Division of Behavioral Health Mental Health Outcome Tool Youth Discharge

Todays' Date:						
Client STARS ID:						
Program ☐ CYF Services (SED)						
□ JJRI EBP						
□ JJKI EDI						
1. Have you attended school at any time in	the past three months?					
□Yes	□No					
*Federally Required						
2. Please circle your current or highest educational level completed:						
*Federally Required						
3. Are you currently employed? (**Collected f	or clients 16 and older only)					
\square Employed full time (35+ hours per week)	☐ Student					
☐Employed part time	☐ Retired					
\square Homemaker	☐ Other (Specify)					
□Disabled						
*Federally Required						
4. Which of following best describes your of	current residential status?					
☐ 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 heal	th is:					
□Excellent □Very Good □Go	ood \square Fair \square Poor					
a . Now thinking about your physical health, whi how many days during the past 30 days was						
b . Now thinking about your mental health, whic						
problems with emotions, how many days du health not good?	uring the past 30 days was your mental					
c. During the past 30 days, approximately how remental health keep you from doing your usu						

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				ber o		Don't know		
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>past 6</u>			Number of Nights/Times				Don't	
months	• .	_	INI	gnts/	' I IIIIe	S KI	10W	
a. How many times have you gone to an emergency room for a psychiatric or								
emotional problem? b. How many nights have you spent in a facility for:								
i. Detoxification?								
ii. Inpatient/Residential Substance Use Disorder Treatment?								
iii. Mental Health Care?								
iv. Illness, Injury, Surgery?								
c. How many times have you been arrested?								
d. How many nights have you spent in a correctional facility including JDC or Jail (as a result of an arrest, parole or probation violation)?								
e. How many times have you tried to commit suicide? *Federally Required Element								
8. Please indicate vour level of agreement or Res								
8. Please indicate your level of agreement or		Re	espon	ise O	ptior	าร		
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		Sport Ondecided Onder	Agree O est	Strongly displayed		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						Refused	
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				Response Options						
				Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Not applicable	Refused
Domain: Perception of Access to Services Questions 12-13										
		s was convenier								
13. Services are available at times that are convenient for me.										
Domains: P	erception of Cu	ıltural Sensitivit	y Questions 14-17	'						
14. Staff tre	ated me with r	espect.								
15. Staff res	spected my fam	ily's religious/s	piritual beliefs.							
16. Staff spo	oke with me in	a way that I und	lerstand.							
17. Staff we	re sensitive to	my cultural/eth	nic background.							
Domain: Perceptions of Participation in Treatment Planning Questions 18-20										
18. I helped to choose my services.										
	•	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	t Screener (GA	IN-SS) Scoring								
Screener	Items	Past Month (4)	Past 90 Days (4, 3)		Past Year (4, 3, 2)		Ever (4, 3, 2, 1)			
IDScr	1a – 1f	, ,			-					
EDScr	2a – 2g									
SDScr	3a – 3e									
CVScr	4a – 4e									
TDCon	10 10									

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