# Fiscal Year 2023:

## Sisseton-Wahpeton Oyate dba Dakotah Pride Center

# South Dakota Publicly Funded Behavioral Health Treatment Services

South Dakota Department of Social Services

# Foreword by Data and Outcomes Team

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?

Because of the changes and advancements in data processing, we do not recommend comparing data in this document to previous years' profiles (2021 and before). 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 fiscal 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. Additionally, some assessments may have been submitted without age information. In these cases, the assessments are only counted in the overall number of clients served, as we cannot delineate their age (adult or youth).

### 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 here https://dss.sd.gov/behavioralhealth/reportsanddata.aspx.

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

The Division of Behavioral Health reports data in this document per the guidelines and categories as required by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA). We report data in this document per the guidelines and categories SAMHSA identifies in various treatment databases, including the Treatment Episode Database Set (TEDS) and the Uniform Reporting System (URS).

Because of this close working relationship, we recommend visiting SAMHSA's website if you are looking for national behavioral health treatment information, data, and initiatives (https://www.samhsa.gov/).

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

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

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

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

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

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

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# Data Collection Methodology

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# Data Collection Methodology

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

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

Data in this Fiscal Year 2023 state profile as well as the executive summary and agency profiles were collected between June 1st, 2022, and May 31st, 2023.

**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 at least three stakeholders in their community. In addition, the DBH surveys the Department of Corrections (DOC), Unified Judicial System (UJS), and Child Protection Services (CPS) regarding the accredited agencies.

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.

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 of time. 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), How I Think Questionnaire (HIT), Global Appraisal of Individual Needs-Short Screener (GAIN-SS), and Aggression Questionnaire (AQ) are secondary tools utilized to measure the impact of applicable treatment services.

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# 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, intensive 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.

### Treatment Services for Justice-Involved and At-Risk Youth

Cannabis Youth Treatment (CYT) utilizes Motivational Interviewing, Motivational Enhancement Therapy, and Cognitive Behavioral Therapy to promote and sustain motivation in youth with addictions or co-occurring disorders. The length of CYT services varies by the youth's needs and can range from 5 to 22 sessions. CYT also includes a family support component.

Cognitive Behavioral Interventions for Substance Abuse (CBISA) is designed for people involved in the criminal justice system who are at moderate to high need in the area of substance abuse. The program consists of 47 sessions which include: Motivational Engagement, Cognitive Restructuring, Emotional Regulation, Social Skills, Problem Solving Skills, and Relapse Prevention.

### Cognitive Behavioral Interventions for Substance Abuse for Justice-Involved Adults (CBISA)

CBISA services are also available for justice-involved adults.

### 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

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 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.

**Transition Aged Youth Program (TAY)***
The Transition Aged Youth program serves young adults (age 18-21) with serious mental illness as they transition into adulthood. The program coordinates housing, mental health services, substance use disorder treatment, and support services targeted at assisting the young adult develop independent living skills.

**First Episode Psychosis Services (FEP)***
First Episode Psychosis services through OnTrack SD is a Coordinated Specialty Care (CSC) program for clients between the ages of 15-40 who are experiencing a first episode of psychosis (FEP). It is designed to support the client in meeting education, employment or other life goals and reduce the challenges of living with a mental illness.

### Aggression Replacement Training for Justice-Involved and At-Risk Youth (ART)

ART is designed to alter behaviors of chronically aggressive youth by using guided group discussions to correct anti-social thinking. ART uses repetitive learning techniques to teach coping skills for managing anger and impulsiveness. ART includes three interventions: social skills, anger control, and moral reasoning

### 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.

### Moral Reconation Therapy for Justice-Involved and At-Risk Youth (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.

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

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

* Data for this program are not presented in the State Profile but are provided in the profiles of the agencies that provide these services.

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

# Stakeholder Survey Summary

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# Stakeholder Survey

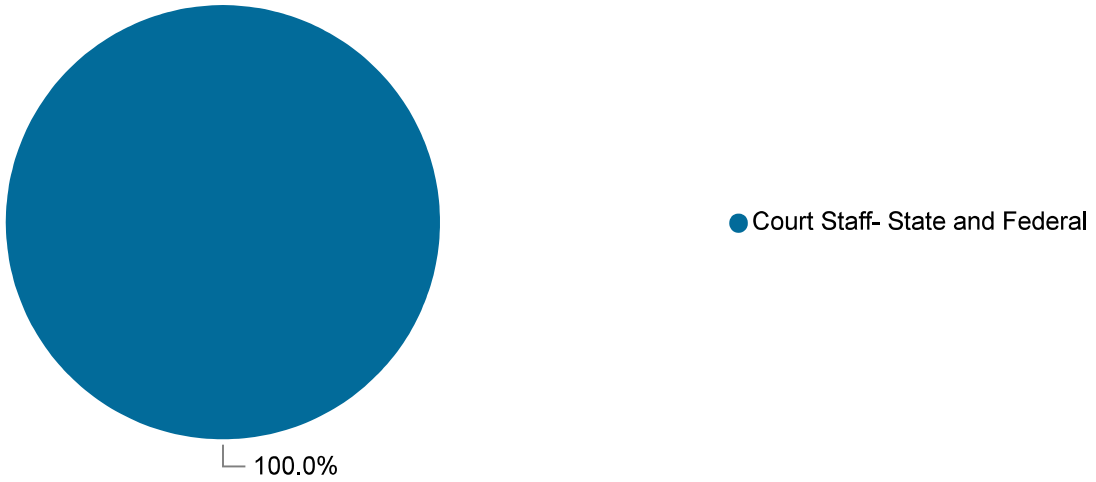
The Division of Behavioral Health (DBH) recognizes the need for strong community collaboration at the local level between accredited behavioral health treatment providers and their local referral sources. Accredited agencies are asked to share a stakeholder survey with local referral sources such as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

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

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

The majority of stakeholders who completed the survey were court staff.

## Types of Stakeholders Who Responded




| Stakeholder Type | N | % |
|---|---|---|
| Court Staff-State and Federal (Judge/Attorney/Probation/Parole/JCA/Drug Court/Teen Court) | 1 | 50.0% |
| State and Tribal (EA/CPS/Adult Services/Child Welfare) | 1 | 50.0% |
| **Total** | **2** | **100.0%** |

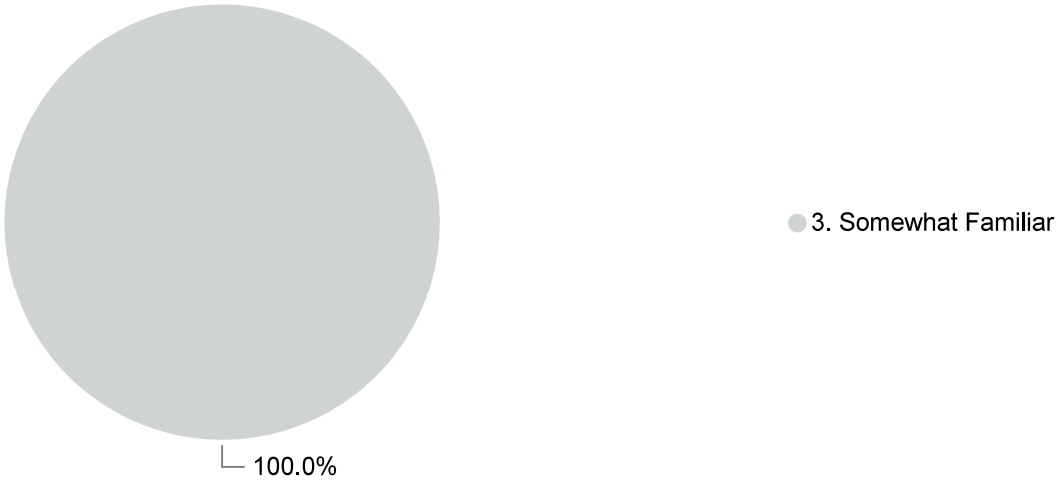
# Familiarity with Services

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

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

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

Familiarity with Services




| Stakeholder Type | 3. Somewhat Familiar | Total |
|---|---|---|
| Court Staff- State and Federal | 100.0% | **100.0%** |
| **Total** | **100.0%** | **100.0%** |

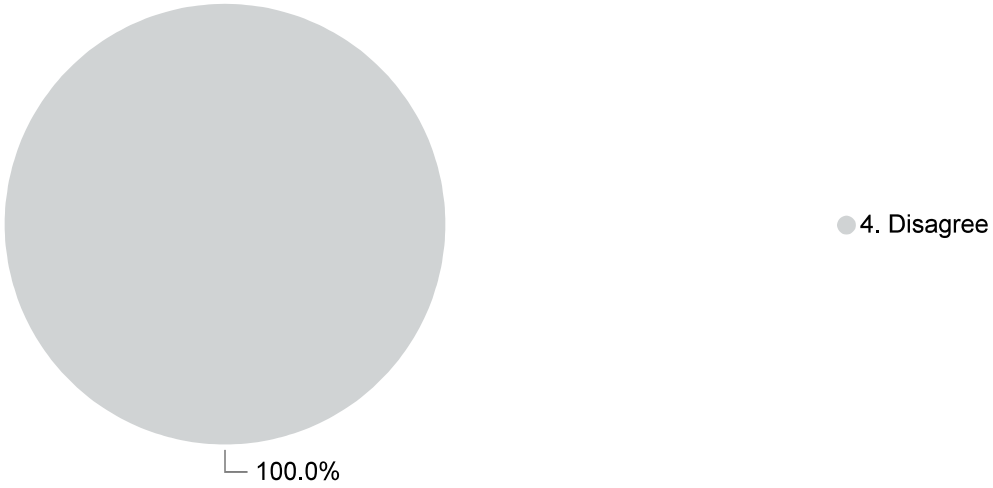
# Staff Respectfulness

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

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

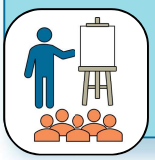
The majority of stakeholders disagreed staff members at accredited agencies are respectful.

## Staff Are Respectful




| Stakeholder Type | 4. Disagree | Total |
|---|---|---|
| Court Staff- State and Federal | 100.0% | **100.0%** |
| **Total** | **100.0%** | **100.0%** |

# Staff Training

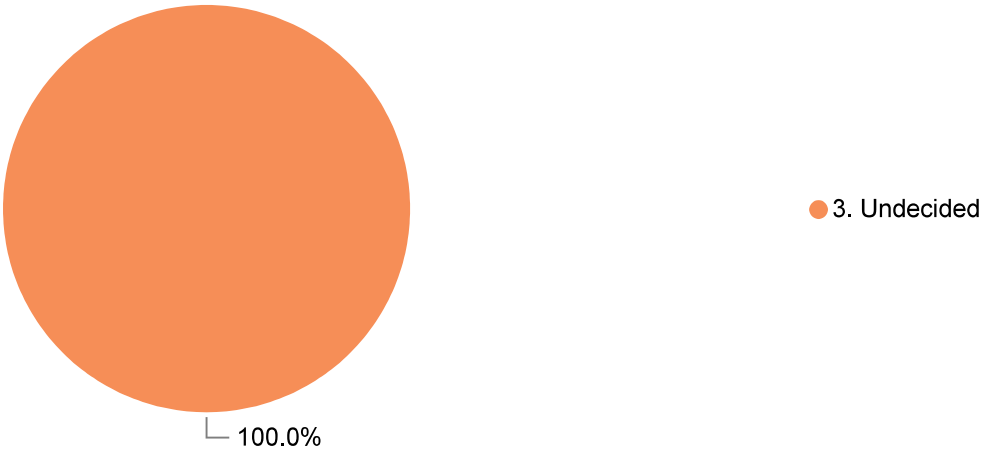


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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

The majority of stakeholders were undecided staff members at accredited agencies are well trained.

## Staff Are Well Trained




| Stakeholder Type | 3. Undecided | Total |
|---|---|---|
| Court Staff- State and Federal | 100.0% | **100.0%** |
| **Total** | **100.0%** | **100.0%** |

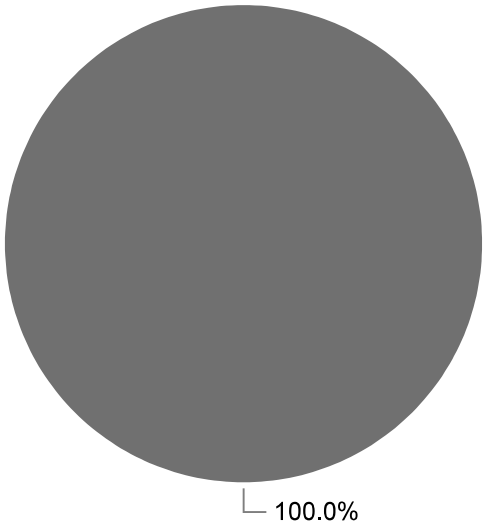
# Staff Communication

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

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

The majority of stakeholders strongly disagreed staff members at accredited agencies actively communicate with them about their referred clients' treatment.

Staff Actively Communicate




| Stakeholder Type | 5. Strongly Disagree | Total |
|---|---|---|
| Court Staff- State and Federal | 100.0% | **100.0%** |
| State and Tribal | 100.0% | **100.0%** |
| **Total** | **100.0%** | **100.0%** |

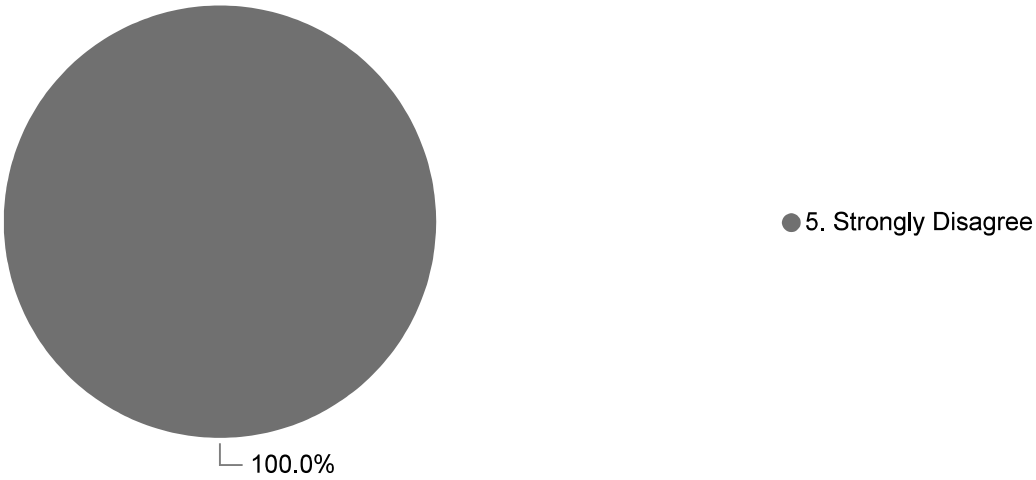
# Staff Competency

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

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

The majority of stakeholders strongly disagreed staff members at accredited agencies are competent to deliver treatment services.

## Staff Are Competent to Deliver Treatment Services




| Stakeholder Type | 5. Strongly Disagree | Total |
|---|---|---|
| Court Staff- State and Federal | 100.0% | **100.0%** |
| **Total** | **100.0%** | **100.0%** |

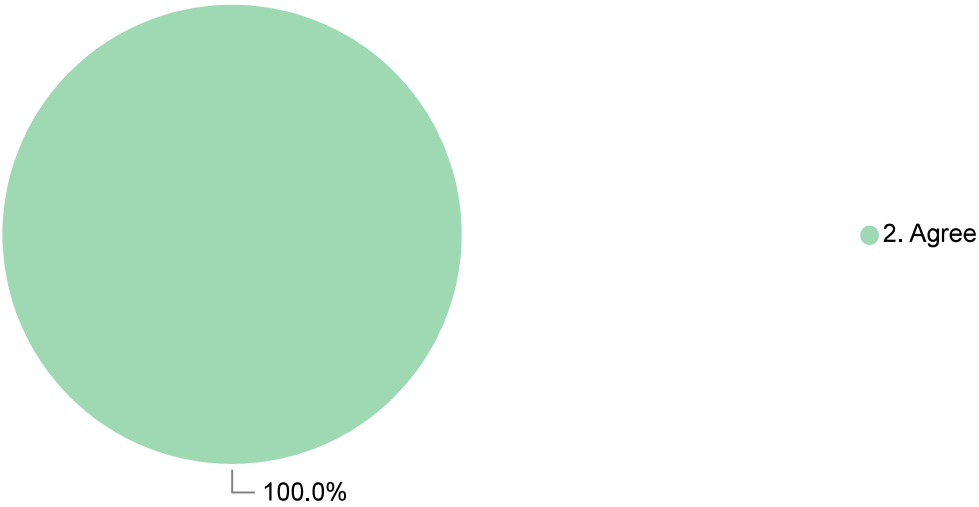
# Location of Services

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

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

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

## Location of Services are Convenient for Clients




| Stakeholder Type | 2. Agree | Total |
|---|---|---|
| Court Staff- State and Federal | 100.0% | **100.0%** |
| State and Tribal | 100.0% | **100.0%** |
| **Total** | **100.0%** | **100.0%** |

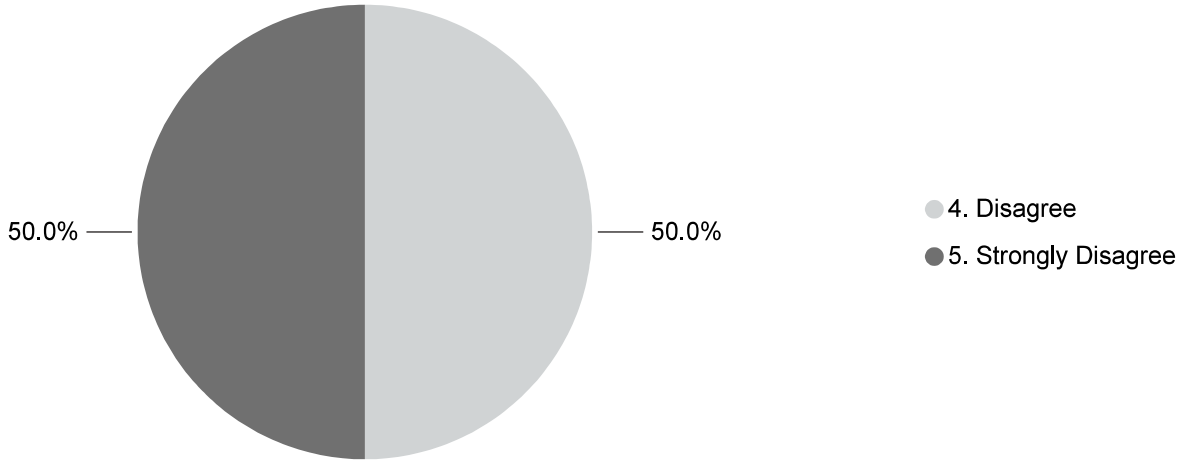
# Service Availability

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

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

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

## Services Are Available at Times Convenient for Clients




| Stakeholder Type | 4. Disagree | 5. Strongly Disagree | Total |
|---|---|---|---|
| Court Staff- State and Federal | | 100.0% | **100.0%** |
| State and Tribal | 100.0% | | **100.0%** |
| **Total** | **50.0%** | **50.0%** | **100.0%** |

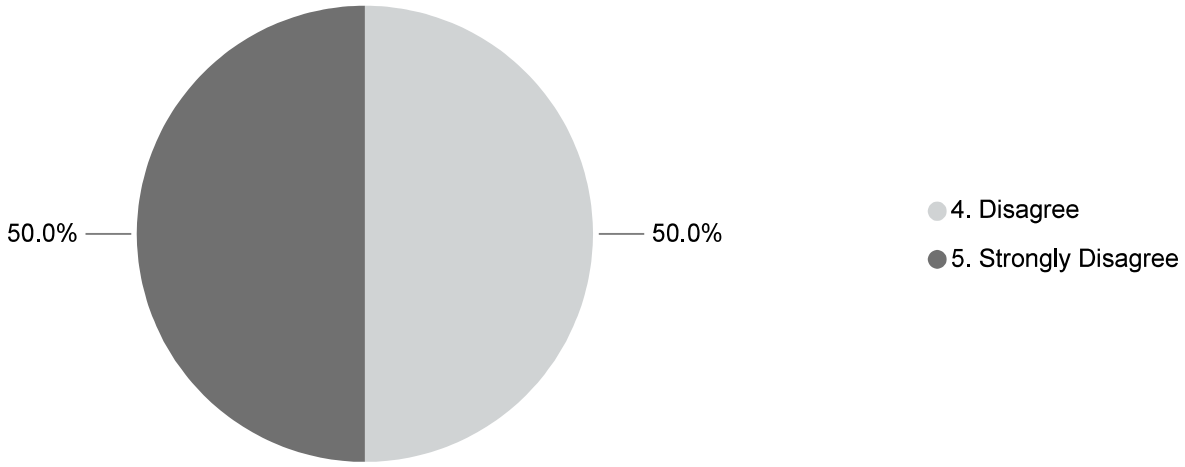
# Community Responsiveness

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

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

The majority of stakeholders disagreed or strongly disagreed that accredited agencies are responsive to the needs of their communities.

Provider is Responsive to the Needs Within the Community




| Stakeholder Type | 4. Disagree | 5. Strongly Disagree | Total |
|---|---|---|---|
| Court Staff- State and Federal | | 100.0% | **100.0%** |
| State and Tribal | 100.0% | | **100.0%** |
| **Total** | **50.0%** | **50.0%** | **100.0%** |

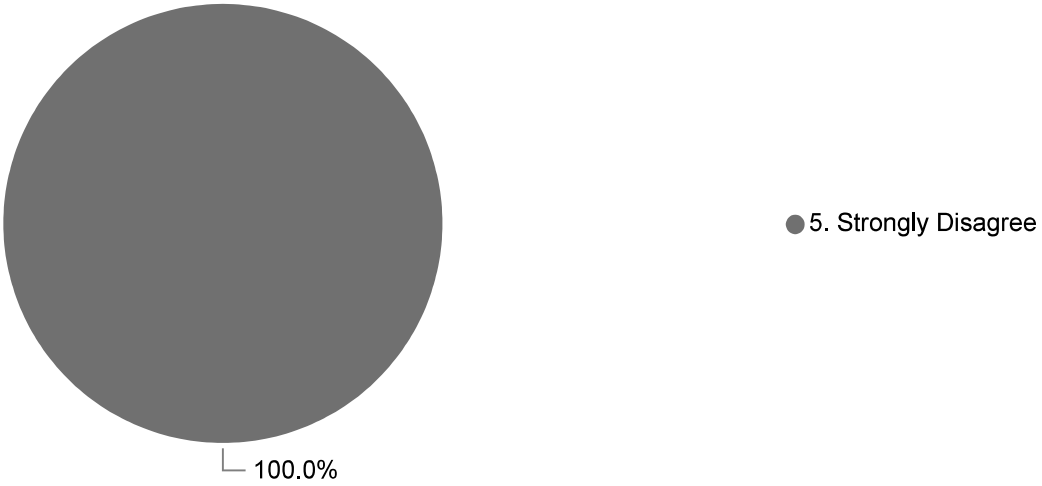
# Supportiveness of Clients' Needs

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

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

The majority of stakeholders strongly disagreed that accredited agencies are supportive of referred clients' needs.

Provider is Supportive of Clients' Needs




| Stakeholder Type | 5. Strongly Disagree | Total |
|---|---|---|
| Court Staff- State and Federal | 100.0% | **100.0%** |
| **Total** | **100.0%** | **100.0%** |

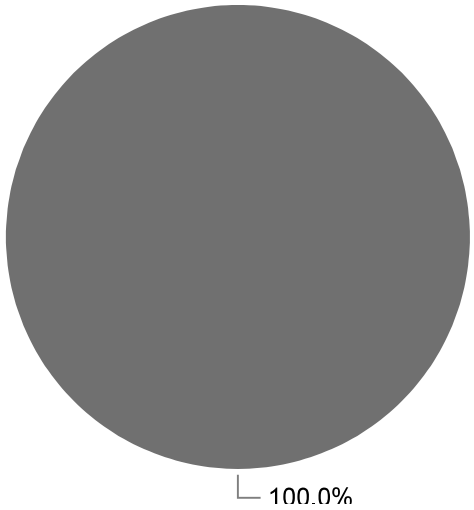
# Quality of Services

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

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

The majority of stakeholders strongly disagreed that accredited agencies provide quality services.

## Provider Provides Quality Services




| Stakeholder Type | 5. Strongly Disagree | Total |
|---|---|---|
| Court Staff- State and Federal | 100.0% | **100.0%** |
| **Total** | **100.0%** | **100.0%** |

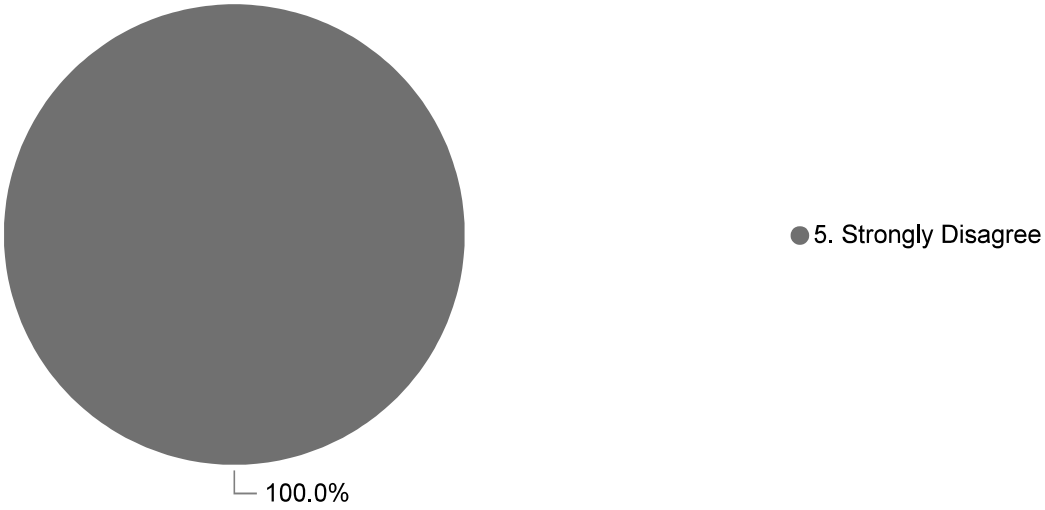
# Provider Responsiveness

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

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

The majority of stakeholders strongly disagreed that accredited agencies are responsive to their questions and concerns.

