

Fiscal Year 2024

East Central Behavioral Health Center, Inc. dba Brookings Behavioral Health and Wellness





FY24 Foreword by Data and Outcomes

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

Can I compare this data to previous years?

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

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

Does this mean that previous data are inaccurate?

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

What do these changes accomplish?

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

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



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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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





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Data Collection Methodology





Data Collection Methodology

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

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

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

Data Collection Process

Stakeholder Survey

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

Substance Use Disorder Services

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

Mental Health Services

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

Additional Data Collection Tools

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





Publicly Funded Substance Use Disorder (SUD) Treatment Services

Publicly Funded Substance Use Disorder (SUD) Treatment Services

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

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

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

Low Intensity Residential Treatment Services (3.1 Services)

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

Inpatient Treatment Services (3.7 Services)

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

Detoxification Treatment Services (Clinically Managed and Medically Monitored)

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

Intensive Methamphetamine Treatment (IMT) Services

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

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

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



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

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

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

Evidence-Based SUD Treatment for Justice-Involved Adults

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

Moral Reconation Therapy for Justice-Involved Adults (MRT)

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



Publicly Funded Mental Health (MH) Treatment Services

Publicly Funded Mental Health (MH) Treatment Services

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

Outpatient Treatment Services

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

Comprehensive Assistance with Recovery and Empowerment Services (CARE)

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

Individualized and Mobile Program of Assertive Community Treatment (IMPACT)

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

Forensic Assertive Community Treatment for Mental Health Court (FACT)

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

Children or Youth and Family Services (CYF)

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

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

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

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

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



Systems of Care Program (SOC)**

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

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



Stakeholder Survey Summary





Stakeholder Survey



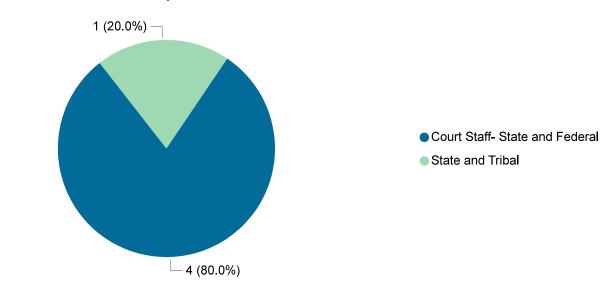
The Division of Behavioral Health (DBH) recognizes the need for strong community collaboration at the local level between accredited behavioral health treatment providers and their local referral sources. Accredited agencies are asked to share a stakeholder survey with local referral sources such as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

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

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

The majority of stakeholders who completed the survey were court staff, followed by state and tribal staff.

Types of Stakeholders Who Responded



Stakeholder Type	N	%
Court Staff-State and Federal (Judge/Attorney/Probation/Parole/JCA/Drug Court/Teen Court)	4	80.0%
State and Tribal (EA/CPS/Adult Services/Child Welfare/Public Housing/Homeless Shelters)	1	20.0%
Total	5	100.0%



Familiarity with Services

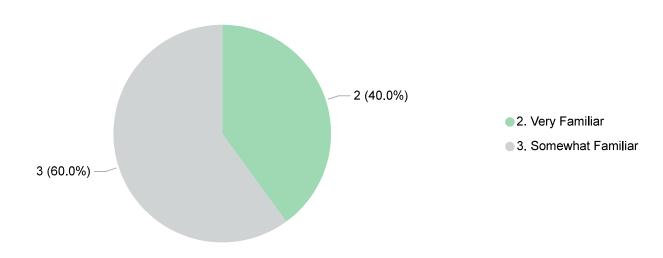


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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

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

Familiarity with Services



Stakeholder Type	2. Very Familiar	3. Somewhat Familiar	Total
Court Staff- State and Federal	50.0%	50.0%	100.0%
State and Tribal		100.0%	100.0%
Total	40.0%	60.0%	100.0%



Staff Respectfulness

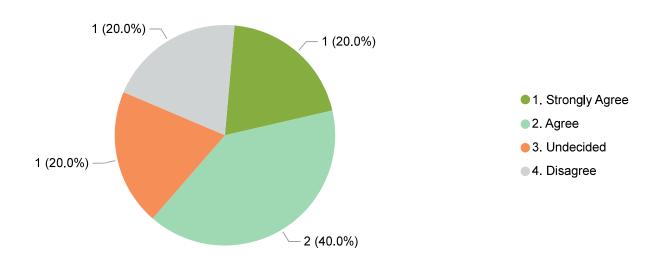


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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

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

Staff Are Respectful



Stakeholder Type	1. Strongly Agree	2. Agree	3. Undecided	4. Disagree	Total
Court Staff- State and Federal	25.0%	50.0%	25.0%		100.0%
State and Tribal				100.0%	100.0%
Total	20.0%	40.0%	20.0%	20.0%	100.0%



Staff Training



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

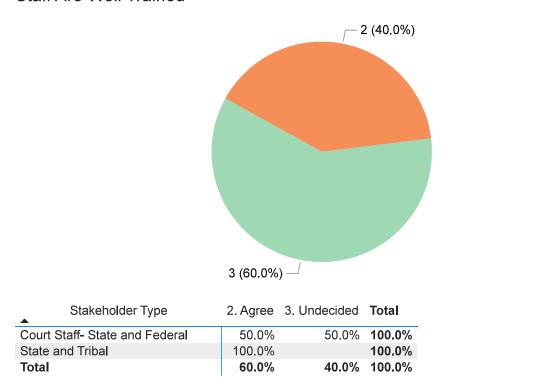
Regarding Staff Training, stakeholders were asked to rate how much they agree with the following statement: "Staff at this provider are well trained."

The majority of stakeholders agreed staff members are well trained.

2. Agree

3. Undecided

Staff Are Well Trained





Staff Communication

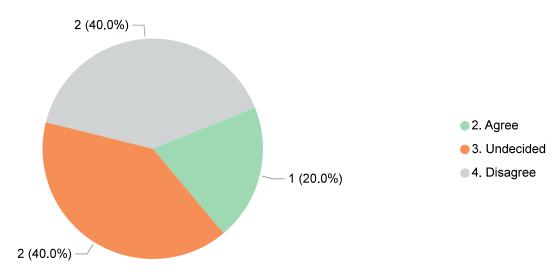


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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 disagreed or were undecided that staff members actively communicate with them about their referred clients' treatment.

Staff Actively Communicate



Stakeholder Type	2. Agree	3. Undecided	4. Disagree	Total
Court Staff- State and Federal	25.0%	25.0%	50.0%	100.0%
State and Tribal		100.0%		100.0%
Total	20.0%	40.0%	40.0%	100.0%



Staff Competency

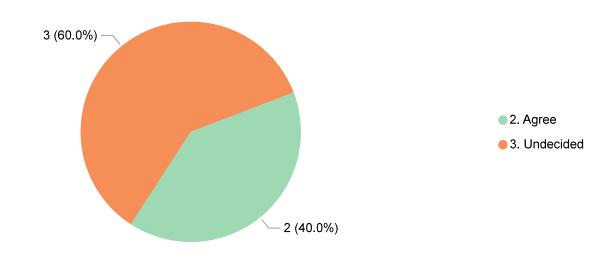


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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

The majority of stakeholders were undecided that staff members are competent to deliver treatment services.

Staff Are Competent to Deliver Treatment Services



Stakeholder Type	2. Agree	3. Undecided	Total
Court Staff- State and Federal	50.0%	50.0%	100.0%
State and Tribal		100.0%	100.0%
Total	40.0%	60.0%	100.0%



Location of Services

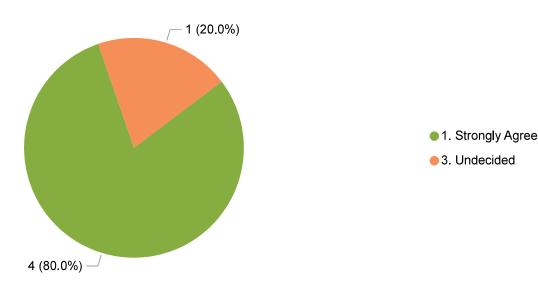


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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

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

Location of Services are Convenient for Clients



Stakeholder Type	1. Strongly Agree	3. Undecided	Total
Court Staff- State and Federal	75.0%	25.0%	100.0%
State and Tribal	100.0%		100.0%
Total	80.0%	20.0%	100.0%



Service Availability

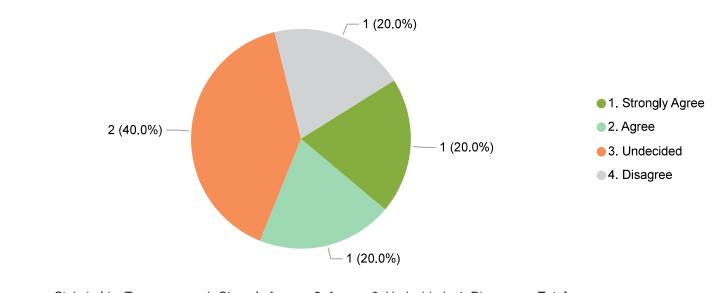


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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

The majority of stakeholders disagreed or were undecided 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	25.0%	25.0%	25.0%	25.0%	100.0%
State and Tribal			100.0%		100.0%
Total	20.0%	20.0%	40.0%	20.0%	100.0%



Community Responsiveness

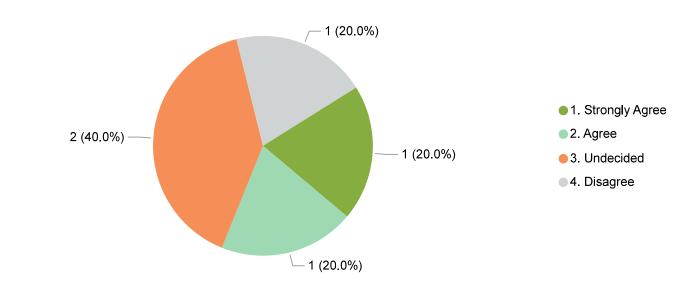
The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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



The majority of stakeholders disagreed or were undecided 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	Total
Court Staff- State and Federal	25.0%	25.0%	25.0%	25.0%	100.0%
State and Tribal			100.0%		100.0%
Total	20.0%	20.0%	40.0%	20.0%	100.0%



Supportiveness of Clients' Needs

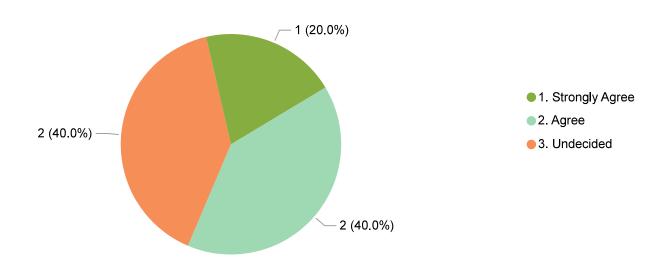


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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

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

Provider is Supportive of Clients' Needs



Stakeholder Type	1. Strongly Agree	2. Agree	3. Undecided	Total
Court Staff- State and Federal	25.0%	50.0%	25.0%	100.0%
State and Tribal			100.0%	100.0%
Total	20.0%	40.0%	40.0%	100.0%



Quality of Services



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

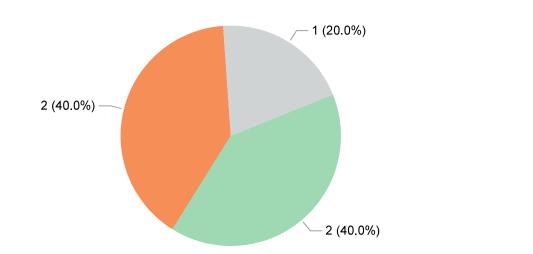
Regarding Quality of Services, stakeholders were asked to rate how much they agree with the following statement: "This provider delivers quality services."

The majority of stakeholders disagreed or were undecided that quality services are provided.

2. Agree

3. Undecided4. Disagree

Provider Provides Quality Services



Stakeholder Type	2. Agree	3. Undecided	4. Disagree	Total
Court Staff- State and Federal	50.0%	25.0%	25.0%	100.0%
State and Tribal		100.0%		100.0%
Total	40.0%	40.0%	20.0%	100.0%



Provider Responsiveness

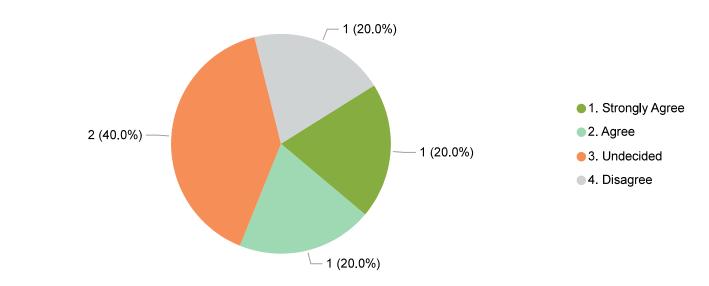


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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

The majority of stakeholders disagreed or were undecided 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	Total
Court Staff- State and Federal	25.0%	25.0%	25.0%	25.0%	100.0%
State and Tribal			100.0%		100.0%
Total	20.0%	20.0%	40.0%	20.0%	100.0%



Satisfaction of Outcomes

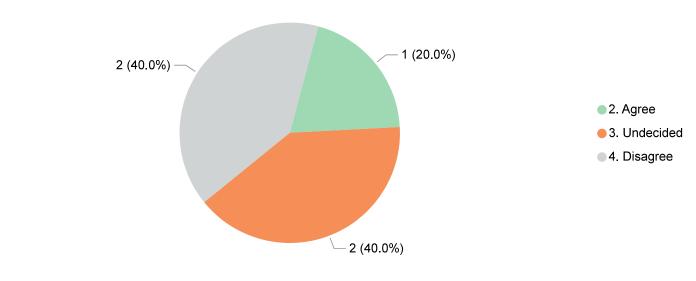


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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

The majority of stakeholders disagreed or were undecided that clients experienced satisfaction of outcomes.

Clients Report Satisfaction of Outcomes



Stakeholder Type	2. Agree	3. Undecided	4. Disagree	Total
Court Staff- State and Federal	25.0%	25.0%	50.0%	100.0%
State and Tribal		100.0%		100.0%
Total	20.0%	40.0%	40.0%	100.0%





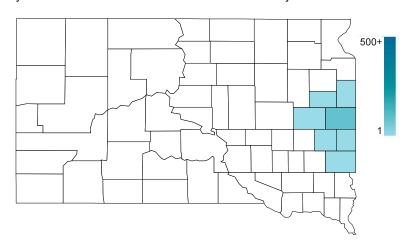
Substance Use Disorder (SUD) Treatment Services





SUD **Treatment Services**

County of Residence for Clients Who Received Publicly Funded Services



Treatment Services

Publicly Funded Average Duration of Clients Served Treatment (Days)

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

100



Unduplicated Clients Served (Publicly Funded)

Publicly Funded Clients Served with Co-Occurring Mental Health Conditions





Veterans Served (Publicly Funded)

5

Pregnant Clients Served (Publicly Funded)

2



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







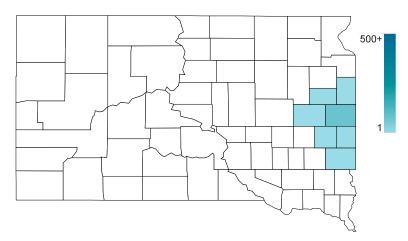


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Adult SUD Treatment Services

County of Residence for Clients Who Received Publicly Funded Services



Treatment Services

Publicly Funded Clients Served

Average Duration of Treatment (Days)

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

9

71



Unduplicated Clients Served (Publicly Funded)

95

Publicly Funded Clients Served with Co-Occurring Mental Health Conditions

64



Veterans Served (Publicly Funded)

5

Pregnant Clients Served (Publicly Funded)

2



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



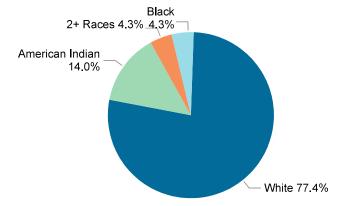




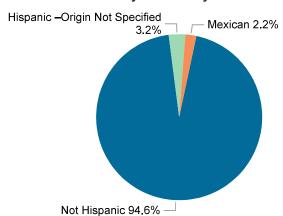


According to the U.S. Census Bureau 84.2% of South Dakotans identify as White, 8.5% identify as American Indian, and 5.1% identify as Hispanic. The data below reflect the self-reported race and ethnicity of adults served in publicly funded treatment services.

Clients Served by Race



Clients Served by Ethnicity



Clients Served by Service Type and Race

	2+ R	aces	Americ Indian	an	Black	(White		Total	
Treatment Services	N	%	N	%	N	%	N	%	N	%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	4	4.3%	13	14.0%	4	4.3%	72	77.4%	93	100.0%
Total	4	4.3%	13	14.0%	4	4.3%	72	77.4%	93	100.0%

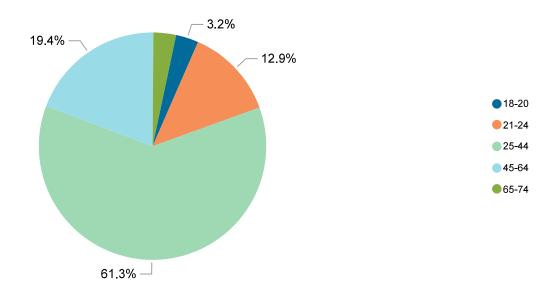






The below data reflect the age of adults served in publicly funded treatment services.

Clients Served by Age



Clients Served by Service Type and Age Group

	18-20)	21-24	4	25-44		45-64		65-74	4	Total	
Treatment Services	N	%	N	%	N	%	N	%	N	%	N	%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	3	3.2%	12	12.9%	57	61.3%	18	19.4%	3	3.2%	93	100.0%
Total	3	3.2%	12	12.9%	57	61.3%	18	19.4%	3	3.2%	93	100.0%

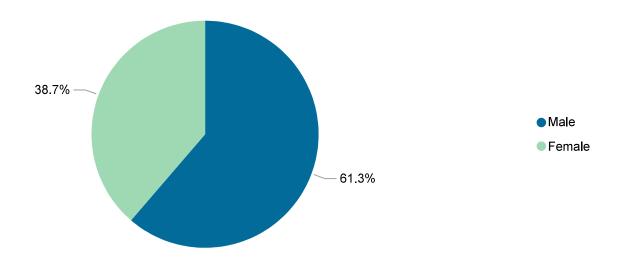


Gender



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

Clients Served by Self-Identified Gender



Clients Served by Service Type and Self-Identified Gender

	Female	Male			Total	
Treatment Services	N	%	N	%	N	%
_						
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	36	38.7%	57	61.3%	93	100.0%
Total	36	38.7%	57	61.3%	93	100.0%



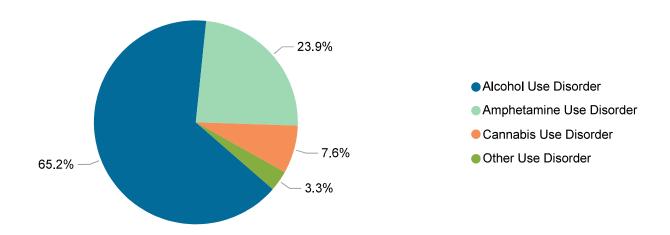
Primary Diagnosis



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

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

Percent of Clients Served for Each Primary Diagnosis



Diagnosis by Service Type

	Alcoho Disorde		Amphe Use Di		Cann Disor	abis Use der	Othe Disor	r Use der	Total	
Treatment Services	N	%	N	%	N	%	N	%	N	%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	60	65.2%	22	23.9%	7	7.6%	3	3.3%	92	100.0%
Total	60	65.2%	22	23.9%	7	7.6%	3	3.3%	92	100.0%



Reason for Discharge



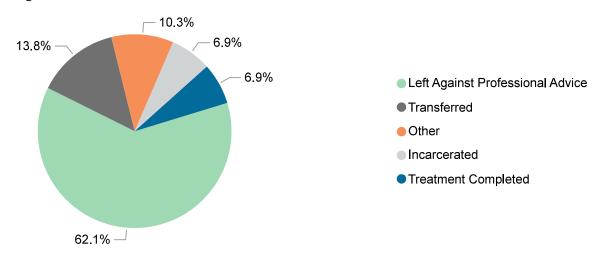
treatment completion for adult and youth clients was 35%.

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

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

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

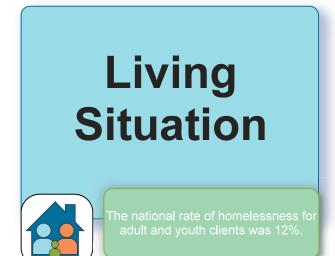
Reason for Discharge from Services



Reason for Discharge by Service Type

		Inca	rcerated	Left Ag Profess Advice		Oth	ner	Tra	nsferred		eatment mpleted	Tota	al
	Treatment Services	N	%	N	%	N	%	N	%	N	%	N	%
	Outpatient and Intensive Outpatient Services 0.5, 1.0, 2.1, & 2.5)	2	6.9%	18	62.1%	3	10.3%	4	13.8%	2	6.9%	29	100.0%
-	Total .	2	6.9%	18	62.1%	3	10.3%	4	13.8%	2	6.9%	29	100.0%

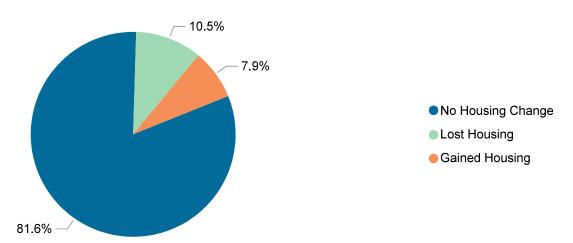




The data below reflect the living situations of adults served in publicly funded treatment services.

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

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



Clients Who Reported Homelessness at Admission and Discharge

Treatment Services	Unduplicated Client Count		Homelessness at Discharge
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	35	12.8%	17.0%
Total	35	12.8%	17.0%

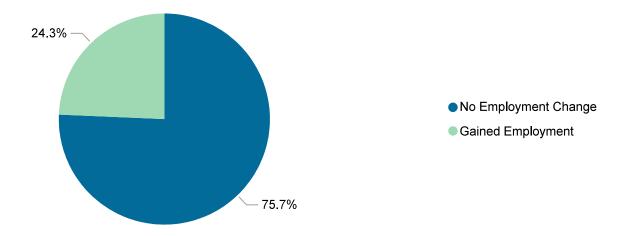




The data below reflect the employment status of adults served in publicly funded treatment services.

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

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



Client Employment at Admission and Discharge

Treatment Services	Unduplicated Client Count	Employment at Admission	Employment at Discharge
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	34	34.8%	54.3%
Total	34	34.8%	54.3%



Arrest History



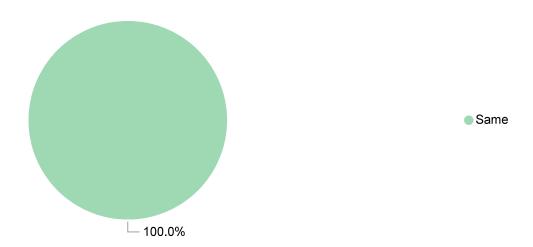
The national rate of adult and youth clients with at least one arrest was 4%.

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

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

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

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



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

Treatment Services	Unduplicated Client Count	Arrest at Admission	Arrest at Discharge
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	1	0.0%	0.0%
Total	1	0.0%	0.0%



General Health

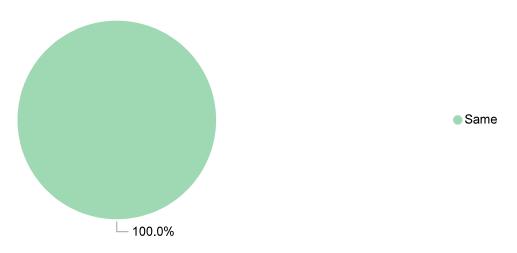


Clients are asked at the start of treatment and at the end of treatment, "Would you say that in general your health is?" Clients could answer in a range from 1-"Poor" to 5-"Excellent". Only clients who completed this question at time of admission and time of discharge are included.

