Division of Behavioral Health
Adult and Youth Mental Health Disorder Outcome Tool

Client STARS ID: _____

Date: _____

Tool Type:

☐ Initial ☐ Adult
☐ Update ☐ Youth
☐ Discharge

1. Would you say that in general your mental health is:

☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

2. What is your employment status?

☐ Employed full time (35+ hours per week) ☐ Employed part time ☐ Homemaker
☐ Student ☐ Retired ☐ Other (specify)
☐ Disabled ☐ Unemployed

3. Which of the following best describes your current residential status?

☐ Independent, living in a private residence ☐ Homeless ☐ Dependent, living in a private residence
☐ Residential Care (group home, rehabilitation center, agency-operated care) ☐ Foster Home/ Foster Care ☐ Institutional setting (24/7 care by skilled/specialized staff/doctors)
☐ Other (specify) ☐ Crisis Residence ☐ Jail/Correctional Facility

4. What is your highest education level completed?
(12= GED and High School diploma or self-contained special ed classes) _____

a. If enrolled in school, have you attended school at any time in the past 3 months? ☐Yes ☐No ☐Refused

5. Please answer the following questions based on the <u>past 30 days:</u>

a. Have you been arrested? ☐Yes ☐No ☐Refused
b. Did you have enough money to meet your needs? ☐Yes ☐No ☐Refused
c. Have you been satisfied with the conditions of your living space? ☐Yes ☐No ☐Refused
d. In the past 30 days, have you felt…
i. Nervous? ☐Yes ☐No ☐Refused
ii. Hopeless? ☐Yes ☐No ☐Refused
iii. Restless or fidgety? ☐Yes ☐No ☐Refused
iv. So depressed that nothing could cheer you up? ☐Yes ☐No ☐Refused
v. That everything is an effort? ☐Yes ☐No ☐Refused
vi. Worthless? ☐Yes ☐No ☐Refused
vii. Bothered by psychological or emotional problems? ☐Yes ☐No ☐Refused

6. Please answer the following questions based on the <u>past 6 months:</u>

a. Have you spent time in a facility for:

i. Detoxification/Inpatient or Residential Substance Use Disorder Treatment?	☐Yes ☐No	☐Refused
ii. Mental Health Care?	☐Yes ☐No	☐Refused
iii. Any illness, injury, or surgery to the human body?	☐Yes ☐No	☐Refused
b. Have you spent time in a correctional facility including jail/prison/JDC (because of an arrest, parole, or probation violation)?	☐Yes ☐No	☐Refused
c. Have you had suicidal thoughts?	☐Yes ☐No	☐Refused

7. Please indicate your level of agreement or disagreement with the statements by checking the choice that best represents your feelings or opinion over the <u>past 6 months</u>.

	Response Options						
	Strongly disagree	**Disagree**	**Undecided**	**Agree**	**Strongly Agree**	**Not Applicable**	**Refused**
Domain: Social Connectedness Questions a-g							
a. I am happy with the friendships I have, who will listen and understand me when talking.	☐	☐	☐	☐	☐	☐	☐
b. I have people with whom I can do enjoyable things.	☐	☐	☐	☐	☐	☐	☐
c. I feel I belong in the community.	☐	☐	☐	☐	☐	☐	☐
d. In a crisis, I would have the support I need from family or friends.	☐	☐	☐	☐	☐	☐	☐
e. I have people that I am comfortable talking with about my problems.	☐	☐	☐	☐	☐	☐	☐
f. I have family or friends that are supportive of my recovery.	☐	☐	☐	☐	☐	☐	☐
g. I generally accomplish what I set out to do.	☐	☐	☐	☐	☐	☐	☐
Domain: Functioning Questions h-q							
h. I do things that are more meaningful to me.	☐	☐	☐	☐	☐	☐	☐
i. I can take care of my needs.	☐	☐	☐	☐	☐	☐	☐
j. I can handle things when they go wrong.	☐	☐	☐	☐	☐	☐	☐
k. I can do things that I want to do.	☐	☐	☐	☐	☐	☐	☐
l. I get along with family, friends, and other people.	☐	☐	☐	☐	☐	☐	☐
m. I can deal with crisis.	☐	☐	☐	☐	☐	☐	☐
n. I do well in social situations.	☐	☐	☐	☐	☐	☐	☐
o. I do well in school and/or work.	☐	☐	☐	☐	☐	☐	☐
p. My symptoms are not bothering me as much.	☐	☐	☐	☐	☐	☐	☐
q. My housing situation is a safe place to live.	☐	☐	☐	☐	☐	☐	☐

Complete only at Update/Discharge

8. Please answer the following questions based on the <u>past 6 months</u>.

Domain: Perception of Care: Questions a-n		
a. Staff believe that I could grow, change, and recover.	☐ Yes ☐ No	☐ Refused
b. I felt free to complain.	☐ Yes ☐ No	☐ Refused
c. I was given information about my rights.	☐ Yes ☐ No	☐ Refused
d. Staff encouraged me to take responsibility for how I live my life.	☐ Yes ☐ No	☐ Refused
e. Staff told me what side effects to watch out for.	☐ Yes ☐ No	☐ Refused
f. Staff respected my wishes about who is and who is not to be given information about my treatment.	☐ Yes ☐ No	☐ Refused
g. Staff was sensitive to my cultural/ethnic/religious/spiritual background.	☐ Yes ☐ No	☐ Refused
h. I was encouraged to use consumer-run programs.	☐ Yes ☐ No	☐ Refused
i. I felt comfortable asking questions about my treatment.	☐ Yes ☐ No	☐ Refused
j. I, not staff, decided my treatment goals.	☐ Yes ☐ No	☐ Refused
k. I liked the services that I received here.	☐ Yes ☐ No	☐ Refused
l. If I had other choices, I would still get services at this agency.	☐ Yes ☐ No	☐ Refused
m. I would recommend this agency to a friend or family member.	☐ Yes ☐ No	☐ Refused
n. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	☐ Yes ☐ No	☐ Refused
Domain: Perception to Access to Services: Questions o-p		
o. The location of services was (is) convenient.	☐ Yes ☐ No	☐ Refused
p. I was able to get all the services I thought I needed.	☐ Yes ☐ No	☐ Refused

Questions required to be completed by Clinician only

1. At this interval period, what is your (clinician's) assessment of the client's understanding and willingness to engage in their treatment program? Please circle a number on the scale below:

Unengaged and Blocked	Minimal Engagement in Recovery	Limited Engagement in Recovery	Positive Engagement in Recovery	Optimal Engagement in Recovery
1	2	3	4	5