

Fiscal Year 2024

Bartels Counseling Services, Inc.





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





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Data Collection Methodology





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.





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 polices 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 Reconation 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, teambased, 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





Stakeholder Survey



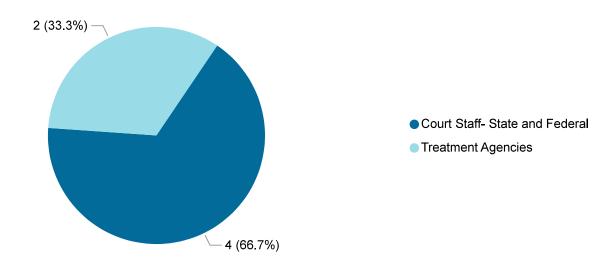
The Division of Behavioral Health (DBH) recognizes the need for strong community collaboration at the local level between accredited behavioral health treatment providers and their local referral sources. Accredited agencies are asked to share a stakeholder survey with local referral sources such as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

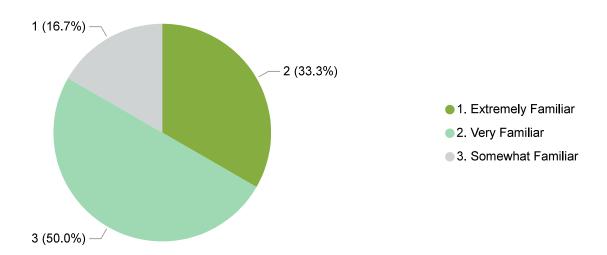


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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.

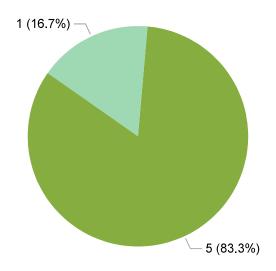
Regarding Staff Respectfulness, stakeholders were asked to rate how much they agree with the following statement: "Staff at this provider are respectful."

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

1. Strongly Agree

2. Agree

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

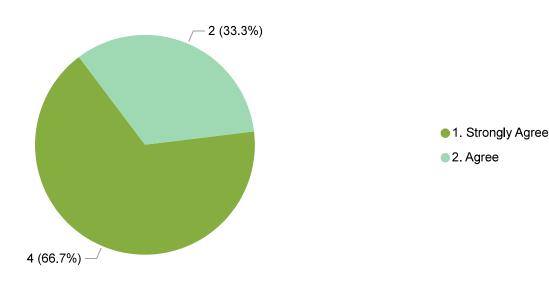


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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	iotai
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 Communication

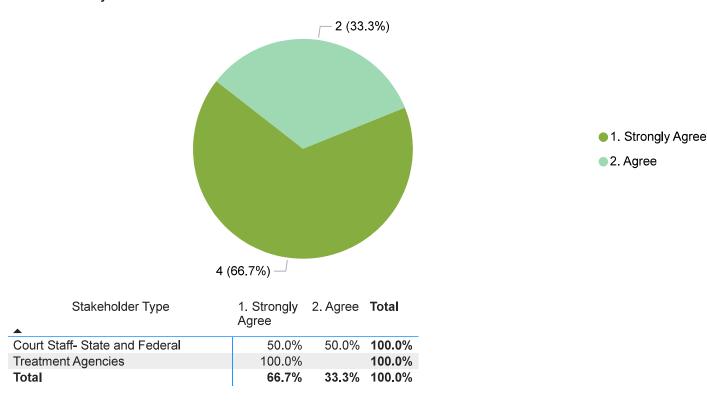


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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





Staff Competency

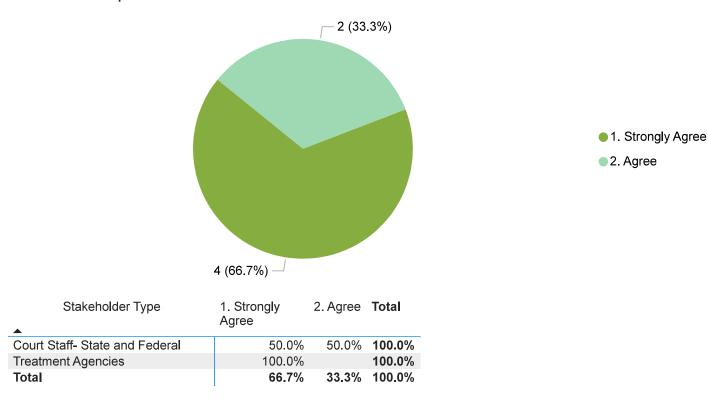


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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





Location of Services

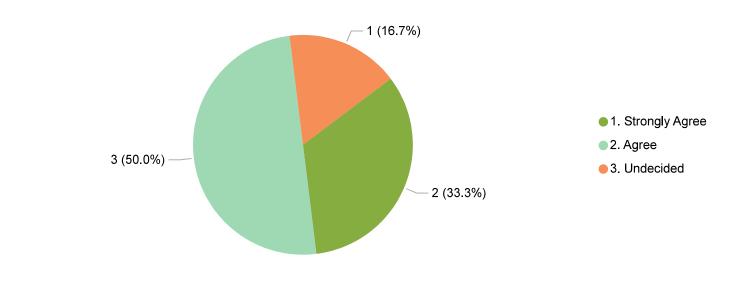


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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

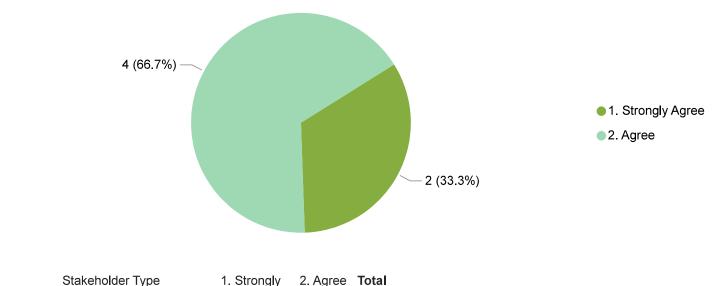


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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.

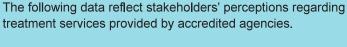
Services Are Available at Times Convenient for Clients



	Agree	3	
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



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."

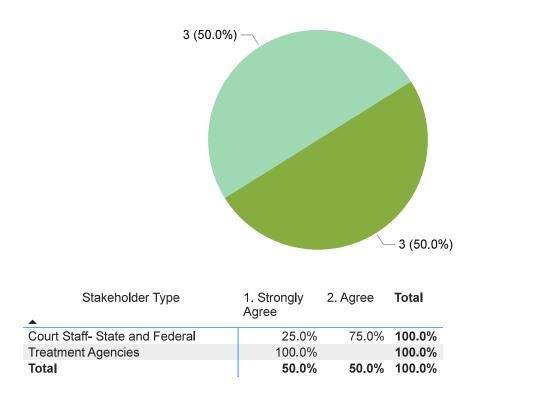


The majority of stakeholders agreed or strongly agreed that providers are responsive to the needs within the communities.

1. Strongly Agree

2. Agree

Provider is Responsive to the Needs Within the Community





Supportiveness of Clients' Needs

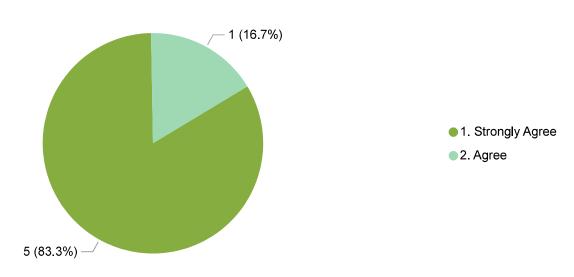


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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

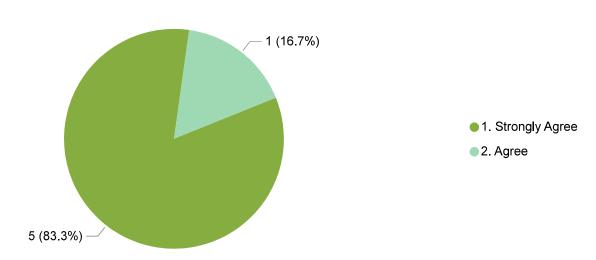


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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.

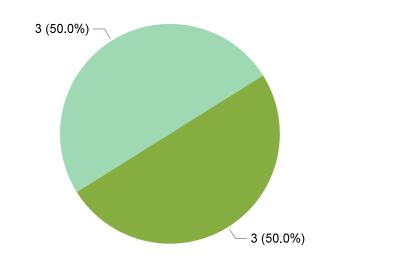
Regarding Provider Responsiveness, stakeholders were asked to rate how much they agree with the following statement: "Overall, the provider has been responsive to my questions and concerns."

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

1. Strongly Agree

2. Agree

Provider Has Been Responsive To My Questions and Concerns



Stakeholder Type	Agree	2. Agree	iotai
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

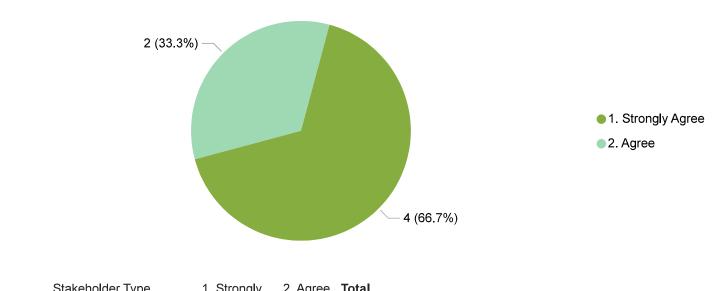


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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



■ StateHolder Type	Agree	2.7 kg/00	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%





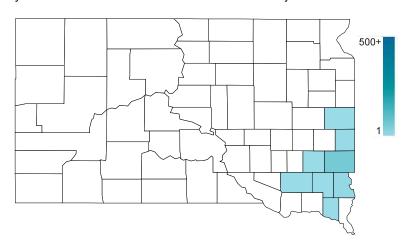
Substance Use Disorder (SUD) Treatment Services





SUD Treatment Services

County of Residence for Clients Who Received Publicly Funded Services



Treatment Services

Publicly Funded Average Duration of Clients Served 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





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.







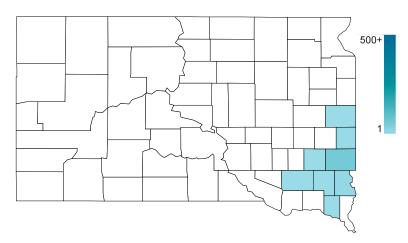


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Adult SUD Treatment Services

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).



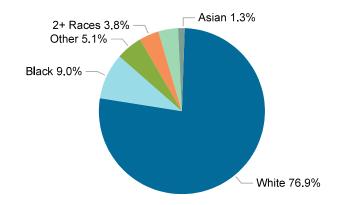




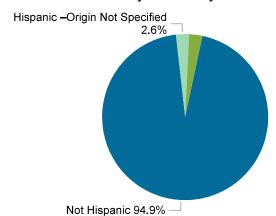


According to the U.S. Census Bureau 84.2% of South Dakotans identify as White, 8.5% identify as American Indian, and 5.1% identify as Hispanic. The data below reflect the self-reported race and ethnicity of adults served in publicly funded treatment services.

Clients Served by Race



Clients Served by Ethnicity



Clients Served by Service Type and Race

	2+ R	aces	Americ Indian	an	Asia	an	Black	(Othe	r	White		Total	
Treatment Services	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%



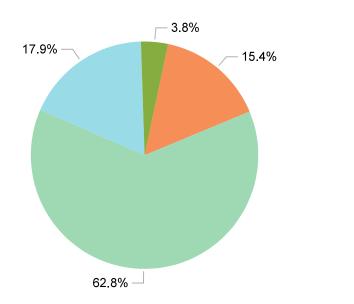




The below data reflect the age of adults served in publicly funded treatment services.

21-2425-4445-6465-74

Clients Served by Age



Clients Served by Service Type and Age Group

	21-24	4	25-44		45-64		65-74	4	Total	
Treatment Services	N	%	N	%	N	%	N	%	N	%
<u> </u>										
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%

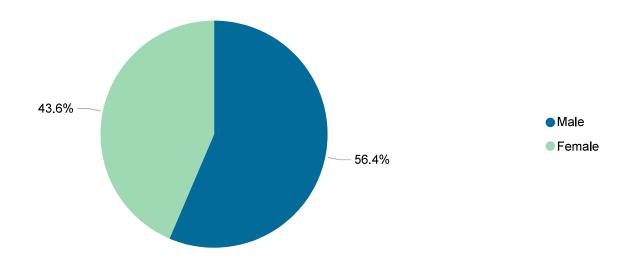


Gender



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

	Female		Male		Total	
Treatment Services	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%



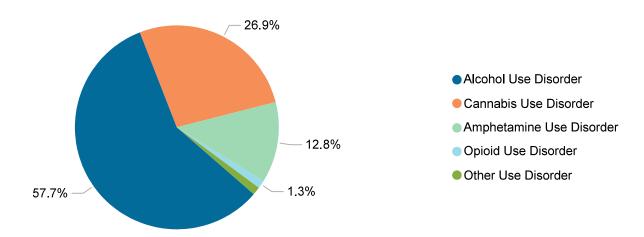
Primary Diagnosis



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

	Alcoho Disorde		Amphe Use Di		Canr Disor	abis Use der	Opio Disor	d Use der	Other Disor		Total	
Treatment Services	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



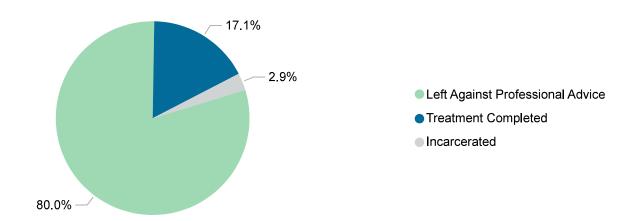
treatment completion for adult and youth clients was 35%.

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.

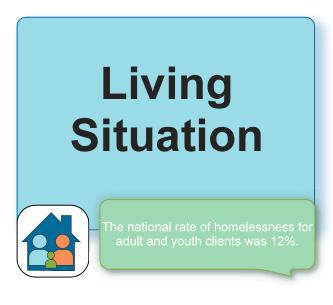
Reason for Discharge from Services



Reason for Discharge by Service Type

	Incarcerated		Left Against Professional Advice		Treatment Completed		Tota	al -
Treatment Services	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%

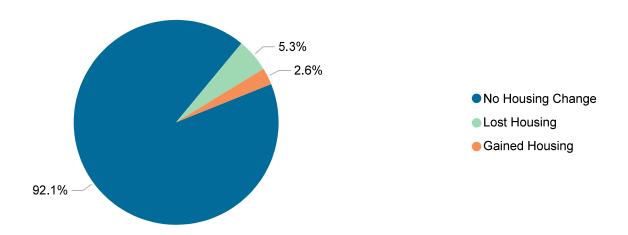




The data below reflect the living situations of adults served in publicly funded treatment services.

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%

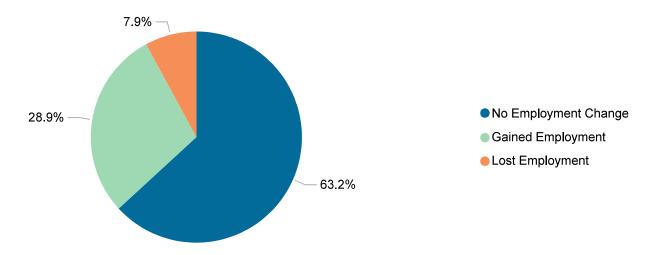




The data below reflect the employment status of adults served in publicly funded treatment services.

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



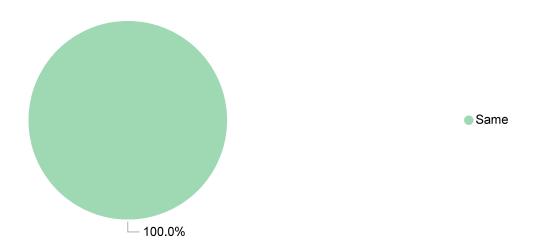
The national rate of adult and youth clients with at least one arrest was 4%.

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.

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%





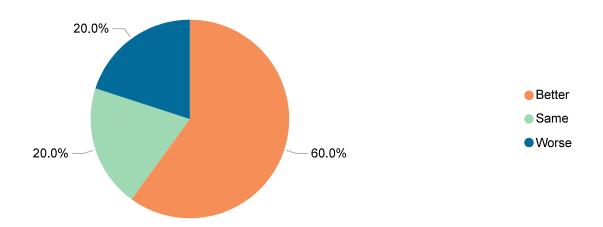


Clients are asked at the start of treatment and at the end of treatment, "Would you say that in general your health is?" Clients could answer in a range from 1-"Poor" to 5-"Excellent". Only clients who completed this question at time of admission and time of discharge are included.

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

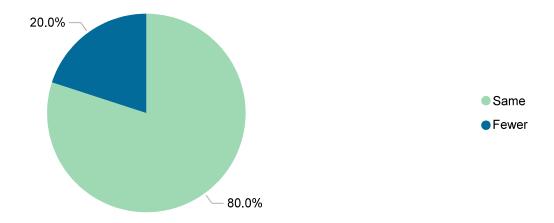


Clients are asked at the start of treatment and at the end of treatment, "Now thinking about your physical health, which includes physical illness and injury, how many days during the past 30 days was your physical health not good?" Only clients who completed this question at time of admission and time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

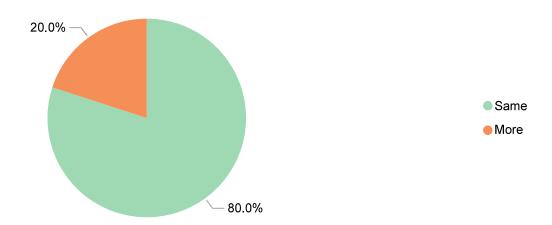


Clients are asked at the start of treatment and at the end of treatment, "Now thinking about your mental health, which includes stress, depression, and problems with emotions, how many days during the past 30 days was your mental health not good?" Only clients who completed this question at time of admission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



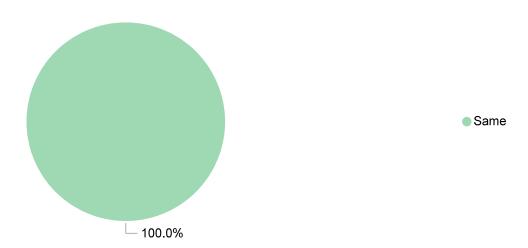
Physical or Mental Health Prevented Normal Activities

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



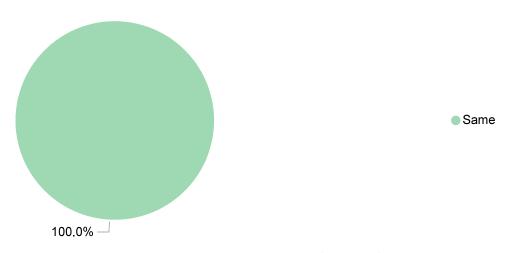
If you, or someone you know, is in need of crisis support, or experiencing emotional distress, call or text 988, or chat at https://988lifeline.org/.

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.

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



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



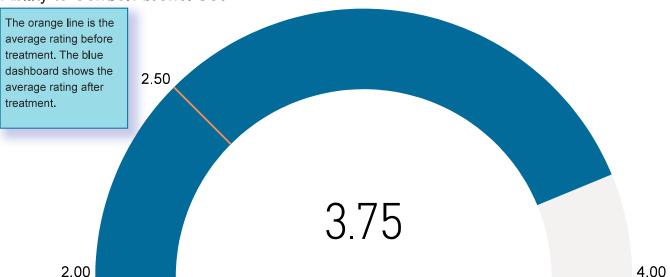
Clients are asked at the end of treatment to rate their ability to control their alcohol use before the program and after the program. They rate each question on a scale from 1-"Poor" to 4-"Excellent."

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



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



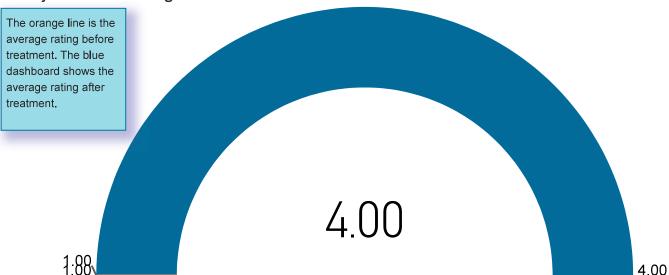
Clients are asked at the end of treatment to rate their ability to control their drug use before the program and after the program. They rate each question on a scale from 1-"Poor" to 4-"Excellent."

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



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

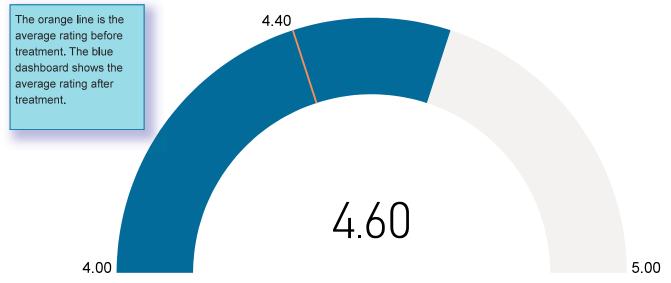


Clinicians are asked at the start of the client's treatment and at the end of treatment, "At this interval period, what is your (clinician's) assessment of the client's understanding and willingness to engage in their treatment program?" Clinicians may answer in a range from 1-"Unengaged" to 5-"Optimal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



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

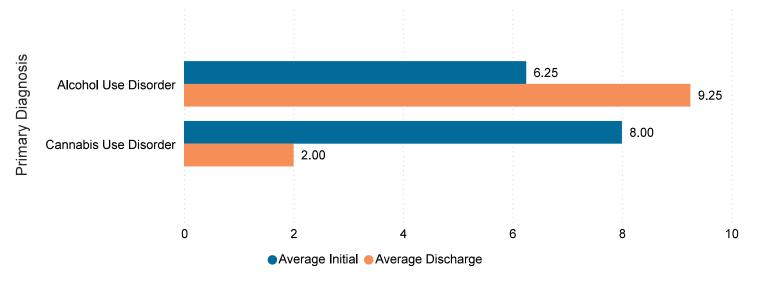
Clients are asked at the start of treatment and at the end of treatment to rate how important it is that they change their current behaviors and/or symptoms. They rate this question on a scale from 0-"Not Important at AII" to 10-"Most Important Thing in My Life Right Now." To see specific question, please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

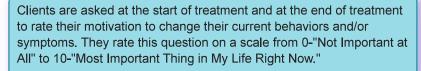


Importance of Changing Behavior Ratings: 0-"Not Important at All" to 10-"Most Important Thing in My Life Right Now"

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		
Total	5	6.60	7.80	1.20	18.2%



Motivation to Change Current Behaviors

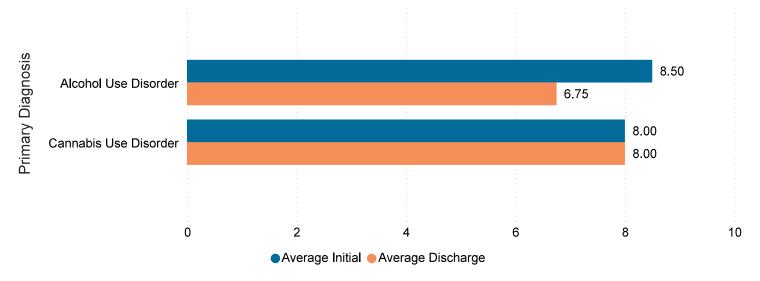


Clients' responses on these surveys are then broken out by primary diagnosis (bar chart) and by type of service received (table).

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%



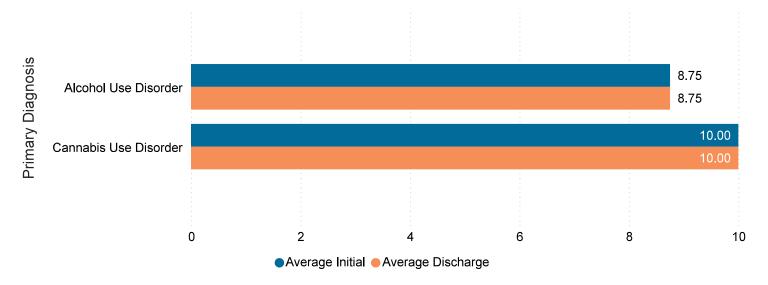
Confidence to Control Use Under Stress and Peer Pressure

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 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 Average Average Change Percent Client Count Initial Discharge 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 Average Average Change Percent Client Count Initial Discharge 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 Average Average Change Percent Client Count Initial Discharge 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 Average Average Change Percent
Client Count Initial Discharge 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 Average Average Change Percent
Client Count Initial Discharge Change

Total



Nights Spent 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 Average Client Count Initial

Average Change Discharge

Percent Change

Total

Fiscal Year 2024 56



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.

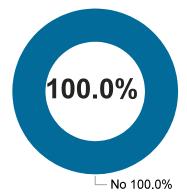
Clients' responses on these surveys are then broken out by the percentage of clients who responded "Yes" or "No" at time of admission and at time of discharge (donut chart) as well as the average responses and change from admission to discharge (table).

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

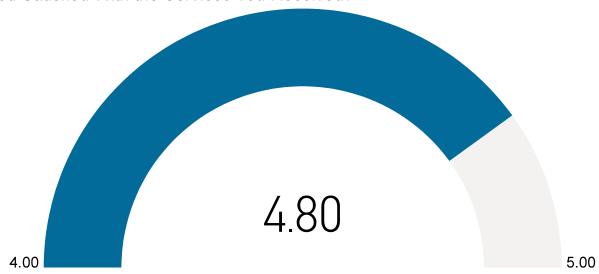
Clients are asked at discharge to rate how strongly they agree with three different questions pertaining to their overall satisfaction with treatment services they received. The average of these three responses is given below. To see specific questions, please see Appendix B.

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
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	5	4.80
Total	5	4.80



Improved Functioning

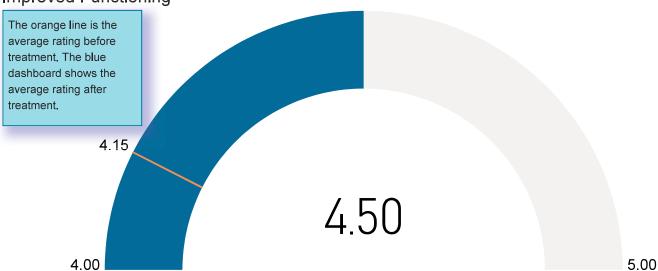


Clients are asked at discharge to rate how strongly they agree with four different questions pertaining to their perception of their mental health and social well-being before and after the services they received. The average of these four responses is given below. To see specific questions, please see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

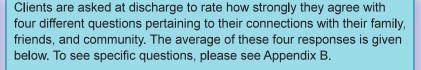


Improved Functioning Ratings: 0-Refused to Respond; 1-Strongly Disagree; 2-Disagree; 3-Undecided; 4-Agree; 5-Strongly Agree

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

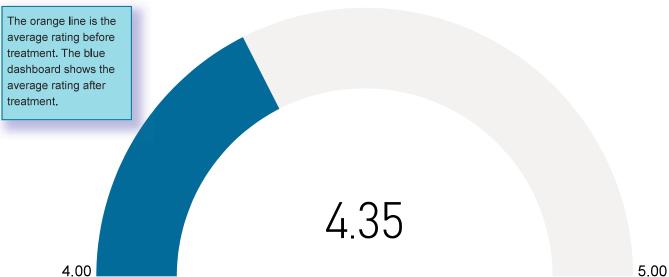


Clients' responses on these surveys are then broken out by the type of treatment service they received. If they received multiple types of treatment services in FY24, their responses are counted once in each service.



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

Social Connectedness



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) Total		5 5	3.75 3.75	4.35 4.35	0.60 0.60	16.0% 16.0%



Participation in Treatment Planning and Outcomes of Services



Participation in Treatment Planning

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.

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



Access to 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.

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



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Appendix A: Outcome Tool Return Rates



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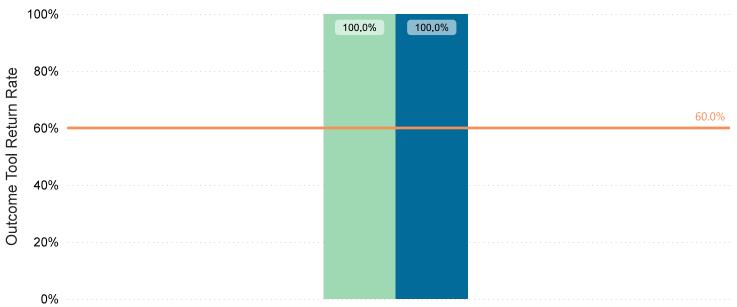
Appendix A: OT Return Rates

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.





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

Treatment Services	Admissions	Initial Tool	Initial Tool Return Rate	Discharges	Discharge Tool	Discharge Tool Return Rate
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1 & 2.5)	51	51	100.0%	6	6	100.0%
Total	51	51	100.0%	6	6	100.0%



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Division of Behavioral Health Substance Use Disorder Outcome Tool INITIAL

Todays' Date:									
Client STARS II	D: _ _ _	_ _ _ _	_ _ _	_	_ _ _	_ _			
Program 1.0 Outpatient 2.1 Intensive Outpatient (Including2.1/3.1) 2.5 Day Treatment 3.1 Low Intensity Residential 3.7 Intensive Inpatient Treatment Adult Outpatient EBP (CJI Clients Only) Adult Outpatient EBP/MRT (CJI Clients Only) Adult Outpatient EBP/MRT (CJI Clients Only) Adult Outpatient EBP/MRT/3.1 Services (CJI Clients Only) Intensive Inpatient Treatment Intensive Inpatient Intensive Inpatient Intensive Inpatient Intensive Inpatient Intensive Inpatient Intensive Intensive									ient
1. Would you	sav that in	general	vour h	ealth is:					
□Exceller	-	ery Good	-	Good		∃Fair		Poor	
b . Now thinki	y days during ng about you with emotio	g the past i ir mental l	30 days nealth, w	was your hich incl	physical l udes stres	health no ss, depres	t good? ssion, an	ıd	
c. During the	past 30 days ealth keep yo								
2. At this mor							rent b	ehaviors	5
Not important			importar	nt as most o	of the other		Most ir	nportant th	ning in my right now
0 1	2	3	4	5	6	7	8	9	10
3. At this mor	ment, how and/or syr	nptoms?	Please	circle a n	umber o	n the sca			
Not important	at all	About as		nt as most (like to achi		r things I	Most in	mportant tl life	hing in my right now
0 1	2	3	4	5	6	7	8	9	10

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Adult SUD Form -Initial

4. Please answer the following question			ber of s/Times	Don't know
In the past 30 days, how many times have you be *Federally Required Element	en arrested?			
5. Please answer the following questions l	pased on the past 30 day	ys		
a. Have you gotten into trouble at home, at schoo because of your use of alcohol, drugs, inhalants	, or gambling?		□Yes	□No
b. Have you missed school or work because of us gambling?	ing alcohol, drugs, inhalants	s, or	□Yes	□No
*Federally Required Element				
6. Please answer the following questions l days		Numb Night	oer of s/Times	Don't know
a. How many times have you gone to an emergen or emotional problem?	cy room for a psychiatric	_		
b. How many nights have you spent in a facility for	or:			
i. Detoxification?	Т	-		
ii. Inpatient/Residential Substance Use Disorde	er Treatment?	-		
iii. Mental Health Care?		-		
iv. Illness, Injury, Surgery?	nal facility including iail			
c. How many nights have you spent in a correctio or prisons (as a result of an arrest, parole or pr		_		
d. How many times have you tried to commit suice				
7. I would be able to resist the urge to	Not at all	_		Very
drink heavily and/or use drugs	confident			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	0 1 2 3 4 5	6	7 8	9 10
that reminded me of drinking/using drugs				
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

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Adult SUD Form -Initial

8. Please indicate		Response Options							
	epresents your fo lays. (Please ans er than your beha	eelings or opinion wer for relationship avioral health	Strongly	disagree Disagree	Undecided	Agree	Strongly agree	Not applicable	Refused
Domain: Social Con									
1. I am happy with	the friendships I l	nave.							
2. I have people wit	th whom I can do	enjoyable things.							
3. I feel I belong in	my community.								
4. In a crisis, I woul friends.	or \Box								
Domain: Improved	Functioning Dom	ain: Questions 5-8							
5. I do things that a	re more meaning	ful to me.							
6. I am better able	to take care of my	needs.							
7. I am better able t	to handle things w	when they go wrong.							
8. I am better able	to do things that I	want to do.							
Question <u>required</u> to	be completed by Cl	linician							
	willingness to eng	ur (clinician's) assess gage in their treatmen					rcle a		
Unengaged and Blocked	Minimal Engagement in Recovery	Posit Engagen Recov	nent in very	ı	En	Optingagem Recov	ent in		

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Division of Behavioral Health Substance Use Disorder Outcome Tool DISCHARGE

Todays' Date:								
Client STARS II	D: _	_ _ _ _	_ _ _ _	_	_ _ _			
Program	(Includin 2.5 Day T 3.1 Low I 3.7 Inten Adult Our Only) Adult Our Clients Our	sive Outpati g2.1/3.1) Treatment Intensity Res sive Inpatien tpatient EBF	sidential nt Treatment O (CJI Clients O MRT (CJI	☐ 2.1 0 Outp ☐ 2.5 0 ☐ 3.7 0 Trea ☐ MRT	Gambling patient Gambling Gambling tment C (CJI Clied Clied CUT) Core (CJI) Core (CJI) Core (CJI) Core (CJI) Core (CJI)	g Outpation of the second of t	ve atment ve Inpatier v) /3.1	ıt
1. Would you	say that in	general yo	ur health is:					
□Exceller	nt □Ve	ry Good	□Good	[Fair		Poor	
how man b . Now thinki	y days during ng about you with emotior	the past 30 or r mental heal	alth, which inc lays was your th, which inclu days during t	physical ides stres	health no ss, depre	ot good? ssion, and	l	
	ealth keep you		ely how many o your usual act					
2. At this mo and/or symp Not importan	otoms? Pleas t at all	se circle a n About as im w	umber on the portant as most yould like to ach	scale be	low:		iportant thii	ng in my ght now
0 1	2	3 4	5	6	7	8	9	10
	and/or syn	iptoms? Ple	ease circle a n	umber o	on the sca	ale belov	v:	
Not importan	t at all		portant as most vould like to ach		er things I	Most in	iportant thii life ri	ng in my ight now
0 1	2	3 4	5	6	7	8	9	10

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Adult SUD Form -Discharge

4. Please answer the foll	owing	anestior	1				nber of hts/Time	Don't s know	
In the past 30 days, how many times have you been arrested?									
*Federally Required Element								_	
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? \Box Ye									
h Have you missed school or work because of using alcohol drugs inhalants or									
gambling? \square Yes									
*Element agreed upon by the DOWG	i								
6. Please answer the foll	owing	question	ns base	ed on the	past 3	<u>v</u>	nber of	Don't	
days						Nig	hts/Time	s know	
a. How many times have you	gone to	o an emer	gency ro	oom for a p	sychiat	tric			
or emotional problem?									
b. How many nights have you spent in a facility for:									
i. Detoxification?		** 5:	1						
ii. Inpatient/Residential Su	ıbstanc	e Use Diso	rder Tr	eatment?					
iii. Mental Health Care?									
iv. Illness, Injury, Surgery?									
c. How many nights have you						ail			
or prisons (as a result of a					on)?				
d. How many times have you									
7. Please check the		Before th	e Progi	ram	No	w (At end	l of Prog	gram)	
appropriate box on									
how you are doing									
since entering the									
program that best tells	Poor	Average	Good	Excellent	Poor	Average	Good	Excellent	
us what you think.	1	2	3	4	1	2	3	4	
a. Controlling alcohol		П		П	П	П			
use.		_				_			
b. Controlling drug use.									

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Adult SUD Form -Discharge

8. I would be able to resist the urge to drink heavily and/or use drugs	Not at all confident Confi	Very dent
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

				_			
9. Please indicate your level of agreement or		Re	espor	ise O	ption	ıs	
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	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.							
2. I have people with whom I can do enjoyable things.							
3. I feel I belong in my community.							
4. In a crisis, I would have the support I need from family or friends.							
Domain: Improved Functioning Domain: Questions 5-8							
5. I do things that are more meaningful to me.							
6. I am better able to take care of my needs.							
7. I am better able to handle things when they go wrong.							
8. I am better able to do things that I want to do.							
Domain: Perception of Access to Services Questions 9-13							
9. The location of services was convenient.							
10. Staff was willing to see me as often as I felt it was necessary.							
11. Staff returned my calls within 24 hours.							
12. Services were available at times that were good for me.							
13. I was able to get all the services I thought I needed.							
Domains: Perception of Quality and Appropriateness Questions 14-21							
14. Staff believed that I could grow, change and recover.							
15. I felt free to complain.							
16. Staff respected my wishes about who is and is not to be							
given information about my treatment. 17. Staff was sensitive to my cultural/ethnic background.		П	П	П			
in built was scholly to my tuitural/tuille batkgroulle.							

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Adult SUD Form -Discharge

1	2	3	4]			5				
Unengaged and Blocked	Minimal Engagement in Recovery	Limited Engagement in Recovery	Positi Engagem Recov	ent in	l	En	Optingager Reco	nent in	l		
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:											
Question required to	be completed by Cl	inician							_		
34. I would recommember.	nend this agency t	to a friend or family									
agency.		ll get services at this									
32. I liked the servi											
Domain: General Sa		0			_						
31. I, not staff, decid		•									
Planning Questions 30. I felt comfortab		ns about my treatmen	t. 🗆								
Domain: Perception	*	n in Treatment									
29. My housing situ											
28. My symptoms a											
27. I do better in sc											
26. I do better in so											
25. I am getting alo	ng better with my	rfamily.									
24. I am better able											
23. I am better able											
22. I deal more effe											
Domain: Perception											
my life. 21. I was encourage	ed to use consume	er-riin nrograms	П	П			П				
_	d me to take resp	onsibility for how I liv	re \Box								
19. I was given info											
could take charge o											
18. Staff helped me	obtain the inform	nation needed so I		_	_	_	_	_	_		

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Division of Behavioral Health Substance Use Disorder Outcome Tool Youth INITIAL

Todays' E	ate:									
Client ST	ARS ID:	_ _ _	_	_ _ _	_ _ _	. _ _	_ _ _			
Progran	1 □	1.0 Out	patient			□ 2.1	Intensive	e Outpat	ient	
Ü		2.5 Day	-	ent			' Intensive	-		
		3.1 Low			ential		eatment (F	-		
		Adoleso					·			
1. Woul	d you sa	ay that ir			nealth i	is:				
	cellent		ery Good		□Good	•	□Fair		Poor	
						includes p ur physica				
						icludes str				
	blems wi ilth not g		ons, how	many day	ys durin	g the past	30 days w	as your	mental	
						ny days dic activities, s				
	reation?			. 87		,		,	, -	
2. At thi	s mome	ent, how	import	ant is it	that yo	ou change	e your cu	rrent b	ehavior	S
						ne scale b				
Not im	portant at	all	About			st of the oth chieve now		Most i	mportant ti life	hing in my right now
0	1	2	3	4	5	6	7	8	9	10
3. At thi	s mome	ent, how	confide	ent are y	ou tha	t you wil	l change	your cı	urrent	
		, ,				a number				
Not im	portant at	all	About			st of the oth chieve now		Most i	mportant t	hing in my right now
0	1	2	3	4	5	6	7	8	9	10
4 Plane	o ancura	n the fol	lowing	questie	n				nber of	Don't
		er the fol s, how ma				rrested?		Nigi	nts/Times	know
*Federally			any emiles	, Have you	a been a	iresteu.				
			_		_			_		
						ed on the				
						ork, or in t gambling?		ınıty,	□Yes	□No
						alcohol, dr		ants, or	□Vac	□ N o
gambli	ng?				J		_		□Yes	□No
*Federally R	equired Ele	ement								

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Youth SUD Form -Initial Interview

6. Please answer the following questions l	Number of Nights/Times	Don't know	
a. How many times have you gone to an emergen		Nights/Times	KIIOW
or emotional problem?			
b. How many nights have you spent in a facility for	or:		
i. Detoxification?			
ii. Inpatient/Residential Substance Use Disorde			
iii. Mental Health Care?			
iv. Illness, Injury, Surgery?			
c. How many nights have you spent in a correction			
or Jail (as a result of an arrest, parole or probatio			
d. How many times have you tried to commit suice			
7. I would be able to resist the urge to	Not at all		Very
drink heavily and/or use drugs	confident		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	0 1 2 3 4 5	6 7 8	9 10
that reminded me of drinking/using drugs			
if other people treated me unfairly or	0 1 2 3 4 5	6 7 8	9 10
interfered with my plans		0 7 0	7 10
if I were out with friends and they kept			
suggesting we go somewhere to drink/use	0 1 2 3 4 5	6 7 8	9 10
drugs			

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Youth SUD Form -Initial Interview

8. Please in	dicate your l	evel of agreem	ent or		Re	spor	ise 0	ptions	S		
disagreeme choice that over the pa with perso provider(s	Strongly	Disagree	Undecided	Agree	Strongly agree	Not annlicable	Refused				
		ness Questions		_							
need to ta	alk.		erstand me when	I							
and frien	ds.		eed from family								
3. I have peomy probl		comfortable tall	king with about								
		m I can do enjoy	yable things.								
		oning Domain:									
5. I am able	to do things I	want to do.									
6. I get alon	g with family r	nembers.									
7. I get alon	g with friends	and other peop	le.								
8. I do well i	n school and/	or work.									
9. I am able	to cope when	things go wrong	g.								
	e to handle my										
11. I am sati	sfied with my	family life right	now.								
Question to be	e answered by C	llinician									
GAIN Short	Screener (GA	AIN-SS) Scoring	g								
Screener	Items	Past Month (4)	Past 90 Days (4, 3)	Past (4, 3	Year 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 a Blocked	and Engag	nimal ement in En covery	Limited ngagement in Recovery	Positi Engagem Recove	ent in		En	Optim gagem Recov	ent in	l	

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Division of Behavioral Health Substance Use Disorder Outcome Tool Youth Discharge

Todays' Date				Ü					
Client STARS	S ID:								
Program	□ 1.0 Ou	-				Intensiv	-		
		y Treatme				Intensiv	•	nt	
		w Intensity	•	ial	Tre	atment (PRTF)		
	☐ Adoles	scent EBP	Services						
1. Would v	ou say that i	in genera	l vour he	alth is	•				
□ Excel		Very Good		Good	_	□Fair		Poor	
a. Now this	nking about y	our physica	al health, w	hich in			ness and		
	any days duri nking about y							nd	
proble	ms with emot not good?								
c. During t	he past 30 day health keep y								
7 007 00									
behaviors	noment, hov and/or sym	ptoms? P	lease sele	ct the r	number	below:			
Not import	ant at all	About a	is important would li		of the oth	er things I	Most i		thing in my e right now
0	1 2	3	4	5	6	7	8	9	10
3. At this n	noment, hov	v confide	nt are voi	u that	vou wil	change	vour cı	ırrent	
behavio	rs and/or sy		_		e de la companya de	_	-		
Not import	ant at all	About a	is important would li		of the oth	er things I	Most i		thing in my e right now
0	2	3	4	5	6	7	8	9	10
4 DI		11 - •						nber of	Don't
	nswer the fo 0 days, how m			oon ari	rostod?		Nigh	its/Times	know
*Federally Req		iany times	nave you t	een an	esteur				
5. Please a	nswer the fo	ollowing	questions	based	l on the	past 30	days		
a. Have you	gotten into tro your use of al	ouble at ho	me, at scho	ol, wor	k, or in tl			□Yes	□No
	missed school					ugs, inhal	ants, or	□Yes	□No

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Youth SUD Form - Discharge

6. Please answer the foll days	owing	question	ıs base	ed on the	past 3	<u>U</u>	nber of hts/Tim	Don't es know			
a. How many times have you	gone to	o an emer	gency r	oom for a p	sychiat	ric					
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?	_										
Source: Current MPR Adult Histo				Fa ailitry in al	uding I	D.C.					
c. How many nights have you or Jail (as a result of an arres					uaing ji	DC					
d. How many times have you											
*Federally Required Element	0110010	0 001111111									
7. Please check the]	Before th	e Progi	am	No	w (At end	l of Pro	gram)			
appropriate box on											
how you are doing											
since entering the											
program that best tells	Poor	Average	Good	Excellent	Poor	Average	Good	Excellent			
us what you think.	1	2	3	4	1	2	3	4			
a. Controlling alcohol	П				П			П			
use.											
b. Controlling drug use.											
*Element agreed upon by the DOWG											
O I amould be able to the	-441			11				**			
8. I would be able to resi		_	_	t at all ıfident				Very Confident			
if I were angry at the wa				Indent				Connuent			

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

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Youth SUD Form - Discharge

9. Please indicate your level of agreement or		Response Options								
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	Strongly disagree	Disagree	Undecided	Agree	Strongly	Not	Refused			
Domain: Social Connectedness Questions 1-4										
1. I know people who will listen and understand me when I need to talk.										
In a crisis, I would have the support I need from family and friends.										
3. I have people that I am comfortable talking with about my problems.										
4. I have people with whom I can do enjoyable things.										
Domain: Improved Functioning/ Outcomes Domain: Question	ns 5-1	.1								
5. I am better able to do things I want to do.										
6. I get along better with family members.										
7. I get along better with friends and other people.										
8. I am doing better in school and/or work.										
9. I am better able to cope when things go wrong.										
10. I am better at handling my daily life.										
11. I am satisfied with my family life right now.										
Domain: Perception of Access to Services Questions 12-13										
12. The location of services was convenient.										
13. Services are available at times that are convenient for me.										
Domains: Perception of Cultural Sensitivity Questions 14-17										
14. Staff treat me with respect.										
15. Staff respect my family's religious/spiritual beliefs.										
16. Staff speak with me in a way that I understand.										
17. Staff are sensitive to my cultural/ethnic background.										
Domain: Perceptions of Participation in Treatment Planning	Ouest	ions	18-	20						
18. I helped to choose my services.										
19. I helped to choose my treatment goals.										
20. I participated in my own treatment.										
Domain: General Satisfaction Questions 21-26										
21. Overall I am satisfied with the services I have received here.										
22. The people helping me have stuck with me no matter what.										
23. I feel I have someone to talk to when I am troubled.										
24. I received services that were right for me.										
25. I have gotten the help I want.										
26. I have gotten as much help as I need.										
<u> </u>										

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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:

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

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Division of Behavioral Health Substance Use Disorder Outcome Tool Family INITIAL

			1	MITIM	L				
Todays' Date:									
Client STARS	D: _	_ _ _	_ _ _	_ _ _	_ _ _	_ _ _			
Program	□ 1.0 Ou	tpatient			□ 2.:	1 Intensiv	e Outpa	tient	
C	☐ 2.5 Day	-	ent			7 Intensiv	-		
	-		ity Resid	ential		eatment (•		
	☐ Adoles						. ,		
1. Would yo	u say that	in gene	ral your	child's	health i	S:			
□Excelle	nt 🗆 🗆	Jery God	od	□Good		□Fair		Poor	
a . Now think									
injury, h good?	ow many da _y	ys during	g the past	30 days	was your	child's ph	ysical he	ealth no	t
b . Now thinl problem	king about yo s with emoti								nd
	ealth not go		· J	, J	5 · · ·		J - J		
c. During the									
	al health kee		m doing	your child	d's usual	activities,	such as	self-car	e ,
school, v	vork, or recr	eation?							
	_			_			_		
2. At this mo		_		_		_	their cu	ırrent	behaviors
and/or sym Not importan						oelow: ther things l	Most	importa	nt thing in my
Not importan				d like to ac			Most		life right now
0 1	2	3	4	5	6	7	8	9	10
3. At this mo	ment, how	confid	ent are	you, tha	t your c	hild will	change	their	current
	s and/or sy							ow:	
Not importar	ıt at all	Abou		tant as mos d like to ac		her things	Most Most		nt thing in my life right now
0 1	2	3	4	5	6	7	8	9	10
	1_		1-						120
							Nu	mber of	Don't
4. Please ans							Nig	hts/Tim	es know
In the past 30 *Federally Require		any time	s has you	ır child be	een arres	ted?			
*Federally Require	ed Element								_

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Family SUD Form -Initial Interview

5. Please answer the following questions is		<u>/S</u>	
a. Has your child gotten into trouble at home, at s community, because of their use of alcohol, dru		□Yes	□No
b. Has your child missed school or work because	□Yes	□No	
inhalants, or gambling?	_105		
*Federally Required Element			
6. Please answer the following questions by	pased on the <u>past 30</u>	Number of	Don't
days		Nights/Times	know
a. How many times has your child gone to an eme	ergency room for a		
psychiatric or emotional problem?			
b. How many nights has your child spent in a faci	ility for:		
i. Detoxification?			
ii. Inpatient/Residential Substance Use Disorde	r Treatment?		
iii. Mental Health Care?			
iv. Illness, Injury, Surgery?			
c. How many nights has your child spent in a corr	ectional facility including		
JDC or Jail (as a result of an arrest, parole or prob			
d. How many times has your child tried to commi	t suicide?		
7. My child would be able to resist the	Not at all		Very
urge to drink heavily and/or use drugs	confident		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	0 1 2 3 4 5		0 10
that reminded him/her of drinking/using	0 1 2 3 4 5	6 7 8	9 10
drugs			
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	0 1 2 3 4 5	6 7 8	9 10
drink/use drugs		0 7 0	7 10

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Family SUD Form -Initial Interview

8. Please indicate		Response Options							
	epresents your fe lays. (Please ansv er than your beha	eelings or opinion wer for relationship avioral health	Strongly	Disagree	Undecided	Agree	Strongly agree	Not applicable	Refused
Domain: Social Cor	nnectedness Quest	ions 1-4							
1. My child knows them when they		sten and understand							
2. In a crisis, my ch from family and		e support they need							
3. My child has peo with about their		e comfortable talkin	g \square						
4. My child has peother things.	pple with whom th	ey can do enjoyable							
Domain: Improved	Functioning Dom	ain: Questions 5-11							
5. My child is able	to do things he or s	she wants to do.							
6. My child gets alo	ong with family me	mbers.							
7. My child gets alo	ong with friends an	ıd other people.							
8. My child does w	ell in school and/o	r work.							
9. My child is able	•								
10. My child is able	•								
11. I am satisfied w	vith our family life	right now.							
Question to be answe					l'				
	willingness to eng	ur (clinician's) assess gage in their treatmen					rcle a		
	Minimal	Limited	Positi				Optim		
Unengaged and Blocked	Engagement in Recovery	Engagement in Recovery	Engagem Recov			En	gagem Recove		
1	2	3	4	-			5	- J	

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Division of Behavioral Health Substance Use Disorder Outcome Tool Family Discharge

Todays'	Date:									
Client ST	ARS ID:		_ _ _	_	_ _ _	_ _ _	_ _			
Progra	m [□ 1.0 Ou	tpatient			 □ 2.1	Intensiv	e Outpa	tient	
J			y Treatm	ent			Intensiv			
			w Intensi		ential		atment (-		
			scent EBP							
1. Wou	ld you sa	ay that i	in genera	al your o	child's h	ealth is:				
\Box E	xcellent		Very Goo	d	□Good		□Fair		Poor	
						which incl				
	ury, how od?	many da	ys during	the past	30 days v	was your	child's ph	ysical he	ealth not	
		about v	our child's	s mental l	health. w	hich inclu	des stres	s. depre	ssion, and	
pr	oblems w	ith emot	ions, how			g the past				
	ental heal									
						y days did d's usual a				
	hool, wor			ili dollig y	our chile	a S uSuai a	cuvities,	sucii as :	sen-care,	
	,	-,								
2 Atth	ic mome	ant how	v imnort	ant ic it	that vo	ur child	change	thoir ci	irrant ha	haviore
			_		-	ur child e scale be	_	their cu	ırrent be	haviors
and/or		ms? Ple	ase circle	e a numb as importa	oer on th	e scale bo	elow:		important :	thing in my
and/or Not in	sympto	oms? Ple	ase circle About	e a numb as importa would	oer on th ant as mos d like to ac	e scale be st of the oth chieve now	elow: er things I	Most	important lif	thing in my e right now
and/or	sympto	ms? Ple	ase circle	e a numb as importa	oer on th	e scale bo	elow:		important :	thing in my
and/or Not in 0	sympton sympton symportant at 1	oms? Ple all 2 ent, how	ease circle About 3	e a numb as importa would 4	per on the ant as most dike to act 5	t your ch	elow: er things I 7 nild will	Most 8 change	important lif 9 their cu	thing in my e right now
and/or Not in 0 3. At th beha	sympton portant at 1 is momentum at 1	oms? Ple all 2 ent, how nd/or sy	ase circle About 3 v confide ymptoms	e a numb as importa would 4 ent are y s? Please	per on the ant as most dike to act of the second strains of the se	t your ch	elow: er things I 7 aild will on the so	Most 8 change cale belo	important lif 9 their cu ow:	thing in my e right now 10
and/or Not in 0 3. At th beha	sympton sympton symportant at 1	oms? Ple all 2 ent, how nd/or sy	ase circle About 3 v confide ymptoms About	e a numb as importa would 4 ent are y s? Please as importa	oer on the ant as most dlike to act 5 you, that e circle a ant as most as most distributed by the circle and ant as most distributed by the circle and act distributed by the circle act distributed by the circle and act di	t your ch	elow: er things I 7 aild will on the so	Most 8 change cale belo Most	important lif 9 their cu ow: important	thing in my e right now
and/or Not in 0 3. At th beha	sympton portant at 1 is momentum at 1	oms? Ple all 2 ent, how nd/or sy	ase circle About 3 v confide ymptoms	e a numb as importa would 4 ent are y s? Please as importa	oer on the ant as most dlike to act 5 you, that e circle a ant as most as most distributed by the circle and ant as most distributed by the circle and act distributed by the circle act distributed by the circle and act di	t your changes of the other states of the othe	elow: er things I 7 aild will on the so	Most 8 change cale belo	important lif 9 their cu ow: important	thing in my e right now 10 rrent thing in my
and/or Not in 0 3. At th beha	sympton portant at 1 is mome aviors ar apportant at	oms? Ple all 2 ent, how nd/or sy	ase circle About 3 v confide ymptoms About	e a numb as imports would 4 ent are y s? Please as imports would	per on the ant as most d like to act of the total distribution of the	t your changes of the other ch	elow: er things I 7 hild will on the so er things I	Most 8 change cale belo Most	important lif 9 e their cu ow: important lif	thing in my e right now 10 rrent thing in my e right now
and/or Not in 0 3. At th beha Not in	symptonportant at 1 is momentions are apportant at	oms? Ple	ase circle About 3 v confide ymptoms About	e a numb as imports would 4 ent are y s? Please as imports would 4	per on the ant as most d like to act of the second of the	t your changes of the other ch	elow: er things I 7 hild will on the so er things I	Most 8 change cale belo Most 8	important life 9 e their cu ow: important life 9	thing in my e right now 10 Trent thing in my e right now 10 Don't
and/or Not in O 3. At th beha Not in O 4. Pleas	is mome aviors an aportant at	ent, how nd/or sy all	ase circle About 3 v confide ymptoms About 3	e a numb as imports would 4 ent are y s? Please as imports would 4	per on the ant as most d like to act of the second	t your change of the other than the	elow: er things I 7 hild will on the so er things I	Most 8 change cale belo Most 8	important lif 9 e their cu ow: important lif 9	thing in my e right now 10 trrent thing in my e right now 10
and/or Not in O 3. At th beha Not in O 4. Pleas In the pa	is mome aviors an aportant at	ent, how and/or systall 2 er the fows, how means and the systall 2	ase circle About 3 v confide ymptoms About 3	e a numb as imports would 4 ent are y s? Please as imports would 4	per on the ant as most d like to act of the second	t your changes of the other ch	elow: er things I 7 hild will on the so er things I	Most 8 change cale belo Most 8	important life 9 e their cu ow: important life 9	thing in my e right now 10 Trent thing in my e right now 10 Don't
and/or Not in O 3. At th beha Not in O 4. Pleas In the pa *Federally	is mome aviors an aportant at 1 see answer as t 30 day as Required E	ent, hownd/or sycall 2 er the forms, hown mellows, how mellower the forms.	ase circle About 3 v confide ymptoms About 3 ollowing	e a numb as imports would 4 ent are y s? Please as imports would 4 questio s has you	per on the ant as most d like to act of the correct	t your change of the other chieve now a number st of the other now 6	elow: or things I fild will on the so er things I 7	Most 8 change cale belo Most 8	important life their cu w: important life g mber of hts/Times	thing in my e right now 10 Trent thing in my e right now 10 Don't
and/or Not in O 3. At th beha Not in O 4. Pleas In the pa *Federally 5. Pleas	is mome aviors an aportant at 1 see answer as 30 day a Required E	ent, how and/or systall 2 er the forms, how melement er the forms, how melement	ase circle About 3 v confide ymptoms About 3 ollowing hany times	e a numb as imports would 4 ent are y s? Please as imports would 4 questio s has your	per on the ant as most d like to accompany that the circle at ant as most d like to accompany the circle at ant as most d like to accompany the circle at ant as most d like to accompany the circle at ant as most d like to accompany the circle at ant as most d like to accompany the circle at a company the circle at a	t your change of the other inchieve now a start of the other inchieve now	elow: In things I To a sild will on the so er things I To a sild will on the so er things I To a sild will on the so er things I	Most 8 change cale belo Most 8	important life their cu w: important life g mber of hts/Times	thing in my e right now 10 Trent thing in my e right now 10 Don't
and/or Not in O 3. At th beha Not in O 4. Pleas In the pa *Federally 5. Pleas a. Has you	is mome aviors an aportant at 1 See answer as 30 day a Required Experience of the control of th	ent, how and/or systall 2 er the forms, how melement er the forms, how melement er the forms, how melement	ase circle About 3 v confide ymptoms About 3 ollowing any times ollowing to trouble	e a numb as imports would 4 ent are y s? Please as imports would 4 questio s has you questio e at home	per on the ant as most d like to act of the circle a ant as most d like to act of the circle are ant as most d like to act of the circle are ant as most d like to act of the circle are ant as most d like to act of the circle are ant as most d like to act of the circle are ant as most d like to act of the circle are and a second are act of the circle	t your change of the other chieve now a strong the other change of the other chieve now a strong of	elow: er things I 7 hild will on the so er things I 7 ed? past 30 r in the	Most 8 change cale below Most 8 Num Nig	important life their cu w: important life g mber of hts/Times	thing in my e right now 10 Trent thing in my e right now 10 Don't
and/or Not in O 3. At th beha Not in O 4. Pleas In the pa *Federally 5. Pleas a. Has yo comm	sympton portant at a sis mome aviors ar a portant at a sis 30 day a Required E se answer and a sis 30 day a Required E se answer answer at a sis 30 day a se answer a sis 30 day a se answer a sis 30 day a sis 30 da	ent, how and/or systall 2 er the forms, how melement er the forms, how melement er the forms, ause of the forms.	ase circle About 3 v confide vmptoms About 3 collowing to trouble heir use o	e a numb as import: would 4 ent are y s? Please as import: would 4 questio s has you questio e at home, of alcohol,	per on the ant as most d like to act of the circle a ant as most d like to act of the circle are the circle are ant as most d like to act of the circle are the circle are ant as most d like to act of the circle are t	t your change of the other inchieve now a start of the other inchieve now	elow: ler things I 7 hild will on the so er things I 7 ed? past 30 r in the or gambli	Most 8 change cale below Most 8 Num Nig	important life 1 their cu 2 their cu 3 important life 9 imber of hts/Times	thing in my e right now 10 Trent thing in my e right now 10 Don't know

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Family SUD Form - Discharge

6. Please answer the foll days	owing	question	ns base	ed on th	e <u>past</u>	30	Number Nights/T		Don kno			
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 nights has your						uding		<u>- </u>]		
JDC or Jail (as a result of an arrest, parole or probation violation)? d. How many times has your child tried to commit suicide? *Federally Required Element												
7. Please check the		Before the	e Progi	ram	N	low (At	end of F	rogr	am)			
appropriate box on how your child is doing since entering the program that best	Poor	Average	Good	Excellent	Poor		_	d E	xcelle	ent		
tells us what you think.	1	2	3	4	1	2	3		4			
a. Controlling alcohol use.												
b. Controlling drug use.												
8. My child would be ablurge to drink heavily an				t at all ıfident					Confi	Very dent		
if he/she were angry at had turned out	the wa	y things	0	1 2	3	4 5	6 7	8	9	10		
if he/she had unexpected	edly fou	ınd some										
booze/drugs or happened that reminded him/her of drugs	to see	somethir		1 2	3	4 5	6 7	8	9	10		
if other people treated hinterfered with his/her plant		unfairly o	or 0	1 2	3	4 5	6 7	8	9	10		
if he/she were out with kept suggesting they go so drink/use drugs	friend	-	0	1 2	3	4 5	6 7	8	9	10		

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Family SUD Form - Discharge

9. Please indicate your level of agreement or	Response Options								
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	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.									
2. In a crisis, my child would have the support they need from family and friends.									
3. My child has people that he/she are comfortable talking with about their problems.									
4. My child has people with whom they can do enjoyable things.									
Domain: Improved Functioning/ Outcomes Domain: Question	ns 5-1	11							
5. My child is better able to do things he or she wants to do.									
6. My child gets along better with family members.									
7. My child gets along better with friends and other people.									
8. My child is doing better in school and/or work.									
9. My child is better able to cope when things go wrong.									
10. My child is better at handling daily life.									
11. I am satisfied with our family life right now.									
Domain: Perception of Access to Services Questions 12-13									
12. The location of services was convenient.									
13. Services were available at times that were convenient for us.									
Domains: Perception of Cultural Sensitivity Questions 14-17									
14. Staff treated me with respect.									
15. Staff respected my family's religious/spiritual beliefs.									
16. Staff spoke with me in a way that I understand.									
17. Staff were sensitive to my cultural/ethnic background.									
Domain: Perceptions of Participation in Treatment Planning	Quest	tions	18-	20					
18. I helped to choose my child's services.									
19. I helped to choose my child's treatment goals.									
20. I was frequently involved in my child's treatment.									

