Division of Behavioral Health Mental Health Outcome Tool Youth Discharge

_ _ _ _ _ □ ART □ FFT e past three months?							
□ FFT							
□ FFT							
a nact thraa manthe?							
e past un ee monuis:							
□No							
2. Please circle your current or highest educational level completed:							
clients 16 and older only)							
Student							
Retired							
Other (Specify)							
rent residential status?							
Homelessness							
] Jail/Correctional Facility							
Foster Home/Foster Care							
Crisis Residence							
Other							
is:							
our physical health not good?							
ncludes stress, depression, and							
g the past 30 days was your mental							
-							
ny days did your poor physical or							
activities, such as self-care, work, or							
includes physical illness and injury, our physical health not good? ncludes stress, depression, and							

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6. Please answer the following question			Num Nigh			Do: kno	
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>				ımbe			on't
months	• .	_	INI	gnts/	/Time	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 your level of agreement or Res				esponse Options			
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
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						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 health provider(s).) *Federally Required Domain: Social Connectedness Questions 1-4 1. I know people who will listen and understand me when I							□ 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 health provider(s).) *Federally Required 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							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											
12. The location of services was convenient.											
13. Services are available at times that are convenient for me.											
Domains: P	erception of Cu	ltural 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.								
		a way that I und									
17. Staff we	re sensitive to	my cultural/eth	nic background.								
Domain: Perceptions of Participation in Treatment Planning Questions 18-20											
	to choose my										
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											
		IN-SS) Scoring									
Screener	Items	Past Month (4)	Past 90 Days (4, 3)		est Year Ever 4, 3, 2) (4, 3, 2,						
IDScr	1a – 1f	, ,						<u>, , ,</u>	<u>.</u>		
EDScr	2a – 2g										
SDScr	3a – 3e										
CVScr	4a – 4e										
TDSor	12 - 40										