

TREATMENT OUTCOMES PROGRAM MANUAL

GUIDELINES FOR SUBSTANCE USE DISORDER & MENTAL HEALTH SERVICES

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INTRODUCTION

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

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

The Data Outcomes Work Group collaboratively established the following goals:

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

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

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

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GLOSSARY OF TERMS

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

Admission for Mental Health Disorder: All clients receiving services including clients who receive only mental health evaluation, screening, or assessment (SAMHSA, 2016).

Crisis Residence: A time-limited residential (24 hours/day) stabilization program that delivers services for acute symptom reduction in and restores clients to a pre-crisis level of functioning (SAMHSA, 2016).

Dependent Living, in a private residence: Adult clients living in a house, apartment, or other similar dwelling who are heavily dependent on other for daily living assistance (SAMHSA, 2016).

Employed full time: Working 35 hours or more each week, including active duty members of the uniformed services (SAMHSA, 2016).

Employed part-time: Working fewer than 35 hours each week (SAMHSA, 2016).

Foster Home/Foster Care: Client resides in a foster home, i.e., a home that is licensed by a county or state department to provide foster care to children, adolescents, and/or adults. This category includes therapeutic foster care facilities (SAMHSA, 2016).

Homeless: Clients with no fixed address; includes homeless shelters (SAMHSA, 2016).

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

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

Independent Living, living in a private residence: Clients living alone or with others in a private residence and capable of self-care. Includes adult children (age 18 and over) living

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with parents and adolescents living independently. Also includes clients who live independently with case management or supported housing support (SAMHSA, 2016).

Institutional Setting: Client resides in an institutional care facility providing care 24 hours/day, 7 days/week. May included skilled nursing/intermediate care facility, nursing homes, institute of mental disease (IMD), inpatient psychiatric hospital, psychiatric health facility, veterans' affairs hospital, state hospital, or Intermediate Care Facility/MR (SAMHSA, 2016).

Jail/Correctional Facility: Client resides in a jail, correctional facility, detention center, prison, or other institution under the justice system with care provided on 24 hours/day, 7 days/week (SAMHSA, 2016).

Not in labor force: Not looking for work during the past 30 days or a student, homemaker, disabled, retired, or an inmate of an institution (SAMHSA, 2016).

Residential Care: Individual resides in a residential care facility. This level of care may include a group home, therapeutic group home, board and care, residential treatment, rehabilitation center, or agency-operated residential care facilities (SAMHSA, 2016).

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

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

Treatment Completed: All parts of the treatment plan or program were completed (SAMHSA, 2016).

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

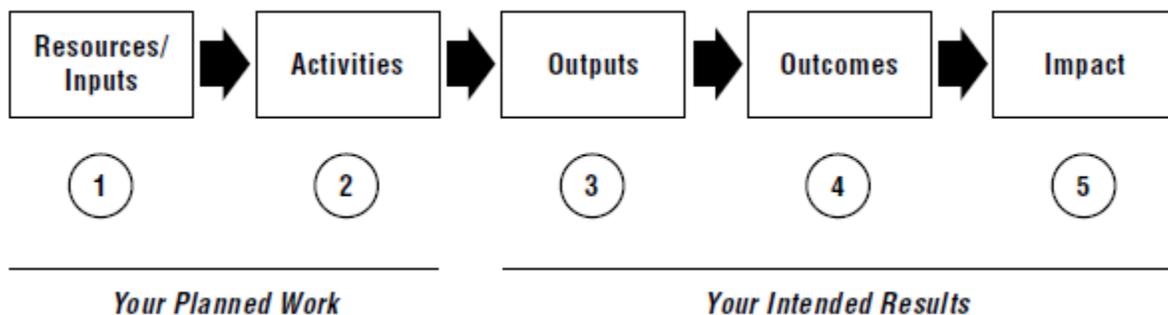
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Unemployed: looking for work during the past 30 days or on layoff from job (SAMHSA, 2016).

THE W.K. KELLOGG FOUNDATION LOGIC MODEL

Data and Outcome Work Group members identified the need for a process that outlined a systematic and visual way to present and share the results of programs funded by Division of Behavioral Health. Collaboratively, the DOWG developed a comprehensive logic model for all publicly funded adult behavioral health services. Additionally, logic models for specialized services were developed.

The logic models identify the activities, outputs, outcomes, and impacts for all publicly funded adult behavioral health services. To support the collection of this information, outcome tools were developed to supplement the data currently collected and input directly into STARS (i.e.: admission screen, transfer screen, and discharge screen). Please refer to the STARS Manual for timelines and additional guidance regarding STARS requirements.



Planned work describes what resources will be needed for implementation and the intended results the program. Planned work includes:

- *Resources/Inputs* include the human, financial, organizational, and community resources available to direct toward doing the work (i.e.: staff, funding, data collection systems)
- *Activities* are what the program does with the resources. Activities are the processes, tools, events, technology, and actions intended to bring about the desired result (i.e.: direct services, outcome measure collection and reporting, training, quality assurance reviews)

Intended results include all of the program's desired results. Intended results include:

- *Outputs* are the direct products of program activities including various types, levels, and targeted services to be delivered (i.e.: # of clients served, # clients discharged, # outcome tools submitted, contract expenditure, # of staff trained)
- *Outcomes* are the specific changes in program participants' behavior, knowledge, skills, status, and level of functioning. (i.e.: pre/post test results)
- *Impacts* are the intended fundamental system change (i.e.: cost avoidance, reduction in arrests, nights homeless and suicide attempts)

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The Community Behavioral Health Logic Model reflects the overall vision of the DOWG. The ultimate objectives of the Logic Model are the impacts resulting in fundamental system wide change including:

- Improve public safety
- Decrease reliance on publicly funded services
- Increase or maintain quality of life

AREAS OF RESPONSIBILITY

The DOWG collaboratively agreed and identified joint areas of responsibility for the DBH and contracted providers to ensure integrity of the data collection process.

Outlined below are the agreed up on areas of responsibility:

Division of Behavioral Health Responsibilities

- Ensure all contracted mental health and substance use disorder providers adhere to the procedures set forth in ARSD 67:61 and 67:62 and by the *Treatment Outcome Program Manual*
- Ensure that the Management Information System (MIS), State Treatment Activity Reporting System (STARS), and Outcome Measure Tools are up-to-date and meet federal reporting guidelines
- Ensure providers submit valid data within the identified targeted timeframe
- Review data submitted to DBH through STARS to ensure all required key fields are present and valid
- Provide annual reports to providers comprised of outputs and outcomes identified through the Logic Model

Provider Responsibilities

- Adhere to the procedures set forth by ARSD 67:61 and 67:62 and the *Treatment Outcome Program Manual*
- Report all eligible mental health and substance use disorder clients in the STARS data system
- Review data and outcome measure tools for validity prior to submission
- Timely submission of outcome tool
- Maintain, at minimum, a 60% return rate for outcome tools

MENATL HEALTH OUTCOME TOOL REPORTING ACTIVITES:

Required Mental Health Levels of Care to be Collected

Mental Health Outcome tools are collected for individuals receiving publicly funded mental health services. Outcome Tool forms shall be completed with individuals in the following levels of care:

| Mental Health |
|-----------------------------------|
| Level of Care |
| CYF (SED) |
| FFT (For JJRI Clients Only) |
| ART (For JJRI Clients Only) |
| MRT (For JJRI Clients Only) |
| CARE |
| IMPACT |
| TAY (BMS Only) |
| FEP (BMS and SEBHS –Not in STARS) |

Required Mental Health Outcome Tool Types Completed based on Age

Outcome tool types are determined and completed based on the age of the client.

| Age is 11 and Younger | Age is 12 to 17 | *Age is 18 and Older |
|--|---|---|
| Only <u>Family Outcome Tools</u> are completed | <u>Family and Youth Outcome Tools</u> are completed | <u>Adult or Youth and Family Outcome Tools</u> are completed based on services being provided |

- The following rules apply to clients **age 18 to 21**:
 - Youth and Family Outcome Tools are completed when a client is receiving CYF, FFT, MRT, or ART
 - Adult Outcome Tools are completed when a client is receiving CARE, IMPACT, TAY, or FEP.

