

Fiscal Year 2024

Lewis and Clark Behavioral Health Services





FY24 Foreword by Data and Outcomes

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

Can I compare this data to previous years?

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

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

Does this mean that previous data are inaccurate?

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

What do these changes accomplish?

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

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



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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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





Table of Contents

Data Collection Methodology	1
Description of Substance Use Disorder (SUD) Treatment Services	5
Description of Mental Health (MH) Treatment Services	7
Stakeholder Survey Summary	9
Substance Use Disorder (SUD) Treatment Services	25
Adult SUD Treatment Services	29
Youth SUD Treatment Services	65
Family Perceptions of Youth SUD Treatment Services	103
Mental Health (MH) Treatment Services	131
Adult MH Treatment Services	135
Youth MH Treatment Services	163
Family Perceptions of Youth MH Treatment Services	193
Justice-Involved and At-Risk Youth Services	215
Family Perceptions of Justice-Involved and At-Risk Youth Services	251
Appendix A: Outcome Tool (OT) Return Rates	275
Annendix B: Outcome Tool Surveys	280





Data Collection Methodology

Fiscal Year 2024





Data Collection Methodology

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

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

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

Data Collection Process

Stakeholder Survey

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

Substance Use Disorder Services

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

Mental Health Services

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

Additional Data Collection Tools

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





Publicly Funded Substance Use Disorder (SUD) Treatment Services

Publicly Funded Substance Use Disorder (SUD) Treatment Services

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

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

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

Low Intensity Residential Treatment Services (3.1 Services)

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

Inpatient Treatment Services (3.7 Services)

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

Detoxification Treatment Services (Clinically Managed and Medically Monitored)

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

Intensive Methamphetamine Treatment (IMT) Services

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

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

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



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

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

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

Evidence-Based SUD Treatment for Justice-Involved Adults

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

Moral Reconation Therapy for Justice-Involved Adults (MRT)

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



Publicly Funded Mental Health (MH) Treatment Services

Publicly Funded Mental Health (MH) Treatment Services

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

Outpatient Treatment Services

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

Comprehensive Assistance with Recovery and Empowerment Services (CARE)

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

Individualized and Mobile Program of Assertive Community Treatment (IMPACT)

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

Forensic Assertive Community Treatment for Mental Health Court (FACT)

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

Children or Youth and Family Services (CYF)

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

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

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

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

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



Systems of Care Program (SOC)**

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

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



Stakeholder Survey Summary





Stakeholder Survey



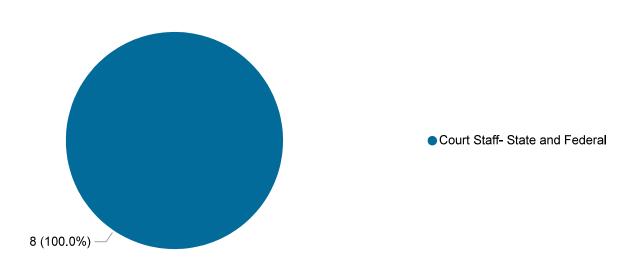
The Division of Behavioral Health (DBH) recognizes the need for strong community collaboration at the local level between accredited behavioral health treatment providers and their local referral sources. Accredited agencies are asked to share a stakeholder survey with local referral sources such as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

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

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

Stakeholders who completed the survey were court staff.

Types of Stakeholders Who Responded



Stakeholder Type N %

Court Staff-State and Federal (Judge/Attorney/Probation/Parole/JCA/Drug Court/Teen Court) 8 100.0%

Total 8 100.0%



Familiarity with Services

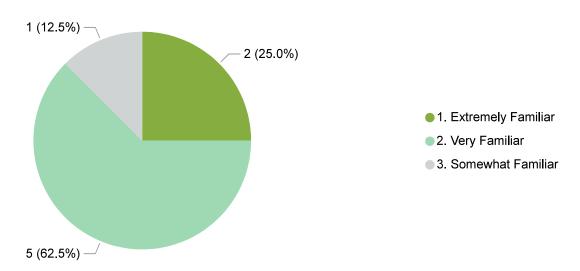


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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

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

Familiarity with Services



Stakeholder Type	1. Extremely Familiar	2. Very Familiar	3. Somewhat Familiar	Total
Court Staff- State and Federal	25.0%	62.5%	12.5%	100.0%
Total	25.0%	62.5%	12.5%	100.0%

Fiscal Year 2024



Staff Respectfulness

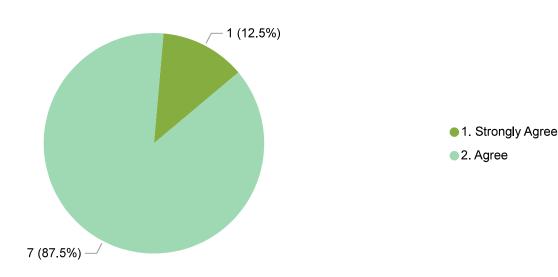


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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

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

Staff Are Respectful



Stakeholder Type	1. Strongly Agree	2. Agree	Total
Court Staff- State and Federal	12.5%	87.5%	100.0%
Total	12.5%	87.5%	100.0%

Fiscal Year 2024



Staff Training

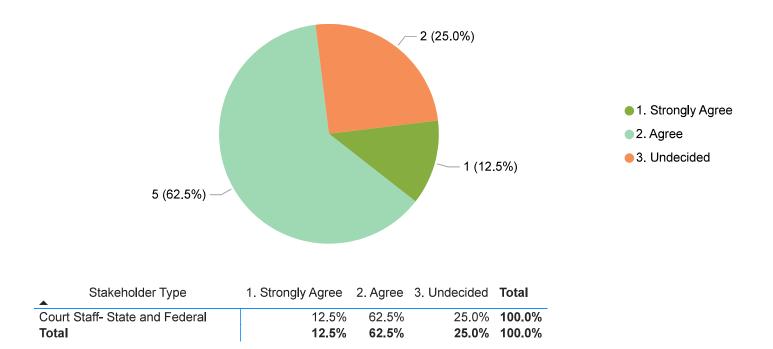


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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

The majority of stakeholders agreed or strongly agreed staff members are well trained.

Staff Are Well Trained





Staff Communication

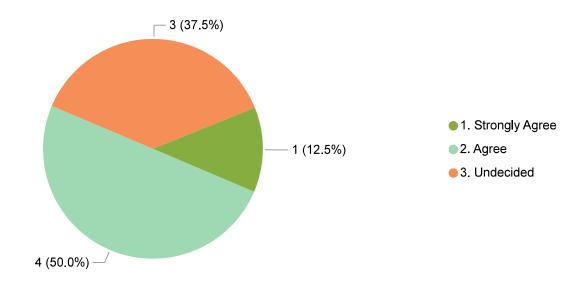


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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

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

Staff Actively Communicate



Stakeholder Type	1. Strongly Agree	2. Agree	3. Undecided	Total
Court Staff- State and Federal	12.5%	50.0%	37.5%	100.0%
Total	12.5%	50.0%	37.5%	100.0%

Fiscal Year 2024



Staff Competency

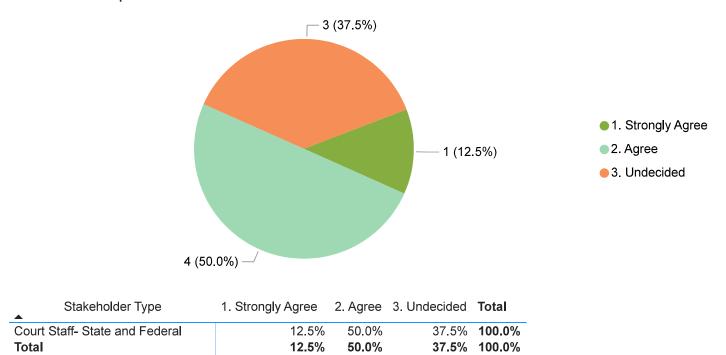


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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

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

Staff Are Competent to Deliver Treatment Services





Location of Services

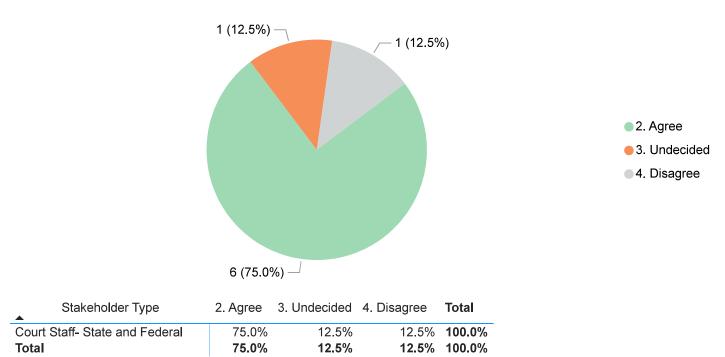


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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

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

Location of Services are Convenient for Clients





Service Availability



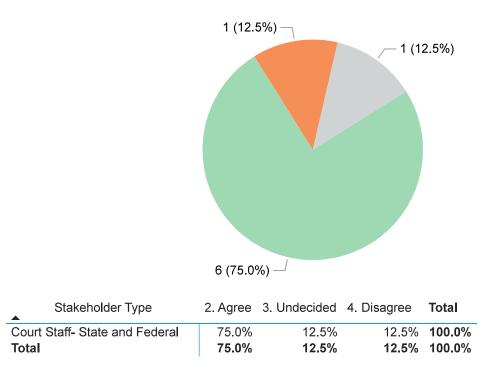
The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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

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

2. Agree3. Undecided4. Disagree

Services Are Available at Times Convenient for Clients





Community Responsiveness

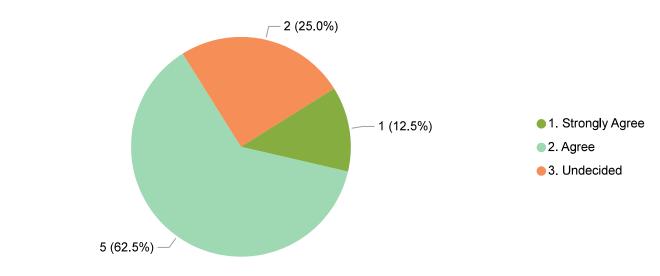
The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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



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

Provider is Responsive to the Needs Within the Community



Stakeholder Type	1. Strongly Agree	2. Agree	3. Undecided	Total
Court Staff- State and Federal	12.5%	62.5%	25.0%	100.0%
Total	12.5%	62.5%	25.0%	100.0%

Fiscal Year 2024



Supportiveness of Clients' Needs

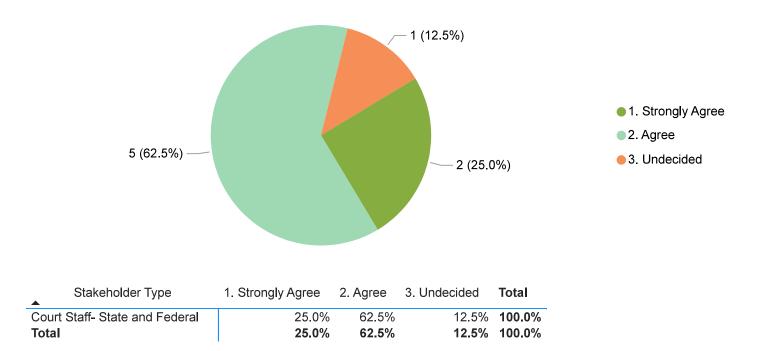


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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

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

Provider is Supportive of Clients' Needs





Quality of Services

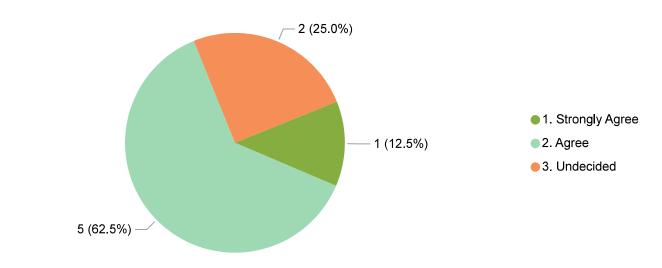


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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

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

Provider Provides Quality Services



Stakeholder Type	1. Strongly Agree	2. Agree	3. Undecided	Total
Court Staff- State and Federal	12.5%	62.5%	25.0%	100.0%
Total	12.5%	62.5%	25.0%	100.0%



Provider Responsiveness

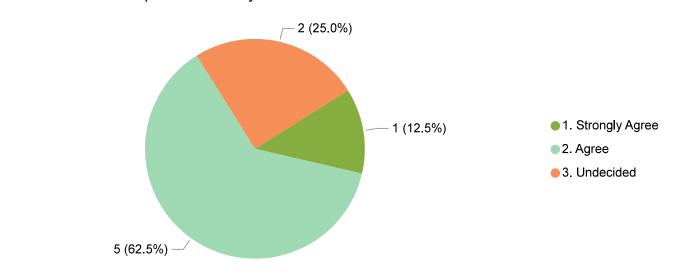


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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

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

Provider Has Been Responsive To My Questions and Concerns



Stakeholder Type	1. Strongly Agree	2. Agree	3. Undecided	Total
Court Staff- State and Federal	12.5%	62.5%	25.0%	100.0%
Total	12.5%	62.5%	25.0%	100.0%



Satisfaction of Outcomes

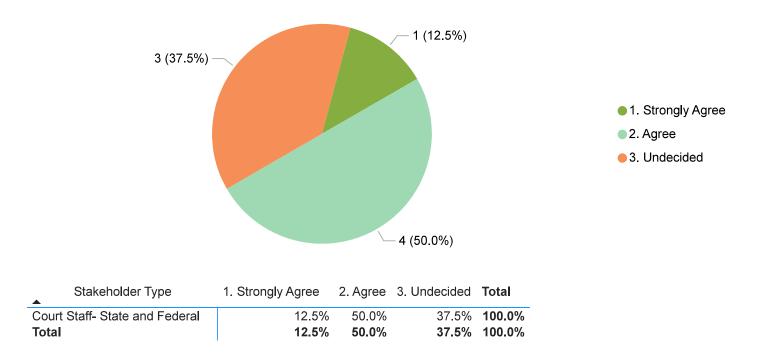


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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

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

Clients Report Satisfaction of Outcomes







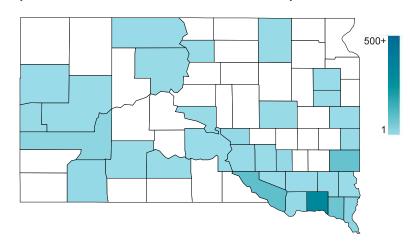
Substance Use Disorder (SUD) Treatment Services





SUD Treatment Services

County of Residence for Clients Who Received Publicly Funded Services



Treatment Services	•	Average Duration of Treatment (Days)
Detoxification & Medically Monitored Detoxification Services	22	49
Evidence-Based SUD Treatment for Justice-Involved Adults	112	71
Intensive Inpatient Treatment (3.7)	269	47
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	393	64



Unduplicated Clients Served (Publicly Funded)

710

Publicly Funded Clients Served with Co-Occurring Mental Health Conditions

536



Veterans Served (Publicly Funded)

19

Pregnant Clients Served (Publicly Funded)

40



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.







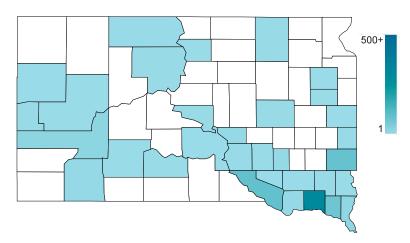


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Adult SUD Treatment Services

County of Residence for Clients Who Received Publicly Funded Services



Treatment Services	Publicly Funded Clients Served	Average Duration of Treatment (Days)
Detoxification & Medically Monitored Detoxification Services	22	49
Evidence-Based SUD Treatment for Justice-Involved Adults	112	71
Intensive Inpatient Treatment (3.7)	269	47
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	368	64



Unduplicated Clients Served (Publicly Funded)

685

Publicly Funded Clients Served with Co-Occurring Mental Health Conditions

522



Veterans Served (Publicly Funded)

19

Pregnant Clients Served (Publicly Funded)

40



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



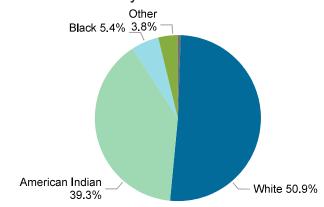


Race & Ethnicity

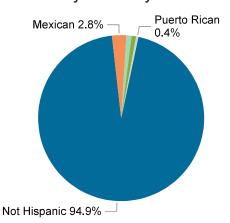


According to the U.S. Census Bureau 84.2% of South Dakotans identify as White, 8.5% identify as American Indian, and 5.1% identify as Hispanic. The data below reflect the self-reported race and ethnicity of adults served in publicly funded treatment services.

Clients Served by Race



Clients Served by Ethnicity



Clients Served by Service Type and Race

	Americ Indian	an	Black	(Nat Pac Isla		Othe	r	White		Total	
Treatment Services	N	%	N	%	N	%	N	%	N	%	N	%
Detoxification & Medically Monitored Detoxification Services	5	22.7%	2	9.1%	1	4.5%			14	63.6%	22	100.0%
Evidence-Based SUD Treatment for Justice-Involved Adults	47	42.0%	9	8.0%			5	4.5%	51	45.5%	112	100.0%
Intensive Inpatient Treatment (3.7)	119	44.2%	15	5.6%			5	1.9%	130	48.3%	269	100.0%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	127	34.5%	15	4.1%	3	0.8%	16	4.3%	207	56.3%	368	100.0%
Total	269	39.3%	37	5.4%	4	0.6%	26	3.8%	349	50.9%	685	100.0%

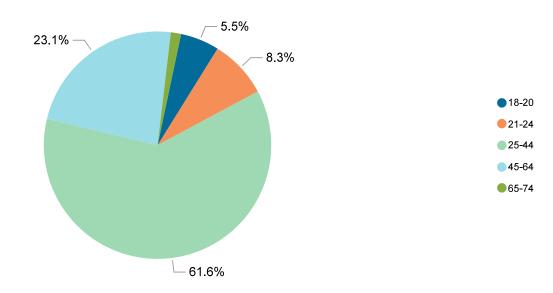






The below data reflect the age of adults served in publicly funded treatment services.

Clients Served by Age



Clients Served by Service Type and Age Group

	18-20)	21-24	4	25-44		45-64		65-74	4	Total	
Treatment Services	N	%	N	%	N	%	N	%	N	%	N	%
Detoxification & Medically Monitored Detoxification Services	1	4.5%	3	13.6%	8	36.4%	9	40.9%	1	4.5%	22	100.0%
Evidence-Based SUD Treatment for Justice-Involved Adults	1	0.9%	11	9.8%	68	60.7%	31	27.7%	1	0.9%	112	100.0%
Intensive Inpatient Treatment (3.7)	12	4.5%	24	8.9%	173	64.3%	55	20.4%	5	1.9%	269	100.0%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	27	7.3%	31	8.4%	220	59.6%	85	23.0%	6	1.6%	369	100.0%
Total	38	5.5%	57	8.3%	423	61.6%	159	23.1%	10	1.5%	687	100.0%

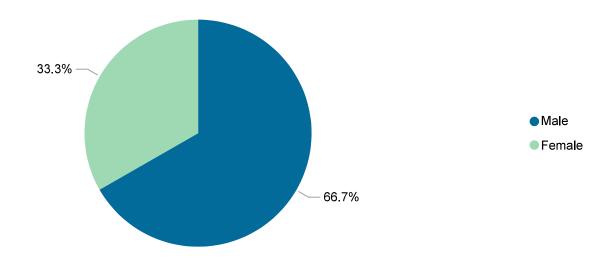


Gender



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	%
Detoxification & Medically Monitored Detoxification Services	5	22.7%	17	77.3%	22	100.0%
Evidence-Based SUD Treatment for Justice-Involved Adults	14	12.5%	98	87.5%	112	100.0%
Intensive Inpatient Treatment (3.7)	106	39.4%	163	60.6%	269	100.0%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	127	34.5%	241	65.5%	368	100.0%
Total	228	33.3%	457	66.7%	685	100.0%



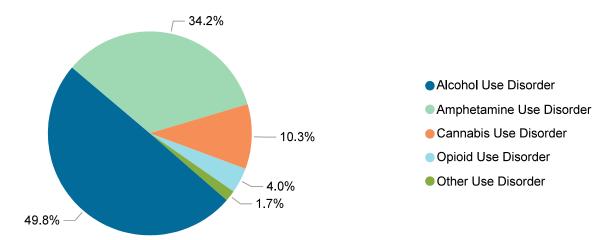
Primary Diagnosis



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

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

Percent of Clients Served for Each Primary Diagnosis



Diagnosis by Service Type

	Alcoho Disorde		Amphe Use Di	tamine sorder	Canr Diso	nabis Use rder	Opioi Disor	d Use der	Othe Disor		Total	
Treatment Services	N	%	N	%	N	%	N	%	N	%	N	%
Detoxification & Medically Monitored Detoxification Services	15	65.2%	4	17.4%			2	8.7%	2	8.7%	23	100.0%
Evidence-Based SUD Treatment for Justice-Involved Adults	37	32.7%	51	45.1%	19	16.8%	3	2.7%	3	2.7%	113	100.0%
Intensive Inpatient Treatment (3.7)	139	51.7%	103	38.3%	2	0.7%	20	7.4%	5	1.9%	269	100.0%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	206	54.8%	103	27.4%	54	14.4%	9	2.4%	4	1.1%	376	100.0%
Total	348	49.8%	239	34.2%	72	10.3%	28	4.0%	12	1.7%	699	100.0%



Reason for Discharge



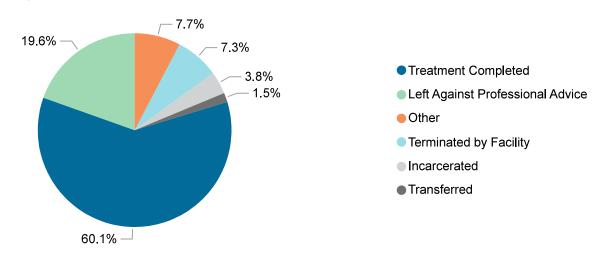
treatment completion for adult and youth clients was 35%.

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

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

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

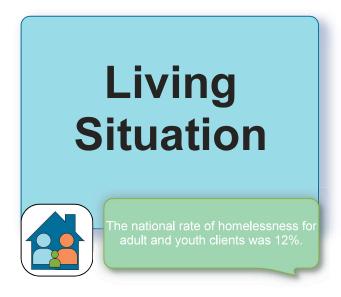
Reason for Discharge from Services



Reason for Discharge by Service Type

	Inca	rcerated	Left Ag Profess Advice	sional	Oth	er		minated Faci l ity	Tra	nsferred		ment pleted	Total	
Treatment Services	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Detoxification & Medically Monitored Detoxification Services	1	4.8%	5	23.8%							15	71.4%	21	100.0%
Evidence-Based SUD Treatment for Justice- Involved Adults	5	5.1%	13	13.1%	15	15.2%	23	23.2%	2	2.0%	41	41.4%	99	100.0%
Intensive Inpatient Treatment (3.7)	7	2.6%	45	16.9%	4	1.5%	7	2.6%	4	1.5%	200	74.9%	267	100.0%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	18	4.6%	93	23.6%	38	9.6%	23	5.8%	7	1.8%	215	54.6%	394	100.0%
Total	27	3.8%	140	19.6%	55	7.7%	52	7.3%	11	1.5%	430	60.1%	715	100.0%

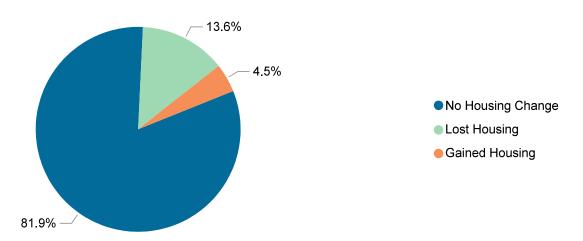




The data below reflect the living situations of adults served in publicly funded treatment services.

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

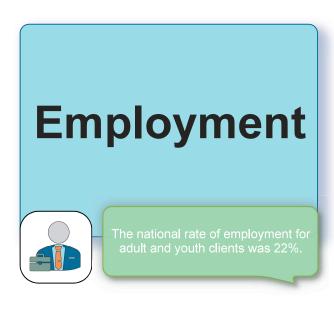
Clients Who Gained, Lost, or Had No Change in Housing From Admission to Discharge



Clients Who Reported Homelessness at Admission and Discharge

Treatment Services	Unduplicated Client Count	Homelessness at Admission	Homelessness at Discharge
Detoxification & Medically Monitored Detoxification Services	22	14.8%	19.7%
Evidence-Based SUD Treatment for Justice-Involved Adults	98	1.7%	4.1%
Intensive Inpatient Treatment (3.7)	266	16.5%	30.0%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	341	5.5%	11.6%
Total	643	9.5%	18.4%

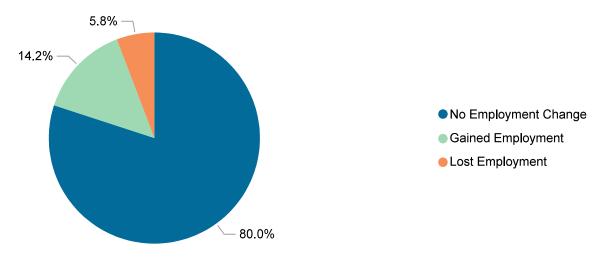




The data below reflect the employment status of adults served in publicly funded treatment services.

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

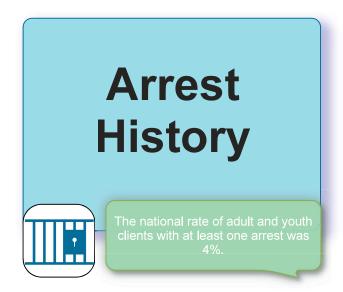
Clients Who Gained, Lost, or Had No Change in Employment From Admission to Discharge



Client Employment at Admission and Discharge

Treatment Services	Unduplicated Client Count	Employment at Admission	Employment at Discharge
<u> </u>			
Detoxification & Medically Monitored Detoxification Services	22	34.4%	36.1%
Evidence-Based SUD Treatment for Justice-Involved Adults	98	45.5%	62.8%
Intensive Inpatient Treatment (3.7)	266	13.8%	16.9%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	341	46.2%	52.3%
Total	643	32.1%	38.7%



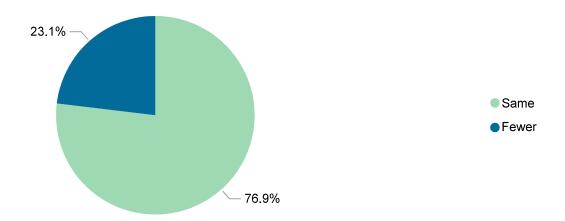


Clients are asked at the start of treatment and at the end of treatment, "In the past 30 days, how many times have you been arrested?" Only clients who completed this question at time of admission and time of discharge are included.

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

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

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



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

Treatment Services	Unduplicated Client Count	Arrest at Admission	Arrest at Discharge
A			
Detoxification & Medically Monitored Detoxification Services	7	57.1%	14.3%
Evidence-Based SUD Treatment for Justice-Involved Adults	25	8.0%	0.0%
Intensive Inpatient Treatment (3.7)	114	30.2%	4.3%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	119	16.5%	5.8%
Total	236	21.4%	4.6%





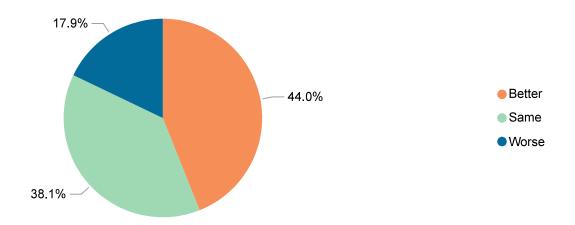


Clients are asked at the start of treatment and at the end of treatment, "Would you say that in general your health is?" Clients could answer in a range from 1-"Poor" to 5-"Excellent". Only clients who completed this question at time of admission and time of discharge are included.

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
_					
Detoxification & Medically Monitored Detoxification Services	7	2.86	3.71	0.86	30.0%
Evidence-Based SUD Treatment for Justice-Involved Adults	26	3.62	3.77	0.15	4.3%
Intensive Inpatient Treatment (3.7)	125	2.84	3.43	0.58	20.5%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	127	3.44	3.54	0.10	2.9%
Total	254	3.19	3.52	0.33	10.2%



Physical Health

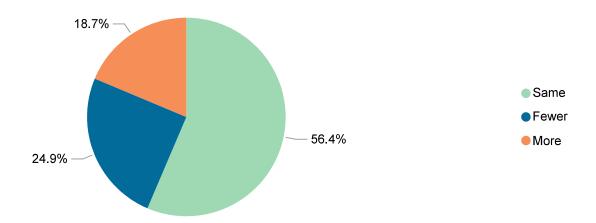


Clients are asked at the start of treatment and at the end of treatment, "Now thinking about your physical health, which includes physical illness and injury, how many days during the past 30 days was your physical health not good?" Only clients who completed this question at time of admission and time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

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

Adults served in publicly funded treatment services reported a decrease in days spent in poor physical health.

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
A					
Detoxification & Medically Monitored Detoxification Services	7	2.14	2.86	0.71	33.3%
Evidence-Based SUD Treatment for Justice-Involved Adults	26	1.12	1.46	0.35	31.0%
Intensive Inpatient Treatment (3.7)	125	6.11	4.09	-2.02	-33.1%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	127	3.04	2.95	-0.08	- 2.8%
Total	254	4.15	3.33	-0.82	-19.8%



Mental Health

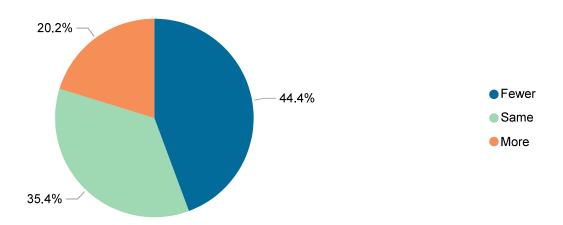


Clients are asked at the start of treatment and at the end of treatment, "Now thinking about your mental health, which includes stress, depression, and problems with emotions, how many days during the past 30 days was your mental health not good?" Only clients who completed this question at time of admission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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Detoxification & Medically Monitored Detoxification Services	7	11.43	4.14	-7 29	-63.8%
Evidence-Based SUD Treatment for Justice-Involved Adults	26	1.58	1.65	0.08	4.9%
Intensive Inpatient Treatment (3.7)	125	12.66	5.17	-7.50	-59.2%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	127	5.89	4.22	-1.68	-28.5%
Total	254	8.21	4.33	-3.88	-47.2%



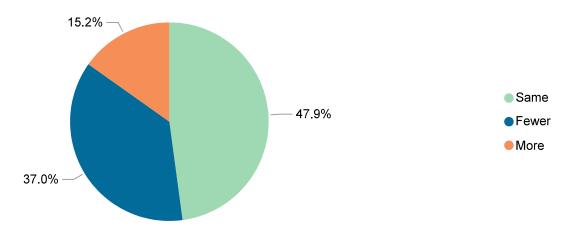
Physical or Mental Health Prevented Normal Activities

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

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

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

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



Number of Days Poor Physical or Mental Health Prevented Normal Activities

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
A					
Detoxification & Medically Monitored Detoxification Services	7	5.71	5.00	- 0.71	-12.5%
Evidence-Based SUD Treatment for Justice-Involved Adults	26	0.65	0.92	0.27	41.2%
Intensive Inpatient Treatment (3.7)	125	10.31	2.94	- 7.37	-71.5%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	127	4.07	2.83	-1.24	-30.4%
Total	254	6.37	2.70	-3.67	-57.6%



Reported Attempts to Die by Suicide



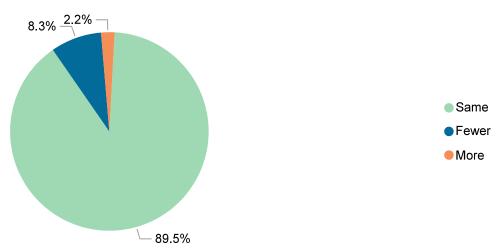
If you, or someone you know, is in need of crisis support, or experiencing emotional distress, call or text 988, or chat at https://988lifeline.org/.

Clients are asked at the start of treatment and at 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.

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
A					
Detoxification & Medically Monitored Detoxification Services	7	0.00	0.00	0.00	NaN
Evidence-Based SUD Treatment for Justice-Involved Adults	25	0.00	0.00	0.00	NaN
Intensive Inpatient Treatment (3.7)	110	0.54	0.25	-0.29	-53.3%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	116	0.06	0.00	-0.06	-100.0%
Total	227	0.28	0.12	-0.16	-56.9%



Ability to Control Alcohol Use



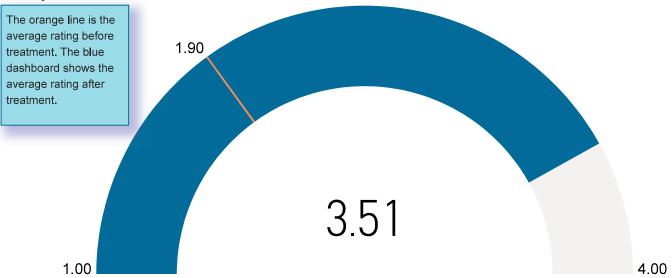
Clients are asked at the end of treatment to rate their ability to control their alcohol use before the program and after the program. They rate each question on a scale from 1-"Poor" to 4-"Excellent."

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

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

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

Ability to Control Alcohol Use



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
A					
Detoxification & Medically Monitored Detoxification Services	5	2.40	4.00	1.60	66.7%
Evidence-Based SUD Treatment for Justice-Involved Adults	11	2.27	3.82	1.55	68.0%
Intensive Inpatient Treatment (3.7)	66	1.47	3.42	1.95	133.0%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	74	2.23	3.59	1.36	61.1%
Total	139	1.90	3.51	1.61	85.0%



Ability to Control Drug Use



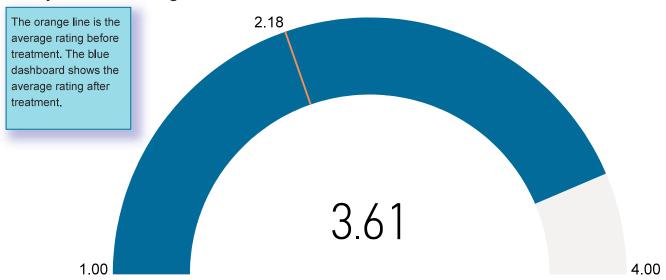
Clients are asked at the end of treatment to rate their ability to control their drug use before the program and after the program. They rate each question on a scale from 1-"Poor" to 4-"Excellent."

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

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

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

Ability to Control Drug Use



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
A					
Detoxification & Medically Monitored Detoxification Services	2	1.00	3.00	2.00	200.0%
Evidence-Based SUD Treatment for Justice-Involved Adults	15	3.13	3.73	0.60	19.1%
Intensive Inpatient Treatment (3.7)	59	1.52	3.49	1.97	129.0%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	55	2.50	3.72	1.22	49.0%
Total	119	2.18	3.61	1.43	65.8%



Treatment Engagement

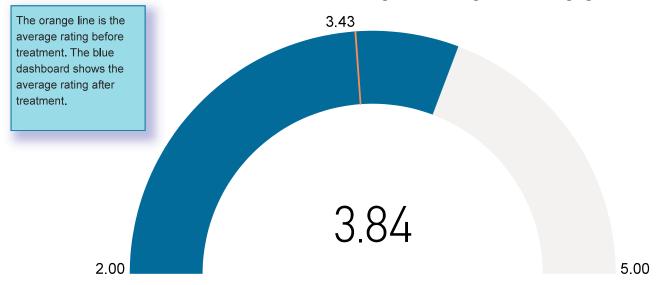


Clinicians are asked at the start of the client's treatment and at the end of treatment, "At this interval period, what is your (clinician's) assessment of the client's understanding and willingness to engage in their treatment program?" Clinicians may answer in a range from 1-"Unengaged" to 5-"Optimal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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
A					
Detoxification & Medically Monitored Detoxification Services	7	3.14	3.86	0.71	22.7%
Evidence-Based SUD Treatment for Justice-Involved Adults	26	3.69	3.96	0.27	7.3%
Intensive Inpatient Treatment (3.7)	125	3.14	3.57	0.43	13.8%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	127	3.62	4.05	0.43	11.9%
Total	254	3.43	3.84	0.41	12.0%



Importance of Changing Current Behaviors

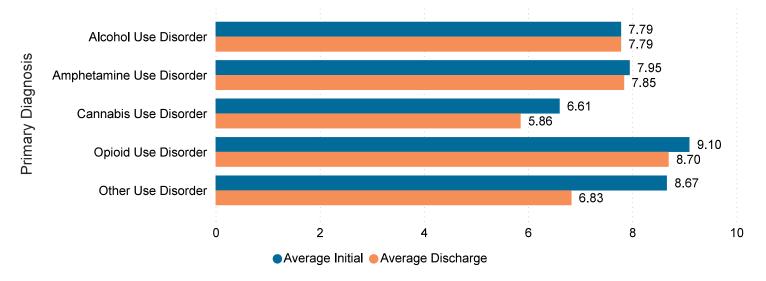
Clients are asked at the start of treatment and at the end of treatment to rate how important it is that they change their current behaviors and/or symptoms. They rate this question on a scale from 0-"Not Important at AII" to 10-"Most Important Thing in My Life Right Now." To see specific question, please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

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

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



Self-Rated Importance in Changing Current Behaviors



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
A					
Detoxification & Medically Monitored Detoxification Services	7	8.86	8.71	-0.14	-1.6%
Evidence-Based SUD Treatment for Justice-Involved Adults	26	6.85	6.69	-0.15	-2.2%
Intensive Inpatient Treatment (3.7)	125	8.75	8.39	-0.35	-4.1%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	127	7.22	7.23	0.02	0.2%
Total	254	7.84	7.72	-0.12	-1.5%



Motivation to Change Current Behaviors

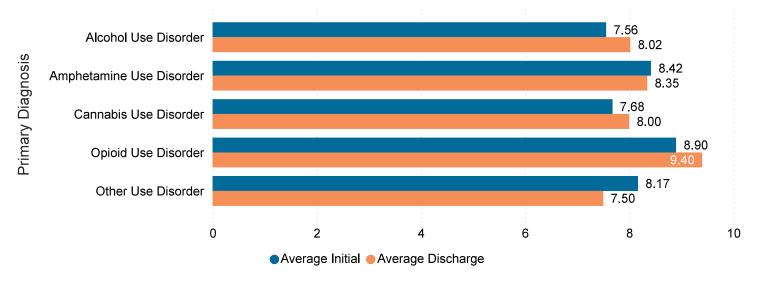
Clients are asked at the start of treatment and at the end of treatment to rate their motivation to change their current behaviors and/or symptoms. They rate this question on a scale from 0-"Not Important at All" to 10-"Most Important Thing in My Life Right Now."

