



# Treatment Outcome Program Manual

Guidelines for Substance Use Disorder & Mental Health Services



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# Introduction

The Division of Behavioral Health (DBH) recognizes and supports a system that values meaningful data and outcomes. From both a programmatic and funding perspective, monitoring meaningful data and outcomes has become important to ensure the services being funded through the public behavioral health system are held to a high standard of quality and effectiveness.

In 2015, the Data Outcomes Work Group (DOWG) comprised of Division of Behavioral Health (DBH) staff, mental health providers, and substance use disorder providers developed a framework for identifying and determining meaningful outcome measures for mental health and substance use disorder services.

The Data Outcomes Work Group collaboratively established the following goals:

- Develop streamlined intake/exit data process for all services funded through the DBH
- Reduce duplication
- Identify key core outcome measures across all services
- Identify targeted outcome measures for specialized services
- Develop follow-up process to collect outcome measures post service
- Identify target data submission rates for agencies
- Utilize technology

In consensus, the DOWG agreed upon a comprehensive data collection and analysis process to measure the impacts of Behavioral Health services. This methodology allows for review and reporting of outcome measures on a variety of levels including but not limited to the individual client, the provider, and funding sources at both state and federal levels.

This comprehensive approach to data collection and outcome monitoring will support the DBH to ensure publicly funded behavioral health services are an effective and efficient use of public funding. This objective aligns with the DSS strategic plan to improve outcomes through continuous quality improvement along with ensuring access to services for our customers.

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# Glossary of Terms

**Admission for Substance Use Disorder:** The formal acceptance of a client into a substance abuse treatment. An *admission has occurred if, and only if, the client begins substance abuse treatment*. Events such as initial screening, referral to a service, and wait-listing for substance abuse treatment are considered to take place before the admission to treatment and should not be reported as an admission (SAMHSA, 2016).

**Admission for Mental Health Disorder:** All clients receiving services from a program operated or funded by the State Mental Health Authority (SMHA), including clients who receive only mental health evaluation, screening, or assessment (SAMHSA, 2016).

**Age at First Use:** The age at which the client first used the corresponding substance identified in Substance Use (Primary, Secondary, Tertiary).

**Date of Discharge:** The date on which the client was officially discharged from a treatment facility, service, or program, or dis-enrolled from the public mental health system.

**Date of Last Contact:** The most recent date on which the client attended treatment, received a service or had some other face-to-face encounter with treatment staff. This date is used to calculate length of stay in treatment.

**Discharge:** The formal conclusion of services provided within a specific service type, setting, or by a particular provider. This may occur regardless of whether the client's overall treatment episode continues elsewhere, such as in a different setting, service type, or with another provider.

1. **Death:** The client has passed away during the course of treatment or while receiving services.
2. **Discharged by admission to MH inpatient:** The patient is effectively “discharged” from the current treatment or program, but the discharge is followed by an immediate transition or admission to a more intensive level of mental health care, typically in a hospital or psychiatric inpatient setting. Examples include:
  - The Client’s mental health needs have intensified, requiring a higher level of care than the current program can provide.
  - The Client may need 24-hour monitoring or more intensive treatment that can only be provided in an inpatient setting.
  - There may be a crisis or a serious relapse, prompting the need for inpatient stabilization.
3. **Incarcerated:** The Client has been detained or imprisoned in a correctional facility. These facilities are commonly referred to as prisons, jails, or detention centers and serve various purposes within the criminal justice system.
4. **Left against professional advice/consumer discontinued:** This occurs when a client voluntarily discontinues their mental health or substance use disorder treatment before completing the recommended course of care or achieving their treatment goals, against the professional (therapist, doctor, or facility) advice continue with the treatment.

5. Screening/ Evaluation only: The client received a one-time or brief service limited to assessment, screening, or diagnostic evaluation. No formal treatment services were initiated or provided as part of this episode. The discharge indicates the completion of the evaluation process, regardless of whether the client was referred to or engaged in subsequent treatment.
6. Transferred: Refers to the process of moving a client from one treatment facility, program, or provider to another. The transferring agency has arranged or initiated a transfer of the client to another treatment provider or facility, but the agency may not have direct knowledge or assurance that the client will follow through with the transfer and attend the new facility. Examples:
  - Availability of services: Patients are transferred to another facility because there may be a lack of resources or availability at the original facility.
  - Change in care level: The patient may require a different level of care, such as moving from outpatient to inpatient SUD treatment to another agency.
  - Geographical relocation: In some cases, the patient may need to be transferred due to moving to a different location or region where other facilities can provide the necessary care.
7. Terminated by facility and/or therapist discontinued: This occurs when a treatment facility ends a client's participation in their program. Reasons for termination can include:
  - Clinical judgment that further treatment is not necessary or appropriate.
  - Non-compliance with treatment protocols or facility rules.
  - Patient's behavior, such as aggressive or unsafe actions, may lead to discharge from a facility or discontinuation of therapy.
8. Treatment completed/planned discharge: All parts of the treatment plan or program were completed (SAMHSA, 2016). A successful conclusion of treatment episode.

Discharge Outcome Tool: Completed when a client successfully completes their treatment episode and is discharged in STARS. The client or client's family must complete the tool within five (5) days of discharge.

Employment Status: Identifies the client's employment status.

1. Employed full time: Working 35 hours or more each week, including active-duty members of the uniformed services (SAMHSA, 2016).
2. Employed part-time: Working fewer than 35 hours each week (SAMHSA, 2016).
3. Not in labor force: Not looking for work during the past 30 days or a student, homemaker, disabled, retired, or an inmate of an institution (SAMHSA, 2016).
4. Unemployed: Looking for work during the past 30 days or on layoff from job (SAMHSA, 2016)

Episode of Care: Begins when the client enters treatment or services, as defined by the program, and ends when the client is discharged and no longer receiving treatment or services with that grantee. A new episode of care begins when a client returns for treatment after a lapse of service of 90 calendar days or more after being discharged. (NOMS November 2022)

Inactive client, mental health: A client who has not had contact by phone or in person with the agency for a time period longer than six months (ARSD 67:62:08:03).

Inactive client, substance use disorder: A client who has not received services from an inpatient or residential program in 3 days; or services from an outpatient program in 30 days (ARSD 67:62:08:03).

Initial Outcome Tool: Completed by the client or client's family within 30 days of starting a MH or SUD program.

Living Arrangement: Select where the client has spent the most time living of the past 30 days.

1. Independent Living: Clients living alone or with others in a private residence and capable of self-care. Includes adult children (age 18 and over) living with parents and youths living independently. Also includes clients who live independently with case management or supported housing support (SAMHSA, 2016).
2. Institutional Setting: Client resides in an institutional care facility providing care 24 hours/day, 7 days/week. May include skilled nursing/intermediate care facility, nursing homes, institute of mental disease (IMD), inpatient psychiatric hospital, psychiatric health facility, veterans' affairs hospital, state hospital, or Intermediate Care Facility/MR (SAMHSA, 2016).
3. Jail/Correctional Facility: Client resides in a jail, correctional facility, detention center, prison, or other institution under the justice system with care provided on 24 hours/day, 7 days/week (SAMHSA, 2016).
4. Residential Care: Client resides in a residential care facility that provides long-term care given to adults or children who stay in a residential setting rather than in their own home or family home. This level of care may include a group home, therapeutic group home, board and care, residential treatment, rehabilitation center, or agency-operated residential care facilities (SAMHSA, 2016).
5. Foster Home/Foster Care: Client resides in a foster home, i.e., a home that is licensed by a county or state department to provide foster care to children, youths, and/or adults. This category includes therapeutic foster care facilities (SAMHSA, 2016).
6. Homeless: Clients with no fixed address; includes homeless shelters (SAMHSA, 2016).
7. Crisis Residence: A time-limited residential (24 hours/day) stabilization program that delivers services for acute symptom reduction in and restores clients to a pre-crisis level of functioning (SAMHSA, 2016).
8. Dependent Living: Adult clients living in a house, apartment, or other similar dwelling who are heavily dependent on other for daily living assistance (SAMHSA, 2016).
9. Other: Other (includes aging out of the children's MH system, extended placement (conditional release), and all other reasons).

School: Includes, but is not limited to, any one or combination of home-schooling, online education, alternative school, vocational school, or regular school (public, private, charter, traditional, military, magnet, independent, parochial, etc.), at which the child is enrolled in any of the following school grade levels: nursery/pre-school (including Head Start), kindergarten, elementary/middle school (Grades 1-8), middle/high school (Grades 9-12, including General Equivalency Degree or GED), vocational school (including business, technical, secretarial, trade, or correspondence courses which are not counted as regular school enrollment and are not for recreational or adult education classes), or colleges/professional degree (SAMHSA, 2016).

*Self-contained special education*: Children in a special education class that does not have an equivalent school grade level (SAMHSA, 2016).

*Transfer Outcome Tool (SUD)*: Completed when a client successfully completes an SUD program and transfers to another SUD program within the same treatment episode.

*Treatment Episode*: As defined by Block Grant federal reporting requirements, is the period that begins with the initiation in to a level of care and ends with the termination of services or inactive client with a lapse of services (SAMHSA, 2016).

*Update Outcome Tool (MH)*: The MH Update Outcome Tool is completed every six (6) months from the Program Start Date



# Administrative Rules Summary

## Substance Use Disorder

<https://sdlegislature.gov/Rules/Administrative/67:61>

**67:61:04:02. Statistical data.** Each agency shall submit to the department statistical data on each client receiving services in a manner agreed upon by the department and the agency. The agency shall provide statistical data on all services in accordance with the state management information system, and any other data required by the department and state and federal laws and regulations.

**67:61:07:04. Closure and storage of clinical records.** Provide for the closure of a client's clinical records if the client has not received services from an inpatient or residential program in three (3) days or if the client has not received services from an outpatient program in 30 days

**67:61:07:09. Transfer or discharge criteria.** It is appropriate to transfer or discharge a client from a present level of care if:

- (1) The client has achieved the goals articulated in his or her individualized treatment plan, by resolving each problem that justified admission to the present level of care, or continuing the chronic disease management of the client's condition at a less intensive level of care is indicated;
- (2) The client has been unable to resolve each problem that justified admission to the present level of care, despite amendments to the treatment plan; the client is determined to have achieved the maximum possible benefit from engagement in services at the current level of care; or treatment at another level of care, more or less intensive, in the same type of service, or discharge from treatment, is therefore indicated;
- (3) The client has demonstrated a lack of capacity due to diagnostic or co-occurring conditions that limit the client's ability to resolve each problem; or treatment at a qualitatively different level of care or type of service, or discharge from treatment, is therefore indicated; or
- (4) The client has experienced an intensification of a problem, or has developed a new problem, and can be treated effectively only at a more intensive level of care.

**67:61:07:10. Transfer or discharge summary.** An addiction counselor or an addiction counselor trainee shall complete a transfer or a discharge summary for a client, within five working days after the client is transferred or discharged, regardless of the reason for the transfer or discharge. A transfer or a discharge summary of the client's problems, course of treatment, and progress toward planned goals and objectives identified in the treatment plan must be maintained in the client's case record. A process must be in place to ensure that the transfer or discharge summary is completed in the management information system.

When a client prematurely discontinues services, reasonable attempts must be made and documented by the agency to re-engage the client, if appropriate.

**67:61:07:11. Admission of returning clients.** The agency shall establish a policy and procedures to promote the continuity of care for a client who is readmitted. The procedures must include completing a new client case record and new admission record in the management information system for each client who is readmitted.

## Mental Health

<https://sdlegislature.gov/Rules/Administrative/67:62>

**67:62:05:02. Statistical data.** Each center shall submit to the department statistical data on each client receiving services, at the time and in the manner agreed upon by the department and the center.

Each center shall provide statistical data on all services, in accordance with the state management information system, and any other data required by the department.

**67:62:08:03. Closure and storage of case records.** The center shall establish a policy and procedures to ensure the closure and storage of case records upon the completion or termination of a treatment program. The policy and procedures must:

- (1) Identify, by position or title, the staff members who are responsible for the closure of case records within the agency and the management information system;
- (2) Provide for the closure of case records belonging to clients who have had no contact, by phone or by person, with the agency for a time period no longer than six months; and
- (3) Provide for the safe storage of case records for at least six years from the closure.

**67:62:08:04. Admission of returning clients.** The center shall establish a policy and procedures to promote the continuity of care for a client who is readmitted. The procedures must show staff how to complete a new agency case record and new admission record in the management information system

**67:62:08:07. Treatment plan.** The initial treatment plan must be completed within thirty days of the first day the intake process begins and must include the mental health staff's signature and credentials, the date of the signature, and the clinical supervisor's signature and credentials, if the mental health staff member does not meet the criteria of a clinical supervisor, as defined in § 67:62:01:01. Evidence of the client's or the client's parent or guardian's participation and meaningful involvement in formulating the plan must be documented in the client's clinical record.

The treatment plan must:

- (1) Contain goals or objectives which are individualized, clear, specific, and measurable, so that both the client and the mental health staff can determine when progress has been made;
- (2) Address multiple client needs, if applicable, that are relevant to the client's mental health treatment;
- (3) Include interventions that match the client's readiness for change with respect to identified issues; and
- (4) Be understandable by the client and the client's parent or guardian, if applicable.

**67:62:08:08. Treatment plan review -- Six-month review.** A mental health staff member shall review the treatment plan at least once every six months and update, if needed. The treatment plan review must include documentation of any progress made toward treatment goals or objectives, significant changes to the treatment goals or objectives, and a justification for a continuation of mental health services. Treatment plan reviews may be documented in the progress notes or case record. Changes in the client's treatment plan goals or objectives must be documented in the treatment plan. Treatment plan reviews must include the mental health staff's signature and credentials, and the date.

**67:62:08:14. Transfer or discharge summary.** A transfer or discharge summary must be completed within five working days after termination or discontinuation of services. A transfer or discharge summary of the client's problems, course of treatment, and progress toward planned goals and objectives identified in the treatment plan must be maintained in the client case record. A policy and procedures must be in place to ensure that the transfer or discharge is completed in the management information system.

If a client prematurely discontinues services, reasonable attempts must be made by the center to re-engage the client into services, if appropriate. The attempts made must be documented in the client's clinical record.

# Mental Health (MH) Outcome Tool Instructions for STARS

## MH Programs Required to Complete Outcome Tools

MH Program	MH Program
Youth	Adult
CYF	CARE
	IMPACT

## MH Outcome Tool Completion Time Requirements<sup>1</sup>

Mental Health	
Outcome Tool Type	When to Complete
Initial	Within 30 days of Program Start Date
Update	Every six (6) months from the Program Start Date
Discharge	Within five (5) days of <b>successful</b> completion of a MH program

## MH Outcome Tool Required Based on Age

The type of Outcome Tool(s) that need to be completed are determined by the age of the client and whether the client is attending a youth or adult MH program.

Age is 10 and Younger	Age is 11 to 17	Age is 18 to 21	Age is 22 and Older
Only <i>Family</i> Outcome Tools are completed	Youth and Family Outcome Tools are completed	<i>Adult</i> or Youth and Family Outcome Tools are completed, depending on the program.	<i>Adult</i> Outcome Tools are completed

<sup>1</sup> Please see *Fiscal Year Exceptions Appendix B* to see the exceptions to these time requirements.

**Clients 10 years old and younger** will only need the Family Outcome Tool completed.

MH Outcomes Tool					
Unique ID: 555510012015FMA	Local ID:	First Name:	MI:	Last Name:	
MH: Program Start Date: 6/1/2024	Discharge Date:	Provider: Southeastern Behavioral Healthcare			
Outcome Tool Type: Family					
Add Initial	Add Update	Add Discharge	View	Edit	Delete Cancel

**Clients between 11 and 17 years old** will be able to select Youth or Family, depending on who completed the Outcome Tool being entered.

MH Outcomes Tool					
Unique ID: 123401022010FMA	Local ID:	First Name:	MI:	Last Name:	
MH: Program Start Date: 6/1/2024	Discharge Date:	Provider: Southeastern Behavioral Healthcare			
Outcome Tool Type: Add Initial Add Update Add Discharge View Edit Delete Cancel					
Version: 1.5.1.8 Test Youth Family Jun 2025 15:12:18 GMT					

**Clients between 18 and 21 years old** can select Adult, Youth, or Family, depending on the program they are in and who filled out the Outcome Tool.

- Youth and Family Outcome Tools
  - If a client turns 18 years old during their treatment episode but stays in a youth MH program (CYF), they will complete Youth and Family Outcome Tools.
- Adult Outcome Tools
  - Clients in the IMPACT or CARE programs must complete Adult Outcome Tools when they turn 18.
- If a client turns 18 and transfers from a youth MH program to an adult MH program (ex. CYF to CARE), the next **Update Outcome Tool** will be an Adult Outcome Tool.
  - They do not need to fill out a new Initial Outcome Tool when switching from a youth MH program to an adult MH program.

MH Outcomes Tool					
Unique ID: 888801012006FMA	Local ID:	First Name:	MI:	Last Name:	
MH: Program Start Date: 6/10/2024	Discharge Date:	Provider: Southeastern Behavioral Healthcare			
Outcome Tool Type: Add Initial Add Update Add Discharge View Edit Delete Cancel					
Version: 1.5.1.8 Test Adult Youth Family Jun 2025 15:12:18 GMT					

**Clients 22 years old and older** will always complete the Adult Outcome Tool.

MH Outcomes Tool				
Unique ID:	111101021991FMA	Local ID:		First Name:
MH: Program Start Date:	1/5/2025	Discharge Date:		Provider:
Southeastern Behavioral Healthcare				
Outcome Tool Type: Adult				
Add Initial	Add Update	Add Discharge	View	Edit
Delete	Cancel			

## MH Initial Outcome Tool

An Initial Outcome Tool is completed by the client or the client's family within 30 days of the client starting a MH program. This date is entered into STARS as the **Program Start Date**.

- A diagnosis must be entered on the *MH Diagnosis* screen before the client can be admitted into a MH program.
- If a client receives an evaluation but does not begin a MH program, the **Program Start Date** is left blank, and an Initial Outcome Tool is not completed. Instead, the client is discharged from STARS using the **Discharge Reason**, "Screening/evaluation only."

## MH Program Start Date

- To find a client's **Program Start Date**, search the client's Name or Unique ID in STARS.

Client Search					
Providers:	Southeastern Behavioral Healthcare				<input type="checkbox"/> Show All (State Funded)
Last 4 of SSN:	DOB:	Sex:	First 2 Characters of Mother First Name:	Search	
Local ID:	Unique ID:	111101021991FMA			
Last Name:	First Name:	Clear Search Criteria			

- Double click the **MH record** to open the client's most recent MH treatment episode.

Last 4 of SSN:	1111	DOB:	01/02/1991	Sex:	F	First 2 Characters of Mother First Name:	MA	Search
Local ID:	Unique ID:	111101021991FMA						
Last Name:	First Name:	Clear Search Criteria						
<a href="#">Unique ID</a>	<a href="#">Last Name</a>	<a href="#">First Name</a>	<a href="#">Provider</a>					
111101021991FMA	Simpson	Marge	Southeastern Behavioral Healthcare					

- Click the **MH Tab** and go to the **MH Adm/Dis Info** screen.

General Info	MH	ADA I	ADA II		
<b>MH Adm/Dis Info</b>	MH Pgm Trsfr	MH Diagnosis	MH Impact/Info	Impa	
Unique ID:	Local ID:	First Name:	MI:		
111101021991FMA		Marge			
MH: Adm Date:	ADA: Adm Date:	Provider:			
04/01/2024		Southeastern Behavioral Healthcare			
<b>Client's MH: Admission record(s)</b>					

4. The **Program Start Date** is located on the middle of the ***MH Adm/Dis Info*** page, in the *Program Information* section. This is the date a client began attending a MH program and is used to calculate when future Update Outcome Tools will be due.
- The **Program Start Date** can be changed (for example, if a client delays starting a program) but cannot precede the **Evaluation Date**.
  - The Initial Outcome Tool must be completed by the client or the client's family on, or up to 30 days after, the **Program Start Date**.
  - The MH program a client is admitted into is entered in the **Program** field.

General Info	MH	ADA I	ADA II		
<a href="#">MH Adm/Dis Info</a>	MH Pgm Trsfr	MH Diagnosis	MH Impact/Info	Impact Quarter	
Unique ID: 111101021991FMA	Local ID: 	First Name: Marge	MI: 	Last Name: Simpson	
MH: Adm Date: 04/01/2024	ADA: Adm Date: 	Provider: Southeastern Behavioral Healthcare			
<b>Client's MH: Admission record(s)</b>					
<i>Program Information</i>					
Program Start Date 04/10/2024	Program: CARE <span>▼</span>				

## Update Outcome Tool

The MH Update Outcome Tool is completed every six (6) months from the **Program Start Date**. This continues until the client is discharged from their current treatment episode. If a client is discharged from MH services within six months of starting, an Update Outcome Tool is not required. However, if the client successfully completes MH services within six months of starting, a Discharge Outcome Tool can be completed.

### MH Update Tool Requirements

The Update Outcome Tool can be done 30 days before or 30 days after it is due. The due date is based on the client's MH **Program Start Date**.

1. For example, if the client's **Program Start Date** is 04/10/2024, the **Update Outcome Tool** is due six months later, on 10/10/2024.
  - a. The tool due on 10/10/2024 can be completed between 09/10/2024 and 11/09/2024.
  - b. The **Update Outcome Tool** will not be marked as a Missing Tool until the actual due date- 10/10/2024, in this case.
  - c. If the **Update Outcome Tool** is completed on 9/09/2024 or 11/11/2024 it will not be counted in the Outcome Tool Dashboard because it is not within the allotted window of time.
2. Note: The end of a fiscal year is the one exception to the 30-day rule. For accurate data collection, an Update Outcome Tool must be completed in the fiscal year it is due. See *Fiscal Year Exceptions in Appendix B*.



