

# Fiscal Year 2024

Southern Plains Behavioral Health Services





# FY24 Foreword by Data and Outcomes

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

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

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

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

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

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

#### What do these changes accomplish?

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

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



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

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

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

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

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

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

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

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

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



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

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

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

The Division of Behavioral Health encourages those that want to learn more to visit our epidemiology website located at <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





# Table of Contents

Data Collection Methodology	1
Description of Substance Use Disorder (SUD) Treatment Services	5
Description of Mental Health (MH) Treatment Services	7
Stakeholder Survey Summary	9
Mental Health (MH) Treatment Services	25
Adult MH Treatment Services	29
Youth MH Treatment Services	57
Family Perceptions of Youth MH Treatment Services	87
Appendix A: Outcome Tool (OT) Return Rates	109
Appendix B: Outcome Tool Surveys	115





# 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



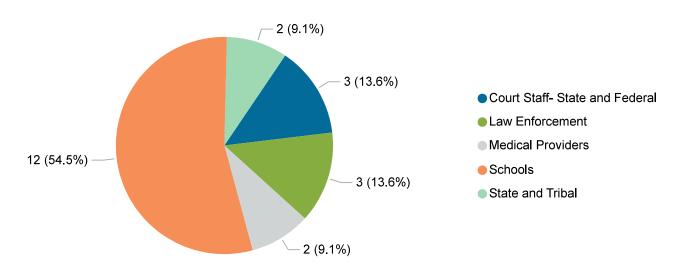
The Division of Behavioral Health (DBH) recognizes the need for strong community collaboration at the local level between accredited behavioral health treatment providers and their local referral sources. Accredited agencies are asked to share a stakeholder survey with local referral sources such as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

## Types of Stakeholders Who Responded



Stakeholder Type	N	%
Court Staff-State and Federal (Judge/Attorney/Probation/Parole/JCA/Drug Court/Teen Court)	3	13.6%
Law Enforcement (Sheriff/Police Department/Federal Law Enforcement)	3	13.6%
Medical (Doctor/Nurse/Social Worker/Psychiatric Nurse/Community Health/Pharmacy)	2	9.1%
School (Administrator/Counselor/Teacher/Aide/Social Worker)	12	54.5%
State and Tribal (EA/CPS/Adult Services/Child Welfare/Public Housing/Homeless Shelters)	2	9.1%
Total	22	100.0%



# Familiarity with Services

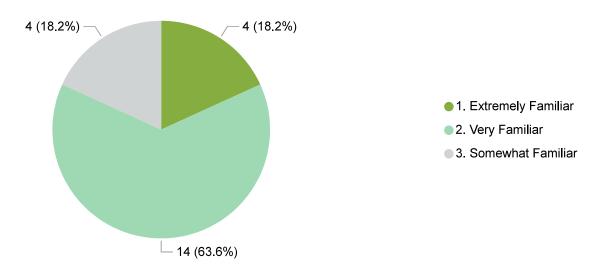


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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

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

## Familiarity with Services



Stakeholder Type	1. Extremely Familiar	2. Very Familiar	3. Somewhat Familiar	Total
Court Staff- State and Federal		100.0%		100.0%
Law Enforcement	33.3%	33.3%	33.3%	100.0%
Medical Providers		100.0%		100.0%
Schools	16.7%	58.3%	25.0%	100.0%
State and Tribal	50.0%	50.0%		100.0%
Total	18.2%	63.6%	18.2%	100.0%



# Staff Respectfulness

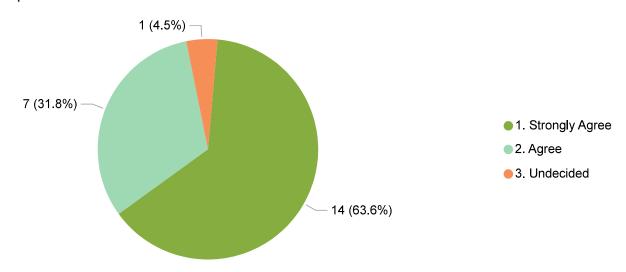


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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

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

## Staff Are Respectful



Stakeholder Type	1. Strongly Agree	2. Agree	3. Undecided	iotai
Court Staff- State and Federal	33.3%	66.7%		100.0%
Law Enforcement	100.0%			100.0%
Medical Providers	50.0%		50.0%	100.0%
Schools	75.0%	25.0%		100.0%
State and Tribal		100.0%		100.0%
Total	63.6%	31.8%	4.5%	100.0%



# Staff Training

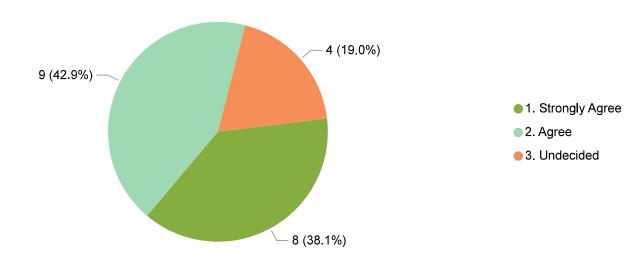


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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		100.0%		100.0%
Law E	nforcement	66.7%	33.3%		100.0%
Medic	al Providers	50.0%	50.0%		100.0%
Schoo	ls	45.5%	18.2%	36.4%	100.0%
State	and Tribal		100.0%		100.0%
Total		38.1%	42.9%	19.0%	100.0%



# Staff Communication

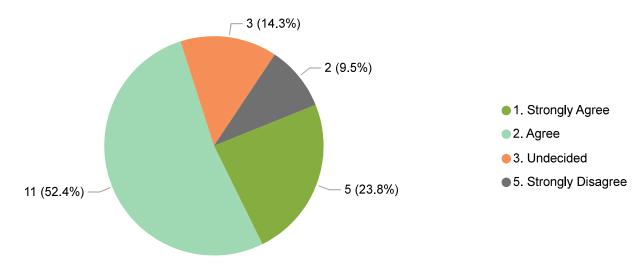


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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	5. Strongly Disagree	Total
Court Staff- State and Federal	33.3%	66.7%			100.0%
Law Enforcement	33.3%	33.3%	33.3%		100.0%
Medical Providers	50.0%	50.0%			100.0%
Schools	16.7%	50.0%	16.7%	16.7%	100.0%
State and Tribal		100.0%			100.0%
Total	23.8%	52.4%	14.3%	9.5%	100.0%



# Staff Competency

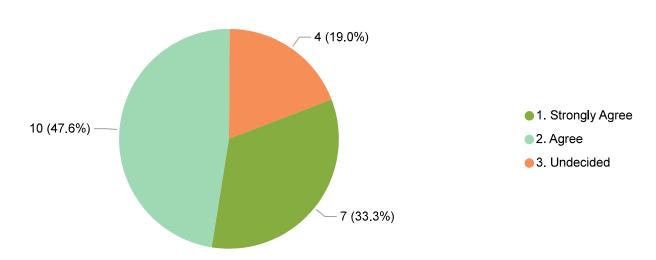


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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		100.0%		100.0%
Law Enforcement	66.7%		33.3%	100.0%
Medical Providers	50.0%	50.0%		100.0%
Schools	36.4%	36.4%	27.3%	100.0%
State and Tribal		100.0%		100.0%
Total	33.3%	47.6%	19.0%	100.0%



# Location of Services

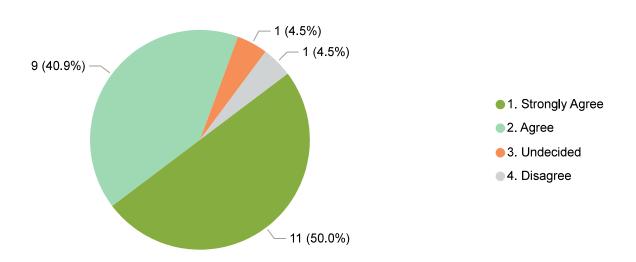


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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	4. Disagree	Total
Court Staff- State and Federal	33.3%	66.7%			100.0%
Law Enforcement	33.3%	66.7%			100.0%
Medical Providers	50.0%	50.0%			100.0%
Schools	58.3%	25.0%	8.3%	8.3%	100.0%
State and Tribal	50.0%	50.0%			100.0%
Total	50.0%	40.9%	4.5%	4.5%	100.0%



# Service Availability

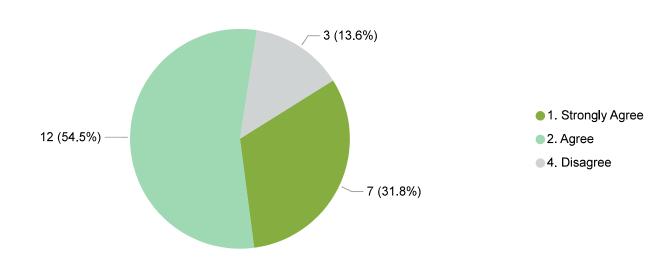


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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	4. Disagree	Total
Court Staff- State and Federal		100.0%		100.0%
Law Enforcement	66.7%	33.3%		100.0%
Medical Providers	50.0%		50.0%	100.0%
Schools	33.3%	58.3%	8.3%	100.0%
State and Tribal		50.0%	50.0%	100.0%
Total	31.8%	54.5%	13.6%	100.0%



# Community Responsiveness

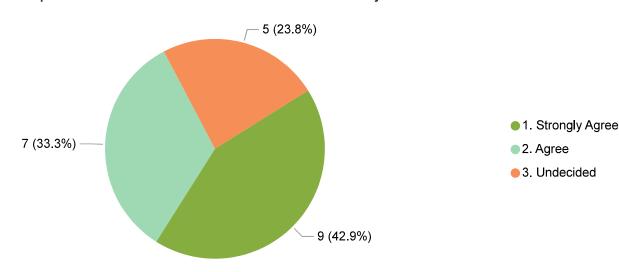
The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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	33.3%	66.7%		100.0%
Law Enforcement	100.0%			100.0%
Medical Providers	50.0%		50.0%	100.0%
Schools	33.3%	33.3%	33.3%	100.0%
State and Tribal	50.0%	50.0%		100.0%
Total	42.9%	33.3%	23.8%	100.0%



# Supportiveness of Clients' Needs

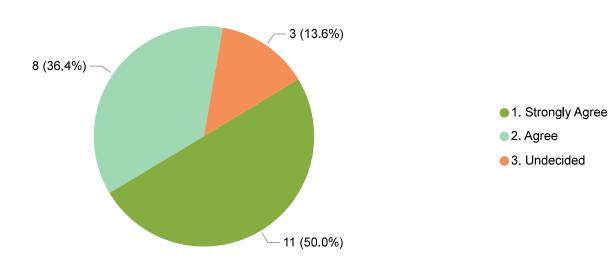


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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	Total
Court Staff- State and Federal	33.3%	66.7%		100.0%
Law Enforcement	66.7%		33.3%	100.0%
Medical Providers	50.0%		50.0%	100.0%
Schools	50.0%	41.7%	8.3%	100.0%
State and Tribal	50.0%	50.0%		100.0%
Total	50.0%	36.4%	13.6%	100.0%



# **Quality of Services**

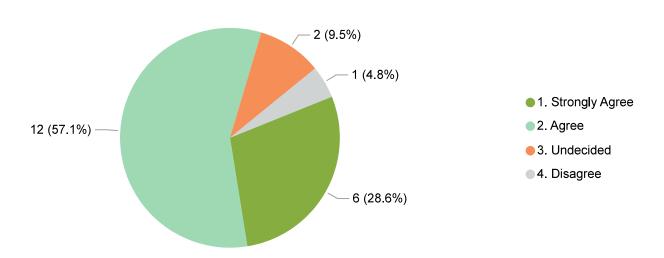


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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	4. Disagree	Total
Court Staff- State and Federal		100.0%			100.0%
Law Enforcement	33.3%	33.3%		33.3%	100.0%
Medical Providers	50.0%	50.0%			100.0%
Schools	36.4%	45.5%	18.2%		100.0%
State and Tribal		100.0%			100.0%
Total	28.6%	57.1%	9.5%	4.8%	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."

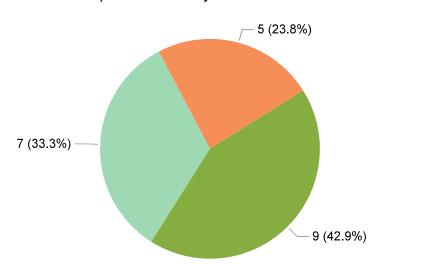
The majority of stakeholders agreed or strongly agreed that providers are responsive to their questions and concerns.

1. Strongly Agree

2. Agree

3. Undecided

## Provider Has Been Responsive To My Questions and Concerns



Stakeholder Type	1. Strongly Agree	2. Agree	3. Undecided	Total
Court Staff- State and Federal	33.3%	66.7%		100.0%
Law Enforcement	100.0%			100.0%
Medical Providers	50.0%		50.0%	100.0%
Schools	33.3%	33.3%	33.3%	100.0%
State and Tribal	50.0%	50.0%		100.0%
Total	42.9%	33.3%	23.8%	100.0%



# Satisfaction of Outcomes

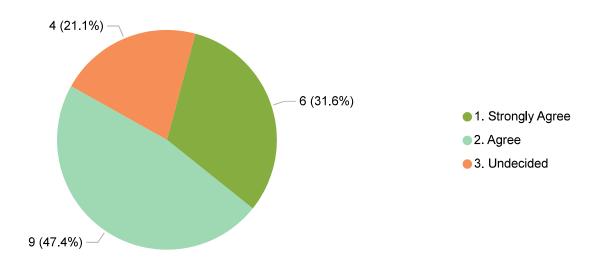


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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	Total
Court Staff- State and Federal		100.0%		100.0%
Law Enforcement	33.3%	33.3%	33.3%	100.0%
Medical Providers	50.0%		50.0%	100.0%
Schools	40.0%	50.0%	10.0%	100.0%
State and Tribal			100.0%	100.0%
Total	31.6%	47.4%	21.1%	100.0%





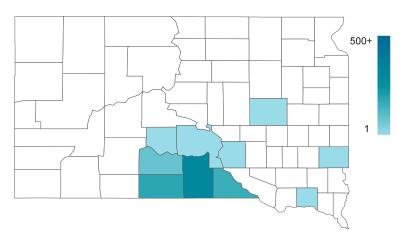
# Mental Health (MH) Treatment Services





# 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)	401	244
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	332	270
Outpatient Services	33	150



Unduplicated Clients Served (Publicly Funded)
755

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

721



Veterans Served (Publicly Funded)

19

Publicly Funded Clients Who Successfully Completed Treatment

47





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.





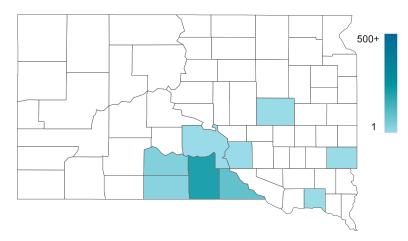


[Page intentionally left blank]



#### Adult MH Treatment Services

County of Residence for Clients Who Received Publicly Funded Services



**Treatment Services** 

Publicly Funded Average Duration of Clients Served Treatment (Days)

Child or Youth and Family Services (CYF)	21	314
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	324	275
Outpatient Services	31	161



Unduplicated Clients Served (Publicly Funded)

369

Publicly Funded Clients with Serious Mental Illness (SMI)

323



Veterans Served (Publicly Funded)

19

Publicly Funded Clients Who Successfully Completed Treatment

19





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

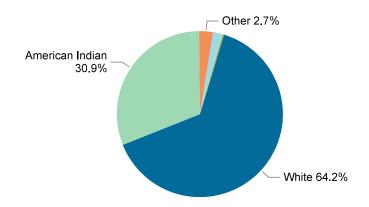


# Race & Ethnicity

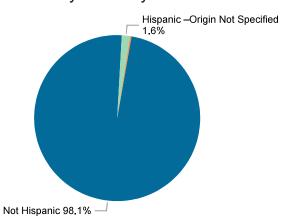


According to the U.S. Census Bureau, 84.2% of South Dakotans identify as White, 8.5% identify as American Indian, and 5.1% identify as Hispanic. The data below reflect the self-reported race and ethnicity of adults served in publicly funded treatment services.

#### Clients Served by Race



#### Clients Served by Ethnicity



#### Clients Served by Service Type and Race

	2+ R	aces	Americ Indian	an	Asia	an	Black		Othe	r	White		Total	
Treatment Services	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Child or Youth and Family Services (CYF)	1	4.8%	12	57.1%							8	38.1%	21	100.0%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	5	1.5%	101	31.2%	1	0.3%	1	0.3%	8	2.5%	208	64.2%	324	100.0%
Outpatient Services Total	6	1.6%	3 <b>114</b>	9.7% <b>30.9%</b>	1	0.3%	1	0.3%	2 <b>10</b>	6.5% <b>2.7%</b>	26 <b>237</b>	83.9% <b>64.2%</b>	31 369	100.0% 100.0%

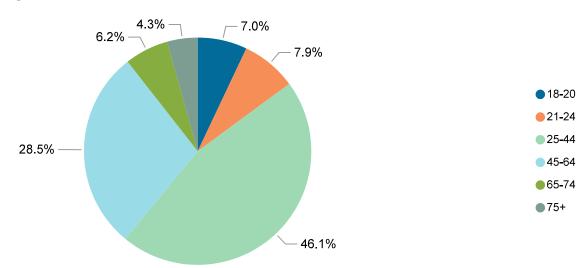






The below data reflect the age of adults served in publicly funded treatment services. Age categories follow SAMHSA guidelines for data reporting.

