

The Wyoming Department of Health  
Mental Health and Substance Abuse Services Division  
Report to the Joint Appropriations Interim Committee and  
the Joint Labor, Health, and Social Services Interim Committee

Annual Report on Quality Improvement

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Cheyenne, Wyoming 82002

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## **1. General Comments/Overview/Executive Summary**

The Wyoming Mental Health and Substance Abuse Services Division (MHSASD) values and promotes the use of client outcomes and system performance measures to improve the quality of services delivered throughout Wyoming communities. We have established structures and processes to ensure an accountable public mental health and substance abuse system which measures the performance of both the Division and our contractors.

The Division is responsible for a biennium budget of about \$210 million. Contracting for services is a core function of the Division and is a primary method for holding contractors, and the Division, fiscally accountable for services delivered and the outcomes of those services. Effective contract management procedures are underway to monitor each contractor and work performed. Effective contracting also holds community mental health and substance abuse centers accountable for the outcomes achieved by clients through the receipt of publicly funded services. Contracting for performance and outcomes informs policy makers and serves as a tool for increasing access to services and continually improving services and programs.

This report summarizes accomplishments for the second year of the 2006-2007 biennium and describes current projects and initiatives. The MHSASD utilizes state and federal funds in the development and implementation of a statewide quality management program for transforming mental health and substance abuse services throughout Wyoming.

## **2. Specific Requirements of Enrolled Act No. 21**

Section 10 of the Enrolled Act No. 21 of the 2006 Budget Session requires the MHSASD to submit quality improvement reports to the Joint Appropriations Interim Committee and the Joint Labor, Health, and Social Services Committee no later than October 1 of each year. This report is the Division's first report. The requirements of Enrolled Act 21 call for a statewide quality improvement program which monitors the effectiveness, efficiency, appropriateness and quality of mental health care and services.

Additionally, the Division is required to negotiate with service provider's specific system performance measures and client outcomes to include (1) access to quality of core and regional services, (2) changes in employment and residential status of clients, and (3) cost effectiveness of services. Contracts with service providers are required to include services to be delivered and outcome measures.

Section 12 of Enrolled Act No. 21 provides for substance abuse funding with requirements for the Division to implement outcomes and data infrastructure systems for research, analysis, performance measurements, and quality improvement of services provided by Division contractors. Additionally, substance abuse and mental health services shall be measured to determine the extent of statewide needs based on regional reports received.

## **3. Impact/Consequences/and Outcomes**

The effects of mental illness and substance abuse on health and productivity have historically been underestimated. Functioning and thinking processes are affected by mental illnesses and use of substances resulting in a diminished ability to fully participate in family and community life. Lost production resulting from premature deaths caused by suicide, work absences,

accidents, unemployment, crime, and the financial and emotional burden of family members who care for mentally ill or substance abusing individuals are only examples of the multiple effects these disorders have on our economy, health care system, educational system, and legal system.

The Substance Abuse and Mental Health Services Administration (SAMHSA) estimates that about 23,270 adults in Wyoming have a serious mental illness and about 6,000 children have a serious emotional disturbance. Approximately 50,000 people in Wyoming have a substance abuse disorder. Research tells us that for most people with a mental illness or substance abuse diagnosis, treatment and recovery work best through the receipt of community based services. Services close to home minimize disruption of families, jobs, community connections, and supports and facilitate community re-integration.

#### **4. Statistical Information**

Data is currently being compiled from the Division's Information System for SAMHSA mental health and substance abuse block grant applications. A highlight of mental health statistics for FY07 includes:

- a. Total number of adults served = 16,828
- b. Total number of children served = 6,055
- c. Total number of targeted adults clients served 3,790
- d. Total number of children with serious emotional disturbance served = 1,889

Substance abuse statistics for FY07 include numbers of persons served by level of care:

- a. Detoxification =24
- b. Residential = 939
- c. Outpatient = 6,655
- d. Intensive outpatient = 1,942

Appendix 2 represents data that is currently being compiled according federal reporting requirements for the National Outcome Measures. The Division has adopted the measures in these tables and reports will be made available through the Division's website at the end of the first quarter of FY08.

#### **5. Recommendations**

##### Number 1: Continue Performance-Based Contract Requirements for Mental Health and Substance Abuse Providers

The Wyoming Client Information System (WCIS) has been undergoing significant design changes and stricter data reporting requirements. The FY08 system functionality includes two new master data sets. Instead of receiving client level service data only annually and at discharge, the FY08 requirements are event based which means that providers will be submitting "claim-like" service data. Every time a client receives a service, the type of service, amount of service, date of service, and service location must also be reported. This is a significant shift in client level service reporting. It will also allow the Division to monitor the access and effectiveness of both community and regional services.

The second new WCIS master data set includes data obtained through clinic-based surveys wherein clients are asked to respond to questions that measure real life outcomes for people who are striving to attain and sustain recovery and work, learn, live, and participate fully in their communities. Based on National Outcome Measures (NOMS) (Appendix B), the Division has worked closely with providers in developing Wyoming Outcome Performance Measures (WYPOMS) (Appendices C-H). First quarter reports on WYPOMS will be available October 28, 2007, and will be shared with policy makers and the public through the Division's stakeholder meetings and public website.

