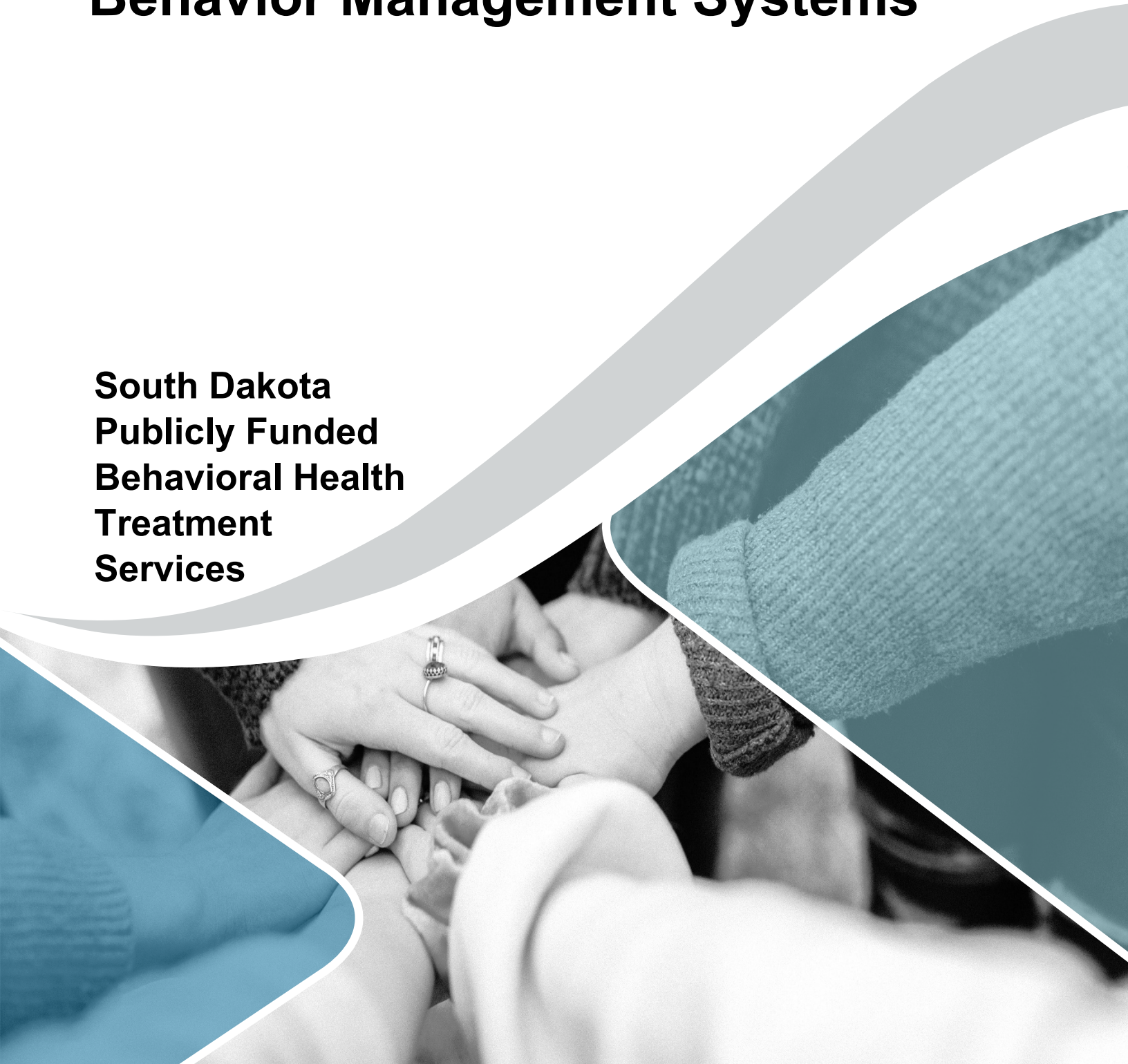


# **Fiscal Year 2024**

## **Behavior Management Systems**

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





# FY24 Foreword by Data and Outcomes

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

## **Can I compare this data to previous years?**

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

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

## **Does this mean that previous data are inaccurate?**

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

## **What do these changes accomplish?**

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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



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# 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.

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# Publicly Funded Substance Use Disorder (SUD) Treatment Services

## **Publicly Funded Substance Use Disorder (SUD) Treatment Services**

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

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

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

### **Low Intensity Residential Treatment Services (3.1 Services)**

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

### **Inpatient Treatment Services (3.7 Services)**

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

### **Detoxification Treatment Services (Clinically Managed and Medically Monitored)**

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

### **Intensive Methamphetamine Treatment (IMT) Services**

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

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

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

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

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

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

### **Evidence-Based SUD Treatment for Justice-Involved Adults**

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

### **Moral Reconciliation Therapy for Justice-Involved Adults (MRT)**

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



# Publicly Funded Mental Health (MH) Treatment Services

## **Publicly Funded Mental Health (MH) Treatment Services**

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

## **Outpatient Treatment Services**

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

## **Comprehensive Assistance with Recovery and Empowerment Services (CARE)**

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

## **Individualized and Mobile Program of Assertive Community Treatment (IMPACT)**

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

## **Forensic Assertive Community Treatment for Mental Health Court (FACT)**

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

## **Children or Youth and Family Services (CYF)**

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

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

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

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

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

### **Systems of Care Program (SOC)\*\***

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

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

# Stakeholder Survey Summary

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## Stakeholder Survey



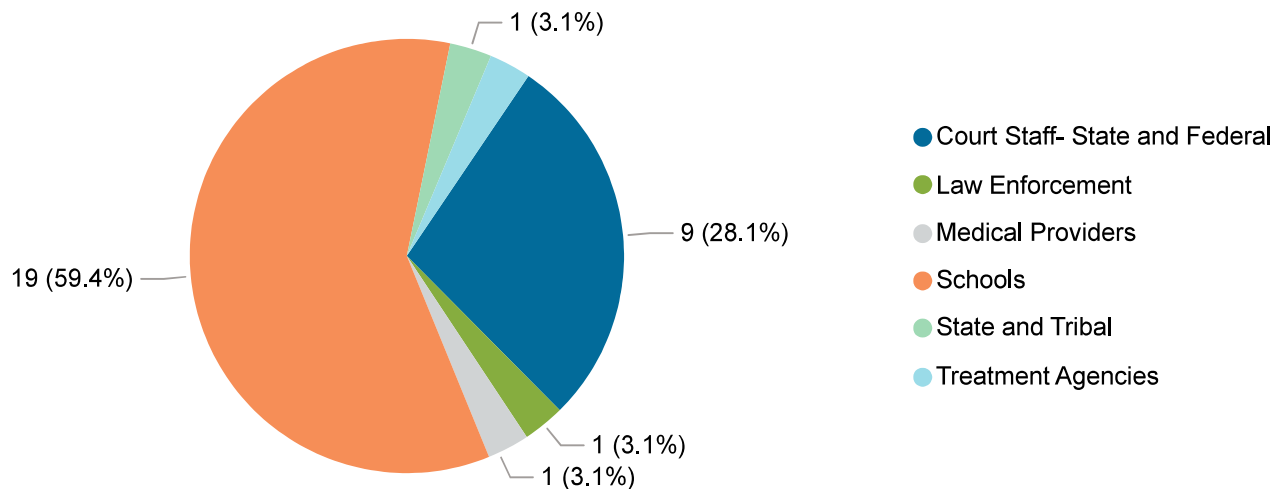
The Division of Behavioral Health (DBH) recognizes the need for strong community collaboration at the local level between accredited behavioral health treatment providers and their local referral sources. Accredited agencies are asked to share a stakeholder survey with local referral sources such as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

### Types of Stakeholders Who Responded



Stakeholder Type	N	%
Court Staff-State and Federal (Judge/Attorney/Probation/Parole/JCA/Drug Court/Teen Court)	9	28.1%
Law Enforcement (Sheriff/Police Department/Federal Law Enforcement)	1	3.1%
Medical (Doctor/Nurse/Social Worker/Psychiatric Nurse/Community Health/Pharmacy)	1	3.1%
School (Administrator/Counselor/Teacher/Aide/Social Worker)	19	59.4%
State and Tribal (EA/CPS/Adult Services/Child Welfare/Public Housing/Homeless Shelters)	1	3.1%
Treatment Agency (Mental Health/SUD/HSC/EAP/Therapist/Counselor/Case Manager/Domestic Violence)	1	3.1%
<b>Total</b>	<b>32</b>	<b>100.0%</b>



## Familiarity with Services

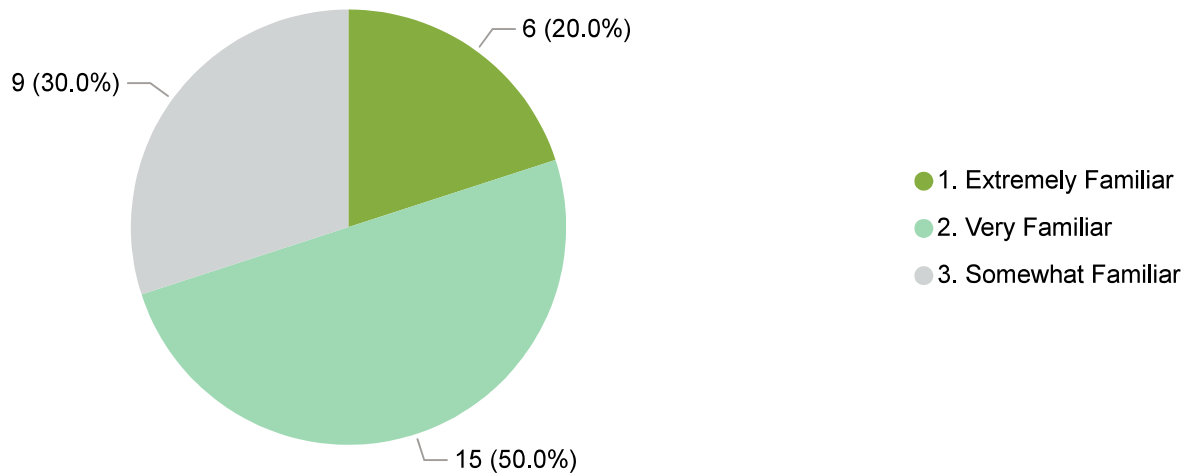


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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	22.2%	11.1%	66.7%	100.0%
Law Enforcement		100.0%		100.0%
Medical Providers		100.0%		100.0%
Schools	17.6%	64.7%	17.6%	100.0%
State and Tribal		100.0%		100.0%
Treatment Agencies	100.0%			100.0%
<b>Total</b>	<b>20.0%</b>	<b>50.0%</b>	<b>30.0%</b>	<b>100.0%</b>

## Staff Respectfulness

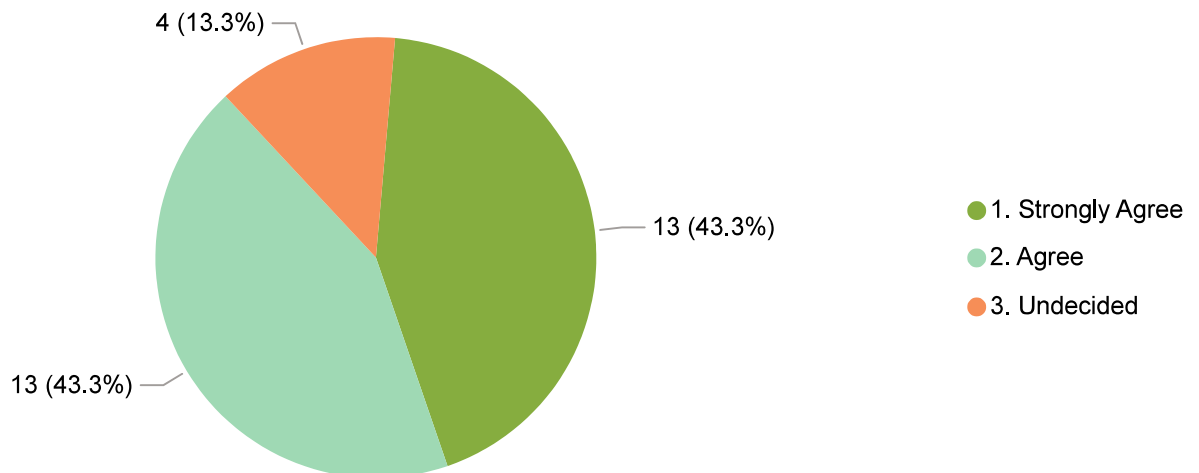


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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

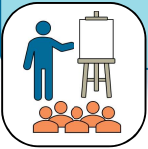
The majority of stakeholders agreed or strongly agreed staff members are respectful.

### Staff Are Respectful



Stakeholder Type	1. Strongly Agree	2. Agree	3. Undecided	Total
Court Staff- State and Federal	22.2%	66.7%	11.1%	100.0%
Law Enforcement	100.0%			100.0%
Medical Providers		100.0%		100.0%
Schools	52.9%	35.3%	11.8%	100.0%
State and Tribal	100.0%			100.0%
Treatment Agencies			100.0%	100.0%
<b>Total</b>	<b>43.3%</b>	<b>43.3%</b>	<b>13.3%</b>	<b>100.0%</b>

## Staff Training

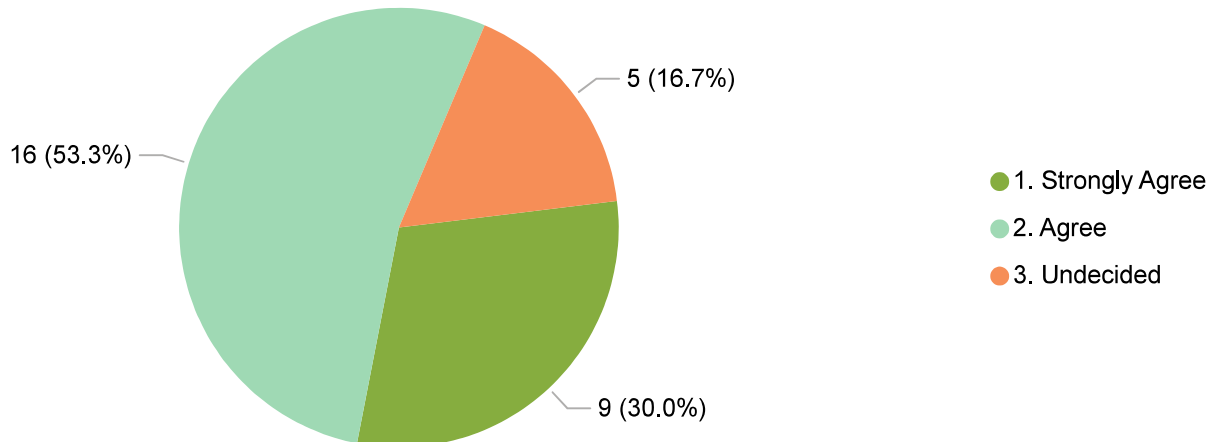


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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	3. Undecided	Total
Court Staff- State and Federal	22.2%	33.3%	44.4%	100.0%
Law Enforcement	100.0%			100.0%
Medical Providers		100.0%		100.0%
Schools	29.4%	64.7%	5.9%	100.0%
State and Tribal	100.0%			100.0%
Treatment Agencies		100.0%		100.0%
<b>Total</b>	<b>30.0%</b>	<b>53.3%</b>	<b>16.7%</b>	<b>100.0%</b>

## Staff Communication

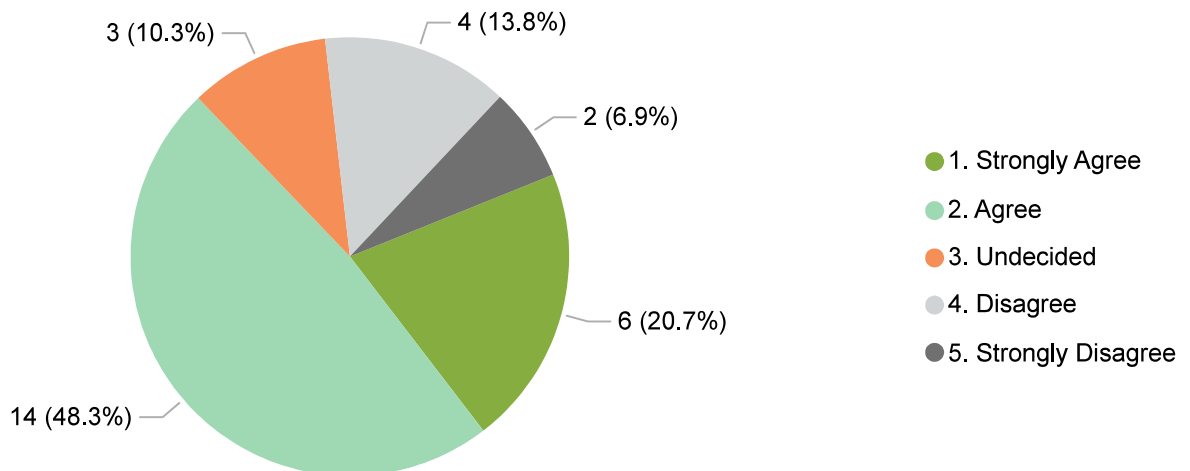


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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

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

### Staff Actively Communicate



Stakeholder Type	1. Strongly Agree	2. Agree	3. Undecided	4. Disagree	5. Strongly Disagree	Total
Court Staff- State and Federal	22.2%	33.3%	11.1%	11.1%	22.2%	100.0%
Law Enforcement	100.0%					100.0%
Medical Providers		100.0%				100.0%
Schools	12.5%	62.5%	6.3%	18.8%		100.0%
State and Tribal	100.0%					100.0%
Treatment Agencies			100.0%			100.0%
<b>Total</b>	<b>20.7%</b>	<b>48.3%</b>	<b>10.3%</b>	<b>13.8%</b>	<b>6.9%</b>	<b>100.0%</b>

## Staff Competency

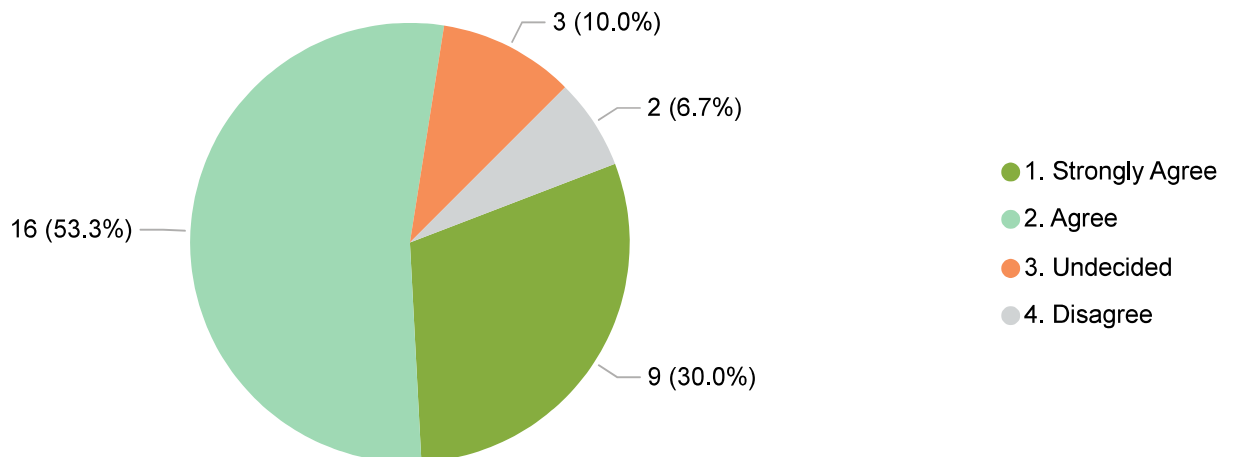


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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

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

### Staff Are Competent to Deliver Treatment Services



Stakeholder Type	1. Strongly Agree	2. Agree	3. Undecided	4. Disagree	Total
Court Staff- State and Federal	22.2%	44.4%	22.2%	11.1%	100.0%
Law Enforcement	100.0%				100.0%
Medical Providers		100.0%			100.0%
Schools	29.4%	58.8%	5.9%	5.9%	100.0%
State and Tribal	100.0%				100.0%
Treatment Agencies		100.0%			100.0%
<b>Total</b>	<b>30.0%</b>	<b>53.3%</b>	<b>10.0%</b>	<b>6.7%</b>	<b>100.0%</b>



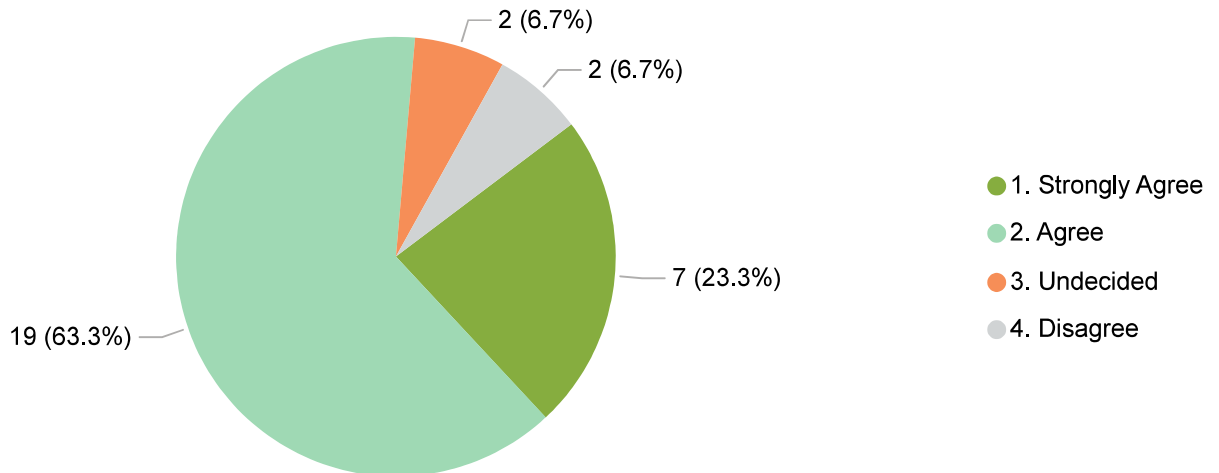
## Location of Services

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	4. Disagree	Total
Court Staff- State and Federal	11.1%	77.8%		11.1%	100.0%
Law Enforcement	100.0%				100.0%
Medical Providers		100.0%			100.0%
Schools	23.5%	58.8%	11.8%	5.9%	100.0%
State and Tribal	100.0%				100.0%
Treatment Agencies		100.0%			100.0%
<b>Total</b>	<b>23.3%</b>	<b>63.3%</b>	<b>6.7%</b>	<b>6.7%</b>	<b>100.0%</b>

## Service Availability

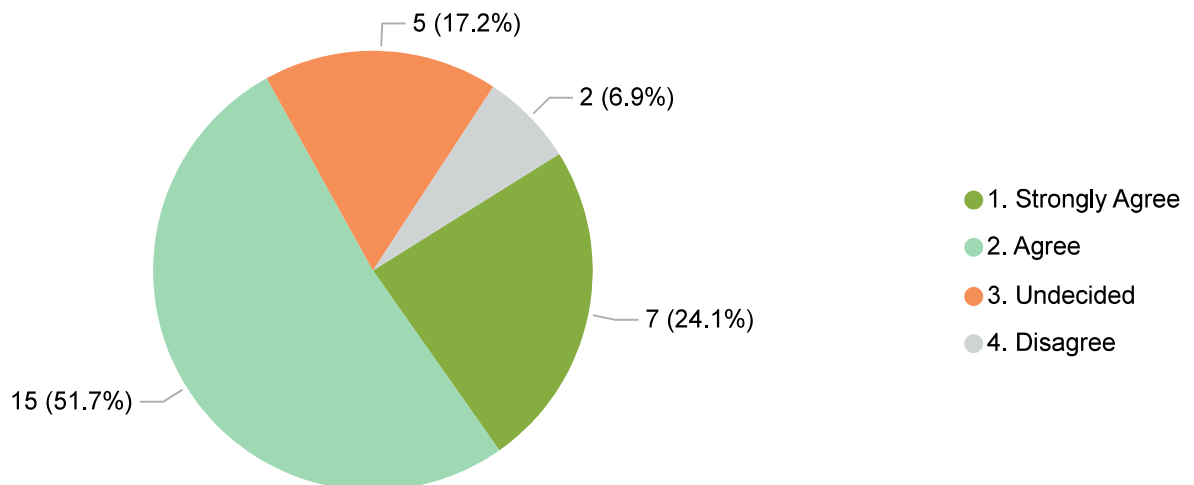
The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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

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



### Services Are Available at Times Convenient for Clients



Stakeholder Type	1. Strongly Agree	2. Agree	3. Undecided	4. Disagree	Total
Court Staff- State and Federal	11.1%	55.6%	33.3%		100.0%
Law Enforcement	100.0%				100.0%
Medical Providers		100.0%			100.0%
Schools	25.0%	50.0%	12.5%	12.5%	100.0%
State and Tribal	100.0%				100.0%
Treatment Agencies		100.0%			100.0%
<b>Total</b>	<b>24.1%</b>	<b>51.7%</b>	<b>17.2%</b>	<b>6.9%</b>	<b>100.0%</b>

## Community Responsiveness

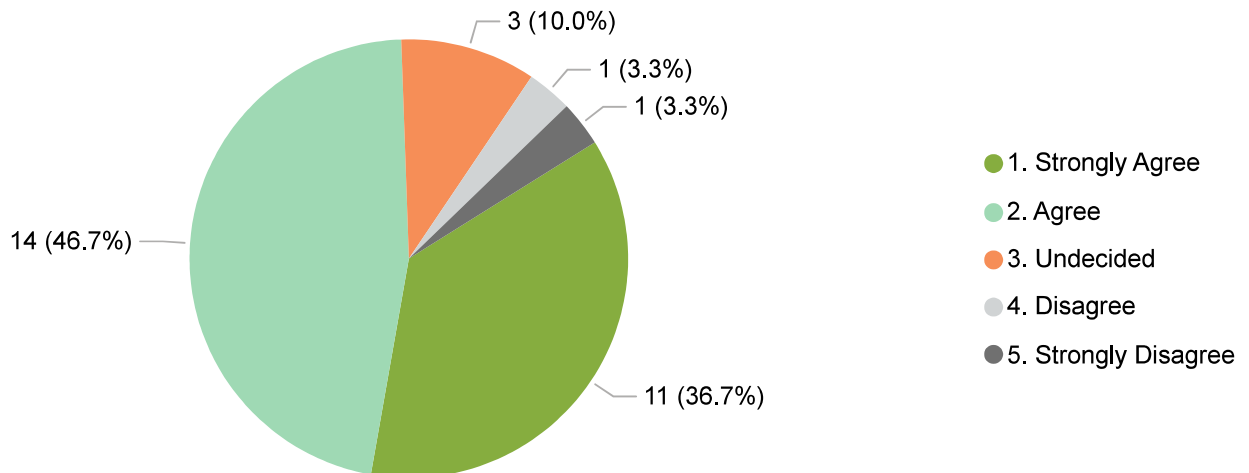


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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

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

### Provider is Responsive to the Needs Within the Community



Stakeholder Type	1. Strongly Agree	2. Agree	3. Undecided	4. Disagree	5. Strongly Disagree	Total
Court Staff- State and Federal	22.2%	55.6%	11.1%		11.1%	100.0%
Law Enforcement	100.0%					100.0%
Medical Providers		100.0%				100.0%
Schools	41.2%	41.2%	11.8%	5.9%		100.0%
State and Tribal	100.0%					100.0%
Treatment Agencies		100.0%				100.0%
<b>Total</b>	<b>36.7%</b>	<b>46.7%</b>	<b>10.0%</b>	<b>3.3%</b>	<b>3.3%</b>	<b>100.0%</b>

## Supportiveness of Clients' Needs

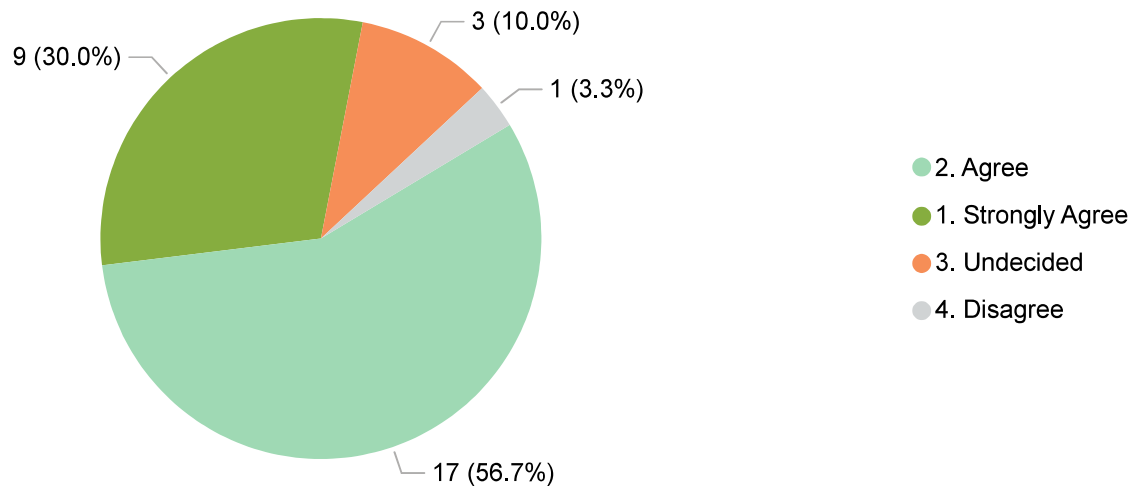


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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	3. Undecided	4. Disagree	Total
Court Staff- State and Federal	22.2%	44.4%	22.2%	11.1%	100.0%
Law Enforcement	100.0%				100.0%
Medical Providers		100.0%			100.0%
Schools	29.4%	64.7%	5.9%		100.0%
State and Tribal	100.0%				100.0%
Treatment Agencies		100.0%			100.0%
<b>Total</b>	<b>30.0%</b>	<b>56.7%</b>	<b>10.0%</b>	<b>3.3%</b>	<b>100.0%</b>

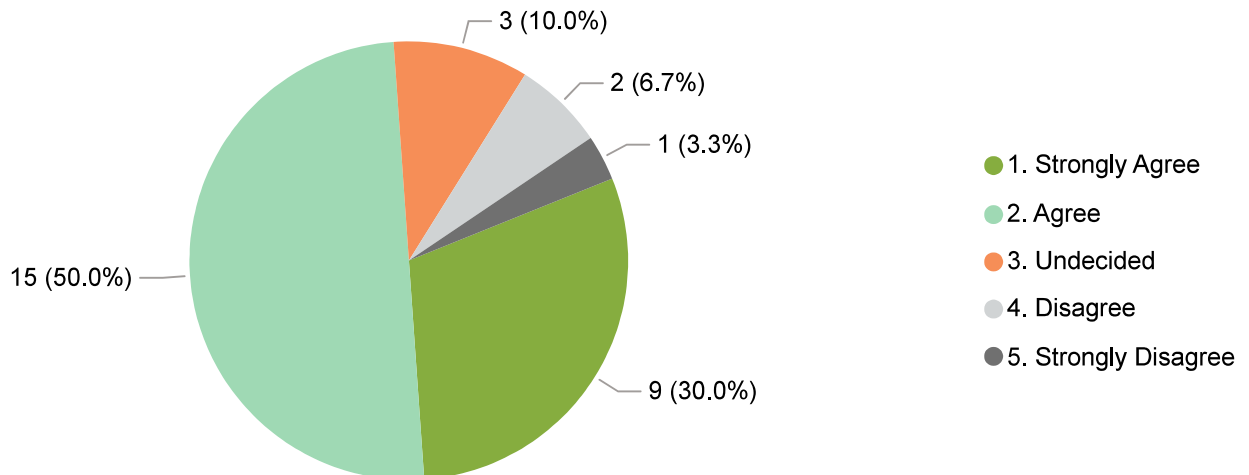
## Quality of Services

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	3. Undecided	4. Disagree	5. Strongly Disagree	Total
Court Staff- State and Federal	22.2%	33.3%	22.2%	11.1%	11.1%	100.0%
Law Enforcement	100.0%					100.0%
Medical Providers		100.0%				100.0%
Schools	29.4%	58.8%	5.9%	5.9%		100.0%
State and Tribal	100.0%					100.0%
Treatment Agencies		100.0%				100.0%
<b>Total</b>	<b>30.0%</b>	<b>50.0%</b>	<b>10.0%</b>	<b>6.7%</b>	<b>3.3%</b>	<b>100.0%</b>

## Provider Responsiveness

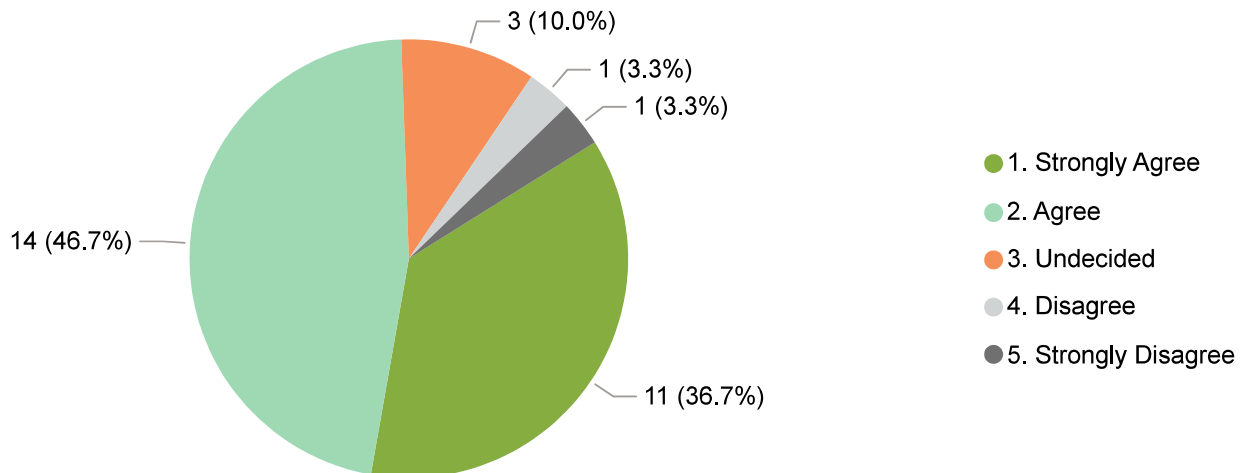


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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

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

### Provider Has Been Responsive To My Questions and Concerns



Stakeholder Type	1. Strongly Agree	2. Agree	3. Undecided	4. Disagree	5. Strongly Disagree	Total
Court Staff- State and Federal	22.2%	55.6%	11.1%		11.1%	100.0%
Law Enforcement	100.0%					100.0%
Medical Providers		100.0%				100.0%
Schools	41.2%	41.2%	11.8%	5.9%		100.0%
State and Tribal	100.0%					100.0%
Treatment Agencies		100.0%				100.0%
<b>Total</b>	<b>36.7%</b>	<b>46.7%</b>	<b>10.0%</b>	<b>3.3%</b>	<b>3.3%</b>	<b>100.0%</b>

## Satisfaction of Outcomes

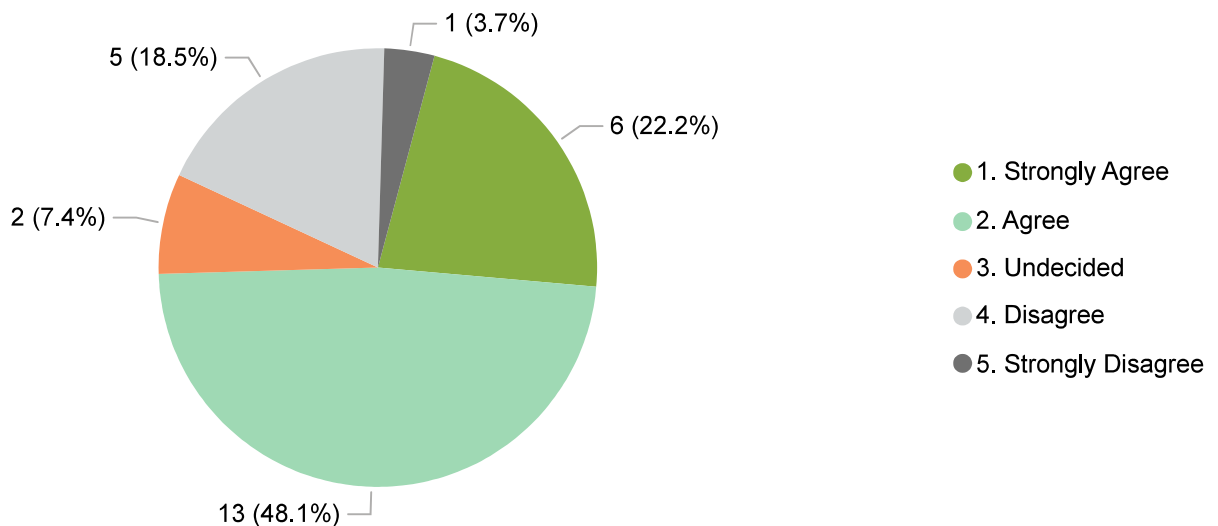


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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

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

### Clients Report Satisfaction of Outcomes



Stakeholder Type	1. Strongly Agree	2. Agree	3. Undecided	4. Disagree	5. Strongly Disagree	Total
Court Staff- State and Federal	22.2%	33.3%	11.1%	22.2%	11.1%	100.0%
Law Enforcement		100.0%				100.0%
Schools	26.7%	46.7%	6.7%	20.0%		100.0%
State and Tribal		100.0%				100.0%
Treatment Agencies		100.0%				100.0%
<b>Total</b>	<b>22.2%</b>	<b>48.1%</b>	<b>7.4%</b>	<b>18.5%</b>	<b>3.7%</b>	<b>100.0%</b>

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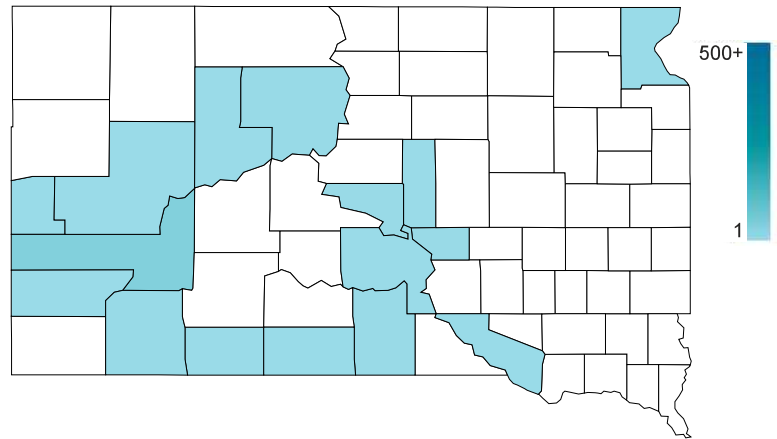


# Substance Use Disorder (SUD) Treatment Services

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# 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)	11	102
Pregnant Women and Women with Dependent Children Program (PWWDC)	70	77

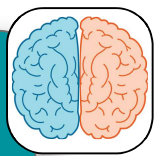


Unduplicated Clients Served  
(Publicly Funded)

72

Publicly Funded Clients Served with  
Co-Occurring Mental Health Conditions

60



Veterans Served (Publicly Funded)

3

Pregnant Clients Served (Publicly Funded)

28



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.

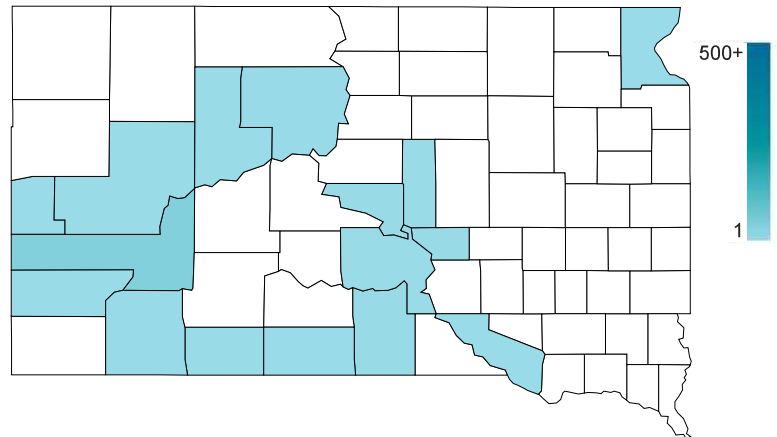
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# Adult SUD Treatment Services

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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)	11	102
Pregnant Women and Women with Dependent Children Program (PWWDC)	70	77

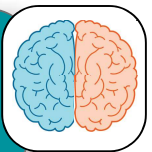


Unduplicated Clients Served  
(Publicly Funded)

72

Publicly Funded Clients Served with  
Co-Occurring Mental Health Conditions

60



Veterans Served (Publicly Funded)

3

Pregnant Clients Served (Publicly Funded)

28



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

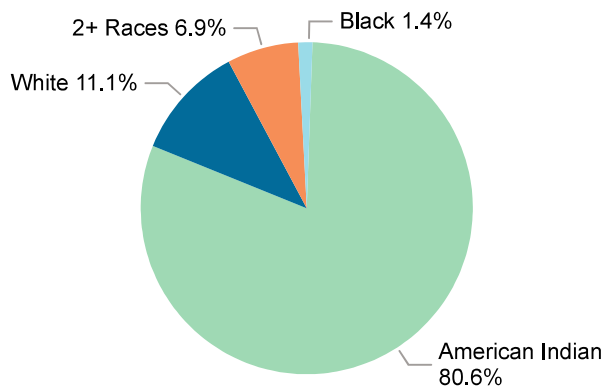
## Race & Ethnicity

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

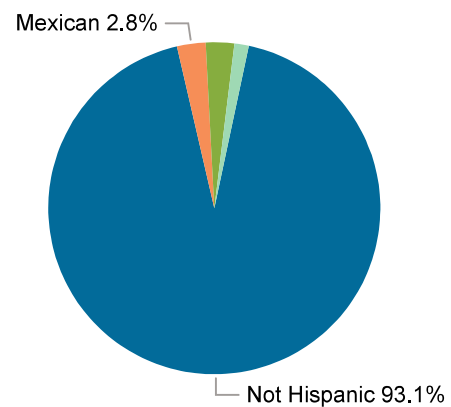


According to the U.S. Census Bureau, 84.2% of South Dakotans identify as White, 8.5% identify as American Indian, and 5.1% identify as Hispanic.

Clients Served by Race



Clients Served by Ethnicity



Clients Served by Service Type and Race

Treatment Services	2+ Races		American Indian		Black		White		Total	
	N	%	N	%	N	%	N	%	N	%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)			8	72.7%			3	27.3%	11	100.0%
Pregnant Women and Women with Dependent Children Program (PWWDC)	5	7.1%	56	80.0%	1	1.4%	8	11.4%	70	100.0%
<b>Total</b>	<b>5</b>	<b>6.9%</b>	<b>58</b>	<b>80.6%</b>	<b>1</b>	<b>1.4%</b>	<b>8</b>	<b>11.1%</b>	<b>72</b>	<b>100.0%</b>

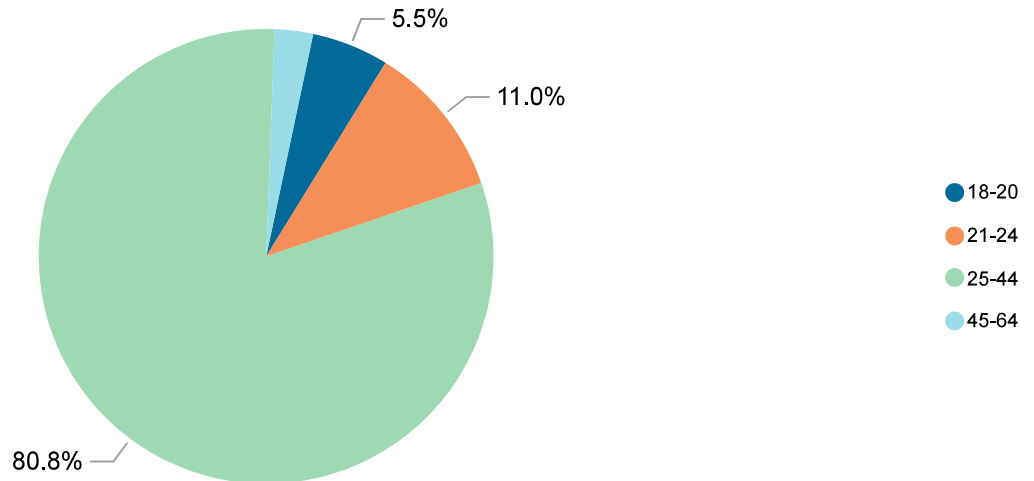


## Age

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



### Clients Served by Age



### Clients Served by Service Type and Age Group

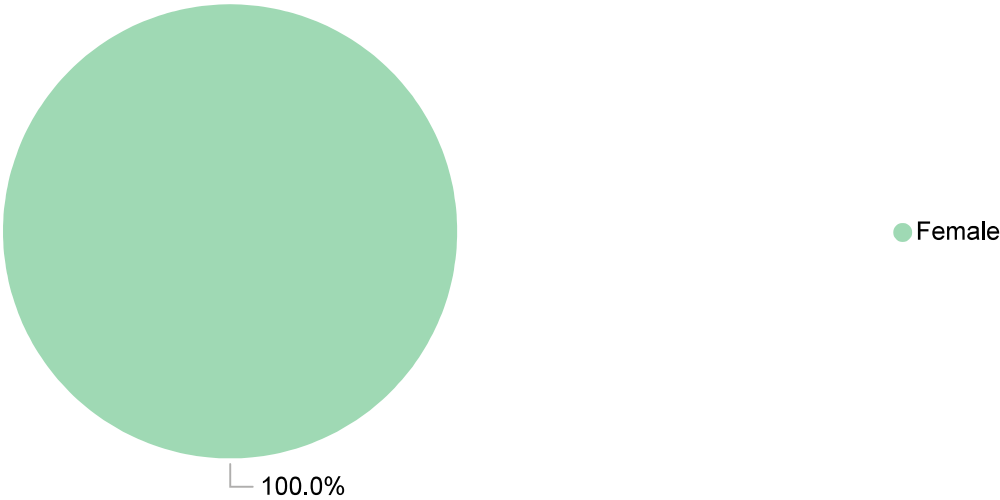
Treatment Services	18-20		21-24		25-44		45-64		Total	
	N	%	N	%	N	%	N	%	N	%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)					10	90.9%	1	9.1%	11	100.0%
Pregnant Women and Women with Dependent Children Program (PWWDC)	4	5.6%	8	11.3%	57	80.3%	2	2.8%	71	100.0%
<b>Total</b>	<b>4</b>	<b>5.5%</b>	<b>8</b>	<b>11.0%</b>	<b>59</b>	<b>80.8%</b>	<b>2</b>	<b>2.7%</b>	<b>73</b>	<b>100.0%</b>

# Gender



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

Clients Served by Self-Identified Gender



Clients Served by Service Type and Self-Identified Gender

Treatment Services	Female		Total	
	N	%	N	%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	11	100.0%	11	100.0%
Pregnant Women and Women with Dependent Children Program (PWWDC)	70	100.0%	70	100.0%
<b>Total</b>	<b>72</b>	<b>100.0%</b>	<b>72</b>	<b>100.0%</b>

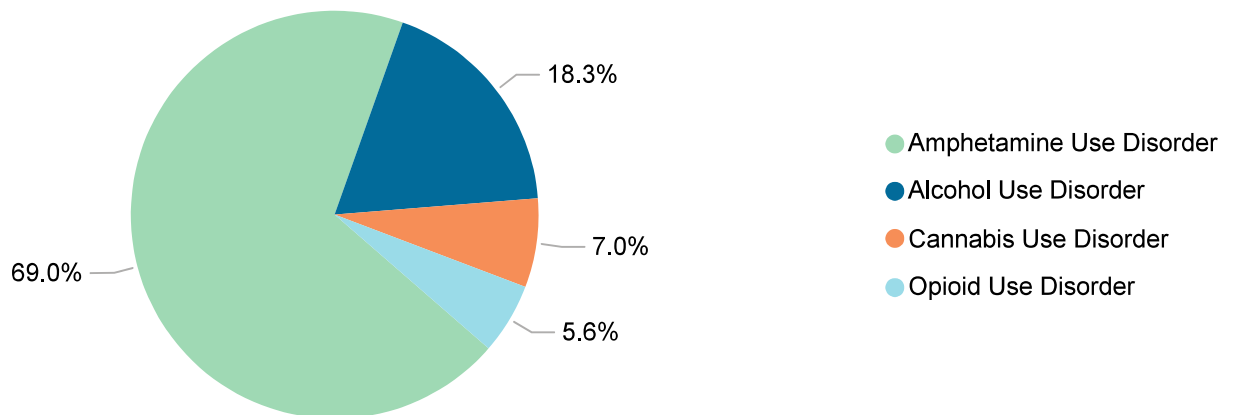
## Primary Diagnosis

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 Amphetamine Use Disorder, followed by Alcohol Use Disorder.



Percent of Clients Served for Each Primary Diagnosis



Diagnosis by Service Type

Treatment Services	Alcohol Use Disorder		Amphetamine Use Disorder		Cannabis Use Disorder		Opioid Use Disorder		Total	
	N	%	N	%	N	%	N	%	N	%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	4	44.4%	5	55.6%					9	100.0%
Pregnant Women and Women with Dependent Children Program (PWWDC)	12	17.1%	49	70.0%	5	7.1%	4	5.7%	70	100.0%
<b>Total</b>	<b>13</b>	<b>18.3%</b>	<b>49</b>	<b>69.0%</b>	<b>5</b>	<b>7.0%</b>	<b>4</b>	<b>5.6%</b>	<b>71</b>	<b>100.0%</b>

## Reason for Discharge

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

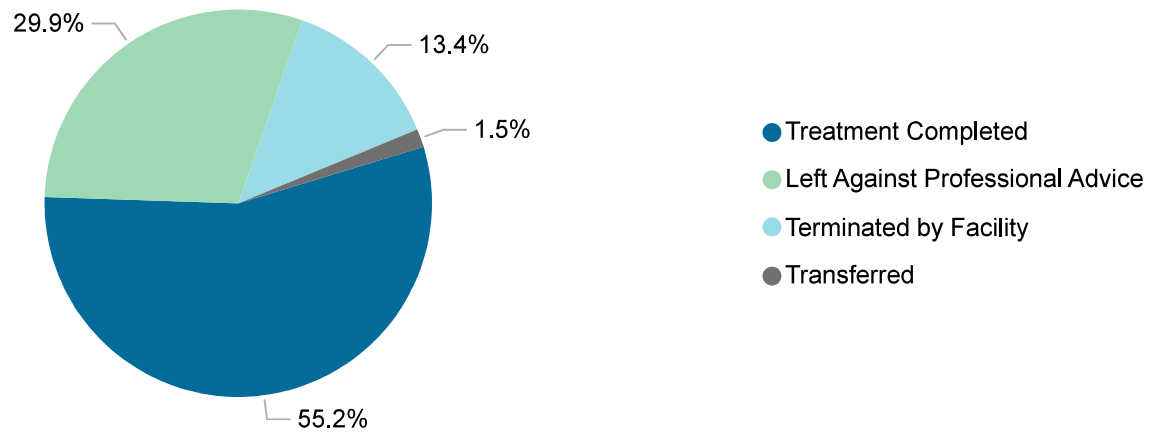
Please note, a client may have more than one admission and discharge.

The majority of adults successfully completed treatment services. The next most common discharge reason was Left Against Professional Advice.



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

### Reason for Discharge from Services



### Reason for Discharge by Service Type

Treatment Services	Left Against Professional Advice		Terminated by Facility		Transferred		Treatment Completed		Total	
	N	%	N	%	N	%	N	%	N	%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	3	42.9%					4	57.1%	7	100.0%
Pregnant Women and Women with Dependent Children Program (PWWDC)	19	29.2%	9	13.8%	1	1.5%	36	55.4%	65	100.0%
<b>Total</b>	<b>20</b>	<b>29.9%</b>	<b>9</b>	<b>13.4%</b>	<b>1</b>	<b>1.5%</b>	<b>37</b>	<b>55.2%</b>	<b>67</b>	<b>100.0%</b>

## Living Situation

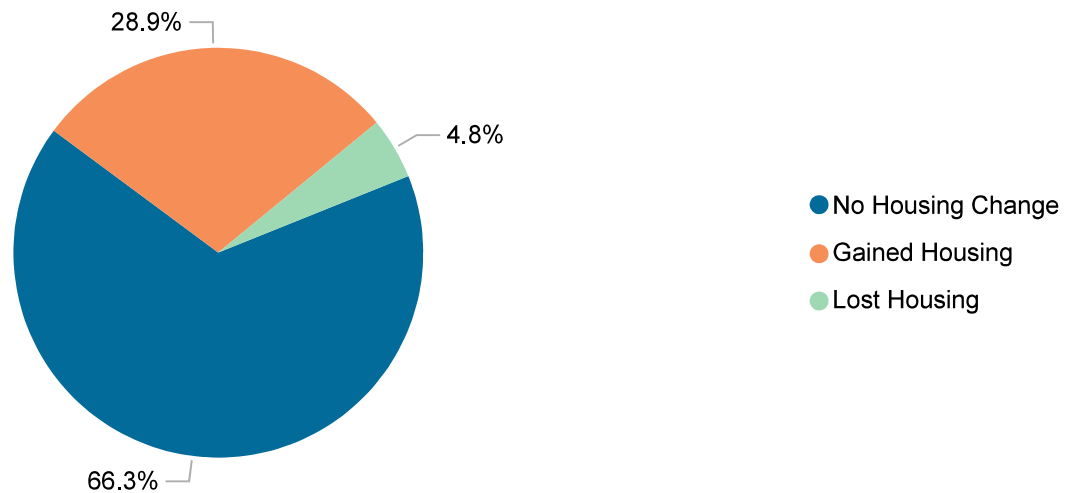
The data below reflect the living situations of adults served in publicly funded treatment services.



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

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

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



### Clients Who Reported Homelessness at Admission and Discharge

Treatment Services	Unduplicated Client Count	Homelessness at Admission	Homelessness at Discharge
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	10	50.0%	12.5%
Pregnant Women and Women with Dependent Children Program (PWWDC)	68	37.8%	22.0%
<b>Total</b>	<b>69</b>	<b>38.3%</b>	<b>21.9%</b>

## Employment

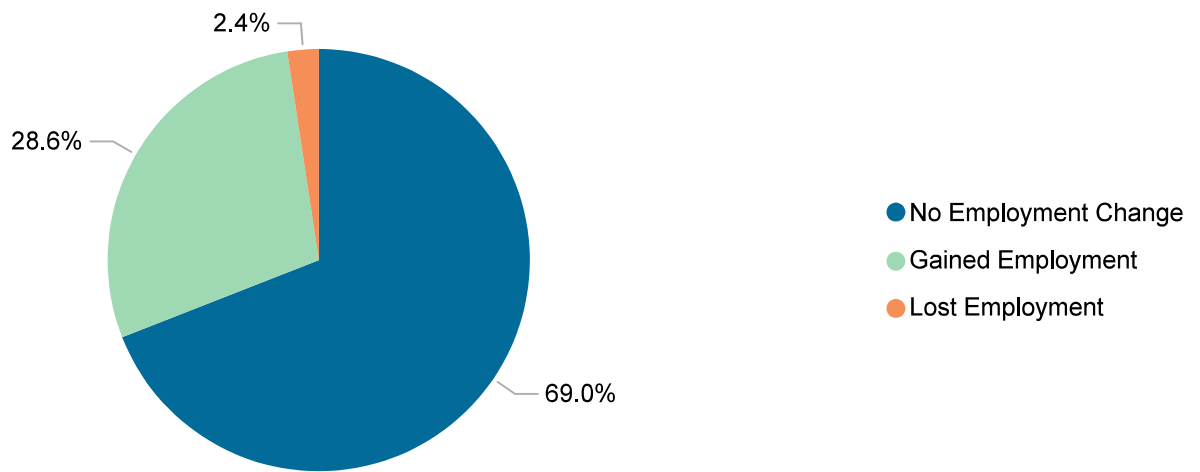
The data below reflect the employment status of adults served in publicly funded treatment services.



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

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

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



### Client Employment at Admission and Discharge

Treatment Services	Unduplicated Client Count	Employment at Admission	Employment at Discharge
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	10	31.3%	62.5%
Pregnant Women and Women with Dependent Children Program (PWWDC)	68	14.3%	31.0%
<b>Total</b>	<b>69</b>	<b>14.2%</b>	<b>31.5%</b>

# 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.

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 Arrests at Discharge Compared to Admission

# Unable to Report Due to Low Number of Outcome Tools.

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
Total			

General Health



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

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

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

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

Unable to Report Due to Low  
 Number of Outcome Tools.

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
<div> <div>▲</div> <div>Total</div> </div>					



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.

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 Days Spent in Poor Physical Health at Discharge Compared to Admission

Unable to Report Due to Low  
 Number of Outcome Tools.

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
Total					

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.

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 Days Spent in Poor Mental Health at Discharge Compared to Admission

Unable to Report Due to Low  
 Number of Outcome Tools.

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
▲					
Total					

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.

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 Days Where Their Poor Physical or Mental Health Prevented Normal Activities at Discharge Compared to Admission

Unable to Report Due to Low  
Number of Outcome Tools.

Number of Days Poor Physical or Mental Health Prevented Normal Activities					
Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Total					

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.

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 Attempts to Die by Suicide in the Past 30 Days

Unable to Report Due to Low  
Number of Outcome Tools.

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
▲	Total					

# 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.

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

## Ability to Control Alcohol Use

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



Ability to Control Alcohol Use Ratings: 1-Poor; 2-Average; 3-Good; 4-Excellent					
Treatment Services		Unduplicated Client Count	Average Initial	Average Discharge	Change Percent Change
Total					

Unable to Report Due to Low Number of Outcome Tools.

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.

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

Ability to Control Drug Use

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

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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
Total					

Unable to Report Due to Low  
 Number of Outcome Tools.



# Importance of Changing Current Behaviors



Self-Rated Importance in Changing Current Behaviors

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

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

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

# Unable to Report Due to Low Number of Outcome Tools.

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
Total					



## Motivation to Change Current Behaviors



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

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

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

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

# Unable to Report Due to Low Number of Outcome Tools.

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
▲ Total					

## 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).

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

Self-Rated Confidence to Control Substance Use

# Unable to Report Due to Low Number of Outcome Tools.

Confidence to Control Use Ratings: 0-"Not at All Confident" to 10-"Very Confident"					
Treatment Services		Unduplicated Client Count	Average Initial	Average Discharge	Change Percent Change
Total					

# Visits to Emergency Department



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

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

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

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

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

# Unable to Report Due to Low Number of Outcome Tools.

How Many Times in the Past 30 Days Have You Visited the Emergency Department?						
Treatment Services		Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Total						

Detoxification  
 Services



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

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

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

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

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

Unable to Report Due to Low  
 Number of Outcome Tools.

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

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

## Inpatient Substance Use Disorder Treatment Services



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

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

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

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

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

## Unable to Report Due to Low Number of Outcome Tools.

How Many Nights in the Past 30 Days Have You Spent in a Facility for Inpatient/Residential Substance Use Disorder Treatment?

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

Hospital  
 Admissions  
 for Mental  
 Health Care



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

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

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

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

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

Unable to Report Due to Low  
 Number of Outcome Tools.

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

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

Illness,  
 Injury, or  
 Surgery



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

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

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

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

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

Unable to Report Due to Low  
 Number of Outcome Tools.

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

Nights Spent  
 in  
 Correctional  
 Facility



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

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

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

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

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

Unable to Report Due to Low  
 Number of Outcome Tools.

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

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



## Trouble as a Result of Substance Use



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

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

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

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?

## Unable to Report Due to Low Number of Outcome Tools.

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

▲  
Total

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).

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

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

Unable to Report Due to Low  
 Number of Outcome Tools.

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
Total					

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.

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

Were You Satisfied With the Services You Received?



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

Treatment Services
 Unduplicated Client Count
 General Satisfaction with Services

<div>             ▲ Total           </div>		
--	--	--

Unable to Report Due to Low  
 Number of Outcome Tools.

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.

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

Improved Functioning

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

(Blank)

(Blank)

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
Total						

Unable to Report Due to Low Number of Outcome Tools.

# Social Connectedness



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

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

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

## Social Connectedness

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

(Blank)

(Blank)

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
<div> <div> <div>▲</div> <div>Total</div> </div> </div>					

# Unable to Report Due to Low Number of Outcome Tools.

Participation  
 in Treatment  
 Planning and  
 Outcomes of  
 Services



Participation in Treatment Planning

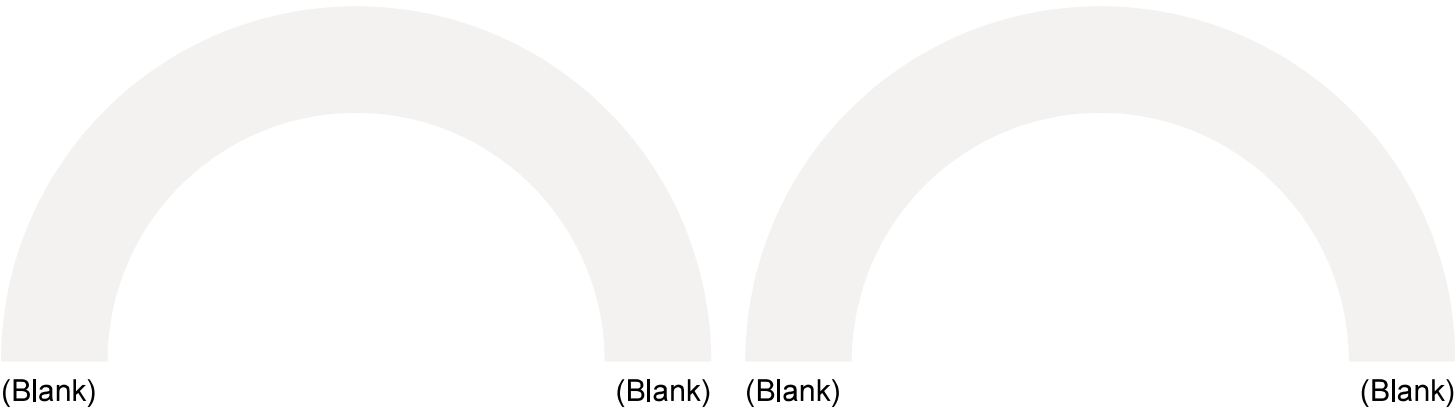
Clients are asked at discharge to rate how strongly they agree with two different questions pertaining to their participation in treatment planning for services they received. The average of these two responses is given below.

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.

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

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
--------------------	---------------------------	-------------------------------------	--------------------------------

Total			
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Unable to Report Due to Low  
 Number of Outcome Tools.

Access and  
 Quality and  
 Appropriateness  
 of Services



Access to Services

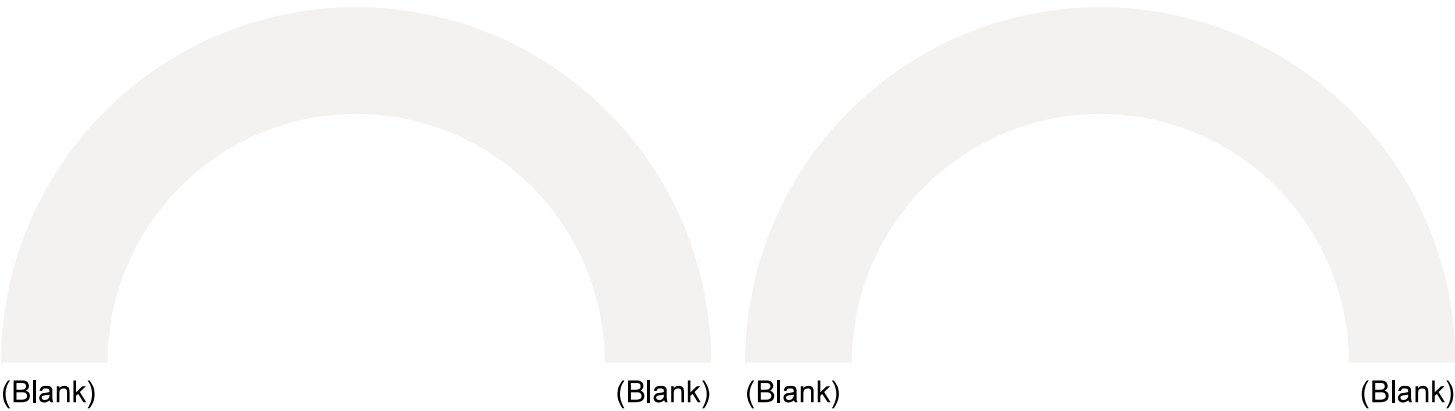
Clients are asked at discharge to rate how strongly they agree with five different questions pertaining to the ease and convenience of accessing the services they received. The average of these five responses is given below.

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.

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

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
Total				

Unable to Report Due to Low  
 Number of Outcome Tools.

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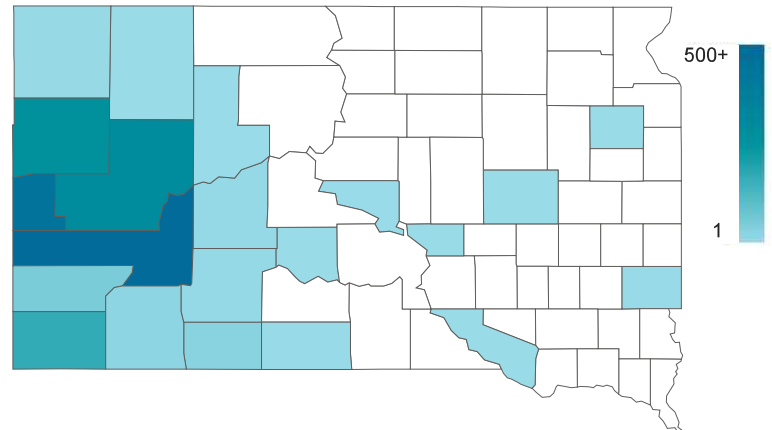


# Mental Health (MH) Treatment Services

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# Mental Health Treatment Services

County of Residence for Clients Who Received Publicly Funded Services

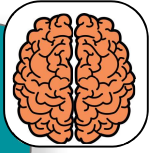


Treatment Services	Publicly Funded Clients Served	Average Duration of Treatment (Days)
Child or Youth and Family Services (CYF)	881	262
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	1,186	480
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	1	220
Forensic Assertive Community Treatment (FACT)	34	234
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	46	593
Intensive Family Services	3	427
Outpatient Services	753	233
Room and Board and Other Services	171	422



Unduplicated Clients Served  
(Publicly Funded)  
**2,893**

Publicly Funded Clients with Serious  
Emotional Disturbance (SED) or Serious  
Mental Illness (SMI)  
**2,163**



Veterans Served (Publicly Funded)  
**39**

Publicly Funded Clients Who  
Successfully Completed Treatment  
**292**



Both adult and youth clients are presented on this page to give an overview of all publicly funded mental health services within the state of South Dakota. Subsequent sections explore adult and youth publicly funded treatment in more depth independently. Numbers served in some adult and youth services may appear lower than the overall totals.

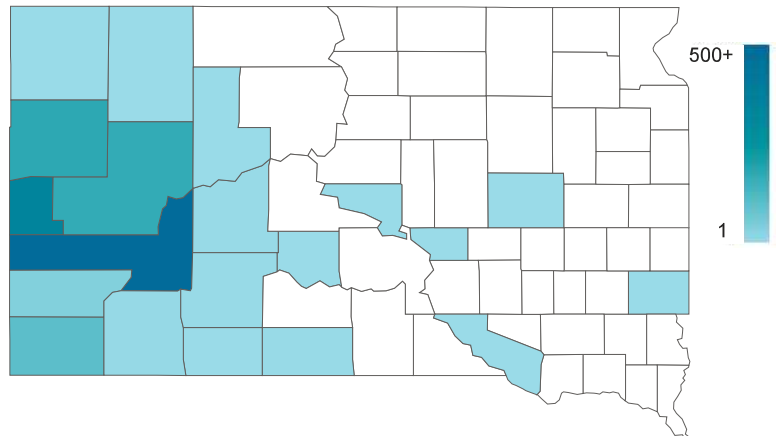
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# Adult MH Treatment Services

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## Adult MH Treatment Services

County of Residence for Clients Who Received Publicly Funded Services



Treatment Services

	Publicly Funded Clients Served	Average Duration of Treatment (Days)
Child or Youth and Family Services (CYF)	15	274
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	1,162	479
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	1	220
Forensic Assertive Community Treatment (FACT)	34	234
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	44	615
Outpatient Services	722	234
Room and Board and Other Services	164	437



Unduplicated Clients Served  
(Publicly Funded)

1,978

Publicly Funded Clients with Serious  
Mental Illness (SMI)

1,244



Veterans Served (Publicly Funded)

37

Publicly Funded Clients Who  
Successfully Completed Treatment

94



Clients described in this section are 18 years or older. Depending on specific needs and prior admissions, an 18 year-old client may be deemed appropriate for youth services. Clients received publicly funded services (Medicaid or state funds).

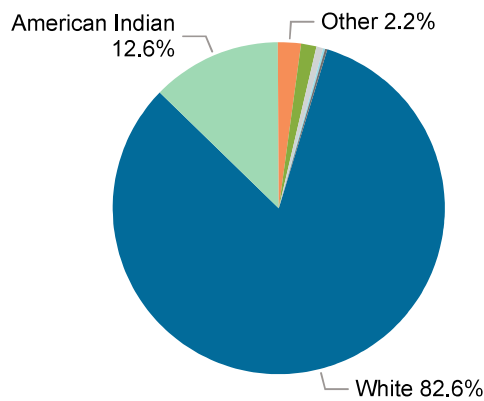
## Race & Ethnicity

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

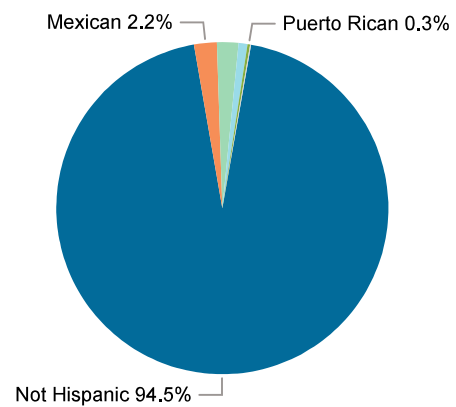


According to the U.S. Census Bureau, 84.2% of South Dakotans identify as White, 8.5% identify as American Indian, and 5.1% identify as Hispanic.

Clients Served by Race



Clients Served by Ethnicity



Clients Served by Service Type and Race

Treatment Services	2+ Races		American Indian		Asian		Black		Native Pacific Islander		Other		White		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Child or Youth and Family Services (CYF)			1	6.7%									14	93.3%	15	100.0%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	3	0.3%	144	12.4%	3	0.3%	17	1.5%	2	0.2%	26	2.2%	967	83.2%	1,162	100.0%
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth			1	100.0%											1	100.0%
Forensic Assertive Community Treatment (FACT)	1	2.9%	22	64.7%	1	2.9%					1	2.9%	9	26.5%	34	100.0%
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)			10	22.7%	1	2.3%	3	6.8%			1	2.3%	29	65.9%	44	100.0%
Outpatient Services			73	10.1%	8	1.1%	10	1.4%	2	0.3%	15	2.1%	614	85.0%	722	100.0%
Room and Board and Other Services			16	9.8%	1	0.6%	2	1.2%	1	0.6%	6	3.7%	138	84.1%	164	100.0%
<b>Total</b>	<b>4</b>	<b>0.2%</b>	<b>250</b>	<b>12.6%</b>	<b>13</b>	<b>0.7%</b>	<b>30</b>	<b>1.5%</b>	<b>4</b>	<b>0.2%</b>	<b>44</b>	<b>2.2%</b>	<b>1,633</b>	<b>82.6%</b>	<b>1,978</b>	<b>100.0%</b>

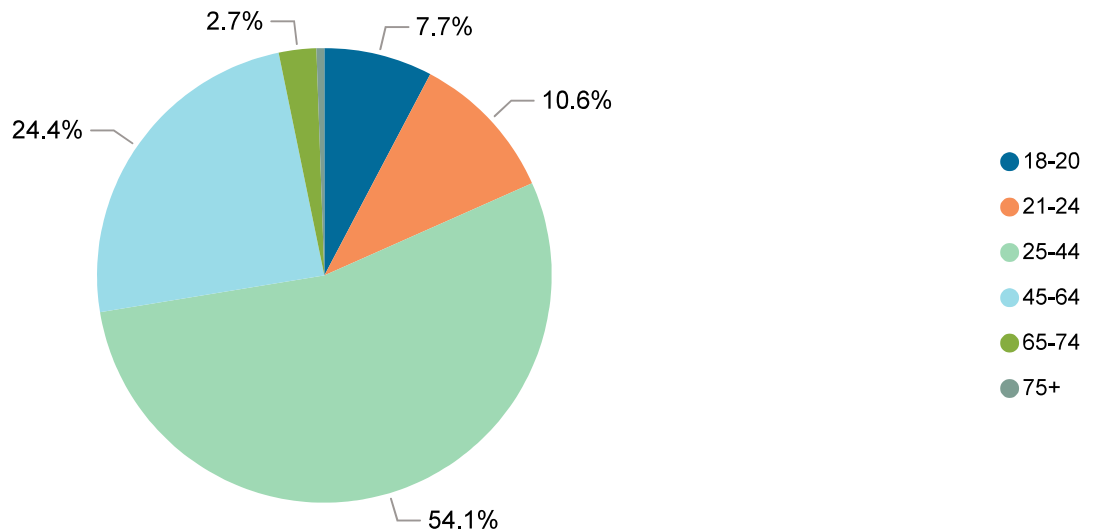


## Age

The below data reflect the age of adults served in publicly funded treatment services. Age categories follow SAMHSA guidelines for data reporting.



### Clients Served by Age



### Clients Served by Service Type and Age Group

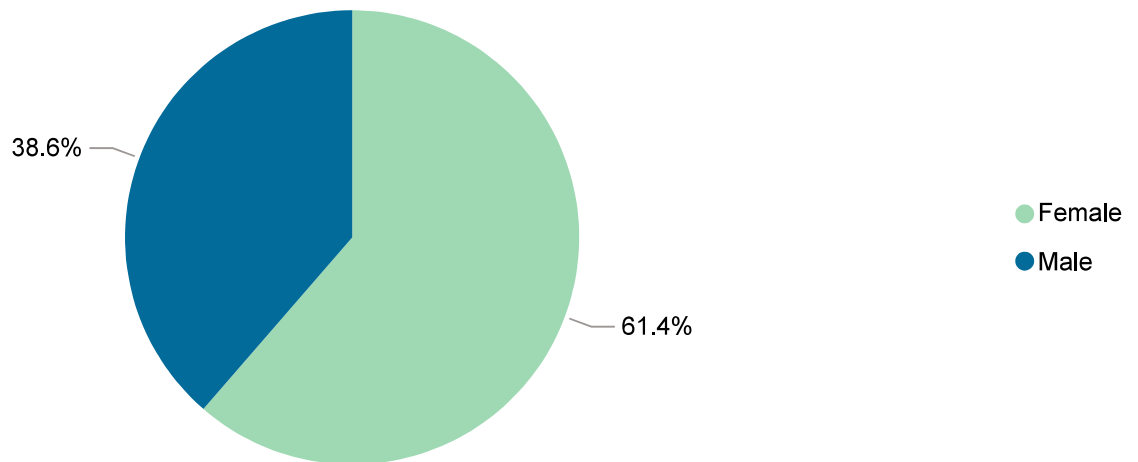
Treatment Services	18-20		21-24		25-44		45-64		65-74		75+		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Child or Youth and Family Services (CYF)	14	93.3%	1	6.7%									15	100.0%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	67	5.8%	112	9.6%	623	53.5%	336	28.8%	23	2.0%	4	0.3%	1,162	100.0%
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	1	100.0%											1	100.0%
Forensic Assertive Community Treatment (FACT)	1	2.9%	5	14.7%	26	76.5%	2	5.9%					34	100.0%
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	5	11.4%	5	11.4%	24	54.5%	9	20.5%	1	2.3%			44	100.0%
Outpatient Services	68	9.4%	88	12.2%	400	55.2%	131	18.1%	29	4.0%	8	1.1%	722	100.0%
Room and Board and Other Services	9	5.5%	15	9.1%	78	47.6%	57	34.8%	5	3.0%			164	100.0%
<b>Total</b>	<b>153</b>	<b>7.7%</b>	<b>211</b>	<b>10.6%</b>	<b>1,072</b>	<b>54.1%</b>	<b>483</b>	<b>24.4%</b>	<b>53</b>	<b>2.7%</b>	<b>11</b>	<b>0.6%</b>	<b>1,978</b>	<b>100.0%</b>

## Gender



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

### Clients Served by Self-Identified Gender



### Clients Served by Service Type and Self-Identified Gender

Treatment Services	Female		Male		Total	
	N	%	N	%	N	%
Child or Youth and Family Services (CYF)	11	73.3%	4	26.7%	15	100.0%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	692	59.6%	470	40.4%	1,162	100.0%
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth			1	100.0%	1	100.0%
Forensic Assertive Community Treatment (FACT)	12	35.3%	22	64.7%	34	100.0%
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	11	25.0%	33	75.0%	44	100.0%
Outpatient Services	490	67.9%	232	32.1%	722	100.0%
Room and Board and Other Services	94	57.3%	70	42.7%	164	100.0%
<b>Total</b>	<b>1,214</b>	<b>61.4%</b>	<b>764</b>	<b>38.6%</b>	<b>1,978</b>	<b>100.0%</b>

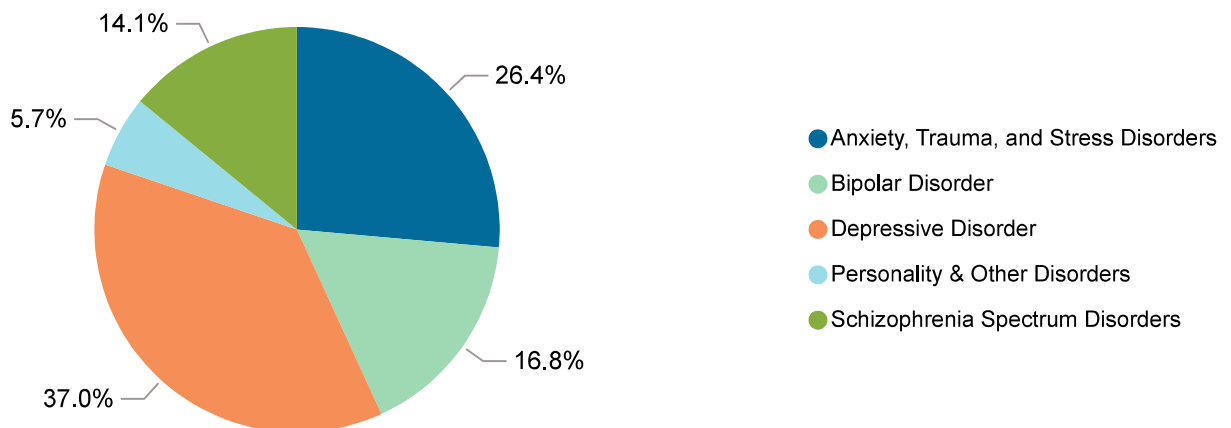
## Primary Diagnosis

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 Depressive Disorder, followed by Anxiety, Trauma, and Stress Disorders.



### Clients Served for Each Primary Diagnosis



### Diagnosis by Service Type

Treatment Services	Anxiety, Trauma, and Stress Disorders		Bipolar Disorder		Depressive Disorder		Personality & Other Disorders		Schizophrenia Spectrum Disorders		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
Child or Youth and Family Services (CYF)	3	20.0%	3	20.0%	7	46.7%	2	13.3%			15	100.0%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	246	22.5%	220	20.1%	367	33.5%	55	5.0%	207	18.9%	1,091	100.0%
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth							1	100.0%			1	100.0%
Forensic Assertive Community Treatment (FACT)	11	40.7%	3	11.1%	5	18.5%			8	29.6%	27	100.0%
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	1	2.5%	5	12.5%	5	12.5%	1	2.5%	28	70.0%	40	100.0%
Outpatient Services	228	33.6%	82	12.1%	308	45.4%	43	6.3%	18	2.7%	677	100.0%
Room and Board and Other Services	24	15.7%	28	18.3%	47	30.7%	11	7.2%	43	28.1%	153	100.0%
<b>Total</b>	<b>489</b>	<b>26.4%</b>	<b>311</b>	<b>16.8%</b>	<b>686</b>	<b>37.0%</b>	<b>106</b>	<b>5.7%</b>	<b>261</b>	<b>14.1%</b>	<b>1,847</b>	<b>100.0%</b>

## Living Situation

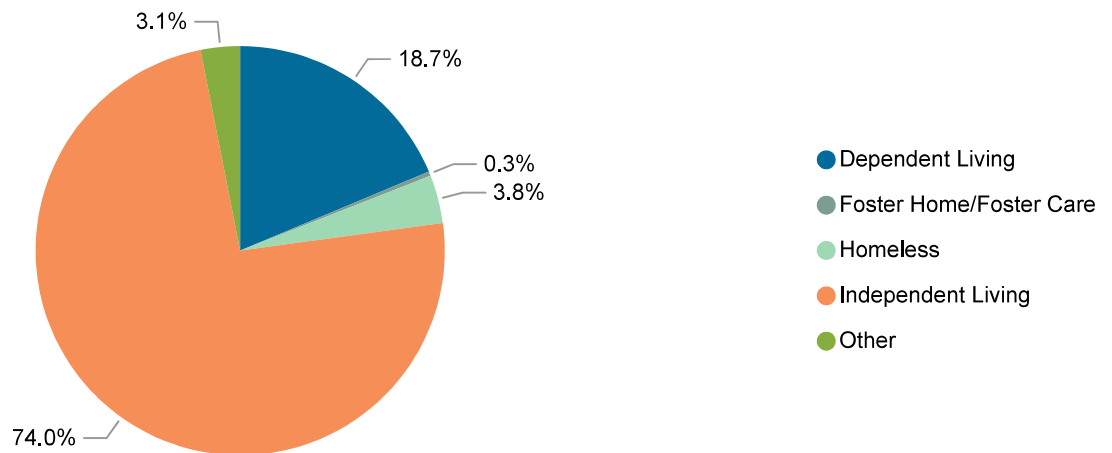
The data below reflect the living situations of adults served in publicly funded treatment services.



The national rate of homelessness for adult clients was 5.7%.

Most adults served in publicly funded treatment services reported a stable living situation at their most recent update.

### Housing Situation for Clients at Most Recent Update



### Clients Who Reported Homelessness at Admission, First Update, and Most Recent Update

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average of Most Recent Update
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	275	12.3%	3.2%	3.2%
Forensic Assertive Community Treatment (FACT)	4	16.7%	0.0%	0.0%
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	6	16.7%	11.1%	11.1%
Outpatient Services	1	0.0%	0.0%	0.0%
Room and Board and Other Services	16	6.3%	5.3%	5.3%
<b>Total</b>	<b>284</b>	<b>12.6%</b>	<b>3.4%</b>	<b>3.4%</b>

## Employment

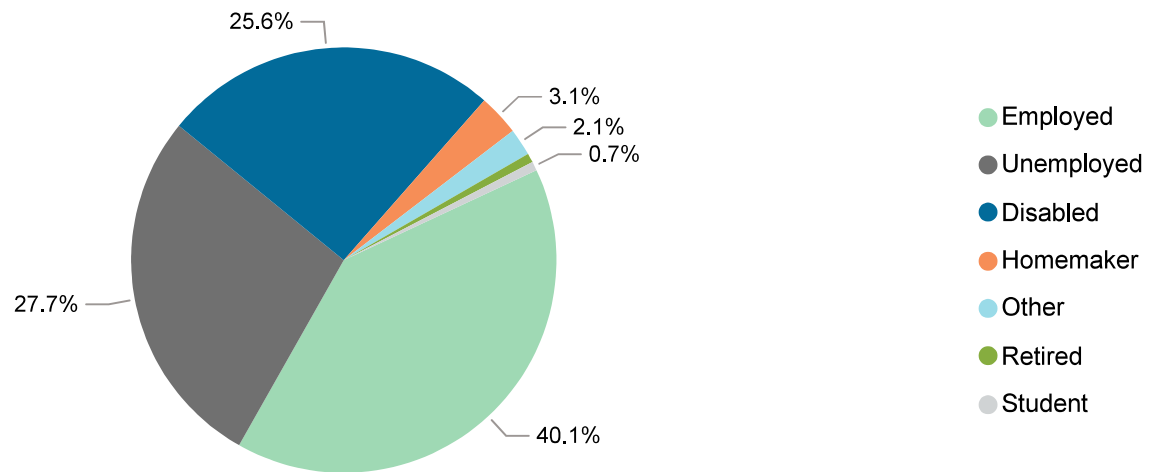
The data below reflect the employment status of adults served in publicly funded treatment services.



The national rate of employment for adult clients was 28%.

At most recent update, the majority of adult clients were employed or otherwise not in the labor market.

### Employment Situation for Clients at Most Recent Update



### Client Employment at Admission, First Update, and Most Recent Update

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	275	29.9%	40.8%	40.8%
Forensic Assertive Community Treatment (FACT)	4	0.0%	50.0%	50.0%
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	6	0.0%	0.0%	0.0%
Outpatient Services	1	0.0%	0.0%	0.0%
Room and Board and Other Services	16	12.5%	21.1%	21.1%
<b>Total</b>	<b>284</b>	<b>28.9%</b>	<b>39.6%</b>	<b>39.6%</b>

## Arrest History

Clients are asked at the start of treatment and at their most recent update, "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 most recent update are included.

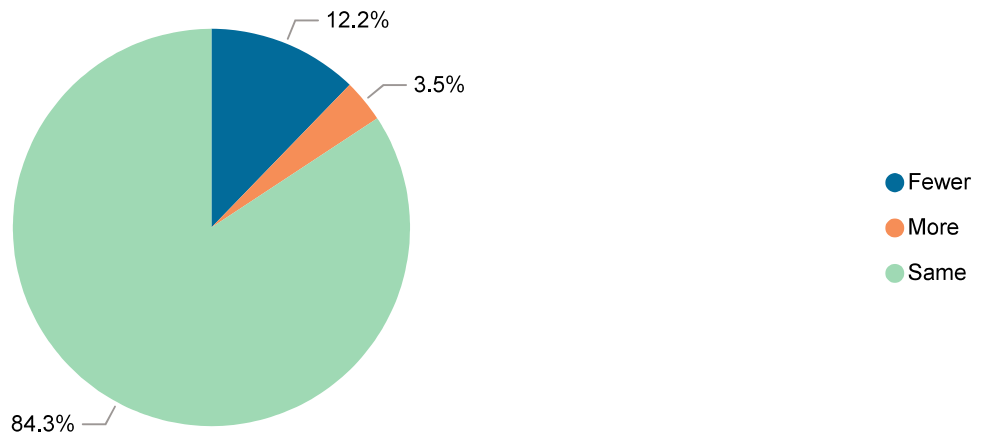
Client responses on these surveys are then broken out by the type of treatment service they received.



The national rate of adult clients with at least one arrest was 11%.

At most recent update, adults served in publicly funded treatment services reported a decrease in arrests in the past 30 days.

### Clients Who Had More, Fewer, or the Same Number of Arrests at Most Recent Update Compared to Admission



### Percent of Clients With at Least One Arrest Within the Past 30 Days

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	246	13.3%	4.3%	4.3%
Forensic Assertive Community Treatment (FACT)	2	50.0%	0.0%	0.0%
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	5	16.7%	33.3%	33.3%
Room and Board and Other Services	16	16.7%	11.1%	11.1%
<b>Total</b>	<b>253</b>	<b>13.6%</b>	<b>4.9%</b>	<b>4.9%</b>

## General Health

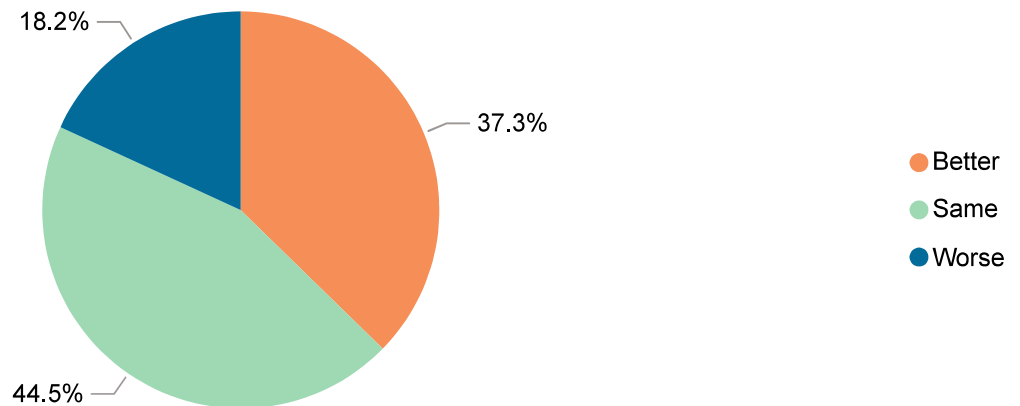


Clients are asked at the start of treatment and at their most recent update, "Would you say that in general your health is?" Clients could answer in a range from 1-"Poor" to 5-"Excellent". Only clients who completed this question at time of admission and time of most recent update are included.

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 Most Recent Update 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 First Update	Average Most Recent Update	Change	Percent Change
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	251	2.54	2.76	2.76	0.22	8.6%
Forensic Assertive Community Treatment (FACT)	3	3.33	4.00	4.00	0.67	20.0%
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	5	3.00	3.17	3.17	0.17	5.6%
Room and Board and Other Services	16	2.78	2.61	2.61	-0.17	-6.0%
<b>Total</b>	<b>259</b>	<b>2.56</b>	<b>2.78</b>	<b>2.78</b>	<b>0.22</b>	<b>8.7%</b>

## Physical Health

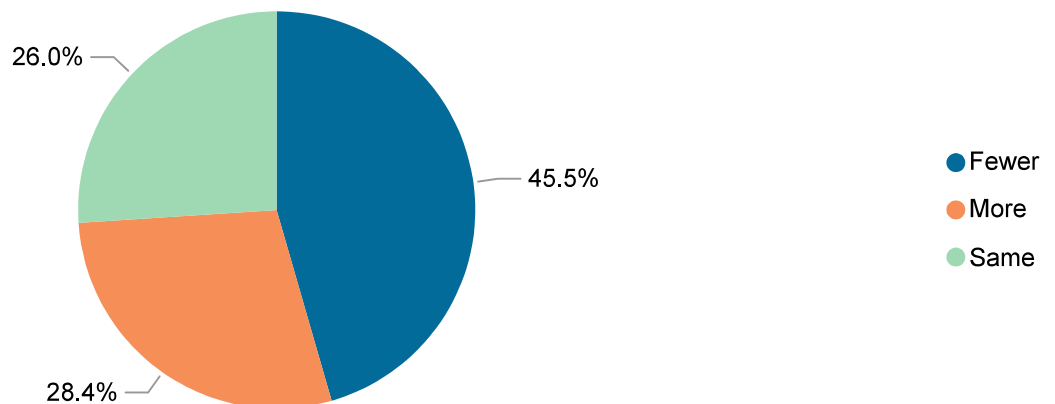


Clients are asked at the start of treatment and at their most recent update, "Now thinking about your physical health, which includes physical illness and injury, how many days during the past 30 days was your physical health not good?" Only clients who completed this question at time of admission and time of most recent update 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 Most Recent Update 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 First Update	Average Most Recent Update	Change	Percent Change
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	251	10.37	7.84	7.84	-2.53	-24.4%
Forensic Assertive Community Treatment (FACT)	3	0.33	0.00	0.00	-0.33	-100.0%
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	5	1.33	3.67	3.67	2.33	175.0%
Room and Board and Other Services	16	16.67	13.39	13.39	-3.28	-19.7%
<b>Total</b>	<b>259</b>	<b>10.08</b>	<b>7.67</b>	<b>7.67</b>	<b>-2.41</b>	<b>-23.9%</b>



## Mental Health

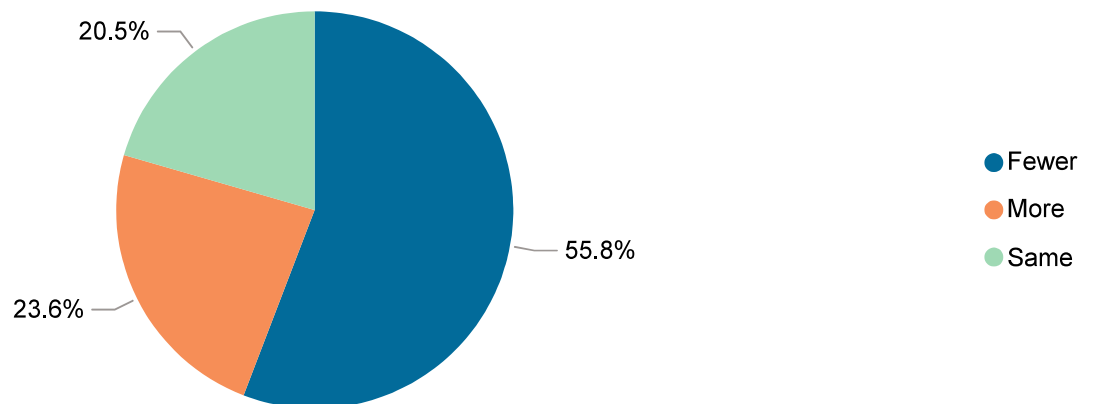


Clients are asked at the start of treatment and at their most recent update, "Now thinking about your mental health, which includes stress, depression, and problems with emotions, how many days during the past 30 days was your mental health not good?" Only clients who completed this question at time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

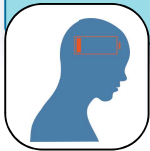
### Clients Who Had More, Fewer, or the Same Number of Days Spent in Poor Mental Health at Most Recent Update Compared to Admission



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	251	18.88	12.77	12.77	-6.11	-32.4%
Forensic Assertive Community Treatment (FACT)	3	20.00	10.00	10.00	-10.00	-50.0%
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	5	7.83	10.67	10.67	2.83	36.2%
Room and Board and Other Services	16	17.11	14.06	14.06	-3.06	-17.9%
<b>Total</b>	<b>259</b>	<b>18.66</b>	<b>12.70</b>	<b>12.70</b>	<b>-5.97</b>	<b>-32.0%</b>

## Physical or Mental Health Prevented Normal Activities

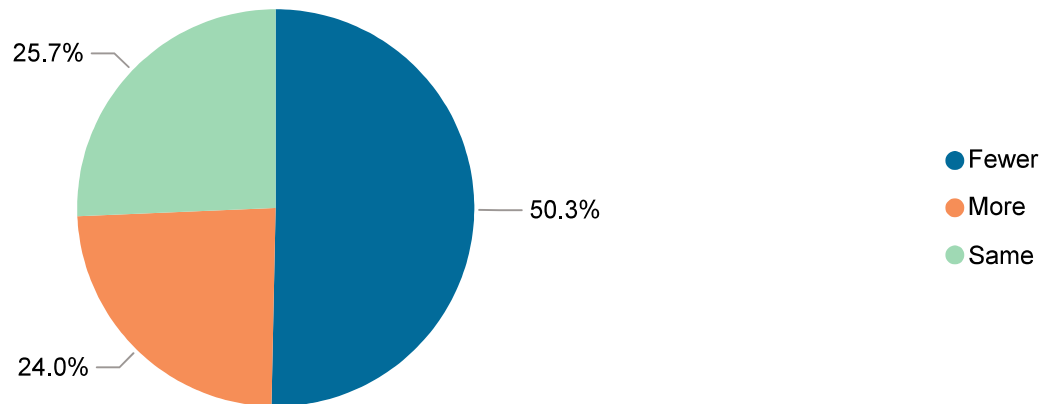


Clients are asked at the start of treatment and at their most recent update, "During the past 30 days, approximately how many days did your poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?" Only clients who completed this question at time of admission and time of most recent update 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 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 Most Recent Update Compared to Admission



### Number of Days Poor Physical or Mental Health Prevented Normal Activities

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	251	13.08	8.33	8.33	-4.75	-36.3%
Forensic Assertive Community Treatment (FACT)	3	2.67	0.67	0.67	-2.00	-75.0%
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	5	6.50	6.17	6.17	-0.33	-5.1%
Room and Board and Other Services	16	16.72	8.72	8.72	-8.00	-47.8%
<b>Total</b>	<b>259</b>	<b>12.84</b>	<b>8.21</b>	<b>8.21</b>	<b>-4.63</b>	<b>-36.1%</b>

## Reported Attempts to Die by Suicide



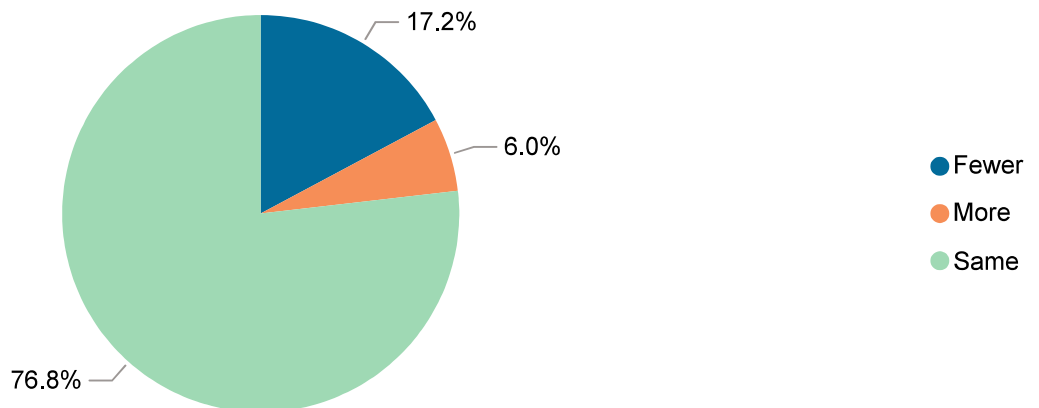
If you, or someone you know, is in need of crisis support, or experiencing emotional distress, call or text 988, or chat at <https://988lifeline.org/>.

Clients are asked at the start of treatment and at their most recent update, "How many times have you tried to commit suicide in the past 6 months?" Only clients who completed this question at time of admission and time of most recent update 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.

At most recent update, adults served in publicly funded treatment services reported a decrease in attempts to die by suicide in the past 6 months.

Clients Who Had More, Fewer, or the Same Number of Attempts to Die by Suicide at Most Recent Update Compared to Admission



In the Past 6 Months How Many Times Have You Attempted to Die by Suicide?

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	247	0.53	0.29	0.29	-0.24	-45.9%
Forensic Assertive Community Treatment (FACT)	3	0.67	0.00	0.00	-0.67	-100.0%
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	5	0.17	0.67	0.67	0.50	300.0%
Room and Board and Other Services	16	0.00	0.28	0.28	0.28	Infinity
<b>Total</b>	<b>255</b>	<b>0.52</b>	<b>0.29</b>	<b>0.29</b>	<b>-0.23</b>	<b>-44.3%</b>

## Visits to Emergency Department



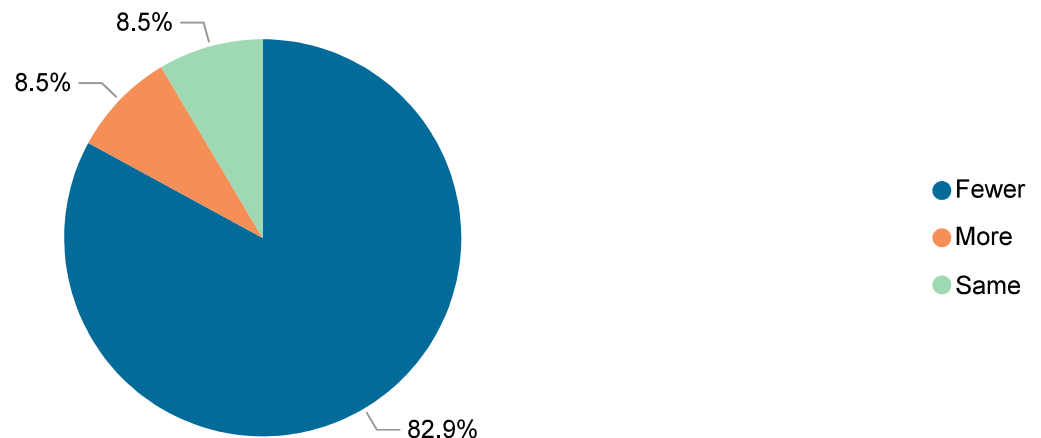
Clients are asked at the start of treatment and at their most recent update, "How many times have you gone to an emergency room for a psychiatric or emotional problem in the past 6 months?" Only clients who completed this question at time of admission and time of most recent update are included.

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.

At most recent update, adults served in publicly funded treatment services reported a decrease in emergency department visits in the past 6 months.

### Clients Who Had More, Fewer, or the Same Number of Visits to the Emergency Department at Most Recent Update Compared to Admission



### How Many Times in the Past 6 Months Have You Visited the Emergency Department?

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	70	2.83	1.33	1.33	-1.50	-52.9%
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	4	10.25	1.00	1.00	-9.25	-90.2%
Room and Board and Other Services	6	6.75	0.63	0.63	-6.13	-90.7%
<b>Total</b>	<b>74</b>	<b>3.20</b>	<b>1.32</b>	<b>1.32</b>	<b>-1.88</b>	<b>-58.8%</b>

## Detoxification Services



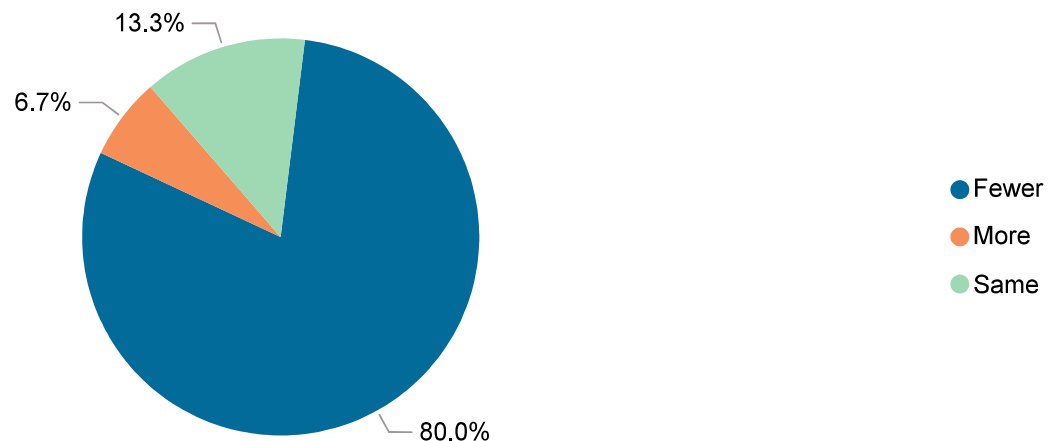
Clients are asked at the start of treatment and at their most recent update, "How many nights have you spent in a facility for detoxification in the past 6 months?" Only clients who completed this question at time of admission and time of most recent update are included.

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.

At most recent update, adults served in publicly funded treatment services reported an increase in nights spent in a detox facility in the past 6 months.

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



### How Many Nights in the Past 6 Months Have You Spent in a Facility for Detoxification?

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	12	10.93	17.29	17.29	6.36	58.2%
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	1	1.00	0.00	0.00	-1.00	-100.0%
Room and Board and Other Services	1	1.00	0.00	0.00	-1.00	-100.0%
<b>Total</b>	<b>13</b>	<b>10.27</b>	<b>16.13</b>	<b>16.13</b>	<b>5.87</b>	<b>57.1%</b>

## Inpatient Substance Use Disorder Treatment Services

Clients are asked at the start of treatment and at their most recent update, "How many nights have you spent in a facility for inpatient/residential substance use disorder treatment in the past 6 months?" Only clients who completed this question at time of admission and time of most recent update are included.

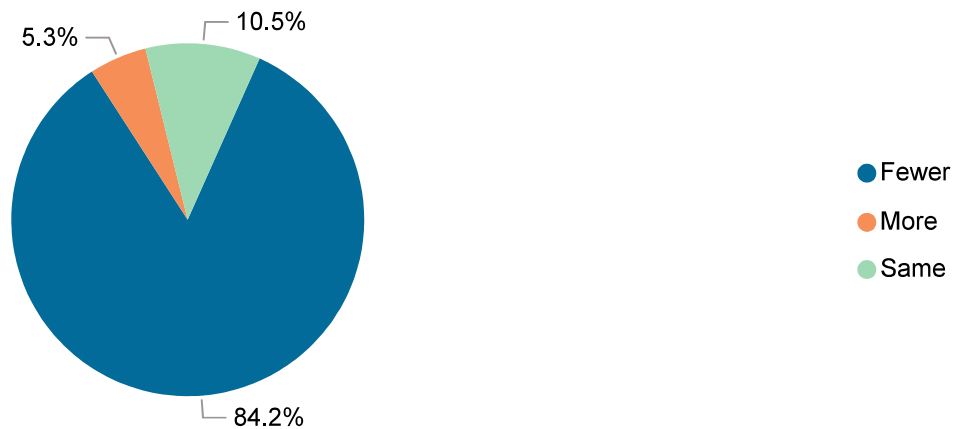
Clients who had at least one night in a facility for substance use treatment prior to receiving treatment services are included.

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.

At most recent update, adults served in publicly funded treatment services reported a decrease in nights spent in an inpatient substance use disorder facility in the past 6 months.



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



How Many Nights in the Past 6 Months Have You Spent in a Facility for Inpatient/Residential Substance Use Disorder Treatment?

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	16	15.39	6.67	6.67	-8.72	-56.7%
Forensic Assertive Community Treatment (FACT)	1	1.00	90.00	90.00	89.00	8900.0%
<b>Total</b>	<b>17</b>	<b>14.63</b>	<b>11.05</b>	<b>11.05</b>	<b>-3.58</b>	<b>-24.5%</b>

## Hospital Admissions for Mental Health Care



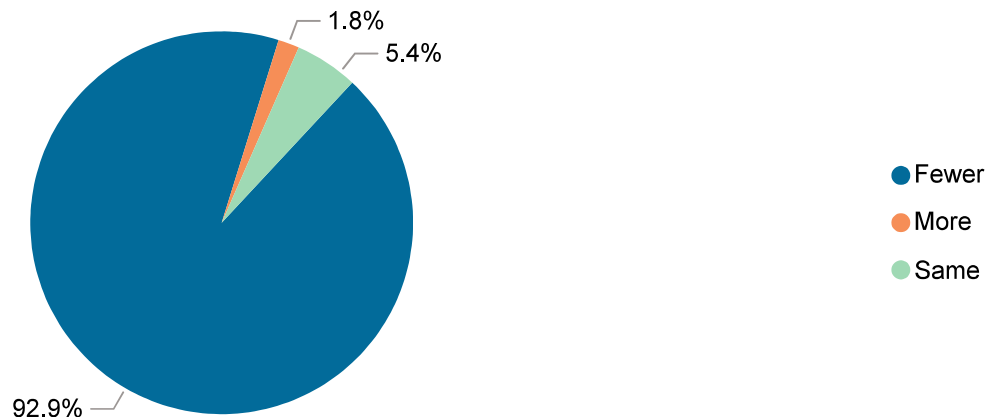
Clients are asked at the start of treatment and at their most recent update, "How many nights have you spent in a facility for mental health care in the past 6 months?" Only clients who completed this question at time of admission and time of most recent update are included.

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.

At most recent update, adults served in publicly funded treatment services reported a decrease in hospital admissions for mental health care in the past 6 months.

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



How Many Nights in the Past 6 Months Have You Spent in a Facility for Mental Health Care?

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	49	11.57	2.62	2.62	-8.94	-77.3%
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	3	50.67	5.67	5.67	-45.00	-88.8%
Room and Board and Other Services	4	16.60	5.40	5.40	-11.20	-67.5%
<b>Total</b>	<b>52</b>	<b>13.66</b>	<b>2.79</b>	<b>2.79</b>	<b>-10.88</b>	<b>-79.6%</b>



## Illness, Injury, or Surgery



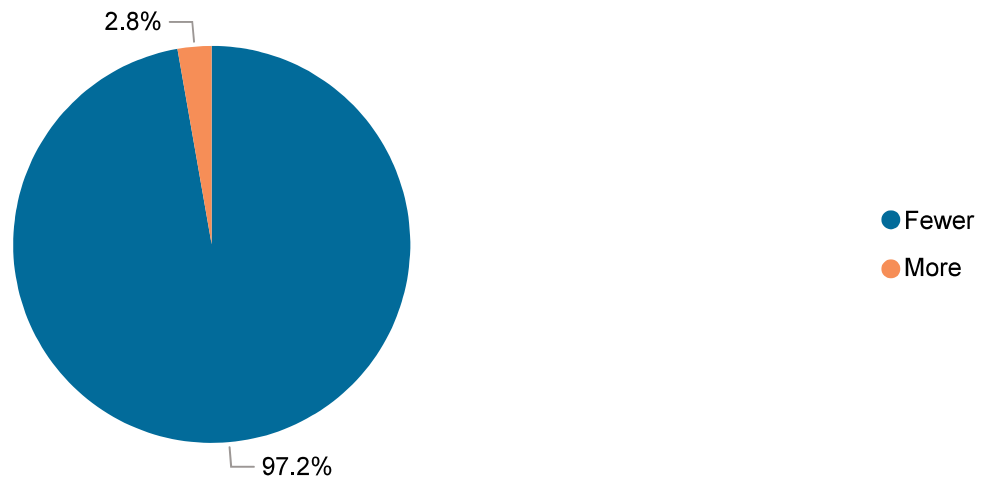
Clients are asked at the start of treatment and at their most recent update, "How many night have you spent in a facility for illness, injury, or surgery in the past 6 months?" Only clients who completed this question at time of admission and time of most recent update are included.

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.

At most recent update, adults served in publicly funded treatment services reported a decrease in nights spent in a facility for illness, injury, or surgery in the past 6 months.

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



How Many Nights in the Past 6 Months Have You Spent in a Facility for Illness, Injury, or Surgery?

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	31	6.91	0.29	0.29	-6.63	-95.9%
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	1	1.00	0.00	0.00	-1.00	-100.0%
Room and Board and Other Services	3	11.25	0.00	0.00	-11.25	-100.0%
<b>Total</b>	<b>32</b>	<b>6.75</b>	<b>0.28</b>	<b>0.28</b>	<b>-6.47</b>	<b>-95.9%</b>



## Nights Spent in Correctional Facility



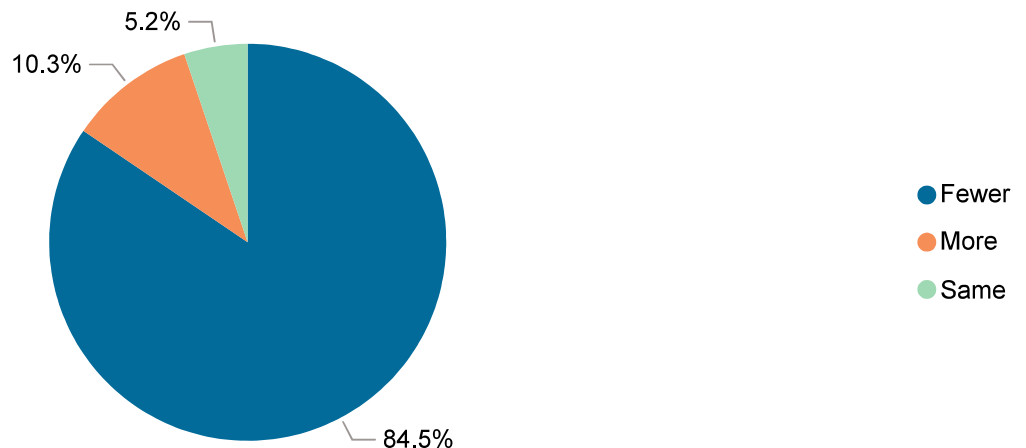
Clients are asked at the start of treatment and at their most recent update, "How many nights have you spent in a correctional facility including jail or prisons (as a result of an arrest, parole or probation violation) in the past 6 months?" Only clients who completed this question at time of admission and time of most recent update 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.

At most recent update, adults served in publicly funded treatment services reported a decrease in nights spent in a correctional facility in the past 6 months.

### Clients Who Had More, Fewer, or the Same Number of Nights in a Correctional Facility at Most Recent Update Compared to Admission



### How Many Nights in the Past 6 Months Have You Spent in a Correctional Facility?

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	47	29.87	6.33	6.33	-23.54	-78.8%
Forensic Assertive Community Treatment (FACT)	3	22.00	90.00	90.00	68.00	309.1%
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	1	150.00	0.00	0.00	-150.00	-100.0%
Room and Board and Other Services	3	25.50	0.00	0.00	-25.50	-100.0%
<b>Total</b>	<b>51</b>	<b>31.53</b>	<b>10.55</b>	<b>10.55</b>	<b>-20.98</b>	<b>-66.5%</b>

## General Satisfaction with Services

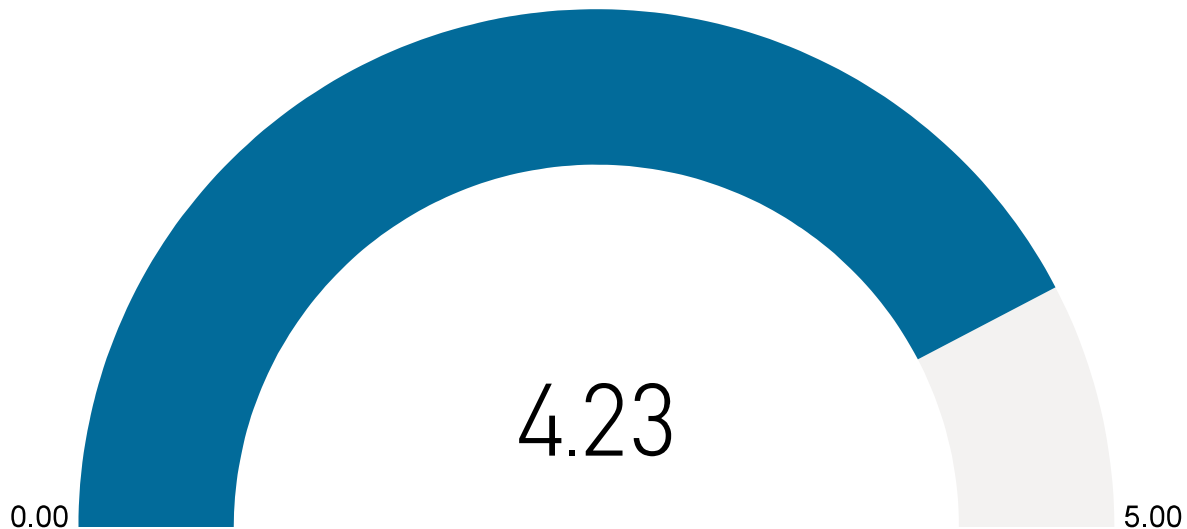


Clients are asked at their most recent update to rate how strongly they agree with three different questions pertaining to their overall satisfaction with treatment services they received. The average of these three responses is given below. To see specific questions, please see Appendix B.

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	Average First Update	Average Most Recent Update
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	275	4.25	4.25
Forensic Assertive Community Treatment (FACT)	4	4.25	4.25
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	6	3.74	3.74
Outpatient Services	1	4.00	4.00
Room and Board and Other Services	16	3.98	3.98
<b>Total</b>	<b>284</b>	<b>4.23</b>	<b>4.23</b>

## Improved Functioning



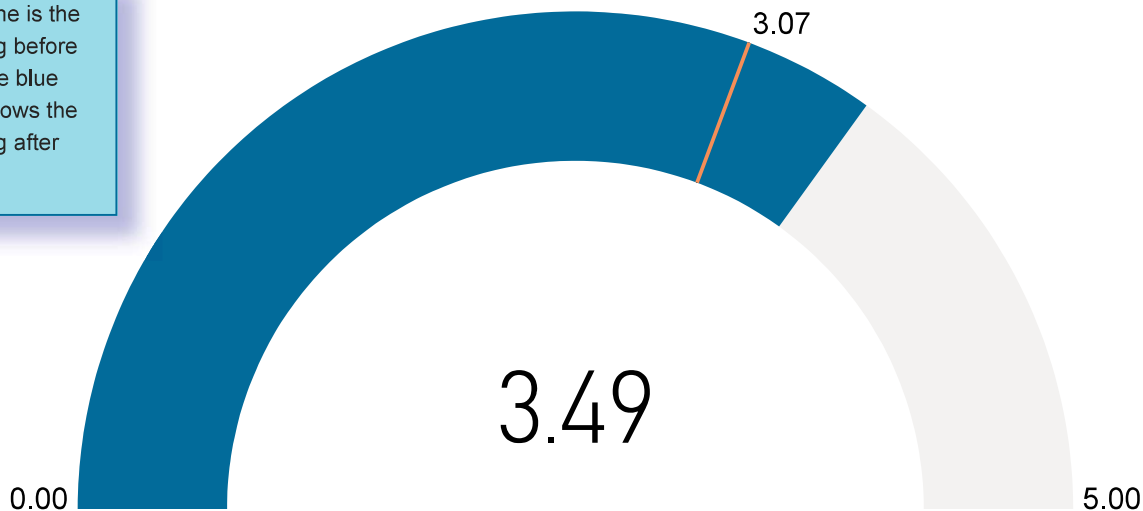
Clients are asked at their most recent update to rate how strongly they agree with four different questions pertaining to their perception of their mental health and social well-being before and after the services they received. The average of these four responses is given below. To see specific questions,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

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

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

### Improved Functioning

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	251	3.06	3.48	3.48	0.42	13.6%
Forensic Assertive Community Treatment (FACT)	3	3.92	4.08	4.08	0.17	4.3%
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	5	2.92	3.92	3.92	1.00	34.3%
Room and Board and Other Services	16	3.19	3.42	3.42	0.22	7.0%
<b>Total</b>	<b>259</b>	<b>3.07</b>	<b>3.49</b>	<b>3.49</b>	<b>0.43</b>	<b>13.9%</b>

## Social Connectedness



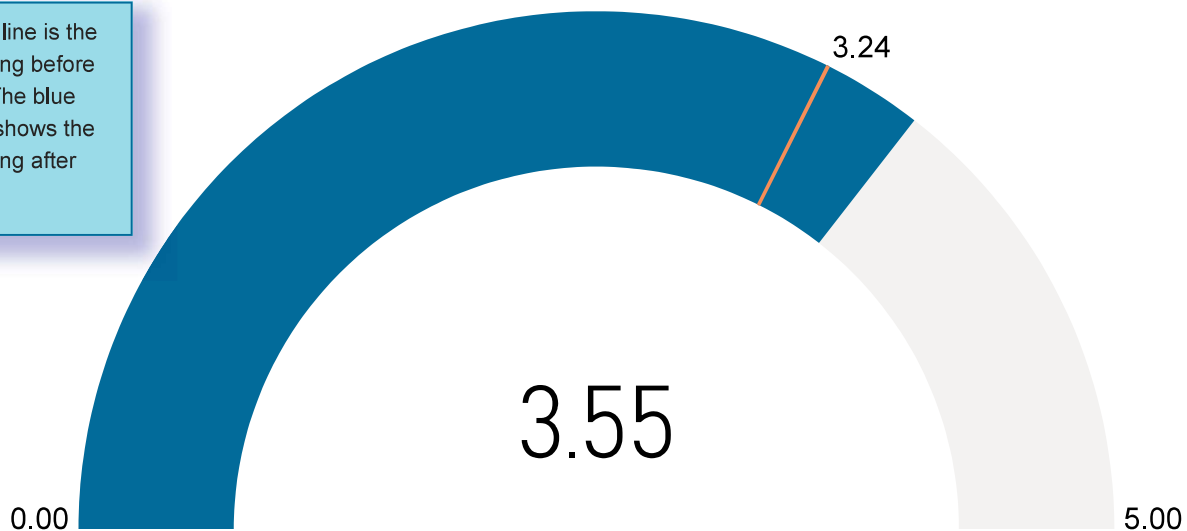
Clients are asked at their most recent update to rate how strongly they agree with four different questions pertaining to their connections with their family, friends, and community. The average of these four responses is given below. To see specific questions, please see Appendix B.

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

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

### Social Connectedness

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	251	3.23	3.54	3.54	0.31	9.6%
Forensic Assertive Community Treatment (FACT)	3	4.33	4.08	4.08	-0.25	-5.8%
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	5	3.17	3.92	3.92	0.75	23.7%
Room and Board and Other Services	16	3.29	3.63	3.63	0.33	10.1%
<b>Total</b>	<b>259</b>	<b>3.24</b>	<b>3.55</b>	<b>3.55</b>	<b>0.31</b>	<b>9.7%</b>

## Participation in Treatment Planning

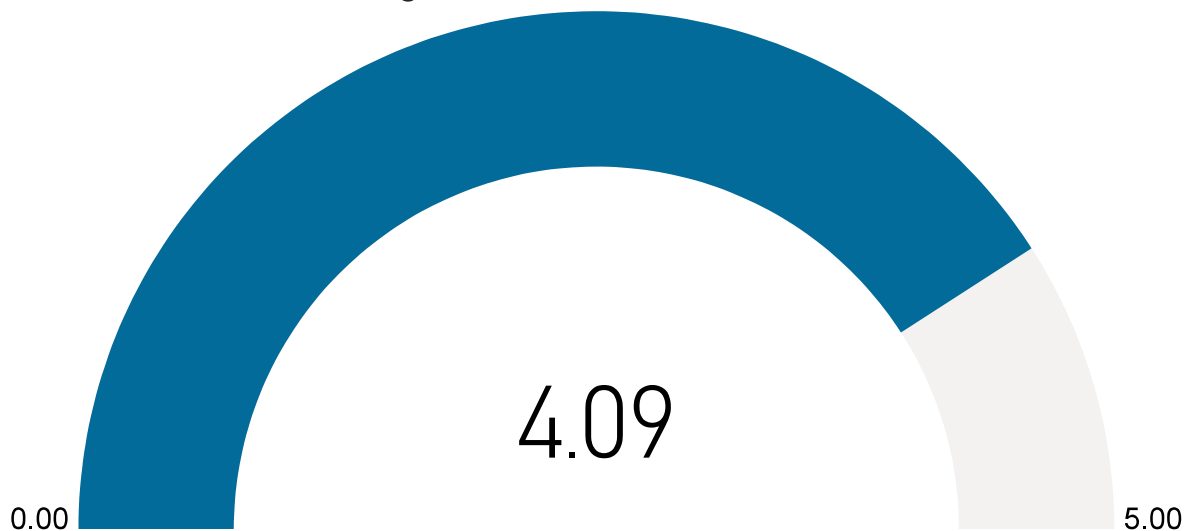


Clients are asked at their most recent update to rate how strongly they agree with two different questions pertaining to their participation in treatment planning for services they received. The average of these two responses is given below. To see specific questions, please see Appendix B.

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 their treatment planning.

### Participation in Treatment Planning



Participation in Treatment Planning Ratings: 0-Refused to Respond; 1-Strongly Disagree; 2-Disagree; 3-Undecided; 4-Agree; 5-Strongly Agree

Treatment Services	Unduplicated Client Count	Average First Update	Average Most Recent Update
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	275	4.10	4.10
Forensic Assertive Community Treatment (FACT)	4	4.25	4.25
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	6	3.83	3.83
Outpatient Services	1	4.00	4.00
Room and Board and Other Services	16	3.87	3.87
<b>Total</b>	<b>284</b>	<b>4.09</b>	<b>4.09</b>

## Access to Services

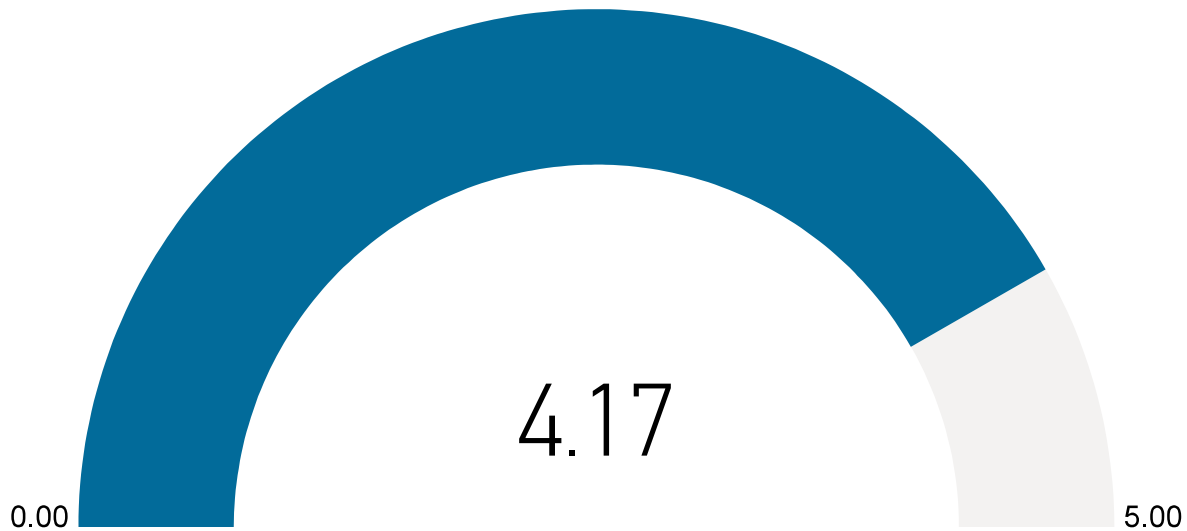
Clients are asked at their most recent update to rate how strongly they agree with five different questions pertaining to the ease and convenience of accessing the services they received. The average of these five responses is given below. To see specific questions, please see Appendix B.

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.



### Access to Services



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

Treatment Services	Unduplicated Client Count	Average First Update	Average Most Recent Update
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	275	4.18	4.18
Forensic Assertive Community Treatment (FACT)	4	4.25	4.25
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	6	3.87	3.87
Outpatient Services	1	4.00	4.00
Room and Board and Other Services	16	3.91	3.91
<b>Total</b>	<b>284</b>	<b>4.17</b>	<b>4.17</b>

## Quality and Appropriateness

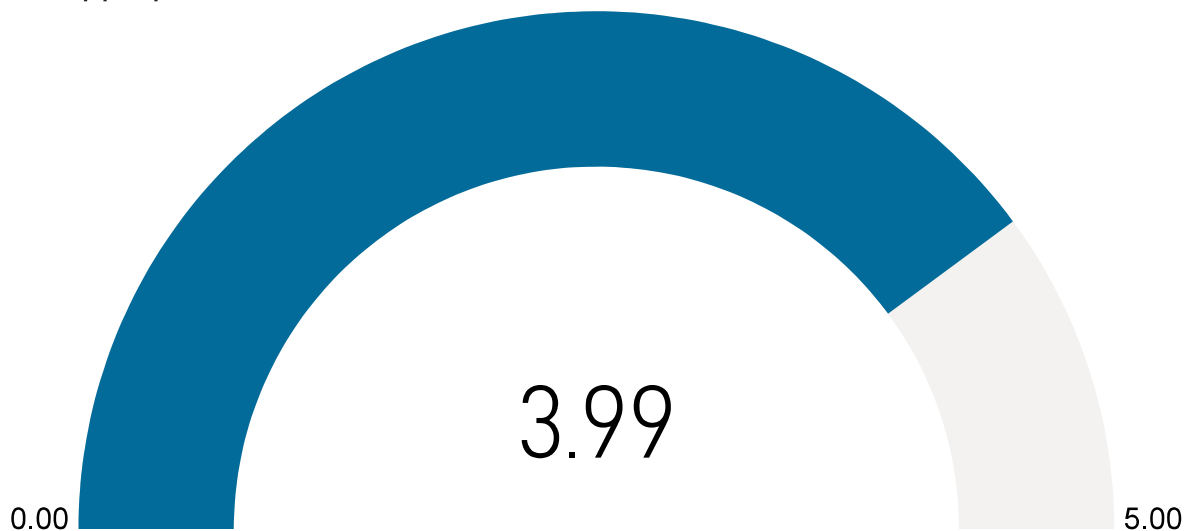


Clients are asked at their most recent update to rate how strongly they agree with eight different questions pertaining to the quality and appropriateness of the services they received. The average of these eight responses is given below. To see specific questions, please see Appendix B.

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 high quality and appropriateness of services.

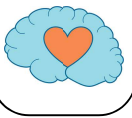
### Quality and Appropriateness of Services



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

Treatment Services	Unduplicated Client Count	Average First Update	Average Most Recent Update
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	275	3.99	3.99
Forensic Assertive Community Treatment (FACT)	4	4.28	4.28
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	6	3.96	3.96
Outpatient Services	1	3.63	3.63
Room and Board and Other Services	16	3.47	3.47
<b>Total</b>	<b>284</b>	<b>3.99</b>	<b>3.99</b>

## Outcomes

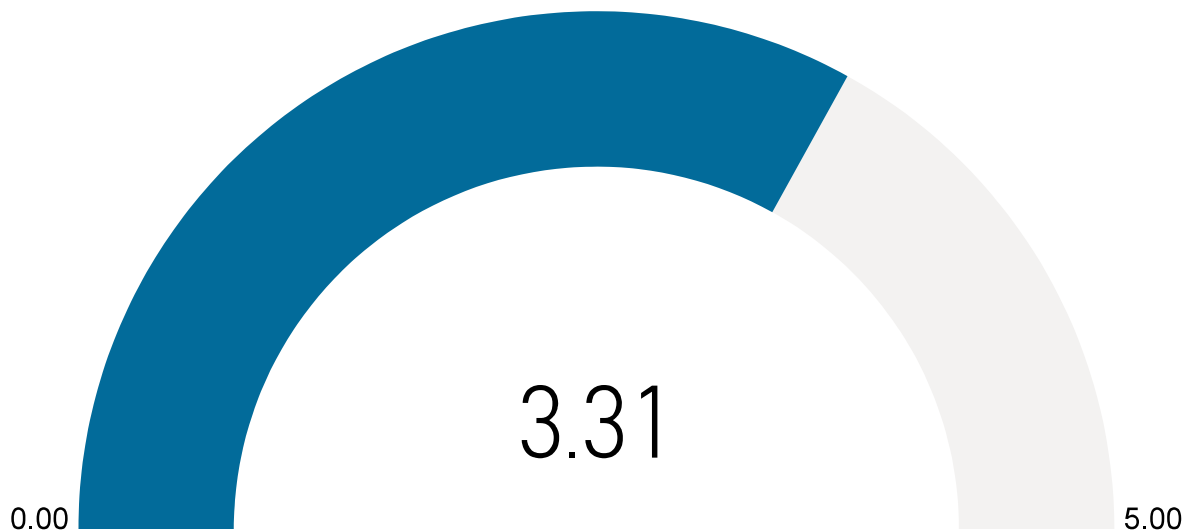


Clients are asked at their most recent update to rate how strongly they agree with eight different questions pertaining to the outcomes of services they received. The average of these eight responses is given below. To see specific questions, please see Appendix B.

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 good outcomes as a result of services received.

### Outcomes of Services



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

Treatment Services	Unduplicated Client Count	Average First Update	Average Most Recent Update
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	275	3.29	3.29
Forensic Assertive Community Treatment (FACT)	4	4.34	4.34
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	6	3.69	3.69
Outpatient Services	1	2.88	2.88
Room and Board and Other Services	16	2.95	2.95
<b>Total</b>	<b>284</b>	<b>3.31</b>	<b>3.31</b>

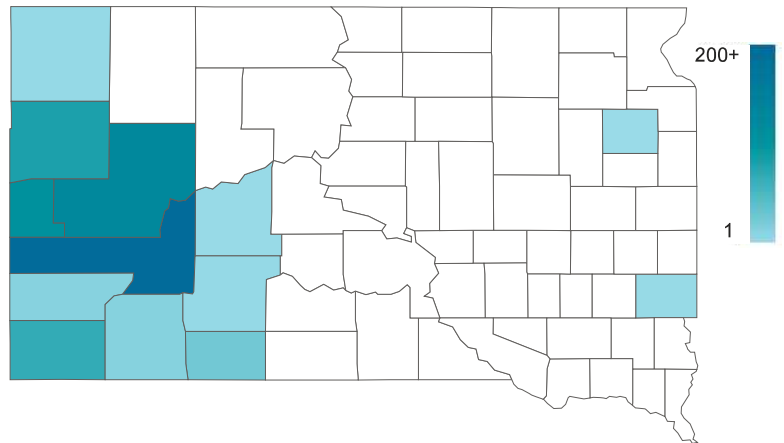


# Youth MH Treatment Services

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## Youth MH Treatment Services

County of Residence for Clients Who Received Publicly Funded Services



### Treatment Services

	Publicly Funded Clients Served	Average Duration of Treatment (Days)
Child or Youth and Family Services (CYF)	866	261
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	24	582
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	2	0
Intensive Family Services (IFS)	3	427
Outpatient Services	31	193
Room and Board and Other Services	7	49

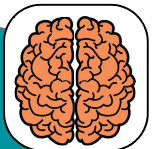


Unduplicated Clients Served  
(Publicly Funded)

916

Publicly Funded Clients Served with  
Serious Emotional Disturbance (SED)

855



Veterans Served (Publicly Funded)

2

Publicly Funded Clients Who  
Successfully Completed Treatment

198



Clients described in this section started services when they were under 18 years of age. When a client turns 18, they are eligible to receive adult services and so a client may transfer from a youth service to an adult service during the treatment episode to best meet their needs. In the US, a 17 year old can serve in the military with guardian consent.

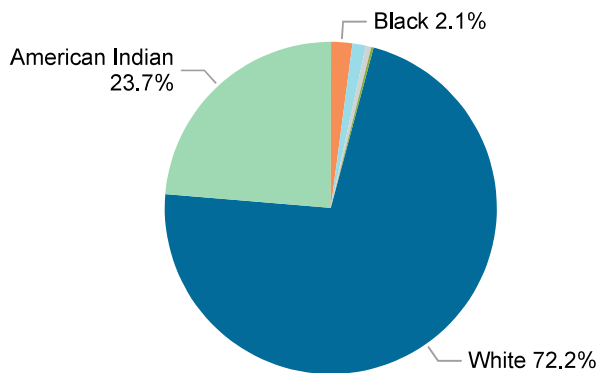
## Race & Ethnicity

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

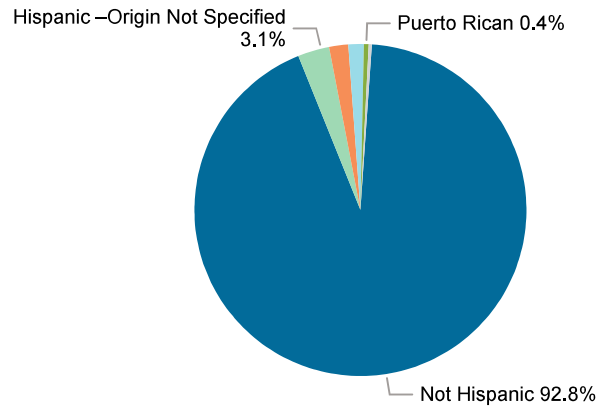


According to the U.S. Census Bureau, 84.2% of South Dakotans identify as White, 8.5% identify as American Indian, and 5.1% identify as Hispanic.

### Clients Served by Race



### Clients Served by Ethnicity



### Clients Served by Service Type and Race

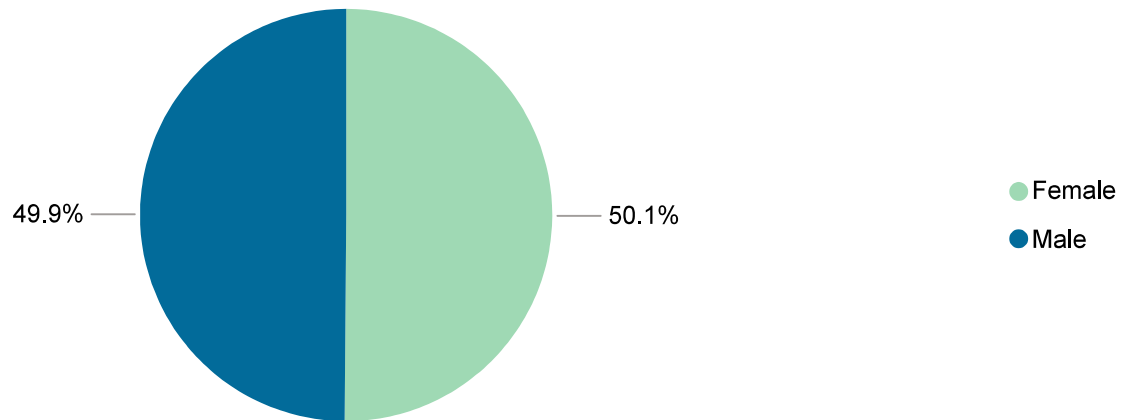
Treatment Services	2+ Races		American Indian		Asian		Black		Other		White		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Child or Youth and Family Services (CYF)	2	0.2%	213	24.6%	4	0.5%	18	2.1%	12	1.4%	617	71.2%	866	100.0%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)			2	8.3%							22	91.7%	24	100.0%
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)											2	100.0%	2	100.0%
Intensive Family Services (IFS)											3	100.0%	3	100.0%
Outpatient Services			2	6.5%	1	3.2%	1	3.2%			27	87.1%	31	100.0%
Room and Board and Other Services											7	100.0%	7	100.0%
<b>Total</b>	<b>2</b>	<b>0.2%</b>	<b>217</b>	<b>23.7%</b>	<b>5</b>	<b>0.5%</b>	<b>19</b>	<b>2.1%</b>	<b>12</b>	<b>1.3%</b>	<b>661</b>	<b>72.2%</b>	<b>916</b>	<b>100.0%</b>

## Gender

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



### Clients Served by Self-Identified Gender



### Clients Served by Service Type and Self-Identified Gender

Treatment Services	Female		Male		Total	
	N	%	N	%	N	%
Child or Youth and Family Services (CYF)	434	50.1%	432	49.9%	866	100.0%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	11	45.8%	13	54.2%	24	100.0%
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	2	100.0%			2	100.0%
Intensive Family Services (IFS)	2	66.7%	1	33.3%	3	100.0%
Outpatient Services	15	48.4%	16	51.6%	31	100.0%
Room and Board and Other Services	3	42.9%	4	57.1%	7	100.0%
<b>Total</b>	<b>459</b>	<b>50.1%</b>	<b>457</b>	<b>49.9%</b>	<b>916</b>	<b>100.0%</b>

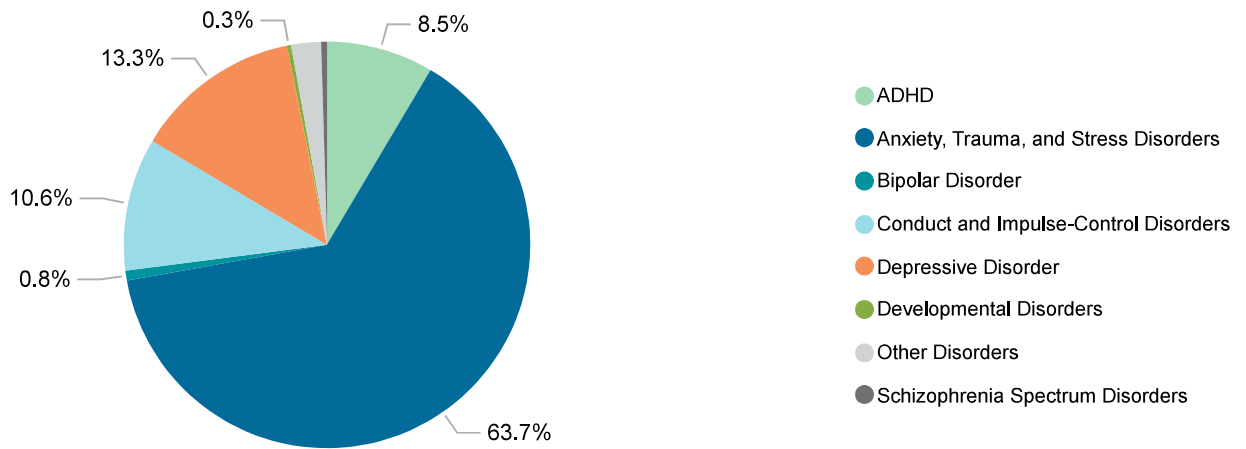
## Primary Diagnosis

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

The majority of youth served had a primary diagnosis of Anxiety, Trauma, and Stress Disorders, followed by Depressive Disorder.



### Clients Served for Each Primary Diagnosis



### Diagnosis by Service Type

Treatment Services	ADHD		Anxiety, Trauma, and Stress Disorders		Bipolar Disorder		Conduct and Impulse-Control Disorders		Depressive Disorder		Developmental Disorders		Other Disorders		Schizophrenia Spectrum Disorders		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Child or Youth and Family Services (CYF)	69	8.3%	540	64.9%	4	0.5%	90	10.8%	107	12.9%			21	2.5%	1	0.1%	832	100.0%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	3	12.5%	6	25.0%	2	8.3%	2	8.3%	7	29.2%	2	8.3%			2	8.3%	24	100.0%
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)			1	50.0%											1	50.0%	2	100.0%
Intensive Family Services (IFS)							1	50.0%	1	50.0%							2	100.0%
Outpatient Services	4	13.8%	16	55.2%	2	6.9%	1	3.4%	4	13.8%	1	3.4%	1	3.4%			29	100.0%
Room and Board and Other Services	1	14.3%	2	28.6%					1	14.3%	1	14.3%			2	28.6%	7	100.0%
<b>Total</b>	<b>75</b>	<b>8.5%</b>	<b>561</b>	<b>63.7%</b>	<b>7</b>	<b>0.8%</b>	<b>93</b>	<b>10.6%</b>	<b>117</b>	<b>13.3%</b>	<b>3</b>	<b>0.3%</b>	<b>21</b>	<b>2.4%</b>	<b>4</b>	<b>0.5%</b>	<b>881</b>	<b>100.0%</b>

## Living Situation

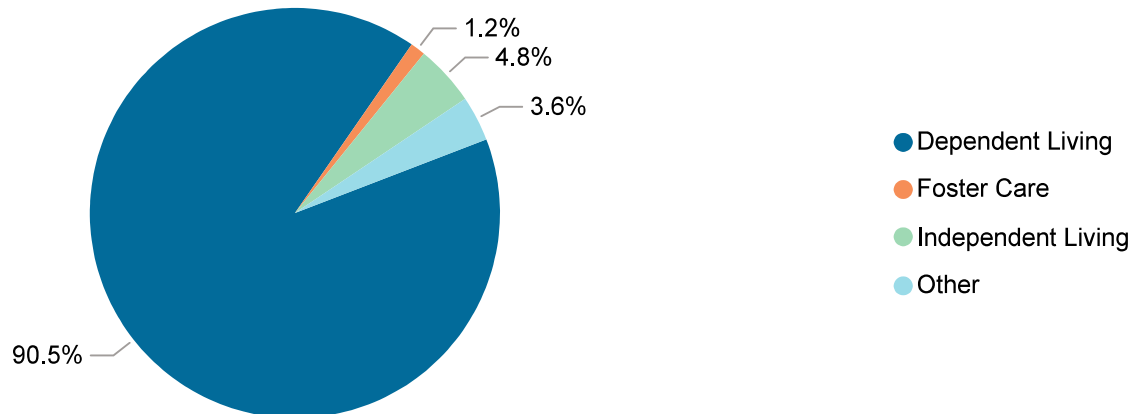
The data below reflect the living situations of youth served in publicly funded treatment services.



The national rate of homelessness for youth clients was 0.4%.

Less than 1% of youth served in publicly funded treatment services experienced homelessness at most recent update.

### Housing Situation for Clients at Most Recent Update



### Clients Who Reported Homelessness at Admission, First Update, and Most Recent Update

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update
Child or Youth and Family Services (CYF)	83	1.1%	0.0%	0.0%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	1	0.0%	0.0%	0.0%
Outpatient Services	1	0.0%	0.0%	0.0%
<b>Total</b>	<b>84</b>	<b>1.1%</b>	<b>0.0%</b>	<b>0.0%</b>

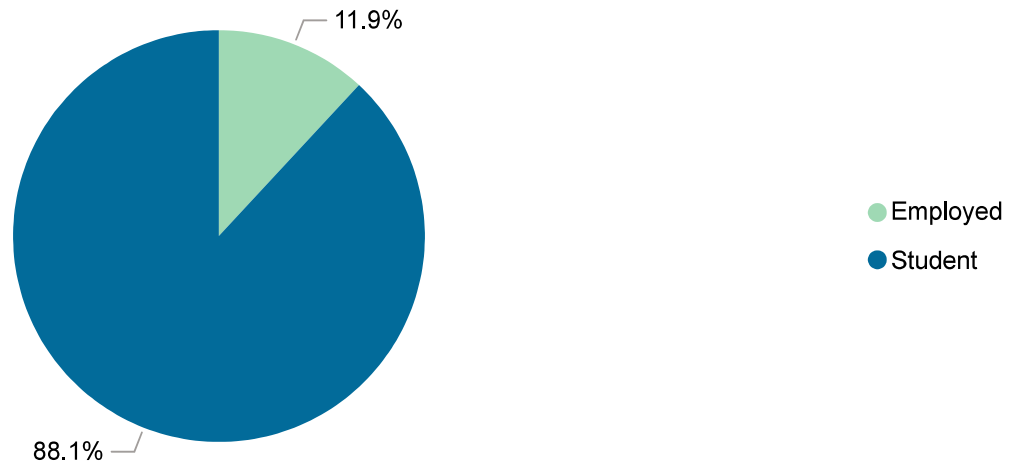
## Employment

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

Most youth served in publicly funded treatment services were either students or employed.



### Employment Situation for Clients at Most Recent Update



### Client Employment at Admission, First Update, and Most Recent Update

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update
Child or Youth and Family Services (CYF)	83	1.1%	10.9%	10.9%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	1	0.0%	0.0%	0.0%
Outpatient Services	1	0.0%	0.0%	0.0%
<b>Total</b>	<b>84</b>	<b>1.1%</b>	<b>10.8%</b>	<b>10.8%</b>



## Arrest History

Clients are asked at the start of treatment and at their most recent update, "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 most recent update are included.

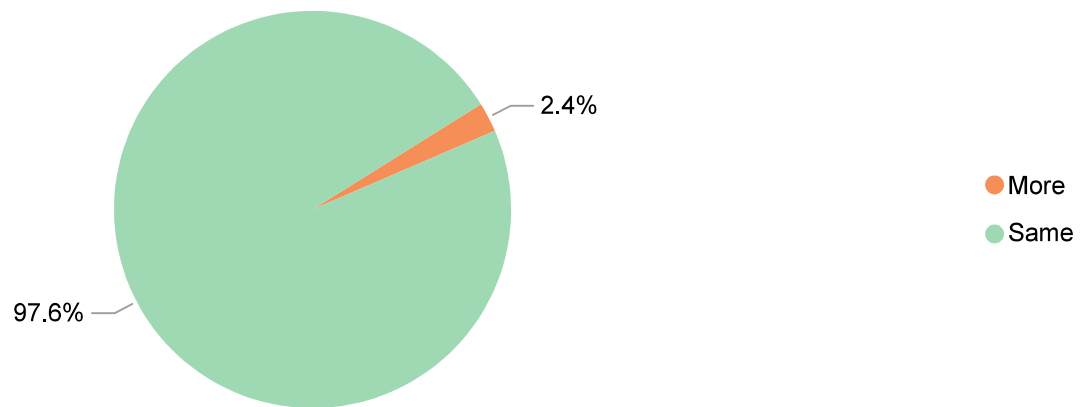
Client responses on these surveys are then broken out by the type of treatment service they received.



The national rate of youth with at least one arrest was 1%.

At most recent update, youth served in publicly funded treatment services reported an increase in arrests in the past 30 days.

