

# Fiscal Year 2024

**Human Services Center** 





## FY24 Foreword by Data and Outcomes

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

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

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

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

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

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

#### What do these changes accomplish?

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

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



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

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

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

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

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

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

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

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

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



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

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

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

The Division of Behavioral Health encourages those that want to learn more to visit our epidemiology website located at <a href="https://www.sdseow.org/">https://www.sdseow.org/</a>. 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, <a href="https://sdbehavioralhealth.gov/">https://sdbehavioralhealth.gov/</a> or the state of South Dakota's Department of Social Services website <a href="https://dss.sd.gov/behavioralhealth/">https://dss.sd.gov/behavioralhealth/</a>, the Division of Behavioral Health can be contacted at 605.367.5236, or via email at <a href="mailto:DSSBH@state.sd.us">DSSBH@state.sd.us</a>.

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

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





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# Data Collection Methodology

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## **Data Collection Methodology**

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

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

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

#### **Data Collection Process**

#### Stakeholder Survey

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

#### Substance Use Disorder Services

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

#### Mental Health Services

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

#### Additional Data Collection Tools

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





# Publicly Funded Substance Use Disorder (SUD) Treatment Services

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

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

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

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

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

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

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

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

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

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

#### Intensive Methamphetamine Treatment (IMT) Services

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

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

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



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

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

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

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

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

#### Moral Reconation Therapy for Justice-Involved Adults (MRT)

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



# Publicly Funded Mental Health (MH) Treatment Services

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

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

#### **Outpatient Treatment Services**

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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



# Substance Use Disorder (SUD) Treatment Services

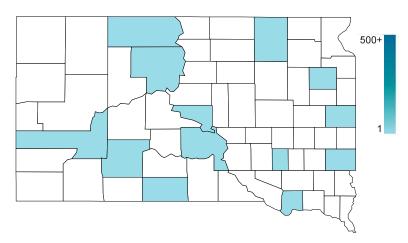


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# SUD Treatment Services

County of Residence for Clients Who Received Publicly Funded Services



**Treatment Services** 

Publicly Funded Average Duration of Clients Served Treatment (Days)

Intensive Inpatient Treatment (3.7)

4

Unduplicated Clients Served (Publicly Funded)

16

Publicly Funded Clients Served with Co-Occurring Mental Health Conditions





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. Numbers served in some adult and youth services may appear lower than the overall totals.





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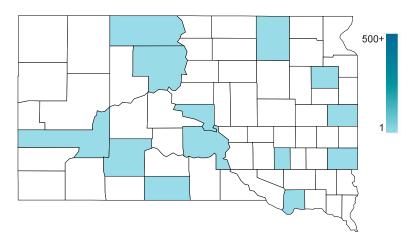






# Adult SUD Treatment Services

County of Residence for Clients Who Received Publicly Funded Services



**Treatment Services** 

Publicly Funded Clients Served

Average Duration of Treatment (Days)

Intensive Inpatient Treatment (3.7)

- 10

43



Unduplicated Clients Served (Publicly Funded)

16

Publicly Funded Clients Served with Co-Occurring Mental Health Conditions





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).



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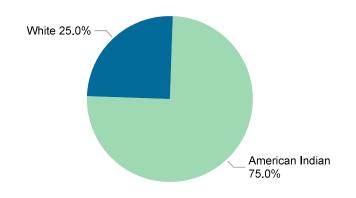


# Race & Ethnicity

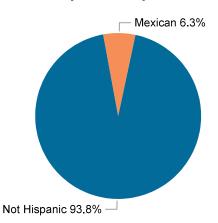


According to the U.S. Census Bureau 84.2% of South Dakotans identify as White, 8.5% identify as American Indian, and 5.1% identify as Hispanic. The data below reflect the self-reported race and ethnicity of adults served in publicly funded treatment services.

#### Clients Served by Race



#### Clients Served by Ethnicity



#### Clients Served by Service Type and Race

	American Indian		vvnite		iotai	
Treatment Services	N	%	N	%	N	%
Intensive Inpatient Treatment (3.7)	12	75.0%	4	25.0%	16	100.0%
Total	12	75.0%	4	25.0%	16	100.0%



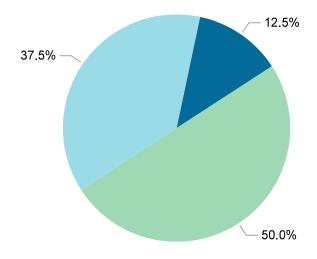




The below data reflect the age of adults served in publicly funded treatment services.

18-2025-4445-64

#### Clients Served by Age



#### Clients Served by Service Type and Age Group

	18-20		25-44	45-64			Total	
Treatment Services	N	%	N	%	N	%	N	%
<b>A</b>								
Intensive Inpatient Treatment (3.7)	2	12.5%	8	50.0%	6	37.5%	16	100.0%
Total	2	12.5%	8	50.0%	6	37.5%	16	100.0%

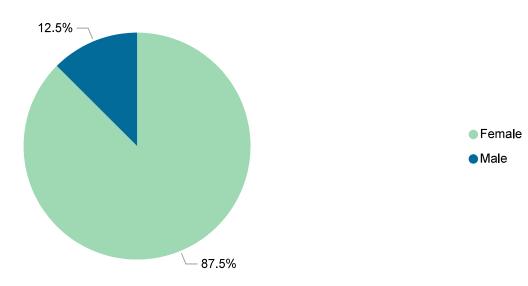


# Gender



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

#### Clients Served by Self-Identified Gender



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

	Female		Male		Total	
Treatment Services	N	%	N	%	N	%
_						
Intensive Inpatient Treatment (3.7)	14	87.5%	2	12.5%	16	100.0%
Total	14	87.5%	2	12.5%	16	100.0%



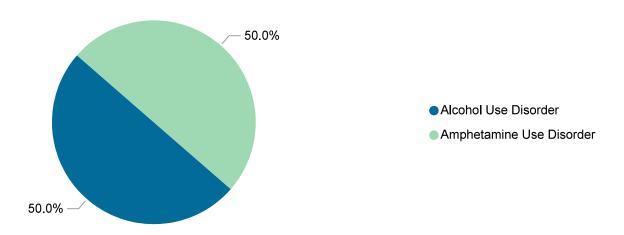
# Primary Diagnosis



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

Adults served had a primary diagnosis of Alcohol Use Disorder and Amphetamine Use Disorder.

#### Percent of Clients Served for Each Primary Diagnosis



#### Diagnosis by Service Type

	Alcohol Use Disorder		Amphe Use Di		Total	
Treatment Services	N	%	N	%	N	%
Intensive Inpatient Treatment (3.7)	8	50.0%	8	50.0%	16	100.0%
Total	8 50.0%		8	50.0%	16	100.0%

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# Reason for Discharge



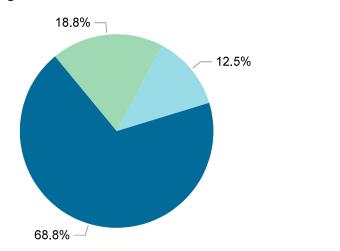
treatment completion for adult and youth clients was 35%.

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

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

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

#### Reason for Discharge from Services



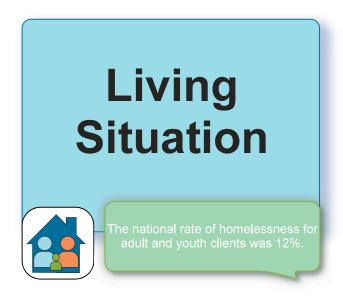
#### Treatment Completed

- Left Against Professional Advice
- Terminated by Facility

#### Reason for Discharge by Service Type

	Left Against Professional Advice			Ferminated Treatment Oy Facility Completed		Total		
Treatment Services	N	%	N	%	N	%	N	%
Intensive Inpatient Treatment (3.7)	3	18.8%	2	12.5%	11	68.8%	16	100.0%
Total	3	18.8%	2	12.5%	11	68.8%	16	100.0%

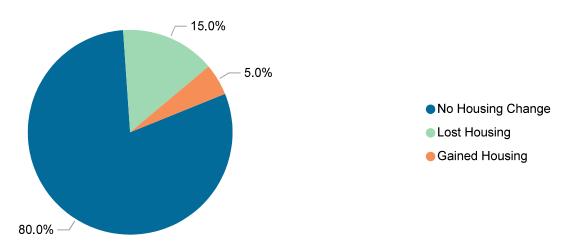




The data below reflect the living situations of adults served in publicly funded treatment services.

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

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



#### Clients Who Reported Homelessness at Admission and Discharge

Treatment Services	Unduplicated Client Count	Homelessness at Admission	Homelessness at Discharge
Intensive Inpatient Treatment (3.7) Total	16	30.0%	33.3%
	<b>16</b>	<b>30.0%</b>	<b>33.3%</b>

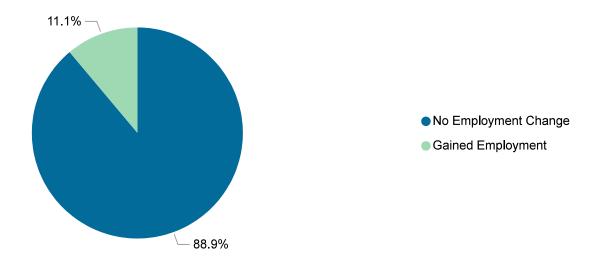




The data below reflect the employment status of adults served in publicly funded treatment services.

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

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



#### Client Employment at Admission and Discharge

Treatment Services		Employment at Admission	Employment at Discharge
Intensive Inpatient Treatment (3.7)	16	10.0%	16.7%
Total	16	10.0%	16.7%



# Arrest History



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

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

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

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

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

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

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

**Treatment Services** 

Unduplicated Client Count Arrest at Admission

Arrest at Discharge

Total



# General Health



Total

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

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

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

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

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

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

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



# Physical Health



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

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

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

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

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

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

Treatment Services

Unduplicated Average Average Change Percent
Client Count Initial Discharge Change

Total



# Mental Health



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

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

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

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

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

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

Treatment Services

Unduplicated Average Average Change Percent Client Count Initial Discharge Change

Total



# Physical or Mental Health Prevented Normal Activities

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

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

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

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

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

Number of Days Poor Physical or Mental Health Prevented Normal Activities

Treatment Services

Unduplicated Average Average Change Percent Client Count Initial Discharge Change

Total



# Reported Attempts to Die by Suicide



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

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

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

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

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

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

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

Treatment Services

Unduplicated Average Average Change Percent Client Count Initial Discharge

Total



## Ability to Control Alcohol Use



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

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

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

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

#### Ability to Control Alcohol Use

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

### (Blank)

(Blank) (Blank)

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

Treatment Services

Unduplicated Client Count

Average Initial

Average Discharge

Change Percent Change

Total

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



## Ability to Control Drug Use



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

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

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

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

#### Ability to Control Drug Use

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

### (Blank)

(Blank) (Blank)

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

Treatment Services

Unduplicated Avera Client Count Initial

Average Average Initial 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 FY24, their responses are counted once in each service.

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

Percent

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

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

(Blank)

(Blank) (Blank)

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

Treatment Services Unduplicated Average Average Change

Client Count Initial Discharge Change

Total

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



## Importance of Changing Current Behaviors

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

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

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



Self-Rated Importance in Changing Current Behaviors

rimary Diagnosis

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

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

Treatment Services

Unduplicated Average Average Change Percent Client Count Initial Discharge Change

Total



## Motivation to Change Current Behaviors

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

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

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



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

Primary Diagnosis

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

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

Treatment Services

Unduplicated Average Average Change Percent Client Count Initial Discharge Change

Total



# Confidence to Control Use Under Stress and Peer Pressure

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

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

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

Self-Rated Confidence to Control Substance Use

Primary Diagnosis

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

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

Treatment Services

Unduplicated Average Average Change Percent Client Count Initial Discharge

Total



### Visits to Emergency Department



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

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

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

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

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

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

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

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

Total



### Detoxification Services



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

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

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

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

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

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

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

Treatment Services

Unduplicated Average Average Change Percent Client Count Initial Discharge Change

Total



# Inpatient Substance Use Disorder Treatment Services

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

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

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

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

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

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

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

Treatment Services

Unduplicated Average Average Change Percent Client Count Initial Discharge Change

Total



## Hospital Admissions for Mental Health Care

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

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

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

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

**\*** 

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

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

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

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

Total



### Illness, Injury, or Surgery



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

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

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

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

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

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

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

Treatment Services

Unduplicated Average Average Change Percent Client Count Initial Discharge Change

Total



### **Nights Spent** Correctional **Facility**

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

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

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

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

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

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

**Treatment Services** 

Unduplicated Average Client Count

Initial

Average Discharge Change

Percent Change

Total

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

Fiscal Year 2024 40



### Trouble as a Result of Substance Use

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

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

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

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

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

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

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

**Treatment Services** Unduplicated

Average Average Change Percent Client Count Initial Discharge

Change

Total

Fiscal Year 2024 41



# Missing School/Work as a Result of Substance Use

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

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

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

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

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

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

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

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

Total



## General Satisfaction with Services

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

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

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



Were You Satisfied With the Services You Received?

(Blank)

(Blank)

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

**Treatment Services** 

Unduplicated Client Count

General Satisfaction with Services

(Blank)

Total

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



### Improved Functioning



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

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

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

#### Improved Functioning

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

(Blank)

(Blank)

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

**Treatment Services** 

Unduplicated Client Count Average Initial

Average Discharge

Change Percent Change

Total

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



### Social Connectedness



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

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

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

#### Social Connectedness

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

(Blank)

(Blank)

(Blank)

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

**Treatment Services** 

Unduplicated Client Count Average Initial

Average Discharge

Change Percent

Change

\_ Total

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



# Participation in Treatment Planning and Outcomes of Services



Participation in Treatment Planning

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

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

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

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

**Outcomes of Treatment Services** 

(Blank)

(Blank)

(Blank) (Blank) (Blank)

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

**Treatment Services** 

Unduplicated Client Count

Participation in Treatment Planning Outcomes of Treatment Services

Total

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



## Access and Quality and Appropriateness of Services



Access to Services

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

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

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

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

Quality and Appropriateness of Services

(Blank)

(Blank)

(Blank) (Blank) (Blank)

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

**Treatment Services** 

Unduplicated Client Count

Access to Services Quality and Appropriateness

Total

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



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# Appendix A: Outcome Tool Return Rates



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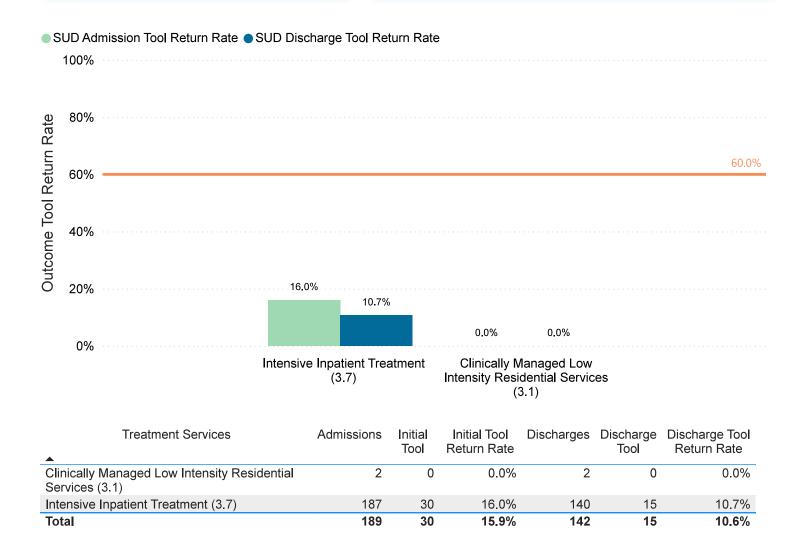