Additionally, enhancements to WCIS infrastructure include standardized reporting of uniform client data. The Division has worked jointly with service providers in developing specific contract requirements which include the reporting of the client's Social Security number to the Division's WCIS. The use of this identifier will allow the Division to evaluate and monitor client services and treatment outcomes across programs and services within the Department.

The Division's FY08 contracts also describe the following outcomes expected from the services purchased through the coordination of services with the Departments of Corrections and Family Services:

- a. Reduced rates of expulsion of students from schools;
- b. reduced rates of out-of-home and out-of-community placement of children;
- c. reduced time between removal of children and reunification with parents or relatives;
- d. reduced recidivism among persons on probation and/or parole; and
- e. improved high school graduation rates.

The contracts include specific targeted populations such as combat veterans, women with children, and persons suffering from serious mental illness, among others. Similarly, in all contracting, the Division is beginning to instill a thought process among program managers aimed at considering what result we seek to purchase in every contract. Monitoring processes are in place to evaluate contract compliance.

## Number 2: Continued Quality Program Development and Initiatives

Enrolled Act 21 provides the foundation for substantial system transformation of mental health and substance abuse services. The Division continues to make substantial progress in developing and enhancing client outcome and system performance measures in concert with building capacity for a quality data infrastructure. Our goal is to develop a quality management system that improves the quality of services provided throughout Wyoming.

Components of the Quality Management Initiative (QMI) have been in practice in many areas throughout the Division. Due to the reorganization of the Division in the spring of 2007, planning efforts have been underway to integrate the Division's mental health and substance abuse practices into an overall quality management program for the Division. For example, in 2002, the Substance Abuse Division contracted with the Center for Application of Substance Abuse Technology (CASAT) at the University of Nevada-Reno, to certify providers for compliance with state standards. This review will continue and will be extended to include mental health providers as well.

The Division's quality improvement staff, program managers, administrators, and consumers will review the CASAT site visit reports, together with WCIS data, and will make recommendations for program improvement. Corrective action plans will be requested of providers where necessary.

The Division also plans to gradually implement a citizen review process similar to that used by the Department of Family Services (DFS) to improve child welfare practices. Using professional and citizen reviewers, treatment provider case records will be reviewed using an instrument measuring timely access to treatment, use of best practices, and support for recovery. This process is intended to measure community response to addiction and recovery as opposed to focusing only on the provider.

The Division proposes to contract with the Wyoming Citizen Review Panel, the entity conducting the DFS child welfare reviews, to do this work. The Division has sufficient funds to develop the site visit instrument but will request funding for the process in its 2009-2010 budget.

SAMHSA has provided Data Infrastructure Grants for Mental Health, and the Division recently received notification of grant award. Federal funds, over a three-year grant cycle, will be used to expand our capacity to collect and report client outcome and system performance measures. Key strategies have been identified to enhance our quality management program, which include a Quality Improvement Council comprised of key stakeholders. This Council will examine trends in access and quality measures to provide a better understanding of how services are delivered and assure that mental health clients have access to appropriate and effective services. Through the grant, a model will be deployed on how to use data to understand access, quality, and cost effectiveness of services.

### Number 3: Transformation Initiatives

The Mental Health and Substance Abuse Services Division, with the support of the Governor and the Wyoming State Legislature is implementing a series of system changes that will fundamentally transform our mental health and substance abuse service delivery system. Our goal is to provide equal access throughout the state to all funded services, as close to home as possible. The concept of regionalization was developed to provide a framework for the development of a continuum of services in designated areas and to create a statewide service system rather than pockets of services in the most populated areas of the State. Services will be comparable within and across regions, guided by a system-wide philosophy of care, quality improvement, and accountability. Services will be client-driven and recovery-based, with increased consumer and family involvement in the planning, delivery, and measurement of services.

Funding provided through Enrolled Act 21 set the stage for transformation of Wyoming's public mental health and substance abuse service systems. Following are descriptions of MHSASD transformation activities funded through Enrolled Act 21:

#### **Children's Mental Health Waiver**

The Children's Mental Health Waiver is a Medicaid home and community-based services program for youth ages four through 20 years who meet the level-of-care requirements for inpatient psychiatric hospitalization. The Centers for Medicare and Medicaid Services (CMS)



approved Wyoming's initial three-year application for the waiver in June 2006 to start July 1, 2006. The primary goal of the program is to eliminate the need for parents to relinquish custody of their children in order to receive needed mental health services. The program allows a child to be financially eligible for Medicaid based on his/her own resources rather than the resources of the family. In addition to regular Medicaid services, the youth is eligible to receive services offered by the waiver. These services (Family Care Coordination, Family Training and Support, and Individualized Child Training and Support) are non-clinical services designed to support mental health treatment in the home, school, and community settings based on the unique needs of the youth and family. The waiver program supports youth and family choice of providers and services and strives to integrate services across all child-serving agencies to develop a single service plan based on the needs and desires of the youth and family.