## Provider Has Been Responsive To My Questions and Concerns




| Stakeholder Type | 5. Strongly Disagree | Total |
|---|---|---|
| Court Staff- State and Federal | 100.0% | **100.0%** |
| State and Tribal | 100.0% | **100.0%** |
| **Total** | **100.0%** | **100.0%** |

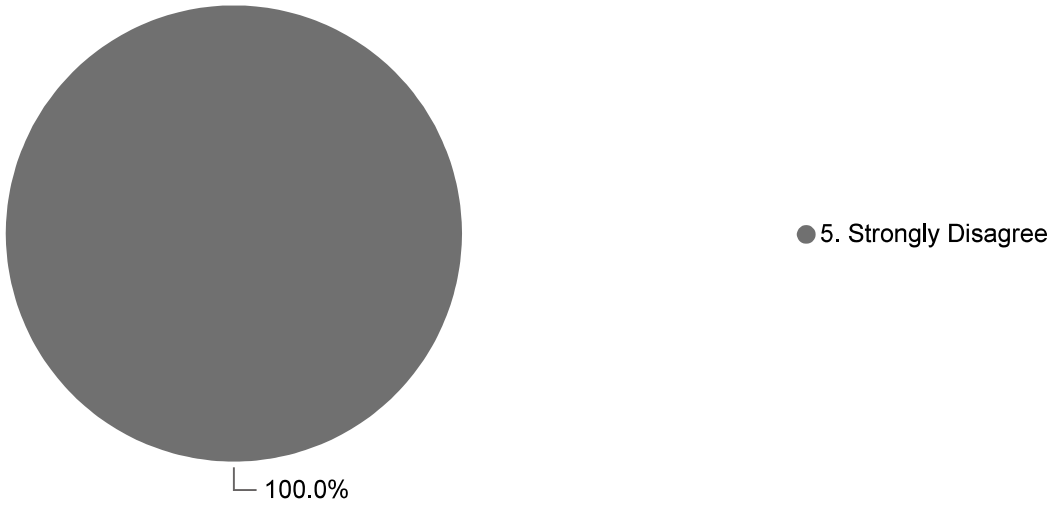
# Satisfaction of Outcomes

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

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

The majority of stakeholders strongly disagreed that clients who received services from accredited agencies experienced satisfaction of outcomes.

## Clients Report Satisfaction of Outcomes




| Stakeholder Type | 5. Strongly Disagree | Total |
|---|---|---|
| Court Staff- State and Federal | 100.0% | **100.0%** |
| **Total** | **100.0%** | **100.0%** |

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# Substance Use Disorder (SUD) Treatment Services

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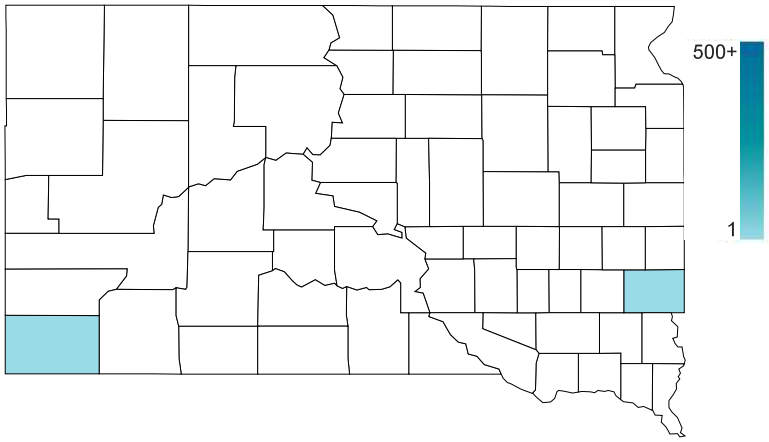
# SUD Treatment Services

Substance Use Assessments Conducted

0

County of Residence for Clients Who Received Publicly Funded Services




| Treatment Services | Publicly Funded Clients Served | Average Duration of Treatment (Days) |
|---|---|---|
| Intensive Inpatient Treatment (3.7) | 3 | 37 |

Unduplicated Clients Served (Publicly Funded)

3

Publicly Funded Clients Served with Co-Occurring Mental Health Conditions

2

Veterans Served (Publicly Funded)

0

Pregnant Clients Served (Publicly Funded)

0

This page reflects the number of adult and youth clients served. Subsequent sections reflect outcomes for adults and youth separately. A client's age is not required when completing an assessment. As a result, the adult and youth sections do not include assessment services without age information. For this reason, numbers served in some adult and youth services may appear lower than the overall totals.

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# Adult SUD Treatment Services

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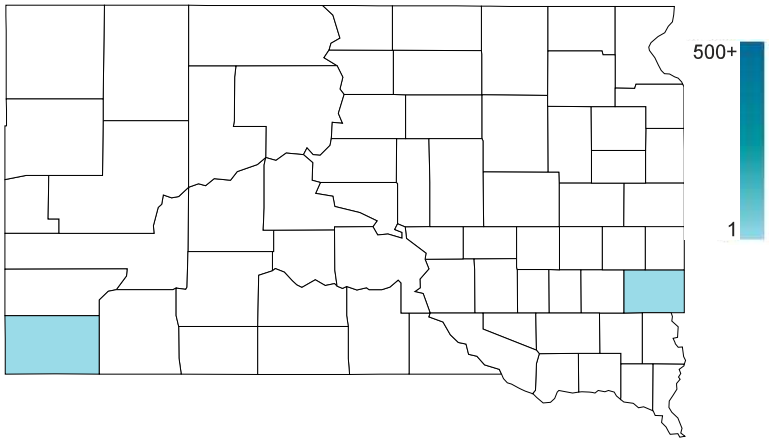
# Adult SUD Treatment Services

Substance Use Assessments Conducted

0

County of Residence for Clients Who Received Publicly Funded Services




| Treatment Services | Publicly Funded Clients Served | Average Duration of Treatment (Days) |
|---|---|---|
| Intensive Inpatient Treatment (3.7) | 3 | 37 |

Unduplicated Clients Served (Publicly Funded)

3

Publicly Funded Clients Served with Co-Occurring Mental Health Conditions

2

Veterans Served (Publicly Funded)

0

Pregnant Clients Served (Publicly Funded)

0

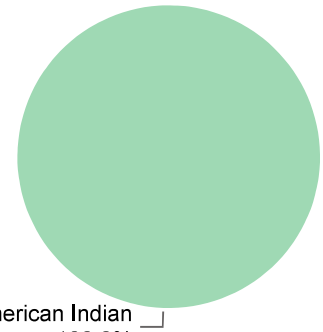
Data are reported in this section for clients ages 18 or older. Depending on specific needs and prior admissions, an 18 year-old client may have received a youth service. Data represent clients served in publicly funded services (i.e., Medicaid or state funds).

# Race & Ethnicity

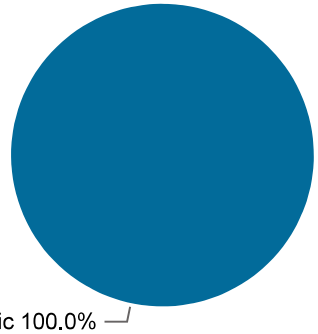
According to the U.S. Census Bureau, 84.2% of South Dakotans identify as White, 8.5% identify as American Indian, and 4.9% identify as Hispanic.

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

## Clients Served by Race




## Clients Served by Ethnicity



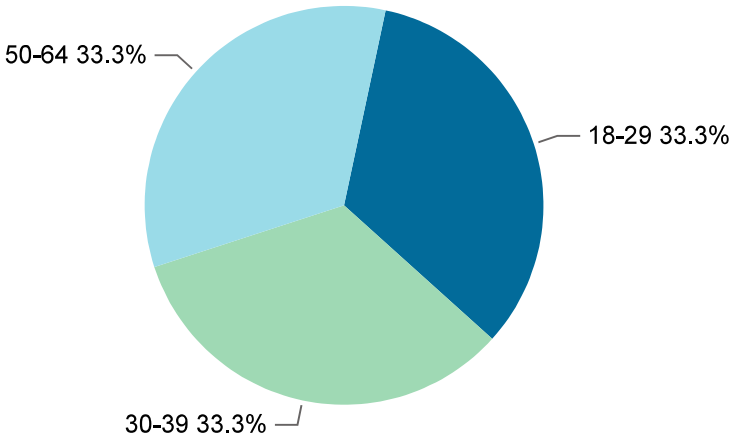

## Clients Served by Service Type and Race

| Treatment Services | American Indian N | American Indian % | Total N | Total % |
|---|---|---|---|---|
| Intensive Inpatient Treatment (3.7) | 3 | 100.0% | 3 | 100.0% |
| **Total** | **3** | **100.0%** | **3** | **100.0%** |

# Age

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

## Clients Served by Age



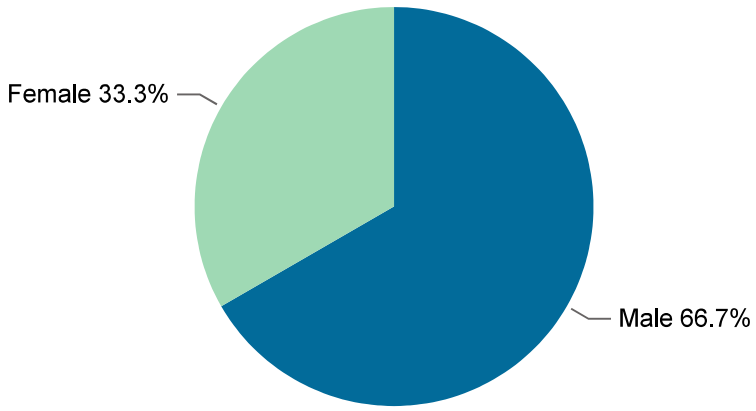

## Clients Served by Service Type and Age Group

| Treatment Services | 18-29 N | 18-29 % | 30-39 N | 30-39 % | 50-64 N | 50-64 % | **Total N** | **Total %** |
|---|---|---|---|---|---|---|---|---|
| Intensive Inpatient Treatment (3.7) | 1 | 33.3% | 1 | 33.3% | 1 | 33.3% | **3** | **100.0%** |
| **Total** | **1** | **33.3%** | **1** | **33.3%** | **1** | **33.3%** | **3** | **100.0%** |

# Gender

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

## Clients Served by Self-Identified Gender




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

| Treatment Services | Female N | Female % | Male N | Male % | **Total N** | **Total %** |
|---|---|---|---|---|---|---|
| Intensive Inpatient Treatment (3.7) | 1 | 33.3% | 2 | 66.7% | **3** | **100.0%** |
| **Total** | **1** | **33.3%** | **2** | **66.7%** | **3** | **100.0%** |

# Primary Diagnosis

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

The majority of adults served had a primary diagnosis of Alcohol Use Disorder.

## Percent of Clients Served for Each Primary Diagnosis

## Diagnosis by Service Type

| Treatment Services | Alcohol Use Disorder N | Alcohol Use Disorder % | Total N | Total % |
|---|---|---|---|---|
| Intensive Inpatient Treatment (3.7) | 3 | 100.0% | **3** | **100.0%** |
| **Total** | **3** | **100.0%** | **3** | **100.0%** |

# Reason for Discharge

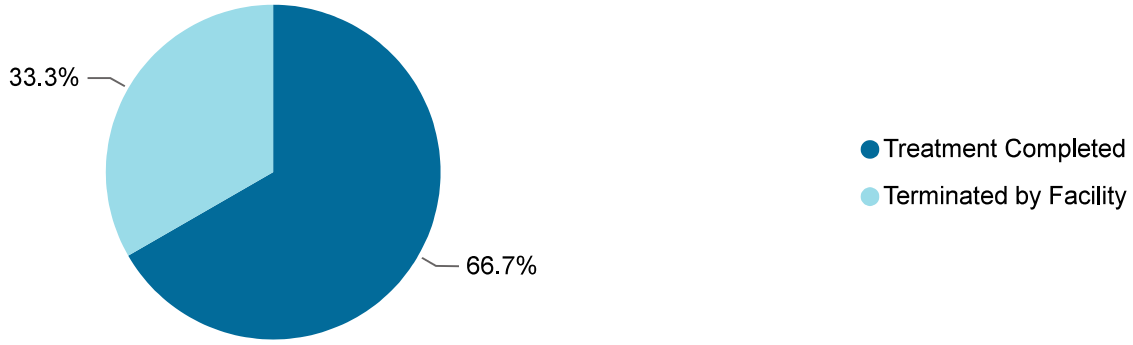
The national rate for successful treatment completion for adult and youth clients was 34%.

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

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

The majority of adults served successfully completed treatment services. The next most common discharge reason was "Terminated by Facility".

## Reason for Discharge from Services




## Reason for Discharge by Service Type

| Treatment Services | Terminated by Facility N | Terminated by Facility % | Treatment Completed N | Treatment Completed % | **Total N** | **Total %** |
|---|---|---|---|---|---|---|
| Intensive Inpatient Treatment (3.7) | 1 | 33.3% | 2 | 66.7% | **3** | **100.0%** |
| **Total** | **1** | **33.3%** | **2** | **66.7%** | 3 | 100.0% |

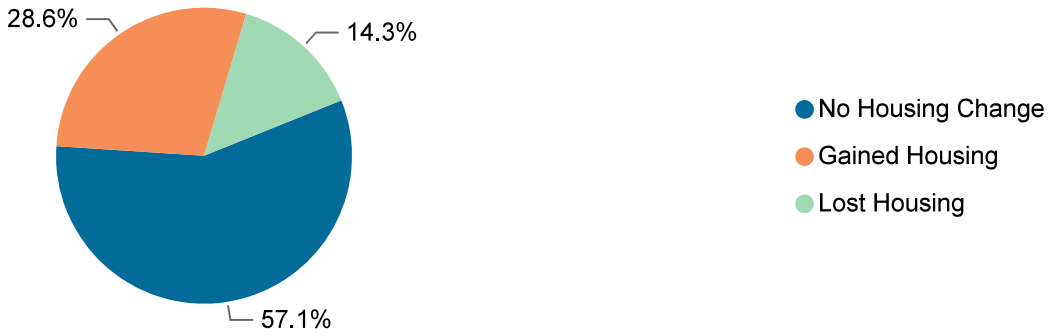
# Living Situation

The national rate of homelessness for adult and youth clients was 10%.

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

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

## Percent of 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 |
|---|---|---|---|
| Intensive Inpatient Treatment (3.7) | 3 | 28.6% | 14.3% |
| **Total** | **3** | **28.6%** | **14.3%** |

# Employment

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

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

The rate of employment for adults served in publicly funded treatment services did not change.

