

Fiscal Year 2024 Capital Area Counseling Services

South Dakota Publicly Funded Behavioral Health Treatment Services



FY24 Foreword by Data and Outcomes

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

Can I compare this data to previous years?

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

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

Does this mean that previous data are inaccurate?

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

What do these changes accomplish?

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

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



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

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

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

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

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

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

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

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

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



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 (<u>https://www.samhsa.gov/</u>).

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 <u>https://www.sdseow.org/</u>. 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, <u>https://sdbehavioralhealth.gov/</u> or the state of South Dakota's Department of Social Services website <u>https://dss.sd.gov/behavioralhealth/</u>, the Division of Behavioral Health can be contacted at 605.367.5236, or via email at <u>DSSBH@state.sd.us</u>.

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





Table of Contents





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 Sumary





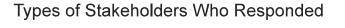


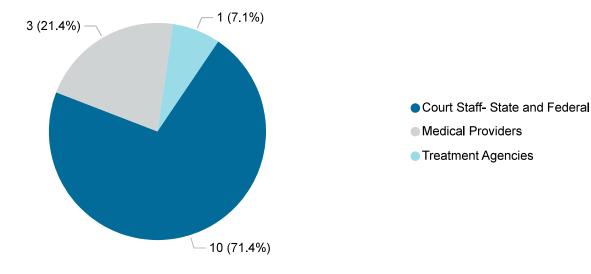
The Division of Behavioral Health (DBH) recognizes the need for strong community collaboration at the local level between accredited behavioral health treatment providers and their local referral sources. Accredited agencies are asked to share a stakeholder survey with local referral sources such as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





Stakeholder Type	Ν	%
Court Staff-State and Federal (Judge/Attorney/Probation/Parole/JCA/Drug Court/Teen Court)	10	71.4%
Medical (Doctor/Nurse/Social Worker/Psychiatric Nurse/Community Health/Pharmacy)	3	21.4%
Treatment Agency (Mental Health/SUD/HSC/EAP/Therapist/Counselor/Case Manager/Domestic Violence)	1	7.1%
Total	14	100.0%



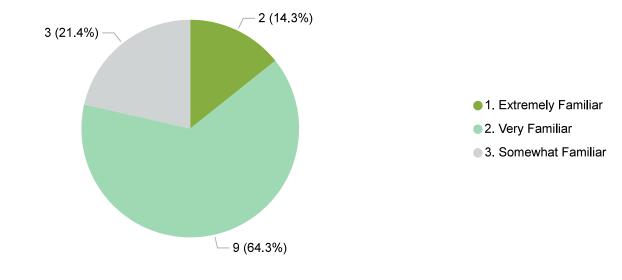


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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

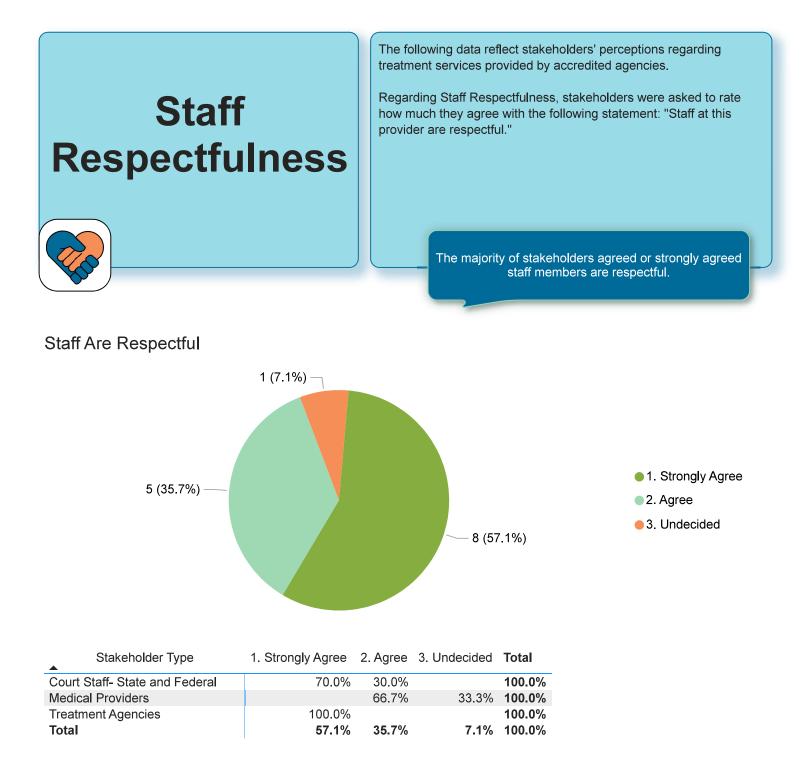
The majority of stakeholders indicated they were very or extremely familiar with services.

Familiarity with Services

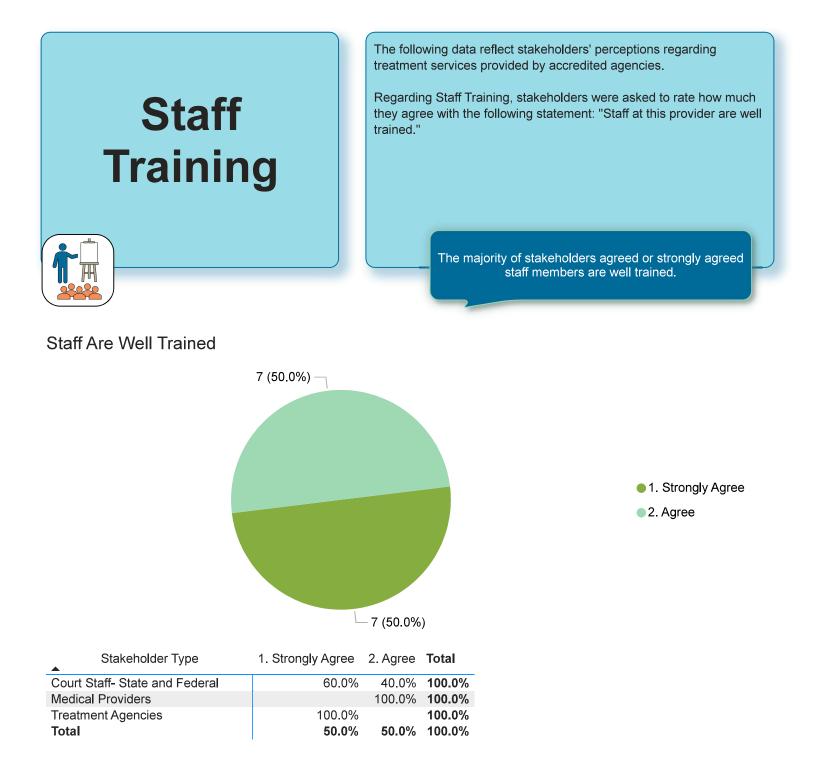


Stakeholder Type	1. Extremely Familiar	2. Very Familiar	3. Somewhat Familiar	Total
Court Staff- State and Federal	20.0%	60.0%	20.0%	100.0%
Medical Providers		100.0%		100.0%
Treatment Agencies			100.0%	100.0%
Total	14.3%	64.3%	21.4%	100.0%

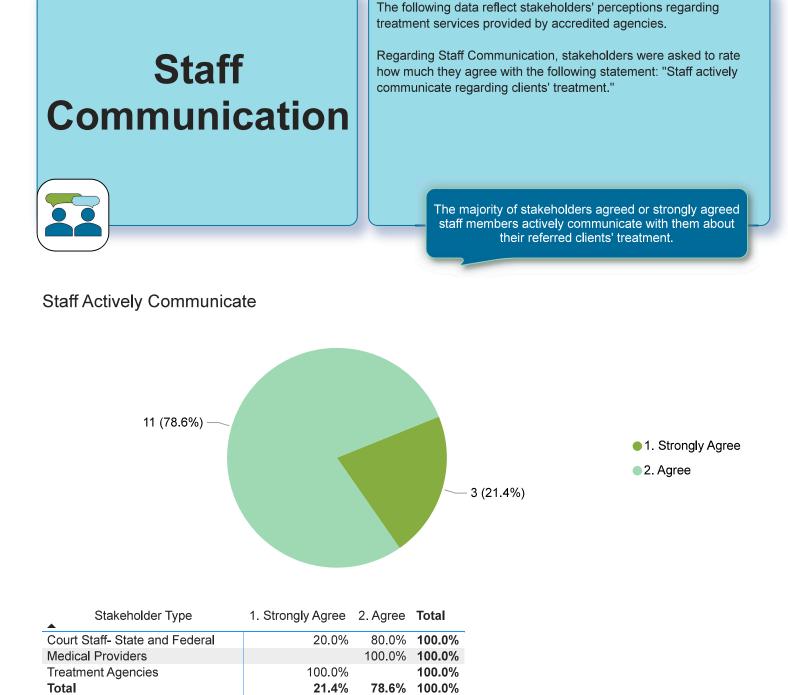














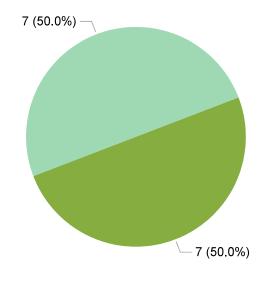
Staff Competency

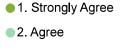
The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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

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

Staff Are Competent to Deliver Treatment Services





Stakeholder Type	1. Strongly Agree	2. Agree	Total
Court Staff- State and Federal	60.0%	40.0%	100.0%
Medical Providers		100.0%	100.0%
Treatment Agencies	100.0%		100.0%
Total	50.0%	50.0%	100.0%



Stakeholder Survey

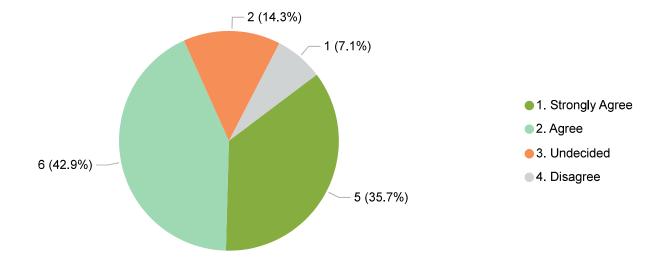
Location of Services

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

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

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

Location of Services are Convenient for Clients

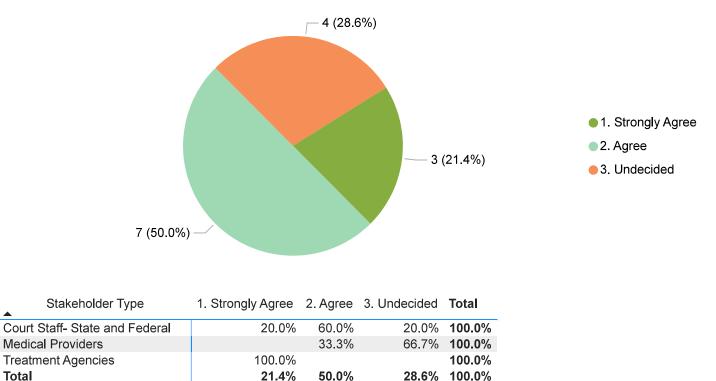


Stakeholder Type	1. Strongly Agree	2. Agree	3. Undecided	4. Disagree	Total
Court Staff- State and Federal	40.0%	40.0%	20.0%		100.0%
Medical Providers		66.7%		33.3%	100.0%
Treatment Agencies	100.0%				100.0%
Total	35.7%	42.9%	14.3%	7.1%	100.0%





Services Are Available at Times Convenient for Clients



Total



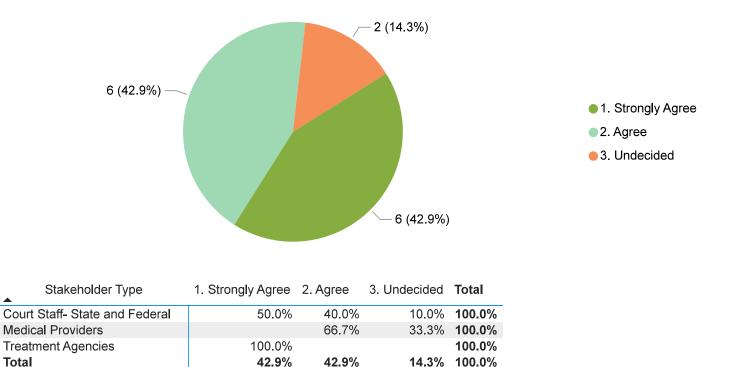
Community Responsiveness

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

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

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

Provider is Responsive to the Needs Within the Community





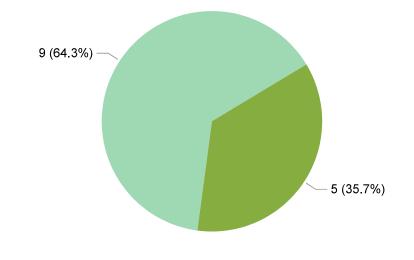
Supportiveness of Clients' Needs

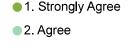
The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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

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

Provider is Supportive of Clients' Needs





Stakeholder Type	1. Strongly Agree	2. Agree	Total
Court Staff- State and Federal	40.0%	60.0%	100.0%
Medical Providers		100.0%	100.0%
Treatment Agencies	100.0%		100.0%
Total	35.7%	64.3%	100.0%



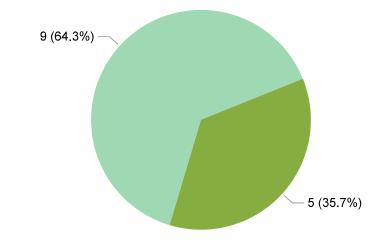


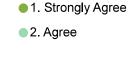
The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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

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

Provider Provides Quality Services





Stakeholder Type	1. Strongly Agree	2. Agree	Total
Court Staff- State and Federal	40.0%	60.0%	100.0%
Medical Providers		100.0%	100.0%
Treatment Agencies	100.0%		100.0%
Total	35.7%	64.3%	100.0%



Provider Responsiveness

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

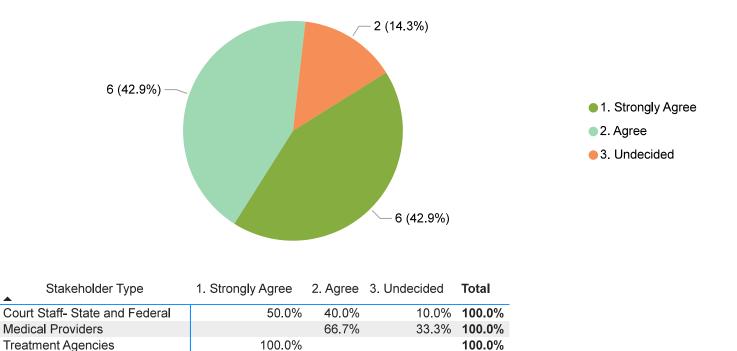
Regarding Provider Responsiveness, stakeholders were asked to rate how much they agree with the following statement: "Overall, the provider has been responsive to my questions and concerns."

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

Provider Has Been Responsive To My Questions and Concerns

42.9%

42.9%



14.3% 100.0%

Total



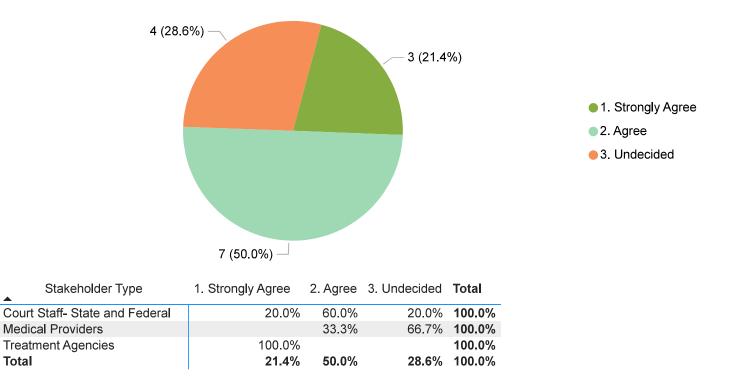
Satisfaction of Outcomes

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

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

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

Clients Report Satisfaction of Outcomes







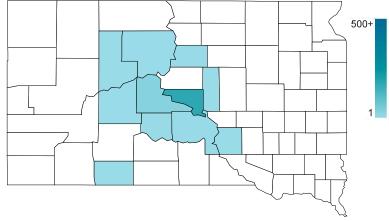
Substance Use Disorder (SUD) Treatment Services



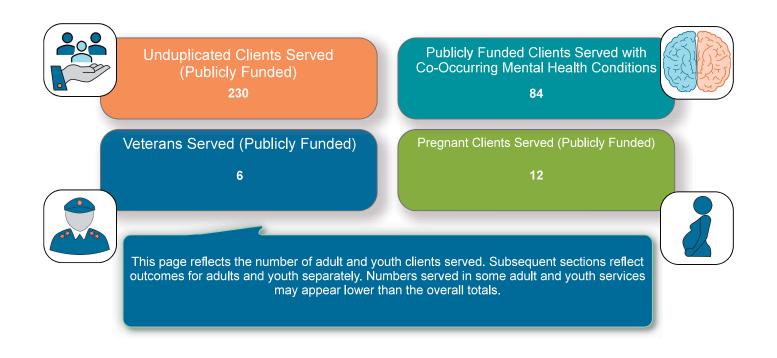


SUD Treatment Services

County of Residence for Clients Who Received Publicly Funded Services



Treatment Services	Publicly Funded Clients Served	Average Duration of Treatment (Days)
Evidence-Based SUD Treatment for Justice-Involved & At-Risk Youth	5	83
Evidence-Based SUD Treatment for Justice-Involved Adults	81	129
Gambling Services	2	329
Moral Reconation Therapy for Justice-Involved Adults (MRT)	20	201
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	149	144





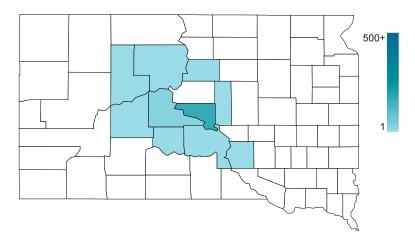




[Page intentionally left blank]



Adult SUD Treatment Services County of Residence for Clients Who Received Publicly Funded Services



Treatment Services	Publicly Funded Clients Served	Average Duration of Treatment (Days)
Evidence-Based SUD Treatment for Justice-Involved & At-Risk Youth	1	82
Evidence-Based SUD Treatment for Justice-Involved Adults	81	129
Gambling Services	2	329
Moral Reconation Therapy for Justice-Involved Adults (MRT)	20	201
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	141	148



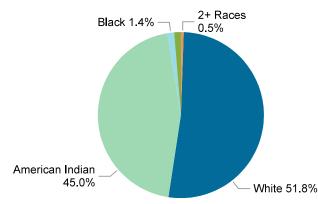






84.2% of South Dakotans identify as White, 8.5% identify as American Indian, and 5.1% identify as Hispanic.

Clients Served by Race

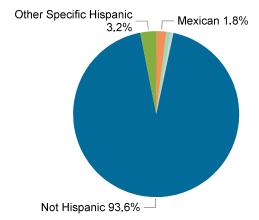


Clients Served by Service Type and Race

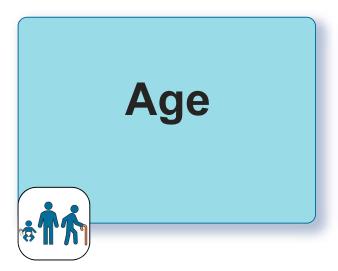
	2+ R	aces	Americ Indian	an	Blac	ĸ	Othe	r	White		Total	
Treatment Services	Ν	%	Ν	%	Ν	%	N	%	Ν	%	Ν	%
Evidence-Based SUD Treatment for Justice-Involved & At-Risk Youth									1	100.0%	1	100.0%
Evidence-Based SUD Treatment for Justice-Involved Adults	1	1.2%	53	65.4%	2	2.5%			25	30.9%	81	100.0%
Gambling Services									2	100.0%	2	100.0%
Moral Reconation Therapy for Justice- Involved Adults (MRT)			10	50.0%			1	5.0%	9	45.0%	20	100.0%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)			53	37.6%	1	0.7%	2	1.4%	85	60.3%	141	100.0%
Total	1	0.5%	98	45.0%	3	1.4%	3	1.4%	113	51.8%	218	100.0%

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

Clients Served by Ethnicity

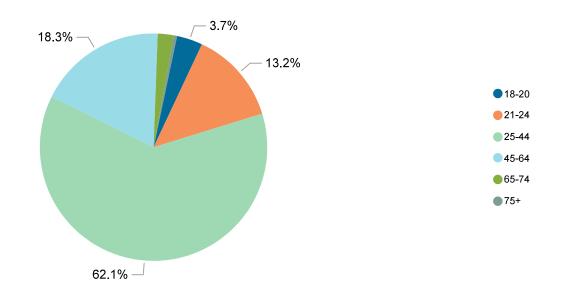






The below data reflect the age of adults served in publicly funded treatment services.

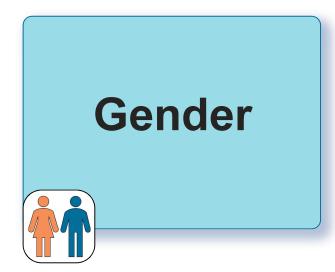
Clients Served by Age



Clients Served by Service Type and Age Group

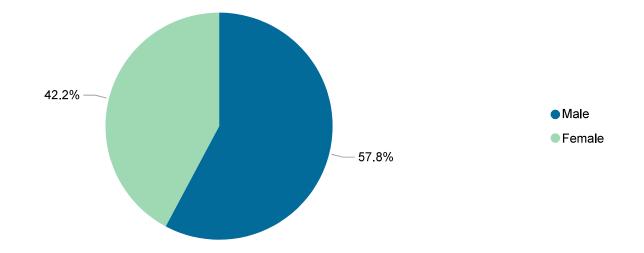
	18-20)	21-24	4	25-44		45-64		65-74	4	75	÷	Total	
Treatment Services	Ν	%	Ν	%	Ν	%	Ν	%	N	%	Ν	%	Ν	%
Evidence-Based SUD Treatment for Justice-Involved & At-Risk Youth	1	100.0%											1	100.0%
Evidence-Based SUD Treatment for Justice-Involved Adults	2	2.5%	12	14.8%	53	65.4%	14	17.3%					81	100.0%
Gambling Services					1	50.0%	1	50.0%					2	100.0%
Moral Reconation Therapy for Justice-Involved Adults (MRT)	1	5.0%	4	20.0%	12	60.0%	2	10.0%	1	5.0%			20	100.0%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	5	3.5%	18	12.8%	87	61.7%	25	17.7%	5	3.5%	1	0.7%	141	100.0%
Total	8	3.7%	29	13.2%	136	62.1%	40	18.3%	5	2.3%	1	0.5%	219	100.0%





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	Ν	%	Ν	%	Ν	%
Evidence-Based SUD Treatment for Justice-Involved & At-Risk Youth			1	100.0%	1	100.0%
Evidence-Based SUD Treatment for Justice-Involved Adults	40	49.4%	41	50.6%	81	100.0%
Gambling Services	2	100.0%			2	100.0%
Moral Reconation Therapy for Justice-Involved Adults (MRT)	8	40.0%	12	60.0%	20	100.0%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	53	37.6%	88	62.4%	141	100.0%
Total	92	42.2%	126	57.8%	218	100.0%



The data below reflect the primary diagnoses of adults served in

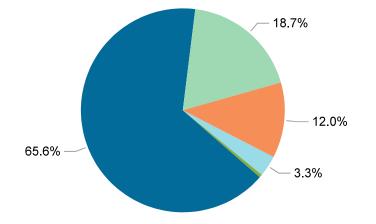
publicly funded treatment services.

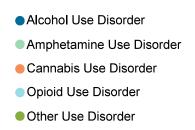
Primary Diagnosis



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 Disord		Amphe Use Di	tamine sorder	Canr Disor	abis Use der	Opio Disor	id Use der	Othe Disor	r Use der	Total	
Treatment Services	N	%	Ν	%	Ν	%	Ν	%	Ν	%	N	%
Evidence-Based SUD Treatment for Justice-Involved & At- Risk Youth					1	100.0%					1	100.0%
Evidence-Based SUD Treatment for Justice-Involved Adults	53	65.4%	22	27.2%	5	6.2%	1	1.2%			81	100.0%
Moral Reconation Therapy for Justice-Involved Adults (MRT)	9	50.0%	5	27.8%	4	22.2%					18	100.0%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	90	67.2%	19	14.2%	18	13.4%	6	4.5%	1	0.7%	134	100.0%
Total	137	65.6%	39	18.7%	25	12.0%	7	3.3%	1	0.5%	209	100.0%



Reason for Discharge



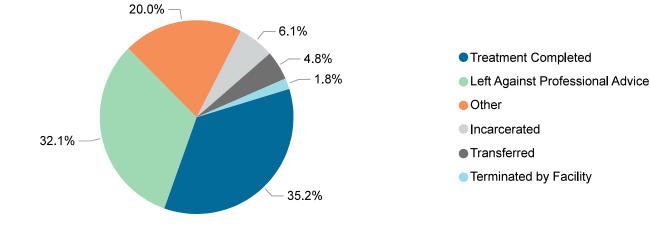
The national rate for successful treatment completion for adult and youth clients was 35%.

Reason for Discharge from Services

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

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

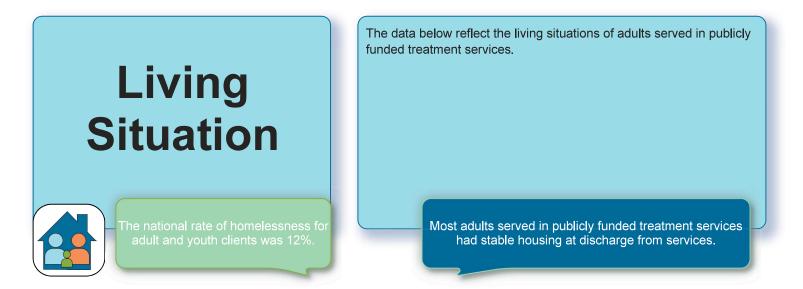
The majority of adults successfully completed treatment services. The next most common discharge reason was Left Against Professional Advice.