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

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



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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Detoxification & Medically Monitored Detoxification Services	7	9.43	9.43	0.00	0.0%
Evidence-Based SUD Treatment for Justice-Involved Adults	26	7.42	8.08	0.65	8.8%
Intensive Inpatient Treatment (3.7)	125	8.18	8.46	0.28	3.5%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	127	7.88	8.14	0.25	3.2%
Total	254	7.93	8.25	0.32	4.0%



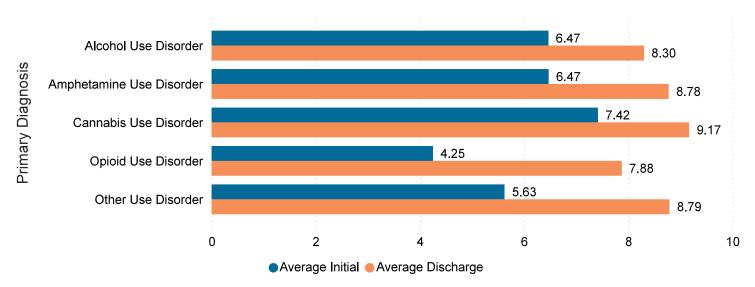
Confidence to Control Use Under Stress and Peer Pressure

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

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

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

Self-Rated Confidence to Control Substance Use



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
A					
Detoxification & Medically Monitored Detoxification Services	7	6.86	8.46	1.61	23.4%
Evidence-Based SUD Treatment for Justice-Involved Adults	26	8.65	8.94	0.29	3.3%
Intensive Inpatient Treatment (3.7)	125	4.81	8.11	3.30	68.6%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	127	7.52	8.81	1.28	17.1%
Total	254	6.44	8.51	2.07	32.1%



Visits to Emergency Department



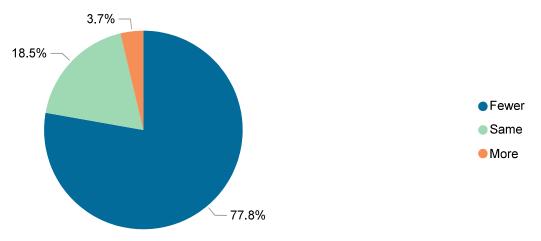
Clients are asked at the start of treatment and at the end of treatment, "How many times have you gone to an emergency room for a psychiatric or emotional problem in the past 30 days?" Only clients who completed this question at time of admission and time of discharge are included.

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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Detoxification & Medically Monitored Detoxification Services	2	1.50	0.00	-1.50	-100.0%
Intensive Inpatient Treatment (3.7)	23	3.13	1.00	-2.13	-68.1%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	5	7.00	0.00	-7.00	-100.0%
Total	27	3.89	0.85	-3.04	-78.1%



Detoxification Services



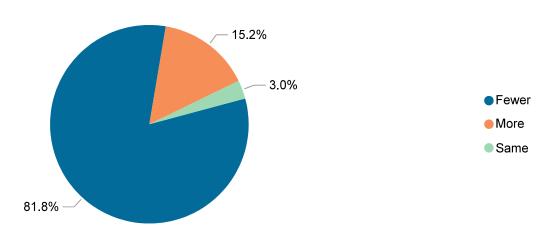
Clients are asked at the start of treatment and at the end of treatment, "How many nights have you spent in a facility for detoxification in the past 30 days?" Only clients who completed this question at time of admission and time of discharge are included.

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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Detoxification & Medically Monitored Detoxification Services	2	3.50	1.00	-2.50	-71.4%
Intensive Inpatient Treatment (3.7)	31	5.87	2.39	-3.48	-59.3%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	7	7.71	1.14	-6.57	-85.2%
Total	33	6.45	2.27	-4.18	-64.8%



Inpatient Substance Use Disorder Treatment Services

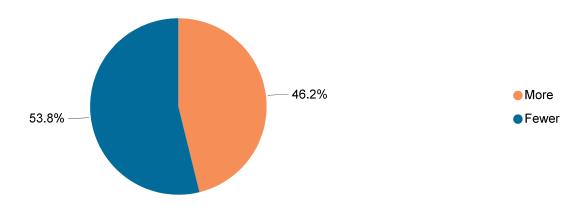
Clients are asked at the start of treatment and at the end of treatment, "How many nights have you spent in a facility for inpatient/residential substance use disorder treatment in the past 30 days?" Only clients who completed this question at time of admission and time of discharge are included.

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.

At discharge, adults served in publicly funded treatment services reported an increase in nights spent in an inpatient substance use disorder facility in the past 30 days.

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Detoxification & Medically Monitored Detoxification Services	1	15.00	0.00	-15.00	-100.0%
Evidence-Based SUD Treatment for Justice-Involved Adults	1	2.00	0.00	- 2.00	-100.0%
Intensive Inpatient Treatment (3.7)	18	9.83	19.83	10.00	101.7%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	12	17.83	4.00	-13.83	- 77.6%
Total	26	13.19	13.73	0.54	4.1%



Hospital Admissions for Mental Health Care

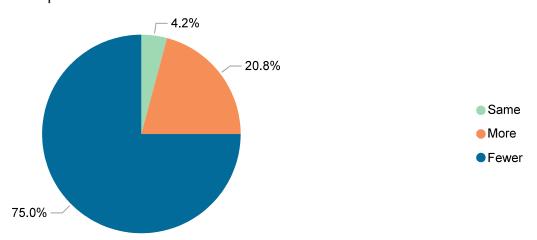
Clients are asked at the start of treatment and at the end of treatment, "How many nights have you spent in a facility for mental health care in the past 30 days?" Only clients who completed this question at time of admission and time of discharge are included.

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.

At discharge, adults served in publicly funded treatment services reported a decrease in hospital admissions for mental health care in the past 30 days.

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
A					
Detoxification & Medically Monitored Detoxification Services	1	3.00	0.00	-3.00	-100.0%
Evidence-Based SUD Treatment for Justice-Involved Adults	1	5.00	0.00	-5.00	-100.0%
Intensive Inpatient Treatment (3.7)	20	9.00	9.45	0.45	5.0%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	5	3.40	0.00	-3.40	-100.0%
Total	24	8.17	7.88	-0.29	-3.6%



Illness, Injury, or Surgery



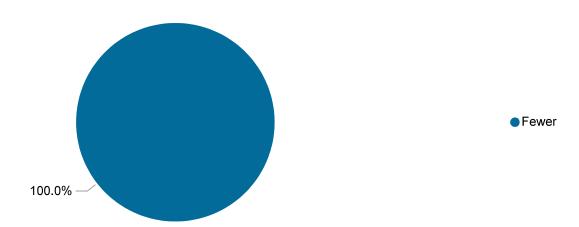
Clients are asked at the start of treatment and at the end of treatment, "How many nights have you spent in a facility for illness, injury, or surgery in the past 30 days?" Only clients who completed this question at time of admission and time of discharge are included.

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.

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Evidence-Based SUD Treatment for Justice-Involved Adults	1	1.00	0.00	-1.00	-100.0%
Intensive Inpatient Treatment (3.7)	12	7.00	0.08	- 6.92	-98.8%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	2	2.50	0.00	- 2.50	-100.0%
Total	14	6.36	0.07	-6.29	-98.9%



Nights Spent in Correctional Facility



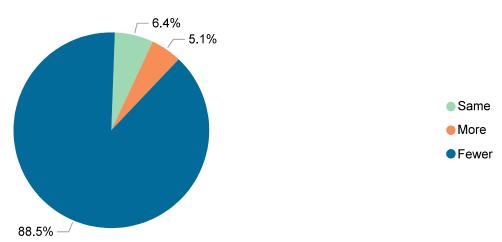
Clients are asked at the start of treatment and at the end of treatment, "How many nights have you spent in a correctional facility including jail or prisons (as a result of an arrest, parole or probation violation) in the past 30 days?" Only clients who completed this question at time of admission and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

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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
A					
Detoxification & Medically Monitored Detoxification Services	4	12.00	3.00	-9.00	-75.0%
Evidence-Based SUD Treatment for Justice-Involved Adults	10	16.10	0.00	-16.10	-100.0%
Intensive Inpatient Treatment (3.7)	43	16.65	1.79	-14.86	-89.2%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	33	11.42	1.76	-9.67	-84.6%
Total	78	14.95	1.49	-13.46	-90.1%



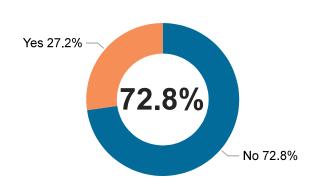
Trouble as a Result of Substance Use

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

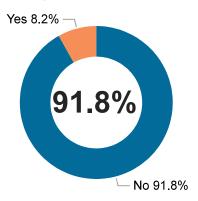
Clients' responses on these surveys are then broken out by the percentage of clients who responded "Yes" or "No" at time of admission and at time of discharge (donut chart) as well as the average responses and change from admission to discharge (table).

Adults served in publicly funded treatment services reported a decrease in getting into trouble due to their substance use.

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



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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
A					
Detoxification & Medically Monitored Detoxification Services	7	0.29	0.14	-0.14	-50.0%
Evidence-Based SUD Treatment for Justice-Involved Adults	26	0.12	0.04	-0.08	-66.7%
Intensive Inpatient Treatment (3.7)	125	0.39	0.12	-0.28	-70.0%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	127	0.20	0.05	-0.15	-73.1%
Total	254	0.27	0.08	-0.19	-70.0%



Missing School/Work as a Result of Substance Use

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

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

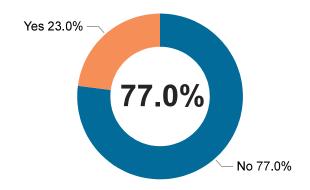
Adults served in publicly funded treatment services reported a decrease in missing school or work due to their substance use.

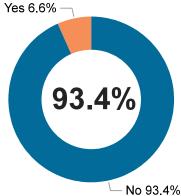
Discharge: Have You Missed School/Work

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

Due to Substance Use or Gambling?

Yes 6.6%





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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
A					
Detoxification & Medically Monitored Detoxification Services	7	0.29	0.00	-0.29	-100.0%
Evidence-Based SUD Treatment for Justice-Involved Adults	26	0.08	0.04	-0.04	-50.0%
Intensive Inpatient Treatment (3.7)	125	0.38	0.11	-0.27	-70.8%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	127	0.13	0.03	-0.10	-76.5%
Total	254	0.23	0.07	-0.16	-71.2%



General Satisfaction with Services

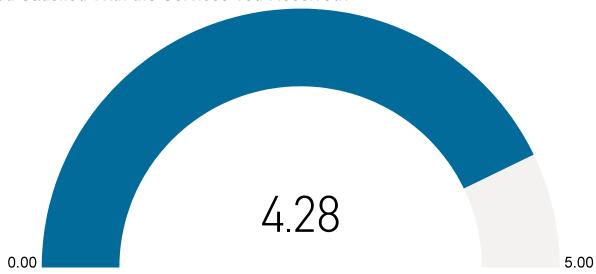
Clients are asked at discharge to rate how strongly they agree with three different questions pertaining to their overall satisfaction with treatment services they received. The average of these three responses is given below. To see specific questions, please see Appendix B.

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

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



Were You Satisfied With the Services You Received?



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
	_	
Detoxification & Medically Monitored Detoxification Services	7	4.48
Evidence-Based SUD Treatment for Justice-Involved Adults	26	4.46
Intensive Inpatient Treatment (3.7)	125	4.36
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	127	4.20
Total	254	4.28



Improved Functioning



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

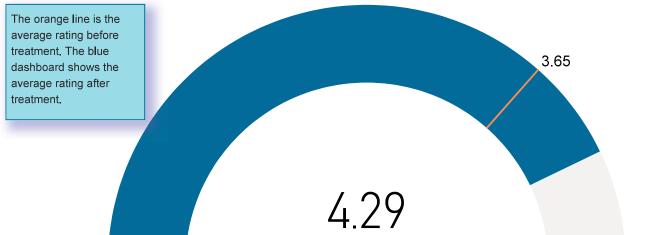
Clients' responses on these surveys are then broken out by the type of treatment service they received. If they received multiple types of treatment services in FY24, their responses are counted once in each service.

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

5.00

Improved Functioning

0.00



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
Detoxification & Medically Monitored Detoxification Services	7	3.54	4.11	0.57	16.2%
Evidence-Based SUD Treatment for Justice-Involved Adults	26	3.74	4.44	0.70	18.8%
Intensive Inpatient Treatment (3.7)	125	3.29	4.28	0.98	29.8%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	127	3.98	4.28	0.31	7.7%
Total	254	3.65	4.29	0.63	17.3%



Social Connectedness

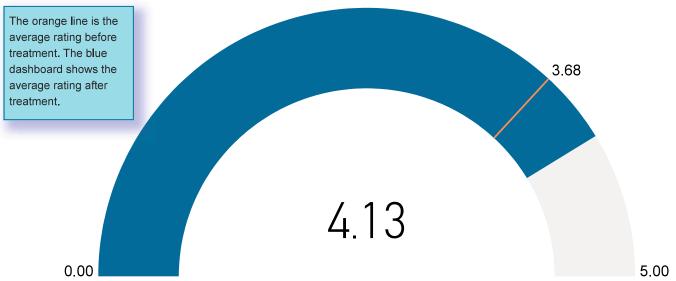


Clients are asked at discharge to rate how strongly they agree with four different questions pertaining to their connections with their family, friends, and community. The average of these four responses is given below. To see specific questions, please see Appendix B.

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

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

Social Connectedness



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
	7	2.50	4 4 0	0.60	10.40/
Detoxification & Medically Monitored Detoxification Services	/	3.50	4.18	0.68	19.4%
Evidence-Based SUD Treatment for Justice-Involved Adults	26	3.63	4.34	0.71	19.6%
Intensive Inpatient Treatment (3.7)	125	3.43	3.99	0.56	16.2%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	127	3.97	4.21	0.24	6.1%
Total	254	3.68	4.13	0.44	12.0%



Clients are asked at discharge to rate how strongly they agree with

Participation in Treatment Planning and Outcomes of Services



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 the

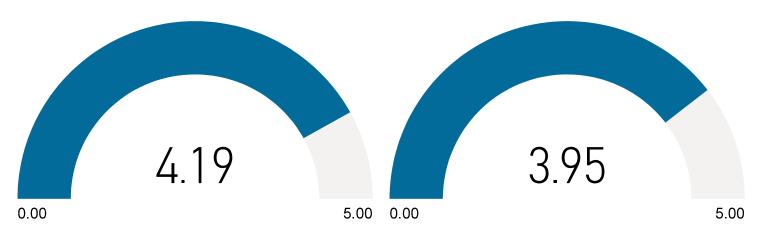
Additionally, clients are asked at discharge to rate how strongly they agree with eight different questions pertaining to the outcomes of the services they received. The average of these eight responses is given below. To see specific questions, please see Appendix B.

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

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

Participation in Treatment Planning

Outcomes of Treatment Services



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
Detoxification & Medically Monitored Detoxification Services	7	4.14	3.98
Evidence-Based SUD Treatment for Justice-Involved Adults	26	4.35	4.25
Intensive Inpatient Treatment (3.7)	125	4.27	3.91
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	127	4.12	3.94
Total	254	4.19	3.95



Access and Quality and Appropriateness of Services



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

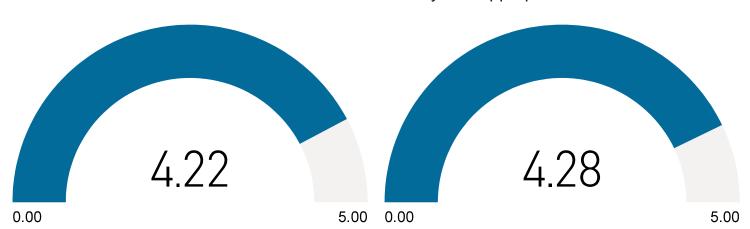
Additionally, clients are asked at discharge to rate how strongly they agree with eight different questions pertaining to the quality and appropriateness of the services they received. The average of these eight responses is given below. To see specific questions, please see Appendix B.

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

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

Access to Services

Quality and Appropriateness of Services



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

Treatment Services	Unduplicated Client Count	Access to Services	Quality and Appropriateness
A			
Detoxification & Medically Monitored Detoxification Services	7	4.17	4.21
Evidence-Based SUD Treatment for Justice-Involved Adults	26	4.33	4.41
Intensive Inpatient Treatment (3.7)	125	4.21	4.34
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	127	4.22	4.21
Total	254	4.22	4.28



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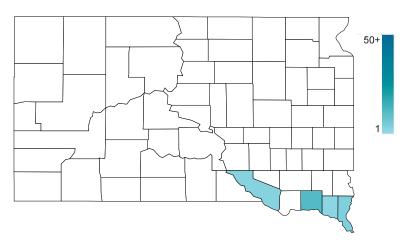


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Youth SUD Treatment Services

County of Residence for Clients Who Received Publicly Funded Services



Treatment Services

Publicly Funded Average Duration of Clients Served Treatment (Days)

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

26

70



Unduplicated Clients Served (Publicly Funded)

26

Publicly Funded Clients Served with Co-Occurring Mental Health Conditions





Veterans Served (Publicly Funded)

0

Pregnant Clients Served (Publicly Funded)

0





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



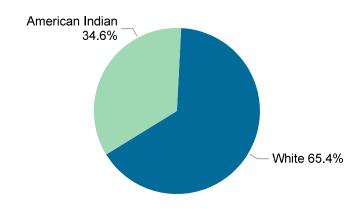




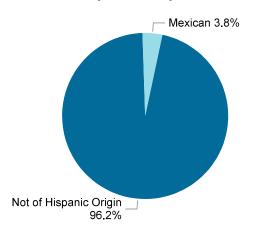
According to the U.S. Census Bureau 84.2% of South Dakotans identify as White, 8.5% identify as American Indian, and 5.1% identify as Hispanic

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

Clients Served by Race



Clients Served by Ethnicity



Clients Served by Service Type and Race

	American Indian		White	Э	Tota	
Treatment Services	N	%	N	%	N	%
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	9	34.6%	17	65.4%	26	100.0%
Total	9	34.6%	17	65.4%	26	100.0%

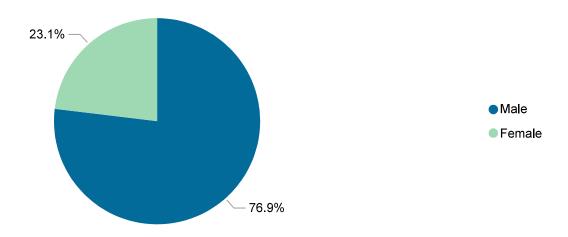


Gender



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

Clients Served by Self-Identified Gender



Clients Served by Service Type and Self-Identified Gender

	Female		Male		Tota	1
Treatment Services	N	%	N	%	N	%
<u> </u>						
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	6	23.1%	20	76.9%	26	100.0%
Total	6	23.1%	20	76.9%	26	100.0%



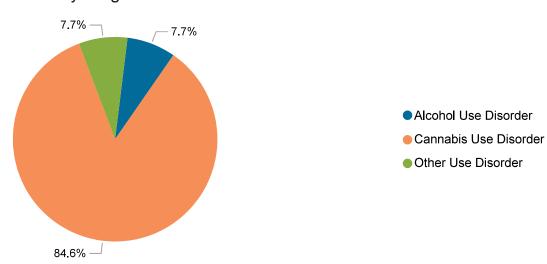
Primary Diagnosis



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

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

Clients Served for Each Primary Diagnosis



Diagnosis by Service Type

		Alcohol Use Cannabis Use Other Use Disorder Disorder Disorder				Total		
Treatment Services	N	%	N	%	N	%	N	%
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	2	7.7%	22	84.6%	2	7.7%	26	100.0%
Total	2	7.7%	22	84.6%	2	7.7%	26	100.0%



Reason for Discharge



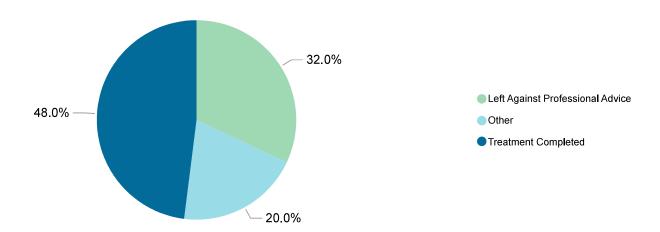
The national rate for successful treatment completion for adult and youth clients was 35%.

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

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

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

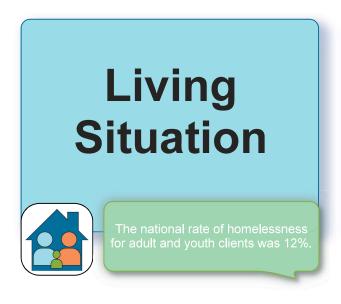
Reason for Discharge From Services



Reason for Discharge by Service Type

	Prof	Left Against Other Professional Advice		Completed		Total		
Treatment Services	N	%	N	%	N	%	N	%
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	8	32.0%	5	20.0%	12	48.0%	25	100.0%
Total	8	32.0%	5	20.0%	12	48.0%	25	100.0%

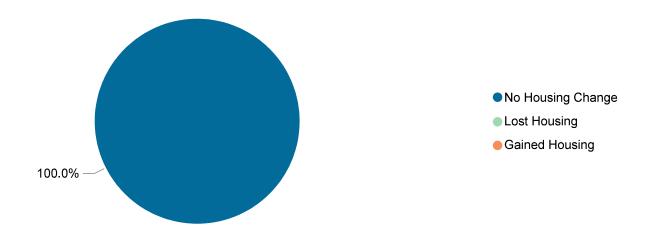




The data below reflect the living situations of youth served in publicly funded treatment services.

Less than 1% of youth served in publicly funded treatment services experienced homelessness at discharge from services.

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



Clients Who Reported Homelessness at Admission and Discharge

Treatment Services	Unduplicated Client Count	Homelessness at Admission	Homelessness at Discharge
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	26	0.0%	0.0%
Total	26	0.0%	0.0%

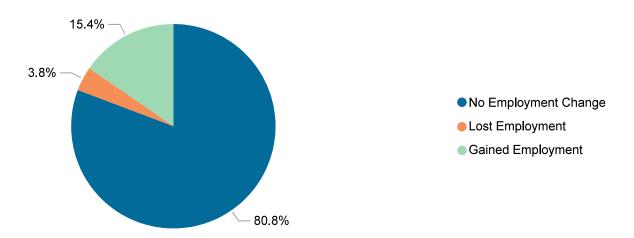




The data below reflect the employment status of youth served in publicly funded treatment services.

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

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



Client Employment at Admission and Discharge

Treatment Services	Unduplicated Client Count	Employment at Admission	Employment at Discharge
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)		24 15.6%	25.0%
Total		24 15.6%	25.0%



Arrest History



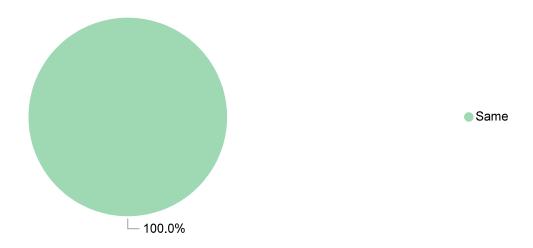
The national rate of adult and youth clients with at least one arrest was 4%.

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

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

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

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



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

	Unduplicated Client Count	Arrests at Admission	Arrests at Discharge
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	2	0.0%	0.0%
Total	2	0.0%	0.0%



General Health

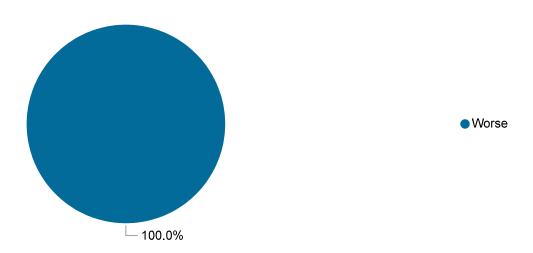


Clients are asked at the start of treatment and at the end of treatment, "Would you say that in general your health is?" Clients could answer in a range from 1-"Poor" to 5-"Excellent". Only clients who completed this question at time of admission and time of discharge are included.

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

Youth served in publicly funded treatment services reported a decrease in their general health.

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	2	4.50	3.50	-1.00	-22.2%
Total	2	4.50	3.50	-1.00	-22.2%



Physical Health

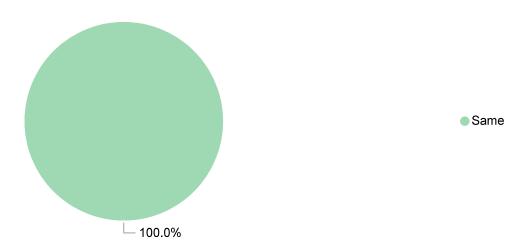


Clients are asked at the start of treatment and at the end of treatment, "Now thinking about your physical health, which includes physical illness and injury, how many days during the past 30 days was your physical health not good?" Only clients who completed this question at time of admission and time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

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

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



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

Treatment Services	Unduplicated Client Count		Average Discharge	Change	Percent Change
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	2	0.50	0.50	0.00	0.0%
Total	2	0.50	0.50	0.00	0.0%



Mental Health

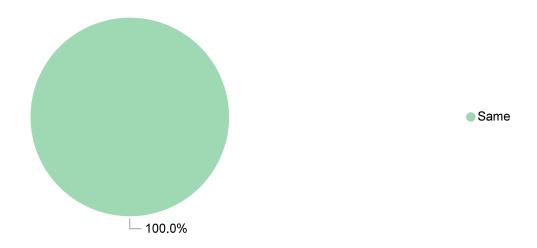


Clients are asked at the start of treatment and at the end of treatment, "Now thinking about your mental health, which includes stress, depression, and problems with emotions, how many days during the past 30 days was your mental health not good?" Only clients who completed this question at time of admission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

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

Youth served in publicly funded treatment services reported no change in days of poor mental health.

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



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

Treatment Services	Unduplicated Client Count		Average Discharge	Change	Percent Change
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1) Total	2	0.00	0.00	0.00	NaN
	2	0.00	0.00	0.00	NaN



Physical or Mental Health Prevented Normal Activities

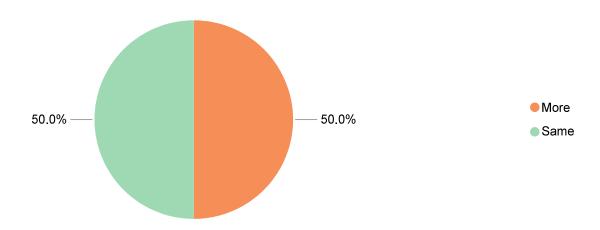
Clients are asked at the start of treatment and at the end of treatment, "During the past 30 days, approximately how many days did your poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?" Only clients who completed this question at time of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

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

Youth served in publicly funded treatment services reported an increase in days in which their physical or mental health prevented them from engaging in normal activities.



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



Number of Days Poor Physical or Mental Health Prevented Normal Activities

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	2	0.00	0.50	0.50	Infinity
Total	2	0.00	0.50	0.50	Infinity



Reported Attempts to Die by Suicide



Total

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

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

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

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

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

Unable to Report Due to Low Number of Outcome Tools.

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

Treatment Services

Unduplicated Average Average Change Percent Client Count Initial Discharge Change



Ability to Control Alcohol Use



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

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

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

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

Ability to Control Alcohol Use

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

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Ability to Control Alcohol 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.



Ability to Control Drug Use



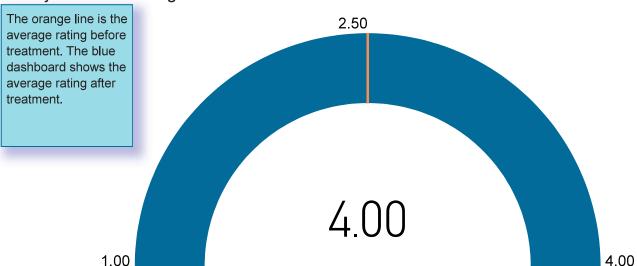
Clients are asked at the end of treatment to rate their ability to control their drug use before the program and after the program. They rate each question on a scale from 1-"Poor" to 4-"Excellent."

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.

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

Ability to Control Drug Use



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1) Total	2	2.50 2.50	4.00 4.00	1.50 1.50	60.0% 60.0%
Total		2.50	4.00	1.50	00.0 /0



Treatment Engagement

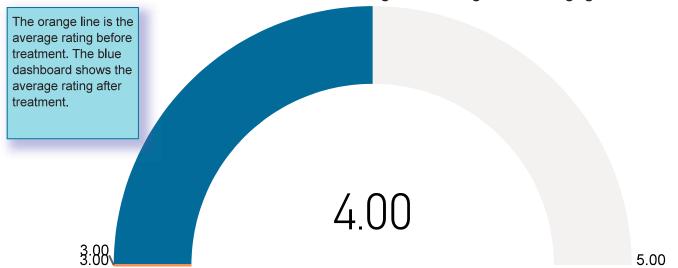


Clinicians are asked at the start of the client's treatment and at the end of treatment, "At this interval period, what is your (clinician's) assessment of the client's understanding and willingness to engage in their treatment program?" Clinicians may answer in a range from 1-"Unengaged" to 5-"Optimal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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	2	3.00	4.00	1.00	33.3%
Total	2	3.00	4.00	1.00	33.3%



Importance of Changing Current Behaviors

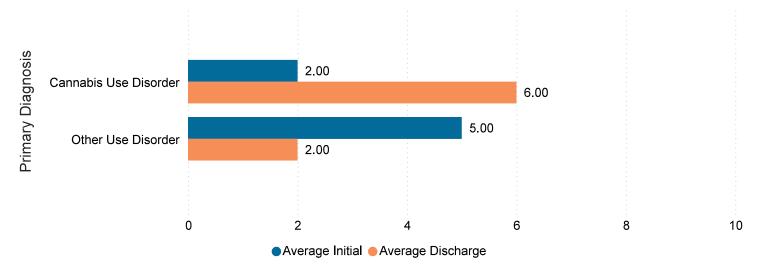


Clients are asked at the start of treatment and at the end of treatment to rate how important it is that they change their current behaviors and/or symptoms. They rate this question on a scale from 0-"Not Important at All" to 10-"Most Important Thing in My Life Right Now."

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

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

Self-Rated Importance in Changing Current Behaviors



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	2	3.50	4.00	0.50	14.3%
Total	2	3.50	4.00	0.50	14.3%



Motivation to Change Current Behaviors

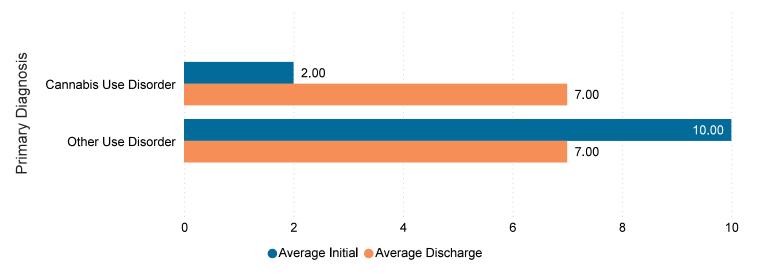
Clients are asked at the start of treatment and at the end of treatment to rate their motivation to change their current behaviors and/or symptoms. They rate this question on a scale from 0-"Not Important at AII" to 10-"Most Important Thing in My Life Right Now."

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

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



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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	2	6.00	7.00	1.00	16.7%
Total	2	6.00	7.00	1.00	16.7%



Confidence to Control Use Under Stress and Peer Pressure

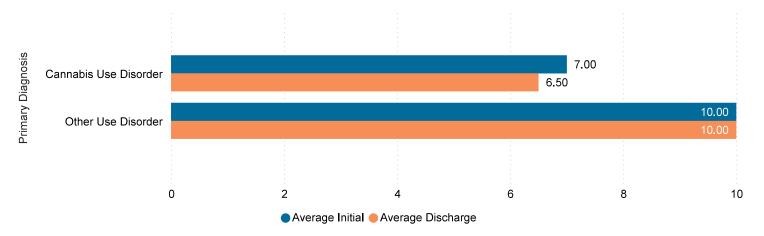
Clients are asked at the start of treatment and at the end of treatment to rate their confidence in their ability to control use under different stressful situations, including peer pressure. They rate each question on a scale from 0-"Not at All Confident" to 10-"Very Confident." The average of these 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).

Youth served in publicly funded treatment services reported a decrease in their self-rated confidence to control use under stress and peer pressure.



Self-Rated Confidence to Control Substance Use



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	2	8.50	8.25	-0.25	- 2.9%
Total	2	8.50	8.25	-0.25	-2.9%



Visits to Emergency Department



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

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

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

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

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

Unable to Report Due to Low Number of Outcome Tools.

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

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

-Total



Detoxification Services



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

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

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

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

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

Unable to Report Due to Low Number of Outcome Tools.

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

Treatment Services

Unduplicated Average Average Change Percent Client Count Initial Discharge Change

Total



Inpatient Substance Use Disorder Treatment Services

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

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

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

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



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

Unable to Report Due to Low Number of Outcome Tools.

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

Treatment Services

Unduplicated Average Average Change Percent
Client Count Initial Discharge Change

Total



Hospital Admissions for Mental Health Care



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

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

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

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

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

Unable to Report Due to Low Number of Outcome Tools.

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

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

Total



Illness, Injury, or Surgery



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

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

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

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

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

Unable to Report Due to Low Number of Outcome Tools.

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

Treatment Services

Unduplicated Average Average Change Percent Client Count Initial Discharge Change

Total



Total

Youth SUD Treatment Services

Nights Spent in Correctional Facility

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

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

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

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

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

Unable to Report Due to Low Number of Outcome Tools.

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

Treatment Services

Unduplicated Average Average Change Percent
Client Count Initial Discharge Change



Trouble as a Result of Substance Use



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

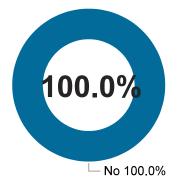
Clients' responses on these surveys are then broken out by the percentage of clients who responded "Yes" or "No" at time of admission and at time of discharge (donut chart) as well as the average responses and change from admission to discharge (table).

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

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

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





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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	2	0.00	0.00	0.00	NaN
Total	2	0.00	0.00	0.00	NaN



Missing School/Work as a Result of Substance Use

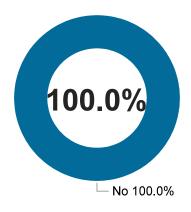
Clients are asked at the start of treatment and at the end of treatment, "Have you missed school or work because of using alcohol, drugs, inhalants, or gambling?" Only clients who completed this question at time of admission and time of discharge are included.

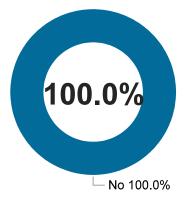
Clients' responses on these surveys are then broken out by the percentage of clients who responded "Yes" or "No" at time of admission and at time of discharge (donut chart) as well as the average responses and change from admission to discharge (table).

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

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

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





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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	2	0.00	0.00	0.00	NaN
Total	2	0.00	0.00	0.00	NaN



General Satisfaction with Services

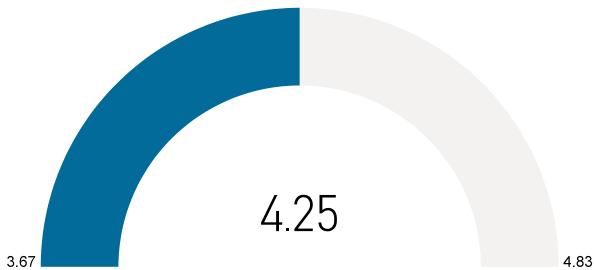
Clients are asked at discharge to rate how strongly they agree with six different questions pertaining to their overall satisfaction with treatment services they received. The average of these six responses is given below. To see specific questions, please see Appendix B.

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

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



Were You Satisfied With the Services You Received?



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

Treatment Services	Unduplicated Client Count	General Satisfaction with Services
^		
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)		2 4.25
Total		2 4.25



Improved Functioning



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

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

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

Improved Functioning

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

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

Treatment Services

Unduplicated Average Client Count Initial

Average Discharge

Change Percent Change

Total

Unable to Report Due to Low Number of Outcome Tools.



Social Connectedness

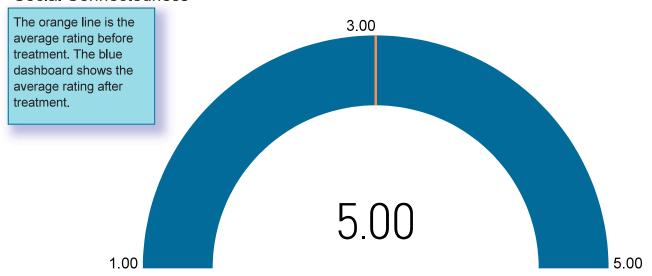
Clients are asked at discharge to rate how strongly they agree with four different questions pertaining to their connections with their family, friends, and community. The average of these four responses is given below. To see specific questions, please see Appendix B.

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



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

Social Connectedness



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	2	3.00	5.00	2.00	66.7%
Total	2	3.00	5.00	2.00	66.7%



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

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

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

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

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



Participation in Treatment Planning

Cultural Sensitivity of Staff

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

Treatment Services

Unduplicated Client Count

Participation in Treatment Planning Sensitivity of Staff

Cultural

Total

Unable to Report Due to Low Number of Outcome Tools.

Fiscal Year 2024 97



Access to Services

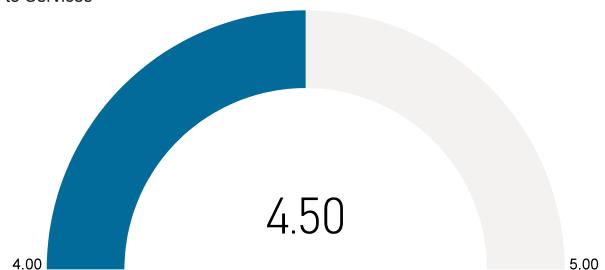


Clients are asked at discharge to rate how strongly they agree with two different questions pertaining to the ease and convenience of accessing the services they received. The average of these two responses is given below. To see specific questions, please see Appendix B.

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

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

Access to Services



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

Treatment Services	Unduplicated Client Count	Access to Services
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	2	4.50
Total	2	4.50



Internalizing Disorder



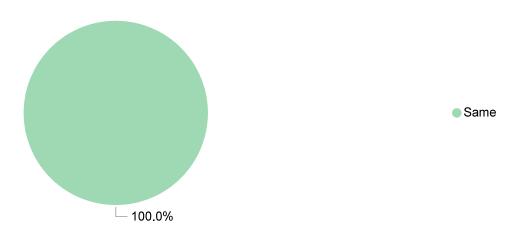
Youth clients complete the Global Appraisal of Individual Needs Short Screener (GAIN-SS) at admission and discharge.

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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
_					
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	2	0.00	0.00	0.00	NaN
Total	2	0.00	0.00	0.00	NaN



Externalizing Disorder



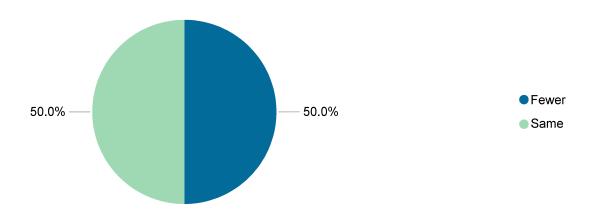
Youth clients complete the Global Appraisal of Individual Needs Short Screener (GAIN-SS) at admission and discharge.