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Family SUD Form - Discharge

				Response Options					
			Strongly	Disagree	Undecided	Agree	Strongly agree	Not applicable	Refused
Domain: General S	Satisfaction Question	ons 21-26							
21. Overall I am sa received here.	atisfied with the se	rvices my child							
22. The people he matter what.	lping my child have	e stuck with us no							
23. I feel my child troubled.	has someone to tal	lk to when he/she is							
24. The services n right for us.	ny child and/or fan	nily received were							
25. My family got	the help we wanted	d for my child.							
26. My family has my child	gotten as much he	p was we needed for							
Question to be answ	ered 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	Engagement in Eng		Optimal Engagement in Recovery				

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Division of Behavioral Health Mental Health Outcome Tool INITIAL

Todays' Date:				
Client STARS ID):			
Program:	□ CARE □ IMPAC	Т		
S	☐ First Episode Psychosis (SEBHS and BMS O			
			e Youth Receiv	inσ
	8	_	S/LSS Only)	8
	- (-, ,)		-,	
1. Would you s	ay that in general your health is:			
□Excellent		r	□Poor	
	g about your physical health, which includes physica			
	days during the past 30 days was your physical healt			
	g about your mental health, which includes stress, de vith emotions, how many days during the past 30 day			
health not		ys was y	our mentar	
	ast 30 days, approximately how many days did your	poor ph	ysical or	
	lth keep you from doing your usual activities, such as	s self-ca	re, work, or	
recreation?				
2. Please answ	ver the following question based on the past :	30	Number of	Don't
days	•		Nights/Times	know
	s have you been arrested?			
*Federally required	element			
3. Please answ	wer the following questions based on the pas	t 6	Number of	Don't
months			Nights/Times	know
	nes have you gone to an emergency room for a psych	iatric or	: 	
emotional probl	em? ghts have you spent in a facility for:			
i. Detoxification				
	esidential Substance Use Disorder Treatment			
iii. Mental Hea				
iv. Illness, Inju	ıry, Surgery			
c. How many tin	nes have you been arrested?			
	ghts have you spent in a correctional facility includin	g jail or		
	sult of an arrest, parole or probation violation)?			
e. How many tin	nes have you tried to commit suicide?			

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Adult MH Tool - Initial Interview

4. Please indicate your level of agreement or	Response Options					S	
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	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.							
2. I have people with whom I can do enjoyable things.							
3. I feel I belong in my community.							
4. In a crisis, I would have the support I need from family or friends.							
Domain: Improved Functioning Domain: Questions 5-8							
5. I do things that are more meaningful to me.							
6. I am able to take care of my needs.							
7. I am able to handle things when they go wrong.							
8. I am able to do things that I want to do.							

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Division of Behavioral Health Mental Health Outcome Tool UPDATE

Todays' Date:	
Client STARS ID: _ _ _ _ _ _ _ _ _ Program:	☐ IMPACT SEBHS and BMS Only) eiving ☐ Transition Age Youth Receiving IMPACT (BMS/LSS Only)
1. Are you currently employed?	
Employed full time (35+ hours per week)	☐ Student
☐ Employed part time	Retired
□Homemaker	☐ Unemployed
□Disabled	☐ Other (Specify)
* Federally Required 2. Which of following best describes your	
☐ Independent, living in a private residence	☐ Homelessness
Dependent, living in private residence	\square 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 3. What is your highest educational level codiploma)? *Federally Required	ompleted (12=GED or high school
4. Would you say that in general your hea	lth is:
	lood □Fair □Poor
a. Now thinking about your physical health, wh how many days during the past 30 days was	
b. Now thinking about your mental health, whi problems with emotions, how many days dhealth not good?	ch includes stress, depression, and
c. During the past 30 days, approximately how mental health keep you from doing your us recreation?	

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Adult MH Tool - Update Interval

5. Please answer the following question based on the pas days	t 30		ımbe ghts/		es	Don'	
How many times have you been arrested? *Federally required Element							
6. Please answer the following questions based on the pamonths	ıst 6		mbe ghts,	_	ies	Don kno	
a. How many times have you gone to an emergency room for psychiatric or emotional problem?	a						
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?							<u> </u>
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?							
7. Please indicate your level of agreement or		Re	spon	se 0	ptio	ns	
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	Strongly disagree	Disagree	Undecided	Agree	Strongly	Not	applicable Refused
choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral	Strongly disagree	Disagree	Undecided	Agree	Strongly	Not	applicable Refused
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 Domain: Social Connectedness Questions 1-4 1. I am happy with the friendships I have.	Strongly disagree	☐ Disagree	Undecided	Agree	Strongly	Not	annlicable Refused
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 Domain: Social Connectedness Questions 1-4 1. I am happy with the friendships I have. 2. I have people with whom I can do enjoyable things.		☐ ☐ Disagree					applicable Refused
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 Domain: Social Connectedness Questions 1-4 1. I am happy with the friendships I have. 2. I have people with whom I can do enjoyable things. 3. I feel I belong in my community.		☐ ☐ ☐ Disagree		□ □ □ Agree	Strongly	□ □ Not	annlicable
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 Domain: Social Connectedness Questions 1-4 1. I am happy with the friendships I have. 2. I have people with whom I can do enjoyable things. 3. I feel I belong in my community. 4. In a crisis, I would have the support I need from family or friends.		□ □ □ □					applicable
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 Domain: Social Connectedness Questions 1-4 1. I am happy with the friendships I have. 2. I have people with whom I can do enjoyable things. 3. I feel I belong in my community. 4. In a crisis, I would have the support I need from family or friends. Domain: Improved Functioning Domain: Questions 5-8		□ □ □ □ Disagree					annlicable
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 Domain: Social Connectedness Questions 1-4 1. I am happy with the friendships I have. 2. I have people with whom I can do enjoyable things. 3. I feel I belong in my community. 4. In a crisis, I would have the support I need from family or friends. Domain: Improved Functioning Domain: Questions 5-8 5. I do things that are more meaningful to me.		□ □ □ □ Disagree					annlicable and Refused
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 Domain: Social Connectedness Questions 1-4 1. I am happy with the friendships I have. 2. I have people with whom I can do enjoyable things. 3. I feel I belong in my community. 4. In a crisis, I would have the support I need from family or friends. Domain: Improved Functioning Domain: Questions 5-8 5. I do things that are more meaningful to me. 6. I am better able to take care of my needs.		□ □ □ □ Disagree					
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 Domain: Social Connectedness Questions 1-4 1. I am happy with the friendships I have. 2. I have people with whom I can do enjoyable things. 3. I feel I belong in my community. 4. In a crisis, I would have the support I need from family or friends. Domain: Improved Functioning Domain: Questions 5-8 5. I do things that are more meaningful to me. 6. I am better able to take care of my needs. 7. I am better able to handle things when they go wrong.		Disagree					
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 Domain: Social Connectedness Questions 1-4 1. I am happy with the friendships I have. 2. I have people with whom I can do enjoyable things. 3. I feel I belong in my community. 4. In a crisis, I would have the support I need from family or friends. Domain: Improved Functioning Domain: Questions 5-8 5. I do things that are more meaningful to me. 6. I am better able to take care of my needs. 7. I am better able to handle things when they go wrong. 8. I am better able to do things that I want to do.		□ □ □ □ □ □ □ Disagree					
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 Domain: Social Connectedness Questions 1-4 1. I am happy with the friendships I have. 2. I have people with whom I can do enjoyable things. 3. I feel I belong in my community. 4. In a crisis, I would have the support I need from family or friends. Domain: Improved Functioning Domain: Questions 5-8 5. I do things that are more meaningful to me. 6. I am better able to take care of my needs. 7. I am better able to handle things when they go wrong. 8. I am better able to do things that I want to do. Domain: Perception of Access to Services Questions 9-13							
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 Domain: Social Connectedness Questions 1-4 1. I am happy with the friendships I have. 2. I have people with whom I can do enjoyable things. 3. I feel I belong in my community. 4. In a crisis, I would have the support I need from family or friends. Domain: Improved Functioning Domain: Questions 5-8 5. I do things that are more meaningful to me. 6. I am better able to take care of my needs. 7. I am better able to handle things when they go wrong. 8. I am better able to do things that I want to do. Domain: Perception of Access to Services Questions 9-13 9. The location of services was convenient.		Disagree					
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 Domain: Social Connectedness Questions 1-4 1. I am happy with the friendships I have. 2. I have people with whom I can do enjoyable things. 3. I feel I belong in my community. 4. In a crisis, I would have the support I need from family or friends. Domain: Improved Functioning Domain: Questions 5-8 5. I do things that are more meaningful to me. 6. I am better able to take care of my needs. 7. I am better able to handle things when they go wrong. 8. I am better able to do things that I want to do. Domain: Perception of Access to Services Questions 9-13 9. The location of services was convenient. 10. Staff was willing to see me as often as I felt it was necessary		□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □					
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 Domain: Social Connectedness Questions 1-4 1. I am happy with the friendships I have. 2. I have people with whom I can do enjoyable things. 3. I feel I belong in my community. 4. In a crisis, I would have the support I need from family or friends. Domain: Improved Functioning Domain: Questions 5-8 5. I do things that are more meaningful to me. 6. I am better able to take care of my needs. 7. I am better able to handle things when they go wrong. 8. I am better able to do things that I want to do. Domain: Perception of Access to Services Questions 9-13 9. The location of services was convenient. 10. Staff was willing to see me as often as I felt it was necessary 11. Staff returned my calls within 24 hours.		Disagree					
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 Domain: Social Connectedness Questions 1-4 1. I am happy with the friendships I have. 2. I have people with whom I can do enjoyable things. 3. I feel I belong in my community. 4. In a crisis, I would have the support I need from family or friends. Domain: Improved Functioning Domain: Questions 5-8 5. I do things that are more meaningful to me. 6. I am better able to take care of my needs. 7. I am better able to handle things when they go wrong. 8. I am better able to do things that I want to do. Domain: Perception of Access to Services Questions 9-13 9. The location of services was convenient. 10. Staff was willing to see me as often as I felt it was necessary		Disagree					

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Adult MH Tool - Update Interval

Domains: Perception of Quality and Appropriateness				
Questions 14-21				
14. Staff believed that I could grow, change and recover.				
15. I felt free to complain.				
16. Staff respected my wishes about who is and is not to be				
given information about my treatment.				
17. Staff was sensitive to my cultural/ethnic background.				
18. Staff helped me obtain the information needed so I				
could take charge of managing my illness.				
19. I was given information about my rights.				
20. Staff encouraged me to take responsibility for how I live				
my life.				
21. I was encouraged to use consumer-run programs.				
Domain: Perceptions of Outcomes Questions 22-29				
22. I deal more effectively with daily problems.				
23. I am better able to control my life.				
24. I am better able to deal with crisis.				
25. I am getting along better with my family.				
26. I do better in social situations.				
27. I do better in school and/or work.				
28. My symptoms are not bothering me as much.				
29. My housing situation has improved.				
Domain: Perceptions of Participation in Treatment				
Planning Questions 30 and 31				
30. I felt comfortable asking questions about my treatment.				
31. I, not staff, decided my treatment goals.				
Domain: General Satisfaction Questions 32-34				
32. I liked the services that I received here.				
33. If I had other choices, I would still get services at this				
agency.	Ш			
34. I would recommend this agency to a friend or family member.				

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Division of Behavioral Health Mental Health Outcome Tool DISCHARGE

Todays' Date:	
Client STARS ID:	
Program: CARE	□ IMPACT
☐ First Episode Psychosis	
	eceiving Transition Age Youth Receiving
CARE (BMS/LSS Only)	IMPACT (BMS/LSS Only)
1. Are you currently employed?	
□ Employed full time (35+ hours per week)	☐ Student
☐Employed part time	☐ Retired
□Homemaker	☐ Unemployed
□Disabled	☐ Other (Specify)
*Federally Required	
2. Which of following boot describes your	w annuant made doubted atotaca?
2. Which of following best describes your	☐ Homelessness
☐ Independent, living in a private residence ☐ Dependent, living in private residence	☐ Jail/Correctional Facility
Residential Care (group home,	□ Jan/Correctional Facility
rehabilitation center, agency-operated	☐ Foster Home/Foster Care
care)	,
☐Institutional setting (24/7 care by	☐ Crisis Residence
skilled/specialized staff or doctors)	□ Other
*Federally Required	
2. Miles d'a manuel de la casa de	Language 4 (42, CPD and black and and
3. What is your highest educational level	completed (12=GED or nigh school
diploma)?	
*Federally Required	
4. Would you say that in general your he	alth is:
	Good □Fair □Poor
a. Now thinking about your physical health, w	hich includes physical illness and injury,
how many days during the past 30 days w	
b . Now thinking about your mental health, wh	
problems with emotions, how many days health not good?	during the past 30 days was your mental
c. During the past 30 days, approximately how	w many days did your poor physical or
mental health keep you from doing your u	
recreation?	