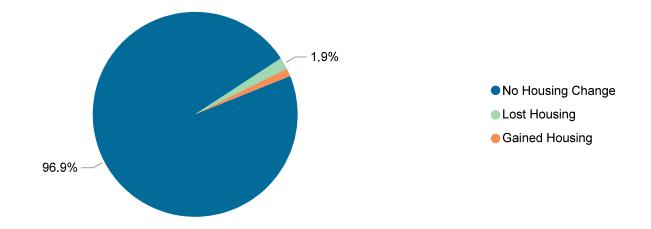
Reason for Discharge by Service Type

	Inca	rcerated	Left Ag Profess Advice	sional	Oth	er		minated Faci l ity	Tra	nsferred		atment np l eted	Total	
Treatment Services	Ν	%	Ν	%	Ν	%	Ν	%	Ν	%	Ν	%	N	%
Evidence-Based SUD Treatment for Justice- Involved & At-Risk Youth			1	33.3%	1	33.3%					1	33.3%	3	100.0%
Evidence-Based SUD Treatment for Justice- Involved Adults	3	5.9%	20	39.2%	8	15.7%	1	2.0%	2	3.9%	17	33.3%	51	100.0%
Gambling Services											2	100.0%	2	100.0%
Moral Reconation Therapy for Justice-Involved Adults (MRT)	1	5.6%	2	11.1%			1	5.6%			14	77.8%	18	100.0%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	7	6.5%	35	32.7%	25	23.4%	1	0.9%	8	7.5%	31	29.0%	107	100.0%
Total	10	6.1%	53	32.1%	33	20.0%	3	1.8%	8	4.8%	58	35.2%	165	100.0%





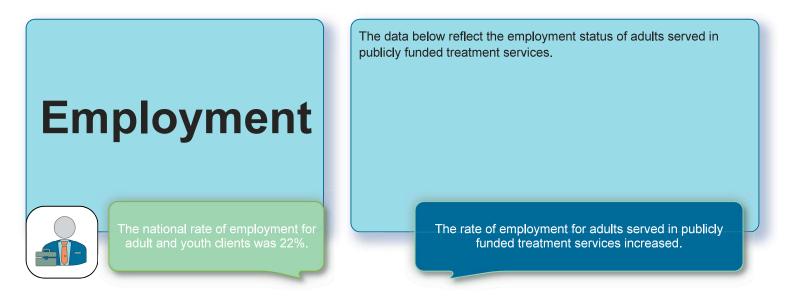
Clients Who Gained, Lost, or Had No Change in Housing From Admission to Discharge



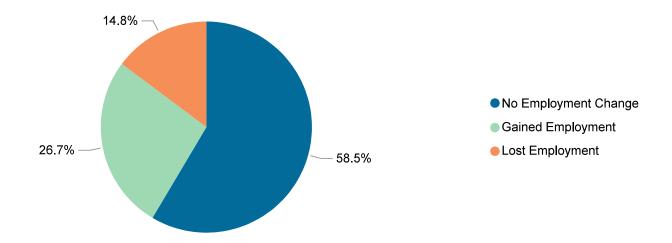
Clients Who Reported Homelessness at Admission and Discharge

Treatment Services	Unduplicated Client Count	Homelessness at Admission	Homelessness at Discharge
Evidence-Based SUD Treatment for Justice-Involved & At-Risk Youth	1	0.0%	0.0%
Evidence-Based SUD Treatment for Justice-Involved Adults	56	1.4%	1.4%
Gambling Services	2	0.0%	0.0%
Moral Reconation Therapy for Justice-Involved Adults (MRT)	17	0.0%	0.0%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	101	2.4%	3.1%
Total	157	2.1%	2.6%





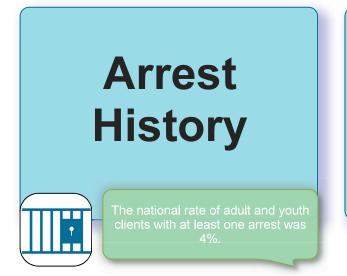
Clients Who Gained, Lost, or Had No Change in Employment From Admission to Discharge



Client Employment at Admission and Discharge

Treatment Services	Unduplicated Client Count	Employment at Admission	Employment at Discharge
Evidence-Based SUD Treatment for Justice-Involved & At-Risk Youth	1	0.0%	100.0%
Evidence-Based SUD Treatment for Justice-Involved Adults	56	50.0%	61.4%
Gambling Services	2	50.0%	100.0%
Moral Reconation Therapy for Justice-Involved Adults (MRT)	17	57.9%	84.2%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	101	62.2%	66.1%
Total	157	56.8%	67.7%



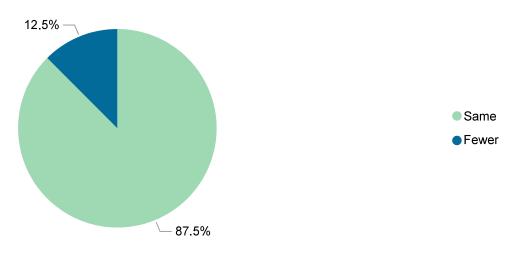


Clients are asked at the start of treatment and at the end of treatment, "In the past 30 days, how many times have you been arrested?" Only clients who completed this question at time of admission and time of discharge are included.

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

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

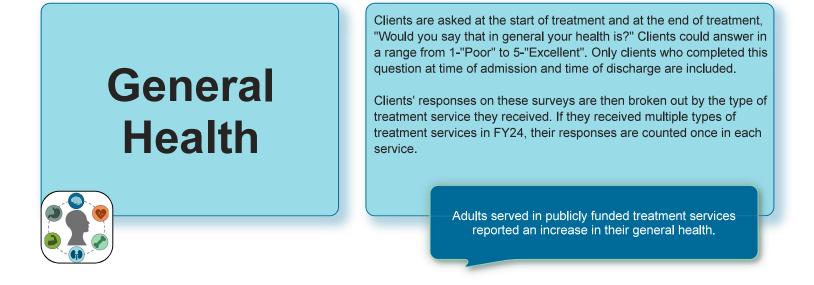
Clients Who Had More, Fewer, or the Same Number of Arrests at Discharge Compared to Admission



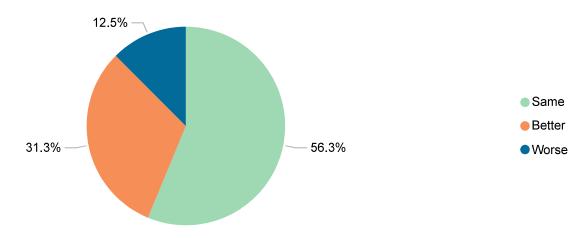
Clients Who Had One or More Arrests Within 30 Days of Admission and Discharge

Treatment Services	Unduplicated Client Count	Arrest at Admission	Arrest at Discharge
Evidence-Based SUD Treatment for Justice-Involved Adults	6	0.0%	0.0%
Moral Reconation Therapy for Justice-Involved Adults (MRT)	7	0.0%	0.0%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	5	40.0%	0.0%
Total	16	12.5%	0.0%





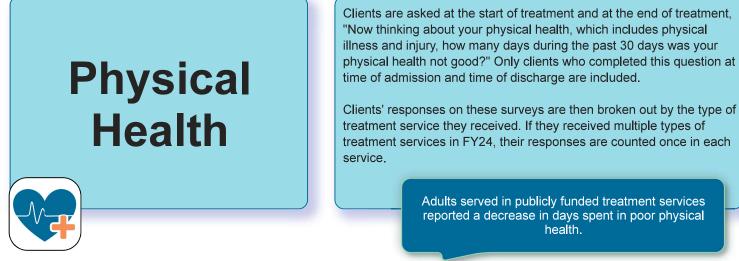
Clients Who Had Better, Worse, or the Same General Health Rating at Discharge Compared to Admission



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

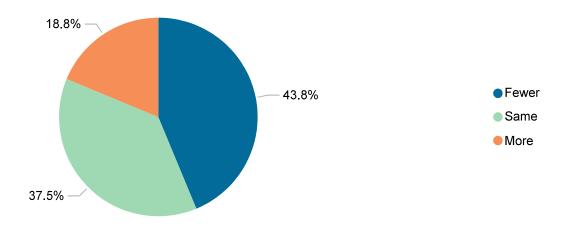
Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Evidence-Based SUD Treatment for Justice-Involved Adults	6	3.50	3.33	-0.17	-4.8%
Moral Reconation Therapy for Justice-Involved Adults (MRT)	7	3.43	3.71	0.29	8.3%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	5	4.00	4.20	0.20	5.0%
Total	16	3.44	3.69	0.25	7.3%





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
Evidence-Based SUD Treatment for Justice-Involved Adults	6	4.50	5.17	0.67	14.8%
Moral Reconation Therapy for Justice-Involved Adults (MRT)	7	3.14	1.00	-2.14	-68.2%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	5	0.00	1.40	1.40	Infinity
Total	16	3.06	1.94	-1.13	-36.7%



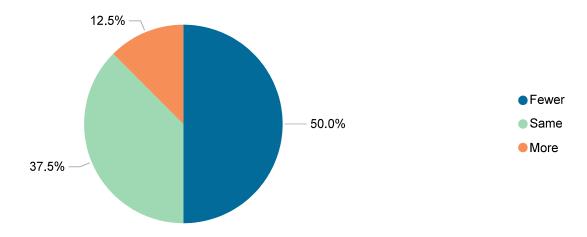


Clients are asked at the start of treatment and at the end of treatment, "Now thinking about your mental health, which includes stress, depression, and problems with emotions, how many days during the past 30 days was your mental health not good?" Only clients who completed this question at time of admission 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
Evidence-Based SUD Treatment for Justice-Involved Adults	6	3.67	0.67	-3.00	-81.8%
Moral Reconation Therapy for Justice-Involved Adults (MRT)	7	7.14	2.29	-4.86	-68.0%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	5	2.80	1.20	-1.60	-57.1%
Total	16	5.38	1.63	-3.75	-69.8%



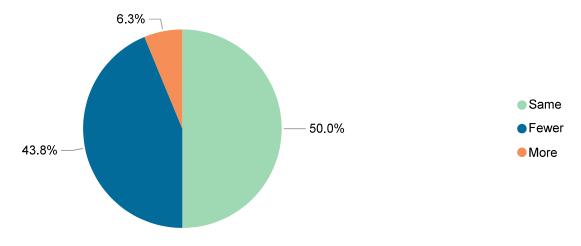
Physical or Mental Health Prevented Normal Activities

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 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 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
Evidence-Based SUD Treatment for Justice-Involved Adults	6	3.67	1.17	-2.50	-68.2%
Moral Reconation Therapy for Justice-Involved Adults (MRT)	7	1.71	1.57	-0.14	-8.3%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	5	2.80	2.00	-0.80	-28.6%
Total	16	3.00	0.88	-2.13	-70.8%



Reported Attempts to Die by Suicide

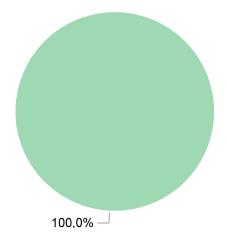
> If you, or someone you know, is in need of crisis support, or experiencing emotional distress, call or text 988, or chat at https://988lifeline.org/.

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



Same

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
Evidence-Based SUD Treatment for Justice-Involved Adults	6	0.00	0.00	0.00	NaN
Moral Reconation Therapy for Justice-Involved Adults (MRT)	7	0.00	0.00	0.00	NaN
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	5	0.00	0.00	0.00	NaN
Total	16	0.00	0.00	0.00	NaN

Ability to Control Alcohol Use

South Dakota Department of

Social Services

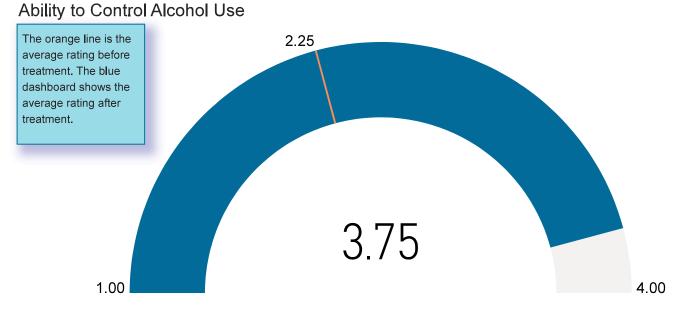


Clients are asked at the end of treatment to rate their ability to control their alcohol use before the program and after the program. They rate each question on a scale from 1-"Poor" to 4-"Excellent."

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 Ratings: 1-Poor; 2-Average; 3-Good; 4-Excellent

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Evidence-Based SUD Treatment for Justice-Involved Adults	4	2.25	3.75	1.50	66.7%
Moral Reconation Therapy for Justice-Involved Adults (MRT)	1	2.00	4.00	2.00	100.0%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	5	2.20	3.80	1.60	72.7%
Total	8	2.25	3.75	1.50	66.7%

South Dakota Department of **Social Services**

Adult SUD Treatment Services

Ability to Control Drug Use

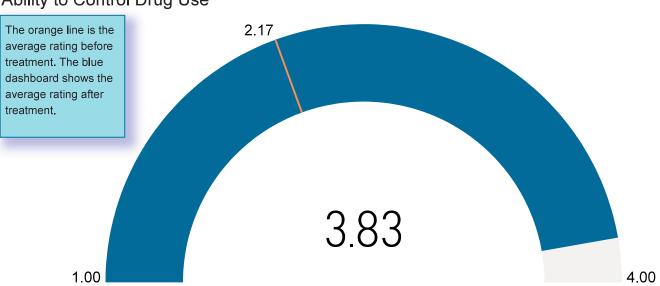


Clients are asked at the end of treatment to rate their ability to control their drug use before the program and after the program. They rate each question on a scale from 1-"Poor" to 4-"Excellent."

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Evidence-Based SUD Treatment for Justice-Involved Adults	2	2.00	4.00	2.00	100.0%
Moral Reconation Therapy for Justice-Involved Adults (MRT)	4	2.25	3.75	1.50	66.7%
Total	6	2.17	3.83	1.67	76.9%

Ability to Control Drug Use

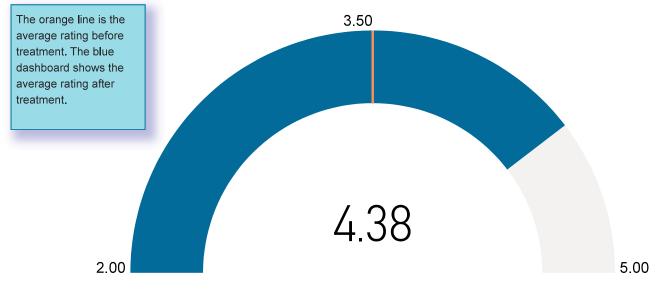
Treatment Engagement

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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Evidence-Based SUD Treatment for Justice-Involved Adults	6	3.83	4.33	0.50	13.0%
Moral Reconation Therapy for Justice-Involved Adults (MRT)	7	3.14	4.57	1.43	45.5%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	5	3.80	4.40	0.60	15.8%
Total	16	3.50	4.38	0.88	25.0%



P/

Adult SUD Treatment Services

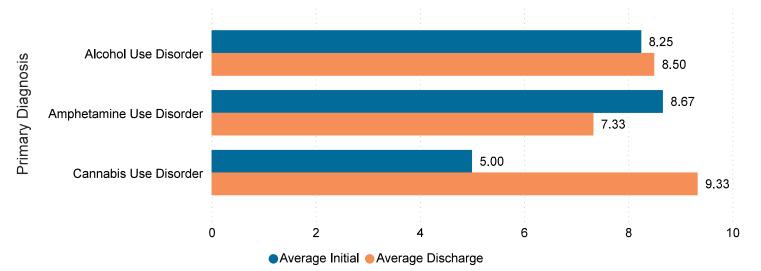
Importance of Changing Current Behaviors

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

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

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

Self-Rated Importance in Changing Current Behaviors



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Evidence-Based SUD Treatment for Justice-Involved Adults	6	8.17	10.00	1.83	22.4%
Moral Reconation Therapy for Justice-Involved Adults (MRT)	7	8.14	8.14	0.00	0.0%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	5	7.60	7.60	0.00	0.0%
Total	16	7.75	8.44	0.69	8.9%



Adult SUD Treatment Services

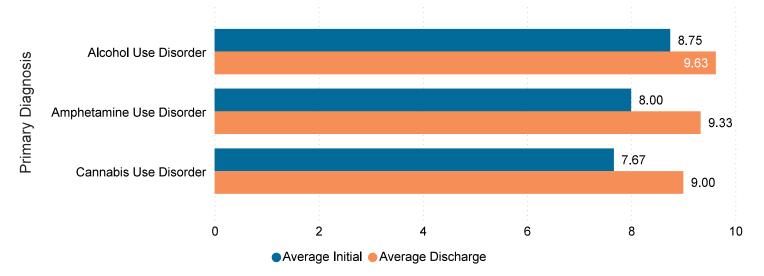
Motivation to Change Current Behaviors

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
Evidence-Based SUD Treatment for Justice-Involved Adults	6	9.00	10.00	1.00	11.1%
Moral Reconation Therapy for Justice-Involved Adults (MRT)	7	8.00	7.86	-0.14	-1.8%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	5	8.80	9.40	0.60	6.8%
Total	16	8.38	8.88	0.50	6.0%



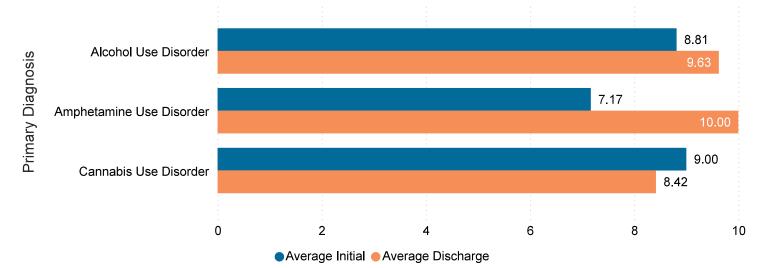
Confidence to Control Use Under Stress and Peer Pressure Clients are asked at the start of treatment and at the end of treatment to rate their confidence in their ability to control use under different stressful situations, including peer pressure. They rate each question on a scale from 0-"Not at All 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 Initial	Average Discharge	Change	Percent Change
Evidence-Based SUD Treatment for Justice-Involved Adults	6	8.42	9.67	1.25	14.9%
Moral Reconation Therapy for Justice-Involved Adults (MRT)	7	7.18	9.36	2.18	30.3%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	5	9.65	9.60	-0.05	-0.5%
Total	16	8.06	9.47	1.41	17.4%



Visits to Emergency Department

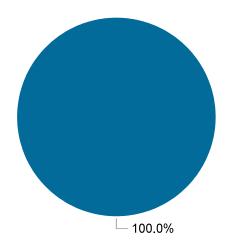
Clients are asked at the start of treatment and at the end of treatment, "How many times have you gone to an emergency room for a psychiatric or emotional problem in the past 30 days?" Only clients who completed this question at time of admission and time of discharge are included.

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.

At discharge, adults served in publicly funded treatment services reported a decrease in emergency department visits in the past 30 days.

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



Fewer

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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Evidence-Based SUD Treatment for Justice-Involved Adults Total	1	1.00	0.00	-1.00	-100.0%
	1	1.00	0.00	-1.00	-100.0%



Detoxification Services



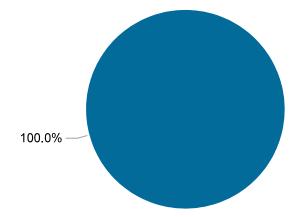
Clients are asked at the start of treatment and at the end of treatment, "How many nights have you spent in a facility for detoxification in the past 30 days?" Only clients who completed this question at time of admission and time of discharge are included.

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.

At discharge, adults served in publicly funded treatment services reported a decrease in nights spent in a detox facility in the past 30 days.

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





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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5) Total	1	1.00	0.00	-1.00	-100.0%
	1	1.00	0.00	-1.00	-100.0%



Inpatient Substance Use Disorder Treatment Services

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

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

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

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

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

Unable to Report Due to Low Number of Outcome Tools.

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

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



Hospital Admissions for Mental Health Care

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

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

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

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

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

Unable to Report Due to Low Number of Outcome Tools.

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

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





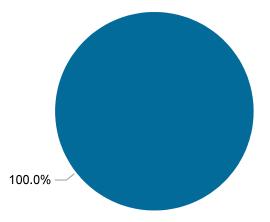
Clients are asked at the start of treatment and at the end of treatment, "How many nights have you spent in a facility for illness, injury, or surgery in the past 30 days?" Only clients who completed this question at time of admission and time of discharge are included.

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.

At discharge, adults served in publicly funded treatment services reported a decrease in nights spent in a facility for illness, injury, or surgery in the past 30 days.

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





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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Evidence-Based SUD Treatment for Justice-Involved Adults Total	1	1.00	0.00	-1.00	-100.0%
	1	1.00	0.00	-1.00	-100.0%



Adult SUD Treatment Services

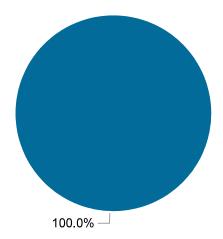
Nights Spent in Correctional Facility Clients are asked at the start of treatment and at the end of treatment, "How many nights have you spent in a correctional facility including jail or prisons (as a result of an arrest, parole or probation violation) in the past 30 days?" Only clients who completed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

At discharge, adults served in publicly funded treatment services reported a decrease in nights spent in a correctional facility in the past 30 days.

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





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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Evidence-Based SUD Treatment for Justice-Involved Adults	1	17.00	0.00	-17.00	-100.0%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	2	2.00	0.00	-2.00	-100.0%
Total	3	7.00	0.00	-7.00	-100.0%

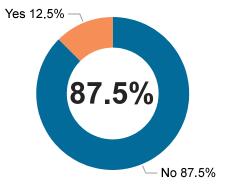


Trouble as a Result of Substance Use Clients are asked at the start of treatment and at the end of treatment, "Have you gotten in trouble at home, at school, work, or in the community, because of your use of alcohol, drugs, inhalants or gambling?" Only clients who completed this question at time of admission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

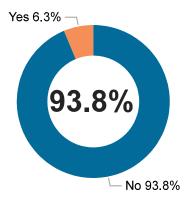
Clients' responses on these surveys are then broken out by the percentage of clients who responded "Yes" or "No" at time of admission and at time of discharge (donut chart) as well as the average responses and change from admission to discharge (table).

> Adults served in publicly funded treatment services reported a decrease in 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
Evidence-Based SUD Treatment for Justice-Involved Adults	6	0.00	0.00	0.00	NaN
Moral Reconation Therapy for Justice-Involved Adults (MRT)	7	0.00	0.00	0.00	NaN
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	5	0.40	0.20	-0.20	-50.0%
Total	16	0.13	0.06	-0.06	-50.0%



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.

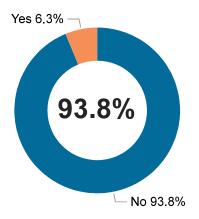
Clients' responses on these surveys are then broken out by the percentage of clients who responded "Yes" or "No" at time of admission and at time of discharge (donut chart) as well as the average responses and change from admission to discharge (table).

> Adults served in publicly funded treatment services reported an increase in 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
Evidence-Based SUD Treatment for Justice-Involved Adults	6	0.00	0.00	0.00	NaN
Moral Reconation Therapy for Justice-Involved Adults (MRT)	7	0.00	0.00	0.00	NaN
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	5	0.00	0.20	0.20	Infinity
Total	16	0.00	0.06	0.06	Infinity



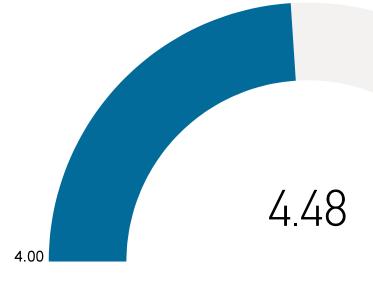
General Satisfaction with Services

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

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

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

Were You Satisfied With the Services You Received?



5.00

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
Evidence-Based SUD Treatment for Justice-Involved Adults	6	4.22
Moral Reconation Therapy for Justice-Involved Adults (MRT)	7	4.48
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	5	4.60
Total	16	4.48



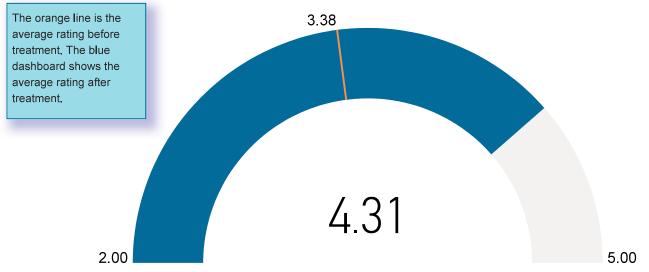
Improved Functioning

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

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

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

Improved Functioning



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Evidence-Based SUD Treatment for Justice-Involved Adults	6	3.50	4.54	1.04	29.8%
Moral Reconation Therapy for Justice-Involved Adults (MRT)	7	3.18	4.43	1.25	39.3%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	5	2.15	4.15	2.00	93.0%
Total	16	3.38	4.31	0.94	27.8%



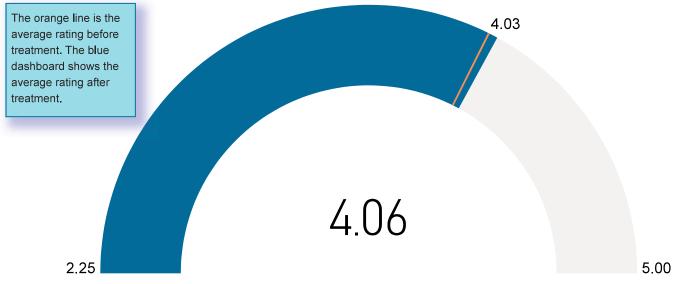
Social Connectedness

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



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
Evidence-Based SUD Treatment for Justice-Involved Adults		6 4.04	4.25	0.21	5.2%
Moral Reconation Therapy for Justice-Involved Adults (MRT)		7 3.86	4.07	0.21	5.6%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)		5 4.55	4.00	-0.55	-12.1%
Total	1	6 4.03	4.06	0.03	0.8%

Participation in Treatment Planning and Outcomes of Services

South Dakota Department of

Social Services

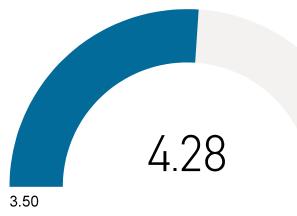
Clients are asked at discharge to rate how strongly they agree with two different questions pertaining to their participation in treatment planning for services they received. The average of these two responses is given below.

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

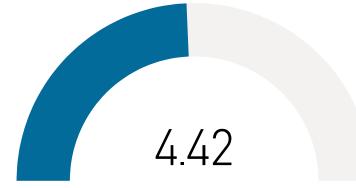
Clients' responses on these surveys are then broken out by the type of treatment service they received. If they received multiple types of treatment services in FY24, their responses are counted once in each service.

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

Participation in Treatment Planning



Outcomes of Treatment Services



5.00 3.88

5.00

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
Evidence-Based SUD Treatment for Justice-Involved Adults	6	4.17	4.31
Moral Reconation Therapy for Justice-Involved Adults (MRT)	7	4.36	4.41
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	5	4.20	4.40
Total	16	4.28	4.42



Access and Quality and Appropriateness of Services



Access to Services

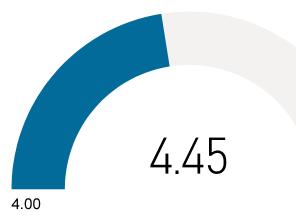
Clients are asked at discharge to rate how strongly they agree with five different questions pertaining to the ease and convenience of accessing the services they received. The average of these five responses is given below.

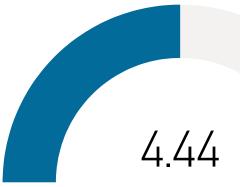
Additionally, clients are asked at discharge to rate how strongly they agree with eight different questions pertaining to the quality and appropriateness of the services they received. The average of these eight responses is given below. To see specific questions, please see Appendix B.