### **Appendix A: OT Return Rates**

## Adult SUD Outcome Tool Return Rates

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

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





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

Todays' Date:									
Client STARS II	D:   _	_ _ _ _	_ _	_	_ _ _	<u> _ _ </u>			
Program  1.0 Outpatient  2.1 Intensive Outpatient  (Including2.1/3.1)  2.5 Day Treatment  3.1 Low Intensity Residential  3.7 Intensive Inpatient Treatment  Adult Outpatient EBP (CJI Clients Only)  Adult Outpatient EBP/MRT (CJI Clients Only)  Adult Outpatient EBP/MRT (CJI Clients Only)  Adult Outpatient EBP/MRT/3.1  Services (CJI Clients Only)									ient
		•	• • •						
1. Would you	-	•	-		_		_	-	
□Exceller		ery Good		Good	_	□Fair		Poor	
a. Now thinki	ng about you y days during							ınjury,	
<b>b</b> . Now thinki	ng about you with emotio	ır mental l	nealth, w	hich incl	ides stres	ss, depres	sion, an		
c. During the	past 30 days ealth keep yo								
2. At this mor	nent, how i	importar	nt is it t	hat you	change v	your cur	rent b	ehaviors	S
and/or symp		se circle a	numbe	r on the	scale bel	ow:			
Not important	at all	About as		it as most o ike to achi		r things I	Most in	mportant th life	hing in my right now
0 1	2	3	4	5	6	7	8	9	10
3. At this mor			_	_					
Not important	and/or syr			circie a n it as most (				<b>W:</b> mportant tl	hing in my
			_	like to achi	_				right now
0 1	2	3	4	5	6	7	8	9	10

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#### Adult SUD Form -Initial

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

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#### Adult SUD Form -Initial

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

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

Todays' Date:									
Client STARS I	D:  _	_ _ _ _	_ _ _	_ _ _	_ _ _				
Program	<ul> <li>□ 1.0 Gambling Outpatient</li> <li>□ 2.1 Gambling Intensive</li> <li>Outpatient</li> <li>□ 2.5 Gambling Day Treatment</li> <li>□ 3.7 Gambling Intensive Inpatient</li> <li>Treatment</li> <li>□ MRT (CJI Clients Only)</li> <li>□ Adult Outpatient EBP/3.1</li> <li>Services (CJI Clients Only)</li> <li>□ IMT - OP</li> <li>□ IMT - OC</li> </ul>								
1. Would you	say that in	general you	r health is:						
□Excelle	nt □Ve	ry Good	$\square$ Good	[	∃Fair		oor		
how man <b>b</b> . Now think problems health no	· ·	the past 30 d r mental heal ns, how many	ays was your th, which inclu days during t	physical ides stres he past 3	health no ss, depres 0 days wa	t good? ssion, and as your m	l iental		
	past 30 days, ealth keep you n?								
2. At this mo and/or sym Not importan	ptoms? Plea:	se circle a nu About as imp		scale be	low:		portant thi	ng in my ight 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  life right now									
0 1	2	3 4	5	6	7	8	9	10	

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### Adult SUD Form -Discharge

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

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### Adult SUD Form -Discharge

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

9. Please indicate your level of agreement or	Response Options							
disagreement with the statements by checking the choice that best represents your feelings or opinion over the past 30 days. (Please answer for relationships with persons other than your behavioral health	Strongly	Disagree	Undecided	Agree	Strongly agree	Not applicable	Refused	
<pre>provider(s).) Source: MHSIP Survey *Element Agreed upon by DOWG</pre>	Ś	Ω	Un		Stro	Not	<b>E</b>	
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.								

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### Adult SUD Form -Discharge

18. Staff helped me could take charge										
19. I was given info										
	•	onsibility for how I live	, –							
my life.	1	, , , , , , , , , , , , , , , , , , ,								
21. I was encourag	ged to use consume	er-run programs.								
Domain: Perception										
22. I deal more effe	ectively with daily	problems.								
23. I am better abl	e to control my life	<u>.</u>								
24. I am better abl	e to deal with crisi	S.								
25. I am getting alo	ong better with my	family.								
26. I do better in se										
27. I do better in se	chool and/or work									
28. My symptoms	are not bothering i	ne as much.								
29. My housing sit	uation has improv	ed.								
Domain: Perception	ns of Participation	in Treatment								
Planning Question	s 30-31									
30. I felt comfortal	ole asking question	is about my treatment.								
31. I, not staff, deci	ided my treatment	goals.								
Domain: General S	atisfaction Questic	ons 32-34								
32. I liked the serv	ices that I received	l here.								
33. If I had other c	hoices, I would stil	l get services at this								
agency.					Ш					
34. I would recom	mend this agency t	o a friend or family	П						П	
member.										
Question <b>required</b> to	he completed by Cl	inician								
Question <u>required</u> to	be completed by G									
40 4						. ,				
	_	ur (clinician's) assessm					ralo a			
number on the sca		age in their treatment	progra	11111	rieas	se cii	cie a	L		
namber on the sea	Minimal	Limited	Positi	ve			Opti	mal		
Unengaged and	Unengaged and Engagement in Engagement in Er					Engagement in Engagement in				
Blocked 1	Recovery 2	Recovery 3	Recov	ery			Recov			
1	4	J	14				J	,		

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

Todays' I	Date:									
Client ST.	ARS ID:	_	.	_ _ _	_ _ _	_ _ _	_ _ _			
Progran	n [	1.0 Out	patient			2.1	Intensive	Outpat	ient	
J		2.5 Day	-	ent			Intensive	_		
		3.1 Low			ential		atment (I	-		
		Adoleso					·			
1. Woul	d you sa	ay that ii			nealth i	is:				
	cellent		ery Goo		□Good		□Fair		Poor	
							hysical illr ıl health n			
							ess, depre			
hea	alth not g	ood?				•	30 days w	-		
							l your poo such as sel			
	reation?	1 3		8,7		,		ŕ	ŕ	
2. At thi	is mome	ent, how	import	ant is it	that yo	u chang	e your cu	rrent b	ehavior	S
						ie scale b				
Not im	portant at	all	About			st of the oth chieve now	er things I	Most i	mportant ti	hing in my right now
0	1	2	3	4	5	6	7	8	9	10
3. At thi	is mome	ent, how	confide	ent are y	ou tha	t you wil	l change	your cı	ırrent	
							on the sc			
Not im	portant at	all	About			st of the oth chieve now	ner things I	Most i	mportant ti	hing in my right now
0	1	2	3	4	5	6	7	8	9	10
4 Place	o oncino	n the fol	llowing	questio	<b>n</b>				nber of	Don't
		er the fol				rrested?		Nigi	nts/Times	know
*Federally			arry crimes	nave you	a been a	iresteu.				
					_			_		
							<u>past 30</u>			
						огк, or in t gambling?	he commu	nity,	□Yes	□No
							ugs, inhala	ants, or	<b>□</b> V	□NI -
gambli	ng?				J	,	<u> </u>		□Yes	□No
*Federally R	equired Ele	ement								

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#### Youth SUD Form -Initial Interview

6. Please answer the following questions l	<u>s</u>		nber o	Dor							
a. How many times have you gone to an emergen or emotional problem?	ic					]					
b. How many nights have you spent in a facility for i. Detoxification?					]						
ii. Inpatient/Residential Substance Use Disorde iii. Mental Health Care?						]					
iv. Illness, Injury, Surgery?											
c. How many nights have you spent in a correctional facility including JDC or Jail (as a result of an arrest, parole or probation 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		at all fident									Very ident
if I were angry at the way things had turned out	0	1	2	3	4	5	6	7	8	9	10
if I had unexpectedly found some booze/drugs or happened to see something that reminded me of drinking/using drugs	0	1	2	3	4	5	6	7	8	9	10
if other people treated me unfairly or interfered with my plans	0	1	2	3	4	5	6	7	8	9	10
if I were out with friends and they kept suggesting we go somewhere to drink/use drugs	0	1	2	3	4	5	6	7	8	9	10

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#### Youth SUD Form -Initial Interview

