## Fiscal Year 2023:

Our Home, Inc.
Rediscovery Drug and Alcohol
Treatment Center

South Dakota
Publicly Funded
Behavioral Health
Treatment
Services





## Foreword by Data and Outcomes Team

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

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

Because of the changes and advancements in data processing, we do not recommend comparing data in this document to previous years' profiles (2021 and before). This recommendation is provided for many reasons; the chief among them is that data in this document are paired on a client basis, meaning that a client's admission data are paired up with their update and discharge data to create what is known as matched or paired datasets. Data were not matched previously, which means a direct comparison would produce inaccurate conclusions.

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

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

#### What do these changes accomplish?

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

Previously, such conclusions could not be definitively drawn, as the clients who were counted at admission, update, and discharge were not matched and therefore potentially different. Previous editions of profiles compared those that were admitted in a given fiscal year to those that provided updates in the same given year, to those that were successfully discharged from services in that same year. Each of those groups may have included some of the same clients, but someone may admit in one fiscal year and discharge in another. With the new method, we look at those that received services in a given fiscal year regardless of when they admitted or discharged.



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

A client receives services as the trained professionals determine appropriate recommendations based on initial and ongoing assessment. A treatment episode (admission to services through discharge from services) for a client is as varied and unique to the client themselves. As an example, a client may initially be admitted to inpatient residential services, but as they progress in treatment, they may transition to outpatient services in their community. In such a case, a client's outcomes and data are counted <u>once</u> in both inpatient and outpatient services each, and <u>once</u> 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 <u>once</u> in each service type. This is also why adult and youth services cannot be added to get the overall number of clients served. A client may turn 18 during their treatment episode and therefore, may be counted once in each adult and youth sections while being counted once in the overall number of clients served as well. Additionally, some assessments may have been submitted without age information. In these cases, the assessments are only counted in the overall number of clients served, as we cannot delineate their age (adult or youth).

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

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

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

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

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

The Executive Summary, State Profile, and Agency Profiles can be found here <a href="https://dss.sd.gov/behavioralhealth/reportsanddata.aspx">https://dss.sd.gov/behavioralhealth/reportsanddata.aspx</a>.

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

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



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

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

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

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

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

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

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





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# Data Collection Methodology





## Data Collection Methodology

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

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

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

#### **Data Collection Process**

#### Stakeholder Survey

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

#### Substance Use Disorder Services

Contracted agencies collect substance use disorder outcome data at admission and at successful discharge from services. Clients completing the surveys do have the option to skip or refuse to answer questions. As a result, total data points collected may change between questions.

#### Mental Health Services

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

#### Additional Data Collection Tools

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





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

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

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

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

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

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

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

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

#### **Detoxification Treatment Services (clinically managed and medically monitored)**

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

#### **Intensive Methamphetamine Treatment (IMT) Services**

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



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

Pregnant women and women with dependent children can receive specialized treatment services that offer evidence-based programming to this unique population with a substance use disorder. This program allows for long-term support, which includes a stable living environment through the duration of treatment. This program can assist in supporting the client's participation in psychiatric and medical care, childcare needs, parent education and child development, employment services and job training while providing treatment interventions.

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

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

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

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

CBISA services are also available for justice-involved adults.

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

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



## Publicly Funded Mental Health (MH) Treatment Services

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

#### **Outpatient Treatment Services**

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

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

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

Individualized and Mobile Program of Assertive Community Treatment (IMPACT) IMPACT provides evidence based intensive services to adults whose serious mental illness (SMI) significantly impacts their lives.

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

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

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

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

#### Transition Aged Youth Program (TAY)\*

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

#### First Episode Psychosis Services (FEP)\*

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



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

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

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

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

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

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

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

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

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

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



## Stakeholder Survey Summary





## Stakeholder Survey



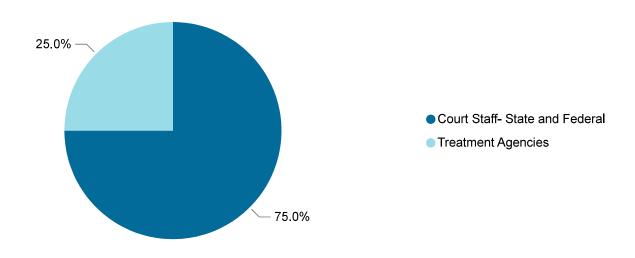
The Division of Behavioral Health (DBH) recognizes the need for strong community collaboration at the local level between accredited behavioral health treatment providers and their local referral sources. Accredited agencies are asked to share a stakeholder survey with local referral sources such as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

### Types of Stakeholders Who Responded



Stakeholder Type	N	%
Court Staff-State and Federal (Judge/Attorney/Probation/Parole/JCA/Drug Court/Teen Court)	3	75.0%
Treatment Agency (Mental Health/SUD/HSC/EAP/Therapist/Counselor/Case Manager)	1	25.0%
Total	4	100.0%



# Familiarity with Services

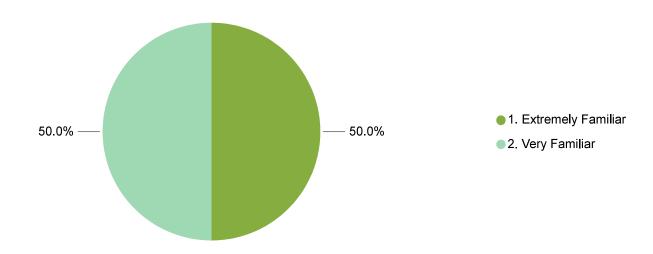


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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

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

#### Familiarity with Services



Stakeholder Type	1. Extremely Familiar	2. Very Familiar	Total
Court Staff- State and Federal	33.3%	66.7%	100.0%
Treatment Agencies	100.0%		100.0%
Total	50.0%	50.0%	100.0%



## Staff Respectfulness



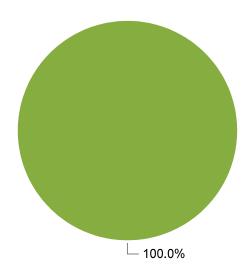
**Total** 

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 strongly agreed staff members at accredited agencies are respectful.

### Staff Are Respectful



100.0% 100.0%

Stakeholder Type
1. Strongly
Agree

Court Staff- State and Federal
Treatment Agencies
1. Strongly
Agree
1. 00.0%
100.0%
100.0%

1. Strongly Agree



# Staff Training

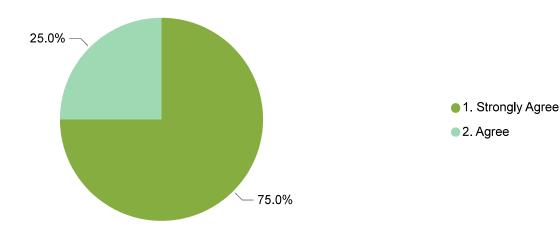


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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 at accredited agencies are well trained.

#### Staff Are Well Trained



Stakeholder Type	1. Strongly Agree	2. Agree	Total		
Court Staff- State and Federal	66.7%	33.3%	100.0%		
Treatment Agencies	100.0%		100.0%		
Total	75.0%	25.0%	100.0%		



## Staff Communication

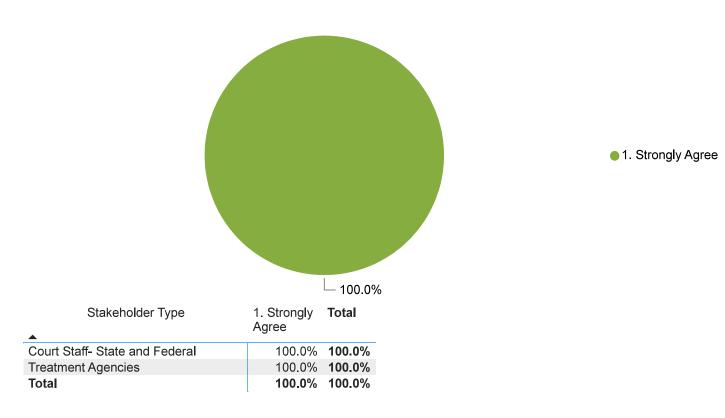


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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

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

## Staff Actively Communicate





## Staff Competency

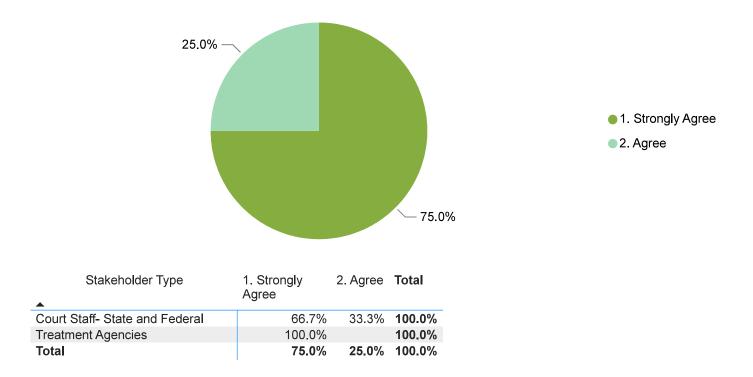


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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 at accredited agencies are competent to deliver treatment services.

### Staff Are Competent to Deliver Treatment Services





# Location of Services

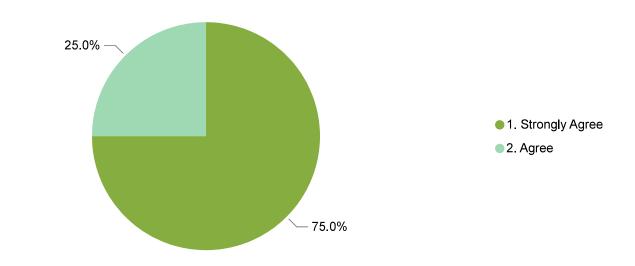


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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

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

#### Location of Services are Convenient for Clients



Stakeholder Type	1. Strongly Agree	2. Agree	Total
Court Staff- State and Federal	66.7%	33.3%	100.0%
Treatment Agencies	100.0%		100.0%
Total	75.0%	25.0%	100.0%



## Service Availability

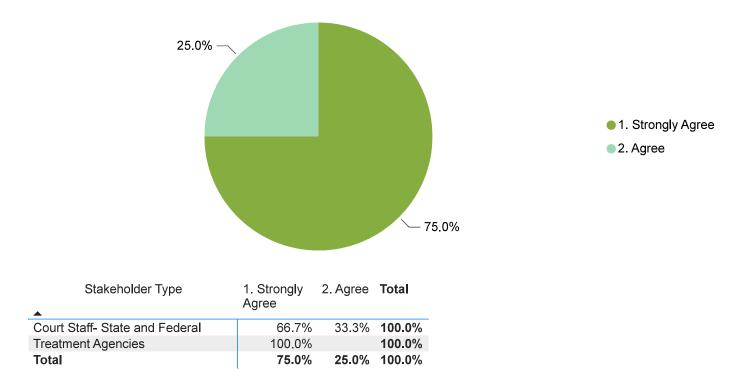


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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

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

#### Services Are Available at Times Convenient for Clients





# **Community Responsiveness**

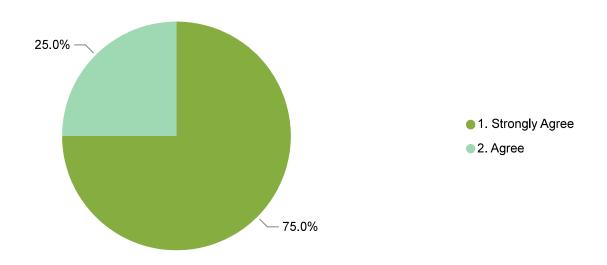


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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

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

## Provider is Responsive to the Needs Within the Community



Stakeholder Type	1. Strongly Agree	2. Agree	Total	
Court Staff- State and Federal	66.7%	33.3%	100.0%	
Treatment Agencies	100.0%		100.0%	
Total	75.0%	25.0%	100.0%	



# Supportiveness of Clients' Needs

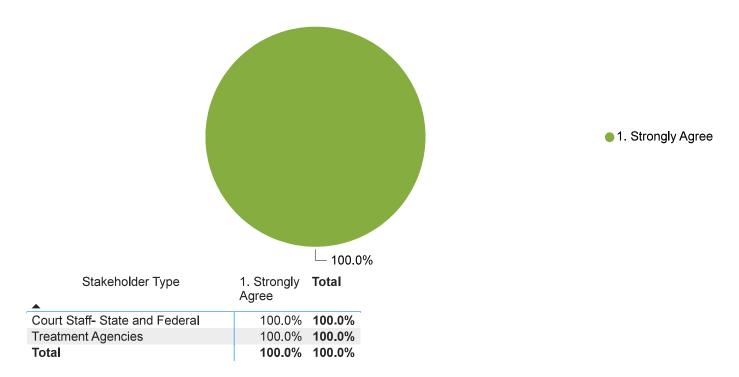


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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

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

## Provider is Supportive of Clients' Needs





# Quality of Services

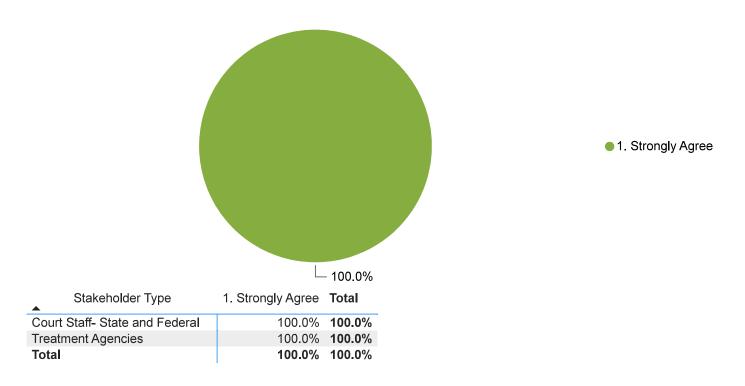


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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

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

## Provider Provides Quality Services





## Provider Responsiveness

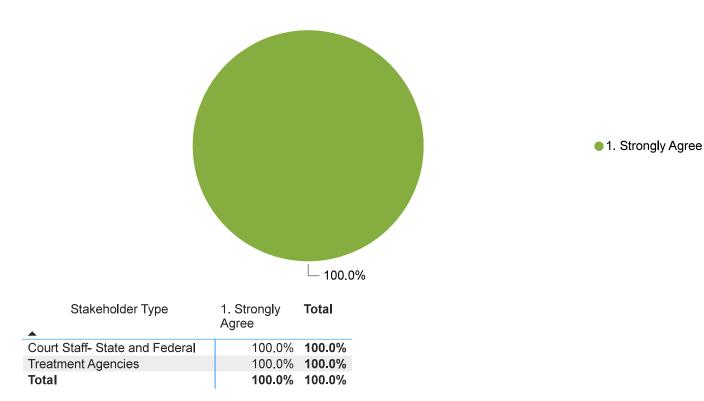


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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

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

### Provider Has Been Responsive To My Questions and Concerns





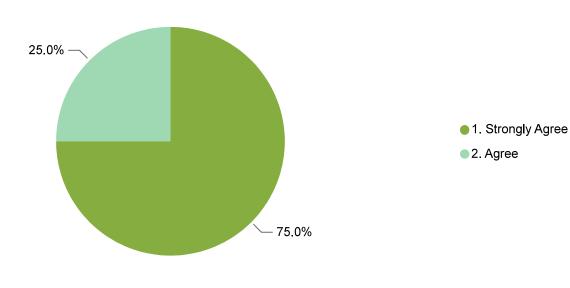
## **Satisfaction** of **Outcomes**

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 who received services from accredited agencies experienced satisfaction of outcomes.

### Clients Report Satisfaction of Outcomes



Stakeholder Type	1. Strongly Agree	2. Agree	Total		
Court Staff- State and Federal	66.7%	33.3%	100.0%		
Treatment Agencies	100.0%		100.0%		
Total	75.0%	25.0%	100.0%		





# Youth SUD Treatment Services



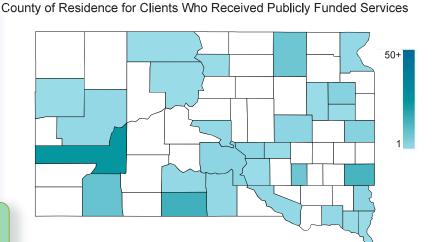


## Youth SUD Treatment Services

## Youth SUD Treatment Services

Substance Use Assessments Conducted

0



**Treatment Services** 

Publicly Funded Average Duration of Clients Served Treatment (Days)

Intensive Inpatient Treatment (3.7)

123

42



Unduplicated Clients Served (Publicly Funded)

123

Publicly Funded Clients Served with Co-Occurring Mental Health Conditions

78



Veterans Served (Publicly Funded)

0

Pregnant Clients Served (Publicly Funded)

1



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.





## **Youth SUD Treatment Services**

# Race & Ethnicity



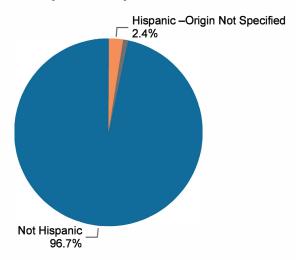
According to the U.S. Census
Bureau, 84.2% of South Dakotans
identify as White, 8.5% identify as
American Indian, and 4.9% identify
as Hispanic.

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

## Clients Served by Race

# White 23.6% American Indian 46.3% 2+ Races 29.3%

## Clients Served by Ethnicity



## Clients Served by Service Type and Race

	2+	Races	Am Indi	erican an	Bla	ack	Whi	te	Total	I
Treatment Services	N	%	N	%	N	%	N	%	N	%
Intensive Inpatient Treatment (3.7)	36	29.3%		46.3%	1	0.8%	29	23.6%	123	100.0%
Total	36	29.3%	57	46.3%	1	0.8%	29	23.6%	123	100.0%

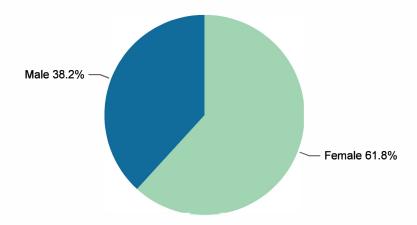


# Gender





### Clients Served by Self-Identified Gender



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

	Female		Female Male		Total	
Treatment Services	N	%	N	%	N	%
Intensive Inpatient Treatment (3.7)	76	61.8%	47	38.2%	123	100.0%
Total	76	61.8%	47	38.2%	123	100.0%



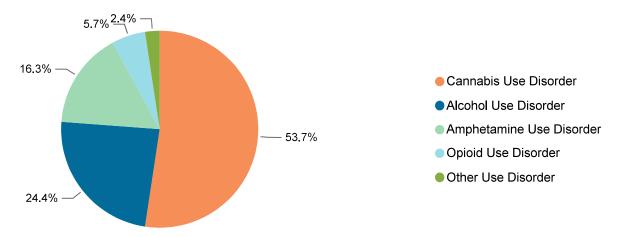
# Primary Diagnosis



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

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

### Percent of Clients Served for Each Primary Diagnosis



### Diagnosis by Service Type

			ohol Use order		phetamine Disorder		nabis Disorder	- 1	ioid Use sorder		her Use sorder	Total	
•	Treatment Services	N	%	N	%	Ν	%	N	%	N	%	N	%
Intensive I	Inpatient Treatment (3.7)	30	24.4%	20	16.3%	66	53.7%	7	5.7%	3	2.4%	123	100.0%
Total		30	24.4%	20	16.3%	66	53.7%	7	5.7%	3	2.4%	123	100.0%



# Reason for Discharge



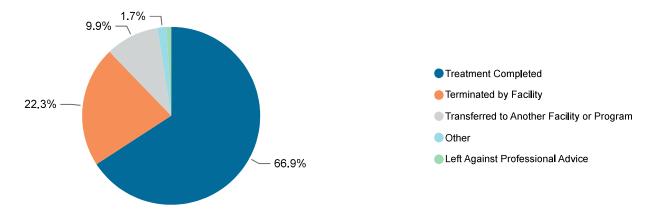
The national rate for successful treatment completion for adult and youth clients was 34%.

The data below reflect the reasons 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 "Terminated by Facility".

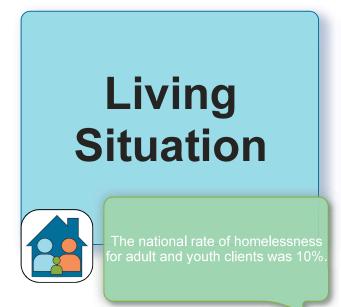
### Reason for Discharge From Services



#### Reason for Discharge by Service Type

	Pro	ft Against ofessional vice	Other		by F		Another Facility or Program		er Completed by or		Another Complete Facility or		Total	
Treatment Services	N	%	N	%	N	%	N	%	N	%	N	%		
Intensive Inpatient Treatment (3.7)	1	0.8%	2	1.7%	27	22.3%	12	9.9%	81	66.9%	121	100.0%		
Total	1	0.8%	2	1.7%	27	22.3%	12	9.9%	81	66.9%	121	100.0%		

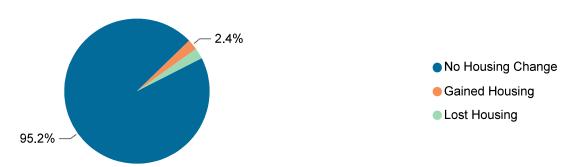




The data below reflect the living situations of youth served in publicly funded treatment services.

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

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



### Clients Who Reported Homelessness at Admission and Discharge

Treatment Services		Homelessness at Admission	Homelessness at Discharge
Intensive Inpatient Treatment (3.7)	123	2.2%	2.2%
Total	123	2.2%	2.2%





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

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

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



# Client Employment at Admission and Discharge

Treatment Services	Unduplicated Client Count	Employment at Admission	' '
Intensive Inpatient Treatment (3.7)	119	0.6%	3.8%
Total	119	0.6%	3.8%



# Arrest History

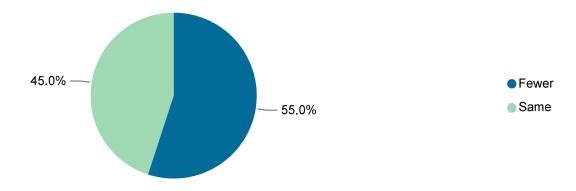


The national rate of adult and youth clients with at least one arrest was 4%. Clients are asked at the start of treatment and at the end of treatment, "In the past 30 days, how many times have you been arrested?" Only clients who completed this question at time of admission and time of discharge are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

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

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

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



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

	Unduplicated Client Count	Arrests at Admission	Arrests at Discharge
Intensive Inpatient Treatment (3.7)	59	59.7%	6.5%
Total	59	59.7%	6.5%



# General Health

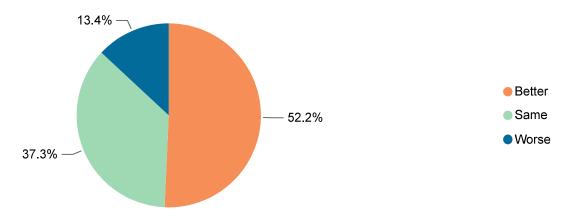


Clients are asked at the start of treatment and at the end of treatment, "Would you say that in general your health is?" Clients could answer in a range from 1-"Poor" to 5-"Excellent". Only clients who completed this question at time of admission and time of discharge are included.

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

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

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



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

Treatment Services		Average Initial	Average Discharge	Change	Percent Change
Intensive Inpatient Treatment (3.7)	67	3.20	3.79	0.59	18.3%
Total	67	3.20	3.79	0.59	18.3%



# Physical Health

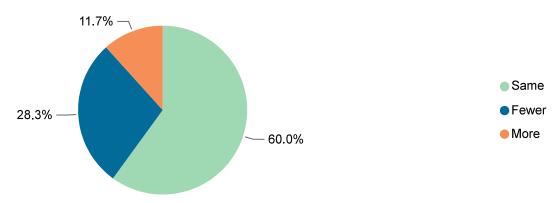


Clients are asked at the start of treatment and at the end of treatment, "Now thinking about your physical health, which includes physical illness and injury, how many days during the past 30 days was your physical health not good?" Only clients who completed this question at time of admission and time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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Intensive Inpatient Treatment (3.7)	60	3.39	1.58	-1.81	-53.3%
Total	60	3.39	1.58	-1.81	-53.3%



# Mental Health

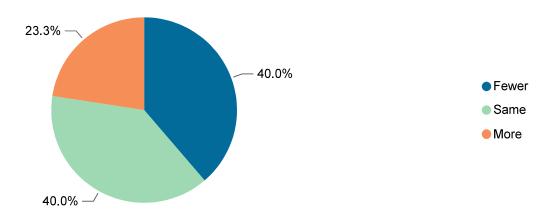


Clients are asked at the start of treatment and at the end of treatment, "Now thinking about your mental health, which includes stress, depression, and problems with emotions, how many days during the past 30 days was your mental health not good?" Only clients who completed this question at time of admission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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Intensive Inpatient Treatment (3.7)	60	8.00	4.32	-3.68	<b>-</b> 46.0%
Total	60	8.00	4.32	-3.68	-46.0%



# Physical or **Mental Health Prevented** Normal **Activities**



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

Clients are asked at the start of treatment and at the end of treatment.

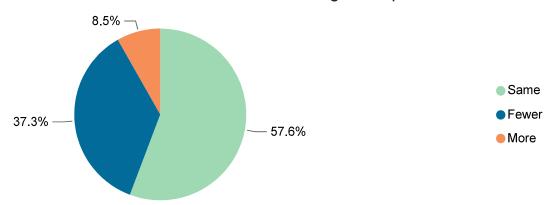
"During the past 30 days, approximately how many days did your poor

treatment service they received. If they received multiple types of treatment services in FY23, their responses are counted once in each

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



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



### Number of Days Poor Physical or Mental Health Prevented Normal Activities

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Intensive Inpatient Treatment (3.7)	59	4.97	1.69	-3.28	-66.0%
Total	59	4.97	1.69	-3.28	-66.0%

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# Reported Attempts to Die by Suicide

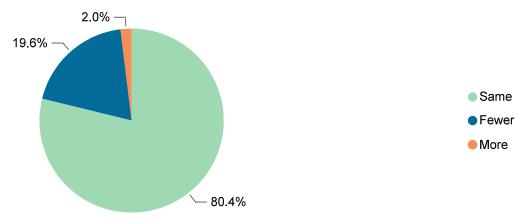


If you, or someone you know, is in need of crisis support, or experiencing emotional distress, ca or text 988, or chat at https://988lifeline.org/. Clients are asked at the start of treatment and at the end of treatment, "How many times have you tried to commit suicide in the past 30 days?" Only clients 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 FY23, 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 30 days.

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Intensive Inpatient Treatment (3.7)	51	0.60	0.28	-0.32	-53.1%
Total	51	0.60	0.28	-0.32	-53.1%



# Ability to Control Alcohol Use



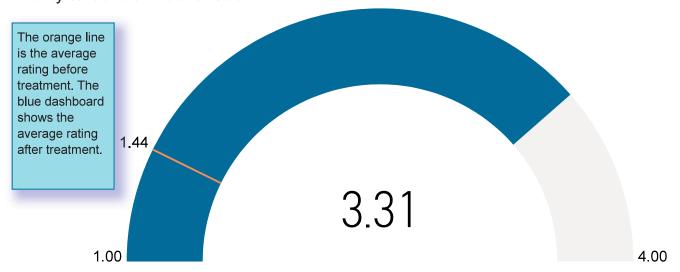
Clients are asked at the end of treatment to rate their ability to control their alcohol use before the program and after the program. They rate each question on a scale from 1-"Poor" to 4-"Excellent."

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

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

Youth 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
Intensive Inpatient Treatment (3.7)	15	1.44	3.31	1.88	130.4%
Total	15	1.44	3.31	1.88	130.4%



# Ability to Control Drug Use



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

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

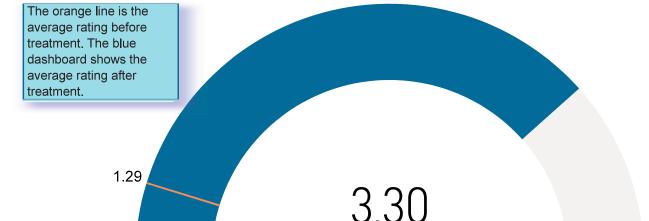
Clients' responses on these surveys are then broken out by the type of treatment service they received. If they received multiple types of treatment services in FY23, their responses are counted once in each service.

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

1.00



# 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
Intensive Inpatient Treatment (3.7)	53	1.29	3.30	2.02	156.9%
Total	53	1.29	3.30	2.02	156.9%



# Treatment Engagement

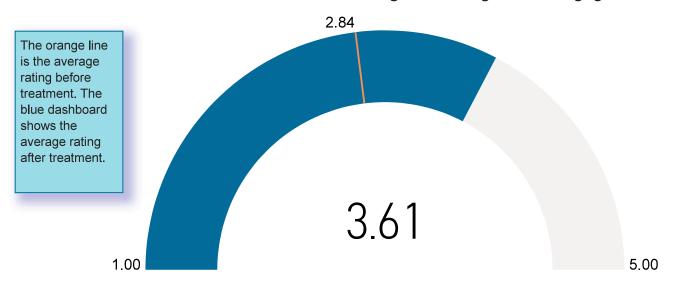


Clinicians are asked at the start of the client's treatment and at the end of treatment, "At this interval period, what is your (clinician's) assessment of the client's understanding and willingness to engage in their treatment program?" Clinicians may answer in a range from 1-"Unengaged" to 5-"Optimal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

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

Clinicians serving 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
Intensive Inpatient Treatment (3.7)	67	2.84	3.61	0.77	27.1%
Total	67	2.84	3.61	0.77	27.1%



# Importance of Changing Current Behaviors

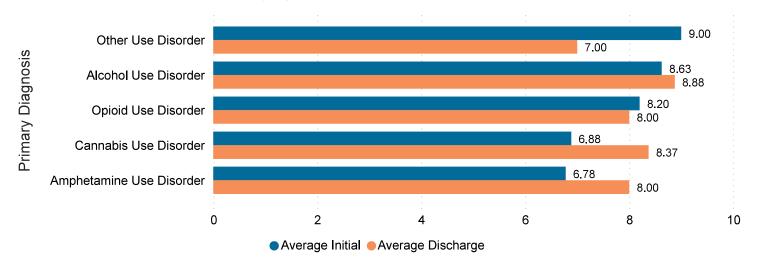


Clients are asked at the start of treatment and at the end of treatment to rate how important it is that they change their current behaviors and/or symptoms. They rate this question on a scale from 0-"Not Important at AII" to 10-"Most Important Thing in My Life Right Now."

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
Intensive Inpatient Treatment (3.7)	67	7.29	8.43	1.14	15.7%
Total	67	7.29	8.43	1.14	15.7%



# Motivation to Change Current Behaviors

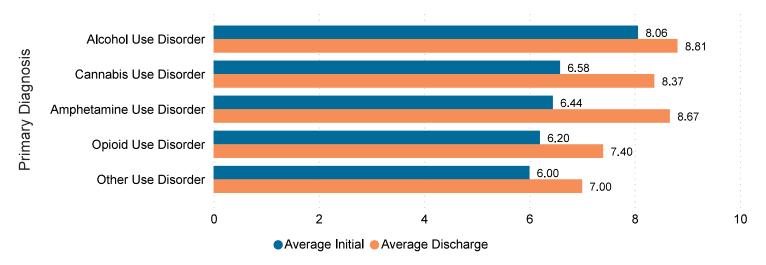


Clients are asked at the start of treatment and at the end of treatment to rate their motivation to change their current behaviors and/or symptoms. They rate this question on a scale from 0-"Not Important at All" to 10-"Most Important Thing in My Life Right Now."

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 an increase in their self-rated motivation to change current behaviors.

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Intensive Inpatient Treatment (3.7)	67	6.70	8.49	1.79	26.7%
Total	67	6.70	8.49	1.79	26.7%



# Confidence to Control Use Under Stress and Peer Pressure

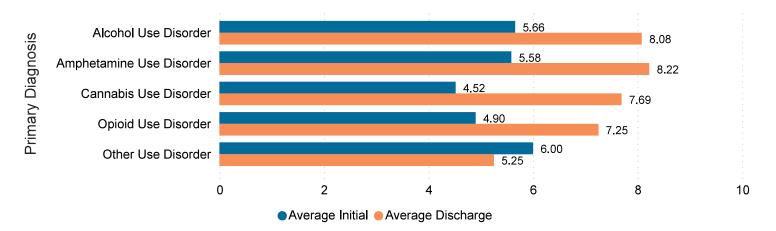
Clients are asked at the start of treatment and at the end of treatment to rate their confidence in their ability to control use under different stressful situations, including peer pressure. They rate each question on a scale from 0-"Not at All Confident" to 10-"Very Confident." The average of these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

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

Youth served in publicly funded treatment services reported 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
<b>A</b>					
Intensive Inpatient Treatment (3.7)	67	4.89	7.81	2.92	59.6%
Total	67	4.89	7.81	2.92	59.6%



# Visits to Emergency Department



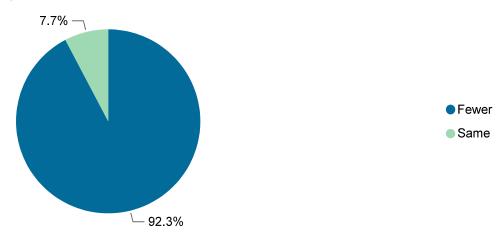
Clients are asked at the start of treatment and at the end of treatment, "How many times have you gone to an emergency room for a psychiatric or emotional problem in the past 30 days?" Only clients who completed this question at time of admission and time of discharge are included.