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

Adults served in publicly funded treatment services reported no change in their general health.

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	1	4.00	4.00	0.00	0.0%
Total	1	4.00	4.00	0.00	0.0%



Physical Health

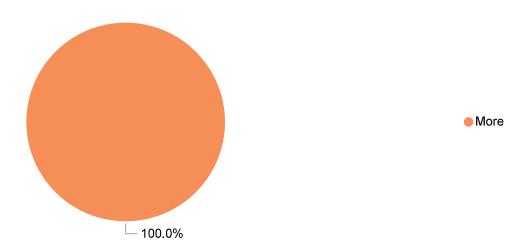


Clients are asked at the start of treatment and at the end of treatment, "Now thinking about your physical health, which includes physical illness and injury, how many days during the past 30 days was your physical health not good?" Only clients who completed this question at time of admission and time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

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

Adults served in publicly funded treatment services reported an increase in days spent in poor physical health.

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	1	1.00	2.00	1.00	100.0%
Total	1	1.00	2.00	1.00	100.0%



Mental Health

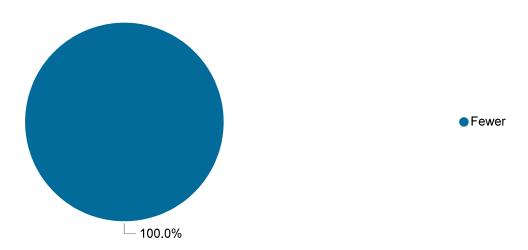


Clients are asked at the start of treatment and at the end of treatment, "Now thinking about your mental health, which includes stress, depression, and problems with emotions, how many days during the past 30 days was your mental health not good?" Only clients who completed this question at time of admission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

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

Adults served in publicly funded treatment services reported 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 Discharge Compared to Admission



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	1	10.00	6.00	- 4.00	-40.0%
Total	1	10.00	6.00	-4.00	-40.0%



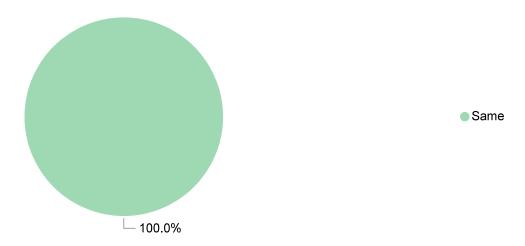
Physical or Mental Health Prevented Normal Activities

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

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

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

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



Number of Days Poor Physical or Mental Health Prevented Normal Activities

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	1	0.00	0.00	0.00	NaN
Total	1	0.00	0.00	0.00	NaN



Reported Attempts to Die by Suicide



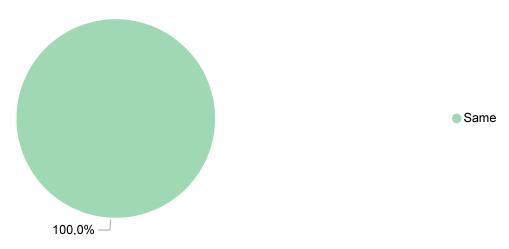
If you, or someone you know, is in need of crisis support, or experiencing emotional distress, call or text 988, or chat at https://988lifeline.org/.

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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	1	0.00	0.00	0.00	NaN
Total	1	0.00	0.00	0.00	NaN



Ability to Control Alcohol Use



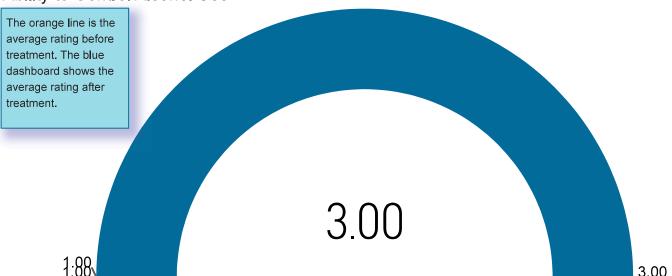
Clients are asked at the end of treatment to rate their ability to control their alcohol use before the program and after the program. They rate each question on a scale from 1-"Poor" to 4-"Excellent."

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

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

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

Ability to Control Alcohol Use



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	1	1.00	3.00	2.00	200.0%
Total	1	1.00	3.00	2.00	200.0%



Ability to Control Drug Use



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

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

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

> 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.

> (Blank) (Blank)

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

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

Total

Unable to Report Due to Low Number of Outcome Tools.

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Treatment Engagement



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

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

Clinicians serving adults in publicly funded treatment services reported no change in levels of engagement.

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

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

4.00

488

4.00

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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)		1 4.00	4.00	0.00	0.0%
Total		1 4.00	4.00	0.00	0.0%



Importance of Changing Current Behaviors

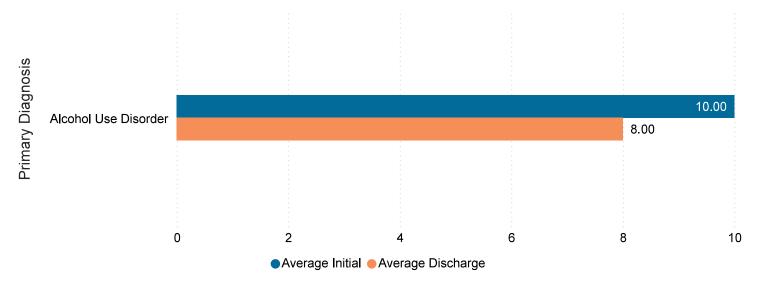
Clients are asked at the start of treatment and at the end of treatment to rate how important it is that they change their current behaviors and/or symptoms. They rate this question on a scale from 0-"Not Important at AII" to 10-"Most Important Thing in My Life Right Now." To see specific question, please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

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

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



Self-Rated Importance in Changing Current Behaviors



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	1	10.00	8.00	-2.00	- 20.0%
Total	1	10.00	8.00	-2.00	-20.0%



Motivation to Change Current Behaviors

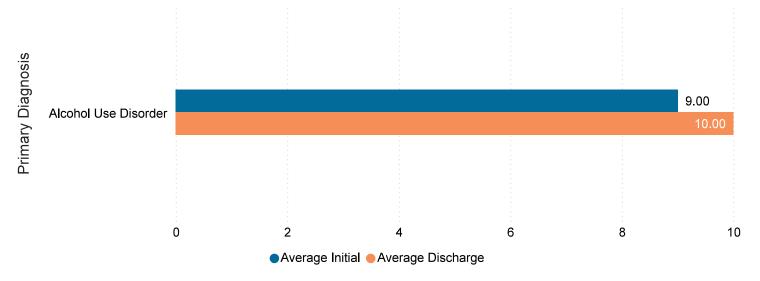
Clients are asked at the start of treatment and at the end of treatment to rate their motivation to change their current behaviors and/or symptoms. They rate this question on a scale from 0-"Not Important at All" to 10-"Most Important Thing in My Life Right Now."

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

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



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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	1	9.00	10.00	1.00	11.1%
Total	1	9.00	10.00	1.00	11.1%



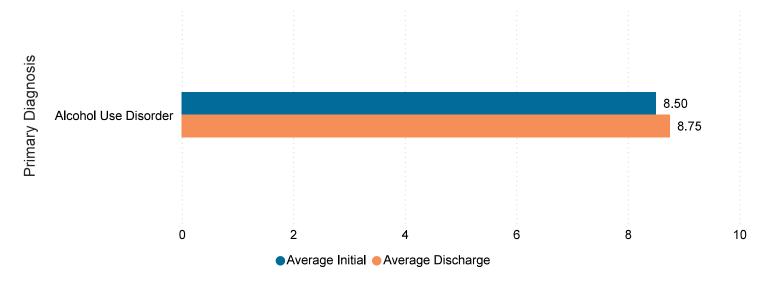
Confidence to Control Use Under Stress and Peer Pressure

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

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

Adults served in publicly funded treatment services reported an increase in their self-rated confidence to control use under stress and peer pressure.

Self-Rated Confidence to Control Substance Use



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

Treatment Services	Unduplicated Client Count		Average Discharge	Change	Percent Change
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	1	8.50	8.75	0.25	2.9%
Total	1	8.50	8.75	0.25	2.9%



Visits to Emergency Department



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

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

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

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

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

Unable to Report Due to Low Number of Outcome Tools.

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

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

Total



Detoxification Services



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

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

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

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

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

Unable to Report Due to Low Number of Outcome Tools.

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

Treatment Services

Unduplicated Average Average Change Percent Client Count Initial Discharge Change

Total



Inpatient Substance Use Disorder Treatment Services

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

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

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

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

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

Unable to Report Due to Low Number of Outcome Tools.

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

Treatment Services

Unduplicated Average Average Change Percent Client Count Initial Discharge Change

Total



Hospital Admissions for Mental Health Care

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

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

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

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

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

Unable to Report Due to Low Number of Outcome Tools.

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

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

-Total



Illness, Injury, or Surgery



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

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

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

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

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

Unable to Report Due to Low Number of Outcome Tools.

How Many Nights in the Past 30 Days Have You Spent in a Facility for Illness, Injury, or Surgery?

Treatment Services

Unduplicated Average Average Change Percent
Client Count Initial Discharge Change

Total



Adult SUD Treatment Services

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 Average Average Change Percent
Client Count Initial Discharge Change

Total



Trouble as a Result of Substance Use

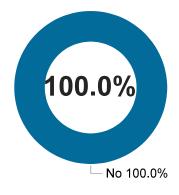
Clients are asked at the start of treatment and at the end of treatment, "Have you gotten in trouble at home, at school, work, or in the community, because of your use of alcohol, drugs, inhalants or gambling?" Only clients who completed this question at time of admission and time of discharge are included.

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

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

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

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





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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	1	0.00	0.00	0.00	NaN
Total	1	0.00	0.00	0.00	NaN



Missing School/Work as a Result of Substance Use

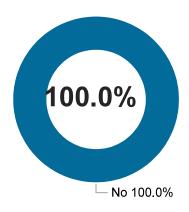
Clients are asked at the start of treatment and at the end of treatment, "Have you missed school or work because of using alcohol, drugs, inhalants, or gambling?" Only clients who completed this question at time of admission and time of discharge are included.

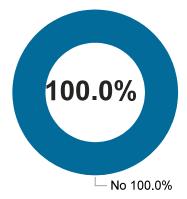
Clients' responses on these surveys are then broken out by the percentage of clients who responded "Yes" or "No" at time of admission and at time of discharge (donut chart) as well as the average responses and change from admission to discharge (table).

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

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

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



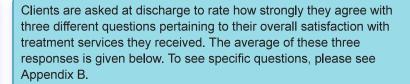


Have You Missed School or Work Because of Substance Use or Gambling? 1-"Yes"; 0-"No"

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	1	0.00	0.00	0.00	NaN
Total	1	0.00	0.00	0.00	NaN



General Satisfaction with Services



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?

4.33

4.33

4.33

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

Treatment Services	Unduplicated Client Count	General Satisfaction with Services
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	1	4.33
Total	1	4.33



Improved Functioning



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

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

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

Improved Functioning

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

4.75

3.59

4.75

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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	1	3.50	4.75	1.25	35.7%
Total	1	3.50	4.75	1.25	35.7%



Social Connectedness

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

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



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

Social Connectedness

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

4.25

3.75

4.25

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

Treatment Services	Unduplicated Client Count		Average Initial	Average Discharge	Change	Percent Change
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)		1	3.75	4.25	0.50	13.3%
Total		1	3.75	4.25	0.50	13.3%



Participation in Treatment Planning and Outcomes of Services



Participation in Treatment Planning

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

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

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

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

Outcomes of Treatment Services

5.00

4.63

5.00 5.00 4.63 4.63

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

Treatment Services	Unduplicated Client Count	Participation in Treatment Planning	Outcomes of Treatment Services
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	1	5.00	4.63
Total	1	5.00	4.63



Access and Quality and Appropriateness of Services



Access to Services

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

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

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

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

Quality and Appropriateness of Services

4.80

4.88

4.80 4.88 4.88

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		Quality and Appropriateness
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	1	4.80	4.88
Total	1	4.80	4.88



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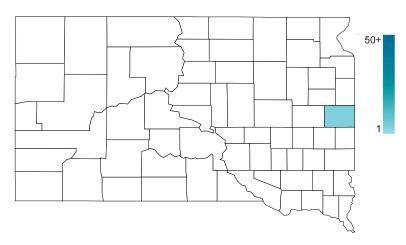


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Youth SUD Treatment Services

County of Residence for Clients Who Received Publicly Funded Services



Treatment Services

Publicly Funded Average Duration of Clients Served Treatment (Days)

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

7

15



Unduplicated Clients Served (Publicly Funded)

7

Publicly Funded Clients Served with Co-Occurring Mental Health Conditions





Veterans Served (Publicly Funded)

0

Pregnant Clients Served (Publicly Funded)

0



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 join the military with guardian consent.





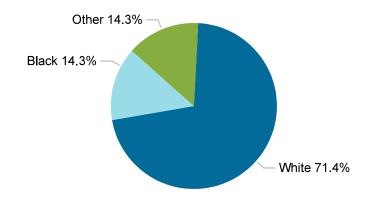




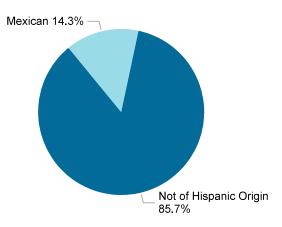
According to the U.S. Census Bureau 84.2% of South Dakotans identify as White, 8.5% identify as American Indian, and 5.1% identify as Hispanic

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

Clients Served by Race



Clients Served by Ethnicity



Clients Served by Service Type and Race

	Black Other		ner	White	е	Total		
Treatment Services	N	%	N	%	N	%	N	%
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	1	14.3%	1	14.3%	5	71.4%	7	100.0%
Total	1	14.3%	1	14.3%	5	71.4%	7	100.0%

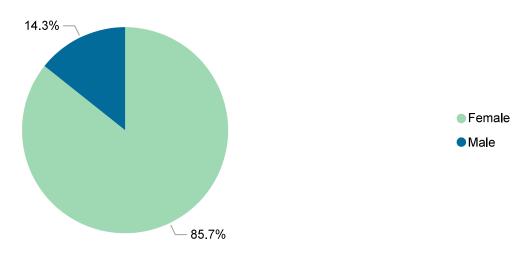


Gender



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

	Female		Male		Tota	1
Treatment Services	N	%	N	%	N	%
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	6	85.7%	1	14.3%	7	100.0%
Total	6	85.7%	1	14.3%	7	100.0%



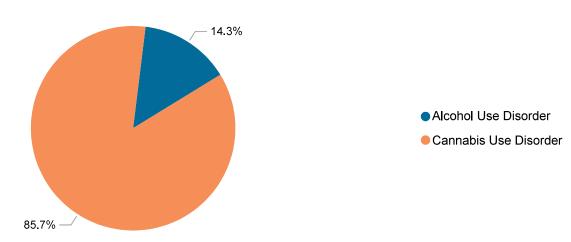
Primary Diagnosis



The data below reflect the primary diagnoses of youth served in publicly funded treatment services. This does not include those with No Diagnosis or Diagnosis Deferred.

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

Clients Served for Each Primary Diagnosis



Diagnosis by Service Type

	Alcohol Use Disorder			annabis Use Disorder		
Treatment Services	N	%	N	%	N	%
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	1	14.3%	6	85.7%	7	100.0%
Total	1	14.3%	6	85.7%	7	100.0%



Reason for Discharge



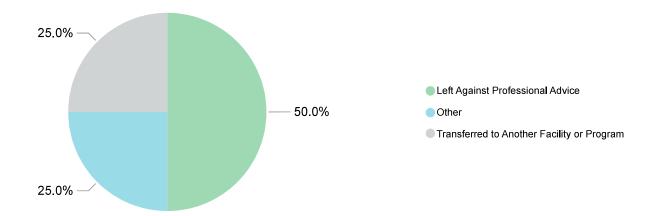
treatment completion for adult and youth clients was 35%.

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

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

The majority of youth served Left Against Professional Advice. The next most common discharge reason was Other.

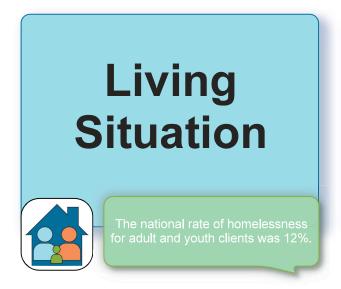
Reason for Discharge From Services

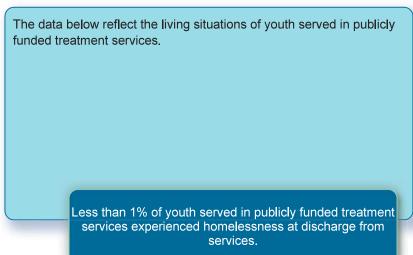


Reason for Discharge by Service Type

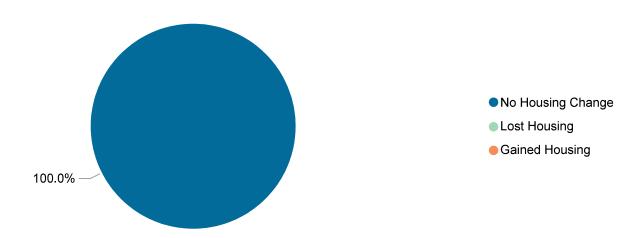
	Left Against Other Professional Advice		Transferred to Another Facility or Program		Total			
Treatment Services	N	%	N	%	N	%	N	%
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	2	50.0%	1	25.0%	1	25.0%	4	100.0%
Total	2	50.0%	1	25.0%	1	25.0%	4	100.0%







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)	7	0.0%	0.0%
Total	7	0.0%	0.0%

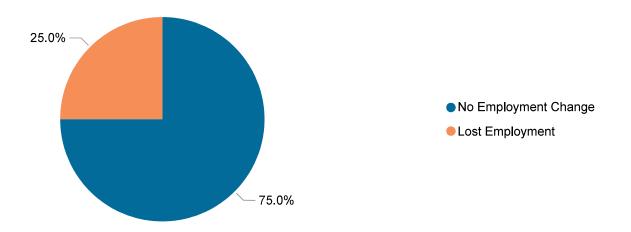




The data below reflect the employment status of youth served in publicly funded treatment services.

The rate of employment for the majority of youth served in publicly funded treatment services decreased.

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)		4 50.0%	25.0%
Total		4 50.0%	25.0%



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 youth 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

Arrests at Admission

Arrests 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 youth 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 Average Average

Unduplicated Average Average Change Percent Client Count Initial Discharge Change

_ Total



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 youth 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 Average Average Change Percent Client Count Initial Discharge 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 youth 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 Average Average Change Percent Client Count Initial Discharge 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 youth who completed both an admission outcome tool and discharge outcome tool for inclusion in this outcome.



Total

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 Average Average Change Percent
Client Count Initial Discharge Change



Reported Attempts to Die by Suicide



Total

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 youth 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 Average Average Change Percent
Client Count Initial Discharge Change



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 youth 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.

(Blank)

(Blank)

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

Treatment Services

Unduplicated Average Average Change Percent
Client Count Initial Discharge 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 youth 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.

(Blank)

(Blank) (Blank)

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

Treatment Services Unduplicated

Average Average Change Percent Client Count Initial Discharge Change

Total

Unable to Report Due to Low Number of Outcome Tools.

Fiscal Year 2024 81



Treatment Engagement



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

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

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

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

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

(Blank)

(Blank) (Blank)

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

Treatment Services Unduplicated Average Average

Change Percent Client Count Initial Discharge Change

Total

Unable to Report Due to Low Number of Outcome Tools.

Fiscal Year 2024 82



Importance of Changing Current Behaviors

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

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

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

Self-Rated Importance in Changing Current Behaviors

rimary Diagnosis

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 Average Average Change Percent Client Count Initial Discharge 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 youth 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

'rimary Diagnosis

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 Average Average Change Percent Client Count Initial Discharge 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 youth who completed both an admission outcome tool and discharge outcome tool for inclusion in this outcome.



Self-Rated Confidence to Control Substance Use

mary Diagnosis

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 Average Average Change Percent Client Count Initial Discharge 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 youth who completed both an admission outcome tool and discharge outcome tool for inclusion in this outcome.

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

Unable to Report Due to Low Number of Outcome Tools.

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

Treatment Services

Unduplicated Average Average Change Percent
Client Count Initial Discharge Change

_ Total



Detoxification Services



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

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

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

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

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

Unable to Report Due to Low Number of Outcome Tools.

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

Treatment Services

Unduplicated Average Average Change Percent Client Count Initial Discharge Change

Total



Inpatient Substance Use Disorder Treatment Services

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

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

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

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



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

Unable to Report Due to Low Number of Outcome Tools.

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

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

Total



Hospital Admissions for Mental Health Care



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

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

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

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

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

Unable to Report Due to Low Number of Outcome Tools.

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

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

Total



Illness, Injury, or Surgery



Clients are asked at the start of treatment and at the end of treatment, "How many night 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 youth who completed both an admission outcome tool and discharge outcome tool for inclusion in this outcome.

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

Unable to Report Due to Low Number of Outcome Tools.

How Many Nights in the Past 30 Days Have You Spent in a Facility for Illness, Injury, or Surgery?

Treatment Services

Unduplicated Average Average Change Percent Client Count Initial Discharge Change

Total



Total

Youth SUD Treatment Services

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 JDC or jail (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 youth who completed both an admission outcome tool and discharge outcome tool for inclusion in this outcome.

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

Unable to Report Due to Low Number of Outcome Tools.

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

Treatment Services

Unduplicated Average Average Change Percent
Client Count Initial Discharge Change



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

Total



General Satisfaction with Services

Clients are asked at discharge 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.

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



Were You Satisfied With the Services You Received?

(Blank)

(Blank)

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

Total

Unable to Report Due to Low Number of Outcome Tools.



Improved Functioning



Clients are asked at discharge 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.

There were no youth 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.

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

Treatment Services

Unduplicated Average Client Count 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 youth 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.

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(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

Initial

Average Average Discharge Change Percent Change

Total

Unable to Report Due to Low Number of Outcome Tools.

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Participation in **Treatment** Planning and **Cultural** Sensitivity of **Staff**

Clients are asked at discharge 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.

Additionally, clients are asked at discharge 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.

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



Participation in Treatment Planning

Cultural Sensitivity of Staff

(Blank)

(Blank)

(Blank) (Blank) (Blank) (Blank)

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

Treatment Services

Unduplicated Client Count

Participation in

Cultural Treatment Planning Sensitivity of Staff

Total

Unable to Report Due to Low Number of Outcome Tools.

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Access to Services



Clients are asked at discharge 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.

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

Access to Services

(Blank)

(Blank)

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 Access to Services

Total

Unable to Report Due to Low Number of Outcome Tools.



Internalizing Disorder



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

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 discharge 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.

There were no youth 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 Symptoms at Discharge Compared to Admission

Unable to Report Due to Low Number of Outcome Tools.

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

Treatment Services

Unduplicated Average Average Change Percent
Client Count Initial Discharge Change

Total



Externalizing Disorder



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

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 discharge 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.

There were no youth 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 Symptoms at Discharge Compared to Admission

Unable to Report Due to Low Number of Outcome Tools.

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

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

Total



Youth SUD Treatment Services

Substance Use Disorder



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

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 discharge 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.

There were no youth 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 Symptoms at Discharge Compared to Admission

Unable to Report Due to Low Number of Outcome Tools.

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

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

Total



Youth SUD Treatment Services

Crime and Violence



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

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 discharge 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.

There were no youth 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 Behaviors at Discharge Compared to Admission

Unable to Report Due to Low Number of Outcome Tools.

