## Fiscal Year 2023:

**Carroll Institute** 







## Foreword by Data and Outcomes Team

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

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

Because of the changes and advancements in data processing, we do not recommend comparing data in this document to previous years' profiles (2021 and before). 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 fiscal year to those that provided updates in the same given year, to those that were successfully discharged from services in that same year. Each of those groups may have included some of the same clients, but someone may admit in one fiscal year and discharge in another. With the new method, we look at those that received services in a given fiscal year regardless of when they admitted or discharged.



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

A client receives services as the trained professionals determine appropriate recommendations based on initial and ongoing assessment. A treatment episode (admission to services through discharge from services) for a client is as varied and unique to the client themselves. As an example, a client may initially be admitted to inpatient residential services, but as they progress in treatment, they may transition to outpatient services in their community. In such a case, a client's outcomes and data are counted <u>once</u> in both inpatient and outpatient services each, and <u>once</u> 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 <u>once</u> 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. Additionally, some assessments may have been submitted without age information. In these cases, the assessments are only counted in the overall number of clients served, as we cannot delineate their age (adult or youth).

#### 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 here <a href="https://dss.sd.gov/behavioralhealth/reportsanddata.aspx">https://dss.sd.gov/behavioralhealth/reportsanddata.aspx</a>.

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

The Division of Behavioral Health reports data in this document per the guidelines and categories as required by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA). We report data in this document per the guidelines and categories SAMHSA identifies in various treatment databases, including the Treatment Episode Database Set (TEDS) and the Uniform Reporting System (URS).



Because of this close working relationship, we recommend visiting SAMHSA's website if you are looking for national behavioral health treatment information, data, and initiatives (https://www.samhsa.gov/).

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

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

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

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

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

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





## Table of Contents

Data Collection Methodology	
Description of Substance Use Disorder (SUD) Treatment Services	5
Description of Mental Health (MH) Treatment Services	7
Stakeholder Survey Summary	9
Substance Use Disorder (SUD) Treatment Services	25
Adult SUD Treatment Services	29
Appendix A: Outcome Tool (OT) Return Rates	65
Appendix B: Outcome Tool Surveys	69





## Data Collection Methodology





## Data Collection Methodology

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

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

Data in this Fiscal Year 2023 state profile as well as the executive summary and agency profiles were collected between June 1st, 2022, and May 31st, 2023.

#### **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 at least three stakeholders in their community. In addition, the DBH surveys the Department of Corrections (DOC), Unified Judicial System (UJS), and Child Protection Services (CPS) regarding the accredited agencies.

#### 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.

#### 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 of time. 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), How I Think Questionnaire (HIT), Global Appraisal of Individual Needs-Short Screener (GAIN-SS), and Aggression Questionnaire (AQ) are secondary tools utilized to measure the impact of applicable 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, intensive 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.

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

Cannabis Youth Treatment (CYT) utilizes Motivational Interviewing, Motivational Enhancement Therapy, and Cognitive Behavioral Therapy to promote and sustain motivation in youth with addictions or co-occurring disorders. The length of CYT services varies by the youth's needs and can range from 5 to 22 sessions. CYT also includes a family support component.

Cognitive Behavioral Interventions for Substance Abuse (CBISA) is designed for people involved in the criminal justice system who are at moderate to high need in the area of substance abuse. The program consists of 47 sessions which include: Motivational Engagement, Cognitive Restructuring, Emotional Regulation, Social Skills, Problem Solving Skills, and Relapse Prevention.

## Cognitive Behavioral Interventions for Substance Abuse for Justice-Involved Adults (CBISA)

CBISA services are also available for justice-involved adults.

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

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



## Publicly Funded Mental Health (MH) Treatment Services

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 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.

#### Transition Aged Youth Program (TAY)\*

The Transition Aged Youth program serves young adults (age 18-21) with serious mental illness as they transition into adulthood. The program coordinates housing, mental health services, substance use disorder treatment, and support services targeted at assisting the young adult develop independent living skills.

#### First Episode Psychosis Services (FEP)\*

First Episode Psychosis services through OnTrack SD is a Coordinated Specialty Care (CSC) program for clients between the ages of 15-40 who are experiencing a first episode of psychosis (FEP). It is designed to support the client in meeting education, employment or other life goals and reduce the challenges of living with a mental illness.



### Aggression Replacement Training for Justice-Involved and At-Risk Youth (ART)

ART is designed to alter behaviors of chronically aggressive youth by using guided group discussions to correct anti-social thinking. ART uses repetitive learning techniques to teach coping skills for managing anger and impulsiveness. ART includes three interventions: social skills, anger control, and moral reasoning

#### 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.

#### Moral Reconation Therapy for Justice-Involved and At-Risk Youth (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.

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

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

<sup>\*</sup> Data for this program are not presented in the State Profile but are provided in the profiles of the agencies that provide these services.

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



## Stakeholder Survey Summary





## Stakeholder Survey



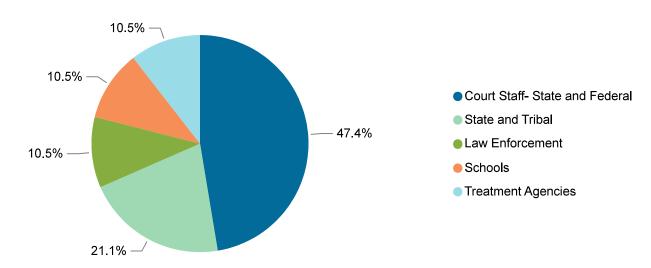
The Division of Behavioral Health (DBH) recognizes the need for strong community collaboration at the local level between accredited behavioral health treatment providers and their local referral sources. Accredited agencies are asked to share a stakeholder survey with local referral sources such as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

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

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

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

### Types of Stakeholders Who Responded



Stakeholder Type	Ν	%
<u>*</u>		
Court Staff-State and Federal (Judge/Attorney/Probation/Parole/JCA/Drug Court/Teen Court)	9	47.4%
Law Enforcement (Sheriff/Police Department)	2	10.5%
School (Administrator/Counselor/Teacher/Social Worker)	2	10.5%
State and Tribal (EA/CPS/Adult Services/Child Welfare)	4	21.1%
Treatment Agency (Mental Health/SUD/HSC/EAP/Therapist/Counselor/Case Manager)	2	10.5%
Total	19	100.0%



# Familiarity with Services

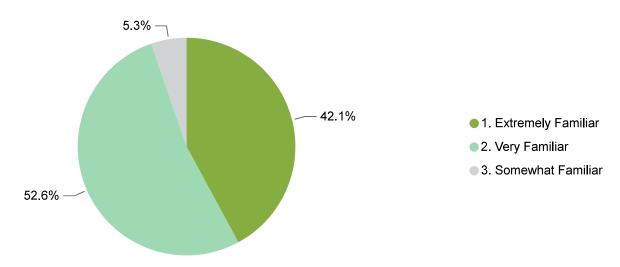


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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

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

### Familiarity with Services



Stakeholder Type	1. Extremely Familiar	2. Very Familiar	3. Somewhat Familiar	Total
Court Staff- State and Federal	44.4%	55.6%		100.0%
Law Enforcement		100.0%		100.0%
Schools	100.0%			100.0%
State and Tribal	50.0%	25.0%	25.0%	100.0%
Treatment Agencies		100.0%		100.0%
Total	42.1%	52.6%	5.3%	100.0%



## Staff Respectfulness

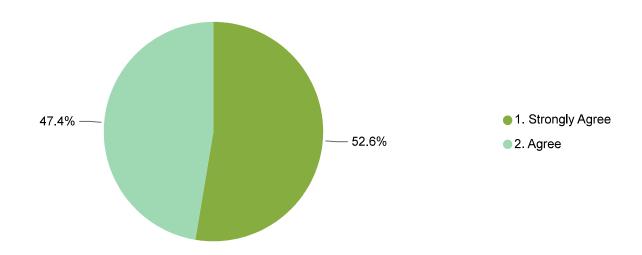


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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

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

### Staff Are Respectful



Stakeholder Type	1. Strongly Agree	2. Agree	Total
Court Staff- State and Federal	33.3%	66.7%	100.0%
Law Enforcement	100.0%		100.0%
Schools	100.0%		100.0%
State and Tribal	50.0%	50.0%	100.0%
Treatment Agencies	50.0%	50.0%	100.0%
Total	52.6%	47.4%	100.0%



## Staff Training

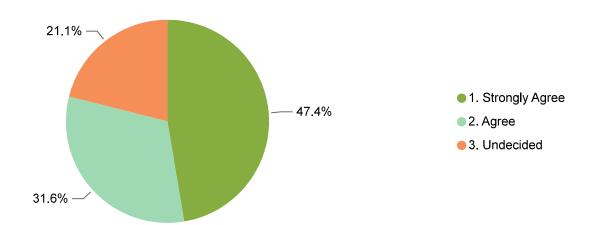


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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

> The majority of stakeholders agreed or strongly agreed staff members at accredited agencies are well trained.

#### Staff Are Well Trained



Stakeholder Type	<ol> <li>Strongly Agree</li> </ol>	2. Agree	3. Undecided	Total
Court Staff- State and Federal	33.3%	33.3%	33.3%	100.0%
Law Enforcement	50.0%	50.0%		100.0%
Schools	100.0%			100.0%
State and Tribal	50.0%	25.0%	25.0%	100.0%
Treatment Agencies	50.0%	50.0%		100.0%
Total	47.4%	31.6%	21.1%	100.0%



## Staff Communication

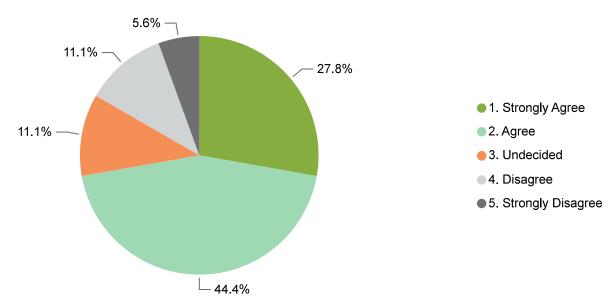


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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

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

### Staff Actively Communicate



Stakeholder Type	1. Strongly Agree	2. Agree	3. Undecided	4. Disagree	5. Strongly Disagree	Total
Court Staff- State and Federal	33.3%	33.3%	22.2%		11.1%	100.0%
Law Enforcement		100.0%				100.0%
Schools	50.0%	50.0%				100.0%
State and Tribal	25.0%	25.0%		50.0%		100.0%
Treatment Agencies		100.0%				100.0%
Total	27.8%	44.4%	11.1%	11.1%	5.6%	100.0%



## Staff Competency

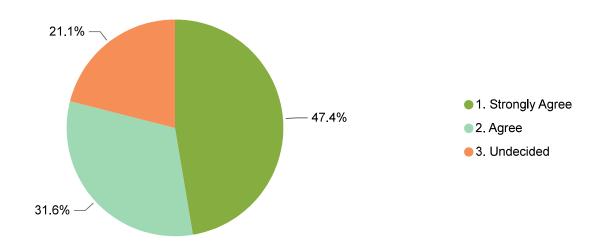


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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

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

## Staff Are Competent to Deliver Treatment Services



Stakeholder Type	1. Strongly Agree	2. Agree	3. Undecided	Total
Court Staff- State and Federal	33.3%	33.3%	33.3%	100.0%
Law Enforcement	50.0%	50.0%		100.0%
Schools	100.0%			100.0%
State and Tribal	50.0%	25.0%	25.0%	100.0%
Treatment Agencies	50.0%	50.0%		100.0%
Total	47.4%	31.6%	21.1%	100.0%



## Location of Services

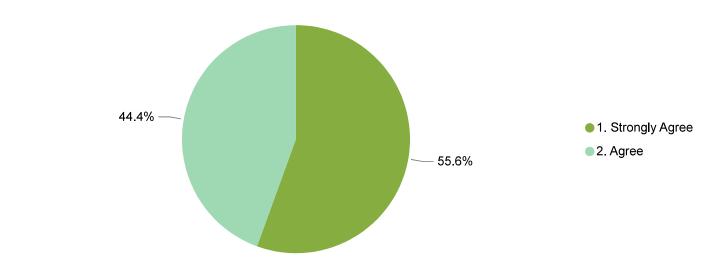


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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

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

#### Location of Services are Convenient for Clients



Stakeholder Type	1. Strongly Agree	2. Agree	Total
Court Staff- State and Federal	77.8%	22.2%	100.0%
Law Enforcement		100.0%	100.0%
Schools	100.0%		100.0%
State and Tribal	25.0%	75.0%	100.0%
Treatment Agencies		100.0%	100.0%
Total	55.6%	44.4%	100.0%



## Service Availability

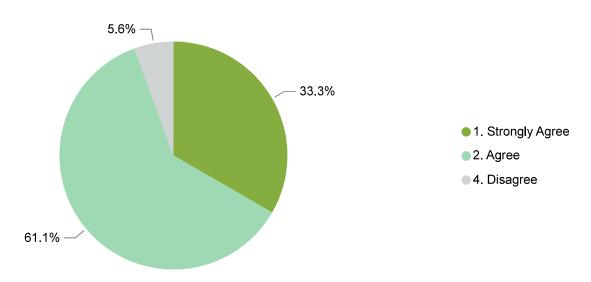


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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

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

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



Stakeholder Type	1. Strongly Agree	2. Agree	4. Disagree	Total
Court Staff- State and Federal	44.4%	44.4%	11.1%	100.0%
Law Enforcement		100.0%		100.0%
Schools	100.0%			100.0%
State and Tribal		100.0%		100.0%
Treatment Agencies		100.0%		100.0%
Total	33.3%	61.1%	5.6%	100.0%



## Community Responsiveness

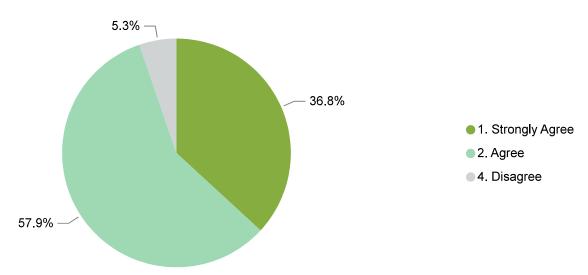
The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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



The majority of stakeholders agreed or strongly agreed that accredited agencies are responsive to the needs of their communities.

