

Family MH Form – Discharge

| 6. 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? <small>*Federally Required Element</small> | — | <input type="checkbox"/> | | | | | |
| 7. Please answer the following questions based on the <u>past 6 months</u>... | Number of Nights/Times | Don't know | | | | | |
| a. How many times has your child gone to an emergency room for a psychiatric or emotional problem? | — | <input type="checkbox"/> | | | | | |
| b. How many nights has your child spent in a facility for: | | | | | | | |
| i. Detoxification? | — | <input type="checkbox"/> | | | | | |
| ii. Inpatient/Residential Substance Use Disorder Treatment? | — | <input type="checkbox"/> | | | | | |
| iii. Mental Health Care? | — | <input type="checkbox"/> | | | | | |
| iv. Illness, Injury, Surgery? | — | <input type="checkbox"/> | | | | | |
| c. How many times has your child been arrested? | — | <input type="checkbox"/> | | | | | |
| d. How many nights has your child spent in a correctional facility including JDC or Jail (as a result of an arrest, parole or probation violation)? | — | <input type="checkbox"/> | | | | | |
| e. How many times has your child tried to commit suicide? <small>*Federally Required Element</small> | — | <input type="checkbox"/> | | | | | |
| 8. Please indicate your level of agreement or disagreement with the statements by checking the choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) *Federally Required | Response Options | | | | | | |
| | Strongly disagree | Disagree | Undecided | Agree | Strongly agree | Not applicable | Refused |
| Domain: Social Connectedness Questions 1-4 | | | | | | | |
| 1. My child knows people who will listen and understand them when they need to talk. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. In a crisis, my child would have the support they need from family and friends. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. My child has people that he/she are comfortable talking with about their problems. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. My child has people with whom they can do enjoyable things. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Domain: Improved Functioning/ Outcomes Domain: Questions 5-11 | | | | | | | |
| 5. My child is better able to do things he or she wants to do. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. My child gets along better with family members. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. My child gets along better with friends and other people. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. My child is doing better in school and/or work. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. My child is better able to cope when things go wrong. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. I am satisfied with our family life right now. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. I am able to do things I want to do. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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| | 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 for us. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Services were available at times that were convenient for us. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Domains: Perception of Cultural Sensitivity Questions 14-17 | | | | | | | |
| 14. Staff treated me with respect. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Staff respected my family's religious/spiritual beliefs. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Staff spoke with me in a way that I understand. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Staff were sensitive to my cultural/ethnic background. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Domain: Perceptions of Participation in Treatment Planning Questions 18-20 | | | | | | | |
| 18. I helped to choose my child's services. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. I helped to choose my child's treatment goals. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. I was frequently involved in my child's treatment. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Domain: General Satisfaction Questions 21-26 | | | | | | | |
| 21. Overall I am satisfied with the services my child received here. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. The people helping my child have stuck with us no matter what. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. I feel my child has someone to talk to when he/she is troubled. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. The services my child and/or family received were right for us. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. My family got the help we wanted for my child. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. My family has gotten as much help as we needed for my child | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |