

Fiscal Year 2024

Our Home Inc





FY24 Foreword by Data and Outcomes

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

Can I compare this data to previous years?

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

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

Does this mean that previous data are inaccurate?

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

What do these changes accomplish?

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

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



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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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





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Data Collection Methodology

Fiscal Year 2024





Data Collection Methodology

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

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

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

Data Collection Process

Stakeholder Survey

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

Substance Use Disorder Services

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

Mental Health Services

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

Additional Data Collection Tools

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





Publicly Funded Substance Use Disorder (SUD) Treatment Services

Publicly Funded Substance Use Disorder (SUD) Treatment Services

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

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

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

Low Intensity Residential Treatment Services (3.1 Services)

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

Inpatient Treatment Services (3.7 Services)

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

Detoxification Treatment Services (Clinically Managed and Medically Monitored)

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

Intensive Methamphetamine Treatment (IMT) Services

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

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

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



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

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

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

Evidence-Based SUD Treatment for Justice-Involved Adults

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

Moral Reconation Therapy for Justice-Involved Adults (MRT)

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



Publicly Funded Mental Health (MH) Treatment Services

Publicly Funded Mental Health (MH) Treatment Services

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

Outpatient Treatment Services

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

Comprehensive Assistance with Recovery and Empowerment Services (CARE)

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

Individualized and Mobile Program of Assertive Community Treatment (IMPACT)

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

Forensic Assertive Community Treatment for Mental Health Court (FACT)

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

Children or Youth and Family Services (CYF)

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

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

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

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

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



Systems of Care Program (SOC)**

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

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



Stakeholder Survey Summary





Stakeholder Survey



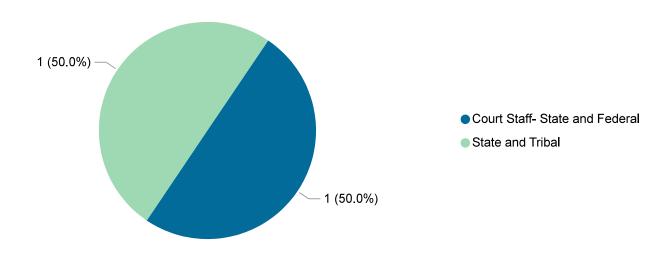
The Division of Behavioral Health (DBH) recognizes the need for strong community collaboration at the local level between accredited behavioral health treatment providers and their local referral sources. Accredited agencies are asked to share a stakeholder survey with local referral sources such as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

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

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

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

Types of Stakeholders Who Responded



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



Familiarity with Services

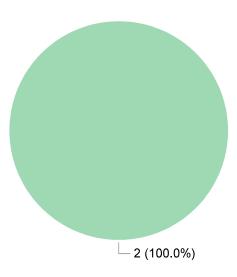


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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

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

Familiarity with Services



Stakeholder Type	2. Very Familiar	Total
Court Staff- State and Federal	100.0%	100.0%
State and Tribal	100.0%	100.0%
Total	100.0%	100.0%

2. Very Familiar

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Staff Respectfulness



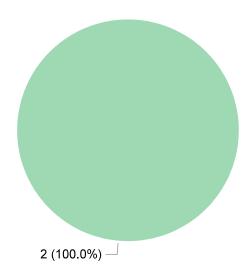
The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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

The majority of stakeholders agreed staff members are respectful.

2. Agree

Staff Are Respectful



Stakeholder Type 2. Agree Total

Court Staff- State and Federal 100.0% 100.0% State and Tribal 100.0% 100.0% Total 100.0%

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Staff Training



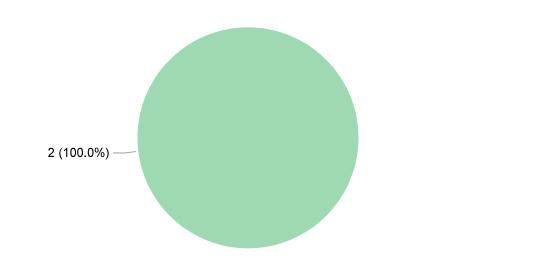
The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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 staff members are well trained.

2. Agree

Staff Are Well Trained



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



Staff Communication

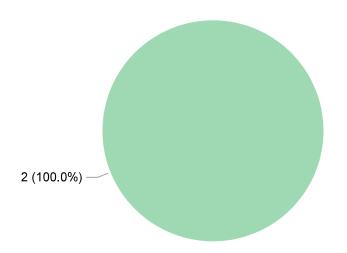


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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

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

Staff Actively Communicate



2. Agree

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



Staff Competency

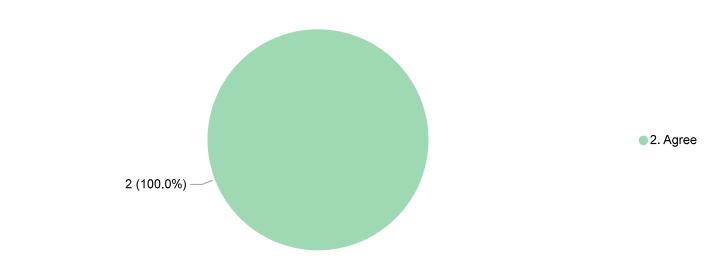


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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 staff members are competent to deliver treatment services.

Staff Are Competent to Deliver Treatment Services



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

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Location of Services

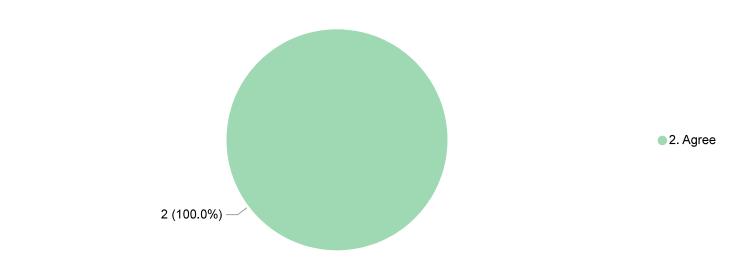


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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

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

Location of Services are Convenient for Clients



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



Service Availability

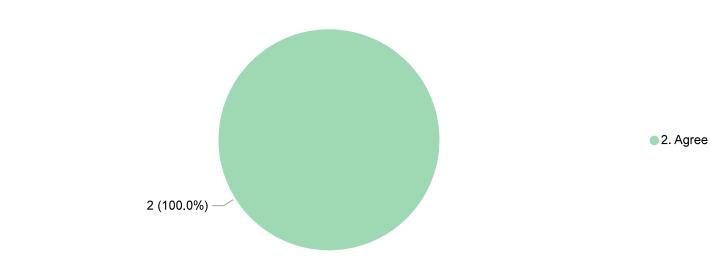


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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

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

Services Are Available at Times Convenient for Clients



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

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Community Responsiveness



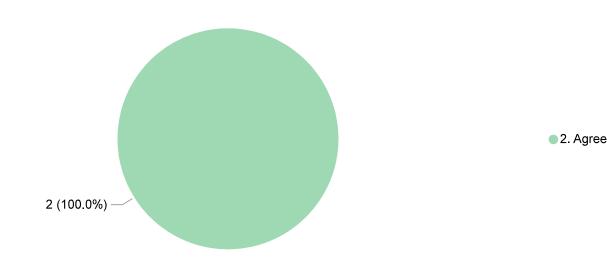
The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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 that providers are responsive to the needs within the communities.

Provider is Responsive to the Needs Within the Community



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

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Supportiveness of Clients' Needs

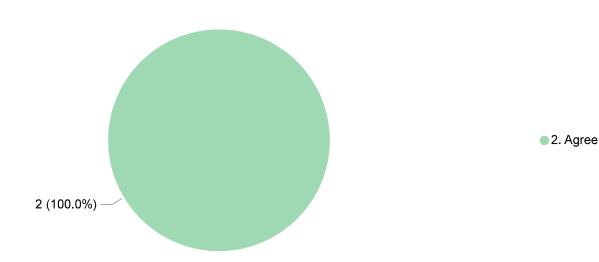


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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

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

Provider is Supportive of Clients' Needs



Stakeholder Type	2. Agree	Total
Court Staff- State and Fede	eral 100.0%	100.0%
State and Tribal	100.0%	100.0%
Total	100.0%	100.0%



Quality of Services

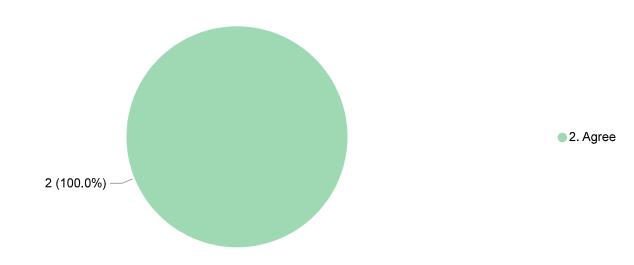


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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

The majority of stakeholders agreed that quality services are provided.

Provider Provides Quality Services



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



Provider Responsiveness

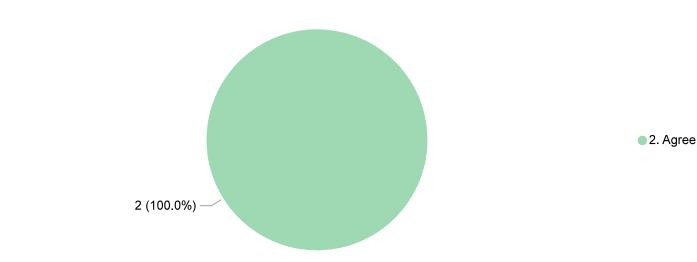


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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

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

Provider Has Been Responsive To My Questions and Concerns



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



Satisfaction of Outcomes

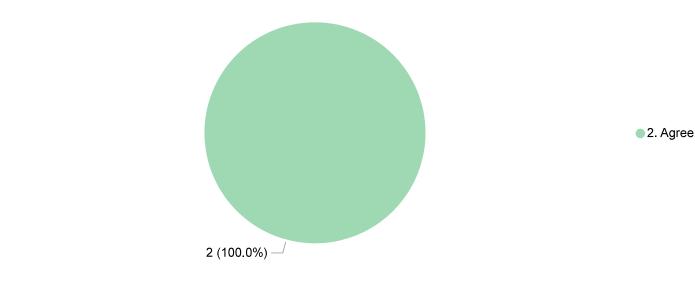


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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 that clients experienced satisfaction of outcomes.

Clients Report Satisfaction of Outcomes



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





Youth SUD Treatment Services

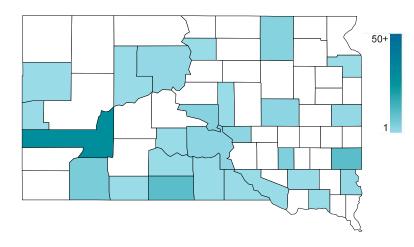




Youth SUD Treatment Services

Youth SUD Treatment Services

County of Residence for Clients Who Received Publicly Funded Services



Treatment Services

Publicly Funded Average Duration of Clients Served Treatment (Days)

Intensive Inpatient Treatment (3.7)

100

35



Unduplicated Clients Served (Publicly Funded)

100

Publicly Funded Clients Served with Co-Occurring Mental Health Conditions





Veterans Served (Publicly Funded)

0

Pregnant Clients Served (Publicly Funded)

1

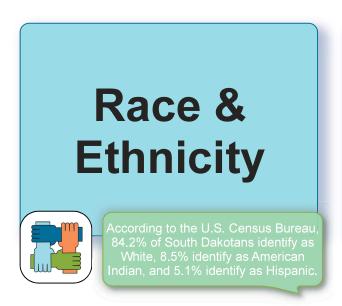


Clients described in this section started services when they were under 18 years of age. When a client turns 18, they are eligible to receive adult services and so a client may transfer from a youth service to an adult service during the treatment episode to best meet their needs. In the US, a 17 year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



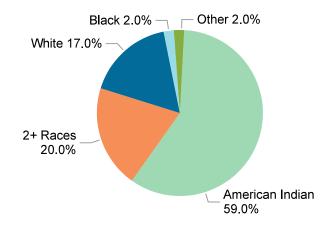


Youth SUD Treatment Services

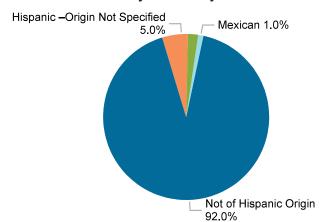


The data below reflect the self-reported race and ethnicity of youth served in publicly funded treatment services.