### Clients Who Had More, Fewer, or the Same Number of Arrests at Most Recent Update Compared to Admission



### Percent of Clients With At Least One Arrest Within the Past 30 Days

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update
Child or Youth and Family Services (CYF)	69	2.6%	3.8%	3.8%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	2	0.0%	0.0%	0.0%
Outpatient Services	4	0.0%	0.0%	0.0%
<b>Total</b>	<b>74</b>	<b>2.4%</b>	<b>3.6%</b>	<b>3.6%</b>

## General Health

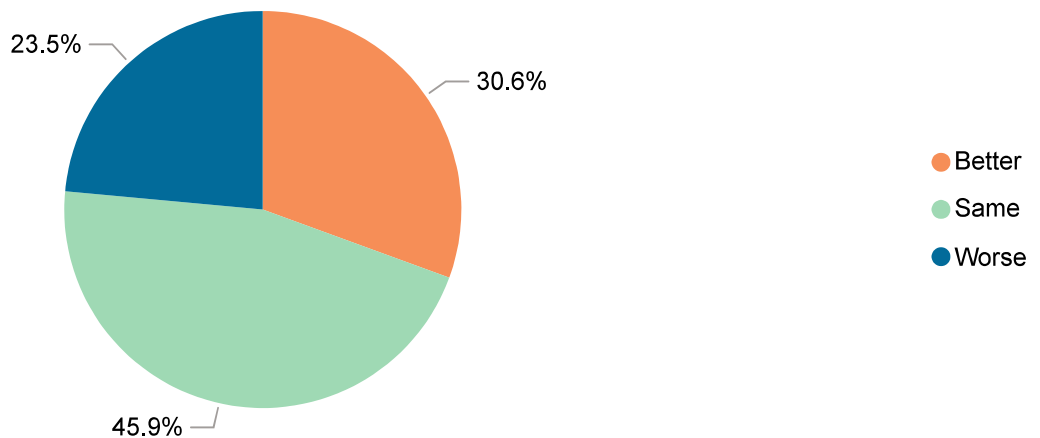


Clients are asked at the start of treatment and at their most recent update, "Would you say that in general your health is?" Clients could answer in a range from 1-"Poor" to 5-"Excellent". Only clients who completed this question at time of admission and time of most recent update are included.

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.

The majority of youth served in publicly funded treatment services reported an increase in general health.

### Clients Who Had Better, Worse, or the Same General Health Rating at Most Recent Update 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 First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	71	3.15	3.24	3.24	0.09	2.8%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	2	4.00	4.50	4.50	0.50	12.5%
Outpatient Services	4	3.25	3.50	3.50	0.25	7.7%
<b>Total</b>	<b>76</b>	<b>3.15</b>	<b>3.26</b>	<b>3.26</b>	<b>0.11</b>	<b>3.4%</b>

## Physical Health

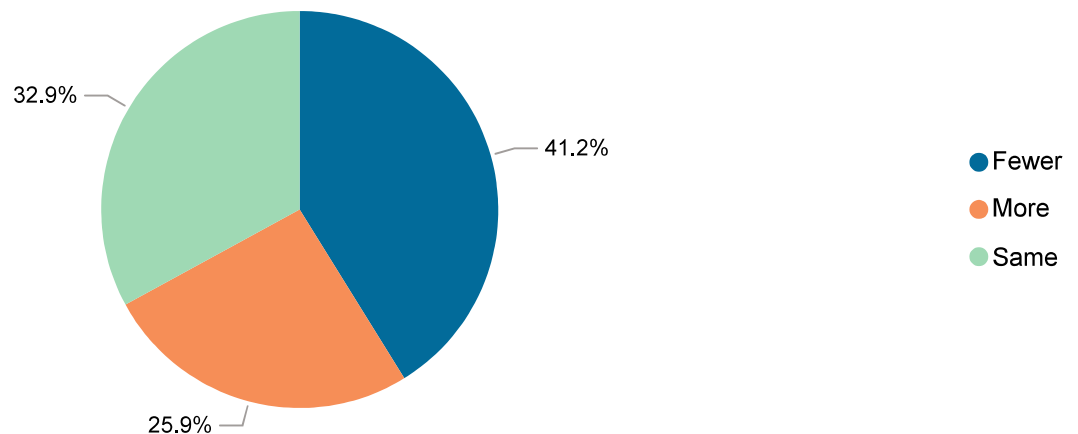


Clients are asked at the start of treatment and at their most recent update, "Now thinking about your physical health, which includes physical illness and injury, how many days during the past 30 days was your physical health not good?" Only clients who completed this question at time of admission and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

Youth 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 Most Recent Update 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 First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	71	4.74	3.40	3.40	-1.34	-28.2%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	2	1.00	0.00	0.00	-1.00	-100.0%
Outpatient Services	4	4.25	4.25	4.25	0.00	0.0%
<b>Total</b>	<b>76</b>	<b>4.66</b>	<b>3.40</b>	<b>3.40</b>	<b>-1.26</b>	<b>-27.0%</b>

## Mental Health

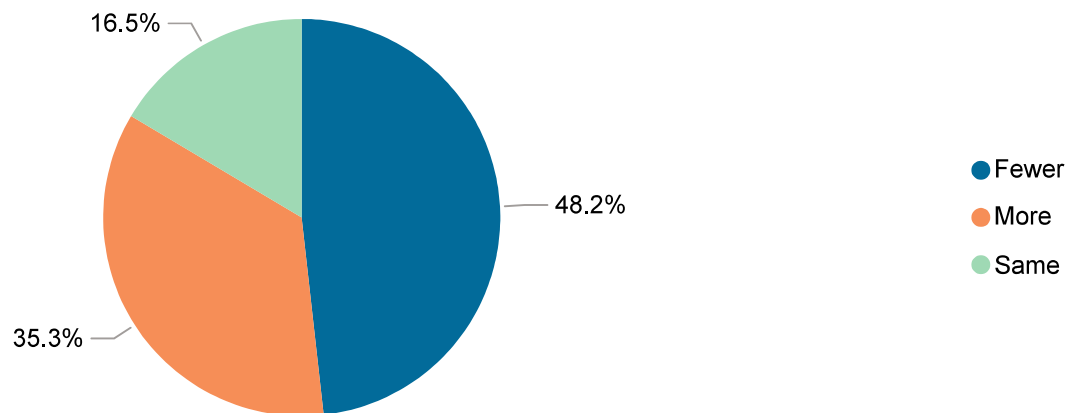


Clients are asked at the start of treatment and at their most recent update, "Now thinking about your mental health, which includes stress, depression, and problems with emotions, how many days during the past 30 days was your mental health not good?" Only clients who completed this question at time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

Youth served in publicly funded treatment services reported a decrease in days of poor mental health.

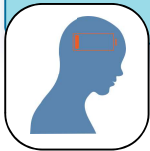
### Clients Who Had More, Fewer, or the Same Number of Days Spent in Poor Mental Health at Most Recent Update Compared to Admission



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	71	10.53	9.69	9.69	-0.84	-8.0%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	2	8.00	0.50	0.50	-7.50	-93.8%
Outpatient Services	4	14.50	13.75	13.75	-0.75	-5.2%
<b>Total</b>	<b>76</b>	<b>10.76</b>	<b>9.78</b>	<b>9.78</b>	<b>-0.99</b>	<b>-9.2%</b>

## Physical or Mental Health Prevented Normal Activities

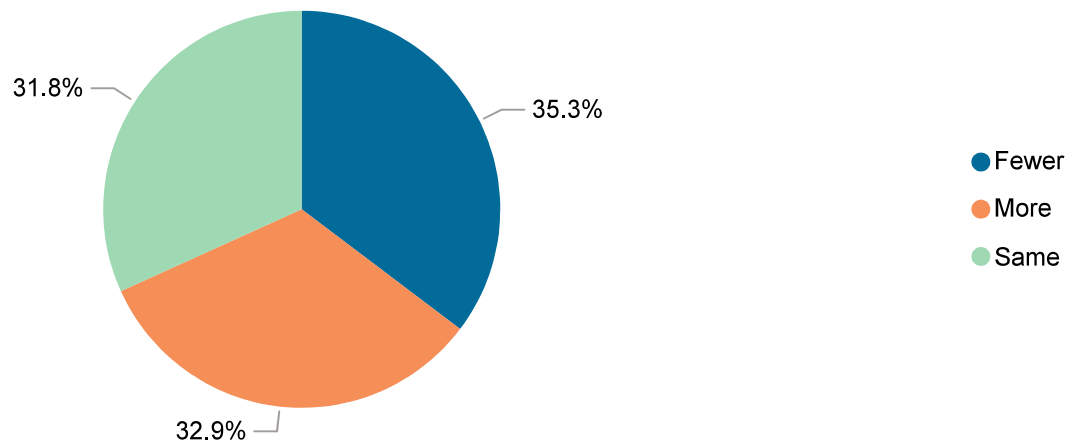


Clients are asked at the start of treatment and at their most recent update, "During the past 30 days, approximately how many days did your poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?" Only clients who completed this question at time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

Youth served in publicly funded treatment services reported a decrease 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 Most Recent Update Compared to Admission



### Number of Days Poor Physical or Mental Health Prevented Normal Activities

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	71	7.49	6.13	6.13	-1.36	-18.2%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	2	1.00	0.50	0.50	-0.50	-50.0%
Outpatient Services	4	7.50	6.25	6.25	-1.25	-16.7%
<b>Total</b>	<b>76</b>	<b>7.42</b>	<b>6.07</b>	<b>6.07</b>	<b>-1.35</b>	<b>-18.2%</b>

## Reported Attempts to Die by Suicide

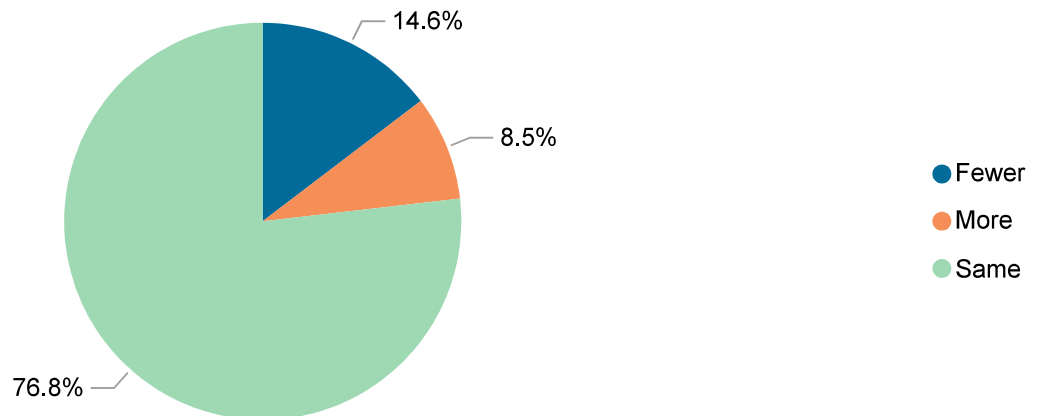
Clients are asked at the start of treatment and at their most recent update, "How many times have you tried to commit suicide in the past 6 months?" Only clients who completed this question at time of admission and time of most recent update are included.

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.

At most recent update, the majority of youth served in publicly funded treatment services reported a decrease in attempts to die by suicide in the past 6 months.

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 Who Had More, Fewer, or the Same Number of Attempts to Die by Suicide at Most Recent Update Compared to Admission



### In the Past 6 Months How Many Times Have You Attempted to Die by Suicide?

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	69	0.44	0.31	0.31	-0.13	-29.4%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	2	0.00	0.00	0.00	0.00	NaN
Outpatient Services	3	0.33	0.00	0.00	-0.33	-100.0%
<b>Total</b>	<b>73</b>	<b>0.43</b>	<b>0.29</b>	<b>0.29</b>	<b>-0.13</b>	<b>-31.4%</b>

## Visits to Emergency Department



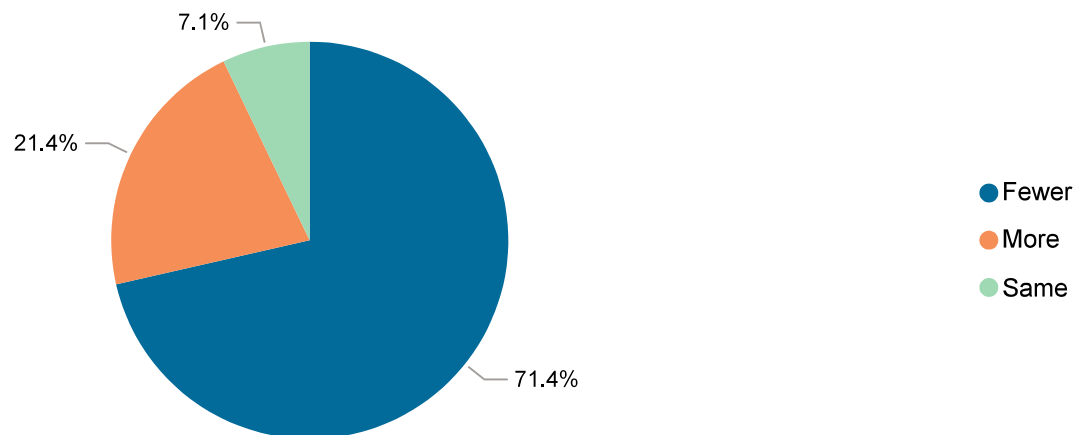
Clients are asked at the start of treatment and at their most recent update, "How many times have you gone to an emergency room for a psychiatric or emotional problem in the past 6 months?" Only clients who completed this question at time of admission and time of most recent update are included.

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.

At most recent update, youth served in publicly funded treatment services reported a decrease in emergency department visits in the past 6 months.

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



How Many Times in the Past 6 Months Have You Visited the Emergency Department?

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	12	1.86	1.43	1.43	-0.43	-23.1%
<b>Total</b>	<b>12</b>	<b>1.86</b>	<b>1.43</b>	<b>1.43</b>	<b>-0.43</b>	<b>-23.1%</b>

## Detoxification Services



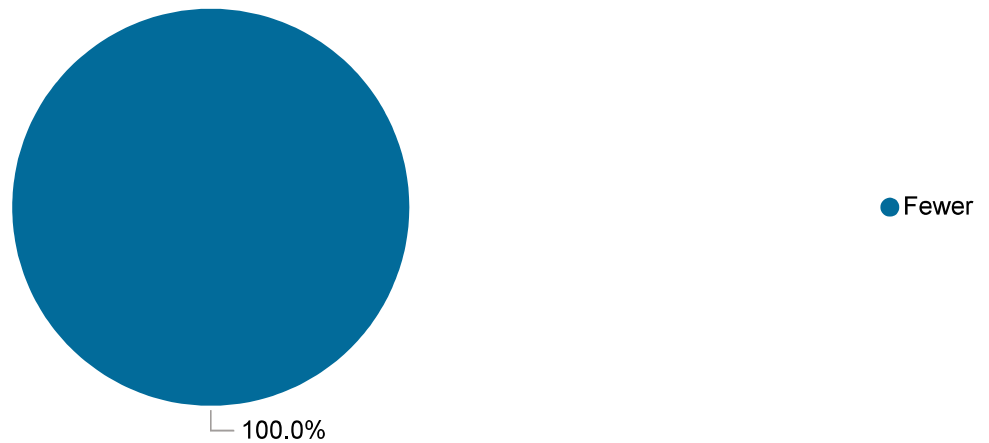
Clients are asked at the start of treatment and at their most recent update, "How many nights have you spent in a facility for detoxification in the past 6 months?" Only clients who completed this question at time of admission and time of most recent update are included.

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.

At most recent update, youth served in publicly funded treatment services reported a decrease in nights spent in a detox facility in the past 6 months.

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



How Many Nights in the Past 6 Months Have You Spent in a Facility for Detoxification?

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	3	10.67	0.00	0.00	-10.67	-100.0%
<b>Total</b>	<b>3</b>	<b>10.67</b>	<b>0.00</b>	<b>0.00</b>	<b>-10.67</b>	<b>-100.0%</b>



## Inpatient Substance Use Disorder Treatment Services



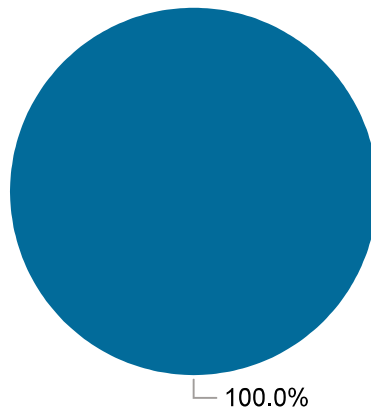
Clients are asked at the start of treatment and at their most recent update, "How many nights have you spent in a facility for inpatient/residential substance use disorder treatment in the past 6 months?" Only clients who completed this question at time of admission and time of most recent update are 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.

At most recent update, youth served in publicly funded treatment services reported a decrease in nights spent in an inpatient substance use disorder facility in the past 6 months.

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



● Fewer

How Many Nights in the Past 6 Months Have You Spent in a Facility for Inpatient/Residential Substance Use Disorder Treatment?

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	1	1.00	0.00	0.00	-1.00	-100.0%
<b>Total</b>	<b>1</b>	<b>1.00</b>	<b>0.00</b>	<b>0.00</b>	<b>-1.00</b>	<b>-100.0%</b>

## Hospital Admissions for Mental Health Care



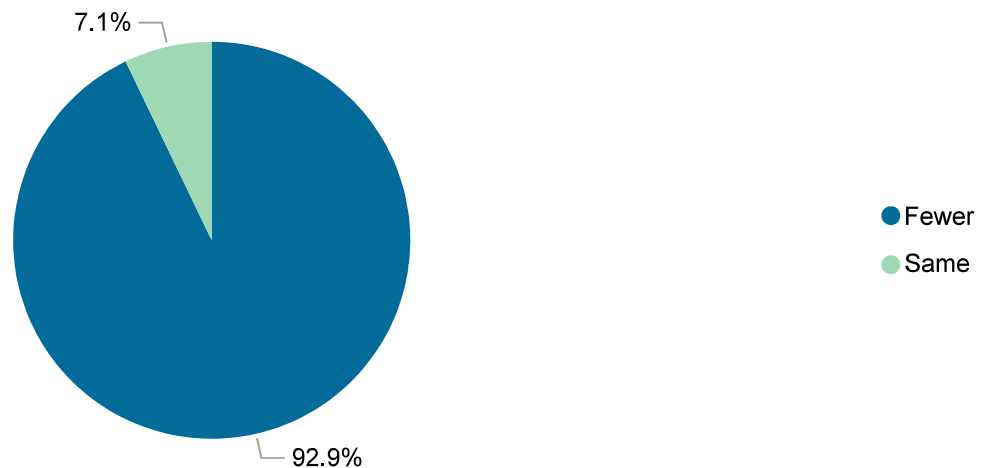
Clients are asked at the start of treatment and at their most recent update, "How many nights have you spent in a facility for mental health care in the past 6 months?" Only clients who completed this question at time of admission and time of most recent update are included.

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.

At most recent update, youth served in publicly funded treatment services reported a decrease in hospital admissions for mental health care in the past 6 months.

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



How Many Nights in the Past 6 Months Have You Spent in a Facility for Mental Health Care?

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	12	3.29	0.93	0.93	-2.36	-71.7%
<b>Total</b>	<b>12</b>	<b>3.29</b>	<b>0.93</b>	<b>0.93</b>	<b>-2.36</b>	<b>-71.7%</b>

## Illness, Injury, or Surgery



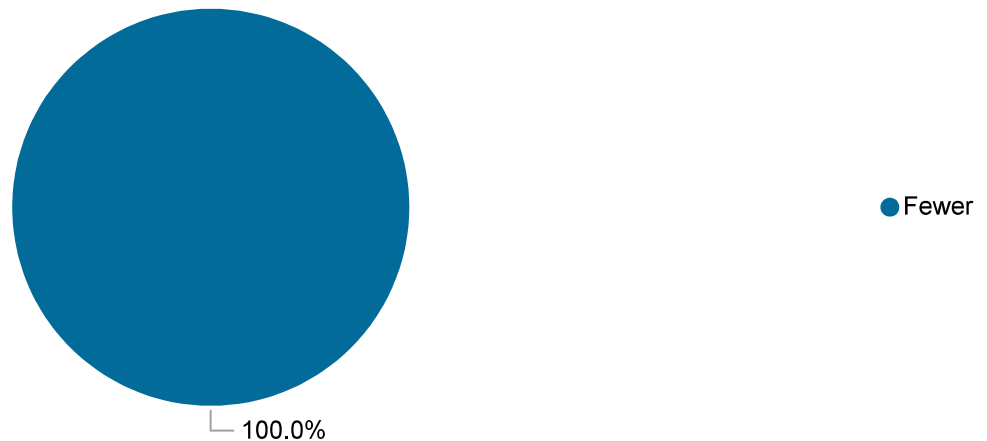
Clients are asked at the start of treatment and at their most recent update, "How many night have you spent in a facility for illness, injury, or surgery in the past 6 months?" Only clients who completed this question at time of admission and time of most recent update are included.

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.

At most recent update, youth served in publicly funded treatment services reported a decrease in nights spent in a facility for illness, injury, or surgery in the past 6 months.

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



How Many Nights in the Past 6 Months Have You Spent in a Facility for Illness, Injury, or Surgery?

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	7	2.56	0.11	0.11	-2.44	-95.7%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	1	3.00	1.00	1.00	-2.00	-66.7%
<b>Total</b>	<b>7</b>	<b>2.56</b>	<b>0.11</b>	<b>0.11</b>	<b>-2.44</b>	<b>-95.7%</b>

## Nights Spent in Correctional Facility



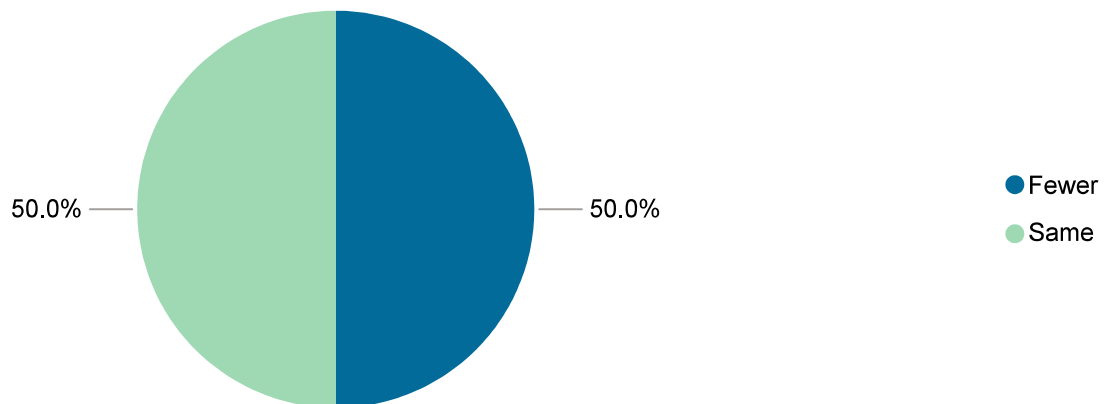
Clients are asked at the start of treatment and at their most recent update, "How many nights have you spent in a correctional facility including JDC or jail (as a result of an arrest, parole or probation violation) in the past 6 months?" Only clients who completed this question at time of admission and time of most recent update 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.

At most recent update, youth served in publicly funded treatment services reported a decrease in nights spent in a correctional facility in the past 6 months.

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



### How Many Nights in the Past 6 Months Have You Spent in a Correctional Facility?

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	4	2.00	0.75	0.75	-1.25	-62.5%
<b>Total</b>	<b>4</b>	<b>2.00</b>	<b>0.75</b>	<b>0.75</b>	<b>-1.25</b>	<b>-62.5%</b>

## General Satisfaction with Services

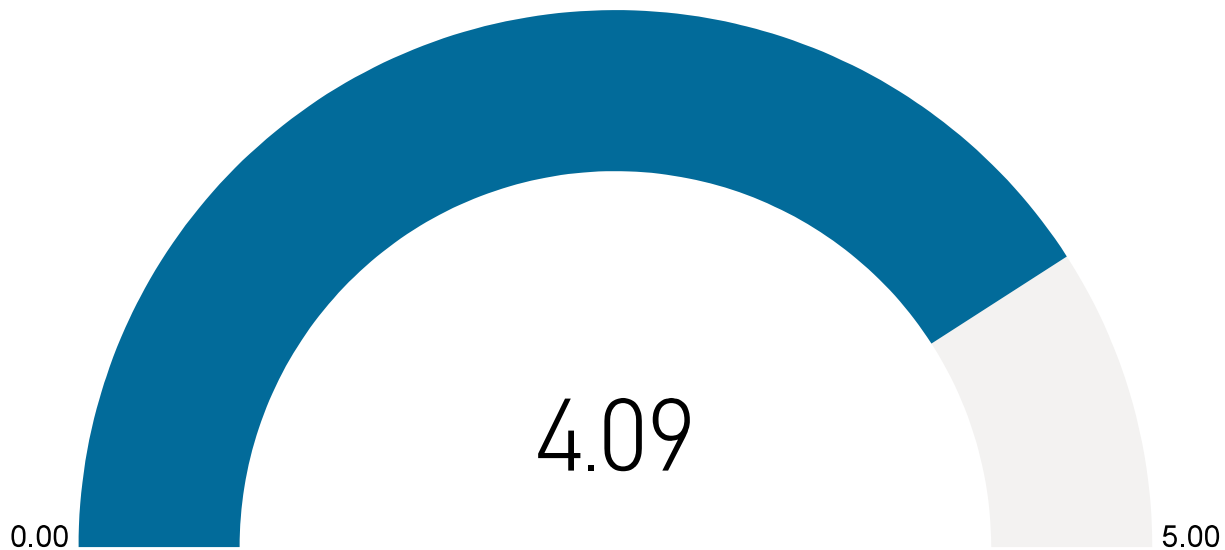


Clients are asked at most their recent update to rate how strongly they agree with six different questions pertaining to their overall satisfaction with treatment services they received. The average of these six responses is given below. To see specific questions, please see Appendix B.

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.

Youth 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	Average First Update	Average Most Recent Update
Child or Youth and Family Services (CYF)	71	4.06	4.06
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	2	4.00	4.00
Outpatient Services	4	4.71	4.71
<b>Total</b>	<b>76</b>	<b>4.09</b>	<b>4.09</b>

## Improved Functioning



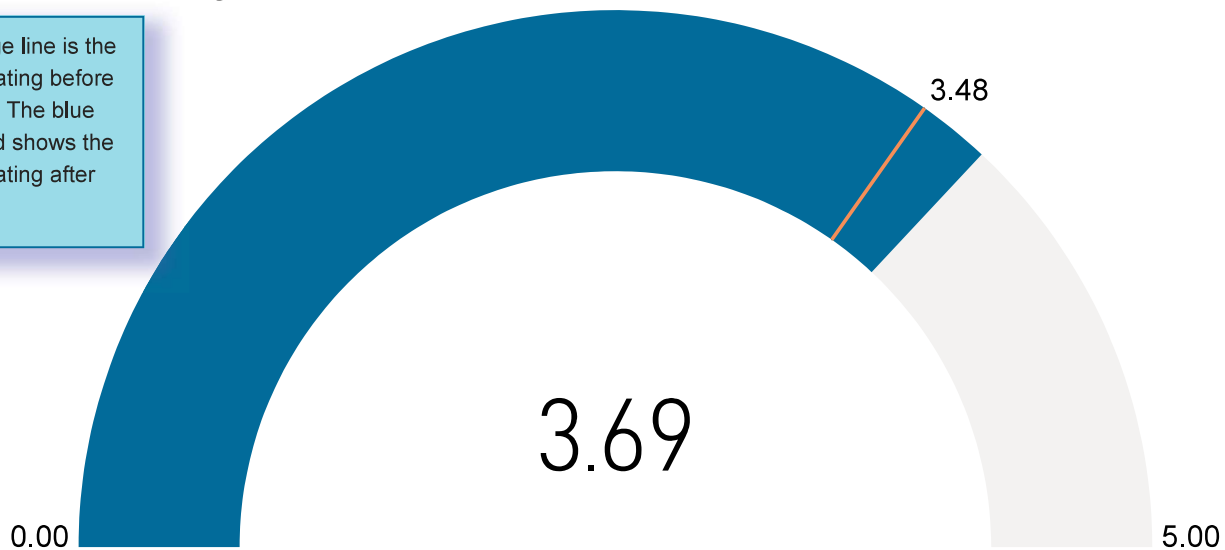
Clients are asked at their most recent update to rate how strongly they agree with seven different questions pertaining to their perception of their mental health and social well-being before and after the services they received. The average of these seven responses is given below. To see specific questions,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

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

### Improved Functioning

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	70	3.52	3.69	3.69	0.17	4.9%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	2	3.79	4.00	4.00	0.21	5.7%
Outpatient Services	4	2.75	3.71	3.71	0.96	35.1%
<b>Total</b>	<b>75</b>	<b>3.48</b>	<b>3.69</b>	<b>3.69</b>	<b>0.22</b>	<b>6.3%</b>

## Social Connectedness



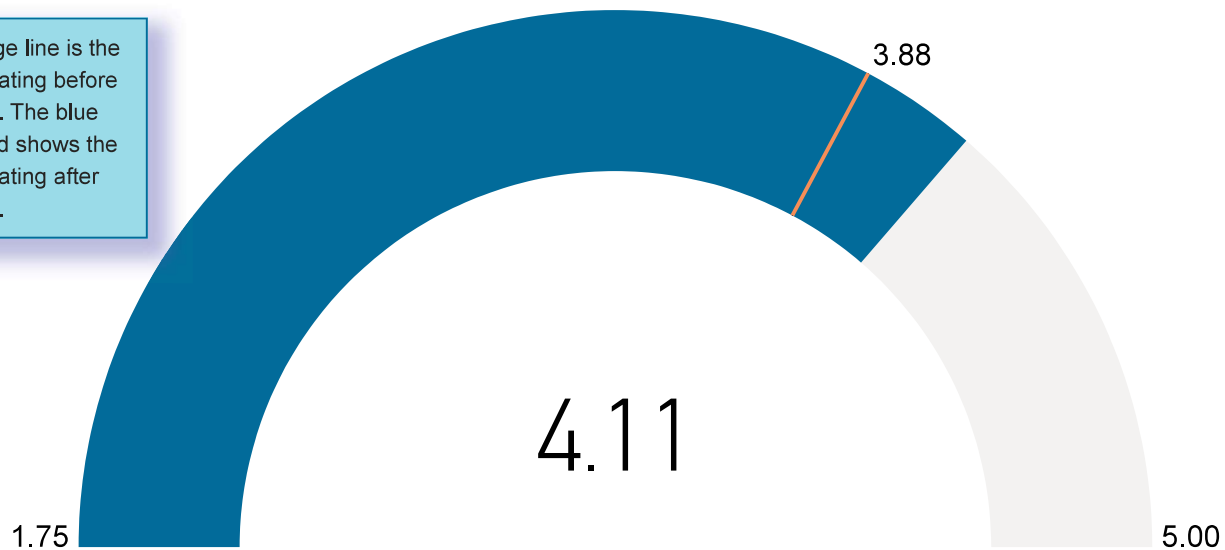
Clients are asked at their most recent update to rate how strongly they agree with four different questions pertaining to their connections with their family, friends, and community. The average of these four responses is given below. To see specific questions, please see Appendix B.

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

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

### Social Connectedness

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	71	3.91	4.13	4.13	0.22	5.5%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	2	4.50	4.00	4.00	-0.50	-11.1%
Outpatient Services	4	3.31	3.88	3.88	0.56	17.0%
<b>Total</b>	<b>76</b>	<b>3.88</b>	<b>4.11</b>	<b>4.11</b>	<b>0.23</b>	<b>5.9%</b>

## Participation in Treatment Planning

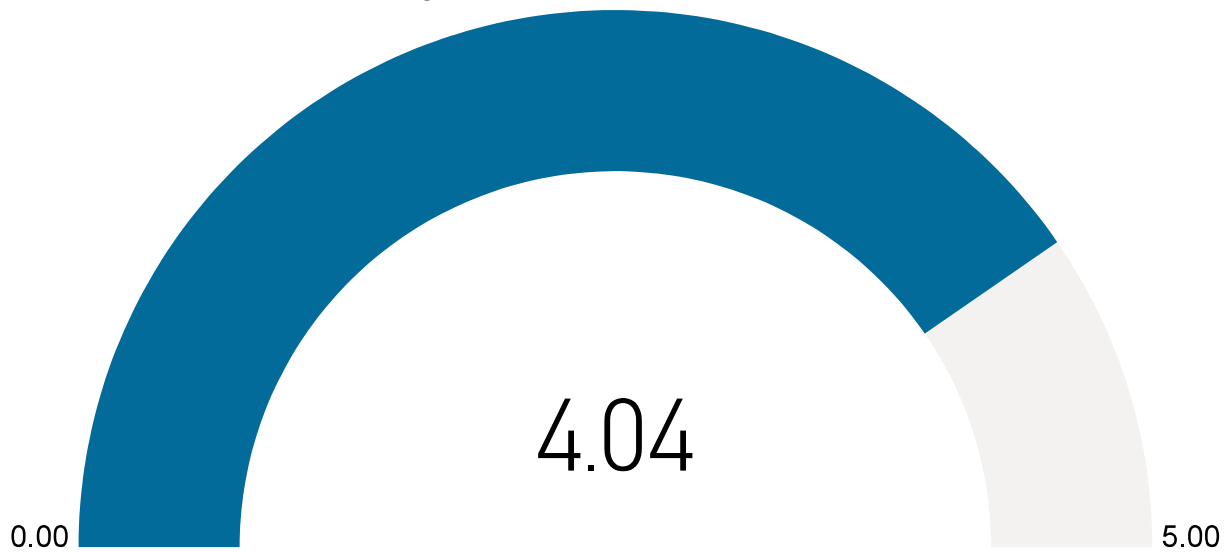


Clients are asked at their most recent update to rate how strongly they agree with three different questions pertaining to their participation in treatment planning for services they received. The average of these three responses is given below. To see specific questions, please see Appendix B.

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.

Youth served in publicly funded treatment services reported high levels of participation in their treatment planning.

### Participation in Treatment Planning



Participation in Treatment Planning Ratings: 0-Refused to Respond; 1-Strongly Disagree; 2-Disagree; 3-Undecided; 4-Agree; 5-Strongly Agree

Treatment Services	Unduplicated Client Count	Average First Update	Average Most Recent Update
Child or Youth and Family Services (CYF)	71	4.02	4.02
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	2	4.00	4.00
Outpatient Services	4	4.50	4.50
<b>Total</b>	<b>76</b>	<b>4.04</b>	<b>4.04</b>



## Cultural Sensitivity

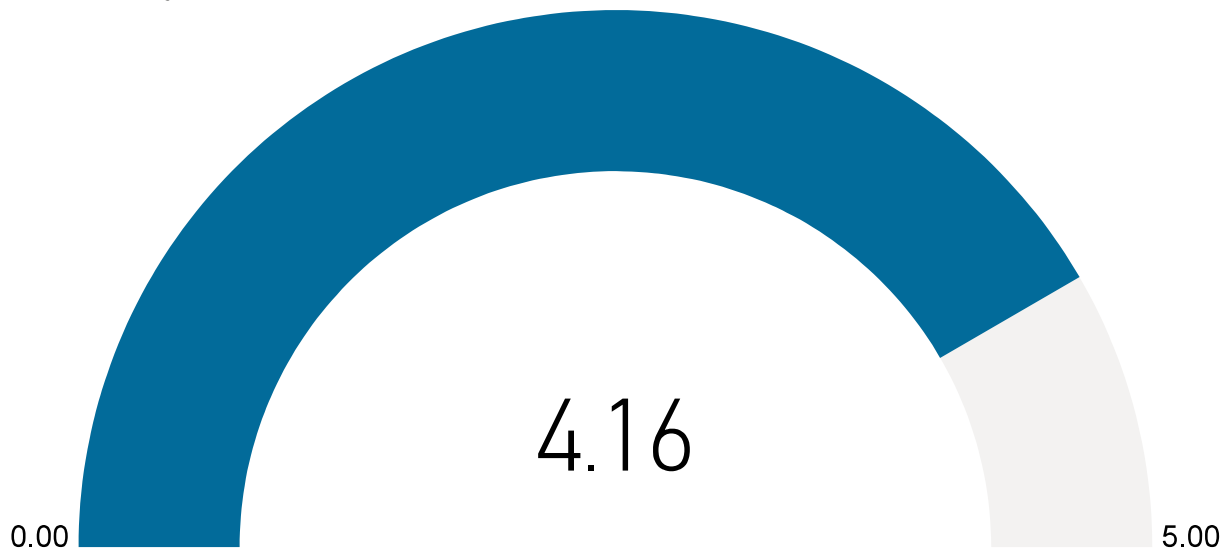


Clients are asked at their most recent update to rate how strongly they agree with four different questions pertaining to the cultural sensitivity of staff. The average of these four responses is given below. To see specific questions, please see Appendix B.

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.

Youth served in publicly funded treatment services reported they felt staff were culturally sensitive.

