

Provider/Administrator—Instruments

Attachment B: System of Care Assessment

System of Care Assessment Interview Protocols

NOTE TO OMB REVIEWER:

The alphanumeric organization of these interview guides and data collection forms differs from the outline otherwise used in this submission (here capital letters are used to identify the guides and forms). This labeling is specific to the System of Care Assessment for which the instruments were developed. The letters “J” and “K” have been omitted intentionally from the interview guide identification list.

Within the interview guides, questions that map to the framework tables are identified in parentheses (e.g., B.5.a., where ‘B’ is the column on the framework, ‘5’ is the row on the framework, and ‘a’ is the indicator in that cell). The guides include scoring criteria previously recorded on a scoring sheet for ease of scoring by site visitors. This increases the number of pages of the guide but has no effect on respondent burden. Where two sets of score points are provided, the interviewer records the respondent’s appraisal of the process, and then the interviewer rates the process based on the respondent’s description. Wording throughout questionnaires reflects elapsed period since award funds were received.

The spacing between questions has been reduced in the interview guides provided for this package to save paper. In actual use, the spacing is increased to allow for detailed note-taking.

System/Program _____

Interviewer _____

Site ID# _____

Date _____

Respondent Data Entry# _____

Assessment # _____

A. Core Agency Representative

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0307. Public reporting burden for this collection of information is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

This guide should be administered to representatives of agencies and organizations involved in shaping the service delivery system for children with severe emotional disturbance and their families.

[Note to interviewer: Review Consent form with respondent and obtain signature before proceeding with the interview]

Introduction

1. What agency/organization do you represent?

- 1=Mental health public agency
- 2=Public health agency
- 3=Child welfare public agency
- 4=Public education
- 5=Juvenile justice public agency

- 6=Private org. representing mental health
- 7=Private org. representing health
- 8=Private org. representing child welfare
- 9=Private org. representing education
- 10=Private org. representing juvenile justice

11=Other, specify _____

2. What is your title/position? Do you have supervisory responsibilities? Do you provide services directly?

- 1=Exec Director/Chief
- 2=Deputy or Assistant Exec Director/Chief
- 3=Middle manager

- 4=Supervisor
- 5=Front-line staff
- 6=Other, specify _____

3. Since CMHS grant funds were received, have you served on the (*governing body*)?

- 1=No ***If no, skip to Question 12***
- 2=Yes ***If yes, continue***

Governance

4. Please describe the overall structure of the (*governing body*). **[Probe for number of members, agencies and organizations represented; location, time, and frequency of meetings; existence of bylaws, subcommittees, etc.]**

5. Since grant funds were received, how **involved or influential** would you say the *(governing body)* has been in the **governance of** *(name of grant program)*?

a. What have been some of the key **functions and responsibilities** related to governance of *(name of grant program)*? These can include activities of subcommittee(s).

Probe for examples of activities related to:

- **strategic planning**

- **budgetary decisions**

- **developing the service array**

- **establishing formal arrangements among community-based agencies and/or other federally-funded entitlement or discretionary grant programs (ask for a listing of such MOUs or MOAs)**

- **developing a cultural and linguistic competence plan**

- **other - please describe**

b. How are **decisions or recommendations made**? Do members have voting rights? **If yes**, which members? **[Probe for voting versus consensus or some combination of both.]**

c. To what extent are the **decisions or recommendations** of the *(governing body)* **acted upon or implemented** by *(name of grant program)*? **[Probe for whether the body makes final decisions, makes formal recommendations, or is primarily advisory.]**

How often would you say the *recommendations or decisions of the (governing body)* are implemented? **[Probe for percentage of time.]**

6. To what extent have you, as a representative of your agency, been **actively involved** in the *(governing body)*? (A.5.a.)

a. Of the governing body **functions** we **discussed earlier**, which are **you involved** in? **[Probe for examples of participation in the *(governing body)*'s functions that this respondent previously reported in 5.a.]**

5=Involved in all activities of the governing body
4=Involved in most activities of the governing body
3=Involved in some activities of the governing body
2=Involved in few activities of the governing body
1=Involved in no activities of the governing body

b. What **percentage of** *(governing body)* **meetings** have you attended? (A.5.a.)

5=Attended at least 90% of meetings
4=Attended 75% to 89% of meetings

3=Attended 50% to 74% of meetings
2=Attended 25% to 49% of meetings
1=Attended less than 25% of meetings

7. How **important is it to your agency** that you be involved in the (*governing body*) and attend meetings? [**Probe for agency commitment and interest.**]
8. Is there anything in place that specifically **requires your agency's involvement** in the governance of the grant, for example, formal agreements, MOU or MOA? (A.5.b.)

[Data entry: code mechanisms used]

If yes, how well have these provisions/mechanisms worked to maximize your agency's involvement? Have they been effective?

[If no, score=1]

*Have these provisions been sufficient? Is there **anything else that could be done** to make it easier for your agency to be involved?*

5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed
4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed
3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed
2=Efforts have been made BUT have not been effective or have been minimally effective
1=No or almost no effort has been made toward accomplishing larger goal

9. Since grant funds were received, which **public agencies**, including your own, have been actively **involved** in the (*governing body*)? (A.5.a.)

1 = Mental Health	4 = Juvenile Justice
2 = Education	5 = Public Health
3 = Child Welfare	6 = other (describe)

[circle all that apply]

*Are there any **agencies that** you think should have been actively involved but **were not**, or any that should have been more involved than they were?*

5=Five agencies actively involved
4=Four agencies actively involved
3=Three agencies actively involved
2=Two agencies actively involved
1=One (1) agency actively involved

10. Since grant funds were received, to what extent have **family members** been actively involved in the (*governing body*)? (A.1.a.)

- a. Of the governing body **functions** we discussed earlier, which ones are **family members involved** in. [**Probe for examples of participation in the (*governing body*)'s functions that this respondent previously reported in 5.a.]**

5=Involved in all activities of the governing body
4=Involved in most activities of the governing body
3=Involved in some activities of the governing body
2=Involved in few activities of the governing body
1=Involved in no activities of the governing body

- b. How have **family members been regarded and treated** by other participants of the (*governing body*)? (A.1.a.)

Has that been the same for all participants, or have some participants demonstrated respect, acceptance, and value for family input more than others?

- 5=All participants were very respectful, accepted, and highly valued family input
4=Most participants were very respectful, accepted, and valued family input and the rest were moderately respectful
3=Some participants were very respectful, accepted, and valued family input and the rest were moderately respectful
2=Few participants were very respectful, accepted, and valued family input and most others were at least somewhat respectful
1=No or almost no participants were respectful, accepted, or valued family input

- c. What **percentage of (*governing body*) meetings** have family members attended? (A.1.a.)

- 5=Attended 90% to 100% of meetings
4=Attended 75% to 89% of meetings
3=Attended 50% to 74% of meetings
2=Attended 25% to 49% of meetings
1=Attended less than 25% of meetings

(NOTE TO INTERVIEWER: If early childhood site, skip to Question 12)

11. Since grant funds were received, to what extent have **youth** been actively involved in the (*governing body*)? (A.2.a.)

- a. Of the governing body **functions we discussed earlier**, which ones **are youth involved in**. [**Probe for examples of participation in the (*governing body*)'s functions that this respondent previously reported.**]

- 5=Involved in all activities of the governing body
4=Involved in most activities of the governing body
3=Involved in some activities of the governing body
2=Involved in few activities of the governing body
1=Involved in no activities of the governing body

- b. How have **youth been regarded and treated** by other participants of the (*governing body*)? (A.2.a.)

Has that been the same for all participants, or have some participants demonstrated respect, acceptance, and value for youth input more than others?

- 5=All participants were very respectful, accepted, and highly valued youth input
4=Most participants were very respectful, accepted, and valued youth input and the rest were moderately respectful
3=Some participants were very respectful, accepted, and valued youth input and the rest were moderately respectful
2=Few participants were very respectful, accepted, and valued youth input and most others were at least somewhat respectful
1=No or almost no participants were respectful, accepted, or valued youth input

- c. What **percentage of (*governing body*) meetings** have youth attended? (A.2.a.)

- 5=Attended 90% to 100% of meetings
4=Attended 75% to 89% of meetings
3=Attended 50% to 74% of meetings
2=Attended 25% to 49% of meetings
1=Attended less than 25% of meetings

Management and Operations

12. Since grant funds were received, how has (name of grant program) informed supervisors and line staff in your agency about **program operations** such as changes in eligibility criteria, referral processes, service/program components? (B.6.a.)

[Data entry: code mechanisms]

On a scale of 1 to 5 (with 5 being best), how effective have these efforts been in ensuring that all parties have been aware of program procedures and operations?

5=Very effective
4=Moderately effective
3=Somewhat effective
2=Minimally effective
1=Not effective

13. What mechanisms have been put in place by the grant program to **integrate staff across the core child-serving agencies**, including any of the following? **[Probe for descriptions of each mechanism and the agencies involved.]** (B.5.b.)

- a. **Joint training** (i.e., staff from multiple agencies are trained together)?

1=no, 2=yes

- b. **Shared staff** (i.e., more than one agency funds one staff position)?

1=no, 2=yes

- c. **Outstationing or outpostting staff** (i.e., staff from one agency are housed in another agency's office or service locations)?

1=no, 2=yes

- d. **Other efforts?** Please describe.

1=no, 2=yes

[Data entry: code mechanisms]

- e. How **effective** have these efforts been and in what ways?

*Are these efforts **sufficient** to minimize barriers to staff working together across agencies?*

5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed
4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed
3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed
2=Efforts have been made **BUT** have not been effective or have been minimally effective
1=No or almost no effort has been made toward accomplishing larger goal

14. Does your agency and (name of grant program) have any **shared administrative processes** such as jointly developing staff training materials; holding joint staff meetings; hiring/recruiting staff together; using the same administrative forms, unified case records, or integrated MIS; etc.? (B.5.a.)

If **yes**, what are **all** of the different shared processes put in place?

[Data entry: code ways]

[Continue to probe for examples until the respondent reports no more.]

- 5=Four examples of shared administrative processes across child-serving agencies
- 4=Three examples of shared administrative processes across child-serving agencies
- 3=Two examples of shared administrative processes across child-serving agencies
- 2=One example of shared administrative processes across child-serving agencies
- 1=No examples of shared administrative processes across child-serving agencies

15.a. Are there **decategorized funds that are pooled or blended across agencies** (other than for shared staff positions)? If **yes**, please describe. (B.5.c.)

If so, which agencies contribute to the blended funding?

- | | |
|-------------------|----------------------|
| 1 = Mental Health | 4 = Juvenile Justice |
| 2 = Education | 5 = Public Health |
| 3 = Child Welfare | 6 = other (describe) |

[circle all that apply]

- 5=Five agencies actively involved
- 4=Four agencies actively involved
- 3=Three agencies actively involved
- 2=Two agencies actively involved
- 1=No blended funding

b. For **what purpose(s)** are funds blended? (B.5.c.)

*Have the blended or pooled funds been **effective for these purposes?***

*Is the total **amount of blended funds** sufficient? Are **individual agency contributions** sufficient?*

*Could **more be done** to blend funds?*

[If 15.a.=1, then 15.b.=666]

- 5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed
- 4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed
- 3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed
- 2=Efforts have been made **BUT** have not been effective or have been minimally effective
- 1=No or almost no effort has been made toward accomplishing larger goal
- 666= No blended funding

16. Are there any mechanisms in place or have any efforts been made by the grant program to **facilitate the coordination of services across agencies, organizations, and providers** (for example, interagency team meetings, joint staff treatment team meetings, interagency case management meetings, etc)? (B.6.b.)

[Data entry: code mechanisms]

*Have these efforts been **effective?** If **yes**, in what ways?*

*Have these efforts been **sufficient**—is there anything else that could have been done to enhance coordination of services across agencies, organizations, and providers?*

- 5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed
- 4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed
- 3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed
- 2=Efforts have been made **BUT** have not been effective or have been minimally effective
- 1=No or almost no effort has been made toward accomplishing larger goal

17. How has (name of grant program) worked to **minimize** the need for **children, youth, or families to travel out of their home communities for services? [If response is “not a problem,” probe for what allows them to serve all children, youth, or families in their home communities.]** (C.8.b.)

[Data entry: code mechanisms]

*How **effective** have these efforts been and in what ways?*

*Have these efforts been **sufficient** to ensure that all children, youth, and families are served in their communities? **If not**, what else could have been done?*

- 5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed
- 4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed
- 3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed
- 2=Efforts have been made **BUT** have not been effective or have been minimally effective
- 1=No or almost no effort has been made toward accomplishing larger goal

18. How has (name of grant program) worked to **reduce the number of children and youth who are served in settings more restrictive than necessary? [If response is “not a problem,” probe for what allows them to serve children in the least restrictive settings.]** (B.9.b.)

[Data entry: code mechanisms]

*How **effective** have these efforts been?*

*Have these efforts been **sufficient to eliminate** the use of inappropriately restrictive settings/service options?*

- 5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed
- 4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed
- 3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed
- 2=Efforts have been made **BUT** have not been effective or have been minimally effective
- 1=No or almost no effort has been made toward accomplishing larger goal

19. Since grant funds were received, what has been done to ensure that services in (name of grant program)'s **service array have sufficient capacity** (for example, expanding network of contract providers, increasing contracts to increase capacity)? **[Probe for capacity across all services in the array.]** (C.7.a.)

[Data entry: code mechanisms]

*Have these efforts been **effective**? **If yes**, provide some examples.*

*Have these efforts been **sufficient**? Are there any services that some children, youth, and/or families cannot get because capacity is limited?*

- 5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed
 4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed
 3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed
 2=Efforts have been made **BUT** have not been effective or have been minimally effective
 1=No or almost no effort has been made toward accomplishing larger goal

20. Since grant funds were received, what has (name of grant program) done to make services more **accessible**? [**Probe for flexible hours including after hours and weekends; services offered in settings such as home, schools, community. Probe for applicability across all services in the array.**] (C.7.b.)

[Data entry: code mechanisms]

*Have these efforts been **effective**? If yes, in what ways?*

*Have these efforts been **sufficient**? What else could be done to make services more accessible?*

- 5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed
 4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed
 3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed
 2=Efforts have been made **BUT** have not been effective or have been minimally effective
 1=No or almost no effort has been made toward accomplishing larger goal

Achievement of Goals

21. Since grant funds were received, what have been (name of grant program)'s most **important achievements**?
22. Has your agency's involvement in the (name of grant program) **affected the way your agency does business**, (for example, how it serves children, youth, and families, its management and operations)? (B.5.d.)

*Please provide examples of specific things you/your staff are doing differently. [**Probe for behavior changes beyond just knowledge acquisition and change in attitude or philosophy.**]*

- 5=Agency has changed program operations and methods of service delivery in two or more ways to incorporate system-of-care principles
 4=Agency has changed program operations and methods of service delivery in one way to incorporate system-of-care principles
 3=Agency has accepted and adapted the philosophy inherent in the system-of-care model and program theory
 2=Agency has received information or training related to the wraparound approach or system-of-care principles
 1=Agency has not received any information or training related to the wraparound approach or system-of-care principles

23. What **influence** has (name of grant program) had on the **larger system across all child-serving sectors** during the last year?
24. What have been the **major obstacles** to expanding the system of care principles and philosophies beyond the scope of (name of grant program)?

Sustainability

25. Please tell me about your community's effort to **sustain** the system of care as CMHS grant funds decrease over time. [**Probe to determine how they are responding to increased matching fund requirements.**]

*Have any aspects of the system/program been changed, reduced, or eliminated due to the decreases in CMHS funding? **If so**, what has occurred?*

26. What aspects of (name of grant program) do you anticipate will be sustained over time?
[Probe for family-driven, individualized and youth-guided care, cultural and linguistic competence, interagency involvement, accessible services, coordinated, community-based and least restrictive care, etc.]

What barriers exist that may hinder sustainability?

Those are all of the questions I have for you. Is there anything that I did not cover that you think is important for us to know about (name of grant program)?

Thank you for taking the time to answer my questions. Do you have any questions for me?

System/Program_____

Interviewer_____

Site ID#_____

Date_____

Respondent Data Entry#_____

Assessment #_____

B. Project Director

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[Note to interviewer: Review Consent form with respondent and obtain signature before proceeding with the interview]

Overview [Request an annual report and logic model to keep, if available]

1. Has the overall goal and mission of (name of grant program) changed since the grant was written and received? If yes, please describe briefly.
2. What are the primary service components (e.g., outpatient, school-based, case management, etc)?
3. What are the **eligibility criteria** for participation in (name of grant program)? Have these **changed** since CMHS grant funds were received? Please describe.
4. How **many children, youth, and families** have been served since grant funds were received?

(NOTE TO INTERVIEWER: Questions 5-7 skipped)

Outreach

8. Since grant funds were received, have there been any **outreach efforts to inform your intended service population** about (name of grant program) and its services? (E.7.a.)

[Data entry: code outreach efforts]

*How **effective** have your outreach efforts been? For example, have you seen an increase in calls to (name of grant program) or an increase in awareness or interest in the community? Explain.*

*Have these efforts been **sufficient**, that is, has (name of grant program) been able to reach everyone?*

- 5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed
- 4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed
- 3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed
- 2=Efforts have been made **BUT** have not been effective or have been minimally effective

1=No or almost no effort has been made toward accomplishing larger goal

9. Since grant funds were received, have there been any **outreach efforts to specific cultural groups** or populations? (E.4.a.)

*How **effective** would you say these efforts have been? For example, have you seen an increase in interest or awareness?*

*Have these efforts been **sufficient** to reach all of the specific populations you have targeted your efforts towards?*

5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed
4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed
3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed
2=Efforts have been made **BUT** have not been effective or have been minimally effective
1=No or almost no effort has been made toward accomplishing larger goal

10. Since grant funds were received, **have there been any outreach efforts to inform other agencies, community-based providers, private providers, family organizations, primary health care providers, etc.** about the (name of grant program) and its services? (E.6.a.)

*How **effective** have these efforts been, and in what way?*

*Have these efforts been **sufficient** to ensure that all providers and organizations have been aware of (name of grant program) ?*

5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed
4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed
3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed
2=Efforts have been made **BUT** have not been effective or have been minimally effective
1=No or almost no effort has been made toward accomplishing larger goal

Service Planning

11. **(NOTE TO INTERVIEWER: Question 11 skipped)**

12. Are there any mechanisms in place or have efforts been made to **facilitate the coordination of services across agencies, organizations, and providers** (for example, interagency team meetings, joint staff treatment team meetings, interagency case management meetings, etc)? (B.6.b.)

[Data entry: code mechanisms]

*Have these efforts been **effective**? If yes, in what ways?*

*Have these efforts been **sufficient**—is there anything else that could have been done to enhance coordination of services across agencies, organizations, and providers?*

5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed
4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed
3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed
2=Efforts have been made **BUT** have not been effective or have been minimally effective
1=No or almost no effort has been made toward accomplishing larger goal

Service Array

13. Since grant funds were received, what has been done to **ensure** that services in *(name of grant program)*'s service array have **sufficient capacity** such that all children, youth, and families who need the services can get them (for example, expanding network of contract providers, increasing contracts to increase capacity)? **[Probe for capacity across all services in the array.]** (C.7.a.)

[Data entry: code mechanisms]

Have these efforts been effective? If yes, explain.

*Have these efforts been sufficient? Are there any services that some children, youth, and/or families cannot get because capacity is limited? **[Probe for which specific services.]***

5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed
4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed
3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed
2=Efforts have been made **BUT** have not been effective or have been minimally effective
1=No or almost no effort has been made toward accomplishing larger goal

14. What has *(name of grant program)* done to make services more **accessible** in terms of scheduling of services or locations where services were provided? **[Probe for flexible hours including after hours and weekends; services offered in settings such as home, schools, community. Probe for applicability across all services in the array.]** (C.7.b.)

[Data entry: code mechanisms]

Have these efforts been effective? If yes, in what ways?

Have these efforts been sufficient? What else could be done to make services more accessible?

