

Fiscal Year 2024

Lutheran Social 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





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Data Collection Methodology





Data Collection Methodology

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

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

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

Data Collection Process

Stakeholder Survey

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

Substance Use Disorder Services

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

Mental Health Services

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

Additional Data Collection Tools

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





Publicly Funded Substance Use Disorder (SUD) Treatment Services

Publicly Funded Substance Use Disorder (SUD) Treatment Services

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

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

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

Low Intensity Residential Treatment Services (3.1 Services)

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

Inpatient Treatment Services (3.7 Services)

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

Detoxification Treatment Services (Clinically Managed and Medically Monitored)

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

Intensive Methamphetamine Treatment (IMT) Services

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

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

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



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

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

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

Evidence-Based SUD Treatment for Justice-Involved Adults

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

Moral Reconation Therapy for Justice-Involved Adults (MRT)

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



Publicly Funded Mental Health (MH) Treatment Services

Publicly Funded Mental Health (MH) Treatment Services

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

Outpatient Treatment Services

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

Comprehensive Assistance with Recovery and Empowerment Services (CARE)

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

Individualized and Mobile Program of Assertive Community Treatment (IMPACT)

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

Forensic Assertive Community Treatment for Mental Health Court (FACT)

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

Children or Youth and Family Services (CYF)

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

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

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

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

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



Systems of Care Program (SOC)**

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

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



Stakeholder Survey Summary





Stakeholder Survey



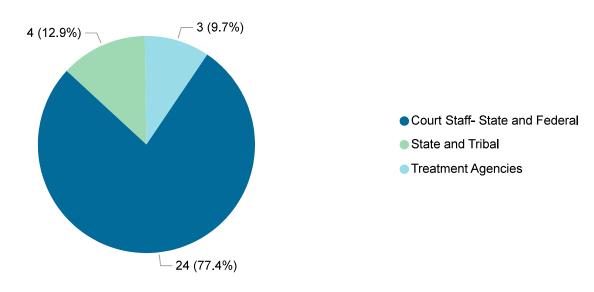
The Division of Behavioral Health (DBH) recognizes the need for strong community collaboration at the local level between accredited behavioral health treatment providers and their local referral sources. Accredited agencies are asked to share a stakeholder survey with local referral sources such as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

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

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

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

Types of Stakeholders Who Responded



Stakeholder Type	N	%
Court Staff-State and Federal (Judge/Attorney/Probation/Parole/JCA/Drug Court/Teen Court)	24	77.4%
State and Tribal (EA/CPS/Adult Services/Child Welfare/Public Housing/Homeless Shelters)	4	12.9%
Treatment Agency (Mental Health/SUD/HSC/EAP/Therapist/Counselor/Case Manager/Domestic Violence)	3	9.7%
Total	31	100.0%



Familiarity with Services

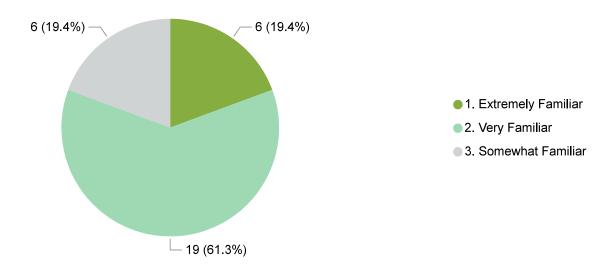


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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	Extremely Familiar	2. Very Familiar	3. Somewhat Familiar	Total
Court Staff- State and Federal	20.8%	62.5%	16.7%	100.0%
State and Tribal		50.0%	50.0%	100.0%
Treatment Agencies	33.3%	66.7%		100.0%
Total	19.4%	61.3%	19.4%	100.0%



Staff Respectfulness

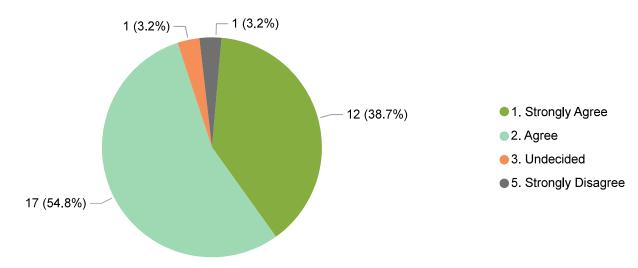


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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

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

Staff Are Respectful



Stakeholder Type	1. Strongly Agree	2. Agree	3. Undecided	5. Strongly Disagree	Total
Court Staff- State and Federal	41.7%	58.3%			100.0%
State and Tribal		50.0%	25.0%	25.0%	100.0%
Treatment Agencies	66.7%	33.3%			100.0%
Total	38.7%	54.8%	3.2%	3.2%	100.0%



Staff Training

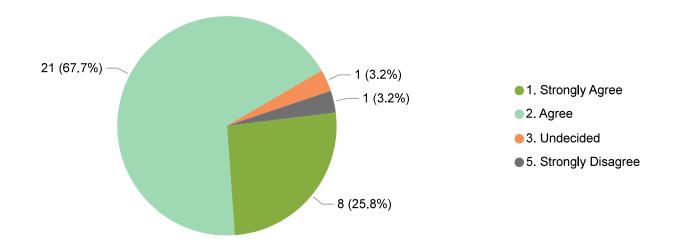


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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

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

Staff Are Well Trained



Stakeholder Type	1. Strongly Agree	2. Agree	3. Undecided	5. Strongly Disagree	Total
Court Staff- State and Federal	29.2%	70.8%			100.0%
State and Tribal		50.0%	25.0%	25.0%	100.0%
Treatment Agencies	33.3%	66.7%			100.0%
Total	25.8%	67.7%	3.2%	3.2%	100.0%



Staff Communication

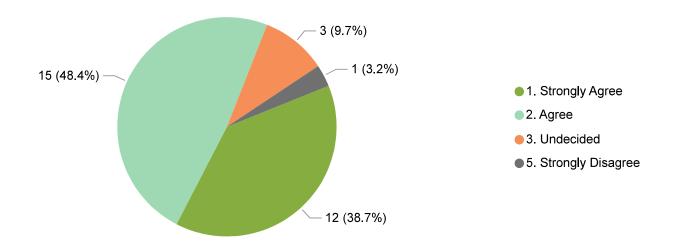


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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

The majority of stakeholders 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	5. Strongly Disagree	Total
Court Staff- State and Federal	50.0%	45.8%	4.2%		100.0%
State and Tribal		50.0%	25.0%	25.0%	100.0%
Treatment Agencies		66.7%	33.3%		100.0%
Total	38.7%	48.4%	9.7%	3.2%	100.0%



Staff Competency

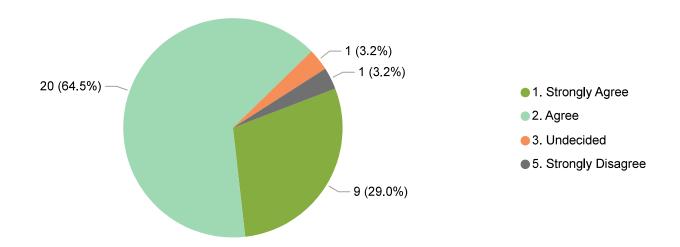


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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

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

Staff Are Competent to Deliver Treatment Services



Stakeholder Type	1. Strongly Agree	2. Agree	3. Undecided	5. Strongly Disagree	Total
Court Staff- State and Federal	33.3%	66.7%			100.0%
State and Tribal		50.0%	25.0%	25.0%	100.0%
Treatment Agencies	33.3%	66.7%			100.0%
Total	29.0%	64.5%	3.2%	3.2%	100.0%



Location of Services

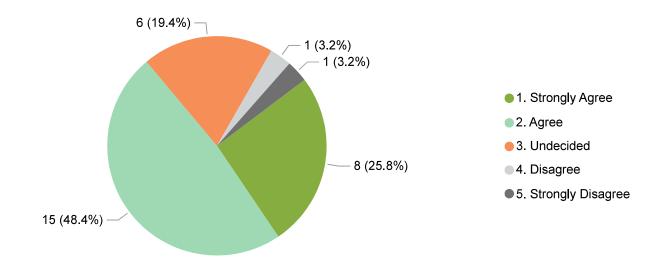


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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

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

Location of Services are Convenient for Clients



Stakeholder Type	1. Strongly Agree	2. Agree	3. Undecided	4. Disagree	5. Strongly Disagree	Total
Court Staff- State and Federal	25.0%	54.2%	16.7%	4.2%		100.0%
State and Tribal		25.0%	50.0%		25.0%	100.0%
Treatment Agencies	66.7%	33.3%				100.0%
Total	25.8%	48.4%	19.4%	3.2%	3.2%	100.0%



Service Availability

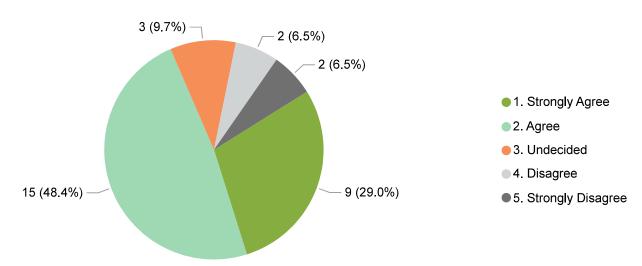


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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

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

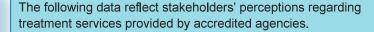
Services Are Available at Times Convenient for Clients



Stakeholder Type	1. Strongly Agree	2. Agree	3. Undecided	4. Disagree	5. Strongly Disagree	Total
Court Staff- State and Federal	29.2%	54.2%	4.2%	8.3%	4.2%	100.0%
State and Tribal		25.0%	50.0%		25.0%	100.0%
Treatment Agencies	66.7%	33.3%				100.0%
Total	29.0%	48.4%	9.7%	6.5%	6.5%	100.0%



Community Responsiveness

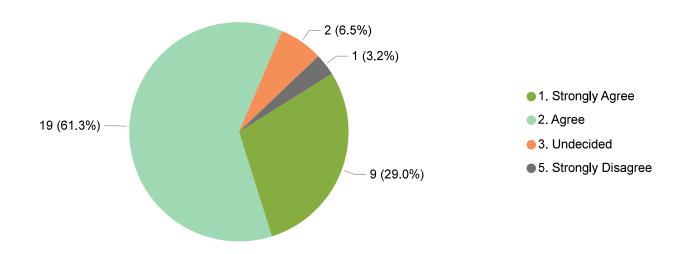


Regarding Community Responsiveness, stakeholders were asked to rate how much they agree with the following statement: "This provider is responsive to the needs within the community."



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	Strongly Agree	2. Agree	3. Undecided	5. Strongly Disagree	Total
Court Staff- State and Federal	33.3%	62.5%	4.2%		100.0%
State and Tribal		50.0%	25.0%	25.0%	100.0%
Treatment Agencies	33.3%	66.7%			100.0%
Total	29.0%	61.3%	6.5%	3.2%	100.0%



Supportiveness of Clients' Needs

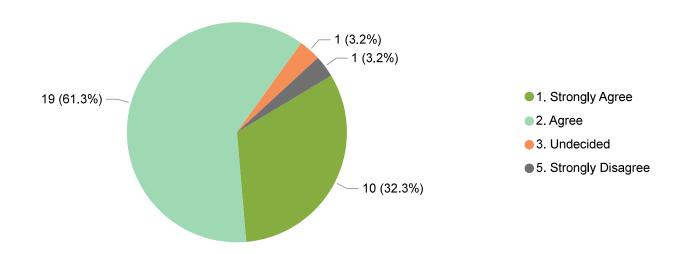


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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

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

Provider is Supportive of Clients' Needs



Stakeholder Type	1. Strongly Agree	2. Agree	3. Undecided	5. Strongly Disagree	Total
Court Staff- State and Federal	37.5%	62.5%			100.0%
State and Tribal		50.0%	25.0%	25.0%	100.0%
Treatment Agencies	33.3%	66.7%			100.0%
Total	32.3%	61.3%	3.2%	3.2%	100.0%



Quality of Services

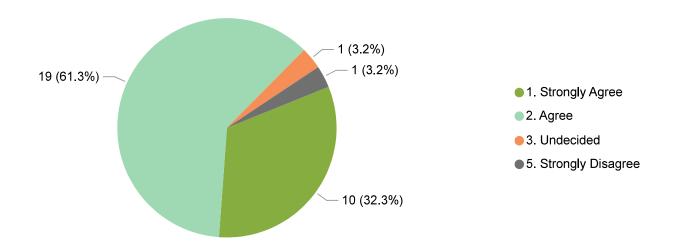


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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

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

Provider Provides Quality Services



Stakeholder Type	1. Strongly Agree	2. Agree	3. Undecided	5. Strongly Disagree	Total
Court Staff- State and Federal	37.5%	62.5%			100.0%
State and Tribal		50.0%	25.0%	25.0%	100.0%
Treatment Agencies	33.3%	66.7%			100.0%
Total	32.3%	61.3%	3.2%	3.2%	100.0%



Provider Responsiveness

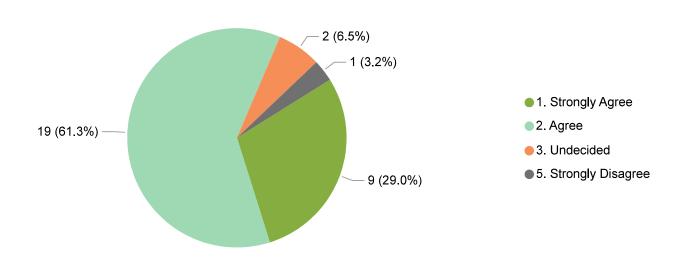


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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	5. Strongly Disagree	Total
Court Staff- State and Federal	33.3%	62.5%	4.2%		100.0%
State and Tribal		50.0%	25.0%	25.0%	100.0%
Treatment Agencies	33.3%	66.7%			100.0%
Total	29.0%	61.3%	6.5%	3.2%	100.0%



Satisfaction of Outcomes

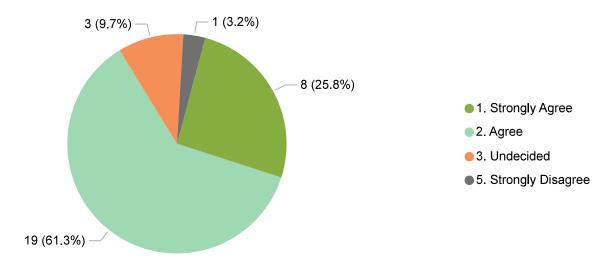


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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



Stakeholder Type	1. Strongly Agree	2. Agree	3. Undecided	5. Strongly Disagree	Total
Court Staff- State and Federal	33.3%	58.3%	8.3%		100.0%
State and Tribal		50.0%	25.0%	25.0%	100.0%
Treatment Agencies		100.0%			100.0%
Total	25.8%	61.3%	9.7%	3.2%	100.0%





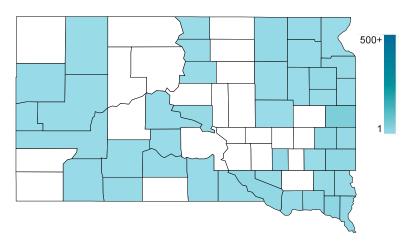
Substance Use Disorder (SUD) Treatment Services





SUD Treatment Services

County of Residence for Clients Who Received Publicly Funded Services



Treatment Services	•	Average Duration of Treatment (Days)
Evidence-Based SUD Treatment for Justice-Involved & At-Risk Youth	9	50
Evidence-Based SUD Treatment for Justice-Involved Adults	131	77
Moral Reconation Therapy for Justice-Involved Adults (MRT)	116	68



Unduplicated Clients Served (Publicly Funded)

241

Publicly Funded Clients Served with Co-Occurring Mental Health Conditions

100



Veterans Served (Publicly Funded)

13

Pregnant Clients Served (Publicly Funded)

5





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.





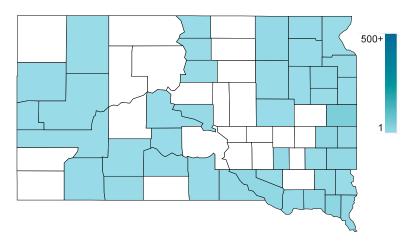


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Adult SUD Treatment Services

County of Residence for Clients Who Received Publicly Funded Services



Treatment Services	Publicly Funded Clients Served	Average Duration of Treatment (Days)
Evidence-Based SUD Treatment for Justice-Involved Adults	131	77
Moral Reconation Therapy for Justice-Involved Adults (MRT)	116	68



Unduplicated Clients Served (Publicly Funded)

232

Publicly Funded Clients Served with Co-Occurring Mental Health Conditions

94



Veterans Served (Publicly Funded)

13

Pregnant Clients Served (Publicly Funded)

5



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



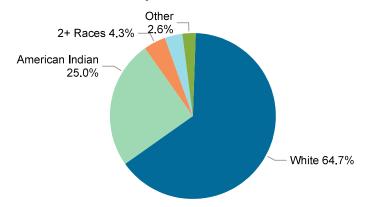




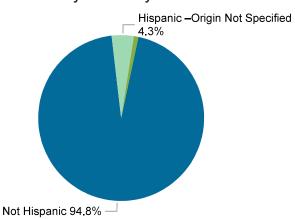


According to the U.S. Census Bureau 84.2% of South Dakotans identify as White, 8.5% identify as American Indian, and 5.1% identify as Hispanic. The data below reflect the self-reported race and ethnicity of adults served in publicly funded treatment services.

Clients Served by Race



Clients Served by Ethnicity



Clients Served by Service Type and Race

	2+ R	aces	Americ Indian	an	Black	(Othe	r	White		Total	
Treatment Services	N	%	N	%	N	%	N	%	N	%	N	%
Evidence-Based SUD Treatment for Justice-Involved Adults	5	3.8%	33	25.2%	3	2.3%	3	2.3%	87	66.4%	131	100.0%
Moral Reconation Therapy for Justice- Involved Adults (MRT)	5	4.3%	30	25.9%	5	4.3%	3	2.6%	73	62.9%	116	100.0%
Total	10	4.3%	58	25.0%	8	3.4%	6	2.6%	150	64.7%	232	100.0%

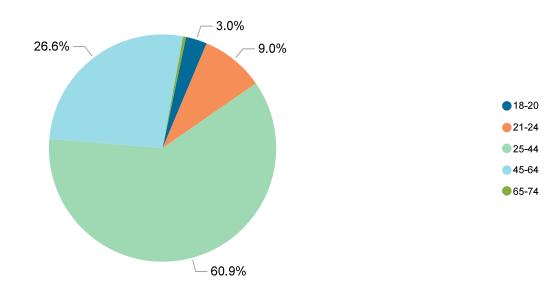






The below data reflect the age of adults served in publicly funded treatment services.

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	%
Evidence-Based SUD Treatment for Justice-Involved Adults	2	1.5%	10	7.6%	85	64.9%	33	25.2%	1	0.8%	131	100.0%
Moral Reconation Therapy for Justice-Involved Adults (MRT)	5	4.3%	11	9.4%	68	58.1%	33	28.2%			117	100.0%
Total	7	3.0%	21	9.0%	142	60.9%	62	26.6%	1	0.4%	232	100.0%

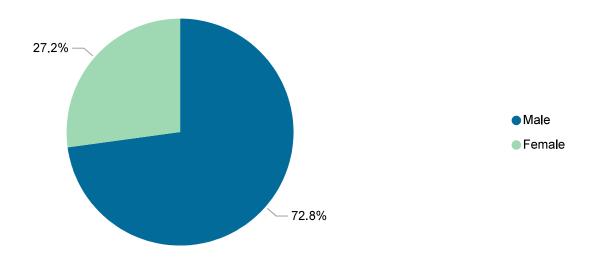


Gender



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	%
Evidence-Based SUD Treatment for Justice-Involved Adults	37	28.2%	94	71.8%	131	100.0%
Moral Reconation Therapy for Justice-Involved Adults (MRT)	30	25.9%	86	74.1%	116	100.0%
Total	63	27.2%	169	72.8%	232	100.0%



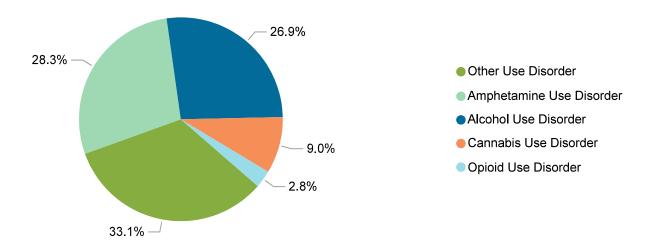
Primary Diagnosis



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 Other Use Disorder, followed by Amphetamine Use Disorder.

Percent of Clients Served for Each Primary Diagnosis



Diagnosis by Service Type

	Alcoho Disord		Amphe Use Di		Canr Diso	nabis Use rder	Opio Disor	id Use rder	Othe Diso	r Use rder	Total	
Treatment Services	N	%	N	%	N	%	N	%	N	%	N	%
Evidence-Based SUD Treatment for Justice-Involved Adults	39	30.0%	40	30.8%	12	9.2%	4	3.1%	35	26.9%	130	100.0%
Moral Reconation Therapy for Justice-Involved Adults (MRT)	4	14.8%	5	18.5%	1	3.7%			17	63.0 %	27	100.0%
Total	39	26.9%	41	28.3%	13	9.0%	4	2.8%	48	33.1%	145	100.0%



Reason for Discharge



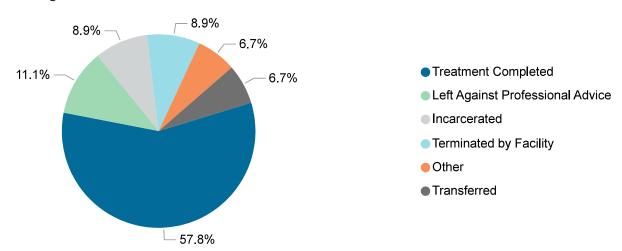
treatment completion for adult and youth clients was 35%.