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

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

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

Percent of 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
Intensive Inpatient Treatment (3.7)	13	1.85	0.23	-1.62	-87.5%
Total	13	1.85	0.23	-1.62	-87.5%



# Detoxification Services



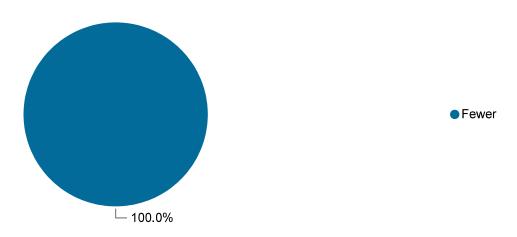
Clients are asked at the start of treatment and at the end of treatment, "How many nights have you spent in a facility for detoxification in the past 30 days?" Only clients who completed this question at time of admission and time of discharge are included.

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

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

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

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

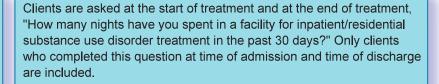


### How Many Nights in the Past 30 Days Have You Spent in a Facility for Detoxification?

Treatment Services	Unduplicated Client Count	-	Average Discharge	Change	Percent Change
Intensive Inpatient Treatment (3.7)	7	3.71	0.00	-3.71	-100.0%
Total	7	3.71	0.00	-3.71	-100.0%



# Inpatient Substance Use Disorder Treatment Services



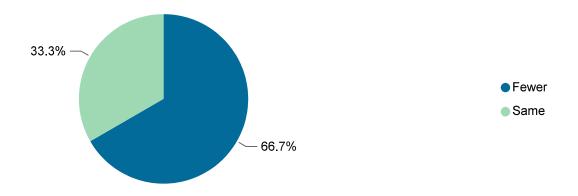
Clients who had at least one night in a facility for substance use treatment prior to receiving treatment services are included.

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



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 30 days.

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



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 Discharge	Change	Percent Change
<b>▲</b>			_		
Intensive Inpatient Treatment (3.7)	8	3.00	0.25	<b>-</b> 2.75	-91.7%
Total	8	3.00	0.25	-2.75	-91.7%



# Hospital Admissions for Mental Health Care



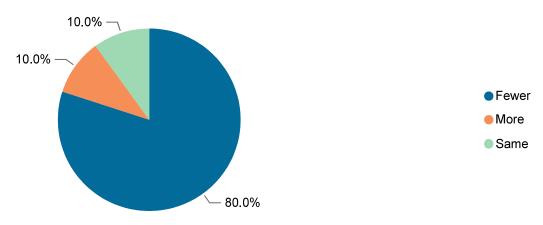
Clients are asked at the start of treatment and at the end of treatment, "How many nights have you spent in a facility for mental health care in the past 30 days?" Only clients who completed this question at time of admission and time of discharge are included.

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

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

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

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



### 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
Intensive Inpatient Treatment (3.7)	10	7.90	0.50	-7.40	-93.7%
Total	10	7.90	0.50	-7.40	-93.7%



# Illness, Injury, or Surgery



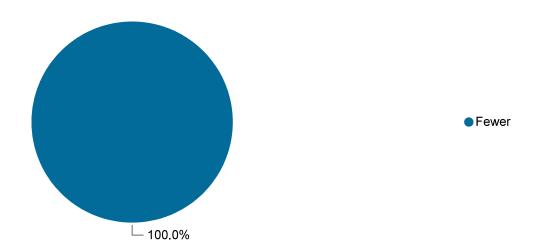
Clients are asked at the start of treatment and at the end of treatment, "How many night have you spent in a facility for illness, injury, or surgery in the past 30 days?" Only clients who completed this question at time of admission and time of discharge are included.

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 FY23, 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 30 days.

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



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
Intensive Inpatient Treatment (3.7)	5	1.40	0.00	-1.40	-100.0%
Total	5	1.40	0.00	-1.40	-100.0%



# Nights Spent in Correctional Facility



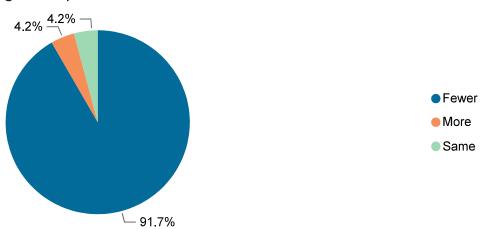
Clients are asked at the start of treatment and at the end of treatment, "How many nights have you spent in a correctional facility including JDC or jail (as a result of an arrest, parole or probation violation) in the past 30 days?" Only clients who completed this question at time of admission and time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

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

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

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

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



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

Treatment Services	Unduplicated Client Count		Average Discharge	Change	Percent Change
<u> </u>					
Intensive Inpatient Treatment (3.7)	24	11.88	3.17	-8.71	-73.3%
Total	24	11.88	3.17	-8.71	-73.3%



# Trouble as a Result of Substance Use

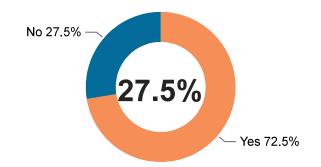
Clients are asked at the start of treatment and at the end of treatment, "Have you gotten in trouble at home, at school, work, or in the community, because of your use of alcohol, drugs, inhalants or gambling?" Only clients who completed this question at time of admission and time of discharge are included.

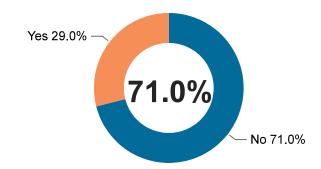
Clients' responses on these surveys are then broken out by the percentage of clients who responded "Yes" or "No" at time of admission and at time of discharge (donut chart) as well as the average responses and change from admission to discharge (table).

Youth served in publicly funded treatment services reported 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
Intensive Inpatient Treatment (3.7)	66	0.72	0.29	-0.43	-60.0%
Total	66	0.72	0.29	-0.43	-60.0%



# Missing School/Work as a Result of Substance Use

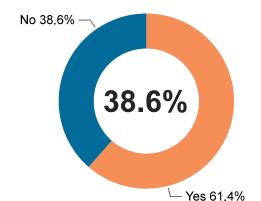


Clients are asked at the start of treatment and at the end of treatment, "Have you missed school or work because of using alcohol, drugs, inhalants, or gambling?" Only clients who completed this question at time of admission and time of discharge are included.

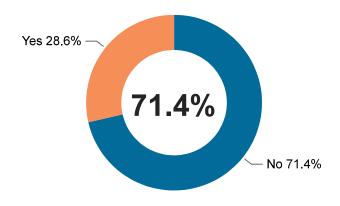
Clients' responses on these surveys are then broken out by the percentage of clients who responded "Yes" or "No" at time of admission and at time of discharge (donut chart) as well as the average responses and change from admission to discharge (table).

Youth served in publicly funded treatment services reported 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
Intensive Inpatient Treatment (3.7)	67	0.61	0.29	-0.33	-53.5%
Total	67	0.61	0.29	-0.33	-53.5%



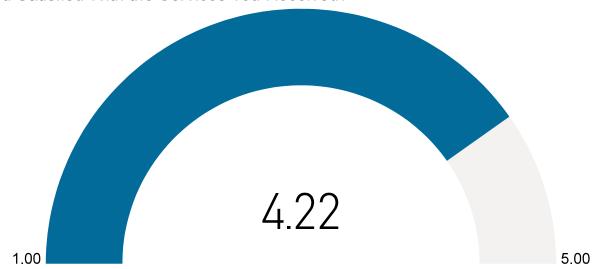
# General Satisfaction with Services

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 FY23, 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	
Intensive Inpatient Treatment (3.7)	67		4.22
Total	67		4.22



# Improved Functioning

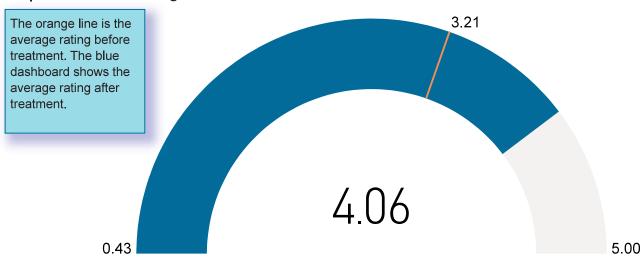


Clients are asked at discharge to rate how strongly they agree with seven different questions pertaining to their perception of their mental health and social well-being before and after the services they received. The average of these seven responses is given below. To see specific questions, please 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 FY23, 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
Intensive Inpatient Treatment (3.7)	67	3.21	4.06	0.85	26.5%
Total	67	3.21	4.06	0.85	26.5%



# Social Connectedness

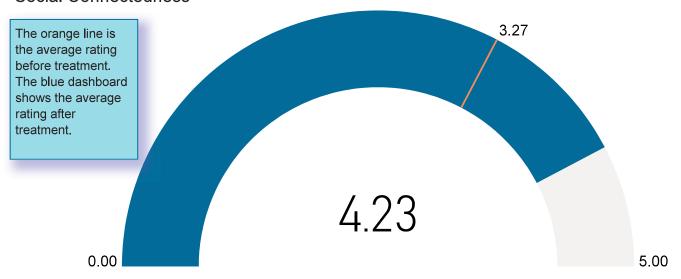


Clients are asked at discharge to rate how strongly they agree with four different questions pertaining to their connections with their family, friends, and community. The average of these four responses is given below. To see specific questions, please see Appendix B.

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

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
Intensive Inpatient Treatment (3.7)	67	3.27	4.23	0.96	29.4%
Total	67	3.27	4.23	0.96	29.4%



# 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 FY23, 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**



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

<b>G</b> ,	Treatment Services	0,70	Unduplicated Client Count	Participation in Treatment Planning	Cultural Sensitivity of Staff
<b>^</b>					
Intensive Inpatient Trea	tment (3.7)		67	4.20	4.11
Total			67	4.20	4.11



# 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 FY23, 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
Intensive Inpatient Treatment (3.7)	67	4.10
Total	67	4.10



# Internalizing Disorder



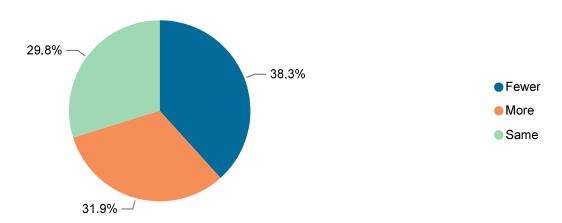
Youth clients complete the Global Appraisal of Individual Needs Short Screener (GAIN-SS) at admission and discharge.

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 FY23, their responses are counted once in each service.

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

Percent of 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		Average Initial	Average Discharge	Change	Percent Change
Intensive Inpatient Treatment (3.7)	47	2.31	2.04	-0.27	-11.7%
Total	47	2.31	2.04	-0.27	-11.7%



# **Externalizing Disorder**



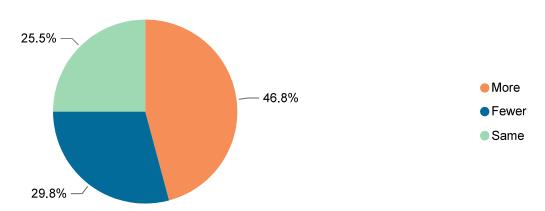
Youth clients complete the Global Appraisal of Individual Needs Short Screener (GAIN-SS) at admission and discharge.

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 FY23, their responses are counted once in each service.

Youth served in publicly funded treatment services experienced an increase in symptoms of externalizing disorders.

Percent of 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
Intensive Inpatient Treatment (3.7)	47	1.73	2.42	0.69	39.8%
Total	47	1.73	2.42	0.69	39.8%



# Substance Use Disorder



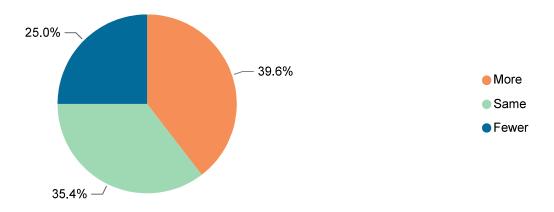
Youth clients complete the Global Appraisal of Individual Needs Short Screener (GAIN-SS) at admission and discharge.

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 FY23, their responses are counted once in each service.

Youth served in publicly funded treatment services experienced an increase in symptoms of substance use disorders.

Percent of 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
Intensive Inpatient Treatment (3.7)	48	1.61	1.98	0.37	22.8%
Total	48	1.61	1.98	0.37	22.8%



# Crime and Violence



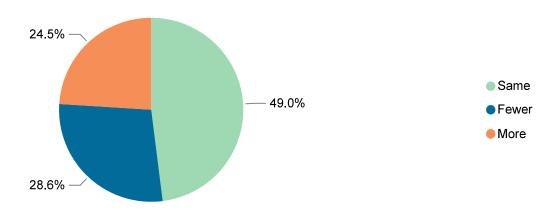
Youth clients complete the Global Appraisal of Individual Needs Short Screener (GAIN-SS) at admission and discharge.

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 FY23, 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.

Percent of 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
Intensive Inpatient Treatment (3.7)	49	1.44	1.28	-0.16	-11.1%
Total	49	1.44	1.28	-0.16	-11.1%



# Family Perceptions of Youth SUD Treatment Services



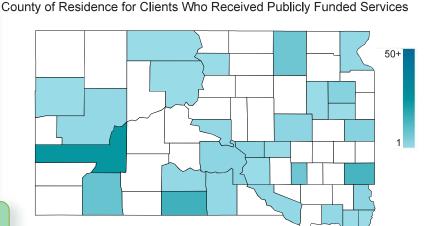
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## Family Perceptions of Youth SUD Services

Substance Use Assessments Conducted

n



**Treatment Services** 

Publicly Funded Average Duration of Clients Served Treatment (Days)

Intensive Inpatient Treatment (3.7)

123

42



Unduplicated Clients Served (Publicly Funded)

123

Publicly Funded Clients Served with Co-Occurring Mental Health Conditions

78



Veterans Served (Publicly Funded)

0

Pregnant Clients Served (Publicly Funded)

1



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





## **Arrest History**



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.

Percent of 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 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 FY23, 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.

Percent of 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

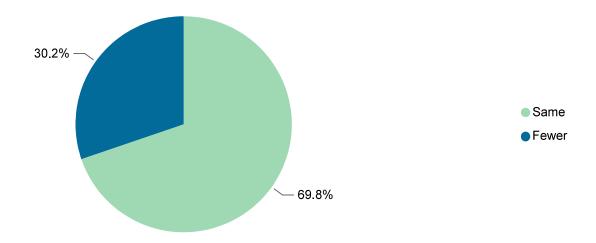


Families of youth clients are asked at the start of treatment and at the end of treatment, "Now thinking about your child's physical health, which includes physical illness and injury, how many days during the past 30 days was your child's physical health not good?" Only families of youth who completed 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 FY23, 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.

Percent of 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
Intensive Inpatient Treatment (3.7)	43	2.55	0.05	-2.50	-98.2%
Total	43	2.55	0.05	-2.50	-98.2%



## Mental Health

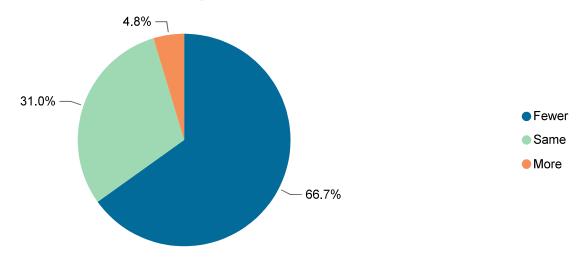


Families of youth clients are asked at the start of treatment and at the end of treatment, "Now thinking about your child's mental health, which includes stress, depression, and problems with emotions, how many days during the past 30 days was your child's mental health not good?" Only families of youth 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 FY23, 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.

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



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

Treatment Services	Unduplicated Client Count		Average Discharge	Change	Percent Change
Intensive Inpatient Treatment (3.7)	42	13.47	1.35	-12.12	-90.0%
Total	42	13.47	1.35	-12.12	-90.0%



# Physical or Mental Health Prevented Normal Activities

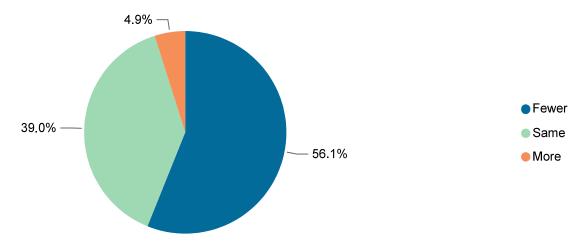
Families of youth clients are asked at the start of treatment and at the end of treatment, "During the past 30 days, approximately how many days did your child's poor physical or mental health keep them from doing your child's usual activities, such as self-care, work, or recreation?" Only families of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

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



Percent of 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
<b>A</b>					
Intensive Inpatient Treatment (3.7)	41	9.26	0.40	-8.86	-95.6%
Total	41	9.26	0.40	-8.86	-95.6%



## Reported Attempts to Die by Suicide



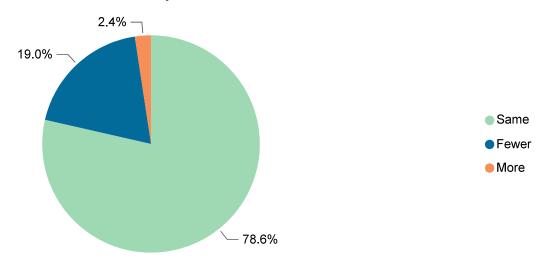
If you, or someone you know, is in need of crisis support, or experiencing emotional distress, call or text 988, or chat at https://988lifeline.org/.