5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed
4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed
3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed
2=Efforts have been made **BUT** have not been effective or have been minimally effective
1=No or almost no effort has been made toward accomplishing larger goal

15. Since grant funds were received, have there been any efforts to **make services more affordable** and to minimize **financial barriers** to care? **[Probe for sliding scale fees, scholarship funds, flexible funding, etc.]** (B.7.a.)

[Data entry: code mechanisms]

Are children, youth, and families who are **uninsured or privately insured** able to receive services through *(name of grant program)*?

Have these efforts been effective? If yes, in what ways?

Overall, have efforts been sufficient or has cost continued to be a barrier for some families to access needed services in the array?

- 5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed
- 4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed
- 3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed
- 2=Efforts have been made **BUT** have not been effective or have been minimally effective
- 1=No or almost no effort has been made toward accomplishing larger goal

16. What efforts have been made to **minimize the need for children, youth, and families to travel out of their home communities** for services? **[If response is “not a problem,” probe for what allows them to serve all children/families in their home communities.]** (C.8.b.)

[Data entry: code mechanisms]

*How **effective** have these efforts been, and in what ways?*

*Have these efforts been **sufficient** to ensure that all children, youth, and families are served in their home communities? If not, what else could be done?*

- 5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed
- 4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed
- 3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed
- 2=Efforts have been made **BUT** have not been effective or have been minimally effective
- 1=No or almost no effort has been made toward accomplishing larger goal

17. What efforts have been made to reduce the number of children and youth who are served in **overly restrictive service settings**? **[If response is “not a problem,” probe for what allows them to serve children and youth in the least restrictive settings.]** (B.9.b.)

[Data entry: code mechanisms]

*How **effective** have these efforts been, and in what ways?*

*Have these efforts been **sufficient to eliminate** the use of overly restrictive settings/service options?*

- 5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed
- 4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed
- 3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed
- 2=Efforts have been made **BUT** have not been effective or have been minimally effective
- 1=No or almost no effort has been made toward accomplishing larger goal

18. Since grant funds were received, what policies, structures or mechanisms has *(name of grant program)* implemented to promote **the provision of individualized care**? (For example, use of flexible funds to meet unique needs, development of specific services, training on the provision of individualized care) (B.3.a.)

[Data entry: code mechanisms]

*Have these efforts been **effective**? If yes, in what ways?*

*Have these efforts been sufficient? What other things that could be done to **maximize the provision of individualized care**?*

- 5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed

- 4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed
 3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed
 2=Efforts have been made **BUT** have not been effective or have been minimally effective
 1=No or almost no effort has been made toward accomplishing larger goal

19. Since grant funds were received, how has the **cultural background of the children, youth, and families you serve been considered in developing the service array?** (C.4.a.)

*Have **cultural organizations, community groups, etc. been involved in efforts such as providing services, developing the service array, advising providers, etc.?***

*Have you **added or modified any services to address the cultural needs of specific groups?***

How effective have these efforts been, and in what ways?

*Have efforts been **sufficient to address the cultural needs of all groups? Are some groups' needs still unmet? [Probe for specific groups.]***

- 5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed
 4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed
 3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed
 2=Efforts have been made **BUT** have not been effective or have been minimally effective
 1=No or almost no effort has been made toward accomplishing larger goal

Staffing

20. Since grant funds were received, have you had any **difficulty hiring or retaining staff?** If yes, for which positions and why?
21. Have any efforts been made to **hire a pool of staff who reflect the cultural background** (for example, race, ethnicity, language, gender) of the children, youth, and families you serve? (B.4.c.)

*How **effective** have these efforts been? Explain.*

*Have efforts been **sufficient to hire the number or type of staff needed to meet the cultural needs of populations served?***

[Note: If staff are already in place, i.e., no hiring was necessary, probe for diversity of staff vis a vis population served.]

- 5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed
 4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed
 3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed
 2=Efforts have been made **BUT** have not been effective or have been minimally effective
 1=No or almost no effort has been made toward accomplishing larger goal

22. What efforts have been made to **address the language needs** of the children, youth, and families you serve? (B.4.d.) Are formal policies in place that address language needs?

*What **options** are available for **providing services in languages other than English?** [Probe for use of bilingual staff, professional interpreter services, informal interpretation by family members.]*

Are these efforts effective? **If yes**, explain.

*Have efforts been **sufficient to accommodate all language preferences of the children, youth, and families you serve?** Are more efforts needed?*

- 5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed
- 4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed
- 3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed
- 2=Efforts have been made BUT have not been effective or have been minimally effective
- 1=No or almost no effort has been made toward accomplishing larger goal
- 666=Not applicable; situation has not arisen

23.a. What efforts have been made to have **paraprofessionals**, (for example, family members, people from the community, or other lay persons) **provide services** directly to **children, youth, and families?** (B.1.b.)

What services have they provided?

*In your opinion, are there **any other services** not currently available that you think paraprofessionals could provide to support families?*

- 5=Four or more services provided by paraprofessionals
- 4=Three services provided by paraprofessionals
- 3=Two services provided by paraprofessionals
- 2=One service provide by paraprofessionals
- 1=No services provided by paraprofessionals

b. **What percentage** of the children, youth, and families who need these services **can get them?**

- 5=90%–100% of children, youth, and families who need the service get it
- 4=75%–89% of children and families who need the service get it
- 3=50%–74% of children and families who need the service get it
- 2=25%–49% of children and families who need the service get it
- 1=Less than 25% of children and families who need the service get it
- 666=No services provided by paraprofessionals

24. What mechanisms have been used to **integrate staff across the five core child-serving agencies** including any of the following? [**Probe for descriptions of each mechanism and agencies involved.**] (B.5.b.)

a. **Joint training** (i.e., staff from multiple agencies are trained together)?

1=no, 2=yes

b. **Shared staff** (i.e., more than one agency funds one staff position)?

1=no, 2=yes

c. **Outstationing or outpostting staff** (i.e., staff from one agency is housed in another agency's office or service locations)?

1=no, 2=yes

d. **Other efforts?** Please describe.

1=no, 2=yes

[Data entry: code mechanisms]

e. How **effective** have these efforts been? Explain.

*Have efforts been **sufficient**, that is, have they reduced the barriers for staff across agencies to work together?*

5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed
4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed
3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed
2=Efforts have been made BUT have not been effective or have been minimally effective
1=No or almost no effort has been made toward accomplishing larger goal

(NOTE TO INTERVIEWER: Questions 25-29 skipped)

Management and Operations

30. Are there any mechanisms in place or have efforts been made to **involve family members in program operations** such as designing and implementing programs; ensuring cultural and linguistic competent services, supports, and providers; providing training; serving as staff; helping with staff recruitment; attending management meetings; etc? (B.1.c.)

*If yes, please tell me **all of the different ways** they have been involved.*

[Note: Do not count involvement in governing body, evaluation, or conducting outreach activities.]

[Data entry: code ways]

*Have family members and family organizations been **involved in any other ways**?*

[Continue to probe for examples until the respondent reports no more.]

5=Four examples of family member involvement in grant operations
4=Three examples of family member involvement in grant operations
3=Two examples of family member involvement in grant operations
2=One example of family member involvement in grant operations
1=No examples of family member involvement in grant operations

(NOTE TO INTERVIEWER: If early childhood site, skip to Question 32)

31. Since grant funds were received have **youth** been involved in **program operations**? (B.2.a.)

*If yes, please tell me **all of the different ways** they have been involved .[Probe for . **designing and implementing programs; ensuring cultural and linguistic competent services, supports, and providers; providing training; serving as staff; helping with staff recruitment; attending management meetings; etc.]***

[Note: Do not count involvement in governing body, evaluation, or conducting outreach activities.]

[Data entry: code ways]

Have youth been involved in any other ways?

[Continue to probe for examples until the respondent reports no more.]

- 5=Four examples of youth involvement in grant operations
- 4=Three examples of youth involvement in grant operations
- 3=Two examples of youth involvement in grant operations
- 2=One example of youth involvement in grant operations
- 1=No examples of youth involvement in grant operations

32.a. Since grant funds were received, have there been any **shared administrative processes across child-serving agencies** such as jointly developing staff training materials; holding joint staff meetings; hiring/recruiting staff together; using the same administrative forms, unified case records, or integrated MIS; etc.? (B.5.a.)

*If yes, what are **all** of the different shared processes put in place?*

[Data entry: code ways]

[Continue to probe for examples until the respondent reports no more.]

- 5=Four examples of shared administrative processes across child-serving agencies
- 4=Three examples of shared administrative processes across child-serving agencies
- 3=Two examples of shared administrative processes across child-serving agencies
- 2=One example of shared administrative processes across child-serving agencies
- 1=No examples of shared administrative processes across child-serving agencies

b. **Which agencies** participated in these shared processes? (B.5.a.)

- | | |
|-------------------|----------------------|
| 1 = Mental Health | 4 = Juvenile Justice |
| 2 = Education | 5 = Public Health |
| 3 = Child Welfare | 6 = other (describe) |

[circle all that apply]

- 5=Five agencies
- 4=Four agencies
- 3=Three agencies
- 2=Two agencies
- 1=No shared processes

33.a. Are there **decategorized funds that are pooled or blended across agencies** (other than for shared staff positions)? **If yes**, please describe. (B.5.c.)

*If yes, which **agencies contribute** to the blended funding?*

- | | |
|-------------------|----------------------|
| 1 = Mental Health | 4 = Juvenile Justice |
| 2 = Education | 5 = Public Health |
| 3 = Child Welfare | 6 = other (describe) |

[circle all that apply]

- 5=Five agencies contribute
- 4=Four agencies contribute
- 3=Three agencies contribute
- 2=Two agencies contribute
- 1=No blended funding

- b. For **what purpose(s)** are funds blended? (B.5.c.)

*Have the blended or pooled funds been **effective for these purposes**?*

*Is the total **amount of blended funds** sufficient? Are **individual agency contributions** sufficient?*

*Could **more be done** to blend funds?*

[If 31.a.=1, then 31.b.=666]

5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed
4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed
3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed
2=Efforts have been made BUT have not been effective or have been minimally effective
1=No or almost no effort has been made toward accomplishing larger goal
666=No blended funding

34. Since grant funds were received, how have you **shared information about program operations** (for example, changes in eligibility criteria, referral processes, service/program components) with **supervisors and direct line staff in the different agencies, and organizations** with whom you work? (B.6.a.)

[Data entry: code mechanisms]

*Have these mechanisms been **effective**? If yes, in what ways?*

*Have these efforts been **sufficient** to ensure that all parties have been aware of procedures and operations?*

5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed
4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed
3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed
2=Efforts have been made BUT have not been effective or have been minimally effective
1=No or almost no effort has been made toward accomplishing larger goal

Managed Care

35. What is the current **status of managed care** planning or implementation for mental health services in your state? [**Probe for Medicaid waiver, carve-out, demonstration or statewide implementation, etc.**]

36. How has the state's use of managed care techniques/approaches **facilitated or impeded your reaching the goals** of your grant? (Or what effects do you anticipate?)

37. How has the implementation of managed care (whether state initiated, locally initiated, or both) affected the **implementation of the system of care** through your grant? (Or what effects do you anticipate?)

Lessons Learned

38. Since grant funds were received, what have been the **most effective** strategies or activities undertaken to develop and implement this system of care?

39. Since grant funds were received, what have been the **least effective** strategies or activities undertaken to implement this system of care?

Achievement of Goals

40. Since grant funds were received, what have been (name of grant program)'s **most important achievements**?
41. What **influence** has (name of grant program) had **on the larger system** across all child-serving sectors? In what ways?
42. What have been the **major obstacles** to expanding the system of care principles and philosophies beyond the scope of (name of grant program)?

Sustainability

43. Please tell me about the **status of your grant community's efforts to sustain itself** as grant funds decrease over time. **[Probe to determine how they are responding to increased matching funds requirements.]**

*Have any aspects of the **system/program been changed, reduced, or eliminated** due to **decreases in CMHS funding**? If so, what has occurred?*

44. What aspects of the system/program do you anticipate will be sustained over time? **[Probe for family-driven, individualized and youth-guided care, cultural and linguistic competence, interagency involvement, accessible services, coordinated, community-based and least restrictive care, etc.]**

What barriers exist that may hinder sustainability?

Those are all of the questions I have for you. Is there anything that I did not cover that you think is important for us to know about (name of grant program)?

Thank you for taking the time to answer my questions. Do you have any questions for me?

System/Program_____

Interviewer_____

Site ID#_____

Date_____

Respondent Data Entry#_____

Assessment #_____

C. Family Representative/Representative of Family/Advocacy Organizations

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0307. Public reporting burden for this collection of information is estimated to average 90 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

[Note to interviewer: Review Consent form with respondent and obtain signature before proceeding with the interview]

Background

1. Do you represent a family organization?

1=No ***If no, skip to Question 4 on Page 2***

2=Yes ***If yes, continue***

a. What is the name of the organization you represent?

b. What is your role in that organization?

2. Please provide a **brief history of the family organization** you represent.

How long has it been active?

What are its funding sources?

What are its primary functions? **[Probe for any indirect or direct services provided.]**

[Data entry: code services]

What group of people does it represent or serve?

3. How would you characterize your organization's relationship with the children's mental health service system? **[Probe for the formal and informal relationships, nature of the working relationship, funding, etc.]**

*To what extent do you think that the **goals of the service system fit with the mission or goals of your organization?***

4. Are you a member of the *(governing body)*?

1=No ***If no, go to Question 12***
2=Yes ***If yes, continue***

Governance

5. Please describe the overall structure of the *(governing body)*. [**Probe for number of members, agencies and organizations represented; location, time, and frequency of meetings; existence of bylaws, subcommittees, etc.**]
6. Since CMHS grant funds were received, how **involved or influential** would you say the *(governing body)* has been in the **governance of** *(name of grant program)*?

- a. What have been some of the key **functions and responsibilities** related to governance of *(name of grant program)*? These can include activities of subcommittees.

Probe for examples of activities related to:

- **strategic planning**

- **budgetary decisions**

- **developing the service array**

- **establishing formal arrangements among community-based agencies and/or other federally-funded entitlement or discretionary grant programs (ask for a listing of such MOUs or MOAs)**

- **developing a cultural and linguistic competence plan**

- **other - please describe**

- b. How are **decisions or recommendations made**? Do members have voting rights? **If yes**, which members? [**Probe for voting versus consensus or some combination of both.**]

- c. To what extent are the **decisions or recommendations** of the *(governing body)* **acted upon or implemented** by *(name of grant program)*? [**Probe for whether the body makes final decisions, makes formal recommendations, or is primarily advisory.**]

How often would you say the *recommendations or decisions of (governing body) are implemented*? [**Probe for percentage of time.**]

7. Since grant funds were received, have **family members been actively involved in the (governing body)**? (A.1.a.)

- a. Of the governing body **functions** we **discussed earlier**, which ones are **family members involved** in? [**Probe for examples of participation in the (governing body)'s functions that this respondent previously reported.**]

- 5=Involved in all activities of the governing body
- 4=Involved in most activities of the governing body
- 3=Involved in some activities of the governing body
- 2=Involved in few activities of the governing body
- 1=Involved in no activities of the governing body

- b. How have **family members been regarded and treated** by other participants of the (*governing body*)? (A.1.a.)

Has that been the **same for all participants**, or have some participants demonstrated respect, acceptance, and value for family input more than others?

- 5=All participants were very respectful, accepted, and highly valued family input
- 4=Most participants were very respectful and valued family input and the rest were moderately respectful
- 3=Some participants were very respectful and valued family input and the rest were moderately respectful
- 2=Few participants were very respectful and valued family input and most others were at least somewhat respectful
- 1=No or almost no participants were respectful or valued family input

- c. What **percentage of (*governing body*) meetings** have family members attended? (A.1.a.)

- 5=Attended 90% to 100% of meetings
- 4=Attended 75% to 89% of meetings
- 3=Attended 50% to 74% of meetings
- 2=Attended 25% to 49% of meetings
- 1=Attended less than 25% of meetings

8. Are family representatives given information necessary to fulfill their role on the governing body? If yes, is the information accurate, understandable, and complete? (A.1.b.)

- 5=Adequately informed all of the time
- 4=Adequately informed most of the time
- 3=Adequately informed some of the time
- 2=Adequately informed a few times
- 1=Adequately informed none of the time

(NOTE TO INTERVIEWER: If early childhood site, skip to Question 10)

9. Since grant funds were received, have **youth been actively involved in the (*governing body*)**? (A.2.a.)

- a. Of the governing body **functions we discussed earlier**, which ones are **youth involved in**? [**Probe for examples of participation in the (*governing body*)'s functions that this respondent previously reported.**]

- 5=Involved in all activities of the governing body
- 4=Involved in most activities of the governing body
- 3=Involved in some activities of the governing body
- 2=Involved in few activities of the governing body
- 1=Involved in no activities of the governing body

- b. How have **youth been regarded and treated** by other participants of the (*governing body*)? (A.2.a.)

Has that been the **same for all participants**, or have some participants demonstrated respect, acceptance, and value for youth input more than others?

- 5=All participants were very respectful, accepted, and highly valued youth input
- 4=Most participants were very respectful and valued youth input and the rest were moderately respectful
- 3=Some participants were very respectful and valued youth input and the rest were moderately respectful
- 2=Few participants were very respectful and valued youth input and most others were at least somewhat respectful
- 1=No or almost no participants were respectful or valued youth input

c. What **percentage of (governing body) meetings** have youth attended? (A.2.a.)

- 5=Attended 90% to 100% of meetings
- 4=Attended 75% to 89% of meetings
- 3=Attended 50% to 74% of meetings
- 2=Attended 25% to 49% of meetings
- 1=Attended less than 25% of meetings

10. **When and where** have (governing body) meetings typically been held? **How** were these times and locations **determined?** (A.1.c.)

*Have the meeting times and location been **convenient** for you and other family members? Why or why not?*

*Has the location or time of meetings ever **prevented you or other family representatives from attending?***

*On a scale of 1 to 5, with 5 being the most convenient, **how would you rate the convenience of the meetings for family representatives?***

Respondent's rating

- 5=Extremely convenient
- 4=Very convenient
- 3=Moderately convenient
- 2=Somewhat convenient
- 1=Not at all convenient

Interviewer's rating

- 5=Extremely convenient
- 4=Very convenient
- 3=Moderately convenient
- 2=Somewhat convenient
- 1=Not at all convenient

11. Are there any mechanisms in place that **facilitate family member participation** on the (governing body)? Please provide examples. [**Probe for reimbursed costs, stipends, childcare, compensated time from work, training, written/oral language interpretation or translation, etc.**] (A.1.d.)

*If **yes**, have these made a difference for you or other family members?*

*If **no**, would it be helpful to you or other family members if there were?*

*Is there **anything else** that could be done to **make it easier for you or other family representatives to participate?***

- 5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed
- 4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed
- 3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed
- 2=Efforts have been made **BUT** have not been effective or have been minimally effective
- 1=No or almost no effort has been made toward accomplishing larger goal

Management and Operations

12. Are there any mechanisms in place or have efforts been made to **involve family members in program operations** such as designing and implementing programs; ensuring cultural and linguistic competent services, supports, and providers; providing

staff training; serving as staff, helping with staff recruitment; attending management meetings, etc? (B.1.c.)

If yes, please describe all of the different ways family members have been involved.

[Note: Do not count involvement in governing body, evaluation, or conducting outreach activities.]

[Continue to probe for examples until the respondent reports no more.]

[Data entry: code ways]

- 5=Four examples of family involvement in program operations
- 4=Three examples of family involvement in program operations
- 3=Two examples of family involvement in program operations
- 2=One example of family involvement in program operations
- 1=No examples of family involvement in program operations

(NOTE TO INTERVIEWER: If early childhood site, skip to Question 14)

13. Are there any mechanisms in place or have efforts been made to **involve youth in program operations** such as designing and implementing programs, providing staff training, serving as staff, helping with staff recruitment, attending management meetings, etc? (B.2.a.)

