

Division of Behavioral Health  
Family Mental Health Disorder Outcome Tool

**Client STARS ID:**

**Date:**

**Tool Type:**

- ☐ Initial  
☐ Update  
☐ Discharge

☐ Family

**1. Would you say that in general your child's mental health is:**

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

**2. What is your child's employment status?**

- ☐ Employed full time (35+ hours per week)      ☐ Employed part time      ☐ Homemaker  
☐ Student      ☐ Retired      ☐ Other (specify)  
☐ Disabled      ☐ Unemployed

**3. Which of the following best describes your child's current residential status?**

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

**4. What is your child's highest education level completed?**

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

- a. If enrolled in school, has your child 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. Has your child been arrested?      ☐ Yes      ☐ No      ☐ Refused

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

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

- d. In the past 30 days, has your child felt...

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

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

- a. Has your child 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. Has your child spent time in a correctional facility including jail/prison/detention (because of an arrest, parole, or probation violation)? ☐ Yes ☐ No ☐ Refused
- c. Has your child 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 for your child over the past 6 months.**

Response Options

Strongly disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable	Refused
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**Domain: Social Connectedness Questions a-g**

- |  |                          |                          |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. My child is happy with the friendships they have, their friends will listen and understand them when talking. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. My child has people with whom they can do enjoyable things.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I feel my child belongs in the community.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. In a crisis, my child would have the support they need from family or friends.                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. My child has people that they are comfortable talking with.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. My child has family or friends that are supportive of their recovery.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. My child generally accomplishes what they set out to do.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Domain: Functioning Questions h-q**

- |   |                          |                          |                          |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| h. My child does things that are more meaningful to them. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. My child can take care of their needs.                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. My child 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"/> | <input type="checkbox"/> |
| k. My child can do things that they want to do.           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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Please indicate your level of agreement or disagreement with the statements by checking the choice that best represents your feelings or opinion for your child over the <u>past 6 months</u> .	Response Options						
	Strongly disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable	Refused
l. My child gets 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"/>	<input type="checkbox"/>
m. My child can deal with crisis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. My child does well in social situations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. My child does well in school and/or work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. My child's symptoms are not bothering them as much.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. My child's 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"/>	<input type="checkbox"/>

## Complete only at Update or Discharge

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

### ***Domain: Perception of Care: Questions a-n***

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

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**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 10px;">1</div>	<div style="border: 1px solid black; padding: 2px 10px;">2</div>	<div style="border: 1px solid black; padding: 2px 10px;">3</div>	<div style="border: 1px solid black; padding: 2px 10px;">4</div>	<div style="border: 1px solid black; padding: 2px 10px;">5</div>

**YOUTH ONLY**

GAIN Short Screener (GAIN-SS) Scoring					
Screeners	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				