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 FY23, 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 30 days.

Percent of Families Who Reported Youth Clients 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 Has Your Child Attempted to Die by Suicide?

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Intensive Inpatient Treatment (3.7)	42	0.74	0.12	-0.63	-84.4%
Total	42	0.74	0.12	-0.63	-84.4%



## Ability to Control Alcohol Use



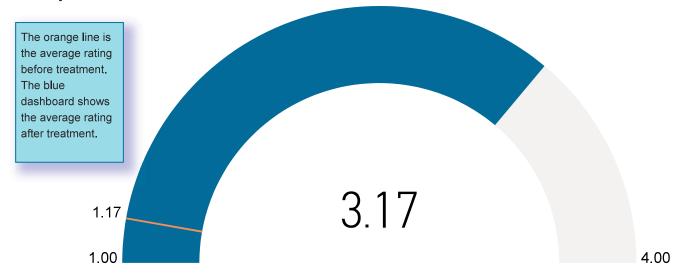
Families of youth clients are asked at the end of treatment to rate their youth's ability to control their alcohol use before the program and after the program. They rate each question on a scale from 1-"Poor" to 4-"Excellent."

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 FY23, families' responses are counted once in each service.

Families of youth served in publicly funded treatment services rated their youth's ability to control their 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 Discharge	Change	Percent Change
Intensive Inp	atient Treatment (3.7)	12	1.17	3.17	2.00	171.4%
Total		12	1.17	3.17	2.00	171.4%



## Ability to Control Drug Use



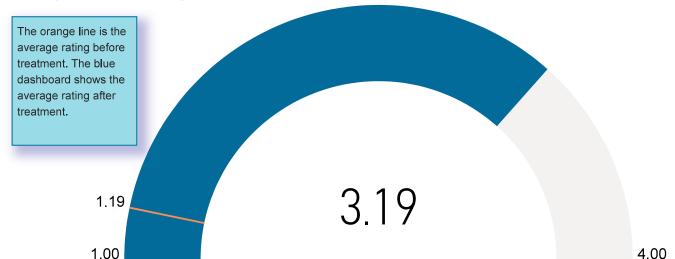
Families of youth clients are asked at the end of treatment to rate their youth's ability to control their drug use before the program and after the program. They rate each question on a scale from 1-"Poor" to 4-"Excellent."

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 FY23, families' responses are counted once in each service.

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

## Ability to Control Drug Use



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Intensive Inpatient Treatment (3.7)	35	1.19	3.19	2.00	167.4%
Total	35	1.19	3.19	2.00	167.4%



## Treatment Engagement

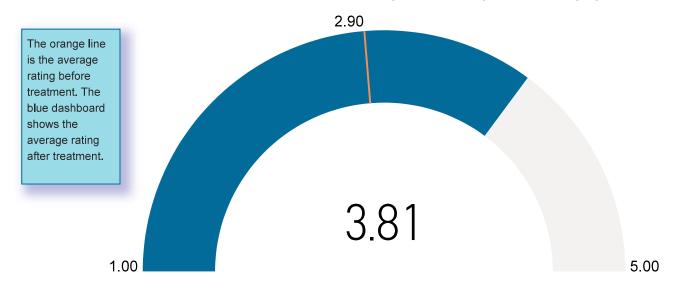


Clinicians are asked at the start of the client's treatment and at the end of treatment, "At this interval period, what is your (clinician's) assessment of the client's understanding and willingness to engage in their treatment program?" Clinicians may answer in a range from 1-"Unengaged" to 5-"Optimal 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 FY23, 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 S	ervices		·	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Intensive Inpatie	ent Treatment (3.7)				47	2.90	3.81	0.92	31.7%
Total					47	2.90	3.81	0.92	31.7%



## Importance of Changing Current Behaviors

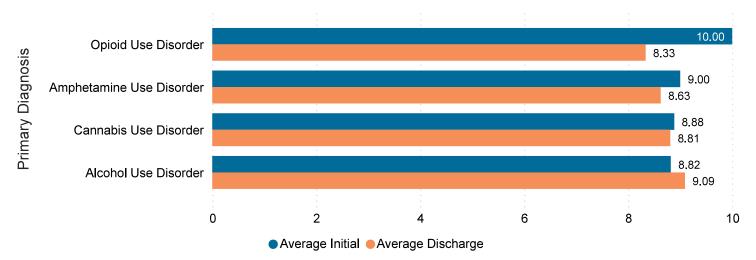


Families of youth clients are asked at the start of treatment and at the end of treatment to rate how important it is that their child change their current behaviors and/or symptoms. They rate this question on a scale from 0-"Not Important at AII" to 10-"Most Important Thing in My Life Right Now."

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

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

## Importance in Changing Current Behaviors



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Intensive Inpatient Treatment (3.7) Total	46	8.94	8.85	-0.09	-1.0%
	<b>46</b>	<b>8.94</b>	<b>8.85</b>	<b>-0.09</b>	<b>-1.0%</b>



# Motivation to Change Current Behaviors

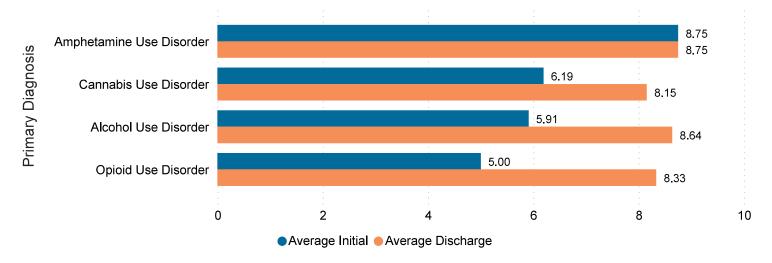


Families of youth clients are asked at the start of treatment and at the end of treatment to rate how confident they are in their youth changing current behaviors and/or symptoms. They rate this question on a scale from 0-"Not Important at AII" to 10-"Most Important Thing in My Life Right Now."

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

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

## Motivation to Change Current Behaviors and/or Symptoms



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
<b>A</b>					
Intensive Inpatient Treatment (3.7)	46	6.34	8.32	1.98	31.2%
Total	46	6.34	8.32	1.98	31.2%



# Confidence to Control Use Under Stress and Peer Pressure

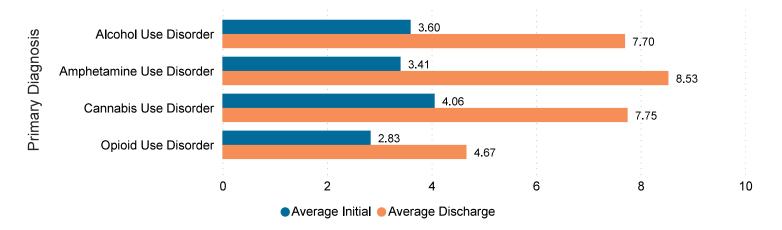
Families of youth clients are asked at the start of treatment and at the end of treatment to rate their confidence in their youth's ability to control use under different stressful situations, including peer pressure. They rate each question on a scale from 0-"Not at All Confident" to 10-"Very Confident."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

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

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



### Confidence to Control Substance Use



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Intensive Inpatient Treatment (3.7)	45	3.61	7.55	3.93	108.9%
Total	45	3.61	7.55	3.93	108.9%



## Visits to Emergency Department



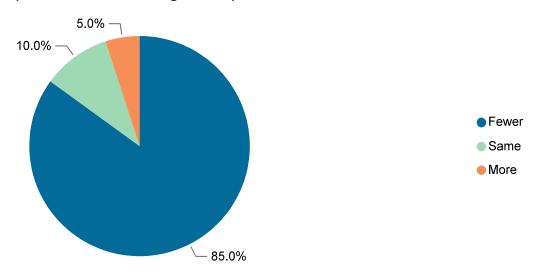
Families of youth clients are asked at the start of treatment and at the end of treatment, "How many times has your child gone to an emergency room for a psychiatric or emotional problem in the past 30 days?" Only families of youth who completed this question at time of admission and time of discharge 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 FY23, 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 30 days.

Percent of 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 30 Days Has Your Child Visited the Emergency Department?

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Intensive Inpatient Treatment (3.7)	20	1.62	0.29	-1.33	-82.4%
Total	20	1.62	0.29	-1.33	-82.4%



## Detoxification Services



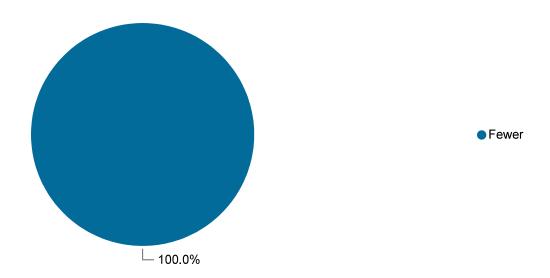
Families of youth clients are asked at the start of treatment and at the end of treatment, "How many nights has your child spent in a facility for detoxification in the past 30 days?" Only families of youth who completed this question at time of admission and time of discharge are included.

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 FY23, 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 30 days.

Percent of 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



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

Treatment Services	Unduplicated Client Count	_	Average Discharge	Change	Percent Change
Intensive Inpatient Treatment (3.7)	5	3.80	0.00	-3.80	-100.0%
Total	5	3.80	0.00	-3.80	-100.0%



# Inpatient Substance Use Disorder Treatment Services

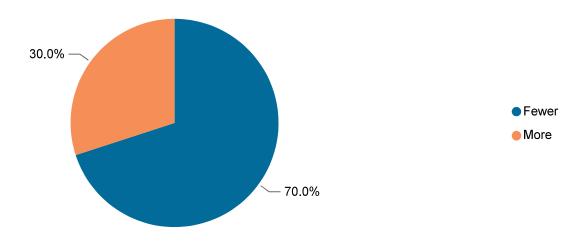
Families of youth clients are asked at the start of treatment and at the end of treatment, "How many nights has your child spent in a facility for inpatient/residential substance use disorder treatment in the past 30 days?" Only families of youth who completed this question at time of admission and time 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 FY23, 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 an inpatient substance use disorder facility in the past 30 days.

Percent of 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



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

Treatment Services	Unduplicated Client Count		Average Discharge	Change	Percent Change
Intensive Inpatient Treatment (3.7)	5	8.00	12.00	4.00	50.0%
Total	5	8.00	12.00	4.00	50.0%



# Hospital Admissions for Mental Health Care



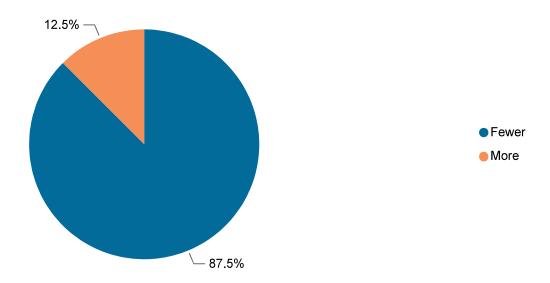
Families of youth clients are asked at the start of treatment and at the end of treatment, "How many nights has your child spent in a facility for mental health care in the past 30 days?" Only families of youth who completed this question at time of admission and time of discharge are included.

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 FY23, 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 30 days.

Percent of 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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Intensive Inpatient Treatment (3.7)	16	5.69	2.63	-3.06	-53.8%
Total	16	5.69	2.63	-3.06	-53.8%



## Illness, Injury, or Surgery



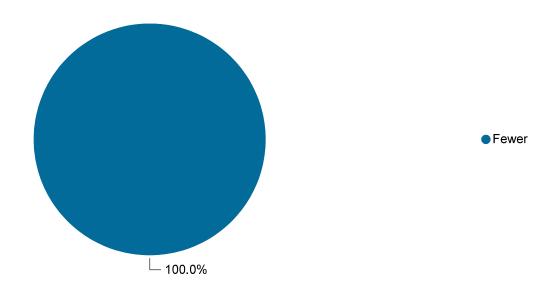
Families of youth clients are asked at the start of treatment and at the end of treatment, "How many nights has your child spent in a facility for illness, injury, or surgery in the past 30 days?" Only families of youth who completed this question at time of admission and time of discharge are included.

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 FY23, 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 30 days.

Percent of 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



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

Treatment Services	Unduplicated Client Count		Average Discharge	Change	Percent Change
Intensive Inpatient Treatment (3.7)	4	2.00	0.00	-2.00	-100.0%
Total	4	2.00	0.00	-2.00	-100.0%



# Nights Spent in Correctional Facility

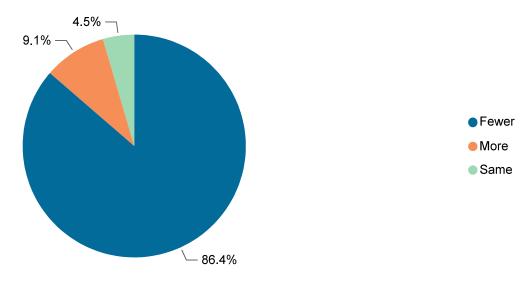
Families of youth clients are asked at the start of treatment and at the end of treatment, "How many nights has your child spent in a correctional facility including JDC or jail (as a result of an arrest, parole or probation violation) in the past 30 days?" Only families of youth who completed this question 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 FY23, 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 correctional facility in the past 30 days.

Percent of Families Who Reported Their Youth 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 Has Your Child Spent in a Correctional Facility?

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Intensive Inpatient Treatment (3.7)  Total	22	7.68	2.82	-4.86	-63.3%
	<b>22</b>	<b>7.68</b>	<b>2.82</b>	<b>-4.86</b>	- <b>63.3%</b>



# Trouble as a Result of Substance Use

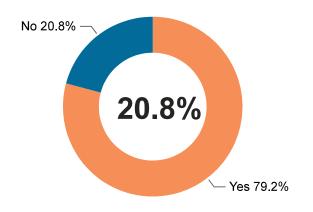
Families of youth clients are asked at the start of treatment and at the end of treatment, "Has your child gotten in trouble at home, at school, work, or in the community, because of their use of alcohol, drugs, inhalants or gambling?" Only families of youth who completed this question at time of admission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

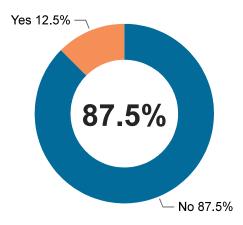
Families' responses on these surveys are then broken out by the percentage of families who responded "Yes" or "No" at time of admission and at time of discharge (donut chart) as well as the average responses and change from admission to discharge (table).

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

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

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





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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Intensive Inpatient Treatment (3.7)	47	0.79	0.13	-0.67	-84.2%
Total	47	0.79	0.13	-0.67	-84.2%



## Missing School/Work as a Result of Substance Use

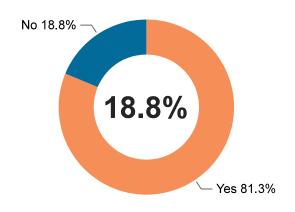
Families of youth clients are asked at the start of treatment and at the end of treatment, "Has your child missed school or work because of using alcohol, drugs, inhalants, or gambling?" Only families of youth who completed this question at time of admission and time of discharge are included.

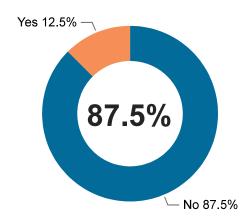
Families' responses on these surveys are then broken out by the percentage families who responded "Yes" or "No" at time of admission and at time of discharge (donut chart) as well as the average responses and change from admission to discharge (table).

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

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

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





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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Intensive Inpatient Treatment (3.7)	47	0.81	0.13	-0.69	-84.6%
Total	47	0.81	0.13	-0.69	-84.6%



# General Satisfaction with Services

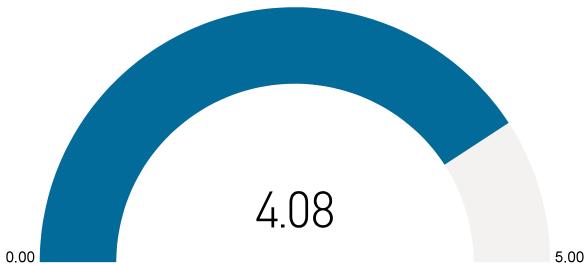


Families of youth clients are asked at discharge to rate how strongly they agree with six different questions pertaining to their overall satisfaction with treatment services their youth received. The average of these six responses is given below. To see specific questions, please see Appendix B.

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 FY23, 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.





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
<b>A</b>		
Intensive Inpatient Treatment (3.7)	47	4.08
Total	47	4.08



## Improved Functioning

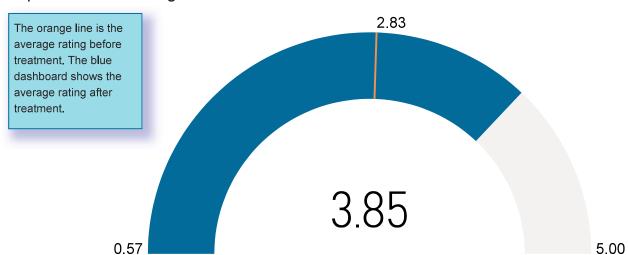


Families of youth clients are asked at discharge to rate how strongly they agree with seven different questions pertaining to their perception of their youth's mental health and social well-being before and after the services they received. The average of these seven responses is given below. To see 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 FY23, 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
Intensive Inpatient Treatment (3.7) Total	47	2.83	3.85	1.02	36.1%
	<b>47</b>	<b>2.83</b>	<b>3.85</b>	<b>1.02</b>	<b>36.1%</b>



## Social Connectedness

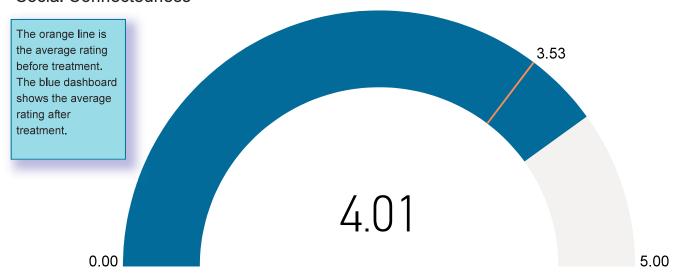


Families of youth clients are asked at discharge to rate how strongly they agree with four different questions pertaining to their youth's connections with their family, friends, and community. The average of these four responses is given below. To see specific questions, please see Appendix B.

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 FY23, 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
Intensive Inpatient Treatment (3.7)	47	3.53	4.01	0.47	13.4%
Total	47	3.53	4.01	0.47	13.4%



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 FY23, 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 and felt staff were culturally sensitive.

## Participation in Treatment Planning

## Cultural Sensitivity of Staff



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

Treatment Services		Participation in Treatment Planning	Cultural Sensitivity of Staff
Intensive Inpatient Treatment (3.7)	47	4.06	4.23
Total	47	4.06	4.23



## Access to Services

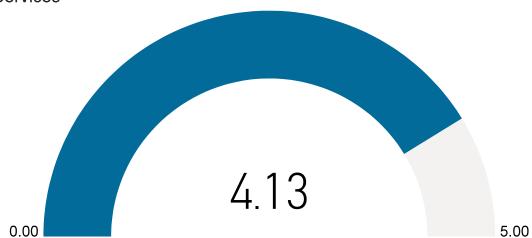


Families of youth clients are asked at discharge to rate how strongly they agree with two different questions pertaining to the ease and convenience of accessing the services their youth received. The average of these two responses is given below. To see specific questions, please see Appendix B.

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 FY23, 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
<u> </u>	·	
Intensive Inpatient Treatment (3.7)	48	4.13
Total	48	4.13



# Appendix A: Outcome Tool Return Rates



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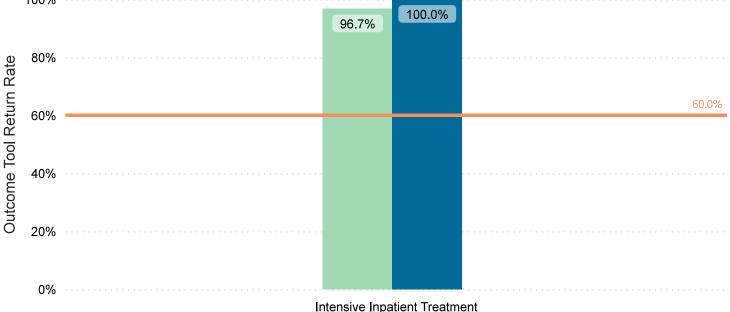
## **Appendix A: OT Return Rates**

## Youth SUD Outcome Tool Return Rates

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

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





Treatment Services	Admissions	Initial Tool	Initial Tool Return Rate	Discharges	Discharge Tool	Discharge Tool Return Rate
Intensive Inpatient Treatment (3.7)	123	119	96.7%	70	70	100.0%
Total	123	119	96.7%	70	70	100.0%

(3.7)



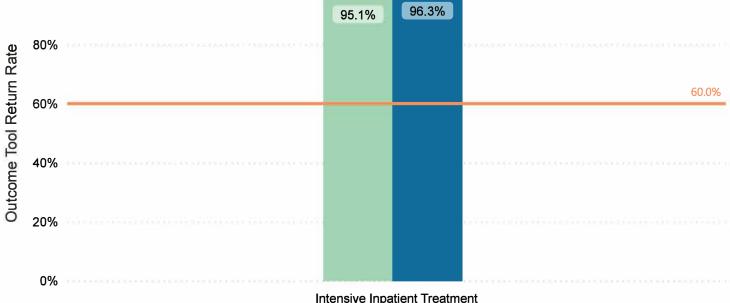
## **Appendix A: OT Return Rates**

# Family SUD Outcome Tool Return Rates

Return rates in this section reflect outcome tools completed by families of youth receiving SUD services. The return rate reflects tools collected and attempts to collect tools as clients may not always wish to complete the outcome tool.

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





Treatment Services	Admissions	Initial Tool	Initial Tool Return Rate	Discharges	Discharge Tool	Discharge Tool Return Rate
Intensive Inpatient Treatment (3.7)	123	117	95.1%	81	78	96.3%
Total	123	117	95.1%	81	78	96.3%

(3.7)





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

Todays' Date:									
Client STARS II	D:  _ _ _	_ _ _ _	_ _ _	_ _	_ _ _	<u> _ _</u>			
Client STARS II Program	□ 1.0 Outp	nsive Outp 2.1/3.1) Treatmen Intensity nsive Inpat utpatient I utpatient E y)	t Residen tient Tre EBP (CJI EBP/MR	eatment Clients T (CJI	☐ 2.1 C☐ 2.5 C☐ 3.7 C☐ Treatm☐ MRT☐ Adul	Gambling Gambling ent ' (CJI Clie It Outpati ents Only – OP – E	Intensi Day Tr Intensi Ints Onli	ive Outpa eatment ive Inpati	ent
	`								
1. Would you	-	-			_		_	<b>D</b>	
□Exceller		ery Good		Good		Fair		Poor	
a. Now thinki	ng about you y days during							ınjury,	
<b>b</b> . Now thinki	ng about you with emotio	ir mental h	ealth, w	hich inclu	ides stres	ss, depres	sion, an		
c. During the	past 30 days ealth keep yo								
2. At this mor	nent, how i	mportan	t is it tl	nat vou	change v	our cur	rent b	ehaviors	5
and/or symp									
Not important	at all	About as i		t as most o ke to achie	f the other	things I	Most in	nportant th	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 you will change your current behaviors and/or symptoms? Please circle a number on the scale below:									
Not important			importan		of the other			mportant th	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 Places answer the following question	Number of	Don't				
4. Please answer the following question In the past 30 days, how many times have you be	Nights/Times	know				
*Federally Required Element						
reactury required Element						
5. Please answer the following questions h	pased on the past 30 day	/S				
a. Have you gotten into trouble at home, at schoo			□No			
because of your use of alcohol, drugs, inhalants			□NO			
b. Have you missed school or work because of us	ing alcohol, drugs, inhalants	, or □Yes	□No			
gambling?		□ 1 €3				
*Federally Required Element						
6. Please answer the following questions l	pased on the past 30	Number of	Don't			
days		Nights/Times	know			
a. How many times have you gone to an emergen	cy room for a psychiatric		П			
or emotional problem?						
b. How many nights have you spent in a facility for:						
i. Detoxification?						
ii. Inpatient/Residential Substance Use Disorder Treatment?						
iii. Mental Health Care?						
iv. Illness, Injury, Surgery?						
c. How many nights have you spent in a correctional facility including jail						
or prisons (as a result of an arrest, parole or probation violation)?						
d. How many times have you tried to commit suicide?						
7. I would be able to resist the urge to drink heavily and/or use drugs	Not at all confident		Very Confident			
if I were angry at the way things had	connuent		Commuent			
turned out	0 1 2 3 4 5	6 7 8	9 10			
if I had unexpectedly found some						
booze/drugs or happened to see something	0 1 2 3 4 5	6 7 8	9 10			
that reminded me of drinking/using drugs	0 1 2 5 1 5	0 7 0	) 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		, ,	, 10			

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## Adult SUD Form -Initial

8. Please indicate your level of agreement or					Response Options						
disagreement wit choice that best ro over the <u>past 30 d</u> with persons othe provider(s).) Source	Strongly	disagree Disagree	Undecided	Agree	Strongly agree	Not applicable	Refused				
Domain: Social Con											
1. I am happy with	the friendships I l	nave.									
2. I have people wit	th whom I can do	enjoyable things.									
3. I feel I belong in	my community.										
4. In a crisis, I woul friends.	or $\Box$										
Domain: Improved	<b>Functioning Dom</b>	ain: Questions 5-8									
5. I do things that a											
6. I am better able to take care of my needs.											
7. I am better able to handle things when they go wrong.											
8. I am better able											
Question <u>required</u> to	be completed by Cl	inician									
	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 Reco	ingagement in Engag			Optingagem Recov	ent in			

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

Todays' Date:								
Client STARS I	D:  _	_ _ _ _	_ _ _	_  _	_ _ _			
Program						re atment re Inpatier ) /3.1	nt	
1. Would you	say that in	general you	r health is:					
□Excelle	nt □Ve	ry Good	□Good	[	Fair	□Р	oor	
<ul> <li>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?</li> <li>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?</li> </ul>								
	past 30 days, ealth keep you n?							
2. At this moment, how important is it that you change your current behaviors and/or symptoms? Please circle a number on the scale below:  Not important at all  About as important as most of the other things I  would like to achieve now  life right now								
0 1	2	3 4	5	6	7	8	9	10
3. At this moment, how confident are you that you will change your current behaviors and/or symptoms? Please circle a number on the scale below:  Not important at all  About as important as most of the other things I  Wost important thing in my would like to achieve now  life right now								
0 1	2	3 4	5	6	7	8	9	10

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#### Adult SUD Form -Discharge

4. Please answer the foll	ωwinσ	auestior	1				nber of hts/Time	Don't es know	
In the past 30 days, how man				rrested?		IVIE	1113/ 111116	S KIIUW	
*Federally Required Element	ily tillic.	s nave you	Decira	rresteu.				Ш	
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	100l, wo	ork, or in th	ne comr	nunity,	□Yes	□No	
because of your use of alcoh-							□ i es		
b. Have you missed school or	r work l	because of	fusing a	ılcohol, drı	ıgs, inh	alants, or	□Yes	□No	
gambling?									
*Element agreed upon by the DOWG					-		1 6	<b>5</b> 1:	
6. Please answer the following questions based on the <u>past 30</u> Number of Nights/Times knows									
udys									
a. How many times have you gone to an emergency room for a psychiatric									
or emotional problem?		: C:1:4	C						
b. How many nights have you i. Detoxification?	u spent	in a facilit	y ior:						
ii. Inpatient/Residential Su	hetane	o Uco Dico	rdor Tr	oatmont?					
iii. Mental Health Care?	ibstaiic	e ose biso	iuei ii	eaunent:					
iv. Illness, Injury, Surgery?									
c. How many nights have you		in a corre	ctional	facility incl	uding i	nil			
or prisons (as a result of a	-			•	Ο,	ali			
d. How many times have you					011).				
7. Please check the		Before th			No	w (At end	of Pro	gram)	
appropriate box on						(-10-011)		6	
how you are doing									
since entering the									
program that best tells	Poor	Average	Good	Excellent	Poor	Average	Good	Excellent	
us what you think.	1	Average 2	3	4	1	Average 2	3	4	
a. Controlling alcohol									
use.									
b. Controlling drug use.									

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#### Adult SUD Form -Discharge

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

9. Please indicate your level of agreement or		Re	espor	ise O	ption	าร	
disagreement with the statements by checking the choice that best represents your feelings or opinion over the past 30 days. (Please answer for relationships with persons other than your behavioral health	Strongly	Disagree	Undecided	Agree	Strongly agree	Not applicable	Refused
<pre>provider(s).) Source: MHSIP Survey *Element Agreed upon by DOWG</pre>	ۍ <u>رو</u>	. п	n		Stro	Not	
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							5			
Unengaged and Blocked	Minimal Engagement in Recovery	Limited Engagement in Recovery	Positi Engagem Recov	ent in		En	Optin gagen Recov	nent in	ı	
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 <b>required</b> to									_	
34. I would recommember.	mend this agency t	to a friend or family								
agency.		l get services at this								
	vices that I received									
	Satisfaction Questic									
	cided my treatment	•								
Planning Question 30. I felt comforta		ns about my treatment	. 🗆							
•	ons of Participation	in Treatment								
	tuation has improv									
	are not bothering									
	chool and/or work									
26. I do better in s										
	ong better with my	family.								
24. I am better ab	le to deal with crisi	S.								
	le to control my life									
	ectively with daily									
	ons of Outcomes Qu									
	ged to use consume	er-run programs.								
20. Staff encourag	ed me to take resp	e $\square$								
	formation about my									
	of managing my ill						Ш			
•	e obtain the inform		П	П				П		

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

Todays' I	Date:									
Client ST	ARS ID:	_ _ _	_	_ _ _	_ _ _	. _ _	_ _ _			
Progran	n 🗆	1.0 Ou	tpatient			□ 2.1 I	ntensive	Outpat	ient	
		2.5 Day	y Treatme	ent		□ 3.7 I	ntensive	Inpatie	nt	
		3.1 Lov	w Intensit	y Resident	tial	Trea	tment (P	RTF)		
		Adoles	cent EBP	Services						
4 717 1	•				1.1					
				l your he		Г	J.P.:		D	
	cellent		Very Good	ı	Good		□Fair vsical illn		Poor	
				t 30 days v					iiijui y,	
<b>b</b> . Now	thinking	about yo	our mental	l health, wl	nich inclu	ides stre	ss, depres	ssion, ar		
	oblems wi alth not go		ions, how i	many days	during th	he past 3	0 days wa	as your	mental	
			s, approxi	mately hov	w many d	lays did	your poor	· physica	al or	
		h keep y	ou from d	oing your ı	ısual acti	vities, su	ich as self	-care, w	ork, or	
rec	reation?									
				ant is it th				rrent b	ehavior	S
and/or	sympton	ms? Ple	ase circle	a number	¹ ለn the s	scale hel	UM.			
								Mosti	mnortant t	hing in my
Not im	portant at a	all	About a	as important	t as most o ke to achie	f the othe	r things I		life	hing in my right now
				as important	t as most o	f the othe		Most i		
Not im	portant at a	all 2	About a	as important would li	t as most o ke to achie	of the othe eve now	r things I	8	life 9	right now
Not im  0  3. At th	portant at a	all  2  nt, how	About a	would li 4  nt are yo	t as most o ke to achie 5	of the other eve now 6	r things I  7  change y	8 your cu	life 9 irrent	right now
Not im  O  3. At the beha	portant at a  1  is mome viors an	all  2  nt, how d/or sy	About a  3  v confide with the company to the compa	would li 4 nt are your ? Please c	t as most o ke to achie 5 u that yo ircle a nu	of the other of the over now 6  ou will umber o	r things I  7  change yon the sca	8 your cu	9 gurrent w:	e right now 10
O  3. At the beha	portant at a  1  is mome viors an portant at a	nt, how	About a  3  v confide  mptoms  About a	ns important would li 4  nt are yo ? Please c as important would li	t as most o ke to achie 5 u that your clean to ircle a nut as most o ke to achie	of the other of the other ou will umber of the other ow	r things I 7 change yon the sca	your cu lle belo Most i	life 9  Irrent w: mportant t life	e right now 10  thing in my e right now
Not im  O  3. At the beha	portant at a  1  is mome viors an	all  2  nt, how d/or sy	About a  3  v confide with the company to the compa	ns important would li 4 nt are you? Please cas important	t as most o ke to achie 5 u that yo ircle a nu t as most o	of the other of th	r things I  7  change yon the sca	8 your cu	life  9  urrent w: mportant t	e right now 10  thing in my
O  3. At the beha	portant at a  1  is mome viors an portant at a	nt, how	About a  3  v confide  mptoms  About a	ns important would li 4  nt are yo ? Please c as important would li	t as most o ke to achie 5 u that your clean to ircle a nut as most o ke to achie	of the other of the other ou will umber of the other ow	r things I 7 change yon the sca	your cu lle belo Most i	life 9  arrent w: mportant t life 9	e right now 10  thing in my e right now 10
Not im  O  3. At th beha Not im  O	is mome viors an portant at a	nt, how d/or sy	About a  3  v confide  mptoms  About a	nt are your and are your are your are would like the would like th	t as most o ke to achie 5 u that your clean to ircle a nut as most o ke to achie	of the other of the other ou will umber of the other ow	r things I 7 change yon the sca	your cu lle belo Most in	life 9  Irrent w: mportant t life	e right now 10  thing in my e right now
Not im  O  3. At the beha Not im  O  4. Pleas In the pa	is mome viors an portant at a	nt, how d/or sy all 2	About a  y confide ymptoms About a  3	nt are your and are your are your are would like the would like th	t as most o ke to achie 5 u that your ircle a nut as most o ke to achie	ou will umber of the other ow	r things I 7 change yon the sca	your cu lle belo Most in	life 9  arrent w: mportant t life 9	thing in my right now 10  Don't
Not im  O  3. At the beha Not im  O  4. Pleas In the pa	is mome viors an portant at a	nt, how d/or sy all 2	About a  y confide ymptoms About a  3	nt are your and are your are your are your are would limportant are your and are would limportant are your are are as important are your are are are are are are are are are ar	t as most o ke to achie 5 u that your ircle a nut as most o ke to achie	ou will umber of the other ow	r things I 7 change yon the sca	your cu lle belo Most in	life 9  arrent w: mportant t life 9	thing in my right now  10  Don't know
Not im  O  3. At the beha Not im  O  4. Pleas In the pa *Federally	is mome viors an portant at a 1	nt, how d/or sy all 2	About a  y confidence ymptoms About a  3  bllowing of the second	nt are your and are your are your are your are would limportant are your and are would limportant are your are are as important are your are are are are are are are are are ar	t as most o ke to achie  t that you ircle a nu t as most o ke to achie  ceen arre	ou will umber of the other evenow  6  ou will umber of the other evenow  6	r things I 7 change yon the scar things I 7	your cu dle belo Most in 8	life 9  arrent w: mportant t life 9	thing in my right now  10  Don't know
3. At the beha Not im  0  4. Pleas In the pa *Federally  5. Pleas a. Have y	is mome viors an portant at a 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	nt, how d/or sy all 2  r the fo s, how mement r the fo into tro	About a  y confidence ymptoms About a  3  bllowing of the second	nt are your and are your are your are your are would limit and a would limit are your and are your are would limit are your are your are your are your are your are your are are school are at school are your are are school are	u that your clear as most of the to achieve the tas most of th	ou will umber of the other evenow  6  ou will umber of the other evenow  6  on the j	r things I 7  change you the scar things I 7	your cuile belo Most in 8 Num Nigh	life 9  arrent w: mportant t life 9	thing in my right now  10  Don't know
3. At the beha Not im  0  4. Pleas In the pa *Federally  5. Pleas a. Have y because	is mome viors an portant at a 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	nt, how d/or sy all 2  r the fo s, how mement r the fo into trouse of all	About a  y confide ymptoms About a  3  bllowing conditions times  bllowing conditions at horizontal	nt are your and are your are your are your are would limit and are your and are your are would limit are your a	u that your case of the same o	ou will umber of the other ow for the other own for the other	change yon the scar things I  7	your culle below Most in Night	Ilife  9  arrent w: mportant t life  9  aber of ats/Times	thing in my right now  10  Don't know
3. At the beha Not im  0  4. Pleas In the pa *Federally  5. Pleas a. Have y because	is mome viors an portant at a 1 1	nt, how d/or sy all  2  r the fo s, how mement  r the fo into tro use of ald school	About a  y confide ymptoms About a  3  bllowing conditions times  bllowing conditions at horizontal	nt are your and are your are your are your and are your are your are your are your are are school and are your are are school are	u that your case of the same o	ou will umber of the other ow for the other own for the other	change yon the scar things I  7	your culle below Most in Night	life 9  nrrent w: mportant t life 9  aber of ats/Times	thing in my right now  10  Don't know

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#### Youth SUD Form -Initial Interview

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

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#### Youth SUD Form -Initial Interview

8. Please in	ndicate vour l	evel of agreem	ent or		Re	espoi	nse O	ptions	S	
disagreem choice that over the pa with perso provider(s	Strongly		Undecided	Agree		٥	Refused			
		lness Questions								
need to t	alk.		erstand me when	I						
2. In a crisis	·	the support I n	eed from family							
3. I have pe my prob	-	comfortable tall	king with about							
4. I have pe	ople with who	m I can do enjoy	yable things.							
		oning Domain:								
5. I am able	to do things I	want to do.								
6. I get alon	g with family r	nembers.								
7. I get alon	g with friends	and other peop	le.							
8. I do well	in school and/	or work.								
9. I am able	to cope when	things go wrong	g.							
10. I am abl	le to handle my	daily life.								
11. I am sat	isfied with my	family life right	now.							
Ouestion to b	e answered by C	Clinician								_
		AIN-SS) Scorin	g							
		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									
	ness to engage		nician's) assessment program? Ple		le a n				scal	
Unengaged Blocked	and Engag		Limited ngagement in Recovery	Engagem Recov	ent in		En	Optin gagem Recov	ent ir	l

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

Todays' Date:									
Client STARS I	D:								
Program	☐ 1.0 Outp ☐ 2.5 Day ☐ 3.1 Low ☐ Adolesc	Treatmer Intensity	Residen	tial	□ 3.7	Intensive Intensive Itment (P	Inpatie		
1. Would you	ı çav that in	gonoral	vour he	aalth ic:					
Excelle		ery Good		Good		Fair		Poor	
	ing about you y days durin	ır physical g the past	30 days v	was your	physical	health no	t good?		
health no	s with emotion t good?	ns, how m	any days	s during t	the past 3	0 days w	as your	mental	
<b>c.</b> During the mental h recreatio	ealth keep yo								
2. At this mo behaviors an Not importan	nd/or symp	toms? Pl	ease selo importan	_	umber b	elow:		mportant t	hing in my
0 1	2	3	4	5	6	7	8	9	right now
Not importan	and/or syntat all	nptoms? About as	Please of important would l	circle a n it as most ike to achi	umber of the other	on the sca er things I	ile belo Most ii	<b>W:</b> mportant t <sup>l</sup> life	hing in my e right now
0 1	2	3	4	5	6	7	8	9	10
4. Please ans								nber of nts/Times	Don't know
In the past 30 of *Federally Require		ny times ł	nave you	been arr	ested?				
5. Please ans									
a. Have you go because of yo	our use of alc	ohol, drug	s, inhalar	nts, or ga	mbling?		•	□Yes	□No
b. Have you mi	ssed school o	r work be	cause of	using alc	ohol, dru	gs, inhala	nts, or	□Yes	□No

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#### Youth SUD Form - Discharge

6. Please answer the foll days	owing	question	ns base	ed on the	past 3	<u>U</u>	mber of hts/Tim	Don'	-
a. How many times have you	gone to	o an emer	gency r	oom for a r	svchiat	ric			_
or emotional problem?	Ü	`	,		3				
b. How many nights have yo	u spent	in a facilit	y for:						
i. Detoxification?									
ii. Inpatient/Residential Su	ıbstanc	e Use Diso	rder Tr	eatment?					
iii. Mental Health Care?									
iv. Illness, Injury, Surgery?									
Source: Current MPR Adult Histo				C :1:. : 1	1. 1	D.C.			_
c. How many nights have you or Jail (as a result of an arres					uaing J	DC			
d. How many times have you									_
*Federally Required Element	i ti icu t	o commit .	suiciuc	•					
Todorumy modum ou zhomem									
7. Please check the		Before the	e Progi	ram	No	w (At en	d of Pro	ogram)	
appropriate box on									
how you are doing									
since entering the									
program that best tells	Poor	Average	Good	Excellent	Poor	Average	Good	Excelle	nt
us what you think.	1	2	3	4	1	2	3	4	
a. Controlling alcohol use.									
b. Controlling drug use.									
*Element agreed upon by the DOWG									
8. I would be able to resi		_		t at all					Very
drink heavily and/or use	e drug	S	cor	nfident				Confi	dent
if I were angry at the wa	y thin	gs had	0	1 2	3 4	5 6	7	8 9	10
turned out	_								
if I had unexpectedly for									
booze/drugs or happened	to see	somethir	1g 🚺	1 2	3 4	5 6	1 7 [	8 9	10

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		
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		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 - Discharge

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

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#### Youth SUD Form - Discharge

Questions to be answered by Clinician

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

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

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

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

			11	NI I IA.	և				
Todays' Date	<b>)</b> :								
Client STARS	S ID:  _	_ _ _	_ _ _	_ _ _	_ _ _	_ _ _			
Program	□ 1.0 Ou	itpatient			□ <b>2</b> .1	l Intensiv	e Outpa	tient	
J	□ 2.5 Da	•	ient			7 Intensiv			
	□ 3.1 Lo	w Intens	ity Reside	ential	Tre	eatment (	(PRTF)		
	☐ Adole:	scent EBI	Services	;					
	_		_						
	ou say that				health is				
□Excel		Very Goo		Good	1.1.	Fair		Poor	
	nking about y how many da								
<b>b</b> . Now thi proble	nking about y ms with emot health not go	ions, how							d 
	he past 30 da								
	ıtal health kee		m doing y	our chil	d's usual	activities,	such as s	self-care,	•
school	, work, or reci	reation?							
0 Al.'	1	•		41 4	1. 1. 3	.1	.1	1	1
	noment, hov nptoms? Pla	_		_		_	tneir cu	irrent b	enaviors
Not import			t as importa	ant as mo	st of the ot	her things	I Most		t thing in my
					chieve now				ife right now
0	1 2	3	4	5	6	7	8	9	10
0.41.1		<i>a.</i> 1							
	noment, hov rs and/or s								urrent
Not import			t as importa						t thing in my
_				_	chieve now	_			ife right now
0	1 2	3	4	5	6	7	8	9	10
							Nicos	nber of	D ~ = '4
4. Please a	nswer the fo	ollowing	questio	n				nber of hts/Time	Don't s know
	0 days, how n				een arres	ted?	-1.8		
*Federally Req	uired Element								ш

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#### Family SUD Form -Initial Interview

5. Please answer the following questions		<u>/S</u>	
a. Has your child gotten into trouble at home, at community, because of their use of alcohol, dru		□Yes	□No
b. Has your child missed school or work because	of using alcohol, drugs,	□Yes	□No
inhalants, or gambling? *Federally Required Element			
redefally Required Element			
6 Please angues the following questions	based on the past 20	Number of	Don't
6. Please answer the following questions days	based on the <u>past 50</u>	Nights/Times	know
a. How many times has your child gone to an em	ergency room for a		
psychiatric or emotional problem?			
b. How many nights has your child spent in a fac	ility for:		
i. Detoxification?			
ii. Inpatient/Residential Substance Use Disorde	er Treatment?		
iii. Mental Health Care?			
iv. Illness, Injury, Surgery?			
c. How many nights has your child spent in a cor	rectional facility including		
JDC or Jail (as a result of an arrest, parole or prol	oation violation)?		
d. How many times has your child tried to comm	it suicide?		
7. My child would be able to resist the	Not at all		Very
urge to drink heavily and/or use drugs	confident		Confident
if he/she were angry at the way things had turned out	0 1 2 3 4 5	6 7 8	9 10
if he/she had unexpectedly found some			
booze/drugs or happened to see something			
that reminded him/her of drinking/using	0 1 2 3 4 5	6 7 8	9 10
drugs			
if other people treated he/she unfairly or			
interfered with his/her plans	0 1 2 3 4 5	6 7 8	9 10
if he/she were out with friends and they			
kept suggesting they go somewhere to	0 1 2 3 4 5	6 7 8	9 10
drink/use drugs		0 7 0	7 10

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#### Family SUD Form -Initial Interview

8. Please indicat	e your level of agr	eement or	_		Re	spon	se O	ptions	5	
choice that best over the past 30 with persons oth		eelings or opinion wer for relationshi avioral health	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 I	):  _	_ _ _	_ _ _	_ _ _	_ _			
Program	□ 1.0 Outp	oatient		□ 2.1 I	ntensive (	Outpatient		
	☐ 2.5 Day	Treatment		□ 3.7 I	ntensive I	npatient		
	□ 3.1 Low	Intensity R	esidential	Trea	tment (PF	RTF)		
	☐ Adolesc	ent EBP Ser	vices					
4 147 - 14 -	1111-	1		1.1. ' -				
1. Would you Excelled		<b>i general y</b> e ery Good	Good	<u>ieaith is:</u>	Fair	□Poo	r	
			sical health, v	which inclu			_	
			past 30 days					
problems		ns, how mar	ntal health, w ny days during					
or menta		you from do	tely how man oing your child					
,	,							
2. At this mo		_	-		_	eir curren	t be	haviors
and/or symp	toms? Plea	se circle a n	umber on th	e scale bel	ow:			
and/or symp Not importan	toms? Plea at all	se circle a n About as in	umber on th aportant as mos would like to ac	e scale bel st of the othe chieve now	OW: r things I	Most impor	tant tl	hing in my right now
and/or symp	toms? Plea	se circle a n About as in	umber on th nportant as mos would like to a	e scale bel	OW: r things I		tant tl	hing in my
and/or symp Not importan	toms? Plea at all	se circle a n About as in	umber on the apportant as most would like to a control of the second sec	te scale belost of the other chieve now	ow: r things I	Most impor	tant tl life	ning in my right now
and/or symp Not importan  1 3. At this mobehaviors	toms? Plea at all 2 nent, how and/or syr	se circle a n About as in 3 4 confident a nptoms? P	umber on the apportant as most would like to accommodate the second seco	te scale bels of the other chieve now 6  t your chieve number o	ow: r things I  7  Id will change the scal	Most impor	tant tl life	hing in my right now 10
and/or sympostan Not importan  1 3. At this mo	toms? Plea at all 2 nent, how and/or syr	se circle a n About as in 3 4 confident a nptoms? P	umber on the apportant as most would like to according to the according to	t your chi	ow: r things I  7  Id will change the scal	Most impor	tant tl life       r cul	hing in my right now 10
and/or symp Not importan  1 3. At this mobehaviors	toms? Plea at all 2 nent, how and/or syr	se circle a n About as in 3 4 confident a nptoms? P	umber on the apportant as most would like to accommodate you, that lease circle apportant as most would like to accommodate you.	t your chi	ow: r things I  7  Id will change the scal	Most impor	tant tl life       r cul	hing in my right now 10 crent hing in my
and/or symp Not importan  1 3. At this mo behaviors Not importan	toms? Plea at all  2  nent, how and/or synat all	se circle a n About as in  3 4  confident a nptoms? Pl About as in	umber on the apportant as most would like to accommodate you, that lease circle apportant as most would like to accommodate you.	t your chi number of st of the other thickers in the other thickers in the other st of the other chieve now	ow: r things I  7  Id will chon the scal r things I	Most impor	tant tl life       r cul	hing in my right now 10 rent hing in my right now
and/or sympostan  O 1  3. At this mobehaviors Not importan  O 1	toms? Plea at all  2  nent, how and/or synat all  2	se circle a n About as in 3 4 confident a nptoms? P About as in	umber on the apportant as most would like to according to the according to t	t your chi number of st of the other thickers in the other thickers in the other st of the other chieve now	ow: r things I  7  Id will chon the scal r things I	Most impor	tant the life  r cur  tant the life	hing in my right now 10 rent hing in my right now 10 Don't
and/or sympostan  O 1  3. At this modehaviors Not importan  O 1  4. Please ans	toms? Plea at all  2  nent, how and/or syr at all  2	se circle a n About as in 3 4 confident a mptoms? P About as in 3 4	umber on the apportant as most would like to accept an example as most work would like to accept an example as most work would like to accept an example as most work work work work work work work work	t your chine other of the other other of the other other of the other	ow: r things I  7  Id will che scal r things I	Most impor	tant the life  r cur  tant the life	right now 10 right now 10 rent hing in my right now 10
and/or sympostan  O 1  3. At this mobehaviors Not importan  O 1	toms? Plea at all  2  ment, how and/or synat all  2  wer the follows, how ma	se circle a n About as in 3 4 confident a mptoms? P About as in 3 4	umber on the apportant as most would like to accept an example as most work would like to accept an example as most work would like to accept an example as most work work work work work work work work	t your chine other of the other other of the other other of the other	ow: r things I  7  Id will che scal r things I	Most impor	tant the life  r cur  tant the life	hing in my right now 10 rent hing in my right now 10 Don't
and/or sympostan  O 1  3. At this modehaviors Not importan  O 1  4. Please ans In the past 30 of	toms? Plea at all  2  ment, how and/or synat all  2  wer the follows, how mad d Element	se circle a n About as in  3 4  confident a nptoms? P About as in  3 4  lowing que my times has	would like to accommodate as most would like to accommodate as your child be a syour child be accommodate.	t your chi number of st of the other t your chi number of st of the other chieve now 6	ow: r things I  7  Id will chan the scal r things I  7	Most impor  8 9  nange thei e below: Most impor  8 9  Number of Nights/Ti	tant the life  r cur  tant the life	hing in my right now 10 rent hing in my right now 10 Don't
and/or sympostan Not importan  1 3. At this model behaviors Not importan  1 4. Please ans In the past 30 control *Federally Requires S. Please ans a. Has your children and the state of th	toms? Plea at all  2  ment, how and/or synat all  2  wer the follows, how madd Element  wer the follows and gotten into	se circle a n About as in  3 4  confident a  mptoms? Pl About as in  3 4  lowing que my times has  lowing que trouble at h	would like to accommodate as most would like to accommodate as which would like to accommodate as most would like to accommodate as which would like to accommodate as most would like to accommodate as which would l	t your chi number of the other to fine the other	ow: r things I  7  Id will change the scaler things I  7  d?  d?	Most impor  8 9  nange thei e below: Most impor  8 9  Number of Nights/Ti	tant the life	hing in my right now 10 rent hing in my right now 10 Don't