If yes, please describe all of the different ways youth have been involved.

[Note: Do not count involvement in governing body, evaluation, or conducting outreach activities.]

[Continue to probe for examples until the respondent reports no more.]

[Data entry: code ways]

- 5=Four examples of youth involvement in program operations
- 4=Three examples of youth involvement in program operations
- 3=Two examples of youth involvement in program operations
- 2=One example of youth involvement in program operations
- 1=No examples of youth involvement in program operations

- 14.a. What efforts have been made to have **paraprofessionals**, (for example, family members, people from the community, or other lay persons) **provide services** directly to **children, youth, and families**? (B.1.b.)

*What, if any, **services** have paraprofessionals provided? [Probe for service options such as respite, mentor, parent or sibling support, etc.]*

In your opinion, are there **any other services** not currently available that you think paraprofessionals could provide to support families?

- 5=Four or more services provided by paraprofessionals
- 4=Three services provided by paraprofessionals
- 3=Two services provided by paraprofessionals
- 2=One service provided by paraprofessionals
- 1=No services provided by paraprofessionals

If any services were provided by paraprofessionals, ask:

- b. **What percentage** of the children, youth, and families who need these services can get them? (B.1.b.)

5=90%–100% of children, youth, and families who need the service get it
4=75%–89% of children, youth, and families who need the service get it
3=50%–74% of children, youth, and families who need the service get it
2=25%–49% of children, youth, and families who need the service get it
1=Less than 25% of children, youth, and families who need the service get it
666=No services provided by paraprofessionals

(NOTE TO INTERVIEWER: Questions 15-16 skipped)

Service Array

17. Since grant funds were received, what has been done to **ensure** that services in *(name of grant program)*'s service array have **sufficient capacity** such that all the children, youth, and families who need the services can get them (for example, expanding network of contract providers, increasing contracts to increase capacity)? **[Probe for capacity across all services in the array.]** (C.7.a.)

[Data entry: code mechanisms]

*Have these efforts been **effective**? If yes, how?*

*Have these efforts been **sufficient**? Are there any services that some children, youth, and/or families **cannot get because capacity is limited**?*

5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed
4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed
3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed
2=Efforts have been made **BUT** have not been effective or have been minimally effective
1=No or almost no effort has been made toward accomplishing larger goal

18. Since grant funds were received, what has been done to make services more **accessible** in terms of **scheduling** of services or **locations** where services are provided? **[Probe for flexible hours including after hours and weekends; services offered in settings such as home, schools, community. Probe for applicability across all services in the array.]** (C.7.b.)

[Data entry: code mechanisms]

*Have these efforts been **effective**? If yes, how?*

*Have these efforts been **sufficient**? What else could be done to make services more accessible?*

5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed
4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed
3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed
2=Efforts have been made **BUT** have not been effective or have been minimally effective
1=No or almost no effort has been made toward accomplishing larger goal

19. Has the project put any mechanisms in place to **minimize financial barriers to care** for children, youth, and families served by *(name of grant program)*? **[Probe for sliding scale fees, scholarship funds, flexible funding, etc.]** (B.7.a)

[Data entry: code mechanisms]

*Are children, youth, and families who are **uninsured or privately insured** able to receive services through (name of grant program) ?*

Have these efforts been effective? **If yes**, how?

*Overall, have efforts been **sufficient** or has **cost continued to be a barrier** for some families to access the services they need?*

- 5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed
- 4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed
- 3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed
- 2=Efforts have been made **BUT** have not been effective or have been minimally effective
- 1=No or almost no effort has been made toward accomplishing larger goal

20. How has the **cultural and linguistic background** of the intended service population been considered in **developing the service array**? (C.4.a.)

*Since grant funds were received, have **cultural organizations, community groups, etc.** been involved in efforts such as providing services, developing the service array, advising providers, etc.?*

*Has (name of grant program) **added or modified any services** to address the cultural or linguistic needs of specific groups?*

How have these efforts been effective?

*Have efforts been adequate or **sufficient to fully address the cultural and linguistic needs** of all service groups? Are some groups' needs still unmet?*

- 5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed
- 4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed
- 3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed
- 2=Efforts have been made **BUT** have not been effective or have been minimally effective
- 1=No or almost no effort has been made toward accomplishing larger goal

Least Restrictive & Community Based

21. What efforts have been made to **minimize the need for children, youth, and families to travel out of their home communities** for services? **[If response is “not a problem,” probe for what allows them to serve all children, youth, and families in their home communities.]** (C.8.b.)

[Data entry: code mechanisms]

*Have these efforts been **effective**? **If yes**, in what ways?*

*Have these efforts been **sufficient** to ensure that all children, youth, and families are served in their home communities? **If no**, what else could have been done?*

- 5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed
- 4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed
- 3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed
- 2=Efforts have been made **BUT** have not been effective or have been minimally effective

1=No or almost no effort has been made toward accomplishing larger goal

22. What efforts have been made to reduce the number of children and youth who are served in settings **more restrictive than necessary**? [If response is “not a problem,” probe for what allows them to serve children and youth in the least restrictive settings.] (B.9.b.)

[Data entry: code mechanisms]

*Have these efforts been **effective**? If yes, in what ways?*

*Have these efforts been **sufficient to eliminate** the use of inappropriately restrictive settings/service options?*

5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed
4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed
3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed
2=Efforts have been made **BUT** have not been effective or have been minimally effective
1=No or almost no effort has been made toward accomplishing larger goal

23. Since grant funds were received, what policies, structures or mechanisms has *(name of grant program)* implemented to promote **the provision of individualized care** (for example, use of flexible funds to meet unique needs, development of specific services, training on the provision of individualized care)? (B.3.a.)

[Data entry: code mechanisms]

*Have these efforts been **effective**? If yes, in what ways?*

*Have these efforts been **sufficient**? Are there other things that could be done to **maximize the provision of individualized care**?*

5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed
4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed
3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed
2=Efforts have been made **BUT** have not been effective or have been minimally effective
1=No or almost no effort has been made toward accomplishing larger goal

(NOTE TO INTERVIEWER: Questions 24-28 skipped)

Lessons Learned

29. Since grant funds were received, what have been the **most effective** strategies or activities undertaken to develop and implement the system/program?
30. Since grant funds were received, what have been the **least effective** strategies or activities undertaken to implement the system/program?

Achievement of Goals

31. Since grant funds were received, what have been the **grant program’s most important achievements**?
32. What **influence** has *(name of grant program)* had **on the larger system** across all child-serving agencies?

33. What have been the **major obstacles** to expanding the system of care principles and philosophies beyond the scope of (name of grant program)?

Sustainability

34. Please tell me about the status of your community's effort to sustain its system of care as CMHS grant funds decrease over time. **[Probe to determine how they are responding to increased matching fund requirements.]**

*Have any **aspects of the system/program been changed**, reduced, or eliminated due to the decreases in CMHS funding? **If so**, what has occurred?*

35. What aspects of the system/program do you anticipate will be sustained over time? **[Probe for family-driven, individualized and youth-guided care, cultural and linguistic competence, interagency involvement, accessible services, coordinated, community-based and least restrictive care, etc.]**

What barriers exist that may hinder sustainability?

Those are all of the questions I have for you. Is there anything that I did not cover that you think is important for us to know about (name of grant program)?

Thank you for taking the time to answer my questions. Do you have any questions for me?

System/Program_____

Interviewer_____

Site ID#_____

Date_____

Respondent Data Entry#_____

Assessment #_____

D. Program Evaluator

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0307. Public reporting burden for this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

[Note to interviewer: Review Consent form with respondent and obtain signature before proceeding with the interview]

1. What is the name of the agency that employs you?

What is your position/title?

2. Are you involved in any **structured program evaluation efforts**?

If yes, what is your role?

3. Briefly describe the (name of grant program)'s **efforts to evaluate its program**. What types of evaluation activities have you engaged in during the past year? Are these activities part of the national or local evaluation efforts? **[Probe for peer review efforts, use of evaluation data, examination of consumer satisfaction, special studies, etc.]**

4. How are these efforts structured and organized? **[Probe for specialized office, standing versus rotating committee(s), types of committees.]**

5. How are **family representatives** involved in the **program evaluation** process for (name of grant program)? **[Probe for membership on committees, initiating special studies, participating in data collection, reporting findings to stakeholders, etc.]** (D.1.c.)

Have there been any **other program evaluation activities** that family members have participated in?

[Data entry: code roles]

[Continue to probe for examples until the respondent reports no more.]

5=Families involved in four different roles
4=Families involved in three different roles
3=Families involved in two different roles
2=Families involved in one role
1=Families involved in no roles

(NOTE TO INTERVIEWER: If early childhood site, skip to Question 7)

6. How are **youth** involved in the **program evaluation** process for *(name of grant program)*? **[Probe for membership on committees, initiating special studies, participating in data collection, reporting findings to stakeholders, etc.]** (D.2.a.)

Have there been any **other program evaluation activities** that youth have participated in?

[Data entry: code roles]

[Continue to probe for examples until the respondent reports no more.]

- 5=Youth involved in four different roles
- 4=Youth involved in three different roles
- 3=Youth involved in two different roles
- 2=Youth involved in one role
- 1=Youth involved in no roles

- 7.a. Have there been any efforts to involve other **child-serving agencies** in the **program evaluation** process? **[Probe for membership on committees, initiating special studies, participating in data collection, reporting findings to stakeholders, etc.]** (D.5.a.)

If yes, which agencies have been involved?

- | | |
|-------------------|----------------------|
| 1 = Mental Health | 4 = Juvenile Justice |
| 2 = Education | 5 = Public Health |
| 3 = Child Welfare | 6 = other (describe) |

[circle all that apply]

- 5=Five or more agencies involved
- 4=Four agencies involved
- 3=Three agencies involved
- 2=Two agencies involved
- 1=One agency involved

- b. ***If yes to 7.a., in what roles have the agencies been involved?*** (D.5.a.)

[Data entry: code roles]

- 5=Agencies involved in four different roles
- 4=Agencies involved in three different roles
- 3=Agencies involved in two different roles
- 2=Agencies involved in one role
- 1=Agencies involved in no roles

8. What efforts have been made to ensure that the program evaluation **process is culturally and linguistically competent**? **[Probe for efforts to have diversity and members of the intended population on committees, to make the process comfortable for all, facilitate contributions, etc.]** (D.4.b.)

*Have any of these efforts been **effective** in getting you closer to the goal of having a culturally and linguistically competent quality monitoring process?*

*Do you think these efforts have been **sufficient**? What else could be done?*

- 5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed
- 4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed
- 3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed
- 2=Efforts have been made **BUT** have not been effective or have been minimally effective
- 1=No or almost no effort has been made toward accomplishing larger goal

Now I'm going to ask you about (name of grant program)'s overall program evaluation efforts. In particular, I'll be asking whether data are being collected in certain areas and how those data are being used to improve services across the overall system.

9. Since CMHS grant funds were received, what efforts have been made to **evaluate family outcomes**, that is, whether families served by the grant program are being strengthened by the services they receive (for example, reduced stress, improved communication and conflict resolution, better management of child behavior)? (D.1.a.)

*Has that information been **examined or analyzed**?*

If yes, have changes in services or in the system been made to respond to any identified problems? Please give me an example.

Has there been a follow-up examination to find out whether the changes led to service or system improvements?

If yes, were improvements found? Please describe.

[Note: If only baseline data have been collected but not yet analyzed, score=3]

- 5=Data collected and examined in this area AND changes have been made to respond to problems found AND follow-up examination found improvement in problem OR examination of information collected found no need for improvement
- 4=Data collected and examined in this area AND changes have been made to respond to the problems found BUT follow-up examination of improvement in problem has not been conducted or is incomplete OR follow-up examination showed no improvements resulted from the change
- 3=Data collected in this area AND data examined BUT respondent reported NO changes have been made to respond to problems found
- 2=Data collected in this area but the information has not yet been examined
- 1=No data collected in this area; no effort to monitor quality in this area
- 888=Respondent unaware of quality monitoring or evaluation activities

10. Since grant funds were received, has there been any effort to evaluate **families' experiences** with (name of grant program), for example, how satisfied families have been with the service system and/or direct service provision? (D.1.b.)

*Has that information been **examined or analyzed**?*

If yes, have changes in services or in the system been made to respond to any identified problems? Please give me an example.

Has there been a follow-up examination to find out whether the changes led to service or system improvements?

If yes, were improvements found? Please describe.

- 5=Data collected and examined in this area AND changes have been made to respond to problems found AND follow-up examination found improvement in problem OR examination of information collected found no need for improvement
- 4=Data collected and examined in this area AND changes have been made to respond to the problems found BUT follow-up examination of improvement in problem has not been conducted or is incomplete OR follow-up examination showed no improvements resulted from the change
- 3=Data collected in this area AND data examined BUT respondent reported NO changes have been made to respond to problems found
- 2=Data collected in this area but the information has not yet been examined

1=No data collected in this area; no effort to monitor quality in this area
888=Respondent unaware of quality monitoring or evaluation activities

11. What efforts have been made, since grant funds were received, to evaluate and improve how well **services have been individualized for children and youth** served by the grant program? (D.3.b.)

*Has that information been **examined or analyzed**?*

If yes, have changes in services or in the system been made to respond to any identified problems? Please give me an example.

Has there been a follow-up examination to find out whether the changes led to service or system improvements?

If yes, were improvements found? Please describe.

5=Data collected and examined in this area AND changes have been made to respond to problems found AND follow-up examination found improvement in problem OR examination of information collected found no need for improvement
4=Data collected and examined in this area AND changes have been made to respond to the problems found BUT follow-up examination of improvement in problem has not been conducted or is incomplete OR follow-up examination showed no improvements resulted from the change
3=Data collected in this area AND data examined BUT respondent reported NO changes have been made to respond to problems found
2=Data collected in this area but the information has not yet been examined
1=No data collected in this area; no effort to monitor quality in this area
888=Respondent unaware of quality monitoring or evaluation activities

12. Since grant funds were received, have there been any efforts to evaluate **child and youth outcomes** (for example, reduction of symptoms, improvement of social functioning, etc.)? (D.3.a.)

*Has that information been **examined or analyzed**?*

If yes, have changes in services or in the system been made to respond to any identified problems? Please give me an example.

Has there been a follow-up examination to find out whether the changes led to service or system improvements?

If yes, were improvements found? Please describe.

[Note: If only baseline data have been collected but not yet analyzed, score=3]

5=Data collected and examined in this area AND changes have been made to respond to problems found AND follow-up examination found improvement in problem OR examination of information collected found no need for improvement
4=Data collected and examined in this area AND changes have been made to respond to the problems found BUT follow-up examination of improvement in problem has not been conducted or is incomplete OR follow-up examination showed no improvements resulted from the change
3=Data collected in this area AND data examined BUT respondent reported NO changes have been made to respond to problems found
2=Data collected in this area but the information has not yet been examined
1=No data collected in this area; no effort to monitor quality in this area
888=Respondent unaware of quality monitoring or evaluation activities

(NOTE TO INTERVIEWER: If early childhood site, skip to Question 14)

13. Since grant funds were received, have there been any efforts to evaluate **youth experiences** with (name of grant program), for example, how satisfied youth have been with services? (D.2.b.)

*Has that information been **examined or analyzed**?*

If yes, have changes in services or in the system been made to respond to any identified problems? Please give me an example.

*Has there been a **follow-up examination** to find out whether the **changes led to service or system improvements**?*

If yes, were improvements found? Please describe.

5=Data collected and examined in this area AND changes have been made to respond to problems found AND follow-up examination found improvement in problem OR examination of information collected found no need for improvement
4=Data collected and examined in this area AND change has been made to respond to the problems found BUT follow-up examination of improvement in problem has not been conducted or is incomplete OR follow-up examination showed no improvements resulted from the change
3=Data collected in this area AND data examined BUT respondent reported NO changes that have been made to respond to problems found
2=Data collected in this area but the information has not yet been examined
1=No data collected in this area; no effort to monitor quality in this area
888=Respondent unaware of quality monitoring or evaluation activities

14. Has there been any effort to evaluate the **cultural and linguistic competence** of the **care** provided through (name of grant program) in particular? Please describe. (D.4.a.)

*Has that information been **examined or analyzed**?*

If yes, have changes in services or in the system been made to respond to any identified problems? Please give me an example.

*Has there been a follow-up examination to find out whether the **changes led to service or system improvements**?*

If yes, were improvements found? Please describe.

5=Data collected and examined in this area AND changes have been made to respond to problems found AND follow-up examination found improvement in problem OR examination of information collected found no need for improvement
4=Data collected and examined in this area AND changes have been made to respond to the problems found BUT follow-up examination of improvement in problem has not been conducted or is incomplete OR follow-up examination showed no improvements resulted from the change
3=Data collected in this area AND data examined BUT respondent reported NO changes have been made to respond to problems found
2=Data collected in this area but the information has not yet been examined
1=No data collected in this area; no effort to monitor quality in this area
888=Respondent unaware of quality monitoring or evaluation activities

15. Has there been any effort to evaluate **interagency involvement** in the system and service delivery? (D.5.b.)

*Has that information been **examined or analyzed**?*

If yes, have changes in services or in the system been made to respond to any identified problems? Please give me an example.

*Has there been a **follow-up examination** to find out whether the **changes led to service or system improvements**?*

If yes, were improvements found? Please describe.

5=Data collected and examined in this area AND changes have been made to respond to problems found AND follow-up examination found improvement in problem OR examination of information collected found no need for improvement
 4=Data collected and examined in this area AND changes have been made to respond to the problems found BUT follow-up examination of improvement in problem has not been conducted or is incomplete OR follow-up examination showed no improvements resulted from the change
 3=Data collected in this area AND data examined BUT respondent reported NO changes have been made to respond to problems found
 2=Data collected in this area but the information has not yet been examined
 1=No data collected in this area; no effort to monitor quality in this area
 888=Respondent unaware of quality monitoring or evaluation activities

16. Since grant funds were received, which **public agencies** have referred children, youth, and families to (name of grant program)? (E.5.a.)

- | | |
|-------------------|----------------------|
| 1 = Mental Health | 4 = Juvenile Justice |
| 2 = Education | 5 = Public Health |
| 3 = Child Welfare | 6 = other (describe) |

[circle all that apply]

*What was the **distribution of referrals** received from these agencies?*

5=Five or more agencies refer children, youth, or families to the grant
 4=Four agencies refer children/families to the grant
 3=Three agencies refer children/families to the grant
 2=Two agencies refer children/families to the grant
 1=One agency refers children/families to the grant

17. Has there been any effort to evaluate how well **services are coordinated** (for example, continuity of care, service transitions, information sharing among providers involved in the care of an individual family, etc.)? Can you give me an example? (D.6.a.)

*Has that information been **examined or analyzed**?*

If yes, have changes in services or in the system been made to respond to any identified problems? Please give me an example.

*Has there been a follow-up examination to find out whether the **changes led to service or system improvements**?*

If yes, were improvements found? Please describe.

5=Data collected and examined in this area AND changes have been made to respond to problems found AND follow-up examination found improvement in problem OR examination of information collected found no need for improvement
 4=Data collected and examined in this area AND changes have been made to respond to the problems found BUT follow-up examination of improvement in problem has not been conducted or is incomplete OR follow-up examination showed no improvements resulted from the change
 3=Data collected in this area AND data examined BUT respondent reported NO changes have been made to respond to problems found
 2=Data collected in this area but the information has not yet been examined
 1=No data collected in this area; no effort to monitor quality in this area
 888=Respondent unaware of quality monitoring or evaluation activities

18. What efforts have been made to evaluate the **accessibility of services and of the system** as a whole? Can you give me an example? (D.7.a.)

*Has that information been **examined or analyzed**?*

If yes, have changes in services or in the system been made to respond to any identified problems? Please give me an example.

Has there been a follow-up examination to find out whether the changes led to service or system improvements?

If yes, were improvements found? Please describe.