Several significant barriers to meeting the Year 1 implementation goal of serving 50 children/youth in three counties and two Success-Access-Growth-Empowerment (SAGE) Initiative pilot sites have been encountered and a program evaluation was undertaken to focus on the following issues:

- a. Waiver provider recruitment and retention
- b. Review and revision of documentation requirements
- c. Addition of respite care to the services available through the waiver
- d. Referrals to the waiver program
- e. Level of community/county readiness to commit and support the waiver

These issues are being addressed through discussions with and information gathering from waiver providers, families, and key stakeholders.

### **Comprehensive Care Regional Pilot Project**

The Comprehensive Care Regional Pilot Project is a combination of acute inpatient services, crisis stabilization services, and social detoxification services. The goal of the project is to improve continuity of services for clients by providing access to a full range of acute services on a regional basis. Clients are kept in the community and close to family and friends, thus maximizing positive outcomes. Linkage between inpatient and outpatient services improves and clients receive coordinated care across the continuum. Community-based treatment interventions show better outcomes and are cost-effective alternatives to inpatient care. The contract for the pilot project was awarded to Cheyenne Regional Medical Center, which provides acute inpatient services. The hospital subcontracts with Peak Wellness Center in Cheyenne to provide crisis stabilization and social detoxification services and Carbon County Counseling in Rawlins to provide crisis stabilization services.

### **Bereavement Counseling Services**

Rules were developed by the MHSASD to outline the process for funding to ensure that bereavement counseling services are made available, as needed, to family members of deceased emergency responders who died while in the performance of their official duties responding to a civil or military emergency, or natural or human caused disaster. The rules also establish a process by which funds authorized for bereavement counseling may be distributed and ensure that quality care is provided. To date, there have been no charges against the bereavement counseling fund.

## **Consumer Initiatives**

Consumer initiatives are a priority for the MHSASD. Enrolled Act 21 provided funding for consumer education, information, and advocacy services. Funds are contracted to UPLIFT and NAMI in Wyoming to provide these services. Consumer activities and participation in the mental health and substance abuse systems of care are expanding to include peer specialists, consumer and family driven care, Wellness Recovery Action Planning (WRAP), and increased support of recovery groups.

### **6. Summation and Conclusions**

The Division has made significant progress in developing and implementing quality programs and services through initiatives based on effective management and service contracting business practices. Additional funding requests are not required for quality management and reporting functions. The funding made available through Enrolled Act 21 has allowed the Division to enhance the scope and quality of mental health and substance abuses throughout our State.

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## 7. Appendices

### Appendix A. Substance Abuse and Mental Health Administration National Outcome Measures

#### SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION NATIONAL OUTCOME MEASURES

OUTCOME	TREATMENT		PREVENTION
	Mental Health	Substance Abuse	Substance Abuse Prevention
Abstinence from Drug Use/ Alcohol Abuse	not applicable	Change in percentage of clients abstinent at discharge compared to the number/ proportion at admission <sup>2/</sup>	30-day substance use (non-use/reduction in use) <sup>2/</sup>
			Availability of alcohol and tobacco. Availability of other drugs <sup>1/</sup>
			Percentage of program participants and percentage of population who perceive drug use as harmful. <sup>2/</sup>
			Attitude toward use among program participants and among population at large
Decreased Mental Illness Symptomatology <sup>1/</sup>	Decreased symptomatology <sup>1/</sup>	not applicable	not applicable
Increased/Retained Employment or Return to/Stay in School	Profile of adult clients by employment status, increased school attendance (children) <sup>1</sup>	Change in percentage of clients employed at discharge compared to the percentage at admission	Increase in school attendance <sup>1</sup> ; Decrease in ATOD-related suspensions/expulsions <sup>1</sup> ; Decrease in drug-related workplace injuries <sup>1</sup>
Decreased Criminal Justice Involvement	Profile of client involvement in criminal and juvenile justice systems <sup>1</sup>	Change in percentage of clients with criminal justice involvement at discharge compared to the percentage at admission	Reduction in drug-related crime <sup>1</sup>
Increased Stability in Family and Living Conditions	Profile of clients' change in living situation (including homeless status)	Percentage of clients in stable living situations at discharge compared to the number/proportion at admission (i.e., housing) <sup>1</sup>	Increase in parent participation in prevention activities <sup>1</sup>
Increased Access to Services (Service Capacity)	Number of persons served by age, gender, race and ethnicity <sup>2</sup>	Unduplicated count of persons served <sup>1/2/</sup> Penetration rate – Numbers served compared to those in need <sup>1/</sup>	Number of persons served by age, gender, race and ethnicity
Increased Retention in treatment – substance abuse	not applicable	Length of stay <sup>1/</sup>	not applicable
		Unduplicated count of persons served <sup>1,2</sup>	
Reduced utilization of psychiatric inpatient beds – mental health	Decreased rate of readmission to state psychiatric hospitals within 30 days and 180 days <sup>1/2/</sup>	not applicable	not applicable
Increased Social Supports/Social Connectedness <sup>3/</sup>	TO BE DETERMINED (Initial indicators and measures have not yet been identified)	TO BE DETERMINED (Initial indicators and measures have not yet been identified)	TO BE DETERMINED (Initial indicators and measures have not yet been identified)
Client Perception of Care <sup>2/</sup>	Clients reporting positively about outcomes <sup>2/</sup>		
Cost Effectiveness <sup>2/</sup>	Number of persons receiving evidence-based services <sup>1/2/</sup> Number of evidence-based practices provided by State <sup>2</sup>	Percentage of States providing substance abuse treatment services within approved cost per person bands by the type of treatment <sup>1/2/</sup>	Increase services provided within cost bands <sup>1/2/</sup>
			Increase services provided within cost bands <sup>1/2/</sup> Total number of evidence-based programs and strategies funded by SAPTBG <sup>2/</sup>

