

**Stabilization Services**

**30-day follow-up**

**6/14/24**

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

**Youth 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.

**Date follow-up completed:** Click or tap to enter a date.

**Interviewer’s name:** Click or tap here to enter text.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Strongly agree** | **Agree** | **Disagree** | **Strongly disagree** | **Not applicable** |
| 1. I was able to connect with Stabilization Services at a time that was easy and convenient for me. |[ ] [ ] [ ] [ ] [ ]
| 2. The Stabilization Services staff responded in a way that was appropriate to my gender, language, cultural and spiritual needs. |[ ] [ ] [ ] [ ] [ ]
| 3. Stabilization Services worked with me in a way to create plans for support and stability. |[ ] [ ] [ ] [ ] [ ]
| 4. Overall, I feel hopeful that the plans will meet my family needs. |[ ] [ ] [ ] [ ] [ ]
| 5. I am satisfied about the Stabilization Services we received. |[ ] [ ] [ ] [ ] [ ]
| 6. I would recommend Stabilization Services to other families with a similar need. |[ ] [ ] [ ] [ ] [ ]

7. What is the living arrangement of the child for which you sought Stabilization Services?

[ ]  Both biological parents

[ ]  Biological mother

[ ]  Biological father

[ ]  Other relatives

[ ]  Legal guardian who is not a relative

[ ]  Foster parents

[ ]  Other (please specify: Click or tap here to enter text.)

8. Has the child had any out-of-home placements since you completed Stabilization Services?

[ ]  No

[ ]  Yes

9. Other than out-of-home placements, is the youth’s living situation different from when you called Stabilization Services?

[ ]  No

[ ]  Yes: why has the living arrangement changed? Click or tap here to enter text.

10. Have you needed to go to an Emergency Department for your child’s behavioral or mental health since your family finished Stabilization Services?

[ ]  No

[ ]  Yes

11. Since your family finished Stabilization Services, has your child exhibited behavior in which you would have taken him/her to an emergency room, but you didn’t because you could use Family Response and Stabilization Services instead?

[ ]  No

[ ]  Yes

12. Have you or your child had any interactions with law enforcement regarding your child’s behavior since your family finished Stabilization Services?

[ ]  No

[ ]  Yes

13. Since your family finished Stabilization Services, has your child exhibited behavior in which you would have contacted law enforcement, but you didn’t because you could use Family Response and Stabilization Services instead?

[ ]  No

[ ]  Yes

14. Has your family received mental health services for which you were referred?

[ ]  No (why not? Click or tap here to enter text.)

[ ]  Yes

[ ]  Not applicable

15. Has your family received other services or supports for which you were referred, such as cultural, religious, or other community organizations?

[ ]  No (why not? Click or tap here to enter text.)

[ ]  Yes

[ ]  Not applicable

16. Name of Stabilization Services provider you worked with (optional): Click or tap here to enter text.

17. Is there any other feedback you’d like to provide us? Click or tap here to enter text.

18. Do you feel your family needs additional services from Family Response and Stabilization?

[ ]  No

[ ]  Yes

19. If yes to question 16: Do you feel comfortable reaching out to Family Response again?

[ ]  Yes The direct phone number is 612-979-9511.

[ ]  No a. Why not? Click or tap here to enter text.)

b. (*If you feel confident you could do a 3-way call without hanging up on them*): Would you like me call them with you on the line right now?

*Conduct a 3-way call to 612-979-9511. Provide an introduction to the Family Response staff that you are calling with a parent who previously received services. Then prompt the caregiver to express what they need help with.*

[ ]  Yes

c. Do you consent to me providing your name, your child’s name, and your phone number to Family Response staff to have them contact you?

[ ]  No

*Provide them with the direct phone number for them to call when they’re ready:*

612-979-9511

 [ ]  No

*Verify their name and phone number they’d like to be contacted at. Let them know that you will only provide their name, their child’s name, and their phone number to Family Response staff.*

 [ ]  Yes

 **Caregiver’s Name**: Click or tap here to enter text.

 **Child’s Name**: Click or tap here to enter text.

 **Caregiver’s Phone #**: 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.**

20. For completing the interview today, you will receive a $20 electronic gift card of 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? [CHOOSE THEIR SELECTION BELOW]

☐ Target

☐ Walmart

☐ Amazon

☐ Cub Foods

21. 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****.**