Clients Served by Race



Clients Served by Ethnicity



Clients Served by Service Type and Race

	2+ F	laces	Ame India		Bla	ck	Otl	ner	White	е	Tota	
Treatment Services	N	%	N	%	N	%	N	%	N	%	N	%
Intensive Inpatient Treatment (3.7)	20	20.0%	59	59.0%	2	2.0%	2	2.0%	17	17.0%	100	100.0%
Total	20	20.0%	59	59.0%	2	2.0%	2	2.0%	17	17.0%	100	100.0%

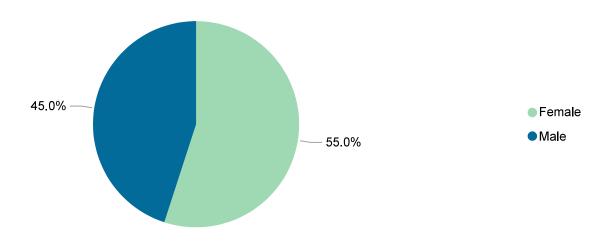


Gender



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

Clients Served by Self-Identified Gender



Clients Served by Service Type and Self-Identified Gender

	Fema	ale	Male		Tota	l
Treatment Services	N	%	N	%	N	%
_						
Intensive Inpatient Treatment (3.7)	55	55.0%	45	45.0%	100	100.0%
Total	55	55.0%	45	45.0%	100	100.0%



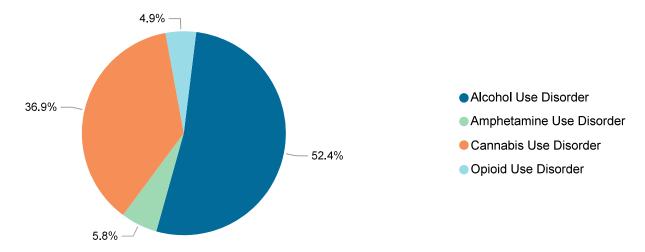
Primary Diagnosis



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

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

Clients Served for Each Primary Diagnosis



Diagnosis by Service Type

	Alcohol Use Disorder					Opioid Use To Disorder		Total		
Treatment Services	N	%	N	%	N	%	N	%	N	%
Intensive Inpatient Treatment (3.7)	54	52.4%	6	5.8%	38	36.9%	5	4.9%	100	100.0%
Total	54	52.4%	6	5.8%	38	36.9%	5	4.9%	100	100.0%



Reason for Discharge



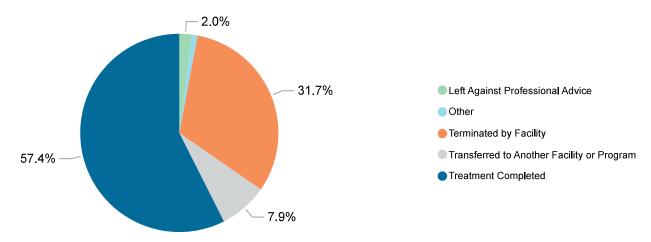
treatment completion for adult and youth clients was 35%.

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

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

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

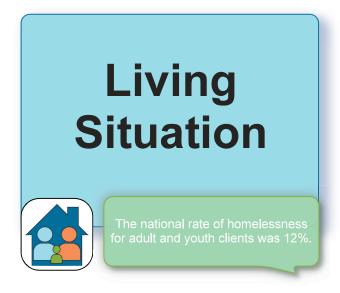
Reason for Discharge From Services



Reason for Discharge by Service Type

		Against fessiona l ice	Oth	er	Terr Fac	minated by i l ity	And	nsferred to other Faci l ity Program	Treat		Total	
Treatment Services	N	%	N	%	N	%	N	%	N	%	N	%
Intensive Inpatient Treatment (3.7)	2	2.0%	1	1.0%	32	31.7%	8	7.9%	58	57.4%	101	100.0%
Total	2	2.0%	1	1.0%	32	31.7%	8	7.9%	58	57.4%	101	100.0%

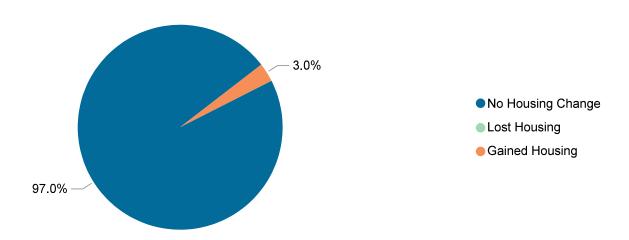




The data below reflect the living situations of youth served in publicly funded treatment services.

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

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

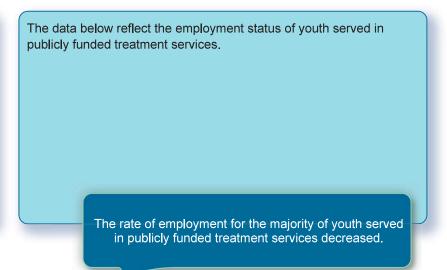


Clients Who Reported Homelessness at Admission and Discharge

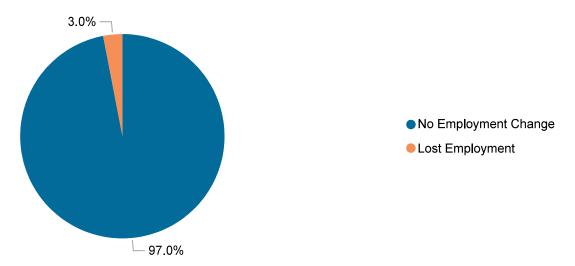
Treatment Services	Unduplicated Client Count	Homelessness at Admission	Homelessness at Discharge
Intensive Inpatient Treatment (3.7)	100	1.9%	0.0%
Total	100	1.9%	0.0%







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



Client Employment at Admission and Discharge

Treatment Services	Unduplicated Client Count	Employment at Admission	Employment at Discharge
Intensive Inpatient Treatment (3.7)	9	6 2.1%	0.0%
Total	9	6 2.1%	0.0%



Arrest History



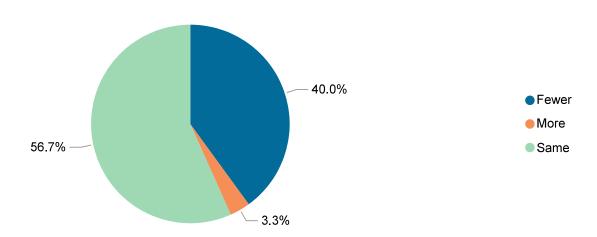
The national rate of adult and youth clients with at least one arrest was 4%.

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

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

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

Clients Who Had More, Fewer, or the Same Number of Arrests at 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)	29	50.0%	13.3%
Total	29	50.0%	13.3%



General Health

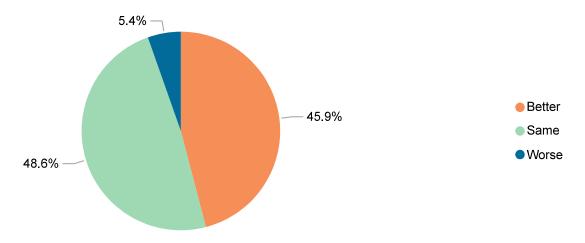


Clients are asked at the start of treatment and at the end of treatment, "Would you say that in general your health is?" Clients could answer in a range from 1-"Poor" to 5-"Excellent". Only clients who completed this question at time of admission and time of discharge are included.

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Intensive Inpatient Treatment (3.7)	35	3.14	3.65	0.51	16.4%
Total	35	3.14	3.65	0.51	16.4%



Physical Health

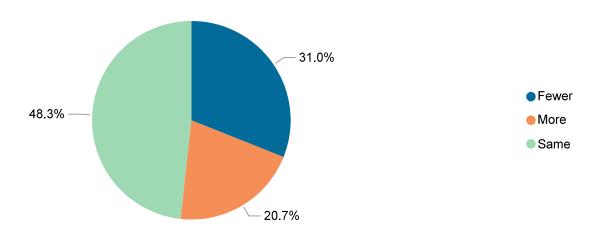


Clients are asked at the start of treatment and at the end of treatment, "Now thinking about your physical health, which includes physical illness and injury, how many days during the past 30 days was your physical health not good?" Only clients who completed this question at time of admission and time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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Intensive Inpatient Treatment (3.7)	29	4.76	1.55	-3.21	-67.4%
Total	29	4.76	1.55	-3.21	-67.4%



Mental Health

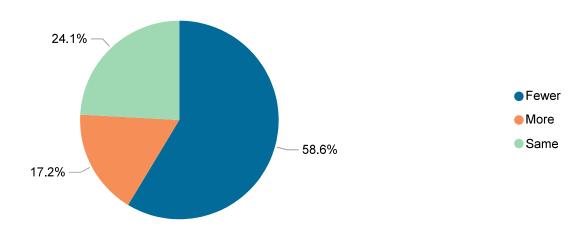


Clients are asked at the start of treatment and at the end of treatment, "Now thinking about your mental health, which includes stress, depression, and problems with emotions, how many days during the past 30 days was your mental health not good?" Only clients who completed this question at time of admission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

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

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

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



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

	Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
_						
Intens	sive Inpatient Treatment (3.7)	29	12.52	7.62	- 4.90	-39.1%
Total		29	12.52	7.62	-4.90	-39.1%



Physical or Mental Health Prevented Normal Activities

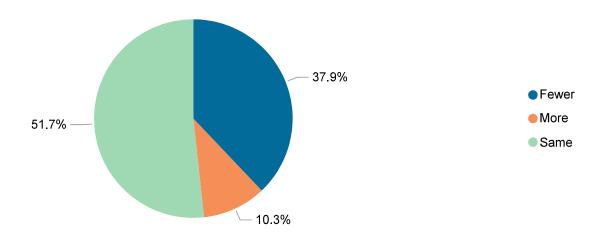
Clients are asked at the start of treatment and at the end of treatment, "During the past 30 days, approximately how many days did your poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?" Only clients who completed this question at time of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

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

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



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



Number of Days Poor Physical or Mental Health Prevented Normal Activities

Treatment Services	Unduplicated Client Count		Average Discharge	Change	Percent Change
Intensive Inpatient Treatment (3.7)	29	6.83	2.34	- 4.48	-65.7%
Total	29	6.83	2.34	-4.48	-65.7%



Reported Attempts to Die by Suicide



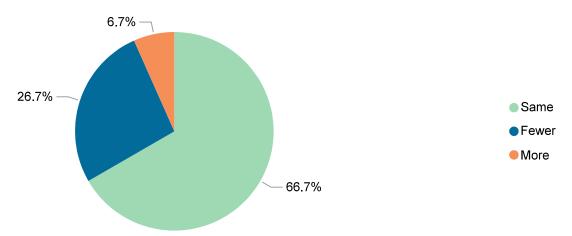
If you, or someone you know, is in need of crisis support, or experiencing emotional distress, call or text 988, or chat at https://988lifeline.org/.

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

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

At discharge, youth served in publicly funded treatment services reported an increase in attempts to die by suicide in the past 30 days.

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Intensive Inpatient Treatment (3.7)	29	0.60	0.83	0.23	38.9%
Total	29	0.60	0.83	0.23	38.9%



Ability to Control Alcohol Use



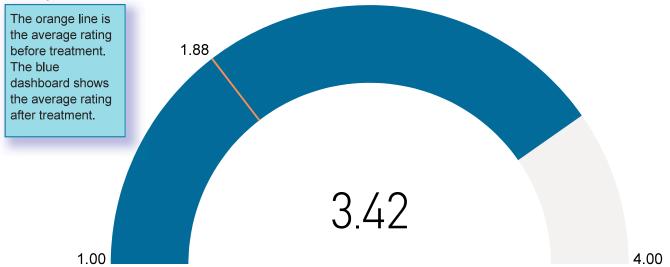
Clients are asked at the end of treatment to rate their ability to control their alcohol use before the program and after the program. They rate each question on a scale from 1-"Poor" to 4-"Excellent."

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

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

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)	22	1.88	3.42	1.54	82.2%
Total	22	1.88	3.42	1.54	82.2%



Ability to Control Drug Use



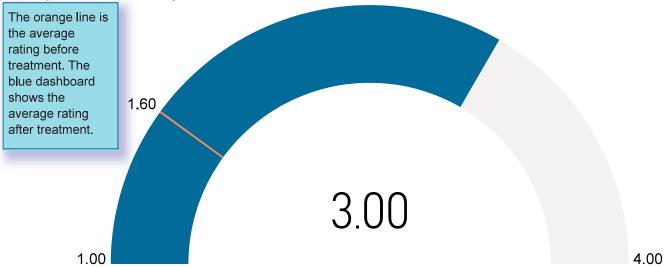
Clients are asked at the end of treatment to rate their ability to control their drug use before the program and after the program. They rate each question on a scale from 1-"Poor" to 4-"Excellent."

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

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

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

Ability to Control Drug Use



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Intensive Inpatient Treatment (3.7)	14	1.60	3.00	1.40	87.5%
Total	14	1.60	3.00	1.40	87.5%



Treatment Engagement

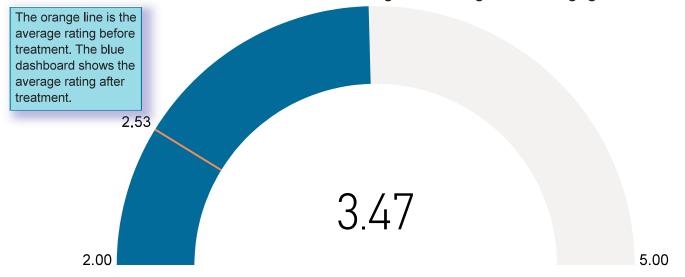


Clinicians are asked at the start of the client's treatment and at the end of treatment, "At this interval period, what is your (clinician's) assessment of the client's understanding and willingness to engage in their treatment program?" Clinicians may answer in a range from 1-"Unengaged" to 5-"Optimal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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Intensive Inpatient Treatment (3.7) Total	36	2.53	3.47	0.95	37.5%
	36	2.53	3.47	0.95	37.5%



Importance of Changing Current Behaviors

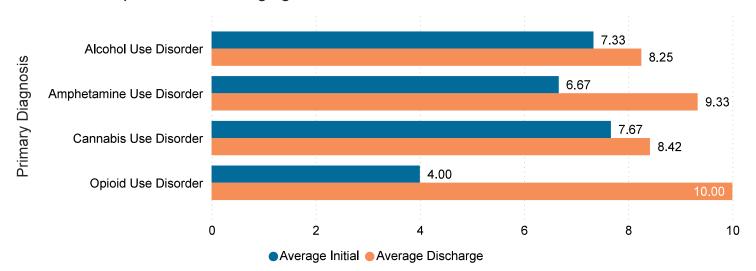


Clients are asked at the start of treatment and at the end of treatment to rate how important it is that they change their current behaviors and/or symptoms. They rate this question on a scale from 0-"Not Important at All" to 10-"Most Important Thing in My Life Right Now."

