Division of Behavioral Health Mental Health Outcome Tool UPDATE

Todays' Date:	
Client STARS ID: _ _ _ _ _ _ _	
Program: □ CARE	□ IMPACT
	_
☐ First Episode Psychosis (S	
_	eiving Transition Age Youth Receiving
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	
rederany kequired	
2. Which of following best describes your	current residential status?
☐ Independent, living in a private residence	☐ Homelessness
Dependent, living in private residence	☐ Jail/Correctional Facility
Residential Care (group home,	□ Factor Hama/Factor Cara
rehabilitation center, agency-operated care)	☐ Foster Home/Foster Care
☐ Institutional setting (24/7 care by	☐ Crisis Residence
skilled/specialized staff or doctors)	☐ Other
similed, specialized stair or doctors,	Li Other
*Federally Required	
Todorany noquinou	
3. What is your highest educational level co	ompleted (12=GED or high school
diploma)?	ompleted (12-dlb of high school
*Federally Required	
rederany Required	
4. Would you say that in general your hea	lth is:
	ood □Fair □Poor
a. Now thinking about your physical health, wh	
how many days during the past 30 days wa	
b . Now thinking about your mental health, whi	
problems with emotions, how many days d 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 us	

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5. Please answer the following question based on the pas days	t 30		umbe ights,	er of /Time	es	Don kno		
How many times have you been arrested? *Federally required Element]	
6. Please answer the following questions based on the past 6			Number of Nights/Times				Don't know	
months		1115	gnts	/ 1 111	162	KII) VV	
a. How many times have you gone to an emergency room for psychiatric or emotional problem?	d]	
b. How many nights have you spent in a facility for:								
i. Detoxification?						_	1	
ii. Inpatient/Residential Substance Use Disorder Treatment	-2							
iii. Mental Health Care?								
]	
iv. Illness, Injury, Surgery?							1	
c. How many times have you been arrested?						L		
d. How many nights have you spent in a correctional facility						_	,	
including jail or prisons (as a result of an arrest, parole or						L	J	
probation violation)?							1	
e. How many times have you tried to commit suicide?						L]	
7. Please indicate your level of agreement or		Re	espor	ise O	ntio	ns		
7. Please indicate your level of agreement or disagreement with the statements by checking the		Re	espor	nse O	ptio	ns		
disagreement with the statements by checking the	ly ee						ble	
disagreement with the statements by checking the choice that best represents your feelings or opinion	ongly						icable used	
disagreement with the statements by checking the	Strongly disagree	Disagree		Agree O ess			nolicable Refused	
disagreement with the statements by checking the choice that best represents your feelings or opinion over the past 6 months. (Please answer for	Strongly disagree		Undecided organization		Strongly oitd		annlicable 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						applicable Refused	
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Domains: Perception of Quality and Appropriateness						
Questions 14-21						
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			П		П	П
given information about my treatment.				Ш		
17. Staff was sensitive to my cultural/ethnic background.						
18. Staff helped me obtain the information needed so I	П					П
could take charge of managing my illness.				Ш		
19. I was given information about my rights.						
20. Staff encouraged me to take responsibility for how I live	П		П			П
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.						
34. I would recommend this agency to a friend or family						
member.						