

# Fiscal Year 2024

Southeastern Behavioral HealthCare





# FY24 Foreword by Data and Outcomes

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

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

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

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

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

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

#### What do these changes accomplish?

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

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



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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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





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# Data Collection Methodology





# **Data Collection Methodology**

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

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

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

#### **Data Collection Process**

#### Stakeholder Survey

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

#### Substance Use Disorder Services

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

#### Mental Health Services

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

#### Additional Data Collection Tools

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





# Publicly Funded Substance Use Disorder (SUD) Treatment Services

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

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

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

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

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

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

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

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

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

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

#### Intensive Methamphetamine Treatment (IMT) Services

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

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

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



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

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

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

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

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

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

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



# Publicly Funded Mental Health (MH) Treatment Services

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

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

#### **Outpatient Treatment Services**

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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



# Stakeholder Survey Summary





# Stakeholder Survey



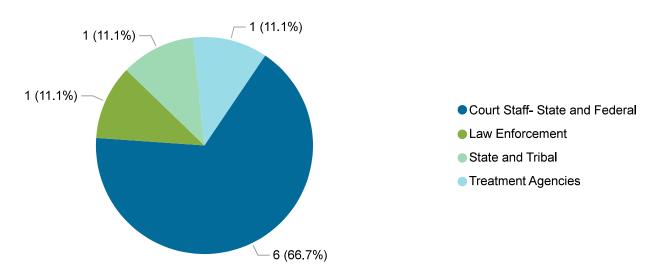
The Division of Behavioral Health (DBH) recognizes the need for strong community collaboration at the local level between accredited behavioral health treatment providers and their local referral sources. Accredited agencies are asked to share a stakeholder survey with local referral sources such as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

## Types of Stakeholders Who Responded



Stakeholder Type	N	%
<u> </u>		
Court Staff-State and Federal (Judge/Attorney/Probation/Parole/JCA/Drug Court/Teen Court)	6	66.7%
Law Enforcement (Sheriff/Police Department/Federal Law Enforcement)	1	11.1%
State and Tribal (EA/CPS/Adult Services/Child Welfare/Public Housing/Homeless Shelters)	1	11.1%
Treatment Agency (Mental Health/SUD/HSC/EAP/Therapist/Counselor/Case Manager/Domestic Violence)	1	11.1%
Total	9	100.0%



# Familiarity with Services

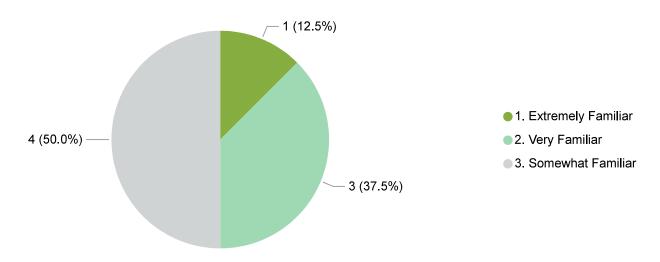


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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

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

## Familiarity with Services



Stakeholder Type	Extremely Familiar	2. Very Familiar	3. Somewhat Familiar	Total
Court Staff- State and Federal	20.0%	20.0%	60.0%	100.0%
Law Enforcement		100.0%		100.0%
State and Tribal			100.0%	100.0%
Treatment Agencies		100.0%		100.0%
Total	12.5%	37.5%	50.0%	100.0%



# Staff Respectfulness

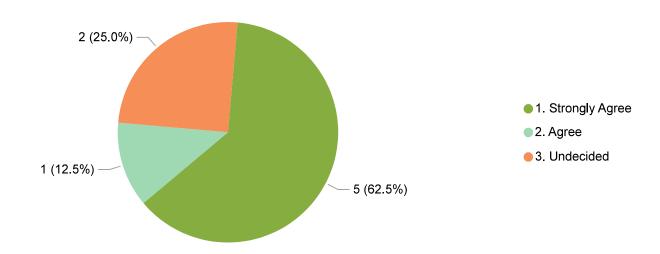


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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

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

## Staff Are Respectful



Stakeholder Type	<ol> <li>Strongly Agree</li> </ol>	2. Agree	3. Undecided	Total
Court Staff- State and Federal	40.0%	20.0%	40.0%	100.0%
Law Enforcement	100.0%	20.070	10.070	100.0%
State and Tribal	100.0%			100.0%
Treatment Agencies	100.0%			100.0%
Total	62.5%	12.5%	25.0%	100.0%
iolai	62.5%	12.5%	25.0%	100.0%



# Staff Training

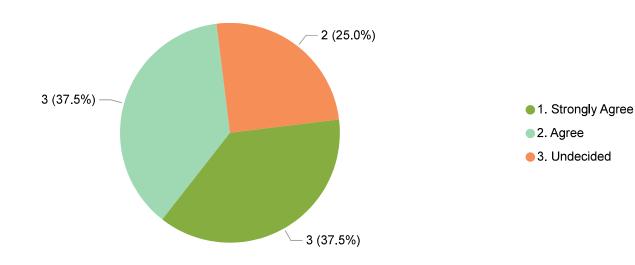


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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

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

### Staff Are Well Trained



Stakeholder Type	1. Strongly Agree	2. Agree	3. Undecided	Total
Court Staff- State and Federal	40.0%	20.0%	40.0%	100.0%
Law Enforcement		100.0%		100.0%
State and Tribal		100.0%		100.0%
Treatment Agencies	100.0%			100.0%
Total	37.5%	37.5%	25.0%	100.0%



# Staff Communication

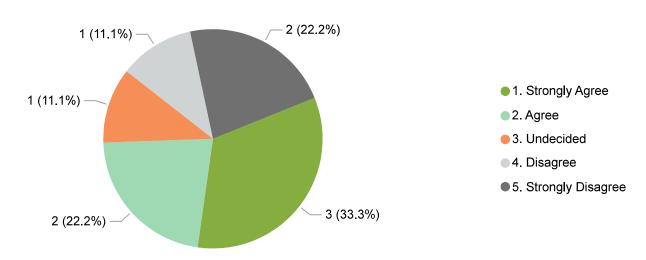


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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

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

## Staff Actively Communicate



Stakeholder Type	1. Strongly Agree	2. Agree	3. Undecided	4. Disagree	5. Strongly Disagree	Total
Court Staff- State and Federal	16.7%	33.3%		16.7%	33.3%	100.0%
Law Enforcement			100.0%			100.0%
State and Tribal	100.0%					100.0%
Treatment Agencies	100.0%					100.0%
Total	33.3%	22.2%	11.1%	11.1%	22.2%	100.0%



# Staff Competency

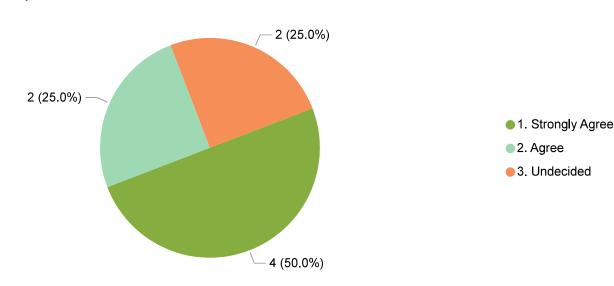


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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

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

## Staff Are Competent to Deliver Treatment Services



Stakeholder Type	1. Strongly Agree	2. Agree	3. Undecided	Total
Court Staff- State and Federal	20.0%	40.0%	40.0%	100.0%
Law Enforcement	100.0%			100.0%
State and Tribal	100.0%			100.0%
Treatment Agencies	100.0%			100.0%
Total	50.0%	25.0%	25.0%	100.0%



# Location of Services

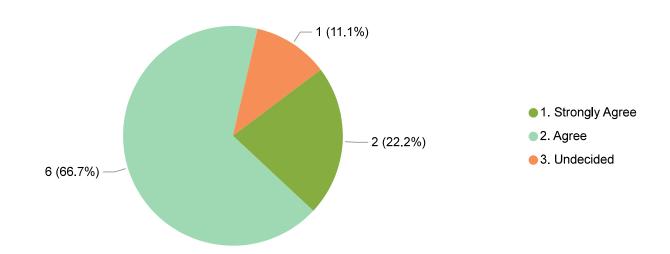


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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

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

#### Location of Services are Convenient for Clients



Stakeholder Type	1. Strongly Agree	2. Agree	3. Undecided	Total
Court Staff- State and Federal		83.3%	16.7%	100.0%
Law Enforcement	100.0%			100.0%
State and Tribal		100.0%		100.0%
Treatment Agencies	100.0%			100.0%
Total	22.2%	66.7%	11.1%	100.0%



# Service Availability

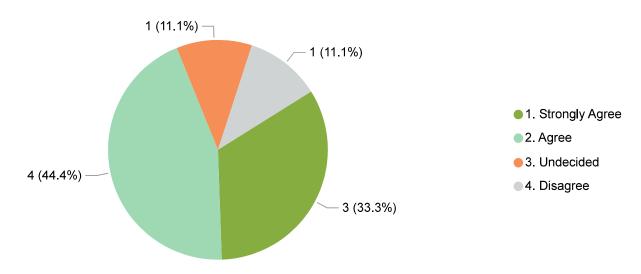


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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

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

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



Stakeholder Type	1. Strongly Agree	2. Agree	3. Undecided	4. Disagree	Total
Court Staff- State and Federal	16.7%	50.0%	16.7%	16.7%	100.0%
Law Enforcement		100.0%			100.0%
State and Tribal	100.0%				100.0%
Treatment Agencies	100.0%				100.0%
Total	33.3%	44.4%	11.1%	11.1%	100.0%



# Community Responsiveness

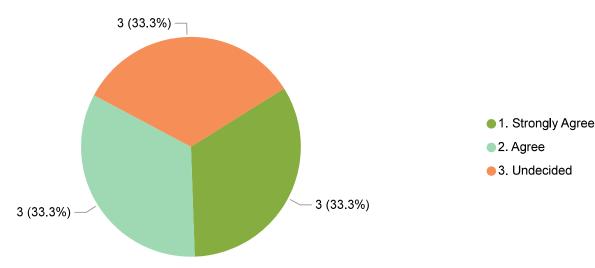
The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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



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

# Provider is Responsive to the Needs Within the Community



Stakeholder Type	1. Strongly Agree	2. Agree	3. Undecided	Total
Court Staff- State and Federal	16.7%	33.3%	50.0%	100.0%
Law Enforcement		100.0%		100.0%
State and Tribal	100.0%			100.0%
Treatment Agencies	100.0%			100.0%
Total	33.3%	33.3%	33.3%	100.0%



# Supportiveness of Clients' Needs

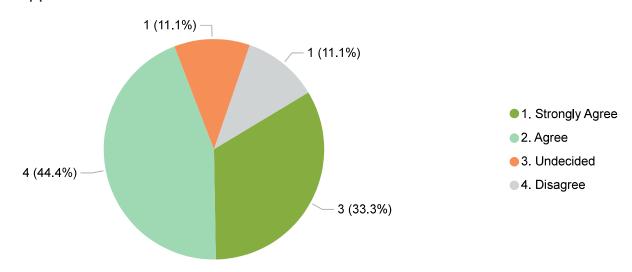


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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

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

## Provider is Supportive of Clients' Needs



Stakeholder Type	1. Strongly Agree	2. Agree	3. Undecided	4. Disagree	Total
Court Staff- State and Federal	16.7%	50.0%	16.7%	16.7%	100.0%
Law Enforcement	100.0%				100.0%
State and Tribal		100.0%			100.0%
Treatment Agencies	100.0%				100.0%
Total	33.3%	44.4%	11.1%	11.1%	100.0%



# Quality of Services

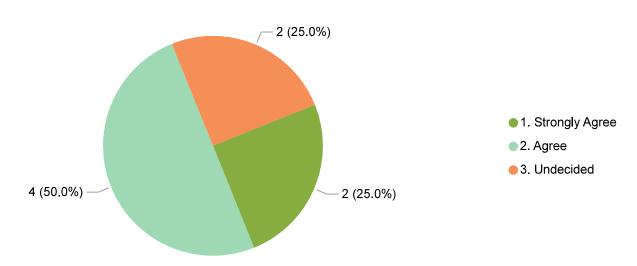


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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

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

## **Provider Provides Quality Services**



Stakeholder Type	1. Strongly Agree	2. Agree	3. Undecided	Total
Court Staff- State and Federal	20.0%	40.0%	40.0%	100.0%
Law Enforcement		100.0%		100.0%
State and Tribal		100.0%		100.0%
Treatment Agencies	100.0%			100.0%
Total	25.0%	50.0%	25.0%	100.0%



# Provider Responsiveness

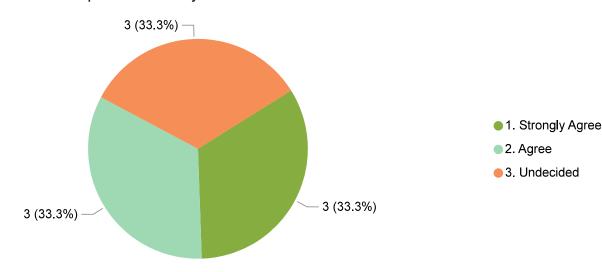


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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

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

## Provider Has Been Responsive To My Questions and Concerns



Stakeholder Type	1. Strongly Agree	2. Agree	3. Undecided	Total
Court Staff- State and Federal	16.7%	33.3%	50.0%	100.0%
Law Enforcement		100.0%		100.0%
State and Tribal	100.0%			100.0%
Treatment Agencies	100.0%			100.0%
Total	33.3%	33.3%	33.3%	100.0%



# Satisfaction of Outcomes

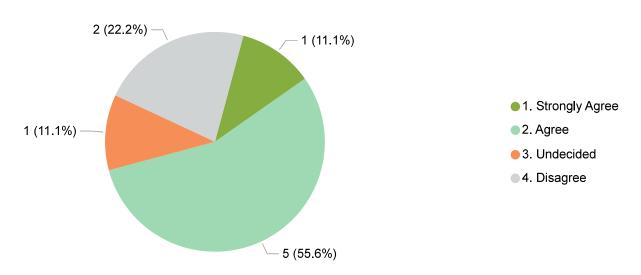


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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

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

## Clients Report Satisfaction of Outcomes



Stakeholder Type	1. Strongly Agree	2. Agree	3. Undecided	4. Disagree	Total
Court Staff- State and Federal		50.0%	16.7%	33.3%	100.0%
Law Enforcement		100.0%			100.0%
State and Tribal		100.0%			100.0%
Treatment Agencies	100.0%				100.0%
Total	11.1%	55.6%	11.1%	22.2%	100.0%





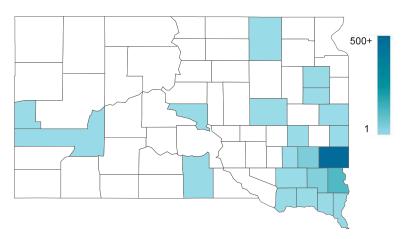
# Mental Health (MH) Treatment Services





# Mental Health Treatment Services

County of Residence for Clients Who Received Publicly Funded Services



Treatment Services	Publicly Funded Clients Served	Average Duration of Treatment (Days)
Child or Youth and Family Services (CYF)	1,087	210
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	1,165	420
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	49	280
Forensic Assertive Community Treatment (FACT)	25	488
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	39	215
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	82	357
Intensive Family Services	8	270
Outpatient Services	268	287
Room and Board and Other Services	143	609



Unduplicated Clients Served (Publicly Funded) 2,647 Publicly Funded Clients with Serious Emotional Disturbance (SED) or Serious Mental Illness (SMI)

2.397



Veterans Served (Publicly Funded)

24

Publicly Funded Clients Who Successfully Completed Treatment

268



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







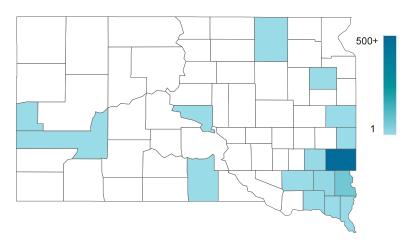


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#### **Adult MH Treatment Services**

County of Residence for Clients Who Received Publicly Funded Services



Treatment Services	Publicly Funded Clients Served	Average Duration of Treatment (Days)
Child or Youth and Family Services (CYF)	11	284
• ,		422
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	1,157	
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	0.5	220
Forensic Assertive Community Treatment (FACT)	25	488
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	81	360
Outpatient Services	248	304
Room and Board and Other Services	128	653



**Unduplicated Clients Served** (Publicly Funded)

1,488

Publicly Funded Clients with Serious Mental Illness (SMI)

1,242



Veterans Served (Publicly Funded)

23

Publicly Funded Clients Who Successfully Completed Treatment

62





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

Fiscal Year 2024 31

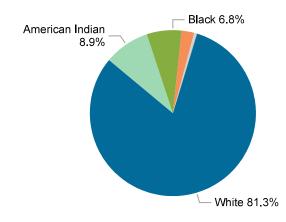


## Race & Ethnicity

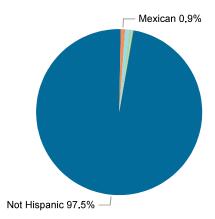


According to the U.S. Census Bureau 84.2% of South Dakotans identify as White, 8.5% identify as American Indian, and 5.1% identify as Hispanic. The data below reflect the self-reported race and ethnicity of adults served in publicly funded treatment services.

#### Clients Served by Race



#### Clients Served by Ethnicity



#### Clients Served by Service Type and Race

	Americ Indian	can	Asi	an	Black			tive cific inder	Othe	r	White		Total	
Treatment Services	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Child or Youth and Family Services (CYF)	3	27.3%							1	9.1%	7	63.6%	11	100.0%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	90	7.8%	5	0.4%	73	6.3%	1	0.1%	26	2.2%	962	83.1%	1,157	100.0%
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth											1	100.0%	1	100.0%
Forensic Assertive Community Treatment (FACT)	7	28.0%			3	12.0%					15	60.0%	25	100.0%
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	9	11.1%	2	2.5%	6	7.4%			1	1.2%	63	77.8%	81	100.0%
Outpatient Services	29	11.7%	2	0.8%	24	9.7%			8	3.2%	185	74.6%	248	100.0%
Room and Board and Other Services	9	7.0%			2	1.6%			2	1.6%	115	89.8%	128	100.0%
Total	132	8.9%	8	0.5%	101	6.8%	1	0.1%	36	2,4%	1,210	81.3%	1,488	100.0%

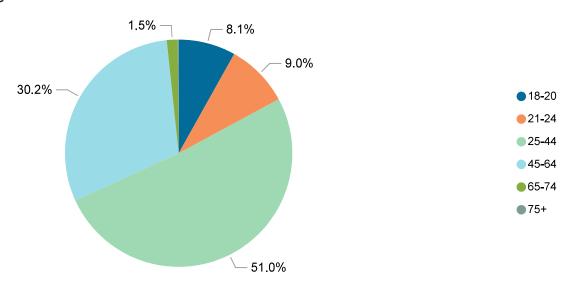






The below data reflect the age of adults served in publicly funded treatment services. Age categories follow SAMHSA guidelines for data reporting.

#### Clients Served by Age



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

	18-20	)	21-24		25-44		45 <b>-</b> 64		65-74	4	75+		Total	
Treatment Services	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Child or Youth and Family Services (CYF)	11	100.0%											11	100.0%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	65	5.6%	99	8.5%	588	50.8%	383	33.1%	21	1.8%	2	0.2%	1,157	100.0%
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	1	100.0%											1	100.0%
Forensic Assertive Community Treatment (FACT)			3	12.0%	16	64.0%	6	24.0%					25	100.0%
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	6	7.4%	7	8.6%	52	64.2%	15	18.5%	1	1.2%			81	100.0%
Outpatient Services	36	14.5%	27	10.9%	134	54.0%	49	19.8%	2	0.8%			248	100.0%
Room and Board and Other Services	17	13.3%	8	6.3%	61	47.7%	39	30.5%	3	2.3%			128	100.0%
Total	121	8.1%	134	9.0%	760	51.0%	449	30.2%	23	1.5%	2	0.1%	1,488	100.0%

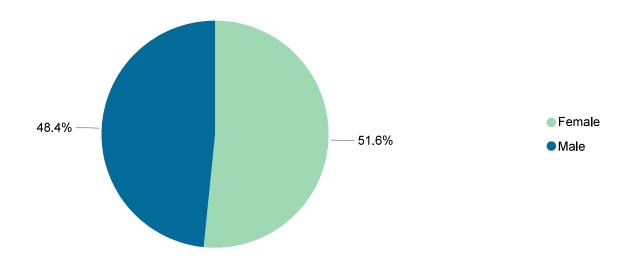


#### Gender



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

#### Clients Served by Self-Identified Gender



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

	Femal	e	Male		Total	
Treatment Services	N	%	N	%	N	%
Child or Youth and Family Services (CYF)	4	36.4%	7	63.6%	11	100.0%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	626	54.1%	531	45.9%	1,157	100.0%
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth			1	100.0%	1	100.0%
Forensic Assertive Community Treatment (FACT)	11	44.0%	14	56.0%	25	100.0%
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	31	38.3%	50	61.7%	81	100.0%
Outpatient Services	110	44.4%	138	55.6%	248	100.0%
Room and Board and Other Services	59	46.1%	69	53.9%	128	100.0%
Total	768	51.6%	720	48.4%	1,488	100.0%



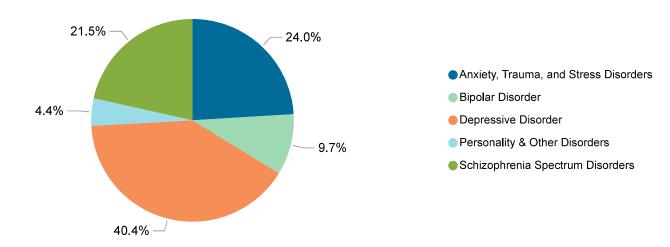
## Primary Diagnosis



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

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

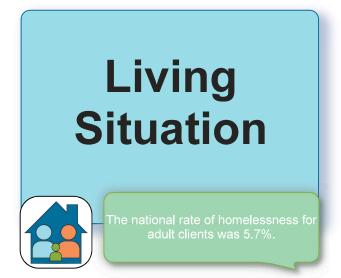
#### Clients Served for Each Primary Diagnosis



#### Diagnosis by Service Type

	Trauma, and Stress Disorders		Bipolar Disorder		Depressive Disorder		Personality & Other Disorders		Schizophrenia Spectrum Disorders		Total	
Treatment Services	N	%	N	%	N	%	N	%	N	%	N	%
Child or Youth and Family Services (CYF)	10	90.9%					1	9.1%			11	100.0%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	176	15.6%	131	11.6%	527	46.6%	32	2.8%	264	23.4%	1,126	100.0%
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth							1	100.0%			1	100.0%
Forensic Assertive Community Treatment (FACT)	1	4.2%			6	25.0%	1	4.2%	16	66.7%	24	100.0%
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	2	2.5%	7	8.8%	12	15.0%	3	3.8%	56	70.0%	80	100.0%
Outpatient Services	164	65.9%	6	2.4%	50	20.1%	23	9.2%	6	2.4%	248	100.0%
Room and Board and Other Services	15	12.2%	11	8.9%	29	23.6%	12	9.8%	56	45.5%	123	100.0%
Total	351	24.0%	142	9.7%	590	40.4%	64	4.4%	314	21.5%	1,456	100.0%

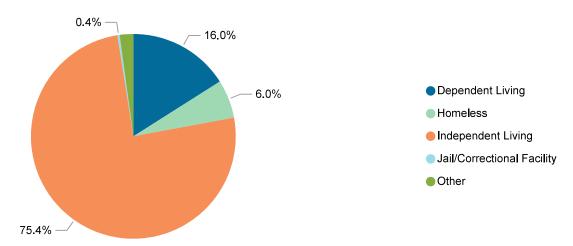




The data below reflect the living situations of adults served in publicly funded treatment services.

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

#### Housing Situation for Clients at Most Recent Update



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average of Most Recent Update
_ <b>_</b>			·	·
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	262	9.7%	6.2%	6.2%
Forensic Assertive Community Treatment (FACT)	9	33.3%	11.1%	11.1%
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	18	15.8%	0.0%	0.0%
Room and Board and Other Services	14	6.3%	6.7%	6.7%
Total	276	9.9%	5.9%	5.9%

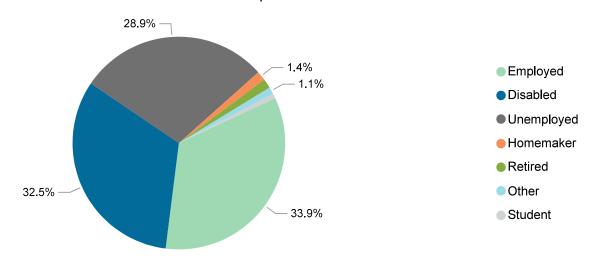




The data below reflect the employment status of adults served in publicly funded treatment services.

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

#### Employment Situation for Clients at Most Recent Update



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update
<b>A</b>			·	
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	262	23.5%	34.9%	34.9%
Forensic Assertive Community Treatment (FACT)	9	11.1%	22.2%	22.2%
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	18	10.5%	9.5%	9.5%
Room and Board and Other Services	14	0.0%	0.0%	0.0%
Total	276	22.6%	33.1%	33.1%



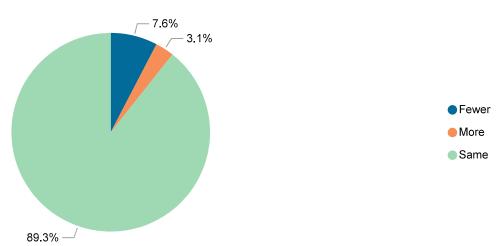


Clients are asked at the start of treatment and at their most recent update, "In the past 30 days, how many times have you been arrested?" Only clients who completed this question at time of admission and time of most recent update are included.

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update
<u> </u>				
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	240	7.2%	2.8%	2.8%
Forensic Assertive Community Treatment (FACT)	7	28.6%	0.0%	0.0%
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	14	6.7%	6.7%	6.7%
Room and Board and Other Services	13	21.4%	0.0%	0.0%
Total	252	7.6%	3.1%	3.1%





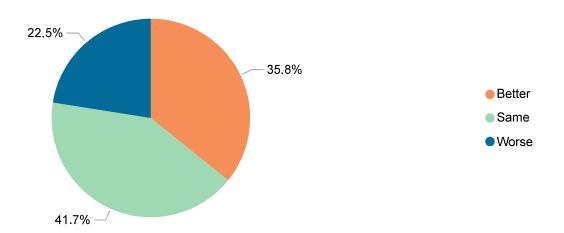


Clients are asked at the start of treatment and at their most recent update, "Would you say that in general your health is?" Clients could answer in a range from 1-"Poor" to 5-"Excellent". Only clients who completed this question at time of admission and time of most recent update are included.

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	248	2.48	2.67	2.66	0.18	7.2%
Forensic Assertive Community Treatment (FACT)	8	2.38	3.25	3.25	0.88	36.8%
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	16	3.06	3.29	3.29	0.24	7.7%
Room and Board and Other Services	13	2.57	2.86	2.86	0.29	11.1%
Total	261	2.51	2.70	2.69	0.18	7.4%



### Physical Health

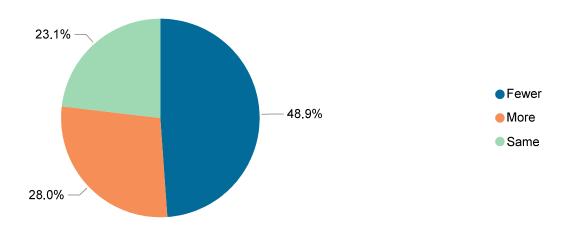


Clients are asked at the start of treatment and at their most recent update, "Now thinking about your physical health, which includes physical illness and injury, how many days during the past 30 days was your physical health not good?" Only clients who completed this question at time of admission and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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	245	11.41	8.26	8.20	-3.21	-28.1%
Forensic Assertive Community Treatment (FACT)	8	6.13	2.50	2.50	-3.63	-59.2%
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	16	4.18	0.59	0.59	-3.59	-85.9%
Room and Board and Other Services	13	12.79	4.64	4.64	-8.14	-63.7%
Total	258	11.16	7.90	7.85	-3.31	-29.7%



### Mental Health

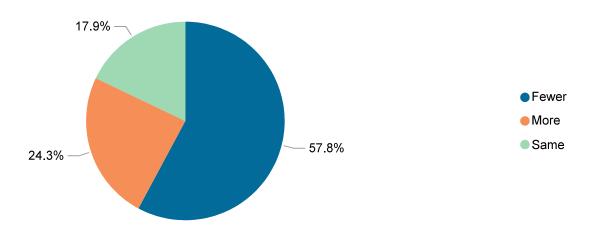


Clients are asked at the start of treatment and at their most recent update, "Now thinking about your mental health, which includes stress, depression, and problems with emotions, how many days during the past 30 days was your mental health not good?" Only clients who completed this question at time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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	245	17.13	10.96	10.99	-6.13	-35.8%
Forensic Assertive Community Treatment (FACT)	8	12.88	3.13	3.13	-9.75	-75.7%
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	16	6.24	2.82	2.82	-3.41	-54.7%
Room and Board and Other Services	13	13.36	4.71	4.71	-8.64	-64.7%
Total	258	16.53	10.55	10.58	-5.95	-36.0%



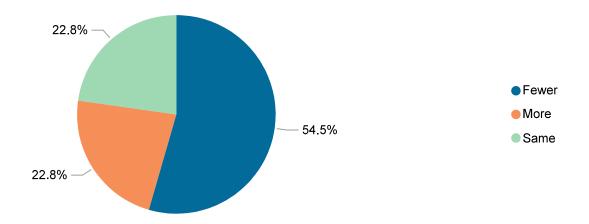
# Physical or Mental Health Prevented Normal Activities

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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	245	13.43	8.76	8.76	-4.67	-34.8%
Forensic Assertive Community Treatment (FACT)	8	8.13	2.63	2.63	-5.50	-67.7%
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	16	5.82	1.06	1.06	<b>-</b> 4.76	-81.8%
Room and Board and Other Services	13	8.21	2.29	2.29	-5.93	-72.2%
Total	258	13.09	8.37	8.37	-4.71	-36.0%



## Reported Attempts to Die by Suicide



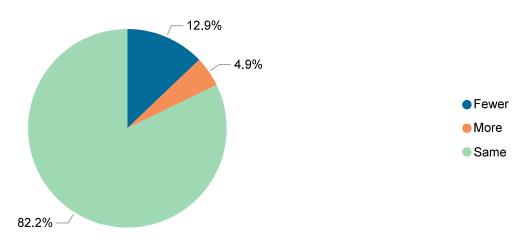
If you, or someone you know, is in need of crisis support, or experiencing emotional distress, call or text 988, or chat at https://988lifeline.org/.

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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	243	0.36	0.19	0.19	-0.17	-47.8%
Forensic Assertive Community Treatment (FACT)	7	0.43	0.00	0.00	-0.43	-100.0%
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	13	0.14	0.00	0.00	-0.14	-100.0%
Room and Board and Other Services	13	0.07	0.21	0.21	0.14	200.0%
Total	254	0.34	0.18	0.18	-0.17	-48.4%



#### Visits to Emergency Department



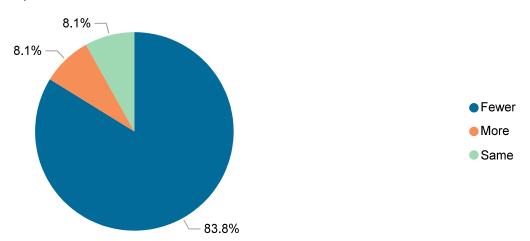
Clients are asked at the start of treatment and at their most recent update, "How many times have you gone to an emergency room for a psychiatric or emotional problem in the past 6 months?" Only clients who completed this question at time of admission and time of most recent update are included.

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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
A	70	0.00	0.70	0.70	4.00	07.00/
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	70	2.36	0.76	0.76	-1.60	-67.9%
Forensic Assertive Community Treatment (FACT)	2	1.00	0.00	0.00	-1.00	-100.0%
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	4	1.75	0.25	0.25	-1.50	-85.7%
Room and Board and Other Services	3	1.33	0.33	0.33	-1.00	-75.0%
Total	74	2.32	0.73	0.73	-1.59	-68.6%



### Detoxification Services



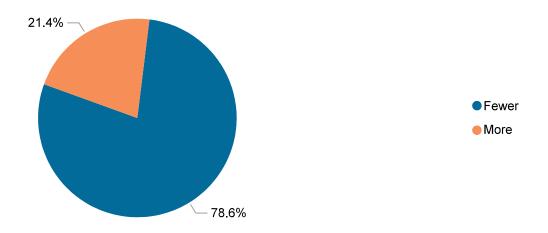
Clients are asked at the start of treatment and at their most recent update, "How many nights have you spent in a facility for detoxification in the past 6 months?" Only clients who completed this question at time of admission and time of most recent update are included.

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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	13	3.71	1.57	1.57	-2.14	-57.7%
Total	13	3.71	1.57	1.57	-2.14	-57.7%



# Inpatient Substance Use Disorder Treatment Services

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

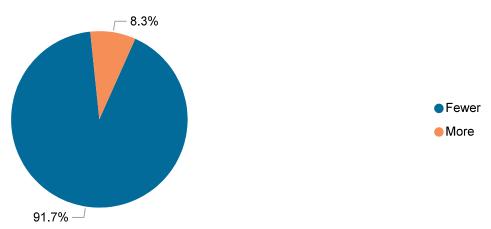
Clients who had at least one night in a facility for substance use treatment prior to receiving treatment services are included.

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

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



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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	11	36.25	2.58	2.58	-33.67	-92.9%
Total	11	36.25	2.58	2.58	-33.67	-92.9%



## Hospital Admissions for Mental Health Care



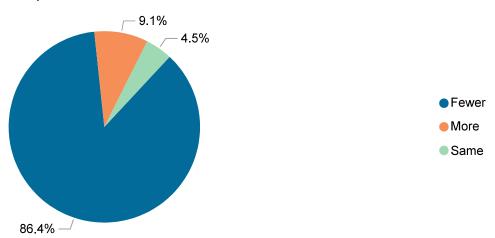
Clients are asked at the start of treatment and at their most recent update, "How many nights have you spent in a facility for mental health care in the past 6 months?" Only clients who completed this question at time of admission and time of most recent update are included.

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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Community Assistance with Deceyany and	00	10.07	2.27	2.27	45.00	97.00/
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	82	18.27	2.37	2.37	-15.89	-87.0%
Forensic Assertive Community Treatment (FACT)	2	7.50	0.00	0.00	-7.50	-100.0%
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	6	59.00	0.00	0.00	-59.00	-100.0%
Room and Board and Other Services	3	100.33	0.00	0.00	-100.33	-100.0%
Total	87	21.01	2.24	2.24	-18.77	-89.3%



#### Illness, Injury, or Surgery



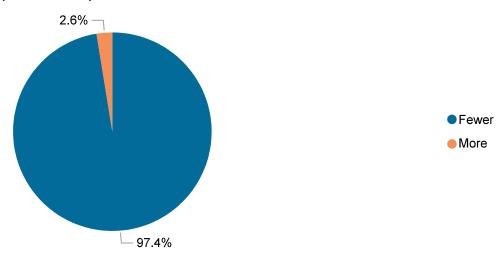
Clients are asked at the start of treatment and at their most recent update, "How many night have you spent in a facility for illness, injury, or surgery in the past 6 months?" Only clients who completed this question at time of admission and time of most recent update are included.

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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	37	3.73	0.14	0.14	-3.59	-96.4%
Forensic Assertive Community Treatment (FACT)	1	1.00	0.00	0.00	-1.00	-100.0%
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	1	1.00	0.00	0.00	-1.00	-100.0%
Room and Board and Other Services	3	1.33	0.00	0.00	-1.33	-100.0%
Total	39	3.59	0.13	0.13	-3.46	-96.4%



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#### **Adult MH Treatment Services**

# Nights Spent in Correctional Facility

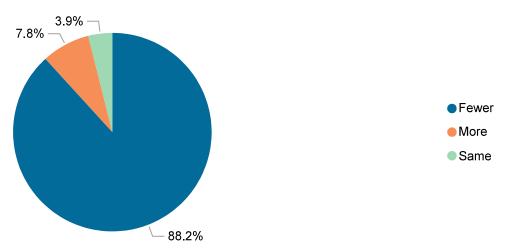
Clients are asked at the start of treatment and at their most recent update, "How many nights have you spent in a correctional facility including jail or prisons (as a result of an arrest, parole or probation violation) in the past 6 months?" Only clients who completed this question at time of admission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

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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	44	41.07	0.85	0.85	-40.22	-97.9%
Forensic Assertive Community Treatment (FACT)	5	68.60	0.80	0.80	-67.80	-98.8%
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	5	76.20	0.80	0.80	-75.40	-99.0%
Room and Board and Other Services	4	40.50	0.00	0.00	-40.50	-100.0%
Total	49	45.57	0.84	0.84	-44.73	-98.1%



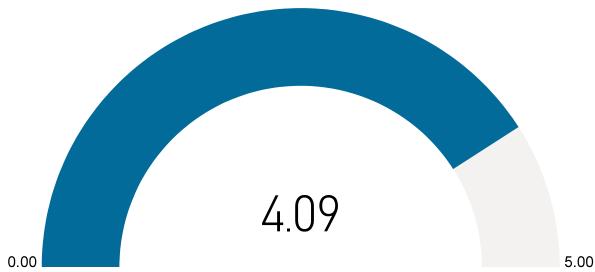
# General Satisfaction with Services

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

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

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





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

Treatment Services	Unduplicated Client Count	Average First Update	Average Most Recent Update
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	262	4.09	4.10
Forensic Assertive Community Treatment (FACT)	9	3.41	3.41
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	18	3.97	3.97
Room and Board and Other Services	14	4.16	4.16
Total	276	4.09	4.09



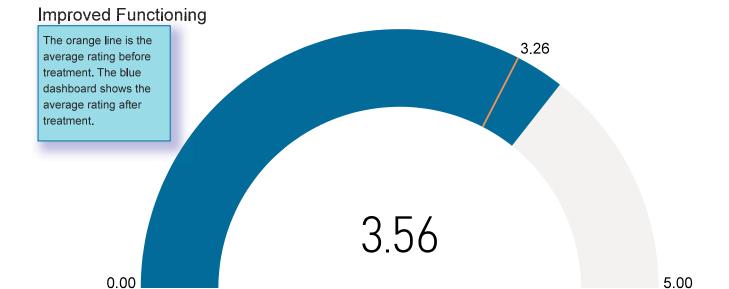
## Improved Functioning



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

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

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

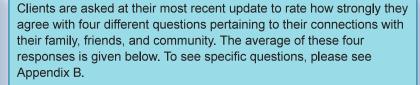


Improved Functioning Ratings: 0-Refused to Respond; 1-Strongly Disagree; 2-Disagree; 3-Undecided; 4-Agree; 5-Strongly Agree

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	249	3.22	3.56	3.56	0.34	10.5%
Forensic Assertive Community Treatment (FACT)	9	3.69	3.31	3.31	-0.39	-10.5%
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	17	3.82	3.79	3.79	-0.03	-0.7%
Room and Board and Other Services	13	3.73	3.79	3.79	0.05	1.4%
Total	263	3.26	3.56	3.56	0.31	9.4%



### Social Connectedness

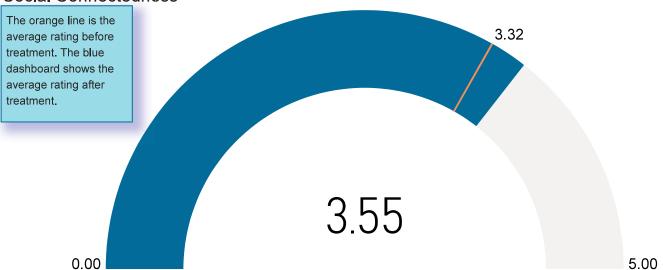


Clients' responses on these surveys are then broken out by the type of treatment service they received. If they received multiple types of treatment services in FY24, their responses are counted once in each service.



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

#### Social Connectedness



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	249	3.30	3.57	3.56	0.26	8.0%
Forensic Assertive Community Treatment (FACT)	9	3.44	3.28	3.28	-0.17	-4.8%
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	17	3.68	3.57	3.57	-0.11	-3.0%
Room and Board and Other Services	13	3.61	3.59	3.59	-0.02	-0.5%
Total	263	3.32	3.56	3.55	0.24	7.1%



## Participation in Treatment Planning

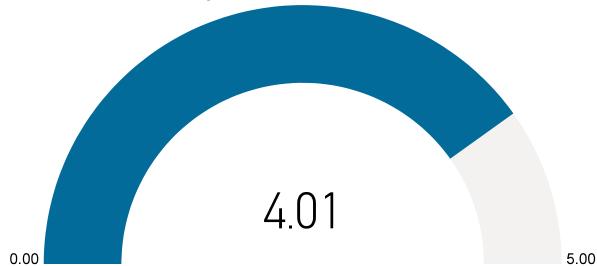


Clients are asked at their most recent update to rate how strongly they agree with two different questions pertaining to their participation in treatment planning for services they received. The average of these two responses is given below. To see specific questions, please see Appendix B.

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

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

#### Participation in Treatment Planning



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

Treatment Services	Unduplicated Client Count	Average First Update	Average Most Recent Update
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	262	4.02	4.02
Forensic Assertive Community Treatment (FACT)	9	3.56	3.56
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	18	3.90	3.90
Room and Board and Other Services	14	4.10	4.10
Total	276	4.01	4.01



### Access to Services

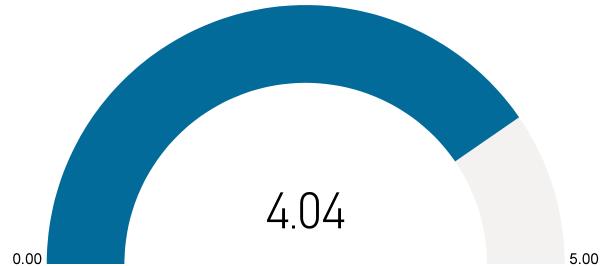


Clients are asked at their most recent update to rate how strongly they agree with five different questions pertaining to the ease and convenience of accessing the services they received. The average of these five responses is given below. To see specific questions, please see Appendix B.

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

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





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

Treatment Services	Unduplicated Client Count	Average First Update	Average Most Recent Update
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	262	4.06	4.06
Forensic Assertive Community Treatment (FACT)	9	3.56	3.56
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	18	3.83	3.83
Room and Board and Other Services	14	3.97	3.97
Total	276	4.04	4.04



### Quality and Appropriateness

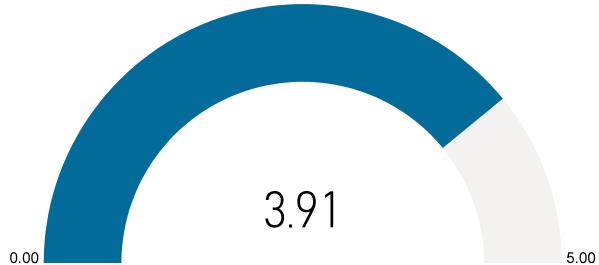


Clients are asked at their most recent update to rate how strongly they agree with eight different questions pertaining to the quality and appropriateness of the services they received. The average of these eight responses is given below. To see specific questions, please see Appendix B.

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

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





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

Treatment Services	Unduplicated Client Count	Average First Update	Average Most Recent Update
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	262	3.91	3.92
Forensic Assertive Community Treatment (FACT)	9	3.50	3.50
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	18	3.79	3.79
Room and Board and Other Services	14	4.01	4.01
Total	276	3.90	3.91



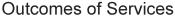
#### **Outcomes**

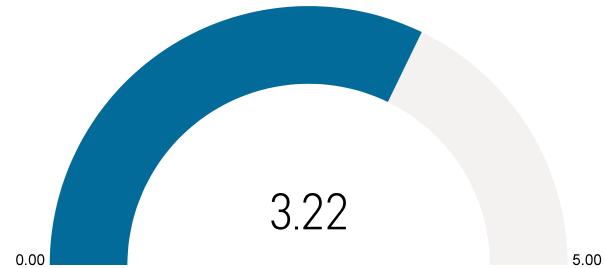


Clients are asked at their most recent update to rate how strongly they agree with eight different questions pertaining to the outcomes of services they received. The average of these eight responses is given below. To see specific questions, please see Appendix B.

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

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





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

Treatment Services	Unduplicated Client Count	Average First Update	Average Most Recent Update
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	262	3.20	3.21
Forensic Assertive Community Treatment (FACT)	9	3.15	3.15
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	18	3.56	3.56
Room and Board and Other Services	14	3.35	3.35
Total	276	3.22	3.22



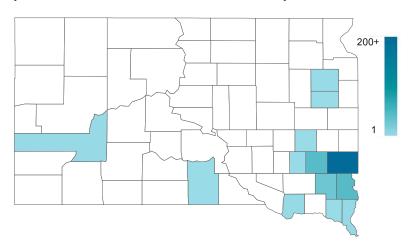


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#### Youth MH Treatment Services

County of Residence for Clients Who Received Publicly Funded Services



Treatment Services	Publicly Funded Clients Served	Average Duration of Treatment (Days)
Child or Youth and Family Services (CYF)	1,076	209
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	8	0
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	1	0
Intensive Family Services (IFS)	8	270
Outpatient Services	20	0
Room and Board and Other Services	15	170



Unduplicated Clients Served (Publicly Funded)

1,119

Publicly Funded Clients Served with Serious Emotional Disturbance (SED)





Veterans Served (Publicly Funded)

1

Publicly Funded Clients Who Successfully Completed Treatment

189





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

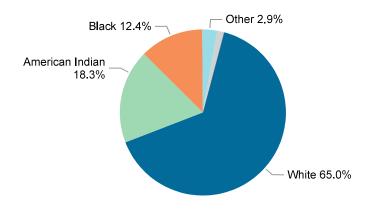


## Race & Ethnicity

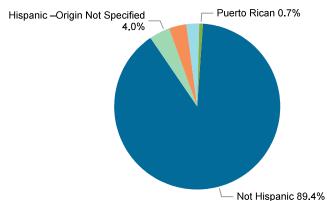


According to the U.S. Census Bureau 84.2% of South Dakotans identify as White, 8.5% identify as American Indian, and 5.1% identify as Hispanic The data below reflect the self-reported race and ethnicity of youth served in publicly funded treatment services.

#### Clients Served by Race



#### Clients Served by Ethnicity



#### Clients Served by Service Type and Race

	American Indian		Asian		Black		Other		Pacific Islander		White		Total	
Treatment Services	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Child or Youth and Family Services (CYF)	199	18.5%	13	1.2%	137	12.7%	30	2.8%	1	0.1%	696	64.7%	1,076	100.0%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)					2	25.0%					6	75.0%	8	100.0%
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)											1	100.0%	1	100.0%
Intensive Family Services (IFS)	3	37.5%	1	12.5%							4	50.0%	8	100.0%
Outpatient Services	2	10.0%	1	5.0%	1	5.0%	2	10.0%			14	70.0%	20	100.0%
Room and Board and Other Services	1	6.7%									14	93.3%	15	100.0%
Total	205	18.3%	15	1.3%	139	12.4%	32	2.9%	1	0.1%	727	65.0%	1,119	100.0%

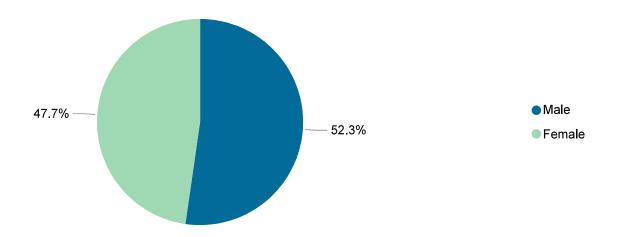


#### Gender



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

#### Clients Served by Self-Identified Gender



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

	Female	е	Male		Total	
Treatment Services	N	%	N	%	N	%
Child or Youth and Family Services (CYF)	519	48.2%	557	51.8%	1,076	100.0%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	1	12.5%	7	87.5%	8	100.0%
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	1	100.0%			1	100.0%
Intensive Family Services (IFS)	3	37.5%	5	62.5%	8	100.0%
Outpatient Services	10	50.0%	10	50.0%	20	100.0%
Room and Board and Other Services	4	26.7%	11	73.3%	15	100.0%
Total	534	47.7%	585	52.3%	1,119	100.0%



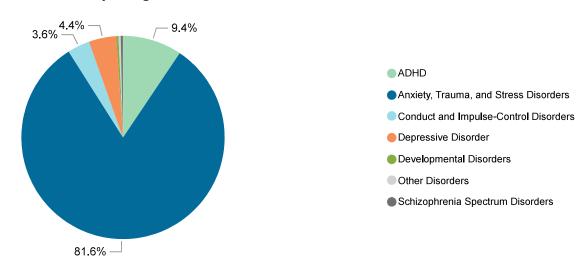
## Primary Diagnosis



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

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

#### Clients Served for Each Primary Diagnosis



#### Diagnosis by Service Type

	ADH	ID	Anxiety Traum Stress Disord	a, and	Impu Conf		Depr Diso	essive rder		velopmental sorders		ner sorders	Spe	nizophrenia ectrum orders	Total	
Treatment Services	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Child or Youth and Family Services (CYF)	91	8.4%	906	83.7%	34	3.1%	47	4.3%			2	0.2%	2	0.2%	1,082	100.0%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	3	37.5%	3	37.5%			2	25.0%							8	100.0%
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)													1	100.0%	1	100.0%
Intensive Family Services (IFS)	2	25.0%	5	62.5%							1	12.5%			8	100.0%
Outpatient Services	7	35.0%	4	20.0%	5	25.0%	2	10.0%	1	5.0%	1	5.0%			20	100.0%
Room and Board and Other Services	6	40.0%	2	13.3%	2	13.3%			4	26.7%			1	6.7%	15	100.0%
Total	106	9.4%	918	81.6%	40	3.6%	49	4.4%	4	0.4%	4	0.4%	4	0.4%	1,125	100.0%



## Living Situation

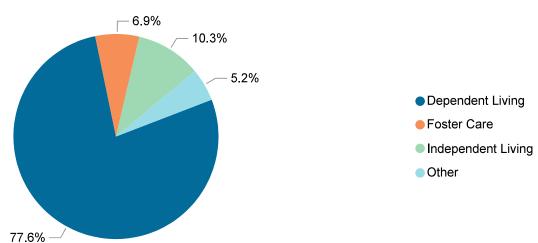


The national rate of homelessness for youth clients was 0.4%.

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

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

#### Housing Situation for Clients at Most Recent Update



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update
Child or Youth and Family Services (CYF)	58	0.0%	0.0%	0.0%
Total	58	0.0%	0.0%	0.0%

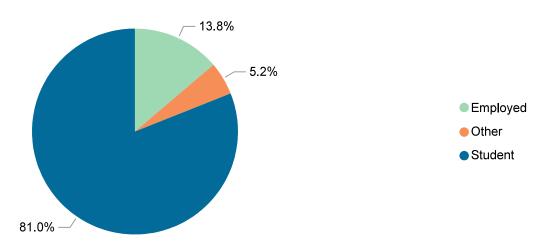




The data below reflect the employment status of youth served in publicly funded treatment services.

Most youth served in publicly funded treatment services were either students or employed.

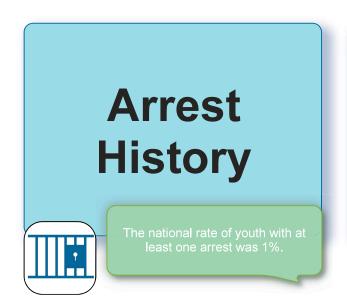
#### Employment Situation for Clients at Most Recent Update



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

Treatment Services	Unduplicated Client Count	Average Initial		Average Most Recent Update
Child or Youth and Family Services (CYF)	58	1.6%	13.8%	13.8%
Total	58	1.6%	13.8%	13.8%



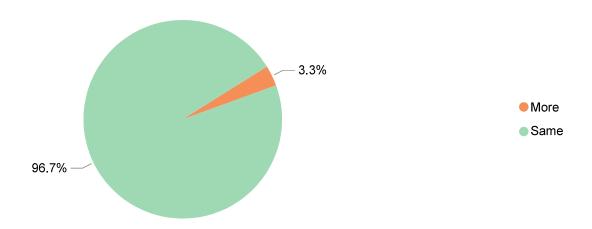


Clients are asked at the start of treatment and at their most recent update, "In the past 30 days, how many times have you been arrested?" Only clients who completed this question at time of admission and time of most recent update are included.

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	9	Average Most Recent Update
Child or Youth and Family Services (CYF)	30	0.0%	3.3%	3.3%
Total	30	0.0%	3.3%	3.3%



# **General Health**

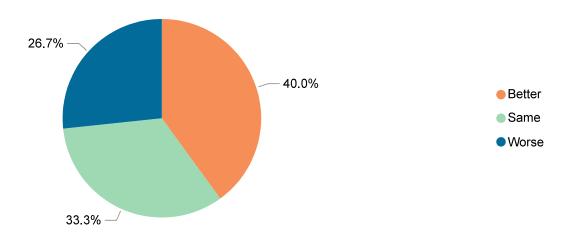


Clients are asked at the start of treatment and at their most recent update, "Would you say that in general your health is?" Clients could answer in a range from 1-"Poor" to 5-"Excellent". Only clients who completed this question at time of admission and time of most recent update are included.

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	•	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	30	3.07	3.30	3.30	0.23	7.6%
Total	30	3.07	3.30	3.30	0.23	7.6%



# Physical Health

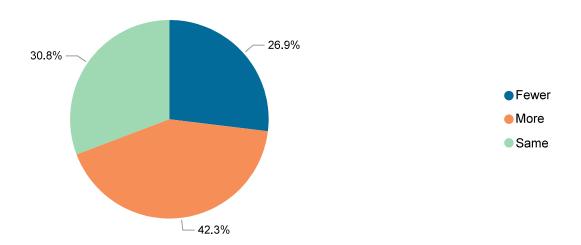


Clients are asked at the start of treatment and at their most recent update, "Now thinking about your physical health, which includes physical illness and injury, how many days during the past 30 days was your physical health not good?" Only clients who completed this question at time of admission and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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	26	3.62	2.23	2.23	-1.38	-38.3%
Total	26	3.62	2.23	2.23	-1.38	-38.3%



## Mental Health

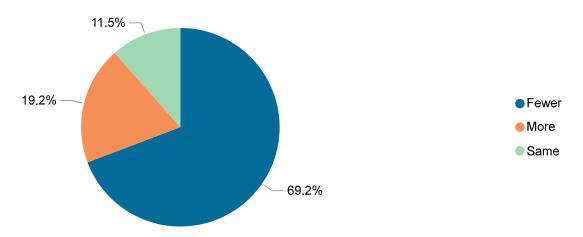


Clients are asked at the start of treatment and at their most recent update, "Now thinking about your mental health, which includes stress, depression, and problems with emotions, how many days during the past 30 days was your mental health not good?" Only clients who completed this question at time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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	26	11.27	5.77	5.77	-5.50	-48.8%
Total	26	11.27	5.77	5.77	-5.50	-48.8%



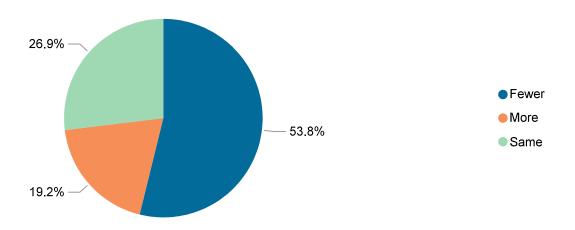
# Physical or Mental Health Prevented Normal Activities

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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	26	7.77	2.31	2.31	-5.46	-70.3%
Total	26	7.77	2.31	2.31	-5.46	-70.3%



# Reported Attempts to Die by Suicide



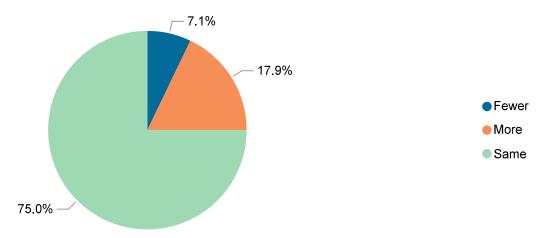
If you, or someone you know, is in need of crisis support, or experiencing emotional distress, call or text 988, or chat at https://988lifeline.org/.

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

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

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

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



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

_	Treatment Services	Unduplicated Client Count	Average Initial		Average Most Recent Update	Change	Percent Change
(	Child or Youth and Family Services (CYF)	28	0.46	0.36	0.36	-0.11	-23.1%
Т	<b>Total</b>	28	0.46	0.36	0.36	-0.11	-23.1%



## Visits to Emergency Department



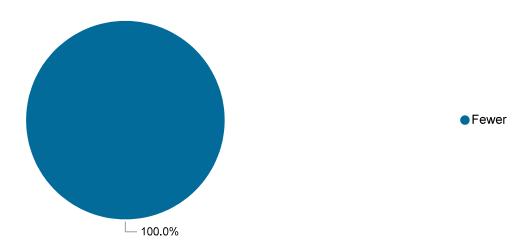
Clients are asked at the start of treatment and at their most recent update, "How many times have you gone to an emergency room for a psychiatric or emotional problem in the past 6 months?" Only clients who completed this question at time of admission and time of most recent update are included.

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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial		Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	2	5.00	0.00	0.00	-5.00	-100.0%
Total	2	5.00	0.00	0.00	-5.00	-100.0%



## **Detoxification Services**



Total

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

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

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

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

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

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

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

Treatment Services

Unduplicated Average Average Average Most Change Percent
Client Count Initial First Update Recent Update Change



# Inpatient Substance Use Disorder Treatment Services

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

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

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

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

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

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

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

Treatment Services

Unduplicated Average Average Average Most Change Percent Client Count Initial First Update Recent Update Change

Total



# Hospital Admissions for Mental Health Care



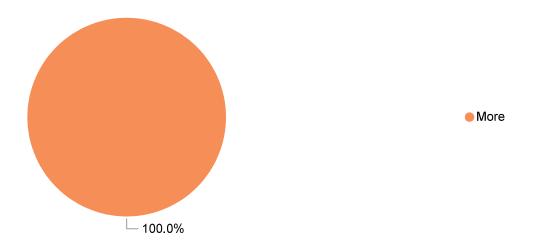
Clients are asked at the start of treatment and at their most recent update, "How many nights have you spent in a facility for mental health care in the past 6 months?" Only clients who completed this question at time of admission and time of most recent update are included.

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

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

At most recent update, youth served in publicly funded treatment services reported an increase in hospital admissions for mental health care in the past 6 months.

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



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

Treatment Services	Unduplicated Client Count		9	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	1	2.00	35.00	35.00	33.00	1650.0%
Total	1	2.00	35.00	35.00	33.00	1650.0%



## Illness, Injury, or Surgery



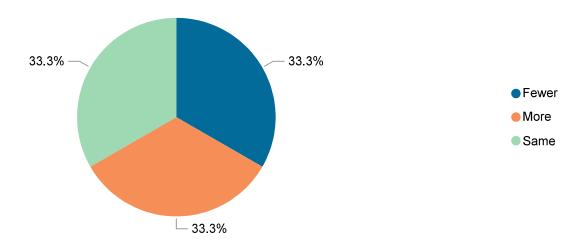
Clients are asked at the start of treatment and at their most recent update, "How many night have you spent in a facility for illness, injury, or surgery in the past 6 months?" Only clients who completed this question at time of admission and time of most recent update are included.

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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	9	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	3	1.33	1.67	1.67	0.33	25.0%
Total	3	1.33	1.67	1.67	0.33	25.0%



# Nights Spent in Correctional Facility



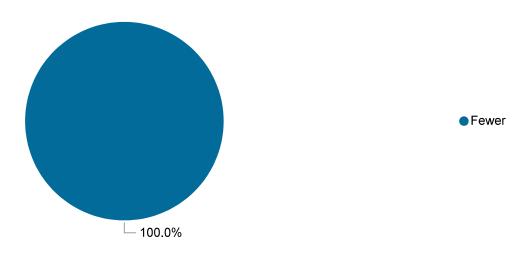
Clients are asked at the start of treatment and at their most recent update, "How many nights have you spent in a correctional facility including JDC or jail (as a result of an arrest, parole or probation violation) in the past 6 months?" Only clients who completed this question at time of admission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

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

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

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

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

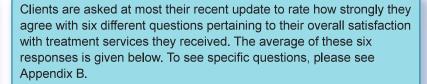


### How Many Nights in the Past 6 Months Have You Spent in a Correctional Facility?

Treatment Services	Unduplicated Client Count	Average Initial		Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	1	4.00	0.00	0.00	-4.00	-100.0%
Total	1	4.00	0.00	0.00	-4.00	-100.0%



# General Satisfaction with Services

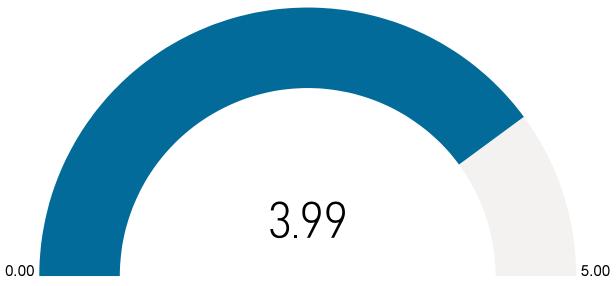


Clients' responses on these surveys are then broken out by the type of treatment service they received. If they received multiple types of treatment services in FY24, their responses are counted once in each service.

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



Were You Satisfied With the Services You Received?



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

Treatment Services	Unduplicated Client Count		Average Most Recent Update
Child or Youth and Family Services (CYF)	33	3.99	3.99
Total	33	3.99	3.99



# Improved Functioning

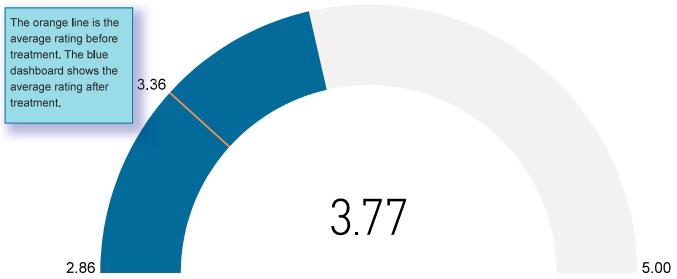


Clients are asked at their most recent update to rate how strongly they agree with seven different questions pertaining to their perception of their mental health and social well-being before and after the services they received. The average of these seven responses is given below. To see specific questions,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

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

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

#### Improved Functioning



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	33	3.36	3.77	3.77	0.42	12.4%
Total	33	3.36	3.77	3.77	0.42	12.4%



# Social Connectedness

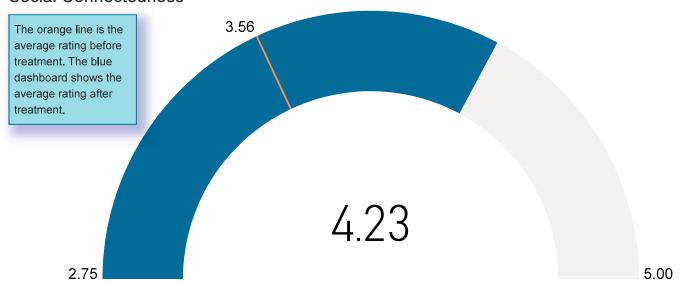


Clients are asked at their most recent update to rate how strongly they agree with four different questions pertaining to their connections with their family, friends, and community. The average of these four responses is given below. To see specific questions, please see Appendix B.

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

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

#### Social Connectedness



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

Treatment Services	Unduplicated Client Count	Average Initial	9	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)  Total	33	3.56	4.23	4.23	0.67	18.7%
	<b>33</b>	<b>3.56</b>	<b>4.23</b>	<b>4.23</b>	<b>0.67</b>	<b>18.7%</b>



# Participation in Treatment Planning

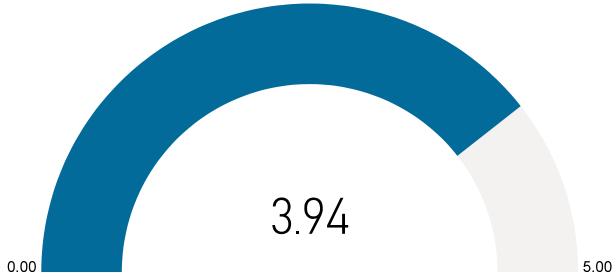


Clients are asked at their most recent update to rate how strongly they agree with three different questions pertaining to their participation in treatment planning for services they received. The average of these three responses is given below. To see specific questions, please see Appendix B.

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

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

### Participation in Treatment Planning



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

Treatment Services	Unduplicated	Average	Average Most
	Client Count	First Update	Recent Update
Child or Youth and Family Services (CYF)  Total	33 <b>33</b>		3.94 <b>3.94</b>



# **Cultural Sensitivity**

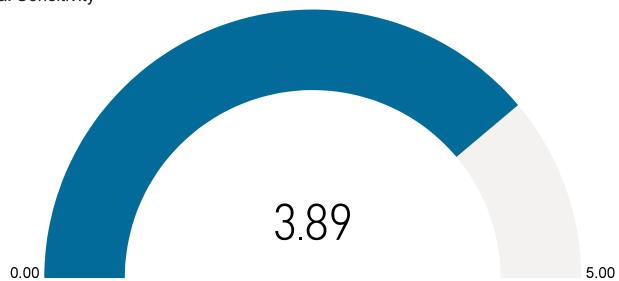


Clients are asked at their most recent update to rate how strongly they agree with four different questions pertaining to the cultural sensitivity of staff. The average of these four responses is given below. To see specific questions, please see Appendix B.

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

Youth served in publicly funded treatment services reported they felt staff were culturally sensitive.

### **Cultural Sensitivity**



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

Treatment Services	Unduplicated	Average	Average Most
	Client Count	First Update	Recent Update
Child or Youth and Family Services (CYF)  Total		3 3.89 <b>3 3.89</b>	3.89 <b>3.89</b>



# Access to Services

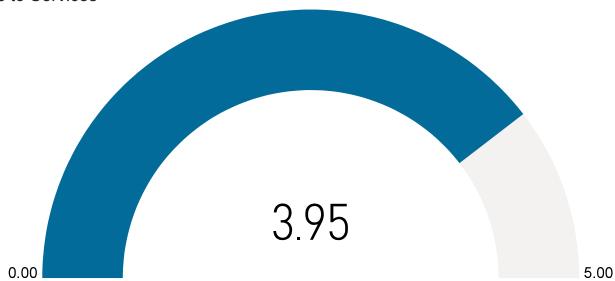


Clients are asked at their most recent update to rate how strongly they agree with two different questions pertaining to the ease and convenience of accessing the services they received. The average of these two responses is given below. To see specific questions, please see Appendix B.

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

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

### Access to Services



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

Treatment Services	Unduplicated	Average	Average Most
	Client Count	First Update	Recent Update
Child or Youth and Family Services (CYF) Total	32	3.97	3.97
	<b>32</b>	<b>3.97</b>	<b>3.97</b>



# Internalizing Disorder



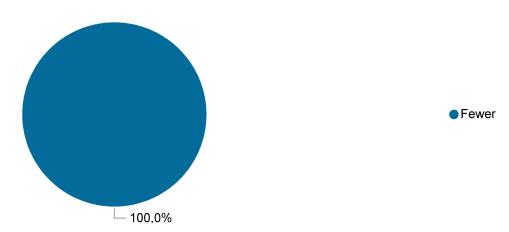
Youth clients complete the Global Appraisal of Individual Needs Short Screener (GAIN-SS) at admission and at most recent update.

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

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

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

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



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

Treatment Services	Unduplicated Client Count		•	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	2	4.00	2.50	2.50	-1.50	-37.5%
Total	2	4.00	2.50	2.50	-1.50	-37.5%



### Externalizing Disorder



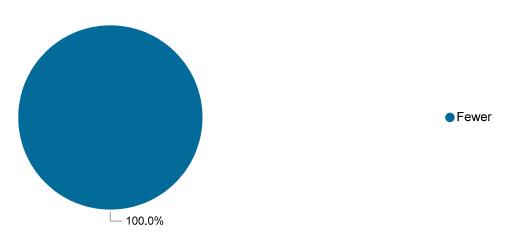
Youth clients complete the Global Appraisal of Individual Needs Short Screener (GAIN-SS) at admission and at most recent update.

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

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

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

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



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

Treatment Services	Unduplicated Client Count		9	Average Most Recent Update	Difference	Percent Change
Child or Youth and Family Services (CYF)	2	5.50	3.00	3.00	-2.50	-45.5%
Total	2	5.50	3.00	3.00	-2.50	-45.5%



## Substance Use Disorder



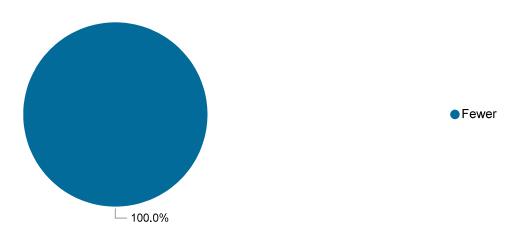
Youth clients complete the Global Appraisal of Individual Needs Short Screener (GAIN-SS) at admission and at most recent update.

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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	2	5.50	3.50	3.50	<b>-</b> 2.00	-36.4%
Total	2	5.50	3.50	3.50	-2.00	-36.4%



## Crime and Violence



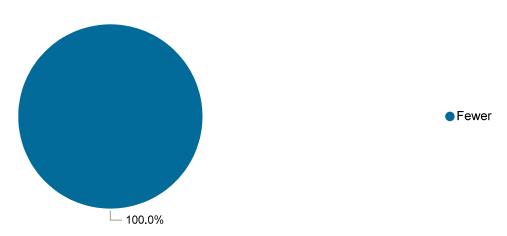
Youth clients complete the Global Appraisal of Individual Needs Short Screener (GAIN-SS) at admission and at most recent update.

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

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

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

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



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

Treatment Services	Unduplicated Client Count		9	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	2	5.50	4.00	4.00	-1.50	-27.3%
Total	2	5.50	4.00	4.00	-1.50	-27.3%



# Family Perceptions of Youth MH Treatment Services

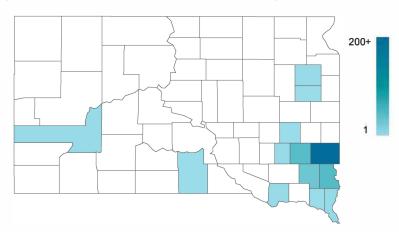


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# Family Perceptions of Youth MH Treatment Services

County of Residence for Clients Who Received Publicly Funded Services



Treatment Services	Publicly Funded Clients Served	Average Duration of Treatment (Days)
_		
Child or Youth and Family Services (CYF)	1,076	209
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	8	0
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	1	0
Intensive Family Services (IFS)	8	270
Outpatient Services	20	0
Room and Board and Other Services	15	170



Unduplicated Clients Served (Publicly Funded)

1,119

Publicly Funded Clients Served with Serious Emotional Disturbance (SED)

1,083



Veterans Served (Publicly Funded)

4

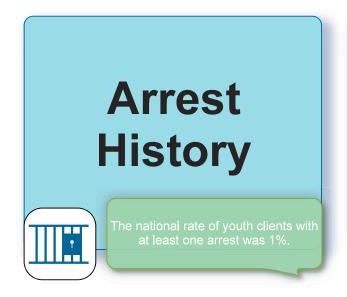
Publicly Funded Clients Who Successfully Completed Treatment

189



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



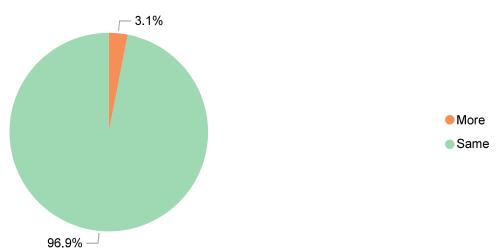


Families of youth clients are asked at the start of treatment and at their most recent update, "In the past 30 days, how many times has your child been arrested?" Only families of youth who completed this question at time of admission and time of the most recent update are included.

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

At most recent update, families of youth served in publicly funded treatment services reported an increase in the number of arrests their youth experienced in the past 30 days.

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



#### Families Who Reported Youth Clients With At Least One Arrest Within the Past 30 Days

Treatment Services	Unduplicated Client Count		Arrest at First Update	Arrest at Most Recent Update
Child or Youth and Family Services (CYF)	65	0.0%	3.1%	3.1%
Total	65	0.0%	3.1%	3.1%



# General Health

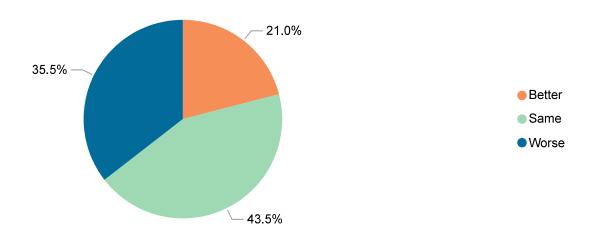


Families of youth clients are asked at the start of treatment and at their most recent update, "Would you say that in general your child's health is?" Families of youth clients could answer in a range from 1-"Poor" to 5-"Excellent". Only families of youth who completed this question at time of admission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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	•	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	62	3.89	3.82	3.82	-0.06	-1.7%
Total	62	3.89	3.82	3.82	-0.06	-1.7%



# Physical Health

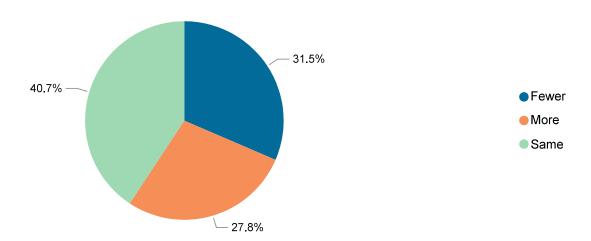


Families of youth clients are asked at the start of treatment and at their most recent update, "Now thinking about your child's physical health, which includes physical illness and injury, how many days during the past 30 days was your child's physical health not good?" Only families of youth who completed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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	54 54	1.80	1.52		-0.28	
Total	54	1.80	1.52	1.52	-0.28	-15.5%



## Mental Health

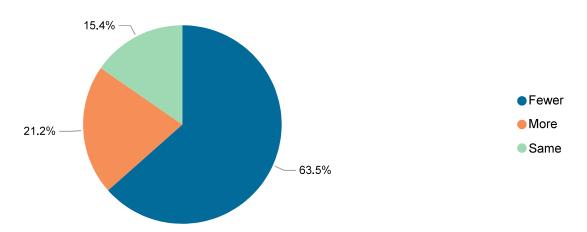


Families of youth clients are asked at the start of treatment and at their most recent update, "Now thinking about your child's mental health, which includes stress, depression, and problems with emotions, how many days during the past 30 days was your child's mental health not good?" Only families of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

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

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

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

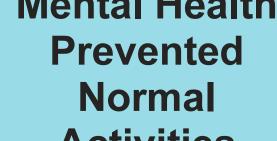


#### How Many Days Within the Past 30 Days Has Your Child Spent in Poor Mental Health?

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	52	9.35	7.23	7.23	-2.12	-22.6%
Total	52	9.35	7.23	7.23	-2.12	-22.6%



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



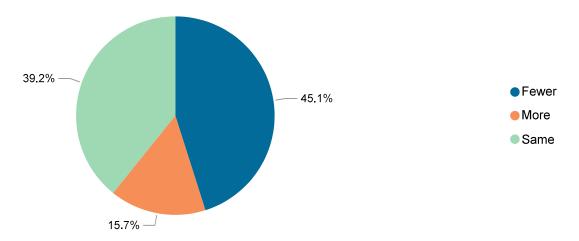
Families of youth clients are asked at the start of treatment and at their most recent update, "During the past 30 days, approximately how many days did your child's poor physical or mental health keep them from doing your child's usual activities, such as self-care, work, or recreation?" Only families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

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

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



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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update		Percent Change
Child or Youth and Family Services (CYF)	51	4.06	2.59	2.59	-1.47	-36.2%
Total	51	4.06	2.59	2.59	-1.47	-36.2%

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# Reported Attempts to Die by Suicide



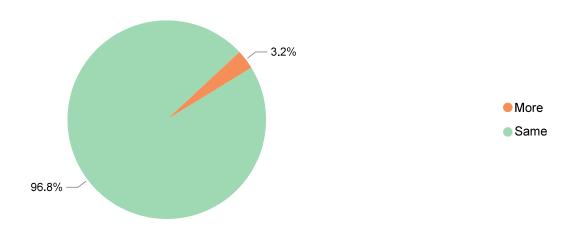
If you, or someone you know, is in need of crisis support, or experiencing emotional distress, call or text 988, or chat at https://988lifeline.org/.

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

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

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

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



### In the Past 6 Months How Many Times Has Your Child Attempted to Die by Suicide?

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	63	0.03	0.08	0.08	0.05	150.0%
Total	63	0.03	0.08	0.08	0.05	150.0%



## Visits to Emergency Department



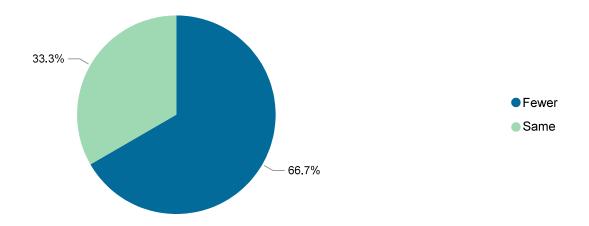
Families of youth clients are asked at the start of treatment and at their most recent update, "How many times has your child gone to an emergency room for a psychiatric or emotional problem in the past 6 months?" Only families of youth who completed this question at time of admission and time of most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

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

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

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

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



#### How Many Times in the Past 6 Months Has Your Child Visited the Emergency Department?

Treatment Services	Unduplicated Client Count	Average Initial		Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)  Total	3	1.67	0.67	0.67	-1.00	-60.0%
	<b>3</b>	<b>1.67</b>	<b>0.67</b>	<b>0.67</b>	<b>-1.00</b>	- <b>60.0%</b>



## Detoxification Services



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

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

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

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 Most Recent Update Compared to Admission

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

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

Treatment Services

Unduplicated Average Average Average Most Change Percent Client Count Initial First Update Recent Update Change

Total



# Inpatient Substance Use Disorder Treatment Services



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

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

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

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 Most Recent Update Compared to Admission

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

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

Treatment Services Unduplicated Average Average Average Most Change Percent Client Count Initial First Update Recent Update Change

Total



# Hospital Admissions for Mental Health Care



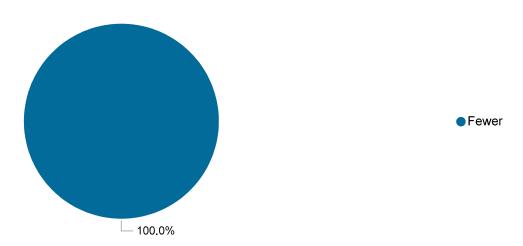
Families of youth clients are asked at the start of treatment and at their most recent update, "How many nights has your child spent in a facility for mental health care in the past 6 months?" Only families of youth who completed this question at time of admission and time of most recent update are included.

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

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

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

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



How Many Nights in the Past 6 Months Has Your Child Spent in a Facility for Mental Health Care?

Treatment Services	Unduplicated Client Count	Average Initial	0	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	2	2.00	0.50	0.50	-1.50	<del>-</del> 75.0%
Total	2	2.00	0.50	0.50	-1.50	-75.0%



## Illness, Injury, or Surgery



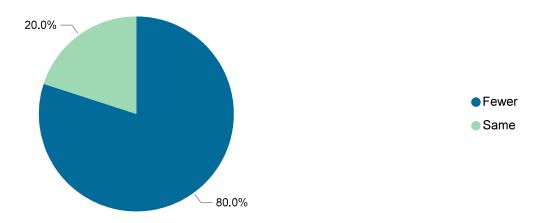
Families of youth clients are asked at the start of treatment and at their most recent update, "How many nights has your child spent in a facility for illness, injury, or surgery in the past 6 months?" Only families of youth who completed this question at time of admission and time of most recent update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

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

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

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

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



How Many Nights in the Past 6 Months Has Your Child Spent in a Facility for Illness, Injury, or Surgery?

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
<b>A</b>						
Child or Youth and Family Services (CYF)	5	1.60	0.20	0.20	-1.40	-87.5%
Total	5	1.60	0.20	0.20	-1.40	-87.5%



## Nights Spent in Correctional Facility



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

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

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

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

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

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

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

Treatment Services

Unduplicated Average Average Average Most Change Percent Client Count Initial First Update Recent Update Change

Total



## General Satisfaction with Services

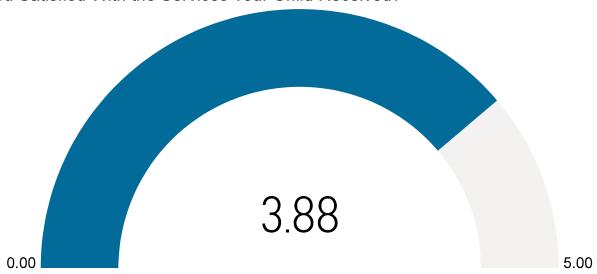
Families of youth clients are asked at most recent update to rate how strongly they agree with six different questions pertaining to their overall satisfaction with treatment services their youth received. The average of these six responses is given below. To see specific questions, please see Appendix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

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

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



Were You Satisfied With the Services Your Child Received?



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

Treatment Services	Unduplicated Client Count		Average Most Recent Update
Child or Youth and Family Services (CYF)	68	3.88	3.88
Total	68	3.88	3.88



### Improved Functioning

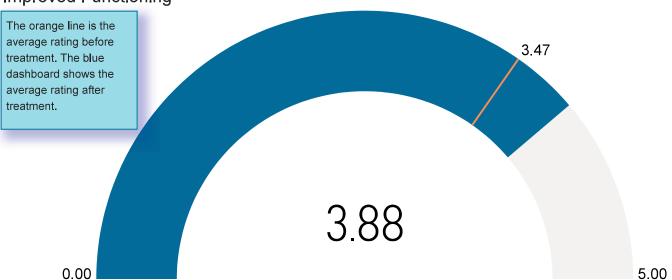


Families of youth clients are asked at most recent update to rate how strongly they agree with seven different questions pertaining to their perception of their youth's mental health and social well-being before and after the services they received. The average of these seven responses is given below.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

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

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

#### Improved Functioning



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	68	3.47	3.88	3.88	0.41	11.7%
Total	68	3.47	3.88	3.88	0.41	11.7%



### Social Connectedness

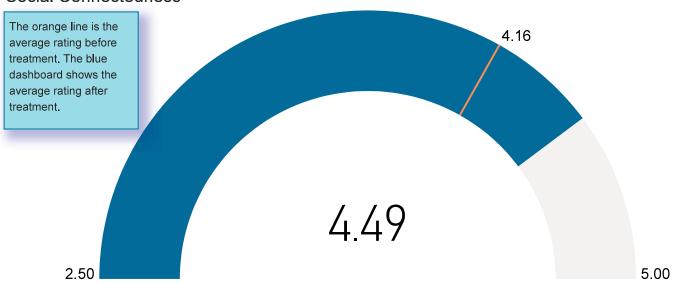


Families of youth clients are asked at most recent update to rate how strongly they agree with four different questions pertaining to their youth's connections with their family, friends, and community. The average of these four responses is given below. To see specific questions, please see Appendix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

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

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

#### Social Connectedness



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

<b>A</b>	t Count	Initial	First Update	Recent Update		Change
Child or Youth and Family Services (CYF)  Total	68	4.16	4.49	4.49	0.33	8.0%
	<b>68</b>	<b>4.16</b>	<b>4.49</b>	<b>4.49</b>	<b>0.33</b>	<b>8.0%</b>



## Participation in Treatment Planning

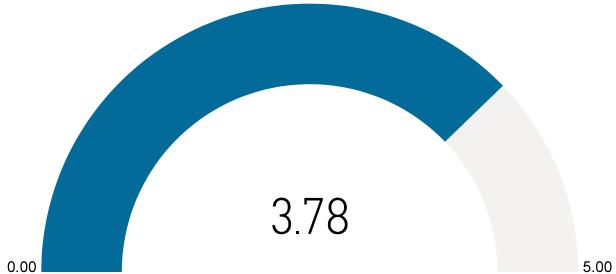


Families of youth clients are asked at most recent update to rate how strongly they agree with three different questions pertaining to their participation in treatment planning for services their youth received. The average of these three responses is given below. To see specific questions, please see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

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

Families of youth served in publicly funded treatment services reported high levels of participation in their youth's treatment planning.





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

Treatment Services	Unduplicated Client Count	Average First Update	Average Most Recent Update
Child or Youth and Family Services (CYF)	68	3.78	3.78
Total	68	3.78	3.78



#### **Cultural Sensitivity**

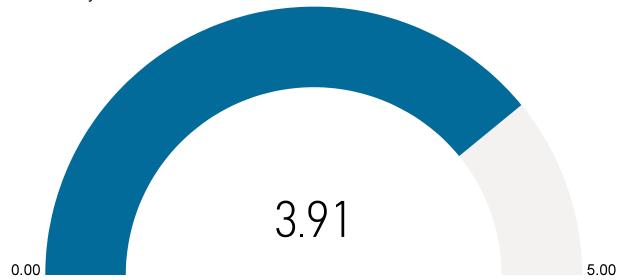


Families of youth clients are asked at most recent update to rate how strongly they agree with four different questions pertaining to the cultural sensitivity of staff. The average of these four responses is given below. To see specific questions, please see Appendix B.

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

Families of youth served in publicly funded treatment services reported they felt staff were culturally sensitive.

#### **Cultural Sensitivity of Staff**



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

Treatment Services	Unduplicated Client Count	Average First Update	Average Most Recent Update
Child or Youth and Family Services (CYF)	68	3.91	3.91
Total	68	3.91	3.91



### Access to Services

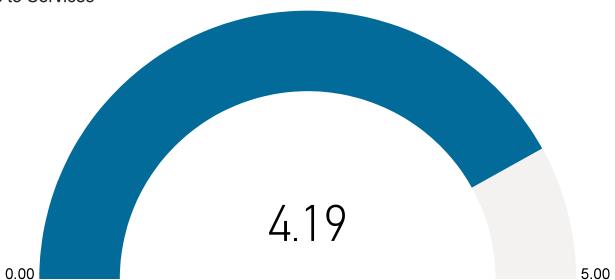


Families of youth clients are asked at most recent update to rate how strongly they agree with two different questions pertaining to the ease and convenience of accessing the services their youth received. The average of these two responses is given below. To see specific questions, please see Appendix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

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

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

#### Access to Services



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

Treatment Services	Unduplicated Client Count	Average First Update	Average Most Recent Update
Child or Youth and Family Services (CYF)	68	4.19	4.19
Total	68	4.19	4.19



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# Justice-Involved and At-Risk Youth Services

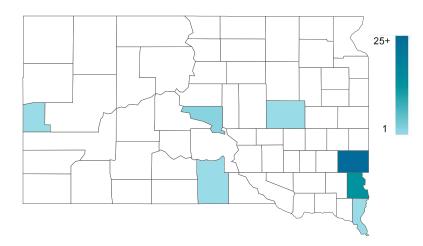


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#### Justice-Involved and At-Risk Youth MH Treatment Services

County of Residence for Clients Who Received Publicly Funded Services



Treatment Services	Publicly Funded Clients Served	Average Duration of Treatment (Days)	
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	4	9	280
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	3	9	215



Unduplicated Clients Served (Publicly Funded)

84

Veterans Served (Publicly Funded)

0

Publicly Funded Clients with Serious Emotional Disturbance (SED)

84



Publicly Funded Clients Who Successfully Completed Treatment

22



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



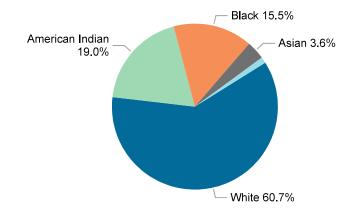


### Race & Ethnicity

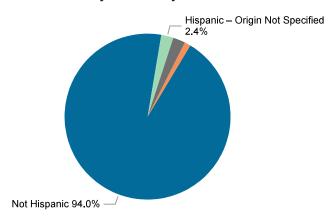


According to the U.S. Census Bureau 84.2% of South Dakotans identify as White, 8.5% identify as American Indian, and 5.1% identify as Hispanic. The data below reflect the self-reported race and ethnicity of justice-involved and at-risk youth served in publicly funded treatment services.

#### Clients Served by Race



#### Clients Served by Ethnicity



#### Clients Served by Service Type and Race

	American Indian		Asian		Black		Other		White		Total	
Treatment Services	N	%	N	%	N	%	N	%	N	%	N	%
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	8	16.3%	1	2.0%	11	22.4%	1	2.0%	28	57.1%	49	100.0%
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	8	20.5%	2	5.1%	5	12.8%	1	2.6%	23	59.0%	39	100.0%
Total	16	19.0%	3	3.6%	13	15.5%	1	1.2%	51	60.7%	84	100.0%

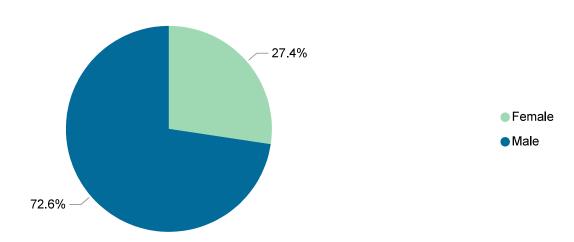


#### Gender



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

#### Clients Served by Self-Identified Gender



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

	Female		Male		Total	
Treatment Services	N	%	N	%	N	%
_						
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	7	14.3%	42	85.7%	49	100.0%
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	17	43.6%	22	56.4%	39	100.0%
Total	23	27.4%	61	72.6%	84	100.0%

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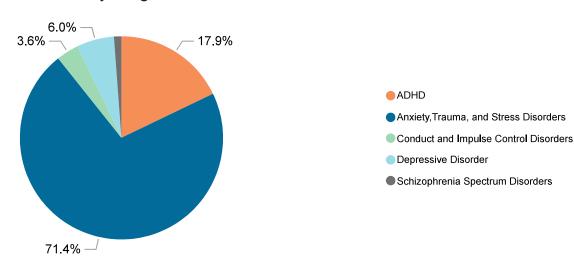
### Primary Diagnosis



The data below reflect the primary diagnoses for justice-involved and at-risk youth served in publicly funded treatment services. This does not include those with No Diagnosis or Diagnosis Deferred.

The majority of youth served in publicly funded treatment services had a primary diagnosis of Anxiety, Trauma, and Stress Disorders, followed by ADHD.

#### Clients Served for Each Primary Diagnosis



#### Diagnosis by Service Type

	ADI	HD	and S	d Stress		and Stress		and Stress		and Stress		Stress Im				Impulse Control Disorder Disorders			Sp	hizophrenia ectrum sorders	Total											
Treatment Services	N	%	N	%	N	%	N	%	N	%	N	%																				
Evidence-Based MH Treatment for Justice-Involved and At- Risk Youth	6	12.2%	34	69.4%	3	6.1%	5	10.2%	1	2.0%	49	100.0%																				
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	10	25.6%	28	71.8%			1	2.6%			39	100.0%																				
Total	15	17.9%	60	71.4%	3	3.6%	5	6.0%	1	1.2%	84	100.0%																				



### Reason for Discharge

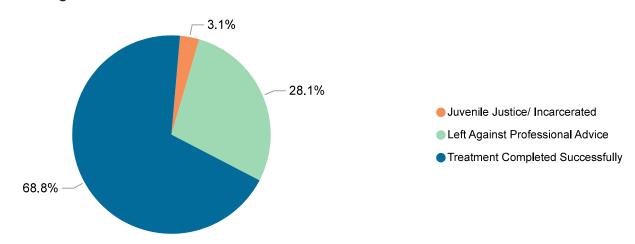


The data below reflect the reasons justice-involved and at-risk youth discharged from publicly funded treatment services.

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

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

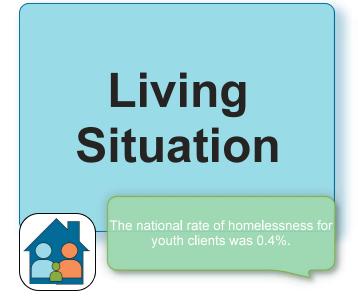
#### Reason for Discharge from Services



#### Reason for Discharge by Service Type

	Justice/		Justice/ Professional Incarcerated Advice			ment oleted essfully	Total	
Treatment Services	N	%	N	%	N	%	N	%
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	1	3.7%	7	25.9%	19	70.4%	27	100.0%
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)			2	40.0%	3	60.0%	5	100.0%
Total	1	3.1%	9	28.1%	22	68.8%	32	100.0%

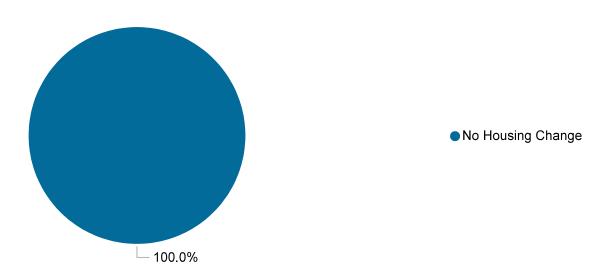




The data below reflect the living situations of justice-involved and atrisk youth served in publicly funded treatment services.

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

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



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

Treatment Services	Unduplicated Client Count	Homelessness at Admission	Homelessness at Discharge
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	33	2.5%	2.5%
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	12	0.0%	0.0%
Total	45	1.9%	1.9%

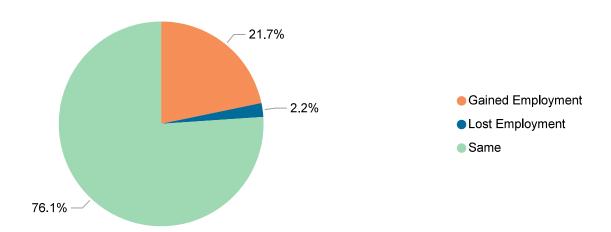




The data below reflect the employment of justice-involved and at-risk youth served in publicly funded treatment services.

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

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



#### Client Employment at Admission and Discharge

Treatment Services	Unduplicated Client Count	Employment at Admission	Employment at Discharge
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	32	7.7%	20.5%
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	12	0.0%	30.8%
Total	44	5.8%	23.1%



### **Arrest History**



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

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

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

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

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

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

Treatment Services

Unduplicated Arrests at Client Count Admission Discharge

Total



### General Health



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

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

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

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

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

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

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

Total



#### Physical Health



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

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

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

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

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

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

Treatment Services

Unduplicated Average Average Change Percent Client Count Initial Discharge Change

Total



### Mental Health



Total

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

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

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

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

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

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

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



Total

#### **Justice-Involved Youth Services**

# Physical or Mental Health Prevented Normal Activities

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

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

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

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

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

Number of Days Poor Physical or Mental Health Prevented Normal Activities

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



## Reported Attempts to Die by Suicide



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

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

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

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

Clients Who Had More, Fewer, or the Same Number of Attempts to Die by Suicide in the Past 6 Months

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

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

Treatment Services

Unduplicated Average Average Change Percent
Client Count Initial Discharge Change

Total



#### Visits to Emergency Department



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

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

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

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

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

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

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

Treatment Services

Unduplicated Average Average Change Percent
Client Count Initial Discharge Change

Total



### **Detoxification Services**



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

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

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

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

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

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

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

Treatment Services

Unduplicated Average Average Change Percent Client Count Initial Discharge Change

Total



# Inpatient Substance Use Disorder Treatment Services

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

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

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

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

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

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

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

Treatment Services

Unduplicated Average Average Change Percent
Client Count Initial Discharge Change

Total



#### Hospital **Admissions** for Mental **Health Care**



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

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

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

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

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

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

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

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

Total

Fiscal Year 2024 127



#### Illness, Injury, or Surgery



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

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

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

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

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

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

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

Treatment Services

Unduplicated Average Average Change Percent Client Count Initial Discharge Change

Total



Total

#### **Justice-Involved Youth Services**

## Nights Spent in Correctional Facility

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

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

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

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

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

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

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

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





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

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

Attended School in Past Three Months

Youth Attended School

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

Total N %

Total

Treatment Services



## 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.

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



Were You Satisfied With the Services You Received?

(Blank)

(Blank)

(Blank)

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

**Treatment Services** 

Unduplicated Client Count General Satisfaction with Services

Total

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



#### **Improved Functioning**



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

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

#### Improved Functioning

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

(Blank)

(Blank)

(Blank)

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

**Treatment Services** 

Unduplicated Client Count

Average Average Initial

Discharge

Change Percent Change

Total

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

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#### Social Connectedness

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

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



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

#### Social Connectedness

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

(Blank)

(Blank)

(Blank)

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

**Treatment Services** 

Unduplicated Average Average Client Count

Initial

Discharge

Change

Percent Change

Total

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

Fiscal Year 2024 133



## Participation in Treatment Planning



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

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

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

Participation in Treatment Planning

(Blank)

(Blank)

(Blank)

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

**Treatment Services** 

Unduplicated Client Count

Participation in Treatment Planning

Total

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



## Cultural Sensitivity of Staff



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

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

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

**Cultural Sensitivity of Staff** 

(Blank)

(Blank)

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

**Treatment Services** 

Unduplicated Client Count

Cultural Sensitivity of Staff

Total

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



### 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.

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

Access to Services

(Blank)

(Blank)

(Blank)

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

**Treatment Services** 

Unduplicated Client Count

Access to Services

**▲** Total

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



## Internalizing Disorder



Total

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.

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

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

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

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

Treatment Services

Unduplicated Average Average Change Percent
Client Count Initial Discharge Change



### 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.

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

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

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

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

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

Total



### Substance Use Disorder



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

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

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

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



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

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

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

Treatment Services

Unduplicated Average Average Change Percent
Client Count Initial Discharge Change

Total



## 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.

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

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

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

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

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

Total



## Functional Family Therapy (FFT)

The information below is collected from the FFT therapist on all families who complete FFT treatment services.

The Therapist Outcome Measure (TOM) is completed by the therapist when the family is discharged from FFT treatment services. The TOM measures changes in behavior and functioning of the youth and family. Higher percentages indicate better outcomes and positive increases in the indicated areas.

The Client Outcome Measure-Youth (COM-Y) is completed by the youth when the family completes FFT treatment services. The COM-Y measures changes in behavior and functioning of the youth and family. Higher percentages indicate better outcomes and positive increases in the indicated areas.

#### Client Outcome Measure-Youth (COM-Y)

Program	Unduplicated	General	Communication	Youth	Caregiver	Caregiver	Family
	Client Count	Change	Skills	Behavior	Skills	Supervision	Conflict
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	10	90.0%	70.0%	80.0%	90.0%	80.0%	80.0%

#### Therapist Outcome Measure (TOM)

Discharge Status	Unduplicated Client Count	General Change	Communication Skills	Youth Behavior	Caregiver Skills	Caregiver Supervision	Family Conflict
Services Not Completed or Unsuccessful Discharge	26	38.5%	38.5%	30.8%	50.0%	38.5%	42.3%
Successful Discharge	16	100.0%	93.8%	100.0%	100.0%	81.3%	93.8%
Total	42	61.9%	59.5%	57.1%	69.0%	54.8%	61.9%

#### **Outcomes of Services**

Discharge Status	Unduplicated Client Count	Youth Remains in Community	In School/Working	No New Violations
Sevices Not Completed or Unsuccessful Discharge	26	65.4%	69.2%	57.7%
Successful Discharge	13	100.0%	100.0%	84.6%
Total	39	76.9%	79.5%	66.7%



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

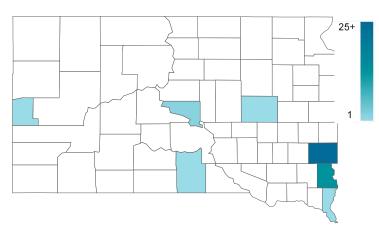


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# Family Perceptions of JusticeInvolved and At-Risk Youth Services

County of Residence for Clients Who Received Publicly Funded Services



Treatment Services	Publicly Funded Clients Served	Average Duration of Treatment (Days)
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	49	280
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	39	215



Clients Served (Publicly Funded)

84

Publicly Funded Clients with Serious Emotional Disturbance (SED)

84



Veterans Served (Publicly Funded)

o

Publicly Funded Clients Who Successfully Completed Treatment

22





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



### **Arrest History**



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

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

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

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

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

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

**Treatment Services** 

Unduplicated Arrests at Arrests at Client Count Admission Discharge

Total



## General Health



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

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

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

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

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

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

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

Total



## Physical Health



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

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

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

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

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

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

Treatment Services

Unduplicated Average Average Change Percent Client Count Initial Discharge Change

Total



## Mental Health



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

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

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

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

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

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

Treatment Services

Unduplicated Average Average Change Percent Client Count Initial Discharge Change

Total



## Physical or Mental Health Prevented Normal Activities

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

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

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

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

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

Number of Days Poor Physical or Mental Health Prevented Normal Activities

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

Total



## Reported Attempts to Die by Suicide



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

Families of youth clients are asked at the start of treatment and at the end of treatment, "How many times has your child tried to commit suicide in the past 6 months?" Only families of youth who completed this question at time of admission and time of discharge are included.

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

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

Families Who Reported Youth Clients Had More, Fewer, or the Same Number of Attempts to Die by Suicide in the Past 6 Months

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

In the Past 6 Months How Many Times Has Your Child Attempted to Die by Suicide?

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

Total



## Visits to Emergency Department



Total

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

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

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

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

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

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

How Many Times in the Past 6 Months Has Your Child Visited the Emergency Department?

Treatment Services

Unduplicated Average Average Change Percent
Client Count Initial Discharge Change



## Detoxification Services



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

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

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

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

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

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

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

Treatment Services

Unduplicated Average Average Change Percent Client Count Initial Discharge Change

Total



## Inpatient Substance Use Disorder Treatment Services



Total

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

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

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

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

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

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

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

Treatment Services

Unduplicated Average Average Change Percent
Client Count Initial Discharge Change



## Hospital Admissions for Mental Health Care



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

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

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

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

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

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

How Many Nights in the Past 6 Months Has Your Child Spent in a Facility for Mental Health Care?

Treatment Services

Unduplicated Average Average Change Percent Client Count Initial Discharge Change

Total



## Illness, Injury, or Surgery



Total

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

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

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

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

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

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

How Many Nights in the Past 6 Months Has Your Child Spent in a Facility for Illness, Injury, or Surgery?

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



## Nights Spent in Correctional Facility

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

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

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

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



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

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

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

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

Total







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

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

Attended School in Past Three Months

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

Youth Attended School

	Transferent Comitoes	Total
•	Treatment Services	N %
Total		



## General Satisfaction with Services

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

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

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



Were You Satisfied With the Services Your Youth Received?

(Blank)

(Blank)

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

**Treatment Services** 

Unduplicated Client Count General Satisfaction with Services

Total

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



## Improved Functioning



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

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

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

#### Improved Functioning

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

### (Blank)

(Blank) (Blank)

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

**Treatment Services** 

Unduplicated Client Count

Average Initial Average Discharge Change Percent Change

Total

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



### Social **Connectedness**



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

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

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

#### Social Connectedness

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

(Blank)

(Blank) (Blank)

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

**Treatment Services** 

Unduplicated Average Average Client Count Initial

Discharge

Change

Percent Change

Total

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

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## Participation in Treatment Planning



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

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

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

Participation in Treatment Planning

### (Blank)

(Blank)

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

Treatment Services

Unduplicated Client Count Participation in Treatment Planning

Total

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



## Cultural Sensitivity of Staff



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

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

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

**Cultural Sensitivity of Staff** 

(Blank)

(Blank)

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

Treatment Services

Unduplicated Client Count Cultural Sensitivity of Staff

Total

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



### Access to Services



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

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

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

Access to Services

(Blank)

(Blank)

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

**Treatment Services** 

Unduplicated Client Count Access to Services

Total

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



## Functional Family Therapy (FFT)

The information below is collected from the FFT therapist on all families who complete FFT treatment services.

The Client Outcome Measure-Caregiver (COM-C) is completed by the caregiver when the family completes FFT treatment services. The COM-C measures changes in behavior and functioning of the youth and family. Higher percentages indicate better outcomes and positive increases in the indicated areas.

(	Client Outcome Measure-Ca	regiver (CO	M-C)					
	Treatment Service	Unduplicated Client Count	General Change	Communication Skills	Youth Behavior	Caregiver Skills	Caregiver Supervision	Family Conflict
	Functional Family Therapy for Justice- Involved and At-Risk Youth (FFT)	14	71.4%	71.4%	64.3%	100.0%	71.4%	85.7%



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## Appendix A: Outcome Tool Return Rates



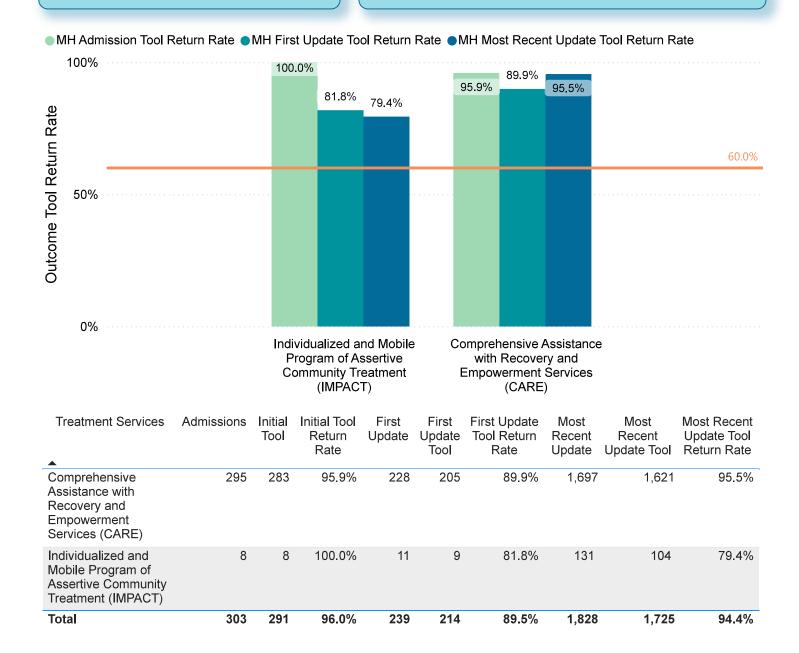
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## Adult MH Outcome Tool Return Rates

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

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





## Youth MH Outcome Tool Return Rates

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

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

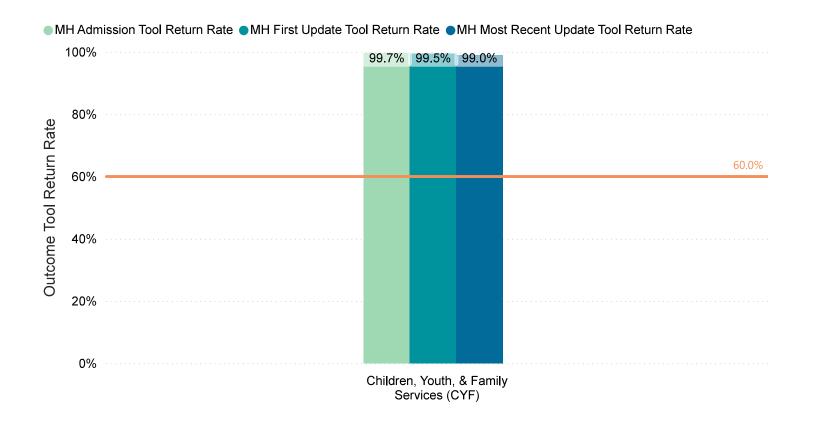




## Family MH Outcome Tool Return Rates

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

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



Treatment Services	Admission	Initial Tool	Initial Return Rate	First Update	First Update Tool	First Update Return Rate	Most Recent Update	Most Recent Update Tool	Most Recent Update Return Rate
Children, Youth, & Family Services (CYF)	617	615	99.7%	395	393	99.5%	814	806	99.0%
Total	617	615	99.7%	395	393	99.5%	814	806	99.0%

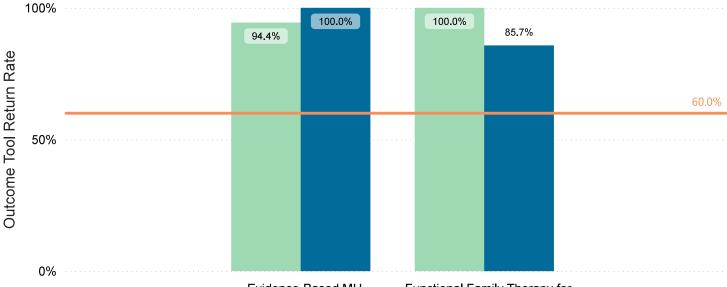


# JusticeInvolved and At-Risk Youth MH Outcome Tool Return Rates

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

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





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

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

Treatment Services	Admissions	Initial Tool	Initial Tool Return Rate	Discharges	Discharge Tool	Discharge Tool Return Rate
Evidence-Based MH Treatment for Justice- Involved and At-Risk Youth	18	17	94.4%	12	12	100.0%
Functional Family Therapy for Justice- Involved and At-Risk Youth (FFT)	22	22	100.0%	7	6	85.7%
Total	40	39	97.5%	19	18	94.7%

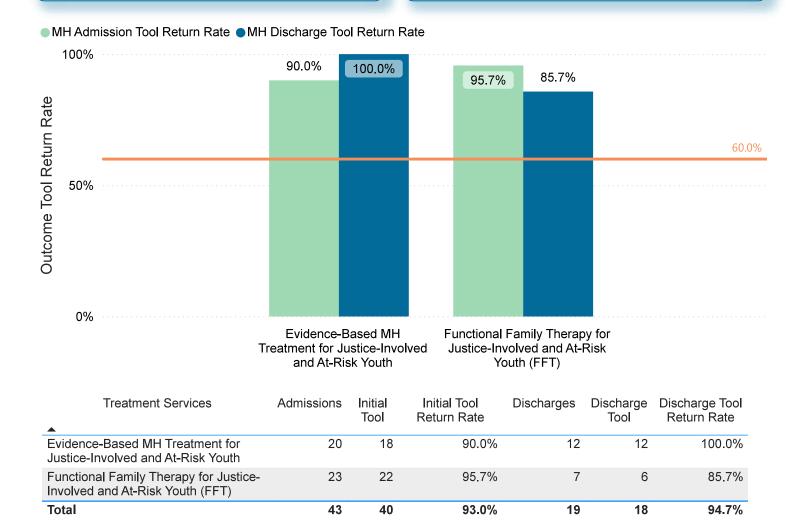


### **Appendix A: OT Return Rates**

# Family Justice-Involved and At-Risk Youth MH Outcome Tool Return Rates

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

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





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

Todays' Date:									
Client STARS I	D:  _ _ _	_ _ _		. _ _	_ _ _	.  _			
Program	(Including  □ 2.5 Day  □ 3.1 Low  □ 3.7 Inte  □ Adult 0  Only)  □ Adult 0  Clients On	nsive Our 2.1/3.1) Treatme Intensity nsive Inp utpatient utpatient ly) utpatient	Outpatient  1)						ient
1 W1J			l le -	lal- ! -					
1. Would you Exceller	-	<b>i genera</b> l ery Good	-	Good	ı	Fair		Poor	
<ul><li>a. Now think</li><li>how man</li><li>b. Now think</li></ul>	ing about you y days durin ing about you s with emotic	ur physica g the past ur mental	al health, 30 days health, w	which inc was your vhich inclu	physical ides stre	ysical illr health no ss, depre	ness and a ot good? ssion, an	injury,	
c. During the	past 30 days ealth keep yo								
2. At this mor							rrent b	ehaviors	S
Not important			s importan	it as most o	f the othe		Most in	nportant th	hing in my right now
0 1	2	3	4	5	6	7	8	9	10
3. At this mo			_	_		_	-		
Not importan	and/or syntat all		s importar	circie a n it as most d like to achi	of the othe			mportant tl	hing in my
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	en arrested?		. 🗆
5. Please answer the following questions h	pased on the past 30 day	/S	
a. Have you gotten into trouble at home, at school		<sup>′,</sup> □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	or:		
i. Detoxification?	m		
ii. Inpatient/Residential Substance Use Disorde	r Treatment?		
iii. Mental Health Care?			
iv. Illness, Injury, Surgery?	nal facility in aludinaticil		
c. How many nights have you spent in a correctio or prisons (as a result of an arrest, parole or pro-			
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		Response Options							
disagreement wit choice that best ro over the <u>past 30 d</u> with persons othe provider(s).) Source	epresents your fo lays. (Please ans er than your beha	Strongly	disagree Disagree	Undecided	Agree	Strongly agree	Not applicable	Refused	
Domain: Social Con									
1. I am happy with	the friendships I l	nave.							
2. I have people wit	th whom I can do	enjoyable things.							
3. I feel I belong in	my community.								
4. In a crisis, I woul friends.	d have the suppo	rt I need from family o	or $\Box$						
Domain: Improved	<b>Functioning Dom</b>	ain: Questions 5-8							
5. I do things that a	re more meaning	ful to me.							
6. I am better able	to take care of my	needs.							
7. I am better able t	to handle things w	when they go wrong.							
8. I am better able	to do things that I	want to do.							
Question <u>required</u> to	be completed by Cl	linician							
	willingness to eng	ur (clinician's) assess gage in their treatmen					rcle a		
Unengaged and Blocked	Minimal Limited Positive Unengaged and Engagement in Engagement in Engagement in						Optingagem Recov	ent in	

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

Todays' Date:								
Client STARS	ID:  _	_ _ _	. _ _ _	_ _ _	_ _			
Program	(Includin  2.5 Day T  3.1 Low I  3.7 Inten  Adult Ou Only)  Adult Ou Clients O  Adult Ou	sive Outpations of the Control of th	idential at Treatment (CJI Clients /MRT (CJI	□ 2.1 0 Outp □ 2.5 0 □ 3.7 0 Trea □ MRT □ Adul	tment C(CJI Clie t Outpati ces (CJI ( - OP – E	Intensiv  Day Trea Intensiv  nts Only ient EBP	e atment e Inpatien ) /3.1	t
1. Would yo	u say that in	general you	ır health is:					
□Excell	ent □Ve	ry Good	$\square$ Good		Fair	□Р	oor	
how ma <b>b</b> . Now thin problen health r <b>c.</b> During th	king about you iny days during king about you is with emotion oot good? e past 30 days, health keep you	the past 30 c r mental heal ns, how many approximate	lays was your th, which inclu days during t ly how many o	physical lades stress he past 30 lays did y	health no ss, depres 0 days wa our poor	t good? sion, and as your m physical	ental or	_
Tecreati	.011:							
	noment, how notes and at all	se circle a nu About as imp		scale be	low:		portant thin	ng in my ght now
0 1	2	3 4	5	6	7	8	9	10
	noment, how rs and/or syn	nptoms? Ple About as imp	ease circle a noortant as most	umber o	n the sca	le below	7: portant thir	
0 4			ould like to ach				_	ght now
0 1	. 2	3 4	5	6	7	8	9	10

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### Adult SUD Form -Discharge

4. Please answer the following question Number of Nights/Times										
In the past 30 days, how man		_		rrested?			,	П		
*Federally Required Element	-	-						Ш		
5. Please answer the following questions based on the <u>past 30 days</u>										
a. Have you gotten into trouble at home, at school, work, or in the community,										
because of your use of alcohol, drugs, inhalants, or gambling?										
b. Have you missed school or	r work l	pecause of	fusing a	alcohol, dru	ıgs, inh	alants, or	□Yes	□No		
gambling?										
*Element agreed upon by the DOWG			-		_		1 6	5 L		
6. Please answer the foll	owing	question	ns base	ed on the	past 3	<u>v</u>	mber of	Don't		
days							hts/Time	es know		
a. How many times have you	gone to	o an emer	gency r	oom for a p	sychiat	ric				
or emotional problem?			-							
b. How many nights have you	u spent	in a facilit	y for:							
i. Detoxification?		11 D:	) m							
ii. Inpatient/Residential Su	ıbstanc	e Use Diso	rder Tr	eatment?						
iii. Mental Health Care?										
iv. Illness, Injury, Surgery?										
c. How many nights have you	-			•	υ,	ail				
or prisons (as a result of a					on)?					
d. How many times have you										
7. Please check the	]	Before th	e Progi	ram	No	w (At end	d of Pro	gram)		
appropriate box on										
how you are doing										
since entering the										
program that best tells	Poor	Average	Good	Excellent	Poor	Average	Good	Excellent		
us what you think.	1	2	3	4	1	2	3	4		
a. Controlling alcohol										
use.										
h Controlling drug use										

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### Adult SUD Form -Discharge

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

9. Please indicate your level of agreement or	Response Options						
disagreement with the statements by checking the choice that best represents your feelings or opinion	yly ee	ee	led	ø)	Strongly agree	Not applicable	þ
over the past 30 days. (Please answer for relationships	Strongly disagree	agr.	Sció	Agree	ly a	plic	Refused
with persons other than your behavioral health	Stro	Disagree	Undecided	Ag	guc	ap	Ref
<pre>provider(s).) Source: MHSIP Survey *Element Agreed upon by DOWG</pre>			n		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

18. Staff helped me									
could take charge 19. I was given info									
		onsibility for how I liv	Έ						
my life.	ed file to take resp	onsibility for now rinv							
21. I was encourage	red to use consume	er-run programs.							
Domain: Perception									
22. I deal more effe									
23. I am better abl									
24. I am better abl	e to deal with crisi	S.							
25. I am getting ald	ong better with my	family.							
26. I do better in s	ocial situations.								
27. I do better in s	chool and/or work	ζ.							
28. My symptoms	are not bothering	me as much.							
29. My housing sit	uation has improv	ed.							
Domain: Perception	ns of Participation	in Treatment							
<b>Planning Question</b>	s 30-31								
30. I felt comfortal	ole asking questior	is about my treatment	t. 🗆						
31. I, not staff, dec	•	<u> </u>							
Domain: General S									
32. I liked the serv									
33. If I had other careful agency.	hoices, I would stil	l get services at this							
34. I would recom	mend this agency t	to a friend or family							
member.									
									_
Question <b>required</b> to	be completed by Cl	inician							
10. At this interval	period, what is yo	ur (clinician's) assessi	ment of	the c	lient	t's			
		gage in their treatment					r <mark>cle</mark> a	i	
number on the sca									_
Unengaged and Blocked	Minimal Engagement in Recovery	Limited Engagement in Recovery	Positi Engagem Recov	ent in		En	Optii Igagen Recov	nent in	ı
1	2	3	4	l y			5		
				of the same of the			_		