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





5.00 4.00

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	Access to Services	Quality and Appropriateness
Evidence-Based SUD Treatment for Justice-Involved Adults	6	4.47	4.48
Moral Reconation Therapy for Justice-Involved Adults (MRT)	7	4.31	4.39
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	5	4.52	4.58
Total	16	4.45	4.44



[Page intentionally left blank]

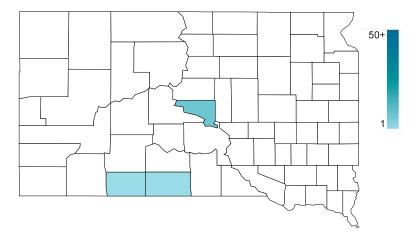




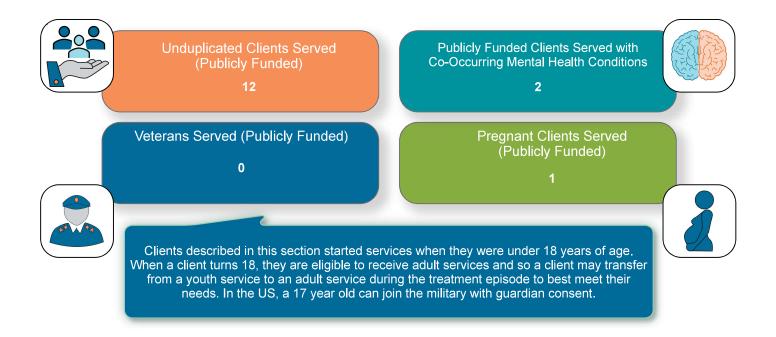
[Page intentionally left blank]



County of Residence for Clients Who Received Publicly Funded Services

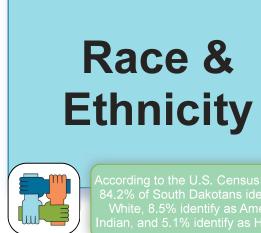


Treatment Services		Average Duration of Treatment (Days)
Evidence-Based SUD Treatment for Justice-Involved & At-Risk Youth	4	84
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	8	65

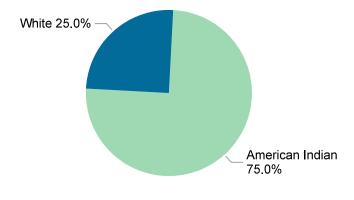


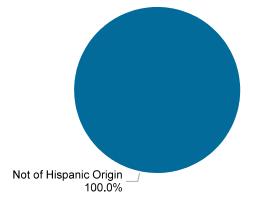


The data below reflect the self-reported race and ethnicity of youth



Clients Served by Race





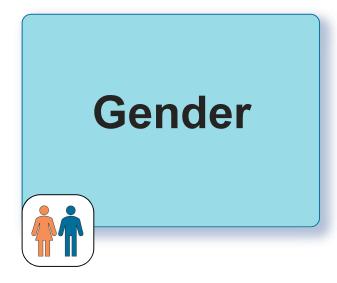
Clients Served by Service Type and Race

	American Indian				Tota	I
Treatment Services	Ν	%	Ν	%	Ν	%
Evidence-Based SUD Treatment for Justice- Involved & At-Risk Youth	3	75.0%	1	25.0%	4	100.0%
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	6	75.0%	2	25.0%	8	100.0%
Total	9	75.0%	3	25.0%	12	100.0%

served in publicly funded treatment services.

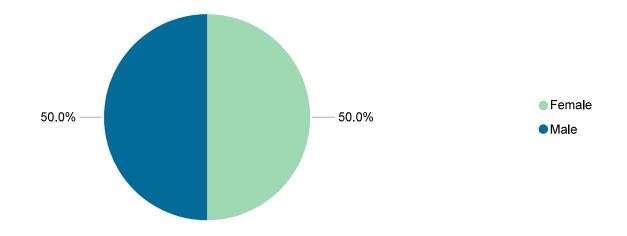
Clients Served by Ethnicity





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		emale Male		Tota	l
Treatment Services	Ν	%	Ν	%	Ν	%
Evidence-Based SUD Treatment for Justice-Involved & At-Risk Youth	1	25.0%	3	75.0%	4	100.0%
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	5	62.5%	3	37.5%	8	100.0%
Total	6	50.0%	6	50.0%	12	100.0%

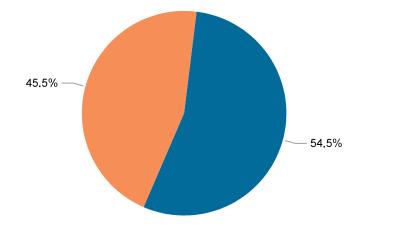


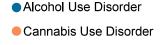
Primary Diagnosis

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				Total	
Treatment Services	N	%	N	%	N	%
Evidence-Based SUD Treatment for Justice-Involved & At-Risk Youth	2	50.0%	2	50.0%	4	100.0%
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	4	57.1%	3	42.9%	7	100.0%
Total	6	54.5%	5	45.5%	11	100.0%



Reason for Discharge



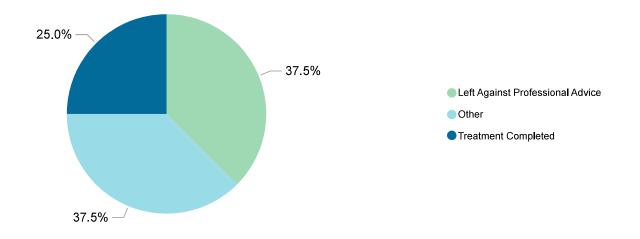
The national rate for successful treatment completion for adult and youth clients was 35%.

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



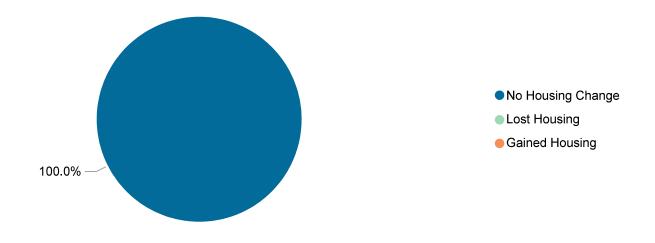
Reason for Discharge by Service Type

	Left Against Professional Advice		Other		Treatment Completed		Total	
Treatment Services	Ν	%	Ν	%	N	%	N	%
Evidence-Based SUD Treatment for Justice- Involved & At-Risk Youth	1	50.0%	1	50.0%			2	100.0%
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	2	33.3%	2	33.3%	2	33.3%	6	100.0%
Total	3	37.5%	3	37.5%	2	25.0%	8	100.0%





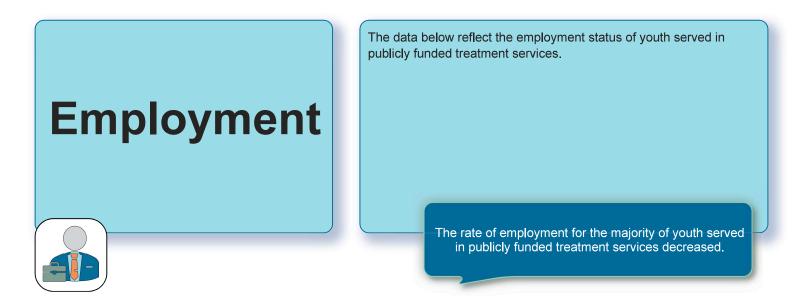
Clients Who Gained, Lost, or Had No Change in Housing From Admission to Discharge



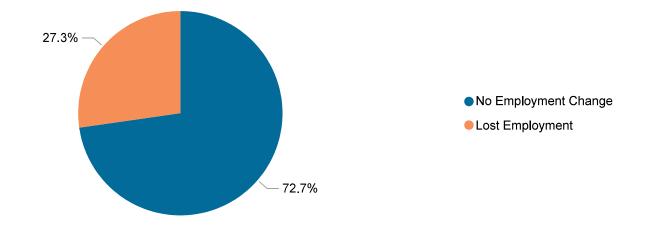
Clients Who Reported Homelessness at Admission and Discharge

Treatment Services	Unduplicated Client Count	Homelessness at Admission	Homelessness at Discharge
Evidence-Based SUD Treatment for Justice-Involved & At-Risk Youth	4	0.0%	0.0%
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	8	0.0%	0.0%
Total	12	0.0%	0.0%





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		nployment Admission	Employment at Discharge
Evidence-Based SUD Treatment for Justice-Involved & At-Risk Youth		3	33.3%	0.0%
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)		6	30.0%	10.0%
Total		9	30.8%	7.7%





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 Discharge
Total			





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 Client Count	•	Average Discharge	Change	Percent Change
Total						





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 Client Count	0	Average Discharge	Change	Percent Change
				_		-
Total						





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 Client Count	Average Discharge	Change	Percent Change
▲					
Total					



Physical or Mental Health Prevented Normal Activities

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

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

There were no 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 Where Their Poor Physical or Mental Health Prevented Normal Activities at Discharge Compared to Admission

Unable to Report Due to Low Number of Outcome Tools.

Number of Days Poor Physical or Mental Health Prevented Normal Activities

	Treatment Services	Unduplicated Client Count	Average Discharge	Change	Percent Change
-	otal				



Reported Attempts to Die by Suicide

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

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

> 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 Client Count	0	Average Discharge	Change	Percent Change	
			_		-	
Total						



Ability to Control Alcohol Use



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

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

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

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

Average

Discharge

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)

(Blank)

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

Treatment	Services
noadmond	00111000

Unduplicated Average Client Count Initial

Change Percent Change

Tota

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)

Discharge

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

Treatment Services

Unduplicated Average Average Client Count Initia

Change Percent Change

Total

Unable to Report Due to Low Number of Outcome Tools.



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.



Importance of Changing Current **Behaviors** L

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

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

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 Discharge	Change	Percent Change
Total					



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

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

There were no 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

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 Client Count	Average Discharge	Change	Percent Change
Total					



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

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

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

Self-Rated Confidence to Control Substance Use

^orimary 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 Client Count	0	Average Discharge	Change	Percent Change
Total						



Visits to Emergency Department

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

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

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

There were no 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 Client Count	Average Discharge	Change	Percent Change
Total					

Detoxification Services



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

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

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

There were no 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 Po Client Count Initial Discharge C
--	---



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. F

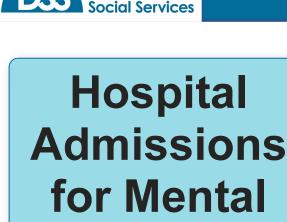
Clients Who Had More, Fewer, or the Same Number of Nights Spent in a Facility for Inpatient/Residential Substance Use Disorder Treatment at Discharge Compared to Admission

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



Health Care

Treatme

South Dakota Department of

> 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?

ent Services	Unduplicated Client Count	5	Average Discharge	Change	Percent Change	
--------------	------------------------------	---	----------------------	--------	-------------------	--





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 Client Count	5	Average Discharge	Change	Percent Change
Total						



Nights Spent in Correctional Facility Clients are asked at the start of treatment and at the end of treatment, "How many nights have you spent in a correctional facility including 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 Client Count	5	Average Discharge	Change	Percent Change
				-		-
Total						



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

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

> There were no 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 Client Count		Average Discharge	Change	Percent Change	
--------------------	------------------------------	--	----------------------	--------	-------------------	--





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 Client Count	Average Initial	Average Discharge	Change	Percent Change
				_		
Total						





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)

(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.

(Blank)

(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 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.

(Blank)

(Blank)

(Blank)

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

Unduplicated Average Average Change Percent Client Count Initial Discharge Change Change

Total

Unable to Report Due to Low Number of Outcome Tools.

Participation in Treatment Planning and Cultural Sensitivity of Staff

South Dakota

Department of **Social Services**

> 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 Participation in Client Count

Treatment Planning Sensitivity of Staff

Cultural

Total

Unable to Report Due to Low Number of Outcome Tools.





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.

Client Count

Access to Services

(Blank)

(Blank)

(Blank)

Services

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

▲ 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 Client Count	Average Initial	Average Discharge	Change	Percent 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 Client Count	•	Average Discharge	Change	Percent 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 Client Count	Average Initial	Average Discharge	Change	Percent 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 Client Count	•	Average Discharge	Change	Percent Change
Total						



Family Perceptions of Youth SUD Treatment Services



[Page intentionally left blank]

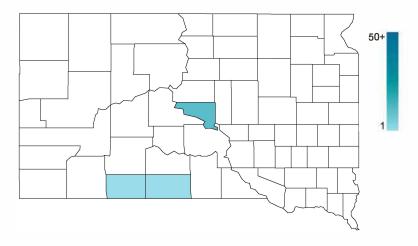


Family Perceptions of Youth SUD Treatment Services

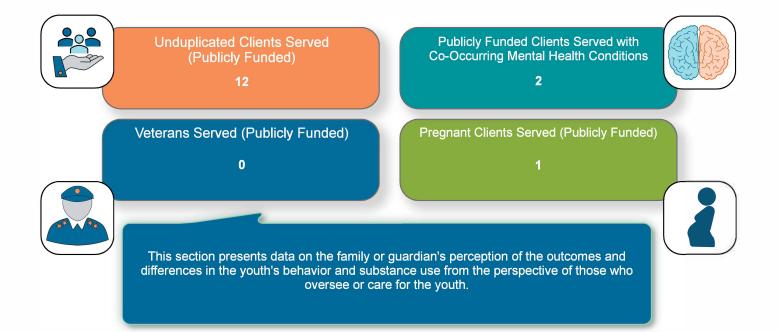
South Dakota Department of

Social Services

County of Residence for Clients Who Received Publicly Funded Services



Treatment Services		Average Duration of Treatment (Days)
Evidence-Based SUD Treatment for Justice-Involved & At-Risk Youth	4	84
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	8	65







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 Client Count	Arrests at Admission	Arrests at Discharge
Total				





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.

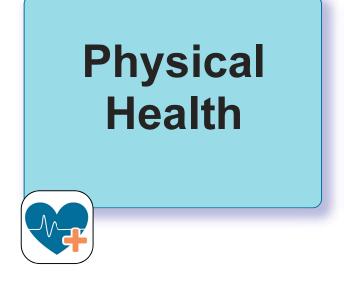
Families Who Reported Youth Clients Had Better, Worse, or the Same General Health Rating at Discharge Compared to Admission

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 Client Count	0	Average Discharge	Change	Percent Change
Total					





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?

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





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 Client Count	Average Initial	Average Discharge	Change	Percent Change
-	– Total					

Physical or Mental Health Prevented Normal Activities

South Dakota Department of

Social Services

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 Client Count	Average Initial	Average Discharge	Change	Percent Change
Total						

Reported Attempts to Die by Suicide

South Dakota Department of

Social Services

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 Client Count	Average Initial	Average Discharge	Change	Percent Change
				_		-
Total						



Ability to Control Alcohol Use



Ability to Control Alcohol Use

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

(Blank)

(Blank)

(Blank)

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

Treatment Services	Unduplicated Client Count	0	Average Discharge	Change	Percent Change

Total

Unable to Report Due to Low Number of Outcome Tools.

Ability to Control Drug Use



Ability to Control Drug Use

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

(Blank)

(Blank)

(Blank)

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

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

Total

Unable to Report Due to Low Number of Outcome Tools.

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)

(Blank)

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

Treatment Services	U
	C

Unduplicated Average Average Client Count Initial Discharg

Average Change Percent 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

Ŷ

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	0	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

Unable to Report Due to Low Number of Outcome Tools.

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

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



Confidence to Control Use Under Stress and Peer Pressure 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.



Confidence to Control Substance Use

Unable to Report Due to Low Number of Outcome Tools.

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

•	Treatment Services	Unduplicated Client Count	9	Average Discharge	Change	Percent 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 Client Count	Average Initial	Average Discharge	Change	Percent 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 Client Count	Average Discharge	Change	Percent Change
Total					

Inpatient Substance Use Disorder Treatment Services

South Dakota Department of

Social 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 Client Count	Average Discharge	Change	Percent Change	
Total						



Hospital Admissions for Mental Health Care

South Dakota Department of

Social 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 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 Client Count	Average Discharge	Change	Percent 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 Client Count	5	Average Discharge	Change	Percent 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 Client Count	Average Discharge	Change	Percent 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	Client Count	Initial	Discharge	Change	Change	
Total							_



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 Client Count	0	Average Discharge	Change	Percent Change
Total						



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)

(Blank)

Change

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

Unduplicated	Average	Av
Client Count	Initial	Di

verage ischarge

Change Percent

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)

Change

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

Treatment Services

Unduplicated	ted Average	
Client Count	Initial	Dis

rage Change Percent scharge

Total

Unable to Report Due to Low Number of Outcome Tools.

Participation in Treatment Planning and Cultural Sensitivity of Staff

South Dakota Department of

Social Services

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.

(Blank)

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 Pa Client Count Tre

Participation in Cultural Sensitivity Treatment Planning of Staff

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)

(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

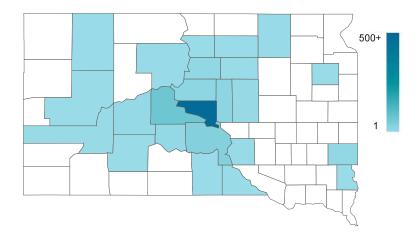


[Page intentionally left blank]

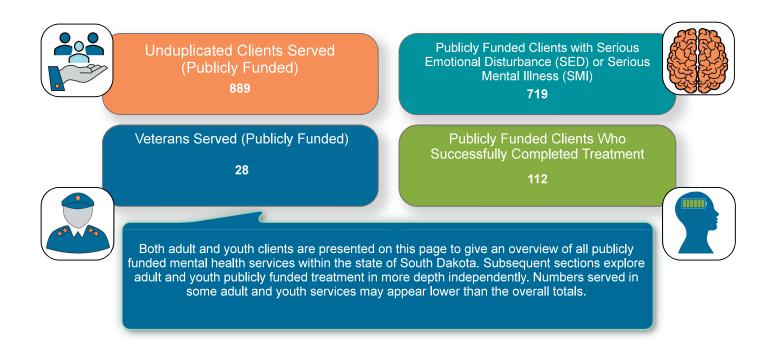


Mental Health Treatment Services

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)	359	312
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	327	600
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	20	134
Intensive Family Services	1	292
Outpatient Services	193	451
Room and Board and Other Services	11	999





[Page intentionally left blank]



Adult MH Treatment Services

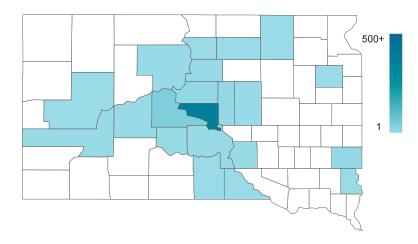


[Page intentionally left blank]



Adult MH Treatment Services

County of Residence for Clients Who Received Publicly Funded Services



Treatment Services		Average Duration of Treatment (Days)
Child or Youth and Family Services (CYF)	4	446
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	318	583
Outpatient Services	191	400
Room and Board and Other Services	9	850



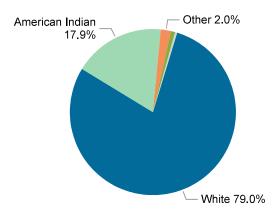




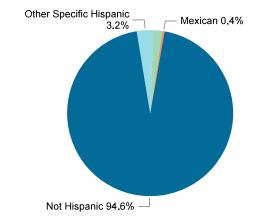
The data below reflect the self-reported race and ethnicity of adults served in publicly funded treatment services.

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

Clients Served by Race



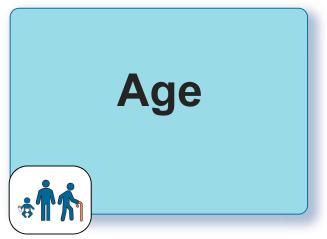
Clients Served by Ethnicity



Clients Served by Service Type and Race

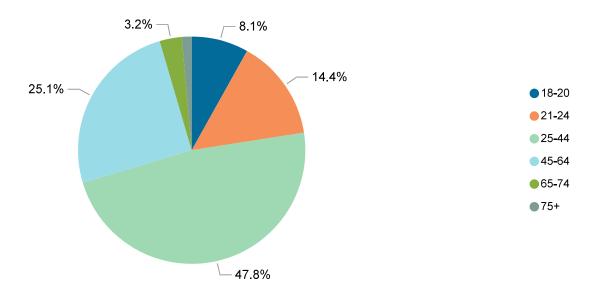
	Americ Indian	an	Asia	an	Black		Othe	r	White		Total	
Treatment Services	Ν	%	Ν	%	Ν	%	Ν	%	N	%	Ν	%
Child or Youth and Family Services (CYF)	1	25.0%							3	75.0%	4	100.0%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	59	18.6%	1	0.3%	3	0.9%	7	2.2%	248	78.0%	318	100.0%
Outpatient Services	31	16.2%	1	0.5%	1	0.5%	4	2.1%	154	80.6%	191	100.0%
Room and Board and Other Services	3	33.3%			1	11.1%			5	55.6%	9	100.0%
Total	90	17 <u>.</u> 9%	2	0.4%	4	0.8%	10	2.0%	398	79.0%	504	100.0%





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

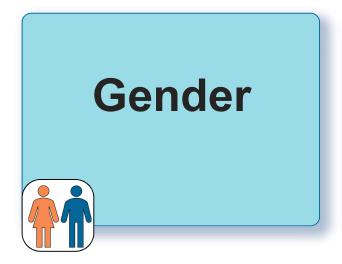
Clients Served by Age



Clients Served by Service Type and Age Group

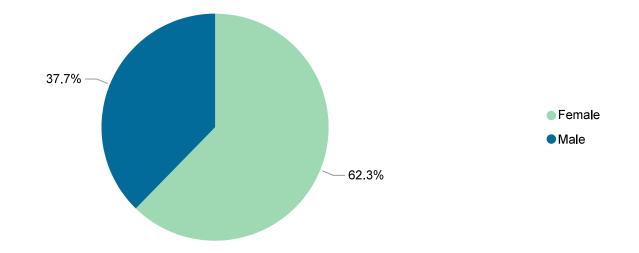
	18-20		21-24		25 - 44		45 - 64		65-74	4	75+		Total	
Treatment Services	N	%	Ν	%	Ν	%	Ν	%	Ν	%	Ν	%	Ν	%
Child or Youth and Family Services (CYF)	4	100.0%											4	100.0%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	20	6.3%	43	13.5%	158	49.5%	89	27.9%	7	2.2%	2	0.6%	318	100.0%
Outpatient Services	17	8.9%	30	15.7%	88	46.1%	41	21.5%	10	5.2%	5	2.6%	191	100.0%
Room and Board and Other Services	1	11.1%	1	11.1%	1	11.1%	6	66.7%					9	100.0%
Total	41	8.1%	73	14.4%	242	47.8%	127	25.1%	16	3.2%	7	1.4%	504	100.0%





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	Ν	%	Ν	%	Ν	%
Child or Youth and Family Services (CYF)	3	75.0%	1	25.0%	4	100.0%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	198	62.3%	120	37.7%	318	100.0%
Outpatient Services	119	62.3%	72	37.7%	191	100.0%
Room and Board and Other Services	4	44.4%	5	55.6%	9	100.0%
Total	314	62.3%	190	37.7%	504	100.0%



The data below reflect the primary diagnoses of adults served in

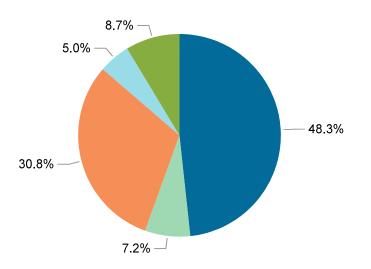
publicly funded treatment services.

Primary Diagnosis



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

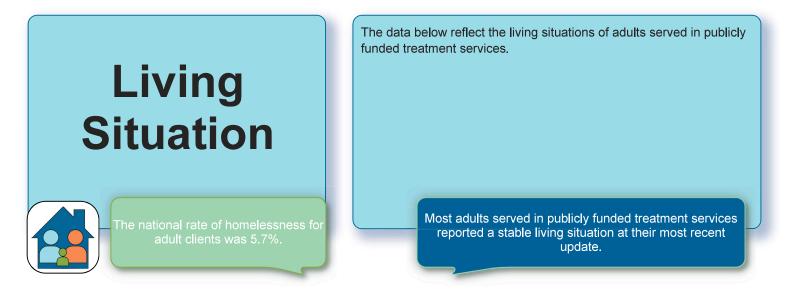


- Anxiety, Trauma, and Stress Disorders
- Bipolar Disorder
- Depressive Disorder
- Personality & Other Disorders
- Schizophrenia Spectrum Disorders

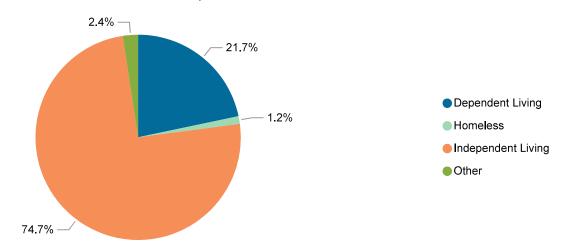
Diagnosis by Service Type

	Anxiet Traum Stress Disord	ia, and	Bipo Diso		Depre Disorc		& Ot	onality her rders	Schizo Specti Disoro		Total	
Treatment Services	N	%	Ν	%	Ν	%	Ν	%	Ν	%	N	%
Child or Youth and Family Services (CYF)	3	75.0%			1	25.0%					4	100.0%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	126	39.9%	29	9.2%	103	32.6%	17	5.4%	41	13.0%	313	100.0%
Outpatient Services	114	61.3%	7	3.8%	54	29.0%	9	4.8%	2	1.1%	186	100.0%
Room and Board and Other Services	2	22.2%	1	11.1%			1	11.1%	5	55.6%	9	100.0%
Total	240	48.3%	36	7.2%	153	30.8%	25	5.0%	43	8.7%	494	100.0%





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)	79	4.5%	1.1%	1.1%
Outpatient Services	4	0.0%	0.0%	0.0%
Room and Board and Other Services	2	0.0%	0.0%	0.0%
Total	81	4.4%	1.1%	1.1%

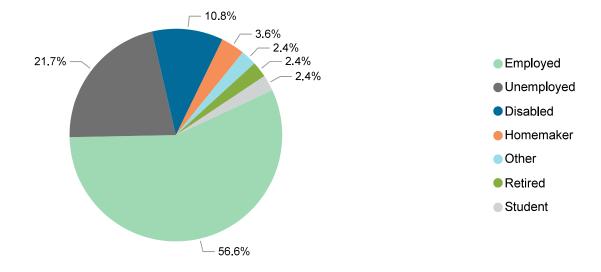




The data below reflect the employment status of adults served in publicly funded treatment services.

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)	79	39.8%	58.0%	58.0%
Outpatient Services	4	75.0%	75.0%	75.0%
Room and Board and Other Services	2	0.0%	0.0%	0.0%
Total	81	41.1%	58.9%	58.9%



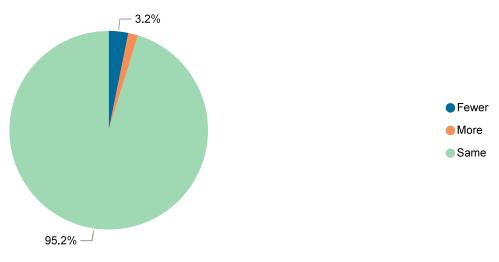


Clients are asked at the start of treatment and at their most recent update, "In the past 30 days, how many times have you been arrested?" Only clients who completed this question at time of admission and time of most recent update are included.