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.

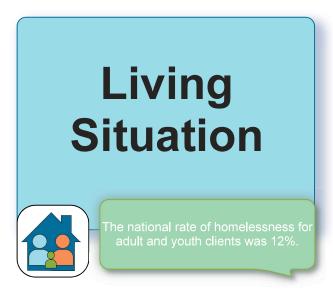
Reason for Discharge from Services



Reason for Discharge by Service Type

	Inc	arcerated	Left Ag Profess Advice	siona l	Otl	her		minated Facility	Tra	nsferred		atment npleted	Tota	al
Treatment Services	N	%	N	%	N	%	Ν	%	N	%	N	%	N	%
Evidence-Based SUD Treatment for Justice- Involved & At-Risk Youth			3	50.0%					1	16.7%	2	33.3%	6	100.0%
Evidence-Based SUD Treatment for Justice- Involved Adults	2	7.4%	2	7.4%	2	7.4%	3	11.1%	2	7.4%	16	59.3%	27	100.0%
Moral Reconation Therapy for Justice-Involved Adults (MRT)	2	14.3%			1	7.1%	1	7.1%			10	71.4%	14	100.0%
Total	4	8.9%	5	11.1%	3	6.7%	4	8.9%	3	6.7%	26	57.8%	45	100.0%

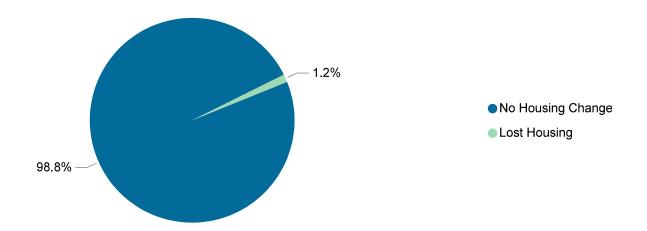




The data below reflect the living situations of adults served in publicly funded treatment services.

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
Evidence-Based SUD Treatment for Justice-Involved Adults	37	0.0%	0.0%
Moral Reconation Therapy for Justice-Involved Adults (MRT)	51	2.9%	4.3%
Total	81	1.9%	2.9%

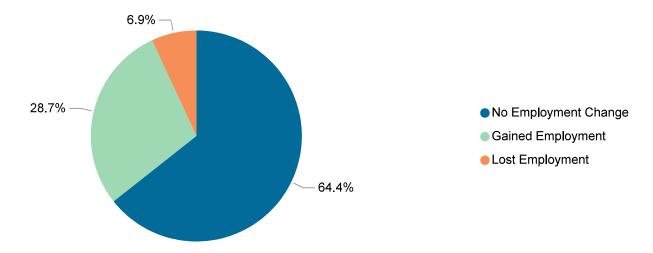




The data below reflect the employment status of adults served in publicly funded treatment services.

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
Evidence-Based SUD Treatment for Justice-Involved Adults	37	27.3%	50.0%
Moral Reconation Therapy for Justice-Involved Adults (MRT)	51	48.5%	64.7%
Total	81	38.8%	58.3%







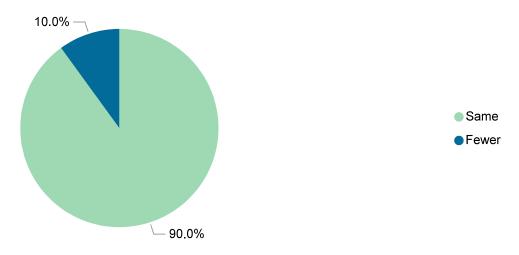
The national rate of adult and youth clients with at least one arrest was 4%.

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

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



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

Treatment Services	Unduplicated Client Count	Arrest at Admission	Arrest at Discharge
Evidence-Based SUD Treatment for Justice-Involved Adults	9	0.0%	0.0%
Moral Reconation Therapy for Justice-Involved Adults (MRT)	19	13.0%	0.0%
Total	26	10.0%	0.0%





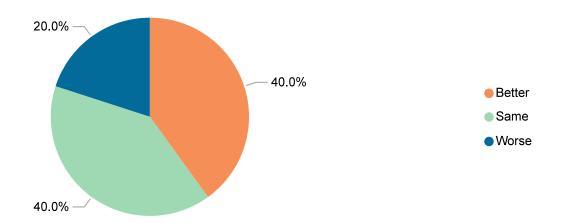


Clients are asked at the start of treatment and at the end of treatment, "Would you say that in general your health is?" Clients could answer in a range from 1-"Poor" to 5-"Excellent". Only clients who completed this question at time of admission and time of discharge are included.

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
Evidence-Based SUD Treatment for Justice-Involved Adults	9	3.00	3.33	0.33	11.1%
Moral Reconation Therapy for Justice-Involved Adults (MRT)	20	3.26	3.39	0.13	4.0%
Total	27	3.20	3.40	0.20	6.3%



Physical Health

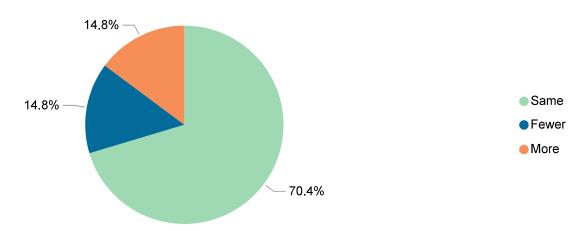


Clients are asked at the start of treatment and at the end of treatment, "Now thinking about your physical health, which includes physical illness and injury, how many days during the past 30 days was your physical health not good?" Only clients who completed this question at time of admission and time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

Clients' responses on these surveys are then broken out by the type of treatment service they received. If they received multiple types of treatment services in 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	9	Percent Change
Evidence-Based SUD Treatment for Justice-Involved Adults	8	6.00	4.88	-1.13	-18.8%
Moral Reconation Therapy for Justice-Involved Adults (MRT)	18	1.50	2.80	1.30	86.7%
Total	25	2.89	2.41	-0.48	-16.7%



Mental Health

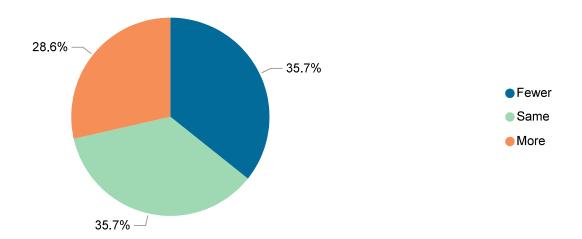


Clients are asked at the start of treatment and at the end of treatment, "Now thinking about your mental health, which includes stress, depression, and problems with emotions, how many days during the past 30 days was your mental health not good?" Only clients who completed this question at time of admission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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Evidence-Based SUD Treatment for Justice-Involved Adults	8	5.63	7.25	1.63	28.9%
Moral Reconation Therapy for Justice-Involved Adults (MRT)	18	4.76	4.81	0.05	1.0%
Total	25	5.18	4.61	-0.57	-11.0%



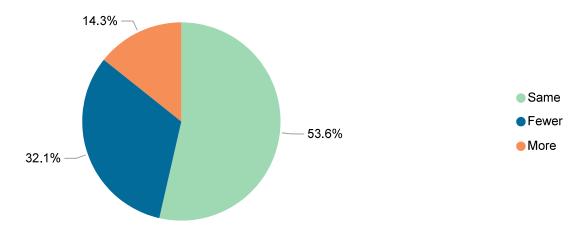
Physical or Mental Health Prevented Normal Activities

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

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

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

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



Number of Days Poor Physical or Mental Health Prevented Normal Activities

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Evidence-Based SUD Treatment for Justice-Involved Adults	8	5.88	1.50	-4.38	- 74.5%
Moral Reconation Therapy for Justice-Involved Adults (MRT)	18	2.95	1.95	-1.00	-33.9%
Total	25	3.89	1.89	-2.00	-51.4%



Reported Attempts to Die by Suicide



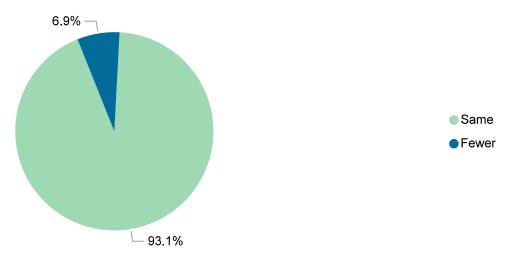
If you, or someone you know, is in need of crisis support, or experiencing emotional distress, call or text 988, or chat at https://988lifeline.org/.

Clients are asked at the start of treatment and at 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
Evidence-Based SUD Treatment for Justice-Involved Adults	9	0.22	0.00	-0.22	-100.0%
Moral Reconation Therapy for Justice-Involved Adults (MRT)	20	0.00	0.00	0.00	NaN
Total	27	0.07	0.00	-0.07	-100.0%



Ability to Control Alcohol Use



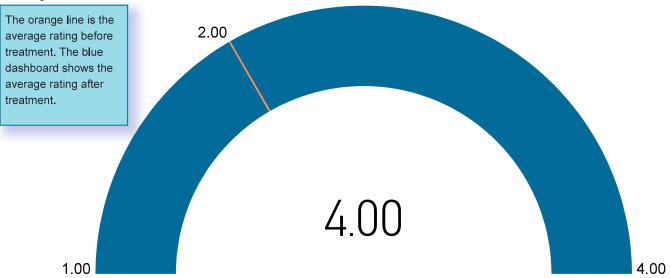
Clients are asked at the end of treatment to rate their ability to control their alcohol use before the program and after the program. They rate each question on a scale from 1-"Poor" to 4-"Excellent."

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

Clients' responses on these surveys are then broken out by the type of treatment service they received. If they received multiple types of treatment services in 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
Evidence-Based SUD Treatment for Justice-Involved Adults	3	3 2.00	4.00	2.00	100.0%
Total	3	2.00	4.00	2.00	100.0%



Ability to Control Drug Use



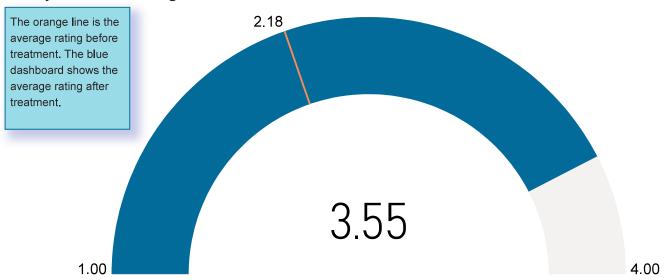
Clients are asked at the end of treatment to rate their ability to control their drug use before the program and after the program. They rate each question on a scale from 1-"Poor" to 4-"Excellent."

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
Evidence-Based SUD Treatment for Justice-Involved Adults	6	2.00	3.33	1.33	66.7%
Moral Reconation Therapy for Justice-Involved Adults (MRT)	4	2.43	3.71	1.29	52.9%
Total	8	2.18	3.55	1.36	62.5%



Treatment Engagement

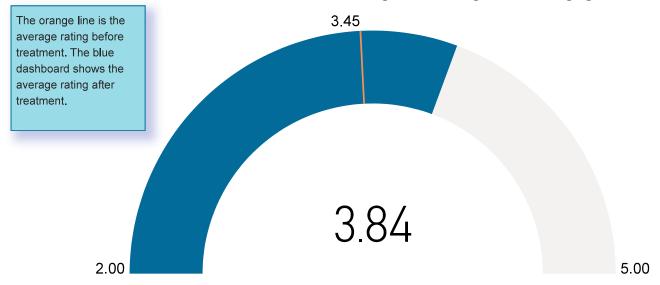


Clinicians are asked at the start of the client's treatment and at the end of treatment, "At this interval period, what is your (clinician's) assessment of the client's understanding and willingness to engage in their treatment program?" Clinicians may answer in a range from 1-"Unengaged" to 5-"Optimal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

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

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

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

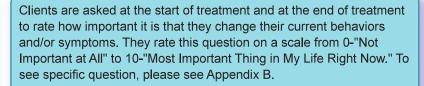


Engagement Ratings: 1-Unengaged; 2-Minimal; 3-Limited; 4-Positive; 5-Optimal

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Evidence-Based SUD Treatment for Justice-Involved Adults	9	2.89	3.56	0.67	23.1%
Moral Reconation Therapy for Justice-Involved Adults (MRT)	20	3.63	3.92	0.29	8.0%
Total	27	3.45	3.84	0.39	11.2%



Importance of Changing Current Behaviors

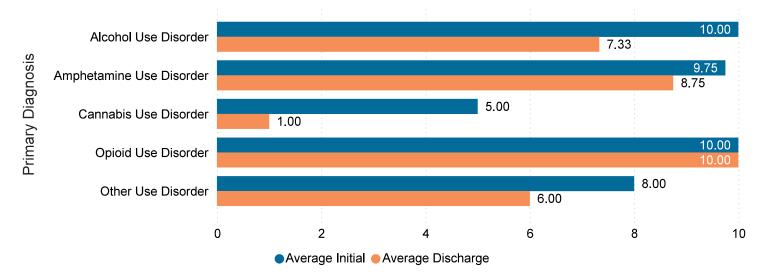


Clients' responses on these surveys are then broken out by primary diagnosis (bar chart) and by type of service received (table).

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

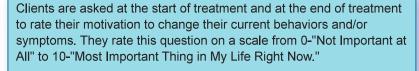


Importance of Changing Behavior Ratings: 0-"Not Important at All" to 10-"Most Important Thing in My Life Right Now"

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Evidence-Based SUD Treatment for Justice-Involved Adults	9	9.33	7.56	-1.78	-19.0%
Moral Reconation Therapy for Justice-Involved Adults (MRT)	20	8.21	6.79	-1.42	-17.3%
Total	27	8.45	6.84	-1.61	-19.1%



Motivation to Change Current Behaviors

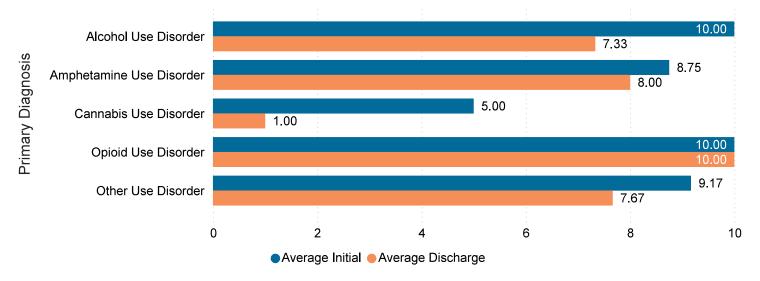


Clients' responses on these surveys are then broken out by primary diagnosis (bar chart) and by type of service received (table).

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



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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Evidence-Based SUD Treatment for Justice-Involved Adults	9	8.89	7.22	-1.67	-18.8%
Moral Reconation Therapy for Justice-Involved Adults (MRT)	20	8.75	7.88	-0.88	-10.0%
Total	27	8.77	7.58	-1.19	-13.6%



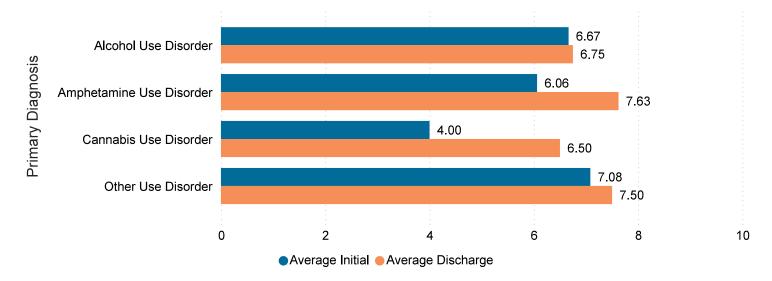
Confidence to Control Use Under Stress and Peer Pressure

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

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

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

Self-Rated Confidence to Control Substance Use



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Evidence-Based SUD Treatment for Justice-Involved Adults	8	6.03	7.16	1.13	18.7%
Moral Reconation Therapy for Justice-Involved Adults (MRT)	20	7.71	8.82	1.11	14.5%
Total	26	7.31	8.36	1.05	14.4%



Visits to Emergency Department



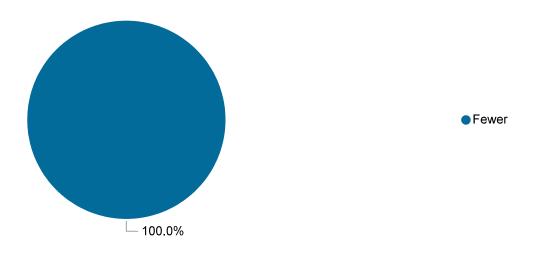
Clients are asked at the start of treatment and at the end of treatment, "How many times have you gone to an emergency room for a psychiatric or emotional problem in the past 30 days?" Only clients who completed this question at time of admission and time of discharge are included.

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

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

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

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



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

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



Detoxification Services



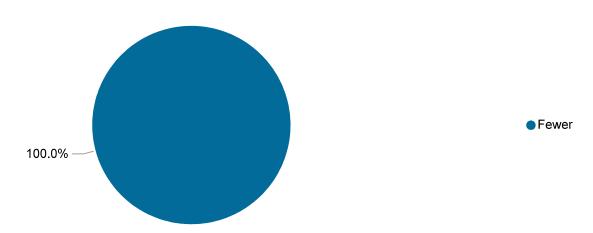
Clients are asked at the start of treatment and at the end of treatment, "How many nights have you spent in a facility for detoxification in the past 30 days?" Only clients who completed this question at time of admission and time of discharge are included.

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

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

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

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



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

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



Inpatient Substance Use Disorder Treatment Services

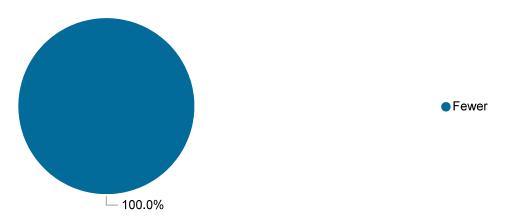
Clients are asked at the start of treatment and at the end of treatment, "How many nights have you spent in a facility for inpatient/residential substance use disorder treatment in the past 30 days?" Only clients who completed this question at time of admission and time of discharge are included.

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 a decrease 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
Evidence-Based SUD Treatment for Justice-Involved Adults	2	1.00	0.00	-1.00	-100.0%
Moral Reconation Therapy for Justice-Involved Adults (MRT)	3	15.67	0.00	-15.67	-100.0%
Total	5	9.80	0.00	-9.80	-100.0%



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.

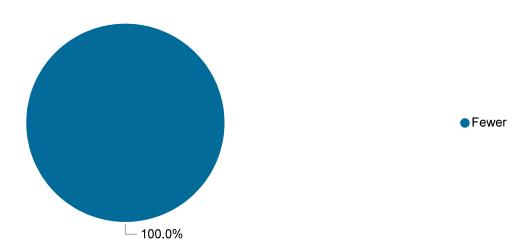
Clients who had at least one night in a facility for mental health care prior to receiving treatment services are included.

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
Evidence-Based SUD Treatment for Justice-Involved Adults	3	2.00	0.00	-2.00	-100.0%
Total	3	2.00	0.00	-2.00	-100.0%



Illness, Injury, or Surgery



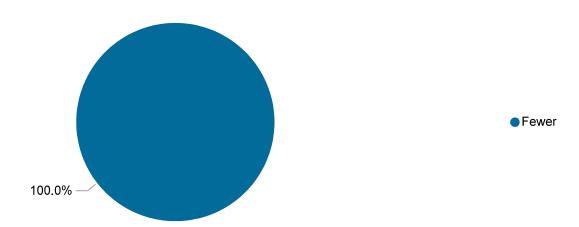
Clients are asked at the start of treatment and at the end of treatment, "How many nights have you spent in a facility for illness, injury, or surgery in the past 30 days?" Only clients who completed this question at time of admission and time of discharge are included.

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 Total	1	1.00	0.00	-1.00	-100.0%
	1	1.00	0.00	-1.00	-100.0%



Adult SUD Treatment Services

Nights Spent in Correctional Facility

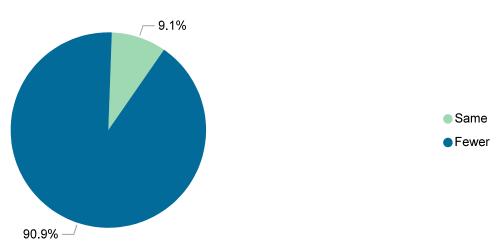
Clients are asked at the start of treatment and at the end of treatment, "How many nights have you spent in a correctional facility including jail or prisons (as a result of an arrest, parole or probation violation) in the past 30 days?" Only clients who completed this question at time of admission and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

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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Evidence-Based SUD Treatment for Justice-Involved Adults	6	19.33	0.83	-18.50	- 95.7%
Moral Reconation Therapy for Justice-Involved Adults (MRT)	4	13.00	0.00	-13.00	-100.0%
Total	10	16.45	0.45	-16.00	-97.2%



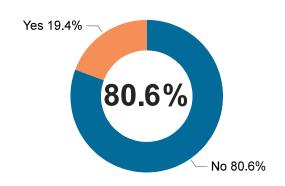
Trouble as a Result of Substance Use

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

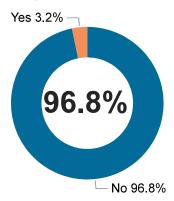
Clients' responses on these surveys are then broken out by the percentage of clients who responded "Yes" or "No" at time of admission and at time of discharge (donut chart) as well as the average responses and change from admission to discharge (table).

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

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



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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Evidence-Based SUD Treatment for Justice-Involved Adults	9	0.33	0.11	-0.22	-66.7%
Moral Reconation Therapy for Justice-Involved Adults (MRT)	20	0.17	0.00	-0.17	-100.0%
Total	27	0.19	0.03	-0.16	-83.3%



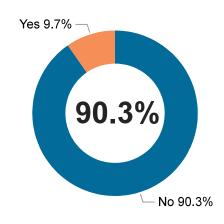
Missing School/Work as a Result of Substance Use

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.

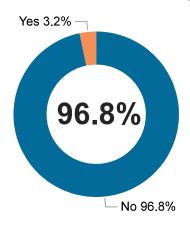
Clients' responses on these surveys are then broken out by the percentage of clients who responded "Yes" or "No" at time of admission and at time of discharge (donut chart) as well as the average responses and change from admission to discharge (table).

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

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



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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Evidence-Based SUD Treatment for Justice-Involved Adults	9	0.33	0.11	-0.22	-66.7%
Moral Reconation Therapy for Justice-Involved Adults (MRT)	20	0.04	0.00	-0.04	-100.0%
Total	27	0.10	0.03	-0.06	-66.7%



General Satisfaction with Services

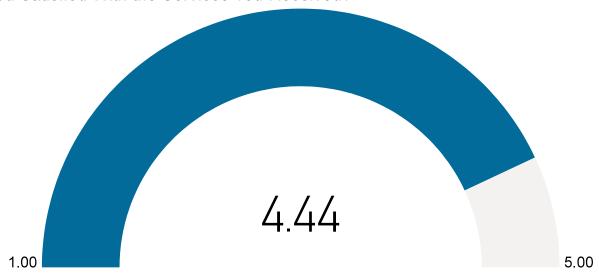
Clients are asked at discharge to rate how strongly they agree with three different questions pertaining to their overall satisfaction with treatment services they received. The average of these three responses is given below. To see specific questions, please see Appendix B.

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
Evidence-Based SUD Treatment for Justice-Involved Adults	9	4.26
Moral Reconation Therapy for Justice-Involved Adults (MRT)	20	4.44
Total	27	4.44



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.

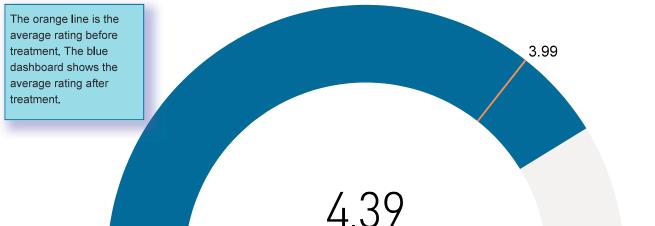
Clients' responses on these surveys are then broken out by the type of treatment service they received. If they received multiple types of treatment services in FY24, their responses are counted once in each service.

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

5.00

Improved Functioning

1.50



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Evidence-Based SUD Treatment for Justice-Involved Adults	9	4.17	4.33	0.17	4.0%
Moral Reconation Therapy for Justice-Involved Adults (MRT)	20	3.93	4.38	0.45	11.4%
Total	27	3.99	4.39	0.40	9.9%



Social **Connectedness**



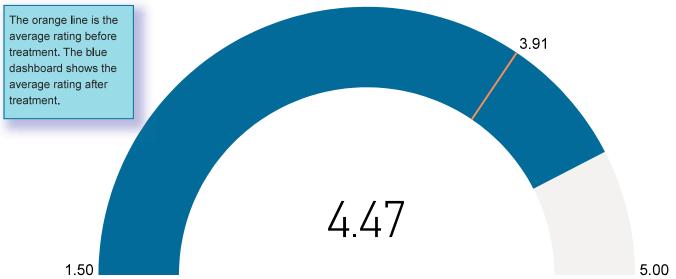
Clients are asked at discharge to rate how strongly they agree with four different questions pertaining to their connections with their family, friends, and community. The average of these four responses is given below. To see specific questions, please see Appendix B.

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



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

Social Connectedness



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Evidence-Based SUD Treatment for Justice-Involved Adults	9	3.92	4.58	0.67	17.0%
Moral Reconation Therapy for Justice-Involved Adults (MRT)	20	3.89	4.41	0.52	13.4%
Total	27	3.91	4.47	0.56	14.2%

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Participation in Treatment Planning and Outcomes of Services



Participation in Treatment Planning

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

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

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

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

Outcomes of Treatment Services



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

Treatment Services	Unduplicated Client Count	Participation in Treatment Planning	Outcomes of Treatment Services
Evidence-Based SUD Treatment for Justice-Involved Adults	9	4.11	4.22
Moral Reconation Therapy for Justice-Involved Adults (MRT)	20	4.38	4.15
Total	27	4.32	4.18



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		Quality and Appropriateness
Evidence-Based SUD Treatment for Justice-Involved Adults	9	4.24	4.01
Moral Reconation Therapy for Justice-Involved Adults (MRT)	20	4.27	4.38
Total	27	4.30	4.31



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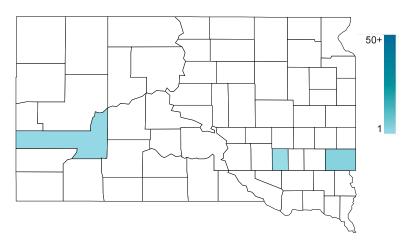


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Youth SUD **Treatment Services**

County of Residence for Clients Who Received Publicly Funded Services



Treatment Services

Publicly Funded Average Duration of Clients Served

Treatment (Days)

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

9

50



Unduplicated Clients Served (Publicly Funded)

Publicly Funded Clients Served with Co-Occurring Mental Health Conditions





Veterans Served (Publicly Funded)

0

Pregnant Clients Served (Publicly Funded)



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.



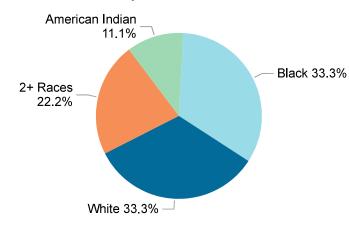
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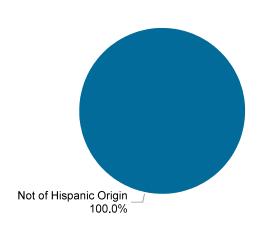


The data below reflect the self-reported race and ethnicity of youth served in publicly funded treatment services.

Clients Served by Race



Clients Served by Ethnicity



Clients Served by Service Type and Race

	2+ F	Races	Ame India		Bla	ck	White	Э	Total	
Treatment Services	N	%	N	%	N	%	N	%	N	%
Evidence-Based SUD Treatment for Justice-Involved & At-Risk Youth	2	22.2%	1	11.1%	3	33.3%	3	33.3%	9	100.0%
Total	2	22.2%	1	11.1%	3	33.3%	3	33.3%	9	100.0%

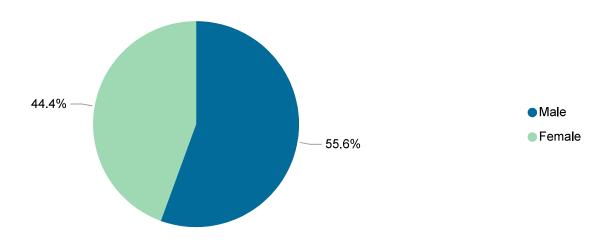


Gender



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

	Fem	ale	Male		Tota	I
Treatment Services	N	%	N	%	N	%
Evidence-Based SUD Treatment for Justice-Involved & At-Risk Youth	4	44.4%	5	55.6%	9	100.0%
Total	4	44.4%	5	55.6%	9	100.0%



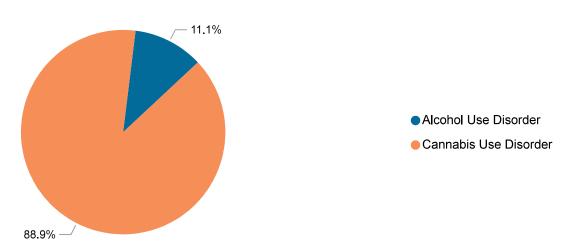
Primary Diagnosis



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

	Alcoh Disor	nol Use der	Cann Disor	abis Use der	Total	
Treatment Services	N	%	N	%	N	%
Evidence-Based SUD Treatment for Justice-Involved & At-Risk Youth	1	11.1%	8	88.9%	9	100.0%
Total	1	11.1%	8	88.9%	9	100.0%



Reason for Discharge



treatment completion for adult and youth clients was 35%.

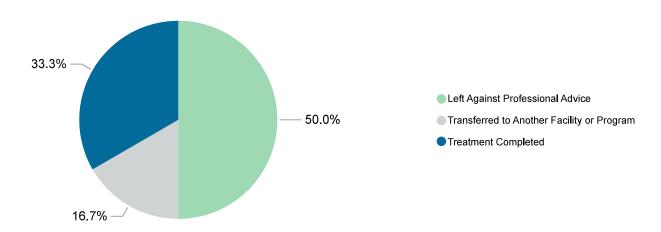
The data below reflect the reasons youth discharged from publicly funded treatment services.

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

The majority of youth left against professional advice.

The next most common discharge reason was they successfully completed treatment.

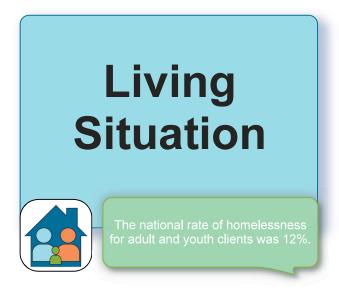
Reason for Discharge From Services



Reason for Discharge by Service Type

		Against fessiona l ice	Ano	nsferred to ther Facility rogram	Treat Comp	ment oleted	Total	
Treatment Services	N	%	N	%	N	%	N	%
Evidence-Based SUD Treatment for Justice-Involved & At-Risk Youth	3	50.0%	1	16.7%	2	33.3%	6	100.0%
Total	3	50.0%	1	16.7%	2	33.3%	6	100.0%

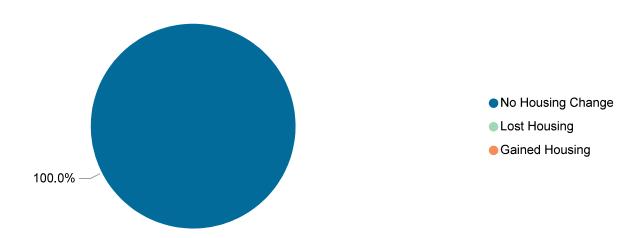




The data below reflect the living situations of youth served in publicly funded treatment services.

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		Homelessness at Admission	Homelessness at Discharge
Evidence-Based SUD Treatment for Justice-Involved & At-Risk Youth	9	0.0%	0.0%
Total	9	0.0%	0.0%

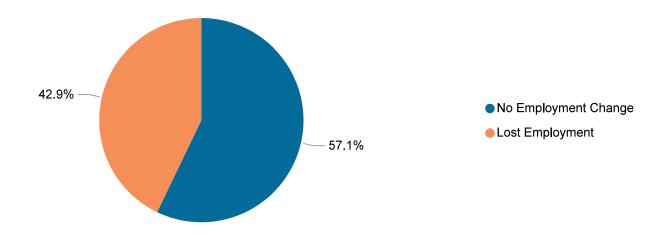




The data below reflect the employment status of youth served in publicly funded treatment services.

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

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



Client Employment at Admission and Discharge

Treatment Services		Unduplicated Client Count		oloyment dmission	Employment at Discharge	
Evidence-Based SUD Treatment for Justice-In	volved & At-Risk Youth		6	30.0%	0.0%	-
Total			6	30.0%	0.0%	



Arrest History



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

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

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

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

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

Unable to Report Due to Low Number of Outcome Tools.

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

Treatment Services

Unduplicated Client Count

Arrests at Admission

Arrests at Discharge

Total



General Health

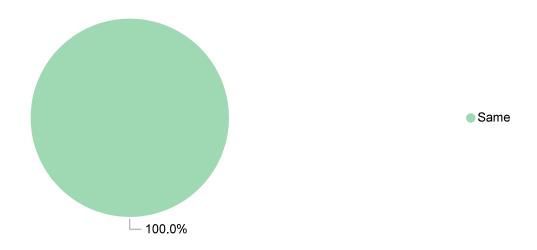


Clients are asked at the start of treatment and at the end of treatment, "Would you say that in general your health is?" Clients could answer in a range from 1-"Poor" to 5-"Excellent". Only clients who completed this question at time of admission and time of discharge are included.

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Evidence-Based SUD Treatment for Justice-Involved & At-Risk Youth	1	4.00	4.00	0.00	0.0%
Total	1	4.00	4.00	0.00	0.0%



Physical Health



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

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

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

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

Unable to Report Due to Low Number of Outcome Tools.

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

Treatment Services

Unduplicated Average Average Change Percent Client Count Initial Discharge Change

Total



Mental Health



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

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

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

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

Unable to Report Due to Low Number of Outcome Tools.

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

Treatment Services

Unduplicated Average Average Change Percent Client Count Initial Discharge Change

Total



Physical or Mental Health Prevented Normal Activities

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

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

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



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

Unable to Report Due to Low Number of Outcome Tools.

Number of Days Poor Physical or Mental Health Prevented Normal Activities

Treatment Services

Unduplicated Average Average Change Percent Client Count Initial Discharge Change

Total



Reported Attempts to Die by Suicide



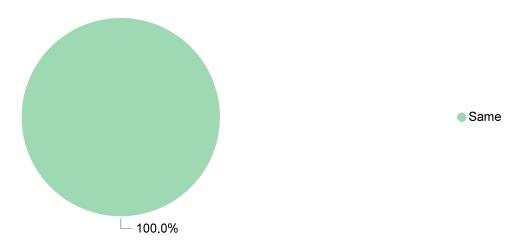
If you, or someone you know, is in need of crisis support, or experiencing emotional distress, call or text 988, or chat at https://988lifeline.org/.

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

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

At discharge, youth served in publicly funded treatment services reported no change 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
Evidence-Based SUD Treatment for Justice-Involved & At-Risk Youth	1	0.00	0.00	0.00	NaN
Total	1	0.00	0.00	0.00	NaN



Ability to Control Alcohol Use



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

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

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

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

Ability to Control Alcohol Use

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

(Blank)

(Blank)

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

Treatment Services

Unduplicated Average Client Count Initial

Average Discharge Change Percent Change

Total

Unable to Report Due to Low Number of Outcome Tools.



Ability to Control Drug Use



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

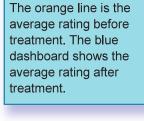
Only clients with primary non-alcohol use disorders are included in this outcome measure. Clients with primary alcohol use disorder rate their ability to control alcohol use specifically on the preceding page.

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

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

4.00

Ability to Control Drug Use



3.88





Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Evidence-Based SUD Treatment for Justice-Involved & At-Risk Youth Total	1 1	2.00 2.00	4.00 4.00	2.00 2.00	



Treatment Engagement

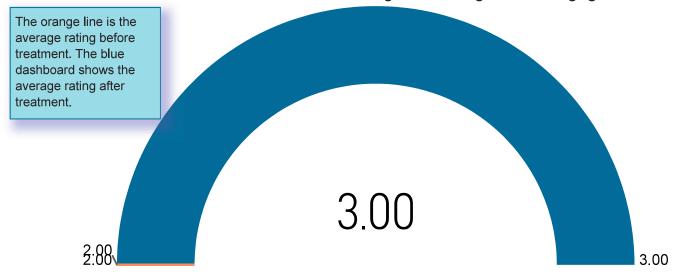


Clinicians are asked at the start of the client's treatment and at the end of treatment, "At this interval period, what is your (clinician's) assessment of the client's understanding and willingness to engage in their treatment program?" Clinicians may answer in a range from 1-"Unengaged" to 5-"Optimal 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
Evidence-Based SUD Treatment for Justice-Involved & At-Risk Youth	1	2.00	3.00	1.00	50.0%
Total	1	2.00	3.00	1.00	50.0%



Importance of Changing Current **Behaviors**

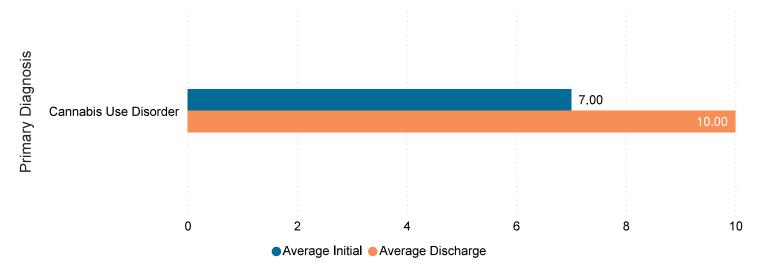


Clients are asked at the start of treatment and at the end of treatment to rate how important it is that they change their current behaviors and/or symptoms. They rate this question on a scale from 0-"Not Important at AII" to 10-"Most Important Thing in My Life Right Now."

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 importance of changing current behaviors.

Self-Rated Importance in Changing Current Behaviors



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Evidence-Based SUD Treatment for Justice-Involved & At-Risk Youth Total	1	7.00	10.00	3.00	42.9%
	1	7.00	10.00	3.00	42.9%

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Motivation to Change Current Behaviors

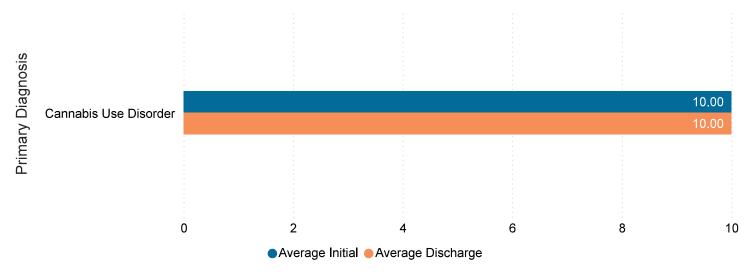
Clients are asked at the start of treatment and at the end of treatment to rate their motivation to change their current behaviors and/or symptoms. They rate this question on a scale from 0-"Not Important at All" to 10-"Most Important Thing in My Life Right Now."

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

Youth served in publicly funded treatment services reported no change in their self-rated motivation to change current behaviors.



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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Evidence-Based SUD Treatment for Justice-Involved & At-Risk Youth Total	1	10.00	10.00	0.00	0.0%
	1	10.00	10.00	0.00	0.0%



Confidence to Control Use Under Stress and Peer Pressure

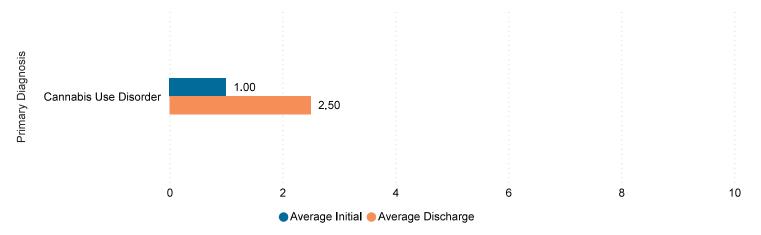
Clients are asked at the start of treatment and at the end of treatment to rate their confidence in their ability to control use under different stressful situations, including peer pressure. They rate each question on a scale from 0-"Not at All Confident" to 10-"Very Confident." The average of these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

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

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



Self-Rated Confidence to Control Substance Use



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Evidence-Based SUD Treatment for Justice-Involved & At-Risk Youth	1	1.00	2.50	1.50	150.0%
Total	1	1.00	2.50	1.50	150.0%



Visits to Emergency Department



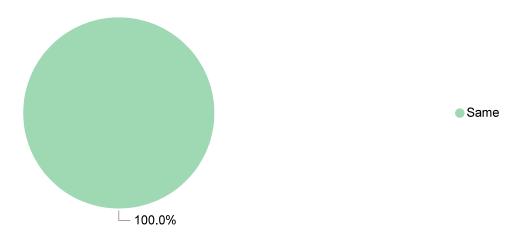
Clients are asked at the start of treatment and at the end of treatment, "How many times have you gone to an emergency room for a psychiatric or emotional problem in the past 30 days?" Only clients who completed this question at time of admission and time of discharge are included.

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, youth served in publicly funded treatment services reported no change 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
Evidence-Based SUD Treatment for Justice-Involved & At-Risk Youth	1	1.00	1.00	0.00	0.0%
Total	1	1.00	1.00	0.00	0.0%



Detoxification Services



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

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

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

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.



Total

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



Hospital Admissions for Mental Health Care



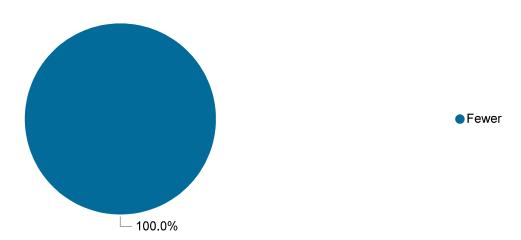
Clients are asked at the start of treatment and at the end of treatment, "How many nights have you spent in a facility for mental health care in the past 30 days?" Only clients who completed this question at time of admission and time of discharge are included.