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

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

Self-Rated Importance in Changing Current Behaviors



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Intensive Inpatient Treatment (3.7)	36	7.29	8.53	1.24	17.0%
Total	36	7.29	8.53	1.24	17.0%



Motivation to Change Current Behaviors

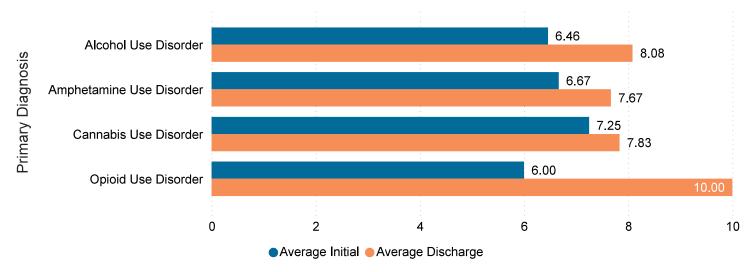
Clients are asked at the start of treatment and at the end of treatment to rate their motivation to change their current behaviors and/or symptoms. They rate this question on a scale from 0-"Not Important at All" to 10-"Most Important Thing in My Life Right Now."

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

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)	36	6.66	8.11	1.45	21.7%
Total	36	6.66	8.11	1.45	21.7%



Confidence to Control Use Under Stress and Peer Pressure

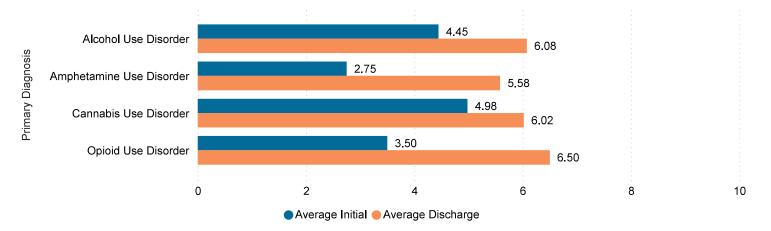
Clients are asked at the start of treatment and at the end of treatment to rate their confidence in their ability to control use under different stressful situations, including peer pressure. They rate each question on a scale from 0-"Not at All Confident" to 10-"Very Confident." The average of these 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
Intensive Inpatient Treatment (3.7)	35	4.49	6.23	1.74	38.9%
Total	35	4.49	6.23	1.74	38.9%



Visits to Emergency Department



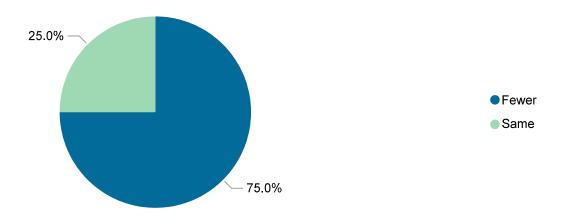
Clients are asked at the start of treatment and at the end of treatment, "How many times have you gone to an emergency room for a psychiatric or emotional problem in the past 30 days?" Only clients who completed this question at time of admission and time of discharge are included.

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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Intensive Inpatient Treatment (3.7)	8	1.13	0.25	-0.88	- 77.8%
Total	8	1.13	0.25	-0.88	-77.8%



Detoxification Services



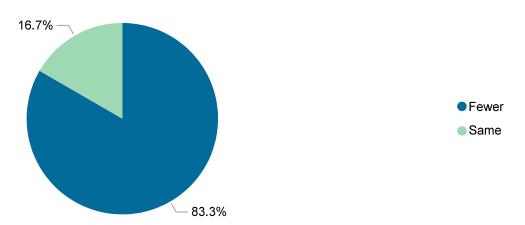
Clients are asked at the start of treatment and at the end of treatment, "How many nights have you spent in a facility for detoxification in the past 30 days?" Only clients who completed this question at time of admission and time of discharge are included.

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

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

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

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



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

Treatment Services	Unduplicated Client Count		Average Discharge	Change	Percent Change
Intensive Inpatient Treatment (3.7)	6	6.83	0.17	-6.67	-97.6%
Total	6	6.83	0.17	-6.67	-97.6%



Inpatient Substance Use Disorder Treatment Services

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

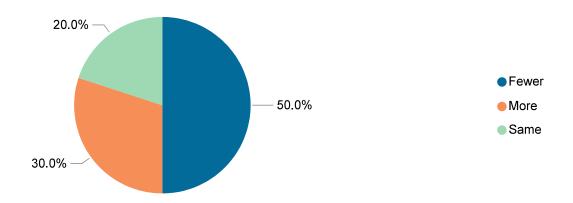
Clients who had at least one night in a facility for substance use treatment prior to receiving treatment services are included.

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

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



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



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

Treatment Services	Unduplicated Client Count	9	Average Discharge	Change	Percent Change
Intensive Inpatient Treatment (3.7)	10	9.60	12.90	3.30	34.4%
Total	10	9.60	12.90	3.30	34.4%



Hospital Admissions for Mental Health Care



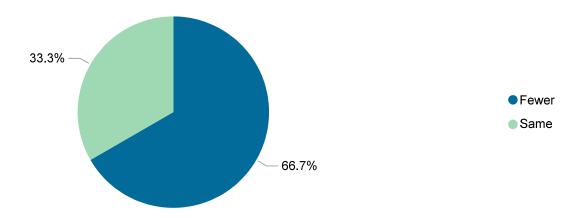
Clients are asked at the start of treatment and at the end of treatment, "How many nights have you spent in a facility for mental health care in the past 30 days?" Only clients who completed this question at time of admission and time of discharge are included.

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

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

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

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



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

Treatment Services	Unduplicated Client Count	9	Average Discharge	Change	Percent Change
Intensive Inpatient Treatment (3.7)	9	6.67	1.00	-5.67	-85.0%
Total	9	6.67	1.00	-5.67	-85.0%



Illness, Injury, or Surgery



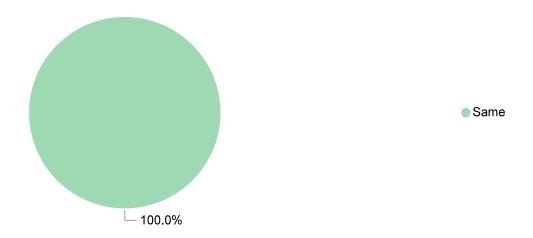
Clients are asked at the start of treatment and at the end of treatment, "How many night have you spent in a facility for illness, injury, or surgery in the past 30 days?" Only clients who completed this question at time of admission and time of discharge are included.

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

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

At discharge, youth served in publicly funded treatment services reported no change in nights spent in a facility for illness, injury, or surgery in the past 30 days.

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



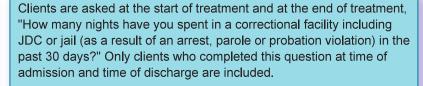
How Many Nights in the Past 30 Days Have You Spent in a Facility for Illness, Injury, or Surgery?

Treatment Services	Unduplicated Client Count		Average Discharge	Change	Percent Change
Intensive Inpatient Treatment (3.7)	1	1.00	1.00	0.00	0.0%
Total	1	1.00	1.00	0.00	0.0%



Youth SUD Treatment Services

Nights Spent in Correctional Facility

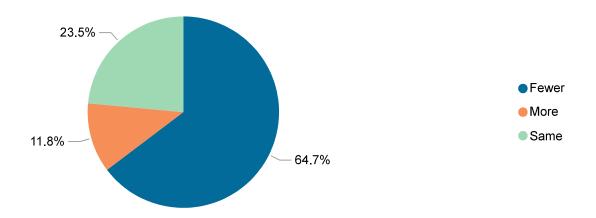


Clients who had at least one night in a correctional facility prior to receiving treatment services are included.

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Intensive Inpatient Treatment (3.7)	16	18.82	5.29	-13.53	-71.9%
Total	16	18.82	5.29	-13.53	-71.9%



Trouble as a Result of Substance Use

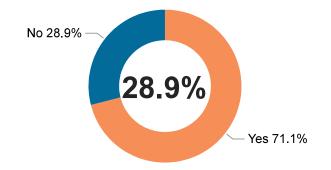
Clients are asked at the start of treatment and at the end of treatment, "Have you gotten in trouble at home, at school, work, or in the community, because of your use of alcohol, drugs, inhalants or gambling?" Only clients who completed this question at time of admission and time of discharge are included.

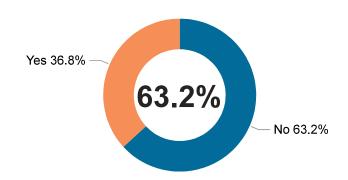
Clients' responses on these surveys are then broken out by the percentage of clients who responded "Yes" or "No" at time of admission and at time of discharge (donut chart) as well as the average responses and change from admission to discharge (table).

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)	36	0.71	0.37	-0.34	-48.1%
Total	36	0.71	0.37	-0.34	-48.1 %



Missing School/Work as a Result of Substance Use

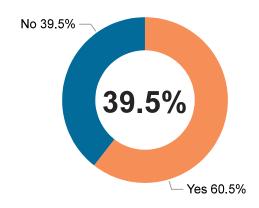
Clients are asked at the start of treatment and at the end of treatment, "Have you missed school or work because of using alcohol, drugs, inhalants, or gambling?" Only clients who completed this question at time of admission and time of discharge are included.

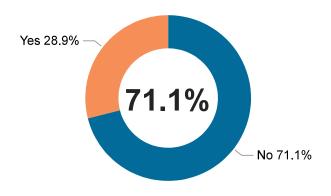
Clients' responses on these surveys are then broken out by the percentage of clients who responded "Yes" or "No" at time of admission and at time of discharge (donut chart) as well as the average responses and change from admission to discharge (table).

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)	36	0.61	0.29	-0.32	-52.2%
Total	36	0.61	0.29	-0.32	-52.2%



General Satisfaction with Services

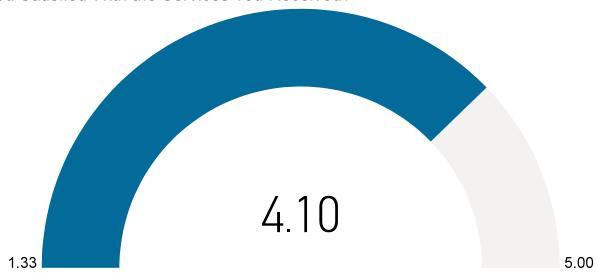
Clients are asked at discharge to rate how strongly they agree with six different questions pertaining to their overall satisfaction with treatment services they received. The average of these six responses is given below. To see specific questions, please see Appendix B.

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

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



Were You Satisfied With the Services You Received?



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

Treatment Services	Unduplicated Client Count	General Satisfaction with Services
Intensive Inpatient Treatment (3.7)	36	4.10
Total	36	4.10



Improved Functioning

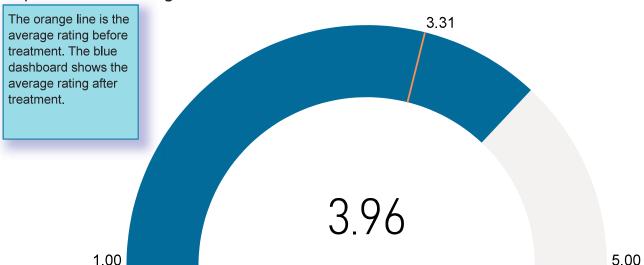


Clients are asked at discharge to rate how strongly they agree with seven different questions pertaining to their perception of their mental health and social well-being before and after the services they received. The average of these seven responses is given below. To see specific questions, please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

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

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

Improved Functioning



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Intensive Inpatient Treatment (3.7)	36	3.31	3.96	0.65	19.5%
Total	36	3.31	3.96	0.65	19.5%



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 FY24, their responses are counted once in each service.

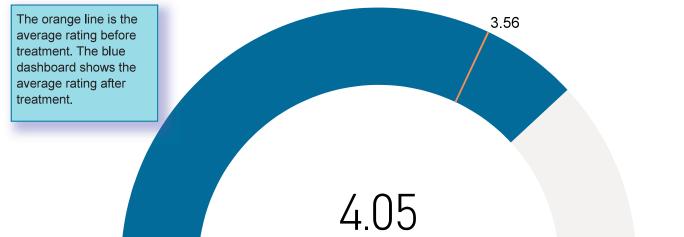


Youth served in publicly funded treatment services reported improved social connectedness.

5.00

Social Connectedness

1.00

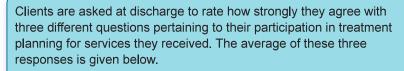


Social Connectedness Ratings: 0-Refused to Respond; 1-Strongly Disagree; 2-Disagree; 3-Undecided; 4-Agree; 5-Strongly Agree

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Intensive Inpatient Treatment (3.7)	36	3.56	4.05	0.49	13.7%
Total	36	3.56	4.05	0.49	13.7%



Participation in Treatment Planning and Cultural Sensitivity of Staff



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

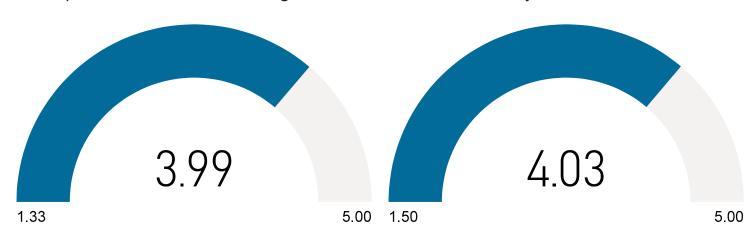
Clients' responses on these surveys are then broken out by the type of treatment service they received. If they received multiple types of treatment services in FY24, their responses are counted once in each service.

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



Participation in Treatment Planning

Cultural Sensitivity of Staff



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

Treatment Services	Unduplicated Participation in Client Count Treatment Planning		Cultural Sensitivity of Staff
Intensive Inpatient Treatment (3.7)	36	3.99	4.03
Total	36	3.99	4.03



Access to Services

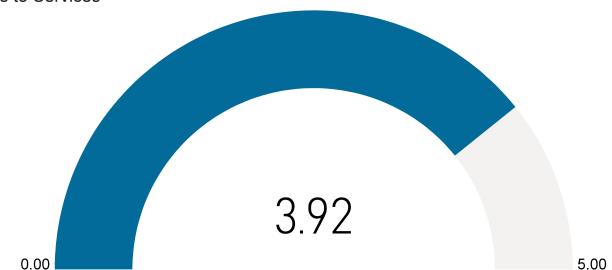


Clients are asked at discharge to rate how strongly they agree with two different questions pertaining to the ease and convenience of accessing the services they received. The average of these two responses is given below. To see specific questions, please see Appendix B.

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

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

Access to Services



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

Treatment Services	Unduplicated Client Count	Access to Services
Intensive Inpatient Treatment (3.7)	36	3.92
Total	36	3.92



Internalizing Disorder



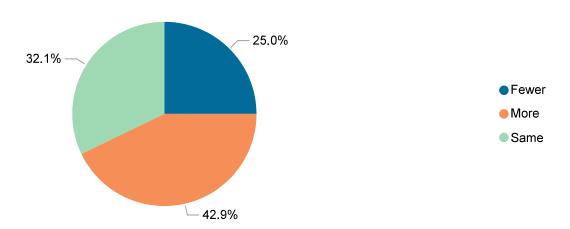
Youth clients complete the Global Appraisal of Individual Needs Short Screener (GAIN-SS) at admission and discharge.

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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Intensive Inpatient Treatment (3.7)	27	2.39	2.61	0.21	9.0%
Total	27	2.39	2.61	0.21	9.0%



Externalizing Disorder



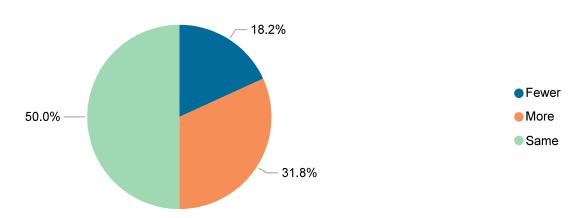
Youth clients complete the Global Appraisal of Individual Needs Short Screener (GAIN-SS) at admission and discharge.

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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Intensive Inpatient Treatment (3.7)	21	1.82	1.91	0.09	5.0%
Total	21	1.82	1.91	0.09	5.0%



Substance Use Disorder



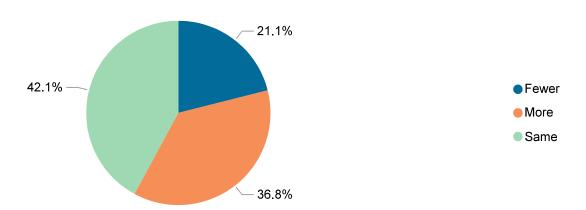
Youth clients complete the Global Appraisal of Individual Needs Short Screener (GAIN-SS) at admission and discharge.

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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Intensive Inpatient Treatment (3.7)	18	1.74	1.95	0.21	12.1%
Total	18	1.74	1.95	0.21	12.1%



Crime and Violence



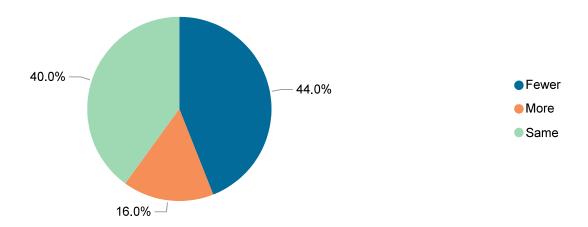
Youth clients complete the Global Appraisal of Individual Needs Short Screener (GAIN-SS) at admission and discharge.

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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Intensive Inpatient Treatment (3.7)	24	1.80	1.64	-0.16	-8.9%
Total	24	1.80	1.64	-0.16	-8.9%



Family Perceptions of Youth SUD Treatment Services

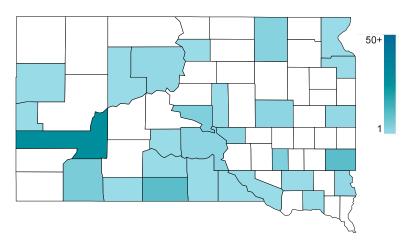


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Family Perceptions of Youth SUD Services

County of Residence for Clients Who Received Publicly Funded Services



Treatment Services

Publicly Funded Average Duration of Clients Served Treatment (Days)

Intensive Inpatient Treatment (3.7)

100

38



Unduplicated Clients Served (Publicly Funded)

100

Publicly Funded Clients Served with Co-Occurring Mental Health Conditions





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



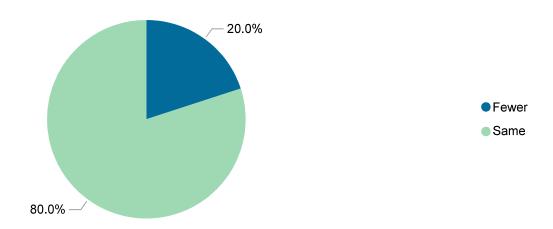
The national rate of adult and youth clients with at least one arrest at discharge was 4%.

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

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

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

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



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

Treatment Services	Unduplicated Client Count	Arrests at Admission	Arrests at Discharge
Intensive Inpatient Treatment (3.7)	5	20.0%	0.0%
Total	5	20.0%	0.0%



General Health

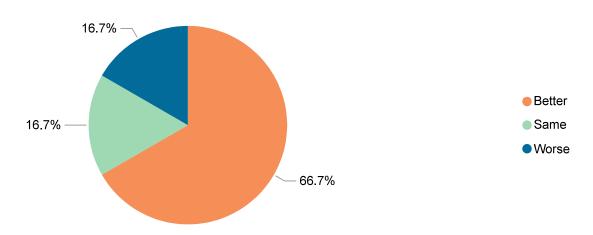


Families of youth clients are asked at the start of treatment and at the end of treatment, "Would you say that in general your child's health is?" Families of youth clients could answer in a range from 1-"Poor" to 5-"Excellent". Only families of youth who completed this question at time of admission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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Intensive Inpatient Treatment (3.7)	6.0	3.00	3.83	0.83	27.8%
Total	6.0	3.00	3.83	0.83	27.8%



Physical Health

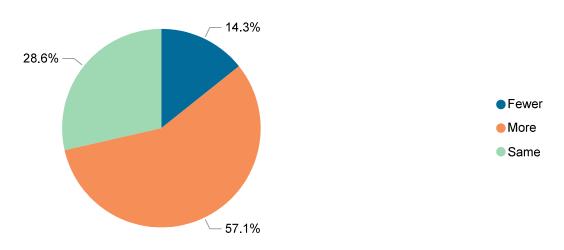


Families of youth clients are asked at the start of treatment and at the end of treatment, "Now thinking about your child's physical health, which includes physical illness and injury, how many days during the past 30 days was your child's physical health not good?" Only families of youth who completed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

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

Families of youth served in publicly funded treatment services reported their youth had an increase in days spent in poor physical health.

Families Who Reported Youth Clients Had More, Fewer, or the Same Number of Days Spent in Poor Physical Health at 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)	7	0.71	2.14	1.43	200.0%
Total	7	0.71	2.14	1.43	200.0%



Mental Health

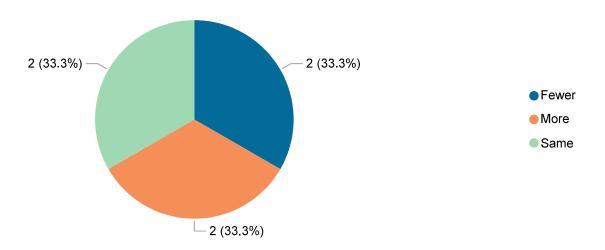


Families of youth clients are asked at the start of treatment and at the end of treatment, "Now thinking about your child's mental health, which includes stress, depression, and problems with emotions, how many days during the past 30 days was your child's mental health not good?" Only families of youth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

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

Families of youth served in publicly funded treatment services reported their youth had a decrease in days of poor mental health.

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Intensive Inpatient Treatment (3.7)	(6.50	5.33	-1.17	-17.9%
Total		6.50	5.33	-1.17	-17.9%



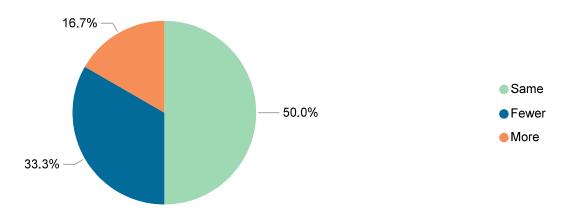
Physical or Mental Health Prevented Normal Activities

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

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

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

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



Number of Days Poor Physical or Mental Health Prevented Normal Activities

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Intensive Inpatient Treatment (3.7)	6	2.33	1.50	-0.83	-35.7%
Total	6	2.33	1.50	-0.83	-35.7%



Reported Attempts to Die by Suicide



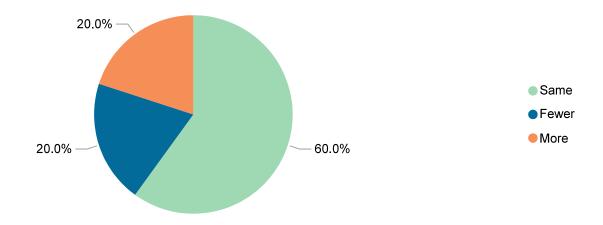
If you, or someone you know, is in need of crisis support, or experiencing emotional distress, call or text 988, or chat at https://988lifeline.org/.

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

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

At discharge, families of youth served in publicly funded treatment services reported their youth had no change in attempts to die by suicide in the past 30 days.

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)	5	0.20	0.20	0.00	0.0%
Total	5	0.20	0.20	0.00	0.0%



Ability to Control Alcohol Use



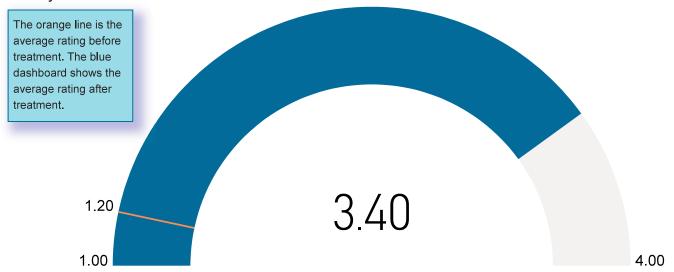
Families of youth clients are asked at the end of treatment to rate their youth's ability to control their alcohol use before the program and after the program. They rate each question on a scale from 1-"Poor" to 4-"Excellent."

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

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

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 Initial	Average Discharge	Change	Percent Change
Intensive Inpatient Treatment (3.7)	5	1.20	3.40	2.20	183.3%
Total	5	1.20	3.40	2.20	183.3%



Ability to Control Drug Use



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

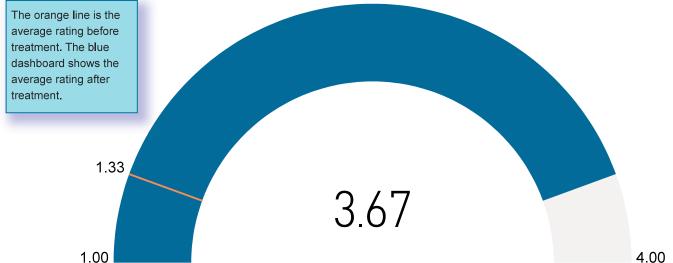
Only families of youth with primary non-alcohol use disorders are included in this outcome measure. Families of youth with primary alcohol use disorder rate their youth's ability to control alcohol use specifically on the preceding page.