Mental Health Outcome Tool Forms Requirements

For those receiving publicly funded Mental Health Services, the following completion rules apply:

| Mental Health | |
|---------------|---|
| Outcome Type | Time of Completion |
| Initial | <ul style="list-style-type: none"> • Within 30 days of admission |
| Update | <ul style="list-style-type: none"> • Every 6 months from the date of admission |
| Discharge | <ul style="list-style-type: none"> • Upon successful completion of services |

• **Initial Outcome Tool**

To be completed at the beginning of a treatment episode as part of the development of the client’s treatment plan. *In instances where a client is transferring into IMPACT services, an Initial Outcome Tool is to be completed.*

- Mental Health Outcome forms shall be completed within 30 days of admission; or
- When a client transfers to IMPACT services

Example of an Admission Date in STARS:

The screenshot shows the STARS system interface with the following details:

- General Info** tab selected.
- MH Adm/Dis Info** sub-tab selected.
- Fields for Unique ID, Local ID, First Name, MH: Adm Date (07/08/2014), ADA: Adm Date, and Provider are visible.
- Client's MH: Admission record(s)** section is active.
- Admission Date** is 07/08/2014, highlighted with a blue box and a circled 'A' with an arrow pointing to the ***ROI*** checkbox.
- Revoked ROI** checkbox is unchecked.
- Employment Status** is set to 'Not In Labor Force'.
- Not in Labor Force** checkbox is checked.
- Disabled** checkbox is checked.
- The **Orig. Srv Date** field (07/08/2014) is crossed out with a red 'X'.

• **Update Outcome Tool**

To be completed every 6 months until completion of services for mental health services.

- The forms shall be completed within in two weeks prior or two weeks after the appropriate update is due.
 - The timing of an appropriate update is based on the client's date of admission in STARS. For example, if a client's admission date was 1/3/16, the 6-month update is expected on 7/3/16. Follow the Outcome Tool Tracking Table on page 6.
 - For clients who are in services less than 6 months, an Update Outcome Tool is not required.
- **Discharge Outcome Tool**
Discharge outcome tools shall be completed and submitted in STARS within in 5 working days after the client successfully discharges from services. The *Reason Discharged* must read "Treatment completed/planned discharge". If the discharge screen does not indicate "Treatment completed/planned discharge", a Discharge Outcome Tool is **not completed**.

Example of Successful Discharge in STARS:

| Discharge Information | |
|---------------------------------|---------------------------------------|
| Discharge Date | Reason Discharged |
| 11/30/2015 | Treatment completed/planned discharge |
| | Employment Status at Discharge |
| | Unemployed |
| Living Arrangement at Discharge | Homeless at Discharge |
| Dependent Living | |

Change in a Client's Level of Care

There are times when a client will change to a new level of care depending on their clinical needs. When transferring the client, please considered the following:

- If a client is determined to need a different level of care within 30 days of admission, update the Admission screen to reflect the new level of care. **Do not** complete the mental health transfer screen. The Initial Outcome Tool will need to reflect the new level of care listed on the admission screen.
- If a client is determined to need a different level of care 31 or more days after admission, complete the mental health transfer screen with the new level of care. No Initial Outcome Tool will be completed unless the client is transferring to IMPACT services.

If the client is transferring to a new level of care within the same provider, the clinician will be responsible for completing appropriate Update Outcome forms thereafter, based on the client's admission date.

Mental Health Outcome Tool Tracking Table

Outcome tool completion dates are based on the admission date listed on the MH admission screen. Tools are to be completed based on the completion chart below. Update outcome tools will always be completed in the same months each year.

Outcome Tool Tracking Table

| Admission Month | Initial Tool Month | 1 st Update Month | 1 Year Update Month |
|-----------------|--------------------|------------------------------|---------------------|
| January | January | July | January |
| February | February | August | February |
| March | March | September | March |
| April | April | October | April |
| May | May | November | May |
| June | June | December | June |
| July | July | January | July |
| August | August | February | August |
| September | September | March | September |
| October | October | April | October |
| November | November | May | November |
| December | December | June | December |

Example: a client with a January admission date will complete the update outcome tool in every July and January until the client discharges from services.

| Admission Month | Initial Tool Month | 1 st Update Month | 1 Year Update Month |
|-----------------|--------------------|------------------------------|---------------------|
| January | January | July | January |
| February | February | August | February |
| March | March | September | March |

In instances where the client admits toward the end of the month, the initial outcome tool may not be completed until the following month. The update outcome tools will be completed based on the admission month, not the month the outcome tool was completed.

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Example: a client who admits on July 31st, 2018 completes the initial outcome tool August 5th, the update outcome tools are still required to be completed in January and July until the client discharges from services.

Admission Date: July 31st
Initial Tool Completed: August
1st Update Month: January
1 Year Update Month: July
Continued Tools: Every July and January until discharged from services



| Admission Month | Initial Tool Month | 1 st Update Month | 1 Year Update Month |
|-----------------|--------------------|------------------------------|---------------------|
| January | January | July | January |
| February | February | August | February |
| March | March | September | March |
| April | April | October | April |
| May | May | November | May |
| June | June | December | June |
| July | August | January | July |
| August | August | February | August |

SUBSTANCE USE DISORDER OUTCOME TOOL REPORTING ACTIVITES:

Substance Use Disorder Outcome tools are collected for individuals receiving publicly funded substance use disorder services. Outcome Tool forms shall be completed with individuals in the following levels of care:

| Substance Use Disorder |
|--|
| Level of Care |
| 1.0 Outpatient/1.0 Gambling Outpatient |
| 2.1 IOP/ 2.1 IOP Gambling |
| 2.5 Day Treatment/2.5 Gambling Day Treatment |
| 3.1 Low Intensity Residential |
| 3. 7 Inpatient/ 3.7 Gambling Inpatient/PRTF |
| CBISA and/or MRT |
| IMT –OP, IMT –OC, IMT –E |
| Adolescent SUD EBP/Adolescent SUD EBP-Telehealth |

Substance Use Disorder Outcome Tool Type

Outcome tool types are determined and completed based on the age of the client.

| Age is 11 and Younger | Age is 12 to 17 | *Age is 18 and older |
|--|---|---|
| Only <u>Family Outcome Tools</u> are completed | <u>Family and Youth Outcome Tools</u> are completed | <u>Adult or Youth and Family Outcome Tools</u> are completed based on services being provided |

- The following rules apply to clients **age 18**:
 - Youth and Family Outcome Tools are completed when a client is receiving adolescent based services
 - Adult Outcome Tool is completed when a client is receiving adult based services

Substance Use Disorder Outcome Tool Forms Requirements

| Substance Use Disorder | |
|-------------------------------|---|
| Outcome Type | Time of Completion |
| Initial | <ul style="list-style-type: none">• 1.0, CBISA, MRT, Adolescent SUD EBP, and Adolescent SUD EBP -Telehealth: Within 30 days of admission• 2.1, 2.5, 3.1, 3.7/PRTF, IMT – OP, IMT –OC, and IMT – E, : Within 10 days of admission |
| Update | <ul style="list-style-type: none">• Every 6 months from the date of admission |
| Discharge | <ul style="list-style-type: none">• Completed upon <u>successful</u> completion of services |

- **Initial Outcome Tool**

To be completed at the beginning of a treatment episode as part of the development of the clients treatment plan. The Initial Outcome Tools should not be completed prior to the client’s formal date of admission to STARS.

- Substance Use Disorder Outcome forms shall be completed within
 - 30 days of admission for: 1.0, CBISA, MRT, Adolescent SUD EBP, or Adolescent SUD EBP -Telehealth
 - 10 days of admission for: 2.1, 2.5, 3.1, 3.7, PRTF, IMT-OP, IMT-OC, and IMT-E

STARS ADA Admission Screen and Initial Outcome Tool are not completed by clients who only receive an assessment. The STARS ADA Admission Screen is completed, and Initial outcome tool is submitted in STARS at the time the client enters into a level of care.

- **Update Outcome Tool**

To be completed every 6 months until completion of substance use services.

- The forms shall be completed within in two weeks prior or two weeks after the appropriate update is due.
- The timing of an appropriate update is based on the client’s date of admission in STARS. For example, if a client’s admission date was 1/3/16, the 6-month update is expected on 7/3/16.
- For clients who are in services less than 6 months, an Update Outcome Tools is not required.

