

4.B.

Cross-Sectional Descriptive Study

4.B.1.

Enrollment and Demographic Information Form (EDIF)

NOTE TO OMB REVIEWER:

No burden is attached to this instrument. It is included here for illustrative purposes only.

ENROLLMENT AND DEMOGRAPHIC INFORMATION FORM (EDIF)

EDIFDATE (Date EDIF Initiated)

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month			Day			Year			

CHILDDID (Macro-assigned ID)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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TIMEFRAM (Assessment Period)

1 = Intake

Sources of information used to complete this form

[Select all that apply]

- 1 = Caregiver (child's caregiver in a family, household environment)
- 2 = Staff-as-Caregiver (staff person who has acted as the child's day-to-day caregiver for the majority of the past 6 months)
- 3 = Youth
- 4 = Case record review

Agency that the child is involved with

[Select all that apply]

- 1 = Corrections
- 2 = Juvenile Court
- 3 = Probation
- 4 = School
- 5 = Mental Health Agency/Clinic/Provider
- 6 = Physical Health Care Agency/Clinic/Provider
- 7 = Child Welfare (e.g., Child Protective Services)
- 8 = Substance Abuse Agency/Clinic/Provider
- 9 = Family Court
- 10 = Other (*Please specify:* _____)

Agency or individual who referred child to the program

- 1 = Corrections
- 2 = Juvenile Court
- 3 = Probation
- 4 = School
- 5 = Mental Health Agency/Clinic/Provider
- 6 = Physical Health Care Agency/Clinic/Provider
- 7 = Child Welfare (e.g., Child Protective Services)
- 8 = Substance Abuse Agency/Clinic/Provider
- 9 = Family Court
- 10 = Caregiver
- 11 = Self (youth referred himself or herself)
- 12 = Other (*Please specify:* _____)

CHILD ID:

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Enrollment and Demographic Information Form (EDIF)

Section I. Child Demographic Information

1. What is (child's name)'s date of birth?

		/			/				
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Month

Day

Year

2. Is (child's name) a boy or girl?

1 = Boy

2 = Girl

3. Is (child's name) of Hispanic or Latino cultural/ethnic background?

1 = No [GO TO QUESTION #4]

2 = Yes

3a. [IF YES] Which group describes his/her Hispanic or Latino cultural/ethnic background? Is he/she [Select all that apply]

1 = Mexican, Mexican-American, or Chicano

2 = Puerto Rican

3 = Cuban

4 = Dominican

5 = Central American

6 = South American

7 = Other Hispanic origin (Please specify: _____)

4. Which group(s) describes (child's name)? Is he/she [Select all that apply]

1 = American Indian or Alaska Native

2 = Asian

3 = Black or African American

4 = Native Hawaiian or Other Pacific Islander

5 = White

6 = Other (Please specify: _____)

5. What is the ZIP code of the address where (child's name) currently lives? _____

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6. What were the problems leading to (child's name) being referred for services?*[Select all that apply]*

- 1 = Suicide-related problems (including suicide ideation, suicide attempt, self-injury)
- 2 = Depression-related problems (including major depression, dysthymia, sleep disorders, somatic complaints)
- 3 = Anxiety-related problems (including fears and phobias, generalized anxiety, social avoidance, obsessive-compulsive behavior, post traumatic stress disorder)
- 4 = Hyperactive and attention-related problems (including hyperactive, impulsive, attentional difficulties)
- 5 = Conduct/delinquency-related problems (including physical aggression, extreme verbal abuse, non-compliance, sexual acting out, property damage, theft, running away, sexual assault, fire setting, cruelty to animals, truancy, police contact)
- 6 = Substance use, abuse, and dependence-related problems
- 7 = Adjustment-related problems (including changes in behaviors or emotions in reaction to a significant life stress)
- 8 = Psychotic behaviors (including hallucinations, delusions, strange or odd behaviors)
- 9 = Pervasive developmental disabilities (including autistic behaviors, extreme social avoidance, stereotypes, perseverative behavior)
- 10 = Specific developmental disabilities (including enuresis, encopresis, expressive or receptive speech and language delay)
- 11 = Learning disabilities
- 12 = School performance problems not related to learning disabilities
- 13 = Eating disorders (including anorexia, bulimia)
- 14 = Other problems (*Please specify:* _____)

7. Is (child's name) in foster care or another type of out of home placement due to a family court decision? (Do not include placement as a result of juvenile justice charges.)