8. Please ir	ndicate vour l	evel of agreem	ent or		Response Options								
disagreem choice that over the pa with perso provider(s	Strongly	-	Undecided	Agree		a	Refused						
		ness Questions											
need to t		I											
and frien													
-	ople that I am				П	П	П						
my probl		· .	11 .11		_	_		_					
		m I can do enjo				Ш	Ш	Ш	Ш	Ш			
		oning Domain:	Questions 5-11										
	to do things I												
	g with family r	and other peop	ام										
	in school and/		10.										
		things go wron	σ.										
	e to handle my		9.										
	•	family life right	now.										
	-									_			
	e answered by C									_			
GAIN Short	t Screener (GA	AIN-SS) Scorin	Ť										
Screener	Items	Past Month (4)	Past 90 Days (4, 3)	Past (4,3	Year 3, 2)		(4	Ever , 3, 2,					
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 Blocked	and Engag	nimal ement in Er covery	Limited ngagement in Recovery	Positi Engagem Recov	ent in		En	Optin gagem Recov	ent in	l			

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

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

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### Youth SUD Form - Discharge

6. Please answer the following questions based on the past 30 Number of Nights/Times kinds Number of Nights/Times									
a. How many times have you or emotional problem?	gone to	o an emer	gency r	oom for a p	sychiat	ric			
b. How many nights have you	ı spent	in a facilit	y for:						
i. Detoxification?									
ii. Inpatient/Residential Su	bstanc	e Use Diso	rder Tr	eatment?					
iii. Mental Health Care?									
iv. Illness, Injury, Surgery? Source: Current MPR Adult Histo	ry Form	(Revised 3/	06)						
c. How many nights have you				facility incl	uding I	DC.			
or Jail (as a result of an arrest, parole or probation violation)?									
d. How many times have you tried to commit suicide?									
*Federally Required Element									
7. Please check the	]	Before th	e Progi	ram	No	w (At end	d of Pro	gram)	
appropriate box on									
how you are doing									
since entering the									
program that best tells	Poor	Average	Good	Excellent	Poor	Average	Good	Excellent	
us what you think.	1	2	3	4	1	2	3	4	
a. Controlling alcohol use.									
b. Controlling drug use.									
*Element agreed upon by the DOWG									
8. I would be able to resi			_	t at all				Very	
drink heavily and/or use			cor	nfident				Confident	
if I were angry at the wa	y thing	gs had	0	1 2	3 4	5 6	7	8 9 10	

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

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#### Youth SUD Form - Discharge

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

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#### Youth SUD Form - Discharge

Questions to be answered by Clinician

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

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

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

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

				1.	NITIA	L				
Todays'	Date:									
Client S7	TARS ID:			_ _	_ _ _	_ _ _	_ _ _			
Progra	m [	 ⊒ 1.0 Oι	ıtpatient			 □ 2.1	l Intensiv	e Outpat	ient	
J			ay Treatm	ent			7 Intensiv	_		
		□ 3.1 Lo	w Intensi	ty Reside	ential	Tre	eatment (	PRTF)		
			scent EBP				,			
1 147	-14	41 4	•		-1-21-27-	l lal:	-			
			in gener						ln	
	xcellent		Very Goo our child's		Good		□ Fair		Poor	
			ays during							
	od?		-,	The Paris		j	P	,		
			our child's							
	oblems w ental heal		tions, how	many da	ys durin	g the past	30 days v	vas your	child's	
			ys, approx	imately l	now mar	ıv davs di	d vour chi	ld's poor	physical	
			ep you froi							
sc	hool, wor	k, or rec	reation?							
			_		_		_	their cu	rrent bel	haviors
	r <b>sympto</b> nportant at		ease circle				elow: her things I	Mosti	important th	ning in my
				-		chieve now	<i>'</i>		life	right now
0	1	2	3	4	5	6	7	8	9	10
		•		_		_			their cur	rent
			ymptoms							
Not in	nportant at	all	About			st of the ot chieve now	her things I	Most i	important th life	ning in my right now
0	1	2	3	4	5	6	7	8	9	10
4 DI		1	. 11						nber of	Don't
			ollowing nany times			oon arros	tod2	Nigl	hts/Times	know
•	ast 30 day z Required I		nany umes	s nas you	i ciilia b	cen arres	ieu:			

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#### Family SUD Form -Initial Interview

5. Please answer the following questions is		<u>/S</u>							
a. Has your child gotten into trouble at home, at s community, because of their use of alcohol, dru		□Yes	□No						
b. Has your child missed school or work because		□Yes	□No						
inhalants, or gambling?		_105							
*Federally Required Element									
			Don't						
6. Please answer the following questions based on the <u>past 30</u> Number of Nichte (Times									
days	Nights/Times	know							
a. How many times has your child gone to an eme									
psychiatric or emotional problem?									
b. How many nights has your child spent in a faci	ility for:								
i. Detoxification?									
ii. Inpatient/Residential Substance Use Disorde	r Treatment?								
iii. Mental Health Care?									
iv. Illness, Injury, Surgery?									
c. How many nights has your child spent in a correctional facility including									
JDC or Jail (as a result of an arrest, parole or prob									
d. How many times has your child tried to commi	t suicide?								
7. My child would be able to resist the	Not at all		Very						
urge to drink heavily and/or use drugs	confident		Confident						
if he/she were angry at the way things									
had turned out	0 1 2 3 4 5	6 7 8	9 10						
if he/she had unexpectedly found some									
booze/drugs or happened to see something	0 1 2 3 4 5		0 10						
that reminded him/her of drinking/using	0 1 2 3 4 5	6 7 8	9 10						
drugs									
if other people treated he/she unfairly or									
interfered with his/her plans	0 1 2 3 4 5	6 7 8	9 10						
if he/she were out with friends and they									
kept suggesting they go somewhere to	0 1 2 3 4 5	6 7 8	9 10						
drink/use drugs		0 7 0	7 10						

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#### Family SUD Form -Initial Interview

8. Please indicat		Response Options							
choice that best over the past 30 with persons oth	disagreement with the statements by checking the choice that best represents your feelings or opinion over the past 30 days. (Please answer for relationship with persons other than your behavioral health provider(s).) Source: MHSIP Survey *Federally Required  Domain: Social Connectedness Questions 1-4  1. My child knows people who will listen and understand				Undecided	Agree	Strongly agree	Not applicable	Refused
Domain: Social Co	nnectedness Quest	ions 1-4							
1. My child knows them when the	•	sten and understand							
2. In a crisis, my c		e support they need							
3. My child has pe with about their		re comfortable talking	B 🗆						
4. My child has pe things.	ople with whom th	ey can do enjoyable							
Domain: Improve	d Functioning Dom	ain: Questions 5-11							
	to do things he or								
6. My child gets al	ong with family me	embers.							
	ong with friends ar								
	vell in school and/o								
	to cope when thin								
·	e to handle daily li								
11. I am satisfied	with our family life	right now.							
Question to be answ									_
		ur (clinician's) assess							
understanding an number on the sca	ile below:	gage in their treatmen			Pleas	se cii			
Unengaged and Blocked	Minimal Engagement in Recovery	Limited Engagement in Recovery	Positi Engagem Recov	ent in		En	Optim gagem Recove	ent in	
1	2	3	4				5		

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

Todays' Date:	
Client STARS ID:	
Program ☐ 1.0 Outpatient ☐ 2.1 Intensive Outpatient	
$\square$ 2.5 Day Treatment $\square$ 3.7 Intensive Inpatient	
☐ 3.1 Low Intensity Residential Treatment (PRTF)	
☐ Adolescent EBP Services	
1. Would you say that in general your child's health is:  □ Excellent □ Very Good □ Good □ Fair □ Poo	
■ Excellent ■ Very Good ■ Good ■ Fair ■ Poo <b>a.</b> Now thinking about your child's physical health, which includes physical illness an	=
injury, how many days during the past 30 days was your child's physical health in good?	
b. Now thinking about your child's mental health, which includes stress, depression, problems with emotions, how many days during the past 30 days was your child mental health not good?	
<b>c.</b> During the past 30 days, approximately how many days did your child's poor physor mental health keep you from doing your child's usual activities, such as self-caschool, work, or recreation?	
2. At this moment, how important is it that your child change their curren	nt behaviors
and/or symptoms? Please circle a number on the scale below:	
Not important at all About as important as most of the other things I Most impor would like to achieve now	tant thing in my life right now
0 1 2 3 4 5 6 7 8 9	
3. At this moment, how confident are you, that your child will change their	ir current
behaviors and/or symptoms? Please circle a number on the scale below:	i current
, ,	tant thing in my life right now
0 1 2 3 4 5 6 7 8 9	
Number	
4. Please answer the following question In the past 30 days, how many times has your child been arrested?	imes know
*Federally Required Element	_
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
h Has your child missed school or work because of using alcohol drugs	Yes □No