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

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

> > 4.00

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)	3	1.33	3.67	2.33	175.0%
Total	3	1.33	3.67	2.33	175.0%

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Treatment Engagement

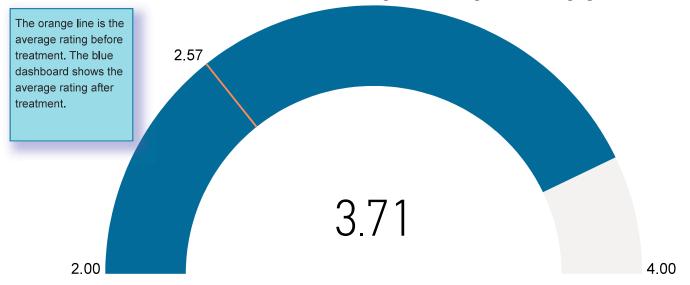


Clinicians are asked at the start of the client's treatment and at the end of treatment, "At this interval period, what is your (clinician's) assessment of the client's understanding and willingness to engage in their treatment program?" Clinicians may answer in a range from 1-"Unengaged" to 5-"Optimal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

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

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
A			_		
Intensive Inpatient Treatment (3.7)	7	2.57	3.71	1.14	44.4%
Total	7	2.57	3.71	1.14	44.4%



Importance of Changing Current Behaviors

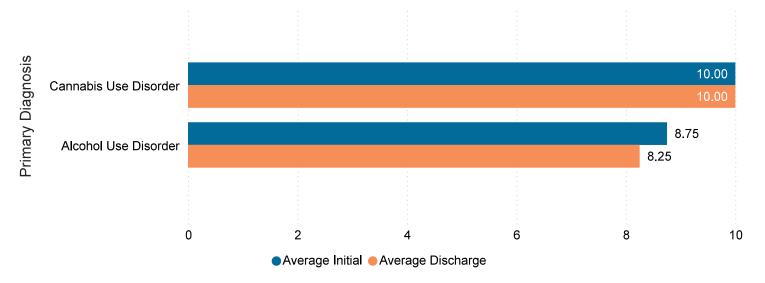
Families of youth clients are asked at the start of treatment and at the end of treatment to rate how important it is that their child change their current behaviors and/or symptoms. They rate this question on a scale from 0-"Not Important at AII" to 10-"Most Important Thing in My Life Right Now."

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)	6	9.17	8.83	-0.33	-3.6%
Total	6	9.17	8.83	-0.33	-3.6%



Motivation to Change Current Behaviors

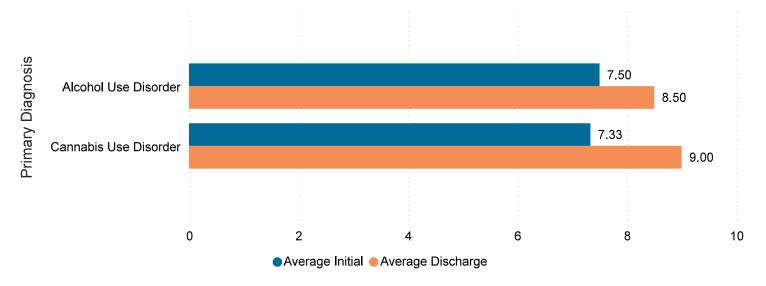
Families of youth clients are asked at the start of treatment and at the end of treatment to rate how confident they are in their youth changing current behaviors and/or symptoms. They rate this question on a scale from 0-"Not Important at All" to 10-"Most Important Thing in My Life Right Now."

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
Later a five law effect Tree to each (2.7)	0	7.07	0.50	0.00	40.00/
Intensive Inpatient Treatment (3.7)	6	7.67	8.50	0.83	10.9%
Total	6	7.67	8.50	0.83	10.9%



Confidence to Control Use Under Stress and Peer Pressure

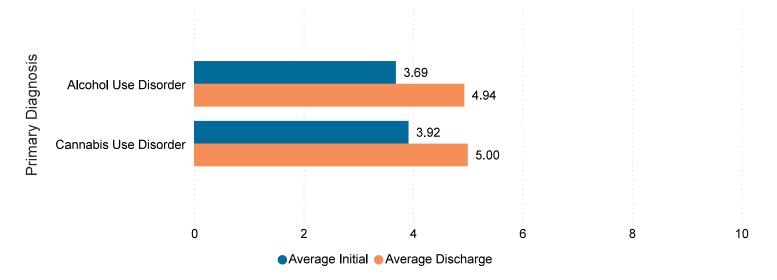
Families of youth clients are asked at the start of treatment and at the end of treatment to rate their confidence in their youth's ability to control use under different stressful situations, including peer pressure. They rate each question on a scale from 0-"Not at All Confident" to 10-"Very Confident."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

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

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



Confidence to Control Substance Use



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Intensive Inpatient Treatment (3.7)	6	4.25	5.79	1.54	36.3%
Total	6	4.25	5.79	1.54	36.3%



Visits to Emergency Department



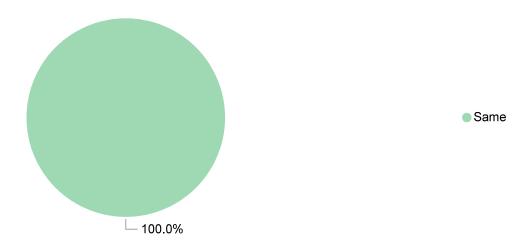
Families of youth clients are asked at the start of treatment and at the end of treatment, "How many times has your child gone to an emergency room for a psychiatric or emotional problem in the past 30 days?" Only families of youth who completed this question at time of admission and time of discharge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

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

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

At discharge, families of youth served in publicly funded treatment services reported their youth had no change in emergency department visits in the past 30 days.

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)	1	1.00	1.00	0.00	0.0%
Total	1	1.00	1.00	0.00	0.0%



Detoxification Services



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

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

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

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

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

Unable to Report Due to Low Number of Outcome Tools.

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

Treatment Services

Unduplicated Average Average Change Percent Client Count Initial Discharge Change

Total



Inpatient Substance Use Disorder Treatment Services

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

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

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



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

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

Unable to Report Due to Low Number of Outcome Tools.

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

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

Total



Hospital Admissions for Mental Health Care



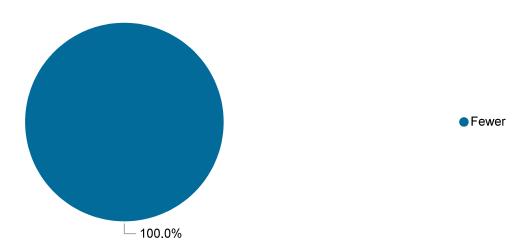
Families of youth clients are asked at the start of treatment and at the end of treatment, "How many nights has your child spent in a facility for mental health care in the past 30 days?" Only families of youth who completed this question at time of admission and time of discharge are included.

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

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

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.

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)	1	5.00	0.00	-5.00	-100.0%
Total	1	5.00	0.00	-5.00	-100.0%



Illness, Injury, or Surgery



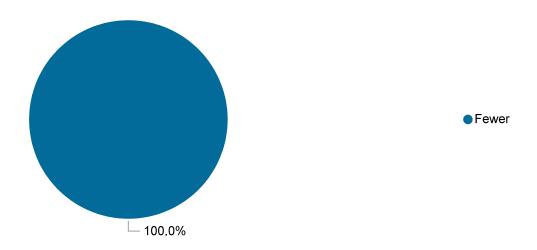
Families of youth clients are asked at the start of treatment and at the end of treatment, "How many nights has your child spent in a facility for illness, injury, or surgery in the past 30 days?" Only families of youth who completed this question at time of admission and time of discharge are included.

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

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

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.

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



Nights Spent in Correctional Facility

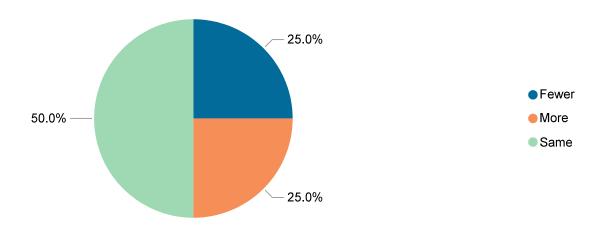
Families of youth clients are asked at the start of treatment and at the end of treatment, "How many nights has your child spent in a correctional facility including JDC or jail (as a result of an arrest, parole or probation violation) in the past 30 days?" Only families of youth who completed this question 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 FY24, families' responses are counted once in each service.

At discharge, families of youth served in publicly funded treatment services reported their youth had no change in nights spent in a correctional facility in the past 30 days.

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)	4	15.50	15.50	0.00	0.0%
Total	4	15.50	15.50	0.00	0.0%



Trouble as a Result of Substance Use

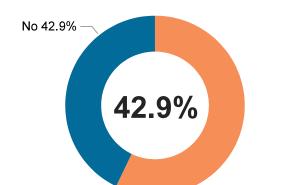


Families of youth clients are asked at the start of treatment and at the end of treatment, "Has your child gotten in trouble at home, at school, work, or in the community, because of their use of alcohol, drugs, inhalants or gambling?" Only families of youth who completed this question at time of admission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

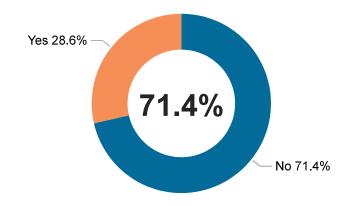
Families' responses on these surveys are then broken out by the percentage of families who responded "Yes" or "No" at time of admission and at time of discharge (donut chart) as well as the average responses and change from admission to discharge (table).

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"

Yes 57.1%

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Intensive Inpatient Treatment (3.7)	7	0.57	0.29	-0.29	-50.0%
Total	7	0.57	0.29	-0.29	-50.0%



Missing School/Work as a Result of Substance Use

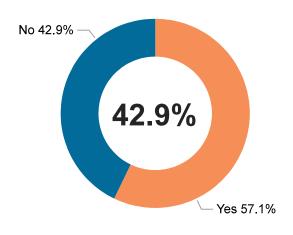
Families of youth clients are asked at the start of treatment and at the end of treatment, "Has your child missed school or work because of using alcohol, drugs, inhalants, or gambling?" Only families of youth who completed this question at time of admission and time of discharge are included.

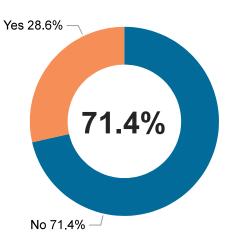
Families' responses on these surveys are then broken out by the percentage families who responded "Yes" or "No" at time of admission and at time of discharge (donut chart) as well as the average responses and change from admission to discharge (table).

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)	7	0.57	0.29	-0.29	-50.0%
Total	7	0.57	0.29	-0.29	-50.0%



General Satisfaction with Services

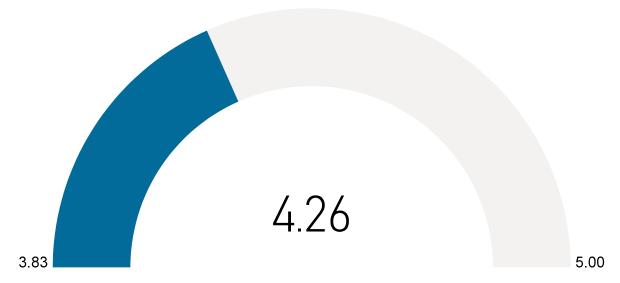
Families of youth clients are asked at discharge to rate how strongly they agree with six different questions pertaining to their overall satisfaction with treatment services their youth received. The average of these six responses is given below. To see specific questions, please see Appendix B.

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

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



Were You Satisfied With the Services Your Child Received?



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

Treatment Services	Unduplicated Client Count	General Satisfaction with Services	
A			
Intensive Inpatient Treatment (3.7)		7	4.26
Total	•	7	4.26



Improved Functioning



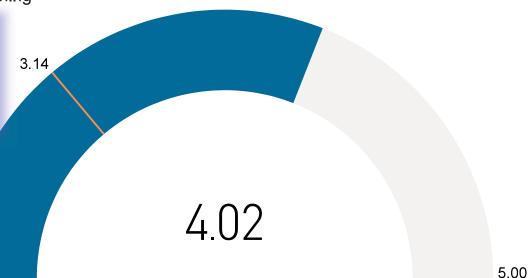
Families of youth clients are asked at discharge to rate how strongly they agree with seven different questions pertaining to their perception of their youth's mental health and social well-being before and after the services they received. The average of these seven responses is given below. To see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

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

Families of youth served in publicly funded treatment services reported their youth had improved functioning as a result of services received.

Improved Functioning

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Intensive Inpatient Treatment (3.7)	7	3.14 3.14	4.02	0.88	27.9%
Total	1	3.14	4.02	0.88	27.9%



Social Connectedness

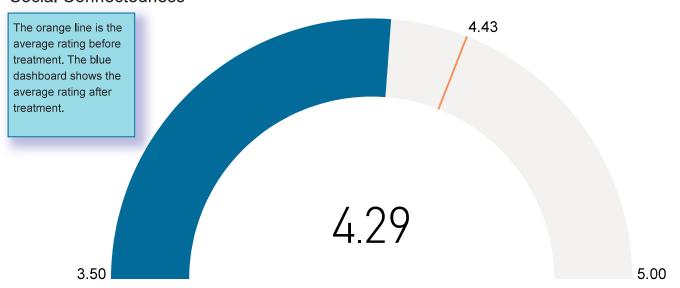
Families of youth clients are asked at discharge to rate how strongly they agree with four different questions pertaining to their youth's connections with their family, friends, and community. The average of these four responses is given below. To see specific questions, please see Appendix B.

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

Families of youth served in publicly funded treatment services reported decreased 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)	7	4.43	4.29	-0.14	-3.2%
Total	7	4.43	4.29	-0.14	-3.2%



Participation in Treatment Planning and Cultural Sensitivity of Staff

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

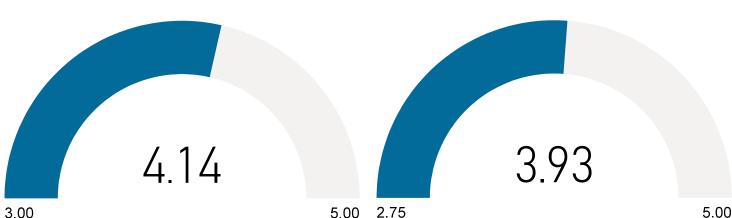
Additionally, families of youth clients are asked at discharge to rate how strongly they agree with four different questions pertaining to the cultural sensitivity of staff. The average of these four responses is given below. To see specific questions, please see Appendix B.

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

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)	7	4.14	3.93
Total	7	4.14	3.93



Access to Services

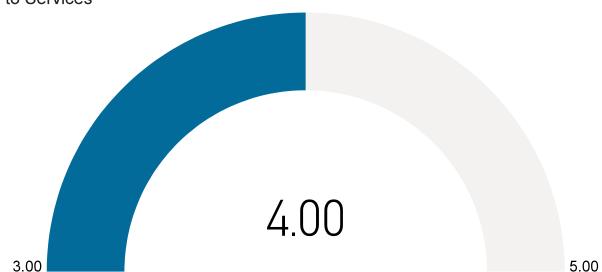


Families of youth clients are asked at discharge to rate how strongly they agree with two different questions pertaining to the ease and convenience of accessing the services their youth received. The average of these two responses is given below. To see specific questions, please see Appendix B.

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

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

Access to Services



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

Treatment Services	Unduplicated Client Count	Access to Services
A		
Intensive Inpatient Treatment (3.7)	7	4.00
Total	7	4.00



Appendix A: Outcome Tool Return Rates



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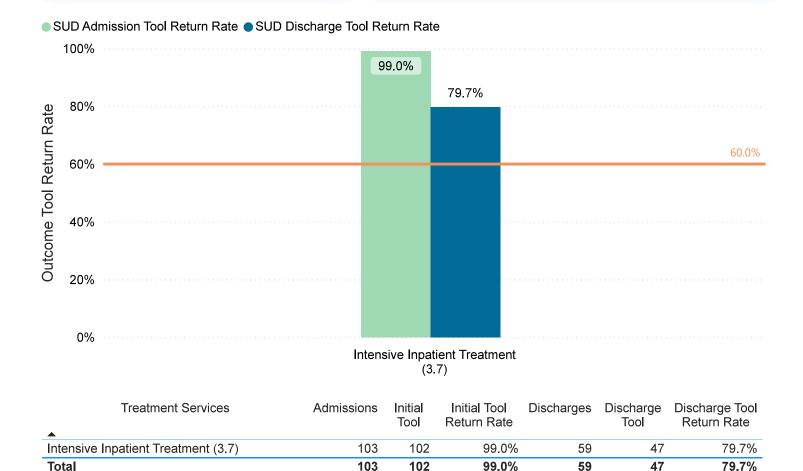


Appendix A: OT Return Rates

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.



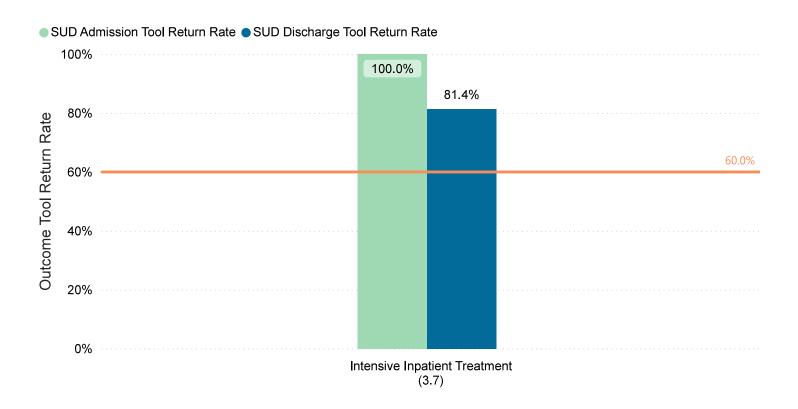


Appendix A: OT Return Rates

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)	103	103	100.0%	59	48	81.4%
Total	103	103	100.0%	59	48	81.4%





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Division of Behavioral Health Substance Use Disorder Outcome Tool INITIAL

Todays' Date:									
Client STARS II	D: _	_ _ _ _	_ _ _	_	_ _ _	. _ _			
Program	☐ 1.0 Outp	nsive Out 2.1/3.1) Treatmer Intensity nsive Inpa utpatient utpatient y) utpatient	nt Residen Itient Tr EBP (CJ EBP/MF	eatment I Clients RT (CJI	☐ 2.1 (☐ 2.5 (☐ 3.7 (☐ Treatm ☐ MRT☐ Adult	Gambling Gambling ent C (CJI Clie It Outpat ents Only – OP – E	Intens Day Tr Intens Intens Onl	ive Outpa eatment ive Inpati	ient
1. Would you say that in general your health is:									
□Exceller		ery Good		Good		□Fair		Poor	
a. Now thinki									
how many days during the past 30 days was your physical health not good? b. Now thinking about your mental health, which includes stress, depression, and problems with emotions, how many days during the past 30 days was your mental health not good? ——————————————————————————————————									
c. During the mental he recreation	ealth keep yo								
2. At this mon	nent, how i	importar	nt is it t	hat you	change v	your cui	rent b	ehaviors	s
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		nt as most o like to achi	of the other	r things I	Most ii	mportant tl life	hing 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					umber o of the othe			w: mportant tl	hing in my
				like to achi	_				right now
0 1	2	3	4	5	6	7	8	9	10

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Adult SUD Form -Initial

4. Please answer the following question	Number o							
In the past 30 days, how many times have you be *Federally Required Element		. 🗆						
5. Please answer the following questions based on the past 30 days								
a. Have you gotten into trouble at home, at school	^{′,} □Y	es □No						
because of your use of alcohol, drugs, inhalants b. Have you missed school or work because of usi		or	□N.					
gambling?		, or □Y	'es □No					
*Federally Required Element								
6. Please answer the following questions b	pased on the <u>past 30</u>	Number o						
days		Nights/Ti	mes know					
a. How many times have you gone to an emergen or emotional problem?	cy room for a psychiatric							
b. How many nights have you spent in a facility for:								
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 suice								
7. I would be able to resist the urge to	Not at all		Very					
drink heavily and/or use drugs	confident		Confident					
if I were angry at the way things had turned out	0 1 2 3 4 5	6 7	8 9 10					
if I had unexpectedly found some								
booze/drugs or happened to see something	0 1 2 3 4 5	6 7	8 9 10					
that reminded me of drinking/using drugs								
if other people treated me unfairly or 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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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	Functioning Dom	ain: Questions 5-8									
5. I do things that a											
6. I am better able											
7. I am better able											
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	Engagement in Engag			Optingagem Recov	ement in covery			

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Division of Behavioral Health Substance Use Disorder Outcome Tool DISCHARGE

Todays' Date:								
Client STARS I	D:			I I I				
Program	(Includit	nsive Outpating2.1/3.1) Treatment Intensity Resonsive Inpatient Itpatient EBF	sidential nt Treatment O (CJI Clients O MRT (CJI	☐ 2.1 (Outp ☐ 2.5 (☐ 3.7 (Trea ☐ MRT	tment C (CJI Clie It Outpat ices (CJI - OP - E	g Intensi g Day Tre g Intensi ents Only ient EBF	ve eatment ve Inpatie 7) 2/3.1	nt
1. Would you	ı say that in	general yo	ur health is:					
Excelle	nt 🗆 Vo	ery Good	□Good	[Fair		Poor	
how man b . Now think	ny days during sing about you s with emotio	g the past 30 our mental heal	alth, which inc days was your Ith, which inclu days during t	physical ides stre	health no ss, depres	ot good? ssion, an	d	
	ealth keep yo		ely how many o your usual act					
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		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 importa	nt at all		portant as most o would like to ach		er things I	Most ir	nportant thi life ı	ing in my 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	owing	question	1				mber of hts/Time	Don't es know
In the past 30 days, how man		_		rrested?			,	П
*Federally Required Element								
5. Please answer the foll	owing	question	ns base	ed on the	past 3	0 days		
a. Have you gotten into troul					ie comr	nunity,	□Yes	\square No
because of your use of alcoh-								
b. Have you missed school or	r work l	pecause of	fusing a	alcohol, dru	ıgs, inh	alants, or	□Yes	□No
gambling?								
*Element agreed upon by the DOWG								
6. Please answer the foll	owing	question	ns base	ed on the	past 3	<u>v</u>	mber of	Don't
days						Nig	hts/Time	es know
a. How many times have you	gone to	o an emer	gency ro	oom for a p	sychiat	ric		
or emotional problem?								
b. How many nights have you	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?								
c. How many nights have you	ı spent	in a corre	ctional 1	facility incl	uding ja	ail		
or prisons (as a result of a	n arrest	, parole oi	probat	tion violati	on)?			
d. How many times have you	tried t	o commit :	suicide	?				
7. Please check the]	Before th	e Progi	ram	No	w (At end	d of Pro	gram)
appropriate box on								
how you are doing								
since entering the								
program that best tells	Poor	Average	Good	Excellent	Poor	Average	Good	Excellent
us what you think.	1	Average 2	3	4	1	Average 2.	3	4
a. Controlling alcohol								_
use.								
h Controlling drug use						П		

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Adult SUD Form -Discharge

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

9. Please indicate your level of agreement or	Response Options						
disagreement with the statements by checking the choice that best represents your feelings or opinion	yly ee	ee	led	ø)	Strongly agree	Not applicable	þ
over the past 30 days. (Please answer for relationships	Strongly disagree	agr	ecic	Agree	J _S	pli	Refused
with persons other than your behavioral health	Stro	Disagree	Undecided	A	ong	t ap	Ref
<pre>provider(s).) Source: MHSIP Survey *Element Agreed upon by DOWG</pre>			ח		Str	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			П				
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.		Ш	Ш		Ш		Ш

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Adult SUD Form -Discharge

1						5				
Unengaged and Blocked	Engagem	Positive gagement in Recovery			Optimal Engagement in Recovery					
10. At this interval period, what is your (clinician's) assessment of the client's understanding and willingness to engage in their treatment program? Please circle a number on the scale below:										
Question required to	be completed by Cl	inician							_	
34. I would recommember.	nend this agency t	to a friend or family								
agency.		ll get services at this								
32. I liked the servi										
Domain: General Sa		0			_					
31. I, not staff, decid		•								
Planning Questions 30. I felt comfortab		ns about my treatmen	t. 🗆							
Domain: Perception	*	n in Treatment								
29. My housing situ										
28. My symptoms a										
27. I do better in sc										
26. I do better in so										
25. I am getting alo	ng better with my	rfamily.								
24. I am better able										
23. I am better able										
22. I deal more effe										
Domain: Perception										
my life. 21. I was encourage	ed to use consume	er-riin nrograms	П	П			П			
20. Staff encourage	d me to take resp	re \Box								
19. I was given info										
could take charge o										
18. Staff helped me	obtain the inform	nation needed so I		_	_	_	_	_	_	