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#### Family SUD Form - Discharge

6. Please answer the foll days	owing	question	ns base	ed on th	e <u>past</u>	30	Number Nights/T		Don kno	
a. How many times has your psychiatric or emotional p	_		emerge	ncy room	for a			-		]
b. How many nights has you i. Detoxification? ii. Inpatient/Residential Su iii. Mental Health Care? iv. Illness, Injury, Surgery?	r child	spent in a	_					-		
c. How many nights has your						uding		<u>-                                      </u>		]
JDC or Jail (as a result of an d. How many times has your *Federally Required Element					10n)?			-		]
7. Please check the		Before the	e Progi	ram	N	low (At	end of F	rogr	am)	
appropriate box on how your child is doing since entering the program that best	Poor	Average	Good	Excellent	Poor		_	d E	xcelle	ent
tells us what you think.	1	2	3	4	1	2	3		4	
a. Controlling alcohol use.										
b. Controlling drug use.										
8. My child would be ablurge to drink heavily an				t at all ıfident					Confi	Very dent
if he/she were angry at had turned out	the wa	y things	0	1 2	3	4 5	6 7	8	9	10
if he/she had unexpected	edly fou	ınd some								
booze/drugs or happened that reminded him/her of drugs	to see	somethir		1 2	3	4 5	6 7	8	9	10
if other people treated hinterfered with his/her plant		unfairly o	or 0	1 2	3	4 5	6 7	8	9	10
if he/she were out with kept suggesting they go so drink/use drugs	friend	-	0	1 2	3	4 5	6 7	8	9	10

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#### Family SUD Form - Discharge

9. Please indicate your level of agreement or		Re	espor	ise O	ption	S	
disagreement with the statements by checking the choice that best represents your feelings or opinion over the past 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

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

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

Todays' Date:			
Client STARS ID	:		
Program:	□ CARE □ IMPACT		
J	☐ First Episode Psychosis (SEBHS and BMS Only)		
		Age Youth Receiv	ing
	8	BMS/LSS Only)	8
-	, ,,,,		
1. Would you s	ay that in general your health is:		
☐ Excellent	□Very Good □Good □Fair	□Poor	
	g about your physical health, which includes physical illne		
	days during the past 30 days was your physical health no		
	g about your mental health, which includes stress, depres with emotions, how many days during the past 30 days wa		
health not g		is your intental	
	ast 30 days, approximately how many days did your poor	physical or	
	th keep you from doing your usual activities, such as self	-care, work, or	
recreation?			
2. Please answ	ver the following question based on the past 30	Number of	Don't
days		Nights/Times	know
	s have you been arrested?		
*Federally required	element		
	wer the following questions based on the past 6	Number of	Don't
months		Nights/Times	know
a. How many tin emotional probl	nes have you gone to an emergency room for a psychiatri	c or	
	thts have you spent in a facility for:		
i. Detoxificatio			
ii. Inpatient/R	esidential Substance Use Disorder Treatment		
iii. Mental Hea	lth Care?		
iv. Illness, Inju	ry, Surgery		
	nes have you been arrested?		
	this have you spent in a correctional facility including jail	or	
	ult of an arrest, parole or probation violation)? nes have you tried to commit suicide?		
e. How many un	ies have you tried to commit suicide?		

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#### Adult MH Tool - Initial Interview

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

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Fiscal Year 2023



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

Todays' Date:	
Client STARS ID:	
Program: □ CARE	□ IMPACT
☐ First Episode Psychosis (S	
☐ Transition Age Youth Rec	
CARE (BMS/LSS Only)	IMPACT (BMS/LSS Only)
1. Are you currently employed?	
$\square$ Employed full time (35+ hours per week)	☐ Student
☐Employed part time	☐ Retired
□Homemaker	☐ Unemployed
□Disabled	☐ Other (Specify)
* Federally Required	
2. Which of following best describes your	
☐ Independent, living in a private residence	Homelessness
☐ Dependent, living in private residence	☐ Jail/Correctional Facility
$\square$ Residential Care (group home,	
rehabilitation center, agency-operated care)	☐ Foster Home/Foster Care
$\square$ Institutional setting (24/7 care by	☐ Crisis Residence
skilled/specialized staff or doctors)	□ Other
*Cadavalla Dagovinad	
*Federally Required	
2 What is your highest advectional level of	ompleted (12–CED or high ashael
3. What is your highest educational level co	ompleted (12-GED of high school
diploma)?	
*Federally Required	
4. Would you say that in general your hea	lth is:
	ood □Fair □Poor
<b>a</b> . 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	uring the past 30 days was your mental
health not good?	
<b>c.</b> During the past 30 days, approximately how	
mental health keep you from doing your us	sual 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						
<ul><li>b. How many nights have you spent in a facility for:</li><li>i. Detoxification?</li></ul>							
ii. Inpatient/Residential Substance Use Disorder Treatment iii. Mental Health Care?	?						
iv. Illness, Injury, Surgery?							
c. How many times have you been arrested?							<u> </u>
d. How many nights have you spent in a correctional facility including jail or prisons (as a result of an arrest, parole or probation violation)?				_			
e. How many times have you tried to commit suicide?				_			
7. Please indicate your level of agreement or		Re	spon	se 0	ptio	ns	
disagreement with the statements by checking the choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) Source: MHSIP Survey *Federally Required	Strongly disagree	Disagree	Undecided	Agree	Strongly	Not	applicable Refused
choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral	Strongly disagree	Disagree	Undecided	Agree	Strongly	Not	applicable Refused
choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) Source: MHSIP Survey *Federally Required Domain: Social Connectedness Questions 1-4  1. I am happy with the friendships I have.	☐ Strongly disagree	☐ Disagree	Undecided	Agree	Strongly	Not	annlicable  Refused
choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) Source: MHSIP Survey *Federally Required  Domain: Social Connectedness Questions 1-4  1. I am happy with the friendships I have.  2. I have people with whom I can do enjoyable things.		☐ ☐ Disagree					applicable Refused
choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) Source: MHSIP Survey *Federally Required  Domain: Social Connectedness Questions 1-4  1. I am happy with the friendships I have.  2. I have people with whom I can do enjoyable things.  3. I feel I belong in my community.		□ □ □ Disagree		□ □ □ Agree	Strongly	□ □ Not	annlicable
choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) Source: MHSIP Survey *Federally Required  Domain: Social Connectedness Questions 1-4  1. I am happy with the friendships I have.  2. I have people with whom I can do enjoyable things.  3. I feel I belong in my community.  4. In a crisis, I would have the support I need from family or friends.		□ □ □ □					applicable
choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) Source: MHSIP Survey *Federally Required  Domain: Social Connectedness Questions 1-4  1. I am happy with the friendships I have.  2. I have people with whom I can do enjoyable things.  3. I feel I belong in my community.  4. In a crisis, I would have the support I need from family or friends.  Domain: Improved Functioning Domain: Questions 5-8		□ □ □ □ Disagree					annlicable
choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) Source: MHSIP Survey *Federally Required  Domain: Social Connectedness Questions 1-4  1. I am happy with the friendships I have.  2. I have people with whom I can do enjoyable things.  3. I feel I belong in my community.  4. In a crisis, I would have the support I need from family or friends.  Domain: Improved Functioning Domain: Questions 5-8  5. I do things that are more meaningful to me.		□ □ □ □ Disagree					annlicable and Refused
choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) Source: MHSIP Survey *Federally Required  Domain: Social Connectedness Questions 1-4  1. I am happy with the friendships I have.  2. I have people with whom I can do enjoyable things.  3. I feel I belong in my community.  4. In a crisis, I would have the support I need from family or friends.  Domain: Improved Functioning Domain: Questions 5-8  5. I do things that are more meaningful to me.  6. I am better able to take care of my needs.		□ □ □ □ Disagree					
choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) Source: MHSIP Survey *Federally Required  Domain: Social Connectedness Questions 1-4  1. I am happy with the friendships I have.  2. I have people with whom I can do enjoyable things.  3. I feel I belong in my community.  4. In a crisis, I would have the support I need from family or friends.  Domain: Improved Functioning Domain: Questions 5-8  5. I do things that are more meaningful to me.  6. I am better able to take care of my needs.  7. I am better able to handle things when they go wrong.		Disagree					
choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) Source: MHSIP Survey *Federally Required  Domain: Social Connectedness Questions 1-4  1. I am happy with the friendships I have.  2. I have people with whom I can do enjoyable things.  3. I feel I belong in my community.  4. In a crisis, I would have the support I need from family or friends.  Domain: Improved Functioning Domain: Questions 5-8  5. I do things that are more meaningful to me.  6. I am better able to take care of my needs.  7. I am better able to handle things when they go wrong.  8. I am better able to do things that I want to do.		□ □ □ □ □ □ □ Disagree					
choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) Source: MHSIP Survey *Federally Required  Domain: Social Connectedness Questions 1-4  1. I am happy with the friendships I have.  2. I have people with whom I can do enjoyable things.  3. I feel I belong in my community.  4. In a crisis, I would have the support I need from family or friends.  Domain: Improved Functioning Domain: Questions 5-8  5. I do things that are more meaningful to me.  6. I am better able to take care of my needs.  7. I am better able to handle things when they go wrong.  8. I am better able to do things that I want to do.  Domain: Perception of Access to Services Questions 9-13		Disagree					
choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) Source: MHSIP Survey *Federally Required  Domain: Social Connectedness Questions 1-4  1. I am happy with the friendships I have.  2. I have people with whom I can do enjoyable things.  3. I feel I belong in my community.  4. In a crisis, I would have the support I need from family or friends.  Domain: Improved Functioning Domain: Questions 5-8  5. I do things that are more meaningful to me.  6. I am better able to take care of my needs.  7. I am better able to handle things when they go wrong.  8. I am better able to do things that I want to do.  Domain: Perception of Access to Services Questions 9-13  9. The location of services was convenient.		Disagree					
choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) Source: MHSIP Survey *Federally Required  Domain: Social Connectedness Questions 1-4  1. I am happy with the friendships I have.  2. I have people with whom I can do enjoyable things.  3. I feel I belong in my community.  4. In a crisis, I would have the support I need from family or friends.  Domain: Improved Functioning Domain: Questions 5-8  5. I do things that are more meaningful to me.  6. I am better able to take care of my needs.  7. I am better able to handle things when they go wrong.  8. I am better able to do things that I want to do.  Domain: Perception of Access to Services Questions 9-13  9. The location of services was convenient.  10. Staff was willing to see me as often as I felt it was necessary		Disagree					
choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) Source: MHSIP Survey *Federally Required  Domain: Social Connectedness Questions 1-4  1. I am happy with the friendships I have.  2. I have people with whom I can do enjoyable things.  3. I feel I belong in my community.  4. In a crisis, I would have the support I need from family or friends.  Domain: Improved Functioning Domain: Questions 5-8  5. I do things that are more meaningful to me.  6. I am better able to take care of my needs.  7. I am better able to handle things when they go wrong.  8. I am better able to do things that I want to do.  Domain: Perception of Access to Services Questions 9-13  9. The location of services was convenient.  10. Staff was willing to see me as often as I felt it was necessary  11. Staff returned my calls within 24 hours.		Disagree					
choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) Source: MHSIP Survey *Federally Required  Domain: Social Connectedness Questions 1-4  1. I am happy with the friendships I have.  2. I have people with whom I can do enjoyable things.  3. I feel I belong in my community.  4. In a crisis, I would have the support I need from family or friends.  Domain: Improved Functioning Domain: Questions 5-8  5. I do things that are more meaningful to me.  6. I am better able to take care of my needs.  7. I am better able to handle things when they go wrong.  8. I am better able to do things that I want to do.  Domain: Perception of Access to Services Questions 9-13  9. The location of services was convenient.  10. Staff was willing to see me as often as I felt it was necessary		Disagree					

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### Adult MH Tool - Update Interval

Domains: Perception of Quality and Appropriateness				
Questions 14-21				
14. Staff believed that I could grow, change and recover.				
15. I felt free to complain.				
16. Staff respected my wishes about who is and is not to be				
given information about my treatment.				
17. Staff was sensitive to my cultural/ethnic background.				
18. Staff helped me obtain the information needed so I				
could take charge of managing my illness.				
19. I was given information about my rights.				
20. Staff encouraged me to take responsibility for how I live				
my life.				
21. I was encouraged to use consumer-run programs.				
Domain: Perceptions of Outcomes Questions 22-29				
22. I deal more effectively with daily problems.				
23. I am better able to control my life.				
24. I am better able to deal with crisis.				
25. I am getting along better with my family.				
26. I do better in social situations.				
27. I do better in school and/or work.				
28. My symptoms are not bothering me as much.				
29. My housing situation has improved.				
Domain: Perceptions of Participation in Treatment				
Planning Questions 30 and 31				
30. I felt comfortable asking questions about my treatment.				
31. I, not staff, decided my treatment goals.				
Domain: General Satisfaction Questions 32-34				
32. I liked the services that I received here.				
33. If I had other choices, I would still get services at this				
agency.	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   Staff or doctors   Other    *Federally Required   *Federally Re
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)
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)
1. Are you currently employed?    Employed full time (35+ hours per week)   Student     Employed part time   Retired     Homemaker   Unemployed     Disabled   Other (Specify)     *Federally Required  2. Which of following best describes your current residential status?   Independent, living in a private residence   Homelessness     Dependent, living in private residence   Jail/Correctional Facility     Residential Care (group home, rehabilitation center, agency-operated care)   Foster Home/Foster Care care)     Institutional setting (24/7 care by skilled/specialized staff or doctors)   Other     *Federally Required  3. What is your highest educational level completed (12=GED or high school)
Employed full time (35+ hours per week)   Student   Employed part time   Retired   Unemployed   Unemployed   Unemployed   Other (Specify)
Employed full time (35+ hours per week)   Student   Employed part time   Retired   Unemployed   Unemployed   Unemployed   Other (Specify)
Employed part time
Homemaker
Disabled *Federally Required  2. Which of following best describes your current residential status?  Independent, living in a private residence Dependent, living in private residence Dependent, living in private residence Residential Care (group home, rehabilitation center, agency-operated care) Institutional setting (24/7 care by Crisis Residence skilled/specialized staff or doctors)  Tederally Required  3. What is your highest educational level completed (12=GED or high school)
*Federally Required  2. Which of following best describes your current residential status?    Independent, living in a private residence
2. Which of following best describes your current residential status?    Independent, living in a private residence
□ Independent, living in a private residence □ 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)
□ 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)
□ Dependent, living in private residence □ Jail/Correctional Facility □ Residential Care (group home, rehabilitation center, agency-operated care) □ Institutional setting (24/7 care by □ Crisis Residence skilled/specialized staff or doctors) □ Other  *Federally Required  3. What is your highest educational level completed (12=GED or high school)
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)
rehabilitation center, agency-operated care)  Institutional setting (24/7 care by Crisis Residence skilled/specialized staff or doctors)  *Federally Required  3. What is your highest educational level completed (12=GED or high school
care)  Institutional setting (24/7 care by Crisis Residence skilled/specialized staff or doctors)  *Federally Required  3. What is your highest educational level completed (12=GED or high school
☐ 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
*Federally Required  3. What is your highest educational level completed (12=GED or high school
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>b</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?
<b>c.</b> 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

5. Please answer the following question				ber c ts/Ti		Don kno	
In the past 30 days, how many times have you been arrested?  *Federally Required ————————————————————————————————————							
6. Please answer the following questions based on the pamonths	ast 6			ımbe ghts <i>i</i>	r of Times	Do kn	
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	t?				_		
iii. Mental Health Care?							
iv. Illness, Injury, Surgery?					_		
c. How many times have you been arrested?					_		1
d. How many nights have you spent in a correctional facility i	nclud	ing					
jail or prisons (as a result of an arrest, parole or probation vio						L	
e. How many times have you tried to commit suicide?							
7. Please indicate your level of agreement or		Re	espor	ise 0	ption	3	
disagreement with the statements by checking the	<b>.</b> .	4)	Ţ			به	
choice that best represents your feelings or opinion over the past 6 months. (Please answer for	Strongly disagree	Disagree	Jndecided	ee	ngly ee	Not applicable	sed
relationships with persons other than your behavioral	tro isag	isag	dec	Agree	Strongly agree	Not plica	Refused
health provider(s).) Source: MHSIP Survey *Federally Required	S D	D	Un		S	ар	. ~
Domain: Social Connectedness Questions 1-4							
1. I am happy with the friendships I have.				П			
2. I have people with whom I can do enjoyable things.		$\overline{\Box}$		$\overline{\Box}$	$\overline{\Box}$		
3. I feel I belong in my community.							
4. In a crisis, I would have the support I need from family or					_		
friends.		Ш		Ш	Ш		Ш
Domain: Improved Functioning Domain: Questions 5-8							
5. I do things that are more meaningful to me.							
6. I am better able to take care of my needs.							
7. I am better able to handle things when they go wrong.							
8. I am better able to do things that I want to do.							
Domain: Perception of Access to Services Questions 9-13							
9. The location of services was convenient.							
10. Staff was willing to see me as often as I felt it was				П			
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.							