## Provider is Responsive to the Needs Within the Community



Stakeholder Type	1. Strongly Agree	2. Agree	4. Disagree	Total
Court Staff- State and Federal	33.3%	66.7%		100.0%
Law Enforcement	50.0%	50.0%		100.0%
Schools	50.0%	50.0%		100.0%
State and Tribal	50.0%	25.0%	25.0%	100.0%
Treatment Agencies		100.0%		100.0%
Total	36.8%	57.9%	5.3%	100.0%



# Supportiveness of Clients' Needs

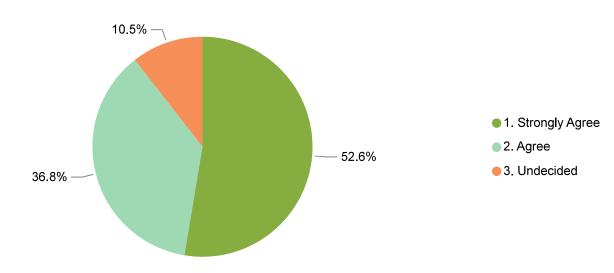


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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

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

### Provider is Supportive of Clients' Needs



Stakeholder Type	1. Strongly Agree	2. Agree	3. Undecided	Total
Court Staff- State and Federal	44.4%	44.4%	11.1%	100.0%
Law Enforcement	50.0%	50.0%		100.0%
Schools	100.0%			100.0%
State and Tribal	50.0%	25.0%	25.0%	100.0%
Treatment Agencies	50.0%	50.0%		100.0%
Total	52.6%	36.8%	10.5%	100.0%



## Quality of Services

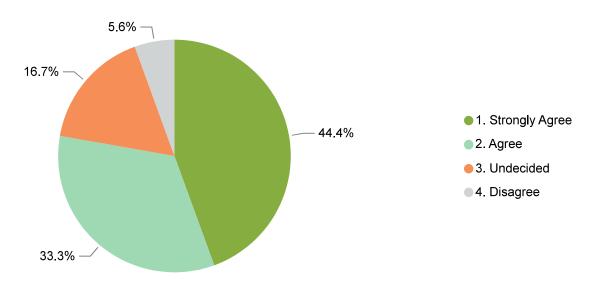


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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

The majority of stakeholders agreed or strongly agreed that accredited agencies provide quality services.

### **Provider Provides Quality Services**



Stakeholder Type	1. Strongly Agree	2. Agree	3. Undecided	4. Disagree	Total
Court Staff- State and Federal	44.4%	22.2%	22.2%	11.1%	100.0%
Law Enforcement	50.0%	50.0%			100.0%
Schools	50.0%	50.0%			100.0%
State and Tribal	33.3%	33.3%	33.3%		100.0%
Treatment Agencies	50.0%	50.0%			100.0%
Total	44.4%	33.3%	16.7%	5.6%	100.0%



## Provider Responsiveness

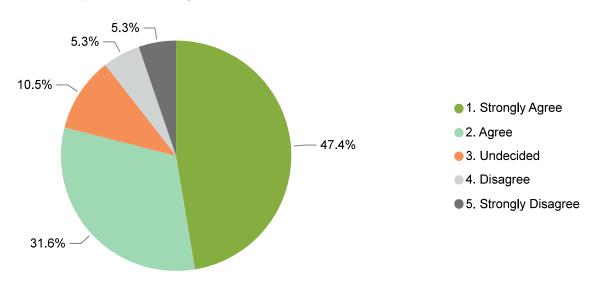


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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

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

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



Stakeholder Type	<ol> <li>Strongly Agree</li> </ol>	2. Agree	3. Undecided	4. Disagree	<ol><li>Strongly Disagree</li></ol>	Total
Court Staff- State and Federal	33.3%	33.3%	22.2%		11.1%	100.0%
		33.370	22.270		11.170	
Law Enforcement	100.0%					100.0%
Schools	100.0%					100.0%
State and Tribal	25.0%	50.0%		25.0%		100.0%
Treatment Agencies	50.0%	50.0%				100.0%
Total	47.4%	31.6%	10.5%	5.3%	5.3%	100.0%



# Satisfaction of Outcomes

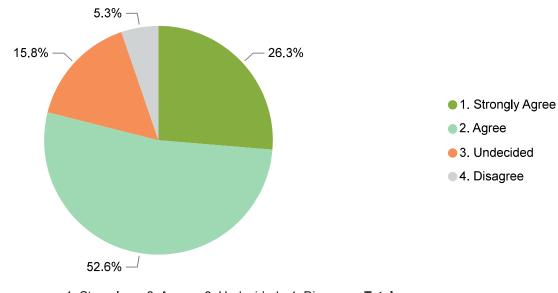


The following data reflect stakeholders' perceptions regarding treatment services provided by accredited agencies.

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

The majority of stakeholders agreed or strongly agreed that clients who received services from accredited agencies experienced satisfaction of outcomes.

### Clients Report Satisfaction of Outcomes



Stakeholder Type	1. Strongly Agree	2. Agree	3. Undecided	4. Disagree	Total
Court Staff- State and Federal	33.3%	33.3%	22.2%	11.1%	100.0%
Law Enforcement		100.0%			100.0%
Schools	50.0%	50.0%			100.0%
State and Tribal	25.0%	50.0%	25.0%		100.0%
Treatment Agencies		100.0%			100.0%
Total	26.3%	52.6%	15.8%	5.3%	100.0%





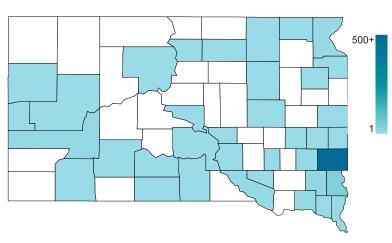
## Substance Use Disorder (SUD) Treatment Services





## 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)	279	44	
Cognitive Behavioral Interventions for Substance Abuse for Justice-Involved Adults (CBISA)	445	60	
Gambling Services	69	53	
Intensive Meth Treatment (IMT)	79	62	
Outpatient and Intensive Outpatient Services (0,5, 1,0, 2,1, & 2,5)	1,391	50	



**Unduplicated Clients Served** (Publicly Funded)

1.922

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

1.012



Veterans Served (Publicly Funded)

47

Pregnant Clients Served (Publicly Funded)

65



This page reflects the number of adult and youth clients served. Subsequent sections reflect outcomes for adults and youth separately. A client's age is not required when completing an assessment. As a result, the adult and youth sections do not include assessment services without age information. For this reason, numbers served in some adult and youth services may appear lower than the overall totals.







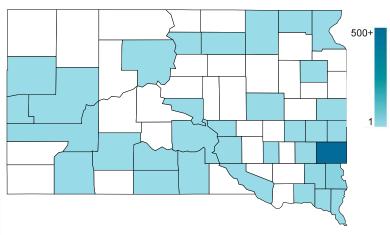


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## Adult SUD Treatment Services

Substance Use Assessments Conducted County of Residence for Clients Who Received Publicly Funded Services



**Treatment Services** Publicly Funded Average Duration of Clients Served Treatment (Days) Clinically Managed Low Intensity Residential Services (3.1) 279 44 Cognitive Behavioral Interventions for Substance Abuse for Justice-Involved 445 60 Adults (CBISA) **Gambling Services** 71 4 79 Intensive Meth Treatment (IMT) 62 Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5) 806 57



Unduplicated Clients Served (Publicly Funded)

1,374

Publicly Funded Clients Served with Co-Occurring Mental Health Conditions

825



Veterans Served (Publicly Funded)

35

Pregnant Clients Served (Publicly Funded)

54





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).



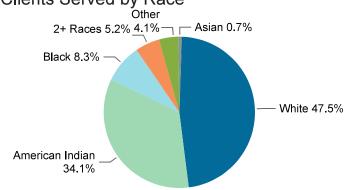
## Race & Ethnicity



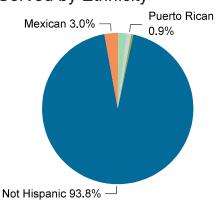
According to the U.S. Census Bureau, 84.2% of South Dakotans identify as White, 8.5% identify as American Indian, and 4.9% identify as Hispanic.

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

## Clients Served by Race



## Clients Served by Ethnicity



## Clients Served by Service Type and Race

	2+	Races	Ame India		As	ian	Black	<	Pa	tive cific ander	Othe	r	White	e	Total	
Treatment Services	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Clinically Managed Low Intensity Residential Services (3.1)	16	5.7%	125	44.8%	3	1.1%	20	7.2%			12	4.3%	103	36.9%	279	100.0%
Cognitive Behavioral Interventions for Substance Abuse for Justice-Involved Adults (CBISA)	33	7.4%	158	35.5%	2	0.4%	31	7.0%			17	3.8%	204	45.8%	445	100.0%
Gambling Services	1	25.0%	1	25.0%			1	25.0%					1	25.0%	4	100.0%
Intensive Meth Treatment (IMT)	4	5.1%	36	45.6%	1	1.3%	3	3.8%	1	1.3%	2	2.5%	32	40.5%	79	100.0%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	42	5.2%	240	29.8%	5	0.6%	75	9.3%	2	0.2%	30	3.7%	412	51.1%	806	100.0%
Total	72	5.2%	469	34.1%	9	0.7%	114	8.3%	2	0.1%	56	4.1%	652	47.5%	1,374	100.0%

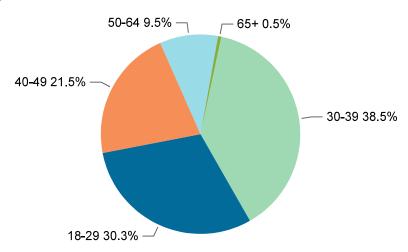






The below data reflect the age of adults served in publicly funded treatment services.

## Clients Served by Age



## Clients Served by Service Type and Age Group

	18-2	9	30-39		40-49	9	50-64	1	65	+	Total	
Treatment Services	N	%	N	%	N	%	N	%	N	%	N	%
Clinically Managed Low Intensity Residential Services (3.1)	81	29.0%	124	44.4%	52	18.6%	22	7.9%			279	100.0%
Cognitive Behavioral Interventions for Substance Abuse for Justice-Involved Adults (CBISA)	138	31.0%	178	40.0%	92	20.7%	38	8.5%	1	0.2%	445	100.0%
Gambling Services	1	25.0%	2	50.0%			1	25.0%			4	100.0%
Intensive Meth Treatment (IMT)	22	27.8%	38	48.1%	15	19.0%	4	5.1%			79	100.0%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	246	30.5%	287	35.6%	183	22.7%	85	10.5%	6	0.7%	806	100.0%
Total	416	30.3%	529	38.5%	295	21.5%	130	9.5%	7	0.5%	1,374	100.0%

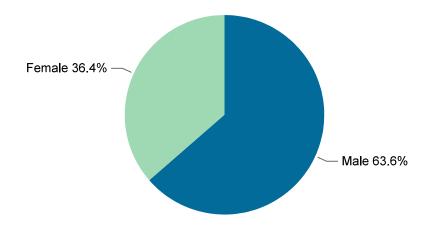


## Gender





## Clients Served by Self-Identified Gender



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

	Fem	ale	Male	!	Total	
Treatment Services	N	%	N	%	N	%
Clinically Managed Low Intensity Residential Services (3.1)	76	27.2%	203	72.8%	279	100.0%
Cognitive Behavioral Interventions for Substance Abuse for Justice-Involved Adults (CBISA)	147	33.0%	298	67.0%	445	100.0%
Gambling Services			4	100.0%	4	100.0%
Intensive Meth Treatment (IMT)	49	62.0%	30	38.0%	79	100.0%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	308	38.2%	498	61.8%	806	100.0%
Total	500	36.4%	874	63.6%	1,374	100.0%



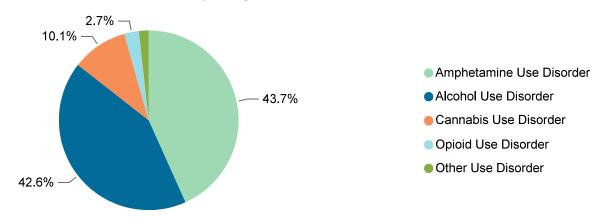
## Primary Diagnosis



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

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

## Percent of Clients Served for Each Primary Diagnosis



## Diagnosis by Service Type

		Alcohol Use Disorder				Amphetamine Use Disorder		Cannabis Use Disorder		Opioid Use Disorder		er Use order	Total	
Treatment Services	N	%	N	%	N	%	N	%	N	%	N	%		
Clinically Managed Low Intensity Residential Services (3.1)	105	37.6%	150	53.8%	17	6.1%	5	1.8%	4	1.4%	279	100.0%		
Cognitive Behavioral Interventions for Substance Abuse for Justice-Involved Adults (CBISA)	141	31.7%	239	53.7%	46	10.3%	9	2.0%	11	2.5%	445	100.0%		
Gambling Services			2	50.0%	2	50.0%					4	100.0%		
Intensive Meth Treatment (IMT)	23	29.1%	55	69.6%			2	2.5%			79	100.0%		
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	387	48.1%	290	36.1%	89	11.1%	26	3.2%	14	1.7%	804	100.0%		
Total	585	42.6%	599	43.7%	139	10.1%	37	2.7%	24	1.7%	1,372	100.0%		



## Reason for Discharge

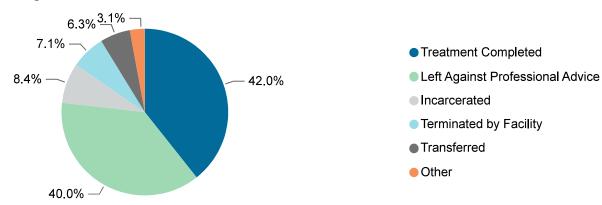


The national rate for successful treatment completion for adult and vouth clients was 34%. The data below reflect the reasons adult clients discharged from publicly funded treatment services.

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

The majority of adults 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

	Inca	arcerated		Against essiona <b>l</b> ce	Oth	er		minated Faci <b>l</b> ity	Trai	nsferred		ment p <b>l</b> eted	Total	
Treatment Services	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Clinically Managed Low Intensity Residential Services (3.1)	24	10.3%	105	45.1%	2	0.9%	27	11.6%	5	2.1%	74	31.8%	233	100.0%
Cognitive Behavioral Interventions for Substance Abuse for Justice-Involved Adults (CBISA)	29	8.1%	130	36.4%	5	1.4%	21	5.9%	16	4.5%	160	44.8%	357	100.0%
Gambling Services			1	25.0%					2	50.0%	1	25.0%	4	100.0%
Intensive Meth Treatment (IMT)	10	14.3%	41	58.6%	1	1.4%	1	1.4%			19	27.1%	70	100.0%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	40	6.5%	226	36.6%	27	4.4%	43	7.0%	52	8.4%	258	41.8%	617	100.0%
Total	92	8.4%	440	40.0%	34	3.1%	78	7.1%	69	6.3%	462	42.0%	1,099	100.0%



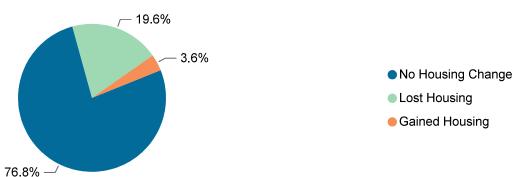
## **Living Situation**



The national rate of homelessnes: for adult and youth clients was 10%. The data below reflect the living situations of adults served in publicly funded treatment services.