## Mental Health Update Outcome Tool Schedule

The due dates for the **Update Outcome Tools** are based on the MH **Program Start Date** shown on the **MH Adm/Dis Info** screen. The Update Outcome Tools are due every six (6) months after the Program Start Month, for the duration of the treatment episode.

Outcome Tool Date Schedule			
Program Start Month	Initial Tool Month	1st Update Month	1 Year Update
January	January	July	January
February	February	August	February
March	March	September	March
April	April	October	April
May	May	November	May
June	June	December	June
July	July	January	July
August	August	February	August
September	September	March	September
October	October	April	October
November	November	May	November
December	December	June	December

**Example:** If a client has a **Program Start Date** in January, they will complete their Initial Outcome Tool in January. The client will complete an Update Outcome Tool every July and January until they are discharged from their treatment episode.

**Example:** If a client has a **Program Start Date** of July 31<sup>st</sup> and completes the Initial Outcome Tool on August 5<sup>th</sup>, they will still complete Update Outcome Tools every January and July, based on the **Program Start Date** (not when the last tool was completed).

## Mental Health Discharge Outcome Tool

A MH Discharge Outcome Tool is completed when a client successfully completes a MH treatment episode and is discharged in STARS. The client or the client's family must complete the tool within five (5) days after the client discharges from a MH treatment episode and it must be submitted into STARS within 30 days.

### Mental Health Discharge Screen Requirements

1. The **Reason Discharged** field is located under the *Discharge Information* section on the **MH Adm/Dis Info** screen. A Discharge Outcome Tool is only required if this field reads, "Treatment completed/planned discharge".

General Info	MH	ADA I	ADA II		
MH Adm/Dis Info	MH Pgm Trsfr	MH Diagnosis	MH Impact/Info	Impact Quarterly Rpt	Life
Unique ID: 111101021991FMA	Local ID: 	First Name: Marge	MI: 	Last Name: Simpson	
MH: Adm Date: 04/01/2024	ADA: Adm Date: 	Provider: Southeastern Behavioral Healthcare			
Client's MH: Admission record(s)					
Discharge Information					
Discharge Date 02/19/2025	Reason Discharged Treatment completed/planned discharge			Employment Status at Discharge Employed Full Time	

2. The **Discharge Date** is the last day the client attended a MH program or the last day the provider had contact with the client.

General Info	MH	ADA I	ADA II		
MH Adm/Dis Info	MH Pgm Trsfr	MH Diagnosis	MH Impact/Info	Impact Quarterly Rpt	Life
Unique ID: 111101021991FMA	Local ID: 	First Name: Marge	MI: 	Last Name: Simpson	
MH: Adm Date: 04/01/2024	ADA: Adm Date: 	Provider: Southeastern Behavioral Healthcare			
Client's MH: Admission record(s)					
Discharge Information					
Discharge Date 02/19/2025	Reason Discharged Treatment completed/planned discharge			Employment Status at Discharge Employed Full Time	

# Entering an Outcome Tool in STARS

## How to Access the Outcome Tool Screen

1. Look up the client using the **Client Search** screen.

**Client Search**

Providers:  ☒ Show All (State Funded)

Last 4 of SSN:  DOB:  Sex:  First 2 Characters of Mother First Name:

Local ID:  Unique ID:

Last Name:  First Name:

2. Enter the client's **Unique ID** or **First/Last Name**.

**Client Search**

Providers:  ☒ Show All (State Funded)

Last 4 of SSN:  DOB:  Sex:  First 2 Characters of Mother First Name:

Local ID:  Unique ID:

Last Name:  First Name:

3. Click on the **Search** button.

**Client Search**

Providers:  ☒ Show All (State Funded)

Last 4 of SSN:  DOB:  Sex:  First 2 Characters of Mother First Name:

Local ID:  Unique ID:

Last Name:  First Name:

4. Click on the client record. It will highlight yellow when selected.

**Client Search**

Providers:  ☒ Show All (State Funded)

Last 4 of SSN:  DOB:  Sex:  First 2 Characters of Mother First Name:

Local ID:  Unique ID:

Last Name:  First Name:

Unique ID	Last Name	First Name	Provider
111101021991FMA	Simpson	Marge	Southeastern Behavioral Healthcare

5. When the client record is highlighted, click **MH – Admissions** at the bottom of the screen.

6. The **MH: Admission/ReAdmission** screen will appear, listing all MH treatment episodes the client has at your agency. The buttons below the admissions will be grayed out until a specific admission is selected.

**MH: Admission/ReAdmission for: 111101021991FMA**

<a href="#">Evaluation Date</a>	<a href="#">Program Start Date</a>	<a href="#">Program</a>	<a href="#">Provider</a>	<a href="#">Orig Service Date</a>	<a href="#">Discharge Date</a>
1/1/2025	1/5/2025	CARE	Southeastern Behavioral Healthcare	4/1/2024	
4/1/2024	4/10/2024	CARE	Southeastern Behavioral Healthcare	4/1/2024	12/19/2024

[Show Details](#)

1. Select the correct admission for the Outcome Tool being entered. In this example, the client completed an Initial Outcome Tool for the treatment episode that started on 01/05/2025. Click once on that admission. When it is highlighted in yellow, the buttons that were grayed out before will become available.
  - a. To enter the Outcome Tool for that treatment episode, click the **Outcomes Tool** button.

**MH: Admission/ReAdmission for: 111101021991FMA**

<a href="#">Evaluation Date</a>	<a href="#">Program Start Date</a>	<a href="#">Program</a>	<a href="#">Provider</a>	<a href="#">Orig Service Date</a>	<a href="#">Discharge Date</a>
1/1/2025	1/5/2025	CARE	Southeastern Behavioral Healthcare	4/1/2024	
4/1/2024	4/10/2024	CARE	Southeastern Behavioral Healthcare	4/1/2024	12/19/2024

[Show Details](#)

## Selecting Initial, MH Update, or Discharge Outcome Tool

The client's Unique ID, first and last name, MH Program Start Date, Discharge Date, and Provider will auto-populate in their respective fields based on information from the client's *Client Info* and *MH Adm/Dis Info* screens in STARS.

1. **Initial Outcome Tool:** To enter an Initial Outcome Tool, click the **Add Initial** button.
  - Only one Initial Outcome Tool of each tool type (Adult/Youth/Family) can be submitted per MH treatment episode.

**MH Outcomes Tool**

Unique ID: 111101021991FMA    Local ID:     First Name: Marge    MI:     Last Name: Simpson

MH: Program Start Date: 1/5/2025    Discharge Date:

Provider: Southeastern Behavioral Healthcare

Outcome Tool Type: Adult

2. **MH Update Outcome Tool:** To enter an Update Outcome Tool, click the **Add Update** button.

MH Outcomes Tool					
Unique ID:	111101021991FMA	Local ID:		First Name:	Marge
				MI:	
				Last Name:	Simpson
MH: Program Start Date:	1/5/2025	Discharge Date:			
Provider:	Southeastern Behavioral Healthcare				
Outcome Tool Type:	Adult				
<input type="button" value="Add Initial"/> <input type="button" value="Add Update"/> <input type="button" value="Add Discharge"/> <input type="button" value="View"/> <input type="button" value="Edit"/> <input type="button" value="Delete"/> <input type="button" value="Cancel"/>					

3. **Discharge Outcome Tool:** To enter a Discharge Outcome Tool, click the **Add Discharge** button.
- Only one Discharge Outcome Tool per tool type (Adult/Youth/Family) can be submitted per MH treatment episode.
  - If the **Add Discharge** button is grayed out, please make sure the client has been successfully discharged from the MH treatment episode. The Discharge Date (in blue below) will auto-populate with the date the client was discharged from their MH treatment episode.

MH Outcomes Tool					
Unique ID:	111101021991FMA	Local ID:		First Name:	Marge
				MI:	
				Last Name:	Simpson
MH: Program Start Date:	4/10/2024	Discharge Date:	12/19/2024		
Provider:	Southeastern Behavioral Healthcare				
Outcome Tool Type:	Adult				
<input type="button" value="Add Initial"/> <input type="button" value="Add Update"/> <input type="button" value="Add Discharge"/> <input type="button" value="View"/> <input type="button" value="Edit"/> <input type="button" value="Delete"/> <input type="button" value="Cancel"/>					

## Selecting Adult, Youth, or Family Outcome Tool

1. The **Outcome Tool Type** will change based on the client's age, the program they are attending, and who completed the Outcome Tool (client or client's family).<sup>2</sup>

MH Outcomes Tool					
Unique ID:	111101021991FMA	Local ID:		First Name:	Marge
				MI:	
				Last Name:	Simpson
MH Program Start Date:	1/5/2025	SUD: Adm Date:			
Provider:	Southeastern Behavioral Healthcare				
Outcome Tool Type:	Adult				
<input type="button" value="Add Initial"/> <input type="button" value="Add Update"/> <input type="button" value="Add Discharge"/> <input type="button" value="View"/> <input type="button" value="Edit"/> <input type="button" value="Delete"/> <input type="button" value="Cancel"/>					

<sup>2</sup> For examples of what Outcome Tool need to be completed based on age, see *Mental Health Outcome Tool Required Based on Age*.

## Entering the Outcome Tool Date

The date entered in the **Outcome Date** field when entering the Outcome Tool into STARS will be the same date the client or client's family completed the outcome tool.

1. **Outcome Date** field: this date will match the **Date** on the Outcome Tool survey and is the date the client or family member completed the respective tool.
  - Initial Outcome Tools must have an **Outcome Date** that is on or after the **MH Program Start Date** (see blue box). A client should not fill out an Outcome Tool before they are admitted into a MH program.

<b>Division of Behavioral Health</b>			
<b>Adult Mental Health Disorder Outcome Tool</b>			
Unique ID: 111101021991FMA	Local ID: <input type="text"/>	First Name: Marge	MI: <input type="text"/> Last Name: Simpson
MH Program Start Date: 1/5/2025		SUD: Adm Date: <input type="text"/>	
Provider: Southeastern Behavioral Healthcare <input type="text"/>			
Outcome Date: * <input style="border: 2px solid red;" type="text"/>			
Not Completed Reason: <input type="text"/>			
Outcome Type: Initial <input type="text"/> Submitted Date: mm/dd/yyyy <input type="text"/>			

Client STARS ID:
Date: <input style="border: 2px solid red;" type="text"/>

# JJRI Outcome Tool Instructions for STARS

## JJRI Levels of Care Required to Complete Outcome Tools

Juvenile Justice Reinvestment Initiative (JJRI) Outcome Tools are collected for clients who use publicly funded JJRI services. JJRI offers both mental health (MH) and substance use disorder (SUD) services.

1. **Initial Outcome Tool:** required when a client starts a JJRI MH or JJRI SUD program.
2. **Update Outcome Tool:** clients in a JJRI MH program will complete Update Outcome Tools and follow the same guidelines as Mental Health Update Outcome Tools.<sup>3</sup>
3. **SUD Transfer Outcome Tool:** completed when a client successfully completes a JJRI SUD program and transfers to an adult SUD program in the same treatment episode.<sup>4</sup>
4. **Discharge Outcome Tool:** completed when a client successfully completes a JJRI program and is discharged from STARS.

JJRI Outcome Tools are entered in STARS using the **MH – Admissions** and **ADA – Admissions** buttons at the bottom of the *Client Search* screen. If the client is attending JJRI EBP or FFT (both JJRI MH programs), select **MH – Admissions**. If the client is attending JJRI SUD EBP (a JJRI SUD program), select **SUD – Admissions**.

Add Client	Most Recent	Delete	MH - Admissions	ADA - Admissions
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## GAIN-SS

All youth participating in JJRI MH or JJRI SUD programs complete the GAIN-SS, along with each Outcome Tool.

GAIN Short Screener (GAIN-SS) Scoring	Past Month (4)	Past 90 Days (4, 3)	Past Year (4, 3, 2)	Ever (4, 3, 2, 1)
a. IDSer 1a – 1f	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. EDSer 2a – 2g	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. SDSer 3a – 3e	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
d. CVSer 4a – 4e	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
e. TDSer 1a – 4e	0	0	0	0

Since JJRI includes both SUD (JJRI SUD EBP) and MH (FFT and JJRI EBP) programs, the following instructions are divided into two parts: *JJRI SUD Outcome Tool Instructions for STARS* and *JJRI MH Outcome Tool Instructions for STARS*.

<sup>3</sup> See *Mental Health Update Requirements* for guidelines.

<sup>4</sup> See *SUD Transfer Outcome Tool* for guidelines.

## JJRI MH Outcome Tool Instructions for STARS

### JJRI MH Programs Required to Complete Outcome Tools

JJRI MH Program
JJRI EBP
FFT

### JJRI MH Outcome Tool Completion Time Requirements

JJRI MH	
Outcome Tool Type	When to Complete
Initial	Within 30 days of admission
Discharge	Within five (5) days of <b>successful</b> completion of a JJRI MH program

### JJRI MH Outcome Tool Required Based on Age

The type of Outcome Tool(s) that need to be completed are determined by the age of the client.

Age is 10 and Younger	Age is 11 to 17	Age is 18 to 21
Only <i>Family</i> Outcome Tools are completed	<i>Youth</i> and <i>Family</i> Outcome Tools are completed	As JJRI are youth-based programs, <i>Youth</i> and <i>Family</i> Outcome Tools are completed

**Clients 10 years old and younger** will only need the Family Outcome Tool completed.

MH Outcomes Tool					
Unique ID: 555510012015FMA	Local ID: <input type="text"/>	First Name: <input type="text"/>	MI: <input type="text"/>	Last Name: <input type="text"/>	
MH: Program Start Date: 6/1/2024	Discharge Date: <input type="text"/>	Provider: Southeastern Behavioral Healthcare			
Outcome Tool Type: Family ▼					
<input type="button" value="Add Initial"/>	<input type="button" value="Add Update"/>	<input type="button" value="Add Discharge"/>	<input type="button" value="View"/>	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>
<input type="button" value="Cancel"/>					



**Clients between 11 and 17 years old** will be able to select Youth or Family, depending on who completed the Outcome Tool being entered.

MH Outcomes Tool					
Unique ID:	123401022010FMA	Local ID:		First Name:	
				MI:	
				Last Name:	
MH: Program Start Date:	6/1/2024	Discharge Date:		Provider:	Southeastern Behavioral Healthcare
Outcome Tool Type:	<div> Add Initial Add Add Discharge View Edit Delete Cancel </div>				
Version:	1.5.1.8	Test	Family	Jun 2025 15:12:18 GMT	

**Clients between 18 and 21 years old** will select Youth or Family, depending on who completed the Outcome Tool being entered.<sup>5</sup>

1. If a client turns 18 while participating in a JJRI MH program, both Youth and Family Outcome Tools are required until the client completes the JJRI MH program or transfers to an adult MH program. **Do not select Adult.**

MH Outcomes Tool					
Unique ID:	888801012006FMA	Local ID:		First Name:	
				MI:	
				Last Name:	
MH: Program Start Date:	6/10/2024	Discharge Date:		Provider:	Southeastern Behavioral Healthcare
Outcome Tool Type:	<div> Add Initial Add Add Discharge View Edit Delete Cancel </div>				
Version:	1.5.1.8	Test	Youth	Jun 2025 15:12:18 GMT	

<sup>5</sup> Adult Outcome Tools are not completed for clients in JJRI programs because JJRI is a youth-based initiative and require youth-based requirements and tools.

## JJRI MH Initial Outcome Tool

An Initial Outcome Tool is completed by the client or the client's family within 30 days of the client starting a JJRI MH program. This date is entered into STARS as the **Program Start Date**.

1. A diagnosis must be entered on the *MH Diagnosis* screen before a client can be admitted into a JJRI MH program.
2. If a client receives an evaluation but does not begin a JJRI MH program, the **Program Start Date** is left blank, and an Initial Outcome Tool is not completed. Instead, the client is discharged from STARS using the **Discharge Reason**, "Screening/evaluation only."

## MH Program Start Date

1. To find a client's **Program Start Date**, search the client's Name or Unique ID in STARS.

Client Search					
Providers:	<input type="text"/>				<input checked="" type="checkbox"/> Show All (State Funded)
Last 4 of SSN:	<input type="text"/>	DOB:	<input type="text"/>	Sex:	<input type="text"/>
				First 2 Characters of Mother First Name:	<input type="text"/>
Local ID:	<input type="text"/>	Unique ID:	<input type="text" value="544401012006MMA"/>		
Last Name:	<input type="text"/>	First Name:	<input type="text"/>		
<input type="button" value="Search"/>					
<input type="button" value="Clear Search Criteria"/>					

2. Double click the **MH record** to open the client's most recent JJRI MH treatment episode.

Last 4 of SSN:	<input type="text" value="5444"/>	DOB:	<input type="text" value="01/01/2006"/>	Sex:	<input type="text" value="M"/>	First 2 Characters of Mother First Name:	<input type="text" value="MA"/>	<input type="button" value="Search"/>
Local ID:	<input type="text"/>	Unique ID:	<input type="text" value="544401012006MMA"/>					
Last Name:	<input type="text"/>	First Name:	<input type="text"/>					
<input type="button" value="Clear Search Criteria"/>								
<a href="#">Unique ID</a>	<a href="#">Last Name</a>	<a href="#">First Name</a>	<a href="#">Provider</a>					
544401012006MMA	Simpson	Bart	Lutheran Social Services					

3. Click the **MH** Tab and go to the **MH Adm/Dis Info** screen.

General Info	MH	ADA I	ADA II		
<a href="#">MH Adm/Dis Info</a>	MH Pgm Trsfr	MH Diagnosis	MH Impact/Info	Impact Q	
Unique ID:	Local ID:	First Name:	MI:	Last Name:	
544401012006MMA	<input type="text"/>	Bart	<input type="text"/>	Simpson	
MH: Adm Date:	ADA: Adm Date:	Provider:			
06/01/2024	06/01/2024	Lutheran Social Services			

4. The **Program Start Date** is located on the middle of the **MH Adm/Dis Info** screen, in the *Program Information* section. This is the date a client begins attending a JJRI MH program and is used to calculate when future Update Outcome Tools will be due.
  - a. The **Program Start Date** can be changed (for example, if a client delays starting a program) but cannot precede the **Evaluation Date**.
  - b. The Initial Outcome Tool must be completed by the client or the client's family on, or up to 30 days after, the **Program Start Date**.
  - c. The **Program** field must say JJRI EBP or FFT to classify as a JJRI MH program.

General Info	MH	ADA I	ADA II		
MH Adm/Dis Info	MH Pgm Trsfr	MH Diagnosis	MH Impact/Info	Impact Q	
Unique ID: 544401012006MMA	Local ID: <input type="text"/>	First Name: Bart	MI: <input type="text"/>	Last Name: Sim	
MH: Adm Date: 06/01/2024	ADA: Adm Date: 06/01/2024	Provider: Lutheran Social Services			
<b>Program Information</b>					
Program Start Date 04/10/2024	Program: JJRI EBP <span style="float: right;">▼</span>				

## JJRI MH Update Outcome Tool

The JJRI MH Update Outcome Tool is completed every six (6) months from the **Program Start Date**. This continues until the client is discharged from their current treatment episode. If a client is discharged from JJRI MH services within six months of the **Program Start Date**, an Update Outcome Tool is not required. If the client successfully completes a JJRI MH treatment episode within six months of starting, a Discharge Outcome Tool is completed.

## JJRI MH Update Tool Requirements

The Update Outcome Tool can be done 30 days before or 30 days after it is due. The due date is based on the client's **Program Start Date**.<sup>6</sup>

1. For example, if the client's **Program Start Date** is 04/10/2024, the **Update Outcome Tool** is due six months later, on 10/10/2024.
  - a. The tool due on 10/10/2024 can be completed anytime between 09/10/2024 and 11/09/2024.
  - b. The Update Outcome Tool will not be marked as a Missing Tool until the actual due date- 10/10/2024, in this case.
2. There is one exception to the 30-day rule: the end of a fiscal year. For data collection reasons, an Update Outcome Tool must be completed in the fiscal year it is due. See *Fiscal Year Exceptions* in Appendix B.

<sup>6</sup> JJRI MH Update Outcome Tools are completed at the discretion of the provider.

### JJRI MH Update Outcome Tool Schedule

The due dates for the **Update Outcome Tools** are based on the JJRI MH **Program Start Date** shown on the **MH Adm/Dis Info** screen. The Update Outcome Tools are due every six (6) months after the Program Start Month, for the duration of the treatment episode.

Outcome Tool Date Schedule			
Program Start Month	Initial Tool Month	1st Update Month	1 Year Update
January	January	July	January
February	February	August	February
March	March	September	March
April	April	October	April
May	May	November	May
June	June	December	June
July	July	January	July
August	August	February	August
September	September	March	September
October	October	April	October
November	November	May	November
December	December	June	December

**Example:** If a client has a **Program Start Date** in January, they will complete their Initial Outcome Tool in January. The client will complete an Update Outcome Tool every July and January until they are discharged from their treatment episode.

**Example:** If a client has a **Program Start Date** of July 31<sup>st</sup> and completes the Initial Outcome Tool on August 5<sup>th</sup>, they will still complete Update Outcome Tools every January and July, based on the **Program Start Date**, not when the last tool was completed.

## JJRI MH Discharge Outcome Tool

A JJRI MH Discharge Outcome Tool is completed when a client successfully completes a JJRI MH program and is discharged from their treatment episode in STARS. The client and/or the client's family must complete the tool within five (5) days after the client successfully discharges from a JJRI MH program and it must be submitted into STARS within 30 days.

### JJRI MH Discharge Screen Requirements

1. The **Reason Discharged** field is located under the *Discharge Information* section on the **MH Adm/Dis Info** screen. A Discharge Outcome Tool is only required if this field reads, "Treatment completed/planned discharge."

General Info	MH	ADA I	ADA II		
<b>MH Adm/Dis Info</b>	MH Pgm Trsfr	MH Diagnosis	MH Impact/Info	Impact Q	
Unique ID: 544401012006MMA	Local ID: <input type="text"/>	First Name: Bart	MI: <input type="text"/>	Last Name: Sinnott	
MH: Adm Date: 06/01/2024	ADA: Adm Date: 06/01/2024	Provider: Lutheran Social Services			
<i>Discharge Information</i>					
Discharge Date 08/10/2024	Reason Discharged Treatment completed/planned discharge			Employment Status Not in Labor Force	

2. The **Discharge Date** is the last day the client attended a JJRI MH program or the last day the provider had contact with the client.

General Info	MH	ADA I	ADA II		
<b>MH Adm/Dis Info</b>	MH Pgm Trsfr	MH Diagnosis	MH Impact/Info	Impact Q	
Unique ID: 544401012006MMA	Local ID: <input type="text"/>	First Name: Bart	MI: <input type="text"/>	Last Name: Sinnott	
MH: Adm Date: 06/01/2024	ADA: Adm Date: 06/01/2024	Provider: Lutheran Social Services			
<i>Discharge Information</i>					
Discharge Date 08/10/2024	Reason Discharged Treatment completed/planned discharge			Employment Status Not in Labor Force	

## Entering a JJRI MH Outcome Tool in STARS

### How to Access the JJRI MH Outcome Tool Screen

1. Look up the client using the **Client Search** screen.

**Client Search**

Providers:  ☒ Show All (State Funded)

Last 4 of SSN:  DOB:  Sex:  First 2 Characters of Mother First Name:

Local ID:  Unique ID:

Last Name:  First Name:

2. Enter the client's **Unique ID** or **First/Last Name**.

**Client Search**

Providers:  ☒ Show All (State Funded)

Last 4 of SSN:  DOB:  Sex:  First 2 Characters of Mother First Name:

Local ID:  Unique ID:

Last Name:  First Name:

3. Click the **Search** button.

Providers:  ☒ Show All (State Funded)

Last 4 of SSN:  DOB:  Sex:  First 2 Characters of Mother First Name:

Local ID:  Unique ID:

Last Name:  First Name:

4. Click once on the client's record. It will highlight yellow when selected.

**Client Search**

Providers:  ☐ Show All (State Funded)

Last 4 of SSN:  DOB:  Sex:  First 2 Characters of Mother First Name:

Local ID:  Unique ID:

Last Name:  First Name:

Unique ID	Last Name	First Name	Provider	Local ID
544401012006MMA	Simpson	Bart	Lutheran Social Services	

5. When the client record is highlighted, click **MH - Admissions** at the bottom of the screen.

6. The **MH: Admission/ReAdmissions** screen will appear, listing all MH treatment episodes the client has had at your agency. The buttons below the admissions will be grayed out until a specific admission is selected.

MH: Admission/ReAdmission for: 544401012006MMA				
<a href="#">Evaluation Date</a>	<a href="#">Program Start Date</a>	<a href="#">Program</a>	<a href="#">Provider</a>	<a href="#">Discharge Date</a>
10/1/2024	11/1/2024	FFT	Lutheran Social Services	
4/1/2024	4/10/2024	JJRI EBP	Lutheran Social Services	8/10/2024

[Show Details](#)

7. Select the correct admission for the Outcome Tool being entered. In this example, the client completed an Initial Outcome Tool for the treatment episode that started on 4/01/2024. Click once on the admission (*if you click twice, it will open the Client Info screen in STARS*). It will highlight in yellow, and the buttons appear.

- To enter the Outcome Tool for that treatment episode, click the **Outcomes Tool** button.

MH: Admission/ReAdmission for: 544401012006MMA					
<a href="#">Evaluation Date</a>	<a href="#">Program Start Date</a>	<a href="#">Program</a>	<a href="#">Provider</a>	<a href="#">Orig Service Date</a>	<a href="#">Discharge Date</a>
10/1/2024	11/1/2024	FFT	Lutheran Social Services	4/1/2024	
4/1/2024	4/10/2024	JJRI EBP	Lutheran Social Services	4/1/2024	8/10/2024

## Selecting Initial, Update, or Discharge Outcome Tool

The client's Unique ID, first and last name, MH Program Start Date, Discharge Date, and Provider will auto-populate in their respective fields based on information entered in the client's *Client Info* and *MH Adm/Dis Info* screens in STARS.

1. **JJRI MH Initial Outcome Tool:** To enter an Initial Outcome Tool, click the **Add Initial** button.

MH Outcomes Tool					
Unique ID: 544401012006MMA	Local ID:	First Name: Bart	MI:	Last Name: Simpson	
MH: Program Start Date: 11/1/2024	Discharge Date:	Provider: Lutheran Social Services			
Outcome Tool Type: Youth					
<input type="button" value="Add Initial"/>	<input type="button" value="Add Update"/>	<input type="button" value="Add Discharge"/>	<input type="button" value="View"/>	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>
<input type="button" value="Cancel"/>					

2. **JJRI MH Update Outcome Tool:** To enter an Update Outcome Tool, click the **Add Update** button.

MH Outcomes Tool					
Unique ID: 544401012006MMA	Local ID:	First Name: Bart	MI:	Last Name: Simpson	
MH: Program Start Date: 4/10/2024	Discharge Date: 8/10/2024	Provider: Lutheran Social Services			
Outcome Tool Type: Youth					
<input type="button" value="Add Initial"/>	<input type="button" value="Add Update"/>	<input type="button" value="Add Discharge"/>	<input type="button" value="View"/>	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>
<input type="button" value="Cancel"/>					

3. **JJRI MH Discharge Outcome Tool:** To enter a Discharge Outcome Tool, click the **Add Discharge** button.
  - a. Discharge Outcome Tools cannot be entered until the client has been successfully discharged from STARS. If the **Add Discharge** button is grayed out, please make sure the *Discharge Information* section of the **MH Adm/Dis Info** screen has been completed.

MH Outcomes Tool					
Unique ID:	544401012006MMA	Local ID:	First Name:	Bart	MI:
					Last Name: Simpson
MH: Program Start Date:	4/10/2024	Discharge Date:	8/10/2024	Provider: Lutheran Social Services	
Outcome Tool Type: <span style="border: 1px solid black; padding: 2px;">Youth</span>					
<span style="border: 1px solid black; padding: 2px 10px;">Add Initial</span> <span style="border: 1px solid black; padding: 2px 10px;">Add Update</span> <span style="border: 1px solid black; padding: 2px 10px; background-color: #ffcccc;">Add Discharge</span> <span style="border: 1px solid black; padding: 2px 10px; background-color: #cccccc;">View</span> <span style="border: 1px solid black; padding: 2px 10px; background-color: #cccccc;">Edit</span> <span style="border: 1px solid black; padding: 2px 10px; background-color: #cccccc;">Delete</span> <span style="border: 1px solid black; padding: 2px 10px; background-color: #cccccc;">Cancel</span>					

## Selecting Youth or Family Outcome Tool

1. The **Outcome Tool Type** is adjusted based on the client's age and who completed the Outcome Tool being entered (youth client or family of youth client). Do not select Adult.<sup>7</sup>

MH Outcomes Tool					
Unique ID:	888801012006FMA	Local ID:	First Name:	MI:	Last Name:
MH: Program Start Date:	6/10/2024	Discharge Date:		Provider: Southeastern Behavioral Healthcare	
Outcome Tool Type: <span style="border: 1px solid black; padding: 2px;">▼</span>					
<span style="border: 1px solid black; padding: 2px 10px;">Add Initial</span> <span style="border: 1px solid black; padding: 2px 10px;">Add Update</span> <span style="border: 1px solid black; padding: 2px 10px; background-color: #ffcccc;">Add Discharge</span> <span style="border: 1px solid black; padding: 2px 10px; background-color: #cccccc;">View</span> <span style="border: 1px solid black; padding: 2px 10px; background-color: #cccccc;">Edit</span> <span style="border: 1px solid black; padding: 2px 10px; background-color: #cccccc;">Delete</span> <span style="border: 1px solid black; padding: 2px 10px; background-color: #cccccc;">Cancel</span>					
Version: <span style="color: #0070c0;">1.5.1.8</span> Test					
<div style="display: flex; justify-content: space-between;"> <span>Adult</span> <span>YOUTH</span> <span>Family</span> </div>					
Jun 2025 15:12:18 GMT					

## Entering the JJRI MH Outcome Tool Date

The date entered in the **Outcome Date** field when entering the Outcome Tool into STARS will be the date the client or the client's family completed the Outcome Tool.

1. **Outcome Date** field: this date will match the **Date** on the Outcome Tool survey.
  - A client cannot complete an Outcome Tool prior to being admitted into, or discharged from, a JJRI MH program.

Division of Behavioral Health	
Family Mental Health Disorder Outcome Tool	
Unique ID:	555510012015FMA
Local ID:	
First Name:	
MI:	
Last Name:	
MH: Program Start Date:	6/10/2024
Discharge Date:	
Provider:	Lutheran Social Services
Outcome Date: <span style="border: 1px solid red; padding: 2px;"> </span>	
Not Completed Reason: <span style="border: 1px solid black; padding: 2px;">▼</span>	
Outcome Type: <span style="border: 1px solid black; padding: 2px;">Initial</span>	Submitted Date: <span style="border: 1px solid black; padding: 2px;">mm/dd/yyyy</span>

<sup>7</sup> For examples, see *JJRI MH Outcome Tool Required Based on Age*



## JJRI SUD Outcome Tool Instructions for STARS

### JJRI SUD Programs Required to Complete Outcome Tools

JJRI SUD Program
JJRI SUD EBP

### JJRI SUD Outcome Tool Completion Time Requirements

Substance Use Disorder	
Outcome Tool Type	When to Complete
Initial	Within 30 days of admission
SUD Transfer	Within 5 days of successful completion of a JJRI SUD program AND a transfer to a new SUD program in the same treatment episode
Discharge	Within five (5) days of <b>successful</b> completion of an SUD program

### JJRI SUD Outcome Tool Required Based on Age

The type of Outcome Tool(s) that need to be completed for clients in a JJRI SUD program depends on the client's age.

Age is 10 and Younger	Age is 11 to 17	Age is 18 to 21
Only <i>Family</i> Outcome Tools are completed	<i>Youth</i> and <i>Family</i> Outcome Tools are completed	As JJRI are youth-based programs, <i>Youth</i> and <i>Family</i> Outcome Tools are completed

**Clients 10 years old and younger** will only need the Family Outcome Tool completed.

SUD Outcomes Tool					
Unique ID: 555510012015FMA	Local ID:	First Name:	MI:	Last Name:	
SUD: Admission Date: 6/1/2024		Discharge Date:	Provider: Lutheran Social Services		
Outcome Tool Type: Family ▼					
Add Initial	Add SUD Transfer	Add Discharge	View	Edit	Delete Cancel

**Clients between 11 and 17 years old** will be able to select Youth or Family, depending on who completed the Outcome Tool being entered.

SUD Outcomes Tool					
Unique ID: 444401012010FMA	Local ID:	First Name:	MI:	Last Name:	
SUD: Admission Date: 6/1/2024	Discharge Date:	Provider: Lutheran Social Services			
Outcome Tool Type:	<input type="button" value="Add Initial"/> <input type="button" value="Add SUD"/> <input type="button" value="Add Discharge"/> <input type="button" value="View"/> <input type="button" value="Edit"/> <input type="button" value="Delete"/> <input type="button" value="Cancel"/>				
Version: 1.5.1.8 Test	Family				

**Clients between 18 and 21 years old** will be able to select Youth or Family, depending on who completed the Outcome Tool being entered.<sup>8</sup>

1. If a client turns 18 while attending a JJRI SUD program, both Youth and Family Outcome Tools are required until the client completes the JJRI SUD program or transfers into an adult SUD program. **Do not select Adult.**

MH Outcomes Tool					
Unique ID: 888801012006FMA	Local ID:	First Name: Lisa	MI:	Last Name: Simpson	
MH Program Start Date: 6/10/2024	SUD: Adm Date:	Provider: Southeastern Behavioral Healthcare			
Outcome Tool Type:	<input type="button" value="Add Initial"/> <input type="button" value="Add SUD"/> <input type="button" value="Add Discharge"/> <input type="button" value="View"/> <input type="button" value="Edit"/> <input type="button" value="Delete"/> <input type="button" value="Cancel"/>				
Version: 1.5.0.8 Test	Youth				

<sup>8</sup> Adult Outcome Tools are not completed for clients in JJRI programs because JJRI is a youth-based initiative and require youth-based requirements and tools.

## JJRI SUD Initial Outcome Tool

An Initial Outcome Tool is completed by the client or the client's family within 30 days of the client starting a JJRI SUD program.

### JJRI SUD Admission Date

- To find the client's **Admission Date**, search the client's Name or Unique ID in STARS.

Client Search					
Providers:					<input checked="" type="checkbox"/> Show All (State Funded)
Last 4 of SSN:	DOB:	Sex:	First 2 Characters of Mother First Name:		
Local ID:	Unique ID: 444401012010FMA				
Last Name: Simpson	First Name: Lisa		Clear Search Criteria		

- Double click the **SUD record** to open the client's most recent treatment episode.

Client Search					
Providers:					<input checked="" type="checkbox"/> Show All (State Funded)
Last 4 of SSN:	DOB:	Sex:	First 2 Characters of Mother First Name:		
Local ID:	Unique ID: 444401012010FMA				
Last Name: Simpson	First Name: Lisa		Clear Search Criteria		
<a href="#">Unique ID</a>	<a href="#">Last Name</a>	<a href="#">First Name</a>	<a href="#">Provider</a>		
444401012010FMA	Simpson	Lisa	Lutheran Social Services		

- Click the **ADA I** Tab and go to the **ADA Adm Info** screen.

General Info	MH	ADA I	ADA II
<a href="#">ADA Adm Info</a>	ADA Trsfr Srv Lv	ADA Discharge Info	ADA Disch Ltr
Unique ID: 444401012010FMA	Local ID:	First Name: Lisa	MI: Last Name: Simpson
MH: Adm Date:	ADA: Adm Date: 06/01/2024	Provider: Lutheran Social Services	

- The date the client began attending a JJRI SUD program is entered in the **Date** field.
  - The Initial Outcome Tool must be completed on or after this date.
  - The **ASAM Level of Care/Specific Pgm** field (highlighted in blue below) will say "JJRI SUD EBP".

General Info	MH	ADA I	ADA II
<a href="#">ADA Adm Info</a>	ADA Trsfr Srv Lv	ADA Discharge Info	ADA Disch Ltr
Unique ID: 444401012010FMA	Local ID:	First Name: Lisa	
MH: Adm Date:	ADA: Adm Date: 06/01/2024	Provider: Lutheran Social Services	
<b>Client's ADA: Admission Record(s) - SAVED</b>			
Date: 06/01/2024	Time:	Co-Dependent: No	<input checked="" type="checkbox"/> *ROI* <input type="checkbox"/> Revoked
ASAM Level of Care/Specific Pgm: JJRI SUD EBP			

## JJRI SUD Discharge Outcome Tool

A Discharge Outcome Tool is completed when a client successfully completes a JJRI SUD program and is discharged from the treatment episode in STARS. The client, or the client's family, must complete the Discharge Outcome Tool within five (5) days after the client discharges from the treatment episode and submitted into STARS within 30 days.

### JJRI SUD Discharge Screen Requirements

1. The **Reason Discharged** field on the **ADA Discharge Info** screen must read "Treatment completed/planned discharge."

General Info	MH	ADA I	ADA II	
ADA Adm Info	ADA Trsfr Srv Lv	ADA Discharge Info	ADA Disch Ltr	
Unique ID: 444401012010FMA	Local ID: 	First Name: Lisa	MI: 	Last Name: Sim
MH: Adm Date: 	ADA: Adm Date: 06/01/2024	Provider: Lutheran Social Services		
<b>Client's ADA: Discharge Record</b>				
Last Treatment Date: 01/01/2025		Time:	Co-Dependent No	Living Arrangement at Dis
Dependent Living				
Reason Discharged:			Emp/UnEmp Status at Discharge:	
Treatment completed/planned discharge			Not in Labor Force	

2. The **Last Treatment Date** field is the last day the client attended a JJRI SUD program or the last day the provider had contact with the client. The SUD Discharge Outcome Tool will be completed on or after this date.

General Info	MH	ADA I	ADA II	
ADA Adm Info	ADA Trsfr Srv Lv	ADA Discharge Info	ADA Disch Ltr	
Unique ID: 444401012010FMA	Local ID: 	First Name: Lisa		
MH: Adm Date: 	ADA: Adm Date: 06/01/2024	Provider: Lutheran Social Services		
<b>Client's ADA: Discharge Record</b>				
Last Treatment Date: 01/01/2025		Time:	Co-Dependent No	Living Arra

## Entering a JJRI SUD Outcome Tool in STARS

### How to Access the Outcome Tool Screen

1. Look up the client using the **Client Search** screen.

**Client Search**

Providers:  ☒ Show All (State Funded)

Last 4 of SSN:  DOB:  Sex:  First 2 Characters of Mother First Name:

Local ID:  Unique ID:

Last Name:  First Name:

2. Enter the client's **Unique ID** or **First/Last Name**.

**Client Search**

Providers:  ☒ Show All (State Funded)

Last 4 of SSN:  DOB:  Sex:  First 2 Characters of Mother First Name:

Local ID:  Unique ID:

Last Name:  First Name:

3. Click the **Search** button.

**Client Search**

Providers:  ☒ Show All (State Funded)

Last 4 of SSN:  DOB:  Sex:  First 2 Characters of Mother First Name:

Local ID:  Unique ID:

Last Name:  First Name:

4. Click once on the client record. It will highlight yellow when selected.

**Client Search**

Providers:  ☒ Show All (State Funded)

Last 4 of SSN:  DOB:  Sex:  First 2 Characters of Mother First Name:

Local ID:  Unique ID:

Last Name:  First Name:

Unique ID	Last Name	First Name	Provider
444401012010FMA	Simpson	Lisa	Lutheran Social Services

5. When the client record is highlighted, click the **ADA - Admissions** at the bottom of the screen.

6. The **ADA: Admission/ReAdmission** screen appear, listing all SUD treatment episodes the client has had at your agency. The buttons below the admissions will be grayed out until a specific admission is selected.

**ADA: Admission/ReAdmission for: 444401012010FMA**

Pend	Admission Date	Provider	Satellite Office	Discharge Date
False	1/1/2025	Lutheran Social Services		
False	6/1/2024	Lutheran Social Services		12/1/2024

[Show Details](#)

7. Select the correct admission for the Outcome Tool being entered. In this example, the client completed an Initial Outcome Tool for the admission that started on 01/1/2025. Click once on that admission (*if you click twice, it will open the Client Info screen in STARS*). It will highlight yellow, and the buttons will appear.
  - a. To continue entering an outcome tool, click the **Outcomes Tool** button.

ADA: Admission/ReAdmission for: 444401012010FMA

Pend	Admission Date	Provider	Satellite Office	Discharge Date
False	1/1/2025	Lutheran Social Services		
False	6/1/2024	Lutheran Social Services		12/1/2024

[Show Details](#)

## Selecting Initial, Transfer, or Discharge Outcome Tool

The client's Unique ID, first and last name, SUD Admission Date, Discharge Date, and Provider will auto-populate in their respective fields based on information entered in the client's *Client Info* and *ADA Adm Info* screens in STARS.

1. **Initial Outcome Tool:** To enter an Initial Outcome Tool, click the **Add Initial** button.

**SUD Outcomes Tool**

Unique ID: 444401012010FMA    Local ID:     First Name:     MI:     Last Name:

SUD: Admission Date: 6/1/2024    Discharge Date:     Provider: Lutheran Social Services

Outcome Tool Type: Youth ▼

2. **Discharge Outcome Tool:** To enter a Discharge Outcome Tool, click the **Add Discharge** button.
  - a. Discharge Outcome Tools are not permitted until the **ADA Discharge Info** screen has been completed. If the **Add Discharge** button is grayed out, please make sure the discharge has been submitted and the **Reason Discharged** field reads "Treatment completed/planned discharge."

**SUD Outcomes Tool**

Unique ID: 444401012010FMA    Local ID:     First Name:     MI:     Last Name:

SUD: Admission Date: 6/1/2024    Discharge Date:     Provider: Lutheran Social Services

Outcome Tool Type: Youth ▼

## Selecting Youth or Family Outcome Tool

1. The **Outcome Tool Type** is based on who completed the Outcome Tool being entered (client or client's family member). Only Youth and Family Outcome Tools will be entered for JJRI SUD clients.<sup>9</sup>

SUD Outcomes Tool					
Unique ID: 444401012010FMA	Local ID:	First Name:	MI:	Last Name:	
SUD: Admission Date: 6/1/2024	Discharge Date:	Provider: Lutheran Social Services			
Outcome Tool Type: <span style="border: 2px solid red; padding: 2px;">Youth</span>	<input type="button" value="Add Initial"/> <input type="button" value="Add SUD"/> <input type="button" value="Add Discharge"/> <input type="button" value="View"/> <input type="button" value="Edit"/> <input type="button" value="Delete"/> <input type="button" value="Cancel"/>				
Version: 1.5.1.8 Test Family Jun 2025 15:12:18 GMT					

## Entering the Outcome Tool Date

The date entered in the **Outcome Date** field will be the date the client or the client's family completed the Outcome Tool.