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

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

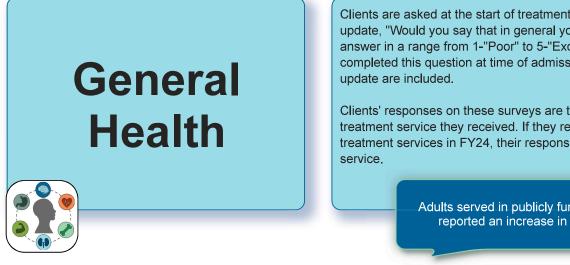
Clients Who Had More, Fewer, or the Same Number of Arrests at Most Recent Update Compared to Admission



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	59	3.2%	1.6%	1.6%
Outpatient Services	2	0.0%	0.0%	0.0%
Room and Board and Other Services	2	0.0%	0.0%	0.0%
Total	60	3.2%	1.6%	1.6%



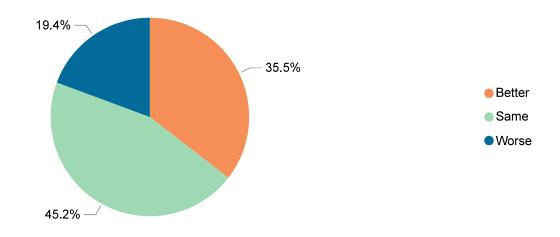


Clients are asked at the start of treatment and at their most recent update, "Would you say that in general your health is?" Clients could answer in a range from 1-"Poor" to 5-"Excellent". Only clients who completed this question at time of admission and time of most recent

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

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

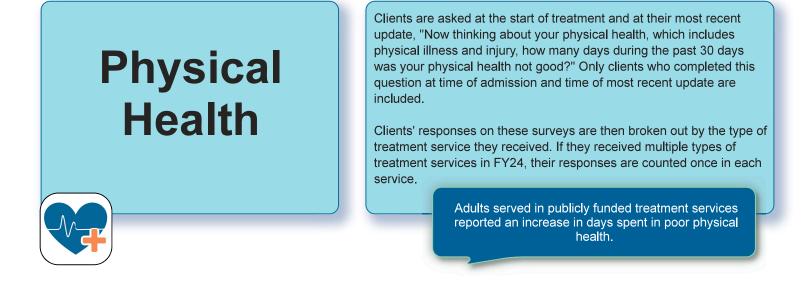
Clients Who Had Better, Worse, or the Same General Health Rating at Most Recent Update Compared to Admission



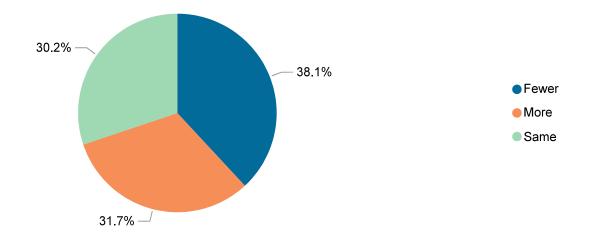
General Health Rating: 1-Poor; 2-Fair; 3-Good; 4-Very Good; 5-Excellent

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)	58	2.46	2.64	2.64	0.18	7.3%
Outpatient Services	2	2.50	2.50	2.50	0.00	0.0%
Room and Board and Other Services Total	2 59	5.00 2.47	3.50 2.65	3.50 2.65	-1.50 0.18	-30.0% 7.2%





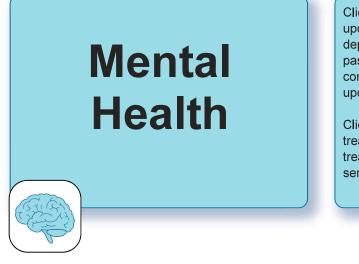
Clients Who Had More, Fewer, or the Same Number of Days Spent in Poor Physical Health at Most Recent Update Compared to Admission



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)	59	8.52	8.56	8.56	0.05	0.6%
Outpatient Services	2	1.50	15.00	15.00	13.50	900.0%
Room and Board and Other Services Total	2 60	0.00 8.38	0.00 8.75	0.00 8.75	0.00 0.37	NaN 4.4%



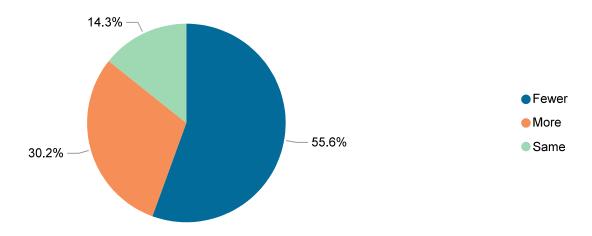


Clients are asked at the start of treatment and at their most recent update, "Now thinking about your mental health, which includes stress, depression, and problems with emotions, how many days during the past 30 days was your mental health not good?" Only clients who completed this question at time 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)	59	16.65	11.56	11.56	-5.08	-30.5%
Outpatient Services	2	15.00	19.00	19.00	4.00	26.7%
Room and Board and Other Services Total	2 60	0.00 16.54	3.50 11.62	3.50 11.62	3.50 -4.92	Infinity -29.8%

Physical or Mental Health Prevented Normal Activities

South Dakota Department of

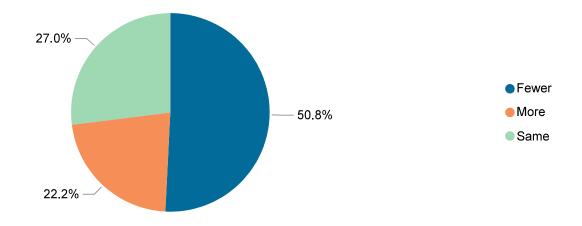
Social Services

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.

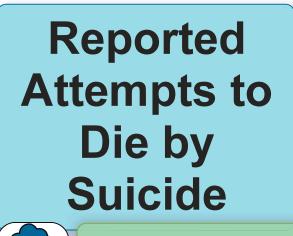
Clients Who Had More, Fewer, or the Same Number of Days Where Their Poor Physical or Mental Health Prevented Normal Activities at Most Recent Update Compared to Admission



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)	59	12.44	7.98	7.98	-4.45	-35.8%
Outpatient Services	2	12.50	12.00	12.00	-0.50	-4.0%
Room and Board and Other Services Total	2 60	0.00 12.40	0.00 7.92	0.00 7.92	0.00 -4.48	NaN -36.1 %



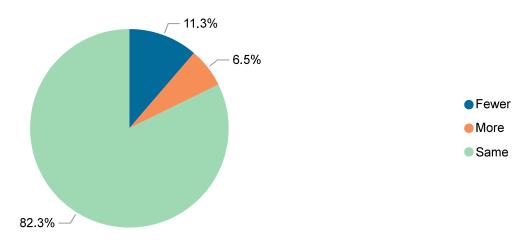


you, or someone you know, is in need of crisis support, or experiencing emotional distress, call or text 988, or chat at https://988lifeline.org/. Clients are asked at the start of treatment and at their most recent update, "How many times have you tried to commit suicide in the past 6 months?" Only 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)	58	0.26	0.20	0.20	-0.07	-25.0%
Outpatient Services	2	0.00	0.00	0.00	0.00	NaN
Room and Board and Other Services Total	2 59	0.00 0.26	0.00 0.19	0.00 0.19	0.00 -0.06	NaN -25.0%



Visits to Emergency Department

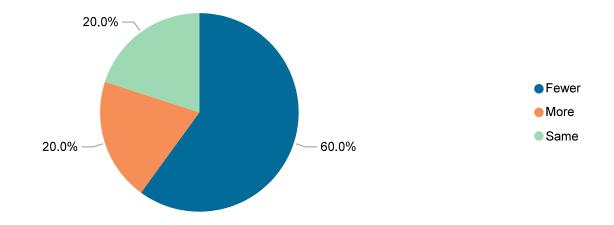
Clients are asked at the start of treatment and at their most recent update, "How many times have you gone to an emergency room for a psychiatric or emotional problem in the past 6 months?" Only clients who completed this question at time of admission and time of most recent update are included.

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)	10	3.50	1.00	1.00	-2.50	-71.4%
Total	10	3.50	1.00	1.00	-2.50	-71.4%



Detoxification Services

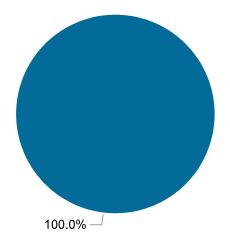
Clients are asked at the start of treatment and at their most recent update, "How many nights have you spent in a facility for detoxification in the past 6 months?" Only clients who completed this question at time of admission and time of most recent update are included.

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

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

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

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





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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	1	8.00	0.00	0.00	-8.00	-100.0%
Total	1	8.00	0.00	0.00	-8.00	-100.0%



Inpatient Substance Use Disorder Treatment Services

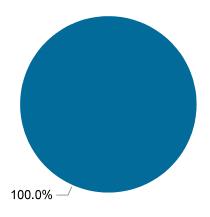
Clients are asked at the start of treatment and at their most recent update, "How many nights have you spent in a facility for inpatient/residential substance use disorder treatment in the past 6 months?" Only clients who completed this question at time of admission and time of most recent update are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

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

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

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

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



Fewer

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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	2	6.00	0.00	0.00	-6.00	-100.0%
Total	2	6.00	0.00	0.00	-6.00	-100.0%



Hospital **Admissions** for Mental **Health Care**

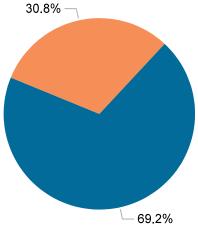
Clients are asked at the start of treatment and at their most recent update, "How many nights have you spent in a facility for mental health care in the past 6 months?" Only clients who completed this question at time of admission and time of most recent update are included.

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)	13	19.92	4.38	4.38	-15.54	-78.0%
Total	13	19.92	4.38	4.38	-15.54	-78.0%



Illness, Injury, or Surgery

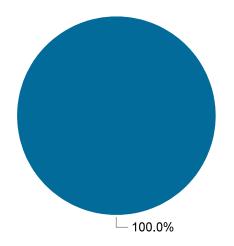
Clients are asked at the start of treatment and at their most recent update, "How many night have you spent in a facility for illness, injury, or surgery in the past 6 months?" Only clients who completed this question at time of admission and time of most recent update are included.

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)	10	5.80	1.50	1.50	-4.30	-74.1%
Outpatient Services	1	1.00	0.00	0.00	-1.00	-100.0%
Total	10	5.80	1.50	1.50	-4.30	-74.1%



ппп

俞

Adult MH Treatment Services

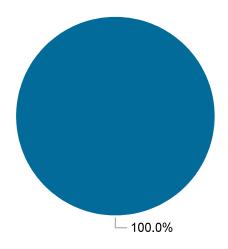
Nights Spent in Correctional Facility Clients are asked at the start of treatment and at their most recent update, "How many nights have you spent in a correctional facility including jail or prisons (as a result of an arrest, parole or probation violation) in the past 6 months?" Only clients who completed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

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

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

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

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



Fewer

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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	5	35.80	0.00	0.00	-35.80	-100.0%
Total	5	35.80	0.00	0.00	-35.80	-100.0%



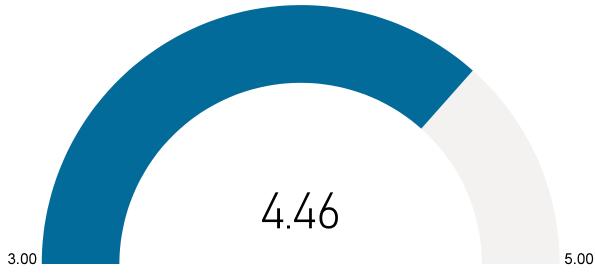


Clients are asked at their most recent update to rate how strongly they agree with three different questions pertaining to their overall satisfaction with treatment services they received. The average of these three responses is given below. To see specific questions, please see Appendix B.

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

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

Were You Satisfied With the Services You Received?



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

Treatment Services	Unduplicated Client Count	Average First Update	Average Most Recent Update
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	79	4.45	4.45
Outpatient Services	4	4.33	4.33
Room and Board and Other Services	2	4.00	4.00
Total	81	4.46	4.46



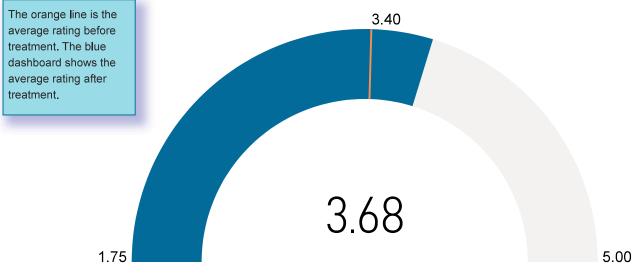
Improved Functioning

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
<u> </u>						
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	59	3.41	3.67	3.67	0.27	7.8%
Outpatient Services	2	3.13	3.63	3.63	0.50	16.0%
Room and Board and Other Services	2	4.00	4.00	4.00	0.00	0.0%
Total	60	3.40	3.68	3.68	0.28	8.2%



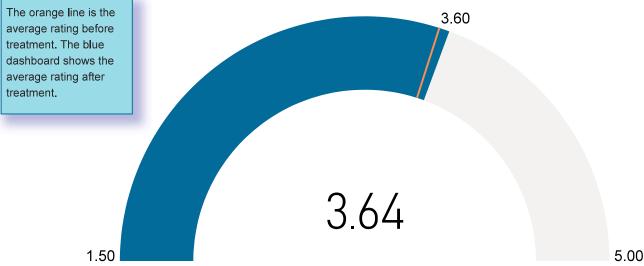
Social Connectedness

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

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

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





Social Connectedness 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)	59	3.60	3.63	3.63	0.03	0.8%
Outpatient Services	2	3.25	3.50	3.50	0.25	7.7%
Room and Board and Other Services Total	2 60	4.25 3.60	4.00 3.64	4.00 3.64	-0.25 0.05	-5.9% 1.3%



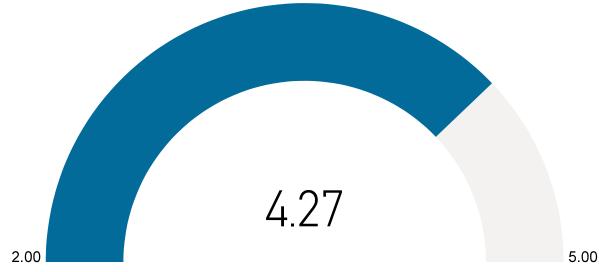
Participation in Treatment Planning

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)	79	4.26	4.26
Outpatient Services	4	4.38	4.38
Room and Board and Other Services	2	4.00	4.00
Total	81	4.27	4.27



Clients are asked at their most recent update to rate how strongly they



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)	79	4.33	4.33
Outpatient Services	4	4.60	4.60
Room and Board and Other Services	2	4.00	4.00
Total	81	4.35	4.35



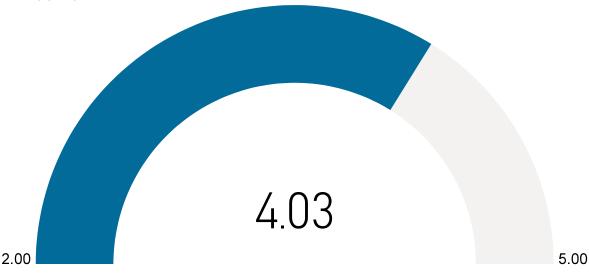
Quality and Appropriateness

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

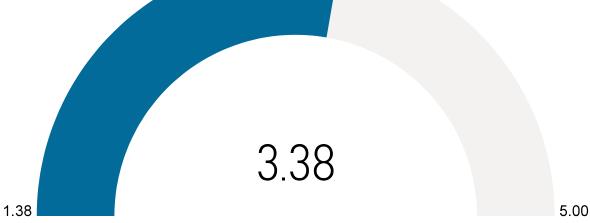


Quality/Appropriateness Ratings: 0-Refused to Respond; 1-Strongly Disagree; 2-Disagree; 3-Undecided; 4-Agree; 5-Strongly Agree

Treatment Services	Unduplicated Client Count	Average First Update	Average Most Recent Update
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	79	4.02	4.02
Outpatient Services	4	4.09	4.09
Room and Board and Other Services	2	3.75	3.75
Total	81	4.03	4.03







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)	79	3.36	3.36
Outpatient Services	4	3.72	3.72
Room and Board and Other Services	2	3.75	3.75
Total	81	3.38	3.38

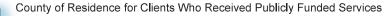


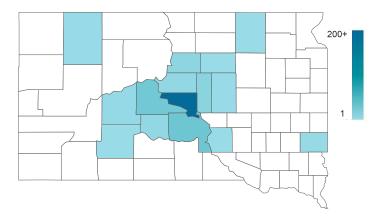


[Page intentionally left blank]

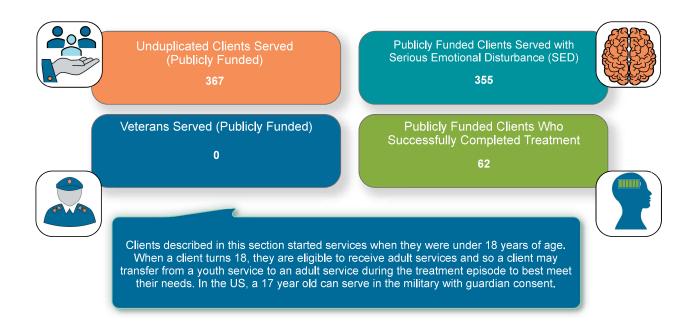


Youth MH Treatment Services





Treatment Services	Publicly Funded Clients Served	Average Duration of Treatment (Days)
Child or Youth and Family Services (CYF)	356	308
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	9	1,661
Intensive Family Services (IFS)	1	292
Outpatient Services	2	7,113
Room and Board and Other Services	2	2,187



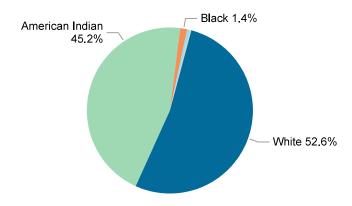






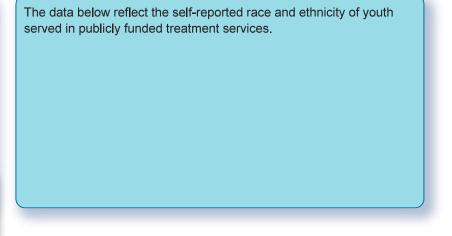
According to the U.S. Census Bureau, 84.2% of South Dakotans identify as White, 8.5% identify as American Indian, and 5.1% identify as Hispanic.

Clients Served by Race

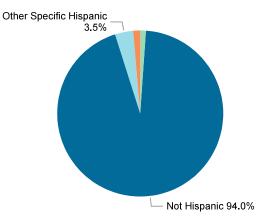


Clients Served by Service Type and Race

	American Indian		Asian		Black		Other		White		Total	
Treatment Services	Ν	%	Ν	%	Ν	%	Ν	%	Ν	%	Ν	%
Child or Youth and Family Services (CYF)	163	45.8%	1	0.3%	5	1.4%	2	0.6%	185	52.0%	356	100.0%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	1	11.1%							8	88.9%	9	100.0%
Intensive Family Services (IFS)	1	100.0%									1	100.0%
Outpatient Services	1	50.0%							1	50.0%	2	100.0%
Room and Board and Other Services	100	45.00/		0.00/	_	4 40/		0.5%	2	100.0%	2	100.0%
Total	166	45.2%	1	0.3%	5	1.4%	2	0.5%	193	52.6%	367	100.0%



Clients Served by Ethnicity

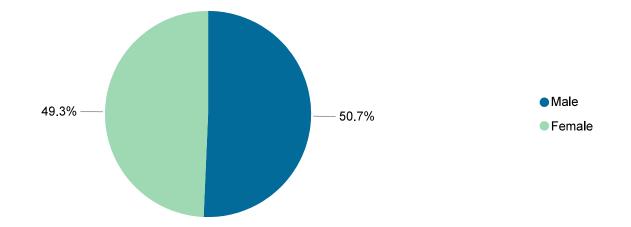






The data below reflect the self-reported gender of youth served in publicly funded treatment services. Gender categories follow SAMHSA guidelines for data reporting.

Clients Served by Self-Identified Gender



Clients Served by Service Type and Self-Identified Gender

	Female				Total		
▲ Treatment Services	Ν	%	Ν	%	Ν	%	
Child or Youth and Family Services (CYF)	175	49.2%	181	50.8%	356	100.0%	
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	5	55.6%	4	44.4%	9	100.0%	
Intensive Family Services (IFS)	1	100.0%			1	100.0%	
Outpatient Services	1	50.0%	1	50.0%	2	100.0%	
Room and Board and Other Services	2	100.0%			2	100.0%	
Total	181	49.3%	186	50.7%	367	100.0%	



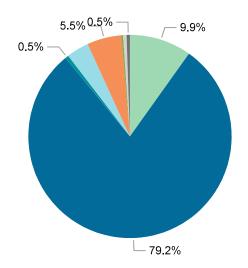
The data below reflect the primary diagnoses of youth served in

publicly funded treatment services.

Primary Diagnosis



Clients Served for Each Primary Diagnosis



ADHD

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

Anxiety, Trauma, and Stress Disorders

Bipolar Disorder

Conduct and Impulse-Control Disorders

Depressive Disorder

Developmental Disorders

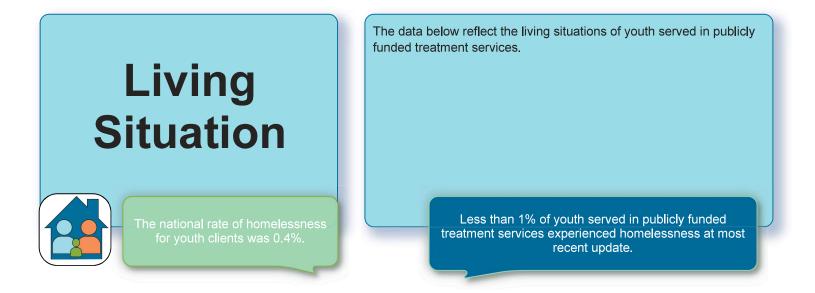
Other Disorders

Schizophrenia Spectrum Disorders

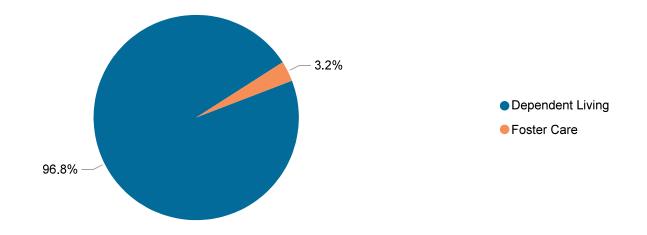
Diagnosis by Service Type

	ADH	D	Anxiety Traum Stress Disord	a, and		o l ar order	Impu Cont		Depr Diso	essive rder		evelopmental sorders	Oth Dis	ner orders	Spe	nizophrenia ectrum orders	Total	
Treatment Services	Ν	%	N	%	Ν	%	N	%	N	%	Ν	%	Ν	%	Ν	%	N	%
Child or Youth and Family Services (CYF)	34	9.6%	287	81.1%	1	0.3%	11	3.1%	19	5.4%			1	0.3%	1	0.3%	354	100.0%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	1	11.1%	2	22.2%	1	11.1%	2	22.2%	1	11.1%	1	11.1%			1	11.1%	9	100.0%
Intensive Family Services (IFS)													1	100.0%			1	100.0%
Outpatient Services	1	50.0%	1	50.0%													2	100.0%
Room and Board and Other Services			1	50.0%			1	50.0%									2	100.0%
Total	36	9.9%	289	79.2%	2	0.5%	13	3.6%	20	5.5%	1	0.3%	2	0.5%	2	0.5%	365	100.0%





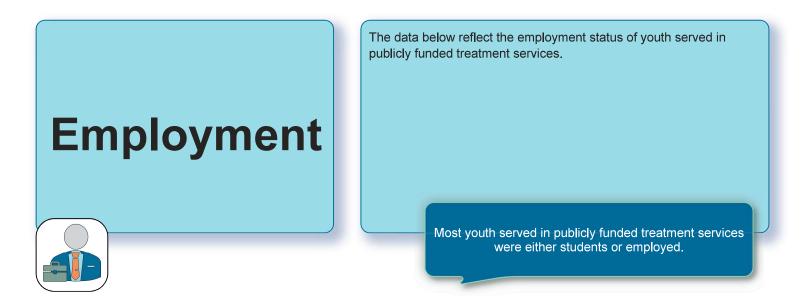
Housing Situation for Clients at Most Recent Update



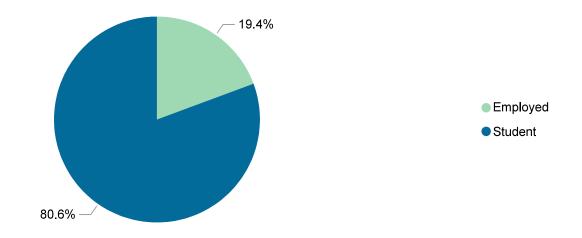
Clients Who Reported Homelessness at Admission, First Update, and Most Recent Update

Treatment Services	Unduplicated	Average	Average	Average Most
	Client Count	Initial	First Update	Recent Update
Child or Youth and Family Services (CYF) Total	31	0.0%	0.0%	0.0%
	31	0.0%	0.0%	0.0%





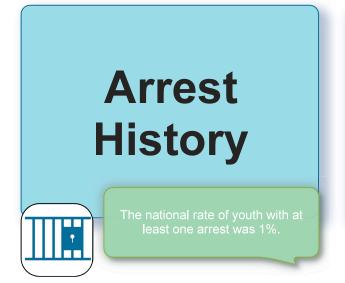
Employment Situation for Clients at Most Recent Update



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) Total	31	14.7%	18.2%	18.2%
	31	14.7%	18.2%	18.2%



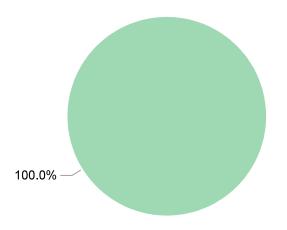


Clients are asked at the start of treatment and at their most recent update, "In the past 30 days, how many times have you been arrested?" Only clients who completed this question at time of admission and time of most recent update are included.

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

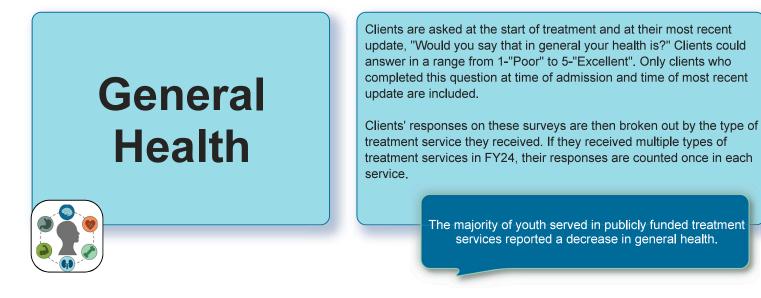


Same

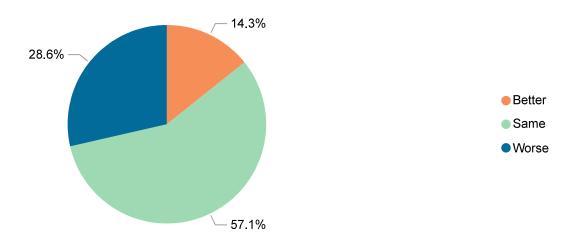
Percent of Clients With At Least One Arrest Within the Past 30 Days

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update
Child or Youth and Family Services (CYF)	18	0.0%	0.0%	0.0%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	1	0.0%	0.0%	0.0%
Total	19	0.0%	0.0%	0.0%





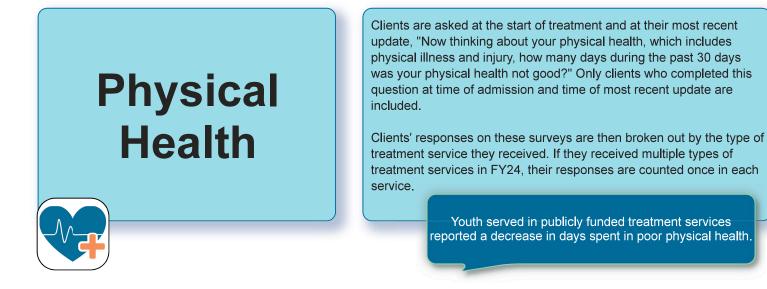
Clients Who Had Better, Worse, or the Same General Health Rating at Most Recent Update Compared to Admission



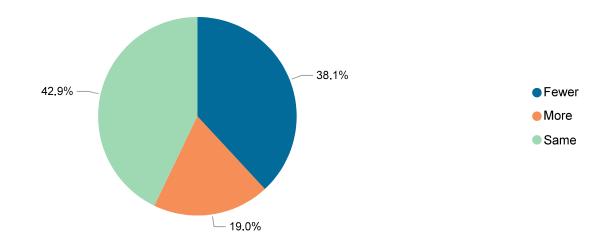
General Health Rating: 1-Poor; 2-Fair; 3-Good; 4-Very Good; 5-Excellent

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	20	3.50	3.30	3.30	-0.20	-5.7%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	1	3.00	3.00	3.00	0.00	0.0%
Total	21	3.48	3.29	3.29	-0.19	-5.5%





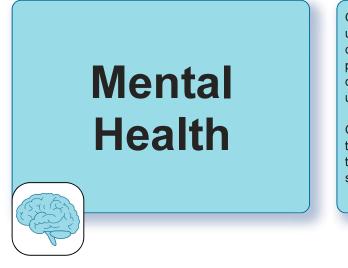
Clients Who Had More, Fewer, or the Same Number of Days Spent in Poor Physical Health at Most Recent Update Compared to Admission



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)	20	3.10	1.90	1.90	-1.20	-38.7%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	1	7.00	0.00	0.00	-7.00	-100.0%
Total	21	3.29	1.81	1.81	-1.48	-44.9%



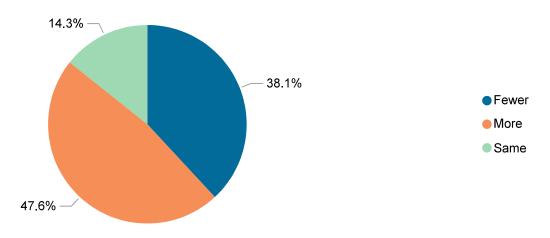


Clients are asked at the start of treatment and at their most recent update, "Now thinking about your mental health, which includes stress, depression, and problems with emotions, how many days during the past 30 days was your mental health not good?" Only clients who completed this question at time 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)	20	8.80	8.50	8.50	-0.30	-3.4%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	1	15.00	5.00	5.00	-10.00	-66.7%
Total	21	9.10	8.33	8.33	-0.76	-8.4%



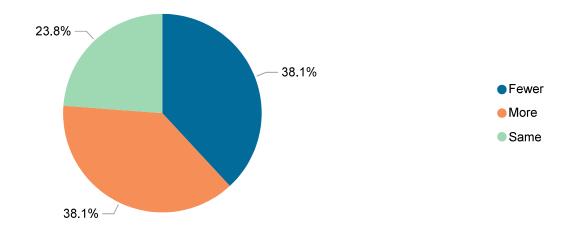
Physical or Mental Health Prevented Normal Activities

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)	20	4.15	4.20	4.20	0.05	1.2%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	1	10.00	5.00	5.00	-5.00	-50.0%
Total	21	4.43	4.24	4.24	-0.19	-4.3%



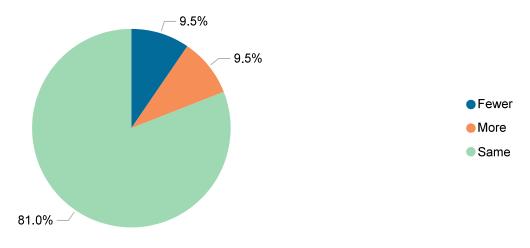
Reported Attempts to Die by Suicide

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)	20	0.25	0.20	0.20	-0.05	-20.0%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	1	0.00	0.00	0.00	0.00	NaN
Total	21	0.24	0.19	0.19	-0.05	-20.0%

South Dakota Department of Social Services

Youth MH Treatment Services

Visits to Emergency Department

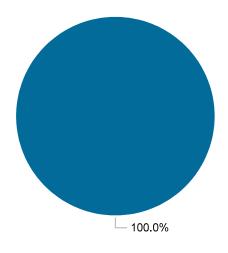
Clients are asked at the start of treatment and at their most recent update, "How many times have you gone to an emergency room for a psychiatric or emotional problem in the past 6 months?" Only clients who completed this question at time of admission and time of most recent update are included.

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



Fewer

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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF) Total	1	1.00	0.00	0.00	-1.00	-100.0%
	1	1.00	0.00	0.00	-1.00	-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 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 Client Count	0	0	Average Most Recent Update	Change	Percent Change
T - 4 - 1							

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 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 Client Count	•	•	Average Most Recent Update	Change	Percent Change	
Total								Ξ.



Hospital Admissions for Mental Health Care

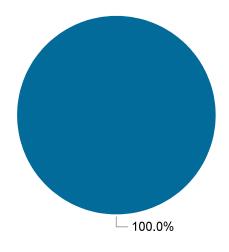
Clients are asked at the start of treatment and at their most recent update, "How many nights have you spent in a facility for mental health care in the past 6 months?" Only clients who completed this question at time of admission and time of most recent update are included.

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	0	0	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF) Total	2 2	130.00 130.00	0.00 0.00		-130.00 -130.00	





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 Client Count	Average Initial	•	Average Most Recent Update	Change	Percent 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 Client Count	Average Initial	0	Average Most Recent Update	0	Percent Change
Total							



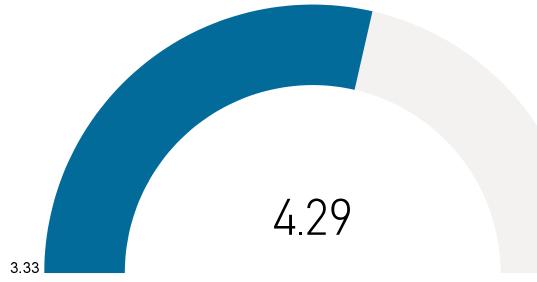
General Satisfaction with Services

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

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

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

Were You Satisfied With the Services You Received?



5.00

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

Treatment Services	Unduplicated Client Count	5	Average Most Recent Update
Child or Youth and Family Services (CYF)	20	4.30	4.30
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	1	4.00	4.00
Total	21	4.29	4.29



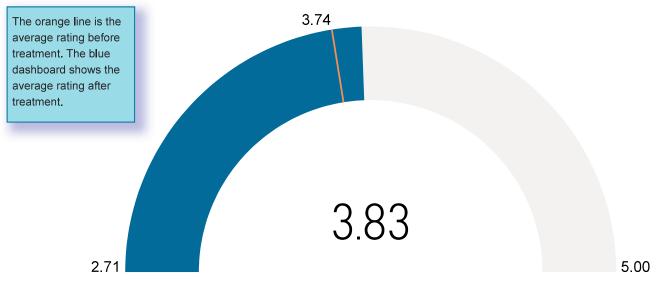
Improved Functioning

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)	20	3.74	3.84	3.84	0.10	2.7%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	1	3.71	3.57	3.57	-0.14	-3.8%
Total	21	3.74	3.83	3.83	0.09	2.4%



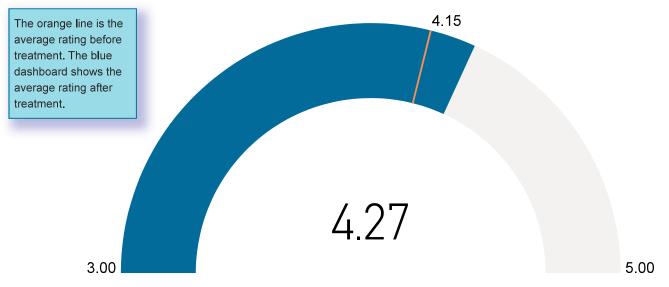
Social Connectedness

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)	20	4.14	4.30	4.30	0.16	3.9%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	1	4.50	3.75	3.75	-0.75	-16.7%
Total	21	4.15	4.27	4.27	0.12	2.9%

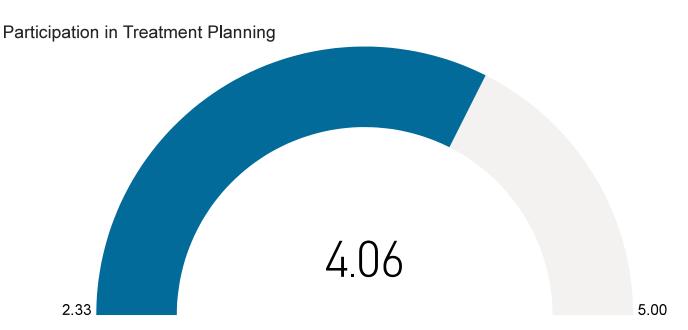


Participation in Treatment Planning

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 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)	20) 4.07	4.07
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	1	4.00	4.00
Total	21	4.06	4.06



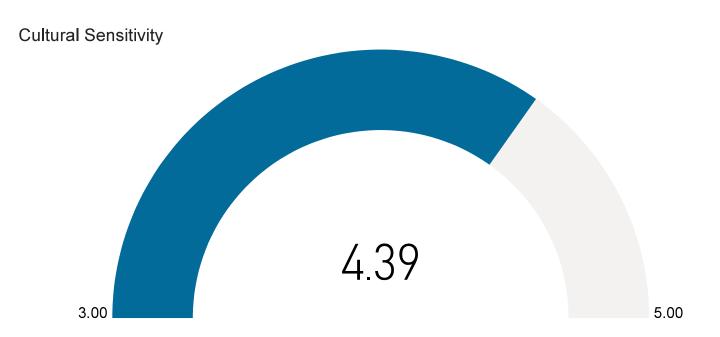


Clients are asked at their most recent update to rate how strongly they agree with four different questions pertaining to the cultural sensitivity of staff. The average of these four responses is given below. To see specific questions, please see Appendix B.

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 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)		20	4.41	4.41
Comprehensive Assistance with Recovery and Empowerment Services (CARE)		1	4.00	4.00
Total		21	4.39	4.39

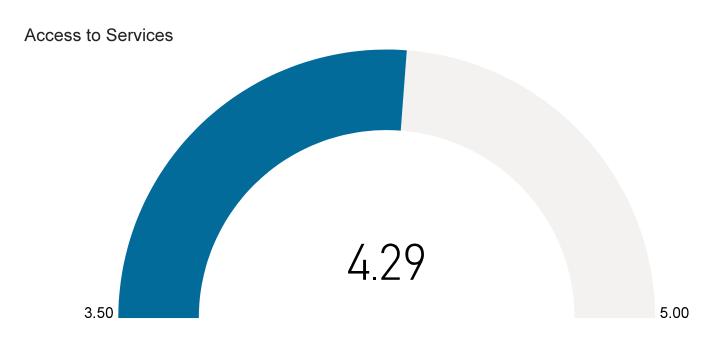


Access to Services

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 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)	20	4.30	4.30
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	1	4.00	4.00
Total	21	4.29	4.29





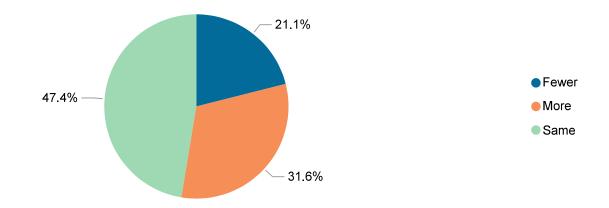
Youth clients complete the Global Appraisal of Individual Needs Short Screener (GAIN-SS) at admission and at most recent update.

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 an increase 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)	20	2.15	2.20	2.20	0.05	2.3%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	1	1.00	1.00	1.00	0.00	0.0%
Total	21	2.10	2.14	2.14	0.05	2.3%

Externalizing Disorder

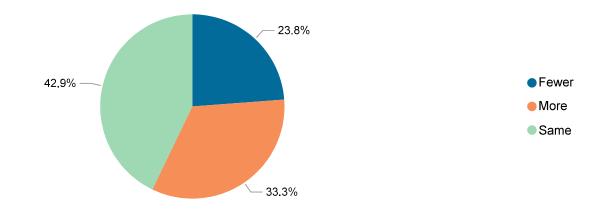
Youth clients complete the Global Appraisal of Individual Needs Short Screener (GAIN-SS) at admission and at most recent update.

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 an increase 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)	20	2.95	3.05	3.05	0.10	3.4%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	1	1.00	1.00	1.00	0.00	0.0%
Total	21	2.86	2.95	2.95	0.10	3.3%



Substance Use Disorder



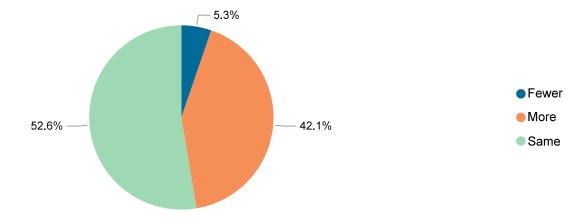
Youth clients complete the Global Appraisal of Individual Needs Short Screener (GAIN-SS) at admission and at most recent update.

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 an increase 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)	20	3.35	3.75	3.75	0.40	11.9%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	1	1.00	1.00	1.00	0.00	0.0%
Total	21	3.24	3.62	3.62	0.38	11.8%



Crime and Violence

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

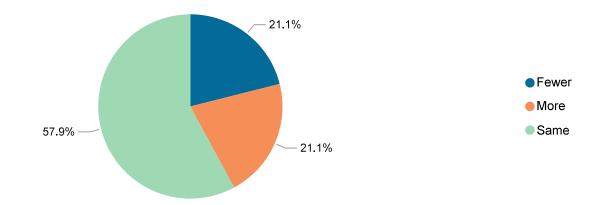
Clients are asked to rate if they experienced various behaviors related to crime and violence within the last month. Examples of crime and violence include physically grabbing or shoving someone during a disagreement, driving while under the influence of illicit substances or alcohol, and stealing from 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.

3

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	20	4.00	4.05	4.05	0.05	1.3%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	1	3.00	1.00	1.00	-2.00	-66.7%
Total	21	3.95	3.90	3.90	-0.05	-1.2%



Family Perceptions of Youth MH Treatment Services



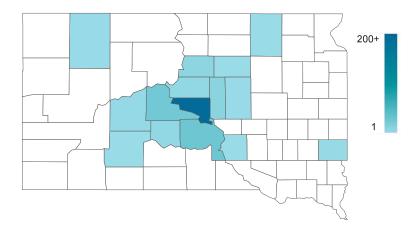
[Page intentionally left blank]

Family Perceptions of Youth MH Treatment Services

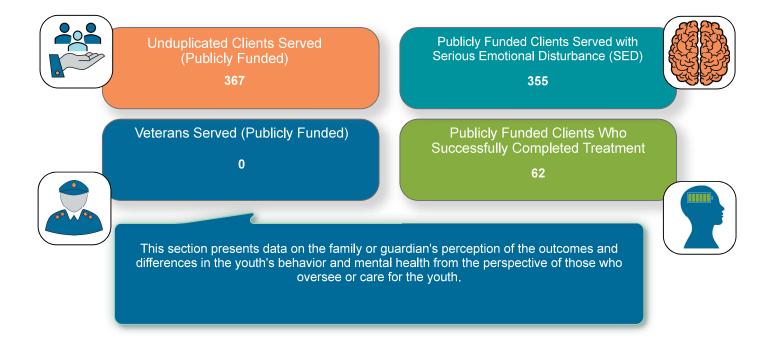
South Dakota Department of

Social 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)	356	308
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	9	1661
Intensive Family Services (IFS)	1	292
Outpatient Services	2	7113
Room and Board and Other Services	2	2187





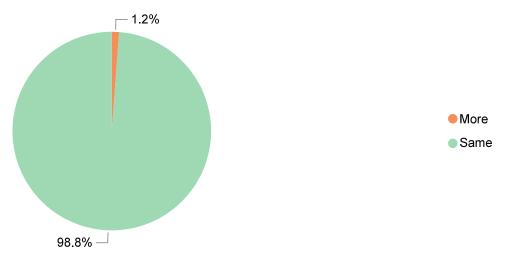


Families of youth clients are asked at the start of treatment and at their most recent update, "In the past 30 days, how many times has your child been arrested?" Only families of youth who completed this question at time of admission and time of the most recent update are included.

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

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

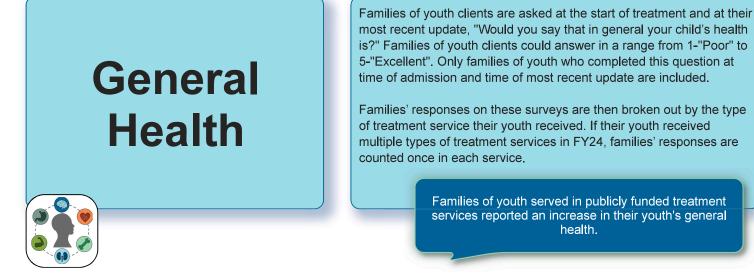
Families Who Reported Youth Clients Had More, Fewer, or the Same Number of Arrests at Most Recent Update Compared to Admission



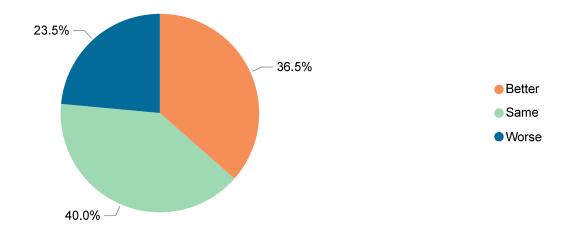
Families Who Reported Youth Clients With At Least One Arrest Within the Past 30 Days

Treatment Services	Unduplicated Client Count		Arrest at First Update	Arrest at Most Recent Update
Child or Youth and Family Services (CYF)	83	0.0%	1.2%	1.2%
Total	83	0.0%	1.2%	1.2%





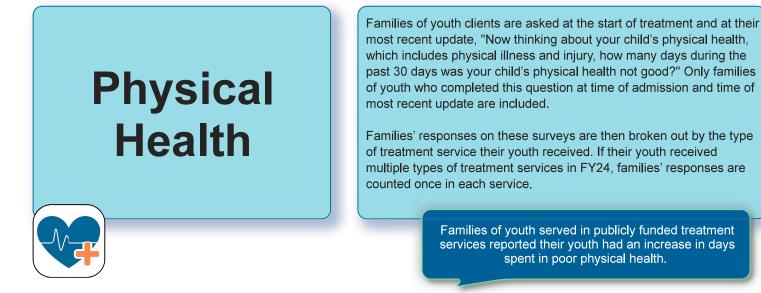
Families Who Reported Youth Clients Had Better, Worse, or the Same General Health Rating at Most Recent Update Compared to Admission



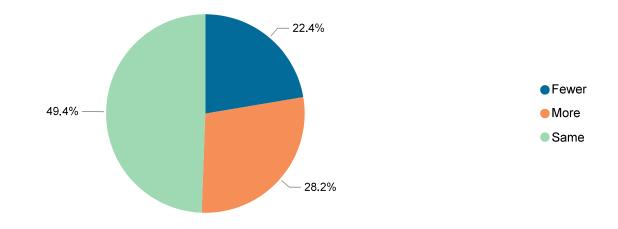
General Health Rating: 1-Poor; 2-Fair; 3-Good; 4-Very Good; 5-Excellent

Treatment Services	Unduplicated Client Count	Average Initial	0	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF) Total	83	3.65	3.81	3.80	0.15	4.2%
	83	3.65	3.81	3.80	0.15	4.2%





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)	83	1.87	1.94	1.91	0.04	1.9%
Total	83	1.87	1.94	1.91	0.04	1.9%



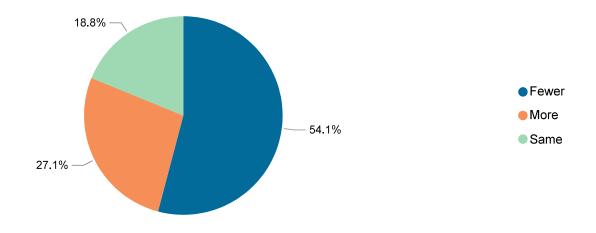


Families of youth clients are asked at the start of treatment and at their most recent update, "Now thinking about your child's mental health, which includes stress, depression, and problems with emotions, how many days during the past 30 days was your child's mental health not good?" Only families of 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)	83	7.36	4.35	4.31	-3.06	-41.5%
Total	83	7.36	4.35	4.31	-3.06	-41.5%

Physical or Mental Health Prevented Normal Activities

South Dakota Department of

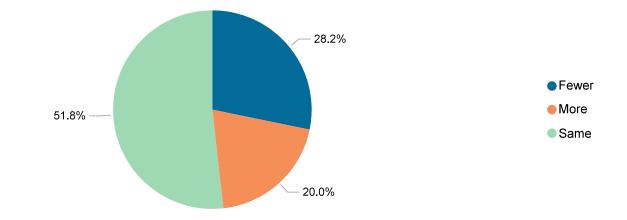
Social Services

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

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

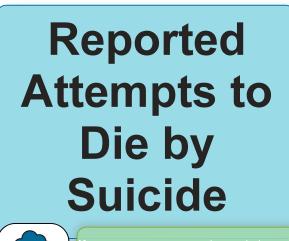
Families of youth served in publicly funded treatment services reported their youth had a decrease in days in which their physical or mental health prevented them from engaging in normal activities.

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



Number of Days Poor Physical or Mental Health Prevented Normal Activities

Treatment Services	Unduplicated Client Count	Average Initial	0	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF) Total	83	2.62	1.98	1.95	-0.67	-25.6%
	83	2.62	1.98	1.95	-0.67	-25.6%



South Dakota Department of

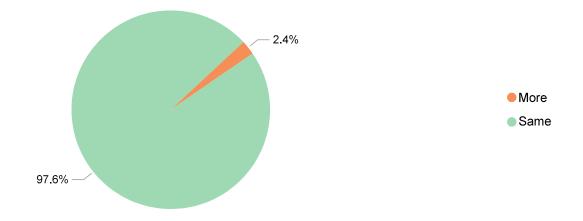
Social Services

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	83	0.00	0.05	0.05	0.05	Infinity
Total	83	0.00	0.05	0.05	0.05	Infinity



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.

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 Most Recent Update Compared to Admission

Unable to Report Due to Low Number of Outcome Tools.

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

Treatment Services

Unduplicated A Client Count II

ed Average Average It Initial First Update Average Most Change Percent Recent Update Change

Total

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

Client Count Initial

Unduplicated Average Average First Update

Average Most Recent Update

Change Percent Change

Total

Inpatient Substance Use Disorder Treatment Services

South Dakota Department of

Social 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 Client Count	5	5	Average Most Recent Update	Change	Percent Change
Total							

Hospital Admissions for Mental Health Care

South Dakota Department of

Social Services

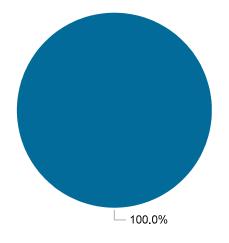
Families of youth clients are asked at the start of treatment and at their most recent update, "How many nights has your child spent in a facility for mental health care in the past 6 months?" Only families of youth who completed this question at time of admission and time of most recent update are included.

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

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

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

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



Fewer

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

Treatment Services	Unduplicated Client Count	Average Initial	0	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	4	142.50	0.00		-142.50	
Total	4	142.50	0.00	0.00	-142.50	-100.0%



Illness, Injury, or Surgery

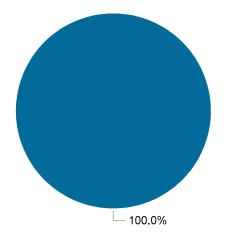
Families of youth clients are asked at the start of treatment and at their most recent update, "How many nights has your child spent in a facility for illness, injury, or surgery in the past 6 months?" Only families of youth who completed this question at time of admission and time of most recent update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



Fewer

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

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

South Dakota Department of Social Services

Family Perceptions of Youth MH

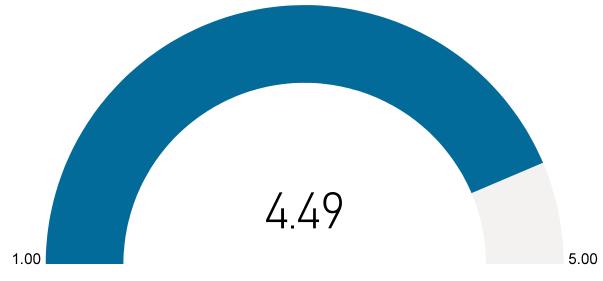
General Satisfaction with Services

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

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

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

Were You Satisfied With the Services Your Child Received?



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

Treatment Services	Unduplicated Client Count		Average Most Recent Update
Child or Youth and Family Services (CYF) Total	83	4.53	4.49
	83	4.53	4.49



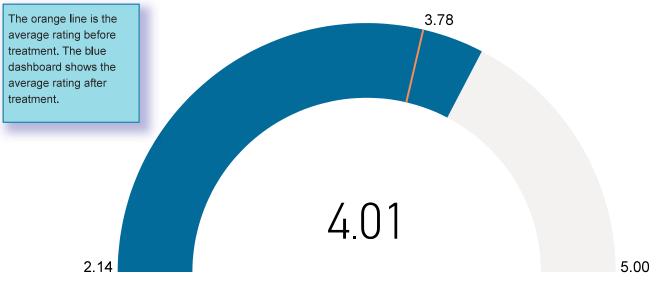
Improved Functioning

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



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) Total	83	3.78	4.01	4.01	0.23	6.0%
	83	3.78	4.01	4.01	0.23	6.0%



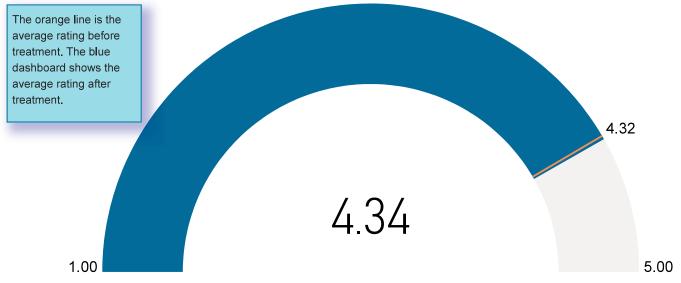


Families of youth clients are asked at most recent update to rate how strongly they agree with four different questions pertaining to their youth's connections with their family, friends, and community. The average of these four responses is given below. To see specific questions, please see Appendix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

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

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

Social Connectedness



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) Total	83	4.32	4.35	4.34	0.02	0.4%
	83	4.32	4.35	4.34	0.02	0.4%



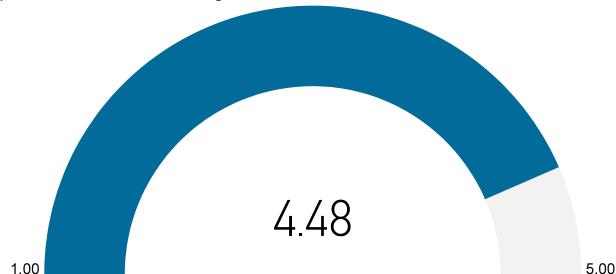
Participation in Treatment Planning

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.

Participation in Treatment Planning

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 Most Recent Update	
Child or Youth and Family Services (CYF)	83	4.49	4.48
Total	83	4.49	4.48



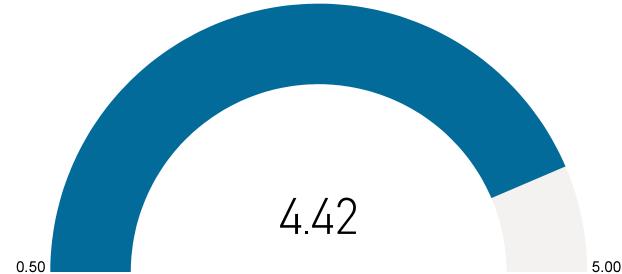
Cultural Sensitivity

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.

