

Questionnaire: Delivery System Reform Unit

Delivery System Reform Unit

1. In the past 90 [ninety] days, have you [has your child] (select all that apply):
(Please select between 1 and 6 items.)
 - Had an inpatient stay (at least one overnight) in a hospital for mental health care?
 - Been to the emergency room for a physical healthcare problem?
 - Been enrolled in a facility for at least one overnight in a detox/inpatient treatment for a substance abuse disorder?
 - Spent time in a correctional facility (e.g., jail, prison, [juvenile] facility)?
 - Gone to an emergency room for a mental health or emotional or behavioral challenge?
 - None of the above

2. In the past 90 [ninety] days have you been satisfied with the conditions of your living space?
(Please select one.)
 - Yes
 - No
 - Refused
 - Not Applicable

3. If I am struggling with my basic needs and/ or behavioral health I know who to call:
(Please select one.)
 - Yes
 - No
 - Refused
 - Not Applicable

4. I (my child) have people with whom I can enjoy doing things
(Please select one.)
 - Yes
 - No
 - Refused / no response

5. In a crisis, I (my child) would have the support needed from family or friends
(Please select one.)
 - Yes
 - No
 - Refused / no response
 - Not applicable

6. I (my child) am happy with my friendships
(Please select one.)
 - Yes
 - No
 - Refused / no response

7. Staff believe that I [my child] can grow, change, and recover
(Please select one.)
 - Yes
 - No
 - Not Applicable

8. I [my child] felt free to complain
(Please select one.)
 - Yes
 - No
 - Not Applicable

9. I [my child] was given information about my [my child's] rights
(Please select one.)
 - Yes
 - No
 - Not Applicable

10. Staff respected my [my child's] wishes about who is and who is not to be given information about my [my child's] treatment
(Please select one.)

- Yes
- No
- Not Applicable

11. Staff were sensitive to my [my child's] cultural background (e.g., race, religion, language)

(Please select one.)

- Yes
- No
- Not Applicable

12. Staff helped me [my child] obtain the information I [my child] needed so that I [my child] could take charge of managing my [their] illness

(Please select one.)

- Yes
- No
- Not Applicable

13. I [my child] was encouraged to use consumer run programs (support groups, drop in centers, crisis phone line, community resources, etc.)

(Please select one.)

- Yes
- No
- Not Applicable

14. I [my child] felt comfortable asking questions about my [their] treatment, services, and medication

(Please select one.)

- Yes
- No
- Not Applicable

15. I [my child], not staff, decided my [my child's] treatment goals

(Please select one.)

- Yes
 - No
 - Not Applicable
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