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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	2	1.50	0.00	-1.50	-100.0%
Total	2	1.50	0.00	-1.50	-100.0%



Youth SUD Treatment Services

Substance Use Disorder



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

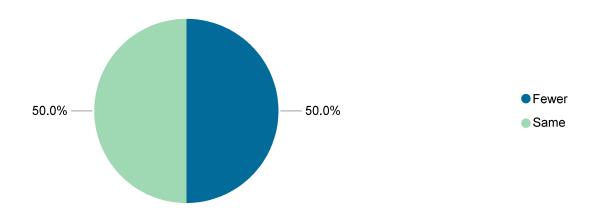
Clients are asked to rate if they experienced various symptoms related to substance use disorders within the last month. Examples of substance use disorder symptoms include alcohol and drug use, continued use despite causing social disruptions, reduced involvement in positive/productive hobbies, and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

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

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



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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	2	0.50	0.00	-0.50	-100.0%
Total	2	0.50	0.00	-0.50	-100.0%



Youth SUD Treatment Services

Crime and Violence



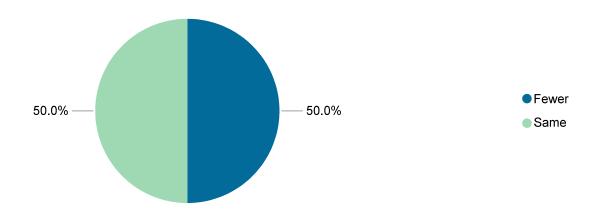
Youth clients complete the Global Appraisal of Individual Needs Short Screener (GAIN-SS) at admission and discharge.

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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	2	0.50	0.00	-0.50	-100.0%
Total	2	0.50	0.00	-0.50	-100.0%



Family Perceptions of Youth SUD Treatment Services

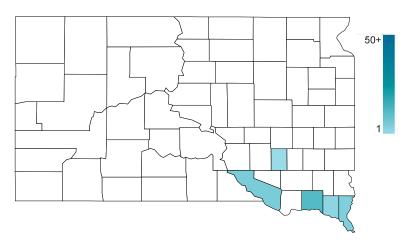


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Family Perceptions of Youth SUD Services

County of Residence for Clients Who Received Publicly Funded Services



Treatment Services

Publicly Funded Average Duration of Clients Served Treatment (Days)

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

26

70



Unduplicated Clients Served (Publicly Funded)

26

Publicly Funded Clients Served with Co-Occurring Mental Health Conditions





Veterans Served (Publicly Funded)

0

Pregnant Clients Served (Publicly Funded)

0



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





Arrest History

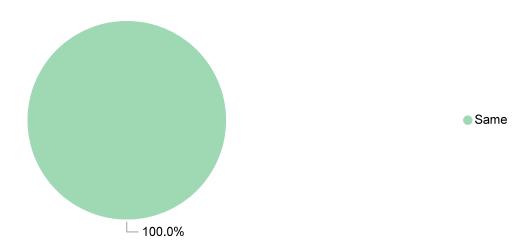


The national rate of adult and youth clients with at least one arrest at discharge was 4%. Families of youth clients are asked at the start of treatment and at the end of treatment, "In the past 30 days, how many times has your child been arrested?" Only families of youth who completed this question at time of admission and time of discharge are included.

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

At discharge, no families of youth served in publicly funded treatment services reported an arrest their youth experienced in the past 30 days.

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



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

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



General Health

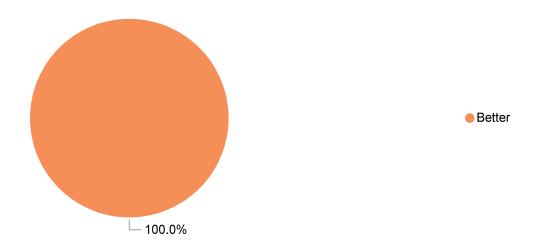


Families of youth clients are asked at the start of treatment and at the end of treatment, "Would you say that in general your child's health is?" Families of youth clients could answer in a range from 1-"Poor" to 5-"Excellent". Only families of youth who completed this question at time of admission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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	1.0	3.00	4.00	1.00	33.3%
Total	1.0	3.00	4.00	1.00	33.3%



Physical Health

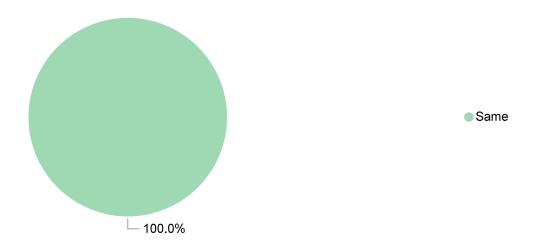


Families of youth clients are asked at the start of treatment and at the end of treatment, "Now thinking about your child's physical health, which includes physical illness and injury, how many days during the past 30 days was your child's physical health not good?" Only families of youth who completed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

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

Families of youth served in publicly funded treatment services reported their youth had no change in days spent in poor physical health.

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



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

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



Mental Health

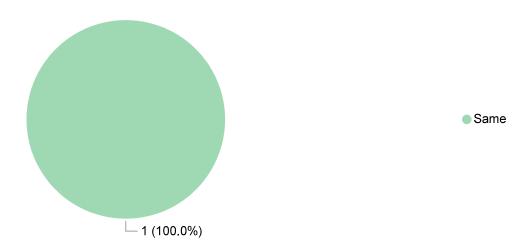


Families of youth clients are asked at the start of treatment and at the end of treatment, "Now thinking about your child's mental health, which includes stress, depression, and problems with emotions, how many days during the past 30 days was your child's mental health not good?" Only families of youth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

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

Families of youth served in publicly funded treatment services reported their youth had no change in days of poor mental health.

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	1	2.00	2.00	0.00	0.0%
Total	1	2.00	2.00	0.00	0.0%



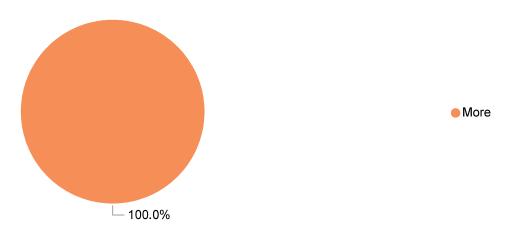
Physical or Mental Health Prevented Normal Activities

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

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

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

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



Number of Days Poor Physical or Mental Health Prevented Normal Activities

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



Reported Attempts to Die by Suicide



Total

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

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

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

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

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

Unable to Report Due to Low Number of Outcome Tools.

In the Past 30 Days How Many Times Has Your Child Attempted to Die by Suicide?

Treatment Services

Unduplicated Average Average Change Percent
Client Count Initial Discharge Change

Fiscal Year 2024



Ability to Control Alcohol Use



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

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

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

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

Ability to Control Alcohol Use

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

(Blank)

(Blank)

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

Treatment Services

Unduplicated Average Average Change Percent
Client Count Initial Discharge Change

Total

Unable to Report Due to Low Number of Outcome Tools.



Ability to Control Drug Use



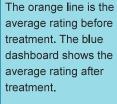
Families of youth clients are asked at the end of treatment to rate their youth's ability to control their drug use before the program and after the program. They rate each question on a scale from 1-"Poor" to 4-"Excellent."

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

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

Families of youth served in publicly funded treatment services rated their youth's ability to control their drug use higher at discharge.

Ability to Control Drug Use





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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	1	2.00	4.00	2.00	100.0%
Total	1	2.00	4.00	2.00	100.0%



Treatment Engagement



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

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

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

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

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

3.00

388

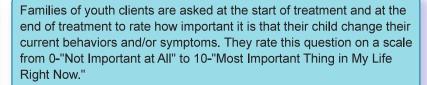
3.00

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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	1	3.00	3.00	0.00	0.0%
Total	1	3.00	3.00	0.00	0.0%



Importance of Changing Current Behaviors

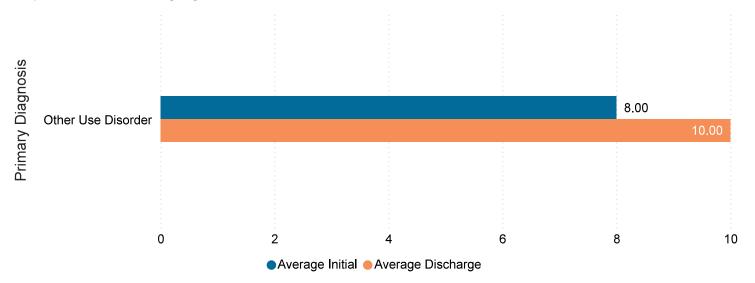


Families' responses on these surveys are then broken out by primary diagnosis (bar chart) and by type of service received (table).

Families of youth served in publicly funded treatment services reported an increase in the importance of their youth changing their current behaviors.



Importance in Changing Current Behaviors



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1) Total	1	8.00	10.00	2.00	25.0%
	1	8.00	10.00	2.00	25.0%



Motivation to Change Current



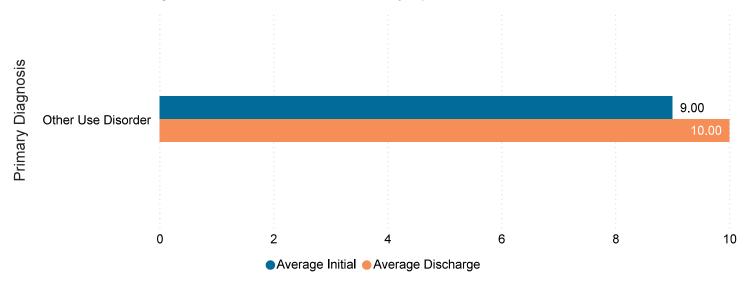
Families of youth clients are asked at the start of treatment and at the end of treatment to rate how confident they are in their youth changing current behaviors and/or symptoms. They rate this question on a scale from 0-"Not Important at AII" to 10-"Most Important Thing in My Life Right Now."

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

> Families of youth served in publicly funded treatment services reported an increase in motivation for their youth to change their current behaviors.



Motivation to Change Current Behaviors and/or Symptoms



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

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

Fiscal Year 2024 116



Confidence to Control Use Under Stress and Peer Pressure

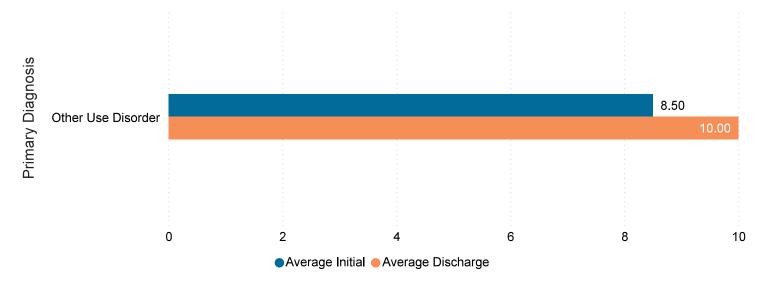
Families of youth clients are asked at the start of treatment and at the end of treatment to rate their confidence in their youth's ability to control use under different stressful situations, including peer pressure. They rate each question on a scale from 0-"Not at All Confident" to 10-"Very Confident."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

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

Families of youth served in publicly funded treatment services reported an increase in confidence in their youth to control use under stress and peer pressure.



Confidence to Control Substance Use



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	1	8.50	10.00	1.50	17.6%
Total	1	8.50	10.00	1.50	17.6%



Visits to Emergency Department



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

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

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

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

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

Unable to Report Due to Low Number of Outcome Tools.

How Many Times in the Past 30 Days Has Your Child Visited the Emergency Department?

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

_ Total



Detoxification Services



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

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

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

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

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

Unable to Report Due to Low Number of Outcome Tools.

How Many Nights in the Past 30 Days Has Your Child Spent in a Facility for Detoxification?

Treatment Services

Unduplicated Average Average Change Percent Client Count Initial Discharge Change

Total



Inpatient Substance Use Disorder Treatment Services

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

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

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



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

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

Unable to Report Due to Low Number of Outcome Tools.

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

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

Total



Hospital Admissions for Mental Health Care



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

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

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

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

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

Unable to Report Due to Low Number of Outcome Tools.

How Many Nights in the Past 30 Days Has Your Child Spent in a Facility for Mental Health Care?

Treatment Services

Unduplicated Average Average Change Percent Client Count Initial Discharge Change

Total



Illness, Injury, or Surgery



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

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

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

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

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

Unable to Report Due to Low Number of Outcome Tools.

How Many Nights in the Past 30 Days Has Your Child Spent in a Facility for Illness, Injury, or Surgery?

Treatment Services

Unduplicated Average Average Change Percent Client Count Initial Discharge Change

Total



Nights Spent in Correctional Facility

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

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

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

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

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

Unable to Report Due to Low Number of Outcome Tools.

How Many Nights in the Past 30 Days Has Your Child Spent in a Correctional Facility?

Treatment Services

Unduplicated Average Average Change Percent
Client Count Initial Discharge Change

Total



Trouble as a Result of Substance Use



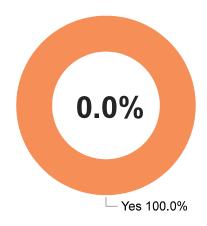
Families of youth clients are asked at the start of treatment and at the end of treatment, "Has your child gotten in trouble at home, at school, work, or in the community, because of their use of alcohol, drugs, inhalants or gambling?" Only families of youth who completed this question at time of admission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

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

Families of youth served in publicly funded treatment services reported a decrease in their youth getting into trouble due to their substance use.

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

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





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

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



Missing School/Work as a Result of Substance Use

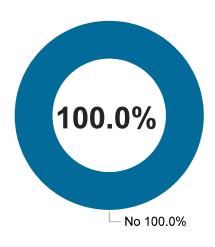
Families of youth clients are asked at the start of treatment and at the end of treatment, "Has your child missed school or work because of using alcohol, drugs, inhalants, or gambling?" Only families of youth who completed this question at time of admission and time of discharge are included.

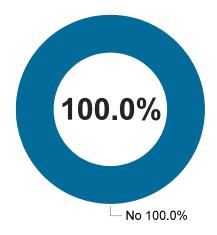
Families' responses on these surveys are then broken out by the percentage families who responded "Yes" or "No" at time of admission and at time of discharge (donut chart) as well as the average responses and change from admission to discharge (table).

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

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

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





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

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



General Satisfaction with Services

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

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

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



Were You Satisfied With the Services Your Child Received?

5.00

5.00

5.00

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

Treatment Services	Unduplicated Client Count	General Satisfaction with Services	
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)		1	5.00
Total		1	5.00



Improved Functioning



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

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

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

Improved Functioning

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

(Blank)

(Blank)

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

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

Total

Unable to Report Due to Low Number of Outcome Tools.



Social Connectedness



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

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

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

Social Connectedness

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

5.00

5.88

5.00

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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	1	5.00	5.00	0.00	0.0%
Total	1	5.00	5.00	0.00	0.0%



Participation in Treatment Planning and Cultural Sensitivity of Staff

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

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

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

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

Participation in Treatment Planning

Cultural Sensitivity of Staff

(Blank)

(Blank)

(Blank) (Blank) (Blank)

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

Treatment Services

Unduplicated Client Count Participation in Cultura
Treatment Planning of Staff

Cultural Sensitivity

Total

Unable to Report Due to Low Number of Outcome Tools.



Access to Services



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

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

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

Access to Services

4.50

4.50

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

Treatment Services	Unduplicated Client Count	Access to Services
A	·	
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	1	4.50
Total	1	4.50



Mental Health (MH) Treatment Services

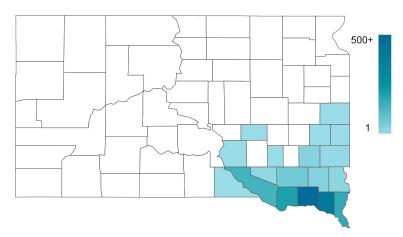


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Mental Health Treatment Services

County of Residence for Clients Who Received Publicly Funded Services



Treatment Services	Publicly Funded Clients Served	Average Duration of Treatment (Days)
Child or Youth and Family Services (CYF)	564	278
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	1,238	451
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	52	235
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	21	373
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	57	323
Intensive Family Services	1	283
Outpatient Services	579	221
Room and Board and Other Services	284	733



Unduplicated Clients Served (Publicly Funded)
2,342

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

1.788



Veterans Served (Publicly Funded)

26

Publicly Funded Clients Who Successfully Completed Treatment

186



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





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Adult MH Treatment Services

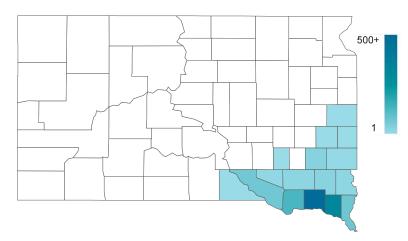


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Adult MH Treatment Services

County of Residence for Clients Who Received Publicly Funded Services



Treatment Services	Publicly Funded Clients Served	Average Duration of Treatment (Days)
Child or Youth and Family Services (CYF)	9	449
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	1,213	458
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	57	323
Outpatient Services	483	231
Room and Board and Other Services	281	739



Unduplicated Clients Served (Publicly Funded)

1,664

Veterans Served (Publicly Funded)

26

Publicly Funded Clients with Serious Mental Illness (SMI)

1,170



Publicly Funded Clients Who Successfully Completed Treatment

62





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

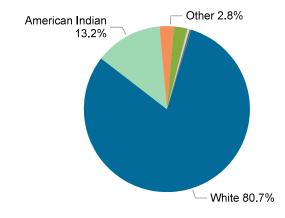


Race & Ethnicity

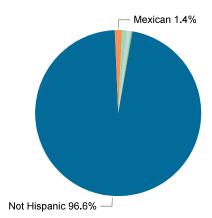


According to the U.S. Census Bureau, 84.2% of South Dakotans identify as White, 8.5% identify as American Indian, and 5.1% identify as Hispanic. The data below reflect the self-reported race and ethnicity of adults served in publicly funded treatment services.

Clients Served by Race



Clients Served by Ethnicity



Clients Served by Service Type and Race

	Americ Indian	an	Asia	an	Black	ζ		ive cific nder	Othe	r	White		Total	
Treatment Services	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Child or Youth and Family Services (CYF)	2	22.2%			1	11.1%					6	66.7%	9	100.0%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	172	14.2%	5	0.4%	36	3.0%	5	0.4%	25	2.1%	970	80.0%	1,213	100.0%
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	14	24.6%			2	3.5%			2	3.5%	39	68.4%	57	100.0%
Outpatient Services	46	9.5%	4	0.8%	12	2.5%	2	0.4%	20	4.1%	399	82.6%	483	100.0%
Room and Board and Other Services Total	28 219	10.0% 13.2%	1 7	0.4% 0.4%	3 44	1.1% 2.6%	5	0.3%	3 46	1.1% 2.8%	246 1.343	87.5% 80.7%	281 1.664	100.0% 100.0%

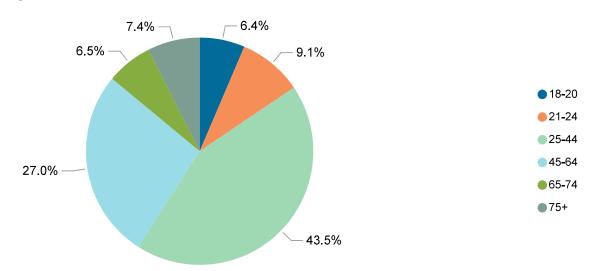






The below data reflect the age of adults served in publicly funded treatment services. Age categories follow SAMHSA guidelines for data reporting.

Clients Served by Age



Clients Served by Service Type and Age Group

	18-20)	21 - 24		25-44		45-64		65-7	4	75+		Total	
Treatment Services	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Child or Youth and Family Services (CYF)	9	100.0%											9	100.0%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	66	5.4%	98	8.1%	497	40.9%	355	29.2%	93	7.7%	105	8.6%	1,213	100.0%
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	2	3.5%	8	14.0%	21	36.8%	26	45.6%					57	100.0%
Outpatient Services	43	8.9%	60	12.4%	240	49.6%	99	20.5%	14	2.9%	28	5.8%	483	100.0%
Room and Board and Other Services	5	1.8%	16	5.7%	85	30.2%	98	34.9%	46	16.4%	31	11.0%	281	100.0%
Total	107	6.4%	152	9.1%	725	43.5%	449	27.0%	109	6.5%	124	7.4%	1,664	100.0%

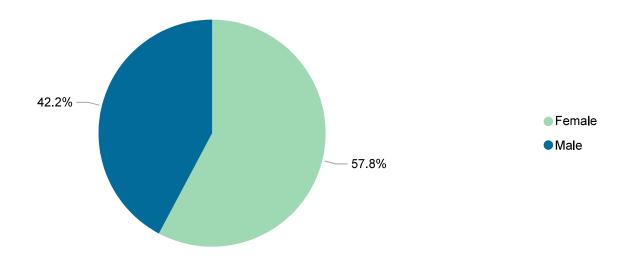


Gender



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	%
Child or Youth and Family Services (CYF)	3	33.3%	6	66.7%	9	100.0%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	692	57.0%	521	43.0%	1,213	100.0%
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	25	43.9%	32	56.1%	57	100.0%
Outpatient Services	304	62.9%	179	37.1%	483	100.0%
Room and Board and Other Services	152	54.1%	129	45.9%	281	100.0%
Total	961	57.8%	703	42.2%	1,664	100.0%



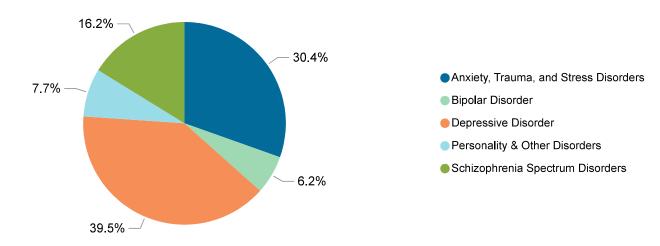
Primary Diagnosis



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

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

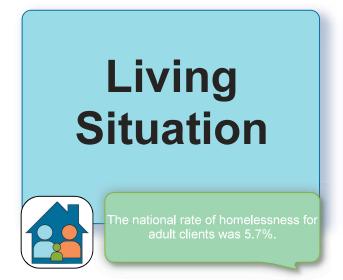
Clients Served for Each Primary Diagnosis



Diagnosis by Service Type

	3,		Disorder		Personality & Other Disorders		Schizophrenia Spectrum Disorders					
Treatment Services	N	%	N	%	N	%	N	%	N	%	N	%
Child or Youth and Family Services (CYF)	3	33.3%			5	55.6%	1	11.1%			9	100.0%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	337	27.9%	85	7.0%	487	40.3%	80	6.6%	219	18.1%	1,205	100.0%
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	2	3.6%	1	1.8%	6	10.7%	2	3.6%	45	80.4%	56	100.0%
Outpatient Services	205	43.8%	16	3.4%	182	38.9%	56	12.0%	9	1.9%	468	100.0%
Room and Board and Other Services	33	12.0%	16	5.8%	105	38.0%	16	5.8%	106	38.4%	276	100.0%
Total	499	30.4%	101	6.2%	648	39.5%	126	7.7%	266	16.2%	1,637	100.0%

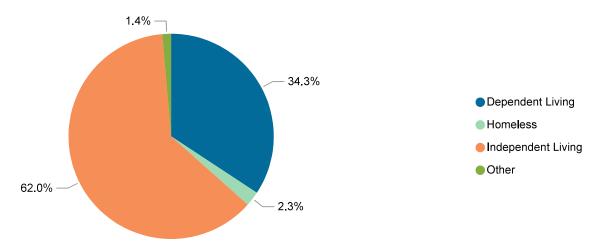




The data below reflect the living situations of adults served in publicly funded treatment services.

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

Housing Situation for Clients at Most Recent Update



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average of Most Recent Update
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	197	1.5%	2.9%	2.9%
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	16	12.5%	0.0%	0.0%
Outpatient Services	6	14.3%	0.0%	0.0%
Room and Board and Other Services	46	2.2%	0.0%	0.0%
Total	216	2.3%	2.7%	2.7%

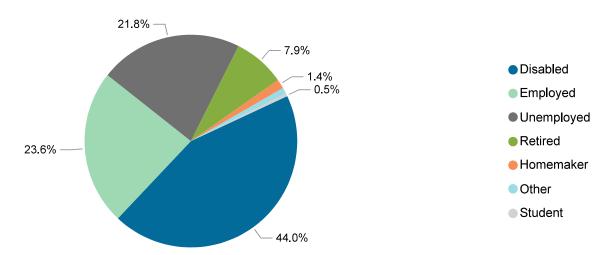




The data below reflect the employment status of adults served in publicly funded treatment services.

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

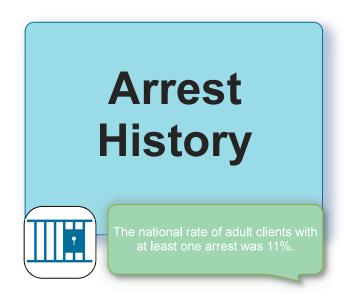
Employment Situation for Clients at Most Recent Update



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update
A			·	·
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	197	18.4%	22.9%	22.9%
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	16	0.0%	23.5%	23.5%
Outpatient Services	6	42.9%	50.0%	50.0%
Room and Board and Other Services	46	4.3%	15.2%	15.2%
Total	216	17.3%	23.6%	23.6%



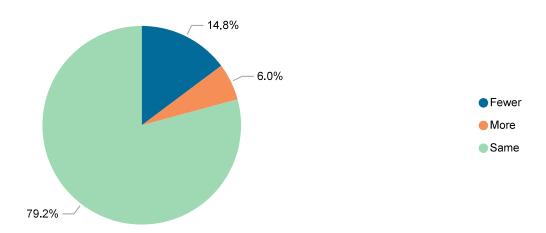


Clients are asked at the start of treatment and at their most recent update, "In the past 30 days, how many times have you been arrested?" Only clients who completed this question at time of admission and time of most recent update are included.

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update
<u> </u>				
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	125	16.2%	6.2%	6.2%
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	16	6.3%	6.3%	6.3%
Outpatient Services	5	20.0%	20.0%	20.0%
Room and Board and Other Services	30	16.7%	3.3%	3.3%
Total	144	15.4%	6.7%	6.7%



General Health

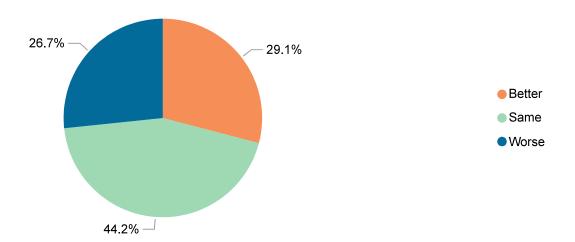


Clients are asked at the start of treatment and at their most recent update, "Would you say that in general your health is?" Clients could answer in a range from 1-"Poor" to 5-"Excellent". Only clients who completed this question at time of admission and time of most recent update are included.

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Comprehensive Assistance with Recovery and	139	2.68	2.71	2.71	0.03	1.3%
Empowerment Services (CARE)						
Individualized and Mobile Program of Assertive	16	2.94	2.81	2.81	-0.13	-4.3%
Community Treatment (IMPACT)						
Outpatient Services	6	3.00	3.17	3.17	0.17	5.6%
Room and Board and Other Services	33	2.64	2.67	2.67	0.03	1.1%
Total	158	2.68	2.73	2.73	0.05	1.8%



Physical Health

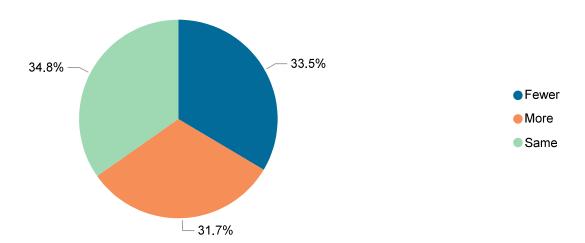


Clients are asked at the start of treatment and at their most recent update, "Now thinking about your physical health, which includes physical illness and injury, how many days during the past 30 days was your physical health not good?" Only clients who completed this question at time of admission and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

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

Adults served in publicly funded treatment services reported a decrease in days spent in poor physical health.

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	138	8.56	6.61	6.61	-1.94	-22.7%
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	15	1.27	5.27	5.27	4.00	315.8%
Outpatient Services	6	8.50	5.83	5.83	-2.67	-31.4%
Room and Board and Other Services	32	9.16	8.94	8.94	-0.22	-2.4%
Total	157	8.07	6.45	6.45	-1.62	-20.0%



Mental Health

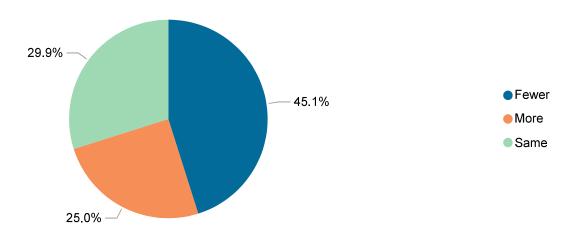


Clients are asked at the start of treatment and at their most recent update, "Now thinking about your mental health, which includes stress, depression, and problems with emotions, how many days during the past 30 days was your mental health not good?" Only clients who completed this question at time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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	138	12.47	8.65	8.65	-3.82	-30.6%
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	15	6.80	4.93	4.93	-1.87	-27.5%
Outpatient Services	6	15.50	14.17	14.17	-1.33	-8.6%
Room and Board and Other Services	32	10.00	7.06	7.06	- 2.94	-29.4%
Total	157	12.30	8.55	8.55	-3.75	-30.5%



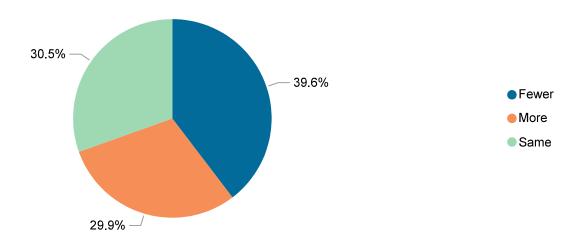
Physical or Mental Health Prevented Normal Activities

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

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

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

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



Number of Days Poor Physical or Mental Health Prevented Normal Activities

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	138	9.79	6.31	6.31	-3.48	-35.5%
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	15	6.20	3.87	3.87	-2.33	-37.6%
Outpatient Services	6	15.50	1.17	1.17	-14.33	-92.5%
Room and Board and Other Services	32	7.44	6.03	6.03	-1.41	-18.9%
Total	157	9.68	6.24	6.24	-3.44	-35.5%



Reported Attempts to Die by Suicide



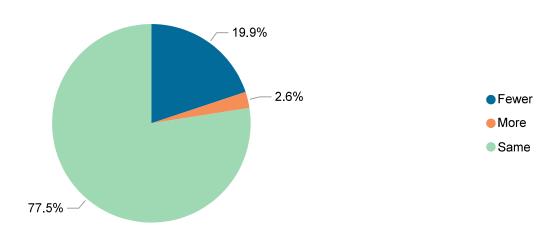
If you, or someone you know, is in need of crisis support, or experiencing emotional distress, call or text 988, or chat at https://988lifeline.org/.

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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	127	0.68	0.06	0.06	-0.62	-91.2%
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	15	0.20	0.00	0.00	-0.20	-100.0%
Outpatient Services	6	0.17	0.00	0.00	-0.17	-100.0%
Room and Board and Other Services	31	0.55	0.00	0.00	-0.55	-100.0%
Total	145	0.61	0.05	0.05	-0.56	-91.3%



Visits to Emergency Department



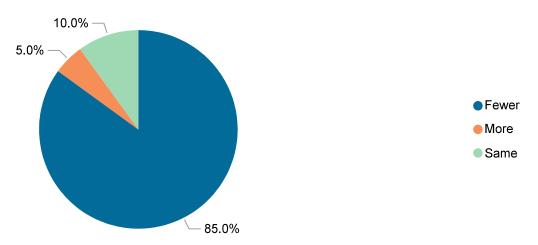
Clients are asked at the start of treatment and at their most recent update, "How many times have you gone to an emergency room for a psychiatric or emotional problem in the past 6 months?" Only clients who completed this question at time of admission and time of most recent update are included.

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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	32	3.33	0.39	0.39	-2.94	-88.2%
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	7	2.00	3.00	3.00	1.00	50.0%
Room and Board and Other Services	8	4.00	0.50	0.50	-3.50	-87.5%
Total	39	3.10	0.85	0.85	-2.25	-72.6%



Detoxification Services



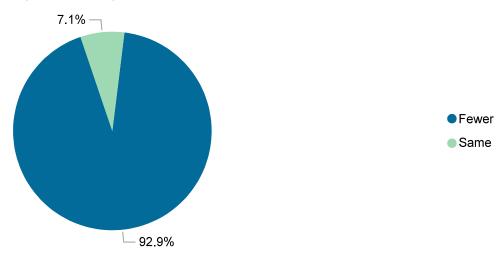
Clients are asked at the start of treatment and at their most recent update, "How many nights have you spent in a facility for detoxification in the past 6 months?" Only clients who completed this question at time of admission and time of most recent update are included.

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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	14	19.79	0.07	0.07	-19.71	-99.6%
Outpatient Services	1	7.00	0.00	0.00	-7.00	-100.0%
Room and Board and Other Services	2	94.50	0.00	0.00	-94.50	-100.0%
Total	14	19.79	0.07	0.07	-19.71	-99.6%



Inpatient Substance Use Disorder Treatment Services

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

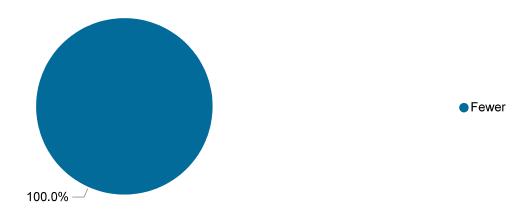
Clients who had at least one night in a facility for substance use treatment prior to receiving treatment services are included.

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

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



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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	11	29.82	0.00	0.00	-29.82	-100.0%
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	1	28.00	15.00	15.00	-13.00	-46.4%
Outpatient Services	1	45.00	0.00	0.00	- 45.00	-100.0%
Room and Board and Other Services	2	105.00	7.50	7.50	-97.50	-92.9%
Total	12	29.67	1.25	1.25	-28.42	-95.8%



Hospital Admissions for Mental Health Care



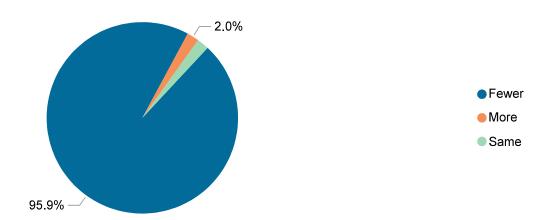
Clients are asked at the start of treatment and at their most recent update, "How many nights have you spent in a facility for mental health care in the past 6 months?" Only clients who completed this question at time of admission and time of most recent update are included.

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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Comprehensive Assistance with Recovery and	38	18.05	0.36	0.36	-17.69	-98.0%
Empowerment Services (CARE)						
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	11	54.18	0.45	0.45	-53.73	-99.2%
Outpatient Services	1	30.00	0.00	0.00	-30.00	-100.0%
Room and Board and Other Services	14	36.07	0.21	0.21	-35.86	-99.4%
Total	48	24.69	0.39	0.39	-24.31	-98.4%



Illness, Injury, or Surgery



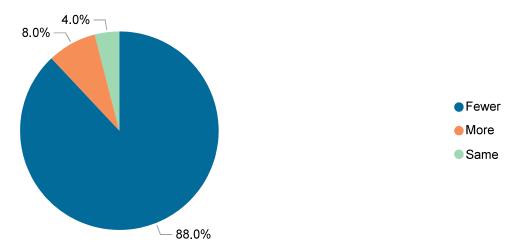
Clients are asked at the start of treatment and at their most recent update, "How many night have you spent in a facility for illness, injury, or surgery in the past 6 months?" Only clients who completed this question at time of admission and time of most recent update are included.

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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	22	5.61	0.57	0.57	-5.04	-89.9%
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	1	5.00	0.00	0.00	-5.00	-100.0%
Outpatient Services	2	1.50	0.00	0.00	-1.50	-100.0%
Room and Board and Other Services	2	4.50	0.00	0.00	-4.50	-100.0%
Total	24	5.40	0.52	0.52	-4.88	-90.4%



Nights Spent in Correctional Facility



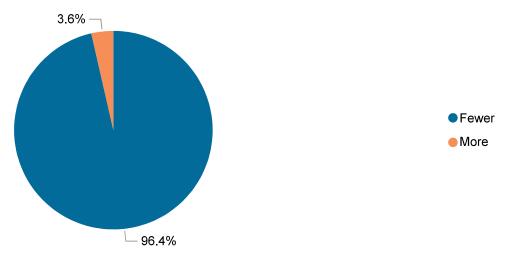
Clients are asked at the start of treatment and at their most recent update, "How many nights have you spent in a correctional facility including jail or prisons (as a result of an arrest, parole or probation violation) in the past 6 months?" Only clients who completed this question at time of admission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

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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
<u> </u>						
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	24	31.60	0.72	0.72	-30.88	- 97.7%
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	3	31.33	0.00	0.00	-31.33	-100.0%
Outpatient Services	2	106.00	0.00	0.00	-106.00	-100.0%
Room and Board and Other Services	2	7.00	0.00	0.00	-7.00	-100.0%
Total	27	31.57	0.64	0.64	-30.93	-98.0%



General Satisfaction with Services

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

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

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





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

Treatment Services	Unduplicated Client Count	Average First Update	Average Most Recent Update
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	197	4.14	4.14
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	16	4.14	4.14
Outpatient Services	6	4.00	4.00
Room and Board and Other Services	46	4.16	4.16
Total	216	4.14	4.14



Improved Functioning



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

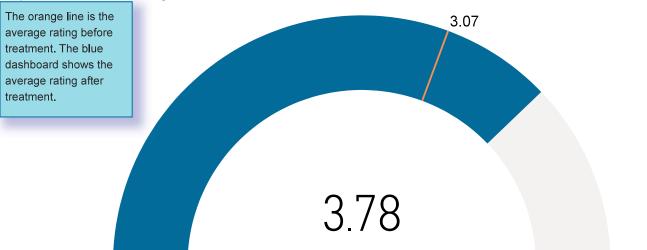
Clients' responses on these surveys are then broken out by the type of treatment service they received. If they received multiple types of treatment services in FY24, their responses are counted once in each service.