5=Data collected and examined in this area AND changes have been made to respond to problems found AND follow-up examination found improvement in problem OR examination of information collected found no need for improvement
4=Data collected and examined in this area AND changes have been made to respond to the problems found BUT follow-up examination of improvement in problem has not been conducted or is incomplete OR follow-up examination showed no improvements resulted from the change
3=Data collected in this area AND data examined BUT respondent reported NO changes have been made to respond to problems found
2=Data collected in this area but the information has not yet been examined
1=No data collected in this area; no effort to monitor quality in this area
888=Respondent unaware of quality monitoring or evaluation activities

19. Have there been any attempts to evaluate how often, how many, or how long children and youth are **served outside of their home communities**? Can you give me an example? (D.8.a.)

Has that information been **examined or analyzed**?

If yes, have changes in services or in the system been made to respond to any identified problems? Please give me an example.

Has there been a follow-up examination to find out whether the changes led to service or system improvements?

If yes, were improvements found? Please describe.

5=Data collected and examined in this area AND changes have been made to respond to problems found AND follow-up examination found improvement in problem OR examination of information collected found no need for improvement
4=Data collected and examined in this area AND changes have been made to respond to the problems found BUT follow-up examination of improvement in problem has not been conducted or is incomplete OR follow-up examination showed no improvements resulted from the change
3=Data collected in this area AND data examined BUT respondent reported NO changes have been made to respond to problems found
2=Data collected in this area but the information has not yet been examined
1=No data collected in this area; no effort to monitor quality in this area
888=Respondent unaware of quality monitoring or evaluation activities

20. Since grant funds were received, have there been any efforts to evaluate whether children and youth are being served in **settings** that are **more restrictive** than is necessary? Can you give me some examples? (D.9.a.)

Has that information been **examined or analyzed**?

If yes, have changes in services or in the system been made to respond to any identified problems? Please give me an example.

Has there been a follow-up examination to find out whether the changes led to service or system improvements?

If yes, were improvements found? Please describe.

5=Data collected and examined in this area AND changes have been made to respond to problems found AND follow-up examination found improvement in problem OR examination of information collected found no need for improvement
4=Data collected and examined in this area AND changes have been made to respond to the problems found BUT follow-up examination of improvement in problem has not been conducted or is incomplete OR follow-up examination showed no improvements resulted from the change

3=Data collected in this area AND data examined BUT respondent reported NO changes have been made to respond to problems found
2=Data collected in this area but the information has not yet been examined
1=No data collected in this area; no effort to monitor quality in this area
888=Respondent unaware of quality monitoring or evaluation activities

Those are all of the questions I have for you. Is there anything that I did not cover that you think is important for us to know about *(name of grant program)*?

Thank you for taking the time to answer my questions. Do you have any questions for me?

System/Program _____

Interviewer _____

Site ID# _____

Date _____

Respondent Data Entry# _____

Assessment # _____

E. Intake Worker

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0307. Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

This guide should be administered to a staff person who has responsibility for conducting intake into the grant-funded program (which may or may not be a separate process from conducting intake into the sponsoring organization or agency).

[Note to interviewer: Review Consent form with respondent and obtain signature before proceeding with the interview]

1. What are the eligibility criteria for children and youth to participate in (name of grant program)?
- 2.a. Since grant funds were received, **which agencies have referred** children and youth to (name of grant program)? (E.5.a.)

- | | |
|-------------------|----------------------|
| 1 = Mental Health | 4 = Juvenile Justice |
| 2 = Education | 5 = Public Health |
| 3 = Child Welfare | 6 = other (describe) |

[circle all that apply]

What is the distribution of referrals received from these agencies?

- 5=Five or more agencies refer children/families to the grant
- 4=Four agencies refer children/families to the grant
- 3=Three agencies refer children/families to the grant
- 2=Two agencies refer children/families to the grant
- 1=One agency refers children/families to the grant

3. Are **other agencies in the child-serving systems** (for example, mental health, education, child welfare, health, juvenile justice) **able to conduct intake** into (name of grant program)? **If yes**, which agencies? (E.5.b.)

- | | |
|-------------------|----------------------|
| 1 = Mental Health | 4 = Juvenile Justice |
| 2 = Education | 5 = Public Health |
| 3 = Child Welfare | 6 = other (describe) |

[circle all that apply]

- 5=Five agencies are able to conduct intake into the grant program
- 4=Four agencies are able to conduct intake into the grant program

- 3=Three agencies are able to conduct intake into the grant program
- 2=Two agencies are able to conduct intake into the grant program
- 1=One agency is able to conduct intake into the grant program

4. Describe the **step-by-step process that takes place after children, youth, and families are referred to** *(name of grant program)*. **[Probe for how families are referred, what occurs between referral and the first service contact after intake and the initial screening assessment has been completed.]** (E.7.b.)

On a scale of 1 to 5 (with 5 being the easiest) how difficult is it for children, youth, and families to enter *(name of grant program)*?

Respondent's rating

- 5=Entry process was not at all complicated/difficult. Very few steps were involved.
- 4=Entry process was slightly complicated/difficult.
- 3=Entry process was somewhat complicated/difficult. Several steps were involved.
- 2=Entry process was moderately. Many steps involved.
- 1=Entry process was extremely complicated/difficult. Very many steps involved.

5. How much **time** (in calendar days) typically passes **between referral to and the first service contact by the grant program after the intake and initial screening assessment are completed** (not including emergencies or crises)? (E.7.c.)

What is the range of times from referral to services? What accounts for the differences?

- 5=Service typically received in 7 days or fewer
- 4=Service typically received between 8 to 14 days
- 3=Service typically received between 15 and 21 days
- 2=Service typically received between 22 and 28 days
- 1=Service typically received in more than 28 days

(NOTE TO INTERVIEWER: Question 6 skipped)

7. **In what languages** has the entry process been conducted? (E.4.c.)

*What options are available for **conducting intake in languages other than English** (e.g., process conducted entirely in other languages, interpretation by staff, interpretation by someone brought by family)?*

*What **usually happens** when a child, youth, or family prefers a language other than English?*

- 5=Bilingual project staff conducted intake process in at least two languages other than English AND professional interpretation services used to accommodate other languages
- 4=Bilingual project staff conducted intake process in at least one language other than English AND professional interpretation services used to accommodate other languages
- 3=Bilingual project staff typically did not conduct intake (i.e., has happened on occasion but not regularly) BUT professional interpretation services (not affiliated with project) were available for most languages needed
- 2=Informal interpretation services were used in most cases (e.g., family brings AN ADULT relative, friend, etc. who speaks English)
- 1=No efforts were made to meet family language needs (e.g., families were not asked about their language of choice; intake was conducted in the preferred language of the staff; the child provided interpretation)
- 666=Not applicable; situation has not arisen

Those are all of the questions I have for you. Is there anything that I did not cover that you think is important for us to know about *(name of grant program)*?

Thank you for taking the time to answer my questions. Do you have any questions for me?

System/Program _____

Interviewer _____

Site ID# _____

Date _____

Respondent Data Entry# _____

Assessment # _____

F. Care Coordinator

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0307. Public reporting burden for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

[Note to interviewer: Review Consent form with respondent and obtain signature before proceeding with the interview]

These questions relate specifically to services provided to children, youth, and families served by (name of grant program) since receiving your CMHS grant funds.

Service Planning

1. What is your title? How long have you been employed by this agency?
2. Since grant funds were received, how have **cases been assigned** to you for care coordination (case management)? **[Probe for whether children, youth, or families are assigned care coordinators based upon cultural or linguistic preferences, gender, etc.]**

*What has been your **typical or average caseload size**? Was this manageable? Why or why not?*

(NOTE TO INTERVIEWER: Question 3 skipped)

4. Since grant funds were received, **what hours** have you typically worked? (G.7.b.)

*Have you been available to children, youth, and families **evenings or weekends**?*

*How **frequently or in what percentage of cases** have you worked with children, youth, and families **after hours or on weekends**?*

*Have you been able to accommodate **special scheduling requests**?*

5=Available at a wide range of times (including after-hours **AND** weekends), and there was also broad flexibility in scheduling

4=Available at a wide range of times (including after-hours **OR** weekends), and moderate flexibility in scheduling

3=Range of hours available but SET times for after-hours **OR** weekends; little flexibility to accommodate special requests

2=Business hours only; special requests accommodated in special (non-emergency) circumstances only

1=Business hours only; special requests not accommodated

5. Can children, youth, and families reach you **in emergencies**? If so, how?

If no, can children, youth, and families reach someone from (name of grant program)? If so, how?

6. Since grant funds were received, **where** have you typically worked? (G.7.c.)

Have you been available to work with children, youth, and families in flexible settings (e.g., homes, schools, community settings, etc.)?

How much of your time (directly providing services) has been spent in these locations or settings? [**Probe for breakdown of time spent in each location.**]

Have you been able to accommodate special requests? Please provide examples.

5=Services offered in a wide range of locations (for example, homes, schools, in the community); in addition, there was also very broad flexibility in locations to meet family needs

4=Range of locations offered and moderately broad flexibility in locations to meet family needs

3=Range of locations offered but little flexibility to accommodate special requests

2=Agency offices only; special requests accommodated in special (non-emergency situations) circumstances only

1=Agency offices only; special requests not accommodated

In this section, I'll be asking you about the service planning process.

7. Since grant funds were received, have **service plans been developed for ALL children, youth, and families** served by (name of grant program)? **If no**, in which cases were service plans developed? (F.3.a.)

What percentage of children, youth, and families have had plans in place?

5=All children and youth (100%) have had individualized service plans

4=Almost all (90–99%) children and youth have had individualized service plans

3=Many (75–89%) children and youth have had individualized service plans

2=Some (50–74%) children and youth have had individualized service plans

1=Few (less than 50%) children and youth have had individualized service plans

8. Since grant funds were received, **what time of day** have service planning meetings typically taken place? (F.7.a.)

Have meetings been held at flexible times, such as evenings or weekends?

How frequently have meetings been held after hours or on weekends?

Have you been able to accommodate special scheduling requests? If so, how frequently?

5=Meetings held in a wide range of times (including after-hours **AND** weekends), and there was also broad flexibility in scheduling

4=Meetings held in a wide range of times (including after-hours **OR** weekends), and moderate flexibility in scheduling

3=Range of hours available but SET times for after-hours **OR** weekends; little flexibility to accommodate special requests

2=Business hours only; special requests accommodated in special (non-emergency) circumstances only

1=Business hours only; special requests not accommodated

666=No service planning meetings held

9. **In what locations** have service planning meetings typically taken place? (F.7.b.)

Have meetings ever been held in non-office or agency settings such as family homes, in the community, etc.?

How frequently have meetings been held outside of the agency or office?

Have you been able to accommodate special requests for meeting locations? If so, how frequently?

- 5=Meetings held in a wide range of locations (for example, homes, schools, in the community); in addition, there was also very broad flexibility in locations to meet family needs
- 4=Range of locations offered and moderately broad flexibility in locations to meet family needs
- 3=Range of locations offered but little flexibility to accommodate special requests
- 2=Agency offices only; special requests accommodated in special (non-emergency situations) circumstances only
- 1=Agency offices only; special requests not accommodated
- 666=No service planning meetings held

Child, Youth, and Family Involvement

10.a. Since grant funds were received, have **parents, other caregivers or family members typically been present** at their service planning meetings? (F.1.a.)

Approximately, in what percentage of meetings have parents, other caregivers or family members been present?

- 5=Family member present in all or almost all (98–100%) meetings
- 4=Family member present in most (90–97%) meetings
- 3=Family member present in many (75–89%) meetings
- 2=Family member present in some (50–75%) meetings
- 1=Family member present in few (less than 50%) meetings
- 666=No planning meetings were held

b. Since grant funds were received, has the **service planning process involved family members as decision-makers and partners**? (F.1.a.)

Please provide **specific examples** of how **parents, other caregivers or family members have participated and led in:**

- **identifying and prioritizing their problems or concerns**
- **developing goals and objectives**
- **requesting participants in the service planning process**
- **rejecting participants in the service planning process**
- **identifying and choosing service options**
- **rejecting service options**

*In general, has the process **involved and empowered family members as much as it could have**? If no, in what ways could it have been better?*

[Note: If the situation has not come up but it would be possible, assign ½ point.]

- 5=Families have been involved as partners in service planning in at least 6 ways AND respondent reported that family leadership has been sufficient
- 4=Families have been involved as partners in service planning in 5 ways OR involved in 6 ways but respondent reported it could have been better
- 3=Families have been involved as partners in service planning in 4 ways

2=Families have been involved as partners in service planning in 3 ways
1=Families have been involved as partners in service planning in fewer than 3 ways

11.a. Have you **commonly involved children and youth** in service planning? **Under what circumstances** do you think it is appropriate for children and youth to participate in their own service planning?

[If children/youth are commonly involved:]

b. Please provide specific examples of how **children and youth** have been **involved** in: (F.2.a.)

- **identifying and prioritizing their problems or concerns**

- **developing goals and objectives**

- **requesting participants in the service planning process**

- **rejecting participants in the service planning process**

- **identifying and choosing service options**

- **rejecting service options**

*In general, has the process **involved children and youth as much as it could have?** If no, in what ways could it have been better?*

[Note: If the situation has not come up but it would be possible, assign ½ point.]

5=Children/youth have been involved in service planning in at least 6 ways AND respondent reported that involvement has been sufficient
4=Children/youth have been involved in service planning in 5 ways OR involved in 6 ways but respondent reported it could have been better
3=Children/youth have been involved in service planning in 4 ways
2=Children/youth have been involved in service planning in 3 ways
1=Children/youth have involved in service planning in fewer than 3 ways
666=Early childhood site

12.a. Please describe your process for **assessing the needs of the family** as a whole, including parents, other caregivers, siblings, etc. during service planning. (F.1.b.)

*For approximately **what percentage of families** have you assessed needs?*

5=Needs assessed for all (100%) families
4=Needs assessed for almost all (90–99%) families
3=Needs assessed for many (75–89%) families
2=Needs assessed for some (50–74%) families
1=Needs assessed for few (less than 50%) families

b. Can you give me **several examples** of the **kinds of services and supports** that you have identified and arranged to meet the needs of families? (F.1.b.)

[Keep probing for more examples until it is clear that the respondent can think of no more examples or until four examples have been reported.]

*Have these **efforts been sufficient to assess needs and put services in place to meet the needs, or could more have been done?***

- 5=Four or more examples of needs incorporated into service plan AND respondent reported it could not have been better
- 4=Three examples of needs incorporated into service plan OR 4 or more examples but respondent reported it could have been better
- 3=Two examples of needs incorporated into service plan
- 2=One example of needs incorporated into service plan
- 1=No examples of needs incorporated into service plan

13.a. Since grant funds were received, has the service planning process typically included an **assessment of the strengths of the CHILD or YOUTH**? (F.3.b.)

What kinds of questions are asked? [Probe for identification of child and youth strengths in life domains, identification of child and youth strengths using a form, etc.]

For approximately what percentage of children and youth have you assessed strengths?

- 5=Strengths assessed for all (100%) children and youth
- 4=Strengths assessed for almost all (90–99%) children and youth
- 3=Strengths assessed for many (75–89%) children and youth
- 2=Strengths assessed for some (50–74%) children and youth
- 1=Strengths assessed for few (less than 50%) children and youth

b. Please give me **several examples** of how you have incorporated children and youth **strengths into the identification and planning of services**. (F.3.b.) **[Note: Examples should identify a strength, a service planned based on that strength, AND how the service benefited the child or youth]**

[Keep probing for more examples until it is clear that the respondent can think of no more examples or until four examples have been reported.]

Have these efforts been sufficient to assess, identify and incorporate children and youth's strengths into the service plan, or could more have been done?

- 5=Four or more examples of child or youth strengths incorporated into service plan AND respondent reported it could not have been better
- 4=Three examples of child or youth strengths incorporated into service plan OR 4 or more examples but respondent reported it could have been better
- 3=Two examples of child or youth strengths incorporated into service plan
- 2=One example of child or youth strengths incorporated into service plan
- 1=No examples of child or youth strengths incorporated into service plan

14.a. Has the service planning process typically included an assessment of the **strengths of the FAMILY**? (F.1.c.)

What kinds of questions are asked? (e.g., identify family strengths in life domains, identify family strengths using a checklist, etc.)

For approximately what percentage of families have you assessed strengths?

- 5=Strengths assessed for all (100%) families
- 4=Strengths assessed for almost all (90–99%) families
- 3=Strengths assessed for many (75–89%) families
- 2=Strengths assessed for some (50–74%) families
- 1=Strengths assessed for few (less than 50%) families

- b. Please give me **several examples** of how you have used **family strengths to identify and plan services**. (F.1.c.)

[Keep probing for more examples until it is clear that the respondent can think of no more examples or until four examples have been reported.]

Have these efforts been sufficient to assess, identify and incorporate family strengths into the service plan, or could more have been done?

- 5=Four or more examples of family strengths incorporated into service plan AND respondent reported it could not have been better
4=Three examples of family strengths incorporated into service plan OR 4 or more examples but respondent reported it could have been better
3=Two examples of family strengths incorporated into service plan
2=One example of family strengths incorporated into service plan
1=No examples of family strengths incorporated into service plan

Cultural and Linguistic Competence

(NOTE TO INTERVIEWER: Question 15 skipped)

16. **In what languages** has service planning been conducted? (F.4.b.)

*What options are available for **conducting service planning in languages other than English** (e.g., process conducted entirely in other languages, interpretation by staff, interpretation by someone brought by family)?*

*What **usually happens** when a child, youth, or family prefers a language other than English?*

- 5=Bilingual project staff conducted service planning in at least two languages other than English AND professional interpretation services used to accommodate other languages
4=Bilingual project staff conducted service planning in at least one language other than English AND professional interpretation services used to accommodate other languages
3=Bilingual project staff typically did not conduct service planning (i.e., has happened on occasion but not regularly) BUT professional interpretation services (not affiliated with project) were available for most languages needed
2=Informal interpretation services were used in most cases (e.g., family brings AN ADULT relative, friend, etc. who speaks English)
1=No efforts were made to meet family language needs (e.g., families were not asked about their language of choice; service planning was conducted in the preferred language of the staff; the child provided interpretation)
666=Not applicable; situation has not arisen

- 17.a. Since grant funds were received, has the service planning process included an **assessment of the culture** of the child, youth, and family, for example, things that are important to them such as religion, race/ethnicity, family traditions, beliefs about health and illness, etc.? **If so**, please describe this process. (F.4.a.)

*What **kinds of questions** do you ask, what kinds of things do you look for?*

*For approximately **what percentage of children, youth, and families** have you assessed culture?*

- 5=Culture assessed for all (100%) children, youth, and families
4=Culture assessed for almost (90–99%) children, youth, and families
3=Culture assessed for many (75–89%) children, youth, and families
2=Culture assessed for some (50–74%) children, youth, and families
1=Culture assessed for few (less than 50%) children, youth, and families

- b. Please give me **several examples** of how you have used the **culture of a child, youth, and family to identify or plan** services. (F.4.a.)

[Keep probing for more examples until it is clear that the respondent can think of no more examples or until four examples have been reported.]

*Have these efforts been **sufficient**, or could more work be done to **utilize families' culture in the planning of services**?*

5=Four or more examples of family culture incorporated into service plan AND respondent reported it could not have been better
4=Three examples of family culture incorporated into service plan OR 4 or more examples but respondent reported it could have been better
3=Two examples of family culture incorporated into service plan
2=One example of family culture incorporated into service plan
1=No examples of family culture incorporated into service plan

Coordination/Collaboration

18. Since grant funds were received, have any of the public **child-serving agencies** (for example, mental health, health, juvenile justice, education, child welfare) **routinely participated** in service planning? (F.5.a.) If yes, which ones?

1 = Mental Health 4 = Juvenile Justice
2 = Education 5 = Public Health
3 = Child Welfare 6 = other (describe)

[circle all that apply]

*Have any **agencies been difficult to engage** in the planning process (for example, agencies that did not routinely participate, rarely responded to requests to attend planning meetings)?*

1 = Mental Health 4 = Juvenile Justice
2 = Education 5 = Public Health
3 = Child Welfare 6 = other (describe)

[circle all that apply]

Overall, **how frequently** would you say that all of the agencies involved with a child, youth, or family have participated in the service planning process?

5=Routine participation of most or all involved child-serving agencies such that they routinely and actively participated
4=Frequent but not routine participation of most or all involved child-serving agencies
3=Frequent participation was not routine for all agencies; some involved agencies routinely participated but others participated only sporadically
2=Few agencies routinely participated such that it was rare that all involved agencies participated in service planning
1=None of the involved agencies participated in service planning

(NOTE TO INTERVIEWER: Question 19 skipped)

20. Since grant funds were received, have **others who provide support or services to a child, youth, or family**, such as **organizations in the community, direct service providers, or private providers**, participated in service planning? (F.6.a)

*If yes, **who** tends to participate (generally)?*

*Overall, how frequently would you say that **ALL of the other organizations and providers involved with a child, youth, or family** have participated in service planning?*

- 5=Routine participation of most or all involved organizations and providers such that they routinely and actively participated
- 4=Frequent but not routine participation of most or all involved organizations and providers
- 3=Frequent participation was not routine for all organizations and providers; some routinely participated but others participated only sporadically
- 2=Few organizations and providers routinely participated such that it was rare that all involved organizations and providers participated in service planning
- 1=None of the involved organizations and providers participated in service planning

21.a. What efforts, if any, have been made to **coordinate service planning processes** across agencies, organizations, or providers? (F.6.b)

Is there a **unified** service planning meeting or process (for example, all agencies come together to develop cross-agency service plans together)?

Have staff attended service planning meetings **across agencies**? How frequently?

Have **you** ever attended a service planning meeting at another agency (for example, IEP at the schools, case planning meetings at child welfare)? **If yes**, please describe.

b. Have **efforts to coordinate service planning processes** been effective? Please describe. (F.6.b.)

*Have **efforts been sufficient**? What else could be done to improve coordination across agencies, organizations, and providers?*

- 5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed
- 4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed
- 3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed
- 2=Efforts have been made **BUT** have not been effective or have been minimally effective
- 1=No or almost no effort has been made toward accomplishing larger goal

(NOTE TO INTERVIEWER: Questions 22-23 skipped)

Service Provision

I would like to now spend time talking about services other than care coordination (case management) children, youth, and families have received.

24. Since grant funds were received, have there been occasions when **CHILDREN OR YOUTH** have not received all of the services that were planned? (G.3.a.)

*If yes, under what **circumstances** (for example, certain services or providers)? Why?*

*In **what percentage** of cases has this occurred?*

*What **steps were taken** to address this situation?*

- 5=All (100%) children and youth received all services planned for them
- 4=Almost all (90–99%) children and youth received all services planned
- 3=Many (75–89%) children and youth received all services planned
- 2=Some (50–74%) children and youth received all services planned
- 1=Few (less than 50%) children and youth received all services planned

25. Have there been occasions when **FAMILIES** did not receive all of the services that were planned? (G.1.b.)

*If yes, under what **circumstances** (e.g., certain services or providers)?*

*In what **percentage of cases** has this occurred?*

*What steps were taken to **address this situation**?*

- 5=All (100%) families received all services planned for them
4=Almost all (90–99%) families received all services planned
3=Many (75–89%) families received all services planned
2=Some (50–74%) families received all services planned
1=Few (less than 50%) families received all services planned

Service Array

Using the Services Card for Interviewing, ask:

26. Of the services you see listed on this card, which are present in *(name of grant program)*?
[Refer to the Service Array Card for Interviewing. Clarify that this means that the service is available to children, youth, and families served by the grant program regardless of whether the service is in the community or has low capacity.]
(C.3.a.)

[Show the respondent the Service Array Card for Interviewing and read each service option listed. Have the respondent indicate whether each service has been present in the array since receiving grant funds. On the Service Array Card for Scoring, place a check for each service that has been present.]

*Are there any **other formal or support services** for children, youth, and families **not listed** on this card that are part of *(name of grant program)*'s service array? Please list.*

[Determine whether the service can be coded elsewhere on the list. If not, write additional services on the Service Array Card for Scoring.]

Use completed Service Array Card for Scoring to score this item

- 5=All required services are in the array AND additional services are also available
4=All required services are in the array BUT no additional service are present
3=Most required services are in the array (1–3 missing) (Presence of additional services is not relevant)
2=Some required services are in the array (4 missing) (Presence of additional services is not relevant)
1=Few required services are in the array (more than 4 missing) (Presence of additional services is not relevant)

27. Of the services you've identified as having been present in *(name of grant program)*'s service array, **which have sufficient capacity** to meet the needs of **all** the children, youth, and/or families who need them? **[Circle whether or not each service has sufficient capacity to meet the need.]** (G.7.a.)

[Clarify that insufficient capacity relates to services that some children, youth, and/or families cannot get at all, or that the respondent does not refer to because of limited capacity.]

Use completed Service Array Card for Scoring to score this item

- 5=All services in the array have fully sufficient capacity such that all children, youth, and families who need them can get them
- 4=Most services in the array (75–95%) have fully sufficient capacity such that all children, youth, and families who need them can get them
- 3=Many services in the array (50–74%) have fully sufficient capacity such that all children, youth, and families who need them can get them
- 2=Some services in the array (25–49%) have fully sufficient capacity such that all children, youth, and families who need them can get them
- 1=Few services in the array (less than 25%) have fully sufficient capacity such that all children, youth, and families who need them can get them

28. Of the services in your array, how long (in days) have children, youth, and families you've served had to **wait for non-emergency or non-crisis services?** [Refer again to the **Service Array Card for Interviewing.**] (G.7.f.)

[On the Service Array Card for Scoring record the wait for each service (in days).]

- 5=All required services (except emergency/crisis) accessed within 14 days or less
- 4=Most required services (at least 75%) accessed within 14 days or less; all others accessed within 21 days
- 3=Many required services (at least 50%) accessed within 14 days or less; all others accessed within 21 days
- 2=Some required services (at least 25%) accessed within 14 days or less; all others accessed within 21 days
- 1=Few required services (less than 25%) accessed within 14 days or less

(NOTE TO INTERVIEWER: Question 29 skipped)

30.a. Of the services in your array, **which are provided in the community?** [Refer again to the **Service Array Card for Interviewing** and circle whether or not each service is available in the community. Ask the respondent to define “community” (e.g., neighborhood, city, county, etc.)] (G.8.a.)

Use completed Service Array Card for Scoring to score this item

- 5=All services in the array are provided in the community
- 4=Most services in the array (75–95%) are provided in the community
- 3=Many services in the array (50–74%) are provided in the community
- 2=Some services in the array (25–49%) are provided in the community
- 1=Few services in the array (less than 25%) are provided in the community

b. How many **of the children, youth, and families** you've worked with since grant funds were received have **had to travel outside of their home communities** to receive services? (G.8.a.)

How far have these children, youth, and families had to travel?

- 5=No children, youth, or families have had to leave the community for services
- 4=Few (1–2) children, youth, or families have had to leave the community for services
- 3=Some (3–4) children, youth, or families have had to leave the community for services
- 2=Many (5–6) children, youth, or families have had to leave the community for services
- 1=Very many (7 or more) children, youth, or families have had to leave the community for services

Accessibility

31.a. Since grant funds were received, **have children, youth, and families** served by *(name of grant program)* **had to pay** for any of the services they received? (G.7.e.)

If yes, for which services? [List services and how families paid for them (e.g., sliding scale fee, co-payment, full payment, etc.)]

What proportion of children, youth, or families who needed these services were able to receive them despite the cost for the services? [For each paid service listed, indicate the proportion of families needing the service who could access it.]

- 5=Virtually all services were accessible to virtually all children, youth, and families such that it rarely occurred that needed services could not be accessed due to financial constraints
- 4=Most services were accessible to at least most children, youth, and families such that it rarely occurred that needed services could not be accessed due to financial constraints
- 3=Many services were accessible to at least many children, youth, and families but there were still key services that could not be accessed or there continue to be a few children, youth, or families who experienced difficulty accessing services due to financial constraints
- 2=Some services were financially accessible to at least some children, youth, and families
- 1=Few services were financially accessible to children, youth, and families

b. Are there **any services** that could have benefited the children, youth, and families you serve but have not been **not provided because they were too expensive** for the family? (G.7.e.)

- 5=No services were too expensive
- 4=One service was too expensive
- 3=Two services were too expensive
- 2=Three services were too expensive
- 1=Four or more services were too expensive

32. Since grant funds were received, has *(name of grant program)* provided or arranged for **transportation assistance to families**? (G.7.d.)

*If yes, what types of **transportation assistance** are provided and by whom?*

*Have there been any **restrictions or limitations** on transportation assistance, such as time of day, part of town, emergencies only, distances, etc.?*

*What **percentage of children, youth, or families** who needed it have been able to receive transportation assistance?*

*Overall, has the **level of assistance** provided by *(name of grant program)* **been adequate**?*

- 5=Transportation assistance has been widely available such that all or almost all families could easily access it
- 4=Transportation assistance has been widely available but a few problems reported; transportation assistance has met the needs of most but not all families
- 3=Some transportation assistance has been available and sufficient to meet the needs of many families
- 2=Limited assistance has been available (e.g., assistance was limited to certain services, certain times of day, certain parts of town, certain distances, emergencies only, or certain income levels)
- 1=Very little or no transportation assistance has been available such that transportation needs for many families have not been met

Least Restrictive

33.a. Thinking across all of the different children, youth, and families you've worked with since grant funds were received, has **it ever been necessary for a child or youth to be served in a restrictive setting** (for example, alternative school, hospital, group home, etc.)? **If yes**, please describe. (G.9.a.)

*How **frequently** has this occurred?*

b. In these situations, **were any efforts made to transition or move the child or youth into less restrictive services or settings** once appropriate? If so, please describe. (G.9.a.)

*Have these efforts been **effective**?*

Have these efforts been sufficient (such that children and youth were transitioned to less restrictive services/settings as soon as possible)? If no, why not?

- 5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed
- 4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed
- 3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed
- 2=Efforts have been made BUT have not been effective or have been minimally effective
- 1=No or almost no effort has been made toward accomplishing larger goal

(NOTE TO INTERVIEWER: Question 34 skipped)

Coordination/Collaboration

35. Since grant funds were received, how have you worked with **other agencies, organizations and providers to coordinate the various services** that children youth, and families receive? (G.6.a.)

What kinds of information have you typically shared? What kinds of information have you typically received?

Have there been any obstacles or barriers that inhibit the coordination of services (for example, confidentiality regulations, agency policies, etc.)?

Have efforts in this area been effective? In what ways?

Do you think that efforts in this area have been sufficient? Why or why not?

- 5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed
- 4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed
- 3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed
- 2=Efforts have been made BUT have not been effective or have been minimally effective
- 1=No or almost no effort has been made toward accomplishing larger goal

(NOTE TO INTERVIEWER: Questions 36-39 skipped)

Those are all of the questions I have for you. Is there anything that I did not cover that you think is important for us to know about *(name of grant program)*?

Thank you for taking the time to answer my questions. Do you have any questions for me?

System/Program _____

Interviewer _____

Respondent Data Entry # _____

Date _____

Service Array Card for Scoring

	Data Entry	Service Options	Present in the array ✓ [Q. 26]	Sufficient capacity? [Q. 27]		Wait (in days) [Q. 28]	Provided in the community? [Q. 30]	
				No	Yes		No	Yes
1	40.	Diagnostic and evaluation services		1	2		1	2
2	41.	Neurological and/or neuro-psychological assessment		1	2		1	2
3	42.	Outpatient individual counseling		1	2		1	2
4	43.	Outpatient group counseling		1	2		1	2
5	44.	Outpatient family counseling		1	2		1	2
6	45.	Medication management		1	2		1	2
7	46.	Care management/coordination		1	2		1	2
8	47.	Respite care		1	2		1	2
9	48.	Professional consultation		1	2		1	2
10	49.	24-hour, 7-day-a-week emergency services, including mobile crisis outreach and crisis intervention		1	2		1	2
11	50.	Intensive day treatment services		1	2		1	2
12	51.	Therapeutic foster care		1	2		1	2
13	52.	Therapeutic group home		1	2		1	2
14	53.	Intensive home-based services (e.g., family preservation services)		1	2		1	2
15	54.	Transition-to-adult services		1	2		1	2
16	55.	Family advocacy and peer support		1	2		1	2
17	56.	Youth advocacy and peer support		1	2		1	2
18	57.	Residential treatment		1	2		1	2
19	58.	Inpatient hospitalization		1	2		1	2
20	59.	Alcohol and Drug Prevention		1	2		1	2
21	60.	Alcohol and Drug Treatment		1	2		1	2
Other formal or support services (specify)								
22	61.			1	2		1	2

Note: When scoring, if responses are missing (e.g., don't know) for more than 3 services in a given column, do not score the item that relates to that column. Required services are listed as 1 through 16 above.

Service Array Card for Interviewing

	<i>Service Options</i>
1	<i>Diagnostic and evaluation services</i>
2	<i>Neurological and/or neuro-psychological assessment</i>
3	<i>Outpatient individual counseling</i>
4	<i>Outpatient group counseling</i>
5	<i>Outpatient family counseling</i>
6	<i>Medication management</i>
7	<i>Care management/coordination</i>
8	<i>Respite care</i>
9	<i>Professional consultation</i>
10	<i>24-hour, 7-day-a-week emergency services, including mobile crisis outreach and crisis intervention</i>
11	<i>Intensive day treatment services</i>
12	<i>Therapeutic foster care</i>
13	<i>Therapeutic group home</i>
14	<i>Intensive home-based services (e.g., family preservation services)</i>
15	<i>Transition-to-adult services</i>
16	<i>Family advocacy and peer support</i>
17	<i>Youth advocacy and peer support</i>
18	<i>Residential Treatment</i>
19	<i>Inpatient hospitalization</i>
20	<i>Alcohol and Drug Prevention</i>
21	<i>Alcohol and Drug Treatment</i>
	Other formal or support services (<i>specify</i>)

System/Program _____

Interviewer _____

Site ID# _____

Date _____

Respondent Data Entry# _____

Assessment # _____

G. Direct Service Delivery Staff

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0307. Public reporting burden for this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

[Note to interviewer: Review Consent form with respondent and obtain signature before proceeding with the interview]

Introduction

1. Briefly **describe your agency/organization and its relationship** with *(name of grant program)* (e.g., partner, subcontractor, volunteer organization, etc.).

What kinds of services does your agency/organization provide—what does your organization do?

2. How long have **you** been working with this agency/organization?
- 3.a. What kinds of **services or support** has your agency provided to **children, youth, and families served by** *(name of grant program)* since their CMHS grant funds were received?
- b. What is **your function**?
4. How many of the **children, youth, and families** you have worked with since grant funds were received were also **involved with** *(name of grant program)* ?

Service Provision

I would like to now spend some time talking about access to the services that you provide to children, youth, and families.

5. Since grant funds were received, how have children or youth and their families been **assigned or referred** to you for services?

*Have any attempts been made to **match children, youth, and families with providers** based on race, language needs, gender, clinical specialty, etc.?*

6. Since grant funds were received, **what hours** have you typically worked? (G.7.b.)
*Do you **typically** work with children, youth, and families in the **evenings or weekends**?*

If so, when and how frequently?

*What happens when a child, youth, or family **can't meet during the hours you work?***

Have you been able to make **special arrangements to work with them when they are available?** Please provide examples.

How frequently have you done this?

- 5=Available at a wide range of times (including after-hours **AND** weekends), and there was also broad flexibility in scheduling
- 4=Available at a wide range of times (including after-hours **OR** weekends), and moderate flexibility in scheduling
- 3=Range of hours available but **SET** times for after-hours **OR** weekends; little flexibility to accommodate special requests
- 2=Business hours only; special requests accommodated in special (non-emergency) circumstances only
- 1=Business hours only; special requests not accommodated

7. Can children, youth, and families **reach you in emergency situations? If yes, how?**

If not, can they reach someone from (name of grant program) who can help? If yes, how?

8. Since grant funds were received, **in what locations** have you typically worked? (G.7.c.)

*Have you ever **worked with children, youth, and families in their homes, at the school, or other places outside of your office or building?** If yes, where?*

How much of your time** (directly providing services) have you spent working with children, youth, and families in these locations or settings? **[Probe for breakdown of time spent in each location.]

*If a child, youth, or family **can't meet you** in your office or at the places you normally work—have you been able to make **special arrangements?** How frequently have you done this?*

- 5=Services offered in a wide range of locations (for example, homes, schools, in the community); in addition, there was also very broad flexibility in locations to meet family needs
- 4=Range of locations offered and moderately broad flexibility in locations to meet family needs
- 3=Range of locations offered but little flexibility to accommodate special requests
- 2=Agency offices only; special requests accommodated in special (non-emergency situations) circumstances only
- 1=Agency offices only; special requests not accommodated

9.a. Do you routinely **incorporate children and youth strengths** into your provision of services? (G.3.b.)

*Do you do this with **all children and youth or just certain children?***

***If not all (100%), for approximately what percentage** do you incorporate children and youth strengths?*

- 5=Strengths incorporated for all (100%) children and youth
- 4=Strengths incorporated for almost all (90-99%) children and youth
- 3=Strengths incorporated for many (75-89%) children and youth
- 2=Strengths incorporated for some (50-74%) children and youth
- 1=Strengths incorporated for few (less than 50%) children and youth

9.b. Please provide **several examples** of how you have incorporated children and youth strengths when you are working with them. (G.3.b.) **[Note: Examples should identify a**

strength, a service activity or treatment procedure that was provided based on that strength, and how this benefited the child or youth]

[Continue probing for more examples until it is clear that the respondent can think of no more examples or until four examples have been reported.]

Overall, do you think that you have been able to use children and youth strengths as well as you could have? What could be done to better use children and youth strengths?

- 5=Four or more examples of child/youth strengths incorporated into service provision AND respondent reported it could not have been better
- 4=Three examples of child/youth strengths incorporated into service provision OR 4 or more examples but respondent reported it could have been better
- 3=Two examples of child/youth strengths incorporated into service provision
- 2=One example of child/youth strengths incorporated into service provision
- 1=No examples of child/youth strengths incorporated into service provision

10.a. Do you routinely **incorporate family strengths** into your provision of services? (G.1.c.)

For approximately what percentage of families do you do this?

- 5=Strengths incorporated for all (100%) families
- 4=Strengths incorporated for almost all (90–99%) families
- 3=Strengths incorporated for many (75–89%) families
- 2=Strengths incorporated for some (50–74%) families
- 1=Strengths incorporated for few (less than 50%) families

b. Please provide **several examples** of how you have incorporated family strengths into service provision for the families with whom you have worked. (G.1.c.)

[Continue probing for more examples until it is clear that the respondent can think of no more examples or until four examples have been reported.]

Overall, do you think that you have been able to use family strengths as well as you could have? What could be done to better use family strengths?

- 5=Four or more examples of family strengths incorporated into service provision AND respondent reported it could not have been better
- 4=Three examples of family strengths incorporated into service provision OR 4 or more examples but respondent reported it could have been better
- 3=Two examples of family strengths incorporated into service provision
- 2=One example of family strengths incorporated into service provision
- 1=No examples of family strengths incorporated into service provision

11.a. Do you routinely **assess child, youth, and family cultural background**? (G.4.a.)

If yes, for approximately what percentage of children, youth, and families?

- 5=Culture assessed for all (100%) children, youth, and families
- 4=Culture assessed for almost all (90–99%) children, youth, and families
- 3=Culture assessed for many (75–89%) children, youth, and families
- 2=Culture assessed for some (50–74%) children, youth, and families
- 1=Culture assessed for few (less than 50%) children, youth, and families

b. Please give me **several examples** of how you have incorporated **child, youth, and family culture into your provision of services or treatments** or have **adjusted your**

treatment strategies to more closely align them with the cultural and linguistic needs of the children, youth and families you work with including issues such as race, ethnicity, gender, lifestyle, age, and ability. (G.4.a.)

[Continue probing for more examples until it is clear that the respondent can think of no more examples or until four examples have been reported.]