- **Discharge Outcome Tool**

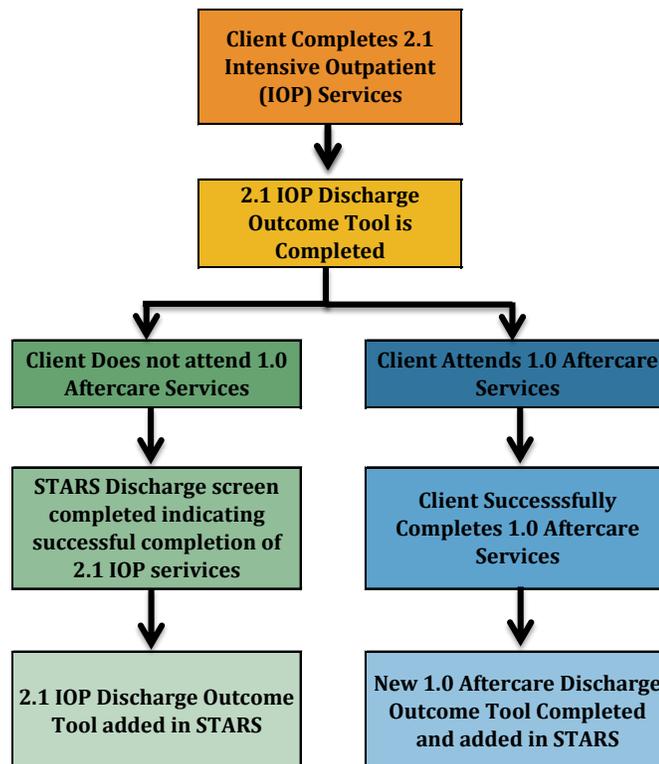
Discharge outcome tools shall be completed and submitted in STARS within in 5 working days after the client successfully discharges from services. Submitting a Discharge Outcome Tool should coincide with completing the ADA Discharge screen

in STARS. The *Reason Discharged* must read “Treatment completed/planned discharge”. If the discharge screen does not indicate “Treatment completed/planned discharge”, a Discharge Outcome Tool is **not completed**.

Example of Successful Discharge in STARS:

| General Info | MH | ADA I | ADA II |
|---|---------------------------------|--------------------|---------------------------------|
| ADA Adm Info | ADA Trsfr Srv Lv | ADA Discharge Info | ADA Disch Ltr |
| Unique ID: | Local ID: | First Name: | MI: Last Name: |
| MH: Adm Date: | ADA: Adm Date: | Provider: | |
| | 06/22/2017 | | |
| Client's ADA: Discharge Record | | | |
| Last Treatment Date: | Time: | Co-Dependent | Living Arrangement at Discharge |
| 12/28/2017 | | No | Independent Living |
| Reason Discharged: | Emp/UnEmp Status at Discharge: | Not in Labor | |
| Treatment completed/planned discharge | Unemployed | Not Applicable | |
| Number of Times Arrested 30 Days Prior to Discharge or since Admission: | 0 | | |
| Did client attend a self-help or support group 30 days prior to discharge or since admission: | No attendance in the past month | | |

To ensure discharge data is collected accurately, providers shall complete a Discharge Outcome Tool when a client successfully completes a level of care prior to transferring to a new level of care within in the agency. Once the client starts the new level of care, the completed Discharge Outcome Tool is shredded and a new Discharge Outcome Tool is completed at the end of the new level of care. This process continues until the client is successfully discharged from treatment services.



Change in a Client’s Level of Care

If the client is transferring to a new level of care within the same provider, the new clinician will be responsible for completing appropriate Update Interviews thereafter, based on the admission date.

If the client is successfully completes treatment as planned and is transferring to a new agency to continue services, the current agency shall complete a Discharge Interview form.

Not Completed Reasons

There are times clients and/or parents/guardians are not able to complete outcome tools. Below is the list of *Not Completed Reasons* in STARS and how the *Not Completed Reasons* should be used.

| STARS Reason | Not Completed Reason Use When... |
|--|---|
| Client refuses to complete | <ul style="list-style-type: none"> • Adult, Youth, or Parent/Guardian refuses to complete the tool • Parent/Guardian did not return the outcome tool |
| Client unable to complete due to medical reasons | <ul style="list-style-type: none"> • Adult, Youth, or Parent/Guardian is in the hospital for medical reasons |
| Client not appropriate to complete | <ul style="list-style-type: none"> • Adult, Youth, or Parent/Guardian is not appropriate to complete outcome tools • Parent/Guardian not involved in child’s treatment (Ex: Child in DSS or DOC custody, Parent/Guardian not involved with treatment) |
| Client not appropriate to complete due to mental health reasons | <ul style="list-style-type: none"> • Adult, Youth, or Parent/Guardian is admitted at a facility for mental health reasons |
| Clients did not attend last appointment | <ul style="list-style-type: none"> • Adult, Youth, or Parent/Guardian did not attend their scheduled outcome tool appointment • Adult, Youth, or Parent/Guardian did not attend their discharge appointment |
| Outcome tool not completed due to Counselor/Agency staff | <ul style="list-style-type: none"> • The outcome tool was missed by agency staff |

APPENDIX A: COMMUNITY BEHAVIORAL HEALTH LOGIC MODEL

**DIVISION OF BEHAVIORAL HEALTH
COMMUNITY SERVICES LOGIC MODEL**

| Service Line | Resources /Inputs | Activities | Outputs | Outcomes | Impacts/Return on Investment |
|--|---|---|---|--|--|
| <p>Community Behavioral Health Adult Services/ Programs:</p> <p>Mental Health</p> <ul style="list-style-type: none"> • IMPACT • CARE • Transition Age Youth • First Episode Psychosis • CYF Services • Outpatient Services (T) • JJRI- FFT (T) • JJRI -MRT (T) • JJRI- ART (T) <p>SUD Services</p> <ul style="list-style-type: none"> • CJI-CBISA (T) • CJI- MRT (T) • JJRI SUD Services (T) • Intensive Meth Services | <p>Funding</p> <ul style="list-style-type: none"> • Block Grant • General Funds • Medicaid • Other <p>Division Staff</p> <p>Contracted Agencies</p> <p>Partnering State Agencies</p> <ul style="list-style-type: none"> • CPS • DOC • DOE • DOH • UJS <p>STARS (State Treatment Activity Reporting System)</p> <p>Addiction Technology Transfer Center</p> | <p>✓ Annual Contracts with Agencies:</p> <ul style="list-style-type: none"> • Direct Treatment Services <p>✓ DBH Responsibilities:</p> <ul style="list-style-type: none"> • Communicate Training Opportunities • Conduct Annual Stakeholder Survey • Monitor Contract Utilization • Monitor Outcome Tool Return Rates • Monitor Service Line Outputs and Outcomes • Monitor Access to Services • Provide Annual Agency Profile Reports • Provide Technical Assistance <p>✓ Agency</p> | <p>SUD/MH Data Elements:</p> <ul style="list-style-type: none"> • Expenditure Utilization Reports • Number of Clients Served by Service Line • Number of Clients by Demographic Information • Diagnosis Information • Substance of Use • Reasons for Discharge • Outcome Tools Return Rates • Age of First Use • Co-Occurring Substance Abuse and Mental Health Problems • Source of Referrals • Source of Income/Support • Payment Source • Pregnancy Status • Frequency of Use • Route of | <p>Mental Health and Substance Use Services</p> <ul style="list-style-type: none"> • Increase or Maintain Employment • Change or Maintain Living Arrangement • Reduction in the number arrests 30 Days/180 Days • Client Perception in the following areas: <ul style="list-style-type: none"> • Social Connectedness • Access to Services • Quality and Appropriateness of Services • Outcome of Services • Participation in Treatment Planning • General Satisfaction • Change in Quality of Life • Behavior Change as measured by the GAIN-Short Screen (Adolescents Only) <ul style="list-style-type: none"> • Internalizing Symptoms • Externalizing Symptoms • Substance Use Symptoms • Crime/Violence Behaviors • Difficulties in Emotion Regulation Scale (DERS) <p>Mental Health Services Only</p> <ul style="list-style-type: none"> • Reduction in Psychiatric Hospital Readmissions (30Days/180 Days after discharge) (HSC Data Only) | <p>Improving Public safety by decreasing the number of</p> <ul style="list-style-type: none"> • Arrests <p>Decrease the reliance on publicly funded services</p> <ul style="list-style-type: none"> • Nights Spent in the Hospital • Emergency Room (ER) visits • Nights spent in a Correctional Facility • Nights Homeless • Inpatient TX • Detox <p>Increase or Maintain Quality of Life</p> <ul style="list-style-type: none"> • Employment • School |

