness Questions 14-21							
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"/>
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 and 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"/>

Adult MH Tool - Discharge

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

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

7. 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
Domain: Social Connectedness Questions 1-4							
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"/>
Domain: Improved Functioning Domain: Questions 5-8							
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"/>
Domain: Perception of Access to Services Questions 9-13							
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"/>

Adult MH Tool - Discharge

Domains: Perception of Quality and Appropriateness							
Questions 14-21							
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"/>
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 and 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"/>

Division of Behavioral Health Mental Health Outcome Tool Youth INITIAL

Todays' Date:

Client STARS ID:

Program ☐ CYF Services (SED) ☐ ART
☐ MRT ☐ FFT

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. Please answer the following question

Number of
Nights/Times Don't
know

In the past 30 days, how many times have you been arrested? _____

*Federally Required Element

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

Number of
Nights/Times Don't
know

a. How many times have you gone to an emergency room for a psychiatric or emotional problem? _____

b. How many nights have you spent in a facility for:

i. Detoxification? _____

ii. Inpatient/Residential Substance Use Disorder Treatment? _____

iii. Mental Health Care? _____

iv. Illness, Injury, Surgery? _____

c. How many times have you been arrested? _____

d. How many nights have you spent in a correctional facility including JDC or Jail (as a result of an arrest, parole or probation violation)? _____

e. How many times have you tried to commit suicide? _____

*Federally Required

Youth MH Form –Initial Interview

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. I know people who will listen and understand me when I 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, 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"/>
3. I have people that I am comfortable talking with about my problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. 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"/>
Domain: Improved Functioning Domain: Questions 5-11							
5. 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"/>
6. I get 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. I get 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. I do well 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. I am 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 able to handle my daily life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I am satisfied with my 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"/>

Question to be answered by Clinician

GAIN Short Screener (GAIN-SS) Scoring					
Screener	Items	Past Month (4)	Past 90 Days (4, 3)	Past Year (4, 3, 2)	Ever (4, 3, 2, 1)
IDScr	1a – 1f				
EDScr	2a – 2g				
SDScr	3a – 3e				
CVScr	4a – 4e				
TDScr	1a – 4e				

Division of Behavioral Health Mental Health Outcome Tool Youth Update

Todays' Date:

Client STARS ID:

Program ☐ CYF Services (SED) ☐ ART
 ☐ MRT ☐ FFT

1. Have you attended school at any time in the past three months?

☐ Yes ☐ No

*Federally Required

2. Please circle your current or highest educational level completed:

*Federally Required

3. Are you currently employed? (**Collected for clients 16 and older only)

☐ Employed full time (35+ hours per week) ☐ Student
☐ Employed part time ☐ Retired
☐ Homemaker ☐ Other (Specify) _____
☐ Disabled

*Federally Required

4. Which of following best describes your current residential status?

☐ Independent, living in private residence ☐ Homelessness
☐ Dependent, living in private residence ☐ Jail/Correctional Facility
☐ Residential Care (group home, rehabilitation center, agency-operated care) ☐ Foster Home/Foster Care
☐ Institutional setting (24/7 care by skilled/specialized staff or doctors) ☐ Crisis Residence
☐ Other

*Federally Required

5. 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? _____

Last Updated: 04/24/2020

Page 1 of 3

Youth MH Form – Update Interval

6. Please answer the following question	Number of Nights/Times	Don't know					
In the past 30 days, how many times have you been arrested? *Federally Required Element	_____	<input type="checkbox"/>					
7. Please answer the following questions based on the <u>past 6 months</u>...	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:	_____	<input type="checkbox"/>					
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 JDC or Jail (as a result of an arrest, parole or probation violation)?	_____	<input type="checkbox"/>					
e. How many times have you tried to commit suicide? *Federally Required Element	_____	<input type="checkbox"/>					
8. Please indicate your level of agreement or disagreement with the statements by checking the choice that best represents your feelings or opinion over the past 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. I know people who will listen and understand me when I 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, I would have the support I 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. I have people that I am comfortable talking with about my problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. 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"/>
Domain: Improved Functioning/ Outcomes Domain: Questions 5-11							
5. I am better 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"/>
6. I get along better 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. I get along better 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. I am 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. I am better 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 better at handling my daily life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I am satisfied with my 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"/>

Youth MH Form – Update Interval

	Response Options						
	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Not applicable	Refused
Domain: Perception of Access to Services Questions 12-13							
12. 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"/>
13. Services are available at times that are convenient for me.	<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 services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I helped to choose my 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 participated in my own treatment.	<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 21-26							
21. Overall I am satisfied with the services I have 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 me have stuck with me 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 I have someone to talk to when I am troubled.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. I received services that were right for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. I have gotten the help I want.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. I have gotten as much help as I need.	<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

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

Division of Behavioral Health Mental Health Outcome Tool Youth Discharge

Todays' Date:

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

Program ☐ CYF Services (SED) ☐ ART
☐ MRT ☐ FFT

1. Have you attended school at any time in the past three months?

☐ Yes ☐ No

*Federally Required

2. Please circle your current or highest educational level completed:

Self-Contained Special Ed Class (No Grade)

*Federally Required

3. Are you currently employed? (**Collected for clients 16 and older only)

☐ Employed full time (35+ hours per week) ☐ Student
☐ Employed part time ☐ Retired
☐ Homemaker ☐ Other (Specify) _____
☐ Disabled

*Federally Required

4. Which of following best describes your current residential status?

☐ Independent, living in private residence ☐ Homelessness
☐ Dependent, living in private residence ☐ Jail/Correctional Facility
☐ Residential Care (group home, rehabilitation center, agency-operated care) ☐ Foster Home/Foster Care
☐ Institutional setting (24/7 care by skilled/specialized staff or doctors) ☐ Crisis Residence
☐ Other

*Federally Required

5. 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? _____

Youth MH Form – Discharge

6. Please answer the following question	Number of Nights/Times	Don't know
In the past 30 days, how many times have you been arrested? *Federally Required Element	—	<input type="checkbox"/>

7. Please answer the following questions based on the <u>past 6 months...</u>	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 JDC or Jail (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"/>
*Federally Required Element		

8. Please indicate your level of agreement or disagreement with the statements by checking the choice that best represents your feelings or opinion over the past 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. I know people who will listen and understand me when I 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, I would have the support I 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. I have people that I am comfortable talking with about my problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. 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"/>
Domain: Improved Functioning/ Outcomes Domain: Questions 5-11							
5. I am better 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"/>
6. I get along better 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. I get along better 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. I am 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. I am better 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 better at handling my daily life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I am satisfied with my 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"/>

Youth MH Form – Discharge

	Response Options						
	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Not applicable	Refused
Domain: Perception of Access to Services Questions 12-13							
12. 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"/>
13. Services are available at times that are convenient for me.	<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 treated 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 respected 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 spoke 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 were 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 services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I helped to choose my 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 participated in my own treatment.	<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 21-26							
21. Overall I am satisfied with the services I have 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 me have stuck with me 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 I have someone to talk to when I am troubled.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. I received services that were right for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. I have gotten the help I want.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. I have gotten as much help as I need.	<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

GAIN Short Screener (GAIN-SS) Scoring					
Screener	Items	Past Month (4)	Past 90 Days (4, 3)	Past Year (4, 3, 2)	Ever (4, 3, 2, 1)
IDScr	1a – 1f				
EDScr	2a – 2g				
SDScr	3a – 3e				
CVScr	4a – 4e				
TDScr	1a – 4e				

Division of Behavioral Health Mental Health Outcome Tool Family INITIAL

Todays' Date:

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

Program ☐ CYF Services (SED) ☐ ART
☐ MRT ☐ FFT

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?

*Federally Required Element

_____ ☐

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

Number of
Nights/Times Don't
know

a. How many times has your child gone to an emergency room for a psychiatric or emotional problem? _____ ☐

b. How many nights has your child spent in a facility for:

i. Detoxification? _____ ☐

ii. Inpatient/Residential Substance Use Disorder Treatment? _____ ☐

iii. Mental Health Care? _____ ☐

iv. Illness, Injury, Surgery? _____ ☐

c. How many times has your child been arrested? _____ ☐

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)? _____ ☐

e. How many times has your child tried to commit suicide? _____ ☐

*Federally Required Element

Family MH Form –Initial Interview

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 Domain: Questions 5-11							
5. My child is 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 does well 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. My child is able to handle daily life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. 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"/>

