Division of Behavioral Health
Substance Use Disorder Outcome Tool
Youth
Discharge

Todays' Date: _____/_____/_____

Client STARS ID:|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

Program

☐ 1.0 Outpatient
☐ 2.5 Day Treatment
☐ 3.1 Low Intensity Residential
☐ Adolescent EBP Services
☐ 2.1 Intensive Outpatient
☐ 3.7 Intensive Inpatient Treatment (PRFT)

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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. At this moment, how important is it that you change your current your current behaviors and/or symptoms? Please circle a number on the scale below:

Not important at all			About as important as most of the other things I would like to achieve now						Most important thing in my life right now	
0	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**

3. At this moment, how confident are you that you will change your current behaviors and/or symptoms? Please circle a number on the scale below:

Not important at all			About as important as most of the other things I would like to achieve now						Most important thing in my life right now	
0	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**

4. 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	____	☐

5. Please answer the following questions based on the <u>past</u> <u>30 days…</u>

a. Have you gotten into trouble at home, at school, work, or in the community, because of your use of alcohol, drugs, inhalants, or gambling?	☐Yes	☐No
b. Have you missed school or work because of using alcohol, drugs, inhalants, or gambling?	☐Yes	☐No

6. Please answer the following questions based on the <u>past 30 days</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?	____	☐
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? Source: Current MPR Adult History Form (Revised 3/06)	____	☐
c. How many nights have you spent in a correctional facility including JDC or Jail (as a result of an arrest, parole or probation violation)?	____	☐
d. How many times have you tried to commit suicide?	____	☐

*Federally Required Element

7. Please check the appropriate box on how you are doing since entering the program that best tells us what you think.	Before the Program				Now (At end of Program)			
	Poor 1	Average 2	Good 3	Excellent 4	Poor 1	Average 2	Good 3	Excellent 4
a. Controlling alcohol use.	☐	☐	☐	☐	☐	☐	☐	☐
b. Controlling drug use.	☐	☐	☐	☐	☐	☐	☐	☐

*Element agreed upon by the DOWG

8. I would be able to resist the urge to drink heavily and/or use drugs…	Not at all confident										Very Confident
… if I were angry at the way things had turned out	0	1	2	3	4	5	6	7	8	9	10
… if I had unexpectedly found some booze/drugs or happened to see something that reminded me of drinking/using drugs	0	1	2	3	4	5	6	7	8	9	10
… if other people treated me unfairly or interfered with my plans	0	1	2	3	4	5	6	7	8	9	10
… if I were out with friends and they kept suggesting we go somewhere to drink/use drugs	0	1	2	3	4	5	6	7	8	9	10

Youth SUD Form – Discharge

9. 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 30 days. (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.	☐	☐	☐	☐	☐	☐	☐
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 my problems.	☐	☐	☐	☐	☐	☐	☐
4. I have people with whom I can do enjoyable things.	☐	☐	☐	☐	☐	☐	☐
Domain: Improved Functioning/ Outcomes Domain: Questions 5-11							
5. I am better able to do things I want to do.	☐	☐	☐	☐	☐	☐	☐
6. I get along better with family members.	☐	☐	☐	☐	☐	☐	☐
7. I get along better with friends and other people.	☐	☐	☐	☐	☐	☐	☐
8. I am doing better in school and/or work.	☐	☐	☐	☐	☐	☐	☐
9. I am better able to cope when things go wrong.	☐	☐	☐	☐	☐	☐	☐
10. I am better at handling my daily life.	☐	☐	☐	☐	☐	☐	☐
11. I am satisfied with my family life right now.	☐	☐	☐	☐	☐	☐	☐
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: Perception of Cultural Sensitivity Questions 14-17							
14. Staff treat me with respect.	☐	☐	☐	☐	☐	☐	☐
15. Staff respect my family's religious/spiritual beliefs.	☐	☐	☐	☐	☐	☐	☐
16. Staff speak with me in a way that I understand.	☐	☐	☐	☐	☐	☐	☐
17. Staff are sensitive to my cultural/ethnic background.	☐	☐	☐	☐	☐	☐	☐
Domain: Perceptions of Participation in Treatment Planning Questions 18-20							
18. I helped to choose my services.	☐	☐	☐	☐	☐	☐	☐
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.	☐	☐	☐	☐	☐	☐	☐

Questions 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				

10. 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**
1	**2**	**3**	**4**	**5**