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

5.00



0.00



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	139	3.00	3.78	3.78	0.78	26.0%
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	16	3.73	4.02	4.02	0.28	7.5%
Outpatient Services	6	3.29	3.83	3.83	0.54	16.5%
Room and Board and Other Services	33	3.18	3.78	3.78	0.60	18.8%
Total	158	3.07	3.78	3.78	0.72	23.4%



Social Connectedness

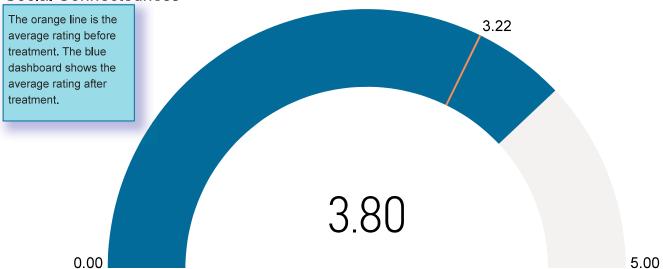
Clients are asked at their most recent update to rate how strongly they agree with four different questions pertaining to their connections with their family, friends, and community. The average of these four responses is given below. To see specific questions, please see Appendix B.

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



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

Social Connectedness



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	139	3.21	3.79	3.79	0.58	18.0%
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	16	3.52	3.86	3.86	0.34	9.8%
Outpatient Services	6	3.25	3.67	3.67	0.42	12.8%
Room and Board and Other Services	33	2.94	3.73	3.73	0.80	27.1%
Total	158	3.22	3.80	3.80	0.58	17.9%



Participation in Treatment Planning



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

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

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





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

Treatment Services	Unduplicated Client Count	Average First Update	Average Most Recent Update
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	197	4.09	4.09
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	16	4.18	4.18
Outpatient Services	6	4.08	4.08
Room and Board and Other Services	46	4.12	4.12
Total	216	4.10	4.10



Access to Services

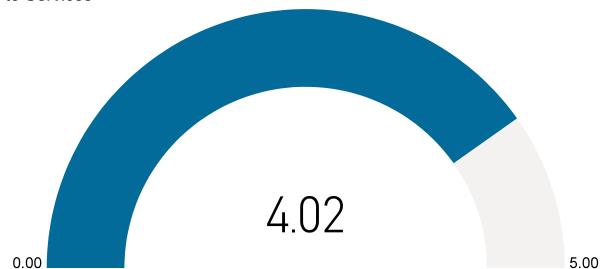


Clients are asked at their most recent update to rate how strongly they agree with five different questions pertaining to the ease and convenience of accessing the services they received. The average of these five responses is given below. To see specific questions, please see Appendix B.

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

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





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

Treatment Services	Unduplicated Client Count	Average First Update	Average Most Recent Update
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	197	4.00	4.00
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	16	4.31	4.31
Outpatient Services	6	4.50	4.50
Room and Board and Other Services	46	3.93	3.93
Total	216	4.02	4.02



Quality and Appropriateness

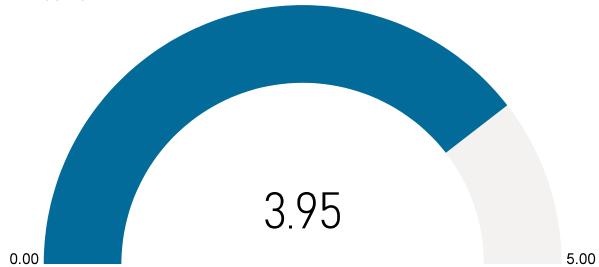


Clients are asked at their most recent update to rate how strongly they agree with eight different questions pertaining to the quality and appropriateness of the services they received. The average of these eight responses is given below. To see specific questions, please see Appendix B.

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

Adults served in publicly funded treatment services reported high quality and appropriateness of services.

Quality and Appropriateness of Services



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

Treatment Services	Unduplicated Client Count	Average First Update	Average Most Recent Update
		•	•
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	197	3.94	3.94
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	16	4.07	4.07
Outpatient Services	6	4.15	4.15
Room and Board and Other Services	46	3.89	3.89
Total	216	3.95	3.95



Outcomes



0.00

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

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

Adults served in publicly funded treatment services reported good outcomes as a result of services received.

5.00



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

Treatment Services	Unduplicated Client Count	Average First Update	Average Most Recent Update
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	197	3.48	3.48
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	16	3.76	3.76
Outpatient Services	6	3.58	3.58
Room and Board and Other Services	46	3.41	3.41
Total	216	3.50	3.50



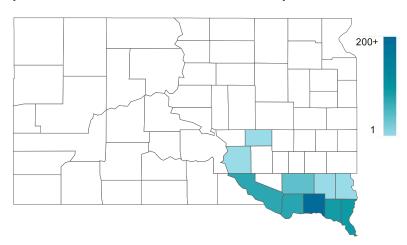


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Youth MH Treatment Services

County of Residence for Clients Who Received Publicly Funded Services



Treatment Services	Publicly Funded Clients Served	Average Duration of Treatment (Days)
Child or Youth and Family Services (CYF)	555	274
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	26	123
Intensive Family Services (IFS)	1	283
Outpatient Services	96	161
Room and Board and Other Services	3	0



Unduplicated Clients Served (Publicly Funded)

668

Publicly Funded Clients Served with Serious Emotional Disturbance (SED)

566



Veterans Served (Publicly Funded)

0

Publicly Funded Clients Who Successfully Completed Treatment

116





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

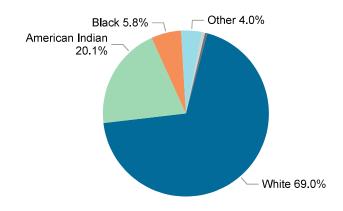


Race & Ethnicity

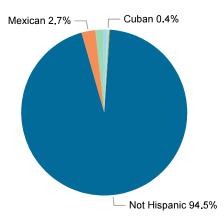


According to the U.S. Census Bureau 84.2% of South Dakotans identify as White, 8.5% identify as American Indian, and 5.1% identify as Hispanic The data below reflect the self-reported race and ethnicity of youth served in publicly funded treatment services.

Clients Served by Race



Clients Served by Ethnicity



Clients Served by Service Type and Race

	Ameri Indian			Asian		Black		Other		cific ander	White		Total	
Treatment Services	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Child or Youth and Family Services (CYF)	123	22.2%	4	0.7%	36	6.5%	24	4.3%	3	0.5%	365	65.8%	555	100.0%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	1	3.8%					1	3.8%			24	92.3%	26	100.0%
Intensive Family Services (IFS)	1	100.0%											1	100.0%
Outpatient Services	10	10.4%			3	3.1%	3	3.1%			80	83.3%	96	100.0%
Room and Board and Other Services Total	134	20.1%	4	0.6%	39	5,8%	27	4.0%	3	0.4%	3 461	100.0% 69.0 %	3 668	100.0%
iotai	134	20.1%	4	0.0%	39	5.6%	21	4.0%	ು	U.4%	401	03.0%	900	100.0%

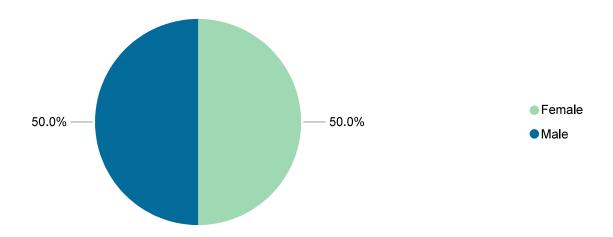






The data below reflect the self-reported gender of youth served in publicly funded treatment services. Gender categories follow SAMHSA guidelines for data reporting.

Clients Served by Self-Identified Gender



Clients Served by Service Type and Self-Identified Gender

	Female	Э	Male		Total	
Treatment Services	N	%	N	%	N	%
Child or Youth and Family Services (CYF)	270	48.6%	285	51.4%	555	100.0%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	10	38.5%	16	61.5%	26	100.0%
Intensive Family Services (IFS)	1	100.0%			1	100.0%
Outpatient Services	57	59.4%	39	40.6%	96	100.0%
Room and Board and Other Services			3	100.0%	3	100.0%
Total	334	50.0%	334	50.0%	668	100.0%



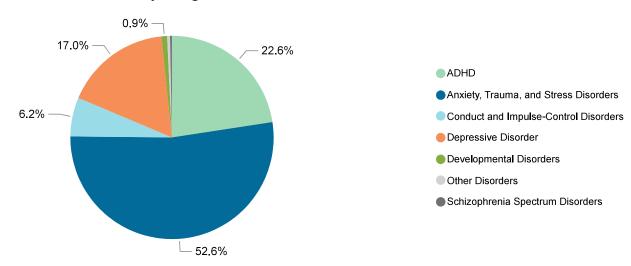
Primary Diagnosis



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

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

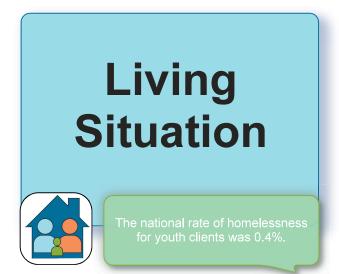
Clients Served for Each Primary Diagnosis



Diagnosis by Service Type

	ADH	D	Anxiety Trauma Stress Disorda	a, and	Impu Cont		Depr Diso	essive der		evelopmental sorders	Otl Dis	ner sorders	Spe	nizophrenia ectrum orders	Total	
Treatment Services	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Child or Youth and Family Services (CYF)	129	23.4%	289	52.4%	33	6.0%	93	16.8%	3	0.5%	3	0.5%	2	0.4%	552	100.0%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	5	20.0%	11	44.0%	2	8.0%	3	12.0%	4	16.0%					25	100.0%
Intensive Family Services (IFS)			1	100.0%											1	100.0%
Outpatient Services	16	17.4%	49	53.3%	6	6.5%	20	21.7%	1	1.1%					92	100.0%
Room and Board and Other Services			2	66.7%					1	33.3%					3	100.0%
Total	149	22.6%	347	52.6%	41	6.2%	112	17.0%	6	0.9%	3	0.5%	2	0.3%	660	100.0%

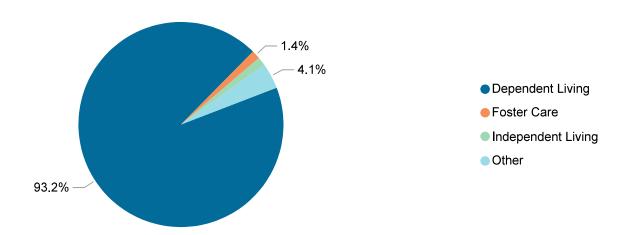




The data below reflect the living situations of youth served in publicly funded treatment services.

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

Housing Situation for Clients at Most Recent Update



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update
Child or Youth and Family Services (CYF)	69	0.0%	0.0%	0.0%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	7	0.0%	0.0%	0.0%
Outpatient Services	2	0.0%	0.0%	0.0%
Room and Board and Other Services	1	0.0%	0.0%	0.0%
Total	74	0.0%	0.0%	0.0%



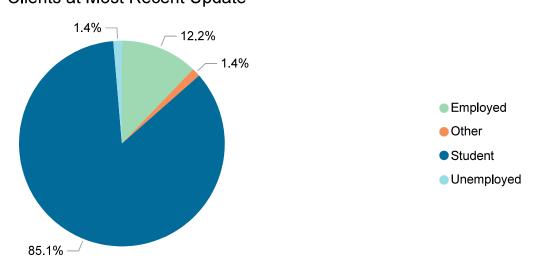


The data below reflect the employment status of youth served in publicly funded treatment services.

Most youth served in publicly funded treatment services

were either students or employed.

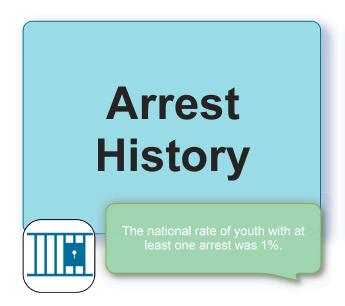
Employment Situation for Clients at Most Recent Update



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update
Child or Youth and Family Services (CYF)	69	4.2%	9.7%	9.7%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	7	0.0%	28.6%	28.6%
Outpatient Services	2	0.0%	0.0%	0.0%
Room and Board and Other Services	1	0.0%	0.0%	0.0%
Total	74	3.9%	11.7%	11.7%



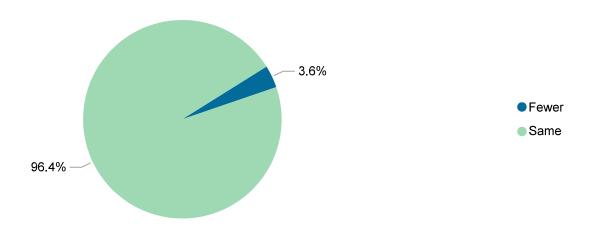


Clients are asked at the start of treatment and at their most recent update, "In the past 30 days, how many times have you been arrested?" Only clients who completed this question at time of admission and time of most recent update are included.

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	•	Average Most Recent Update
Child or Youth and Family Services (CYF)	49	4.1%	0.0%	0.0%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	8	0.0%	0.0%	0.0%
Outpatient Services	1	0.0%	0.0%	0.0%
Room and Board and Other Services	1	0.0%	0.0%	0.0%
Total	55	3.6%	0.0%	0.0%



General Health

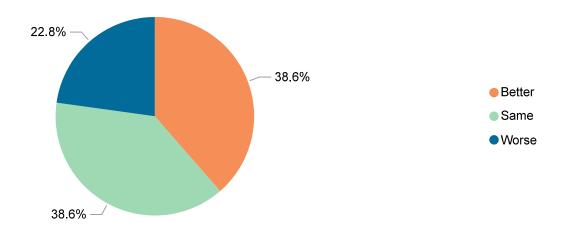


Clients are asked at the start of treatment and at their most recent update, "Would you say that in general your health is?" Clients could answer in a range from 1-"Poor" to 5-"Excellent". Only clients who completed this question at time of admission and time of most recent update are included.

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
A						
Child or Youth and Family Services (CYF)	51	3.22	3.37	3.37	0.16	4.9%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	8	2.63	3.25	3.25	0.63	23.8%
Outpatient Services	1	5.00	5.00	5.00	0.00	0.0%
Room and Board and Other Services	1	5.00	5.00	5.00	0.00	0.0%
Total	57	3.11	3.35	3.35	0.25	7.9%



Physical Health

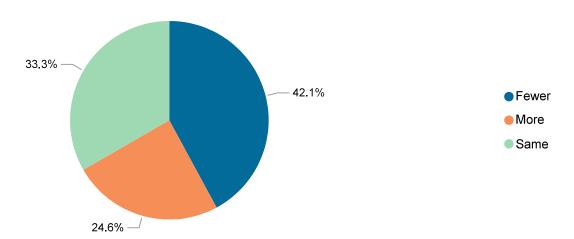


Clients are asked at the start of treatment and at their most recent update, "Now thinking about your physical health, which includes physical illness and injury, how many days during the past 30 days was your physical health not good?" Only clients who completed this question at time of admission and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

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

Youth served in publicly funded treatment services reported a decrease in days spent in poor physical health.

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	51	3.98	1.88	1.88	-2.10	-52.7%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	8	6.63	2.75	2.75	-3.88	-58.5%
Outpatient Services	1	0.00	7.00	7.00	7.00	Infinity
Room and Board and Other Services	1	0.00	7.00	7.00	7.00	Infinity
Total	57	4.49	1.93	1.93	-2.56	-57.0%



Mental Health

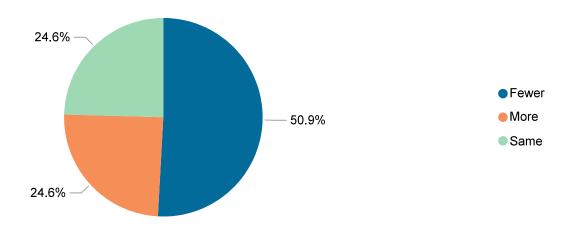


Clients are asked at the start of treatment and at their most recent update, "Now thinking about your mental health, which includes stress, depression, and problems with emotions, how many days during the past 30 days was your mental health not good?" Only clients who completed this question at time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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	51	10.59	8.57	8.57	-2.02	-19.1%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	8	18.00	12.75	12.75	-5.25	-29.2%
Outpatient Services	1	30.00	30.00	30.00	0.00	0.0%
Room and Board and Other Services	1	30.00	30.00	30.00	0.00	0.0%
Total	57	11.42	8.89	8.89	-2.53	-22.1%



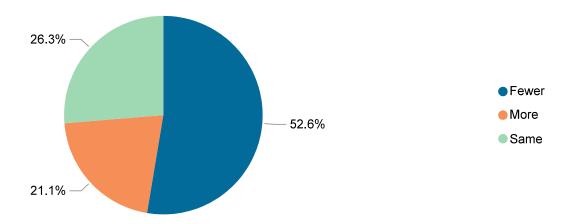
Physical or Mental Health Prevented Normal Activities

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

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

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

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



Number of Days Poor Physical or Mental Health Prevented Normal Activities

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	51	6.08	2.45	2.45	-3.63	-59.7%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	8	11.38	5.75	5.75	-5.63	-49.5%
Outpatient Services	1	30.00	2.00	2.00	-28.00	-93.3%
Room and Board and Other Services	1	30.00	2.00	2.00	-28.00	-93.3%
Total	57	6.51	2.95	2.95	-3.56	-54.7%



Reported Attempts to Die by Suicide



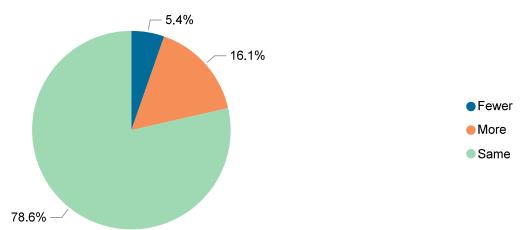
If you, or someone you know, is in need of crisis support, or experiencing emotional distress, call or text 988, or chat at https://988lifeline.org/.

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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	50	0.14	0.54	0.54	0.40	285.7%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	8	0.50	0.75	0.75	0.25	50.0%
Outpatient Services	1	0.00	0.00	0.00	0.00	NaN
Room and Board and Other Services	1	0.00	0.00	0.00	0.00	NaN
Total	56	0.20	0.59	0.59	0.39	200.0%



Visits to Emergency Department



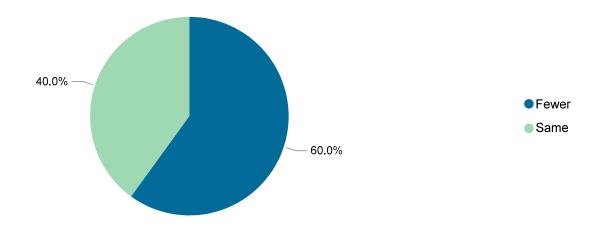
Clients are asked at the start of treatment and at their most recent update, "How many times have you gone to an emergency room for a psychiatric or emotional problem in the past 6 months?" Only clients who completed this question at time of admission and time of most recent update are included.

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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	5	1.20	0.60	0.60	-0.60	-50.0%
Total	5	1.20	0.60	0.60	-0.60	-50.0%



Detoxification Services



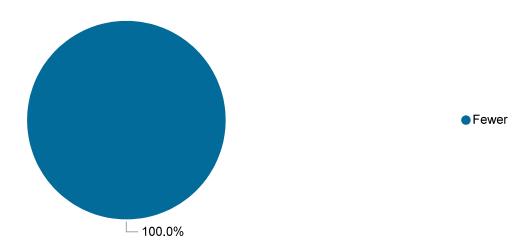
Clients are asked at the start of treatment and at their most recent update, "How many nights have you spent in a facility for detoxification in the past 6 months?" Only clients who completed this question at time of admission and time of most recent update are included.

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

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

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

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



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

Treatment Services	Unduplicated Client Count			Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	2	3.50	0.00	0.00	-3.50	-100.0%
Total	2	3.50	0.00	0.00	-3.50	-100.0%



Inpatient Substance Use Disorder Treatment Services

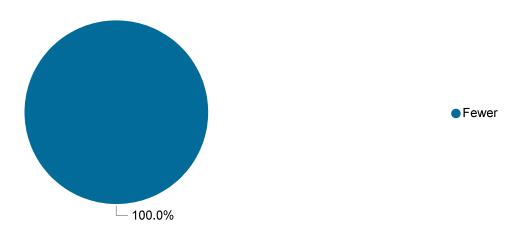
Clients are asked at the start of treatment and at their most recent update, "How many nights have you spent in a facility for inpatient/residential substance use disorder treatment in the past 6 months?" Only clients who completed this question at time of admission and time of most recent update are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

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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF) Total	2 2	19.00 19.00	0.00 0.00	0.00 0.00	-19.00 -19.00	



Hospital Admissions for Mental Health Care



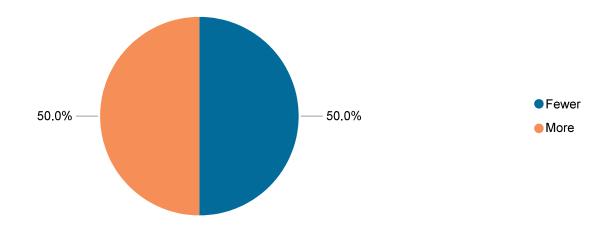
Clients are asked at the start of treatment and at their most recent update, "How many nights have you spent in a facility for mental health care in the past 6 months?" Only clients who completed this question at time of admission and time of most recent update are included.

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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	2	23.00	0.00	0.00	-23.00	-100.0%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	2	2.00	7.50	7.50	5.50	275.0%
Total	4	12.50	3.75	3.75	-8.75	-70.0%



Illness, Injury, or Surgery



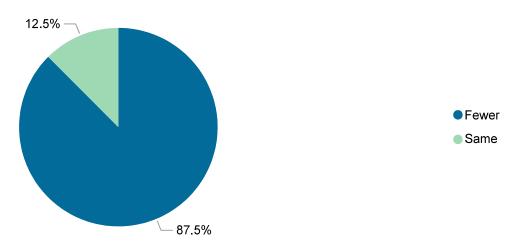
Clients are asked at the start of treatment and at their most recent update, "How many night have you spent in a facility for illness, injury, or surgery in the past 6 months?" Only clients who completed this question at time of admission and time of most recent update are included.

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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	7	1.29	0.43	0.43	-0.86	-66.7%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	1	1.00	0.00	0.00	-1.00	-100.0%
Total	8	1.25	0.38	0.38	-0.88	-70.0%



Nights Spent in Correctional Facility



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

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

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

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

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

Unable to Report Due to Low Number of Outcome Tools.

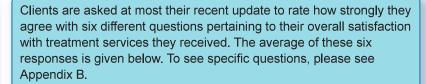
How Many Nights in the Past 6 Months Have You Spent in a Correctional Facility?

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

Total



General Satisfaction with Services

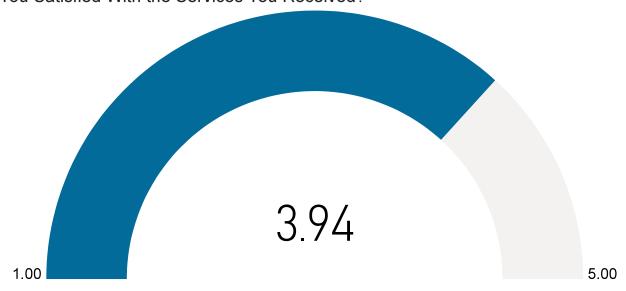


Clients' responses on these surveys are then broken out by the type of treatment service they received. If they received multiple types of treatment services in FY24, their responses are counted once in each service.

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



Were You Satisfied With the Services You Received?



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

Treatment Services	Unduplicated Client Count		Average Most Recent Update
Child or Youth and Family Services (CYF)	51	3.86	3.86
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	8	4.46	4.46
Outpatient Services	1	3.33	3.33
Room and Board and Other Services	1	3.33	3.33
Total	57	3.94	3.94



Improved Functioning

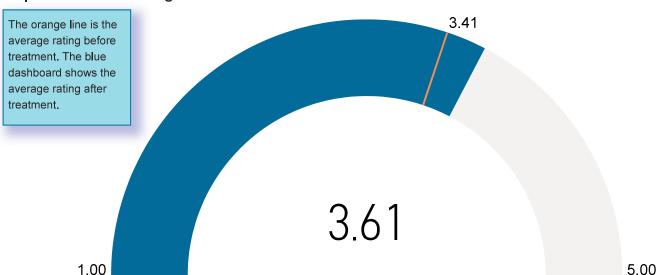


Clients are asked at their most recent update to rate how strongly they agree with seven different questions pertaining to their perception of their mental health and social well-being before and after the services they received. The average of these seven responses is given below. To see specific questions,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

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

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

Improved Functioning



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
<u> </u>						
Child or Youth and Family Services (CYF)	51	3.45	3.61	3.61	0.16	4.6%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	8	3.13	3.64	3.64	0.52	16.6%
Outpatient Services	1	3.29	3.00	3.00	-0.29	-8.7%
Room and Board and Other Services	1	3.29	3.00	3.00	-0.29	-8.7%
Total	57	3.41	3.61	3.61	0.20	6.0%



Social Connectedness

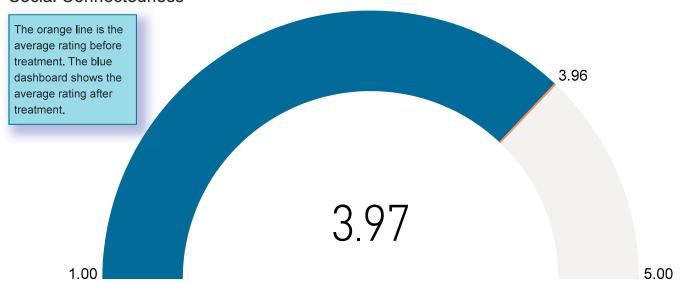


Clients are asked at their most recent update to rate how strongly they agree with four different questions pertaining to their connections with their family, friends, and community. The average of these four responses is given below. To see specific questions, please see Appendix B.

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

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

Social Connectedness



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	51	4.03	3.97	3.97	-0.06	-1.6%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	8	3.31	4.03	4.03	0.72	21.7%
Outpatient Services	1	2.00	4.00	4.00	2.00	100.0%
Room and Board and Other Services	1	2.00	4.00	4.00	2.00	100.0%
Total	57	3.96	3.97	3.97	0.00	0.1%



Participation in Treatment Planning

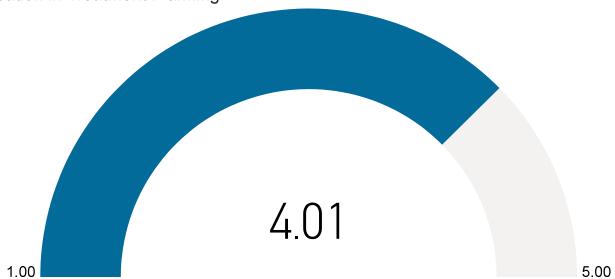


Clients are asked at their most recent update to rate how strongly they agree with three different questions pertaining to their participation in treatment planning for services they received. The average of these three responses is given below. To see specific questions, please see Appendix B.

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

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

Participation in Treatment Planning



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

Treatment Services	Unduplicated Client Count	Average First Update	Average Most Recent Update
_			
Child or Youth and Family Services (CYF)	51	3.91	3.91
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	8	4.67	4.67
Outpatient Services	1	4.00	4.00
Room and Board and Other Services	1	4.00	4.00
Total	57	4.01	4.01



Cultural Sensitivity

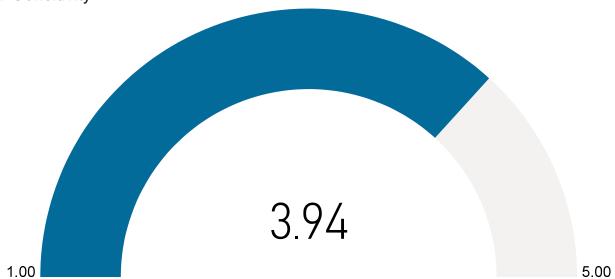


Clients are asked at their most recent update to rate how strongly they agree with four different questions pertaining to the cultural sensitivity of staff. The average of these four responses is given below. To see specific questions, please see Appendix B.

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

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

Cultural Sensitivity



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

Treatment Services	Unduplicated Client Count	Average First Update	Average Most Recent Update
Child or Youth and Family Services (CYF)	Į.	3.93	3.93
Comprehensive Assistance with Recovery and Empowerment Services (CARE)		8 4.13	4.13
Outpatient Services		1 5.00	5.00
Room and Board and Other Services		1 5.00	5.00
Total		3.94	3.94



Access to Services

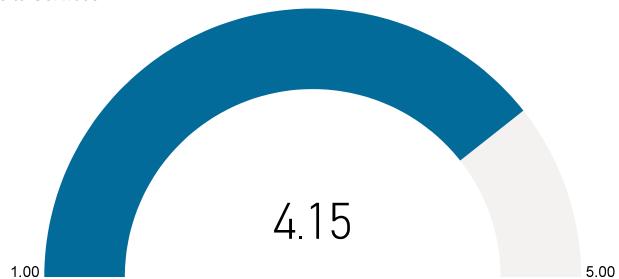


Clients are asked at their most recent update to rate how strongly they agree with two different questions pertaining to the ease and convenience of accessing the services they received. The average of these two responses is given below. To see specific questions, please see Appendix B.

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

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

Access to Services



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

Treatment Services	Unduplicated Client Count	Average First Update	Average Most Recent Update
			·
Child or Youth and Family Services (CYF)	51	4.07	4.07
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	8	4.75	4.75
Outpatient Services	1	4.50	4.50
Room and Board and Other Services	1	4.50	4.50
Total	57	4.15	4.15



Internalizing Disorder



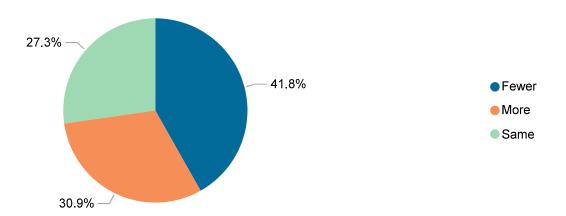
Youth clients complete the Global Appraisal of Individual Needs Short Screener (GAIN-SS) at admission and at most recent update.

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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	51	2.47	2.33	2.33	-0.14	-5.6%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	8	3.88	3.50	3.50	-0.38	-9.7%
Outpatient Services	1	5.00	4.00	4.00	-1.00	-20.0%
Room and Board and Other Services	1	5.00	4.00	4.00	-1.00	-20.0%
Total	57	2.63	2.46	2.46	-0.18	-6.7%



Externalizing Disorder



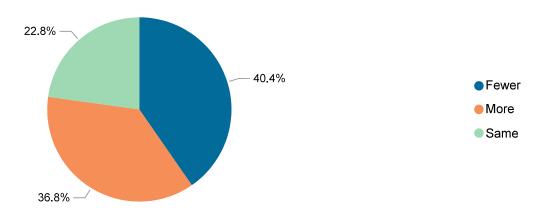
Youth clients complete the Global Appraisal of Individual Needs Short Screener (GAIN-SS) at admission and at most recent update.

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

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

Youth served in publicly funded treatment services experienced an increase in symptoms of externalizing disorders.

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Difference	Percent Change
Child or Youth and Family Services (CYF)	51	3.16	3.29	3.29	0.14	4.3%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	8	3.88	4.75	4.75	0.88	22.6%
Outpatient Services	1	0.00	4.00	4.00	4.00	Infinity
Room and Board and Other Services	1	0.00	4.00	4.00	4.00	Infinity
Total	57	3.30	3.49	3.49	0.19	5.9%



Substance Use Disorder



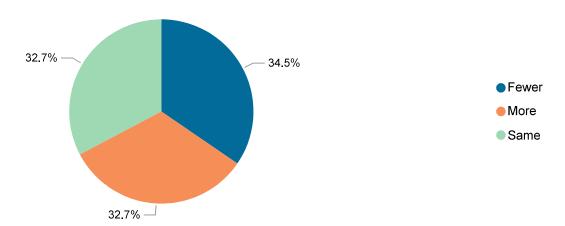
Youth clients complete the Global Appraisal of Individual Needs Short Screener (GAIN-SS) at admission and at most recent update.

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

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

Youth served in publicly funded treatment services experienced an increase in symptoms of substance use disorders.

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	51	3.63	3.71	3.71	0.08	2.2%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	8	4.63	4.88	4.88	0.25	5.4%
Outpatient Services	1	5.00	4.00	4.00	-1.00	-20.0%
Room and Board and Other Services	1	5.00	4.00	4.00	-1.00	-20.0%
Total	57	3.74	3.88	3.88	0.14	3.8%



Crime and Violence



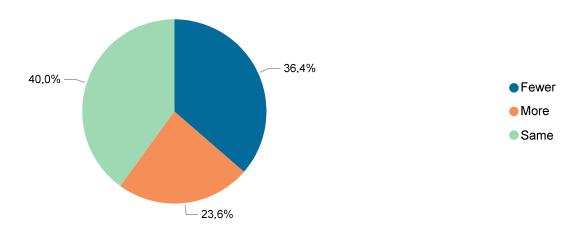
Youth clients complete the Global Appraisal of Individual Needs Short Screener (GAIN-SS) at admission and at most recent update.

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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
<u> </u>						
Child or Youth and Family Services (CYF)	51	4.33	4.22	4.22	-0.12	-2.7%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	8	4.75	5.00	5.00	0.25	5.3%
Outpatient Services	1	5.00	5.00	5.00	0.00	0.0%
Room and Board and Other Services	1	5.00	5.00	5.00	0.00	0.0%
Total	57	4.37	4.33	4.33	-0.04	-0.8%



Family Perceptions of Youth MH Treatment Services

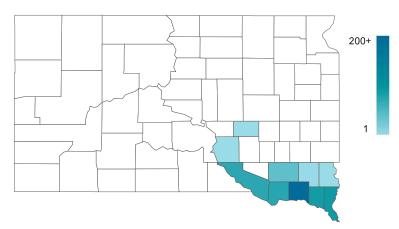


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Family Perceptions of Youth MH Treatment Services

County of Residence for Clients Who Received Publicly Funded Services



Treatment Services	Publicly Funded Clients Served	Average Duration of Treatment (Days)
Child or Youth and Family Services (CYF)	555	274
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	26	123
Intensive Family Services (IFS)	1	283
Outpatient Services	96	161
Room and Board and Other Services	3	0



Unduplicated Clients Served (Publicly Funded)

668

Publicly Funded Clients Served with Serious Emotional Disturbance (SED)

566



Veterans Served (Publicly Funded)

n

Publicly Funded Clients Who Successfully Completed Treatment

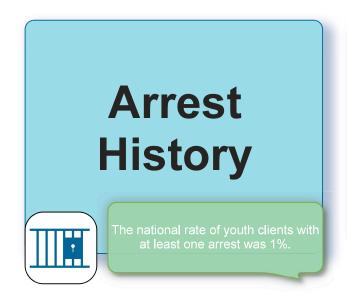
116



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





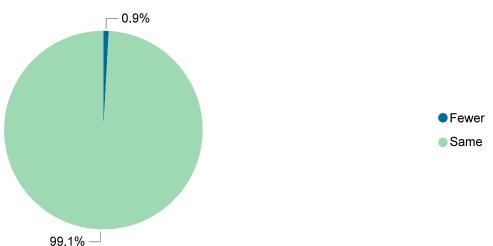


Families of youth clients are asked at the start of treatment and at their most recent update, "In the past 30 days, how many times has your child been arrested?" Only families of youth who completed this question at time of admission and time of the most recent update are included.

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

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

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



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

Treatment Services	Unduplicated Client Count	Arrest at Admission	Arrest at First Update	Arrest at Most Recent Update
_				
Child or Youth and Family Services (CYF)	108	0.9%	0.0%	0.0%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	8	0.0%	0.0%	0.0%
Outpatient Services	3	0.0%	0.0%	0.0%
Room and Board and Other Services	1	0.0%	0.0%	0.0%
Total	115	0.9%	0.0%	0.0%



General Health

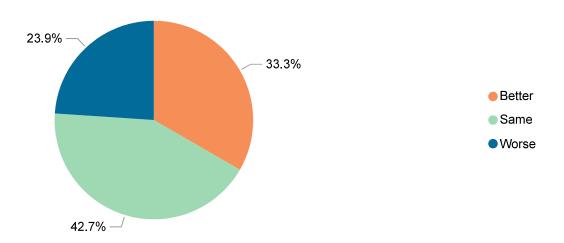


Families of youth clients are asked at the start of treatment and at their most recent update, "Would you say that in general your child's health is?" Families of youth clients could answer in a range from 1-"Poor" to 5-"Excellent". Only families of youth who completed this question at time of admission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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
	400	0.00	4.05	4.05	0.10	0.00/
Child or Youth and Family Services (CYF)	108	3.92	4.05	4.05	0.13	3.2%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	8	3.88	3.25	3.25	-0.63	-16.1%
Outpatient Services	3	5.00	4.33	4.33	-0.67	-13.3%
Room and Board and Other Services	1	5.00	4.00	4.00	-1.00	-20.0%
Total	115	3.93	4.02	4.02	0.09	2.2%



Physical Health

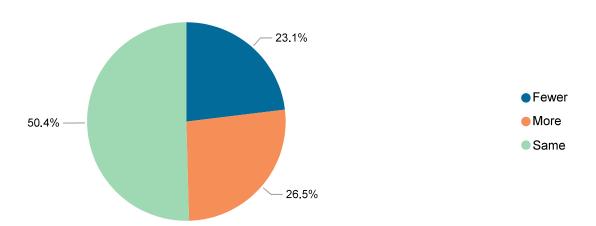


Families of youth clients are asked at the start of treatment and at their most recent update, "Now thinking about your child's physical health, which includes physical illness and injury, how many days during the past 30 days was your child's physical health not good?" Only families of youth who completed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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	108	1.58	1.70	1.70	0.12	7.5%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	8	1.75	4.13	4.13	2.38	135.7%
Outpatient Services	3	0.00	1.67	1.67	1.67	Infinity
Room and Board and Other Services	1	0.00	0.00	0.00	0.00	NaN
Total	115	1.52	1.69	1.69	0.17	11.2%



Mental Health

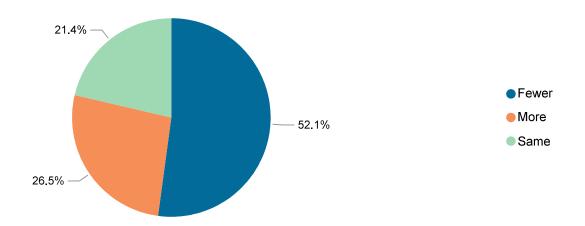


Families of youth clients are asked at the start of treatment and at their most recent update, "Now thinking about your child's mental health, which includes stress, depression, and problems with emotions, how many days during the past 30 days was your child's mental health not good?" Only families of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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	108	11.18	6.37	6.37	-4.81	-43.0%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	8	10.38	12.00	12.00	1.63	15.7%
Outpatient Services	3	19.67	16.67	16.67	-3.00	-15.3%
Room and Board and Other Services	1	29.00	25.00	25.00	-4.00	-13.8%
Total	115	11.20	6.75	6.75	-4.44	-39.7%



Physical or Mental Health Prevented Normal Activities

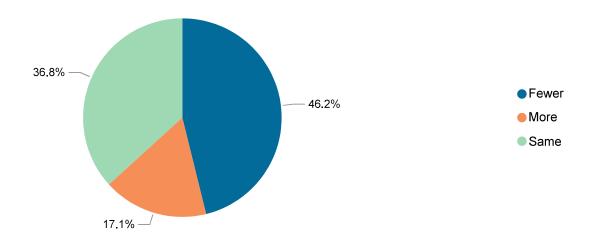
Families of youth clients are asked at the start of treatment and at their most recent update, "During the past 30 days, approximately how many days did your child's poor physical or mental health keep them from doing your child's usual activities, such as self-care, work, or recreation?" Only families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

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

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



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



Number of Days Poor Physical or Mental Health Prevented Normal Activities

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
<u> </u>						
Child or Youth and Family Services (CYF)	108	5.63	2.47	2.47	-3.15	-56.1%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	8	4.25	7.75	7.75	3.50	82.4%
Outpatient Services	3	19.67	10.00	10.00	-9.67	-49.2%
Room and Board and Other Services	1	29.00	0.00	0.00	-29.00	-100.0%
Total	115	5.57	2.90	2.90	-2.68	-48.0%



Reported Attempts to Die by Suicide



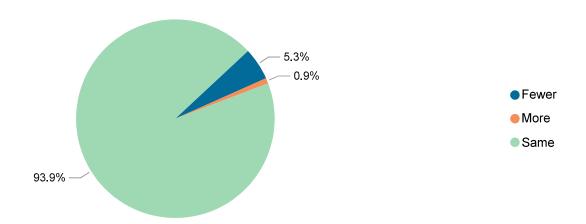
If you, or someone you know, is in need of crisis support, or experiencing emotional distress, call or text 988, or chat at https://988lifeline.org/.