## Percent of 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 |
|---|---|---|---|
| Intensive Inpatient Treatment (3.7) | 3 | 0.0% | 0.0% |
| **Total** | **3** | **0.0%** | **0.0%** |

# Arrest History

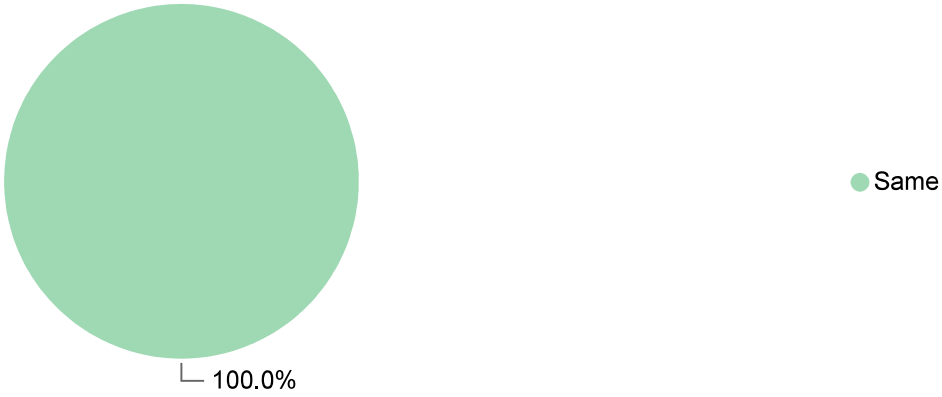
The national rate of adult and youth clients with at least one arrest was 4%.

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

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

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

## Percent of 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 |
|---|---|---|---|
| Intensive Inpatient Treatment (3.7) | 2 | 0.0% | 0.0% |
| **Total** | **2** | **0.0%** | **0.0%** |

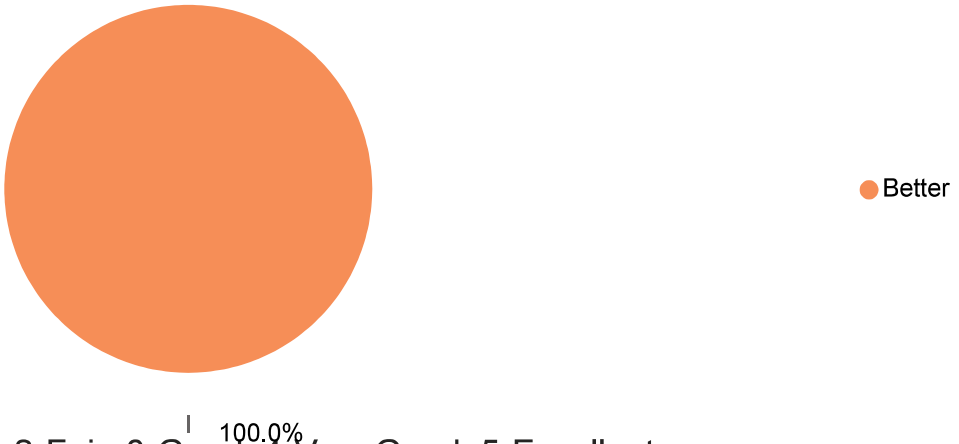
# General Health

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

Clients' responses on these surveys are then broken out by the type of treatment service they received. If they received multiple types of treatment services in FY23, their responses are counted once in each service.

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

Percent of 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 |
|---|---|---|---|---|---|
| Intensive Inpatient Treatment (3.7) | 2 | 3.00 | 4.00 | 1.00 | 33.3% |
| **Total** | **2** | **3.00** | **4.00** | **1.00** | **33.3%** |

# Physical Health

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

Clients' responses on these surveys are then broken out by the type of treatment service they received. If they received multiple types of treatment services in FY23, their responses are counted once in each service.

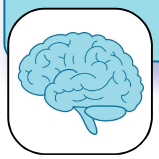
Adults served in publicly funded treatment services reported no change in days spent in poor physical health.

## Percent of 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 |
|---|---|---|---|---|---|
| Intensive Inpatient Treatment (3.7) | 1 | 0.00 | 0.00 | 0.00 | NaN |
| **Total** | **1** | **0.00** | **0.00** | **0.00** | **NaN** |

# Mental Health

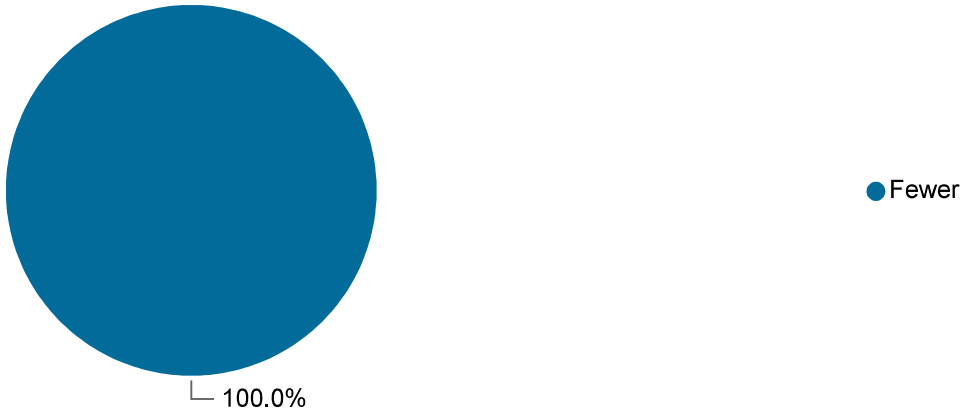


Clients are asked at the start of treatment and at the end of treatment, "Now thinking about your mental health, which includes stress, depression, and problems with emotions, how many days during the past 30 days was your mental health not good?" Only clients who completed this question at time of admission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

Clients' responses on these surveys are then broken out by the type of treatment service they received. If they received multiple types of treatment services in FY23, their responses are counted once in each service.

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

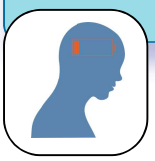
## Percent of Clients Who Had More, Fewer, or the Same Number of Days Spent in Poor Mental Health at Discharge Compared to Admission




## 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 |
|---|---|---|---|---|---|
| Intensive Inpatient Treatment (3.7) | 1 | 15.00 | 0.00 | -15.00 | -100.0% |
| **Total** | **1** | **15.00** | **0.00** | **-15.00** | **-100.0%** |

# Physical or Mental Health Prevented Normal Activities

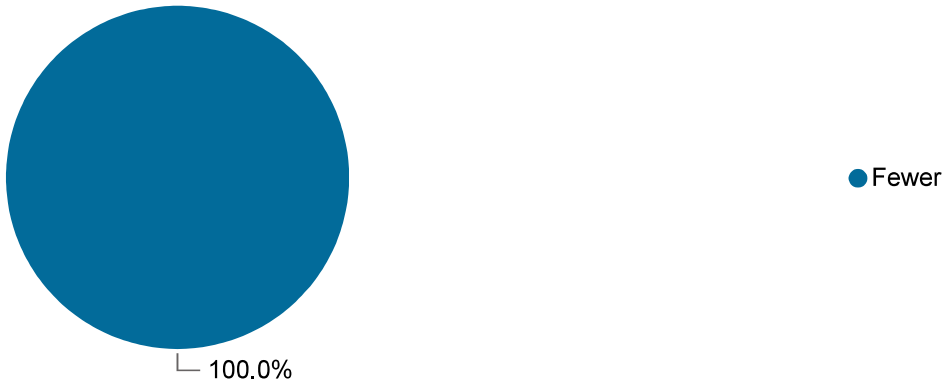


Clients are asked at the start of treatment and at the end of treatment, "During the past 30 days, approximately how many days did your poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?" Only clients who completed this question at time of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

Clients' responses on these surveys are then broken out by the type of treatment service they received. If they received multiple types of treatment services in FY23, 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.

## Percent of 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 |
|---|---|---|---|---|---|
| Intensive Inpatient Treatment (3.7) | 1 | 15.00 | 0.00 | -15.00 | -100.0% |
| **Total** | **1** | **15.00** | **0.00** | **-15.00** | **-100.0%** |

# 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 FY23, their responses are counted once in each service.

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

At discharge, adults served in publicly funded treatment services reported a decrease in attempts to die by suicide in the past 30 days.

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

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

| Treatment Services | Unduplicated Client Count | Average Initial | Average Discharge | Change | Percent Change |
|---|---|---|---|---|---|
| Intensive Inpatient Treatment (3.7) | 1 | 1.00 | 0.00 | -1.00 | -100.0% |
| **Total** | **1** | **1.00** | **0.00** | **-1.00** | **-100.0%** |

# 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."

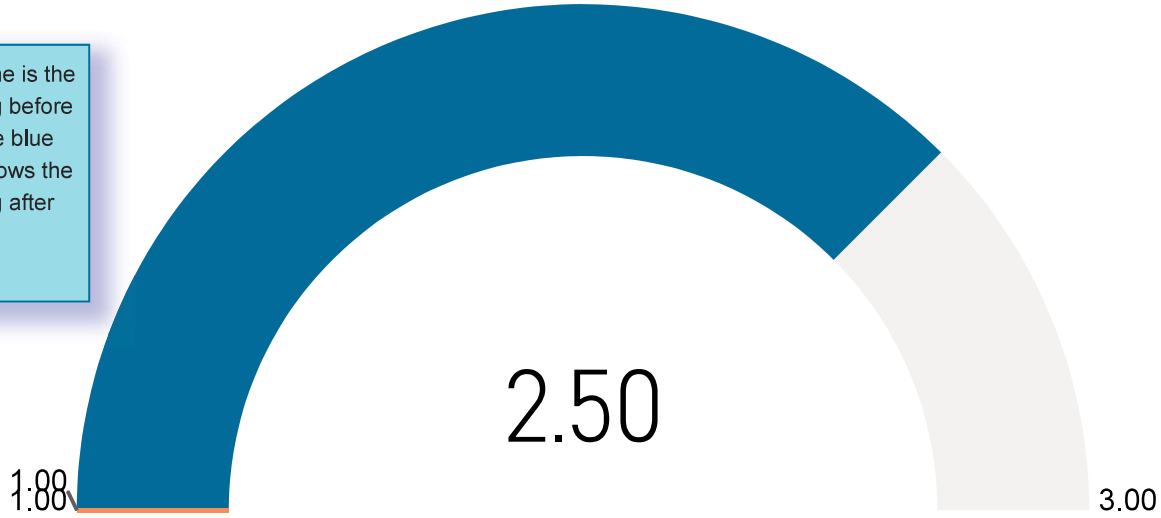
Only clients with a primary alcohol use disorder are included in this outcome measure. Clients with primary non-alcohol use disorder rate their ability to control their drug use specifically on the following page.

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 FY23, their responses are counted once in each service.

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

## Ability to Control Alcohol Use

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




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

| Treatment Services | Unduplicated Client Count | Average Initial | Average Discharge | Change | Percent Change |
|---|---|---|---|---|---|
| Intensive Inpatient Treatment (3.7) | 2 | 1.00 | 2.50 | 1.50 | 150.0% |
| **Total** | **2** | **1.00** | **2.50** | **1.50** | **150.0%** |

# Ability to Control Drug Use

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

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

Clients' responses on these surveys are then broken out by the type of treatment service they received. If they received multiple types of treatment services in FY23, their responses are counted once in each service.

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

## Ability to Control Drug Use

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

(Blank)

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

| Treatment Services | Unduplicated Client Count | Average Initial | Average Discharge | Change | Percent Change |
|---|---|---|---|---|---|
| **Total** | | | | | |

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

# 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 FY23, their responses are counted once in each service.

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

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

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

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

| Treatment Services | Unduplicated Client Count | Average Initial | Average Discharge | Change | Percent Change |
|---|---|---|---|---|---|
| Intensive Inpatient Treatment (3.7) | 2 | 2.00 | 3.00 | 1.00 | 50.0% |
| **Total** | **2** | **2.00** | **3.00** | **1.00** | **50.0%** |

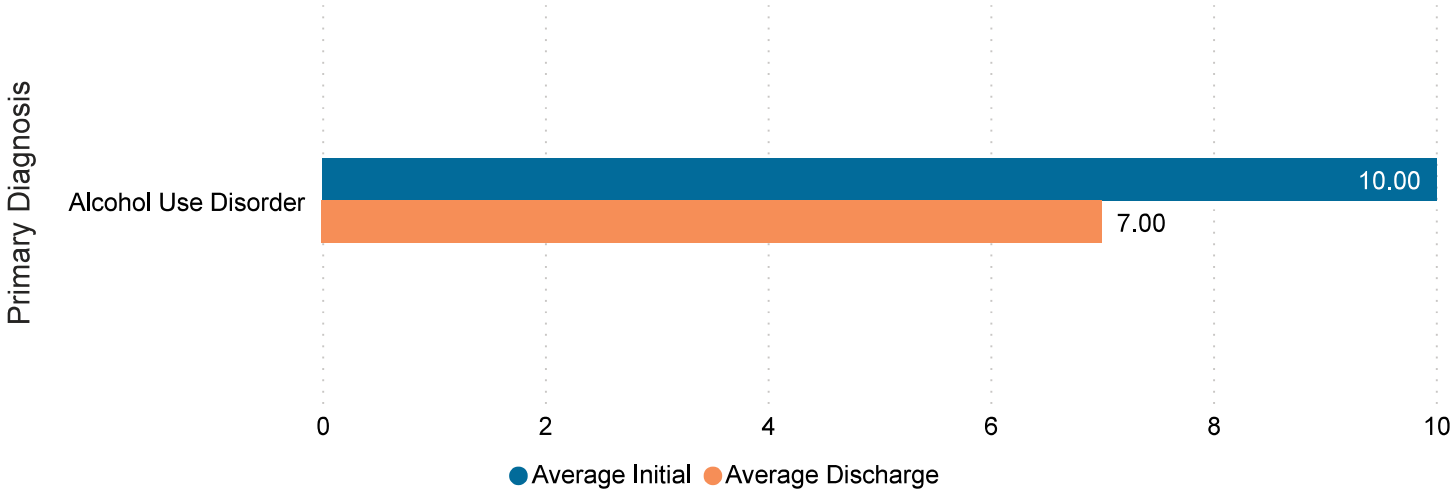
# Importance of Changing Current Behaviors

Clients are asked at the start of treatment and at the end of treatment to rate how important it is that they change their current behaviors and/or symptoms. They rate this question on a scale from 0-"Not Important at 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 a decrease in their self-rated importance of changing current behaviors.