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

Percent of 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)	256	14.2%	41.2%
Cognitive Behavioral Interventions for Substance Abuse for Justice-Involved Adults (CBISA)	379	3.6%	18.5%
Gambling Services	4	0.0%	12.5%
Intensive Meth Treatment (IMT)	71	13.7%	52.1%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)  Total	670 <b>1,160</b>	8.8% <b>8.1%</b>	19.7% <b>24.1%</b>

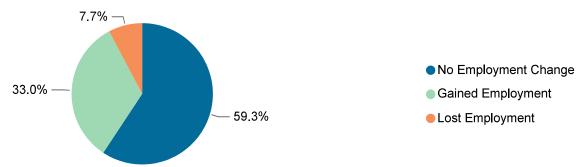




The data below reflect the employment status of adults served in publicly funded treatment services.

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

Percent of 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)	256	14.4%	41.2%
Cognitive Behavioral Interventions for Substance Abuse for Justice-Involved Adults (CBISA)	379	26.9%	55.6%
Gambling Services	4	25.0%	50.0%
Intensive Meth Treatment (IMT)	71	15.4%	38.5%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5) <b>Total</b>	668 <b>1,158</b>	28.1% <b>24.6%</b>	49.2% <b>49.9%</b>



## Arrest History



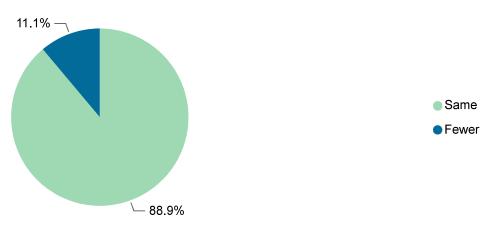
The national rate of adult and youth clients with at least one arrest was 4%.

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

Percent of 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
<b>A</b>			
Clinically Managed Low Intensity Residential Services (3.1)	65	5.8%	1.4%
Cognitive Behavioral Interventions for Substance Abuse for Justice-Involved Adults (CBISA)	87	3.4%	2.3%
Gambling Services	2	0.0%	0.0%
Intensive Meth Treatment (IMT)	17	11.8%	0.0%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	153	13.4%	2.5%
Total	253	8.4%	2.7%



## General Health

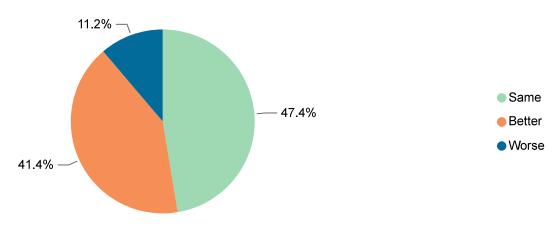


Clients are asked at the start of treatment and at the end of treatment, "Would you say that in general your health is?" Clients could answer in a range from 1-"Poor" to 5-"Excellent". Only clients who completed this question at time of admission and time of discharge are included.

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 FY23, their responses are counted once in each service.

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

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



Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Clinically Managed Low Intensity Residential Services (3.1)	66	3.52	3.96	0.44	12.4%
Cognitive Behavioral Interventions for Substance Abuse for Justice-Involved Adults (CBISA)	88	3.51	3.96	0.45	12.8%
Gambling Services	3	3.50	4.50	1.00	28.6%
Intensive Meth Treatment (IMT)	18	3.56	3.83	0.28	7.8%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	160	3.39	3.86	0.47	13.9%
Total	259	3.47	3.88	0.41	11.9%



## Physical Health

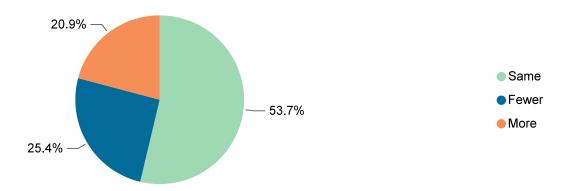


Clients are asked at the start of treatment and at the end of treatment, "Now thinking about your physical health, which includes physical illness and injury, how many days during the past 30 days was your physical health not good?" Only clients who completed this question at time of admission and time 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 FY23, 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.

Percent of 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)	42	2.05	4.07	2.02	98.9%
Cognitive Behavioral Interventions for Substance Abuse for Justice-Involved Adults (CBISA)	69	2.20	2.17	-0.03	-1.3%
Gambling Services	2	0.00	0.00	0.00	NaN
Intensive Meth Treatment (IMT)	14	0.57	1.86	1.29	225.0%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	123	3.14	2.33	-0.81	-25.8%
Total	196	2.57	2.40	-0.17	-6.6%



## Mental Health

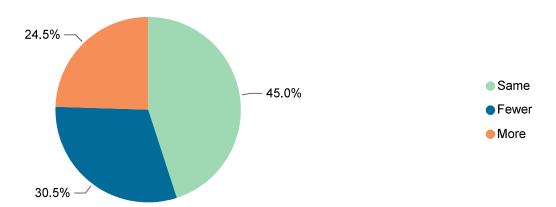


Clients are asked at the start of treatment and at the end of treatment, "Now thinking about your mental health, which includes stress, depression, and problems with emotions, how many days during the past 30 days was your mental health not good?" Only clients who completed this question at time of admission 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 FY23, their responses are counted once in each service.

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

Percent of 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)	41	3.63	6.30	2.67	73.7%
Cognitive Behavioral Interventions for Substance Abuse for Justice-Involved Adults (CBISA)	68	2.72	2.52	-0.20	-7.4%
Gambling Services	2	22.50	0.00	-22.50	-100.0%
Intensive Meth Treatment (IMT)	14	3.14	4.79	1.64	52.3%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	122	5.67	3.85	-1.82	-32.1%
Total	195	4.59	3.94	-0.66	-14.3%



# Physical or Mental Health Prevented Normal Activities

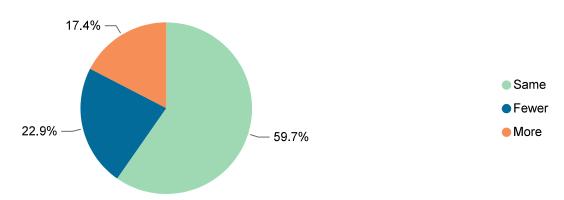
Clients are asked at the start of treatment and at the end of treatment, "During the past 30 days, approximately how many days did your poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?" Only clients who completed this question at time of 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 FY23, 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.



Percent of 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)	41	3.28	4.19	0.91	27.7%
Cognitive Behavioral Interventions for Substance Abuse for Justice-Involved Adults (CBISA)	67	1.97	2.09	0.12	6.0%
Gambling Services	2	0.00	0.00	0.00	NaN
Intensive Meth Treatment (IMT)	14	5.43	4.50	-0.93	-17.1%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	123	3.70	1.94	-1.77	<b>-</b> 47.7%
Total	196	3.20	2.49	-0.71	-22.2%



## Reported Attempts to Die by Suicide



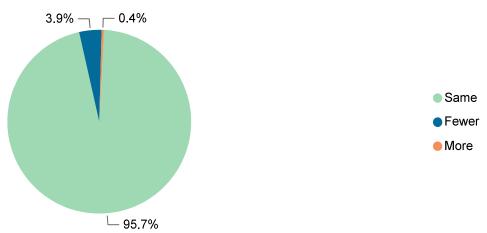
If you, or someone you know, is in need of crisis support, or experiencing emotional distress, cal or text 988, or chat at https://988lifeline.org/.

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 FY23, their responses are counted once in each service.

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

Percent of 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)	58	0.11	0.00	-0.11	-100.0%
Cognitive Behavioral Interventions for Substance Abuse for Justice-Involved Adults (CBISA)	77	0.08	0.03	<b>-</b> 0.05	-66.7%
Gambling Services	3	0.00	0.00	0.00	NaN
Intensive Meth Treatment (IMT)	17	0.00	0.00	0.00	NaN
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	141	0.08	0.01	-0.07	-83.3%
Total	230	0.09	0.02	-0.08	-81.8%



## Ability to Control Alcohol Use



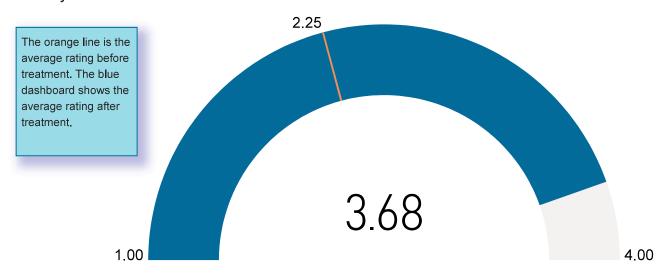
Clients are asked at the end of treatment to rate their ability to control their alcohol use before the program and after the program. They rate each question on a scale from 1-"Poor" to 4-"Excellent."

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 FY23, 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



## 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)	23	2.00	3.72	1.72	86.0%
Cognitive Behavioral Interventions for Substance Abuse for Justice-Involved Adults (CBISA)	26	2.56	3.81	1.26	49.3%
Intensive Meth Treatment (IMT)	5	1.60	3.40	1.80	112.5%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	67	2.12	3.62	1.51	71.2%
Total	103	2.25	3.68	1.43	63.4%



## **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."

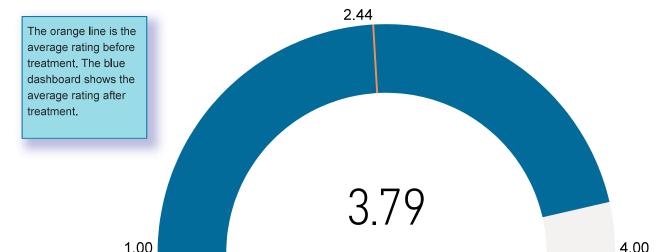
Only clients with primary non-alcohol use disorders are included in this outcome measure. Clients with primary alcohol use disorder rate their ability to control alcohol use specifically on the preceding page.

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 FY23, 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.

> > 4.00

## Ability to Control Drug Use



## 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)	37	2.26	3.69	1.44	63.6%
Cognitive Behavioral Interventions for Substance Abuse for Justice-Involved Adults (CBISA)	48	2.63	3.79	1.17	44.4%
Gambling Services	1	4.00	4.00	0.00	0.0%
Intensive Meth Treatment (IMT)	13	1.62	3.69	2.08	128.6%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	73	2.36	3.80	1.45	61.5%
Total	132	2.44	3.79	1.34	54.8%

Fiscal Year 2023 46



## Treatment Engagement

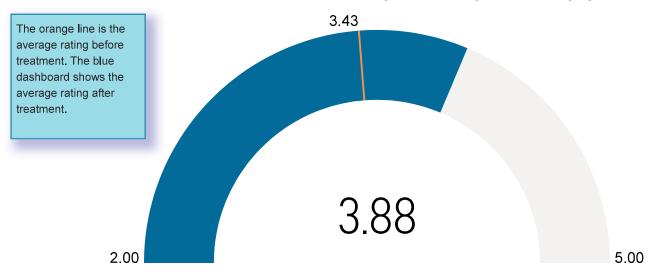


Clinicians are asked at the start of the client's treatment and at the end of treatment, "At this interval period, what is your (clinician's) assessment of the client's understanding and willingness to engage in their treatment program?" Clinicians may answer in a range from 1-"Unengaged" to 5-"Optimal 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 FY23, 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



### 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)	69	3.27	3.72	0.45	13.9%
Cognitive Behavioral Interventions for Substance Abuse for Justice-Involved Adults (CBISA)	91	3.53	3.99	0.46	12.9%
Gambling Services	3	3.25	3.25	0.00	0.0%
Intensive Meth Treatment (IMT)	18	2.89	4.00	1.11	38.5%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5) <b>Total</b>	165 <b>267</b>	3.42 <b>3.43</b>	3.87 <b>3.88</b>	0.45 <b>0.45</b>	13.2% <b>13.3%</b>



## Importance of Changing Current Behaviors

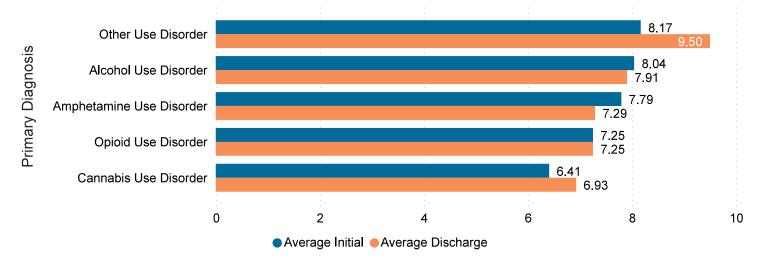
Clients are asked at the start of treatment and at the end of treatment to rate how important it is that they change their current behaviors and/or symptoms. They rate this question on a scale from 0-"Not Important at AII" to 10-"Most Important Thing in My Life Right Now." To see specific question, please 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)	68	8.08	8.11	0.03	0.3%
Cognitive Behavioral Interventions for Substance Abuse for Justice-Involved Adults (CBISA)	91	7.39	6.70	-0.70	-9.4%
Gambling Services	3	9.50	9.75	0.25	2.6%
Intensive Meth Treatment (IMT)	18	8.28	8.50	0.22	2.7%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5) <b>Total</b>	161 <b>263</b>	7.89 <b>7.75</b>	7.94 <b>7.57</b>	0.05 <b>-0.18</b>	0.7% <b>-2.3%</b>



## Motivation to Change Current Behaviors

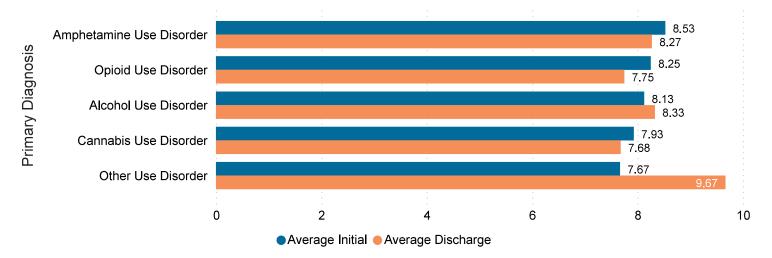
Clients are asked at the start of treatment and at the end of treatment to rate their motivation to change their current behaviors and/or symptoms. They rate this question on a scale from 0-"Not Important at All" to 10-"Most Important Thing in My Life Right Now."

