

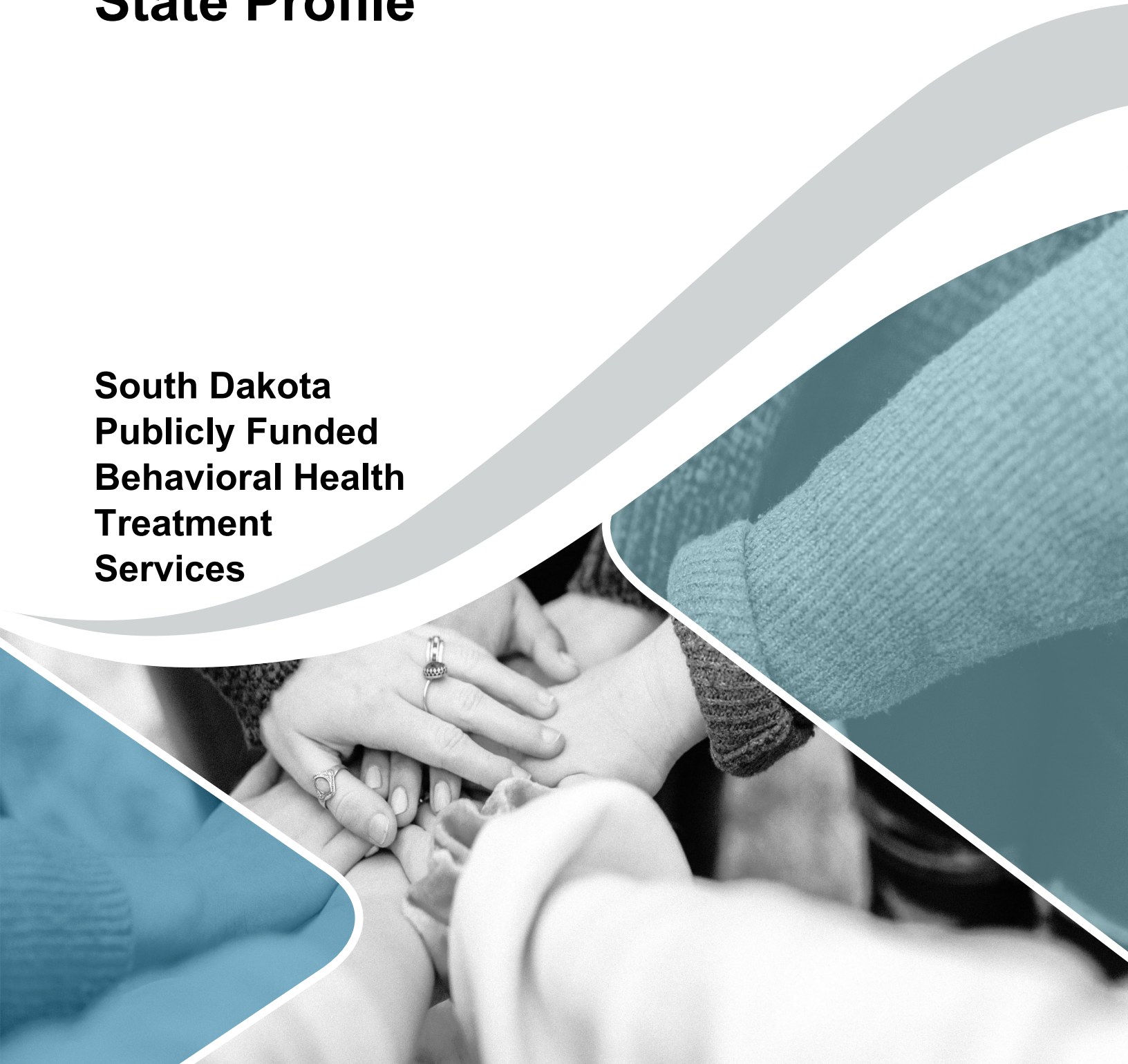


South Dakota  
Department of  
**Social Services**

# Fiscal Year 2024

## State Profile

**South Dakota  
Publicly Funded  
Behavioral Health  
Treatment  
Services**







# FY24 Foreword by Data and Outcomes

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

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

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

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

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

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

## **What do these changes accomplish?**

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

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

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

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

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

### **Why do I see “NaN” and “Infinity” in the percent change column?**

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

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

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

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

The Executive Summary, State Profile, and Agency Profiles can be found at:

<https://dss.sd.gov/behavioralhealth/reportsanddata.aspx>.

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

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

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

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

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

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

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

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

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# Data Collection Methodology

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# Data Collection Methodology

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

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

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

## Data Collection Process

### Stakeholder Survey

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

### Substance Use Disorder Services

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

### Mental Health Services

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

### Additional Data Collection Tools

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

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# Publicly Funded Substance Use Disorder (SUD) Treatment Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



# Publicly Funded Mental Health (MH) Treatment Services

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

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

## **Outpatient Treatment Services**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# Stakeholder Survey Summary

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## Stakeholder Survey



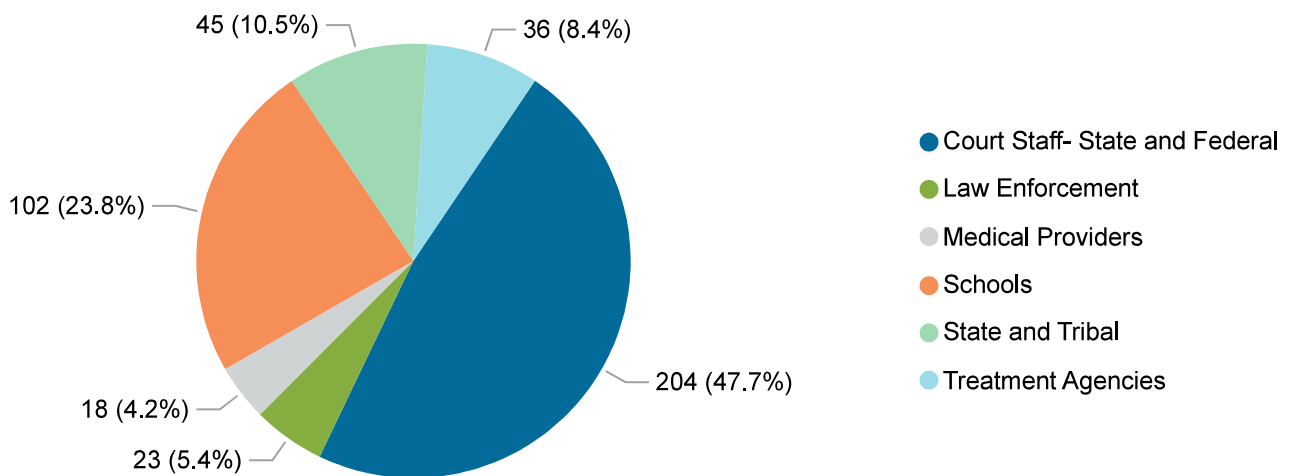
The Division of Behavioral Health (DBH) recognizes the need for strong community collaboration at the local level between accredited behavioral health treatment providers and their local referral sources. Accredited agencies are asked to share a stakeholder survey with local referral sources such as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

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

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

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

### Types of Stakeholders Who Responded



Stakeholder Type	N	%
Court Staff-State and Federal (Judge/Attorney/Probation/Parole/JCA/Drug Court/Teen Court)	204	47.7%
Law Enforcement (Sheriff/Police Department/Federal Law Enforcement)	23	5.4%
Medical (Doctor/Nurse/Social Worker/Psychiatric Nurse/Community Health/Pharmacy)	18	4.2%
School (Administrator/Counselor/Teacher/Aide/Social Worker)	102	23.8%
State and Tribal (EA/CPS/Adult Services/Child Welfare/Public Housing/Homeless Shelters)	45	10.5%
Treatment Agency (Mental Health/SUD/HSC/EAP/Therapist/Counselor/Case Manager/Domestic Violence)	36	8.4%
<b>Total</b>	<b>428</b>	<b>100.0%</b>

## Familiarity with Services

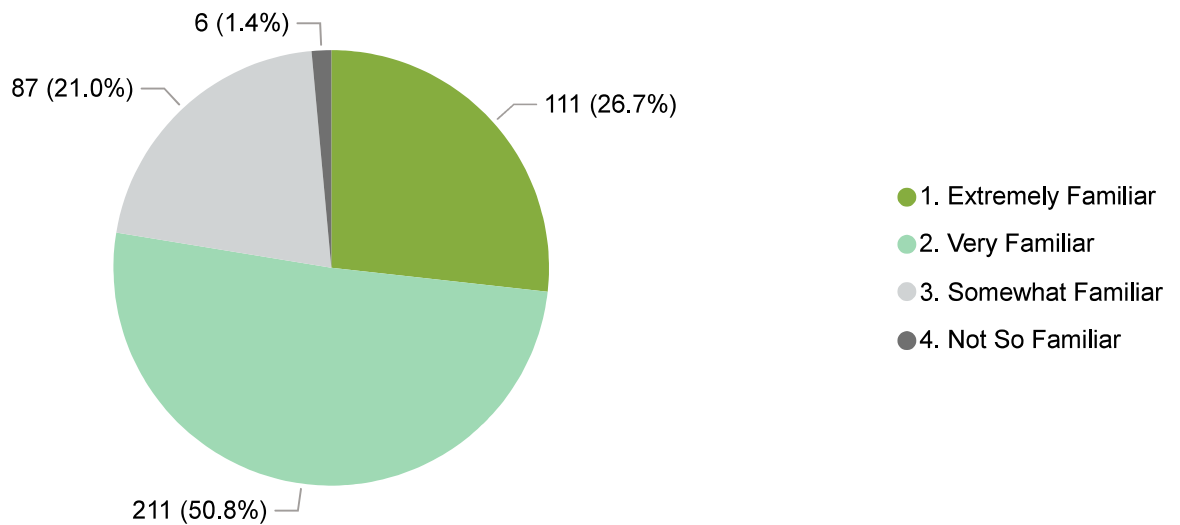


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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

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

### Familiarity with Services



Stakeholder Type	1. Extremely Familiar	2. Very Familiar	3. Somewhat Familiar	4. Not So Familiar	Total
Court Staff- State and Federal	22.6%	49.7%	26.6%	1.0%	100.0%
Law Enforcement	52.2%	43.5%	4.3%		100.0%
Medical Providers	43.8%	50.0%	6.3%		100.0%
Schools	23.2%	54.5%	21.2%	1.0%	100.0%
State and Tribal	18.6%	65.1%	16.3%		100.0%
Treatment Agencies	45.7%	34.3%	11.4%	8.6%	100.0%
<b>Total</b>	<b>26.7%</b>	<b>50.8%</b>	<b>21.0%</b>	<b>1.4%</b>	<b>100.0%</b>

## Staff Respectfulness

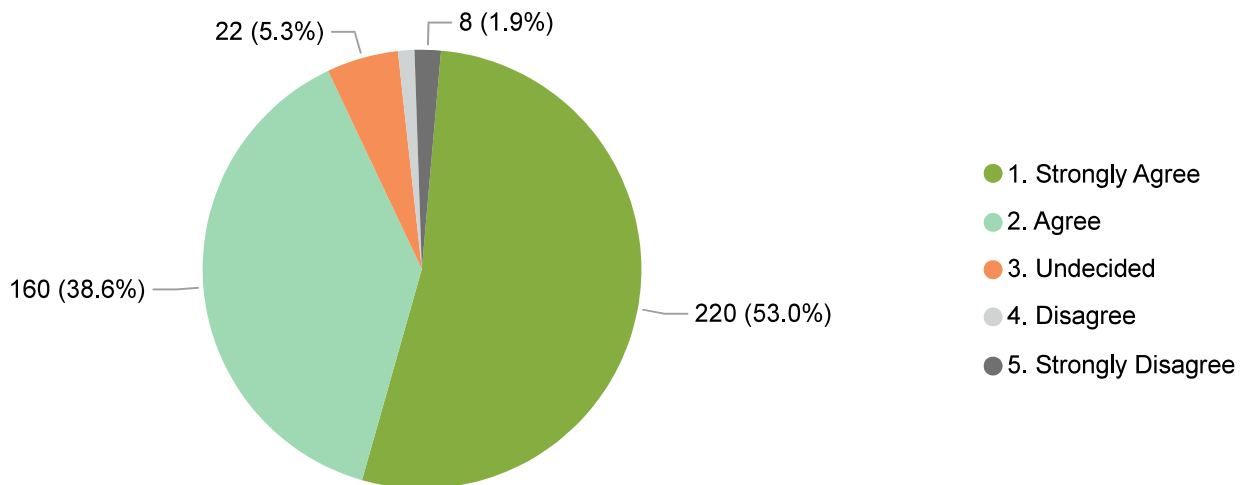


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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

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

### Staff Are Respectful



Stakeholder Type	1. Strongly Agree	2. Agree	3. Undecided	4. Disagree	5. Strongly Disagree	Total
Court Staff- State and Federal	40.2%	51.8%	5.0%	1.5%	1.5%	100.0%
Law Enforcement	73.9%	26.1%				100.0%
Medical Providers	37.5%	43.8%	18.8%			100.0%
Schools	72.7%	21.2%	3.0%	1.0%	2.0%	100.0%
State and Tribal	51.2%	39.5%	2.3%	2.3%	4.7%	100.0%
Treatment Agencies	65.7%	17.1%	14.3%		2.9%	100.0%
<b>Total</b>	<b>53.0%</b>	<b>38.6%</b>	<b>5.3%</b>	<b>1.2%</b>	<b>1.9%</b>	<b>100.0%</b>

## Staff Training

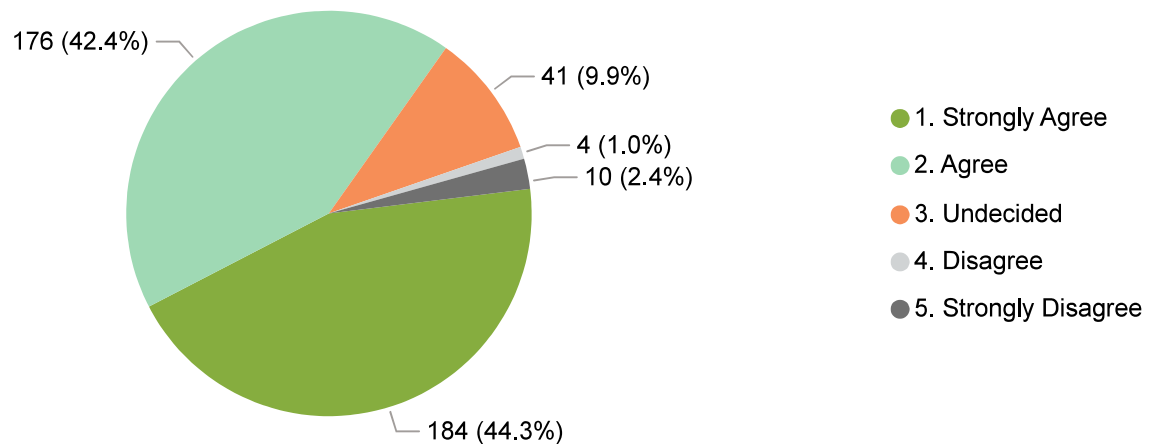


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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

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

### Staff Are Well Trained



Stakeholder Type	1. Strongly Agree	2. Agree	3. Undecided	4. Disagree	5. Strongly Disagree	Total
Court Staff- State and Federal	33.0%	49.5%	14.0%	1.5%	2.0%	100.0%
Law Enforcement	60.9%	39.1%				100.0%
Medical Providers	41.2%	52.9%	5.9%			100.0%
Schools	59.2%	30.6%	6.1%	1.0%	3.1%	100.0%
State and Tribal	42.9%	47.6%	4.8%		4.8%	100.0%
Treatment Agencies	60.0%	25.7%	11.4%		2.9%	100.0%
<b>Total</b>	<b>44.3%</b>	<b>42.4%</b>	<b>9.9%</b>	<b>1.0%</b>	<b>2.4%</b>	<b>100.0%</b>

## Staff Communication

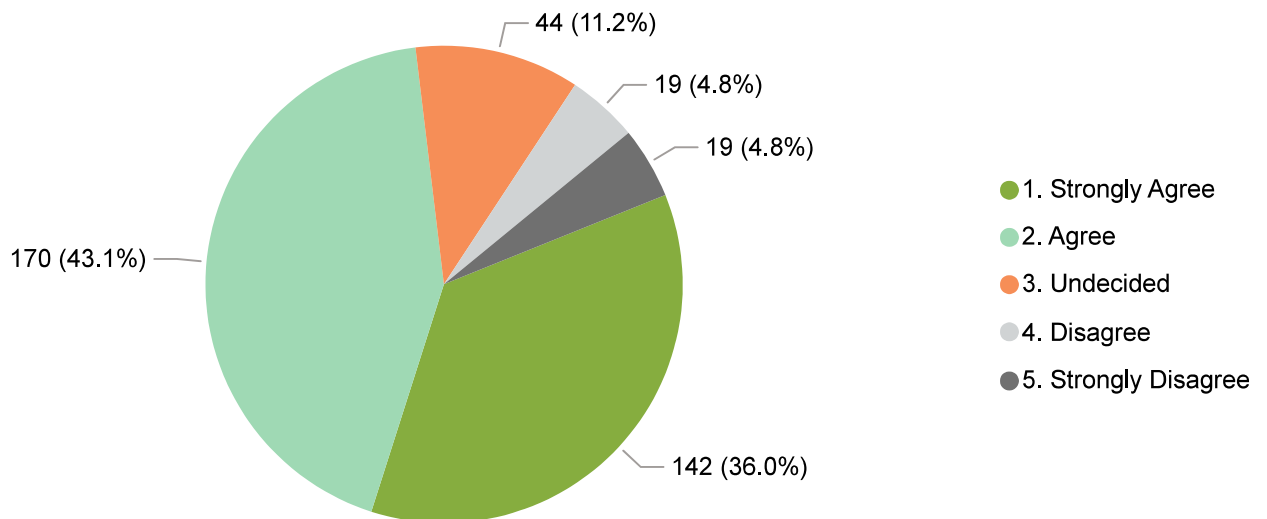


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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

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

### Staff Actively Communicate



- 1. Strongly Agree
- 2. Agree
- 3. Undecided
- 4. Disagree
- 5. Strongly Disagree

Stakeholder Type	1. Strongly Agree	2. Agree	3. Undecided	4. Disagree	5. Strongly Disagree	Total
Court Staff- State and Federal	31.0%	48.7%	9.1%	5.6%	5.6%	100.0%
Law Enforcement	66.7%	9.5%	19.0%	4.8%		100.0%
Medical Providers	29.4%	58.8%	5.9%	5.9%		100.0%
Schools	34.8%	41.6%	11.2%	6.7%	5.6%	100.0%
State and Tribal	38.9%	41.7%	13.9%		5.6%	100.0%
Treatment Agencies	50.0%	29.4%	17.6%		2.9%	100.0%
<b>Total</b>	<b>36.0%</b>	<b>43.1%</b>	<b>11.2%</b>	<b>4.8%</b>	<b>4.8%</b>	<b>100.0%</b>

## Staff Competency

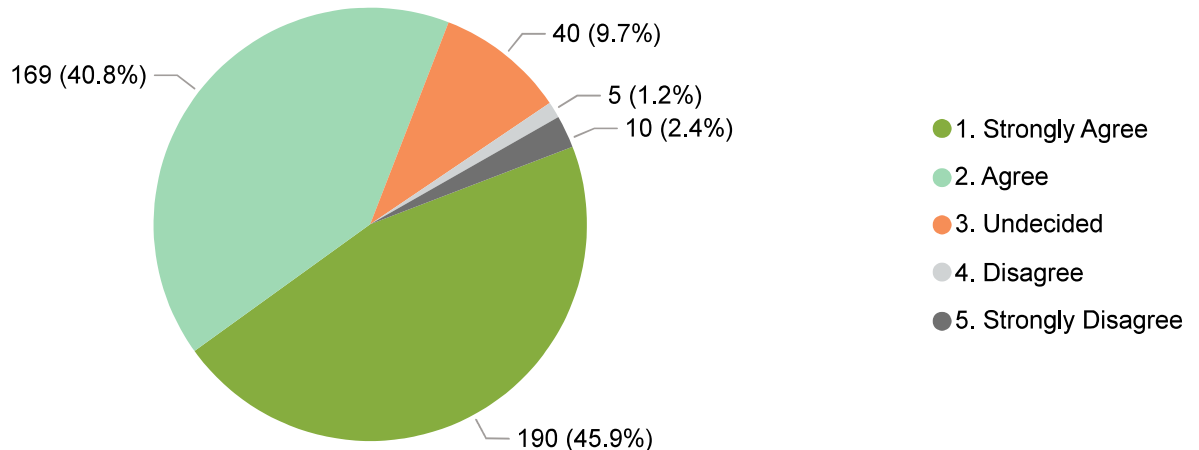


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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

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

### Staff Are Competent to Deliver Treatment Services



Stakeholder Type	1. Strongly Agree	2. Agree	3. Undecided	4. Disagree	5. Strongly Disagree	Total
Court Staff- State and Federal	34.2%	50.8%	11.6%	1.5%	2.0%	100.0%
Law Enforcement	65.2%	30.4%	4.3%			100.0%
Medical Providers	47.1%	41.2%	11.8%			100.0%
Schools	58.2%	31.6%	5.1%	2.0%	3.1%	100.0%
State and Tribal	50.0%	35.7%	9.5%		4.8%	100.0%
Treatment Agencies	60.0%	22.9%	14.3%		2.9%	100.0%
<b>Total</b>	<b>45.9%</b>	<b>40.8%</b>	<b>9.7%</b>	<b>1.2%</b>	<b>2.4%</b>	<b>100.0%</b>



## Location of Services

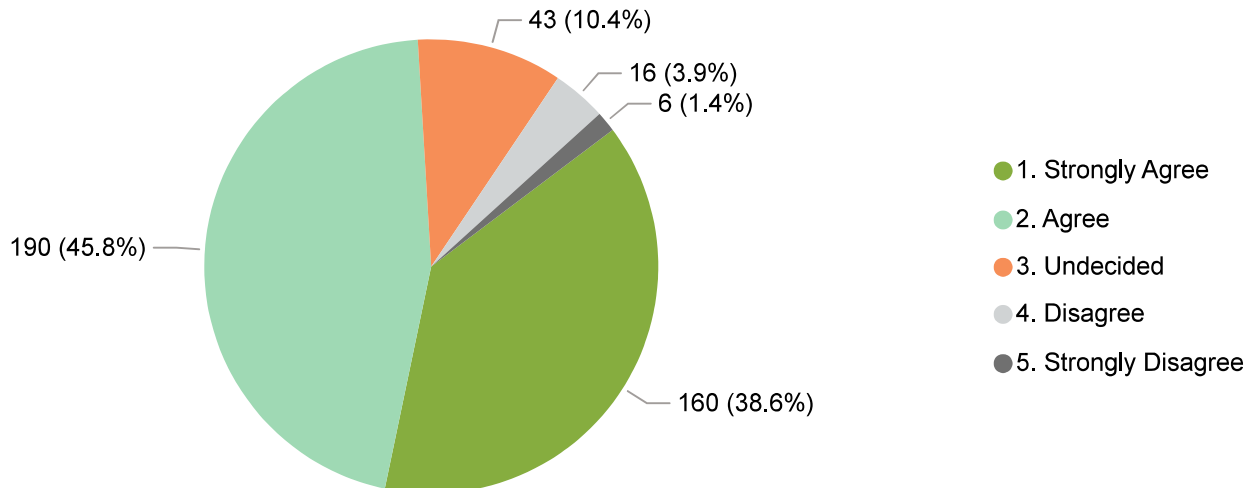


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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

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

### Location of Services are Convenient for Clients



Stakeholder Type	1. Strongly Agree	2. Agree	3. Undecided	4. Disagree	5. Strongly Disagree	Total
Court Staff- State and Federal	24.4%	58.2%	11.9%	4.5%	1.0%	100.0%
Law Enforcement	52.2%	39.1%	8.7%			100.0%
Medical Providers	43.8%	50.0%		6.3%		100.0%
Schools	52.1%	31.3%	10.4%	5.2%	1.0%	100.0%
State and Tribal	53.5%	30.2%	9.3%	2.3%	4.7%	100.0%
Treatment Agencies	52.8%	36.1%	8.3%		2.8%	100.0%
<b>Total</b>	<b>38.6%</b>	<b>45.8%</b>	<b>10.4%</b>	<b>3.9%</b>	<b>1.4%</b>	<b>100.0%</b>

## Service Availability

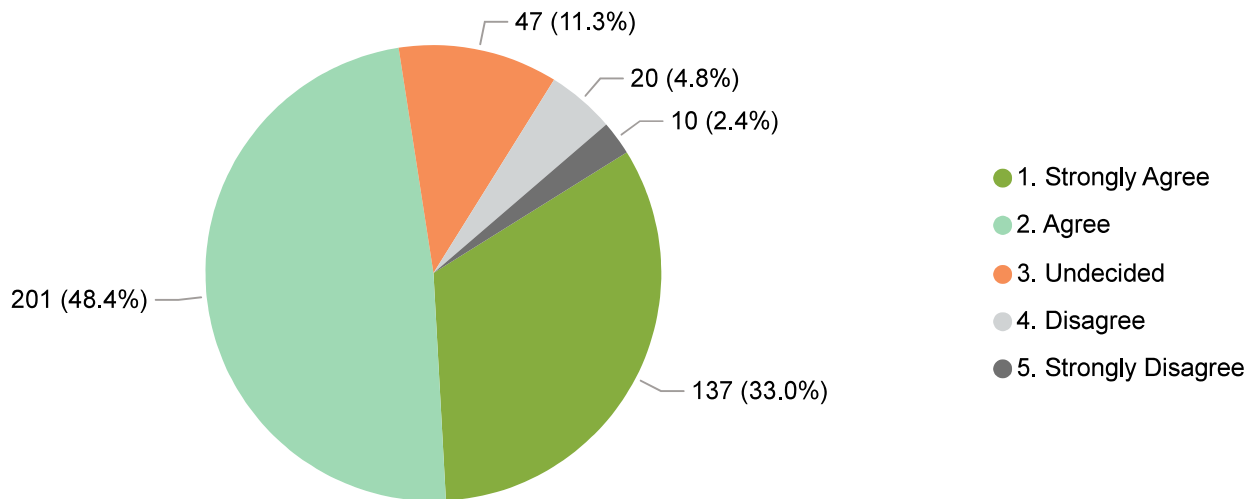


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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

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

### Services Are Available at Times Convenient for Clients



Stakeholder Type	1. Strongly Agree	2. Agree	3. Undecided	4. Disagree	5. Strongly Disagree	Total
Court Staff- State and Federal	20.9%	59.2%	12.9%	4.5%	2.5%	100.0%
Law Enforcement	52.2%	43.5%	4.3%			100.0%
Medical Providers	35.3%	41.2%	17.6%	5.9%		100.0%
Schools	43.3%	41.2%	7.2%	7.2%	1.0%	100.0%
State and Tribal	41.5%	31.7%	14.6%	7.3%	4.9%	100.0%
Treatment Agencies	50.0%	33.3%	11.1%		5.6%	100.0%
<b>Total</b>	<b>33.0%</b>	<b>48.4%</b>	<b>11.3%</b>	<b>4.8%</b>	<b>2.4%</b>	<b>100.0%</b>

## Community Responsiveness

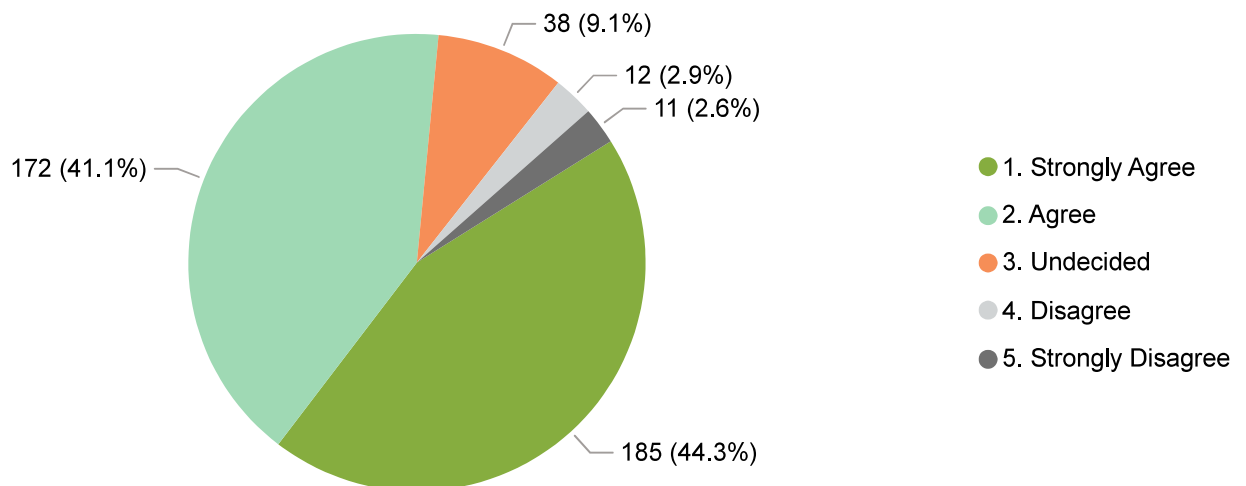


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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

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

### Provider is Responsive to the Needs Within the Community



Stakeholder Type	1. Strongly Agree	2. Agree	3. Undecided	4. Disagree	5. Strongly Disagree	Total
Court Staff- State and Federal	29.9%	52.7%	10.9%	3.5%	3.0%	100.0%
Law Enforcement	72.7%	27.3%				100.0%
Medical Providers	41.2%	47.1%	11.8%			100.0%
Schools	59.0%	27.0%	8.0%	4.0%	2.0%	100.0%
State and Tribal	48.8%	37.2%	7.0%	2.3%	4.7%	100.0%
Treatment Agencies	62.9%	25.7%	8.6%		2.9%	100.0%
<b>Total</b>	<b>44.3%</b>	<b>41.1%</b>	<b>9.1%</b>	<b>2.9%</b>	<b>2.6%</b>	<b>100.0%</b>

## Supportiveness of Clients' Needs

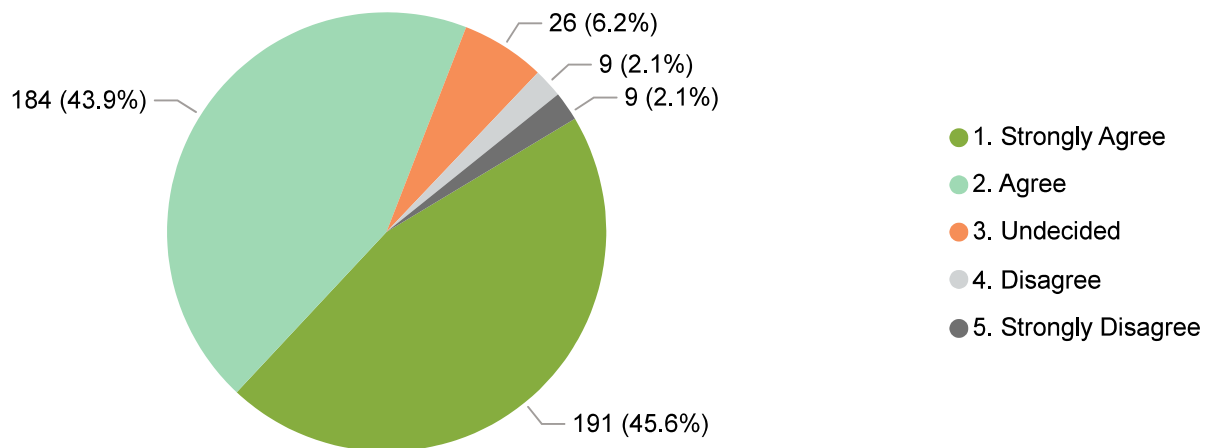


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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

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

### Provider is Supportive of Clients' Needs



Stakeholder Type	1. Strongly Agree	2. Agree	3. Undecided	4. Disagree	5. Strongly Disagree	Total
Court Staff- State and Federal	33.0%	54.5%	6.5%	3.5%	2.5%	100.0%
Law Enforcement	78.3%	17.4%	4.3%			100.0%
Medical Providers	35.3%	58.8%	5.9%			100.0%
Schools	56.0%	35.0%	6.0%	2.0%	1.0%	100.0%
State and Tribal	48.8%	41.9%	4.7%		4.7%	100.0%
Treatment Agencies	66.7%	22.2%	8.3%		2.8%	100.0%
<b>Total</b>	<b>45.6%</b>	<b>43.9%</b>	<b>6.2%</b>	<b>2.1%</b>	<b>2.1%</b>	<b>100.0%</b>

## Quality of Services

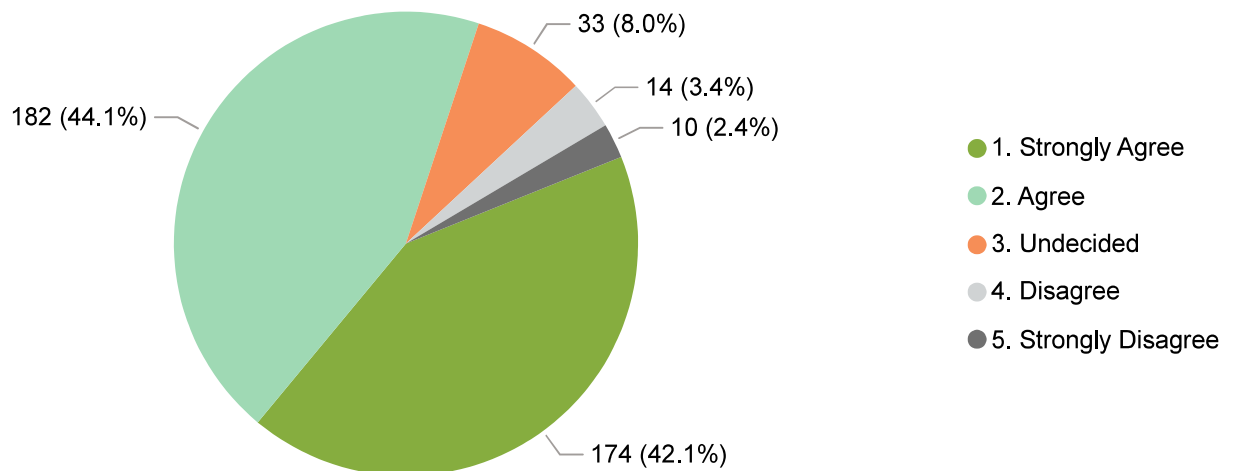


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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

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

### Provider Provides Quality Services



Stakeholder Type	1. Strongly Agree	2. Agree	3. Undecided	4. Disagree	5. Strongly Disagree	Total
Court Staff- State and Federal	30.2%	53.3%	10.1%	3.5%	3.0%	100.0%
Law Enforcement	65.2%	30.4%		4.3%		100.0%
Medical Providers	40.0%	53.3%	6.7%			100.0%
Schools	53.1%	35.7%	4.1%	6.1%	1.0%	100.0%
State and Tribal	45.2%	40.5%	9.5%		4.8%	100.0%
Treatment Agencies	61.1%	25.0%	11.1%		2.8%	100.0%
<b>Total</b>	<b>42.1%</b>	<b>44.1%</b>	<b>8.0%</b>	<b>3.4%</b>	<b>2.4%</b>	<b>100.0%</b>

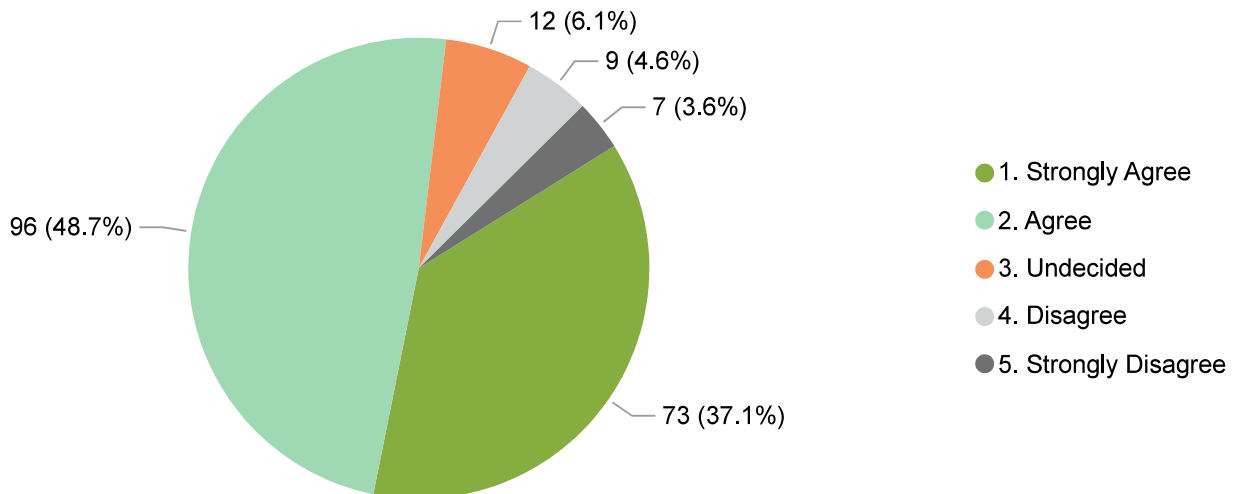
## Provider Responsiveness

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

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

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

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



Stakeholder Type	1. Strongly Agree	2. Agree	3. Undecided	4. Disagree	5. Strongly Disagree	Total
Court Staff- State and Federal	40.0%	45.7%	7.1%	5.7%	1.4%	100.0%
Law Enforcement	21.4%	71.4%			7.1%	100.0%
Medical Providers	60.0%	40.0%				100.0%
Schools	40.0%	47.1%	4.3%	4.3%	4.3%	100.0%
State and Tribal	24.0%	52.0%	12.0%	4.0%	8.0%	100.0%
Treatment Agencies	38.5%	46.2%	7.7%	7.7%		100.0%
<b>Total</b>	<b>37.1%</b>	<b>48.7%</b>	<b>6.1%</b>	<b>4.6%</b>	<b>3.6%</b>	<b>100.0%</b>

## Satisfaction of Outcomes

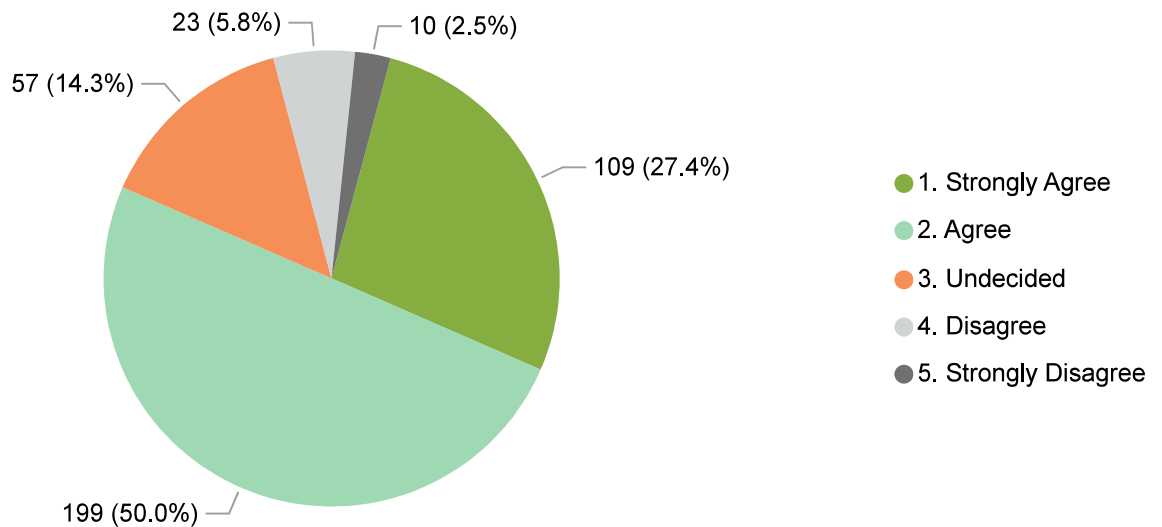


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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

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

### Clients Report Satisfaction of Outcomes



Stakeholder Type	1. Strongly Agree	2. Agree	3. Undecided	4. Disagree	5. Strongly Disagree	Total
Court Staff- State and Federal	20.5%	54.0%	15.0%	7.5%	3.0%	100.0%
Law Enforcement	31.8%	63.6%	4.5%			100.0%
Medical Providers	40.0%	33.3%	26.7%			100.0%
Schools	37.2%	44.2%	10.5%	7.0%	1.2%	100.0%
State and Tribal	20.5%	53.8%	17.9%	2.6%	5.1%	100.0%
Treatment Agencies	41.7%	36.1%	16.7%	2.8%	2.8%	100.0%
<b>Total</b>	<b>27.4%</b>	<b>50.0%</b>	<b>14.3%</b>	<b>5.8%</b>	<b>2.5%</b>	<b>100.0%</b>

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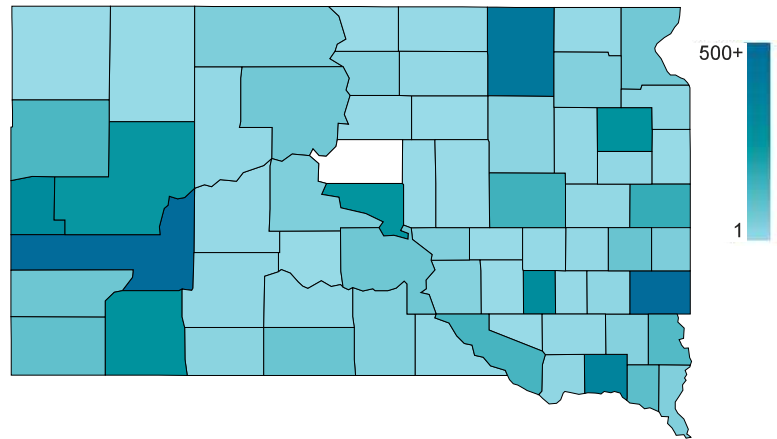


# Substance Use Disorder (SUD) Treatment Services

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# SUD Treatment Services

County of Residence for Clients Who Received Publicly Funded Services



Treatment Services

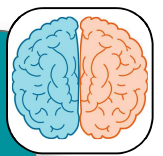
Publicly Funded Clients Served      Average Duration of Treatment (Days)

Treatment Services	Publicly Funded Clients Served	Average Duration of Treatment (Days)
Clinically Managed Low Intensity Residential Services (3.1)	724	47
Detoxification & Medically Monitored Detoxification Services	1,979	10
Evidence-Based SUD Treatment for Justice-Involved & At-Risk Youth	14	60
Evidence-Based SUD Treatment for Justice-Involved Adults	1,999	80
Gambling Services	75	65
Intensive Inpatient Treatment (3.7)	1,586	38
Intensive Meth Treatment (IMT)	459	63
Moral Reconation Therapy for Justice-Involved Adults (MRT)	670	97
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	4,775	70
Pregnant Women and Women with Dependent Children Program (PWWDC)	151	78



Unduplicated Clients Served  
(Publicly Funded)  
**9,653**

Publicly Funded Clients Served with  
Co-Occurring Mental Health Conditions  
**5,754**



Veterans Served (Publicly Funded)  
**325**

Pregnant Clients Served (Publicly Funded)  
**251**



This page reflects the number of adult and youth clients served. Subsequent sections reflect outcomes for adults and youth separately. Numbers served in some adult and youth services may appear lower than the overall totals.

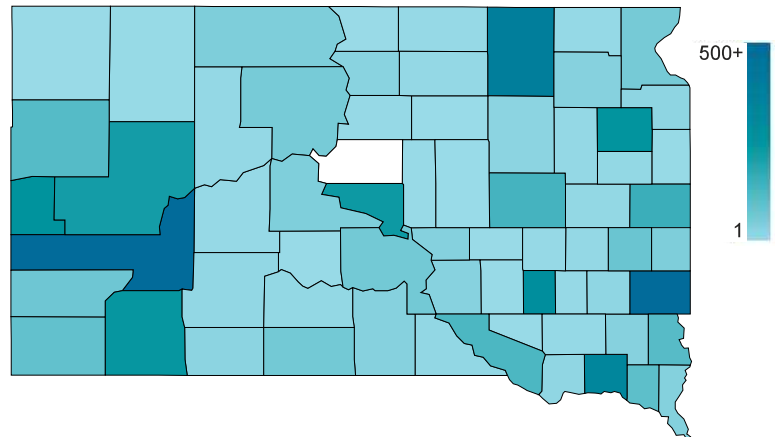
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# Adult SUD Treatment Services

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## Adult SUD Treatment Services

County of Residence for Clients Who Received Publicly Funded Services

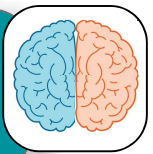


Treatment Services	Publicly Funded Clients Served	Average Duration of Treatment (Days)
Clinically Managed Low Intensity Residential Services (3.1)	724	47
Detoxification & Medically Monitored Detoxification Services	1,979	10
Evidence-Based SUD Treatment for Justice-Involved & At-Risk Youth	1	82
Evidence-Based SUD Treatment for Justice-Involved Adults	1,999	80
Gambling Services	75	65
Intensive Inpatient Treatment (3.7)	1,394	38
Intensive Meth Treatment (IMT)	459	63
Moral Reconciliation Therapy for Justice-Involved Adults (MRT)	670	97
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	4,474	70
Pregnant Women and Women with Dependent Children Program (PWWDC)	151	78



Unduplicated Clients Served  
(Publicly Funded)  
**9,193**

Publicly Funded Clients Served with  
Co-Occurring Mental Health Conditions  
**5,518**



Veterans Served (Publicly Funded)  
**325**

Pregnant Clients Served (Publicly Funded)  
**249**



Data are reported in this section for clients ages 18 or older. Depending on specific needs and prior admissions, an 18 year-old client may have received a youth service. Data represent clients served in publicly funded services (i.e., Medicaid or state funds).

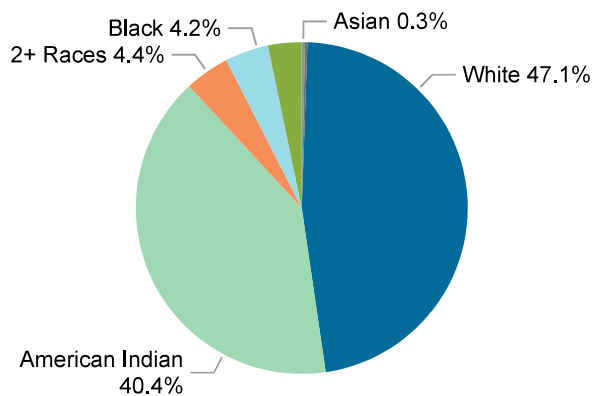
## Race & Ethnicity

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

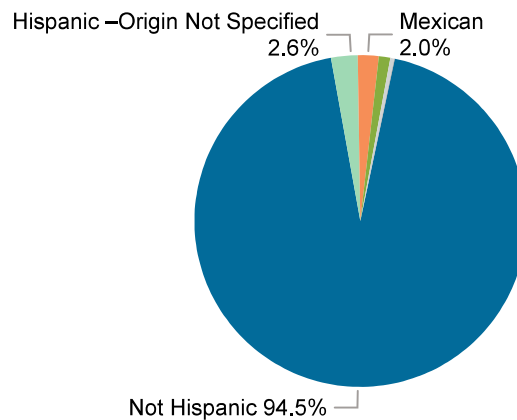


According to the U.S. Census Bureau, 84.2% of South Dakotans identify as White, 8.5% identify as American Indian, and 5.1% identify as Hispanic.

### Clients Served by Race



### Clients Served by Ethnicity



### Clients Served by Service Type and Race

Treatment Services	2+ Races		American Indian		Asian		Black		Native Pacific Islander		Other		White		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Clinically Managed Low Intensity Residential Services (3.1)	39	5.4%	314	43.1%	3	0.4%	51	7.0%	3	0.4%	14	1.9%	304	41.8%	728	100.0%
Detoxification & Medically Monitored Detoxification Services	49	2.5%	1,288	65.0%	2	0.1%	37	1.9%	3	0.2%	37	1.9%	567	28.6%	1,983	100.0%
Evidence-Based SUD Treatment for Justice-Involved & At-Risk Youth													1	100.0%	1	100.0%
Evidence-Based SUD Treatment for Justice-Involved Adults	86	4.3%	804	40.2%	7	0.4%	103	5.2%	7	0.4%	58	2.9%	935	46.8%	2,000	100.0%
Gambling Services	1	1.3%	11	14.7%	2	2.7%	1	1.3%			4	5.3%	56	74.7%	75	100.0%
Intensive Inpatient Treatment (3.7)	39	2.8%	627	44.7%	2	0.1%	40	2.9%	1	0.1%	49	3.5%	644	45.9%	1,402	100.0%
Intensive Meth Treatment (IMT)	42	9.1%	218	47.2%	1	0.2%	7	1.5%	2	0.4%	8	1.7%	184	39.8%	462	100.0%
Moral Reconciliation Therapy for Justice-Involved Adults (MRT)	36	5.4%	200	29.9%	2	0.3%	39	5.8%	1	0.1%	25	3.7%	367	54.8%	670	100.0%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	188	4.2%	1,310	29.1%	18	0.4%	209	4.6%	10	0.2%	165	3.7%	2,597	57.7%	4,497	100.0%
Pregnant Women and Women with Dependent Children Program (PWVWDC)	9	6.0%	111	73.5%	1	0.7%	3	2.0%			1	0.7%	26	17.2%	151	100.0%
<b>Total</b>	<b>407</b>	<b>4.4%</b>	<b>3,782</b>	<b>40.4%</b>	<b>32</b>	<b>0.3%</b>	<b>396</b>	<b>4.2%</b>	<b>22</b>	<b>0.2%</b>	<b>304</b>	<b>3.3%</b>	<b>4,408</b>	<b>47.1%</b>	<b>9,351</b>	<b>100.0%</b>

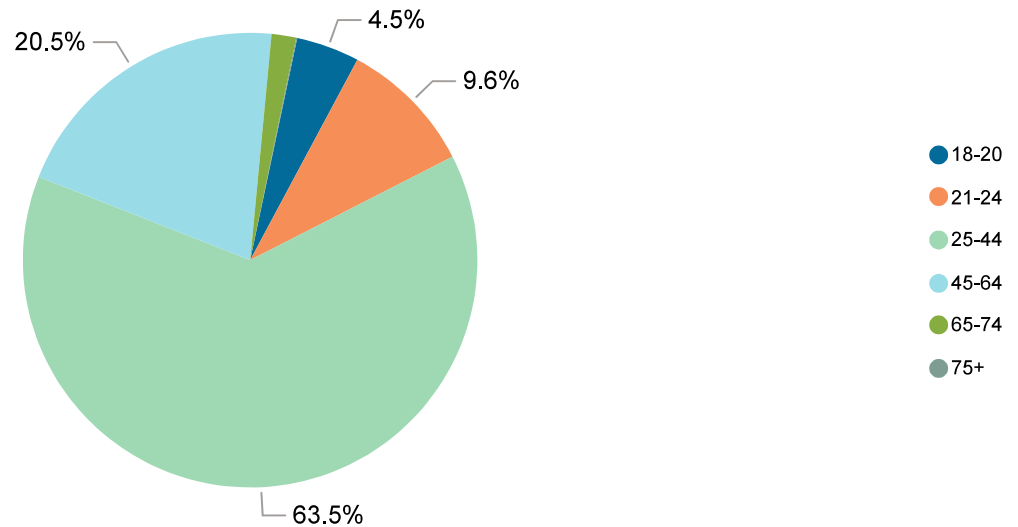


## Age

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



### Clients Served by Age



### Clients Served by Service Type and Age Group

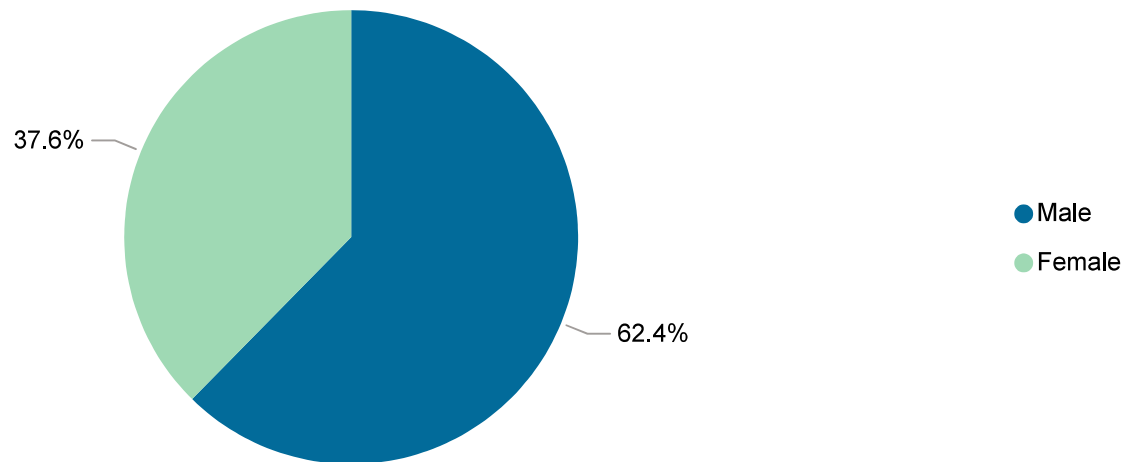
Treatment Services	18-20		21-24		25-44		45-64		65-74		75+		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Clinically Managed Low Intensity Residential Services (3.1)	20	2.8%	70	9.6%	480	66.1%	152	20.9%	4	0.6%			726	100.0%
Detoxification & Medically Monitored Detoxification Services	106	5.3%	179	8.9%	1,139	56.8%	527	26.3%	52	2.6%	2	0.1%	2,005	100.0%
Evidence-Based SUD Treatment for Justice-Involved & At-Risk Youth	1	100.0%											1	100.0%
Evidence-Based SUD Treatment for Justice-Involved Adults	29	1.5%	168	8.4%	1,409	70.5%	382	19.1%	12	0.6%			2,000	100.0%
Gambling Services			2	2.7%	57	76.0%	16	21.3%					75	100.0%
Intensive Inpatient Treatment (3.7)	57	4.1%	119	8.5%	898	64.3%	295	21.1%	27	1.9%	1	0.1%	1,397	100.0%
Intensive Meth Treatment (IMT)	10	2.2%	42	9.1%	343	74.4%	66	14.3%					461	100.0%
Moral Reconciliation Therapy for Justice-Involved Adults (MRT)	30	4.5%	72	10.7%	431	64.0%	135	20.1%	5	0.7%			673	100.0%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	215	4.8%	456	10.1%	2,872	63.9%	865	19.2%	84	1.9%	6	0.1%	4,498	100.0%
Pregnant Women and Women with Dependent Children Program (PWWDCC)	7	4.6%	26	17.1%	116	76.3%	3	2.0%					152	100.0%
<b>Total</b>	<b>417</b>	<b>4.5%</b>	<b>894</b>	<b>9.6%</b>	<b>5,888</b>	<b>63.5%</b>	<b>1,905</b>	<b>20.5%</b>	<b>161</b>	<b>1.7%</b>	<b>8</b>	<b>0.1%</b>	<b>9,273</b>	<b>100.0%</b>

## Gender

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



### Clients Served by Self-Identified Gender



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

Treatment Services	Female		Male		Total	
	N	%	N	%	N	%
Clinically Managed Low Intensity Residential Services (3.1)	188	26.0%	536	74.0%	724	100.0%
Detoxification & Medically Monitored Detoxification Services	740	37.4%	1,239	62.6%	1,979	100.0%
Evidence-Based SUD Treatment for Justice-Involved & At-Risk Youth			1	100.0%	1	100.0%
Evidence-Based SUD Treatment for Justice-Involved Adults	614	30.7%	1,385	69.3%	1,999	100.0%
Gambling Services	23	30.7%	52	69.3%	75	100.0%
Intensive Inpatient Treatment (3.7)	581	41.7%	813	58.3%	1,394	100.0%
Intensive Meth Treatment (IMT)	239	52.1%	220	47.9%	459	100.0%
Moral Reconciliation Therapy for Justice-Involved Adults (MRT)	218	32.5%	452	67.5%	670	100.0%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	1,791	40.0%	2,683	60.0%	4,474	100.0%
Pregnant Women and Women with Dependent Children Program (PWWDC)	151	100.0%			151	100.0%
<b>Total</b>	<b>3,460</b>	<b>37.6%</b>	<b>5,733</b>	<b>62.4%</b>	<b>9,193</b>	<b>100.0%</b>

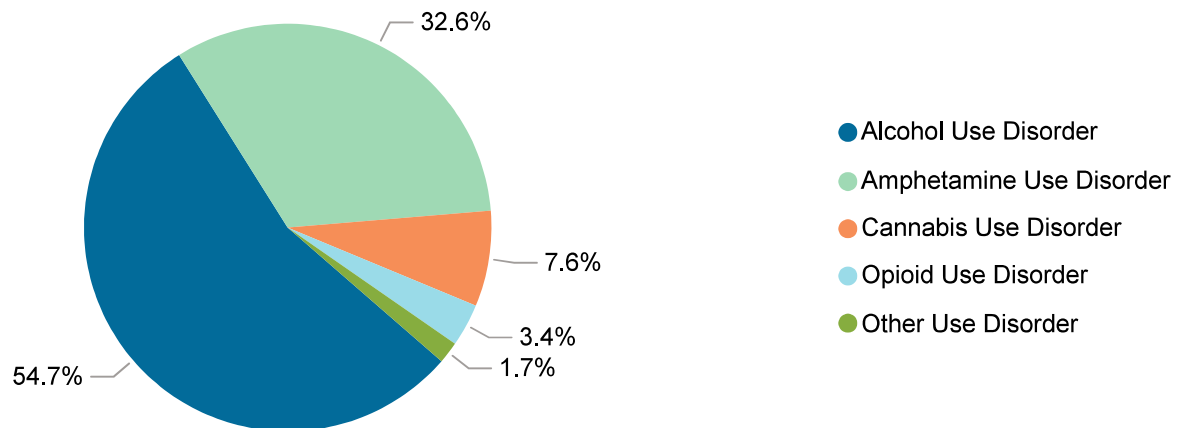
## Primary Diagnosis

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

The majority of adults served had a primary diagnosis of Alcohol Use Disorder, followed by Amphetamine Use Disorder.



Percent of Clients Served for Each Primary Diagnosis



Diagnosis by Service Type

Treatment Services	Alcohol Use Disorder		Amphetamine Use Disorder		Cannabis Use Disorder		Opioid Use Disorder		Other Use Disorder		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
Clinically Managed Low Intensity Residential Services (3.1)	339	46.1%	323	43.9%	34	4.6%	28	3.8%	11	1.5%	735	100.0%
Detoxification & Medically Monitored Detoxification Services	1,586	77.7%	388	19.0%	5	0.2%	44	2.2%	17	0.8%	2,040	100.0%
Evidence-Based SUD Treatment for Justice-Involved & At-Risk Youth					1	100.0%					1	100.0%
Evidence-Based SUD Treatment for Justice-Involved Adults	734	36.7%	916	45.8%	214	10.7%	74	3.7%	60	3.0%	1,998	100.0%
Gambling Services	24	34.8%	37	53.6%	3	4.3%	5	7.2%			69	100.0%
Intensive Inpatient Treatment (3.7)	886	62.8%	396	28.1%	23	1.6%	83	5.9%	22	1.6%	1,410	100.0%
Intensive Meth Treatment (IMT)	67	14.0%	382	79.6%	12	2.5%	17	3.5%	2	0.4%	480	100.0%
Moral Reconation Therapy for Justice-Involved Adults (MRT)	136	38.4%	144	40.7%	45	12.7%	8	2.3%	21	5.9%	354	100.0%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	2,491	55.5%	1,372	30.6%	442	9.8%	133	3.0%	51	1.1%	4,489	100.0%
Pregnant Women and Women with Dependent Children Program (PWWDC)	31	20.4%	103	67.8%	9	5.9%	8	5.3%	1	0.7%	152	100.0%
<b>Total</b>	<b>5,107</b>	<b>54.7%</b>	<b>3,047</b>	<b>32.6%</b>	<b>709</b>	<b>7.6%</b>	<b>318</b>	<b>3.4%</b>	<b>161</b>	<b>1.7%</b>	<b>9,342</b>	<b>100.0%</b>

## Reason for Discharge

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

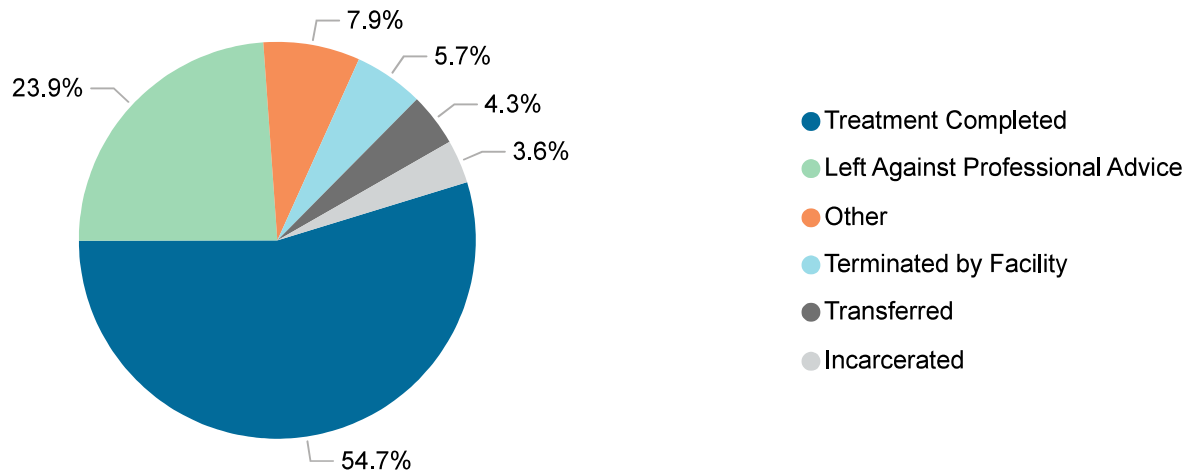
Please note, a client may have more than one admission and discharge.



The national rate for successful treatment completion for adult and youth clients was 35%.

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

### Reason for Discharge from Services



### Reason for Discharge by Service Type

Treatment Services	Incarcerated		Left Against Professional Advice		Other		Terminated by Facility		Transferred		Treatment Completed		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Clinically Managed Low Intensity Residential Services (3.1)	32	5.0%	247	38.4%	13	2.0%	96	14.9%	17	2.6%	239	37.1%	644	100.0%
Detoxification & Medically Monitored Detoxification Services	74	3.5%	164	7.7%	36	1.7%	14	0.7%	93	4.4%	1,740	82.0%	2,121	100.0%
Evidence-Based SUD Treatment for Justice-Involved & At-Risk Youth			4	44.4%	1	11.1%			1	11.1%	3	33.3%	9	100.0%
Evidence-Based SUD Treatment for Justice-Involved Adults	77	4.7%	539	32.9%	170	10.4%	134	8.2%	57	3.5%	661	40.4%	1,638	100.0%
Gambling Services			11	16.2%	3	4.4%	4	5.9%	1	1.5%	49	72.1%	68	100.0%
Intensive Inpatient Treatment (3.7)	12	0.8%	243	15.6%	20	1.3%	118	7.6%	40	2.6%	1,127	72.2%	1,560	100.0%
Intensive Meth Treatment (IMT)	10	2.1%	194	41.6%	19	4.1%	62	13.3%	12	2.6%	169	36.3%	466	100.0%
Moral Reconciliation Therapy for Justice-Involved Adults (MRT)	23	5.3%	111	25.3%	43	9.8%	38	8.7%	10	2.3%	213	48.6%	438	100.0%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	156	3.9%	1,180	29.6%	498	12.5%	148	3.7%	244	6.1%	1,764	44.2%	3,990	100.0%
Pregnant Women and Women with Dependent Children Program (PWWDC)	3	2.2%	45	33.3%			13	9.6%	1	0.7%	73	54.1%	135	100.0%
<b>Total</b>	<b>337</b>	<b>3.6%</b>	<b>2,267</b>	<b>23.9%</b>	<b>746</b>	<b>7.9%</b>	<b>540</b>	<b>5.7%</b>	<b>407</b>	<b>4.3%</b>	<b>5,188</b>	<b>54.7%</b>	<b>9,485</b>	<b>100.0%</b>

## Living Situation

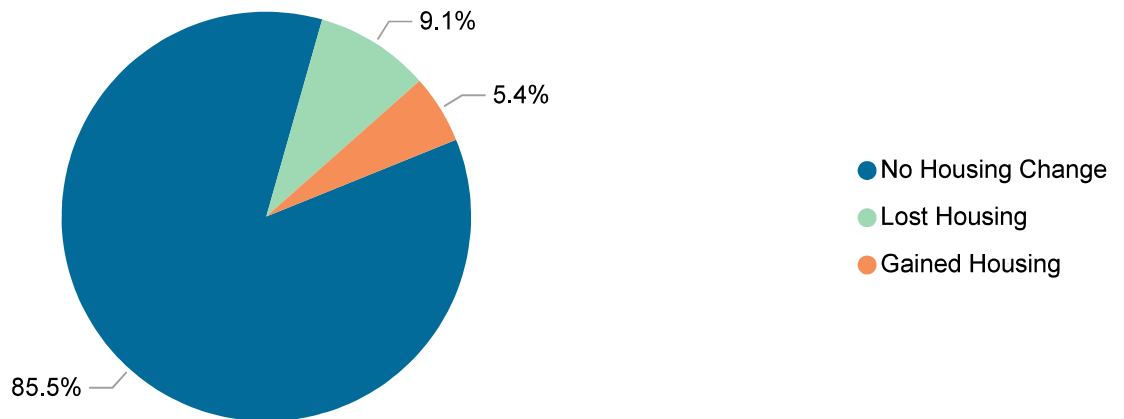
The data below reflect the living situations of adults served in publicly funded treatment services.



The national rate of homelessness for adult and youth clients was 12%.

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

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



### Clients Who Reported Homelessness at Admission and Discharge

Treatment Services	Unduplicated Client Count	Homelessness at Admission	Homelessness at Discharge
Clinically Managed Low Intensity Residential Services (3.1)	669	36.1%	46.8%
Detoxification & Medically Monitored Detoxification Services	1,949	55.8%	59.5%
Evidence-Based SUD Treatment for Justice-Involved & At-Risk Youth	1	0.0%	0.0%
Evidence-Based SUD Treatment for Justice-Involved Adults	1,620	5.7%	11.1%
Gambling Services	69	13.3%	20.8%
Intensive Inpatient Treatment (3.7)	1,342	25.7%	31.1%
Intensive Meth Treatment (IMT)	427	27.1%	29.3%
Moral Reconciliation Therapy for Justice-Involved Adults (MRT)	506	9.7%	9.0%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	3,617	16.2%	17.8%
Pregnant Women and Women with Dependent Children Program (PWWDC)	143	36.7%	21.2%
<b>Total</b>	<b>7,813</b>	<b>33.0%</b>	<b>36.5%</b>

## Employment

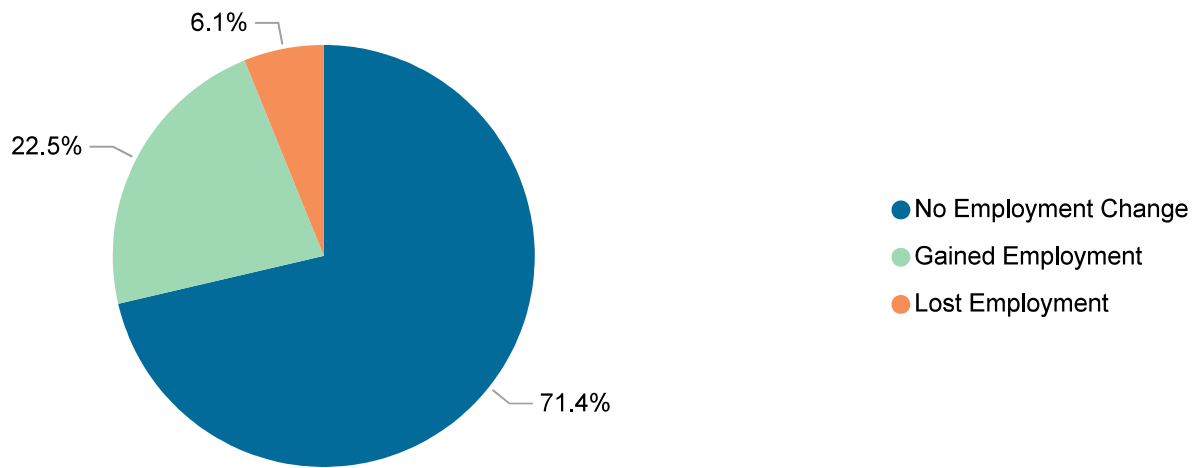
The data below reflect the employment status of adults served in publicly funded treatment services.



The national rate of employment for adult and youth clients was 22%.

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

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



### Client Employment at Admission and Discharge

Treatment Services	Unduplicated Client Count	Employment at Admission	Employment at Discharge
Clinically Managed Low Intensity Residential Services (3.1)	668	13.7%	32.3%
Detoxification & Medically Monitored Detoxification Services	1,948	11.1%	11.7%
Evidence-Based SUD Treatment for Justice-Involved & At-Risk Youth	1	0.0%	100.0%
Evidence-Based SUD Treatment for Justice-Involved Adults	1,614	37.0%	64.0%
Gambling Services	69	28.3%	37.5%
Intensive Inpatient Treatment (3.7)	1,340	14.7%	19.6%
Intensive Meth Treatment (IMT)	423	15.5%	34.8%
Moral Reconciliation Therapy for Justice-Involved Adults (MRT)	506	49.9%	68.5%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	3,595	36.6%	50.8%
Pregnant Women and Women with Dependent Children Program (PWWDC)	142	13.7%	33.6%
<b>Total</b>	<b>7,783</b>	<b>23.0%</b>	<b>32.7%</b>

## Arrest History

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

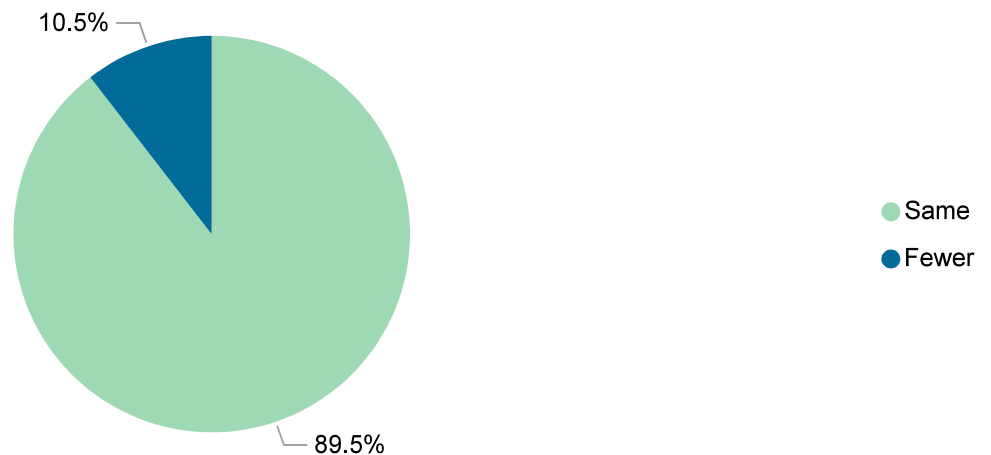
Client responses on these surveys are then broken out by the type of treatment service they received.



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

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

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



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

Treatment Services	Unduplicated Client Count	Arrest at Admission	Arrest at Discharge
Clinically Managed Low Intensity Residential Services (3.1)	244	19.7%	19.7%
Detoxification & Medically Monitored Detoxification Services	216	32.9%	2.9%
Evidence-Based SUD Treatment for Justice-Involved Adults	450	8.1%	1.5%
Gambling Services	38	16.3%	7.0%
Intensive Inpatient Treatment (3.7)	632	30.7%	3.2%
Intensive Meth Treatment (IMT)	135	23.5%	0.7%
Moral Reconciliation Therapy for Justice-Involved Adults (MRT)	188	7.7%	2.4%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	1,079	6.1%	1.1%
Pregnant Women and Women with Dependent Children Program (PWWDC)	44	23.4%	6.4%
<b>Total</b>	<b>2,001</b>	<b>8.8%</b>	<b>2.8%</b>

## General Health

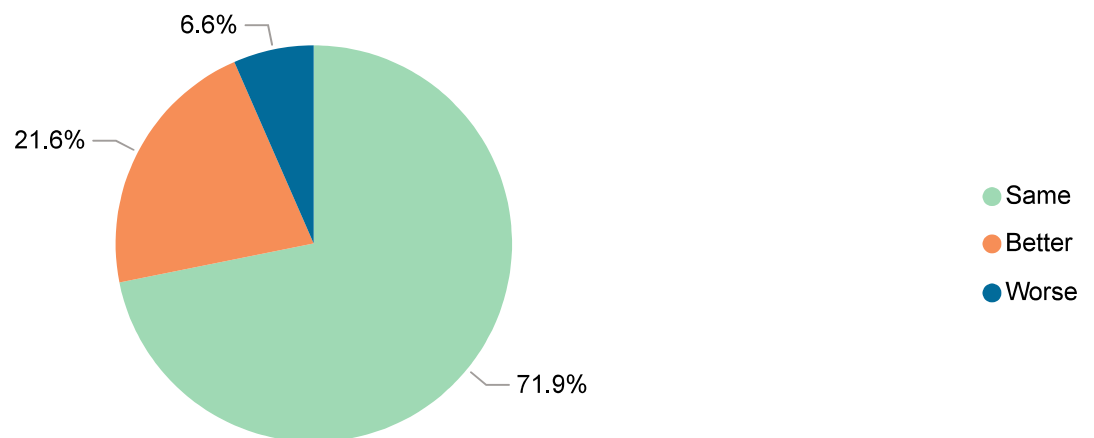


Clients are asked at the start of treatment and at the end of treatment, "Would you say that in general your health is?" Clients could answer in a range from 1-"Poor" to 5-"Excellent". Only clients who completed this question at time of admission and time of discharge are included.

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Clinically Managed Low Intensity Residential Services (3.1)	256	3.14	3.58	0.44	14.1%
Detoxification & Medically Monitored Detoxification Services	230	2.85	3.53	0.68	23.7%
Evidence-Based SUD Treatment for Justice-Involved Adults	460	3.46	3.73	0.27	7.8%
Gambling Services	39	3.11	3.70	0.59	19.0%
Intensive Inpatient Treatment (3.7)	671	2.93	3.54	0.60	20.6%
Intensive Meth Treatment (IMT)	138	3.18	3.56	0.38	12.0%
Moral Reconciliation Therapy for Justice-Involved Adults (MRT)	196	3.44	3.75	0.31	9.1%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	1,114	3.11	3.25	0.13	4.3%
Pregnant Women and Women with Dependent Children Program (PWWDC)	45	3.23	3.85	0.63	19.4%
<b>Total</b>	<b>2,071</b>	<b>3.13</b>	<b>3.33</b>	<b>0.21</b>	<b>6.7%</b>



## Physical Health

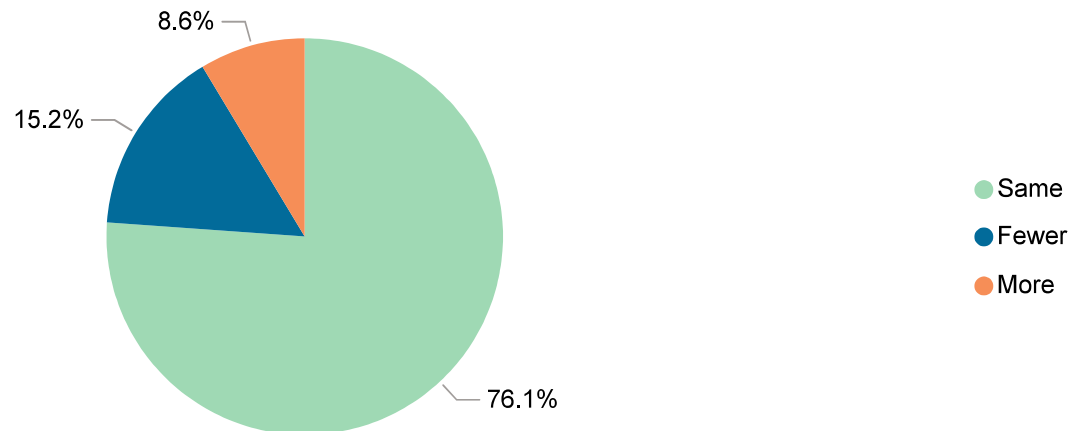


Clients are asked at the start of treatment and at the end of treatment, "Now thinking about your physical health, which includes physical illness and injury, how many days during the past 30 days was your physical health not good?" Only clients who completed this question at time of admission and time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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Clinically Managed Low Intensity Residential Services (3.1)	221	6.90	2.76	-4.14	-60.0%
Detoxification & Medically Monitored Detoxification Services	200	9.28	3.17	-6.11	-65.8%
Evidence-Based SUD Treatment for Justice-Involved Adults	408	2.61	2.17	-0.44	-16.9%
Gambling Services	34	9.16	4.43	-4.73	-51.6%
Intensive Inpatient Treatment (3.7)	594	8.23	3.27	-4.97	-60.3%
Intensive Meth Treatment (IMT)	125	4.72	2.54	-2.18	-46.3%
Moral Reconciliation Therapy for Justice-Involved Adults (MRT)	172	2.14	1.97	-0.17	-7.9%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	1,016	1.52	0.88	-0.64	-42.2%
Pregnant Women and Women with Dependent Children Program (PWWDC)	42	4.69	1.76	-2.93	-62.6%
<b>Total</b>	<b>1,862</b>	<b>2.38</b>	<b>1.29</b>	<b>-1.09</b>	<b>-45.9%</b>

## Mental Health

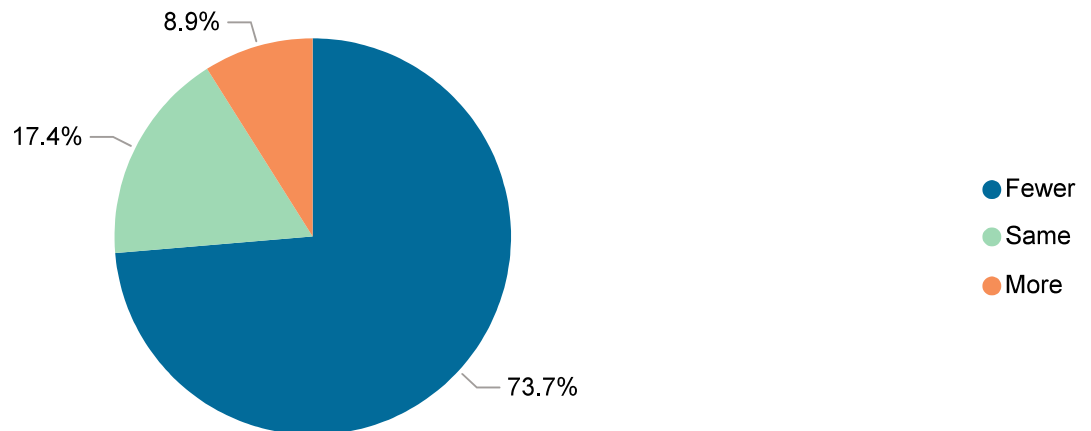


Clients are asked at the start of treatment and at the end of treatment, "Now thinking about your mental health, which includes stress, depression, and problems with emotions, how many days during the past 30 days was your mental health not good?" Only clients who completed this question at time of admission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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Clinically Managed Low Intensity Residential Services (3.1)	222	9.95	4.29	-5.67	-56.9%
Detoxification & Medically Monitored Detoxification Services	200	13.06	5.20	-7.85	-60.1%
Evidence-Based SUD Treatment for Justice-Involved Adults	411	5.16	3.50	-1.66	-32.2%
Gambling Services	35	13.84	6.39	-7.45	-53.8%
Intensive Inpatient Treatment (3.7)	595	12.88	5.13	-7.75	-60.2%
Intensive Meth Treatment (IMT)	125	8.82	4.09	-4.74	-53.7%
Moral Reconciliation Therapy for Justice-Involved Adults (MRT)	174	5.09	3.07	-2.02	-39.7%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	1,017	15.67	3.34	-12.32	-78.7%
Pregnant Women and Women with Dependent Children Program (PWWDC)	42	10.13	5.76	-4.38	-43.2%
<b>Total</b>	<b>1,869</b>	<b>14.18</b>	<b>3.51</b>	<b>-10.67</b>	<b>-75.3%</b>

## Physical or Mental Health Prevented Normal Activities

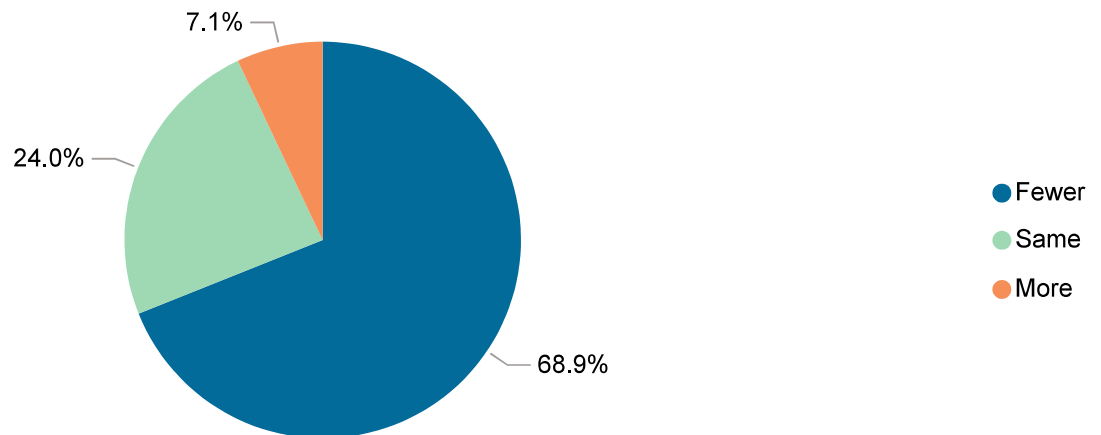


Clients are asked at the start of treatment and at the end of treatment, "During the past 30 days, approximately how many days did your poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?" Only clients who completed this question at time of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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Clinically Managed Low Intensity Residential Services (3.1)	222	7.79	1.93	-5.86	-75.2%
Detoxification & Medically Monitored Detoxification Services	201	11.37	3.13	-8.24	-72.5%
Evidence-Based SUD Treatment for Justice-Involved Adults	410	2.89	1.71	-1.18	-40.8%
Gambling Services	35	11.26	2.95	-8.32	-73.8%
Intensive Inpatient Treatment (3.7)	598	10.78	2.70	-8.09	-75.0%
Intensive Meth Treatment (IMT)	126	6.31	2.48	-3.83	-60.8%
Moral Reconciliation Therapy for Justice-Involved Adults (MRT)	175	2.23	1.10	-1.13	-50.7%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	1,024	14.77	0.71	-14.07	-95.2%
Pregnant Women and Women with Dependent Children Program (PWWDC)	42	5.24	3.18	-2.07	-39.4%
<b>Total</b>	<b>1,876</b>	<b>13.00</b>	<b>1.03</b>	<b>-11.97</b>	<b>-92.1%</b>

## Reported Attempts to Die by Suicide

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

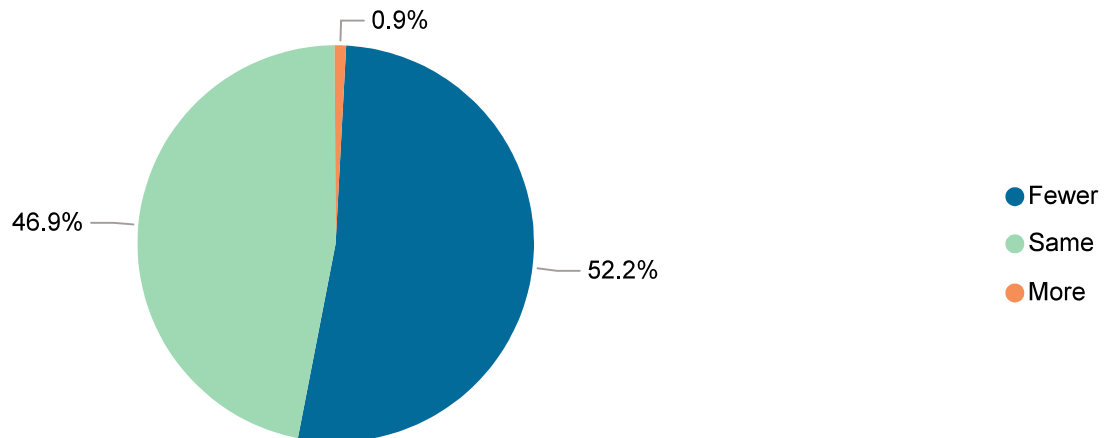
Clients' responses on these surveys are then broken out by the type of treatment service they received. If they received multiple types of treatment services in FY24, their responses are counted once in each service.



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

At discharge, adults served in publicly funded treatment services reported a decrease in attempts to die by suicide in the past 30 days.

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Clinically Managed Low Intensity Residential Services (3.1)	233	0.22	0.12	-0.10	-46.7%
Detoxification & Medically Monitored Detoxification Services	213	0.32	0.17	-0.15	-46.8%
Evidence-Based SUD Treatment for Justice-Involved Adults	445	0.08	0.03	-0.05	-58.3%
Gambling Services	38	0.16	0.14	-0.02	-14.3%
Intensive Inpatient Treatment (3.7)	615	0.31	0.21	-0.10	-33.2%
Intensive Meth Treatment (IMT)	130	0.29	0.03	-0.26	-88.4%
Moral Reconnection Therapy for Justice-Involved Adults (MRT)	193	0.07	0.00	-0.07	-93.3%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	1,050	0.70	0.03	-0.67	-95.8%
Pregnant Women and Women with Dependent Children Program (PWWDC)	44	0.10	0.02	-0.08	-80.0%
<b>Total</b>	<b>1,946</b>	<b>0.58</b>	<b>0.04</b>	<b>-0.54</b>	<b>-92.5%</b>

## Ability to Control Alcohol Use



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

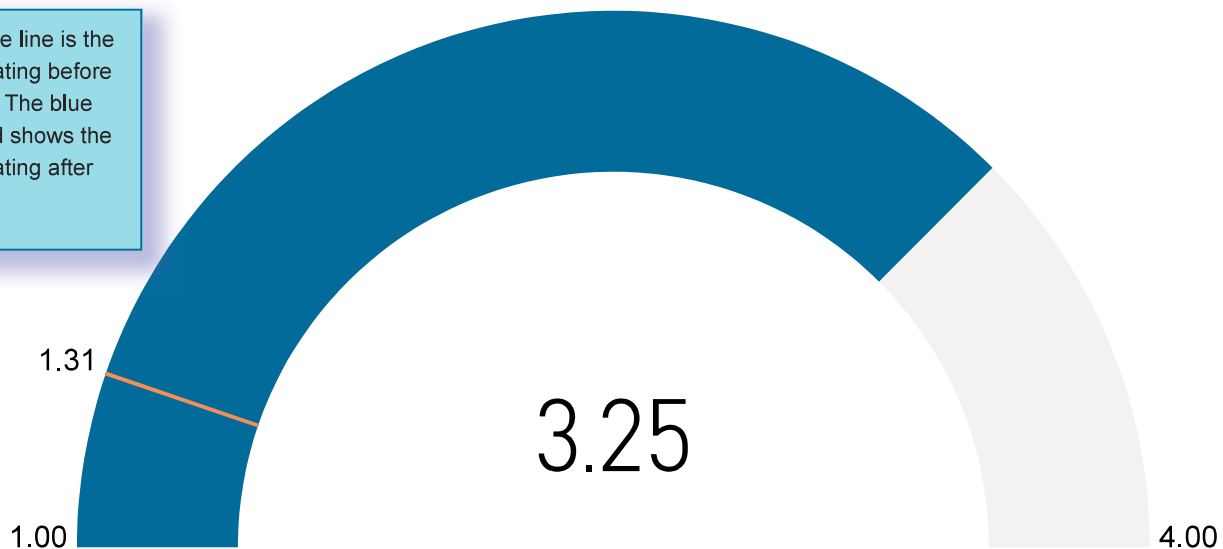
Only clients with a primary alcohol use disorder are included in this outcome measure. Clients with primary non-alcohol use disorder rate their ability to control their drug use specifically on the following page.

