Division of Behavioral Health Mental Health Outcome Tool Youth INITIAL

Todays' Date:		
Client STARS ID: _ _ _ _ _ _ _		
Program □ CYF Services (SED) □ FFT □ JJRI EBP		
1. Would you say that in general your health is:		
□Excellent □Very Good □Good □Fair	□Poor	
a . Now thinking about your physical health, which includes physical illness	s and injury,	
how many days during the past 30 days was your physical health not g		
b . Now thinking about your mental health, which includes stress, depressi		
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 plants.	hysical or	
mental health keep you from doing your usual activities, such as self-ca	•	
recreation?		
	Number of	Don't
2. Please answer the following question	Nights/Times	know
In the past 30 days, how many times have you been arrested? *Federally Required Element		
rederany 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 have you gone to an emergency room for a psychiatric		П
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		

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									
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								