## Division of Behavioral Health Mental Health Outcome Tool Family Discharge

Todays' Date:	
Client STARS ID:	
Program ☐ CYF Services (SED)	
☐ JJRI EBP	
□ JJKI EDF	
1. Did your child attend school any time in	the past three months?
□Yes	□No
*Federally Required	
2. Please circle your child's current or high	nest educational level completed:
*Federally Required	
3. Is your child currently employed? (**Colle	ected for clients 16 and older only)
$\square$ Employed full time (35+ hours per week)	☐ Student
☐Employed part time	□ Retired
□Homemaker	□ Other (Specify)
□Disabled	
*Federally Required	
4. Which of following best describes your of	child's current residential status?
$\square$ Independent, living in private residence	☐ Homelessness
$\square$ Dependent, living in private residence	☐ 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	
5. Would you say that in general your child	d's health is:
□Excellent □Very Good □Go	
a. Now thinking about your child's physical heal injury, how many days during the past 30 da good?	
b. Now thinking about your child's mental health problems with emotions, how many days dumental health not good?	
<b>c.</b> During the past 30 days, approximately how r or mental health keep you from doing your oschool, work, or recreation?	

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## Family MH Form – Discharge

lease answer the following question					mbe ghts/	Don't know			
In the past 30 days, how many times has your child been arrested? *Federally Required Element									
7. Please answer the following questions based on the past 6			ımbe	_	Don't				
months					ghts/	kno	know		
a. How many times has your child gone to an emergency room for a	a						Г	7	
psychiatric or emotional problem?									
b. How many nights has your child spent in a facility for:							_	_	
i. Detoxification?									
ii. Inpatient/Residential Substance Use Disorder Treatment?									
iii. Mental Health Care?									
iv. Illness, Injury, Surgery?									
Source: Current MPR Adult History Form (Revised 3/06) c. How many times has your child been arrested?						Г			
d. How many nights has your child spent in a correctional facility in	aclus	din	σ.						
JDC or Jail (as a result of an arrest, parole or probation violation)?	iciu	וווג	g						
e. How many times has your child tried to commit suicide?							Г	7	
*Federally Required Element							L		
8. Please indicate your level of agreement or Res			esponse Options						
disagreement with the statements by checking the									
choice that best represents your feelings or opinion	<u>&gt;</u>	ð	ě	ed		<u>&gt;</u>	ole .	ರ	
over the past 6 months. (Please answer for	ng	ğ	gre	cid	Agree	ng	Not olical	nse	
relationships with persons other than your behavioral	Strongly	IISa	Disagree	Jndecided	Ag	Strongly agree	Not applicabl	Refused	
health provider(s).) *Federally Required	•,	_	_	Ď		•,	व		
Domain: Social Connectedness Questions 1-4									
1. My child knows people who will listen and understand									
them when they need to talk.			П						
them when they need to tark.			_						
2. In a gricia my shild would have the support they need									
2. In a crisis, my child would have the support they need									
from family and friends.									
from family and friends.  3. My child has people that he/she are comfortable talking									
from family and friends.  3. My child has people that he/she are comfortable talking with about their problems.									
from family and friends.  3. My child has people that he/she are comfortable talking with about their problems.  4. My child has people with whom they can do enjoyable									
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<ul> <li>from family and friends.</li> <li>3. My child has people that he/she are comfortable talking with about their problems.</li> <li>4. My child has people with whom they can do enjoyable things.</li> <li>Domain: Improved Functioning/ Outcomes Domain: Question</li> <li>5. My child is better able to do things he or she wants to do.</li> </ul>		-11							
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## Family MH Form – Discharge

	Response Options							
	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Not applicable	Refused	
Domain: Perception of Access to Services Questions 12-13								
12. The location of services was convenient.								
13. Services were available at times that were convenient for us.								
Domains: Perception of Cultural Sensitivity Questions 14-17								
14. Staff treated me with respect.								
15. Staff respected my family's religious/spiritual beliefs.								
16. Staff spoke with me in a way that I understand.								
17. Staff were sensitive to my cultural/ethnic background.								
Domain: Perceptions of Participation in Treatment Planning Questions 18-20								
18. I helped to choose my child's services.								
19. I helped to choose my child's treatment goals.								
20. I was frequently involved in my child's treatment.								
Domain: General Satisfaction Questions 21-26								
21. Overall I am satisfied with the services my child received here.								
22. The people helping my child have stuck with us no matter what.								
23. I feel my child has someone to talk to when he/she is troubled.								
24. The services my child and/or family received were right for us.								
25. My family got the help we wanted for my child.								
26. My family has gotten as much help as we needed for my child								