- 1 = No
- 2 = Yes

8. During the past 6 months, was (child's name) the recipient of...?*[Select all that apply]*

- 1 = Medicaid
- 2 = CHIP
- 3 = SSI
- 4 = TANF
- 5 = Private insurance
- 6 = Other (*Please specify:* _____)

Section II. Child Diagnostic Information

In the following section, please record the *DSM-IV* diagnostic codes and corresponding names in the indicated fields. Please note that a child may not have a code on every axis.

9. Has diagnostic evaluation been done as part of the intake into the system of care program?

- 1 = No
- 2 = Yes

10. Date of the most recent multi-axial diagnostic evaluation _____

CHILD ID:

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Enrollment and Demographic Information Form (EDIF)

11. Who provided the diagnosis?

- 1 = Child psychiatrist
- 2 = General psychiatrist
- 3 = Child psychologist
- 4 = General psychologist
- 5 = Licensed clinical social worker
- 6 = Primary care physician
- 7 = Other (*Please specify:* _____)

[Primary diagnosis should be listed as the first diagnosis on each axis (1a, 2a).]

12. AXIS I: Clinical Disorders

	Diagnostic code	DSM-IV name
axis_1a	_____.____	_____
axis_1b	_____.____	_____
axis_1c	_____.____	_____

AXIS II: Personality Disorders and Mental Retardation

	Diagnostic code	DSM-IV name
axis_2a	_____.____	_____
axis_2b	_____.____	_____

AXIS III: General Medical Conditions**ICD-9-CM numeric code**

axis 3 _____

AXIS IV: Psychosocial and Environmental Problems [Select all that apply]

- 1 = Problems with primary support group
- 2 = Problems related to the social environment
- 3 = Educational problems
- 4 = Occupational problems
- 5 = Housing problems
- 6 = Economic problems
- 7 = Problems with access to health care services
- 8 = Problems related to interaction with the legal system/crime
- 9 = Other psychosocial and environmental problems

For all variables and data elements:

666 = Not Applicable
777 = Refused

888 = Don't Know
999 = Missing

AXIS V: Global Assessment of Functioning Scale (GAF)[Enter current GAF score] _____**Section III. Child Enrollment Information****13. Date of child's assessment for the system of care** _____**13a. System of care enrollment status of the child**

1 = Child is receiving, or has received, a service that is provided through the system of care (e.g., assessment, crisis intervention, etc.), but is NOT eligible for additional system of care services [END OF QUESTIONNAIRE]

2 = Child has received a system of care service and is eligible for additional services but will NOT be receiving any additional services [END OF QUESTIONNAIRE]

3 = Child is eligible for system of care services and is receiving, or about to receive, system of care services [GO TO QUESTION #13b]

13b. Date of child's first service (after assessment) received through the system of care _____**14. Who participated in the development of the service plan? (Evidence of participation includes signatures of attendees on the plan, or attendees mentioned as being present for the meeting).**

- | | | |
|---|--------|--------------------------|
| a. Child's caregiver or guardian | 1 = No | 2 = Yes |
| b. Child | 1 = No | 2 = Yes |
| c. Other family member | 1 = No | 2 = Yes |
| d. Case manager/service coordinator | 1 = No | 2 = Yes |
| e. Therapist | 1 = No | 2 = Yes |
| f. Other mental health staff
(e.g., behavioral aide, respite worker) | 1 = No | 2 = Yes (Specify: _____) |
| g. Education staff (e.g., teacher, counselor) | 1 = No | 2 = Yes (Specify: _____) |
| h. Child welfare staff (e.g., case worker) | 1 = No | 2 = Yes (Specify: _____) |
| i. Juvenile justice (e.g., probation officer) | 1 = No | 2 = Yes (Specify: _____) |
| j. Health staff (e.g., pediatrician, nurse) | 1 = No | 2 = Yes (Specify: _____) |
| k. Family advocate | 1 = No | 2 = Yes (Specify: _____) |
| l. Other | 1 = No | 2 = Yes (Specify: _____) |
| m. Other | 1 = No | 2 = Yes (Specify: _____) |

CHILD ID:

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Enrollment and Demographic Information Form (EDIF)

[Questions 15 and 16 are to be completed by site evaluation staff.]

- 15. Is (child's name) enrolled in the longitudinal outcome study?** 1 = No *[GO TO QUESTION #16]*
2 = Yes *[END OF QUESTIONNAIRE]*

16. Reason the child is not enrolled in the longitudinal outcome study:

- 1 = Ineligible — sibling participating in the study
- 2 = Ineligible — child not selected through the site's sampling scheme
- 3 = Ineligible — missed 30-day baseline data collection window
- 4 = Ineligible — enrolled in the longitudinal outcome study at another site
- 5 = Caregiver or independent youth refused to consent
- 6 = Caregiver or independent youth not able to provide consent (e.g., mental health conditions, substance abuser)
- 7 = Language (interviews cannot be conducted in the preferred language of caregiver or youth)
- 8 = Never received services (e.g., inappropriate referral, no further involvement with service system, moved prior to enrollment)
- 9 = Family in crisis
- 10 = Delay in local evaluation procedures (e.g., due to delays in national startup, local IRB delays, staffing issues)
- 11 = Other reason (*Please specify:* _____)

4.B.2.

