Division of Behavioral Health Mental Health Outcome Tool DISCHARGE

Todays' Date:							
Client STARS ID: _ _ _ _ _	_ _ _ _						
Program: □ CARE	□ IMPACT						
☐ First Episode Psychosis (SEBHS and BMS Only)							
☐ Transition Age Youth Rec							
9							
CARE (BMS/LSS Only)	IMPACT (BMS/LSS Only)						
1. Are you currently employed?							
☐ Employed full time (35+ hours per week)	□ Student						
□Employed part time	□ Retired						
□Homemaker	☐ Unemployed						
□Disabled	□ Other (Specify)						
*Federally Required	(1 7)						
2. Which of following best describes your	current residential status?						
☐ Independent, living in a private residence	☐ Homelessness						
\square Dependent, living in private residence	☐ Jail/Correctional Facility						
☐ Residential Care (group home,							
rehabilitation center, agency-operated care)	☐ Foster Home/Foster Care						
\square Institutional setting (24/7 care by	☐ Crisis Residence						
skilled/specialized staff or doctors)	□ Other						
*Federally Required							
3. What is your highest educational level c	ompleted (12=GED or high school						
diploma)?							
*Federally Required							
4. Would you say that in general your heal	th is:						
□Excellent □Very Good □Go	ood □Fair □Poor						
a. Now thinking about your physical health, who how many days during the past 30 days was	1 0						
b. Now thinking about your mental health, which							
problems with emotions, how many days du	•						
health not good?							
c. During the past 30 days, approximately how i							
mental health keep you from doing your usu	ıal activities, such as self-care, work, or						
recreation?							

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5. Please answer the following question			Num Nigh			Don't know			
In the past 30 days, how many times have you been arrested? *Federally Required			_						
6. Please answer the following questions based on the past 6 months			Nu Ni		Don't know				
a. How many times have you gone to an emergency room for psychiatric or emotional problem?	a								
b. How many nights have you spent in a facility for:									
i. Detoxification?									
ii. Inpatient/Residential Substance Use Disorder Treatmen	t?								
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 in	nclud	ing							
jail or prisons (as a result of an arrest, parole or probation vi		_				L			
e. How many times have you tried to commit suicide?									
			Response Options						
7. Please indicate your level of agreement or		Kt	espon	S					
disagreement with the statements by checking the choice that best represents your feelings or opinion	> a)	e	þ		>	le	_		
over the past 6 months. (Please answer for	Strongly disagree	Disagree	Jndecided	Agree	Strongly agree	Not applicable	Refused		
relationships with persons other than your behavioral	itro lisa	isa	nde	Ag	itro	N il a	Refi		
health provider(s).) Source: MHSIP Survey *Federally Required	0, 0		D C		0 ,	ਫ਼			
Domain: Social Connectedness Questions 1-4									
1. I am happy with the friendships I have.									
2. I have people with whom I can do enjoyable things.									
3. I feel I belong in my community.									
4. In a crisis, I would have the support I need from family or									
friends.			Ш		Ш		Ш		
Domain: Improved Functioning Domain: Questions 5-8									
5. I do things that are more meaningful to me.									
6. I am better able to take care of my needs.									
7. I am better able to handle things when they go wrong.									
8. I am better able to do things that I want to do.									
Domain: Perception of Access to Services Questions 9-13									
9. The location of services was convenient.									
10. Staff was willing to see me as often as I felt it was	П								
necessary 11. Staff returned my calls within 24 hours.	ш								
LL STATE PROTECTION CARS WITHIN 74 HOURS		_							
12. Services were available at times that were good for me. 13. I was able to get all the services I thought I needed.									

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14. Staff believed that I could grow, change and recover. 15. I felt free to complain. 16. Staff respected my wishes about who is and is not to be given information about my treatment. 17. Staff was sensitive to my cultural/ethnic background. 18. Staff helped me obtain the information needed so I could take charge of managing my illness. 19. I was given information about my rights. 20. Staff encouraged me to take responsibility for how I live my life. 21. I was encouraged to use consumer-run programs. Domain: Perceptions of Outcomes Questions 22-29 22. I deal more effectively with daily problems. 23. I am better able to control my life. 24. I am better able to deal with crisis. 25. I am getting along better with my family. 26. I do better in social situations. 27. I do better in school and/or work. 28. My symptoms are not bothering me as much. 29. My housing situation has improved. Domain: Perceptions of Participation in Treatment Planning Questions 30 and 31 30. I felt comfortable asking questions about my treatment. 31. I, not staff, decided my treatment goals. Domain: General Satisfaction Questions 32-34 32. I liked the services that I received here. 33. If I had other choices, I would still get services at this agency.	Domains: Perception of Quality and Appropriateness							
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34. I would recommend this agency to a friend or family	34. I would recommend this agency to a friend or family							
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