### Cultural Sensitivity



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

Treatment Services	Unduplicated Client Count	Average First Update	Average Most Recent Update
Child or Youth and Family Services (CYF)	71	4.15	4.15
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	2	4.00	4.00
Outpatient Services	4	4.44	4.44
<b>Total</b>	<b>76</b>	<b>4.16</b>	<b>4.16</b>

## Access to Services

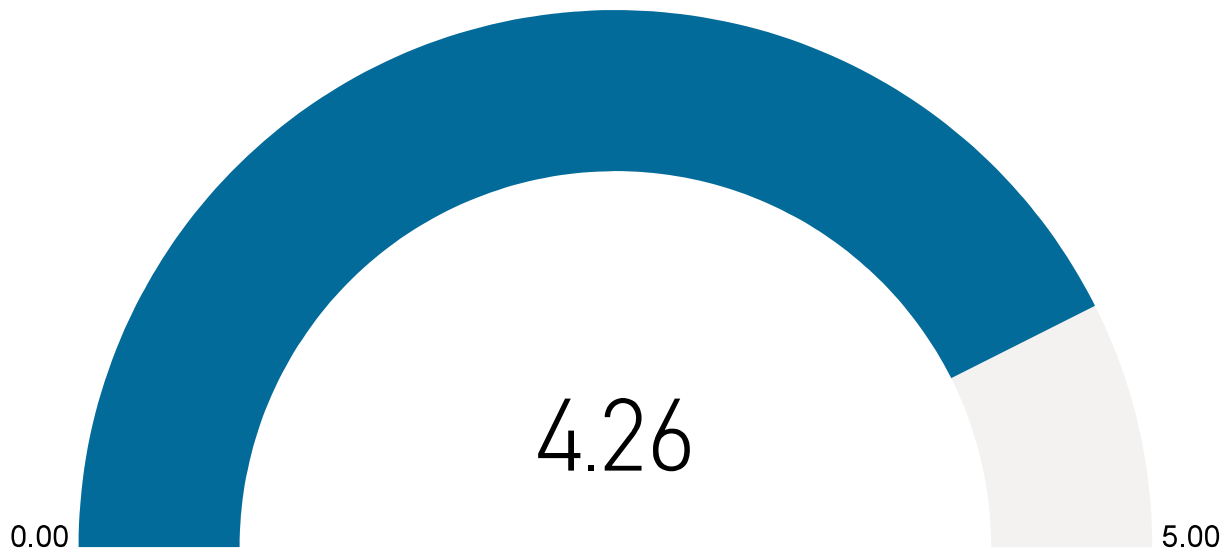


Clients are asked at their most recent update to rate how strongly they agree with two different questions pertaining to the ease and convenience of accessing the services they received. The average of these two responses is given below. To see specific questions, please see Appendix B.

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.

Youth served in publicly funded treatment services reported ease and convenience when accessing services.

### Access to Services



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

Treatment Services	Unduplicated Client Count	Average First Update	Average Most Recent Update
Child or Youth and Family Services (CYF)	71	4.26	4.26
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	2	4.00	4.00
Outpatient Services	4	4.38	4.38
<b>Total</b>	<b>76</b>	<b>4.26</b>	<b>4.26</b>

## Internalizing Disorder



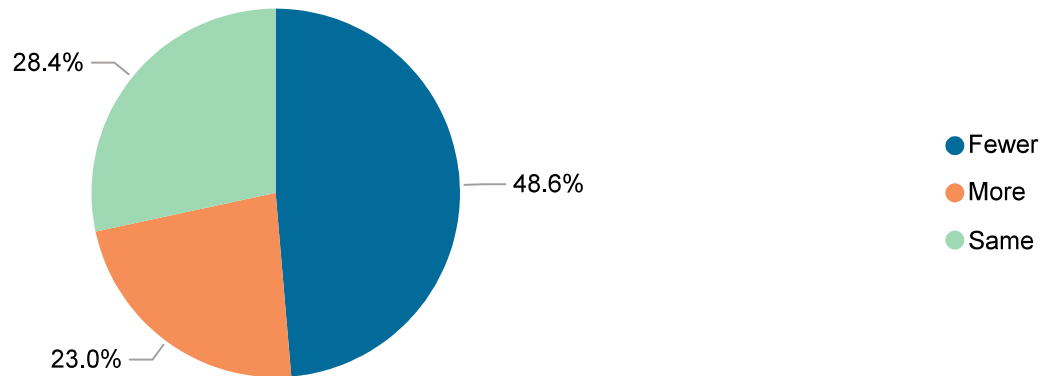
Youth clients complete the Global Appraisal of Individual Needs Short Screener (GAIN-SS) at admission and at most recent update.

Clients are asked to rate if they experienced various symptoms related to internalizing disorders within the last month. Examples of internalizing symptoms of disorders include feeling trapped, depressed, trouble sleeping, suicidal ideation, and uncontrollable thoughts. Client responses are scored on a range from 0-"No Symptoms" to 6-"All Symptoms." Only clients who had a score at time of admission and time of most recent update are included. The average of these responses is given below.

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.

Youth served in publicly funded treatment services experienced a decrease in symptoms of internalizing disorders.

### Clients Who Had More, Fewer, or the Same Number of Symptoms at Most Recent Update Compared to Admission



### Internalizing Disorder Range: 0-No Symptoms to 6-All Evaluated Symptoms

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	71	2.60	1.84	1.84	-0.76	-29.3%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	2	1.50	2.00	2.00	0.50	33.3%
Outpatient Services	3	2.67	1.67	1.67	-1.00	-37.5%
<b>Total</b>	<b>75</b>	<b>2.61</b>	<b>1.86</b>	<b>1.86</b>	<b>-0.75</b>	<b>-28.8%</b>

## Externalizing Disorder



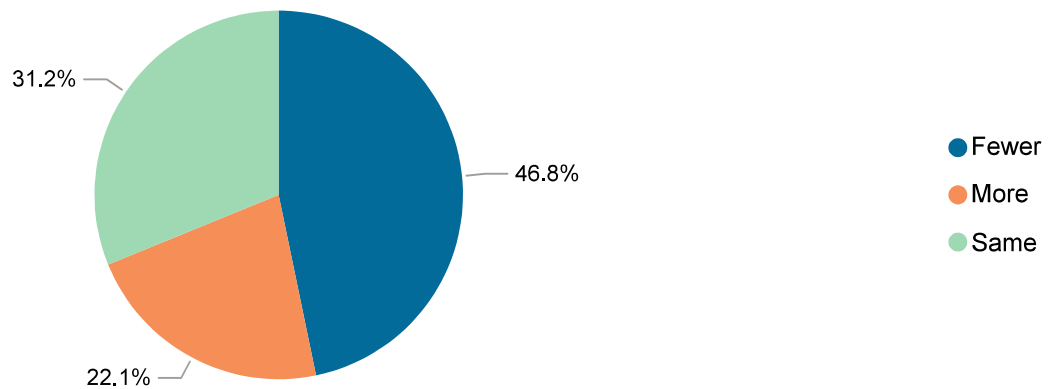
Youth clients complete the Global Appraisal of Individual Needs Short Screener (GAIN-SS) at admission and at most recent update.

Clients are asked to rate if they experienced various symptoms related to externalizing disorders within the last month. Examples of externalizing symptoms of disorders include lying, inattention at school, difficulty listening to instructions or waiting, threatening others, and fighting. Client responses are scored on a range from 0-"No Symptoms" to 6-"All Symptoms." Only clients who had a score at time of admission and time of most recent update are included. The average of these responses is given below.

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.

Youth served in publicly funded treatment services experienced a decrease in symptoms of externalizing disorders.

Clients Who Had More, Fewer, or the Same Number of Symptoms at Most Recent Update Compared to Admission



Externalizing Disorder Range: 0-No Symptoms to 6-All Evaluated Symptoms

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Difference	Percent Change
Child or Youth and Family Services (CYF)	71	3.01	2.53	2.53	-0.49	-16.2%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	2	3.00	2.00	2.00	-1.00	-33.3%
Outpatient Services	3	4.00	4.00	4.00	0.00	0.0%
<b>Total</b>	<b>75</b>	<b>3.06</b>	<b>2.60</b>	<b>2.60</b>	<b>-0.46</b>	<b>-15.2%</b>

## Substance Use Disorder



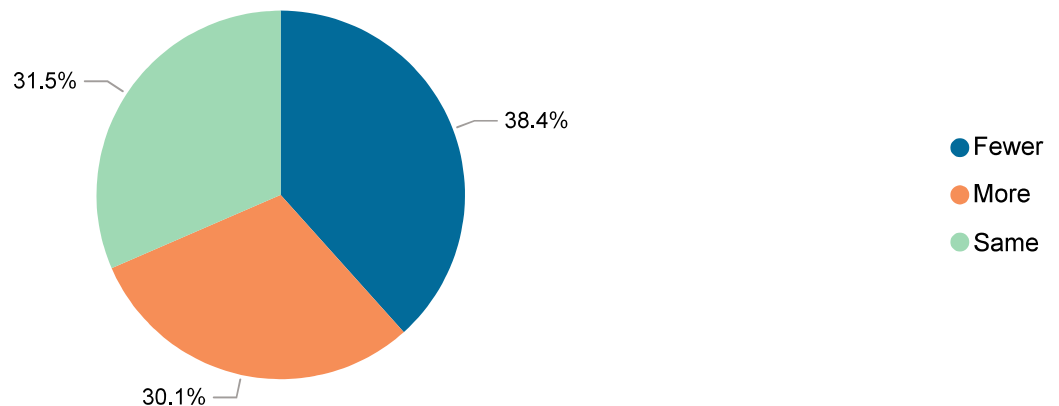
Youth clients complete the Global Appraisal of Individual Needs Short Screener (GAIN-SS) at admission and at most recent update.

Clients are asked to rate if they experienced various symptoms related to substance use disorders within the last month. Examples of substance use disorder symptoms include alcohol and drug use, continued use despite causing social disruptions, reduced involvement in positive/productive hobbies, and withdrawal symptoms. Client responses are scored on a range from 0-"No Symptoms" to 6-"All Symptoms." Only clients who had a score at time of admission and time of most recent update are included. The average of these responses is given below.

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.

Youth served in publicly funded treatment services experienced a decrease in symptoms of substance use disorders.

Clients Who Had More, Fewer, or the Same Number of Symptoms at Most Recent Update Compared to Admission



Substance Use Disorder Range: 0-No Symptoms to 6-All Evaluated Symptoms

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	71	3.36	3.18	3.18	-0.19	-5.6%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	2	4.50	2.50	2.50	-2.00	-44.4%
Outpatient Services	3	5.00	5.00	5.00	0.00	0.0%
<b>Total</b>	<b>75</b>	<b>3.43</b>	<b>3.26</b>	<b>3.26</b>	<b>-0.17</b>	<b>-4.9%</b>

## Crime and Violence



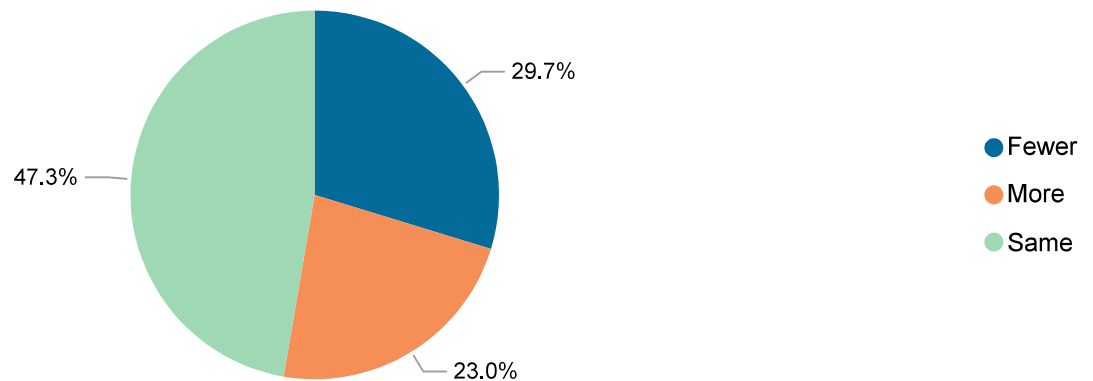
Youth clients complete the Global Appraisal of Individual Needs Short Screener (GAIN-SS) at admission and at most recent update.

Clients are asked to rate if they experienced various behaviors related to crime and violence within the last month. Examples of crime and violence include physically grabbing or shoving someone during a disagreement, driving while under the influence of illicit substances or alcohol, and stealing from a store. Client responses are scored on a range from 0-"No Symptoms" to 6-"All Symptoms." Only clients who had a score at time of admission and time of most recent update are included. The average of these responses is given below.

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.

Youth served in publicly funded treatment services experienced a decrease in behaviors related to crime and violence.

Clients Who Had More, Fewer, or the Same Number of Behaviors at Most Recent Update Compared to Admission



Crime and Violence Range: 0-No Symptoms to 6-All Evaluated Symptoms

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	71	3.88	3.49	3.49	-0.39	-10.0%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	2	5.00	5.50	5.50	0.50	10.0%
Outpatient Services	3	5.33	5.33	5.33	0.00	0.0%
<b>Total</b>	<b>75</b>	<b>3.93</b>	<b>3.57</b>	<b>3.57</b>	<b>-0.36</b>	<b>-9.1%</b>

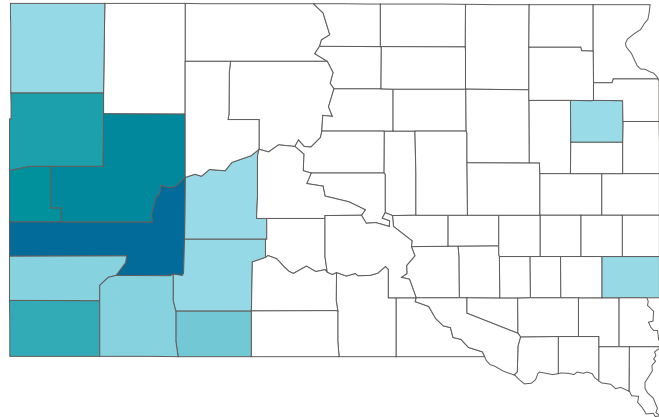
# Family Perceptions of Youth MH Treatment Services

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## Family Perceptions of Youth MH Treatment Services

County of Residence for Clients Who Received Publicly Funded Services



Treatment Services	Publicly Funded Clients Served	Average Duration of Treatment (Days)
Child or Youth and Family Services (CYF)	866	261
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	24	582
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	2	0
Intensive Family Services (IFS)	3	427
Outpatient Services	31	193
Room and Board and Other Services	7	49

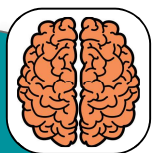


Unduplicated Clients Served  
(Publicly Funded)

916

Publicly Funded Clients Served with  
Serious Emotional Disturbance (SED)

855



Veterans Served (Publicly Funded)

2

Publicly Funded Clients Who  
Successfully Completed Treatment

198



This section presents data on the family or guardian's perception of the outcomes and differences in the youth's behavior and mental health from the perspective of those who oversee or care for the youth.

## Arrest History



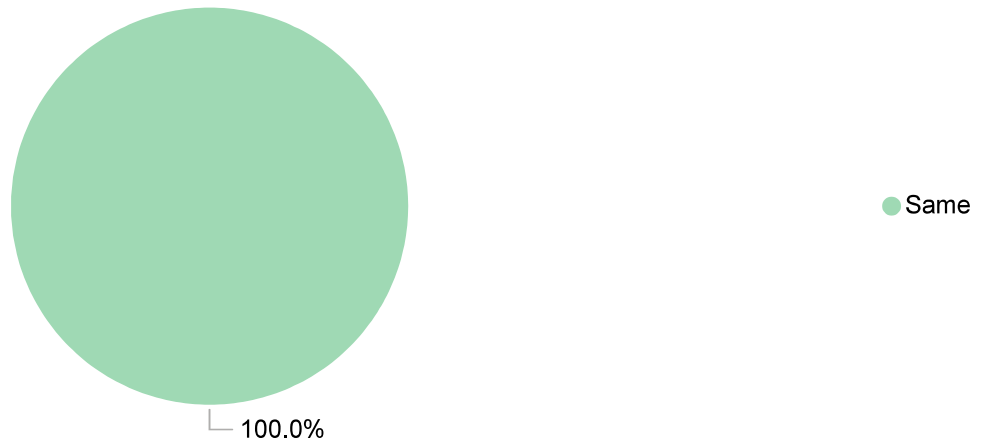
The national rate of youth clients with at least one arrest was 1%.

Families of youth clients are asked at the start of treatment and at their most recent update, "In the past 30 days, how many times has your child been arrested?" Only families of youth who completed this question at time of admission and time of the most recent update are included.

Families' responses on these surveys are then broken out by the type of treatment service their youth received.

At most recent update, families of youth served in publicly funded treatment services reported no change in the number of arrests their youth experienced in the past 30 days.

### Families Who Reported Youth Clients Had More, Fewer, or the Same Number of Arrests at Most Recent Update Compared to Admission



### Families Who Reported Youth Clients With At Least One Arrest Within the Past 30 Days

Treatment Services	Unduplicated Client Count	Arrest at Admission	Arrest at First Update	Arrest at Most Recent Update
Child or Youth and Family Services (CYF)	146	1.2%	1.2%	1.2%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	2	0.0%	0.0%	0.0%
Outpatient Services	2	0.0%	0.0%	0.0%
<b>Total</b>	<b>149</b>	<b>1.2%</b>	<b>1.2%</b>	<b>1.2%</b>

## General Health

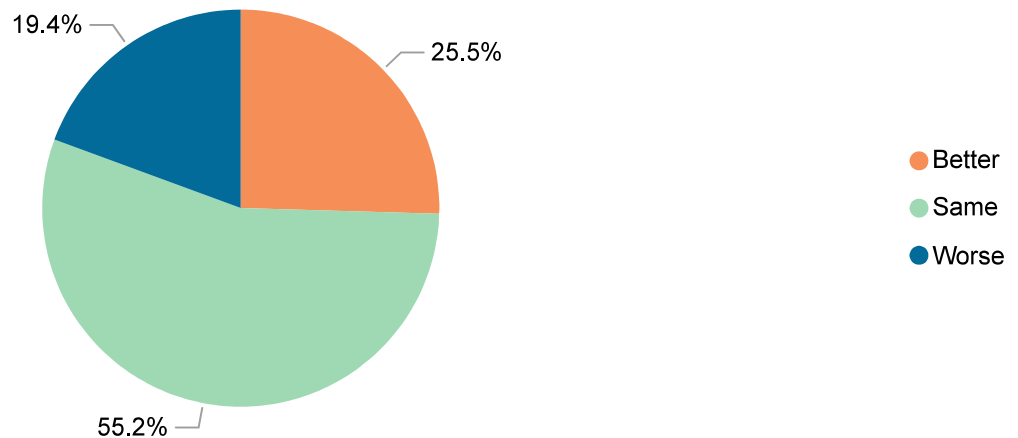
Families of youth clients are asked at the start of treatment and at their most recent update, "Would you say that in general your child's health is?" Families of youth clients could answer in a range from 1-"Poor" to 5-"Excellent". Only families of youth who completed this question at time of admission and time of most recent update are included.

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

Families of youth served in publicly funded treatment services reported an increase in their youth's general health.



### Families Who Reported Youth Clients Had Better, Worse, or the Same General Health Rating at Most Recent Update 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 First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	147	3.65	3.77	3.77	0.11	3.0%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	2	5.00	3.50	3.50	-1.50	-30.0%
Outpatient Services	2	3.50	3.00	3.00	-0.50	-14.3%
<b>Total</b>	<b>150</b>	<b>3.66</b>	<b>3.75</b>	<b>3.75</b>	<b>0.09</b>	<b>2.5%</b>

## Physical Health

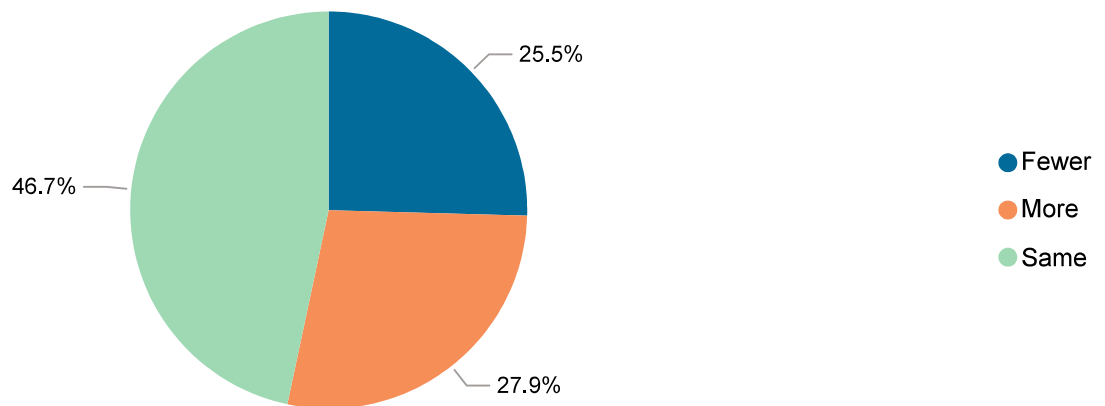


Families of youth clients are asked at the start of treatment and at their most recent update, "Now thinking about your child's physical health, which includes physical illness and injury, how many days during the past 30 days was your child's physical health not good?" Only families of youth who completed this question at time of admission and time of most recent update are included.

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

Families of youth served in publicly funded treatment services reported their youth had a decrease in days spent in poor physical health.

Families Who Reported Youth Clients Had More, Fewer, or the Same Number of Days Spent in Poor Physical Health at Most Recent Update Compared to Admission



How Many Days Within the Past 30 Days Has Your Child Spent in Poor Physical Health?

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	147	2.60	2.20	2.20	-0.40	-15.4%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	2	1.00	0.00	0.00	-1.00	-100.0%
Outpatient Services	2	6.00	1.50	1.50	-4.50	-75.0%
<b>Total</b>	<b>150</b>	<b>2.63</b>	<b>2.18</b>	<b>2.18</b>	<b>-0.45</b>	<b>-17.1%</b>

## Mental Health

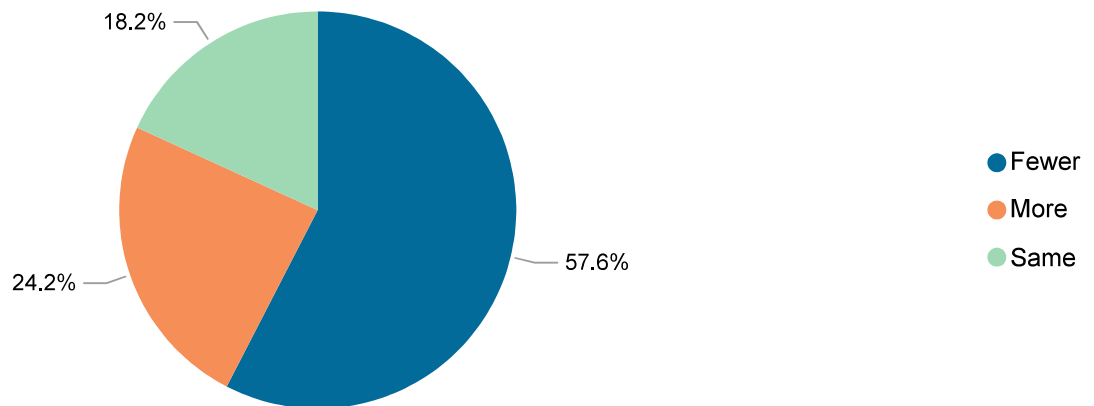


Families of youth clients are asked at the start of treatment and at their most recent update, "Now thinking about your child's mental health, which includes stress, depression, and problems with emotions, how many days during the past 30 days was your child's mental health not good?" Only families of youth who completed this question at time of admission and time of most recent update are included.

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

Families of youth served in publicly funded treatment services reported their youth had a decrease in days of poor mental health.

Families Who Reported Youth Clients Had More, Fewer, or the Same Number of Days Spent in Poor Mental Health at Most Recent Update Compared to Admission



How Many Days Within the Past 30 Days Has Your Child Spent in Poor Mental Health?

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	147	12.25	8.78	8.78	-3.47	-28.3%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	2	8.50	0.00	0.00	-8.50	-100.0%
Outpatient Services	2	15.00	10.00	10.00	-5.00	-33.3%
<b>Total</b>	<b>150</b>	<b>12.30</b>	<b>8.75</b>	<b>8.75</b>	<b>-3.56</b>	<b>-28.9%</b>

## Physical or Mental Health Prevented Normal Activities

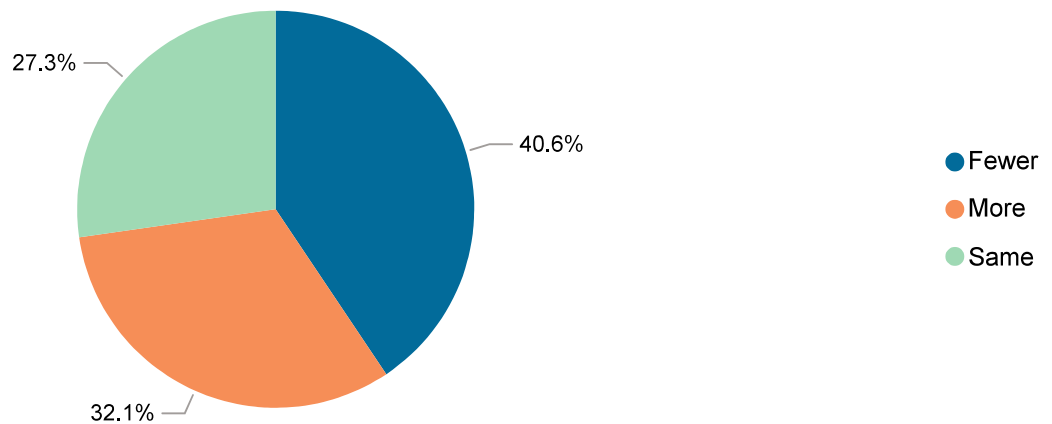
Families of youth clients are asked at the start of treatment and at their most recent update, "During the past 30 days, approximately how many days did your child's poor physical or mental health keep them from doing your child's usual activities, such as self-care, work, or recreation?" Only families of youth who completed this question at time of admission and time of most recent update are included.

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

Families of youth served in publicly funded treatment services reported their youth had a decrease in days in which their physical or mental health prevented them from engaging in normal activities.



Families Who Reported Youth Clients Had More, Fewer, or the Same Number of Days Spent in Poor Physical Health or Mental Health at Most Recent Update Compared to Admission



### Number of Days Poor Physical or Mental Health Prevented Normal Activities

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	147	5.81	4.87	4.87	-0.94	-16.2%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	2	1.00	0.00	0.00	-1.00	-100.0%
Outpatient Services	2	5.00	1.50	1.50	-3.50	-70.0%
<b>Total</b>	<b>150</b>	<b>5.78</b>	<b>4.80</b>	<b>4.80</b>	<b>-0.98</b>	<b>-17.0%</b>

## Reported Attempts to Die by Suicide

Families of youth clients are asked at the start of treatment and at their most recent update, "How many times has your child tried to commit suicide in the past 6 months?" Only families of youth who completed this question at time of admission and time of most recent update are included.

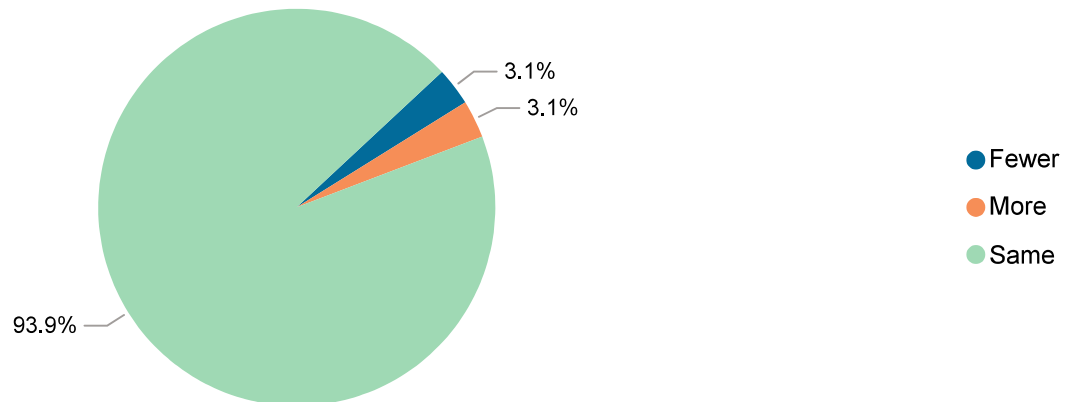
Families' responses on these surveys are then broken out by the type of treatment service their youth received. If they received multiple types of treatment services in FY24, families' responses are counted once in each service.



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

At most recent update, families of youth served in publicly funded treatment services reported their youth had an increase in attempts to die by suicide in the past 6 months.

Families Who Reported Youth Clients Had More, Fewer, or the Same Number of Attempts to Die by Suicide at Most Recent Update Compared to Admission



In the Past 6 Months How Many Times Has Your Child Attempted to Die by Suicide?

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	145	0.08	0.09	0.09	0.01	15.4%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	2	0.00	0.00	0.00	0.00	NaN
Outpatient Services	2	0.00	0.00	0.00	0.00	NaN
<b>Total</b>	<b>148</b>	<b>0.08</b>	<b>0.09</b>	<b>0.09</b>	<b>0.01</b>	<b>15.4%</b>

## Visits to Emergency Department



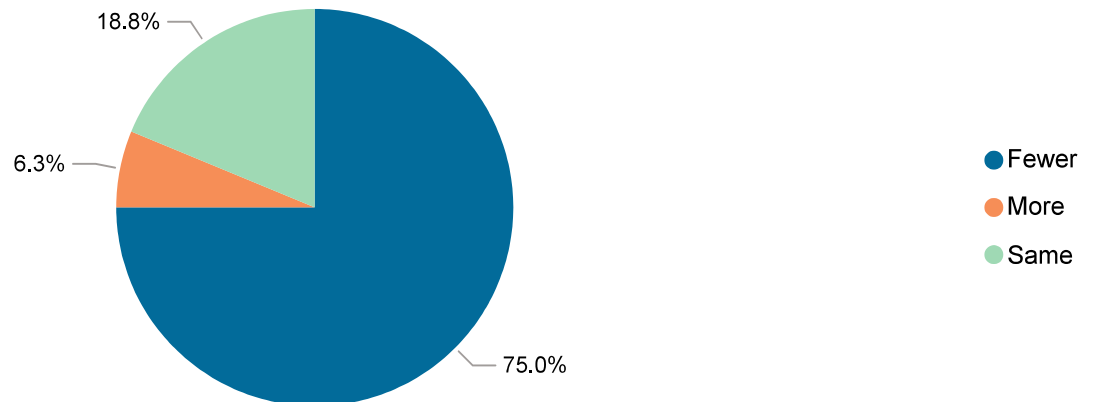
Families of youth clients are asked at the start of treatment and at their most recent update, "How many times has your child gone to an emergency room for a psychiatric or emotional problem in the past 6 months?" Only families of youth who completed this question at time of admission and time of most recent update are included.

Families of youth clients who had at least one emergency department visit prior to receiving treatment services are included.

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

At most recent update, families of youth served in publicly funded treatment services reported their youth had a decrease in emergency department visits in the past 6 months.

Families Who Reported Youth Clients Had More, Fewer, or the Same Number of Visits to the Emergency Department at Most Recent Update Compared to Admission



How Many Times in the Past 6 Months Has Your Child Visited the Emergency Department?

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	13	1.31	0.88	0.88	-0.44	-33.3%
<b>Total</b>	<b>13</b>	<b>1.31</b>	<b>0.88</b>	<b>0.88</b>	<b>-0.44</b>	<b>-33.3%</b>



## Detoxification Services



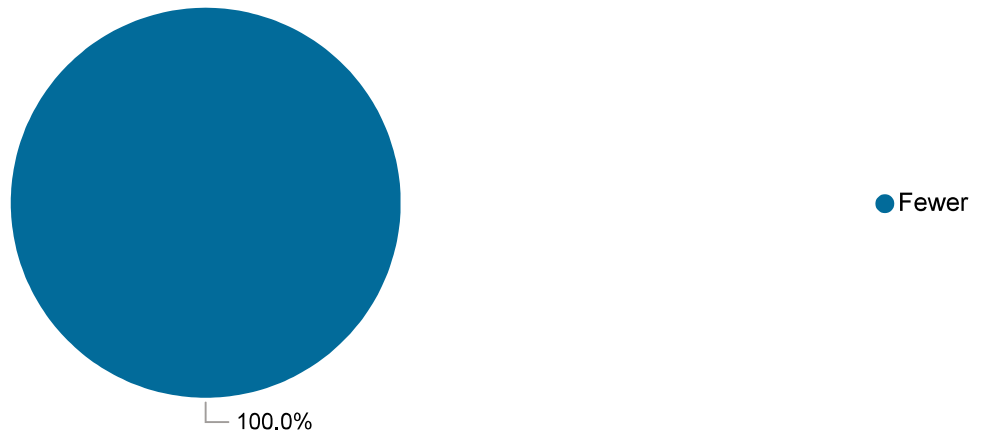
Families of youth clients are asked at the start of treatment and at their most recent update, "How many nights has your child spent in a facility for detoxification in the past 6 months?" Only families of youth who completed this question at time of admission and time of most recent update are included.

Families of youth clients who had at least one night in a facility for detoxification prior to receiving treatment services are included.

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

At most recent update, families of youth served in publicly funded treatment services reported their youth had a decrease in nights spent in a detox facility in the past 6 months.

Families Who Reported Their Youth Had More, Fewer, or the Same Number of Nights Spent in a Facility for Detoxification at Most Recent Update Compared to Admission



How Many Nights in the Past 6 Months Has Your Child Spent in a Facility for Detoxification?

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	3	1.50	0.00	0.00	-1.50	-100.0%
<b>Total</b>	<b>3</b>	<b>1.50</b>	<b>0.00</b>	<b>0.00</b>	<b>-1.50</b>	<b>-100.0%</b>

## Inpatient Substance Use Disorder Treatment Services



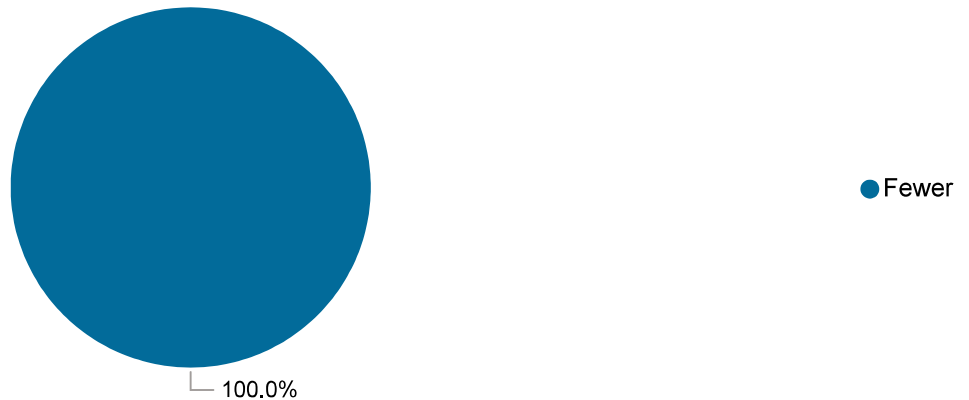
Families of youth clients are asked at the start of treatment and at their most recent update, "How many nights has your child spent in a facility for inpatient/residential substance use disorder treatment in the past 6 months?" Only families of youth who completed this question at time of admission and time of most recent update are included.

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

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

At most recent update, families of youth served in publicly funded treatment services reported their youth had a decrease in nights spent in an inpatient substance use disorder facility in the past 6 months.

Families Who Reported Their Youth Had More, Fewer, or the Same Number of Nights Spent in a Facility for Inpatient/Residential Substance Use Disorder Treatment at Most Recent Update Compared to Admission



How Many Nights in the Past 6 Months Has Your Child Spent in a Facility for Inpatient/Residential Substance Use Disorder Treatment?

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	3	3.00	0.00	0.00	-3.00	-100.0%
<b>Total</b>	<b>3</b>	<b>3.00</b>	<b>0.00</b>	<b>0.00</b>	<b>-3.00</b>	<b>-100.0%</b>

## Hospital Admissions for Mental Health Care



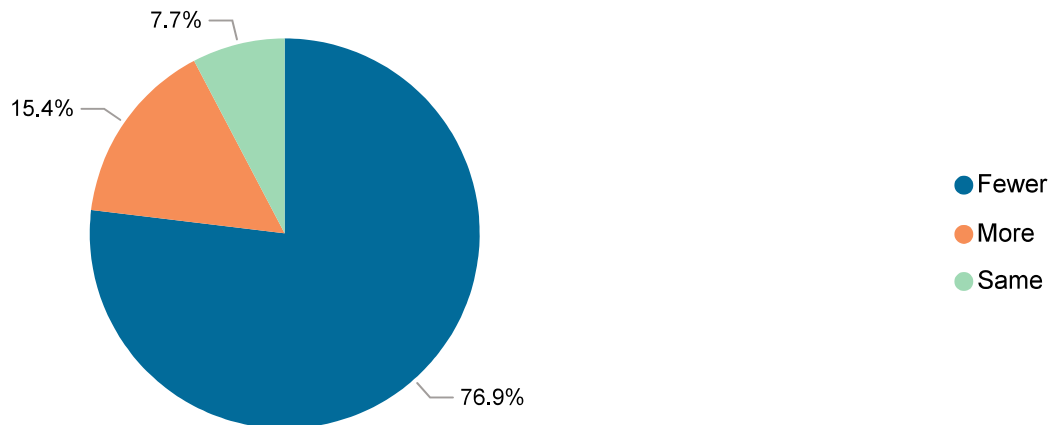
Families of youth clients are asked at the start of treatment and at their most recent update, "How many nights has your child spent in a facility for mental health care in the past 6 months?" Only families of youth who completed this question at time of admission and time of most recent update are included.

