Division of Behavioral Health Mental Health Outcome Tool DISCHARGE

Todays' Date:/	
Client STARS ID: _ _ _ _ _ _	_ _ _
Program: □ CARE	 □ IMPACT
□ First Episode Psychosis (S	_
☐ Transition Age Youth Red	
CARE (BMS/LSS Only)	IMPACT (BMS/LSS Only)
CARE (DM3/E33 Offiy)	
1. Are you currently employed?	
☐Employed full time (35+ hours per week)	☐ Student
☐ Employed part time	□ Retired
□Homemaker	\square Unemployed
□Disabled	□ Other (Specify)
*Federally Required	
2. Which of following best describes your	
\square Independent, living in a private residence	☐ Homelessness
\square Dependent, living in private residence	\square Jail/Correctional Facility
\square 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	
2 7 7	1. 1640 CPD 11.1 1
3. What is your highest educational level of	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, wh	· · · · · · · · · · · · · · · · · · ·
how many days during the past 30 days was b . Now thinking about your mental health, which	
problems with emotions, how many days di	
health not good?	aring the past 30 days was your mental
c. During the past 30 days, approximately how	many days did your poor physical or
mental health keep you from doing your us	
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				ımbe ghts,		Don't know				
a. How many times have you gone to an emergency room for a					Г					
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					Г	7				
jail or prisons (as a result of an arrest, parole or probation violation)?						L				
e. How many times have you tried to commit suicide?										
7 Places indicate your level of agreement on										
7. Please indicate your level of agreement or			Response Options							
disagreement with the statements by checking the choice that best represents your feelings or opinion	~ •	e	pa		>	<u>e</u>	_			
over the past 6 months. (Please answer for	ngl gre	gre	cid	Agree	ngl ree	Not licab	se			
over the past o months. (I least answer for										
relationships with persons other than your behavioral	tro lisa	isa	ıde	Ag	itro	N	_ ?efu			
relationships with persons other than your behavioral health provider(s).) Source: MHSIP Survey *Federally Required	Strongly disagree	Disagree	Undecided	Ag	Strongly agree	Not applicabl	Refused			
health provider(s).) Source: MHSIP Survey *Federally Required	Stro disa	Disa	Unde	Agi	Stro	N appli	Refu			
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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				
given information about my treatment.					
17. Staff was sensitive to my cultural/ethnic background.					
18. Staff helped me obtain the information needed so I	П				
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	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.	<u> </u>		<u> </u>	<u> </u>	
34. I would recommend this agency to a friend or family					
member.					