

Family MH Form – Discharge

	Nights/Times	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"/>
<small>Source: Current MPR Adult History Form (Revised 3/06)</small>		
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).) <small>*Federally Required</small>	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"/>						
2. In a crisis, my child would have the support they need from family and friends.	<input type="checkbox"/>						
3. My child has people that he/she are comfortable talking with about their problems.	<input type="checkbox"/>						
4. My child has people with whom they can do enjoyable things.	<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"/>						
6. My child gets along better with family members.	<input type="checkbox"/>						
7. My child gets along better with friends and other people.	<input type="checkbox"/>						
8. My child is doing better in school and/or work.	<input type="checkbox"/>						
9. My child is better able to cope when things go wrong.	<input type="checkbox"/>						
10. My child is better at handling daily life.	<input type="checkbox"/>						
11. I am satisfied with our family life right now.	<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.	<input type="checkbox"/>						
13. Services were available at times that were convenient for us.	<input type="checkbox"/>						
Domains: Perception of Cultural Sensitivity Questions 14-17							
14. Staff treated me with respect.	<input type="checkbox"/>						
15. Staff respected my family's religious/spiritual beliefs.	<input type="checkbox"/>						
16. Staff spoke with me in a way that I understand.	<input type="checkbox"/>						
17. Staff were sensitive to my cultural/ethnic background.	<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"/>						
19. I helped to choose my child's treatment goals.	<input type="checkbox"/>						
20. I was frequently involved in my child's treatment.	<input type="checkbox"/>						
Domain: General Satisfaction Questions 21-26							
21. Overall I am satisfied with the services my child received here.	<input type="checkbox"/>						
22. The people helping my child have stuck with us no matter what.	<input type="checkbox"/>						
23. I feel my child has someone to talk to when he/she is troubled.	<input type="checkbox"/>						
24. The services my child and/or family received were right for us.	<input type="checkbox"/>						
25. My family got the help we wanted for my child.	<input type="checkbox"/>						
26. My family has gotten as much help as we needed for my child	<input type="checkbox"/>						