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

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

Total



Family Perceptions of Youth SUD Treatment Services

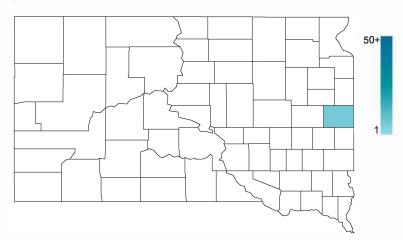


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Family Perceptions of Youth SUD Treatment Services

County of Residence for Clients Who Received Publicly Funded Services



Treatment Services

Publicly Funded Average Duration of Clients Served Treatment (Days)

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

48



Unduplicated Clients Served (Publicly Funded)

7

Publicly Funded Clients Served with Co-Occurring Mental Health Conditions

7



Veterans Served (Publicly Funded)

0

Pregnant Clients Served (Publicly Funded)

0









Arrest History



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

Families of youth clients are asked at the start of treatment and at the end of treatment, "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 discharge are included.

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

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

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

Unable to Report Due to Low Number of Outcome Tools.

Families Who Reported Youth Clients With One or More Arrests Within 30 Days of Admission and Discharge

Treatment Services Unduplicated Arrests at Arrests at Client Count Admission Discharge

_ Total



General Health



Families of youth clients are asked at the start of treatment and at the end of treatment, "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 discharge 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.

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

Families Who Reported Youth Clients 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 Average Average Change Percent
Client Count Initial Discharge Change

Total



Physical Health



Families of youth clients are asked at the start of treatment and at the end of treatment, "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 discharge 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.

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

Families Who Reported Youth Clients 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 Has Your Child Spent in Poor Physical Health?

Treatment Services

Unduplicated Average Average Change Percent Client Count Initial Discharge Change

Total



Mental Health



Families of youth clients are asked at the start of treatment and at the end of treatment, "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 discharge 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.

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

Families Who Reported Youth Clients 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 Has Your Child Spent in Poor Mental Health?

Treatment Services

Unduplicated Average Average Change Percent Client Count Initial Discharge Change

Total



Total

Family Perceptions of Youth SUD

Physical or Mental Health Prevented Normal Activities

Families of youth 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 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 discharge 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.

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

Families Who Reported Youth Clients 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 Average Average Change Percent Client Count Initial Discharge Change



Reported Attempts to Die by Suicide



Total

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/.

Families of youth clients are asked at the start of treatment and at the end of treatment, "How many times has your child tried to commit suicide in the past 30 days?" Only families of youth who completed this question at time of admission and time of discharge 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.

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

Families Who Reported Youth Clients 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 Has Your Child Attempted to Die by Suicide?

Treatment Services

Unduplicated Average Average Change Percent
Client Count Initial Discharge Change

Fiscal Year 2024



Ability to Control Alcohol Use



Families of youth clients are asked at the end of treatment to rate their youth's 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 families of youth with a primary alcohol use disorder are included in this outcome measure. Families of youth with primary non-alcohol use disorder rate their youth's ability to control their drug use specifically on the following page.

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.

There were no families 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.

(Blank)

(Blank)

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

Treatment Services

Unduplicated Average Average Change Percent
Client Count Initial Discharge Change

Total

Unable to Report Due to Low Number of Outcome Tools.



Ability to Control Drug Use



Families of youth clients are asked at the end of treatment to rate their youth's 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 families of youth with primary non-alcohol use disorders are included in this outcome measure. Families of youth with primary alcohol use disorder rate their youth's ability to control alcohol use specifically on the preceding page.

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.

> There were no families 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.

(Blank)

(Blank) (Blank)

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

Treatment Services

Unduplicated Average Average Change Percent Client Count Initial Discharge Change

Total

Unable to Report Due to Low Number of Outcome Tools.

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Treatment Engagement



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

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

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

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

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

(Blank)

(Blank)

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

Treatment Services

Unduplicated Average Average Change Percent
Client Count Initial Discharge Change

Total

Unable to Report Due to Low Number of Outcome Tools.



Importance of Changing Current Behaviors

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

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

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



Importance in Changing Current Behaviors

Primary Diagnosis

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



Families of youth clients are asked at the start of treatment and at the end of treatment to rate how confident they are in their youth changing current behaviors and/or symptoms. They rate this question on a scale from 0-"Not Important at AII" to 10-"Most Important Thing in My Life Right Now."

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

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

Motivation to Change Current Behaviors and/or Symptoms

Primary Diagnosis

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 Average Average Change Percent
Client Count Initial Discharge Change

Total



Confidence to Control Use Under Stress and Peer Pressure



Confidence to Control Substance Use

Families of youth clients are asked at the start of treatment and at the end of treatment to rate their confidence in their youth's 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.

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

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

Primary Diagnosis

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 Average Average Change Percent
Client Count Initial Discharge Change

Total



Visits to Emergency Department



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

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

Families Who Reported Youth Clients 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 Has Your Child Visited the Emergency Department?

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

_ Total



Detoxification Services



Families of youth clients are asked at the start of treatment and at the end of treatment, "How many nights has your child spent in a facility for detoxification in the past 30 days?" Only families of youth who completed this question at time of admission and time of discharge 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.

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

Families Who Reported Their Youth 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 Has Your Child Spent in a Facility for Detoxification?

Treatment Services

Unduplicated Average Average Change Percent Client Count Initial Discharge Change

Total



Inpatient Substance Use Disorder Treatment Services

Families of youth clients are asked at the start of treatment and at the end of treatment, "How many nights has your child spent in a facility for inpatient/residential substance use disorder treatment in the past 30 days?" Only families of youth who completed this question at time of admission and time of discharge 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.



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

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 Discharge Compared to Admission

Unable to Report Due to Low Number of Outcome Tools.

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

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

Total



Hospital Admissions for Mental Health Care



Families of youth clients are asked at the start of treatment and at the end of treatment, "How many nights has your child spent in a facility for mental health care in the past 30 days?" Only families of youth who completed this question at time of admission and time of discharge 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.

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

Families Who Reported Their Youth 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 Has Your Child Spent in a Facility for Mental Health Care?

Treatment Services

Unduplicated Average Average Change Percent Client Count Initial Discharge Change

Total



Illness, Injury, or Surgery



Families of youth clients are asked at the start of treatment and at the end of treatment, "How many nights has your child spent in a facility for illness, injury, or surgery in the past 30 days?" Only families of youth who completed this question at time of admission and time of discharge 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.

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

Families Who Reported Their Youth 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 Has Your Child Spent in a Facility for Illness, Injury, or Surgery?

Treatment Services

Unduplicated Average Average Change Percent Client Count Initial Discharge Change

Total



Nights Spent in Correctional Facility

Families of youth clients are asked at the start of treatment and at the end of treatment, "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 30 days?" Only families of youth who completed this question at time of admission and time of discharge 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.

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

Families Who Reported Their Youth 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 Has Your Child Spent in a Correctional Facility?

Treatment Services

Unduplicated Average Average Change Percent
Client Count Initial Discharge Change

Total



Trouble as a Result of Substance Use



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

Families' responses on these surveys are then broken out by the percentage of families 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 families who completed both an admission outcome tool and discharge outcome tool for inclusion in this outcome.

Initial: Has Your Child Gotten in Trouble at Work/School/Community Due to Substance Use or Gambling?

Discharge: Has Your Child Gotten in Trouble at Work/School/Community Due to Substance Use or Gambling?

Unable to Report Due to Low Number of Outcome Tools.

Has Your Child Gotten in Trouble Because of Substance Use or Gambling? 1-"Yes"; 0-"No"

Treatment Services

Unduplicated Average Average Change Percent
Client Count Initial Discharge Change

Total



Total

Family Perceptions of Youth SUD

Missing School/Work as a Result of Substance Use

Families of youth clients are asked at the start of treatment and at the end of treatment, "Has your child missed school or work because of using alcohol, drugs, inhalants, or gambling?" Only families of youth who completed this question at time of admission and time of discharge are included.

Families' responses on these surveys are then broken out by the percentage families 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 families 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.

Has Your Child Missed School or Work Because of Substance Use or Gambling? 1-"Yes"; 0-"No"

Treatment Services

Unduplicated Average Average Change Percent
Client Count Initial Discharge Change



General Satisfaction with Services

Families of youth clients are asked at discharge 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.

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

Were You Satisfied With the Services Your Child Received?

(Blank)

(Blank)

(Blank)

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

Total

Unable to Report Due to Low Number of Outcome Tools.



Improved Functioning



Families of youth clients are asked at discharge 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.

There were no families 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 Average Average Change Percent Client Count Initial Discharge Change

Total

Unable to Report Due to Low Number of Outcome Tools.



Social Connectedness



Families of youth clients are asked at discharge 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.

> There were no families 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) (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 Average Initial

Discharge

Change Percent

Change

Total

Unable to Report Due to Low Number of Outcome Tools.

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Participation in Treatment Planning and Cultural Sensitivity of Staff

Families of youth clients are asked at discharge 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.

Additionally, families of youth clients are asked at discharge 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 their youth received. If their youth received multiple types of treatment services in FY24, families' responses are counted once in each service.

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

Participation in Treatment Planning

Cultural Sensitivity of Staff

(Blank)

(Blank)

(Blank) (Blank) (Blank)

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

Treatment Services

Unduplicated Client Count Participation in Cultura
Treatment Planning of Staff

Cultural Sensitivity

Total

Unable to Report Due to Low Number of Outcome Tools.



Access to Services



Families of youth clients are asked at discharge 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.

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

Access to Services

(Blank)

(Blank)

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

Access to Services

Total

Unable to Report Due to Low Number of Outcome Tools.



Mental Health (MH) Treatment Services

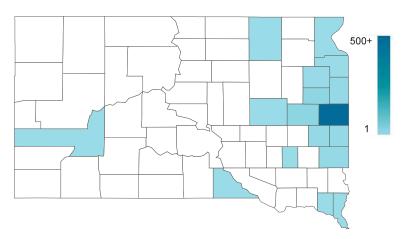


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Mental Health **Treatment Services**

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)	187	150
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	325	317
Outpatient Services	242	245
Room and Board and Other Services	1	1604



Unduplicated Clients Served (Publicly Funded)

677

Publicly Funded Clients with Serious Emotional Disturbance (SED) or Serious Mental Illness (SMI)

384



Veterans Served (Publicly Funded)

16

Publicly Funded Clients Who Successfully Completed Treatment

20



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

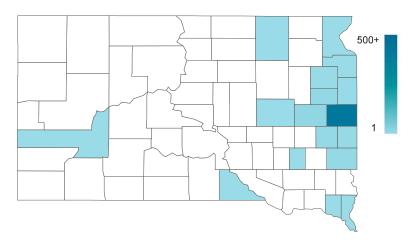


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Adult MH Treatment Services

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)

Comprehensive Assistance with Recovery and Empowerment Services (CARE)

Outpatient Services

238

246

Room and Board and Other Services

1 1604



Unduplicated Clients Served (Publicly Funded)

487

Publicly Funded Clients with Serious Mental Illness (SMI)

213



Veterans Served (Publicly Funded)

16

Publicly Funded Clients Who Successfully Completed Treatment

10





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).

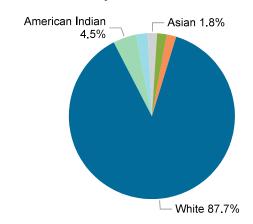


Race & Ethnicity

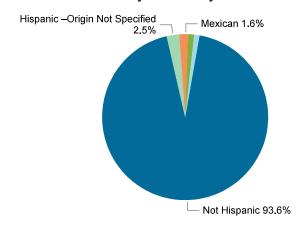


According to the U.S. Census Bureau, 84.2% of South Dakotans identify as White, 8.5% identify as American Indian, and 5.1% identify as Hispanic. The data below reflect the self-reported race and ethnicity of adults served in publicly funded treatment services.

Clients Served by Race



Clients Served by Ethnicity



Clients Served by Service Type and Race

	2+ R	aces	Americ Indian	an	Asia	an	Black		Othe	r	White		Total	
Treatment Services	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Child or Youth and Family Services (CYF)											2	100.0%	2	100.0%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	10	3.1%	20	6.2%	6	1.9%	6	1.9%	6	1.9%	273	85.0%	321	100.0%
Outpatient Services	2	0.8%	4	1.7%	5	2.1%	4	1.7%	4	1.7%	219	92.0%	238	100.0%
Room and Board and Other Services											1	100.0%	1	100.0%
Total	11	2.3%	22	4.5%	9	1.8%	9	1.8%	9	1.8%	427	87.7%	487	100.0%

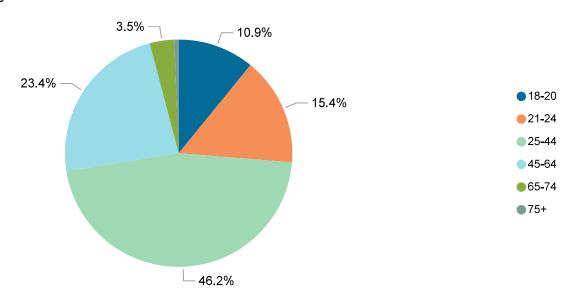






The below data reflect the age of adults served in publicly funded treatment services. Age categories follow SAMHSA guidelines for data reporting.

Clients Served by Age



Clients Served by Service Type and Age Group

	18-20)	21-24		25-44		45-64		65 - 7	4	75+		Total	
Treatment Services	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Child or Youth and Family Services (CYF)	2	100.0%											2	100.0%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	33	10.3%	44	13.7%	141	43.9%	89	27.7%	11	3.4%	3	0.9%	321	100.0%
Outpatient Services	33	13.9%	45	18.9%	113	47.5%	39	16.4%	7	2.9%	1	0.4%	238	100.0%
Room and Board and Other Services					1	100.0%							1	100.0%
Total	53	10.9%	75	15.4%	225	46.2%	114	23.4%	17	3.5%	3	0.6%	487	100.0%

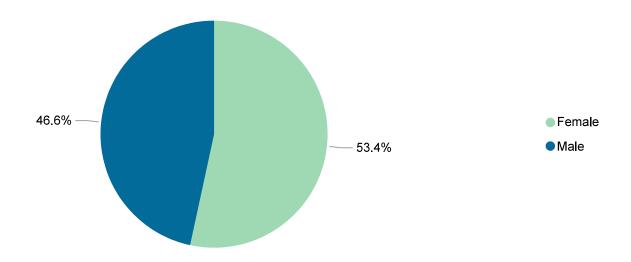


Gender



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

Clients Served by Self-Identified Gender



Clients Served by Service Type and Self-Identified Gender

	Femal	е	Male		Total	
Treatment Services	N	%	N	%	N	%
Child or Youth and Family Services (CYF)			2	100.0%	2	100.0%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	180	56.1%	141	43.9%	321	100.0%
Outpatient Services	124	52.1%	114	47.9%	238	100.0%
Room and Board and Other Services			1	100.0%	1	100.0%
Total	260	53.4%	227	46.6%	487	100.0%



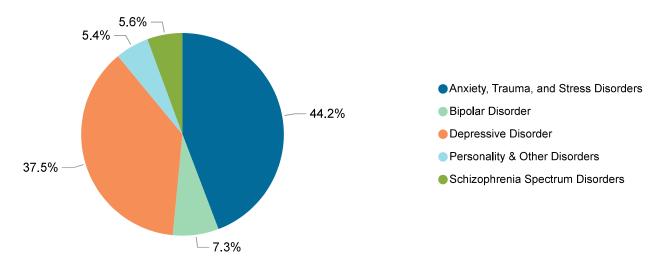
Primary Diagnosis



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

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

Clients Served for Each Primary Diagnosis



Diagnosis by Service Type

	Anxiet Traum Stress Disord	ia, and	Bipo Diso		Depre Disord		& O1	sonality ther orders	Schizo Specti Disoro		Total	
Treatment Services	N	%	N	%	N	%	N	%	N	%	N	%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	103	47.0%	12	5.5%	86	39.3%	9	4.1%	9	4.1%	219	100.0%
Outpatient Services	90	46.4%	17	8.8%	63	32.5%	11	5.7%	13	6.7%	194	100.0%
Room and Board and Other Services									1	100.0%	1	100.0%
Total	157	44.2%	26	7.3%	133	37.5%	19	5.4%	20	5.6%	355	100.0%



Living Situation

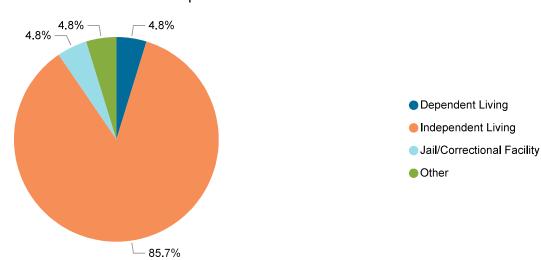


The national rate of homelessness for adult clients was 5.7%.

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

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)	16	5.9%	0.0%	0.0%
Outpatient Services	7	0.0%	0.0%	0.0%
Total	21	4.5%	0.0%	0.0%

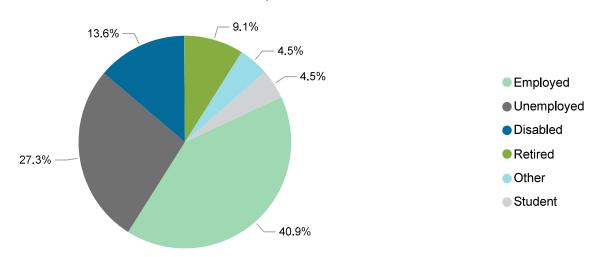




The data below reflect the employment status of adults served in publicly funded treatment services.

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)	16	29.4%	33.3%	33.3%
Outpatient Services	7	85.7%	87.5%	87.5%
Total	21	40.9%	43.5%	43.5%



Arrest History



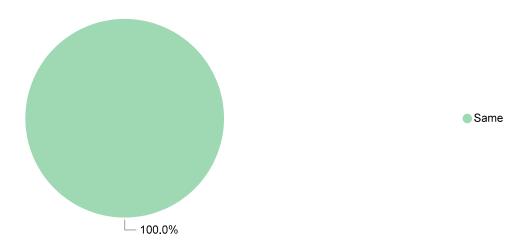
The national rate of adult clients with at least one arrest was 11%.

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.

At most recent update, no adults served in publicly funded treatment services reported an arrest in the past 30 days.

Clients Who Had More, Fewer, or the Same Number of Arrests at 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)	13	0.0%	0.0%	0.0%
Outpatient Services	6	0.0%	0.0%	0.0%
Total	17	0.0%	0.0%	0.0%



General Health

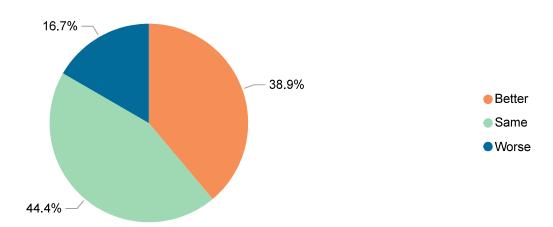


Clients are asked at the start of treatment and at their most recent update, "Would you say that in general your health is?" Clients could answer in a range from 1-"Poor" to 5-"Excellent". Only clients who completed this question at time of admission and time of most recent update are included.

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)	13	2.43	2.64	2.64	0.21	8.8%
Outpatient Services	6	2.71	3.14	3.14	0.43	15.8%
Total	17	2.56	2.72	2.72	0.17	6.5%



Physical Health

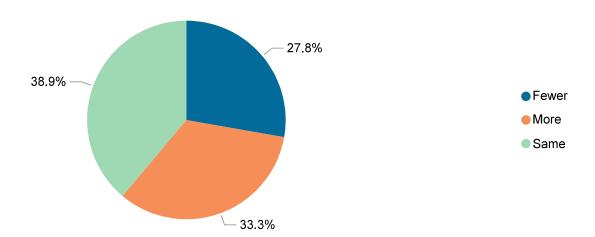


Clients are asked at the start of treatment and at their most recent update, "Now thinking about your physical health, which includes physical illness and injury, how many days during the past 30 days was your physical health not good?" Only clients who completed this question at time of admission and 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 an increase 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)	13	12.00	13.43	13.43	1.43	11.9%
Outpatient Services	6	6.14	3.00	3.00	-3.14	-51.2%
Total	17	9.78	11.22	11.22	1.44	14.8%



Mental Health

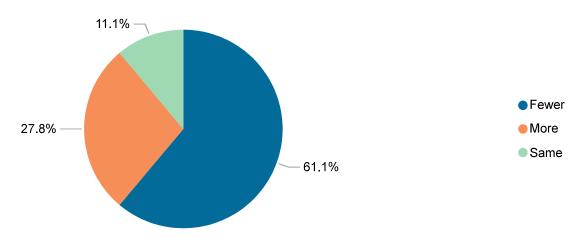


Clients are asked at the start of treatment and at their most recent update, "Now thinking about your mental health, which includes stress, depression, and problems with emotions, how many days during the past 30 days was your mental health not good?" Only clients who completed this question at time 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)	13	21.00	18.29	18.29	-2.71	-12.9%
Outpatient Services	6	21.71	7.71	7.71	-14.00	-64.5%
Total	17	20.78	16.17	16.17	-4.61	-22.2%



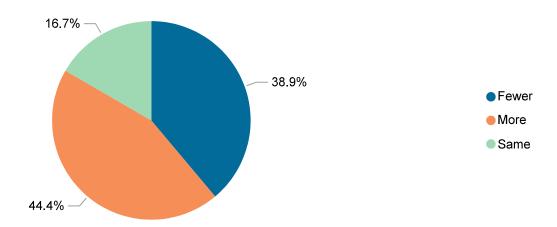
Physical or Mental Health Prevented Normal Activities

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)	13	12.36	13.00	13.00	0.64	5.2%
Outpatient Services	6	11.43	5.57	5.57	-5.86	-51.3%
Total	17	12.39	11.22	11.22	-1.17	-9.4%



Reported Attempts to Die by Suicide



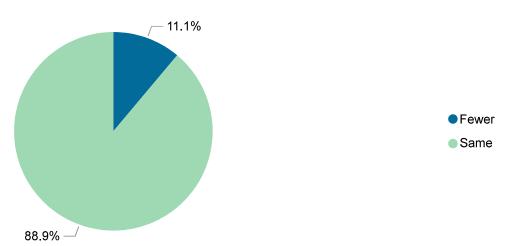
If you, or someone you know, is in need of crisis support, or experiencing emotional distress, call or text 988, or chat at https://988lifeline.org/.

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 Admisson



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)	13	0.14	0.00	0.00	-0.14	-100.0%
Outpatient Services	6	0.00	0.00	0.00	0.00	NaN
Total	17	0.11	0.00	0.00	-0.11	-100.0%



Visits to Emergency Department



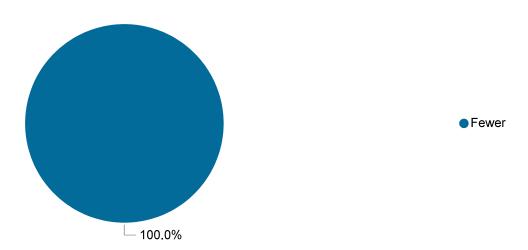
Clients are asked at the start of treatment and at their most recent update, "How many times have you gone to an emergency room for a psychiatric or emotional problem in the past 6 months?" Only clients who completed this question at time of admission and time of most recent update are included.

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)	4	2.00	0.00	0.00	-2.00	-100.0%
Outpatient Services	1	1.00	0.00	0.00	-1.00	-100.0%
Total	4	2.00	0.00	0.00	-2.00	-100.0%



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.

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 Most Recent Update Compared to Admission

Unable to Report Due to Low Number of Outcome Tools.

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

Treatment Services

Unduplicated Average Average Average Most Change Percent Client Count Initial First Update Recent Update Change

Total



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.

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 Most Recent Update Compared to Admission

Unable to Report Due to Low Number of Outcome Tools.

