MOBILE RESPONSE AND STABILIZATION SERVICES

FAMILY SATISFACTION INTERVIEW

Client ID# _____ Data Collector Name: _____

1. Do you consent to take part in the MRSS Family Satisfaction Interview? ☐ Yes ☐ No (only proceed if answered yes)

2. Who completed this interview? ☐ Caregiver ☐ Youth ☐ Youth and Caregiver

I will read you each question and the possible responses. Please choose the answer that you think best represents your experiences with MRSS.

DATA COLLECTORS: PLEASE READ EVERY QUESTION AND THE RESPONSE CATEGORIES EVERY TIME.	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	Don't Know
3. Overall, I am satisfied with the MRSS services my family received.						
4. I would recommend MRSS services to others.						
5. MRSS staff were sensitive to my family's and/or child's background including: race, ethnicity, gender, sexuality, income, religion, language, etc.						
6. MRSS staff listened to my family's concerns and issues.						

7. Did your family learn new skills through MRSS? ☐ Yes ☐ No ☐ Don't Know
   If Yes, what new skills did you learn? _____

8. Did the MRSS staff dicuss a safety plan with your family? ☐ Yes ☐ No ☐ Don't Know

9. How did you hear about MRSS? (example: school, hospital, agency, law enforcement, friends and family)
   _____

10. Did the MRSS staff get you connected with other resources in your area? ☐ Yes ☐ No ☐ Don't Know
    If Yes, what resources were you connected to? _____

11. Were there any resources you or your family needed that were not available? ☐ Yes ☐ No ☐ Don't Know
    If Yes, what resources were not available? _____

12. Did the majority of your MRSS services take place at your home or in the community (not at the MRSS agency)?
    ☐ Yes ☐ No ☐ Don't Know

13. How many times did your family meet in person with MRSS staff at your home or in the community? _____

14. Did your family choose the problems you wanted to work on with the MRSS staff? ☐ Yes ☐ No ☐ Don't Know

15. Did your family receive Peer Support Services? ☐ Yes ☐ No ☐ Don't Know
    Peer Definitions: A certified peer supporter is someone who has direct lived experience with behavioral health challenges, or someone who has navigated services on behalf of an individual with behavioral health challenges. Certified peer supporters are trained and certified in using their lived experience to help others impacted by mental illness or substance use disorders. Next set of FSIs we send will have this definition so you can refer to it if needed.

16. At your first MRSS visit, the MRSS staff arrived as quickly as possible. ☐ Yes ☐ No ☐ Don't Know

17. Did your family meet the goals you set at the beginning of MRSS? ☐ Yes ☐ No ☐ Still working on it ☐ Don't Know

18. Since you (your child) became involved with MRSS, their behaviors of concern have:
    ☐ Significantly Improved ☐ Moderately Improved ☐ Somewhat Improved ☐ Stayed the Same ☐ Worsened

19. Since you (your child) became involved with MRSS, their overall daily functioning (daily living, school, social, family, etc.) has:
    ☐ Significantly Improved ☐ Moderately Improved ☐ Somewhat Improved ☐ Stayed the Same ☐ Worsened

20. Since your family has been involved in MRSS, your family interactions have:
    ☐ Significantly Improved ☐ Moderately Improved ☐ Somewhat Improved ☐ Stayed the Same ☐ Worsened

21. On a scale of 0 to 10, how would you rate your first MRSS visit? (0-not at all helpful – 10-very helpful) _____

22. On a scale of 0 to 10, how would you rate the rest of your MRSS stabilization visits? (0-not at all helpful – 10-very helpful)
    You can also say Not Applicable if this does not apply to you. _____

23. What, if anything, did you find most helpful about MRSS services? _____

24. What improvements or changes would you recommend to MRSS? _____

25. Is there anything else you would like to share with us about your MRSS services? _____

If you would like to re-engage in MRSS Services, you can call the 24/7 MRSS State Call Center: 988