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, youth 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
Evidence-Based SUD Treatment for Justice-Involved & At-Risk Youth	1	4.00	0.00	-4.00	-100.0%
Total	1	4.00	0.00	-4.00	-100.0%



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

Total



Nights Spent in Correctional Facility



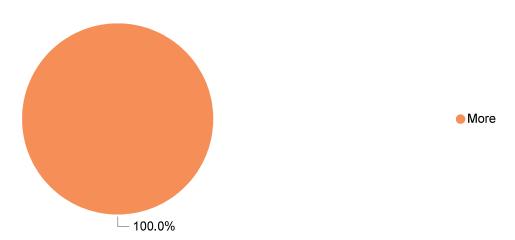
Clients are asked at the start of treatment and at the end of treatment, "How many nights have you spent in a correctional facility including JDC or jail (as a result of an arrest, parole or probation violation) in the past 30 days?" Only clients who completed this question at time of admission and time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

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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Evidence-Based SUD Treatment for Justice-Involved & At-Risk Youth	1	1.00	7.00	6.00	600.0%
Total	1	1.00	7.00	6.00	600.0%



Trouble as a Result of Substance Use

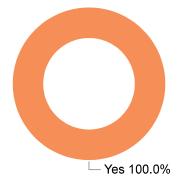
Clients are asked at the start of treatment and at the end of treatment, "Have you gotten in trouble at home, at school, work, or in the community, because of your use of alcohol, drugs, inhalants or gambling?" Only clients who completed this question at time of admission and time of discharge are included.

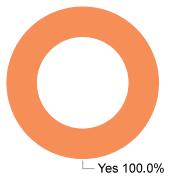
Clients' responses on these surveys are then broken out by the percentage of clients who responded "Yes" or "No" at time of admission and at time of discharge (donut chart) as well as the average responses and change from admission to discharge (table).

Youth served in publicly funded treatment services reported no change in getting into trouble due to their substance use.

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

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





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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Evidence-Based SUD Treatment for Justice-Involved & At-Risk Youth Total	1	1.00	1.00	0.00	0.0%
	1	1.00	1.00	0.00	0.0%



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.

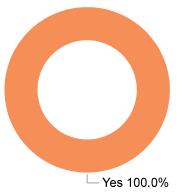
Clients' responses on these surveys are then broken out by the percentage of clients who responded "Yes" or "No" at time of admission and at time of discharge (donut chart) as well as the average responses and change from admission to discharge (table).

Youth served in publicly funded treatment services reported no change in missing school or work due to their substance use.

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

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





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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Evidence-Based SUD Treatment for Justice-Involved & At-Risk Youth Total	1	1.00 1.00	1.00 1.00	0.00 0.00	0.0% 0.0%



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?

3.50

3.50

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

Treatment Services	Unduplicated Client Count	General Satisfaction with Services
Evidence-Based SUD Treatment for Justice-Involved & At-Risk Youth	1	3.50
Total	1	3.50



Improved Functioning

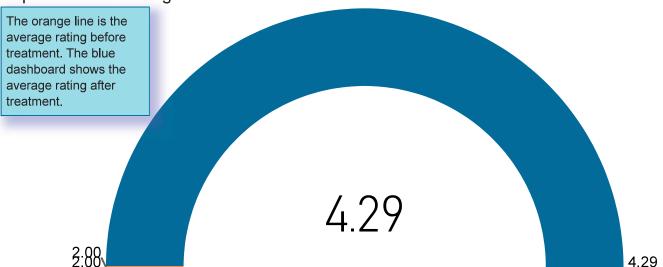


Clients are asked at discharge to rate how strongly they agree with seven different questions pertaining to their perception of their mental health and social well-being before and after the services they received. The average of these seven responses is given below. To see specific questions, please 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 SUD Treatment for Justice-Involved & At-Risk Youth Total	1	2.00	4.29	2.29	114.3%
	1	2.00	4.29	2.29	114.3%



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 a decrease in social connectedness.

Social Connectedness

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

3.00

4.00

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
Evidence-Based SUD Treatment for Justice-Involved & At-Risk Youth Total	1	4.00	3.00	-1.00	-25.0%
	1	4.00	3.00	-1.00	-25.0%



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.

Youth served in publicly funded treatment services reported high levels of participation in treatment planning and felt staff were culturally sensitive.

Participation in Treatment Planning

Cultural Sensitivity of Staff

4.00

4.00

4.00 4.00 4.00

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	Cultural Sensitivity of Staff
Evidence-Based SUD Treatment for Justice-Involved & At-Risk Youth	1	4.00	4.00
Total	1	4.00	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 did not report ease and convenience when accessing services.

Access to Services

0.00

0.00

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 SUD Treatment for Justice-Involved & At-Risk Youth Total	1 1		0.00 0.00



Internalizing Disorder



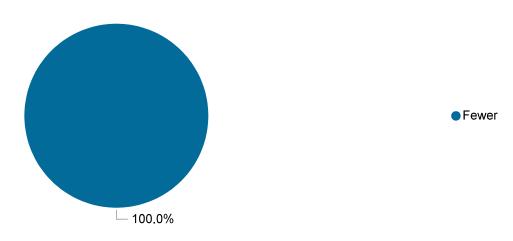
Youth clients complete the Global Appraisal of Individual Needs Short Screener (GAIN-SS) at admission and discharge.

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 SUD Treatment for Justice-Involved & At-Risk Youth	1	2.00	0.00	- 2.00	-100.0%
Total	1	2.00	0.00	-2.00	-100.0%



Externalizing Disorder



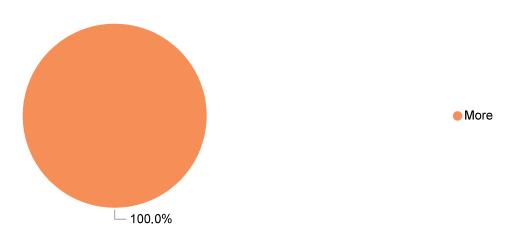
Youth clients complete the Global Appraisal of Individual Needs Short Screener (GAIN-SS) at admission and discharge.

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 SUD Treatment for Justice-Involved & At-Risk Youth	1	1.00	2.00	1.00	100.0%
Total	1	1.00	2.00	1.00	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.

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



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

Unable to Report Due to Low Number of Outcome Tools.

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

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

Total



Youth SUD Treatment Services

Crime and Violence



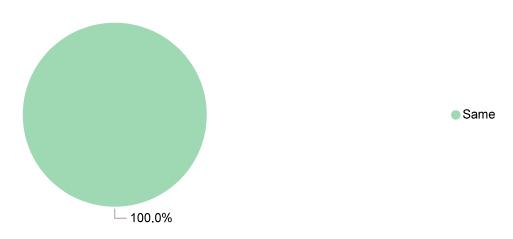
Youth clients complete the Global Appraisal of Individual Needs Short Screener (GAIN-SS) at admission and discharge.

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

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

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

Clients Who Had More, Fewer, or the Same Number of 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
Evidence-Based SUD Treatment for Justice-Involved & At-Risk Youth	1	3.00	3.00	0.00	0.0%
Total	1	3.00	3.00	0.00	0.0%



Family Perceptions of Youth SUD Treatment Services

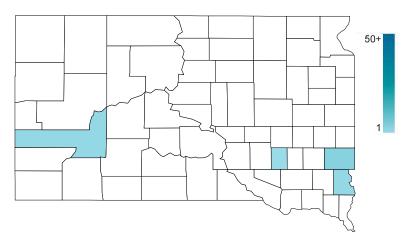


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Family Perceptions of Youth SUD Services

County of Residence for Clients Who Received Publicly Funded Services



Treatment Services

Publicly Funded Average Duration of Clients Served Treatment (Days)

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

5



Unduplicated Clients Served (Publicly Funded)

9

Publicly Funded Clients Served with Co-Occurring Mental Health Conditions





Veterans Served (Publicly Funded)

0

Pregnant Clients Served (Publicly Funded)

0







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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.

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

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

Unable to Report Due to Low Number of Outcome Tools.

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

Treatment Services Unduplicated Arrests at Arrests at Client Count Admission Discharge

Total



General Health



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

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

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

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

Unable to Report Due to Low Number of Outcome Tools.

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

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

Total



Physical Health



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

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

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

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

Unable to Report Due to Low Number of Outcome Tools.

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

Treatment Services

Unduplicated Average Average Change Percent Client Count Initial Discharge Change

Total



Mental Health



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

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

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

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

Unable to Report Due to Low Number of Outcome Tools.

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

Treatment Services

Unduplicated Average Average Change Percent Client Count Initial Discharge Change

Total



Total

Family Perceptions of Youth MH

Physical or Mental Health Prevented Normal Activities

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

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

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

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

Unable to Report Due to Low Number of Outcome Tools.

Number of Days Poor Physical or Mental Health Prevented Normal Activities

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



Reported Attempts to Die by Suicide



Total

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

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

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

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

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

Unable to Report Due to Low Number of Outcome Tools.

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

Treatment Services

Unduplicated Average Average Change Percent
Client Count Initial Discharge Change



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.

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

Treatment Services

Unduplicated Average Average Change Percent
Client Count Initial Discharge Change

Total

Unable to Report Due to Low Number of Outcome Tools.



Ability to Control Drug Use



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

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

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

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

Ability to Control Drug Use

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

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

Treatment Services Unduplicated Average

Average Change Percent Client Count Initial Discharge Change

Total

Unable to Report Due to Low Number of Outcome Tools.

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Treatment Engagement



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

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

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

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

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

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

Treatment Services

Unduplicated Average Average Change Percent
Client Count Initial Discharge Change

Total

Unable to Report Due to Low Number of Outcome Tools.



Importance of Changing Current Behaviors

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

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

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



Importance in Changing Current Behaviors

Primary Diagnosis

Unable to Report Due to Low Number of Outcome Tools.

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

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

_ Total



Motivation to Change Current Behaviors

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

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

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



Motivation to Change Current Behaviors and/or Symptoms

Primary Diagnosis

Unable to Report Due to Low Number of Outcome Tools.

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

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

Total



Confidence to Control Use Under Stress and Peer Pressure



Confidence to Control Substance Use

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

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

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

Primary Diagnosis

Unable to Report Due to Low Number of Outcome Tools.

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

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

Total



Visits to Emergency Department



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

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

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

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

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

Unable to Report Due to Low Number of Outcome Tools.

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

Treatment Services

Unduplicated Average Average Change Percent
Client Count Initial Discharge Change

Total



Detoxification Services



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

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

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

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

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

Unable to Report Due to Low Number of Outcome Tools.

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

Treatment Services

Unduplicated Average Average Change Percent
Client Count Initial Discharge Change

Total



Inpatient Substance Use Disorder Treatment Services

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

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

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



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

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

Unable to Report Due to Low Number of Outcome Tools.

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

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

Total



Hospital Admissions for Mental Health Care



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

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

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

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

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

Unable to Report Due to Low Number of Outcome Tools.

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

Treatment Services

Unduplicated Average Average Change Percent Client Count Initial Discharge Change

Total



Illness, Injury, or Surgery



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

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

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

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

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

Unable to Report Due to Low Number of Outcome Tools.

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

Treatment Services

Unduplicated Average Average Change Percent Client Count Initial Discharge Change

Total



Nights Spent in Correctional Facility

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

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

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

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

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

Unable to Report Due to Low Number of Outcome Tools.

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

Treatment Services

Unduplicated Average Average Change Percent
Client Count Initial Discharge Change

Total



Trouble as a Result of Substance Use



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

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

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

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

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

Unable to Report Due to Low Number of Outcome Tools.

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

Treatment Services

Unduplicated Average Average Change Percent
Client Count Initial Discharge Change

Total



Missing School/Work as a Result of Substance Use

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

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

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

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

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

Unable to Report Due to Low Number of Outcome Tools.

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

Treatment Services

Unduplicated Average Average Change Percent Client Count Initial Discharge Change

Total



General Satisfaction with Services

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

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

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

Were You Satisfied With the Services Your Child Received?

(Blank)

(Blank)

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

Treatment Services

Unduplicated Client Count

General Satisfaction with Services

Total

Unable to Report Due to Low Number of Outcome Tools.



Improved Functioning



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

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

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

Improved Functioning

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

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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 Average Change Percent Client Count Initial Discharge Change

Total

Unable to Report Due to Low Number of Outcome Tools.



Social Connectedness



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

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

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

Social Connectedness

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

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

Treatment Services

Unduplicated Client Count

Initial

Average Average Discharge Change Percent

Change

Total

Unable to Report Due to Low Number of Outcome Tools.

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Participation in Treatment Planning and Cultural Sensitivity of Staff

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

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(Blank)

(Blank) (Blank) (Blank)

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

Treatment Services

Unduplicated Client Count Participation in Cultura
Treatment Planning of Staff

Cultural Sensitivity

Total

Unable to Report Due to Low Number of Outcome Tools.



Access to Services



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

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

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

Access to Services

(Blank)

(Blank)

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

Treatment Services

Unduplicated Client Count

Access to Services

Total

Unable to Report Due to Low Number of Outcome Tools.



Justice-Involved and At-Risk Youth Services

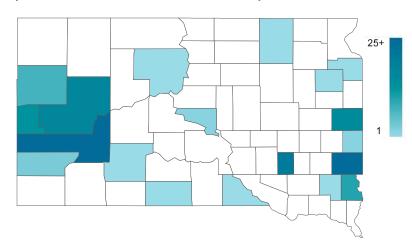


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Justice-Involved and At-Risk Youth MH Treatment Services

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	(95	175
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	17	75	183



Unduplicated Clients Served (Publicly Funded)

238

Veterans Served (Publicly Funded)

0

Publicly Funded Clients with Serious Emotional Disturbance (SED)

238



Publicly Funded Clients Who Successfully Completed Treatment

108



Clients described in this section received services intended for justice-involved and at-risk vouth.



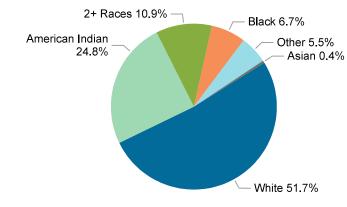


Race & Ethnicity

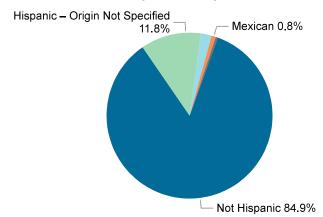


According to the U.S. Census Bureau 84.2% of South Dakotans identify as White, 8.5% identify as American Indian, and 5.1% identify as Hispanic. The data below reflect the self-reported race and ethnicity of justice-involved and at-risk youth served in publicly funded treatment services.

Clients Served by Race



Clients Served by Ethnicity



Clients Served by Service Type and Race

	2+	Races	American Indian		As	Asian Black		Other		White		Tota	I	
Treatment Services	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Evidence-Based MH Treatment for Justice- Involved and At-Risk Youth	12	12.6%	21	22.1%	1	1.1%	7	7.4%	4	4.2%	50	52.6%	95	100.0%
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	19	10.9%	46	26.3%			10	5.7%	9	5.1%	91	52.0%	175	100.0%
Total	26	10.9%	59	24.8%	1	0.4%	16	6.7%	13	5.5%	123	51.7%	238	100.0%

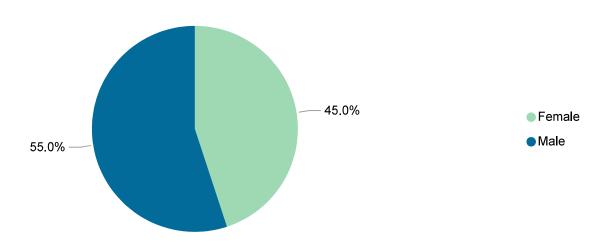


Gender



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)	Male		Total	
Treatment Services	N	%	N	%	N	%
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	26	27.4%	69	72.6%	95	100.0%
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	90	51.4%	85	48.6%	175	100.0%
Total	107	45.0%	131	55.0%	238	100.0%



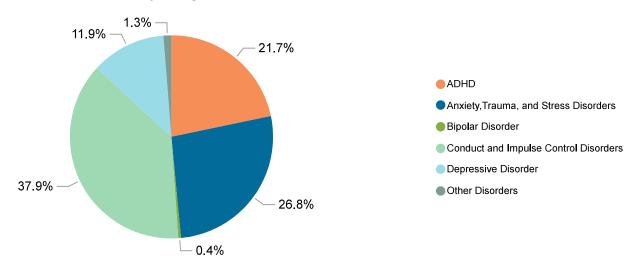
Primary Diagnosis



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 Conduct and Impulse Control Disorders, followed by Anxiety, Trauma, and Stress Disorders.

Clients Served for Each Primary Diagnosis



Diagnosis by Service Type

	ADł	HD	Anxiety,Trauma, and Stress Disorders		- 1	oolar sorder	Conduct and Impulse Control Disorders		Depressive Ol Disorder		Other Disorders		Total	
Treatment Services	N	%	N	%	N	%	N	%	Ν	%	N	%	N	%
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	22	23.4%	18	19.1%	1	1.1%	43	45.7%	8	8.5%	2	2.1%	94	100.0%
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	33	19.2%	53	30.8%	1	0.6%	62	36.0%	21	12.2%	2	1.2%	172	100.0%
Total	51	21.7%	63	26.8%	1	0.4%	89	37.9%	28	11.9%	3	1.3%	234	100.0%



Reason for Discharge

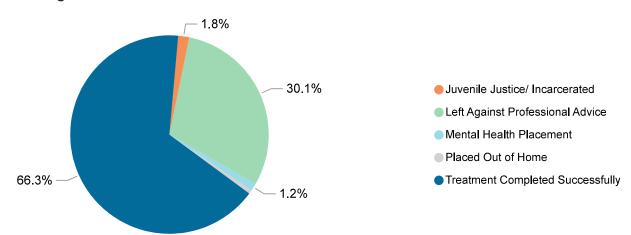


The data below reflect the reasons justice-involved and at-risk youth discharged from publicly funded treatment services.

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.

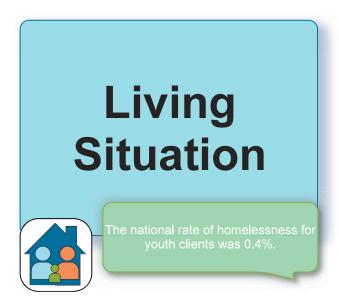
Reason for Discharge from Services



Reason for Discharge by Service Type

	Jus	venile stice/ carcerated		Against fessional rice	Не	ental ealth acement		aced Out Home	Com	ment oleted essfully	Total	
Treatment Services	N	%	N	%	N	%	N	%	N	%	N	%
Evidence-Based MH Treatment for Justice- Involved and At-Risk Youth			18	33.3%					36	66.7%	54	100.0%
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	3	2.3%	33	25.0%	2	1.5%	1	0.8%	93	70.5%	132	100.0%
Total	3	1.8%	49	30.1%	2	1.2%	1	0.6%	108	66.3%	163	100.0%

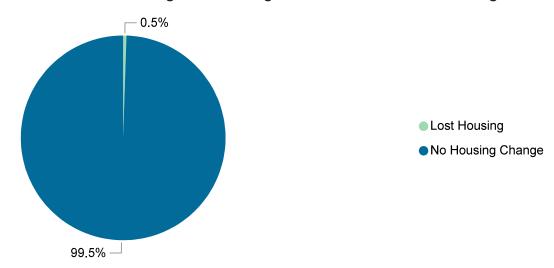




The data below reflect the living situations of justice-involved and atrisk youth served in publicly funded treatment services.

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
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	68	1.3%	1.3%
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	157	0.0%	0.6%
Total	196	0.5%	0.9%

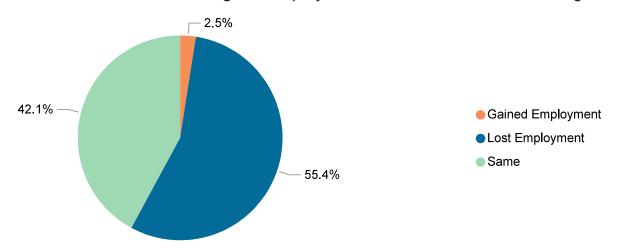




The data below reflect the employment of justice-involved and at-risk youth served in publicly funded treatment services.

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

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



Client Employment at Admission and Discharge

Treatment Services	Unduplicated Client Count	Employment at Admission	Employment at Discharge
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	65	65.8%	9.6%
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	149	59.4%	10.0%
Total	187	60.8%	9.6%



Arrest History

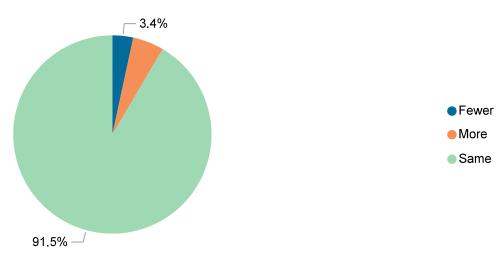


Clients are asked at the start of treatment and at the end of treatment, "In the past 30 days, how many times have you been arrested?" Only clients who completed this question at time of admission and time of discharge are included.

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

At discharge, youth served in publicly funded treatment services reported an increase in the number of 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		
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	19	5.3%	5.3%
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	49	3.9%	5.9%
Total	57	3.4%	5.1%



General Health

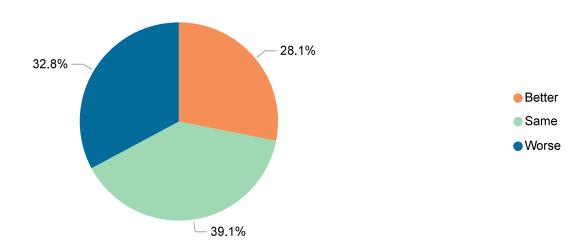


Clients are asked at the start of treatment and at the end of treatment, "Would you say that in general your health is?" Clients could answer in a range from 1-"Poor" to 5-"Excellent". Only clients who completed this question at time of admission and time of discharge are included.

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 a decrease 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	20	3.75	3.45	-0.30	-8.0%
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	54	3.50	3.41	-0.09	-2.6%
Total	62	3.55	3.45	-0.09	-2.6%



Physical Health

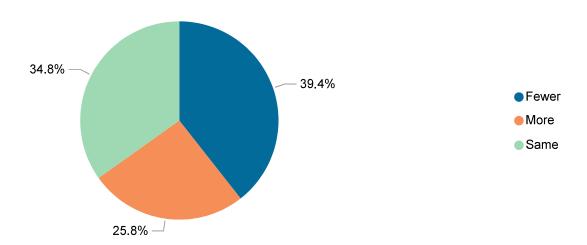


Clients are asked at the start of treatment and at the end of treatment, "Now thinking about your physical health, which includes physical illness and injury, how many days during the past 30 days was your physical health not good?" Only clients who completed this question at time of admission and time 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 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
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	22	2.18	2.77	0.59	27.1%
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	56	3.98	2.98	-1.00	-25.1%
Total	64	3.71	2.92	-0.79	-21.2%



Mental Health

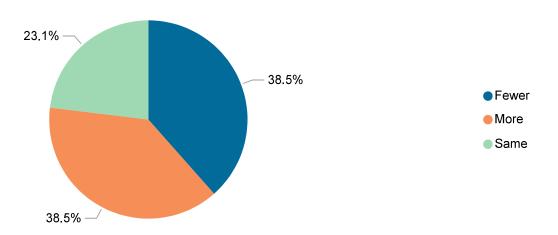


Clients are asked at the start of treatment and at the end of treatment, "Now thinking about your mental health, which includes stress, depression, and problems with emotions, how many days during the past 30 days was your mental health not good?" Only clients who completed this question at time of admission 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	21	4.57	5.81	1.24	27.1%
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	55	6.60	6.04	-0.56	-8.5%
Total	63	6.17	5.78	-0.38	-6.2%



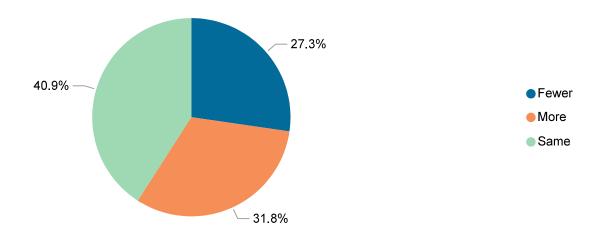
Physical or Mental Health Prevented Normal Activities

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.

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
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	22	3.23	5.14	1.91	59.2%
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	56	4.26	4.79	0.53	12.6%
Total	64	3.80	4.62	0.82	21.5%



Reported Attempts to Die by Suicide

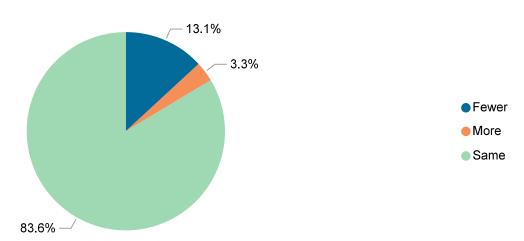


If you, or someone you know, is in need of crisis support, or experiencing emotional distress, call or text 988, or chat at https://988lifeline.org/. Clients are asked at the start of treatment and at the end of treatment, "How many times have you tried to commit suicide in the past 6 months?" Only clients 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 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 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	21	0.24	0.05	-0.19	-80.0%
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	51	0.34	0.11	-0.23	-66.7%
Total	59	0.31	0.11	-0.20	-63.2%



Visits to Emergency Department



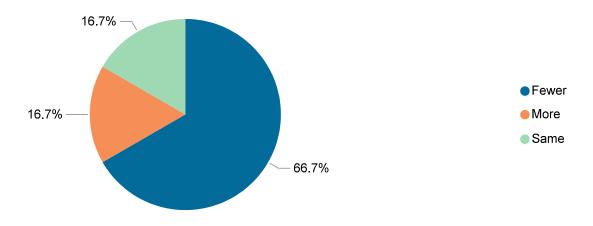
Clients are asked at the start of treatment and at the end of treatment, "How many times have you gone to an emergency room for a psychiatric or emotional problem in the past 6 months?" Only clients who completed this question at time of admission and time of discharge are included.

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.

At discharge, 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 Discharge Compared to Admission



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

Treatment Services	Unduplicated Client Count		Average Discharge	Change	Percent Change
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	3	1.33	0.33	-1.00	-75.0%
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	9	1.90	1.10	-0.80	- 42.1%
Total	11	1.75	1.00	-0.75	-42.9%



Detoxification Services



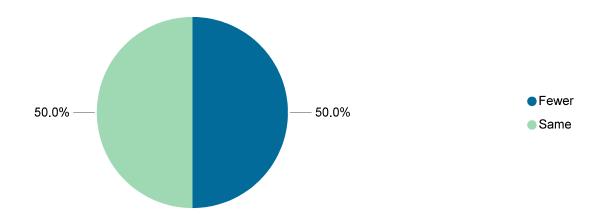
Clients are asked at the start of treatment and at the end of treatment, "How many nights have you spent in a facility for detoxification in the past 6 months?" Only clients who completed this question at time of admission and time of discharge are included.

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.

At discharge, 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 Days Spent in a Facility for Detoxification at Discharge 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 Discharge	Change	Percent Change
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	1	1.00	0.00	-1.00	-100.0%
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%



Inpatient Substance Use Disorder Treatment Services

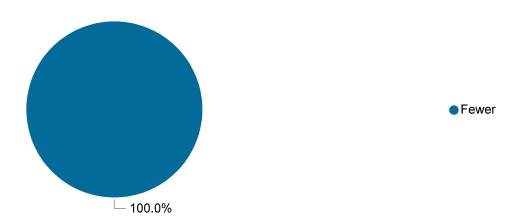
Clients are asked at the start of treatment and at the end of treatment, "How many nights have you spent in a facility for inpatient/residential substance use disorder treatment in the past 6 months?" Only clients who completed this question at time of admission and time of discharge are included.

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.

At discharge, 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 Discharge 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 Discharge	Change	Percent Change
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	1	8.00	0.00	-8.00	-100.0%
Total	1	8.00	0.00	-8.00	-100.0%



Hospital Admissions for Mental Health Care



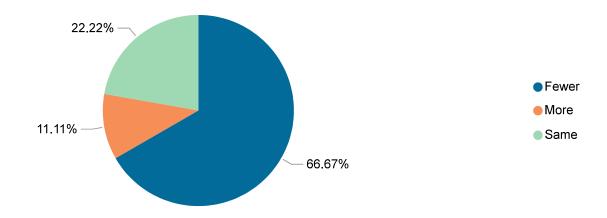
Clients are asked at the start of treatment and at the end of treatment, "How many nights have you spent in a facility for mental health care in the past 6 months?" Only clients who completed this question at time of admission and time of discharge are included.

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

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

At discharge, 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 Discharge 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 Discharge	Change	Percent Change
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	2	3.50	2.50	-1.00	-28.6%
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	7	3.25	1.25	-2.00	-61.5%
Total	8	3.44	1.67	-1.78	-51.6%



Illness, Injury, or Surgery



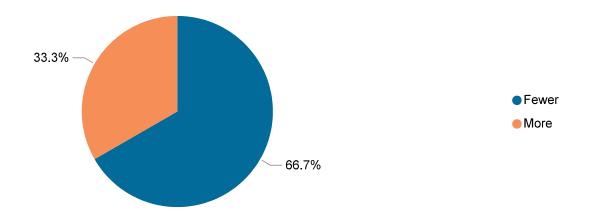
Clients are asked at the start of treatment and at the end of treatment, "How many nights have you spent in a facility for illness, injury, or surgery in the past 6 months?" Only clients who completed this question at time of admission and time of discharge are included.

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.

At discharge, 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 Discharge 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 Discharge	Change	Percent Change
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	1	1.00	0.00	-1.00	-100.0%
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	4	1.75	0.00	-1.75	-100.0%
Total	4	1.75	0.00	-1.75	-100.0%



Nights Spent in Correctional Facility



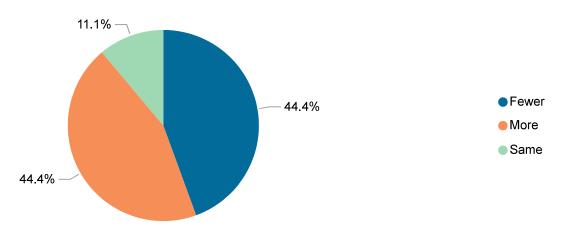
Clients are asked at the start of treatment and at the end of treatment, "How many nights have you spent in a correctional facility including JDC or jail (as a result of an arrest, parole, or probation violation) in the past 6 months?" Only clients who completed this question at time of admission and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

At discharge, youth served in publicly funded treatment services reported an increase 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 Discharge 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 Discharge	Change	Percent Change
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	4	15.00	30.50	15.50	103.3%
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	6	18.17	9.83	-8.33	-45.9%
Total	9	13.78	15.11	1.33	9.7%



Attended School

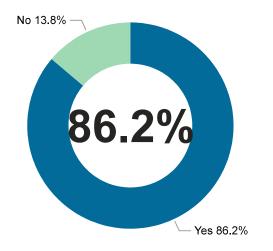


The data below reflect the percent of youth clients who attended school at least once in the three months prior to discharging from services.

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

YesNo

Attended School in Past Three Months



Youth Attended School

	No		Yes		Tota	
Treatment Services	N	%	Ν	%	N	%
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	3	13.6%	19	86.4%	22	100.0%
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	8	14.0%	49	86.0%	57	100.0%
Total	9	13.8%	56	86.2%	65	100.0%



General Satisfaction with Services

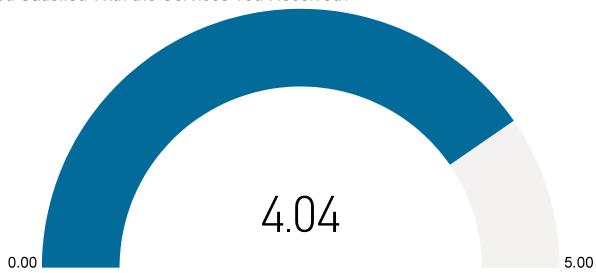
Clients are asked at discharge to rate how strongly they agree with six different questions pertaining to their overall satisfaction with treatment services they received. The average of these six responses is given below. To see specific questions, please see Appendix B.

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
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	22	3.89
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	57	3.99
Total	65	4.04



Improved Functioning

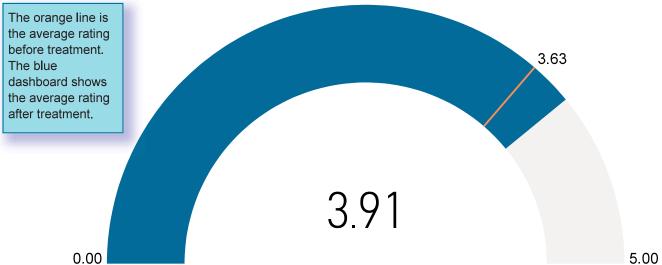


Clients are asked at discharge to rate how strongly they agree with seven different questions pertaining to their perception of their mental health and social well-being before and after the services they received. The average of these seven responses is given below. To see specific questions, please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

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

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





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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	22	3.90	3.93	0.03	0.8%
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	57	3.57	3.86	0.30	8.4%
Total	65	3.63	3.91	0.28	7.6%



Social Connectedness

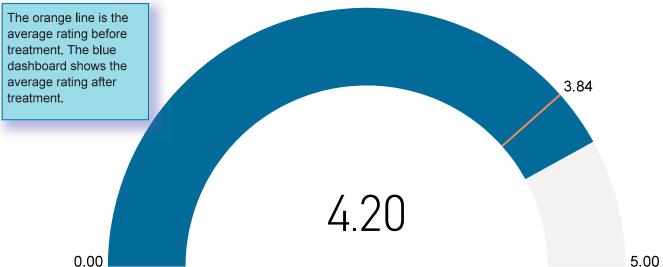
Clients are asked at discharge to rate how strongly they agree with four different questions pertaining to their connections with their family, friends, and community. The average of these four responses is given below. To see specific questions, please see Appendix B.

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
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	22	4.13	4.22	0.09	2.2%
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	57	3.74	4.15	0.42	11.1%
Total	65	3.84	4.20	0.35	9.2%



Participation in Treatment Planning

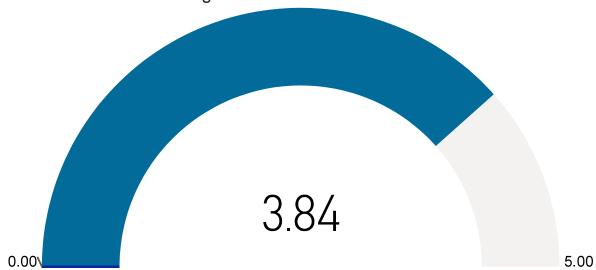


Clients are asked at discharge to rate how strongly they agree with three different questions pertaining to their participation in treatment planning for services they received. The average of these three responses is given below. To see specific questions, please see Appendix B.

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	22	3.48
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	57	3.89
Total	65	3.84



Cultural Sensitivity of Staff

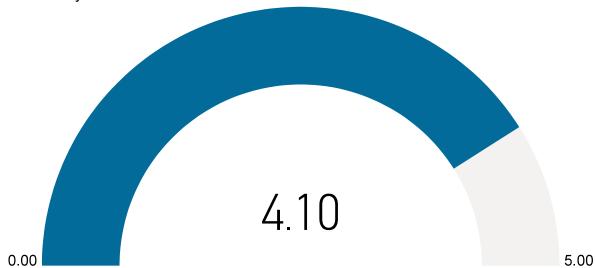


Clients are asked at discharge to rate how strongly they agree with four different questions pertaining to the cultural sensitivity of staff. The average of these four responses is given below. To see specific questions, please see Appendix B.

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.

Cultural Sensitivity of Staff



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	22	3.86
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	57	4.06
Total	65	4.10



Access to Services

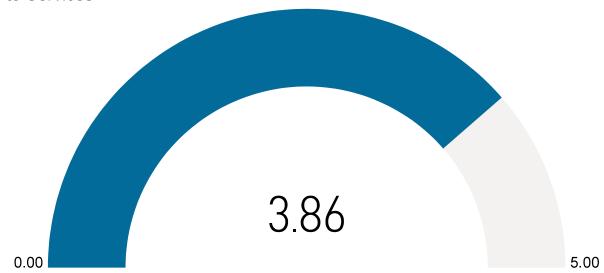


Clients are asked at discharge to rate how strongly they agree with two different questions pertaining to the ease and convenience of accessing the services they received. The average of these two responses is given below. To see specific questions, please see Appendix B.

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
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	22	3.73
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	57	3.81
Total	65	3.86



Internalizing Disorder



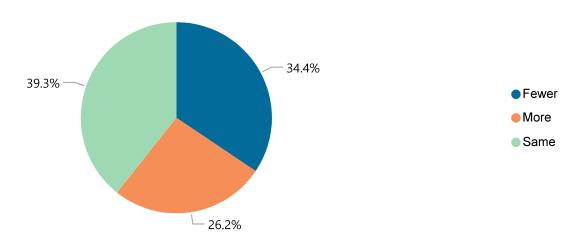
Youth clients complete the Global Appraisal of Individual Needs Short Screener (GAIN-SS) at admission and discharge.

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	20	1.00	1.00	0.00	0.0%
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	52	1.50	1.41	-0.09	-6.2%
Total	60	1.44	1.29	-0.15	-10.1%



Externalizing Disorder



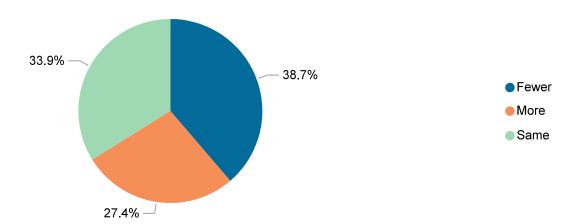
Youth clients complete the Global Appraisal of Individual Needs Short Screener (GAIN-SS) at admission and discharge.

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
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	20	1.95	1.55	-0.40	-20.5%
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	52	2.46	2.20	-0.26	-10.5%
Total	60	2.37	2.03	-0.34	-14.3%



Substance Use Disorder



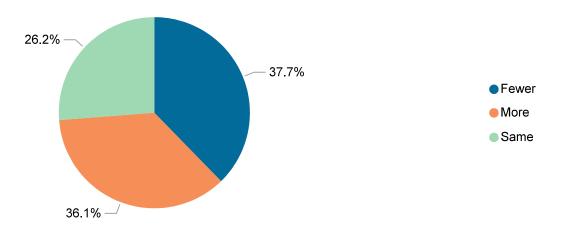
Youth clients complete the Global Appraisal of Individual Needs Short Screener (GAIN-SS) at admission and discharge.

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
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	20	2.40	2.35	-0.05	-2.1%
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	52	3.06	3.04	-0.02	-0.6%
Total	60	2.97	2.85	-0.11	-3.8%



Crime and Violence



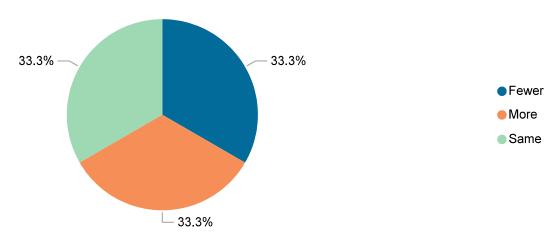
Youth clients complete the Global Appraisal of Individual Needs Short Screener (GAIN-SS) at admission and discharge.

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	19	2.95	3.16	0.21	7.1%
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	51	3.85	3.81	-0.04	-1.0%
Total	59	3.70	3.67	-0.03	-0.9%



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)	80	77.5%	73.8%	67.5%	73.8%	75.0%	76.3%

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	72	19.4%	31.9%	22.2%	26.4%	26.4%	34.7%
Successful Discharge	82	93.9%	95.1%	89.0%	89.0%	91.5%	95.1%
Total	154	59.1%	65.6%	57.8%	59.7%	61.0%	66.9%

Outcomes of Services

Discharge Status	Unduplicated Client Count	Youth Remains in Community	In School/Working	No New Violations
Sevices Not Completed or Unsuccessful Discharge	66	50.0%	37.9%	34.8%
Successful Discharge	78	96.2%	91.0%	85.9%
Total	144	75.0%	66.7%	62.5%



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

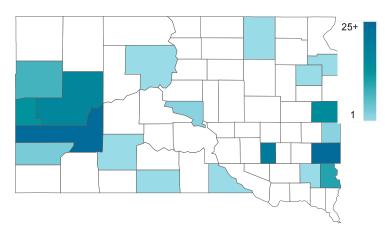


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Family Perceptions of JusticeInvolved and At-Risk Youth Services

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	95	175
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	175	183



Clients Served (Publicly Funded)

238

Publicly Funded Clients with Serious Emotional Disturbance (SED)

238



Veterans Served (Publicly Funded)

n

Publicly Funded Clients Who Successfully Completed Treatment

108





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

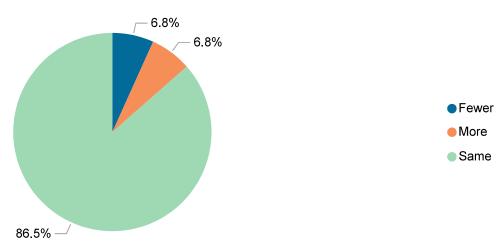


Families of youth clients are asked at the start of treatment and at the end of treatment, "In the past 30 days, how many times has your child been arrested?" Only families of youth who completed this question at time of admission and time of discharge are included.

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		
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	22	4.5%	9.1%
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	65	6.0%	7.5%
Total	72	6.8%	6.8%



General Health

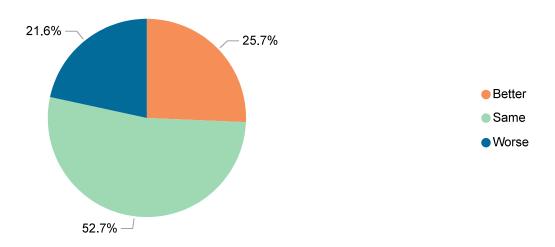


Families of youth clients are asked at the start of treatment and at the end of treatment, "Would you say that in general your child's health is?" Families of youth clients could answer in a range from 1-"Poor" to 5-"Excellent". Only families of youth who completed this question at time of admission 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
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	22	3.59	3.73	0.14	3.8%
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	65	3.40	3.54	0.13	3.9%
Total	72	3.46	3.55	0.09	2.7%



Physical Health

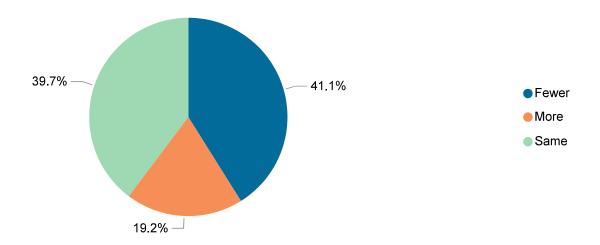


Families of youth clients are asked at the start of treatment and at the end of treatment, "Now thinking about your child's physical health, which includes physical illness and injury, how many days during the past 30 days was your child's physical health not good?" Only families of youth who completed 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 a decrease in days spent in poor physical health.

Families Who Reported Youth Clients Had More, Fewer, or the Same Number of Days Spent in Poor Physical Health at 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
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	21	2.10	2.24	0.14	6.8%
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	64	3.23	2.39	-0.83	-25.8%
Total	71	3.03	2.21	-0.82	-27.1%



Mental Health

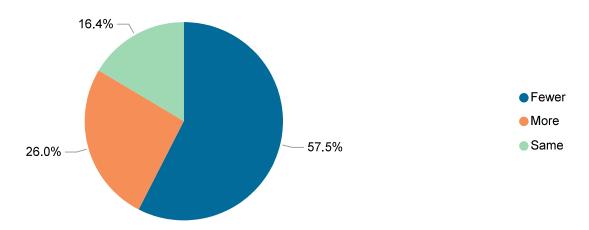


Families of youth clients are asked at the start of treatment and at the end of treatment, "Now thinking about your child's mental health, which includes stress, depression, and problems with emotions, how many days during the past 30 days was your child's mental health not good?" Only families of youth 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
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	21	8.14	4.52	-3.62	-44.4%
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	64	10.61	6.41	- 4.20	-39.6%
Total	71	10.03	5.93	-4.10	-40.8%



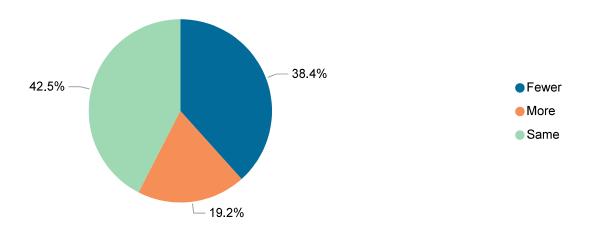
Physical or Mental Health Prevented Normal Activities

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
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	21	3.86	1.71	-2.14	-55.6%
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	64	5.09	2.65	-2.44	-47.9%
Total	71	4.84	2.48	-2.36	-48.7%



Reported Attempts to Die by Suicide



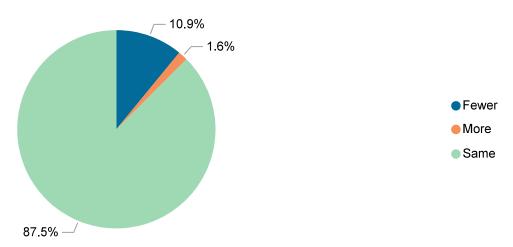
need of crisis support, or experiencing emotional distress, call or text 988, or chat at https://988lifeline.org/.

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 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 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
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	18	0.00	0.00	0.00	NaN
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	56	0.31	0.12	-0.19	-61.1%
Total	62	0.28	0.11	-0.17	-61.1%



Visits to Emergency Department



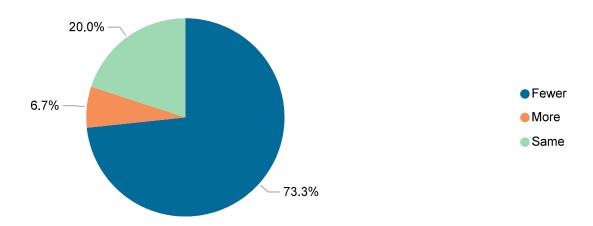
Families of youth clients are asked at the start of treatment and at the end of treatment, "How many times has your child gone to an emergency room for a psychiatric or emotional problem in the past 6 months?" Only families of youth who completed this question at time of admission and time of discharge are included.

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

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

At discharge, 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 Discharge 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 Discharge	Change	Percent Change
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	7	1.43	0.43	-1.00	-70.0%
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	11	2.25	1.17	-1.08	-48.1%
Total	14	2.00	1.00	-1.00	-50.0%



Detoxification Services



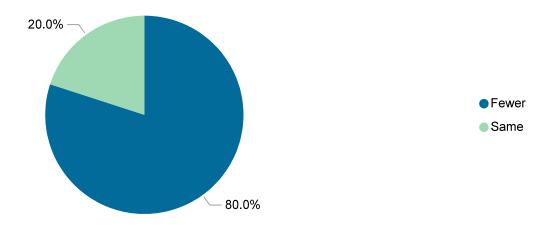
Families of youth clients are asked at the start of treatment and at the end of treatment, "How many nights has your child spent in a facility for detoxification in the past 6 months?" Only families of youth who completed this question at time of admission and time of discharge are included.

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.

At discharge, 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 Youth Clients 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 6 Months Has Your Child Spent in a Facility for Detoxification?

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	1	6.00	0.00	-6.00	-100.0%
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	3	62.67	0.00	-62.67	-100.0%
Total	3	62.67	0.00	-62.67	-100.0%



Inpatient Substance Use Disorder Treatment Services



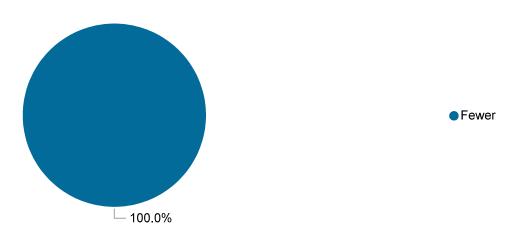
Families of youth clients are asked at the start of treatment and at the end of treatment, "How many nights has your child spent in a facility for inpatient/residential substance use disorder treatment in the past 6 months?" Only families of youth who completed this question at time of admission and 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.

At discharge, 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 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



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 Discharge	Change	Percent Change
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	1	3.00	0.00	-3.00	-100.0%
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	4	98.25	0.00	-98.25	-100.0%
Total	4	98.25	0.00	-98.25	-100.0%



Hospital Admissions for Mental Health Care



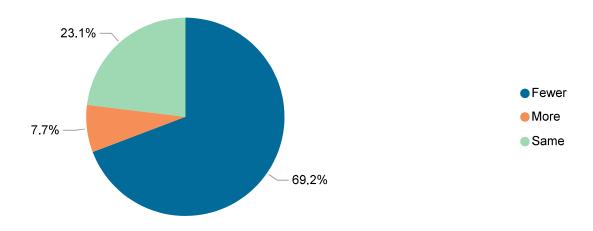
Families of youth clients are asked at the start of treatment and at the end of treatment, "How many nights has your child spent in a facility for mental health care in the past 6 months?" Only families of youth who completed this question at time of admission and time of discharge are included.

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.

At discharge, 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 Youth Clients Had More, Fewer, or the Same Number of Nights in a Facility for Mental Health Care at Discharge 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 Discharge	Change	Percent Change
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	3	19.00	2.33	-16.67	-87.7%
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	11	46.00	1.92	-44.08	-95.8%
Total	12	42.77	1.77	-41.00	-95.9%



Illness, Injury, or Surgery



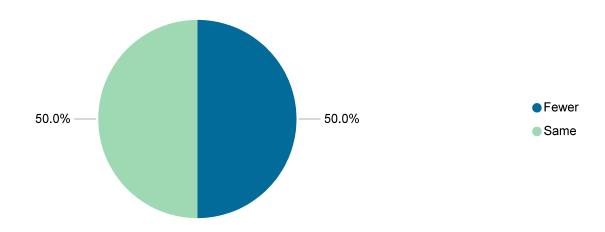
Families of youth clients are asked at the start of treatment and at the end of treatment, "How many nights has your child spent in a facility for illness, injury, or surgery in the past 6 months?" Only families of youth who completed this question at time of admission and time of discharge are included.

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.

At discharge, 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 Youth Clients Had More, Fewer, or the Same Number of Nights in a Facility for Illness, Injury, or Surgery at Discharge 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 Discharge	Change	Percent Change
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	2	1.50	1.00	-0.50	
Total	2	1.50	1.00	-0.50	-33.3%



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.

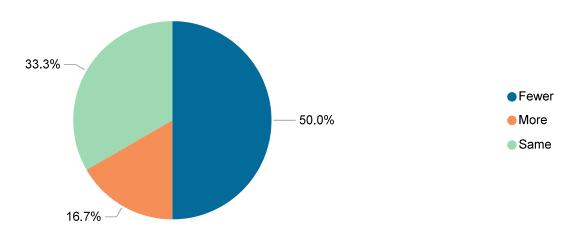
Families of youth clients who had at least one night in a correctional facility prior to receiving treatment services are included.

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.

At discharge, families of youth served in publicly funded treatment services reported their youth had an increase in nights spent in a correctional facility in the past 6 months.



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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	7	18.43	23.14	4.71	25.6%
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	10	13.60	14.70	1.10	8.1%
Total	12	12.58	13.50	0.92	7.3%



Attended School



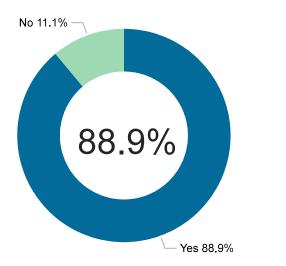
The data below reflect the percent of families who report youth clients who attended school at least once in the three months prior to discharging from services.

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.

Yes

No

Attended School in Past Three Months

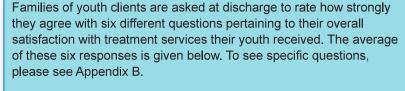


Youth Attended School

	No		Yes	;	Tot	al
Treatment Services	Ν	%	N	%	N	%
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	1	4.5%	21	95.5%	22	100.0%
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	8	12.3%	57	87.7%	65	100.0%
Total	8	11.1%	64	88.9%	72	100.0%



General Satisfaction with Services

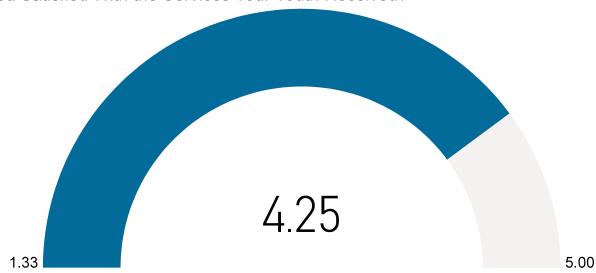


Families' responses on these surveys are then broken out by the type of treatment service their youth received. If their youth received multiple types of treatment services in FY24, families' responses are counted once in each service.

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



Were You Satisfied With the Services Your Youth 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
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	22	4.42
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	65	4.23
Total	72	4.25



Improved Functioning

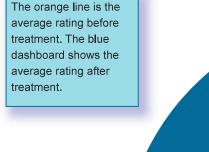


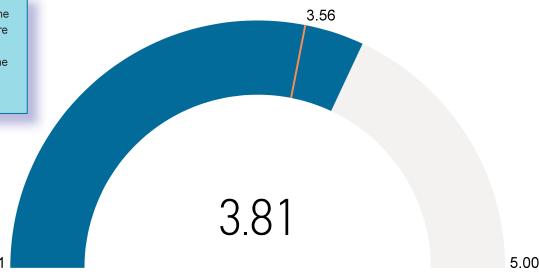
Families of youth clients are asked at discharge to rate how strongly they agree with seven different questions pertaining to their perception of their youth's mental health and social well-being before and after the services they received. The average of these seven responses is given below. To see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

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 Discharge	Change	Percent Change
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	22	3.71	4.01	0.30	8.0%
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	65	3.52	3.77	0.25	7.2%
Total	72	3.56	3.81	0.25	7.2%



Social Connectedness

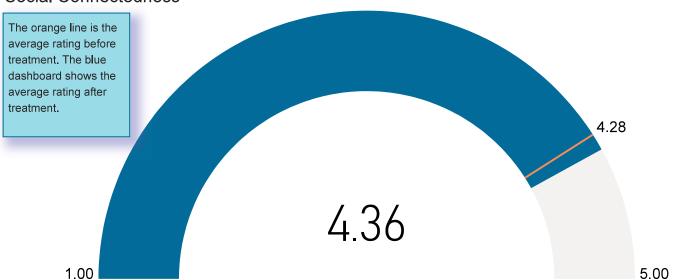


Families of youth clients are asked at discharge to rate how strongly they agree with four different questions pertaining to their youth's connections with their family, friends, and community. The average of these four responses is given below. To see specific questions, please see Appendix B.

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



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	22	4.47	4.47	0.00	0.0%
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	65	4.21	4.33	0.12	2.9%
Total	72	4.28	4.36	0.08	1.9%



Participation in Treatment Planning

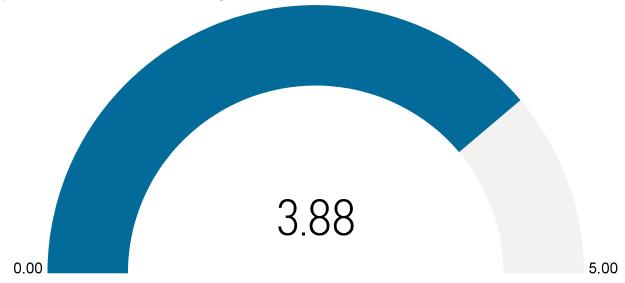


Families of youth clients are asked at discharge to rate how strongly they agree with three different questions pertaining to their participation in treatment planning for services their youth received. The average of these three responses is given below. To see specific questions, please see Appendix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



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	22	3.24
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	65	3.91
Total	72	3.88



Cultural Sensitivity of Staff

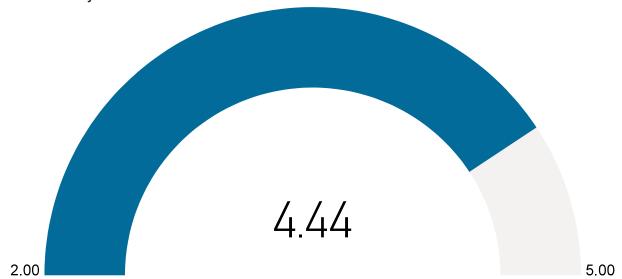


Families of youth clients are asked at discharge to rate how strongly they agree with four different questions pertaining to the cultural sensitivity of staff. The average of these four responses is given below. To see specific questions, please see Appendix B.

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



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
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	22	4.19
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	65	4.45
Total	72	4.44



Access to Services

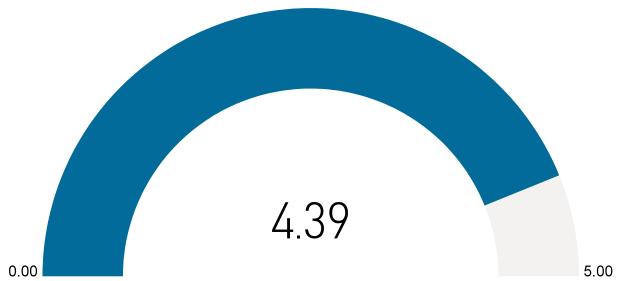


Families of youth clients are asked at discharge to rate how strongly they agree with two different questions pertaining to the ease and convenience of accessing the services their youth received. The average of these two responses is given below. To see specific questions, please see Appendix B.

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



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	22	4.20
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	65	4.39
Total	72	4.39



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-Caregiver (COM-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)	102	85.3%	85.3%	81.4%	79.4%	83.3%	85.3%



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Appendix A: Outcome Tool Return Rates



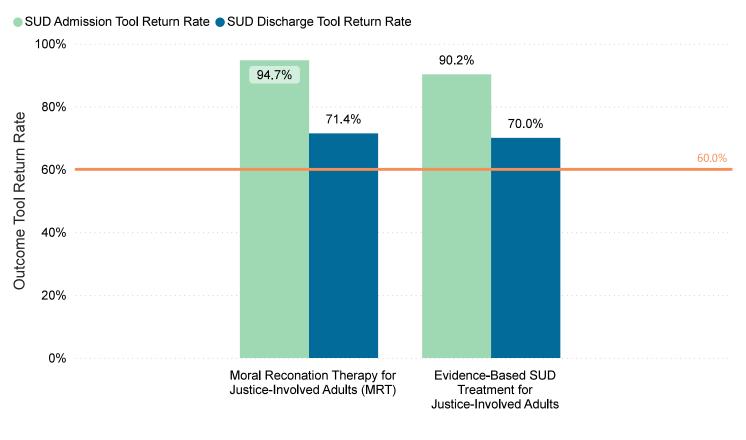
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Adult Justice-Involved SUD Outcome Tool Return Rates

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.



Treatment Services	Admissions	Initial Tool	Initial Tool Return Rate	Discharges	Discharge Tool	Discharge Tool Return Rate
Evidence-Based SUD Treatment for Justice-Involved Adults	92	83	90.2%	20	14	70.0%
Moral Reconation Therapy for Justice- Involved Adults (MRT)	76	72	94.7%	7	5	71.4%
Total	168	155	92.3%	27	19	70.4%



JusticeInvolved and At-Risk Youth SUD Outcome Tool Return Rates

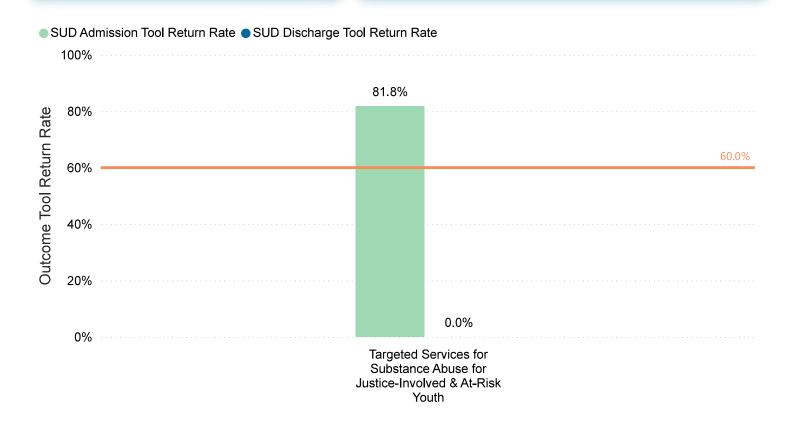
Treatment Services

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.

Discharge Tool

Return Rate



Targeted Services for Substance Abuse for Justice-Involved & At-Risk Youth

Total

22 18 81.8% 2 0 0.0%

81.8% 2 0 0.0%

Initial

Tool

Initial Tool

Return Rate

Discharges

Discharge

Tool

Admissions



Family Justice-Involved and At-Risk Youth SUD **Outcome Tool Return Rates**

Targeted Services for Substance Abuse for

Justice-Involved & At-Risk Youth

Total

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.

Discharges Discharge

2

2

Tool

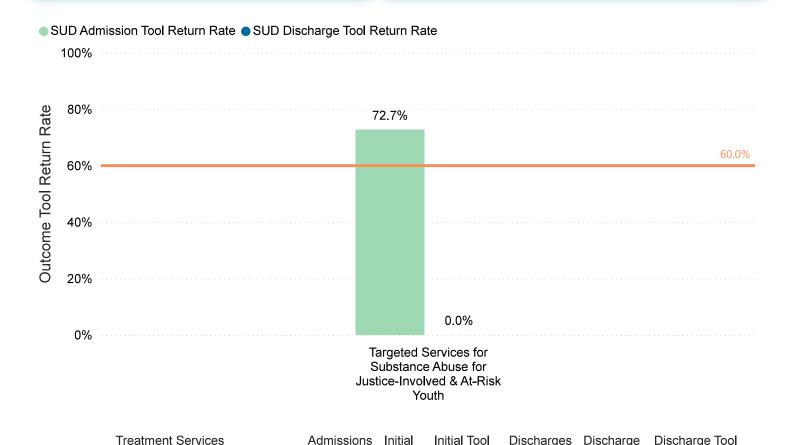
0

Discharge Tool

Return Rate

0.0%

0.0%



Fiscal Year 2024 193

Tool

16

16

22

22

Return Rate

72.7%

72.7%

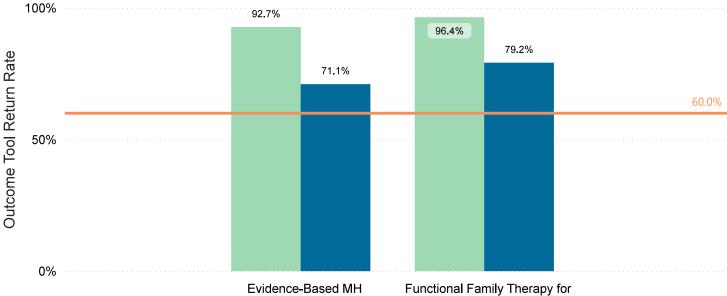


JusticeInvolved and At-Risk Youth MH Outcome Tool Return Rates

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.





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

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

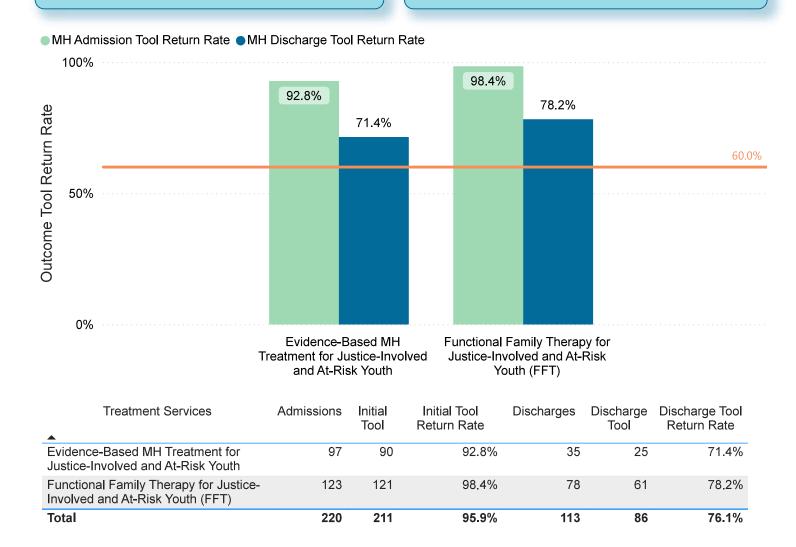
Treatment Services	Admissions	Initial Tool	Initial Tool Return Rate	Discharges	Discharge Tool	Discharge Tool Return Rate
Evidence-Based MH Treatment for Justice- Involved and At-Risk Youth	96	89	92.7%	38	27	71.1%
Functional Family Therapy for Justice- Involved and At-Risk Youth (FFT)	112	108	96.4%	72	57	79.2%
Total	208	197	94.7%	110	84	76.4%



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 in	mportant tl life	hing in my right now
0 1	2	3	4	5	6	7	8	9	10

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Adult SUD Form -Initial

4. Please answer the following question		Number of Nights/Ti					
In the past 30 days, how many times have you be *Federally Required Element	en arrested?						
5. Please answer the following questions l	pased on the past 30 day	/S					
a. Have you gotten into trouble at home, at schoo		^{7,} □\	Zes □No				
because of your use of alcohol, drugs, inhalants, or gambling? b. Have you missed school or work because of using alcohol, drugs, inhalants, or							
gambling?	ing alconol, urugs, ilinalants	, orY	Yes □No				
*Federally Required Element							
6. Please answer the following questions l	naced on the nact 30	Number o	of Don't				
days	based on the <u>past 50</u>	Nights/Ti					
a. How many times have you gone to an emergen	cy room for a psychiatric						
or emotional problem?							
b. How many nights have you spent in a facility for:							
i. Detoxification?							
ii. Inpatient/Residential Substance Use Disorder Treatment? iii. Mental Health Care?							
iv. Illness, Injury, Surgery?							
c. How many nights have you spent in a correction	nal facility including jail						
or prisons (as a result of an arrest, parole or pr	•						
d. How many times have you tried to commit suice							
7. I would be able to resist the urge to	Not at all		Very				
drink heavily and/or use drugs	confident		Confident				
if I were angry at the way things had	0 1 2 3 4 5	6 7	8 9 10				
turned out							
if I had unexpectedly found some	0 1 2 3 4 5		0 0 10				
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	0 1 2 3 4 5	6 7	8 9 10				
drugs							

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Adult SUD Form -Initial

8. Please indicate		Response Options							
disagreement wit choice that best ro over the <u>past 30 d</u> with persons othe provider(s).) Source	epresents your fo lays. (Please ans er than your beha	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									
3. I feel I belong in	3. I feel I belong in my community.								
4. In a crisis, I woul friends.	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 gagement in Recovery			Optimal Engagement in Recovery		

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Division of Behavioral Health Substance Use Disorder Outcome Tool DISCHARGE

Todays' Date:								
Client STARS I	D: _	_ _ _ _	. _ _ _	_ _	_ _ _			
Program	(Includin □ 2.5 Day T □ 3.1 Low I □ 3.7 Inten □ Adult Ou Only) □ Adult Ou Clients O □ Adult Ou	sive Outpation g2.1/3.1) Treatment entensity Resisive Inpatient EBP	idential it Treatment (CJI Clients /MRT (CJI /MRT/3.1	☐ 2.1 C Outp ☐ 2.5 C ☐ 3.7 C Trea ☐ MRT	tment ' (CJI Clie It Outpati ices (CJI 0 - OP - E	Intensive Day Tre Intensivents Only ient EBP	re atment re Inpatier) /3.1	nt
1. Would you	say that in	general you	r health is:					
\square Excellent \square Very Good \square Good \square Fair \square 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? 								
	past 30 days, ealth keep you n?							
2. At this mo and/or sym Not importan	ptoms? Plea:	se circle a nu About as imp		scale be	low:		portant thi	ng in my ight now
0 1	2	3 4	5	6	7	8	9	10
3. At this mo behaviors	and/or syn	nptoms? Ple About as imp		umber o	n the sca	ile below	7: portant thi	ng in my ight now
0 1	2	3 4	5	6	7	8	9	10

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Adult SUD Form -Discharge

4. Please answer the foll	ωwinσ	auestior	1				mber of hts/Time	Don't es know
In the past 30 days, how man				rrested?		IVIE	11115/111116	55 KIIUW
*Federally Required Element	ily cillic.	s nave you	i been a	rresteu.				
5. Please answer the foll	owing	question	ns base	ed on the	past 3	0 days		
a. Have you gotten into troul	ole at ho	ome, at scl	nool, wo	ork, or in th	ne comr	nunity,	□Yes	. □No
because of your use of alcoh								
b. Have you missed school or	r work l	because of	f using a	alcohol, dru	ıgs, inh	alants, or	□Yes	□No
gambling?								
#FI								
*Element agreed upon by the DOWG				1 .1		0 N	l C	D / t
6. Please answer the foll	owing	question	ns base	ed on the	past 3	<u>U</u>	mber of hts/Time	Don't es know
days				С.	1	ū	iiu, iiii	23 KHOW
a. How many times have you gone to an emergency room for a psychiatric								
or emotional problem? b. How many nights have you spent in a facility for:								
i. Detoxification?								
ii. Inpatient/Residential Substance Use Disorder Treatment?								
iii. Mental Health Care?	ibstaire	c osc biso	ruer ii	camicii.				
iv. Illness, Injury, Surgery?								
c. How many nights have you		in a corre	ctional	facility incl	uding i	ail		
or prisons (as a result of a	-			•	Ο,			
d. How many times have you								
7. Please check the]	Before th	e Progi	am	No	w (At end	d of Pro	gram)
appropriate box on								
how you are doing								
since entering the								
program that best tells	Poor	Average	Good	Excellent	Poor	Average	Good	Excellent
us what you think.	1	2	3	4	1	2	3	4
a. Controlling alcohol			П					
use.								Ш
b. Controlling drug use.								

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Adult SUD Form -Discharge

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

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

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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	Optimal n Engagement in Recovery					
10. At this interval period, what is your (clinician's) assessment of the client's understanding and willingness to engage in their treatment program? Please circle a number on the scale below:										
Question required to be completed by Clinician										
34. I would recomm	nend this agency	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	r family.								
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 □							
19. I was given info										
could take charge o										
18. Staff helped me	obtain the inforn	nation needed so I			_	_	_	_	_	

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Division of Behavioral Health Substance Use Disorder Outcome Tool Youth INITIAL

Todays' I	ate:									
Client ST.	ARS ID:	_ _ _		_ _ _	_ _	_	. _ _			
Progran	n 🗆	1.0 Outp	atient			□ 2.1	Intensive	e Outpat	ient	
J		2.5 Day		nt			Intensive	-		
		3.1 Low	Intensity	y Resider	ıtial	Tre	atment (I	PRTF)		
		Adolesco	ent EBP S	Services				-		
	d you say					s:			-	
	cellent		ery Good		Good		□Fair		Poor	
	thinking a w many da									
pro	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?									
	ng the pas									
	ntal healtl reation?	ı keep yo	u from do	oing your	usual a	ctivities, s	such as se	lf-care, v	vork, or	
160	reation:									
2 A++h	is mome	nt how	importa	nt ic it t	hat wa	u change	Mour cu	irront k	ahavior	C
	sympton							nrent t	enavioi	5
Not im	portant at a	ll		s importa	nt as mos	t of the oth		Most i		hing in my
0	1	2	3	would	like to ac	hieve now	7	8	life 9	right now
U	11	L	J	4	J	U		0	[7]	10
2 A++b	is momo	nt hour	aanfida	nt ana m	ou that		Lahanga		ımmont	
	is momei viors and			_		-	_	-		
	portant at a						er things I		mportant t	
0	1	2	3	would	like to ac	hieve now	7	8	life 9	right now
U	1	4	3	4	13	0	1	0	9	10
								Nun	nber of	Don't
	e answer							Nigl	nts/Times	know
	st 30 days Required Ele		ny times	have you	been ar	rested?				
reactany	required En	cincin								
5 Pleas	e answei	r the foll	lowing c	nuestion	is hase	d on the	nact 30	dave		
	ou gotten									- NI
becaus	e of your ı	ise of alco	ohol, drug	gs, inhala	nts, or g	ambling?		•	□Yes	□No
	ou missed	l school o	r work be	ecause of	using a	lcohol, dr	ugs, inhala	ants, or	□Yes	□No
gambli *Federally R		nent								
,	•									

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Youth SUD Form -Initial Interview

6. Please answer the following questions l	Number of Nights/Times	Don't know					
a. How many times have you gone to an emergen	Nigites/Times	KIIOW					
or emotional problem?							
b. How many nights have you spent in a facility for							
i. Detoxification?							
ii. Inpatient/Residential Substance Use Disorde							
iii. Mental Health Care?							
iv. Illness, Injury, Surgery?							
c. How many nights have you spent in a correction							
or Jail (as a result of an arrest, parole or probation violation)?							
d. How many times have you tried to commit suice							
7. I would be able to resist the urge to		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 0 1 0	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 5 1 5	0 7 0	7 10				
if I were out with friends and they kept							
suggesting we go somewhere to drink/use	0 1 2 3 4 5	6 7 8	9 10				
drugs							

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Youth SUD Form -Initial Interview

8. Please 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					Disagree	Undecided	Agree		Not applicable	Refused	
		ness Questions									
need to t	alk.		erstand me when	I							
and frien	ids.		eed from family								
-	•	comfortable tall	king with about				П		П	П	
my probl						_	_		_	_	
		m I can do enjoy									
		oning Domain:	Questions 5-11				_	_	_		
	to do things I							<u> </u>			
	g with family r		lo								
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.						П	Ħ				
11. I am satisfied with my family life right now.											
11. Fam Satisfied with my family me right now.											
Question to be	e answered by C	Clinician									
GAIN Short	t Screener (GA	AIN-SS) Scorin	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										
										_	
9. At this interval period, what is your (clinician's) assessment of the client's understanding and willingness to engage in their treatment program? Please circle a number on the scale below:											
Unengaged Blocked	and Engag	nimal ement in Er covery	Limited ngagement in Recovery	Positi Engagem Recove	ent in		En	Optin gagem Recov	ent in	l	

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Division of Behavioral Health Substance Use Disorder Outcome Tool Youth Discharge

				. 0					
Todays' Date									
Client STARS	ID:								
Program	☐ 1.0 Out	patient			□ 2.1 I	ntensive	Outpat	ient	
	☐ 2.5 Day	7 Treatme	ent		□ 3.7 I	ntensive	Inpatie	nt	
	☐ 3.1 Lov	v Intensit	y Residenti	al	Trea	tment (F	PRTF)		
	☐ Adoles	cent EBP	Services						
	u say that i			lth is:					
□Excell		ery Good		Good	[∃Fair		Poor	
	king about yo my days durir							injury,	
b . Now thin	king about yo	ur mental	l health, wh	ich includ	les stre	ss, depre	ssion, ar		
	ns with emoti not good?	ons, how i	many days o	during the	e past 3	0 days w	as your	mental	
	e past 30 day	s, approxi	mately how	many da	vs did	your poo	r physica	al or	
	health keep y								
recreat	on?								
2. At this m	oment, how	importa	ant is it th	at vou c	hange	vour cu	rrent		
	ınd/or sym								
Not importa			as important	as most of	the othe		Most i		hing in my
0 1	2	3		e to achiev	e now	7	8	9	right now
U		J	4	J	U		O	3	10
	oment, how			_			="		
	s and/or sy		? Please cit as important :					W: mportant t	L:
Not importa	ntatan	About a		e to achiev		r unings i	Most		right now
0 1	2	3	4	5	6	7	8	9	10
4 Dl								nber of	Don't
In the past 30	swer the following			oon arroc	ted?		Nigh	ts/Times	know
*Federally Requ		any times	nave you b	cen arres	ieu:				
5. Please ar	swer the fo	llowing	nuestions	hased o	n the i	nast 30	davs		
	otten into tro								
	your use of alo							□Yes	□No
b. Have you n	nissed school	or work b	ecause of us	sing alcoh	ol, dru	gs, inhala	nts, or	□Yes	□No

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Youth SUD Form - Discharge

a. How many times have you gone to an emergency room for a psychiatric	V
or emotional problem?	
b. How many nights have you spent in a facility for:	
i. Detoxification?	
ii. Inpatient/Residential Substance Use Disorder Treatment?	
iii. Mental Health Care?	
iv. Illness, Injury, Surgery? Source: Current MPR Adult History Form (Revised 3/06)	
c. How many nights have you spent in a correctional facility including JDC	
or Jail (as a result of an arrest, parole or probation violation)?	
d. How many times have you tried to commit suicide? $\ \ \ \ \ \ \ \ \ \ \ \ \ $	
*Federally Required Element	
7. Please check the Before the Program Now (At end of Program)	
appropriate box on	
how you are doing	
since entering the	
and grow that host talls	
1 of liverage dood Excellent 1 of liverage dood Excellent	t
a. Controlling alcohol	
b. Controlling drug use.	
*Element agreed upon by the DOWG	
Element agreed apon by the borro	
8. I would be able to resist the urge to Not at all	erv
drink heavily and/or use drugs confident Confid	ent
	10
turned out	ΙU
if I had unexpectedly found some	

drink heavily and/or use drugs...

... if I were angry at the way things had turned out

... if I had unexpectedly found some booze/drugs or happened to see something that reminded me of drinking/using drugs

... if other people treated me unfairly or interfered with my plans

... if I were out with friends and they kept suggesting we go somewhere to drink/use drugs

| Confident | Confid

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Youth SUD Form - Discharge

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

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Youth SUD Form - Discharge

Questions to be answered by Clinician

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

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

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

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Division of Behavioral Health Substance Use Disorder Outcome Tool Family INITIAL

INITIAL						
Todays' Date:						
Client STARS ID:						
Program □ 1.0 Outpatient □ 2.1 Intensive Outpatient						
□ 2.5 Day Treatment □ 3.7 Intensive Inpatient						
☐ 3.1 Low Intensity Residential Treatment (PRTF)						
☐ Adolescent EBP Services						
1. Would you say that in general your child's health is:						
□Excellent □Very Good □Good □Fair □Poor						
 a. Now thinking about your child's physical health, which includes physical illness and injury, how many days during the past 30 days was your child's physical health not good? 						
b. Now thinking about your child's mental health, which includes stress, depression, and problems with emotions, how many days during the past 30 days was your child's mental health not good?						
c. During the past 30 days, approximately how many days did your child's poor physical						
or mental health keep you from doing your child's usual activities, such as self-care,						
school, work, or recreation?						
2. At this was not be a single extent is it that we would also we at air suggest to be a single						
2. At this moment, how important is it that your child change their current behaviors and/or symptoms? Please circle a number on the scale below:						
Not important at all About as important as most of the other things I Most important thing in my						
would like to achieve now life right now 0 1 2 3 4 5 6 7 8 9 10						
3. At this moment, how confident are you, that your child will change their current						
behaviors and/or symptoms? Please circle a number on the scale below:						
Not important at all About as important as most of the other things I Most important thing in my						
would like to achieve now life right now 0 1 2 3 4 5 6 7 8 9 10						
Number of Don't						
4. Please answer the following question Nights/Times know						
In the past 30 days, how many times has your child been arrested? *Federally Required Element						

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Family SUD Form -Initial Interview

5. Please answer the following questions is		<u>/S</u>				
a. Has your child gotten into trouble at home, at s community, because of their use of alcohol, dru		□Yes	□No			
b. Has your child missed school or work because	□Yes	□No				
inhalants, or gambling?		_105				
*Federally Required Element						
6. Please answer the following questions b	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 fact	lity for:					
i. Detoxification?						
ii. Inpatient/Residential Substance Use Disorde	r Treatment?					
iii. Mental Health Care?						
iv. Illness, Injury, Surgery?						
c. How many nights has your child spent in a correctional facility including						
JDC or Jail (as a result of an arrest, parole or prob						
d. How many times has your child tried to commi						
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	6 7 8	9 10			
that reminded him/her of drinking/using	0 1 2 3 4 5	0 / 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			, 10			

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Family SUD Form -Initial Interview

8. Please indicat	. Please indicate your level of agreement or					Response Options						
disagreement wi choice that best over the past 30 with persons oth provider(s).) Sou	ips	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Not applicable	Refused				
Domain: Social Co	nnectedness Quest	tions 1-4										
1. My child knows them when the		sten and understand	d									
2. In a crisis, my c		e support they need	l									
3. My child has pe with about their	- ,	re comfortable talkii	ng									
4. My child has pe things.	ople with whom th	ey can do enjoyable	9									
Domain: Improve	d Functioning Dom	ain: Questions 5-11										
5. My child is able	to do things he or	she wants to do.										
6. My child gets al	ong with family me	embers.										
7. My child gets al	ong with friends ar	nd other people.										
8. My child does v	vell in school and/o	or work.										
9. My child is able	to cope when thin	gs go wrong.										
	le to handle daily li											
11. I am satisfied	with our family life	right now.										
	al period, what is yo d willingness to eng	ur (clinician's) asses gage in their treatme						rcle a				
	Minimal	Limited	_	ositiv	-			Optim				
Unengaged and Blocked	Engagement in Recovery	Engagement in Recovery		igeme ecove	ent in			gagem Recove				
1	2	3	N	4	1 y			5	JI y			
	_	0		_				3				

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Division of Behavioral Health Substance Use Disorder Outcome Tool Family Discharge

Todays' Date:		
Client STARS ID: _ _ _ _ _ _		
Program □ 1.0 Outpatient □ 2.1 Intensive Outpatien	nt	
\square 2.5 Day Treatment \square 3.7 Intensive Inpatient	;	
☐ 3.1 Low Intensity Residential Treatment (PRTF)		
☐ Adolescent EBP Services		
1. Would you say that in general your child's health is: □ Excellent □ Very Good □ Good □ Fair □ Po		
■ Excellent ■ Very Good ■ Good ■ Fair ■ Po a. Now thinking about your child's physical health, which includes physical illness		
injury, how many days during the past 30 days was your child's physical healt good?		
b. Now thinking about your child's mental health, which includes stress, depression problems with emotions, how many days during the past 30 days was your chapter than the problems with emotions.		
c. During the past 30 days, approximately how many days did your child's poor phor mental health keep you from doing your child's usual activities, such as self school, work, or recreation?		
2. At this moment, how important is it that your child change their curr	ent be	haviors
and/or symptoms? Please circle a number on the scale below:		
Not important at all About as important as most of the other things I Most imp would like to achieve now		ning in my right now
0 1 2 3 4 5 6 7 8	9	10
3. At this moment, how confident are you, that your child will change th	eir cui	rent
behaviors and/or symptoms? Please circle a number on the scale below:		Tene
• •	ortant tl	ning in my right now
	9	10
Number		Don't
4. Please answer the following question In the past 30 days, how many times has your child been arrested? Nights	/Times	know
*Federally Required Element —		
5. Please answer the following questions based on the past 30 days		
a. Has your child gotten into trouble at home, at school, work, or in the community, because of their use of alcohol, drugs, inhalants, or gambling?	□Yes	\square No
h Has your child missed school or work because of using alcohol, drugs	□Yes	\square No

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Family SUD Form - Discharge

6. Please answer the foll days	owing	question	ıs base	ed on the	past 3	<u>, o</u>	Number o Nights/Ti		Don't know	
a. How many times has your psychiatric or emotional p	_		emergei	ncy room	for a					
b. How many nights has your child spent in a facility for: i. Detoxification?										
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 *Federally Required Element					.011)1			,		
7. Please check the]	Before the	e Progr	am	No	w (At	end of P	rogra	m)	
appropriate box on how your child is doing since entering the program that best	Poor	Average	Good	Excellent	Poor	Avera	ge Goo	d Exc	cellent	
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 abl urge to drink heavily an				t at all ıfident				C	Very onfident	
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 booze/drugs or happened that reminded him/her of drugs	to see	somethir	ng 0	1 2	3 4	5	6 7	8	9 10]
if other people treated hinterfered with his/her plant	•	unfairly c	or 0	1 2	3 4	. 5	6 7	8	9 10	
if he/she were out with kept suggesting they go so drink/use drugs	friend	-	0	1 2	3 4	. 5	6 7	8	9 10]

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Family SUD Form - Discharge

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

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Family SUD Form - Discharge

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

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Division of Behavioral Health Mental Health Outcome Tool INITIAL