| Service Line | Resources /Inputs | Activities | Outputs | Outcomes | Impacts/Return on Investment |
|--|--|--|--|--|---|
| <ul style="list-style-type: none"> • 1.0 Services (T) • 2.1 Services (T) • 2.5 Services • 3.1 Services • 3.2 Detox Services • 3.7 Inpatient Treatment Services | <p>(ATTC)</p> <p>MH- Technology Transfer Center (MH- TTC)</p> <p>Mental Health Block Grant Technical Assistance</p> <p>Substance Abuse Block Grant Technical Assistance</p> <p>Consultant Supports</p> <ul style="list-style-type: none"> • OnTrack New York • Western Interstate for Higher Education (WICHE) • Education and Treatment | <p>Responsibilities:</p> <ul style="list-style-type: none"> • STARS Reporting • Complete Outcome Tools • Attend EBP Trainings and Program Support Calls/Work Groups • Solicit Feedback from Referral Sources for Stakeholder Survey • Utilize Agency Profiles and Stakeholder Surveys to Improve Services Line Outcomes <p>✓ Workforce Development</p> <ul style="list-style-type: none"> • Evidence Based/ Competency Development <ul style="list-style-type: none"> • CBISA • MRT • ART • FFT | <p>Administration</p> <ul style="list-style-type: none"> • Frequency of attendance at self-help programs 30 days prior to admission/30 prior to discharge • Type of Services received at admission/ discharge • Number of Referrals for High Intensity Services • Access to Services Monitoring <ul style="list-style-type: none"> • Including: Referral to Start Date (CJI/JJRI, IMT) • Number of Outreach Events (FEP Only) • Family Involvement, Case Management, Retention after Relapse (IMT Only) | <ul style="list-style-type: none"> • FFT Only (Adolescents Only) <ul style="list-style-type: none"> ○ Changes in Behavior/Thoughts Using the OQ Tools, YOQ Tools, COM-A Tool, COM-P Tool, and TOM • MRT and ART Only (Adolescents Only) <ul style="list-style-type: none"> ○ Changes in behavior using: <ul style="list-style-type: none"> ○ HIT Questionnaire ○ Aggression Questionnaire (ART Only) <p>Substance Use Disorders Services Only</p> <ul style="list-style-type: none"> • Client's ability to control use and motivation to not use at admission, discharge, 6 months (CJI Only) post services • Clinician's perception of client's engagement in treatment admission, discharge • MRT Only <ul style="list-style-type: none"> ○ Behavior Change in the 6 TCU Sub-scales: <ul style="list-style-type: none"> ▪ Entitlement ▪ Justification ▪ Power Orientation ▪ Cold Heartedness ▪ Rationalization ▪ Personal Irresponsibility | <p>Attendance</p> <ul style="list-style-type: none"> • Sobriety/ Harm Reduction • Suicide Attempts (decrease) • Overall General Health |

| Service Line | Resources /Inputs | Activities | Outputs | Outcomes | Impacts/Return on Investment |
|--------------|---|--|---|--|------------------------------|
| | Alternatives • FFT, LLC. • University of Cincinnati • Matrix Institute • Correctional Counseling Institute • Swiftbird Consulting • Behavioral Tech | <ul style="list-style-type: none"> • DBT • MI • ASAM • Matrix Model • CYT • FEP • ACT • Cultural Awareness • Contingency Management • ICT • Continue Collaboration with AHEC and HOSA ✓ Quality Assurance and Fidelity Monitoring for Evidence Based Practices | <ul style="list-style-type: none"> • Program Start to Successful Completion (CJI) Number of Persons who Attended State Supported Trainings/ Number of Trainings Provided Quality Assurance: <ul style="list-style-type: none"> • Number of Reviews Conducted • Average Scores by State, by Agency Accreditation <ul style="list-style-type: none"> • Number of Accredited and Contracted Agencies, by Service Line • Number of Reviews Conducted Annually • Average Accreditation Score, by Agency, by Service Line | <ul style="list-style-type: none"> • Trouble/ Missing School and Work | |

| Service Line | Resources /Inputs | Activities | Outputs | Outcomes | Impacts/Return on Investment |
|---|-------------------|------------|--|--|--|
| <p>Acronym List: <i>ART: Aggression Replacement Training</i> <i>BCI Tables: Basic Client Information</i> <i>CARE: Comprehensive Assistance with Recovery and Empowerment</i> <i>CBISA: Cognitive Behavioral Interventions for Substance Abuse</i> <i>CJI: Criminal Justice Initiative</i> <i>DBH: Division of Behavioral Health</i> <i>DOC: Department of Corrections</i> <i>FFT: Functional Family Therapy</i> <i>IMPACT: Individualized Mobile Program of Assertive Community Treatment</i> <i>MH: Mental Health</i> <i>MRT: Moral Reconation Therapy</i> <i>SHR Tables: State Hospital Readmission</i> <i>SUD: Substance Use Disorder</i> <i>TEDS: Treatment Episode Data Set</i> <i>UJS: Unified Judicial System</i> <i>URS Tables: Unified Reporting System</i></p> <p><i>T- Telehealth Services Provided</i></p> | | | <p>Key:</p> <p>RED FONT: Federally Required Data Elements for Mental Health and Substance Use Disorders</p> <p>GREEN FONT: Federally Required SUD</p> <p>Federal Reporting</p> <ul style="list-style-type: none"> BCI/SHR/URS Tables (MH) - Submitted December 1st of Year TEDS (SUD)- Submitted the 1st of each month | <p>Key:</p> <p>RED FONT: Federally Required Data Elements for Mental Health and Substance Use Disorders</p> <p>BLUE FONT: Federally Required Data Elements for Mental Health Only</p> <p>GREEN FONT: Federally Required Data Elements for Substance Use Only</p> | <p>Key:</p> <p><i>FONT IN ITALICS:</i> Data Elements for Substance Use Disorder Only</p> <p>RED FONT: Federally Required Data Elements for Mental Health and Substance Use Disorders</p> |

APPENDIX B

MH Outcome Tool Instructions for STARS

ACCESSING THE OUTCOME TOOL SCREEN

Client Search

Providers: Show All (State Funded)

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

Local ID: Unique ID:

Last Name: First Name:

| Unique ID | Last Name | First Name | Provider | Local ID |
|-----------|-----------|------------|-------------------|----------|
| | | | Carroll Institute | 100650 |

1. Search for the client using the Client Search Screen.
2. Click on the client record so it is highlighted yellow above.
3. Once the record is highlighted, Click the **MH- Admission** button
 - a. Mental Health Outcome Tool = **MH - Admissions**

Tool Example:

Division of Behavioral Health
Mental Health Outcome Tool
DISCHARGE

Once the MH –Admissions button has been selected, the *MH: Admission/Readmission* screen will appear.

MH: Admission/ReAdmission for:

| Date | Program | Provider | Orig Service Date | Discharge Date |
|-----------|---------|----------|-------------------|----------------|
| 9/25/2017 | CARE | | 1/7/2008 | 12/22/2017 |
| 1/7/2008 | CARE | | 1/7/2008 | 1/5/2010 |

[Show Details](#)

1. Click once on the most recent record that is on or after the date of the tool that has been completed. The record will highlight yellow.

MH: Admission/ReAdmission for:

| Date | Program | Provider | Orig Service Date | Discharge Date |
|-----------|---------|----------|-------------------|----------------|
| 9/25/2017 | CARE | | 1/7/2008 | 12/22/2017 |
| 1/7/2008 | CARE | | 1/7/2008 | 1/5/2010 |

[Show Details](#)

2. Once the record is highlighted yellow, the **Outcomes Tool** button will highlight and allow for the completed outcome tool to be selected.

- Things to Note:

- When adding an outcome tool and there is not an admission record that is on or after the date of the income tool, the **Outcomes Tool** button will remain disabled.

3. Click the **Outcomes Tool** button to enter in the completed tool

4. Once the **Outcomes Tool** button is selected, the following screen will appear:

MH Outcomes Tool

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

MH: Adm Date: SUD: Adm Date: Provider:

Outcome Tool Type:

ADDING THE OUTCOME TOOL IN STARS

MH Outcomes Tool

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

MH: Adm Date: SUD: Adm Date: Provider:

Outcome Tool Type:

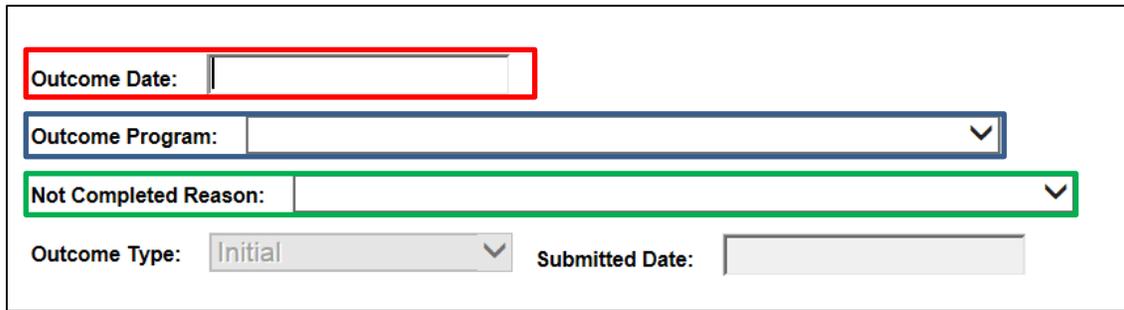
- Review and indicate the **Outcome Tool Type** that is being added. Users will need to select the **Outcome Tool Type** for clients between 12 and 18 years of age. See below for instructions on when to select the **Outcome Tool Type**

| Age is 11 and Younger | Age is 12 to 17 | Age is 18 to 21 | Age is 22 and Older |
|---|---|---|--|
| The Outcome Tool Type will only allow <i>Family</i> to be selected | The Outcome Tool Type will allow <i>Adolescent</i> and/or <i>Family</i> to be selected | The Outcome Tool Type will allow <i>Adult</i> , <i>Adolescent</i> , and/or <i>Family</i> be selected | The Outcome Tool Type will only allow <i>Adult</i> to be selected |

- Review the tool you are completing and select the matching button.
 - Mental Health Outcome tools are not restricted in the amount of outcome tools that can be submitted. More than one Initial and Discharge outcome tools may be added per episode of treatment.
 - An initial outcome tool shall be completed each time a client transfers to a new level of care
 - A discharge outcome tool shall be completed every time a client successfully transfers to a new level of care or successfully discharges from services.

| Add Initial = Initial Outcome Tool | Add Update = Update Outcome Tool | Add Discharge = Update Outcome Tool |
|--|---|---|
| <u>Example:</u> <div style="border: 1px solid black; padding: 5px; text-align: center;"> Division of Behavioral Health Mental Health Outcome Tool <input type="button" value="INITIAL"/> </div> | <u>Example:</u> <div style="border: 1px solid black; padding: 5px; text-align: center;"> Division of Behavioral Health Mental Health Outcome Tool <input type="button" value="UPDATE"/> </div> | <u>Example:</u> <div style="border: 1px solid black; padding: 5px; text-align: center;"> Division of Behavioral Health Mental Health Outcome Tool Youth <input type="button" value="Discharge"/> </div> |
| <u>Button Rule:</u> The Add Initial button is always enabled | <u>Button Rule:</u> The Add Update button is always enabled | <u>Button Rule:</u> The Add Discharge button is always enabled |

3. Once the tool type has been selected, the follow information will appear



The screenshot shows a form with four main sections. The first section, 'Outcome Date:', has a text input field highlighted with a red border. The second section, 'Outcome Program:', has a dropdown menu highlighted with a blue border. The third section, 'Not Completed Reason:', has a dropdown menu highlighted with a green border. The fourth section contains two fields: 'Outcome Type:' with a dropdown menu showing 'Initial' and 'Submitted Date:' with a text input field.

1. Type in the date located in the “Today’s Date” field on the outcome tool into the **Outcome Date** field. (Red Box)
2. Pick the level of care from the **Outcomes Program** drop down box that matches the “Program” on the completed outcome tool (Blue Box)
3. If the tool is not complete and the client indicated a reason for not completing the tool, select the reason from the **Not Completed Reason** drop down box. (Green Box)
4. Complete the tool questions and submit the survey. To submit the tool, click the **Submit** button at the bottom of the page.



Additional Information:

- A. The **Save** button will allow you to save in the middle of the tool and come back to complete it at a later time. Clicking the **Save** button will not submit the survey. The **Submit** button must be clicked in order for the survey to be counted in STARS.
- B. The **Cancel** button will take you back to the *Outcome Tool* screen.

REASONS UNABLE TO COMPLETE OUTCOME TOOLS IN STARS

1. *STARS will not allow an Initial Outcome Tool to be added*
 - a. An Initial Tool requires the date be on or after the admission date in STARS. If there is not a current admission record in STARS that matches the Initial Tool date, STARS will not allow the Initial Tool to be added.
 - i. Solution: Review the admission date in STARS to ensure it is on or before the Initial Tool date.
2. *The level of care is not present in the drop down box*
 - a. The outcome tool screens in STARS are programmed to look at the most recent level of care that is reported on the admission and/or transfer screens.
 - i. Solution: Review the *Transfer Screen* in STARS to ensure the correct level of care is present. If the correct level of care is missing, add a new transfer that reflects the date the client transferred to the new level of care. To add a transfer screen, review pages 72 and 73 of the *STARS User Manual*.
3. *STARS will not allow me to pick the correct Outcome Tool Type.*
 - a. The Outcome Tool Type is determined by the age of the client
 - i. Solution: Review the client STARS ID to ensure the correct date of birth is present.

SUD Outcome Tool Instructions for STARS

ACCESSING THE OUTCOME TOOL SCREEN

Client Search

Providers: Show All (State Funded)

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

Local ID: Unique ID:

Last Name: First Name:

| Unique ID | Last Name | First Name | Provider | Local ID |
|-----------|-----------|------------|-------------------|----------|
| | | | Carroll Institute | 100650 |

4. Search for the client using the Client Search Screen.
5. Click on the client record so it is highlighted yellow above.
6. Once the record is highlighted,
7. Click the **ADA- Admission** button
 - a. Substance Use Disorder Outcome Tool = ADA – Admissions

Tool Example:

Division of Behavioral Health
Substance Use Disorder Outcome Tool
DISCHARGE

Updated: May 2019

Once the *ADA -Admissions* button has been selected, the *ADA: Admission/Readmission* screen will appear.

ADA: Admission/ReAdmission for:

| Pend | Admission Date | Provider | Satellite Office | Discharge Date |
|-------|----------------|-------------------|--|----------------|
| False | 10/21/2016 | Carroll Institute | | |
| False | 1/20/2012 | Carroll Institute | Carroll Institute - Arch Halfway House | 1/25/2012 |

Show Details

Add Edit Delete Outcomes Tool Cancel

5. Click once on the most recent record that is on or after the date of the tool that has been completed. The record will highlight yellow.

ADA: Admission/ReAdmission for:

| Pend | Admission Date | Provider | Satellite Office | Discharge Date |
|-------|----------------|-------------------|--|----------------|
| False | 10/21/2016 | Carroll Institute | | |
| False | 1/20/2012 | Carroll Institute | Carroll Institute - Arch Halfway House | 1/25/2012 |

Show Details

Add Edit Delete Outcomes Tool Cancel

6. Once the record is highlighted yellow, the **Outcomes Tool** button will highlight and allow for the completed outcome tool to be selected.

- Things to Note:
 - When adding an outcome tool and there is not an admission record that is on or after the date of the income tool, the **Outcomes Tool** button will remain disabled.