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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
<u> </u>						
Child or Youth and Family Services (CYF)	105	0.08	0.05	0.05	-0.04	-44.4%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	8	0.50	0.00	0.00	-0.50	-100.0%
Outpatient Services	3	0.00	0.00	0.00	0.00	NaN
Room and Board and Other Services	1	0.00	0.00	0.00	0.00	NaN
Total	112	0.11	0.04	0.04	-0.07	-61.5%



Visits to Emergency Department



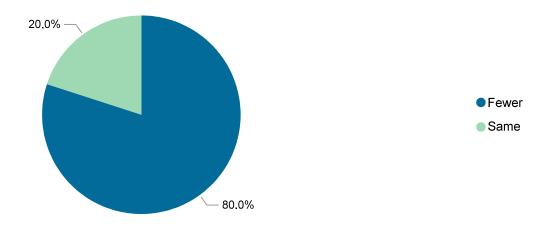
Families of youth clients are asked at the start of treatment and at their most recent update, "How many times has your child gone to an emergency room for a psychiatric or emotional problem in the past 6 months?" Only families of youth who completed this question at time of admission and time of most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

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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
A						
Child or Youth and Family Services (CYF)	9	1.22	0.33	0.33	-0.89	- 72.7%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	1	1.00	0.00	0.00	-1.00	-100.0%
Total	10	1.20	0.30	0.30	-0.90	-75.0%



Detoxification Services



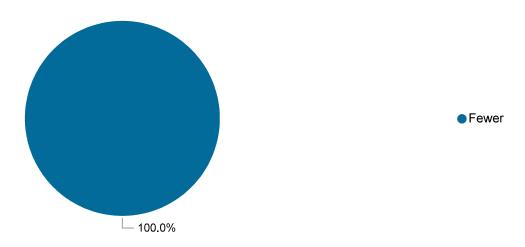
Families of youth clients are asked at the start of treatment and at their most recent update, "How many nights has your child spent in a facility for detoxification in the past 6 months?" Only families of youth who completed this question at time of admission and time of most recent update are included.

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

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

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

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



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

Treatment Services	Unduplicated Client Count		9	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	1	8.00	0.00	0.00	-8.00	-100.0%
Total	1	8.00	0.00	0.00	-8.00	-100.0%



Inpatient Substance Use Disorder Treatment Services



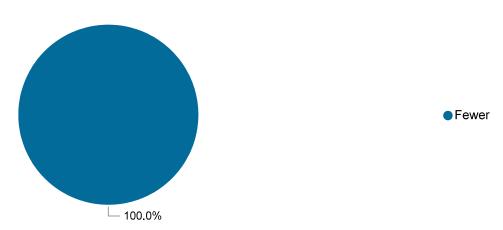
Families of youth clients are asked at the start of treatment and at their most recent update, "How many nights has your child spent in a facility for inpatient/residential substance use disorder treatment in the past 6 months?" Only families of youth who completed this question at time of admission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

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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF) Total	3	14.67	0.33	0.33	-14.33	-97.7%
	3	14.67	0.33	0.33	-14.33	- 97.7%



Hospital Admissions for Mental Health Care



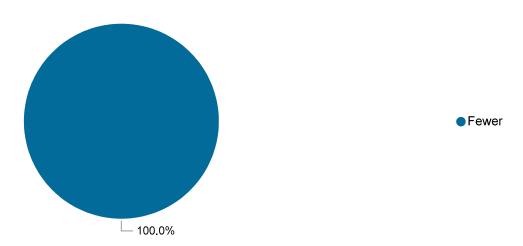
Families of youth clients are asked at the start of treatment and at their most recent update, "How many nights has your child spent in a facility for mental health care in the past 6 months?" Only families of youth who completed this question at time of admission and time of most recent update are included.

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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	7	54.86	0.86	0.86	-54.00	-98.4%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	2	6.00	0.00	0.00	-6.00	-100.0%
Total	9	44.00	0.67	0.67	-43.33	-98.5%



Illness, Injury, or Surgery



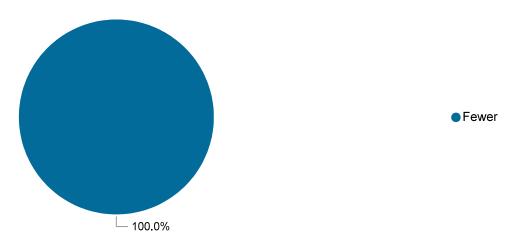
Families of youth clients are asked at the start of treatment and at their most recent update, "How many nights has your child spent in a facility for illness, injury, or surgery in the past 6 months?" Only families of youth who completed this question at time of admission and time of most recent update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

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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
A						
Child or Youth and Family Services (CYF)	3	1.67	0.00	0.00	-1.67	-100.0%
Total	3	1.67	0.00	0.00	-1.67	-100.0%



Nights Spent in Correctional Facility



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

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

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

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

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

Unable to Report Due to Low Number of Outcome Tools.

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

Treatment Services

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

Total



General Satisfaction with Services

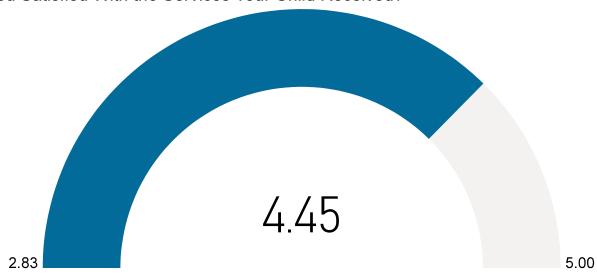
Families of youth clients are asked at most recent update to rate how strongly they agree with six different questions pertaining to their overall satisfaction with treatment services their youth received. The average of these six responses is given below. To see specific questions, please see Appendix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

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

Families of youth served in publicly funded treatment services reported satisfaction with the services their youth received.



Were You Satisfied With the Services Your Child Received?



General Satisfaction Ratings: 0-Refused to Respond; 1-Strongly Disagree; 2-Disagree; 3-Undecided; 4-Agree; 5-Strongly Agree

Treatment Services	Unduplicated Client Count	Average First Update	Average Most Recent Update
Child or Youth and Family Services (CYF)	108	4.44	4.44
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	8	4.58	4.58
Outpatient Services	3	5.00	5.00
Room and Board and Other Services	1	5.00	5.00
Total	115	4.45	4.45



Improved Functioning

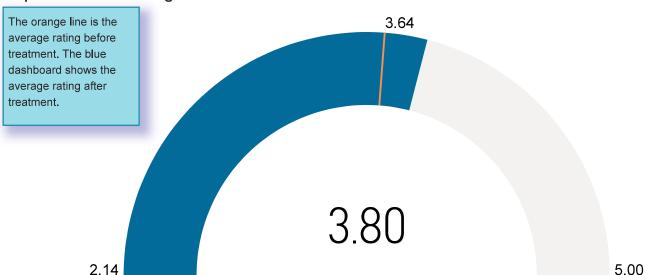


Families of youth clients are asked at most recent update to rate how strongly they agree with seven different questions pertaining to their perception of their youth's mental health and social well-being before and after the services they received. The average of these seven responses is given below. To see specific questions, please see Appendix B.

Families' responses on these surveys are then broken out by the type of treatment service their youth received. If their youth received multiple types of treatment services in FY24, families' responses are counted once in each service.

Families of youth served in publicly funded treatment services reported their youth had improved functioning as a result of services received.

Improved Functioning



Improved Functioning Ratings: 0-Refused to Respond; 1-Strongly Disagree; 2-Disagree; 3-Undecided; 4-Agree; 5-Strongly Agree

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	101	3.63	3.81	3.81	0.18	5.0%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	8	3.61	3.46	3.46	-0.14	-4.0%
Outpatient Services	3	3.86	3.81	3.81	-0.05	-1.2%
Room and Board and Other Services	1	3.71	3.57	3.57	-0.14	-3.8%
Total	108	3.64	3.80	3.80	0.16	4.5%



Social Connectedness

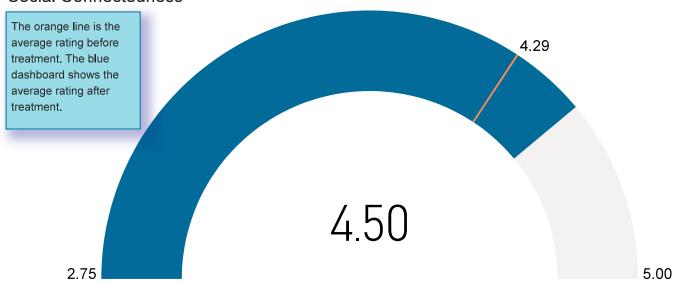


Families of youth clients are asked at most recent update to rate how strongly they agree with four different questions pertaining to their youth's connections with their family, friends, and community. The average of these four responses is given below. To see specific questions, please see Appendix B.

Families' responses on these surveys are then broken out by the type of treatment service their youth received. If their youth received multiple types of treatment services in FY24, families' responses are counted once in each service.

Families of youth served in publicly funded treatment services reported improved social connectedness for their youth.

Social Connectedness



Social Connectedness Ratings: 0-Refused to Respond; 1-Strongly Disagree; 2-Disagree; 3-Undecided; 4-Agree; 5-Strongly Agree

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	108	4.29	4.50	4.50	0.21	5.0%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	8	4.31	4.38	4.38	0.06	1.4%
Outpatient Services	3	4.75	5.00	5.00	0.25	5.3%
Room and Board and Other Services	1	4.75	5.00	5.00	0.25	5.3%
Total	115	4.29	4.50	4.50	0.21	4.9%



Participation in Treatment Planning

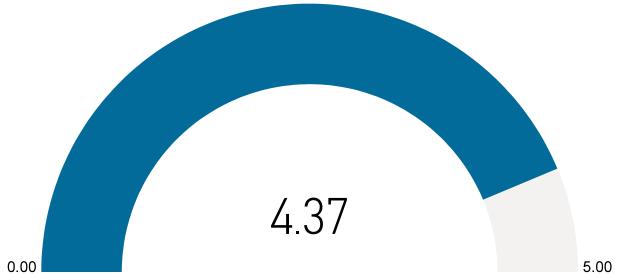


Families of youth clients are asked at most recent update to rate how strongly they agree with three different questions pertaining to their participation in treatment planning for services their youth received. The average of these three responses is given below. To see specific questions, please see Appendix B.

Families' responses on these surveys are then broken out by the type of treatment service their youth received. If their youth received multiple types of treatment services in FY24, families' responses are counted once in each service.

Families of youth served in publicly funded treatment services reported high levels of participation in their youth's treatment planning.





Participation in Treatment Planning Ratings: 0-Refused to Respond; 1-Strongly Disagree; 2-Disagree; 3-Undecided; 4-Agree; 5-Strongly Agree

Treatment Services	Unduplicated Client Count	Average First Update	Average Most Recent Update
Child on Voyath and Family Company (CVF)	100	4 27	4 27
Child or Youth and Family Services (CYF)	108	4.37	4.37
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	8	4.33	4.33
Outpatient Services	3	5.00	5.00
Room and Board and Other Services	1	5.00	5.00
Total	115	4.37	4.37



Cultural Sensitivity



Families of youth clients are asked at most recent update to rate how strongly they agree with four different questions pertaining to the cultural sensitivity of staff. The average of these four responses is given below. To see specific questions, please see Appendix B.

Families' responses on these surveys are then broken out by the type of treatment service they received. If their youth received multiple types of treatment services in FY24, families' responses are counted once in each service.

Families of youth served in publicly funded treatment services reported they felt staff were culturally sensitive.

Cultural Sensitivity of Staff



Cultural Sensitivity of Staff Ratings: 0-Refused to Respond; 1-Strongly Disagree; 2-Disagree; 3-Undecided; 4-Agree; 5-Strongly Agree

Treatment Services	Unduplicated Client Count	Average First Update	Average Most Recent Update
Child or Youth and Family Services (CYF)	108	4.18	4.18
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	8	4.44	4.44
Outpatient Services	3	5.00	5.00
Room and Board and Other Services	1	5.00	5.00
Total	115	4.20	4.20



Access to Services

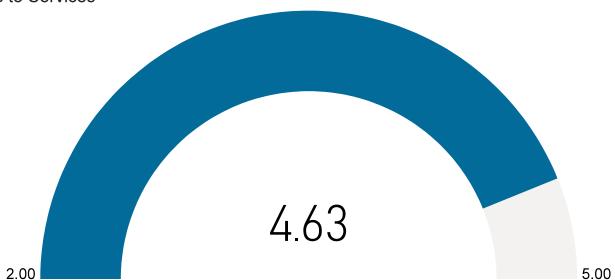


Families of youth clients are asked at most recent update to rate how strongly they agree with two different questions pertaining to the ease and convenience of accessing the services their youth received. The average of these two responses is given below. To see specific questions, please see Appendix B.

Families' responses on these surveys are then broken out by the type of treatment service their youth received. If their youth received multiple types of treatment services in FY24, families' responses are counted once in each service.

Families of youth served in publicly funded treatment services reported ease and convenience when accessing services.

Access to Services



Access to Services Ratings: 0-Refused to Respond; 1-Strongly Disagree; 2-Disagree; 3-Undecided; 4-Agree; 5-Strongly Agree

Treatment Services	Unduplicated Client Count	Average First Update	Average Most Recent Update
Child or Youth and Family Services (CYF)	108	4.63	4.63
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	8	4.63	4.63
Outpatient Services	3	5.00	5.00
Room and Board and Other Services	1	5.00	5.00
Total	115	4.63	4.63



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Justice-Involved and At-Risk Youth Services

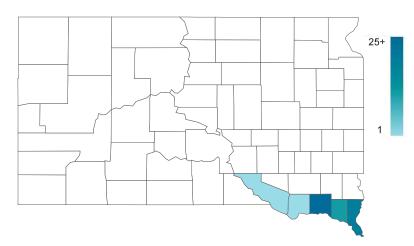


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Justice-Involved and At-Risk Youth MH Treatment Services

County of Residence for Clients Who Received Publicly Funded Services



Treatment Services	Publicly Funded Clients Served	Average Duration of Treatment (Days)	
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	5	2	235
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	2	1	373



Unduplicated Clients Served (Publicly Funded)

66

Veterans Served (Publicly Funded)

0

Publicly Funded Clients with Serious Emotional Disturbance (SED)

62



Publicly Funded Clients Who Successfully Completed Treatment

15



Clients described in this section received services intended for justice-involved and at-risk vouth.



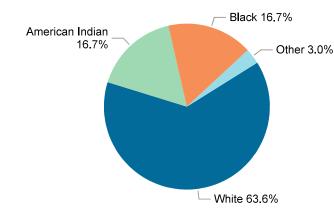




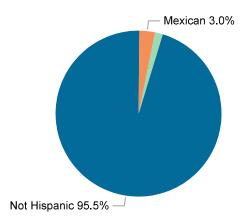


According to the U.S. Census Bureau 84.2% of South Dakotans identify as White, 8.5% identify as American Indian, and 5.1% identify as Hispanic. The data below reflect the self-reported race and ethnicity of justice-involved and at-risk youth served in publicly funded treatment services.

Clients Served by Race



Clients Served by Ethnicity



Clients Served by Service Type and Race

	American Indian		Bla	ck	Other		White		Total	
Treatment Services	N	%	N	%	N	%	N	%	N	%
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	10	19.2%	8	15.4%	2	3.8%	32	61.5%	52	100.0%
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	1	4.8%	4	19.0%			16	76.2%	21	100.0%
Total	11	16.7%	11	16.7%	2	3.0%	42	63.6%	66	100.0%

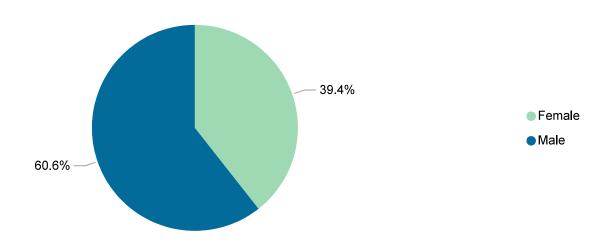


Gender



The data below reflect the self-reported gender of justice-involved and at-risk youth served in publicly funded treatment services. Gender categories follow SAMHSA guidelines for data reporting.

Clients Served by Self-Identified Gender



Clients Served by Service Type and Self-Identified Gender

	Female	Female		Male		
Treatment Services	N	%	N	%	N	%
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	20	38.5%	32	61.5%	52	100.0%
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	8	38.1%	13	61.9%	21	100.0%
Total	26	39.4%	40	60.6%	66	100.0%



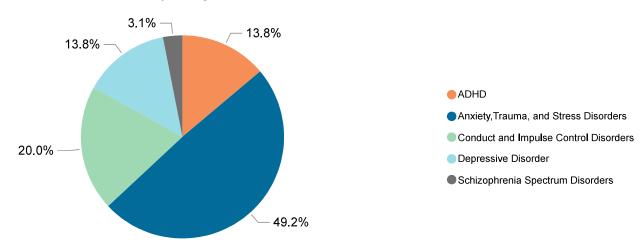
Primary Diagnosis



The data below reflect the primary diagnoses for justice-involved and at-risk youth served in publicly funded treatment services. This does not include those with No Diagnosis or Diagnosis Deferred.

The majority of youth served in publicly funded treatment services had a primary diagnosis of Anxiety, Trauma, and Stress Disorders, followed by Conduct and Impulse Control Disorders.

Clients Served for Each Primary Diagnosis



Diagnosis by Service Type

	ADI	HD		ety,Trauma, Stress ders	Conduct and Impulse Control Disorders		Impulse Control Disorder		Sp	hizophrenia ectrum sorders	Total	
Treatment Services	N	%	N	%	N	%	N	%	N	%	N	%
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	7	13.7%	26	51.0%	10	19.6%	7	13.7%	1	2.0%	51	100.0%
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	3	14.3%	9	42.9%	5	23.8%	3	14.3%	1	4.8%	21	100.0%
Total	9	13.8%	32	49.2%	13	20.0%	9	13.8%	2	3.1%	65	100.0%



Reason for Discharge

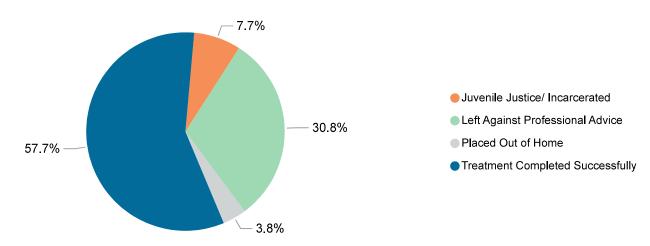


The data below reflect the reasons justice-involved and at-risk youth discharged from publicly funded treatment services.

Please note, a client may have more than one admission and discharge.

The majority of youth served successfully completed treatment services. The next most common discharge reason was Left Against Professional Advice.

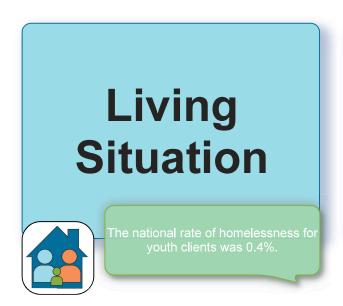
Reason for Discharge from Services



Reason for Discharge by Service Type

	Jus	veni l e stice/ carcerated		Against fessiona l ice		Placed Out Treatment Completed Successfully		Completed		
Treatment Services	N	%	N	%	N	%	N	%	N	%
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	1	4.8%	6	28.6%			14	66.7%	21	100.0%
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	1	12.5%	3	37.5%	1	12.5%	3	37.5%	8	100.0%
Total	2	7.7%	8	30.8%	1	3.8%	15	57.7%	26	100.0%

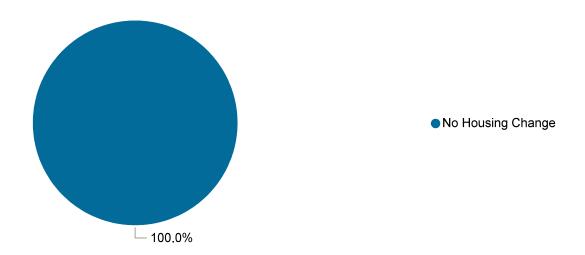




The data below reflect the living situations of justice-involved and atrisk youth served in publicly funded treatment services.

No youth served in publicly funded treatment services experienced homelessness 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
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	27	0.0%	0.0%
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	13	0.0%	0.0%
Total	37	0.0%	0.0%

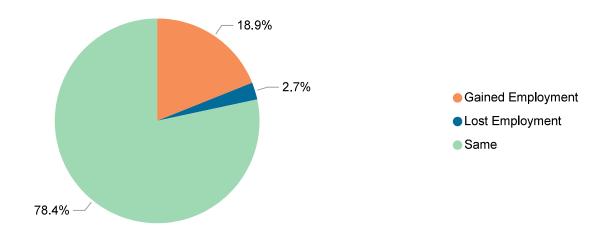




The data below reflect the employment of justice-involved and at-risk youth served in publicly funded treatment services.

The rate of employment for youth served in publicly funded treatment services increased.

Clients Who Gained, Lost, or Had No Change in Employment from Admission to Discharge



Client Employment at Admission and Discharge

Treatment Services	Unduplicated Client Count	Employment at Admission	Employment at Discharge
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	27	32.1%	53.6%
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	13	15.4%	30.8%
Total	37	26.3%	44.7%



Arrest History

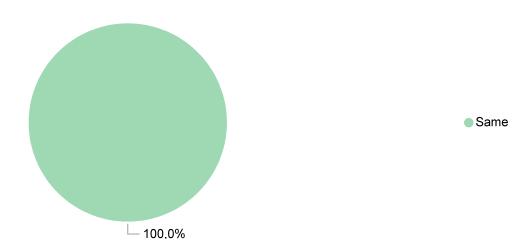


Clients are asked at the start of treatment and at the end of treatment, "In the past 30 days, how many times have you been arrested?" Only clients who completed this question at time of admission and time of discharge are included.

Client responses on these surveys are then broken out by the type of treatment service they received.

No youth served in publicly funded treatment services reported an arrest in the past 30 days

Clients Who Had More, Fewer, or the Same Number of Arrests at Discharge Compared to Admission



Clients Who Had One or More Arrests Within 30 Days of Admission and Discharge

Treatment Services	Unduplicated Client Count		
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	1	0.0%	0.0%
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	1	0.0%	0.0%
Total	1	0.0%	0.0%



General Health

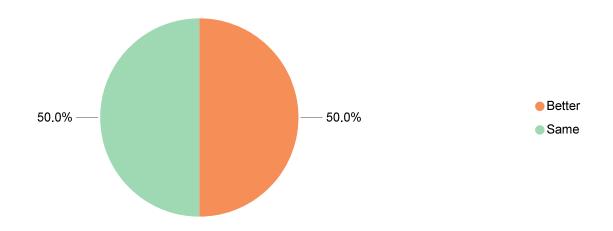


Clients are asked at the start of treatment and at the end of treatment, "Would you say that in general your health is?" Clients could answer in a range from 1-"Poor" to 5-"Excellent". Only clients who completed this question at time of admission and time of discharge are included.

Clients' responses on these surveys are then broken out by the type of treatment service they received. If they received multiple types of treatment services in FY24, their responses are counted once in each service.

The majority of youth served in publicly funded treatment services reported an increase to general health.

Clients Who Had Better, Worse, or the Same General Health Rating at Discharge Compared to Admission



General Health Rating: 1-Poor; 2-Fair; 3-Good; 4-Very Good; 5-Excellent

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	1	2.00	3.00	1.00	50.0%
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	2	2.50	3.00	0.50	20.0%
Total	2	2.50	3.00	0.50	20.0%



Physical Health

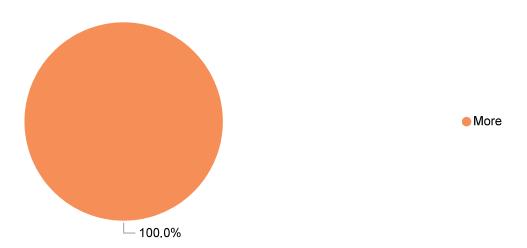


Clients are asked at the start of treatment and at the end of treatment, "Now thinking about your physical health, which includes physical illness and injury, how many days during the past 30 days was your physical health not good?" Only clients who completed this question at time of admission and time of discharge are included.

Clients' responses on these surveys are then broken out by the type of treatment service they received. If they received multiple types of treatment services in FY24, their responses are counted once in each service.

Youth served in publicly funded treatment services reported an increase in days spent in poor physical health.

Clients Who Had More, Fewer, or the Same Number of Days Spent in Poor Physical Health at Discharge Compared to Admission



How Many Days Within the Past 30 Days Have You Spent in Poor Physical Health?

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	1	15.00	30.00	15.00	100.0%
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	2	7.50	17.00	9.50	126.7%
Total	2	7.50	17.00	9.50	126.7%



Mental Health

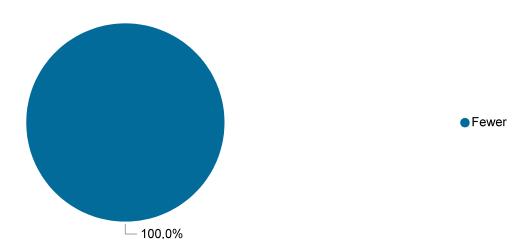


Clients are asked at the start of treatment and at the end of treatment, "Now thinking about your mental health, which includes stress, depression, and problems with emotions, how many days during the past 30 days was your mental health not good?" Only clients who completed this question at time of admission 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.

Youth served in publicly funded treatment services reported a decrease in days of poor mental health.

Clients Who Had More, Fewer, or the Same Number of Days Spent in Poor Mental Health at Discharge Compared to Admission



How Many Days Within the Past 30 Days Have You Spent in Poor Mental Health?

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	1	20.00	10.00	-10.00	-50.0%
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	2	17.50	6.00	-11.50	-65.7%
Total	2	17.50	6.00	-11.50	-65.7%



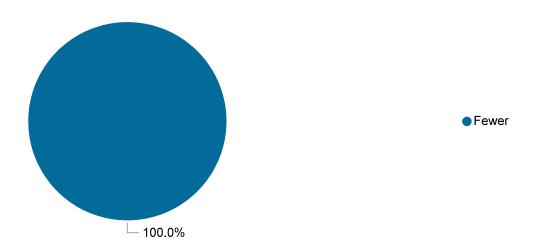
Physical or Mental Health Prevented Normal Activities

Clients are asked at the start of treatment and at the end of treatment, "During the past 30 days, approximately how many days did your poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?" Only clients who completed this question at time of admission and time of discharge are included.

Clients' responses on these surveys are then broken out by the type of treatment service they received. If they received multiple types of treatment services in FY24, their responses are counted once in each service.

Youth served in publicly funded treatment services reported a decrease in days in which their physical or mental health prevented them from engaging in normal activities.

Clients Who Had More, Fewer, or the Same Number of Days Where Their Poor Physical or Mental Health Prevented Normal Activities at Discharge Compared to Admission



Number of Days Poor Physical or Mental Health Prevented Normal Activities

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	1	20.00	10.00	-10.00	-50.0%
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	2	12.00	5.00	-7.00	-58.3%
Total	2	12.00	5.00	-7.00	-58.3%



Reported Attempts to Die by Suicide



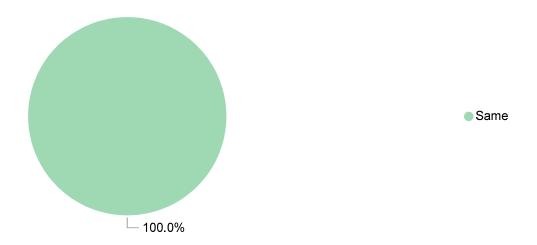
f you, or someone you know, is in need of crisis support, or experiencing emotional distress, call or text 988, or chat at https://988lifeline.org/.

Clients are asked at the start of treatment and at the end of treatment, "How many times have you tried to commit suicide in the past 6 months?" Only clients who completed this question at time of admission and time of discharge are included.

Clients' responses on these surveys are then broken out by the type of treatment service they received. If they received multiple types of treatment services in FY24, their responses are counted once in each service.

At discharge, youth served in publicly funded treatment services reported no attempts to die by suicide in the past 6 months.

Clients Who Had More, Fewer, or the Same Number of Attempts to Die by Suicide in the Past 6 Months



In the Past 6 Months How Many Times Have You Attempted to Die by Suicide?

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	1	0.00	0.00	0.00	NaN
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	2	0.00	0.00	0.00	NaN
Total	2	0.00	0.00	0.00	NaN



Visits to Emergency Department



Clients are asked at the start of treatment and at the end of treatment, "How many times have you gone to an emergency room for a psychiatric or emotional problem in the past 6 months?" Only clients who completed this question at time of admission and time of discharge are included.

Clients who had at least one emergency department visit prior to receiving treatment services are included.

Clients' responses on these surveys are then broken out by the type of treatment service they received. If they received multiple types of treatment services in FY24, their responses are counted once in each service.

There were no youth who completed both an admission outcome tool and discharge outcome tool for inclusion in this outcome.

Clients Who Had More, Fewer, or the Same Number of Visits to the Emergency Department at Discharge Compared to Admission

Unable to Report Due to Low Number of Outcome Tools.

How Many Times in the Past 6 Months Have You Visited the Emergency Department?

Treatment Services

Unduplicated 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 6 months?" Only clients who completed this question at time of admission and time of discharge are included.

Clients who had at least one night in a facility for detoxification prior to receiving treatment services are included.

Clients' responses on these surveys are then broken out by the type of treatment service they received. If they received multiple types of treatment services in FY24, their responses are counted once in each service.

There were no youth who completed both an admission outcome tool and discharge outcome tool for inclusion in this outcome.

Clients Who Had More, Fewer, or the Same Number of Days Spent in a Facility for Detoxification at Discharge Compared to Admission

Unable to Report Due to Low Number of Outcome Tools.

How Many Nights in the Past 6 Months Have You Spent in a Facility for Detoxification?

Treatment Services

Unduplicated Average Average Change Percent Client Count Initial Discharge Change

Total



Total

Justice-Involved Youth Services

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 6 months?" Only clients who completed this question at time of admission and time of discharge are included.

Clients who had at least one night in a facility for substance use treatment prior to receiving treatment services are included.

Clients' responses on these surveys are then broken out by the type of treatment service they received. If they received multiple types of treatment services in FY24, their responses are counted once in each service.

There were no youth who completed both an admission outcome tool and discharge outcome tool for inclusion in this outcome.

Clients Who Had More, Fewer, or the Same Number of Nights Spent in a Facility for Inpatient/Residential Substance Use Disorder Treatment at Discharge Compared to Admission

Unable to Report Due to Low Number of Outcome Tools.

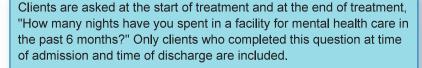
How Many Nights in the Past 6 Months Have You Spent in a Facility for Inpatient/Residential Substance Use Disorder Treatment?

Treatment Services

Unduplicated Average Average Change Percent
Client Count Initial Discharge Change



Hospital Admissions for Mental Health Care



Clients who had at least one night in a facility for mental health care prior to receiving treatment services are included.

Clients' responses on these surveys are then broken out by the type of treatment service they received. If they received multiple types of treatment services in FY24, their responses are counted once in each service.

There were no youth who completed both an admission outcome tool and discharge outcome tool for inclusion in this outcome.



Clients Who Had More, Fewer, or the Same Number of Nights in a Facility for Mental Health Care at Discharge Compared to Admission

Unable to Report Due to Low Number of Outcome Tools.

How Many Nights in the Past 6 Months Have You Spent in a Facility for Mental Health Care?

Treatment Services

Unduplicated 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 6 months?" Only clients who completed this question at time of admission and time of discharge are included.

Clients who had at least one night in a facility for illness, injury, or surgery prior to receiving treatment services are included.

Clients' responses on these surveys are then broken out by the type of treatment service they received. If they received multiple types of treatment services in FY24, their responses are counted once in each service.

There were no youth who completed both an admission outcome tool and discharge outcome tool for inclusion in this outcome.

Clients Who Had More, Fewer, or the Same Number of Nights in a Facility for Illness, Injury, or Surgery at Discharge Compared to Admission

Unable to Report Due to Low Number of Outcome Tools.

How Many Nights in the Past 6 Months Have You Spent in a Facility for Illness, Injury, or Surgery?

Treatment Services

Unduplicated Average Average Change Percent Client Count Initial Discharge Change

Total



Total

Justice-Involved Youth Services

Nights Spent in Correctional Facility

Clients are asked at the start of treatment and at the end of treatment, "How many nights have you spent in a correctional facility including JDC or jail (as a result of an arrest, parole, or probation violation) in the past 6 months?" Only clients who completed this question at time of admission and time of discharge are included.

Clients who had at least one night in a correctional facility prior to receiving treatment services are included.

Clients' responses on these surveys are then broken out by the type of treatment service they received. If they received multiple types of treatment services in FY24, their responses are counted once in each service.

There were no youth who completed both an admission outcome tool and discharge outcome tool for inclusion in this outcome.

Clients Who Had More, Fewer, or the Same Number of Nights in a Correctional Facility at Discharge Compared to Admission

Unable to Report Due to Low Number of Outcome Tools.

How Many Nights in the Past 6 Months Have You Spent in a Correctional Facility?

Treatment Services

Unduplicated Average Average Change Percent
Client Count Initial Discharge Change



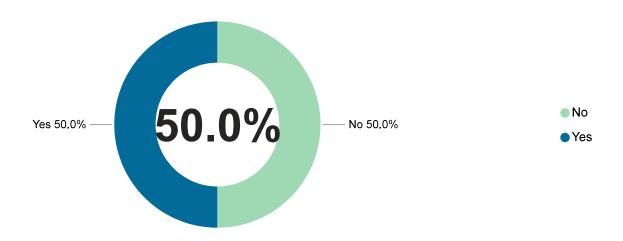
Attended School



The data below reflect the percent of youth clients who attended school at least once in the three months prior to discharging from services.

Most youth clients served in publicly funded treatment services attended school in the past three months.

Attended School in Past Three Months



Youth Attended School

	No		Yes		Tota	
Treatment Services	N	%	N	%	N	%
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth			1	100.0 %	1	100.0%
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	1	50.0%	1	50.0%	2	100.0%
Total	1	50.0%	1	50.0%	2	100.0%



General Satisfaction with Services

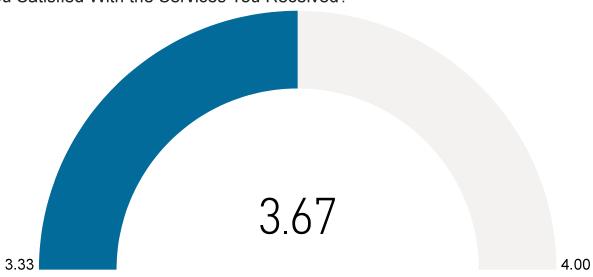
Clients are asked at discharge to rate how strongly they agree with six different questions pertaining to their overall satisfaction with treatment services they received. The average of these six responses is given below. To see specific questions, please see Appendix B.

Clients' responses on these surveys are then broken out by the type of treatment service they received. If they received multiple types of treatment services in FY24, their responses are counted once in each service.

Youth served in publicly funded treatment services reported satisfaction with the services they received.



Were You Satisfied With the Services You Received?



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	on
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth		1	3.33
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)		2	3.67
Total		2	3.67



Improved Functioning

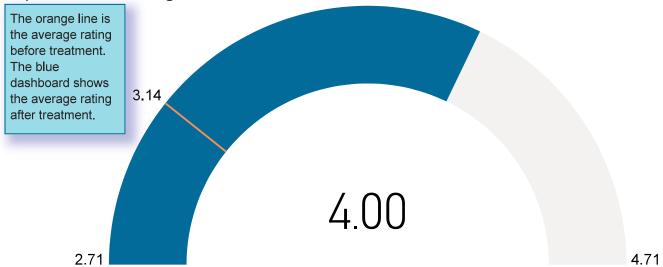


Clients are asked at discharge to rate how strongly they agree with seven different questions pertaining to their perception of their mental health and social well-being before and after the services they received. The average of these seven responses is given below. To see specific questions, please see Appendix B.

Clients' responses on these surveys are then broken out by the type of treatment service they received. If they received multiple types of treatment services in FY24, their responses are counted once in each service.

Youth served in publicly funded treatment services reported improved functioning as a result of services received.

Improved Functioning



Improved Functioning Ratings: 0-Refused to Respond; 1-Strongly Disagree; 2-Disagree; 3-Undecided; 4-Agree; 5-Strongly Agree

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	1	3.57	3.29	-0.29	-8.0%
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	2	3.14	4.00	0.86	27.3%
Total	2	3.14	4.00	0.86	27.3%



Social Connectedness

Clients are asked at discharge to rate how strongly they agree with four different questions pertaining to their connections with their family, friends, and community. The average of these four responses is given below. To see specific questions, please see Appendix B.

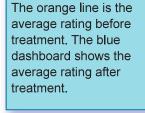
Clients' responses on these surveys are then broken out by the type of treatment service they received. If they received multiple types of treatment services in FY24, their responses are counted once in each service.

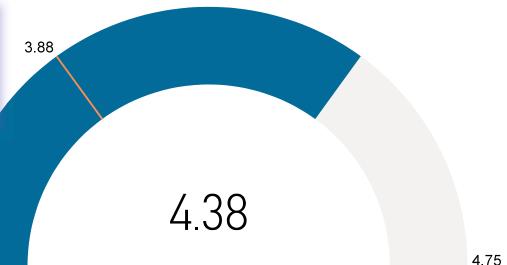


Youth served in publicly funded treatment services reported improved social connectedness.

Social Connectedness

3.50





Social Connectedness Ratings: 0-Refused to Respond; 1-Strongly Disagree; 2-Disagree; 3-Undecided; 4-Agree; 5-Strongly Agree

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	1	3.50	4.00	0.50	14.3%
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	2	3.88	4.38	0.50	12.9%
Total	2	3.88	4.38	0.50	12.9%



Participation in Treatment Planning

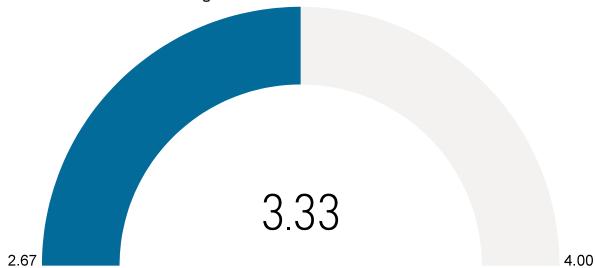


Clients are asked at discharge to rate how strongly they agree with three different questions pertaining to their participation in treatment planning for services they received. The average of these three responses is given below. To see specific questions, please see Appendix B.

Clients' responses on these surveys are then broken out by the type of treatment service they received. If they received multiple types of treatment services in FY24, their responses are counted once in each service.

Youth served in publicly funded treatment services reported high levels of participation in treatment planning.





Participation in Treatment Planning Ratings: 0-Refused to Respond; 1-Strongly Disagree; 2-Disagree; 3-Undecided; 4-Agree; 5-Strongly Agree

Treatment Services	Unduplicated Client Count	Participation in Treatment Planning
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	1	2.67
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	2	3.33
Total	2	3.33



Cultural Sensitivity of Staff



Clients are asked at discharge to rate how strongly they agree with four different questions pertaining to the cultural sensitivity of staff. The average of these four responses is given below. To see specific questions, please see Appendix B.

Clients' responses on these surveys are then broken out by the type of treatment service they received. If they received multiple types of treatment services in FY24, their responses are counted once in each service.

Youth served in publicly funded treatment services reported they felt staff were culturally sensitive.

4.00

Cultural Sensitivity of Staff

4.00

4.00

Cultural Sensitivity Ratings: 0-Refused to Respond; 1-Strongly Disagree; 2-Disagree; 3-Undecided; 4-Agree; 5-Strongly Agree

Treatment Services	Unduplicated Client Count	Cultural Sensitivity of Staff
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	1	4.00
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	2	4.00
Total	2	4.00



Access to Services



Clients are asked at discharge to rate how strongly they agree with two different questions pertaining to the ease and convenience of accessing the services they received. The average of these two responses is given below. To see specific questions, please see Appendix B.

Clients' responses on these surveys are then broken out by the type of treatment service they received. If they received multiple types of treatment services in FY24, their responses are counted once in each service.

Youth served in publicly funded treatment services reported ease and convenience when accessing services.

Access to Services

4.00

4.00

Access to Services Ratings: 0-Refused to Respond; 1-Strongly Disagree; 2-Disagree; 3-Undecided; 4-Agree; 5-Strongly Agree

Treatment Services	Unduplicated Client Count	Access to Services
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth		1 4.00
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	;	2 4.00
Total		2 4.00



Internalizing Disorder



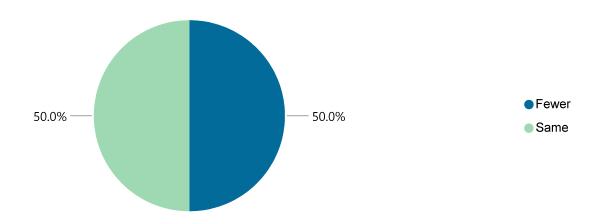
Youth clients complete the Global Appraisal of Individual Needs Short Screener (GAIN-SS) at admission and discharge.

Clients are asked to rate if they experienced various symptoms related to internalizing disorders within the last month. Examples of internalizing symptoms of disorders include feeling trapped, depressed, trouble sleeping, suicidal ideation, and uncontrollable thoughts. Client responses are scored on a range from 0- "No Symptoms" to 6- "All Symptoms." Only clients who had a score at time of admission and time of discharge are included. The average of these responses is given below.

Clients' responses on these surveys are then broken out by the type of treatment service they received. If they received multiple types of treatment services in FY24, their responses are counted once in each service.

Youth served in publicly funded treatment services experienced a decrease in symptoms of internalizing disorders.

Clients Who Had More, Fewer, or the Same Number of Symptoms at Discharge Compared to Admission



Internalizing Disorder Range: 0-"No Symptoms" to 6-"All Evaluated Symptoms"

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	1	3.00	2.00	-1.00	-33.3%
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	2	3.50	3.00	-0.50	-14.3%
Total	2	3.50	3.00	-0.50	-14.3%



Externalizing Disorder



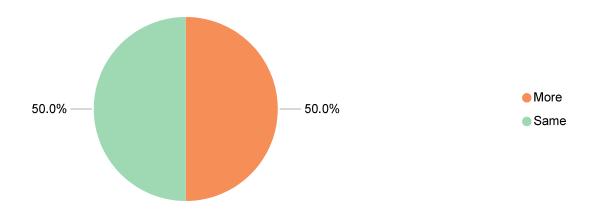
Youth clients complete the Global Appraisal of Individual Needs Short Screener (GAIN-SS) at admission and discharge.

Clients are asked to rate if they experienced various symptoms related to externalizing disorders within the last month. Examples of externalizing symptoms of disorders include lying, inattention at school, difficulty listening to instructions or waiting, threatening others, and fighting. Client responses are scored on a range from 0-"No Symptoms" to 6-"All Symptoms." Only clients who had a score at time of admission and time of discharge are included. The average of these responses is given below.

Clients' responses on these surveys are then broken out by the type of treatment service they received. If they received multiple types of treatment services in FY24, their responses are counted once in each service.

Youth served in publicly funded treatment services experienced an increase in symptoms of externalizing disorders.

Clients Who Had More, Fewer, or the Same Number of Symptoms at Discharge Compared to Admission



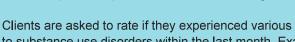
Externalizing Disorder Range: 0-"No Symptoms" to 6-"All Evaluated Symptoms"

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	1	3.00	4.00	1.00	33.3%
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	2	3.50	4.00	0.50	14.3%
Total	2	3.50	4.00	0.50	14.3%



Justice-Involved Youth Services

Substance Use Disorder



Screener (GAIN-SS) at admission and discharge.

Clients are asked to rate if they experienced various symptoms related to substance use disorders within the last month. Examples of substance use disorder symptoms include alcohol and drug use, continued use despite causing social disruptions, reduced involvement in positive/productive hobbies, and withdrawal symptoms. Client responses are scored on a range from 0-"No Symptoms" to 6-"All Symptoms." Only clients who had a score at time of admission and time of discharge are included. The average of these responses is given below.

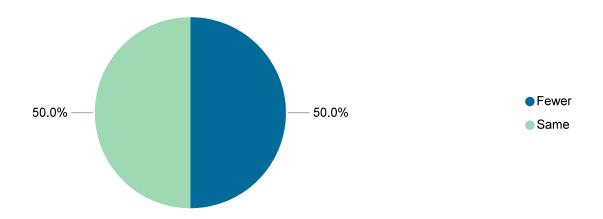
Youth clients complete the Global Appraisal of Individual Needs Short

Clients' responses on these surveys are then broken out by the type of treatment service they received. If they received multiple types of treatment services in FY24, their responses are counted once in each service.

> Youth served in publicly funded treatment services experienced a decrease in symptoms of substance use disorders.



Clients Who Had More, Fewer, or the Same Number of Symptoms at Discharge Compared to Admission



Substance Use Disorder Range: 0-"No Symptoms" to 6-"All Evaluated Symptoms"

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	1	4.00	4.00	0.00	0.0%
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	2	4.50	4.00	-0.50	-11.1%
Total	2	4.50	4.00	-0.50	-11.1%

Fiscal Year 2024 245



Justice-Involved Youth Services

Crime and Violence



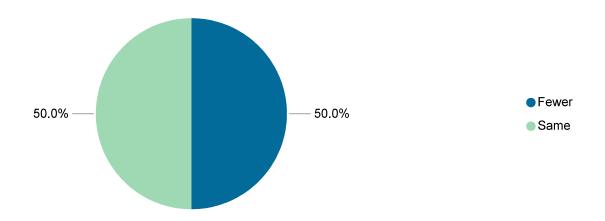
Youth clients complete the Global Appraisal of Individual Needs Short Screener (GAIN-SS) at admission and discharge.

Clients are asked to rate if they experienced various behaviors related to crime and violence within the last month. Examples of crime and violence include physically grabbing or shoving someone during a disagreement, driving while under the influence of illicit substances or alcohol, and stealing from a store. Client responses are scored on a range from 0-"No Symptoms" to 6-"All Symptoms." Only clients who had a score at time of admission and time of discharge are included. The average of these responses is given below.

Clients' responses on these surveys are then broken out by the type of treatment service they received. If they received multiple types of treatment services in FY24, their responses are counted once in each service.

Youth served in publicly funded treatment services experienced a decrease in behaviors related to crime and violence.

Clients Who Had More, Fewer, or the Same Number of Symptoms at Discharge Compared to Admission



Crime and Violence Range: 0-"No Symptoms" to 6-"All Evaluated Symptoms"

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	1	4.00	4.00	0.00	0.0%
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	2	5.00	4.50	-0.50	-10.0%
Total	2	5.00	4.50	-0.50	-10.0%



Justice-Involved Youth Services

Functional Family Therapy (FFT)

The information below is collected from the FFT therapist on all families who complete FFT treatment services.

The Therapist Outcome Measure (TOM) is completed by the therapist when the family is discharged from FFT treatment services. The TOM measures changes in behavior and functioning of the youth and family. Higher percentages indicate better outcomes and positive increases in the indicated areas.

The Client Outcome Measure-Youth (COM-Y) is completed by the youth when the family completes FFT treatment services. The COM-Y measures changes in behavior and functioning of the youth and family. Higher percentages indicate better outcomes and positive increases in the indicated areas.

Client Outcome Measure-Youth (COM-Y)

Program	Unduplicated	General	Communication	Youth	Caregiver	Caregiver	Family
	Client Count	Change	Skills	Behavior	Skills	Supervision	Conflict
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	7	57.1%	85.7%	85.7%	57.1%	100.0%	57.1%

Therapist Outcome Measure (TOM)

Discharge Status	Unduplicated Client Count	General Change	Communication Skills	Youth Behavior	Caregiver Skills	Caregiver Supervision	Family Conflict
Services Not Completed or Unsuccessful Discharge	16	12.5%	18.8%	12.5%	18.8%	18.8%	18.8%
Successful Discharge	6	66.7%	66.7%	66.7%	66.7%	83.3%	66.7%
Total	22	27.3%	31.8%	27.3%	31.8%	36.4%	31.8%

Outcomes of Services

Discharge Status	Unduplicated Client Count	Youth Remains in Community	3	
Sevices Not Completed or Unsuccessful Discharge	16	87.5%	75.0%	50.0%
Successful Discharge	6	100.0%	100.0%	66.7%
Total	22	90.9%	81.8%	54.5%



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Family Perceptions of Justice-Involved and At-Risk Youth Services

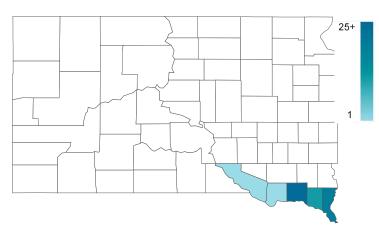


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Family Perceptions of JusticeInvolved and At-Risk Youth Services

County of Residence for Clients Who Received Publicly Funded Services



Treatment Services	Publicly Funded Clients Served	Average Duration of Treatment (Days)
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	52	235
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	21	373



Clients Served (Publicly Funded)

66

Publicly Funded Clients with Serious Emotional Disturbance (SED)

62



Veterans Served (Publicly Funded)

0

Publicly Funded Clients Who Successfully Completed Treatment

15





This section presents data on the family or guardian's perception of the outcomes and differences in the youth's behavior and mental health from the perspective of those who oversee or care for the youth.



Arrest History

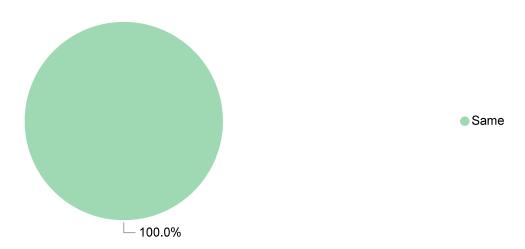


Families of youth clients are asked at the start of treatment and at the end of treatment, "In the past 30 days, how many times has your child been arrested?" Only families of youth who completed this question at time of admission and time of discharge are included.

Families' responses on these surveys are then broken out by the type of treatment service their youth received.

At discharge, families of youth served in publicly funded treatment services reported no change in arrests their youth experienced in the past 30 days.

Families Who Reported Youth Clients Had More, Fewer, or the Same Number of Arrests at Discharge Compared to Admission



Families Who Reported Youth Clients With One or More Arrests Within 30 Days of Admission and Discharge

Treatment Services	Unduplicated Client Count		
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	1	0.0%	0.0%
Total	1	0.0%	0.0%



General Health

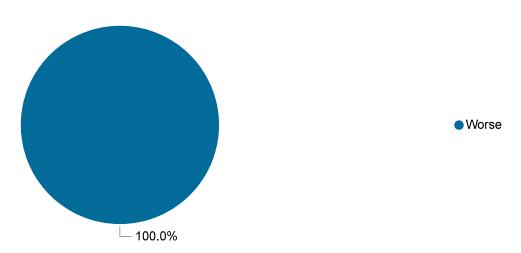


Families of youth clients are asked at the start of treatment and at the end of treatment, "Would you say that in general your child's health is?" Families of youth clients could answer in a range from 1-"Poor" to 5-"Excellent". Only families of youth who completed this question at time of admission and time of discharge are included.

Families' responses on these surveys are then broken out by the type of treatment service their youth received. If their youth received multiple types of treatment services in FY24, families' responses are counted once in each service.

Families of youth served in publicly funded treatment services reported a decrease in their youth's general health.

Families Who Reported Youth Clients Had Better, Worse, or the Same General Health Rating at Discharge Compared to Admission



General Health Rating: 1-Poor; 2-Fair; 3-Good; 4-Very Good; 5-Excellent

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	1	5.00	4.00	-1.00	-20.0%
Total	1	5.00	4.00	-1.00	-20.0%



Physical Health

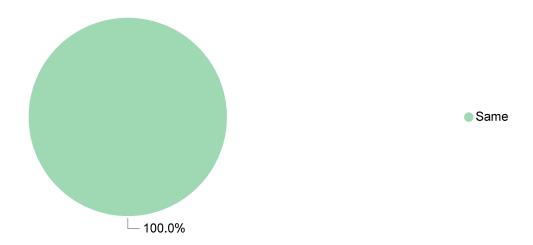


Families of youth clients are asked at the start of treatment and at the end of treatment, "Now thinking about your child's physical health, which includes physical illness and injury, how many days during the past 30 days was your child's physical health not good?" Only families of youth who completed this question at time of admission and time of discharge are included.

Families' responses on these surveys are then broken out by the type of treatment service their youth received. If their youth received multiple types of treatment services in FY24, families' responses are counted once in each service.

Families of youth served in publicly funded treatment services reported their youth had no change in days spent in poor physical health.

Families Who Reported Youth Clients Had More, Fewer, or the Same Number of Days Spent in Poor Physical Health at Discharge Compared to Admission



How Many Days Within the Past 30 Days Has Your Child Spent in Poor Physical Health?

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	1	0.00	0.00	0.00	NaN
Total	1	0.00	0.00	0.00	NaN



Mental Health

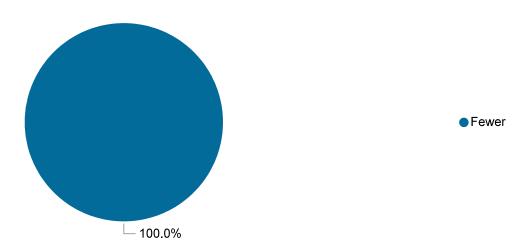


Families of youth clients are asked at the start of treatment and at the end of treatment, "Now thinking about your child's mental health, which includes stress, depression, and problems with emotions, how many days during the past 30 days was your child's mental health not good?" Only families of youth who completed this question at time of admission and time of discharge are included.

Families' responses on these surveys are then broken out by the type of treatment service their youth received. If their youth received multiple types of treatment services in FY24, families' responses are counted once in each service.

Families of youth served in publicly funded treatment services reported their youth had a decrease in days of poor mental health.

Families Who Reported Youth Clients Spent More, Fewer, or the Same Number of Days Spent in Poor Mental Health at Discharge Compared to Admission



How Many Days Within the Past 30 Days Has Your Child Spent in Poor Mental Health?

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	1	15.00	10.00	-5.00	-33.3%
Total	1	15.00	10.00	-5.00	-33.3%



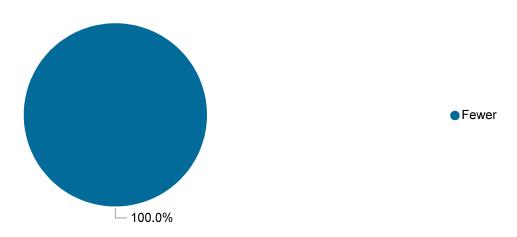
Physical or Mental Health Prevented Normal Activities

Families of youth clients are asked at the start of treatment and at the end of treatment, "During the past 30 days, approximately how many days did your child's poor physical or mental health keep them from doing your child's usual activities, such as self-care, work, or recreation?" Only families of youth who completed this question at time of admission and time of discharge are included.

Families' responses on these surveys are then broken out by the type of treatment service their youth received. If their youth received multiple types of treatment services in FY24, families' responses are counted once in each service.

Families of youth served in publicly funded treatment services reported their youth had a decrease in days in which their physical or mental health prevented them from engaging in normal activities.

Families Who Reported Youth Clients Had More, Fewer, or the Same Number of Days Where Their Poor Physical or Mental Health Prevented Normal Activities at Discharge Compared to Admission



Number of Days Poor Physical or Mental Health Prevented Normal Activities

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	1	10.00	0.00	-10.00	- 100.0%
Total	1	10.00	0.00	-10.00	-100.0%



Reported Attempts to Die by Suicide



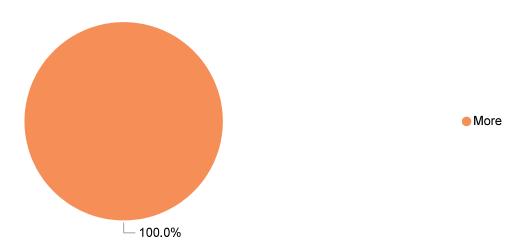
need of crisis support, or experiencing emotional distress, call or text 988, or chat at https://988lifeline.org/.

Families of youth clients are asked at the start of treatment and at the end of treatment, "How many times has your child tried to commit suicide in the past 6 months?" Only families of youth who completed this question at time of admission and time of discharge are included.

Families' responses on these surveys are then broken out by the type of treatment service their youth received. If their youth received multiple types of treatment services in FY24, families' responses are counted once in each service.

At discharge, families of youth served in publicly funded treatment services reported their youth had an increase in attempts to die by suicide in the past 6 months.

Families Who Reported Youth Clients Had More, Fewer, or the Same Number of Attempts to Die by Suicide in the Past 6 Months



In the Past 6 Months How Many Times Has Your Child Attempted to Die by Suicide?

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	1	0.00	1.00	1.00	Infinity
Total	1	0.00	1.00	1.00	Infinity



Visits to Emergency Department



Total

Families of youth clients are asked at the start of treatment and at the end of treatment, "How many times has your child gone to an emergency room for a psychiatric or emotional problem in the past 6 months?" Only families of youth who completed this question at time of admission and time of discharge are included.

Families of youth clients who had at least one emergency department visit prior to receiving treatment services are included.

Families' responses on these surveys are then broken out by the type of treatment service their youth received. If their youth received multiple types of treatment services in FY24, families' responses are counted once in each service.

There were no families who completed both an admission outcome tool and discharge outcome tool for inclusion in this outcome.

Families Who Reported Youth Clients Had More, Fewer, or the Same Number of Visits to the Emergency Department at Discharge Compared to Admission

Unable to Report Due to Low Number of Outcome Tools.

How Many Times in the Past 6 Months Has Your Child Visited the Emergency Department?

Treatment Services

Unduplicated Average Average Change Percent
Client Count Initial Discharge Change



Detoxification Services



Families of youth clients are asked at the start of treatment and at the end of treatment, "How many nights has your child spent in a facility for detoxification in the past 6 months?" Only families of youth who completed this question at time of admission and time of discharge are included.

Families of youth clients who had at least one night in a facility for detoxification prior to receiving treatment services are included.

Families' responses on these surveys are then broken out by the type of treatment service their youth received. If their youth received multiple types of treatment services in FY24, families' responses are counted once in each service.

There were no families who completed both an admission outcome tool and discharge outcome tool for inclusion in this outcome.

Families Who Reported Youth Clients Had More, Fewer, or the Same Number of Nights Spent in a Facility for Detoxification at Discharge Compared to Admission

Unable to Report Due to Low Number of Outcome Tools.

How Many Nights in the Past 6 Months Has Your Child Spent in a Facility for Detoxification?

Treatment Services

Unduplicated Average Average Change Percent Client Count Initial Discharge Change

Total



Inpatient Substance Use Disorder Treatment Services



Total

Families of youth clients are asked at the start of treatment and at the end of treatment, "How many nights has your child spent in a facility for inpatient/residential substance use disorder treatment in the past 6 months?" Only families of youth who completed this question at time of admission and time of discharge are included.

Families of youth clients who had at least one night in a facility for substance use treatment prior to receiving treatment services are included.

Families' responses on these surveys are then broken out by the type of treatment service their youth received. If their youth received multiple types of treatment services in FY24, families' responses are counted once in each service.

There were no families who completed both an admission outcome tool and discharge outcome tool for inclusion in this outcome.

Families Who Reported Youth Clients Had More, Fewer, or the Same Number of Nights Spent in a Facility for Inpatient/Residential Substance Use Disorder Treatment at Discharge Compared to Admission

Unable to Report Due to Low Number of Outcome Tools.

How Many Nights in the Past 6 Months Has Your Child Spent in a Facility for Inpatient/Residential Substance Use Disorder Treatment?

Treatment Services Unduplicated Average Average Change Percent Client Count Initial Discharge Change



Hospital Admissions for Mental Health Care



Families of youth clients are asked at the start of treatment and at the end of treatment, "How many nights has your child spent in a facility for mental health care in the past 6 months?" Only families of youth who completed this question at time of admission and time of discharge are included.

Families of youth clients who had at least one night in a facility for mental health care prior to receiving treatment services are included.

Families' responses on these surveys are then broken out by the type of treatment service they received. If their youth received multiple types of treatment services in FY24, families' responses are counted once in each service.

There were no families who completed both an admission outcome tool and discharge outcome tool for inclusion in this outcome.

Families Who Reported Youth Clients Had More, Fewer, or the Same Number of Nights in a Facility for Mental Health Care at Discharge Compared to Admission

Unable to Report Due to Low Number of Outcome Tools.

How Many Nights in the Past 6 Months Has Your Child Spent in a Facility for Mental Health Care?

Treatment Services

Unduplicated Average Average Change Percent Client Count Initial Discharge Change Change



Illness, Injury, or Surgery



Families of youth clients are asked at the start of treatment and at the end of treatment, "How many nights has your child spent in a facility for illness, injury, or surgery in the past 6 months?" Only families of youth who completed this question at time of admission and time of discharge are included.

Families of youth clients who had at least one night in a facility for illness, injury, or surgery prior to receiving treatment services are included.

Families' responses on these surveys are then broken out by the type of treatment service their youth received. If their youth received multiple types of treatment services in FY24, families' responses are counted once in each service.

There were no families who completed both an admission outcome tool and discharge outcome tool for inclusion in this outcome.

Families Who Reported Youth Clients Had More, Fewer, or the Same Number of Nights in a Facility for Illness, Injury, or Surgery at Discharge Compared to Admission

Unable to Report Due to Low Number of Outcome Tools.

How Many Nights in the Past 6 Months Has Your Child Spent in a Facility for Illness, Injury, or Surgery?

Treatment Services

Unduplicated Average Average Change Percent Client Count Initial Discharge Change

Total



Nights Spent in Correctional Facility



Families of youth clients are asked at the start of treatment and at the end of treatment, "How many nights has your child spent in a correctional facility including JDC or jail (as a result of an arrest, parole or probation violation) in the past 6 months?" Only families of youth who completed this question at time of admission and time of discharge are included.

Families of youth clients who had at least one night in a correctional facility prior to receiving treatment services are included.

Families' responses on these surveys are then broken out by the type of treatment service they received. If their youth received multiple types of treatment services in FY24, families' responses are counted once in each service.

There were no families who completed both an admission outcome tool and discharge outcome tool for inclusion in this outcome.

Families Who Reported Youth Clients Had More, Fewer, or the Same Number of Nights in a Correctional Facility at Discharge Compared to Admission

Unable to Report Due to Low Number of Outcome Tools.

How Many Nights in the Past 6 Months Has Your Child Spent in a Correctional Facility?

Treatment Services Unduplicated Average Average Change Percent Client Count Initial Discharge Change

Total



Attended School

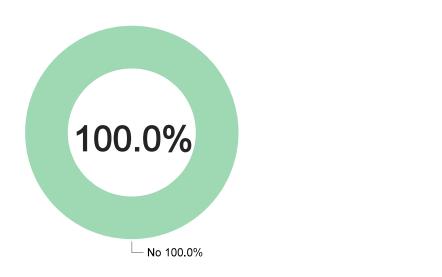


The data below reflect the percent of families who report youth clients who attended school at least once in the three months prior to discharging from services.

At discharge, most families of youth served in publicly funded treatment services reported their youth attended school at least once in the past three months.

No

Attended School in Past Three Months



Youth Attended School

	INC)	10	tai
Treatment Services	N	%	N	%
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	1	100.0%	1	100.0%
Total	1	100.0%	1	100.0%



General Satisfaction with Services

Families of youth clients are asked at discharge to rate how strongly they agree with six different questions pertaining to their overall satisfaction with treatment services their youth received. The average of these six responses is given below. To see specific questions, please see Appendix B.

Families' responses on these surveys are then broken out by the type of treatment service their youth received. If their youth received multiple types of treatment services in FY24, families' responses are counted once in each service.

Families of youth served in publicly funded treatment services reported satisfaction with the services their youth received.

4.00



Were You Satisfied With the Services Your Youth Received?

4.00

4.00

General Satisfaction Ratings: 0-Refused to Respond; 1-Strongly Disagree; 2-Disagree; 3-Undecided: 4-Agree: 5-Strongly Agree

Treatment Services	Unduplicated Client Count	General Satisfaction with Services
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	1	4.00
Total	1	4.00



Improved Functioning



Families of youth clients are asked at discharge to rate how strongly they agree with seven different questions pertaining to their perception of their youth's mental health and social well-being before and after the services they received. The average of these seven responses is given below. To see specific questions, please see Appendix B.

Families' responses on these surveys are then broken out by the type of treatment service their youth received. If their youth received multiple types of treatment services in FY24, families' responses are counted once in each service.

There were no families who completed both an admission outcome tool and discharge outcome tool for inclusion in this outcome.

Improved Functioning

The orange line is the average rating before treatment. The blue dashboard shows the average rating after treatment.

(Blank)

(Blank) (Blank)

Improved Functioning Ratings: 0-Refused to Respond; 1-Strongly Disagree; 2-Disagree; 3-Undecided; 4-Agree; 5-Strongly Agree

Treatment Services

Unduplicated Client Count

Average Initial Average Discharge Change Percent Change

Total

Unable to Report Due to Low Number of Outcome Tools.



Social Connectedness



Families of youth clients are asked at discharge to rate how strongly they agree with four different questions pertaining to their youth's connections with their family, friends, and community. The average of these four responses is given below. To see specific questions, please see Appendix B.

Families' responses on these surveys are then broken out by the type of treatment service their youth received. If their youth received multiple types of treatment services in FY24, families' responses are counted once in each service.

Families of youth served in publicly funded treatment services reported improved social connectedness for their youth.

Social Connectedness

The orange line is the average rating before treatment. The blue dashboard shows the average rating after treatment.

3.75

3.75

3.75

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
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT) Total	1	3.75	3.75	0.00	0.0%
	1	3.75	3.75	0.00	0.0%



Participation in Treatment Planning



Families of youth clients are asked at discharge to rate how strongly they agree with three different questions pertaining to their participation in treatment planning for services their youth received. The average of these three responses is given below. To see specific questions, please see Appendix B.

Families' responses on these surveys are then broken out by the type of treatment service their youth received. If their youth received multiple types of treatment services in FY24, families' responses are counted once in each service.

Families of youth served in publicly funded treatment services reported high levels of participation in their youth's treatment planning.

Participation in Treatment Planning

5.00

5.00

5.00

Participation in Treatment Planning Ratings: 0-Refused to Respond; 1-Strongly Disagree; 2-Disagree; 3-Undecided; 4-Agree; 5-Strongly Agree

Treatment Services	Unduplicated Client Count	Participation in Treatment Planning
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT) Total	1	5.00 5.00



Cultural Sensitivity of Staff



Families of youth clients are asked at discharge to rate how strongly they agree with four different questions pertaining to the cultural sensitivity of staff. The average of these four responses is given below. To see specific questions, please see Appendix B.

Families' responses on these surveys are then broken out by the type of treatment service their youth received. If their youth received multiple types of treatment services in FY24, families' responses are counted once in each service.

Families of youth served in publicly funded treatment services reported they felt staff were culturally sensitive.

Cultural Sensitivity of Staff

5.00

5.00

5.00

Cultural Sensitivity of Staff Ratings: 0-Refused to Respond; 1-Strongly Disagree; 2-Disagree; 3-Undecided; 4-Agree; 5-Strongly Agree

Treatment Services	Unduplicated Client Count	Cultural Sensitivity of Staff
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	1	5.00
Total	1	5.00



Access to Services



Families of youth clients are asked at discharge to rate how strongly they agree with two different questions pertaining to the ease and convenience of accessing the services their youth received. The average of these two responses is given below. To see specific questions, please see Appendix B.

Families' responses on these surveys are then broken out by the type of treatment service their youth received. If their youth received multiple types of treatment services in FY24, families' responses are counted once in each service.

Families of youth served in publicly funded treatment services reported ease and convenience when accessing services.

Access to Services

5.00

5.00

Access to Services Ratings: 0-Refused to Respond; 1-Strongly Disagree; 2-Disagree; 3-Undecided; 4-Agree; 5-Strongly Agree

Treatment Services	Unduplicated Client Count	Access to Services
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)		1 5.00
Total		1 5.00



Functional Family Therapy (FFT)

The information below is collected from the FFT therapist on all families who complete FFT treatment services.

The Client Outcome Measure-Caregiver (COM-C) is completed by the caregiver when the family completes FFT treatment services. The COM-C measures changes in behavior and functioning of the youth and family. Higher percentages indicate better outcomes and positive increases in the indicated areas.

Client Outcome Measure-Ca	regiver (CC	OM-C)					
Treatment Service	Unduplicated Client Count	General Change	Communication Skills	Youth Behavior	Caregiver Skills	Caregiver Supervision	Family Conflict
Functional Family Therapy for Justice- Involved and At-Risk Youth (FFT)	8	62.5%	62.5%	62.5%	62.5%	62.5%	62.5%



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Appendix A: Outcome Tool Return Rates



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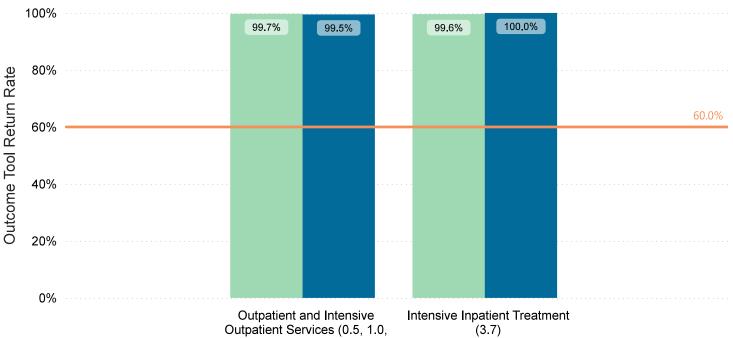


Adult SUD Outcome Tool Return Rates

Return rates in this section are for adult outcome tools. The return rate reflects tools collected and attempts to collect tools as clients may not always wish to complete the outcome tool.

The target return rate for attempted outcome tools is 60%, which is indicated in the graph below by the orange line.





Outpatient and Intensive Intensive Inpatient Treatmen
Outpatient Services (0.5, 1.0,
2.1 & 2.5)

(3.7)

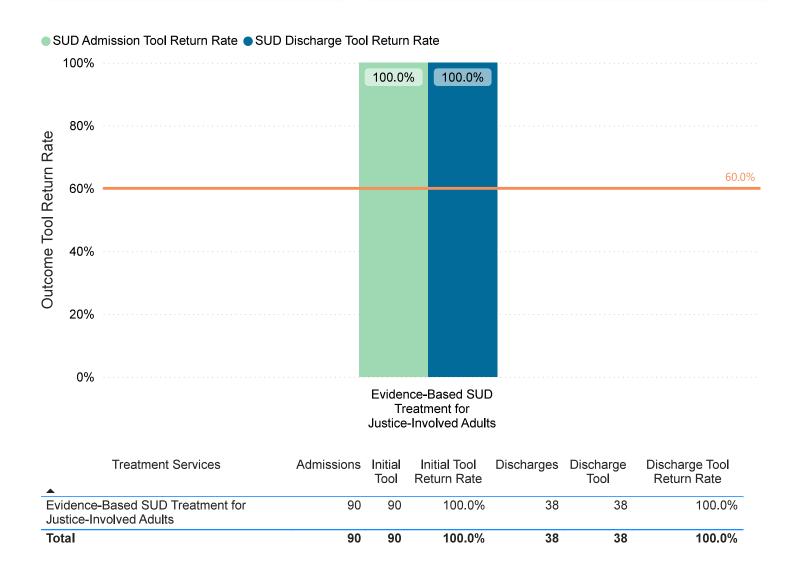
Treatment Services	Admissions	Initial Tool	Initial Tool Return Rate	Discharges	Discharge Tool	Discharge Tool Return Rate
Intensive Inpatient Treatment (3.7)	238	237	99.6%	186	186	100.0%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1 & 2.5)	369	368	99.7%	189	188	99.5%
Total	607	605	99.7%	375	374	99.7%



Adult Justice-Involved SUD Outcome Tool Return Rates

Return rates in this section are for adult justice-involved outcome tools. The return rate reflects tools collected and attempts to collect tools as clients may not always wish to complete the outcome tool.

The target return rate for attempted outcome tools is 60%, which is indicated in the graph below by the orange line.



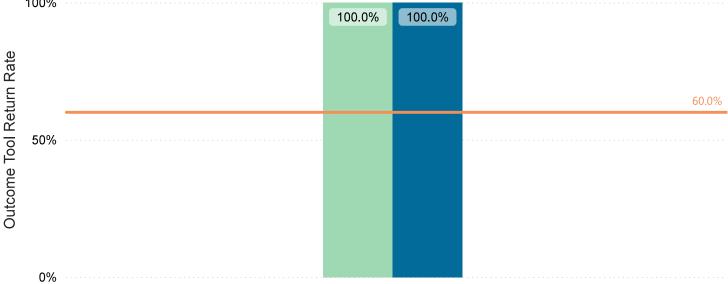


Youth SUD Outcome Tool Return Rates

Return rates in this section are for youth outcome tools. The return rate reflects tools collected and attempts to collect tools as clients may not always wish to complete the outcome tool.

The target return rate for attempted outcome tools is 60%, which is indicated in the graph below by the orange line.





Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1 & 2.5)

Treatment Services	Admissions	Initial Tool	Initial Tool Return Rate	Discharges	Discharge Tool	Discharge Tool Return Rate
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1 & 2.5)	32	32	100.0%	12	12	100.0%
Total	32	32	100.0%	12	12	100.0%

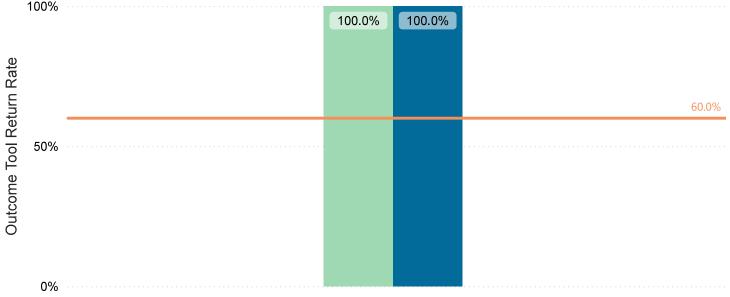


Family SUD Outcome Tool Return Rates

Return rates in this section reflect outcome tools completed by families of youth receiving SUD services. The return rate reflects tools collected and attempts to collect tools as clients may not always wish to complete the outcome tool.

The target return rate for attempted outcome tools is 60%, which is indicated in the graph below by the orange line.





Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1 & 2.5)

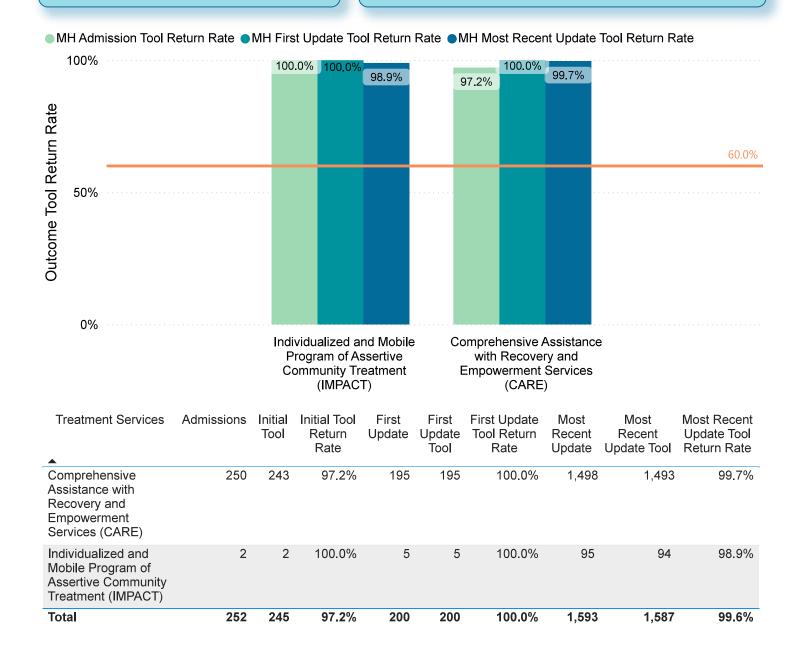
Treatment Services	Admissions	Initial Tool	Initial Tool Return Rate	Discharges	Discharge Tool	Discharge Tool Return Rate
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1 & 2.5)	32	32	100.0%	12	12	100.0%
Total	32	32	100.0%	12	12	100.0%



Adult MH Outcome Tool Return Rates

Return rates in this section are for adult outcome tools. The return rate reflects tools collected and attempts to collect tools as clients may not always wish to complete the outcome tool.