Todays' Date:			
Client STARS II):		
Program:	□ CARE □ IMPACT		
O	☐ First Episode Psychosis (SEBHS and BMS Only)		
	☐ Transition Age Youth Receiving ☐ Transition Ag	e Youth Receivi	ing
	CARE (BMS/LSS Only) IMPACT (BMS		8
		, ,	
1. Would you	ay that in general your health is:		
□Excellent		□Poor	
	g about your physical health, which includes physical illness		
	days during the past 30 days was your physical health not go		
	g about your mental health, which includes stress, depressio vith emotions, how many days during the past 30 days was y		
health not		our mentar	
c. During the p	ast 30 days, approximately how many days did your poor ph		
	lth keep you from doing your usual activities, such as self-ca	re, work, or	
recreation			
2. Please answ	ver the following question based on the past 30	Number of	Don't
days	•	Number of Nights/Times	Don't know
days How many time	s have you been arrested?		
days	s have you been arrested?		know
days How many time *Federally required	s have you been arrested?	Nights/Times	know
days How many time *Federally required 3. Please ans	s have you been arrested?	Nights/Times Number of	know Don't
days How many time *Federally required 3. Please ans months	s have you been arrested? element wer the following questions based on the past 6	Nights/Times Number of Nights/Times	know
days How many time *Federally required 3. Please ans months a. How many time	s have you been arrested? element wer the following questions based on the past 6 nes have you gone to an emergency room for a psychiatric on	Nights/Times Number of Nights/Times	know Don't
days How many time *Federally required 3. Please ans months a. How many time emotional prob	s have you been arrested? element wer the following questions based on the past 6 nes have you gone to an emergency room for a psychiatric on	Nights/Times Number of Nights/Times	know Don't know
How many time *Federally required 3. Please ans months a. How many time emotional prob b. How many ni i. Detoxification	s have you been arrested? wer the following questions based on the past 6 mes have you gone to an emergency room for a psychiatric or em? ghts have you spent in a facility for: on?	Nights/Times Number of Nights/Times	know Don't know
days How many time *Federally required 3. Please ans months a. How many time emotional prob b. How many ni i. Detoxification ii. Inpatient/Fi	s have you been arrested? wer the following questions based on the past 6 mes have you gone to an emergency room for a psychiatric or em? ghts have you spent in a facility for: on? esidential Substance Use Disorder Treatment	Nights/Times Number of Nights/Times	know Don't know
days How many time *Federally required 3. Please ans months a. How many time emotional prob b. How many ni i. Detoxification ii. Inpatient/Fi iii. Mental Hea	s have you been arrested? wer the following questions based on the past 6 nes have you gone to an emergency room for a psychiatric or em? ghts have you spent in a facility for: on? esidential Substance Use Disorder Treatment alth Care?	Nights/Times Number of Nights/Times	know Don't know
days How many time *Federally required 3. Please ans months a. How many time emotional prob b. How many ni i. Detoxification ii. Inpatient/Fi iii. Mental Hea iv. Illness, Inju	s have you been arrested? wer the following questions based on the past 6 mes have you gone to an emergency room for a psychiatric or em? ghts have you spent in a facility for: on? esidential Substance Use Disorder Treatment alth Care? ary, Surgery	Nights/Times Number of Nights/Times	know Don't know
days How many time *Federally required 3. Please ans months a. How many time emotional prob b. How many ni i. Detoxification ii. Inpatient/F iii. Mental Hea iv. Illness, Inju c. How many time	s have you been arrested? wer the following questions based on the past 6 nes have you gone to an emergency room for a psychiatric or em? ghts have you spent in a facility for: on? esidential Substance Use Disorder Treatment olth Care? ory, Surgery nes have you been arrested?	Nights/Times Number of Nights/Times	know Don't know
days How many time *Federally required 3. Please ans months a. How many time emotional prob b. How many ni i. Detoxification ii. Inpatient/R iii. Mental Hea iv. Illness, Inju c. How many ni d. How many ni	s have you been arrested? wer the following questions based on the past 6 mes have you gone to an emergency room for a psychiatric or em? ghts have you spent in a facility for: on? esidential Substance Use Disorder Treatment alth Care? ary, Surgery	Nights/Times Number of Nights/Times	know Don't know

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Adult MH Tool - Initial Interview

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

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Division of Behavioral Health Mental Health Outcome Tool UPDATE

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

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Adult MH Tool - Update Interval

5. Please answer the following question based on the pas days	t 30		ımbe ghts/		es	Don'	
How many times have you been arrested? *Federally required Element							
6. Please answer the following questions based on the pamonths	ıst 6		mbe ghts,	_	ies	Don kno	
a. How many times have you gone to an emergency room for psychiatric or emotional problem?	a						
b. How many nights have you spent in a facility for:i. Detoxification?							
ii. Inpatient/Residential Substance Use Disorder Treatment iii. Mental Health Care?	?						
iv. Illness, Injury, Surgery?							
c. How many times have you been arrested?							<u> </u>
d. How many nights have you spent in a correctional facility including jail or prisons (as a result of an arrest, parole or probation violation)?				_			
e. How many times have you tried to commit suicide?				_			
7. Please indicate your level of agreement or		Re	spon	se 0	ptio	ns	
disagreement with the statements by checking the choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) Source: MHSIP Survey *Federally Required	Strongly disagree	Disagree	Undecided	Agree	Strongly	Not	applicable Refused
choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral	Strongly disagree	Disagree	Undecided	Agree	Strongly	Not	applicable Refused
choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) Source: MHSIP Survey *Federally Required Domain: Social Connectedness Questions 1-4 1. I am happy with the friendships I have.	☐ Strongly disagree	☐ Disagree	Undecided	Agree	Strongly	Not	annlicable Refused
choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) Source: MHSIP Survey *Federally Required Domain: Social Connectedness Questions 1-4 1. I am happy with the friendships I have. 2. I have people with whom I can do enjoyable things.		☐ ☐ Disagree					applicable Refused
choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) Source: MHSIP Survey *Federally Required Domain: Social Connectedness Questions 1-4 1. I am happy with the friendships I have. 2. I have people with whom I can do enjoyable things. 3. I feel I belong in my community.		□ □ □ Disagree		□ □ □ Agree	Strongly	□ □ Not	annlicable
choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) Source: MHSIP Survey *Federally Required Domain: Social Connectedness Questions 1-4 1. I am happy with the friendships I have. 2. I have people with whom I can do enjoyable things. 3. I feel I belong in my community. 4. In a crisis, I would have the support I need from family or friends.		□ □ □ □					applicable
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Adult MH Tool - Update Interval

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

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Division of Behavioral Health Mental Health Outcome Tool DISCHARGE

Todays' Date: Client STARS ID:
Program: CARE IMPACT First Episode Psychosis (SEBHS and BMS Only) Transition Age Youth Receiving Transition Age Youth Receiving IMPACT (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 *Federally Required Homelessness Dependent, 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 *Federally Required *Federally Required Other *Federally Required *Federally
First Episode Psychosis (SEBHS and BMS Only) Transition Age Youth Receiving Transition Age Youth Receiving CARE (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) Institutional setting (24/7 care by Skilled/specialized staff or doctors) *Federally Required 3. What is your highest educational level completed (12=GED or high school)
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) Institutional setting (24/7 care by skilled/specialized staff or doctors) Other *Federally Required 3. What is your highest educational level completed (12=GED or high school)
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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 Crisis Residence skilled/specialized staff or doctors) Tederally Required 3. What is your highest educational level completed (12=GED or high school)
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□ Independent, living in a private residence □ Jail/Correctional Facility □ Residential Care (group home, rehabilitation center, agency-operated care) □ Crisis Residence skilled/specialized staff or doctors) □ Other *Federally Required 3. What is your highest educational level completed (12=GED or high school)
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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?

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Adult MH Tool - Discharge

In the past 30 days, how many times have you been arrested? *Federally Required 6. Please answer the following questions based on the past 6 months a. How many times have you gone to an emergency room for a psychiatric or emotional problem? b. How many nights have you spent in a facility for: i. Detoxification? ii. Inpatient/Residential Substance Use Disorder Treatment? iii. Mental Health Care? iv. Illness, Injury, Surgery? c. How many times have you spent in a correctional facility including jail or prisons (as a result of an arrest, parole or probation violation)? e. How many times have you tried to commit suicide? 7. Please indicate your level of agreement or disagreement with the statements by checking the choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(S).) Source: MHSIP Survey *Federally Required 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 riends. 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 handle things when they go wrong. 9. The location of services was convenient. 10. Staff was willing to see me as often as I felt it was necessary	5. Please answer the following question			Num Nigh			Don kno		
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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	4. In a crisis, I would have the support I need from family or								
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									
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9. The location of services was convenient.									
10. Staff was willing to see me as often as I felt it was necessary					_				
necessary				Ш	<u>Ц</u>	Ш	Ш	<u>Ц</u>	
	<u> </u>								
	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.	Ÿ								

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Adult MH Tool - Discharge

Domains: Perception of Quality and Appropriateness					
Questions 14-21					
14. Staff believed that I could grow, change and recover.					
15. I felt free to complain.					
16. Staff respected my wishes about who is and is not to be			П		
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.					

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*Federally Required

Appendix B: Outcome Tool Surveys

Division of Behavioral Health Mental Health Outcome Tool Youth INITIAL

Todays' Date	:			
Client STARS	ID:			
Program	☐ CYF Services (SED)	\square ART		
G	☐ MRT	\square FFT		
	ou say that in general your h			
□Excell	J	□Good □Fair	□Poor	
	aking about your physical health, any days during the past 30 days			
	nking about your mental health, w			
	ns with emotions, how many day not good?	rs during the past 30 days was	your mental	
	ne past 30 days, approximately he	ow many days did your poor r	physical or	
	health keep you from doing your			
recreat	ion?			
			Number of	Don't
	iswer the following question		Nights/Times	know
	days, how many times have you	been arrested?		
*Federally Requ	ired Element			
3. Please an	nswer the following question	ns based on the past 6	Number of	Don't
months	8 1	<u></u>	Nights/Times	know
	times have you gone to an emerg	gency room for a psychiatric		
or emotional	*			
	nights have you spent in a facilit	y for:		
i. Detoxifica				
•	t/Residential Substance Use Diso	rder Treatment?		
	Health Care?			
	njury, Surgery?			
	times have you been arrested?	ational facility in aludina IDC		
	nights have you spent in a correctsult of an arrest, parole or proba			
	times have you tried to commit			

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Youth MH Form -Initial Interview

4. Please indicate your level of agreement or			Response Options							
disagreement with the statements by checking the choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) *Federally Required	Strongly	disagree	Disagree	Undecided	Agree	Strongly agree	Not	abblicable 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										
Doct Month Doct Of Dove	Door	L 17.		. 1		E	_			

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

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Division of Behavioral Health Mental Health Outcome Tool Youth Update

Todays' Date	:	•	
Client STARS			
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	

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Youth MH Form - Update Interval

6. Please answer the following question				ber c ts/Ti		Do:	
In the past 30 days, how many times have you been arrested? *Federally Required Element			_		-		
7. Please answer the following questions based on the <u>pamonths</u>	<u>st 6</u>			ber o		Don' knov	
a. How many times have you gone to an emergency room for a psycor emotional problem?	chiatr	ic			-		
b. How many nights have you spent in a facility for:i. Detoxification?ii. Inpatient/Residential Substance Use Disorder Treatment?iii. Mental Health Care?iv. Illness, Injury, Surgery?							
c. How many times have you been arrested?							
d. How many nights have you spent in a correctional facility include or Jail (as a result of an arrest, parole or probation violation)?	ing JD	С			-		
e. How many times have you tried to commit suicide? *Federally Required Element					-		
8. Please indicate your level of agreement or		R	espor	ise 0	ptior	าร	
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	Not	Refused
Domain: Social Connectedness Questions 1-4							
1. I know people who will listen and understand me when I need to talk.							
2. In a crisis, I would have the support I need from family and friends.							
3. I have people that I am comfortable talking with about my problems.							
4. I have people with whom I can do enjoyable things.							
Domain: Improved Functioning/ Outcomes Domain: Question	ıs 5-1	1					
5. I am better able to do things I want to do.							
6. I get along better with family members.							
7. I get along better with friends and other people.							
8. I am doing better in school and/or work.							
9. I am better able to cope when things go wrong.							

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Youth MH Form - Update Interval

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

Question to be answered by Clinician

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

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Division of Behavioral Health Mental Health Outcome Tool Youth Discharge

Todays' Date:	
Client STARS ID:	
1111111111111	— — — — — —
Program ☐ CYF Services (SED)	
☐ 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 ed	ucational level completed:
Self-Contained Special Ed Class (No Grade)	
*Federally Required	
3. Are you currently employed? (**Collected	for clients 16 and older only)
\square Employed full time (35+ hours per week)	\square Student
☐ Employed part time	☐ Retired
□Homemaker	Other (Specify)
□Disabled	
*Federally Required	
4. Which of following best describes your	current residential status?
\square Independent, living in private residence	☐ Homelessness
\square Dependent, living in private residence	\square Jail/Correctional Facility
\square Residential Care (group home,	
rehabilitation center, agency-operated care)	☐ Foster Home/Foster Care
☐ Institutional setting (24/7 care by	☐ Crisis Residence
skilled/specialized staff or doctors)	□ Other
*Federally Required	
5. Would you say that in general your heal	Ith is:
□Excellent □Very Good □G	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 health not good?	uring the past 30 days was your mental
c. During the past 30 days, approximately how	many days did your poor physical or
mental health keep you from doing your us	ual activities, such as self-care, work, or
recreation?	

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Youth MH Form - Discharge

6. Please answer the following question			Num Nigh			Don kno	
In the past 30 days, how many times have you been arrested? *Federally Required Element			V		-		
7. Please answer the following questions based on the pa			ımbe	r of Times		n't ow	
months a. How many times have you gone to an emergency room for a psycone to a	rhiatr	ic or	111	51103/	Times	IXII	O VV
emotional problem?	Jiiati	ic oi					
b. How many nights have you spent in a facility for:							
i. Detoxification?					_		
ii. Inpatient/Residential Substance Use Disorder Treatment? iii. Mental Health Care?					_	L	_
iv. Illness, Injury, Surgery?					_	L	_
c. How many times have you been arrested?				_	_		_
d. How many nights have you spent in a correctional facility include	ing ID	Cor			_		
Jail (as a result of an arrest, parole or probation violation)?		0.01			_		
e. How many times have you tried to commit suicide?							
*Federally Required Element							
8. Please indicate your level of agreement or		Re	espor	ise O	ption	S	
disagreement with the statements by checking the			, c p 0 1	100 0	ption		
choice that best represents your feelings or opinion	ee e	ee	led	d)	<u> </u>	ble	g
over the past 6 months. (Please answer for	Strongly disagree	Disagree	Jndecided	Agree	Strongly agree	Not applicable	Refused
relationships with persons other than your behavioral	Str	Dis	Und	ď	Str	app	Re
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.	П			П	П		
Domain: Improved Functioning/ Outcomes Domain: Question	ıs 5-1	1		_			Ť
5. I am better able to do things I want to do.							
6. I get along better with family members.							
7. I get along better with friends and other people.							
8. I am doing better in school and/or work.							
9. I am better able to cope when things go wrong.							
10. I am better at handling my daily life.							
11. I am satisfied with my family life right now.							

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Youth MH Form - Discharge

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

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Division of Behavioral Health Mental Health Outcome Tool Family INITIAL

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

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Family MH Form -Initial Interview

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

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Division of Behavioral Health Mental Health Outcome Tool Family Update

m 1 /D ,	o p	aace	
Todays' Date:			
Client STARS I	D:	_ _ _	
Program	☐ CYF Services (SED)	\square ART	
G	□ MRT	□ FFT	
	_ PHC1		_
1. Did your c	hild attend school in the pas	t three months?	
□Yes		□No	
*Federally Required	i		
2. Please circ	cle your child's current or hi	ghest educational level completed:	
Self-Contained	Special Ed Class (No Grade)		_
*Federally Required	d		
		llected for clients 16 and older only)	
□Employed	d full time (35+ hours per week)	☐ Student	
□Employed	l part time	□ Retired	
□Homemal	ker	Other (Specify)	
\square Disabled			
*Federally Required	d		
4. Which of f	ollowing bost doscribos you	r child's current residential status?	
	ent, living in private residence	☐ Homelessness	_
_	nt, living in private residence	☐ Jail/Correctional Facility	
-	al Care (group home,	in Jany Correctional Facility	
		☐ Foster Home/Foster Care	
care)	ation center, agency-operated	- Poster Home/Poster Gare	
_	nal setting (24/7 care by	☐ Crisis Residence	
	pecialized staff or doctors)	□ Other	
*Federally Required	-	- Other	
3 - 1			
5. Would you	u say that in general your ch	ild's health is:	
\square Excelle	nt \square Very Good \square (Good □Fair □Poor	
		ealth, which includes physical illness and days was your child's physical health not	
b. Now think problems	s with emotions, how many days	alth, which includes stress, depression, and during the past 30 days was your child's	-
	ealth not good?		-
or menta		w many days did your child's poor physical r child's usual activities, such as self-care,	
,	,		-

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Family MH Form - Update Interval

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

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

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Division of Behavioral Health Mental Health Outcome Tool Family Discharge

Todays' Date:	Disci	iaige	
Client STARS ID:	_ _ _ _ _	-	
Program □ CYF Service	es (SED)	\square ART	
\square MRT		\square FFT	
1. Did your child attend so	hool any time in	the past three months?	
□Yes	V	□No	
*Federally Required			
2. Please circle your child'	s current or high	est educational level co	mpleted:
Self-Contained Special Ed Cl *Federally Required	ass (No Grade)		
3. Is your child currently e	mployed? (**Colle	ected for clients 16 and older or	nly)
☐Employed full time (35+ l	nours per week)	☐ Student	
☐ Employed part time		☐ Retired	
\square Homemaker		Other (Specify)	
□Disabled			
*Federally Required			
4. Which of following best	describes your c	hild's current residenti	al status?
\square Independent, living in pri	vate residence	☐ Homelessness	
Dependent, living in priva	nte residence	☐ Jail/Correctional Facilit	у
\square Residential Care (group h	ome,		
rehabilitation center, age care)	ency-operated	☐ Foster Home/Foster Ca	re
\square Institutional setting (24/2		☐ Crisis Residence	
skilled/specialized staff of	or doctors)	□ Other	
*Federally Required			
5. Would you say that in g	eneral your child	d's health is:	
□Excellent □Very			□Poor
a. Now thinking about your of injury, how many days do good?		th, which includes physical i ays was your child physical l	
b . Now thinking about your o	child's mental healtl	h, which includes stress, dep	oression, and
problems with emotions, mental health not good?	, how many days du	ring the past 30 days was yo	our child's
c. During the past 30 days, ap			
		child's usual activities, such	as self-care,
school, work, or recreation	on?		<u></u>

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Family MH Form - Discharge

6. Please answer the following question				ımbe ghts <i>i</i>	r of 'Times		n't ow	
In the past 30 days, how many times has your child been arrested? *Federally Required Element								
7. Please answer the following questions based on the pa	<u>st 6</u>			ımbe		Don't		
months			IN1	gnts,	Times	s Kn	.ow	
a. How many times has your child gone to an emergency room for a	a					[
psychiatric or emotional problem? b. How many nights has your child spent in a facility for:								
i. Detoxification?						Г	7	
ii. Inpatient/Residential Substance Use Disorder Treatment?						[
iii. Mental Health Care?					[
iv. Illness, Injury, Surgery?					Г			
Source: Current MPR Adult History Form (Revised 3/06)				_				
c. How many times has your child been arrested?	1 1.						<u> </u>	
d. How many nights has your child spent in a correctional facility in JDC or Jail (as a result of an arrest, parole or probation violation)?	ncludi	ng				[
e. How many times has your child tried to commit suicide?						Г	7	
*Federally Required Element					_	L		
8. Please indicate your level of agreement or	espor	S						
disagreement with the statements by checking the								
choice that best represents your feelings or opinion	ee e	ee	led	a	Y 6	ble	ğ	
over the past 6 months. (Please answer for	Strongly disagree	Disagree	eci	Agree	Strongly agree	Not lica	Refused	
relationships with persons other than your behavioral	Str	Dis	Jndecided	ď	Str	Not	Re	
health provider(s).) *Federally Required							•	
Domain: Social Connectedness Questions 1-4								
1. My child knows people who will listen and understand								
them when they need to talk.	ш	ш	Ш		ш			
2. In a crisis, my child would have the support they need								
from family and friends.								
3. My child has people that he/she are comfortable talking				П	П			
with about their problems.								
4. My child has people with whom they can do enjoyable				П				
things.				_				
Domain: Improved Functioning/ Outcomes Domain: Question	ns 5-1	<u> 1</u>						
5. My child is better able to do things he or she wants to do.								
6. My child gets along better with family members.				<u> </u>	<u>Ш</u>		<u> </u>	
7. My child gets along better with friends and other people.								
8. My child is doing better in school and/or work.	1.7							
U. Mr. child ic bottor able to cope when things so wrong		=				=	=	
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.							=	

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Family MH Form - Discharge

	Response Options						
	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Not applicable	Refused
Domain: Perception of Access to Services Questions 12-13							
12. The location of services was convenient.							
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17. Staff were sensitive to my cultural/ethnic background.							
Domain: Perceptions of Participation in Treatment Planning Questions 18-20							
18. I helped to choose my child's services.							
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23. I feel my child has someone to talk to when he/she is troubled.							
24. The services my child and/or family received were right for us.							
25. My family got the help we wanted for my child.							
26. My family has gotten as much help as we needed for my child							

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