

CMH Outcomes Survey

*1 **What was the child's CMH Waiver start date?** Please use the following format MM/DD/YEAR (i.e. 01/01/2011).

*2 **What is the child's gender?**

Male
Female

*3 **What is the child's date of birth?** Please use the following format MM/DD/YEAR (i.e. 01/01/2011).

*4 **What is the child's home county (based on the parent/guardian county of residence)?**

Choose...

*5 **Has the child had a dental exam in the past calendar year (January, 2010 - December, 2010)?**

Yes
No

*6 **Has the child had a physical exam in the past calendar year (January, 2010 - December 2010)?**

Yes
No

*7 **Since the CMH Waiver start date, or during calendar year 2010, whichever is shorter, did the child live in their own home with parents/legal guardians?** Note: Exclude hospital/other treatment settings in this response. Another question addresses this information.

Yes
No, specify the child's other living situations for the time period.

*8 **What is the child's educational setting during school year 2010/2011?**

Too young to attend school
Home Schooled
Child is enrolled in public school
Child is enrolled in private school
Child is not enrolled in school/dropped out
Child is enrolled in GED program
Child has graduated
Child is not enrolled/other. Please explain:

9 **Was the child promoted to the next grade level from school year 2009/2010 to 2010/2011?** (You may skip this question if the child was not in school.)

Yes

No, Explain:

10

How many school absences did the child have during school year 2010/2011? (You may skip this question if the child did not attend school.)

- None
- 1-2 days
- 3-6 days
- 7-10 days
- 10 days or more

11

Has the child been referred to or involved with truancy court, mediation, or formal administrative processes due to poor attendance during school year 2010/2011? (You may skip this question if the child did not attend school.)

- Yes, Please specify:
- No

12

Child's academic progress during school year 2010/2011 is: (You may skip this question if the child did not attend school.)

- Above Average: A or B; or Highly Satisfactory: Child is passing all classes and making progress toward the next grade level or graduation with above average grades
- Average: C; or Satisfactory: Child is passing all classes and making progress toward next grade level or graduation with average grades
- Below Average: D; or Unsatisfactory: Child's overall grade point average is below average. Child is failing some classes and progress toward the next grade level or graduation is uncertain or not satisfactory
- Failing: F; or Unsatisfactory: Child's overall grade point average is failing. Child is not making progress toward the next grade level or graduation

13

Child receives educational services and/or support during school year 2010/2011 through: (You may skip this question if the child did not attend school.)

- an Individualized Education Plan (IEP)
- a 504 Accommodations Plan
- Other, Please specify:
- Does Not Apply

*14

Since the CMH Waiver start date or during calendar year 2010, whichever is shorter, did the child have any law enforcement contact ? Note: Do not include Mobile Crisis Services in this response.

- Yes- Informal contact by law enforcement (with child or with parents/guardian because of child); child was not arrested.
- Yes-Child was arrested
- No-child did not have any type of law enforcement contact

15

If the child was arrested, was the child adjudicated? (You can skip this question if the child was not arrested)

- Yes-Child was adjudicated for a misdemeanor
- Yes-Child was adjudicated for a felony (against person)
- Yes-Child was adjudicated for a felony (against property)
- No-Child was not adjudicated

*16

How many inpatient psychiatric admissions has the child received during calendar year 2010? Note: Do not include any admissions that occurred prior to the child's involvement with the CMH waiver and TCM services.

- None
- 1
- 2
- 3
- 4
- 5 or more

17

Of these admissions, how many were involuntary? (You can skip this question if the child had no admissions.)

- None
- 1

- 2
- 3
- 4
- 5 or more

18 **If the child experienced an inpatient admission for psychiatric purposes, please select all the facility types that were utilized.**
(You may skip this question if the child did not experience an inpatient admission.)

- Local Inpatient Psychiatric Unit
- State Mental Health Institute
- PMIC
- Other (please specify)

***19** **Since the CMH Waiver start date or during calendar year 2010, whichever is shorter, how many times (that you are aware of) has suspicion of child abuse/neglect been reported to DHS?**

- None
- 1
- 2
- 3
- 4
- 5+
- Don't know

***20** **Since the CMH Waiver start date, or during calendar year 2010, whichever is shorter, how many times (that you are aware of) has the child been the subject of an investigation of child abuse or neglect by DHS?**

- None
- 1
- 2
- 3
- 4
- 5+
- Don't know

***21** **Since the CMH Waiver start date, or during calendar year 2010, whichever is shorter, how many times has a DHS Child Abuse/Neglect investigation had a founded status?**

- None
- 1
- 2
- 3
- 4
- 5 or more

***22** **Is the child currently safe in their home?**

- Yes
- No, Please explain:

***23** **During calendar year 2010 the child was involved in the following services:** Note: Do not include any time that the child was not involved with the CMH waiver and TCM services. Check all that apply.

- Outpatient Therapy - Individual
- Outpatient Therapy - Family
- Psychiatry/Medication Services
- Mobile Crisis Services
- Partial Hospitalization/Day Treatment
- Substance Abuse Treatment Services
- Remedial Services
- Habilitation Services
- Magellan Incentive Program
- DHS-Services through the child welfare system (FSRP)
- DHS-Foster Family Home

DHS-Residential Group Care
Juvenile Court Services
Medical condition that requires frequent follow up care (i.e. cancer, kidney failure, etc.)
Other, Please Specify:

***24 Does the child participate in community activities? (i.e. Girl/Boy Scouts, Church Youth Group, Band, Sports through the child's school, sports through a community recreation or other programs, etc.).**

Yes, Specify
No

***25 The child is employed or has some type of volunteer job:**

Yes
No

26 If the child is employed or has some type of volunteer job, please specify: (You can skip this question if the child has no paid or volunteer job.)

Part-time
Full-time

27 If the child is employed or has some type of volunteer job, please specify: (You can skip this question if the child has no paid or volunteer job.)

Competitive/paid
Volunteer/unpaid

***28 In the absence of the Children's Mental Health Waiver and DHS-TCM services, is it likely that the child would have been involved in any of the following:**

PMIC
Other Inpatient
Involuntary court ordered mental health commitment(Iowa Code Chapter 229)
DHS-Services through the child welfare system (FSRP)
DHS-Foster Family Home
DHS-Residential Group Care
Juvenile Court Services
None
Other - out of home setting
Specify

29 If the child has been discharged from the CMH waiver, what was the placement/treatment setting of the child upon discharge from the CMH waiver: (If the child has not been discharged, you may skip this question.)

Child remained at home with their family
DHS-Services through the child welfare system (FSRP)
DHS-Foster Family Home
DHS-Residential Group Care
Juvenile Court Services
Psychiatric Medical Institution for Children (PMIC)
Child was placed out of state (Placement or Treatment setting)
Other, Please Specify: