

Division of Behavioral Health
Adult and Youth Mental Health Disorder Outcome Tool

Client STARS ID: _____

Date: _____

Tool Type:

- | | |
|------------------------------------|--------------------------------|
| <input type="checkbox"/> Initial | <input type="checkbox"/> Adult |
| <input type="checkbox"/> Update | <input type="checkbox"/> Youth |
| <input type="checkbox"/> Discharge | |

1. Would you say that in general your mental health is:

- ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

2. What is your employment status?

- | | | |
|--|---|--|
| <input type="checkbox"/> Employed full time (35+ hours per week) | <input type="checkbox"/> Employed part time | <input type="checkbox"/> Homemaker |
| <input type="checkbox"/> Student | <input type="checkbox"/> Retired | <input type="checkbox"/> Other (specify) |
| <input type="checkbox"/> Disabled | <input type="checkbox"/> Unemployed | |

3. Which of the following best describes your current residential status?

- | | | |
|---|---|---|
| <input type="checkbox"/> Independent, living in a private residence | <input type="checkbox"/> Homeless | <input type="checkbox"/> Dependent, living in a private residence |
| <input type="checkbox"/> Residential Care (group home, rehabilitation center, agency-operated care) | <input type="checkbox"/> Foster Home/ Foster Care | <input type="checkbox"/> Institutional setting (24/7 care by skilled/specialized staff/doctors) |
| <input type="checkbox"/> Other (specify) | <input type="checkbox"/> Crisis Residence | <input type="checkbox"/> Jail/Correctional Facility |

4. What is your highest education level completed?

(12= GED and High School diploma or self-contained special ed classes)

- a. If enrolled in school, have you attended school at any time in the past 3 months? ☐ Yes ☐ No ☐ Refused

5. Please answer the following questions based on the past 30 days:

- a. Have you been arrested? ☐ Yes ☐ No ☐ Refused

- b. Did you have enough money to meet your needs? ☐ Yes ☐ No ☐ Refused

- c. Have you been satisfied with the conditions of your living space? ☐ Yes ☐ No ☐ Refused

- d. In the past 30 days, have you felt...

- | | |
|--|---|
| i. <i>Nervous?</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused |
| ii. <i>Hopeless?</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused |
| iii. <i>Restless or fidgety?</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused |
| iv. <i>So depressed that nothing could cheer you up?</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused |
| v. <i>That everything is an effort?</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused |
| vi. <i>Worthless?</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused |
| vii. <i>Bothered by psychological or emotional problems?</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused |

Division of Behavioral Health
Adult and Youth Mental Health Disorder Outcome Tool

6. Please answer the following questions based on the past 6 months:

- a. Have you spent time in a facility for:
- | | |
|---|---|
| i. <i>Detoxification/Inpatient or Residential Substance Use Disorder Treatment?</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused |
| ii. <i>Mental Health Care?</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused |
| iii. <i>Any illness, injury, or surgery to the human body?</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused |
- b. Have you spent time in a correctional facility including jail/prison/JDC (because of an arrest, parole, or probation violation)? ☐Yes ☐No ☐Refused
- c. Have you had suicidal thoughts? ☐Yes ☐No ☐Refused

7. 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.

Response Options

Strongly disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable	Refused
-------------------	----------	-----------	-------	----------------	----------------	---------

Domain: Social Connectedness Questions a-g

- | | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. I am happy with the friendships I have, who will listen and understand me when talking. | <input type="checkbox"/> | | | | | |
| b. I have people with whom I can do enjoyable things. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I feel I belong in the community. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. In a crisis, I would have the support I need from family or friends. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. I have people that I am comfortable talking with about my problems. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. I have family or friends that are supportive of my recovery. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. I generally accomplish what I set out to do. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Domain: Functioning Questions h-q

- | | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| h. I do things that are more meaningful to me. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. I can take care of my needs. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. I can handle things when they go wrong. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. I can do things that I want to do. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| l. I get along with family, friends, and other people. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| m. I can deal with crisis. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| n. I do well in social situations. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| o. I do well in school and/or work. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| p. My symptoms are not bothering me as much. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| q. My housing situation is a safe place to live. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Complete only at Update/Discharge

8. Please answer the following questions based on the past 6 months.

Domain: Perception of Care: Questions a-n

- | | |
|--|---|
| a. Staff believe that I could grow, change, and recover. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused |
| b. I felt free to complain. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused |
| c. I was given information about my rights. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused |
| d. Staff encouraged me to take responsibility for how I live my life. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused |
| e. Staff told me what side effects to watch out for. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused |
| f. Staff respected my wishes about who is and who is not to be given information about my treatment. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused |
| g. Staff was sensitive to my cultural/ethnic/religious/spiritual background. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused |
| h. I was encouraged to use consumer-run programs. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused |
| i. I felt comfortable asking questions about my treatment. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused |
| j. I, not staff, decided my treatment goals. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused |
| k. I liked the services that I received here. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused |
| l. If I had other choices, I would still get services at this agency. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused |
| m. I would recommend this agency to a friend or family member. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused |
| n. Staff helped me obtain the information I needed so that I could take charge of managing my illness. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused |

Domain: Perception to Access to Services: Questions o-p

- | | |
|---|---|
| o. The location of services was (is) convenient. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused |
| p. I was able to get all the services I thought I needed. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused |

Division of Behavioral Health
Adult and Youth Mental Health Disorder Outcome Tool

Questions required to be completed by Clinician only

1. At this interval period, what is your (clinician's) assessment of the client's understanding and willingness to engage in their treatment program? Please circle a number on the scale below:

Unengaged and Blocked	Minimal Engagement in Recovery	Limited Engagement in Recovery	Positive Engagement in Recovery	Optimal Engagement in Recovery
<div style="border: 1px solid black; padding: 2px 5px;">1</div>	<div style="border: 1px solid black; padding: 2px 5px;">2</div>	<div style="border: 1px solid black; padding: 2px 5px;">3</div>	<div style="border: 1px solid black; padding: 2px 5px;">4</div>	<div style="border: 1px solid black; padding: 2px 5px;">5</div>

YOUTH ONLY

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				
TDScr	1a – 4e				