

Youth MH Form – Update Interval

6. Please answer the following question	Number of Nights/Times	Don't know					
In the past 30 days, how many times have you been arrested? <small>*Federally Required Element</small>	—	<input type="checkbox"/>					
7. Please answer the following questions based on the <u>past 6 months</u>...	Number of Nights/Times	Don't know					
a. How many times have you gone to an emergency room for a psychiatric or emotional problem?	—	<input type="checkbox"/>					
b. How many nights have you spent in a facility for:							
i. Detoxification?	—	<input type="checkbox"/>					
ii. Inpatient/Residential Substance Use Disorder Treatment?	—	<input type="checkbox"/>					
iii. Mental Health Care?	—	<input type="checkbox"/>					
iv. Illness, Injury, Surgery?	—	<input type="checkbox"/>					
c. How many times have you been arrested?	—	<input type="checkbox"/>					
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)?	—	<input type="checkbox"/>					
e. How many times have you tried to commit suicide? <small>*Federally Required Element</small>	—	<input type="checkbox"/>					
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	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"/>						
2. In a crisis, I would have the support I need from family and friends.	<input type="checkbox"/>						
3. I have people that I am comfortable talking with about my problems.	<input type="checkbox"/>						
4. I have people with whom I can do enjoyable things.	<input type="checkbox"/>						
Domain: Improved Functioning/ Outcomes Domain: Questions 5-11							
5. I am better able to do things I want to do.	<input type="checkbox"/>						
6. I get along better with family members.	<input type="checkbox"/>						
7. I get along better with friends and other people.	<input type="checkbox"/>						
8. I am doing better in school and/or work.	<input type="checkbox"/>						
9. I am better able to cope when things go wrong.	<input type="checkbox"/>						
10. I am better at handling my daily life.	<input type="checkbox"/>						
11. I am satisfied with my family life right now.	<input type="checkbox"/>						

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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.	<input type="checkbox"/>						
13. Services are available at times that are convenient for me.	<input type="checkbox"/>						
Domains: Perception of Cultural Sensitivity Questions 14-17							
14. Staff treat me with respect.	<input type="checkbox"/>						
15. Staff respect my family’s religious/spiritual beliefs.	<input type="checkbox"/>						
16. Staff speak with me in a way that I understand.	<input type="checkbox"/>						
17. Staff are sensitive to my cultural/ethnic background.	<input type="checkbox"/>						
Domain: Perceptions of Participation in Treatment Planning Questions 18-20							
18. I helped to choose my services.	<input type="checkbox"/>						
19. I helped to choose my treatment goals.	<input type="checkbox"/>						
20. I participated in my own treatment.	<input type="checkbox"/>						
Domain: General Satisfaction Questions 21-26							
21. Overall I am satisfied with the services I have received here.	<input type="checkbox"/>						
22. The people helping me have stuck with me no matter what.	<input type="checkbox"/>						
23. I feel I have someone to talk to when I am troubled.	<input type="checkbox"/>						
24. I received services that were right for me.	<input type="checkbox"/>						
25. I have gotten the help I want.	<input type="checkbox"/>						
26. I have gotten as much help as I need.	<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				