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Adult MH Tool - Discharge

5. Please answer the following question	Num Nigh		Don't know				
In the past 30 days, how many times have you been arrested? *Federally Required							
6. Please answer the following questions based on the pamonths	ast 6		Nı Ni	Don't know			
a. How many times have you gone to an emergency room for psychiatric or emotional problem?	a						
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 i	nclud	ing				Г	_
jail or prisons (as a result of an arrest, parole or probation vio	olatio	n)?				L	
e. How many times have you tried to commit suicide?							
7 Please indicate your level of agreement or		Do	ocnor	νςο Λ	ntion	C	
7. Please indicate your level of agreement or disagreement with the statements by checking the		Ne	spor	ise o	ption	>	
choice that best represents your feelings or opinion	e	بو	eq		>	ele	-
over the past 6 months. (Please answer for	ngl	gre	cid	Agree	ngl ree	Not Jicab	Refused
relationships with persons other than your behavioral	Strongly disagree	Disagree	Jndecided	Ag	Strongly agree	Not applicable	Refi
health provider(s).) Source: MHSIP Survey *Federally Required	0 , 0	_	Ď		•,	ਰ	.
Domain: Social Connectedness Questions 1-4							
1. I am happy with the friendships I have.							
2. I have people with whom I can do enjoyable things.							
3. I feel I belong in my community.							
4. In a crisis, I would have the support I need from family or							
friends.							
Domain: Improved Functioning Domain: Questions 5-8							
5. I do things that are more meaningful to me.							
6. I am better able to take care of my needs.						<u> </u>	
7. I am better able to handle things when they go wrong.			<u> </u>		<u> </u>	<u> </u>	
8. I am better able to do things that I want to do.					Ш		
Domain: Perception of Access to Services Questions 9-13	_	_	_	_	_	_	_
9. The location of services was convenient.			<u> </u>		Ш	Ш_	
10. Staff was willing to see me as often as I felt it was							
necessary 11 Staff returned my calls within 24 hours							
11. Staff returned my calls within 24 hours.12. Services were available at times that were good for me.							
13. I was able to get all the services I thought I needed.							
15.1 mas able to get an the services i thought i needed.				_	_		

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Adult MH Tool - Discharge

Domains: Perception of Quality and Appropriateness				
Questions 14-21				
14. Staff believed that I could grow, change and recover.				
15. I felt free to complain.				
16. Staff respected my wishes about who is and is not to be				
given information about my treatment.				
17. Staff was sensitive to my cultural/ethnic background.				
18. Staff helped me obtain the information needed so I				
could take charge of managing my illness.				
19. I was given information about my rights.				
20. Staff encouraged me to take responsibility for how I live				
my life.				
21. I was encouraged to use consumer-run programs.				
Domain: Perceptions of Outcomes Questions 22-29				
22. I deal more effectively with daily problems.				
23. I am better able to control my life.				
24. I am better able to deal with crisis.				
25. I am getting along better with my family.				
26. I do better in social situations.				
27. I do better in school and/or work.				
28. My symptoms are not bothering me as much.				
29. My housing situation has improved.				
Domain: Perceptions of Participation in Treatment				
Planning Questions 30 and 31				
30. I felt comfortable asking questions about my treatment.				
31. I, not staff, decided my treatment goals.				
Domain: General Satisfaction Questions 32-34				
32. I liked the services that I received here.				
33. If I had other choices, I would still get services at this				
agency.				
34. I would recommend this agency to a friend or family				
member.				

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*Federally Required

Appendix B: Outcome Tool Surveys

Division of Behavioral Health Mental Health Outcome Tool Youth INITIAL

Todays' Date:				
Client STARS	ID:			
Program	☐ CYF Services (SED) ☐ MRT	□ ART □ FFT		
1. Would vo	u say that in general your he	alth is:		
□Excelle		Good □ Fair	□Poor	
	king about your physical health, w ny days during the past 30 days w			
problem	king about your mental health, wl is with emotions, how many days ot good?			
	e past 30 days, approximately how nealth keep you from doing your u on?		•	
2. Please ans	swer the following question		Number of Nights/Times	Don't know
In the past 30 *Federally Requi	days, how many times have you be red Element	oeen arrested?		
3. Please and months	swer the following questions	s based on the <u>past 6</u>	Number of Nights/Times	Don't know
a. How many t or emotional p	cimes have you gone to an emerge problem?	ency room for a psychiatric		
	nights have you spent in a facility	for:		
i. Detoxificat		d ou Tuo atuu au t		
ii. inpatient/	Residential Substance Use Disord	uer Freatment?		
	eaith Care? ijury, Surgery?			
	imes have you been arrested?			
	nights have you spent in a correct	tional facility including IDC		
	sult of an arrest, parole or probat			
	times have you tried to commit si			

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Youth MH Form -Initial Interview

4. Please indicate your level of agreement or		Response Options							
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	Strongly	Disagree	Undecided	Agree	Strongly agree	Not	Refused		
Domain: Social Connectedness Questions 1-4									
1. I know people who will listen and understand me when I need to talk.									
2. In a crisis, I would have the support I need from family or friends.									
3. I have people that I am comfortable talking with about my problems.									
4. I have people with whom I can do enjoyable things.									
Domain: Improved Functioning Domain: Questions 5-11									
5. I am able to do things I want to do.									
6. I get along with family members.									
7. I get along with friends and other people.									
8. I do well in school and/or work.									
9. I am able to cope when things go wrong.									
10. I am able to handle my daily life.									
11. I am satisfied with my family life right now.									
Question to be answered by Clinician CAIN Short Scrooner (CAIN-SS) Scoring									

C					
GAIN Shor	t Screener (GA	AIN-SS) Scoring	g		
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				

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Fiscal Year 2024 101



Division of Behavioral Health Mental Health Outcome Tool Youth Update

Todays' Date	:	•	
Client STARS			
Drogram	CVE Corvices (SED)	□ АРТ	
Program	☐ CYF Services (SED) ☐ MRT	□ ART □ FFT	
	□ MR1	□ FF1	
1. Have you	attended school at any time	e in the past three months?	
□Yes		□No	
*Federally Requir	ed		
2. Please cir	rcle your current or highest	educational level completed:	
*Federally Requir	red		
	currently employed? (**Collect		
	ed full time (35+ hours per week)	☐ Student	
	ed part time	□ Retired	
□Homem		□ Other (Specify)	
□Disable			
*Federally Requir	red		
4. Which of	following best describes you	ır current residential status?	
	ident, living in private residence	☐ Homelessness	
□Depende	ent, living in private residence	☐ Jail/Correctional Facility	
_	tial Care (group home,	· ,	
	itation center, agency-operated	☐ Foster Home/Foster Care	
□Instituti	onal setting (24/7 care by	☐ Crisis Residence	
skilled/	specialized staff or doctors)	□ Other	
*Federally Requir	red		
5. Would yo	ou say that in general your h	ealth is:	
□Excell		Good Fair Poor	
a. Now thin		which includes physical illness and injury,	
		was your physical health not good?	
	•	hich includes stress, depression, and	
	ns with emotions, how many day: not good?	s during the past 30 days was your mental	
	health keep you from doing your	ow many days did your poor physical or usual activities, such as self-care, work, or	

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Youth MH Form - Update Interval

6. Please answer the following question				ber c ts/Ti		Do: kno	
In the past 30 days, how many times have you been arrested? *Federally Required Element			_		-		
7. Please answer the following questions based on the <u>pamonths</u>	<u>st 6</u>			ber o		Don' knov	
a. How many times have you gone to an emergency room for a psycor emotional problem?	chiatr	ic			-		
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 include or Jail (as a result of an arrest, parole or probation violation)?	ing JD	С			-		
e. How many times have you tried to commit suicide? *Federally Required Element					•		
8. Please indicate your level of agreement or		R	espor	ise 0	ptior	าร	
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	Strongly disagree	Disagree	Undecided	Agree	Strongly	Not	Refused
Domain: Social Connectedness Questions 1-4							
1. I know people who will listen and understand me when I need to talk.							
2. In a crisis, I would have the support I need from family and friends.							
3. I have people that I am comfortable talking with about my problems.							
4. I have people with whom I can do enjoyable things.							
Domain: Improved Functioning/ Outcomes Domain: Question	ıs 5-1	1					
5. I am better able to do things I want to do.							
6. I get along better with family members.							
7. I get along better with friends and other people.							
8. I am doing better in school and/or work.							
9. I am better able to cope when things go wrong.							

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Youth MH Form - Update Interval

	Response Options						
	Strongly	Disagree	Undecided	Agree	Strongly	Not	Refused
Domain: Perception of Access to Services Questions 12-13							
12. The location of services was convenient.							
13. Services are available at times that are convenient for me.							
Domains: Perception of Cultural Sensitivity Questions 14-17							
14. Staff treat me with respect.							
15. Staff respect my family's religious/spiritual beliefs.							
16. Staff speak with me in a way that I understand.							
17. Staff are sensitive to my cultural/ethnic background.							
Domain: Perceptions of Participation in Treatment Planning	Ques	tions	s 18-	20			
18. I helped to choose my services.							
19. I helped to choose my treatment goals.							
20. I participated in my own treatment.							
Domain: General Satisfaction Questions 21-26							
21. Overall I am satisfied with the services I have received here.							
22. The people helping me have stuck with me no matter what.							
23. I feel I have someone to talk to when I am troubled.							
24. I received services that were right for me.							
25. I have gotten the help I want.							
26. I have gotten as much help as I need.							

Question to be answered by Clinician

GAIN Short	t Screener (GA	AIN-SS) Scoring	g		
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				

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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 edu	cational level completed:
Self-Contained Special Ed Class (No Grade)	
*Federally Required	
3. Are you currently employed? (**Collected for	or clients 16 and older only)
\square 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 c	urrent 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	☐ Crisis Residence
skilled/specialized staff or doctors)	□ Other
*Federally Required	
5. Would you say that in general your healt	h is:
□Excellent □Very Good □Go	
a. Now thinking about your physical health, which how many days during the past 30 days was	
b . Now thinking about your mental health, which	
problems with emotions, how many days du health not good?	ring the past 30 days was your mental
c. During the past 30 days, approximately how n	
mental health keep you from doing your usu recreation?	al activities, such as self-care, work, or

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Youth MH Form - Discharge

6. Please answer the following question			Num Nigh			Doi kno		
In the past 30 days, how many times have you been arrested? *Federally Required Element					-			
7. Please answer the following questions based on the pa	<u>st 6</u>		Number of Nights/Times				Don't know	
a. How many times have you gone to an emergency room for a psyc	chiatr	ic or		<i>3 1</i>				
emotional problem? b. How many nights have you spent in a facility for:								
i. Detoxification?					_	ļ		
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 includ	ing JD	C or			_	1		
Jail (as a result of an arrest, parole or probation violation)? e. How many times have you tried to commit suicide?								
*Federally Required Element								
8. Please indicate your level of agreement or		Re	spor	ise O	ption	ıs		
disagreement with the statements by checking the	. •	4)	ō		_	٥	, ,	
choice that best represents your feelings or opinion	ngly	gree	cided	ree	ngly ree	ot cable	nsed	
choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral	Strongly disagree	Disagree	Jndecided	Agree	Strongly agree	Not Innlicable	Refused	
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	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Not annlicable	Refused	
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 Domain: Social Connectedness Questions 1-4	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Not annlicable	Refused	
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	Strongly disagree	☐ Disagree	Undecided	Agree	Strongly agree	Not	Refused	
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 Domain: Social Connectedness Questions 1-4 1. I know people who will listen and understand me when I	Strongly disagree	□ □ Disagree	□ □ Undecided	☐ Agree	Strongly agree	Not annicable	☐ Refused	
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 Domain: Social Connectedness Questions 1-4 1. I know people who will listen and understand me when I need to talk. 2. In a crisis, I would have the support I need from family and friends. 3. I have people that I am comfortable talking with about	Strongly disagree	□ □ □ Disagree	□ □ □ Undecided	□ □ Agree	Strongly agree	Not	Refused	
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 Domain: Social Connectedness Questions 1-4 1. I know people who will listen and understand me when I need to talk. 2. In a crisis, I would have the support I need from family and friends.	Strongly disagree	□ □ □ Disagree	□ □ □ Dndecided	□ □ □ Agree	Strongly agree	Not	Refused	
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 Domain: Social Connectedness Questions 1-4 1. I know people who will listen and understand me when I need to talk. 2. In a crisis, I would have the support I need from family and friends. 3. I have people that I am comfortable talking with about my problems.			□ □ □ □ Undecided	Agree	Strongly agree	Not annitrable	Refused	
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 Domain: Social Connectedness Questions 1-4 1. I know people who will listen and understand me when I need to talk. 2. In a crisis, I would have the support I need from family and friends. 3. I have people that I am comfortable talking with about my problems. 4. I have people with whom I can do enjoyable things. Domain: Improved Functioning/ Outcomes Domain: Question 5. I am better able to do things I want to do.			□ □ □ □ Undecided		Strongly agree	Not		
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 Domain: Social Connectedness Questions 1-4 1. I know people who will listen and understand me when I need to talk. 2. In a crisis, I would have the support I need from family and friends. 3. I have people that I am comfortable talking with about my problems. 4. I have people with whom I can do enjoyable things. Domain: Improved Functioning/ Outcomes Domain: Question			□ □ □ □ □ nndecided	Agree	Strongly agree	Not		
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 Domain: Social Connectedness Questions 1-4 1. I know people who will listen and understand me when I need to talk. 2. In a crisis, I would have the support I need from family and friends. 3. I have people that I am comfortable talking with about my problems. 4. I have people with whom I can do enjoyable things. Domain: Improved Functioning/ Outcomes Domain: Question 5. I am better able to do things I want to do. 6. I get along better with family members. 7. I get along better with friends and other people.					☐ ☐ ☐ ☐ Strongly agree	Not		
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 Domain: Social Connectedness Questions 1-4 1. I know people who will listen and understand me when I need to talk. 2. In a crisis, I would have the support I need from family and friends. 3. I have people that I am comfortable talking with about my problems. 4. I have people with whom I can do enjoyable things. Domain: Improved Functioning/ Outcomes Domain: Question 5. I am better able to do things I want to do. 6. I get along better with family members. 7. I get along better with friends and other people. 8. I am doing better in school and/or work.				Agree Agree	☐ ☐ ☐ ☐ ☐ Strongly agree	Not		
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 Domain: Social Connectedness Questions 1-4 1. I know people who will listen and understand me when I need to talk. 2. In a crisis, I would have the support I need from family and friends. 3. I have people that I am comfortable talking with about my problems. 4. I have people with whom I can do enjoyable things. Domain: Improved Functioning/ Outcomes Domain: Question 5. I am better able to do things I want to do. 6. I get along better with family members. 7. I get along better with friends and other people. 8. I am doing better in school and/or work. 9. I am better able to cope when things go wrong.					Strongly agree	Not annicable		
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 Domain: Social Connectedness Questions 1-4 1. I know people who will listen and understand me when I need to talk. 2. In a crisis, I would have the support I need from family and friends. 3. I have people that I am comfortable talking with about my problems. 4. I have people with whom I can do enjoyable things. Domain: Improved Functioning/ Outcomes Domain: Question 5. I am better able to do things I want to do. 6. I get along better with family members. 7. I get along better with friends and other people. 8. I am doing better in school and/or work.					Strongly agree	Not Not Not Supplies Not N		