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

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

At most recent update, families of youth served in publicly funded treatment services reported their youth had a decrease in hospital admissions for mental health care in the past 6 months.

Families Who Reported Their Youth Had More, Fewer, or the Same Number of Nights in a Facility for Mental Health Care at Most Recent Update Compared to Admission



How Many Nights in the Past 6 Months Has Your Child Spent in a Facility for Mental Health Care?

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	10	17.69	3.31	3.31	-14.38	-81.3%
<b>Total</b>	<b>10</b>	<b>17.69</b>	<b>3.31</b>	<b>3.31</b>	<b>-14.38</b>	<b>-81.3%</b>

## Illness, Injury, or Surgery



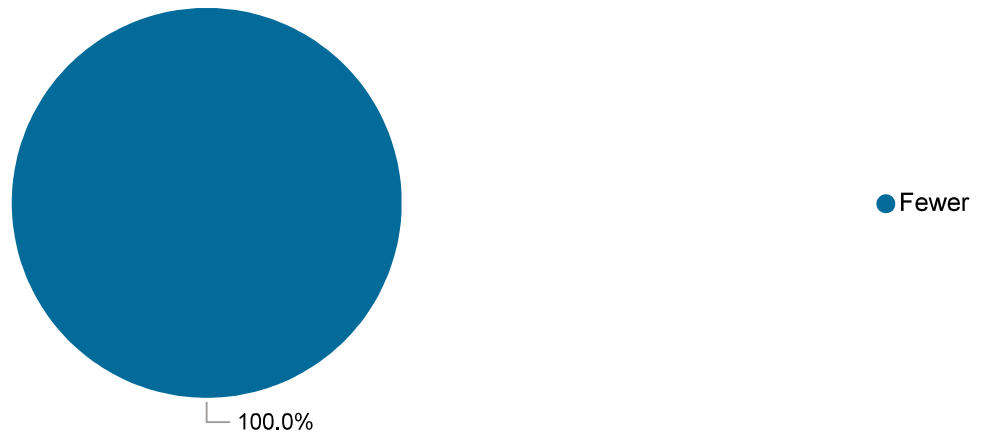
Families of youth clients are asked at the start of treatment and at their most recent update, "How many nights has your child spent in a facility for illness, injury, or surgery in the past 6 months?" Only families of youth who completed this question at time of admission and time of most recent update are included.

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

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

At most recent update, families of youth served in publicly funded treatment services reported their youth had a decrease in nights spent in a facility for illness, injury, or surgery in the past 6 months.

Families Who Reported Their Youth Had More, Fewer, or the Same Number of Nights in a Facility for Illness, Injury, or Surgery at Most Recent Update Compared to Admission



How Many Nights in the Past 6 Months Has Your Child Spent in a Facility for Illness, Injury, or Surgery?

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	8	6.13	0.00	0.00	-6.13	-100.0%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	1	3.00	0.00	0.00	-3.00	-100.0%
<b>Total</b>	<b>8</b>	<b>6.13</b>	<b>0.00</b>	<b>0.00</b>	<b>-6.13</b>	<b>-100.0%</b>

## Nights Spent in Correctional Facility



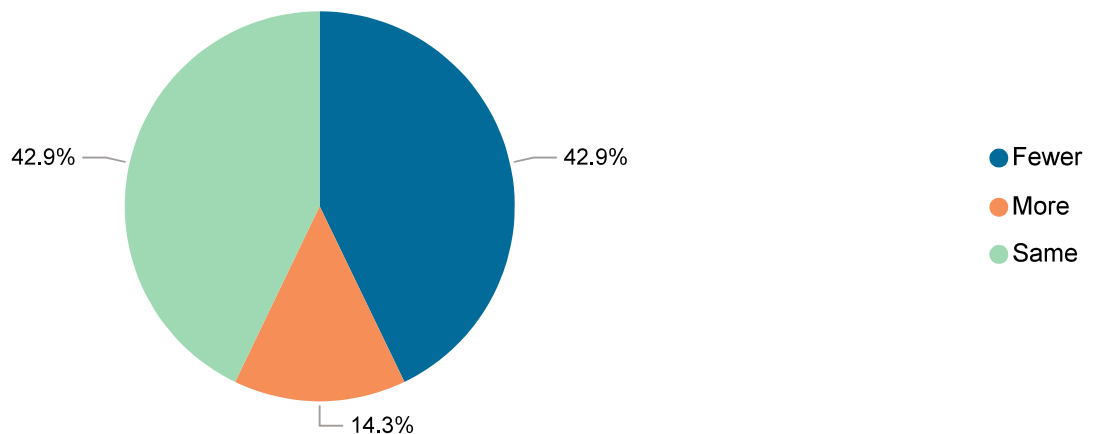
Families of youth clients are asked at the start of treatment and at their most recent update, "How many nights has your child spent in a correctional facility including JDC or jail (as a result of an arrest, parole or probation violation) in the past 6 months?" Only families of youth who completed this question at time of admission and time of most recent update are included.

Families of youth clients who had at least one night in a correctional facility prior to receiving treatment services are included.

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

At most recent update, families of youth served in publicly funded treatment services reported their youth had a decrease in nights spent in a correctional facility in the past 6 months.

Families Who Reported Their Youth Had More, Fewer, or the Same Number of Nights in a Correctional Facility at Most Recent Update Compared to Admission



How Many Nights in the Past 6 Months Has Your Child Spent in a Correctional Facility?

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	6	9.57	3.00	3.00	-6.57	-68.7%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	1	1.00	0.00	0.00	-1.00	-100.0%
<b>Total</b>	<b>6</b>	<b>9.57</b>	<b>3.00</b>	<b>3.00</b>	<b>-6.57</b>	<b>-68.7%</b>

## General Satisfaction with Services

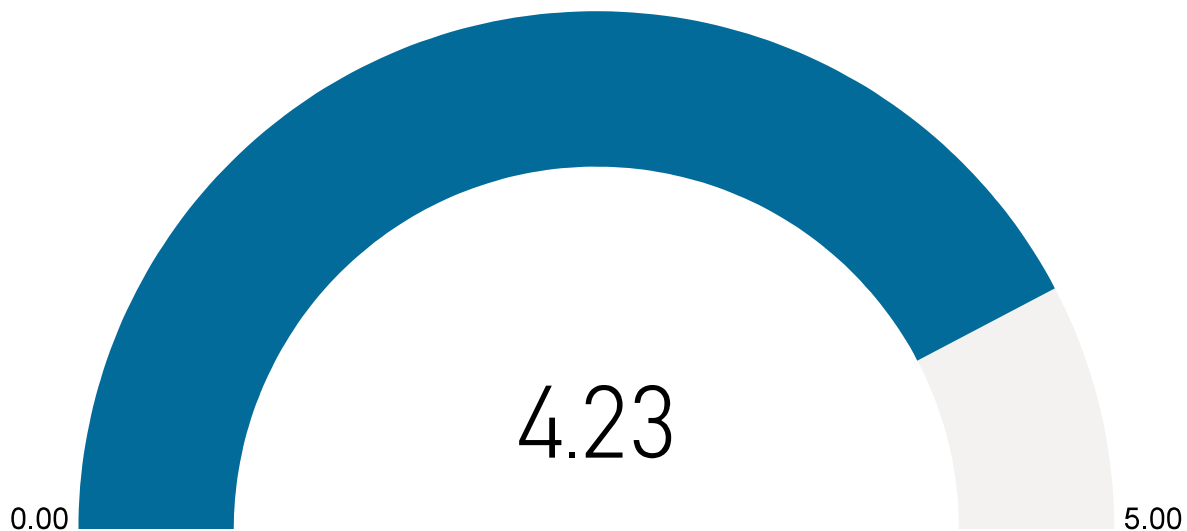


Families of youth clients are asked at most recent update to rate how strongly they agree with six different questions pertaining to their overall satisfaction with treatment services their youth received. The average of these six responses is given below. To see specific questions, please see Appendix B.

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

Families of youth served in publicly funded treatment services reported satisfaction with the services their youth received.

Were You Satisfied With the Services Your Child 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	Average First Update	Average Most Recent Update
Child or Youth and Family Services (CYF)	147	4.24	4.24
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	2	4.25	4.25
Outpatient Services	2	3.17	3.17
<b>Total</b>	<b>150</b>	<b>4.23</b>	<b>4.23</b>

## Improved Functioning



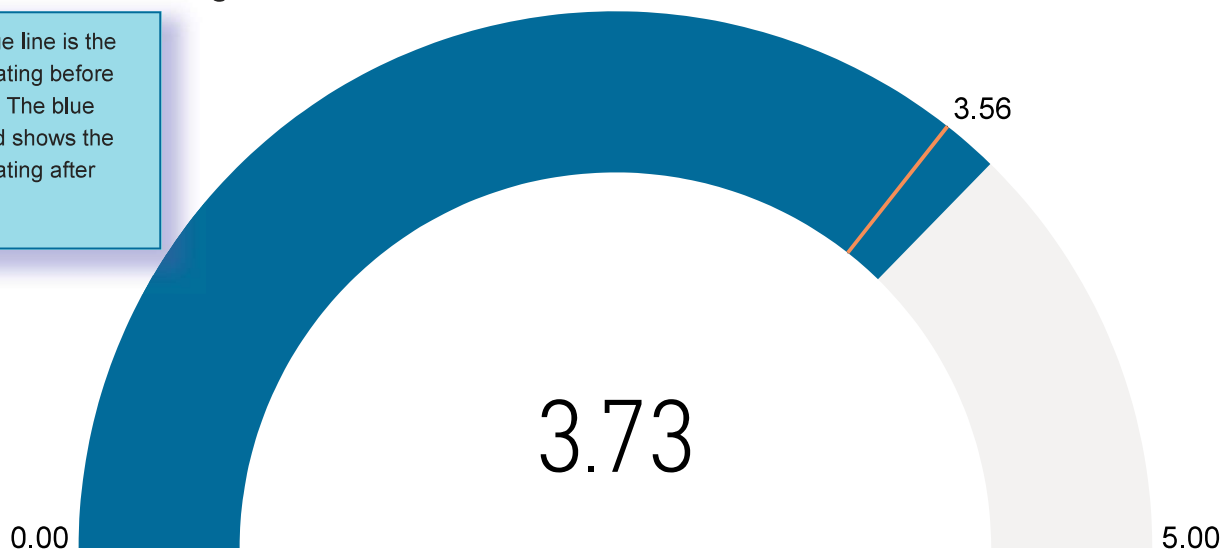
Families of youth clients are asked at most recent update to rate how strongly they agree with seven different questions pertaining to their perception of their youth's mental health and social well-being before and after the services they received. The average of these seven responses is given below. To see specific questions, please see Appendix B.

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

Families of youth served in publicly funded treatment services reported their youth had improved functioning as a result of services received.

### Improved Functioning

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	144	3.57	3.73	3.73	0.17	4.7%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	2	3.79	2.43	2.43	-1.36	-35.8%
Outpatient Services	2	2.71	2.86	2.86	0.14	5.3%
<b>Total</b>	<b>147</b>	<b>3.56</b>	<b>3.73</b>	<b>3.73</b>	<b>0.17</b>	<b>4.8%</b>

## Social Connectedness



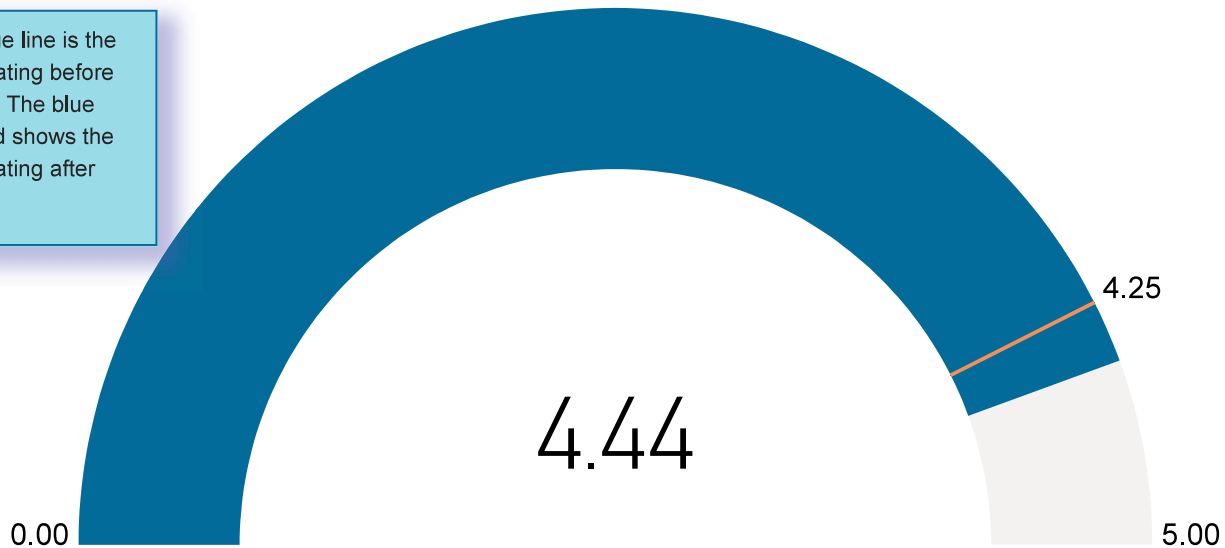
Families of youth clients are asked at most recent update to rate how strongly they agree with four different questions pertaining to their youth's connections with their family, friends, and community. The average of these four responses is given below. To see specific questions, please see Appendix B.

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

Families of youth served in publicly funded treatment services reported improved social connectedness for their youth.

### Social Connectedness

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	147	4.26	4.45	4.45	0.19	4.5%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	2	4.00	2.13	2.13	-1.88	-46.9%
Outpatient Services	2	4.13	4.13	4.13	0.00	0.0%
<b>Total</b>	<b>150</b>	<b>4.25</b>	<b>4.44</b>	<b>4.44</b>	<b>0.19</b>	<b>4.4%</b>



## Participation in Treatment Planning

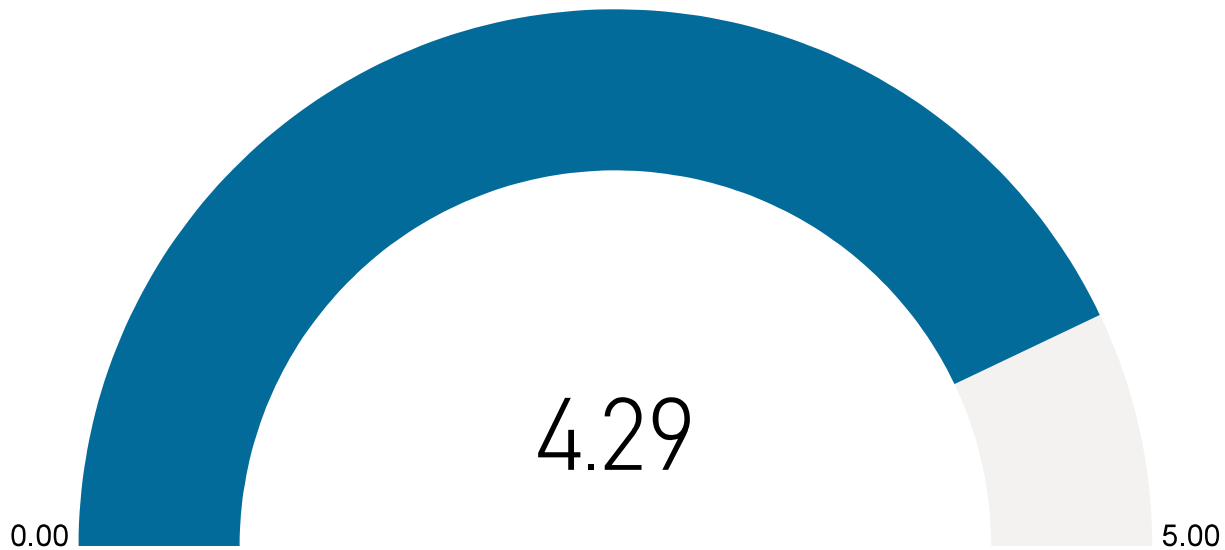


Families of youth clients are asked at most recent update to rate how strongly they agree with three different questions pertaining to their participation in treatment planning for services their youth received. The average of these three responses is given below. To see specific questions, please see Appendix B.

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

Families of youth served in publicly funded treatment services reported high levels of participation in their youth's treatment planning.

### Participation in Treatment Planning



Participation in Treatment Planning Ratings: 0-Refused to Respond; 1-Strongly Disagree; 2-Disagree; 3-Undecided; 4-Agree; 5-Strongly Agree

Treatment Services	Unduplicated Client Count	Average First Update	Average Most Recent Update
Child or Youth and Family Services (CYF)	147	4.31	4.31
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	2	4.50	4.50
Outpatient Services	2	3.17	3.17
<b>Total</b>	<b>150</b>	<b>4.29</b>	<b>4.29</b>

## Cultural Sensitivity

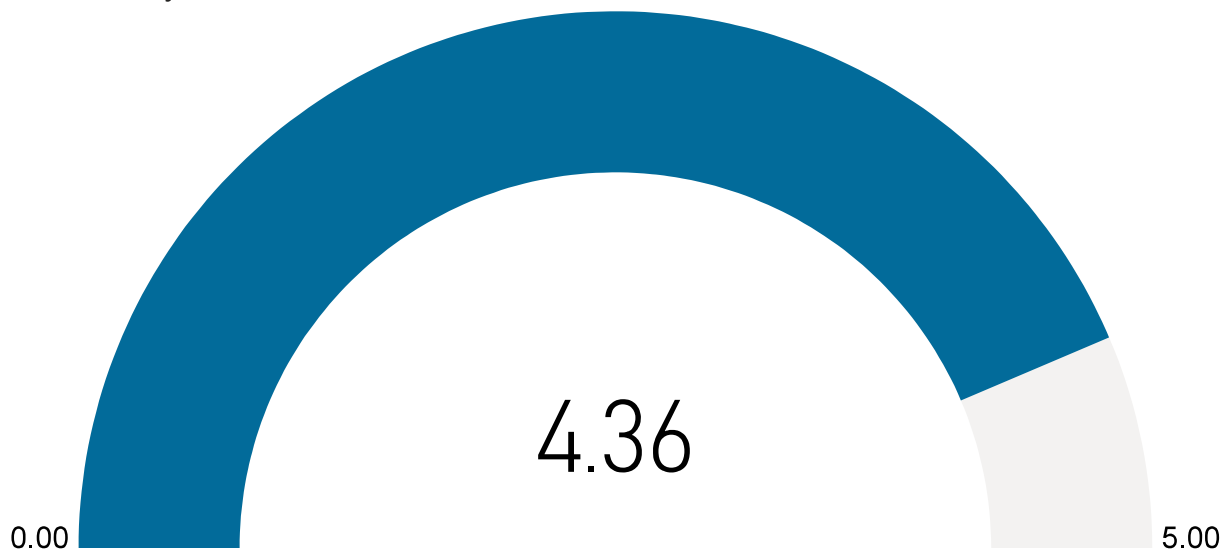


Families of youth clients are asked at most recent update to rate how strongly they agree with four different questions pertaining to the cultural sensitivity of staff. The average of these four responses is given below. To see specific questions, please see Appendix B.

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

Families of youth served in publicly funded treatment services reported they felt staff were culturally sensitive.

### Cultural Sensitivity of Staff



Cultural Sensitivity of Staff Ratings: 0-Refused to Respond; 1-Strongly Disagree; 2-Disagree; 3-Undecided; 4-Agree; 5-Strongly Agree

Treatment Services	Unduplicated Client Count	Average First Update	Average Most Recent Update
Child or Youth and Family Services (CYF)	147	4.37	4.37
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	2	4.13	4.13
Outpatient Services	2	3.25	3.25
<b>Total</b>	<b>150</b>	<b>4.36</b>	<b>4.36</b>

## Access to Services

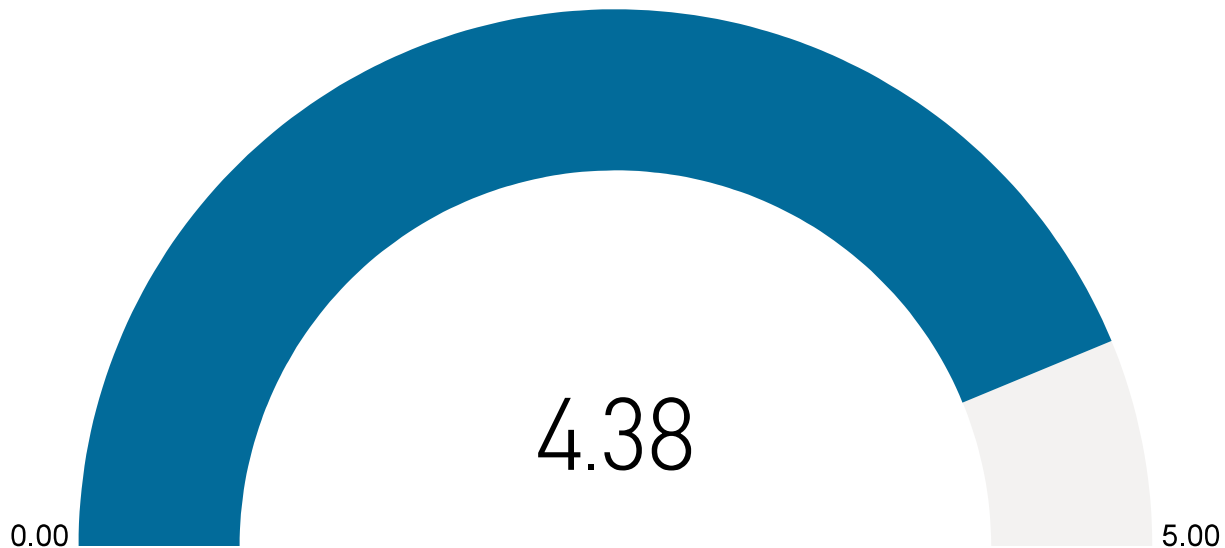


Families of youth clients are asked at most recent update to rate how strongly they agree with two different questions pertaining to the ease and convenience of accessing the services their youth received. The average of these two responses is given below. To see specific questions, please see Appendix B.

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

Families of youth served in publicly funded treatment services reported ease and convenience when accessing services.

### Access to Services



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

Treatment Services	Unduplicated Client Count	Average First Update	Average Most Recent Update
Child or Youth and Family Services (CYF)	147	4.38	4.38
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	2	4.25	4.25
Outpatient Services	2	4.25	4.25
<b>Total</b>	<b>150</b>	<b>4.38</b>	<b>4.38</b>

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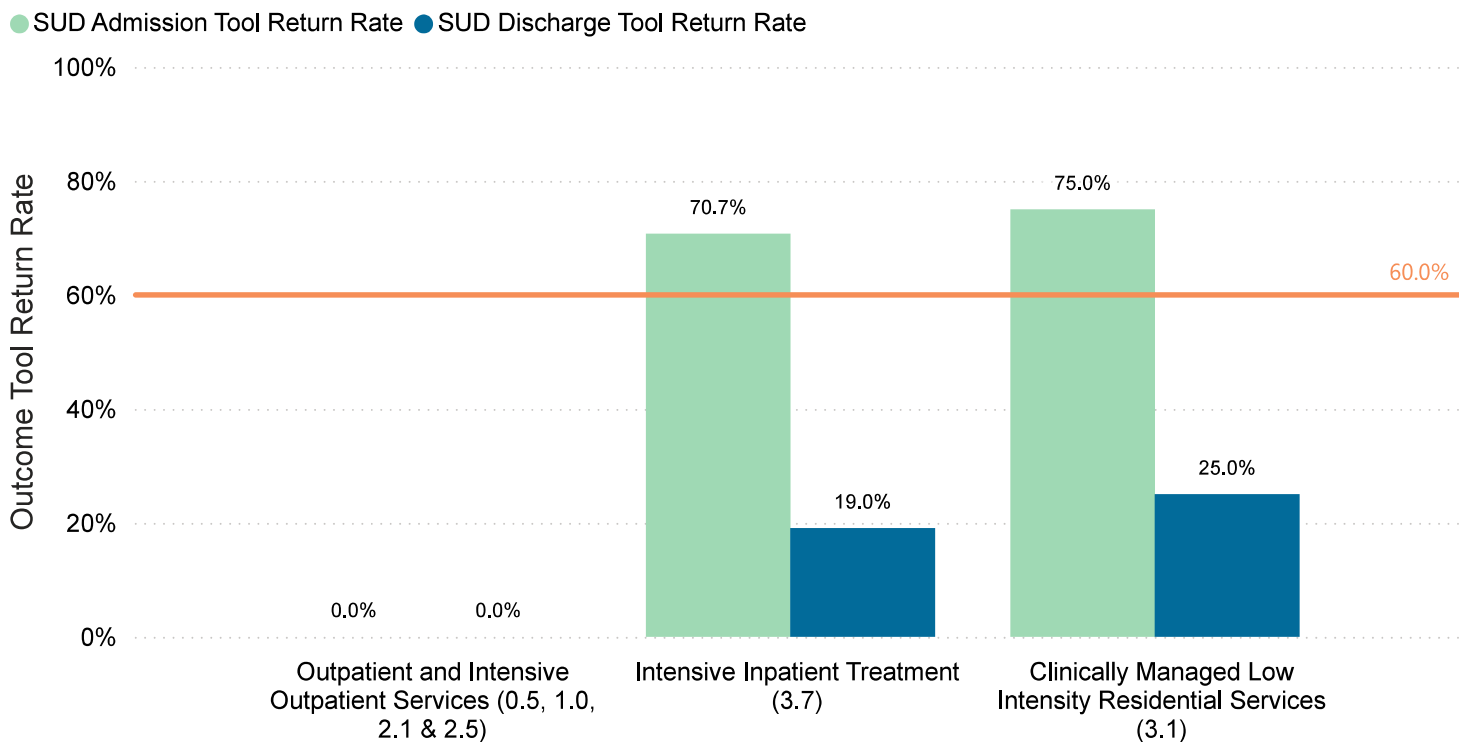
# Appendix A: Outcome Tool Return Rates

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## 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.

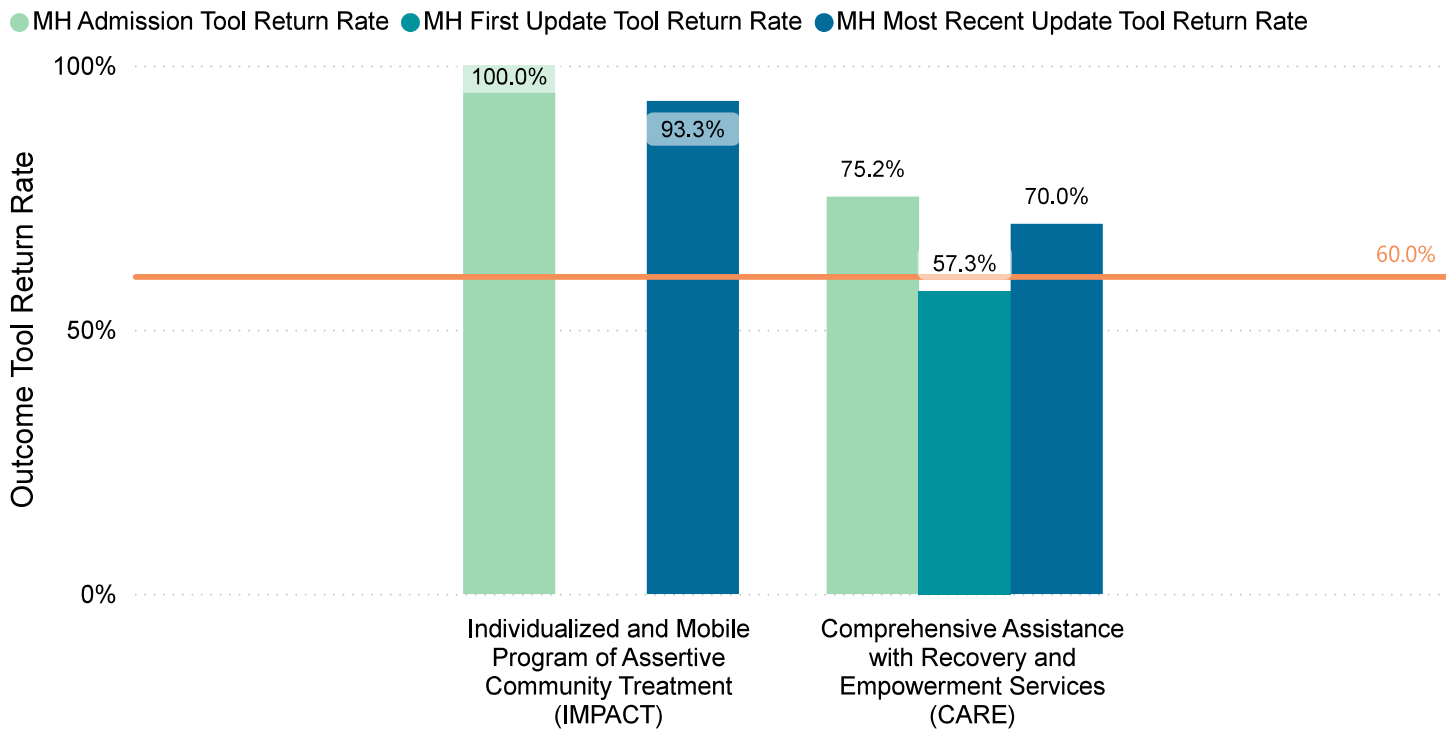


Treatment Services	Admissions	Initial Tool	Initial Tool Return Rate	Discharges	Discharge Tool	Discharge Tool Return Rate
Clinically Managed Low Intensity Residential Services (3.1)	24	18	75.0%	16	4	25.0%
Intensive Inpatient Treatment (3.7)	41	29	70.7%	21	4	19.0%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1 & 2.5)	2	0	0.0%	3	0	0.0%
<b>Total</b>	<b>67</b>	<b>47</b>	<b>70.1%</b>	<b>40</b>	<b>8</b>	<b>20.0%</b>

## Adult MH 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.



Treatment Services	Admissions	Initial Tool	Initial Tool Return Rate	First Update	First Update Tool	First Update Tool Return Rate	Most Recent Update	Most Recent Update Tool	Most Recent Update Tool Return Rate
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	294	221	75.2%	246	141	57.3%	1865	1306	70.0%
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	1	1	100.0%	0	0	NaN	89	83	93.3%
<b>Total</b>	<b>295</b>	<b>222</b>	<b>75.3%</b>	<b>246</b>	<b>141</b>	<b>57.3%</b>	<b>1954</b>	<b>1389</b>	<b>71.1%</b>

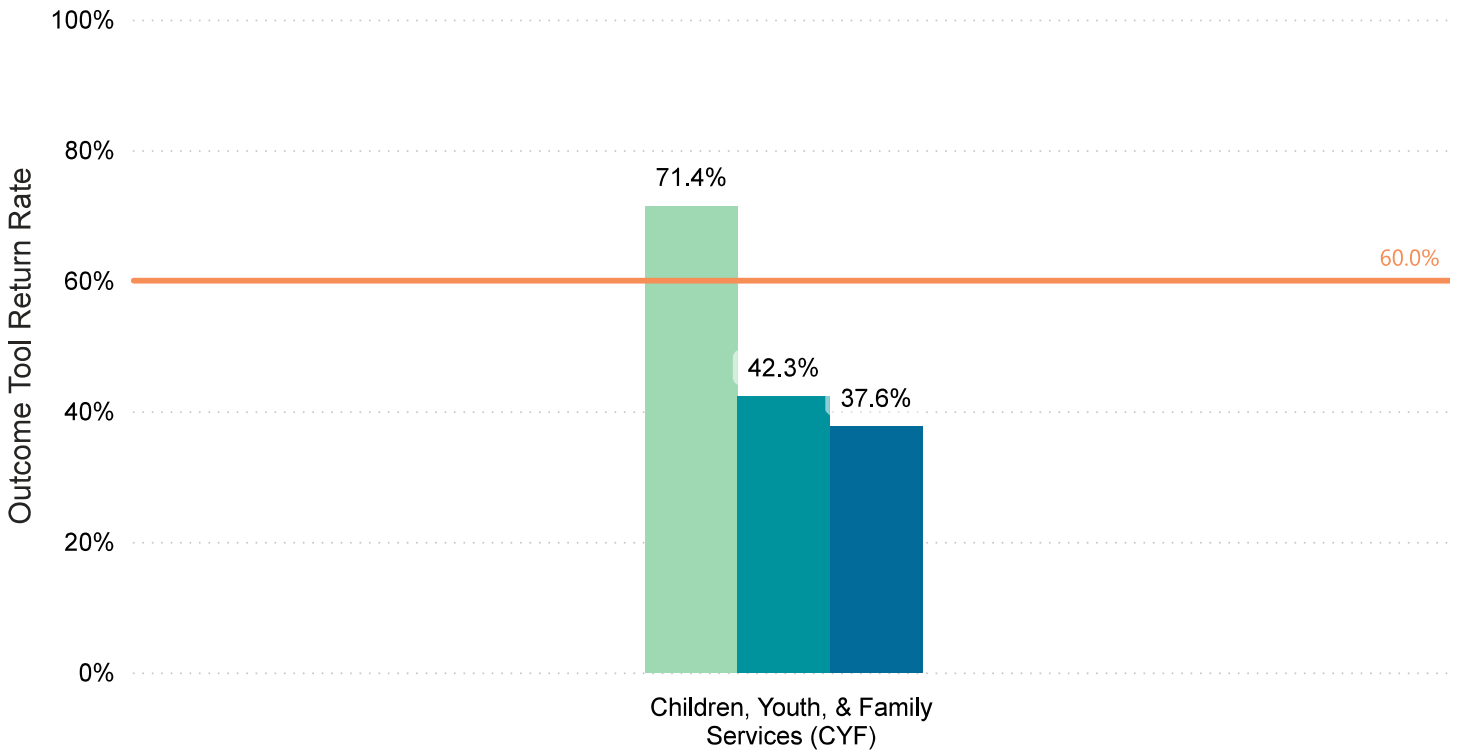


## Youth MH Outcome Tool Return Rates

Return rates in this section are for youth 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.

● MH Admission Tool Return Rate ● MH First Update Tool Return Rate ● MH Most Recent Update Tool Return Rate

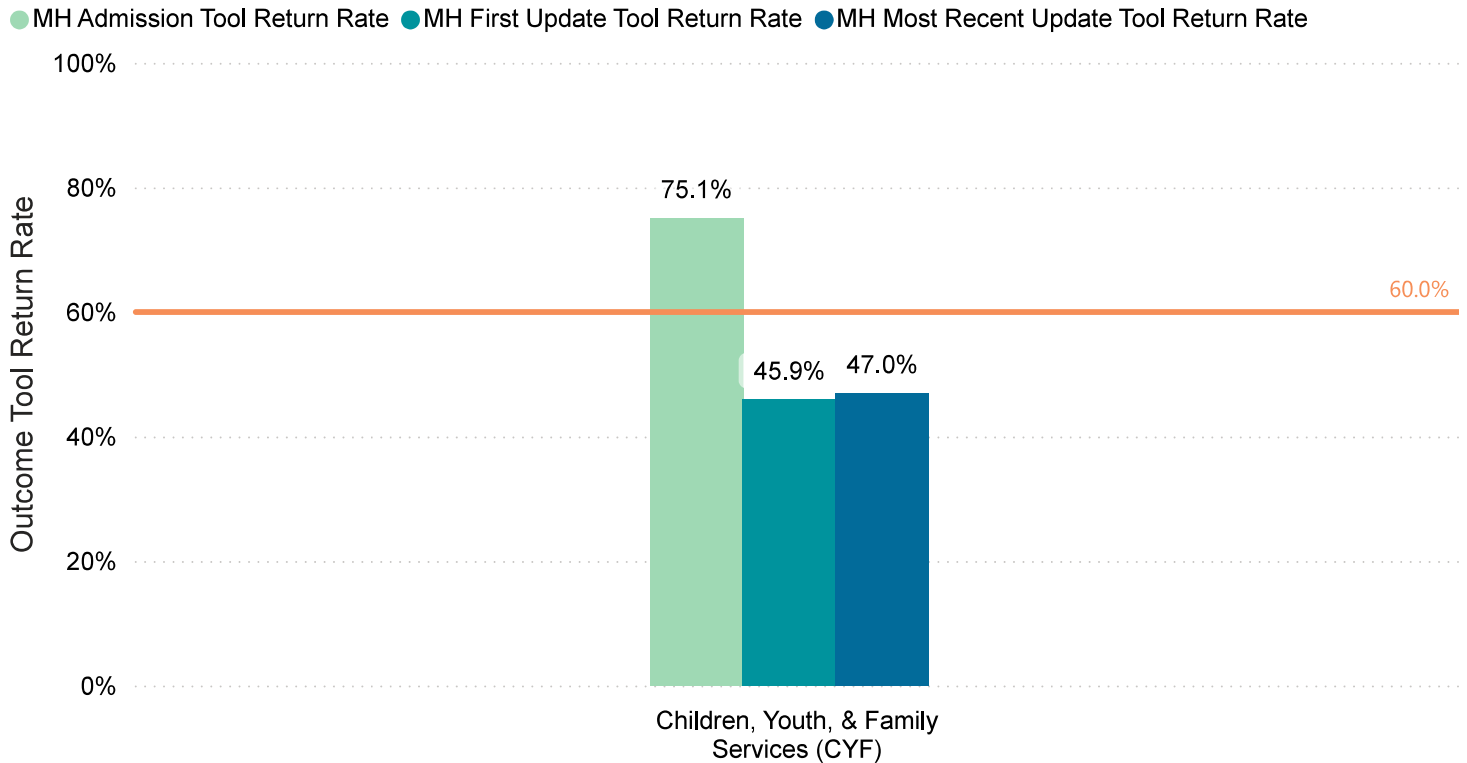


Treatment Services	Admission	Initial Tool	Initial Return Rate	First Update	First Update Tool	First Update Return Rate	Most Recent Update	Most Recent Update Tool	Most Recent Update Return Rate
Children, Youth, & Family Services (CYF)	210	150	71.4%	142	60	42.3%	492	185	37.6%
<b>Total</b>	<b>210</b>	<b>150</b>	<b>71.4%</b>	<b>142</b>	<b>60</b>	<b>42.3%</b>	<b>492</b>	<b>185</b>	<b>37.6%</b>

## Family MH Outcome Tool Return Rates

Return rates in this section reflect outcome tools completed by families of youth receiving mental health services. 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.