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

Todays' I	Jate:									
Client ST	ARS ID:	_ _ _	_ _ _ _	_ _ _ _	_ _ _	_ _	_ _			
Progran	n 🗆	1.0 Ou	tpatient			□ 2.1 I:	ntensive	Outpati	ient	
			y Treatme	nt			ntensive	-		
		3.1 Lo	w Intensity	y Residenti	ial	Trea	tment (P	RTF)		
		Adoles	scent EBP S	Services						
				l your hea			·		<u> </u>	
	kcellent		Very Good		Good	_	∃Fair		Poor	
				al health, wi t 30 days w					injury,	
				health, wh					ıd	
	oblems wi alth not go		ions, how r	nany days o	during the	e past 3	0 days wa	as your	mental	
			ys, approxi	mately how	v many da	ys did y	our poor	physica	al or	
		h keep y	ou from do	oing your u	sual activ	ities, su	ch as self	-care, w	ork, or	
rec	reation?									
0 4: 1	•							. 1		
				int is it tha a number				rent b	enavior	S
	Sympton	ms: rie	ase un ue							
Not im	portant at a			s important				Most in	mportant t	hing in my
		all	About a	is important would lik	as most of t ke to achiev	the other e now	r things I		life	right now
Not im	portant at a			is important would lik	as most of t ke to achiev	the othe		Most in		
0	1	all 2	About a	s important would lik	as most of t ke to achiev	the other re now	r things I	8	life	right now
0 3. At th	1 is mome	all  2  nt, how	About a  3 v confide	s important would lik 4 [	as most of the to achieve to achieve to the to achieve to the	the other re now 6	things I  7  change y	8 our cu	life 9 irrent	right now
3. At the	1 is mome	all  2  nt, how d/or sy	About a  3  v confider  ymptoms	s important would lik	as most of the to achieved by the to achieved by the	the other re now 6 u will o mber o	things I  7  change y  n the sca	8 our cu	life 9 irrent	right now
3. At the beha	is mome	nt, how d/or sy	About a  3  v confider  ymptoms:  About a	nt are you Please cins important would like	as most of the to achieve to achieve to achieve the to achieve a nur as most of the to achieve the to achieve the total	the other re now 6 u will c mber o the other re now	things I  7  change y  n the sca	7our cu le belov Most in	life 9 urrent w: mportant t	10 hing in my
3. At the	1 is mome viors an	all  2  nt, how d/or sy	About a  3  v confider  ymptoms	nt are you Please cins important would like	as most of the to achieve to achieve to achieve the to achieve a nur as most of the to achieve the to achieve the total	the other e now 6 u will omber o	things I  7  change y  n the sca	8 our cu	life 9  arrent w: mportant t	10 10 hing in my
3. At the beha	is mome	nt, how d/or sy	About a  3  v confider  ymptoms:  About a	nt are you Please cins important would like	as most of the to achieve to achieve to achieve the to achieve a nur as most of the to achieve the to achieve the total	the other re now 6 u will c mber o the other re now	things I  7  change y  n the sca	your cu le below Most in	life 9 urrent w: mportant t	10 hing in my
3. At the behas Not im 0	is mome viors an portant at a	nt, how d/or sy all 2	About a  y confider ymptoms: About a  3	s important would lik 4  nt are you Please cit s important would lik 4  [uestion	as most of the to achieved as most of the total achieved achieved as most of the total achieved as most of the total achieved achieved as most of the total achieved ach	will other of the	things I  7  change y  n the sca	7 our cule below Most in 8	life 9  arrent w: mportant t life	night now 10 hing in my right now 10
3. At the beha Not im  0  4. Pleas In the pa	is mome viors an portant at a	nt, how d/or sy all 2	About a  y confider ymptoms: About a  3	nt are you Please cir s important would lik  The properties of the circumstant would lik  The properties of the circumstant would lik The properties of the circumstant would lik The properties of the circumstant would lik	as most of the to achieved as most of the total achieved achieved as most of the total achieved as most of the total achieved achieved as most of the total achieved ach	will other of the	things I  7  change y  n the sca	7 our cule below Most in 8	life 9  arrent w: mportant t life 9	night now 10  hing in my right now 10  Don't
3. At the beha Not im  0  4. Pleas In the pa	is mome viors an portant at a 1  e answe st 30 days	nt, how d/or sy all 2	About a  y confider ymptoms: About a  3	s important would lik 4  nt are you Please cit s important would lik 4  [uestion	as most of the to achieved as most of the total achieved achieved as most of the total achieved as most of the total achieved achieved as most of the total achieved ach	will other of the	things I  7  change y  n the sca	7 our cule below Most in 8	life 9  arrent w: mportant t life 9	hing in my right now 10  Don't know
3. At the beha Not im  0  4. Pleas In the pa *Federally  5. Pleas	is mome viors an portant at a 1  e answe st 30 days. Required E	nt, how d/or sy all 2  r the formula in the formula	About a  y confidence ymptoms: About a  3  bllowing of the second	is important would lik 4  Int are you Please cir is important would lik 4  [uestion have you b	as most of the to achieved a that you as most of the to achieved a chieved a	the other of the o	change y n the sca r things I	our cule below Most in Num Nigh	life 9  arrent w: mportant t life 9	hing in my right now 10  Don't know
3. At the beha Not im  0  4. Pleas In the pa *Federally  5. Pleas a. Have y because	is mome viors an portant at a 1  e answe st 30 days. Required E 2 answe ou gotten e of your	nt, how d/or sy all  2  r the formula into trouse of all	About a  y confident ymptoms: About a  3  bllowing of hany times  bllowing couble at hord lcohol, drug	nt are you? Please cius important would like.  Please cius important would like.  Question have you be questions me, at schoogs, inhalant	as most of the to achieved to achieve to ach	u will of the other of the othe	change y n the sca r things I  7	70ur cu le below Most in Nigh Num Nigh	life 9  arrent w: mportant t life 9	hing in my right now 10  Don't know
3. At the beha Not im  0  4. Pleas In the pa *Federally  5. Pleas a. Have y because	is mome viors an portant at a 1 1 e answe st 30 days. Required E ou gotten e of your you missed	nt, how d/or sy all  2  r the formula into trouse of all	About a  y confident ymptoms: About a  3  bllowing of hany times  bllowing couble at hord lcohol, drug	nt are you? Please cins important would like a simportant would like 4 []  [] [] [] [] [] [] [] [] [] [] [] []	as most of the to achieved to achieve to ach	u will of the other of the othe	change y n the sca r things I  7	70ur cu le below Most in Nigh Num Nigh	life 9  arrent w: mportant t life 9  aber of ts/Times	hing 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	er Treatment?		
iii. Mental Health Care?			
iv. Illness, Injury, Surgery?			
c. How many nights have you spent in a correction	nal facility including JDC		
or Jail (as a result of an arrest, parole or probatio	n violation)?		
d. How many times have you tried to commit suice	cide?		
7. I would be able to resist the urge to	Not at all		Very
drink heavily and/or use drugs	confident		Confident
if I were angry at the way things had	0 1 2 3 4 5	6 7 8	9 10
turned out	0 1 2 3 1 3	0 7 0	7 10
if I had unexpectedly found some			
booze/drugs or happened to see something	0 1 2 3 4 5	6 7 8	9 10
that reminded me of drinking/using drugs			
if other people treated me unfairly or	0 1 2 3 4 5	6 7 8	9 10
interfered with my plans	0 1 2 3 4 3	0 7 0	9 10
if I were out with friends and they kept			
suggesting we go somewhere to drink/use	0 1 2 3 4 5	6 7 8	9 10
drugs			

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### Youth SUD Form -Initial Interview

Response Options							
Strongly		Undecided				Refused	
		<u> </u>					
				<u> </u>	<u> </u>		
		<u> </u>					
			ш	Ш	Ш		
			(4				
e circl Positi	e a n ve ent in	umb	oer o	on the Optin	scale nal nent ir	e	
	Past (4, 3	Past Year (4, 3, 2)	Past Year (4, 3, 2)  Positive regagement in	Past Year (4, 3, 2)  Positive Integrate a number of the client's under or the client's u	Past Year (4, 3, 2) (4, 3, 2  Positive ngagement in Engagen  Positive ngagement in Engagen  Positive ngagement in Engagen	Positive Optimal Engagement in	

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

Todays' Date:										
Client STARS										
Program	□ 1	.0 Outpa	atient			□ 2.1 I	ntensive	Outpati	ent	
- 1 o <b>B</b> 1 wara		_	reatmen	t			ntensive	-		
		-	ntensity		tial		tment (P	•		
			nt EBP Se		ciui	1100	cinone (1			
1. Would yo	u say t	that in	general	your he	alth is:					
□Excell			ry Good	•	Good	[	Fair		Poor	
a. Now thin									injury,	
							health no		,	
<b>b</b> . Now thin							ss, depres 0 days wa			
health n			13, 110 W 111	ally days	during t	ne past 3	o days wa	as your i	ilelitai	
<b>c.</b> During th			approxim	nately ho	w many d	lays did y	your poor	physica	al or	
		keep you	from doi	ing your	usual acti	ivities, su	ıch as self	-care, w	ork, or	
recreati	on?									
2. At this m	oment	. how i	mportai	nt is it tl	hat vou	change	vour cu	rrent		
behaviors a			_		_	_	-			
Not importa	nt at all		About as		t as most o		r things I	Most ir	nportant t	hing in my
0 1	1 [	2	3	would li	ke to achi	6	7	8	9	right now
U	. L	4	J	11	J	U		O	)	10
3. At this m				_	_					
behavior Not importa		or sym			ircle a n t as most o					hing in my
Not importa	iit at aii		About as		ke to achi		i tilligs i	MUSUII		right now
0 1	] [	2	3	4	5	6	7	8	9	10
4 Dl		J C. II .		<b>-4:</b>					ber of	Don't
4. Please an In the past 30					hoon arre	stad?		Nigh	ts/Times	know
*Federally Requi			ly tillies ii	ave you	been arre	steu:				
E DI		1 (1)			, ,		. 00			
<b>5. Please an</b> a. Have you go										
a. Have you go because of y							e commur	iity,	$\square$ Yes	$\square$ No
b. Have you m							gs, inhalai	nts, or	□ <b>V</b>	□N-
gamhling?					J		_		$\square$ Yes	$\square$ No

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### Youth SUD Form - Discharge

6. Please answer the foll days									
a. How many times have you or emotional problem?	gone to	an emer	gency r	oom for a p	sychiat	ric			
b. How many nights have you i. Detoxification?	ı spent	in a facilit	y for:						
ii. Inpatient/Residential Su	bstance	e Use Diso	rder Tr	eatment?					
iii. Mental Health Care?									
iv. Illness, Injury, Surgery?  Source: Current MPR Adult History Form (Revised 3/06)									
c. How many nights have you or Jail (as a result of an arres					uding J	DC			
d. How many times have you tried to commit suicide?									
7. Please check the	]	Before th	e Progi	ram	No	w (At end	l 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. a. Controlling alcohol	1	2	3	4	1	2	3	4	
use.									
b. Controlling drug use.									
*Element agreed upon by the DOWG									
8. I would be able to resi drink heavily and/or use		_		t at all nfident				Very Confident	
if I were angry at the waturned out	y thing	gs had	0	1 2	3 4	5 6	7	8 9 10	
if I had unexpectedly for	and so	me							

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	3 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	B 9 10
if other people treated me unfairly or interfered with my plans	0 1 2 3 4 5 6 7 8	3 9 10
if I were out with friends and they kept suggesting we go somewhere to drink/use drugs	0 1 2 3 4 5 6 7 8	9 10

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### Youth SUD Form - Discharge

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

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### Youth SUD Form - Discharge

Questions to be answered by Clinician

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

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

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

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

			1	MITIM	L				
Todays' Date:									
Client STARS	D:  _	_ _ _	_ _ _	_ _ _	_ _ _	_ _ _			
Program	□ 1.0 Ou	tpatient			□ 2.:	1 Intensiv	e Outpa	tient	
C	☐ 2.5 Day	-	ent			7 Intensiv	-		
	-		ity Resid	ential		eatment (	•		
	☐ Adoles						. ,		
1. Would yo	u say that	in gene	ral your	child's	health i	S:			
□Excelle	nt 🗆 🗆	Jery God	od	□Good		□Fair		Poor	
<b>a</b> . Now think									
injury, h good?	ow many da <sub>y</sub>	ys during	g the past	30 days	was your	child's ph	ysical he	ealth no	t 
<b>b</b> . Now thinl problem	king about yo s with emoti								nd
	ealth not go		· J	, j (	5 · · ·		J - J		
<b>c.</b> During the									
	al health kee		m doing	your child	d's usual	activities,	such as	self-car	<b>e</b> ,
school, v	vork, or recr	eation?							
	_			_			_		
2. At this mo		_		_		_	their cu	ırrent	behaviors
and/or sym Not importan						oelow: ther things l	Most	importa	nt thing in my
Not importan				d like to ac			Most		life right now
0 1	2	3	4	5	6	7	8	9	10
3. At this mo	ment, how	confid	ent are	you, tha	t your c	hild will	change	their	current
	s and/or sy							ow:	
Not importar	ıt at all	Abou		tant as mos d like to ac		her things	Most Most		nt thing in my life right now
0 1	2	3	4	5	6	7	8	9	10
	1_		1-						120
							Nu	mber of	Don't
4. Please ans							Nig	hts/Tim	es know
In the past 30 *Federally Require		any time	s has you	ır child be	een arres	ted?			
*Federally Require	ed 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 by	pased on the <u>past 30</u>	Number of	Don't					
days	Nights/Times	know						
a. How many times has your child gone to an eme	ergency room for a							
psychiatric or emotional problem?								
b. How many nights has your child spent in a faci	ility for:							
i. Detoxification?								
ii. Inpatient/Residential Substance Use Disorde	r Treatment?							
iii. Mental Health Care?								
iv. Illness, Injury, Surgery?								
c. How many nights has your child spent in a correctional facility including								
JDC or Jail (as a result of an arrest, parole or prob								
d. How many times has your child tried to commi	t suicide?							
7. My child would be able to resist the	Not at all		Very					
urge to drink heavily and/or use drugs	confident		Confident					
if he/she were angry at the way things								
had turned out	0 1 2 3 4 5	6 7 8	9 10					
if he/she had unexpectedly found some								
booze/drugs or happened to see something	0 1 2 3 4 5		0 10					
that reminded him/her of drinking/using	0 1 2 3 4 5	6 7 8	9 10					
drugs								
if other people treated he/she unfairly or								
interfered with his/her plans	0 1 2 3 4 5	6 7 8	9 10					
if he/she were out with friends and they								
kept suggesting they go somewhere to	0 1 2 3 4 5	6 7 8	9 10					
drink/use drugs		0 7 0	7 10					

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### Family SUD Form -Initial Interview

							ptions	3	
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.  Question to be answered by Clinician  10. At this interval period, what is your (clinician's) assessment understanding and willingness to engage in their treatment pronumber on the scale below:  Minimal Limited Pound Recovery Recovery Recovery Recovery Recovery	Strongly	Strongly disagree Disagree		Agree	Strongly agree	Not applicable	Refused		
Domain: Social Cor	nnectedness Quest	ions 1-4							
-		sten and understand							
-		e support they need							
		e comfortable talkin	g $\square$						
	pple with whom th	ey can do enjoyable							
Domain: Improved	Functioning Dom	ain: Questions 5-11							
5. My child is able	to do things he or s	she wants to do.							
6. My child gets alo	ong with family me	mbers.							
7. My child gets alo	ong with friends an	ıd other people.							
8. My child does w	ell in school and/o	r work.							
•	•								
· · · · · · · · · · · · · · · · · · ·	•								
11. I am satisfied w	vith our family life	right now.							
					l'				
understanding and	wider(s).) Source: MHSIP Survey *Federally Required  lain: Social Connectedness Questions 1-4  ly child knows people who will listen and understand lem when they need to talk.  a crisis, my child would have the support they need om family and friends.  y child has people that he/she are comfortable talking ith about their problems. y child has people with whom they can do enjoyable hings. lain: Improved Functioning Domain: Questions 5-11 y child is able to do things he or she wants to do. y child gets along with family members. y child gets along with friends and other people. y child does well in school and/or work. y child is able to cope when things go wrong.  My child is able to handle daily life. am satisfied with our family life right now.  At this interval period, what is your (clinician's) assessment of the client's erstanding and willingness to engage in their treatment program? Please circle a liber on the scale below:  Minimal Limited Positive Engagement in								
	Minimal								
						En			
				-				- J	

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

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

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### Family SUD Form - Discharge

6. Please answer the 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 child spent in a correctional facility including										
JDC or Jail (as a result of an arrest, parole or probation violation)?  d. How many times has your child tried to commit suicide?  *Federally Required Element										
7. Please check the		Before the Program Now (						rogr	am)	
appropriate box on how your child is doing since entering the program that best	Poor	Average	Good	Excellent	Poor		_	d E	xcelle	ent
tells us what you think.	1	2	3	4	1	2	3		4	
a. Controlling alcohol use.										
b. Controlling drug use.										
8. My child would be ablurge to drink heavily an				t at all ıfident					Confi	Very dent
if he/she were angry at had turned out	the wa	y things	0	1 2	3	4 5	6 7	8	9	10
if he/she had unexpected	edly fou	ınd some								
booze/drugs or happened that reminded him/her of drugs	to see	somethir		1 2	3	4 5	6 7	8	9	10
if other people treated hinterfered with his/her plant		unfairly o	or 0	1 2	3	4 5	6 7	8	9	10
if he/she were out with kept suggesting they go so drink/use drugs	friend	-	0	1 2	3	4 5	6 7	8	9	10

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### Family SUD Form - Discharge

9. Please indicate your level of agreement or	Response Options							
disagreement with the statements by checking the choice that best represents your feelings or opinion over the past 30 days. (Please answer for relationships with persons other than your behavioral health provider(s).) *Federally Required	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Not applicable	Refused	
Domain: Social Connectedness Questions 1-4								
1. My child knows people who will listen and understand them when they need to talk.								
2. In a crisis, my child would have the support they need from family and friends.								
3. My child has people that he/she are comfortable talking with about their problems.								
4. My child has people with whom they can do enjoyable things.								
Domain: Improved Functioning/ Outcomes Domain: Question	ns 5-1	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

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

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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 Receiv	inσ
	5	_	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			
	wer the following questions based on the pas	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	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).) 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:   _ _ _	_
<b>Program:</b> □ CARE	□ IMPACT
☐ First Episode Psychosis (S	
•	reiving  Transition Age Youth Receiving
CARE (BMS/LSS Only)	IMPACT (BMS/LSS Only)
CARE (DM3/E33 Only)	IMPACT (BM3/L33 Offiy)
1. Are you currently employed?	
Employed full time (35+ hours per week)	☐ Student
Employed part time	Retired
□Homemaker	☐ Unemployed
□Disabled	□ Other (Specify)
= Disabled	= other (openly)
* Federally Required	
2. Which of following best describes your	current residential status?
☐ Independent, living in a private residence	☐ Homelessness
☐Dependent, living in private residence	☐ Jail/Correctional Facility
Residential Care (group home,	
rehabilitation center, agency-operated care)	☐ Foster Home/Foster Care
☐Institutional setting (24/7 care by	☐ Crisis Residence
skilled/specialized staff or doctors)	□ Other
*Federally Required  3. What is your highest educational level of diploma)?  *Federally Required	ompleted (12=GED or high school
4. Would you say that in general your hea	lth is:
□Excellent □Very Good □G	Good □Fair □Poor
a. Now thinking about your physical health, wh	
how many days during the past 30 days wa <b>b</b> . Now thinking about your mental health, whi	
problems with emotions, how many days d health not good?	
<b>c.</b> During the past 30 days, approximately how	many days did your poor physical or
mental health keep you from doing your us	
recreation?	

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### Adult MH Tool - Update Interval

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

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### Adult MH Tool - Update Interval

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

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

Todays' Date:	
Client STARS ID:	
Program: □ CARE	
☐ First Episode Psychosis (	
☐ Transition Age Youth Rec	•
CARE (BMS/LSS Only)	IMPACT (BMS/LSS Only)
1. Are you currently employed?	
Employed full time (35+ hours per week)	☐ Student
☐ Employed part time	☐ Retired
□Homemaker	☐ Unemployed
□Disabled	$\square$ Other (Specify)
*Federally Required	
2 William Collins in head down the	
2. Which of following best describes your	☐ Homelessness
☐ Independent, living in a private residence ☐ Dependent, living in private residence	☐ Jail/Correctional Facility
Residential Care (group home,	in Jan/Correctional Facility
rehabilitation center, agency-operated	☐ Foster Home/Foster Care
care)	= 1 obtain manney 1 obtain Gaile
☐ Institutional setting (24/7 care by	$\square$ Crisis Residence
skilled/specialized staff or doctors)	□ Other
*Federally Required	
	1. 1640 075 111 1
3. What is your highest educational level of	completed (12=GED or high school
diploma)?	
*Federally Required	
4. Would you say that in general your heal	lth is:
	ood □Fair □Poor
a. Now thinking about your physical health, wh	ich includes physical illness and injury,
how many days during the past 30 days wa	
<b>b</b> . Now thinking about your mental health, which	
problems with emotions, how many days d	uring the past 30 days was your mental
health not good? <b>c.</b> During the past 30 days, approximately how	many days did your poor physical or
mental health keep you from doing your us	
recreation?	

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### Adult MH Tool - Discharge

5. Please answer the following question			Num Nigh			Dor kno	
In the past 30 days, how many times have you been arrested? *Federally Required							
6. Please answer the following questions based on the pamonths	ast 6			ımbe ghts,	r of Times		on't ow
a. How many times have you gone to an emergency room for	a						
<ul><li>psychiatric or emotional problem?</li><li>b. How many nights have you spent in a facility for:</li></ul>							
i. Detoxification?							
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				_	
jail or prisons (as a result of an arrest, parole or probation vio				_		L	
e. How many times have you tried to commit suicide?							
7 Please indicate your level of agreement or		De	ocnor	100 O	ption	C	
7. Please indicate your level of agreement or disagreement with the statements by checking the		ΙΛC	spor	136 0	puon	<u>s</u>	
choice that best represents your feelings or opinion	e 🛪	بو	eq		<b>&gt;</b>	e	<b>a</b>
over the past 6 months. (Please answer for	ngl gre	gre	cid	Agree	ngl ree	Not Jicak	Refused
relationships with persons other than your behavioral	Strongly disagree	Disagree	Jndecided	Ag	Strongly agree	Not pplicabl	Refi
health provider(s).) Source: MHSIP Survey *Federally Required			n		•	9	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	П			П			
friends.	Ш						
Domain: Improved Functioning Domain: Questions 5-8							
5. I do things that are more meaningful to me.							
6. I am better able to take care of my needs.							
7. I am better able to handle things when they go wrong.							
8. I am better able to do things that I want to do.							
Domain: Perception of Access to Services Questions 9-13							
9. The location of services was convenient.							
10. Staff was willing to see me as often as I felt it was							
necessary							
necessary 11. Staff returned my calls within 24 hours.							
necessary							

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### Adult MH Tool - Discharge

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

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\*Federally Required

# **Appendix B: Outcome Tool Surveys**

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

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

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### Youth MH Form -Initial Interview

4. Please in	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						Undecided	Agree	Strongly agree	Not annlicable	Refused				
Domain: So	cial Connected	lness Questions	1-4											
1. I know po	•	listen and unde	erstand me when I											
2. In a crisis or friend		the support I n	eed from family											
3. I have people that I am comfortable talking with about my problems.														
4. I have pe	ople with who	m I can do enjoy	yable things.											
Domain: Im	proved Functi	oning Domain:	Questions 5-11											
5. I am able	to do things I	want to do.												
6. I get alon	g with family i	members.												
7. I get alon	g with friends	and other peop	le.											
8. I do well	in school and/	or work.												
9. I am able	to cope when	things go wrong	g.											
10. I am abl	le to handle my	y daily life.												
11. I am sat	isfied with my	family life right	now.											
Ougation to b	o angrusonad by	linisian								_				
_	e answered by (													
GAIN Snor	Screener (GA	AIN-SS) Scoring		D:	17			Г						
Screener	Items	Past Month	Past 90 Days	Past	r ear			Ever						

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

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

Todays' Date	:	•	
Client STARS			
Drogram	CVE Corvices (SED)	□ АРТ	
Program	☐ CYF Services (SED) ☐ MRT	□ ART □ FFT	
	□ MR1	□ FF1	
1. Have you	attended school at any time	e in the past three months?	
□Yes		□No	
*Federally Requir	ed		
2. Please cir	rcle your current or highest	educational level completed:	
*Federally Requir	red		
	currently employed? (**Collect		
	ed full time (35+ hours per week)	☐ Student	
	ed part time	□ Retired	
□Homem		□ Other (Specify)	
□Disable			
*Federally Requir	red		
4. Which of	following best describes you	ır current residential status?	
	ident, living in private residence	☐ Homelessness	
□Depende	ent, living in private residence	☐ Jail/Correctional Facility	
_	tial Care (group home,	· ,	
	itation center, agency-operated	☐ Foster Home/Foster Care	
□Instituti	onal setting (24/7 care by	☐ Crisis Residence	
skilled/	specialized staff or doctors)	□ Other	
*Federally Requir	red		
5. Would yo	ou say that in general your h	ealth is:	
□Excell		Good Fair Poor	
a. Now thin		which includes physical illness and injury,	
		was your physical health not good?	
	•	hich includes stress, depression, and	
	ns with emotions, how many day: not good?	s during the past 30 days was your mental	
	health keep you from doing your	ow many days did your poor physical or usual activities, such as self-care, work, or	

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#### Youth MH Form - Update Interval

6. Please answer the following question  In the past 30 days, how many times have you been arrested?  Nights/Times know	_
*Federally Required Element	
<b>7. Please answer the following questions based on the past 6</b> Number of Nights/Times Number of Nights/Times	
a. How many times have you gone to an emergency room for a psychiatric or emotional problem?	
b. How many nights have you spent in a facility for:  i. Detoxification?	
ii. Inpatient/Residential Substance Use Disorder Treatment?	
iii. Mental Health Care?	
iv. Illness, Injury, Surgery?	
c. How many times have you been arrested?	
d. How many nights have you spent in a correctional facility including JDC or Jail (as a result of an arrest, parole or probation violation)?	
e. How many times have you tried to commit suicide?	
*Federally Required Element ———	_
8. Please indicate your level of agreement or Response Options disagreement with the statements by checking the	_
choice that best represents your feelings or opinion	p
choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral	Refused
relationships with persons other than your behavioral	Ref
health provider(s).) *Federally Required	
Domain: Social Connectedness Questions 1-4	
1. I know people who will listen and understand me when I need to talk.	
2. In a crisis, I would have the support I need from family and friends.	
3. I have people that I am comfortable talking with about my problems.	
4. I have people with whom I can do enjoyable things.	
Domain: Improved Functioning/ Outcomes Domain: Questions 5-11	
= = = = =	
21.1 dail 200001 daile to cope when simile 80 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

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

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

Todays' Date:	8-
Client STARS ID:	
11111111	-lllll
Program ☐ CYF Services (SED)	□ ART
☐ MRT	□ FFT
1. Have you attended school at any time in	the past three months?
□Yes	□No
*Federally Required	
2. Please circle your current or highest edu	icational level completed:
Self-Contained Special Ed Class (No Grade)	
*Federally Required	
3. Are you currently employed? (**Collected for	or clients 16 and older only)
$\square$ Employed full time (35+ hours per week)	☐ Student
☐ Employed part time	☐ Retired
□Homemaker	Other (Specify)
□Disabled	
*Federally Required	
4. Which of following best describes your o	urrent residential status?
<b>4. Which of following best describes your c</b> Independent, living in private residence	urrent residential status?
☐ Independent, living in private residence ☐ Dependent, living in private residence	
☐ Independent, living in private residence ☐ Dependent, living in private residence ☐ Residential Care (group home,	☐ Homelessness ☐ Jail/Correctional Facility
☐ Independent, living in private residence ☐ Dependent, living in private residence	☐ Homelessness
☐ Independent, living in private residence ☐ Dependent, living in private residence ☐ Residential Care (group home, rehabilitation center, agency-operated	☐ Homelessness ☐ Jail/Correctional Facility
☐ Independent, living in private residence ☐ Dependent, living in private residence ☐ Residential Care (group home, rehabilitation center, agency-operated care)	<ul><li>☐ Homelessness</li><li>☐ Jail/Correctional Facility</li><li>☐ Foster Home/Foster Care</li></ul>
☐ Independent, living in private residence ☐ Dependent, living in private residence ☐ Residential Care (group home, rehabilitation center, agency-operated care) ☐ Institutional setting (24/7 care by	<ul> <li>☐ Homelessness</li> <li>☐ Jail/Correctional Facility</li> <li>☐ Foster Home/Foster Care</li> <li>☐ Crisis Residence</li> </ul>
☐ Independent, living in private residence ☐ Dependent, living in private residence ☐ Residential Care (group home, rehabilitation center, agency-operated care) ☐ Institutional setting (24/7 care by skilled/specialized staff or doctors) *Federally Required	<ul> <li>☐ Homelessness</li> <li>☐ Jail/Correctional Facility</li> <li>☐ Foster Home/Foster Care</li> <li>☐ Crisis Residence</li> <li>☐ Other</li> </ul>
☐ Independent, living in private residence ☐ Dependent, living in private residence ☐ Residential Care (group home, rehabilitation center, agency-operated care) ☐ Institutional setting (24/7 care by skilled/specialized staff or doctors)	☐ Homelessness ☐ Jail/Correctional Facility ☐ Foster Home/Foster Care ☐ Crisis Residence ☐ Other
□ Independent, living in private residence □ Dependent, living in private residence □ Residential Care (group home, rehabilitation center, agency-operated care) □ Institutional setting (24/7 care by skilled/specialized staff or doctors) *Federally Required  5. Would you say that in general your healt □ Excellent □ Very Good □ Good a. Now thinking about your physical health, whi	☐ Homelessness ☐ Jail/Correctional Facility ☐ Foster Home/Foster Care ☐ Crisis Residence ☐ Other ☐ this: ☐ Od ☐ Fair ☐ Poor ☐ ch includes physical illness and injury,
□ Independent, living in private residence □ Dependent, living in private residence □ Residential Care (group home, rehabilitation center, agency-operated care) □ Institutional setting (24/7 care by skilled/specialized staff or doctors) *Federally Required  5. Would you say that in general your healt □ Excellent □ Very Good □ Go a. Now thinking about your physical health, which how many days during the past 30 days was b. Now thinking about your mental health, which	☐ Homelessness ☐ Jail/Correctional Facility ☐ Foster Home/Foster Care ☐ Crisis Residence ☐ Other ☐ th is: ☐ od ☐ Fair ☐ Poor Ch includes physical illness and injury, your physical health not good? ☐ includes stress, depression, and
□ Independent, living in private residence □ Dependent, living in private residence □ Residential Care (group home, rehabilitation center, agency-operated care) □ Institutional setting (24/7 care by skilled/specialized staff or doctors) *Federally Required  5. Would you say that in general your healt □ Excellent □ Very Good □ Go a. Now thinking about your physical health, whi how many days during the past 30 days was	☐ Homelessness ☐ Jail/Correctional Facility ☐ Foster Home/Foster Care ☐ Crisis Residence ☐ Other ☐ th is: ☐ od ☐ Fair ☐ Poor Ch includes physical illness and injury, your physical health not good? ☐ includes stress, depression, and
□ Independent, living in private residence □ Dependent, living in private residence □ Residential Care (group home, rehabilitation center, agency-operated care) □ Institutional setting (24/7 care by skilled/specialized staff or doctors) *Federally Required  5. Would you say that in general your healt □ Excellent □ Very Good □ Go a. Now thinking about your physical health, which how many days during the past 30 days was b. Now thinking about your mental health, which problems with emotions, how many days during the past 30 days, approximately how mental health not good? c. During the past 30 days, approximately how mental health not good?	☐ Homelessness ☐ Jail/Correctional Facility ☐ Foster Home/Foster Care ☐ Crisis Residence ☐ Other ☐ Chis: ☐ Od ☐ Fair ☐ Poor ☐ Chincludes physical illness and injury, your physical health not good? ☐ includes stress, depression, and ring the past 30 days was your mental ☐ many days did your poor physical or
□ Independent, living in private residence □ Dependent, living in private residence □ Residential Care (group home, rehabilitation center, agency-operated care) □ Institutional setting (24/7 care by skilled/specialized staff or doctors) *Federally Required  5. Would you say that in general your healt □ Excellent □ Very Good □ Go a. Now thinking about your physical health, which how many days during the past 30 days was b. Now thinking about your mental health, which problems with emotions, how many days during the past 30 days during the past 30 days was	☐ Homelessness ☐ Jail/Correctional Facility ☐ Foster Home/Foster Care ☐ Crisis Residence ☐ Other ☐ Chis: ☐ Od ☐ Fair ☐ Poor ☐ Chincludes physical illness and injury, your physical health not good? ☐ includes stress, depression, and ring the past 30 days was your mental ☐ many days did your poor physical or

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#### Youth MH Form - Discharge

6. Please answer the following question				ber o 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>			ımbe ghts <i>i</i>	r of 'Time		on't low
a. How many times have you gone to an emergency room for a psycemotional problem?	chiatr	ic or			_		
b. How many nights have you spent in a facility for: i. Detoxification?							
<ul><li>ii. Inpatient/Residential Substance Use Disorder Treatment?</li><li>iii. Mental Health Care?</li></ul>					_		
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 JC	C or					
e. How many times have you tried to commit suicide? *Federally Required Element					_		
8. Please indicate your level of agreement or		Re	espor	ise O	ption	ıs	
8. Please indicate your level of agreement or disagreement with the statements by checking the		Re	espor	ise O	ption	1S	
disagreement with the statements by checking the choice that best represents your feelings or opinion	gly ee					٥	ed
disagreement with the statements by checking the choice that best represents your feelings or opinion over the past 6 months. (Please answer for	ongly					٥	fused
disagreement with the statements by checking the choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral	Strongly disagree		Spor Ondecided Onder	Agree O	Strongly dare	٥	Refused
disagreement with the statements by checking the choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) *Federally Required	Strongly disagree					٥	Refused
disagreement with the statements by checking the choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) *Federally Required  Domain: Social Connectedness Questions 1-4	Strongly disagree					٥	Refused
disagreement with the statements by checking the choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) *Federally Required  Domain: Social Connectedness Questions 1-4  1. I know people who will listen and understand me when I need to talk.	Strongly disagree					٥	Refused
disagreement with the statements by checking the choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) *Federally Required  Domain: Social Connectedness Questions 1-4  1. I know people who will listen and understand me when I	Strongly disagree					٥	
disagreement with the statements by checking the choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) *Federally Required  Domain: Social Connectedness Questions 1-4  1. 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	Strongly disagree					٥	Refused
disagreement with the statements by checking the choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) *Federally Required  Domain: Social Connectedness Questions 1-4  1. I know people who will listen and understand me when I need to talk.  2. In a crisis, I would have the support I need from family and friends.  3. I have people that I am comfortable talking with about	Strongly disagree					٥	Refused
disagreement with the statements by checking the choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) *Federally Required  Domain: Social Connectedness Questions 1-4  1. 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.		□ □ □ □ Disagree				٥	Refused
disagreement with the statements by checking the choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) *Federally Required  Domain: Social Connectedness Questions 1-4  1. I know people who will listen and understand me when I need to talk.  2. In a crisis, I would have the support I need from family and friends.  3. I have people that I am comfortable talking with about my problems.  4. I have people with whom I can do enjoyable things.  Domain: Improved Functioning/ Outcomes Domain: Question 5. I am better able to do things I want to do.		□ □ □ □ Disagree				٥	Refused
disagreement with the statements by checking the choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) *Federally Required  Domain: Social Connectedness Questions 1-4  1. 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		□ □ □ □ Disagree				٥	Refused
disagreement with the statements by checking the choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) *Federally Required  Domain: Social Connectedness Questions 1-4  1. I know people who will listen and understand me when I need to talk.  2. In a crisis, I would have the support I need from family and friends.  3. I have people that I am comfortable talking with about my problems.  4. I have people with whom I can do enjoyable things.  Domain: Improved Functioning/ Outcomes Domain: Question 5. I am better able to do things I want to do.  6. I get along better with family members.  7. I get along better with friends and other people.		□ □ □ □ Disagree				٥	
disagreement with the statements by checking the choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) *Federally Required  Domain: Social Connectedness Questions 1-4  1. I know people who will listen and understand me when I need to talk.  2. In a crisis, I would have the support I need from family and friends.  3. I have people that I am comfortable talking with about my problems.  4. I have people with whom I can do enjoyable things.  Domain: Improved Functioning/ Outcomes Domain: Question 5. I am better able to do things I want to do.  6. I get along better with family members.  7. I get along better with friends and other people.  8. I am doing better in school and/or work.		□ □ □ □ Disagree				٥	
disagreement with the statements by checking the choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) *Federally Required  Domain: Social Connectedness Questions 1-4  1. I know people who will listen and understand me when I need to talk.  2. In a crisis, I would have the support I need from family and friends.  3. I have people that I am comfortable talking with about my problems.  4. I have people with whom I can do enjoyable things.  Domain: Improved Functioning/ Outcomes Domain: Question 5. I am better able to do things I want to do.  6. I get along better with family members.  7. I get along better with friends and other people.  8. I am doing better in school and/or work.  9. I am better able to cope when things go wrong.		□ □ □ □ Disagree				٥	
disagreement with the statements by checking the choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) *Federally Required  Domain: Social Connectedness Questions 1-4  1. I know people who will listen and understand me when I need to talk.  2. In a crisis, I would have the support I need from family and friends.  3. I have people that I am comfortable talking with about my problems.  4. I have people with whom I can do enjoyable things.  Domain: Improved Functioning/ Outcomes Domain: Question 5. I am better able to do things I want to do.  6. I get along better with family members.  7. I get along better with friends and other people.  8. I am doing better in school and/or work.		□ □ □ □ Disagree				٥	

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#### Youth MH Form - Discharge

				Response Options			S			
				Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Not applicable	Refused
Domain: Pe	rception of Acc	ess to Services (	Questions 12-13							
12. The loca	ation of service	s was convenien	ıt.							
13. Services me.	s are available a	at times that are	convenient for							
Domains: P	erception of Cu	ltural Sensitivit	y Questions 14-17	'						
14. Staff tre	ated me with r	espect.								
		ily's religious/s								
		a way that I und								
		my cultural/eth								
Domain: Perceptions of Participation in Treatment Planning Questions 18-20										
	to choose my									
19. I helped to choose my treatment goals.										
	pated in my ov									
		on Questions 21								
21. Overall here.	l am satisfied v	vith the services	I have received							
22. The peo what.	ple helping me	have stuck with	me no matter							
23. I feel I h	ave someone t	o talk to when I	am troubled.							
24. I receive	ed services that	t were right for r	ne.							
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								
<b>GAIN Shor</b>	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 <b>-</b> 1f									
EDScr	2a – 2g									
SDScr	3a <b>–</b> 3e					_			_	
CVScr	4a <b>–</b> 4e									
TDCor	12 40									

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

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

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#### Family MH Form -Initial Interview

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

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

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

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#### Family MH Form - Update Interval

6. Please answer the following question				nber o nts/Ti		Dor kno	
In the past 30 days, how many times has your child been arrested?  *Federally Required Element  *Federally Required Element	ı		- 0		-		
7. Please answer the following questions based on the pa	st 6		Nun	ber c	f	Don't	t
months			Nigh	ıts/Ti	mes	know	V
a. How many times has your child gone to an emergency room for	a						_
psychiatric or emotional problem?							
<ul><li>b. How many nights has your child spent in a facility for:</li><li>i. Detoxification?</li></ul>							
ii. Inpatient/Residential Substance Use Disorder Treatment?							
iii. Mental Health Care?							
iv. Illness, Injury, Surgery?							
c. How many times has your child been arrested?							_
d. How many nights has your child spent in a correctional facility in	nclud	ing					
JDC or Jail (as a result of an arrest, parole or probation violation)?							
e. How many times has your child tried to commit suicide?							
8. Please indicate your level of agreement or		R	espoi	nse O	ption	ıs	
disagreement with the statements by checking the			ਰ			٥	د
choice that best represents your feelings or opinion	Strongly	uisagi ee Disagree	Jndecided	ee	Strongly	Not nolicable	sed
over the past 6 months. (Please answer for relationships with persons other than your behavioral	ror	isag	dec	Agree	ror	Not	Refused
health provider(s).) *Federally Required	ऊन्		Un		S	an	2
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	20 E	11					
5. My child is better able to do things he or she wants to do.	15 5-	<u> </u>					
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.							
5. My china is better able to cope when things go wrong.					$\overline{\Box}$		
10. My child is botton at handling daily life							
<ul><li>10. My child is better at handling daily life.</li><li>11. I am satisfied with our family life right now.</li></ul>							

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#### Family MH Form - 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 us.							
Domains: Perception of Cultural Sensitivity Questions 14-17							
14. Staff treat me with respect.							
15. Staff respect my family's religious/spiritual beliefs.							
16. Staff speak with me in a way that I understand.							
17. Staff are sensitive to my cultural/ethnic background.							
Domain: Perceptions of Participation in Treatment Planning	Ques	tions	s 18-	20			
18. I helped to choose my child's services.							
19. I help to choose my child's treatment goals.							
20. I am frequently involved in my child's treatment.							
Domain: General Satisfaction Questions 21-26							
21. Overall I am satisfied with the services my child received here.							
22. The people helping my child have stuck with us no matter what.							
23. I feel my child has someone to talk to when he/she is troubled.							
24. The services my child and/or family received were right for us.							
25. My family got the help we wanted for my child.							
26. My family has gotten as much help was we needed for my child							

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

Todays' Date:	
Client STARS ID:	
1111111	-
Program ☐ CYF Services (SED)	□ ART
☐ MRT	□ FFT
1. Did your child attend school any time in	the past three months?
☐Yes *Federally Required	□No
2. Please circle your child's current or high	est educational level completed:
Self-Contained Special Ed Class (No Grade)	
*Federally Required	
3. Is your child currently employed? (**Colle	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 c	hild'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 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 child	l's health is:
□Excellent □Very Good □Go	ood □Fair □Poor
a. Now thinking about your child's physical heal injury, how many days during the past 30 da good?	
<b>b</b> . Now thinking about your child's mental health problems with emotions, how many days du mental health not good?	<u>-</u>
c. During the past 30 days, approximately how nor mental health keep you from doing your oschool, work, or recreation?	

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#### Family MH Form - Discharge

6. Please answer the following question		ımbe ghts <i>i</i>		Don't know			
In the past 30 days, how many times has your child been arrested? *Federally Required Element							
7. Please answer the following questions based on the pa		ımbe		Don't			
months			Nı	ghts	/Times	s kn	ow
a. How many times has your child gone to an emergency room for a	a					[	
psychiatric or emotional problem?							
<ul><li>b. How many nights has your child spent in a facility for:</li><li>i. Detoxification?</li></ul>						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	Ш	
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)?							
e. How many times has your child tried to commit suicide? *Federally Required Element					_	[	
8. Please indicate your level of agreement or		Re	esnor	ise ()	ption	S	
disagreement with the statements by checking the		110	зрог	150 0	ption	3	
choice that best represents your feelings or opinion	<b>&gt;</b> 9	يو	eq		<u>×</u>	e	p
over the past 6 months. (Please answer for relationships with persons other than your behavioral						Not olical	use
relationships with persons other than your behavioral	Strc disa	)isa	Jndecided	Agree	Strongly agree	Not policable	Refused
health provider(s).) *Federally Required		_	Ω		••	Ö	,
Domain: Social Connectedness Questions 1-4							
1. My child knows people who will listen and understand			_	_	_	_	
them when they need to talk.	Ш	Ш	Ш	Ш	Ш	Ш	Ш
2. In a crisis, my child would have the support they need							
from family and friends.	Ш	Ш	Ш	ш	Ш	Ш	ш
3. My child has people that he/she are comfortable talking							
with about their problems.		Ш	ш		ш	Ш	
4. My child has people with whom they can do enjoyable							
things.			Ш				
Domain: Improved Functioning/ Outcomes Domain: Question	ns 5-1	11					
5. My child is better able to do things he or she wants to do.							
6. My child gets along better with family members.							
7. My child gets along better with friends and other people.	Ш						
711 1) child gots along sector with interior and child people.							
8. My child is doing better in school and/or work.							
							_
8. My child is doing better in school and/or work.							

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#### Family MH Form - Discharge

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

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