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#### Family SUD Form - Discharge

6. Please answer the following questions based on the <u>past 30</u> Numb Nights										u't w
a. How many times has your psychiatric or emotional p	_		emerge	ncy room	for a			-		]
b. How many nights has you i. Detoxification? ii. Inpatient/Residential Su iii. Mental Health Care? iv. Illness, Injury, Surgery?	r child	spent in a	_					-		
c. How many nights has your child spent in a correctional facility including									]	
JDC or Jail (as a result of an arrest, parole or probation violation)?  d. How many times has your child tried to commit suicide?  *Federally Required Element										
7. Please check the		Before the Program Now					end of F	rogr	am)	
appropriate box on how your child is doing since entering the program that best	Poor	Average	Good	Excellent	Poor		_	d E	xcelle	ent
tells us what you think.	1	2	3	4	1	2	3		4	
a. Controlling alcohol use.										
b. Controlling drug use.										
8. My child would be ablurge to drink heavily an				t at all ıfident					Confi	Very dent
if he/she were angry at had turned out	the wa	y things	0	1 2	3	4 5	6 7	8	9	10
if he/she had unexpected	edly fou	ınd some								
booze/drugs or happened that reminded him/her of drugs	to see	somethir		1 2	3	4 5	6 7	8	9	10
if other people treated hinterfered with his/her plant		unfairly o	or 0	1 2	3	4 5	6 7	8	9	10
if he/she were out with kept suggesting they go so drink/use drugs	friend	-	0	1 2	3	4 5	6 7	8	9	10

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#### Family SUD Form - Discharge

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

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#### Family SUD Form - Discharge

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

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

Todays' Date:				
Client STARS ID	:			
Program:	□ CARE	$\square$ IMPACT		
O	☐ First Episode Psychosis (SEBHS at			
		☐ Transition Age	e Youth Receivi	nσ
	CARE (BMS/LSS Only)	IMPACT (BMS		**8
			.,	
1. Would you s	ay that in general your health is:			
□Excellent	□Very Good □Good	□Fair	□Poor	
	about your physical health, which includ			
	lays during the past 30 days was your phy			
	gabout your mental health, which include ith emotions, how many days during the			
health not g		past 30 days was y	our memai	
<b>c.</b> During the pa	st 30 days, approximately how many day			
	th keep you from doing your usual activit	ties, such as self-car	e, work, or	
recreation?				
2. Please answ	er the following question based on	the past 30	Number of	Don't
days			Nights/Times	know
	have you been arrested?			
*Federally required	element			
	ver the following questions based o	on the past 6	Number of	Don't
months			Nights/Times	know
a. How many time emotional proble	es have you gone to an emergency room	for a psychiatric or		
	hts have you spent in a facility for:			
i. Detoxificatio				
ii. Inpatient/Ro	esidential Substance Use Disorder Treatm	nent		
iii. Mental Hea	th Care?			
iv. Illness, Inju	• • •		-	
	es have you been arrested?			
	hts have you spent in a correctional facili			
	ult of an arrest, parole or probation violaties have you tried to commit suicide?	tionj?		
e. now many un	les have you tried to commit suicide?			$\Box$

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#### Adult MH Tool - Initial Interview

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

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

Todays' Date:	
Client STARS ID:   _ _ _ _ _ _ _	_ _ _
Program: □ CARE	□ IMPACT
☐ First Episode Psychosis (S	
☐ Transition Age Youth Reco	
CARE (BMS/LSS Only)	IMPACT (BMS/LSS Only)
1. Are you currently employed?	
$\square$ Employed full time (35+ hours per week)	Student
☐ Employed part time	Retired
□Homemaker	☐ Unemployed
□Disabled	Other (Specify)
* P. J II. D ' J	
* Federally Required	
2 Which of following boot describes your	aumont residential status?
2. Which of following best describes your	
☐ Independent, living in a private residence	Homelessness
Dependent, living in private residence	☐ Jail/Correctional Facility
Residential Care (group home,	Coston Home /Foston Core
rehabilitation center, agency-operated care)	☐ Foster Home/Foster Care
$\square$ Institutional setting (24/7 care by	☐ Crisis Residence
skilled/specialized staff or doctors)	□ Other
*Federally Required	
3. What is your highest educational level co	ompleted (12=GED or high school
diploma)?	
*Federally Required	
4. Would you say that in general your heal	
$\square$ Excellent $\square$ Very Good $\square$ G	
a. Now thinking about your physical health, wh	
how many days during the past 30 days wa	
<b>b</b> . Now thinking about your mental health, which	
problems with emotions, how many days d health not good?	uring the past 30 days was your mental
<b>c.</b> During the past 30 days, approximately how	many days did your poor physical or
mental health keep you from doing your us	
recreation?	care, out at our of from or

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### Adult MH Tool - Update Interval