Treatment Services	Admission	Initial Tool	Initial Return Rate	First Update	First Update Tool	First Update Return Rate	Most Recent Update	Most Recent Update Tool	Most Recent Update Return Rate
Children, Youth, & Family Services (CYF)	409	307	75.1%	246	113	45.9%	492	231	47.0%
<b>Total</b>	<b>409</b>	<b>307</b>	<b>75.1%</b>	<b>246</b>	<b>113</b>	<b>45.9%</b>	<b>492</b>	<b>231</b>	<b>47.0%</b>

# Appendix B: Outcome Tool Surveys

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## Division of Behavioral Health Substance Use Disorder Outcome Tool INITIAL

Today's Date:

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

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

### 1. Would you say that in general your health is:

☐ Excellent    ☐ Very Good    ☐ Good    ☐ Fair    ☐ Poor

- a.** Now thinking about your physical health, which includes physical illness and injury, how many days during the past 30 days was your physical health not good? —
- b.** Now thinking about your mental health, which includes stress, depression, and problems with emotions, how many days during the past 30 days was your mental health not good? —
- c.** During the past 30 days, approximately how many days did your poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? —

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

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

0    1    2    3    4    5    6    7    8    9    10

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

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

0    1    2    3    4    5    6    7    8    9    10

## Adult SUD Form –Initial

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

5. Please answer the following questions based on the past 30 days...		
a. Have you gotten into trouble at home, at school, work, or in the community, because of your use of alcohol, drugs, inhalants, or gambling?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Have you missed school or work because of using alcohol, drugs, inhalants, or gambling?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<small>*Federally Required Element</small>		

6. Please answer the following questions based on the <u>past 30 days</u> ...	Number of Nights/Times	Don't know
a. How many times have you gone to an emergency room for a psychiatric or emotional problem?	_____	<input type="checkbox"/>
b. How many nights have you spent in a facility for:		
i. Detoxification?	_____	<input type="checkbox"/>
ii. Inpatient/Residential Substance Use Disorder Treatment?	_____	<input type="checkbox"/>
iii. Mental Health Care?	_____	<input type="checkbox"/>
iv. Illness, Injury, Surgery?	_____	<input type="checkbox"/>
c. How many nights have you spent in a correctional facility including jail or prisons (as a result of an arrest, parole or probation violation)?	_____	<input type="checkbox"/>
d. How many times have you tried to commit suicide?	_____	<input type="checkbox"/>

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

## Adult SUD Form –Initial

8. Please indicate your level of agreement or disagreement with the statements by checking the choice that best represents your feelings or opinion over the <b>past 30 days</b> . (Please answer for relationships with persons other than your behavioral health provider(s).) Source: MHSIP Survey *Federally Required	Response Options						
	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Not applicable	Refused
<b>Domain: Social Connectedness Questions 1-4</b>							
1. I am happy with the friendships I have.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I have people with whom I can do enjoyable things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel I belong in my community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. In a crisis, I would have the support I need from family or friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Domain: Improved Functioning Domain: Questions 5-8</b>							
5. I do things that are more meaningful to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am better able to take care of my needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I am better able to handle things when they go wrong.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I am better able to do things that I want to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Question **required** to be completed by Clinician

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

Today's Date:

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

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

☐ Excellent      ☐ Very Good      ☐ Good      ☐ Fair      ☐ Poor

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

Not important at all	About as important as most of the other things I would like to achieve now	Most important thing in my life right now
1	2	3
4	5	6
7	8	9
10	11	12

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

Not important at all	About as important as most of the other things I would like to achieve now	Most important thing in my life right now
1	2	3
4	5	6
7	8	9
10	11	12

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



## Adult SUD Form -Discharge

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

5. Please answer the following questions based on the <u>past 30 days...</u>		
a. Have you gotten into trouble at home, at school, work, or in the community, because of your use of alcohol, drugs, inhalants, or gambling?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Have you missed school or work because of using alcohol, drugs, inhalants, or gambling?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

\*Element agreed upon by the DOWG

6. Please answer the following questions based on the <u>past 30 days...</u>	Number of Nights/Times	Don't know
a. How many times have you gone to an emergency room for a psychiatric or emotional problem?	_____	<input type="checkbox"/>
b. How many nights have you spent in a facility for:		
i. Detoxification?	_____	<input type="checkbox"/>
ii. Inpatient/Residential Substance Use Disorder Treatment?	_____	<input type="checkbox"/>
iii. Mental Health Care?	_____	<input type="checkbox"/>
iv. Illness, Injury, Surgery?	_____	<input type="checkbox"/>
c. How many nights have you spent in a correctional facility including jail or prisons (as a result of an arrest, parole or probation violation)?	_____	<input type="checkbox"/>
d. How many times have you tried to commit suicide?	_____	<input type="checkbox"/>

7. Please check the appropriate box on how you are doing since entering the program that best tells us what you think.	Before the Program				Now (At end of Program)			
	Poor	Average	Good	Excellent	Poor	Average	Good	Excellent
	1	2	3	4	1	2	3	4
a. Controlling alcohol use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Controlling drug use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Adult SUD Form -Discharge

8. I would be able to resist the urge to drink heavily and/or use drugs...	Not at all confident	Very Confident
... if I were angry at the way things had turned out	<input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="3"/> <input type="text" value="4"/> <input type="text" value="5"/> <input type="text" value="6"/> <input type="text" value="7"/> <input type="text" value="8"/> <input type="text" value="9"/> <input type="text" value="10"/>	
... if I had unexpectedly found some booze/drugs or happened to see something that reminded me of drinking/using drugs	<input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="3"/> <input type="text" value="4"/> <input type="text" value="5"/> <input type="text" value="6"/> <input type="text" value="7"/> <input type="text" value="8"/> <input type="text" value="9"/> <input type="text" value="10"/>	
... if other people treated me unfairly or interfered with my plans	<input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="3"/> <input type="text" value="4"/> <input type="text" value="5"/> <input type="text" value="6"/> <input type="text" value="7"/> <input type="text" value="8"/> <input type="text" value="9"/> <input type="text" value="10"/>	
... if I were out with friends and they kept suggesting we go somewhere to drink/use drugs	<input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="3"/> <input type="text" value="4"/> <input type="text" value="5"/> <input type="text" value="6"/> <input type="text" value="7"/> <input type="text" value="8"/> <input type="text" value="9"/> <input type="text" value="10"/>	

9. Please indicate your level of agreement or disagreement with the statements by checking the choice that best represents your feelings or opinion over the past 30 days. (Please answer for relationships with persons other than your behavioral health provider(s).) Source: MHSIP Survey *Element Agreed upon by DOWG	Response Options						
	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Not applicable	Refused
<b>Domain: Social Connectedness Questions 1-4</b>							
1. I am happy with the friendships I have.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I have people with whom I can do enjoyable things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel I belong in my community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. In a crisis, I would have the support I need from family or friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Domain: Improved Functioning Domain: Questions 5-8</b>							
5. I do things that are more meaningful to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am better able to take care of my needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I am better able to handle things when they go wrong.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I am better able to do things that I want to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Domain: Perception of Access to Services Questions 9-13</b>							
9. The location of services was convenient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Staff was willing to see me as often as I felt it was necessary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Staff returned my calls within 24 hours.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Services were available at times that were good for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I was able to get all the services I thought I needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Domains: Perception of Quality and Appropriateness Questions 14-21</b>							
14. Staff believed that I could grow, change and recover.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. I felt free to complain.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Staff respected my wishes about who is and is not to be given information about my treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Staff was sensitive to my cultural/ethnic background.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Last Updated: 03/23/2021

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## Adult SUD Form -Discharge

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

Question **required** to be completed by Clinician

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

Unengaged and Blocked	Minimal Engagement in Recovery	Limited Engagement in Recovery	Positive Engagement in Recovery	Optimal Engagement in Recovery
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

## Division of Behavioral Health Substance Use Disorder Outcome Tool Youth INITIAL

Todays' Date:

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

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

### 1. Would you say that in general your health is:

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

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

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

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

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

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

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

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

### 4. Please answer the following question

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

\*Federally Required Element

Number of  
Nights/Times

Don't  
know

\_\_\_\_\_ ☐

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

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

\*Federally Required Element

Last Updated: 03/23/2021

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## Youth SUD Form –Initial Interview

6. Please answer the following questions based on the <u>30 days</u> ...	Number of Nights/Times	Don't know
a. How many times have you gone to an emergency room for a psychiatric or emotional problem?	_____	<input type="checkbox"/>
b. How many nights have you spent in a facility for:		
i. Detoxification?	_____	<input type="checkbox"/>
ii. Inpatient/Residential Substance Use Disorder Treatment?	_____	<input type="checkbox"/>
iii. Mental Health Care?	_____	<input type="checkbox"/>
iv. Illness, Injury, Surgery?	_____	<input type="checkbox"/>
c. How many nights have you spent in a correctional facility including JDC or Jail (as a result of an arrest, parole or probation violation)?	_____	<input type="checkbox"/>
d. How many times have you tried to commit suicide?	_____	<input type="checkbox"/>
<b>7. I would be able to resist the urge to drink heavily and/or use drugs...</b>	Not at all confident	Very Confident
... if I were angry at the way things had turned out	0 1 2 3 4 5 6 7 8 9 10	
... if I had unexpectedly found some booze/drugs or happened to see something that reminded me of drinking/using drugs	0 1 2 3 4 5 6 7 8 9 10	
... if other people treated me unfairly or interfered with my plans	0 1 2 3 4 5 6 7 8 9 10	
... if I were out with friends and they kept suggesting we go somewhere to drink/use drugs	0 1 2 3 4 5 6 7 8 9 10	

## Youth SUD Form –Initial Interview

8. Please indicate your level of agreement or disagreement with the statements by checking the choice that best represents your feelings or opinion over the past 30 days. (Please answer for relationships with persons other than your behavioral health provider(s).) *Federally Required	Response Options						
	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Not applicable	Refused
<b>Domain: Social Connectedness Questions 1-4</b>							
1. I know people who will listen and understand me when I need to talk.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. In a crisis, I would have the support I need from family and friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I have people that I am comfortable talking with about my problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I have people with whom I can do enjoyable things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Domain: Improved Functioning Domain: Questions 5-11</b>							
5. I am able to do things I want to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I get along with family members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I get along with friends and other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I do well in school and/or work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I am able to cope when things go wrong.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I am able to handle my daily life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I am satisfied with my family life right now.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Question to be answered by Clinician

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

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

Unengaged and Blocked	Minimal Engagement in Recovery	Limited Engagement in Recovery	Positive Engagement in Recovery	Optimal Engagement in Recovery
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Division of Behavioral Health Substance Use Disorder Outcome Tool Youth Discharge

Today's Date:

Client STARS ID:

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

### 1. Would you say that in general your health is:

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

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

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

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

### 2. At this moment, how important is it that you change your current behaviors and/or symptoms? Please select the number below:

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

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

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

### 4. Please answer the following question

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

\*Federally Required Element

Number of  
Nights/Times

Don't  
know

\_\_\_\_\_ ☐

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

a. Have you gotten into trouble at home, at school, work, or in the community, because of your use of alcohol, drugs, inhalants, or gambling? ☐ Yes ☐ No

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

## Youth SUD Form – Discharge

6. Please answer the following questions based on the <u>past 30 days</u> ...	Number of Nights/Times	Don't know
a. How many times have you gone to an emergency room for a psychiatric or emotional problem?	___	<input type="checkbox"/>
b. How many nights have you spent in a facility for:		
i. Detoxification?	___	<input type="checkbox"/>
ii. Inpatient/Residential Substance Use Disorder Treatment?	___	<input type="checkbox"/>
iii. Mental Health Care?	___	<input type="checkbox"/>
iv. Illness, Injury, Surgery?	___	<input type="checkbox"/>
Source: Current MPR Adult History Form (Revised 3/06)		
c. How many nights have you spent in a correctional facility including JDC or Jail (as a result of an arrest, parole or probation violation)?	___	<input type="checkbox"/>
d. How many times have you tried to commit suicide?	___	<input type="checkbox"/>

\*Federally Required Element

7. Please check the appropriate box on how you are doing since entering the program that best tells us what you think.	Before the Program				Now (At end of Program)			
	Poor	Average	Good	Excellent	Poor	Average	Good	Excellent
	1	2	3	4	1	2	3	4
a. Controlling alcohol use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Controlling drug use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*Element agreed upon by the DOWG

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



## Youth SUD Form – Discharge

9. Please indicate your level of agreement or disagreement with the statements by checking the choice that best represents your feelings or opinion over the past 30 days. (Please answer for relationships with persons other than your behavioral health provider(s).) *Federally Required	Response Options						
	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Not applicable	Refused
<b>Domain: Social Connectedness Questions 1-4</b>							
1. I know people who will listen and understand me when I need to talk.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. In a crisis, I would have the support I need from family and friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I have people that I am comfortable talking with about my problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I have people with whom I can do enjoyable things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Domain: Improved Functioning/ Outcomes Domain: Questions 5-11</b>							
5. I am better able to do things I want to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I get along better with family members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I get along better with friends and other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I am doing better in school and/or work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I am better able to cope when things go wrong.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I am better at handling my daily life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I am satisfied with my family life right now.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Domain: Perception of Access to Services Questions 12-13</b>							
12. The location of services was convenient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Services are available at times that are convenient for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Domains: Perception of Cultural Sensitivity Questions 14-17</b>							
14. Staff treat me with respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Staff respect my family's religious/spiritual beliefs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Staff speak with me in a way that I understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Staff are sensitive to my cultural/ethnic background.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Domain: Perceptions of Participation in Treatment Planning Questions 18-20</b>							
18. I helped to choose my services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I helped to choose my treatment goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. I participated in my own treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Domain: General Satisfaction Questions 21-26</b>							
21. Overall I am satisfied with the services I have received here.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. The people helping me have stuck with me no matter what.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. I feel I have someone to talk to when I am troubled.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. I received services that were right for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. I have gotten the help I want.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. I have gotten as much help as I need.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Youth SUD Form – Discharge

Questions to be answered by Clinician

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

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

Unengaged and Blocked	Minimal Engagement in Recovery	Limited Engagement in Recovery	Positive Engagement in Recovery	Optimal Engagement in Recovery
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

## Division of Behavioral Health Substance Use Disorder Outcome Tool Family INITIAL

Todays' Date:

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

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

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

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

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

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

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

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

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

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

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

### 4. Please answer the following question

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

\*Federally Required Element

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

\_\_\_\_\_ ☐

## Family SUD Form –Initial Interview

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

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

\*Federally Required Element

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

	Number of Nights/Times	Don't know
a. How many times has your child gone to an emergency room for a psychiatric or emotional problem?	___	<input type="checkbox"/>
b. How many nights has your child spent in a facility for:		
i. Detoxification?	___	<input type="checkbox"/>
ii. Inpatient/Residential Substance Use Disorder Treatment?	___	<input type="checkbox"/>
iii. Mental Health Care?	___	<input type="checkbox"/>
iv. Illness, Injury, Surgery?	___	<input type="checkbox"/>
c. How many nights has your child spent in a correctional facility including JDC or Jail (as a result of an arrest, parole or probation violation)?	___	<input type="checkbox"/>
d. How many times has your child tried to commit suicide?	___	<input type="checkbox"/>

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

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

## Family SUD Form –Initial Interview

8. Please indicate your level of agreement or disagreement with the statements by checking the choice that best represents your feelings or opinion over the past 30 days. (Please answer for relationships with persons other than your behavioral health provider(s).) Source: MHSIP Survey *Federally Required	Response Options						
	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Not applicable	Refused
<b>Domain: Social Connectedness Questions 1-4</b>							
1. My child knows people who will listen and understand them when they need to talk.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. In a crisis, my child would have the support they need from family and friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. My child has people that he/she are comfortable talking with about their problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. My child has people with whom they can do enjoyable things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Domain: Improved Functioning Domain: Questions 5-11</b>							
5. My child is able to do things he or she wants to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. My child gets along with family members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. My child gets along with friends and other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. My child does well in school and/or work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. My child is able to cope when things go wrong.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. My child is able to handle daily life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I am satisfied with our family life right now.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Question to be answered by Clinician

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

## Division of Behavioral Health Substance Use Disorder Outcome Tool Family Discharge

Todays' Date:

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

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

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

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

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

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

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

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

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

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

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

### 4. Please answer the following question

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

\*Federally Required Element

Number of  
Nights/Times

Don't  
know

\_\_\_\_\_ ☐

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

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

## Family SUD Form – Discharge

6. Please answer the following questions based on the <u>past 30 days</u> ...	Number of Nights/Times	Don't know
a. How many times has your child gone to an emergency room for a psychiatric or emotional problem?	_____	<input type="checkbox"/>
b. How many nights has your child spent in a facility for:		
i. Detoxification?	_____	<input type="checkbox"/>
ii. Inpatient/Residential Substance Use Disorder Treatment?	_____	<input type="checkbox"/>
iii. Mental Health Care?	_____	<input type="checkbox"/>
iv. Illness, Injury, Surgery?	_____	<input type="checkbox"/>
c. How many nights has your child spent in a correctional facility including JDC or Jail (as a result of an arrest, parole or probation violation)?	_____	<input type="checkbox"/>
d. How many times has your child tried to commit suicide?	_____	<input type="checkbox"/>

\*Federally Required Element

7. Please check the appropriate box on how your child is doing since entering the program that best tells us what you think.	Before the Program				Now (At end of Program)			
	Poor	Average	Good	Excellent	Poor	Average	Good	Excellent
	1	2	3	4	1	2	3	4
a. Controlling alcohol use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Controlling drug use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

## Family SUD Form – Discharge

9. Please indicate your level of agreement or disagreement with the statements by checking the choice that best represents your feelings or opinion over the past 30 days. (Please answer for relationships with persons other than your behavioral health provider(s).) *Federally Required	Response Options						
	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Not applicable	Refused
<b>Domain: Social Connectedness Questions 1-4</b>							
1. My child knows people who will listen and understand them when they need to talk.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. In a crisis, my child would have the support they need from family and friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. My child has people that he/she are comfortable talking with about their problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. My child has people with whom they can do enjoyable things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Domain: Improved Functioning/ Outcomes Domain: Questions 5-11</b>							
5. My child is better able to do things he or she wants to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. My child gets along better with family members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. My child gets along better with friends and other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. My child is doing better in school and/or work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. My child is better able to cope when things go wrong.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. My child is better at handling daily life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I am satisfied with our family life right now.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Domain: Perception of Access to Services Questions 12-13</b>							
12. The location of services was convenient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Services were available at times that were convenient for us.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Domains: Perception of Cultural Sensitivity Questions 14-17</b>							
14. Staff treated me with respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Staff respected my family's religious/spiritual beliefs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Staff spoke with me in a way that I understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Staff were sensitive to my cultural/ethnic background.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Domain: Perceptions of Participation in Treatment Planning Questions 18-20</b>							
18. I helped to choose my child's services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I helped to choose my child's treatment goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. I was frequently involved in my child's treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Family SUD Form – Discharge

	Response Options						
	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Not applicable	Refused
<b>Domain: General Satisfaction Questions 21-26</b>							
21. Overall I am satisfied with the services my child received here.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. The people helping my child have stuck with us no matter what.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. I feel my child has someone to talk to when he/she is troubled.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. The services my child and/or family received were right for us.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. My family got the help we wanted for my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. My family has gotten as much help as we needed for my child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Question to be answered by Clinician

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

Unengaged and Blocked	Minimal Engagement in Recovery	Limited Engagement in Recovery	Positive Engagement in Recovery	Optimal Engagement in Recovery
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

## Division of Behavioral Health Mental Health Outcome Tool INITIAL

Today's Date:

Client STARS ID:

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

### 1. Would you say that in general your health is:

☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

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

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

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

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

Number of  
Nights/Times Don't  
know

How many times have you been arrested?

\*Federally required element

\_\_\_\_\_

☐

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

Number of  
Nights/Times Don't  
know

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

☐

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

i. Detoxification? \_\_\_\_\_

☐

ii. Inpatient/Residential Substance Use Disorder Treatment \_\_\_\_\_

☐

iii. Mental Health Care? \_\_\_\_\_

☐

iv. Illness, Injury, Surgery \_\_\_\_\_

☐

c. How many times have you been arrested? \_\_\_\_\_

☐

d. How many nights have you spent in a correctional facility including jail or prisons (as a result of an arrest, parole or probation violation)? \_\_\_\_\_

☐

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

☐

## Adult MH Tool – Initial Interview

4. Please indicate your level of agreement or disagreement with the statements by checking the choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) Source: MHSIP Survey *Federally Required	Response Options						
	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Not applicable	Refused
Domain: Social Connectedness Questions 1-4							
1. I am happy with the friendships I have.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I have people with whom I can do enjoyable things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel I belong in my community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. In a crisis, I would have the support I need from family or friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domain: Improved Functioning Domain: Questions 5-8							
5. I do things that are more meaningful to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am able to take care of my needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I am able to handle things when they go wrong.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I am able to do things that I want to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Today's Date:

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

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

<input type="checkbox"/> Employed full time (35+ hours per week)	<input type="checkbox"/> Student
<input type="checkbox"/> Employed part time	<input type="checkbox"/> Retired
<input type="checkbox"/> Homemaker	<input type="checkbox"/> Unemployed
<input type="checkbox"/> Disabled	<input type="checkbox"/> Other (Specify) _____

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

\*Federally Required

- Now thinking about your physical health, which includes physical illness and injury, how many days during the past 30 days was your physical health not good?
- Now thinking about your mental health, which includes stress, depression, and problems with emotions, how many days during the past 30 days was your mental health not good?
- During the past 30 days, approximately how many days did your poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

## Adult MH Tool – Update Interval

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

6. Please answer the following questions based on the past 6 months...	Number of Nights/Times	Don't know
a. How many times have you gone to an emergency room for a psychiatric or emotional problem?	_____	<input type="checkbox"/>
b. How many nights have you spent in a facility for:		
i. Detoxification?	_____	<input type="checkbox"/>
ii. Inpatient/Residential Substance Use Disorder Treatment?	_____	<input type="checkbox"/>
iii. Mental Health Care?	_____	<input type="checkbox"/>
iv. Illness, Injury, Surgery?	_____	<input type="checkbox"/>
c. How many times have you been arrested?	_____	<input type="checkbox"/>
d. How many nights have you spent in a correctional facility including jail or prisons (as a result of an arrest, parole or probation violation)?	_____	<input type="checkbox"/>
e. How many times have you tried to commit suicide?	_____	<input type="checkbox"/>

7. Please indicate your level of agreement or disagreement with the statements by checking the choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) Source: MHSIP Survey *Federally Required	Response Options						
	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Not applicable	Refused
<b>Domain: Social Connectedness Questions 1-4</b>							
1. I am happy with the friendships I have.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I have people with whom I can do enjoyable things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel I belong in my community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. In a crisis, I would have the support I need from family or friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Domain: Improved Functioning Domain: Questions 5-8</b>							
5. I do things that are more meaningful to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am better able to take care of my needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I am better able to handle things when they go wrong.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I am better able to do things that I want to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Domain: Perception of Access to Services Questions 9-13</b>							
9. The location of services was convenient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Staff was willing to see me as often as I felt it was necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Staff returned my calls within 24 hours.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Services were available at times that were good for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I was able to get all the services I thought I needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Adult MH Tool – Update Interval

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

Today's Date:

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

<input type="checkbox"/> Employed full time (35+ hours per week)	<input type="checkbox"/> Student
<input type="checkbox"/> Employed part time	<input type="checkbox"/> Retired
<input type="checkbox"/> Homemaker	<input type="checkbox"/> Unemployed
<input type="checkbox"/> Disabled	<input type="checkbox"/> Other (Specify) _____

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

\*Federally Required

- a. Now thinking about your physical health, which includes physical illness and injury, how many days during the past 30 days was your physical health not good? \_\_\_\_\_
- b. Now thinking about your mental health, which includes stress, depression, and problems with emotions, how many days during the past 30 days was your mental health not good? \_\_\_\_\_
- c. During the past 30 days, approximately how many days did your poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? \_\_\_\_\_

## Adult MH Tool - Discharge

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

6. Please answer the following questions based on the past 6 months...	Number of Nights/Times	Don't know
a. How many times have you gone to an emergency room for a psychiatric or emotional problem?	—	<input type="checkbox"/>
b. How many nights have you spent in a facility for:		
i. Detoxification?	—	<input type="checkbox"/>
ii. Inpatient/Residential Substance Use Disorder Treatment?	—	<input type="checkbox"/>
iii. Mental Health Care?	—	<input type="checkbox"/>
iv. Illness, Injury, Surgery?	—	<input type="checkbox"/>
c. How many times have you been arrested?	—	<input type="checkbox"/>
d. How many nights have you spent in a correctional facility including jail or prisons (as a result of an arrest, parole or probation violation)?	—	<input type="checkbox"/>
e. How many times have you tried to commit suicide?	—	<input type="checkbox"/>

7. Please indicate your level of agreement or disagreement with the statements by checking the choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) Source: MHSIP Survey *Federally Required	Response Options						
	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Not applicable	Refused
<b>Domain: Social Connectedness Questions 1-4</b>							
1. I am happy with the friendships I have.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I have people with whom I can do enjoyable things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel I belong in my community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. In a crisis, I would have the support I need from family or friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Domain: Improved Functioning Domain: Questions 5-8</b>							
5. I do things that are more meaningful to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am better able to take care of my needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I am better able to handle things when they go wrong.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I am better able to do things that I want to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Domain: Perception of Access to Services Questions 9-13</b>							
9. The location of services was convenient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Staff was willing to see me as often as I felt it was necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Staff returned my calls within 24 hours.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Services were available at times that were good for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I was able to get all the services I thought I needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Adult MH Tool - Discharge

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

## Division of Behavioral Health Mental Health Outcome Tool Youth INITIAL

Todays' Date:

Client STARS ID:

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

### 1. Would you say that in general your health is:

☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

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

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

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

### 2. Please answer the following question

Number of  
Nights/Times Don't  
know

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

\*Federally Required Element

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

Number of  
Nights/Times Don't  
know

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

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

i. Detoxification? \_\_\_\_\_

ii. Inpatient/Residential Substance Use Disorder Treatment? \_\_\_\_\_

iii. Mental Health Care? \_\_\_\_\_

iv. Illness, Injury, Surgery? \_\_\_\_\_

c. How many times have you been arrested? \_\_\_\_\_

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

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

\*Federally Required

## Youth MH Form –Initial Interview

4. Please indicate your level of agreement or disagreement with the statements by checking the choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) *Federally Required	Response Options						
	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Not applicable	Refused
<b>Domain: Social Connectedness Questions 1-4</b>							
1. I know people who will listen and understand me when I need to talk.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. In a crisis, I would have the support I need from family or friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I have people that I am comfortable talking with about my problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I have people with whom I can do enjoyable things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Domain: Improved Functioning Domain: Questions 5-11</b>							
5. I am able to do things I want to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I get along with family members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I get along with friends and other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I do well in school and/or work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I am able to cope when things go wrong.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I am able to handle my daily life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I am satisfied with my family life right now.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Question to be answered by Clinician

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

## Division of Behavioral Health Mental Health Outcome Tool Youth Update

Todays' Date:

Client STARS ID:

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

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

☐ Yes                                      ☐ No

\*Federally Required

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

\*Federally Required

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

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

\*Federally Required

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

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

\*Federally Required

### 5. Would you say that in general your health is:

☐ Excellent      ☐ Very Good      ☐ Good      ☐ Fair      ☐ Poor

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

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

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

Last Updated: 04/24/2020

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## Youth MH Form – Update Interval

<b>6. Please answer the following question</b>	Number of Nights/Times	Don't know					
In the past 30 days, how many times have you been arrested? *Federally Required Element	_____	<input type="checkbox"/>					
<b>7. Please answer the following questions based on the <u>past 6 months</u>...</b>	Number of Nights/Times	Don't know					
a. How many times have you gone to an emergency room for a psychiatric or emotional problem?	_____	<input type="checkbox"/>					
b. How many nights have you spent in a facility for:	_____	<input type="checkbox"/>					
i. Detoxification?	_____	<input type="checkbox"/>					
ii. Inpatient/Residential Substance Use Disorder Treatment?	_____	<input type="checkbox"/>					
iii. Mental Health Care?	_____	<input type="checkbox"/>					
iv. Illness, Injury, Surgery?	_____	<input type="checkbox"/>					
c. How many times have you been arrested?	_____	<input type="checkbox"/>					
d. How many nights have you spent in a correctional facility including JDC or Jail (as a result of an arrest, parole or probation violation)?	_____	<input type="checkbox"/>					
e. How many times have you tried to commit suicide? *Federally Required Element	_____	<input type="checkbox"/>					
<b>8. Please indicate your level of agreement or disagreement with the statements by checking the choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) *Federally Required</b>	Response Options						
	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Not applicable	Refused
Domain: Social Connectedness Questions 1-4							
1. I know people who will listen and understand me when I need to talk.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. In a crisis, I would have the support I need from family and friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I have people that I am comfortable talking with about my problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I have people with whom I can do enjoyable things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domain: Improved Functioning/ Outcomes Domain: Questions 5-11							
5. I am better able to do things I want to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I get along better with family members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I get along better with friends and other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I am doing better in school and/or work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I am better able to cope when things go wrong.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I am better at handling my daily life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I am satisfied with my family life right now.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Youth MH Form – Update Interval

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

Question to be answered by Clinician

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

## Division of Behavioral Health Mental Health Outcome Tool Youth Discharge

Todays' Date:

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

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

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

☐ Yes ☐ No

\*Federally Required

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

Self-Contained Special Ed Class (No Grade)

\*Federally Required

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

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

\*Federally Required

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

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

\*Federally Required

### 5. Would you say that in general your health is:

☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

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

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

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

## Youth MH Form – Discharge

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

7. Please answer the following questions based on the <u>past 6 months...</u>	Number of Nights/Times	Don't know
a. How many times have you gone to an emergency room for a psychiatric or emotional problem?	—	<input type="checkbox"/>
b. How many nights have you spent in a facility for:		
i. Detoxification?	—	<input type="checkbox"/>
ii. Inpatient/Residential Substance Use Disorder Treatment?	—	<input type="checkbox"/>
iii. Mental Health Care?	—	<input type="checkbox"/>
iv. Illness, Injury, Surgery?	—	<input type="checkbox"/>
c. How many times have you been arrested?	—	<input type="checkbox"/>
d. How many nights have you spent in a correctional facility including JDC or Jail (as a result of an arrest, parole or probation violation)?	—	<input type="checkbox"/>
e. How many times have you tried to commit suicide?	—	<input type="checkbox"/>
*Federally Required Element		

8. Please indicate your level of agreement or disagreement with the statements by checking the choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) *Federally Required	Response Options						
	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Not applicable	Refused
Domain: Social Connectedness Questions 1-4							
1. I know people who will listen and understand me when I need to talk.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. In a crisis, I would have the support I need from family and friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I have people that I am comfortable talking with about my problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I have people with whom I can do enjoyable things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domain: Improved Functioning/ Outcomes Domain: Questions 5-11							
5. I am better able to do things I want to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I get along better with family members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I get along better with friends and other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I am doing better in school and/or work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I am better able to cope when things go wrong.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I am better at handling my daily life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I am satisfied with my family life right now.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Youth MH Form – Discharge

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

Question to be answered by Clinician

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



## Family MH Form –Initial Interview

4. Please indicate your level of agreement or disagreement with the statements by checking the choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) *Federally Required	Response Options						
	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Not applicable	Refused
<b>Domain: Social Connectedness Questions 1-4</b>							
1. My child knows people who will listen and understand them when they need to talk.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. In a crisis, my child would have the support they need from family and friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. My child has people that he/she are comfortable talking with about their problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. My child has people with whom they can do enjoyable things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Domain: Improved Functioning Domain: Questions 5-11</b>							
5. My child is able to do things he or she wants to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. My child gets along with family members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. My child gets along with friends and other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. My child does well in school and/or work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. My child is able to cope when things go wrong.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. My child is able to handle daily life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I am satisfied with our family life right now.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Division of Behavioral Health Mental Health Outcome Tool Family Update

Todays' Date:

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

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

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

☐ Yes ☐ No

\*Federally Required

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

Self-Contained Special Ed Class (No Grade)

\*Federally Required

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

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

\*Federally Required

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

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

\*Federally Required

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

☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

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

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

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

Last Updated: 03/23/2021

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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	_____	<input type="checkbox"/>					
*Federally Required Element							
7. Please answer the following questions based on the <u>past 6 months</u> ...	Number of Nights/Times	Don't know					
a. How many times has your child gone to an emergency room for a psychiatric or emotional problem?	_____	<input type="checkbox"/>					
b. How many nights has your child spent in a facility for:							
i. Detoxification?	_____	<input type="checkbox"/>					
ii. Inpatient/Residential Substance Use Disorder Treatment?	_____	<input type="checkbox"/>					
iii. Mental Health Care?	_____	<input type="checkbox"/>					
iv. Illness, Injury, Surgery?	_____	<input type="checkbox"/>					
c. How many times has your child been arrested?	_____	<input type="checkbox"/>					
d. How many nights has your child spent in a correctional facility including JDC or Jail (as a result of an arrest, parole or probation violation)?	_____	<input type="checkbox"/>					
e. How many times has your child tried to commit suicide?	_____	<input type="checkbox"/>					
8. Please indicate your level of agreement or disagreement with the statements by checking the choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) *Federally Required	Response Options						
	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Not applicable	Refused
Domain: Social Connectedness Questions 1-4							
1. My child knows people who will listen and understand them when they need to talk.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. In a crisis, my child would have the support they need from family and friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. My child has people that he/she are comfortable talking with about their problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. My child has people with whom they can do enjoyable things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domain: Improved Functioning/ Outcomes Domain: Questions 5-11							
5. My child is better able to do things he or she wants to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. My child gets along better with family members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. My child gets along better with friends and other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. My child is doing better in school and/or work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. My child is better able to cope when things go wrong.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. My child is better at handling daily life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I am satisfied with our family life right now.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Family MH Form – Update Interval

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

## Division of Behavioral Health Mental Health Outcome Tool Family Discharge

Todays' Date:

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

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

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

☐ Yes ☐ No

\*Federally Required

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

Self-Contained Special Ed Class (No Grade)

\*Federally Required

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

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

\*Federally Required

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

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

\*Federally Required

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

☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

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

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

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

## Family MH Form – Discharge

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

7. Please answer the following questions based on the <u>past 6 months</u> ...	Number of Nights/Times	Don't know
a. How many times has your child gone to an emergency room for a psychiatric or emotional problem?	—	<input type="checkbox"/>
b. How many nights has your child spent in a facility for:		
i. Detoxification?	—	<input type="checkbox"/>
ii. Inpatient/Residential Substance Use Disorder Treatment?	—	<input type="checkbox"/>
iii. Mental Health Care?	—	<input type="checkbox"/>
iv. Illness, Injury, Surgery?	—	<input type="checkbox"/>
Source: Current MPR Adult History Form (Revised 3/06)		
c. How many times has your child been arrested?	—	<input type="checkbox"/>
d. How many nights has your child spent in a correctional facility including JDC or Jail (as a result of an arrest, parole or probation violation)?	—	<input type="checkbox"/>
e. How many times has your child tried to commit suicide?	—	<input type="checkbox"/>
*Federally Required Element		

8. Please indicate your level of agreement or disagreement with the statements by checking the choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) *Federally Required	Response Options						
	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Not applicable	Refused
Domain: Social Connectedness Questions 1-4							
1. My child knows people who will listen and understand them when they need to talk.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. In a crisis, my child would have the support they need from family and friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. My child has people that he/she are comfortable talking with about their problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. My child has people with whom they can do enjoyable things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domain: Improved Functioning/ Outcomes Domain: Questions 5-11							
5. My child is better able to do things he or she wants to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. My child gets along better with family members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. My child gets along better with friends and other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. My child is doing better in school and/or work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. My child is better able to cope when things go wrong.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. My child is better at handling daily life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I am satisfied with our family life right now.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Family MH Form – Discharge

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

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