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

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

### Ability to Control Alcohol Use

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Clinically Managed Low Intensity Residential Services (3.1)	135	1.42	3.69	2.27	160.6%
Detoxification & Medically Monitored Detoxification Services	162	1.46	3.50	2.04	139.2%
Evidence-Based SUD Treatment for Justice-Involved Adults	172	2.49	3.75	1.26	50.8%
Gambling Services	12	1.31	3.62	2.31	176.5%
Intensive Inpatient Treatment (3.7)	424	1.46	3.54	2.08	142.7%
Intensive Meth Treatment (IMT)	18	1.68	3.73	2.05	121.6%
Moral Reconciliation Therapy for Justice-Involved Adults (MRT)	48	2.19	3.76	1.57	72.0%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	610	1.23	3.16	1.93	157.1%
Pregnant Women and Women with Dependent Children Program (PWWDC)	8	1.25	4.00	2.75	220.0%
<b>Total</b>	<b>1,092</b>	<b>1.31</b>	<b>3.25</b>	<b>1.93</b>	<b>147.2%</b>

## Ability to Control Drug Use



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

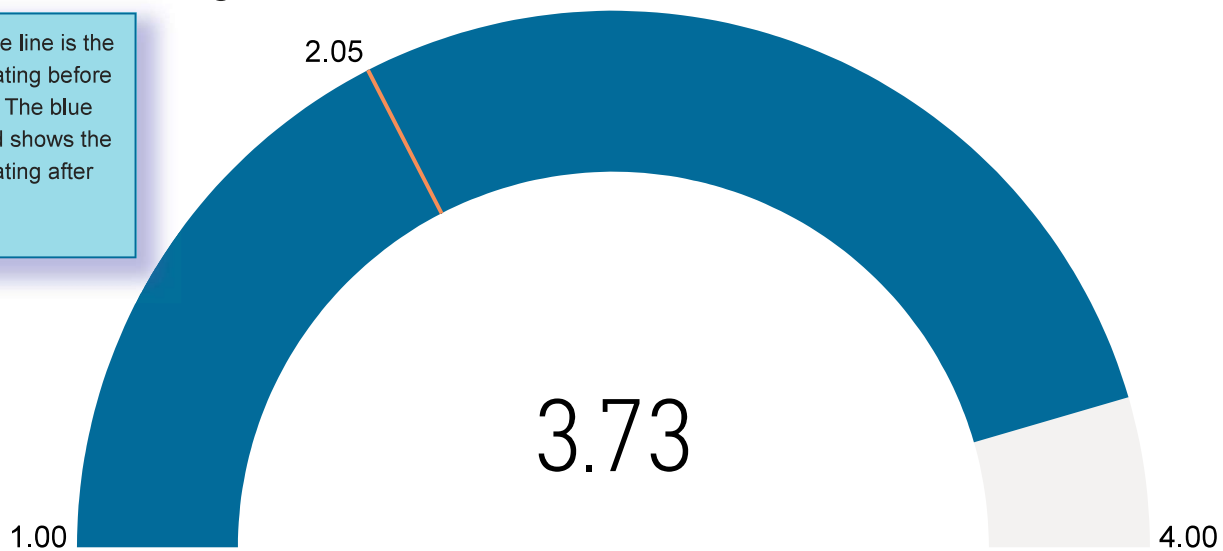
Only clients with primary non-alcohol use disorders are included in this outcome measure. Clients with primary alcohol use disorder rate their ability to control alcohol use specifically on the preceding page.

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

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

### Ability to Control Drug Use

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Clinically Managed Low Intensity Residential Services (3.1)	113	1.98	3.70	1.71	86.3%
Detoxification & Medically Monitored Detoxification Services	63	1.51	3.64	2.13	140.6%
Evidence-Based SUD Treatment for Justice-Involved Adults	266	2.39	3.77	1.38	57.7%
Gambling Services	22	1.68	3.64	1.96	116.7%
Intensive Inpatient Treatment (3.7)	228	1.53	3.57	2.05	134.2%
Intensive Meth Treatment (IMT)	121	1.69	3.71	2.02	119.7%
Moral Reconciliation Therapy for Justice-Involved Adults (MRT)	62	2.25	3.81	1.57	69.7%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	460	2.03	3.73	1.70	84.1%
Pregnant Women and Women with Dependent Children Program (PWWDC)	38	1.71	3.74	2.02	118.1%
<b>Total</b>	<b>930</b>	<b>2.05</b>	<b>3.73</b>	<b>1.68</b>	<b>82.2%</b>



## Treatment Engagement



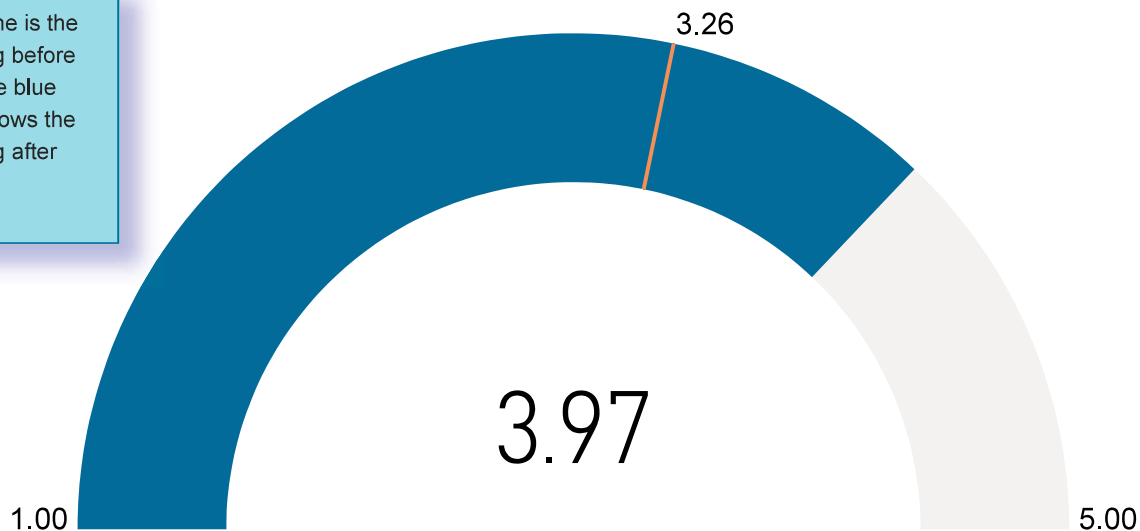
Clinicians are asked at the start of the client's treatment and at the end of treatment, "At this interval period, what is your (clinician's) assessment of the client's understanding and willingness to engage in their treatment program?" Clinicians may answer in a range from 1- "Unengaged" to 5- "Optimal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

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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Clinically Managed Low Intensity Residential Services (3.1)	264	3.45	3.68	0.23	6.6%
Detoxification & Medically Monitored Detoxification Services	234	3.31	3.89	0.58	17.6%
Evidence-Based SUD Treatment for Justice-Involved Adults	464	3.58	3.97	0.39	10.8%
Gambling Services	39	3.25	4.09	0.84	25.9%
Intensive Inpatient Treatment (3.7)	682	3.30	3.92	0.62	18.8%
Intensive Meth Treatment (IMT)	141	3.42	3.93	0.50	14.7%
Moral Reconciliation Therapy for Justice-Involved Adults (MRT)	196	3.64	3.97	0.33	9.1%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	1,127	3.19	3.99	0.80	25.1%
Pregnant Women and Women with Dependent Children Program (PWWDC)	46	3.22	3.88	0.66	20.5%
<b>Total</b>	<b>2,097</b>	<b>3.26</b>	<b>3.97</b>	<b>0.71</b>	<b>21.7%</b>

## Importance of Changing Current Behaviors

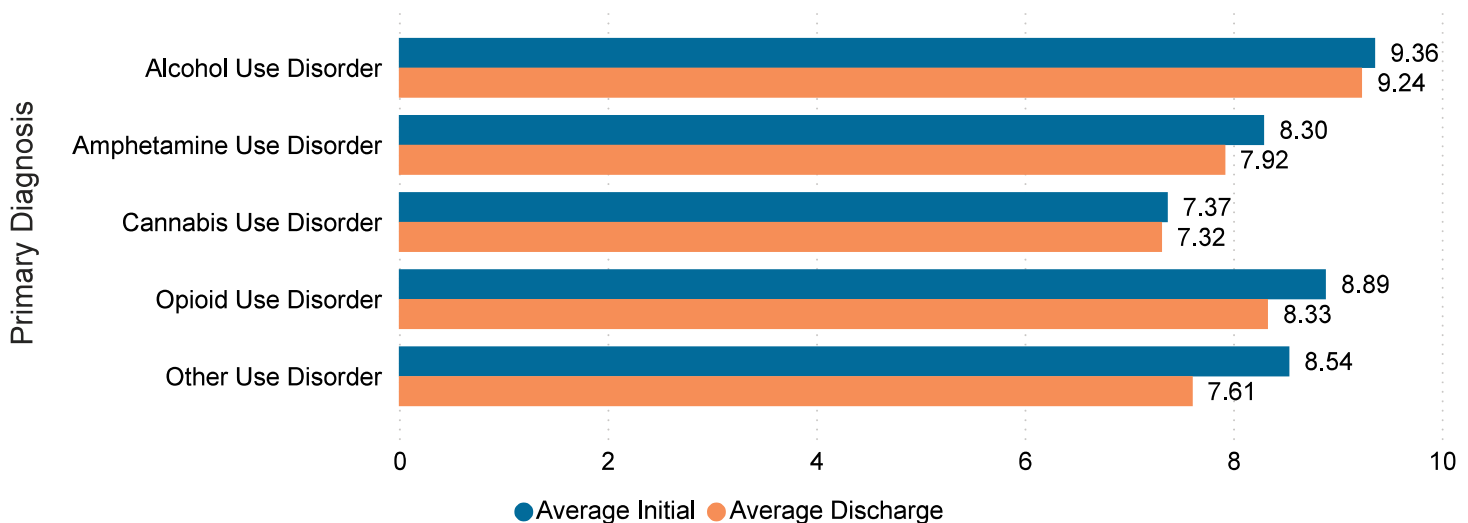


Clients are asked at the start of treatment and at the end of treatment to rate how important it is that they change their current behaviors and/or symptoms. They rate this question on a scale from 0-"Not Important at All" to 10-"Most Important Thing in My Life Right Now." To see specific question, please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

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

Adults served in publicly funded treatment services reported a decrease in their self-rated importance of changing current behaviors.

### Self-Rated Importance in Changing Current Behaviors



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Clinically Managed Low Intensity Residential Services (3.1)	261	8.94	8.01	-0.93	-10.4%
Detoxification & Medically Monitored Detoxification Services	230	8.75	8.72	-0.03	-0.3%
Evidence-Based SUD Treatment for Justice-Involved Adults	457	7.75	7.57	-0.18	-2.3%
Gambling Services	39	9.11	8.82	-0.30	-3.2%
Intensive Inpatient Treatment (3.7)	675	8.92	8.62	-0.30	-3.3%
Intensive Meth Treatment (IMT)	139	8.58	8.04	-0.53	-6.2%
Moral Reconciliation Therapy for Justice-Involved Adults (MRT)	194	7.65	7.20	-0.45	-5.9%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	1,114	9.30	9.22	-0.08	-0.9%
Pregnant Women and Women with Dependent Children Program (PWWDC)	46	8.94	8.40	-0.54	-6.0%
<b>Total</b>	<b>2,073</b>	<b>9.06</b>	<b>8.90</b>	<b>-0.16</b>	<b>-1.8%</b>



## Motivation to Change Current Behaviors

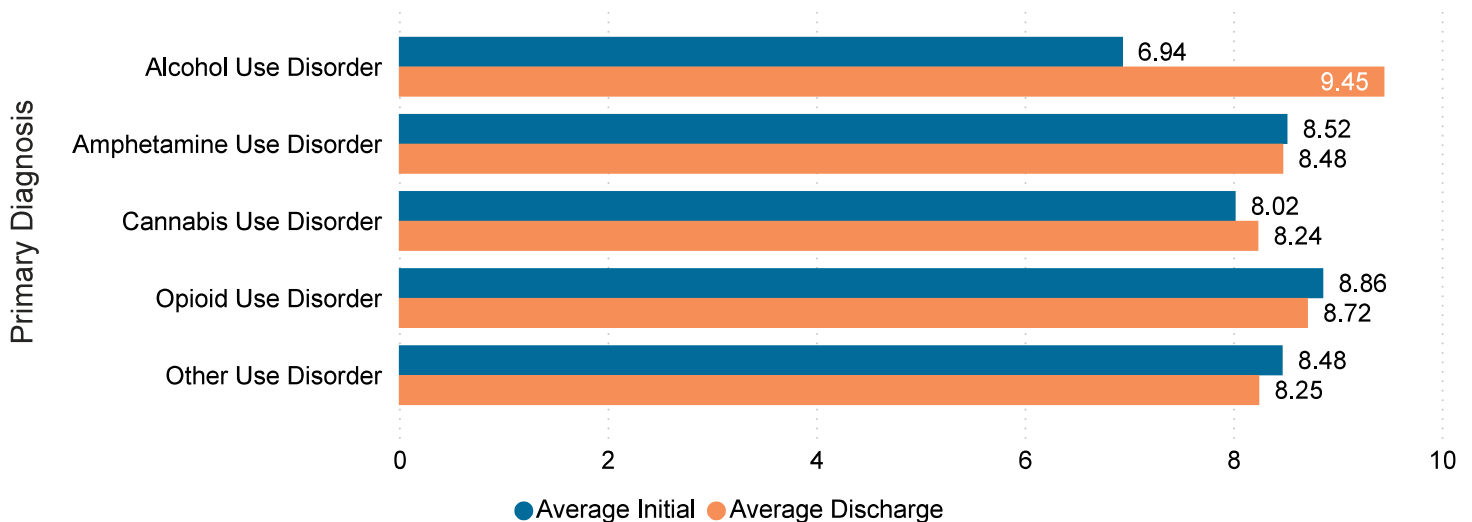


Clients are asked at the start of treatment and at the end of treatment to rate their motivation to change their current behaviors and/or symptoms. They rate this question on a scale from 0-"Not Important at All" to 10-"Most Important Thing in My Life Right Now."

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

Adults served in publicly funded treatment services reported an increase in their self-rated motivation to change current behaviors.

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Clinically Managed Low Intensity Residential Services (3.1)	261	8.46	8.81	0.35	4.1%
Detoxification & Medically Monitored Detoxification Services	229	8.49	8.75	0.26	3.0%
Evidence-Based SUD Treatment for Justice-Involved Adults	455	8.31	8.33	0.01	0.1%
Gambling Services	39	8.77	9.25	0.48	5.4%
Intensive Inpatient Treatment (3.7)	673	8.51	8.64	0.13	1.6%
Intensive Meth Treatment (IMT)	139	8.82	8.60	-0.23	-2.6%
Moral Reconciliation Therapy for Justice-Involved Adults (MRT)	193	8.50	8.14	-0.36	-4.2%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	1,110	6.92	9.44	2.52	36.4%
Pregnant Women and Women with Dependent Children Program (PWWDC)	46	9.18	8.92	-0.26	-2.8%
<b>Total</b>	<b>2,065</b>	<b>7.27</b>	<b>9.21</b>	<b>1.94</b>	<b>26.7%</b>

## Confidence to Control Use Under Stress and Peer Pressure

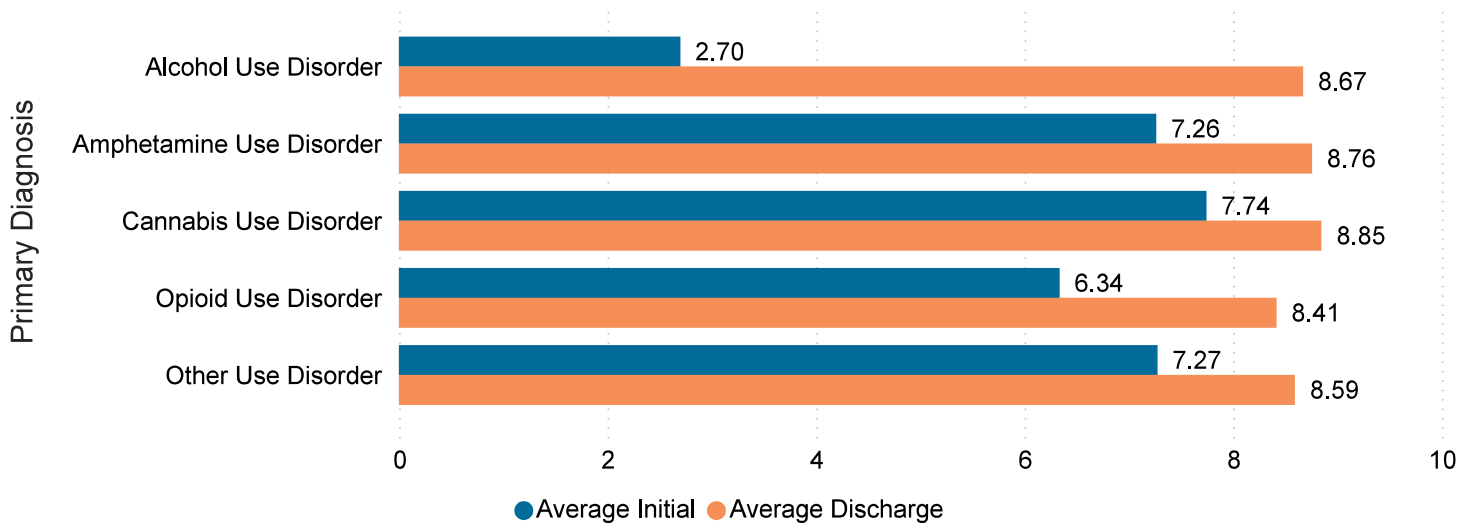


Clients are asked at the start of treatment and at the end of treatment to rate their confidence in their ability to control use under different stressful situations, including peer pressure. They rate each question on a scale from 0-"Not at All Confident" to 10-"Very Confident." The average of these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

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

Adults served in publicly funded treatment services reported an increase in their self-rated confidence to control use under stress and peer pressure.

### Self-Rated Confidence to Control Substance Use



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Clinically Managed Low Intensity Residential Services (3.1)	253	6.73	8.20	1.47	21.8%
Detoxification & Medically Monitored Detoxification Services	224	6.06	8.23	2.17	35.7%
Evidence-Based SUD Treatment for Justice-Involved Adults	447	7.96	8.93	0.96	12.1%
Gambling Services	38	5.99	8.38	2.40	40.0%
Intensive Inpatient Treatment (3.7)	662	5.64	8.18	2.54	45.0%
Intensive Meth Treatment (IMT)	139	6.82	8.45	1.63	23.8%
Moral Reconciliation Therapy for Justice-Involved Adults (MRT)	192	8.48	9.25	0.77	9.0%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	1,103	2.77	8.76	5.99	216.1%
Pregnant Women and Women with Dependent Children Program (PWWDC)	46	6.52	8.96	2.45	37.5%
<b>Total</b>	<b>2,044</b>	<b>3.77</b>	<b>8.70</b>	<b>4.93</b>	<b>130.5%</b>

## Visits to Emergency Department



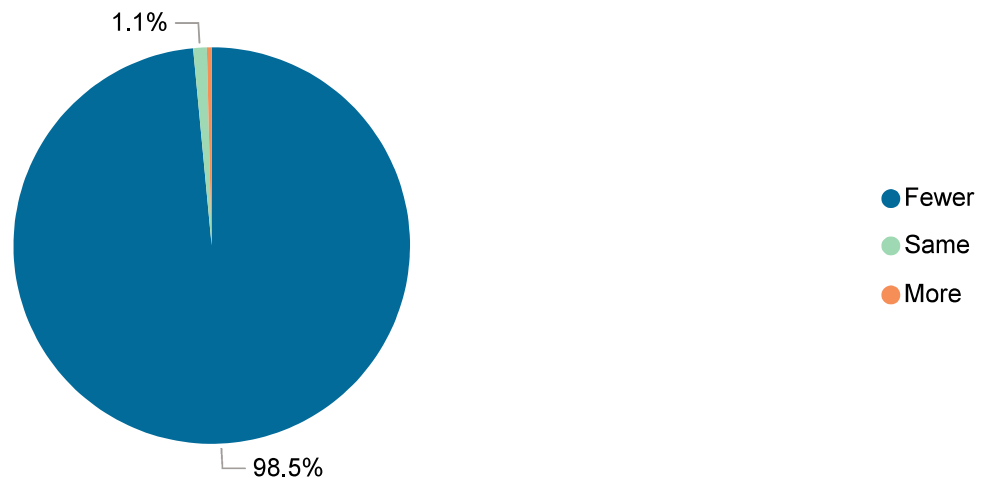
Clients are asked at the start of treatment and at the end of treatment, "How many times have you gone to an emergency room for a psychiatric or emotional problem in the past 30 days?" Only clients who completed this question at time of admission and time of discharge are included.

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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Clinically Managed Low Intensity Residential Services (3.1)	42	3.49	0.57	-2.91	-83.5%
Detoxification & Medically Monitored Detoxification Services	67	2.72	0.42	-2.31	-84.7%
Evidence-Based SUD Treatment for Justice-Involved Adults	12	1.50	0.50	-1.00	-66.7%
Gambling Services	8	1.38	0.50	-0.88	-63.6%
Intensive Inpatient Treatment (3.7)	140	3.41	0.76	-2.65	-77.8%
Intensive Meth Treatment (IMT)	12	3.31	0.38	-2.92	-88.4%
Moral Reconciliation Therapy for Justice-Involved Adults (MRT)	3	1.00	0.00	-1.00	-100.0%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	81	2.01	0.02	-1.99	-99.0%
Pregnant Women and Women with Dependent Children Program (PWWDC)	7	1.71	0.14	-1.57	-91.7%
<b>Total</b>	<b>194</b>	<b>2.10</b>	<b>0.06</b>	<b>-2.04</b>	<b>-97.3%</b>

## Detoxification Services



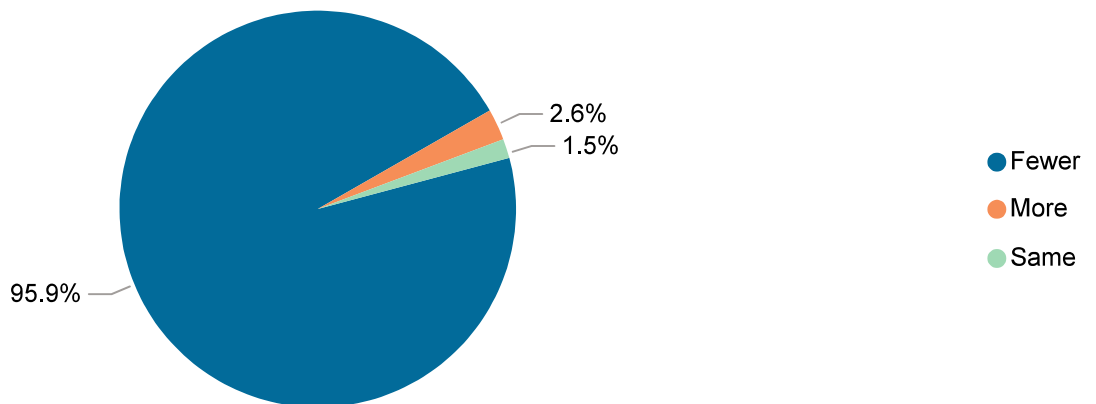
Clients are asked at the start of treatment and at the end of treatment, "How many nights have you spent in a facility for detoxification in the past 30 days?" Only clients who completed this question at time of admission and time of discharge are included.

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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Clinically Managed Low Intensity Residential Services (3.1)	72	6.73	2.30	-4.43	-65.8%
Detoxification & Medically Monitored Detoxification Services	124	5.61	2.21	-3.40	-60.6%
Evidence-Based SUD Treatment for Justice-Involved Adults	18	4.79	1.32	-3.47	-72.5%
Gambling Services	9	3.33	2.89	-0.44	-13.3%
Intensive Inpatient Treatment (3.7)	248	6.05	3.21	-2.84	-46.9%
Intensive Meth Treatment (IMT)	29	4.52	1.52	-3.00	-66.4%
Moral Reconciliation Therapy for Justice-Involved Adults (MRT)	7	3.14	1.00	-2.14	-68.2%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	135	1.26	0.13	-1.13	-90.0%
Pregnant Women and Women with Dependent Children Program (PWWDC)	7	7.86	5.29	-2.57	-32.7%
<b>Total</b>	<b>335</b>	<b>1.67</b>	<b>0.38</b>	<b>-1.29</b>	<b>-77.4%</b>

## Inpatient Substance Use Disorder Treatment Services



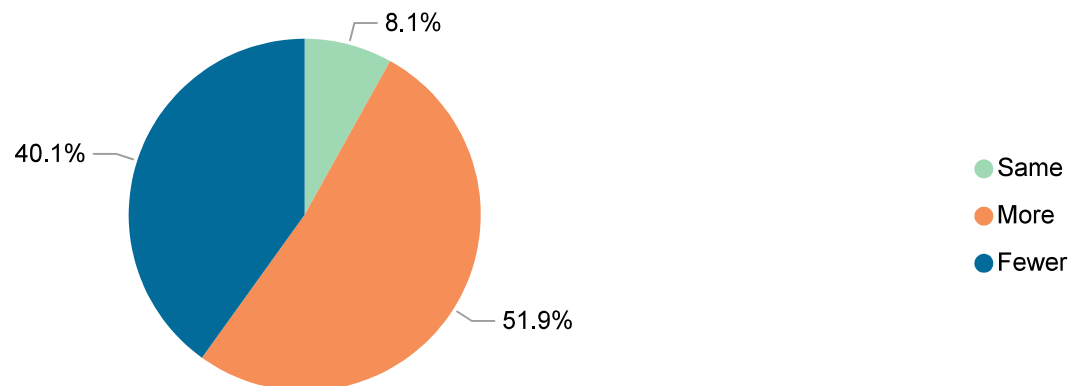
Clients are asked at the start of treatment and at the end of treatment, "How many nights have you spent in a facility for inpatient/residential substance use disorder treatment in the past 30 days?" Only clients who completed this question at time of admission and time of discharge are included.

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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Clinically Managed Low Intensity Residential Services (3.1)	77	14.07	18.93	4.86	34.6%
Detoxification & Medically Monitored Detoxification Services	73	9.67	17.96	8.29	85.7%
Evidence-Based SUD Treatment for Justice-Involved Adults	31	11.32	11.00	-0.32	-2.8%
Gambling Services	10	9.73	15.27	5.55	57.0%
Intensive Inpatient Treatment (3.7)	203	10.32	18.88	8.56	82.9%
Intensive Meth Treatment (IMT)	41	12.32	15.91	3.59	29.2%
Moral Reconciliation Therapy for Justice-Involved Adults (MRT)	14	15.27	3.53	-11.73	-76.9%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	156	12.88	15.28	2.40	18.6%
Pregnant Women and Women with Dependent Children Program (PWWDC)	7	20.63	22.50	1.88	9.1%
<b>Total</b>	<b>327</b>	<b>11.09</b>	<b>16.50</b>	<b>5.41</b>	<b>48.8%</b>

## Hospital Admissions for Mental Health Care



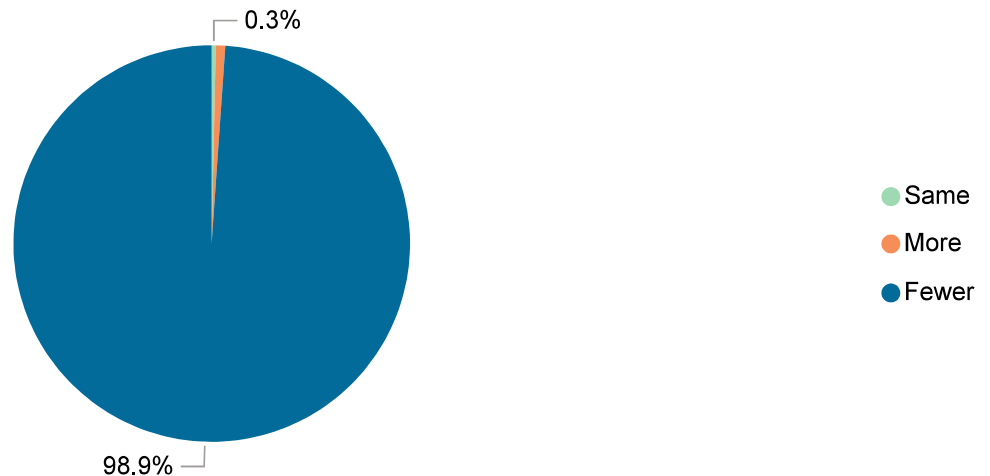
Clients are asked at the start of treatment and at the end of treatment, "How many nights have you spent in a facility for mental health care in the past 30 days?" Only clients who completed this question at time of admission and time of discharge are included.

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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Clinically Managed Low Intensity Residential Services (3.1)	40	6.51	4.32	-2.20	-33.7%
Detoxification & Medically Monitored Detoxification Services	44	5.48	1.11	-4.37	-79.8%
Evidence-Based SUD Treatment for Justice-Involved Adults	17	6.41	1.82	-4.59	-71.6%
Gambling Services	2	2.00	1.50	-0.50	-25.0%
Intensive Inpatient Treatment (3.7)	102	6.91	4.01	-2.90	-42.0%
Intensive Meth Treatment (IMT)	7	15.29	4.43	-10.86	-71.0%
Moral Reconciliation Therapy for Justice-Involved Adults (MRT)	5	4.40	0.00	-4.40	-100.0%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	71	3.11	0.09	-3.02	-97.2%
Pregnant Women and Women with Dependent Children Program (PWWDC)	3	1.00	1.33	0.33	33.3%
<b>Total</b>	<b>151</b>	<b>3.23</b>	<b>0.21</b>	<b>-3.02</b>	<b>-93.6%</b>



## Illness, Injury, or Surgery



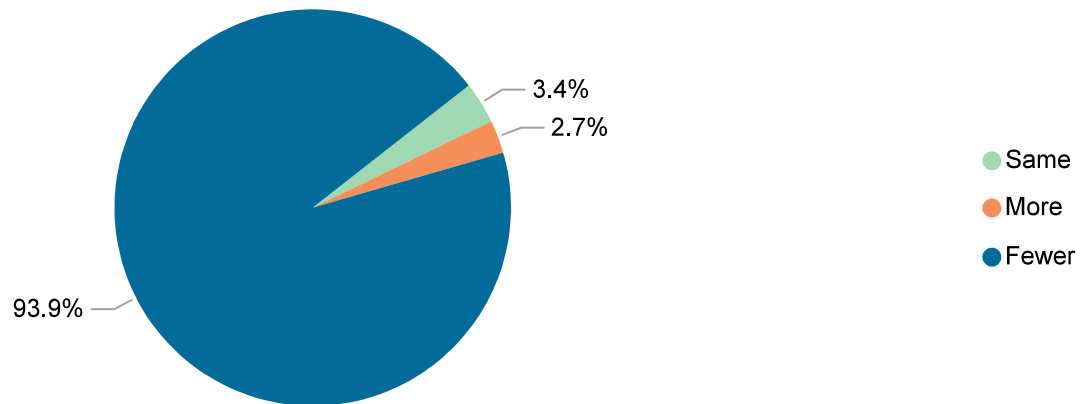
Clients are asked at the start of treatment and at the end of treatment, "How many nights have you spent in a facility for illness, injury, or surgery in the past 30 days?" Only clients who completed this question at time of admission and time of discharge are included.

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

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

At discharge, adults served in publicly funded treatment services reported a decrease in nights spent in a facility for illness, injury, or surgery in the past 30 days.

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Clinically Managed Low Intensity Residential Services (3.1)	33	6.55	2.05	-4.50	-68.7%
Detoxification & Medically Monitored Detoxification Services	37	5.20	0.63	-4.58	-88.0%
Evidence-Based SUD Treatment for Justice-Involved Adults	14	1.44	0.00	-1.44	-100.0%
Gambling Services	2	8.50	15.00	6.50	76.5%
Intensive Inpatient Treatment (3.7)	89	5.07	0.46	-4.61	-91.0%
Intensive Meth Treatment (IMT)	8	8.09	5.55	-2.55	-31.5%
Moral Reconciliation Therapy for Justice-Involved Adults (MRT)	7	3.29	0.00	-3.29	-100.0%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	53	5.16	0.73	-4.44	-85.9%
Pregnant Women and Women with Dependent Children Program (PWWDC)	2	1.00	0.00	-1.00	-100.0%
<b>Total</b>	<b>138</b>	<b>4.86</b>	<b>0.91</b>	<b>-3.96</b>	<b>-81.4%</b>

## Nights Spent in Correctional Facility



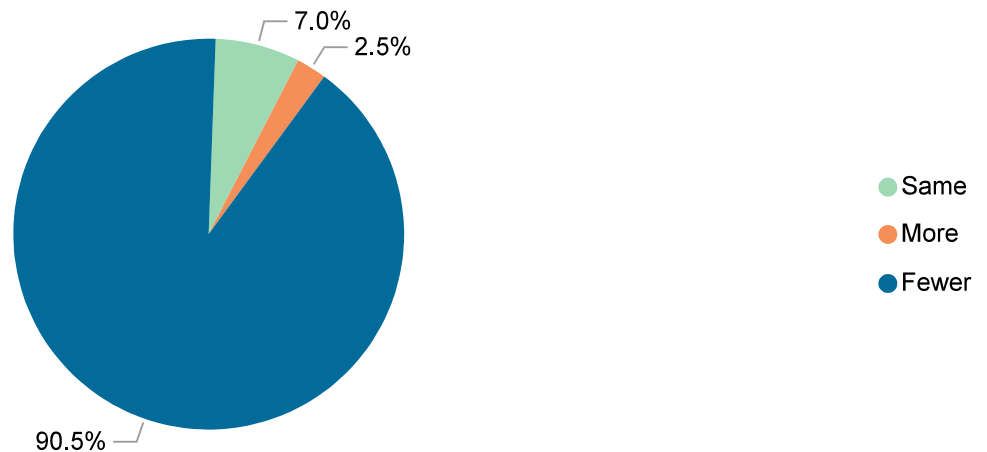
Clients are asked at the start of treatment and at the end of treatment, "How many nights have you spent in a correctional facility including jail or prisons (as a result of an arrest, parole or probation violation) in the past 30 days?" Only clients who completed this question at time of admission and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

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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Clinically Managed Low Intensity Residential Services (3.1)	114	23.10	1.66	-21.44	-92.8%
Detoxification & Medically Monitored Detoxification Services	70	11.44	1.64	-9.80	-85.7%
Evidence-Based SUD Treatment for Justice-Involved Adults	177	19.74	1.27	-18.48	-93.6%
Gambling Services	13	23.31	4.62	-18.69	-80.2%
Intensive Inpatient Treatment (3.7)	274	15.32	2.11	-13.20	-86.2%
Intensive Meth Treatment (IMT)	74	22.52	2.71	-19.81	-88.0%
Moral Reconciliation Therapy for Justice-Involved Adults (MRT)	48	14.71	0.18	-14.53	-98.8%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	339	15.85	3.33	-12.52	-79.0%
Pregnant Women and Women with Dependent Children Program (PWWDC)	21	22.00	0.32	-21.68	-98.6%
<b>Total</b>	<b>713</b>	<b>18.44</b>	<b>2.20</b>	<b>-16.25</b>	<b>-88.1%</b>



## Trouble as a Result of Substance Use

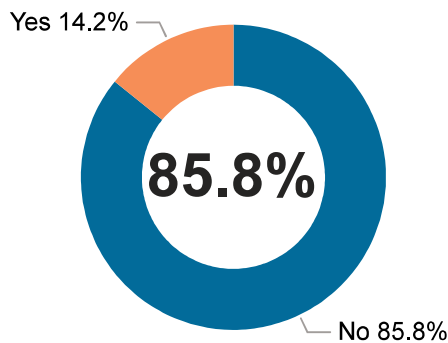


Clients are asked at the start of treatment and at the end of treatment, "Have you gotten in trouble at home, at school, work, or in the community, because of your use of alcohol, drugs, inhalants or gambling?" Only clients who completed this question at time of admission and time of discharge are included.

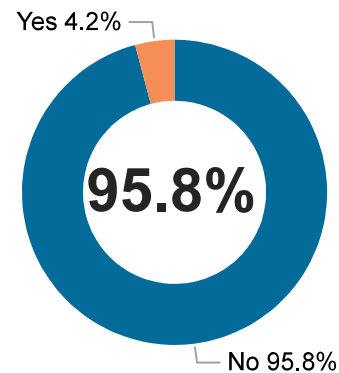
Clients' responses on these surveys are then broken out by the percentage of clients who responded "Yes" or "No" at time of admission and at time of discharge (donut chart) as well as the average responses and change from admission to discharge (table).

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

Initial: Have You Gotten in Trouble at Work/School/Community Due to Substance Use or Gambling?



Discharge: Have You Gotten in Trouble at Work/School/Community Due to Substance Use or Gambling?



Have You Gotten in Trouble Because of Substance Use or Gambling? 1-"Yes"; 0-"No"

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Clinically Managed Low Intensity Residential Services (3.1)	260	0.31	0.11	-0.21	-66.1%
Detoxification & Medically Monitored Detoxification Services	231	0.49	0.17	-0.33	-66.4%
Evidence-Based SUD Treatment for Justice-Involved Adults	462	0.15	0.02	-0.12	-83.3%
Gambling Services	39	0.50	0.09	-0.41	-81.8%
Intensive Inpatient Treatment (3.7)	670	0.47	0.14	-0.33	-69.9%
Intensive Meth Treatment (IMT)	139	0.32	0.08	-0.24	-74.5%
Moral Reconciliation Therapy for Justice-Involved Adults (MRT)	195	0.13	0.02	-0.11	-82.8%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	1,115	0.10	0.03	-0.07	-67.3%
Pregnant Women and Women with Dependent Children Program (PWWDC)	46	0.30	0.10	-0.20	-66.7%
<b>Total</b>	<b>2,076</b>	<b>0.14</b>	<b>0.04</b>	<b>-0.10</b>	<b>-70.6%</b>

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

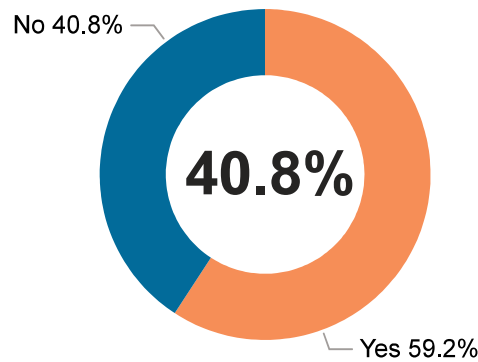


Clients are asked at the start of treatment and at the end of treatment, "Have you missed school or work because of using alcohol, drugs, inhalants, or gambling?" Only clients who completed this question at time of admission and time of discharge are included.

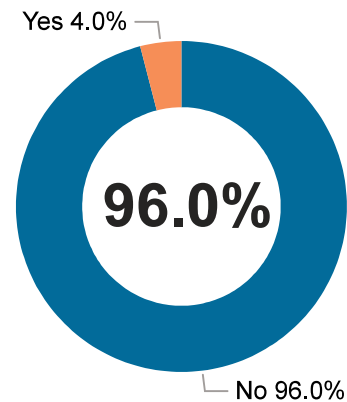
Clients' responses on these surveys are then broken out by the percentage of clients who responded "Yes" or "No" at time of admission and at time of discharge (donut chart) as well as the average responses and change from admission to discharge (table).

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

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



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



Have You Missed School or Work Because of Substance Use or Gambling? 1-"Yes"; 0-"No"

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Clinically Managed Low Intensity Residential Services (3.1)	260	0.30	0.10	-0.20	-67.0%
Detoxification & Medically Monitored Detoxification Services	229	0.47	0.18	-0.29	-61.2%
Evidence-Based SUD Treatment for Justice-Involved Adults	461	0.12	0.03	-0.09	-74.6%
Gambling Services	39	0.48	0.20	-0.27	-57.1%
Intensive Inpatient Treatment (3.7)	665	0.44	0.14	-0.30	-67.4%
Intensive Meth Treatment (IMT)	139	0.29	0.07	-0.22	-76.1%
Moral Reconciliation Therapy for Justice-Involved Adults (MRT)	194	0.06	0.02	-0.04	-61.5%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	1,108	0.71	0.03	-0.68	-96.0%
Pregnant Women and Women with Dependent Children Program (PWWDC)	46	0.24	0.06	-0.18	-75.0%
<b>Total</b>	<b>2,066</b>	<b>0.59</b>	<b>0.04</b>	<b>-0.55</b>	<b>-93.2%</b>

## General Satisfaction with Services

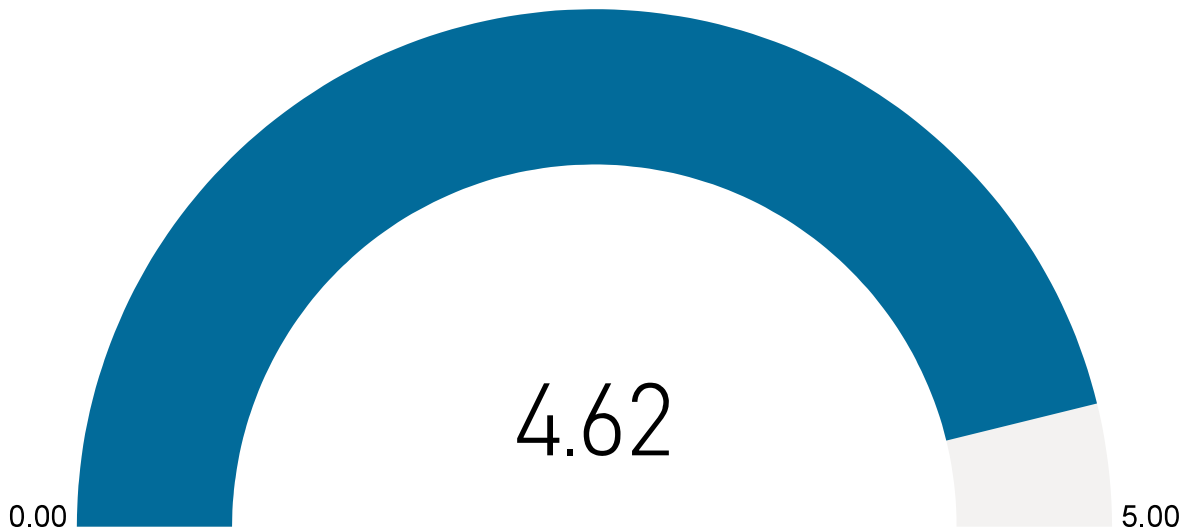


Clients are asked at discharge to rate how strongly they agree with three different questions pertaining to their overall satisfaction with treatment services they received. The average of these three responses is given below. To see specific questions, please see Appendix B.

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

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

Were You Satisfied With the Services You Received?



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

Treatment Services	Unduplicated Client Count	General Satisfaction with Services
Clinically Managed Low Intensity Residential Services (3.1)	264	4.24
Detoxification & Medically Monitored Detoxification Services	234	4.26
Evidence-Based SUD Treatment for Justice-Involved Adults	464	4.22
Gambling Services	39	4.23
Intensive Inpatient Treatment (3.7)	682	4.26
Intensive Meth Treatment (IMT)	141	4.21
Moral Reconciliation Therapy for Justice-Involved Adults (MRT)	196	4.23
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	1,127	4.73
Pregnant Women and Women with Dependent Children Program (PWWDC)	46	4.29
<b>Total</b>	<b>2,097</b>	<b>4.62</b>

## Improved Functioning



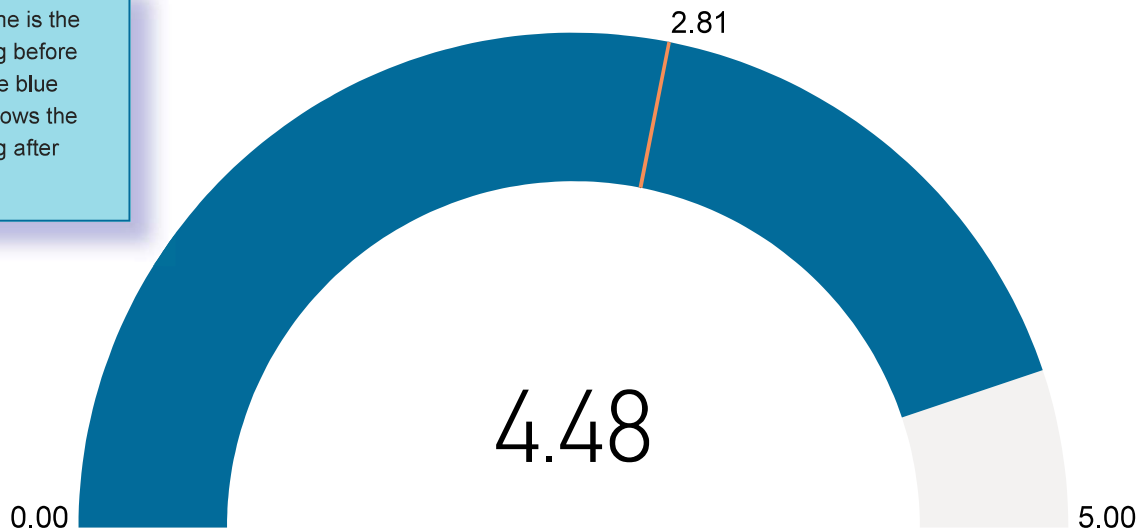
Clients are asked at discharge to rate how strongly they agree with four different questions pertaining to their perception of their mental health and social well-being before and after the services they received. The average of these four responses is given below. To see specific questions, please see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

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

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

### Improved Functioning

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Clinically Managed Low Intensity Residential Services (3.1)	264	3.58	4.09	0.51	14.2%
Detoxification & Medically Monitored Detoxification Services	234	3.28	4.13	0.85	25.9%
Evidence-Based SUD Treatment for Justice-Involved Adults	464	3.98	4.25	0.27	6.7%
Gambling Services	39	3.34	4.17	0.84	25.0%
Intensive Inpatient Treatment (3.7)	682	3.33	4.17	0.84	25.2%
Intensive Meth Treatment (IMT)	141	3.66	4.31	0.65	17.8%
Moral Reconciliation Therapy for Justice-Involved Adults (MRT)	196	4.01	4.33	0.31	7.8%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	1,127	2.52	4.56	2.04	80.8%
Pregnant Women and Women with Dependent Children Program (PWWDC)	46	3.62	4.40	0.78	21.6%
<b>Total</b>	<b>2,097</b>	<b>2.81</b>	<b>4.48</b>	<b>1.67</b>	<b>59.6%</b>

## Social Connectedness



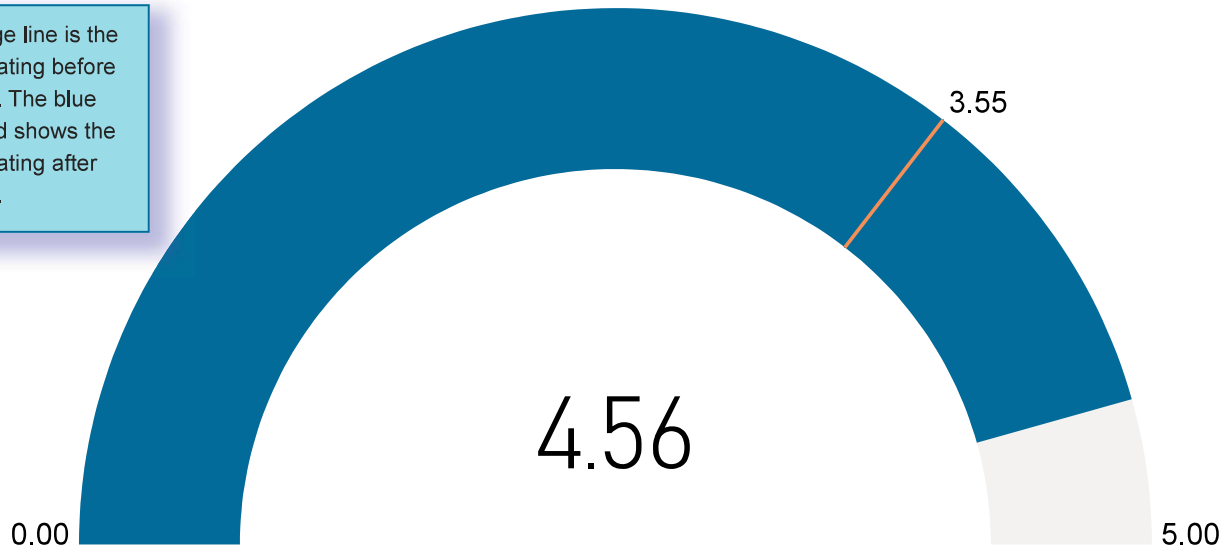
Clients are asked at discharge to rate how strongly they agree with four different questions pertaining to their connections with their family, friends, and community. The average of these four responses is given below. To see specific questions, please see Appendix B.

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

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

### Social Connectedness

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Clinically Managed Low Intensity Residential Services (3.1)	264	3.51	3.99	0.48	13.8%
Detoxification & Medically Monitored Detoxification Services	234	3.55	4.06	0.51	14.4%
Evidence-Based SUD Treatment for Justice-Involved Adults	464	3.93	4.22	0.29	7.4%
Gambling Services	39	3.67	4.24	0.57	15.5%
Intensive Inpatient Treatment (3.7)	682	3.55	4.05	0.50	14.2%
Intensive Meth Treatment (IMT)	141	3.70	4.22	0.52	14.0%
Moral Reconciliation Therapy for Justice-Involved Adults (MRT)	196	4.06	4.29	0.23	5.6%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	1,127	3.47	4.70	1.23	35.3%
Pregnant Women and Women with Dependent Children Program (PWWDC)	46	3.83	4.26	0.43	11.2%
<b>Total</b>	<b>2,097</b>	<b>3.55</b>	<b>4.56</b>	<b>1.02</b>	<b>28.7%</b>

## Participation in Treatment Planning and Outcomes of Services



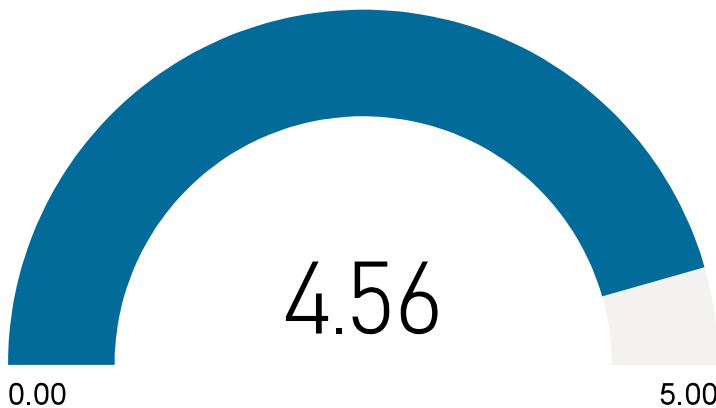
Clients are asked at discharge to rate how strongly they agree with two different questions pertaining to their participation in treatment planning for services they received. The average of these two responses is given below.

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

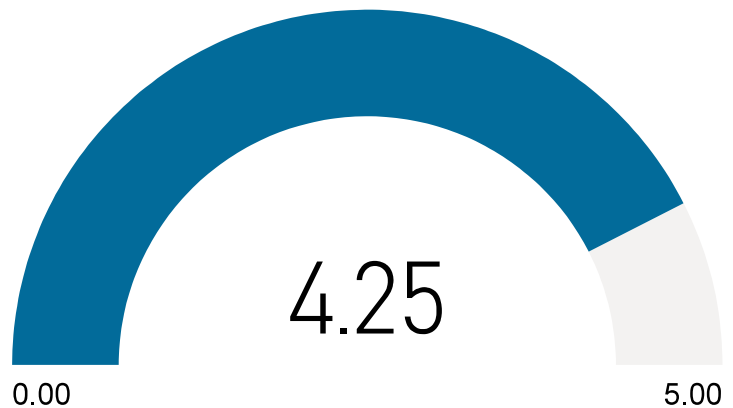
Clients' responses on these surveys are then broken out by the type of treatment service they received. If they received multiple types of treatment services in FY24, their responses are counted once in each service.

Adults served in publicly funded treatment services reported high levels of participation in treatment planning and good outcomes as a result of services received.

Participation in Treatment Planning



Outcomes of Treatment Services



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

Treatment Services	Unduplicated Client Count	Participation in Treatment Planning	Outcomes of Treatment Services
Clinically Managed Low Intensity Residential Services (3.1)	264	3.94	4.16
Detoxification & Medically Monitored Detoxification Services	234	4.14	4.02
Evidence-Based SUD Treatment for Justice-Involved Adults	464	4.19	4.18
Gambling Services	39	4.18	4.01
Intensive Inpatient Treatment (3.7)	682	4.17	4.01
Intensive Meth Treatment (IMT)	141	4.13	4.18
Moral Reconciliation Therapy for Justice-Involved Adults (MRT)	196	4.09	4.23
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	1,127	4.70	4.28
Pregnant Women and Women with Dependent Children Program (PWWDC)	46	4.15	4.02
<b>Total</b>	<b>2,097</b>	<b>4.56</b>	<b>4.25</b>



## Access and Quality and Appropriateness of Services



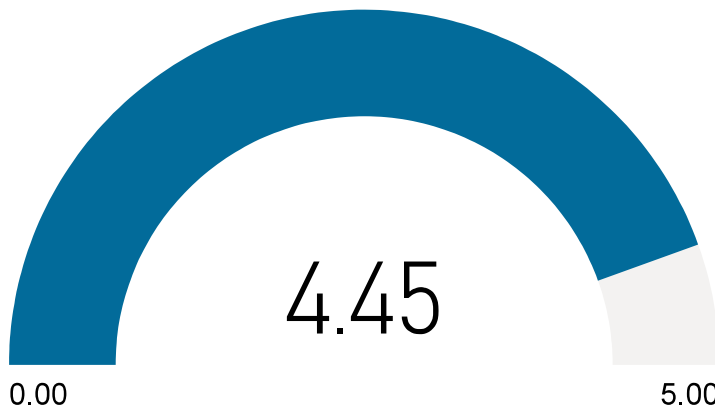
Clients are asked at discharge to rate how strongly they agree with five different questions pertaining to the ease and convenience of accessing the services they received. The average of these five responses is given below.

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

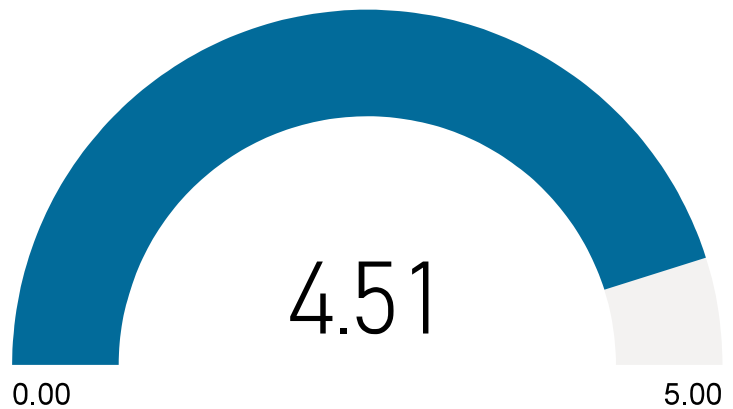
Clients' responses on these surveys are then broken out by the type of treatment service they received. If they received multiple types of treatment services in FY24, their responses are counted once in each service.

Adults served in publicly funded treatment services reported ease and convenience when accessing services and high quality and appropriateness of services.

Access to Services



Quality and Appropriateness of Services



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

Treatment Services	Unduplicated Client Count	Access to Services	Quality and Appropriateness
Clinically Managed Low Intensity Residential Services (3.1)	264	4.04	4.14
Detoxification & Medically Monitored Detoxification Services	234	4.01	4.09
Evidence-Based SUD Treatment for Justice-Involved Adults	464	4.16	4.15
Gambling Services	39	4.09	4.18
Intensive Inpatient Treatment (3.7)	682	4.07	4.18
Intensive Meth Treatment (IMT)	141	4.09	4.18
Moral Reconciliation Therapy for Justice-Involved Adults (MRT)	196	4.19	4.14
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	1,127	4.56	4.63
Pregnant Women and Women with Dependent Children Program (PWWDC)	46	4.12	4.08
<b>Total</b>	<b>2,097</b>	<b>4.45</b>	<b>4.51</b>

## Texas Christian University (TCU) Criminal Thinking Sub-Scales

The TCU Criminal Thinking Sub-Scales are administered at admission into and at discharge from specialized treatment services. The sub-scales were developed to assess cognitive functioning related to criminal conduct. Scores range from 10 to 50.

A reduction in any of the six sub-scales may indicate a reduction in criminal thinking. As a result, reductions (negative differences and negative percent change) are desirable.

### Insensitivity to Impact of Crime (IN)

Program	Unduplicated Client Count	Average Initial	Average Discharge	Difference	Percent Change
Intensive Meth Treatment (IMT)	267	18.02	15.58	-2.44	-13.5%
Moral Reconciliation Therapy for Justice-Involved Adults (MRT)	360	16.03	14.73	-1.30	-8.1%

### Response Disinhibition (RD)

Program	Unduplicated Client Count	Average Initial	Average Discharge	Difference	Percent Change
Intensive Meth Treatment (IMT)	267	29.15	24.05	-5.10	-17.5%
Moral Reconciliation Therapy for Justice-Involved Adults (MRT)	360	23.98	20.62	-3.36	-14.0%

### Justification (JU)

Program	Unduplicated Client Count	Average Initial	Average Discharge	Difference	Percent Change
Intensive Meth Treatment (IMT)	267	21.64	17.78	-3.86	-17.8%
Moral Reconciliation Therapy for Justice-Involved Adults (MRT)	360	18.73	16.93	-1.80	-9.6%

### Power Orientation (PO)

Program	Unduplicated Client Count	Average Initial	Average Discharge	Difference	Percent Change
Intensive Meth Treatment (IMT)	267	21.56	18.37	-3.20	-14.8%
Moral Reconciliation Therapy for Justice-Involved Adults (MRT)	360	19.65	17.85	-1.80	-9.2%

### Grandiosity (GR)

Program	Unduplicated Client Count	Average Initial	Average Discharge	Difference	Percent Change
Intensive Meth Treatment (IMT)	267	22.43	20.40	-2.03	-9.0%
Moral Reconciliation Therapy for Justice-Involved Adults (MRT)	360	20.16	17.95	-2.21	-11.0%

### Social Desirability (SD)

Program	Unduplicated Client Count	Average Initial	Average Discharge	Difference	Percent Change
Intensive Meth Treatment (IMT)	267	31.90	32.35	0.45	1.4%
Moral Reconciliation Therapy for Justice-Involved Adults (MRT)	360	31.47	31.09	-0.38	-1.2%

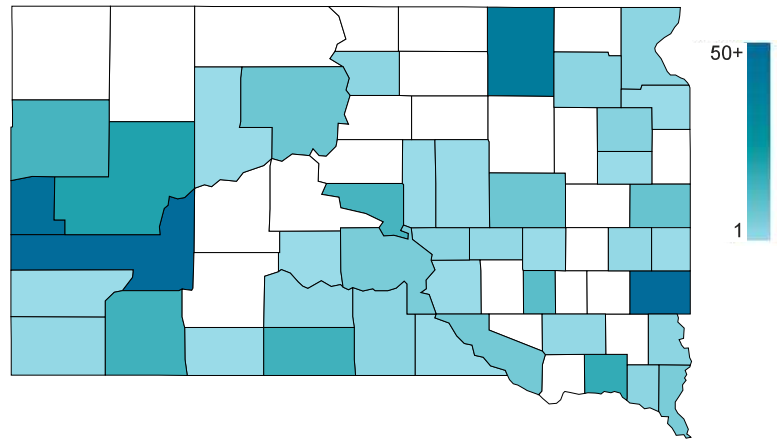


# Youth SUD Treatment Services

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## Youth SUD Treatment Services

County of Residence for Clients Who Received Publicly Funded Services



Treatment Services

	Publicly Funded Clients Served	Average Duration of Treatment (Days)
Evidence-Based SUD Treatment for Justice-Involved & At-Risk Youth	13	57
Intensive Inpatient Treatment (3.7)	193	43
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	302	57

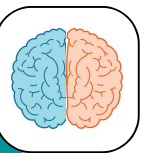


Unduplicated Clients Served  
(Publicly Funded)

466

Publicly Funded Clients Served with  
Co-Occurring Mental Health Conditions

239



Veterans Served (Publicly Funded)

0

Pregnant Clients Served  
(Publicly Funded)

2



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

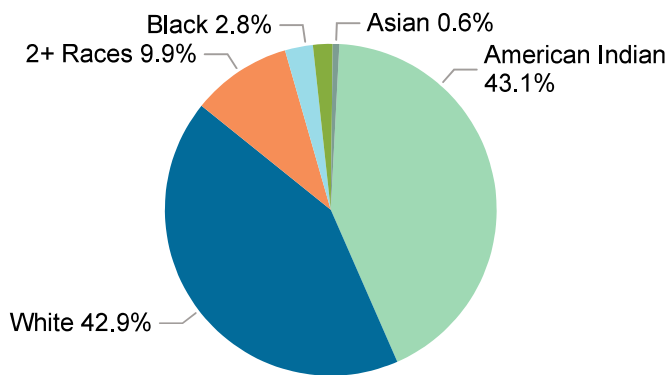
## Race & Ethnicity

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

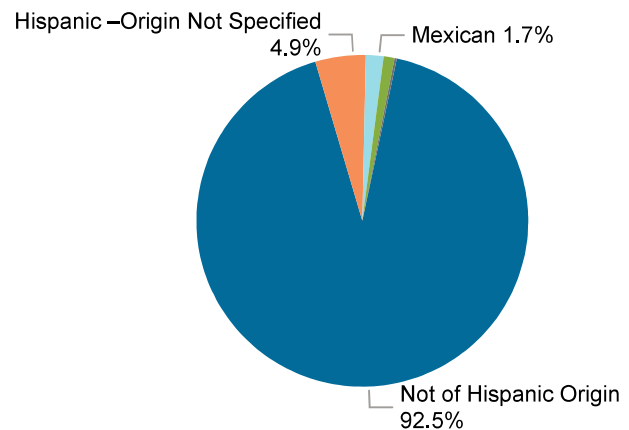


According to the U.S. Census Bureau, 84.2% of South Dakotans identify as White, 8.5% identify as American Indian, and 5.1% identify as Hispanic.

Clients Served by Race



Clients Served by Ethnicity



Clients Served by Service Type and Race

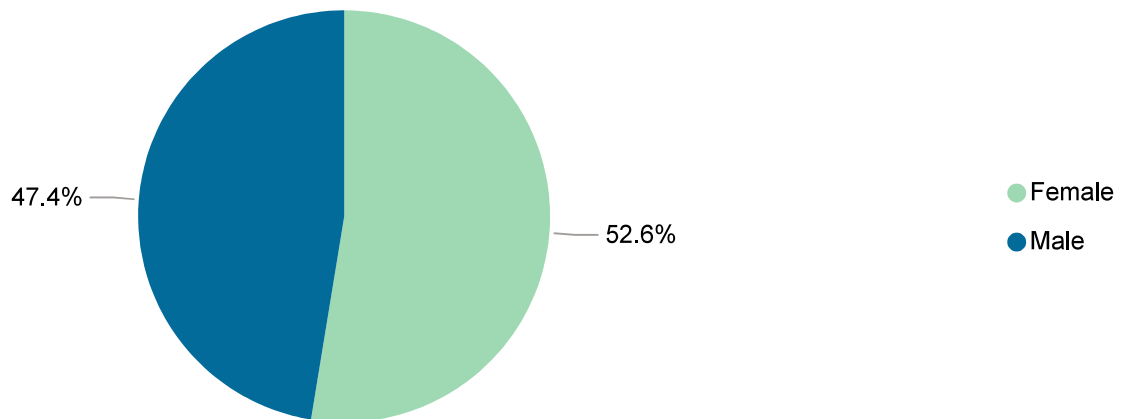
Treatment Services	2+ Races		American Indian		Asian		Black		Other		White		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Evidence-Based SUD Treatment for Justice-Involved & At-Risk Youth	2	15.4%	4	30.8%			3	23.1%			4	30.8%	13	100.0%
Intensive Inpatient Treatment (3.7)	25	13.0%	127	65.8%	1	0.5%	4	2.1%	3	1.6%	36	18.7%	193	100.0%
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	23	7.6%	91	30.1%	2	0.7%	9	3.0%	6	2.0%	172	57.0%	302	100.0%
<b>Total</b>	<b>46</b>	<b>9.9%</b>	<b>201</b>	<b>43.1%</b>	<b>3</b>	<b>0.6%</b>	<b>13</b>	<b>2.8%</b>	<b>9</b>	<b>1.9%</b>	<b>200</b>	<b>42.9%</b>	<b>466</b>	<b>100.0%</b>

## Gender

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



### Clients Served by Self-Identified Gender



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

Treatment Services	Female		Male		Total	
	N	%	N	%	N	%
Evidence-Based SUD Treatment for Justice-Involved & At-Risk Youth	5	38.5%	8	61.5%	13	100.0%
Intensive Inpatient Treatment (3.7)	112	58.0%	81	42.0%	193	100.0%
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	151	50.0%	151	50.0%	302	100.0%
<b>Total</b>	<b>245</b>	<b>52.6%</b>	<b>221</b>	<b>47.4%</b>	<b>466</b>	<b>100.0%</b>

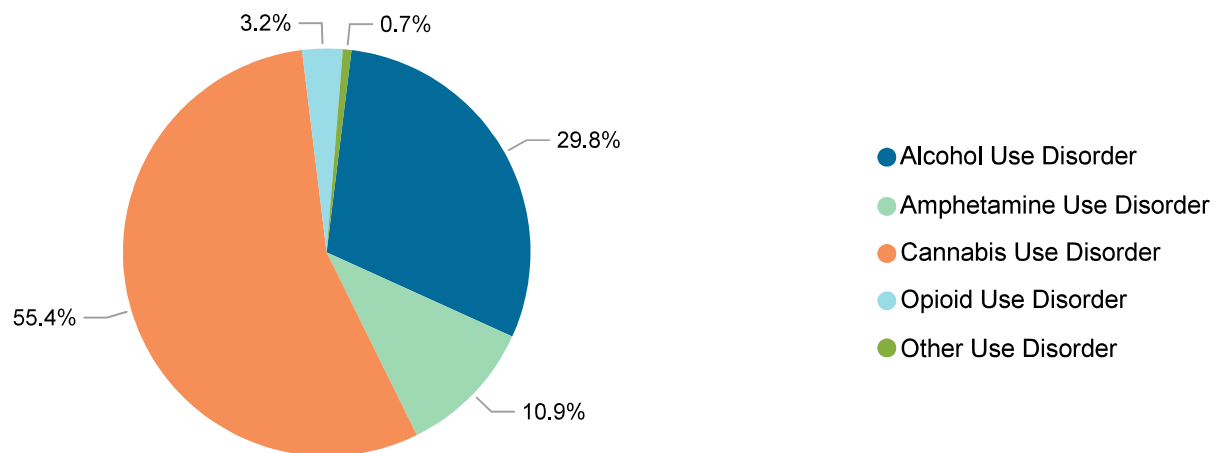
## Primary Diagnosis

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

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



### Clients Served for Each Primary Diagnosis



### Diagnosis by Service Type

Treatment Services	Alcohol Use Disorder		Amphetamine Use Disorder		Cannabis Use Disorder		Opioid Use Disorder		Other Use Disorder		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
Evidence-Based SUD Treatment for Justice-Involved & At-Risk Youth	3	23.1%			10	76.9%					13	100.0%
Intensive Inpatient Treatment (3.7)	80	38.5%	39	18.8%	77	37.0%	11	5.3%	1	0.5%	193	100.0%
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	62	24.8%	14	5.6%	168	67.2%	4	1.6%	2	0.8%	246	100.0%
<b>Total</b>	<b>131</b>	<b>29.8%</b>	<b>48</b>	<b>10.9%</b>	<b>243</b>	<b>55.4%</b>	<b>14</b>	<b>3.2%</b>	<b>3</b>	<b>0.7%</b>	<b>410</b>	<b>100.0%</b>

## Reason for Discharge

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

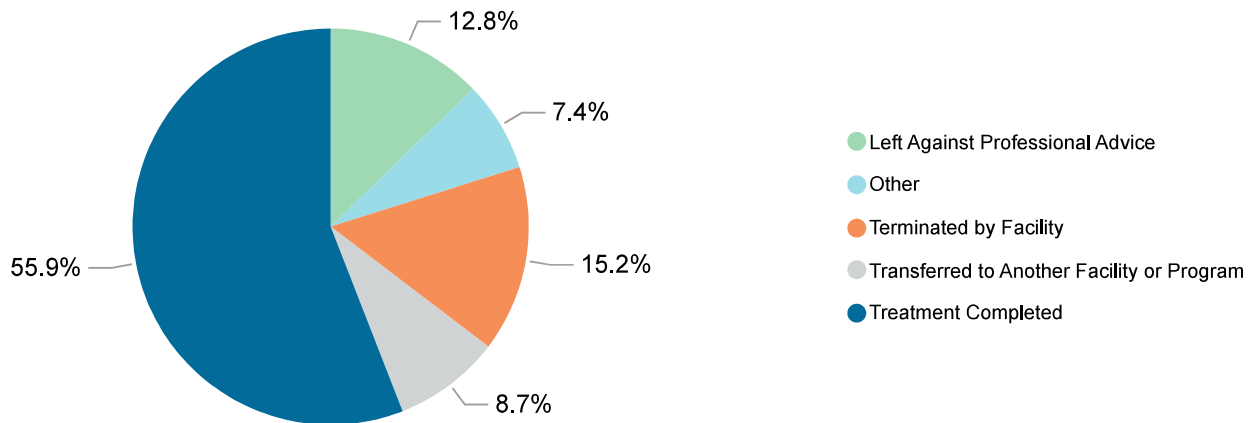
Please note, a client may have more than one admission and discharge.

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

The national rate for successful treatment completion for adult and youth clients was 35%.



### Reason for Discharge From Services



### Reason for Discharge by Service Type

Treatment Services	Left Against Professional Advice		Other		Terminated by Facility		Transferred to Another Facility or Program		Treatment Completed		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
Evidence-Based SUD Treatment for Justice-Involved & At-Risk Youth	4	50.0%	1	12.5%			1	12.5%	2	25.0%	8	100.0%
Intensive Inpatient Treatment (3.7)	22	10.6%	1	0.5%	56	26.9%	14	6.7%	115	55.3%	208	100.0%
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	37	14.9%	31	12.5%	12	4.8%	29	11.7%	139	56.0%	248	100.0%
<b>Total</b>	<b>57</b>	<b>12.8%</b>	<b>33</b>	<b>7.4%</b>	<b>68</b>	<b>15.2%</b>	<b>39</b>	<b>8.7%</b>	<b>250</b>	<b>55.9%</b>	<b>447</b>	<b>100.0%</b>

## Living Situation

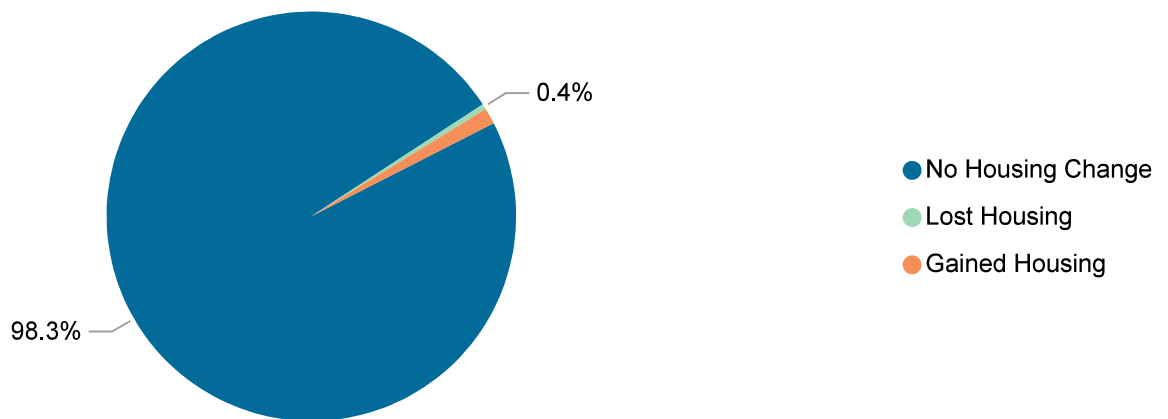
The data below reflect the living situations of youth served in publicly funded treatment services.



The national rate of homelessness for adult and youth clients was 12%.

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

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



### Clients Who Reported Homelessness at Admission and Discharge

Treatment Services	Unduplicated Client Count	Homelessness at Admission	Homelessness at Discharge
Evidence-Based SUD Treatment for Justice-Involved & At-Risk Youth	13	0.0%	0.0%
Intensive Inpatient Treatment (3.7)	193	2.1%	0.7%
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	302	0.5%	0.3%
<b>Total</b>	<b>466</b>	<b>1.2%</b>	<b>0.5%</b>



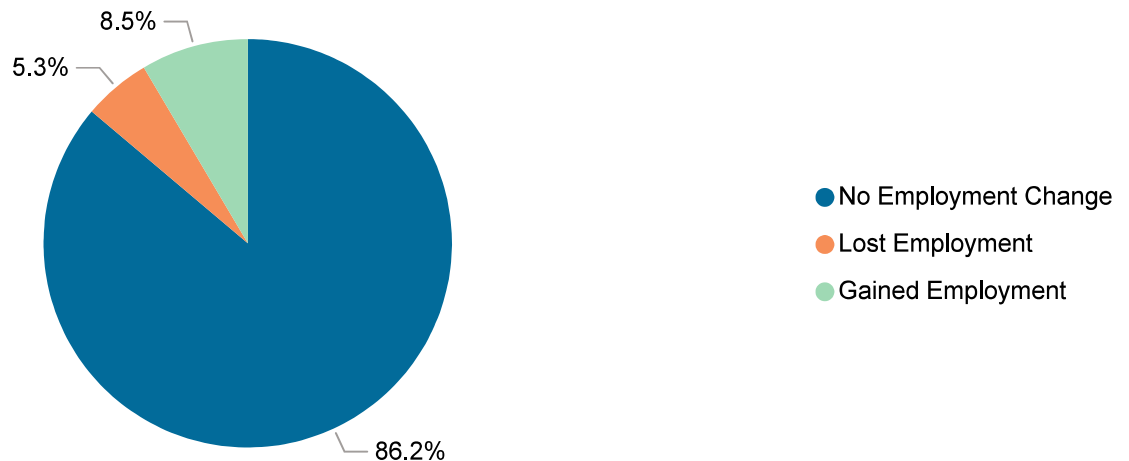
## Employment

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

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



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



### Client Employment at Admission and Discharge

Treatment Services	Unduplicated Client Count	Employment at Admission	Employment at Discharge
Evidence-Based SUD Treatment for Justice-Involved & At-Risk Youth	9	30.8%	0.0%
Intensive Inpatient Treatment (3.7)	183	2.0%	0.8%
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	249	17.9%	22.9%
<b>Total</b>	<b>400</b>	<b>11.7%</b>	<b>14.2%</b>

## Arrest History



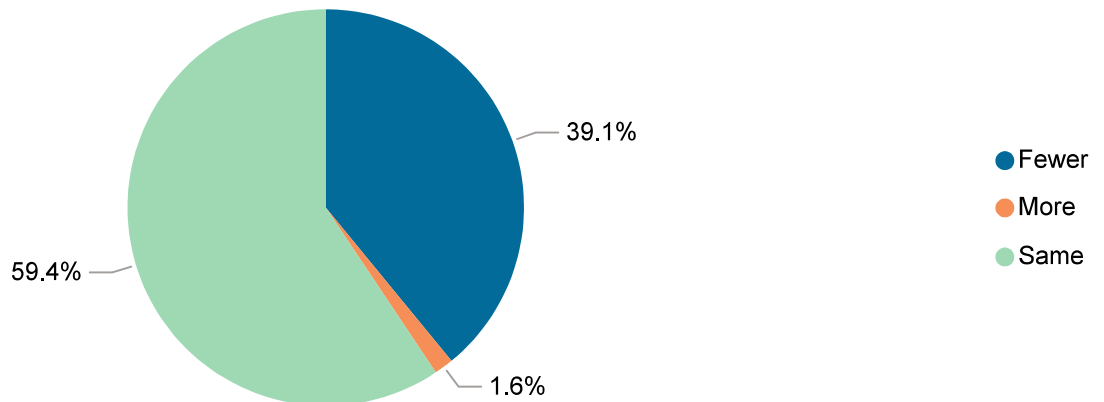
The national rate of adult and youth clients with at least one arrest was 4%.

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

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

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

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



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

Treatment Services	Unduplicated Client Count	Arrests at Admission	Arrests at Discharge
Intensive Inpatient Treatment (3.7)	64	50.7%	5.8%
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	55	38.4%	2.7%
<b>Total</b>	<b>108</b>	<b>41.4%</b>	<b>3.9%</b>

## General Health

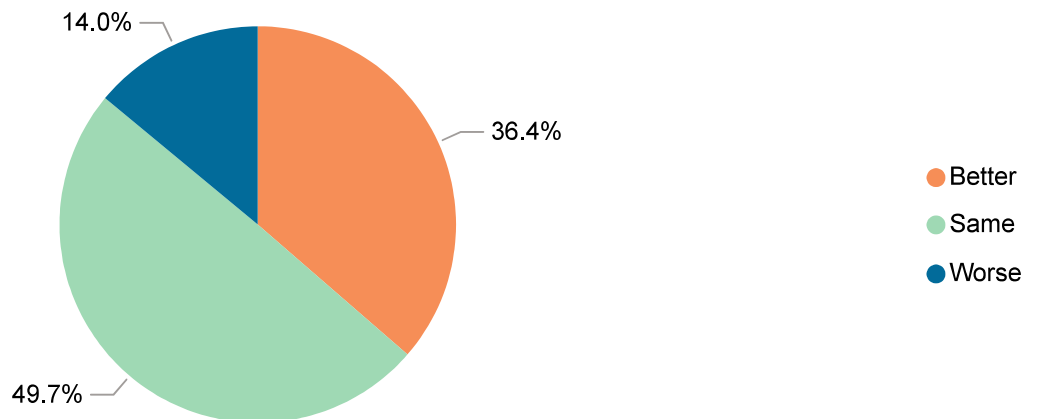


Clients are asked at the start of treatment and at the end of treatment, "Would you say that in general your health is?" Clients could answer in a range from 1-"Poor" to 5-"Excellent". Only clients who completed this question at time of admission and time of discharge are included.

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Evidence-Based SUD Treatment for Justice-Involved & At-Risk Youth	1	4.00	4.00	0.00	0.0%
Intensive Inpatient Treatment (3.7)	75	3.24	3.72	0.48	14.7%
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	61	3.37	3.49	0.13	3.8%
<b>Total</b>	<b>121</b>	<b>3.27</b>	<b>3.57</b>	<b>0.29</b>	<b>9.0%</b>

## Physical Health

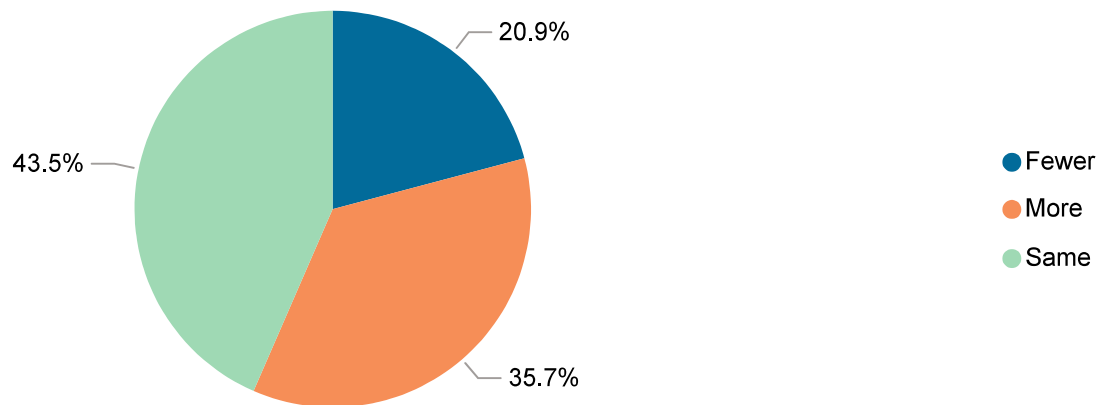


Clients are asked at the start of treatment and at the end of treatment, "Now thinking about your physical health, which includes physical illness and injury, how many days during the past 30 days was your physical health not good?" Only clients who completed this question at time of admission and time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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Intensive Inpatient Treatment (3.7)	56	3.85	3.05	-0.80	-20.8%
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	53	1.77	3.18	1.41	79.4%
<b>Total</b>	<b>96</b>	<b>2.97</b>	<b>3.03</b>	<b>0.05</b>	<b>1.8%</b>

## Mental Health

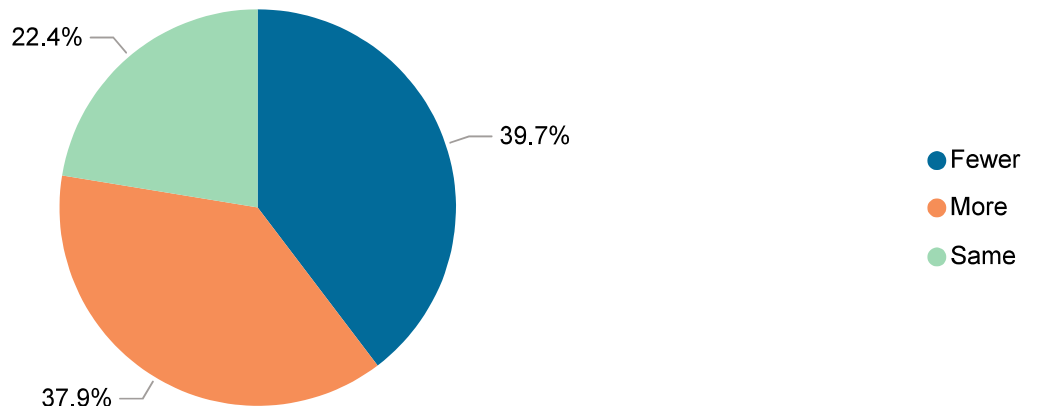


Clients are asked at the start of treatment and at the end of treatment, "Now thinking about your mental health, which includes stress, depression, and problems with emotions, how many days during the past 30 days was your mental health not good?" Only clients who completed this question at time of admission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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Intensive Inpatient Treatment (3.7)	58	11.05	7.98	-3.07	-27.7%
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	54	10.32	11.27	0.94	9.1%
<b>Total</b>	<b>98</b>	<b>10.07</b>	<b>9.53</b>	<b>-0.54</b>	<b>-5.4%</b>

## Physical or Mental Health Prevented Normal Activities

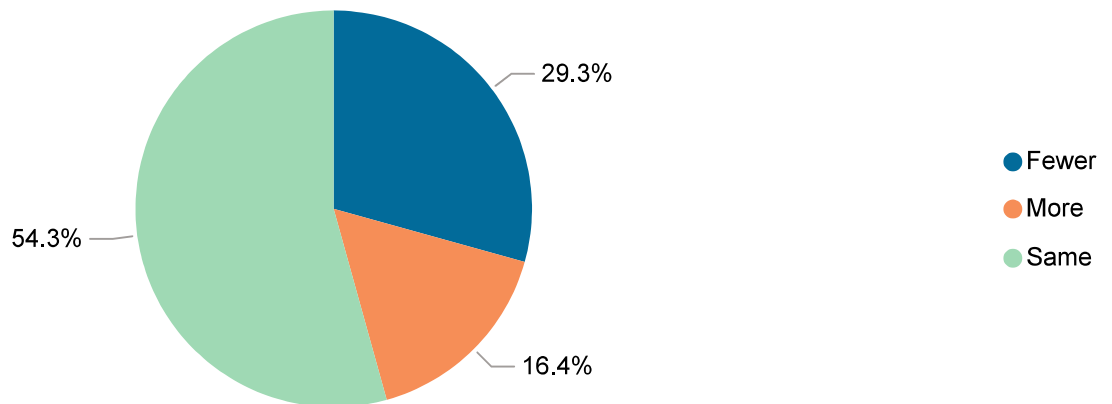


Clients are asked at the start of treatment and at the end of treatment, "During the past 30 days, approximately how many days did your poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?" Only clients who completed this question at time of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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Intensive Inpatient Treatment (3.7)	58	6.93	2.38	-4.56	-65.7%
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	54	3.58	1.46	-2.11	-59.1%
<b>Total</b>	<b>98</b>	<b>4.71</b>	<b>2.03</b>	<b>-2.68</b>	<b>-57.0%</b>

## Reported Attempts to Die by Suicide



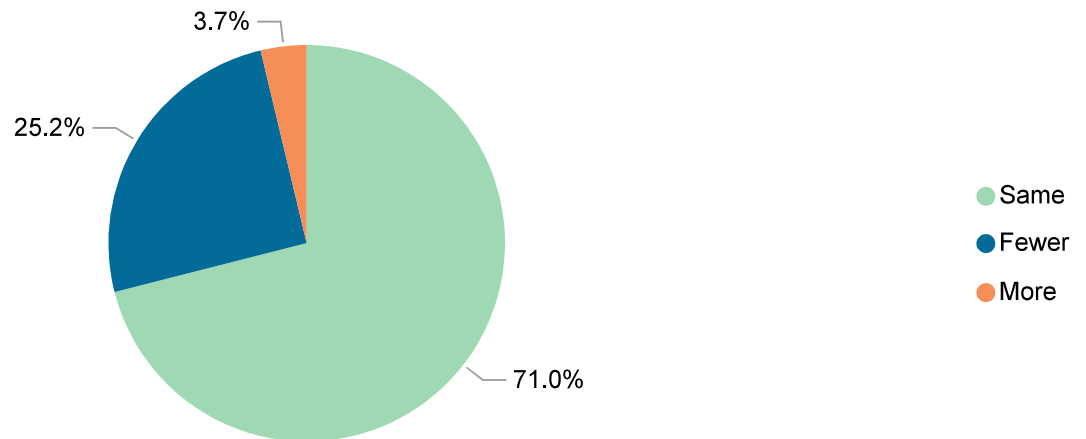
If you, or someone you know, is in need of crisis support, or experiencing emotional distress, call or text 988, or chat at <https://988lifeline.org/>.

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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Evidence-Based SUD Treatment for Justice-Involved & At-Risk Youth	1	0.00	0.00	0.00	NaN
Intensive Inpatient Treatment (3.7)	59	0.77	0.44	-0.33	-42.9%
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	52	0.28	0.56	0.28	100.0%
<b>Total</b>	<b>100</b>	<b>0.56</b>	<b>0.43</b>	<b>-0.13</b>	<b>-23.3%</b>

## Ability to Control Alcohol Use



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

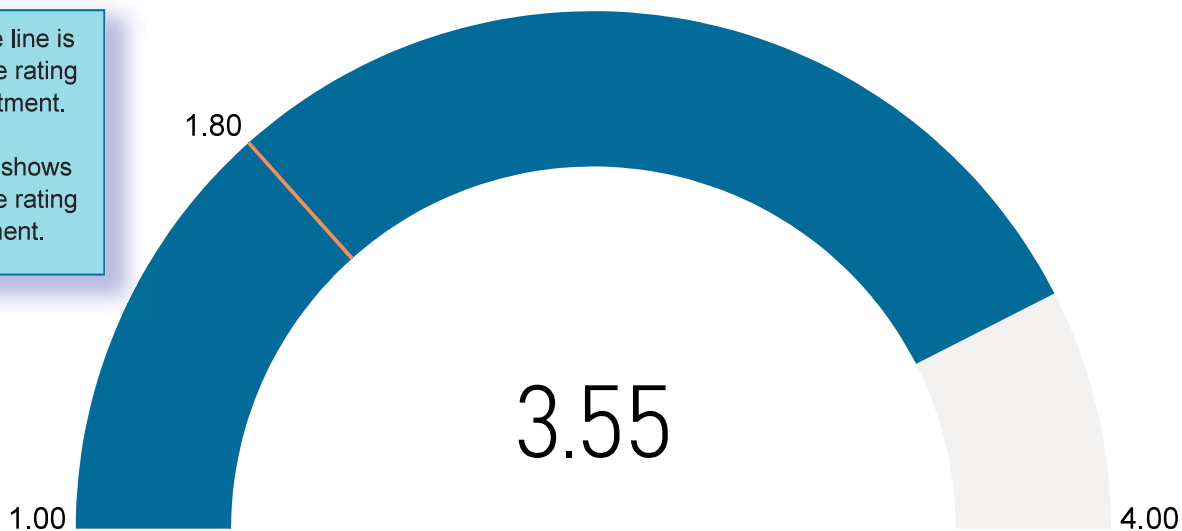
Only clients with a primary alcohol use disorder are included in this outcome measure. Clients with primary non-alcohol use disorder rate their ability to control their drug use specifically on the following page.