#### Clients Served by Age



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

	18-20	)	21-24		25-44		45 <b>-</b> 64		65-74	1	75+		Total	
Treatment Services	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Child or Youth and Family Services (CYF)	18	85.7%	1	4.8%	1	4.8%	1	4.8%					21	100.0%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	9	2.8%	27	8.3%	155	47.8%	98	30.2%	19	5.9%	16	4.9%	324	100.0%
Outpatient Services	1	3.2%	2	6.5%	16	51.6%	8	25.8%	4	12.9%			31	100.0%
Total	26	7.0%	29	7.9%	170	46.1%	105	28.5%	23	6.2%	16	4.3%	369	100.0%

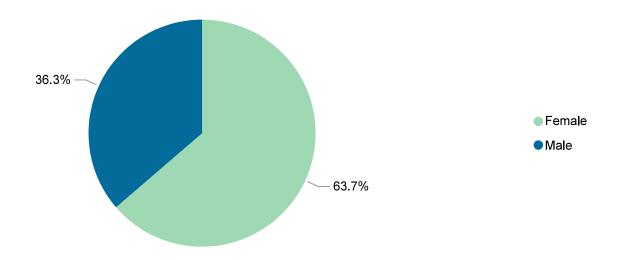


#### Gender



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	е	Male		Total	
Treatment Services	N	%	N	%	N	%
Child or Youth and Family Services (CYF)	14	66.7%	7	33.3%	21	100.0%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	203	62.7%	121	37.3%	324	100.0%
Outpatient Services	22	71.0%	9	29.0%	31	100.0%
Total	235	63.7%	134	36.3%	369	100.0%



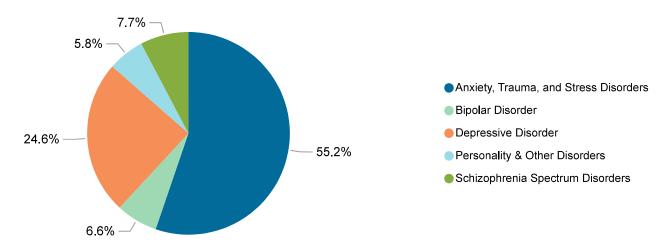
# Primary Diagnosis



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 Anxiety, Trauma, and Stress Disorders, followed by Depressive Disorder.

#### Clients Served for Each Primary Diagnosis



#### Diagnosis by Service Type

	Anxiet Traum Stress Disord	a, and	Bipo Diso		Depre Disord		& Ot	onality her rders	Schizo Specti Disorc		Total	
Treatment Services	N	%	N	%	N	%	N	%	N	%	N	%
Child or Youth and Family Services (CYF)	9	45.0%	1	5.0%	9	45.0%			1	5.0%	20	100.0%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	169	53.1%	23	7.2%	82	25.8%	17	5.3%	27	8.5%	318	100.0%
Outpatient Services	25	80.6%			1	3.2%	5	16.1%			31	100.0%
Total	200	55.2%	24	6.6%	89	24.6%	21	5.8%	28	7.7%	362	100.0%





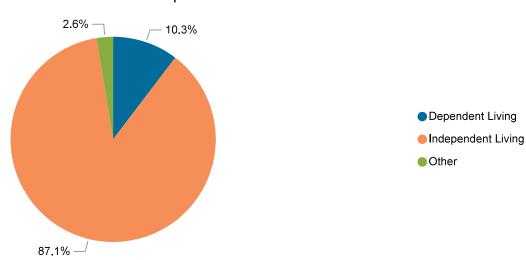


The national rate of homelessness for adult clients was 5.7%.

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
Child or Youth and Family Services (CYF)	1	0.0%	0.0%	0.0%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	112	0.9%	0.0%	0.0%
Outpatient Services	3	0.0%	0.0%	0.0%
Total	116	0.8%	0.0%	0.0%

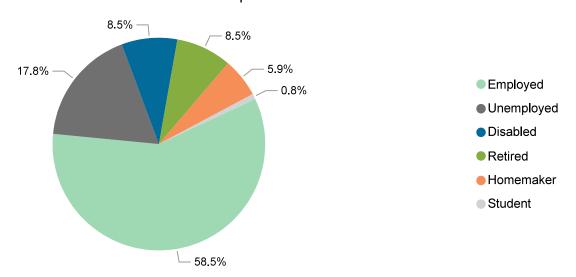




The data below reflect the employment status of adults served in publicly funded treatment services.

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
Child or Youth and Family Services (CYF)	1	0.0%	100.0%	100.0%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	112	43.6%	60.3%	57.8%
Outpatient Services	3	100.0%	100.0%	100.0%
Total	116	44.6%	61.7%	59.2%



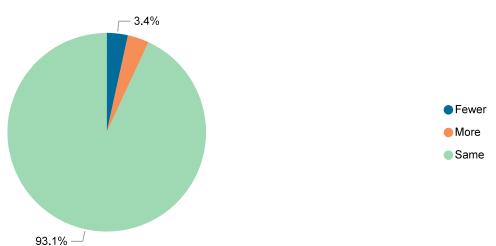


Clients are asked at the start of treatment and at their most recent update, "In the past 30 days, how many times have you been arrested?" Only clients who completed this question at time of admission and time of most recent update are included.

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 no change 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
Child or Youth and Family Services (CYF)	1	0.0%	0.0%	0.0%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	108	3.6%	1.8%	3.6%
Outpatient Services	3	0.0%	0.0%	0.0%
Total	112	3.4%	1.7%	3.4%



## **General Health**

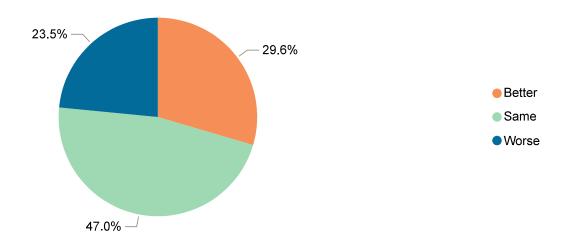


Clients are asked at the start of treatment and at their most recent update, "Would you say that in general your health is?" Clients could answer in a range from 1-"Poor" to 5-"Excellent". Only clients who completed this question at time of admission and time of most recent update are included.

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	1	4.00	3.00	3.00	-1.00	-25.0%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	108	2.71	2.86	2.83	0.12	4.3%
Outpatient Services	3	3.00	3.00	3.00	0.00	0.0%
Total	112	2.73	2.86	2.83	0.10	3.8%



### Physical Health

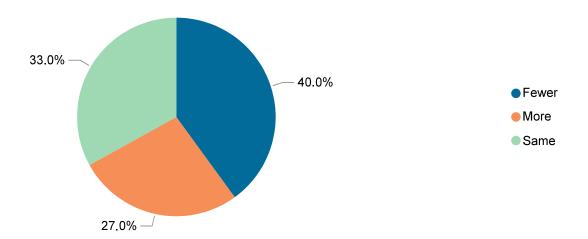


Clients are asked at the start of treatment and at their most recent update, "Now thinking about your physical health, which includes physical illness and injury, how many days during the past 30 days was your physical health not good?" Only clients who completed this question at time of admission and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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	1	0.00	4.00	4.00	4.00	Infinity
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	108	8.96	6.67	7.16	-1.80	-20.1%
Outpatient Services	3	16.33	2.33	2.33	-14.00	-85.7%
Total	112	9.08	6.53	7.01	-2.07	-22.8%



### Mental Health

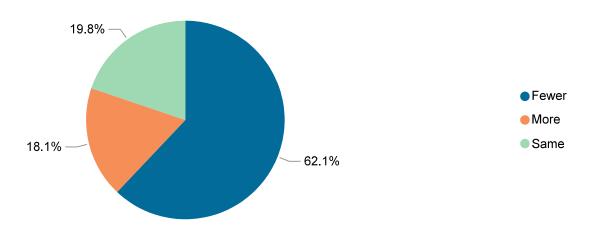


Clients are asked at the start of treatment and at their most recent update, "Now thinking about your mental health, which includes stress, depression, and problems with emotions, how many days during the past 30 days was your mental health not good?" Only clients who completed this question at time 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
Child or Youth and Family Services (CYF)	1	15.00	7.00	7.00	-8.00	-53.3%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	109	18.70	9.67	9.64	-9.05	-48.4%
Outpatient Services	3	22.33	7.67	7.67	-14.67	-65.7%
Total	113	18.76	9.59	9.57	-9.19	-49.0%



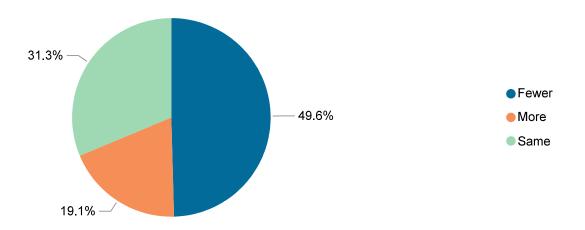
# Physical or Mental Health Prevented Normal Activities

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
Child or Youth and Family Services (CYF)	1	0.00	2.00	2.00	2.00	Infinity
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	108	8.14	3.91	4.51	-3.62	-44.5%
Outpatient Services	3	3.00	4.00	4.00	1.00	33.3%
Total	112	7.93	3.90	4.48	-3.45	-43.5%



# Reported Attempts to Die by Suicide

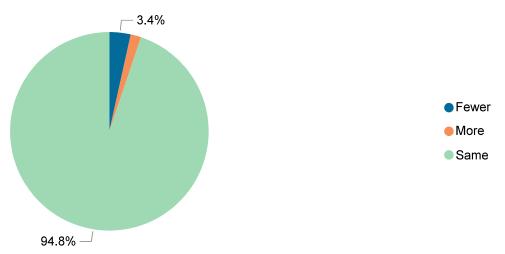


If you, or someone you know, is in need of crisis support, or experiencing emotional distress, call or text 988, or chat at https://988lifeline.org/. Clients are asked at the start of treatment and at their most recent update, "How many times have you tried to commit suicide in the past 6 months?" Only clients who completed this question at time of admission and time of most recent update are included.

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	1	0.00	0.00	0.00	0.00	NaN
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	108	0.06	0.05	0.05	-0.01	-14.3%
Outpatient Services	3	0.00	0.00	0.00	0.00	NaN
Total	112	0.06	0.05	0.05	-0.01	-14.3%



#### Visits to Emergency Department



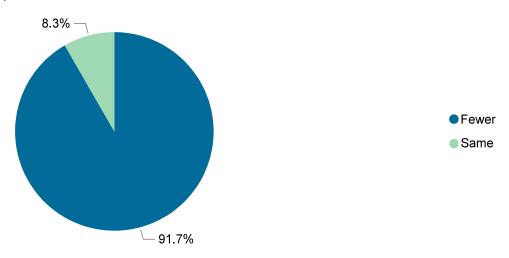
Clients are asked at the start of treatment and at their most recent update, "How many times have you gone to an emergency room for a psychiatric or emotional problem in the past 6 months?" Only clients who completed this question at time of admission and time of most recent update are included.

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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	11	1.08	0.08	0.08	-1.00	-92.3%
Total	11	1.08	0.08	0.08	-1.00	-92.3%



### Detoxification Services



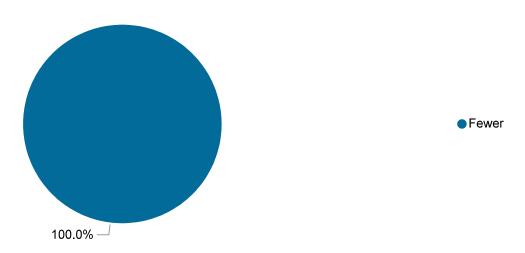
Clients are asked at the start of treatment and at their most recent update, "How many nights have you spent in a facility for detoxification in the past 6 months?" Only clients who completed this question at time of admission and time of most recent update are included.

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)	2	15.00	0.00	0.00	-15.00	-100.0%
Total	2	15.00	0.00	0.00	-15.00	-100.0%



# Inpatient Substance Use Disorder Treatment Services

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

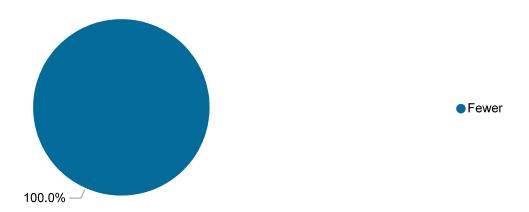
Clients who had at least one night in a facility for substance use treatment prior to receiving treatment services are included.

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

At most recent update, 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)	2	97.50	0.00	0.00	-97.50	-100.0%
Total	2	97.50	0.00	0.00	-97.50	-100.0%



# Hospital Admissions for Mental Health Care



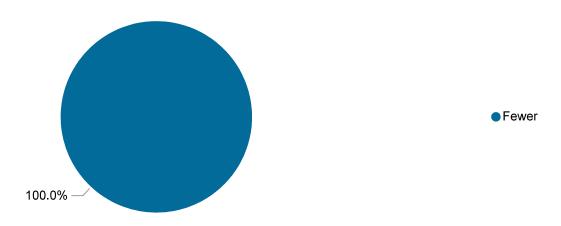
Clients are asked at the start of treatment and at their most recent update, "How many nights have you spent in a facility for mental health care in the past 6 months?" Only clients who completed this question at time of admission and time of most recent update are included.

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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	6	14.86	0.00	0.00	-14.86	-100.0%
Total	6	14.86	0.00	0.00	-14.86	-100.0%



#### Illness, Injury, or Surgery



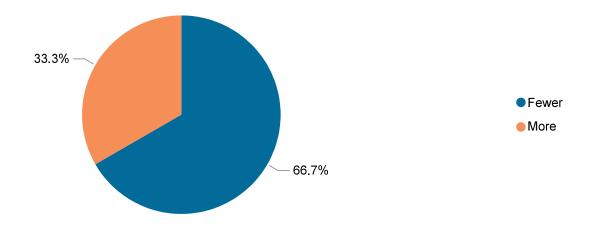
Clients are asked at the start of treatment and at their most recent update, "How many night have you spent in a facility for illness, injury, or surgery in the past 6 months?" Only clients who completed this question at time of admission and time of most recent update are included.

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, adults 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	Average First Update	Average Most Recent Update	Change	Percent Change
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	6	2.67	4.33	4.33	1.67	62.5%
Total	6	2.67	4.33	4.33	1.67	62.5%



# Nights Spent in Correctional Facility



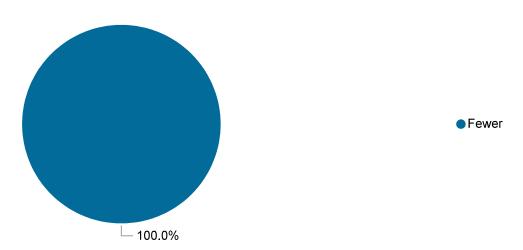
Clients are asked at the start of treatment and at their most recent update, "How many nights have you spent in a correctional facility including jail or prisons (as a result of an arrest, parole or probation violation) in the past 6 months?" Only clients who completed this question at time of admission 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		Percent Change
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	6	7.33	0.00	0.00	-7.33	-100.0%
Total	6	7.33	0.00	0.00	-7.33	-100.0%



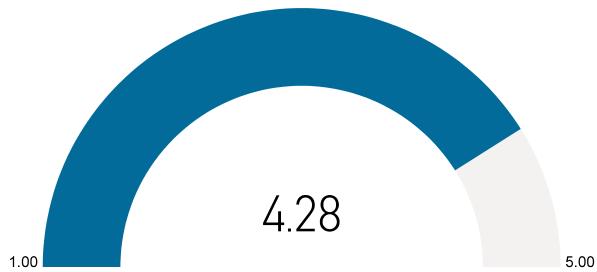
# General Satisfaction with Services

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

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

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





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

Treatment Services	Unduplicated Client Count	Average First Update	Average Most Recent Update
Child or Youth and Family Services (CYF)	1	4.00	4.00
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	112	4.31	4.30
Outpatient Services	3	3.67	3.67
Total	116	4.29	4.28



## Improved Functioning



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

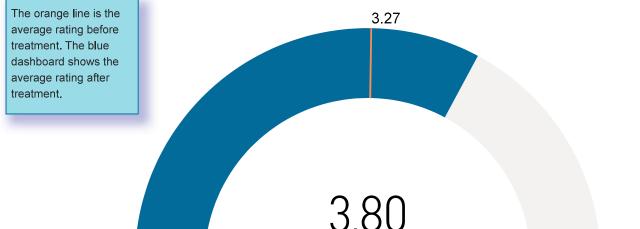
Clients' responses on these surveys are then broken out by the type of treatment service they received. If they received multiple types of treatment services in FY24, their responses are counted once in each service.

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

5.00



1.50



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
<u> </u>						
Child or Youth and Family Services (CYF)	1	4.00	4.00	4.00	0.00	0.0%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	110	3.28	3.80	3.78	0.50	15.4%
Outpatient Services	3	2.67	4.42	4.42	1.75	65.6%
Total	114	3.27	3.82	3.80	0.53	16.3%



### Social Connectedness

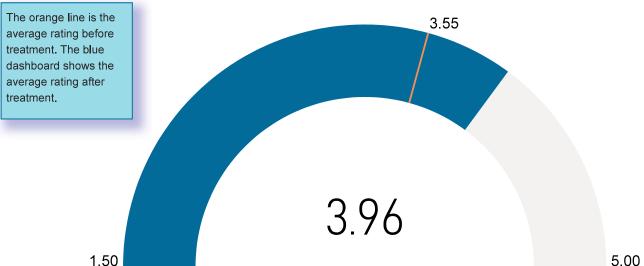
Clients are asked at their most recent update to rate how strongly they agree with four different questions pertaining to their connections with their family, friends, and community. The average of these four responses is given below. To see specific questions, please see Appendix B.

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



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

#### Social Connectedness



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	1	3.50	4.00	4.00	0.50	14.3%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	110	3.56	3.94	3.94	0.38	10.7%
Outpatient Services	3	3.00	4.58	4.58	1.58	52.8%
Total	114	3.55	3.96	3.96	0.41	11.6%



# Participation in Treatment Planning

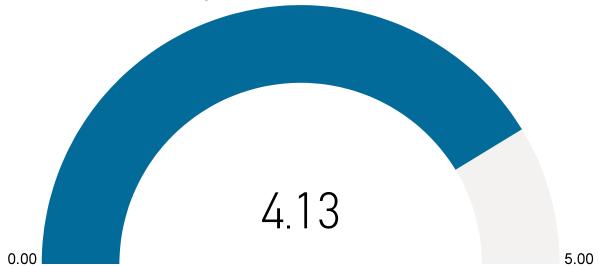


Clients are asked at their most recent update to rate how strongly they agree with two different questions pertaining to their participation in treatment planning for services they received. The average of these two responses is given below. To see specific questions, please see Appendix B.

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

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





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

Treatment Services	Unduplicated Client Count	Average First Update	Average Most Recent Update
Child or Youth and Family Services (CYF)	1	4.00	4.00
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	112	4.14	4.14
Outpatient Services	3	3.67	3.67
Total	116	4.13	4.13



### Access to Services

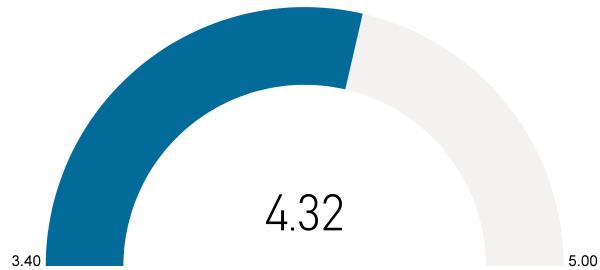


Clients are asked at their most recent update to rate how strongly they agree with five different questions pertaining to the ease and convenience of accessing the services they received. The average of these five responses is given below. To see specific questions, please see Appendix B.

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



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)	1	4.00	4.00
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	112	4.28	4.30
Outpatient Services	3	4.93	4.93
Total	116	4.30	4.32



### Quality and Appropriateness

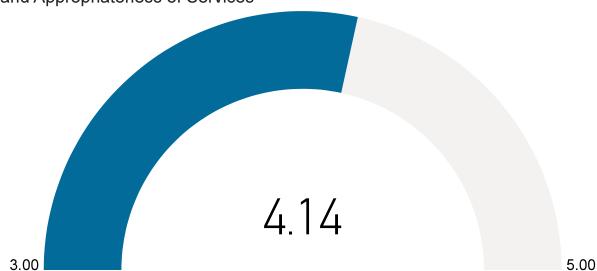


Clients are asked at their most recent update to rate how strongly they agree with eight different questions pertaining to the quality and appropriateness of the services they received. The average of these eight responses is given below. To see specific questions, please see Appendix B.

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

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

#### Quality and Appropriateness of Services



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

Treatment Services	Unduplicated Client Count	Average First Update	Average Most Recent Update
Child or Youth and Family Services (CYF)	1	4.00	4.00
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	112	4.11	4.12
Outpatient Services	3	4.75	4.75
Total	116	4.12	4.14



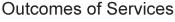
#### **Outcomes**



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
Child or Youth and Family Services (CYF)	1	3.38	3.38
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	112	3.63	3.60
Outpatient Services	3	3.67	3.67
Total	116	3.63	3.60



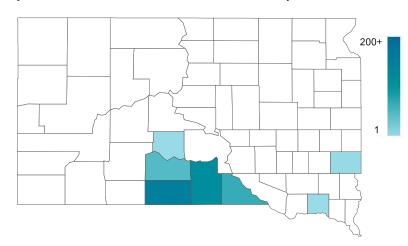


[Page intentionally left blank]



#### 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)	380	238
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	8	0
Outpatient Services	2	16



Unduplicated Clients Served (Publicly Funded)

386

Publicly Funded Clients Served with Serious Emotional Disturbance (SED)





Veterans Served (Publicly Funded)

0

Publicly Funded Clients Who Successfully Completed Treatment

28





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.

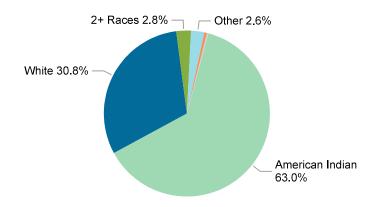


# Race & Ethnicity

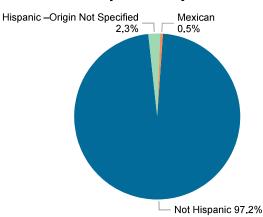


According to the U.S. Census Bureau 84.2% of South Dakotans identify as White, 8.5% identify as American Indian, and 5.1% identify as Hispanic The data below reflect the self-reported race and ethnicity of youth served in publicly funded treatment services.

#### Clients Served by Race



#### Clients Served by Ethnicity



#### Clients Served by Service Type and Race

	2+ Races		American Indian		Asian		Black		Other		White		Total	
Treatment Services	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Child or Youth and Family Services (CYF)	11	2.9%	240	63.2%	1	0.3%	2	0.5%	10	2.6%	116	30.5%	380	100.0%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	1	12.5%	4	50.0%							3	37.5%	8	100.0%
Outpatient Services			1	50.0%							1	50.0%	2	100.0%
Total	11	2.8%	243	63.0%	1	0.3%	2	0.5%	10	2.6%	119	30.8%	386	100.0%

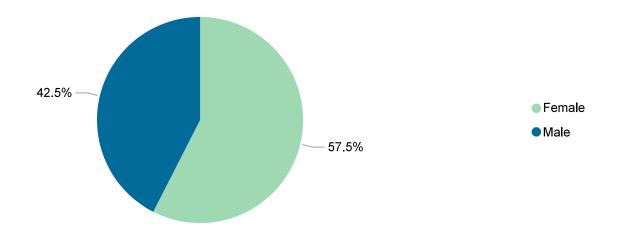






The data below reflect the self-reported gender of youth served in publicly funded treatment services. Gender categories follow SAMHSA guidelines for data reporting.

#### Clients Served by Self-Identified Gender



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

	Female	Э	Male		Total	
Treatment Services	N	%	N	%	N	%
Child or Youth and Family Services (CYF)	218	57.4%	162	42.6%	380	100.0%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	4	50.0%	4	50.0%	8	100.0%
Outpatient Services	2	100.0%			2	100.0%
Total	222	57.5%	164	42.5%	386	100.0%



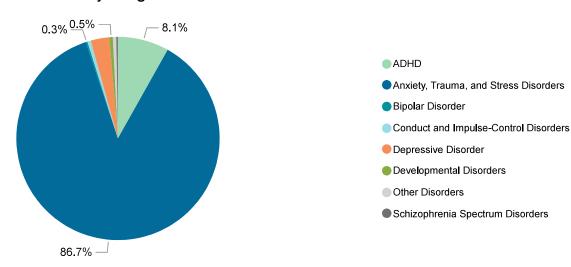
## Primary Diagnosis



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

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

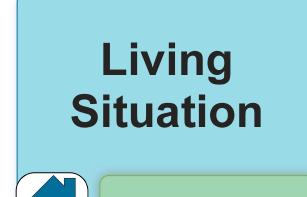
#### Clients Served for Each Primary Diagnosis



#### Diagnosis by Service Type

	ADH	D	Anxiety Traum Stress Disord	a, and		o <b>l</b> ar order	Impu Cont		Depr Diso	essive rder		velopmental sorders		ner sorders	Spe	nizophrenia ectrum orders	Total	
Treatment Services	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Child or Youth and Family Services (CYF)	30	8.3%	317	87.3%	1	0.3%	2	0.6%	10	2.8%	1	0.3%	2	0.6%			363	100.0%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)			4	50.0%			1	12.5%	1	12.5%	1	12.5%			1	12.5%	8	100.0%
Outpatient Services			2	100.0%													2	100.0%
Total	30	8.1%	320	86.7%	1	0.3%	2	0.5%	11	3.0%	2	0.5%	2	0.5%	1	0.3%	369	100.0%

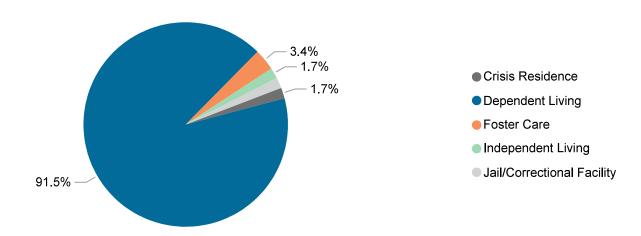




The data below reflect the living situations of youth served in publicly funded treatment services.

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update
Child or Youth and Family Services (CYF)	59	0.0%	0.0%	0.0%
Total	59	0.0%	0.0%	0.0%

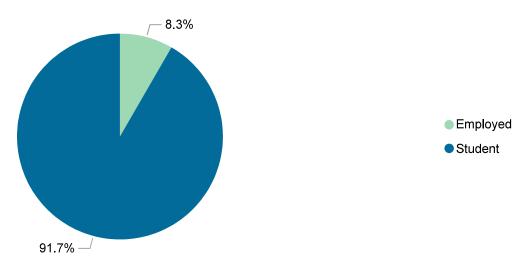




The data below reflect the employment status of youth served in publicly funded treatment services.

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

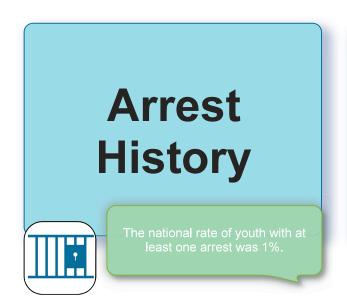
#### **Employment Situation for Clients at Most Recent Update**



#### 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)	59	6.6%	7.8%	7.8%
Total	59	6.6%	7.8%	7.8%



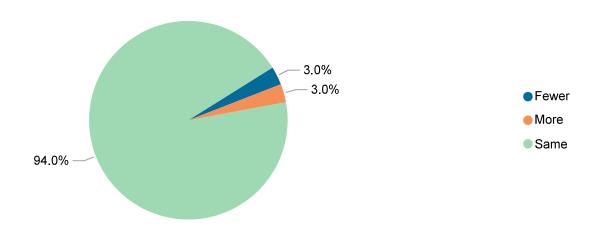


Clients are asked at the start of treatment and at their most recent update, "In the past 30 days, how many times have you been arrested?" Only clients who completed this question at time of admission and time of most recent update are included.

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 no change in arrests in the past 30 days.

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



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

Treatment Services	Unduplicated Client Count	Average Initial	•	Average Most Recent Update
_	ı			
Child or Youth and Family Services (CYF)	59	3.1%	3.1%	3.1%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	4	0.0%	0.0%	0.0%
Total	62	3.0%	3.0%	3.0%



# **General Health**

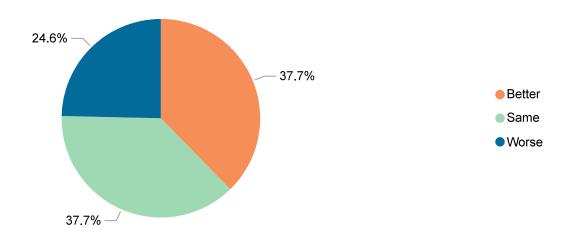


Clients are asked at the start of treatment and at their most recent update, "Would you say that in general your health is?" Clients could answer in a range from 1-"Poor" to 5-"Excellent". Only clients who completed this question at time of admission and time of most recent update are included.

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	61	3.05	3.23	3.23	0.18	6.0%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	4	3.50	2.75	2.75	-0.75	-21.4%
Total	64	3.06	3.22	3.22	0.16	5.2%



# Physical Health

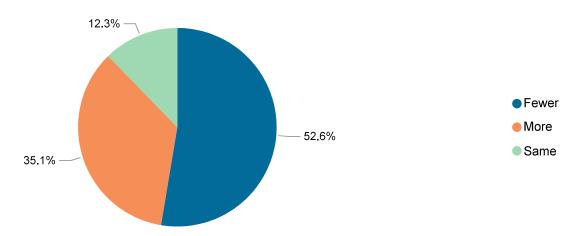


Clients are asked at the start of treatment and at their most recent update, "Now thinking about your physical health, which includes physical illness and injury, how many days during the past 30 days was your physical health not good?" Only clients who completed this question at time of admission and 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
<b>▲</b>			-	·		_
Child or Youth and Family Services (CYF)	53	4.27	2.48	2.48	-1.79	-41.8%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	1	5.00	3.00	3.00	-2.00	-40.0%
Total	54	4.28	2.49	2.49	-1.79	-41.8%



# Mental Health

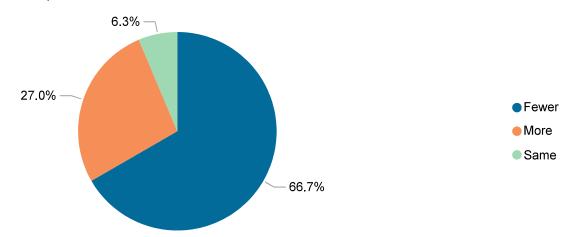


Clients are asked at the start of treatment and at their most recent update, "Now thinking about your mental health, which includes stress, depression, and problems with emotions, how many days during the past 30 days was your mental health not good?" Only clients who completed this question at time 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)	57	13.56	7.69	7.69	-5.87	-43.3%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	3	18.00	20.00	20.00	2.00	11.1%
Total	59	13.83	7.92	7.92	-5.90	-42.7%



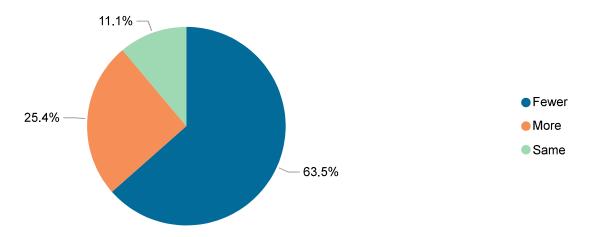
# Physical or Mental Health Prevented Normal Activities

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)	57	8.10	3.46	3.46	-4.64	-57.3%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	3	15.00	5.00	5.00	-10.00	-66.7%
Total	59	8.40	3.35	3.35	-5.05	-60.1%



# Reported Attempts to Die by Suicide



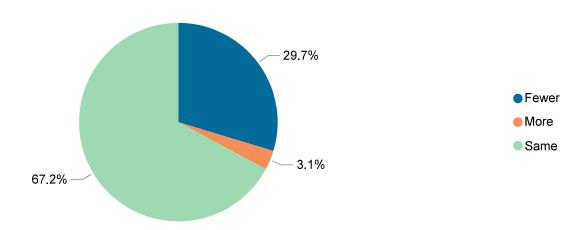
If you, or someone you know, is in need of crisis support, or experiencing emotional distress, call or text 988, or chat at https://988lifeline.org/.

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 First Update	Average Most Recent Update	Change	Percent Change
_				•		
Child or Youth and Family Services (CYF)	56	0.79	0.10	0.10	-0.69	-87.5%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	4	0.75	0.00	0.00	-0.75	-100.0%
Total	59	0.75	0.09	0.09	-0.66	-87.5%



# Visits to Emergency Department



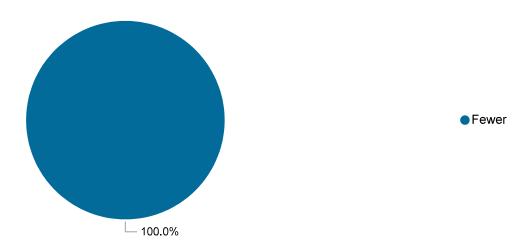
Clients are asked at the start of treatment and at their most recent update, "How many times have you gone to an emergency room for a psychiatric or emotional problem in the past 6 months?" Only clients who completed this question at time of admission and time of most recent update are included.

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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	11	1.67	0.08	0.08	-1.58	-95.0%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	1	2.00	0.00	0.00	-2.00	-100.0%
Total	11	1.67	0.08	0.08	-1.58	-95.0%



# Detoxification Services



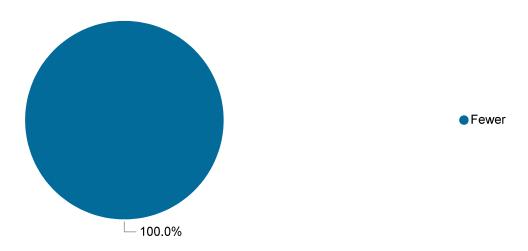
Clients are asked at the start of treatment and at their most recent update, "How many nights have you spent in a facility for detoxification in the past 6 months?" Only clients who completed this question at time of admission and time of most recent update are included.

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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	2	1.50	0.00	0.00	-1.50	-100.0%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	1	2.00	0.00	0.00	-2.00	-100.0%
Total	2	1.50	0.00	0.00	-1.50	-100.0%



# Inpatient Substance Use Disorder Treatment Services

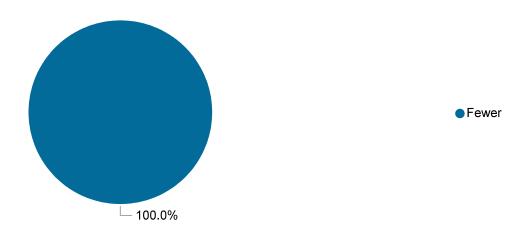
Clients are asked at the start of treatment and at their most recent update, "How many nights have you spent in a facility for inpatient/residential substance use disorder treatment in the past 6 months?" Only clients who completed this question at time of admission and time of most recent update are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

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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	1	1.00	0.00	0.00	-1.00	-100.0%
Total	1	1.00	0.00	0.00	-1.00	-100.0%



# Hospital Admissions for Mental Health Care



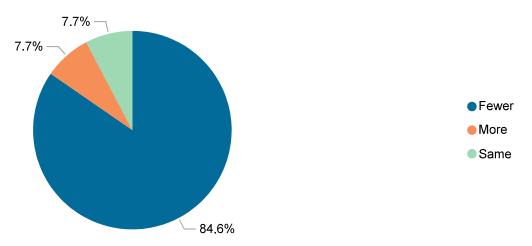
Clients are asked at the start of treatment and at their most recent update, "How many nights have you spent in a facility for mental health care in the past 6 months?" Only clients who completed this question at time of admission and time of most recent update are included.

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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	12	17.38	1.08	1.08	-16.31	-93.8%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	1	4.00	0.00	0.00	-4.00	-100.0%
Total	12	17.38	1.08	1.08	-16.31	-93.8%



# Illness, Injury, or Surgery



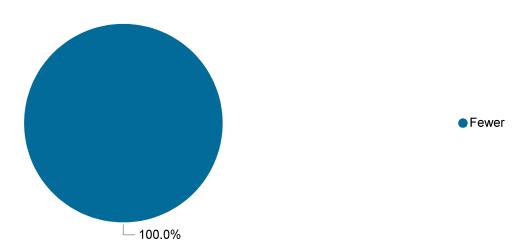
Clients are asked at the start of treatment and at their most recent update, "How many night have you spent in a facility for illness, injury, or surgery in the past 6 months?" Only clients who completed this question at time of admission and time of most recent update are included.

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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	4	4.25	0.00	0.00	-4.25	-100.0%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	1	3.00	0.00	0.00	-3.00	-100.0%
Total	4	4.25	0.00	0.00	-4.25	-100.0%



ппп

## **Youth MH Treatment Services**

# Nights Spent in Correctional Facility

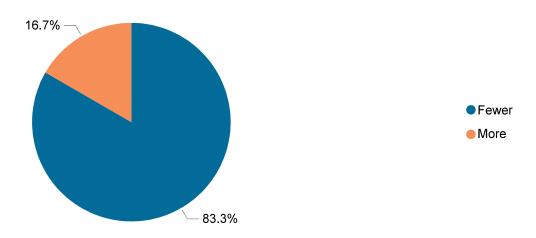
Clients are asked at the start of treatment and at their most recent update, "How many nights have you spent in a correctional facility including JDC or jail (as a result of an arrest, parole or probation violation) in the past 6 months?" Only clients who completed this question at time of admission 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)	6	30.67	20.83	20.83	-9.83	-32.1%
Total	6	30.67	20.83	20.83	-9.83	-32.1%



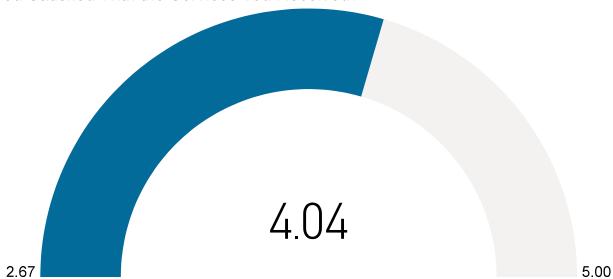
# General Satisfaction with Services

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

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

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





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)	61	4.05	4.05
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	4	3.88	3.88
Total	64	4.04	4.04



# Improved Functioning

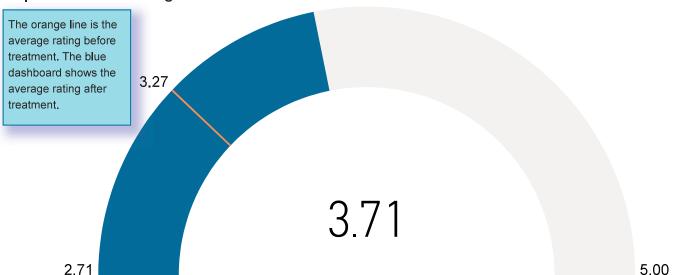


Clients are asked at their most recent update to rate how strongly they agree with seven different questions pertaining to their perception of their mental health and social well-being before and after the services they received. The average of these seven responses is given below. To see specific questions, 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)	60	3.28	3.71	3.71	0.43	13.1%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	4	3.18	3.61	3.61	0.43	13.5%
Total	63	3.27	3.71	3.71	0.45	13.6%



# Social Connectedness

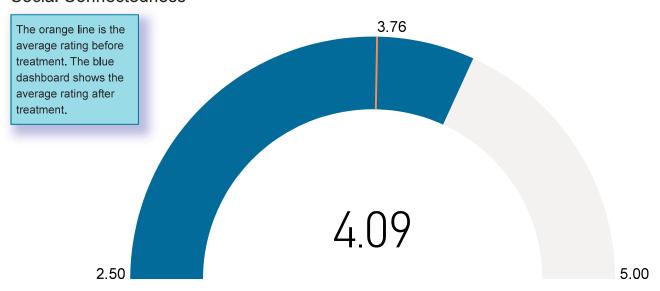


Clients are asked at their most recent update to rate how strongly they agree with four different questions pertaining to their connections with their family, friends, and community. The average of these four responses is given below. To see specific questions, please see Appendix B.

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

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

#### Social Connectedness



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	61	3.77	4.10	4.10	0.34	9.0%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	4	3.88	3.88	3.88	0.00	0.0%
Total	64	3.76	4.09	4.09	0.33	8.7%



# Participation in Treatment Planning

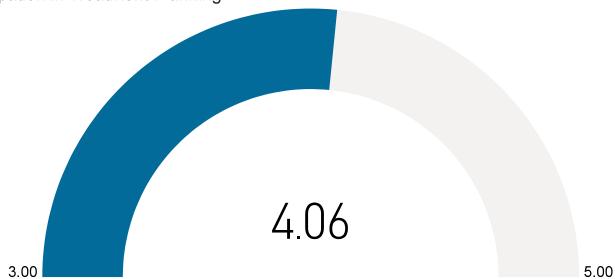


Clients are asked at their most recent update to rate how strongly they agree with three different questions pertaining to their participation in treatment planning for services they received. The average of these three responses is given below. To see specific questions, please see Appendix B.

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

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

#### Participation in Treatment Planning



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

Treatment Services	Unduplicated Client Count	Average First Update	Average Most Recent Update
Child or Youth and Family Services (CYF)	61	4.07	4.07
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	4	4.00	4.00
Total	64	4.06	4.06



# **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 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)		61 4.1	2 4.12
Comprehensive Assistance with Recovery and Empowerment Services (CARE)		4 3.9	4 3.94
Total		64 4.1	1 4.11



# Access to Services

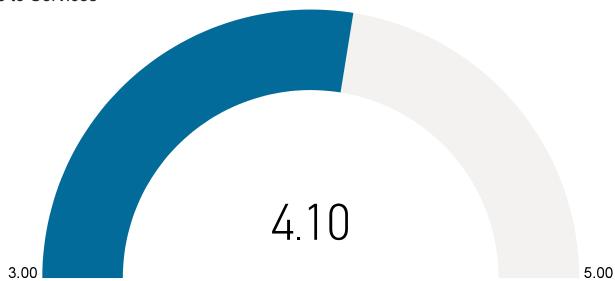


Clients are asked at their most recent update to rate how strongly they agree with two different questions pertaining to the ease and convenience of accessing the services they received. The average of these two responses is given below. To see specific questions, please see Appendix B.

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

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

#### Access to Services



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

Treatment Services	Unduplicated Client Count	Average First Update	Average Most Recent Update
Child or Youth and Family Services (CYF)	61	4.11	4.11
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	4	4.00	4.00
Total	64	4.10	4.10



# Internalizing Disorder



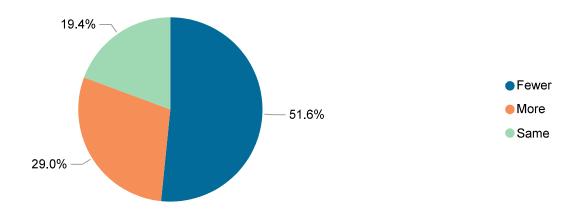
Youth clients complete the Global Appraisal of Individual Needs Short Screener (GAIN-SS) at admission and at most recent update.

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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	57	2.69	2.00	2.00	-0.69	-25.7%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	4	4.00	2.50	2.50	-1.50	-37.5%
Total	60	2.77	2.03	2.03	-0.74	-26.7%



# Externalizing Disorder



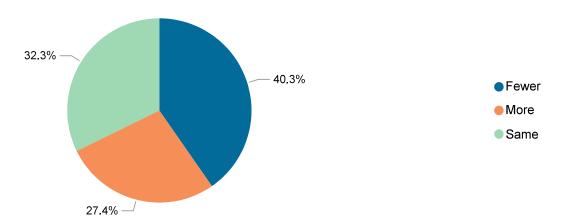
Youth clients complete the Global Appraisal of Individual Needs Short Screener (GAIN-SS) at admission and at most recent update.

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

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

Youth served in publicly funded treatment services experienced 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	Average Initial	Average First Update	Average Most Recent Update	Difference	Percent Change
Child or Youth and Family Services (CYF)	57	2.23	1.95	1.95	-0.27	-12.3%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	4	4.00	2.50	2.50	-1.50	-37.5%
Total	60	2.32	1.98	1.98	-0.34	-14.6%



# Substance Use Disorder



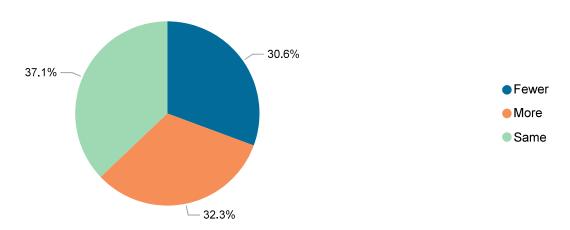
Youth clients complete the Global Appraisal of Individual Needs Short Screener (GAIN-SS) at admission and at most recent update.

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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	57	2.52	2.55	2.55	0.03	1.3%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	4	4.75	4.50	4.50	-0.25	-5.3%
Total	60	2.63	2.65	2.65	0.02	0.6%



# Crime and Violence



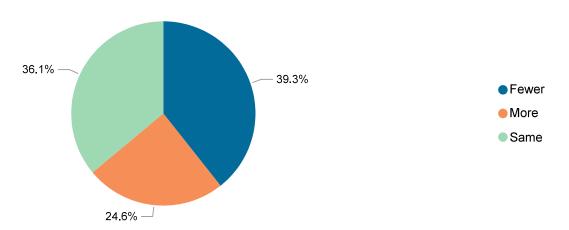
Youth clients complete the Global Appraisal of Individual Needs Short Screener (GAIN-SS) at admission and at most recent update.

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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	57	3.00	2.58	2.58	-0.42	-14.0%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	4	5.00	4.50	4.50	-0.50	-10.0%
Total	60	3.09	2.68	2.68	-0.42	-13.4%



# Family Perceptions of Youth MH Treatment Services

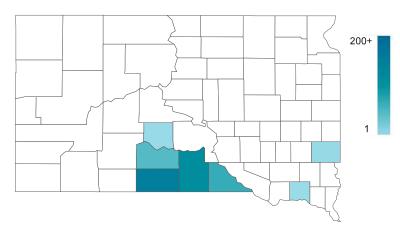


[Page intentionally left blank]



# Family Perceptions of Youth MH Treatment Services

County of Residence for Clients Who Received Publicly Funded Services



Treatment Services
Publicly Funded Clients Served
Clients Served
Treatment (Days)

Child or Youth and Family Services (CYF)
Comprehensive Assistance with Recovery and Empowerment Services (CARE)
Outpatient Services

Publicly Funded Clients Served
Treatment (Days)

238
0
0
16



Unduplicated Clients Served (Publicly Funded)

386

Publicly Funded Clients Served with Serious Emotional Disturbance (SED)

375



Veterans Served (Publicly Funded)

Λ

Publicly Funded Clients Who Successfully Completed Treatment

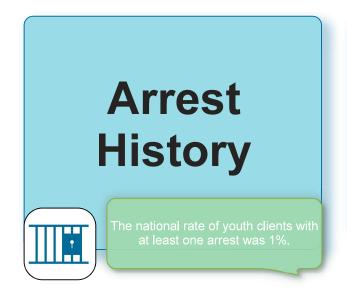
28



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.





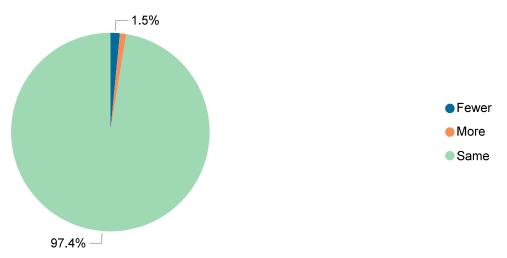


Families of youth clients are asked at the start of treatment and at their most recent update, "In the past 30 days, how many times has your child been arrested?" Only families of youth who completed this question at time of admission and time of the most recent update are included.

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 no change in the number of arrests their youth experienced in the past 30 days.

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



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

Treatment Services	Unduplicated Client Count	Arrest at Admission	Arrest at First Update	Arrest at Most Recent Update
Child or Youth and Family Services (CYF)	182	1.6%	1.6%	1.6%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	3	0.0%	0.0%	0.0%
Outpatient Services	1	0.0%	0.0%	0.0%
Total	183	1.5%	1.5%	1.5%



# General Health

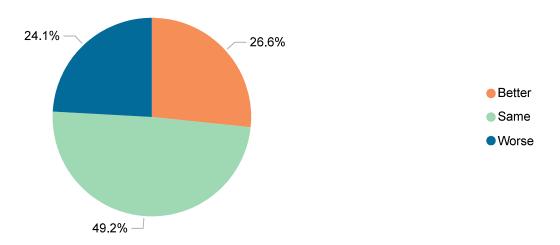


Families of youth clients are asked at the start of treatment and at their most recent update, "Would you say that in general your child's health is?" Families of youth clients could answer in a range from 1-"Poor" to 5-"Excellent". Only families of youth who completed this question at time of admission 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 First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	187	3.53	3.52	3.52	-0.01	-0.1%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	3	4.33	4.33	4.33	0.00	0.0%
Outpatient Services	1	4.00	4.00	4.00	0.00	0.0%
Total	188	3.53	3.52	3.52	-0.01	-0.3%



# Physical Health

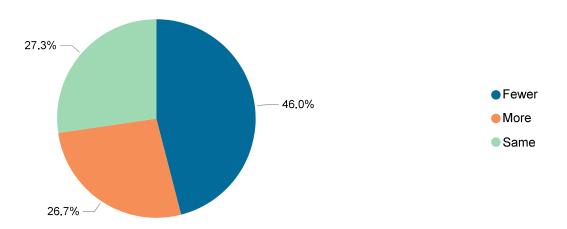


Families of youth clients are asked at the start of treatment and at their most recent update, "Now thinking about your child's physical health, which includes physical illness and injury, how many days during the past 30 days was your child's physical health not good?" Only families of youth who completed 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)	141	2.79	1.97	1.97	-0.82	-29.4%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	2	2.50	2.00	2.00	-0.50	-20.0%
Total	142	2.80	1.97	1.97	-0.83	-29.5%



# Mental Health

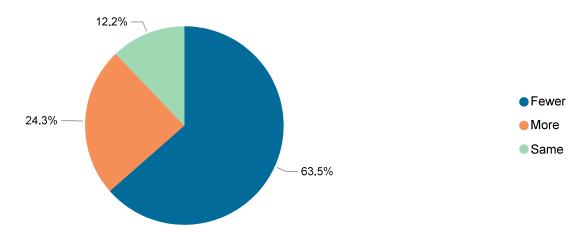


Families of youth clients are asked at the start of treatment and at their most recent update, "Now thinking about your child's mental health, which includes stress, depression, and problems with emotions, how many days during the past 30 days was your child's mental health not good?" Only families of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

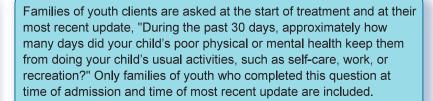


#### How Many Days Within the Past 30 Days Has Your Child Spent in Poor Mental Health?

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
	470	40.00	7.40	7.40	5.00	40.00/
Child or Youth and Family Services (CYF)	170	13.29	7.46	7.46	-5.83	<del>-</del> 43.9%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	3	16.67	3.00	3.00	-13.67	-82.0%
Outpatient Services	1	3.00	0.00	0.00	-3.00	-100.0%
Total	171	13.38	7.42	7.42	-5.96	-44.5%



# Physical or Mental Health Prevented Normal Activities

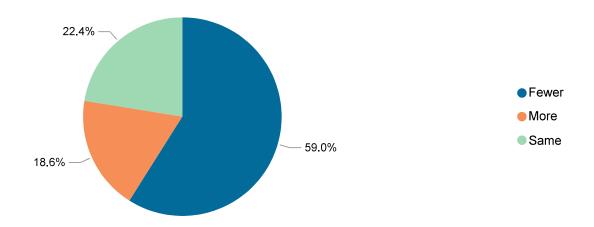


Families' responses on these surveys are then broken out by the type of treatment service their youth received. If they received multiple types of treatment services in FY24, families' responses are counted once in each service.

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



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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
<u> </u>						
Child or Youth and Family Services (CYF)	148	6.10	2.66	2.66	-3.44	-56.4%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	3	15.00	0.33	0.33	-14.67	-97.8%
Total	149	6.25	2.64	2.64	-3.61	-57.7%



# Reported Attempts to Die by Suicide



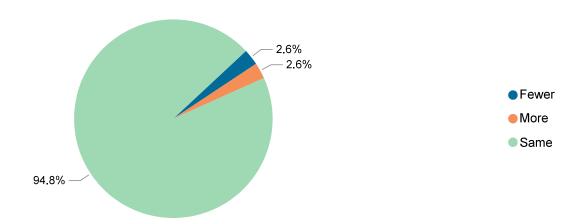
If you, or someone you know, is in need of crisis support, or experiencing emotional distress, call or text 988, or chat at https://988lifeline.org/.

Families of youth clients are asked at the start of treatment and at 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
	100			2.22	0.44	000.00/
Child or Youth and Family Services (CYF)	180	0.07	0.20	0.20	0.14	200.0%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	3	0.00	0.00	0.00	0.00	NaN
Outpatient Services	1	0.00	0.00	0.00	0.00	NaN
Total	181	0.07	0.20	0.20	0.14	200.0%



# Visits to Emergency Department



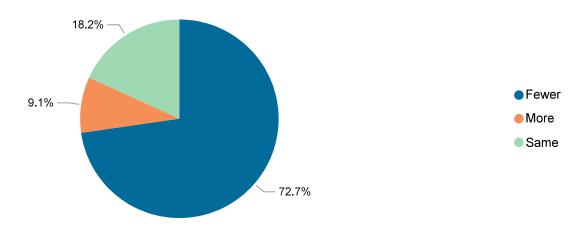
Families of youth clients are asked at the start of treatment and at their most recent update, "How many times has your child gone to an emergency room for a psychiatric or emotional problem in the past 6 months?" Only families of youth who completed this question at time of admission and time of most 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)	10	1.00	0.55	0.55	-0.45	-45.5%
Total	10	1.00	0.55	0.55	-0.45	-45.5%



# 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



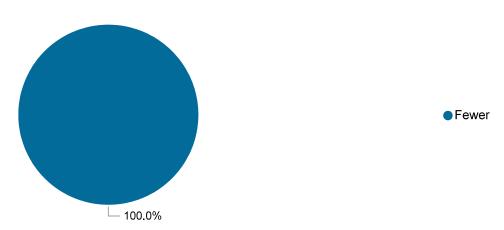
Families of youth clients are asked at the start of treatment and at their most recent update, "How many nights has your child spent in a facility for inpatient/residential substance use disorder treatment in the past 6 months?" Only families of youth who completed this question at time of admission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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)  Total	3 <b>3</b>	30.33 <b>30.33</b>	0.00 <b>0.00</b>	0.00 <b>0.00</b>	-30.33 <b>-30.33</b>	



# Hospital Admissions for Mental Health Care



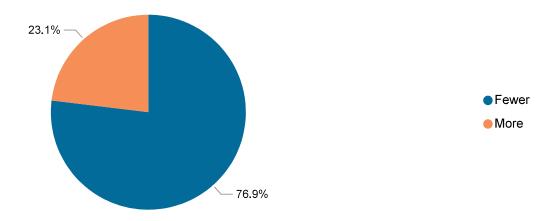
Families of youth clients are asked at the start of treatment and at their most recent update, "How many nights has your child spent in a facility for mental health care in the past 6 months?" Only families of youth who completed this question at time of admission and time of most recent update are included.

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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	•	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	12	19.92	4.85	4.85	-15.08	<del>-</del> 75.7%
Total	12	19.92	4.85	4.85	-15.08	<b>-75.7</b> %



# Illness, Injury, or Surgery



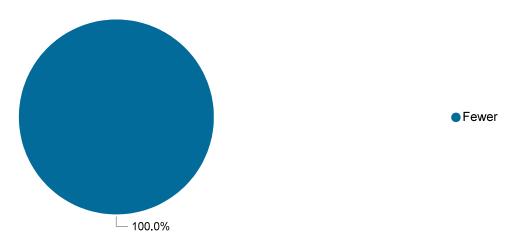
Families of youth clients are asked at the start of treatment and at their most recent update, "How many nights has your child spent in a facility for illness, injury, or surgery in the past 6 months?" Only families of youth who completed this question at time of admission and time of most recent update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

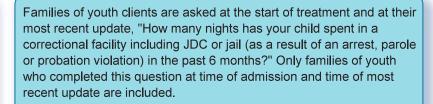


How Many Nights in the Past 6 Months Has Your Child Spent in a Facility for Illness, Injury, or Surgery?

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)	9	2.44	0.00	0.00	-2.44	-100.0%
Total	9	2.44	0.00	0.00	-2.44	-100.0%



# Nights Spent in Correctional Facility



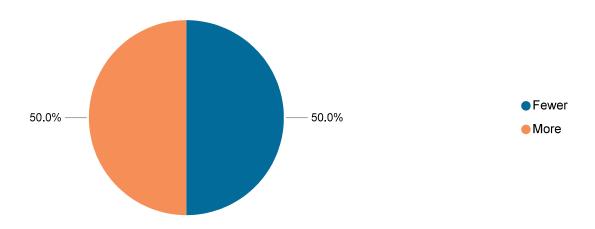
Families of youth clients who had at least one night in a correctional facility prior to receiving treatment services are included.

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



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

Families Who Reported Their Youth 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 Has Your Child 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)  Total	6	13.00	15.50	15.50	2.50	19.2%
	<b>6</b>	<b>13.00</b>	<b>15.50</b>	<b>15.50</b>	<b>2.50</b>	<b>19.2%</b>



# General Satisfaction with Services

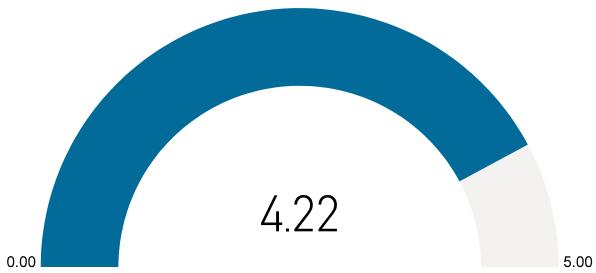
Families of youth clients are asked at most recent update to rate how strongly they agree with six different questions pertaining to their overall satisfaction with treatment services their youth received. The average of these six responses is given below. To see specific questions, please see Appendix 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)	187	4.22	4.22
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	3	4.67	4.67
Outpatient Services	1	5.00	5.00
Total	188	4.22	4.22



# Improved Functioning

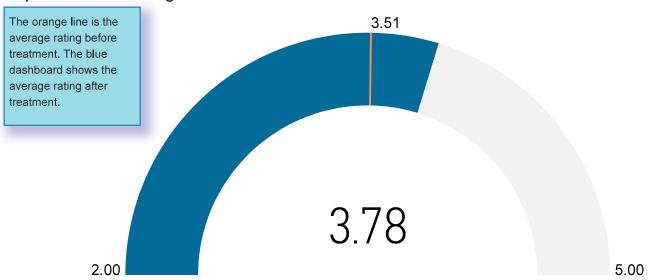


Families of youth clients are asked at most recent update to rate how strongly they agree with seven different questions pertaining to their perception of their youth's mental health and social well-being before and after the services they received. The average of these seven responses is given below. 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)	186	3.52	3.78	3.78	0.27	7.6%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	3	3.62	3.76	3.76	0.14	3.9%
Outpatient Services	1	3.57	4.29	4.29	0.71	20.0%
Total	187	3.51	3.78	3.78	0.27	7.7%



# Social Connectedness

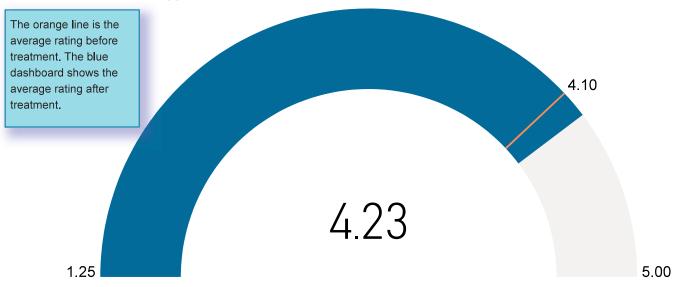


Families of youth clients are asked at most recent update to rate how strongly they agree with four different questions pertaining to their youth's connections with their family, friends, and community. The average of these four responses is given below. To see specific questions, please see Appendix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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	187	4.10	4.23	4.23	0.13	3.1%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	3	4.33	4.50	4.50	0.17	3.8%
Outpatient Services	1	4.25	5.00	5.00	0.75	17.6%
Total	188	4.10	4.23	4.23	0.13	3.1%



# Participation in Treatment Planning

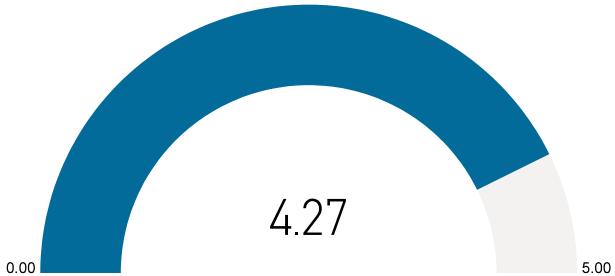


Families of youth clients are asked at most recent update to rate how strongly they agree with three different questions pertaining to their participation in treatment planning for services their youth received. The average of these three responses is given below. To see specific questions, please see 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)	187	4.27	4.27
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	3	4.67	4.67
Outpatient Services	1	5.00	5.00
Total	188	4.27	4.27



# **Cultural Sensitivity**

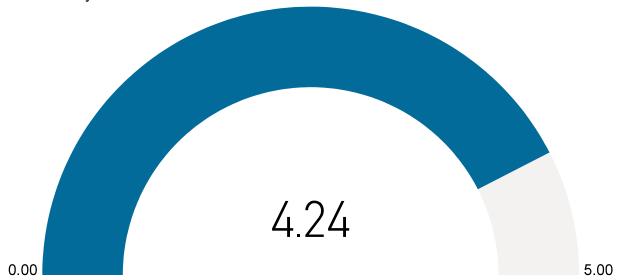


Families of youth clients are asked at most recent update to rate how strongly they agree with four different questions pertaining to the cultural sensitivity of staff. The average of these four responses is given below. To see specific questions, please see Appendix B.

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)	187	4.25	4.25
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	3	3.83	3.83
Outpatient Services	1	5.00	5.00
Total	188	4.24	4.24



# Access to Services

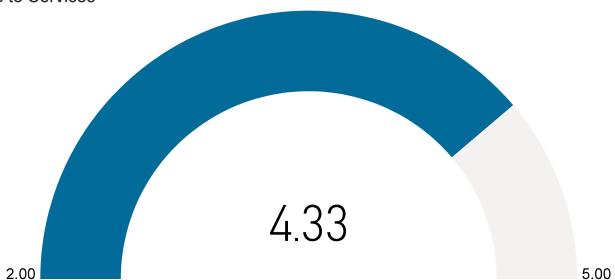


Families of youth clients are asked at most recent update to rate how strongly they agree with two different questions pertaining to the ease and convenience of accessing the services their youth received. The average of these two responses is given below. To see specific questions, please see Appendix 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)	187	4.33	4.33
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	3	4.67	4.67
Outpatient Services	1	5.00	5.00
Total	188	4.33	4.33



[Page intentionally left blank]



# Appendix A: Outcome Tool Return Rates



[Page intentionally left blank]

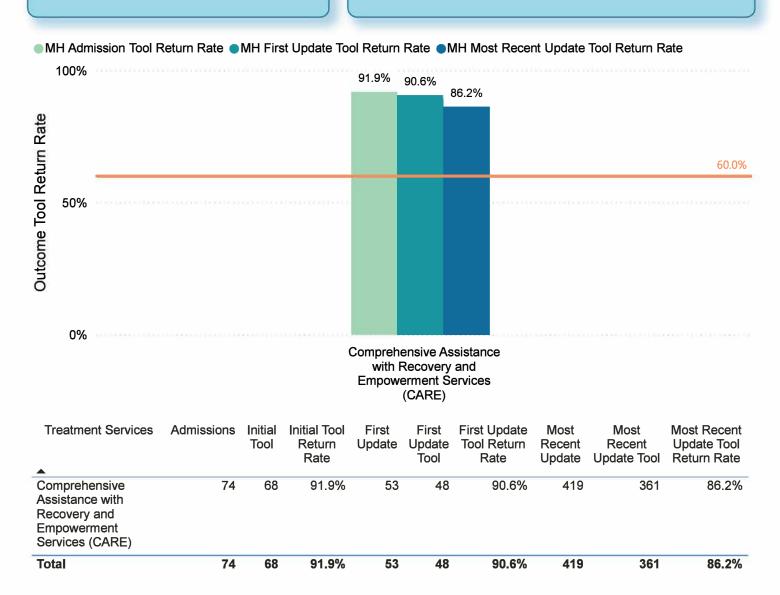


### **Appendix A: OT Return Rates**

# 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.



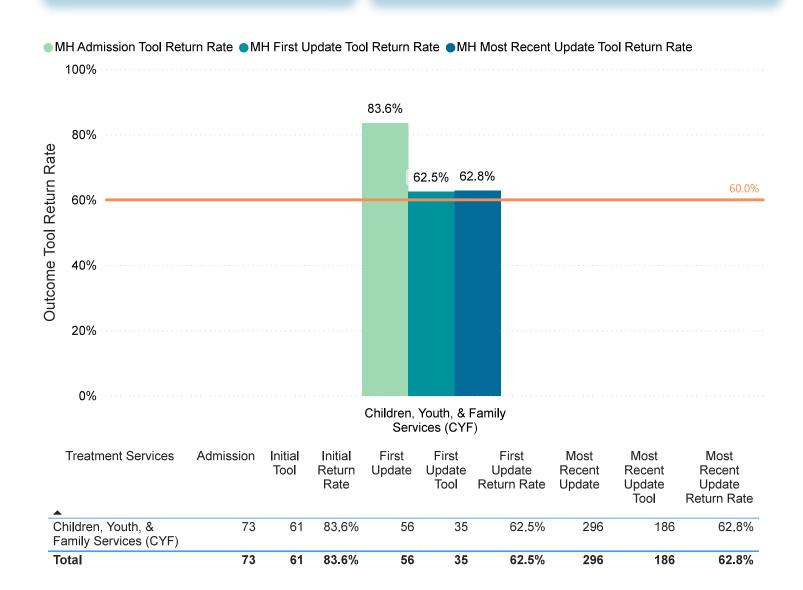


### **Appendix A: OT Return Rates**

# Youth MH Outcome Tool Return Rates

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

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



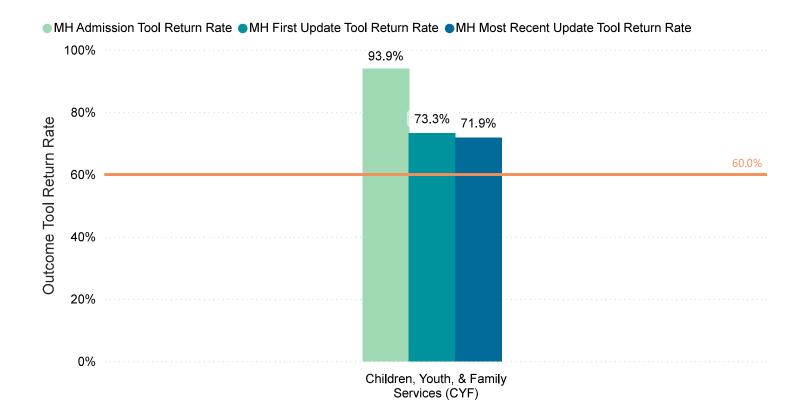


### **Appendix A: OT Return Rates**

# Family MH Outcome Tool Return Rates

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

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



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)	115	108	93.9%	86	63	73.3%	352	253	71.9%
Total	115	108	93.9%	86	63	73.3%	352	253	71.9%



[Page intentionally left blank]





[Page intentionally left blank]



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

Todays' Date:									
Client STARS I	D:  _ _ _	_ _ _		. _ _	_ _ _	.  _			
Program	☐ 1.0 Out ☐ 2.1 Inte (Including ☐ 2.5 Day ☐ 3.1 Low ☐ 3.7 Inte ☐ Adult O Only) ☐ Adult O Clients On ☐ Adult O Services (0	nsive Our 2.1/3.1) Treatme Intensity nsive Inp utpatient utpatient ly) utpatient	nt y Resider atient Tr t EBP (CJ EBP/MR	eatment I Clients RT (CJI	☐ 2.1 (☐ 2.5 (☐ 3.7 (☐ MR7) ☐ Adu	Gambling Gambling nent If (CJI Clic lt Outpa ents Onl - OP - E	g Intensi g Day Tr g Intensi ents Onl tient EBI	ive Outpa eatment ive Inpati	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

Last Updated: 03/23/2021 Page **1** of **3** 



#### Adult SUD Form -Initial

4. Please answer the following question		Number of Nights/Times	Don't know
In the past 30 days, how many times have you be *Federally Required Element	en arrested?		
5. Please answer the following questions l	pased on the past 30 day	ys	
a. Have you gotten into trouble at home, at schoo because of your use of alcohol, drugs, inhalants		y, □Yes	□No
b. Have you missed school or work because of us gambling?	ing alcohol, drugs, inhalants	s, or □Yes	□No
*Federally Required Element			
6. Please answer the following questions l days	•	Number of Nights/Times	Don't 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?	Т +2		
ii. Inpatient/Residential Substance Use Disorde iii. Mental Health Care?	er Treatment?		
iv. Illness, Injury, Surgery?			
c. How many nights have you spent in a correction or prisons (as a result of an arrest, parole or pr			
d. How many times have you tried to commit suice			
7. I would be able to resist the urge to	Not at all		Very
drink heavily and/or use drugs	confident		Confident
if I were angry at the way things had turned out	0 1 2 3 4 5	6 7 8	9 10
if I had unexpectedly found some booze/drugs or happened to see something that reminded me of drinking/using drugs	0 1 2 3 4 5	6 7 8	9 10
if other people treated me unfairly or interfered with my plans	0 1 2 3 4 5	6 7 8	9 10
if I were out with friends and they kept suggesting we go somewhere to drink/use drugs	0 1 2 3 4 5	6 7 8	9 10

Last Updated: 03/23/2021 Page **2** of **3** 



#### Adult SUD Form -Initial

8. Please indicate		Response Options								
disagreement with choice that best re over the past 30 da with persons othe provider(s).) Source	presents your f ays. (Please ans r than your beh	eelings or opinion wer for relationship avioral health	S Strong	disagree	Disagree	Undecided	Agree	Strongly agree	Not annlicable	Refused
Domain: Social Con	nectedness Ques	tions 1-4								
1. I am happy with t	he friendships I	have.								
2. I have people wit	h whom I can do	enjoyable things.								
3. I feel I belong in r	ny community.									
4. In a crisis, I would friends.	d have the suppo	rt I need from family	or [							
Domain: Improved	Functioning Dom	nain: Questions 5-8								
5. I do things that ar	e more meaning	ful to me.								
6. I am better able to	o take care of my	needs.								
7. I am better able to	o handle things v	when they go wrong.								
8. I am better able to	o do things that I	want to do.								
Question <u>required</u> to be completed by Clinician										
understanding and	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:									
Unengaged and Blocked	Minimal Engagement in Recovery	Limited Engagement in Recovery	Engag	Engagement in Engage Recovery Reco			Optin gagem Recov	ent in		

Last Updated: 03/23/2021 Page **3** of **3** 



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

Todays' Date:								
Client STARS I	D:  _	_ _ _	_ _ _ _	_ _ _	_ _			
Program	(Including 2.5 Day 2.5	nsive Outpating2.1/3.1) Freatment Intensity Reasive Inpatient Itpatient EBI	sidential int Treatment P (CJI Clients P/MRT (CJI P/MRT/3.1	☐ 2.1 0 Outp ☐ 2.5 0 ☐ 3.7 0 Trea ☐ MR7 ☐ Adu	tment C (CJI Clie lt Outpat ices (CJI - OP - E	g Intensi g Day Tre g Intensi ents Only cient EBF	ve eatment ve Inpatie 7) 2/3.1	nt
1. Would you	say that in	general yo	ur health is:					
□ Excelle:	nt 🗆 Ve	ery Good	□Good	[	Fair		Poor	
how man b. Now think problems health no c. During the	y days during ing about you with emotio of good? past 30 days ealth keep yo	g the past 30 ar mental hearns, how many	ealth, which incomments was your alth, which inclused the days during the law many of your usual act	physical ides stre he past 3 days did y	health no ss, depre 0 days w your poo	ot good? ssion, and as your r	d nental l or	_
1001000		_		_				
	ptoms? Plea	ise circle a n About as im	is it that you umber on the portant as most would like to ach	scale be	low:		nportant th	
0 1	2	3	5	6	7	8	9	10
behaviors	and/or syr	nptoms? Pl	are you that y ease circle a n	umber o	on the sc	ale belov	w:	
Not importan	t at all		portant as most would like to ach		er things I	Most in	nportant th life	ing in my right now
0 1	2	3 4	5	6	7	8	9	10

Last Updated: 03/23/2021 Page **1** of **4** 



#### Adult SUD Form -Discharge

4. Please answer the foll	owing	question	1				mber of hts/Time	es know	
In the past 30 days, how man		_		rrested?			,	П	
*Federally Required Element	-	-						Ш	
5. Please answer the 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, $\Box$ Yes									
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?			2						
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									

Last Updated: 03/23/2021 Page **2** of **4** 



#### Adult SUD Form -Discharge

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

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

Last Updated: 03/23/2021 Page **3** of **4** 



#### Adult SUD Form -Discharge

1	2	3	4	]			5		
Unengaged and Blocked	Minimal Engagement in Recovery	Limited Engagement in Recovery	Positi Engagem Recov	ent in	l	En	Optingager Reco	nent in	l
	willingness to eng e below:	ur (clinician's) assess gage in their treatmen	t progra	am?					
Question <b>required</b> to	be completed by Cl	inician							_
34. I would recommember.	nend this agency t	to a friend or family							
agency.		ll get services at this							
32. I liked the servi									
Domain: General Sa		0			_				
31. I, not staff, decid		•							
Planning Questions 30. I felt comfortab		ns about my treatmen	t. 🗆						
Domain: Perception	*	n in Treatment							
29. My housing situ									
28. My symptoms a									
27. I do better in sc									
26. I do better in so									
25. I am getting alo	ng better with my	rfamily.							
24. I am better able									
23. I am better able									
22. I deal more effe									
Domain: Perception									
my life. 21. I was encourage	ed to use consume	er-riin nrograms	П	П			П		
_	d me to take resp	onsibility for how I liv	re $\Box$						
19. I was given info									
could take charge o									
18. Staff helped me	obtain the inform	nation needed so I		_	_	_	_	_	_

Last Updated: 03/23/2021 Page **4** of **4** 



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

Todays' I	Date:									
Client ST.	ARS ID:	_	_ _ _ _	_ _ _	_	_ _ _	_ _			
Progran	n 🗆	1.0 Ou	tpatient			□ 2.1	 Intensive	Outpat	ient	
			y Treatme	ent			Intensive	-		
		3.1 Lov	w Intensit	y Resider	ntial	Trea	atment (P	RTF)		
		Adoles	cent EBP	Services						
	_	_								
		•	n genera						D.	
	cellent		Very Good our physica		□Good		□Fair		Poor	
			ng the past							
<b>b</b> . Now	thinking	about yo	our mental	l health, w	vhich inc	ludes stre	ess, depres	ssion, ar	nd	
			ions, how i	many day	s during	the past 3	30 days w	as your	mental	
	alth not go		s, approxi	mately ho	ow many	days did	vour nooi	nhysic:	al or	
			ou from d							
rec	reation?									
			v importa		_	_	-	rrent b	ehavior	S
and/or	sympto	ms? Ple	ase circle	2 numbe	ar on the	ccala ha	OTAT:			
								Mosti	mnortant t	hing in my
Not im	portant at	all	About a	as importa _would	nt as most like to ach	of the othe	er things I			right now
				as importa	nt as most	of the othe		Most i		
Not im	portant at	all  2	About a	as importa would	nt as most like to ach	of the other lieve now	er things I	8	life	right now
Not im  0  3. At th	portant at  1  is mome	all  2  ent, how	About a	would 4  nt are ye	nt as most like to ach 5	of the other of th	er things I  7  change	8 your cu	life 9 urrent	right now
Not im  O  3. At this beha	portant at  1  is mome	all  2  ent, how d/or sy	About a 3 v confide vmptoms	would 4  nt are ye ? Please	nt as most like to ach 5 ou that p	of the other ieve now 6  you will number of	7 change you the sca	8 your cu	9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	e right now 10
Not im  O  3. At the beha Not im	portant at  1  is mome viors an portant at	all  2  ent, how d/or sy all	About a  y confide ymptoms About a	nt are your simportant are your simportant would	nt as most like to ach 5 ou that circle a nt as most like to ach	of the other of the other of the other of the other own.	7  change yon the sca	your cu ale belo Most i	9  Irrent w: mportant t	e right now 10  thing in my e right now
Not im  O  3. At this beha	portant at  1  is mome viors an	all  2  ent, how d/or sy	About a 3 v confide vmptoms	as importative would 4  nt are your series of the series o	nt as most like to ach 5 ou that circle a int as most	of the other of th	7 change you the sca	8 your cu	9  Irrent w: mportant t	e right now 10
Not im  O  3. At the beha Not im	portant at  1  is mome viors an portant at	all  2  ent, how d/or sy all	About a  y confide ymptoms About a	nt are your simportant are your simportant would	nt as most like to ach 5 ou that circle a nt as most like to ach	of the other of the other of the other of the other own.	7  change yon the sca	your cu lle belo Most i	Ilfe  9  urrent w: mportant t life  9	thing in my right now
Not im  O  3. At the beha Not im  O  4. Pleas	is mome viors an portant at  1 e answe	ent, how dd/or sy all 2 er the fo	About a  y confide ymptoms About a  3	nt are your said as important are your said as important would a question	ou that circle a like to ach	you will number of the other for the other f	7  change yon the sca	your cuale belo Most i	9  Irrent w: mportant t	e right now 10  thing in my e right now
Not im  O  3. At the beha Not im  O  4. Pleas In the pa	is mome viors an portant at  1  e answe st 30 day	ent, how ad/or sy all 2 er the fo s, how m	About a  y confide ymptoms About a	nt are your said as important are your said as important would a question	ou that circle a like to ach	you will number of the other for the other f	7  change yon the sca	your cuale belo Most i	Ilife  9  urrent w: mportant t life  9	thing in my right now 10  Don't
Not im  O  3. At the beha Not im  O  4. Pleas In the pa	is mome viors an portant at  1 e answe	ent, how ad/or sy all 2 er the fo s, how m	About a  y confide ymptoms About a  3	nt are your said as important are your said as important would a question	ou that circle a like to ach	you will number of the other for the other f	7  change yon the sca	your cuale belo Most i	Ilife  9  urrent w: mportant t life  9	thing in my right now 10  Don't
Not im  O  3. At the beha Not im  O  4. Pleas In the pa *Federally	is mome viors an portant at  1  e answe st 30 day Required E	ent, how ad/or sy all  2  er the foots, how malement	About a  y confide ymptoms About a  3  bllowing of any times	nt are your simportan would are your simportan would a question have your	ou that circle a nost like to ach	you will number of the other for the other sieve now  6  rested?	change yon the scaer things I	your cuale belo Most i 8	Ilife  9  urrent w: mportant t life  9	thing in my right now 10  Don't
Not im  O  3. At the beha Not im  O  4. Pleas In the pa *Federally  5. Pleas	is mome viors an portant at  1  e answe st 30 day Required E	ent, how ad/or sy all  2  er the foot so, how make the foot so the	About a  y confide ymptoms About a  3  bllowing of any times	nt are your simportant would are your simportant would are your share your sh	ou that circle a nost like to ach	you will number of the other for the other ieve now  6  rested?	change yon the scaer things I  7	your cuale belo Most i  Num Nigh	irrent w: mportant t life  9  hber of hts/Times	thing in my right now  10  Don't know
3. At this beha Not im  0  4. Pleas In the pa *Federally  5. Pleas a. Have y because	is mome viors an portant at  1  e answe st 30 day Required E ou gotter e of your	ent, how ad/or sy all  2  er the form the form the form the form the form use of all	About a  y confide ymptoms About a  3  bllowing of the control of	nt are you Please as importan would 4 Please as importan would 4 Question have you question me, at sch gs, inhala	ou that circle a nost like to ach sike to	you will number of the other now 6  rested?  I on the k, or in the mbling?	change yon the scaer things I  7  2  The property of the scaer things I  7  2  2  2  2  2  3  4  4  4  4  4  4  4  4  4  4  4  4	your cualle belo Most i  Num Night	Ilife  9  urrent w: mportant t life  9	thing in my right now 10  Don't
3. At this beha Not im  0  4. Pleas In the pa *Federally  5. Pleas a. Have y becaus b. Have y	is mome viors an portant at  1  e answe st 30 day Required E ou gotter to of your you misse	ent, how ad/or sy all  2  er the form the form the form the form the form use of all	About a  y confide ymptoms About a  3  bllowing of the second sec	nt are you Please as importan would 4 Please as importan would 4 Question have you question me, at sch gs, inhala	ou that circle a nost like to ach sike to	you will number of the other now 6  rested?  I on the k, or in the mbling?	change yon the scaer things I  7  2  The property of the scaer things I  7  2  2  2  2  2  3  4  4  4  4  4  4  4  4  4  4  4  4	your cualle belo Most i  Num Night	irrent w: mportant t life  9  hber of hts/Times	thing in my right now  10  Don't know
3. At this beha Not im  0  4. Pleas In the pa *Federally  5. Pleas a. Have y because	is mome viors an portant at  1  e answe st 30 day Required E ou gotter to of your vou misseng?	ent, how malement  er the form into trouse of all dischool	About a  y confide ymptoms About a  3  bllowing of the control of	nt are you Please as importan would 4 Please as importan would 4 Question have you question me, at sch gs, inhala	ou that circle a nost like to ach sike to	you will number of the other now 6  rested?  I on the k, or in the mbling?	change yon the scaer things I  7  2  The property of the scaer things I  7  2  2  2  2  2  3  4  4  4  4  4  4  4  4  4  4  4  4	your cualle belo Most i  Num Night	Ilife  9  Irrent  W:  Important t  Ilife  9  Inber of  Ints/Times	thing in my right now 10  Don't know

Last Updated: 03/23/2021 Page **1** of **3** 



#### Youth SUD Form -Initial Interview

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

Last Updated: 03/23/2021 Page **2** of **3** 



#### Youth SUD Form -Initial Interview

8. Please in	ndicate vour l	evel of agreem	ent or		Response Options						
disagreem choice that over the pa with perso provider(s	Strongly		Undecided	Agree		a	Refused				
		ness Questions									
need to t	alk.		erstand me when	I							
2. In a crisis	·	the support I n	eed from family								
3. I have pe my prob	-	comfortable tall	king with about								
4. I have pe	ople with who	m I can do enjoy	yable things.								
		oning Domain:									
5. I am able	to do things I	want to do.									
6. I get alon	ig with family r	nembers.									
7. I get alon	g with friends	and other peop	le.								
8. I do well	in school and/	or work.									
9. I am able	to cope when	things go wrong	g.								
10. I am abl											
11. I am sat	isfied with my	family life right	now.								
Ouestion to b	e answered by (	Llinician								_	
		AIN-SS) Scorin	g								
		Past Month	Past 90 Days	Past	Year			Ever			
Screener	Items	(4)	(4, 3)	(4,	3, 2)		(4	, 3, 2,	1)		
IDScr	1a – 1f										
EDScr	2a – 2g										
SDScr	3a – 3e										
CVScr	4a – 4e										
TDSer	1a – 4e										
	9. At this interval period, what is your (clinician's) assessment of the client's understanding and willingness to engage in their treatment program? Please circle a number on the scale										
	Minimal Limited			Positi Engagem Recov	ent in		En	Optin ngagem Recov	ent in	ı	

Last Updated: 03/23/2021 Page **3** of **3** 



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

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

Last Updated: 04/29/2020 Page **1** of **4** 



#### Youth SUD Form - Discharge

6. Please answer the foll days	<u>U</u>	Number of Nights/Times								
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?										
ii. Inpatient/Residential Su										
iii. Mental Health Care?										
iv. Illness, Injury, Surgery?										
Source: Current MPR Adult Histo										
c. How many nights have you spent in a correctional facility including JDC										
or Jail (as a result of an arres										
d. How many times have you	tried to	o commit	suicide	?						
*Federally Required Element										
7. Please check the	]	Before th	e Progi	ram	No	w (At end	d of Pro	gram)		
appropriate box on										
how you are doing										
since entering the										
program that best tells	Poor	Average	Good	Excellent	Poor	Average	Good	Excellent		
us what you think.	1	2	3	4	1	2	3	4		
a. Controlling alcohol				П						
use.										
b. Controlling drug use.										
*Element agreed upon by the DOWG										
8. I would be able to resi	st the	urge to		t at all				Very		
drink heavily and/or use	e drug	S	COI	nfident				Confident		
if I were angry at the wa	y thing	gs had	0	1 2	3 4	5 6	7 8	9 10		
turned out			10		5 1					
if I had unexpectedly for	and so	me								

... if I were angry at the way things had turned out
... if I had unexpectedly found some booze/drugs or happened to see something that reminded me of drinking/using drugs
... if other people treated me unfairly or interfered with my plans
... if I were out with friends and they kept suggesting we go somewhere to drink/use drugs

Last Updated: 04/29/2020 Page **2** of **4** 



#### Youth SUD Form - Discharge

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

Last Updated: 04/29/2020 Page **3** of **4** 



#### 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	

Last Updated: 04/29/2020 Page **4** of **4** 



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

				l	NHIA	L					
Todays' Da	te:										
Client STARS ID:											
Program	<b>Program</b> □ 1.0 Outpatient □ 2.1 Intensive Outpatient										
J	□ 2.5 Day Treatment □ 3.7 Intensive Inpatient										
		3.1 Lo	w Intensi	ity Resid	ential	Tr	eatment	(PRTF)			
		Adole	scent EBF	Service	s						
1. Would	•	•									
	ellent		Very Goo		□Good		□Fair		Poor		
	a. Now thinking about your child's physical health, which includes physical illness and injury, how many days during the past 30 days was your child's physical health not good?										
<b>b.</b> Now thinking about your child's mental health, which includes stress, depression, and problems with emotions, how many days during the past 30 days was your child's mental health not good?											
			ys, approx								
			ep you fro	m doing	your chil	d's usual	activities,	such as	self-care	,	
schoo	ol, work	, or reci	reation?								
O ALUB'S		1	•			1. 11 3	.1	.1	1	1	
2. At this and/or sy			_		_		_	tneir ci	ırrent i	behaviors	
Not impo							her things	I Most		nt thing in my	
						chieve now				life right now	
0	1	2	3	4	5	6	7	8	9	10	
3. At this										urrent	
	behaviors and/or symptoms? Please circle a number on the scale below:  Not important at all  About as important as most of the other things I Most important thing in my										
Not Impo	i tant at t					chieve now		1 11030		life right now	
0	1	2	3	4	5	6	7	8	9	10	
4. Please a	ancwo	r tha fe	allowing	anestic	nn -				mber of hts/Time	Don't	
In the past						een arres	ted?	MIS	11115/111116		
*Federally Re			cilile	2 11d3 y 00						Ш	

Last Updated: 03/23/2021 Page **1** of **3** 



#### Family SUD Form -Initial Interview

5. Please answer the following questions is	iaseu on the <u>past 50 uays</u>									
a. Has your child gotten into trouble at home, at s community, because of their use of alcohol, dru		□No								
b. Has your child missed school or work because of using alcohol, drugs,										
inhalants, or gambling?										
*Federally Required Element										
( D) (1 ( 1) ( 1 ( 1)	1 .1 .20 N 1 C	D 4:								
6. Please answer the following questions l	pased on the <u>past 30</u> Number of Nights/Times	Don't know								
days		KIIOW								
a. How many times has your child gone to an eme psychiatric or emotional problem?	ergency room for a									
b. How many nights has your child spent in a fac-	lity for:									
i. Detoxification?										
ii. Inpatient/Residential Substance Use Disorde	r Treatment?									
iii. Mental Health Care?										
iv. Illness, Injury, Surgery?										
c. How many nights has your child spent in a correctional facility including										
JDC or Jail (as a result of an arrest, parole or probation violation)?										
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		0 10								
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 40								
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										

Last Updated: 03/23/2021 Page **2** of **3** 



#### Family SUD Form -Initial Interview

8. Please indicate your level of agreement or	_	Response Options							
disagreement with the statements by checking the choice that best represents your feelings or opinion over the past 30 days. (Please answer for relationship with persons other than your behavioral health provider(s).) Source: MHSIP Survey *Federally Required	ps	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Not applicable	Refused	
Domain: Social Connectedness Questions 1-4									
1. My child knows people who will listen and understand them when they need to talk.	i								
2. In a crisis, my child would have the support they need from family and friends.									
3. My child has people that he/she are comfortable talkin with about their problems.	ng								
4. My child has people with whom they can do enjoyable things.									
Domain: Improved Functioning Domain: Questions 5-11									
5. My child is able to do things he or she wants to do.									
6. My child gets along with family members.									
7. My child gets along with friends and other people.									
8. My child does well in school and/or work.									
9. My child is able to cope when things go wrong.									
10. My child is able to handle daily life.									
11. I am satisfied with our family life right now.									
Question to be answered by Clinician  10. At this interval period, what is your (clinician's) asses understanding and willingness to engage in their treatme						rcle a			
number on the scale below:  Minimal Limited	ı	Positiv	V.A.			Optim	al		
Unengaged and Engagement in Engagement in Blocked Recovery Recovery	Eng	ageme	ent in		En	gagem Recov	ent in		
1 2 3		4				5			

Last Updated: 03/23/2021 Page **3** of **3** 



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

Todays' Da	·+ · ·			210	cmar ge	•				
Touays Da										
Client STA	RS ID: _	_	_	_	_ _ _	_ _ _	_ _			
Program		1.0 Outp	atient			□ 2.1 I	ntensive	Outpat	ient	
		2.5 Day 7	Гreatmer	nt			ntensive			
		3.1 Low	Intensity	Residen	itial	Trea	tment (P	RTF)		
			ent EBP S							
1. Would	vou sav	that in	general	vour ch	nild's he	alth is:				
	ellent		ry Good		Good	[	Fair		Poor	
a. Now t	hinking a		r child's p	hysical h	nealth, wh	nich inclu	des physi	ical illn	ess and	
•	•	any days	during th	ne past 30	0 days wa	ıs your cl	nild's phy	sical he	alth not	<del>-</del>
good		h +	u ahildia u	ما لمحسما لم	نامانية والعامد	ماد دام ماد ما		domino		
			r child's r ns, how m							ıa
	tal health			idily day.	o during t	ne past s	o days w	as your	ciiiia s	
			approxin							
			you from	doing yo	ur child's	usual ac	tivities, sı	uch as s	elf-care	·,
scho	ol, work,	or recrea	ition?							
			-		_		_	1eir cu	rrent l	behaviors
and/or s	ympton	is? Pleas	se circle a	a numbe	r on the	scale be	low:			
and/or s		is? Pleas	se circle a	a numbe simportan	_	scale be	low:		mportan	behaviors at thing in my life right now
and/or s	ympton	is? Pleas	se circle a	a numbe simportan	r on the s	scale be	low:		mportan	nt thing in my
and/or s	ympton ortant at al	ns? Pleas	About as	a numbe s importan would l	er on the son tas most of like to achie	scale belof the other eve now	ow: r things I	Most i	mportan I	at thing in my life right now
and/or s Not impo	ymptom ortant at al 1 momen	ns? Pleas l 2 nt, how o	Se circle a About as  3  confiden	numbes important would let 4	or on the sat as most of like to achie	scale belof the other eve now 6	low: r things I 7 ld will c	Most i  8  hange	mportan 9 their c	at thing in my life right now
and/or s Not impo	ymptom ortant at al 1 momen	ns? Pleas l 2 nt, how o l/or syn	Se circle a About as  3  confiden aptoms?	a number important would let 4	or on the solution that as most of like to achie 5  ou, that year circle a new circle and the solution that year and yea	scale belof the other over now 6  your chiumber o	low: r things I  7  Id will con the sca	Most i 8 hange ile belo	mportan  9  their constants	at thing in my life right now 10  current
and/or s Not impo	ympton ortant at al  1 momen iors and ortant at al	ns? Pleas  1  2  at, how of the symple of th	About as  About as  About as  About as	a numbe s importan would l 4  at are yo Please o s importan would l	r on the state as most of ike to achieve the state of the	scale belof the other evenow  6  your chiumber of the other evenow	ow: r things I  7  Id will con the scarthings I	Most i	mportan  9  their constants importants	at thing in my life right now 10 current at thing in my life right now
and/or s Not impo	ymptom ortant at al 1 momen iors and	ns? Pleas l 2 nt, how o l/or syn	Se circle a About as  3  confiden aptoms?	a numbe s importan would l 4 at are yo Please o s importan	r on the sat as most of it as most of it as most of it is a chief of the control of the chief of	scale belof the other eve now  6  your chiumber of the other of the other hands are seen to be a	low: r things I  7  Id will con the sca	Most i 8 hange ile belo	mportan  9  their constants	at thing in my life right now 10  current
and/or s Not impo	ympton ortant at al  1 momen iors and ortant at al	ns? Pleas  1  2  at, how of the symple of th	About as  About as  About as  About as	a numbe s importan would l 4  at are yo Please o s importan would l	r on the state as most of ike to achieve the state of the	scale belof the other evenow  6  your chiumber of the other evenow	ow: r things I  7  Id will con the scarthings I	Most i	mportan  9  their comportan  Importan  9	at thing in my life right now 10 current at thing in my life right now 10
and/or s Not impo	ympton ortant at al  momen iors and ortant at al	as? Pleas 2 at, how of 1/or syn 1	About as  Confiden  appropriate  About as  3	a numbe s importan would l  4  It are you Please of s importan would l	r on the sat as most of like to achie ou, that y circle a not as most of like to achie of the sat of like to achie of like	scale belof the other evenow  6  your chiumber of the other evenow	ow: r things I  7  Id will con the scarthings I	Most i	their of	at thing in my life right now 10 current at thing in my life right now 10 Don't
and/or s Not impo	ympton ortant at al  momen iors and ortant at al  answer	as? Pleas  1  2  at, how of the synthesis of the following synthesis of the	Se circle a About as About as About as About as Owing queen	a numbe s importan would l  4  At are you Please of s importan would l	r on the sat as most of ike to achieve the same of the	scale belof the other eve now  6  your chiral the other confirms of the other eve now  6	ow: r things I  7  Id will con the scarthings I  7	Most i	mportan  9  their comportan  Importan  9	at thing in my life right now 10 current at thing in my life right now 10 Don't es know
and/or s Not impo	ympton ortant at al  momen iors and ortant at al  answer 30 days,	at, how of the follow man	Se circle a About as About as About as About as Owing queen	a numbe s importan would l  4  At are you Please of s importan would l	r on the state as most of ike to achieve the state of the	scale belof the other eve now  6  your chiral the other confirms of the other eve now  6	ow: r things I  7  Id will con the scarthings I  7	Most i	their of	at thing in my life right now 10 current at thing in my life right now 10 Don't
and/or s Not impo	ympton ortant at al  momen iors and ortant at al  answer 30 days, equired Ele	at, how of the following ment	About as  Confident About as  About as  Owing quay  ny times h	a numbe s importan would I 4  at are you Please of s importan would I 4	r on the state as most of like to achie ou, that y circle a nat as most of like to achie of like to achie ochild been	scale belof the other eve now  6  your chiumber of the other eve now  6	ow: r things I  7  Id will con the scar things I  7	Most i	their of	at thing in my life right now 10 current at thing in my life right now 10 Don't es know
and/or s Not impo  3. At this behave Not impo  4. Please In the past *Federally Ro  5. Please	ympton ortant at al amomen iors and ortant at al answer answer answer answer answer	the following th	About as  Confident  About as  About as  Owing quay  owing quay  owing quay  owing quay	a numbe s importan would I 4 at are you Please of s importan would I 4  uestion uestion	r on the sat as most of like to achie t	scale belof the other evenow  6  your chiumber of the other evenow  6  n arreste  on the J	ow: r things I  7  Id will con the scar things I  7	Most i	their of	at thing in my life right now 10 current at thing in my life right now 10 Don't es know
and/or s Not impo  3. At this behave Not impo  4. Please In the past *Federally Ro  5. Please a. Has your	ympton ortant at al  momen iors and ortant at al  answer answer r child go	the followers th	About as  Confident About as  About as  Owing query times have a second as a s	a number simportan would I 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	r on the sat as most of like to achie t	scale belof the other evenow  6  your chiumber of the other evenow  6  n arreste  on the work, or	ow: r things I  7  Id will con the scar things I  7  d?	Most i	their of	thing in my life right now 10 current at thing in my life right now 10 Don't know
and/or s Not impo  3. At this behave Not impo  4. Please In the past *Federally Ro  5. Please a. Has your	ympton ortant at al  momen iors and ortant at al  answer 30 days, equired Ele answer r child go nity, becau	the follows of the set	About as  Confident About as  Confident About as  About as  Owing query times here against the second as a second	a number simportan would I 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	r on the sat as most of ike to achie to	scale belof the other evenow  6  your chiumber of the other evenow  6  n arreste  on the work, or alants, or	ow: r things I  7  Id will con the scar things I  7  d?  past 30 con the	Most i	their of onts/Time	thing in my life right now 10 current at thing in my life right now 10 Don't know

Last Updated: 03/23/2021 Page **1** of **4** 



#### Family SUD Form - Discharge

6. Please answer the foll days	owing	questio	ıs base	ed on the	past:	<u> </u>	Number o Nights/T		Don'	
a. How many times has your psychiatric or emotional p										
b. How many nights has your child spent in a facility for:  i. Detoxification?  ii. Inpatient/Residential Substance Use Disorder Treatment?  iii. Mental Health Care?  iv. Illness, Injury, Surgery?										
c. How many nights has your						ding				
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 th	e Progi	am	No	ow (At	end of P	rogra	am)	
appropriate box on how your child is doing since entering the program that best	Poor	Average	Good	Excellent		Avera	_	d Ex	celle	nt
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 nfident				(	V Confid	/ery 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	dly fou	ınd some								
booze/drugs or happened that reminded him/her of drugs	to see	somethir	ng 0	1 2	3	4 5	6 7	8	9	10
if other people treated hinterfered with his/her plant		unfairly (	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	1 5	6 7	8	9	10

Last Updated: 03/23/2021 Page **2** of **4** 



#### Family SUD Form - Discharge

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

Last Updated: 03/23/2021 Page **3** of **4** 



### Family SUD Form - Discharge

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

Last Updated: 03/23/2021 Page **4** of **4** 



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

Todays' Date:				
Client STARS ID	:			
Program:	□ CARE	IMPACT		
8	☐ First Episode Psychosis (SEBHS and			
		Transition Age	o Vouth Pocoivi	nσ
	CARE (BMS/LSS Only)	IMPACT (BMS		iig
	Critic (Divis) Ess Only)	1011 1101 (1010)	5/ E33 Offiy)	
4 147 - 13	a dhad 'a a a a al a ala ala 'a			
	ay that in general your health is:			
Excellent	□Very Good □Good	□Fair	Poor	
	g about your physical health, which includes days during the past 30 days was your phys			
	g about your mental health, which includes			
	vith emotions, how many days during the pa			
health not g				
<b>c.</b> During the pa	ast 30 days, approximately how many days			
	lth keep you from doing your usual activitie	es, such as self-ca	re, work, or	
recreation?				
2. Please answ	ver the following question based on t	he nast 30	Number of	Don't
days	or the lone wing question buseu on the	ne pust so	Nights/Times	know
	s have you been arrested?			П
*Federally required	element			Ш
2 Dloggo ang	wer the following questions based on	the pact 6	Number of	Don't
months	wer the following questions based on	the past o	Nights/Times	know
	nes have you gone to an emergency room fo	r a psychiatric or	•	
emotional probl		r a poj emacrio er		Ш
b. How many nig	ghts have you spent in a facility for:			
i. Detoxificatio				
	esidential Substance Use Disorder Treatme	nt		
iii. Mental Hea				
iv. Illness, Inju				
	nes have you been arrested?			
	ghts have you spent in a correctional facility			
prisons (as a res	ult of an arrest, parole or probation violation	on)?		

Last Updated: 04/23/2020 1:38 PM Page **1** of **2** 

e. How many times have you tried to commit suicide?



### Adult MH Tool - Initial Interview

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

Last Updated: 04/23/2020 1:38 PM Page **2** of **2** 



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

Todays' Date:	
Client STARS ID:	
Program: □ CARE	□ IMPACT
☐ First Episode Psychosis (S	
☐ Transition Age Youth Rec	
CARE (BMS/LSS Only)	IMPACT (BMS/LSS Only)
CARE (BW3/E33 Only)	IMI ACT (BM3/E33 Offiy)
1. Are you currently employed?	
$\square$ Employed full time (35+ hours per week)	☐ Student
☐ Employed part time	☐ Retired
□Homemaker	$\square$ Unemployed
□Disabled	Other (Specify)
* Cadarally Described	
* Federally Required	
2. Which of following best describes your	current residential status?
☐ Independent, living in a private residence	☐ Homelessness
Dependent, living in private residence	☐ Jail/Correctional Facility
Residential Care (group home,	in juny dorrectional ruentey
rehabilitation center, agency-operated	☐ Foster Home/Foster Care
care)	, ,,
☐Institutional setting (24/7 care by	☐ Crisis Residence
skilled/specialized staff or doctors)	□ Other
*Federally Required	
3. What is your highest educational level co	ompleted (12=GED or high school
diploma)?	
*Federally Required	
4. Would you say that in general your hea	lth ic
	ood □Fair □Poor
<b>a</b> . 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	
mental health keep you from doing your us	ual activities, such as self-care, work, or
recreation?	

Last Updated: 03/23/2021 Page **1** of **3** 



### Adult MH Tool - Update Interval

5. Please answer the following question based on the pas days	t 30		ımbe ghts/		es	Don'	
How many times have you been arrested? *Federally required Element							
6. Please answer the following questions based on the pamonths	ıst 6		mbe ghts,	Don kno			
a. How many times have you gone to an emergency room for psychiatric or emotional problem?	a						
<ul><li>b. How many nights have you spent in a facility for:</li><li>i. Detoxification?</li></ul>							
ii. Inpatient/Residential Substance Use Disorder Treatment iii. Mental Health Care?	?						
iv. Illness, Injury, Surgery?							
c. How many times have you been arrested?							<u> </u>
d. How many nights have you spent in a correctional facility including jail or prisons (as a result of an arrest, parole or probation violation)?				_			
e. How many times have you tried to commit suicide?				_			
7. Please indicate your level of agreement or		Re	spon	se 0	ptio	ns	
disagreement with the statements by checking the choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) Source: MHSIP Survey *Federally Required	Strongly disagree	Disagree	Undecided	Agree	Strongly	Not	applicable Refused
choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral	Strongly disagree	Disagree	Undecided	Agree	Strongly	Not	applicable Refused
choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) Source: MHSIP Survey *Federally Required Domain: Social Connectedness Questions 1-4  1. I am happy with the friendships I have.	☐ Strongly disagree	☐ Disagree	Undecided	Agree	Strongly	Not	annlicable  Refused
choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) Source: MHSIP Survey *Federally Required  Domain: Social Connectedness Questions 1-4  1. I am happy with the friendships I have.  2. I have people with whom I can do enjoyable things.		☐ ☐ Disagree					applicable Refused
choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) Source: MHSIP Survey *Federally Required  Domain: Social Connectedness Questions 1-4  1. I am happy with the friendships I have.  2. I have people with whom I can do enjoyable things.  3. I feel I belong in my community.		□ □ □ Disagree		□ □ □ Agree	Strongly	□ □ Not	annlicable
choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) Source: MHSIP Survey *Federally Required  Domain: Social Connectedness Questions 1-4  1. I am happy with the friendships I have.  2. I have people with whom I can do enjoyable things.  3. I feel I belong in my community.  4. In a crisis, I would have the support I need from family or friends.		□ □ □ □					applicable
choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) Source: MHSIP Survey *Federally Required  Domain: Social Connectedness Questions 1-4  1. I am happy with the friendships I have.  2. I have people with whom I can do enjoyable things.  3. I feel I belong in my community.  4. In a crisis, I would have the support I need from family or friends.  Domain: Improved Functioning Domain: Questions 5-8		□ □ □ □ Disagree					annlicable
choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) Source: MHSIP Survey *Federally Required  Domain: Social Connectedness Questions 1-4  1. I am happy with the friendships I have.  2. I have people with whom I can do enjoyable things.  3. I feel I belong in my community.  4. In a crisis, I would have the support I need from family or friends.  Domain: Improved Functioning Domain: Questions 5-8  5. I do things that are more meaningful to me.		□ □ □ □ Disagree					annlicable and Refused
choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) Source: MHSIP Survey *Federally Required  Domain: Social Connectedness Questions 1-4  1. I am happy with the friendships I have.  2. I have people with whom I can do enjoyable things.  3. I feel I belong in my community.  4. In a crisis, I would have the support I need from family or friends.  Domain: Improved Functioning Domain: Questions 5-8  5. I do things that are more meaningful to me.  6. I am better able to take care of my needs.		□ □ □ □ Disagree					
choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) Source: MHSIP Survey *Federally Required  Domain: Social Connectedness Questions 1-4  1. I am happy with the friendships I have.  2. I have people with whom I can do enjoyable things.  3. I feel I belong in my community.  4. In a crisis, I would have the support I need from family or friends.  Domain: Improved Functioning Domain: Questions 5-8  5. I do things that are more meaningful to me.  6. I am better able to take care of my needs.  7. I am better able to handle things when they go wrong.		Disagree					
choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) Source: MHSIP Survey *Federally Required  Domain: Social Connectedness Questions 1-4  1. I am happy with the friendships I have.  2. I have people with whom I can do enjoyable things.  3. I feel I belong in my community.  4. In a crisis, I would have the support I need from family or friends.  Domain: Improved Functioning Domain: Questions 5-8  5. I do things that are more meaningful to me.  6. I am better able to take care of my needs.  7. I am better able to handle things when they go wrong.  8. I am better able to do things that I want to do.		□ □ □ □ □ □ □ Disagree					
choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) Source: MHSIP Survey *Federally Required  Domain: Social Connectedness Questions 1-4  1. I am happy with the friendships I have.  2. I have people with whom I can do enjoyable things.  3. I feel I belong in my community.  4. In a crisis, I would have the support I need from family or friends.  Domain: Improved Functioning Domain: Questions 5-8  5. I do things that are more meaningful to me.  6. I am better able to take care of my needs.  7. I am better able to handle things when they go wrong.  8. I am better able to do things that I want to do.  Domain: Perception of Access to Services Questions 9-13		Disagree					
choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) Source: MHSIP Survey *Federally Required  Domain: Social Connectedness Questions 1-4  1. I am happy with the friendships I have.  2. I have people with whom I can do enjoyable things.  3. I feel I belong in my community.  4. In a crisis, I would have the support I need from family or friends.  Domain: Improved Functioning Domain: Questions 5-8  5. I do things that are more meaningful to me.  6. I am better able to take care of my needs.  7. I am better able to handle things when they go wrong.  8. I am better able to do things that I want to do.  Domain: Perception of Access to Services Questions 9-13  9. The location of services was convenient.		Disagree					
choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) Source: MHSIP Survey *Federally Required  Domain: Social Connectedness Questions 1-4  1. I am happy with the friendships I have.  2. I have people with whom I can do enjoyable things.  3. I feel I belong in my community.  4. In a crisis, I would have the support I need from family or friends.  Domain: Improved Functioning Domain: Questions 5-8  5. I do things that are more meaningful to me.  6. I am better able to take care of my needs.  7. I am better able to handle things when they go wrong.  8. I am better able to do things that I want to do.  Domain: Perception of Access to Services Questions 9-13  9. The location of services was convenient.  10. Staff was willing to see me as often as I felt it was necessary		Disagree					
choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) Source: MHSIP Survey *Federally Required  Domain: Social Connectedness Questions 1-4  1. I am happy with the friendships I have.  2. I have people with whom I can do enjoyable things.  3. I feel I belong in my community.  4. In a crisis, I would have the support I need from family or friends.  Domain: Improved Functioning Domain: Questions 5-8  5. I do things that are more meaningful to me.  6. I am better able to take care of my needs.  7. I am better able to handle things when they go wrong.  8. I am better able to do things that I want to do.  Domain: Perception of Access to Services Questions 9-13  9. The location of services was convenient.  10. Staff was willing to see me as often as I felt it was necessary  11. Staff returned my calls within 24 hours.		Disagree					
choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) Source: MHSIP Survey *Federally Required  Domain: Social Connectedness Questions 1-4  1. I am happy with the friendships I have.  2. I have people with whom I can do enjoyable things.  3. I feel I belong in my community.  4. In a crisis, I would have the support I need from family or friends.  Domain: Improved Functioning Domain: Questions 5-8  5. I do things that are more meaningful to me.  6. I am better able to take care of my needs.  7. I am better able to handle things when they go wrong.  8. I am better able to do things that I want to do.  Domain: Perception of Access to Services Questions 9-13  9. The location of services was convenient.  10. Staff was willing to see me as often as I felt it was necessary		Disagree					

Last Updated: 03/23/2021 Page **2** of **3** 



### Adult MH Tool - Update Interval

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

Last Updated: 03/23/2021 Page **3** of **3** 



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

Todays' Date:	
Client STARS ID:   _ _ _ _	
Program: □ CARE	□ IMPACT
☐ First Episode Psychosis	
☐ Transition Age Youth Re	
CARE (BMS/LSS Only)	IMPACT (BMS/LSS Only)
1. Are you currently employed?	
☐ Employed full time (35+ hours per week)	$\square$ Student
☐Employed part time	☐ Retired
$\square$ Homemaker	$\square$ Unemployed
□Disabled	Other (Specify)
*Federally Required	
2. Which of following best describes your	current recidential status?
☐ Independent, living in a private residence	Homelessness
☐ Dependent, living in a private residence	☐ Jail/Correctional Facility
Residential Care (group home,	in jany correctionary actives
rehabilitation center, agency-operated	☐ Foster Home/Foster Care
care)	,
$\square$ Institutional setting (24/7 care by	☐ Crisis Residence
skilled/specialized staff or doctors)	□ Other
*Federally Required	
3. What is your highest educational level	completed (12-CFD or high school
diploma)?	completed (12-deb of high school
*Federally Required	
reactany required	
4. Would you say that in general your hea	alth is:
□Excellent □Very Good □	Good □Fair □Poor
a. Now thinking about your physical health, w	
how many days during the past 30 days w	
<b>b.</b> Now thinking about your mental health, wh	
problems with emotions, how many days health not good?	auring the past 50 days was your mental
<b>c.</b> During the past 30 days, approximately how	many days did your poor physical or
mental health keep you from doing your u	
recreation?	