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

Treatment Services Unduplicated Average Average Average Most Change Percent Client Count Initial First Update Recent Update Change

_ Total



Hospital Admissions for Mental Health Care



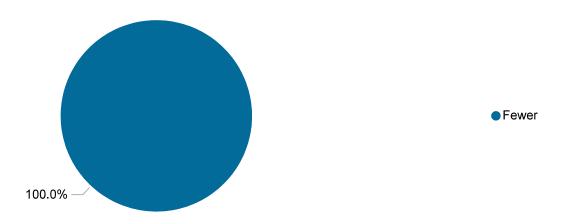
Clients are asked at the start of treatment and at their most recent update, "How many nights have you spent in a facility for mental health care in the past 6 months?" Only clients who completed this question at time of admission and time of most recent update are included.

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)	2	4.00	0.00	0.00	-4.00	-100.0%
Outpatient Services	2	4.00	0.00	0.00	-4.00	-100.0%
Total	3	4.33	0.00	0.00	-4.33	-100.0%



Illness, Injury, or Surgery



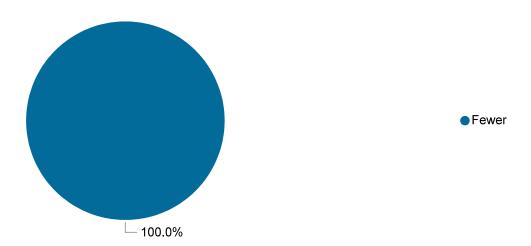
Clients are asked at the start of treatment and at their most recent update, "How many night have you spent in a facility for illness, injury, or surgery in the past 6 months?" Only clients who completed this question at time of admission and time of most recent update are included.

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)	2	2.00	0.00	0.00	-2.00	-100.0%
Total	2	2.00	0.00	0.00	-2.00	-100.0%



Nights Spent in Correctional Facility



Total

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.

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 in a Correctional Facility at Most Recent Update Compared to Admission

Unable to Report Due to Low Number of Outcome Tools.

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

Treatment Services

Unduplicated Average Average Average Most Change Percent
Client Count Initial First Update Recent Update Change

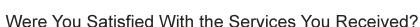


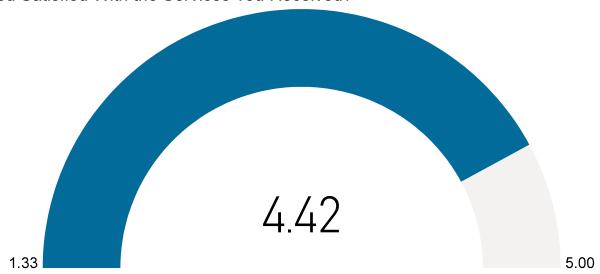
General Satisfaction with Services

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.





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)	16	4.28	4.28
Outpatient Services	7	4.71	4.71
Total	21	4.42	4.42



Improved Functioning

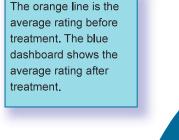


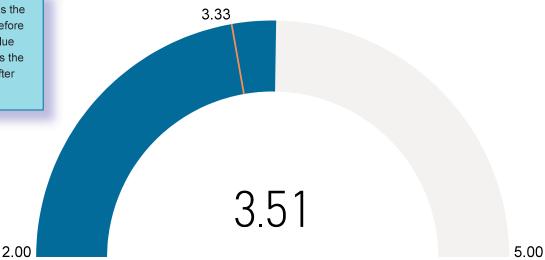
Clients are asked at their most recent update to rate how strongly they agree with four different questions pertaining to their perception of their mental health and social well-being before and after the services they received. The average of these four responses is given below. To see specific questions,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



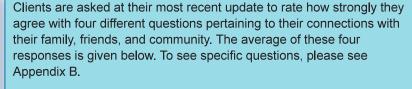


Improved Functioning Ratings: 0-Refused to Respond; 1-Strongly Disagree; 2-Disagree; 3-Undecided; 4-Agree; 5-Strongly Agree

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)	13	3.25	3.45	3.45	0.20	6.0%
Outpatient Services	6	3.57	3.86	3.86	0.29	8.0%
Total	17	3.33	3.51	3.51	0.18	5.4%



Social Connectedness

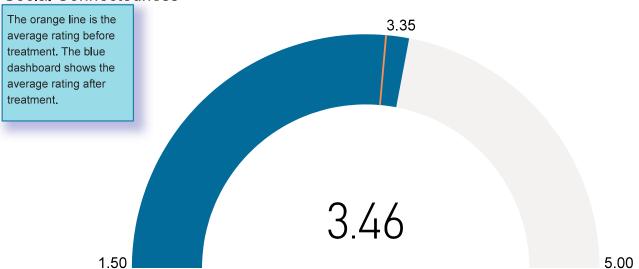


Clients' responses on these surveys are then broken out by the type of treatment service they received. If they received multiple types of treatment services in FY24, their responses are counted once in each service.

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



Social Connectedness



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	13	3.16	3.32	3.32	0.16	5.1%
Outpatient Services	6	4.00	3.86	3.86	-0.14	-3.6%
Total	17	3.35	3.46	3.46	0.11	3.3%



Participation in Treatment Planning

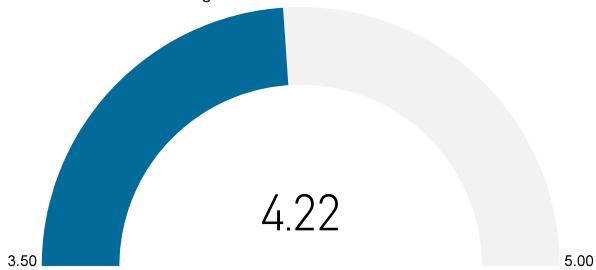


Clients are asked at their most recent update to rate how strongly they agree with two different questions pertaining to their participation in treatment planning for services they received. The average of these two responses is given below. To see specific questions, please see Appendix B.

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)	16	4.22	4.22
Outpatient Services	7	4.25	4.25
Total	21	4.22	4.22



Access to Services

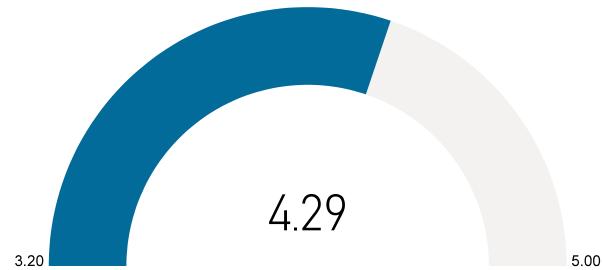


Clients are asked at their most recent update to rate how strongly they agree with five different questions pertaining to the ease and convenience of accessing the services they received. The average of these five responses is given below. To see specific questions, please see Appendix B.

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)	16	4.11	4.11
Outpatient Services	7	4.58	4.58
Total	21	4.29	4.29



Quality and Appropriateness

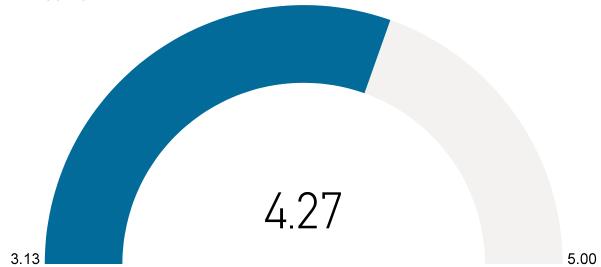


Clients are asked at their most recent update to rate how strongly they agree with eight different questions pertaining to the quality and appropriateness of the services they received. The average of these eight responses is given below. To see specific questions, please see Appendix B.

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)	16	4.16	4.16
Outpatient Services	7	4.53	4.53
Total	21	4.27	4.27



Outcomes

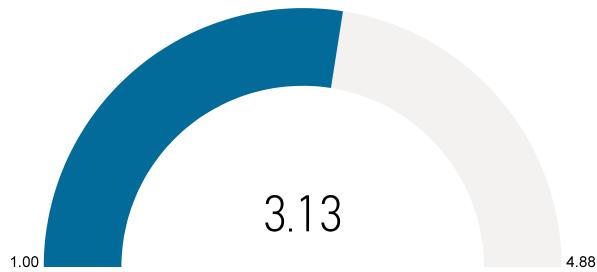


Clients are asked at their most recent update to rate how strongly they agree with eight different questions pertaining to the outcomes of services they received. The average of these eight responses is given below. To see specific questions, please see Appendix B.

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)	16	2.91	2.91
Outpatient Services	7	4.00	4.00
Total	21	3.13	3.13



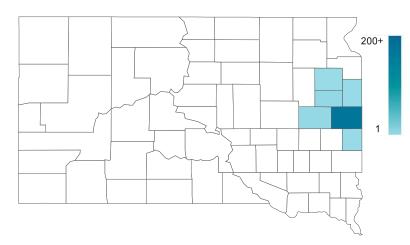


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Youth MH Treatment Services

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)	185	150
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	4	187
Outpatient Services	4	187



Unduplicated Clients Served (Publicly Funded)

190

Publicly Funded Clients Served with Serious Emotional Disturbance (SED)

160



Veterans Served (Publicly Funded)

0

Publicly Funded Clients Who Successfully Completed Treatment

10





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.

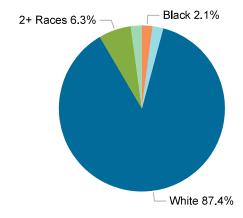


Race & Ethnicity

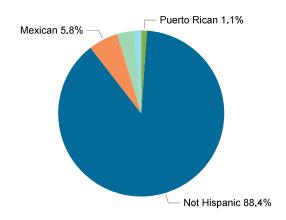


According to the U.S. Census Bureau 84.2% of South Dakotans identify as White, 8.5% identify as American Indian, and 5.1% identify as Hispanic The data below reflect the self-reported race and ethnicity of youth served in publicly funded treatment services.

Clients Served by Race



Clients Served by Ethnicity



Clients Served by Service Type and Race

	2+ R	laces	Ameri Indian		Blac	k	Othe	er	White		Total	
Treatment Services	N	%	N	%	N	%	N	%	N	%	N	%
Child or Youth and Family Services (CYF)	12	6.5%	4	2.2%	4	2.2%	4	2.2%	161	87.0%	185	100.0%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)									4	100.0%	4	100.0%
Outpatient Services			1	25.0%					3	75.0%	4	100.0%
Total	12	6.3%	4	2.1%	4	2.1%	4	2.1%	166	87.4%	190	100.0%

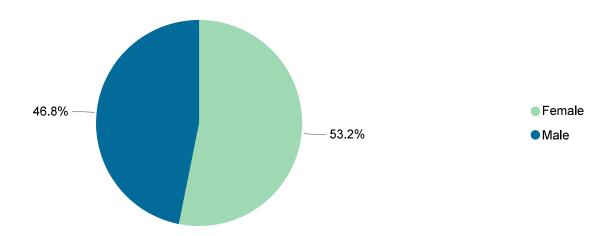






The data below reflect the self-reported gender of youth served in publicly funded treatment services. Gender categories follow SAMHSA guidelines for data reporting.

Clients Served by Self-Identified Gender



Clients Served by Service Type and Self-Identified Gender

	Female	Э	Male		Total	
Treatment Services	N	%	N	%	N	%
Child or Youth and Family Services (CYF)	100	54.1%	85	45.9%	185	100.0%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	1	25.0%	3	75.0%	4	100.0%
Outpatient Services			4	100.0%	4	100.0%
Total	101	53.2%	89	46.8%	190	100.0%



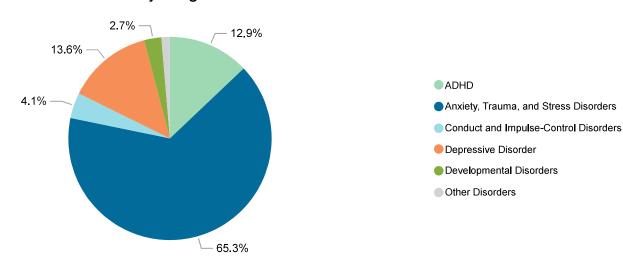
Primary Diagnosis



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 ADHD and Depressive Disorder.

Clients Served for Each Primary Diagnosis



Diagnosis by Service Type

	ADHD		Traum: Stress	rauma, and li Stress C		Conduct and Impulse-Control Disorders		Impulse- Control Disorders				Depressive Disorder																		ner orders	Total	
Treatment Services	N	%	N	%	N	%	N	%	N	%	N	%	N	%																		
Child or Youth and Family Services (CYF)	19	13.3%	94	65.7%	6	4.2%	19	13.3%	3	2.1%	2	1.4%	143	100.0%																		
Comprehensive Assistance with Recovery and Empowerment Services (CARE)			1	33.3%			1	33.3%	1	33.3%			3	100.0%																		
Outpatient Services Total	19	12.9%	3 96	75.0% 65.3%	6	4.1%	1 20	25.0% 13.6%	4	2.7%	2	1.4%	4 147	100.0% 100.0%																		



Living Situation

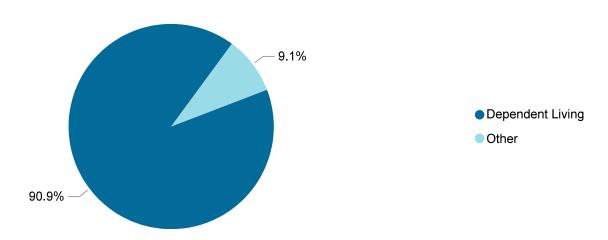


The national rate of homelessness for youth clients was 0.4%.

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

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)	11	0.0%	0.0%	0.0%	
Total	11	0.0%	0.0%	0.0%	

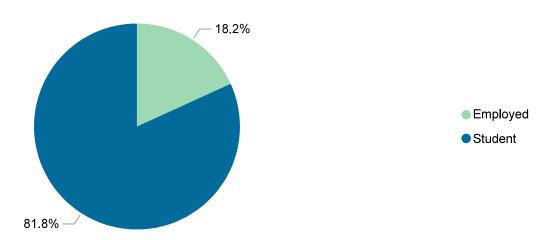




The data below reflect the employment status of youth served in publicly funded treatment services.

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 Most Recent Update
Child or Youth and Family Services (CYF)	11	7.7%	18.2%	18.2%
Total	11	7.7%	18.2%	18.2%



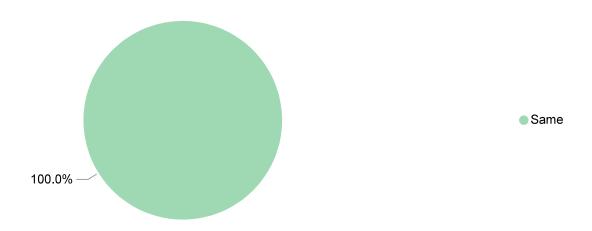


Clients are asked at the start of treatment and at their most recent update, "In the past 30 days, how many times have you been arrested?" Only clients who completed this question at time of admission and time of most recent update are included.

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

At most recent update, no youth served in publicly funded treatment services reported an arrest in the past 30 days.

Clients Who Had More, Fewer, or the Same Number of Arrests at 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 Most Recent Update
Child or Youth and Family Services (CYF)	9	0.0%	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%
Total	10	0.0%	0.0%	0.0%



General Health

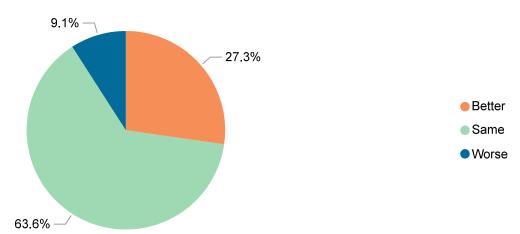


Clients are asked at the start of treatment and at their most recent update, "Would you say that in general your health is?" Clients could answer in a range from 1-"Poor" to 5-"Excellent". Only clients who completed this question at time of admission and time of most recent update are included.

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
A						
Child or Youth and Family Services (CYF)	10	3.00	3.20	3.20	0.20	6.7%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	1	3.00	3.00	3.00	0.00	0.0%
Outpatient Services	1	3.00	3.00	3.00	0.00	0.0%
Total	11	3.00	3.18	3.18	0.18	6.1%



Physical Health

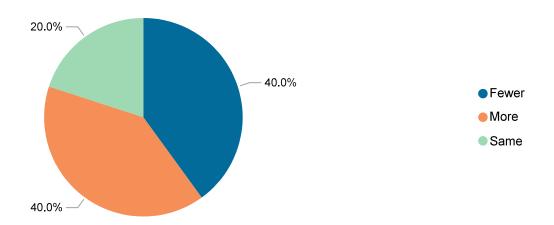


Clients are asked at the start of treatment and at their most recent update, "Now thinking about your physical health, which includes physical illness and injury, how many days during the past 30 days was your physical health not good?" Only clients who completed this question at time of admission and 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 an increase 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)	9	3.22	5.11	5.11	1.89	58.6%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	1	0.00	0.00	0.00	0.00	NaN
Outpatient Services	1	0.00	0.00	0.00	0.00	NaN
Total	10	2.90	4.60	4.60	1.70	58.6%



Mental Health

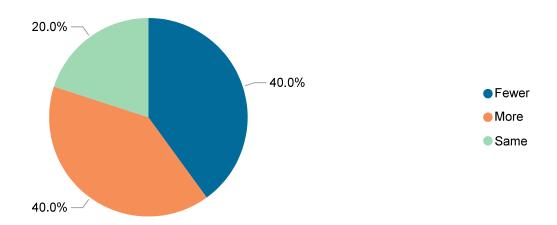


Clients are asked at the start of treatment and at their most recent update, "Now thinking about your mental health, which includes stress, depression, and problems with emotions, how many days during the past 30 days was your mental health not good?" Only clients who completed this question at time 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)	9	12.89	9.33	9.33	-3.56	-27.6%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	1	2.00	15.00	15.00	13.00	650.0%
Outpatient Services	1	2.00	15.00	15.00	13.00	650.0%
Total	10	11.80	9.90	9.90	-1.90	-16.1%



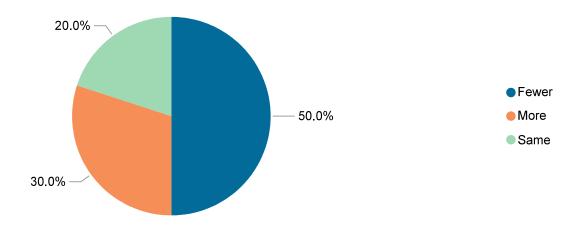
Physical or Mental Health Prevented Normal Activities

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)	9	10.78	4.67	4.67	-6.11	-56.7%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	1	0.00	3.00	3.00	3.00	Infinity
Outpatient Services	1	0.00	3.00	3.00	3.00	Infinity
Total	10	9.70	4.50	4.50	-5.20	-53.6%



Reported Attempts to Die by Suicide



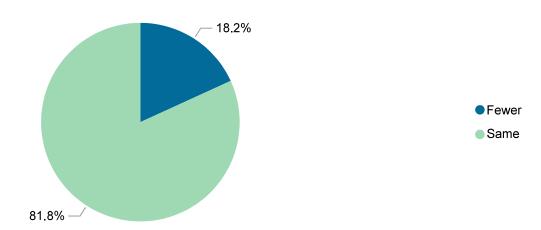
If you, or someone you know, is in need of crisis support, or experiencing emotional distress, call or text 988, or chat at https://988lifeline.org/.

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, the majority of youth 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
Child or Youth and Family Services (CYF)	10	0.40	0.00	0.00	-0.40	-100.0%
* , ,	1					
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	ı	0.00	0.00	0.00	0.00	NaN
Outpatient Services	1	0.00	0.00	0.00	0.00	NaN
Total	11	0.36	0.00	0.00	-0.36	-100.0%



Visits to Emergency Department



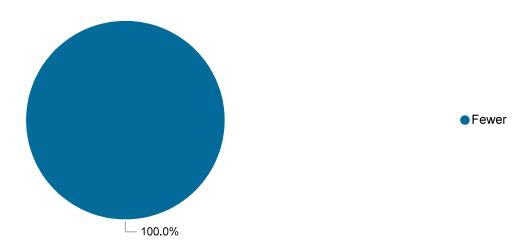
Clients are asked at the start of treatment and at their most recent update, "How many times have you gone to an emergency room for a psychiatric or emotional problem in the past 6 months?" Only clients who completed this question at time of admission and time of most recent update are included.

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	9	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	1	4.00	0.00	0.00	-4.00	-100.0%
Total	1	4.00	0.00	0.00	-4.00	-100.0%



Detoxification Services



Total

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.

There were no youth 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 Most Recent Update Compared to Admission

Unable to Report Due to Low Number of Outcome Tools.

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

Treatment Services

Unduplicated Average Average Average Most Change Percent
Client Count Initial First Update Recent Update Change



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.

There were no youth 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 Most Recent Update Compared to Admission

Unable to Report Due to Low Number of Outcome Tools.

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

Treatment Services

Unduplicated Average Average Average Most Change Percent Client Count Initial First Update Recent Update Change

Total



Hospital Admissions for Mental Health Care



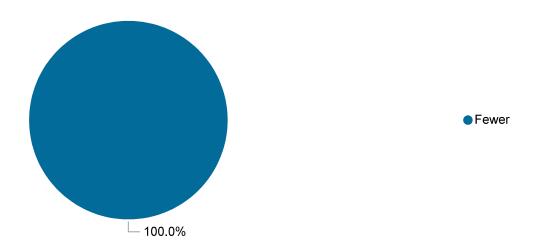
Clients are asked at the start of treatment and at their most recent update, "How many nights have you spent in a facility for mental health care in the past 6 months?" Only clients who completed this question at time of admission and time of most recent update are included.

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 Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	1	14.00	0.00	0.00	-14.00	-100.0%
Total	1	14.00	0.00	0.00	-14.00	-100.0%



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.

There were no youth 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 in a Facility for Illness, Injury, or Surgery at Most Recent Update Compared to Admission

Unable to Report Due to Low Number of Outcome Tools.

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

Treatment Services

Unduplicated Average Average Average Most Change Percent Client Count Initial First Update Recent Update Change

Total



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.

There were no youth 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 in a Correctional Facility at Most Recent Update Compared to Admission

Unable to Report Due to Low Number of Outcome Tools.

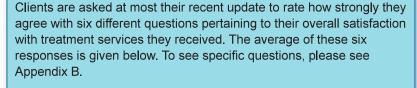
How Many Nights in the Past 6 Months Have You Spent in a Correctional Facility?

Treatment Services Unduplicated Average Average Average Most Change Percent Client Count Initial First Update Recent Update Change

Total



General Satisfaction with Services

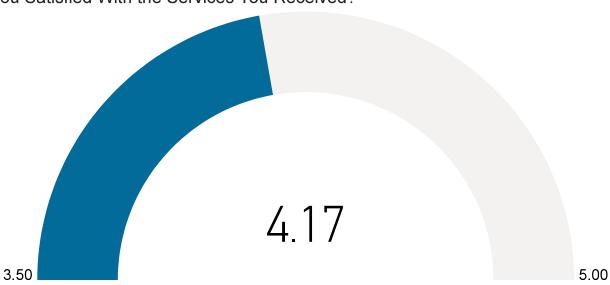


Clients' responses on these surveys are then broken out by the type of treatment service they received. If they received multiple types of treatment services in FY24, their responses are counted once in each service.

