

# Division of Behavioral Health Mental Health Outcome Tool INITIAL

Todays' Date:

Client STARS ID:

Program:       CARE                                       IMPACT  
                    First Episode Psychosis (SEBHS and BMS Only)  
                    Transition Age Youth Receiving CARE (BMS/LSS Only)       Transition Age Youth Receiving IMPACT (BMS/LSS Only)

**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. Please answer the following question based on the past 30 days...**

	Number of Nights/Times	Don't know
How many times have you been arrested? <small>*Federally required element</small>	___	<input type="checkbox"/>

**3. Please answer the following questions based on the past 6 months...**

	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 jail or prisons (as a result of an arrest, parole or probation violation)?	___	<input type="checkbox"/>
e. How many times have you tried to commit suicide?	___	<input type="checkbox"/>

## Adult MH Tool – Initial Interview

4. 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).) Source: MHSIP Survey *Federally Required	Response Options						
	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Not applicable	Refused
Domain: Social Connectedness Questions 1-4							
1. I am happy with the friendships I have.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I have people with whom I can do enjoyable things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel I belong in my community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. In a crisis, I would have the support I need from family or friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domain: Improved Functioning Domain: Questions 5-8							
5. I do things that are more meaningful to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am able to take care of my needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I am able to handle things when they go wrong.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I am able to do things that I want to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>