1. **Outcome Date** field: this date will match the **Date** on the Outcome Tool survey.
  - a. Initial Outcome Tools must have an **Outcome Date** that is on or after the **SUD: Adm Date**. A client should not fill out an Initial Outcome Tool prior to being admitted into a JJRI SUD program.
  - b. Discharge Outcome Tools must have an **Outcome Date** that is on or after the date the client is successfully discharged in STARS.

Division of Behavioral Health					
Adult Substance Use Disorder Outcome Tool					
Unique ID: 111101021991FMA	Local ID:	First Name:	MI:	Last Name:	
SUD: Admission Date: 6/1/2024	Discharge Date:	Provider: Addiction Recovery Centers of the Black Hills			
Outcome Date: <span style="border: 2px solid red; padding: 2px;"></span>	<input type="button" value="Add Initial"/> <input type="button" value="Add SUD"/> <input type="button" value="Add Discharge"/> <input type="button" value="View"/> <input type="button" value="Edit"/> <input type="button" value="Delete"/> <input type="button" value="Cancel"/>				
Not Completed Reason: <span style="border: 2px solid red; padding: 2px;"></span>					
Outcome Type: Discharge	Submitted Date: mm/dd/yyyy				

Client STARS ID:
Date: <span style="border: 2px solid red; padding: 2px;"></span>

<sup>9</sup> For examples, see *JJRI SUD Outcome Tool Required Based on Age*

# SUD Outcome Tool Instructions for STARS

## SUD Programs Required to Complete Outcome Tools

SUD Programs
1.0 Outpatient/ 1.0 Gambling Outpatient
2.1 IOP/ 2.1 IOP Gambling
2.5 Day Treatment/ 2.5 Gambling Day Treatment
3.1 low Intensity Residential
3.7 Inpatient/ 3.7 Gambling Inpatient/ PRTF
Adult Outpatient EBP
MRT
IMT

## SUD Outcome Tool Completion Time Requirements<sup>10</sup>

Substance Use Disorder	
Outcome Tool Type	When to Complete
Initial	Within 30 days of admission
SUD Transfer	Within 5 days of successful completion of an SUD program AND a transfer to a new SUD program in the same treatment episode
Discharge	Within five (5) days of <b>successful</b> completion of an SUD program

<sup>10</sup> Please see *Fiscal Year Exceptions* to see the exceptions to these time requirements.



## SUD Outcome Tool Required Based on Age

The type of Outcome Tool(s) that need to be completed are determined by the age of the client.

Age is 10 and Younger	Age is 11 to 17	Age is 18 and Older
Only <i>Family</i> Outcome Tools are completed	<i>Youth</i> and <i>Family</i> Outcome Tools are completed	<i>Adult</i> Outcome Tools are completed

**Clients 10 years old and younger** will only need the Family Outcome Tool completed.

SUD Outcomes Tool					
Unique ID: 555510012015FMA	Local ID:	First Name:	MI:	Last Name:	
SUD: Admission Date: 6/1/2024	Discharge Date:	Provider: Addiction Recovery Centers of the Black Hills			
Outcome Tool Type: Family ▼					
Add Initial	Add SUD Transfer	Add Discharge	View	Edit	Delete Cancel

**Clients between 11 and 17 years old** will be able to select Youth or Family, depending on who completed the Outcome Tool being entered.

SUD Outcomes Tool					
Unique ID: 123401022010FMA	Local ID:	First Name:	MI:	Last Name:	
SUD: Admission Date: 6/1/2024	Discharge Date:	Provider: Addiction Recovery Centers of the Black Hills			
Outcome Tool Type: ▼					
Add Initial	Add SUD Transfer	Add Discharge	View	Edit	Delete Cancel
Version: 1.5.1.8 Test Youth Family					
Jun 2025 15:12:18 GMT					

**Clients 18 years old and older** will complete the Adult Outcome Tool.

SUD Outcomes Tool					
Unique ID: 111101021991FMA	Local ID:	First Name:	MI:	Last Name:	
SUD: Admission Date: 1/1/2025	Discharge Date:	Provider: Addiction Recovery Centers of the Black Hills			
Outcome Tool Type: Adult ▼					
Add Initial	Add SUD Transfer	Add Discharge	View	Edit	Delete Cancel

## SUD Initial Outcome Tool

An Initial Outcome Tool is completed by the client or the client's family within 30 days of the client starting an SUD program.

- If a client receives an assessment but does not begin an SUD program, only the *Client Info* screen is completed. The client is not admitted into an SUD program and will not complete an outcome tool. The *ADA Adm Info* screen is not completed.

## SUD Admission Date

- To find the client's **Admission Date**, search the client's Name or Unique ID in STARS.

Last 4 of SSN:	DOB:	Sex:	First 2 Characters of Mother First Name:	Search
Local ID:	Unique ID: 111101021991FMA			Clear Search Criteria
Last Name:	First Name:			

- Double click on the **SUD record** to open the client's most recent SUD treatment episode.

Last 4 of SSN:	DOB:	Sex:	First 2 Characters of Mother First Name:	Search
Local ID:	Unique ID: 111101021991FMA			Clear Search Criteria
Last Name:	First Name:			
<a href="#">Unique ID</a>	<a href="#">Last Name</a>	<a href="#">First Name</a>	<a href="#">Provider</a>	<a href="#">Local ID</a>
111101021991FMA	Simpson	Marge	Addiction Recovery Centers of the Black Hills	

- Select the **ADA I** Tab and go to the **ADA Adm Info** screen.

General Info	MH	ADA I	ADA II
<a href="#">ADA Adm Info</a>	ADA Trsfr Srv Lv	ADA Discharge Info	ADA Disch Ltr
Unique ID: 111101021991FMA	Local ID:	First Name: Marge	
MH: Adm Date:	ADA: Adm Date: 06/01/2024	Provider: Addiction Recovery Centers of the B	

4. The date the client began attending an SUD program is entered in the **Date** field.
  - a. This date can be adjusted if it is incorrect.
  - b. The Initial Outcome Tool must be completed on or after this date.
  - c. The SUD program a client is admitted into entered in the **ASAM Level of Care/Specific Pgm** field.

General Info	MH	ADA I	ADA II
ADA Adm Info	ADA Trsfr Srv Lv	ADA Discharge Info	ADA Disch Ltr
<div> <div>Unique ID:</div> <div>Local ID:</div> <div>First Name:</div> </div> <div> <div>111101021991FMA</div> <div></div> <div>Marge</div> </div>			
<div> <div>MH: Adm Date:</div> <div>ADA: Adm Date:</div> <div>Provider:</div> </div> <div> <div></div> <div>06/01/2024</div> <div>Addiction Recovery Centers of t</div> </div>			
<b>Client's ADA: Admission Record(s) - SAVED</b>			
<div> <div>Date:</div> <div>06/01/2024</div> <div>Time:</div> <div></div> <div>Co-Dependent:</div> <div>No</div> <div>✓</div> <div>*ROI*</div> </div>			
<div>ASAM Level of Care/Specific Pgm:</div> <div> <div>II.1 &amp; III.1 Low intensity residential slip slot</div> <div>▼</div> </div>			

## SUD Transfer Outcome Tool

**The SUD Transfer Outcome Tool is the same survey as the SUD Discharge Outcome Tool.** The tools are submitted when a client successfully completes an SUD program and transfers to another SUD program at the same agency, within the same treatment episode.

*The difference between the Discharge Outcome Tool and Transfer Outcome Tool is how the Outcome Tool is entered into STARS*

**SUD Transfer Outcome Tool**→ submitted when a client successfully finishes a program and transfers to another SUD program WITHIN the same treatment episode

**SUD Discharge Outcome Tool**→ submitted when a client successfully finishes a program and is discharged from their treatment episode

The Transfer Outcome Tool survey includes the page of the survey that reads “Complete only at Level of Care Transfer or Discharge.”

Division of Behavioral Health  
Adult and Youth Substance Use Disorder Outcome Tool

**Complete only at Level of Care Transfer or Discharge**

**3. Please answer the following questions based on the past 30 days**

### Example:

- In the example below, the client has not been discharged from his treatment episode and the Discharge Date field (see blue box) remains blank. The client has been transferred to a new SUD program (see red box) and is able to click on **Add SUD Transfer**.

**SUD Outcomes Tool**

Unique ID: 544401012006MMA    Local ID:    First Name: Bart    MI:    Last Name: Simpson

SUD: Admission Date: 6/1/2024    Discharge Date:    Provider: Addition Recovery Centers of the Black Hills

Outcome Tool Type	Outcome Type	Outcome Date	Not Completed Reason	Submitted Date
Youth SUD	Initial	06/02/2024	Client refuses to complete/did not attend last appointment	05/19/2025

Outcome Tool Type: Adult

Add Initial
Add SUD Transfer
Add Discharge
View
Edit
Delete
Cancel

General Info		MH	ADA I	ADA II						
ADA Adm Info		ADA Trsfr Srv Lv	ADA Discharge Info	ADA Disch Ltr						
Unique ID: 111101021991FMA		Local ID:		First Name: Marge		MI:	Last Name: Simpson			
MH: Adm Date:		ADA: Adm Date: 06/01/2024		Provider: Addition Recovery Centers of the Black Hills						
Client's ADA: Service Level Record(s)										
TEDS Adm Action	Adm Sent	TEDS Dis Action	Dis Sent	Transfer Type	TEDs Req	Dis Reas ID	ASAM Level of Care/Specific Pgm	Start Date	End Date	Emp Status
A	N	A	N	(R)Adm/Transfer	Y	4	I.0 - Outpatient treatment - individual or group counseling	04/04/2025		Part-Time
A	N	A	N	(A)Admission	Y	0	II.1 & III.1 Low intensity residential slip slot	06/01/2024	04/04/2025	Part-Time

2. The client completes an Outcome Tool when they successfully complete 2.1/3.1 on 04/04/2025. The *Transfer Screen* is updated, and the client is transferred into 1.0 Outpatient. They are not discharged from the current treatment episode.
  - Since the client successfully completed 2.1/3.1 on 04/04/2025 (green box below) and was transferred into another program, the Outcome Tool will be submitted as an **SUD Transfer Outcome Tool** in STARS.
3. If the client goes on to successfully complete 1.0 Outpatient on 5/28/2025 (green box below) and is discharged from the current treatment episode, another Outcome Tool will be completed on 5/28/2025. Since the client is now discharged from the treatment episode, the Outcome Tool is submitted as a **Discharge Outcome Tool**.

**SUD Outcomes Tool**

Unique ID: 111101021991FMA    Local ID:    First Name: Marge    MI:    Last Name: Simpson

SUD: Admission Date: 1/1/2025    Discharge Date: 5/28/2025    Provider: Addition Recovery Centers of the Black Hills

Outcome Tool Type	Outcome Type	Outcome Date	Not Completed Reason	Submitted Date
Adult SUD	Initial	01/01/2025	Client refuses to complete/did not attend last appointment	05/13/2025

Outcome Tool Type: Adult ▼

General Info	MH	ADA I	ADA II
ADA Adm Info	ADA Trsf Srv Lv	ADA Discharge Info	ADA Disch Ltr

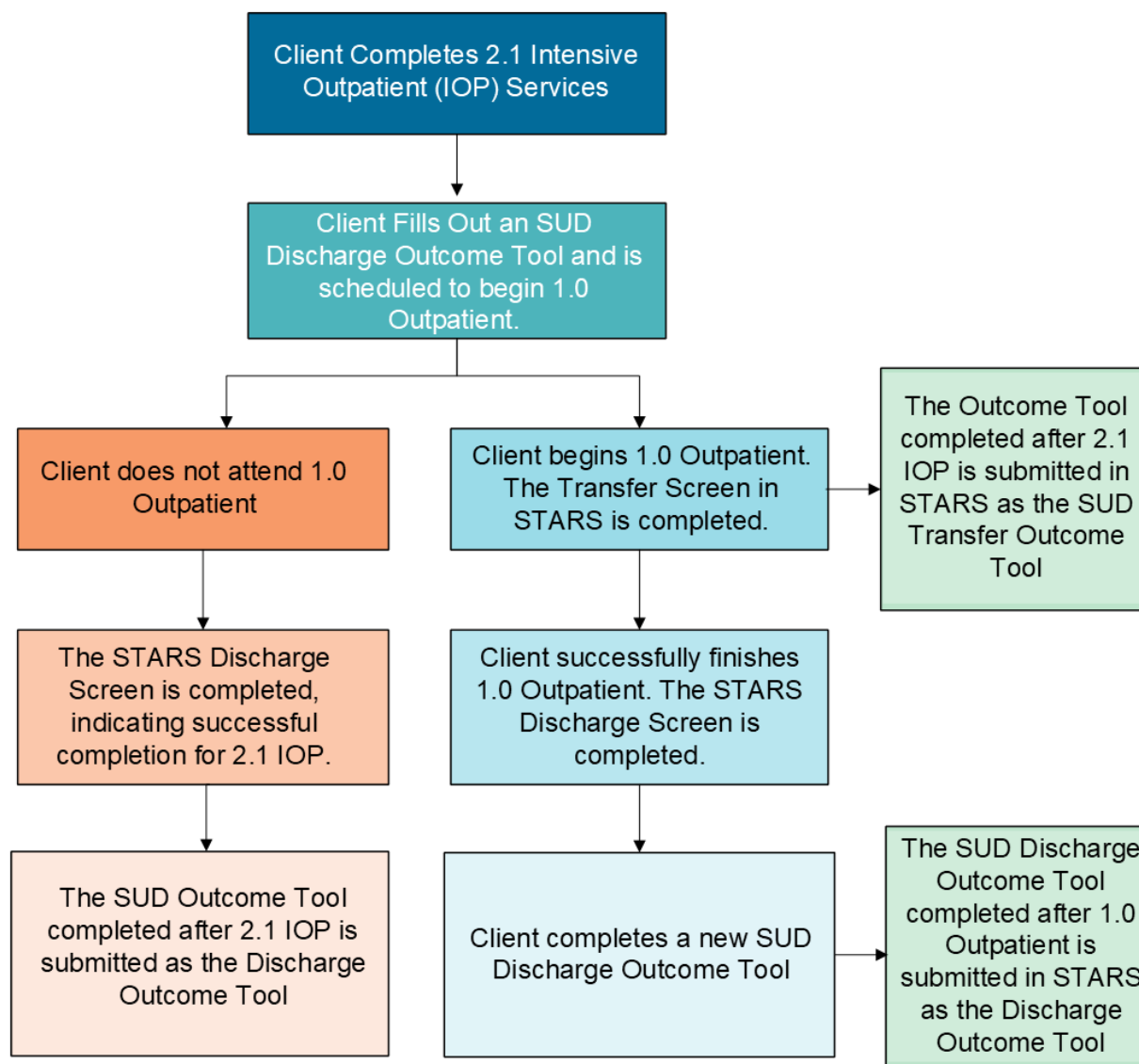
Unique ID: 111101021991FMA    Local ID:    First Name: Marge    MI:    Last Name: Simpson

MH: Adm Date:    ADA: Adm Date: 01/01/2025    Provider: Addition Recovery Centers of the Black Hills

**Client's ADA: Service Level Record(s)**

TEDS Adm Action	Adm Sent	TEDS Dis Action	Dis Sent	Transfer Type	TEDs Reg	Dis Reas ID	ASAM Level of Care/Specific Pgm	Start Date	End Date	Emp Status	Not In Lbr Frc	Pregnant	Opiate
	N	A	N	Discharge Record	Y	196		05/28/2025	05/28/2025	Unemployed	Not Applicable	No	N
A	N	A	N	(R)Adm/Transfer	Y	4	I.0 - Outpatient treatment - individual or group counseling	04/04/2025	05/28/2025	Part-Time	Not Applicable	No	N
A	N	A	N	(A)Admission	Y	0	II.1 & III.1 Low intensity residential slip slot	01/01/2025	04/04/2025	Part-Time	Not Applicable	No	N

A client can complete multiple Transfer Outcome Tools during their treatment episode but only **ONE** Initial and Discharge Outcome Tool. **Transfer Outcome Tools need to be submitted in STARS before the client is discharged from the treatment episode.**



## SUD Transfer Screen in STARS

1. To enter a transfer, search the client's Name or Unique ID in STARS.

Last 4 of SSN:	DOB:	Sex:	First 2 Characters of Mother First Name:	Search
Local ID:	Unique ID: 111101021991FMA			Clear Search Criteria
Last Name:	First Name:			

2. Double click on the **SUD record** to open the client's most recent SUD treatment episode.

Last 4 of SSN:	DOB:	Sex:	First 2 Characters of Mother First Name:	Search
Local ID:	Unique ID: 111101021991FMA			Clear Search Criteria
Last Name:	First Name:			

Unique ID	Last Name	First Name	Provider	Local ID
111101021991FMA	Simpson	Marge	Addiction Recovery Centers of the Black Hills	

3. Select the **ADA Trsfr Srv Lv** screen under the **ADA I** tab. Click on the "Add" button.

General Info	MH	ADA I	ADA II
ADA Adm Info	<b>ADA Trsfr Srv Lv</b>	ADA Discharge Info	ADA Disch Ltr

Unique ID: 111101021991FMA Local ID: First Name: Marge MI: Last Name: Simpson  
 MH: Adm Date: ADA: Adm Date: 01/01/2025 Provider: Addiction Recovery Centers of the Black Hills

**Client's ADA: Service Level Record(s)**

TEDS Adm Action	Adm Sent	TEDS Dis Action	Dis Sent	Transfer Type	TEDs Req	Dis Reas ID	ASAM Level of Care/Specific Pgm	Start Date	End Date	Emp Status	Not In Lbr Frc	Pregnant	Opiate
A	N	A	N	(A)Admission	Y	0	II.1 & III.1 Low intensity residential slip slot	01/01/2025		Part-Time	Not Applicable	No	N

Add Edit Delete Cancel

4. Complete the applicable fields and click "Save". A row with the new SUD program will now appear on the **ADA Trsfr Srv Lv** screen.

General Info	MH	ADA I	ADA II
ADA Adm Info	<b>ADA Trsfr Srv Lv</b>	ADA Discharge Info	ADA Disch Ltr

Unique ID: 111101021991FMA Local ID: First Name: Marge MI: Last Name: Simpson  
 MH: Adm Date: ADA: Adm Date: 06/01/2024 Provider: Addiction Recovery Centers of the Black Hills

**Client's ADA: Service Level Record(s)**

TEDS Adm Action	Adm Sent	TEDS Dis Action	Dis Sent	Transfer Type	TEDs Req	Dis Reas ID	ASAM Level of Care/Specific Pgm	Start Date	End Date	Emp Status
A	N	A	N	(R)Adm/Transfer	Y	4	I.0 - Outpatient treatment - individual or group counseling	04/04/2025		Part-Time
A	N	A	N	(A)Admission	Y	0	II.1 & III.1 Low intensity residential slip slot	06/01/2024	04/04/2025	Part-Time

5. When entering a Transfer Outcome Tool, the **Outcome Date** must be on or after the **End Date** of the SUD program the client successfully completed (see red boxes).
- This client cannot “**Add Discharge**” because they have not been successfully discharged from the treatment episode (see blue box).

**SUD Outcomes Tool**

Unique ID: 111101021991FMA    Local ID:    First Name: Marge    MI:    Last Name: Simpson

SUD: Admission Date: 1/1/2025    Discharge Date:      Provider: Addition Recovery Centers of the Black Hills

Outcome Tool Type	Outcome Type	Outcome Date	Not Completed Reason	Submitted Date
Adult SUD	Initial	01/01/2025	Client refuses to complete/did not attend last appointment	05/13/2025

Outcome Tool Type: Adult ▼

**Client's ADA: Service Level Record(s)**

TEDS Adm Action	Adm Sent	TEDS Dis Action	Dis Sent	Transfer Type	TEDs Req	Dis Reas ID	ASAM Level of Care/Specific Pgm	Start Date	End Date	Emp Status
A	N	A	N	(R)Adm/Transfer	Y	4	I.0 - Outpatient treatment - individual or group counseling	04/04/2025		Part-Time
A	N	A	N	(A)Admission	Y	0	II.1 & III.1 Low intensity residential slip slot	06/01/2024	04/04/2025	Part-Time

**Division of Behavioral Health**  
**Adult Substance Use Disorder Outcome Tool**

Unique ID: 111101021991FMA    Local ID:    First Name: Marge    MI:    Last Name: Simpson

SUD: Admission Date: 1/1/2025    Discharge Date:    Provider: Addition Recovery Centers of the Black Hills

Outcome Date: \*  

Not Completed Reason: ▼

Outcome Type: SUD Transfer ▼    Submitted Date: mm / dd / yyyy



## SUD Discharge Outcome Tool

An SUD Discharge Outcome Tool is completed when a client successfully completes any SUD program. The tool is submitted into STARS as a Discharge Outcome Tool after the client is successfully discharged from the treatment episode.

The SUD Discharge Outcome Tool must be completed by the client or the client's family within five (5) days after the client discharges from an SUD treatment episode and submitted into STARS within 30 days.

### SUD Discharge Screen Requirements

1. The **Reason Discharged** field on the **ADA Discharge Info** screen must read "Treatment completed/planned discharge".

General Info	MH	ADAI	ADA II
ADA Adm Info	ADA Trsfr Srv Lv	ADA Discharge Info	ADA Disch Ltr
Unique ID: 111101021991FMA	Local ID:	First Name: Marge	
MH: Adm Date:	ADA: Adm Date: 06/01/2024	Provider: Addiction Recovery Centers of t	
Client opted OUT of follow-up			
<b>Client's ADA: Discharge Record</b>			
Last Treatment Date: 4/2/2025	Time:	Co-Dependent No	L
Independent Living			
Reason Discharged:		Emp/UnEmp St	
Treatment completed/planned discharge			

2. The **Last Treatment Date** field is the last day the client attended an SUD service or the last day the provider had contact with the client. The SUD Discharge Outcome Tool will be completed on or after this date.

Client's ADA: Discharge Record			
Last Treatment Date: 12/29/2023	Time:	Co-Dependent No	Living Arrangement at Discharge Independent Living
Reason Discharged:		Emp/UnEmp Status at Discharge:	Not in Labor
Treatment completed/planned discharge		Employed Full Time	Not Applicable

# Entering an SUD Outcome Tool in STARS

## How to Access the Outcome Tool Screen

1. Look up the client using the **Client Search** screen.

**Client Search**

Providers:  ☒ Show All (State Funded)

Last 4 of SSN:  DOB:  Sex:  First 2 Characters of Mother First Name:

Local ID:  Unique ID:

Last Name:  First Name:

2. Enter the client's **Unique ID** or **First/Last Name**.

**Client Search**

Providers:  ☒ Show All (State Funded)

Last 4 of SSN:  DOB:  Sex:  First 2 Characters of Mother First Name:

Local ID:  Unique ID:

Last Name:  First Name:

3. Click the **Search** button.

**Client Search**

Providers:  ☒ Show All (State Funded)

Last 4 of SSN:  DOB:  Sex:  First 2 Characters of Mother First Name:

Local ID:  Unique ID:

Last Name:  First Name:

4. Click once on the client record. It will highlight yellow when selected.

**Client Search**

Providers:  ☒ Show All (State Funded)

Last 4 of SSN:  DOB:  Sex:  First 2 Characters of Mother First Name:

Local ID:  Unique ID:

Last Name:  First Name:

<a href="#">Unique ID</a>	<a href="#">Last Name</a>	<a href="#">First Name</a>	<a href="#">Provider</a>
111101021991FMA	Simpson	Marge	Addiction Recovery Centers of the Black Hills

5. When the client record is highlighted, click the **ADA – Admissions** button at the bottom of the screen.

6. The **ADA: Admission/ReAdmission** screen will appear, listing all SUD treatment episodes the client has at your agency. The buttons below the admissions will be grayed out until a specific admission is selected.

**ADA: Admission/ReAdmission for: 111101021991FMA**

<a href="#">Pend</a>	<a href="#">Admission Date</a>	<a href="#">Provider</a>	<a href="#">Satellite Office</a>	<a href="#">Discharge Date</a>
False	1/1/2025	Addiction Recovery Centers of the Black Hills		
False	6/1/2024	Addiction Recovery Centers of the Black Hills		12/1/2024

[Show Details](#)

7. Select the correct admission for the Outcome Tool being entered. In this example, the client completed an Initial Outcome Tool for the SUD treatment episode that started on 01/01/2025. Click once on the admission (*if you click twice, it will open the Client Info screen in STARS*). It will highlight in yellow, and the buttons will appear.

- a. To continue entering an Outcome Tool, click the **Outcomes Tool** button.

**ADA: Admission/ReAdmission for: 111101021991FMA**

<a href="#">Pend</a>	<a href="#">Admission Date</a>	<a href="#">Provider</a>	<a href="#">Satellite Office</a>	<a href="#">Discharge Date</a>
False	1/1/2025	Addiction Recovery Centers of the Black Hills		
False	6/1/2024	Addiction Recovery Centers of the Black Hills		12/1/2024

[Show Details](#)

## Selecting Initial, SUD Transfer, or Discharge Outcome Tool

The client's Unique ID, first and last name, SUD Admission Date, Discharge Date, and Provider will auto-populate in their respective fields based on information entered in the client's *Client Info* and *ADA Adm Info* screens in STARS.

- Initial Outcome Tool:** To enter an Initial Outcome Tool, click the **Add Initial** button.
  - Only one Initial Outcome Tool of each tool type (Adult/Youth/Family) can be submitted per SUD treatment episode.

**SUD Outcomes Tool**

Unique ID: 
 Local ID: 
 First Name: 
 MI: 
 Last Name:

SUD: Admission Date: 
 Discharge Date: 
 Provider:

Outcome Tool Type:

2. **SUD Transfer Outcome Tool:** To enter an outcome tool that is completed when a client successfully completes one SUD program and transfers to another SUD program within the same treatment episode, click **Add SUD Transfer**.

- You cannot add an SUD Transfer Outcome Tool after the client has been discharged from the treatment episode.

SUD Outcomes Tool				
Unique ID: 111101021991FMA	Local ID:	First Name:	MI:	Last Name:
SUD: Admission Date: 1/1/2025	Discharge Date:	Provider: Addiction Recovery Centers of the Black Hills		
Outcome Tool Type: Adult ▾				
Add Initial	Add SUD Transfer	Add Discharge	View	Edit Delete Cancel

- If this button is grayed out, make sure the *ADA Trsfr Srv Lv* screen in STARS is correctly filled out.

General Info	MH	ADA I	ADA II						
ADA Adm Info	ADA Trsfr Srv Lv	ADA Discharge Info	ADA Disch Ltr						
Unique ID: 111101021991FMA Local ID: First Name: Marge MI: Last Name: Simpson									
MH: Adm Date: ADA: Adm Date: 06/01/2024 Provider: Addiction Recovery Centers of the Black Hills									
<b>Client's ADA: Service Level Record(s)</b>									
TEDS Adm Action	Adm Sent	TEDS Dis Action	Dis Sent	Transfer Type	TEDs Req	Dis Reas ID	ASAM Level of Care/Specific Pgm	Start Date	End Date
	N	A	N	Discharge Record	Y	196		12/01/2024	12/01/2024
A	N	A	N	(A)Admission	Y	0	II.1 & III.1 Low intensity residential slip slot	06/01/2024	12/01/2024

3. **Discharge Outcome Tool:** To enter an outcome tool that has been completed when a client successfully completes an SUD program and is discharged from the SUD treatment episode in STARS, click **Add Discharge**.

- Only one Discharge Outcome Tool per tool type (Adult/Youth/Family) can be submitted per treatment episode.

SUD Outcomes Tool				
Unique ID: 111101021991FMA	Local ID:	First Name:	MI:	Last Name:
SUD: Admission Date: 1/1/2025	Discharge Date:	Provider: Addiction Recovery Centers of the Black Hills		
Outcome Tool Type: Adult ▾				
Add Initial	Add SUD Transfer	Add Discharge	View	Edit Delete Cancel

- Discharge Outcome Tools are not permitted until the **ADA Discharge Info** screen has been completed. If the **Add Discharge** box is grayed out, please make sure the discharge has been submitted and the **Reason Discharged** field reads "Treatment completed/planned discharge,"

General Info	MH	ADA I	ADA II
ADA Adm Info	ADA Trsfr Srv Lv	ADA Discharge Info	ADA Disch Ltr
Unique ID: 111101021991FMA	Local ID: 	First Name: Marge	
MH: Adm Date: 	ADA: Adm Date: 06/01/2024	Provider: Addiction Recovery C	
Client opted OUT of			
<b>Client's ADA: Discharge Record</b>			
Last Treatment Date: 12/01/2024		Time:	Co-Dependent No ▾
Reason Discharged: Treatment completed/planned discharge		Er	

### Entering the Outcome Tool Date

The date entered in the **Outcome Date** field when entering the Outcome Tool into STARS will be the date the client or client's family completed the outcome tool.

1. **Outcome Date** field: this date should match the **Date** on the Outcome Tool survey and is the date the client or family member completed the respective Outcome Tool.
  - A client cannot complete an Outcome Tool prior to being admitted into, or discharged from, an SUD program.

Division of Behavioral Health					
Adult Substance Use Disorder Outcome Tool					
Unique ID: 111101021991FMA	Local ID:	First Name:	MI:	Last Name:	
SUD: Admission Date: 6/1/2024	Discharge Date:	Provider: Addiction Recovery Centers of the Black Hills			
Outcome Date:					
Not Completed Reason: ▾					
Outcome Type: Discharge ▾	Submitted Date: mm/dd/yyyy				

<b>Client STARS ID:</b>
<b>Date:</b>

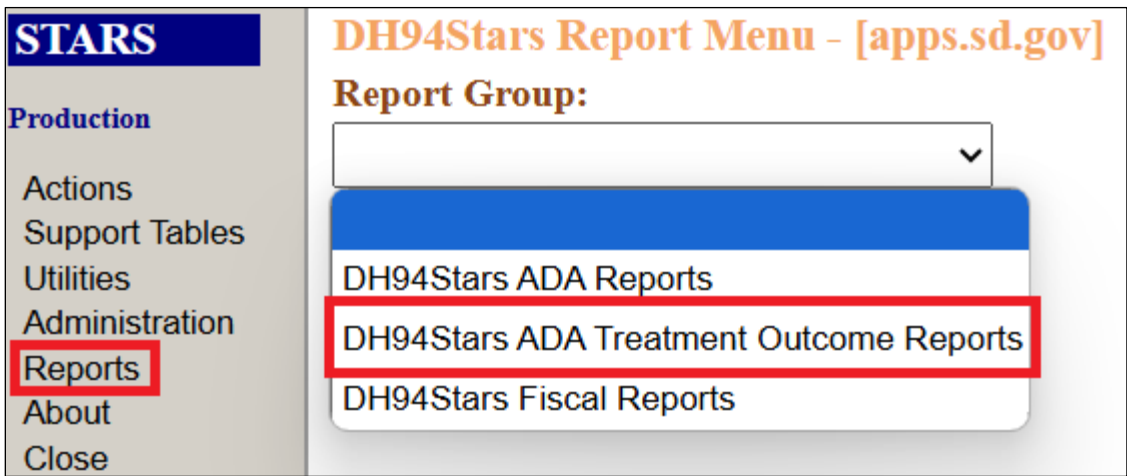
# STARS Missing Tools Report

To run the Missing Tools Report in STARS, select **Reports** on the left side of the screen.


## How to Run the SUD/JJRI SUD Missing Outcome Tools Report

Missing Tools Report for SUD and JJRI SUD clients:

- 1. Click on the drop-down in the **Report Group** box.
- 2. Select **DH94Stars ADA Treatment Outcome Reports**.



- 3. After opening **DH94Stars ADA Treatment Outcome Reports**, click **SUD Outcome Missing**.

	SUD Outcome Missing	SUD Outcome Missing report by provider for Contract Year
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4. Enter the following criteria for Missing Tools Report you want to run;

a. **Fiscal Year**

- i. Current Contract Year
- ii. Previous Contract Year
- iii. 2<sup>nd</sup> Previous Contract Year

b. **Funding Source**

- i. All
- ii. Contract Services
- iii. Non-Contract Services
- iv. Title XIX Services
- v. Contract and Title XIX Services

c. **Outcome Tool Type**

- i. Adult
- ii. Family/Youth

d. **Specific Programs**

- i. Include a specific Individual Level of Care
- ii. Include all ASAM Levels of Care

### Enter criteria for report

Fiscal Year:  
Current Contract Year ▼

Funding Source:  
Contract and Title XIX Services ▼

Outcome Tool Type  
Adult ▼

Specific Programs

☒ **Selected Admission ASAM Level(s)**    ☐ **All ASAM Levels**  
(select Multiple Levels of Care by holding the ctrl-key)

- I.0 - Outpatient treatment - individual or group counseling
- I.0 - Gambling outpatient treatment - individual or group counseling
- II.1 - Intensive outpatient treatment services**
- II.1 - Gambling intensive outpatient treatment services
- II.1 & III.1 Low intensity residential slip slot
- II.5 - Day treatment services
- II.5 - Gambling day treatment services
- III.1 - Clinically managed low-intensity residential program
- III.7 - Adult medically-monitored intensive inpatient treatment program

5. Using the example above, the report will include clients from the current contract year (fiscal year) who are funded via contract and/or Title XIX and are expected to complete an Adult Outcome Tool while attending II.I Intensive Outpatient Treatment Services.

6. Click **OK** at the bottom of the screen.

Ok
Cancel

## STARS SUD Missing Tools Report

1. The **Admission ASAM** (in red below) is the level of care a client is admitted into; these clients will complete an Initial Outcome Tool.
2. The **Current ASAM** (in blue below) is the most recent level of care a client successfully completed when they were discharged from STARS. These levels of care are from the **Transfer Screen** in STARS.

SOUTH DAKOTA DEPARTMENT OF SOCIAL SERVICES DIVISION OF BEHAVIORAL HEALTH SUD OUTCOMES MISSING Contract and Title XIX Services - Adult SUD 06/01/2024 TO 04/10/2025			
Summary: Dakota Counseling Institute			
<b>Admission ASAM</b>		Level of care the clients are admitted into	Initial Missing
II.1 - Intensive outpatient treatment services		(12) 2.1 IOP clients are missing Initial Outcome Tools	12
<b>Total</b>			<b>12</b>
<b>Current ASAM</b>		Level of care the clients are in when they successfully discharge from STARS.	Discharge Missing
I.0 - Outpatient treatment - individual or group counseling		(0) 1.0 Outpatient clients are missing a Discharge Outcome Tool	0
II.1 - Intensive outpatient treatment services		(4) 2.1 IOP clients are missing Discharge Outcome Tools	4
<b>Total</b>			<b>4</b>

3. The client below was admitted into II.I Intensive Outpatient Treatment Services (red boxes) and is currently in/has successfully discharged from 1.0 Outpatient (blue boxes). They are missing one (1) Initial Outcome Tool and zero (0) Discharge Outcome Tools in the current fiscal year.

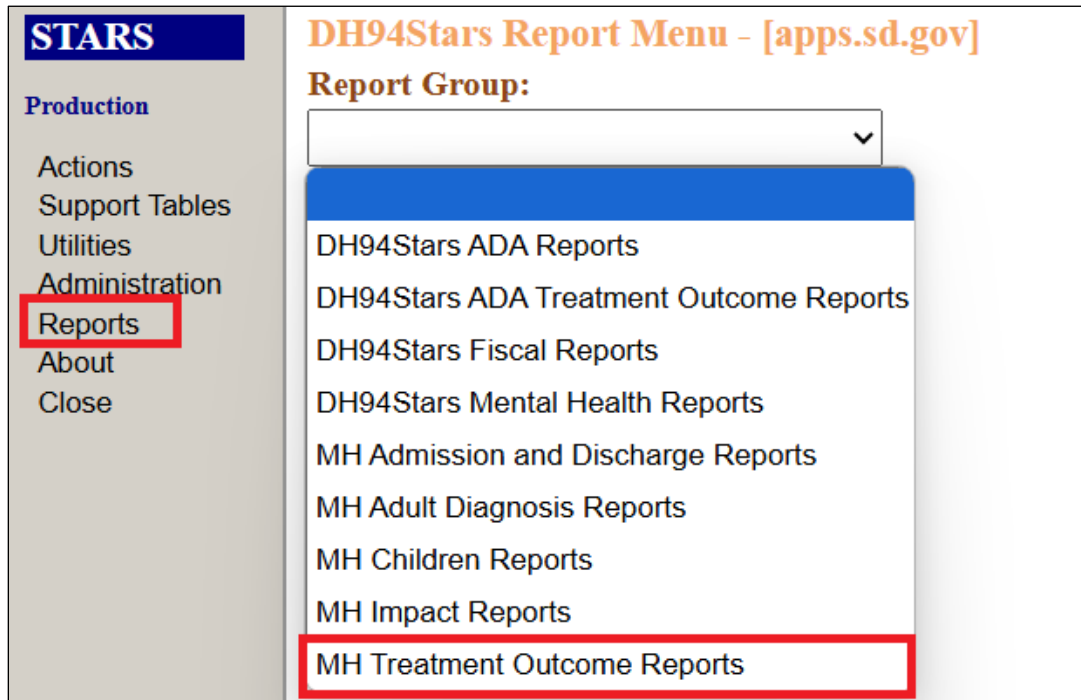
Name	Unique ID	Admission Date	Transfer Date	Last Date Of Service	Discharge Date	Outcome Type	Initial Missing	Discharge Missing
		11/25/2024	1/8/2025	2/26/2025		Adult	1	0
Admission ASAM: II.1 - Intensive outpatient treatment services								
Current ASAM: I.0 - Outpatient treatment - individual or group counseling								



## How to Run the MH/JJRI Missing Outcome Tools Report

Missing Tools Report for MH and JJRI MH clients:

1. Select **Reports** on the left side of the screen in STARS.
2. Click the drop-down in the **Report Group** box.
3. Select **MH Treatment Outcome Reports**.



4. After opening the **MH Treatment Outcome Reports**, click on **MH Outcome Missing Report**.

	MH Outcome Missing Report	MH Outcome Missing report by provider for Contract Year accounting for Status
---	---------------------------	---

1. Enter the following criteria for Missing Tools Report you want to run.
  - a. **Fiscal Year**
    - i. Current Contract Year
    - ii. Previous Contract Year
    - iii. 2<sup>nd</sup> Previous Contract Year
  - b. **Funding Source**
    - i. All
    - ii. Contract Services
    - iii. Non-Contract Services
    - iv. Title XIX Services
    - v. Contract and Title XIX Services
  - c. **Outcome Tool Type**
    - i. Adult

- ii. Family/Youth
- d. Specific Programs
  - i. Include a specific MH Program
  - ii. Include all MH Programs

Enter criteria for report

Fiscal Year:  
Current Contract Year

Funding Source:  
Contract and Title XIX Services

Outcome Tool Type  
Adult

Specific Programs

☒ Selected MH Programs    ☐ All MH Programs  
(select Multiple MH Programs by holding the ctrl-key)

SED  
CARE  
IMPACT  
FFT  
JJRI EBP

- 5. Using the example above, the report will include clients from the current contract year (fiscal year) who are funded via contract and/or Title XIX and are expected to complete Adult Outcome Tools while attending CARE.
- 6. Click **OK** at the bottom of the screen.

Ok

Cancel

## STARS MH Missing Tools Reports

1. The **Admission Program** (in red below) is the program a client is admitted into; these clients will complete an Initial Outcome Tool.
2. The **Current Program** (in blue below) is the program a client is attending when their six (6) month Update Outcome Tools and/or Discharge Outcome Tools are due.
  - a. 1<sup>st</sup> Update Missing: This is the Update Outcome Tool that is due six (6) months after a client is admitted into a MH program. Only one (1) 1<sup>st</sup> Update is required per treatment episode.
  - b. Recurring Updates Missing: This includes the Update Outcome Tools due in the fiscal year selected, up to two (2). It does not include 1<sup>st</sup> Update Outcome Tools.

SOUTH DAKOTA DEPARTMENT OF SOCIAL SERVICES DIVISION OF BEHAVIORAL HEALTH MH OUTCOMES MISSING Contract and Title XIX Services - Adult MH 06/01/2024 TO 04/10/2025					
Summary: Dakota Counseling Institute					
<b>Admission Program</b>		Level of care the clients are admitted into			Initial Missing
CARE		(9) CARE clients are missing Initial Outcome Tools			9
<b>Total</b>					<b>9</b>
<b>Current Program</b>		Level of care the clients are in when Update Outcome Tools are due			1st Update Missing    Recurring Updates Missing    Discharge Missing
CARE		(20) CARE clients are missing a 1st Update Outcome Tool and (400) are missing subsequent Update Outcome Tools. (1) CARE client successfully completed the program and is missing a Discharge Outcome Tool.			20    400    1
<b>Total</b>					<b>20    400    1</b>

3. The below client was admitted into CARE and is currently still attending CARE. They are missing zero (0) Initial Outcome Tools, zero 1<sup>st</sup> Update Tools, two (2) Recurring Update Tools, and 0 Discharge Outcome Tools in the current fiscal year.

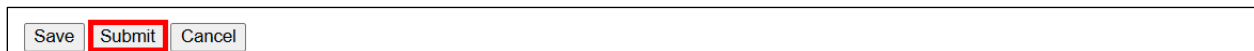
Name	Unique ID	Admission / Transfer Date	Last Date Of Service	Discharge / End Date	Outcome Type	Initial Missing	1st Update Missing	Recurring Updates Missing	Discharge Missing
		9/11/1989	5/18/2021		Adult MH	0	0	2	0
Admission Program: CARE									
Current Program: CARE									

# Appendix A: Outcome Tool Data Entry and 'Not Completed Reason' Definitions

## Entering the Outcome Tool Data

The data from the Outcome Tool will only show up in dashboards and reports if it's been submitted in STARS.