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 Most Recent Update
Child or Youth and Family Services (CYF)	10	4.18	4.18
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	1	4.00	4.00
Outpatient Services	1	4.00	4.00
Total	11	4.17	4.17



Improved Functioning

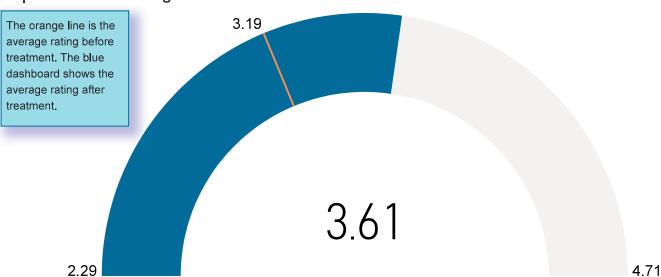


Clients are asked at their most recent update to rate how strongly they agree with seven different questions pertaining to their perception of their mental health and social well-being before and after the services they received. The average of these seven responses is given below. To see specific questions,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



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)	10	3.14	3.63	3.63	0.49	15.5%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	1	3.71	3.43	3.43	-0.29	-7.7%
Outpatient Services	1	3.71	3.43	3.43	-0.29	- 7.7%
Total	11	3.19	3.61	3.61	0.42	13.0%



Social Connectedness

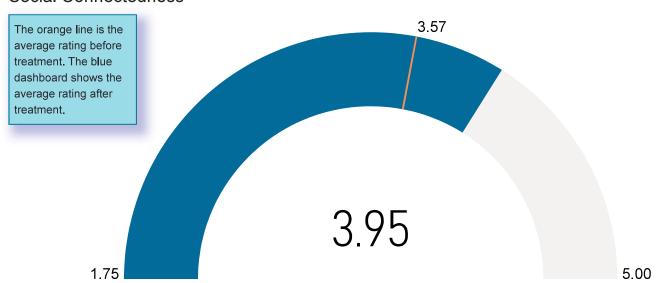


Clients are asked at their most recent update to rate how strongly they agree with four different questions pertaining to their connections with their family, friends, and community. The average of these four responses is given below. To see specific questions, please see Appendix B.

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



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)	10	3.53	3.90	3.90	0.38	10.6%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	1	4.00	4.50	4.50	0.50	12.5%
Outpatient Services	1	4.00	4.50	4.50	0.50	12.5%
Total	11	3.57	3.95	3.95	0.39	10.8%



Participation in Treatment Planning

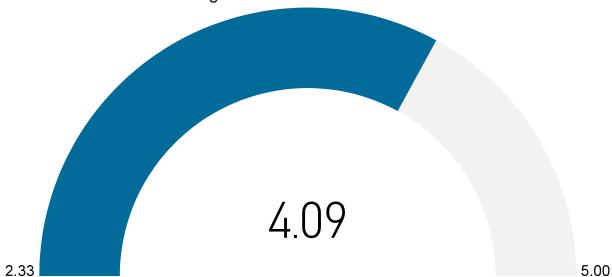


Clients are asked at their most recent update to rate how strongly they agree with three different questions pertaining to their participation in treatment planning for services they received. The average of these three responses is given below. To see specific questions, please see Appendix B.

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)	10	4.10	4.10
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	1	4.00	4.00
Outpatient Services	1	4.00	4.00
Total	11	4.09	4.09



Cultural Sensitivity

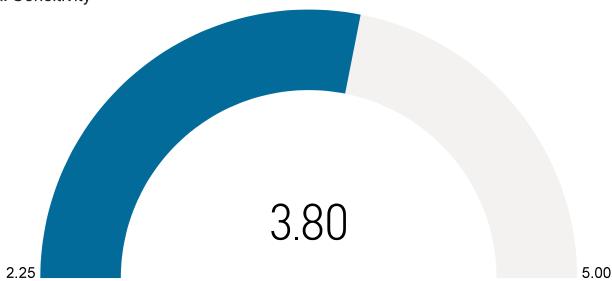


Clients are asked at their most recent update to rate how strongly they agree with four different questions pertaining to the cultural sensitivity of staff. The average of these four responses is given below. To see specific questions, please see Appendix B.

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)	1	0 3.83	3.83
Comprehensive Assistance with Recovery and Empowerment Services (CARE)		1 3.50	3.50
Outpatient Services		1 3.50	3.50
Total	•	1 3.80	3.80



Access to Services

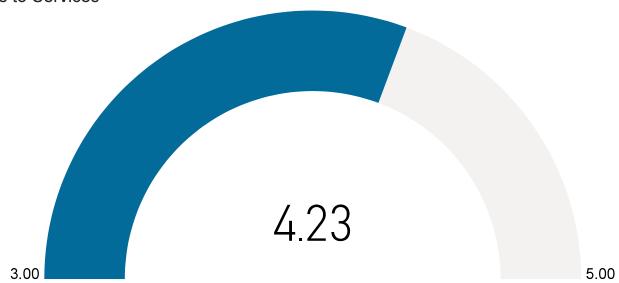


Clients are asked at their most recent update to rate how strongly they agree with two different questions pertaining to the ease and convenience of accessing the services they received. The average of these two responses is given below. To see specific questions, please see Appendix B.

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)	10	4.25	4.25
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	1	4.00	4.00
Outpatient Services	1	4.00	4.00
Total	11	4.23	4.23



Internalizing Disorder



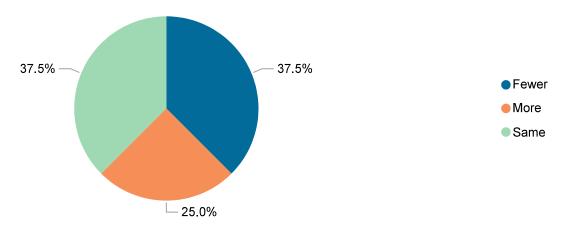
Youth clients complete the Global Appraisal of Individual Needs Short Screener (GAIN-SS) at admission and at most recent update.

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)	8	2.88	2.00	2.00	-0.88	-30.4%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	1	0.00	1.00	1.00	1.00	Infinity
Outpatient Services	1	0.00	1.00	1.00	1.00	Infinity
Total	9	2.56	1.89	1.89	-0.67	-26.1%



Externalizing Disorder



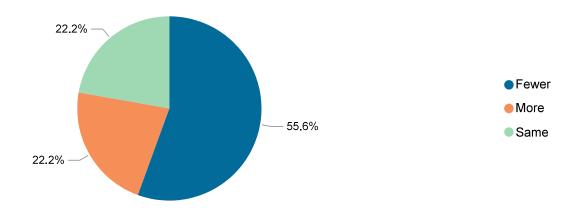
Youth clients complete the Global Appraisal of Individual Needs Short Screener (GAIN-SS) at admission and at most recent update.

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)	8	3.50	2.63	2.63	-0.88	-25.0%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	1	1.00	3.00	3.00	2.00	200.0%
Outpatient Services	1	1.00	3.00	3.00	2.00	200.0%
Total	9	3.22	2.67	2.67	-0.56	-17.2%



Substance Use Disorder



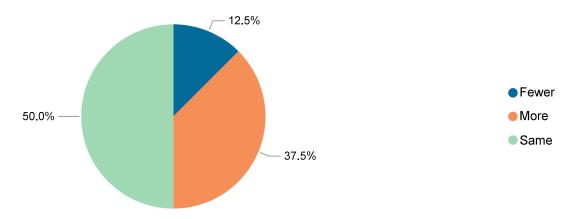
Youth clients complete the Global Appraisal of Individual Needs Short Screener (GAIN-SS) at admission and at most recent update.

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 no change 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)	8	4.00	3.75	3.75	-0.25	-6.3%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	1	4.00	6.00	6.00	2.00	50.0%
Outpatient Services	1	4.00	6.00	6.00	2.00	50.0%
Total	9	4.00	4.00	4.00	0.00	0.0%



Crime and Violence



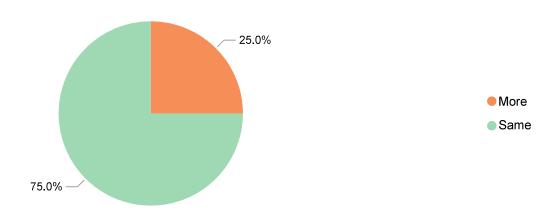
Youth clients complete the Global Appraisal of Individual Needs Short Screener (GAIN-SS) at admission and at most recent update.

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 an increase 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
A						
Child or Youth and Family Services (CYF)	8	4.50	4.75	4.75	0.25	5.6%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	1	6.00	6.00	6.00	0.00	0.0%
Outpatient Services	1	6.00	6.00	6.00	0.00	0.0%
Total	9	4.67	4.89	4.89	0.22	4.8%



Family Perceptions of Youth MH Treatment Services

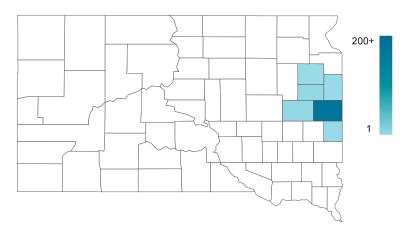


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Family Perceptions of Youth MH Treatment Services

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)	185	150
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	4	187
Outpatient Services	4	187



Unduplicated Clients Served (Publicly Funded)

190

Publicly Funded Clients Served with Serious Emotional Disturbance (SED)

160



Veterans Served (Publicly Funded)

n

Publicly Funded Clients Who Successfully Completed Treatment

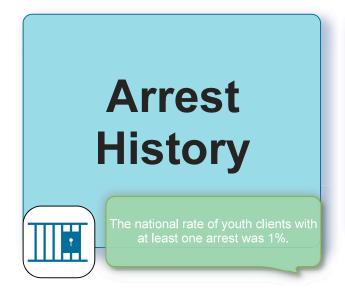
10



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.





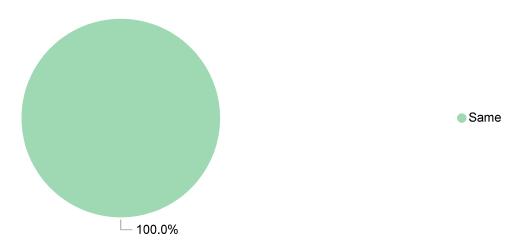


Families of youth clients are asked at the start of treatment and at their most recent update, "In the past 30 days, how many times has your child been arrested?" Only families of youth who completed this question at time of admission and time of the most recent update are included.

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

At most recent update, no families of youth served in publicly funded treatment services reported an arrest 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 First Update	Arrest at Most Recent Update
Child or Youth and Family Services (CYF)	8	0.0%	0.0%	0.0%
Total	8	0.0%	0.0%	0.0%



General Health

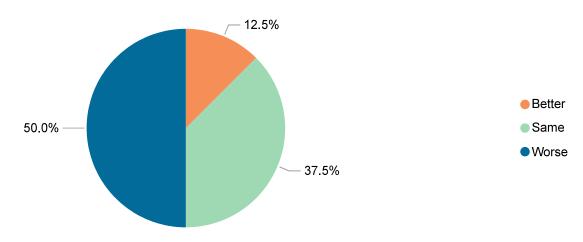


Families of youth clients are asked at the start of treatment and at their most recent update, "Would you say that in general your child's health is?" Families of youth clients could answer in a range from 1-"Poor" to 5-"Excellent". Only families of youth who completed this question at time of admission 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 a decrease 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 Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	8	4.00	3.88	3.88	-0.13	-3.1%
Total	8	4.00	3.88	3.88	-0.13	-3.1%



Physical Health

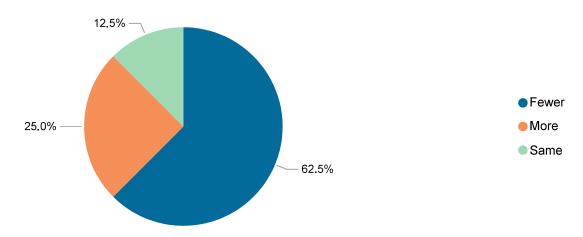


Families of youth clients are asked at the start of treatment and at their most recent update, "Now thinking about your child's physical health, which includes physical illness and injury, how many days during the past 30 days was your child's physical health not good?" Only families of youth who completed 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)	8	3.75	1.38	1.38	- 2.38	-63.3%
Total	8	3.75	1.38	1.38	-2.38	-63.3%



Mental Health

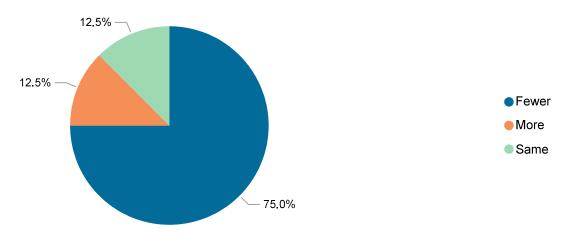


Families of youth clients are asked at the start of treatment and at their most recent update, "Now thinking about your child's mental health, which includes stress, depression, and problems with emotions, how many days during the past 30 days was your child's mental health not good?" Only families of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

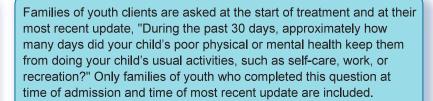


How Many Days Within the Past 30 Days Has Your Child Spent in Poor Mental Health?

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	8	16.63	6.50	6.50	-10.13	-60.9%
Total	8	16.63	6.50	6.50	-10.13	-60.9%



Physical or Mental Health Prevented Normal Activities

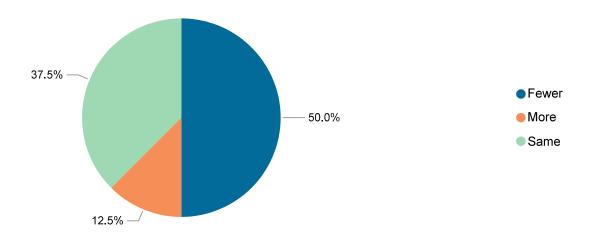


Families' responses on these surveys are then broken out by the type of treatment service their youth received. If they received multiple types of treatment services in FY24, families' responses are counted once in each service.

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 Most Recent Update	Change	Percent Change
Obitel on Veryth and Family Compiese (CVF)	0	0.00	F 00	F 00	4.00	44.00/
Child or Youth and Family Services (CYF)	8	9.63	5.63	5.63	-4.00	-41.6%
Total	8	9.63	5.63	5.63	-4.00	-41.6%



Reported Attempts to Die by Suicide



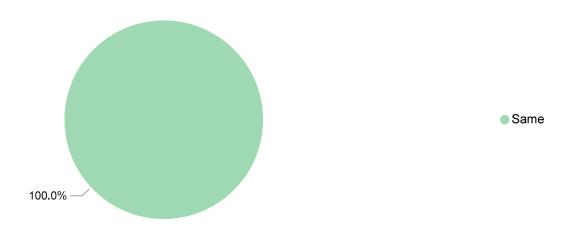
If you, or someone you know, is in need of crisis support, or experiencing emotional distress, call or text 988, or chat at https://988lifeline.org/.

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.

At most recent update, no families of youth served in publicly funded treatment services reported their youth had an attempt 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)	8	0.00	0.00	0.00	0.00	NaN
Total	8	0.00	0.00	0.00	0.00	NaN



Visits to Emergency Department



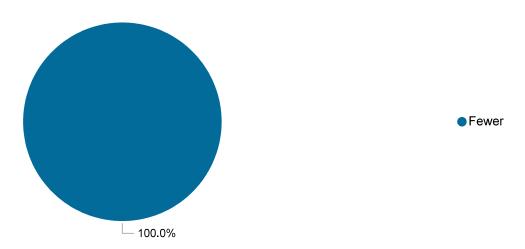
Families of youth clients are asked at the start of treatment and at their most recent update, "How many times has your child gone to an emergency room for a psychiatric or emotional problem in the past 6 months?" Only families of youth who completed this question at time of admission and time of most 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
A						
Child or Youth and Family Services (CYF)	1	8.00	0.00	0.00	-8.00	-100.0%
Total	1	8.00	0.00	0.00	-8.00	-100.0%



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.

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

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

Unable to Report Due to Low Number of Outcome Tools.

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

Treatment Services

Unduplicated Average Average Average Most Change Percent
Client Count Initial First Update Recent Update Change

Total



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.

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

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

Unable to Report Due to Low Number of Outcome Tools.

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 Average Average Average Most Change Percent Client Count Initial First Update Recent Update Change

Total



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.

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

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

Unable to Report Due to Low Number of Outcome Tools.

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

Treatment Services

Unduplicated Average Average Average Most Change Percent
Client Count Initial First Update Recent Update Change

Total



Illness, Injury, or Surgery



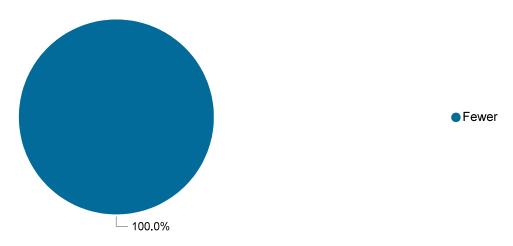
Families of youth clients are asked at the start of treatment and at their most recent update, "How many nights has your child spent in a facility for illness, injury, or surgery in the past 6 months?" Only families of youth who completed this question at time of admission and time of most recent update 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 Most Recent Update	Change	Percent Change
A						
Child or Youth and Family Services (CYF)	2	15.50	0.00	0.00	-15.50	-100.0%
Total	2	15.50	0.00	0.00	-15.50	-100.0%



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.

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

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

Unable to Report Due to Low Number of Outcome Tools.

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

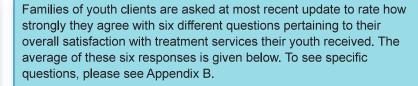
Treatment Services

Unduplicated Average Average Average Most Change Percent Client Count Initial First Update Recent Update Change

Total



General Satisfaction with Services

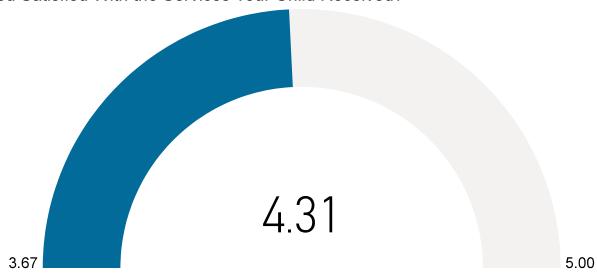


Families' responses on these surveys are then broken out by the type of treatment service their youth received. If their youth received multiple types of treatment services in FY24, families' responses are counted once in each service.

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 Most Recent Update
Child or Youth and Family Services (CYF) Total	8	4.31	4.31
	8	4.31	4.31



Improved Functioning

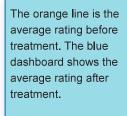


Families of youth clients are asked at most recent update to rate how strongly they agree with seven different questions pertaining to their perception of their youth's mental health and social well-being before and after the services they received. The average of these seven responses is given below.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





3.27

3.70

2.57

4.71

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 Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	8	3.27	3.70	3.70	0.43	13.1%
Total	8	3.27	3.70	3.70	0.43	13.1%



Social Connectedness

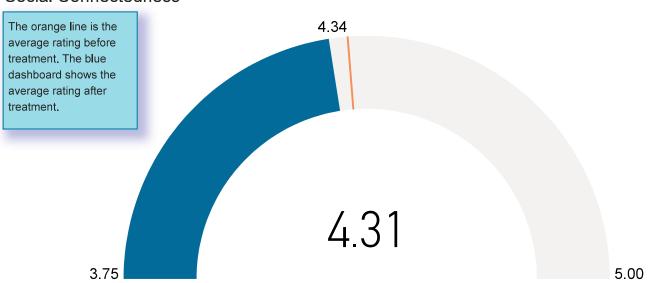


Families of youth clients are asked at most recent update to rate how strongly they agree with four different questions pertaining to their youth's connections with their family, friends, and community. The average of these four responses is given below. To see specific questions, please see Appendix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

Social Connectedness



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

Treatment Services	Unduplicated Client Count	Average Initial		Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	8	4.34	4.31	4.31	-0.03	-0.7%
Total	8	4.34	4.31	4.31	-0.03	-0.7%



Participation in Treatment Planning

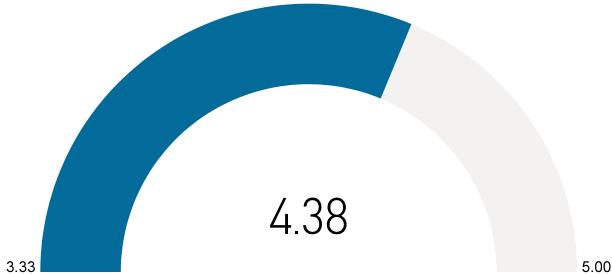


Families of youth clients are asked at most recent update to rate how strongly they agree with three different questions pertaining to their participation in treatment planning for services their youth received. The average of these three responses is given below. To see specific questions, please see 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 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)		8 4.38	4.38
Total		8 4.38	4.38



Cultural Sensitivity

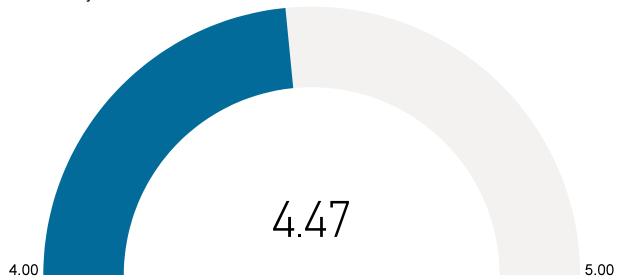


Families of youth clients are asked at most recent update to rate how strongly they agree with four different questions pertaining to the cultural sensitivity of staff. The average of these four responses is given below. To see specific questions, please see Appendix B.

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 Up		Average Most Recent Update
Child or Youth and Family Services (CYF)		8	4.47	4.47
Total		8	4.47	4.47



Access to Services

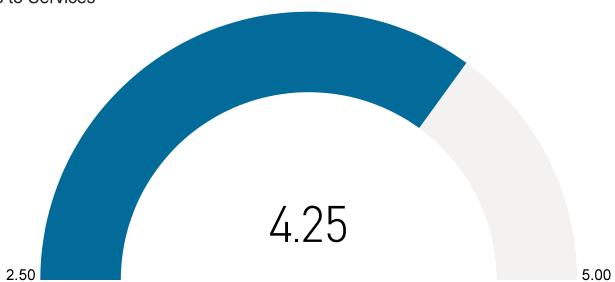


Families of youth clients are asked at most recent update to rate how strongly they agree with two different questions pertaining to the ease and convenience of accessing the services their youth received. The average of these two responses is given below. To see specific questions, please see Appendix 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)		8	4.25	4.25
Total		8	4.25	4.25



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Appendix A: Outcome Tool Return Rates



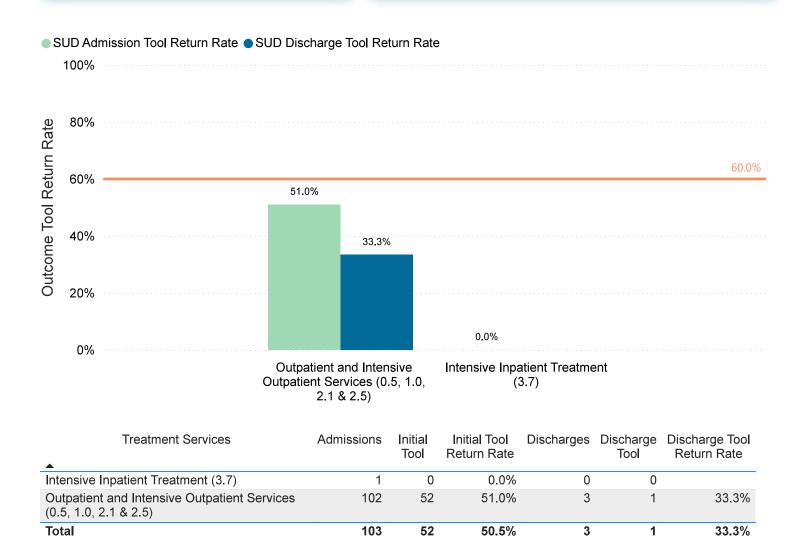
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Adult SUD Outcome Tool Return Rates

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.

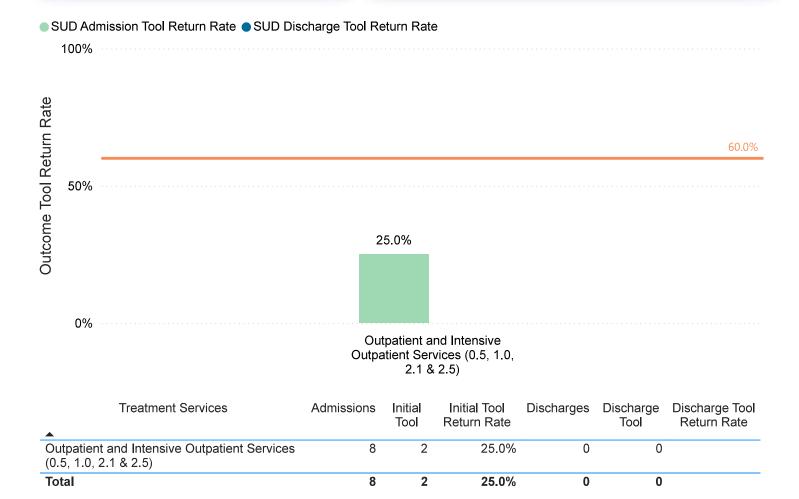




Youth SUD Outcome Tool Return Rates

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.