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#### Adult MH Tool - Discharge

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

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\*Federally Required

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

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

Todays' Date	:			
Client STARS	ID:			
Program	☐ CYF Services (SED)	$\square$ ART		
G	☐ MRT	$\square$ FFT		
4 747 11				
	ou say that in general your h			
□Excell	<b>J</b>	□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?	s during the past 30 days was	your mental	
	ne past 30 days, approximately ho	ow many days did your poor r	hysical 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	is based on the past 6	Number of	Don't
months	3 1		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	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										

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

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

Todays' Date	:	•	
Client STARS	ID:		
Program	☐ CYF Services (SED)	$\square$ ART	
Trogram	☐ MRT	□ FFT	
	□ MK1	□ FF1	
1. Have you	ı attended school at any time	e in the past three months?	
□Yes		□No	
*Federally Requir	red		
2. Please cir	rcle your current or highest	educational level completed:	
*Federally Requir	and .		
redefally Requir	eu		
	currently employed? (**Collect		
	ed full time (35+ hours per week)		
	ed part time	Retired	
□Homem		☐ Other (Specify)	
□Disable			
*Federally Requir	ed		
4. Which of	following best describes you	ur current residential status?	
	ident, living in private residence	☐ Homelessness	
Depend	ent, living in private residence	☐ Jail/Correctional Facility	
•	tial Care (group home,	, ,	
	itation center, agency-operated	☐ Foster Home/Foster Care	
_	ional setting (24/7 care by	☐ Crisis Residence	
	specialized staff or doctors)	□ Other	
*Federally Requir	•		
5. Would yo	ou say that in general your h	ealth is:	
□Excell	ent □Very Good □	□Good □Fair □Poor	•
<b>a</b> . Now thin	king about your physical health,	which includes physical illness and injury,	
how ma	any days during the past 30 days	was your physical health not good?	
<b>b</b> . Now thin	iking about your mental health, w	which includes stress, depression, and	
	ns with emotions, how many day not good?	s during the past 30 days was your mental	
		ow many days did your poor physical or	
	health keep you from doing your	usual activities, such as self-care, work, or	

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#### Youth MH Form - Update Interval

6. Please answer the following question				ber c ts/Ti		Do: kno	
In the past 30 days, how many times have you been arrested? *Federally Required Element			_		-		
7. Please answer the following questions based on the <u>pamonths</u>	<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			-		
<ul><li>b. How many nights have you spent in a facility for:</li><li>i. Detoxification?</li><li>ii. Inpatient/Residential Substance Use Disorder Treatment?</li><li>iii. Mental Health Care?</li><li>iv. Illness, Injury, Surgery?</li></ul>							
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

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

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

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

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#### Youth MH Form - Discharge

6. Please answer the following question			Num Nigh	ber o		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	<u>st 6</u>			ımbe ghts	r of Times		n't ow
months  a. How many times have you gone to an emergency room for a psycone to a psycone t	chiatr	ic or		81100/			
emotional problem?						L	
<ul><li>b. How many nights have you spent in a facility for:</li><li>i. Detoxification?</li></ul>						Г	_
ii. Inpatient/Residential Substance Use Disorder Treatment?					_	Г	_
iii. Mental Health Care?							_
iv. Illness, Injury, Surgery?							
c. How many times have you been arrested?							
d. How many nights have you spent in a correctional facility include	ing JD	Cor					
Jail (as a result of an arrest, parole or probation violation)?						Г	<u> </u>
e. How many times have you tried to commit suicide? *Federally Required Element					_	L	_
		D		0			
8. Please indicate your level of agreement or		Re	espor	ise U	ption	5	
disagreement with the statements by checking the choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) *Federally Required	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Not applicable	Refused
Domain: Social Connectedness Questions 1-4							
1. I know people who will listen and understand me when I need to talk.							
2. In a crisis, I would have the support I need from family and friends.							
3. I have people that I am comfortable talking with about my problems.							
4. I have people with whom I can do enjoyable things.							
Domain: Improved Functioning/ Outcomes Domain: Question	ıs 5-1	1					
5. I am better able to do things I want to do.							
6. I get along better with family members.							
7. I get along better with friends and other people.							
8. I am doing better in school and/or work.	<u> </u>		<u> </u>		<u> </u>	<u> </u>	<u> </u>
9. I am better able to cope when things go wrong.							
10. I am better at handling my daily life.	<u> </u>				<u> </u>		
11. I am satisfied with my family life right now.	Ш	Ш		Ш	Ш	Ш	Ш

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#### Youth MH Form - Discharge

					Re	espor	ise C	ption	S	
				Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Not applicable	Refused
		ess to Services (								
		s was convenien								
13. Services me.	s are available a	nt times that are	convenient for							
			y Questions 14-17							
	eated me with r	_								
		ily's religious/s <sub>]</sub>								
		a way that I und								
		my cultural/eth								
			eatment Planning	Quest	tions	18-				
	l to choose my									
	•	treatment goals.								
	pated in my ow									
		on Questions 21								
21. Overall here.	l am satisfied v	vith the services	I have received							
22. The peo what.	ple helping me	have stuck with	me no matter							
23. I feel I h	ave someone to	o talk to when I	am troubled.							
24. I receive	ed services that	were right for r	ne.							
25. I have g	otten the help l	want.								
26. I have g	otten as much l	nelp as I need.								
Question to	be answered by (	Clinician								_
<b>GAIN Shor</b>	t Screener (GA	IN-SS) Scoring								
Screener	Items	Past Month (4)	Past 90 Days (4, 3)		t Yea			Ev (4, 3,		
IDScr	1a <b>–</b> 1f							<u>, , , , , , , , , , , , , , , , , , , </u>	<u> </u>	
EDScr	2a – 2g									
SDScr	3a – 3e									
CVScr	4a <b>–</b> 4e									
TDSer	1a <b>-</b> 4e									

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

111111111111111111111111111111111111111		
Todays' Date:		
Client STARS ID:		
Program ☐ CYF Services (SED) ☐ ART		
□ MRT □ FFT		
1. Would you say that in general your child's health is:		
□Excellent □Very Good □Good □Fair	□Poor	
a. Now thinking about your child's physical health, which includes physical	sical illness and	
injury, how many days during the past 30 days was your child phys good?	ical health not	
<b>b</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?	•	
c. During the past 30 days, approximately how many days did your chil		
or mental health keep you from doing your child's usual activities, s school, work, or recreation?	such as self-care,	
school, work, or recreation?		
2. Please answer the following question	Number of Nights/Times	Don't know
In the past 30 days, how many times has your child been arrested?		
*Federally Required Element		_
3. Please answer the following questions based on the past 6	Number of	Don't
months	Nights/Times	know
a. How many times has your child gone to an emergency room for a		П
psychiatric or emotional problem?		
b. How many nights has your child spent in a facility for:		
i. Detoxification?		
ii. Inpatient/Residential Substance Use Disorder Treatment?		
iii. Mental Health Care?		
iv. Illness, Injury, Surgery?		
c. How many times has your child been arrested?		
d. How many nights has your child spent in a correctional facility including	ıg	
JDC or Jail (as a result of an arrest, parole or probation violation)?		
e. How many times has your child tried to commit suicide?		
*Federally Required Element		

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#### Family MH Form -Initial Interview

4. Please indicate your level of agreement or	Response Options					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 II	D:	_ _ _	
Program	☐ CYF Services (SED)	$\square$ ART	
- 8	□ MRT	□ FFT	
	hild attend school in the pas		
□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	-	□ Retired	
□Homemal	ker	Other (Specify)	
$\square$ Disabled			
*Federally Required	d		
4. Which of fo	ollowing best describes you	child's current residential status?	
	ent, living in private residence	☐ Homelessness	
•	nt, living in private residence	☐ Jail/Correctional Facility	
_	al Care (group home,	_ july correctional ruesticy	
	ation center, agency-operated	☐ Foster Home/Foster Care	
care)	ation conter, agency operated		
_	nal setting (24/7 care by	☐ Crisis Residence	
	pecialized staff or doctors)	□ Other	
*Federally Required	-		
F Would way	that in assessal wave about	ild'a baalabia.	
Excelle	u say that in general your ch nt □Very Good □(	Good Fair Poor	
	3		
		alth, which includes physical illness and days was your child's physical health not	
	ing about your child's mental hea	alth, which includes stress, depression, and	
problems		during the past 30 days was your child's	
<b>c.</b> During the or menta	e past 30 days, approximately hov	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 o nts/Ti		Do:	
In the past 30 days, how many times has your child been arrested? *Federally Required Element *Federally Required Element	U		-				
7. Please answer the following questions based on the pa		iber 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?	a						
<ul><li>b. How many nights has your child spent in a facility for:</li><li>i. Detoxification?</li></ul>							
ii. Inpatient/Residential Substance Use Disorder Treatment?							
iii. Mental Health Care?							
iv. Illness, Injury, Surgery?							
c. How many times has your child been arrested?							
d. How many nights has your child spent in a correctional facility in JDC or Jail (as a result of an arrest, parole or probation violation)?	ncludi	ing					
e. How many times has your child tried to commit suicide?							
8. Please indicate your level of agreement or		Re	espoi	nse O	ption	S	
disagreement with the statements by checking the choice that best represents your feelings or opinion	ly o	e e	led	<b>4</b> )	Ϋ́ ·	2	or q
	- 00 -				ש חם	7	<b>=</b> 0
over the past 6 months. (Please answer for	rong	sagr	leció	gre	rong	Not	efuse
relationships with persons other than your behavioral	Strongly	Disagree	Undecided	Agree	Strongly agree	Not	Refused
	Strong	Disagr	Undeció	Agree	Strong	Not	Refuse
relationships with persons other than your behavioral health provider(s).) *Federally Required  Domain: Social Connectedness Questions 1-4	Strong	Disagr	Undecid	Agree	Strong	Not	Refuse
relationships with persons other than your behavioral health provider(s).) *Federally Required	Strong	Disagr	Undecid	☐ Agree	Strong	Not	Refuse
relationships with persons other than your behavioral health provider(s).) *Federally Required  Domain: Social Connectedness Questions 1-4  1. My child knows people who will listen and understand		□ □ Disagr	□ □ Undecid		Strong	Not	Refuse
relationships with persons other than your behavioral 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		□ □ Disagr	□ □ □ Undeció		Strong	Not	Refuse
relationships with persons other than your behavioral 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							
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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.							
<ul> <li>relationships with persons other than your behavioral health provider(s).) *Federally Required</li> <li>Domain: Social Connectedness Questions 1-4</li> <li>1. My child knows people who will listen and understand them when they need to talk.</li> <li>2. In a crisis, my child would have the support they need from family and friends.</li> <li>3. My child has people that he/she are comfortable talking with about their problems.</li> <li>4. My child has people with whom they can do enjoyable things.</li> <li>Domain: Improved Functioning/ Outcomes Domain: Question</li> </ul>							
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<ul> <li>relationships with persons other than your behavioral health provider(s).) *Federally Required</li> <li>Domain: Social Connectedness Questions 1-4</li> <li>1. My child knows people who will listen and understand them when they need to talk.</li> <li>2. In a crisis, my child would have the support they need from family and friends.</li> <li>3. My child has people that he/she are comfortable talking with about their problems.</li> <li>4. My child has people with whom they can do enjoyable things.</li> <li>Domain: Improved Functioning/ Outcomes Domain: Question</li> <li>5. My child is better able to do things he or she wants to do.</li> <li>6. My child gets along better with family members.</li> <li>7. My child gets along better with friends and other people.</li> <li>8. My child is doing better in school and/or work.</li> </ul>							
<ul> <li>relationships with persons other than your behavioral health provider(s).) *Federally Required</li> <li>Domain: Social Connectedness Questions 1-4</li> <li>1. My child knows people who will listen and understand them when they need to talk.</li> <li>2. In a crisis, my child would have the support they need from family and friends.</li> <li>3. My child has people that he/she are comfortable talking with about their problems.</li> <li>4. My child has people with whom they can do enjoyable things.</li> <li>Domain: Improved Functioning/ Outcomes Domain: Questions.</li> <li>5. My child is better able to do things he or she wants to do.</li> <li>6. My child gets along better with family members.</li> <li>7. My child gets along better with friends and other people.</li> </ul>							
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### Family MH Form - Update Interval

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

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

Todays' Date:	Disci	iaige	
Client STARS ID:		.	
Program	CYF Services (SED)	$\square$ ART	
	MRT	$\square$ FFT	
1. Did your child	attend school any time in	the past three months?	
□Yes		□No	
*Federally Required			
2. Please circle ye	our child's current or high	est educational level cor	npleted:
Self-Contained Spe *Federally Required	ecial Ed Class (No Grade)		
3. Is your child cu	urrently employed? (**Colle	cted for clients 16 and older on	ly)
☐ Employed full	time (35+ hours per week)	☐ Student	
☐ Employed part	t time	☐ Retired	
$\square$ Homemaker		Other (Specify)	
□Disabled			
*Federally Required			
4. Which of follow	wing best describes your c	hild's current residentia	l status?
□Independent, l	living in private residence	☐ Homelessness	
□Dependent, liv	ring in private residence	☐ Jail/Correctional Facility	,
Residential Car	re (group home,		
rehabilitation care)	center, agency-operated	☐ Foster Home/Foster Car	e
☐ Institutional se	etting (24/7 care by	☐ Crisis Residence	
, .	alized staff or doctors)	□ Other	
*Federally Required			
5. Would you say	y that in general your child	l's health is:	
□Excellent	□Very Good □Go		□Poor
	bout your child's physical healt any days during the past 30 da		
	bout your child's mental health	n, which includes stress, depr	ession, and
problems with mental health	h emotions, how many days du not good?	ring the past 30 days was yo	ur child's
	30 days, approximately how m		
	alth keep you from doing your c	child's usual activities, such a	s self-care,
school, work,	or recreation?		

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### Family MH Form - Discharge

6. Please answer the following question				ımbe ghts <i>i</i>	r of 'Time		on't now	
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			Nı	ghts	/Time	s K	know	
a. How many times has your child gone to an emergency room for a	3							
psychiatric or emotional problem?								
<ul><li>b. How many nights has your child spent in a facility for:</li><li>i. Detoxification?</li></ul>								
ii. Inpatient/Residential Substance Use Disorder Treatment?					_			
iii. Mental Health Care?					_			
iv. Illness, Injury, Surgery?					_			
Source: Current MPR Adult History Form (Revised 3/06)					_			
c. How many times has your child been arrested?								
d. How many nights has your child spent in a correctional facility in	ıcludi	ng						
JDC or Jail (as a result of an arrest, parole or probation violation)?					_			
e. How many times has your child tried to commit suicide? *Federally Required Element					_			
				_				
8. Please indicate your level of agreement or		Re	spor	ise O	ptior	ıs		
disagreement with the statements by checking the	> 0		_	ise O			<u> </u>	
disagreement with the statements by checking the choice that best represents your feelings or opinion	ngly gree		_				sed	
disagreement with the statements by checking the choice that best represents your feelings or opinion over the past 6 months. (Please answer for	trongly isagree		_				pilcable	
disagreement with the statements by checking the choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral	Strongly disagree	<b>a</b> .	Sport of the contract of the c	Agree O	Strongly displayed		applicable Refused	
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		_				applicable Refused	
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  Domain: Social Connectedness Questions 1-4	Strongly disagree		_				applicable Refused	
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  Domain: Social Connectedness Questions 1-4  1. My child knows people who will listen and understand	Strongly disagree		_				applicable  Refused	
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  Domain: Social Connectedness Questions 1-4  1. My child knows people who will listen and understand them when they need to talk.	Strongly disagree		_				applicable Refused	
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  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	Strongly disagree		_				Applicable Refused	
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  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.	Strongly disagree		_				applicable applicable Refused	
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  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	Strongly disagree		_				applicable applicable Befused	
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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  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.		□ □ □ Disagree	_				applicable applicable Befused	
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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  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.		□ □ □ Disagree	_		Strongly agree			
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  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.		□ □ □ Disagree	_		Strongly agree		□ □ □ □ □ Refused	
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  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.		□ □ □ Disagree	_		Strongly agree			
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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.							
13. Services were available at times that were convenient for us.							
Domains: Perception of Cultural Sensitivity Questions 14-17							
14. Staff treated me with respect.							
15. Staff respected my family's religious/spiritual beliefs.							
16. Staff spoke with me in a way that I understand.							
17. Staff were sensitive to my cultural/ethnic background.							
Domain: Perceptions of Participation in Treatment Planning	Quest	tions	18-	20			
18. I helped to choose my child's services.							
19. I helped to choose my child's treatment goals.							
20. I was frequently involved in my child's treatment.							
Domain: General Satisfaction Questions 21-26							
21. Overall I am satisfied with the services my child received here.							
22. The people helping my child have stuck with us no matter what.							
23. I feel my child has someone to talk to when he/she is troubled.							
24. The services my child and/or family received were right for us.							
25. My family got the help we wanted for my child.							
26. My family has gotten as much help as we needed for my child							

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