



Louisiana Coordinated System of Care

System of Care Questionnaire for Families

Governor Bobby Jindal and the Louisiana Departments of Social Services, Health and Hospitals, Education, and the Office of Juvenile Justice are working together create a new “system of care” for children and youth who have significant emotional, mental, and behavioral health problems. The goal is to help their families keep them at home, in their neighborhood schools and out of trouble.

If you have a child with mental or behavioral problems, we need your help. Please take a few minutes to answer the following questions about the services and supports you and your child receive or need. Your answers are confidential and your participation will have no effect on the services you receive. It is not necessary for you to identify yourself.

1. Tell us about your child:

How old is your child? _____

Is your child ____male or ____female?

Where is your child living now?

_____ With me

_____ In a residential facility

_____ With a relative or friend

_____ In a local detention facility

_____ In foster care

_____ In a state Juvenile Justice facility

_____ In drug/alcohol treatment

_____ In a facility for people with developmental disabilities

_____ Homeless

_____ In a psychiatric hospital

_____ other, please explain: _____

Has your child received Special Education services in the past? _____

Does your child have an IEP? _____

Has your child been suspended or expelled from school in the last year? _____

Has your child been in an alternative school for more than 30 days in the last 2 semesters?

What town do you live in? _____

What town does your child live in? _____

What is your child's diagnosis? _____

What is your child's biggest mental health challenge? _____

2. Tell us what services and supports have or have not worked for you and your child.

What support and/or services would help your child stay at home with you and your family and be successful in school and in life?

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|-------|---|-------|--|
| _____ | Case management/
care coordination | _____ | Assessment and evaluation |
| _____ | Family education, support
and counseling | _____ | Peer support |
| _____ | In-home crisis services | _____ | After school supervision |
| _____ | Respite for family | _____ | Crisis respite |
| _____ | Intensive in-home therapy | _____ | Alcohol / substance abuse
treatment |
| _____ | Educational Error! Reference source not found. | | |
| _____ | Job coach | _____ | Day treatment |
| _____ | Parent aide | _____ | Therapeutic camp |
| _____ | Other, please explain: _____ | | |

If you have tried to get any of these things for your child, what stood in your way?

What services are you and/or your child getting now to help with his/her problems?

What problems have you had with the services you've gotten or tried to get?

Have you been able to get any help that worked for you or your child? _____

What kind of help was it and who gave you or your child the help?

Is there anything else you would like to tell us about what works and what doesn't work for families and children in Louisiana?

If you would like for us to contact you for more input or involvement, please leave your name and contact information:

Name: _____

Address: _____

Phone number(s): _____

Email: _____

RESPOND TO:

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