Have these efforts been sufficient to incorporate culture. What more could be done to better incorporate culture into services provided?

- 5=4 or more examples of child, youth, and family culture incorporated into service provision AND respondent reported that it could not have been better
- 4=3 examples of child, youth, and family culture incorporated into service provision OR 4 or more examples but respondent reported it could have been better
- 3=2 examples of child, youth, and family culture incorporated into service provision
- 2=1 example of child, youth, and family culture incorporated into service provision
- 1=No examples of child, youth, and family culture incorporated into service provision

12. What do you do to **involve families in their child's, youth's, or family's services or treatment?** (G.1.a.)

*Have you routinely **kept caregivers informed** about what is **going on in services/treatment** with their child, youth, or family and their child's, youth's, or family's **progress**? Please describe.*

*Have you routinely **encouraged caregivers to express their opinion or offer advice** about what you should be doing with their child or youth, what kinds of things you should be working on, etc.? Please provide examples.*

*Can you give me any **examples of when you have altered the way you have worked with a child, youth, or family** due to concerns or feedback you received from families?*

(IF APPLICABLE) *Have families ever **been involved or participated in services** to their child youth, or family, for example attending a session with you and the child or youth, going with you and the child or youth or other family members on outings, etc.? **If yes, please describe.***

*Overall, have you involved **families as much as you could have** in their child, youth, or family's services/treatment or are there things that you think could be done to help them become more involved?*

- 5=Families have been involved in service provision in at least 4 ways AND respondent reported that involvement has been sufficient
- 4=Families have been involved in service provision in 3 ways OR families have been involved in 4 or more ways but respondent reports that more involvement needed
- 3=Families have been involved in service provision in 2 ways
- 2=Families have been involved in service provision in 1 way
- 1=Families have not been involved in service provision

13. Since grant funds were received, **how have agencies, organizations and providers worked to coordinate the various services** that children, youth, and families receive? (G.6.a.)

*What **kinds of information** have you typically shared? What kinds of information **have you typically received**?*

Which agencies, organizations, or providers typically work well together to coordinate services? Which do not?

Do primary health providers and substance abuse treatment providers participate and collaborate together with other providers?

Is there anything that inhibits or compromises the coordination of services (e.g., confidentiality regulations, agency policies, etc.)?

Do you think efforts in this area have been effective? In what ways?

Do you think that efforts in this area have been sufficient so that all providers, organizations, and agencies know their roles, and what is going on with the child, youth, and family? Why or why not?

5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed

4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed

3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed

2=Efforts have been made **BUT** have not been effective or have been minimally effective

1=No or almost no effort has been made toward accomplishing larger goal

(NOTE TO INTERVIEWER: Question 14 skipped)

Those are all of the questions I have for you. Is there anything that I did not cover that you think is important for us to know about *(name of grant program)*?

Thank you for taking the time to answer my questions. Do you have any questions for me?

System/Program_____

Interviewer_____

Site ID#_____

Date_____

Respondent Data Entry#_____

Assessment #_____

H. Care Review Participant

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0307. Public reporting burden for this collection of information is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

This guide should be administered to a representative from a core agency or other organization who has been involved in the care review process during the assessment period.

[Note to interviewer: Review Consent form with respondent and obtain signature before proceeding with the interview]

Introduction

1. We are interested in learning about the processes and activities related to the **formal review** of the care of individual children and youth who receive services from (name of grant program) to address **complex issues and challenging problems** to prevent the use of more restrictive services or settings.

Information has been supplied to us by (name of grant program) that the (name of care review group from Table 6) provides that function and that you are member of (name of care review group from Table 6). **[Confirm membership and use the name of the group throughout the rest of the interview.]**

2. What are the **primary functions** of the (name of care review group)? **[Probe for placement decisions or diversion efforts, monitoring of care of children and youth whose care was previously reviewed by this committee, problem solving for complex cases.]**

[Data entry: code functions]

3. Since grant funds were received, what **percentage of the children, youth, and families** served by (name of grant program) have had their care reviewed by (name of care review group)?
4. How **often does** (name of care review group) conduct reviews of the care of children, youth, and families?
5. Please **describe how children, youth, and families are typically identified for review** by (name of care review group).

*Have referrals for review ever **been initiated by families**?*

*Have referrals for review ever been initiated **by children or youth**?*

6. Has the care review team had **access to any financial resources** (such as flexible funds or other sources of discretionary monies)? **If yes**, how much and for what purposes?

(NOTE TO INTERVIEWER: Questions 7-8 skipped)

Family Driven

9. Since grant funds were received, has the (name of care review group) **involved families in the review process?** (H.1.a.)

1=No **If no, go to Question 14**

2=Yes **If yes, continue**

*Have **family members typically attended** the (name of care review group) meetings? Were there ever any times when families weren't present? **If yes**, what were the circumstances?*

*Has the (name of care review group) typically **encouraged families to bring someone** besides their providers, who could help support them such as a relative, friend or advocate? **If yes**, provide some examples.*

*Have **families typically** been asked whether there were any **individuals they would prefer not be present**?*

*Has the (name of care review group) typically **asked families for their opinions and input in identifying and prioritizing problems** being faced?*

*Has the (name of care review group) typically **encouraged families to participate in finding remedies or solutions**? Please provide examples.*

*Has the (name of care review group) given families **full choice in the services** they would receive, including **rejecting service options** they didn't want?*

*Are there **other ways** that you think families could have been involved by the review group but were not?*

5=Families have been involved in review process in at least 6 ways AND respondent reported that involvement has been sufficient
4=Families have been involved in review process in 5 ways OR involved in 6 ways but respondent reported it could have been better
3=Families have been involved in review process in 4 ways
2=Families have been involved in review process in 3 ways
1=Families have been involved in review process in fewer than 3 ways

10. What **efforts have been made to inform or help guide families through the care review process?** For example, have families received information regarding the process, is there an orientation, etc.? (H.1.b.)

Who provided families with this information? **When** did families typically receive this information?

What has been done to make the process **family friendly** (e.g., non-threatening and supportive)?

Have these efforts been **effective**?

Have these efforts been sufficient to ensure that **ALL families were fully informed and aware** about the care review and that the process was **family friendly**?

- 5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed
- 4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed
- 3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed
- 2=Efforts have been made **BUT** have not been effective or have been minimally effective
- 1=No or almost no effort has been made toward accomplishing larger goal

(NOTE TO INTERVIEWER: If early childhood site, skip to Question 14)

Youth Guided

11. Has the (name of care review group) **involved children and youth in the care review process?** (H.2.a.)

- 1=No **If no, go to Question 14**
- 2=Yes **If yes, continue**

Have children/youth **typically attended** the (name of care review group) meetings? Were there ever any times when children/youth weren't present? **If yes, what were the circumstances?**

Has the (name of care review group) typically **encouraged children/youth to bring someone** besides their caregivers or providers, who could help support them such as a relative, friend or advocate? **If yes, provide some examples.**

Have children/youth typically been asked whether there were **any individuals they would prefer not be present?**

Has the (name of care review group) typically **asked children/youth for their opinions and input** in identifying and prioritizing problems being faced?

Has the (name of care review group) typically **encouraged children/youth to participate in finding remedies or solutions?** Please provide examples.

Has the (name of care review group) given children/youth **full choice in the services** they would receive, including **rejecting service options** they didn't want?

Are there **other ways** that you think children/youth could have been involved by the review group but were not? Please describe.

- 5=Children/youth have been involved in review process in at least 6 ways AND respondent reported that involvement has been sufficient
- 4=Children/youth have been involved in review process in 5 ways OR involved in 6 ways but respondent reported it could have been better
- 3=Children/youth have been involved in review process in 4 ways

2=Children/youth have been involved in review process in 3 ways
1=Children/youth have been involved in review process in fewer than 3 ways

12. Since grant funds were received, what **efforts have been made to inform or help guide children and youth through the care review process?** For example, have children and youth received information regarding the process, is there an orientation, etc.? (H.2.b.)

Who provided children and youth with this information? When did children and youth typically receive this information?

*What has been done to make the process **child or youth friendly** (e.g., non-threatening and supportive)?*

*Have these efforts been **effective**?*

*Have these efforts been sufficient to ensure that **ALL children and youth were fully informed and aware** about the care review and that the process was **family friendly**?*

5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed
4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed
3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed
2=Efforts have been made **BUT** have not been effective or have been minimally effective
1=No or almost no effort has been made toward accomplishing larger goal

(NOTE TO INTERVIEWER: Question 13 skipped)

Interagency

14. Since grant funds were received, have any public **child-serving agencies** participated in the (name of care review group) process (e.g., mental health, health, juvenile justice, education, child welfare)? (H.5.a.)

*If so, which agencies — **ALL agencies or only those agencies involved with the child/family**?*

*Have any **agencies been difficult to engage** in the (name of care review group) process (for example, agencies that did not routinely participate, rarely responded to requests to attend case review meetings)?*

*Overall, **how frequently** would you say that all of the agencies involved with a child/family participated in the (name of care review group) process?*

5=Routine participation of most or all involved child-serving agencies such that they actively participated
4=Frequent but not routine participation of most or all involved child-serving agencies
3=Frequent participation was not routine; some involved agencies routinely participated but not all
2=Few agencies routinely participated such that it was rare that all involved agencies participated
1=None of the involved agencies participated

Coordination/Collaboration

15. Have any **other organizations or individual providers involved with a child, youth, or family** made referrals to or initiated reviews? (H.6.b.)

If yes, how frequently has this occurred?

5=Routine referral or initiation of reviews by most or all involved organizations and providers such that they were routinely engaged in review referral/initiation process

4=Frequent but not routine referral or initiation of reviews by most or all involved organizations and providers

3=Frequent referral/initiation of reviews was not routine for all organizations and providers; some routinely referred/initiated reviews but others made referrals or initiated reviews only sporadically

2=Few organizations and providers routinely made referrals or initiated reviews such that it was rare that all involved organizations and providers participated in the review initiation/referral process

1=None of the involved organizations and providers referred or initiated a review

16. Have any efforts been made to exchange **information** (e.g., proceedings, findings, and decisions) **from the care review process** with all involved agencies, organizations, or providers? (H.6.a.)

What kinds of information have been shared? With whom?

How frequently has information been shared?

Have these efforts been effective?

*Have these efforts been **sufficient** to ensure that EVERYONE involved with a child/family is informed about the outcomes of the care review process?*

5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed

4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed

3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed

2=Efforts have been made **BUT** have not been effective or have been minimally effective

1=No or almost no effort has been made toward accomplishing larger goal

(NOTE TO INTERVIEWER: Questions 17-19 skipped)

Community Based

20. Since grant funds were received, have you reviewed the care of **children and youth who were at risk of being served outside of their home communities?**

*If yes, have you reviewed **ALL** such cases? [Probe to determine whether all cases reviewed or just out-of-community placements in restrictive settings.]*

21. Of the cases reviewed last year, what **percentage** of children or youth had to **travel out of their home communities** for services?

Why (or for which services) did children, youth, and families have to travel out of their home communities?

*How **far** did these children, youth, and families **typically have to travel?***

22. Since grant funds were received, what efforts have been taken to **limit the need for children and youth to receive services outside of their home communities?** (e.g., explore options in the community, develop needed services in the community, etc.)? (H.8.a.)

*Do you think that these efforts have been **effective?** If yes, in what ways?*

*Have these efforts been sufficient to **eliminate the need for children, youth, and families to travel outside of their home communities** for services?*

- 5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed
- 4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed
- 3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed
- 2=Efforts have been made **BUT** have not been effective or have been minimally effective
- 1=No or almost no effort has been made toward accomplishing larger goal

Least Restrictive

23. Since grant funds were received, has it ever been necessary to place children or youth in **more restrictive settings than necessary to receive services**?

In these situations, were any efforts made to **ensure that less restrictive service options were exhausted** before placing these children and youth in more restrictive settings? If so, please describe. (H.9.a.)

*Have these efforts been **effective** in reducing the use of service settings that are more restrictive than necessary?*

*Do you think that efforts in this area have been **sufficient** to eliminate the need for children and youth from ever having to receive services in settings more restrictive than necessary?*

- 5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed
- 4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed
- 3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed
- 2=Efforts have been made **BUT** have not been effective or have been minimally effective
- 1=No or almost no effort has been made toward accomplishing larger goal

Those are all of the questions I have for you. Is there anything that I did not cover, that you think is important for us to know about the (name of grant program)'s care review activities?

Thank you for taking the time to answer my questions. Do you have any questions for me?

System/Program _____

Interviewer _____

Site ID# _____

Date _____

Respondent Data Entry# _____

Assessment # _____

L. Direct Service Staff from Other Public Child-Serving Agencies

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0307. Public reporting burden for this collection of information is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

This interview is to be administered to staff from partner public agencies who provide direct services to children, youth, and families served by the grant program including teachers, probation officers, child welfare case workers, and public health nurses.

[Note to interviewer: Review Consent form with respondent and obtain signature before proceeding with the interview]

Introduction

1. Please briefly **describe your agency and its relationship with the** (name of grant program).

[Data entry: Code agency]

*What **kinds of services** does your agency/organization provide — what does your organization do?*

2. How long have **you** been working with this agency/organization?

*What is **your function**?*

[Data entry: Code function]

3. Since CMHS grant funds were received, what types of **services or support** has your agency provided to **children, youth, and families served by** (name of grant program)? What services do you specifically provide?
4. Since grant funds were received, what **percentage of the children, youth, and families** you served have also been involved with (name of grant program)?
5. Since grant funds were received, how has (name of grant program) informed you about **program operations** such as changes in eligibility criteria, referral processes, service/program components? (B.6.a.)

[Data entry: code mechanisms]

*On a scale of 1–5 (with 5 being best) how **effective** have these efforts been in ensuring that all parties have been aware of program procedures and operations?*

- 5=very effective
- 4=moderately effective
- 3=somewhat effective
- 2=minimally effective
- 1=not effective

Entry into Grant Services

6. How **complicated** is it for families to enter into (name of grant program) services? (E.7.b.)

*Can you **describe the steps** involved in the entry process after families are referred to (name of grant program)? [Probe for what occurs between referral and the first service contact.]*

On a scale of 1 to 5 (with 5 being the easiest or least difficult) how easy is it for children, youth, and families to enter (name of grant program) ?

Respondent's rating

- 5=Entry process was not at all complicated/difficult. Very few steps were involved.
- 4=Entry process was slightly complicated/difficult.
- 3=Entry process was somewhat complicated/difficult. Several steps were involved.
- 2=Entry process was moderately complicated/difficult. Many steps involved.
- 1=Entry process was extremely complicated/difficult. Very many steps involved.

7. How much **time typically passes** between referral to the grant program and the first **service contact after the intake and screening assessment are completed** (not including emergencies or crises)? (E.7.c.)

*In your experience, what was the **shortest time between referral and first service contact?***

*What was the **longest time?***

- 5=Service typically received in less than one week
- 4=Service typically received in more than one but less than two weeks
- 3=Service typically received in more than two but less than three weeks
- 2=Service typically received in more than three but less than four weeks
- 1=Service typically received in more than four weeks

Service Planning

8. Since grant funds were received, **have you had any involvement in service planning** for children and youth served by the (name of grant program) (e.g., attending child and family team service planning meetings, providing input, etc.)?

1=No **If no, skip to Question 15**

2=Yes **If yes, continue**

9. Have staff from any of the other **public agencies routinely participated** in service planning (for example, staff from mental health, health, juvenile justice, education, child welfare)? (F.5.a.) If yes, which ones?

- | | |
|-------------------|----------------------|
| 1 = Mental Health | 4 = Juvenile Justice |
| 2 = Education | 5 = Public Health |
| 3 = Child Welfare | 6 = other (describe) |

[circle all that apply]

Have **ALL partner agencies participated, or only those involved with the child, youth, or family?**

Have any **agencies been difficult to engage in the planning process?** (e.g., agencies that did not routinely participate, rarely responded to requests to attend planning meetings, etc.) If yes, which ones?

- | | |
|-------------------|----------------------|
| 1 = Mental Health | 4 = Juvenile Justice |
| 2 = Education | 5 = Public Health |
| 3 = Child Welfare | 6 = other (describe) |
- [circle all that apply]

Overall, **how frequently** would you say that all of the agencies involved with a child, youth, or family participated in the child and family team service planning process?

- 5=Routine participation of most or all involved child-serving agencies such that they routinely and actively participated
- 4=Frequent but not routine participation of most or all involved child-serving agencies
- 3=Frequent participation was not routine for all agencies; some involved agencies routinely participated but others participated only sporadically
- 2=Few agencies routinely participated such that it was rare that all involved agencies participated in service planning
- 1=None of the involved agencies participated in service planning

10. Have **others who provided support or services to a child, youth, or family, such as organizations in the community, direct service providers, or private providers,** participated in service planning? (F.6.a.)

If yes, who tends to participate (generally)?

Overall, **how frequently** would you say that **ALL of the other organizations and providers involved with a child, youth, or family** participated in service planning?

- 5=Routine participation of most or all involved organizations and providers such that they routinely and actively participated
- 4=Frequent but not routine participation of most or all involved organizations and providers
- 3=Frequent participation was not routine for all organizations and providers; some routinely participated but others participated only sporadically
- 2=Few organizations and providers routinely participated such that it was rare that all involved organizations and providers participated in service planning
- 1=None of the involved organizations and providers participated in service planning

- 11.a. Since grant funds were received, have efforts been made to **coordinate service planning processes** across agencies, organizations, or providers? (F.6.b.)

Is there a **unified** service planning meeting or process? (e.g., all agencies come together to develop unified or complementary service plans together)

Have staff attended service planning meetings across agencies? How frequently?

- b. Have **efforts to coordinate service planning processes** been effective? **If yes**, in what ways? (F.6.b.)

Have efforts been sufficient? What else could be done to improve coordination of the service planning process across agencies, organizations, and providers?

- 5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed
- 4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed
- 3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed
- 2=Efforts have been made **BUT** have not been effective or have been minimally effective
- 1=No or almost no effort has been made toward accomplishing larger goal

12. Since grant funds were received, have **service plans been developed for ALL children, youth, and families** served by (name of grant program)? **If no**, in which cases have service plans been developed? (F.3.a.)

What percentage of children, youth, and families have had plans in place?

- 5=All children and youth (100%) have had individualized service plans
4=Almost all (90–99%) children and youth have had individualized service plans
3=Many (75–89%) children and youth have had individualized service plans
2=Some (50–74%) children and youth have had service plans
1=Few (less than 50%) children and youth have had service plans

- 13.a. Since grant funds were received, have **parents, other caregivers or family members typically been present** at their service planning meetings? (F.1.a.)

Approximately what percentage of the meetings have parents, other caregivers or family members been present?

- 5=Family member present in all (100%) meetings
4=Family member present in almost all (90–99%) meetings
3=Family member present in many (75–89%) meetings
2=Family member present in some (50–75%) meetings
1=Family member present in few (less than 50%) meetings
666=No planning meetings have been held

- 13.b. Since grant funds were received, has the **service planning process involved family members as decision-makers and partners**? (F.1.a.)

Please provide **specific examples** of how **parents, other caregivers or family members have participated and led in:**

- *identifying and prioritizing their problems or concerns*
- *developing goals and objectives*
- *requesting participants in the service planning process*
- *rejecting participants in the service planning process*
- *identifying and choosing service options*
- *rejecting service options*

In general, has the process involved and empowered families as much as it could have? Could it have been better?

[Note: If the situation has not come up but it would be possible, assign ½ point.]

- 5=Families have been involved as partners in service planning in at least 6 ways AND respondent reported that family leadership has been sufficient
4=Families have been involved as partners in service planning in 5 ways OR involved in 6 ways but respondent reported that it could have been better
3=Families have been involved as partners in service planning in 4 ways
2=Families have been involved as partners in service planning in 3 ways
1=Families have been involved as partners in service planning in fewer than 3 ways

- 14.a. Have **children and youth commonly been involved** in service planning? **Under what circumstances** do you think it is appropriate for children and youth to participate in their own service planning?