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

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

### Ability to Control Alcohol Use

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Intensive Inpatient Treatment (3.7)	30	1.74	3.46	1.71	98.4%
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	19	1.91	3.68	1.77	92.9%
<b>Total</b>	<b>44</b>	<b>1.80</b>	<b>3.55</b>	<b>1.75</b>	<b>96.7%</b>



## Ability to Control Drug Use



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

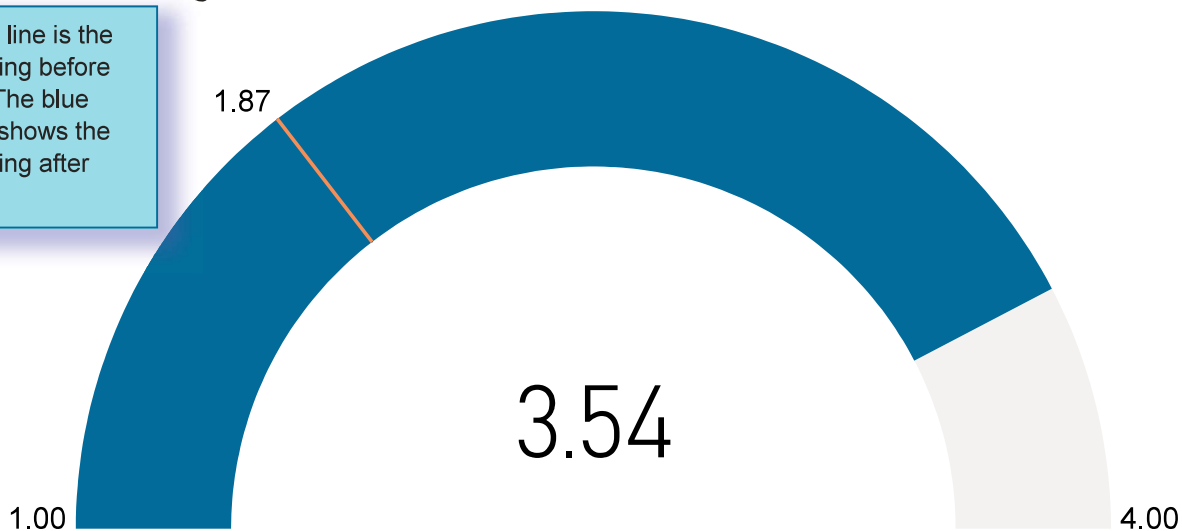
Only clients with primary non-alcohol use disorders are included in this outcome measure. Clients with primary alcohol use disorder rate their ability to control alcohol use specifically on the preceding page.

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

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

### Ability to Control Drug Use

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Evidence-Based SUD Treatment for Justice-Involved & At-Risk Youth	1	2.00	4.00	2.00	100.0%
Intensive Inpatient Treatment (3.7)	48	1.54	3.42	1.88	122.5%
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	42	2.11	3.65	1.54	73.3%
<b>Total</b>	<b>85</b>	<b>1.87</b>	<b>3.54</b>	<b>1.67</b>	<b>89.0%</b>

## Treatment Engagement

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

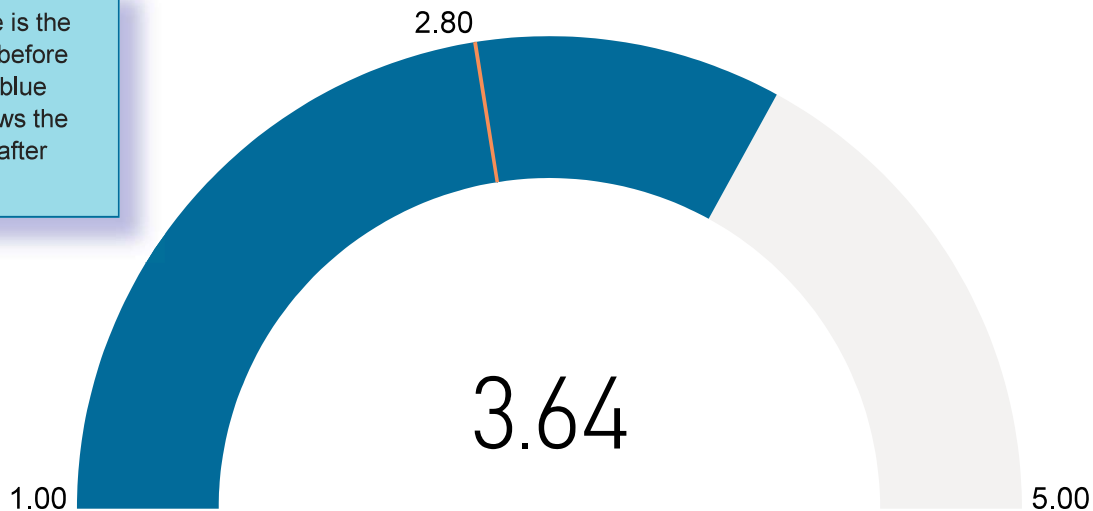
Responses on these surveys are then broken out by the type of treatment service the client received. If they received multiple types of treatment services in FY24, their responses are counted once in each service.

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



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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Evidence-Based SUD Treatment for Justice-Involved & At-Risk Youth	1	2.00	3.00	1.00	50.0%
Intensive Inpatient Treatment (3.7)	76	2.45	3.51	1.06	43.3%
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	61	3.10	3.77	0.67	21.6%
<b>Total</b>	<b>122</b>	<b>2.80</b>	<b>3.64</b>	<b>0.84</b>	<b>30.0%</b>

## Importance of Changing Current Behaviors

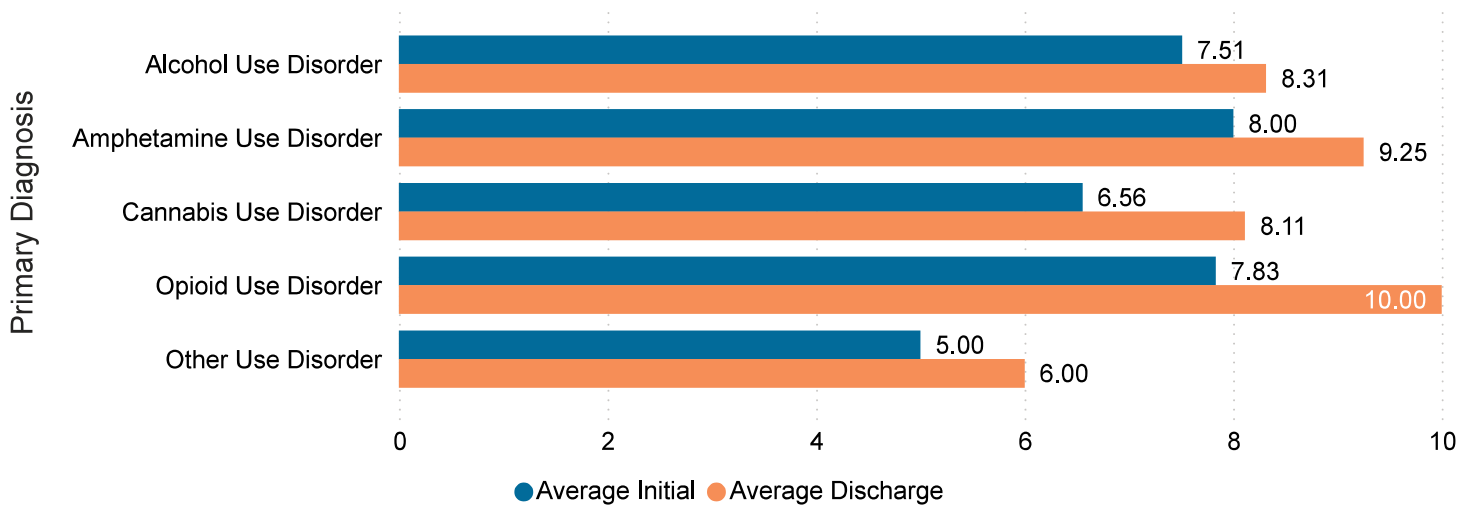
Clients are asked at the start of treatment and at the end of treatment to rate how important it is that they change their current behaviors and/or symptoms. They rate this question on a scale from 0-"Not Important at All" to 10-"Most Important Thing in My Life Right Now."

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

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



### Self-Rated Importance in Changing Current Behaviors



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Evidence-Based SUD Treatment for Justice-Involved & At-Risk Youth	1	7.00	10.00	3.00	42.9%
Intensive Inpatient Treatment (3.7)	75	7.56	8.99	1.43	18.9%
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	60	6.51	7.74	1.23	18.9%
<b>Total</b>	<b>121</b>	<b>6.99</b>	<b>8.24</b>	<b>1.25</b>	<b>17.9%</b>

## Motivation to Change Current Behaviors

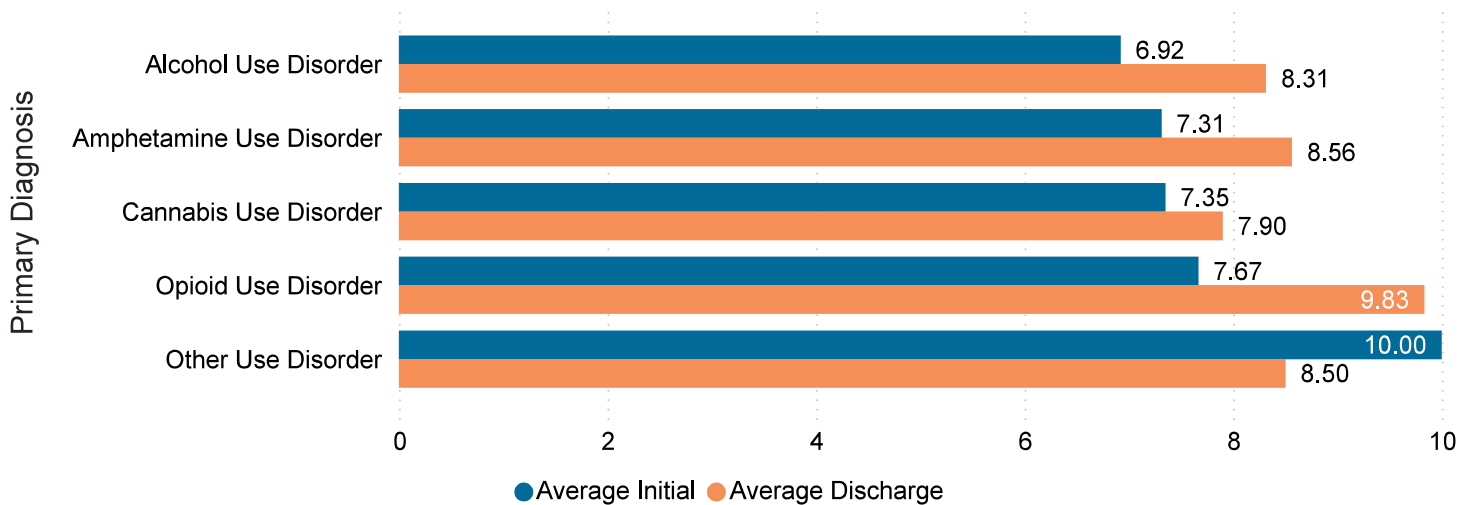
Clients are asked at the start of treatment and at the end of treatment to rate their motivation to change their current behaviors and/or symptoms. They rate this question on a scale from 0-"Not Important at All" to 10-"Most Important Thing in My Life Right Now."

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

Youth served in publicly funded treatment services reported an increase in their self-rated motivation to change current behaviors.



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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Evidence-Based SUD Treatment for Justice-Involved & At-Risk Youth	1	10.00	10.00	0.00	0.0%
Intensive Inpatient Treatment (3.7)	75	7.30	8.70	1.39	19.0%
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	59	7.31	7.68	0.36	5.0%
<b>Total</b>	<b>120</b>	<b>7.27</b>	<b>8.13</b>	<b>0.86</b>	<b>11.8%</b>

## Confidence to Control Use Under Stress and Peer Pressure

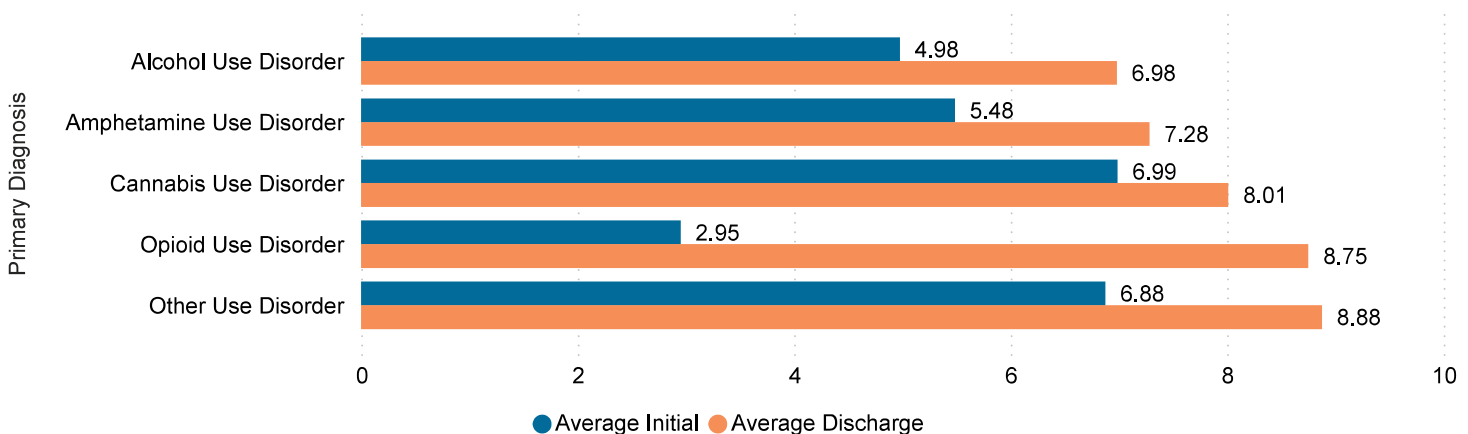
Clients are asked at the start of treatment and at the end of treatment to rate their confidence in their ability to control use under different stressful situations, including peer pressure. They rate each question on a scale from 0-"Not at All Confident" to 10-"Very Confident." The average of these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

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

Youth served in publicly funded treatment services reported an increase in their self-rated confidence to control use under stress and peer pressure.



### Self-Rated Confidence to Control Substance Use



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Evidence-Based SUD Treatment for Justice-Involved & At-Risk Youth	1	1.00	2.50	1.50	150.0%
Intensive Inpatient Treatment (3.7)	71	5.31	7.33	2.02	38.1%
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	60	6.76	8.07	1.32	19.5%
<b>Total</b>	<b>117</b>	<b>6.26</b>	<b>7.82</b>	<b>1.56</b>	<b>25.0%</b>

## Visits to Emergency Department



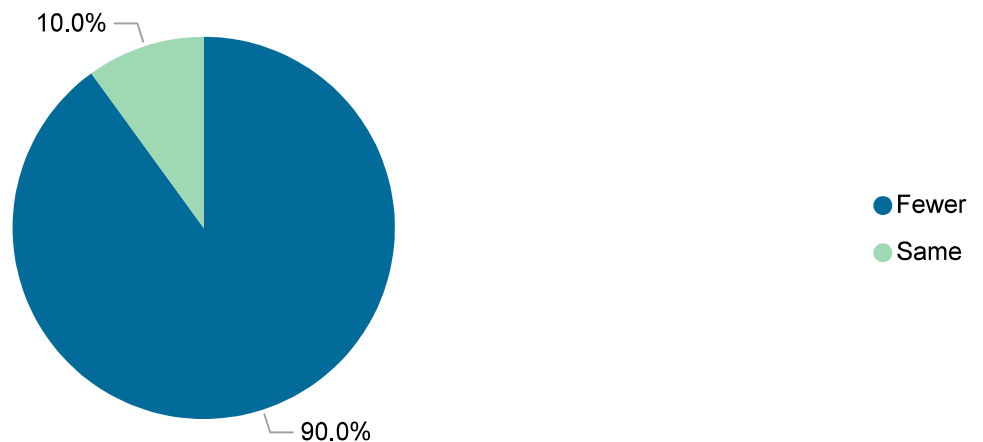
Clients are asked at the start of treatment and at the end of treatment, "How many times have you gone to an emergency room for a psychiatric or emotional problem in the past 30 days?" Only clients who completed this question at time of admission and time of discharge are included.

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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Evidence-Based SUD Treatment for Justice-Involved & At-Risk Youth	1	1.00	1.00	0.00	0.0%
Intensive Inpatient Treatment (3.7)	16	1.88	0.12	-1.76	-93.8%
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	8	1.38	0.13	-1.25	-90.9%
<b>Total</b>	<b>19</b>	<b>1.80</b>	<b>0.10</b>	<b>-1.70</b>	<b>-94.4%</b>

## Detoxification Services



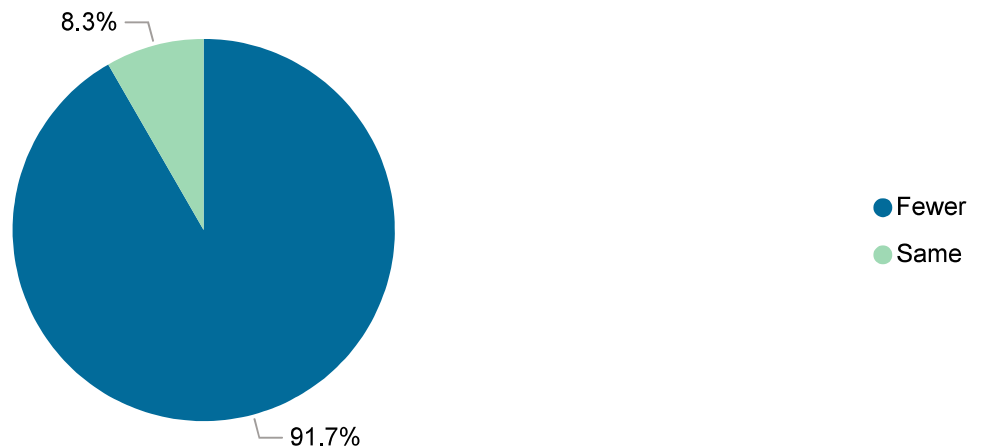
Clients are asked at the start of treatment and at the end of treatment, "How many nights have you spent in a facility for detoxification in the past 30 days?" Only clients who completed this question at time of admission and time of discharge are included.

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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Intensive Inpatient Treatment (3.7)	10	8.60	0.10	-8.50	-98.8%
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	3	3.33	0.33	-3.00	-90.0%
<b>Total</b>	<b>12</b>	<b>7.92</b>	<b>0.08</b>	<b>-7.83</b>	<b>-98.9%</b>

## Inpatient Substance Use Disorder Treatment Services



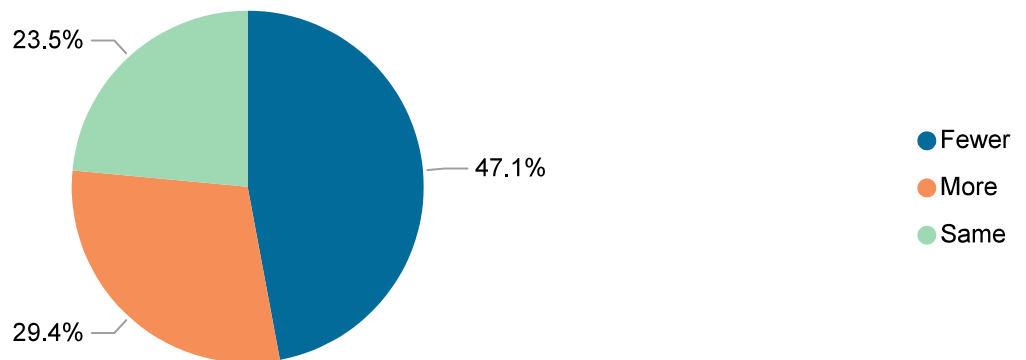
Clients are asked at the start of treatment and at the end of treatment, "How many nights have you spent in a facility for inpatient/residential substance use disorder treatment in the past 30 days?" Only clients who completed this question at time of admission and time of discharge are included.

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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Intensive Inpatient Treatment (3.7)	14	12.29	17.79	5.50	44.8%
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	4	8.25	7.50	-0.75	-9.1%
<b>Total</b>	<b>17</b>	<b>12.00</b>	<b>14.65</b>	<b>2.65</b>	<b>22.1%</b>



## Hospital Admissions for Mental Health Care



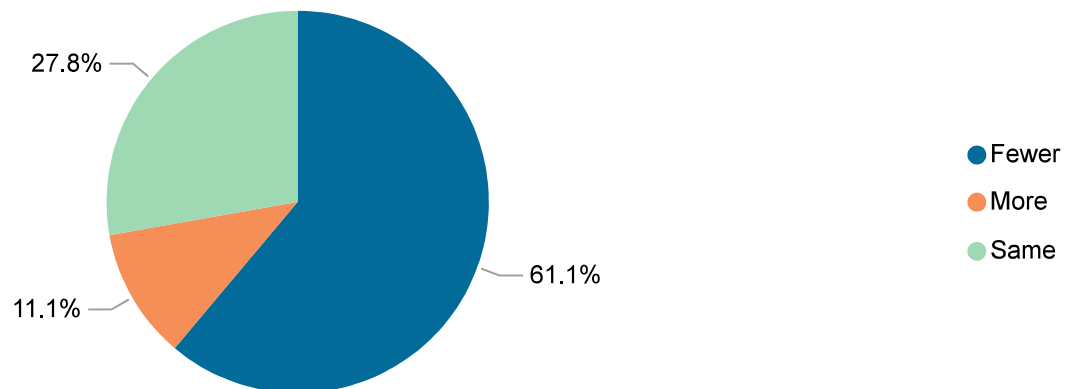
Clients are asked at the start of treatment and at the end of treatment, "How many nights have you spent in a facility for mental health care in the past 30 days?" Only clients who completed this question at time of admission and time of discharge are included.

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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Evidence-Based SUD Treatment for Justice-Involved & At-Risk Youth	1	4.00	0.00	-4.00	-100.0%
Intensive Inpatient Treatment (3.7)	16	9.75	6.19	-3.56	-36.5%
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	8	12.88	4.63	-8.25	-64.1%
<b>Total</b>	<b>18</b>	<b>8.78</b>	<b>5.89</b>	<b>-2.89</b>	<b>-32.9%</b>

## Illness, Injury, or Surgery



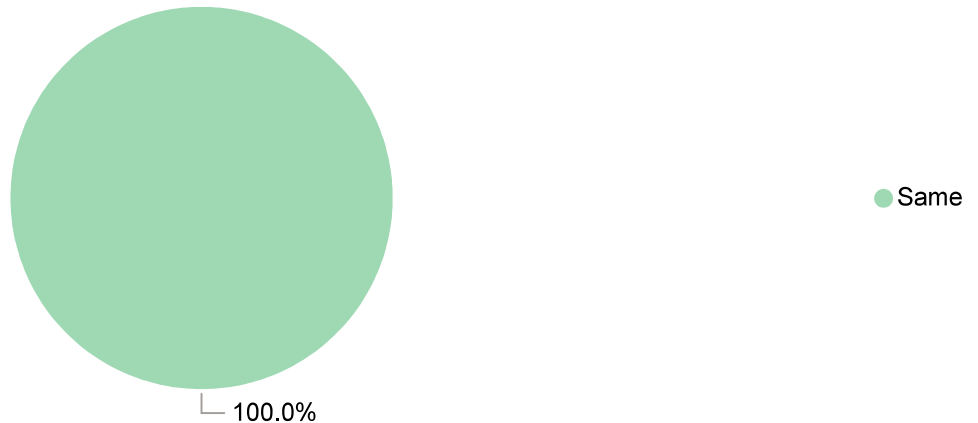
Clients are asked at the start of treatment and at the end of treatment, "How many night have you spent in a facility for illness, injury, or surgery in the past 30 days?" Only clients who completed this question at time of admission and time of discharge are included.

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

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

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

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



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

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

## Nights Spent in Correctional Facility



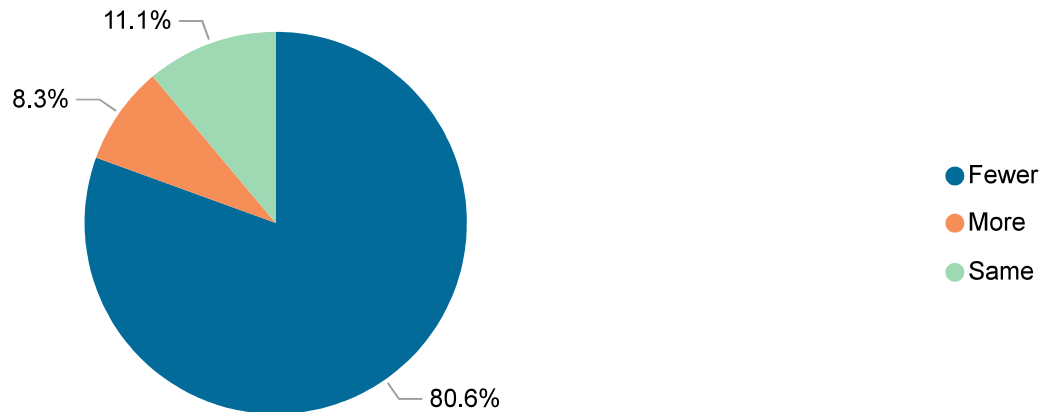
Clients are asked at the start of treatment and at the end of treatment, "How many nights have you spent in a correctional facility including JDC or jail (as a result of an arrest, parole or probation violation) in the past 30 days?" Only clients who completed this question at time of admission and time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

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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Evidence-Based SUD Treatment for Justice-Involved & At-Risk Youth	1	1.00	7.00	6.00	600.0%
Intensive Inpatient Treatment (3.7)	30	14.59	3.47	-11.13	-76.2%
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	11	8.09	0.73	-7.36	-91.0%
<b>Total</b>	<b>34</b>	<b>14.33</b>	<b>3.08</b>	<b>-11.25</b>	<b>-78.5%</b>

## Trouble as a Result of Substance Use

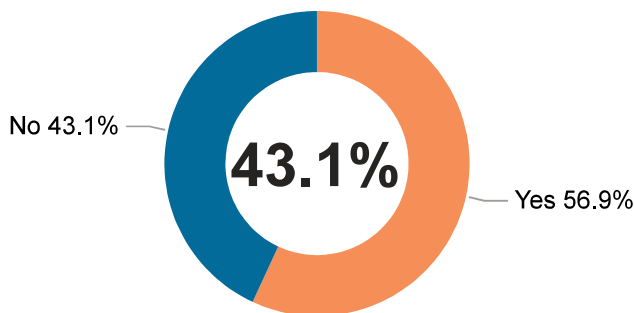


Clients are asked at the start of treatment and at the end of treatment, "Have you gotten in trouble at home, at school, work, or in the community, because of your use of alcohol, drugs, inhalants or gambling?" Only clients who completed this question at time of admission and time of discharge are included.

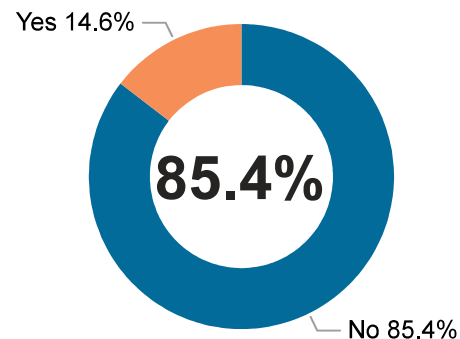
Clients' responses on these surveys are then broken out by the percentage of clients who responded "Yes" or "No" at time of admission and at time of discharge (donut chart) as well as the average responses and change from admission to discharge (table).

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

Initial: Have You Gotten in Trouble at Work/School/Community Due to Substance Use or Gambling?



Discharge: Have You Gotten in Trouble at Work/School/Community Due to Substance Use or Gambling?



Have You Gotten in Trouble Because of Substance Use or Gambling? 1-"Yes"; 0-"No"

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Evidence-Based SUD Treatment for Justice-Involved & At-Risk Youth	1	1.00	1.00	0.00	0.0%
Intensive Inpatient Treatment (3.7)	76	0.65	0.23	-0.42	-64.8%
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	61	0.56	0.09	-0.47	-84.1%
<b>Total</b>	<b>122</b>	<b>0.57</b>	<b>0.15</b>	<b>-0.42</b>	<b>-74.4%</b>

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

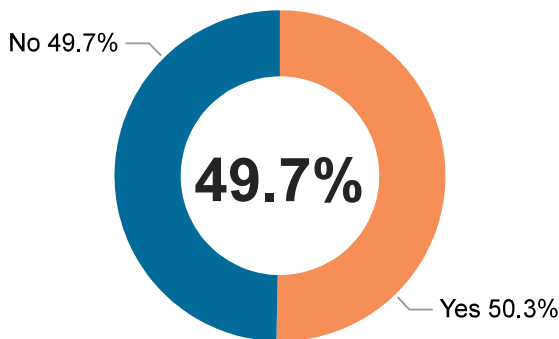


Clients are asked at the start of treatment and at the end of treatment, "Have you missed school or work because of using alcohol, drugs, inhalants, or gambling?" Only clients who completed this question at time of admission and time of discharge are included.

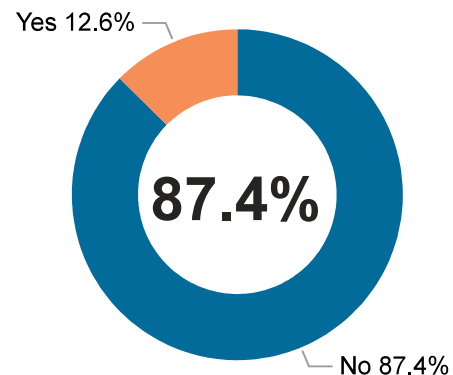
Clients' responses on these surveys are then broken out by the percentage of clients who responded "Yes" or "No" at time of admission and at time of discharge (donut chart) as well as the average responses and change from admission to discharge (table).

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

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



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



Have You Missed School or Work Because of Substance Use or Gambling? 1-"Yes"; 0-"No"

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Evidence-Based SUD Treatment for Justice-Involved & At-Risk Youth	1	1.00	1.00	0.00	0.0%
Intensive Inpatient Treatment (3.7)	76	0.63	0.20	-0.42	-67.3%
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	60	0.41	0.06	-0.35	-84.4%
<b>Total</b>	<b>121</b>	<b>0.50</b>	<b>0.13</b>	<b>-0.38</b>	<b>-75.0%</b>

## General Satisfaction with Services

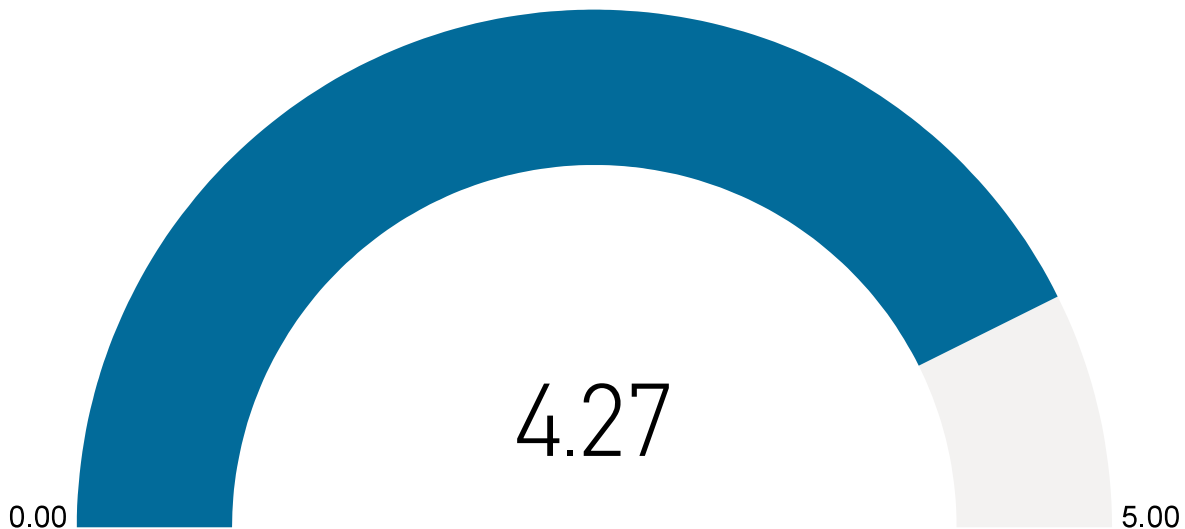


Clients are asked at discharge to rate how strongly they agree with six different questions pertaining to their overall satisfaction with treatment services they received. The average of these six responses is given below. To see specific questions, please see Appendix B.

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

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

Were You Satisfied With the Services You Received?



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

Treatment Services	Unduplicated Client Count	General Satisfaction with Services
Evidence-Based SUD Treatment for Justice-Involved & At-Risk Youth	1	3.50
Intensive Inpatient Treatment (3.7)	76	4.27
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	61	4.18
<b>Total</b>	<b>122</b>	<b>4.27</b>

## Improved Functioning



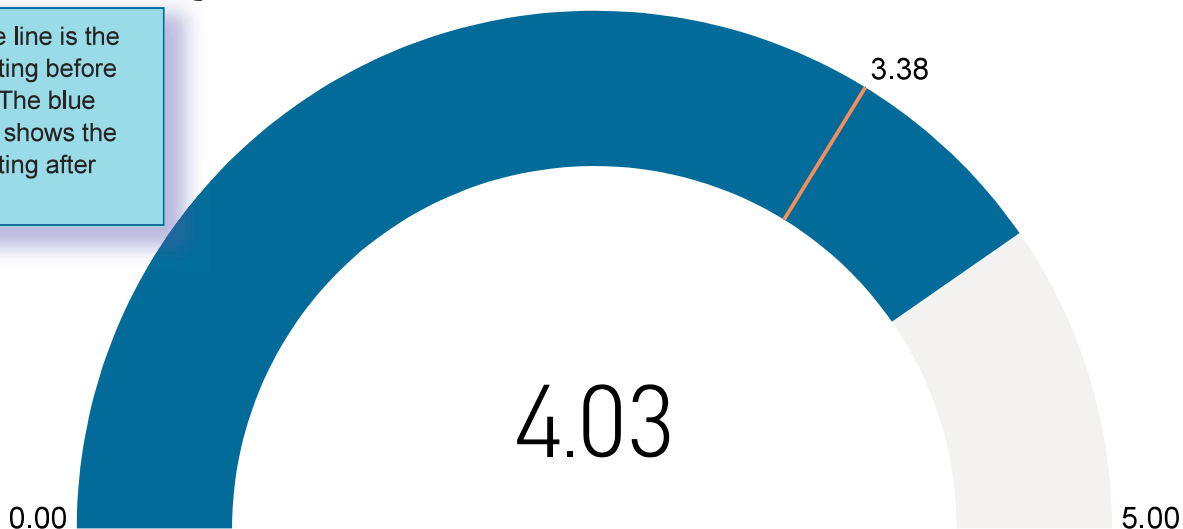
Clients are asked at discharge to rate how strongly they agree with seven different questions pertaining to their perception of their mental health and social well-being before and after the services they received. The average of these seven responses is given below. To see specific questions, please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

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

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

### Improved Functioning

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Evidence-Based SUD Treatment for Justice-Involved & At-Risk Youth	1	2.00	4.29	2.29	114.3%
Intensive Inpatient Treatment (3.7)	76	3.20	4.02	0.81	25.3%
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	59	3.54	3.99	0.45	12.6%
<b>Total</b>	<b>120</b>	<b>3.38</b>	<b>4.03</b>	<b>0.66</b>	<b>19.5%</b>

## Social Connectedness



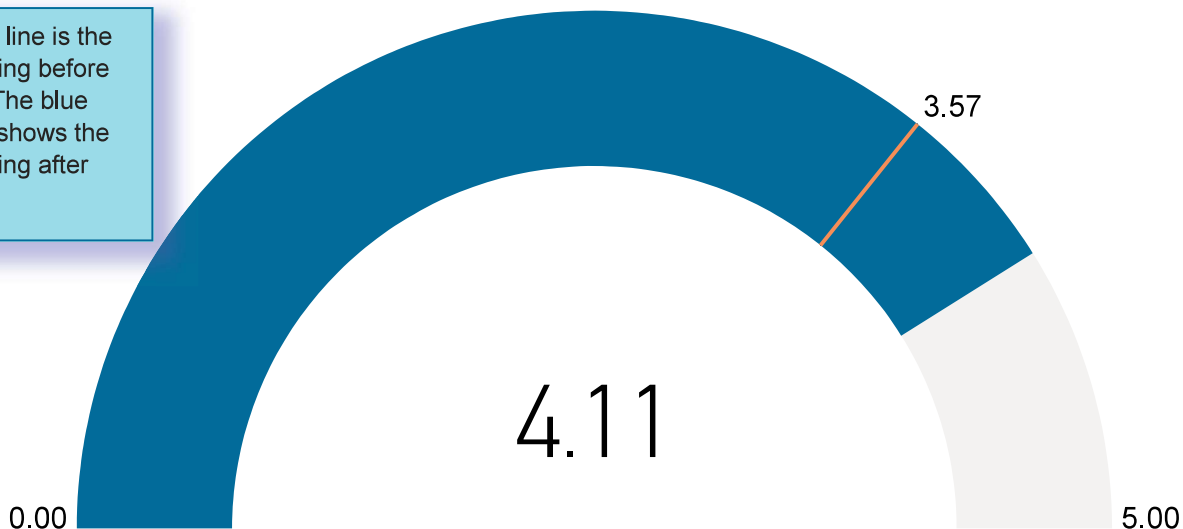
Clients are asked at discharge to rate how strongly they agree with four different questions pertaining to their connections with their family, friends, and community. The average of these four responses is given below. To see specific questions, please see Appendix B.

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

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

### Social Connectedness

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Evidence-Based SUD Treatment for Justice-Involved & At-Risk Youth	1	4.00	3.00	-1.00	-25.0%
Intensive Inpatient Treatment (3.7)	76	3.42	4.15	0.73	21.3%
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	61	3.74	3.96	0.21	5.7%
<b>Total</b>	<b>122</b>	<b>3.57</b>	<b>4.11</b>	<b>0.53</b>	<b>15.0%</b>



## Participation in Treatment Planning and Cultural Sensitivity of Staff



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

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

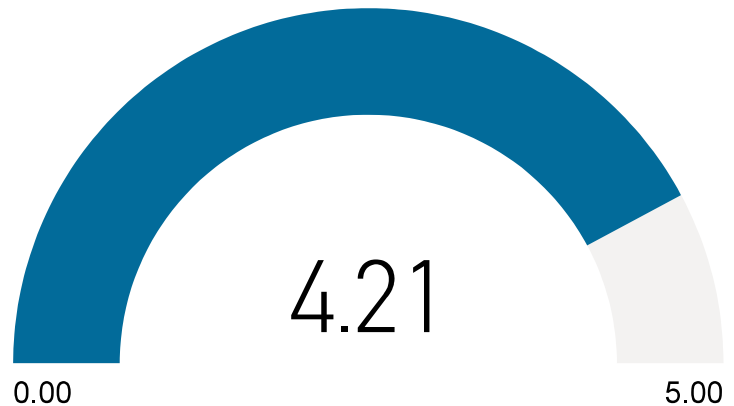
Clients' responses on these surveys are then broken out by the type of treatment service they received. If they received multiple types of treatment services in FY24, their responses are counted once in each service.

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

Participation in Treatment Planning



Cultural Sensitivity of Staff



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

Treatment Services	Unduplicated Client Count	Participation in Treatment Planning	Cultural Sensitivity of Staff
Evidence-Based SUD Treatment for Justice-Involved & At-Risk Youth	1	4.00	4.00
Intensive Inpatient Treatment (3.7)	76	4.16	4.08
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	59	4.19	4.24
<b>Total</b>	<b>120</b>	<b>4.22</b>	<b>4.21</b>

## Access to Services

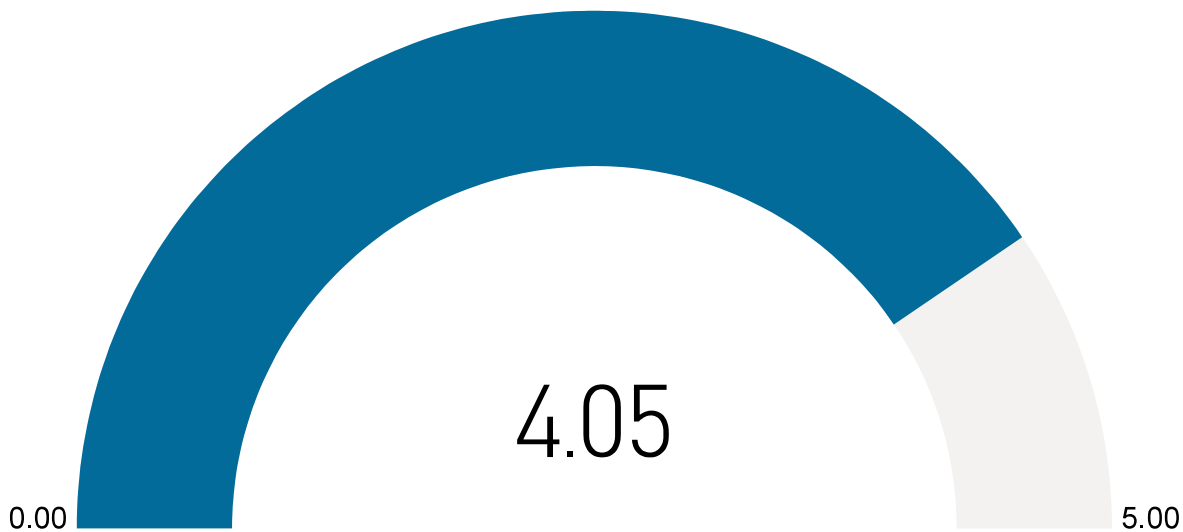


Clients are asked at discharge to rate how strongly they agree with two different questions pertaining to the ease and convenience of accessing the services they received. The average of these two responses is given below. To see specific questions, please see Appendix B.

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

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

### Access to Services



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

Treatment Services	Unduplicated Client Count	Access to Services
Evidence-Based SUD Treatment for Justice-Involved & At-Risk Youth	1	0.00
Intensive Inpatient Treatment (3.7)	76	3.98
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	61	4.00
<b>Total</b>	<b>122</b>	<b>4.05</b>

## Internalizing Disorder



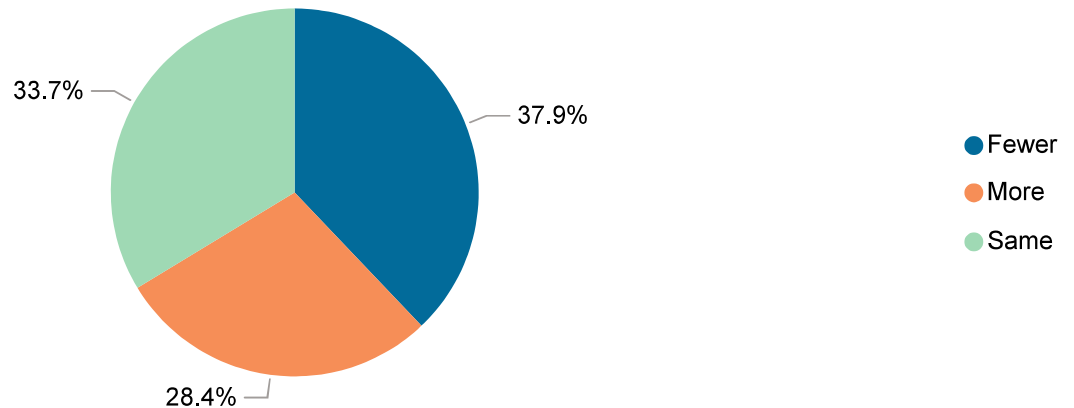
Youth clients complete the Global Appraisal of Individual Needs Short Screener (GAIN-SS) at admission and discharge.

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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Evidence-Based SUD Treatment for Justice-Involved & At-Risk Youth	1	2.00	0.00	-2.00	-100.0%
Intensive Inpatient Treatment (3.7)	66	2.06	1.88	-0.18	-8.8%
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	38	2.25	1.57	-0.68	-30.2%
<b>Total</b>	<b>91</b>	<b>2.10</b>	<b>1.71</b>	<b>-0.38</b>	<b>-18.3%</b>

## Externalizing Disorder



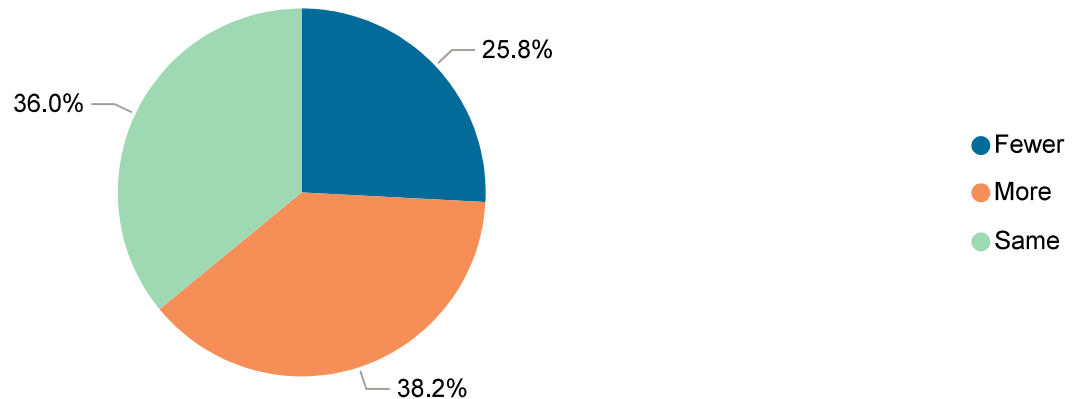
Youth clients complete the Global Appraisal of Individual Needs Short Screener (GAIN-SS) at admission and discharge.

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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Evidence-Based SUD Treatment for Justice-Involved & At-Risk Youth	1	1.00	2.00	1.00	100.0%
Intensive Inpatient Treatment (3.7)	60	2.23	2.70	0.47	21.1%
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	39	2.86	2.61	-0.25	-8.6%
<b>Total</b>	<b>85</b>	<b>2.57</b>	<b>2.65</b>	<b>0.08</b>	<b>3.3%</b>

## Substance Use Disorder



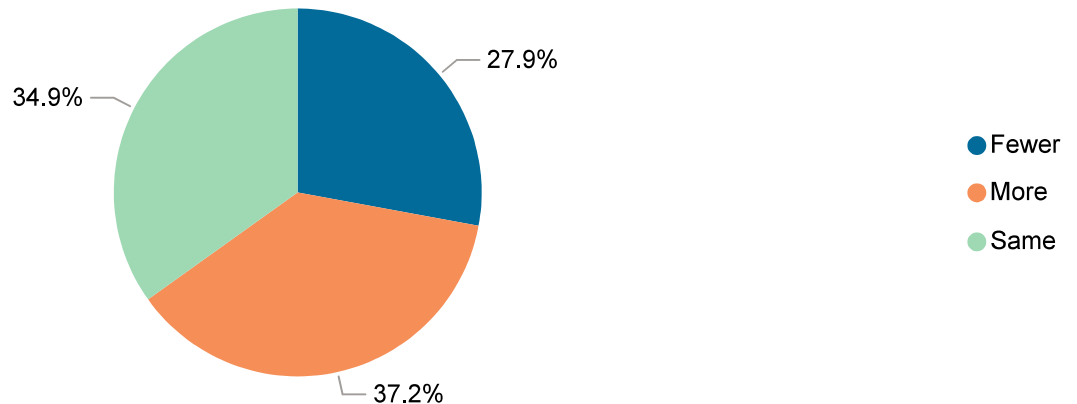
Youth clients complete the Global Appraisal of Individual Needs Short Screener (GAIN-SS) at admission and discharge.

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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Intensive Inpatient Treatment (3.7)	57	2.56	2.90	0.35	13.7%
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	37	3.42	3.36	-0.05	-1.6%
<b>Total</b>	<b>82</b>	<b>2.99</b>	<b>3.11</b>	<b>0.12</b>	<b>3.9%</b>

## Crime and Violence



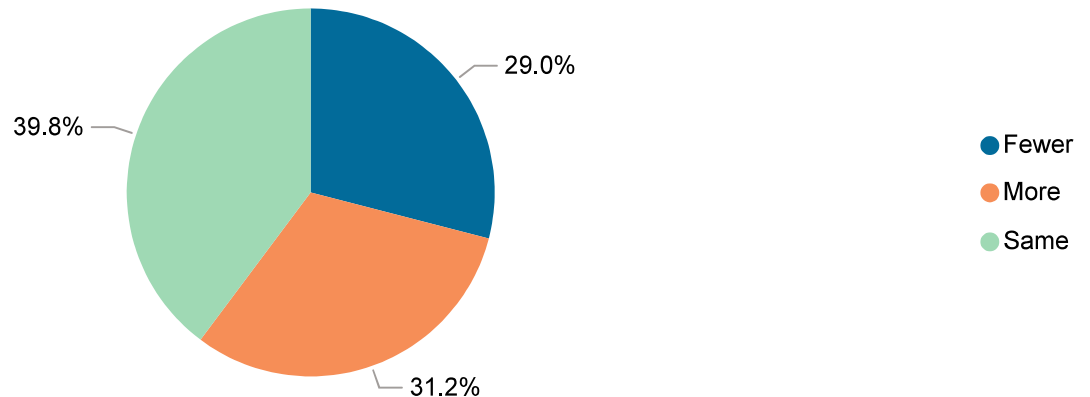
Youth clients complete the Global Appraisal of Individual Needs Short Screener (GAIN-SS) at admission and discharge.

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

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

Youth served in publicly funded treatment services experienced an increase in behaviors related to crime and violence.

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Evidence-Based SUD Treatment for Justice-Involved & At-Risk Youth	1	3.00	3.00	0.00	0.0%
Intensive Inpatient Treatment (3.7)	63	3.09	3.38	0.29	9.4%
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	40	3.71	3.84	0.14	3.7%
<b>Total</b>	<b>89</b>	<b>3.45</b>	<b>3.58</b>	<b>0.13</b>	<b>3.7%</b>

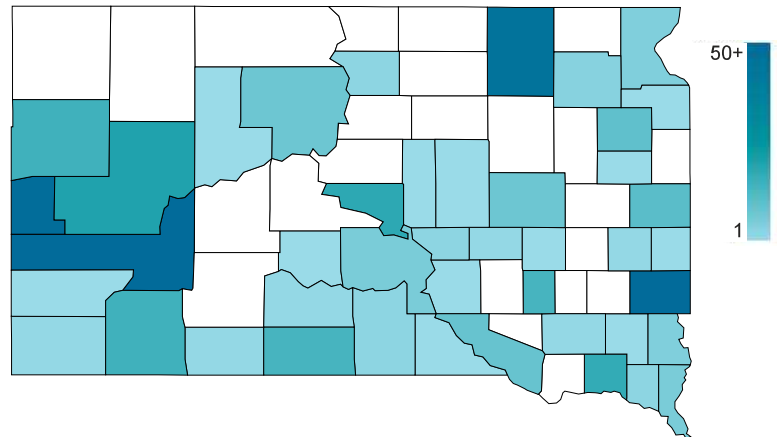
# Family Perceptions of Youth SUD Treatment Services

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## Family Perceptions of Youth SUD Services

County of Residence for Clients Who Received Publicly Funded Services



Treatment Services

	Publicly Funded Clients Served	Average Duration of Treatment (Days)
Evidence-Based SUD Treatment for Justice-Involved & At-Risk Youth	13	57
Intensive Inpatient Treatment (3.7)	193	43
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	302	57

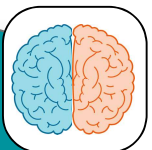


Unduplicated Clients Served  
(Publicly Funded)

466

Publicly Funded Clients Served with  
Co-Occurring Mental Health Conditions

239



Veterans Served (Publicly Funded)

0

Pregnant Clients Served (Publicly Funded)

2



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

## Arrest History



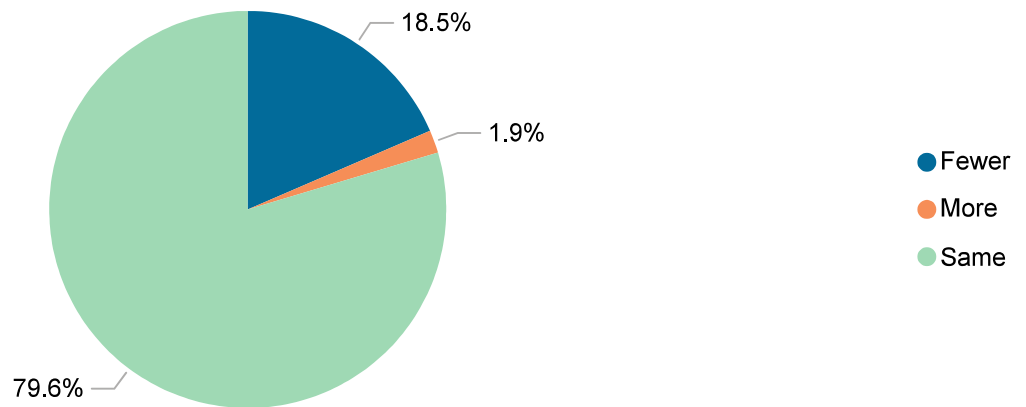
The national rate of adult and youth clients with at least one arrest at discharge was 4%.

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

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

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

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



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

Treatment Services	Unduplicated Client Count	Arrests at Admission	Arrests at Discharge
Intensive Inpatient Treatment (3.7)	34	30.6%	8.3%
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	26	22.2%	7.4%
<b>Total</b>	<b>52</b>	<b>24.1%</b>	<b>7.4%</b>

## General Health

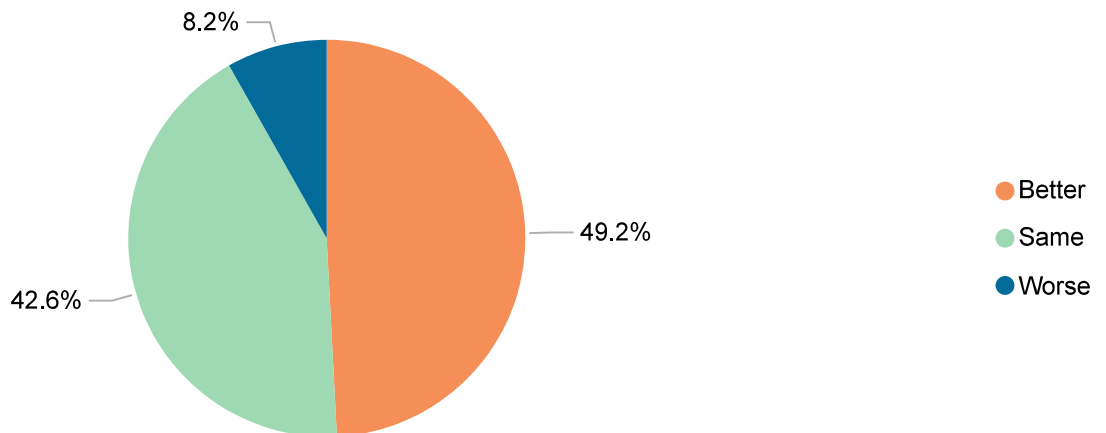
Families of youth clients are asked at the start of treatment and at the end of treatment, "Would you say that in general your child's health is?" Families of youth clients could answer in a range from 1-"Poor" to 5-"Excellent". Only families of youth who completed this question at time of admission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

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

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



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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Intensive Inpatient Treatment (3.7)	39.0	3.10	3.76	0.66	21.3%
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	30.0	3.29	3.65	0.35	10.8%
<b>Total</b>	<b>59.0</b>	<b>3.13</b>	<b>3.66</b>	<b>0.52</b>	<b>16.8%</b>

## Physical Health

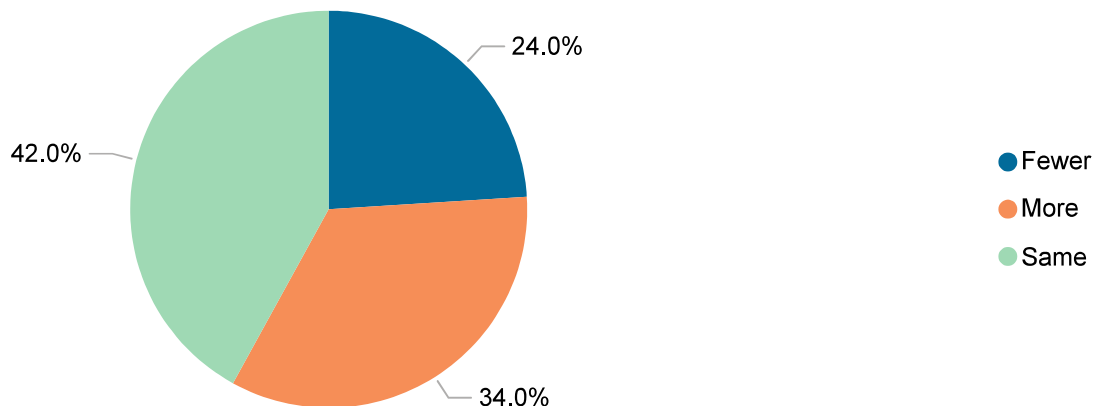
Families of youth clients are asked at the start of treatment and at the end of treatment, "Now thinking about your child's physical health, which includes physical illness and injury, how many days during the past 30 days was your child's physical health not good?" Only families of youth who completed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

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

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



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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Intensive Inpatient Treatment (3.7)	31	3.97	6.15	2.18	55.0%
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	25	2.81	4.96	2.15	76.7%
<b>Total</b>	<b>48</b>	<b>3.30</b>	<b>5.84</b>	<b>2.54</b>	<b>77.0%</b>

## Mental Health

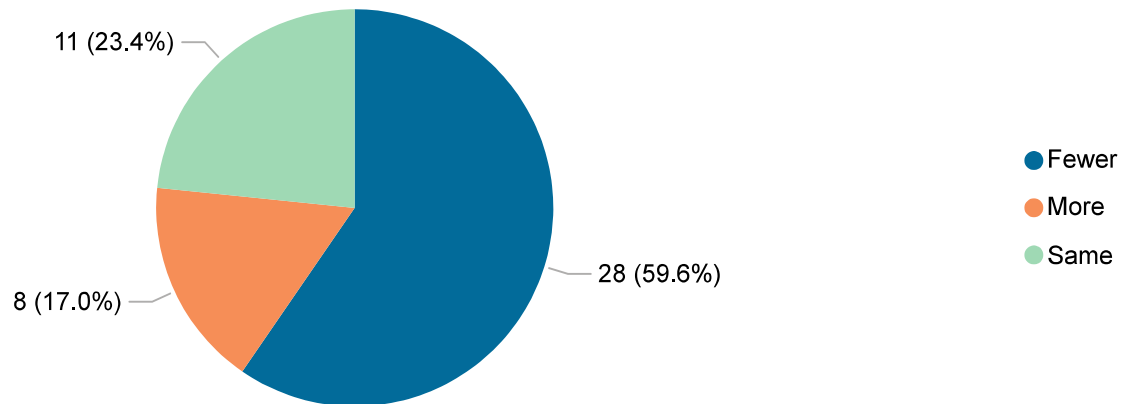


Families of youth clients are asked at the start of treatment and at the end of treatment, "Now thinking about your child's mental health, which includes stress, depression, and problems with emotions, how many days during the past 30 days was your child's mental health not good?" Only families of youth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

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

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

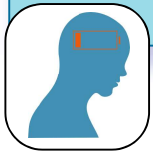
Families Who Reported Youth Clients Had More, Fewer, or the Same Number of Days Spent in Poor Mental Health at Discharge Compared to Admission



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Intensive Inpatient Treatment (3.7)	27	14.41	8.97	-5.45	-37.8%
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	26	12.59	7.52	-5.07	-40.3%
<b>Total</b>	<b>45</b>	<b>13.53</b>	<b>8.30</b>	<b>-5.23</b>	<b>-38.7%</b>

## Physical or Mental Health Prevented Normal Activities

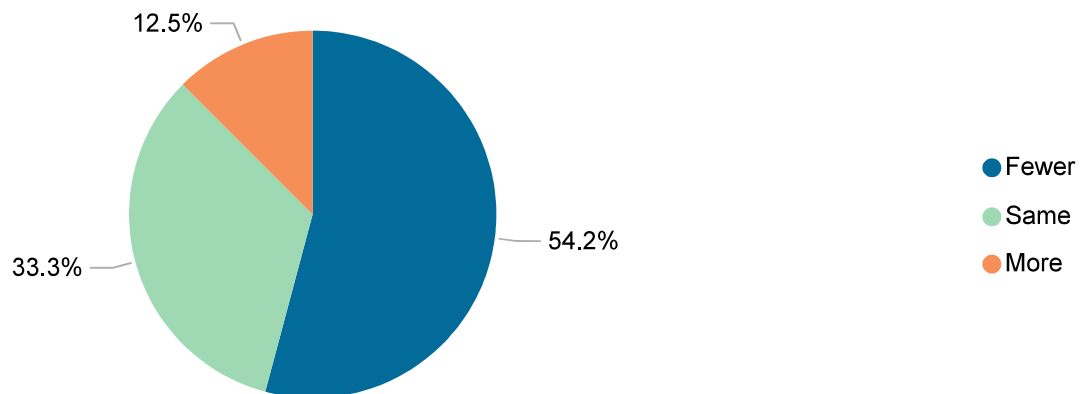


Families of youth clients are asked at the start of treatment and at the end of treatment, "During the past 30 days, approximately how many days did your child's poor physical or mental health keep them from doing your child's usual activities, such as self-care, work, or recreation?" Only families of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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Intensive Inpatient Treatment (3.7)	28	11.83	4.73	-7.10	-60.0%
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	26	8.19	1.85	-6.33	-77.4%
<b>Total</b>	<b>46</b>	<b>9.56</b>	<b>3.58</b>	<b>-5.98</b>	<b>-62.5%</b>

## Reported Attempts to Die by Suicide



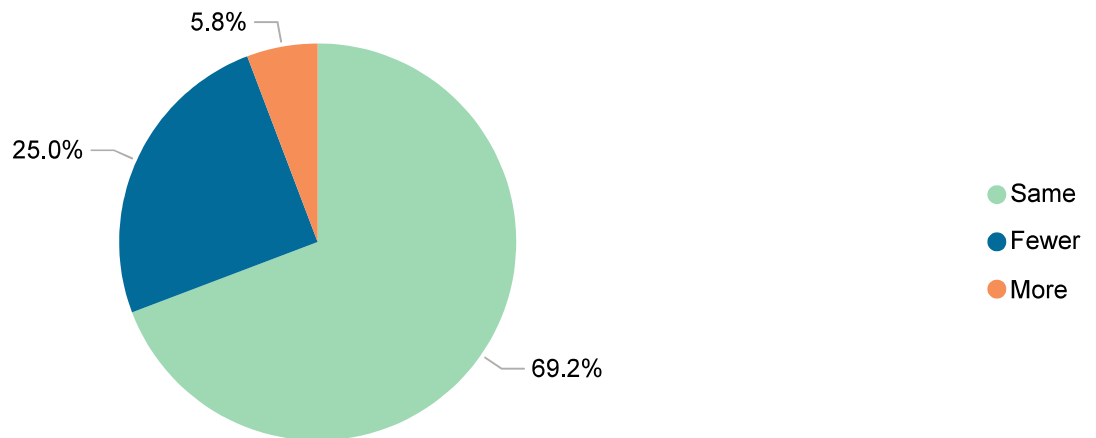
If you, or someone you know, is in need of crisis support, or experiencing emotional distress, call or text 988, or chat at <https://988lifeline.org/>.

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

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

At discharge, families of youth served in publicly funded treatment services reported their youth had a decrease in attempts to die by suicide in the past 30 days.

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



### In the Past 30 Days How Many Times Has Your Child Attempted to Die by Suicide?

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Intensive Inpatient Treatment (3.7)	34	0.74	0.26	-0.47	-64.0%
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	27	0.37	0.07	-0.30	-80.0%
<b>Total</b>	<b>52</b>	<b>0.58</b>	<b>0.19</b>	<b>-0.38</b>	<b>-66.7%</b>

## Ability to Control Alcohol Use



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

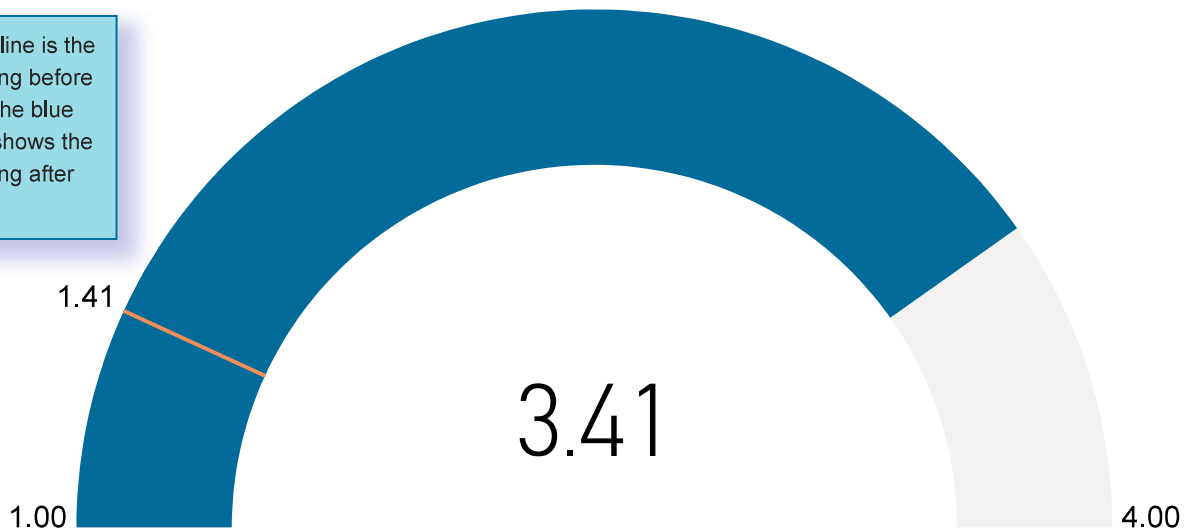
Only families of youth with a primary alcohol use disorder are included in this outcome measure. Families of youth with primary non-alcohol use disorder rate their youth's ability to control their drug use specifically on the following page.

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

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

### Ability to Control Alcohol Use

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Intensive Inpatient Treatment (3.7)	12	1.33	3.42	2.08	156.3%
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	8	1.50	3.50	2.00	133.3%
<b>Total</b>	<b>17</b>	<b>1.41</b>	<b>3.41</b>	<b>2.00</b>	<b>141.7%</b>



## Ability to Control Drug Use



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

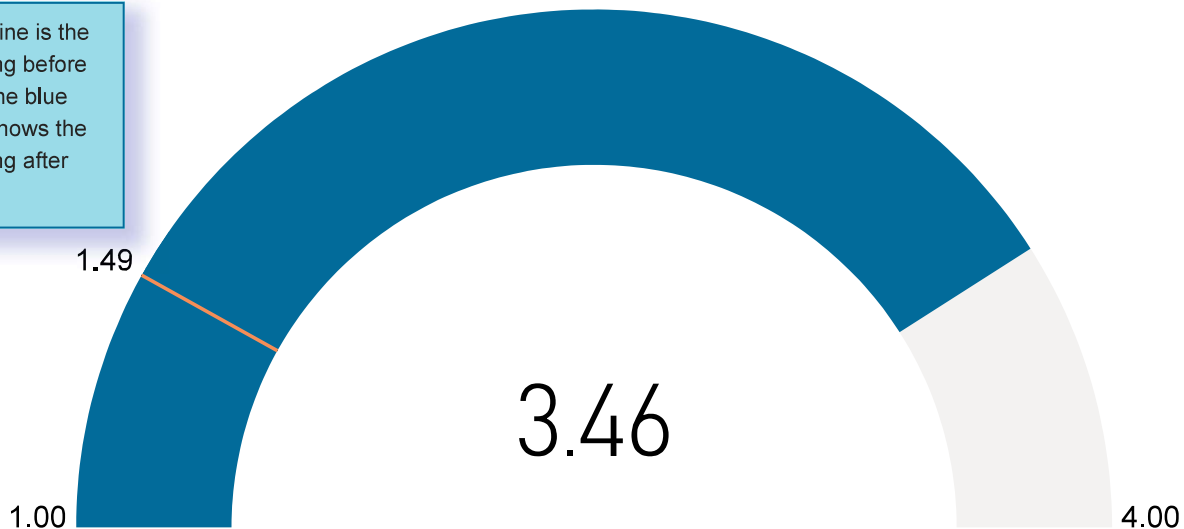
Only families of youth with primary non-alcohol use disorders are included in this outcome measure. Families of youth with primary alcohol use disorder rate their youth's ability to control alcohol use specifically on the preceding page.

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

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

### Ability to Control Drug Use

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Intensive Inpatient Treatment (3.7)	24	1.33	3.54	2.21	165.6%
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	16	1.56	3.31	1.75	112.0%
<b>Total</b>	<b>35</b>	<b>1.49</b>	<b>3.46</b>	<b>1.97</b>	<b>132.7%</b>

## Treatment Engagement



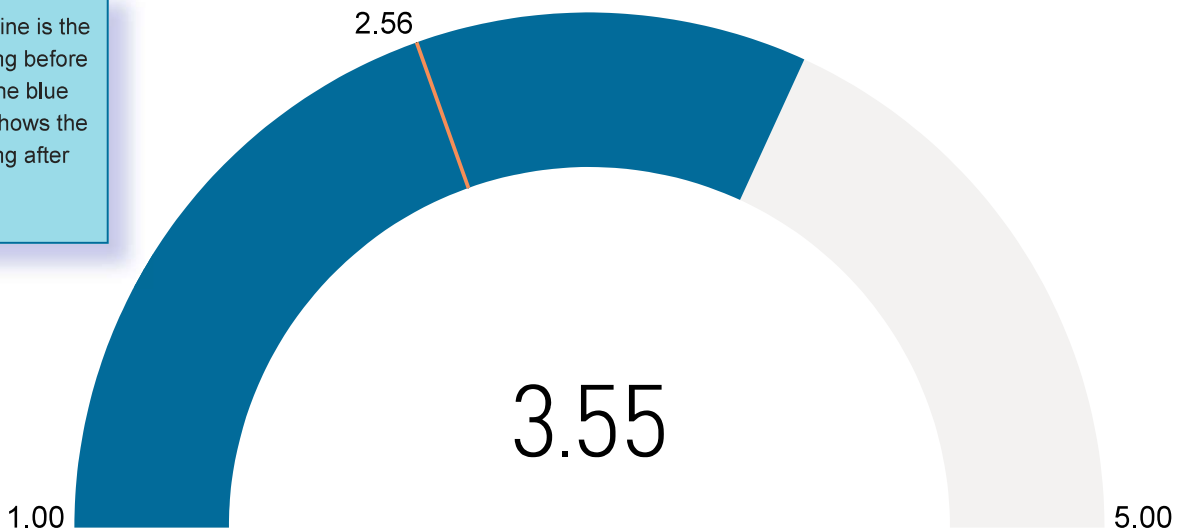
Clinicians are asked at the start of the client's treatment and at the end of treatment, "At this interval period, what is your (clinician's) assessment of the client's understanding and willingness to engage in their treatment program?" Clinicians may answer in a range from 1- "Unengaged" to 5- "Optimal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

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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Intensive Inpatient Treatment (3.7)	40	2.33	3.52	1.19	51.0%
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	30	2.87	3.71	0.84	29.2%
<b>Total</b>	<b>60</b>	<b>2.56</b>	<b>3.55</b>	<b>0.98</b>	<b>38.4%</b>

## Importance of Changing Current Behaviors

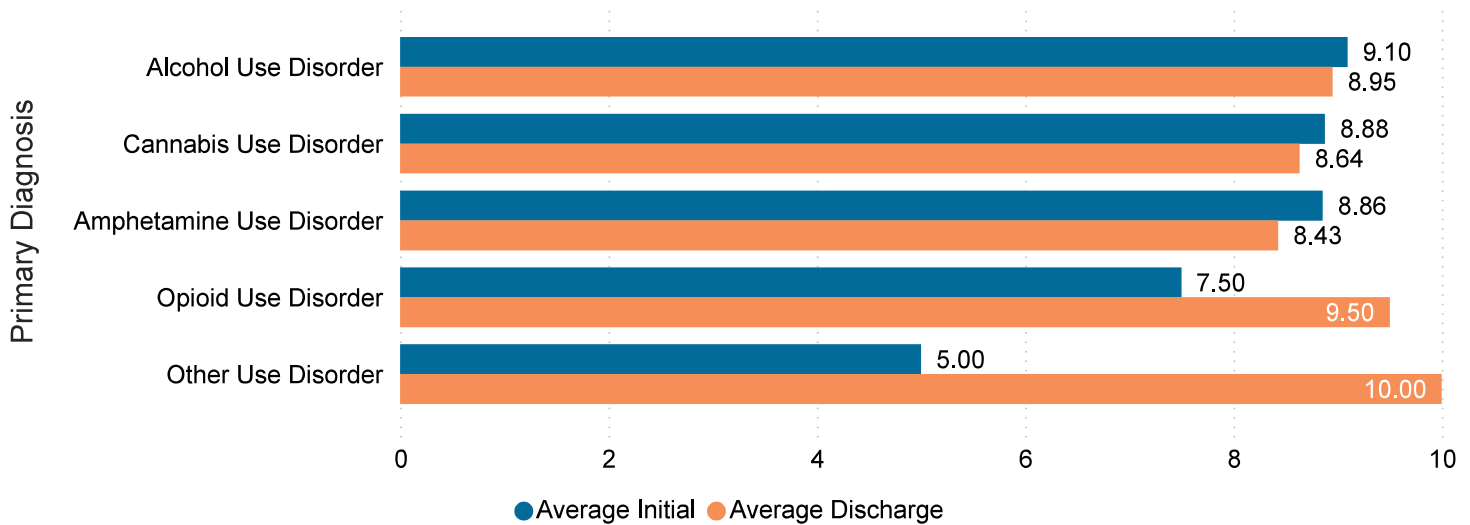


Families of youth clients are asked at the start of treatment and at the end of treatment to rate how important it is that their child change their current behaviors and/or symptoms. They rate this question on a scale from 0-"Not Important at All" to 10-"Most Important Thing in My Life Right Now."

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

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

### Importance in Changing Current Behaviors



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Intensive Inpatient Treatment (3.7)	38	9.13	9.30	0.18	1.9%
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	30	8.58	8.29	-0.29	-3.4%
<b>Total</b>	<b>58</b>	<b>8.80</b>	<b>8.70</b>	<b>-0.10</b>	<b>-1.1%</b>

## Motivation to Change Current Behaviors

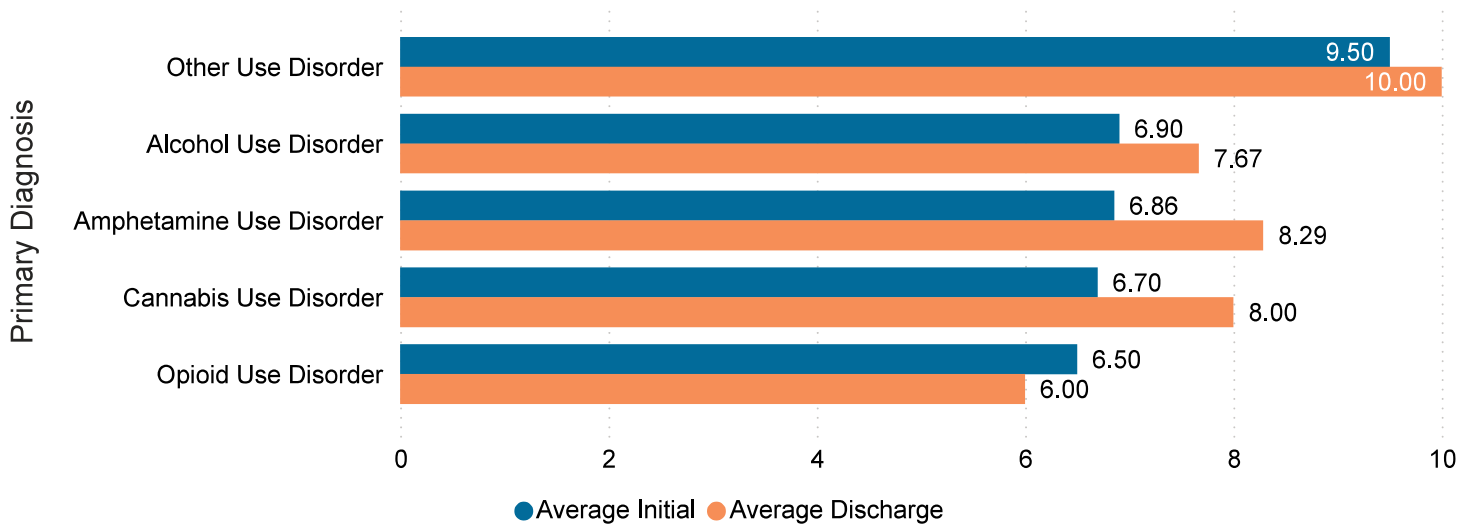


Families of youth clients are asked at the start of treatment and at the end of treatment to rate how confident they are in their youth changing current behaviors and/or symptoms. They rate this question on a scale from 0-"Not Important at All" to 10-"Most Important Thing in My Life Right Now."

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

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

### Motivation to Change Current Behaviors and/or Symptoms



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Intensive Inpatient Treatment (3.7)	38	7.13	8.03	0.90	12.6%
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	30	6.87	7.61	0.74	10.8%
<b>Total</b>	<b>58</b>	<b>6.92</b>	<b>7.90</b>	<b>0.98</b>	<b>14.2%</b>

## Confidence to Control Use Under Stress and Peer Pressure

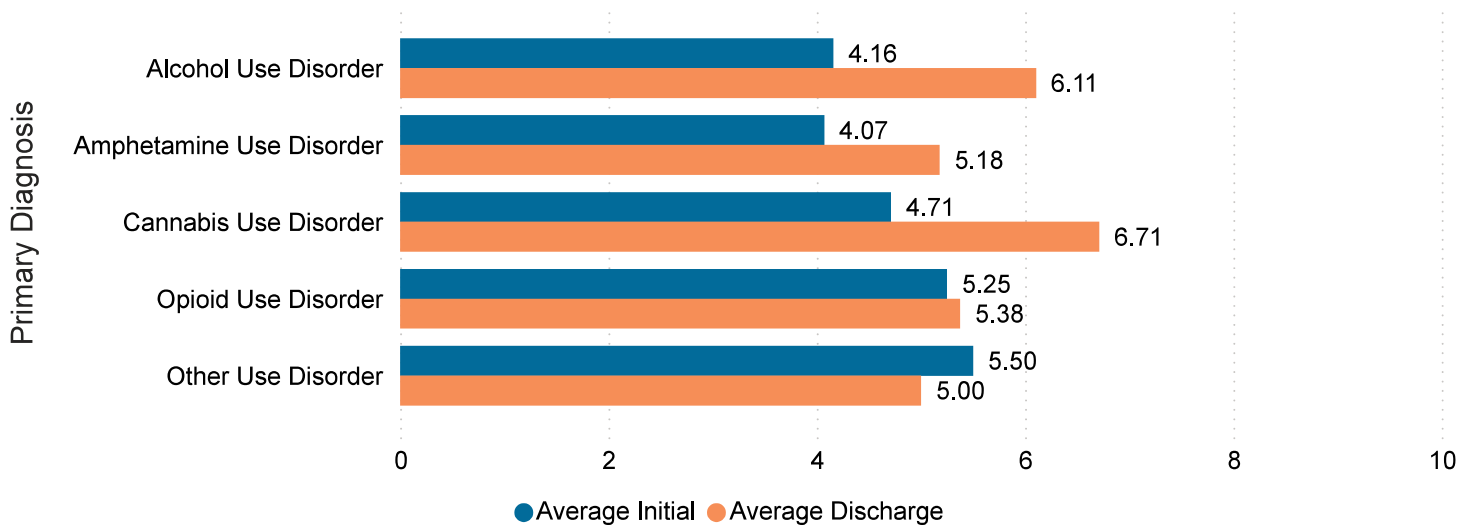


Families of youth clients are asked at the start of treatment and at the end of treatment to rate their confidence in their youth's ability to control use under different stressful situations, including peer pressure. They rate each question on a scale from 0-"Not at All Confident" to 10-"Very Confident."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

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

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

### Confidence to Control Substance Use



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Intensive Inpatient Treatment (3.7)	37	3.89	5.89	1.99	51.2%
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	29	5.35	6.97	1.62	30.3%
<b>Total</b>	<b>57</b>	<b>4.49</b>	<b>6.38</b>	<b>1.90</b>	<b>42.3%</b>

## Visits to Emergency Department



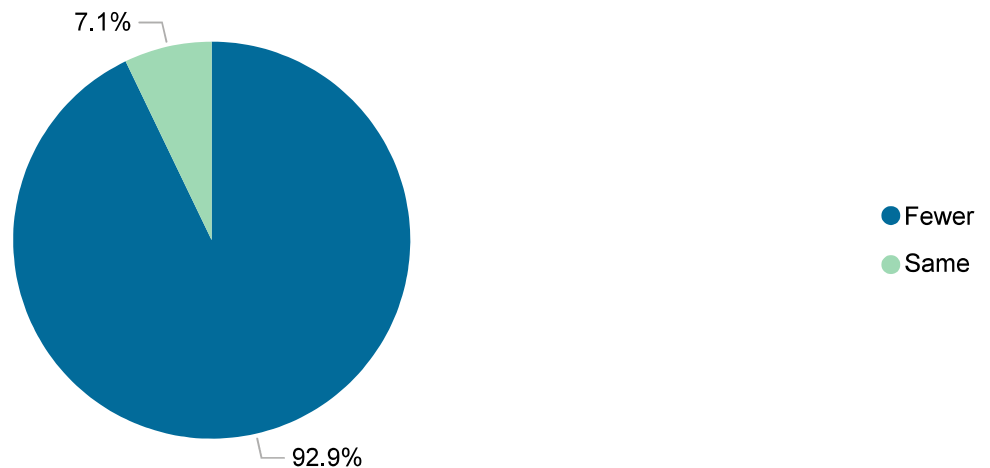
Families of youth clients are asked at the start of treatment and at the end of treatment, "How many times has your child gone to an emergency room for a psychiatric or emotional problem in the past 30 days?" Only families of youth who completed this question at time of admission and time of discharge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

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

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

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

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



How Many Times in the Past 30 Days Has Your Child Visited the Emergency Department?

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Intensive Inpatient Treatment (3.7)	11	2.33	0.75	-1.58	-67.9%
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	5	1.40	0.00	-1.40	-100.0%
<b>Total</b>	<b>13</b>	<b>2.29</b>	<b>0.64</b>	<b>-1.64</b>	<b>-71.9%</b>

## Detoxification Services



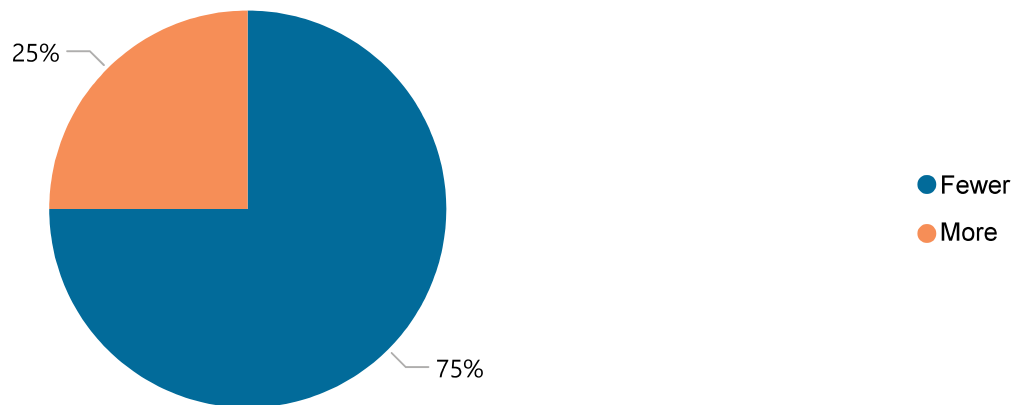
Families of youth clients are asked at the start of treatment and at the end of treatment, "How many nights has your child spent in a facility for detoxification in the past 30 days?" Only families of youth who completed this question at time of admission and time of discharge are included.

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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Intensive Inpatient Treatment (3.7)	4	19.25	8.00	-11.25	-58.4%
<b>Total</b>	<b>4</b>	<b>19.25</b>	<b>8.00</b>	<b>-11.25</b>	<b>-58.4%</b>

## Inpatient Substance Use Disorder Treatment Services

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

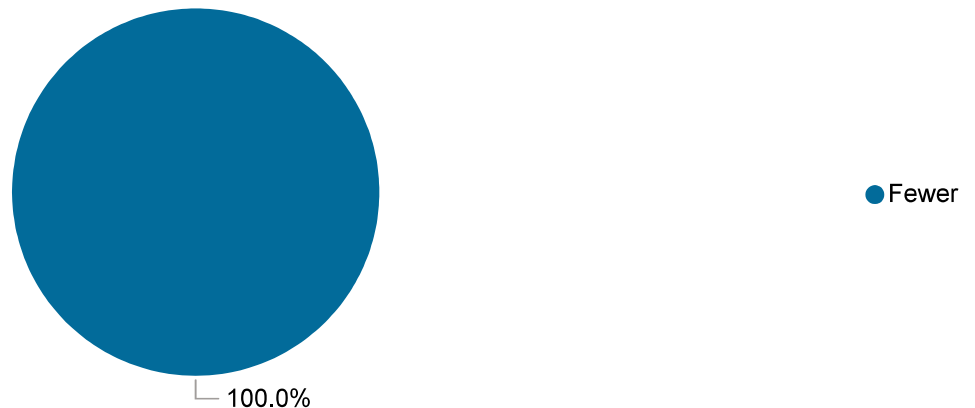
Families of youth clients who had at least one night in a facility for substance use treatment prior to receiving treatment services are included.

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

At discharge, families of youth served in publicly funded treatment services reported their youth had a decrease in nights spent in an inpatient substance use disorder facility in the past 30 days.



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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Intensive Inpatient Treatment (3.7)	1	15.00	1.00	-14.00	-93.3%
<b>Total</b>	<b>1</b>	<b>15.00</b>	<b>1.00</b>	<b>-14.00</b>	<b>-93.3%</b>



## Hospital Admissions for Mental Health Care



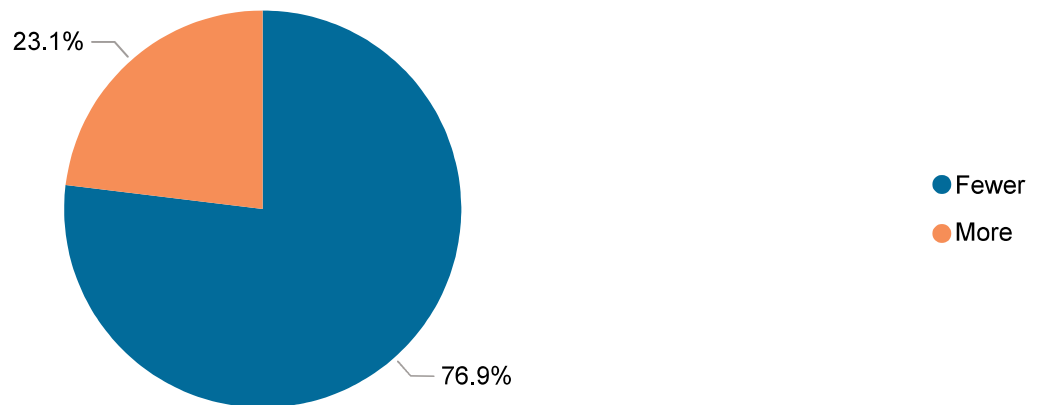
Families of youth clients are asked at the start of treatment and at the end of treatment, "How many nights has your child spent in a facility for mental health care in the past 30 days?" Only families of youth who completed this question at time of admission and time of discharge are included.

