Division of Behavioral Health Mental Health Outcome Tool Youth Update

Todays' Date:			
Client STARS I	D:		
Program		_,, □ FFT	
	☐ JJRI EBP		
1. Have you a	attended school at any time i	n the past three months?	
□Yes		□No	
*Federally Required	d		
2. Please circ	cle your current or highest ed	lucational level completed:	
*Federally Required	i		
3. Are you cu	rrently employed? (**Collected	for clients 16 and older only)	
\Box Employed	d full time (35+ hours per week)	\square Student	
\Box Employed	-	☐ Retired	
□Homemal	ker	\square Other (Specify)	
□Disabled			
*Federally Required	d		
4. Which of fo	ollowing best describes your	current residential status?	
□Independ	ent, living in private residence	\square Homelessness	
□Depender	nt, living in private residence	☐ Jail/Correctional Facility	
□Residenti	al Care (group home,		
rehabilita care)	ation center, agency-operated	☐ Foster Home/Foster Care	
_	nal setting (24/7 care by	☐ Crisis Residence	
skilled/s	pecialized staff or doctors)	□ Other	
*Federally Required	i		
5. Would you	ı say that in general your hea	lth is:	
□Excelle		Good □ Fair □ Poor	
	D .	nich includes physical illness and injury,	
	y days during the past 30 days wa	· · · · · · · · · · · · · · · · ·	
b . Now think	ing about your mental health, whi	ch includes stress, depression, and	
problems health no		luring the past 30 days was your mental	
		many days did your poor physical or	
mental hereatio		sual activities, such as self-care, work, or	

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Youth MH Form – Update Interval

6. Please answer the following question		iber 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>pamonths</u>	<u>st 6</u>			ber o		Don't				
a. How many times have you gone to an emergency room for a psycor 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 include 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					-					
					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 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.										

Youth MH Form – Update Interval

	Response Options						
	Strongly	Disagree	Undecided	Agree	Strongly agree	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	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				
		(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								