Division of Behavioral Health Mental Health Outcome Tool Family Update

Todays' Date:	
Client STARS ID:	
Program □ CYF Services (SED)	— — — — — □ FFT
☐ IIRI EBP	
1. Did your child attend school in the pas	st three months?
□Yes	□No
*Federally Required	
2. Please circle your child's current or hi	ghest educational level completed:
	B
*Federally Required	
3. Is your child currently employed? (**Co	ollected for clients 16 and older only)
□ 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	r child's current residential status?
☐ Independent, living in private residence	☐ Homelessness
Dependent, living in private residence	☐ Jail/Correctional Facility
☐ Residential Care (group home,	in jaily correctional racinty
rehabilitation center, agency-operated	☐ Foster Home/Foster Care
care)	in 1 oster frome/1 oster dare
☐ Institutional setting (24/7 care by	☐ Crisis Residence
skilled/specialized staff or doctors)	□ Other
*Federally Required	
5. Would you say that in general your ch	
, , , , , , , , , , , , , , , , , , ,	Good □Fair □Poor
a. Now thinking about your child's physical he	- · ·
injury, how many days during the past 30	days was your child's physical health not
good? b. Now thinking about your child's mental hea	alth which includes stress depression and
problems with emotions, how many days	_
mental health not good?	
c. During the past 30 days, approximately how	
	r child's usual activities, such as self-care,
school, work, or recreation?	

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Family MH Form – Update Interval

Please answer the following question			Number of Nights/Times			Don't know			
In the past 30 days, how many times has your child been arrested? *Federally Required Element *Federally Required Element									
7. Please answer the following questions based on the <u>past 6</u>		Number of			Don't				
months			Nigh	ts/Ti	mes	know	1		
a. How many times has your child gone to an emergency room for a psychiatric or emotional problem?	a 								
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? c. How many times has your child been arrested?							_		
d. How many nights has your child spent in a correctional facility in	ncludi	nσ							
JDC or Jail (as a result of an arrest, parole or probation violation)?	iciuui	iig							
e. How many times has your child tried to commit suicide?									
8. Please indicate your level of agreement or		Re	Response Options						
disagreement with the statements by checking the									
choice that best represents your feelings or opinion	gly ee	ee	Jndecided	e	gly e	Not	ed		
over the past 6 months. (Please answer for	Strongly disagree	Disagree	leci	Agree	Strongly agree	Not	Refused		
relationships with persons other than your behavioral	Str	Dis	Und	⋖	Stı	ָ מנו	Re		
health provider(s).) *Federally Required									
Domain: Social Connectedness Questions 1-4									
1. My child knows people who will listen and understand them when they need to talk.									
2. In a crisis, my child would have the support they need 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		_			_		_		
things.									
Domain: Improved Functioning/ Outcomes Domain: Question	าร 5-1	1							
5. My child is better able to do things he or she wants to do.									
				Ш					
6. My child gets along better with family members.									
7. My child gets along better with friends and other people.									
7. My child gets along better with friends and other people.8. My child is doing better in school and/or work.									
7. My child gets along better with friends and other people.8. My child is doing better in school and/or work.9. My child is better able to cope when things go wrong.									
7. My child gets along better with friends and other people.8. My child is doing better in school and/or work.									

Family MH Form – Update Interval

	Response Options							
	Strongly	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 are available at times that are convenient for us.								
Domains: Perception of Cultural Sensitivity Questions 14-17								
14. Staff treat me with respect.								
15. Staff respect my family's religious/spiritual beliefs.								
16. Staff speak with me in a way that I understand.								
17. Staff are 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 help to choose my child's treatment goals.								
20. I am 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 was we needed for my child								