[If children/youth have been commonly involved:]

- 14.b. Please provide specific examples of how **children and youth** have been **involved** in: (F.2.b.)

- **identifying and prioritizing their problems or concerns**
- **developing goals and objectives**
- **requesting participants in the service planning process**
- **rejecting participants in the service planning process**
- **identifying and choosing service options**
- **rejecting service options**

*In general, did the process involve **children and youth as much as it could have**? Could it have been better?*

[Note: If the situation has not come up but it would be possible, assign ½ point.]

5=Children/youth have been involved in service planning in at least 6 ways AND respondent reported that involvement has been sufficient
4=Children/youth have been involved in service planning in 5 ways OR involved in 6 ways but respondent reported it could have been better
3=Children/youth have been involved in service planning in 4 ways
2=Children/youth have been involved in service planning in 3 ways
1=Children/youth have involved in service planning in fewer than 3 ways
666=Early childhood site

Service Provision

Using the Services Card for Interviewing, ask:

15. Of the services you see listed on this card, which are present in *(name of grant program)*'s service array? **[Refer to the Service Array Card for Interviewing. Clarify that this means that the service is available to children, youth, and families served by the grant program regardless of whether the service is in the community or has low capacity.]** (C.3.a.)

[Show the respondent the Service Array Card for Interviewing and read each service option listed. Have the respondent indicate whether each service was present in the array since receiving grant funds. On the Service Array Card for Scoring, place a check in each service that was present.]

*Are there any **other formal or support services** for children, youth, and families **not listed** on this card that are part of your community's service array? Please list.*

[Determine whether the service can be coded elsewhere on the list. If not, write additional services on the Service Array Card for Scoring.]

Use completed Service Array Card for Scoring to score this item

- 5=All required services are in the array AND additional services are also available
- 4=All required services are in the array BUT no additional service are present
- 3=Most required services are in the array (1–3 missing) (Presence of additional services is not relevant)
- 2=Some required services are in the array (4 missing) (Presence of additional services is not relevant)
- 1=Few required services are in the array (more than 4 missing) (Presence of additional services is not relevant)

16. Of the services you've identified as having been present in (name of grant program)'s service array, **which have sufficient capacity** to meet the needs of **all** the children, youth, and/or families who need them? **[Circle whether or not each service has sufficient capacity to meet the need.]** (G.7.a.)

[Clarify that insufficient capacity relates to services that some children, youth, and/or families cannot get at all even though they need them, or that the respondent does not refer to because of the limited capacity.]

Use completed Service Array Card for Scoring to score this item

- 5=All services in the array have fully sufficient capacity. All children, youth, and families can get all the services they need
- 4=Most services in the array (75–95%) have fully sufficient capacity such that all children, youth, and families who need them can get them
- 3=Many services in the array (50–74%) have fully sufficient capacity such that all children, youth, and families who need them can get them
- 2=Some services in the array (25–49%) have fully sufficient capacity such that all children, youth, and families who need them can get them
- 1=Few services in the array (less than 25%) have fully sufficient capacity

17.a. Of the services in your array, which are **provided in the community?** **[Refer again to the Service Array Card for Interviewing and circle whether or not each service is available in the community. Ask respondent to define “community” (e.g., neighborhood, city, county, etc.)]** (G.8.a.)

Use completed Service Array Card for Scoring to score this item

- 5=All services in the array are provided in the community
- 4=Most services in the array (75–95%) are provided in the community
- 3=Many services in the array (50–74%) are provided in the community
- 2=Some services in the array (25–49%) are provided in the community
- 1=Few services in the array (less than 25%) are provided in the community

b. How many **children, youth, or families** you've worked with since grant funds were received **have had to travel outside of their home communities** to receive services? (G.8.a.)

How far have these children, youth, and families had to travel?

- 5=No children, youth, or families had to leave the community for services
- 4=Few (1–2) children, youth, or families had to leave the community for services
- 3=Some (3–4) children, youth, or families had to leave the community for services
- 2=Many (5–6) children, youth, or families had to leave the community for services
- 1=Very many (7 or more) children, youth, or families had to leave the community for services

18.a. Thinking across all of the different children, youth, and families you've worked with since grant funds were received, **has it ever been necessary for a child or youth to be served in a restrictive setting** (for example, alternative school, hospital, group home, etc.)? **If yes, please describe.** (G.9.a.)

How frequently has this occurred?

b. In these situations, **were any efforts made to transition or move the child or youth into less restrictive services or settings** once appropriate? If so, please describe. (G.9.a.)

Have these efforts been effective?

Have these efforts been sufficient (such that children and youth were transitioned to less restrictive services/settings as soon as possible)? If no, why not?

5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed

4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed

3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed

2=Efforts have been made BUT have not been effective or have been minimally effective

1=No or almost no effort has been made toward accomplishing larger goal

(NOTE TO INTERVIEWER: Questions 19-23 skipped)

Those are all of the questions I have for you. Is there anything that I did not cover that you think is important for us to know about (name of grant program)?

Thank you for taking the time to answer my questions. Do you have any questions for me?

System/Program _____

Interviewer _____

Respondent Data Entry # _____

Date _____

Service Array Card for Scoring

	Data Entry	Service Options	Present in the array ✓ [Q. 16]	Sufficient capacity? [Q. 17]		Provided in the community? [Q. 18a]	
				No	Yes	No	Yes
1	24.	Diagnostic and evaluation services		1	2	1	2
2	25.	Neurological and/or neuro-psychological assessment		1	2	1	2
3	26.	Outpatient individual counseling		1	2	1	2
4	27.	Outpatient group counseling		1	2	1	2
5	28.	Outpatient family counseling		1	2	1	2
6	29.	Medication management		1	2	1	2
7	30.	Case management/care coordination services		1	2	1	2
8	31.	Respite care		1	2	1	2
9	32.	Professional consultation		1	2	1	2
10	33.	24-hour, 7-day-a-week emergency services, including mobile crisis outreach and crisis intervention		1	2	1	2
11	34.	Intensive day treatment services		1	2	1	2
12	35.	Therapeutic foster care		1	2	1	2
13	36.	Therapeutic group home		1	2	1	2
14	37.	Intensive home-based services (e.g., family preservation services)		1	2	1	2
15	38.	Transition-to-adult services		1	2	1	2
16	39.	Family advocacy and peer support		1	2	1	2
17	40.	Youth advocacy and peer support		1	2	1	2
18	41.	Residential treatment		1	2	1	2
19	42.	Inpatient hospitalization		1	2	1	2
20	43.	Alcohol and Drug Prevention		1	2	1	2
21	44.	Alcohol and Drug Treatment		1	2	1	2
Other formal or support services (specify)							
22	45.			1	2	1	2

Note: When scoring, if responses are missing (e.g., don't know) for more than 3 services in a given column, do not score the item that relates to that column. Required services are listed as 1 through 16 above.

Service Array Card for Interviewing

	<i>Service Options</i>
1	<i>Diagnostic and evaluation services</i>
2	<i>Neurological and/or neuro-psychological assessment</i>
3	<i>Outpatient individual counseling</i>
4	<i>Outpatient group counseling</i>
5	<i>Outpatient family counseling</i>
6	<i>Medication management</i>
7	<i>Care management/coordination</i>
8	<i>Respite care</i>
9	<i>Professional consultation</i>
10	<i>24-hour, 7-day-a-week emergency services, including mobile crisis outreach and crisis intervention</i>
11	<i>Intensive day treatment services</i>
12	<i>Therapeutic foster care</i>
13	<i>Therapeutic group home</i>
14	<i>Intensive home-based services (e.g., family preservation services)</i>
15	<i>Transition-to-adult services</i>
16	<i>Family advocacy and peer support</i>
17	<i>Youth advocacy and peer support</i>
18	<i>Residential Treatment</i>
19	<i>Inpatient hospitalization</i>
20	<i>Alcohol and Drug Prevention</i>
21	<i>Alcohol and Drug Treatment</i>
	Other formal or support services (specify)

System/Program _____

Reviewer _____

CHILD ID# _____

Date _____

Site ID# _____

Assessment # _____

Respondent Data Entry# _____

M. Care Record/Chart Review

This record review is completed by national evaluation staff and has no public burden associated with it.

1. What was the date of intake into the grant-funded program?
2. Through which agency/organization did the child, youth, and family enter the grant-funded program?

- | | |
|--------------------|---------------------------------|
| 1=Mental Health | 6=Other Health |
| 2=Education | 7=Family Organization |
| 3=Child Welfare | 8=Self Referral |
| 4=Juvenile Justice | 9=Other (please describe) _____ |
| 5=Public Health | 888=Unknown |

3. What was the child's or youth's most recent diagnosis(es) as given in the chart?

[If Axes not reported, record diagnoses here: _____]

Axis 1:	_____
Axis 2:	_____
Axis 3:	_____
Axis 4:	_____
Axis 5:	_____

Who assigned the diagnosis(es)?

- 1=Psychiatrist
- 2=Psychologist
- 3=Social Worker
- 4=Other (please describe)
- 888=Unknown

4. Were any of the child or youth's strengths described in the assessment?

1=No, 2=Yes

Please list:
[Code child's strengths]

5. Were any of the family's strengths described in the assessment?

1=No, 2=Yes

Please list:
[Code family's strengths]

6. Were any cultural or linguistic issues discussed in the assessment?

1=No, 2=Yes

Please list:

[Code cultural issues]

7. Was there an initial service plan filed in the chart?

1=No, 2=Yes

If yes, move on to question 8. If no, go to question 9.

8. Circle below all who participated in service planning.

(Evidence of participation includes signatures of attendees on the plan, or attendees were listed or mentioned as being present for the meeting.)

1=Child's or youth's caregiver or guardian

2=Child or youth

3=Other family member

4=Case manager/care coordinator

5=Therapist

6=Other mental health staff (e.g., behavioral aide, respite worker)

7=Education staff (e.g., teacher, counselor)

8=Child welfare staff (e.g., caseworker)

9=Juvenile justice (e.g., probation officer)

10=Health staff (e.g., pediatrician, nurse)

11=Family advocate

12=Other (please describe)

13=Other (please describe)

888=Unknown

9. Was there a subsequent service plan filed in the chart?

1=No, 2=Yes

If yes, move on to question 10. If no, go to question 11.

10. Circle below all who participated in any subsequent service plan or update. *(Evidence of participation includes signatures of attendees on the plan, or attendees were listed or mentioned as being present for the meeting.)*

1=Child's or youth's caregiver or guardian

2=Child or youth

3=Other family member

4=Case manager/care coordinator

5=Therapist

6=Other mental health staff (e.g., behavioral aide, respite worker)

7=Education staff (e.g., teacher, counselor)

8=Child welfare staff (e.g., caseworker)

9=Juvenile justice (e.g., probation officer)

10=Health staff (e.g., pediatrician, nurse)

11=Family advocate

12=Other (please describe)

13=Other (please describe)

888=Unknown

11. Were child or youth's strengths integrated into one or more of the initial, subsequent, or updated service plans? Strengths include such things as child or youth's competencies, skills, interests, aspirations.

1=No, 2=Yes, 666=No service plans in chart

Describe:

[Code child's strengths]

12. Were any of the family's strengths integrated into one or more of the initial, subsequent, or updated service plans? Strengths include such things as the family's competencies, skills, interests, aspirations.

1=No, 2=Yes, 666=No service plans in chart

Describe:

[Code family's strengths]

13. Were any aspects of the family's cultural background integrated into any of the service plans or updates?

1=No, 2=Yes, 666=No service plans in chart

Describe:

[Code cultural issues]

14. Were any service/treatment plans from other agencies, organizations, or providers found in the file?

1=No, 2=Yes

If yes, please answer question 15. If no, move on to question 16.

15. What agencies/organizations had plans in the chart? Circle all that apply.

1=Mental Health

2=Education

3=Child Welfare

4=Juvenile Justice

666=N/A no other plans in chart

5=Public Health

6=Other Health

7=Family Organization

8=Other (please describe)

16. Was there a safety or emergency plan in the file?

1=No, 2=Yes

SERVICES		Service ever PLANNED?		Service ever RECEIVED?	
Service Type	Definition	No	Yes	No	Yes
17. Case Management	Service may include establishing and facilitating interagency treatment teams, preparing, monitoring and revising individual service plans, conducting assessments, identifying and coordinating multiple treatment and support services, advocating on behalf of the child and family, and providing supportive counseling and outreach services.	1	2	1	2
18. Assessment/evaluation	Involves an assessment of a child or youth's psychological, social and behavioral strengths and challenges in order to determine the extent and nature of a child or youth condition. This service is typically performed by a psychologist or psychiatrist. Types of assessment may include neurological, psychosocial, educational and vocational.	1	2	1	2
19. Crisis stabilization	Interventions designed to stabilize a child or youth experiencing acute emotional or behavioral difficulties. Services may include the development of crisis plans, 24-hour telephone support, short-term counseling, mobile outreach services to children and families, intensive in-home support during crisis, and short-term emergency residential services.	1	2	1	2
20. Family preservation services	An intensive combination of therapeutic and support services provided to the child, youth, and/or family within the home typically for the purpose of averting out-of-home placement. May include therapy and enhancement of conflict resolution and communication skills.	1	2	1	2
21. Individual therapy for child or youth	Therapeutic intervention with a child or youth that relies on interaction between therapist/clinician and child or youth to promote psychological and behavior change. Includes a variety of approaches (e.g., behavior, psychodynamic, cognitive, family systems) provided outside of the home.	1	2	1	2
22. Group therapy for child or youth	Therapeutic intervention with a child or youth that relies on interaction among a group of children or youth, facilitated by a clinician/therapist to promote psychological and behavior change.	1	2	1	2
23. Parent/family therapy	Therapeutic family oriented services provided to caregivers and siblings with or without the child or youth present (e.g., individual/group therapy, family therapy, multi-family therapy).	1	2	1	2
24. Day treatment or therapeutic day camp	Intensive, non-residential service that provides an integrated array of counseling, education, and/or vocational training which involves a child or youth for at least 5 hours a day, for at least 3 days a week. Day treatment may be provided in a variety of settings including: schools, mental health centers, hospitals or in other community locations.	1	2	1	2
25. Therapeutic camp (residential)	Involves children/youth and staff living together in a wilderness or other camp environment often located outside of the community in which the child resides. Treatment focuses on group process and social skills development.	1	2	1	2

<u>SERVICES</u>		Service ever PLANNED?		Service ever RECEIVED?	
Service Type	Definition	No	Yes	No	Yes
26. Medication treatment/ monitoring for child or youth	Prescription of psychoactive medications by a physician or other qualified health care specialist to a child/youth designed to alleviate symptoms and promote psychological growth. Treatment includes periodic assessment and monitoring of the child's reaction(s) to the drug.	1	2	1	2
27. Inpatient hospitalization	Residential placement of child/youth in inpatient hospital setting for observation, evaluation and/or treatment. This treatment is characterized by a strong medical orientation and 24-hour nursing supervision and is often used for short-term treatment and crisis stabilization or to conduct comprehensive evaluations where specialized medical tests are warranted.	1	2	1	2
28. Residential treatment center	Treatment provided in secure residential facilities that typically serve 10 or more children or youth, provide 24-hour staff supervision, and can provide a full array of treatment interventions and approaches including individual therapy, group and family therapy, behavior modification, skills development, education and recreational services.	1	2	1	2
29. Foster care	Non-treatment oriented alternative living situation for children and youth who cannot live with their families. Foster care provides a home environment with a daily living routine and supervision.	1	2	1	2
30. Therapeutic foster care	Out-of-home placement of a child/youth with foster caregiver(s) who are especially trained to care for children and youth with emotional and/or behavioral problems. Therapeutic foster care employs a variety of treatment approaches and includes supportive counseling, crisis back-up, behavior management and social development.	1	2	1	2
31. Therapeutic group home	Out-of-home placement of a child/youth in a home-like setting with 3–10 children or youth with emotional and/or behavior problems. Therapeutic care employs a variety of treatment approaches and includes supportive counseling, crisis back-up, behavior management and social and independent living skill development.	1	2	1	2
32. Independent living	Services designed to prepare older adolescents to live independently and reduce reliance on the service system. Services may include social and community living skills development, peer support and counseling. May also include independent living expenses used for monthly rent, apartment deposits, utility deposits, moving expenses, etc.	1	2	1	2
33. Attendant care	Supervision of a child or youth with serious emotional or behavioral challenges by trained adults in-home or out-of-home who offer supervision and support and may assist with other household chores, tutoring, or recreational activities.	1	2	1	2
34. Family/sibling support or wraparound services	Non-therapeutic and support services provided to caregivers or siblings (e.g., family activities) not including recreational activities, transportation services or respite care.	1	2	1	2

<u>SERVICES</u>		Service ever PLANNED?		Service ever RECEIVED?	
Service Type	Definition	No	Yes	No	Yes
35. Recreational activities	Use of community recreation resources (e.g., YMCA or other physical fitness activities, youth sports programs, karate classes, etc.), summer camps (with no treatment component), club memberships and other recreational projects.	1	2	1	2
36. Respite care	A planned break for families who are caring for a child or youth with a serious emotional or behavioral disturbance where trained parents or counselors assume the duties of caregiving for a brief period to allow the parent/caregivers a break. The service may be provided in the child's home or in other community locations.	1	2	1	2
37. Transportation	Includes providing transportation to appointments and other scheduled services and activities, reimbursement for public transportation, van rentals, etc.	1	2	1	2
38. Other formal services	Specify:	1	2	1	2
39. Other informal support services	Specify:	1	2	1	2

System/Program_____

Interviewer_____

Site ID#_____

Date_____

Respondent Data Entry#_____

Assessment #_____

N. Other Staff

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0307. Public reporting burden for this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

To be used with staff representing other child-serving sectors or agencies involved with children/families also served by the grant. **This guide should NOT be used with those (including subcontractors) who are DIRECTLY involved in providing mental health related services to children/families (for example, therapists, behavioral aides, respite staff, day treatment staff, crisis intervention staff, psychologists, counselors, etc.).** These staff should be interviewed with the G. guide. Direct service providers from partner agencies such as teachers, probation officers, child welfare case workers, and public health nurses should be interviewed using the L. guide.

[Note to interviewer: Review Consent form with respondent and obtain signature before proceeding with the interview]

Introduction

1. Please briefly **describe your agency/organization and its relationship with** *(name of grant program)*.

*What **kinds of services** does your agency/organization provide — what does your organization do?*

2. How long have **you** been working with this agency/organization?
3. Since CMHS grant funds were received, what kinds of **services or support** has your agency provided to **children, youth, and families served by** *(name of grant program)*? What services do **you** provide?
4. Since grant funds were received, what **percentage of children, youth, and families** served by your organization have also been involved with *(name of grant program)*?
5. Since grant funds were received, how have children, youth, and families **been referred or sent** to you/your organization for services?

*Could any **person, agency, or provider refer children, youth, and families** to you for services? **If no, why not?***

6. Has your or your **organization's involvement** with (name of grant program) **changed**
 - your operations**, how your organization does business?
 - how your organization **serves children, youth, and families?**

7. Since grant funds were received, have you received or participated in any **training sessions** provided as part of (name of grant program) activities?

If yes, please describe the topics or content areas covered. [Probe on CASSP principles such as family involvement, cultural and linguistic competency, individualized care, strengths-based care, etc.]

8. How has **information been shared or communicated between you/your organization** and (name of grant program) (e.g., memos, shared staff meetings, via the interagency structure, etc.)?

9. What kinds of **information have you/your organization typically RECEIVED from** (name of grant program) (e.g., information on children, youth, and families served, information regarding grant policies and procedures, etc.)?

10. What kinds of **information have you provided TO the** (name of grant program) (e.g., information on children, youth, and families served, information regarding organization policies and procedures, etc.)?

11. Are there any mechanisms in place to facilitate **collaboration** between you/your organization and (name of grant program) (e.g., interagency committees, special task forces, etc.)?

12. Are there any mechanisms in place to **facilitate the coordination of services that you/your organization provides, the services provided by** (name of grant program), **and other organizations in the community** who serve children, youth, and families (e.g., joint or shared service planning meetings, etc.)?