5. Please answer the following question based on the pas days	t 30		ımbe ghts/		es	Don'	
How many times have you been arrested? *Federally required Element							
6. Please answer the following questions based on the pamonths	ıst 6		mbe ghts,	Don kno			
a. How many times have you gone to an emergency room for psychiatric or emotional problem?	a						
<ul><li>b. How many nights have you spent in a facility for:</li><li>i. Detoxification?</li></ul>							
ii. Inpatient/Residential Substance Use Disorder Treatment iii. Mental Health Care?	?						
iv. Illness, Injury, Surgery?							
c. How many times have you been arrested?							<u> </u>
d. How many nights have you spent in a correctional facility including jail or prisons (as a result of an arrest, parole or probation violation)?				_			
e. How many times have you tried to commit suicide?				_			
7. Please indicate your level of agreement or		Re	spon	se 0	ptio	ns	
disagreement with the statements by checking the choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) Source: MHSIP Survey *Federally Required	Strongly disagree	Disagree	Undecided	Agree	Strongly	Not	applicable Refused
choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral	Strongly disagree	Disagree	Undecided	Agree	Strongly	Not	applicable Refused
choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) Source: MHSIP Survey *Federally Required Domain: Social Connectedness Questions 1-4  1. I am happy with the friendships I have.	☐ Strongly disagree	☐ Disagree	Undecided	Agree	Strongly	Not	annlicable  Refused
choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) Source: MHSIP Survey *Federally Required  Domain: Social Connectedness Questions 1-4  1. I am happy with the friendships I have.  2. I have people with whom I can do enjoyable things.		☐ ☐ Disagree					applicable Refused
choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) Source: MHSIP Survey *Federally Required  Domain: Social Connectedness Questions 1-4  1. I am happy with the friendships I have.  2. I have people with whom I can do enjoyable things.  3. I feel I belong in my community.		□ □ □ Disagree		□ □ □ Agree	Strongly	□ □ Not	annlicable
choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) Source: MHSIP Survey *Federally Required  Domain: Social Connectedness Questions 1-4  1. I am happy with the friendships I have.  2. I have people with whom I can do enjoyable things.  3. I feel I belong in my community.  4. In a crisis, I would have the support I need from family or friends.		□ □ □ □					applicable
choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) Source: MHSIP Survey *Federally Required  Domain: Social Connectedness Questions 1-4  1. I am happy with the friendships I have.  2. I have people with whom I can do enjoyable things.  3. I feel I belong in my community.  4. In a crisis, I would have the support I need from family or friends.  Domain: Improved Functioning Domain: Questions 5-8		□ □ □ □ Disagree					annlicable
choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) Source: MHSIP Survey *Federally Required  Domain: Social Connectedness Questions 1-4  1. I am happy with the friendships I have.  2. I have people with whom I can do enjoyable things.  3. I feel I belong in my community.  4. In a crisis, I would have the support I need from family or friends.  Domain: Improved Functioning Domain: Questions 5-8  5. I do things that are more meaningful to me.		□ □ □ □ Disagree					annlicable and Refused
choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) Source: MHSIP Survey *Federally Required  Domain: Social Connectedness Questions 1-4  1. I am happy with the friendships I have.  2. I have people with whom I can do enjoyable things.  3. I feel I belong in my community.  4. In a crisis, I would have the support I need from family or friends.  Domain: Improved Functioning Domain: Questions 5-8  5. I do things that are more meaningful to me.  6. I am better able to take care of my needs.		□ □ □ □ Disagree					
choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) Source: MHSIP Survey *Federally Required  Domain: Social Connectedness Questions 1-4  1. I am happy with the friendships I have.  2. I have people with whom I can do enjoyable things.  3. I feel I belong in my community.  4. In a crisis, I would have the support I need from family or friends.  Domain: Improved Functioning Domain: Questions 5-8  5. I do things that are more meaningful to me.  6. I am better able to take care of my needs.  7. I am better able to handle things when they go wrong.		Disagree					
choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) Source: MHSIP Survey *Federally Required  Domain: Social Connectedness Questions 1-4  1. I am happy with the friendships I have.  2. I have people with whom I can do enjoyable things.  3. I feel I belong in my community.  4. In a crisis, I would have the support I need from family or friends.  Domain: Improved Functioning Domain: Questions 5-8  5. I do things that are more meaningful to me.  6. I am better able to take care of my needs.  7. I am better able to handle things when they go wrong.  8. I am better able to do things that I want to do.		□ □ □ □ □ □ □ Disagree					
choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) Source: MHSIP Survey *Federally Required  Domain: Social Connectedness Questions 1-4  1. I am happy with the friendships I have.  2. I have people with whom I can do enjoyable things.  3. I feel I belong in my community.  4. In a crisis, I would have the support I need from family or friends.  Domain: Improved Functioning Domain: Questions 5-8  5. I do things that are more meaningful to me.  6. I am better able to take care of my needs.  7. I am better able to handle things when they go wrong.  8. I am better able to do things that I want to do.  Domain: Perception of Access to Services Questions 9-13		Disagree					
choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) Source: MHSIP Survey *Federally Required  Domain: Social Connectedness Questions 1-4  1. I am happy with the friendships I have.  2. I have people with whom I can do enjoyable things.  3. I feel I belong in my community.  4. In a crisis, I would have the support I need from family or friends.  Domain: Improved Functioning Domain: Questions 5-8  5. I do things that are more meaningful to me.  6. I am better able to take care of my needs.  7. I am better able to handle things when they go wrong.  8. I am better able to do things that I want to do.  Domain: Perception of Access to Services Questions 9-13  9. The location of services was convenient.		Disagree					
choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) Source: MHSIP Survey *Federally Required  Domain: Social Connectedness Questions 1-4  1. I am happy with the friendships I have.  2. I have people with whom I can do enjoyable things.  3. I feel I belong in my community.  4. In a crisis, I would have the support I need from family or friends.  Domain: Improved Functioning Domain: Questions 5-8  5. I do things that are more meaningful to me.  6. I am better able to take care of my needs.  7. I am better able to handle things when they go wrong.  8. I am better able to do things that I want to do.  Domain: Perception of Access to Services Questions 9-13  9. The location of services was convenient.  10. Staff was willing to see me as often as I felt it was necessary		Disagree					
choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) Source: MHSIP Survey *Federally Required  Domain: Social Connectedness Questions 1-4  1. I am happy with the friendships I have.  2. I have people with whom I can do enjoyable things.  3. I feel I belong in my community.  4. In a crisis, I would have the support I need from family or friends.  Domain: Improved Functioning Domain: Questions 5-8  5. I do things that are more meaningful to me.  6. I am better able to take care of my needs.  7. I am better able to handle things when they go wrong.  8. I am better able to do things that I want to do.  Domain: Perception of Access to Services Questions 9-13  9. The location of services was convenient.  10. Staff was willing to see me as often as I felt it was necessary  11. Staff returned my calls within 24 hours.		Disagree					
choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) Source: MHSIP Survey *Federally Required  Domain: Social Connectedness Questions 1-4  1. I am happy with the friendships I have.  2. I have people with whom I can do enjoyable things.  3. I feel I belong in my community.  4. In a crisis, I would have the support I need from family or friends.  Domain: Improved Functioning Domain: Questions 5-8  5. I do things that are more meaningful to me.  6. I am better able to take care of my needs.  7. I am better able to handle things when they go wrong.  8. I am better able to do things that I want to do.  Domain: Perception of Access to Services Questions 9-13  9. The location of services was convenient.  10. Staff was willing to see me as often as I felt it was necessary		Disagree					

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### Adult MH Tool - Update Interval

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

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

Todays' Date:	
Client STARS ID:	
Program:   CARE	□ IMPACT
☐ First Episode Psychosis (	
☐ Transition Age Youth Rec	
CARE (BMS/LSS Only)	IMPACT (BMS/LSS Only)
1. Are you currently employed?	
□Employed full time (35+ hours per week)	☐ Student
☐Employed part time	□ Retired
$\square$ Homemaker	☐ Unemployed
□Disabled	□ Other (Specify)
*Federally Required	
2. Which of following boot decoulbed your	arrange to aid outist atatus?
2. Which of following best describes your	Homelessness
☐ Independent, living in a private residence ☐ Dependent, living in private residence	☐ Jail/Correctional Facility
Residential Care (group home,	in Jan Correctional Facility
rehabilitation center, agency-operated	☐ Foster Home/Foster Care
care)	
☐ Institutional setting (24/7 care by	☐ Crisis Residence
skilled/specialized staff or doctors)	□ Other
*Federally Required	
2. Miles Communication of the second	annulated (42, CPD early) and all
3. What is your highest educational level c	ompleted (12=GED or nigh school
diploma)?	
*Federally Required	
4. Would you say that in general your heal	th is:
□Excellent □Very Good □G	ood □Fair □Poor
a. Now thinking about your physical health, wh	ich includes physical illness and injury,
how many days during the past 30 days was	
<b>b</b> . Now thinking about your mental health, which	
problems with emotions, how many days do health not good?	uring the past 30 days was your mental
<b>c.</b> During the past 30 days, approximately how	many days did your poor physical or
mental health keep you from doing your us	
recreation?	

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#### Adult MH Tool - Discharge

5. Please answer the following question		Num Nigh		Don kno			
In the past 30 days, how many times have you been arrested?  *Federally Required ————————————————————————————————————							
6. Please answer the following questions based on the pamonths		ımbe ghts/	r of Times	Do: kno	•		
a. How many times have you gone to an emergency room for	a						
<ul><li>psychiatric or emotional problem?</li><li>b. How many nights have you spent in a facility for:</li></ul>							
i. Detoxification?						Г	7
ii. Inpatient/Residential Substance Use Disorder Treatment	t?					Г	7
iii. Mental Health Care?						Г	7
iv. Illness, Injury, Surgery?						Г	7
c. How many times have you been arrested?					_		<del></del>
d. How many nights have you spent in a correctional facility i	nclud	ing					
jail or prisons (as a result of an arrest, parole or probation vio						L	
e. How many times have you tried to commit suicide?							
·							
				0			
7. Please indicate your level of agreement or		Re	espon	ise U	ptions	j	
disagreement with the statements by checking the choice that best represents your feelings or opinion	5 O)	a	Ŋ.		<u></u>	<u>e</u>	
over the past 6 months. (Please answer for	Strongly disagree	Disagree	Jndecided	Agree	Strongly agree	Not pplicabl	Refused
relationships with persons other than your behavioral	tro	isa	ıde	Agı	itro	N id	Seft
health provider(s).) Source: MHSIP Survey *Federally Required	0, 0		D D		<b>0</b> 1	a	
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.							Ш
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							
11. Staff returned my calls within 24 hours.							
<ul><li>12. Services were available at times that were good for me.</li><li>13. I was able to get all the services I thought I needed.</li></ul>							
13. I was able to get all the services I thought I heeded.							П

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#### Adult MH Tool - Discharge

Domains: Perception of Quality and Appropriateness				
Questions 14-21				
14. Staff believed that I could grow, change and recover.				
15. I felt free to complain.				
16. Staff respected my wishes about who is and is not to be		П		П
given information about my treatment.				
17. Staff was sensitive to my cultural/ethnic background.				
18. Staff helped me obtain the information needed so I		П		
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	П		П	
member.				