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 a decrease 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)	69	8.69	8.68	-0.01	-0.2%
Cognitive Behavioral Interventions for Substance Abuse for Justice-Involved Adults (CBISA)	91	7.97	7.52	-0.45	-5.6%
Gambling Services	3	10.00	10.00	0.00	0.0%
Intensive Meth Treatment (IMT)	18	8.78	9.22	0.44	5.1%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	163	8.42	8.59	0.17	2.0%
Total	265	8.28	8.26	-0.02	-0.3%



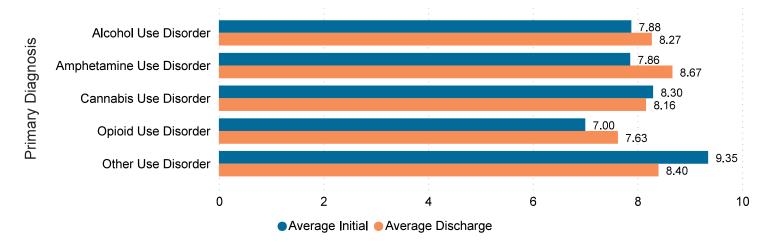
# Confidence to Control Use Under Stress and Peer Pressure

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)	69	7.68	7.59	-0.10	-1.3%
Cognitive Behavioral Interventions for Substance Abuse for Justice-Involved Adults (CBISA)	86	8.23	8.53	0.30	3.7%
Gambling Services	3	8.94	10.00	1.06	11.9%
Intensive Meth Treatment (IMT)	18	8.10	8.83	0.74	9.1%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	162	7.85	8.47	0.62	7.9%
Total	259	7.92	8.40	0.48	6.0%



## Visits to Emergency Department



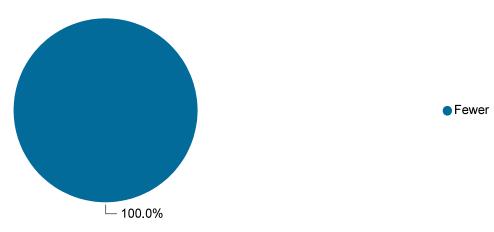
Clients are asked at the start of treatment and at the end of treatment, "How many times have you gone to an emergency room for a psychiatric or emotional problem in the past 30 days?" Only clients who completed this question at time of admission and time of discharge are included.

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 FY23, 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.

Percent of 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)	4	4.50	0.25	-4.25	-94.4%
Cognitive Behavioral Interventions for Substance Abuse for Justice-Involved Adults (CBISA)	3	2.33	0.00	-2.33	-100.0%
Intensive Meth Treatment (IMT)	1	1.00	0.00	-1.00	-100.0%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	7	2.43	0.29	-2.14	-88.2%
Total	11	3.00	0.27	-2.73	-90.9%



## Detoxification Services



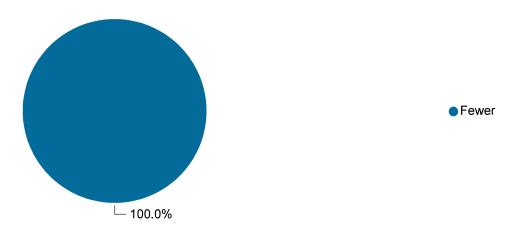
Clients are asked at the start of treatment and at the end of treatment, "How many nights have you spent in a facility for detoxification in the past 30 days?" Only clients who completed this question at time of admission and time of discharge are included.

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 FY23, 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.

Percent of 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
Oligically Managed Law Interests Designation Company (0.4)	40	0.50	0.00	0.50	400.00/
Clinically Managed Low Intensity Residential Services (3.1)	12	9.50	0.00	-9.50	-100.0%
Cognitive Behavioral Interventions for Substance Abuse for Justice-Involved Adults (CBISA)	3	2.33	0.00	-2.33	-100.0%
Intensive Meth Treatment (IMT)	3	15.67	0.00	-15.67	-100.0%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	18	5.89	0.00	-5.89	-100.0%
Total	26	7.54	0.00	-7.54	-100.0%



# Inpatient Substance Use Disorder Treatment Services

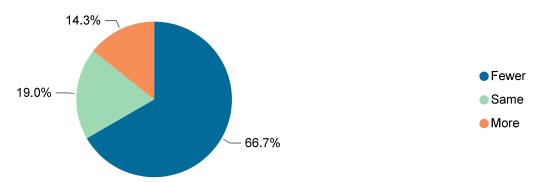
Clients are asked at the start of treatment and at the end of treatment, "How many nights have you spent in a facility for inpatient/residential substance use disorder treatment in the past 30 days?" Only clients who completed this question at time of admission and time of discharge are included.

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 FY23, their responses are counted once in each service.

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

Percent of 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)	12	22.00	10.00	-12.00	-54.5%
Cognitive Behavioral Interventions for Substance Abuse for Justice-Involved Adults (CBISA)	3	8.33	10.00	1.67	20.0%
Intensive Meth Treatment (IMT)	4	17.00	15.00	-2.00	-11.8%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	12	18.58	7.83	-10.75	-57.8%
Total	21	17.43	10.19	-7.24	-41.5%



## Hospital Admissions for Mental Health Care



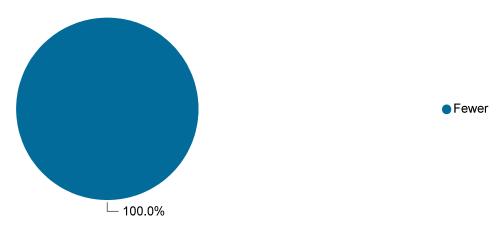
Clients are asked at the start of treatment and at the end of treatment, "How many nights have you spent in a facility for mental health care in the past 30 days?" Only clients who completed this question at time of admission and time of discharge are included.

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 FY23, 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.

Percent of 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)	4	9.50	0.00	-9.50	-100.0%
Cognitive Behavioral Interventions for Substance Abuse for Justice-Involved Adults (CBISA)	1	4.00	0.00	-4.00	-100.0%
Intensive Meth Treatment (IMT)	1	30.00	0.00	-30.00	-100.0%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	7	6.71	0.00	<b>-</b> 6.71	-100.0%
Total	10	8.20	0.00	-8.20	-100.0%



## Illness, Injury, or Surgery



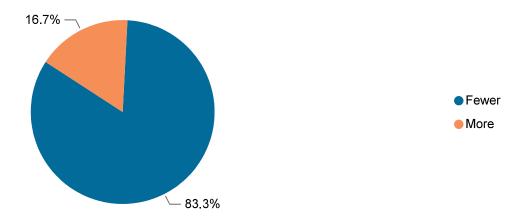
Clients are asked at the start of treatment and at the end of treatment, "How many nights have you spent in a facility for illness, injury, or surgery in the past 30 days?" Only clients who completed this question at time of admission and time of discharge are included.

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 FY23, 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.

Percent of 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
Cognitive Behavioral Interventions for Substance Abuse for Justice-Involved Adults (CBISA)	4	3.00	0.00	-3.00	-100.0%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	4	2.25	0.50	-1.75	<del>-</del> 77.8%
Total	6	2.33	0.33	-2.00	-85.7%



# Nights Spent in Correctional Facility

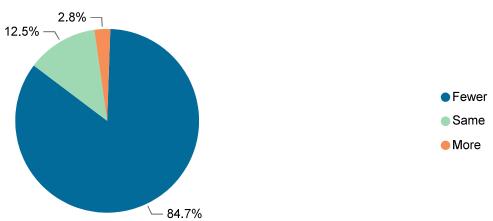
Clients are asked at the start of treatment and at the end of treatment, "How many nights have you spent in a correctional facility including jail or prisons (as a result of an arrest, parole or probation violation) in the past 30 days?" Only clients who completed this question at time of admission and 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 FY23, 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.

Percent of 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)	19	26.35	3.05	-23.30	-88.4%
Cognitive Behavioral Interventions for Substance Abuse for Justice-Involved Adults (CBISA)	19	22.58	0.05	-22.53	-99.8%
Gambling Services	1	30.00	0.00	-30.00	-100.0%
Intensive Meth Treatment (IMT)	13	26.23	0.00	-26.23	-100.0%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	44	18.98	6.89	-12.09	-63.7%
Total	70	21.94	4.33	-17.61	-80.3%



## Trouble as a Result of Substance Use

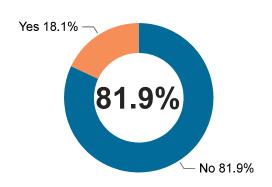


Clients are asked at the start of treatment and at the end of treatment, "Have you gotten in trouble at home, at school, work, or in the community, because of your use of alcohol, drugs, inhalants or gambling?" Only clients who completed this question at time of admission and time of discharge are included.

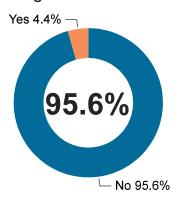
Clients' responses on these surveys are then broken out by the percentage of clients who responded "Yes" or "No" at time of admission and at time of discharge (donut chart) as well as the average responses and change from admission to discharge (table).

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)	69	0.28	0.08	-0.20	-71.4%
Cognitive Behavioral Interventions for Substance Abuse for Justice-Involved Adults (CBISA)	89	0.12	0.06	-0.07	-54.5%
Gambling Services	3	1.00	0.50	-0.50	-50.0%
Intensive Meth Treatment (IMT)	17	0.12	0.06	-0.06	-50.0%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	161	0.21	0.04	-0.17	-80.0%
Total	261	0.18	0.04	-0.14	-75.5%



## 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.

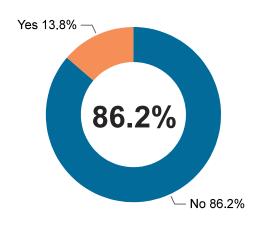
Clients' responses on these surveys are then broken out by the percentage of clients who responded "Yes" or "No" at time of admission and at time of discharge (donut chart) as well as the average responses and change from admission to discharge (table).

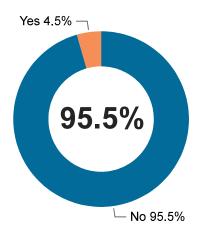
Adults served in publicly funded treatment services reported a decrease in missing school or work due to their substance use.



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

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



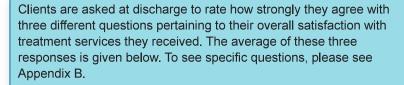


Have You Missed School or Work Because of Substance Use or Gambling? 1-"Yes"; 0-"No"

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Clinically Managed Low Intensity Residential Services (3.1)	68	0.23	0.07	-0.16	-70.6%
Cognitive Behavioral Interventions for Substance Abuse for Justice-Involved Adults (CBISA)	88	0.08	0.06	-0.02	-28.6%
Gambling Services	3	1.00	0.50	-0.50	-50.0%
Intensive Meth Treatment (IMT)	18	0.11	0.06	-0.06	-50.0%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	158	0.15	0.04	-0.11	<b>-</b> 72.0%
Total	259	0.14	0.04	-0.09	-67.6%



## General Satisfaction with Services

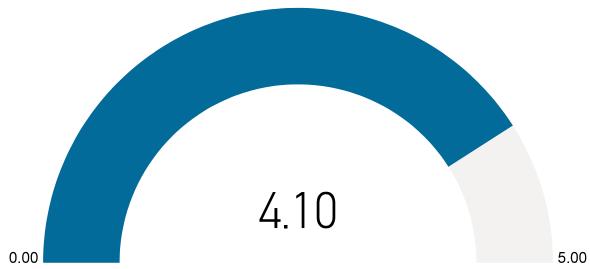


Clients' responses on these surveys are then broken out by the type of treatment service they received. If they received multiple types of treatment services in FY23, their responses are counted once in each service.

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)	69	3.58
Cognitive Behavioral Interventions for Substance Abuse for Justice-Involved Adults (CBISA)	91	3.99
Gambling Services	3	2.25
Intensive Meth Treatment (IMT)	18	4.39
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5) <b>Total</b>	165 <b>267</b>	4.21 <b>4.10</b>



## Improved Functioning

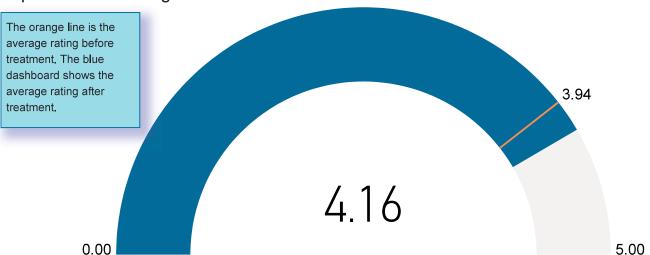


Clients are asked at discharge to rate how strongly they agree with four different questions pertaining to their perception of their mental health and social well-being before and after the services they received. The average of these four responses is given below. To see specific questions, please see 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 FY23, 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



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)	69	3.90	3.77	-0.13	-3.4%
Cognitive Behavioral Interventions for Substance Abuse for Justice-Involved Adults (CBISA)	91	3.98	4.11	0.13	3.1%
Gambling Services	3	2.75	2.25	-0.50	-18.2%
Intensive Meth Treatment (IMT)	18	4.00	4.36	0.36	9.0%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5) <b>Total</b>	165 <b>267</b>	3.98 <b>3.94</b>	4.23 <b>4.16</b>	0.25 <b>0.21</b>	6.3% <b>5.4%</b>



## Social Connectedness

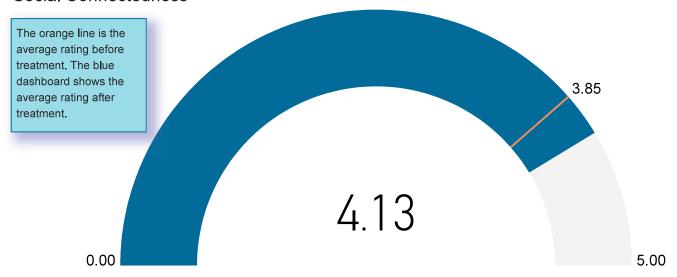


Clients are asked at discharge to rate how strongly they agree with four different questions pertaining to their connections with their family, friends, and community. The average of these four responses is given below. To see specific questions, please see Appendix B.

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 FY23, their responses are counted once in each service.