## Self-Rated Importance in Changing Current Behaviors




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

| Treatment Services | Unduplicated Client Count | Average Initial | Average Discharge | Change | Percent Change |
|---|---|---|---|---|---|
| Intensive Inpatient Treatment (3.7) | 2 | 10.00 | 7.00 | -3.00 | -30.0% |
| **Total** | **2** | **10.00** | **7.00** | **-3.00** | **-30.0%** |

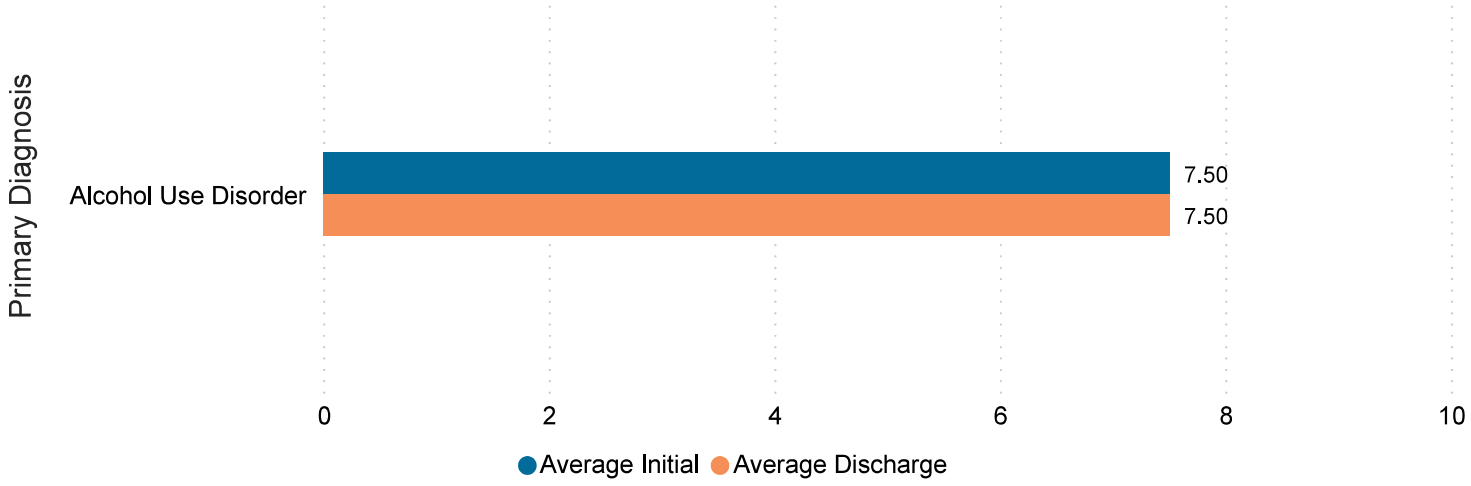
# Motivation to Change Current Behaviors

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

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

Adults served in publicly funded treatment services reported no change 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 |
|---|---|---|---|---|---|
| Intensive Inpatient Treatment (3.7) | 2 | 7.50 | 7.50 | 0.00 | 0.0% |
| **Total** | **2** | **7.50** | **7.50** | **0.00** | **0.0%** |

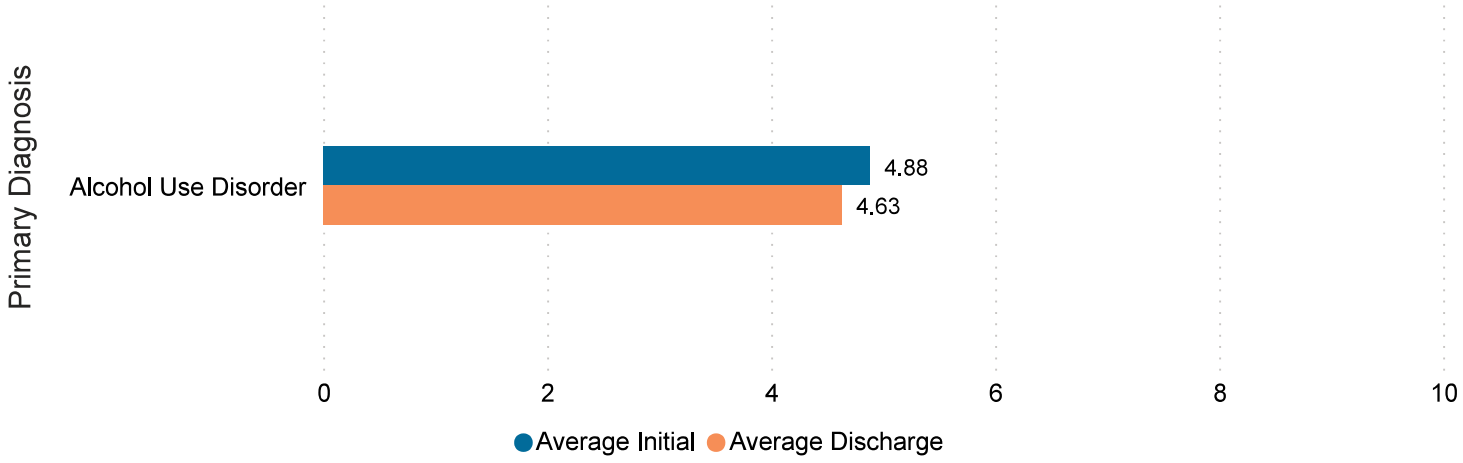
# Confidence to Control Use Under Stress and Peer Pressure

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 a decrease 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 |
|---|---|---|---|---|---|
| Intensive Inpatient Treatment (3.7) | 2 | 4.88 | 4.63 | -0.25 | -5.1% |
| **Total** | **2** | **4.88** | **4.63** | **-0.25** | **-5.1%** |

# 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 FY23, 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.

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

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

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

| Treatment Services | Unduplicated Client Count | Average Initial | Average Discharge | Change | Percent Change |
|---|---|---|---|---|---|
| **Total** | | | | | |

# Detoxification Services

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

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

Clients' responses on these surveys are then broken out by the type of treatment service they received. If they received multiple types of treatment services in FY23, 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.

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

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

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

| Treatment Services | Unduplicated Client Count | Average Initial | Average Discharge | Change | Percent Change |
|---|---|---|---|---|---|
| **Total** | | | | | |

# Inpatient Substance Use Disorder Treatment Services

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

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

Clients' responses on these surveys are then broken out by the type of treatment service they received. If they received multiple types of treatment services in FY23, 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.

Percent of 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 FY23, 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.

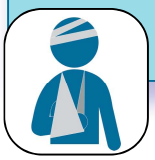
Percent of Clients Who Had More, Fewer, or the Same Number of Nights Spent in a Facility for Mental Health Care at Discharge Compared to Admission

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

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

| Treatment Services | Unduplicated Client Count | Average Initial | Average Discharge | Change | Percent Change |
|---|---|---|---|---|---|
| **Total** | | | | | |

# Illness, Injury, or Surgery



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

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

Clients' responses on these surveys are then broken out by the type of treatment service they received. If they received multiple types of treatment services in FY23, 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.

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

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

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

| Treatment Services | Unduplicated Client Count | Average Initial | Average Discharge | Change | Percent Change |
|---|---|---|---|---|---|
| **Total** | | | | | |

# Nights Spent in Correctional Facility

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

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

Clients' responses on these surveys are then broken out by the type of treatment service they received. If they received multiple types of treatment services in FY23, their responses are counted once in each service.

At discharge, adults served in publicly funded treatment services reported no change in nights spent in a correctional facility in the past 30 days.

## Percent of 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 |
|---|---|---|---|---|---|
| Intensive Inpatient Treatment (3.7) | 1 | 30.00 | 30.00 | 0.00 | 0.0% |
| **Total** | **1** | **30.00** | **30.00** | **0.00** | **0.0%** |

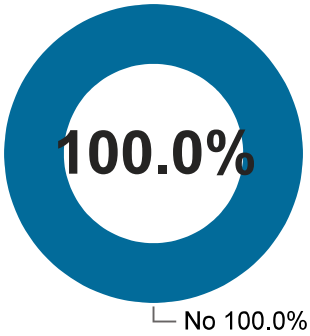
# Trouble as a Result of Substance Use

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.

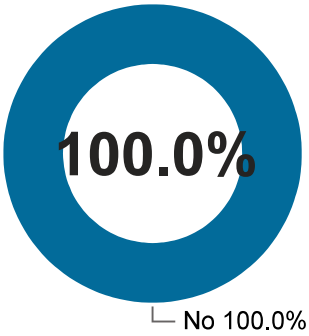
Clients' responses on these surveys are then broken out by the percentage of clients who responded "Yes" or "No" at time of admission and at time of discharge (donut chart) as well as the average responses and change from admission to discharge (table).

All adults served in publicly funded treatment services reported not getting in trouble in school or work 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 |
|---|---|---|---|---|---|
| Intensive Inpatient Treatment (3.7) | 2 | 0.00 | 0.00 | 0.00 | NaN |
| **Total** | **2** | **0.00** | **0.00** | **0.00** | **NaN** |

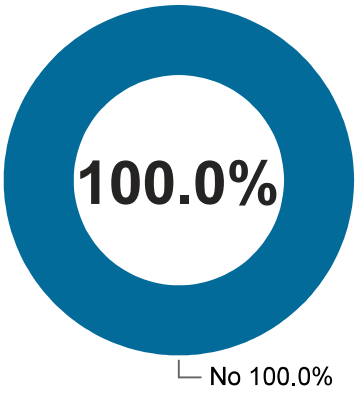
# Missing School/Work as a Result of Substance Use

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

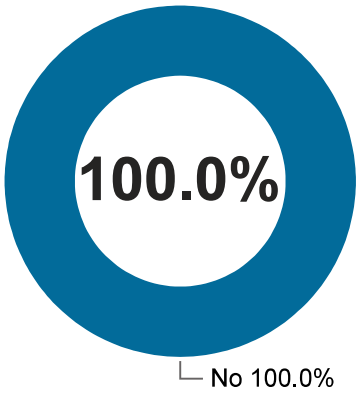
Clients' responses on these surveys are then broken out by the percentage of clients who responded "Yes" or "No" at time of admission and at time of discharge (donut chart) as well as the average responses and change from admission to discharge (table).

All adults served in publicly funded treatment services reported not 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 |
|---|---|---|---|---|---|
| Intensive Inpatient Treatment (3.7) | 2 | 0.00 | 0.00 | 0.00 | NaN |
| **Total** | **2** | **0.00** | **0.00** | **0.00** | **NaN** |

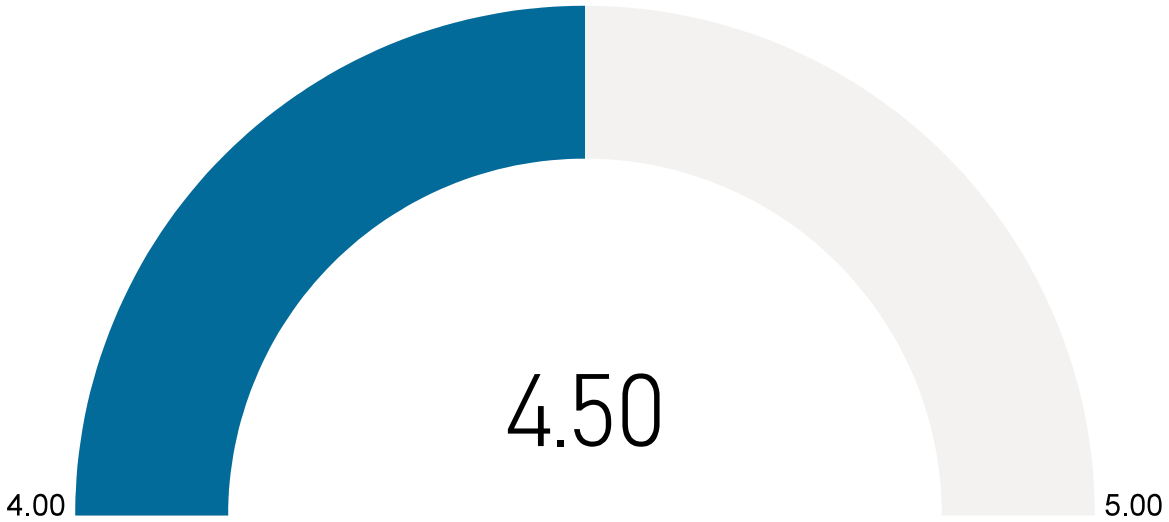
# General Satisfaction with Services

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

Clients' responses on these surveys are then broken out by the type of treatment service they received. If they received multiple types of treatment services in FY23, their responses are counted once in each service.

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

Were You Satisfied With the Services You Received?




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

| Treatment Services | Unduplicated Client Count | General Satisfaction with Services |
|---|---|---|
| Intensive Inpatient Treatment (3.7) | 2 | 4.50 |
| **Total** | **2** | **4.50** |

# Improved Functioning

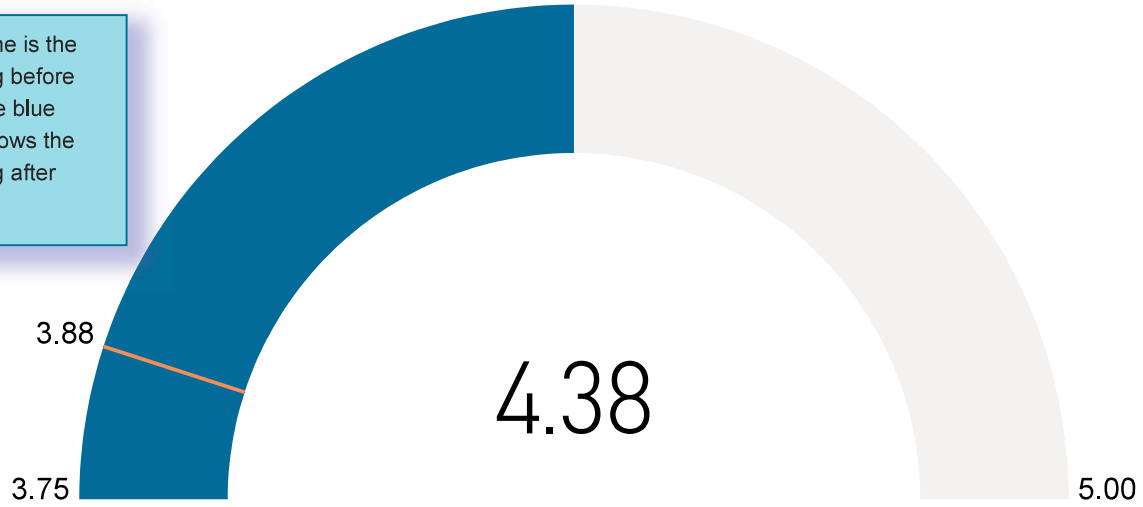
Clients are asked at discharge to rate how strongly they agree with four different questions pertaining to their perception of their mental health and social well-being before and after the services they received. The average of these four responses is given below. To see specific questions, please see 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 FY23, their responses are counted once in each service.

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

## Improved Functioning

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




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

| Treatment Services | Unduplicated Client Count | Average Initial | Average Discharge | Change | Percent Change |
|---|---|---|---|---|---|
| Intensive Inpatient Treatment (3.7) | 2 | 3.88 | 4.38 | 0.50 | 12.9% |
| **Total** | **2** | **3.88** | **4.38** | **0.50** | **12.9%** |

# Social Connectedness

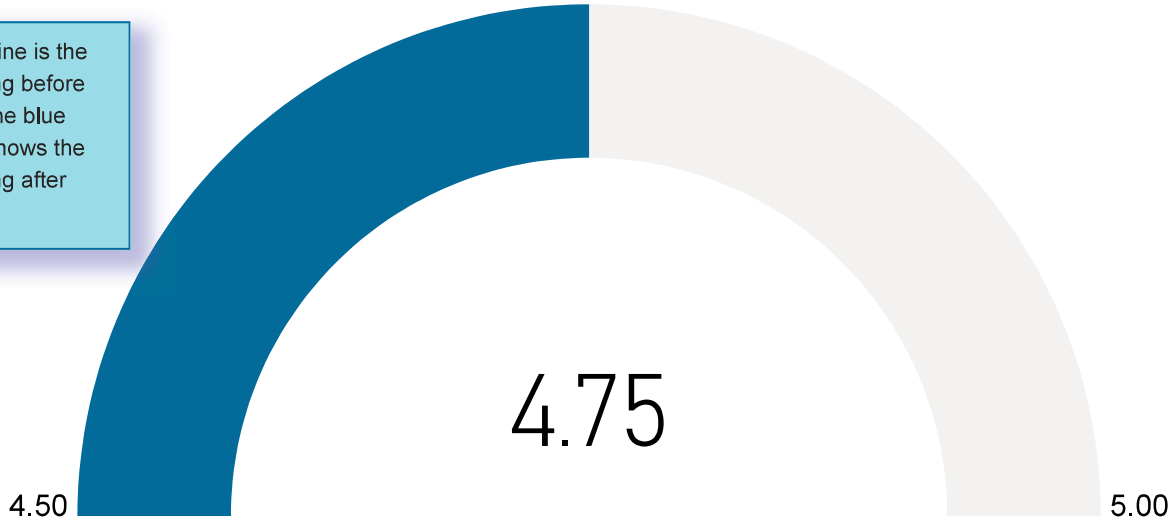
Clients are asked at discharge to rate how strongly they agree with four different questions pertaining to their connections with their family, friends, and community. The average of these four responses is given below. To see specific questions, please see Appendix B.

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 FY23, their responses are counted once in each service.

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

## Social Connectedness

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




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

| Treatment Services | Unduplicated Client Count | Average Initial | Average Discharge | Change | Percent Change |
|---|---|---|---|---|---|
| Intensive Inpatient Treatment (3.7) | 2 | 4.13 | 4.75 | 0.63 | 15.2% |
| **Total** | **2** | **4.13** | **4.75** | **0.63** | **15.2%** |

# Participation in Treatment Planning and Outcomes of Services

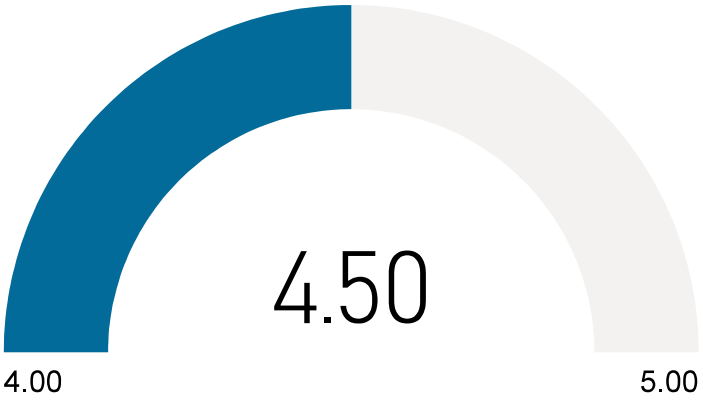
Clients are asked at discharge to rate how strongly they agree with two different questions pertaining to their participation in treatment planning for services they received. The average of these two responses is given below.

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

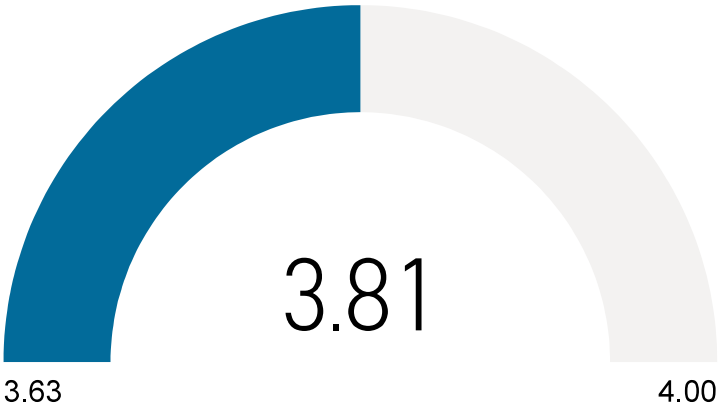
Clients' responses on these surveys are then broken out by the type of treatment service they received. If they received multiple types of treatment services in FY23, their responses are counted once in each service.

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

Participation in Treatment Planning



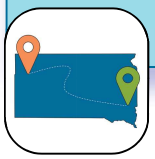

Outcomes of Treatment Services




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

| Treatment Services | Unduplicated Client Count | Participation in Treatment Planning | Outcomes of Treatment Services |
|---|---|---|---|
| Intensive Inpatient Treatment (3.7) | 2 | 4.50 | 3.81 |
| **Total** | **2** | **4.50** | **3.81** |

# Access and Quality and Appropriateness of Services



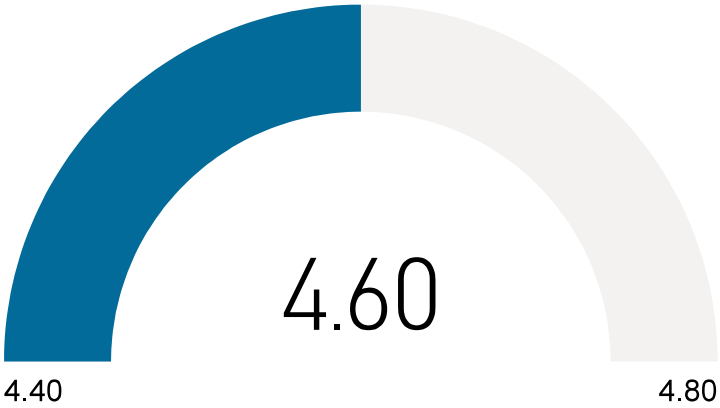
Clients are asked at discharge to rate how strongly they agree with five different questions pertaining to the ease and convenience of accessing the services they received. The average of these five responses is given below.

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

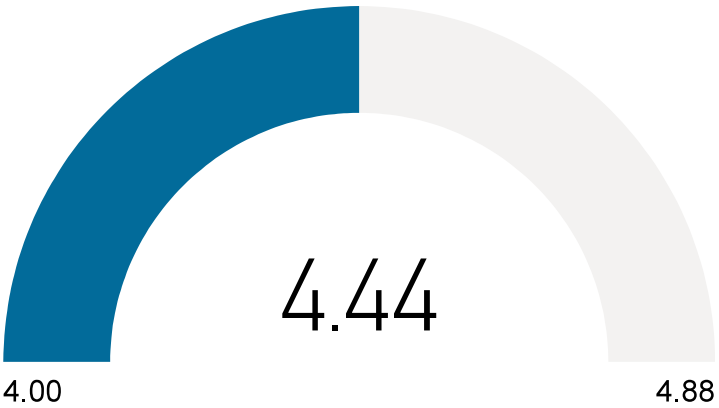
Clients' responses on these surveys are then broken out by the type of treatment service they received. If they received multiple types of treatment services in FY23, their responses are counted once in each service.

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

Access to Services




Quality and Appropriateness of Services




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

| Treatment Services | Unduplicated Client Count | Access to Services | Quality and Appropriateness |
|---|---|---|---|
| Intensive Inpatient Treatment (3.7) | 2 | 4.60 | 4.44 |
| **Total** | **2** | **4.60** | **4.44** |

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# Appendix A: Outcome Tool Return Rates

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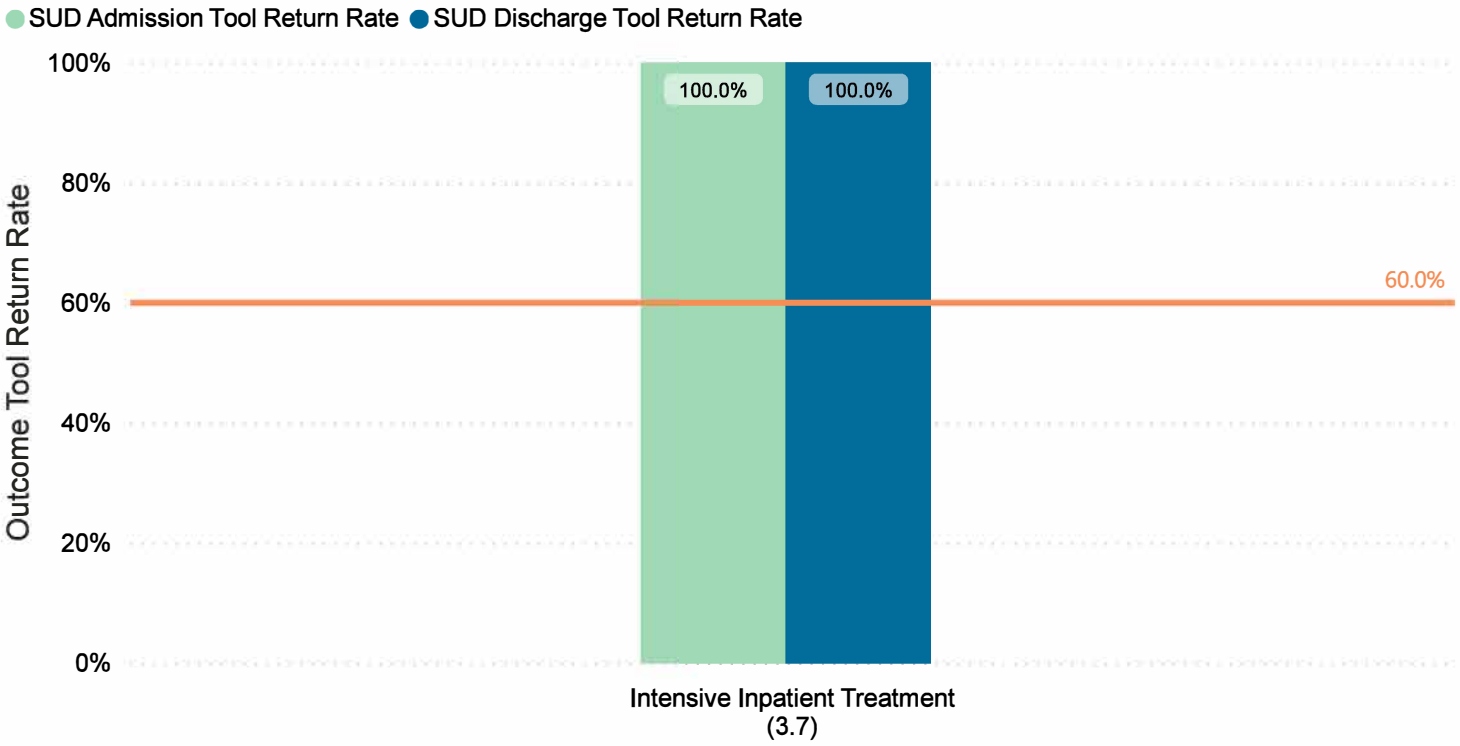
# Adult SUD Outcome Tool Return Rates

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

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




| Treatment Services | Admissions | Initial Tool | Initial Tool Return Rate | Discharges | Discharge Tool | Discharge Tool Return Rate |
|---|---|---|---|---|---|---|
| Intensive Inpatient Treatment (3.7) | 3 | 3 | 100.0% | 2 | 2 | 100.0% |
| **Total** | **3** | **3** | **100.0%** | **2** | **2** | **100.0%** |

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# Appendix B: Outcome Tool Surveys

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

Todays' Date:

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

**Program**

- ☐ 1.0 Outpatient
- ☐ 2.1 Intensive Outpatient (Including2.1/3.1)
- ☐ 2.5 Day Treatment
- ☐ 3.1 Low Intensity Residential
- ☐ 3.7 Intensive Inpatient Treatment
- ☐ Adult Outpatient EBP (CJI Clients Only)
- ☐ Adult Outpatient EBP/MRT (CJI Clients Only)
- ☐ Adult Outpatient EBP/MRT/3.1 Services (CJI Clients Only)
- ☐ 1.0 Gambling Outpatient
- ☐ 2.1 Gambling Intensive Outpatient
- ☐ 2.5 Gambling Day Treatment
- ☐ 3.7 Gambling Intensive Inpatient Treatment
- ☐ MRT (CJI Clients Only)
- ☐ Adult Outpatient EBP/3.1 Services (CJI Clients Only)
- ☐ IMT – OP
- ☐ IMT – E
- ☐ IMT – OC

---

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

☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

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

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

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

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

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

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

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

# Adult SUD Form –Initial

| **4. Please answer the following question** | Number of Nights/Times | Don't know |
|---|---|---|
| In the past 30 days, how many times have you been arrested?<br>*Federally Required Element | ____ | ☐ |

| **5. Please answer the following questions based on the past 30 days…** | | |
|---|---|---|
| a. Have you gotten into trouble at home, at school, work, or in the community, because of your use of alcohol, drugs, inhalants, or gambling? | ☐Yes | ☐No |
| b. Have you missed school or work because of using alcohol, drugs, inhalants, or gambling? | ☐Yes | ☐No |

*Federally Required Element

| **6. Please answer the following questions based on the <u>past 30 days</u>…** | Number of Nights/Times | Don't know |
|---|---|---|
| a. How many times have you gone to an emergency room for a psychiatric or emotional problem? | ____ | ☐ |
| 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 spent in a correctional facility including jail or prisons (as a result of an arrest, parole or probation violation)? | ____ | ☐ |
| d. How many times have you tried to commit suicide? | ____ | ☐ |

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

## Adult SUD Form –Initial

| **8. Please indicate your level of agreement or disagreement with the statements by checking the choice that best represents your feelings or opinion over the <u>past 30 days</u>. (Please answer for relationships with persons other than your behavioral health provider(s).)** Source: MHSIP Survey *Federally Required | Response Options | | | | | | |
|---|---|---|---|---|---|---|---|
| | **Strongly disagree** | **Disagree** | **Undecided** | **Agree** | **Strongly agree** | **Not applicable** | **Refused** |
| Domain: Social Connectedness Questions 1-4 | | | | | | | |
| 1. I am happy with the friendships I have. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 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 **<u>required</u>** to be completed by Clinician

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

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

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

Todays' Date:

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

**Program**

- ☐ 1.0 Outpatient
- ☐ 2.1 Intensive Outpatient (Including2.1/3.1)
- ☐ 2.5 Day Treatment
- ☐ 3.1 Low Intensity Residential
- ☐ 3.7 Intensive Inpatient Treatment
- ☐ Adult Outpatient EBP (CJI Clients Only)
- ☐ Adult Outpatient EBP/MRT (CJI Clients Only)
- ☐ Adult Outpatient EBP/MRT/3.1 Services (CJI Clients Only)
- ☐ 1.0 Gambling Outpatient
- ☐ 2.1 Gambling Intensive Outpatient
- ☐ 2.5 Gambling Day Treatment
- ☐ 3.7 Gambling Intensive Inpatient Treatment
- ☐ MRT (CJI Clients Only)
- ☐ Adult Outpatient EBP/3.1 Services (CJI Clients Only)
- ☐ IMT - OP
- ☐ IMT – E
- ☐ IMT – OC

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

☐Excellent ☐Very Good ☐Good ☐Fair ☐Poor

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

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

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

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

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

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

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

# Adult SUD Form -Discharge

| **4. Please answer the following question** | Number of Nights/Times | Don't know |
|---|---|---|
| In the <u>past 30 days</u>, how many times have you been arrested?<br>*Federally Required Element | ____ | ☐ |

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

*Element agreed upon by the DOWG

| **6. Please answer the following questions based on the <u>past 30 days</u>...** | Number of Nights/Times | Don't know |
|---|---|---|
| a. How many times have you gone to an emergency room for a psychiatric or emotional problem? | ____ | ☐ |
| 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 spent in a correctional facility including jail or prisons (as a result of an arrest, parole or probation violation)? | ____ | ☐ |
| d. How many times have you tried to commit suicide? | ____ | ☐ |

| **7. Please check the appropriate box on how you are doing since entering the program that best tells us what you think.** | Before the Program | | | | Now (At end of Program) | | | |
|---|---|---|---|---|---|---|---|---|
| | Poor 1 | Average 2 | Good 3 | Excellent 4 | Poor 1 | Average 2 | Good 3 | Excellent 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…** | Not at all confident | | | | | | | | | | Very Confident |
|---|---|---|---|---|---|---|---|---|---|---|---|
| … if I were angry at the way things had turned out | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| … if I had unexpectedly found some booze/drugs or happened to see something that reminded me of drinking/using drugs | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| … if other people treated me unfairly or interfered with my plans | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| … if I were out with friends and they kept suggesting we go somewhere to drink/use drugs | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

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

## 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:**

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

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

Todays' Date:

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

**Program**

- ☐ 1.0 Outpatient
- ☐ 2.1 Intensive Outpatient
- ☐ 2.5 Day Treatment
- ☐ 3.7 Intensive Inpatient 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 circle a number on the scale below:**

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

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

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

| **4. Please answer the following question** | Number of Nights/Times | Don't 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 <u>past</u> <u>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? | ☐Yes | ☐No |
| b. Have you missed school or work because of using alcohol, drugs, inhalants, or gambling? | ☐Yes | ☐No |

*Federally Required Element

# Youth SUD Form –Initial Interview

| **6. Please answer the following questions based on the <u>30 days</u>…** | Number of Nights/Times | Don't know |
|---|---|---|
| a. How many times have you gone to an emergency room for a psychiatric or emotional problem? | ____ | ☐ |
| 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 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? | ____ | ☐ |

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

Youth SUD Form –Initial Interview

| **8. Please indicate your level of agreement or disagreement with the statements by checking the choice that best represents your feelings or opinion over the past 30 days. (Please answer for relationships with persons other than your behavioral health provider(s).)** *Federally Required | Response Options | | | | | | |
|---|---|---|---|---|---|---|---|
| | **Strongly disagree** | **Disagree** | **Undecided** | **Agree** | **Strongly agree** | **Not applicable** | **Refused** |
| Domain: Social Connectedness Questions 1-4 | | | | | | | |
| 1. I know people who will listen and understand me when I need to talk. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 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:**

| **Unengaged and Blocked** | **Minimal Engagement in Recovery** | **Limited Engagement in Recovery** | **Positive Engagement in Recovery** | **Optimal Engagement in Recovery** |
|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | ☐ |

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

Todays' Date:

Client STARS ID:

**Program**

- ☐ 1.0 Outpatient
- ☐ 2.5 Day Treatment
- ☐ 3.1 Low Intensity Residential
- ☐ Adolescent EBP Services
- ☐ 2.1 Intensive Outpatient
- ☐ 3.7 Intensive Inpatient Treatment (PRTF)

---

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

☐Excellent ☐Very Good ☐Good ☐Fair ☐Poor

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

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

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

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

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

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

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

| **4. Please answer the following question** | Number of Nights/Times | Don't 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 <u>past</u> <u>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? | ☐Yes | ☐No |
| b. Have you missed school or work because of using alcohol, drugs, inhalants, or gambling? | ☐Yes | ☐No |

## Youth SUD Form – Discharge

| **6. Please answer the following questions based on the <u>past 30 days</u>…** | Number of Nights/Times | Don't know |
|---|---|---|
| a. How many times have you gone to an emergency room for a psychiatric or emotional problem? | ____ | ☐ |
| 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 appropriate box on how you are doing since entering the program that best tells us what you think.** | Before the Program | | | | Now (At end of Program) | | | |
|---|---|---|---|---|---|---|---|---|
| | Poor 1 | Average 2 | Good 3 | Excellent 4 | Poor 1 | Average 2 | Good 3 | Excellent 4 |
| a. Controlling alcohol use. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| b. Controlling drug use. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

*Element agreed upon by the DOWG

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

## Youth SUD Form – Discharge

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

## Youth SUD Form – Discharge

Questions to be answered by Clinician

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

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

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

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

Todays' Date:

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

**Program**

- ☐ 1.0 Outpatient
- ☐ 2.1 Intensive Outpatient
- ☐ 2.5 Day Treatment
- ☐ 3.7 Intensive Inpatient Treatment (PRTF)
- ☐ 3.1 Low Intensity Residential
- ☐ Adolescent EBP Services

---

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

☐Excellent ☐Very Good ☐Good ☐Fair ☐Poor

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

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

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

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

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

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

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

| **4. Please answer the following question** | Number of Nights/Times | Don't know |
|---|---|---|
| In the past 30 days, how many times has your child been arrested? *Federally Required Element | ____ | ☐ |

## Family SUD Form –Initial Interview

| **5. Please answer the following questions based on the past 30 days…** | | |
|---|---|---|
| a. Has your child gotten into trouble at home, at school, work, or in the community, because of their use of alcohol, drugs, inhalants, or gambling? | ☐Yes | ☐No |
| b. Has your child missed school or work because of using alcohol, drugs, inhalants, or gambling? | ☐Yes | ☐No |

*Federally Required Element

| **6. Please answer the following questions based on the past 30 days…** | Number of Nights/Times | Don't know |
|---|---|---|
| a. How many times has your child gone to an emergency room for a psychiatric or emotional problem? | ____ | ☐ |
| 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? | ____ | ☐ |

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

## Family SUD Form –Initial Interview

| **8. Please indicate your level of agreement or disagreement with the statements by checking the choice that best represents your feelings or opinion over the past 30 days. (Please answer for relationships with persons other than your behavioral health provider(s).)** Source: MHSIP Survey *Federally Required | Response Options | | | | | | |
|---|---|---|---|---|---|---|---|
| | **Strongly disagree** | **Disagree** | **Undecided** | **Agree** | **Strongly agree** | **Not applicable** | **Refused** |
| Domain: Social Connectedness Questions 1-4 | | | | | | | |
| 1. My child knows people who will listen and understand them when they need to talk. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 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:**

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

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

Todays' Date:

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

**Program**

- ☐ 1.0 Outpatient
- ☐ 2.1 Intensive Outpatient
- ☐ 2.5 Day Treatment
- ☐ 3.7 Intensive Inpatient Treatment (PRTF)
- ☐ 3.1 Low Intensity Residential
- ☐ Adolescent EBP Services

---

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

☐Excellent ☐Very Good ☐Good ☐Fair ☐Poor

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

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

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

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

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

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

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

| **4. Please answer the following question** | Number of Nights/Times | Don't know |
|---|---|---|
| In the past 30 days, how many times has your child been arrested? *Federally Required Element | ____ | ☐ |

**5. Please answer the following questions based on the <u>past</u> <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? | ☐Yes | ☐No |
| b. Has your child missed school or work because of using alcohol, drugs, inhalants, or gambling? | ☐Yes | ☐No |

## Family SUD Form – Discharge

| **6. Please answer the following questions based on the <u>past 30 days</u>…** | Number of Nights/Times | Don't know |
|---|---|---|
| a. How many times has your child gone to an emergency room for a psychiatric or emotional problem? | ____ | ☐ |
| 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 appropriate box on how your child is doing since entering the program that best tells us what you think.** | Before the Program | | | | Now (At end of Program) | | | |
|---|---|---|---|---|---|---|---|---|
| | Poor 1 | Average 2 | Good 3 | Excellent 4 | Poor 1 | Average 2 | Good 3 | Excellent 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 disagreement with the statements by checking the choice that best represents your feelings or opinion over the past 30 days. (Please answer for relationships with persons other than your behavioral health provider(s).)** *Federally Required | Response Options | | | | | | |
|---|---|---|---|---|---|---|---|
| | **Strongly disagree** | **Disagree** | **Undecided** | **Agree** | **Strongly agree** | **Not applicable** | **Refused** |
| Domain: Social Connectedness Questions 1-4 | | | | | | | |
| 1. My child knows people who will listen and understand them when they need to talk. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 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: Questions 5-11 | | | | | | | |
| 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 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. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

## Family SUD Form – Discharge

| | Response Options | | | | | | |
|---|---|---|---|---|---|---|---|
| | Strongly disagree | Disagree | Undecided | Agree | Strongly agree | Not applicable | Refused |
| Domain: General Satisfaction Questions 21-26 | | | | | | | |
| 21. Overall I am satisfied with the services my child received here. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 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:**

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

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

Todays' Date:

Client STARS ID:

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

---

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

☐Excellent ☐Very Good ☐Good ☐Fair ☐Poor

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

| **2. Please answer the following question based on the past 30 days…** | Number of Nights/Times | Don't know |
|---|---|---|
| How many times have you been arrested?<br>*Federally required element | ___ | ☐ |

| **3. Please answer the following questions based on the past 6 months…** | Number of Nights/Times | Don't know |
|---|---|---|
| a. How many times have you gone to an emergency room for a psychiatric or emotional problem? | ___ | ☐ |
| b. How many nights have you spent in a facility for: | | |
| i. Detoxification? | ___ | ☐ |
| ii. Inpatient/Residential Substance Use Disorder Treatment | ___ | ☐ |
| iii. Mental Health Care? | ___ | ☐ |
| iv. Illness, Injury, Surgery | ___ | ☐ |
| c. How many times have you been arrested? | ___ | ☐ |
| d. How many nights have you spent in a correctional facility including jail or prisons (as a result of an arrest, parole or probation violation)? | ___ | ☐ |
| e. How many times have you tried to commit suicide? | ___ | ☐ |

## Adult MH Tool – Initial Interview

| **4. Please indicate your level of agreement or disagreement with the statements by checking the choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).)** Source: MHSIP Survey *Federally Required | Response Options | | | | | | |
|---|---|---|---|---|---|---|---|
| | **Strongly disagree** | **Disagree** | **Undecided** | **Agree** | **Strongly agree** | **Not applicable** | **Refused** |
| Domain: Social Connectedness Questions 1-4 | | | | | | | |
| 1. I am happy with the friendships I have. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 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. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

# Division of Behavioral Health
# Mental Health Outcome Tool
# UPDATE

Todays' Date:

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

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

**1. 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?**

| | |
|---|---|
| ☐ Independent, living in a private residence | ☐ Homelessness |
| ☐ Dependent, living in private residence | ☐ Jail/Correctional Facility |
| ☐ Residential Care (group home, rehabilitation center, agency-operated care) | ☐ Foster Home/Foster Care |
| ☐ Institutional setting (24/7 care by skilled/specialized staff or doctors) | ☐ Crisis Residence<br>☐ 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 mental health keep you from doing your usual activities, such as self-care, work, or recreation? ___

## Adult MH Tool – Update Interval

| **5. Please answer the following question based on the past 30 days…** | Number of Nights/Times | Don't know |
|---|---|---|
| How many times have you been arrested?<br>*Federally required Element | ____ | ☐ |

| **6. Please answer the following questions based on the past 6 months…** | Number of Nights/Times | Don't know |
|---|---|---|
| a. How many times have you gone to an emergency room for a psychiatric or emotional problem? | ____ | ☐ |
| 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 disagreement with the statements by checking the choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).)** Source: MHSIP Survey *Federally Required | Response Options | | | | | | |
|---|---|---|---|---|---|---|---|
| | **Strongly disagree** | **Disagree** | **Undecided** | **Agree** | **Strongly agree** | **Not applicable** | **Refused** |
| Domain: Social Connectedness Questions 1-4 | | | | | | | |
| 1. I am happy with the friendships I have. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 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. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

## 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. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

# Division of Behavioral Health
# Mental Health Outcome Tool
# DISCHARGE

Todays' Date:

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

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

**1. Are you currently employed?**

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

*Federally Required

**2. Which of following best describes your current residential status?**

- ☐ Independent, living in a 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)
- ☐ Homelessness
- ☐ Jail/Correctional Facility
- ☐ Foster Home/Foster Care
- ☐ Crisis Residence
- ☐ 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 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 |
|---|---|---|
| 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 disagreement with the statements by checking the choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).)** Source: MHSIP Survey *Federally Required | Response Options | | | | | | |
|---|---|---|---|---|---|---|---|
| | **Strongly disagree** | **Disagree** | **Undecided** | **Agree** | **Strongly agree** | **Not applicable** | **Refused** |
| Domain: Social Connectedness Questions 1-4 | | | | | | | |
| 1. I am happy with the friendships I have. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 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. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

## 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. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

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

Todays' Date:

Client STARS ID:

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

| **1. Would you say that in general your health is:** | | | | | |
|---|---|---|---|---|---|
| ☐Excellent | ☐Very Good | ☐Good | ☐Fair | ☐Poor | |
| **a**. Now thinking about your physical health, which includes physical illness and injury, how many days during the past 30 days was your physical health not good? | | | | | ___ |
| **b**. Now thinking about your mental health, which includes stress, depression, and problems with emotions, how many days during the past 30 days was your mental health not good? | | | | | ___ |
| **c.** During the past 30 days, approximately how many days did your poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? | | | | | ___ |

| **2. Please answer the following question** | Number of Nights/Times | Don't know |
|---|---|---|
| In the past 30 days, how many times have you been arrested?<br>*Federally Required Element | ____ | ☐ |

| **3. Please answer the following questions based on the <u>past 6 months</u>…** | Number of Nights/Times | Don't know |
|---|---|---|
| a. How many times have you gone to an emergency room for a psychiatric or emotional problem? | ____ | ☐ |
| b. How many nights have you spent in a facility for: | | |
| i. Detoxification? | ____ | ☐ |
| ii. Inpatient/Residential Substance Use Disorder Treatment? | ____ | ☐ |
| iii. Mental Health Care? | ____ | ☐ |
| iv. Illness, Injury, Surgery? | ____ | ☐ |
| c. How many times have you been arrested? | ____ | ☐ |
| d. How many nights have you spent in a correctional facility including JDC or Jail (as a result of an arrest, parole or probation violation)? | ____ | ☐ |
| e. How many times have you tried to commit suicide?<br>*Federally Required | ____ | ☐ |

## Youth MH Form –Initial Interview

| **4. Please indicate your level of agreement or disagreement with the statements by checking the choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).)** *Federally Required | Response Options | | | | | | |
|---|---|---|---|---|---|---|---|
| | **Strongly disagree** | **Disagree** | **Undecided** | **Agree** | **Strongly agree** | **Not applicable** | **Refused** |
| Domain: Social Connectedness Questions 1-4 | | | | | | | |
| 1. I know people who will listen and understand me when I need to talk. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 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 Screener (GAIN-SS) Scoring** | | | | | |
|---|---|---|---|---|---|
| Screener | Items | Past Month (4) | Past 90 Days (4, 3) | Past Year (4, 3, 2) | Ever (4, 3, 2, 1) |
| IDScr | 1a – 1f | | | | |
| EDScr | 2a – 2g | | | | |
| SDScr | 3a – 3e | | | | |
| CVScr | 4a – 4e | | | | |
| TDSer | 1a – 4e | | | | |

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

Todays' Date:

Client STARS ID:

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

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

☐Yes ☐No

*Federally Required

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

*Federally Required

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

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

*Federally Required

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

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

*Federally Required

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

☐Excellent ☐Very Good ☐Good ☐Fair ☐Poor

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

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

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

# Youth MH Form – Update Interval

| **6. Please answer the following question** | Number of Nights/Times | Don't know |
|---|---|---|
| In the past 30 days, how many times have you been arrested?<br>*Federally Required Element | ____ | ☐ |

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

| **8. Please indicate your level of agreement or disagreement with the statements by checking the choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).)** *Federally Required | Response Options | | | | | | |
|---|---|---|---|---|---|---|---|
| | **Strongly disagree** | **Disagree** | **Undecided** | **Agree** | **Strongly agree** | **Not applicable** | **Refused** |
| Domain: Social Connectedness Questions 1-4 | | | | | | | |
| 1. I know people who will listen and understand me when I need to talk. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 2. In a crisis, I would have the support I need from family and friends. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 3. I have people that I am comfortable talking with about my problems. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 4. I have people with whom I can do enjoyable things. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Domain: Improved Functioning/ Outcomes Domain: Questions 5-11 | | | | | | | |
| 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 – Update Interval

| | Response Options | | | | | | |
|---|---|---|---|---|---|---|---|
| | Strongly disagree | Disagree | Undecided | Agree | Strongly agree | Not applicable | Refused |
| Domain: Perception of Access to Services Questions 12-13 | | | | | | | |
| 12. The location of services was convenient. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 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 Questions 18-20 | | | | | | | |
| 18. I helped to choose my services. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 19. I helped to choose my treatment goals. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 20. I participated in my own treatment. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Domain: General Satisfaction Questions 21-26 | | | | | | | |
| 21. Overall I am satisfied with the services I have received here. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 22. The people helping me have stuck with me no matter what. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 23. I feel I have someone to talk to when I am troubled. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 24. I received services that were right for me. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 25. I have gotten the help I want. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 26. I have gotten as much help as I need. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

Question to be answered by Clinician

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

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

Todays' Date:

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

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

---

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

☐Yes ☐No

*Federally Required

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

Self-Contained Special Ed Class (No Grade)

*Federally Required

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

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

*Federally Required

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

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

*Federally Required

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

☐Excellent ☐Very Good ☐Good ☐Fair ☐Poor

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

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

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

# Youth MH Form – Discharge

| **6. Please answer the following question** | Number of Nights/Times | Don't know |
|---|---|---|
| In the past 30 days, how many times have you been arrested?<br>*Federally Required Element | ____ | ☐ |

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

| **8. Please indicate your level of agreement or disagreement with the statements by checking the choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).)** *Federally Required | Response Options | | | | | | |
|---|---|---|---|---|---|---|---|
| | **Strongly disagree** | **Disagree** | **Undecided** | **Agree** | **Strongly agree** | **Not applicable** | **Refused** |
| Domain: Social Connectedness Questions 1-4 | | | | | | | |
| 1. I know people who will listen and understand me when I need to talk. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 2. In a crisis, I would have the support I need from family and friends. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 3. I have people that I am comfortable talking with about my problems. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 4. I have people with whom I can do enjoyable things. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Domain: Improved Functioning/ Outcomes Domain: Questions 5-11 | | | | | | | |
| 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 | | | | | | |
|---|---|---|---|---|---|---|---|
| | 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 Questions 18-20 | | | | | | | |
| 18. I helped to choose my services. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 19. I helped to choose my treatment goals. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 20. I participated in my own treatment. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Domain: General Satisfaction Questions 21-26 | | | | | | | |
| 21. Overall I am satisfied with the services I have received here. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 22. The people helping me have stuck with me no matter what. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 23. I feel I have someone to talk to when I am troubled. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 24. I received services that were right for me. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 25. I have gotten the help I want. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 26. I have gotten as much help as I need. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

Question to be answered by Clinician

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

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

Todays' Date:

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

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

---

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

☐Excellent ☐Very Good ☐Good ☐Fair ☐Poor

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

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

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

| **2. Please answer the following question** | Number of Nights/Times | Don't know |
|---|---|---|
| In the past 30 days, how many times has your child been arrested? *Federally Required Element | ___ | ☐ |

| **3. Please answer the following questions based on the <u>past 6 months</u>…** | Number of Nights/Times | Don't know |
|---|---|---|
| a. How many times has your child gone to an emergency room for a psychiatric or emotional problem? | ___ | ☐ |
| b. How many nights has your child spent in a facility for: | | |
| i. Detoxification? | ___ | ☐ |
| ii. Inpatient/Residential Substance Use Disorder Treatment? | ___ | ☐ |
| iii. Mental Health Care? | ___ | ☐ |
| iv. Illness, Injury, Surgery? | ___ | ☐ |
| c. How many times has your child been arrested? | ___ | ☐ |
| d. How many nights has your child spent in a correctional facility including JDC or Jail (as a result of an arrest, parole or probation violation)? | ___ | ☐ |
| e. How many times has your child tried to commit suicide? *Federally Required Element | ___ | ☐ |

## Family MH Form –Initial Interview

| **4. Please indicate your level of agreement or disagreement with the statements by checking the choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).)** *Federally Required | Response Options | | | | | | |
|---|---|---|---|---|---|---|---|
| | **Strongly disagree** | **Disagree** | **Undecided** | **Agree** | **Strongly agree** | **Not applicable** | **Refused** |
| Domain: Social Connectedness Questions 1-4 | | | | | | | |
| 1. My child knows people who will listen and understand them when they need to talk. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 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. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

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

Todays' Date:

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

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

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

☐Yes ☐No

*Federally Required

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

Self-Contained Special Ed Class (No Grade)

*Federally Required

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

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

*Federally Required

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

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

*Federally Required

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

☐Excellent ☐Very Good ☐Good ☐Fair ☐Poor

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

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

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

## Family MH Form – Update Interval

| **6. Please answer the following question** | Number of Nights/Times | Don't know |
|---|---|---|
| In the past 30 days, how many times has your child been arrested? *Federally Required Element | ____ | ☐ |

*Federally Required Element

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

| **8. Please indicate your level of agreement or disagreement with the statements by checking the choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).)** *Federally Required | Response Options | | | | | | |
|---|---|---|---|---|---|---|---|
| | **Strongly disagree** | **Disagree** | **Undecided** | **Agree** | **Strongly agree** | **Not applicable** | **Refused** |
| Domain: Social Connectedness Questions 1-4 | | | | | | | |
| 1. My child knows people who will listen and understand them when they need to talk. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 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: Questions 5-11 | | | | | | | |
| 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. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

## Family MH Form – Update Interval

| | Response Options | | | | | | |
|---|---|---|---|---|---|---|---|
| | Strongly disagree | Disagree | Undecided | Agree | Strongly agree | Not applicable | Refused |
| Domain: Perception of Access to Services Questions 12-13 | | | | | | | |
| 12. The location of services was convenient. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 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 | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

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

Todays' Date:

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

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

---

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

☐Yes ☐No

*Federally Required

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

Self-Contained Special Ed Class (No Grade)

*Federally Required

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

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

*Federally Required

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

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

*Federally Required

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

☐Excellent ☐Very Good ☐Good ☐Fair ☐Poor

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

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

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

## Family MH Form – Discharge

| **6. Please answer the following question** | Number of Nights/Times | Don't know |
|---|---|---|
| In the past 30 days, how many times has your child been arrested?<br>*Federally Required Element | ____ | ☐ |

| **7. Please answer the following questions based on the <u>past 6 months</u>…** | Number of Nights/Times | Don't know |
|---|---|---|
| a. How many times has your child gone to an emergency room for a psychiatric or emotional problem? | ____ | ☐ |
| 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?<br>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 including JDC or Jail (as a result of an arrest, parole or probation violation)? | ____ | ☐ |
| e. How many times has your child tried to commit suicide?<br>*Federally Required Element | ____ | ☐ |

| **8. Please indicate your level of agreement or disagreement with the statements by checking the choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).)** *Federally Required | Response Options | | | | | | |
|---|---|---|---|---|---|---|---|
| | **Strongly disagree** | **Disagree** | **Undecided** | **Agree** | **Strongly agree** | **Not applicable** | **Refused** |
| Domain: Social Connectedness Questions 1-4 | | | | | | | |
| 1. My child knows people who will listen and understand them when they need to talk. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 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: Questions 5-11 | | | | | | | |
| 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. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

## Family MH Form – Discharge

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

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