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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Intensive Inpatient Treatment (3.7)	10	9.90	5.20	-4.70	-47.5%
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	4	7.50	7.50	0.00	0.0%
<b>Total</b>	<b>13</b>	<b>9.38</b>	<b>6.31</b>	<b>-3.08</b>	<b>-32.8%</b>

## Illness, Injury, or Surgery



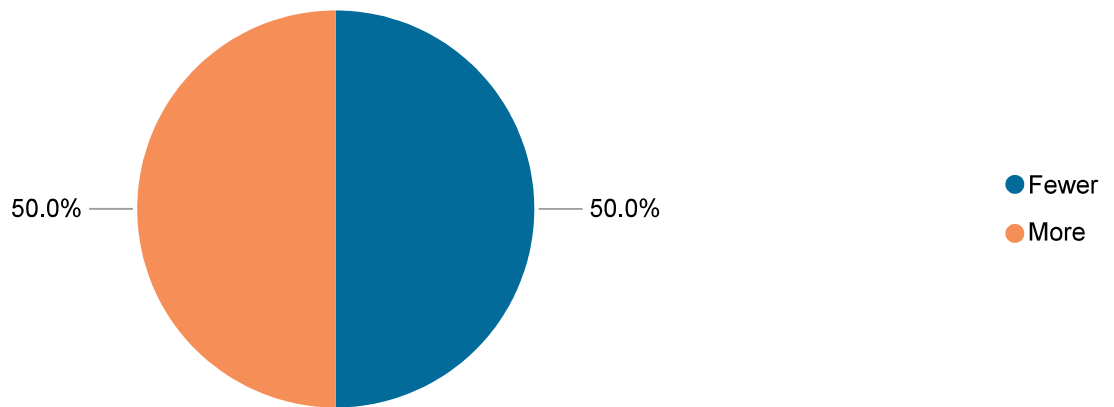
Families of youth clients are asked at the start of treatment and at the end of treatment, "How many nights has your child spent in a facility for illness, injury, or surgery in the past 30 days?" Only families of youth who completed this question at time of admission and time of discharge are included.

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

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

At discharge, families of youth served in publicly funded treatment services reported their youth had an increase in nights spent in a facility for illness, injury, or surgery in the past 30 days.

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Intensive Inpatient Treatment (3.7)	2	1.50	15.00	13.50	900.0%
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	1	1.00	0.00	-1.00	-100.0%
<b>Total</b>	<b>2</b>	<b>1.50</b>	<b>15.00</b>	<b>13.50</b>	<b>900.0%</b>

## Nights Spent in Correctional Facility



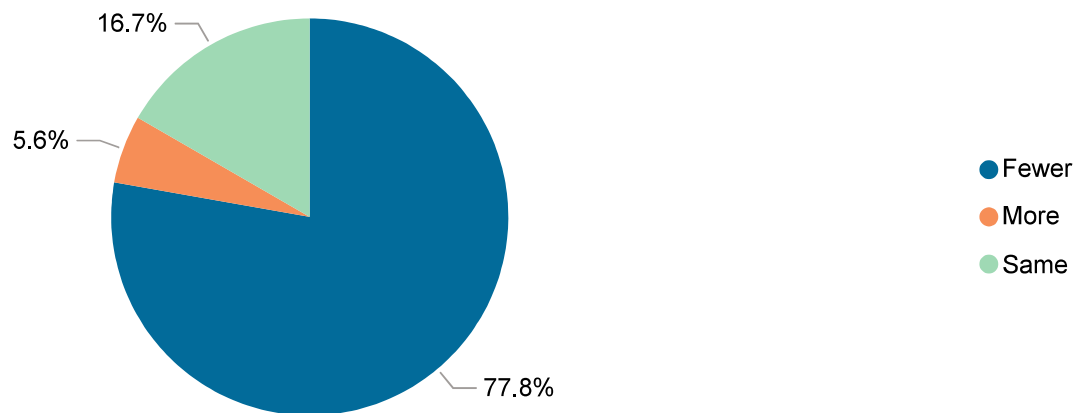
Families of youth clients are asked at the start of treatment and at the end of treatment, "How many nights has your child spent in a correctional facility including JDC or jail (as a result of an arrest, parole or probation violation) in the past 30 days?" Only families of youth who completed this question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

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

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

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

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



### How Many Nights in the Past 30 Days Has Your Child Spent in a Correctional Facility?

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Intensive Inpatient Treatment (3.7)	18	19.00	5.33	-13.67	-71.9%
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	4	22.25	0.25	-22.00	-98.9%
<b>Total</b>	<b>18</b>	<b>19.00</b>	<b>5.33</b>	<b>-13.67</b>	<b>-71.9%</b>

## Trouble as a Result of Substance Use

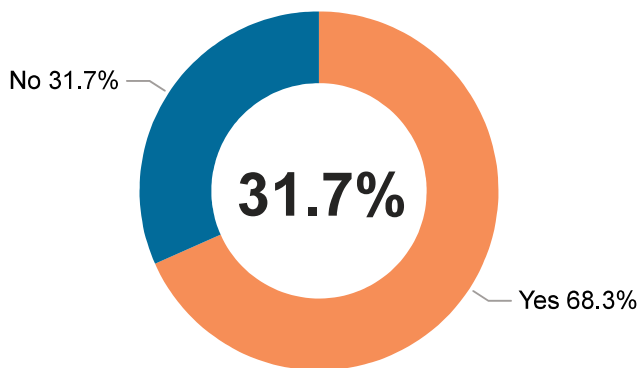


Families of youth clients are asked at the start of treatment and at the end of treatment, "Has your child gotten in trouble at home, at school, work, or in the community, because of their use of alcohol, drugs, inhalants or gambling?" Only families of youth who completed this question at time of admission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

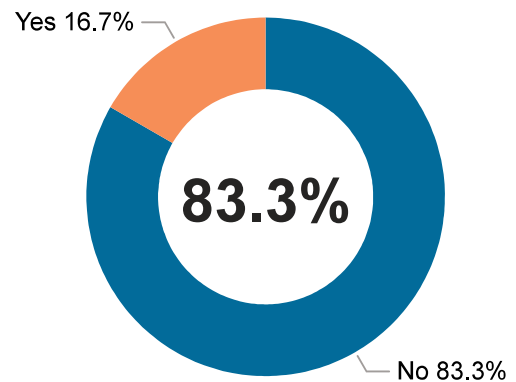
Families' responses on these surveys are then broken out by the percentage of families who responded "Yes" or "No" at time of admission and at time of discharge (donut chart) as well as the average responses and change from admission to discharge (table).

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

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



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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Intensive Inpatient Treatment (3.7)	38	0.78	0.23	-0.55	-71.0%
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	29	0.60	0.13	-0.47	-77.8%
<b>Total</b>	<b>58</b>	<b>0.68</b>	<b>0.17</b>	<b>-0.52</b>	<b>-75.6%</b>

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

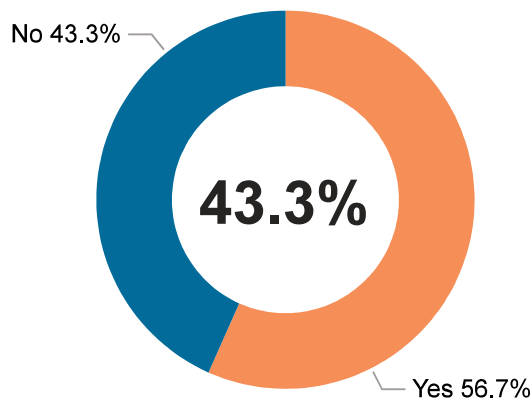


Families of youth clients are asked at the start of treatment and at the end of treatment, "Has your child missed school or work because of using alcohol, drugs, inhalants, or gambling?" Only families of youth who completed this question at time of admission and time of discharge are included.

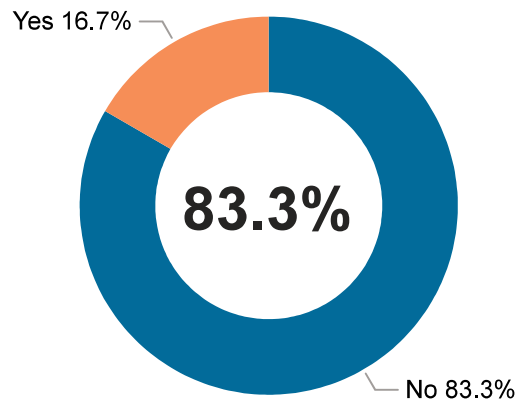
Families' responses on these surveys are then broken out by the percentage families who responded "Yes" or "No" at time of admission and at time of discharge (donut chart) as well as the average responses and change from admission to discharge (table).

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

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



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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Intensive Inpatient Treatment (3.7)	38	0.70	0.23	-0.48	-67.9%
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	29	0.37	0.13	-0.23	-63.6%
<b>Total</b>	<b>58</b>	<b>0.57</b>	<b>0.17</b>	<b>-0.40</b>	<b>-70.6%</b>

## General Satisfaction with Services

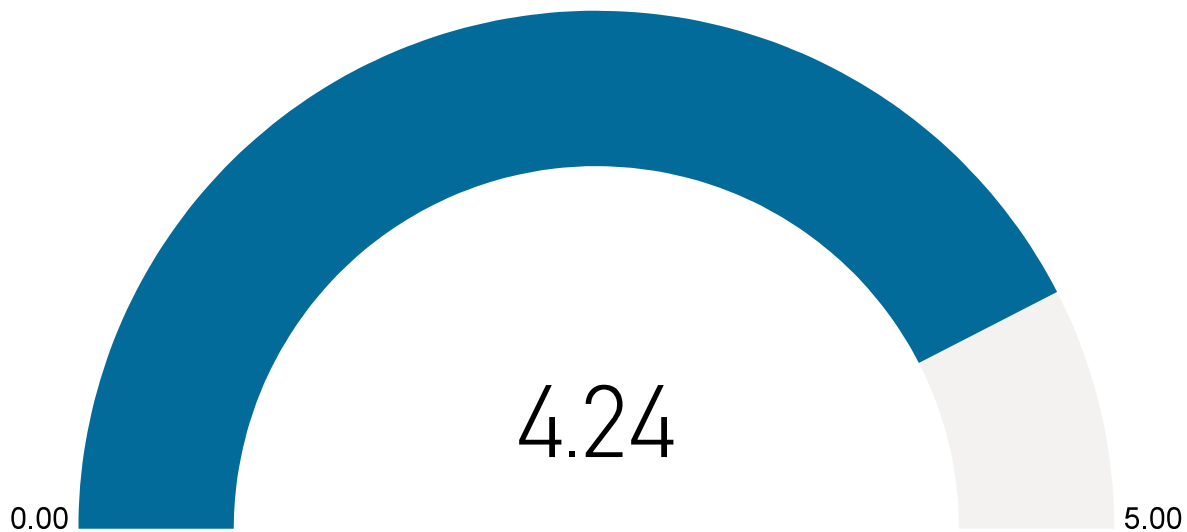


Families of youth clients are asked at discharge to rate how strongly they agree with six different questions pertaining to their overall satisfaction with treatment services their youth received. The average of these six responses is given below. To see specific questions, please see Appendix B.

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

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

Were You Satisfied With the Services Your Child Received?



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

Treatment Services	Unduplicated Client Count	General Satisfaction with Services
Intensive Inpatient Treatment (3.7)	40	4.27
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	30	4.32
<b>Total</b>	<b>60</b>	<b>4.24</b>

## Improved Functioning



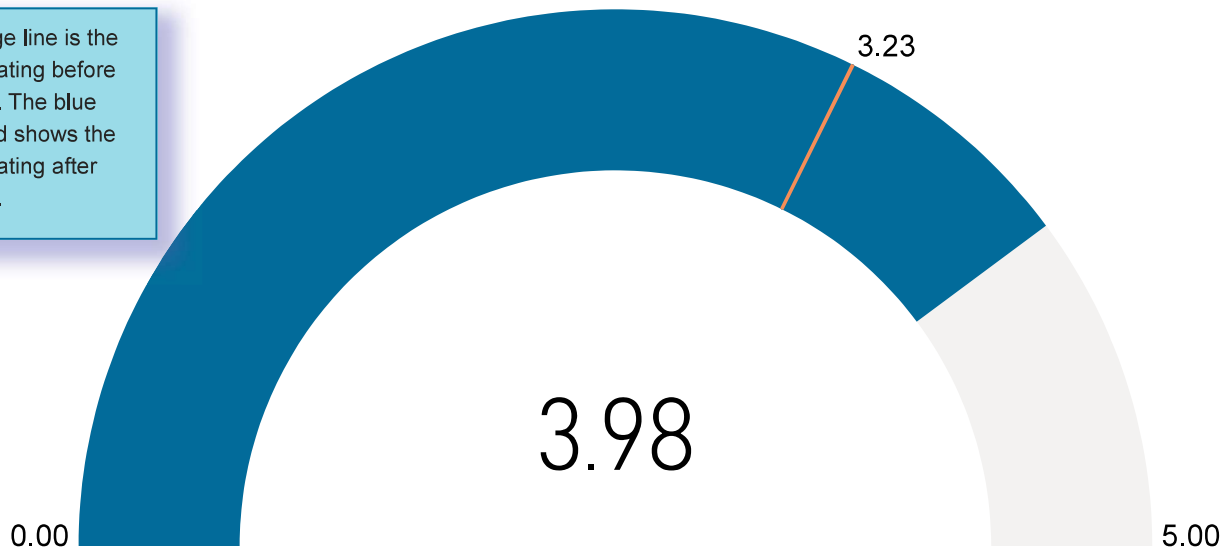
Families of youth clients are asked at discharge to rate how strongly they agree with seven different questions pertaining to their perception of their youth's mental health and social well-being before and after the services they received. The average of these seven responses is given below. To see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

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

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

### Improved Functioning

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Intensive Inpatient Treatment (3.7)	40	3.02	3.83	0.82	27.1%
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	29	3.48	4.28	0.80	22.8%
<b>Total</b>	<b>59</b>	<b>3.23</b>	<b>3.98</b>	<b>0.75</b>	<b>23.3%</b>

## Social Connectedness



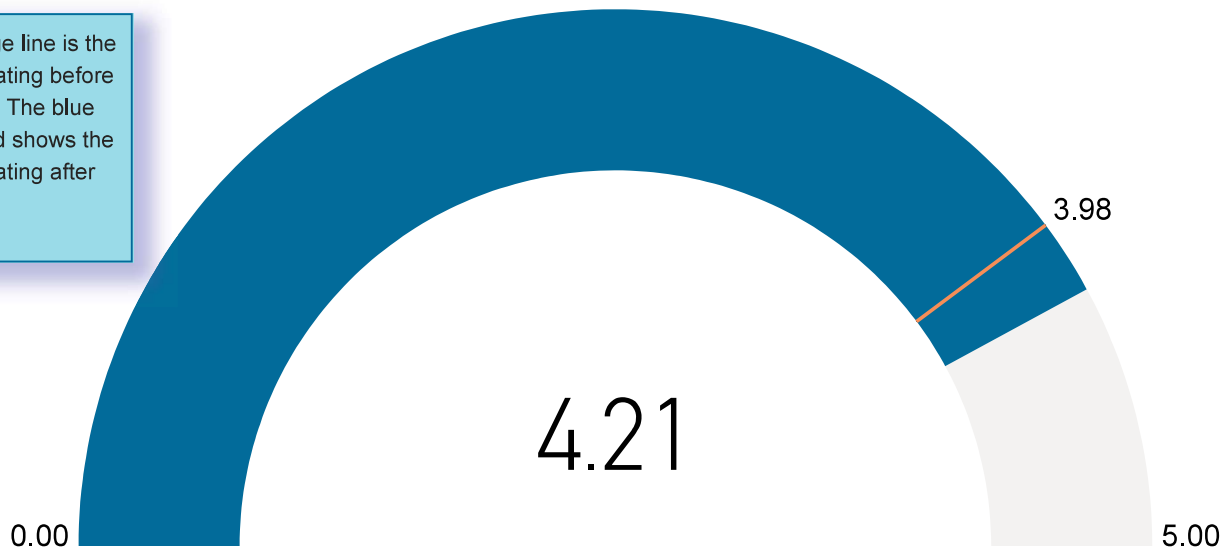
Families of youth clients are asked at discharge to rate how strongly they agree with four different questions pertaining to their youth's connections with their family, friends, and community. The average of these four responses is given below. To see specific questions, please see Appendix B.

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

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

### Social Connectedness

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Intensive Inpatient Treatment (3.7)	40	3.77	4.07	0.30	7.9%
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	30	4.26	4.44	0.18	4.2%
<b>Total</b>	<b>60</b>	<b>3.98</b>	<b>4.21</b>	<b>0.23</b>	<b>5.7%</b>



## Participation in Treatment Planning and Cultural Sensitivity of Staff



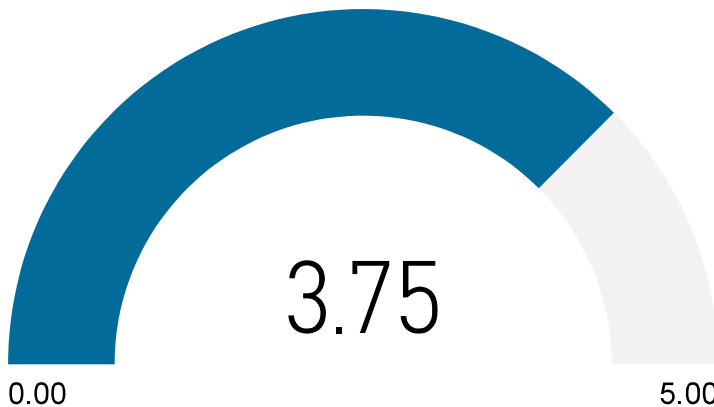
Families of youth clients are asked at discharge to rate how strongly they agree with three different questions pertaining to their participation in treatment planning for services their youth received. The average of these three responses is given below.

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

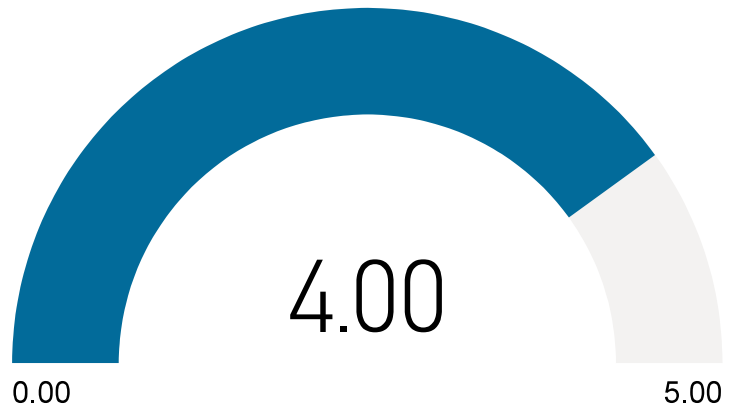
Families' responses on these surveys are then broken out by the type of treatment service their youth received. If their youth received multiple types of treatment services in FY24, families' responses are counted once in each service.

Families of youth served in publicly funded treatment services reported high levels of participation in their youth's treatment planning and felt staff were culturally sensitive.

Participation in Treatment Planning



Cultural Sensitivity of Staff



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

Treatment Services	Unduplicated Client Count	Participation in Treatment Planning	Cultural Sensitivity of Staff
Intensive Inpatient Treatment (3.7)	40	3.97	4.05
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	29	3.70	4.13
<b>Total</b>	<b>59</b>	<b>3.75</b>	<b>4.00</b>

## Access to Services

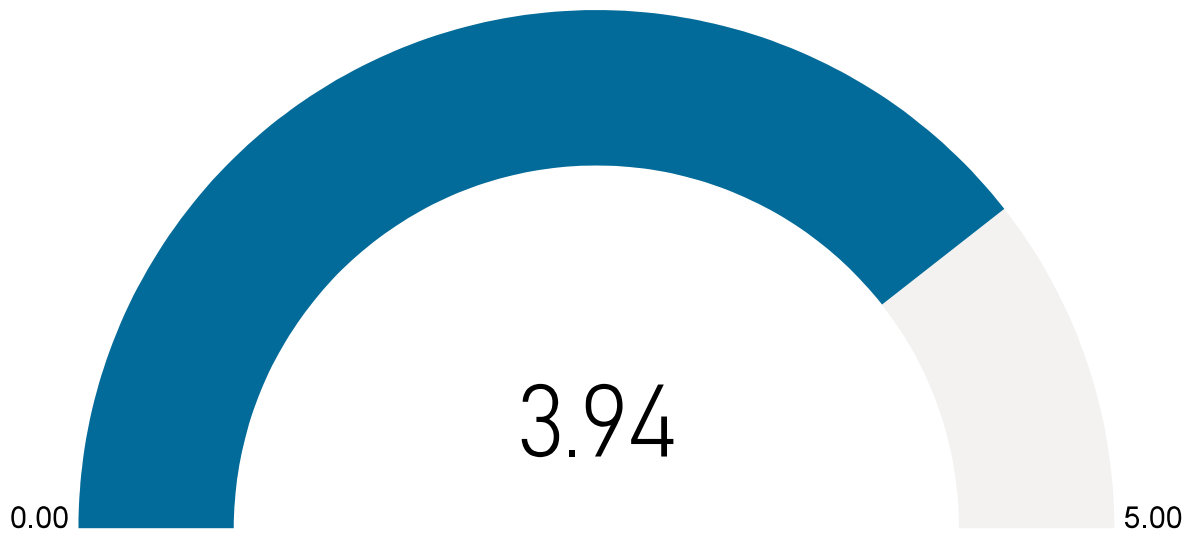
Families of youth clients are asked at discharge to rate how strongly they agree with two different questions pertaining to the ease and convenience of accessing the services their youth received. The average of these two responses is given below. To see specific questions, please see Appendix B.

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

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



### Access to Services



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

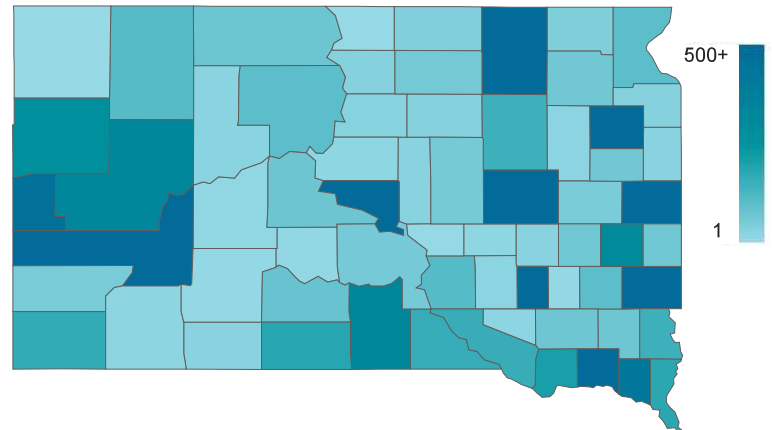
Treatment Services	Unduplicated Client Count	Access to Services
Intensive Inpatient Treatment (3.7)	40	3.99
Outpatient and Intensive Outpatient Services (0.5, 1.0, & 2.1)	30	3.98
<b>Total</b>	<b>60</b>	<b>3.94</b>

# Mental Health (MH) Treatment Services

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# Mental Health Treatment Services

County of Residence for Clients Who Received Publicly Funded Services

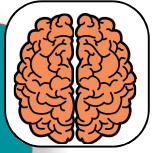


Treatment Services	Publicly Funded Clients Served	Average Duration of Treatment (Days)
Child or Youth and Family Services (CYF)	4,775	231
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	6,232	409
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	243	211
Forensic Assertive Community Treatment (FACT)	59	329
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	238	211
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	260	461
Intensive Family Services	17	339
Outpatient Services	4,947	279
Room and Board and Other Services	1,174	573



Unduplicated Clients Served  
(Publicly Funded)  
**16,064**

Publicly Funded Clients with Serious  
Emotional Disturbance (SED) or Serious  
Mental Illness (SMI)  
**11,296**



Veterans Served (Publicly Funded)  
**248**

Publicly Funded Clients Who  
Successfully Completed Treatment  
**1,543**



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



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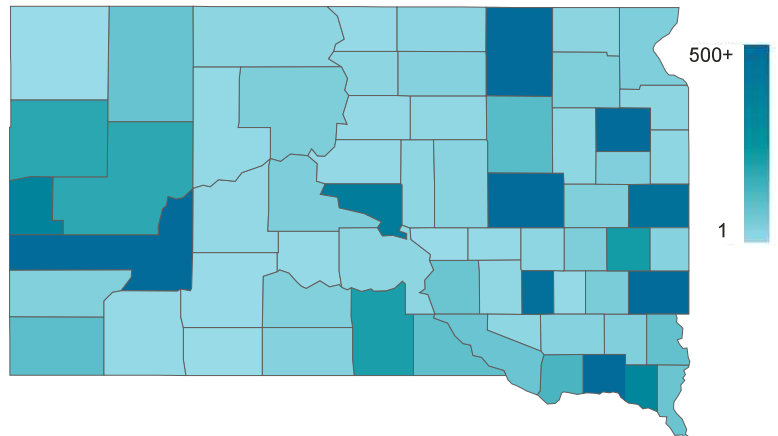
# Adult MH Treatment Services

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## Adult MH Treatment Services

County of Residence for Clients Who Received Publicly Funded Services



Treatment Services

	Publicly Funded Clients Served	Average Duration of Treatment (Days)
Child or Youth and Family Services (CYF)	114	297
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	6,136	409
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	5	585
Forensic Assertive Community Treatment (FACT)	59	329
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	253	455
Outpatient Services	4,125	292
Room and Board and Other Services	1,137	583



Unduplicated Clients Served  
(Publicly Funded)  
**10,288**

Publicly Funded Clients with Serious  
Mental Illness (SMI)  
**5,986**



Veterans Served (Publicly Funded)  
**244**

Publicly Funded Clients Who  
Successfully Completed Treatment  
**583**



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

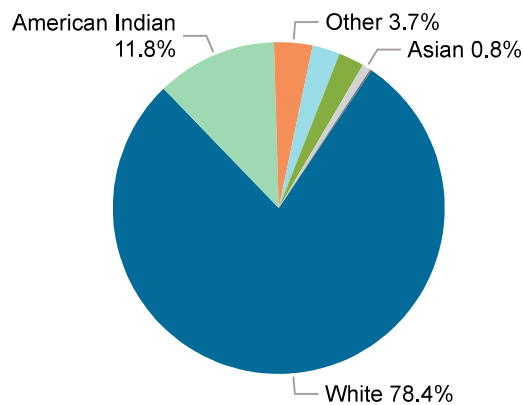
## Race & Ethnicity

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

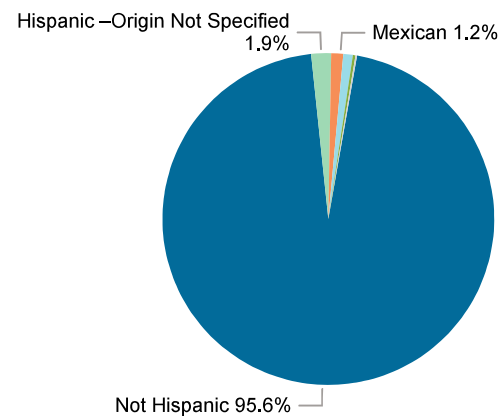


According to the U.S. Census Bureau, 84.2% of South Dakotans identify as White, 8.5% identify as American Indian, and 5.1% identify as Hispanic.

### Clients Served by Race



### Clients Served by Ethnicity



### Clients Served by Service Type and Race

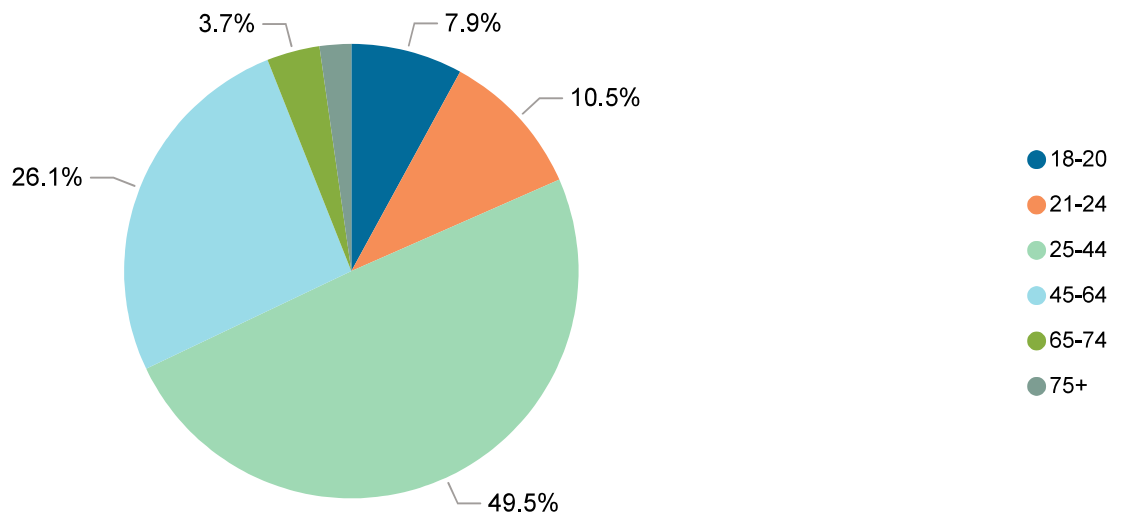
Treatment Services	2+ Races		American Indian		Asian		Black		Native Pacific Islander		Other		White		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Child or Youth and Family Services (CYF)	2	1.8%	33	28.9%	1	0.9%	2	1.8%	1	0.9%	4	3.5%	71	62.3%	114	100.0%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	151	2.5%	746	12.2%	43	0.7%	171	2.8%	9	0.1%	213	3.5%	4,807	78.3%	6,136	100.0%
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	1	20.0%	2	40.0%									2	40.0%	5	100.0%
Forensic Assertive Community Treatment (FACT)	1	1.7%	29	49.2%	1	1.7%	3	5.1%			1	1.7%	24	40.7%	59	100.0%
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)			43	17.0%	3	1.2%	14	5.5%			8	3.2%	186	73.5%	253	100.0%
Outpatient Services	94	2.3%	419	10.2%	52	1.3%	89	2.2%	8	0.2%	179	4.3%	3,286	79.7%	4,125	100.0%
Room and Board and Other Services	78	6.9%	87	7.7%	4	0.4%	17	1.5%	2	0.2%	24	2.1%	926	81.4%	1,137	100.0%
<b>Total</b>	<b>278</b>	<b>2.7%</b>	<b>1,212</b>	<b>11.8%</b>	<b>86</b>	<b>0.8%</b>	<b>256</b>	<b>2.5%</b>	<b>16</b>	<b>0.2%</b>	<b>383</b>	<b>3.7%</b>	<b>8,070</b>	<b>78.4%</b>	<b>10,288</b>	<b>100.0%</b>

## Age

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



### Clients Served by Age



### Clients Served by Service Type and Age Group

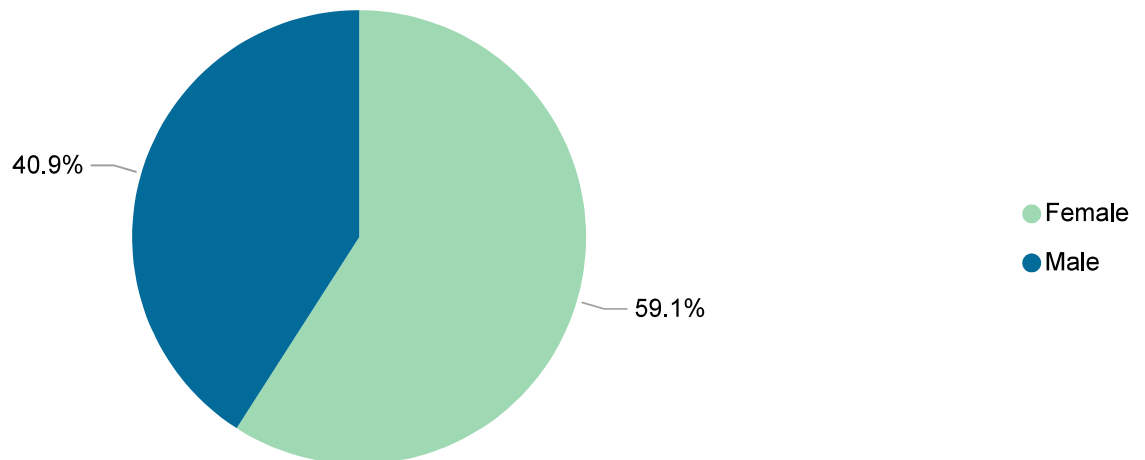
Treatment Services	18-20		21-24		25-44		45-64		65-74		75+		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Child or Youth and Family Services (CYF)	103	90.4%	3	2.6%	3	2.6%	1	0.9%			4	3.5%	114	100.0%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	362	5.9%	587	9.5%	2,983	48.5%	1,818	29.6%	240	3.9%	161	2.6%	6,136	100.0%
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	5	100.0%											5	100.0%
Forensic Assertive Community Treatment (FACT)	1	1.7%	8	13.6%	42	71.2%	8	13.6%					59	100.0%
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	16	6.3%	25	9.8%	134	52.8%	74	29.1%	4	1.6%	1	0.4%	253	100.0%
Outpatient Services	405	9.8%	525	12.7%	2,167	52.4%	828	20.0%	138	3.3%	74	1.8%	4,125	100.0%
Room and Board and Other Services	51	4.5%	73	6.4%	461	40.5%	418	36.7%	91	8.0%	44	3.9%	1,137	100.0%
<b>Total</b>	<b>820</b>	<b>7.9%</b>	<b>1,080</b>	<b>10.5%</b>	<b>5,116</b>	<b>49.5%</b>	<b>2,692</b>	<b>26.1%</b>	<b>387</b>	<b>3.7%</b>	<b>233</b>	<b>2.3%</b>	<b>10,288</b>	<b>100.0%</b>

## Gender

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



### Clients Served by Self-Identified Gender



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

Treatment Services	Female		Male		Total	
	N	%	N	%	N	%
Child or Youth and Family Services (CYF)	65	57.0%	49	43.0%	114	100.0%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	3,560	58.0%	2,576	42.0%	6,136	100.0%
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	2	40.0%	3	60.0%	5	100.0%
Forensic Assertive Community Treatment (FACT)	23	39.0%	36	61.0%	59	100.0%
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	97	38.3%	156	61.7%	253	100.0%
Outpatient Services	2,567	62.2%	1,558	37.8%	4,125	100.0%
Room and Board and Other Services	611	53.7%	526	46.3%	1,137	100.0%
<b>Total</b>	<b>6,077</b>	<b>59.1%</b>	<b>4,211</b>	<b>40.9%</b>	<b>10,288</b>	<b>100.0%</b>

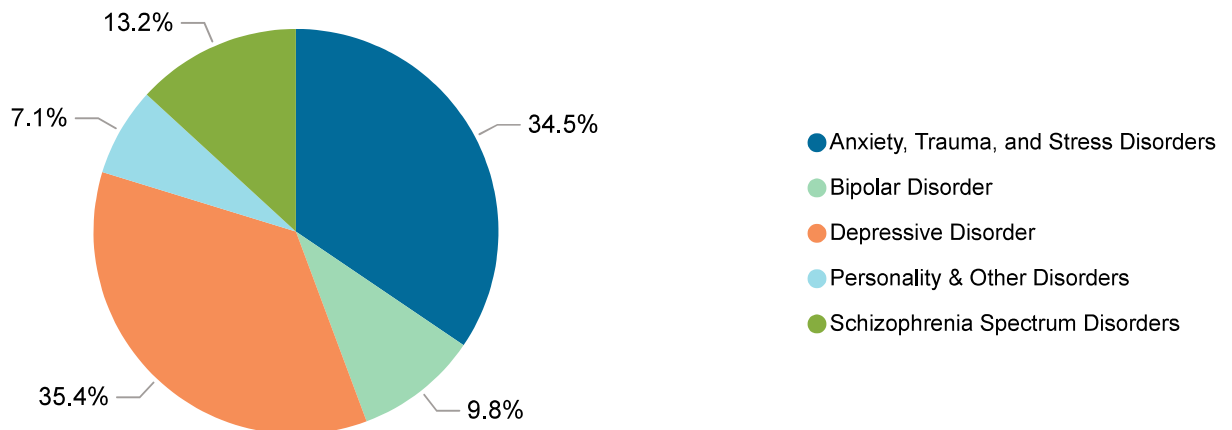
## Primary Diagnosis

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

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



### Clients Served for Each Primary Diagnosis



### Diagnosis by Service Type

Treatment Services	Anxiety, Trauma, and Stress Disorders		Bipolar Disorder		Depressive Disorder		Personality & Other Disorders		Schizophrenia Spectrum Disorders		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
Child or Youth and Family Services (CYF)	56	51.4%	8	7.3%	34	31.2%	9	8.3%	2	1.8%	109	100.0%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	1,725	29.5%	684	11.7%	2,150	36.8%	299	5.1%	981	16.8%	5,807	100.0%
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	2	50.0%					2	50.0%			4	100.0%
Forensic Assertive Community Treatment (FACT)	12	23.5%	3	5.9%	11	21.6%	1	2.0%	24	47.1%	51	100.0%
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	11	4.5%	21	8.6%	39	15.9%	10	4.1%	164	66.9%	244	100.0%
Outpatient Services	1,808	46.1%	262	6.7%	1,320	33.7%	355	9.1%	176	4.5%	3,907	100.0%
Room and Board and Other Services	174	15.9%	121	11.0%	346	31.6%	124	11.3%	331	30.2%	1,095	100.0%
<b>Total</b>	<b>3,380</b>	<b>34.5%</b>	<b>964</b>	<b>9.8%</b>	<b>3,471</b>	<b>35.4%</b>	<b>692</b>	<b>7.1%</b>	<b>1,293</b>	<b>13.2%</b>	<b>9,736</b>	<b>100.0%</b>

## Living Situation

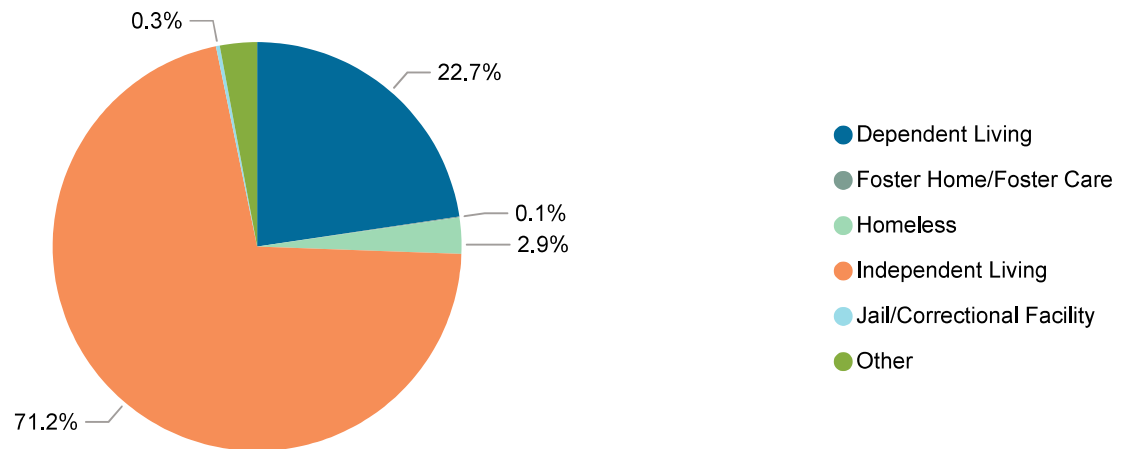
The data below reflect the living situations of adults served in publicly funded treatment services.



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

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

### Housing Situation for Clients at Most Recent Update



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average of Most Recent Update
Child or Youth and Family Services (CYF)	2	0.0%	0.0%	0.0%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	1,194	6.2%	2.8%	2.8%
Forensic Assertive Community Treatment (FACT)	13	26.7%	7.7%	7.7%
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	63	10.3%	1.3%	1.3%
Outpatient Services	96	2.5%	1.9%	1.9%
Room and Board and Other Services	119	3.1%	2.3%	2.3%
<b>Total</b>	<b>1,309</b>	<b>6.2%</b>	<b>2.7%</b>	<b>2.7%</b>

## Employment

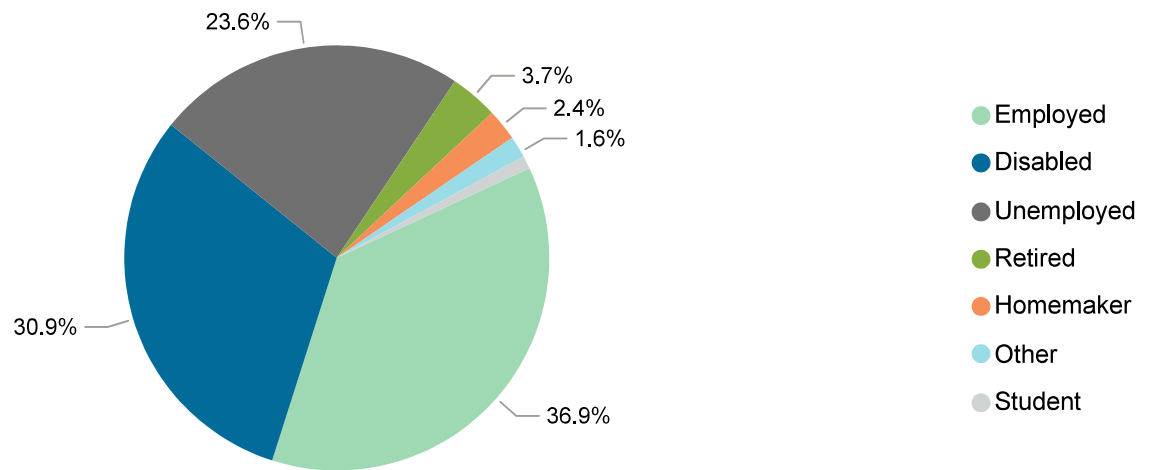
The data below reflect the employment status of adults served in publicly funded treatment services.



The national rate of employment for adult clients was 28%.

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

### Employment Situation for Clients at Most Recent Update



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update
Child or Youth and Family Services (CYF)	2	0.0%	100.0%	100.0%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	1,194	27.2%	37.7%	37.5%
Forensic Assertive Community Treatment (FACT)	13	6.7%	30.8%	30.8%
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	63	4.4%	13.0%	13.0%
Outpatient Services	96	36.1%	47.6%	47.6%
Room and Board and Other Services	119	3.1%	17.3%	17.3%
<b>Total</b>	<b>1,309</b>	<b>26.5%</b>	<b>37.0%</b>	<b>36.9%</b>

## Arrest History

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

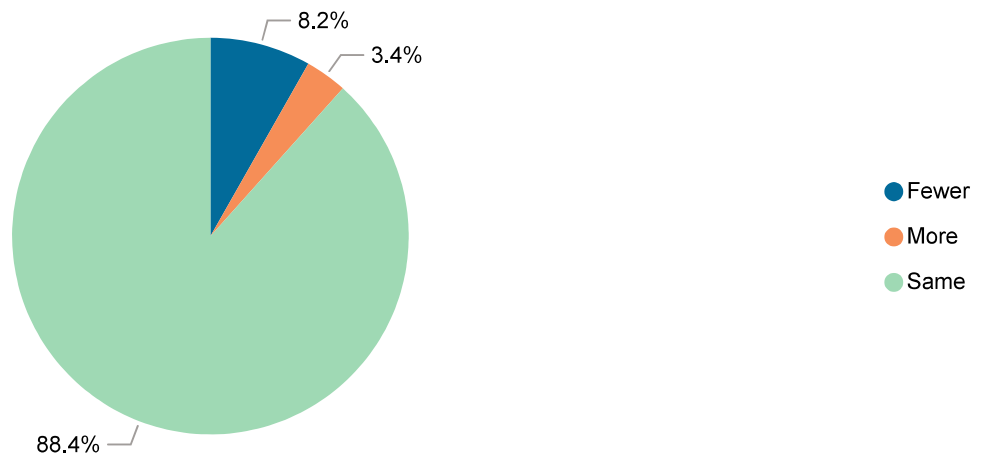
Client responses on these surveys are then broken out by the type of treatment service they received.



The national rate of adult clients with at least one arrest was 11%.

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

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

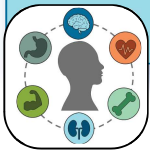


### Percent of Clients With at Least One Arrest Within the Past 30 Days

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update
Child or Youth and Family Services (CYF)	2	0.0%	0.0%	0.0%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	988	9.0%	3.7%	3.8%
Forensic Assertive Community Treatment (FACT)	9	33.3%	0.0%	0.0%
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	55	4.8%	8.1%	8.1%
Outpatient Services	77	8.5%	3.7%	3.7%
Room and Board and Other Services	97	13.0%	4.6%	4.6%
<b>Total</b>	<b>1,089</b>	<b>8.9%</b>	<b>3.9%</b>	<b>4.1%</b>



## General Health

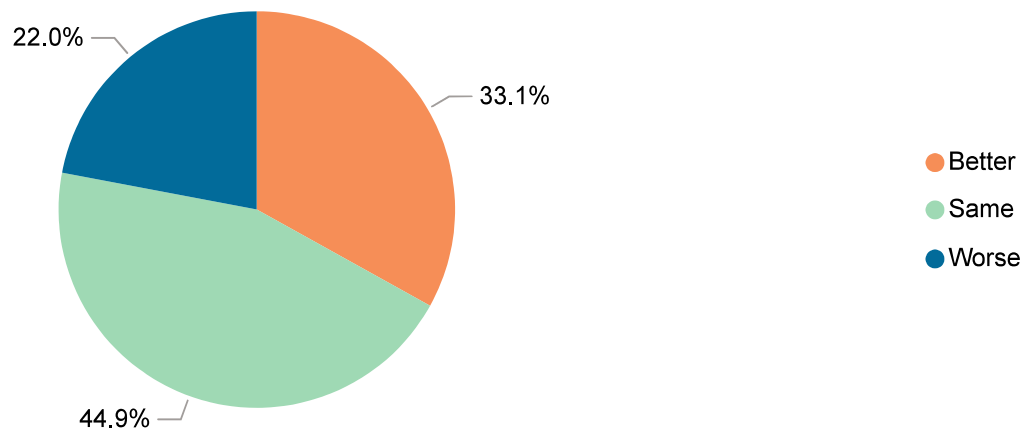


Clients are asked at the start of treatment and at their most recent update, "Would you say that in general your health is?" Clients could answer in a range from 1-"Poor" to 5-"Excellent". Only clients who completed this question at time of admission and time of most recent update are included.

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	2	3.00	3.00	3.00	0.00	0.0%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	1,022	2.59	2.73	2.73	0.14	5.3%
Forensic Assertive Community Treatment (FACT)	11	2.64	3.45	3.45	0.82	31.0%
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	57	2.92	2.95	2.95	0.03	1.1%
Outpatient Services	82	2.59	2.79	2.80	0.22	8.4%
Room and Board and Other Services	100	2.65	2.75	2.75	0.10	3.7%
<b>Total</b>	<b>1,128</b>	<b>2.61</b>	<b>2.75</b>	<b>2.74</b>	<b>0.14</b>	<b>5.2%</b>

## Physical Health

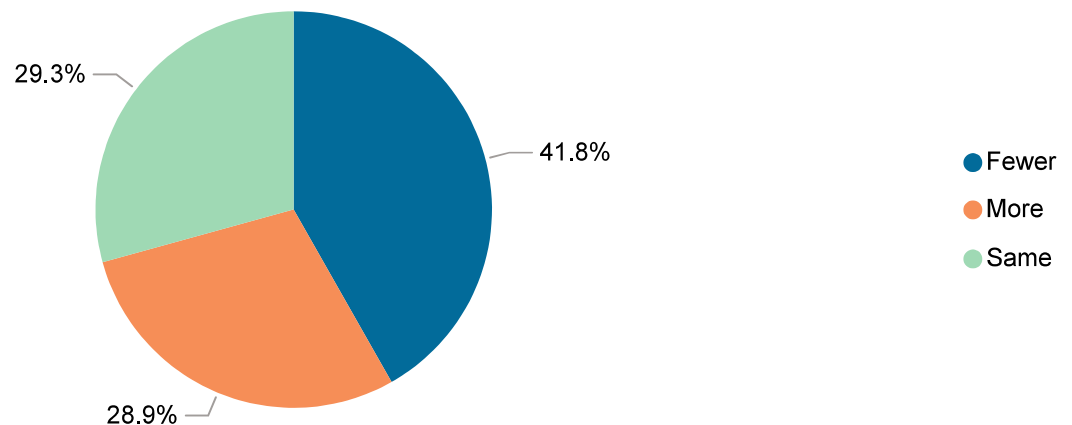


Clients are asked at the start of treatment and at their most recent update, "Now thinking about your physical health, which includes physical illness and injury, how many days during the past 30 days was your physical health not good?" Only clients who completed this question at time of admission and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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	2	0.00	2.00	2.00	2.00	Infinity
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	1,008	9.86	7.68	7.72	-2.14	-21.7%
Forensic Assertive Community Treatment (FACT)	11	4.55	1.82	1.82	-2.73	-60.0%
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	54	5.23	4.89	4.89	-0.34	-6.6%
Outpatient Services	77	8.68	7.98	7.60	-1.07	-12.4%
Room and Board and Other Services	99	10.47	7.98	7.98	-2.49	-23.8%
<b>Total</b>	<b>1,110</b>	<b>9.61</b>	<b>7.65</b>	<b>7.66</b>	<b>-1.94</b>	<b>-20.2%</b>

## Mental Health

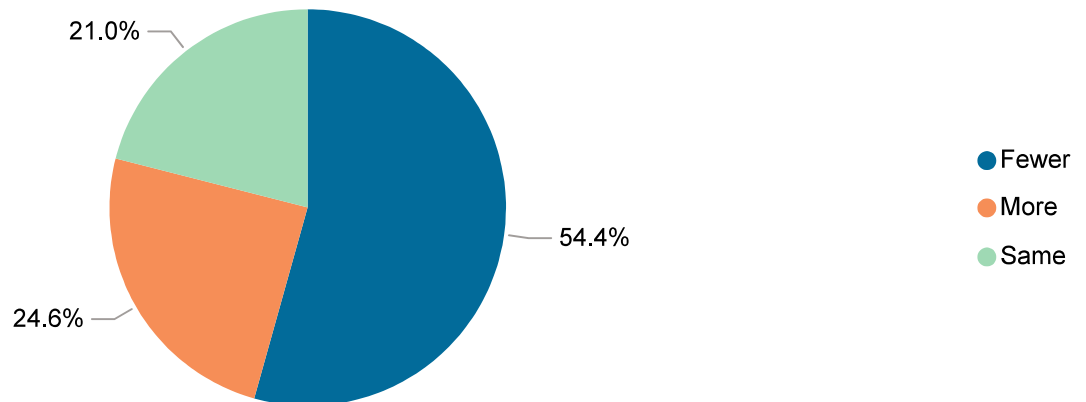


Clients are asked at the start of treatment and at their most recent update, "Now thinking about your mental health, which includes stress, depression, and problems with emotions, how many days during the past 30 days was your mental health not good?" Only clients who completed this question at time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

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

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

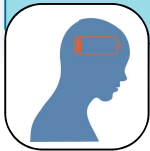
### Clients Who Had More, Fewer, or the Same Number of Days Spent in Poor Mental Health at Most Recent Update Compared to Admission



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	2	11.00	3.50	3.50	-7.50	-68.2%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	1,009	16.91	11.26	11.27	-5.64	-33.4%
Forensic Assertive Community Treatment (FACT)	11	14.82	5.00	5.00	-9.82	-66.3%
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	55	9.18	7.15	7.15	-2.03	-22.1%
Outpatient Services	77	18.01	11.57	11.51	-6.50	-36.1%
Room and Board and Other Services	99	13.10	8.72	8.72	-4.38	-33.4%
<b>Total</b>	<b>1,111</b>	<b>16.70</b>	<b>11.14</b>	<b>11.14</b>	<b>-5.56</b>	<b>-33.3%</b>

## Physical or Mental Health Prevented Normal Activities

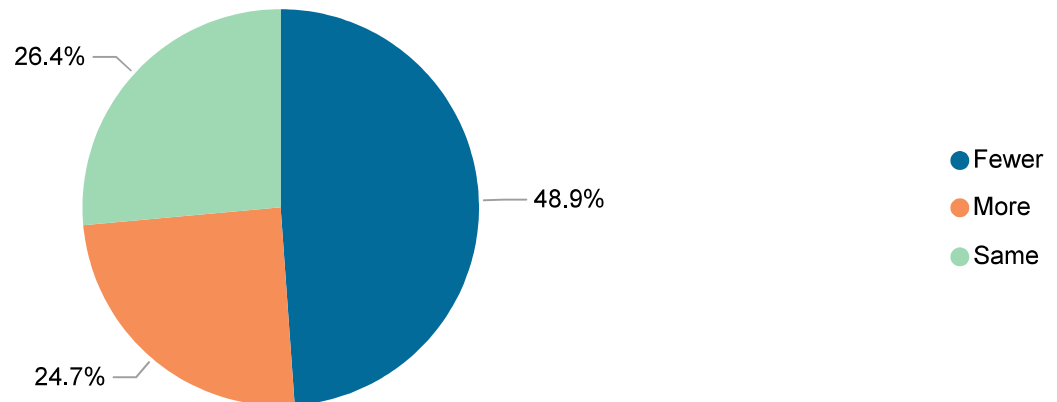


Clients are asked at the start of treatment and at their most recent update, "During the past 30 days, approximately how many days did your poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?" Only clients who completed this question at time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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	2	3.50	1.00	1.00	-2.50	-71.4%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	1,008	11.72	7.58	7.64	-4.08	-34.8%
Forensic Assertive Community Treatment (FACT)	11	6.64	2.09	2.09	-4.55	-68.5%
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	55	8.08	5.51	5.51	-2.57	-31.8%
Outpatient Services	79	12.71	6.70	6.46	-6.25	-49.2%
Room and Board and Other Services	99	10.12	5.57	5.57	-4.55	-45.0%
<b>Total</b>	<b>1,111</b>	<b>11.68</b>	<b>7.50</b>	<b>7.53</b>	<b>-4.15</b>	<b>-35.5%</b>

## Reported Attempts to Die by Suicide



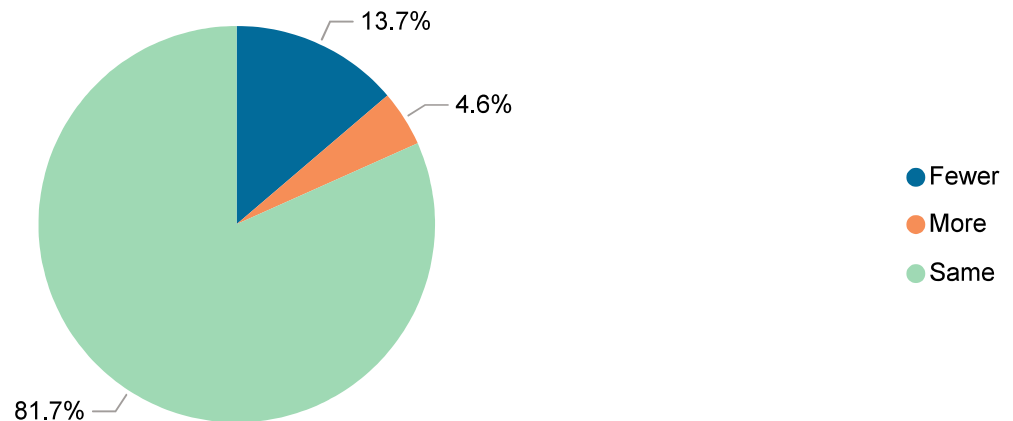
If you, or someone you know, is in need of crisis support, or experiencing emotional distress, call or text 988, or chat at <https://988lifeline.org/>.

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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	2	0.00	0.00	0.00	0.00	NaN
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	994	0.40	0.17	0.17	-0.22	-56.3%
Forensic Assertive Community Treatment (FACT)	10	0.50	0.00	0.00	-0.50	-100.0%
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	53	0.72	0.13	0.13	-0.59	-81.8%
Outpatient Services	80	0.32	0.13	0.13	-0.19	-59.3%
Room and Board and Other Services	98	0.27	0.15	0.15	-0.13	-46.7%
<b>Total</b>	<b>1,096</b>	<b>0.41</b>	<b>0.17</b>	<b>0.17</b>	<b>-0.24</b>	<b>-58.6%</b>

## Visits to Emergency Department



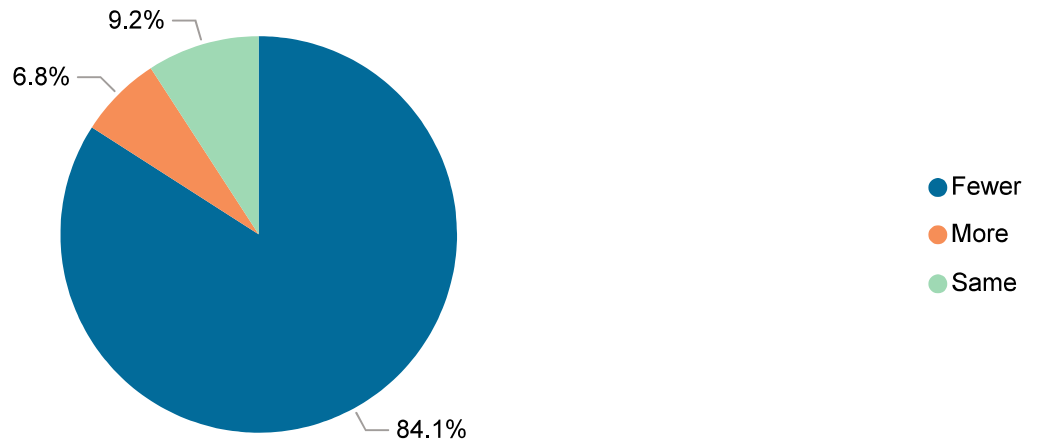
Clients are asked at the start of treatment and at their most recent update, "How many times have you gone to an emergency room for a psychiatric or emotional problem in the past 6 months?" Only clients who completed this question at time of admission and time of most recent update are included.

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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	253	2.69	0.81	0.81	-1.88	-69.8%
Forensic Assertive Community Treatment (FACT)	2	1.00	0.00	0.00	-1.00	-100.0%
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	23	3.35	1.17	1.17	-2.17	-64.9%
Outpatient Services	19	2.21	0.63	0.63	-1.58	-71.4%
Room and Board and Other Services	30	3.66	0.47	0.47	-3.19	-87.2%
<b>Total</b>	<b>283</b>	<b>2.74</b>	<b>0.84</b>	<b>0.84</b>	<b>-1.90</b>	<b>-69.4%</b>

## Detoxification Services



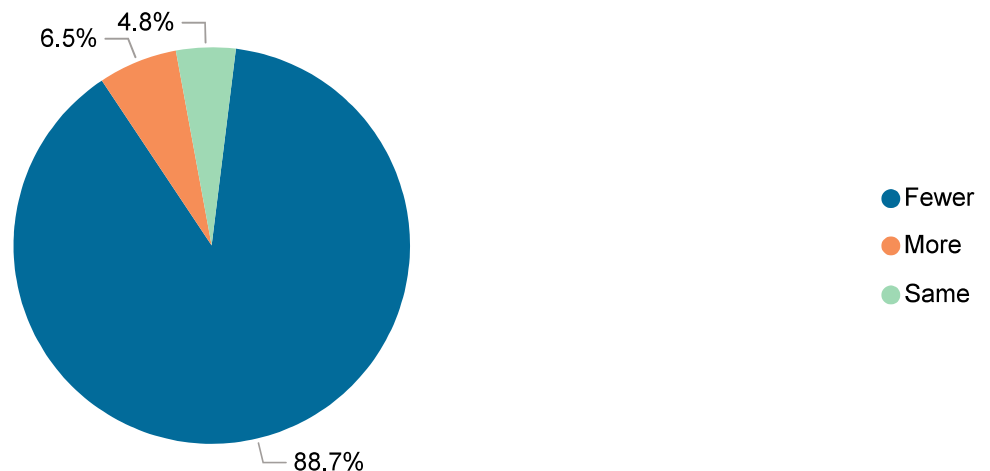
Clients are asked at the start of treatment and at their most recent update, "How many nights have you spent in a facility for detoxification in the past 6 months?" Only clients who completed this question at time of admission and time of most recent update are included.

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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	55	12.28	4.62	4.62	-7.66	-62.4%
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	1	1.00	0.00	0.00	-1.00	-100.0%
Outpatient Services	5	3.80	0.00	0.00	-3.80	-100.0%
Room and Board and Other Services	6	38.17	0.00	0.00	-38.17	-100.0%
<b>Total</b>	<b>59</b>	<b>11.65</b>	<b>4.32</b>	<b>4.32</b>	<b>-7.32</b>	<b>-62.9%</b>



## Inpatient Substance Use Disorder Treatment Services

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

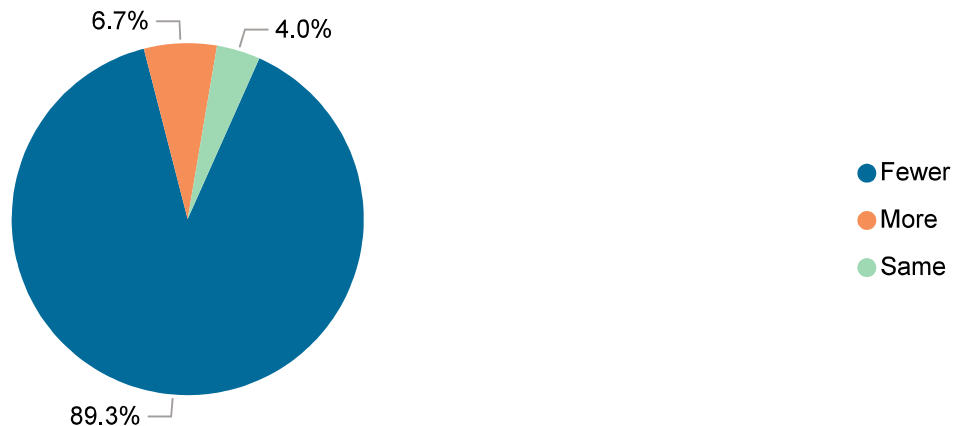
Clients who had at least one night in a facility for substance use treatment prior to receiving treatment services are included.

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

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



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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	1	45.00	0.00	0.00	-45.00	-100.0%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	66	27.44	7.54	7.47	-19.97	-72.8%
Forensic Assertive Community Treatment (FACT)	1	1.00	90.00	90.00	89.00	8900.0%
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	2	15.50	7.50	7.50	-8.00	-51.6%
Outpatient Services	7	18.71	26.00	26.00	7.29	38.9%
Room and Board and Other Services	8	44.75	24.63	24.63	-20.13	-45.0%
<b>Total</b>	<b>71</b>	<b>26.48</b>	<b>10.84</b>	<b>10.77</b>	<b>-15.71</b>	<b>-59.3%</b>



## Hospital Admissions for Mental Health Care



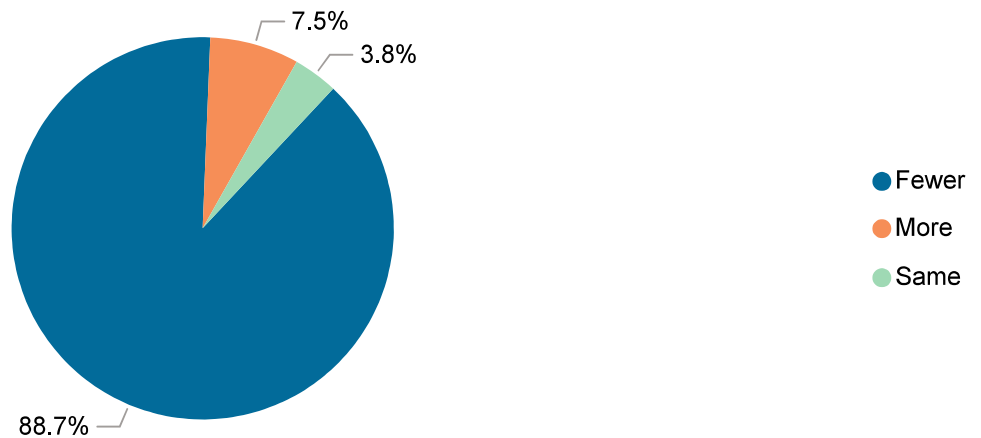
Clients are asked at the start of treatment and at their most recent update, "How many nights have you spent in a facility for mental health care in the past 6 months?" Only clients who completed this question at time of admission and time of most recent update are included.

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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	1	30.00	0.00	0.00	-30.00	-100.0%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	244	20.17	4.83	4.83	-15.34	-76.1%
Forensic Assertive Community Treatment (FACT)	2	7.50	0.00	0.00	-7.50	-100.0%
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	28	47.39	1.04	1.04	-46.36	-97.8%
Outpatient Services	24	24.96	9.54	9.54	-15.42	-61.8%
Room and Board and Other Services	41	39.12	5.33	5.33	-33.79	-86.4%
<b>Total</b>	<b>283</b>	<b>22.75</b>	<b>4.99</b>	<b>4.99</b>	<b>-17.76</b>	<b>-78.1%</b>

## Illness, Injury, or Surgery



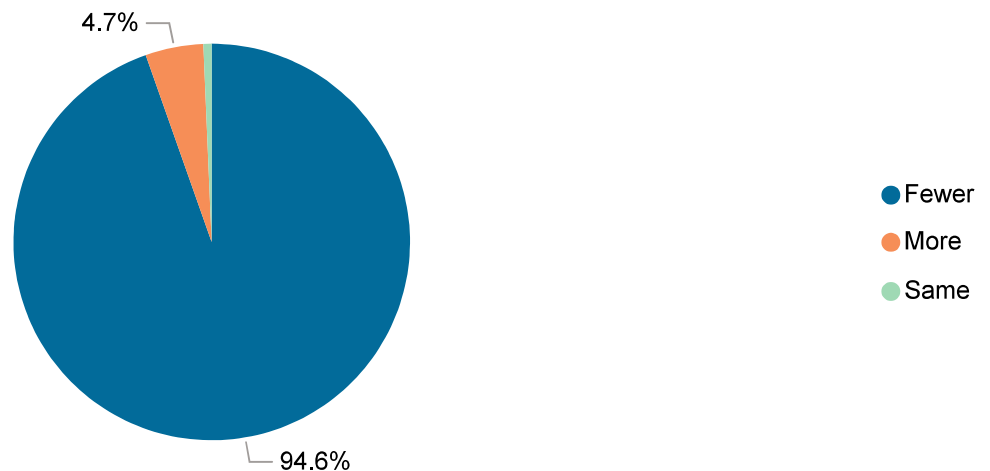
Clients are asked at the start of treatment and at their most recent update, "How many night have you spent in a facility for illness, injury, or surgery in the past 6 months?" Only clients who completed this question at time of admission and time of most recent update are included.

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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	130	5.50	0.81	0.81	-4.68	-85.2%
Forensic Assertive Community Treatment (FACT)	1	1.00	0.00	0.00	-1.00	-100.0%
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	5	3.00	0.20	0.20	-2.80	-93.3%
Outpatient Services	11	15.18	0.00	0.00	-15.18	-100.0%
Room and Board and Other Services	14	9.00	0.07	0.07	-8.93	-99.3%
<b>Total</b>	<b>143</b>	<b>6.19</b>	<b>0.75</b>	<b>0.75</b>	<b>-5.44</b>	<b>-87.9%</b>

## Nights Spent in Correctional Facility



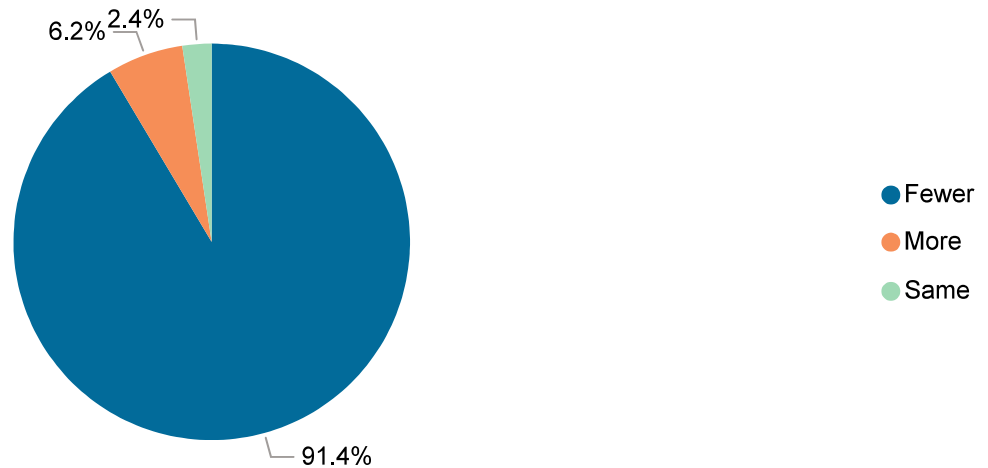
Clients are asked at the start of treatment and at their most recent update, "How many nights have you spent in a correctional facility including jail or prisons (as a result of an arrest, parole or probation violation) in the past 6 months?" Only clients who completed this question at time of admission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

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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	1	135.00	0.00	0.00	-135.00	-100.0%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	171	39.19	2.67	2.67	-36.52	-93.2%
Forensic Assertive Community Treatment (FACT)	8	51.13	34.25	34.25	-16.88	-33.0%
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	16	62.59	0.71	0.71	-61.88	-98.9%
Outpatient Services	17	52.59	2.47	2.47	-50.12	-95.3%
Room and Board and Other Services	19	46.60	0.00	0.00	-46.60	-100.0%
<b>Total</b>	<b>194</b>	<b>41.16</b>	<b>3.73</b>	<b>3.73</b>	<b>-37.42</b>	<b>-90.9%</b>

## General Satisfaction with Services

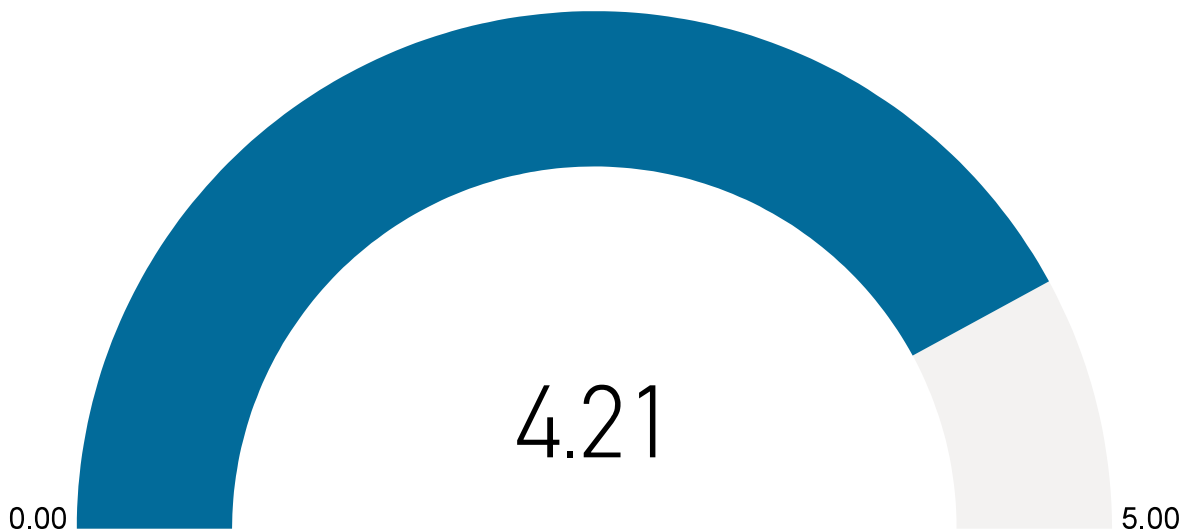


Clients are asked at their most recent update to rate how strongly they agree with three different questions pertaining to their overall satisfaction with treatment services they received. The average of these three responses is given below. To see specific questions, please see Appendix B.

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

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

Were You Satisfied With the Services You Received?



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

Treatment Services	Unduplicated Client Count	Average First Update	Average Most Recent Update
Child or Youth and Family Services (CYF)	2	4.50	4.50
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	1,195	4.21	4.21
Forensic Assertive Community Treatment (FACT)	13	3.67	3.67
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	63	3.99	3.99
Outpatient Services	96	4.19	4.19
Room and Board and Other Services	119	4.09	4.09
<b>Total</b>	<b>1,310</b>	<b>4.21</b>	<b>4.21</b>

## Improved Functioning



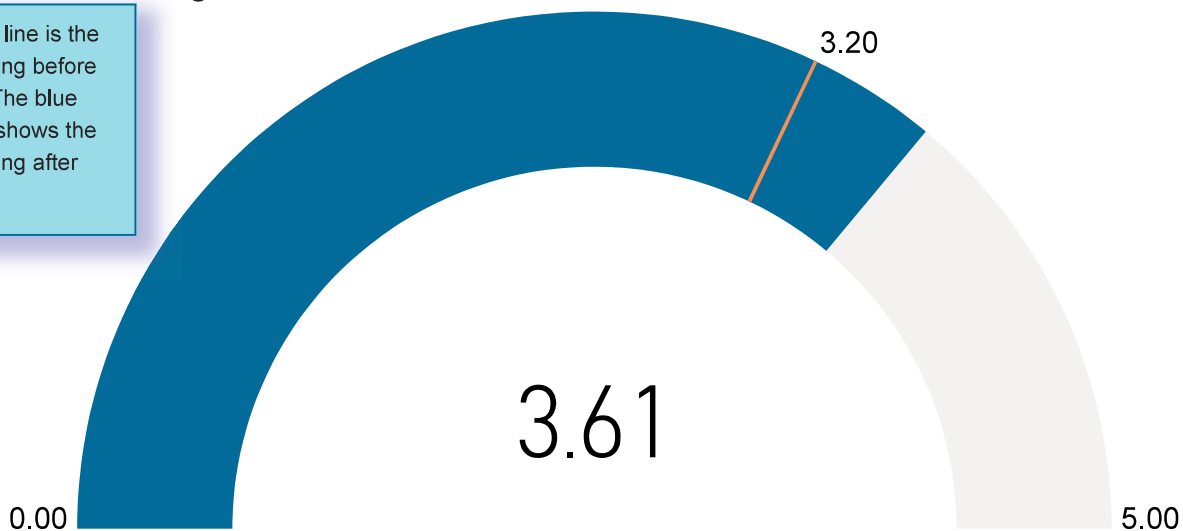
Clients are asked at their most recent update to rate how strongly they agree with four different questions pertaining to their perception of their mental health and social well-being before and after the services they received. The average of these four responses is given below. To see specific questions,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

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

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

### Improved Functioning

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	2	4.00	4.50	4.50	0.50	12.5%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	1,027	3.18	3.60	3.60	0.42	13.4%
Forensic Assertive Community Treatment (FACT)	12	3.75	3.50	3.50	-0.25	-6.7%
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	58	3.63	3.74	3.74	0.12	3.2%
Outpatient Services	82	3.26	3.64	3.65	0.39	11.8%
Room and Board and Other Services	100	3.39	3.60	3.60	0.22	6.4%
<b>Total</b>	<b>1,134</b>	<b>3.20</b>	<b>3.61</b>	<b>3.61</b>	<b>0.40</b>	<b>12.6%</b>

## Social Connectedness



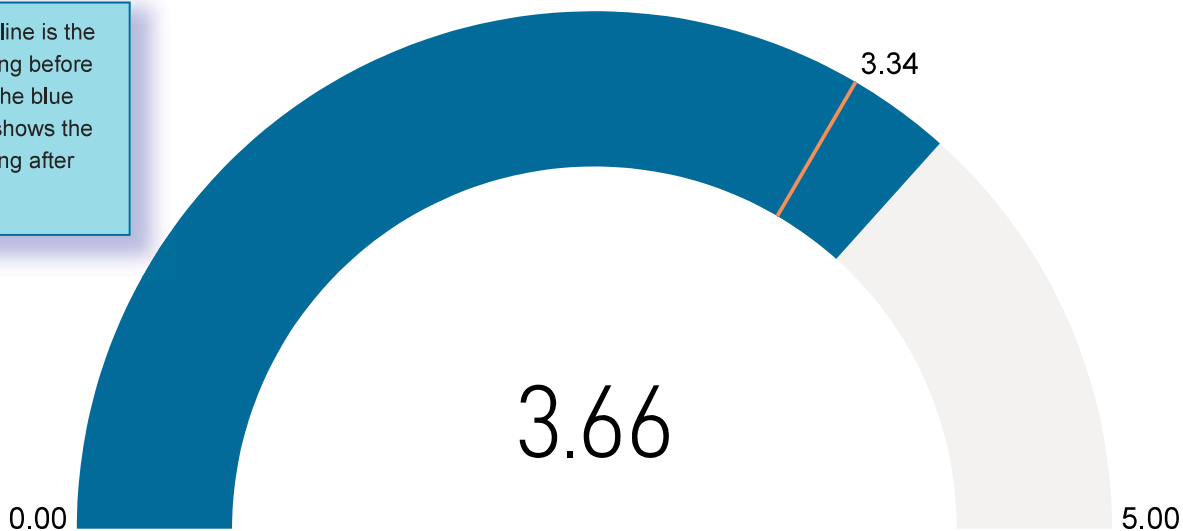
Clients are asked at their most recent update to rate how strongly they agree with four different questions pertaining to their connections with their family, friends, and community. The average of these four responses is given below. To see specific questions, please see Appendix B.

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

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

### Social Connectedness

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	2	2.88	4.50	4.50	1.63	56.5%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	1,027	3.33	3.65	3.65	0.32	9.7%
Forensic Assertive Community Treatment (FACT)	12	3.67	3.48	3.48	-0.19	-5.1%
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	58	3.47	3.69	3.69	0.21	6.1%
Outpatient Services	82	3.51	3.80	3.80	0.28	8.1%
Room and Board and Other Services	100	3.31	3.59	3.59	0.28	8.4%
<b>Total</b>	<b>1,134</b>	<b>3.34</b>	<b>3.66</b>	<b>3.66</b>	<b>0.32</b>	<b>9.6%</b>

## Participation in Treatment Planning

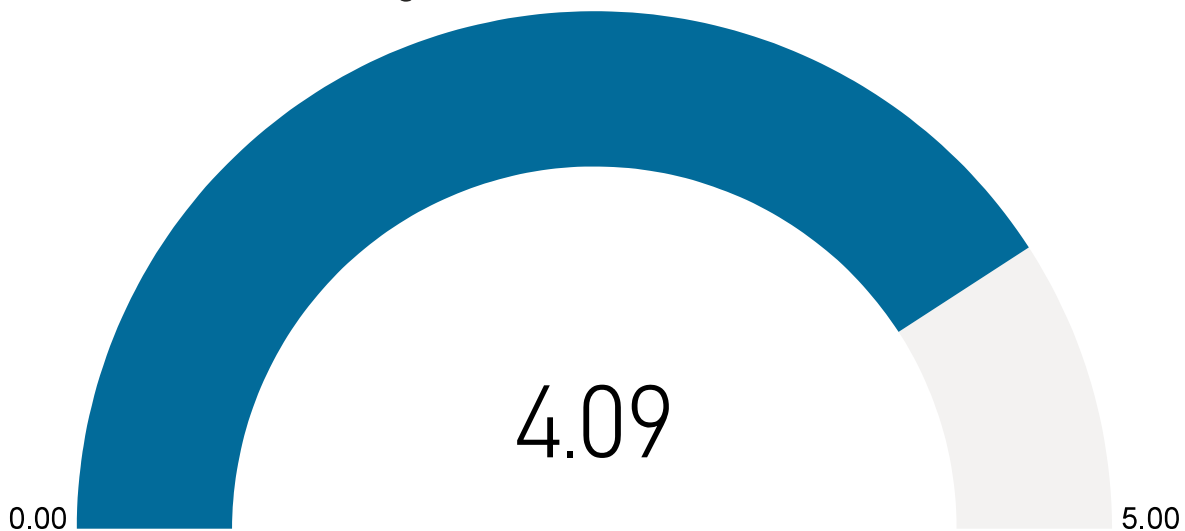


Clients are asked at their most recent update to rate how strongly they agree with two different questions pertaining to their participation in treatment planning for services they received. The average of these two responses is given below. To see specific questions, please see Appendix B.

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

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

### Participation in Treatment Planning



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

Treatment Services	Unduplicated Client Count	Average First Update	Average Most Recent Update
Child or Youth and Family Services (CYF)	2	4.50	4.50
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	1,195	4.09	4.09
Forensic Assertive Community Treatment (FACT)	13	3.77	3.77
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	63	3.97	3.97
Outpatient Services	96	4.15	4.14
Room and Board and Other Services	119	4.02	4.02
<b>Total</b>	<b>1,310</b>	<b>4.08</b>	<b>4.09</b>



## Access to Services

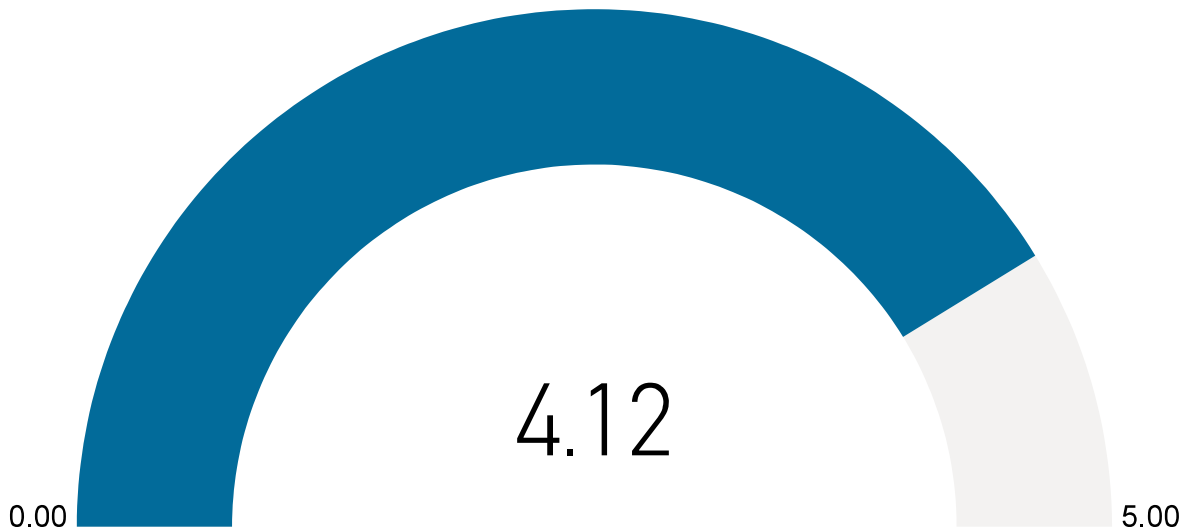
Clients are asked at their most recent update to rate how strongly they agree with five different questions pertaining to the ease and convenience of accessing the services they received. The average of these five responses is given below. To see specific questions, please see Appendix B.

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

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



### Access to Services



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

Treatment Services	Unduplicated Client Count	Average First Update	Average Most Recent Update
Child or Youth and Family Services (CYF)	2	4.50	4.50
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	1,195	4.12	4.12
Forensic Assertive Community Treatment (FACT)	13	3.77	3.77
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	63	4.00	4.00
Outpatient Services	96	4.18	4.18
Room and Board and Other Services	119	3.94	3.94
<b>Total</b>	<b>1,310</b>	<b>4.12</b>	<b>4.12</b>



## Quality and Appropriateness

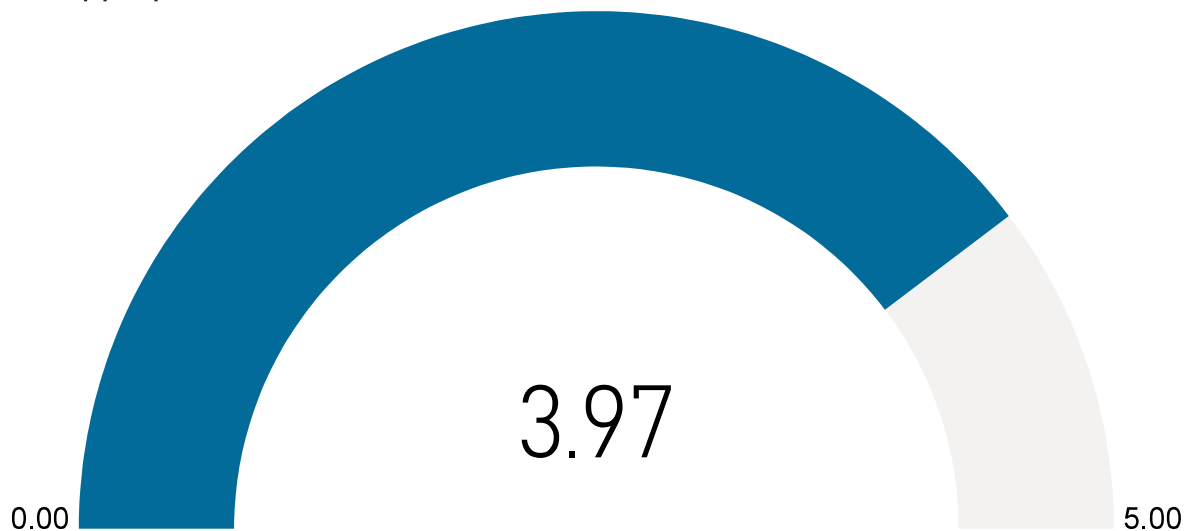


Clients are asked at their most recent update to rate how strongly they agree with eight different questions pertaining to the quality and appropriateness of the services they received. The average of these eight responses is given below. To see specific questions, please see Appendix B.

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

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

### Quality and Appropriateness of Services



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

Treatment Services	Unduplicated Client Count	Average First Update	Average Most Recent Update
Child or Youth and Family Services (CYF)	2	4.50	4.50
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	1,195	3.96	3.96
Forensic Assertive Community Treatment (FACT)	13	3.74	3.74
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	63	3.96	3.96
Outpatient Services	96	4.05	4.05
Room and Board and Other Services	119	3.85	3.85
<b>Total</b>	<b>1,310</b>	<b>3.96</b>	<b>3.97</b>

## Outcomes

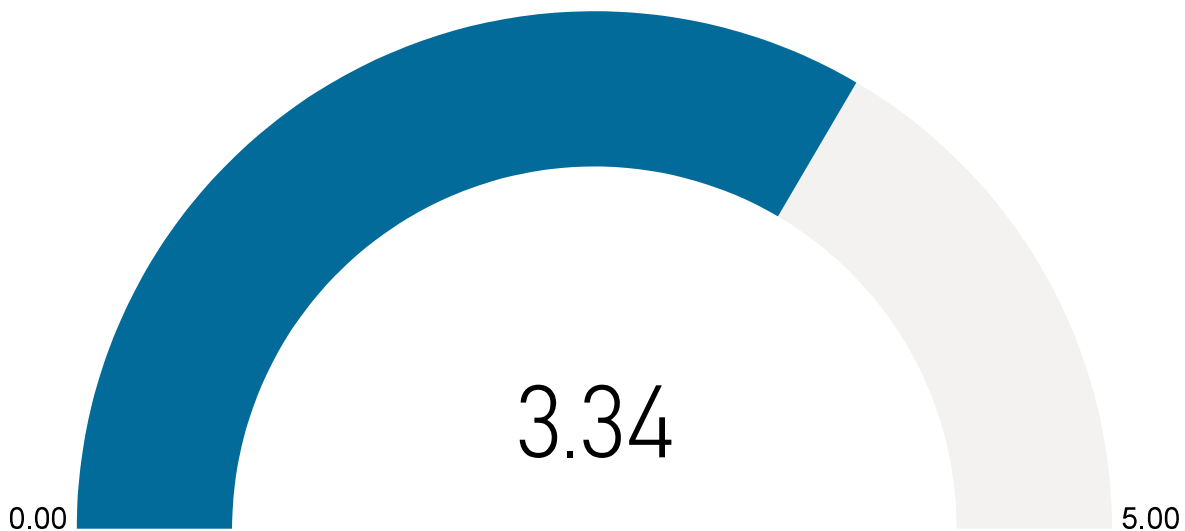


Clients are asked at their most recent update to rate how strongly they agree with eight different questions pertaining to the outcomes of services they received. The average of these eight responses is given below. To see specific questions, please see Appendix B.

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

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

### Outcomes of Services



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

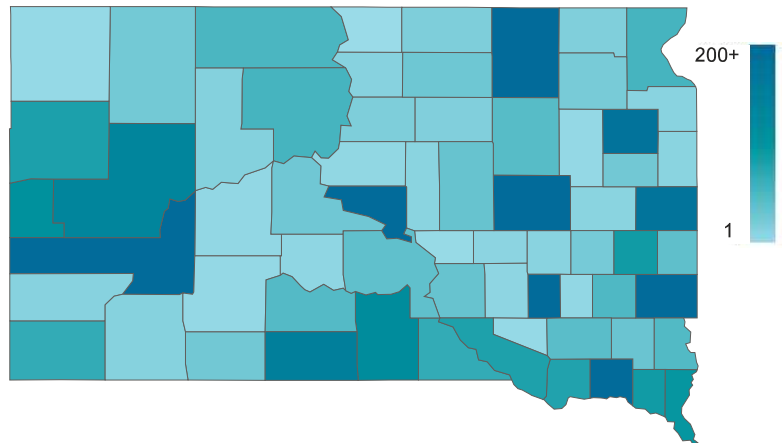
Treatment Services	Unduplicated Client Count	Average First Update	Average Most Recent Update
Child or Youth and Family Services (CYF)	2	4.19	4.19
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	1,195	3.34	3.33
Forensic Assertive Community Treatment (FACT)	13	3.52	3.52
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	63	3.46	3.46
Outpatient Services	96	3.46	3.46
Room and Board and Other Services	119	3.27	3.27
<b>Total</b>	<b>1,310</b>	<b>3.35</b>	<b>3.34</b>

# Youth MH Treatment Services

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## Youth MH Treatment Services

County of Residence for Clients Who Received Publicly Funded Services



### Treatment Services

### Publicly Funded Clients Served

### Average Duration of Treatment (Days)

Treatment Services	Publicly Funded Clients Served	Average Duration of Treatment (Days)
Child or Youth and Family Services (CYF)	4,665	228
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	98	350
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	7	757
Intensive Family Services (IFS)	17	339
Outpatient Services	824	212
Room and Board and Other Services	37	191

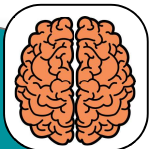


Unduplicated Clients Served  
(Publicly Funded)

5,509

Publicly Funded Clients Served with  
Serious Emotional Disturbance (SED)

4,703



Veterans Served (Publicly Funded)

4

Publicly Funded Clients Who  
Successfully Completed Treatment

827



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

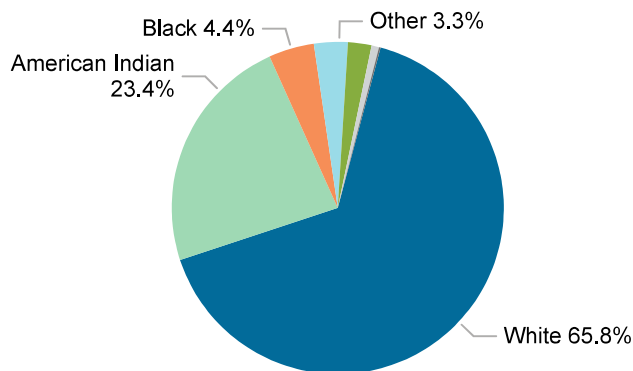
## Race & Ethnicity

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

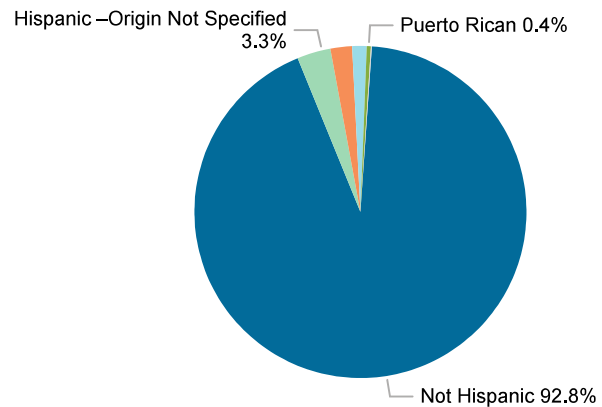


According to the U.S. Census Bureau, 84.2% of South Dakotans identify as White, 8.5% identify as American Indian, and 5.1% identify as Hispanic.

### Clients Served by Race



### Clients Served by Ethnicity



### Clients Served by Service Type and Race

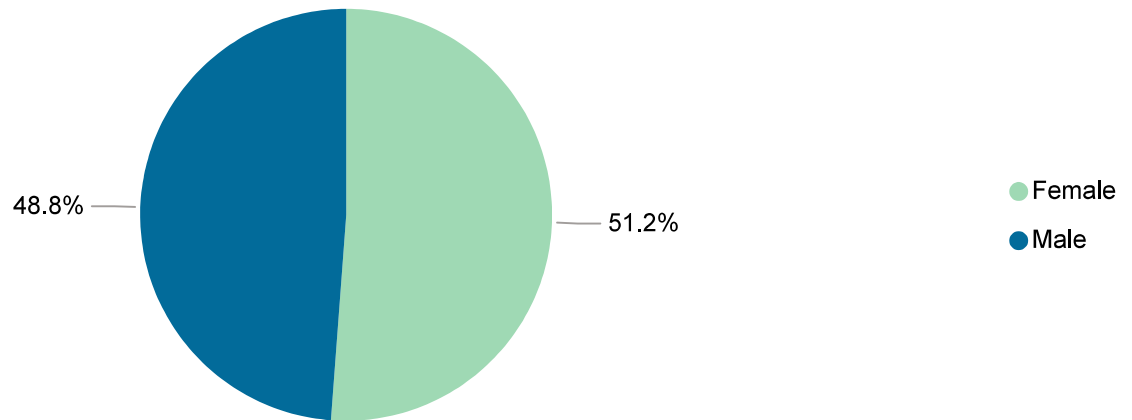
Treatment Services	2+ Races		American Indian		Asian		Black		Other		Pacific Islander		White		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Child or Youth and Family Services (CYF)	81	1.7%	1,179	25.3%	25	0.5%	218	4.7%	137	2.9%	9	0.2%	3,019	64.7%	4,665	100.0%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	5	5.1%	13	13.3%			2	2.0%	1	1.0%			77	78.6%	98	100.0%
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)													7	100.0%	7	100.0%
Intensive Family Services (IFS)	2	11.8%	6	35.3%	1	5.9%							8	47.1%	17	100.0%
Outpatient Services	44	5.3%	99	12.0%	16	1.9%	26	3.2%	48	5.8%			593	72.0%	824	100.0%
Room and Board and Other Services			3	8.1%									34	91.9%	37	100.0%
<b>Total</b>	<b>126</b>	<b>2.3%</b>	<b>1,288</b>	<b>23.4%</b>	<b>41</b>	<b>0.7%</b>	<b>243</b>	<b>4.4%</b>	<b>182</b>	<b>3.3%</b>	<b>9</b>	<b>0.2%</b>	<b>3,627</b>	<b>65.8%</b>	<b>5,509</b>	<b>100.0%</b>

## Gender

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



### Clients Served by Self-Identified Gender



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

Treatment Services	Female		Male		Total	
	N	%	N	%	N	%
Child or Youth and Family Services (CYF)	2,353	50.4%	2,312	49.6%	4,665	100.0%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	42	42.9%	56	57.1%	98	100.0%
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	4	57.1%	3	42.9%	7	100.0%
Intensive Family Services (IFS)	11	64.7%	6	35.3%	17	100.0%
Outpatient Services	470	57.0%	354	43.0%	824	100.0%
Room and Board and Other Services	14	37.8%	23	62.2%	37	100.0%
<b>Total</b>	<b>2,820</b>	<b>51.2%</b>	<b>2,689</b>	<b>48.8%</b>	<b>5,509</b>	<b>100.0%</b>

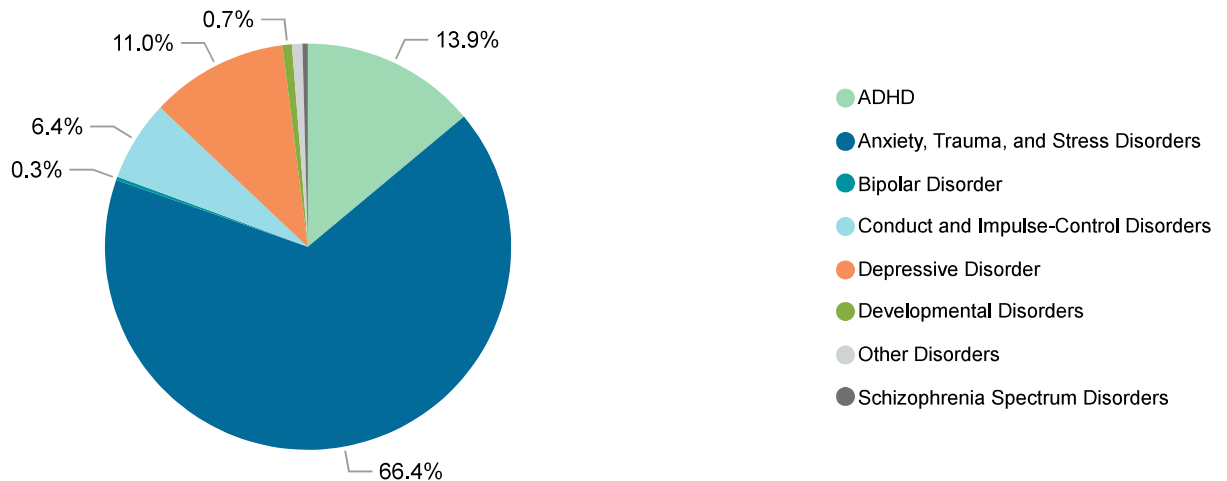
## Primary Diagnosis

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

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



### Clients Served for Each Primary Diagnosis



### Diagnosis by Service Type

Treatment Services	ADHD		Anxiety, Trauma, and Stress Disorders		Bipolar Disorder		Conduct and Impulse-Control Disorders		Depressive Disorder		Developmental Disorders		Other Disorders		Schizophrenia Spectrum Disorders		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Child or Youth and Family Services (CYF)	578	12.7%	3,157	69.6%	6	0.1%	291	6.4%	449	9.9%	9	0.2%	39	0.9%	8	0.2%	4,537	100.0%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	14	14.9%	31	33.0%	4	4.3%	9	9.6%	20	21.3%	9	9.6%			7	7.4%	94	100.0%
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)			1	14.3%			2	28.6%	1	14.3%					3	42.9%	7	100.0%
Intensive Family Services (IFS)	3	18.8%	8	50.0%			1	6.3%	2	12.5%			2	12.5%			16	100.0%
Outpatient Services	167	20.8%	415	51.6%	5	0.6%	44	5.5%	142	17.7%	21	2.6%	5	0.6%	5	0.6%	804	100.0%
Room and Board and Other Services	10	28.6%	8	22.9%			4	11.4%	1	2.9%	8	22.9%			4	11.4%	35	100.0%
<b>Total</b>	<b>748</b>	<b>13.9%</b>	<b>3,562</b>	<b>66.4%</b>	<b>14</b>	<b>0.3%</b>	<b>345</b>	<b>6.4%</b>	<b>588</b>	<b>11.0%</b>	<b>40</b>	<b>0.7%</b>	<b>45</b>	<b>0.8%</b>	<b>23</b>	<b>0.4%</b>	<b>5,365</b>	<b>100.0%</b>



## Living Situation

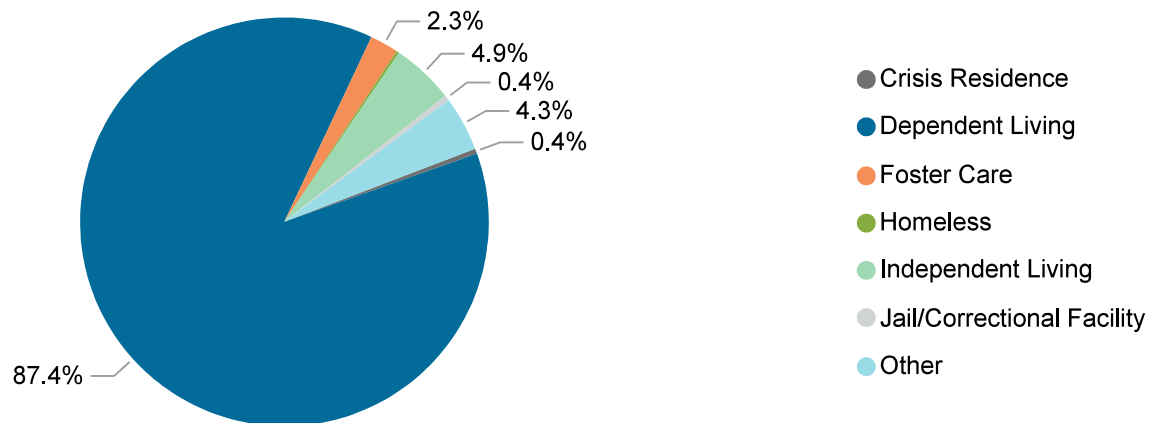
The data below reflect the living situations of youth served in publicly funded treatment services.



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

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

### Housing Situation for Clients at Most Recent Update



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update
Child or Youth and Family Services (CYF)	470	0.2%	0.2%	0.2%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	9	0.0%	0.0%	0.0%
Intensive Family Services (IFS)	2	0.0%	0.0%	0.0%
Outpatient Services	12	0.0%	0.0%	0.0%
Room and Board and Other Services	1	0.0%	0.0%	0.0%
<b>Total</b>	<b>483</b>	<b>0.2%</b>	<b>0.2%</b>	<b>0.2%</b>

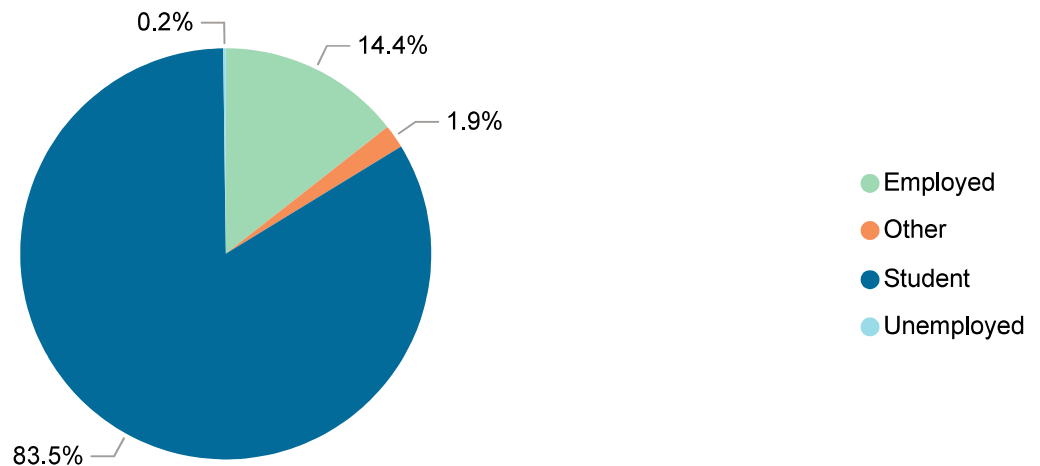
## Employment

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

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



### Employment Situation for Clients at Most Recent Update



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update
Child or Youth and Family Services (CYF)	470	4.0%	13.8%	13.8%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	9	0.0%	30.0%	30.0%
Intensive Family Services (IFS)	2	0.0%	0.0%	0.0%
Outpatient Services	12	6.7%	8.3%	8.3%
Room and Board and Other Services	1	0.0%	0.0%	0.0%
<b>Total</b>	<b>483</b>	<b>4.1%</b>	<b>13.8%</b>	<b>13.8%</b>

## Arrest History

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

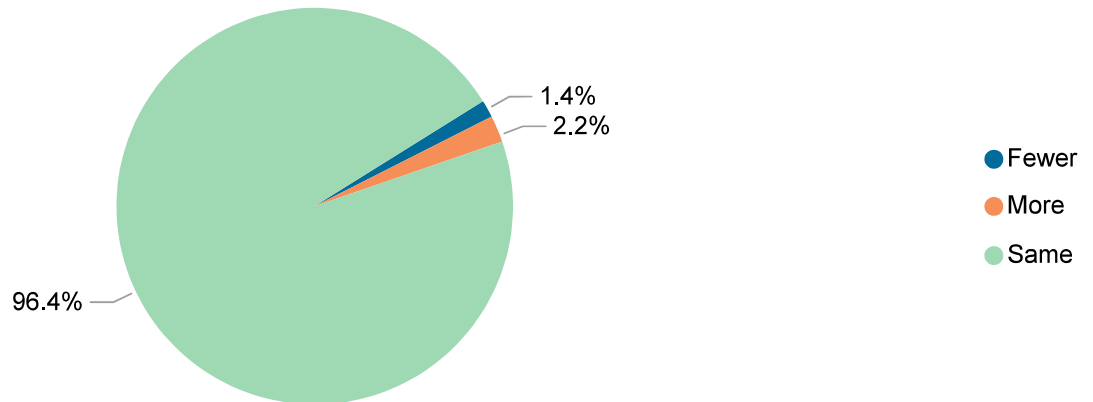
Client responses on these surveys are then broken out by the type of treatment service they received.



The national rate of youth with at least one arrest was 1%.

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update
Child or Youth and Family Services (CYF)	367	1.8%	4.7%	4.7%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	24	4.2%	0.0%	0.0%
Intensive Family Services (IFS)	2	0.0%	0.0%	0.0%
Outpatient Services	20	5.0%	5.0%	5.0%
Room and Board and Other Services	1	0.0%	0.0%	0.0%
<b>Total</b>	<b>399</b>	<b>1.9%</b>	<b>4.6%</b>	<b>4.6%</b>

## General Health

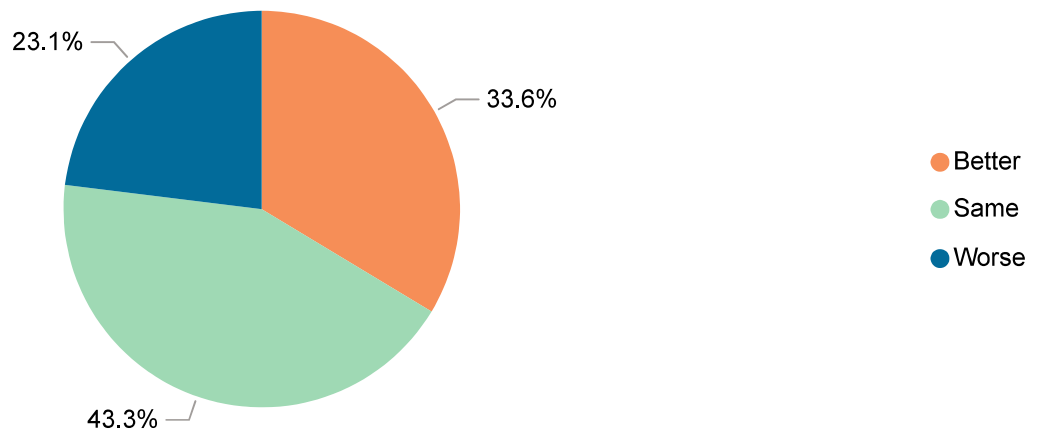


Clients are asked at the start of treatment and at their most recent update, "Would you say that in general your health is?" Clients could answer in a range from 1-"Poor" to 5-"Excellent". Only clients who completed this question at time of admission and time of most recent update are included.

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	376	3.14	3.28	3.28	0.14	4.6%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	24	3.08	3.21	3.21	0.13	4.1%
Intensive Family Services (IFS)	2	3.33	3.33	3.33	0.00	0.0%
Outpatient Services	22	3.23	3.27	3.27	0.05	1.4%
Room and Board and Other Services	1	5.00	5.00	5.00	0.00	0.0%
<b>Total</b>	<b>409</b>	<b>3.12</b>	<b>3.28</b>	<b>3.28</b>	<b>0.16</b>	<b>5.0%</b>

## Physical Health

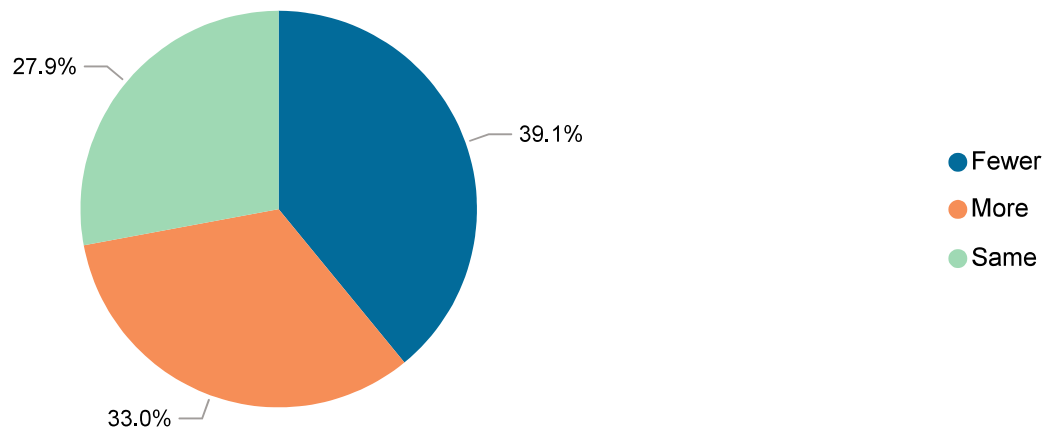


Clients are asked at the start of treatment and at their most recent update, "Now thinking about your physical health, which includes physical illness and injury, how many days during the past 30 days was your physical health not good?" Only clients who completed this question at time of admission and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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	350	3.98	3.25	3.25	-0.73	-18.3%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	20	5.00	2.50	2.50	-2.50	-50.0%
Intensive Family Services (IFS)	2	0.00	4.67	4.67	4.67	Infinity
Outpatient Services	21	3.19	5.52	5.52	2.33	73.1%
Room and Board and Other Services	1	0.00	7.00	7.00	7.00	Infinity
<b>Total</b>	<b>380</b>	<b>4.08</b>	<b>3.29</b>	<b>3.29</b>	<b>-0.79</b>	<b>-19.4%</b>

## Mental Health

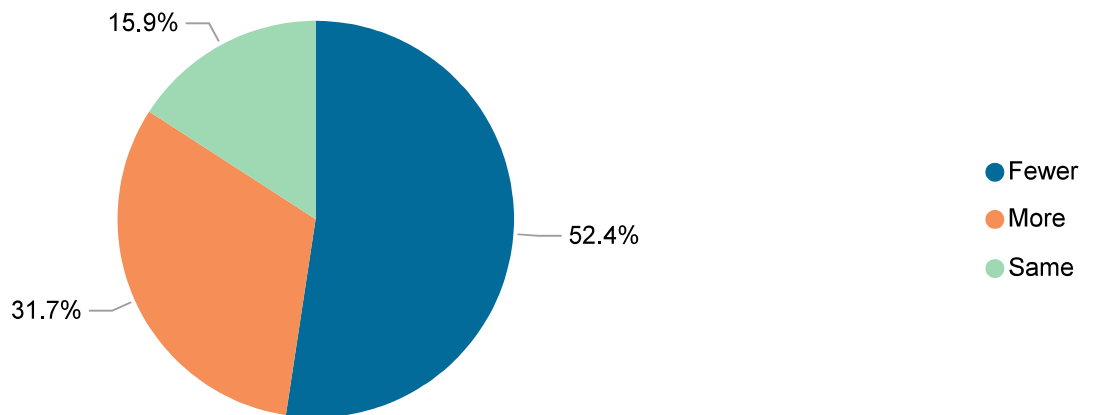


Clients are asked at the start of treatment and at their most recent update, "Now thinking about your mental health, which includes stress, depression, and problems with emotions, how many days during the past 30 days was your mental health not good?" Only clients who completed this question at time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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	351	11.44	8.92	8.92	-2.52	-22.0%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	22	14.95	12.36	12.36	-2.59	-17.3%
Intensive Family Services (IFS)	2	16.67	5.67	5.67	-11.00	-66.0%
Outpatient Services	22	13.64	11.82	11.82	-1.82	-13.3%
Room and Board and Other Services	1	30.00	30.00	30.00	0.00	0.0%
<b>Total</b>	<b>382</b>	<b>11.57</b>	<b>9.10</b>	<b>9.10</b>	<b>-2.47</b>	<b>-21.3%</b>

## Physical or Mental Health Prevented Normal Activities

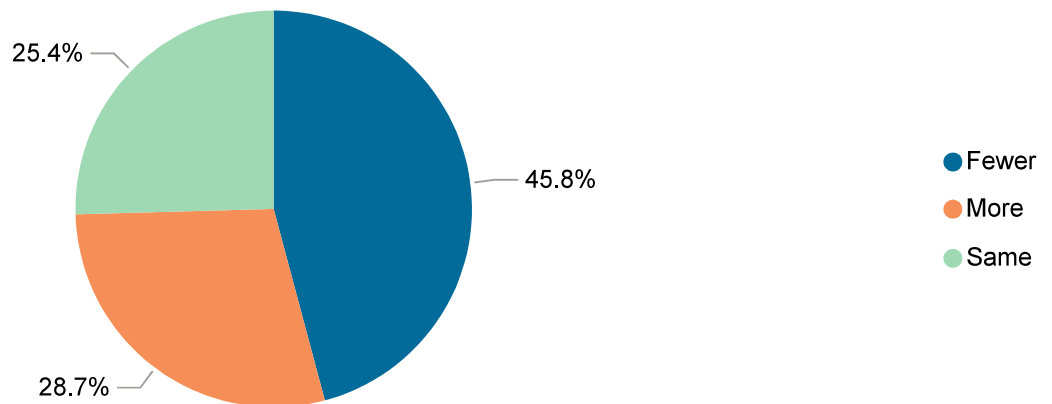


Clients are asked at the start of treatment and at their most recent update, "During the past 30 days, approximately how many days did your poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?" Only clients who completed this question at time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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	352	6.57	4.17	4.17	-2.40	-36.5%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	21	9.00	5.33	5.33	-3.67	-40.7%
Intensive Family Services (IFS)	2	4.00	3.33	3.33	-0.67	-16.7%
Outpatient Services	22	8.09	5.36	5.36	-2.73	-33.7%
Room and Board and Other Services	1	30.00	2.00	2.00	-28.00	-93.3%
<b>Total</b>	<b>382</b>	<b>6.62</b>	<b>4.23</b>	<b>4.23</b>	<b>-2.40</b>	<b>-36.2%</b>

## Reported Attempts to Die by Suicide

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

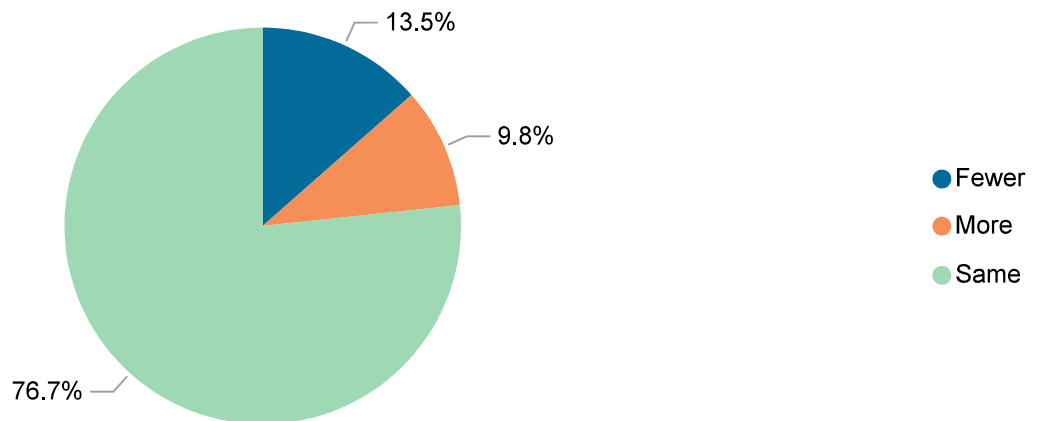
Clients' responses on these surveys are then broken out by the type of treatment service they received. If they received multiple types of treatment services in FY24, their responses are counted once in each service.

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

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



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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	359	0.49	0.34	0.34	-0.15	-31.4%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	24	0.42	0.25	0.25	-0.17	-40.0%
Intensive Family Services (IFS)	1	0.00	0.00	0.00	0.00	NaN
Outpatient Services	19	0.21	0.53	0.53	0.32	150.0%
Room and Board and Other Services	1	0.00	0.00	0.00	0.00	NaN
<b>Total</b>	<b>390</b>	<b>0.47</b>	<b>0.34</b>	<b>0.34</b>	<b>-0.14</b>	<b>-28.6%</b>



## Visits to Emergency Department



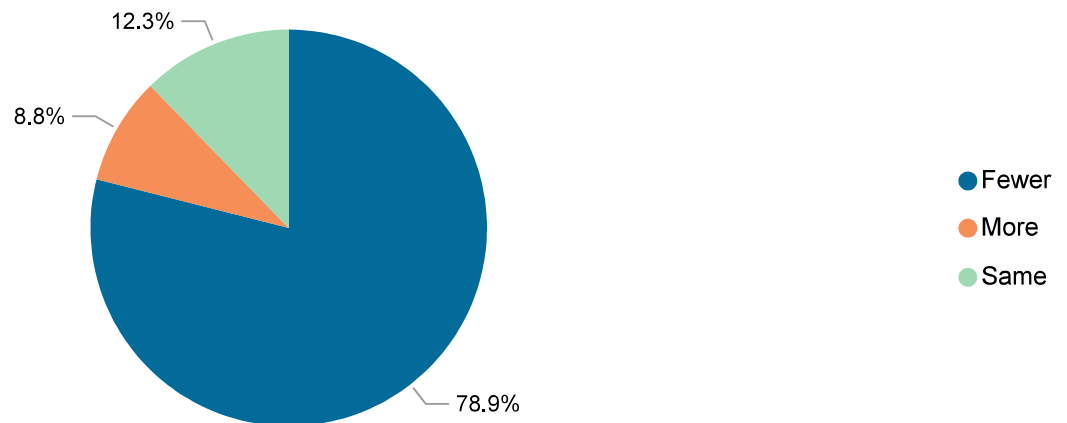
Clients are asked at the start of treatment and at their most recent update, "How many times have you gone to an emergency room for a psychiatric or emotional problem in the past 6 months?" Only clients who completed this question at time of admission and time of most recent update are included.

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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	53	1.82	0.63	0.63	-1.20	-65.7%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	1	2.00	0.00	0.00	-2.00	-100.0%
Outpatient Services	2	2.00	0.50	0.50	-1.50	-75.0%
<b>Total</b>	<b>54</b>	<b>1.84</b>	<b>0.61</b>	<b>0.61</b>	<b>-1.23</b>	<b>-66.7%</b>

## Detoxification Services



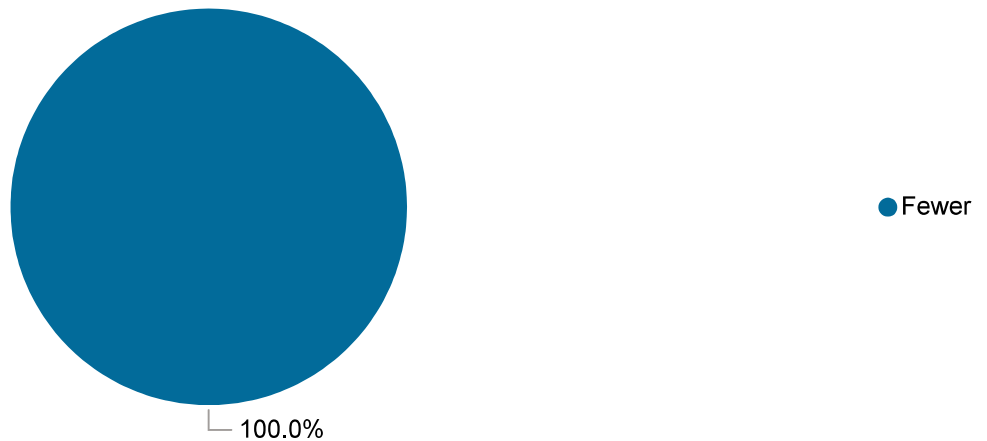
Clients are asked at the start of treatment and at their most recent update, "How many nights have you spent in a facility for detoxification in the past 6 months?" Only clients who completed this question at time of admission and time of most recent update are included.

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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	9	7.56	0.00	0.00	-7.56	-100.0%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	1	2.00	0.00	0.00	-2.00	-100.0%
<b>Total</b>	<b>9</b>	<b>7.56</b>	<b>0.00</b>	<b>0.00</b>	<b>-7.56</b>	<b>-100.0%</b>

## Inpatient Substance Use Disorder Treatment Services



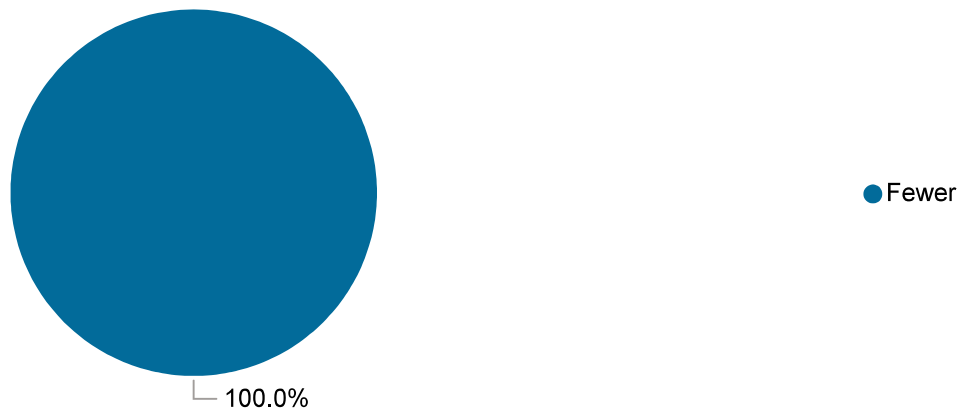
Clients are asked at the start of treatment and at their most recent update, "How many nights have you spent in a facility for inpatient/residential substance use disorder treatment in the past 6 months?" Only clients who completed this question at time of admission and time of most recent update are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

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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	7	12.43	3.57	3.57	-8.86	-71.3%
Outpatient Services	1	180.00	0.00	0.00	-180.00	-100.0%
<b>Total</b>	<b>8</b>	<b>33.38</b>	<b>3.13</b>	<b>3.13</b>	<b>-30.25</b>	<b>-90.6%</b>

## Hospital Admissions for Mental Health Care



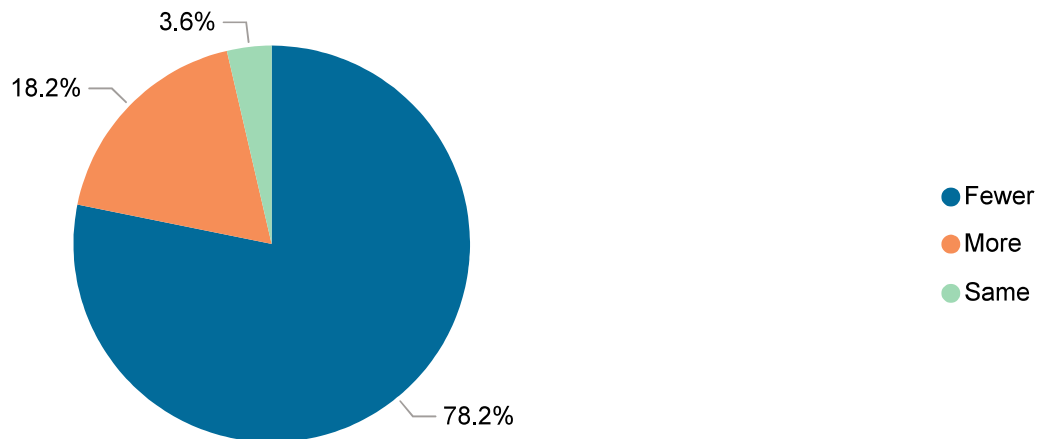
Clients are asked at the start of treatment and at their most recent update, "How many nights have you spent in a facility for mental health care in the past 6 months?" Only clients who completed this question at time of admission and time of most recent update are included.

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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	49	17.35	2.83	2.83	-14.52	-83.7%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	4	9.25	11.25	11.25	2.00	21.6%
Outpatient Services	2	4.00	35.00	35.00	31.00	775.0%
<b>Total</b>	<b>52</b>	<b>16.49</b>	<b>3.96</b>	<b>3.96</b>	<b>-12.53</b>	<b>-76.0%</b>

## Illness, Injury, or Surgery



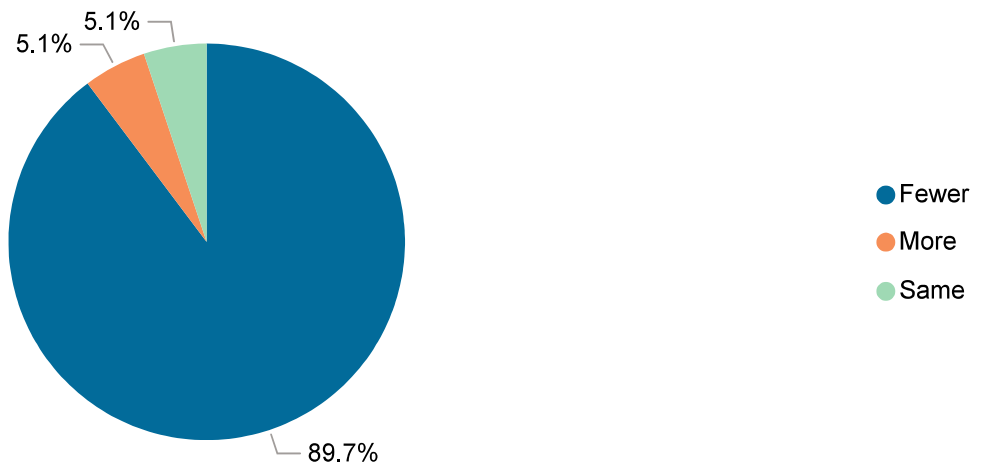
Clients are asked at the start of treatment and at their most recent update, "How many night have you spent in a facility for illness, injury, or surgery in the past 6 months?" Only clients who completed this question at time of admission and time of most recent update are included.

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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	35	2.49	0.41	0.41	-2.08	-83.7%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	3	2.33	0.33	0.33	-2.00	-85.7%
Outpatient Services	1	2.00	0.00	0.00	-2.00	-100.0%
<b>Total</b>	<b>37</b>	<b>2.44</b>	<b>0.38</b>	<b>0.38</b>	<b>-2.05</b>	<b>-84.2%</b>

## Nights Spent in Correctional Facility



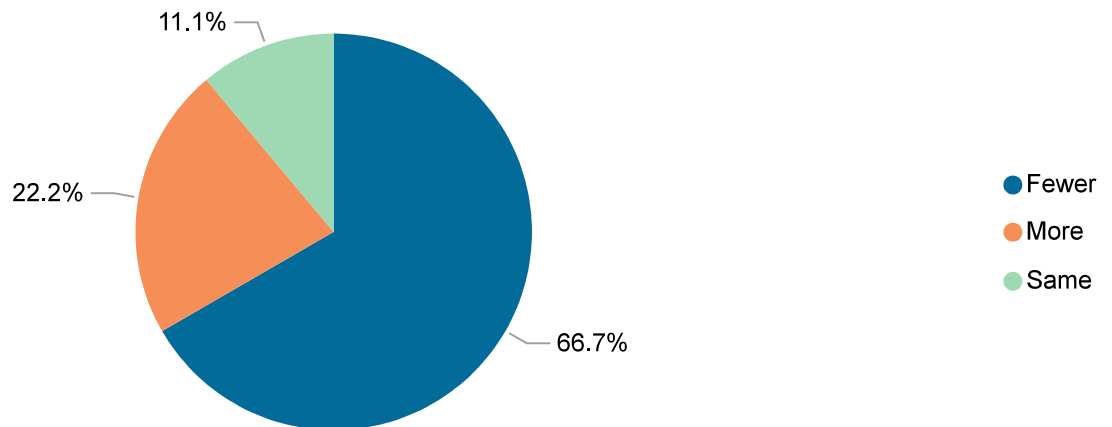
Clients are asked at the start of treatment and at their most recent update, "How many nights have you spent in a correctional facility including JDC or jail (as a result of an arrest, parole or probation violation) in the past 6 months?" Only clients who completed this question at time of admission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

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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	17	21.24	13.88	13.88	-7.35	-34.6%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	1	1.00	0.00	0.00	-1.00	-100.0%
<b>Total</b>	<b>18</b>	<b>20.11</b>	<b>13.11</b>	<b>13.11</b>	<b>-7.00</b>	<b>-34.8%</b>

## General Satisfaction with Services

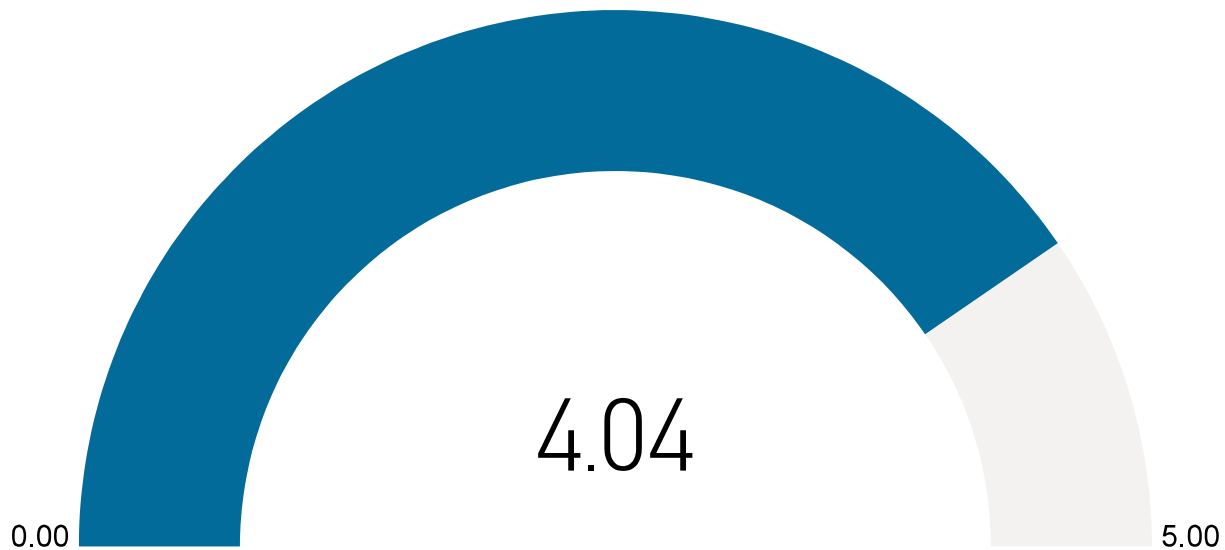


Clients are asked at most their recent update to rate how strongly they agree with six different questions pertaining to their overall satisfaction with treatment services they received. The average of these six responses is given below. To see specific questions, please see Appendix B.

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

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

Were You Satisfied With the Services You Received?



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

Treatment Services	Unduplicated Client Count	Average First Update	Average Most Recent Update
Child or Youth and Family Services (CYF)	385	4.03	4.03
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	25	4.12	4.12
Intensive Family Services (IFS)	2	4.33	4.33
Outpatient Services	22	4.27	4.27
Room and Board and Other Services	1	3.33	3.33
<b>Total</b>	<b>419</b>	<b>4.04</b>	<b>4.04</b>

## Improved Functioning



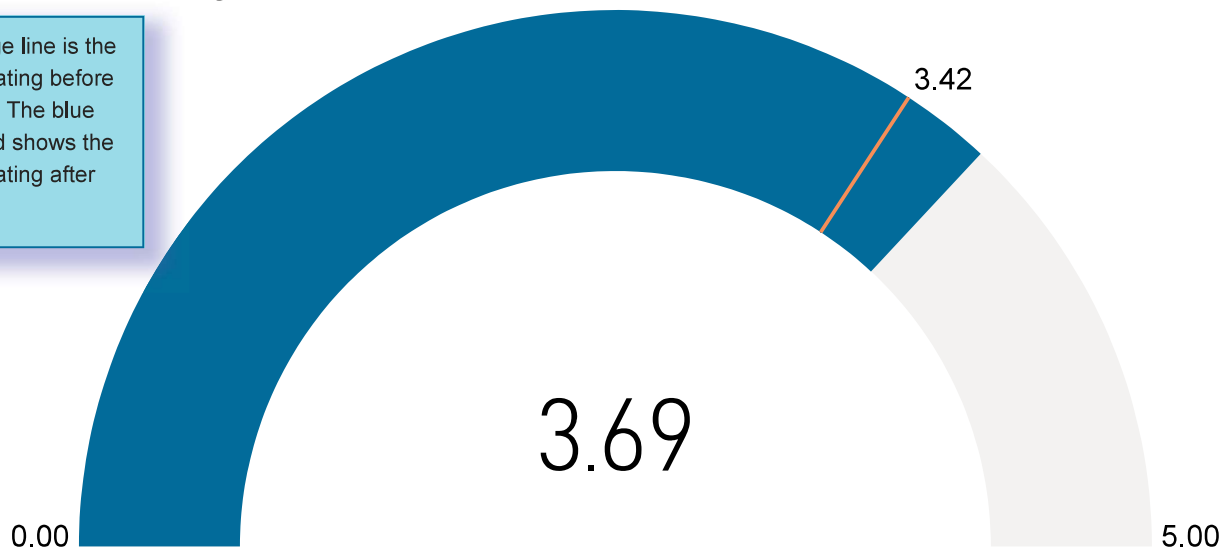
Clients are asked at their most recent update to rate how strongly they agree with seven different questions pertaining to their perception of their mental health and social well-being before and after the services they received. The average of these seven responses is given below. To see specific questions,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

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

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

### Improved Functioning

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	383	3.44	3.69	3.69	0.25	7.3%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	25	3.24	3.69	3.69	0.45	13.9%
Intensive Family Services (IFS)	2	3.62	3.95	3.95	0.33	9.2%
Outpatient Services	22	3.26	3.80	3.80	0.54	16.5%
Room and Board and Other Services	1	3.29	3.00	3.00	-0.29	-8.7%
<b>Total</b>	<b>417</b>	<b>3.42</b>	<b>3.69</b>	<b>3.69</b>	<b>0.27</b>	<b>7.9%</b>



## Social Connectedness



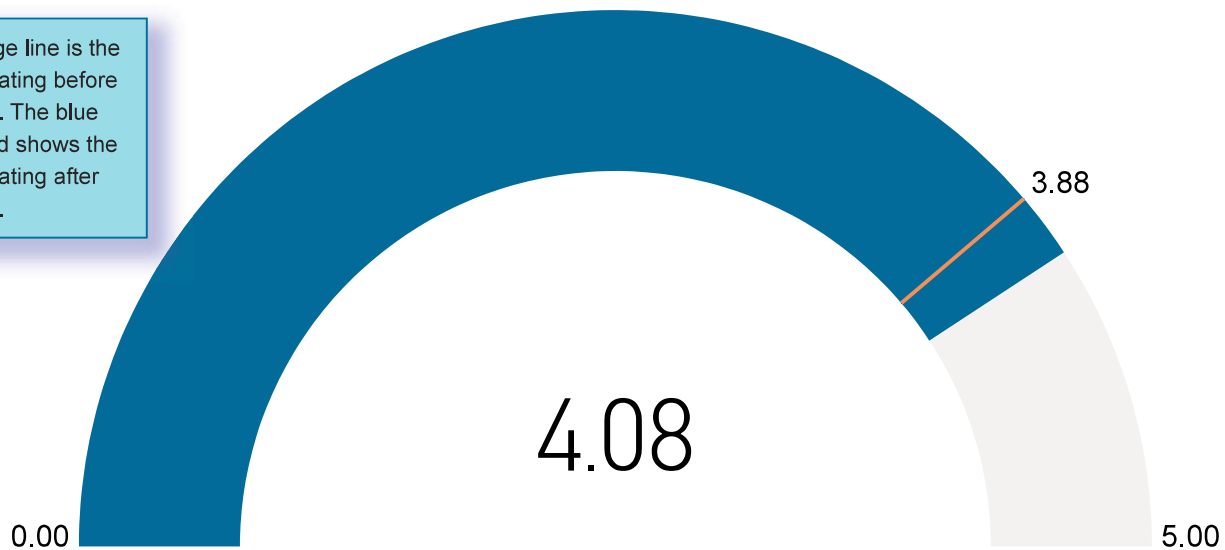
Clients are asked at their most recent update to rate how strongly they agree with four different questions pertaining to their connections with their family, friends, and community. The average of these four responses is given below. To see specific questions, please see Appendix B.

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

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

### Social Connectedness

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	385	3.89	4.08	4.08	0.19	4.9%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	25	3.71	4.04	4.04	0.33	8.9%
Intensive Family Services (IFS)	2	4.00	4.17	4.17	0.17	4.2%
Outpatient Services	22	3.70	4.22	4.22	0.51	13.8%
Room and Board and Other Services	1	2.00	4.00	4.00	2.00	100.0%
<b>Total</b>	<b>419</b>	<b>3.88</b>	<b>4.08</b>	<b>4.08</b>	<b>0.20</b>	<b>5.1%</b>

## Participation in Treatment Planning

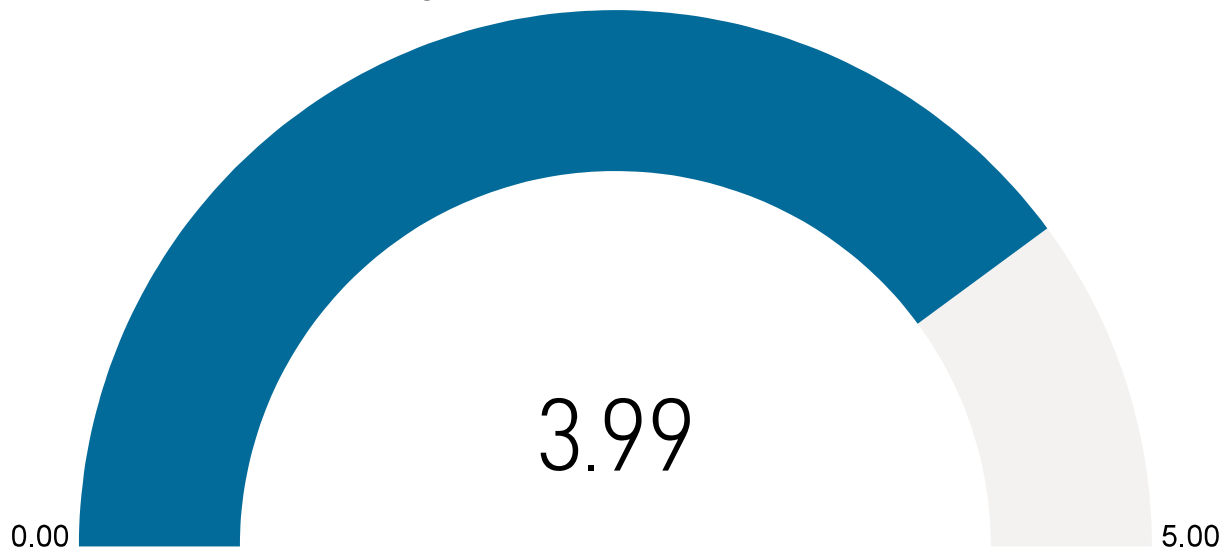


Clients are asked at their most recent update to rate how strongly they agree with three different questions pertaining to their participation in treatment planning for services they received. The average of these three responses is given below. To see specific questions, please see Appendix B.

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

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

### Participation in Treatment Planning



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

Treatment Services	Unduplicated Client Count	Average First Update	Average Most Recent Update
Child or Youth and Family Services (CYF)	385	3.97	3.97
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	25	4.19	4.19
Intensive Family Services (IFS)	2	4.11	4.11
Outpatient Services	22	4.23	4.23
Room and Board and Other Services	1	4.00	4.00
<b>Total</b>	<b>419</b>	<b>3.99</b>	<b>3.99</b>

## Cultural Sensitivity

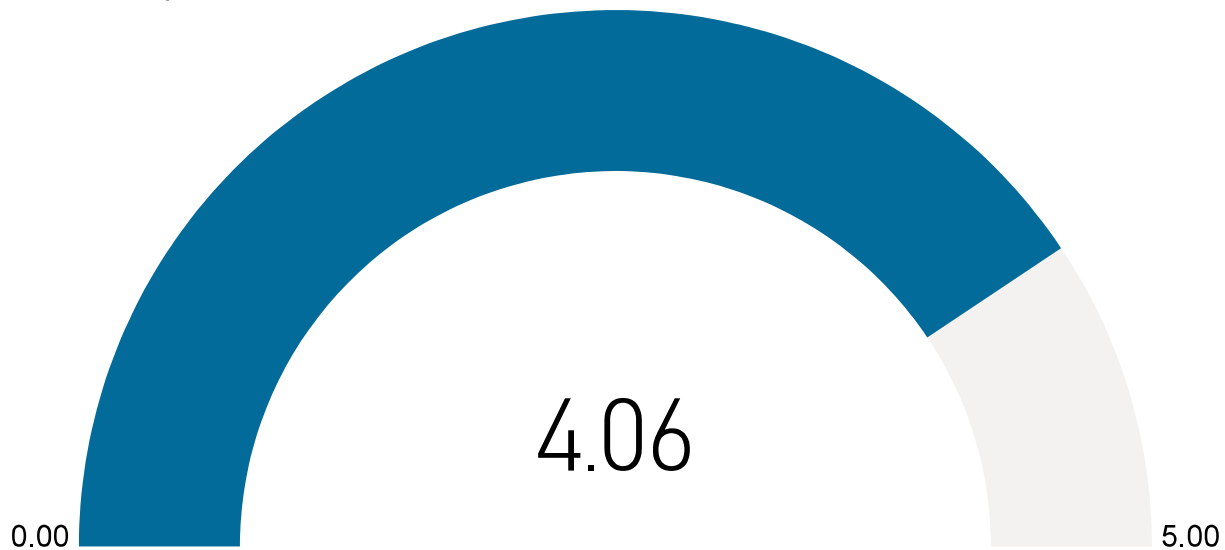


Clients are asked at their most recent update to rate how strongly they agree with four different questions pertaining to the cultural sensitivity of staff. The average of these four responses is given below. To see specific questions, please see Appendix B.

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

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

### Cultural Sensitivity



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

Treatment Services	Unduplicated Client Count	Average First Update	Average Most Recent Update
Child or Youth and Family Services (CYF)	385	4.05	4.05
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	25	3.96	3.96
Intensive Family Services (IFS)	2	4.33	4.33
Outpatient Services	22	4.47	4.47
Room and Board and Other Services	1	5.00	5.00
<b>Total</b>	<b>419</b>	<b>4.06</b>	<b>4.06</b>

## Access to Services

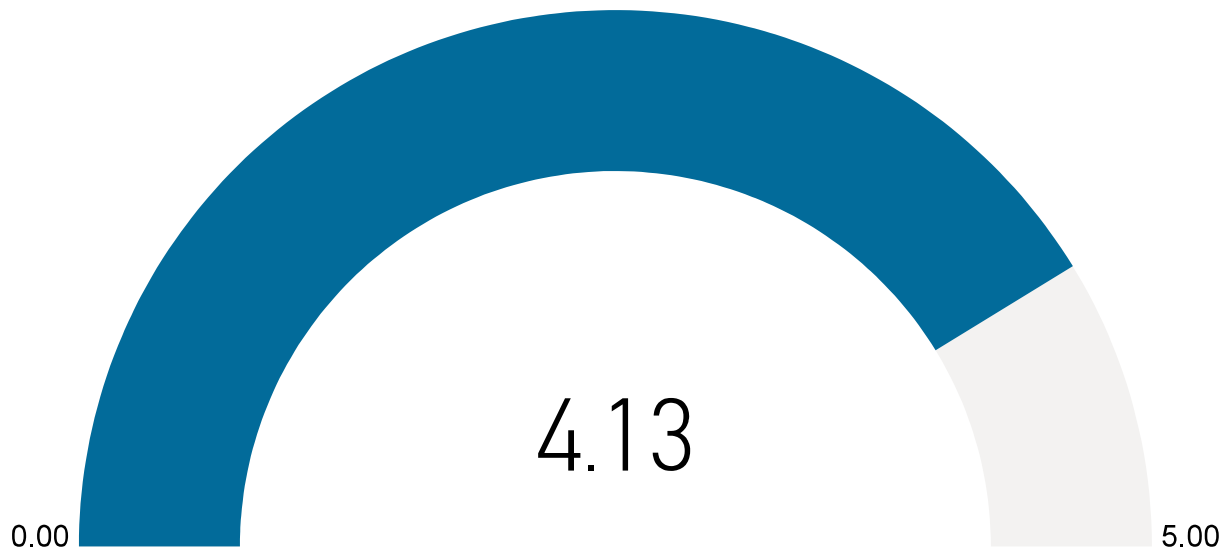


Clients are asked at their most recent update to rate how strongly they agree with two different questions pertaining to the ease and convenience of accessing the services they received. The average of these two responses is given below. To see specific questions, please see Appendix B.

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

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

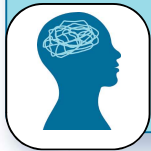
### Access to Services



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

Treatment Services	Unduplicated Client Count	Average First Update	Average Most Recent Update
Child or Youth and Family Services (CYF)	382	4.12	4.12
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	25	4.16	4.16
Intensive Family Services (IFS)	2	4.33	4.33
Outpatient Services	22	4.23	4.23
Room and Board and Other Services	1	4.50	4.50
<b>Total</b>	<b>416</b>	<b>4.13</b>	<b>4.13</b>

## Internalizing Disorder



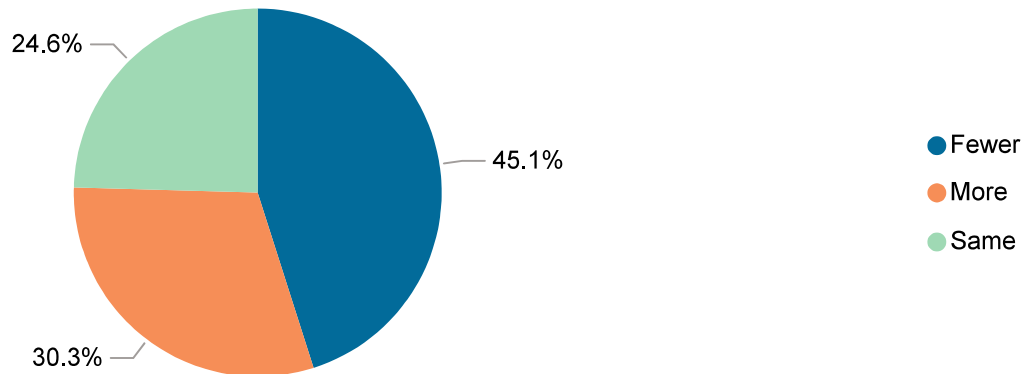
Youth clients complete the Global Appraisal of Individual Needs Short Screener (GAIN-SS) at admission and at most recent update.

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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	336	2.59	2.16	2.16	-0.43	-16.5%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	23	3.17	2.74	2.74	-0.43	-13.7%
Intensive Family Services (IFS)	2	2.00	0.33	0.33	-1.67	-83.3%
Outpatient Services	17	3.06	2.29	2.29	-0.76	-25.0%
Room and Board and Other Services	1	5.00	4.00	4.00	-1.00	-20.0%
<b>Total</b>	<b>363</b>	<b>2.63</b>	<b>2.17</b>	<b>2.17</b>	<b>-0.46</b>	<b>-17.3%</b>

## Externalizing Disorder



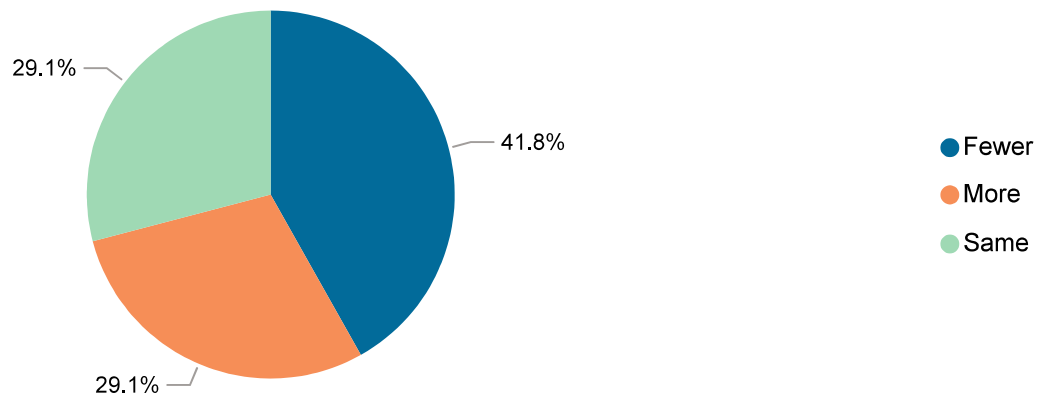
Youth clients complete the Global Appraisal of Individual Needs Short Screener (GAIN-SS) at admission and at most recent update.

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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Difference	Percent Change
Child or Youth and Family Services (CYF)	336	2.95	2.77	2.77	-0.18	-6.2%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	23	3.61	3.70	3.70	0.09	2.4%
Intensive Family Services (IFS)	2	2.67	0.33	0.33	-2.33	-87.5%
Outpatient Services	17	3.53	3.65	3.65	0.12	3.3%
Room and Board and Other Services	1	0.00	4.00	4.00	4.00	Infinity
<b>Total</b>	<b>363</b>	<b>3.01</b>	<b>2.83</b>	<b>2.83</b>	<b>-0.18</b>	<b>-5.9%</b>

## Substance Use Disorder



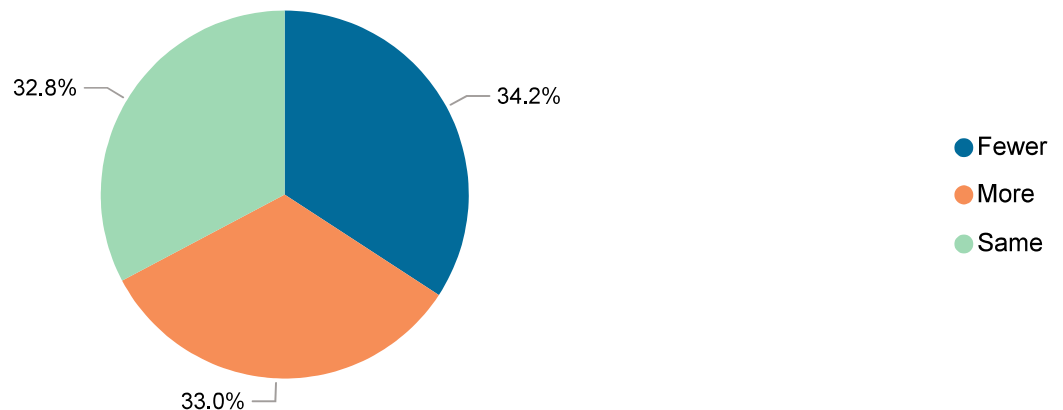
Youth clients complete the Global Appraisal of Individual Needs Short Screener (GAIN-SS) at admission and at most recent update.

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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	336	3.35	3.38	3.38	0.03	0.8%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	23	4.30	4.43	4.43	0.13	3.0%
Intensive Family Services (IFS)	2	3.00	2.33	2.33	-0.67	-22.2%
Outpatient Services	17	4.24	4.35	4.35	0.12	2.8%
Room and Board and Other Services	1	5.00	4.00	4.00	-1.00	-20.0%
<b>Total</b>	<b>363</b>	<b>3.41</b>	<b>3.45</b>	<b>3.45</b>	<b>0.04</b>	<b>1.3%</b>



## Crime and Violence



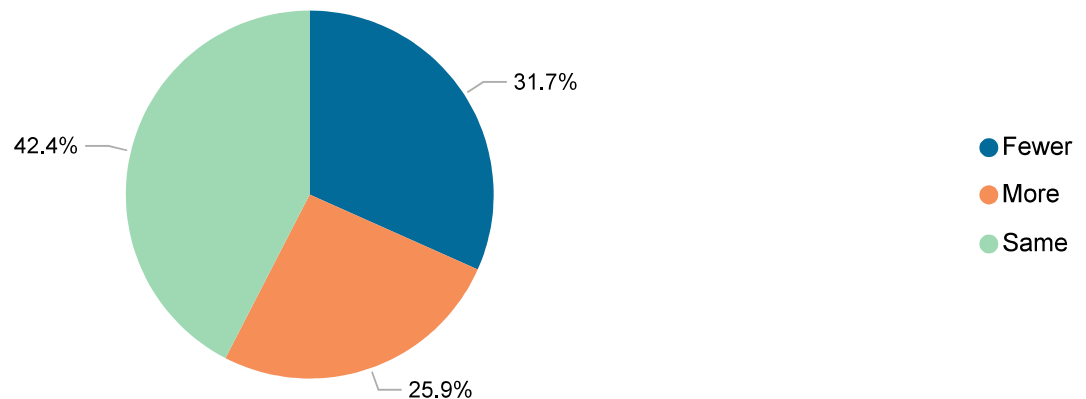
Youth clients complete the Global Appraisal of Individual Needs Short Screener (GAIN-SS) at admission and at most recent update.

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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	336	3.93	3.75	3.75	-0.18	-4.6%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	23	4.83	4.61	4.61	-0.22	-4.5%
Intensive Family Services (IFS)	2	4.00	3.67	3.67	-0.33	-8.3%
Outpatient Services	17	4.71	4.24	4.24	-0.47	-10.0%
Room and Board and Other Services	1	5.00	5.00	5.00	0.00	0.0%
<b>Total</b>	<b>363</b>	<b>3.98</b>	<b>3.82</b>	<b>3.82</b>	<b>-0.16</b>	<b>-4.0%</b>

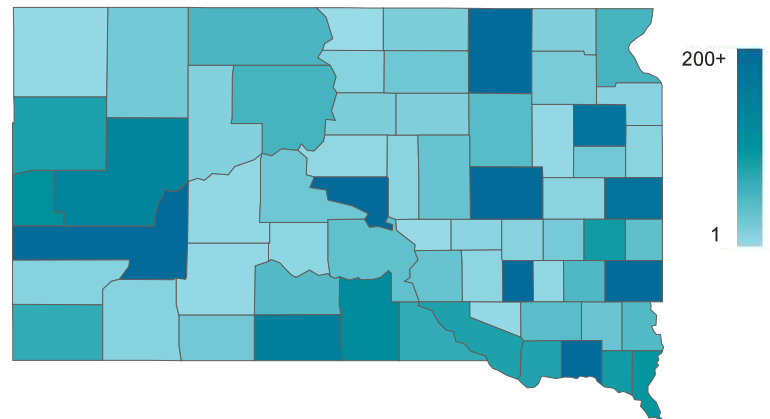


# Family Perceptions of Youth MH Treatment Services

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## Family Perceptions of Youth MH Treatment Services

County of Residence for Clients Who Received Publicly Funded Services



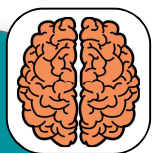
### Treatment Services

	Publicly Funded Clients Served	Average Duration of Treatment (Days)
Child or Youth and Family Services (CYF)	4,665	228
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	98	350
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	7	757
Intensive Family Services (IFS)	17	339
Outpatient Services	824	212
Room and Board and Other Services	37	191



Unduplicated Clients Served  
(Publicly Funded)  
**5,509**

Publicly Funded Clients Served with  
Serious Emotional Disturbance (SED)  
**4,703**



Veterans Served (Publicly Funded)  
**4**

Publicly Funded Clients Who  
Successfully Completed Treatment  
**827**



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

## Arrest History

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

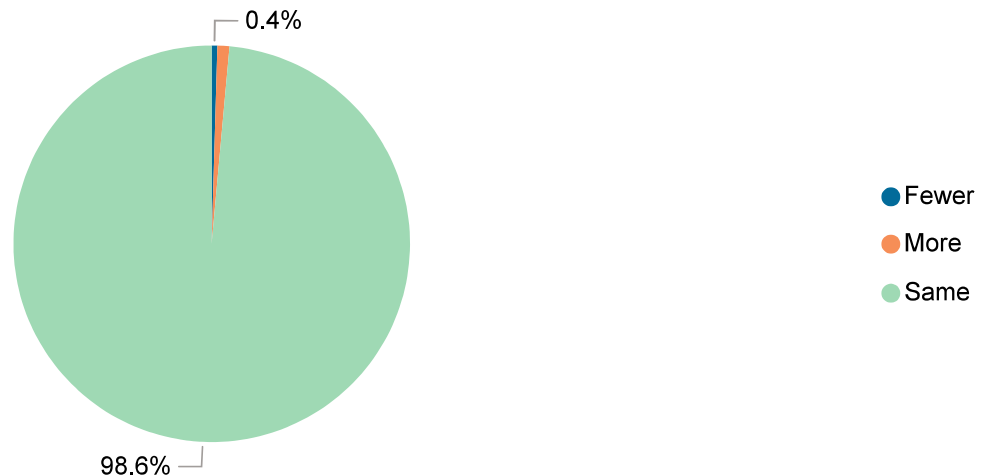
Families' responses on these surveys are then broken out by the type of treatment service their youth received.

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

The national rate of youth clients with at least one arrest was 1%.



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



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

Treatment Services	Unduplicated Client Count	Arrest at Admission	Arrest at First Update	Arrest at Most Recent Update
Child or Youth and Family Services (CYF)	837	0.7%	1.4%	1.4%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	18	0.0%	0.0%	0.0%
Intensive Family Services (IFS)	1	0.0%	0.0%	0.0%
Outpatient Services	21	0.0%	0.0%	0.0%
Room and Board and Other Services	1	0.0%	0.0%	0.0%
<b>Total</b>	<b>862</b>	<b>0.7%</b>	<b>1.3%</b>	<b>1.3%</b>

## General Health

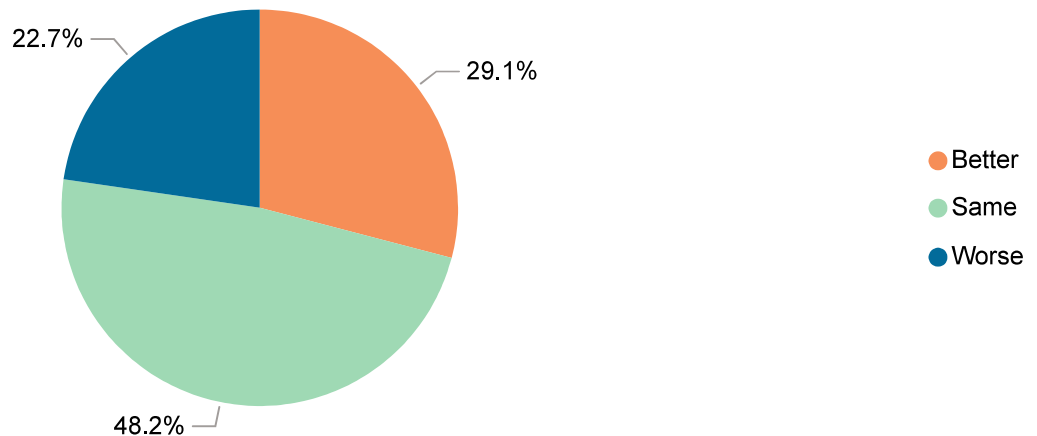


Families of youth clients are asked at the start of treatment and at their most recent update, "Would you say that in general your child's health is?" Families of youth clients could answer in a range from 1-"Poor" to 5-"Excellent". Only families of youth who completed this question at time of admission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

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

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

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



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

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	845	3.66	3.75	3.75	0.09	2.4%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	18	3.89	3.44	3.44	-0.44	-11.4%
Intensive Family Services (IFS)	1	4.00	3.00	3.00	-1.00	-25.0%
Outpatient Services	22	3.55	3.45	3.45	-0.09	-2.6%
Room and Board and Other Services	1	5.00	4.00	4.00	-1.00	-20.0%
<b>Total</b>	<b>870</b>	<b>3.66</b>	<b>3.74</b>	<b>3.74</b>	<b>0.08</b>	<b>2.2%</b>

## Physical Health

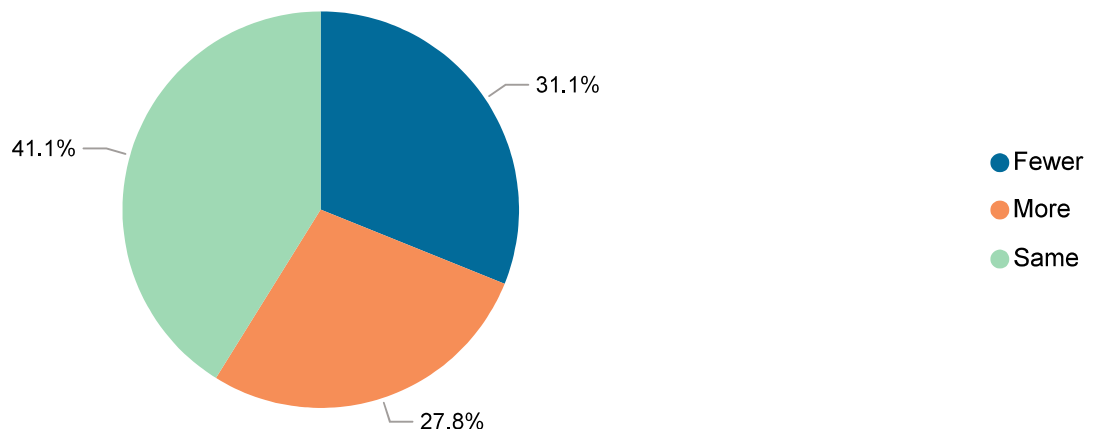
Families of youth clients are asked at the start of treatment and at their most recent update, "Now thinking about your child's physical health, which includes physical illness and injury, how many days during the past 30 days was your child's physical health not good?" Only families of youth who completed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

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

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



Families Who Reported Youth Clients Had More, Fewer, or the Same Number of Days Spent in Poor Physical Health at Most Recent Update Compared to Admission



How Many Days Within the Past 30 Days Has Your Child Spent in Poor Physical Health?

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	778	2.24	2.06	2.04	-0.20	-9.0%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	15	1.80	3.80	3.80	2.00	111.1%
Intensive Family Services (IFS)	1	0.00	0.00	0.00	0.00	NaN
Outpatient Services	20	3.20	1.10	1.10	-2.10	-65.6%
Room and Board and Other Services	1	0.00	0.00	0.00	0.00	NaN
<b>Total</b>	<b>801</b>	<b>2.23</b>	<b>2.04</b>	<b>2.02</b>	<b>-0.21</b>	<b>-9.3%</b>

## Mental Health

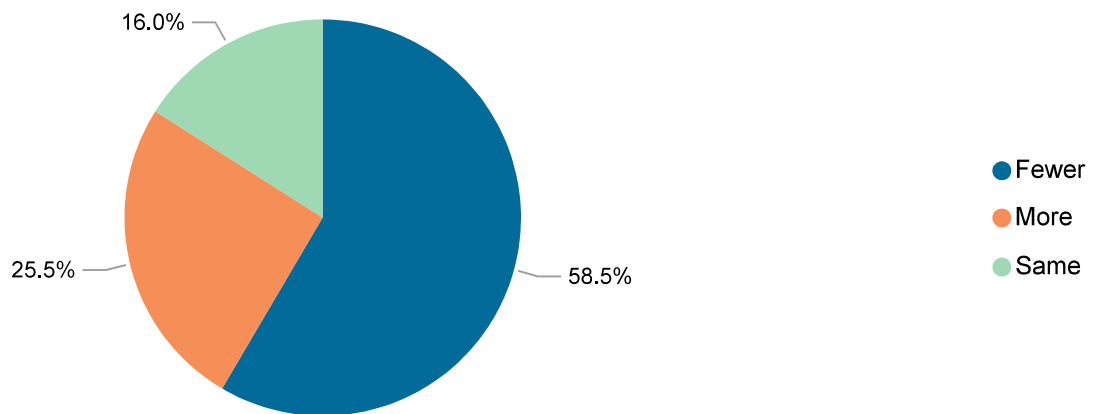


Families of youth clients are asked at the start of treatment and at their most recent update, "Now thinking about your child's mental health, which includes stress, depression, and problems with emotions, how many days during the past 30 days was your child's mental health not good?" Only families of youth who completed this question at time of admission and time of most recent update are included.

Families' responses on these surveys are then broken out by the type of treatment service their youth received. If their youth received multiple types of treatment services in FY24, families' responses are counted once in each service.

Families of youth served in publicly funded treatment services reported their youth had a decrease in days of poor mental health.

Families Who Reported Youth Clients Had More, Fewer, or the Same Number of Days Spent in Poor Mental Health at Most Recent Update Compared to Admission



How Many Days Within the Past 30 Days Has Your Child Spent in Poor Mental Health?

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	791	11.77	7.54	7.54	-4.23	-35.9%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	16	14.19	8.75	8.75	-5.44	-38.3%
Intensive Family Services (IFS)	1	20.00	5.00	5.00	-15.00	-75.0%
Outpatient Services	22	12.00	9.73	9.73	-2.27	-18.9%
Room and Board and Other Services	1	29.00	25.00	25.00	-4.00	-13.8%
<b>Total</b>	<b>815</b>	<b>11.78</b>	<b>7.57</b>	<b>7.57</b>	<b>-4.21</b>	<b>-35.7%</b>

## Physical or Mental Health Prevented Normal Activities

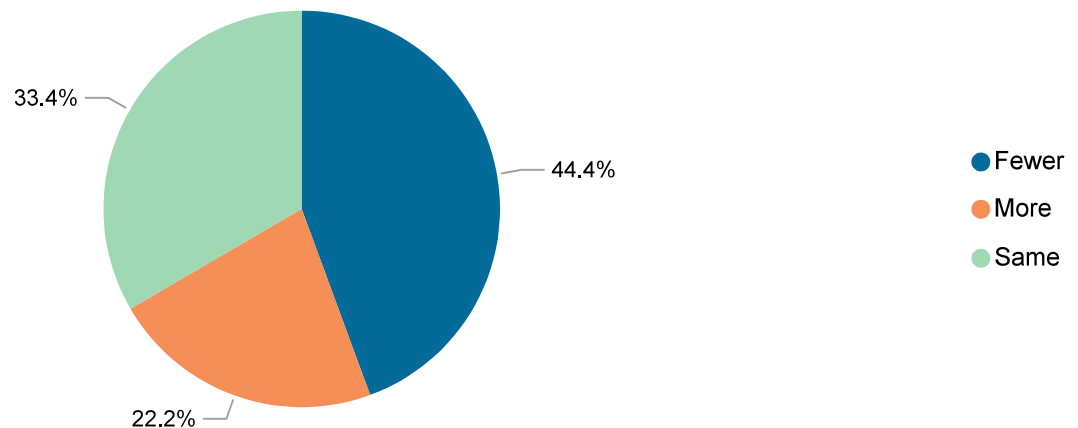


Families of youth clients are asked at the start of treatment and at their most recent update, "During the past 30 days, approximately how many days did your child's poor physical or mental health keep them from doing your child's usual activities, such as self-care, work, or recreation?" Only families of youth who completed this question at time of admission and time of most recent update are included.

Families' responses on these surveys are then broken out by the type of treatment service their youth received. If they received multiple types of treatment services in FY24, families' responses are counted once in each service.

Families of youth served in publicly funded treatment services reported their youth had a decrease in days in which their physical or mental health prevented them from engaging in normal activities.

Families Who Reported Youth Clients Had More, Fewer, or the Same Number of Days Spent in Poor Physical Health or Mental Health at Most Recent Update Compared to Admission



### Number of Days Poor Physical or Mental Health Prevented Normal Activities

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	772	5.51	3.22	3.22	-2.30	-41.6%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	15	6.20	5.07	5.07	-1.13	-18.3%
Intensive Family Services (IFS)	1	5.00	5.00	5.00	0.00	0.0%
Outpatient Services	19	5.79	3.21	3.21	-2.58	-44.5%
Room and Board and Other Services	1	29.00	0.00	0.00	-29.00	-100.0%
<b>Total</b>	<b>795</b>	<b>5.51</b>	<b>3.26</b>	<b>3.25</b>	<b>-2.25</b>	<b>-40.9%</b>



## Reported Attempts to Die by Suicide



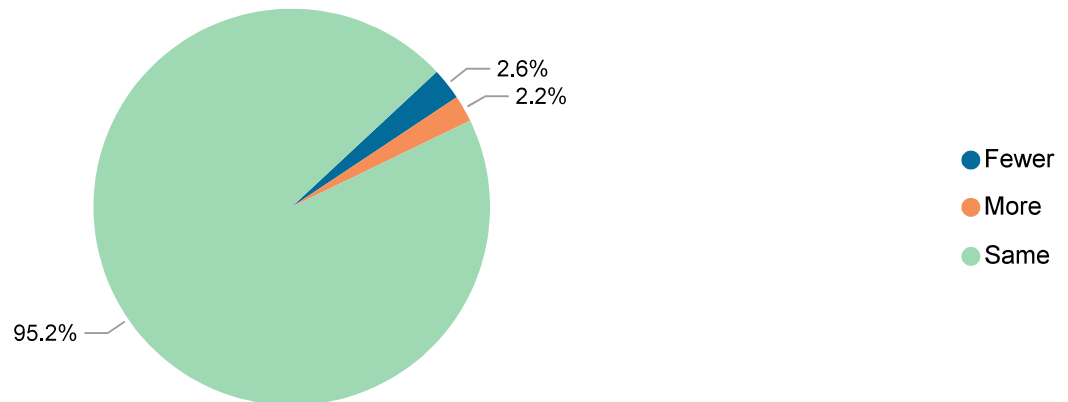
If you, or someone you know, is in need of crisis support, or experiencing emotional distress, call or text 988, or chat at <https://988lifeline.org/>.

Families of youth clients are asked at the start of treatment and at their most recent update, "How many times has your child tried to commit suicide in the past 6 months?" Only families of youth who completed this question at time of admission and time of most recent update are included.

Families' responses on these surveys are then broken out by the type of treatment service their youth received. If they received multiple types of treatment services in FY24, families' responses are counted once in each service.

At most recent update, families of youth served in publicly funded treatment services reported their youth had a decrease in attempts to die by suicide in the past 6 months.

Families Who Reported Youth Clients Had More, Fewer, or the Same Number of Attempts to Die by Suicide at Most Recent Update Compared to Admission



In the Past 6 Months How Many Times Has Your Child Attempted to Die by Suicide?

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	821	0.10	0.10	0.10	-0.01	-7.8%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	18	0.33	0.00	0.00	-0.33	-100.0%
Intensive Family Services (IFS)	1	0.00	0.00	0.00	0.00	NaN
Outpatient Services	21	0.10	0.24	0.24	0.14	150.0%
Room and Board and Other Services	1	0.00	0.00	0.00	0.00	NaN
<b>Total</b>	<b>846</b>	<b>0.11</b>	<b>0.10</b>	<b>0.10</b>	<b>-0.01</b>	<b>-8.4%</b>

## Visits to Emergency Department



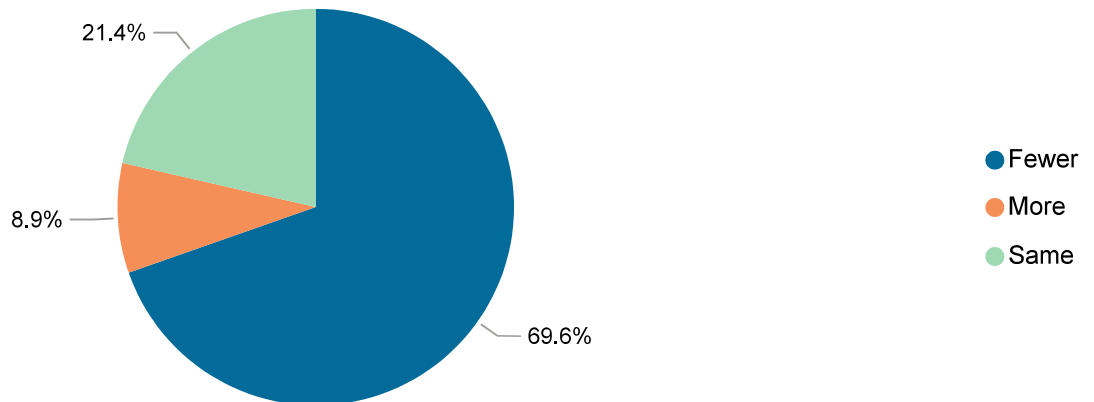
Families of youth clients are asked at the start of treatment and at their most recent update, "How many times has your child gone to an emergency room for a psychiatric or emotional problem in the past 6 months?" Only families of youth who completed this question at time of admission and time of most recent update are included.

Families of youth clients who had at least one emergency department visit prior to receiving treatment services are included.

Families' responses on these surveys are then broken out by the type of treatment service their youth received. If their youth received multiple types of treatment services in FY24, families' responses are counted once in each service.

At most recent update, families of youth served in publicly funded treatment services reported their youth had a decrease in emergency department visits in the past 6 months.

Families Who Reported Youth Clients Had More, Fewer, or the Same Number of Visits to the Emergency Department at Most Recent Update Compared to Admission



How Many Times in the Past 6 Months Has Your Child Visited the Emergency Department?

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	51	1.85	0.69	0.69	-1.16	-62.7%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	2	1.00	0.00	0.00	-1.00	-100.0%
Outpatient Services	2	1.00	0.00	0.00	-1.00	-100.0%
<b>Total</b>	<b>52</b>	<b>1.84</b>	<b>0.68</b>	<b>0.68</b>	<b>-1.16</b>	<b>-63.1%</b>

## Detoxification Services



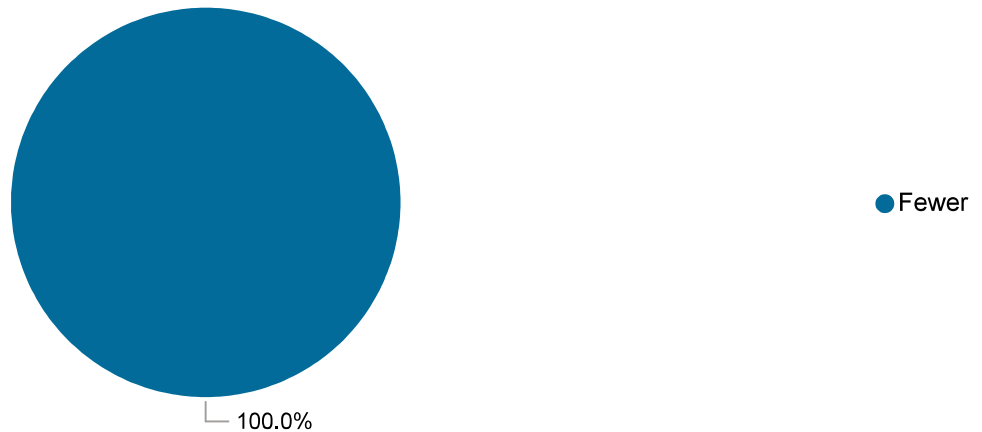
Families of youth clients are asked at the start of treatment and at their most recent update, "How many nights has your child spent in a facility for detoxification in the past 6 months?" Only families of youth who completed this question at time of admission and time of most recent update are included.

Families of youth clients who had at least one night in a facility for detoxification prior to receiving treatment services are included.

Families' responses on these surveys are then broken out by the type of treatment service their youth received. If their youth received multiple types of treatment services in FY24, families' responses are counted once in each service.

At most recent update, families of youth served in publicly funded treatment services reported their youth had a decrease in nights spent in a detox facility in the past 6 months.

Families Who Reported Their Youth Had More, Fewer, or the Same Number of Nights Spent in a Facility for Detoxification at Most Recent Update Compared to Admission



How Many Nights in the Past 6 Months Has Your Child Spent in a Facility for Detoxification?

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	4	2.80	0.00	0.00	-2.80	-100.0%
<b>Total</b>	<b>4</b>	<b>2.80</b>	<b>0.00</b>	<b>0.00</b>	<b>-2.80</b>	<b>-100.0%</b>

## Inpatient Substance Use Disorder Treatment Services



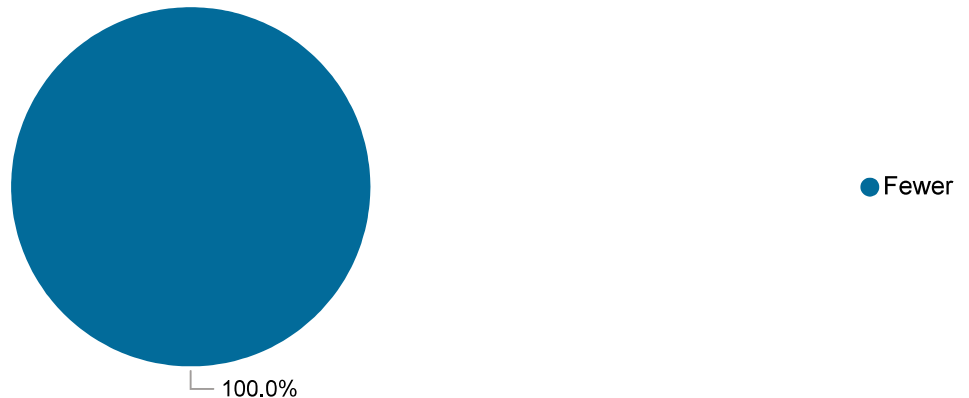
Families of youth clients are asked at the start of treatment and at their most recent update, "How many nights has your child spent in a facility for inpatient/residential substance use disorder treatment in the past 6 months?" Only families of youth who completed this question at time of admission and time of most recent update are included.

Families of youth clients who had at least one night in a facility for substance use treatment prior to receiving treatment services are included.

Families' responses on these surveys are then broken out by the type of treatment service their youth received. If their youth received multiple types of treatment services in FY24, families' responses are counted once in each service.

At most recent update, families of youth served in publicly funded treatment services reported their youth had a decrease in nights spent in an inpatient substance use disorder facility in the past 6 months.

Families Who Reported Their Youth Had More, Fewer, or the Same Number of Nights Spent in a Facility for Inpatient/Residential Substance Use Disorder Treatment at Most Recent Update Compared to Admission



How Many Nights in the Past 6 Months Has Your Child Spent in a Facility for Inpatient/Residential Substance Use Disorder Treatment?

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	12	15.92	0.08	0.08	-15.85	-99.5%
<b>Total</b>	<b>12</b>	<b>15.92</b>	<b>0.08</b>	<b>0.08</b>	<b>-15.85</b>	<b>-99.5%</b>

## Hospital Admissions for Mental Health Care



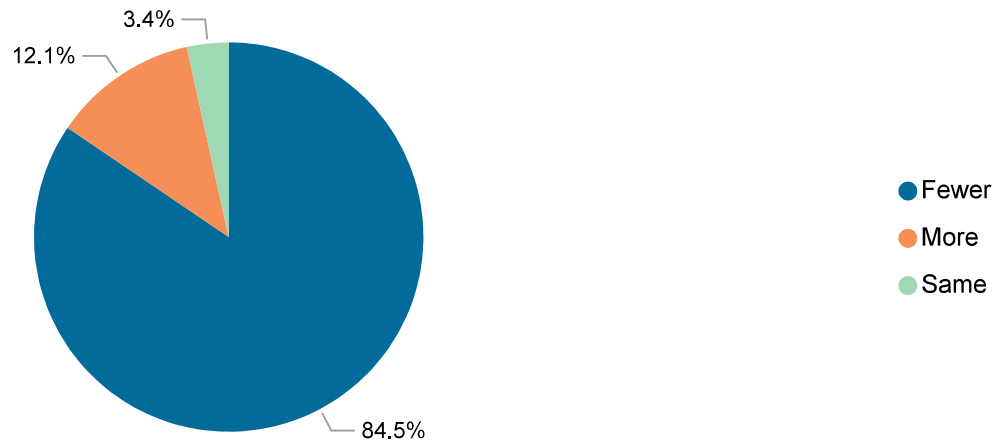
Families of youth clients are asked at the start of treatment and at their most recent update, "How many nights has your child spent in a facility for mental health care in the past 6 months?" Only families of youth who completed this question at time of admission and time of most recent update are included.

Families of youth clients who had at least one night in a facility for mental health care prior to receiving treatment services are included.

Families' responses on these surveys are then broken out by the type of treatment service they received. If their youth received multiple types of treatment services in FY24, families' responses are counted once in each service.

At most recent update, families of youth served in publicly funded treatment services reported their youth had a decrease in hospital admissions for mental health care in the past 6 months.

Families Who Reported Their Youth Had More, Fewer, or the Same Number of Nights in a Facility for Mental Health Care at Most Recent Update Compared to Admission



How Many Nights in the Past 6 Months Has Your Child Spent in a Facility for Mental Health Care?

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	52	38.20	2.45	2.45	-35.75	-93.6%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	3	13.67	0.00	0.00	-13.67	-100.0%
Outpatient Services	1	7.00	1.00	1.00	-6.00	-85.7%
<b>Total</b>	<b>54</b>	<b>37.09</b>	<b>2.36</b>	<b>2.36</b>	<b>-34.72</b>	<b>-93.6%</b>

## Illness, Injury, or Surgery

Families of youth clients are asked at the start of treatment and at their most recent update, "How many nights has your child spent in a facility for illness, injury, or surgery in the past 6 months?" Only families of youth who completed this question at time of admission and time of most recent update are included.

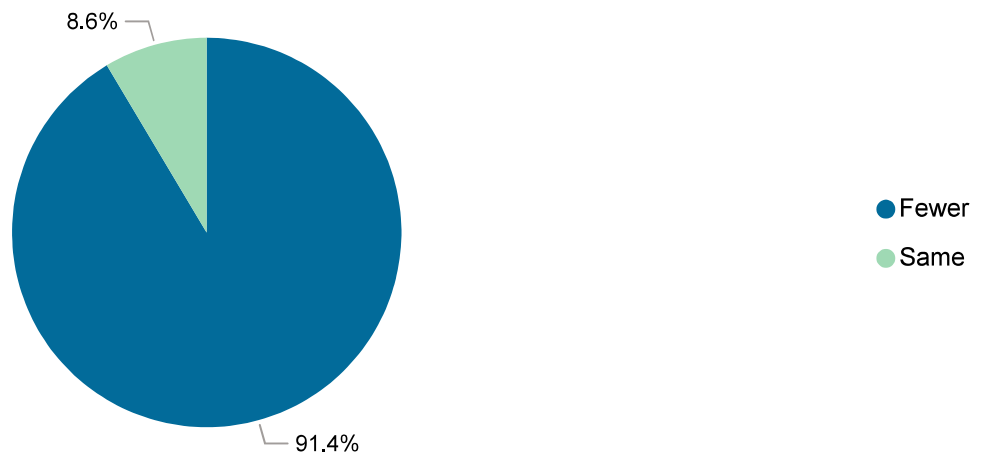
Families of youth clients who had at least one night in a facility for illness, injury, or surgery prior to receiving treatment services are included.

Families' responses on these surveys are then broken out by the type of treatment service their youth received. If their youth received multiple types of treatment services in FY24, families' responses are counted once in each service.

At most recent update, families of youth served in publicly funded treatment services reported their youth had a decrease in nights spent in a facility for illness, injury, or surgery in the past 6 months.



Families Who Reported Their Youth Had More, Fewer, or the Same Number of Nights in a Facility for Illness, Injury, or Surgery at Most Recent Update Compared to Admission



How Many Nights in the Past 6 Months Has Your Child Spent in a Facility for Illness, Injury, or Surgery?

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	35	3.77	0.20	0.20	-3.57	-94.7%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	1	3.00	0.00	0.00	-3.00	-100.0%
<b>Total</b>	<b>35</b>	<b>3.77</b>	<b>0.20</b>	<b>0.20</b>	<b>-3.57</b>	<b>-94.7%</b>

## Nights Spent in Correctional Facility



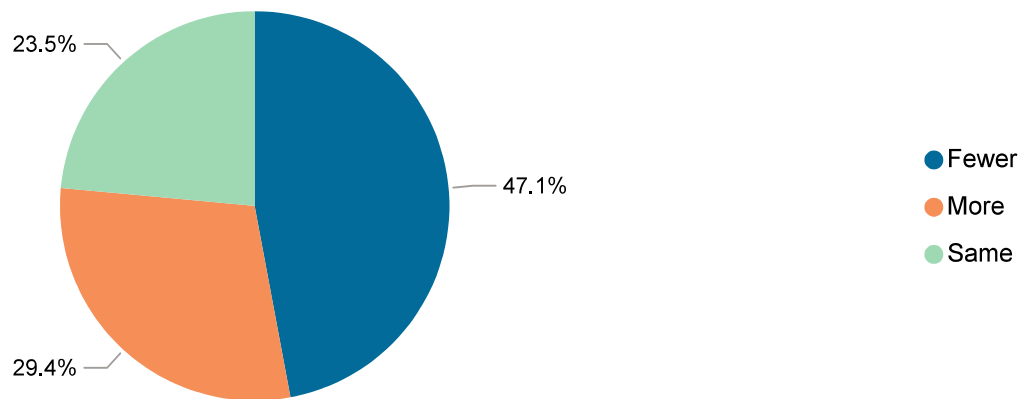
Families of youth clients are asked at the start of treatment and at their most recent update, "How many nights has your child spent in a correctional facility including JDC or jail (as a result of an arrest, parole or probation violation) in the past 6 months?" Only families of youth who completed this question at time of admission and time of most recent update are included.

Families of youth clients who had at least one night in a correctional facility prior to receiving treatment services are included.

Families' responses on these surveys are then broken out by the type of treatment service they received. If their youth received multiple types of treatment services in FY24, families' responses are counted once in each service.

At most recent update, families of youth served in publicly funded treatment services reported their youth had a decrease in nights spent in a correctional facility in the past 6 months.

Families Who Reported Their Youth Had More, Fewer, or the Same Number of Nights in a Correctional Facility at Most Recent Update Compared to Admission



### How Many Nights in the Past 6 Months Has Your Child Spent in a Correctional Facility?

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	16	9.94	7.65	7.65	-2.29	-23.1%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	1	1.00	0.00	0.00	-1.00	-100.0%
<b>Total</b>	<b>16</b>	<b>9.94</b>	<b>7.65</b>	<b>7.65</b>	<b>-2.29</b>	<b>-23.1%</b>



## General Satisfaction with Services

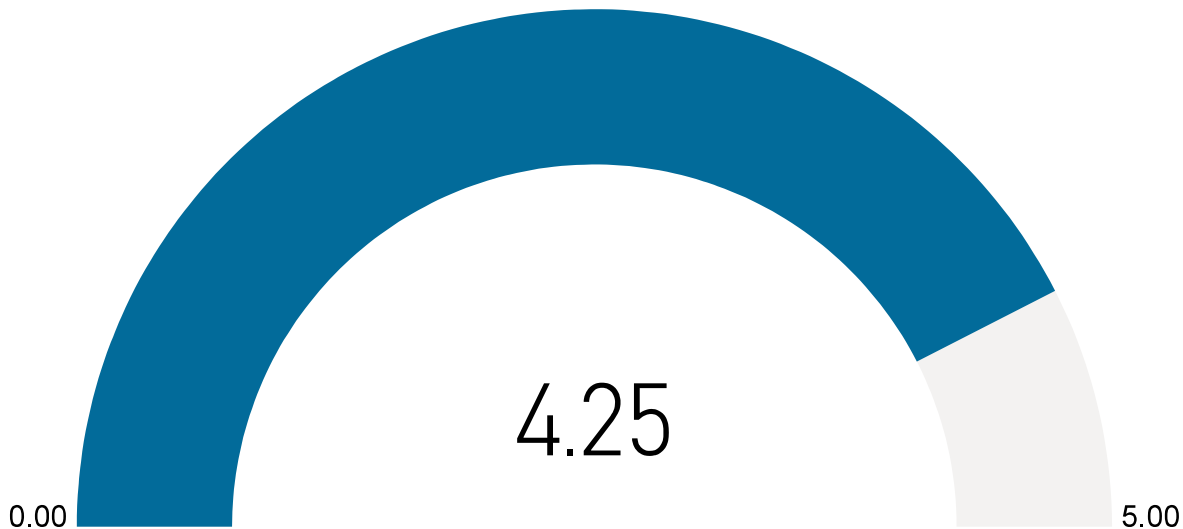


Families of youth clients are asked at most recent update to rate how strongly they agree with six different questions pertaining to their overall satisfaction with treatment services their youth received. The average of these six responses is given below. To see specific questions, please see Appendix B.

Families' responses on these surveys are then broken out by the type of treatment service their youth received. If their youth received multiple types of treatment services in FY24, families' responses are counted once in each service.

Families of youth served in publicly funded treatment services reported satisfaction with the services their youth received.

Were You Satisfied With the Services Your Child Received?



General Satisfaction Ratings: 0-Refused to Respond; 1-Strongly Disagree; 2-Disagree; 3-Undecided; 4-Agree; 5-Strongly Agree

Treatment Services	Unduplicated Client Count	Average First Update	Average Most Recent Update
Child or Youth and Family Services (CYF)	854	4.25	4.25
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	18	4.39	4.39
Intensive Family Services (IFS)	1	3.83	3.83
Outpatient Services	22	4.30	4.30
Room and Board and Other Services	1	5.00	5.00
<b>Total</b>	<b>879</b>	<b>4.25</b>	<b>4.25</b>



## Improved Functioning



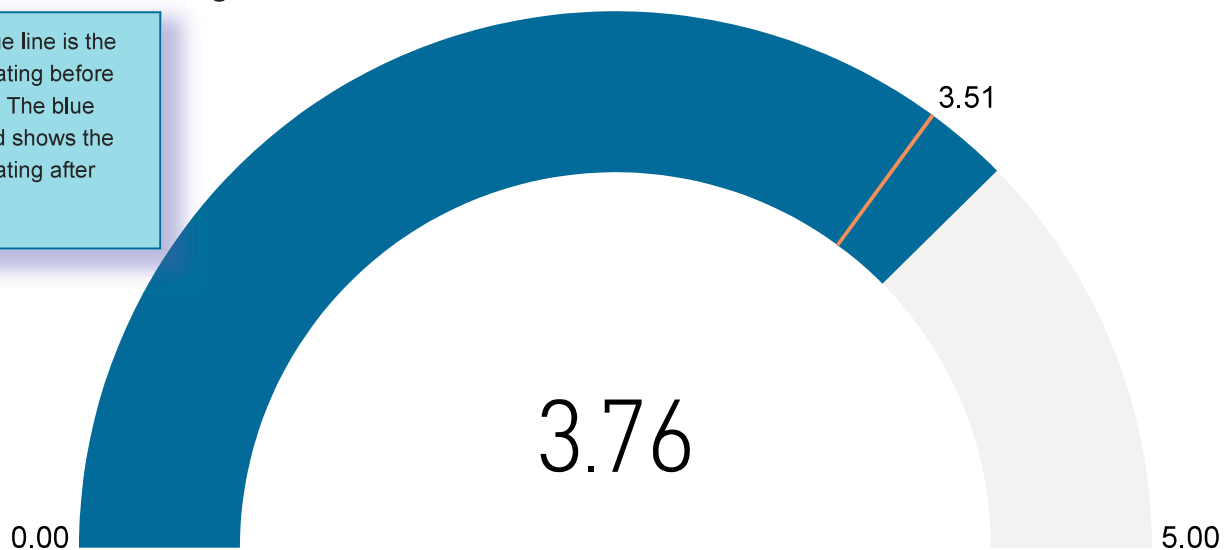
Families of youth clients are asked at most recent update to rate how strongly they agree with seven different questions pertaining to their perception of their youth's mental health and social well-being before and after the services they received. The average of these seven responses is given below. To see specific questions, please see Appendix B.

Families' responses on these surveys are then broken out by the type of treatment service their youth received. If their youth received multiple types of treatment services in FY24, families' responses are counted once in each service.

Families of youth served in publicly funded treatment services reported their youth had improved functioning as a result of services received.

### Improved Functioning

The orange line is the average rating before treatment. The blue dashboard shows the average rating after treatment.



Improved Functioning Ratings: 0-Refused to Respond; 1-Strongly Disagree; 2-Disagree; 3-Undecided; 4-Agree; 5-Strongly Agree

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	843	3.52	3.76	3.76	0.25	7.1%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	18	3.60	3.30	3.30	-0.29	-8.2%
Intensive Family Services (IFS)	1	4.00	4.00	4.00	0.00	0.0%
Outpatient Services	22	3.10	3.63	3.63	0.53	17.2%
Room and Board and Other Services	1	3.71	3.57	3.57	-0.14	-3.8%
<b>Total</b>	<b>868</b>	<b>3.51</b>	<b>3.76</b>	<b>3.76</b>	<b>0.25</b>	<b>7.2%</b>

## Social Connectedness



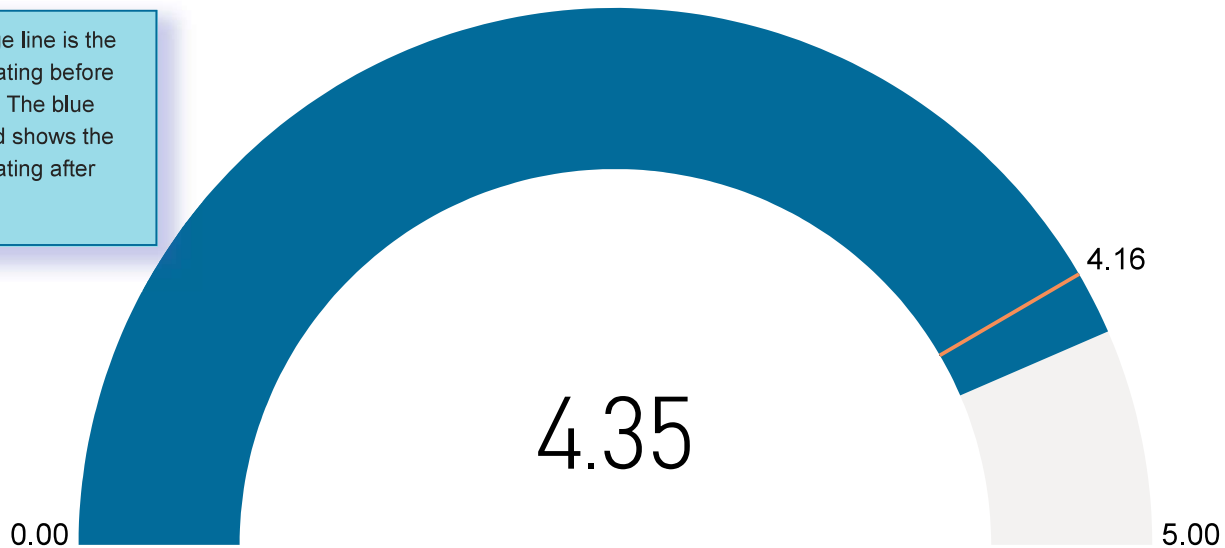
Families of youth clients are asked at most recent update to rate how strongly they agree with four different questions pertaining to their youth's connections with their family, friends, and community. The average of these four responses is given below. To see specific questions, please see Appendix B.

Families' responses on these surveys are then broken out by the type of treatment service their youth received. If their youth received multiple types of treatment services in FY24, families' responses are counted once in each service.

Families of youth served in publicly funded treatment services reported improved social connectedness for their youth.

### Social Connectedness

The orange line is the average rating before treatment. The blue dashboard shows the average rating after treatment.



Social Connectedness Ratings: 0-Refused to Respond; 1-Strongly Disagree; 2-Disagree; 3-Undecided; 4-Agree; 5-Strongly Agree

Treatment Services	Unduplicated Client Count	Average Initial	Average First Update	Average Most Recent Update	Change	Percent Change
Child or Youth and Family Services (CYF)	854	4.17	4.35	4.35	0.19	4.4%
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	18	4.24	4.03	4.03	-0.21	-4.9%
Intensive Family Services (IFS)	1	4.25	4.00	4.00	-0.25	-5.9%
Outpatient Services	22	3.95	4.40	4.40	0.44	11.2%
Room and Board and Other Services	1	4.75	5.00	5.00	0.25	5.3%
<b>Total</b>	<b>879</b>	<b>4.16</b>	<b>4.35</b>	<b>4.35</b>	<b>0.19</b>	<b>4.6%</b>

## Participation in Treatment Planning

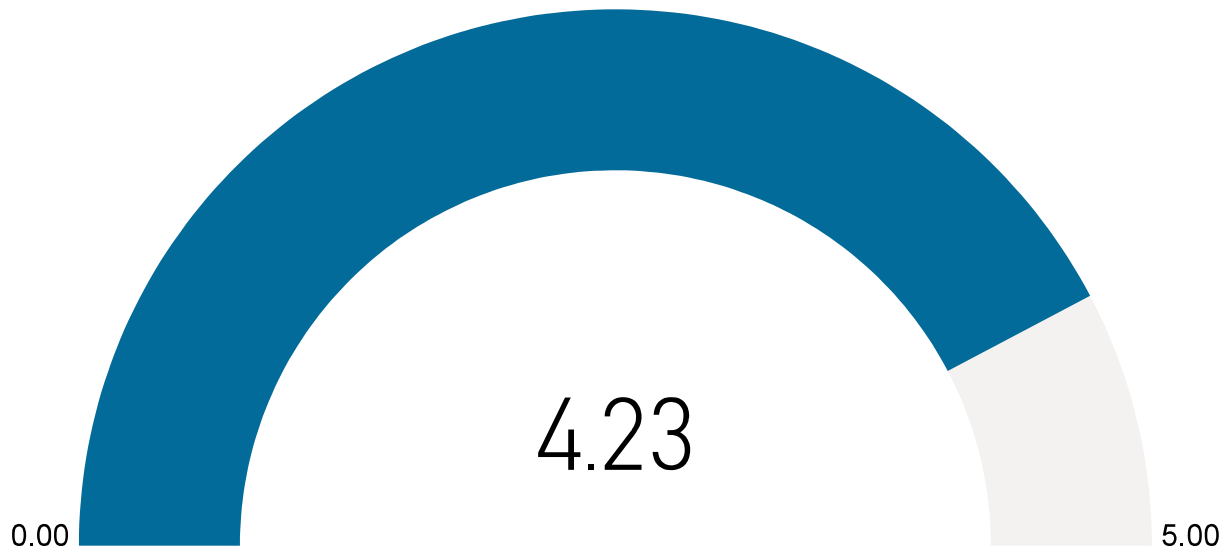


Families of youth clients are asked at most recent update to rate how strongly they agree with three different questions pertaining to their participation in treatment planning for services their youth received. The average of these three responses is given below. To see specific questions, please see Appendix B.

Families' responses on these surveys are then broken out by the type of treatment service their youth received. If their youth received multiple types of treatment services in FY24, families' responses are counted once in each service.

Families of youth served in publicly funded treatment services reported high levels of participation in their youth's treatment planning.

### Participation in Treatment Planning



Participation in Treatment Planning Ratings: 0-Refused to Respond; 1-Strongly Disagree; 2-Disagree; 3-Undecided; 4-Agree; 5-Strongly Agree

Treatment Services	Unduplicated Client Count	Average First Update	Average Most Recent Update
Child or Youth and Family Services (CYF)	854	4.23	4.23
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	18	4.31	4.31
Intensive Family Services (IFS)	1	4.00	4.00
Outpatient Services	22	4.27	4.27
Room and Board and Other Services	1	5.00	5.00
<b>Total</b>	<b>879</b>	<b>4.23</b>	<b>4.23</b>

## Cultural Sensitivity

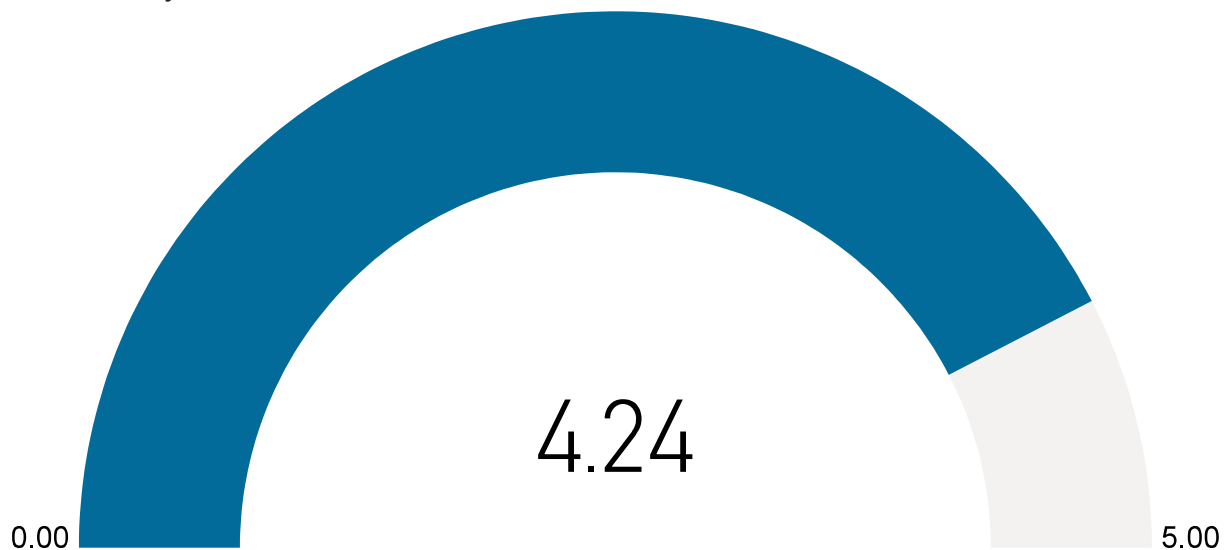


Families of youth clients are asked at most recent update to rate how strongly they agree with four different questions pertaining to the cultural sensitivity of staff. The average of these four responses is given below. To see specific questions, please see Appendix B.

Families' responses on these surveys are then broken out by the type of treatment service they received. If their youth received multiple types of treatment services in FY24, families' responses are counted once in each service.

Families of youth served in publicly funded treatment services reported they felt staff were culturally sensitive.

### Cultural Sensitivity of Staff



Cultural Sensitivity of Staff Ratings: 0-Refused to Respond; 1-Strongly Disagree; 2-Disagree; 3-Undecided; 4-Agree; 5-Strongly Agree

Treatment Services	Unduplicated Client Count	Average First Update	Average Most Recent Update
Child or Youth and Family Services (CYF)	854	4.24	4.24
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	18	4.21	4.21
Intensive Family Services (IFS)	1	4.00	4.00
Outpatient Services	22	4.24	4.24
Room and Board and Other Services	1	5.00	5.00
<b>Total</b>	<b>879</b>	<b>4.24</b>	<b>4.24</b>

## Access to Services

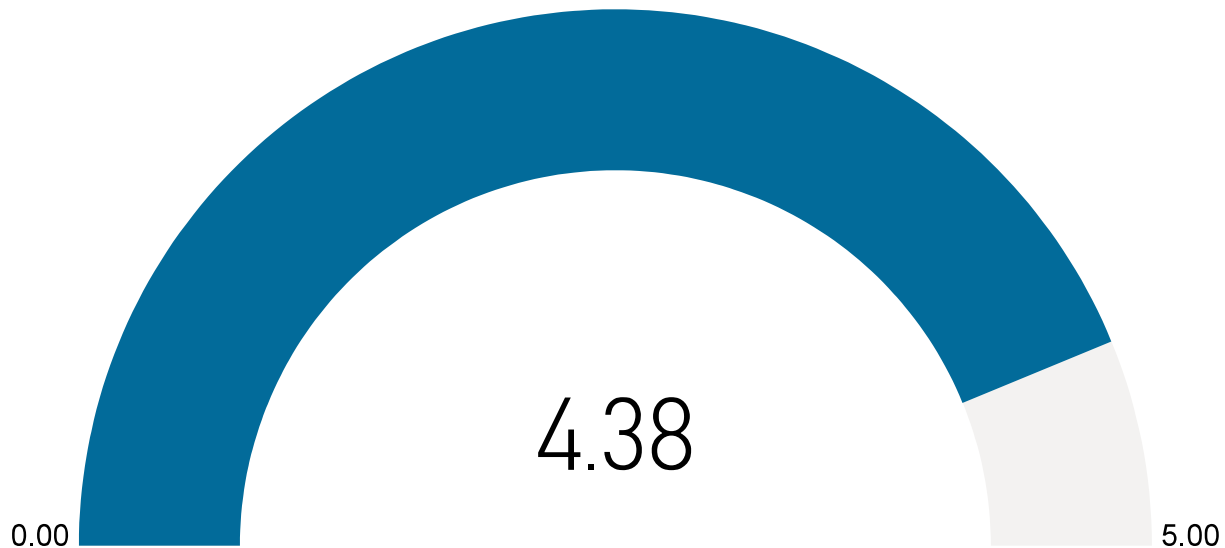
Families of youth clients are asked at most recent update to rate how strongly they agree with two different questions pertaining to the ease and convenience of accessing the services their youth received. The average of these two responses is given below. To see specific questions, please see Appendix B.

Families' responses on these surveys are then broken out by the type of treatment service their youth received. If their youth received multiple types of treatment services in FY24, families' responses are counted once in each service.

Families of youth served in publicly funded treatment services reported ease and convenience when accessing services.



### Access to Services



Access to Services Ratings: 0-Refused to Respond; 1-Strongly Disagree; 2-Disagree; 3-Undecided; 4-Agree; 5-Strongly Agree

Treatment Services	Unduplicated Client Count	Average First Update	Average Most Recent Update
Child or Youth and Family Services (CYF)	854	4.38	4.38
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	18	4.47	4.47
Intensive Family Services (IFS)	1	4.00	4.00
Outpatient Services	22	4.43	4.43
Room and Board and Other Services	1	5.00	5.00
<b>Total</b>	<b>879</b>	<b>4.38</b>	<b>4.38</b>

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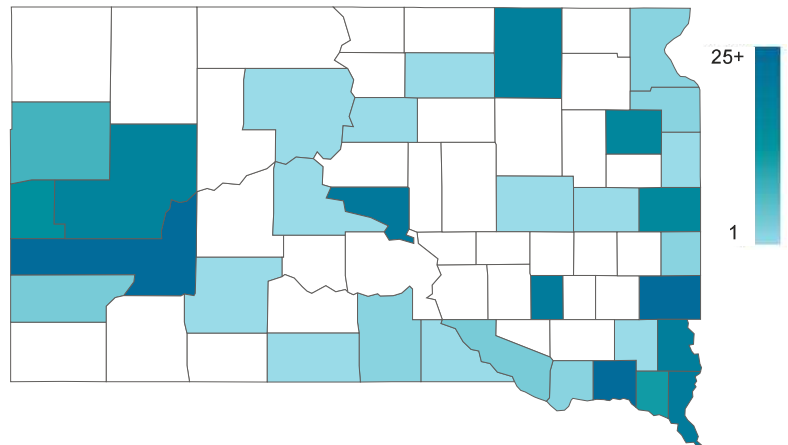
# Justice-Involved and At-Risk Youth Services

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## Justice-Involved and At-Risk Youth MH Treatment Services

County of Residence for Clients Who Received Publicly Funded Services



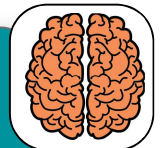
Treatment Services	Publicly Funded Clients Served	Average Duration of Treatment (Days)
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	243	211
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	238	211



Unduplicated Clients Served  
(Publicly Funded)  
**435**

Publicly Funded Clients with Serious  
Emotional Disturbance (SED)

**430**



Veterans Served (Publicly Funded)

**0**

Publicly Funded Clients Who  
Successfully Completed Treatment

**151**



Clients described in this section received services intended for justice-involved and at-risk youth.



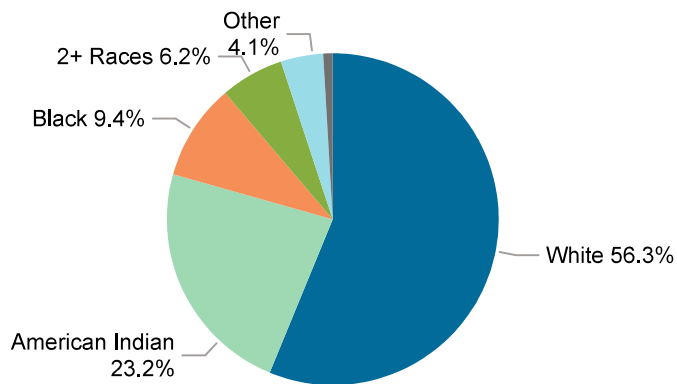
## Race & Ethnicity

The data below reflect the self-reported race and ethnicity of justice-involved and at-risk youth served in publicly funded treatment services.

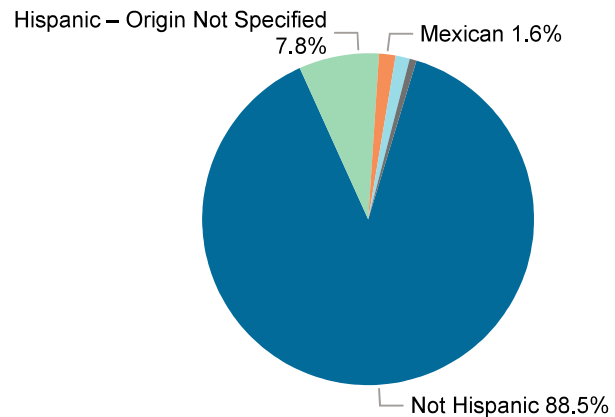


According to the U.S. Census Bureau, 84.2% of South Dakotans identify as White, 8.5% identify as American Indian, and 5.1% identify as Hispanic.

### Clients Served by Race



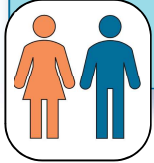
### Clients Served by Ethnicity



### Clients Served by Service Type and Race

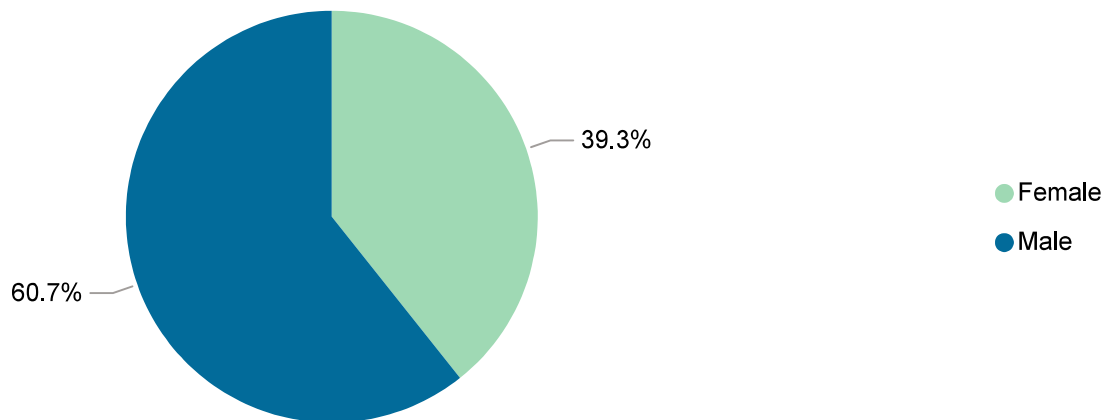
Treatment Services	2+ Races		American Indian		Asian		Black		Other		White		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	13	5.3%	55	22.6%	2	0.8%	27	11.1%	9	3.7%	138	56.8%	243	100.0%
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	19	8.0%	55	23.1%	2	0.8%	19	8.0%	10	4.2%	133	55.9%	238	100.0%
<b>Total</b>	<b>27</b>	<b>6.2%</b>	<b>101</b>	<b>23.2%</b>	<b>4</b>	<b>0.9%</b>	<b>41</b>	<b>9.4%</b>	<b>18</b>	<b>4.1%</b>	<b>245</b>	<b>56.3%</b>	<b>435</b>	<b>100.0%</b>

## Gender



The data below reflect the self-reported gender of justice-involved and at-risk youth served in publicly funded treatment services. Gender categories follow SAMHSA guidelines for data reporting.

### Clients Served by Self-Identified Gender



### Clients Served by Service Type and Self-Identified Gender

Treatment Services	Female		Male		Total	
	N	%	N	%	N	%
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	66	27.2%	177	72.8%	243	100.0%
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	117	49.2%	121	50.8%	238	100.0%
<b>Total</b>	<b>171</b>	<b>39.3%</b>	<b>264</b>	<b>60.7%</b>	<b>435</b>	<b>100.0%</b>

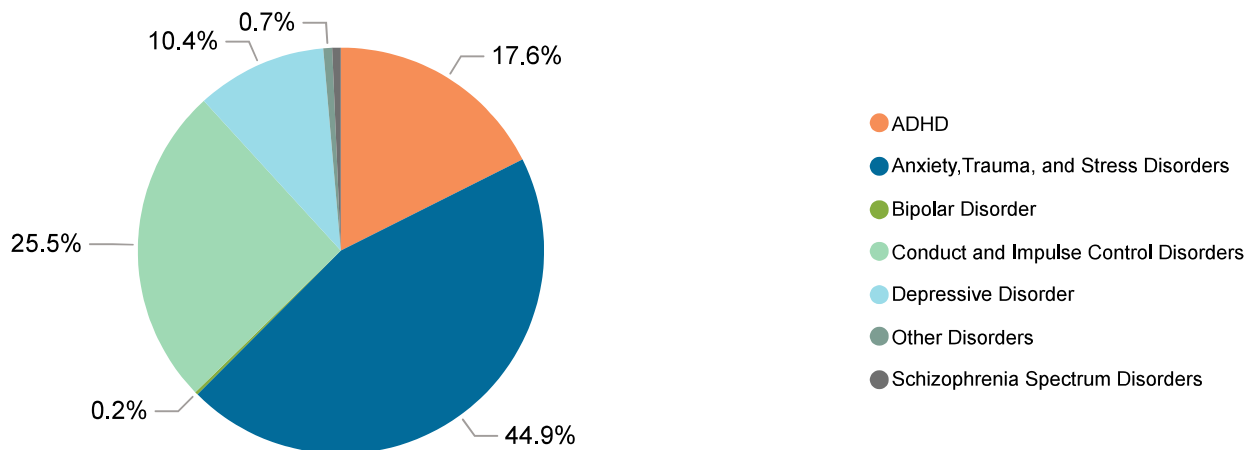
## Primary Diagnosis



The data below reflect the primary diagnoses for justice-involved and at-risk youth served in publicly funded treatment services. This does not include those with No Diagnosis or Diagnosis Deferred.

The majority of youth served in publicly funded treatment services had a primary diagnosis of Anxiety, Trauma, and Stress Disorders, followed by Conduct and Impulse Control Disorders.

### Clients Served for Each Primary Diagnosis



### Diagnosis by Service Type

Treatment Services	ADHD		Anxiety, Trauma, and Stress Disorders		Bipolar Disorder		Conduct and Impulse Control Disorders		Depressive Disorder		Other Disorders		Schizophrenia Spectrum Disorders		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	36	15.1%	116	48.5%	1	0.4%	60	25.1%	22	9.2%	2	0.8%	2	0.8%	238	100.0%
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	46	19.6%	91	38.7%	1	0.4%	68	28.9%	26	11.1%	2	0.9%	1	0.4%	235	100.0%
<b>Total</b>	<b>76</b>	<b>17.6%</b>	<b>194</b>	<b>44.9%</b>	<b>1</b>	<b>0.2%</b>	<b>110</b>	<b>25.5%</b>	<b>45</b>	<b>10.4%</b>	<b>3</b>	<b>0.7%</b>	<b>3</b>	<b>0.7%</b>	<b>427</b>	<b>100.0%</b>

## Reason for Discharge

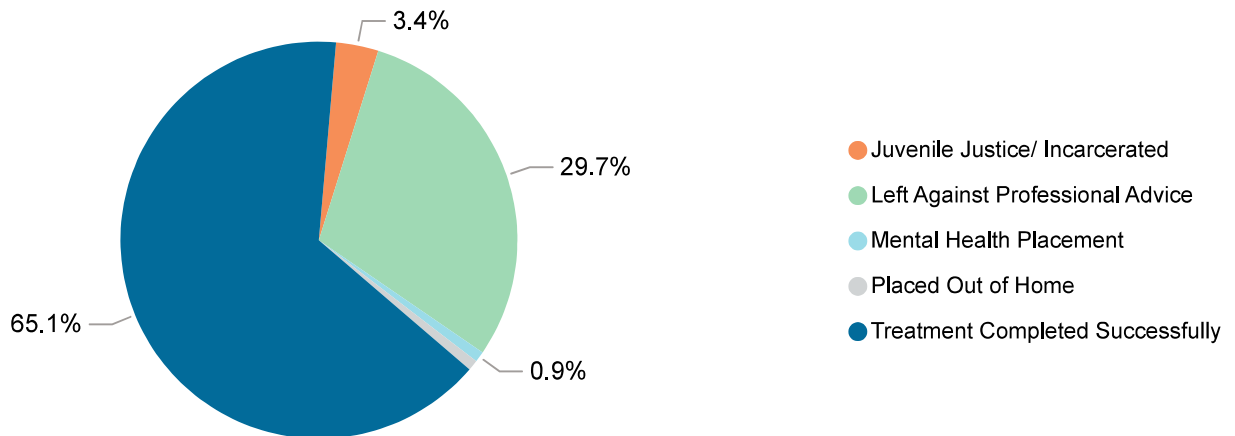
The data below reflect the reasons justice-involved and at-risk youth discharged from publicly funded treatment services.

Please note, a client may have more than one admission and discharge.

The majority of youth served successfully completed treatment services. The next most common discharge reason was Left Against Professional Advice.



### Reason for Discharge from Services



### Reason for Discharge by Service Type

Treatment Services	Juvenile Justice/ Incarcerated		Left Against Professional Advice		Mental Health Placement		Placed Out of Home		Treatment Completed Successfully		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	4	3.6%	33	29.5%					75	67.0%	112	100.0%
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	4	2.7%	39	26.7%	2	1.4%	2	1.4%	99	67.8%	146	100.0%
<b>Total</b>	<b>8</b>	<b>3.4%</b>	<b>69</b>	<b>29.7%</b>	<b>2</b>	<b>0.9%</b>	<b>2</b>	<b>0.9%</b>	<b>151</b>	<b>65.1%</b>	<b>232</b>	<b>100.0%</b>

## Living Situation

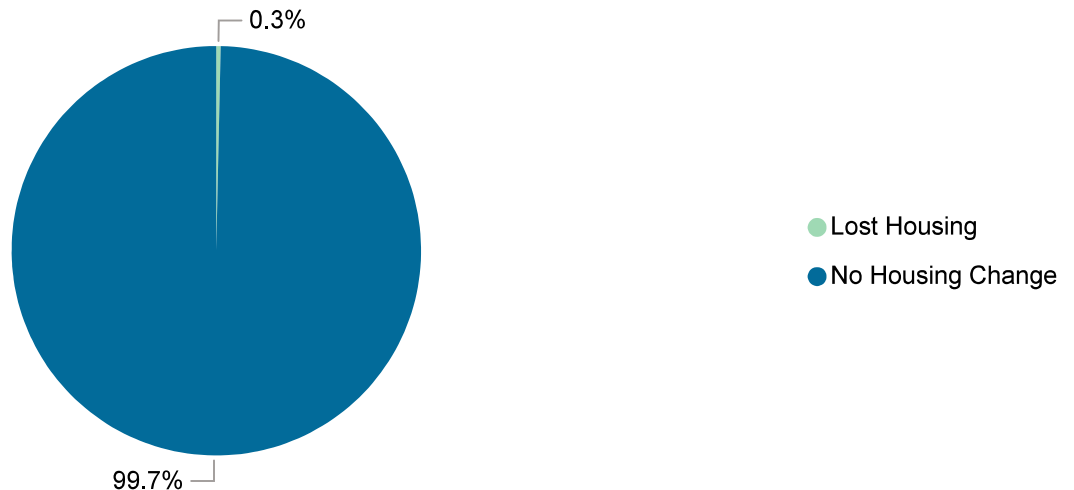
The data below reflect the living situations of justice-involved and at-risk youth served in publicly funded treatment services.



The national rate of homelessness for youth clients was 0.4%.

Less than 1% of youth served in publicly funded treatment services experienced homelessness at discharge from services.

### Clients Who Gained, Lost, or Had No Change in Housing From Admission to Discharge



### Clients Who Reported Homelessness at Admission and Discharge

Treatment Services	Unduplicated Client Count	Homelessness at Admission	Homelessness at Discharge
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	146	0.6%	0.6%
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	183	0.0%	0.5%
<b>Total</b>	<b>294</b>	<b>0.3%</b>	<b>0.6%</b>

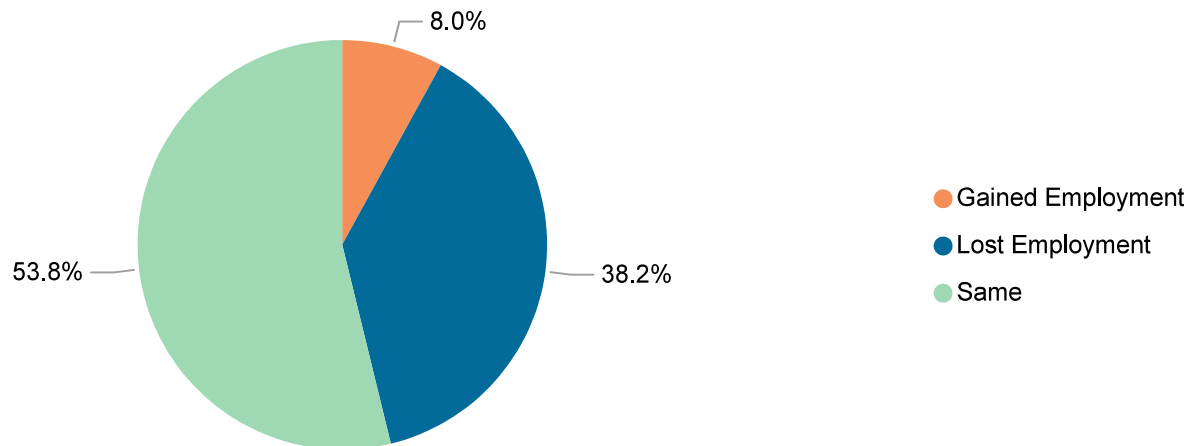
## Employment

The data below reflect the employment of justice-involved and at-risk youth served in publicly funded treatment services.

The rate of employment for the majority of youth served in publicly funded treatment services decreased.



### Clients Who Gained, Lost, or Had No Change in Employment from Admission to Discharge



### Client Employment at Admission and Discharge

Treatment Services	Unduplicated Client Count	Employment at Admission	Employment at Discharge
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	143	40.3%	21.4%
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	175	52.3%	13.2%
<b>Total</b>	<b>285</b>	<b>45.5%</b>	<b>16.9%</b>

## Arrest History

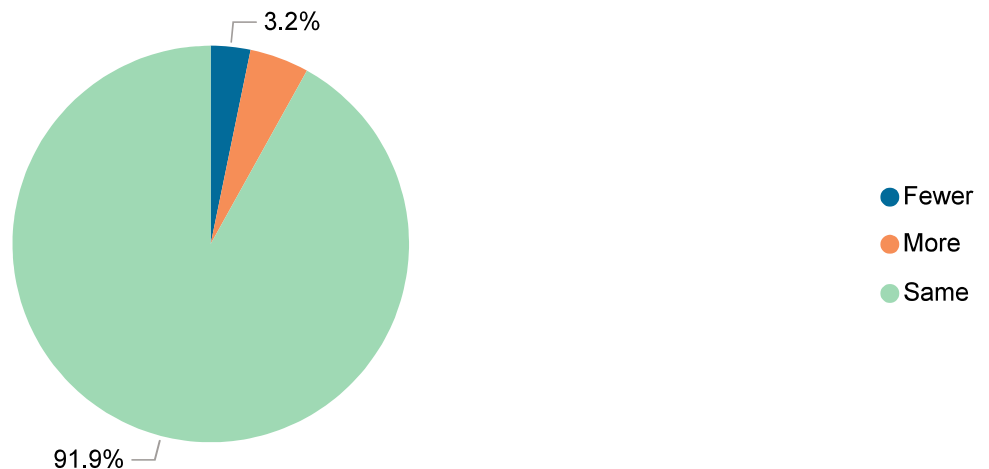


Clients are asked at the start of treatment and at the end of treatment, "In the past 30 days, how many times have you been arrested?" Only clients who completed this question at time of admission and time of discharge are included.

Client responses on these surveys are then broken out by the type of treatment service they received.

At discharge, youth served in publicly funded treatment services reported an increase in the number of arrests in the past 30 days.

### Clients Who Had More, Fewer, or the Same Number of Arrests at Discharge Compared to Admission



### Clients Who Had One or More Arrests Within 30 Days of Admission and Discharge

Treatment Services	Unduplicated Client Count	Arrests at Admission	Arrests at Discharge
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	24	4.2%	4.2%
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	50	3.8%	5.8%
<b>Total</b>	<b>60</b>	<b>3.2%</b>	<b>4.8%</b>



## General Health

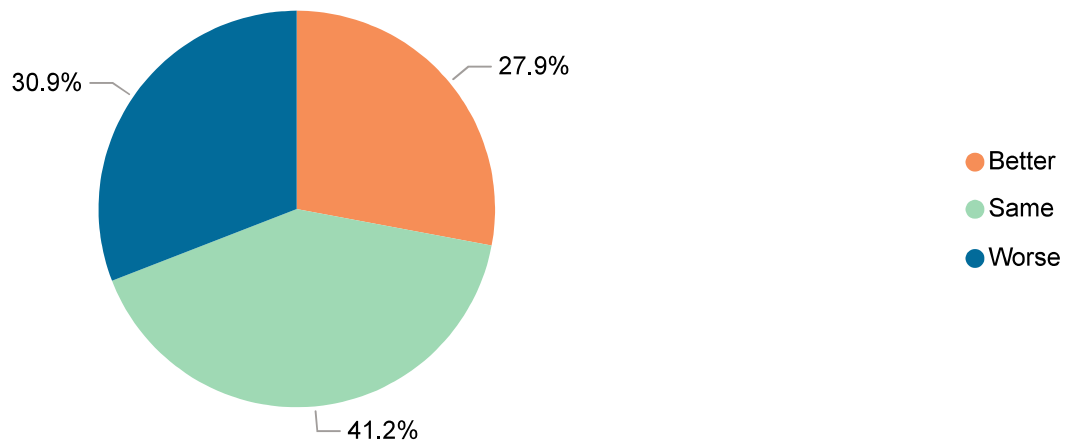
Clients are asked at the start of treatment and at the end of treatment, "Would you say that in general your health is?" Clients could answer in a range from 1-"Poor" to 5-"Excellent". Only clients who completed this question at time of admission and time of discharge are included.

Clients' responses on these surveys are then broken out by the type of treatment service they received. If they received multiple types of treatment services in FY24, their responses are counted once in each service.

The majority of youth served in publicly funded treatment services reported a decrease to general health.



### Clients Who Had Better, Worse, or the Same General Health Rating at Discharge Compared to Admission



### General Health Rating: 1-Poor; 2-Fair; 3-Good; 4-Very Good; 5-Excellent

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	25	3.84	3.60	-0.24	-6.3%
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	56	3.47	3.40	-0.07	-2.0%
<b>Total</b>	<b>66</b>	<b>3.54</b>	<b>3.47</b>	<b>-0.07</b>	<b>-2.1%</b>

## Physical Health

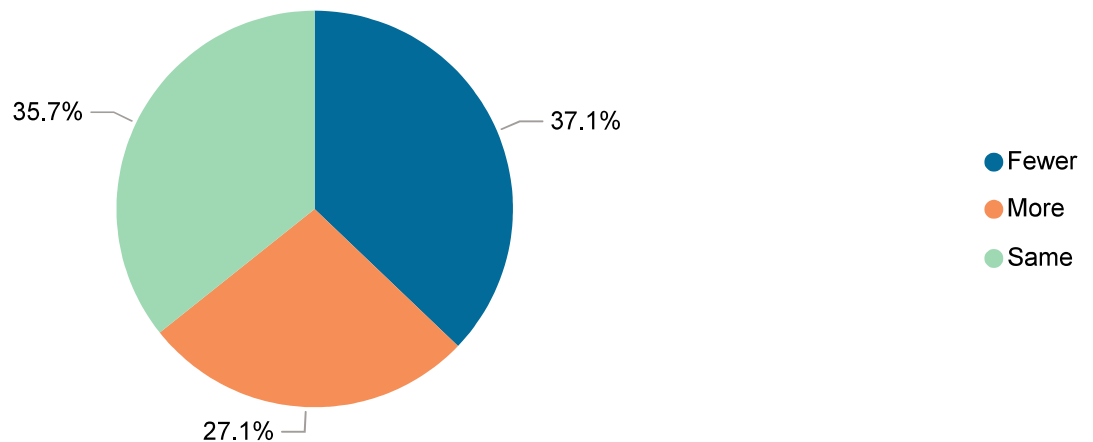
Clients are asked at the start of treatment and at the end of treatment, "Now thinking about your physical health, which includes physical illness and injury, how many days during the past 30 days was your physical health not good?" Only clients who completed this question at time of admission and time of discharge are included.

Clients' responses on these surveys are then broken out by the type of treatment service they received. If they received multiple types of treatment services in FY24, their responses are counted once in each service.

Youth served in publicly funded treatment services reported a decrease in days spent in poor physical health.



Clients Who Had More, Fewer, or the Same Number of Days Spent in Poor Physical Health at Discharge Compared to Admission



How Many Days Within the Past 30 Days Have You Spent in Poor Physical Health?

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	27	2.37	3.37	1.00	42.2%
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	58	4.10	3.45	-0.65	-15.9%
<b>Total</b>	<b>68</b>	<b>3.71</b>	<b>3.24</b>	<b>-0.47</b>	<b>-12.7%</b>

## Mental Health

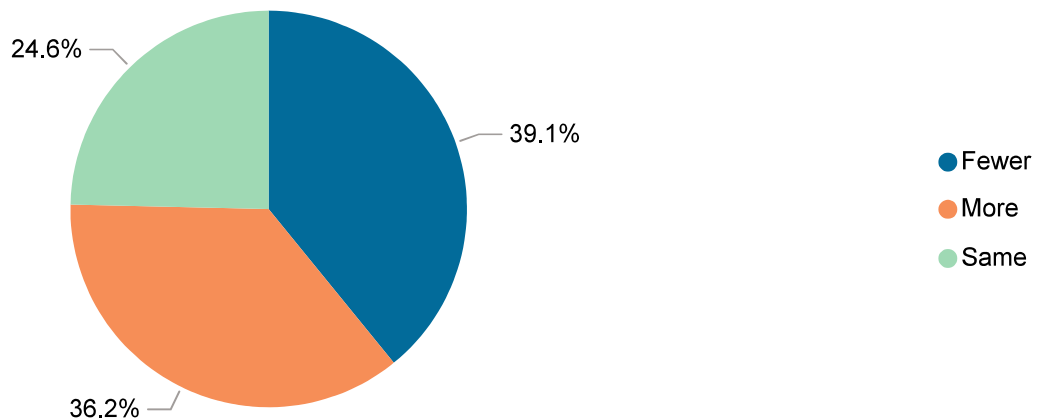


Clients are asked at the start of treatment and at the end of treatment, "Now thinking about your mental health, which includes stress, depression, and problems with emotions, how many days during the past 30 days was your mental health not good?" Only clients who completed this question at time of admission and time of discharge are included.

Clients' responses on these surveys are then broken out by the type of treatment service they received. If they received multiple types of treatment services in FY24, their responses are counted once in each service.

Youth served in publicly funded treatment services reported a decrease in days of poor mental health.

### Clients Who Had More, Fewer, or the Same Number of Days Spent in Poor Mental Health at Discharge Compared to Admission



### How Many Days Within the Past 30 Days Have You Spent in Poor Mental Health?

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	26	4.46	6.04	1.58	35.3%
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	57	6.97	6.03	-0.93	-13.4%
<b>Total</b>	<b>67</b>	<b>6.32</b>	<b>5.62</b>	<b>-0.70</b>	<b>-11.0%</b>

## Physical or Mental Health Prevented Normal Activities

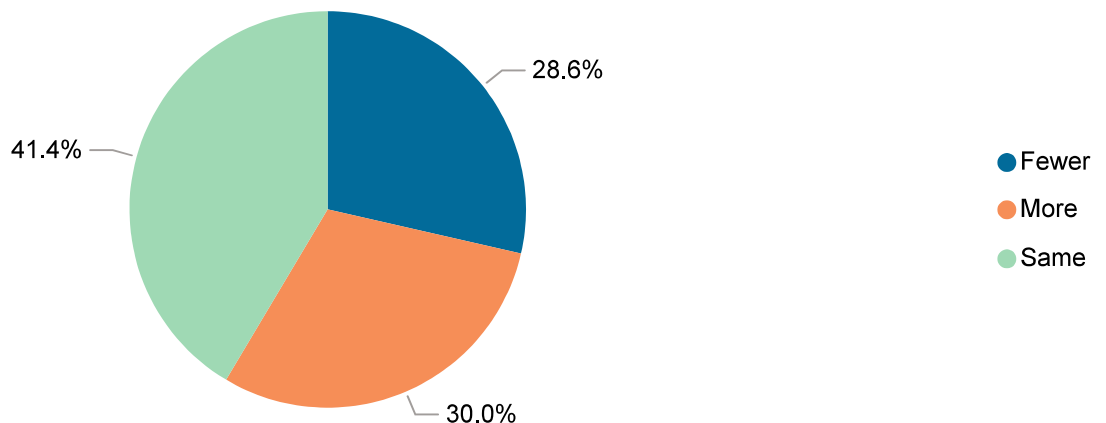


Clients are asked at the start of treatment and at the end of treatment, "During the past 30 days, approximately how many days did your poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?" Only clients who completed this question at time of admission and time of discharge are included.

Clients' responses on these surveys are then broken out by the type of treatment service they received. If they received multiple types of treatment services in FY24, their responses are counted once in each service.

Youth served in publicly funded treatment services reported an increase in days in which their physical or mental health prevented them from engaging in normal activities.

Clients Who Had More, Fewer, or the Same Number of Days Where Their Poor Physical or Mental Health Prevented Normal Activities at Discharge Compared to Admission



### Number of Days Poor Physical or Mental Health Prevented Normal Activities

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	27	3.37	4.56	1.19	35.2%
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	58	4.52	4.80	0.28	6.3%
<b>Total</b>	<b>68</b>	<b>3.93</b>	<b>4.50</b>	<b>0.57</b>	<b>14.5%</b>

## Reported Attempts to Die by Suicide



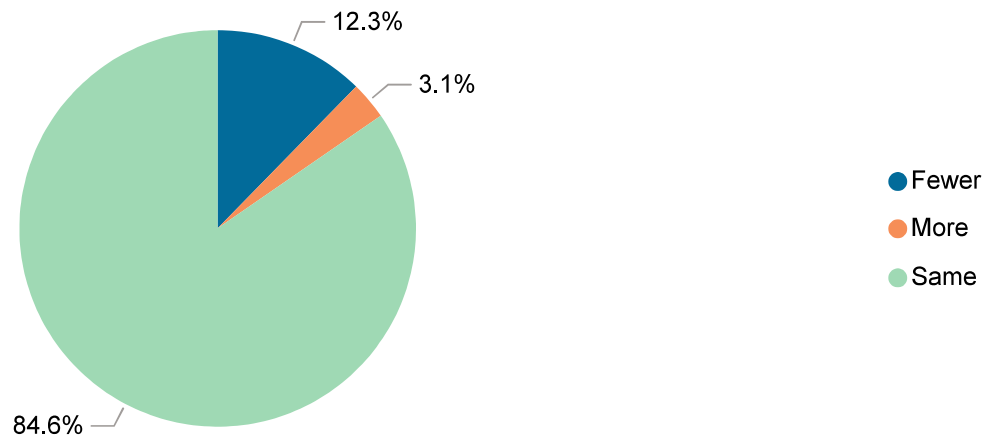
If you, or someone you know, is in need of crisis support, or experiencing emotional distress, call or text 988, or chat at <https://988lifeline.org/>.

Clients are asked at the start of treatment and at the end of treatment, "How many times have you tried to commit suicide in the past 6 months?" Only clients who completed this question at time of admission and time of discharge are included.

Clients' responses on these surveys are then broken out by the type of treatment service they received. If they received multiple types of treatment services in FY24, their responses are counted once in each service.

At discharge, youth served in publicly funded treatment services reported a decrease in attempts to die by suicide in the past 6 months.

### Clients Who Had More, Fewer, or the Same Number of Attempts to Die by Suicide in the Past 6 Months



### In the Past 6 Months How Many Times Have You Attempted to Die by Suicide?

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	26	0.27	0.04	-0.23	-85.7%
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	53	0.33	0.11	-0.22	-66.7%
<b>Total</b>	<b>63</b>	<b>0.29</b>	<b>0.11</b>	<b>-0.18</b>	<b>-63.2%</b>

## Visits to Emergency Department



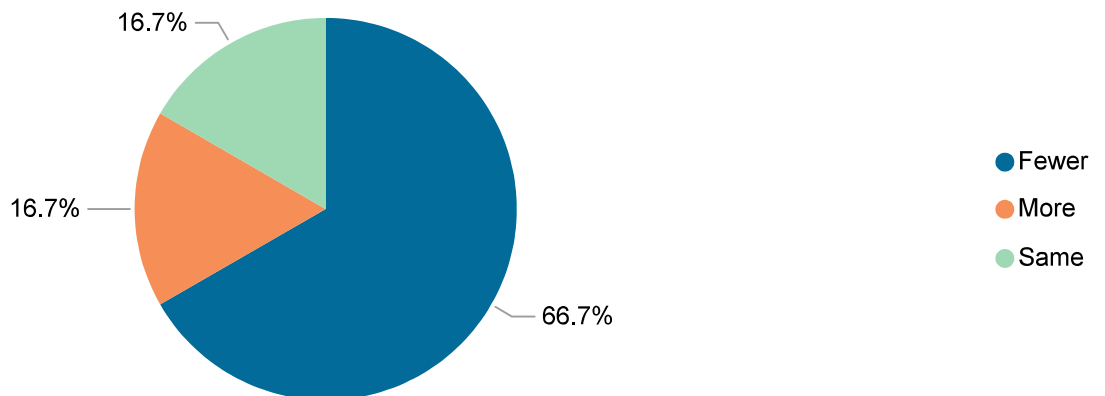
Clients are asked at the start of treatment and at the end of treatment, "How many times have you gone to an emergency room for a psychiatric or emotional problem in the past 6 months?" Only clients who completed this question at time of admission and time of discharge are included.

Clients who had at least one emergency department visit prior to receiving treatment services are included.

Clients' responses on these surveys are then broken out by the type of treatment service they received. If they received multiple types of treatment services in FY24, their responses are counted once in each service.

At discharge, youth served in publicly funded treatment services reported a decrease in emergency department visits in the past 6 months.

Clients Who Had More, Fewer, or the Same Number of Visits to the Emergency Department at Discharge Compared to Admission



How Many Times in the Past 6 Months Have You Visited the Emergency Department?

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	3	1.33	0.33	-1.00	-75.0%
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	9	1.90	1.10	-0.80	-42.1%
<b>Total</b>	<b>11</b>	<b>1.75</b>	<b>1.00</b>	<b>-0.75</b>	<b>-42.9%</b>

## Detoxification Services



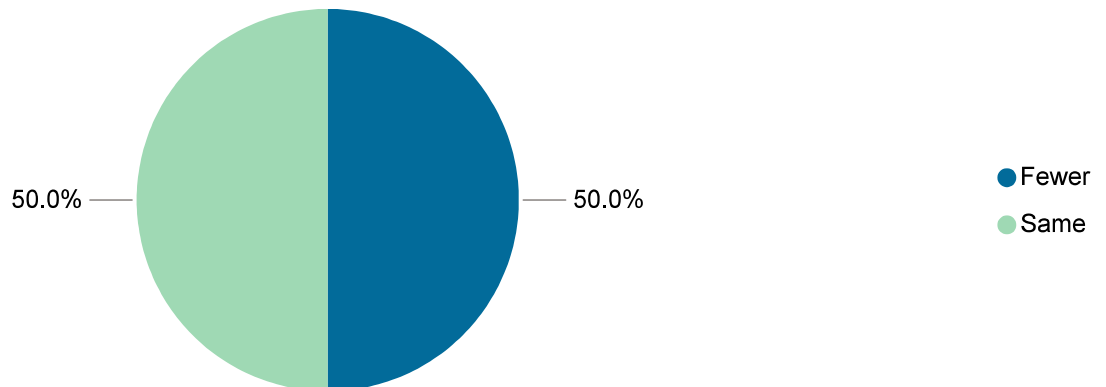
Clients are asked at the start of treatment and at the end of treatment, "How many nights have you spent in a facility for detoxification in the past 6 months?" Only clients who completed this question at time of admission and time of discharge are included.

Clients who had at least one night in a facility for detoxification prior to receiving treatment services are included.

Clients' responses on these surveys are then broken out by the type of treatment service they received. If they received multiple types of treatment services in FY24, their responses are counted once in each service.

At discharge, youth served in publicly funded treatment services reported a decrease in nights spent in a detox facility in the past 6 months.

### Clients Who Had More, Fewer, or the Same Number of Days Spent in a Facility for Detoxification at Discharge Compared to Admission



### How Many Nights in the Past 6 Months Have You Spent in a Facility for Detoxification?

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	1	1.00	0.00	-1.00	-100.0%
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	2	3.50	3.00	-0.50	-14.3%
<b>Total</b>	<b>2</b>	<b>3.50</b>	<b>3.00</b>	<b>-0.50</b>	<b>-14.3%</b>

## Inpatient Substance Use Disorder Treatment Services



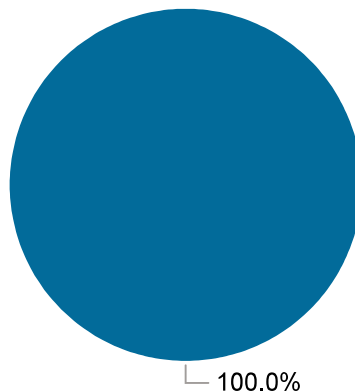
Clients are asked at the start of treatment and at the end of treatment, "How many nights have you spent in a facility for inpatient/residential substance use disorder treatment in the past 6 months?" Only clients who completed this question at time of admission and time of discharge are included.

Clients who had at least one night in a facility for substance use treatment prior to receiving treatment services are included.

Clients' responses on these surveys are then broken out by the type of treatment service they received. If they received multiple types of treatment services in FY24, their responses are counted once in each service.

At discharge, youth served in publicly funded treatment services reported a decrease in nights spent in an inpatient substance use disorder facility in the past 6 months.

Clients Who Had More, Fewer, or the Same Number of Nights Spent in a Facility for Inpatient/Residential Substance Use Disorder Treatment at Discharge Compared to Admission



● Fewer

How Many Nights in the Past 6 Months Have You Spent in a Facility for Inpatient/Residential Substance Use Disorder Treatment?

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	1	8.00	0.00	-8.00	-100.0%
<b>Total</b>	<b>1</b>	<b>8.00</b>	<b>0.00</b>	<b>-8.00</b>	<b>-100.0%</b>



## Hospital Admissions for Mental Health Care



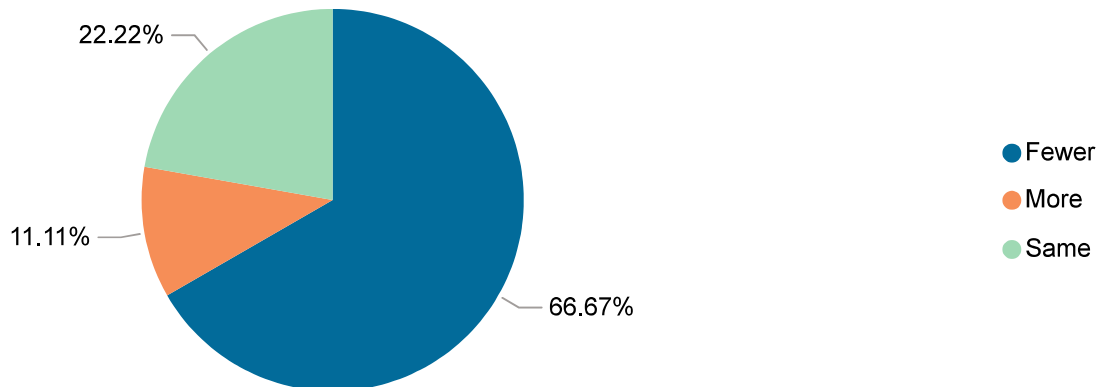
Clients are asked at the start of treatment and at the end of treatment, "How many nights have you spent in a facility for mental health care in the past 6 months?" Only clients who completed this question at time of admission and time of discharge are included.

Clients who had at least one night in a facility for mental health care prior to receiving treatment services are included.

Clients' responses on these surveys are then broken out by the type of treatment service they received. If they received multiple types of treatment services in FY24, their responses are counted once in each service.

At discharge, youth served in publicly funded treatment services reported a decrease in hospital admissions for mental health care in the past 6 months.

Clients Who Had More, Fewer, or the Same Number of Nights in a Facility for Mental Health Care at Discharge Compared to Admission



How Many Nights in the Past 6 Months Have You Spent in a Facility for Mental Health Care?

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	2	3.50	2.50	-1.00	-28.6%
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	7	3.25	1.25	-2.00	-61.5%
<b>Total</b>	<b>8</b>	<b>3.44</b>	<b>1.67</b>	<b>-1.78</b>	<b>-51.6%</b>

## Illness, Injury, or Surgery



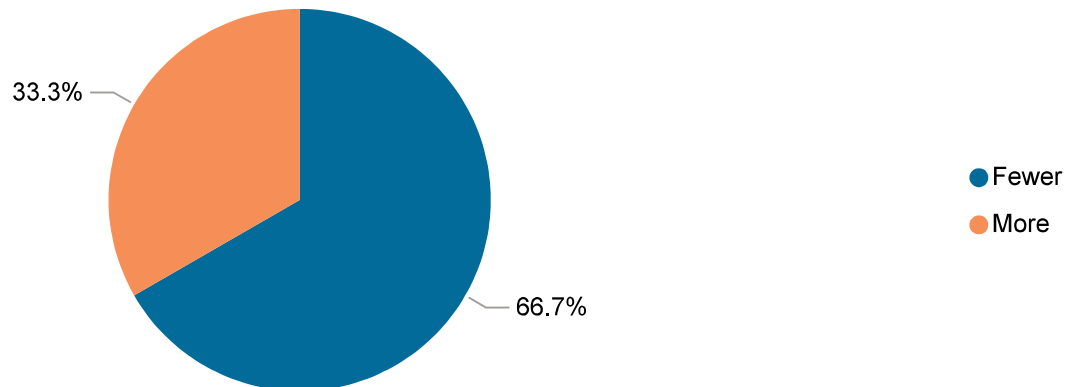
Clients are asked at the start of treatment and at the end of treatment, "How many nights have you spent in a facility for illness, injury, or surgery in the past 6 months?" Only clients who completed this question at time of admission and time of discharge are included.

Clients who had at least one night in a facility for illness, injury, or surgery prior to receiving treatment services are included.

Clients' responses on these surveys are then broken out by the type of treatment service they received. If they received multiple types of treatment services in FY24, their responses are counted once in each service.

At discharge, youth served in publicly funded treatment services reported a decrease in nights spent in a facility for illness, injury, or surgery in the past 6 months.

### Clients Who Had More, Fewer, or the Same Number of Nights in a Facility for Illness, Injury, or Surgery at Discharge Compared to Admission



### How Many Nights in the Past 6 Months Have You Spent in a Facility for Illness, Injury, or Surgery?

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	1	1.00	0.00	-1.00	-100.0%
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	4	1.75	0.00	-1.75	-100.0%
<b>Total</b>	<b>4</b>	<b>1.75</b>	<b>0.00</b>	<b>-1.75</b>	<b>-100.0%</b>

## Nights Spent in Correctional Facility



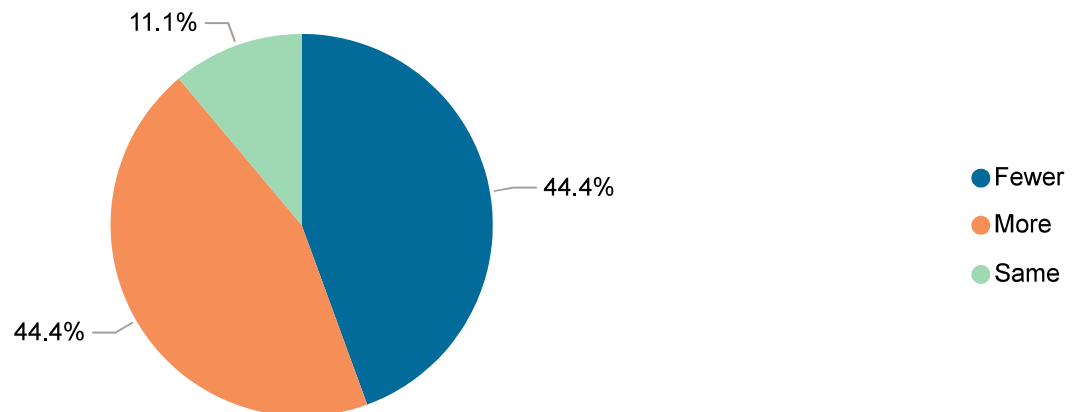
Clients are asked at the start of treatment and at the end of treatment, "How many nights have you spent in a correctional facility including JDC or jail (as a result of an arrest, parole, or probation violation) in the past 6 months?" Only clients who completed this question at time of admission and time of discharge are included.

Clients who had at least one night in a correctional facility prior to receiving treatment services are included.

Clients' responses on these surveys are then broken out by the type of treatment service they received. If they received multiple types of treatment services in FY24, their responses are counted once in each service.

At discharge, youth served in publicly funded treatment services reported an increase in nights spent in a correctional facility in the past 6 months.

### Clients Who Had More, Fewer, or the Same Number of Nights in a Correctional Facility at Discharge Compared to Admission



### How Many Nights in the Past 6 Months Have You Spent in a Correctional Facility?

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	4	15.00	30.50	15.50	103.3%
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	6	18.17	9.83	-8.33	-45.9%
<b>Total</b>	<b>9</b>	<b>13.78</b>	<b>15.11</b>	<b>1.33</b>	<b>9.7%</b>

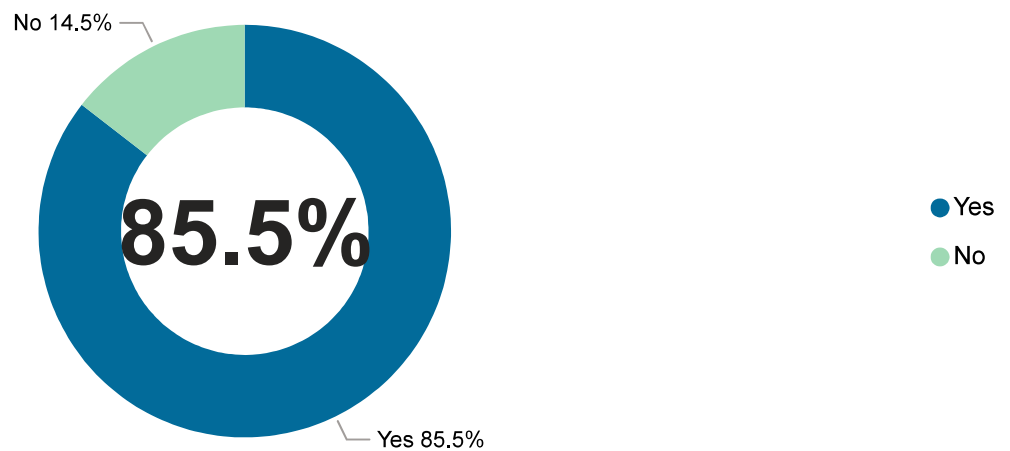
## Attended School



The data below reflect the percent of youth clients who attended school at least once in the three months prior to discharging from services.

Most youth clients served in publicly funded treatment services attended school in the past three months.

### Attended School in Past Three Months



### Youth Attended School

Treatment Services	No		Yes		Total	
	N	%	N	%	N	%
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	3	11.1%	24	88.9%	27	100.0%
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	9	15.3%	50	84.7%	59	100.0%
<b>Total</b>	<b>10</b>	<b>14.5%</b>	<b>59</b>	<b>85.5%</b>	<b>69</b>	<b>100.0%</b>

## General Satisfaction with Services

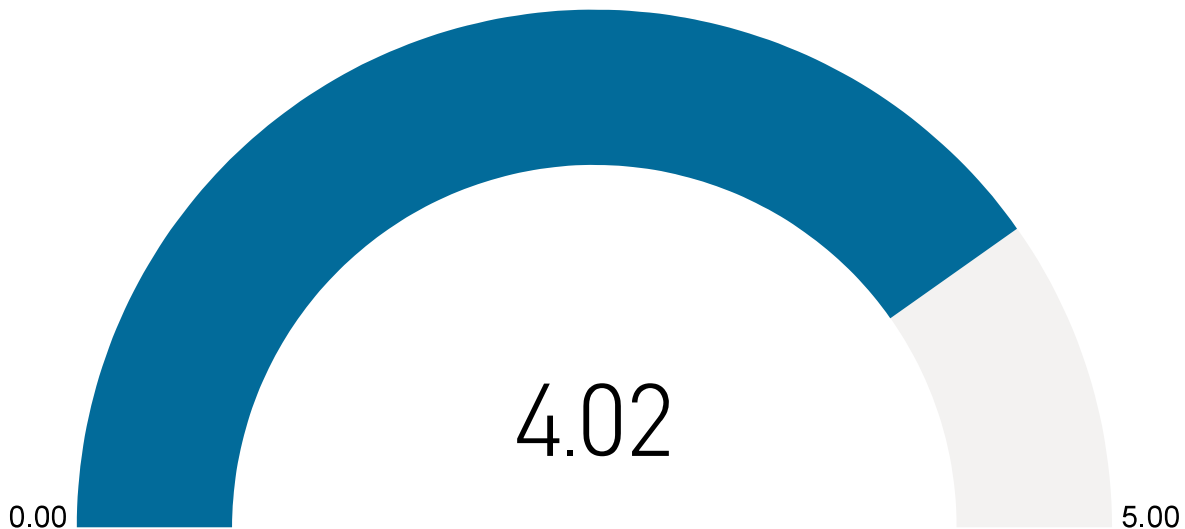


Clients are asked at discharge to rate how strongly they agree with six different questions pertaining to their overall satisfaction with treatment services they received. The average of these six responses is given below. To see specific questions, please see Appendix B.

Clients' responses on these surveys are then broken out by the type of treatment service they received. If they received multiple types of treatment services in FY24, their responses are counted once in each service.

Youth served in publicly funded treatment services reported satisfaction with the services they received.

Were You Satisfied With the Services You Received?



General Satisfaction Ratings: 0-Refused to Respond; 1-Strongly Disagree; 2-Disagree; 3-Undecided; 4-Agree; 5-Strongly Agree

Treatment Services	Unduplicated Client Count	General Satisfaction with Services
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	27	3.94
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	59	3.98
<b>Total</b>	<b>69</b>	<b>4.02</b>

## Improved Functioning



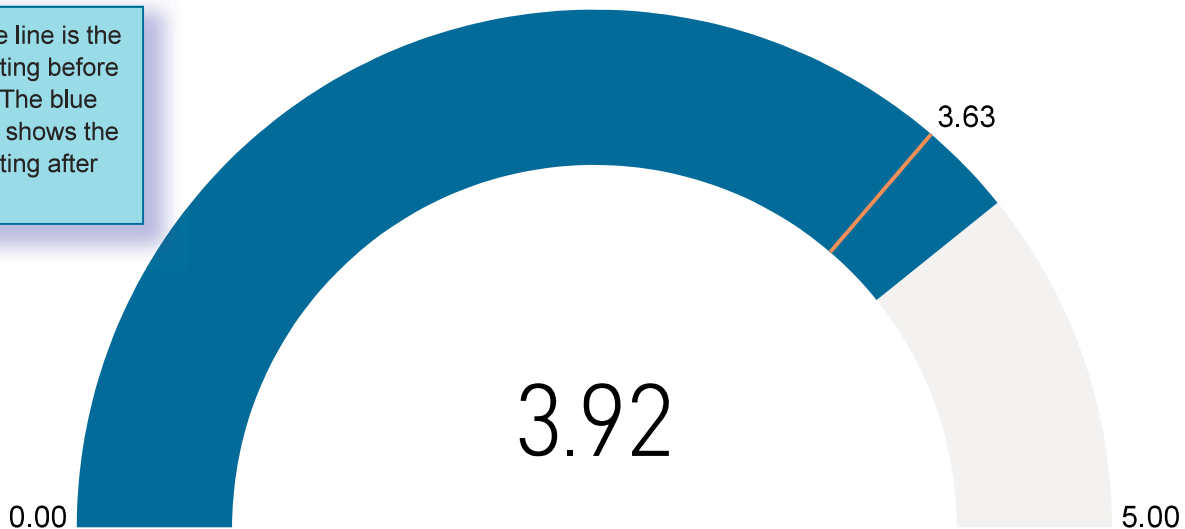
Clients are asked at discharge to rate how strongly they agree with seven different questions pertaining to their perception of their mental health and social well-being before and after the services they received. The average of these seven responses is given below. To see specific questions, please see Appendix B.

Clients' responses on these surveys are then broken out by the type of treatment service they received. If they received multiple types of treatment services in FY24, their responses are counted once in each service.

Youth served in publicly funded treatment services reported improved functioning as a result of services received.

### Improved Functioning

The orange line is the average rating before treatment. The blue dashboard shows the average rating after treatment.



Improved Functioning Ratings: 0-Refused to Respond; 1-Strongly Disagree; 2-Disagree; 3-Undecided; 4-Agree; 5-Strongly Agree

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	27	3.97	4.01	0.03	0.8%
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	59	3.55	3.87	0.32	8.9%
<b>Total</b>	<b>69</b>	<b>3.63</b>	<b>3.92</b>	<b>0.29</b>	<b>8.1%</b>

## Social Connectedness



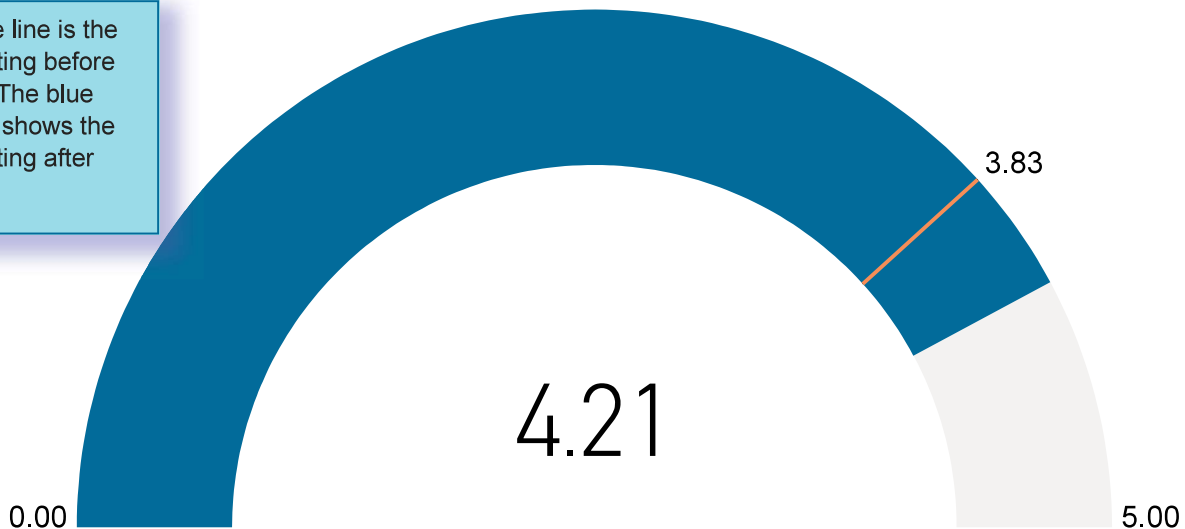
Clients are asked at discharge to rate how strongly they agree with four different questions pertaining to their connections with their family, friends, and community. The average of these four responses is given below. To see specific questions, please see Appendix B.

Clients' responses on these surveys are then broken out by the type of treatment service they received. If they received multiple types of treatment services in FY24, their responses are counted once in each service.

Youth served in publicly funded treatment services reported improved social connectedness.

### Social Connectedness

The orange line is the average rating before treatment. The blue dashboard shows the average rating after treatment.



Social Connectedness Ratings: 0-Refused to Respond; 1-Strongly Disagree; 2-Disagree; 3-Undecided; 4-Agree; 5-Strongly Agree

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	27	4.10	4.30	0.19	4.7%
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	59	3.74	4.16	0.42	11.2%
<b>Total</b>	<b>69</b>	<b>3.83</b>	<b>4.21</b>	<b>0.39</b>	<b>10.1%</b>

## Participation in Treatment Planning

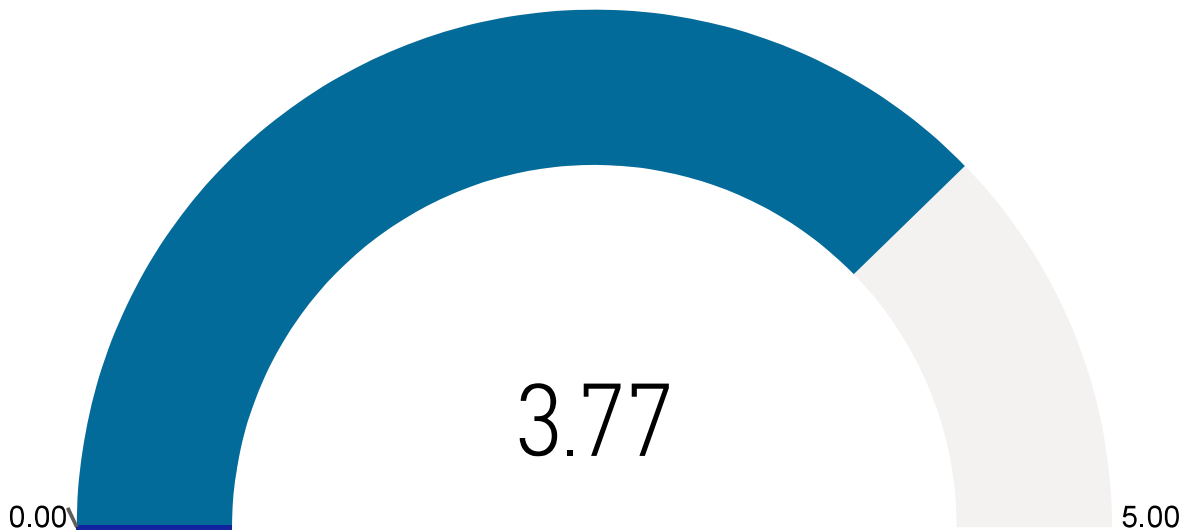


Clients are asked at discharge to rate how strongly they agree with three different questions pertaining to their participation in treatment planning for services they received. The average of these three responses is given below. To see specific questions, please see Appendix B.

Clients' responses on these surveys are then broken out by the type of treatment service they received. If they received multiple types of treatment services in FY24, their responses are counted once in each service.

Youth served in publicly funded treatment services reported high levels of participation in treatment planning.

### Participation in Treatment Planning



Participation in Treatment Planning Ratings: 0-Refused to Respond; 1-Strongly Disagree; 2-Disagree; 3-Undecided; 4-Agree; 5-Strongly Agree

Treatment Services	Unduplicated Client Count	Participation in Treatment Planning
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	27	3.44
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	59	3.87
<b>Total</b>	<b>69</b>	<b>3.77</b>



## Cultural Sensitivity of Staff

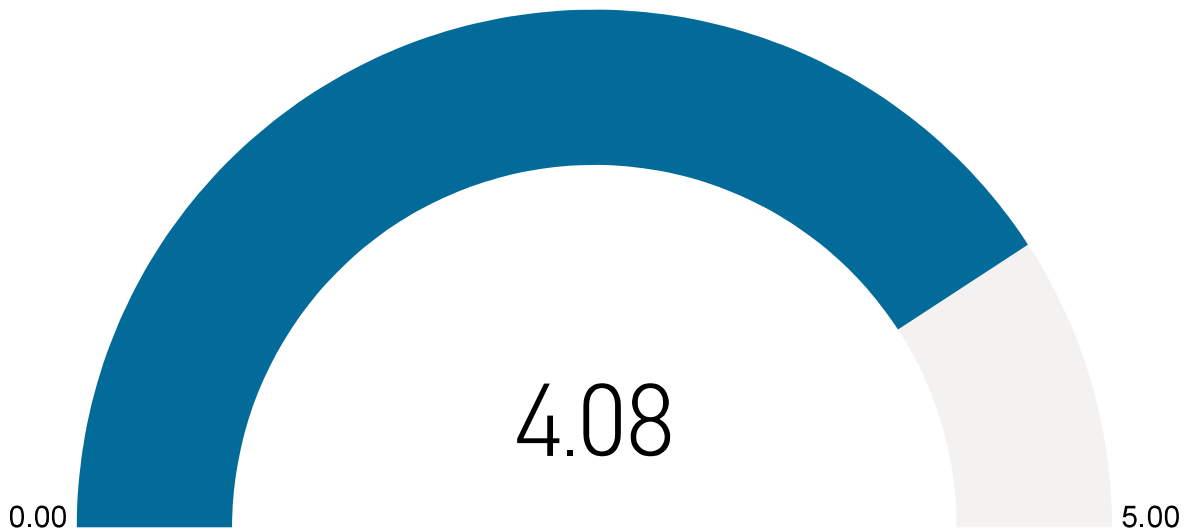
Clients are asked at discharge to rate how strongly they agree with four different questions pertaining to the cultural sensitivity of staff. The average of these four responses is given below. To see specific questions, please see Appendix B.

Clients' responses on these surveys are then broken out by the type of treatment service they received. If they received multiple types of treatment services in FY24, their responses are counted once in each service.

Youth served in publicly funded treatment services reported they felt staff were culturally sensitive.



### Cultural Sensitivity of Staff



Cultural Sensitivity Ratings: 0-Refused to Respond; 1-Strongly Disagree; 2-Disagree; 3-Undecided; 4-Agree; 5-Strongly Agree

Treatment Services	Unduplicated Client Count	Cultural Sensitivity of Staff
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	27	3.91
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	59	4.06
<b>Total</b>	<b>69</b>	<b>4.08</b>

## Access to Services

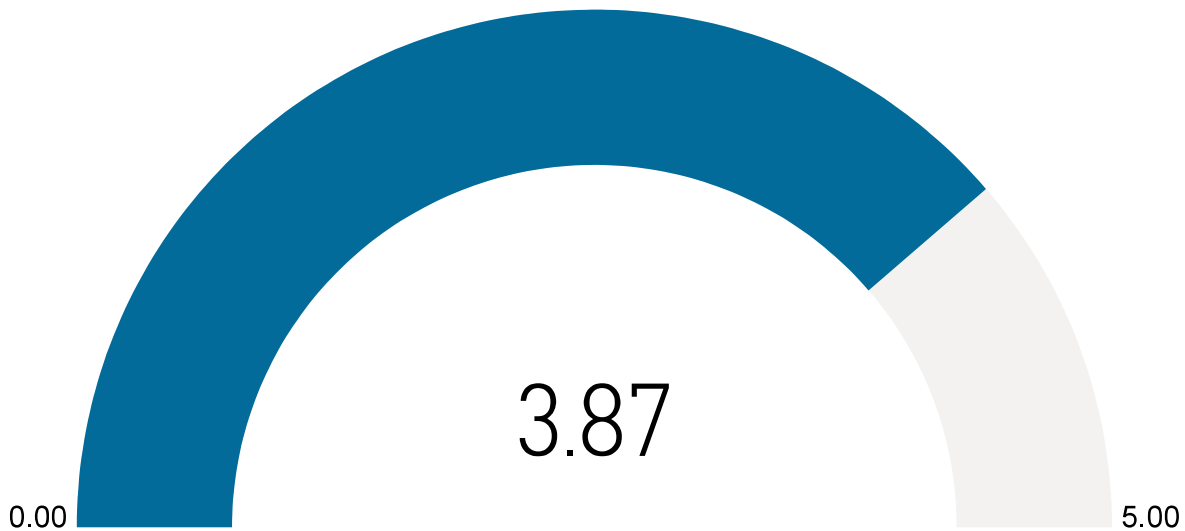


Clients are asked at discharge to rate how strongly they agree with two different questions pertaining to the ease and convenience of accessing the services they received. The average of these two responses is given below. To see specific questions, please see Appendix B.

Clients' responses on these surveys are then broken out by the type of treatment service they received. If they received multiple types of treatment services in FY24, their responses are counted once in each service.

Youth served in publicly funded treatment services reported ease and convenience when accessing services.

### Access to Services



Access to Services Ratings: 0-Refused to Respond; 1-Strongly Disagree; 2-Disagree; 3-Undecided; 4-Agree; 5-Strongly Agree

Treatment Services	Unduplicated Client Count	Access to Services
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	27	3.74
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	59	3.81
<b>Total</b>	<b>69</b>	<b>3.87</b>

## Internalizing Disorder



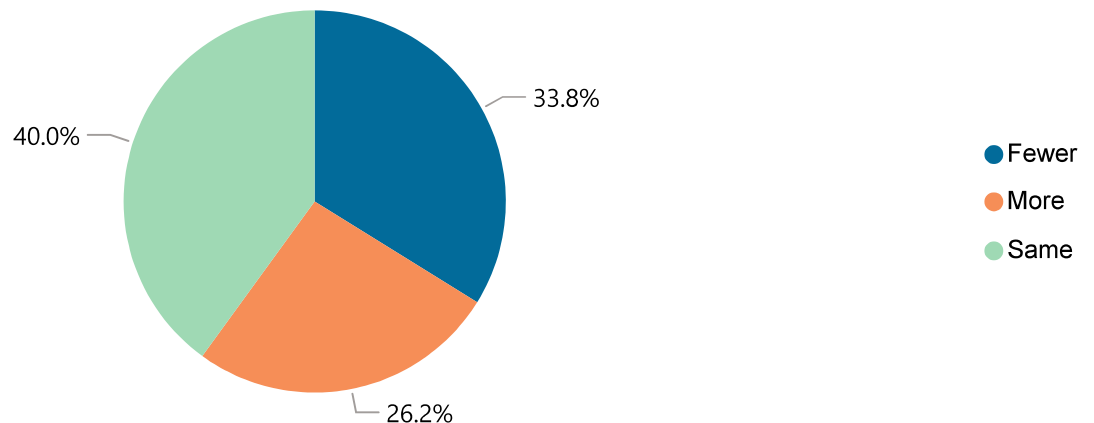
Youth clients complete the Global Appraisal of Individual Needs Short Screener (GAIN-SS) at admission and discharge.

Clients are asked to rate if they experienced various symptoms related to internalizing disorders within the last month. Examples of internalizing symptoms of disorders include feeling trapped, depressed, trouble sleeping, suicidal ideation, and uncontrollable thoughts. Client responses are scored on a range from 0- "No Symptoms" to 6- "All Symptoms." Only clients who had a score at time of admission and time of discharge are included. The average of these responses is given below.

Clients' responses on these surveys are then broken out by the type of treatment service they received. If they received multiple types of treatment services in FY24, their responses are counted once in each service.

Youth served in publicly funded treatment services experienced a decrease in symptoms of internalizing disorders.

### Clients Who Had More, Fewer, or the Same Number of Symptoms at Discharge Compared to Admission



### Internalizing Disorder Range: 0-"No Symptoms" to 6-"All Evaluated Symptoms"

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	24	1.08	1.08	0.00	0.0%
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	54	1.57	1.46	-0.11	-6.8%
<b>Total</b>	<b>64</b>	<b>1.45</b>	<b>1.32</b>	<b>-0.14</b>	<b>-9.4%</b>

## Externalizing Disorder



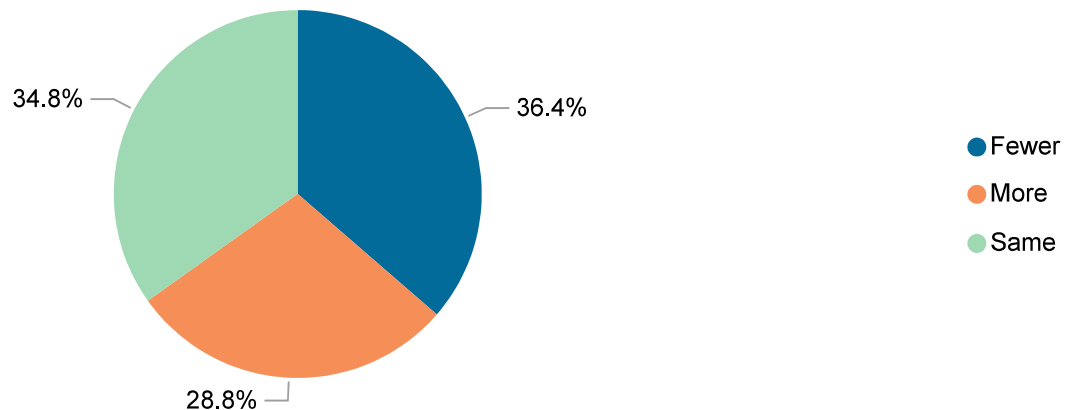
Youth clients complete the Global Appraisal of Individual Needs Short Screener (GAIN-SS) at admission and discharge.

Clients are asked to rate if they experienced various symptoms related to externalizing disorders within the last month. Examples of externalizing symptoms of disorders include lying, inattention at school, difficulty listening to instructions or waiting, threatening others, and fighting. Client responses are scored on a range from 0-"No Symptoms" to 6-"All Symptoms." Only clients who had a score at time of admission and time of discharge are included. The average of these responses is given below.

Clients' responses on these surveys are then broken out by the type of treatment service they received. If they received multiple types of treatment services in FY24, their responses are counted once in each service.

Youth served in publicly funded treatment services experienced a decrease in symptoms of externalizing disorders.

Clients Who Had More, Fewer, or the Same Number of Symptoms at Discharge Compared to Admission



Externalizing Disorder Range: 0-"No Symptoms" to 6-"All Evaluated Symptoms"

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	24	1.96	1.79	-0.17	-8.5%
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	54	2.50	2.27	-0.23	-9.3%
<b>Total</b>	<b>64</b>	<b>2.33</b>	<b>2.08</b>	<b>-0.26</b>	<b>-11.0%</b>

## Substance Use Disorder



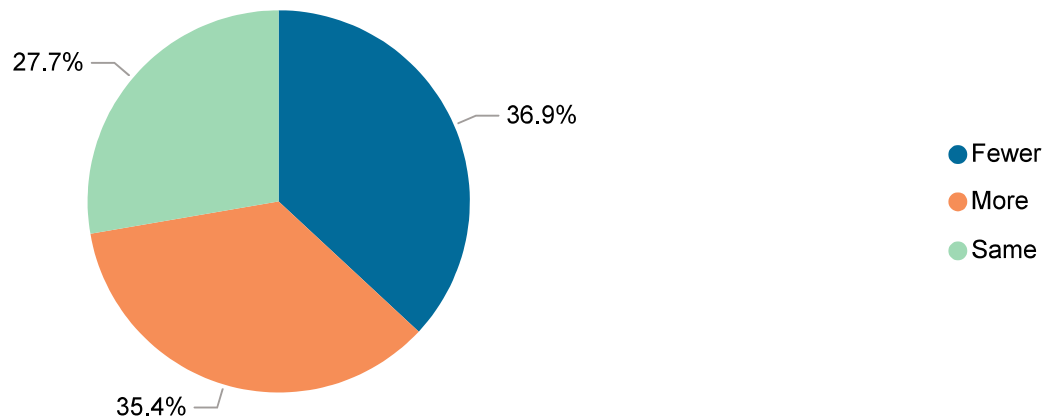
Youth clients complete the Global Appraisal of Individual Needs Short Screener (GAIN-SS) at admission and discharge.

Clients are asked to rate if they experienced various symptoms related to substance use disorders within the last month. Examples of substance use disorder symptoms include alcohol and drug use, continued use despite causing social disruptions, reduced involvement in positive/productive hobbies, and withdrawal symptoms. Client responses are scored on a range from 0-"No Symptoms" to 6-"All Symptoms." Only clients who had a score at time of admission and time of discharge are included. The average of these responses is given below.

Clients' responses on these surveys are then broken out by the type of treatment service they received. If they received multiple types of treatment services in FY24, their responses are counted once in each service.

Youth served in publicly funded treatment services experienced a decrease in symptoms of substance use disorders.

Clients Who Had More, Fewer, or the Same Number of Symptoms at Discharge Compared to Admission



Substance Use Disorder Range: 0-"No Symptoms" to 6-"All Evaluated Symptoms"

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	24	2.38	2.46	0.08	3.5%
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	54	3.11	3.07	-0.04	-1.1%
<b>Total</b>	<b>64</b>	<b>2.92</b>	<b>2.85</b>	<b>-0.08</b>	<b>-2.6%</b>

## Crime and Violence



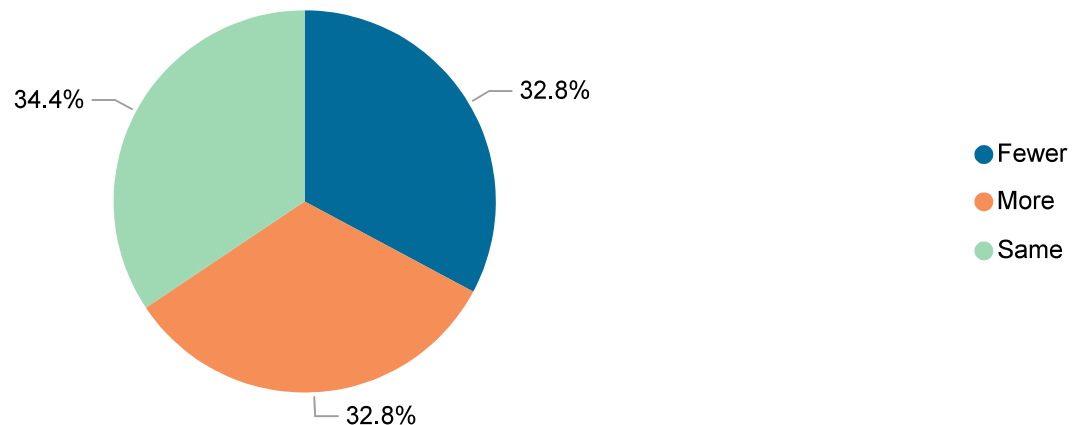
Youth clients complete the Global Appraisal of Individual Needs Short Screener (GAIN-SS) at admission and discharge.

Clients are asked to rate if they experienced various behaviors related to crime and violence within the last month. Examples of crime and violence include physically grabbing or shoving someone during a disagreement, driving while under the influence of illicit substances or alcohol, and stealing from a store. Client responses are scored on a range from 0-"No Symptoms" to 6-"All Symptoms." Only clients who had a score at time of admission and time of discharge are included. The average of these responses is given below.

Clients' responses on these surveys are then broken out by the type of treatment service they received. If they received multiple types of treatment services in FY24, their responses are counted once in each service.

Youth served in publicly funded treatment services experienced an increase in behaviors related to crime and violence.

Clients Who Had More, Fewer, or the Same Number of Symptoms at Discharge Compared to Admission



Crime and Violence Range: 0-"No Symptoms" to 6-"All Evaluated Symptoms"

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	23	2.87	3.22	0.35	12.1%
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	53	3.89	3.84	-0.05	-1.4%
<b>Total</b>	<b>63</b>	<b>3.63</b>	<b>3.65</b>	<b>0.02</b>	<b>0.4%</b>

## Functional Family Therapy (FFT)

The information below is collected from the FFT therapist on all families who complete FFT treatment services.

The Therapist Outcome Measure (TOM) is completed by the therapist when the family is discharged from FFT treatment services. The TOM measures changes in behavior and functioning of the youth and family. Higher percentages indicate better outcomes and positive increases in the indicated areas.

The Client Outcome Measure-Youth (COM-Y) is completed by the youth when the family completes FFT treatment services. The COM-Y measures changes in behavior and functioning of the youth and family. Higher percentages indicate better outcomes and positive increases in the indicated areas.

### Client Outcome Measure-Youth (COM-Y)

Program	Unduplicated Client Count	General Change	Communication Skills	Youth Behavior	Caregiver Skills	Caregiver Supervision	Family Conflict
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	97	77.3%	74.2%	70.1%	74.2%	77.3%	75.3%

### Therapist Outcome Measure (TOM)

Discharge Status	Unduplicated Client Count	General Change	Communication Skills	Youth Behavior	Caregiver Skills	Caregiver Supervision	Family Conflict
Services Not Completed or Unsuccessful Discharge	114	22.8%	31.6%	22.8%	30.7%	28.1%	34.2%
Successful Discharge	104	93.3%	93.3%	89.4%	89.4%	89.4%	93.3%
<b>Total</b>	<b>218</b>	<b>56.4%</b>	<b>61.0%</b>	<b>54.6%</b>	<b>58.7%</b>	<b>57.3%</b>	<b>62.4%</b>

### Outcomes of Services

Discharge Status	Unduplicated Client Count	Youth Remains in Community	In School/Working	No New Violations
Services Not Completed or Unsuccessful Discharge	108	59.3%	50.9%	42.6%
Successful Discharge	97	96.9%	92.8%	84.5%
<b>Total</b>	<b>205</b>	<b>77.1%</b>	<b>70.7%</b>	<b>62.4%</b>

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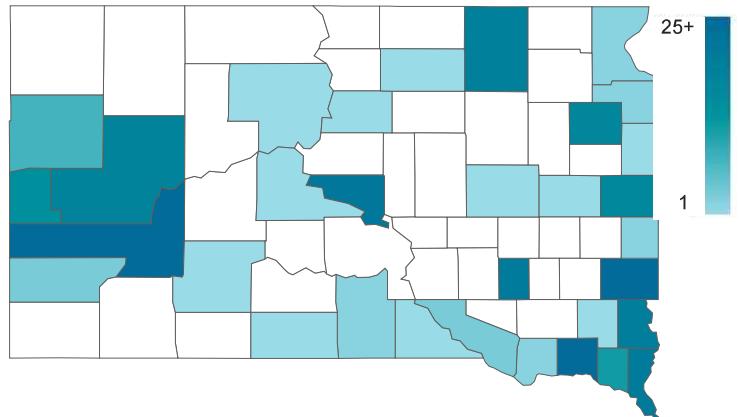


# Family Perceptions of Justice-Involved and At-Risk Youth Services

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## Family Perceptions of Justice-Involved and At-Risk Youth Services

County of Residence for Clients Who Received Publicly Funded Services



### Treatment Services

### Publicly Funded Clients Served

### Average Duration of Treatment (Days)

Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	243	211
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	238	211

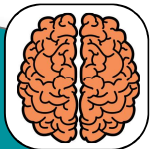


Clients Served (Publicly Funded)

435

Publicly Funded Clients with Serious  
Emotional Disturbance (SED)

430



Veterans Served (Publicly Funded)

0

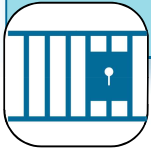
Publicly Funded Clients Who  
Successfully Completed Treatment

151



This section presents data on the family or guardian's perception of the outcomes and differences in the youth's behavior and mental health from the perspective of those who oversee or care for the youth.

## Arrest History

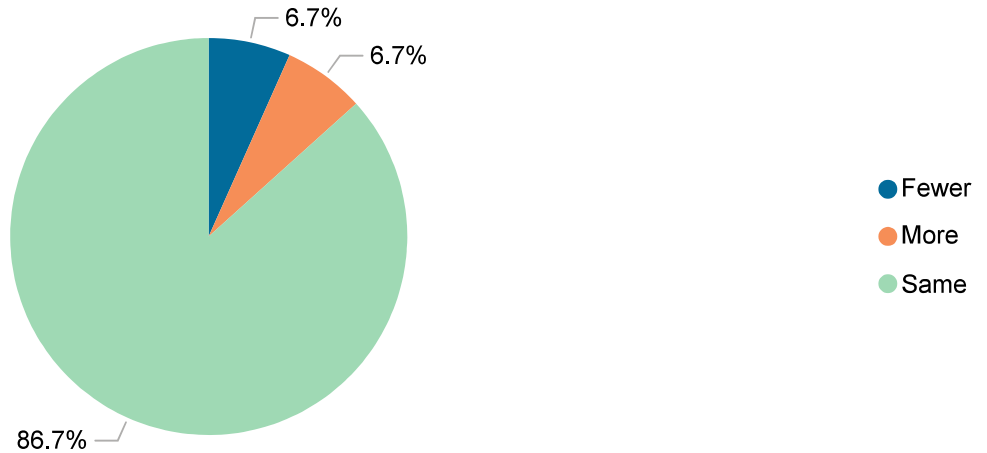


Families of youth clients are asked at the start of treatment and at the end of treatment, "In the past 30 days, how many times has your child been arrested?" Only families of youth who completed this question at time of admission and time of discharge are included.

Families' responses on these surveys are then broken out by the type of treatment service their youth received.

At discharge, families of youth served in publicly funded treatment services reported no change in arrests their youth experienced in the past 30 days.

### Families Who Reported Youth Clients Had More, Fewer, or the Same Number of Arrests at Discharge Compared to Admission



### Families Who Reported Youth Clients With One or More Arrests Within 30 Days of Admission and Discharge

Treatment Services	Unduplicated Client Count	Arrests at Admission	Arrests at Discharge
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	24	4.2%	8.3%
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	66	5.9%	7.4%
<b>Total</b>	<b>73</b>	<b>6.7%</b>	<b>6.7%</b>

## General Health

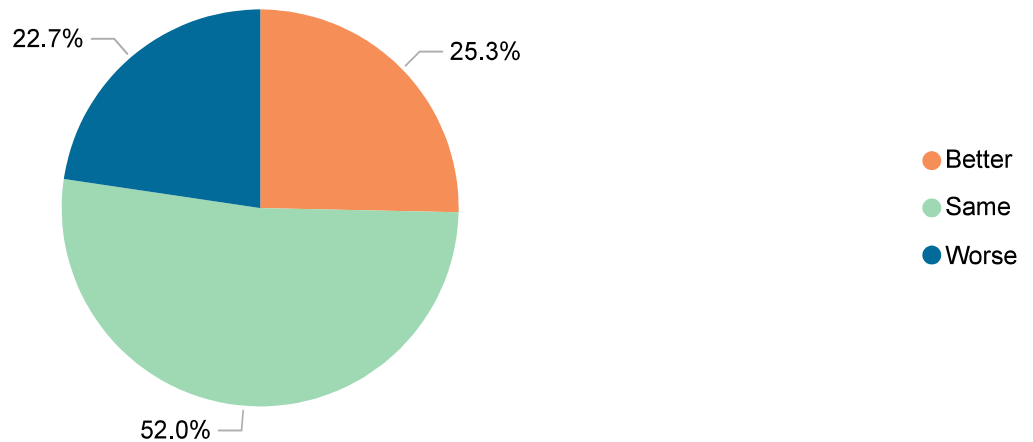


Families of youth clients are asked at the start of treatment and at the end of treatment, "Would you say that in general your child's health is?" Families of youth clients could answer in a range from 1-"Poor" to 5-"Excellent". Only families of youth who completed this question at time of admission and time of discharge are included.

Families' responses on these surveys are then broken out by the type of treatment service their youth received. If their youth received multiple types of treatment services in FY24, families' responses are counted once in each service.

Families of youth served in publicly funded treatment services reported an increase in their youth's general health.

### Families Who Reported Youth Clients Had Better, Worse, or the Same General Health Rating at Discharge Compared to Admission



### General Health Rating: 1-Poor; 2-Fair; 3-Good; 4-Very Good; 5-Excellent

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	24	3.63	3.79	0.17	4.6%
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	66	3.43	3.54	0.12	3.4%
<b>Total</b>	<b>73</b>	<b>3.48</b>	<b>3.56</b>	<b>0.08</b>	<b>2.3%</b>

## Physical Health

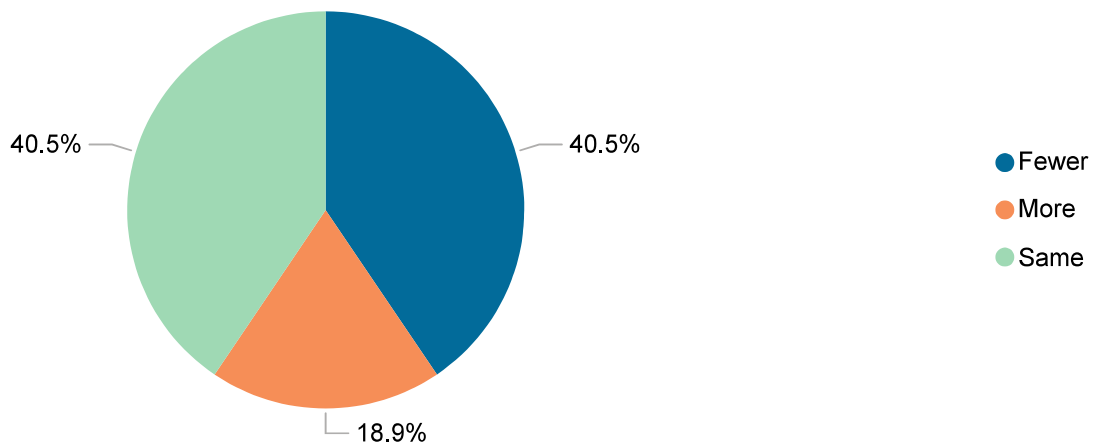
Families of youth clients are asked at the start of treatment and at the end of treatment, "Now thinking about your child's physical health, which includes physical illness and injury, how many days during the past 30 days was your child's physical health not good?" Only families of youth who completed this question at time of admission and time of discharge are included.

Families' responses on these surveys are then broken out by the type of treatment service their youth received. If their youth received multiple types of treatment services in FY24, families' responses are counted once in each service.

Families of youth served in publicly funded treatment services reported their youth had a decrease in days spent in poor physical health.



Families Who Reported Youth Clients Had More, Fewer, or the Same Number of Days Spent in Poor Physical Health at Discharge Compared to Admission



How Many Days Within the Past 30 Days Has Your Child Spent in Poor Physical Health?

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	23	1.96	2.09	0.13	6.7%
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	65	3.18	2.36	-0.82	-25.8%
<b>Total</b>	<b>72</b>	<b>2.99</b>	<b>2.18</b>	<b>-0.81</b>	<b>-27.1%</b>

## Mental Health

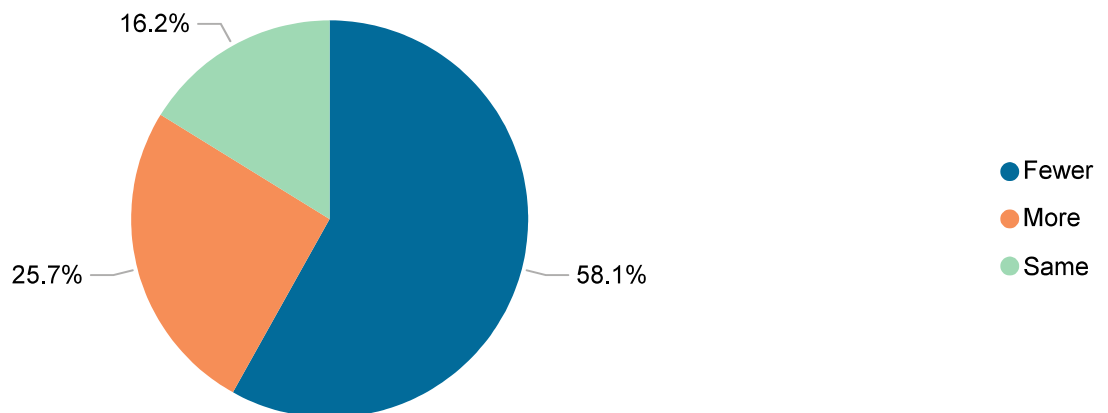


Families of youth clients are asked at the start of treatment and at the end of treatment, "Now thinking about your child's mental health, which includes stress, depression, and problems with emotions, how many days during the past 30 days was your child's mental health not good?" Only families of youth who completed this question at time of admission and time of discharge are included.

Families' responses on these surveys are then broken out by the type of treatment service their youth received. If their youth received multiple types of treatment services in FY24, families' responses are counted once in each service.

Families of youth served in publicly funded treatment services reported their youth had a decrease in days of poor mental health.

### Families Who Reported Youth Clients Spent More, Fewer, or the Same Number of Days Spent in Poor Mental Health at Discharge Compared to Admission



### How Many Days Within the Past 30 Days Has Your Child Spent in Poor Mental Health?

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	23	7.52	4.13	-3.39	-45.1%
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	65	10.67	6.46	-4.21	-39.4%
<b>Total</b>	<b>72</b>	<b>10.09</b>	<b>5.99</b>	<b>-4.11</b>	<b>-40.7%</b>

## Physical or Mental Health Prevented Normal Activities

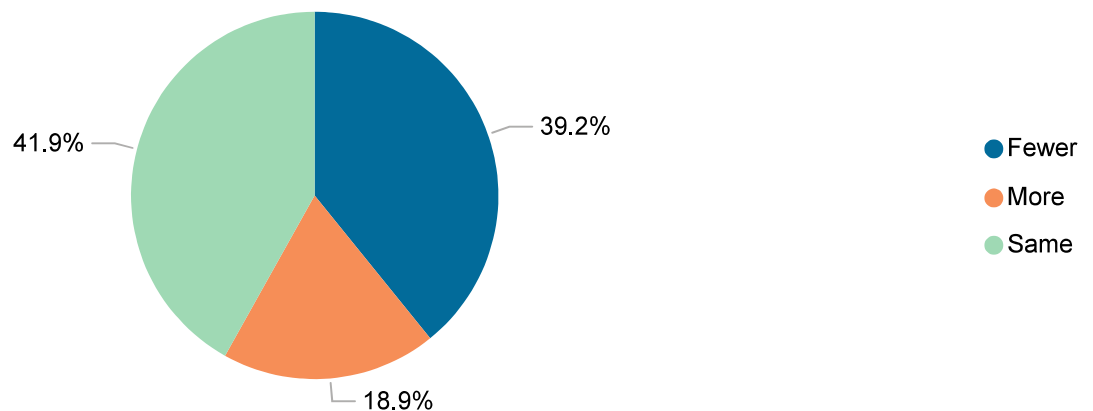


Families of youth clients are asked at the start of treatment and at the end of treatment, "During the past 30 days, approximately how many days did your child's poor physical or mental health keep them from doing your child's usual activities, such as self-care, work, or recreation?" Only families of youth who completed this question at time of admission and time of discharge are included.

Families' responses on these surveys are then broken out by the type of treatment service their youth received. If their youth received multiple types of treatment services in FY24, families' responses are counted once in each service.

Families of youth served in publicly funded treatment services reported their youth had a decrease in days in which their physical or mental health prevented them from engaging in normal activities.

Families Who Reported Youth Clients Had More, Fewer, or the Same Number of Days Where Their Poor Physical or Mental Health Prevented Normal Activities at Discharge Compared to Admission



### Number of Days Poor Physical or Mental Health Prevented Normal Activities

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	23	3.52	1.61	-1.91	-54.3%
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	65	5.16	2.61	-2.55	-49.4%
<b>Total</b>	<b>72</b>	<b>4.91</b>	<b>2.45</b>	<b>-2.46</b>	<b>-50.1%</b>



## Reported Attempts to Die by Suicide



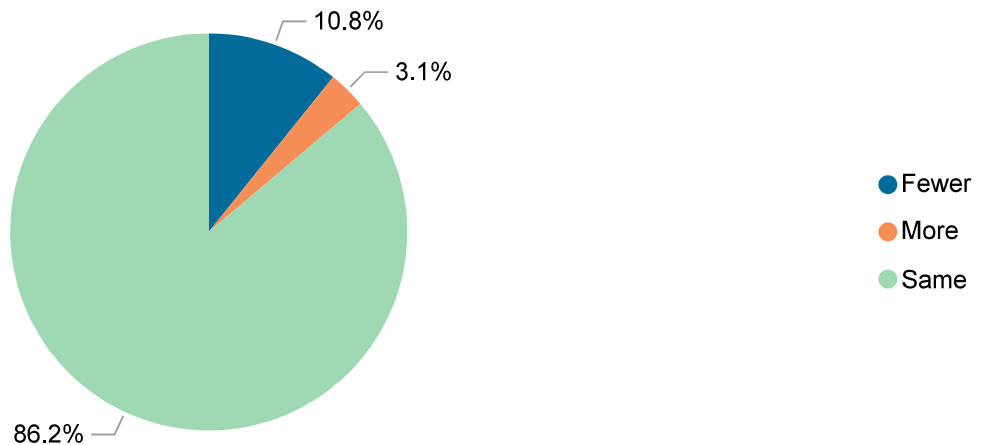
If you, or someone you know, is in need of crisis support, or experiencing emotional distress, call or text 988, or chat at <https://988lifeline.org/>.

Families of youth clients are asked at the start of treatment and at the end of treatment, "How many times has your child tried to commit suicide in the past 6 months?" Only families of youth who completed this question at time of admission and time of discharge are included.

Families' responses on these surveys are then broken out by the type of treatment service their youth received. If their youth received multiple types of treatment services in FY24, families' responses are counted once in each service.

At discharge, families of youth served in publicly funded treatment services reported their youth had a decrease in attempts to die by suicide in the past 6 months.

### Families Who Reported Youth Clients Had More, Fewer, or the Same Number of Attempts to Die by Suicide in the Past 6 Months



### In the Past 6 Months How Many Times Has Your Child Attempted to Die by Suicide?

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	20	0.05	0.00	-0.05	-100.0%
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	57	0.31	0.14	-0.17	-55.6%
<b>Total</b>	<b>63</b>	<b>0.28</b>	<b>0.12</b>	<b>-0.15</b>	<b>-55.6%</b>

## Visits to Emergency Department



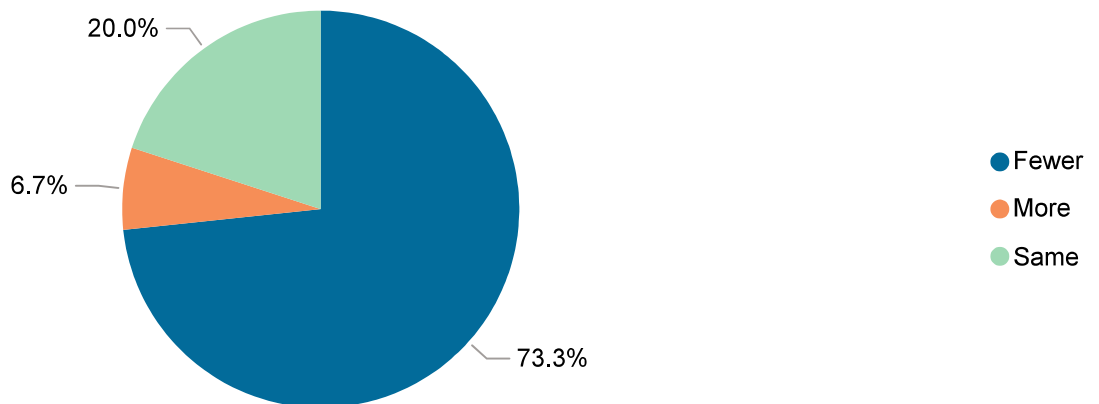
Families of youth clients are asked at the start of treatment and at the end of treatment, "How many times has your child gone to an emergency room for a psychiatric or emotional problem in the past 6 months?" Only families of youth who completed this question at time of admission and time of discharge are included.

Families of youth clients who had at least one emergency department visit prior to receiving treatment services are included.

Families' responses on these surveys are then broken out by the type of treatment service their youth received. If their youth received multiple types of treatment services in FY24, families' responses are counted once in each service.

At discharge, families of youth served in publicly funded treatment services reported their youth had a decrease in emergency department visits in the past 6 months.

Families Who Reported Youth Clients Had More, Fewer, or the Same Number of Visits to the Emergency Department at Discharge Compared to Admission



How Many Times in the Past 6 Months Has Your Child Visited the Emergency Department?

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	7	1.43	0.43	-1.00	-70.0%
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	11	2.25	1.17	-1.08	-48.1%
<b>Total</b>	<b>14</b>	<b>2.00</b>	<b>1.00</b>	<b>-1.00</b>	<b>-50.0%</b>

## Detoxification Services



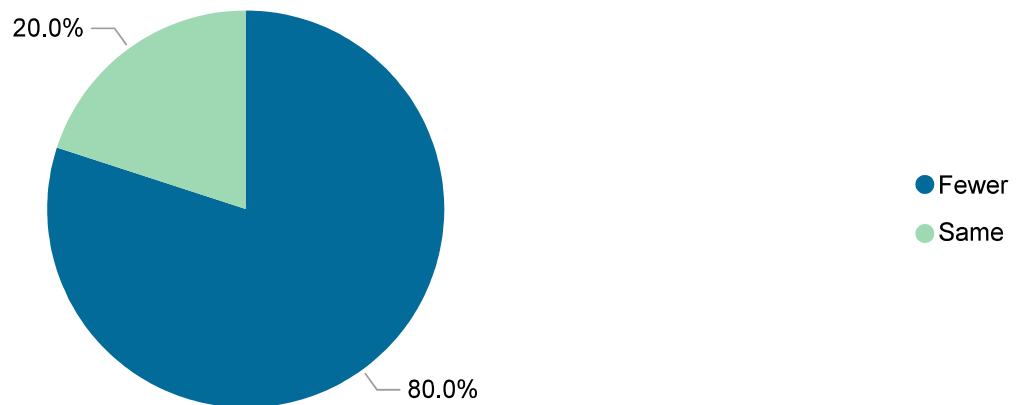
Families of youth clients are asked at the start of treatment and at the end of treatment, "How many nights has your child spent in a facility for detoxification in the past 6 months?" Only families of youth who completed this question at time of admission and time of discharge are included.

Families of youth clients who had at least one night in a facility for detoxification prior to receiving treatment services are included.

Families' responses on these surveys are then broken out by the type of treatment service their youth received. If their youth received multiple types of treatment services in FY24, families' responses are counted once in each service.

At discharge, families of youth served in publicly funded treatment services reported their youth had a decrease in nights spent in a detox facility in the past 6 months.

### Families Who Reported Youth Clients Had More, Fewer, or the Same Number of Nights Spent in a Facility for Detoxification at Discharge Compared to Admission



### How Many Nights in the Past 6 Months Has Your Child Spent in a Facility for Detoxification?

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	2	4.00	0.00	-4.00	-100.0%
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	3	62.67	0.00	-62.67	-100.0%
<b>Total</b>	<b>3</b>	<b>62.67</b>	<b>0.00</b>	<b>-62.67</b>	<b>-100.0%</b>

## Inpatient Substance Use Disorder Treatment Services



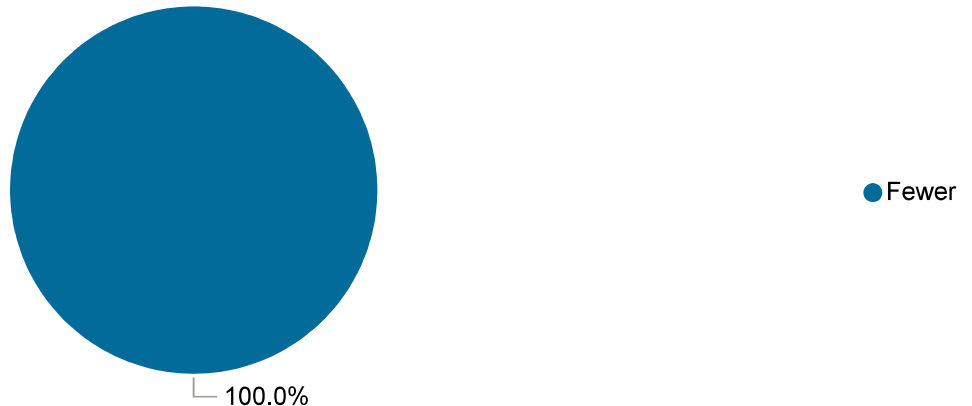
Families of youth clients are asked at the start of treatment and at the end of treatment, "How many nights has your child spent in a facility for inpatient/residential substance use disorder treatment in the past 6 months?" Only families of youth who completed this question at time of admission and time of discharge are included.

Families of youth clients who had at least one night in a facility for substance use treatment prior to receiving treatment services are included.

Families' responses on these surveys are then broken out by the type of treatment service their youth received. If their youth received multiple types of treatment services in FY24, families' responses are counted once in each service.

At discharge, families of youth served in publicly funded treatment services reported their youth had a decrease in nights spent in an inpatient substance use disorder facility in the past 6 months.

Families Who Reported Youth Clients Had More, Fewer, or the Same Number of Nights Spent in a Facility for Inpatient/Residential Substance Use Disorder Treatment at Discharge Compared to Admission



How Many Nights in the Past 6 Months Has Your Child Spent in a Facility for Inpatient/Residential Substance Use Disorder Treatment?

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	2	16.50	0.00	-16.50	-100.0%
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	4	98.25	0.00	-98.25	-100.0%
<b>Total</b>	<b>4</b>	<b>98.25</b>	<b>0.00</b>	<b>-98.25</b>	<b>-100.0%</b>

## Hospital Admissions for Mental Health Care



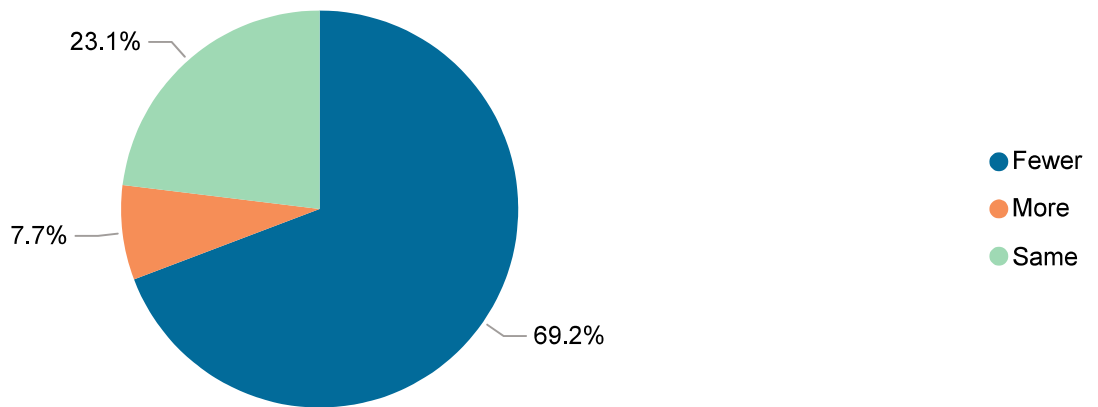
Families of youth clients are asked at the start of treatment and at the end of treatment, "How many nights has your child spent in a facility for mental health care in the past 6 months?" Only families of youth who completed this question at time of admission and time of discharge are included.

Families of youth clients who had at least one night in a facility for mental health care prior to receiving treatment services are included.

Families' responses on these surveys are then broken out by the type of treatment service they received. If their youth received multiple types of treatment services in FY24, families' responses are counted once in each service.

At discharge, families of youth served in publicly funded treatment services reported their youth had a decrease in hospital admissions for mental health care in the past 6 months.

### Families Who Reported Youth Clients Had More, Fewer, or the Same Number of Nights in a Facility for Mental Health Care at Discharge Compared to Admission



### How Many Nights in the Past 6 Months Has Your Child Spent in a Facility for Mental Health Care?

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	4	44.25	1.75	-42.50	-96.0%
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	11	46.00	1.92	-44.08	-95.8%
<b>Total</b>	<b>12</b>	<b>42.77</b>	<b>1.77</b>	<b>-41.00</b>	<b>-95.9%</b>

## Illness, Injury, or Surgery



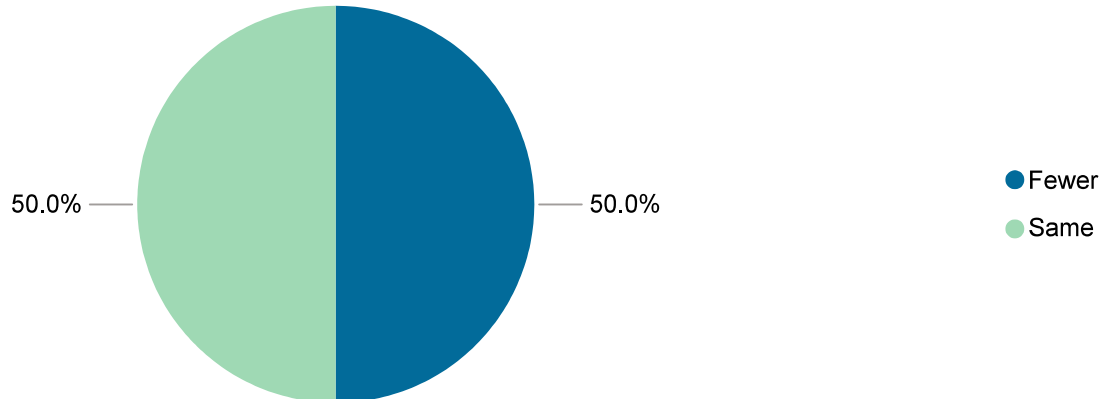
Families of youth clients are asked at the start of treatment and at the end of treatment, "How many nights has your child spent in a facility for illness, injury, or surgery in the past 6 months?" Only families of youth who completed this question at time of admission and time of discharge are included.

Families of youth clients who had at least one night in a facility for illness, injury, or surgery prior to receiving treatment services are included.

Families' responses on these surveys are then broken out by the type of treatment service their youth received. If their youth received multiple types of treatment services in FY24, families' responses are counted once in each service.

At discharge, families of youth served in publicly funded treatment services reported their youth had a decrease in nights spent in a facility for illness, injury, or surgery in the past 6 months.

### Families Who Reported Youth Clients Had More, Fewer, or the Same Number of Nights in a Facility for Illness, Injury, or Surgery at Discharge Compared to Admission



### How Many Nights in the Past 6 Months Has Your Child Spent in a Facility for Illness, Injury, or Surgery?

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	2	1.50	1.00	-0.50	-33.3%
<b>Total</b>	<b>2</b>	<b>1.50</b>	<b>1.00</b>	<b>-0.50</b>	<b>-33.3%</b>

## Nights Spent in Correctional Facility



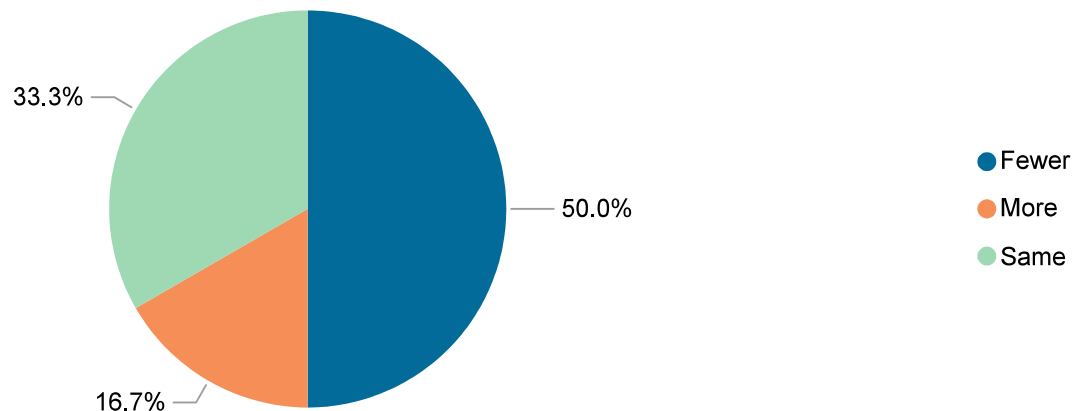
Families of youth clients are asked at the start of treatment and at the end of treatment, "How many nights has your child spent in a correctional facility including JDC or jail (as a result of an arrest, parole or probation violation) in the past 6 months?" Only families of youth who completed this question at time of admission and time of discharge are included.

Families of youth clients who had at least one night in a correctional facility prior to receiving treatment services are included.

Families' responses on these surveys are then broken out by the type of treatment service they received. If their youth received multiple types of treatment services in FY24, families' responses are counted once in each service.

At discharge, families of youth served in publicly funded treatment services reported their youth had an increase in nights spent in a correctional facility in the past 6 months.

### Families Who Reported Youth Clients Had More, Fewer, or the Same Number of Nights in a Correctional Facility at Discharge Compared to Admission



### How Many Nights in the Past 6 Months Has Your Child Spent in a Correctional Facility?

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	9	16.00	18.00	2.00	12.5%
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	10	13.60	14.70	1.10	8.1%
<b>Total</b>	<b>12</b>	<b>12.58</b>	<b>13.50</b>	<b>0.92</b>	<b>7.3%</b>

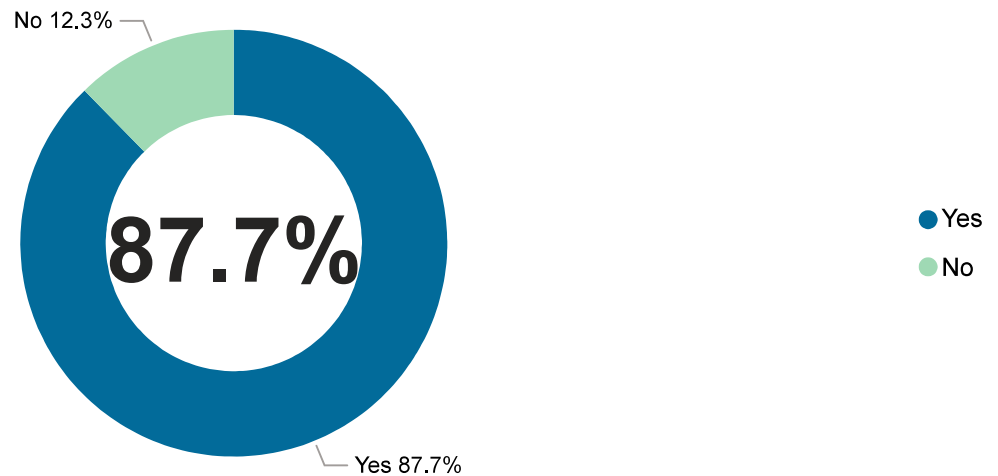
## Attended School



The data below reflect the percent of families who report youth clients who attended school at least once in the three months prior to discharging from services.

At discharge, most families of youth served in publicly funded treatment services reported their youth attended school at least once in the past three months.

### Attended School in Past Three Months



### Youth Attended School

Treatment Services	No		Yes		Total	
	N	%	N	%	N	%
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	2	8.3%	22	91.7%	24	100.0%
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	9	13.6%	57	86.4%	66	100.0%
<b>Total</b>	<b>9</b>	<b>12.3%</b>	<b>64</b>	<b>87.7%</b>	<b>73</b>	<b>100.0%</b>



## General Satisfaction with Services

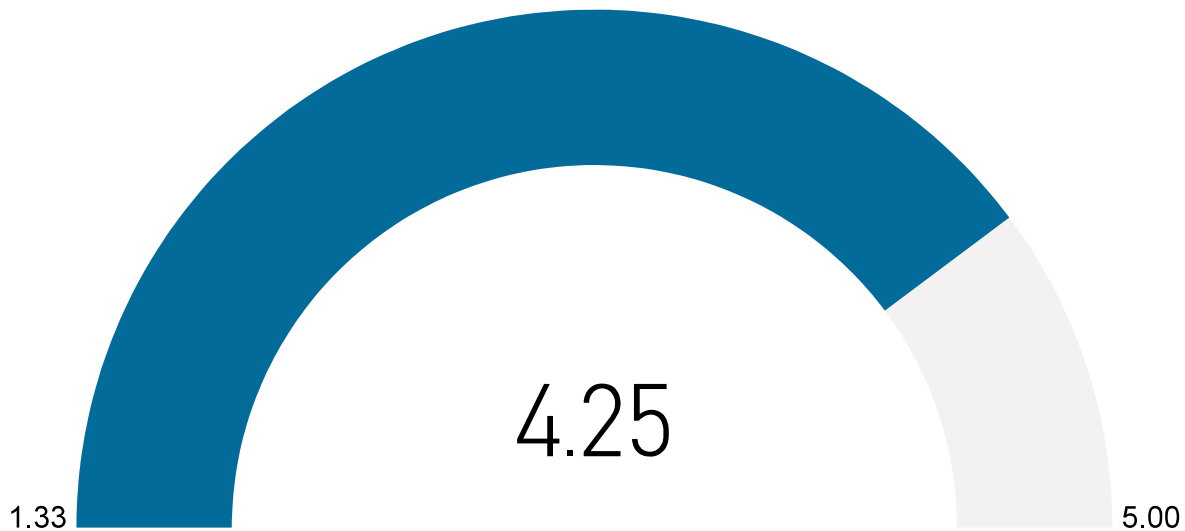


Families of youth clients are asked at discharge to rate how strongly they agree with six different questions pertaining to their overall satisfaction with treatment services their youth received. The average of these six responses is given below. To see specific questions, please see Appendix B.

Families' responses on these surveys are then broken out by the type of treatment service their youth received. If their youth received multiple types of treatment services in FY24, families' responses are counted once in each service.

Families of youth served in publicly funded treatment services reported satisfaction with the services their youth received.

Were You Satisfied With the Services Your Youth Received?



General Satisfaction Ratings: 0-Refused to Respond; 1-Strongly Disagree; 2-Disagree; 3-Undecided; 4-Agree; 5-Strongly Agree

Treatment Services	Unduplicated Client Count	General Satisfaction with Services
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	24	4.44
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	66	4.22
<b>Total</b>	<b>73</b>	<b>4.25</b>

## Improved Functioning



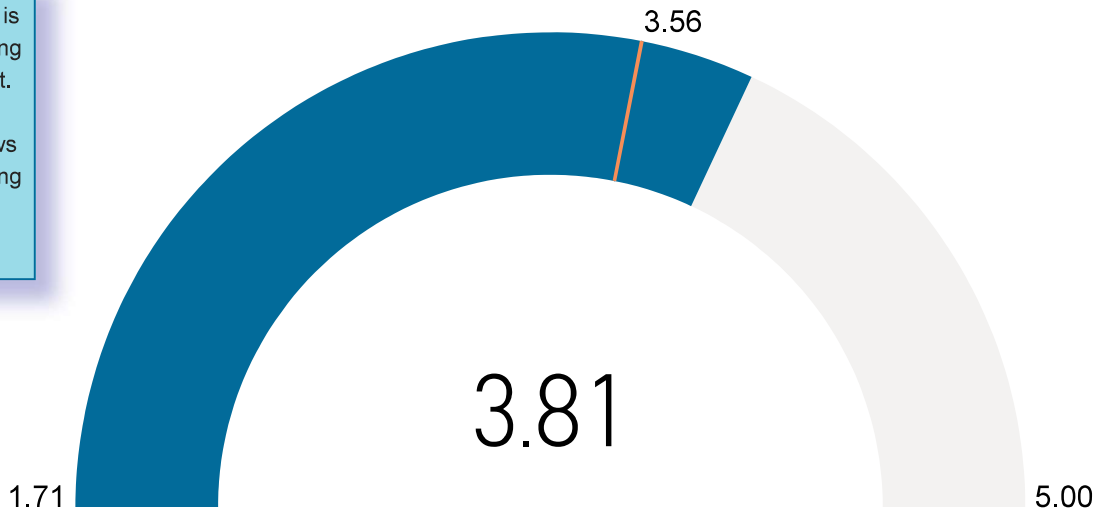
Families of youth clients are asked at discharge to rate how strongly they agree with seven different questions pertaining to their perception of their youth's mental health and social well-being before and after the services they received. The average of these seven responses is given below. To see specific questions, please see Appendix B.

Families' responses on these surveys are then broken out by the type of treatment service their youth received. If their youth received multiple types of treatment services in FY24, families' responses are counted once in each service.

Families of youth served in publicly funded treatment services reported their youth had improved functioning as a result of services received.

### Improved Functioning

The orange line is the average rating before treatment. The blue dashboard shows the average rating after treatment.



Improved Functioning Ratings: 0-Refused to Respond; 1-Strongly Disagree; 2-Disagree; 3-Undecided; 4-Agree; 5-Strongly Agree

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	24	3.74	4.08	0.34	9.1%
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	65	3.52	3.77	0.25	7.2%
<b>Total</b>	<b>72</b>	<b>3.56</b>	<b>3.81</b>	<b>0.25</b>	<b>7.2%</b>

## Social Connectedness



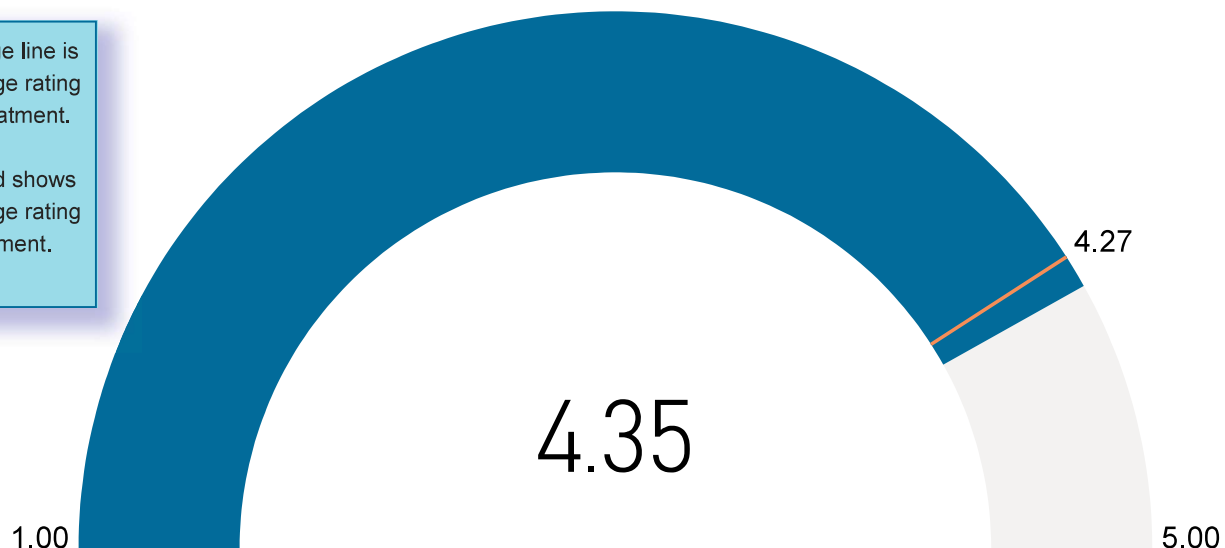
Families of youth clients are asked at discharge to rate how strongly they agree with four different questions pertaining to their youth's connections with their family, friends, and community. The average of these four responses is given below. To see specific questions, please see Appendix B.

Families' responses on these surveys are then broken out by the type of treatment service their youth received. If their youth received multiple types of treatment services in FY24, families' responses are counted once in each service.

Families of youth served in publicly funded treatment services reported improved social connectedness for their youth.

### Social Connectedness

The orange line is the average rating before treatment.  
The blue dashboard shows the average rating after treatment.



Social Connectedness Ratings: 0-Refused to Respond; 1-Strongly Disagree; 2-Disagree; 3-Undecided; 4-Agree; 5-Strongly Agree

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	24	4.44	4.49	0.05	1.2%
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	66	4.20	4.32	0.12	2.9%
<b>Total</b>	<b>73</b>	<b>4.27</b>	<b>4.35</b>	<b>0.08</b>	<b>1.9%</b>

## Participation in Treatment Planning



Families of youth clients are asked at discharge to rate how strongly they agree with three different questions pertaining to their participation in treatment planning for services their youth received. The average of these three responses is given below. To see specific questions, please see Appendix B.

Families' responses on these surveys are then broken out by the type of treatment service their youth received. If their youth received multiple types of treatment services in FY24, families' responses are counted once in each service.

Families of youth served in publicly funded treatment services reported high levels of participation in their youth's treatment planning.

### Participation in Treatment Planning



Participation in Treatment Planning Ratings: 0-Refused to Respond; 1-Strongly Disagree; 2-Disagree; 3-Undecided; 4-Agree; 5-Strongly Agree

Treatment Services	Unduplicated Client Count	Participation in Treatment Planning
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	24	3.35
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	66	3.92
<b>Total</b>	<b>73</b>	<b>3.90</b>

## Cultural Sensitivity of Staff

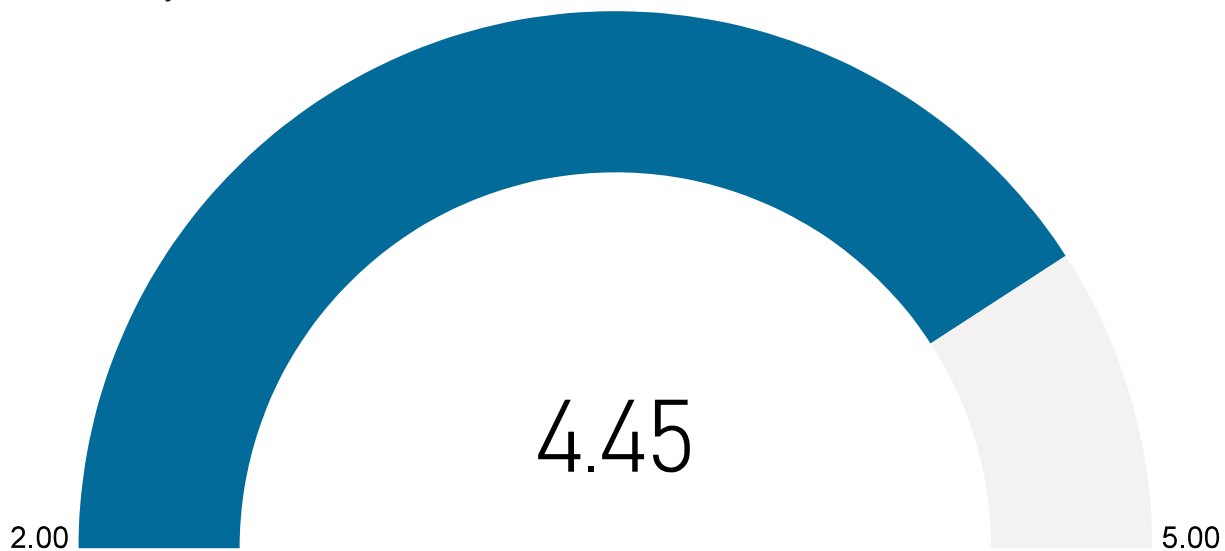


Families of youth clients are asked at discharge to rate how strongly they agree with four different questions pertaining to the cultural sensitivity of staff. The average of these four responses is given below. To see specific questions, please see Appendix B.

Families' responses on these surveys are then broken out by the type of treatment service their youth received. If their youth received multiple types of treatment services in FY24, families' responses are counted once in each service.

Families of youth served in publicly funded treatment services reported they felt staff were culturally sensitive.

### Cultural Sensitivity of Staff



Cultural Sensitivity of Staff Ratings: 0-Refused to Respond; 1-Strongly Disagree; 2-Disagree; 3-Undecided; 4-Agree; 5-Strongly Agree

Treatment Services	Unduplicated Client Count	Cultural Sensitivity of Staff
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	24	4.26
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	66	4.46
<b>Total</b>	<b>73</b>	<b>4.45</b>

## Access to Services

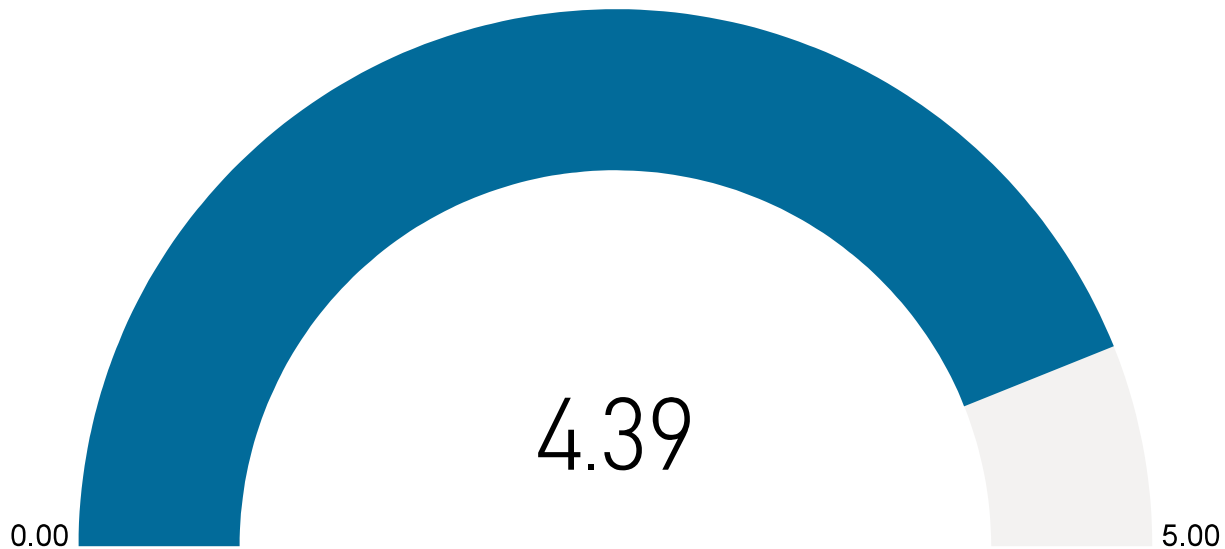


Families of youth clients are asked at discharge to rate how strongly they agree with two different questions pertaining to the ease and convenience of accessing the services their youth received. The average of these two responses is given below. To see specific questions, please see Appendix B.

Families' responses on these surveys are then broken out by the type of treatment service their youth received. If their youth received multiple types of treatment services in FY24, families' responses are counted once in each service.

Families of youth served in publicly funded treatment services reported ease and convenience when accessing services.

### Access to Services



Access to Services Ratings: 0-Refused to Respond; 1-Strongly Disagree; 2-Disagree; 3-Undecided; 4-Agree; 5-Strongly Agree

Treatment Services	Unduplicated Client Count	Access to Services
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	24	4.17
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	66	4.40
<b>Total</b>	<b>73</b>	<b>4.39</b>

## Functional Family Therapy (FFT)

The information below is collected from the FFT therapist on all families who complete FFT treatment services.

The Client Outcome Measure-Caregiver (COM-C) is completed by the caregiver when the family completes FFT treatment services. The COM-C measures changes in behavior and functioning of the youth and family. Higher percentages indicate better outcomes and positive increases in the indicated areas.

### Client Outcome Measure-Caregiver (COM-C)

Treatment Service	Unduplicated Client Count	General Change	Communication Skills	Youth Behavior	Caregiver Skills	Caregiver Supervision	Family Conflict
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	124	82.3%	82.3%	78.2%	80.6%	80.6%	83.9%

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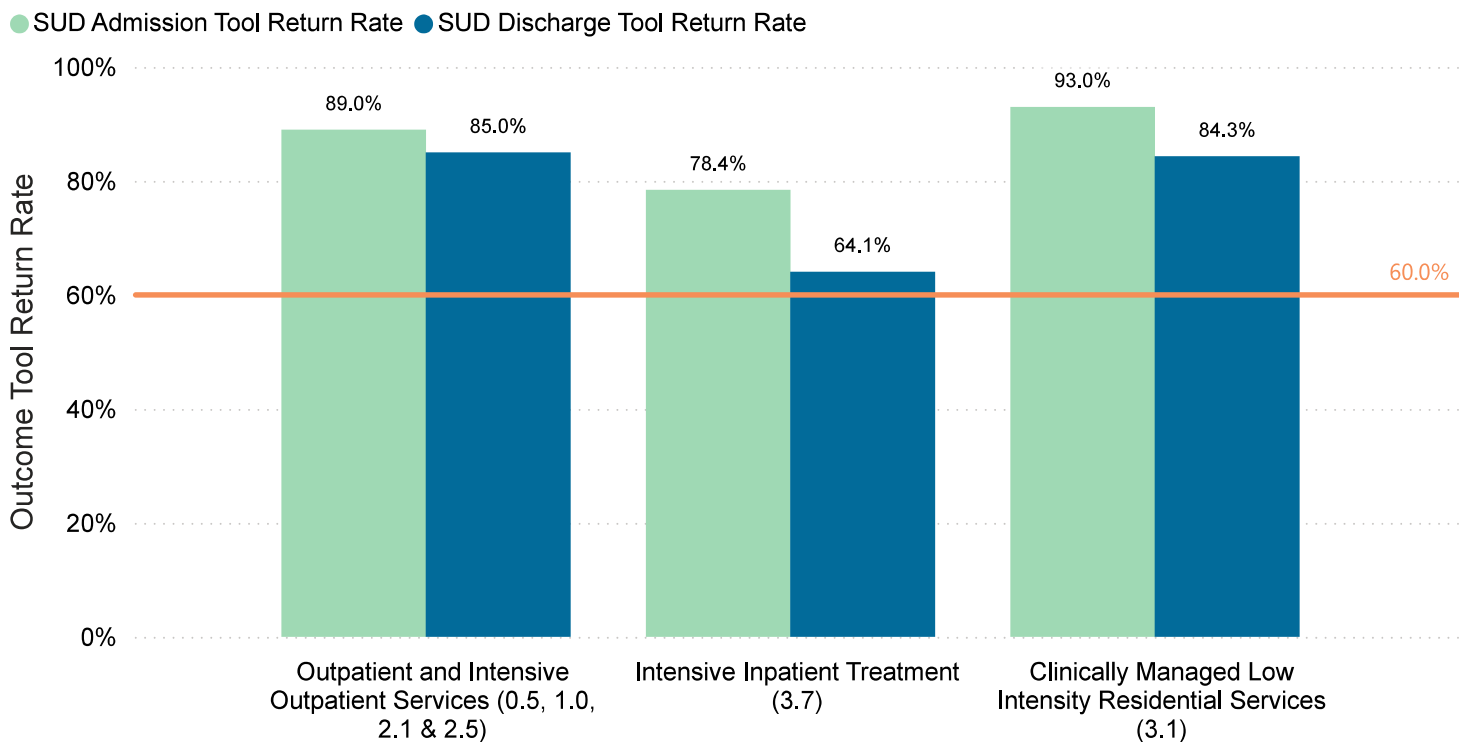
# Appendix A: Outcome Tool Return Rates

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## Adult SUD Outcome Tool Return Rates

Return rates in this section are for adult outcome tools. The return rate reflects tools collected and attempts to collect tools as clients may not always wish to complete the outcome tool.

The target return rate for attempted outcome tools is 60%, which is indicated in the graph below by the orange line.

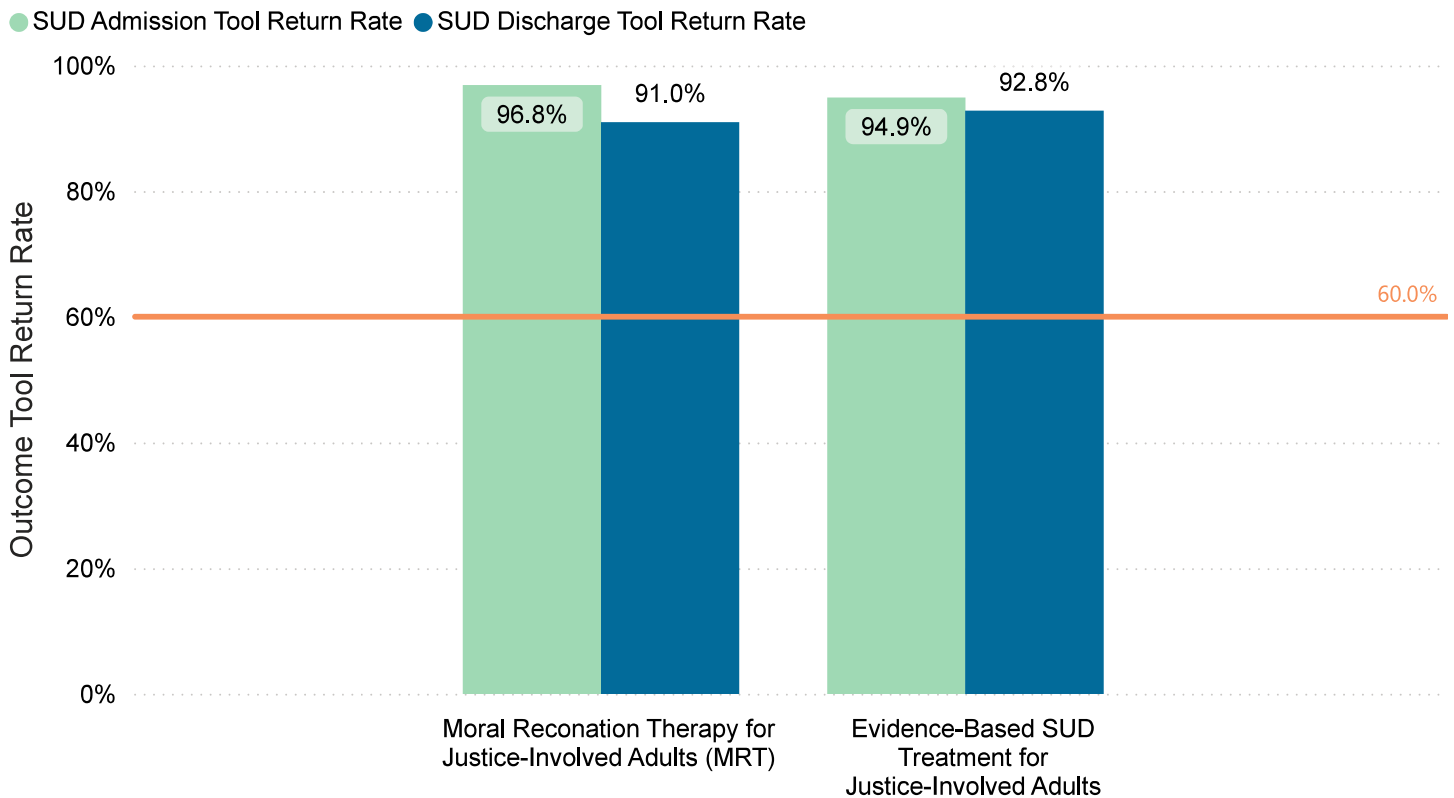


Treatment Services	Admissions	Initial Tool	Initial Tool Return Rate	Discharges	Discharge Tool	Discharge Tool Return Rate
Clinically Managed Low Intensity Residential Services (3.1)	485	451	93.0%	191	161	84.3%
Intensive Inpatient Treatment (3.7)	1,738	1,363	78.4%	1,177	754	64.1%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1 & 2.5)	4,328	3,850	89.0%	1,725	1,466	85.0%
<b>Total</b>	<b>6,551</b>	<b>5,664</b>	<b>86.5%</b>	<b>3,093</b>	<b>2,381</b>	<b>77.0%</b>

## Adult Justice-Involved SUD Outcome Tool Return Rates

Return rates in this section are for adult justice-involved outcome tools. The return rate reflects tools collected and attempts to collect tools as clients may not always wish to complete the outcome tool. s.

The target return rate for attempted outcome tools is 60%, which is indicated in the graph below by the orange line.

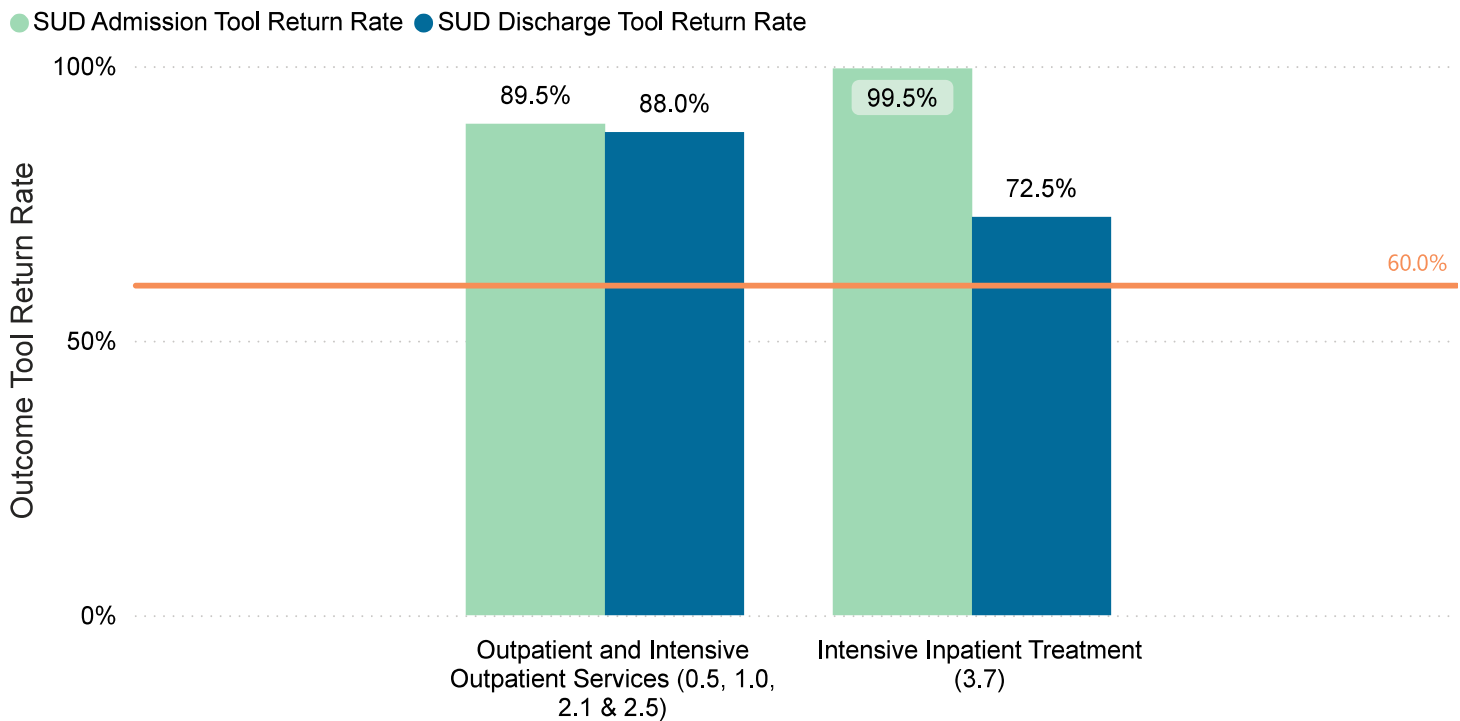


Treatment Services	Admissions	Initial Tool	Initial Tool Return Rate	Discharges	Discharge Tool	Discharge Tool Return Rate
Evidence-Based SUD Treatment for Justice-Involved Adults	1,583	1,502	94.9%	623	578	92.8%
Moral Reconciliation Therapy for Justice-Involved Adults (MRT)	348	337	96.8%	155	141	91.0%
<b>Total</b>	<b>1,931</b>	<b>1,839</b>	<b>95.2%</b>	<b>778</b>	<b>719</b>	<b>92.4%</b>

## Youth SUD Outcome Tool Return Rates

Return rates in this section are for youth outcome tools. The return rate reflects tools collected and attempts to collect tools as clients may not always wish to complete the outcome tool.

The target return rate for attempted outcome tools is 60%, which is indicated in the graph below by the orange line.

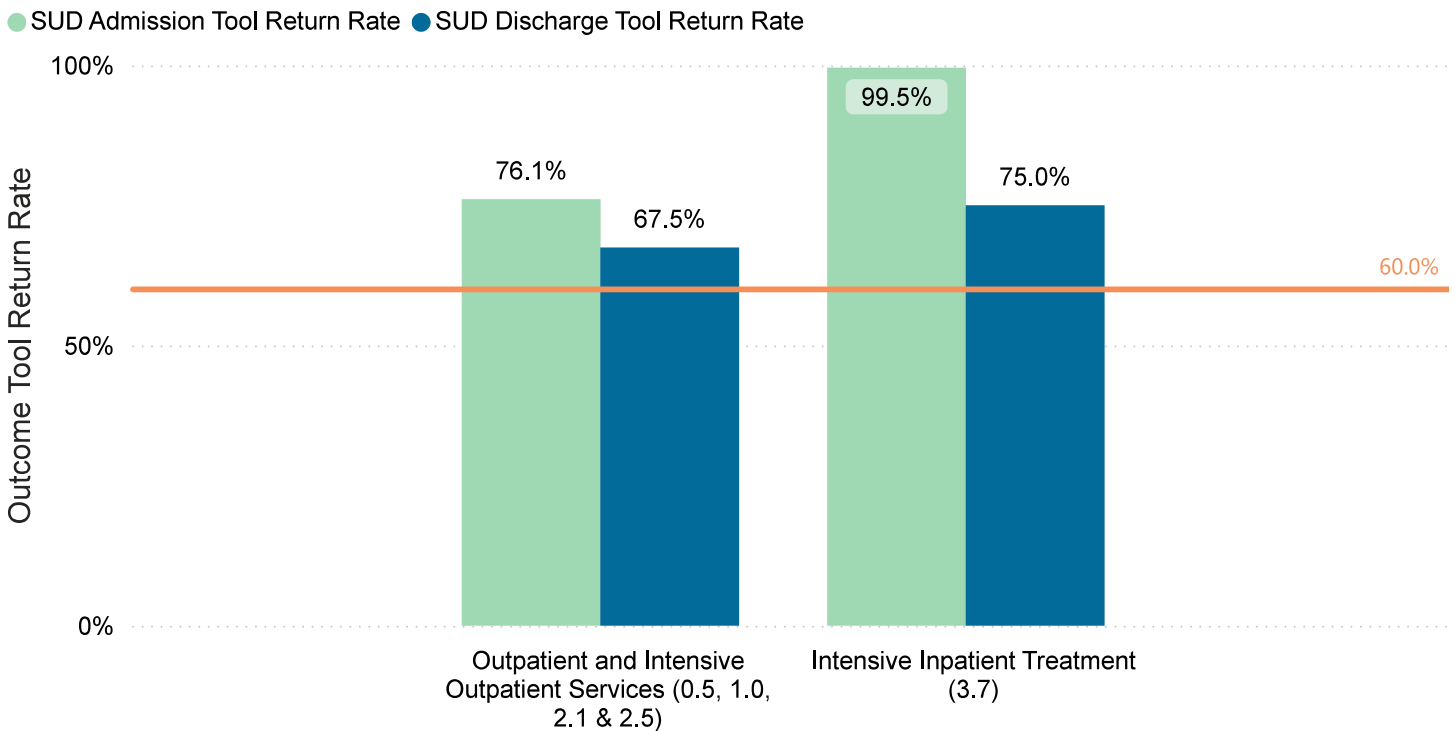


Treatment Services	Admissions	Initial Tool	Initial Tool Return Rate	Discharges	Discharge Tool	Discharge Tool Return Rate
Intensive Inpatient Treatment (3.7)	221	220	99.5%	120	87	72.5%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1 & 2.5)	209	187	89.5%	83	73	88.0%
<b>Total</b>	<b>430</b>	<b>407</b>	<b>94.7%</b>	<b>203</b>	<b>160</b>	<b>78.8%</b>

## Family SUD Outcome Tool Return Rates

Return rates in this section reflect outcome tools completed by families of youth receiving SUD services. The return rate reflects tools collected and attempts to collect tools as clients may not always wish to complete the outcome tool.

The target return rate for attempted outcome tools is 60%, which is indicated in the graph below by the orange line.

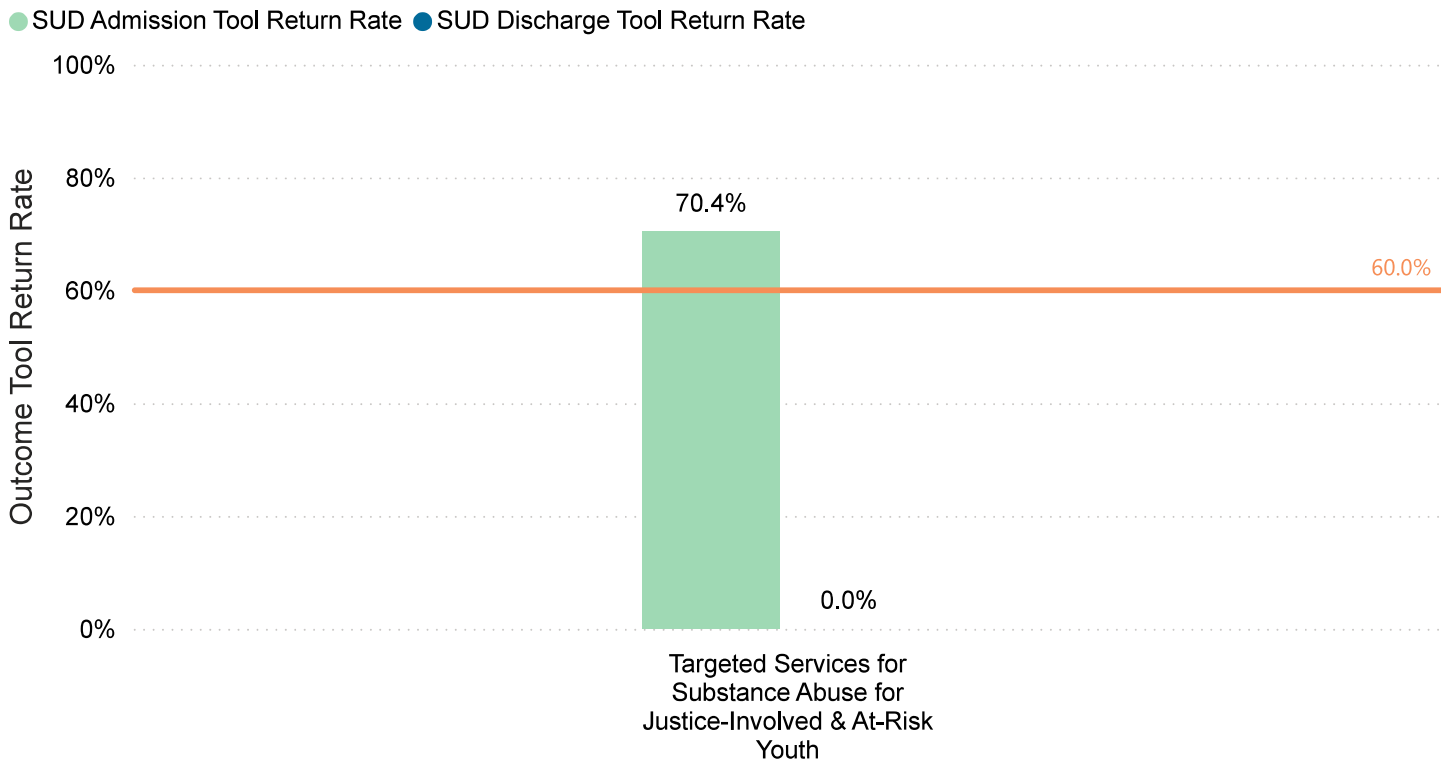


Treatment Services	Admissions	Initial Tool	Initial Tool Return Rate	Discharges	Discharge Tool	Discharge Tool Return Rate
Intensive Inpatient Treatment (3.7)	221	220	99.5%	120	90	75.0%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1 & 2.5)	209	159	76.1%	83	56	67.5%
<b>Total</b>	<b>430</b>	<b>379</b>	<b>88.1%</b>	<b>203</b>	<b>146</b>	<b>71.9%</b>

## Justice-Involved and At-Risk Youth SUD Outcome Tool Return Rates

Return rates in this section are for youth outcome tools. The return rate reflects tools collected and attempts to collect tools as clients may not always wish to complete the outcome tool.

The target return rate for attempted outcome tools is 60%, which is indicated in the graph below by the orange line.

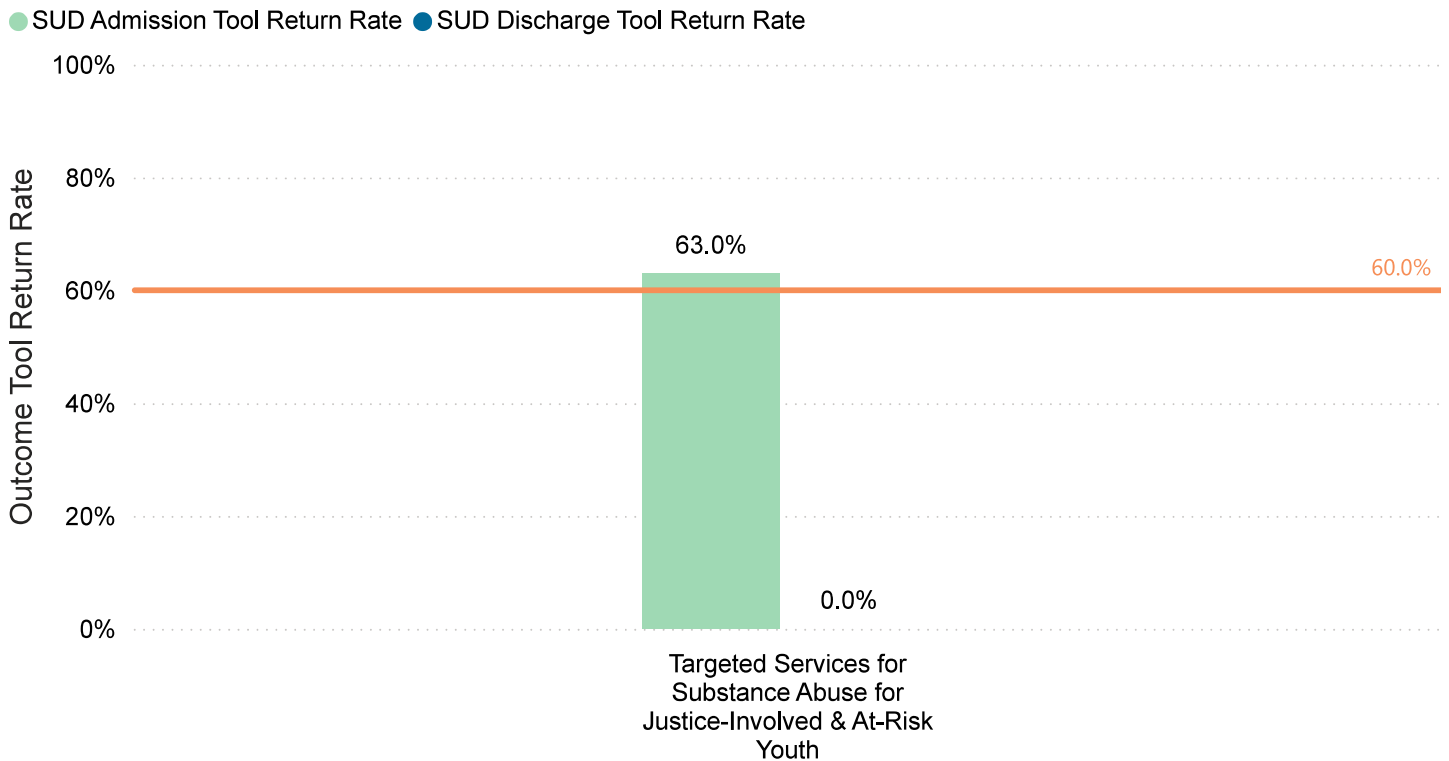


Treatment Services	Admissions	Initial Tool	Initial Tool Return Rate	Discharges	Discharge Tool	Discharge Tool Return Rate
Targeted Services for Substance Abuse for Justice-Involved & At-Risk Youth	27	19	70.4%	3	0	0.0%
<b>Total</b>	<b>27</b>	<b>19</b>	<b>70.4%</b>	<b>3</b>	<b>0</b>	<b>0.0%</b>

## Family Justice-Involved and At-Risk Youth SUD Outcome Tool Return Rates

Return rates in this section reflect outcome tools completed by families of youth receiving services. The return rate reflects tools collected and attempts to collect tools as clients may not always wish to complete the outcome tool.

