

# CLIENT LEVEL OUTCOME TOOL

For Use at Discharge from Services

VOUCHER ID: \_\_\_\_\_

PROVIDER: \_\_\_\_\_

DISCHARGE DATE:  
MM-DD-YYYY  
\_\_\_\_\_

INTERVIEW CONDUCTED?  Yes  No Date of Interview: \_\_\_\_\_

If no, why not? Choose only one response.

- Client was impaired or unable to provide consent  Client refused to be interviewed  Client was not reached for an interview

If no interview, SKIP to the section header **Discharge Data from Provider**

## HEALTH & WELLNESS

	Poor	Fair	Good	Very Good	Excellent
How would you rate your overall <b>physical</b> health right now?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How would you rate your overall <b>mental</b> health right now?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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? <input type="text"/> # days					In the past 30 days, approximately how many days did your health - physical or mental - keep you from doing your usual activities, such as self-care, work, or recreation? <input type="text"/> # days

In the past 30 days, have you done one of the following:

	Yes	No
Spent time in a hospital for mental health care?	<input type="radio"/>	<input type="radio"/>
Spent time in a facility for detox or treatment for a substance use disorder?	<input type="radio"/>	<input type="radio"/>
Gone to an emergency room for a mental health or emotional problem?	<input type="radio"/>	<input type="radio"/>

Please indicate your disagreement / agreement with each of the following statements.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	No Response	N/A
I am able to take care of my needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am able to handle things when they go wrong.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am able to do things that I want to do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## STABILITY IN HOUSING

- In the past 30 days, I have had a safe place to live.  Yes  No
- In the past 30 days, I have been satisfied with the conditions of my living space.  Yes  No

## SOCIAL CONNECTEDNESS

**Please indicate your disagreement / agreement with each of the following statements.**

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	No Response	N/A
I am happy with the friendships I have.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have people with whom I can do enjoyable things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel I belong in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In a crisis, I would have the support I need from family or friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## PERCEPTION OF ACCESS TO SERVICES

**Please indicate your disagreement / agreement with each of the following statements.**

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	No Response	N/A
Services were available at times that were convenient to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was able to get the help I felt I needed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## PERCEPTIONS OF OUTCOMES

**Please indicate your disagreement / agreement with each of the following statements.**

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	No Response	N/A
I am able to deal more effectively with daily problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel more in control of my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am better able to deal with crisis.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am getting along better with those around me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel I am doing better at work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My symptoms are not bothering me as much as they were.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Please describe what services you feel you need going forward.**

## DISCHARGE DATA FROM PROVIDER

All discharge records should have this section completed, with or without the ability to interview the client. This information is to be completed by the provider.

**Date of Last Service Provided (MM-DD-YYYY)** \_\_\_\_\_

For the following questions please identify all the services provided to the client during their participation in the voucher program. This includes voucher-funded and non-voucher funded services.

CORE SERVICES	Provided	Referred to another agency	Services known to be provided by another agency	Unknown	Service Not Available
Screening	Yes / No	Yes / No	Yes / No	<input type="checkbox"/>	<input type="checkbox"/>
Assessment	Yes / No	Yes / No	Yes / No	<input type="checkbox"/>	<input type="checkbox"/>
Treatment Planning or Review	Yes / No	Yes / No	Yes / No	<input type="checkbox"/>	<input type="checkbox"/>
Psychopharmacological Services	Yes / No	Yes / No	Yes / No	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Services	Yes / No	Yes / No	Yes / No	<input type="checkbox"/>	<input type="checkbox"/>
Co-occurring Services	Yes / No	Yes / No	Yes / No	<input type="checkbox"/>	<input type="checkbox"/>
Case Management	Yes / No	Yes / No	Yes / No	<input type="checkbox"/>	<input type="checkbox"/>
Trauma-Specific Services	Yes / No	Yes / No	Yes / No	<input type="checkbox"/>	<input type="checkbox"/>

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SUPPORT SERVICES	Provided	Referred to another agency	Services known to be provided by another agency	Unknown	Service Not Available
Medical Care	Yes / No	Yes / No	Yes / No	<input type="checkbox"/>	<input type="checkbox"/>
Employment Services	Yes / No	Yes / No	Yes / No	<input type="checkbox"/>	<input type="checkbox"/>
Family Services	Yes / No	Yes / No	Yes / No	<input type="checkbox"/>	<input type="checkbox"/>
Child Care Assistance	Yes / No	Yes / No	Yes / No	<input type="checkbox"/>	<input type="checkbox"/>
Transportation Assistance	Yes / No	Yes / No	Yes / No	<input type="checkbox"/>	<input type="checkbox"/>
Education Services	Yes / No	Yes / No	Yes / No	<input type="checkbox"/>	<input type="checkbox"/>
Housing Support	Yes / No	Yes / No	Yes / No	<input type="checkbox"/>	<input type="checkbox"/>
Social Recreational Activities	Yes / No	Yes / No	Yes / No	<input type="checkbox"/>	<input type="checkbox"/>
Consumer-Operated Services (e.g., support groups)	Yes / No	Yes / No	Yes / No	<input type="checkbox"/>	<input type="checkbox"/>

**Will the client be receiving additional services after all voucher-covered services have been completed?**

Yes     No

**Describe what funding source the client will be moving to after all covered Voucher services have been completed (e.g., private pay, sliding scale).**