

OKLAHOMA ASSOCIATION OF YOUTH SERVICES
Quarterly **Behavioral Health Outpatient/CARS** Outcomes Report

Agency _____
City _____ Quarter 1st _____ 2nd _____ 3rd _____ 4th _____

Effectiveness Outcomes:

(Goal: 80% of clients GAF scores increasing two points at each review.)

of GAF scores that **increased** two or more points. _____

of GAF scores that did **not** increase two points. _____

Efficiency Outcomes:

(Goal: 100% of service request contacted within 15 days.)

of persons making a service request contacted within 15 days. _____

of persons making a service request taking more than 15 days to contact. _____

Client Satisfaction Outcomes:

(Goal: To average a response of "4" on all survey statements.)

SCORING:

1 = STRONGLY DISAGREE 2 = DISAGREE 3 = SOMEWHAT AGREE
4 = AGREE 5 = STRONGLY AGREE

PLEASE REPORT THE AVERAGE SCORE FOR EACH QUESTION BELOW FROM THE CLIENT SATISFACTION SURVEYS COMPLETED DURING THE QUARTER.

Question:

Average Score

My counselor was on time and kept my scheduled appointment. _____

I was involved in my treatment plan. _____

I felt my concerns were handled in a confidential way. _____

I have benefited from the services received. _____

I would refer others to this agency. _____

of New Referrals Quarterly _____ YTD _____

of Direct Client Service Hours Quarterly _____ YTD _____

of Indirect Community Service Hours Quarterly _____ YTD _____

PLEASE SEND THE COMPLETED REPORT TO THE OAYS OFFICE, 201 NE 50TH ST., OKLAHOMA CITY, OK 73105 / FAX (405) 528-4214 BY THE 15TH OF THE MONTH FOLLOWING THE END OF THE QUARTER.

Completed by _____ Date _____ Qtrly bhop outcome report 091902