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\*Federally Required

### **Appendix B: Outcome Tool Surveys**

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

Todays' Date	:			
Client STARS	ID:			
Program	☐ CYF Services (SED)	$\square$ ART		
Ü	☐ MRT	$\square$ FFT		
4 YA7 . 1.1 .		101. 1 -		_
	ou say that in general your h			
□ Excell	ent	□Good □Fair	□ Poor	
	any days during the past 30 days			
	nking about your mental health, v			
	ns with emotions, how many day	ys during the past 30 days was	your mental	
	not good? ne past 30 days, approximately h	ow many days did your noor r	hysical or	
	health keep you from doing you			
recreat			,	
			Number of	Don't
	iswer the following question		Nights/Times	know
	days, how many times have you	ı been arrested?		
*Federally Requ	ired Element			
3. Please ar	nswer the following question	ns based on the past 6	Number of	Don't
months	3.1		Nights/Times	know
	times have you gone to an emer	gency room for a psychiatric		
or emotional	*			
b. How many i. Detoxifica	nights have you spent in a facilit	ty for:		
	t/Residential Substance Use Disc	order Treatment?		
•	Health Care?	ruei Treatment:		
	njury, Surgery?			
	times have you been arrested?			
	nights have you spent in a corre	ectional facility including IDC		
	esult of an arrest, parole or prob			
	times have you tried to commit			

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#### Youth MH Form -Initial Interview

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

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

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

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

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### Youth MH Form - Update Interval

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

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#### Youth MH Form - Update Interval

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

Question to be answered by Clinician

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

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

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

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#### Youth MH Form - Discharge

6. Please answer the following question			Num Nigh			Dor kno				
In the past 30 days, how many times have you been arrested? *Federally Required Element					-					
7. Please answer the following questions based on the <u>pa</u> months	<u>st 6</u>			ımbe ghts <i>i</i>	r of Time:		on't low			
a. How many times have you gone to an emergency room for a psycemotional problem?	chiatr	ic or				[				
b. How many nights have you spent in a facility for: i. Detoxification? ii. Inpatient/Residential Substance Use Disorder Treatment? iii. Mental Health Care? iv. Illness, Injury, Surgery?					_ _ _	]				
c. How many times have you been arrested?							_			
d. How many nights have you spent in a correctional facility including Jail (as a result of an arrest, parole or probation violation)?	ing JD	C or				[				
e. How many times have you tried to commit suicide? *Federally Required Element					_					
8. Please indicate your level of agreement or		Re	espor	se 0	ption	S				
disagreement with the statements by checking the choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) *Federally Required	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Not applicable	Refused			
Domain: Social Connectedness Questions 1-4										
1. I know people who will listen and understand me when I need to talk.										
2. In a crisis, I would have the support I need from family and friends.										
3. I have people that I am comfortable talking with about my problems.										
4. I have people with whom I can do enjoyable things.										
Domain: Improved Functioning/ Outcomes Domain: Question	ıs 5-1	1								
5. I am better able to do things I want to do.										
6. I get along better with family members.										
7. I get along better with friends and other people.										
8. I am doing better in school and/or work.										
9. I am better able to cope when things go wrong.										
10. I am better at handling my daily life.										
11. I am satisfied with my family life right now.										

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#### Youth MH Form - Discharge

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

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

		ППП		
Todays' Date:				
Client STARS	ID:	_ _ _ _		
Program	☐ CYF Services (SED)	□ ART		
_	□ MRT	$\square$ FFT		
1. Would you	say that in general your chil	d's health is:		
□Excelle	3	ood □Fair	$\square$ Poor	
	ng about your child's physical he w many days during the past 30 (			
good?	w many days daring the past so	auys was your cilia physica	i ilearen ilot	
	ing about your child's mental hea	th, which includes stress, d	epression, and	
	with emotions, how many days or ealth not good?	luring the past 30 days was	your child's	
	past 30 days, approximately how	many days did your child's	poor physical	
or menta	health keep you from doing your ork, or recreation?			
5011001, W	ork, or recreation:			
				5 .
			Number of	Don't know
2. Please ans	wer the following question		Nights/Times	KIIOW
In the past 30 d	lays, how many times has your ch	ild been arrested?	Nights/Times	
	lays, how many times has your ch	ild been arrested?	Nights/Times	
In the past 30 c	lays, how many times has your ch		Number of	□ Don't
In the past 30 center of the second s	lays, how many times has your ched Element  wer the following questions	based on the <u>past 6</u>		
In the past 30 of *Federally Require  3. Please ans months  a. How many ti	lays, how many times has your ched Element  wer the following questions  mes has your child gone to an em	based on the <u>past 6</u>	Number of	Don't know
In the past 30 of *Federally Require  3. Please ans months  a. How many tipsychiatric of the second seco	lays, how many times has your ched Element  wer the following questions  mes has your child gone to an emer emotional problem?	based on the <u>past 6</u> ergency room for a	Number of	□ Don't
In the past 30 of *Federally Require  3. Please ans months  a. How many to psychiatric of b. How many n	lays, how many times has your ched Element  wer the following questions  mes has your child gone to an emer emotional problem?  ights has your child spent in a fac	based on the <u>past 6</u> ergency room for a	Number of	Don't know
In the past 30 of *Federally Require  3. Please ans months  a. How many to psychiatric of b. How many not i. Detoxification	lays, how many times has your ched Element  wer the following questions  mes has your child gone to an emer emotional problem?  ights has your child spent in a faction?	based on the past 6 ergency room for a ility for:	Number of	Don't know
In the past 30 of *Federally Require  3. Please ans months  a. How many tipsychiatric of b. How many not i. Detoxification ii. Inpatient/	lays, how many times has your ched Element  wer the following questions  mes has your child gone to an emer emotional problem?  ights has your child spent in a faction?  Residential Substance Use Disord	based on the past 6 ergency room for a ility for:	Number of	Don't know
In the past 30 of *Federally Require  3. Please ans months  a. How many to psychiatric of b. How many note ii. Detoxification iii. Inpatient/iiii. Mental Heaves	lays, how many times has your ched Element  wer the following questions  mes has your child gone to an emer emotional problem?  ights has your child spent in a faction?  Residential Substance Use Disord alth Care?	based on the past 6 ergency room for a ility for:	Number of	Don't know
In the past 30 of *Federally Require  3. Please ans months  a. How many to psychiatric of b. How many notes ii. Detoxification iii. Inpatient/iii. Mental Heiv. Illness, Injection in the second se	lays, how many times has your ched Element  wer the following questions  mes has your child gone to an emer emotional problem?  ights has your child spent in a faction?  Residential Substance Use Disord alth Care?  ury, Surgery?	based on the past 6 ergency room for a ility for: er Treatment?	Number of	Don't know
In the past 30 of *Federally Require  3. Please ans months  a. How many tipsychiatric of b. How many notes ii. Inpatient/iii. Mental Heiv. Illness, Injoc. How many ti	lays, how many times has your ched Element  wer the following questions  mes has your child gone to an ememotional problem?  ights has your child spent in a faction?  Residential Substance Use Disord alth Care?  ury, Surgery?  mes has your child been arrested	based on the past 6 ergency room for a fility for: er Treatment?	Number of	Don't know
In the past 30 of *Federally Require  3. Please ans months  a. How many tipsychiatric of b. How many notes ii. Inpatient/iii. Mental Heiv. Illness, Injoc. How many notes d. How many notes iii. Inpatient/iii. Mental Heiv. Illness, Injoc. How many notes iii. Inpatient/iiii. Mental Heiv. Illness, Injoc. How many notes iii. Inpatient/iiii. Mental Heiv. Illness, Injoc. How many notes iii. Inpatient/iiii. Mental Heiv. Illness, Injoc. How many notes iii. Inpatient/iiii. Inpatient/iiii. Inpatient/iiii. Illness, Injoc. How many notes iii. Illness, Illne	lays, how many times has your ched Element  wer the following questions  mes has your child gone to an emer emotional problem?  ights has your child spent in a faction?  Residential Substance Use Disord alth Care?  ury, Surgery?  mes has your child been arrested ights has your child spent in a corticology.	ergency room for a lility for: er Treatment?	Number of	Don't know
In the past 30 of *Federally Require  3. Please ans months  a. How many tipsychiatric of b. How many notes ii. Inpatient/iii. Mental Heiv. Illness, Injud. How many notes iii. How many notes iii. Inpatient/iiii. Mental Heiv. Illness, Injud. How many notes iii. Inpatient/iiiii. Mental Heiv. Illness, Injud. How many notes iii. Inpatient/iiiiii. Mental Heiv. Illness, Injud. How many notes iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	lays, how many times has your ched Element  wer the following questions  mes has your child gone to an emer emotional problem?  ights has your child spent in a faction?  Residential Substance Use Disord alth Care?  ury, Surgery?  mes has your child been arrested ights has your child spent in a core a result of an arrest, parole or presidential or sea result of an arrest, parole or presidential substance.	ergency room for a ility for: er Treatment? rectional facility including obation violation)?	Number of	Don't know
In the past 30 of *Federally Require  3. Please ans months  a. How many tipsychiatric of b. How many notes ii. Inpatient/iii. Mental Heiv. Illness, Injud. How many notes iii. How many notes iii. Inpatient/iiii. Mental Heiv. Illness, Injud. How many notes iii. Inpatient/iiiii. Mental Heiv. Illness, Injud. How many notes iii. Inpatient/iiiiii. Mental Heiv. Illness, Injud. How many notes iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	lays, how many times has your ched Element  wer the following questions  mes has your child gone to an emer emotional problem?  ights has your child spent in a faction?  Residential Substance Use Disord alth Care?  ury, Surgery?  mes has your child been arrested ights has your child spent in a cort are sult of an arrest, parole or promes has your child tried to comm	ergency room for a ility for: er Treatment? rectional facility including obation violation)?	Number of	Don't know

