**Stabilization Services Discharge Interview**

**National Outcome Measures (NOMs)**

SAMHSA’s Performance Accountability and Reporting System (SPARS) August 2022

# **SECTION 1: RECORD MANAGEMENT**

**NOTE: SECTION 1 IS COMPLETED USING INFORMATION FROM THE INTERVIEW FACE SHEET. NO QUESTIONS IN THIS SECTION NEED TO BE ASKED OF THE PARENTS.**

**Youth name:** Click or tap here to enter text.

**Client ID:** Click or tap here to enter text.

**Youth date of birth:** Click or tap to enter a date.

**Agency providing Stabilization Services:** Click or tap here to enter text.

**Name of person completing interview:** Click or tap here to enter text.

**Was the interview completed?**

☐ No **If no, please select why**:

☐ Not able to obtain consent from proxy

☐ Caregiver was impaired or unable to provide consent

☐ Caregiver refused this interview

☐ Caregiver was not reached for interview

☐ OTHER (specify: Click or tap here to enter text.)

☐ Yes **Date of interview:** Click or tap to enter a date.

**Thank you for your time today to complete this interview. I will be asking you some questions about how your child and family are doing, and your feedback about the services that you received from [AGENCY NAME – SEE FACE SHEET]. Your individual answers will not be shared with the program staff. The interview should take about 45 minutes to complete. Do you have any questions about the interview before we start?**

# **SECTION 2: FUNCTIONING**

**Our first questions are about how your child has been feeling lately.**

**1. How would you rate your child’s overall mental health right now? Would you say it is…**

☐ Excellent,

☐ Very Good,

☐ Good,

☐ Fair, or

☐ Poor

☐ NO RESPONSE/REFUSED

**2. To provide the best mental health and related services, we need to know how well your child was able to deal with everyday life during the past 30 [thirty] days. Please indicate your child’s response to each of the following statements:**

**[READ EACH STATEMENT TO THE CAREGIVER, FOLLOWED BY RESPONSE OPTIONS OF YES OR NO]**

|  |  |  |  |
| --- | --- | --- | --- |
| **During the past 30 [thirty] days ….**  | **Yes** | **No** | NO RESPONSE/ REFUSED |
| **2a.**  | My child is handling daily life.  | ☐ | ☐ | ☐ |
| **2b.**  | My child is able to deal with unexpected events in their life.  | ☐ | ☐ | ☐ |
| **2c.**  | My child does get along with friends and other people.  | ☐ | ☐ | ☐ |
| **2d.**  | My child does get along with family members.  | ☐ | ☐ | ☐ |
| **2e.**  | My child does well in social situations.  | ☐ | ☐ | ☐ |
| **2f.**  | My child does well in school and/or work.  | ☐ | ☐ | ☐ |
| **2g.**  | My child has had a safe place to live.  | ☐ | ☐ | ☐ |

**3. The following questions ask about how your child has been feeling during the past 30 [thirty] days. Please indicate your child’s response to each question:**

**[READ EACH STATEMENT TO THE CAREGIVER, FOLLOWED BY RESPONSE OPTIONS OF YES OR NO]**

| **During the past 30 [thirty] days, did your child feel …**  | **Yes** | **No** | NO RESPONSE/ REFUSED |
| --- | --- | --- | --- |
| **3a.**  | Nervous?  | ☐ | ☐ | ☐ |
| **3b.**  | Hopeless?  | ☐ | ☐ | ☐ |
| **3c.**  | Restless or fidgety?  | ☐ | ☐ | ☐ |
| **3d.**  | So depressed that nothing could cheer your child up?  | ☐ | ☐ | ☐ |
| **3e.**  | That everything was an effort?  | ☐ | ☐ | ☐ |
| **3f.**  | Worthless?  | ☐ | ☐ | ☐ |
| **3g.**  | Bothered by psychological or emotional problems?  | ☐ | ☐ | ☐ |

# **SECTION 3: REFERRALS**

**Our next few questions are about the services that [AGENCY NAME – SEE FACE SHEET] may have referred your child or family to.**

1. **Has your child received mental health services for which they were referred?**

☐ NOT APPLICABLE

☐ Yes

☐ No 4b. **Why not?** Click or tap here to enter text.

1. **Has your child received other services or supports for which they were referred, such as cultural, religious, or other community organization supports?**

☐ NOT APPLICABLE

☐ Yes

☐ No 5b. **Why not?** Click or tap here to enter text.

# **SECTION 4: STABILITY IN HOUSING**

**The next few questions relate to your child’s housing situation.**

**6. In the past 30 [thirty] days, has your child….**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Yes** | **No** | NO RESPONSE/ REFUSED |
| **6a.**  | Been homeless?  | ☐ | ☐ | ☐ |
| **6b.**  | Spent time in a hospital for mental health care?  | ☐ | ☐ | ☐ |
| **6c.**  | Spent time in a facility for detox/inpatient treatment for a substance abuse disorder?  | ☐ | ☐ | ☐ |
| **6d.**  | Spent time in a correctional facility (e.g., jail, prison, juvenile facility)?  | ☐ | ☐ | ☐ |
| **6e.**  | Gone to an emergency room for a mental health or emotional problem?  | ☐ | ☐ | ☐ |

**7. [IF THE ANSWER TO ANY OF THE ITEMS IN QUESTION 6 WAS “YES”] Can you tell more about the situation?**Click or tap here to enter text.

**8. In the past 30 [thirty] days, has your child been satisfied with the conditions of your living space? Would you say…**

☐ Yes, or

☐ No?

☐ NO RESPONSE/REFUSED

**9. In the past 30 [thirty]** **days, where has your child been living most of the time?**

 **[DO NOT READ RESPONSE OPTIONS TO THE CLIENT. SELECT ONLY ONE.]**

☐ Private residence

☐ Foster home

☐ Residential care

☐ Crisis residence

☐ Residential treatment center

☐ Institutional setting

☐ Jail/correctional setting

☐ Homeless/shelter

☐ OTHER (Specify: Click or tap here to enter text.)

☐ DON’T KNOW

**10. Who is your child currently living with?**

☐ Both biological parents

☐ Biological mother

☐ Biological father

☐ Other relatives

☐ Legal guardian who is not a relative

☐ Foster parents

☐ OTHER (Specify: Click or tap here to enter text.)

# **SECTION 5: EDUCATION AND EMPLOYMENT**

**11. Is your child currently enrolled in school or a job training program?**

☐ Yes

☐ No

☐ NO RESPONSE/REFUSED

**12. In the past 30 [thirty] days, did you have enough money to meet your child’s needs?**

☐ Yes

☐ No

☐ NO RESPONSE/REFUSED

# **SECTION 6: CRIME AND CRIMINAL JUSTICE STATUS**

**13. In the past 30 [thirty] days, has your child…**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes**  | **No**  | NO RESPONSE/ REFUSED  |
| 13a. Been arrested?  | ☐ | ☐ | ☐ |
| 13b. Spent time in jail or a correctional facility or been on probation?  | ☐ | ☐ | ☐ |
| 13c. Had interactions with police as a result of their behavior?  | ☐ | ☐ | ☐ |

# **SECTION 7: SOCIAL CONNECTEDNESS**

**14. Please indicate YES or NO for each of the following statements. Please answer for relationships with persons other than your child’s mental health provider(s) over the past 30 [thirty] days.** **[READ EACH STATEMENT TO THE CAREGIVER, FOLLOWED BY RESPONSE OPTIONS OF YES OR NO]**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes**  | **No**  | NO RESPONSE/ REFUSED  |
| 14a. My child is happy with their friendships.  | ☐ | ☐ | ☐ |
| 14b. My child has people with whom they can do enjoyable things.  | ☐ | ☐ | ☐ |
| 14c. My child feels that they belong in the community.  | ☐ | ☐ | ☐ |
| 14d. In a crisis, my child would have the support needed from family or friends. | ☐ | ☐ | ☐ |
| 14e. My child has family or friends that are supportive of their recovery. | ☐ | ☐ | ☐ |
| 14f. My child generally accomplishes what they set out to do. | ☐ | ☐ | ☐ |

# **SECTION 8: PERCEPTIONS OF CARE**

**15. In order to provide the best possible mental health and related services, we need to know what your child thinks about the services they received from [AGENCY NAME] during the past 30 [thirty] days, the people who provided it, and the results. Please indicate your child’s disagreement/agreement with each of the following statements.**  **[READ EACH STATEMENT TO THE CLIENT OR CAREGIVER, FOLLOWED BY RESPONSE OPTIONS OF YES OR NO]**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes**  | **No**  | NO RESPONSE/ REFUSED  |
| 15a. Staff here believe that my child can grow, change, and recover. | ☐ | ☐ | ☐ |
| 15b. My child felt free to complain.   | ☐ | ☐ | ☐ |
| 15c. My child was given information about their rights.   | ☐ | ☐ | ☐ |
| 15d. Staff encouraged my child to take responsibility for how they live their life.   | ☐ | ☐ | ☐ |
| 15e. Staff told my child what side effects to watch out for.   | ☐ | ☐ | ☐ |
| 15f. Staff respected my child’s wishes about who is and who is not to be given information about their treatment. | ☐ | ☐ | ☐ |
| 15g. Staff were sensitive to my child’s cultural background (e.g., race, religion, language).   | ☐ | ☐ | ☐ |
| 15h. The services my child received align with my cultural values/traditions.  | ☐ | ☐ | ☐ |

SERVICE PLANNING

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes**  | **No**  | NO RESPONSE/ REFUSED  |
| 16a. My family, not someone else, determined what we needed assistance with.  | ☐ | ☐ | ☐ |
| 16b. Staff worked with us to create a safety plan with understandable steps to address and reduce crisis situations.   | ☐ | ☐ | ☐ |
| 16c. Staff worked with us to review and update the safety plan if the situation changed. | ☐ | ☐ | ☐ |
| 16d. Staff helped my child obtain the information my child needed so that my child could take charge of managing their illness. | ☐ | ☐ | ☐ |
| 16e. My child was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).   | ☐ | ☐ | ☐ |
| 16f. My child felt comfortable asking questions about their treatment and medication.   | ☐ | ☐ | ☐ |
| 16g. My child, not staff, decided my child’s treatment goals.   | ☐ | ☐ | ☐ |

SERVICE DELIVERY

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes**  | **No**  | NO RESPONSE/ REFUSED  |
| 17a. The services we received addressed my family’s needs.  | ☐ | ☐ | ☐ |
| 17b. The services we received built on the strengths of my family (i.e. the things we already do well).   | ☐ | ☐ | ☐ |
| 17c. Staff at this agency helped my family navigate services and advocated for us.  | ☐ | ☐ | ☐ |
| 17d. Staff we worked with felt like partners to get my family what we need.   | ☐ | ☐ | ☐ |
| 17e. My child likes the services received here.   | ☐ | ☐ | ☐ |
| 17f. My child would still get services from this agency if there were other choices.   | ☐ | ☐ | ☐ |
| 17g. My child would recommend this agency to a friend or family member.   | ☐ | ☐ | ☐ |

SKILL BUILDING

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes**  | **No**  | NO RESPONSE/ REFUSED  |
| 18a. Staff at this agency helped teach my child skills about communication, problem solving, behavior regulation, and/or coping skills.  | ☐ | ☐ | ☐ |
| 18b. Staff at this agency helped teach me skills about how to more calmly respond and communicate with my child. | ☐ | ☐ | ☐ |
| 18c. Staff at this agency helped teach my child and me skills about how to become more resilient.  | ☐ | ☐ | ☐ |

OUTCOMES

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes**  | **No**  | NO RESPONSE/ REFUSED  |
| 19a. As a result of treatment and services received, my child’s problem behaviors/symptoms have decreased.  | ☐ | ☐ | ☐ |

**20. How have services been helpful to your family?** Click or tap here to enter text.

**21. Is there anything about your experience with staff that you would like to share?** Click or tap here to enter text.

**22. How could services be improved to better serve families like yours?** Click or tap here to enter text.

**23. What organizations, agencies, or other supports were you and your family connected with?** Click or tap here to enter text.

**24. Have those supports been helpful?**

☐ NOT APPLICABLE

 ☐ Yes 24a. **How have they been helpful?** Click or tap here to enter text.

 ☐ No 24b. **Why weren’t they helpful?** Click or tap here to enter text.

**25. Has your family experienced additional crisis situations since you were connected with Stabilization Services?**

☐ NO RESPONSE/REFUSED

 ☐ Yes 25a. **Please describe this situation.** Click or tap here to enter text.

☐ No

26. **As we plan for future services, it would help to know generally what kind of insurance you have for medical care. Please note that we will not be contacting your insurance company regarding the services that you received. Does your family have (check all that apply):**

☐ Our family is currently uninsured

☐ Our family has public insurance (such as MA or PMAP)

 ☐ Our family has private insurance **26a. Who is your insurance carrier?** Click or tap here to enter text.

**Thank you very much for taking the time to complete this interview with me today. The information will be very helpful as we continue to work towards improving services and supports for families in Hennepin County.**

27. For completing the interview today, you can receive a $30 electronic gift card to your choice of Target, Walmart, Amazon, or Cub Foods. When you initially agreed to be contacted for the interview, you indicated that you would prefer a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [SEE FACE SHEET] gift card. Is that still your preference, or would you prefer to switch to a different store?

☐ Keep initial selection

☐ Switch to a new store **27a. Please specify?** Click or tap here to enter text.

28. What email address should we use to send you the gift card? Click or tap here to enter text.

**The gift card should be delivered by email within the next 5 days. If you do not receive it, please first check your spam filters. If it is not there, please email evaluation@community-research.solutions.**

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**FOR INTERVIEWER ONLY (do not ask interviewee):**

Did anything come up in this interview that Cheryl/Lisa or the Stabilization provider should be aware of?

☐ No

☐ Yes **Please describe?** Click or tap here to enter text.