<sup>1/</sup> Developmental

<sup>2/</sup> Required by OMB PART Review

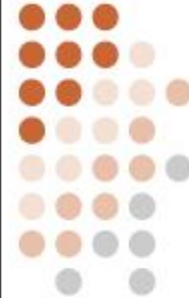
<sup>3/</sup> For ATR, "Social Support of Recovery" is measured by client participation in voluntary recovery or self-help groups, as well as interaction

Appendix B. National Outcome Measures: Wyoming Report on Substance Abuse Admission and Discharge Services

<b>National Outcome Measures (NOMs) - Admission</b>					
Dates of Substance Abuse Treatment					
<b>STATE:</b>	Cross tabulations				
<b>Wyoming</b>	A. Number of Admissions	B. Number of Persons Served	C. Number of Males	D. Number of Females	E. Number of Unknowns
<b>LIVING ARRANGEMENTS PRIOR TO ADMISSION</b>					
1. On the Street or in shelter for Homeless					
2. Group Home					
3. Residential Treatment Center					
4. Boarding/Foster Home					
5. Jail/Correctional Facility					
6. Hospital					
7. Other Residential Setting					
8. Private Residence/household					
<b>EMPLOYMENT PRIOR TO ADMISSION</b>					
1. Full-time					
2. Part-time					
3. Unemployed					
4. Homemaker: Adult not in workforce					
5. Retired: retired from active employment					
<b>REASON NOT IN LABOR FORCE (EMPLOYMENT) PRIOR TO ADMISSION</b>					
1. Homemaker: Adult not in workforce					
2. Student: 15 yrs. Of age or older. Not in labor force					
3. Retired: retired from active employment					
4. Disabled Unemployed: unable to work for disability					
5. Inmate of an institution					
6. Child: under 15 yrs. Old, not in labor force					
<b>NUMBER OF ARRESTS 30 DAYS PRIOR TO ADMISSION</b>					
1. None					
2. One					
3. Two					
4. Three					
5. More than three (3)					
<b>SUBSTANCE ABUSE PROBLEM AT ADMISSION - PRIMARY, SECONDARY &amp; TERTIARY</b>					
1. None					
2. Alcohol					
3. Cocaine					
4. Marijuana/Hashish					
5. Heroin					
6. Non-Rx Methadone					
7. Other Opiates & Synthetics					
8. PCP					
9. Hallucinogens					
10. MDMA/Ecstasy					

11. Methamphetamine					
12. Amphetamines					
13. Other Stimulants					
14. Benzodiazepine					
15. Rohypnol					
16. Clonazepam					
17. Other Tranquilizers					
18. GHB/GBL					
19. Barbiturates					
20. Other Sedatives/Hypnotics					
21. Ketamine					
22. Inhalants					
23. Over-the-Counter					
24. Other					
<b>National Outcome Measures (NOMs) - Discharge</b> Dates of Substance Abuse Treatment					
<b>STATE:</b>		Cross tabulations			
<b>Wyoming</b>	A. Number of Admissions	B. Number of Persons Served	C. Number of Males	D. Number of Females	E. Number of Unknowns
<b>LIVING ARRANGEMENTS AT DISCHARGE</b>					
1. On the Street or in shelter for Homeless					
2. Group Home					
3. Residential Treatment Center					
4. Boarding/Foster Home					
5. Jail/Correctional Facility					
6. Hospital					
7. Other Residential Setting					
8. Private Residence/household					
<b>EMPLOYMENT AT DISCHARGE</b>					
1. Full-time					
2. Part-time					
3. Unemployed					
4. Homemaker: Adult not in workforce					
5. Retired: retired from active employment					
<b>REASON NOT IN LABOR FORCE (EMPLOYMENT) AT DISCHARGE</b>					
1. Homemaker: Adult not in workforce					
2. Student: 15 yrs. Of age or older. Not in labor force					
3. Retired: retired from active employment					
4. Disabled Unemployed: unable to work for disability					
5. Inmate of an institution					
6. Child: under 15 yrs. Old, not in labor force					
<b>NUMBER OF ARRESTS 30 DAYS AT DISCHARGE</b>					
1. None					
2. One					
3. Two					
4. Three					
5. More than three (3)					

SUBSTANCE ABUSE PROBLEM AT DISCHARGE - PRIMARY, SECONDARY & TERTIARY					
1. None					
2. Alcohol					
3. Cocaine					
4. Marijuana/Hashish					
5. Heroin					
6. Non-Rx Methadone					
7. Other Opiates & Synthetics					
8. PCP					
9. Hallucinogens					
10. MDMA/Ecstasy					
11. Methamphetamine					
12. Amphetamines					
13. Other Stimulants					
14. Benzodiazepine					
15. Rohypnol					
16. Clonazepam					
17. Other Tranquilizers					
18. GHB/GBL					
19. Barbiturates					
20. Other Sedatives/Hypnotics					
21. Ketamine					
22. Inhalants					
23. Over-the-Counter					
24. Other					



# Wyoming Performance Outcome Measures (WYPOMS)

Instruments to Collect Client  
Outcomes for Mental Health and  
Substance Abuse Services

Wyoming Mental Health and Substance Abuse Services Division



Wyoming  
Department  
of Health

Commit to your health.

