Division of Behavioral Health								
Mental Health Outcome Tool								
Youth								
Discharge								
Todays' Date:/								
Client STARS ID:								
Program $\Box$ CYF Services (SED) $\Box$ ART								
$\Box$ MRT $\Box$ FFT								
1. Have you attended school at any time in the past three months?								
□Yes □No	_							
*Federally Required								
2. Places single your surrent or highest educational level completed.								
2. Please circle your current or highest educational level completed:								
Pre K 1 2 3 4 5 6 7 8 9 10 11 12 None Self-Contained Special Ed Class (no grade)								
*Federally Required								
<b>3. Are you currently employed?</b> (**Collected for clients 16 and older only)								
Employed full time (35+ hours per week) Student	_							
Employed part time								
□ Homemaker □ Other (Specify)								
Disabled								
*Federally Required								
<b>4. Which of following best describes your current residential status?</b> □Independent, living in private residence □ Homelessness								
□ Independent, living in private residence □ Homelessness □ Dependent, living in private residence □ Jail/Correctional Facility								
□ Residential Care (group home,								
rehabilitation center, agency-operated $\Box$ Foster Home/Foster Care								
care)								
□Institutional setting (24/7 care by □ Crisis Residence								
skilled/specialized staff or doctors) $\Box$ Other								
*Federally Required								
5. Would you say that in general your health is:								
$\Box \text{Excellent} \qquad \Box \text{Very Good} \qquad \Box \text{Good} \qquad \Box \text{Fair} \qquad \Box \text{Poor}$	_							
<b>a</b> . Now thinking about your physical health, which includes physical illness and injury,								
how many days during the past 30 days was your physical health not good?								
b. Now thinking about your mental health, which includes stress, depression, and								
problems with emotions, how many days during the past 30 days was your mental								
health not good?								
c. During the past 30 days, approximately how many days did your poor physical or mental health keep you from doing your usual activities, such as self-care, work, or								

recreation?

## Adolescent MH Form – Discharge

6. Please answer the following question				iber o its/Ti		Do kn		
In the past 30 days, how many times have you been arrested? *Federally Required Element					-			
7. Please answer the following questions based on the pa		umbe		on't				
months		Nights/Times			es ki	know		
a. How many times have you gone to an emergency room for a psy emotional problem?								
<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 includ	ling ID	Cor						
Jail (as a result of an arrest, parole or probation violation)?								
e. How many times have you tried to commit suicide? *Federally Required Element								
	8 Please indicate your level of agreement or Re							
8. Please indicate your level of agreement or		Re	espor	ıse O	)ptior	15		
8. Please indicate your level of agreement or disagreement with the statements by checking the choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) *Federally Required	Strongly disagree	Disagree	<b>Undecided</b>		Strongly agree	٩	Refused	
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					٩	Refused	
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					٩	Refused	
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 Domain: Social Connectedness Questions 1-4 1. I know people who will listen and understand me when I						٩	Refused	
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 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			Undecided			٩	Refused	
<ul> <li>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</li> <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</li> </ul>			Undecided			٩	Refused	
<ul> <li>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</li> <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> </ul>		Disagree	Image: Description of the second s			٩	Refused	
<ul> <li>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</li> <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> </ul>		Disagree	Image: Description of the second s			٩	Refused	
<ul> <li>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</li> <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>		Disagree	Undecided			٩		
<ul> <li>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</li> <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 5. I am better at handling my daily life.</li> </ul>		Disagree	Image: Constraint of the second secon			٩	Befused	
<ul> <li>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</li> <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 5. I am better at handling my daily life.</li> <li>6. I get along better with family members.</li> </ul>		Disagree	Undecided			٩		
<ul> <li>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</li> <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 5. I am better at handling my daily life.</li> <li>6. I get along better with family members.</li> <li>7. I get along better with friends and other people.</li> </ul>		Disagree	Image: Construction of the second sec			٩		
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## Adolescent 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 are convenient.									
13. Services are available at times that are convenient for me.									
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	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.									

Question to be answered by Clinician

GAIN Short Screener (GAIN-SS) Scoring									
Screener	Items	Past Month	Past 90 Days	Past Year	Ever				
	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								