Division of Behavioral Health Mental Health Outcome Tool Family Update

Todays' Date:

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

Program ☐ CYF Services (SED) ☐ ART
☐ MRT ☐ FFT

1. Did your child attend school in the past three months?

☐ Yes ☐ No

*Federally Required

2. Please circle your child's current or highest educational level completed:

Self-Contained Special Ed Class (No Grade)

*Federally Required

3. Is your child currently employed? (**Collected for clients 16 and older only)

☐ Employed full time (35+ hours per week) ☐ Student
☐ Employed part time ☐ Retired
☐ Homemaker ☐ Other (Specify) _____
☐ Disabled

*Federally Required

4. Which of following best describes your child's current residential status?

☐ Independent, living in private residence ☐ Homelessness
☐ Dependent, living in private residence ☐ Jail/Correctional Facility
☐ Residential Care (group home, rehabilitation center, agency-operated care) ☐ Foster Home/Foster Care
☐ Institutional setting (24/7 care by skilled/specialized staff or doctors) ☐ Crisis Residence
☐ Other

*Federally Required

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

☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

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

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

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

Last Updated: 03/23/2021

Page 1 of 3

Family MH Form – Update Interval

6. Please answer the following question	Number of Nights/Times	Don't know					
In the past 30 days, how many times has your child been arrested? *Federally Required Element	_____	<input type="checkbox"/>					
*Federally Required Element							
7. Please answer the following questions based on the <u>past 6 months</u> ...	Number of Nights/Times	Don't know					
a. How many times has your child gone to an emergency room for a psychiatric or emotional problem?	_____	<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?	_____	<input type="checkbox"/>					
8. Please indicate your level of agreement or disagreement with the statements by checking the choice that best represents your feelings or opinion over the past 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 better 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 better 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 better 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. My child is better at handling daily life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. 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"/>

Family MH Form – Update Interval

	Response Options						
	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Not applicable	Refused
Domain: Perception of Access to Services Questions 12-13							
12. 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"/>
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"/>
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"/>

Division of Behavioral Health Mental Health Outcome Tool Family Discharge

Todays' Date:

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

Program ☐ CYF Services (SED) ☐ ART
☐ MRT ☐ FFT

1. Did your child attend school any time in the past three months?

☐ Yes ☐ No

*Federally Required

2. Please circle your child's current or highest educational level completed:

Self-Contained Special Ed Class (No Grade)

*Federally Required

3. Is your child currently employed? (**Collected for clients 16 and older only)

☐ Employed full time (35+ hours per week) ☐ Student
☐ Employed part time ☐ Retired
☐ Homemaker ☐ Other (Specify) _____
☐ Disabled

*Federally Required

4. Which of following best describes your child's current residential status?

☐ Independent, living in private residence ☐ Homelessness
☐ Dependent, living in private residence ☐ Jail/Correctional Facility
☐ Residential Care (group home, rehabilitation center, agency-operated care) ☐ Foster Home/Foster Care
☐ Institutional setting (24/7 care by skilled/specialized staff or doctors) ☐ Crisis Residence
☐ Other

*Federally Required

5. 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? _____

Family MH Form – Discharge

6. Please answer the following question	Number of Nights/Times	Don't know
In the past 30 days, how many times has your child been arrested? *Federally Required Element	—	<input type="checkbox"/>

7. Please answer the following questions based on the <u>past 6 months</u> ...	Number of Nights/Times	Don't know
a. How many times has your child gone to an emergency room for a psychiatric or emotional problem?	—	<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"/>
Source: Current MPR Adult History Form (Revised 3/06)		
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?	—	<input type="checkbox"/>
*Federally Required Element		

8. Please indicate your level of agreement or disagreement with the statements by checking the choice that best represents your feelings or opinion over the past 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 better 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 better 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 better 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. My child is better at handling daily life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. 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"/>

Family MH Form – Discharge

	Response Options						
	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Not applicable	Refused
Domain: Perception of Access to Services Questions 12-13							
12. 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"/>
13. Services were available at times that were 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 treated 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 respected 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 spoke 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 were 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 helped 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 was 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"/>
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"/>

[Page intentionally left blank]