WYPOMS CLIENT INFORMATION SURVEYS

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**INSTRUCTIONS**

To Participant

Thank you for taking the time to complete the following survey! Your answers to the questions on the next few pages will help agencies in Wyoming to make services better, and help us tailor services more specifically to your individual needs. Please answer all of the questions, and if you do not see an answer that fits you, choose the 'best' answer you see.



If at any time you have a question about the survey items, just ask your clinician. He/she will be happy to help you so that you can answer the questions to the best of your ability.

**Your information will be held in the highest level of confidentiality.**

Thank you again for completing this survey!

**THANK YOU**

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**INSTRUCTIONS**

To Clinician

The survey on the following pages has been created to assist you in knowing more about your client and his/her needs. The client should complete either an SA or a MH survey (not both) depending upon his/her age and primary reason for seeking services from your agency. Please make yourself available to the client as he/she completes the survey, and use the information your client provides in the client's treatment plan as you deem appropriate.

The survey items are intended to help you learn about your client, to assist in treatment planning, and to provide them with the highest level of care possible.

**THANK YOU**

Thank you for taking the time to ensure this survey is completed in its entirety.



Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Please help our agency make services better by completing this brief survey. Thank you for your help.

**Length of Services**

**1. Approximately, how long have you been receiving services here?**

- Less than one month.     1-2 months     3-5 months     6 months to 1 year     More than 1 year

**Living Situation** (Please check one.)

**2. What is your current living situation?**

- House, Apartment, or Trailer     Residential Treatment     Jail/ Correctional Facility  
 Group Home     Nursing Home     Homeless / Runaway  
 Supported Housing     Institutional Setting     Other

**Hospital Services**

**3. Have you been in the hospital for mental health and/or substance abuse problems in the PAST 3 MONTHS?**     Yes     No

**4. Have you been treated in the Emergency Room for substance abuse and/or mental health problems in the PAST 3 MONTHS?**     Yes     No

**Education:**

**5. What is the highest grade you have completed?**

- No school     Graduated high school/ GED     Post graduate degree  
 Grade school (Grades 1-8)     Some college/ technical education  
 Some high school (Grades 9-12)     College degree

**6. Have you attended school, college or trade school training at any time in the PAST 3 MONTHS?**

- Yes, I have attended school/college in the past 3 months.  
 Yes, I have attended job training or technical education in the past 3 months.  
 No, I have not attended school in the past 3 months.

**7. Have you received any of the following in the PAST 3 MONTHS? (Please check one.)**

- High school diploma/GED     Training Certificate     College Degree     Not Applicable

**Employment**

**8. Are you currently employed? (Please check one.)**

- Part-Time: Less than 30 hours per week     Seasonal Worker, currently not working  
 Full-Time: More than 30 hours per week     Not in Labor Force (please specify below)

**If NOT IN LABOR FORCE, please specify:**

- Homemaker     Institution/ Controlled Environment  
 Student     Unemployed  
 Retired     Other  
 Disabled     Not applicable

**Substance Use**

- 9a. Have you used illegal drugs and/or alcohol in the **PAST 3 MONTHS?**  Yes  No
- 9b. Has your use of illegal drugs and/or alcohol **CREATED PROBLEMS IN YOUR LIFE** (problems with your job, family, school, etc.) in the **PAST 3 MONTHS?**  Yes  No

**Legal Status**

10. How many times were you arrested in the **PAST 3 MONTHS?**

- None  1 Arrest  2 Arrests  3 Arrests  4 or More Arrests

11. How many days were you in a correctional facility/ jail/ juvenile detention in the **PAST 3 MONTHS?**

- None  1-6 Days  1-2 Weeks  3-4 Weeks  1-2 Months  3 Months or More

12. Have you received services for at least 2 months?

- Yes – *Please answer question 13, below.*  No – **STOP HERE! DO NOT answer question 13.**

**Social Connectedness and Perception of Services**

13. As a direct result of services I received from this center:

*(Please answer all of the following for yourself.)*

	Disagree	Neutral	Agree
I do better in social situations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get along better with my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am satisfied with my life right now.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I do better in school and/or work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My housing situation has improved.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My symptoms are not bothering me as much.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am better able to cope when things go wrong.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am better at handling daily life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For Official Use Only	
Client ID: _____	Gender: _____ Current GAF Score: _____ Admission Date: _____ Agency Code: _____
Purpose of Evaluation: <input type="checkbox"/> Admission <input type="checkbox"/> Update <input type="checkbox"/> Discharge <input type="checkbox"/> Client left services/ Information not available <input type="checkbox"/> Client Refused	

WYPOMS CLIENT INFORMATION SURVEYS

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**THANK YOU**

A sunburst graphic with rays emanating from behind the text.

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**Substance Use**

6a. Has your child used illegal drugs and/or alcohol in the **PAST 3 MONTHS?**  Yes  No

6b. Has your child's use of illegal drugs and/or alcohol created problems in his/her life (problems with a job, family, school, etc.) in the **PAST 3 MONTHS?**  Yes  No

**Legal Status**

7. How many times has your child been arrested in the **PAST 3 MONTHS?**

None  1 Arrest  2 Arrests  3 Arrests  4 or More Arrests

8. How many days was your child in a correctional facility/ jail/ juvenile detention in the **PAST 3 MONTHS?**

None  1-6 Days  1-2 Weeks  3-4 Weeks  1-2 Months  3 Months or More

9. Has your child received services for at least 2 months?

Yes – *Please answer question 10, below.*  No – **STOP HERE! DO NOT answer question 10..**

**Social Connectedness and Perception of Services**

10. As a direct result of services received from this center, **My Child ('s):**

*(Please answer all of the following for your child.)*

	Disagree	Neutral	Agree
Does better in social situations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets along better with family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is satisfied with his/her life right now.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does better in school and/or work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing situation has improved.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Symptoms are not bothering him/her as much.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is better able to cope when things go wrong.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is better at handling daily life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For Official Use Only	
Client ID: _____	Gender: ____ Current GAF Score: ____ Admission Date: ____ Agency Code: ____
Purpose of Evaluation: <input type="checkbox"/> Admission <input type="checkbox"/> Update <input type="checkbox"/> Discharge <input type="checkbox"/> Client left services/ Information not available <input type="checkbox"/> Client Refused	

WYPOMS CLIENT INFORMATION SURVEYS

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**INSTRUCTIONS**

To Participant

Thank you for taking the time to complete the following survey! Your answers to the questions on the next few pages will help agencies in Wyoming to make services better, and help us tailor services more specifically to your individual needs. Please answer all of the questions, and if you do not see an answer that fits you, choose the 'best' answer you see.



If at any time you have a question about the survey items, just ask your clinician. He/she will be happy to help you so that you can answer the questions to the best of your ability.

**Your information will be held in the highest level of confidentiality.**

Thank you again for completing this survey!

**THANK YOU**

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**INSTRUCTIONS**

To Clinician

The survey on the following pages has been created to assist you in knowing more about your client and his/her needs. The client should complete either an SA or a MH survey (not both) depending upon his/her age and primary reason for seeking services from your agency. Please make yourself available to the client as he/she completes the survey, and use the information your client provides in the client's treatment plan as you deem appropriate.

The survey items are intended to help you learn about your client, to assist in treatment planning, and to provide them with the highest level of care possible.

**THANK YOU**

Thank you for taking the time to ensure this survey is completed in its entirety.

---

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Please help our agency make services better by completing this brief survey. Thank you for your help.

Length of Services

1. Approximately, how long have you been receiving services here?

- Less than one month.
- 1-2 months
- 3-5 months
- 6 months to 1 year
- More than 1 year

Living Situation

2. What is your current living situation? (Please check one.)

- With One or Both Parents
- With Another Family Member
- Foster Home
- Therapeutic Foster Home
- Group Home
- Residential Treatment Center
- Jail/ Detention Center/ Correctional Facility
- Homeless / Runaway
- Institutional Setting
- Other

Hospital Services

3. Have you been in the hospital for mental health and/or substance abuse problems in the PAST 3 MONTHS?  Yes  No

4. Have you been treated in the Emergency Room for substance abuse and/or mental health problems in the PAST 3 MONTHS?  Yes  No

Education:

5. Have you attended school at any time in the PAST 3 MONTHS?

If YES, complete 5a-5c. If NO, complete 5d-5e.

YES, I have attended school in the past 3 months.

5a. I am currently in (indicate grade level): \_\_\_\_\_

5b. How many days of school did you miss in the last MONTH?

- Not absent
- 1-2 days
- 3-4 days
- More than 4 days
- Don't remember

5c. Have you been suspended in the PAST 3 MONTHS?

- Yes (indicate number of days):  1-2 days  3-4 days  More than 4 days
- No, not suspended  Don't remember

NO, I have not attended school in the past 3 months.

5d. The highest grade I completed was (indicate grade level): \_\_\_\_\_

5e. Why were you not in school? (Please check one.)

- Working
- Medical/Health Problems
- Graduated/ GED
- Dropped Out
- Vacation/ Summer
- Expelled

**Substance Use**

6a. Have you used illegal drugs and/or alcohol in the **PAST 3 MONTHS?**  Yes  No

6b. Has your use of illegal drugs and/or alcohol **CREATED PROBLEMS IN YOUR LIFE** (problems with your job, family, school, etc.) in the **PAST 3 MONTHS?**  Yes  No

**Legal Status**

7. How many times were you arrested in the **PAST 3 MONTHS?**

None  1 Arrest  2 Arrests  3 Arrests  4 or More Arrests

8. How many days were you in a correctional facility/ jail/ juvenile detention in the **PAST 3 MONTHS?**

None  1-6 Days  1-2 Weeks  3-4 Weeks  1-2 Months  3 Months or More

9. Have you received services for at least 2 months?

Yes – *Please answer question 10, below.*  No – **STOP HERE! DO NOT answer question 10.**