7. Click the **Outcomes Tool** button to enter in the completed tool

8. Once the **Outcomes Tool** button is selected, the following screen will appear:

SUD Outcomes Tool

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

MH: Adm Date: SUD: Adm Date: Provider:

Outcome Tool Type: Adult

Add Initial Add Update Add Discharge View Edit Delete Cancel

ADDING THE OUTCOME TOOL IN STARS

SUD Outcomes Tool

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

MH: Adm Date: SUD: Adm Date: Provider:

Outcome Tool Type: Adult

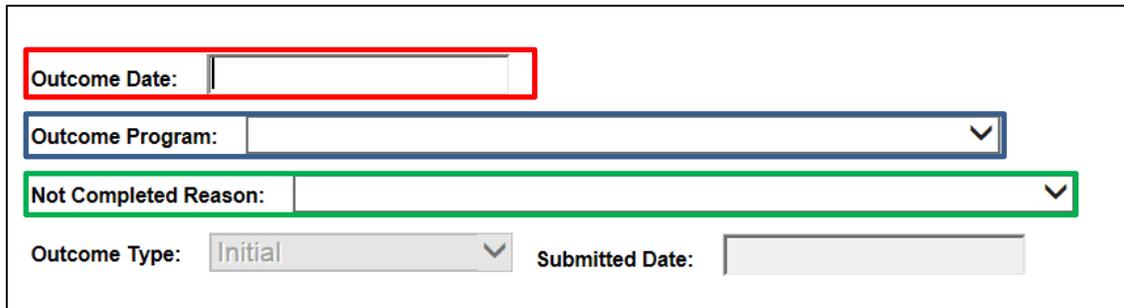
4. Review and indicate the **Outcome Tool Type** that is being added. Users will need to select the **Outcome Tool Type** for clients between 12 and 18 years of age. See below for instructions on when to select the **Outcome Tool Type**

| Age is 11 and Younger | Age is 12 to 17 | Age is 18 | Age is 19 and Older |
|---|---|---|--|
| The Outcome Tool Type will only allow <i>Family</i> to be selected | The Outcome Tool Type will allow <i>Adolescent</i> and/or <i>Family</i> to be selected | The Outcome Tool Type will allow <i>Adult</i> , <i>Adolescent</i> , and/or <i>Family</i> be selected | The Outcome Tool Type will only allow <i>Adult</i> to be selected |

5. Review the tool you are completing and select the matching button.

| Add Initial = Initial Outcome Tool | Add Update = Update Outcome Tool | Add Discharge = Update Outcome Tool |
|---|---|--|
| <p><u>Example:</u> Division of Behavioral Health Substance Use Disorder Outcome Tool INITIAL</p> | <p><u>Example:</u> Division of Behavioral Health Substance Use Disorder Outcome Tool Family Update</p> | <p><u>Example:</u> Division of Behavioral Health Substance Use Disorder Outcome Tool Youth Discharge</p> |
| <p><u>Button Rule:</u> The Add Initial button will remain disabled if an <i>Initial Outcome Tool</i> has already been added in STARS</p> | <p><u>Button Rule:</u> The Add Update button is always enabled</p> | <p><u>Button Rule:</u> The Add Discharge button will remain disabled if a discharge screen is not completed in STARS. For instructions to complete the <i>Discharge Screen</i>, see page 75 of the <i>STARS User Manual</i></p> |

6. Once the tool type has been selected, the follow information will appear



The screenshot shows a form with four main sections. The first section, 'Outcome Date', is enclosed in a red box. The second section, 'Outcome Program', is enclosed in a blue box. The third section, 'Not Completed Reason', is enclosed in a green box. The fourth section, 'Outcome Type' (with 'Initial' selected) and 'Submitted Date', is not highlighted.

5. Type in the date located in the “Today’s Date” field on the outcome tool into the **Outcome Date** field. (Red Box)
6. Pick the level of care from the **Outcome Program** drop down box that matches the “Program” on the completed outcome tool (Blue Box)
7. If the tool is not complete and the client indicated a reason for not completing the tool, select the reason from the **Not Completed Reason** drop down box. (Green Box)
8. Complete the tool questions and submit the survey. To submit the tool, click the **Submit** button at the bottom of the page.



Additional Information:

- C. The **Save** button will allow you to save in the middle of the tool and come back to complete it at a later time. Clicking the **Save** button will not submit the survey. The **Submit** button must be clicked in order for the survey to be counted in STARS.
- D. The **Cancel** button will take you back to the *Outcome Tool* screen.

REASONS UNABLE TO COMPLETE OUTCOME TOOLS IN STARS

4. *STARS will not allow an Initial Outcome Tool to be added*
 - a. An Initial Tool requires the date be on or after the admission date in STARS. If there is not a current admission record in STARS that matches the Initial Tool date, STARS will not allow the Initial Tool to be added.
 - i. Solution: Review the admission date in STARS to ensure it is on or before the Initial Tool date.
5. *The level of care is not present in the drop down box*
 - a. The outcome tool screens in STARS are programmed to look at the most recent level of care that is reported on the admission and/or transfer screens.
 - i. Solution: Review the *Transfer Screen* in STARS to ensure the correct level of care is present. If the correct level of care is missing, add a new transfer that reflects the date the client transferred to the new level of care. To add a transfer screen, review pages 72 and 73 of the *STARS User Manual*.
6. *STARS will not allow the Discharge Outcome Tool to be added*
 - a. A discharge screen is required to be completed in order for the Discharge Outcome Tool to be added.
 - i. Solution: Review the *Discharge Screen* in STARS to ensure it has been completed. The discharge date in STARS must be before or on the date of the Discharge Outcome Tool before it can be entered. For instructions to complete the *Discharge Screen*, see page 75 of the *STARS User Manual*.
7. *STARS will not allow me to pick the correct Outcome Tool Type.*
 - a. The Outcome Tool Type is determined by the age of the client
 - i. Solution: Review the client STARS ID to ensure the correct date of birth is present.

| | | | |
|--|---|--|--|
| | Definitions of terms can be found on page iv. | | |
|--|---|--|--|

| 2. Which of following best describes your current residential status? | |
|---|---|
| <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 | |

| Interview Item | Item Description, Definition or Entry Instructions | Interview Type | Completing Party |
|--|---|-------------------|-------------------|
| Which of the following best describes your current residential status? | Federally required field. Required to collect updated residential status information after admission into services. Definitions of terms can be found on page iv. | Update, Discharge | Client, Clinician |

| |
|---|
| <p>What is your highest educational level completed (12=GED or high school diploma)? _____</p> |
|---|

| Interview Item | Item Description, Definition or Entry Instructions | Interview Type | Completing Party |
|---|---|-------------------|-------------------|
| What is your highest educational level completed (12=GED or high school diploma)? | Federally required field. Required to collect change in education status. Appropriate Answers: 00- for less than one school grade/no years of schools (for children 3-4 years old who are not in nursery school/pre-school, head start) 01-11 –Highest school grade (specify grade level) 12- High School or GED | Update, Discharge | Client, Clinician |

| | | | |
|--|--|--|--|
| | <p>13- 1st year of college/university (Freshman)</p> <p>14- 2nd year of college/university (sophomore) or Associates Degree</p> <p>15- 3rd year of college/university (Junior)</p> <p>16- 4th year of college/university (Senior) or Bachelor's Degree</p> <p>17- Some postgraduate study – Degree not completed</p> <p>18- Master's Degree completed</p> <p>19-25- Post-Graduate Study</p> <p>70- Graduate or Professional school- include Master's and doctoral study or degrees, medical school, law school, etc. –</p> <p>71- Vocational School- includes business, technical, secretarial, trade, or correspondence course which provides specialized training for skilled employment</p> <p>72- Nursery school, pre-school (includes Head Start)</p> <p>73- Kindergarten</p> <p>74- Self-contained special education class –no grade equivalent</p> <p>Definitions of terms can be found on page iv.</p> | | |
|--|--|--|--|

| Would you say that in general your health is: | |
|---|------------------------------------|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Very Good |
| <input type="checkbox"/> Good | <input type="checkbox"/> Fair |
| <input type="checkbox"/> Poor | |
| 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? _____ | |

| Interview Item | Item Description, Definition or Entry Instructions | Interview Type | Completing Party |
|---|--|----------------------------|-------------------------|
| Would you say that in general your health is? | Will be used to measure improvement in general health due to services provided | Initial, Update, Discharge | Client, Clinician |

| Please answer the following question | Number of Nights/Times | Don't know |
|---|-------------------------------|--------------------------|
| In the past 30 days, how many times have you been arrested? | _____ | <input type="checkbox"/> |

| Interview Item | Item Description, Definition or Entry Instructions | Interview Type | Completing Party |
|---|--|----------------------------|-------------------------|
| In the past 30 days, how many times have you been arrested? | Federally required question. Measures reduction in arrest rates | Initial, Update, Discharge | Client, Clinician |