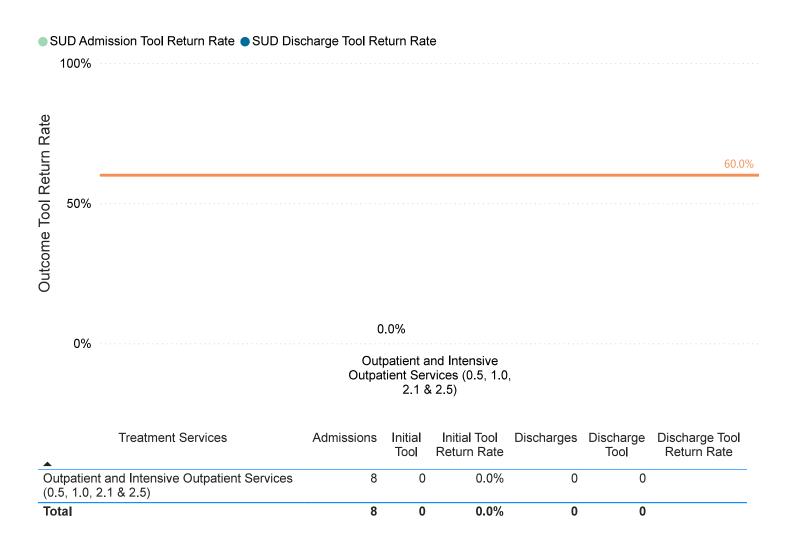




Family SUD Outcome Tool Return Rates

Return rates in this section reflect outcome tools completed by families of youth receiving SUD 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.

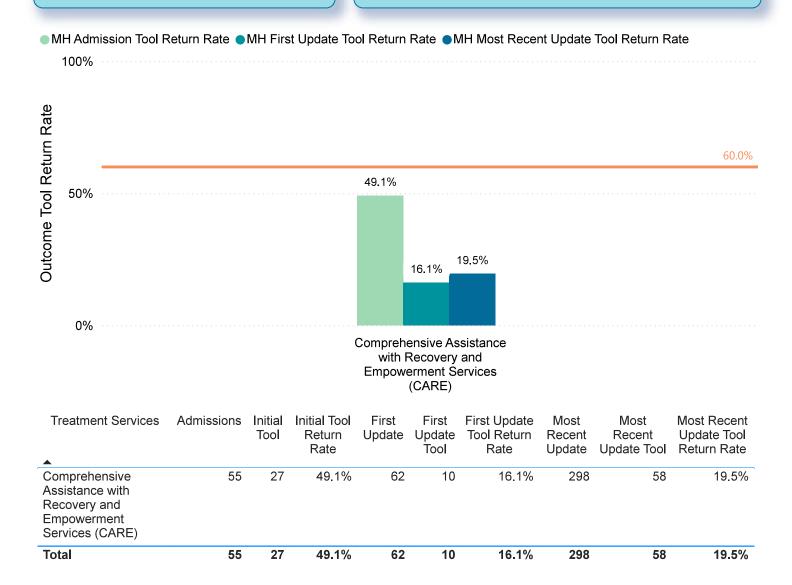




Adult MH Outcome Tool Return Rates

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.

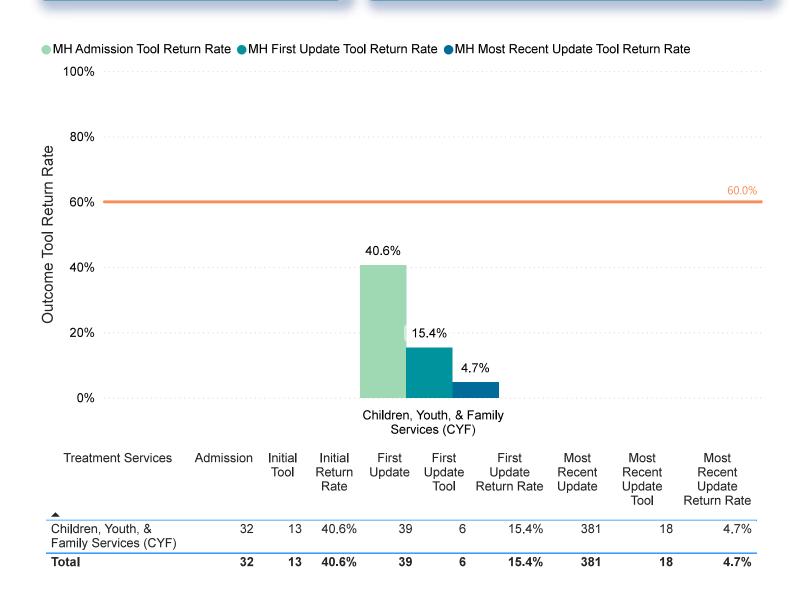




Youth MH Outcome Tool Return Rates

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.

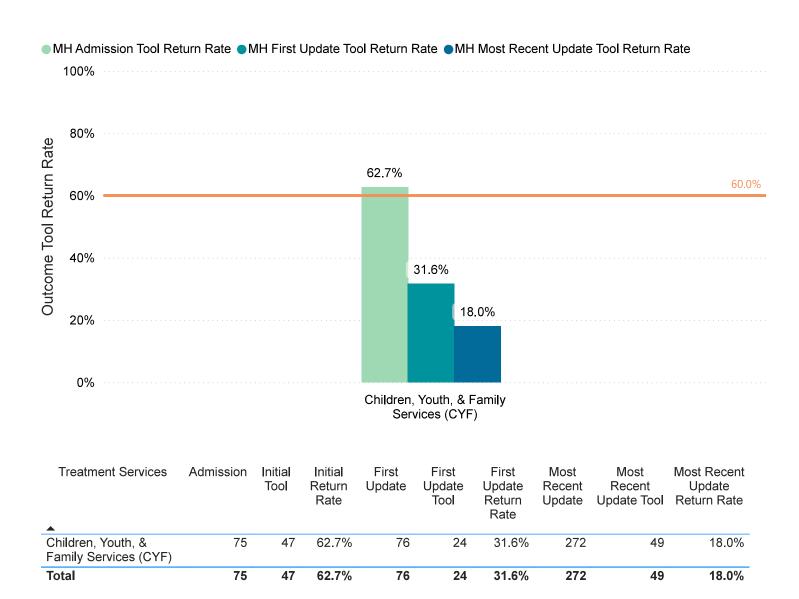




Family MH Outcome Tool Return Rates

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.







[Page intentionally left blank]



Division of Behavioral Health Substance Use Disorder Outcome Tool INITIAL

Todays' Date:									
Client STARS I	D: _ _ _	_ _ _		. _ _	_ _ _	. _			
Program	☐ 1.0 Out ☐ 2.1 Inte (Including ☐ 2.5 Day ☐ 3.1 Low ☐ 3.7 Inte ☐ Adult O Only) ☐ Adult O Clients On ☐ Adult O Services (0	nsive Our 2.1/3.1) Treatme Intensity nsive Inp utpatient utpatient ly) utpatient	nt y Resider atient Tr t EBP (CJ EBP/MR	eatment I Clients RT (CJI	☐ 2.1 (☐ 2.5 (☐ 3.7 (☐ MR7) ☐ Adu	Gambling Gambling nent If (CJI Clic lt Outpa ents Onl - OP - E	g Intensi g Day Tr g Intensi ents Onl tient EBI	ive Outpa eatment ive Inpati	ient
1 W1J			l le -	lal- ! -					
1. Would you	-	_	-		ı	Fair		Poor	
a. Now thinkhow manb. Now think	□ 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 ——								
c. During the	past 30 days ealth keep yo								
2. At this mor							rrent b	ehaviors	S
Not important			s importan	it as most o	f the othe		Most in	nportant th	hing in my right now
0 1	2	3	4	5	6	7	8	9	10
3. At this mo			_	_		_	-		
Not importan	and/or syntat all		s importar	circie a n it as most d like to achi	of the othe			mportant tl	hing in my
0 1	2	3	4	5	6	7	8	9	10

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Adult SUD Form -Initial

4. Please answer the following question		Number of Nights/Time	Don't es know
In the past 30 days, how many times have you be *Federally Required Element	en arrested?		
5. Please answer the following questions h	pased on the past 30 day	/S	
a. Have you gotten into trouble at home, at school		⁷ , □Yes	
because of your use of alcohol, drugs, inhalants b. Have you missed school or work because of usi		or	-
gambling?	ing arconol, arags, initalants	Yes	s □No
*Federally Required Element			
6. Please answer the following questions h	pased on the past 30	Number of	Don't
days	<u>- </u>	Nights/Time	es know
a. How many times have you gone to an emergen or emotional problem?	cy room for a psychiatric		
b. How many nights have you spent in a facility fo	r:		
i. Detoxification?	m , , , ,		
ii. Inpatient/Residential Substance Use Disorde iii. Mental Health Care?	r Treatment?		
iv. Illness, Injury, Surgery?			
c. How many nights have you spent in a correction	nal facility including iail		
or prisons (as a result of an arrest, parole or pre	•		
d. How many times have you tried to commit suic	ride?		
7. I would be able to resist the urge to	Not at all		Very
drink heavily and/or use drugs	confident		Confident
if I were angry at the way things had turned out	0 1 2 3 4 5	6 7 8	3 9 10
if I had unexpectedly found some			
booze/drugs or happened to see something	0 1 2 3 4 5	6 7 8	9 10
that reminded me of drinking/using drugs if other people treated me unfairly or			
interfered with my plans	0 1 2 3 4 5	6 7 8	9 10
if I were out with friends and they kept			
suggesting we go somewhere to drink/use drugs	0 1 2 3 4 5	6 7 8	3 9 10

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Adult SUD Form -Initial

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

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Division of Behavioral Health Substance Use Disorder Outcome Tool DISCHARGE

Todays' Date:								
Client STARS I	D: _	_ _ _	_ _ _	_ _ _	II			
Program	(Includin □ 2.5 Day ' □ 3.1 Low □ 3.7 Inter □ Adult Ou Only) □ Adult Ou Clients C □ Adult Ou	nsive Outpationg 2.1/3.1) Freatment Intensity Resinsive Inpatient Itpatient EBP	idential t Treatment (CJI Clients /MRT (CJI /MRT/3.1	☐ 2.1 C Outp ☐ 2.5 C ☐ 3.7 C Trea ☐ MRT	tment ' (CJI Clie t Outpat ices (CJI - OP - E	g Intensi g Day Tre g Intensi ents Only ient EBF	ve eatment ve Inpatie 7) 2/3.1	nt
1. Would you	ı say that in	general you	r health is:					
 □Excelle	nt 🗆 Ve	ery 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? 								
	ptoms? Plea	-		scale be	low:		nportant thi	
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 Wost important thing in my would like to achieve now life right now								ing in my right now
0 1	2	3 4	5	6	7	8	9	10

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Adult SUD Form -Discharge

4. Please answer the foll	ωwinσ	auestior	1				mber of hts/Time	Don't es know
In the past 30 days, how man				rrested?		IVIE	11115/111116	55 KIIUW
*Federally Required Element	ily cillic.	s nave you	i been a	irestea.				
5. Please answer the foll	owing	question	ns base	ed on the	past 3	0 days		
a. Have you gotten into troul	ole at ho	ome, at scl	nool, wo	ork, or in th	ne comr	nunity,	□Yes	. □No
because of your use of alcoh-								
b. Have you missed school or	r work l	because of	f using a	ılcohol, drı	ıgs, inh	alants, or	□Yes	□No
gambling?								
*FI								
*Element agreed upon by the DOWG			•		. 0	O N	mber of	D/+
6. Please answer the foll	owing	questioi	ns base	ea on the	past 3	<u>U</u>	mber of hts/Time	Don't es know
days					1	ū	1100/111110	25 KHOW
a. How many times have you gone to an emergency room for a psychiatric								
or emotional problem?	u cnant	in a facilit	y for:					
b. How many nights have you spent in a facility for: i. Detoxification?								
ii. Inpatient/Residential Substance Use Disorder Treatment?								
iii. Mental Health Care?	ibbeaire	c 050 D150	ruer rr	catinent				
iv. Illness, Injury, Surgery?								
c. How many nights have you		in a corre	ctional	facility incl	uding i	ail		
or prisons (as a result of a	-			•	Ο,			
d. How many times have you	tried t	o commit	suicide	?	-			
7. Please check the]	Before th	e Progi	am	No	w (At end	d of Pro	gram)
appropriate box on								
how you are doing								
since entering the								
program that best tells	Poor	Average	Good	Excellent	Poor	Average	Good	Excellent
us what you think.	1	2	3	4	1	2	3	4
a. Controlling alcohol								П
use.								
b. Controlling drug use.								

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Adult SUD Form -Discharge

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

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

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Adult SUD Form -Discharge

1	2	3	4 5							
Unengaged and Blocked	Minimal Engagement in Recovery	Limited Engagement in Recovery	Engagem	Positive Opting Engagement in Engager Recovery Recovery				l		
10. At this interval period, what is your (clinician's) assessment of the client's understanding and willingness to engage in their treatment program? Please circle a number on the scale below:										
Question required to	be completed by Cl	inician							_	
34. I would recommember.	nend this agency t	to a friend or family								
agency.		ll get services at this								
32. I liked the servi										
Domain: General Sa		0			_					
31. I, not staff, decid		•								
Planning Questions 30. I felt comfortab		ns about my treatmen	t. 🗆							
Domain: Perception	*	n in Treatment								
29. My housing situ										
28. My symptoms a										
27. I do better in sc										
26. I do better in so										
25. I am getting alo	ng better with my	rfamily.								
24. I am better able										
23. I am better able										
22. I deal more effe										
Domain: Perception										
my life. 21. I was encourage	ed to use consume	er-riin nrograms	П	П			П			
_	d me to take resp	onsibility for how I liv	re \Box							
19. I was given info										
could take charge o										
18. Staff helped me	obtain the inform	nation needed so I		_	_	_	_	_	_	

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Division of Behavioral Health Substance Use Disorder Outcome Tool Youth INITIAL

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

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Youth SUD Form -Initial Interview

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

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Youth SUD Form -Initial Interview

8. Please ii	ent or		Re	espoi	1se 0	ptions	S			
disagreem choice that over the pa with perso provider(s	Strongly	Disagree	Undecided	Agree	Strongly agree	Not	Refused			
		lness Questions								
need to t	1. I know people who will listen and understand me when I need to talk.									
and frier	2. In a crisis, I would have the support I need from family and friends.									
		comfortable tall	king with about				П		П	
my prob						_	_		_	_
		m I can do enjoy								
	•	oning Domain:	Questions 5-11							_
	to do things I							<u> </u>	<u> </u>	
	g with family r		1.							
		and other peop	ie.							
	in school and/	things go wron	~							
			5.			Н	Н			
	le to handle my	family life right	novy							
11.1 alli Sat	isiieu witii iiiy	Tallilly life right	l IIOW.							
Question to b	e answered by C	Clinician								
GAIN Shor	t Screener (GA	AIN-SS) Scorin	g							
Canaanan	Items	Past Month	Past 90 Days	Past	Year		Ever			
Screener	items	(4)	(4, 3)	(4, 3	3, 2)		(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: Minimal Limited Positive Optimal										
Unengaged Blocked	Positi Engagem Recov	ent in		En	Optin gagem Recov	ent ir	1			

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Division of Behavioral Health Substance Use Disorder Outcome Tool Youth Discharge

Todays' Date	:			J					
Client STARS	ID:								
Program	□ 3.1 Lo	tpatient y Treatme w Intensity scent EBP	y Residen	tial	□ 3.7	Intensive Intensive atment (P	Inpatie		
4 117. 14		•	11	-1al- '-					
1. Would yo				Good		□ Foir		Door	
	ent lking about y any days duri		al health, v	which inc			ess and	Poor injury,	
b . Now thir problem health to c . During the	nking about yns with emot not good? ne past 30 da health keep	our mental ions, how r ys, approxi	health, w many days mately ho	hich inclused during to the many of the ma	ides stre he past 3 days did	ess, depres 30 days w your poor	ssion, an as your physica	mental al or	
2 4446:0	amont har			h a t a	ahawaa				
2. At this m behaviors							rrent		
Not importa			s importan	t as most o	of the othe		Most ii	mportant tl	
0 1	2	3	would I	ike to achi	6	7	8	9	right now
3. At this m				_					
Not importa	rs and/or s int at all		s importan	t as most o	of the othe			mportant tl	
0 1	2	3	would I	ike to achi	eve now	7	8	9	right now
							U		10
4. Please ar								iber of its/Times	Don't know
In the past 30 *Federally Requ		nany times	have you	been arre	ested?				
5. Please ar	swer the f	ollowing	question	s based	on the_	<u>past 30 (</u>	days		
	your use of a	lcohol, drug	gs, inhalar	its, or gai	nbling?		•	□Yes	□No
b. Have you r	nissed school	or work b	ecause of	using alco	ohol, dru	gs, inhala	nts, or	□Yes	□No

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Youth SUD Form - Discharge

6. Please answer the follows	owing	questio	ns base	ed on the	past 3	<u>U</u>	nber of hts/Tim	Don't es know
a. How many times have you	gone to	o an emer	gency r	oom for a p	sychiat	ric		
or emotional problem?			-					
b. How many nights have you	ı spent	in a facilit	y for:					_
i. Detoxification?								
ii. Inpatient/Residential Su	bstance	e Use Diso	rder Tr	eatment?				
iii. Mental Health Care?								
iv. Illness, Injury, Surgery? 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)?								
d. How many times have you tried to commit suicide?								
*Federally Required Element								
rederany nequired Element								
7. Please check the		Before th	e Progi	am	No	w (At end	d of Pro	gram)
appropriate box on								
how you are doing								
since entering the								
program that best tells	Poor	Average	Good	Excellent	Poor	Average	Good	Excellent
us what you think.	1	2	3	4	1	2	3	4
a. Controlling alcohol use.								
b. Controlling drug use.		П						
*Element agreed upon by the DOWG				Ш				
Element agreed upon by the bowd								
8. I would be able to resi	st the	urge to	No	t at all				Verv
drink heavily and/or use		_	cor	nfident				Confident
if I were angry at the wa	y thing	gs had	0	1 2	3 4	5 6	7	8 9 10

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

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Youth SUD Form - Discharge

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

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Youth SUD Form - Discharge

Questions to be answered by Clinician

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

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

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

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Division of Behavioral Health Substance Use Disorder Outcome Tool Family INITIAL

			11	NI I IA.	և				
Todays' Date) :								
Client STARS	S ID: _	_ _ _	_ _ _	_ _ _	_ _ _	_ _ _			
Program	□ 1.0 Ou	itpatient			□ 2 .1	l Intensiv	e Outpa	tient	
J	□ 2.5 Da	•	ient			7 Intensiv			
	□ 3.1 Lo	w Intens	ity Reside	ential	Tre	eatment ((PRTF)		
	☐ Adole:	scent EBI	Services	;					
	_		_						
	ou say that				health is				
□Excel		Very Goo		Good	1.1.	Fair		Poor	
	nking about y how many da								
b . Now thi proble	nking about y ms with emot health not go	ions, how							d
	he past 30 da								
	ıtal health kee		m doing y	our chil	d's usual	activities,	such as s	self-care,	•
school	, work, or reci	reation?							
0 Al.'	1	•		.1	1. 1. 3	.1	.1	1	1
	noment, hov nptoms? Pla	_		_		_	tneir cu	irrent b	enaviors
Not import			t as importa	ant as mo	st of the ot	her things	I Most		t thing in my
					chieve now				ife right now
0	1 2	3	4	5	6	7	8	9	10
0.41.1		<i>a.</i> 1							
	noment, hov rs and/or s								urrent
Not import			t as importa						t thing in my
_				_	chieve now	_			ife right now
0	1 2	3	4	5	6	7	8	9	10
							Nicos	nber of	D ~ = '4
4. Please a	nswer the fo	ollowing	questio	n				nber of hts/Time	Don't s know
	0 days, how n				een arres	ted?	-1.8		
*Federally Req	uired Element								ш

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Family SUD Form -Initial Interview

5. Please answer the following questions to		<u>vs</u>	
a. Has your child gotten into trouble at home, at s community, because of their use of alcohol, dru		□Yes	□No
b. Has your child missed school or work because inhalants, or gambling?		□Yes	□No
*Federally Required Element			
rederany Required Element			
6. Please answer the following questions b	paced on the pact 20	Number of	Don't
days	dased on the <u>past 50</u>	Nights/Times	know
a. How many times has your child gone to an eme psychiatric or emotional problem?	ergency room for a		
b. How many nights has your child spent in a faci i. Detoxification?	lity for:		
ii. Inpatient/Residential Substance Use Disorde	r Treatment?		
iii. Mental Health Care?			
iv. Illness, Injury, Surgery?		Ш	
c. How many nights has your child spent in a corr JDC or Jail (as a result of an arrest, parole or prob	•		
d. How many times has your child tried to commi			
7. My child would be able to resist the	Not at all		Very
urge to drink heavily and/or use drugs	confident		Confident
if he/she were angry at the way things had turned out	0 1 2 3 4 5	6 7 8	9 10
if he/she had unexpectedly found some			
booze/drugs or happened to see something that reminded him/her of drinking/using	0 1 2 3 4 5	6 7 8	9 10
drugs			
if other people treated he/she unfairly or interfered with his/her plans	0 1 2 3 4 5	6 7 8	9 10
if he/she were out with friends and they			
kept suggesting they go somewhere to	0 1 2 3 4 5	6 7 8	9 10
drink/use drugs			

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

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Division of Behavioral Health Substance Use Disorder Outcome Tool Family Discharge

