

Division of Behavioral Health
Mental Health Outcome Tool
Youth
INITIAL

Today's Date: ___/___/___

Client STARS ID:|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Program CYF Services (SED) ART
 MRT FFT

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 and injury, how many days during the past 30 days was your physical health not good? _____

b. Now thinking about your mental health, which includes stress, depression, and 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 physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? _____

2. Please answer the following question

Number of
Nights/Times Don't
know

In the past 30 days, how many times have you been arrested? _____
 *Federally Required Element

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

Number of
Nights/Times Don't
know

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

Youth MH Form –Initial Interview

| 4. 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 | Response Options | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | 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. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. 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"/> | <input type="checkbox"/> |
| 3. 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"/> | <input type="checkbox"/> |
| 4. 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"/> | <input type="checkbox"/> |
| Domain: Improved Functioning Domain: Questions 5-11 | | | | | | | |
| 5. I am able to do things I want to do. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I get along with family members. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I get along with 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"/> |
| 8. 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"/> | <input type="checkbox"/> |
| 9. I am able to cope when things go wrong. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. I am able to handle my daily life. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. I am satisfied with my family life right now. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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 | | | | |