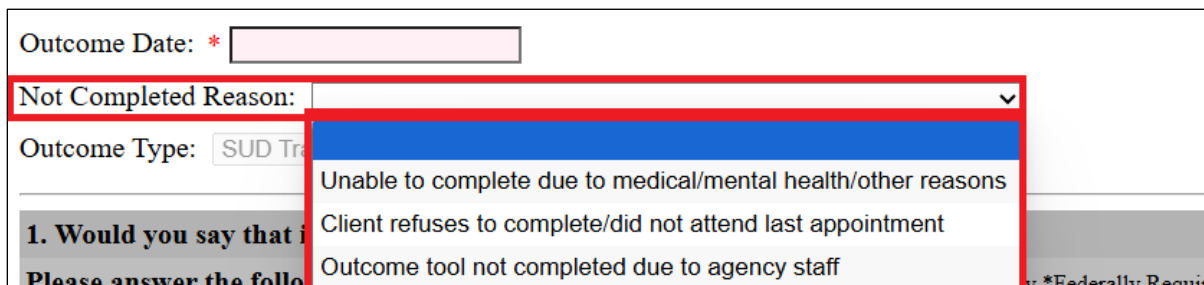
1. To make sure an outcome tool is submitted, click **Submit** at the bottom of the form.
  - a. Use the **Save** button if you're not done yet and want to come back later without losing the data you've already entered. The data will be saved in STARS but will not be included in relevant dashboards or reports and will still show as missing.



## 'Not Completed Reason' Definitions

If the Outcome Tool is not completed or has no data, you can submit it with a *Not Completed Reason* selected. This will include the tool as being submitted on relevant dashboards and reports and will not list it as missing.

Below are three (3) *Not Completed Reasons* in STARS and the criteria for selected the correct option in STARS.<sup>11</sup>



### *Unable to complete due to medical/mental health/other reasons:*

The client or family member is unable to complete an outcome tool due to specific health-related factors, including physical, medical, or other conditions.

<sup>11</sup> The Outcome Tools that are submitted with a *Not Completed Reason* selected are in the Outcome Tool Dashboard as "Submitted- Completed with No Data".

*Client refuses to complete/did not attend last appointment:*

The client or family member either actively declined to participate in completing an outcome tool or fails to attend an appointment to complete the outcome tool, without prior notice or explanation.

*Outcome tool not completed due to agency staff:*

Select this option when the failure to complete an outcome tool is related to an issue or action (or lack thereof) on the part of the agency staff, rather than the client.

# Appendix B: Fiscal Year Exceptions to Entering Outcome Tools

The 30-day window to complete Update Outcome Tools does not apply to the tools due near the change in fiscal years.

**Example:** A client begins services less than 30 days before the fiscal year ends:

- The **Initial Outcome Tool** must be completed prior to the end of the fiscal year.
  - If the **Program Start Date** is May 30<sup>th</sup>, the Initial Outcome Tool must be completed by May 31<sup>st</sup>. The clinician can still submit the tool into STARS after June 1<sup>st</sup> if the **Outcome Date** entered matches the day the client or the client's family finished the tool.
- **Update Outcome Tools** will also need to be completed prior to the fiscal year ending. In the above example, the **Update Outcome Tool** will be due every November and May until the client is done with services.
  - The November Update Outcome Tool can be completed from Oct. 30<sup>th</sup> to December 30<sup>th</sup>, or 30 days before or after the May 30<sup>th</sup> **Program Start Date**.
  - The May Update Outcome Tool can be completed from April 30<sup>th</sup>-May 31<sup>st</sup>, or 30 days before the **Update Outcome Tool** due date but prior to the end of the fiscal year.

**Client begins services within 30 days after the fiscal year ending:** If a client's Update Outcome Tool is due on June 5<sup>th</sup>, they will need to complete the tool between June 1<sup>st</sup> (instead of having 30 days prior, or May 5<sup>th</sup>) and August 5<sup>th</sup>.

- If a client has a **Program Start Date** within 30 days of the fiscal year beginning,
  - If the **Program Start Date** is June 5<sup>th</sup>, the Initial Outcome Tool must be completed by July 5<sup>th</sup>.
- The **Update Outcome Tools** will be due every December and June until the client is done with services.
  - The Update Outcome Tool due in December can be completed from Nov. 5<sup>th</sup> to Jan. 5<sup>th</sup>, or 30 days before or after the Dec. 5<sup>th</sup> **Program Start Date**.
  - The Update Outcome Tool due in June can be completed from June 1<sup>st</sup> -July 5<sup>th</sup> (any time after the start of the new fiscal year or 30 days or 30 days after the Update Outcome Tool due date).

# Appendix C: Deleting or Editing Outcome Tools in STARS

## Editing an Outcome Tool in STARS

STARS will not allow you to submit two (2) Initial or 2 Discharge Outcome Tools of the same Tool Type.<sup>12</sup> The incorrect Outcome Tool will need to be unsubmitted. This requires an Admin level permission in STARS; please contact Brittney Lengkeek or Andrew Ausborn for assistance.

### Example

An Initial Outcome Tool with a “Not Completed Reason” selected (red box) was submitted in STARS because the client originally refused to complete the Initial Outcome Tool. They changed the client’s mind within 30 days of the client’s admission date and decided to complete the Initial Outcome Tool. Agencies cannot add two Initial Outcome Tools, so one will need to be unsubmitted.

**SUD Outcomes Tool**

Unique ID:  Local ID:  First Name:  MI:  Last Name:

SUD: Admission Date:  Discharge Date:  Provider:

Outcome Tool Type	Outcome Type	Outcome Date	Not Completed Reason	Submitted Date
Adult SUD	SUD Transfer	02/01/2025	Client refuses to complete/did not attend last appointment	06/03/2025
Adult SUD	Initial	01/01/2025	Client refuses to complete/did not attend last appointment	06/09/2025

Outcome Tool Type:

1. Click on the Outcome Tool that needs to be unsubmitted. When it highlights yellow, the “View” and “Edit” buttons will appear. Before you can delete an outcome tool it needs to be unsubmitted.

**SUD Outcomes Tool**

Unique ID:  Local ID:  First Name:  MI:  Last Name:

SUD: Admission Date:  Discharge Date:  Provider:

Outcome Tool Type	Outcome Type	Outcome Date	Not Completed Reason	Submitted Date
Adult SUD	SUD Transfer	02/01/2025	Client refuses to complete/did not attend last appointment	06/03/2025
Adult SUD	Initial	01/01/2025	Client refuses to complete/did not attend last appointment	06/09/2025

Outcome Tool Type:

<sup>12</sup> Unless one is a Youth Outcome Tool, and one is a Family Outcome Tool.

## Appendix C: Deleting or Editing Outcome Tools in STARS

2. With the Outcome Tool still highlighted, click the “Edit” button.

**SUD Outcomes Tool**

Unique ID:  Local ID:  First Name:  MI:  Last Name:

SUD: Admission Date:  Discharge Date:  Provider:

Outcome Tool Type	Outcome Type	Outcome Date	Not Completed Reason	Submitted Date
Adult SUD	SUD Transfer	02/01/2025	Client refuses to complete/did not attend last appointment	06/03/2025
Adult SUD	Initial	01/01/2025	Client refuses to complete/did not attend last appointment	06/09/2025

Outcome Tool Type:

3. Clear the date in the **Submitted Date** field. It will return to the mm/dd/yyyy format.

Outcome Date:

Not Completed Reason:

Outcome Type:  Submitted Date:



Outcome Date:

Not Completed Reason:

Outcome Type:  Submitted Date:

4. Scroll to the bottom of the survey and click “Save”.

5. When you return to the **Outcome Tool** screen, the **Submitted Date** will now be blank. This means the Outcome Tool will no longer be counted in relevant dashboards and reports and can be edited.

- Click “Edit” to enter the correct data from the completed Initial Outcome Tool.

**SUD Outcomes Tool**

Unique ID:  Local ID:  First Name:  MI:  Last Name:

SUD: Admission Date:  Discharge Date:  Provider:

Outcome Tool Type	Outcome Type	Outcome Date	Not Completed Reason	Submitted Date
Adult SUD	SUD Transfer	02/01/2025	Client refuses to complete/did not attend last appointment	06/03/2025
Adult SUD	Initial	01/01/2025	Client refuses to complete/did not attend last appointment	

Outcome Tool Type:



## Appendix C: Deleting or Editing Outcome Tools in STARS

- When the correct data has been entered, click “Submit” at the bottom of the form.

- The Initial Outcome Tool has now been submitted to STARS and will be counted in the Outcome Tool Dashboard as “Submitted- With Data”.

**SUD Outcomes Tool**

Unique ID:  Local ID:  First Name:  MI:  Last Name:

SUD: Admission Date:  Discharge Date:  Provider:

Outcome Tool Type	Outcome Type	Outcome Date	Not Completed Reason	Submitted Date
Adult SUD	SUD Transfer	02/01/2025	Client refuses to complete/did not attend last appointment	06/03/2025
Adult SUD	Initial	01/01/2025		06/09/2025

Outcome Tool Type:

## Deleting an Outcome Tool in STARS

- If you need to delete an Outcome Tool from STARS, follow steps 1-4 of the “Editing an Outcome Tool in STARS” process on the previous pages. Highlight the Outcome Tool that needs to be deleted and click the “Delete” button.

**SUD Outcomes Tool**

Unique ID:  Local ID:  First Name:  MI:  Last Name:

SUD: Admission Date:  Discharge Date:  Provider:

Outcome Tool Type	Outcome Type	Outcome Date	Not Completed Reason	Submitted Date
Adult SUD	SUD Transfer	02/01/2025	Client refuses to complete/did not attend last appointment	06/03/2025
Adult SUD	Initial	01/01/2025		

Outcome Tool Type:

- The Outcome Tool will be deleted from STARS and will no longer show up on relevant reports and dashboards.

**SUD Outcomes Tool**

Unique ID:  Local ID:  First Name:  MI:  Last Name:

SUD: Admission Date:  Discharge Date:  Provider:

Outcome Tool Type	Outcome Type	Outcome Date	Not Completed Reason	Submitted Date
Adult SUD	SUD Transfer	02/01/2025	Client refuses to complete/did not attend last appointment	06/03/2025

Outcome Tool Type:

# Appendix D: Frequently Asked Questions

## STARS will not let me to submit an Initial Outcome Tool

- An Initial Outcome Tool requires the Outcome Date to be on or after the client was admitted into a program in STARS.
  - a) Solution: Ensure the correct admission date has been entered in STARS.
- Only one Initial Outcome Tool can be submitted per Outcome Tool type.
  - a) Solution: If an Initial Tool is already submitted, un-submit it and re-enter the correct data or delete it.

## STARS will not let me to enter a Transfer Outcome Tool

- The Outcome Tool screen references the **Transfer Screen** in STARS to determine if the client has transferred to another program. If a transfer has not been completed, a Transfer Update Tool is not required.
  - a) Solution: Review the **Transfer Screen** in STARS to ensure a transfer has been correctly submitted and the **End Date** is correct. *Please see SUD Transfer Outcome Tool for more information.*

## STARS will not let me to add a Discharge Outcome Tool.

- A Discharge Outcome Tool can only be entered in STARS if the client successfully completed a program and has been discharged from the treatment episode in STARS.
  - a) Solution: Review the *Discharge Screen* in STARS to ensure it has been completed correctly.
  - b) Solution: The **Reason Discharged** box needs to read "Treatment Completed/Planned Discharge".

## STARS will not let me to pick the correct Outcome Tool Type.

- The Outcome Tool type is determined by the age of the client and is not adjustable if a client is under 11 years old or over 22 years old. The age is auto-populated based on the date of birth entered in STARS.
  - a) Solution: Review the client's Unique ID in STARS to ensure the correct date of birth is entered. *Please see Outcome Tool Required Based on Age in each relevant section (MH, JJRI MH, JJRI SUD, and SUD).*

**The Outcome Tool is not showing up on the Outcome Tool Dashboard and/or is showing as a Missing Tool.**

- If the Outcome Tool is entered in STARS but listed as Missing on the Outcome Tool Dashboard and the Missing Tools Report in STARS, make sure the Outcome Tool has been submitted. If the Submitted Date (red box below) is blank, it has not been submitted.

SUD Outcomes Tool				
Unique ID: 111101021991FMA	Local ID:	First Name:	MI:	Last Name:
SUD: Admission Date: 1/1/2025	Discharge Date:	Provider: Addiction Recovery Centers of the Black Hills		
Outcome Tool Type	Outcome Type	Outcome Date	Not Completed Reason	Submitted Date
Adult SUD	SUD Transfer	02/01/2025	Client refuses to complete/did not attend last appointment	06/03/2025
Adult SUD	Initial	01/01/2025	Client refuses to complete/did not attend last appointment	

- a) **Solution:** Select the Outcome Tool, choose “Edit”, and click Submit at the bottom of the form.

Save	Submit	Cancel
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Division of Behavioral Health  
Adult and Youth Mental Health Disorder Outcome Tool

Client STARS ID: | | | | | | | | | | | | | | | |

Date: \_\_\_\_\_

Tool Type:

☐ Initial

☐ Update

☐ Discharge

☐ Adult

☐ Youth

## General Health

Survey Item	Description or Entry Instructions	Survey Type	Completing Party
What would you say that in general your mental health is:	Used to measure improvement in overall mental health due to MH services provided.	Initial, Update, Discharge	Client

## Employment

2. What is your employment status?			
<input type="checkbox"/> Employed full time (35+ hours per week)	<input type="checkbox"/> Employed part time	<input type="checkbox"/> Homemaker	
<input type="checkbox"/> Student	<input type="checkbox"/> Retired	<input type="checkbox"/> Other (specify)	
<input type="checkbox"/> Disabled	<input type="checkbox"/> Unemployed		

Survey Item	Description or Entry Instructions	Survey Type	Completing Party
Are you currently employed?	<p>*Federally required to collect after admission into MH services.</p> <p>“Other” includes volunteer, seasonal worker, etc.</p>	Initial, Update, Discharge	Client

## Living Situation

3. Which of the following best describes your current residential status?			
<input type="checkbox"/> Independent, living in a private residence	<input type="checkbox"/> Homeless	<input type="checkbox"/> Dependent, living in a private residence	
<input type="checkbox"/> Residential Care (group home, rehabilitation center, agency-operated care)	<input type="checkbox"/> Foster Home/ Foster Care	<input type="checkbox"/> Institutional setting (24/7 care by skilled/specialized staff/doctors)	
<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Crisis Residence	<input type="checkbox"/> Jail/Correctional Facility	

Survey Item	Description or Entry Instructions	Survey Type	Completing Party
Which of the following best describes your current residential status?	*Federally required to collect after admission into MH services.	Initial, Update, Discharge	Client

## Education

**4. What is your highest education level completed?**  
 (12= GED and High School diploma or self-contained special ed classes)

a. If enrolled in school, have you attended school at any time in the past 3 months? ☐ Yes ☐ No ☐ Refused

Survey Item	Description or Entry Instructions	Survey Type	Completing Party
What is your highest educational level completed (12=GED and high school diploma or self-contained special ed classes)?	<p>*Federally Required to collect change in education status after admission into MH services.</p> <p><b>Definitions:</b></p> <p><b>00:</b> less than one school grade/no years of schools (for children 3-4 years old who are not in nursery school/pre-school, head start)</p> <p><b>01-11:</b> Highest school grade (specify grade level)</p> <p><b>12:</b> High school or GED</p> <p><b>13:</b> 1<sup>st</sup> year of college/university (freshman)</p> <p><b>14:</b> 2<sup>nd</sup> year of college/university (sophomore) or associate's degree</p> <p><b>15:</b> 3<sup>rd</sup> year of college/university (junior)</p> <p><b>16:</b> 4<sup>th</sup> year of college/university (senior) or bachelor's degree</p> <p><b>17:</b> Some postgraduate study – degree not completed</p> <p><b>18:</b> Master's degree completed</p> <p><b>19-25:</b> Post-graduate study</p> <p><b>70:</b> Graduate or professional school (master's and doctoral study/ degrees, medical school, law school)</p> <p><b>71:</b> Vocational school- includes business, technical, secretarial, trade, or correspondence course which provides specialized training for skilled employment</p> <p><b>72:</b> Nursery school, pre-school (includes Head Start)</p> <p><b>73:</b> Kindergarten</p> <p><b>74:</b> Self-contained special education class –no grade equivalent</p>	Initial, Update, Discharge	Client
If enrolled in school, have you attended school at any time in the past 3 months?	*Federally required for youth clients	Initial, Update, Discharge	Client

## Appendix E: MH Outcome Tool Questions (Adult/Youth)

<b>5. Please answer the following questions based on the <u>past 30 days</u>:</b>	
a. Have you been arrested?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
b. Did you have enough money to meet your needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
c. Have you been satisfied with the conditions of your living space?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
d. In the past 30 days, have you felt...	
i. <i>Nervous?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
ii. <i>Hopeless?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
iii. <i>Restless or fidgety?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
iv. <i>So depressed that nothing could cheer you up?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
v. <i>That everything is an effort?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
vi. <i>Worthless?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
vii. <i>Bothered by psychological or emotional problems?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

Survey Item	Description or Entry Instructions	Survey Type	Completing Party
Have you been arrested?	*Federally required: measures reduction in arrest rates	Initial, Update, Discharge	Client
Did you have enough money to meet your needs?	Measures increase in financial satisfaction	Initial, Update, Discharge	Client
Have you been satisfied with the conditions of your living space?	Measures increase in living space condition satisfaction	Initial, Update, Discharge	Client
In the past 30 days, have you felt....	Measures reduction in negative emotions	Initial, Update, Discharge	Client

## Appendix E: MH Outcome Tool Questions (Adult/Youth)

<b>6. Please answer the following questions based on the <u>past 6 months</u>:</b>		
<b>a. Have you spent time in a facility for:</b>		
i. <i>Detoxification/Inpatient or Residential Substance Use Disorder Treatment?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	
ii. <i>Mental Health Care?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	
iii. <i>Any illness, injury, or surgery to the human body?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	
<b>b. Have you spent time in a correctional facility including jail/prison/JDC (because of an arrest, parole, or probation violation)?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	
<b>c. Have you had suicidal thoughts?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	

Survey Item	Description or Entry Instructions	Survey Type	Completing Party
Question A	Measure reduction in number of nights spent in a hospital, detox or inpatient treatment program, and cost avoidance.	Initial, Update, Discharge	Client
Question B	Measure reduction in number of nights spent in a correctional facility, and cost avoidance.	Initial, Update, Discharge	Client
Question C	Measure reduction in suicidal thoughts.	Initial, Update, Discharge	Client



## Appendix E: MH Outcome Tool Questions (Adult/Youth)

<b>7. Please indicate your level of agreement or disagreement with the statements by checking the choice that best represents your feelings or opinion over the <u>past 6 months</u>.</b>	Response Options						
	Strongly disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable	Refused
<b>Domain: Social Connectedness Questions a-g</b>							
a. I am happy with the friendships I have, who will listen and understand me when talking.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I have people with whom I can do enjoyable things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I feel I belong in the community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. In a crisis, I would have the support I need from family or friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I have people that I am comfortable talking with about my problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I have family or friends that are supportive of my recovery.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I generally accomplish what I set out to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Domain: Functioning Questions h-q</b>							
h. I do things that are more meaningful to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I can take care of my needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I can handle things when they go wrong.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. I can do things that I want to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. I get along with family, friends, and other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. I can deal with crisis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. I do well in social situations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. I do well in school and/or work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. My symptoms are not bothering me as much.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. My housing situation is a safe place to live.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Survey Item	Description or Entry Instructions	Survey Type	Completing Party
Question a-g	Federally required- measures Social Connectedness.	Initial, Update, Discharge	Client
Question h-q	Federally required- measures Improved Functioning.	Initial, Update, Discharge	Client

## Appendix E: MH Outcome Tool Questions (Adult/Youth)

Division of Behavioral Health Adult and Youth Mental Health Disorder Outcome Tool	
<b style="color: red; font-size: 1.2em;">Complete only at Update/Discharge</b>	
<b>8. Please answer the following questions based on the <u>past 6 months</u>.</b>	
<b>Domain: Perception of Care: Questions a-n</b>	
a. Staff believe that I could grow, change, and recover.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
b. I felt free to complain.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
c. I was given information about my rights.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
d. Staff encouraged me to take responsibility for how I live my life.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
e. Staff told me what side effects to watch out for.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
f. Staff respected my wishes about who is and who is not to be given information about my treatment.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
g. Staff was sensitive to my cultural/ethnic/religious/spiritual background.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
h. I was encouraged to use consumer-run programs.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
i. I felt comfortable asking questions about my treatment.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
j. I, not staff, decided my treatment goals.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
k. I liked the services that I received here.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
l. If I had other choices, I would still get services at this agency.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
m. I would recommend this agency to a friend or family member.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
n. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
<b>Domain: Perception to Access to Services: Questions o-p</b>	
o. The location of services was (is) convenient.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
p. I was able to get all the services I thought I needed.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

Survey Item	Description or Entry Instructions	Survey Type	Completing Party
Questions a-n	Federally Required- measures Perception of Care.	Update, Discharge	Client
Questions o-p	Federally Required- measures Perception of Access to Services.	Update, Discharge	Client

## Treatment Engagement

**Questions required to be completed by clinician only**

1. 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	Positive Engagement in Recovery	Optimal Engagement in Recovery
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