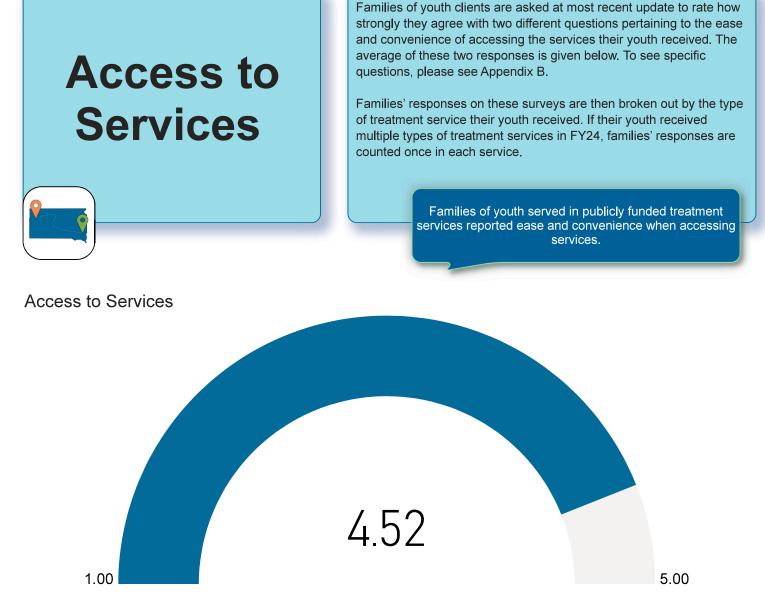
Cultural Sensitivity of Staff



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

Treatment Services	1 5		Average Most Recent Update
Child or Youth and Family Services (CYF)	83	4.45	4.42
Total	83	4.45	4.42





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)	83	4.54	4.52
Total	83	4.54	4.52



[Page intentionally left blank]



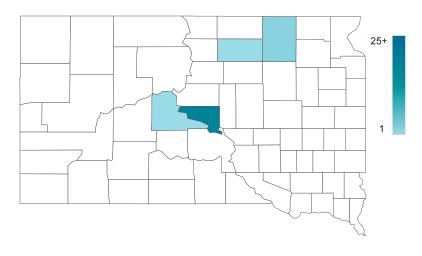
Justice-Involved and At-Risk Youth Services



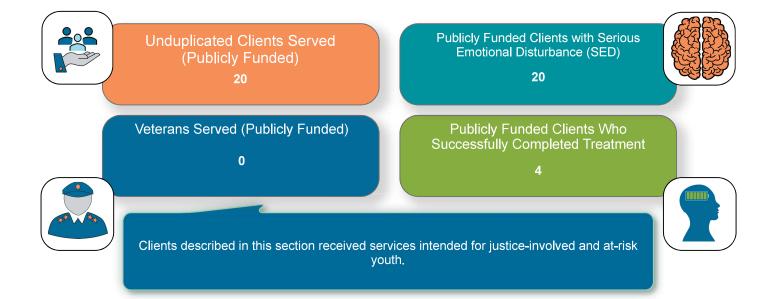
[Page intentionally left blank]



Justice-Involved and At-Risk 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)	
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	:	20	134

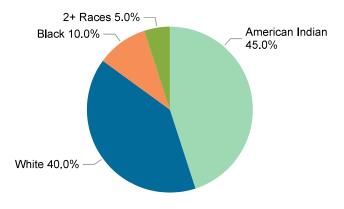




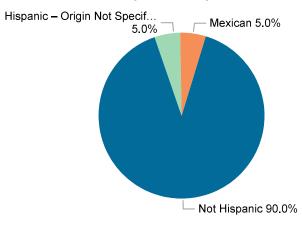


According to the 0.S. Census Bureau,
84.2% of South Dakotans identify as White, 8.5% identify as American Indian, and 5.1% identify as Hispanic. The data below reflect the self-reported race and ethnicity of justiceinvolved and at-risk youth served in publicly funded treatment services.

Clients Served by Race



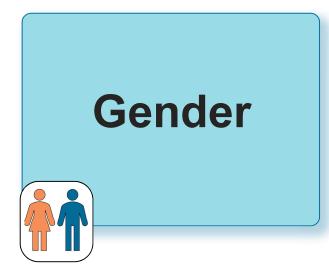
Clients Served by Ethnicity



Clients Served by Service Type and Race

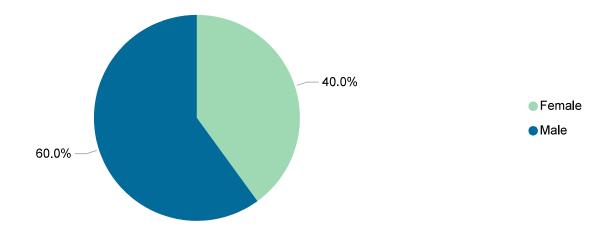
	2+	Races		nerican lian	Bla	ack	Wł	nite	Tota	al
Treatment Services	Ν	%	Ν	%	Ν	%	Ν	%	Ν	%
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	1	5.0%	9	45.0%	2	10.0%	8	40.0%	20	100.0%
Total	1	5.0%	9	45.0%	2	10.0%	8	40.0%	20	100.0%





The data below reflect the self-reported gender of justice-involved and at-risk 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		Female Male		Total	
Treatment Services	N	%	Ν	%	Ν	%
<u> </u>						
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	8	40.0%	12	60.0%	20	100.0%
Total	8	40.0%	12	60.0%	20	100.0%

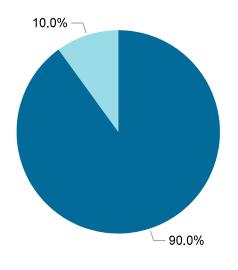


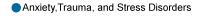
Primary Diagnosis

The data below reflect the primary diagnoses for justice-involved and at-risk youth served in publicly funded treatment services. This does not include those with No Diagnosis or Diagnosis Deferred.

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

Clients Served for Each Primary Diagnosis





Depressive Disorder

Diagnosis by Service Type

	Anxiety,Trauma, and Stress Disorders		and Stress			oressive order	Total	
Treatment Services	N	%	Ν	%	Ν	%		
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	18	90.0%	2	10.0%	20	100.0%		
Total	18	90.0%	2	10.0%	20	100.0%		



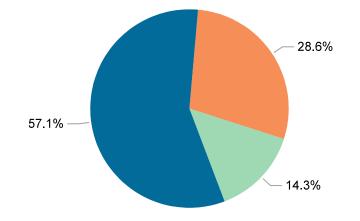
Reason for Discharge

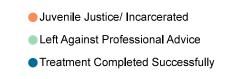
The data below reflect the reasons justice-involved and at-risk youth discharged from publicly funded treatment services.

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

The majority of youth served successfully completed treatment services. The next most common discharge reason was Juvenile Justice/Incarcerated.

Reason for Discharge from Services





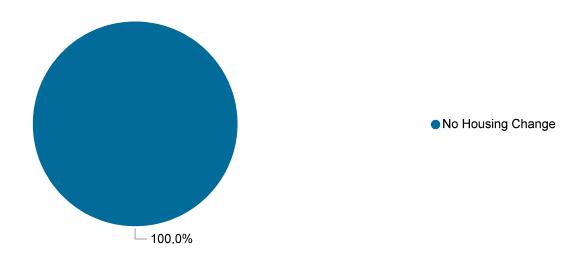
Reason for Discharge by Service Type

	Juvenile Justice/ Incarcerated			t Against fessional vice	Com	ment oleted essfully	Total	
Treatment Services	N	%	Ν	%	Ν	%	N	%
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	2	28.6%	1	14.3%	4	57.1%	7	100.0%
Total	2	28.6%	1	14.3%	4	57.1%	7	100.0%



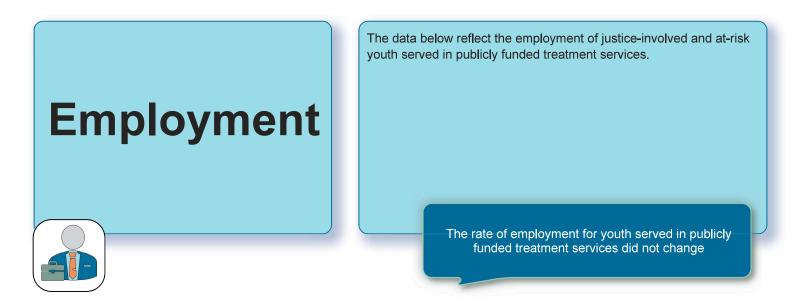


Clients Who Gained, Lost, or Had No Change in Housing From Admission to Discharge

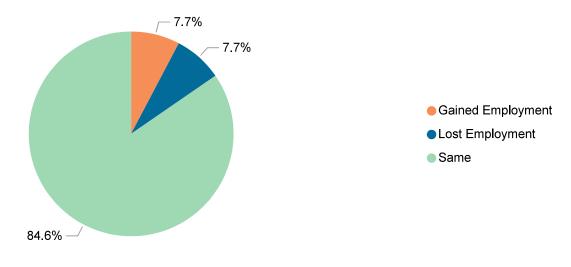


Clients Who Reported Homelessness at Admission and Discharge

Treatment Services	Unduplicated	Homelessness	Homelessness
	Client Count	at Admission	at Discharge
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	12	0.0%	0.0%
Total	12	0.0%	0.0%



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	
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth Total		3 30.8% 3 30.8%	30.8% 30.8%



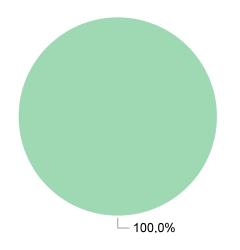


Clients are asked at the start of treatment and at the end of treatment, "In the past 30 days, how many times have you been arrested?" Only clients who completed this question at time of admission and time of discharge are included.

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

No 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 Discharge Compared to Admission

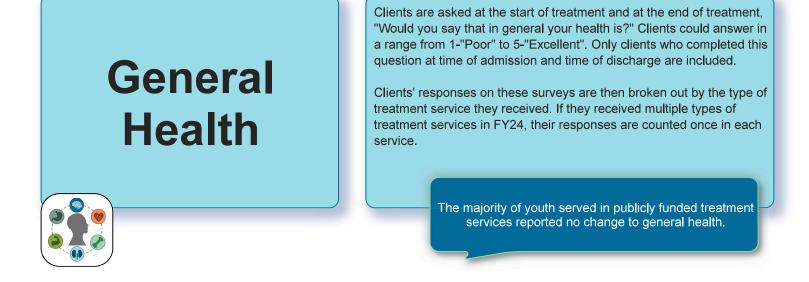


Same

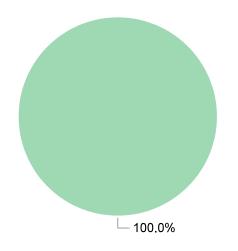
Clients Who Had One or More Arrests Within 30 Days of Admission and Discharge

Treatment Services	Unduplicated Client Count		
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	1	0.0%	0.0%
Total	1	0.0%	0.0%





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

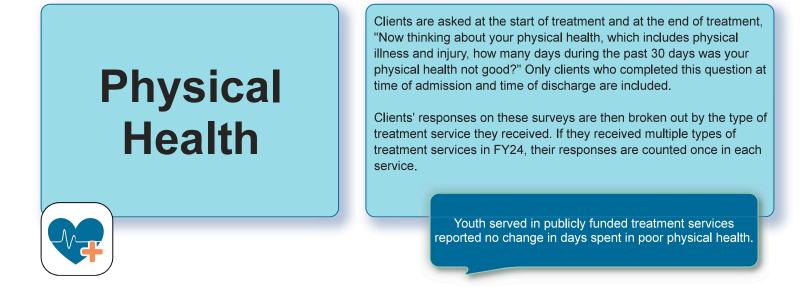


Same

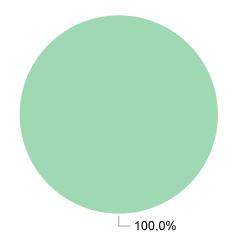
General Health Rating: 1-Poor; 2-Fair; 3-Good; 4-Very Good; 5-Excellent

Treatment Services	Unduplicated Client Count	0	Average Discharge	Chang e	Percent Change
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth Total	1	5.00	5.00	0.00	0.0%
	1	5.00	5.00	0.00	0.0%





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

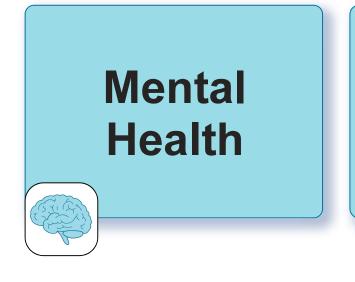


Same

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
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth Total	1	0.00	0.00	0.00	NaN
	1	0.00	0.00	0.00	NaN



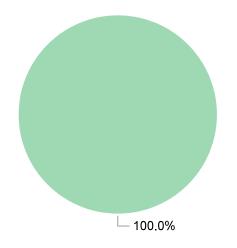


Clients are asked at the start of treatment and at the end of treatment, "Now thinking about your mental health, which includes stress, depression, and problems with emotions, how many days during the past 30 days was your mental health not good?" Only clients who completed this question at time of admission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

Youth served in publicly funded treatment services reported no change 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



Same

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
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth Total	1	0.00	0.00	0.00	NaN
	1	0.00	0.00	0.00	NaN



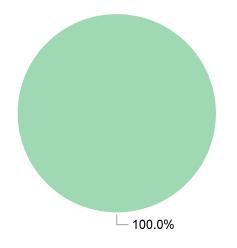
Physical or Mental Health Prevented Normal Activities

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.

Youth 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
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth Total	1	0.00	0.00	0.00	NaN
	1	0.00	0.00	0.00	NaN



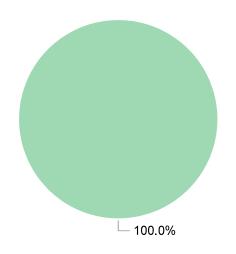
Reported Attempts to Die by Suicide

f 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 6 months?" 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.

At discharge, youth served in publicly funded treatment services reported no change 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 in the Past 6 Months



Same

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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth Total	1	0.00	0.00	0.00	NaN
	1	0.00	0.00	0.00	NaN



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 6 months?" 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 6 Months Have You Visited the Emergency Department?

	Treatment Services	Unduplicated Client Count	0	Average Discharge	Change	Percent Change
Total						



Detoxification Services

Clients are asked at the start of treatment and at the end of treatment. "How many nights have you spent in a facility for detoxification in the past 6 months?" 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 Days 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 6 Months Have You Spent in a Facility for Detoxification?

	Treatment Services	Unduplicated Client Count	Average Discharge	Change	Percent Change
Total					

Inpatient Substance Use Disorder Treatment Services

South Dakota

Department of **Social 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 6 months?" 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 6 Months Have You Spent in a Facility for Inpatient/Residential Substance Use Disorder Treatment?

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



Hospital Admissions for Mental Health Care

South Dakota

Department of **Social 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 mental health care in the past 6 months?" 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 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 6 Months Have You Spent in a Facility for Mental Health Care?

	Treatment Services	Unduplicated Client Count	•	Average Discharge	•	Percent Change
				Ũ		0
Total						





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 6 months?" 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 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 6 Months Have You Spent in a Facility for Illness, Injury, or Surgery?

•	Treatment Services	Unduplicated Client Count	Average Discharge	Percent Change
Total				



Nights Spent in Correctional Facility

Clients are asked at the start of treatment and at the end of treatment. "How many nights have you spent in a correctional facility including 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 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 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 6 Months Have You Spent in a Correctional Facility?

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

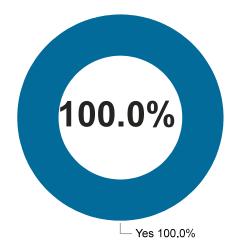




The data below reflect the percent of youth clients who attended school at least once in the three months prior to discharging from services.

Most youth clients served in publicly funded treatment services attended school in the past three months.

Attended School in Past Three Months



Yes

Youth Attended School

	Yes Total		l	
Treatment Services	Ν	%	Ν	%
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	1	100.0%	1	100.0%
Total	1	100.0%	1	100.0%



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.

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

Were You Satisfied With the Services You Received?

417

4.17

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	
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth Total			1.17 1.17

4.17

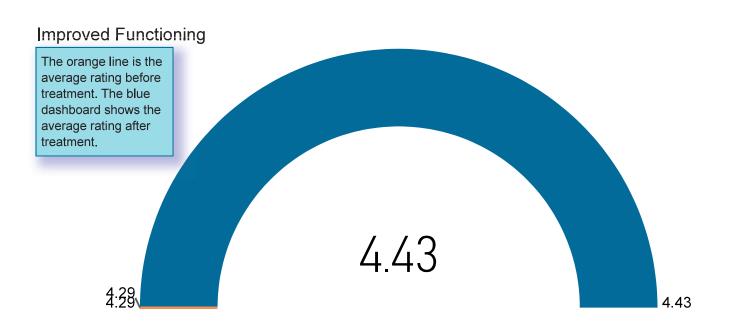


Improved Functioning

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.

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



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
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth Total	1	4.29	4.43	0.14	3.3%
	1	4.29	4.43	0.14	3.3%



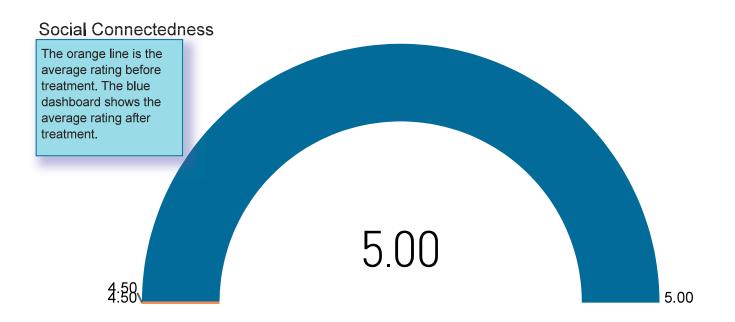
Social Connectedness

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.



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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	1	4.50	5.00	0.50	11.1%
Total	1	4.50	5.00	0.50	11.1%



Participation in Treatment Planning

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. 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 treatment planning.

Participation in Treatment Planning

3.67

3.67

3.67

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	Participation in Treatment Planning
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth Total	1 1	3.67 3.67



Cultural Sensitivity of Staff

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.

reported they felt staff were culturally sensitive.

Youth served in publicly funded treatment services

Cultural Sensitivity of Staff

Ι.	\bigcap	\cap
4.	U	U

4.00

4.00

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

Treatment Services	Unduplicated Client Count	Cultural Sensitivity of Staff
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth Total	1 1	4.00 4.00





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.

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

Access to Services

1.	\cap	\cap
4.	U	U

4.00

4.00

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
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth		1 4.00
Total		1 4.00

Internalizing Disorder

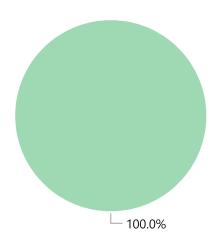
Youth clients complete the Global Appraisal of Individual Needs Short Screener (GAIN-SS) at admission and discharge.

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.

Youth served in publicly funded treatment services experienced no change in symptoms of internalizing disorders.

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



Same

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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	1	0.00	0.00	0.00	NaN
Total	1	0.00	0.00	0.00	NaN

Externalizing Disorder

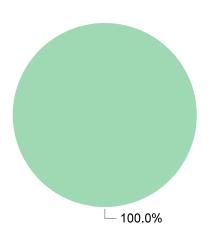
Youth clients complete the Global Appraisal of Individual Needs Short Screener (GAIN-SS) at admission and discharge.

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.

Youth served in publicly funded treatment services experienced no change in symptoms of externalizing disorders.

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





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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	1	0.00	0.00	0.00	NaN
Total	1	0.00	0.00	0.00	NaN

Justice-Involved Youth Services

Substance Use Disorder

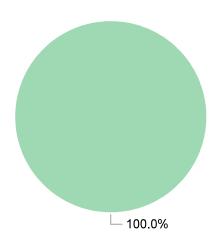
Youth clients complete the Global Appraisal of Individual Needs Short Screener (GAIN-SS) at admission and discharge.

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.

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 Discharge Compared to Admission



Same

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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth Total	1	0.00	0.00	0.00	NaN
	1	0.00	0.00	0.00	NaN

Justice-Involved Youth Services

Crime and Violence

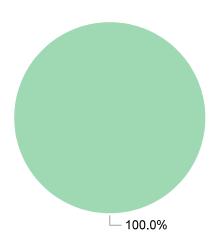
Youth clients complete the Global Appraisal of Individual Needs Short Screener (GAIN-SS) at admission and discharge.

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.

Youth served in publicly funded treatment services experienced no change in behaviors related to crime and violence.

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



Same

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

Treatment Services	Unduplicated Client Count	0	Average Discharge	Change	Percent Change
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth Total	1	0.00	0.00	0.00	NaN
	1	0.00	0.00	0.00	NaN



Family Perceptions of Justice-Involved and At-Risk Youth Services



[Page intentionally left blank]

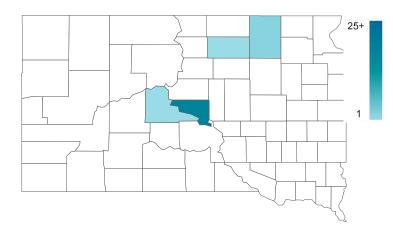


Family Perceptions of Justice-Involved and At-Risk Youth Services

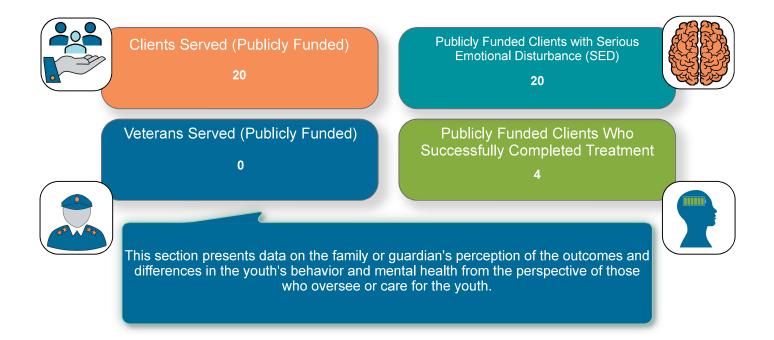
South Dakota Department of

Social Services

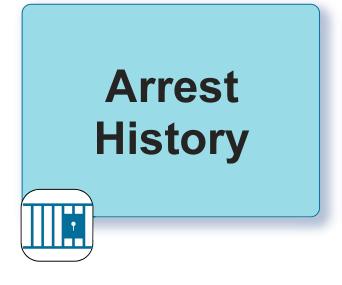
County of Residence for Clients Who Received Publicly Funded Services



Treatment Services	Publicly Funded Clients Served	Average Duration of Treatment (Days)
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	20	134







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





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.

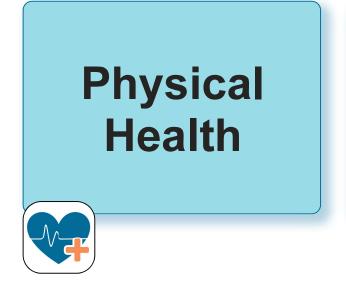
Families Who Reported Youth Clients Had Better, Worse, or the Same General Health Rating at Discharge Compared to Admission

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 Client Count	•	Average Discharge	Change	Percent Change
				•		•
Tota	l					





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?

Unduplicated Client Count		Average Discharge	Change	Percent Change
------------------------------	--	----------------------	--------	-------------------

Tota





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 Spent 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

Total

Physical or Mental Health Prevented Normal Activities

South Dakota Department of

Social Services

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 Client Count	Average Initial	Average Discharge	0	Percent Change
A				0		
Total						

Reported Attempts to Die by Suicide

South Dakota Department of

Social Services

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 6 months?" 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 6 Months

Unable to Report Due to Low Number of Outcome Tools.

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

•	Treatment Services	Unduplicated Client Count	- J	Average Discharge	Change	Percent 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 6 months?" 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 6 Months Has Your Child Visited the Emergency Department?

•	Treatment Services	Unduplicated Client Count	0	Average Discharge	Change	Percent 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 6 months?" 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 Youth Clients 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 6 Months Has Your Child Spent in a Facility for Detoxification?

۲	reatment Services	Unduplicated Client Count	0	Average Discharge	Change	Percent Change
Total						

Inpatient Substance Use Disorder Treatment Services

South Dakota Department of

Social 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 6 months?" 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 Youth Clients 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 6 Months Has Your Child Spent in a Facility for Inpatient/Residential Substance Use Disorder Treatment?

	Treatment Services	Unduplicated Client Count	0	Average Discharge	Change	Percent Change
Total						

Hospital Admissions for Mental Health Care

South Dakota Department of

Social 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 mental health care in the past 6 months?" 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 Youth Clients Had More, Fewer, or the Same Number of Nights 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 6 Months Has Your Child Spent in a Facility for Mental Health Care?

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



Illness, Injury, or Surgery

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 6 months?" 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 Youth Clients Had More, Fewer, or the Same Number of Nights 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 6 Months Has Your Child Spent in a Facility for Illness, Injury, or Surgery?

•	Treatment Services	Unduplicated Client Count	5	Average Discharge	Change	Percent 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 6 months?" 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.

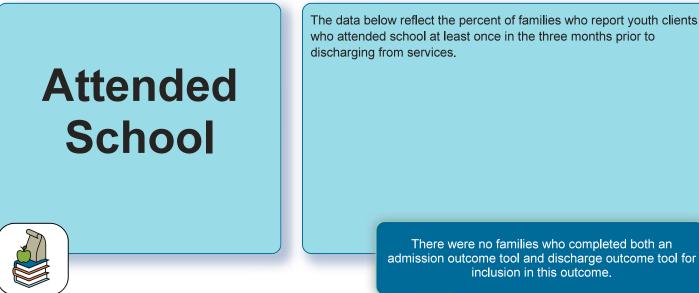
Families Who Reported Youth Clients Had More, Fewer, or the Same Number of Nights in a Correctional Facility at Discharge Compared to Admission

Unable to Report Due to Low Number of Outcome Tools.

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

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





Attended School in Past Three Months

who attended school at least once in the three months prior to

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

Unable to Report Due to Low Number of Outcome Tools.

Youth Attended School

Total **Treatment Services** N % Total



South Dakota Department of

Social 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 Youth 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)

(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
Chern Count	milia	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 Average Average Change Percent Client Count Initial Discharge

Tota

Unable to Report Due to Low Number of Outcome Tools.



Participation in Treatment Planning

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. 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

(Blank)

(Blank)

(Blank)

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 Participation in Treatment Planning

Total

Unable to Report Due to Low Number of Outcome Tools.



Cultural Sensitivity of Staff

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.

Cultural Sensitivity of Staff

(Blank)

(Blank)

(Blank)

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 Cultural Sensitivity of Staff

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)

(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.



Appendix A: Outcome Tool Return Rates



[Page intentionally left blank]

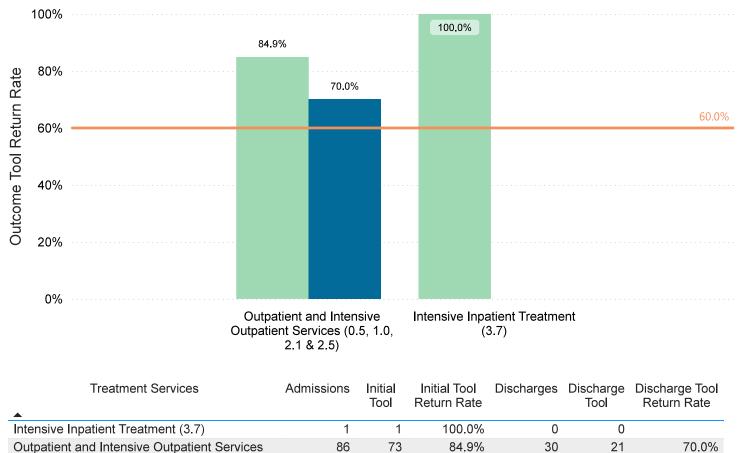


Adult SUD Outcome Tool Return Rates

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

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

SUD Admission Tool Return Rate SUD Discharge Tool Return Rate



87

74

85.1%

30

21

(0.5, 1.0, 2.1 & 2.5)

Total

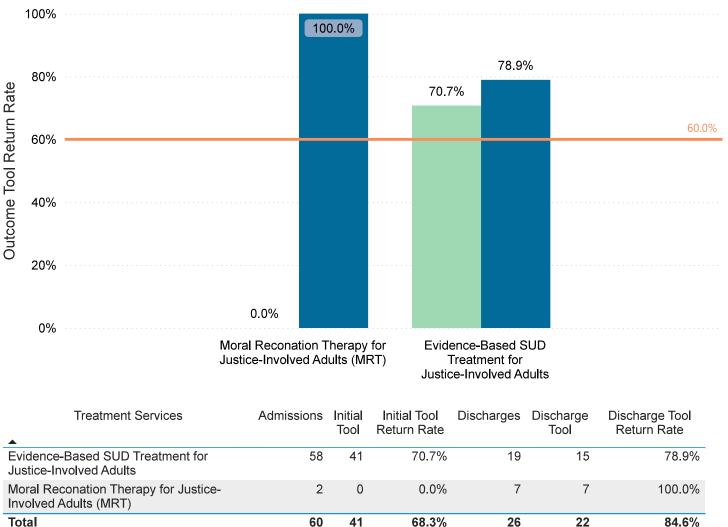
70.0%



Adult Justice-Involved SUD Outcome Tool Return Rates

Return rates in this section are for adult justice-involved 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.





100%

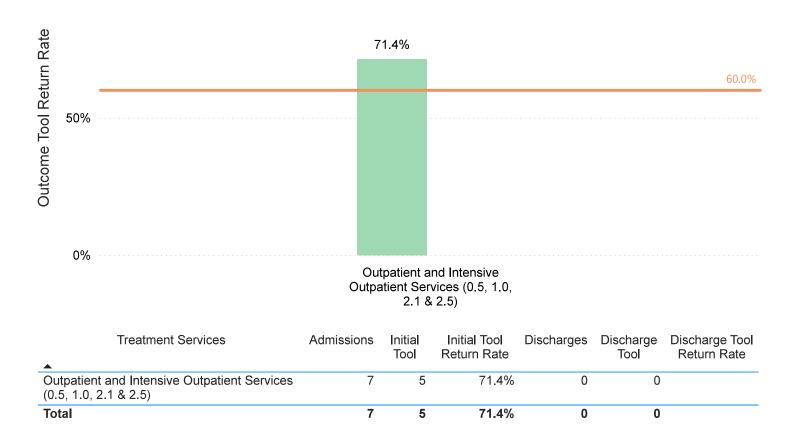
Appendix A: OT Return Rates

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.

SUD Admission Tool Return Rate





100%

Appendix A: OT Return Rates

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.

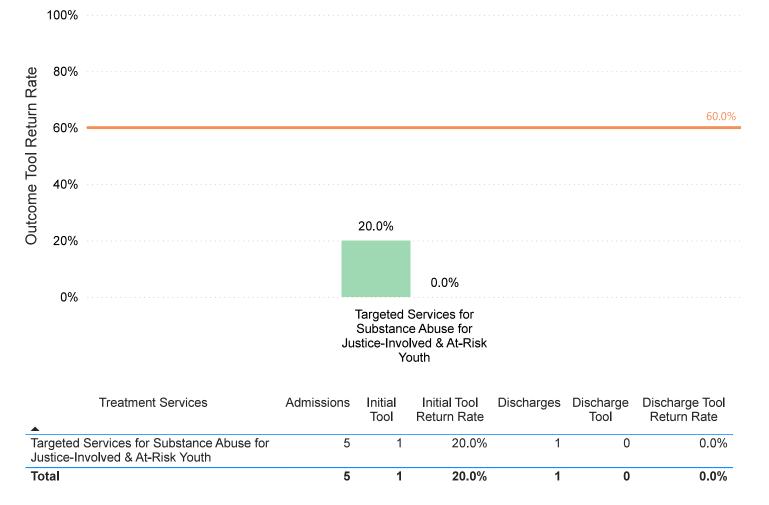
The target return rate for attempted outcome tools is 60%, which is indicated in the graph below by the orange line.

Rate										
:urn			57	7.1%				60.0%		
Outcome Tool Return Rate	50%									
		Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1 & 2.5)								
		Treatment Services	Admissions	Initial Tool	Initial Tool Return Rate	Discharges	Discharge Tool	Discharge Tool Return Rate		
Ои (0.	itpatient 5, 1.0, 2	t and Intensive Outpatient Services 2.1 & 2.5)	7	4	57.1%	0	0			
То	tal		7	4	57.1%	0	0			



Justice-Involved and At-Risk 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.

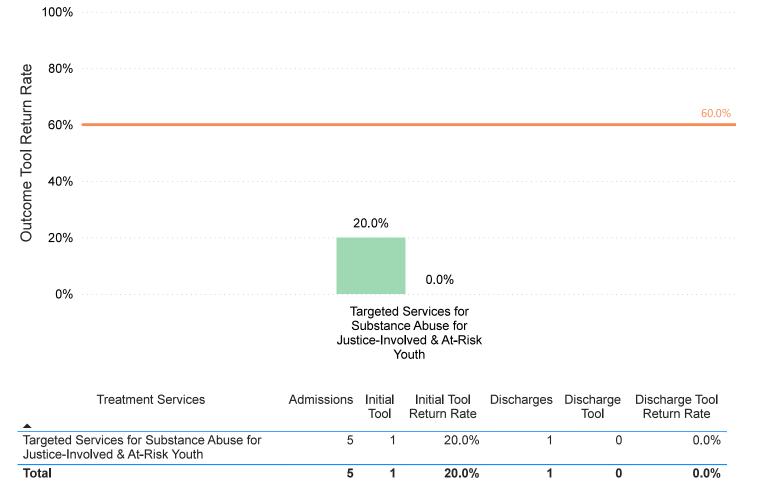
The target return rate for attempted outcome tools is 60%, which is indicated in the graph below by the orange line.





Family Justice-Involved and At-Risk Youth SUD Outcome Tool Return Rates Return rates in this section reflect outcome tools completed by families of youth receiving 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.



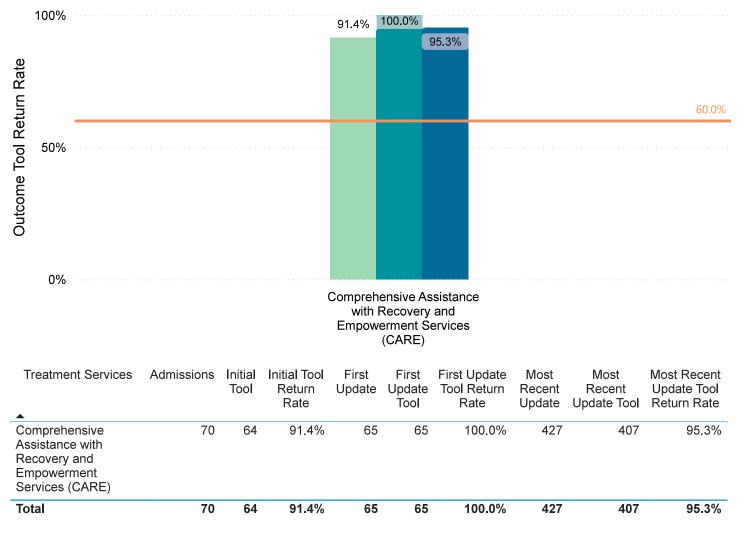


Adult MH Outcome Tool Return Rates

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.

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





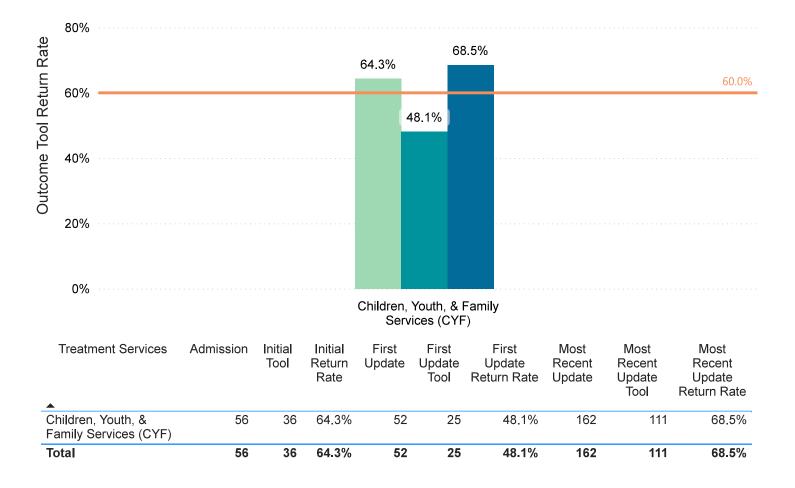
Youth MH Outcome Tool Return Rates

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

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

MH Admission Tool Return Rate

100%





100%

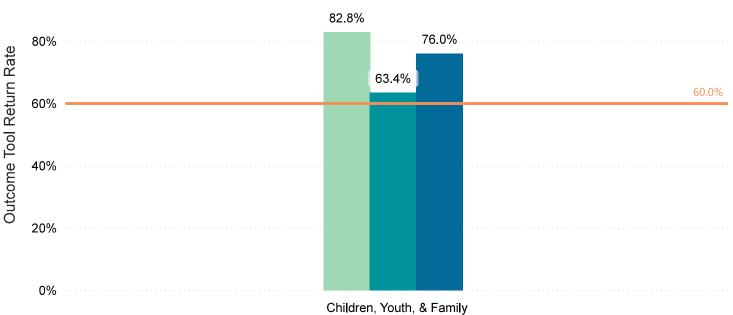
Appendix A: OT Return Rates

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.

MH Admission Tool Return Rate



Services (CYF)

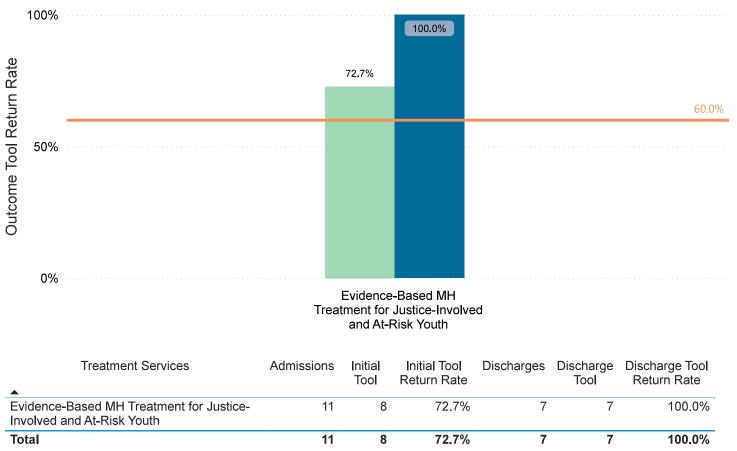
Treatment Services	Admission	Initial Tool	Initial Return Rate	First Update	First Update Tool	First Update Return Rate	Most Recent Update	Most Recent Update Tool	Most Recent Update Return Rate
Children, Youth, & Family Services (CYF)	134	111	82.8%	112	71	63.4%	308	234	76.0%
Total	134	111	82.8%	112	71	63.4%	308	234	76.0%



Justice-Involved and At-Risk Youth MH Outcome Tool Return Rates Return rates in this section are for youth outcome tools. The return rate reflects tools collected and attempts to collect tools as clients may not always wish to complete the outcome tool.

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

MH Admission Tool Return Rate



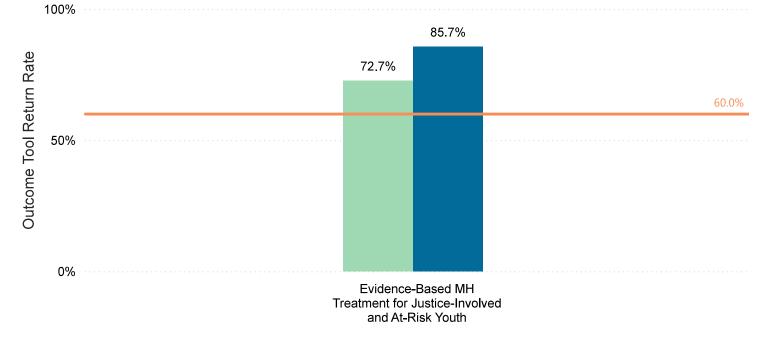


Appendix A: OT Return Rates

Family Justice-Involved and At-Risk Youth MH Outcome Tool Return Rates Return rates in this section reflect outcome tools completed by families of youth receiving 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.

MH Admission Tool Return Rate



Treatment Services	Admissions	Initial Tool	Initial Tool Return Rate	Discharges	Discharge Tool	Discharge Tool Return Rate
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	11	8	72.7%	7	6	85.7%
Total	11	8	72.7%	7	6	85.7%



[Page intentionally left blank]



Appendix B: Outcome Tool Surveys



[Page intentionally left blank]



Division of Behavioral Health
Substance Use Disorder Outcome Tool
INITIAL

Todays' Date:									
Client STARS I	D: _ _ _	. _ _ _	_		_ _ _				
Program	 1.0 Outp 2.1 Inter (Including2 2.5 Day 3.1 Low 3.7 Inter Adult Outpoint 	nsive Outp 2.1/3.1) Treatment Intensity I nsive Inpat utpatient E utpatient E y) utpatient E	t Residen tient Tre EBP (CJI EBP/MR' EBP/MR'	atment Clients Γ (CJI	 2.1 (2.5 (3.7 (Treatm MRT Adu 	F (CJI Clio lt Outpat ents Only – OP – E	g Intensi g Day Tro g Intensi ents Only	ve Outp eatment ve Inpa y)	t tient
how man b. Now think problems health no c. During the	nt Ve ing about you y days during ing about you s with emotion of good? past 30 days, ealth keep you	ery Good r physical 1 g the past 3 r mental h ns, how ma approxima	health, w 0 days w ealth, wh any days ately how	Good which incl vas your hich inclu during the w many o	physical ides stres he past 3 lays did y	health no ss, depre 0 days w your poo	ess and i ot good? ssion, an as your r r physica	d mental al or	
 2. At this more and/or symposities of the symposities of the	otoms? Pleas t at all	confident	number important would lif 4 c are you Please c	on the s as most o ke to achie 5 u that y ircle a n	scale bel f the other eve now 6 ou will umber o	ow: r things I 7 change n the sca	Most in 8 your cu	nportant lif 9 I rrent	thing in my re right now
Not importan		About as i	-	ke to achi	eve now			lif	thing in my fe right now
0 1	2	3	4	5	6	7	8	9	10



Adult SUD Form – Initial

4. Please answer the following question		Number of Nights/Times	Don't know			
In the past 30 days, how many times have you be *Federally Required Element	en arrested?					
5. Please answer the following questions l	based on the past 30 day	/S				
a. Have you gotten into trouble at home, at schoo		∕, □Yes				
because of your use of alcohol, drugs, inhalants						
b. Have you missed school or work because of us gambling?	, or □Yes	□No				
*Federally Required Element						
6. Please answer the following questions	hased on the nast 30	Number of	Don't			
davs	bused on the <u>past so</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 Disorder Treatment?						
iii. Mental Health Care?						
iv. Illness, Injury, Surgery? c. How many nights have you spent in a correctio	nal facility including jail					
or prisons (as a result of an arrest, parole or pr						
d. How many times have you tried to commit suit						
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	0 1 2 3 4 5	6 7 8	9 10			
turned out			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	0 1 2 3 4 5	6 7 8	9 10			
drugs						



Adult SUD Form –Initial

8. 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 <u>past 30 days</u> . (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 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.								

Question **required** to be completed by Clinician

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

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

Appendix B: Outcome Tool Surveys

South Dakota Department of Social Services
--

Division of Behavioral Health Substance Use Disorder Outcome Tool DISCHARGE									
Todays' Date:									
Client STARS II Program	 1.0 Outpa 2.1 Inten (Includin 2.5 Day 7 3.1 Low 1 3.7 Inten Adult Ou Only) 	sive Outpa ng2.1/3.1) Freatment Intensity R sive Inpati tpatient E	esident ient Tre BP (CJI (atment Clients	 2.1 G Outp 2.5 G 3.7 G Treat MRT Adul 	 ambling atient ambling ambling tment (CJI Clie t Outpati ices (CJI (Intensiv Day Tre Intensiv nts Only ient EBP	ve eatment ve Inpatier 7) 2/3.1	nt
		nly) tpatient EI (CJI Clients	BP/MRT s Only)	5/3.1	IMT IMT IMT	- OP - E			
1. Would you	say that in	general y	our he	alth is:					
	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 									
health no	s with emotion ot good?	ns, now ma	ny days	auring u	ie past st	u days wa	as your n	nentai	
	past 30 days, ealth keep you n?								
2. At this mo							rrent b	ehaviors	
and/or sym		se circle a About as i	mportan		of the othe		Most in	nportant thi life r	ng in my ight now
0 1	2	3	4	5	6	7	8	9	10
3. At this mo behaviors Not importan	and/or syn		Please c mportan	ircle a n	umber o of the othe	n the sca	ile belov	w: nportant thi	ng in my ight now
0 1	2	3	4	5	6	7	8	9	10

Last Updated: 03/23/2021

Page 1 of 4



Adult SUD Form -Discharge

4. Please answer the foll	owing	questior	ı				mber of hts/Time	Don't es know	
In the <u>past 30 days</u> , how man *Federally Required Element				rrested?		0			
5. Please answer the foll	5. Please answer the following questions based on the <u>past 30 days</u>								
a. Have you gotten into trouble at home, at school, work, or in the community,									
because of your use of alcoh	. 0	-	. 0	<u> </u>					
b. Have you missed school or work because of using alcohol, drugs, inhalants, or \Box Yes								s □No	
gambling?									
*Element agreed upon by the DOWG									
6. Please answer the foll	owing	question	ns base	ed on the	past 3	<u>U</u>	nber of	Don't	
<u>davs</u>	U	-			-	Nig	hts/Time	es know	
a. How many times have you gone to an emergency room for a psychiatric \Box									
or emotional problem?									
b. How many nights have you spent in a facility for:									
i. Detoxification?									
ii. Inpatient/Residential Substance Use Disorder Treatment?									
iii. Mental Health Care?									
iv. Illness, Injury, Surgery?									
c. How many nights have you						ail			
or prisons (as a result of a					on)?				
d. How many times have you									
7. Please check the	lease check the Before the Program Now (At end of Program)							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.									



Adult SUD Form -Discharge

8. I would be able to resist the urge to drink heavily and/or use drugs		at all fiden								Conf	Very ident
if I were angry at the way things had	0	1	2	3	4	5	6	7	8	9	10
turned out	U	1	2	3	4	5	0	1	0	9	10
if I had unexpectedly found some											
booze/drugs or happened to see something	0	1	2	3	4	5	6	7	8	9	10
that reminded me of drinking/using drugs											
if other people treated me unfairly or	0	1	2	3	4	5	6	7	8	9	10
interfered with my plans			-	5		5	U		U		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											
								0			
9. Please indicate your level of agreement or Response									ptio	ns	
disagreement with the statements by chee		-					Ŧ		əə.	ole	
choice that best represents your feelings				_	gly ree	ree	dec	e	agr	ical	ed
over the past 30 days. (Please answer for			snip	S	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Not applicable	Refused
with persons other than your behavioral provider(s).) Source: MHSIP Survey *Element Agr					Str dis	Dis	Und	A	ron	ot al	Re
DOWG	eed u	ipon i	JУ				-		Sti	Ň	
Domain: Social Connectedness Questions 1-4											
1. I am happy with the friendships I have.	- <u></u>										
2. I have people with whom I can do enjoyab	le th	ings.									
3. I feel I belong in my community.		8									
4. In a crisis, I would have the support I need	fror	n fan	nilv	or	_	_	_	_	_	_	
friends.			5								
Domain: Improved Functioning Domain: Que	stio	ns 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 the	y go	wro	ng.								
8. I am better able to do things that I want to											
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 fe	lt 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 Appropr	iater	ness									
Questions 14-21											
14. Staff believed that I could grow, change a	nd re	ecov	er.								
15. I felt free to complain.											
16. Staff respected my wishes about who is a	nd is	s not	to b	e							
given information about my treatment.											
17. Staff was sensitive to my cultural/ethnic	back	grou	ınd.								

Last Updated: 03/23/2021

Page 3 of 4



Adult SUD Form -Discharge

18. Staff helped me obtain the information needed so I could take charge of managing my illness.				
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 30-31				
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.				

Question **required** to be completed by Clinician

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

number on the beare	belowi			
	Minimal	Limited	Positive	Optimal
Unengaged and	Engagement in	Engagement in	Engagement in	Engagement in
Blocked	Recovery	Recovery	Recovery	Recovery
1	2	3	4	5



Division of Behavioral Health								
Substance Use Disorder Outcome Tool								
Youth								
INITIAL								
Todays' Date:								
Client STARS ID:								
Program 1.0 Outpatient 2.1 Intensive Outpatient								
 □ 2.5 Day Treatment □ 3.7 Intensive Inpatient □ 3.1 Low Intensity Residential □ Treatment (PRTF) 								
\square Adolescent EBP Services								
1 Would you gov that in general your health in	-							
1. Would you say that in general your health is: Excellent Very Good Good Fair								
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?								
problems with emotions, how many days during the past 30 days was your mental health not good?								
c. During the past 30 days, approximately how many days did your poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?								
2. At this moment, how important is it that you change your current behaviors								
and/or symptoms? Please circle a number on the scale below:								
Not important at all About as important as most of the other things I Most important thing in life right n								
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 Most important thing in								
would like to achieve now life right n 0 1 2 3 4 5 6 7 8 9 10	ow							
4. Please answer the following questionNumber of Nights/TimesDon kno	-							
In the past 30 days, how many times have you been arrested?	-							
5. Please answer the following questions based on the past <u>30 days</u>								
5. Please answer the following questions based on the <u>past 30 days</u> a. Have you gotten into trouble at home, at school, work, or in the community, because of your use of alcohol, drugs, inhalants, or gambling?								

Last Updated: 03/23/2021



Youth SUD Form –Initial Interview

6. Please answer the following questions l	pased on the 30 days	Number of Nights/Times	Don't know				
a. How many times have you gone to an emergen or emotional problem?							
b. How many nights have you spent in a facility for i. Detoxification?	or:						
ii. Inpatient/Residential Substance Use Disorde iii. Mental Health Care?	er Treatment?						
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 violation)?							
d. How many times have you tried to commit suid	cide?						
7. I would be able to resist the urge to drink heavily and/or use drugs	Not at all confident		Very Confident				
if I were angry at the way things had turned out	0 1 2 3 4 5	6 7 8	9 10				
if I had unexpectedly found some booze/drugs or happened to see something that reminded me of drinking/using drugs	0 1 2 3 4 5	6 7 8	9 10				
if other people treated me unfairly or interfered with my plans	0 1 2 3 4 5	6 7 8	9 10				
if I were out with friends and they kept suggesting we go somewhere to drink/use drugs	0 1 2 3 4 5	6 7 8	9 10				



Youth SUD Form –Initial Interview

8. Please indicate your level of agreement or		Re	espor	ıse O	ption	S	
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	Refused
Domain: Social Connectedness Questions 1-4							
1. I know people who will listen and understand me when I need to talk.							
2. In a crisis, I would have the support I need from family and friends.							
3. I have people that I am comfortable talking with about my problems.							
4. I have people with whom I can do enjoyable things.							
Domain: Improved Functioning 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

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

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



Last Updated: 03/23/2021



Todays' Date:

Division of Behavioral Health Substance Use Disorder Outcome Tool Youth Discharge

Client STARS ID: Program □ 1.0 Outpatient □ 2.1 Intensive Outpatient □ 3.7 Intensive Inpatient 2.5 Day Treatment Treatment (PRTF) □ 3.1 Low Intensity Residential □ Adolescent EBP Services 1. Would you say that in general your health is: □ Excellent □Very Good Good □Fair Poor **a**. Now thinking about your physical health, which includes physical illness and injury, how many days during the past 30 days was your physical health not good? **b**. Now thinking about your mental health, which includes stress, depression, and problems with emotions, how many days during the past 30 days was your mental health not good? c. During the past 30 days, approximately how many days did your poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? 2. At this moment, how important is it that you change your current behaviors and/or symptoms? Please select the number below: Not important at all About as important as most of the other things I Most important thing in my life right now would like to achieve now 0 2 5 8 1 4 6 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 Most important thing in my would like to achieve now life right now 2 0 1 3 4 5 6 8 9 10 7 Number of Don't 4. Please answer the following question Nights/Times know In the past 30 days, how many times have you been arrested? *Federally Required Element 5. Please answer the following questions based on the past 30 days... a. Have you gotten into trouble at home, at school, work, or in the community, □ Yes because of your use of alcohol, drugs, inhalants, or gambling? b. Have you missed school or work because of using alcohol, drugs, inhalants, or □Yes gambling?



Youth SUD Form – Discharge

6. Please answer the following questions based on the <u>past 30</u> <u>days</u>	Number of Nights/Times	Don't know
a. How many times have you gone to an emergency room for a psychiatric		
or emotional problem?		
b. How many nights have you spent in a facility for:		
i. Detoxification?		
ii. Inpatient/Residential Substance Use Disorder Treatment?		
iii. Mental Health Care?		
iv. Illness, Injury, Surgery?		
Source: Current MPR Adult 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

7. Please check the	Before the Program				Now (At end of Program)			
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.								
*Element agreed upon by the DOWC								

*Element agreed upon by the DOWG

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



Youth SUD Form – Discharge

9. Please indicate your level of agreement or	Response Options						
disagreement with the statements by checking the choice that best represents your feelings or opinion over the past 30 days. (Please answer for relationships with persons other than your behavioral health provider(s).) *Federally Required	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Not annlicahle	Refused
Domain: Social Connectedness Questions 1-4							
1. I know people who will listen and understand me when I need to talk.							
2. In a crisis, I would have the support I need from family and friends.							
3. I have people that I am comfortable talking with about my problems.							
4. I have people with whom I can do enjoyable things.							
Domain: Improved Functioning/ Outcomes Domain: Question	ns 5-1	11					
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	Ques	tions	: 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.							

Last Updated: 04/29/2020

Page 3 of 4

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

Last Updated: 04/29/2020



			Divisi	ion of	Behav	ioral H	ealth			
Substance Use Disorder Outcome Tool										
					Family	7				
					NITIĂ					
Todays' I	Date:			-		-				
Client ST.	ARS ID:									
Program	n [] 1.0 Ou	tpatient			2.1	l Intensiv	ve Outpa	itient	
- 0 -			y Treatm	ient			7 Intensiv	-		
			w Intens		lential		eatment	•		
			scent EBI	-						
1 Way	ld	ar that	-			haalth i	.			
-	kcellent		Very God			health is	s: □Fair	ſ	Poor	
						which inc				
	ury, how					was your				
									ssion, and	l
	blems w ntal heal			^y many da	ays durin	g the past	30 days	was you	r child's	
				kimatelv	how mar	ny days die	d vour ch	ild's noo	r physical	
						d's usual a				
sch	ool, worl	k, or reci	eation?							
			-		-		-	their c	urrent b	ehaviors
	sympto portant at					ne scale b ost of the ot		I Most	imnortant	thing in my
						chieve now	,		lif	fe right now
0	1	2	3	4	5	6	7	8	9	10
									e their cı	ırrent
						a number				
Not im	portant at	all	Abou	-		st of the ot chieve now	0	I Most	-	thing in my fe right now
0	1	2	3	4	5	6	7	8	9	10
4 Plaze	e answe	or the fo	ollowing	anestia	n				mber of ghts/Times	Don't s know
						een arres	ted?	1118	sites/ Thirds	
*Federally			<i>,</i>				-			



Family SUD Form –Initial Interview

5. Please answer the following questions based on the past <u>30 days</u>								
a. Has your child gotten into trouble at home, at school, work, or in the community, because of their use of alcohol, drugs, inhalants, or gambling?								
b. Has your child missed school or work because inhalants, or gambling?	of using alcohol, drugs,	□Yes	□No					
*Federally Required Element								
6. Please answer the following questions days	based on the <u>past 30</u>	Number of Nights/Times	Don't know					
a. How many times has your child gone to an emo psychiatric or emotional problem?	ergency room for a							
 b. How many nights has your child spent in a fac i. Detoxification? 	ility for:							
ii. Inpatient/Residential Substance Use Disorde	er Treatment?							
iii. Mental Health Care?								
iv. Illness, Injury, Surgery?								
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 comm								
7. My child would be able to resist the	Not at all		Verv					
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 drugs	0 1 2 3 4 5	6 7 8	9 10					
if other people treated he/she unfairly or interfered with his/her plans	0 1 2 3 4 5	6 7 8	9 10					
if he/she were out with friends and they kept suggesting they go somewhere to drink/use drugs	0 1 2 3 4 5	6 7 8	9 10					



Family SUD Form –Initial Interview

8. Please indicate your level of agreement or	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).) Source: MHSIP Survey *Federally Required	Strongly	Disagree	Undecided	Agree	Strongly agree	Not	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.								

Question to be answered by Clinician

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

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



			Divis	ion of	Behav	vioral H	ealth			
Substance Use Disorder Outcome Tool										
					Famil	У				
				D	ischaı	·ge				
Todays' E										
Client ST		_ _ _	_	_	_ _ _	_ _	_			
Progran			tpatient	4			Intensiv	-		
		-	y Treatn w Intens		ential		' Intensiv eatment (1	-	ent	
			cent EBl	5		110				
						health is			7.0	
	cellent		Very Goo		Good Good Good In the second sec	1 , which incl	□Fair	⊥ sical illn	Poor	
	ury, how r					s was your				
b . Now pro	thinking	th emoti	ions, how			which inclung the past		· •		
				ximately	how ma	ny days dic	l your chil	ld's poor	r physical	
				om doing	your chi	ld's usual a	activities,	such as	self-care,	
SCII	iool, work	, or recr	eation							
2. At thi	is mome	nt. hov	v impor	tant is i	t that v	our child	change (their cu	urrent be	haviors
and/or	sympton	ms? Ple	ase circl	le a num	ber on t	he scale b	elow:			
Notim	portant at a	all	Abou	-		ost of the oth achieve now	0	Most	important t life	hing in my e right now
0	1	2	3	4	5	6	7	8	9	10
3. At thi	is mome	nt, how	v confid	ent are	you, th	at your cl	nild will	change	e their cu	rrent
						a number				
	portant at a				ld like to	ost of the oth achie <u>ve</u> now		Most	important i life	e right now
0	1	2	3	4	5	6	7	8	9	10
								N	1 6	
4. Please	e answe	r the fo	llowing	questi	on				mber of ghts/Times	Don't know
	st 30 days Required El		any time	es has you	ur child l	oeen arrest	æd?			
5. Pleas	e answe	r the fo	llowing	g questi	ons bas	ed on the	<u>past 30</u>	days		
a. Has yo commu	ur child g 1nity, beca	otten int ause of t	to troubl heir use o	e at hom of alcoho	e, at scho l, drugs,	ool, work, o inhalants, o	or in the or gamblin		□Yes	□No
	ur child n nts, or gan		chool or v	work bec	ause of ı	ising alcoh	ol, drugs,		□Yes	□No

Page 1 of 4



Family SUD Form – Discharge

6. Please answer the following questions based on the <u>past 30</u> <u>days</u>	Number of Nights/Times	Don't know
a. How many times has your child gone to an emergency room for a		
psychiatric or emotional problem?		
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 child spent in a correctional facility including		
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 Progr	am	Now (At end of Program					
appropriate box on										
how your child is										
doing since entering										
the program that best	Poor	Average	Good	Excellent	Poor	Average	Good	Excellent		
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	Not at all confident	Very Confident
if he/she were angry at the way things had turned out	0 1 2 3 4 5 6 7 8	9 10
if he/she had unexpectedly found some booze/drugs or happened to see something that reminded him/her of drinking/using drugs	0 1 2 3 4 5 6 7 8	9 10
if other people treated he/she unfairly or interfered with his/her plans	0 1 2 3 4 5 6 7 8	9 10
if he/she were out with friends and they kept suggesting they go somewhere to drink/use drugs	0 1 2 3 4 5 6 7 8	9 10



Family SUD Form – Discharge

9. Please indicate your level of agreement or	Response Options						
disagreement with the statements by checking the choice that best represents your feelings or opinion over the past 30 days. (Please answer for relationships with persons other than your behavioral health provider(s).) *Federally Required	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Not annlicable	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: Questio	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.							



Family SUD Form – Discharge

	Response Options						
	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Not annlicable	Refused
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							

Question to be answered by Clinician

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

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



Appendix B: Outcome Tool Surveys

Division of Behavioral Health Mental Health Outcome Tool INITIAL

Todays' Date:				
Client STARS ID):			
Program:	□ CARE	□ IMPACT		
0	🗆 First Episode Psychosis (SEBHS	and BMS Only)		
	□ Transition Age Youth Receiving	•••	e Youth Receivi	ng
	CARE (BMS/LSS Only)	IMPACT (BM		0
			, ,,	
1. Would you s	ay that in general your health is:			
		Fair		
	g about your physical health, which incl		and injury,	
	days during the past 30 days was your			
	g about your mental health, which inclu	· ·		
problems v health not s	vith emotions, how many days during th	ie past 30 days was y	our mental	
	ast 30 days, approximately how many d	avs did vour poor ph	vsical or	
	lth keep you from doing your usual acti			
recreation?	,			
2 Please ansv	ver the following question based o	on the nast 30	Number of	Don't
days	fer the following question bused (in the pust so	Nights/Times	know
How many time	s have you been arrested?			
*Federally required	element			
3. Please ans	wer the following questions based	l on the past 6	Number of	Don't
months		· · · · · · · · · · · · · · · ·	Nights/Times	know
	nes have you gone to an emergency roo	m for a psychiatric o	r	
emotional probl				
b. How many nig i. Detoxificatio	ghts have you spent in a facility for:			
	esidential Substance Use Disorder Trea	tment		
iii. Mental Hea		tinent		
iv. Illness, Inju				
	nes have you been arrested?			
	ghts have you spent in a correctional fac	cility including jail or		_
prisons (as a res	sult of an arrest, parole or probation vio			
e. How many tin	nes have you tried to commit suicide?			



Adult MH Tool – Initial Interview

4. Please indicate your level of agreement or		Re	spon	ise O	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).) 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.							

Last Updated: 04/23/2020 1:38 PM



Appendix B: Outcome Tool Surveys

Division of Behavioral Health Mental Health Outcome Tool UPDATE									
Todays' Date:									
Client STARS ID:									
 Transition Age Youth Receiving CARE (BMS/LSS Only) Transition Age Youth Receiving IMPACT (BMS/LSS Only) 									
4 4 4 4 4 4 4 1 4 4 1 9									
1. Are you currently employed?									
Employed full time (35+ hours per week) Student									
Employed part time Retired Homemaker Unemployed									
Homemaker Unemployed Disabled Other (Specify)									
 * 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, rehabilitation center, agency-operated care) Institutional setting (24/7 care by skilled/specialized staff or doctors) 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 Very Good Good Fair Poor									
a. Now thinking about your physical health, which includes physical illness and injury, how many days during the past 30 days was your physical health not good?									
 b. Now thinking about your mental health, which includes stress, depression, and problems with emotions, how many days during the past 30 days was your mental health not good? c. During the past 30 days, approximately how many days did your poor physical or 									

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

Last Updated: 03/23/2021

Page 1 of 3



Adult MH Tool – Update Interval

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

7. 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 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.							

Last Updated: 03/23/2021

Page 2 of 3



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.				



Appendix B: Outcome Tool Surveys

Mental Health	havioral Health 1 Outcome Tool HARGE
Todays' Date:	
Client STARS ID: _ _ _ _ _ _ _	
Program: CARE	
First Episode Psychosis (
CARE (BMS/LSS Only)	ceiving
1. Are you currently employed?	
Employed full time (35+ hours per week)	🗆 Student
Employed part time	□ Retired
□Homemaker	Unemployed
Disabled	Other (Specify)
*Federally Required	
2. Which of following best describes your	current residential status?
\Box Independent, living in a private residence	□ Homelessness
\Box Dependent, living in private residence	Iail/Correctional Facility
\Box Residential Care (group home,	_
rehabilitation center, agency-operated care)	Foster Home/Foster Care
\Box Institutional setting (24/7 care by	🗆 Crisis Residence
skilled/specialized staff or doctors)	□ Other
*Federally Required	
3. What is your highest educational level o	completed (12=GED or high school
diploma)? *Federally Required	
4. Would you say that in general your heal	th is:
	ood 🗆 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?



Adult MH Tool - Discharge

5. Please answer the following question	Number of Nights/Times	Don't know
In the past 30 days, how many times have you been arrested? *Federally Required		
6. Please answer the following questions based on the past 6 months	Number of Nights/Times	Don't know
	0 1	
a. How many times have you gone to an emergency room for apsychiatric or emotional problem?		
b. How many nights have you spent in a facility for:		
i. Detoxification?		
ii. Inpatient/Residential Substance Use Disorder Treatment?		
iii. Mental Health Care?		
iv. Illness, Injury, Surgery?		
c. How many times have you been arrested?		
d. How many nights have you spent in a correctional facility including jail or prisons (as a result of an arrest, parole or probation violation)?		
e. How many times have you tried to commit suicide?		

7. 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 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.							

Last Updated: 05/02/2019

Page 2 of 3



Adult MH Tool - Discharge

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



Appendix B: Outcome Tool Surveys

Division of Behavioral Health Mental Health Outcome Tool Youth INITIAL

Todays' Date:				
Client STARS I	D:			
Program	□ CYF Services (SED) □ MRT	□ ART □ FFT		
1. Would you	a say that in general your health is:			
		□Fair	□Poor	
	ing about your physical health, which inc ny days during the past 30 days was your			
b . Now think problem health no	ting about your mental health, which incluss with emotions, how many days during the tot good?	ides stress, depressi he past 30 days was	on, and your mental	
	e past 30 days, approximately how many c ealth keep you from doing your usual acti on?			
2. Please ans	wer the following question		Number of Nights/Times	Don't know
In the past 30 *Federally Requir	days, how many times have you been arre	sted?		
<u>months</u>	swer the following questions based		Number of Nights/Times	Don't know
<u>months</u> a. How many t or emotional p	imes have you gone to an emergency roor roblem?			
months a. How many t or emotional p b. How many r	imes have you gone to an emergency roor problem? hights have you spent in a facility for:			know
months a. How many t or emotional p b. How many r i. Detoxificat	imes have you gone to an emergency roor problem? hights have you spent in a facility for: ion?	n for a psychiatric		
months a. How many t or emotional p b. How many r i. Detoxificat ii. Inpatient/	imes have you gone to an emergency roor roblem? hights have you spent in a facility for: ion? Residential Substance Use Disorder Treat	n for a psychiatric		know
months a. How many t or emotional p b. How many r i. Detoxificat ii. Inpatient/ iii. Mental He	imes have you gone to an emergency roor problem? hights have you spent in a facility for: ion? Residential Substance Use Disorder Treat ealth Care?	n for a psychiatric		know
months a. How many t or emotional p b. How many r i. Detoxificat ii. Inpatient/ iii. Mental He iv. Illness, In	imes have you gone to an emergency roor roblem? hights have you spent in a facility for: ion? Residential Substance Use Disorder Treat ealth Care? jury, Surgery?	n for a psychiatric		know
months a. How many t or emotional p b. How many r i. Detoxificat ii. Inpatient/ iii. Mental He iv. Illness, In c. How many t	imes have you gone to an emergency roor problem? hights have you spent in a facility for: ion? Residential Substance Use Disorder Treat ealth Care? jury, Surgery? imes have you been arrested?	n for a psychiatric		know
months a. How many t or emotional p b. How many r i. Detoxificat ii. Inpatient/ iii. Mental He iv. Illness, In c. How many t d. How many r or Jail (as a res	imes have you gone to an emergency roor roblem? hights have you spent in a facility for: ion? Residential Substance Use Disorder Treat ealth Care? jury, Surgery?	n for a psychiatric ment?		know

*Federally Required



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	Disagree	Undecided	Agree	Strongly agree	Not annlicable	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

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				

220	South Dakota Department of
	Social Services

Appendix B: Outcome Tool Surveys

Division of Behavioral Health
Mental Health Outcome Tool
Youth
Update

Todays' Date:	- F		
Client STARS I			
Client STARS I	ID:		
Program	CYF Services (SED)	\Box ART	
	□ MRT	□ FFT	
1. Have you attended school at any time in the past three months?			
□Yes		□No	
*Federally Require	d		
2. Please circle your current or highest educational level completed:			
*Federally Require	d		
3. Are you currently employed? (**Collected for clients 16 and older only)			
Employe	d full time (35+ hours per week)	\Box Student	
Employe	d part time	□ Retired	
□Homemaker		Other (Specify)	
Disabled			
*Federally Require	d		
4. Which of following best describes your current residential status?			
	lent, living in private residence	□ Homelessness	
Depende	nt, living in private residence	Jail/Correctional Facility	
-	ial Care (group home,		
	ation center, agency-operated	□ Foster Home/Foster Care	
	onal setting (24/7 care by	Crisis Residence	
	specialized staff or doctors)	□ Other	
*Federally Require			
5. Would voi	u say that in general your he	alth is:	
		Good 🛛 Fair 🔤 Poor	
a . Now think	ing about your physical health, w	which includes physical illness and injury,	
how many days during the past 30 days was your physical health not good?			
	s with emotions, how many days	during the past 30 days was your mental	
		v many days did your poor physical or	
	ealth keep you from doing your u	isual activities, such as self-care, work, or	

Last Updated: 04/24/2020

Page 1 of 3



Youth MH Form – Update Interval

6. Please answer the following question				nber o nts/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>pa</u> <u>months</u>	<u>ist 6</u>			nber o ts/Ti		Don't know	
a. How many times have you gone to an emergency room for a psyc or emotional problem?	chiatri	ic			_		
b. How many nights have you spent in a facility for:					-		
i. Detoxification?					-	_	
ii. Inpatient/Residential Substance Use Disorder Treatment?iii. Mental Health Care?					-		
iv. Illness, Injury, Surgery?					-		
c. How many times have you been arrested?					-	_	
d. How many nights have you spent in a correctional facility include	ing JD	С				_	
or Jail (as a result of an arrest, parole or probation violation)?	0,				-		
e. How many times have you tried to commit suicide? *Federally Required Element					-		
8. Please indicate your level of agreement or		Re	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	Strongly disagree	Disagree	Undecided	Agree	Strongly	Not	Refused
choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) *Federally Required	Strongly disagree	Disagree	Undecided	Agree	Strongly	Not	Refused
choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) *Federally Required Domain: Social Connectedness Questions 1-4	Strongly disagree	Disagree	Undecided	Agree	Strongly	Not	Refused
choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) *Federally Required	Strongly disagree	Disagree	Undecided	Agree	Strongly		
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		Disagree	Undecided	Agree			
 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 		Disagree					
 choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) *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 							
 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. 							
 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. 							
 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 							
 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. 							
 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 friends and other people. 8. I am doing better in school and/or work. 	□ □ □ □ □ □ □ □ □						
 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 in school and/or work. 9. I am better able to cope when things go wrong. 	ns 5-1						
 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 friends and other people. 8. I am doing better in school and/or work. 							



Youth MH Form – Update Interval

	Response Options					S	
	Strongly disagree	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 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	Quest	tions	: 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 b	e answered by C	linician			
GAIN Shor	t Screener (GA	AIN-SS) Scoring	g		
Screener	Items	Past Month (4)	Past 90 Days (4, 3)	Past Year (4, 3, 2)	Ever (4, 3, 2, 1)
IDScr	1a – 1f				
EDScr	2a – 2g				
SDScr	3a – 3e				
CVScr	4a – 4e				
TDSer	1a – 4e				

Department of Appondix	
Social Services Appendix	K B: Outcome Tool Su
Division of Be	havioral Health
	Outcome Tool
	buth
-	
	harge
Todays' Date:	
Client STARS ID:	_ □ ART □ FFT
1. Have you attended school at any time in	
☐Yes *Federally Required	□No
2. Please circle your current or highest ed	ucational level completed:
*Federally Required3. Are you currently employed? (**Collected	for clients 16 and older only)
Employed full time (35+ hours per week)	□ Student
Employed part time	□ Retired
□Homemaker	Other (Specify)
Disabled	
*Federally Required	
	current residential status?
*Federally Required	current residential status? □ Homelessness
*Federally Required 4. Which of following best describes your Independent, living in private residence Dependent, living in private residence	
*Federally Required 4. Which of following best describes your Independent, living in private residence Dependent, living in private residence Residential Care (group home, rehabilitation center, agency-operated	□ Homelessness
*Federally Required 4. Which of following best describes your Independent, living in private residence Dependent, living in private residence Residential Care (group home, rehabilitation center, agency-operated care)	 Homelessness Jail/Correctional Facility
*Federally Required 4. Which of following best describes your Independent, living in private residence Dependent, living in private residence Residential Care (group home, rehabilitation center, agency-operated	 Homelessness Jail/Correctional Facility Foster Home/Foster Care
 *Federally Required 4. Which of following best describes your of a lindependent, living in private residence Dependent, living in private residence Residential Care (group home, rehabilitation center, agency-operated care) Institutional setting (24/7 care by 	 Homelessness Jail/Correctional Facility Foster Home/Foster Care Crisis Residence
*Federally Required 4. Which of following best describes your Independent, living in private residence Dependent, living in private residence Residential Care (group home, rehabilitation center, agency-operated care) Institutional setting (24/7 care by skilled/specialized staff or doctors) *Federally Required	 Homelessness Jail/Correctional Facility Foster Home/Foster Care Crisis Residence Other
 *Federally Required 4. Which of following best describes your of Independent, living in private residence Dependent, living in private residence Residential Care (group home, rehabilitation center, agency-operated care) Institutional setting (24/7 care by skilled/specialized staff or doctors) *Federally Required 5. Would you say that in general your heal 	 Homelessness Jail/Correctional Facility Foster Home/Foster Care Crisis Residence Other th is:
 *Federally Required 4. Which of following best describes your of a lindependent, living in private residence Dependent, living in private residence Residential Care (group home, rehabilitation center, agency-operated care) Institutional setting (24/7 care by skilled/specialized staff or doctors) *Federally Required 5. Would you say that in general your heal Excellent Very Good Grain Comparison 	 ☐ Homelessness ☐ Jail/Correctional Facility ☐ Foster Home/Foster Care ☐ Crisis Residence ☐ Other Hth is: ood ☐ Fair ☐ Poor ich includes physical illness and injury,
 *Federally Required 4. Which of following best describes your of a lindependent, living in private residence Dependent, living in private residence Residential Care (group home, rehabilitation center, agency-operated care) Institutional setting (24/7 care by skilled/specialized staff or doctors) *Federally Required 5. Would you say that in general your heal Excellent Very Good Gamma 	 ☐ Homelessness ☐ Jail/Correctional Facility ☐ Foster Home/Foster Care ☐ Crisis Residence ☐ Other Ith is: ood □ Fair □ Poor ich includes physical illness and injury, s your physical health not good?

Last Updated: 05/02/2019

Page 1 of 3

/\$



Youth MH Form – Discharge

6. Please answer the following question				iber o ts/Ti		Dor 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>past 6</u> months					r of 'Time		on't .ow
a. How many times have you gone to an emergency room for a psyce emotional 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 JD	OC or				[
e. How many times have you tried to commit suicide? *Federally Required Element						[
8. Please indicate your level of agreement or		Re	espor	ise O	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		-	Agree	Strongly agree	0	Refused
Domain: Social Connectedness Questions 1-4							
1. I know people who will listen and understand me when I need to talk.							
2. In a crisis, I would have the support I need from family and friends.							
3. I have people that I am comfortable talking with about my problems.							
4. I have people with whom I can do enjoyable things.							
Domain: Improved Functioning/ Outcomes Domain: Question	ns 5-1	11					
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.							



Youth MH Form – Discharge

	Response Options					S	
	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 are available at times that are convenient for me.							
Domains: Perception of Cultural Sensitivity Questions 14-17							
14. Staff treated me with respect.							
15. Staff respected my family's religious/spiritual beliefs.							
16. Staff spoke with me in a way that I understand.							
17. Staff were sensitive to my cultural/ethnic background.							
Domain: Perceptions of Participation in Treatment Planning	Quest	tions	18-2	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	IN-SS) Scoring			
Screener	Items	Past Month	Past 90 Days	Past Year	Ever
Screener	Items	(4)	(4, 3)	(4, 3, 2)	(4, 3, 2, 1)
IDScr	1a – 1f				
EDScr	2a – 2g				
SDScr	3a - 3e				
CVScr	4a – 4e				
TDSer	1a – 4e				

Last Updated: 05/02/2019

South Dakota Department of Social Services	Appendix B: Outcor	ne Tool	Su	rveys
	Division of Behavioral Health			
	Mental Health Outcome Tool			
	Family			
	INITIAL			
Todays' Date:				
-				
1. Would you say	y that in general your child's health is:			
	Very Good Good Fair	□Poor		
	about your child's physical health, which includes physica nany days during the past 30 days was your child physica	l illness and		
b . Now thinking a	about your child's mental health, which includes stress, do th emotions, how many days during the past 30 days was a not good?			
c. During the pas or mental hea	t 30 days, approximately how many days did your child's alth keep you from doing your child's usual activities, suc or recreation?			
	the following question	Number of Nights/Times	Don't know	
In the past 30 days *Federally Required Ele	, how many times has your child been arrested? ement			
months	r the following questions based on the <u>past 6</u>	Number of Nights/Times	Don't know	
-	has your child gone to an emergency room for a			
	notional problem? s has your child spent in a facility for:			
i. Detoxification?				
- ·	dential Substance Use Disorder Treatment?			
iii. Mental Health iv. Illness, Injury,				
	has your child been arrested?			
d. How many night	s has your child spent in a correctional facility including			
	esult of an arrest, parole or probation violation)?			
e. How many times	has your child tried to commit suicide?			

*Federally Required Element



Family MH Form –Initial Interview

4. Please indicate your level of agreement or	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	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.									

Department of Social Services

Appendix B: Outcome Tool Surveys

Mental Health Far Upo	havioral Health Outcome Tool nily date
Todays' Date:	
Client STARS ID:	_
Program □ CYF Services (SED) □ MRT	□ ART □ FFT
1. Did your child attend school in the past	
Yes	□No
*Federally Required	
2. Please circle your child's current or hig	shest educational level completed:
Self-Contained Special Ed Class (No Grade) *Federally Required	
3. Is your child currently employed? (**Col	llected for clients 16 and older only)
Employed full time (35+ hours per week)	□ Student
Employed part time	Retired
□Homemaker	Other (Specify)
Disabled	
*Federally Required	
4. Which of following best describes your	child's current residential status?
☐Independent, living in private residence	Homelessness
Dependent, living in private residence	Jail/Correctional Facility
Residential Care (group home,	
rehabilitation center, agency-operated care)	Foster Home/Foster Care
\Box Institutional setting (24/7 care by	🗆 Crisis Residence
skilled/specialized staff or doctors)	□ Other
*Federally Required	
5. Would you say that in general your chi	ild's health is:
Excellent Very Good	Good 🛛 Fair 🖓 Poor
a. Now thinking about your child's physical hear injury, how many days during the past 30 of good?	
b. Now thinking about your child's mental heat problems with emotions, how many days of mental health not good?	
c. During the past 30 days, approximately how or mental health keep you from doing your school, work, or recreation?	

Last Updated: 03/23/2021

Page 1 of 3



Family MH Form – Update Interval

6. Please answer the following question				nber o nts/Ti		Dor kno	
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	<u>st 6</u>			iber o		Don't	
months			Nigi	nts/Ti	mes	knov	/
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	ncluv	ling					
JDC or Jail (as a result of an arrest, parole or probation violation)?	iiciui	ung					
e. How many times has your child tried to commit suicide?							
8. Please indicate your level of agreement or		R	espo	nse C	ption	IS	
disagreement with the statements by checking the							
choice that best represents your feelings or opinion	dy.	ee	ded	e	dy a	d	ed
over the past 6 months. (Please answer for	Strongly	disaeree Disagree	Jndecided	Agree	Strongly	Not	Refused
relationships with persons other than your behavioral	Str	dis Dis	Jnd	A	Str	Not	Re
health provider(s).) *Federally Required			-				
Domain: Social Connectedness Questions 1-4							
1. My child knows people who will listen and understand them when they need to talk.							
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							
unings.							
things. Domain: Improved Functioning/ Outcomes Domain: Question	-	□ •11					
Domain: Improved Functioning/ Outcomes Domain: Question	-	- <u>11</u>					
	-	- <u>11</u>					
Domain: Improved Functioning/ Outcomes Domain: Question 5. My child is better able to do things he or she wants to do.	-	-11 -11					
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.	-	- <u>11</u>					
 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. 	ns 5-						
 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. 	ns 5-						



Family MH Form – Update Interval

	Response Options								
	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Not annlicahle	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 Questions 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									

DSS	South Dakota Department of Social Services Appendix	x B: Outcome Tool Surve
	Mental Health Fa	ehavioral Health h Outcome Tool mily charge
	Todays' Date: Client STARS ID: Program	_ _ _ _ _ _ _ □ ART □ FFT
	1. Did your child attend school any time in	n the past three months?
	Yes	
	*Federally Required	
	2. Please circle your child's current or hig	hest educational level completed:
	Self-Contained Special Ed Class (No Grade) *Federally Required	
	3. Is your child currently employed? (**Col	lected for clients 16 and older only)
	\Box Employed full time (35+ hours per week)	□ Student
	Employed part time	Retired
	□Homemaker	Other (Specify)
	Disabled	
	*Federally Required	
	4. Which of following best describes your	child's current residential status?
	□ Independent, living in private residence	☐ Homelessness
	Dependent, living in private residence	Jail/Correctional Facility
	Residential Care (group home,	
	rehabilitation center, agency-operated care)	Foster Home/Foster Care
	\Box Institutional setting (24/7 care by	🗆 Crisis Residence
	skilled/specialized staff or doctors)	□ Other
	*Federally Required	
	5. Would you say that in general your chi	ld's health is:
		Good DFair DPoor
	a. Now thinking about your child's physical hea injury, how many days during the past 30 o good?	alth, which includes physical illness and
	b. Now thinking about your child's mental heal problems with emotions, how many days d mental health not good?	luring the past 30 days was your child's
	c. During the past 30 days, approximately how or mental health keep you from doing your school, work, or recreation?	

/S



Family MH Form – Discharge

6. Please answer the following question				Number of Nights/Times			Don't know	
In the past 30 days, how many times has your child been arrested? *Federally Required Element	1				-			
7. Please answer the following questions based on the <u>past 6</u>		Number of				Don't		
months			Ni	ghts,	/Time:	s kn	know	
a. How many times has your child gone to an emergency room for a	a					[
psychiatric or emotional problem?						-		
b. How many nights has your child spent in a facility for:							_	
i. Detoxification?								
ii. Inpatient/Residential Substance Use Disorder Treatment?					l			
iii. Mental Health Care?						L		
iv. Illness, Injury, Surgery? Source: Current MPR Adult History Form (Revised 3/06)					[
c. How many times has your child been arrested?					[
d. How many nights has your child spent in a correctional facility in	ncludi	ing						
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 Res					sponse Options			
disagreement with the statements by checking the				1000	puon			
choice that best represents your feelings or opinion	⊳ e	e	ed		Ŋ	le	Ъ	
over the past 6 months. (Please answer for	ngl ere	gre	cid	Agree	trongly agree	Not	asu	
relationships with persons other than your behavioral	Strongly disagree	Disagree	Jndecided	Ag	Strongly agree	Not applicable	Refused	
health provider(s).) *Federally Required	0, 0		ŋ		•	al		
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-'	11						
5. My child is better able to do things he or she wants to do.	15.0.							
6. My child gets along better with family members.								
7 My child gets along better with friends and other people								
7. My child gets along better with friends and other people.								
8. My child is doing better in school and/or work.								
8. My child is doing better in school and/or work.9. My child is better able to cope when things go wrong.								
8. My child is doing better in school and/or work.								



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								



[Page intentionally left blank]