Todays'	Date:									
Client ST	ARS ID:	_	_ _ _	_	_ _ _	_ _ _	. _			
Program □ 1.0 Outpatient □ 2.1 Intensive Outpatient										
J	□ 2.5 Day Treatment □ 3.7 Intensive Suspensive									
			w Intensi		ential		atment (-		
			scent EBP							
1. Wou	ld you sa	ay that i	in genera	al your o	child's h	ealth is:				
\Box E	xcellent		Very Goo	d	□Good		□Fair		Poor	
			our child's							
	ury, how od?	many da	ys during	the past	30 days v	was your	child's ph	ysical he	ealth not	
		about v	our child's	s mental l	health. w	hich inclu	des stres	s. depre	ssion, and	
			ions, how							
	ental heal									
			ys, approx p you froi							
	hool, worl			ili dollig y	our cillic	a S uSuai a	cuvities,	sucii as :	sen-care,	
	,	.,								
2 Atth	ic moma	ant how	v imnort	ant ic it	that vo	ur child	change	thoir ci	irrant ha	haviore
			v import ease circle		-		_	their cu	ırrent be	ehaviors
and/or		ms? Ple	ase circle	e a numb as importa	oer on th	e scale bo	elow:		important :	thing in my
and/or Not in	sympto	ms? Ple	ease circle About	e a numb as importa would	oer on th ant as mos d like to ac	e scale be st of the oth chieve now	elow: er things I	Most	important lif	thing in my e right now
and/or	sympto	ms? Ple	ase circle	e a numb as importa	oer on th	e scale bo	elow:		important :	thing in my
and/or Not in 0	sympton sympton symportant at 1	ms? Ple all 2 ent, hov	ease circle About 3	e a numb as importa would 4	per on the ant as most dike to act of the street of the st	t your ch	elow: er things l 7 nild will	Most 8 change	important lif 9 their cu	thing in my e right now
and/or Not in 0 3. At th beha	sympton portant at 1 is momentuments are at 1	oms? Ple all 2 ent, how id/or sy	ease circle About 3 v confide ymptoms	e a numb as importa would 4 ent are y s? Please	per on the ant as most dike to act of the second strains of the se	t your ch	elow: er things l 7 aild will on the so	Most 8 change cale belo	important lif 9 their cu ow:	thing in my e right now 10
and/or Not in 0 3. At th beha	sympton sympton symportant at 1	oms? Pleall 2 ent, hovoid/or syall	ase circle About 3 v confide ymptoms About	e a numb as importa would 4 ent are y s? Please as importa	oer on the ant as most dlike to act 5 you, that e circle a ant as most as most distributed by the circle and ant as most distributed by the circle and act distributed by the circle act distributed by the circle and act di	t your ch	elow: er things l 7 aild will on the so	Most 8 change cale belo Most	important lif 9 their cu ow: important	thing in my e right now
and/or Not in 0 3. At th beha	sympton portant at 1 is momentuments are at 1	oms? Ple all 2 ent, how id/or sy	ease circle About 3 v confide ymptoms	e a numb as importa would 4 ent are y s? Please as importa	oer on the ant as most dlike to act 5 you, that e circle a ant as most as most distributed by the circle and ant as most distributed by the circle and act distributed by the circle act distributed by the circle and act di	t your changes of the other states of the othe	elow: er things l 7 aild will on the so	Most 8 change cale belo	important lif 9 their cu ow: important	thing in my e right now 10 rrent thing in my
and/or Not in 0 3. At th beha	symptonportant at 1 is momentations are apportant at	oms? Pleall 2 ent, hovoid/or syall	ase circle About 3 v confide ymptoms About	e a numb as importa would 4 ent are y s? Please as importa would	per on the ant as most d like to act of the total distribution of the	t your changes of the other ch	elow: er things I 7 nild will on the so er things I	Most 8 change cale belo Most	important lif 9 e their cu ow: important lif	thing in my e right now 10 rrent thing in my e right now
and/or Not in 0 3. At th beha Not in	symptonportant at 1 is momentations are apportant at	ems? Pleall 2 ent, how nd/or syall 2	ase circle About 3 v confide ymptoms About 3	e a numb as importa would 4 ent are y s? Please as importa would 4	per on the ant as most d like to act of the second of the	t your changes of the other ch	elow: er things I 7 nild will on the so er things I	Most 8 change cale belo Most 8	important life 9 e their cu ow: important life 9	thing in my e right now 10 Trent thing in my e right now 10 Don't
and/or Not in O 3. At th beha Not in O 4. Pleas	is mome aviors an aportant at	oms? Pleall 2 ent, how nd/or syall 2 er the fo	ase circle About 3 v confide ymptoms About 3	e a number as importation would be a series of the series	per on the ant as most d like to act of the second	t your change of the other than the	elow: T	Most 8 change cale belo Most 8	important lif 9 e their cu ow: important lif 9	thing in my e right now 10 trrent thing in my e right now 10
and/or Not in O 3. At th beha Not in O 4. Pleas In the pa	is mome aviors an aportant at	ent, how all 2 ent, how all 2 er the forms, how means all	ase circle About 3 v confide ymptoms About 3	e a number as importation would be a series of the series	per on the ant as most d like to act of the second	t your change of the other than the	elow: T	Most 8 change cale belo Most 8	important life 9 e their cu ow: important life 9	thing in my e right now 10 Trent thing in my e right now 10 Don't
and/or Not in O 3. At th beha Not in O 4. Pleas In the pa *Federally	is mome aviors ar aportant at	ent, how all 2 ent, how all 2 er the forms, how make the service of the servi	ase circle About 3 v confide ymptoms About 3 ollowing	e a number as importance years? Please as importance years would a question s has your	per on the ant as most d like to act of the correct	t your change of the other chieve now a number of the other now 6	elow: or things I fild will on the seer things I 7	Most 8 change cale belo Most 8	important life their cu w: important life mber of hts/Times	thing in my e right now 10 Trent thing in my e right now 10 Don't
and/or Not in O 3. At th beha Not in O 4. Pleas In the pa *Federally 5. Pleas	is mome aviors are apportant at 1 see answer as 30 day a Required E	ent, how all 2 ent, how all 2 er the forms, how make the forms.	ase circle About 3 v confide ymptoms About 3 ollowing nany times	e a number as importance would a sent are yes? Please as importance would a question s has your question	per on the ant as most d like to accompany that the circle at ant as most d like to accompany the circle at ant as most d like to accompany the circle at ant as most d like to accompany the circle at ant as most d like to accompany the circle at ant as most d like to accompany the circle at a company the circle at a	t your change of the other chieve now a state of the other chi	elow: In things I To a sild will on the so er things I To a sild will on the so er things I To a sild will on the so er things I	Most 8 change cale belo Most 8	important life their cu w: important life mber of hts/Times	thing in my e right now 10 Trent thing in my e right now 10 Don't
and/or Not in O 3. At th beha Not in O 4. Pleas In the pa *Federally 5. Pleas a. Has you	is mome aviors ar aportant at 1 See answer ast 30 day ar Required Events ar answer are answer are answer ar answer are answer ar answe	ent, how all 2 ent, how all 2 er the forms, how make the forms? Please the forms all er the forms, how make the forms all all all all all all all all all al	ase circle About 3 v confide ymptoms About 3 ollowing nany times ollowing to trouble	e a numb as imports would 4 ent are y s? Please as imports would 4 questio s has you e at home	per on the ant as most d like to act of the circle a ant as most d like to act of the circle are ant as most d like to act of the circle are ant as most d like to act of the circle are ant as most d like to act of the circle are ant as most d like to act of the circle are ant as most d like to act of the circle are and a second are act of the circle	t your change of the other chieve now a strong of the other chieve	elow: er things I 7 hild will on the so er things I 7 ed? past 30 r in the	Most 8 change cale below Most 8 Num Nig	important life their cu w: important life mber of hts/Times	thing in my e right now 10 Trent thing in my e right now 10 Don't
and/or Not in O 3. At th beha Not in O 4. Pleas In the pa *Federally 5. Pleas a. Has yo comm	is mome aviors ar aportant at 1 See answer ast 30 day a Required Every and a control of the con	ent, how all 2 ent, how all 2 er the forms, how make the forms all er the forms	ase circle About 3 v confide ymptoms About 3 ollowing nany times	e a numb as import would 4 ent are y s? Please as import would 4 questio s has you e at home, of alcohol,	per on the ant as most d like to act of the circle a ant as most d like to act of the circle are the circle are ant as most d like to act of the circle are the circle are ant as most d like to act of the circle are t	t your change and the other than the	elow: ler things I 7 hild will on the so er things I 7 ed? past 30 r in the or gambli	Most 8 change cale below Most 8 Num Nig	important life 1 their cu 2 their cu 3 important life 9 imber of hts/Times	thing in my e right now 10 Trent thing in my e right now 10 Don't know

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Family SUD Form - Discharge

6. Please answer the foll days	owing	questio	ıs base	ed on the	e <u>past :</u>	<u> </u>	Number o Nights/T		Don'	
a. How many times has your psychiatric or emotional p	_		emerge	ncy room	for a					
b. How many nights has your child spent in a facility for: i. Detoxification? ii. Inpatient/Residential Substance Use Disorder Treatment? iii. Mental Health Care? iv. Illness, Injury, Surgery?										
c. How many nights has your						ding				
JDC or Jail (as a result of an arrest, parole or probation violation)? d. How many times has your child tried to commit suicide? *Federally Required Element										
7. Please check the		Before th	e Progi	am	No	ow (At	end of P	rogra	ım)	
appropriate box on how your child is doing since entering the program that best	Poor	Average	Good	Excellent		Avera	_	d Ex	celle	nt
tells us what you think.	1	2	3	4	1	2	3		4	
a. Controlling alcohol use.										
b. Controlling drug use.										
								_		
8. My child would be able to resist the urge to drink heavily and/or use drugs Very confident Very										
if he/she were angry at had turned out	the wa	y things	0	1 2	3	4 5	6 7	8	9	10
if he/she had unexpected	dly fou	ınd 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 hinterfered with his/her plant		unfairly (or 0	1 2	3	4 5	6 7	8	9	10
if he/she were out with kept suggesting they go so drink/use drugs	friend		0	1 2	3	1 5	6 7	8	9	10

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Family SUD Form - Discharge

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

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Family SUD Form - Discharge

				Response Options					
			Strongly	Disagree	Undecided	Agree	Strongly agree	Not applicable	Refused
Domain: General S	Satisfaction Question	ons 21-26							
21. Overall I am sa received here.	atisfied with the se	rvices my child							
22. The people he matter what.	lping my child have	e stuck with us no							
23. I feel my child troubled.	has someone to tal	lk to when he/she is							
24. The services n right for us.	ny child and/or fan	nily received were							
25. My family got	the help we wanted	d for my child.							
26. My family has my child	gotten as much he	lp was we needed for							
Question to be answ	ered by Clinician								
	d willingness to eng	ur (clinician's) assess gage in their treatmen					rcle a		
Unengaged and Blocked	Minimal Engagement in Recovery	Limited Engagement in Recovery	Positi Engagem Recove	ent in ery		En	Optin gagem Recov	ent in	

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Division of Behavioral Health Mental Health Outcome Tool INITIAL

Todays' Date:			
Client STARS I	D:		
Program:	□ CARE □ IMPACT		
J	☐ First Episode Psychosis (SEBHS and BMS Only)		
	☐ Transition Age Youth Receiving ☐ Transition Age	e Youth Receiv	inσ
	CARE (BMS/LSS Only) IMPACT (BM		6
	(2)		
1. Would vou	say that in general your health is:		
□Excellen		□Poor	
a . Now thinking	ng about your physical health, which includes physical illness	and injury,	
	γ days during the past 30 days was your physical health not g		
	ng about your mental health, which includes stress, depression		
problems health not	with emotions, how many days during the past 30 days was y	our mental	
	. good: past 30 days, approximately how many days did your poor pl	ivsical or	
	alth keep you from doing your usual activities, such as self-ca		
recreation	?		
2 Please ans	wer the following question based on the past 30	Number of	Don't
days	were the following question bused on the pust so	Nights/Times	know
How many tim	es have you been arrested?		П
*Federally require	ed element		
3. Please ans	swer the following questions based on the past 6	Number of	Don't
months	9 1	Nights/Times	know
	mes have you gone to an emergency room for a psychiatric o	r	
emotional prob			
	ights have you spent in a facility for:		
i. Detoxificati	ion? Residential Substance Use Disorder Treatment		
iii. Mental He			
iv. Illness, Inj			
	mes have you been arrested?		
	ights have you spent in a correctional facility including jail or		
	esult of an arrest, parole or probation violation)?		
	mes have you tried to commit suicide?		

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Adult MH Tool - Initial Interview

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

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Division of Behavioral Health Mental Health Outcome Tool UPDATE

Todays' Date:	
Client STARS ID:	
Program: □ CARE	□ IMPACT
☐ First Episode Psychosis (S	
☐ Transition Age Youth Rec	
CARE (BMS/LSS Only)	IMPACT (BMS/LSS Only)
CARE (BW3/E33 Only)	IMI ACT (BM3/E33 Offiy)
1. Are you currently employed?	
\square Employed full time (35+ hours per week)	☐ Student
☐ Employed part time	☐ Retired
□Homemaker	\square Unemployed
□Disabled	Other (Specify)
* Cadarally Described	
* Federally Required	
2. Which of following best describes your	current residential status?
☐ Independent, living in a private residence	☐ Homelessness
Dependent, living in private residence	☐ Jail/Correctional Facility
Residential Care (group home,	in juny dorrectional ruentey
rehabilitation center, agency-operated	☐ Foster Home/Foster Care
care)	, ,,
☐Institutional setting (24/7 care by	☐ Crisis Residence
skilled/specialized staff or doctors)	□ Other
*Federally Required	
3. What is your highest educational level co	ompleted (12=GED or high school
diploma)?	
*Federally Required	
4. Would you say that in general your hea	lth ic
	ood □Fair □Poor
a . Now thinking about your physical health, wh	
how many days during the past 30 days wa	
b . Now thinking about your mental health, whi	
problems with emotions, how many days d	
health not good?	
c. During the past 30 days, approximately how	
mental health keep you from doing your us	ual activities, such as self-care, work, or
recreation?	

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Adult MH Tool - Update Interval

5. Please answer the following question based on the pas days	t 30		umbe ights/		es	Don't know	
How many times have you been arrested? *Federally required Element							
6. Please answer the following questions based on the pamonths	ast 6	6 Number of Dor Nights/Times kno					
a. How many times have you gone to an emergency room for psychiatric or emotional problem?	a						
b. How many nights have you spent in a facility for: i. Detoxification?						П	
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?							
7. Please indicate your level of agreement or		De	anan	.α. Λ	ntio	20	
/ Piease indicate voiii level of agreement or		Λt	spon	ise U	puo.	115	
disagreement with the statements by checking the	> 4	. e	pa		×	_	1 1
disagreement with the statements by checking the choice that best represents your feelings or opinion	ngly	gree	cided	ree	ngly	ee ot sekle	cable
disagreement with the statements by checking the choice that best represents your feelings or opinion over the past 6 months. (Please answer for	trongly	isagree	ndecided	Agree	trongly	agree Not	Sefused
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	Strongly	Disagree	Undecided	Agree	Strongly	Not	applicable Refused
disagreement with the statements by checking the choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) Source: MHSIP Survey *Federally Required	Strongly	Disagree	Undecided	Agree	Strongly	Not	Refused
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 Domain: Social Connectedness Questions 1-4	Strongly	Disagree	Undecided	Agree	Strongly	Not Not	abblicable
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 Domain: Social Connectedness Questions 1-4 1. I am happy with the friendships I have.		☐ ☐ Disagree		□ □ Agree			abblicable □ □ Refused
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 Domain: Social Connectedness Questions 1-4 1. I am happy with the friendships I have. 2. I have people with whom I can do enjoyable things.				□ □ □			abblicable □ □ □ Refused
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 Domain: Social Connectedness Questions 1-4 1. I am happy with the friendships I have. 2. I have people with whom I can do enjoyable things. 3. I feel I belong in my community.				☐ ☐ ☐ ☐ ☐			
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 Domain: Social Connectedness Questions 1-4 1. I am happy with the friendships I have. 2. I have people with whom I can do enjoyable things.				□ □ □ Agree			abbitcable □ □ □ Refused
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 Domain: Social Connectedness Questions 1-4 1. I am happy with the friendships I have. 2. I have people with whom I can do enjoyable things. 3. I feel I belong in my community. 4. In a crisis, I would have the support I need from family or				□ □ □ □ Agree			annicable applicable
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 Domain: Social Connectedness Questions 1-4 1. I am happy with the friendships I have. 2. I have people with whom I can do enjoyable things. 3. I feel I belong in my community. 4. In a crisis, I would have the support I need from family or friends.							
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 Domain: Social Connectedness Questions 1-4 1. I am happy with the friendships I have. 2. I have people with whom I can do enjoyable things. 3. I feel I belong in my community. 4. In a crisis, I would have the support I need from family or friends. Domain: Improved Functioning Domain: Questions 5-8				Agree			
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 Domain: Social Connectedness Questions 1-4 1. I am happy with the friendships I have. 2. I have people with whom I can do enjoyable things. 3. I feel I belong in my community. 4. In a crisis, I would have the support I need from family or friends. Domain: Improved Functioning Domain: Questions 5-8 5. I do things that are more meaningful to me.							
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 Domain: Social Connectedness Questions 1-4 1. I am happy with the friendships I have. 2. I have people with whom I can do enjoyable things. 3. I feel I belong in my community. 4. In a crisis, I would have the support I need from family or friends. Domain: Improved Functioning Domain: Questions 5-8 5. I do things that are more meaningful to me. 6. I am better able to take care of my needs.				Agree			
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 Domain: Social Connectedness Questions 1-4 1. I am happy with the friendships I have. 2. I have people with whom I can do enjoyable things. 3. I feel I belong in my community. 4. In a crisis, I would have the support I need from family or friends. Domain: Improved Functioning Domain: Questions 5-8 5. I do things that are more meaningful to me. 6. I am better able to take care of my needs. 7. I am better able to handle things when they go wrong.				Agree			
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 Domain: Social Connectedness Questions 1-4 1. I am happy with the friendships I have. 2. I have people with whom I can do enjoyable things. 3. I feel I belong in my community. 4. In a crisis, I would have the support I need from family or friends. Domain: Improved Functioning Domain: Questions 5-8 5. I do things that are more meaningful to me. 6. I am better able to take care of my needs. 7. I am better able to handle things when they go wrong. 8. I am better able to do things that I want to do. Domain: Perception of Access to Services Questions 9-13 9. The location of services was convenient.							
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 Domain: Social Connectedness Questions 1-4 1. I am happy with the friendships I have. 2. I have people with whom I can do enjoyable things. 3. I feel I belong in my community. 4. In a crisis, I would have the support I need from family or friends. Domain: Improved Functioning Domain: Questions 5-8 5. I do things that are more meaningful to me. 6. I am better able to take care of my needs. 7. I am better able to handle things when they go wrong. 8. I am better able to do things that I want to do. Domain: Perception of Access to Services Questions 9-13 9. The location of services was convenient. 10. Staff was willing to see me as often as I felt it was							Control Cont
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 Domain: Social Connectedness Questions 1-4 1. I am happy with the friendships I have. 2. I have people with whom I can do enjoyable things. 3. I feel I belong in my community. 4. In a crisis, I would have the support I need from family or friends. Domain: Improved Functioning Domain: Questions 5-8 5. I do things that are more meaningful to me. 6. I am better able to take care of my needs. 7. I am better able to handle things when they go wrong. 8. I am better able to do things that I want to do. Domain: Perception of Access to Services Questions 9-13 9. The location of services was convenient. 10. Staff was willing to see me as often as I felt it was necessary							□ □ □ □ □ □ □ □ □ □ □ □ □ Refused
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 Domain: Social Connectedness Questions 1-4 1. I am happy with the friendships I have. 2. I have people with whom I can do enjoyable things. 3. I feel I belong in my community. 4. In a crisis, I would have the support I need from family or friends. Domain: Improved Functioning Domain: Questions 5-8 5. I do things that are more meaningful to me. 6. I am better able to take care of my needs. 7. I am better able to handle things when they go wrong. 8. I am better able to do things that I want to do. Domain: Perception of Access to Services Questions 9-13 9. The location of services was convenient. 10. Staff was willing to see me as often as I felt it was							

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Adult MH Tool - Update Interval

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

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Division of Behavioral Health Mental Health Outcome Tool DISCHARGE

Todays' Date:
Client STARS ID:
11111111111
Program: ☐ CARE ☐ IMPACT
☐ First Episode Psychosis (SEBHS and BMS Only)
\square Transition Age Youth Receiving \square Transition Age Youth Receiving
CARE (BMS/LSS Only) IMPACT (BMS/LSS Only)
1. Are you currently employed?
\square Employed full time (35+ hours per week) \square Student
☐ Employed part time ☐ Retired
□ Homemaker □ Unemployed
□ Disabled □ Other (Specify)
*Federally Required
2. Which of following host describes your surrent residential status?
2. Which of following best describes your current residential status? □ Independent, living in a private residence □ Homelessness
Dependent, living in a private residence Infinitelessiness Jail/Correctional Facility
Residential Care (group home,
rehabilitation center, agency-operated
care)
□ Institutional setting (24/7 care by □ Crisis Residence
skilled/specialized staff or doctors) \square Other
*Federally Required
3. What is your highest educational level completed (12=GED or high school
diploma)?
*Federally Required
4. Would you say that in general your health is:
Excellent
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?

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Adult MH Tool - Discharge

5. Please answer the following question		Num Nigh			Dor kno		
In the past 30 days, how many times have you been arrested? *Federally Required			_				
6. Please answer the following questions based on the pamonths			ımbe ghts/	r of Times		n't ow	
a. How many times have you gone to an emergency room for psychiatric or emotional problem?	a					[
b. How many nights have you spent in a facility for:							
i. Detoxification?							
ii. Inpatient/Residential Substance Use Disorder Treatment	?				_	[
iii. Mental Health Care?					_		
iv. Illness, Injury, Surgery?					_	[
c. How many times have you been arrested?					_		
d. How many nights have you spent in a correctional facility i	nclud	ing					_
jail or prisons (as a result of an arrest, parole or probation vio		_			_	L	
e. How many times have you tried to commit suicide?							
·							
7. Please indicate your level of agreement or		Re	espon	ise U	ption	S	
disagreement with the statements by checking the	> 0	a)	Ţ		~	<u>a</u>	
choice that best represents your feelings or opinion over the past 6 months. (Please answer for	ngl) gre	gre	cide	ee.	ee.	ot	sec
relationships with persons other than your behavioral	Strongly disagree	Disagree	Jndecided	Agree	Strongly agree	Not	Refused
health provider(s).) Source: MHSIP Survey *Federally Required	σσ	Д	5		S	ar	•
Domain: Social Connectedness Questions 1-4							
1. I am happy with the friendships I have.							
2. I have people with whom I can do enjoyable things.							
3. I feel I belong in my community.							
4. In a crisis, I would have the support I need from family or							
friends.							
Domain: Improved Functioning Domain: Questions 5-8							
5. I do things that are more meaningful to me.							
6. I am better able to take care of my needs.							
7. I am better able to handle things when they go wrong.							
8. I am better able to do things that I want to do.							
Domain: Perception of Access to Services Questions 9-13							
9. The location of services was convenient.							
10. Staff was willing to see me as often as I felt it was							
necessary 11 Staff naturned my calls within 24 hours							
11. Staff returned my calls within 24 hours.							
12. Services were available at times that were good for me.							
13. I was able to get all the services I thought I needed.							