Child Information Update Form CIUF)

NOTE TO OMB REVIEWER:

No burden is attached to this instrument. It is included here for illustrative purposes only.

CHILD INFORMATION UPDATE FORM (CIUF)

CIUFDATE (Today's Date)

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month			Day			Year			

CHILDDID (Macro-assigned ID)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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TIMEFRAM (Assessment Period)

- 2 = 6 months
- 3 = 12 months
- 4 = 18 months
- 5 = 24 months
- 6 = 30 months
- 7 = 36 months

Sources of information used to complete this form

[Select all that apply]

- 1 = Caregiver (child's caregiver in a family, household environment)
- 2 = Staff-as-Caregiver (staff person who has acted as the child's day-to-day caregiver for the majority of the past 6 months)
- 3 = Youth
- 4 = Case record review

Agency that the child is involved with

[Select all that apply]

- 1 = Corrections
- 2 = Juvenile Court
- 3 = Probation
- 4 = School
- 5 = Mental Health Agency/Clinic/Provider
- 6 = Physical Health Care Agency/Clinic/Provider
- 7 = Child Welfare (e.g., Child Protective Services)
- 8 = Substance Abuse Agency/Clinic/Provider
- 9 = Family Court
- 10 = Other (*Please specify:*

_____)

Section I. Child Demographic Information

[Questions #1–4 are skipped, as they are not applicable.]

5. What is the ZIP code of the address where (child's name) currently lives? _____

[Question #6 is skipped, as it is not applicable.]

7. Is (child's name) in foster care or another type of out-of-home placement due to a family court decision? (Do not include placement as a result of juvenile justice charges.)

1 = No
2 = Yes

8. During the past 6 months, was (child's name) the recipient of....?
[Select all that apply]

- 1 = Medicaid
- 2 = CHIP
- 3 = SSI
- 4 = TANF
- 5 = CMHS grant program funds
- 6 = Private insurance
- 7 = Other (Please specify: _____)

Section II. Child Diagnostic Information

[Question #9 is skipped, as it is not applicable.]

In the following section, please record the most recent *DSM-IV* diagnostic codes and corresponding names in the indicated fields. Please note that a child may not have a code on every axis.

10. Date of the most recent multi-axial diagnostic evaluation: _____

11. Who provided the diagnosis?

- 1 = Child psychiatrist
- 2 = General psychiatrist
- 3 = Child psychologist
- 4 = General psychologist
- 5 = Licensed clinical social worker
- 6 = Primary care physician
- 7 = Other (Please specify: _____)

[Primary diagnosis should be listed as the first diagnosis on each axis (1a, 2a).]

12. AXIS I: Clinical Disorders

	Diagnostic code	DSM-IV name
axis_1a	_____.____	_____
axis_1b	_____.____	_____
axis_1c	_____.____	_____

AXIS II: Personality Disorders and Mental Retardation

	Diagnostic code	DSM-IV name
axis_2a	_____.____	_____
axis_2b	_____.____	_____

AXIS III: General Medical Conditions**ICD-9-CM numeric code**

axis 3 _____

AXIS IV: Psychosocial and Environmental Problems *[Select all that apply]*

- 1 = Problems with primary support group
- 2 = Problems related to the social environment
- 3 = Educational problems
- 4 = Occupational problems
- 5 = Housing problems
- 6 = Economic problems
- 7 = Problems with access to health care services
- 8 = Problems related to interaction with the legal system/crime
- 9 = Other psychosocial and environmental problems

AXIS V: Global Assessment of Functioning Scale (GAF)*[Enter current GAF score]*

CHILD ID:

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Child Information Update Form (CIUF)

Section III. Child Enrollment Information

13a. System of care enrollment status of the child

- 1 = Child is receiving system of care services *[GO TO QUESTION #13c]*
2 = Formally completed services / discharged *[GO TO QUESTION #13c]*
3 = Family no longer receiving services, but not discharged *[GO TO QUESTION #13c]*
4 = Other (*Please specify:* _____) *[END OF QUESTIONNAIRE]*

[Question #13b is skipped, as it is not applicable.]

13c. Date of child's most recent assessment for the system of care

13d. Date of child's most recent service planning team meeting in the system of care

13e. Date of child's most recent service received through the system of care