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#### Family MH Form -Initial Interview

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

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

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

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### Family MH Form - Update Interval

6. Please answer the following question				nber d nts/Ti		Do:	
In the past 30 days, how many times has your child been arrested? *Federally Required Element *Federally Required Element			3		-		
7. Please answer the following questions based on the pa	<u>st 6</u>			ber o		Don'	t
months			Nigh	its/Ti	mes	knov	V
a. How many times has your child gone to an emergency room for a psychiatric or emotional problem?	ı						
b. How many nights has your child spent in a facility for:							
i. Detoxification?							
ii. Inpatient/Residential Substance Use Disorder Treatment?							
iii. Mental Health Care?							
iv. Illness, Injury, Surgery?							
c. How many times has your child been arrested?							
d. How many nights has your child spent in a correctional facility in	ıclud	ing					
JDC or Jail (as a result of an arrest, parole or probation violation)? e. How many times has your child tried to commit suicide?							
		D					
8. Please indicate your level of agreement or		K	espor	ise U	ption	S	
disagreement with the statements by checking the choice that best represents your feelings or opinion	<b>&gt;</b> 0	נו נ	þ		>	2	<u> </u>
over the past 6 months. (Please answer for	Strongly	Disagree	cid	Agree	ngl	Not	Refused
•	9 9	<i>-</i> 0	e	hin	0 5	— "	
relationships with persons other than your behavioral	<u> </u>	i si	pu	Ą	itra	~ 7	Sef
relationships with persons other than your behavioral health provider(s).) *Federally Required	Str	Dis	Undecided	Ř	Strongly agree	2 7	Ref
health provider(s).) *Federally Required	Str	Dis	Und	Ą	Str	2 7	Ref
health provider(s).) *Federally Required  Domain: Social Connectedness Questions 1-4		I Dis	] Und	] Ag	] Str	N I	Ref
health provider(s).) *Federally Required  Domain: Social Connectedness Questions 1-4  1. My child knows people who will listen and understand them when they need to talk.	Str	Dis	DuQ	Ag	Str		Ref
health provider(s).) *Federally Required  Domain: Social Connectedness Questions 1-4  1. My child knows people who will listen and understand them when they need to talk.  2. In a crisis, my child would have the support they need		Dis		ŠV D	Str		□ □ Ref
health provider(s).) *Federally Required  Domain: Social Connectedness Questions 1-4  1. My child knows people who will listen and understand them when they need to talk.  2. In a crisis, my child would have the support they need from family and friends.		Dis		Y V	Str		Ref
health provider(s).) *Federally Required  Domain: Social Connectedness Questions 1-4  1. My child knows people who will listen and understand them when they need to talk.  2. In a crisis, my child would have the support they need		Dis	Ond Ond	ď D	Str		□ □ Ref
<ul> <li>health provider(s).) *Federally Required</li> <li>Domain: Social Connectedness Questions 1-4</li> <li>1. My child knows people who will listen and understand them when they need to talk.</li> <li>2. In a crisis, my child would have the support they need from family and friends.</li> <li>3. My child has people that he/she are comfortable talking</li> </ul>		Dis					and
<ul> <li>health provider(s).) *Federally Required</li> <li>Domain: Social Connectedness Questions 1-4</li> <li>1. My child knows people who will listen and understand them when they need to talk.</li> <li>2. In a crisis, my child would have the support they need from family and friends.</li> <li>3. My child has people that he/she are comfortable talking with about their problems.</li> </ul>		or D D D D	Dun				□ □ □ Ref
<ul> <li>health provider(s).) *Federally Required</li> <li>Domain: Social Connectedness Questions 1-4</li> <li>1. My child knows people who will listen and understand them when they need to talk.</li> <li>2. In a crisis, my child would have the support they need from family and friends.</li> <li>3. My child has people that he/she are comfortable talking with about their problems.</li> <li>4. My child has people with whom they can do enjoyable</li> </ul>			Ond				anna anna anna anna anna anna anna ann
<ul> <li>health provider(s).) *Federally Required</li> <li>Domain: Social Connectedness Questions 1-4</li> <li>1. My child knows people who will listen and understand them when they need to talk.</li> <li>2. In a crisis, my child would have the support they need from family and friends.</li> <li>3. My child has people that he/she are comfortable talking with about their problems.</li> <li>4. My child has people with whom they can do enjoyable things.</li> </ul>			Ond				aum aum
<ul> <li>health provider(s).) *Federally Required</li> <li>Domain: Social Connectedness Questions 1-4</li> <li>1. My child knows people who will listen and understand them when they need to talk.</li> <li>2. In a crisis, my child would have the support they need from family and friends.</li> <li>3. My child has people that he/she are comfortable talking with about their problems.</li> <li>4. My child has people with whom they can do enjoyable things.</li> <li>Domain: Improved Functioning/ Outcomes Domain: Question</li> </ul>							
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### Family MH Form - Update Interval

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

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

Todays' Date:	
Client STARS ID:	
Program □ CYF Services (SED)	— I — I — I — I — I — I — I — I — I — I
□ MRT	□ FFT
1. Did your child attend school any time	in the past three months?
□Yes *Federally Required	□No
2. Please circle your child's current or high	ghest educational level completed:
Self-Contained Special Ed Class (No Grade)	
*Federally Required	
3. Is your child currently employed? (**Co	lleated for alients 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	r child's current residential status?
☐ Independent, living in private residence	☐ Homelessness
$\square$ Dependent, living in private residence	$\square$ Jail/Correctional Facility
$\square$ Residential Care (group home,	_
rehabilitation center, agency-operated care)	☐ Foster Home/Foster Care
$\square$ Institutional setting (24/7 care by	☐ Crisis Residence
skilled/specialized staff or doctors)	☐ Other
*Federally Required	
5. Would you say that in general your ch	ild's health is:
□Excellent □Very Good □	Good □Fair □Poor
a. Now thinking about your child's physical he injury, how many days during the past 30 good?	
<b>b</b> . Now thinking about your child's mental heal problems with emotions, how many days mental health not good?	
c. During the past 30 days, approximately how or mental health keep you from doing you school, work, or recreation?	

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### Family MH Form - Discharge

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

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#### Family MH Form - Discharge

	Response Options						
	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Not applicable	Refused
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Domain: Perceptions of Participation in Treatment Planning Questions 18-20							
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