The target return rate for attempted outcome tools is 60%, which is indicated in the graph below by the orange line.

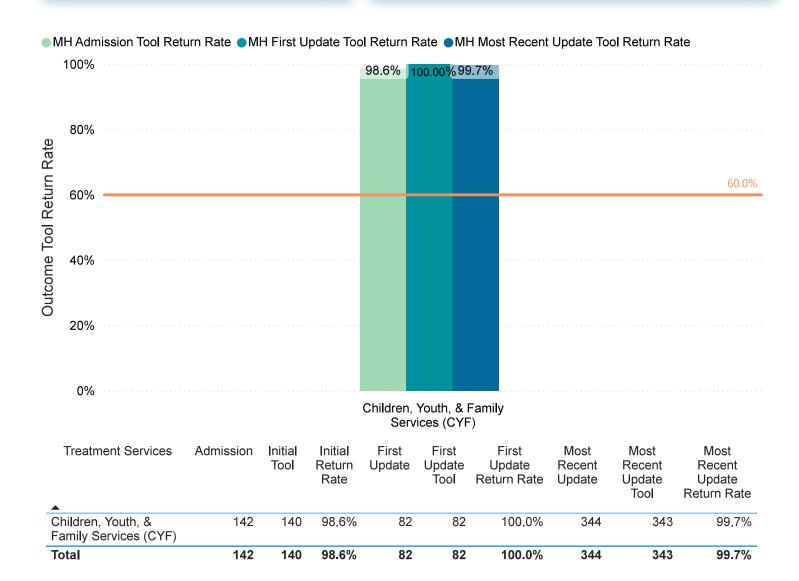




Youth MH Outcome Tool Return Rates

Return rates in this section are for youth outcome tools. The return rate reflects tools collected and attempts to collect tools as clients may not always wish to complete the outcome tool.

The target return rate for attempted outcome tools is 60%, which is indicated in the graph below by the orange line.



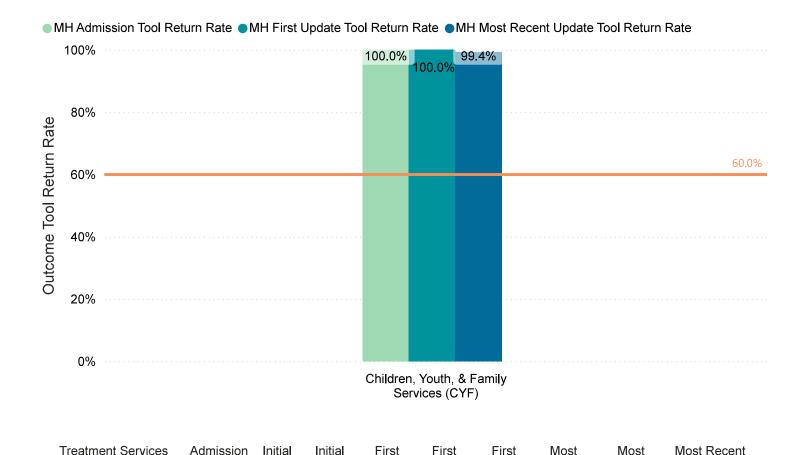


Appendix A: OT Return Rates

Family MH Outcome Tool Return Rates

Return rates in this section reflect outcome tools completed by families of youth receiving mental health services. The return rate reflects tools collected and attempts to collect tools as clients may not always wish to complete the outcome tool.

The target return rate for attempted outcome tools is 60%, which is indicated in the graph below by the orange line.



Fiscal Year 2024 281

Update

151

151

Update

Tool

151

151

Update

Return

Rate

100.0%

100.0%

Recent

Update

479

479

Recent

Update Tool

476

476

Update

Return Rate

99.4%

99.4%

Tool

207

207

207

207

Children, Youth, &

Total

Family Services (CYF)

Return

Rate

100.0%

100.0%

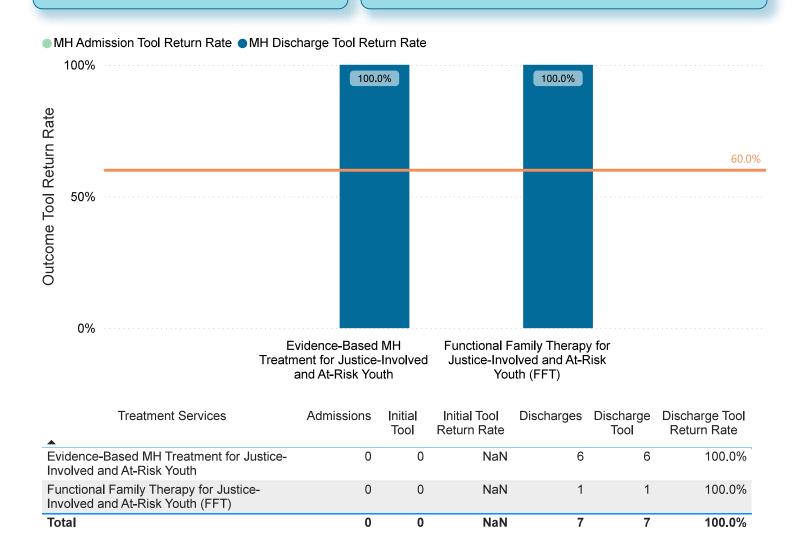


Appendix A: OT Return Rates

JusticeInvolved and At-Risk Youth MH Outcome Tool Return Rates

Return rates in this section are for youth outcome tools. The return rate reflects tools collected and attempts to collect tools as clients may not always wish to complete the outcome tool.

The target return rate for attempted outcome tools is 60%, which is indicated in the graph below by the orange line.



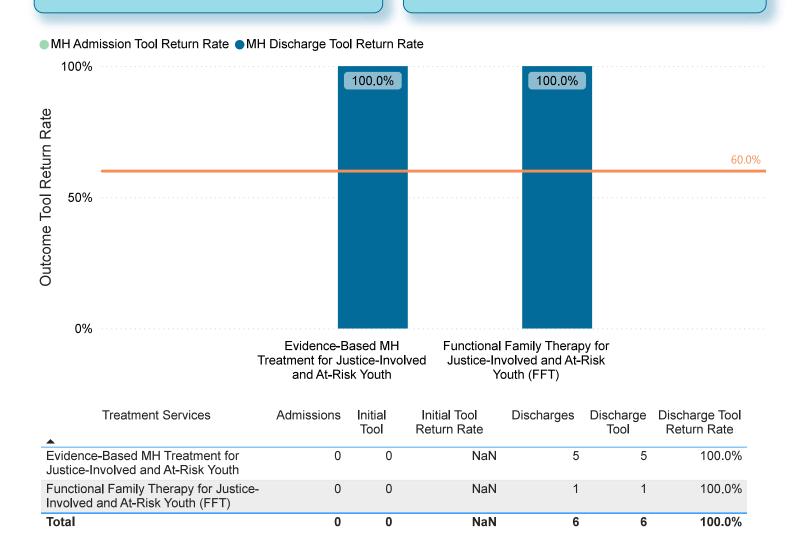


Appendix A: OT Return Rates

Family Justice-Involved and At-Risk Youth MH Outcome Tool Return Rates

Return rates in this section reflect outcome tools completed by families of youth receiving services. The return rate reflects tools collected and attempts to collect tools as clients may not always wish to complete the outcome tool.

The target return rate for attempted outcome tools is 60%, which is indicated in the graph below by the orange line.





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Division of Behavioral Health Substance Use Disorder Outcome Tool INITIAL

Todays' Date:									
Client STARS II	D: _ _ _	_ _ _ _	_ _ _	_	_ _ _	_ _			
Program	☐ 1.0 Outp	nsive Out 2.1/3.1) Treatmen Intensity nsive Inpa utpatient utpatient y)	nt Resider tient Tr EBP (CJ EBP/MF	eatment I Clients RT (CJI	☐ 2.1 (☐ 2.5 (☐ 3.7 (☐ Treatm ☐ MRT☐ Adult	Gambling Gambling ent C (CJI Clie It Outpat ents Only – OP – E	Intensi Day Tr Intensi ents Onl	ive Outpa eatment ive Inpati	ient
1. Would you	sav that in	general	vour h	ealth is:					
□Exceller	-	ery Good	-	Good		Fair		Poor	
b . Now thinki	y days during ng about you with emotio	g the past i ir mental l	30 days nealth, w	was your hich incl	physical l udes stres	health no ss, depres	t good? ssion, an	ıd	
c. During the	past 30 days ealth keep yo								
2. At this mor							rent b	ehaviors	5
Not important			importar	nt as most o	of the other		Most ir	nportant th	ning in my right now
0 1	2	3	4	5	6	7	8	9	10
3. At this mor	ment, how and/or syr	nptoms?	Please	circle a n	umber o	n the sca			
Not important	at all	About as		nt as most (like to achi		r things I	Most ii	mportant tl life	hing in my right now
0 1	2	3	4	5	6	7	8	9	10

Last Updated: 03/23/2021 Page **1** of **3**



Adult SUD Form -Initial

4. Please answer the following question		Number of Nights/Time	Don't es know
In the past 30 days, how many times have you be *Federally Required Element	en arrested?		
5. Please answer the following questions h	pased on the past 30 day	/S	
a. Have you gotten into trouble at home, at school		⁷ , □Yes	
because of your use of alcohol, drugs, inhalants b. Have you missed school or work because of usi		or	-
gambling?	ing arconol, arags, initalants	Yes	s □No
*Federally Required Element			
6. Please answer the following questions h	pased on the past 30	Number of	Don't
days	<u>- </u>	Nights/Time	es know
a. How many times have you gone to an emergen or emotional problem?	cy room for a psychiatric		
b. How many nights have you spent in a facility fo	r:		
i. Detoxification?	m , , , ,		
ii. Inpatient/Residential Substance Use Disorde iii. Mental Health Care?	r Treatment?		
iv. Illness, Injury, Surgery?			
c. How many nights have you spent in a correction	nal facility including iail		
or prisons (as a result of an arrest, parole or pre	•		
d. How many times have you tried to commit suic	ride?		
7. I would be able to resist the urge to	Not at all		Very
drink heavily and/or use drugs	confident		Confident
if I were angry at the way things had turned out	0 1 2 3 4 5	6 7 8	3 9 10
if I had unexpectedly found some			
booze/drugs or happened to see something	0 1 2 3 4 5	6 7 8	9 10
that reminded me of drinking/using drugs if other people treated me unfairly or			
interfered with my plans	0 1 2 3 4 5	6 7 8	9 10
if I were out with friends and they kept			
suggesting we go somewhere to drink/use drugs	0 1 2 3 4 5	6 7 8	3 9 10

Last Updated: 03/23/2021 Page **2** of **3**



Adult SUD Form -Initial

8. Please indicate			Response Options						
	epresents your fo lays. (Please ans er than your beha	eelings or opinion wer for relationship avioral health	Strongly	disagree Disagree	Undecided	Agree	Strongly agree	Not applicable	Refused
Domain: Social Con									
1. I am happy with	the friendships I l	nave.							
2. I have people wit	th whom I can do	enjoyable things.							
3. I feel I belong in	my community.								
4. In a crisis, I woul friends.	d have the suppo	rt I need from family o	or \Box						
Domain: Improved	Functioning Dom	ain: Questions 5-8							
5. I do things that a	re more meaning	ful to me.							
6. I am better able	to take care of my	needs.							
7. I am better able t	to handle things w	when they go wrong.							
8. I am better able	to do things that I	want to do.							
Question <u>required</u> to	be completed by Cl	linician							
	willingness to eng	ur (clinician's) assess gage in their treatmen					rcle a		
Unengaged and Blocked	Minimal Engagement in Recovery	Limited Engagement in Recovery	Engagen Recov	Positive Optin Engagement in Engagem Recovery Recov		ent in			

Last Updated: 03/23/2021 Page **3** of **3**



Division of Behavioral Health Substance Use Disorder Outcome Tool DISCHARGE

Todays' Date:								
Client STARS I	D: _	_ _ _	_ _ _ _	_ _ _	_ _			
Program	(Including 2.5 Day 2.5	nsive Outpating2.1/3.1) Freatment Intensity Reasive Inpatient Itpatient EBI	sidential int Treatment P (CJI Clients P/MRT (CJI P/MRT/3.1	☐ 2.1 0 Outp ☐ 2.5 0 ☐ 3.7 0 Trea ☐ MR7 ☐ Adu	tment (CJI Clie lt Outpat ices (CJI - OP - E	g Intensi g Day Tre g Intensi ents Only cient EBF	ve eatment ve Inpatie 7) 2/3.1	nt
1. Would you	say that in	general yo	ur health is:					
□ Excelle:	nt 🗆 Ve	ery Good	□Good	[Fair		Poor	
how man b. Now think problems health no c. During the	y days during ing about you with emotio of good? past 30 days ealth keep yo	g the past 30 ar mental hearns, how many	ealth, which incomments was your alth, which inclused the days during the law many of your usual act	physical ides stre he past 3 days did y	health no ss, depre 0 days w your poo	ot good? ssion, and as your r	d nental l or	_
1001000		_		_				
	ptoms? Plea	ise circle a n About as im	is it that you umber on the portant as most would like to ach	scale be	low:		nportant th	
0 1	2	3	5	6	7	8	9	10
behaviors	and/or syr	nptoms? Pl	are you that y ease circle a n	umber o	on the sc	ale belov	w:	
Not importan	t at all		portant as most would like to ach		er things I	Most in	nportant th life	ing in my right now
0 1	2	3 4	5	6	7	8	9	10

Last Updated: 03/23/2021 Page **1** of **4**



Adult SUD Form -Discharge

4. Please answer the foll	owing	question	1				mber of hts/Time	es know
In the past 30 days, how man		_		rrested?			,	П
*Federally Required Element	-	-						Ш
5. Please answer the foll								
a. Have you gotten into troub					ie comr	nunity,	□Yes	□No
because of your use of alcoh-								
b. Have you missed school or	r work l	pecause of	fusing a	alcohol, dru	ıgs, inh	alants, or	□Yes	□No
gambling?								
*Element agreed upon by the DOWG			-		_		1 6	5 L
6. Please answer the foll	owing	question	ns base	ed on the	past 3	<u>v</u>	mber of	Don't
days							hts/Time	es know
a. How many times have you	gone to	o an emer	gency r	oom for a p	sychiat	ric		
or emotional problem?			-					
b. How many nights have you	u spent	in a facilit	y for:					
i. Detoxification?		11 D:) m					
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	-			•	υ,	ail		
or prisons (as a result of a					on)?			
d. How many times have you								
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				П				
use.								
h Controlling drug use								

Last Updated: 03/23/2021 Page **2** of **4**



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	E
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.							

Last Updated: 03/23/2021 Page **3** of **4**



Adult SUD Form -Discharge

1	2	3	4]			5		
Unengaged and Blocked	Minimal Engagement in Recovery	Limited Engagement in Recovery	Positi Engagem Recov	ent in	l	En	Optingager Reco	nent in	l
	willingness to eng e below:	ur (clinician's) assess gage in their treatmen	t progra	am?					
Question required to	be completed by Cl	inician							_
34. I would recommember.	nend this agency t	to a friend or family							
agency.		ll get services at this							
32. I liked the servi									
Domain: General Sa		0			_				
31. I, not staff, decid		•							
Planning Questions 30. I felt comfortab		ns about my treatmen	t. 🗆						
Domain: Perception	*	n in Treatment							
29. My housing situ									
28. My symptoms a									
27. I do better in sc									
26. I do better in so									
25. I am getting alo	ng better with my	rfamily.							
24. I am better able									
23. I am better able									
22. I deal more effe									
Domain: Perception									
my life. 21. I was encourage	ed to use consume	er-riin nrograms	П	П			П		
_	d me to take resp	onsibility for how I liv	re \Box						
19. I was given info									
could take charge o									
18. Staff helped me	obtain the inform	nation needed so I		_	_	_	_	_	_

Last Updated: 03/23/2021 Page **4** of **4**



Division of Behavioral Health Substance Use Disorder Outcome Tool Youth INITIAL

Todays'	Date:									
Client ST	ARS ID:		_ _ _	_ _ _	_	_ _ _	<u> _ _ </u>			
Prograi	n [□ 1.0 Ou	tnatient				Intensive	Outpat	ient	
			y Treatme	ent			Intensive	_		
			w Intensit		ntial		atment (F	-		
			cent EBP	,			(-	,		
1. Wou	ld you s	ay that i	n genera	al your h	ealth is					
	xcellent		Very Good		Good		□Fair		Poor	
			our physic ng the pas							
			our menta							
	oblems w alth not g		ions, how	many day	s during	the past 3	30 days w	as your	mental	
			s, approxi	imately ho	w many	days did	your poo	r physic	al or	
	ental heal creation?		ou from d	oing your	usual ac	tivities, s	uch as sel	f-care, v	vork, or	
100	ci cation.									
2 A++h	ic mom	ont how	v importa	ant ic it t	hat vou	change	vour cu	rrant k	ahavior	c
			ase circle		_	_	-	HEILL	Ciiavioi	3
	portant at					beare be	10111			
NOUTH	ipoi tant ai	all	About	as importa			er things I	Most i	important t	
	<u> </u>			would	like to ach	ieve now			life	right now
0	1	2	About:				er things I	Most i		
0	1	2	3	would 4	like to ach	6	7	8	life	right now
3. At th	1 is mom	2 ent, how	3 v confide	would 4 ent are yo	like to ach	ieve now 6 you will	7 change	8 your c	9 urrent	right now
3. At th	is mom	2 ent, how nd/or sy	3 v confide vmptoms	would 4 ent are years? Please	the to ach	ieve now 6 you will number (7 change on the sca	8 your coale belo	9 urrent	right now 10
3. At th	is mom	2 ent, how nd/or sy	y confide ymptoms About	would 4 ent are years 7 7 7 7 8 Please as important would	bu that you track to ach	you will number of the other	change on the scaer things I	your co	9 urrent ow: important t	e right now 10 thing in my e right now
3. At th	is mom	2 ent, how nd/or sy	3 v confide vmptoms	would 4 ent are your services? Please as important	tike to ach	you will number of the other	7 change on the sca	8 your coale belo	9 urrent w: important t	e right now 10 hing in my
3. At th	is mom	2 ent, how nd/or sy	y confide ymptoms About	would 4 ent are years 7 7 7 7 8 Please as important would	bu that you track to ach	you will number of the other	change on the scaer things I	your coale belowed Most in 8	urrent w: important t life	thing in my e right now
3. At the behas Not in 0	is mom aviors an aportant at	ent, how nd/or sy all	y confide ymptoms About	would 4 ent are your services? Please as important would 4	tike to ach that you that you that you that as most like to ach	you will number of the other	change on the scaer things I	your coale belo	urrent w: important t life 9	thing in my right now
3. At the behavior of the second of the part of the pa	is mominations and apportant at a see answer as the 30 day	ent, how nd/or sy all 2	y confide ymptoms About	would 4 ent are your services? Please as important would 4 question	tike to ach that y circle a y not as most like to ach	you will number of the other lieve now	change on the scaer things I	your coale belo	urrent w: important t life	thing in my right now 10 Don't know
3. At the behavior of the second of the part of the pa	is momaviors an apportant at	ent, how nd/or sy all 2	confidence of the confidence o	would 4 ent are your services? Please as important would 4 question	tike to ach that y circle a y not as most like to ach	you will number of the other lieve now	change on the scaer things I	your coale belo	urrent w: important t life 9	thing in my right now
3. At the behavior of the beha	is mom liviors and portant at [1] see answers and as the 30 days required [1]	ent, how melement	y confident ymptoms About 3	would 4 ent are your services? Please as important would 4 question that have your	tike to ach to uthat you circle a second to ach tike to ach been arr	you will number of the other ieve now 6 rested?	change on the scaer things I	your contained below Most in State Numer Night	urrent w: important t life 9	thing in my right now 10 Don't know
3. At the behavior of the second of the seco	is momentated and a see answer and a see	ent, how and/or systall 2 er the foots, how make the foots with	y confidence of the confidence	would 4 ent are your services? Please as important would 4 question have your question	ou that y circle a most like to ach been arr	you will number of the other ieve now 6	change on the scar things I	your contained below Most in Numer Night	urrent w: important t life 9	thing in my right now 10 Don't know
3. At the behavior of the beha	is mom aviors ar aportant at 1 See answer ast 30 day Required To use answer To use a	ent, how and/or systall 2 er the form	y confidence of the confidence	would 4 ent are your services? Please as important would 4 question that have your question me, at sch	tike to ach to uthat your circle a int as most like to ach been arrunas based tool, wor	you will number of the other now 6	change on the scar things I	your contained below Most in Numer Night	urrent w: important t life 9	thing in my right now 10 Don't know
3. At the behavior of the beha	is momentation and a second se	ent, how and/or systall 2 er the four systall in the systal in the sys	y confide ymptoms About a 3 allowing of any times bllowing uble at ho cohol, dru	would 4 ent are years representation would 4 equestion have you equestion me, at sch ggs, inhala	that you that as most like to ach been arranged been arranged by the been arrange	you will number of the other of the other of the other of the other of the number of the other of the number of the other other of the	change on the scaer things I 7 past 30 te commu	your crale belowed Most in Niggle Mo	urrent w: important t life 9 mber of nts/Times ——	thing in my right now 10 thing in my right now 10 Don't know
3. At the behavior of the beha	is momental and a see answer and a see a	ent, how and/or systall 2 er the four systall in the systal in the sys	y confidence of the confidence	would 4 ent are years representation would 4 equestion have you equestion me, at sch ggs, inhala	that you that as most like to ach been arranged been arranged by the been arrange	you will number of the other of the other of the other of the other of the number of the other of the number of the other other of the	change on the scaer things I 7 past 30 te commu	your crale belowed Most in Niggle Mo	urrent w: important t life 9 nber of nts/Times	thing in my right now 10 thing in my right now 10 Don't know
3. At the behavior of the beha	is momental and a see answer and a see and a see and a see answer and a se	ent, how melement er the form into trooped school	y confide ymptoms About a 3 allowing of any times bllowing uble at ho cohol, dru	would 4 ent are years representation would 4 equestion have you equestion me, at sch ggs, inhala	that you that as most like to ach been arranged been arranged by the been arrange	you will number of the other of the other of the other of the other of the number of the other of the number of the other other of the	change on the scaer things I 7 past 30 te commu	your crale belowed Most in Niggle Mo	urrent w: important t life 9 mber of nts/Times ——	thing in my right now 10 thing in my right now 10 Don't know

Last Updated: 03/23/2021 Page **1** of **3**



Youth SUD Form -Initial Interview

6. Please answer the following questions l	nased on the 30 days	Number of Nights/Times	Don't know
a. How many times have you gone to an emergen		Nights/ Times	KIIOW
or emotional problem?			
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 correction	nal facility including JDC		
or Jail (as a result of an arrest, parole or probatio	n violation)?		
d. How many times have you tried to commit suice	cide?		
7. I would be able to resist the urge to	Not at all		Very
drink heavily and/or use drugs	confident		Confident
if I were angry at the way things had	0 1 2 3 4 5	6 7 8	9 10
turned out	0 1 2 3 1 3	0 7 0	7 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	0 1 2 3 4 3	0 7 0	9 10
if I were out with friends and they kept			
suggesting we go somewhere to drink/use	0 1 2 3 4 5	6 7 8	9 10
drugs			

Last Updated: 03/23/2021 Page **2** of **3**



Youth SUD Form -Initial Interview

8. Please in	dicate your l	ent or		Re	spor	ise 0	ptions	S		
disagreeme choice that over the pa with perso	ent with the s best represe sst 30 days. (F	tatements by onts your feeling Please answerfy your behaviou	checking the gs or opinion for relationships	Strongly	Disagree	Undecided	Agree	Strongly agree	Not annlicable	Refused
		ness Questions		_						
need to ta	alk.		erstand me when	I						
and frien	ds.		eed from family							
3. I have peomy probl		comfortable tall	king with about							
		m I can do enjoy	yable things.							
		oning Domain:								
5. I am able	to do things I	want to do.								
6. I get alon	g with family r	nembers.								
7. I get alon	g with friends	and other peop	le.							
8. I do well i	n school and/	or work.								
9. I am able	to cope when	things go wrong	g.							
	e to handle my									
11. I am sati	sfied with my	family life right	now.							
Question to be	e answered by C	llinician								
GAIN Short	Screener (GA	AIN-SS) Scoring	g							
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									
	ness to engage	in their treatme	nician's) assessment program? Plea	ase circl	le a n			n the	scale	
Unengaged a Blocked	and Engag	nimal ement in En covery	Limited ngagement in Recovery	Positi Engagem Recove	ent in		En	Optim gagem Recov	ent in	l

Last Updated: 03/23/2021 Page **3** of **3**



Division of Behavioral Health Substance Use Disorder Outcome Tool Youth Discharge

Todays' Date:		J			
Client STARS ID:					
Program □ 1.0	Outpatient	□ 2.1	Intensive Outpat	ient	
□ 2.5	Day Treatment	□ 3.7	Intensive Inpatie	ent	
□ 3.1	Low Intensity Reside	ential Tre	atment (PRTF)		
	olescent EBP Services				
1. Would you say tha	at in ganaral your	hoolth ic			
		Good	□ Fair □	Poor	
a . Now thinking abou	,				
	uring the past 30 days				
b . Now thinking abou					
•	notions, how many da	ys during the past	30 days was your	mental	
health not good?	1	1 1.1	1 .	1	
c. During the past 30	days, approximately f p you from doing you				
recreation?	p you from doing you	ii usuai activities, s	ucii as seii-cai e, v	VOI K, OI	
recreation.					
2. At this moment, h					
behaviors and/or sy					
Not important at all	•	ant as most of the oth d like to achieve now	er things I Most i	mportant tl life	right now
0 1 2	3	5 6	7 8	9	10
3. At this moment, h					
behaviors and/oi	symptoms? Please	e circle a number ant as most of the oth		W: mportant tl	ning in my
Not important at an		d like to achieve now	er things i wost i		right now
0 1 2	3	5	7	9	10
				nber of	Don't
4. Please answer the			Nigl	nts/Times	know
In the past 30 days, how *Federally Required Elemen		u been arrested?			
- · ·	4.11				
5. Please answer the					
a. Have you gotten into					
Decause of vour use of	trouble at nome, at so f alcohol, drugs, inhal		ne community,	□Yes	□No

Last Updated: 04/29/2020 Page **1** of **4**



Youth SUD Form - Discharge

6. Please answer the foll days	owing	question	ns base	<u>U</u>	Number of Nights/Times				
a. How many times have you	gone to	o an emerş	gency r	oom for a p	sychiat	ric			
or emotional problem?									
b. How many nights have you spent in a facility for:									
i. Detoxification?	toxification?								
ii. Inpatient/Residential Su	bstanc	e Use Diso	rder Tr						
iii. Mental Health Care?									
iv. Illness, Injury, Surgery?									
Source: Current MPR Adult Histo									
c. How many nights have you	-			-	uding J	DC			
or Jail (as a result of an arres									
d. How many times have you	tried t	o commit :	suicide	?					
*Federally Required Element									
7. Please check the	1	Before the	o Progi	ram	Nov	w (At end	l of Pro	gram)	
appropriate box on	J	before the	CITUGI	aiii	110	w (At enc	101110	grainj	
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.							ш		
b. Controlling drug use.									
*Element agreed upon by the DOWG									
8. I would be able to resi	st the	urge to		t at all				Very	
drink heavily and/or use	e drug	S	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	
turned out			0	1 4	J			, , 10	
if I had unovnoctedly for	and co	mo							

8. I would be able to resist the urge to drink heavily and/or use drugs	Not at all Very 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 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

Last Updated: 04/29/2020 Page **2** of **4**



Youth SUD Form - Discharge

9. Please indicate your level of agreement or	Response Options							
disagreement with the statements by checking the choice that best represents your feelings or opinion over the past 30 days. (Please answer for relationships with persons other than your behavioral health provider(s).) *Federally Required	Strongly disagree	Disagree	Undecided	Agree	Strongly	Not	Refused	
Domain: Social Connectedness Questions 1-4								
1. I know people who will listen and understand me when I need to talk.								
In a crisis, I would have the support I need from family and friends.								
3. I have people that I am comfortable talking with about my problems.								
4. I have people with whom I can do enjoyable things.								
Domain: Improved Functioning/ Outcomes Domain: Question	ns 5-1	.1						
5. I am better able to do things I want to do.								
6. I get along better with family members.								
7. I get along better with friends and other people.								
8. I am doing better in school and/or work.								
9. I am better able to cope when things go wrong.								
10. I am better at handling my daily life.								
11. I am satisfied with my family life right now.								
Domain: Perception of Access to Services Questions 12-13								
12. The location of services was convenient.								
13. Services are available at times that are convenient for me.								
Domains: Perception of Cultural Sensitivity Questions 14-17								
14. Staff treat me with respect.								
15. Staff respect my family's religious/spiritual beliefs.								
16. Staff speak with me in a way that I understand.								
17. Staff are sensitive to my cultural/ethnic background.								
Domain: Perceptions of Participation in Treatment Planning	Ouest	ions	18-	20				
18. I helped to choose my services.								
19. I helped to choose my treatment goals.								
20. I participated in my own treatment.								
Domain: General Satisfaction Questions 21-26								
21. Overall I am satisfied with the services I have received here.								
22. The people helping me have stuck with me no matter what.								
23. I feel I have someone to talk to when I am troubled.								
24. I received services that were right for me.								
25. I have gotten the help I want.								
26. I have gotten as much help as I need.								
<u> </u>								

Last Updated: 04/29/2020 Page **3** of **4**



Youth SUD Form - Discharge

Questions to be answered by Clinician

GAIN Short	GAIN Short Screener (GAIN-SS) Scoring												
Screener	Items	Past Month (4)	Past 90 Days (4, 3)	Past Year (4, 3, 2)	Ever (4, 3, 2, 1)								
IDScr	1a - 1f												
EDScr	2a – 2g												
SDScr	3a – 3e												
CVScr	4a – 4e												
TDSer	1a – 4e												

10. At this interval period, what is your (clinician's) assessment of the client's understanding and willingness to engage in their treatment program? Please circle a number on the scale below:

	Minimal	Limited	Positive	Optimal	
Unengaged and	Engagement in	Engagement in	Engagement in	Engagement in	
Blocked	Recovery	Recovery	Recovery	Recovery	
1	2	3	4	5	

Last Updated: 04/29/2020 Page **4** of **4**



Division of Behavioral Health Substance Use Disorder Outcome Tool Family INITIAL

				I	NITIA	L				
Todays' Da	te:									
Client STAI	RS ID:	_ _ _	. _	ll_l	_ _ _	_ _ _	_ _ _			
Program		1.0 Out	patient				1 Intensiv	e Outpa	tient	
J			Treatm	ent			7 Intensiv	_		
		3.1 Lov	v Intens	ity Resid	ential	Tr	eatment (PRTF)		
		Adoles	cent EBI	P Service	S					
		_		_						
1. Would	_	•							_	
	ellent		ery Goo		□Good		□Fair		Poor	
	y, how n						cludes phy child's ph			
b . Now the prob	ninking a	h emoti	ons, how				udes stres t 30 days v		ssion, and child's	
c. During	the pas	t 30 day	s, appro				d your chi			
				m doing	your chil	d's usual	activities,	such as	self-care,	
schoo	ol, work,	or recre	eation?							
2 4444		. 4 1	•				- 1	41. a.l a.	la la	- la!
2. At this and/or sy			_		_		_	their ci	arrent be	anaviors
Not impo				t as impor	tant as mo	st of the ot	her things l	Most		thing in my
0	1	2	3		ld like to a	chieve now	7	8	lif	e right now
U	1	 	[3]	4	5	6	1	0	9	10
0 4			C: I						.1 .	
3. At this							niid will on the s			rrent
Not impo							her things l			thing in my
_	_			woul	ld like to a	chie <u>ve</u> now	7		lif	e right now
0	1	2	3	4	5	6	7	8	9	 10
								27	1 (D 4:
4. Please	answer	the fol	lowing	auestic	on				mber of hts/Times	Don't know
In the past						een arres	ted?	1418	51167 1111163	RHOW
*Federally Re			•	•						Ш

Last Updated: 03/23/2021 Page **1** of **3**



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			
6. Please answer the following questions by	pased on the <u>past 30</u>	Number of	Don't
days		Nights/Times	know
a. How many times has your child gone to an eme	ergency room for a		
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 corr	ectional 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

Last Updated: 03/23/2021 Page **2** of **3**



Family SUD Form -Initial Interview

8. Please indicate		Response Options							
	epresents your fe days. (Please ansv er than your beha	eelings or opinion wer for relationship wioral health	Strongly	Disagree	Undecided	Agree	Strongly agree	Not applicable	Refused
Domain: Social Con	nnectedness Quest	ions 1-4							
1. My child knows them when they		ten and understand							
2. In a crisis, my chefrom family and		e support they need							
3. My child has peo with about their		e comfortable talking	B						
4. My child has peo things.	ople with whom the	ey can do enjoyable							
Domain: Improved	l Functioning Dom	ain: Questions 5-11							
5. My child is able	to do things he or s	she wants to do.							
6. My child gets alo	ong with family me	mbers.							
7. My child gets alo									
8. My child does w									
9. My child is able									
10. My child is able							<u> </u>		
11. I am satisfied v	vith our family life	right now.							
understanding and	period, what is you	ur (clinician's) assess age in their treatmen					rcle a		
number on the sca	le below: Minimal	Limited	Positi	ve			Optin	nal	
Unengaged and Blocked	Engagement in Recovery	Engagement in Recovery	Engagem Recov	ent in ery		En	gagen Recov	ent in ery	
1	2	3	4				5		

Last Updated: 03/23/2021 Page **3** of **3**



Division of Behavioral Health Substance Use Disorder Outcome Tool Family Discharge

Todays' Date:				Ü				
Client STARS I): _	.	_ _ _ _	_ _ _				
Program	□ 1.0 Out	patient		□ 2.1 1	ntensive (Outpatient		
	☐ 2.5 Day	Treatment		□ 3.7 1	ntensive I	npatient		
	□ 3.1 Low	Intensity F	Residential	Trea	tment (PR	TF)		
	☐ Adoleso	ent EBP Sei	rvices					
4 147 - 14 -	1111	1	1. 11 2/ -	1 141. *-				
1. Would you Excelle		i generai y ery Good	Good		Fair	□Poor		
a. Now think		,						
			past 30 days					
		ons, how ma	ental health, v ny days durii					
c. During the or menta	past 30 days	s, approxima you from d	itely how ma oing your chi					_
· ,	,							_
2. At this mo	ment, how	important	is it that y	our child c	hange th	eir current	t behavio	rs
and/or symp	toms? Plea	se circle a i	number on t	he scale be	low:			
	toms? Plea	se circle a i	_	he scale be	low:	eir current		my
and/or symp	toms? Plea	About as in	number on t	he scale be	low: er things I		ant thing in r	my
and/or symp Not importan	toms? Plea at all	About as in	number on to a mount as mound like to a second seco	the scale be ost of the other achieve now	low: or things I	Most import	ant thing in r life right no	my
and/or sympostan Not importan 1 3. At this mobehaviors	toms? Plea at all 2 ment, how and/or syn	About as in a confident	number on to a mount as mound like to a second seco	the scale be ost of the other achieve now 6	low: r things I 7 Ild will ch	Most import	ant thing in r life right no	my
and/or sympostan Not importan 1 3. At this mo	toms? Plea at all 2 ment, how and/or syn	About as in About as in Confident mptoms?	number on to a mount as mound like to a second seco	the scale be ost of the other achieve now 6 at your chiral a number cost of the other other cost of the other cost of t	low: or things I 7 Ild will chon the scal	Most import	ant thing in ralife right no [10] current ant thing in r	my ow my
and/or sympostan Not importan 1 3. At this mobehaviors	toms? Plea at all 2 ment, how and/or syn	About as in About as in About as in About as in Confident Mptoms? P	number on t mportant as mo would like to a 4 5 are you, the clease circle	the scale be ost of the other achieve now 6 at your chiral a number cost of the other other cost of the other cost of t	low: r things I 7 Ild will chon the scal	Most imports 8 9 ange their e below:	ant thing in r life right no [10]	my ow my
and/or sympostan Not importan 1 3. At this mobehaviors Not importan	toms? Plea at all 2 ment, how and/or synat all	About as in About	number on to a mount of the second of the se	che scale be ost of the other achieve now 6 at your chief a number cost of the other achieve now	low: r things I 7 Ild will chon the scal	Most imports 8 9 ange their e below: Most import	ant thing in ralife right no [10] current ant thing in ralife right no	my ow my
and/or sympostan Not importan 1 3. At this model behaviors Not importan 1 1	toms? Plea at all 2 ment, how and/or syn at all 2	About as in About	number on to a more than the mould like to a second are you, the clease circle are mould like to a second second like to a second secon	che scale be ost of the other achieve now 6 at your chief a number cost of the other achieve now	low: r things I 7 Ild will chon the scal	Most important ange their e below: Most important ange their e below ange their e below ange their e below ange their e below and a below ange their e below ange their e below and a below and	ant thing in relife right no 10 current ant thing in relife right no 10 cm.	my ow my ow
and/or sympostan O 1 3. At this modehaviors Not importan O 1 4. Please ans	toms? Plea at all 2 ment, how and/or syn at all 2	About as in About	number on to a mount of the second se	the scale be ost of the other achieve now 6 at your chiral a number of ost of the other achieve now 6	low: T things I Id will chon the scal or things I	Most importa	ant thing in relife right no 10 current ant thing in relife right no 10 cm.	my ow my ow
and/or sympostan Not importan 1 3. At this model behaviors Not importan 1 1	toms? Plea at all 2 ment, how and/or synat all 2 wer the fol ays, how ma	About as in About	number on to a mount of the second se	the scale be ost of the other achieve now 6 at your chiral a number of ost of the other achieve now 6	low: T things I Id will chon the scal or things I	Most important ange their e below: Most important ange their e below ange their e below ange their e below ange their e below and a below ange their e below ange their e below and a below and	ant thing in relife right no 10 current ant thing in relife right no 10 cm.	my ow my ow
and/or sympostan Not importan 1 3. At this model behaviors Not importan 1 4. Please ans In the past 30 of *Federally Requires 5. Please ans	toms? Plea at all 2 ment, how and/or synat all 2 wer the fol ays, how mad Element wer the fol fol the fol ays, how mad be the fol ays, how made the fol	About as in About	are you, the lease circle mould like to a serving a serv	che scale be ost of the other achieve now a number of ost of the other achieve now 6	ow: T things I T did will choon the scalar things I T d?	Most imports 8 9 cange their e below: Most import 8 9 Number of Nights/Tin	ant thing in relife right no 10 current ant thing in relife right no 10 cm.	my ow my ow
and/or sympostan Not importan 3. At this modehaviors Not importan 1 1 4. Please ans In the past 30 of *Federally Requires	toms? Plea at all 2 ment, how and/or synat all 2 wer the foll ays, how mad Element wer the foll d gotten into	About as in About as in About as in About as in a confident a single and a confident as in About as in a confident as in	are you, the lease circle mould like to a serving would like to a serving woul	at your chi a number cost of the other achieve now 6 at your chi a number cost of the other achieve now 6 been arrester sed on the other ool, work, or	id will choose I To a second of the scalar things I To a second of the scalar things I To a second of the second o	Most import 8 9 cange their e below: Most import 8 9 Number of Nights/Tin	ant thing in relife right no [10] current ant thing in relife right no [10] f Don' mes know	my ow my ow

Last Updated: 03/23/2021 Page **1** of **4**



Family SUD Form - Discharge

6. Please answer the foll days	owing	question	ns base	ed on th	e <u>past</u>	30	Number Nights/T		Don kno		
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?	ii. Inpatient/Residential Substance Use Disorder Treatment? iii. Mental Health Care? iv. Illness, Injury, Surgery?										
c. How many nights has your child spent in a correctional facility including JDC or Jail (as a result of an arrest, parole or probation violation)?											
d. How many times has your child tried to commit suicide?											
7. Please check the		Before th	e Progi	ram	N	low (At	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	

Last Updated: 03/23/2021 Page **2** of **4**



Family SUD Form - Discharge

9. Please indicate your level of agreement or	Response Options						
disagreement with the statements by checking the choice that best represents your feelings or opinion over the past 30 days. (Please answer for relationships with persons other than your behavioral health provider(s).) *Federally Required	Strongly	Disagree	Undecided	Agree	Strongly agree	Not applicable	Refused
Domain: Social Connectedness Questions 1-4							
1. My child knows people who will listen and understand them when they need to talk.							
2. In a crisis, my child would have the support they need from family and friends.							
3. My child has people that he/she are comfortable talking with about their problems.							
4. My child has people with whom they can do enjoyable things.							
Domain: Improved Functioning/ Outcomes Domain: Question	ns 5-1	11					
5. My child is better able to do things he or she wants to do.							
6. My child gets along better with family members.							
7. My child gets along better with friends and other people.							
8. My child is doing better in school and/or work.							
9. My child is better able to cope when things go wrong.							
10. My child is better at handling daily life.							
11. I am satisfied with our family life right now.							
Domain: Perception of Access to Services Questions 12-13							
12. The location of services was convenient.							
13. Services were available at times that were convenient for us.							
Domains: Perception of Cultural Sensitivity Questions 14-17							
14. Staff treated me with respect.							
15. Staff respected my family's religious/spiritual beliefs.							
16. Staff spoke with me in a way that I understand.							
17. Staff were sensitive to my cultural/ethnic background.							
Domain: Perceptions of Participation in Treatment Planning	Ques	tions	18-	20			
18. I helped to choose my child's services.							
19. I helped to choose my child's treatment goals.							
20. I was frequently involved in my child's treatment.							

Last Updated: 03/23/2021 Page **3** of **4**



Family SUD Form - Discharge

				Response Options					
			Strongly	Disagree	Undecided	Agree	Strongly agree	Not annlicable	Refused
Domain: General	Satisfaction Question	ons 21-26							
21. Overall I am sa received here.	atisfied with the se	rvices my child							
22. The people he matter what.									
23. I feel my child has someone to talk to when he/she is troubled.									
24. The services n right for us.	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 answ	ered by Clinician								
	d willingness to eng	our (clinician's) assess gage in their treatmen					rcle a		
Unengaged and Blocked	Minimal Limited Inengaged and Engagement in Eng					En	Optin gagem Recov	ent in	1

Last Updated: 03/23/2021

Page 4 of 4

Fiscal Year 2024 307



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		118
			.,	
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 ph			
	gabout your mental health, which include ith emotions, how many days during the			
health not g		past 30 days was y	oui illelitai	
	st 30 days, approximately how many day	s did your poor ph	ysical or	
	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
	es have you gone to an emergency room	for a psychiatric or		
h How many nig	hts have you spent in a facility for:			
i. Detoxificatio				
ii. Inpatient/Re	esidential Substance Use Disorder Treatm	nent		
iii. Mental Hea	th Care?			
iv. Illness, Inju	ry, Surgery			
	es have you been arrested?			
	hts have you spent in a correctional facili			
	ult of an arrest, parole or probation violat	tionJ?		
e. How many tim	es have you tried to commit suicide?			\Box

Last Updated: 04/23/2020 1:38 PM Page **1** of **2**



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.											

Last Updated: 04/23/2020 1:38 PM Page **2** of **2**



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	8
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,	Gester Heme/Fester 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	
y	ood □Fair □Poor
a. Now thinking about your physical health, wh	
how many days during the past 30 days wa	
b . Now thinking about your mental health, which	
problems with emotions, how many days d	uring the past 30 days was your mental
health not good? c. During the past 30 days, approximately how	many days did your poor physical or
mental health keep you from doing your us	
recreation?	and activities, such as son early work, or

Last Updated: 03/23/2021 Page **1** of **3**



Adult MH Tool - Update Interval

5. Please answer the following question based on the pas days	t 30		umbe ights,		es	Don't know		
How many times have you been arrested? *Federally required Element			_					
6. Please answer the following questions based on the pamonths	ıst 6		ımbe ghts			Don'		
a. How many times have you gone to an emergency room for psychiatric or emotional problem?	a							
b. How many nights have you spent in a facility for:i. Detoxification?								
ii. Inpatient/Residential Substance Use Disorder Treatmentiii. Mental Health Care?	?		_					
iv. Illness, Injury, Surgery?								
c. How many times have you been arrested?								
d. How many nights have you spent in a correctional facility including jail or prisons (as a result of an arrest, parole or probation violation)?								
e. How many times have you tried to commit suicide?								
7. Please indicate your level of agreement or		Re	Response Options					
disagreement with the statements by checking the			~			,	41	
choice that best represents your feelings or opinion	igly	ree	ided	ee	igly	t Shio	anie sed	
choice that best represents your feelings or opinion over the past 6 months. (Please answer for	trongly	isagree	decided	Agree	trongly	Agree Not	efused	
choice that best represents your feelings or opinion	Strongly	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	Undecided	Agree	Strongly		abblicable 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	Undecided	Agree	Strongly	Not	Refused	
choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) 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	☐ ☐ Undecided	□ □ Agree	Strongly	Not	abblicable □ □ 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	□ □ □	□ □ □	□ □ □ Strongly		abblicable	
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		☐ ☐ ☐ ☐ Agree			abblicable □ □ □ 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.		Disagree		□ □ □ □ Agree		Not	□ □ □ Refused	
choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) 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		Disagree		□ □ □ □ Agree	Strongly	Not	□ □ □ □ Refused	
choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) 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		Agree		Not		
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		Agree Agree		Not		
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		Agree	Strongly			
choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) 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		Agree	Strongly	Not	Abblicable	
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		Agree Agree	Strongly	Not		
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		Agree Agree	Strongly	Not	Company Comp	
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		Agree Agree	Strongly	Not		
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		Disagree			Strongly	Not		

Last Updated: 03/23/2021 Page **2** of **3**



Adult MH Tool - Update Interval

Domains: Perception of Quality and Appropriateness				
Questions 14-21				
14. Staff believed that I could grow, change and recover.				
15. I felt free to complain.				
16. Staff respected my wishes about who is and is not to be				
given information about my treatment.				
17. Staff was sensitive to my cultural/ethnic background.				
18. Staff helped me obtain the information needed so I				
could take charge of managing my illness.				
19. I was given information about my rights.				
20. Staff encouraged me to take responsibility for how I live				
my life.				
21. I was encouraged to use consumer-run programs.				
Domain: Perceptions of Outcomes Questions 22-29				
22. I deal more effectively with daily problems.				
23. I am better able to control my life.				
24. I am better able to deal with crisis.				
25. I am getting along better with my family.				
26. I do better in social situations.				
27. I do better in school and/or work.				
28. My symptoms are not bothering me as much.				
29. My housing situation has improved.				
Domain: Perceptions of Participation in Treatment				
Planning Questions 30 and 31				
30. I felt comfortable asking questions about my treatment.				
31. I, not staff, decided my treatment goals.				
Domain: General Satisfaction Questions 32-34				
32. I liked the services that I received here.				
33. If I had other choices, I would still get services at this				
agency.	Ш			
34. I would recommend this agency to a friend or family member.				

Last Updated: 03/23/2021 Page **3** of **3**



Division of Behavioral Health Mental Health Outcome Tool DISCHARGE

Todays' Date: Client STARS ID:
Program: CARE IMPACT First Episode Psychosis (SEBHS and BMS Only) Transition Age Youth Receiving CARE (BMS/LSS Only) IMPACT (BMS/LSS Only) 1. Are you currently employed? Employed full time (35+ hours per week) Student Employed part time Retired Homemaker Unemployed Other (Specify) *Federally Required Other (Specify) 2. Which of following best describes your current residential status? Independent, living in a private residence Homelessness Dependent, living in private residence Jail/Correctional Facility Residential Care (group home, rehabilitation center, agency-operated care) Foster Home/Foster Care Institutional setting (24/7 care by skilled/specialized staff or doctors) Other *Federally Required
First Episode Psychosis (SEBHS and BMS Only) Transition Age Youth Receiving Transition Age Youth Receiving IMPACT (BMS/LSS Only) 1. Are you currently employed? Employed full time (35+ hours per week) Student Employed part time Retired Homemaker Unemployed Disabled Other (Specify) *Federally Required Homelessness Independent, living in a private residence Homelessness Dependent, living in private residence Jail/Correctional Facility Residential Care (group home, rehabilitation center, agency-operated care) Institutional setting (24/7 care by skilled/specialized staff or doctors) Other *Federally Required Status Other Sesidence Sesidence
Transition Age Youth Receiving CARE (BMS/LSS Only) 1. Are you currently employed? Employed full time (35+ hours per week) Student Retired Homemaker Unemployed Disabled Other (Specify) *Federally Required 2. Which of following best describes your current residential status? Independent, living in a private residence Homelessness Dependent, living in private residence Jail/Correctional Facility Residential Care (group home, rehabilitation center, agency-operated care) Foster Home/Foster Care Skilled/specialized staff or doctors) Other *Federally Required
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 Homemaker Unemployed Disabled Other (Specify) *Federally Required 2. Which of following best describes your current residential status? Independent, living in a private residence Homelessness Dependent, living in private residence Jail/Correctional Facility Residential Care (group home, rehabilitation center, agency-operated care) Foster Home/Foster Care Institutional setting (24/7 care by skilled/specialized staff or doctors) Other *Federally Required
1. Are you currently employed? Employed full time (35+ hours per week) Student Employed part time Retired Homemaker Unemployed Disabled Other (Specify) *Federally Required 2. Which of following best describes your current residential status? Independent, living in a private residence Homelessness Dependent, living in private residence Jail/Correctional Facility Residential Care (group home, rehabilitation center, agency-operated care) Foster Home/Foster Care care) Institutional setting (24/7 care by skilled/specialized staff or doctors) Other *Federally Required
Employed full time (35+ hours per week) Student Employed part time Retired Unemployed Unemployed Other (Specify)
Employed full time (35+ hours per week) Student Employed part time Retired Unemployed Unemployed Other (Specify)
Employed part time
Homemaker
Disabled *Federally Required 2. Which of following best describes your current residential status? Independent, living in a private residence Dependent, living in private residence Dependent, living in private residence Residential Care (group home, rehabilitation center, agency-operated care) Institutional setting (24/7 care by skilled/specialized staff or doctors) *Federally Required Other (Specify) Homelessness Jail/Correctional Facility Foster Home/Foster Care Crisis Residence Other *Federally Required
*Federally Required 2. Which of following best describes your current residential status? Independent, living in a private residence
2. Which of following best describes your current residential status? Independent, living in a private residence
□ Independent, living in a private residence □ Dependent, living in private residence □ Residential Care (group home, rehabilitation center, agency-operated care) □ Institutional setting (24/7 care by skilled/specialized staff or doctors) □ Other *Federally Required □ Homelessness □ Jail/Correctional Facility □ Foster Home/Foster Care □ Crisis Residence ○ Other
□ Independent, living in a private residence □ Dependent, living in private residence □ Residential Care (group home, rehabilitation center, agency-operated care) □ Institutional setting (24/7 care by skilled/specialized staff or doctors) □ Other *Federally Required □ Homelessness □ Jail/Correctional Facility □ Foster Home/Foster Care □ Crisis Residence ○ Other
□ Dependent, living in private residence □ Residential Care (group home, rehabilitation center, agency-operated care) □ Institutional setting (24/7 care by skilled/specialized staff or doctors) □ Other *Federally Required □ Jail/Correctional Facility □ Foster Home/Foster Care □ Crisis Residence □ Other
□ Residential Care (group home, rehabilitation center, agency-operated care) □ Institutional setting (24/7 care by skilled/specialized staff or doctors) □ Other *Federally Required
rehabilitation center, agency-operated care) Institutional setting (24/7 care by skilled/specialized staff or doctors) *Federally Required Foster Home/Foster Care Crisis Residence Other
care) Institutional setting (24/7 care by Skilled/specialized staff or doctors) *Federally Required Crisis Residence Other
☐ Institutional setting (24/7 care by skilled/specialized staff or doctors) ☐ Crisis Residence Skilled/specialized staff or doctors ☐ Other *Federally Required
*Federally Required
3. What is your highest educational level completed (12=GED or high school
diploma)?
*Federally Required
4 Would you say that in general your health is:
4. Would you say that in general your health is: □ Excellent □ Very Good □ Good □ Fair □ Poor
a. Now thinking about your physical health, which includes physical illness and injury,
how many days during the past 30 days was your physical health not good?
b . Now thinking about your mental health, which includes stress, depression, and
problems with emotions, how many days during the past 30 days was your mental
health not good?
c. During the past 30 days, approximately how many days did your poor physical or
mental health keep you from doing your usual activities, such as self-care, work, or recreation?

Last Updated: 05/02/2019 Page **1** of **3**



Adult MH Tool - Discharge

5. Please answer the following question				ber o ts/Ti		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	Don't know		
a. How many times have you gone to an emergency room for psychiatric or emotional problem?							
b. How many nights have you spent in a facility for:							
i. Detoxification?							
ii. Inpatient/Residential Substance Use Disorder Treatment	t?			-			
iii. Mental Health Care?							
iv. Illness, Injury, Surgery?					_		
c. How many times have you been arrested?					_		1
d. How many nights have you spent in a correctional facility i	nclud	ing				_	
jail or prisons (as a result of an arrest, parole or probation vio				_		L	
e. How many times have you tried to commit suicide?							
7. Please indicate your level of agreement or		Re	sponse Options				
disagreement with the statements by checking the	.	4)	Ţ			به	
choice that best represents your feelings or opinion over the past 6 months. (Please answer for	Strongly disagree	Disagree	Jndecided	ee	ngly ee	Not applicable	sed
relationships with persons other than your behavioral	tro isag	isag	dec	Agree	Strongly agree	Not plica	Refused
health provider(s).) Source: MHSIP Survey *Federally Required	S D	D	Ü		S	ab	. ~
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.		$\overline{\Box}$		$\overline{\Box}$	$\overline{\Box}$		
3. I feel I belong in my community.							
4. In a crisis, I would have the support I need from family or				_			_
friends.		Ш		Ш	Ш	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.							
12. Services were available at times that were good for me.							
13. I was able to get all the services I thought I needed.							

Last Updated: 05/02/2019 Page **2** of **3**



Adult MH Tool - Discharge

Domains: Perception of Quality and Appropriateness					
Questions 14-21					
14. Staff believed that I could grow, change and recover.					
15. I felt free to complain.					
16. Staff respected my wishes about who is and is not to be			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					
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.	Ш			Ш	
34. I would recommend this agency to a friend or family					
member.					

Last Updated: 05/02/2019 Page **3** of **3**



*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			

Last Updated: 04/23/2020 Page **1** of **2**



Youth MH Form -Initial Interview

4. Please indicate your level of agreement or		Re	espor	ise 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	Refused
Domain: Social Connectedness Questions 1-4							
1. I know people who will listen and understand me when I need to talk.							
2. In a crisis, I would have the support I need from family or friends.							
3. I have people that I am comfortable talking with about my problems.							
4. I have people with whom I can do enjoyable things.							
Domain: Improved Functioning Domain: Questions 5-11							
5. I am able to do things I want to do.							
6. I get along with family members.							
7. I get along with friends and other people.							
8. I do well in school and/or work.							
9. I am able to cope when things go wrong.							
10. I am able to handle my daily life.							
11. I am satisfied with my family life right now.							
Question to be answered by Clinician GAIN Short Screener (GAIN-SS) Scoring							
diministrative (diministration) bearing							

	<u> </u>				
GAIN Shor	t Screener (GA	AIN-SS) Scoring	g		
Screener	Items	Past Month (4)	Past 90 Days (4, 3)	Past Year (4, 3, 2)	Ever (4, 3, 2, 1)
IDScr	1a – 1f				
EDScr	2a – 2g				
SDScr	3a – 3e				
CVScr	4a – 4e				
TDSer	1a – 4e				

Last Updated: 04/23/2020 Page 2 of 2

Fiscal Year 2024 317



Division of Behavioral Health Mental Health Outcome Tool Youth Update

Todays' Date	:	•	
Client STARS			
Drogram	CVE Corvices (SED)	□ АРТ	
Program	☐ CYF Services (SED) ☐ MRT	□ ART □ FFT	
	□ MR1	□ FF1	
1. Have you	attended school at any time	e in the past three months?	
□Yes		□No	
*Federally Requir	ed		
2. Please cir	rcle your current or highest	educational level completed:	
*Federally Requir	red		
	currently employed? (**Collect		
	ed full time (35+ hours per week)	☐ Student	
	ed part time	□ Retired	
□Homem		□ Other (Specify)	
□Disable			
*Federally Requir	red		
4. Which of	following best describes you	ır current residential status?	
	ident, living in private residence	☐ Homelessness	
□Depende	ent, living in private residence	☐ Jail/Correctional Facility	
_	tial Care (group home,	· ,	
	itation center, agency-operated	☐ Foster Home/Foster Care	
□Instituti	onal 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		Good Fair Poor	
a. Now thin		which includes physical illness and injury,	
		was your physical health not good?	
	•	hich includes stress, depression, and	
	ns with emotions, how many day: not good?	s during the past 30 days was your mental	
	health keep you from doing your	ow many days did your poor physical or usual activities, such as self-care, work, or	

Last Updated: 04/24/2020 Page **1** of **3**



Youth MH Form - Update Interval

6. Please answer the following question				iber d its/Ti		Do kno	
In the past 30 days, how many times have you been arrested? *Federally Required Element							
7. Please answer the following questions based on the <u>pamonths</u>		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.							
 Domain: Social Connectedness Questions 1-4 1. I know people who will listen and understand me when I need to talk. 2. In a crisis, I would have the support I need from family and friends. 3. I have people that I am comfortable talking with about my problems. 4. I have people with whom I can do enjoyable things. Domain: Improved Functioning/ Outcomes Domain: Question 5. I am better able to do things I want to do. 							
 Domain: Social Connectedness Questions 1-4 1. I know people who will listen and understand me when I need to talk. 2. In a crisis, I would have the support I need from family and friends. 3. I have people that I am comfortable talking with about my problems. 4. I have people with whom I can do enjoyable things. Domain: Improved Functioning/ Outcomes Domain: Question 5. I am better able to do things I want to do. 6. I get along better with family members. 							
 Domain: Social Connectedness Questions 1-4 1. I know people who will listen and understand me when I need to talk. 2. In a crisis, I would have the support I need from family and friends. 3. I have people that I am comfortable talking with about my problems. 4. I have people with whom I can do enjoyable things. Domain: Improved Functioning/ Outcomes Domain: Question 5. I am better able to do things I want to do. 6. I get along better with family members. 7. I get along better with friends and other people. 							
 Domain: Social Connectedness Questions 1-4 1. I know people who will listen and understand me when I need to talk. 2. In a crisis, I would have the support I need from family and friends. 3. I have people that I am comfortable talking with about my problems. 4. I have people with whom I can do enjoyable things. Domain: Improved Functioning/ Outcomes Domain: Questions. 5. I am better able to do things I want to do. 6. I get along better with family members. 7. I get along better with friends and other people. 8. I am doing better in school and/or work. 							
Domain: Social Connectedness Questions 1-4 1. I know people who will listen and understand me when I need to talk. 2. In a crisis, I would have the support I need from family and friends. 3. I have people that I am comfortable talking with about my problems. 4. I have people with whom I can do enjoyable things. Domain: Improved Functioning/ Outcomes Domain: Question 5. I am better able to do things I want to do. 6. I get along better with family members. 7. I get along better with friends and other people. 8. I am doing better in school and/or work. 9. I am better able to cope when things go wrong.							
 Domain: Social Connectedness Questions 1-4 1. I know people who will listen and understand me when I need to talk. 2. In a crisis, I would have the support I need from family and friends. 3. I have people that I am comfortable talking with about my problems. 4. I have people with whom I can do enjoyable things. Domain: Improved Functioning/ Outcomes Domain: Questions. 5. I am better able to do things I want to do. 6. I get along better with family members. 7. I get along better with friends and other people. 8. I am doing better in school and/or work. 							

Last Updated: 04/24/2020 Page **2** of **3**



Youth MH Form - Update Interval

	Response Options						
	Strongly	Disagree	Undecided	Agree	Strongly	Not	Refused
Domain: Perception of Access to Services Questions 12-13							
12. The location of services was convenient.							
13. Services are available at times that are convenient for me.							
Domains: Perception of Cultural Sensitivity Questions 14-17							
14. Staff treat me with respect.							
15. Staff respect my family's religious/spiritual beliefs.							
16. Staff speak with me in a way that I understand.							
17. Staff are sensitive to my cultural/ethnic background.							
Domain: Perceptions of Participation in Treatment Planning	Ques	tions	: 18-	20			
18. I helped to choose my services.							
19. I helped to choose my treatment goals.							
20. I participated in my own treatment.							
Domain: General Satisfaction Questions 21-26							
21. Overall I am satisfied with the services I have received here.							
22. The people helping me have stuck with me no matter what.							
23. I feel I have someone to talk to when I am troubled.							
24. I received services that were right for me.							
25. I have gotten the help I want.							
26. I have gotten as much help as I need.							

Question to be answered by Clinician

GAIN Short	t Screener (GA	AIN-SS) Scoring	g		
Screener	Items	Past Month (4)	Past 90 Days (4, 3)	Past Year (4, 3, 2)	Ever (4, 3, 2, 1)
IDScr	1a – 1f				
EDScr	2a – 2g				
SDScr	3a – 3e				
CVScr	4a – 4e				
TDSer	1a - 4e				

Last Updated: 04/24/2020 Page **3** of **3**



Division of Behavioral Health Mental Health Outcome Tool Youth Discharge

Todays' Date:	
Client STARS ID:	
Program ☐ CYF Services (SED)	□ ART
□ MRT	□ FFT
1. Have you attended school at any time in	the past three months?
□Yes	□No
*Federally Required	
2. Please circle your current or highest 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)
\square 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
☐ Residential Care (group home,	
rehabilitation center, agency-operated care)	☐ Foster Home/Foster Care
☐ Institutional setting (24/7 care by	☐ Crisis Residence
skilled/specialized staff or doctors)	□ Other
*Federally Required	
5. Would you say that in general your healt	h is:
□Excellent □Very Good □Go	
a. Now thinking about your physical health, which how many days during the past 30 days was	
b . Now thinking about your mental health, which	
problems with emotions, how many days du health not good?	ring the past 30 days was your mental
c. During the past 30 days, approximately how n	
mental health keep you from doing your usu recreation?	al activities, such as self-care, work, or

Last Updated: 05/02/2019 Page **1** of **3**



Youth MH Form - Discharge

6. Please answer the following question			Num Nigh			Doi 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 pa		Number of Nights/Times				Don't know		
a. How many times have you gone to an emergency room for a psyc	chiatr	ic or		<i>3 1</i>			П	
emotional problem? b. How many nights have you spent in a facility for:								
i. Detoxification?					_	ļ		
ii. Inpatient/Residential Substance Use Disorder Treatment? iii. Mental Health Care?					_			
iv. Illness, Injury, Surgery?					_			
c. How many times have you been arrested?								
d. How many nights have you spent in a correctional facility includ	ing JD	C or			_	1		
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		Re	spor	ise O	ption	ıs		
disagreement with the statements by checking the	. •	4)	ō		_	٥	, ,	
choice that best represents your feelings or opinion	ngly	gree	cided	ree	ngly ree	ot cable	nsed	
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	Jndecided	Agree	Strongly agree	Not Innlicable	Refused	
choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) *Federally Required	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	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).) *Federally Required Domain: Social Connectedness Questions 1-4	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	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).) *Federally Required	Strongly disagree	☐ Disagree	Undecided	Agree	Strongly agree	Not	Refused	
choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) *Federally Required Domain: Social Connectedness Questions 1-4 1. I know people who will listen and understand me when I	Strongly disagree	□ □ Disagree	□ □ Undecided	☐ Agree	Strongly agree	Not annicable	☐ Refused	
choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) *Federally Required Domain: Social Connectedness Questions 1-4 1. I know people who will listen and understand me when I need to talk. 2. In a crisis, I would have the support I need from family and friends. 3. I have people that I am comfortable talking with about	Strongly disagree	□ □ □ Disagree	□ □ □ Undecided	□ □ Agree	Strongly agree	Not	Refused	
choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) *Federally Required Domain: Social Connectedness Questions 1-4 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.	Strongly disagree	□ □ □ Disagree	□ □ □ Dudecided	□ □ □ Agree	Strongly agree	Not	Refused	
choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) *Federally Required Domain: Social Connectedness Questions 1-4 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.			□ □ □ □ Undecided	Agree	Strongly agree	Not	Refused	
choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) *Federally Required Domain: Social Connectedness Questions 1-4 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.			□ □ □ □ Undecided		Strongly agree	Not		
choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) *Federally Required Domain: Social Connectedness Questions 1-4 1. I know people who will listen and understand me when I need to talk. 2. In a crisis, I would have the support I need from family and friends. 3. I have people that I am comfortable talking with about my problems. 4. I have people with whom I can do enjoyable things. Domain: Improved Functioning/ Outcomes Domain: Question			□ □ □ □ □ nndecided	Agree	Strongly agree	Not		
choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) *Federally Required Domain: Social Connectedness Questions 1-4 1. I know people who will listen and understand me when I need to talk. 2. In a crisis, I would have the support I need from family and friends. 3. I have people that I am comfortable talking with about my problems. 4. I have people with whom I can do enjoyable things. Domain: Improved Functioning/ Outcomes Domain: Question 5. I am better able to do things I want to do. 6. I get along better with family members. 7. I get along better with friends and other people.					☐ ☐ ☐ ☐ Strongly agree	Not		
choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) *Federally Required Domain: Social Connectedness Questions 1-4 1. I know people who will listen and understand me when I need to talk. 2. In a crisis, I would have the support I need from family and friends. 3. I have people that I am comfortable talking with about my problems. 4. I have people with whom I can do enjoyable things. Domain: Improved Functioning/ Outcomes Domain: Question 5. I am better able to do things I want to do. 6. I get along better with family members. 7. I get along better with friends and other people. 8. I am doing better in school and/or work.				Agree Agree	☐ ☐ ☐ ☐ ☐ Strongly agree	Not		
choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) *Federally Required Domain: Social Connectedness Questions 1-4 1. I know people who will listen and understand me when I need to talk. 2. In a crisis, I would have the support I need from family and friends. 3. I have people that I am comfortable talking with about my problems. 4. I have people with whom I can do enjoyable things. Domain: Improved Functioning/ Outcomes Domain: Question 5. I am better able to do things I want to do. 6. I get along better with family members. 7. I get along better with friends and other people. 8. I am doing better in school and/or work. 9. I am better able to cope when things go wrong.					Strongly agree	Not annicable		
choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) *Federally Required Domain: Social Connectedness Questions 1-4 1. I know people who will listen and understand me when I need to talk. 2. In a crisis, I would have the support I need from family and friends. 3. I have people that I am comfortable talking with about my problems. 4. I have people with whom I can do enjoyable things. Domain: Improved Functioning/ Outcomes Domain: Question 5. I am better able to do things I want to do. 6. I get along better with family members. 7. I get along better with friends and other people. 8. I am doing better in school and/or work.					Strongly agree	Not Not Not Supplies Not N		

Last Updated: 05/02/2019 Page **2** of **3**



Youth MH Form - Discharge

				Response Options					S	
				Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Not applicable	Refused
		ess to Services (•							
		s was convenien								
13. Services me.	s are available a	at times that are	convenient for							
			y Questions 14-17							
	ated me with r									
		ily's religious/s								
		a way that I und			<u> </u>			<u> </u>		
		my cultural/eth								
			eatment Planning	Quest	tions	18-	20	_		_
	to choose my			<u> </u>		<u> </u>	<u> </u>			
		treatment goals.								
	pated in my ow	on Questions 21	26				<u> </u>	<u> </u>		<u> </u>
		vith the services								
what.		have stuck with								
		o talk to when I								
		t were right for r	ne.							
	otten the help l									
26. I have g	otten as much l	help as I need.								
Question to	be answered by	Clinician								
GAIN Short	Screener (GA	IN-SS) Scoring								
Screener	Items	Past Month (4)	Past 90 Days (4, 3)		t Yea 3, 2			Ev (4, 3,		
IDScr	1a - 1f									
EDScr	2a – 2g									
SDScr	3a – 3e									
CVScr	4a - 4e									
TDSer	1a – 4e									

Last Updated: 05/02/2019 Page **3** of **3**



Division of Behavioral Health Mental Health Outcome Tool Family INITIAL

Todays' Date:		
Client STARS ID: _ _ _ _ _ _ _ _ _		
Program ☐ CYF Services (SED) ☐ ART		
□ MRT □ FFT		
1. Would you say that in general your child's health is:		
□Excellent □Very Good □Good □Fair	□Poor	
a. Now thinking about your child's physical health, which includes phys	ical illness and	
injury, how many days during the past 30 days was your child physigood?	cal health not	
b . Now thinking about your child's mental health, which includes stress		
problems with emotions, how many days during the past 30 days w mental health not good?	•	
c. During the past 30 days, approximately how many days did your child		
or mental health keep you from doing your child's usual activities, s school, work, or recreation?	uch as self-care,	
School, work, or recreation:		
	N 1 C	B I
2. Please answer the following question	Number of Nights/Times	Don't know
In the past 30 days, how many times has your child been arrested?		
*Federally Required Element		
3. Please answer the following questions based on the <u>past 6</u>	Number of	Don't
months	Nights/Times	know
a. How many times has your child gone to an emergency room for a		П
psychiatric or emotional problem?		
b. How many nights has your child spent in a facility for:		_
i. Detoxification?		
ii. Inpatient/Residential Substance Use Disorder Treatment?		
iii. Mental Health Care?		
iv. Illness, Injury, Surgery?		
c. How many times has your child been arrested?		
d. How many nights has your child spent in a correctional facility includin	g	
JDC or Jail (as a result of an arrest, parole or probation violation)?		
e. How many times has your child tried to commit suicide?		
*Federally Required Element		

Last Updated: 05/02/2019 Page **1** of **2**



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.							

Last Updated: 05/02/2019 Page **2** of **2**



Division of Behavioral Health Mental Health Outcome Tool Family Update

Todays' Date:	Op	aaco	
-			
Client STARS I	D:	_ _ _	
Program	☐ CYF Services (SED)	\square ART	
	□ MRT	\square FFT	
1 Did your a	hild attand ashool in the nea	t thuse mouths?	
	child attend school in the pas		
□Yes		□No	
*Federally Require	d		
2. Please circ	cle your child's current or hig	ghest educational level completed:	
Self-Contained	Special Ed Class (No Grade)		
*Federally Require	d		
	ild currently employed? (**Co		
	d full time (35+ hours per week)	☐ Student	
□Employed	d part time	☐ Retired	
□Homema	ker	Other (Specify)	
\square Disabled			
*Federally Require	d		
4. Which of f	ollowing best describes your	child's current residential status?	
	lent, living in private residence	☐ Homelessness	
•	nt, living in private residence	☐ Jail/Correctional Facility	
-	al Care (group home,		
	ation center, agency-operated	☐ Foster Home/Foster Care	
care)	ation content agency operated		
_	nal setting (24/7 care by	☐ Crisis Residence	
	pecialized staff or doctors)	□ Other	
*Federally Require	-		
5. Would yo	u say that in general your ch	ild's health is:	
□Excelle	nt □Very Good □(Good □Fair □Poor	
	ing about your child's physical he	alth, which includes physical illness and	
good?	ow many days during the past 30	days was your child's physical health not	
		lth, which includes stress, depression, and	
•	s with emotions, how many days on ealth not good?	during the past 30 days was your child's	
c. During the	e past 30 days, approximately hov	w many days did your child's poor physical	
	al health keep you from doing you york, or recreation?	r child's usual activities, such as self-care,	

Last Updated: 03/23/2021 Page **1** of **3**



Family MH Form - Update Interval

6. Please answer the following question				nber c nts/Ti		Do:		
In the past 30 days, how many times has your child been arrested? *Federally Required Element *Federally Required Element		· ·						
7. Please answer the following questions based on the pa	st 6			iber o		Don'	t	
months			Nigh	ıts/Ti	mes	know		
a. How many times has your child gone to an emergency room for a psychiatric or emotional problem?	a. How many times has your child gone to an emergency room for a							
b. How many nights has your child spent in a facility for:i. Detoxification?								
ii. Inpatient/Residential Substance Use Disorder Treatment?								
iii. Mental Health Care?								
iv. Illness, Injury, Surgery?								
c. How many times has your child been arrested?								
d. How many nights has your child spent in a correctional facility in JDC or Jail (as a result of an arrest, parole or probation violation)?	nclud	ing						
e. How many times has your child tried to commit suicide?								
8. Please indicate your level of agreement or		Re	esponse Options					
disagreement with the statements by checking the								
choice that best represents your feelings or opinion	YI o	ee	ded	a	y a	2	ק	
over the past 6 months. (Please answer for	ong	agr	eci	gre	ong	Not	fuse	
relationships with persons other than your behavioral	Strongly disagree	Disagree	Jndecie	Agree	Strongly agree	Not	Refused	
	Strong	Disagr	Undecided	Agre	Strong	Not	Refuse	
relationships with persons other than your behavioral	Strong	Disagr	Undeci	Agre	Strong	Not	Refuse	
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Last Updated: 03/23/2021 Page **2** of **3**



Family MH Form - Update Interval

	Response Options					S	
	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							

Last Updated: 03/23/2021 Page **3** of **3**



Division of Behavioral Health Mental Health Outcome Tool Family Discharge

Todays' Date:	nai ge
Client STARS ID:	
1111111111111	- - - - - - -
Program ☐ CYF Services (SED)	□ ART
□ MRT	□ FFT
1. Did your child attend school any time in	the past three months?
□Yes	□No
*Federally Required	
2. Please circle your child's current or hig	hest educational level completed:
Self-Contained Special Ed Class (No Grade)	
*Federally Required	
3. Is your child currently employed? (**Coll	acted for clients 16 and older only)
Employed full time (35+ hours per week)	Student
Employed part time	□ Retired
□Homemaker	☐ Other (Specify)
□Disabled	
*Federally Required	
4. Which of following best describes your	child's current recidential status?
☐ Independent, living in private residence	Homelessness
Dependent, living in private residence	☐ Jail/Correctional Facility
Residential Care (group home,	in july dollectional raciney
rehabilitation center, agency-operated	☐ Foster Home/Foster Care
care)	,
\square Institutional setting (24/7 care by	Crisis Residence
skilled/specialized staff or doctors)	□ Other
*Federally Required	
5. Would you say that in general your chil	d's health is:
	ood □Fair □Poor
a . Now thinking about your child's physical hea	
injury, how many days during the past 30 d	
b . Now thinking about your child's mental heal	th, which includes stress, depression, and
problems with emotions, how many days d mental health not good?	uring the past 30 days was your child's
c. During the past 30 days, approximately how	
or mental health keep you from doing your	child's usual activities, such as self-care,
school, work, or recreation?	

Last Updated: 05/02/2019 Page **1** of **3**



Family MH Form - Discharge

6. Please answer the following question		ımbe ghts <i>i</i>	Don't know					
In the past 30 days, how many times has your child been arrested? *Federally Required Element								
7. Please answer the following questions based on the pa			ımbe			Don't		
months			Nı	ghts	/Times	s kn	know	
a. How many times has your child gone to an emergency room for a	a					[
psychiatric or emotional problem?								
b. How many nights has your child spent in a facility for:i. Detoxification?						Г	_	
ii. Inpatient/Residential Substance Use Disorder Treatment?					_			
iii. Mental Health Care?					_		_	
iv. Illness, Injury, Surgery?					_		_	
Source: Current MPR Adult History Form (Revised 3/06)					_	L		
c. How many times has your child been arrested?						[
d. How many nights has your child spent in a correctional facility in	ncludi	ng		Г				
JDC or Jail (as a result of an arrest, parole or probation violation)?					_		Ш	
e. How many times has your child tried to commit suicide? *Federally Required Element								
8. Please indicate your level of agreement or		Re	esnor	ise ()	ption	S		
disagreement with the statements by checking the		110	зрог	150 0	ption	3		
choice that best represents your feelings or opinion	> 9	يو	eq		<u>×</u>	e	p	
over the past 6 months. (Please answer for	Strongly disagree	Disagree	cid	Agree	trongly agree	Not olical	use	
relationships with persons other than your behavioral	Strc disa)isa	Jndecided	Ag	Strongly agree	Not policable	Refused	
health provider(s).) *Federally Required		_	Ω		••	Ö	,	
Domain: Social Connectedness Questions 1-4								
1. My child knows people who will listen and understand			_	_	_	_		
them when they need to talk.	Ш	Ш	Ш	Ш	Ш	Ш	Ш	
2. In a crisis, my child would have the support they need								
from family and friends.	Ш	Ш	Ш	ш	Ш	Ш	ш	
3. My child has people that he/she are comfortable talking								
with about their problems.		Ш	ш		ш	Ш		
4. My child has people with whom they can do enjoyable								
things.			Ш					
Domain: Improved Functioning/ Outcomes Domain: Question	ns 5-1	11						
5. My child is better able to do things he or she wants to do.								
6. My child gets along better with family members.								
7. My child gets along better with friends and other people.	Ш							
711 1) child gots along sector with interior and child people.								
8. My child is doing better in school and/or work.								
							_	
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Last Updated: 05/02/2019 Page **2** of **3**



Family MH Form - Discharge

	Response Options						
	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Not applicable	Refused
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Last Updated: 05/02/2019 Page **3** of **3**



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