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

### Social Connectedness



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

Treatment Services	Unduplicated Client Count	Average Initial	Average Discharge	Change	Percent Change
Clinically Managed Low Intensity Residential Services (3.1)	69	3.72	3.65	-0.06	-1.7%
Cognitive Behavioral Interventions for Substance Abuse for Justice-Involved Adults (CBISA)	91	3.90	4.19	0.29	7.4%
Gambling Services	3	2.75	2.25	-0.50	-18.2%
Intensive Meth Treatment (IMT)	18	3.93	4.33	0.40	10.2%
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	165	3.88	4.18	0.30	7.7%
Total	267	3.85	4.13	0.28	7.2%



# 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 FY23, 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

## 4.03

### **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)	69	3.54	3.62
Cognitive Behavioral Interventions for Substance Abuse for Justice-Involved Adults (CBISA)	91	3.96	3.97
Gambling Services	3	2.25	2.25
Intensive Meth Treatment (IMT)	18	4.39	4.37
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	165	4.12	4.09
Total	267	4.03	4.02



## 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.

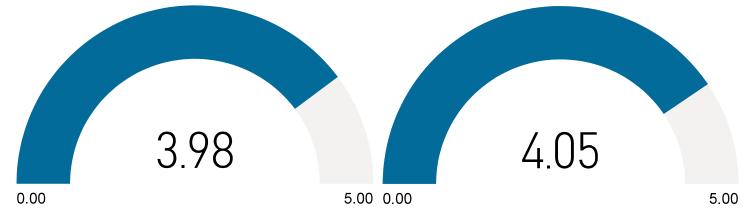
Additionally, clients are asked at discharge to rate how strongly they agree with eight different questions pertaining to the quality and appropriateness of the services they received. The average of these eight responses is given below. To see specific questions, please see Appendix B.

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 FY23, 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.



## 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
<b>A</b>			
Clinically Managed Low Intensity Residential Services (3.1)	69	3.59	3.62
Cognitive Behavioral Interventions for Substance Abuse for Justice-Involved Adults (CBISA)	91	4.02	4.03
Gambling Services	3	2.25	2.25
Intensive Meth Treatment (IMT)	18	4.11	4.35
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1, & 2.5)	165	4.03	4.12
Total	267	3.98	4.05



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# Appendix A: Outcome Tool Return Rates



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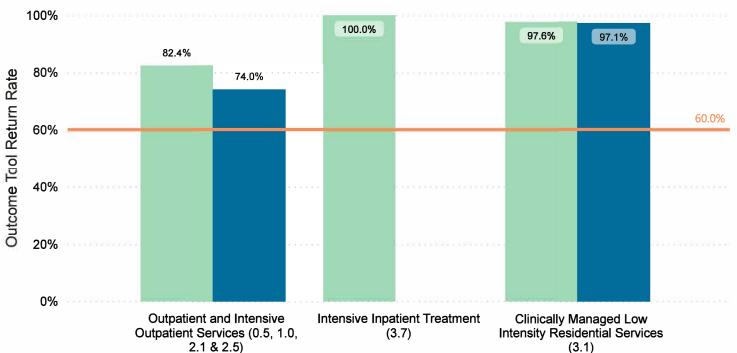
## **Appendix A: OT Return Rates**

# 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.

### SUD Admission Tool Return Rate SUD Discharge Tool Return Rate



Treatment Services	Admissions	Initial Tool	Initial Tool Return Rate	Discharges	Discharge Tool	Discharge Tool Return Rate
Clinically Managed Low Intensity Residential Services (3.1)	170	166	97.6%	34	33	97.1%
Intensive Inpatient Treatment (3.7)	3	3	100.0%	0	0	
Outpatient and Intensive Outpatient Services (0.5, 1.0, 2.1 & 2.5)	789	650	82.4%	277	205	74.0%
Total	962	819	85.1%	311	238	76.5%

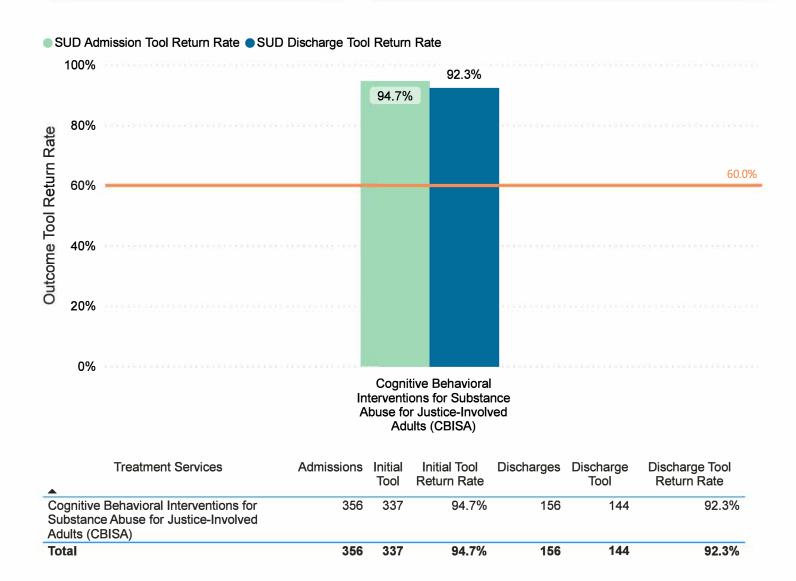


## **Appendix A: OT Return Rates**

# 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. "CBISA & MRT for Justice-Involved Adults" indicates the outcome tool return rate for adult clients enrolled in both CBISA and MRT services.

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







[Page intentionally left blank]



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

Todays' Date:									
Client STARS II	D:  _ _ _	_ _ _ _	_ _ _	_	_ _ _	_ _			
Program  1.0 Outpatient 2.1 Intensive Outpatient (Including2.1/3.1) 2.5 Day Treatment 3.1 Low Intensity Residential 3.7 Intensive Inpatient Treatment Adult Outpatient EBP (CJI Clients Only) Adult Outpatient EBP/MRT (CJI Clients Only) Adult Outpatient EBP/MRT (CJI Clients Only) Adult Outpatient EBP/MRT/3.1 Services (CJI Clients Only)  IMT - OP IMT - E IMT - OC								ient	
1. Would you	sav that in	general	vour h	ealth is:					
□Exceller	-	ery Good	-	Good		Fair		Poor	
<b>b</b> . Now thinki	y days during ng about you with emotio	g the past i ir mental l	30 days nealth, w	was your hich incl	physical l udes stres	health no ss, depres	t good? ssion, an	ıd	
c. During the	past 30 days ealth keep yo								
2. At this mor							rent b	ehaviors	5
Not important			importar	nt as most o	of the other		Most ir	nportant th	ning in my right now
0 1	2	3	4	5	6	7	8	9	10
3. At this mor	ment, how and/or syr	nptoms?	Please	circle a n	umber o	n the sca			
Not important	at all	About as		nt as most ( like to achi		r things I	Most in	mportant tl life	hing in my right now
0 1	2	3	4	5	6	7	8	9	10

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



### Adult SUD Form -Initial

4. Please answer the following question		Number of Nights/Time	Don't es know
In the past 30 days, how many times have you be *Federally Required Element	en arrested?		
5. Please answer the following questions h	pased on the past 30 day	/S	
a. Have you gotten into trouble at home, at school		<sup>7</sup> , □Yes	
because of your use of alcohol, drugs, inhalants b. Have you missed school or work because of usi		or	-
gambling?	ing arconol, arags, initalants	Yes	s □No
*Federally Required Element			
6. Please answer the following questions h	pased on the past 30	Number of	Don't
days	<u>-                                    </u>	Nights/Time	es know
a. How many times have you gone to an emergen or emotional problem?	cy room for a psychiatric		
b. How many nights have you spent in a facility fo	r:		
i. Detoxification?	m , , , ,		
ii. Inpatient/Residential Substance Use Disorde iii. Mental Health Care?	r Treatment?		
iv. Illness, Injury, Surgery?			
c. How many nights have you spent in a correction	nal facility including iail		
or prisons (as a result of an arrest, parole or pre	•		
d. How many times have you tried to commit suic	ride?		
7. I would be able to resist the urge to	Not at all		Very
drink heavily and/or use drugs	confident		Confident
if I were angry at the way things had turned out	0 1 2 3 4 5	6 7 8	3 9 10
if I had unexpectedly found some			
booze/drugs or happened to see something	0 1 2 3 4 5	6 7 8	9 10
that reminded me of drinking/using drugs if other people treated me unfairly or			
interfered with my plans	0 1 2 3 4 5	6 7 8	9 10
if I were out with friends and they kept			
suggesting we go somewhere to drink/use drugs	0 1 2 3 4 5	6 7 8	3 9 10

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



### Adult SUD Form -Initial

8. Please indicate your level of agreement or						Response Options							
disagreement with choice that best repover the past 30 da with persons other provider(s).) Sources	Strongly	disagree	Disagree	Undecided	Agree	Strongly	Not	Refused					
Domain: Social Conn	ectedness Quest	tions 1-4											
1. I am happy with the													
2. I have people with	whom I can do	enjoyable things.											
3. I feel I belong in m	y community.												
4. In a crisis, I would friends.	have the suppo	rt I need from family o	or $\Box$										
Domain: Improved F	unctioning Dom	ain: Questions 5-8											
5. I do things that are	e more meaning	ful to me.											
6. I am better able to	take care of my	needs.											
7. I am better able to	handle things w	hen they go wrong.											
8. I am better able to	do things that I	want to do.											
Question <u>required</u> to b	e completed by Cl	inician											
	villingness to eng	ur (clinician's) assess gage in their treatmen						rcle a	l				
Unengaged and Blocked	Minimal Limited ed and Engagement in Engagement in E			itive men very	t in		En	Optingagen Recov	nent i very	1			

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



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

Todays' Date:									
Client STARS I	D:  _	_ _ _ _	_ _ _	_ _ _	_ _ _				
Program	☐ 2.1 0 Outp ☐ 2.5 0 ☐ 3.7 0 Trea ☐ MRT	tment ' (CJI Clie It Outpati ices (CJI 0 - OP - E	Intensiv Day Tre Intensiv Ints Only ient EBP	re atment re Inpatier ) /3.1	nt				
1. Would you	say that in	general you	r health is:						
□Excelle	nt □Ve	ry Good	$\square$ Good	[	∃Fair	□P	oor		
how man <b>b</b> . Now think	ing about your y days during ing about your s with emotion of good?	the past 30 d r mental heal	ays was your th, which incl	physical i	health no ss, depres	t good? ssion, and	l		
	past 30 days, ealth keep you n?								
2. At this mo and/or sym	ptoms? Plea:	se circle a nu About as imp		scale be	low:		portant thi	ng in my ight now	
0 1	2	3 4	5	6	7	8	9	10	
behaviors	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  Wost important thing in my would like to achieve now  life right now								
0 1	2	3 4	5	6	7	8	9	10	

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



### Adult SUD Form -Discharge

4. Please answer the foll	nber of hts/Time	Don't s know						
In the past 30 days, how man		_		rrested?		1416	iits/ Tillic	S KHOW
*Federally Required Element								_
5. Please answer the foll	owing	anestion	ns hase	ed on the	nast 3	0 days		
a. Have you gotten into troul								
because of your use of alcoh							□Yes	$\square$ No
b. Have you missed school or					ıgs, inh	alants, or	□Yes	□No
gambling?								
*Element agreed upon by the DOWG	i							
6. Please answer the foll	owing	question	ns base	ed on the	past 3	<u>v</u>	nber of	Don't
days						Nig	hts/Time	s know
a. How many times have you	gone to	o an emer	gency ro	oom for a p	sychiat	tric		
or emotional problem?								
b. How many nights have yo	u spent	in a facilit	y for:					
i. Detoxification?		** 5:	1					
ii. Inpatient/Residential Su	ıbstanc	e Use Diso	rder Tr	eatment?				
iii. Mental Health Care?								
iv. Illness, Injury, Surgery?								
c. How many nights have you						ail		
or prisons (as a result of a					on)?			
d. How many times have you								
7. Please check the		Before th	e Progi	ram	No	w (At end	l of Prog	gram)
appropriate box on								
how you are doing								
since entering the								
program that best tells	Poor	Average	Good	Excellent	Poor	Average	Good	Excellent
us what you think.	1	2	3	4	1	2	3	4
a. Controlling alcohol		П		П	П	П		
use.		_				_		
b. Controlling drug use.								

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



### Adult SUD Form -Discharge

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

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

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



### Adult SUD Form -Discharge

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

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



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

,	Date:									
Client ST	ARS ID:	_ _ _	_	_	_ _ _	_ _ _	.  _			
Progran	n [	 □ 1.0 Out	patient			 □ 2.1	Intensive	Outpat	ient	
J		☐ 2.5 Day	-	ent			Intensive	-		
		☐ 3.1 Low			ntial		atment (I	•		
		Adoleso						,		
		ay that iı				S:				
	xcellent		ery Goo		□Good		□Fair		Poor	
	_	about yo				-	-		, .	
		lays durin gabout yo								
pro		ith emotio								
		st 30 days	s annrox	imately h	ow many	z davs did	vour noo	r nhysic	al or	
me		th keep yo								
100	l'eation:									
2 4441	•	4 h			4la - 4	- als a			- l!	_
		ent, how oms? Plea	_		_	_	_	rrent b	enavior	S
	portant at					t of the oth		Most i	mportant t	hing in my
				_would	l like to ac	hieve now			life	right now
0	1	2	3	4	5	6	7	8	9	10
		ent, how								
	viors ar			2 DI						
Not im							on the sc			
	portant at			as importa	ant as mos		on the sc er things I		mportant t	
0				as importa	ant as mos	t of the oth			mportant t	hing in my right now
0	portant at	all	About	as importa would	ant as mos I like to ac	t of the oth hie <u>ve</u> now	er things I	Most i	mportant t life	right now
	portant at	all 2	About 3	as importa would	ant as mos I like to ac 5	t of the oth hie <u>ve</u> now	er things I	Most i  8	mportant the life  9  1ber of	right now 10  Don't
4. Pleas	portant at  1  e answe	all  2 er the fol	About 3	as importa would 4	ant as mos I like to ac 5	t of the oth hieve now	er things I	Most i  8	mportant t life 9	right now
4. Pleas	portant at  1  e answe	2 er the follows, how ma	About 3	as importa would 4	ant as mos I like to ac 5	t of the oth hieve now	er things I	Most i  8	mportant the life  9  1ber of	right now 10  Don't
4. Pleas	1 e answe st 30 day	2 er the follows, how ma	About 3	as importa would 4	ant as mos I like to ac 5	t of the oth hieve now	er things I	Most i  8	mportant the life  9  1ber of	right now 10  Don't
4. Pleas In the pa *Federally	1 e answe st 30 day Required E	2 er the follows, how ma	About  3  Clowing cany times	as importation would a would a would a work	nnt as mos I like to ac 5 n u been ar	t of the oth hieve now 6	er things I	Most i  8  Num Nigh	mportant the life  9  1ber of	right now 10  Don't
4. Pleas In the pa *Federally  5. Pleas	e answerst 30 day Required E	er the follows, how madelement	About  3  Clowing any times  Clowing times	question	nt as mos like to ac 5 n u been ar	t of the oth hieve now 6  rested?	er things I 7  past 30	Most i  8  Num Nigh	mportant ti life 9 nber of nts/Times	Don't know
4. Pleas In the pa *Federally  5. Pleas a. Have y because	e answers 30 day Required For answers answers answers answers answers answers and a second point a second point and a second point a seco	er the follows, how madelement er the following into troot use of alcoholic ways of	About  3  Llowing any times  Llowing uble at ho cohol, dru	question	nt as mos like to ac  5  n u been ar hool, wor ants, or g	rested?  d on the rk, or in the ambling?	past 30	Most i  8  Num Nigh  days nity,	mportant the life  9  1ber of	right now 10  Don't
4. Pleas In the pa *Federally  5. Pleas a. Have y becaus b. Have y	e answers and the second point of the second p	er the following the following into troo	About  3  Llowing any times  Llowing uble at ho cohol, dru	question	nt as mos like to ac  5  n u been ar hool, wor ants, or g	rested?  d on the rk, or in the ambling?	past 30	Most i  8  Num Nigh  days nity,	mportant ti life 9 nber of nts/Times	Don't know
4. Pleas In the pa *Federally  5. Pleas a. Have y because	e answers and a second of the contract of the	er the follows, how madelement er the follows use of alcohol of the school of the scho	About  3  Llowing any times  Llowing uble at ho cohol, dru	question	nt as mos like to ac  5  n u been ar hool, wor ants, or g	rested?  d on the rk, or in the ambling?	past 30	Most i  8  Num Nigh  days nity,	mportant tilife 9  hber of hts/Times  Yes	Don't know