| 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"/> |

| Interview Item | Item Description, Definition or Entry Instructions | Interview Type | Completing Party |
|----------------|--|----------------------------|-------------------|
| Question A. | Measure reduction in emergency room visits, and cost avoidance | Initial, Update, Discharge | Client, Clinician |
| Question B. | Measure reduction in number of nights spent in a hospital or inpatient treatment program, and cost avoidance | Initial, Update, Discharge | Client, Clinician |
| Question C. | Measure reduction in number of times clients have been arrested with in past 6 months. | Initial, Update, Discharge | Client, Clinician |
| Question D. | Measure reduction in number of nights spent in a correctional facility, and cost avoidance | Initial, Update, Discharge | Client, Clinician |
| Question E. | Measure reduction in number of suicide attempts | Initial, Update, Discharge | Client, Clinician |

| 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 |
| 1. I am happy with the friendships I have. | <input type="checkbox"/> |
| 2. I have people with whom I can do enjoyable things. | <input type="checkbox"/> |
| 3. I feel I belong in my community. | <input type="checkbox"/> |
| 4. In a crisis, I would have the support I need from family or friends. | <input type="checkbox"/> |
| 5. I do things that are more meaningful to me. | <input type="checkbox"/> |
| 6. I am better able to take care of my needs. | <input type="checkbox"/> |
| 7. I am better able to handle things when they go wrong. | <input type="checkbox"/> |
| 8. I am better able to do things that I want to do. | <input type="checkbox"/> |

| Interview Item | Item Description, Definition or Entry Instructions | Interview Type | Completing Party |
|----------------|---|----------------------------|------------------|
| Question 1-4 | Measures Social Connectedness Federally Required | Initial, Update, Discharge | Client |
| Question 5-8 | Measures Improved Functioning Federally Required | Initial, Update, Discharge | Client |

| 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 |
| 9. The location of services was convenient. | <input type="checkbox"/> |
| 10. Staff was willing to see me as often as I felt it was necessary | <input type="checkbox"/> |
| 11. Staff returned my calls within 24 hours. | <input type="checkbox"/> |
| 12. Services were available at times that were good for me. | <input type="checkbox"/> |
| 13. I was able to get all the services I thought I needed. | <input type="checkbox"/> |
| 14. Staff believed that I could grow, change and recover. | <input type="checkbox"/> |
| 15. I felt free to complain. | <input type="checkbox"/> |
| 16. Staff respected my wishes about who is and is not to be given information about my treatment. | <input type="checkbox"/> |
| 17. Staff was sensitive to my cultural/ethnic background. | <input type="checkbox"/> |
| 18. Staff helped me obtain the information needed so I could take charge of managing my illness. | <input type="checkbox"/> |
| 19. I was given information about my rights. | <input type="checkbox"/> |
| 20. Staff encouraged me to take responsibility for how I live my life. | <input type="checkbox"/> |
| 21. I was encouraged to use consumer-run programs. | <input type="checkbox"/> |
| 22. I deal more effectively with daily problems. | <input type="checkbox"/> |
| 23. I am better able to control my life. | <input type="checkbox"/> |
| 24. I am better able to deal with crisis. | <input type="checkbox"/> |
| 25. I am getting along better with my family. | <input type="checkbox"/> |
| 26. I do better in social situations. | <input type="checkbox"/> |
| 27. I do better in school and/or work. | <input type="checkbox"/> |
| 28. My symptoms are not bothering me as much. | <input type="checkbox"/> |
| 29. My housing situation has improved. | <input type="checkbox"/> |
| 30. I felt comfortable asking questions about my treatment. | <input type="checkbox"/> |
| 31. I, not staff, decided my treatment goals. | <input type="checkbox"/> |
| 32. I liked the services that I received here. | <input type="checkbox"/> |
| 33. If I had other choices, I would still get services at this agency. | <input type="checkbox"/> |
| 34. I would recommend this agency to a friend or family member. | <input type="checkbox"/> |

| Interview Item | Item Description, Definition or Entry Instructions | Interview Type | Completing Party |
|----------------|---|-------------------|------------------|
| Questions 9-13 | Measures Perception of Access to Services Federally Required | Update, Discharge | Client |

| | | | |
|-----------------|--|-------------------|--------|
| Questions 14-21 | Measures Perception of Quality and Appropriateness Federally Required | Update, Discharge | Client |
| Questions 22-29 | Measures Perception of Outcomes Federally Required | Update, Discharge | Client |
| Questions 30-31 | Measures Perception in Treatment Federally Required | Update, Discharge | Client |
| Questions 32-34 | Measures General Satisfaction Federally Required | Update, Discharge | Client |

| 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) |
| <u>IDScr</u> | 1a – 1f | | | | |
| <u>EDScr</u> | 2a – 2g | | | | |
| <u>SDScr</u> | 3a – 3e | | | | |
| <u>CVScr</u> | 4a – 4e | | | | |
| <u>TDSer</u> | 1a – 4e | | | | |

| Interview Item | Item Description, Definition or Entry Instructions | Interview Type | Completing Party |
|-------------------------------|--|----------------------------|-------------------------|
| GAIN Short Screener (GAIN-SS) | Will measure change based on recent and 90 day symptom counts. Also will be used to measure remission rates. | Initial, Update, Discharge | Client and Clinician |

| | | | |
|--|--|--|--|
| | the client is receiving services Intensive Methamphetamine Services. | | |
|--|--|--|--|

| | |
|---|------------------------------------|
| Would you say that in general your health is: | |
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Very Good |
| <input type="checkbox"/> Good | <input type="checkbox"/> Fair |
| <input type="checkbox"/> Poor | |
| 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? _____ | |

| Interview Item | Item Description, Definition or Entry Instructions | Interview Type | Completing Party |
|---|--|----------------------------|-------------------|
| Would you say that in general your health is? | Will be used to measure improvement in general health due to services provided | Initial, Update, Discharge | Client, Clinician |

| | | | | | | | | | | |
|--|---|---|--|---|---|---|---|---|---|----|
| At this moment, how important is it that you change your current 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 |
| 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 |

| Interview Item | Item Description, Definition or Entry Instructions | Interview Type | Completing Party |
|---------------------|--|-------------------|-------------------|
| Readiness to Change | Used to measure a client's readiness to change when entering and leaving treatment | Update, Discharge | Client, Clinician |

| Please answer the following question | Number of Nights/Times | Don't know |
|---|---------------------------|--------------------------|
| In the past 30 days, how many times have you been arrested? | ----- | <input type="checkbox"/> |

| Interview Item | Item Description, Definition or Entry Instructions | Interview Type | Completing Party |
|---|--|----------------------------|-------------------|
| In the past 30 days, how many times have you been arrested? | Federally required question. Measures reduction in arrest rates | Initial, Update, Discharge | Client, Clinician |

| 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? | <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 |

| Interview Item | Item Description, Definition or Entry Instructions | Interview Type | Completing Party |
|------------------------------|---|----------------------------|-------------------|
| Based on the past 30 days... | Measures the effects of substance use and community involvement | Initial, Update, Discharge | Client, Clinician |

| 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"/> |

| Interview Item | Item Description, Definition or Entry Instructions | Interview Type | Completing Party |
|----------------|--|----------------------------|-------------------|
| Question A. | Measure reduction in emergency room visits, and cost avoidance | Initial, Update, Discharge | Client, Clinician |
| Question B. | Measure reduction in number of nights spent in a hospital or inpatient treatment program, and cost avoidance | Initial, Update, Discharge | Client, Clinician |
| Question C. | Measure reduction in number of times clients have been arrested with in past 6 months. | Initial, Update, Discharge | Client, Clinician |
| Question D. | Measure reduction in number of nights spent in a correctional facility, and cost avoidance | Initial, Update, Discharge | Client, Clinician |
| Question E. | Measure reduction in number of suicide attempts | Initial, Update, Discharge | Client, Clinician |

| 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 1 | Average 2 | Good 3 | Excellent 4 | Poor 1 | Average 2 | Good 3 | Excellent 4 |
| a. Controlling alcohol use. | <input type="checkbox"/> |
| b. Controlling drug use. | <input type="checkbox"/> |