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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	 Intensive	Outpat	ient	
			y Treatme	ent			Intensive	-		
		3.1 Lov	w Intensit	y Resider	ntial	Trea	atment (P	RTF)		
		Adoles	cent EBP	Services						
	_	_								
		•	n genera						D.	
	cellent		Very Good our physica		□Good		□Fair		Poor	
			ng the past							
b . Now	thinking	about yo	our mental	l health, w	vhich inc	ludes stre	ess, depres	ssion, ar	nd	
			ions, how i	many day	s during	the past 3	30 days w	as your	mental	
	alth not go		s, approxi	mately ho	ow many	days did	vour nooi	nhysic:	al or	
			ou from d							
rec	reation?									
			v importa		_	_	-	rrent b	ehavior	S
and/or	sympto	ms? Ple	ase circle	2 numbe	ar on the	ccala ha	OTAT:			
								Mosti	mnortant t	hing in my
Not im	portant at	all	About a	as importa _would	nt as most like to ach	of the othe	er things I			right now
				as importa	nt as most	of the othe		Most i		
Not im	portant at	all 2	About a	as importa would	nt as most like to ach	of the other lieve now	er things I	8	life	right now
Not im 0 3. At th	portant at 1 is mome	all 2 ent, how	About a	would 4 nt are ye	nt as most like to ach 5	of the other of the sieve now 6	er things I 7 change	8 your cu	life 9 urrent	right now
Not im O 3. At thi beha	portant at 1 is mome	all 2 ent, how d/or sy	About a 3 v confide vmptoms	would 4 nt are ye ? Please	nt as most like to ach 5 ou that p	of the other ieve now 6 you will number of	7 change you the sca	8 your cu	9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	e right now 10
Not im O 3. At the beha Not im	portant at 1 is mome viors an portant at	all 2 ent, how d/or sy all	About a y confide ymptoms About a	nt are your simportant are your simportant would	nt as most like to ach 5 ou that circle a nt as most like to ach	of the other of the other of the other of the other own.	7 change yon the sca	your cu ale belo Most i	9 Irrent w: mportant t	e right now 10 thing in my e right now
Not im O 3. At this beha	portant at 1 is mome viors an	all 2 ent, how d/or sy	About a 3 v confide vmptoms	as importative would 4 nt are your series of the series o	nt as most like to ach 5 ou that circle a int as most	of the other of th	7 change you the sca	8 your cu	9 Irrent w: mportant t	e right now 10
Not im O 3. At the beha Not im	portant at 1 is mome viors an portant at	all 2 ent, how d/or sy all	About a y confide ymptoms About a	nt are your simportant are your simportant would	nt as most like to ach 5 ou that circle a nt as most like to ach	of the other of the other of the other of the other own.	7 change yon the sca	your cu lle belo Most i	Ilfe 9 urrent w: mportant t life 9	thing in my right now
Not im O 3. At the beha Not im O 4. Pleas	is mome viors an portant at 1 e answe	ent, how dd/or sy all 2 er the fo	About a y confide ymptoms About a 3	nt are your said as important are your said as important would a question	ou that circle a like to ach	you will number of the other for the other f	7 change yon the sca	your cuale belo Most i	9 Irrent w: mportant t	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 1 e answe st 30 day	ent, how ad/or sy all 2 er the fo s, how m	About a y confide ymptoms About a	nt are your said as important are your said as important would a question	ou that circle a like to ach	you will number of the other for the other f	7 change yon the sca	your cuale belo Most i	Ilife 9 urrent 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 1 e answe	ent, how ad/or sy all 2 er the fo s, how m	About a y confide ymptoms About a 3	nt are your said as important are your said as important would a question	ou that circle a like to ach	you will number of the other for the other f	7 change yon the sca	your cuale belo Most i	Ilife 9 urrent 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 *Federally	is mome viors an portant at 1 e answe st 30 day Required E	ent, how ad/or sy all 2 er the foots, how malement	About a y confide ymptoms About a 3 bllowing of any times	nt are your simportan would are your simportan would a question have your	ou that circle a nost like to ach	you will number of the other for the other sieve now 6 rested?	change yon the scaer things I	your cuale belo Most i 8	Ilife 9 urrent 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 *Federally 5. Pleas	is mome viors an portant at 1 e answe st 30 day Required E	ent, how ad/or sy all 2 er the foots, how malement	About a y confide ymptoms About a 3 bllowing of any times	nt are your simportant would are your simportant would are your share your sh	ou that circle a nost like to ach	you will number of the other for the other ieve now 6 rested?	change yon the scaer things I 7	your cuale belo Most i Num Nigh	irrent w: mportant t life 9 hber of hts/Times	thing in my right now 10 Don't know
3. At this beha Not im 0 4. Pleas In the pa *Federally 5. Pleas a. Have y because	is mome viors an portant at 1 e answe st 30 day Required E ou gotter e of your	ent, how ad/or sy all 2 er the form the form the form the form the form use of all	About a y confide ymptoms About a 3 bllowing of the control of	nt are you Please as importan would 4 Please as importan would 4 Question have you question me, at sch gs, inhala	ou that circle a nost like to ach sike to	you will number of the other now 6 rested? I on the k, or in the mbling?	change yon the scaer things I 7 2 The property of the scaer things I 7 2 2 2 2 2 3 4 4 4 4 4 4 4 4 4 4 4 4	your cualle belo Most i Num Night	Ilife 9 urrent w: mportant t life 9	thing in my right now 10 Don't
3. At this beha Not im 0 4. Pleas In the pa *Federally 5. Pleas a. Have y becaus b. Have y	is mome viors an portant at 1 e answe st 30 day Required E ou gotter to of your you misse	ent, how ad/or sy all 2 er the form the form the form the form the form use of all	About a y confide ymptoms About a 3 bllowing of the second sec	nt are you Please as importan would 4 Please as importan would 4 Question have you question me, at sch gs, inhala	ou that circle a nost like to ach sike to	you will number of the other now 6 rested? I on the k, or in the mbling?	change yon the scaer things I 7 2 The property of the scaer things I 7 2 2 2 2 2 3 4 4 4 4 4 4 4 4 4 4 4 4	your cualle belo Most i Num Night	irrent w: mportant t life 9 hber of hts/Times	thing in my right now 10 Don't know
3. At this beha Not im 0 4. Pleas In the pa *Federally 5. Pleas a. Have y because	is mome viors an portant at 1 e answe st 30 day Required E ou gotter to of your vou misseng?	ent, how malement er the form into trouse of all dischool	About a y confide ymptoms About a 3 bllowing of the control of	nt are you Please as importan would 4 Please as importan would 4 Question have you question me, at sch gs, inhala	ou that circle a nost like to ach sike to	you will number of the other now 6 rested? I on the k, or in the mbling?	change yon the scaer things I 7 2 The property of the scaer things I 7 2 2 2 2 2 3 4 4 4 4 4 4 4 4 4 4 4 4	your cualle belo Most i Num Night	Ilife 9 Irrent W: Important t Ilife 9 Inber of Ints/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 l	nased on the 30 days	Number of Nights/Times	Don't know
a. How many times have you gone to an emergen		Nights/ Times	KIIOW
or emotional problem?			
b. How many nights have you spent in a facility for	or:		
i. Detoxification?			
ii. Inpatient/Residential Substance Use Disorde			
iii. Mental Health Care?			
iv. Illness, Injury, Surgery?			
c. How many nights have you spent in a correction	nal facility including JDC		
or Jail (as a result of an arrest, parole or probatio	n violation)?		
d. How many times have you tried to commit suice	cide?		
7. I would be able to resist the urge to	Not at all		Very
drink heavily and/or use drugs	confident		Confident
if I were angry at the way things had	0 1 2 3 4 5	6 7 8	9 10
turned out	0 1 2 3 1 3	0 7 0	7 10
if I had unexpectedly found some			
booze/drugs or happened to see something	0 1 2 3 4 5	6 7 8	9 10
that reminded me of drinking/using drugs			
if other people treated me unfairly or	0 1 2 3 4 5	6 7 8	9 10
interfered with my plans	0 1 2 3 4 3	0 7 0	9 10
if I were out with friends and they kept			
suggesting we go somewhere to drink/use	0 1 2 3 4 5	6 7 8	9 10
drugs			

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Youth SUD Form -Initial Interview

8. Please in	B. Please indicate your level of agreement or						1se 0	ptions	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						Undecided	Agree	Strongly agree	Not	Refused
		lness Questions								
need to t	alk.		erstand me when	I						
and frier	ıds.		eed from family							
		comfortable tall	king with about				П		П	
my prob						_	_		_	_
		m I can do enjoy								
	•	oning Domain:	Questions 5-11							_
	to do things I							<u> </u>	<u> </u>	
	g with family r		1.							
		and other peop	ie.							
	in school and/	things go wron	~							
			5.			Н	Н			
	le to handle my	family life right	novy							
11.1 alli Sat	isileu with hig	Tallilly life right	l IIOW.							
Question to b	e answered by C	Clinician								
GAIN Shor	t Screener (GA	AIN-SS) Scorin	g							
Canaanan	Items	Past Month	Past 90 Days	Past	Year			Ever		
Screener	items	(4)	(4, 3)	(4, 3	3, 2)		(4	, 3, 2,	1)	
IDScr	1a – 1f									
EDScr	2a – 2g									
SDScr	3a – 3e									
CVScr	4a – 4e									
TDSer	1a – 4e									
9. At this interval period, what is your (clinician's) assessment of the client's understanding and willingness to engage in their treatment program? Please circle a number on the scale below:										
Unengaged Blocked	and Engag	nimal ement in Er covery	Limited ngagement in Recovery	Positi Engagem Recov	ent in		En	Optin gagem Recov	ent ir	1

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Division of Behavioral Health Substance Use Disorder Outcome Tool Youth Discharge

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

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Youth SUD Form - Discharge

6. Please answer the foll days	owing	question	ns base	ed on the	past 3	<u>U</u>	nber of hts/Time	Don't es know
a. How many times have you	gone to	o an emerş	gency r	oom for a p	sychiat	ric		
or emotional problem?								
b. How many nights have you	u spent	in a facilit	y for:					
i. Detoxification?								
ii. Inpatient/Residential Su	bstanc	e Use Diso	rder Tr	eatment?				
iii. Mental Health Care?								
iv. Illness, Injury, Surgery?								
Source: Current MPR Adult Histo								
c. How many nights have you	-			-	uding J	DC		
or Jail (as a result of an arres								
d. How many times have you	tried t	o commit :	suicide	?				
*Federally Required Element								
7. Please check the	1	Before the	o Progi	ram	Nov	w (At end	l of Pro	gram)
appropriate box on	J	before the	CITUGI	aiii	110	w (At enc	101110	grainj
how you are doing								
since entering the								
program that best tells	Poor	Average	Good	Excellent	Poor	Average	Good	Excellent
us what you think.	1	2	3	4	1	2	3	4
a. Controlling alcohol								
use.							ш	
b. Controlling drug use.								
*Element agreed upon by the DOWG								
8. I would be able to resi	st the	urge to		t at all				Very
drink heavily and/or use	e drug	S	cor	nfident				Confident
if I were angry at the wa	y thing	gs had	0	1 2	3 4	5 6	7 8	9 10
turned out			0	1 4	J			, , 10
if I had unovnoctedly for	and co	mo						

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

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Youth SUD Form - Discharge

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

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Youth SUD Form - Discharge

Questions to be answered by Clinician

GAIN Short Screener (GAIN-SS) Scoring											
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

Todays' Date:	
Client STARS ID:	
Program □ 1.0 Outpatient □ 2.1 Intensive Outpatient	
□ 2.5 Day Treatment □ 3.7 Intensive Inpatient	
☐ 3.1 Low Intensity Residential Treatment (PRTF)	
☐ Adolescent EBP Services	
	_
1. Would you say that in general your child's health is:	
□Excellent □Very Good □Good □Fair □Poor	
a. Now thinking about your child's physical health, which includes physical illness and	
injury, how many days during the past 30 days was your child's physical health not good?	
b . Now thinking about your child's mental health, which includes stress, depression, and problems with emotions, how many days during the past 30 days was your child's mental health not good?	
c. During the past 30 days, approximately how many days did your child's poor physical	_
or mental health keep you from doing your child's usual activities, such as self-care,	
school, work, or recreation?	_
2. At this moment, how important is it that your child change their current behavior	'S
and/or symptoms? Please circle a number on the scale below:	
Not important at all About as important as most of the other things I Most important thing in r would like to achieve now life right no	
0 1 2 3 4 5 6 7 8 9 10	
3. At this moment, how confident are you, that your child will change their current	
behaviors and/or symptoms? Please circle a number on the scale below:	
Not important at all About as important as most of the other things I Most important thing in r	
would like to achieve now life right no 0 1 2 3 4 5 6 7 8 9 10	w
Number of Don'	t
4. Please answer the following question Nights/Times know	-
In the past 30 days, how many times has your child been arrested? *Federally Required Element	

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Family SUD Form -Initial Interview

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

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Family SUD Form -Initial Interview

8. Please indicate your level of agreement or	_		Re	spor	ise O	ptions	3	
disagreement with the statements by checking the choice that best represents your feelings or opinion over the past 30 days. (Please answer for relationship with persons other than your behavioral health provider(s).) Source: MHSIP Survey *Federally Required	ps	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.	i							
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 talkin with about their problems.	ng							
4. My child has people with whom they can do enjoyable things.								
Domain: Improved Functioning Domain: Questions 5-11								
5. My child is able to do things he or she wants to do.								
6. My child gets along with family members.								
7. My child gets along with friends and other people.								
8. My child does well in school and/or work.								
9. My child is able to cope when things go wrong.								
10. My child is able to handle daily life.								
11. I am satisfied with our family life right now.								
Question to be answered by Clinician 10. At this interval period, what is your (clinician's) asses understanding and willingness to engage in their treatme						rcle a		
number on the scale below: Minimal Limited	ı	Positiv	V.A.			Optim	al	
Unengaged and Engagement in Engagement in Blocked Recovery Recovery	Eng	ageme	ent in		En	gagem Recov	ent in	
1 2 3		4				5		

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Division of Behavioral Health Substance Use Disorder Outcome Tool Family Discharge

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

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Family SUD Form - Discharge

6. Please answer the foll days	owing	question	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	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	Quest	tions	18-	20			
18. I helped to choose my child's services.							
19. I helped to choose my child's treatment goals.							
20. I was frequently involved in my child's treatment.							

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Family SUD Form - Discharge

				Re	espor	ise 0	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.	atisfied with the se	rvices my child							
22. The people he matter what.	lping my child have	e stuck with us no							
23. I feel my child troubled.	has someone to tal	lk to when he/she is							
24. The services n right for us.	ny child and/or fan	nily received were							
25. My family got	the help we wanted	d for my child.							
26. My family has my child	gotten as much he	lp was we needed for							
Question to be answ	ered by Clinician								
	d willingness to eng	ur (clinician's) assess gage in their treatmen					rcle a		
Unengaged and Blocked	Minimal Engagement in Recovery	Limited Engagement in Recovery	Positi Engagem Recove	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 □ IMPAG	СТ		
S	☐ First Episode Psychosis (SEBHS and BMS 0			
			e Youth Receivi	inσ
	8	_	S/LSS Only)	8
	- (-, 3)		-, 55	
1. Would you s	ay that in general your health is:			
□Excellent	·	ir	□Poor	
	g about your physical health, which includes physica			
	days during the past 30 days was your physical heal			
	g about your mental health, which includes stress, d vith emotions, how many days during the past 30 da			
health not		ys was y	our mentar	
	ast 30 days, approximately how many days did your	poor ph	ysical or	
	lth keep you from doing your usual activities, such a	s self-ca	re, 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			
3. Please answ	wer the following questions based on the pa	st 6	Number of	Don't
months			Nights/Times	know
	nes have you gone to an emergency room for a psycl	niatric or		
emotional probl	ghts have you spent in a facility for:			
i. Detoxification				
ii. Inpatient/R	esidential Substance Use Disorder Treatment			
iii. Mental Hea	ılth Care?			
iv. Illness, Inju	ıry, Surgery			
c. How many tin	nes have you been arrested?			
	ghts have you spent in a correctional facility including	ng jail or		
	sult of an arrest, parole or probation violation)?			
e. How many tin	nes 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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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)
CARE (BW3/E33 Only)	IMI ACT (BM3/E33 Offiy)
1. Are you currently employed?	
\square Employed full time (35+ hours per week)	☐ Student
☐ Employed part time	☐ Retired
□Homemaker	\square Unemployed
□Disabled	Other (Specify)
* Cadarally Described	
* Federally Required	
2. Which of following best describes your	current residential status?
☐ Independent, living in a private residence	☐ Homelessness
Dependent, living in private residence	☐ Jail/Correctional Facility
Residential Care (group home,	in juny dorrectional ruentey
rehabilitation center, agency-operated	☐ Foster Home/Foster Care
care)	, ,,
☐Institutional setting (24/7 care by	☐ Crisis Residence
skilled/specialized staff or doctors)	□ Other
*Federally Required	
3. What is your highest educational level co	ompleted (12=GED or high school
diploma)?	
*Federally Required	
4. Would you say that in general your hea	lth ic
	ood □Fair □Poor
a . Now thinking about your physical health, wh	
how many days during the past 30 days wa	
b . Now thinking about your mental health, whi	
problems with emotions, how many days d	
health not good?	
c. During the past 30 days, approximately how	
mental health keep you from doing your us	ual activities, such as self-care, work, or
recreation?	

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Adult MH Tool - Update Interval

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

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Adult MH Tool - Discharge

5. Please answer the following question			Num Nigh			Dor kno	
In the past 30 days, how many times have you been arrested? *Federally Required			Ţ,		-		
6. Please answer the following questions based on the pamonths	ast 6			ımbe ghts,	r of Time:		on't iow
a. How many times have you gone to an emergency room for psychiatric or emotional problem?	a					[
b. How many nights have you spent in a facility for:							
i. Detoxification?						[
ii. Inpatient/Residential Substance Use Disorder Treatment	?					[
iii. Mental Health Care?						[
iv. Illness, Injury, Surgery?						[
c. How many times have you been arrested?							
d. How many nights have you spent in a correctional facility i	nclud	ing				Г	
jail or prisons (as a result of an arrest, parole or probation vio	olatio	n)?		_		L	
e. How many times have you tried to commit suicide?						[
7 Places indicate your level of agreement or		D.c	cnor	150 N	ption	C	
7. Please indicate your level of agreement or disagreement with the statements by checking the		IVE	spor	136 0	puon	.5	
choice that best represents your feelings or opinion	e 🗲	ė	eq		<u>></u>	٩	a
over the past 6 months. (Please answer for	Strongly disagree	Jisagree	cid	Agree	trongl agree	Not lical	Refused
relationships with persons other than your behavioral	Strongly disagree	Jisa	Jndecided	Ag	Strongly agree	Not nulicable	Ref
health provider(s).) Source: MHSIP Survey *Federally Required	•		Ω		•	7	5
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.							

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

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Youth MH Form -Initial Interview

4. Please indicate your level of agreement or			Response Options								
disagreement with the statements by checking the choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) *Federally Required	Strongly	Disagree	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 CAIN Short Savonar (CAIN SS). Saving											
GAIN Short Screener (GAIN-SS) Scoring											

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

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Division of Behavioral Health Mental Health Outcome Tool Youth Update

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

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Youth MH Form - Update Interval

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

Question to be answered by Clinician

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

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Division of Behavioral Health Mental Health Outcome Tool Youth Discharge

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

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Youth MH Form - Discharge

6. Please answer the following question			Num Nigh			Dor kno		
In the past 30 days, how many times have you been arrested? *Federally Required Element			•		-			
7. Please answer the following questions based on the <u>pa</u> months	<u>st 6</u>			ımbe ghts <i>i</i>	r of 'Time:	Don't know		
a. How many times have you gone to an emergency room for a psycemotional problem?	chiatr	ic or			_			
b. How many nights have you spent in a facility for:i. Detoxification?ii. Inpatient/Residential Substance Use Disorder Treatment?iii. Mental Health Care?iv. Illness, Injury, Surgery?					_]]]		
c. How many times have you been arrested?					_			
d. How many nights have you spent in a correctional facility includ Jail (as a result of an arrest, parole or probation violation)?	ing JD	Cor			_			
e. How many times have you tried to commit suicide? *Federally Required Element					_			
8. Please indicate your level of agreement or		Re	espor	se 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).) *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	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.								

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Youth MH Form - Discharge

				Response Options						
				Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Not applicable	Refused
		ess to Services (•							
		s was convenien								
13. Services me.	s are available a	at times that are	convenient for							
			y Questions 14-17							
	ated me with r									
		ily's religious/s								
		a way that I und				<u> </u>				
		my cultural/eth								
			eatment Planning	Quest	ions	18-	<u> 20</u>			_
	to choose my			<u> </u>	<u> </u>					
		treatment goals.		<u> </u>					<u> </u>	
	pated in my ow		26	Ш	Ш		Ш			
		on Questions 21 with the services								
here.										
22. The peo what.	ple helping me	have stuck with	n me no matter							
23. I feel I h	ave someone t	o talk to when I	am troubled.							
24. I receive	ed services that	t were right for r	me.							
25. I have g	otten the help l	want.								
26. I have g	otten as much	help as I need.								
Question to	be answered by	Clinician								
GAIN Short	t Screener (GA	IN-SS) Scoring								
Screener	Items	Past Month (4)	Past 90 Days (4, 3)		t Yea 3, 2			Ev (4, 3,		
IDScr	1a – 1f									
EDScr	2a - 2g									
SDScr	3a – 3e									
CVScr	4a – 4e									
TDSer	1a – 4e									

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Division of Behavioral Health Mental Health Outcome Tool Family INITIAL

HHILL		
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 physic	al illness and	
injury, how many days during the past 30 days was your child physic good?	al health not	
b . Now thinking about your child's mental health, which includes stress, or	lenression and	
problems with emotions, how many days during the past 30 days was		
mental health not good? c. During the past 30 days, approximately how many days did your child'	a noor physical	
or mental health keep you from doing your child's usual activities, su		
school, work, or recreation?	in ab ben care,	
	Number of	Don't
2. Please answer the following question	Nights/Times	know
In the past 30 days, how many times has your child been arrested?		П
*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		
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		Ш

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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

Todays' Date:	aate
Client STARS ID:	_ _ _ _
Program ☐ CYF Services (SED)	\square ART
\square MRT	\square FFT
1 Did your shild attend school in the nee	at three months?
1. Did your child attend school in the pas	
□Yes	□No
*Federally Required	
2. Please circle your child's current or hi	ghest educational level completed:
Self-Contained Special Ed Class (No Grade)	
*Federally Required	
3. Is your child currently employed? (**Co	
☐ Employed full time (35+ hours per week)	☐ Student
☐ Employed part time	☐ Retired
\square Homemaker	Other (Specify)
□Disabled	
*Federally Required	
4. Which of following best describes your	r child's current residential status?
☐ Independent, living in private residence	☐ Homelessness
Dependent, living in private residence	☐ Jail/Correctional Facility
Residential Care (group home,	
rehabilitation center, agency-operated	☐ Foster Home/Foster Care
care)	
\square Institutional setting (24/7 care by	☐ Crisis Residence
skilled/specialized staff or doctors)	□ Other
*Federally Required	
5. Would you say that in general your ch	ild's health is:
□Excellent □Very Good □	Good □Fair □Poor
a. Now thinking about your child's physical he injury, how many days during the past 30 good?	
b. Now thinking about your child's mental heap problems with emotions, how many days mental health not good?	
c. During the past 30 days, approximately how	w many days did your child's poor physical ar 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	st 6			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						
b. How many nights has your child spent in a facility for:i. Detoxification?							
ii. Inpatient/Residential Substance Use Disorder Treatment?							
iii. Mental Health Care?							
iv. Illness, Injury, Surgery?							
c. How many times has your child been arrested?							
d. How many nights has your child spent in a correctional facility in JDC or Jail (as a result of an arrest, parole or probation violation)?	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	4)	Ϋ́ ·	2	or q
	- 00 -				ש חם	7	= 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							
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							
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.							
 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 							
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.							
 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. 7. My child gets along better with friends and other people. 8. My child is doing better in school and/or work. 							
 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: Questions. 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. 							
 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. 7. My child gets along better with friends and other people. 8. My child is doing better in school and/or work. 							

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Family MH Form - Update Interval

	Response Options						
	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:	nui 50
Client STARS ID:	_
Program \square CYF Services (SED)	\square ART
\square MRT	□ FFT
1. Did your child attend school any time in	the past three months?
Yes	
*Federally Required	
2. Please circle your child's current or high	nest educational level completed:
Self-Contained Special Ed Class (No Grade) *Federally Required	
3. Is your child currently employed? (**Coll	ected for clients 16 and older only)
☐ Employed full time (35+ hours per week)	□ Student
□ Employed part time	☐ Retired
□Homemaker	☐ Other (Specify)
□Disabled	
*Federally Required	
4. Which of following best describes your	child's current residential status?
☐ Independent, living in private residence	☐ Homelessness
\square 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
*Federally Required	
5. Would you say that in general your chil	d's health is:
□Excellent □Very Good □Go	ood □Fair □Poor
a. Now thinking about your child's physical hea injury, how many days during the past 30 d good?	
b. Now thinking about your child's mental healt	
problems with emotions, how many days do mental health not good?	uring the past 30 days was your child's
c. During the past 30 days, approximately how or mental health keep you from doing your school, work, or recreation?	

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Family MH Form - Discharge

6. Please answer the following question				ımbe ghts,	r of 'Times		n't ow
In the past 30 days, how many times has your child been arrested? *Federally Required Element							
7. Please answer the following questions based on the pa	<u>st 6</u>			ımbe			n't
months			Nı	ghts	/Times	s kn	ow
a. How many times has your child gone to an emergency room for a	a					[
psychiatric or emotional problem?							
b. How many nights has your child spent in a facility for:i. Detoxification?						г	_
ii. Inpatient/Residential Substance Use Disorder Treatment?				_	_		_
iii. Mental Health Care?					_		_
iv. Illness, Injury, Surgery?					_		_
Source: Current MPR Adult History Form (Revised 3/06)					_	L	
c. How many times has your child been arrested?						[
d. How many nights has your child spent in a correctional facility in	ıcludi	ng				Г	7
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	esnor	ise (ption	c	
disagreement with the statements by checking the		110	зрог	150 0	ption	<u> </u>	
choice that best represents your feelings or opinion	e 🗷	e	eq		<u>></u>	e	p
over the past 6 months. (Please answer for	Strongly disagree) Jisagree	cid	Agree	trongly agree	Not plical	use
relationships with persons other than your behavioral	Strc disa	Jisa	Jndecided	Ag	Strongly agree	Not poplicable	Refused
health provider(s).) *Federally Required			n		••	7	,
Domain: Social Connectedness Questions 1-4							
1. My child knows people who will listen and understand			_	_	_	_	
them when they need to talk.	Ш	Ш	Ш	Ш	Ш	Ш	Ш
2. In a crisis, my child would have the support they need							
from family and friends.	Ш	Ш	Ш	ш	Ш	Ш	ш
3. My child has people that he/she are comfortable talking							
with about their problems.	Ш	ш	ш			Ш	
4. My child has people with whom they can do enjoyable							
things.	Ш		ш	ш		ш	
Domain: Improved Functioning/ Outcomes Domain: Question	ıs 5-1	l1					
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.							_

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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.							
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