Page 1 of 3

Last Updated: 03/23/2021



### Youth SUD Form -Initial Interview

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

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



### Youth SUD Form -Initial Interview

8. Please ir	8. Please indicate your level of agreement or					espoi	nse O	ptions	5		
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					Disagree	Undecided	Agree		Not applicable	Refused	
		ness Questions									
need to t	alk.		erstand me when	I							
and frien	ds.		eed from family								
-	-	comfortable tall	king with about				П		П		
my probl						_	_		_	_	
		m I can do enjo			Ш	Ш	Ш	Ш	Ш		
		oning Domain:	Questions 5-11								
	to do things I										
	g with family r	and other peop	ام		H						
	in school and/		10.								
		things go wron	σ.								
	e to handle my		5.								
	•	family life right	now.								
	-										
	e answered by C									_	
GAIN Short	t Screener (GA	AIN-SS) Scorin	Ť								
Screener	Items	Past Month (4)	Past 90 Days (4, 3)	Past (4, 3	Year 3, 2)		(4	Ever , 3, 2,			
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 Blocked	and Engag	nimal ement in Er covery	Limited ngagement in Recovery	Positi Engagem Recove	ent in		En	Optin gagem Recov	ent in	ı	

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



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

Todays' Date	<b>:</b> :									
Client STARS	S ID:									
Program	□ 2 □ 3	.1 Low	atient Freatmen Intensity ent EBP Se	Residen	tial	□ 3.7 I	ntensive ( ntensive ) tment (PI	Inpatie		
1 Would w	011 6017	that in	ganaral	wour ho	alth ice					
1. Would yo			ry Good		Good	Г	Fair		Poor	
a. Now thir			,			ludes ph				
							health not			
health <b>c.</b> During tl	ms with not good he past 3 health k	emotior d? 30 days,	ns, how m approxin	any days	during the	he past 3 lays did <u>:</u>	0 days wa	s your i	mental al or	
2. At this m	omont	- how i	mnorta	nt ic it t	hat wou	chango	vour cui	ront		
behaviors								Tent		
Not importa	ant at all	, ,	About as	importan	t as most o	f the othe	r things I	Most ir	nportant tl	hing in my right now
0 1		2	3	4	5	6	7	8	9	10
3. At this m	oment	, how c	onfiden	t are yo	u that y	ou will	change y	our cu	rrent	
behavio	rs and/		ptoms?	Please c	ircle a n	umber o	n the scal	le belov	w:	
Not importa	ant at all		About as	importan would li	t as most o ke to achi		r things I	Most ir	nportant tl life	hing in my right now
0 1		2	3	4	5	6	7	8	9	10
4. Please ar	ncwor t	ha falla	owina a	uection					ber of	Don't
In the past 30 *Federally Requ	0 days, h	ow mar			been arre	sted?		Nign	ts/Times	know
					. 1		00 3			
a. Have you g										
because of							Commun	ıcy,	□Yes	□No
b. Have you r	nissed s						gs, inhalar	its, or	□Yes	□No

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



### Youth SUD Form - Discharge

6. Please answer the following questions based on the <u>past 30</u> Number of Nights/Times										
a. How many times have you	gone to	o an emer	gency r	oom for a p	sychiat	ric				
or emotional problem?	ı cnont	in a facilit	y for:							
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?										
Source: Current MPR Adult Histo	ry Form	(Revised 3/	06)							
c. How many nights have you or Jail (as a result of an arres					uding J	DC				
d. How many times have you										
*Federally Required Element										
7. Please check the	l	Before th	e Progi	am	No	w (At end	d of Pro	gram)		
appropriate box on										
how you are doing										
since entering the										
program that best tells	Poor	Average	Good	Excellent	Poor	Average	Good	Excellent		
us what you think.	1	2	3	4	1	2	3	4		
a. Controlling alcohol use.										
b. Controlling drug use.										
*Element agreed upon by the DOWG										
8. I would be able to resi	st the	urge to	No	t at all				Very		
drink heavily and/or use		_	cor	ıfident				Confident		
if I were angry at the wa	y thing	gs had	0	1 2	3 4	5 6	7	3 9 10		

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

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



### Youth SUD Form - Discharge

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

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



### Youth SUD Form - Discharge

Questions to be answered by Clinician

GAIN Short Screener (GAIN-SS) Scoring												
Caroonar	Items	Past Month	Past 90 Days	Past Year	Ever							
Screener	Items	(4)	(4, 3)	(4, 3, 2)	(4, 3, 2, 1)							
IDScr	1a – 1f											
EDScr	2a – 2g											
SDScr	3a – 3e											
CVScr	4a – 4e											
TDSer	1a – 4e											

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

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

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



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

			11	NI I IA.	և				
Todays' Date	<b>)</b> :								
Client STARS	S ID:  _	_ _ _	_ _ _	_ _ _	_ _ _	_ _ _			
Program	□ 1.0 Ou	itpatient			□ <b>2</b> .1	l Intensiv	e Outpa	tient	
J	□ 2.5 Da	•	ient			7 Intensiv			
	□ 3.1 Lo	w Intens	ity Reside	ential	Tre	eatment (	(PRTF)		
	☐ Adole:	scent EBI	Services	;					
	_		_						
	ou say that				health is				
□Excel		Very Goo		Good	1.1.	Fair		Poor	
	nking about y how many da								
<b>b</b> . Now thi proble	nking about y ms with emot health not go	ions, how							d 
	he past 30 da								
	ıtal health kee		m doing y	our chil	d's usual	activities,	such as s	self-care,	•
school	, work, or reci	reation?							
0 Al.'	1	•		.1	1. 1. 3	.1	.1	1	1
	noment, hov nptoms? Pla	_		_		_	tneir cu	irrent b	enaviors
Not import			t as importa	ant as mo	st of the ot	her things	I Most		t thing in my
					chieve now				ife right now
0	1 2	3	4	5	6	7	8	9	10
0.41.1		<i>a.</i> 1							
	noment, hov rs and/or s								urrent
Not import			t as importa						t thing in my
_				_	chieve now	_			ife right now
0	1 2	3	4	5	6	7	8	9	10
							Nicos	nber of	D ~ = '4
4. Please a	nswer the fo	ollowing	questio	n				nber of hts/Time	Don't s know
	0 days, how n				een arres	ted?	-1.8		
*Federally Req	uired Element								ш

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



### Family SUD Form -Initial Interview

5. Please answer the following questions based on the past	<u>so day</u>	<u>vs</u>							
a. Has your child gotten into trouble at home, at school, work, or in th community, because of their use of alcohol, drugs, inhalants, or gam			Yes		No				
b. Has your child missed school or work because of using alcohol, drugs, inhalants, or gambling?									
*Federally Required Element									
		1		-	•				
6. Please answer the following questions based on the <u>past</u>	<u>30</u>	Number		Don					
days		Nights/T	imes	kno	W				
a. How many times has your child gone to an emergency room for a				Г	7				
psychiatric or emotional problem?			-						
b. How many nights has your child spent in a facility for:									
i. Detoxification?			_						
ii. Inpatient/Residential Substance Use Disorder Treatment?			_						
iii. Mental Health Care?			_						
iv. Illness, Injury, Surgery?			_						
c. How many nights has your child spent in a correctional facility inclu	uding								
JDC or Jail (as a result of an arrest, parole or probation violation)?	_		-	L					
d. How many times has your child tried to commit suicide?			_						
7. My child would be able to resist the Not at all			_		Very				
urge to drink heavily and/or use drugs   confident				Confi					
if he /she were angry at the way things									
had turned out	4 5	6 7	8	9	10				
if he/she had unexpectedly found some									
booze/drugs or happened to see something 0 1 2 3	4 5	6 7	8	9	10				
that reminded him/her of drinking/using	4 5	0 7	0	9	10				
drugs									
if other people treated he/she unfairly or	4 6				10				
interfered with his/her plans	4 5	6 7	8	9	10				
if he/she were out with friends and they									
	4 5	6 7	8	9	10				
drink/use drugs									

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



### Family SUD Form -Initial Interview

8. Please indicat	e your level of agr	eement or	_		Re	spor	ise O	ptions	3	
choice that best over the past 30 with persons oth		eelings or opinion wer for relationshi avioral health	ips	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Not applicable	Refused
Domain: Social Co	nnectedness Quest	tions 1-4								
1. My child knows them when the		sten and understand	d							
2. In a crisis, my c		e support they need	l							
3. My child has pe with about their	-	re comfortable talkii	ng							
4. My child has pe things.	ople with whom th	ey can do enjoyable	9							
Domain: Improve	d Functioning Dom	ain: Questions 5-11	-							
5. My child is able	to do things he or	she wants to do.								
6. My child gets al	ong with family me	embers.								
7. My child gets al	ong with friends ar	nd other people.								
8. My child does v	vell in school and/o	or work.								
	to cope when thin									
	le to handle daily li									
11. I am satisfied	with our family life	right now.								
	l period, what is yo d willingness to eng	ur (clinician's) asses gage in their treatme						rcle a		
	Minimal	Limited		ositiv	-		_	Optim		
Unengaged and Blocked	Engagement in Recovery	Engagement in Recovery		geme ecove	ent in erv		En	gagem Recove		
1	2	3	111	4	- 3			5	J- y	
								,		

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



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

	Date:									
Client S7	ΓARS ID:		_ _ _	_ _ _	_ _ _	_ _ _	_ _ _			
Progra	m [	☐ 1.0 Ou	tpatient			□ 2.1	Intensiv	e Outpat	ient	
			y Treatm	ent			Intensive			
			w Intensi		ntial		atment (	-		
			scent EBP							
1. Wou	ıld vou s	av that i	in genera	al vour d	child's h	ealth is:				
	Excellent		Very Goo		□Good		Fair		Poor	
a. Nov	w thinking	g about y	our child's	s physical	health, v	vhich incl	udes phys	sical illne	ess and	
		many da	ys during	the past	30 days v	was your (	child's ph	ysical he	alth not	
	od?	1		1 1	141	l. : _l. :l	J		_:	
			our child's ions, how							
	ental heal			many aa	y 5 dui iii E	, the past	50 days v	as your	ciiia s	
c. Dur	ing the pa	ist 30 day	ys, approx							
			ep you from	m doing y	our child	l's usual a	ctivities,	such as s	elf-care,	
SC	hool, wor	k, or recr	eation?							
			v import		_		_	heir cu	rrent be	haviors
	r sympto	ms? Ple	ase circle	a a numh						
1100111			Ahout	as imnorts	er on the	e scale be	210W: er things I	Most i	mnortant f	hing in my
	nportant at	all	About	as importa	ant as mos	e scale be at of the oth thieve now	er things I		life	thing in my e right now
0	1		About	as importa	ant as mos	t of the oth	elow: her things I	Most i	_	
	1	all 2	About 3	as importa would	ant as mos I like to ac	et of the oth hieve now	er things I	8	life 9	e right now
3. At th	1 nis mome	ent, hov	About  3 v confide	as importa would 4 ent are y	ant as mos I like to ac 5 70u, that	t of the oth hieve now 6	er things I 7 nild will	8 change	9 life	e right now
3. At the	1 nis mome	ent, hov	About  3 v confide ymptoms	as importa would 4 ent are y s? Please as importa	ant as mos I like to ac 5  ou, that e circle a ant as mos	t of the oth hieve now 6 t your ch number tt of the oth	er things I  7  aild will on the so	8 change ale belo	life  9  their cu ow: important t	rrent ching in my
3. At the	1 nis momo aviors an nportant at	ent, how	About  3 v confide ymptoms About	as importa would 4 ent are y s? Please as importa would	ant as mos like to ac 5 vou, that e circle a ant as mos like to ac	t of the oth hieve now 6 t your ch number t of the oth hieve now	7  nild will on the so er things I	8 change ale belo Most i	their cu	rrent thing in my eright now
3. At the	1 nis mome	ent, hov	About  3 v confide ymptoms	as importa would 4 ent are y s? Please as importa	ant as mos I like to ac 5  ou, that e circle a ant as mos	t of the oth hieve now 6 t your ch number tt of the oth	er things I  7  aild will on the so	8 change ale belo	life  9  their cu ow: important t	rrent ching in my
3. At the	1 nis momo aviors an nportant at	ent, how	About  3 v confide ymptoms About	as importa would 4 ent are y s? Please as importa would	ant as mos like to ac 5 vou, that e circle a ant as mos like to ac	t of the oth hieve now 6 t your ch number t of the oth hieve now	7  nild will on the so er things I	8 change ale belo Most i	their cu ow: important to life	rrent ching in my eright now
3. At the behavior of the second seco	1 nis mome aviors an apportant at	ent, how nd/or sy all	About  3 v confide ymptoms About	as importation would 4 ent are yes? Please as importation would 4	ant as mos like to ac  5  you, that e circle a ant as mos like to ac  5	t of the oth hieve now 6 t your ch number t of the oth hieve now	7  nild will on the so er things I	8 change ale belo Most i	their cu	rrent thing in my eright now
3. At the behavior of the second of the seco	nis mome aviors an aviorat at 1  se answer	ent, hove and/or system in the formula of the formu	About  3  v confide ymptoms About	ent are y s? Please as importa would 4  question	ant as mos i like to ac 5  you, that e circle a ant as mos i like to ac 5	t of the oth hieve now 6 t your ch number it of the oth hieve now	rer things I  7  hild will on the scer things I  7	8 change ale belo Most i	their cu ow: important to life  9	rrent thing in my eright now 10  Don't
3. At the behavior of the second of the seco	nis mome aviors an aviorat at	ent, hove and/or system in the formula of the formu	About  3 v confide ymptoms About  3	ent are y s? Please as importa would 4  question	ant as mos i like to ac 5  you, that e circle a ant as mos i like to ac 5	t of the oth hieve now 6 t your ch number it of the oth hieve now	rer things I  7  hild will on the scer things I  7	8 change ale belo Most i	their cu ow: important to life  9	rrent thing in my eright now 10  Don't
3. At the behavior of the beha	nis mome aviors an nportant at 1 se answer ast 30 day y Required I	ent, how nd/or sy all 2  er the force, how melement	About  3 v confide ymptoms About  3	ent are y s? Please as importa would 4  question s has your	ant as mos i like to ac 5  you, that e circle a ant as mos i like to ac 5	t your ch number t of the oth hieve now	rer things I  7  nild will on the so er things I  7	change ale belo Most i 8	their cu ow: important to life  9	rrent thing in my eright now 10  Don't
3. At the behan Not in O  4. Pleas In the past Federally  5. Pleas a. Has years	nis mome aviors an apportant at 1  see answer ast 30 day y Required I see answer child gover child governed gover child governed gov	ent, how nd/or systall  2  er the form of	About  3  v confide ymptoms About  3  bllowing nany times bllowing to trouble	ent are y s? Please as importa would  4  question s has your eat home,	ant as mos i like to ac  you, that e circle a ant as mos i like to ac  5  n r child be ns base , at schoo	t your che other in the other i	r in the	8 change ale belo Most i  Num Nigh	their cu ow: important to life  g  nber of nts/Times	rrent thing in my eright now 10  Don't know
3. At the behan Not in O  4. Please In the passive street and the pa	nis mome aviors an apportant at 1  see answer ast 30 day y Required I see answer our child gounty, become a see answer as a se	ent, how nd/or syrall  2  er the form of t	About  3  v confide ymptoms About  3  bllowing nany times bllowing to trouble cheir use o	ent are y s? Please as importa would  4  question at home, of alcohol,	ant as mos like to ac  you, that e circle a ant as mos like to ac  5  n r child be ns base , at school drugs, in	t of the oth hieve now  t your ch number at of the oth hieve now  d on the ol, work, out halants, out halants, out hieve now	r in the or gamblin	8 change ale belo Most i  Num Nigh	their cu ow: important to life  9	rrent thing in my eright now 10  Don't
3. At the behan Not in O  4. Please In the passes *Federally 5. Please a. Has ye community to the behan by the behan	nis mome aviors an apportant at 1  see answer ast 30 day y Required I see answer our child gounty, become a see answer as a se	ent, how melement  er the forgotten in cause of tomissed so	About  3  v confide ymptoms About  3  bllowing nany times bllowing to trouble	ent are y s? Please as importa would  4  question at home, of alcohol,	ant as mos like to ac  you, that e circle a ant as mos like to ac  5  n r child be ns base , at school drugs, in	t of the oth hieve now  t your ch number at of the oth hieve now  d on the ol, work, out halants, out halants, out hieve now	r in the or gamblin	8 change ale belo Most i  Num Nigh	their cu ow: important to life  g  nber of nts/Times	rrent thing in my eright now 10  Don't know

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



### Family SUD Form - Discharge

6. Please answer the foll days	owing	question	ıs base	ed on the	past 3	<u>, o</u>	Number o Nights/Ti		Don't know	
a. How many times has your psychiatric or emotional p	_		emergei	ncy room	for a					
b. How many nights has your child spent in a facility for:  i. Detoxification?  ii. Inpatient/Residential Substance Use Disorder Treatment?  iii. Mental Health Care?  iv. Illness, Injury, Surgery?  c. How many nights has your child spent in a correctional facility including										
c. How many nights has your JDC or Jail (as a result of ar						ding				
d. How many times has your *Federally Required Element					.011)1			,		
7. Please check the	]	Before the	e Progr	am	No	w (At	end of P	rogra	m)	
appropriate box on how your child is doing since entering the program that best	Poor	Average	Good	Excellent	Poor	Avera	ge Goo	d Exc	cellent	
tells us what you think.	1	2	3	4	1	2	3		4	
a. Controlling alcohol use.										
b. Controlling drug use.										
8. My child would be abl urge to drink heavily an				t at all ıfident				C	Very onfident	
if he/she were angry at had turned out	the wa	y things	0	1 2	3 4	. 5	6 7	8	9 10	
if he/she had unexpected booze/drugs or happened that reminded him/her of drugs	to see	somethir	ng 0	1 2	3 4	5	6 7	8	9 10	]
if other people treated hinterfered with his/her plant	•	unfairly c	or 0	1 2	3 4	. 5	6 7	8	9 10	
if he/she were out with kept suggesting they go so drink/use drugs	friend	-	0	1 2	3 4	. 5	6 7	8	9 10	]

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



### Family SUD Form - Discharge

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

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



### Family SUD Form - Discharge

				Response Options					
			Strongly	Disagree	Undecided	Agree	Strongly agree	Not applicable	Refused
Domain: General S	Satisfaction Question	ons 21-26							
21. Overall I am sa received here.	atisfied with the se	rvices my child							
22. The people he matter what.	lping my child have	e stuck with us no							
23. I feel my child troubled.	has someone to tal	lk to when he/she is							
24. The services n right for us.	ny child and/or fan	nily received were							
25. My family got	the help we wanted	d for my child.							
26. My family has my child	gotten as much he	p was we needed for							
Question to be answ	ered 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	Engagement in Eng		Optimal Engagement in Recovery				

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



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

Todays' Date:				
Client STARS ID	:			
Program:	□ CARE	$\square$ IMPACT		
O	☐ First Episode Psychosis (SEBHS a			
		☐ Transition Age	e Youth Receivi	nσ
	CARE (BMS/LSS Only)	IMPACT (BMS		**8
			.,	
1. Would you s	ay that in general your health is:			
□Excellent	□Very Good □Good	□Fair	□Poor	
	about your physical health, which includ			
	lays during the past 30 days was your phy			
	gabout your mental health, which include ith emotions, how many days during the			
health not g		past 30 days was y	oui illelitai	
	st 30 days, approximately how many day	s did your poor ph	ysical or	
	th keep you from doing your usual activit	ties, such as self-car	e, work, or	
recreation?				
2. Please answ	er the following question based on	the past 30	Number of	Don't
days			Nights/Times	know
	have you been arrested?			
*Federally required	element			
	ver the following questions based o	on the past 6	Number of	Don't
months			Nights/Times	know
	es have you gone to an emergency room	for a psychiatric or		
h How many nig	hts have you spent in a facility for:			
i. Detoxificatio				
ii. Inpatient/Re	esidential Substance Use Disorder Treatm	nent		
iii. Mental Hea	th Care?			
iv. Illness, Inju	ry, Surgery			
	es have you been arrested?			
	hts have you spent in a correctional facili			
	ult of an arrest, parole or probation violat	tionJ?		
e. How many tim	es have you tried to commit suicide?			$\Box$

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



### Adult MH Tool - Initial Interview

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

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



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

Todays' Date:	
Client STARS ID:	_
<b>Program:</b> □ CARE	□ IMPACT
☐ First Episode Psychosis (S	
☐ Transition Age Youth Rec	
CARE (BMS/LSS Only)	IMPACT (BMS/LSS Only)
Gritte (Birio/ 200 Only)	in ner (bino, ass enry)
1. Are you currently employed?	
□ Employed full time (35+ hours per week)	Student
☐ Employed part time	Retired
□Homemaker	☐ Unemployed
□Disabled	☐ Other (Specify)
* Federally Required	
2. Which of following best describes your	
☐ Independent, living in a private residence	Homelessness
Dependent, living in private residence	☐ Jail/Correctional Facility
Residential Care (group home,	Foster Home /Foster Care
rehabilitation center, agency-operated care)	☐ Foster Home/Foster Care
$\square$ Institutional setting (24/7 care by	☐ Crisis Residence
skilled/specialized staff or doctors)	□ Other
***	
*Federally Required	
2 What is your high set advectional level a	ompleted (12–CED on bigh asked
3. What is your highest educational level co	ompleted (12=GED or nigh school
diploma)?	
*Federally Required	
4. Would you say that in general your hea	lth is:
	ood □Fair □Poor
a. Now thinking about your physical health, wh	
how many days during the past 30 days wa	
b. Now thinking about your mental health, whi problems with emotions, how many days d	
health not good?	turing the past 50 days was your inclitar
<b>c.</b> During the past 30 days, approximately how	many days did your poor physical or
mental health keep you from doing your us	
recreation?	

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



### Adult MH Tool - Update Interval

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

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



### Adult MH Tool - Update Interval

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

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



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

Todays' Date:	
Client STARS ID:	
Program:   CARE	□ IMPACT
☐ First Episode Psychosis	
	eceiving Transition Age Youth Receiving
CARE (BMS/LSS Only)	IMPACT (BMS/LSS Only)
1. Are you currently employed?	
□ Employed full time (35+ hours per week)	☐ Student
☐Employed part time	☐ Retired
□Homemaker	☐ Unemployed
□Disabled	☐ Other (Specify)
*Federally Required	
2. Which of following boot describes your	w annuant made doubted atotaca?
2. Which of following best describes your	☐ Homelessness
☐ Independent, living in a private residence ☐ Dependent, living in private residence	☐ Jail/Correctional Facility
Residential Care (group home,	□ Jan/Correctional Facility
rehabilitation center, agency-operated	☐ Foster Home/Foster Care
care)	,
☐Institutional setting (24/7 care by	☐ Crisis Residence
skilled/specialized staff or doctors)	□ Other
*Federally Required	
2. Miles d'a manuel de la casa de	Language 1 (42, CPD and black and and
3. What is your highest educational level	completed (12=GED or nigh school
diploma)?	
*Federally Required	
4. Would you say that in general your he	alth is:
	Good □Fair □Poor
a. Now thinking about your physical health, w	hich includes physical illness and injury,
how many days during the past 30 days w	
<b>b</b> . Now thinking about your mental health, wh	
problems with emotions, how many days health not good?	during the past 30 days was your mental
<b>c.</b> During the past 30 days, approximately how	w many days did your poor physical or
mental health keep you from doing your u	
recreation?	

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



### Adult MH Tool - Discharge

5. Please answer the following question			Num Nigh			Dor kno	
In the past 30 days, how many times have you been arrested? *Federally Required							
6. Please answer the following questions based on the past 6 months					r of Time:		on't low
a. How many times have you gone to an emergency room for psychiatric or emotional problem?	a					[	
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 i	nclud	ing				Г	
jail or prisons (as a result of an arrest, parole or probation vio	olatio	n)?		_		L	
e. How many times have you tried to commit suicide?						[	
7 Places indicate your level of agreement or		D.c	cnor	150 N	ption	C	
7. Please indicate your level of agreement or disagreement with the statements by checking the		IVE	spor	136 0	puon	.5	
choice that best represents your feelings or opinion	e <	بو	eq		λ.	٥	<b>a</b>
over the past 6 months. (Please answer for	ngl gre	gre	cid	Agree	trongl agree	Not	Refused
relationships with persons other than your behavioral	Strongly disagree	Jisagree	Jndecided	Ag	Strongly agree	Not nulicable	Ref
health provider(s).) Source: MHSIP Survey *Federally Required	<b>0</b> , <b>0</b>	_	n		•	7	<u> </u>
Domain: Social Connectedness Questions 1-4							
1. I am happy with the friendships I have.							
2. I have people with whom I can do enjoyable things.							
3. I feel I belong in my community.							
4. In a crisis, I would have the support I need from family or							
friends.					Ш		
Domain: Improved Functioning Domain: Questions 5-8							
5. I do things that are more meaningful to me.							
6. I am better able to take care of my needs.							
7. I am better able to handle things when they go wrong.							
8. I am better able to do things that I want to do.							
Domain: Perception of Access to Services Questions 9-13							
9. The location of services was convenient.							
10. Staff was willing to see me as often as I felt it was							
necessary							
necessary 11. Staff returned my calls within 24 hours.							
necessary							

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



### Adult MH Tool - Discharge

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

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



\*Federally Required

# **Appendix B: Outcome Tool Surveys**

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

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

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



#### Youth MH Form -Initial Interview

4. Please indicate your level of agreement or			Response Options							
disagreement with the statements by checking the choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) *Federally Required	Strongly	disagree	Disagree	Undecided	Agree	Strongly agree	Not	abblicable Refused		
Domain: Social Connectedness Questions 1-4										
1. I know people who will listen and understand me when I need to talk.										
2. In a crisis, I would have the support I need from family or friends.										
3. I have people that I am comfortable talking with about my problems.										
4. I have people with whom I can do enjoyable things.										
Domain: Improved Functioning Domain: Questions 5-11										
5. I am able to do things I want to do.										
6. I get along with family members.										
7. I get along with friends and other people.										
8. I do well in school and/or work.										
9. I am able to cope when things go wrong.										
10. I am able to handle my daily life.										
11. I am satisfied with my family life right now.										
Question to be answered by Clinician										
GAIN Short Screener (GAIN-SS) Scoring										
Doct Month Doct Of Dove	Door	L 17.		1		E				

	<u> </u>				
<b>GAIN Shor</b>	t Screener (GA	AIN-SS) Scoring	g		
Screener	Items	Past Month (4)	Past 90 Days (4, 3)	Past Year (4, 3, 2)	Ever (4, 3, 2, 1)
IDScr	1a – 1f				
EDScr	2a – 2g				
SDScr	3a - 3e				
CVScr	4a – 4e				
TDSer	1a – 4e				

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

Fiscal Year 2023 101



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

Todays' Date:			
Client STARS I	D:		
Program	☐ CYF Services (SED) ☐ MRT	□ ART □ FFT	
1. Have you	attended school at any time	in the past three months?	
□Yes	-	□No	
*Federally Require	d		
2. Please circ	cle your current or highest o	educational level completed:	
*Federally Require	d		
	<b>irrently employed?</b> (**Collecte		
	d full time (35+ hours per week)		
Employe	-	Retired	
□Homema	ker	Other (Specify)	
□Disabled			
*Federally Require	d		
4. Which of f	ollowing best describes you	r current residential status?	
	lent, living in private residence	☐ Homelessness	
_	nt, living in private residence	☐ Jail/Correctional Facility	
-	ial Care (group home,	, ,	
	ation center, agency-operated	☐ Foster Home/Foster Care	
	nal setting (24/7 care by	☐ Crisis Residence	
skilled/s	pecialized staff or doctors)	□ Other	
*Federally Require	d		
5. Would you	u say that in general your he	ealth is:	
□Excelle	nt □Very Good □	Good □Fair □Poor	
		which includes physical illness and injury, was your physical health not good?	
<b>b</b> . Now think	sing about your mental health, w	hich includes stress, depression, and during the past 30 days was your mental	
health no	ot good?		
mental h	ealth keep you from doing your	w many days did your poor physical or usual activities, such as self-care, work, or	
recreation	on?		

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



#### Youth MH Form - Update Interval

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

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



#### Youth MH Form - Update Interval

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

Question to be answered by Clinician

<b>GAIN Shor</b>	t Screener (GA	AIN-SS) Scoring	g		
Screener	Items	Past Month (4)	Past 90 Days (4, 3)	Past Year (4, 3, 2)	Ever (4, 3, 2, 1)
IDScr	1a – 1f				
EDScr	2a – 2g				
SDScr	3a – 3e				
CVScr	4a – 4e				
TDSer	1a - 4e				

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



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

Todays' Date:	
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 edu	cational level completed:
Self-Contained Special Ed Class (No Grade)	
*Federally Required	
3. Are you currently employed? (**Collected for	or clients 16 and older only)
$\square$ Employed full time (35+ hours per week)	☐ Student
☐ Employed part time	Retired
□Homemaker	Other (Specify)
Disabled	
*Federally Required	
4. Which of following best describes your c	urrent 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	☐ Crisis Residence
skilled/specialized staff or doctors)	□ Other
*Federally Required	
5. Would you say that in general your healt	h is:
□Excellent □Very Good □Go	
a. Now thinking about your physical health, which how many days during the past 30 days was	
<b>b</b> . Now thinking about your mental health, which	
problems with emotions, how many days du health not good?	ring the past 30 days was your mental
c. During the past 30 days, approximately how n	
mental health keep you from doing your usu recreation?	al activities, such as self-care, work, or

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



#### Youth MH Form - Discharge

6. Please answer the following question			Num Nigh			Dor kno	
In the past 30 days, how many times have you been arrested? *Federally Required Element					-		
7. Please answer the following questions based on the <u>pa</u> months	<u>st 6</u>			ımbe ghts <i>i</i>		Don't know	
a. How many times have you gone to an emergency room for a psycemotional problem?			[				
<ul> <li>b. How many nights have you spent in a facility for: <ol> <li>i. Detoxification?</li> <li>ii. Inpatient/Residential Substance Use Disorder Treatment?</li> <li>iii. Mental Health Care?</li> <li>iv. Illness, Injury, Surgery?</li> </ol> </li> </ul>					_ _ _	]	
c. How many times have you been arrested?							_
d. How many nights have you spent in a correctional facility including Jail (as a result of an arrest, parole or probation violation)?	ing JD	C or				[	
e. How many times have you tried to commit suicide? *Federally Required Element					_	[	
8. Please indicate your level of agreement or		Re	espor	se 0	ption	S	
disagreement with the statements by checking the choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) *Federally Required	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Not applicable	Refused
Domain: Social Connectedness Questions 1-4							
1. I know people who will listen and understand me when I need to talk.							
2. In a crisis, I would have the support I need from family and friends.							
3. I have people that I am comfortable talking with about my problems.							
4. I have people with whom I can do enjoyable things.							
Domain: Improved Functioning/ Outcomes Domain: Question	ıs 5-1	1					
5. I am better able to do things I want to do.							
6. I get along better with family members.							
7. I get along better with friends and other people.							
8. I am doing better in school and/or work.							
9. I am better able to cope when things go wrong.							
10. I am better at handling my daily life.							
11. I am satisfied with my family life right now.							

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



#### Youth MH Form - Discharge

				Response Options						
				Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Not applicable	Refused
		ess to Services (	•							
		s was convenien								
13. Services me.	s are available a	at times that are	convenient for							
			y Questions 14-17							
	ated me with r									
		ily's religious/s								
		a way that I und			<u> </u>			<u> </u>		
		my cultural/eth								
			eatment Planning	Quest	tions	18-	20	_		_
	to choose my			<u> </u>		<u> </u>	<u> </u>			
		treatment goals.								
	pated in my ow	on Questions 21	26				<u> </u>	<u> </u>		<u> </u>
		vith the services								
what.		have stuck with								
		o talk to when I								
		t were right for r	ne.							
	otten the help l									
26. I have g	otten as much l	help as I need.								
Question to	be answered by	Clinician								
GAIN Short	Screener (GA	IN-SS) Scoring								
Screener	Items	Past Month (4)	Past 90 Days (4, 3)		t Yea 3, 2			Ev (4, 3,		
IDScr	1a <b>-</b> 1f									
EDScr	2a <b>–</b> 2g									
SDScr	3a <b>–</b> 3e									
CVScr	4a <b>-</b> 4e									
TDSer	1a <b>–</b> 4e									

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



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

Todays' Date:		
Client STARS ID:		
Program ☐ CYF Services (SED) ☐ ART		
□ MRT □ FFT		
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		
injury, how many days during the past 30 days was your child physica good?	ıl health not	
<b>b</b> . Now thinking about your child's mental health, which includes stress, d	enression and	
problems with emotions, how many days during the past 30 days was		
mental health not good?		
<b>c.</b> During the past 30 days, approximately how many days did your child's or mental health keep you from doing your child's usual activities, such		
school, work, or recreation?	ii as seii-care,	
	Number of	Don't
2. Please answer the following question	Nights/Times	know
In the past 30 days, how many times has your child been arrested?		
*Federally Required Element		
3. Please answer the following questions based on the past 6	Number of	Don't
months	Nights/Times	know
a. How many times has your child gone to an emergency room for a		П
psychiatric or emotional problem?		
b. How many nights has your child spent in a facility for:		_
i. Detoxification?		
ii. Inpatient/Residential Substance Use Disorder Treatment?		
iii. Mental Health Care?		
iv. Illness, Injury, Surgery?		
c. How many times has your child been arrested?		
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)?		
e. How many times has your child tried to commit suicide? *Federally Required Element		Ц
i cuciany required biclifell		

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



#### Family MH Form -Initial Interview

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

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



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

Todays' Date:	Op	aaco	
-			
Client STARS I	D:	_ _ _	
Program	☐ CYF Services (SED)	$\square$ ART	
	□ MRT	$\square$ FFT	
1 Did your a	hild attand ashool in the nea	t thuse mouths?	
	child attend school in the pas		
□Yes		□No	
*Federally Require	d		
2. Please circ	cle your child's current or hig	ghest educational level completed:	
Self-Contained	Special Ed Class (No Grade)		
*Federally Require	d		
	ild currently employed? (**Co		
	d full time (35+ hours per week)	☐ Student	
□Employed	d part time	☐ Retired	
□Homema	ker	Other (Specify)	
$\square$ Disabled			
*Federally Require	d		
4. Which of f	ollowing best describes your	child's current residential status?	
	lent, living in private residence	☐ Homelessness	
•	nt, living in private residence	☐ Jail/Correctional Facility	
-	al Care (group home,		
	ation center, agency-operated	☐ Foster Home/Foster Care	
care)	ation center, agency operated		
_	nal setting (24/7 care by	☐ Crisis Residence	
	pecialized staff or doctors)	□ Other	
*Federally Require	-		
5. Would yo	u say that in general your ch	ild's health is:	
□Excelle	nt □Very Good □(	Good □Fair □Poor	
	ing about your child's physical he	alth, which includes physical illness and	
good?	ow many days during the past 30	days was your child's physical health not	
		lth, which includes stress, depression, and	
•	s with emotions, how many days o ealth not good?	during the past 30 days was your child's	
<b>c.</b> During the	e past 30 days, approximately hov	w many days did your child's poor physical	
	al health keep you from doing you york, or recreation?	r child's usual activities, such as self-care,	

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



#### Family MH Form - Update Interval

6. Please answer the following question	Number of Nights/Times			Don't know				
In the past 30 days, how many times has your child been arrested?  *Federally Required Element  *Federally Required Element	3							
7. Please answer the following questions based on the pa	st 6		Num	ber c	f	Don't	t	
months			Nigh	ts/Ti	mes	know		
a. How many times has your child gone to an emergency room for	a						_	
psychiatric or emotional problem?							_	
<ul><li>b. How many nights has your child spent in a facility for:</li><li>i. Detoxification?</li></ul>								
ii. Inpatient/Residential Substance Use Disorder Treatment?								
iii. Mental Health Care?								
iv. Illness, Injury, Surgery?								
c. How many times has your child been arrested?								
d. How many nights has your child spent in a correctional facility in	nclud	ing				П		
JDC or Jail (as a result of an arrest, parole or probation violation)?								
e. How many times has your child tried to commit suicide?								
8. Please indicate your level of agreement or		Re	lesponse Options					
disagreement with the statements by checking the			ರ			٥	)	
choice that best represents your feelings or opinion	Strongly	Disagree	Jndecided	ee	Strongly	Not nolicable	sed	
over the past 6 months. (Please answer for relationships with persons other than your behavioral	ror	isag	dec	Agree	ror	Not	Refused	
health provider(s).) *Federally Required	ऊ न		On		<u>s</u>	an	2	
Domain: Social Connectedness Questions 1-4								
1. My child knows people who will listen and understand them when they need to talk.								
2. In a crisis, my child would have the support they need from family and friends.								
3. My child has people that he/she are comfortable talking								
with about their problems.								
4. My child has people with whom they can do enjoyable								
things.	F ·	1 1						
Domain: Improved Functioning/ Outcomes Domain: Question	1S 5-	11		_				
5. My child is better able to do things he or she wants to do.	<del>-</del>	<u> </u>			<u> </u>			
6. My child gets along better with family members.		-				<del>-</del>		
7. My child gets along better with friends and other people.								
8. My child is doing better in school and/or work.								
9. My child is better able to cope when things go wrong.								
10. My child is better at handling daily life.  11. I am satisfied with our family life right now.								

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



#### Family MH Form - Update Interval

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

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



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

	marge
Todays' Date:	
Client STARS ID:	_ _ _ _
<b>Program</b> □ CYF Services (SED)	$\square$ ART
□ MRT	$\Box$ FFT
1. Did your child attend school any time in	n the past three months?
□Yes	□No
*Federally Required	
2. Please circle your child's current or hig	hest educational level completed:
Self-Contained Special Ed Class (No Grade)	
*Federally Required	
3. Is your child currently employed? (**Col	lected 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?
$\square$ Independent, living in private residence	☐ Homelessness
$\square$ Dependent, living in private residence	☐ Jail/Correctional Facility
$\square$ Residential Care (group home,	
rehabilitation center, agency-operated care)	☐ Foster Home/Foster Care
$\square$ Institutional setting (24/7 care by	☐ Crisis Residence
skilled/specialized staff or doctors)	□ Other
*Federally Required	
5. Would you say that in general your chi	ld's health is:
□Excellent □Very Good □G	ood □Fair □Poor
a. Now thinking about your child's physical head injury, how many days during the past 30 of good?	
<b>b</b> . Now thinking about your child's mental heal	th, which includes stress, depression, and
problems with emotions, how many days d mental health not good?	uring the past 30 days was your child's
<b>c.</b> During the past 30 days, approximately how or mental health keep you from doing your school, work, or recreation?	
school, work, or recreation:	

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



### Family MH Form - Discharge

6. Please answer the following question				ımbe ghts,	r of /Time:		n't .ow	
In the past 30 days, how many times has your child been arrested? *Federally Required Element								
7. Please answer the following questions based on the <u>pamonths</u>	<u>st 6</u>			ımbe ghts,	r of /Time:		n't low	
a. How many times has your child gone to an emergency room for a psychiatric or emotional problem?	a				[			
<ul><li>b. How many nights has your child spent in a facility for:</li><li>i. Detoxification?</li></ul>						[		
<ul><li>ii. Inpatient/Residential Substance Use Disorder Treatment?</li><li>iii. Mental Health Care?</li></ul>				_	_	] ]		
iv. Illness, Injury, Surgery? Source: Current MPR Adult History Form (Revised 3/06)					[			
c. How many times has your child been arrested?								
d. How many nights has your child spent in a correctional facility in JDC or Jail (as a result of an arrest, parole or probation violation)?	ncludi	ng		[				
e. How many times has your child tried to commit suicide? *Federally Required Element		[						
8. Please indicate your level of agreement or		Re	spor	ise C	ption	S		
disagreement with the statements by checking the								
choice that best represents your feelings or opinion	ly ee	ee	led	e).	Ž,	ble e	g g	
over the past 6 months. (Please answer for	Strongly disagree	) Jisagree	Jndecided	Agree	Strongly agree	Not nonlicable	Refused	
relationships with persons other than your behavioral	nde	Ag	Strc		Ref			
health provider(s).) *Federally Required	<b>0</b> , <b>0</b>	_	n		•	7	<del>-</del>	
Domain: Social Connectedness Questions 1-4								
1. My child knows people who will listen and understand								
them when they need to talk.	Ш	Ш	Ш	Ц	Ш	Ц		
2. In a crisis, my child would have the support they need from family and friends.								
3. My child has people that he/she are comfortable talking with about their problems.								
4. My child has people with whom they can do enjoyable things.								
Domain: Improved Functioning/ Outcomes Domain: Question	ns 5-1	11						
5. My child is better able to do things he or she wants to do.								
6. My child gets along better with family members.								
7. My child gets along better with friends and other people.								
8. My child is doing better in school and/or work.								
9. My child is better able to cope when things go wrong.								
10. My child is better at handling daily life. $\Box$								
11. I am satisfied with our family life right now.								

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



#### Family MH Form - Discharge

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

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



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