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

| 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 | |

| Interview Item | Item Description, Definition or Entry Instructions | Interview Type | Completing Party |
|---|--|----------------|------------------|
| I would be able to resist the urge to drink heavily and/or use drugs... | Measures urge to use substances in social situations | Discharge | Client |

| 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 |
| Domain: Social Connectedness Questions 1-4 | | | | | | | |
| 1. I am happy with the friendships I have. | <input type="checkbox"/> |
| 2. I have people with whom I can do enjoyable things. | <input type="checkbox"/> |
| 3. I feel I belong in my community. | <input type="checkbox"/> |
| 4. In a crisis, I would have the support I need from family or friends. | <input type="checkbox"/> |
| Domain: Improved Functioning Domain: Questions 5-8 | | | | | | | |
| 5. I do things that are more meaningful to me. | <input type="checkbox"/> |
| 6. I am better able to take care of my needs. | <input type="checkbox"/> |
| 7. I am better able to handle things when they go wrong. | <input type="checkbox"/> |
| 8. I am better able to do things that I want to do. | <input type="checkbox"/> |

| Interview Item | Item Description, Definition or Entry Instructions | Interview Type | Completing Party |
|----------------|---|----------------------------|------------------|
| Question 1-4 | Measures Social Connectedness Federally Required | Initial, Update, Discharge | Client |
| Question 5-8 | Measures Improved Functioning Federally Required | Initial, Update, Discharge | Client |

[Continued on next page]

| 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 DOWIC | Response Options | | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Strongly disagree | Disagree | Undecided | Agree | Strongly agree | Not applicable | Refused |
| Domain: Perception of Access to Services Questions 9-13 | | | | | | | |
| 9. The location of services was convenient. | <input type="checkbox"/> |
| 10. Staff was willing to see me as often as I felt it was necessary | <input type="checkbox"/> |
| 11. Staff returned my calls within 24 hours. | <input type="checkbox"/> |
| 12. Services were available at times that were good for me. | <input type="checkbox"/> |
| 13. I was able to get all the services I thought I needed. | <input type="checkbox"/> |
| Domains: Perception of Quality and Appropriateness Questions 14-21 | | | | | | | |
| 14. Staff believed that I could grow, change and recover. | <input type="checkbox"/> |
| 15. I felt free to complain. | <input type="checkbox"/> |
| 16. Staff respected my wishes about who is and is not to be given information about my treatment. | <input type="checkbox"/> |
| 17. Staff was sensitive to my cultural/ethnic background. | <input type="checkbox"/> |
| 18. Staff helped me obtain the information needed so I could take charge of managing my illness. | <input type="checkbox"/> |
| 19. I was given information about my rights. | <input type="checkbox"/> |
| 20. Staff encouraged me to take responsibility for how I live my life. | <input type="checkbox"/> |
| 21. I was encouraged to use consumer-run programs. | <input type="checkbox"/> |
| Domain: Perceptions of Outcomes Questions 22-29 | | | | | | | |
| 22. I deal more effectively with daily problems. | <input type="checkbox"/> |
| 23. I am better able to control my life. | <input type="checkbox"/> |
| 24. I am better able to deal with crisis. | <input type="checkbox"/> |
| 25. I am getting along better with my family. | <input type="checkbox"/> |
| 26. I do better in social situations. | <input type="checkbox"/> |
| 27. I do better in school and/or work. | <input type="checkbox"/> |
| 28. My symptoms are not bothering me as much. | <input type="checkbox"/> |
| 29. My housing situation has improved. | <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"/> |
| 31. I, not staff, decided my treatment goals. | <input type="checkbox"/> |
| Domain: General Satisfaction Questions 32-34 | | | | | | | |
| 32. I liked the services that I received here. | <input type="checkbox"/> |
| 33. If I had other choices, I would still get services at this agency. | <input type="checkbox"/> |
| 34. I would recommend this agency to a friend or family member. | <input type="checkbox"/> |

| Interview Item | Item Description, Definition or Entry Instructions | Interview Type | Completing Party |
|-----------------|--|-------------------|------------------|
| Questions 9-13 | Measures Perception of Access to Services Federally Required | Update, Discharge | Client |
| Questions 14-21 | Measures Perception of Quality and Appropriateness Federally Required | Update, Discharge | Client |
| Questions 22-29 | Measures Perception of Outcomes Federally Required | Update, Discharge | Client |
| Questions 30-31 | Measures Perception in Treatment Federally Required | Update, Discharge | Client |
| Questions 32-34 | Measures General Satisfaction Federally Required | Update, Discharge | Client |

At this interval period, what is your (clinician's) assessment of the client's understanding and willingness to engage in their treatment program? Please circle a number on the scale below:

| Unengaged and Blocked | Minimal Engagement in Recovery | Limited Engagement in Recovery | Positive Engagement in Recovery | Optimal Engagement in Recovery |
|-----------------------|--------------------------------|--------------------------------|---------------------------------|--------------------------------|
| 1 | 2 | 3 | 4 | 5 |

Source: Psychiatrists, A. A. (2009, March 20). *LOCUS Level of Care Utilization System for Psychiatric and Addiction Services*. Retrieved May 19, 2016, from [www.dhs.state.il.us: http://www.dhs.state.il.us/OneNetLibrary/27896/documents/By_Division/MentalHealth/FY2011/Locus2010/LOCUS2010.pdf](http://www.dhs.state.il.us/OneNetLibrary/27896/documents/By_Division/MentalHealth/FY2011/Locus2010/LOCUS2010.pdf)

| Interview Item | Item Description, Definition or Entry Instructions | Interview Type | Completing Party |
|--|---|--------------------|------------------|
| At this interval period, what is your (clinician's) assessment of the client's understanding and willingness to engage in their treatment program? | Measures a client's understanding of illness and treatment and ability or willingness to engage in the treatment and recovery process through a clinician's perspective. Criteria: 1 – Unengaged and Blocked a- Has no awareness or | Initial, Discharge | Clinician |

| | | | |
|--|---|--|--|
| | <p>understanding of illness (Pre-contemplation Stage).</p> <p>b- Inability to understand recovery concept or contributions of personal behavior to disease process.</p> <p>c- Unable to actively engage in recovery or treatment and has no current capacity to relate to another or develop trust.</p> <p>d- Extremely avoidant, frightened, or guarded.</p> <p>2 - Minimal Engagement and Recovery</p> <p>a- Rarely, if ever, is able to accept reality of illness but may acknowledge some difficulties in living.</p> <p>b- Has no desire or is afraid to adjust behavior, but may recognize the need to do so (Contemplation Stage).</p> <p>c- Relates poorly to treatment and treatment providers and ability to trust is extremely narrow.</p> <p>d- Avoids contact with and use of treatment resources if left to own devices.</p> <p>e- Does not accept any responsibility for recovery or feels powerless to do so.</p> <p>3 - Limited Engagement and Recovery</p> <p>a- Has some variability, hesitation or uncertainty in acceptance or understanding of illness.</p> <p>b- Has limited desire or lacks confidence to change despite intentions to do so (Preparation Stage).</p> <p>c- Relates to treatment with some difficulty and establishes few, if any, trusting relationships.</p> <p>d- Does not use available resources independently or only in cases of extreme need.</p> | | |
|--|---|--|--|

| | | | |
|--|---|--|--|
| | <p>e- Has limited ability to accept responsibility for recovery.</p> <p>4 - Positive Engagement and Recovery</p> <p>a- Has significant understanding and acceptance of illness and its effect on function.</p> <p>b- Willing to change and is actively working toward it (Action Stage).</p> <p>c- Positive attitude toward recovery and treatment, capable of developing trusting relationships, and uses available resources independently when necessary.</p> <p>d- Shows recognition of personal role in recovery and accepts significant responsibility for it.</p> <p>5 - Optimal Engagement and Recovery</p> <p>a- Has complete understanding and acceptance of illness and its effect on function.</p> <p>b- Actively maintains changes made in the past (Maintenance Stage).</p> <p>c- Is enthusiastic about recovery, is trusting, and shows strong ability to utilize available resources and treatment.</p> <p>d- Understands recovery process and takes on a personal role and responsibility in a recovery plan.</p> <p>16 LOCUS Instrument 2010 © AACP</p> | | |
|--|---|--|--|

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

| Interview Item | Item Description, Definition or Entry Instructions | Interview Type | Completing Party |
|-------------------------------|--|----------------------------|-------------------------|
| GAIN Short Screener (GAIN-SS) | Will measure change based on recent and 90 day symptom counts. Also will be used to measure remission rates. | Initial, Update, Discharge | Client and Clinician |

References

Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. *Combined Substance Abuse and Mental Health Treatment Episode Data Set (TEDS) State Instruction Manual – Version 4.1, with State TEDS Submission System (STSS) Guide*. Rockville, MD: SAMHSA, 2016.