Survey Item	Description or Entry Instructions	Survey Type	Completing Party
At this interval period, what is your (clinician's) assessment of the client's understanding and willingness to engage in their treatment program?	<p>Measures a client's understanding of illness and treatment and ability or willingness to engage in the treatment and recovery process through a clinician's perspective.</p> <p>Criteria:</p> <p><b>1 – Unengaged and Blocked</b></p> <p>a- Has no awareness or understanding of illness (Pre-contemplation Stage).</p> <p>b- Inability to understand recovery concept or contributions of personal behavior to disease process.</p> <p>c- Unable to actively engage in recovery or treatment and has no current capacity to relate to another or develop trust.</p> <p>d- Extremely avoidant, frightened, or guarded.</p> <p><b>2 - Minimal Engagement and Recovery</b></p> <p>a- Rarely, if ever, can accept reality of illness but may acknowledge some difficulties in living.</p> <p>b- Has no desire or is afraid to adjust behavior but may recognize the need to do so (Contemplation Stage).</p> <p>c- Relates poorly to treatment and treatment providers and ability to trust is extremely narrow.</p> <p>d- Avoids contact with and use of treatment resources if left to own devices.</p> <p>e- Does not accept any responsibility for recovery or feels powerless to do so.</p> <p><b>3 - Limited Engagement and Recovery</b></p>	Update, Discharge	Clinician

	<p>a- Has some variability, hesitation or uncertainty in acceptance or understanding of illness.</p> <p>b- Has limited desire or lacks confidence to change despite intentions to do so (Preparation Stage).</p> <p>c- Relates to treatment with some difficulty and establishes few, if any, trusting relationships.</p> <p>d- Does not use available resources independently or only in cases of extreme need.</p> <p>e- Has limited ability to accept responsibility for recovery.</p> <p><b>4 - Positive Engagement and Recovery</b></p> <p>a- Has significant understanding and acceptance of illness and its effect on function.</p> <p>b- Willing to change and is actively working toward it (Action Stage).</p> <p>c- Positive attitude toward recovery and treatment, capable of developing trusting relationships, and uses available resources independently when necessary.</p> <p>d- Shows recognition of personal role in recovery and accepts significant responsibility for it.</p> <p><b>5 - Optimal Engagement and Recovery</b></p> <p>a- Has complete understanding and acceptance of illness and its effect on function.</p> <p>b- Actively maintains changes made in the past (Maintenance Stage).</p> <p>c- Is enthusiastic about recovery, is trusting, and shows strong ability to utilize available resources and treatment.</p> <p>d- Understands recovery process and takes on a personal role and responsibility in a recovery plan.</p> <p>16 LOCUS Instrument 2010 © AACCP</p>		
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*GAIN-SS (JJRI Clients Only)*

<b><u>JJRI ONLY</u></b>					
<b>GAIN Short Screener (GAIN-SS) Scoring</b>					
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				
TDScr	1a – 4e				

Survey Item	Description or Entry Instructions	Survey Type	Completing Party
GAIN Short Screener	Measures reduction in negative symptoms.	Initial, Update, Discharge	Client

# Appendix F: Mental Health Outcome Questions (Family)

Division of Behavioral Health  
Family Mental Health Disorder Outcome Tool

**Client STARS ID:** | | | | | | | | | | | | | | | |

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**Date:**

---

**Tool Type:**

☐ Initial
 ☐ Family  
☐ Update  
☐ Discharge

Survey Item	Description or Entry Instructions	Survey Type	Completing Party
Date	Date the client completes the Outcome Tool	Initial, Update, Discharge	Clinician
Client STARS ID	ID used to identify client in STARS.	Initial, Update, Discharge	Clinician
Tool Type	Used to identify the type of Outcome Tool being completed.	Initial, Update, Discharge	Clinician
Survey Type	Used to identify if client is completing an Adult or Youth Outcome Tool	Adult, Youth	Clinician

## General Health

**1. Would you say that in general your child's mental health is:**

☐ Excellent
 ☐ Very Good
 ☐ Good
 ☐ Fair
 ☐ Poor

Survey Item	Description or Entry Instructions	Survey Type	Completing Party
What would you say that in general your child's mental health is:	Used to measure improvement in overall mental health due to MH services provided.	Initial, Update, Discharge	Client's Family

## Employment

2. What is your child's employment status?			
<input type="checkbox"/> Employed full time (35+ hours per week)	<input type="checkbox"/> Employed part time	<input type="checkbox"/> Homemaker	
<input type="checkbox"/> Student	<input type="checkbox"/> Retired	<input type="checkbox"/> Other (specify)	
<input type="checkbox"/> Disabled	<input type="checkbox"/> Unemployed		

Survey Item	Description or Entry Instructions	Survey Type	Completing Party
What is your child's employment status?	<p>*Federally required to collect after admission into MH services.</p> <p>"Other" includes volunteer, seasonal worker, etc.</p>	Initial, Update, Discharge	Client's Family

## Living Situation

3. Which of the following best describes your child's current residential status?			
<input type="checkbox"/> Independent, living in a private residence	<input type="checkbox"/> Homeless	<input type="checkbox"/> Dependent, living in a private residence	
<input type="checkbox"/> Residential Care (group home, rehabilitation center, agency-operated care)	<input type="checkbox"/> Foster Home/ Foster Care	<input type="checkbox"/> Institutional setting (24/7 care by skilled/specialized staff/doctors)	
<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Crisis Residence	<input type="checkbox"/> Jail/Correctional Facility	

Survey Item	Description or Entry Instructions	Survey Type	Completing Party
Which of the following best describes your child's current residential status?	*Federally required to collect after admission into MH services.	Initial, Update, Discharge	Client's Family

## Education

<b>4. What is your child's highest education level completed?</b> (12= GED and High School diploma or self-contained special ed classes)		<input type="text"/>
a. If enrolled in school, has your child attended school at any time in the past 3 months?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

Survey Item	Description or Entry Instructions	Survey Type	Completing Party
What is your child's highest educational level completed (12=GED and high school diploma or self-contained special ed classes)?	<p>*Federally Required to collect change in education status after admission into MH services.</p> <p><b>Definitions:</b></p> <p><b>00:</b> less than one school grade/no years of schools (for children 3-4 years old who are not in nursery school/pre-school, head start)</p> <p><b>01-11:</b> Highest school grade (specify grade level)</p> <p><b>12:</b> High school or GED</p> <p><b>13:</b> 1<sup>st</sup> year of college/university (freshman)</p> <p><b>14:</b> 2<sup>nd</sup> year of college/university (sophomore) or associate's degree</p> <p><b>15:</b> 3<sup>rd</sup> year of college/university (junior)</p> <p><b>16:</b> 4<sup>th</sup> year of college/university (senior) or bachelor's degree</p> <p><b>17:</b> Some postgraduate study – degree not completed</p> <p><b>18:</b> Master's degree completed</p> <p><b>19-25:</b> Post-graduate study</p> <p><b>70:</b> Graduate or professional school (master's and doctoral study/ degrees, medical school, law school)</p> <p><b>71:</b> Vocational school- includes business, technical, secretarial, trade, or correspondence course which provides specialized training for skilled employment</p> <p><b>72:</b> Nursery school, pre-school (includes Head Start)</p> <p><b>73:</b> Kindergarten</p> <p><b>74:</b> Self-contained special education class –no grade equivalent</p>	Initial, Update, Discharge	Client's Family
If enrolled in school, has your child attended school at any time in the past 3 months?	*Federally required for youth clients		Client's Family



<b>5. Please answer the following questions based on the <u>past 30 days</u>:</b>	
a. Has your child been arrested?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
b. Did you have enough money to meet your child's needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
c. Have you been satisfied with the conditions of your child's living space?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
d. In the past 30 days, has your child felt...	
i. Nervous?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
ii. Hopeless?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
iii. Restless or fidgety?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
iv. So depressed that nothing could cheer your child up?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
v. That everything is an effort?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
vi. Worthless?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
vii. Bothered by psychological or emotional problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

Survey Item	Description or Entry Instructions	Survey Type	Completing Party
Has your child been arrested?	*Federally required: measures reduction in arrest rates	Initial, Update, Discharge	Client's Family
Did you have enough money to meet your child's needs?	Measures increase in financial satisfaction	Initial, Update, Discharge	Client's Family
Have you been satisfied with the conditions of your child's living space?	Measures increase in living space condition satisfaction	Initial, Update, Discharge	Client's Family
In the past 30 days, has your child felt....	Measures reduction in negative emotions	Initial, Update, Discharge	Client's Family

<b>6. Please answer the following questions based on the <u>past 6 months</u>:</b>	
<b>a. Has your child spent time in a facility for:</b>	
i. <i>Detoxification/Inpatient or Residential Substance Use Disorder Treatment?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
ii. <i>Mental Health Care?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
iii. <i>Any illness, injury, or surgery to the human body?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
<b>b. Has your child spent time in a correctional facility including jail/prison/detention (because of an arrest, parole, or probation violation)?</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	
<b>c. Has your child had suicidal thoughts?</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	

Survey Item	Description or Entry Instructions	Survey Type	Completing Party
Question A	Measure reduction in number of nights spent in a hospital, detox or inpatient treatment program, and cost avoidance.	Initial, Update, Discharge	Client's Family
Question B	Measure reduction in number of nights spent in a correctional facility, and cost avoidance.	Initial, Update, Discharge	Client's Family
Question C	Measure reduction in suicidal thoughts.	Initial, Update, Discharge	Client's Family

7. Please indicate your level of agreement or disagreement with the statements by checking the choice that best represents your feelings or opinion for your child over the <u>past 6 months</u> .	Response Options						
	Strongly disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable	Refused
<b>Domain: Social Connectedness Questions a-g</b>							
a. My child is happy with the friendships they have, their friends will listen and understand them when talking.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. My child has people with whom they can do enjoyable things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I feel my child belongs in the community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. In a crisis, my child would have the support they need from family or friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. My child has people that they are comfortable talking with.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. My child has family or friends that are supportive of their recovery.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. My child generally accomplishes what they set out to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Domain: Functioning Questions h-q</b>							
h. My child does things that are more meaningful to them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. My child can take care of their needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. My child can handle things when they go wrong.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. My child can do things that they want to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Appendix F: MH Outcome Tool Questions (Family)

l. My child gets along with family, friends, and other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. My child can deal with crisis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. My child does well in social situations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. My child does well in school and/or work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. My child's symptoms are not bothering them as much.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. My child's housing situation is a safe place to live.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Survey Item	Description or Entry Instructions	Survey Type	Completing Party
Question a-g	Federally required- measures Social Connectedness.	Initial, Update, Discharge	Client's Family
Question h-q	Federally required- measures Improved Functioning.	Initial, Update, Discharge	Client's Family

Division of Behavioral Health Family Mental Health Disorder Outcome Tool		
<b>Complete only at Update or Discharge</b>		
<b>8. Please answer the following questions based on the <u>past 6 months</u>.</b>		
<b>Domain: Perception of Care: Questions a-n</b>		
a. Staff believe that my child could grow, change, and recover.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Refused
b. My child felt free to complain.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Refused
c. My child was given information about their rights.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Refused
d. Staff encouraged my child to take responsibility for how they live their life.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Refused
e. Staff told my child what side effects to watch out for.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Refused
f. Staff respected my child's wishes about who is and who is not to be given information about their treatment.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Refused
g. Staff were sensitive to my child's cultural/ethnic/religious/spiritual background.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Refused
h. My child was encouraged to use consumer-run programs.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Refused
i. My child felt comfortable asking questions about their treatment.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Refused
j. My child, not staff, decided their treatment goals.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Refused
k. My child liked the services that they received here.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Refused
l. If my child had other choices, they would still get services at this agency.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Refused
m. My child would recommend this agency to a friend or family member.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Refused
n. Staff helped my child obtain the information my child needed so that they could take charge of managing their illness.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Refused
<b>Domain: Perception to Access to Services: Questions o-p</b>		
o. The location of services was (is) convenient.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Refused
p. My child able to get all the services they thought they needed.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Refused

Survey Item	Description or Entry Instructions	Survey Type	Completing Party
Questions a-n	Federally Required- measures Perception of Care.	Update, Discharge	Client's Family
Questions o-p	Federally Required- measures Perception of Access to Services.	Update, Discharge	Client's Family

*Treatment Engagement***Question required to be completed by clinician only**

1. 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  
BlockedMinimal  
Engagement in  
RecoveryLimited  
Engagement in  
RecoveryPositive  
Engagement in  
RecoveryOptimal  
Engagement in  
Recovery

1

2

3

4

5

Survey Item	Description or Entry Instructions	Survey Type	Completing Party
At this interval period, what is your (clinician's) assessment of the client's understanding and willingness to engage in their treatment program?	<p>Measures a client's understanding of illness and treatment and ability or willingness to engage in the treatment and recovery process through a clinician's perspective.</p> <p>Criteria:</p> <p><b>1 – Unengaged and Blocked</b></p> <p>a- Has no awareness or understanding of illness (Pre-contemplation Stage).</p> <p>b- Inability to understand recovery concept or contributions of personal behavior to disease process.</p> <p>c- Unable to actively engage in recovery or treatment and has no current capacity to relate to another or develop trust.</p> <p>d- Extremely avoidant, frightened, or guarded.</p> <p><b>2 - Minimal Engagement and Recovery</b></p> <p>a- Rarely, if ever, can accept reality of illness but may acknowledge some difficulties in living.</p> <p>b- Has no desire or is afraid to adjust behavior but may recognize the need to do so (Contemplation Stage).</p> <p>c- Relates poorly to treatment and treatment providers and ability to trust is extremely narrow.</p> <p>d- Avoids contact with and use of treatment resources if left to own devices.</p> <p>e- Does not accept any responsibility for recovery or feels powerless to do so.</p> <p><b>3 - Limited Engagement and Recovery</b></p>	Update, Discharge	Clinician

	<p>a- Has some variability, hesitation or uncertainty in acceptance or understanding of illness.</p> <p>b- Has limited desire or lacks confidence to change despite intentions to do so (Preparation Stage).</p> <p>c- Relates to treatment with some difficulty and establishes few, if any, trusting relationships.</p> <p>d- Does not use available resources independently or only in cases of extreme need.</p> <p>e- Has limited ability to accept responsibility for recovery.</p> <p><b>4 - Positive Engagement and Recovery</b></p> <p>a- Has significant understanding and acceptance of illness and its effect on function.</p> <p>b- Willing to change and is actively working toward it (Action Stage).</p> <p>c- Positive attitude toward recovery and treatment, capable of developing trusting relationships, and uses available resources independently when necessary.</p> <p>d- Shows recognition of personal role in recovery and accepts significant responsibility for it.</p> <p><b>5 - Optimal Engagement and Recovery</b></p> <p>a- Has complete understanding and acceptance of illness and its effect on function.</p> <p>b- Actively maintains changes made in the past (Maintenance Stage).</p> <p>c- Is enthusiastic about recovery, is trusting, and shows strong ability to utilize available resources and treatment.</p> <p>d- Understands recovery process and takes on a personal role and responsibility in a recovery plan.</p> <p>16 LOCUS Instrument 2010 © AACF</p>		
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# Appendix G: Substance Use Disorder Outcome Questions (Adult and Youth)

Division of Behavioral Health  
Adult and Youth Substance Use Disorder Outcome Tool

**Client STARS ID:** | | | | | | | | | | | | | | | | | | | | | |

**Date:** \_\_\_\_\_

**Tool Type:**

☐ Initial ☐ Adult

☐ Level of Care Transfer ☐ Youth

☐ Discharge

Survey Item	Description or Entry Instructions	Survey Type	Completing Party
Date	Date the client completes the Outcome Tool	Initial, Transfer, Discharge	Clinician
Client STARS ID	ID used to identify client in STARS.	Initial, Transfer, Discharge	Clinician
Tool Type	Used to identify the type of Outcome Tool being completed.	Initial, Transfer, Discharge	Clinician

## General Health

**1. Would you say that in general your mental health is:**

☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

Survey Item	Description or Entry Instructions	Survey Type	Completing Party
What would you say that in general your mental health is:	Used to measure improvement in overall mental health due to MH services provided.	Initial, Transfer, Discharge	Client



## Appendix G: SUD Outcome Tool Questions (Adult/Youth)

Please answer the following questions based on the <u>past 30 days</u> :		
a. Have you been arrested?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	
b. Did you have enough money to meet your needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	
c. Have you been satisfied with the conditions of your living space?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	
d. Have you spent time in a facility for:		
i. Detoxification/Inpatient or Residential Substance Use Disorder Treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	
ii. Mental Health Care?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	
iii. Any illness, injury, or surgery to the human body?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	
e. Have you spent time in a correctional facility including jail/prison/detention (because of an arrest, parole, or probation violation)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	
f. Have you had suicidal thoughts?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	
g. In the past 30 days, have you felt...		
i. Nervous?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	
ii. Hopeless?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	
iii. Restless or fidgety?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	
iv. So depressed that nothing could cheer you up?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	
v. That everything is an effort?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	
vi. Worthless?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	
vii. Bothered by psychological or emotional problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	

Survey Item	Description or Entry Instructions	Survey Type	Completing Party
Have you been arrested?	Federally required- measures reduction in arrest rates.	Initial, Transfer, Discharge	Client
Did you have enough money to meet your needs?	Measures increase in financial satisfaction.	Initial, Transfer, Discharge	Client
Have you been satisfied with the conditions of your living space?	Measures increase in living space condition satisfaction.	Initial, Transfer, Discharge	Client
Have you spent time in a facility for:	Measure reduction in number of nights spent in a hospital, or detox or inpatient treatment program, and cost avoidance.	Initial, Transfer, Discharge	Client
Have you had suicidal thoughts?	Measures reduction in suicidal thoughts.	Initial, Transfer, Discharge	Client
In the past 30 days, have you felt...	Measures reduction in negative emotions.	Initial, Transfer, Discharge	Client

# Appendix G: SUD Outcome Tool Questions (Adult/Youth)

2. Please indicate your level of agreement or disagreement with the statements by checking the choice that best represents your feelings or opinion over the <u>past 30 days</u> .	Response Options						
	Strongly disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable	Refused
<b>Domain: Social Connectedness Questions a-g</b>							
a. I am happy with the friendships I have, who will listen and understand me when talking.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I have people with whom I can do enjoyable things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I feel I belong in the community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. In a crisis, I would have the support I need from family or friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I have people that I am comfortable talking with about my problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I have family or friends that are supportive of my recovery.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I generally accomplish what I set out to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Domain: Functioning Questions h-q</b>							
h. I do things that are more meaningful to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I can take care of my needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I can handle things when they go wrong.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. I can do things that I want to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. I get along with family, friends, and other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. I can deal with crisis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. I do well in social situations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. I do well in school and/or work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. My symptoms are not bothering me as much.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. My housing situation is a safe place to live.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# Appendix G: SUD Outcome Tool Questions (Adult/Youth)

Survey Item	Description or Entry Instructions	Survey Type	Completing Party
Question a-g	Federally required- measures Social Connectedness.	Initial, Transfer, Discharge	Client
Question h-q	Federally required- measures Improved Functioning.	Initial, Transfer, Discharge	Client

Complete only at Level of Care Transfer or Discharge

**3. Please answer the following questions based on the past 30 days**

***Domain: Perception of Care Questions a-n***

a. Staff believe that I could grow, change, and recover.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
b. I felt free to complain.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
c. I was given information about my rights.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
d. Staff encouraged me to take responsibility for how I live my life.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
e. Staff told me what side effects to watch out for.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
f. Staff respected my wishes about who is and who is not to be given information about my treatment.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
g. Staff was sensitive to my cultural/ethnic/religious/spiritual background.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
h. Staff encouraged me to use consumer-run programs.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
i. I felt comfortable asking questions about my treatment.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
j. I, not staff, decided my treatment goals.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
k. I liked the services I received here.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
l. If I had other choices, I would still get services at this agency.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
m. I would recommend this agency to a friend or family member.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
n. Staff helped me obtain the information needed so I could take charge of managing my illness.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

***Domain: Perception of Access to Services Questions o-p***

o. The location of services was convenient.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
p. I was able to get all the services I thought I needed.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

Survey Item	Description or Entry Instructions	Survey Type	Completing Party
Questions a-n	Federally required- measures Perception of Care.	Transfer, Discharge	Client
Questions o-p	Federally required- measures Perception of Access to Services.	Transfer, Discharge	Client

## Control Use

4. Please check the appropriate box on how you are doing since entering the program that best tells us what you think.	Before starting the program				Now (at end of program)			
	Poor	Average	Good	Excellent	Poor	Average	Good	Excellent
	1	2	3	4	1	2	3	4
a. Controlling alcohol use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Controlling drug use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Survey Item	Description or Entry Instructions	Survey Type	Completing Party
Questions A and B	Measures urge to use substances before and after the program.	Transfer, Discharge	Client

## Treatment Engagement

Division of Behavioral Health Adult and Youth Substance Use Disorder Outcome Tool				
<b><u>Questions required to be completed by clinician only</u></b>				
1. 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	Positive Engagement in Recovery	Optimal Engagement in Recovery
1	2	3	4	5

Survey Item	Description or Entry Instructions	Survey Type	Completing Party
At this interval period, what is your (clinician's) assessment of the client's understanding and willingness to engage in their treatment program?	<p>Measures a client's understanding of illness and treatment and ability or willingness to engage in the treatment and recovery process through a clinician's perspective.</p> <p>Criteria:</p> <p><b>1 – Unengaged and Blocked</b></p> <p>a- Has no awareness or understanding of illness (Pre-contemplation Stage).</p> <p>b- Inability to understand recovery concept or contributions of personal behavior to disease process.</p> <p>c- Unable to actively engage in recovery or treatment and has no current capacity to relate to another or develop trust.</p> <p>d- Extremely avoidant, frightened, or guarded.</p>	Transfer, Discharge	Clinician

	<p><b>2 - Minimal Engagement and Recovery</b></p> <p>a- Rarely, if ever, can accept reality of illness but may acknowledge some difficulties in living.</p> <p>b- Has no desire or is afraid to adjust behavior but may recognize the need to do so (Contemplation Stage).</p> <p>c- Relates poorly to treatment and treatment providers and ability to trust is extremely narrow.</p> <p>d- Avoids contact with and use of treatment resources if left to own devices.</p> <p>e- Does not accept any responsibility for recovery or feels powerless to do so.</p> <p><b>3 - Limited Engagement and Recovery</b></p> <p>a- Has some variability, hesitation or uncertainty in acceptance or understanding of illness.</p> <p>b- Has limited desire or lacks confidence to change despite intentions to do so (Preparation Stage).</p> <p>c- Relates to treatment with some difficulty and establishes few, if any, trusting relationships.</p> <p>d- Does not use available resources independently or only in cases of extreme need.</p> <p>e- Has limited ability to accept responsibility for recovery.</p> <p><b>4 - Positive Engagement and Recovery</b></p> <p>a- Has significant understanding and acceptance of illness and its effect on function.</p> <p>b- Willing to change and is actively working toward it (Action Stage).</p> <p>c- Positive attitude toward recovery and treatment, capable of developing trusting relationships, and uses available resources independently when necessary.</p> <p>d- Shows recognition of personal role in recovery and accepts significant responsibility for it.</p> <p><b>5 - Optimal Engagement and Recovery</b></p> <p>a- Has complete understanding and acceptance of illness and its effect on function.</p>		
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## Appendix G: SUD Outcome Tool Questions (Adult/Youth)

	b- Actively maintains changes made in the past (Maintenance Stage). c- Is enthusiastic about recovery, is trusting, and shows strong ability to utilize available resources and treatment. d- Understands recovery process and takes on a personal role and responsibility in a recovery plan. 16 LOCUS Instrument 2010 © AACP		
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### GAIN-SS

JJRI ONLY

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				
TDScr	1a – 4e				

Survey Item	Description or Entry Instructions	Survey Type	Completing Party
GAIN Short Screener	Measures reduction in negative symptoms.	Initial, Transfer, Discharge	Client

# Appendix H: Substance Use Disorder Outcome Questions (Family)

Division of Behavioral Health  
Family Substance Use Disorder Outcome Tool

**Client STARS ID:** | | | | | | | | | | | | | | | |

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**Date:**

---

**Tool Type:**

☐ Initial
 ☐ Family

☐ Level of Care Transfer

☐ Discharge

Survey Item	Description or Entry Instructions	Survey Type	Completing Party
Date	Date the client's family completes the Outcome Tool	Initial, Transfer, Discharge	Clinician
Client STARS ID	ID used to identify client in STARS.	Initial, Transfer, Discharge	Clinician
Tool Type	Used to identify the type of Outcome Tool being completed.	Initial, Transfer, Discharge	Clinician

## General Health

**1. Would you say that in general your child's mental health is:**

☐ Excellent
 ☐ Very Good
 ☐ Good
 ☐ Fair
 ☐ Poor

Survey Item	Description or Entry Instructions	Survey Type	Completing Party
What would you say that in general your child's mental health is:	Used to measure improvement in overall mental health due to MH services provided.	Initial, Transfer, Discharge	Client's Family



## Appendix H: SUD Outcome Tool Questions (Family)

Please answer the following questions based on the <u>past 30 days</u> :	
a. Has your child been arrested?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
b. Did you have enough money to meet your child's needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
c. Have you been satisfied with the conditions of your child's living space?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
d. Has your child spent time in a facility for:	
i. Detoxification/Inpatient or Residential Substance Use Disorder Treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
ii. Mental Health Care?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
iii. Any illness, injury, or surgery to the human body?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
e. Has your child spent time in a correctional facility including jail/prison/detention (because of an arrest, parole, or probation violation)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
f. Has your child had suicidal thoughts?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
g. In the past 30 days, has your child felt...	
i. Nervous?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
ii. Hopeless?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
iii. Restless or fidgety?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
iv. So depressed that nothing could cheer your child up?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
v. That everything is an effort?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
vi. Worthless?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
vii. Bothered by psychological or emotional problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

Survey Item	Description or Entry Instructions	Survey Type	Completing Party
Has your child been arrested?	Federally required- measures reduction in arrest rates.	Initial, Transfer, Discharge	Client's Family
Did you have enough money to meet your child's needs?	Measures increase in financial satisfaction.	Initial, Transfer, Discharge	Client's Family
Have you been satisfied with the conditions of your child's living space?	Measures increase in living space condition satisfaction.	Initial, Transfer, Discharge	Client's Family
Has your child spent time in a facility for:	Measure reduction in number of nights spent in a hospital, or detox or inpatient treatment program, and cost avoidance.	Initial, Transfer, Discharge	Client's Family
Has your child had suicidal thoughts?	Measures reduction in suicidal thoughts.	Initial, Transfer, Discharge	Client's Family
In the past 30 days, has your child felt...	Measures reduction in negative emotions.	Initial, Transfer, Discharge	Client's Family



2. Please indicate your level of agreement or disagreement with the statements by checking the choice that best represents your feelings or opinion for your child over the <u>past 30 days</u> .	Response Options						
	Strongly disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable	Refused
<b>Domain: Social Connectedness Questions a-g</b>							
a. My child is happy with the friendships they have, their friends will listen and understand them when talking.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. My child has people with whom they can do enjoyable things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I feel my child belongs in the community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. In a crisis, my child would have the support they need from family or friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. My child has people that they are comfortable talking with.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. My child has family or friends that are supportive of their recovery.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. My child generally accomplishes what they set out to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Domain: Functioning Questions h-q</b>							
h. My child does things that are more meaningful to them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. My child can take care of their needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. My child can handle things when they go wrong.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. My child can do things that they want to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. My child gets along with family, friends, and other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. My child can deal with crisis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. My child does well in social situations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. My child does well in school and/or work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. My child's symptoms are not bothering them as much.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. My child's housing situation is a safe place to live.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Survey Item	Description or Entry Instructions	Survey Type	Completing Party
Question a-g	Federally required- measures Social Connectedness.	Initial, Transfer, Discharge	Client's Family
Question h-q	Federally required- measures Improved Functioning.	Initial, Transfer, Discharge	Client's Family

Division of Behavioral Health Family Substance Use Disorder Outcome Tool	
<b>Complete only at Level of Care Transfer or Discharge</b>	
<b>3. Please answer the following questions based on the <u>past 30 days</u></b>	
<b>Domain: Perception of Care Questions a-n</b>	
a. Staff believe that my child could grow, change, and recover.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
b. My child felt free to complain.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
c. My child was given information about their rights.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
d. Staff encouraged my child to take responsibility for how they live their life.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
e. Staff told my child what side effects to watch out for.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
f. Staff respected my child's wishes about who is and who is not to be given information about their treatment.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
g. Staff were sensitive to my child's cultural/ethnic/religious/spiritual background.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
h. Staff encouraged my child to use consumer-run programs.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
i. My child felt comfortable asking questions about their treatment.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
j. My child, not staff, decided their treatment goals.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
k. My child liked the services they received here.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
l. If my child had other choices, my child would still get services at this agency.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
m. My child would recommend this agency to a friend or family member.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
n. Staff helped my child obtain the information needed so they could take charge of managing their illness.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
<b>Domain: Perception of Access to Services Questions o-p</b>	
o. The location of services was convenient.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
p. My child was able to get all the services they thought they needed.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

## Appendix H: SUD Outcome Tool Questions (Family)

Survey Item	Description or Entry Instructions	Survey Type	Completing Party
Questions a-n	Federally required- measures Perception of Care.	Transfer, Discharge	Client's Family
Questions o-p	Federally required- measures Perception of Access to Services.	Transfer, Discharge	Client's Family

### Control Use

<b>4. Please check the appropriate box on how your child is doing since entering the program that best tells us what you think.</b>	Before starting the program				Now (at end of program)			
	Poor	Average	Good	Excellent	Poor	Average	Good	Excellent
	1	2	3	4	1	2	3	4
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Controlling alcohol use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Controlling drug use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Survey Item	Description or Entry Instructions	Survey Type	Completing Party
Questions A and B	Measures urge to use substances before and after the program.	Transfer, Discharge	Client's Family

### Treatment Engagement

<p align="center">Division of Behavioral Health Family Substance Use Disorder Outcome Tool</p> <p align="center"><b><u>Question required to be completed by clinician only</u></b></p>				
<p><b>1. 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:</b></p>				
Unengaged and Blocked	Minimal Engagement in Recovery	Limited Engagement in Recovery	Positive Engagement in Recovery	Optimal Engagement in Recovery
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

Survey Item	Description or Entry Instructions	Survey Type	Completing Party
At this interval period, what is your (clinician's) assessment of the client's understanding and	Measures a client's understanding of illness and treatment and ability or willingness to engage in the treatment and recovery process through a clinician's perspective.	Transfer, Discharge	Clinician

<p>willingness to engage in their treatment program?</p>	<p>Criteria:</p> <p><b>1 – Unengaged and Blocked</b>  a- Has no awareness or understanding of illness (Pre-contemplation Stage).  b- Inability to understand recovery concept or contributions of personal behavior to disease process.  c- Unable to actively engage in recovery or treatment and has no current capacity to relate to another or develop trust.  d- Extremely avoidant, frightened, or guarded.</p> <p><b>2 - Minimal Engagement and Recovery</b>  a- Rarely, if ever, can accept reality of illness but may acknowledge some difficulties in living.  b- Has no desire or is afraid to adjust behavior but may recognize the need to do so (Contemplation Stage).  c- Relates poorly to treatment and treatment providers and ability to trust is extremely narrow.  d- Avoids contact with and use of treatment resources if left to own devices.  e- Does not accept any responsibility for recovery or feels powerless to do so.</p> <p><b>3 - Limited Engagement and Recovery</b>  a- Has some variability, hesitation or uncertainty in acceptance or understanding of illness.  b- Has limited desire or lacks confidence to change despite intentions to do so (Preparation Stage).  c- Relates to treatment with some difficulty and establishes few, if any, trusting relationships.  d- Does not use available resources independently or only in cases of extreme need.  e- Has limited ability to accept responsibility for recovery.</p> <p><b>4 - Positive Engagement and Recovery</b>  a- Has significant understanding and acceptance of illness and its effect on function.  b- Willing to change and is actively working toward it (Action Stage).</p>		
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Appendix H: SUD Outcome Tool Questions (Family)

	<p>c- Positive attitude toward recovery and treatment, capable of developing trusting relationships, and uses available resources independently when necessary.</p> <p>d- Shows recognition of personal role in recovery and accepts significant responsibility for it.</p> <p><b>5 - Optimal Engagement and Recovery</b></p> <p>a- Has complete understanding and acceptance of illness and its effect on function.</p> <p>b- Actively maintains changes made in the past (Maintenance Stage).</p> <p>c- Is enthusiastic about recovery, is trusting, and shows strong ability to utilize available resources and treatment.</p> <p>d- Understands recovery process and takes on a personal role and responsibility in a recovery plan.</p> <p>16 LOCUS Instrument 2010 © AACP</p>		
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# Appendix I: STARS Definitions

## Referral Source

This field describes the person or agency referring the client to services.

- If *Court/Criminal Justice Referral* is selected, provide details in **Detailed Criminal Justice Referral** Field

General Info	MH	ADA I	ADA II
ADA Adm Info	ADA Trsf Srv Lv	ADA Discharge Info	ADA Disch Ltr
Unique ID: 111101011991MMA    Local ID:    First Name: Red    MI:    Last Name: Forman MH: Adm Date:    ADA: Adm Date: 01/01/2024    Provider: Pennington Co dba Pennington Co Sheriffs Office Addiction Treatment Services Client's ADA: Admission Record(s) - SAVED Date: 01/01/2024    Time:    Co-Dependent: No <input checked="" type="checkbox"/> *ROI* <input type="checkbox"/> Revoked ROI    Revoked Date: ASAM Level of Care/Specific Pgm: IMT- Intensive Methamphetamine Treatment Services    # of Days Waiting to Enter Treatment: 0 Pregnant: Not Applicable    Due Date:    Primary Health Ins: Unknown    Source of Payment: Division Alcohol/Drug Abuse - State contract <b>Referral: Alcohol/Drug Provider</b> Detailed Criminal Justice Referral: Not Applicable    Satellite Location: Adams Street Facility Adult Living Arrangement: Other    Adolescent Living Arrangement:    Source of Income: Wages/Salary    Marital Status: Never Married Veteran Status: No    Education Level: 8    Emp/UnEmp Status: Unemployed    Not in Labor Force: Not Applicable    Emp/UnEmp Length: Less than 6 months			

General Info	MH	ADA I	ADA II
MH Adm/Dis Info	MH Pgm Trsf	MH Diagnosis	MH Impact/Info
Unique ID: 123401022010FMA    Local ID:    First Name: Maggie    MI:    Last Name: Simpson MH: Adm Date: 04/01/2024    ADA: Adm Date:    Provider: Southeastern Behavioral Healthcare Client's MH: Admission record(s) Evaluation Information Orig. Srv Date: 04/01/2024    Evaluation Date: 04/01/2024 <input checked="" type="checkbox"/> *ROI* <input type="checkbox"/> Revoked ROI    Revoked Date:    Status/Condition: Employment Status: Not In Labor Force    Not in Labor Force: Student    Emp/UnEmp length: Not Applicable Adult Living Arrangement:    Child/Youth Living Arrangement: Single Parents (Dependent Living)    Homeless: Marital Status: Never Married    Veteran Status: No <b>Referral: Family/Self-Referral/Friend</b> Detailed Criminal Justice Referral: Not Applicable    Education Level: 9			

## Detailed Criminal Justice Referral

If the **Referral** field on the previous page has *Court/Criminal Justice Referral* selected, the **Detailed Criminal Justice Referral** field allows providers to give more detailed information on the referral source.

- If *Criminal Justice Referral* is not checked in the **Referral** field, **Detailed Criminal Justice Referral** will be “Not Applicable”.

Referral:	Detailed Criminal Justice Referral
Court/Criminal Justice Referral ▼	Department of Corrections (DOC) ▼

Detailed Criminal Justice Referral	
Criminal Justice Referral Source	Examples
Attorney	
Department of Corrections	Adult and Youth
Diversionary Program	
Problem Solving Court	DUI, Drug, Veterans
Federal Probation	
Law Enforcement	Federal/State/Tribal/County/City
Court	State, Federal, Tribal
Other	
Not Applicable	Use if Referral Source is not Criminal Justice Referral
Unified Judicial System (UJS)	Adult and Youth, CSO
JJRI Internal Referral	

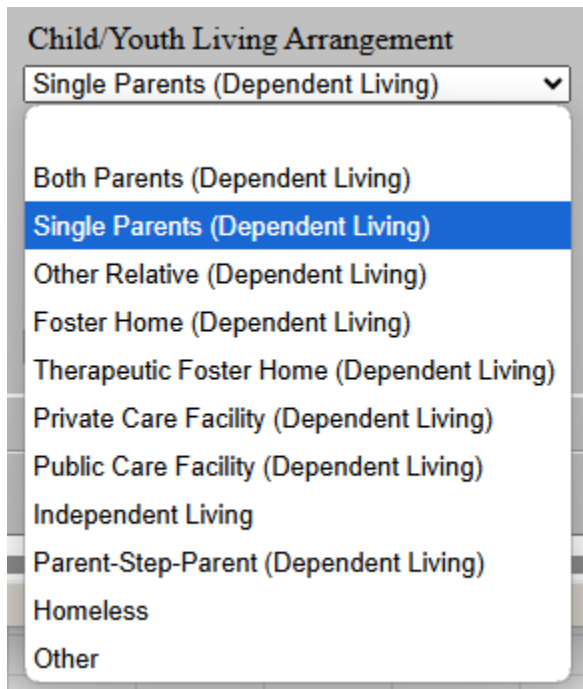
## Living Arrangements

This field identifies if the client is homeless, a dependent, or living independently on his or her own.

Living Arrangements	
Option	Examples
Homeless	Clients with no fixed address; includes homeless shelters.
Dependent Living	Clients living in a supervised setting such as a residential institution, halfway house, or group home, and children (under age 18) living with parents, relatives, or guardians or (substance use clients only) in foster care.
Residential Care	Client resides in a residential care facility. This level of care may include a group home therapeutic group home, board and care, residential treatment, rehabilitation center, or agency-operated residential care facilities.
Foster Home/Foster Care	Client resides in a foster home, i.e., a home that is licensed by a county or state department to provide foster care to children, adolescents, and/or adults. This category includes therapeutic foster care facilities, a service that provides treatment for troubled children within private homes of trained families.
Crisis Residence	A time-limited residential (24 hours/day) stabilization program that delivers services for acute symptom reduction and restores clients to a pre-crisis level of functioning.
Institutional Setting	Client resides in an institutional care facility providing care 24 hours/day, 7 days/week. May include skilled nursing/intermediate care facility, nursing homes, institute of mental disease (IMD), inpatient psychiatric hospital, psychiatric health facility, veterans' affairs hospital, state hospital, or Intermediate Care Facility/MR.
Jail/Correctional Facility/Other Institutions Under the Justice System	Client resides in a jail, correctional facility, detention center, prison, or other institution under the justice system with care provided on 24 hours/day, 7 days/week.
Private Residence	Adult clients living in a house, apartment, or other similar dwelling who are heavily dependent on others for daily living assistance.
Independent Living	Clients living alone or with others in a private residence and capable of self-care. Includes adult children (age 18 and over) living with parents and adolescents living independently. Also, includes clients who live independently with case management or supported housing support.



**Youth Living Arrangement** will have additional options for Dependent Living.



The image shows a screenshot of a software interface. At the top, there is a label "Child/Youth Living Arrangement". Below it is a dropdown menu. The currently selected option is "Single Parents (Dependent Living)", which is highlighted in blue. The dropdown menu is open, showing a list of other options: "Both Parents (Dependent Living)", "Other Relative (Dependent Living)", "Foster Home (Dependent Living)", "Therapeutic Foster Home (Dependent Living)", "Private Care Facility (Dependent Living)", "Public Care Facility (Dependent Living)", "Independent Living", "Parent-Step-Parent (Dependent Living)", "Homeless", and "Other".

Child/Youth Living Arrangement
Single Parents (Dependent Living)
Both Parents (Dependent Living)
Single Parents (Dependent Living)
Other Relative (Dependent Living)
Foster Home (Dependent Living)
Therapeutic Foster Home (Dependent Living)
Private Care Facility (Dependent Living)
Public Care Facility (Dependent Living)
Independent Living
Parent-Step-Parent (Dependent Living)
Homeless
Other

## Employment Status

The **Employment Status** field identifies the client's current employment status.

Employment Status	Not in Labor Force	Emp/UnEmp length
Not In Labor Force ▼	▼	Not Applicable
Full-Time	Homemaker	Less than 6 months
Part-Time	Student	6 months but less than 1 year
Unemployed	Retired	1 year
Not In Labor Force	Disabled	2-4 years
	Inmate of Institution	5-7 years
	Other	8-15 years
	Not Applicable	16-20 years
		21 or more years
		Not Applicable

Employment Status	
Employment Status	Definition
Full Time	Working 35+ hours each week, including active-duty members of uniformed services
Part Time	Working fewer than 35 hours each week
Unemployed	Looking for work during past 30 days or on layoff from job
Not in Labor Force	not looking for work in past 30 days or a student, homemaker, disabled, retired, or inmate (further defined in <b>Detailed Not in Labor Force</b> field)

## Not in Labor Force

If “*Not in Labor Force*” is selected in the **Employment Status** field, identify the reason they are not in the labor force in the **Not in Labor Force** field.

If Full Time, Part Time, or Unemployed are selected in the **Employment Status** field, the **Not in Labor Force** field will auto-populate as “Not Applicable”.

## Number of Times Arrested 30 Days Prior to Admission (SUD)

This field captures the number of times (not the number of charges) a person was arrested in the 30 days prior to the referenced date (i.e. date of admission, transfer, or discharge).

Any formal arrest should be counted, regardless of whether incarceration or conviction resulted.

Legal History Information	
Number of Times Arrested 30 Days Prior to Admission: 1	Number of DUIs in the Past 10 Years: 0

If the dates of admission, transfer, or discharge are close together, so that the reference periods overlap, arrests falling inside the overlap should be counted as occurring in the 30 days prior to the earlier of the two periods. Arrests **SHOULD NOT** be counted more than once.

- Example:** if the date of admission is February 1 and date of discharge is February 9, arrests that happened on January 13 and 25 should be reported at time of admission. They should not be reported again at time of discharge. The time of discharge will only look at arrests that occurred since admission (in this example, between February 1 and February 9.)

Number of Times Arrested 30 Days Prior to Discharge or since Admission: 0
---

## Education Level

This field indicates the highest school grade completed for adults or children not attending school, or current school grade for school-age children (3-17 years old) still attending school.

Education Level
12

Education Level	
Level Completed	Corresponding Number
Grade 1-11 (specify current/highest attained grade level)	01-11
Grade 12 or GED	12
1-4 years of college/university	13-16
Some post-graduate study	17
Master's Degree completed	18
Post-Graduate Study	19-25
Graduate/Professional School (law, medical)	70
Vocational School (business, technical, trade, secretarial)	71
Nursery School, Pre-School	72
Kindergarten	73
Self-Contained Special Education Class	74
Unknown	97

# References

Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. *Combined Substance Abuse and Mental Health Treatment Episode Data Set (TEDS) State Instruction Manual – Version 5.1, with State TEDS Submission System (STSS) Guide*. Rockville, MD: SAMHSA, 2016.

## Data and Outcomes Team Contacts

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