Last Updated: 05/02/2019 Page **1** of **3** 



### 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	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						
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							

Last Updated: 05/02/2019 Page **2** of **3** 



### Adult MH Tool - Discharge

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

Last Updated: 05/02/2019 Page **3** of **3** 



\*Federally Required

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

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

Todays' Date:				
Client STARS	ID:			
Program	☐ CYF Services (SED) ☐ MRT	□ ART □ FFT		
1. Would vo	u say that in general your he	alth is:		
□Excelle		Good □ Fair	□Poor	
	king about your physical health, w ny days during the past 30 days w			
problem	king about your mental health, wl is with emotions, how many days ot good?			
	e past 30 days, approximately how nealth keep you from doing your u on?		•	
2. Please ans	swer the following question		Number of Nights/Times	Don't know
In the past 30 *Federally Requi	days, how many times have you be red Element	oeen arrested?		
3. Please and months	swer the following questions	s based on the <u>past 6</u>	Number of Nights/Times	Don't know
a. How many t or emotional p	cimes have you gone to an emerge problem?	ency room for a psychiatric		
	nights have you spent in a facility	for:		
i. Detoxificat		d ou Tuo atuu au t		
ii. inpatient/	Residential Substance Use Disord	uer Freatment?		
	eaith Care? ijury, Surgery?		<del></del>	
	imes have you been arrested?			
	nights have you spent in a correct	tional facility including IDC		
	sult of an arrest, parole or probat			
	times have you tried to commit si			

Last Updated: 04/23/2020 Page **1** of **2** 



### Youth MH Form -Initial Interview

4. Please indicate your level of agreement or	Response Options								
disagreement with the statements by checking the choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) *Federally Required	Strongly	uisagi ee Disagree	Undecided	Agree	Strongly agree	Not	abblicable Refused		
Domain: Social Connectedness Questions 1-4									
1. I know people who will listen and understand me when I need to talk.									
2. In a crisis, I would have the support I need from family or friends.									
3. I have people that I am comfortable talking with about my problems.									
4. I have people with whom I can do enjoyable things.									
Domain: Improved Functioning Domain: Questions 5-11									
5. I am able to do things I want to do.									
6. I get along with family members.									
7. I get along with friends and other people.									
8. I do well in school and/or work.									
9. I am able to cope when things go wrong.									
10. I am able to handle my daily life.									
11. I am satisfied with my family life right now.									
							_		

#### Question to be answered by Clinician

C											
<b>GAIN Shor</b>	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										

Last Updated: 04/23/2020 Page **2** of **2** 



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

Todays' Date	:	•	
Client STARS			
Drogram	CVE Corvices (SED)	□ АРТ	
Program	☐ CYF Services (SED) ☐ MRT	□ ART □ FFT	
	□ MR1	□ FF1	
1. Have you	attended school at any time	e in the past three months?	
□Yes		□No	
*Federally Requir	ed		
2. Please cir	rcle your current or highest	educational level completed:	
*Federally Requir	red		
	currently employed? (**Collect		
	ed full time (35+ hours per week)	☐ Student	
	ed part time	□ Retired	
□Homem		□ Other (Specify)	
□Disable			
*Federally Requir	red		
4. Which of	following best describes you	ır current residential status?	
	ident, living in private residence	☐ Homelessness	
□Depende	ent, living in private residence	☐ Jail/Correctional Facility	
_	tial Care (group home,	· ,	
	itation center, agency-operated	☐ Foster Home/Foster Care	
□Instituti	onal setting (24/7 care by	☐ Crisis Residence	
skilled/	specialized staff or doctors)	□ Other	
*Federally Requir	red		
5. Would yo	ou say that in general your h	ealth is:	
□Excell		Good Fair Poor	
a. Now thin		which includes physical illness and injury,	
		was your physical health not good?	
	•	hich includes stress, depression, and	
	ns with emotions, how many day: not good?	s during the past 30 days was your mental	
	health keep you from doing your	ow many days did your poor physical or usual activities, such as self-care, work, or	

Last Updated: 04/24/2020 Page **1** of **3** 



### Youth MH Form - Update Interval

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

Last Updated: 04/24/2020 Page **2** of **3** 



### 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				

Last Updated: 04/24/2020 Page **3** of **3** 



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

Todays' Date:	8-
Client STARS ID:	
1-1-1-1-1-1-1-1-1	-
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)
☐ Employed full time (35+ hours per week)	☐ Student
☐ Employed part time	Retired
□Homemaker	☐ Other (Specify)
□Disabled	
*Federally Required	
4. Which of following best describes your c	urrent residential status?
$\square$ Independent, living in private residence	☐ Homelessness
$\square$ Dependent, living in private residence	$\square$ Jail/Correctional Facility
$\square$ Residential Care (group home,	
rehabilitation center, agency-operated care)	☐ Foster Home/Foster Care
☐ Institutional setting (24/7 care by	☐ Crisis Residence
skilled/specialized staff or doctors)	□ Other
*Federally Required	
5. Would you say that in general your healt	th is:
□Excellent □Very Good □Go	ood □Fair □Poor
a. Now thinking about your physical health, which how many days during the past 30 days was	
b. Now thinking about your mental health, which problems with emotions, how many days du health not good?	h includes stress, depression, and
c. During the past 30 days, approximately how n mental health keep you from doing your usu recreation?	

Last Updated: 05/02/2019 Page **1** of **3** 



### Youth MH Form - Discharge

6. Please answer the following question			Num Nigh			Don kno	
In the past 30 days, how many times have you been arrested? *Federally Required Element			· ·		-		
7. Please answer the following questions based on the <u>pamonths</u>		ımbe ghts,	r of /Times		n't ow		
a. How many times have you gone to an emergency room for a psycemotional problem?	chiatri	ic or					
b. How many nights have you spent in a facility for: i. Detoxification? ii. Inpatient/Residential Substance Use Disorder Treatment? iii. Mental Health Care?						[ ] [	
iv. Illness, Injury, Surgery?							
c. How many times have you been arrested?							
d. How many nights have you spent in a correctional facility includ Jail (as a result of an arrest, parole or probation violation)?	ing JD	C or					
e. How many times have you tried to commit suicide? *Federally Required Element					_		
8. Please indicate your level of agreement or		Re	spor	ise O	ption	S	
disagreement with the statements by checking the choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) *Federally Required	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Not applicable	Refused
Domain: Social Connectedness Questions 1-4							
1. I know people who will listen and understand me when I need to talk.							
2. In a crisis, I would have the support I need from family and friends.							
3. I have people that I am comfortable talking with about my problems.							
4. I have people with whom I can do enjoyable things.							
Domain: Improved Functioning/ Outcomes Domain: Question	ıs 5-1	.1					
5. I am better able to do things I want to do.							
6. I get along better with family members.							
7. I get along better with friends and other people.							
8. I am doing better in school and/or work.							
9. I am better able to cope when things go wrong.							
10. I am better at handling my daily life.							
11. I am satisfied with my family life right now.							

Last Updated: 05/02/2019 Page **2** of **3** 



### Youth MH Form - Discharge

				Response Options						
				Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Not applicable	Refused
			Questions 12-13							
		s was convenien								
me.		it times that are								
Domains: P	erception of Cu	ltural Sensitivit	y Questions 14-17							
	ated me with r	_								
		ily's religious/s								
		a way that I und								<u></u>
		•	nic background.							
			eatment Planning	Quest	tions			_		_
	to choose my			<u> </u>	<u> </u>					
		reatment goals.								
	pated in my ow	on Questions 21	26					<u> </u>	Ш	
			I have received							
here.	i aiii satisiieu v	itil tile sel vices	Thave received							
22. The peo	ple helping me	have stuck with	me no matter							
23. I feel I h	ave someone to	talk to when I	am troubled.							
24. I receive	ed services that	were right for r	ne.							
25. I have g	otten the help l	want.								
26. I have g	otten as much l	nelp as I need.								
	be answered by (									_
GAIN Short	t Screener (GA	IN-SS) Scoring								
Screener	Items	Past Month (4)	Past 90 Days (4, 3)		t Yea 3, 2			Ev (4, 3,		
IDScr	1a <b>-</b> 1f									
EDScr	2a <b>–</b> 2g									
SDScr	3a <b>–</b> 3e									
CVScr	4a <b>–</b> 4e									
TDSer	1a <b>-</b> 4e									

Last Updated: 05/02/2019 Page **3** of **3** 



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

		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?			
5011001, 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/iii. 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, Injud. How many notes iii. How many notes iii. Inpatient/iiii. Mental Heiv. Illness, Injud. How many notes iii. Inpatient/iiiiii. Mental Heiv. Illness, Injud. How many notes iii. Inpatient/iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	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

Last Updated: 05/02/2019 Page **1** of **2** 



### Family MH Form -Initial Interview

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

Last Updated: 05/02/2019 Page **2** of **2** 



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

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,

Last Updated: 03/23/2021 Page **1** of **3** 



### Family MH Form - Update Interval

6. Please answer the following question				nber c nts/Ti		Do:			
In the past 30 days, how many times has your child been arrested? *Federally Required Element *Federally Required Element	ı		· ·		-	Don't			
7. Please answer the following questions based on the pa	st 6			iber o		Don'	t		
months			Nigh	its/Ti	mes	knov	v		
a. How many times has your child gone to an emergency room for a psychiatric or emotional problem?	a								
<ul><li>b. How many nights has your child spent in a facility for:</li><li>i. Detoxification?</li></ul>									
ii. Inpatient/Residential Substance Use Disorder Treatment?									
iii. Mental Health Care?									
iv. Illness, Injury, Surgery?									
c. How many times has your child been arrested?									
d. How many nights has your child spent in a correctional facility in JDC or Jail (as a result of an arrest, parole or probation violation)?	nclud	ing							
e. How many times has your child tried to commit suicide?									
8. Please indicate your level of agreement or		Re	espoi	nse O	ption	ıs			
disagreement with the statements by checking the									
choice that best represents your feelings or opinion	V d	ee :	led	d)	Ž,	2	g		
over the past 6 months. (Please answer for	rong	sagr	decid	Agre	rong	Not	efuse		
relationships with persons other than your behavioral	Strongly	Disagree	Undecided	Agree	Strongly agree	Not	Refused		
relationships with persons other than your behavioral health provider(s).) *Federally Required	Strong	Disagr	Undecid	Agree	Strong	Not	Refuse		
relationships with persons other than your behavioral health provider(s).) *Federally Required  Domain: Social Connectedness Questions 1-4	Strong	Disagr	Undecid	Agree	Strong	Not	Refuse		
relationships with persons other than your behavioral health provider(s).) *Federally Required	Strong	□ Disagr	Undecid	Agree	Strong	Not	an bureal		
relationships with persons other than your behavioral health provider(s).) *Federally Required  Domain: Social Connectedness Questions 1-4  1. My child knows people who will listen and understand		□ □ Disagr	□ □ □		Strong	Not	ADDITICAL REFUSE		
relationships with persons other than your behavioral health provider(s).) *Federally Required  Domain: Social Connectedness Questions 1-4  1. My child knows people who will listen and understand them when they need to talk.  2. In a crisis, my child would have the support they need		Disagr	□ □ □ Undecid		Strong	Not	ADDIICAL REFUSE		
relationships with persons other than your behavioral health provider(s).) *Federally Required  Domain: Social Connectedness Questions 1-4  1. My child knows people who will listen and understand them when they need to talk.  2. In a crisis, my child would have the support they need from family and friends.  3. My child has people that he/she are comfortable talking									
health provider(s).) *Federally Required  Domain: Social Connectedness Questions 1-4  1. My child knows people who will listen and understand them when they need to talk.  2. In a crisis, my child would have the support they need from family and friends.  3. My child has people that he/she are comfortable talking with about their problems.  4. My child has people with whom they can do enjoyable things.									
relationships with persons other than your behavioral health provider(s).) *Federally Required  Domain: Social Connectedness Questions 1-4  1. My child knows people who will listen and understand them when they need to talk.  2. In a crisis, my child would have the support they need from family and friends.  3. My child has people that he/she are comfortable talking with about their problems.  4. My child has people with whom they can do enjoyable									
<ul> <li>relationships with persons other than your behavioral health provider(s).) *Federally Required</li> <li>Domain: Social Connectedness Questions 1-4</li> <li>1. My child knows people who will listen and understand them when they need to talk.</li> <li>2. In a crisis, my child would have the support they need from family and friends.</li> <li>3. My child has people that he/she are comfortable talking with about their problems.</li> <li>4. My child has people with whom they can do enjoyable things.</li> <li>Domain: Improved Functioning/ Outcomes Domain: Question</li> </ul>									
relationships with persons other than your behavioral health provider(s).) *Federally Required  Domain: Social Connectedness Questions 1-4  1. My child knows people who will listen and understand them when they need to talk.  2. In a crisis, my child would have the support they need from family and friends.  3. My child has people that he/she are comfortable talking with about their problems.  4. My child has people with whom they can do enjoyable things.  Domain: Improved Functioning/ Outcomes Domain: Question 5. My child is better able to do things he or she wants to do.									
<ul> <li>relationships with persons other than your behavioral health provider(s).) *Federally Required</li> <li>Domain: Social Connectedness Questions 1-4</li> <li>1. My child knows people who will listen and understand them when they need to talk.</li> <li>2. In a crisis, my child would have the support they need from family and friends.</li> <li>3. My child has people that he/she are comfortable talking with about their problems.</li> <li>4. My child has people with whom they can do enjoyable things.</li> <li>Domain: Improved Functioning/ Outcomes Domain: Question</li> <li>5. My child is better able to do things he or she wants to do.</li> <li>6. My child gets along better with family members.</li> <li>7. My child gets along better with friends and other people.</li> <li>8. My child is doing better in school and/or work.</li> </ul>									
<ul> <li>relationships with persons other than your behavioral health provider(s).) *Federally Required</li> <li>Domain: Social Connectedness Questions 1-4</li> <li>1. My child knows people who will listen and understand them when they need to talk.</li> <li>2. In a crisis, my child would have the support they need from family and friends.</li> <li>3. My child has people that he/she are comfortable talking with about their problems.</li> <li>4. My child has people with whom they can do enjoyable things.</li> <li>Domain: Improved Functioning/ Outcomes Domain: Questions.</li> <li>5. My child is better able to do things he or she wants to do.</li> <li>6. My child gets along better with family members.</li> <li>7. My child gets along better with friends and other people.</li> </ul>									
<ul> <li>relationships with persons other than your behavioral health provider(s).) *Federally Required</li> <li>Domain: Social Connectedness Questions 1-4</li> <li>1. My child knows people who will listen and understand them when they need to talk.</li> <li>2. In a crisis, my child would have the support they need from family and friends.</li> <li>3. My child has people that he/she are comfortable talking with about their problems.</li> <li>4. My child has people with whom they can do enjoyable things.</li> <li>Domain: Improved Functioning/ Outcomes Domain: Question</li> <li>5. My child is better able to do things he or she wants to do.</li> <li>6. My child gets along better with family members.</li> <li>7. My child gets along better with friends and other people.</li> <li>8. My child is doing better in school and/or work.</li> </ul>									

Last Updated: 03/23/2021 Page **2** of **3** 



### Family MH Form - Update Interval

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

Last Updated: 03/23/2021 Page **3** of **3** 



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

Todays' Date:	Disci	iaige				
Client STARS ID:		.				
Program	CYF Services (SED)	$\square$ ART				
	MRT	$\square$ FFT				
1. Did your child	d attend school any time in	the past three months?				
□Yes		□No				
*Federally Required						
2. Please circle y	your child's current or high	est educational level com	pleted:			
Self-Contained Sp *Federally Required	oecial Ed Class (No Grade)					
3. Is your child o	currently employed? (**Colle	cted for clients 16 and older only	)			
☐ Employed ful	l time (35+ hours per week)	☐ Student				
☐ Employed par	rt time	☐ Retired				
$\square$ Homemaker		☐ Other (Specify)				
□Disabled						
*Federally Required						
4. Which of follo	owing best describes your c	hild's current residential	status?			
□Independent,	living in private residence	☐ Homelessness				
☐ Dependent, living in private residence ☐ Jail/Correctional Facility						
Residential C	are (group home,					
rehabilitation center, agency-operated						
$\square$ Institutional s	setting (24/7 care by	Crisis Residence				
, .	alized staff or doctors)	□ Other				
*Federally Required						
5. Would you sa	ny that in general your child	l's health is:				
□Excellent	□Very Good □Go		Poor			
	about your child's physical healt nany days during the past 30 da					
	about your child's mental health	n, which includes stress, depre	ssion, and			
problems wit mental healt	th emotions, how many days du h not good?	ring the past 30 days was your	child's			
	st 30 days, approximately how n					
	alth keep you from doing your o	child's usual activities, such as	self-care,			
school, work	, or recreation?					

Last Updated: 05/02/2019 Page **1** of **3** 



### Family MH Form - Discharge

6. Please answer the following question						_	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	<u>st 6</u>			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					[	П	
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?					_		Ш	
Source: Current MPR Adult History Form (Revised 3/06)					_	L		
c. How many times has your child been arrested?					[			
d. How many nights has your child spent in a correctional facility in	ncludi	ng		Г				
JDC or Jail (as a result of an arrest, parole or probation violation)?								
e. How many times has your child tried to commit suicide? *Federally Required Element	□							
8. Please indicate your level of agreement or	esponse Options							
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	بو	eq		<u>×</u>	e	p	
over the past 6 months. (Please answer for	Strongly disagree	Disagree	cid	Agree	trongly agree	Not olical	use	
relationships with persons other than your behavioral	Strc disa	)isa	Jndecided	Ag	Strongly agree	Not policable	Refused	
health provider(s).) *Federally Required		_	Ω		••	Ö	,	
Domain: Social Connectedness Questions 1-4								
1. My child knows people who will listen and understand			_	_	_	_		
them when they need to talk.	Ш	Ш	Ш	Ш	Ш	Ш	Ш	
2. In a crisis, my child would have the support they need								
from family and friends.	Ш	Ш	Ш	ш	Ш	Ш	ш	
3. My child has people that he/she are comfortable talking								
with about their problems.		Ш	ш		ш	Ш		
4. My child has people with whom they can do enjoyable								
things.			Ш					
Domain: Improved Functioning/ Outcomes Domain: Question	ns 5-1	11						
5. My child is better able to do things he or she wants to do.								
6. My child gets along better with family members.								
7. My child gets along better with friends and other people.	Ш							
711 1) child gots along sector with interior and content people.								
8. My child is doing better in school and/or work.								
							_	
8. My child is doing better in school and/or work.								

Last Updated: 05/02/2019 Page **2** of **3** 



### Family MH Form - Discharge

	Response Options						
	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Not applicable	Refused
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 Question							
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							

Last Updated: 05/02/2019 Page **3** of **3** 



[Page intentionally left blank]



