MOBILE RESPONSE AND STABILIZATION SERVICES

Client ID# _____

MRSS Family Satisfaction Survey: Fidelity Review Only

1. 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
2. Overall, I am satisfied with the MRSS services my family received.						
3. I would recommend MRSS services to others.						
4. MRSS staff were sensitive to my family's and/or child's background including: race, ethnicity, gender, sexuality, income, religion, language, etc.						
5. MRSS staff listened to my family's concerns and issues.						

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

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

_____

8. 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? _____

9. 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? _____

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

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

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

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

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

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

_____

16. What improvements or changes would you recommend to MRSS?

_____