**For Office Use Only**

Child’s name:

Child’s ID:

**E3 Family Engagement Form**

1. What was the date the child was seen at the CAC?
2. Who did you meet with today (***check all that apply***)?
* Caregiver
* Child5.
* Other (please specify):
1. At the start of interaction with the family, how much was the caregiver **interested** in accessing mental health services for their child? *(circle)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 |
| Not enough information to rate | Not interested in services | Slightly interested | Moderately interested | Very interested |

1. At the start of interaction with the family, how much was the caregiver **ready to access** mental health services for their child? *(circle)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 |
| Not enough information to rate | Not ready to access services | Slightly ready to access services | Moderately ready to access services | Very ready to access services |

1. At the start of interaction with the family, rate the extent to which the caregiver you met with **perceives** mental health services as beneficial to children. *(circle)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 |
| Not enough information to rate | Not beneficial | Slightly beneficial | Moderately beneficial | Very beneficial |

1. After your interaction with this family, please rate the degree to which you used each of the below:

*Note: It is not expected that you will use all skills with each caregiver. (Write rating in provided space)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 |
| Not at all | A little | Somewhat | Quite a bit | Extensively |

|  |  |
| --- | --- |
| 6.1. Asked about their concerns and previous experiences with mental health services |  |
| 6.2. Provided information to the family to help them make an informed decision about mental health services |  |
| 6.3. Shared information on mental health symptoms and/or services |  |
| 6.4. Asked the caregiver open-ended questions |  |
| 6.5. Explored possible barriers that may get in the way of participating in mental health services |  |
| 6.6. Assisted with the problem-solving any barriers that may get in the way of participating in mental health services |  |
| 6.7. Immediately corrected misinformation reported by the caregiver |  |
| 6.8. Discussed the caregiver’s goals for mental health services |  |
| 6.9. Clarified the process for accessing mental health services |  |
| 6.10. Asked the caregiver about their willingness to pursue therapy for their child |  |
| 6.11. Empowered the caregiver to make decisions about their child’s participation in mental health services |  |
| 6.12. Encouraged the caregiver to share their story |  |
| 6.13. Facilitated the caregiver’s feeling that they are the expert and in charge of their child’s care |  |
| 6.14. Asked permission before sharing knowledge and information |  |
| 6.15. Summarized the caregiver’s talking points |  |
| 6.16. Conducted the screening in an engaging way, where the caregiver feels heard and validated |  |
| 6.17. Assessed and discuss caregiver’s cultural beliefs regarding mental health services |  |
| 6.18. Explained characteristics of evidence-based treatment |  |
| 6.19. Focused on convincing the caregiver of the importance of mental health services for the child |  |
| 6.20. Repeated back the caregiver’s words or emotions to ensure good understanding |  |
| 6.21. Responded to the family in a way that communicated a sense of hope |  |

|  |  |
| --- | --- |
| **Did you do the following? Please indicate yes or no.** (*circle)* |  |
| 1. Conducted a mental health symptom **screening**
2. (If conducted) **Explained results of screening to the caregiver**
 | Yes Yes | No No |
| 1. Provided the caregiver with a **handout/flier/pamphlet regarding mental health services** in the area
 | Yes | No |

|  |  |  |
| --- | --- | --- |
| 1. Provided my **contact information** to assist with any questions or concerns
 | Yes | No |
| 1. Directly **linked the caregiver with a mental health provider**
 | Yes | No |

1. At the end of interaction with the family, how much was the caregiver **interested** in accessing mental health services for their child? *(circle)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 |
| Not enough information to rate | Not interested in services | Slightly interested | Moderately interested | Very interested |