**Social Connectedness and Perception of Services**

10. As a direct result of services you received from this center:

*(Please answer all of the following for yourself.)*

	Disagree	Neutral	Agree
I do better in social situations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get along better with my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am satisfied with my life right now.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I do better in school and/or work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My housing situation has improved.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My symptoms are not bothering me as much.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am better able to cope when things go wrong.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am better at handling daily life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For Official Use Only	
Client ID: _____	Gender: ____ Current GAF Score: ____ Admission Date: ____ Agency Code: ____
Purpose of Evaluation: <input type="checkbox"/> Admission <input type="checkbox"/> Update <input type="checkbox"/> Discharge <input type="checkbox"/> Client left services/ Information not available <input type="checkbox"/> Client Refused	



WYPOMS CLIENT INFORMATION SURVEYS

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**INSTRUCTIONS**

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**THANK YOU**

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**INSTRUCTIONS**

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**THANK YOU**

Thank you for taking the time to ensure this survey is completed in its entirety.

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SA

**WY POMS**  
**Survey for Adults (18 Years and Older)**

ADULT

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Please help our agency make services better by completing this brief survey. Thank you for your help.

Length of Services

1. Approximately, how long have you been receiving services here?

- Less than one month.
- 1-2 months
- 3-5 months
- 6 months to 1 year
- More than 1 year

Living Situation

2. What is your current living situation? (Please check one.)

- House, Apartment, or Trailer
- Residential Treatment
- Jail/ Correctional Facility
- Group Home
- Nursing Home
- Homeless / Runaway
- Supported Housing
- Institutional Setting
- Other

Hospital Services

3. Have you been in the hospital for substance abuse and/or mental health problems in the PAST 3 MONTHS?  Yes  No

4. Have you been treated in the Emergency Room for substance abuse and/ or mental health problems in the PAST 3 MONTHS?  Yes  No

Education:

5. What is the highest grade you have completed?

- No school
- Graduated high school/ GED
- Post graduate degree
- Grade school (Grades 1-8)
- Some college/ technical education
- Some high school (Grades 9-12)
- College degree

6. Have you attended school, college or trade school training at any time in the PAST 3 MONTHS?

- Yes, I have attended school/college in the past 3 months.
- Yes, I have attended job training or technical education in the past 3 months.
- No, I have not attended school in the past 3 months.

7. Have you received any of the following in the PAST 3 MONTHS? (Please check one.)

- High school diploma/GED
- Training Certificate
- College Degree
- Not Applicable

Employment

8. Are you currently employed? (Please check one.)

- Part-Time: Less than 30 hours per week
- Seasonal Worker currently not working
- Full-Time: More than 30 hours per week
- Not in Labor Force (please specify below)

If NOT IN LABOR FORCE, please specify:

- Homemaker
- Institution/ Controlled Environment
- Student
- Unemployed
- Retired
- Other
- Disabled
- Not applicable

**Alcohol and Drugs**

**9. Have you used any of the following in the LAST MONTH?**

- |                                   |                              |                             |                 |                              |                             |
|-----------------------------------|------------------------------|-----------------------------|-----------------|------------------------------|-----------------------------|
| Alcohol (any use at all)          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Cocaine         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Alcohol (to intoxication)         | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Amphetamines    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Heroin                            | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Methamphetamine | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Methadone                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Cannabis        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other Opiates/ Analgesics         | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Hallucinogens   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Barbiturates                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Inhalants       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sedatives/Hypnotics/Tranquilizers | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Other           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**10. How many days have you been illegal drug and/or alcohol free?**

**Drug Free Days** \_\_\_\_\_  Not applicable      **Alcohol Free Days** \_\_\_\_\_  Not applicable

**Legal Status**

**11. How many times were you arrested in the PAST 3 MONTHS?**

- None     1 Arrest     2 Arrests     3 Arrests     4 or More Arrests

**12. How many days were you in a correctional facility/ jail/ in the PAST 3 MONTHS?**

- None     1-6 Days     1-2 Weeks     3-4 Weeks     1-2 Months     3 Months or More

**13. Have you received services for at least 2 months?**

- Yes** Please answer questions 13-17, below.     **No** – **STOP HERE! DO NOT answer questions 13-17.**

**Social Connectedness and Perception of Services**

**14. In the past 30 days, did you participate in any voluntary, peer-operated organization dedicated to recovery from addiction (for example, a 12-Step program like Alcoholics Anonymous or Narcotics Anonymous)?**

**YES** -- how many times \_\_\_\_\_  
 **NO**  
 **Don't know**

**15. In the past 30 days, did you attend any religious/faith affiliated recovery self-help groups?**

**YES** -- how many times \_\_\_\_\_  
 **NO**  
 **Don't know**

**16. In the past 30 days, did you attend meetings of organization that support recovery other than the organizations described above?**

**YES** -- how many times \_\_\_\_\_  
 **NO**  
 **Don't know**

**17. In the past 30 days, did you have interactions with family and/or friends that are supportive of your recovery?**

**YES**  
 **NO**  
 **Don't know**

**18. To whom do you turn when you are having trouble? (Please check all that apply.)**

- Family Member     Teacher/Counselor     No One     Don't Know  
 Friends     Clergy Member     Sponsor     Other

For Official Use Only	
<b>Client ID:</b> _____	<b>Gender:</b> _____ <b>Current GAF Score:</b> _____ <b>Admission Date:</b> _____ <b>Agency Code:</b> _____
<b>Purpose of Evaluation:</b> <input type="checkbox"/> Admission <input type="checkbox"/> Update <input type="checkbox"/> Discharge <input type="checkbox"/> Client left services/ Information not available <input type="checkbox"/> Client Refused	

WYPOMS CLIENT INFORMATION SURVEYS

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**THANK YOU**

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SA

**Wyoming Performance Outcome Measures  
Substance Abuse Survey for Youth (Ages 12-17 years)**

YOUTH

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Please help our agency make services better by answering these questions. Thank you for your help.

Length of Services

1. Approximately, how long have you been receiving services here?

- Less than one month.  1-2 months  3-5 months  6 months to 1 year  More than 1 year

Living Situation

2. What is your current living situation? (Please check one.)

- With One or Both Parents  Group Home  Institutional Setting  
 With Another Family Member  Residential Treatment Center  Other \_\_\_\_\_  
 Foster Home  Jail/ Detention Center/ Correctional Facility  
 Therapeutic Foster Home  Homeless / Runaway

Hospital Services

3. Have you been in the hospital for substance abuse and/or mental health problems in the PAST 3 MONTHS?  Yes  No

4. Have you been treated in the Emergency Room for substance abuse and/or mental health problems in the PAST 3 MONTHS?  Yes  No

Education:

5. Have you attended school at any time in the PAST 3 MONTHS?

*If YES, complete 5a-5c. If NO, complete 5d-5e.*

Yes, I have attended school in the past 3 months.

5a. I am currently in (indicate grade level): \_\_\_\_\_

5b. How many days of school did you miss in the last MONTH?

- Not absent  1-2 days  3-4 days  More than 4 days  Don't remember

5c. Have you been suspended in the PAST 3 MONTHS?

- Yes (indicate number of days):  1-2 days  3-4 days  More than 4 days  
 No, not suspended  Don't remember

No, I have not attended school in the past 3 months.

5d. The highest grade I completed was (indicate grade level): \_\_\_\_\_

5e. Why were you not in school? (Please check all that apply.)

- Working  Graduated/ GED  Vacation/ Summer  
 Medical/Health Problems  Dropped Out  Expelled

**Alcohol and Drugs**

**6. Have you used any of the following in the LAST MONTH?**

- |                                   |  |                 |  |
|-----------------------------------|--|-----------------|--|
| Alcohol (any use at all)          | <input type="checkbox"/> Yes <input type="checkbox"/> No | Cocaine         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Alcohol (to intoxication)         | <input type="checkbox"/> Yes <input type="checkbox"/> No | Amphetamines    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Heroin                            | <input type="checkbox"/> Yes <input type="checkbox"/> No | Methamphetamine | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Methadone                         | <input type="checkbox"/> Yes <input type="checkbox"/> No | Cannabis        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Other Opiates/ Analgesics         | <input type="checkbox"/> Yes <input type="checkbox"/> No | Hallucinogens   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Barbiturates                      | <input type="checkbox"/> Yes <input type="checkbox"/> No | Inhalants       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Sedatives/Hypnotics/Tranquilizers | <input type="checkbox"/> Yes <input type="checkbox"/> No | Other _____     | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**7. How many days have you been illegal drug and/or alcohol free?**

**Drug Free Days** \_\_\_\_\_  Not applicable      **Alcohol Free Days** \_\_\_\_\_  Not applicable

**Legal Status**

**8. How many times were you arrested in the PAST 3 MONTHS?**

- No Arrests    1 Arrest    2 Arrests    3 Arrests    4 or More Arrests

**9. How many days were you in a correctional facility/ jail/ juvenile detention in the PAST 3 MONTHS?**

- Not in Jail    1-6 Days    1-2 Weeks    3-4 Weeks    1-2 Months    3 Months or More

\*\*\*\*\*

**Questions 10 and 11 purposefully omitted**

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**12. Have you received services for at least 2 months?**

- Yes—*Please answer question 13-14.*       No – **STOP HERE! DO NOT answer questions 13-14.**

**Social Connectedness and Perception of Services**

**13. In the past 30 days, did you have interaction with family and/or friends that provided support to you?**  Yes    No    Don't know

**14. To whom do you turn when you are having trouble? (Please check all that apply.)**

- Family Member    Teacher/Counselor    No One    Don't know  
 Friends    Clergy Member    Sponsor    Other

<b>For Official Use Only</b>		
<b>Client ID:</b> _____	<b>Current GAF Score:</b> _____	<b>Admission Date:</b> _____
<b>Purpose of Evaluation:</b>		
<input type="checkbox"/> Admission <input type="checkbox"/> Update <input type="checkbox"/> Discharge <input type="checkbox"/> Client left services/ Information not available <input type="checkbox"/> Client Refused		