The target return rate for attempted outcome tools is 60%, which is indicated in the graph below by the orange line.



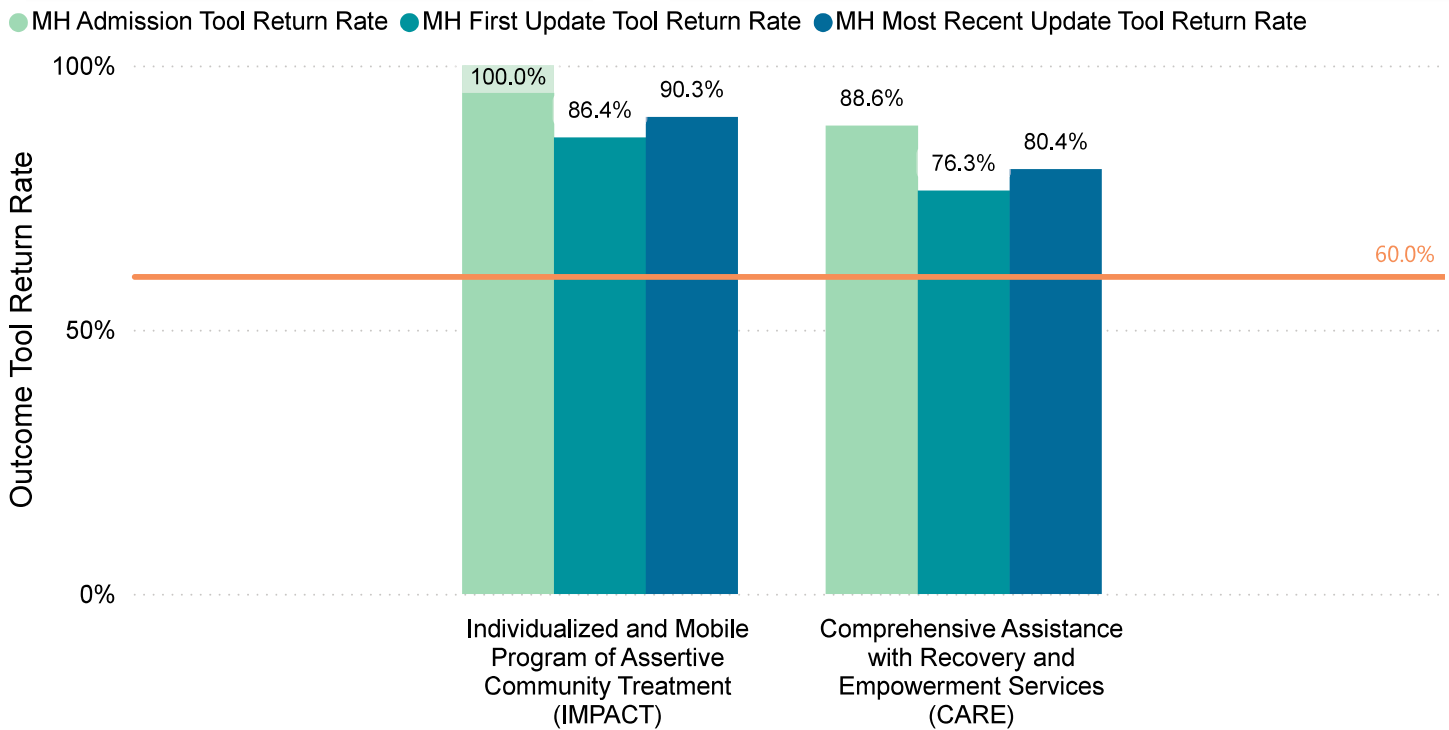
Treatment Services	Admissions	Initial Tool	Initial Tool Return Rate	Discharges	Discharge Tool	Discharge Tool Return Rate
Targeted Services for Substance Abuse for Justice-Involved & At-Risk Youth	27	17	63.0%	3	0	0.0%
<b>Total</b>	<b>27</b>	<b>17</b>	<b>63.0%</b>	<b>3</b>	<b>0</b>	<b>0.0%</b>



## Adult MH Outcome Tool Return Rates

Return rates in this section are for adult outcome tools. The return rate reflects tools collected and attempts to collect tools as clients may not always wish to complete the outcome tool.

The target return rate for attempted outcome tools is 60%, which is indicated in the graph below by the orange line.

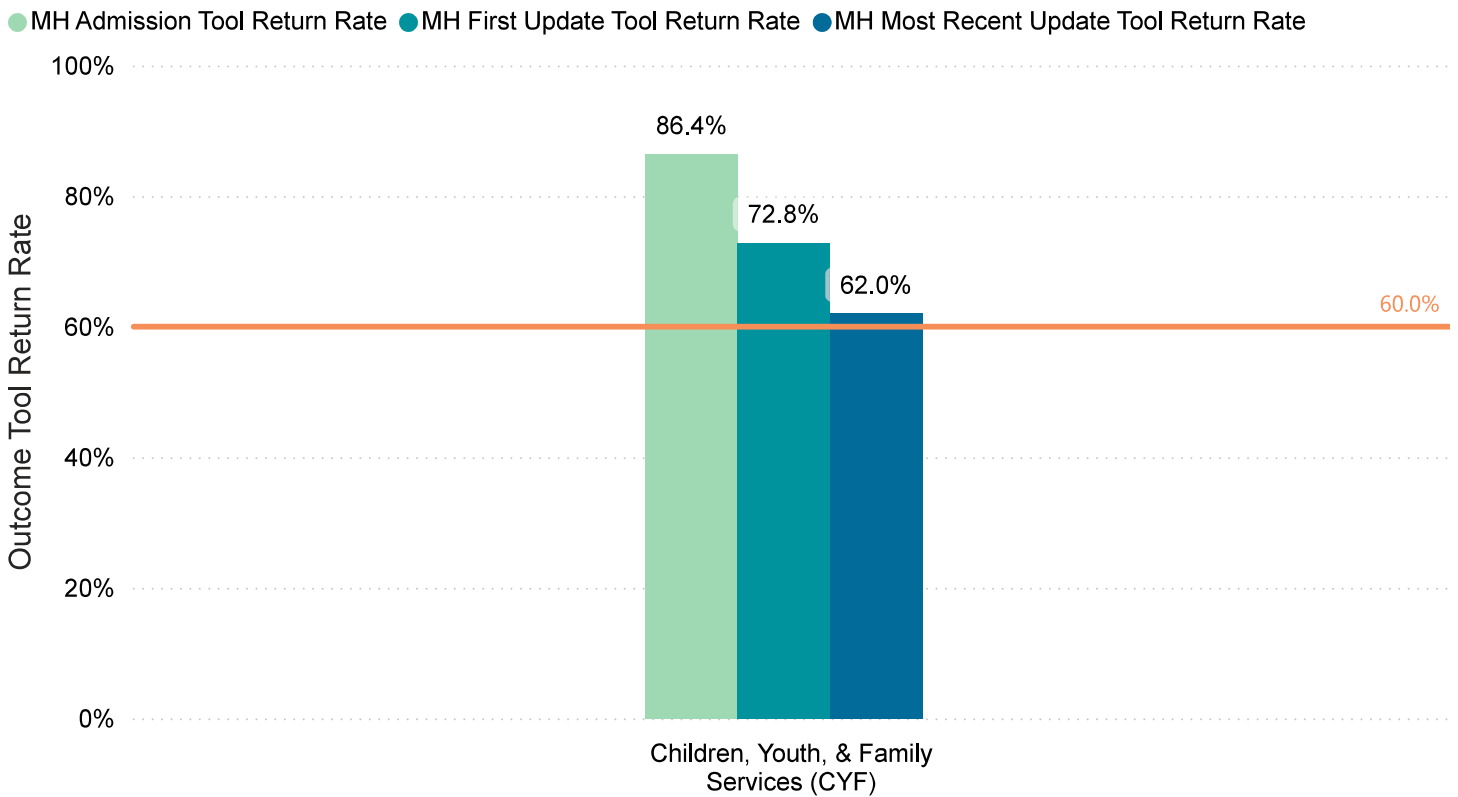


Treatment Services	Admissions	Initial Tool	Initial Tool Return Rate	First Update	First Update Tool	First Update Tool Return Rate	Most Recent Update	Most Recent Update Tool	Most Recent Update Tool Return Rate
Comprehensive Assistance with Recovery and Empowerment Services (CARE)	1,343	1,190	88.6%	1,047	799	76.3%	8,055	6,474	80.4%
Individualized and Mobile Program of Assertive Community Treatment (IMPACT)	15	15	100.0%	22	19	86.4%	421	380	90.3%
<b>Total</b>	<b>1,358</b>	<b>1,205</b>	<b>88.7%</b>	<b>1,069</b>	<b>818</b>	<b>76.5%</b>	<b>8,476</b>	<b>6,854</b>	<b>80.9%</b>

## Youth MH Outcome Tool Return Rates

Return rates in this section are for youth outcome tools. The return rate reflects tools collected and attempts to collect tools as clients may not always wish to complete the outcome tool.

The target return rate for attempted outcome tools is 60%, which is indicated in the graph below by the orange line.

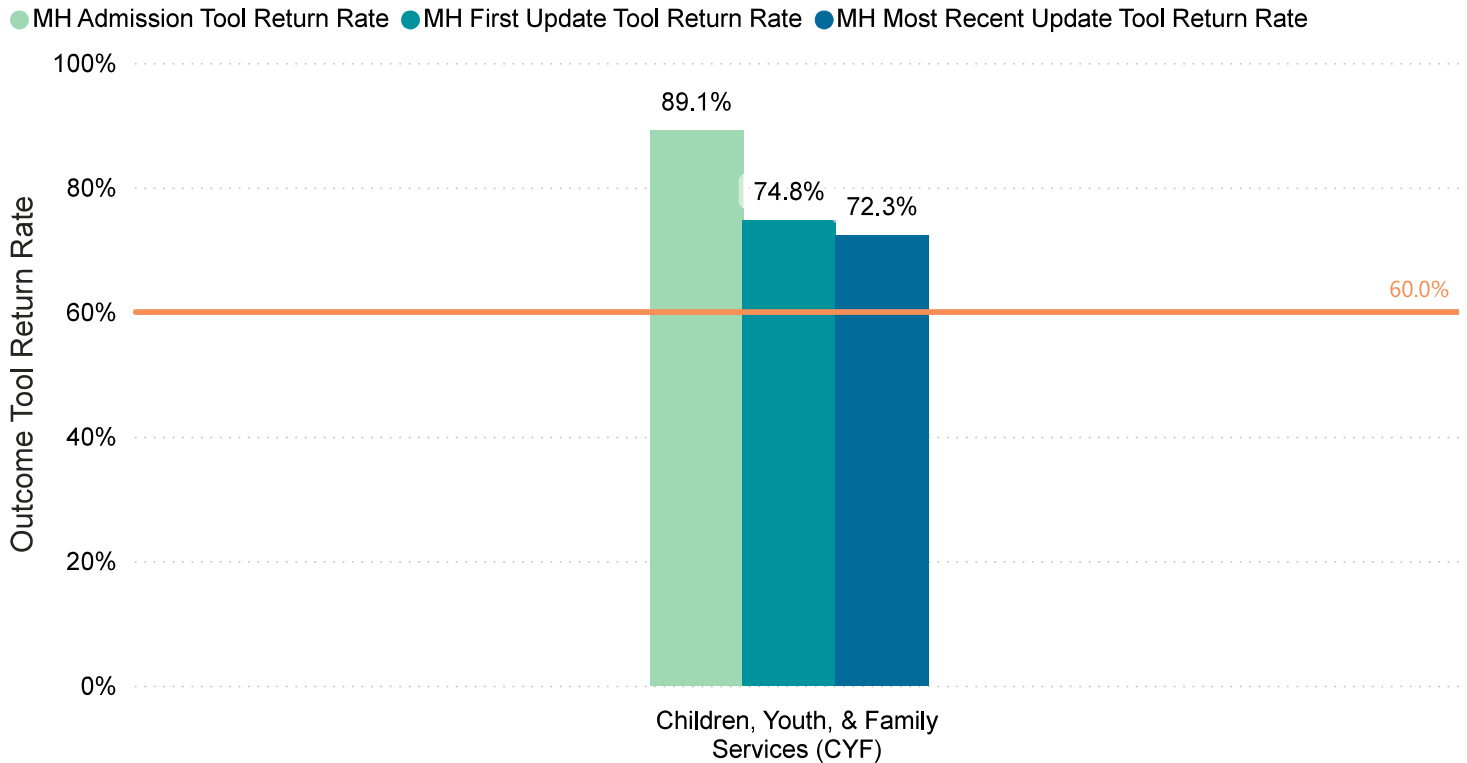


Treatment Services	Admission	Initial Tool	Initial Return Rate	First Update	First Update Tool	First Update Return Rate	Most Recent Update	Most Recent Update Tool	Most Recent Update Return Rate
Children, Youth, & Family Services (CYF)	1,242	1,073	86.4%	850	619	72.8%	3,153	1,954	62.0%
<b>Total</b>	<b>1,242</b>	<b>1,073</b>	<b>86.4%</b>	<b>850</b>	<b>619</b>	<b>72.8%</b>	<b>3,153</b>	<b>1,954</b>	<b>62.0%</b>

## Family MH Outcome Tool Return Rates

Return rates in this section reflect outcome tools completed by families of youth receiving mental health services. The return rate reflects tools collected and attempts to collect tools as clients may not always wish to complete the outcome tool.

The target return rate for attempted outcome tools is 60%, which is indicated in the graph below by the orange line.

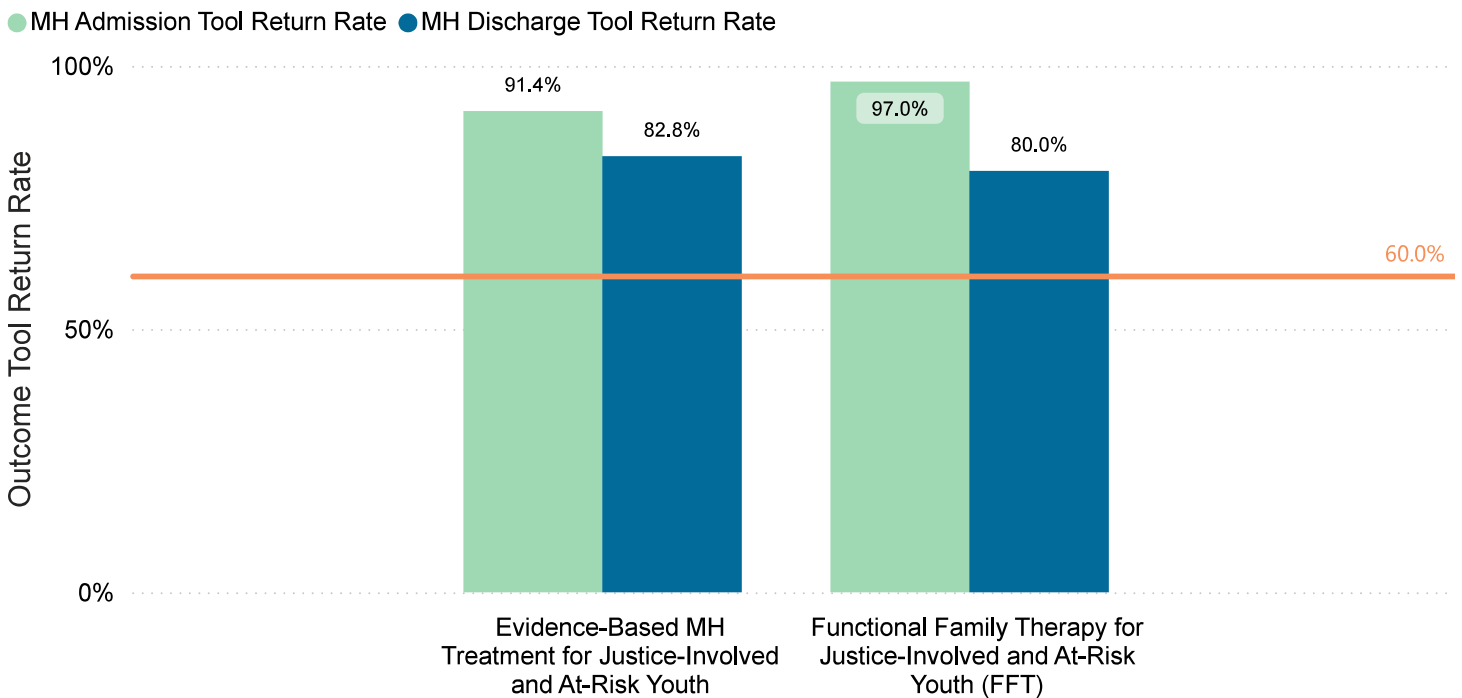


Treatment Services	Admission	Initial Tool	Initial Return Rate	First Update	First Update Tool	First Update Return Rate	Most Recent Update	Most Recent Update Tool	Most Recent Update Return Rate
Children, Youth, & Family Services (CYF)	2,062	1,838	89.1%	1,375	1,028	74.8%	3,765	2,723	72.3%
<b>Total</b>	<b>2,062</b>	<b>1,838</b>	<b>89.1%</b>	<b>1,375</b>	<b>1,028</b>	<b>74.8%</b>	<b>3,765</b>	<b>2,723</b>	<b>72.3%</b>

## Justice-Involved and At-Risk Youth MH Outcome Tool Return Rates

Return rates in this section are for youth outcome tools. The return rate reflects tools collected and attempts to collect tools as clients may not always wish to complete the outcome tool.

The target return rate for attempted outcome tools is 60%, which is indicated in the graph below by the orange line.

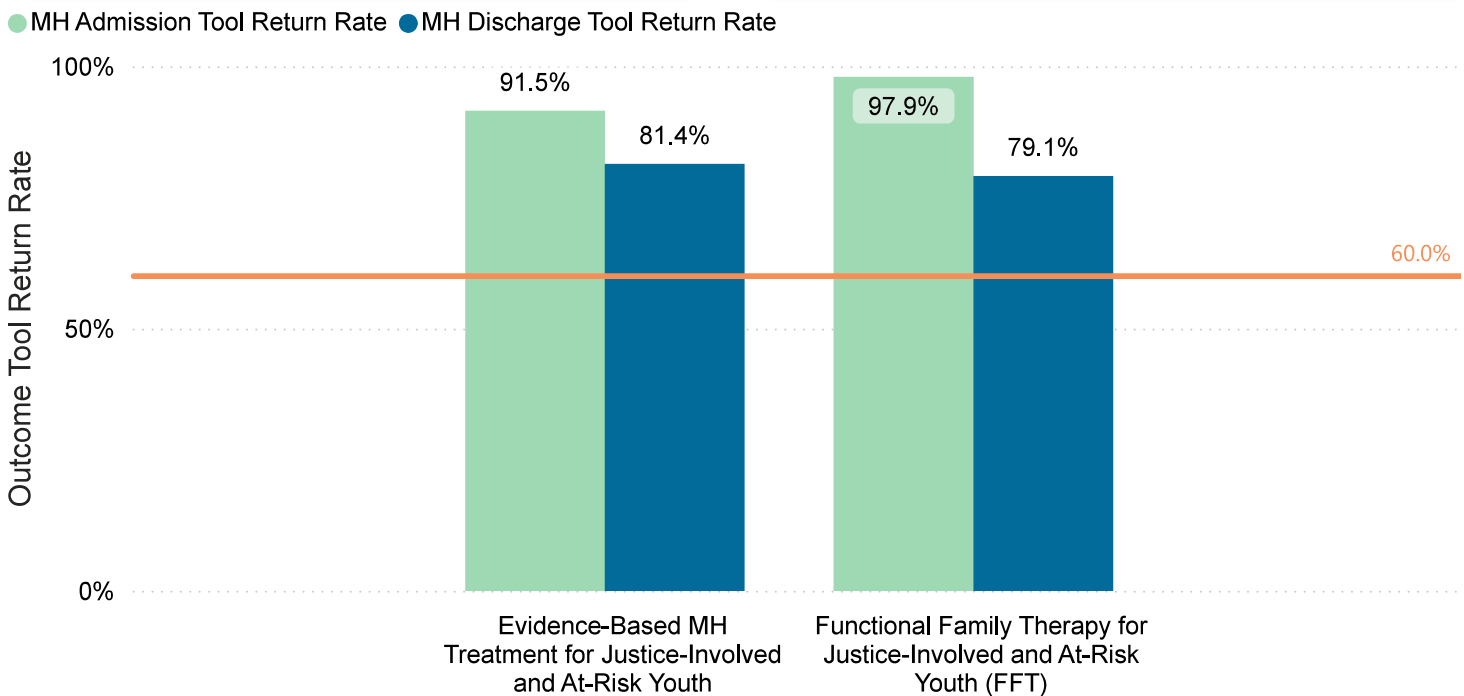


Treatment Services	Admissions	Initial Tool	Initial Tool Return Rate	Discharges	Discharge Tool	Discharge Tool Return Rate
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	139	127	91.4%	64	53	82.8%
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	134	130	97.0%	80	64	80.0%
<b>Total</b>	<b>273</b>	<b>257</b>	<b>94.1%</b>	<b>144</b>	<b>117</b>	<b>81.3%</b>

## Family Justice-Involved and At-Risk Youth MH Outcome Tool Return Rates

Return rates in this section reflect outcome tools completed by families of youth receiving services. The return rate reflects tools collected and attempts to collect tools as clients may not always wish to complete the outcome tool.

The target return rate for attempted outcome tools is 60%, which is indicated in the graph below by the orange line.



Treatment Services	Admissions	Initial Tool	Initial Tool Return Rate	Discharges	Discharge Tool	Discharge Tool Return Rate
Evidence-Based MH Treatment for Justice-Involved and At-Risk Youth	141	129	91.5%	59	48	81.4%
Functional Family Therapy for Justice-Involved and At-Risk Youth (FFT)	146	143	97.9%	86	68	79.1%
<b>Total</b>	<b>287</b>	<b>272</b>	<b>94.8%</b>	<b>145</b>	<b>116</b>	<b>80.0%</b>

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# Appendix B: Outcome Tool Surveys

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## Division of Behavioral Health Substance Use Disorder Outcome Tool INITIAL

Today's Date:

Client STARS ID: | | | | | | | | | | | | | | | |

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- |  |  |
|--|--|
| <input type="checkbox"/> 1.0 Outpatient  | <input type="checkbox"/> 1.0 Gambling Outpatient                                 |
| <input type="checkbox"/> 2.1 Intensive Outpatient<br>(Including 2.1/3.1)             | <input type="checkbox"/> 2.1 Gambling Intensive Outpatient                       |
| <input type="checkbox"/> 2.5 Day Treatment   | <input type="checkbox"/> 2.5 Gambling Day Treatment                              |
| <input type="checkbox"/> 3.1 Low Intensity Residential                               | <input type="checkbox"/> 3.7 Gambling Intensive Inpatient<br>Treatment           |
| <input type="checkbox"/> 3.7 Intensive Inpatient Treatment                           | <input type="checkbox"/> MRT (CJI Clients Only)                                  |
| <input type="checkbox"/> Adult Outpatient EBP (CJI Clients<br>Only)                  | <input type="checkbox"/> Adult Outpatient EBP/3.1 Services<br>(CJI Clients Only) |
| <input type="checkbox"/> Adult Outpatient EBP/MRT (CJI<br>Clients Only)              | <input type="checkbox"/> IMT - OP  |
| <input type="checkbox"/> Adult Outpatient EBP/MRT/3.1<br>Services (CJI Clients Only) | <input type="checkbox"/> IMT - E   |
|  | <input type="checkbox"/> IMT - OC  |

### 1. Would you say that in general your health is:

☐ Excellent    ☐ Very Good    ☐ Good    ☐ Fair    ☐ Poor

- a.** Now thinking about your physical health, which includes physical illness and injury, how many days during the past 30 days was your physical health not good? —
- b.** Now thinking about your mental health, which includes stress, depression, and problems with emotions, how many days during the past 30 days was your mental health not good? —
- c.** During the past 30 days, approximately how many days did your poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? —

### 2. At this moment, how important is it that you change your current behaviors and/or symptoms? Please circle a number on the scale below:

Not important at all	About as important as most of the other things I would like to achieve now	Most important thing in my life right now
0	1   2   3   4   5   6   7	8   9   10

### 3. At this moment, how confident are you that you will change your current behaviors and/or symptoms? Please circle a number on the scale below:

Not important at all	About as important as most of the other things I would like to achieve now	Most important thing in my life right now
0	1   2   3   4   5   6   7	8   9   10

## Adult SUD Form –Initial

<b>4. Please answer the following question</b>	Number of Nights/Times	Don't know
In the past 30 days, how many times have you been arrested? <small>*Federally Required Element</small>	_____	<input type="checkbox"/>

<b>5. Please answer the following questions based on the past 30 days...</b>		
a. Have you gotten into trouble at home, at school, work, or in the community, because of your use of alcohol, drugs, inhalants, or gambling?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Have you missed school or work because of using alcohol, drugs, inhalants, or gambling?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<small>*Federally Required Element</small>		

<b>6. Please answer the following questions based on the <u>past 30 days</u>...</b>	Number of Nights/Times	Don't know
a. How many times have you gone to an emergency room for a psychiatric or emotional problem?	_____	<input type="checkbox"/>
b. How many nights have you spent in a facility for:		
i. Detoxification?	_____	<input type="checkbox"/>
ii. Inpatient/Residential Substance Use Disorder Treatment?	_____	<input type="checkbox"/>
iii. Mental Health Care?	_____	<input type="checkbox"/>
iv. Illness, Injury, Surgery?	_____	<input type="checkbox"/>
c. How many nights have you spent in a correctional facility including jail or prisons (as a result of an arrest, parole or probation violation)?	_____	<input type="checkbox"/>
d. How many times have you tried to commit suicide?	_____	<input type="checkbox"/>

<b>7. I would be able to resist the urge to drink heavily and/or use drugs...</b>	Not at all confident	Very Confident
... if I were angry at the way things had turned out	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	
... if I had unexpectedly found some booze/drugs or happened to see something that reminded me of drinking/using drugs	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	
... if other people treated me unfairly or interfered with my plans	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	
... if I were out with friends and they kept suggesting we go somewhere to drink/use drugs	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	

## Adult SUD Form –Initial

8. Please indicate your level of agreement or disagreement with the statements by checking the choice that best represents your feelings or opinion over the <b>past 30 days</b> . (Please answer for relationships with persons other than your behavioral health provider(s).) Source: MHSIP Survey *Federally Required	Response Options						
	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Not applicable	Refused
<b>Domain: Social Connectedness Questions 1-4</b>							
1. I am happy with the friendships I have.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. 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"/>
3. I feel I belong in my community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. 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"/>
<b>Domain: Improved Functioning Domain: Questions 5-8</b>							
5. 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"/>
6. I am better able to 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"/>
7. I am better able to 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"/>
8. I am better able to 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"/>

Question **required** to be completed by Clinician

10. At this interval period, what is your (clinician's) assessment of the client's understanding and willingness to engage in their treatment program? Please circle a number on the scale below:				
Unengaged and Blocked	Minimal Engagement in Recovery	Limited Engagement in Recovery	Positive Engagement in Recovery	Optimal Engagement in Recovery
<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>

Today's Date:

Client STARS ID: |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|

Program	Program	Program
<input type="checkbox"/> 1.0 Outpatient	<input type="checkbox"/> 1.0 Gambling Outpatient	
<input type="checkbox"/> 2.1 Intensive Outpatient (Including 2.1/3.1)	<input type="checkbox"/> 2.1 Gambling Intensive Outpatient	
<input type="checkbox"/> 2.5 Day Treatment	<input type="checkbox"/> 2.5 Gambling Day Treatment	
<input type="checkbox"/> 3.1 Low Intensity Residential	<input type="checkbox"/> 3.7 Gambling Intensive Inpatient Treatment	
<input type="checkbox"/> 3.7 Intensive Inpatient Treatment	<input type="checkbox"/> MRT (CJI Clients Only)	
<input type="checkbox"/> Adult Outpatient EBP (CJI Clients Only)	<input type="checkbox"/> Adult Outpatient EBP/3.1 Services (CJI Clients Only)	
<input type="checkbox"/> Adult Outpatient EBP/MRT (CJI Clients Only)	<input type="checkbox"/> IMT - OP	
<input type="checkbox"/> Adult Outpatient EBP/MRT/3.1 Services (CJI Clients Only)	<input type="checkbox"/> IMT - E	
	<input type="checkbox"/> IMT - OC	

☐Excellent    ☐Very Good    ☐Good    ☐Fair    ☐Poor

c. During the past 30 days, approximately how many days did your poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

Not important at all	About as important as most of the other things I would like to achieve now	Most important thing in my life right now
1	2	3
4	5	6
7	8	9
10	11	12

0 1 2 3 4 5 6 7 8 9 10

Not important at all	About as important as most of the other things I would like to achieve now	Most important thing in my life right now
1	2	3
4	5	6
7	8	9
10	11	12

0 1 2 3 4 5 6 7 8 9 10

## Adult SUD Form -Discharge

4. Please answer the following question	Number of Nights/Times	Don't know
In the <u>past 30 days</u> , how many times have you been arrested? *Federally Required Element	_____	<input type="checkbox"/>

5. Please answer the following questions based on the <u>past 30 days...</u>		
a. Have you gotten into trouble at home, at school, work, or in the community, because of your use of alcohol, drugs, inhalants, or gambling?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Have you missed school or work because of using alcohol, drugs, inhalants, or gambling?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

\*Element agreed upon by the DOWG

6. Please answer the following questions based on the <u>past 30 days...</u>	Number of Nights/Times	Don't know
a. How many times have you gone to an emergency room for a psychiatric or emotional problem?	_____	<input type="checkbox"/>
b. How many nights have you spent in a facility for:		
i. Detoxification?	_____	<input type="checkbox"/>
ii. Inpatient/Residential Substance Use Disorder Treatment?	_____	<input type="checkbox"/>
iii. Mental Health Care?	_____	<input type="checkbox"/>
iv. Illness, Injury, Surgery?	_____	<input type="checkbox"/>
c. How many nights have you spent in a correctional facility including jail or prisons (as a result of an arrest, parole or probation violation)?	_____	<input type="checkbox"/>
d. How many times have you tried to commit suicide?	_____	<input type="checkbox"/>

7. Please check the appropriate box on how you are doing since entering the program that best tells us what you think.	Before 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"/>

## Adult SUD Form -Discharge

8. I would be able to resist the urge to drink heavily and/or use drugs...	Not at all confident	Very Confident
... if I were angry at the way things had turned out	<input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="3"/> <input type="text" value="4"/> <input type="text" value="5"/> <input type="text" value="6"/> <input type="text" value="7"/> <input type="text" value="8"/> <input type="text" value="9"/> <input type="text" value="10"/>	
... if I had unexpectedly found some booze/drugs or happened to see something that reminded me of drinking/using drugs	<input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="3"/> <input type="text" value="4"/> <input type="text" value="5"/> <input type="text" value="6"/> <input type="text" value="7"/> <input type="text" value="8"/> <input type="text" value="9"/> <input type="text" value="10"/>	
... if other people treated me unfairly or interfered with my plans	<input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="3"/> <input type="text" value="4"/> <input type="text" value="5"/> <input type="text" value="6"/> <input type="text" value="7"/> <input type="text" value="8"/> <input type="text" value="9"/> <input type="text" value="10"/>	
... if I were out with friends and they kept suggesting we go somewhere to drink/use drugs	<input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="3"/> <input type="text" value="4"/> <input type="text" value="5"/> <input type="text" value="6"/> <input type="text" value="7"/> <input type="text" value="8"/> <input type="text" value="9"/> <input type="text" value="10"/>	

9. Please indicate your level of agreement or disagreement with the statements by checking the choice that best represents your feelings or opinion over the past 30 days. (Please answer for relationships with persons other than your behavioral health provider(s).) Source: MHSIP Survey *Element Agreed upon by DOWG	Response Options						
	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Not applicable	Refused
<b>Domain: Social Connectedness Questions 1-4</b>							
1. I am happy with the friendships I have.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. 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"/>
3. I feel I belong in my community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. 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"/>
<b>Domain: Improved Functioning Domain: Questions 5-8</b>							
5. 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"/>
6. I am better able to 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"/>
7. I am better able to 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"/>
8. I am better able to 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"/>
<b>Domain: Perception of Access to Services Questions 9-13</b>							
9. The location of services was convenient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Staff was willing to see me as often as I felt it was necessary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Staff returned my calls within 24 hours.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Services were available at times that were good for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I was able to get all the services I thought I needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Domains: Perception of Quality and Appropriateness Questions 14-21</b>							
14. Staff believed that I could grow, change and recover.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. I felt free to complain.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Staff respected my wishes about who is and is not to be given information about my treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Staff was sensitive to my cultural/ethnic background.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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## Adult SUD Form -Discharge

18. Staff helped me obtain the information needed so I could take charge of managing my illness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I was given information about my rights.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Staff encouraged me to take responsibility for how I live my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. I was encouraged to use consumer-run programs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domain: Perceptions of Outcomes Questions 22-29							
22. I deal more effectively with daily problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. I am better able to control my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. I am better able to deal with crisis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. I am getting along better with my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. I do better in social situations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. I do better 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"/>
28. 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"/>
29. My housing situation has improved.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domain: Perceptions of Participation in Treatment Planning Questions 30-31							
30. I felt comfortable asking questions about my treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. I, not staff, decided my treatment goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domain: General Satisfaction Questions 32-34							
32. I liked the services that I received here.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. If I had other choices, I would still get services at this agency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. I would recommend this agency to a friend or family member.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Question **required** to be completed by Clinician

**10. At this interval period, what is your (clinician's) assessment of the client's understanding and willingness to engage in their treatment program? Please circle a number on the scale below:**

Unengaged and Blocked	Minimal Engagement in Recovery	Limited Engagement in Recovery	Positive Engagement in Recovery	Optimal Engagement in Recovery
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

## Division of Behavioral Health Substance Use Disorder Outcome Tool Youth INITIAL

Todays' Date:

Client STARS ID: | | | | | | | | | | | | | | | |

- Program**
- |  |   |
|--|---|
| <input type="checkbox"/> 1.0 Outpatient                | <input type="checkbox"/> 2.1 Intensive Outpatient |
| <input type="checkbox"/> 2.5 Day Treatment             | <input type="checkbox"/> 3.7 Intensive Inpatient  |
| <input type="checkbox"/> 3.1 Low Intensity Residential | Treatment (PRTF)                                  |
| <input type="checkbox"/> Adolescent EBP Services       |   |

### 1. Would you say that in general your health is:

- ☐ Excellent    ☐ Very Good    ☐ Good    ☐ Fair    ☐ Poor

a. Now thinking about your physical health, which includes physical illness and injury, how many days during the past 30 days was your physical health not good? \_\_\_\_\_

b. Now thinking about your mental health, which includes stress, depression, and problems with emotions, how many days during the past 30 days was your mental health not good? \_\_\_\_\_

c. During the past 30 days, approximately how many days did your poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? \_\_\_\_\_

### 2. At this moment, how important is it that you change your current behaviors and/or symptoms? Please circle a number on the scale below:

- |                      |  |   |
|----------------------|--|---|
| Not important at all | About as important as most of the other things I would like to achieve now | Most important thing in my life right now |
| 0                    | 1    2    3    4    5    6    7  | 8    9    10                              |

### 3. At this moment, how confident are you that you will change your current behaviors and/or symptoms? Please circle a number on the scale below:

- |                      |  |   |
|----------------------|--|---|
| Not important at all | About as important as most of the other things I would like to achieve now | Most important thing in my life right now |
| 0                    | 1    2    3    4    5    6    7  | 8    9    10                              |

### 4. Please answer the following question

In the past 30 days, how many times have you been arrested?

\*Federally Required Element

Number of  
Nights/Times

Don't  
know

\_\_\_\_\_ ☐

### 5. Please answer the following questions based on the past 30 days...

- a. Have you gotten into trouble at home, at school, work, or in the community, because of your use of alcohol, drugs, inhalants, or gambling? ☐ Yes ☐ No
- b. Have you missed school or work because of using alcohol, drugs, inhalants, or gambling? ☐ Yes ☐ No

\*Federally Required Element

Last Updated: 03/23/2021

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## Youth SUD Form –Initial Interview

6. Please answer the following questions based on the <u>30 days</u> ...	Number of Nights/Times	Don't know
a. How many times have you gone to an emergency room for a psychiatric or emotional problem?	_____	<input type="checkbox"/>
b. How many nights have you spent in a facility for:		
i. Detoxification?	_____	<input type="checkbox"/>
ii. Inpatient/Residential Substance Use Disorder Treatment?	_____	<input type="checkbox"/>
iii. Mental Health Care?	_____	<input type="checkbox"/>
iv. Illness, Injury, Surgery?	_____	<input type="checkbox"/>
c. How many nights have you spent in a correctional facility including JDC or Jail (as a result of an arrest, parole or probation violation)?	_____	<input type="checkbox"/>
d. How many times have you tried to commit suicide?	_____	<input type="checkbox"/>
<b>7. I would be able to resist the urge to drink heavily and/or use drugs...</b>	Not at all confident	Very Confident
... if I were angry at the way things had turned out	0 1 2 3 4 5 6 7 8 9 10	
... if I had unexpectedly found some booze/drugs or happened to see something that reminded me of drinking/using drugs	0 1 2 3 4 5 6 7 8 9 10	
... if other people treated me unfairly or interfered with my plans	0 1 2 3 4 5 6 7 8 9 10	
... if I were out with friends and they kept suggesting we go somewhere to drink/use drugs	0 1 2 3 4 5 6 7 8 9 10	

## Youth SUD Form –Initial Interview

8. Please indicate your level of agreement or disagreement with the statements by checking the choice that best represents your feelings or opinion over the past 30 days. (Please answer for relationships with persons other than your behavioral health provider(s).) *Federally Required	Response Options						
	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Not applicable	Refused
<b>Domain: Social Connectedness Questions 1-4</b>							
1. I know people who will listen and understand me when I need to talk.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. In a crisis, I would have the support I need from family and friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. 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"/>
4. 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"/>
<b>Domain: Improved Functioning Domain: Questions 5-11</b>							
5. I am able to do things 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"/>
6. I get along with family members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I get along with 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"/>
8. 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"/>
9. I am able to cope when things go wrong.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I am able to handle my daily life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I am satisfied with my family life right now.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Question to be answered by Clinician

GAIN Short Screener (GAIN-SS) Scoring					
Screener	Items	Past Month (4)	Past 90 Days (4, 3)	Past Year (4, 3, 2)	Ever (4, 3, 2, 1)
IDScr	1a – 1f				
EDScr	2a – 2g				
SDScr	3a – 3e				
CVScr	4a – 4e				
TDSer	1a – 4e				

9. At this interval period, what is your (clinician's) assessment of the client's understanding and willingness to engage in their treatment program? Please circle a number on the scale below:

Unengaged and Blocked	Minimal Engagement in Recovery	Limited Engagement in Recovery	Positive Engagement in Recovery	Optimal Engagement in Recovery
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Division of Behavioral Health Substance Use Disorder Outcome Tool Youth Discharge

Today's Date:

Client STARS ID:

- Program**
- |  |   |
|--|---|
| <input type="checkbox"/> 1.0 Outpatient                | <input type="checkbox"/> 2.1 Intensive Outpatient                 |
| <input type="checkbox"/> 2.5 Day Treatment             | <input type="checkbox"/> 3.7 Intensive Inpatient Treatment (PRTF) |
| <input type="checkbox"/> 3.1 Low Intensity Residential |   |
| <input type="checkbox"/> Adolescent EBP Services       |   |

### 1. Would you say that in general your health is:

- ☐ Excellent    ☐ Very Good    ☐ Good    ☐ Fair    ☐ Poor

a. Now thinking about your physical health, which includes physical illness and injury, how many days during the past 30 days was your physical health not good? \_\_\_\_\_

b. Now thinking about your mental health, which includes stress, depression, and problems with emotions, how many days during the past 30 days was your mental health not good? \_\_\_\_\_

c. During the past 30 days, approximately how many days did your poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? \_\_\_\_\_

### 2. At this moment, how important is it that you change your current behaviors and/or symptoms? Please select the number below:

- |                      |  |   |
|----------------------|--|---|
| Not important at all | About as important as most of the other things I would like to achieve now                 | Most important thing in my life right now |
| <b>0</b>             | <b>1</b> <b>2</b> <b>3</b> <b>4</b> <b>5</b> <b>6</b> <b>7</b> <b>8</b> <b>9</b> <b>10</b> |   |

### 3. At this moment, how confident are you that you will change your current behaviors and/or symptoms? Please circle a number on the scale below:

- |                      |  |   |
|----------------------|--|---|
| Not important at all | About as important as most of the other things I would like to achieve now                 | Most important thing in my life right now |
| <b>0</b>             | <b>1</b> <b>2</b> <b>3</b> <b>4</b> <b>5</b> <b>6</b> <b>7</b> <b>8</b> <b>9</b> <b>10</b> |   |

### 4. Please answer the following question

In the past 30 days, how many times have you been arrested?

\*Federally Required Element

Number of  
Nights/Times

Don't  
know

\_\_\_\_\_ ☐

### 5. Please answer the following questions based on the past 30 days...

a. Have you gotten into trouble at home, at school, work, or in the community, because of your use of alcohol, drugs, inhalants, or gambling? ☐ Yes ☐ No

b. Have you missed school or work because of using alcohol, drugs, inhalants, or gambling? ☐ Yes ☐ No

## Youth SUD Form – Discharge

6. Please answer the following questions based on the <u>past 30 days</u> ...	Number of Nights/Times	Don't know
a. How many times have you gone to an emergency room for a psychiatric or emotional problem?	___	<input type="checkbox"/>
b. How many nights have you spent in a facility for:		
i. Detoxification?	___	<input type="checkbox"/>
ii. Inpatient/Residential Substance Use Disorder Treatment?	___	<input type="checkbox"/>
iii. Mental Health Care?	___	<input type="checkbox"/>
iv. Illness, Injury, Surgery?	___	<input type="checkbox"/>
Source: Current MPR Adult History Form (Revised 3/06)		
c. How many nights have you spent in a correctional facility including JDC or Jail (as a result of an arrest, parole or probation violation)?	___	<input type="checkbox"/>
d. How many times have you tried to commit suicide?	___	<input type="checkbox"/>

\*Federally Required Element

7. Please check the appropriate box on how you are doing since entering the program that best tells us what you think.	Before 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"/>

\*Element agreed upon by the DOWG

8. I would be able to resist the urge to drink heavily and/or use drugs...	Not at all confident											Very Confident
... if I were angry at the way things had turned out	0	1	2	3	4	5	6	7	8	9	10	
... if I had unexpectedly found some booze/drugs or happened to see something that reminded me of drinking/using drugs	0	1	2	3	4	5	6	7	8	9	10	
... if other people treated me unfairly or interfered with my plans	0	1	2	3	4	5	6	7	8	9	10	
... if I were out with friends and they kept suggesting we go somewhere to drink/use drugs	0	1	2	3	4	5	6	7	8	9	10	

## Youth SUD Form – Discharge

9. Please indicate your level of agreement or disagreement with the statements by checking the choice that best represents your feelings or opinion over the past 30 days. (Please answer for relationships with persons other than your behavioral health provider(s).) *Federally Required	Response Options						
	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Not applicable	Refused
<b>Domain: Social Connectedness Questions 1-4</b>							
1. I know people who will listen and understand me when I need to talk.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. In a crisis, I would have the support I need from family and friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. 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"/>
4. 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"/>
<b>Domain: Improved Functioning/ Outcomes Domain: Questions 5-11</b>							
5. I am better able to do things 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"/>
6. I get along better with family members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I get along better with 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"/>
8. I am doing better 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"/>
9. I am better able to cope when things go wrong.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I am better at handling my daily life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I am satisfied with my family life right now.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Domain: Perception of Access to Services Questions 12-13</b>							
12. The location of services was convenient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Services are available at times that are convenient for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Domains: Perception of Cultural Sensitivity Questions 14-17</b>							
14. Staff treat me with respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Staff respect my family's religious/spiritual beliefs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Staff speak with me in a way that I understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Staff are sensitive to my cultural/ethnic background.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Domain: Perceptions of Participation in Treatment Planning Questions 18-20</b>							
18. I helped to choose my services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I helped to choose my treatment goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. I participated in my own treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Domain: General Satisfaction Questions 21-26</b>							
21. Overall I am satisfied with the services I have received here.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. The people helping me have stuck with me no matter what.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. I feel I have someone to talk to when I am troubled.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. I received services that were right for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. I have gotten the help I want.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. I have gotten as much help as I need.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Youth SUD Form – Discharge

Questions to be answered by Clinician

<b>GAIN Short Screener (GAIN-SS) Scoring</b>					
Screeners	Items	Past Month (4)	Past 90 Days (4, 3)	Past Year (4, 3, 2)	Ever (4, 3, 2, 1)
IDScr	1a – 1f				
EDScr	2a – 2g				
SDScr	3a – 3e				
CVScr	4a – 4e				
TDSer	1a – 4e				

**10. At this interval period, what is your (clinician's) assessment of the client's understanding and willingness to engage in their treatment program? Please circle a number on the scale below:**

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>

## Division of Behavioral Health Substance Use Disorder Outcome Tool Family INITIAL

Todays' Date:

Client STARS ID: | | | | | | | | | | | | | | | |

- Program**
- |  |   |
|--|---|
| <input type="checkbox"/> 1.0 Outpatient                | <input type="checkbox"/> 2.1 Intensive Outpatient |
| <input type="checkbox"/> 2.5 Day Treatment             | <input type="checkbox"/> 3.7 Intensive Inpatient  |
| <input type="checkbox"/> 3.1 Low Intensity Residential | Treatment (PRTF)                                  |
| <input type="checkbox"/> Adolescent EBP Services       |   |

### 1. Would you say that in general your child's health is:

- ☐ Excellent    ☐ Very Good    ☐ Good    ☐ Fair    ☐ Poor

a. Now thinking about your child's physical health, which includes physical illness and injury, how many days during the past 30 days was your child's physical health not good? \_\_\_\_\_

b. Now thinking about your child's mental health, which includes stress, depression, and problems with emotions, how many days during the past 30 days was your child's mental health not good? \_\_\_\_\_

c. During the past 30 days, approximately how many days did your child's poor physical or mental health keep you from doing your child's usual activities, such as self-care, school, work, or recreation? \_\_\_\_\_

### 2. At this moment, how important is it that your child change their current behaviors and/or symptoms? Please circle a number on the scale below:

Not important at all	About as important as most of the other things I would like to achieve now	Most important thing in my life right now
<b>0</b>	<b>1</b> <b>2</b> <b>3</b> <b>4</b> <b>5</b> <b>6</b> <b>7</b>	<b>8</b> <b>9</b> <b>10</b>

### 3. At this moment, how confident are you, that your child will change their current behaviors and/or symptoms? Please circle a number on the scale below:

Not important at all	About as important as most of the other things I would like to achieve now	Most important thing in my life right now
<b>0</b>	<b>1</b> <b>2</b> <b>3</b> <b>4</b> <b>5</b> <b>6</b> <b>7</b>	<b>8</b> <b>9</b> <b>10</b>

### 4. Please answer the following question

In the past 30 days, how many times has your child been arrested?

\*Federally Required Element

Number of Nights/Times	Don't know
---------------------------	---------------

\_\_\_\_\_ ☐

## Family SUD Form –Initial Interview

### 5. Please answer the following questions based on the past 30 days...

- a. Has your child gotten into trouble at home, at school, work, or in the community, because of their use of alcohol, drugs, inhalants, or gambling? ☐ Yes ☐ No
- b. Has your child missed school or work because of using alcohol, drugs, inhalants, or gambling? ☐ Yes ☐ No

\*Federally Required Element

### 6. Please answer the following questions based on the past 30 days...

	Number of Nights/Times	Don't know
a. How many times has your child gone to an emergency room for a psychiatric or emotional problem?	___	<input type="checkbox"/>
b. How many nights has your child spent in a facility for:		
i. Detoxification?	___	<input type="checkbox"/>
ii. Inpatient/Residential Substance Use Disorder Treatment?	___	<input type="checkbox"/>
iii. Mental Health Care?	___	<input type="checkbox"/>
iv. Illness, Injury, Surgery?	___	<input type="checkbox"/>
c. How many nights has your child spent in a correctional facility including JDC or Jail (as a result of an arrest, parole or probation violation)?	___	<input type="checkbox"/>
d. How many times has your child tried to commit suicide?	___	<input type="checkbox"/>

### 7. My child would be able to resist the urge to drink heavily and/or use drugs...

	Not at all confident	Very Confident
... if he/she were angry at the way things had turned out	0 1 2 3 4 5 6 7 8 9 10	
... if he/she had unexpectedly found some booze/drugs or happened to see something that reminded him/her of drinking/using drugs	0 1 2 3 4 5 6 7 8 9 10	
... if other people treated he/she unfairly or interfered with his/her plans	0 1 2 3 4 5 6 7 8 9 10	
... if he/she were out with friends and they kept suggesting they go somewhere to drink/use drugs	0 1 2 3 4 5 6 7 8 9 10	



## Family SUD Form –Initial Interview

8. Please indicate your level of agreement or disagreement with the statements by checking the choice that best represents your feelings or opinion over the past 30 days. (Please answer for relationships with persons other than your behavioral health provider(s).) Source: MHSIP Survey *Federally Required	Response Options						
	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Not applicable	Refused
<b>Domain: Social Connectedness Questions 1-4</b>							
1. My child knows people who will listen and understand them when they need to talk.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. In a crisis, my child would have the support they need from family and friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. My child has people that he/she are comfortable talking with about their problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. 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"/>
<b>Domain: Improved Functioning Domain: Questions 5-11</b>							
5. My child is able to do things he or she wants to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. My child gets along with family members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. My child gets along with 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"/>
8. 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"/>
9. My child is able to cope when things go wrong.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. My child is able to handle daily life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I am satisfied with our family life right now.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Question to be answered by Clinician

10. At this interval period, what is your (clinician's) assessment of the client's understanding and willingness to engage in their treatment program? Please circle a number on the scale below:				
Unengaged and Blocked	Minimal Engagement in Recovery	Limited Engagement in Recovery	Positive Engagement in Recovery	Optimal Engagement in Recovery
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

## Division of Behavioral Health Substance Use Disorder Outcome Tool Family Discharge

Todays' Date:

Client STARS ID: | | | | | | | | | | | | | | | |

- Program**
- |  |   |
|--|---|
| <input type="checkbox"/> 1.0 Outpatient                | <input type="checkbox"/> 2.1 Intensive Outpatient |
| <input type="checkbox"/> 2.5 Day Treatment             | <input type="checkbox"/> 3.7 Intensive Inpatient  |
| <input type="checkbox"/> 3.1 Low Intensity Residential | Treatment (PRTF)                                  |
| <input type="checkbox"/> Adolescent EBP Services       |   |

### 1. Would you say that in general your child's health is:

- ☐ Excellent    ☐ Very Good    ☐ Good    ☐ Fair    ☐ Poor

a. Now thinking about your child's physical health, which includes physical illness and injury, how many days during the past 30 days was your child's physical health not good? \_\_\_\_\_

b. Now thinking about your child's mental health, which includes stress, depression, and problems with emotions, how many days during the past 30 days was your child's mental health not good? \_\_\_\_\_

c. During the past 30 days, approximately how many days did your child's poor physical or mental health keep you from doing your child's usual activities, such as self-care, school, work, or recreation? \_\_\_\_\_

### 2. At this moment, how important is it that your child change their current behaviors and/or symptoms? Please circle a number on the scale below:

Not important at all      About as important as most of the other things I would like to achieve now      Most important thing in my life right now

**0**    **1**    **2**    **3**    **4**    **5**    **6**    **7**    **8**    **9**    **10**

### 3. At this moment, how confident are you, that your child will change their current behaviors and/or symptoms? Please circle a number on the scale below:

Not important at all      About as important as most of the other things I would like to achieve now      Most important thing in my life right now

**0**    **1**    **2**    **3**    **4**    **5**    **6**    **7**    **8**    **9**    **10**

### 4. Please answer the following question

In the past 30 days, how many times has your child been arrested?

\*Federally Required Element

Number of  
Nights/Times      Don't  
know

\_\_\_\_\_ ☐

### 5. Please answer the following questions based on the past 30 days...

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| a. Has your child gotten into trouble at home, at school, work, or in the community, because of their use of alcohol, drugs, inhalants, or gambling? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Has your child missed school or work because of using alcohol, drugs, inhalants, or gambling?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

## Family SUD Form – Discharge

6. Please answer the following questions based on the <u>past 30 days</u> ...	Number of Nights/Times	Don't know
a. How many times has your child gone to an emergency room for a psychiatric or emotional problem?	_____	<input type="checkbox"/>
b. How many nights has your child spent in a facility for:		
i. Detoxification?	_____	<input type="checkbox"/>
ii. Inpatient/Residential Substance Use Disorder Treatment?	_____	<input type="checkbox"/>
iii. Mental Health Care?	_____	<input type="checkbox"/>
iv. Illness, Injury, Surgery?	_____	<input type="checkbox"/>
c. How many nights has your child spent in a correctional facility including JDC or Jail (as a result of an arrest, parole or probation violation)?	_____	<input type="checkbox"/>
d. How many times has your child tried to commit suicide?	_____	<input type="checkbox"/>

\*Federally Required Element

7. Please check the appropriate box on how your child is doing since entering the program that best tells us what you think.	Before 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"/>

8. My child would be able to resist the urge to drink heavily and/or use drugs...	Not at all confident	Very Confident
... if he/she were angry at the way things had turned out	0 1 2 3 4 5 6 7 8 9 10	
... if he/she had unexpectedly found some booze/drugs or happened to see something that reminded him/her of drinking/using drugs	0 1 2 3 4 5 6 7 8 9 10	
... if other people treated he/she unfairly or interfered with his/her plans	0 1 2 3 4 5 6 7 8 9 10	
... if he/she were out with friends and they kept suggesting they go somewhere to drink/use drugs	0 1 2 3 4 5 6 7 8 9 10	

## Family SUD Form – Discharge

9. Please indicate your level of agreement or disagreement with the statements by checking the choice that best represents your feelings or opinion over the past 30 days. (Please answer for relationships with persons other than your behavioral health provider(s).) *Federally Required	Response Options						
	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Not applicable	Refused
<b>Domain: Social Connectedness Questions 1-4</b>							
1. My child knows people who will listen and understand them when they need to talk.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. In a crisis, my child would have the support they need from family and friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. My child has people that he/she are comfortable talking with about their problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. 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"/>
<b>Domain: Improved Functioning/ Outcomes Domain: Questions 5-11</b>							
5. My child is better able to do things he or she wants to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. My child gets along better with family members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. My child gets along better with 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"/>
8. My child is doing better 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"/>
9. My child is better able to cope when things go wrong.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. My child is better at handling daily life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I am satisfied with our family life right now.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Domain: Perception of Access to Services Questions 12-13</b>							
12. The location of services was convenient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Services were available at times that were convenient for us.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Domains: Perception of Cultural Sensitivity Questions 14-17</b>							
14. Staff treated me with respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Staff respected my family's religious/spiritual beliefs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Staff spoke with me in a way that I understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Staff were sensitive to my cultural/ethnic background.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Domain: Perceptions of Participation in Treatment Planning Questions 18-20</b>							
18. I helped to choose my child's services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I helped to choose my child's treatment goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. I was frequently involved in my child's treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Family SUD Form – Discharge

	Response Options						
	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Not applicable	Refused
<b>Domain: General Satisfaction Questions 21-26</b>							
21. Overall I am satisfied with the services my child received here.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. The people helping my child have stuck with us no matter what.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. I feel my child has someone to talk to when he/she is troubled.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. The services my child and/or family received were right for us.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. My family got the help we wanted for my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. My family has gotten as much help as we needed for my child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Question to be answered by Clinician

**10. At this interval period, what is your (clinician's) assessment of the client's understanding and willingness to engage in their treatment program? Please circle a number on the scale below:**

Unengaged and Blocked	Minimal Engagement in Recovery	Limited Engagement in Recovery	Positive Engagement in Recovery	Optimal Engagement in Recovery
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

## Division of Behavioral Health Mental Health Outcome Tool INITIAL

Today's Date:

Client STARS ID:

Program: ☐ CARE ☐ IMPACT  
☐ First Episode Psychosis (SEBHS and BMS Only)  
☐ Transition Age Youth Receiving CARE (BMS/LSS Only) ☐ Transition Age Youth Receiving IMPACT (BMS/LSS Only)

### 1. Would you say that in general your health is:

☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

a. Now thinking about your physical health, which includes physical illness and injury, how many days during the past 30 days was your physical health not good? \_\_\_\_\_

b. Now thinking about your mental health, which includes stress, depression, and problems with emotions, how many days during the past 30 days was your mental health not good? \_\_\_\_\_

c. During the past 30 days, approximately how many days did your poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? \_\_\_\_\_

### 2. Please answer the following question based on the past 30 days...

Number of  
Nights/Times Don't  
know

How many times have you been arrested?

\*Federally required element

\_\_\_\_\_

☐

### 3. Please answer the following questions based on the past 6 months...

Number of  
Nights/Times Don't  
know

a. How many times have you gone to an emergency room for a psychiatric or emotional problem? \_\_\_\_\_

☐

b. How many nights have you spent in a facility for:

i. Detoxification? \_\_\_\_\_

☐

ii. Inpatient/Residential Substance Use Disorder Treatment \_\_\_\_\_

☐

iii. Mental Health Care? \_\_\_\_\_

☐

iv. Illness, Injury, Surgery \_\_\_\_\_

☐

c. How many times have you been arrested? \_\_\_\_\_

☐

d. How many nights have you spent in a correctional facility including jail or prisons (as a result of an arrest, parole or probation violation)? \_\_\_\_\_

☐

e. How many times have you tried to commit suicide? \_\_\_\_\_

☐

## Adult MH Tool – Initial Interview

4. Please indicate your level of agreement or disagreement with the statements by checking the choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) Source: MHSIP Survey *Federally Required	Response Options						
	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Not applicable	Refused
Domain: Social Connectedness Questions 1-4							
1. I am happy with the friendships I have.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. 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"/>
3. I feel I belong in my community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. 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"/>
Domain: Improved Functioning Domain: Questions 5-8							
5. 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"/>
6. I am able to 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"/>
7. I am able to 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"/>
8. I am able to 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"/>

Today's Date:

Client STARS ID: | | | | | | | | | | | | | | |

**Program:** ☐ CARE ☐ IMPACT  
☐ First Episode Psychosis (SEBHS and BMS Only)  
☐ Transition Age Youth Receiving CARE (BMS/LSS Only) ☐ Transition Age Youth Receiving IMPACT (BMS/LSS Only)

<input type="checkbox"/> Employed full time (35+ hours per week)	<input type="checkbox"/> Student
<input type="checkbox"/> Employed part time	<input type="checkbox"/> Retired
<input type="checkbox"/> Homemaker	<input type="checkbox"/> Unemployed
<input type="checkbox"/> Disabled	<input type="checkbox"/> Other (Specify)

\* Federally Required

<input type="checkbox"/> Independent, living in a private residence	<input type="checkbox"/> Homelessness
<input type="checkbox"/> Dependent, living in private residence	<input type="checkbox"/> Jail/Correctional Facility
<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 or doctors)	<input type="checkbox"/> Crisis Residence
	<input type="checkbox"/> Other

\*Federally Required

\*Federally Required

☐ Excellent    ☐ Very Good    ☐ Good    ☐ Fair    ☐ Poor

**a. Now thinking about your physical health, which includes physical illness and injury, how many days during the past 30 days was your physical health not good?**

**b. Now thinking about your mental health, which includes stress, depression, and problems with emotions, how many days during the past 30 days was your mental health not good?**

c. During the past 30 days, approximately how many days did your poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?



## Adult MH Tool – Update Interval

5. Please answer the following question based on the past 30 days...	Number of Nights/Times	Don't know
How many times have you been arrested? <small>*Federally required Element</small>	_____	<input type="checkbox"/>

6. Please answer the following questions based on the past 6 months...	Number of Nights/Times	Don't know
a. How many times have you gone to an emergency room for a psychiatric or emotional problem?	_____	<input type="checkbox"/>
b. How many nights have you spent in a facility for:		
i. Detoxification?	_____	<input type="checkbox"/>
ii. Inpatient/Residential Substance Use Disorder Treatment?	_____	<input type="checkbox"/>
iii. Mental Health Care?	_____	<input type="checkbox"/>
iv. Illness, Injury, Surgery?	_____	<input type="checkbox"/>
c. How many times have you been arrested?	_____	<input type="checkbox"/>
d. How many nights have you spent in a correctional facility including jail or prisons (as a result of an arrest, parole or probation violation)?	_____	<input type="checkbox"/>
e. How many times have you tried to commit suicide?	_____	<input type="checkbox"/>

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 past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) Source: MHSIP Survey *Federally Required	Response Options						
	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Not applicable	Refused
<b>Domain: Social Connectedness Questions 1-4</b>							
1. I am happy with the friendships I have.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. 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"/>
3. I feel I belong in my community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. 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"/>
<b>Domain: Improved Functioning Domain: Questions 5-8</b>							
5. 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"/>
6. I am better able to 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"/>
7. I am better able to 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"/>
8. I am better able to 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"/>
<b>Domain: Perception of Access to Services Questions 9-13</b>							
9. The location of services was convenient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Staff was willing to see me as often as I felt it was necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Staff returned my calls within 24 hours.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Services were available at times that were good for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I was able to get all the services I thought I needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Adult MH Tool – Update Interval

Domains: Perception of Quality and Appropriateness Questions 14-21							
14. Staff believed that I could grow, change and recover.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. I felt free to complain.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Staff respected my wishes about who is and is not to be given information about my treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Staff was sensitive to my cultural/ethnic background.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Staff helped me obtain the information needed so I could take charge of managing my illness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I was given information about my rights.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Staff encouraged me to take responsibility for how I live my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. I was encouraged to use consumer-run programs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domain: Perceptions of Outcomes Questions 22-29							
22. I deal more effectively with daily problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. I am better able to control my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. I am better able to deal with crisis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. I am getting along better with my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. I do better in social situations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. I do better 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"/>
28. 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"/>
29. My housing situation has improved.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domain: Perceptions of Participation in Treatment Planning Questions 30 and 31							
30. I felt comfortable asking questions about my treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. I, not staff, decided my treatment goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domain: General Satisfaction Questions 32-34							
32. I liked the services that I received here.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. If I had other choices, I would still get services at this agency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. I would recommend this agency to a friend or family member.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Today's Date:

**Program:** ☐ CARE ☐ IMPACT  
☐ First Episode Psychosis (SEBHS and BMS Only)  
☐ Transition Age Youth Receiving CARE (BMS/LSS Only) ☐ Transition Age Youth Receiving IMPACT (BMS/LSS Only)

<input type="checkbox"/> Employed full time (35+ hours per week)	<input type="checkbox"/> Student
<input type="checkbox"/> Employed part time	<input type="checkbox"/> Retired
<input type="checkbox"/> Homemaker	<input type="checkbox"/> Unemployed
<input type="checkbox"/> Disabled	<input type="checkbox"/> Other (Specify) _____

<input type="checkbox"/> Independent, living in a private residence	<input type="checkbox"/> Homelessness
<input type="checkbox"/> Dependent, living in private residence	<input type="checkbox"/> Jail/Correctional Facility
<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 or doctors)	<input type="checkbox"/> Crisis Residence
	<input type="checkbox"/> Other

\*Federally Required

- Now thinking about your physical health, which includes physical illness and injury, how many days during the past 30 days was your physical health not good? \_\_\_\_\_
- Now thinking about your mental health, which includes stress, depression, and problems with emotions, how many days during the past 30 days was your mental health not good? \_\_\_\_\_
- During the past 30 days, approximately how many days did your poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? \_\_\_\_\_

## Adult MH Tool - Discharge

5. Please answer the following question	Number of Nights/Times	Don't know
In the past 30 days, how many times have you been arrested? *Federally Required	—	<input type="checkbox"/>

6. Please answer the following questions based on the past 6 months...	Number of Nights/Times	Don't know
a. How many times have you gone to an emergency room for a psychiatric or emotional problem?	—	<input type="checkbox"/>
b. How many nights have you spent in a facility for:		
i. Detoxification?	—	<input type="checkbox"/>
ii. Inpatient/Residential Substance Use Disorder Treatment?	—	<input type="checkbox"/>
iii. Mental Health Care?	—	<input type="checkbox"/>
iv. Illness, Injury, Surgery?	—	<input type="checkbox"/>
c. How many times have you been arrested?	—	<input type="checkbox"/>
d. How many nights have you spent in a correctional facility including jail or prisons (as a result of an arrest, parole or probation violation)?	—	<input type="checkbox"/>
e. How many times have you tried to commit suicide?	—	<input type="checkbox"/>

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 past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) Source: MHSIP Survey *Federally Required	Response Options						
	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Not applicable	Refused
<b>Domain: Social Connectedness Questions 1-4</b>							
1. I am happy with the friendships I have.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. 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"/>
3. I feel I belong in my community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. 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"/>
<b>Domain: Improved Functioning Domain: Questions 5-8</b>							
5. 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"/>
6. I am better able to 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"/>
7. I am better able to 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"/>
8. I am better able to 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"/>
<b>Domain: Perception of Access to Services Questions 9-13</b>							
9. The location of services was convenient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Staff was willing to see me as often as I felt it was necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Staff returned my calls within 24 hours.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Services were available at times that were good for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I was able to get all the services I thought I needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Adult MH Tool - Discharge

Domains: Perception of Quality and Appropriateness							
Questions 14-21							
14. Staff believed that I could grow, change and recover.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. I felt free to complain.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Staff respected my wishes about who is and is not to be given information about my treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Staff was sensitive to my cultural/ethnic background.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Staff helped me obtain the information needed so I could take charge of managing my illness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I was given information about my rights.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Staff encouraged me to take responsibility for how I live my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. I was encouraged to use consumer-run programs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domain: Perceptions of Outcomes Questions 22-29							
22. I deal more effectively with daily problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. I am better able to control my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. I am better able to deal with crisis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. I am getting along better with my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. I do better in social situations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. I do better 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"/>
28. 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"/>
29. My housing situation has improved.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domain: Perceptions of Participation in Treatment Planning Questions 30 and 31							
30. I felt comfortable asking questions about my treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. I, not staff, decided my treatment goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domain: General Satisfaction Questions 32-34							
32. I liked the services that I received here.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. If I had other choices, I would still get services at this agency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. I would recommend this agency to a friend or family member.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Division of Behavioral Health Mental Health Outcome Tool Youth INITIAL

Todays' Date:

Client STARS ID:

Program ☐ CYF Services (SED) ☐ ART  
☐ MRT ☐ FFT

### 1. Would you say that in general your health is:

☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

a. Now thinking about your physical health, which includes physical illness and injury, how many days during the past 30 days was your physical health not good? \_\_\_\_\_

b. Now thinking about your mental health, which includes stress, depression, and problems with emotions, how many days during the past 30 days was your mental health not good? \_\_\_\_\_

c. During the past 30 days, approximately how many days did your poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? \_\_\_\_\_

### 2. Please answer the following question

Number of  
Nights/Times Don't  
know

In the past 30 days, how many times have you been arrested? \_\_\_\_\_

\*Federally Required Element

### 3. Please answer the following questions based on the past 6 months...

Number of  
Nights/Times Don't  
know

a. How many times have you gone to an emergency room for a psychiatric or emotional problem? \_\_\_\_\_

b. How many nights have you spent in a facility for:

i. Detoxification? \_\_\_\_\_

ii. Inpatient/Residential Substance Use Disorder Treatment? \_\_\_\_\_

iii. Mental Health Care? \_\_\_\_\_

iv. Illness, Injury, Surgery? \_\_\_\_\_

c. How many times have you been arrested? \_\_\_\_\_

d. How many nights have you spent in a correctional facility including JDC or Jail (as a result of an arrest, parole or probation violation)? \_\_\_\_\_

e. How many times have you tried to commit suicide? \_\_\_\_\_

\*Federally Required

## Youth MH Form –Initial Interview

4. Please indicate your level of agreement or disagreement with the statements by checking the choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) *Federally Required	Response Options						
	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Not applicable	Refused
<b>Domain: Social Connectedness Questions 1-4</b>							
1. I know people who will listen and understand me when I need to talk.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. 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"/>
3. 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"/>
4. 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"/>
<b>Domain: Improved Functioning Domain: Questions 5-11</b>							
5. I am able to do things 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"/>
6. I get along with family members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I get along with 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"/>
8. 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"/>
9. I am able to cope when things go wrong.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I am able to handle my daily life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I am satisfied with my family life right now.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Question to be answered by Clinician

GAIN Short Screener (GAIN-SS) Scoring					
Screener	Items	Past Month (4)	Past 90 Days (4, 3)	Past Year (4, 3, 2)	Ever (4, 3, 2, 1)
IDScr	1a – 1f				
EDScr	2a – 2g				
SDScr	3a – 3e				
CVScr	4a – 4e				
TDScr	1a – 4e				

## Division of Behavioral Health Mental Health Outcome Tool Youth Update

Todays' Date:

Client STARS ID:

**Program**      ☐ CYF Services (SED)      ☐ ART  
                      ☐ MRT      ☐ FFT

### 1. Have you attended school at any time in the past three months?

☐ Yes      ☐ No

\*Federally Required

### 2. Please circle your current or highest educational level completed:

\*Federally Required

### 3. Are you currently employed? (\*\*Collected for clients 16 and older only)

☐ Employed full time (35+ hours per week)      ☐ Student  
☐ Employed part time      ☐ Retired  
☐ Homemaker      ☐ Other (Specify) \_\_\_\_\_  
☐ Disabled

\*Federally Required

### 4. Which of following best describes your current residential status?

☐ Independent, living in private residence      ☐ Homelessness  
☐ Dependent, living in private residence      ☐ Jail/Correctional Facility  
☐ Residential Care (group home, rehabilitation center, agency-operated care)      ☐ Foster Home/Foster Care  
☐ Institutional setting (24/7 care by skilled/specialized staff or doctors)      ☐ Crisis Residence  
☐ Other

\*Federally Required

### 5. Would you say that in general your health is:

☐ Excellent      ☐ Very Good      ☐ Good      ☐ Fair      ☐ Poor

a. Now thinking about your physical health, which includes physical illness and injury, how many days during the past 30 days was your physical health not good? \_\_\_\_\_

b. Now thinking about your mental health, which includes stress, depression, and problems with emotions, how many days during the past 30 days was your mental health not good? \_\_\_\_\_

c. During the past 30 days, approximately how many days did your poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? \_\_\_\_\_

Last Updated: 04/24/2020

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## Youth MH Form – Update Interval

<b>6. Please answer the following question</b>	Number of Nights/Times	Don't know					
In the past 30 days, how many times have you been arrested? *Federally Required Element	_____	<input type="checkbox"/>					
<b>7. Please answer the following questions based on the <u>past 6 months</u>...</b>	Number of Nights/Times	Don't know					
a. How many times have you gone to an emergency room for a psychiatric or emotional problem?	_____	<input type="checkbox"/>					
b. How many nights have you spent in a facility for:	_____	<input type="checkbox"/>					
i. Detoxification?	_____	<input type="checkbox"/>					
ii. Inpatient/Residential Substance Use Disorder Treatment?	_____	<input type="checkbox"/>					
iii. Mental Health Care?	_____	<input type="checkbox"/>					
iv. Illness, Injury, Surgery?	_____	<input type="checkbox"/>					
c. How many times have you been arrested?	_____	<input type="checkbox"/>					
d. How many nights have you spent in a correctional facility including JDC or Jail (as a result of an arrest, parole or probation violation)?	_____	<input type="checkbox"/>					
e. How many times have you tried to commit suicide? *Federally Required Element	_____	<input type="checkbox"/>					
<b>8. Please indicate your level of agreement or disagreement with the statements by checking the choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) *Federally Required</b>	Response Options						
	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Not applicable	Refused
Domain: Social Connectedness Questions 1-4							
1. I know people who will listen and understand me when I need to talk.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. In a crisis, I would have the support I need from family and friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. 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"/>
4. 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"/>
Domain: Improved Functioning/ Outcomes Domain: Questions 5-11							
5. I am better able to do things 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"/>
6. I get along better with family members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I get along better with 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"/>
8. I am doing better 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"/>
9. I am better able to cope when things go wrong.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I am better at handling my daily life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I am satisfied with my family life right now.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Youth MH Form – Update Interval

	Response Options						
	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Not applicable	Refused
<b>Domain: Perception of Access to Services Questions 12-13</b>							
12. The location of services was convenient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Services are available at times that are convenient for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Domains: Perception of Cultural Sensitivity Questions 14-17</b>							
14. Staff treat me with respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Staff respect my family's religious/spiritual beliefs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Staff speak with me in a way that I understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Staff are sensitive to my cultural/ethnic background.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Domain: Perceptions of Participation in Treatment Planning Questions 18-20</b>							
18. I helped to choose my services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I helped to choose my treatment goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. I participated in my own treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Domain: General Satisfaction Questions 21-26</b>							
21. Overall I am satisfied with the services I have received here.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. The people helping me have stuck with me no matter what.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. I feel I have someone to talk to when I am troubled.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. I received services that were right for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. I have gotten the help I want.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. I have gotten as much help as I need.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Question to be answered by Clinician

GAIN Short Screener (GAIN-SS) Scoring					
Screener	Items	Past Month (4)	Past 90 Days (4, 3)	Past Year (4, 3, 2)	Ever (4, 3, 2, 1)
IDScr	1a – 1f				
EDScr	2a – 2g				
SDScr	3a – 3e				
CVScr	4a – 4e				
TDSer	1a – 4e				

## Division of Behavioral Health Mental Health Outcome Tool Youth Discharge

Todays' Date:

Client STARS ID: | | | | | | | | | | | | | | | |

**Program** ☐ CYF Services (SED) ☐ ART  
☐ MRT ☐ FFT

### 1. Have you attended school at any time in the past three months?

☐ Yes ☐ No

\*Federally Required

### 2. Please circle your current or highest educational level completed:

Self-Contained Special Ed Class (No Grade)

\*Federally Required

### 3. Are you currently employed? (\*\*Collected for clients 16 and older only)

☐ Employed full time (35+ hours per week) ☐ Student  
☐ Employed part time ☐ Retired  
☐ Homemaker ☐ Other (Specify) \_\_\_\_\_  
☐ Disabled

\*Federally Required

### 4. Which of following best describes your current residential status?

☐ Independent, living in private residence ☐ Homelessness  
☐ Dependent, living in private residence ☐ Jail/Correctional Facility  
☐ Residential Care (group home, rehabilitation center, agency-operated care) ☐ Foster Home/Foster Care  
☐ Institutional setting (24/7 care by skilled/specialized staff or doctors) ☐ Crisis Residence  
☐ Other

\*Federally Required

### 5. Would you say that in general your health is:

☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

a. Now thinking about your physical health, which includes physical illness and injury, how many days during the past 30 days was your physical health not good? \_\_\_\_\_

b. Now thinking about your mental health, which includes stress, depression, and problems with emotions, how many days during the past 30 days was your mental health not good? \_\_\_\_\_

c. During the past 30 days, approximately how many days did your poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? \_\_\_\_\_

## Youth MH Form – Discharge

6. Please answer the following question	Number of Nights/Times	Don't know
In the past 30 days, how many times have you been arrested? *Federally Required Element	—	<input type="checkbox"/>

7. Please answer the following questions based on the <u>past 6 months...</u>	Number of Nights/Times	Don't know
a. How many times have you gone to an emergency room for a psychiatric or emotional problem?	—	<input type="checkbox"/>
b. How many nights have you spent in a facility for:		
i. Detoxification?	—	<input type="checkbox"/>
ii. Inpatient/Residential Substance Use Disorder Treatment?	—	<input type="checkbox"/>
iii. Mental Health Care?	—	<input type="checkbox"/>
iv. Illness, Injury, Surgery?	—	<input type="checkbox"/>
c. How many times have you been arrested?	—	<input type="checkbox"/>
d. How many nights have you spent in a correctional facility including JDC or Jail (as a result of an arrest, parole or probation violation)?	—	<input type="checkbox"/>
e. How many times have you tried to commit suicide?	—	<input type="checkbox"/>
*Federally Required Element		

8. Please indicate your level of agreement or disagreement with the statements by checking the choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) *Federally Required	Response Options						
	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Not applicable	Refused
Domain: Social Connectedness Questions 1-4							
1. I know people who will listen and understand me when I need to talk.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. In a crisis, I would have the support I need from family and friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. 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"/>
4. 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"/>
Domain: Improved Functioning/ Outcomes Domain: Questions 5-11							
5. I am better able to do things 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"/>
6. I get along better with family members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I get along better with 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"/>
8. I am doing better 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"/>
9. I am better able to cope when things go wrong.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I am better at handling my daily life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I am satisfied with my family life right now.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Youth MH Form – Discharge

	Response Options						
	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Not applicable	Refused
<b>Domain: Perception of Access to Services Questions 12-13</b>							
12. The location of services was convenient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Services are available at times that are convenient for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Domains: Perception of Cultural Sensitivity Questions 14-17</b>							
14. Staff treated me with respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Staff respected my family's religious/spiritual beliefs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Staff spoke with me in a way that I understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Staff were sensitive to my cultural/ethnic background.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Domain: Perceptions of Participation in Treatment Planning Questions 18-20</b>							
18. I helped to choose my services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I helped to choose my treatment goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. I participated in my own treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Domain: General Satisfaction Questions 21-26</b>							
21. Overall I am satisfied with the services I have received here.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. The people helping me have stuck with me no matter what.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. I feel I have someone to talk to when I am troubled.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. I received services that were right for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. I have gotten the help I want.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. I have gotten as much help as I need.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Question to be answered by Clinician

GAIN Short Screener (GAIN-SS) Scoring					
Screener	Items	Past Month (4)	Past 90 Days (4, 3)	Past Year (4, 3, 2)	Ever (4, 3, 2, 1)
IDScr	1a – 1f				
EDScr	2a – 2g				
SDScr	3a – 3e				
CVScr	4a – 4e				
TDScr	1a – 4e				

Today's Date:

Client STARS ID: |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|

**1. Would you say that in general your child's health is:**

**c.** During the past 30 days, approximately how many days did your child's poor physical or mental health keep you from doing your child's usual activities, such as self-care, school, work, or recreation?

Number of Nights/Times	Don't know
---------------------------	---------------

\*Federally Required Element

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Number of Nights/Times	Don't know
---------------------------	---------------

11

iv. Illness, Injury, Surgery?

\_\_\_\_\_

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— 100 —

\_\_\_\_\_

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10

☐

\*Federally Required Element

## Family MH Form –Initial Interview

4. Please indicate your level of agreement or disagreement with the statements by checking the choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) *Federally Required	Response Options						
	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Not applicable	Refused
<b>Domain: Social Connectedness Questions 1-4</b>							
1. My child knows people who will listen and understand them when they need to talk.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. In a crisis, my child would have the support they need from family and friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. My child has people that he/she are comfortable talking with about their problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. 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"/>
<b>Domain: Improved Functioning Domain: Questions 5-11</b>							
5. My child is able to do things he or she wants to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. My child gets along with family members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. My child gets along with 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"/>
8. 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"/>
9. My child is able to cope when things go wrong.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. My child is able to handle daily life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I am satisfied with our family life right now.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Division of Behavioral Health Mental Health Outcome Tool Family Update

Todays' Date:

Client STARS ID: | | | | | | | | | | | | | | | |

**Program** ☐ CYF Services (SED) ☐ ART  
☐ MRT ☐ FFT

### 1. Did your child attend school in the past three months?

☐ Yes ☐ No

\*Federally Required

### 2. Please circle your child's current or highest educational level completed:

Self-Contained Special Ed Class (No Grade)

\*Federally Required

### 3. Is your child currently employed? (\*\*Collected for clients 16 and older only)

☐ Employed full time (35+ hours per week) ☐ Student  
☐ Employed part time ☐ Retired  
☐ Homemaker ☐ Other (Specify) \_\_\_\_\_  
☐ Disabled

\*Federally Required

### 4. Which of following best describes your child's current residential status?

☐ Independent, living in private residence ☐ Homelessness  
☐ Dependent, living in private residence ☐ Jail/Correctional Facility  
☐ Residential Care (group home, rehabilitation center, agency-operated care) ☐ Foster Home/Foster Care  
☐ Institutional setting (24/7 care by skilled/specialized staff or doctors) ☐ Crisis Residence  
☐ Other

\*Federally Required

### 5. Would you say that in general your child's health is:

☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

a. Now thinking about your child's physical health, which includes physical illness and injury, how many days during the past 30 days was your child's physical health not good? \_\_\_\_\_

b. Now thinking about your child's mental health, which includes stress, depression, and problems with emotions, how many days during the past 30 days was your child's mental health not good? \_\_\_\_\_

c. During the past 30 days, approximately how many days did your child's poor physical or mental health keep you from doing your child's usual activities, such as self-care, school, work, or recreation? \_\_\_\_\_

Last Updated: 03/23/2021

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## Family MH Form – Update Interval

6. Please answer the following question	Number of Nights/Times	Don't know					
In the past 30 days, how many times has your child been arrested? *Federally Required Element	_____	<input type="checkbox"/>					
*Federally Required Element							
7. Please answer the following questions based on the <u>past 6 months</u> ...	Number of Nights/Times	Don't know					
a. How many times has your child gone to an emergency room for a psychiatric or emotional problem?	_____	<input type="checkbox"/>					
b. How many nights has your child spent in a facility for:							
i. Detoxification?	_____	<input type="checkbox"/>					
ii. Inpatient/Residential Substance Use Disorder Treatment?	_____	<input type="checkbox"/>					
iii. Mental Health Care?	_____	<input type="checkbox"/>					
iv. Illness, Injury, Surgery?	_____	<input type="checkbox"/>					
c. How many times has your child been arrested?	_____	<input type="checkbox"/>					
d. How many nights has your child spent in a correctional facility including JDC or Jail (as a result of an arrest, parole or probation violation)?	_____	<input type="checkbox"/>					
e. How many times has your child tried to commit suicide?	_____	<input type="checkbox"/>					
8. Please indicate your level of agreement or disagreement with the statements by checking the choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) *Federally Required	Response Options						
	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Not applicable	Refused
Domain: Social Connectedness Questions 1-4							
1. My child knows people who will listen and understand them when they need to talk.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. In a crisis, my child would have the support they need from family and friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. My child has people that he/she are comfortable talking with about their problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. 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"/>
Domain: Improved Functioning/ Outcomes Domain: Questions 5-11							
5. My child is better able to do things he or she wants to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. My child gets along better with family members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. My child gets along better with 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"/>
8. My child is doing better 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"/>
9. My child is better able to cope when things go wrong.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. My child is better at handling daily life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I am satisfied with our family life right now.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Family MH Form – Update Interval

	Response Options						
	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Not applicable	Refused
<b>Domain: Perception of Access to Services Questions 12-13</b>							
12. The location of services was convenient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Services are available at times that are convenient for us.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Domains: Perception of Cultural Sensitivity Questions 14-17</b>							
14. Staff treat me with respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Staff respect my family's religious/spiritual beliefs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Staff speak with me in a way that I understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Staff are sensitive to my cultural/ethnic background.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Domain: Perceptions of Participation in Treatment Planning Questions 18-20</b>							
18. I helped to choose my child's services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I help to choose my child's treatment goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. I am frequently involved in my child's treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Domain: General Satisfaction Questions 21-26</b>							
21. Overall I am satisfied with the services my child received here.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. The people helping my child have stuck with us no matter what.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. I feel my child has someone to talk to when he/she is troubled.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. The services my child and/or family received were right for us.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. My family got the help we wanted for my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. My family has gotten as much help as we needed for my child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Division of Behavioral Health Mental Health Outcome Tool Family Discharge

Todays' Date:

Client STARS ID: | | | | | | | | | | | | | | | |

**Program** ☐ CYF Services (SED) ☐ ART  
☐ MRT ☐ FFT

### 1. Did your child attend school any time in the past three months?

☐ Yes ☐ No

\*Federally Required

### 2. Please circle your child's current or highest educational level completed:

Self-Contained Special Ed Class (No Grade)

\*Federally Required

### 3. Is your child currently employed? (\*\*Collected for clients 16 and older only)

☐ Employed full time (35+ hours per week) ☐ Student  
☐ Employed part time ☐ Retired  
☐ Homemaker ☐ Other (Specify) \_\_\_\_\_  
☐ Disabled

\*Federally Required

### 4. Which of following best describes your child's current residential status?

☐ Independent, living in private residence ☐ Homelessness  
☐ Dependent, living in private residence ☐ Jail/Correctional Facility  
☐ Residential Care (group home, rehabilitation center, agency-operated care) ☐ Foster Home/Foster Care  
☐ Institutional setting (24/7 care by skilled/specialized staff or doctors) ☐ Crisis Residence  
☐ Other

\*Federally Required

### 5. Would you say that in general your child's health is:

☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

a. Now thinking about your child's physical health, which includes physical illness and injury, how many days during the past 30 days was your child physical health not good? \_\_\_\_\_

b. Now thinking about your child's mental health, which includes stress, depression, and problems with emotions, how many days during the past 30 days was your child's mental health not good? \_\_\_\_\_

c. During the past 30 days, approximately how many days did your child's poor physical or mental health keep you from doing your child's usual activities, such as self-care, school, work, or recreation? \_\_\_\_\_

## Family MH Form – Discharge

6. Please answer the following question	Number of Nights/Times	Don't know
In the past 30 days, how many times has your child been arrested? *Federally Required Element	—	<input type="checkbox"/>

7. Please answer the following questions based on the <u>past 6 months</u> ...	Number of Nights/Times	Don't know
a. How many times has your child gone to an emergency room for a psychiatric or emotional problem?	—	<input type="checkbox"/>
b. How many nights has your child spent in a facility for:		
i. Detoxification?	—	<input type="checkbox"/>
ii. Inpatient/Residential Substance Use Disorder Treatment?	—	<input type="checkbox"/>
iii. Mental Health Care?	—	<input type="checkbox"/>
iv. Illness, Injury, Surgery?	—	<input type="checkbox"/>
Source: Current MPR Adult History Form (Revised 3/06)		
c. How many times has your child been arrested?	—	<input type="checkbox"/>
d. How many nights has your child spent in a correctional facility including JDC or Jail (as a result of an arrest, parole or probation violation)?	—	<input type="checkbox"/>
e. How many times has your child tried to commit suicide?	—	<input type="checkbox"/>
*Federally Required Element		

8. Please indicate your level of agreement or disagreement with the statements by checking the choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) *Federally Required	Response Options						
	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Not applicable	Refused
Domain: Social Connectedness Questions 1-4							
1. My child knows people who will listen and understand them when they need to talk.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. In a crisis, my child would have the support they need from family and friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. My child has people that he/she are comfortable talking with about their problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. 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"/>
Domain: Improved Functioning/ Outcomes Domain: Questions 5-11							
5. My child is better able to do things he or she wants to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. My child gets along better with family members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. My child gets along better with 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"/>
8. My child is doing better 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"/>
9. My child is better able to cope when things go wrong.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. My child is better at handling daily life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I am satisfied with our family life right now.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Family MH Form – Discharge

	Response Options						
	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Not applicable	Refused
<b>Domain: Perception of Access to Services Questions 12-13</b>							
12. The location of services was convenient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Services were available at times that were convenient for us.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Domains: Perception of Cultural Sensitivity Questions 14-17</b>							
14. Staff treated me with respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Staff respected my family's religious/spiritual beliefs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Staff spoke with me in a way that I understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Staff were sensitive to my cultural/ethnic background.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Domain: Perceptions of Participation in Treatment Planning Questions 18-20</b>							
18. I helped to choose my child's services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I helped to choose my child's treatment goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. I was frequently involved in my child's treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Domain: General Satisfaction Questions 21-26</b>							
21. Overall I am satisfied with the services my child received here.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. The people helping my child have stuck with us no matter what.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. I feel my child has someone to talk to when he/she is troubled.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. The services my child and/or family received were right for us.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. My family got the help we wanted for my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. My family has gotten as much help as we needed for my child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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