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Adult MH Tool - Discharge

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

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*Federally Required

Appendix B: Outcome Tool Surveys

Division of Behavioral Health Mental Health Outcome Tool Youth INITIAL

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

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Youth MH Form -Initial Interview

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

C												
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											

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Division of Behavioral Health Mental Health Outcome Tool Youth Update

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

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Youth MH Form - Update Interval

6. Please answer the following question				iber d its/Ti		Do kno		
In the past 30 days, how many times have you been arrested? *Federally Required Element					-			
7. Please answer the following questions based on the <u>pamonths</u>	<u>st 6</u>			ber o	-	Don' knov		
a. How many times have you gone to an emergency room for a psycor emotional problem?	chiati	ric						
b. How many nights have you spent in a facility for:						Ш		
i. Detoxification?								
ii. Inpatient/Residential Substance Use Disorder Treatment? iii. Mental Health Care?								
iv. Illness, Injury, Surgery?								
c. How many times have you been arrested?								
d. How many nights have you spent in a correctional facility include	ing [[C						
or Jail (as a result of an arrest, parole or probation violation)?					•			
e. How many times have you tried to commit suicide? *Federally Required Element					-			
8. Please indicate your level of agreement or		R	espor	ise O	ptior	ıs		
disagreement with the statements by checking the			ਚ			,	ט	
choice that best represents your feelings or opinion	Strongly	uisagi ee Disagree	Jndecided	ee	Strongly	ָּבָּרָ <u>;</u>	Refused	
over the past 6 months. (Please answer for	Strongly	sagisag	dec	Agree	ron	Not	Refused	
relationships with persons other than your behavioral	- 55 ÷	3 3	_					
health provider(s).) *Federally Required			Ü		S		<u>a</u> æ	
health provider(s).) *Federally Required Domain: Social Connectedness Questions 1-4			U		S			
			U		S			
Domain: Social Connectedness Questions 1-4 1. I know people who will listen and understand me when I								
Domain: Social Connectedness Questions 1-4 1. I know people who will listen and understand me when I need to talk. 2. In a crisis, I would have the support I need from family	_							
Domain: Social Connectedness Questions 1-4 1. I know people who will listen and understand me when I need to talk. 2. In a crisis, I would have the support I need from family and friends. 3. I have people that I am comfortable talking with about								
Domain: Social Connectedness Questions 1-4 1. I know people who will listen and understand me when I need to talk. 2. In a crisis, I would have the support I need from family and friends. 3. I have people that I am comfortable talking with about my problems.								
 Domain: Social Connectedness Questions 1-4 1. I know people who will listen and understand me when I need to talk. 2. In a crisis, I would have the support I need from family and friends. 3. I have people that I am comfortable talking with about my problems. 4. I have people with whom I can do enjoyable things. Domain: Improved Functioning/ Outcomes Domain: Question 5. I am better able to do things I want to do. 								
 Domain: Social Connectedness Questions 1-4 1. I know people who will listen and understand me when I need to talk. 2. In a crisis, I would have the support I need from family and friends. 3. I have people that I am comfortable talking with about my problems. 4. I have people with whom I can do enjoyable things. Domain: Improved Functioning/ Outcomes Domain: Question 5. I am better able to do things I want to do. 6. I get along better with family members. 								
 Domain: Social Connectedness Questions 1-4 1. I know people who will listen and understand me when I need to talk. 2. In a crisis, I would have the support I need from family and friends. 3. I have people that I am comfortable talking with about my problems. 4. I have people with whom I can do enjoyable things. Domain: Improved Functioning/ Outcomes Domain: Question 5. I am better able to do things I want to do. 6. I get along better with family members. 7. I get along better with friends and other people. 								
 Domain: Social Connectedness Questions 1-4 1. I know people who will listen and understand me when I need to talk. 2. In a crisis, I would have the support I need from family and friends. 3. I have people that I am comfortable talking with about my problems. 4. I have people with whom I can do enjoyable things. Domain: Improved Functioning/ Outcomes Domain: Questions. 5. I am better able to do things I want to do. 6. I get along better with family members. 7. I get along better with friends and other people. 8. I am doing better in school and/or work. 								
Domain: Social Connectedness Questions 1-4 1. I know people who will listen and understand me when I need to talk. 2. In a crisis, I would have the support I need from family and friends. 3. I have people that I am comfortable talking with about my problems. 4. I have people with whom I can do enjoyable things. Domain: Improved Functioning/ Outcomes Domain: Question 5. I am better able to do things I want to do. 6. I get along better with family members. 7. I get along better with friends and other people. 8. I am doing better in school and/or work. 9. I am better able to cope when things go wrong.								
 Domain: Social Connectedness Questions 1-4 1. I know people who will listen and understand me when I need to talk. 2. In a crisis, I would have the support I need from family and friends. 3. I have people that I am comfortable talking with about my problems. 4. I have people with whom I can do enjoyable things. Domain: Improved Functioning/ Outcomes Domain: Questions. 5. I am better able to do things I want to do. 6. I get along better with family members. 7. I get along better with friends and other people. 8. I am doing better in school and/or work. 								

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Youth MH Form - Update Interval

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

Question to be answered by Clinician

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

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Division of Behavioral Health Mental Health Outcome Tool Youth Discharge

Todays' Date:	
Client STARS ID:	
Program ☐ CYF Services (SED)	□ ART
□ MRT	□ FFT
— PIKI	
1. Have you attended school at any time in	the past three months?
□Yes	□No
*Federally Required	
2. Please circle your current or highest edu	cational level completed:
Self-Contained Special Ed Class (No Grade)	
*Federally Required	
3. Are you currently employed? (**Collected for	or clients 16 and older only)
□ Employed full time (35+ hours per week)	□ Student
□ Employed part time	Retired
□Homemaker	☐ Other (Specify)
□Disabled	
*Federally Required	
4. Which of following best describes your c	urrent residential status?
☐ Independent, living in private residence	☐ Homelessness
Dependent, living in private residence	☐ Jail/Correctional Facility
\square Residential Care (group home,	
rehabilitation center, agency-operated	☐ Foster Home/Foster Care
care) □ Institutional setting (24/7 care by	□ Crisis Residence
skilled/specialized staff or doctors)	Other
*Federally Required	Other
J 1	
5. Would you say that in general your healt	h is:
□Excellent □Very Good □Go	
a. Now thinking about your physical health, which	
how many days during the past 30 days was	
b . Now thinking about your mental health, which problems with emotions, how many days du	
health not good?	ring the past 30 days was your mental
c. During the past 30 days, approximately how n	nany days did your poor physical or
mental health keep you from doing your usu	
recreation?	

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Youth MH Form - Discharge

6. Please answer the following question				ber o ts/Ti		Do:			
In the past 30 days, how many times have you been arrested? *Federally Required Element						[
7. Please answer the following questions based on the <u>past 6</u> months					r of 'Time		on't low		
a. How many times have you gone to an emergency room for a psycemotional problem?	chiatr	ic or			_				
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 includ Jail (as a result of an arrest, parole or probation violation)?	ing JE	C or							
e. How many times have you tried to commit suicide? *Federally Required Element					_				
9 Please indicate your level of agreement or									
8. Please indicate your level of agreement or		Re	espor	ise O	ptior	ıs			
8. Please indicate your level of agreement or disagreement with the statements by checking the		Re	espor	ise O	ption	ıs			
disagreement with the statements by checking the choice that best represents your feelings or opinion	gly ee					٥	ed		
disagreement with the statements by checking the choice that best represents your feelings or opinion over the past 6 months. (Please answer for	ongly					٥	fused		
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	Strongly disagree		Spor Ondecided Onder	Agree O	Strongly dare	٥	Refused		
disagreement with the statements by checking the choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) *Federally Required	Strongly disagree					٥	Refused		
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 Domain: Social Connectedness Questions 1-4	Strongly disagree					٥	Refused		
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 Domain: Social Connectedness Questions 1-4 1. I know people who will listen and understand me when I need to talk.	Strongly disagree					٥	Refused		
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 Domain: Social Connectedness Questions 1-4 1. I know people who will listen and understand me when I	Strongly disagree					٥			
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 Domain: Social Connectedness Questions 1-4 1. I know people who will listen and understand me when I need to talk. 2. In a crisis, I would have the support I need from family	Strongly disagree					٥	Refused		
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 Domain: Social Connectedness Questions 1-4 1. I know people who will listen and understand me when I need to talk. 2. In a crisis, I would have the support I need from family and friends. 3. I have people that I am comfortable talking with about	Strongly disagree					٥	Refused		
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 Domain: Social Connectedness Questions 1-4 1. I know people who will listen and understand me when I need to talk. 2. In a crisis, I would have the support I need from family and friends. 3. I have people that I am comfortable talking with about my problems.		□ □ □ □ Disagree				٥	Refused		
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 Domain: Social Connectedness Questions 1-4 1. I know people who will listen and understand me when I need to talk. 2. In a crisis, I would have the support I need from family and friends. 3. I have people that I am comfortable talking with about my problems. 4. I have people with whom I can do enjoyable things. Domain: Improved Functioning/ Outcomes Domain: Question 5. I am better able to do things I want to do.		□ □ □ □ Disagree				٥	Refused		
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 Domain: Social Connectedness Questions 1-4 1. I know people who will listen and understand me when I need to talk. 2. In a crisis, I would have the support I need from family and friends. 3. I have people that I am comfortable talking with about my problems. 4. I have people with whom I can do enjoyable things. Domain: Improved Functioning/ Outcomes Domain: Question		□ □ □ □ Disagree				٥	Refused		
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 Domain: Social Connectedness Questions 1-4 1. I know people who will listen and understand me when I need to talk. 2. In a crisis, I would have the support I need from family and friends. 3. I have people that I am comfortable talking with about my problems. 4. I have people with whom I can do enjoyable things. Domain: Improved Functioning/ Outcomes Domain: Question 5. I am better able to do things I want to do. 6. I get along better with family members. 7. I get along better with friends and other people.		□ □ □ □ Disagree				٥			
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 Domain: Social Connectedness Questions 1-4 1. I know people who will listen and understand me when I need to talk. 2. In a crisis, I would have the support I need from family and friends. 3. I have people that I am comfortable talking with about my problems. 4. I have people with whom I can do enjoyable things. Domain: Improved Functioning/ Outcomes Domain: Question 5. I am better able to do things I want to do. 6. I get along better with family members. 7. I get along better with friends and other people. 8. I am doing better in school and/or work.		□ □ □ □ Disagree				٥			
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 Domain: Social Connectedness Questions 1-4 1. I know people who will listen and understand me when I need to talk. 2. In a crisis, I would have the support I need from family and friends. 3. I have people that I am comfortable talking with about my problems. 4. I have people with whom I can do enjoyable things. Domain: Improved Functioning/ Outcomes Domain: Question 5. I am better able to do things I want to do. 6. I get along better with family members. 7. I get along better with friends and other people. 8. I am doing better in school and/or work. 9. I am better able to cope when things go wrong.		□ □ □ □ Disagree				٥			
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 Domain: Social Connectedness Questions 1-4 1. I know people who will listen and understand me when I need to talk. 2. In a crisis, I would have the support I need from family and friends. 3. I have people that I am comfortable talking with about my problems. 4. I have people with whom I can do enjoyable things. Domain: Improved Functioning/ Outcomes Domain: Question 5. I am better able to do things I want to do. 6. I get along better with family members. 7. I get along better with friends and other people. 8. I am doing better in school and/or work.		□ □ □ □ Disagree				٥			

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Youth MH Form - Discharge

				Response Options					S	
				Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Not applicable	Refused
		ess to Services (•							
		s was convenien								
13. Services me.	s are available a	at times that are	convenient for							
			y Questions 14-17							
	ated me with r									
		ily's religious/s								
		a way that I und			<u> </u>			<u> </u>		
		my cultural/eth								
			eatment Planning	Quest	tions	18-	20	_		_
	to choose my			<u> </u>		<u> </u>	<u> </u>			
		treatment goals.								
	pated in my ow	on Questions 21	26				<u> </u>	<u> </u>		<u> </u>
		vith the services								
what.		have stuck with								
		o talk to when I								
		t were right for r	ne.							
	otten the help l									
26. I have g	otten as much l	help as I need.								
Question to	be answered by	Clinician								
GAIN Short	Screener (GA	IN-SS) Scoring								
Screener	Items	Past Month (4)	Past 90 Days (4, 3)		t Yea 3, 2			Ev (4, 3,		
IDScr	1a - 1f									
EDScr	2a – 2g									
SDScr	3a – 3e									
CVScr	4a - 4e									
TDSer	1a – 4e									

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Division of Behavioral Health Mental Health Outcome Tool Family INITIAL

INITIAL		
Todays' Date:		
Client STARS ID:		
Program \square CYF Services (SED) \square ART		
\square MRT \square FFT		
1. Would you say that in general your child's health is:		
□Excellent □Very Good □Good □Fair	\square Poor	
a. Now thinking about your child's physical health, which includes physinjury, how many days during the past 30 days was your child physical good?	ical health not	
b. Now thinking about your child's mental health, which includes stress problems with emotions, how many days during the past 30 days we mental health not good?	as your child's	
c. During the past 30 days, approximately how many days did your chil or mental health keep you from doing your child's usual activities, s school, work, or recreation?		
	Number of	Don't
2. Please answer the following question	Number of Nights/Times	Don't know
2. Please answer the following question In the past 30 days, how many times has your child been arrested? *Federally Required Element		
In the past 30 days, how many times has your child been arrested?	Nights/Times —— Number of	know Don't
In the past 30 days, how many times has your child been arrested? *Federally Required Element 3. Please answer the following questions based on the past 6 months	Nights/Times	know
In the past 30 days, how many times has your child been arrested? *Federally Required Element 3. Please answer the following questions based on the past 6 months a. How many times has your child gone to an emergency room for a psychiatric or emotional problem?	Nights/Times —— Number of	know Don't
In the past 30 days, how many times has your child been arrested? *Federally Required Element 3. Please answer the following questions based on the past 6 months a. How many times has your child gone to an emergency room for a psychiatric or emotional problem? b. How many nights has your child spent in a facility for:	Nights/Times —— Number of	know Don't know
In the past 30 days, how many times has your child been arrested? *Federally Required Element 3. Please answer the following questions based on the past 6 months a. How many times has your child gone to an emergency room for a psychiatric or emotional problem? b. How many nights has your child spent in a facility for: i. Detoxification?	Nights/Times —— Number of	know Don't know
In the past 30 days, how many times has your child been arrested? *Federally Required Element 3. Please answer the following questions based on the past 6 months a. How many times has your child gone to an emergency room for a psychiatric or emotional problem? b. How many nights has your child spent in a facility for: i. Detoxification? ii. Inpatient/Residential Substance Use Disorder Treatment?	Nights/Times —— Number of	know Don't know
In the past 30 days, how many times has your child been arrested? *Federally Required Element 3. Please answer the following questions based on the past 6 months a. How many times has your child gone to an emergency room for a psychiatric or emotional problem? b. How many nights has your child spent in a facility for: i. Detoxification? ii. Inpatient/Residential Substance Use Disorder Treatment? iii. Mental Health Care?	Nights/Times —— Number of	know Don't know
In the past 30 days, how many times has your child been arrested? *Federally Required Element 3. Please answer the following questions based on the past 6 months a. How many times has your child gone to an emergency room for a psychiatric or emotional problem? b. How many nights has your child spent in a facility for: i. Detoxification? ii. Inpatient/Residential Substance Use Disorder Treatment? iii. Mental Health Care? iv. Illness, Injury, Surgery?	Nights/Times —— Number of	know Don't know
In the past 30 days, how many times has your child been arrested? *Federally Required Element 3. Please answer the following questions based on the past 6 months a. How many times has your child gone to an emergency room for a psychiatric or emotional problem? b. How many nights has your child spent in a facility for: i. Detoxification? ii. Inpatient/Residential Substance Use Disorder Treatment? iii. Mental Health Care? iv. Illness, Injury, Surgery? c. How many times has your child been arrested?	Nights/Times Number of Nights/Times —— —— —— ———	know Don't know
In the past 30 days, how many times has your child been arrested? *Federally Required Element 3. Please answer the following questions based on the past 6 months a. How many times has your child gone to an emergency room for a psychiatric or emotional problem? b. How many nights has your child spent in a facility for: i. Detoxification? ii. Inpatient/Residential Substance Use Disorder Treatment? iii. Mental Health Care? iv. Illness, Injury, Surgery? c. How many times has your child been arrested? d. How many nights has your child spent in a correctional facility including the state of the past of t	Nights/Times Number of Nights/Times —— —— —— ———	know Don't know
In the past 30 days, how many times has your child been arrested? *Federally Required Element 3. Please answer the following questions based on the past 6 months a. How many times has your child gone to an emergency room for a psychiatric or emotional problem? b. How many nights has your child spent in a facility for: i. Detoxification? ii. Inpatient/Residential Substance Use Disorder Treatment? iii. Mental Health Care? iv. Illness, Injury, Surgery? c. How many times has your child been arrested?	Nights/Times Number of Nights/Times —— —— —— ———	know Don't know

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Family MH Form -Initial Interview

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

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Division of Behavioral Health Mental Health Outcome Tool Family Update

m 1 / D /	Op	aace
Todays' Date:		
Client STARS ID:	_	_ _ _
Program □ CYI	F Services (SED)	□ ART
□ MR	• •	□ FFT
1. Did your child att	tend school in the pas	st three months?
□Yes		□No
*Federally Required		
2. Please circle your	child's current or hi	ghest educational level completed:
Self-Contained Special	Ed Class (No Grade)	
*Federally Required		
		ollected for clients 16 and older only)
	e (35+ hours per week)	☐ Student
☐Employed part tir	ne	☐ Retired
\square Homemaker		Other (Specify)
□Disabled		
*Federally Required		
4. Which of following	g hest describes you	r child's current residential status?
	ng in private residence	☐ Homelessness
•	in private residence	☐ Jail/Correctional Facility
Residential Care (-	
	iter, agency-operated	☐ Foster Home/Foster Care
care)	iter, agency operated	
☐Institutional setti	ng (24/7 care by	☐ Crisis Residence
	ed staff or doctors)	□ Other
*Federally Required	,	_ •
	at in general your ch	
□Excellent	,	Good □Fair □Poor
		ealth, which includes physical illness and days was your child's physical health not
b. Now thinking abou	notions, how many days	alth, which includes stress, depression, and during the past 30 days was your child's
c. During the past 30	days, approximately how keep you from doing you	w many days did your child's poor physical ur child's usual activities, such as self-care,

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Family MH Form - Update Interval

6. Please answer the following question				nber c nts/Ti		Do:	
In the past 30 days, how many times has your child been arrested? *Federally Required Element *Federally Required Element					-	[
7. Please answer the following questions based on the pa	st 6			iber o		Don'	t
months	ne <u>past o</u>			its/Ti	know		
a. How many times has your child gone to an emergency room for a psychiatric or emotional problem?	a						
b. How many nights has your child spent in a facility for:i. Detoxification?							
ii. Inpatient/Residential Substance Use Disorder Treatment?							
iii. Mental Health Care?							
iv. Illness, Injury, Surgery?							
c. How many times has your child been arrested?							
d. How many nights has your child spent in a correctional facility in JDC or Jail (as a result of an arrest, parole or probation violation)?	nclud	ing					
e. How many times has your child tried to commit suicide?							
8. Please indicate your level of agreement or		Re	espoi	nse O	ption	ıs	
disagreement with the statements by checking the							
choice that best represents your feelings or opinion	V d	ee :	led	d)	Ž .	2	g
over the past 6 months. (Please answer for	rong	sagr	decid	Agre	rong	Not	efuse
relationships with persons other than your behavioral	Strongly	Disagree	Undecided	Agree	Strongly agree	Not	Refused
relationships with persons other than your behavioral health provider(s).) *Federally Required	Strong	Disagr	Undecid	Agree	Strong	Not	Refuse
relationships with persons other than your behavioral health provider(s).) *Federally Required Domain: Social Connectedness Questions 1-4	Strong	Disagr	Undecid	Agree	Strong	Not	Refuse
relationships with persons other than your behavioral health provider(s).) *Federally Required	Strong	□ Disagr	Undecid	Agree	Strong	Not	an bureal Refuse
relationships with persons other than your behavioral health provider(s).) *Federally Required Domain: Social Connectedness Questions 1-4 1. My child knows people who will listen and understand		□ □ Disagr	□ □ □		Strong	Not	ADDITICAL REFUSE
relationships with persons other than your behavioral health provider(s).) *Federally Required Domain: Social Connectedness Questions 1-4 1. My child knows people who will listen and understand them when they need to talk. 2. In a crisis, my child would have the support they need		Disagr	□ □ □ Undecid		Strong	Not	ADDIICAL REFUSE
relationships with persons other than your behavioral health provider(s).) *Federally Required Domain: Social Connectedness Questions 1-4 1. My child knows people who will listen and understand them when they need to talk. 2. In a crisis, my child would have the support they need from family and friends. 3. My child has people that he/she are comfortable talking							
health provider(s).) *Federally Required Domain: Social Connectedness Questions 1-4 1. My child knows people who will listen and understand them when they need to talk. 2. In a crisis, my child would have the support they need from family and friends. 3. My child has people that he/she are comfortable talking with about their problems. 4. My child has people with whom they can do enjoyable things.							
relationships with persons other than your behavioral health provider(s).) *Federally Required Domain: Social Connectedness Questions 1-4 1. My child knows people who will listen and understand them when they need to talk. 2. In a crisis, my child would have the support they need from family and friends. 3. My child has people that he/she are comfortable talking with about their problems. 4. My child has people with whom they can do enjoyable							
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relationships with persons other than your behavioral health provider(s).) *Federally Required Domain: Social Connectedness Questions 1-4 1. My child knows people who will listen and understand them when they need to talk. 2. In a crisis, my child would have the support they need from family and friends. 3. My child has people that he/she are comfortable talking with about their problems. 4. My child has people with whom they can do enjoyable things. Domain: Improved Functioning/ Outcomes Domain: Question 5. My child is better able to do things he or she wants to do.							
 relationships with persons other than your behavioral health provider(s).) *Federally Required Domain: Social Connectedness Questions 1-4 1. My child knows people who will listen and understand them when they need to talk. 2. In a crisis, my child would have the support they need from family and friends. 3. My child has people that he/she are comfortable talking with about their problems. 4. My child has people with whom they can do enjoyable things. Domain: Improved Functioning/ Outcomes Domain: Question 5. My child is better able to do things he or she wants to do. 6. My child gets along better with family members. 7. My child gets along better with friends and other people. 8. My child is doing better in school and/or work. 							
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Family MH Form - Update Interval

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

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Division of Behavioral Health Mental Health Outcome Tool Family Discharge

Todays' Date:	8.
Client STARS ID:	
Program ☐ CYF Services (SED)	□ ART
□ MRT	□ FFT
— PIKI	
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 high	nest educational level completed:
Self-Contained Special Ed Class (No Grade)	
*Federally Required	
3. Is your child currently employed? (**Coll	ected for clients 16 and older only)
☐ Employed full time (35+ hours per week)	□ Student
☐ Employed part time	□ Retired
□Homemaker	☐ Other (Specify)
□Disabled	
*Federally Required	
4. Which of following best describes your	child's current residential status?
☐ Independent, living in private residence	☐ Homelessness
☐ Dependent, living in private residence	☐ Jail/Correctional Facility
\square Residential Care (group home,	
rehabilitation center, agency-operated care)	☐ Foster Home/Foster Care
\square Institutional setting (24/7 care by	☐ Crisis Residence
skilled/specialized staff or doctors)	□ Other
*Federally Required	
5. Would you say that in general your chil	d's health is:
□ Excellent □ Very Good □ G	
a. Now thinking about your child's physical hea	lth, which includes physical illness and
injury, how many days during the past 30 d good?	
b. Now thinking about your child's mental healt	h, which includes stress, depression, and
problems with emotions, how many days demental health not good?	uring the past 30 days was your child's
c. During the past 30 days, approximately how	many days did your child's poor physical
or mental health keep you from doing your	
school, work, or recreation?	

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Family MH Form - Discharge

6. Please answer the following question						_	Don't know	
In the past 30 days, how many times has your child been arrested? *Federally Required Element								
7. Please answer the following questions based on the pa		ımbe		Don't				
months			Nı	ghts	/Times	s kn	ow	
a. How many times has your child gone to an emergency room for a	a				[П		
psychiatric or emotional problem?								
b. How many nights has your child spent in a facility for:i. Detoxification?						Г	_	
ii. Inpatient/Residential Substance Use Disorder Treatment?								
iii. Mental Health Care?					_			
iv. Illness, Injury, Surgery?								
Source: Current MPR Adult History Form (Revised 3/06)					L	Ш		
c. How many times has your child been arrested?					[
d. How many nights has your child spent in a correctional facility in	ncludi	ng		Г				
JDC or Jail (as a result of an arrest, parole or probation violation)?								
e. How many times has your child tried to commit suicide? *Federally Required Element								
8. Please indicate your level of agreement or		Re	esnor	ise ()	ption	S		
disagreement with the statements by checking the		110	зрог	150 0	ption	3		
choice that best represents your feelings or opinion	> 9	يو	eq		<u>×</u>	e	p	
over the past 6 months. (Please answer for						Not policable	Refused	
choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral								
health provider(s).) *Federally Required		_	Ω		••	Ö	,	
Domain: Social Connectedness Questions 1-4								
1. My child knows people who will listen and understand			_	_	_	_		
them when they need to talk.	Ш	Ш	Ш	Ш	Ш	Ш	Ш	
2. In a crisis, my child would have the support they need								
from family and friends.	Ш	Ш	Ш	ш	Ш	Ш	ш	
3. My child has people that he/she are comfortable talking								
with about their problems.		Ш	ш		ш	Ш		
4. My child has people with whom they can do enjoyable								
things.			Ш					
Domain: Improved Functioning/ Outcomes Domain: Question	ns 5-1	11						
5. My child is better able to do things he or she wants to do.								
6. My child gets along better with family members.								
7. My child gets along better with friends and other people.	Ш							
711 1) child gots along sector with interior and child people.								
8. My child is doing better in school and/or work.								
							_	
8. My child is doing better in school and/or work.								

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Family MH Form - Discharge

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

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