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Youth MH Form - Discharge

				Response Options					S	
				Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Not applicable	Refused
Domain: Pe	rception of Acc	ess to Services (Questions 12-13							
12. The loca	ation of service	s was convenien	ıt.							
13. Services me.	s are available a	at times that are	convenient for							
Domains: P	erception of Cu	ltural Sensitivit	y Questions 14-17	'						
14. Staff tre	ated me with r	espect.								
		ily's religious/s								
		a way that I und								
		my cultural/eth								
			eatment Planning	Quest	tions	18-	20			
	to choose my									
		treatment goals.								
	pated in my ov									
		on Questions 21								
21. Overall here.	l am satisfied v	vith the services	I have received							
22. The peo what.	ple helping me	have stuck with	me no matter							
23. I feel I h	ave someone t	o talk to when I	am troubled.							
24. I receive	ed services that	t were right for r	ne.							
25. I have g	otten the help l	want.								
26. I have g	otten as much	help as I need.								
Question to	be answered by	Clinician								
GAIN Shor	t Screener (GA	IN-SS) Scoring								
Screener	Items	Past Month (4)	Past 90 Days (4, 3)		t Yea 3, 2			Ev (4, 3,		
IDScr	1a - 1f									
EDScr	2a – 2g									
SDScr	3a – 3e					_			_	
CVScr	4a - 4e									
TDCor	12 40									

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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 phys	ical illness and	
injury, how many days during the past 30 days was your child physigood?	cal health not	
b . Now thinking about your child's mental health, which includes stress		
problems with emotions, how many days during the past 30 days w mental health not good?	•	
c. During the past 30 days, approximately how many days did your child		
or mental health keep you from doing your child's usual activities, s school, work, or recreation?	uch as self-care,	
School, work, or recreation:		
	N 1 C	B I
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 <u>past 6</u>	Number of	Don't
months	Nights/Times	know
a. How many times has your child gone to an emergency room for a		П
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 includin	g	
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		

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Family MH Form -Initial Interview

4. Please indicate your level of agreement or		Re	espor	ise C	ption	.S	
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	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.							
2. In a crisis, my child would have the support they need from family and friends.							
3. My child has people that he/she are comfortable talking with about their problems.							
4. My child has people with whom they can do enjoyable things.							
Domain: Improved Functioning Domain: Questions 5-11							
5. My child is able to do things he or she wants to do.							
6. My child gets along with family members.							
7. My child gets along with friends and other people.							
8. My child does well in school and/or work.							
9. My child is able to cope when things go wrong.							
10. My child is able to handle daily life.							
11. I am satisfied with our family life right now.							

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Division of Behavioral Health Mental Health Outcome Tool Family Update

Todays' Date:	Op	aaco	
-			
Client STARS I	D:	_ _ _	
Program	☐ CYF Services (SED)	\square ART	
	□ MRT	\square FFT	
1 Did your a	hild attand ashool in the nea	t thuse mouths?	
	child attend school in the pas		
□Yes		□No	
*Federally Require	d		
2. Please circ	cle your child's current or hig	ghest educational level completed:	
Self-Contained	Special Ed Class (No Grade)		
*Federally Require	d		
	ild currently employed? (**Co		
	d full time (35+ hours per week)	☐ Student	
□Employed	d part time	☐ Retired	
□Homema	ker	Other (Specify)	
\square Disabled			
*Federally Require	d		
4. Which of f	ollowing best describes your	child's current residential status?	
	lent, living in private residence	☐ Homelessness	
•	nt, living in private residence	☐ Jail/Correctional Facility	
-	al Care (group home,		
	ation center, agency-operated	☐ Foster Home/Foster Care	
care)	ation center, agency operated		
_	nal setting (24/7 care by	☐ Crisis Residence	
	pecialized staff or doctors)	□ Other	
*Federally Require	-		
5. Would yo	u say that in general your ch	ild's health is:	
□Excelle	nt □Very Good □(Good □Fair □Poor	
	ing about your child's physical he	alth, which includes physical illness and	
good?	ow many days during the past 30	days was your child's physical health not	
		lth, which includes stress, depression, and	
•	s with emotions, how many days on ealth not good?	during the past 30 days was your child's	
c. During the	e past 30 days, approximately hov	w many days did your child's poor physical	
	al health keep you from doing you york, or recreation?	r child's usual activities, such as self-care,	

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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 *Federally Required Element	3							
7. Please answer the following questions based on the pa	st 6		Num	ber c	f	Don't	t	
months			Nigh	ts/Ti	mes	know	I	
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?								
c. How many times has your child been arrested?								
d. How many nights has your child spent in a correctional facility in	nclud	ing				П		
JDC or Jail (as a result of an arrest, parole or probation violation)?								
e. How many times has your child tried to commit suicide?								
8. Please indicate your level of agreement or		Re	lesponse Options					
disagreement with the statements by checking the			ರ			٥)	
choice that best represents your feelings or opinion	Strongly	Disagree	Jndecided	ee	Strongly	Not nolicable	sed	
over the past 6 months. (Please answer for relationships with persons other than your behavioral	ror	isag	dec	Agree	ror	Not	Refused	
health provider(s).) *Federally Required	ऊ न		On		<u>s</u>	an	2	
Domain: Social Connectedness Questions 1-4								
1. My child knows people who will listen and understand them when they need to talk.								
2. In a crisis, my child would have the support they need from family and friends.								
3. My child has people that he/she are comfortable talking								
with about their problems.								
4. My child has people with whom they can do enjoyable								
things.	F ·	1 1						
Domain: Improved Functioning/ Outcomes Domain: Question	1S 5-	11		_				
5. My child is better able to do things he or she wants to do.	-	<u> </u>			<u> </u>			
6. My child gets along better with family members.		-				-		
7. My child gets along better with friends and other people.								
8. My child is doing better in school and/or work.								
9. My child is better able to cope when things go wrong.								
10. My child is better at handling daily life. 11. I am satisfied with our family life right now.								

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Family MH Form - Update Interval

	Response Options						
	Strongly	Disagree	Undecided	Agree	Strongly agree	Not applicable	Refused
Domain: Perception of Access to Services Questions 12-13							
12. The location of services was convenient.							
13. Services are available at times that are convenient for us.							
Domains: Perception of Cultural Sensitivity Questions 14-17							
14. Staff treat me with respect.							
15. Staff respect my family's religious/spiritual beliefs.							
16. Staff speak with me in a way that I understand.							
17. Staff are sensitive to my cultural/ethnic background.							
Domain: Perceptions of Participation in Treatment Planning	Ques	tions	s 18-	20			
18. I helped to choose my child's services.							
19. I help to choose my child's treatment goals.							
20. I am frequently involved in my child's treatment.							
Domain: General Satisfaction Questions 21-26							
21. Overall I am satisfied with the services my child received here.							
22. The people helping my child have stuck with us no matter what.							
23. I feel my child has someone to talk to when he/she is troubled.							
24. The services my child and/or family received were right for us.							
25. My family got the help we wanted for my child.							
26. My family has gotten as much help was we needed for my child							

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Division of Behavioral Health Mental Health Outcome Tool Family Discharge

Todays' Date:	nui 50
Client STARS ID:	_
Program \square CYF Services (SED)	\square ART
\square MRT	□ FFT
1. Did your child attend school any time in	the past three months?
Yes	
*Federally Required	
2. Please circle your child's current or high	nest educational level completed:
Self-Contained Special Ed Class (No Grade) *Federally Required	
3. Is your child currently employed? (**Coll	ected 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
\square Dependent, living in private residence	☐ Jail/Correctional Facility
\square Residential Care (group home,	_
rehabilitation center, agency-operated care)	☐ Foster Home/Foster Care
\square Institutional setting (24/7 care by	☐ Crisis Residence
skilled/specialized staff or doctors)	□ Other
*Federally Required	
5. Would you say that in general your chil	d's health is:
□Excellent □Very Good □Go	ood □Fair □Poor
a. Now thinking about your child's physical hea injury, how many days during the past 30 d good?	
b. Now thinking about your child's mental healt	
problems with emotions, how many days do mental health not good?	uring the past 30 days was your child's
c. During the past 30 days, approximately how or mental health keep you from doing your school, work, or recreation?	

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Family MH Form - Discharge

6. Please answer the following question				ımbe ghts,	r of /Times		n't ow	
In the past 30 days, how many times has your child been arrested? *Federally Required Element ——								
7. Please answer the following questions based on the pa	<u>st 6</u>			ımbe			n't	
months			IN1	gnts,	/Times	s Kn	know	
a. How many times has your child gone to an emergency room for a	a					[
psychiatric or emotional problem? b. How many nights has your child spent in a facility for:								
i. Detoxification?						Г		
ii. Inpatient/Residential Substance Use Disorder Treatment?					_	[
iii. Mental Health Care?					_	[
iv. Illness, Injury, Surgery?					_	Г	_	
Source: Current MPR Adult History Form (Revised 3/06)								
c. How many times has your child been arrested?	1 1.							
d. How many nights has your child spent in a correctional facility in JDC or Jail (as a result of an arrest, parole or probation violation)?	ncludi	ng		[
e. How many times has your child tried to commit suicide?						Г		
*Federally Required Element								
8. Please indicate your level of agreement or		Re	espor	ise C	ption	S		
disagreement with the statements by checking the								
choice that best represents your feelings or opinion	Strongly disagree	Disagree	led	a)	<u></u>	ble	ğ	
over the past 6 months. (Please answer for	ecic	Agree	Strongly agree	Not lica	Refused			
relationships with persons other than your behavioral	Jndecided	¥	Str	Not	Re			
health provider(s).) *Federally Required								
Domain: Social Connectedness Questions 1-4								
1. My child knows people who will listen and understand								
them when they need to talk.	Ш	Ш	Ш	Ц	Ц	Ш	Ш	
2. In a crisis, my child would have the support they need								
from family and friends.								
3. My child has people that he/she are comfortable talking								
with about their problems.								
4. My child has people with whom they can do enjoyable								
things.								
Domain: Improved Functioning/ Outcomes Domain: Question	ns 5-1	<u> 1</u>						
5. My child is better able to do things he or she wants to do.								
6. My child gets along better with family members.								
7. My child gets along better with friends and other people.								
8. My child is doing better in school and/or work. \Box								
U. My child is bottor able to some when things go wrong				_		=	=	
9. My child is better able to cope when things go wrong.								
10. My child is better at handling daily life. 11. I am satisfied with our family life right now.							=	

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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.							
13. Services were available at times that were convenient for us.							
Domains: Perception of Cultural Sensitivity Questions 14-17							
14. Staff treated me with respect.							
15. Staff respected my family's religious/spiritual beliefs.							
16. Staff spoke with me in a way that I understand.							
17. Staff were sensitive to my cultural/ethnic background.							
Domain: Perceptions of Participation in Treatment Planning Questions 18-20							
18. I helped to choose my child's services.							
19. I helped to choose my child's treatment goals.							
20. I was frequently involved in my child's treatment.							
Domain: General Satisfaction Questions 21-26							
21. Overall I am satisfied with the services my child received here.							
22. The people helping my child have stuck with us no matter what.							
23. I feel my child has someone to talk to when he/she is troubled.							
24. The services my child and/or family received were right for us.							
25. My family got the help we wanted for my child.							
26. My family has gotten as much help as we needed for my child							

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