Have you or any of the staff from your organization **participated in service planning meetings** at (name of grant program)? **If yes**, how frequently? What was your role in those meetings?

13. Have you/your organization put any mechanisms in place to **encourage family involvement as full partners in services?**

14. Have you/your organization put any mechanisms in place to **enhance cultural and linguistic competency?**

Those are all of the questions I have for you. Is there anything that I did not cover that you think is important for us to know about (name of grant program)?

Thank you for taking the time to answer my questions. Do you have any questions for me?

System/Program_____

Interviewer_____

Date_____

O. Debriefing Document

I. Date of Debriefing

II. Participants

III. Infrastructure Level: Choose from any of the following areas: Governance, Management and Operations, Service Array, or Program Evaluation — 2 strengths and 2 areas for enhancement.

Strength (1)

Strength (2)

Area for Enhancement (1)

Area for Enhancement (2)

IV. Service Delivery: Choose from any of the following areas: Entry, Service Planning, Service Provision, Care Review — 2 strengths and 2 areas for enhancement.

Strength (1)

Strength (2)

Area for Enhancement (1)

Area for Enhancement (2)

V. Notes on Debriefing meeting

- *What did the grant community like?*
- *What didn't they like?*
- *Did they find the meeting helpful?*
- *Is there anything else they wanted more information on or about?*

System/Program_____

Interviewer_____

Site ID#_____

Date_____

Respondent Data Entry#_____

Assessment #_____

Q. Youth Coordinator

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0307. Public reporting burden for this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

Hello, my name is _____. Thank you for taking time today to help us. I'll be asking you questions about how youth are involved in the (name of grant program). Before we start, I want to make sure that you know that the information you give me today will be kept private and will not be shared with the (name of grant program). In our report, everyone's answers will be combined and the people who gave us the information will not be identified.

[Note to interviewer: Review Consent form with respondent. Ascertain age of respondent to determine consent to participate (must be 18). Obtain respondent signature before proceeding with the interview]

Background Information

1. What is the structure of (name of grant program), and how does the youth component fit in it?
2. Since grant funds were received, what supports has the (name of grant program) provided to the youth component? **[Probe for financial, materials, training, supervision, monitoring, etc.]**
3. Do you participate in the (governing body)?
1=No ***If no, go to Question 7***
2=Yes ***If yes, continue***

Governance

4. Since grant funds were received, to what extent do you think youth have been actively involved in the (governing body)? **[Probe for examples of participation in the (governing body)'s functions such as committee membership, strategic planning, budget discussions, service array development]. (A.2.a.)**
 - a. How have **youth been regarded and treated** by other participants of the (governing body)? (A.2.a.)

*Has that been the **same for all participants**, or have some participants demonstrated respect, acceptance, and value for youth input more than others?*

- 5=All participants were very respectful, accepted, and highly valued youth input
- 4=Most participants were very respectful and valued youth input and the rest were moderately respectful
- 3=Some participants were very respectful and valued youth input and the rest were moderately respectful
- 2=Few participants were very respectful and valued youth input and most others were at least somewhat respectful
- 1=No or almost no participants were respectful or valued youth input

b. **What percentage of (governing body) meetings have youth attended? (A.2.a.)**

- 5=Attended 90% to 100% of meetings
- 4=Attended 75% to 89% of meetings
- 3=Attended 50% to 74% of meetings
- 2=Attended 25% to 49% of meetings
- 1=Attended less than 25% of meetings

5. **Since grant funds were received, when and where have the (governing body) meetings been held? Have the locations and times been convenient for youth? (A.2.c.)**

On a scale of 1 to 5, with 5 being the most convenient, how would you rate the convenience of the meetings for youth to attend?

Respondent's rating

- 5=Extremely convenient
- 4=Very convenient
- 3=Moderately convenient
- 2=Somewhat convenient
- 1=Not at all convenient

Interviewer's rating

- 5=Extremely convenient
- 4=Very convenient
- 3=Moderately convenient
- 2=Somewhat convenient
- 1=Not at all convenient

6. **Since grant funds were received, has the (governing body) provided anything to youth to make it easier for them to participate in the (governing body)? Please provide examples. [Probe for whether transportation, stipends/compensation, food, childcare, training, written/oral language interpretation or translation were provided]. (A.2.d.)**

If yes, have these things made a difference for youth?

If no, would it be helpful to youth if there were some type of support?

Is there anything else that could be done to make it easier for youth to participate?

- 5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed
- 4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed
- 3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed
- 2=Efforts have been made **BUT** have not been effective or have been minimally effective
- 1=No or almost no effort has been made toward accomplishing larger goal

Management and Operations

7. **Since grant funds were received, have efforts been made to involve youth in program operations such as providing staff training, serving as volunteer or paid program staff, peer mentors, youth group leaders, attending management meetings, etc? (B.2.a.)**

If yes, please describe all of the different ways youth have been involved.
[Note: Do not count involvement in governing body, evaluation, or conducting outreach activities.]

[Continue to probe for examples until the respondent reports no more.]

[Data entry: code ways]

- 5=Four examples of youth involvement in program operations
- 4=Three examples of youth involvement in program operations
- 3=Two examples of youth involvement in program operations
- 2=One example of youth involvement in program operations
- 1=No examples of youth involvement in program operations

8. Since grant funds were received, has the *(name of grant program)* used youth to provide training to other youth or adults about youth concerns/issues or how to work with youth?

What type of training was it and to whom was it given?

9. *Has the (name of grant program) provided any training to youth about the service system?*
[Probe for training on how the system operates, its purpose, youth involvement and development opportunities, and youth rights?]

Service Array

10. Since grant funds were received, have there been support services available to youth? Please describe. **[Probe for advocacy, youth group, mentoring, informal peer-to-peer support, etc.]**

(NOTE TO INTERVIEWER: Questions 11-13 skipped)

Entry into Services

Now, let's talk about when youth first enter *(name of grant program)*. We are interested in their involvement in the enrollment process, as well as your perspective on the process as a youth coordinator.

14. Since grant funds were received, have efforts been made by *(name of grant program)* to reach out to youth in your community to inform them about the project and available services? **If yes**, please describe. (E.7.a.)

[Data entry: code outreach activities]

Have these efforts been effective? If yes, how?

*Have these efforts been **sufficient** to ensure that all youth who need *(name of grant program)* know that it is here?*

- 5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed
- 4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed
- 3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed
- 2=Efforts have been made but have not been effective or have been minimally effective
- 1=No or almost no effort has been made toward accomplishing larger goal

15. Since grants funds were received what has been the process of engaging and informing youth about *(name of grant program)* and the services available to them through it?

As youth coordinator, have you been you involved in this process? If yes, how?

16. What efforts have been made to ensure that the process and information are easy for youth to understand? **[Probe for language level, youth-friendly, etc.]** (E.2.a.)

Have these efforts been effective? If yes, how?

Have they been sufficient?

- 5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed
- 4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed
- 3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed
- 2=Efforts have been made but have not been effective or have been minimally effective
- 1=No or almost no effort has been made toward accomplishing larger goal

Do you participate in the service planning meetings?

- 1=No ***If no, go to Question 18***
- 2=Yes ***If yes, continue***

Service Planning

17. Since grant funds were received has (name of grant program) involved children and youth in planning and developing their own plans of care?

Please provide specific examples of how you have observed **children and youth to be involved** in: (F.2.a.)

- ***identifying and prioritizing their problems or concerns***
- ***developing goals and objectives***
- ***requesting participants in the service planning process***
- ***rejecting participants in the service planning process***
- ***identifying and choosing service options***
- ***rejecting service options***

*In general, has the process **involved children and youth as much as it could have? If no, in what ways could it have been better?***

[Note: If the situation has not come up but it would be possible, assign ½ point.]

- 5=Children/youth have been involved in service planning in at least 6 ways AND respondent reported that involvement has been sufficient
- 4=Children/youth have been involved in service planning in 5 ways OR involved in 6 ways but respondent reported it could have been better
- 3=Children/youth have been involved in service planning in 4 ways
- 2=Children/youth have been involved in service planning in 3 ways
- 1=Children/youth have involved in service planning in fewer than 3 ways

Summary

18. On a scale from 1 to 5, with 5 being the best, how much would you say (name of grant program) has **helped young people?**

- 5=Very much
- 4=A lot
- 3=Moderately
- 2=Somewhat
- 1=Not at all

19. Do you have any **suggestions or recommendations** for how (name of grant program) could **improve** the way that it serves **youth and their families?**

Those are all of the questions I have for you. Is there anything that I did not cover that you think is important for us to know about (name of grant program)?

Thank you for taking the time to answer my questions. Do you have any questions for me?

System/Program_____

Interviewer_____

Site ID#_____

Date_____

Respondent Data Entry#_____

Assessment #_____

R. Cultural and Linguistic Competence Coordinator

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0307. Public reporting burden for this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

This interview is to be administered to the staff person who has the authority and responsibility for assisting leadership, management staff, families, youth, contractors and all other system partners in ensuring culturally and linguistically competent practices in all aspects of the system of care.

[Note to interviewer: Review Consent form with respondent and obtain signature before proceeding with the interview]

Are you a member of or attend meetings of the *(governing body)*?

1=No ***If no, go to Question 3***

2=Yes ***If yes, continue***

Governance

1. Since grant funds were received, what efforts has the *(governing body)* made to promote the cultural and linguistic competence of the *(name of grant program)*? (A.4.b.)

Probe for efforts to:

-develop, review, and implement a cultural and linguistic competence plan

-set agenda items that discuss cultural and linguistic competence efforts and issues

-establish a cultural and linguistic sub-committee

-help develop and review policies that promote culturally and linguistically competent practices

-develop and approve budget items that promote culturally and linguistically competent practices and efforts

-encourage diversity within the governing body

*How **effective** have these efforts been? Explain.*

*Have these efforts been **sufficient**? What more could be done?*

- 5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed
- 4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed
- 3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed
- 2=Efforts have been made BUT have not been effective or have been minimally effective
- 1=No or almost no effort has been made toward accomplishing larger goal

2. Since grant funds were received, what efforts have been made to ensure **cultural and linguistic competence** of the (*governing body*)? (A.4.c.)

Probe for efforts to:

- accommodate language preferences of all governing body members and meeting attendees
- conduct meetings in clear and understandable language that meets the needs of members and attendees
- develop and use meeting protocols and communications that are respectful of various cultures regarding race, ethnicity, lifestyle, gender, age, and ability differences
- develop a cultural competence plan
- other - please describe

*How **effective** have these efforts been? Explain.*

*Have efforts been **sufficient** to meet the cultural and linguistic needs of the governing body members and attendees?*

- 5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed
- 4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed
- 3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed
- 2=Efforts have been made BUT have not been effective or have been minimally effective
- 1=No or almost no effort has been made toward accomplishing larger goal

Management and Operations

3. Since grant funds were received, what efforts have been made to ensure that cultural and linguistic competence standards are integrated into the (*name of grant program*)'S management and operations? (B.4.b.)

Probe for efforts to:

- develop and implement a cultural and linguistic plan
- include a line-item on the program budget to implement the cultural and linguistic plan

- **establish policies and procedures to identify the cultural and linguistic needs of the intended and served population, staff, and service providers**
- **ensure a range of oral and written language assistance options is available across the service system**
- **develop and implement a plan for providing written program materials in languages other than English**
- **ensure mechanisms are in place to notify persons with limited English proficiency of the right to free language assistance**
- **train and monitor direct service staff, their supervisors, and service providers on the provision of cultural and linguistic competent care**
- **other - please describe**

*How **effective** have these efforts been? Explain.*

*Have efforts been **sufficient** to ensure cultural and linguistic competence of the program's management and operations?*

- 5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed
- 4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed
- 3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed
- 2=Efforts have been made BUT have not been effective or have been minimally effective
- 1=No or almost no effort has been made toward accomplishing larger goal

4. Have any efforts been made to **hire, retain and/or contract with a pool of staff and service providers who reflect the cultural and linguistic background** (for example, race, ethnicity, language, gender) of the children, youth, and families you serve? (B.4.c.)

*How **effective** have these efforts been? Explain.*

*Have efforts been **sufficient** to hire and/or contract with the **number or type of staff and service providers** needed to meet the cultural and linguistic needs of populations served?*

[Note: If staff are already in place, i.e., no hiring was necessary, probe for diversity of staff vis population served.]

- 5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed
- 4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed
- 3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed
- 2=Efforts have been made BUT have not been effective or have been minimally effective
- 1=No or almost no effort has been made toward accomplishing larger goal

Service Array

5. Since grant funds were received, how has the **cultural and linguistic background of the children, youth, and families you serve been considered in developing the service array to assure that available service and treatment options align with the culture of the children, youth, and families served including issues such as race, ethnicity, gender, lifestyle, age, and ability?** (C.4.a.)

*Have **cultural organizations, community groups, etc.** been involved in efforts such as providing services, developing the service array, advising providers, etc.?*

*Have you **added or modified any services to address the cultural and linguistic needs** of specific groups?*

How effective have these efforts been, and in what ways?

*Have efforts been **sufficient to address the cultural and linguistic needs of all groups?** Are some groups' needs still unmet? [**Probe for specific groups.**]*

5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed

4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed

3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed

2=Efforts have been made BUT have not been effective or have been minimally effective

1=No or almost no effort has been made toward accomplishing larger goal

(NOTE TO INTERVIEWER: Questions 6-13 skipped)

Those are all of the questions I have for you. Is there anything that I did not cover that you think is important for us to know about (name of grant program)'s cultural and linguistic competence activities?

Thank you for taking the time to answer my questions. Do you have any questions for me?

System/Program_____

Interviewer_____

Site ID#_____

Date_____

Respondent Data Entry#_____

Assessment #_____

S. Social Marketing-Communications Manager

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0307. Public reporting burden for this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

This interview is to be administered to the staff person who is responsible for developing a comprehensive social marketing/communications strategy for the system of care community, including a social marketing strategic plan, public education activities and overall outreach activities.

[Note to interviewer: Review Consent form with respondent and obtain signature before proceeding with the interview]

Overview

1. What is the name of the agency that employs you?
What is your position/title?
2. Are you involved in any **structured social marketing efforts**?
If yes, what is your role?
3. Briefly describe the *(name of grant program)*'s **social marketing efforts**. What types of social marketing activities have you engaged in during the past year?
4. How are these activities structured and organized?
5. How have program evaluation information and data been used in social marketing activities?
6. Since grant funds were received, have any **social marketing activities** focused on **stigma reduction**? If so, please describe.
7. How are **family representatives** and members of the intended service population involved in **social marketing** activities for *(name of grant program)*?
8. How are **youth** involved in **social marketing** activities for *(name of grant program)*?
9. Have there been any efforts to involve other **child-serving agencies** in **social marketing** activities?

If yes, which agencies have been involved and in what roles?

- | | |
|-------------------|----------------------|
| 1 = Mental Health | 4 = Juvenile Justice |
| 2 = Education | 5 = Public Health |
| 3 = Child Welfare | 6 = other (describe) |

[circle all that apply]

10. What efforts have been made to ensure that **social marketing activities are culturally and linguistically competent?**

*Have these efforts been **effective** in getting you closer to the goal of having a culturally and linguistically competent social marketing process?*

*Do you think these efforts have been **sufficient**? What else could be done?*

Outreach

11. Since grant funds were received, have there been any **outreach efforts to inform your intended service population** about (name of grant program) and its services? (E.7.a.)

[Data entry: code outreach efforts]

*How **effective** have the outreach efforts been? For example, have you seen an increase in calls to (name of grant program) or an increase in awareness or interest in the community? Explain.*

*Have these efforts been **sufficient**, that is, has (name of grant program) been able to reach everyone?*

- 5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed
4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed
3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed
2=Efforts have been made **BUT** have not been effective or have been minimally effective
1=No or almost no effort has been made toward accomplishing larger goal

12. Since grant funds were received, **have there been any outreach efforts to inform other agencies, community-based providers, private providers, family organizations, primary health care providers, etc.** about the (name of grant program) and its services? (E.6.a.)

*How **effective** have these efforts been, and in what way?*

*Have these efforts been **sufficient** to ensure that all providers and organizations have been aware of (name of grant program)?*

- 5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed
4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed
3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed
2=Efforts have been made **BUT** have not been effective or have been minimally effective
1=No or almost no effort has been made toward accomplishing larger goal

13. Since grant funds were received, have there been any **outreach efforts to specific cultural groups** or populations? (E.4.a.)

*How **effective** would you say these efforts have been? For example, have you seen an increase in interest or awareness?*

*Have these efforts been **sufficient**? What more could be done?*

- 5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed
- 4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed
- 3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed
- 2=Efforts have been made BUT have not been effective or have been minimally effective
- 1=No or almost no effort has been made toward accomplishing larger goal

14. Since grant funds were received, how have you used **social marketing activities to share information about** *(name of grant program)* **With other agencies and organizations** that serve children, youth, and families? (B.6.a.)

[Data entry: code mechanisms]

*Have these mechanisms been **effective**? If yes, in what ways?*

*Have these efforts been **sufficient**? What more could be done?*

- 5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed
- 4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed
- 3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed
- 2=Efforts have been made BUT have not been effective or have been minimally effective
- 1=No or almost no effort has been made toward accomplishing larger goal

(NOTE TO INTERVIEWER: Question 15 skipped)

16. What **options** are available for **conducting social marketing activities in languages other than English**?

Those are all of the questions I have for you. Is there anything that I did not cover that you think is important for us to know about the social marketing efforts of *(name of grant program)*?

Thank you for taking the time to answer my questions. Do you have any questions for me?

Attachment C: Cross-Sectional Descriptive Study

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 (Today's date)

		/			/				
Month			Day			Year			

CHILDDID (National evaluation ID)

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TIMEFRAM (Assessment period)

1 = Intake

A. 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 (staffperson 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
- 5 = Other

B. Agency that the child is currently 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 = Public child welfare
- 8 = Substance abuse agency/clinic/provider
- 9 = Family court
- 10 = Early care: Early Head Start program
- 11 = Early care: Head Start program
- 12 = Early care: Early intervention (Part C)
- 13 = Early care: Preschool special education program (Part B)
- 14 = Early care: Other early care and education programs/providers (including childcare/providers)
- 15 = Other—please specify

B1. Child welfare involvement

- 1 = Receiving child abuse and neglect investigation/assessment
- 2 = Court-ordered out-of-home placement—Foster care
- 3 = Court-ordered out-of-home placement—Kinship care
- 4 = Court-ordered out-of-home placement—Residential treatment
- 5 = Voluntary out-of-home placement—Foster care
- 6 = Voluntary out-of-home placement—Kinship care
- 7 = Voluntary out-of-home placement—Residential treatment
- 8 = Court-ordered in-home services
- 9 = Voluntary in-home services

[If 7 = Public child welfare not selected above, go to Item C.]

C. Agency or individual who referred child to the program *[Select primary referral agency]*

- 1 = Corrections
- 2 = Juvenile court
- 3 = Probation
- 4 = School
- 5 = Mental health agency/clinic/provider
- 6 = Physical health care agency/clinic/provider
- 7 = Public child welfare
- 8 = Tribal child welfare agency
- 9 = Substance abuse agency/clinic/provider
- 10 = Family court
- 11 = Caregiver
- 12 = Self (youth referred himself or herself)
- 13 = Early care: Early Head Start program
- 14 = Early care: Head Start program
- 15 = Early care: Early intervention (Part C)
- 16 = Early care: Preschool special education program (Part B)
- 17 = Early care: Other early care and education programs/providers (including childcare/providers)
- 18 = Other—please specify

666 = Not applicable

777 = Refused

888 = Don't know

999 = Missing

SECTION I. Child Demographic Information

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

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Month Day Year
2. With which gender does (*child's name*) identify?
- 1 = Male
 - 2 = Female
 - 3 = Transgender (male to female)
 - 4 = Transgender (female to male)
 - 5 = I don't know/I'm not sure
 - 6 = Other—please specify _____
3. Is (*child's name*) of Hispanic, Latino, or Spanish origin?
- 1 = No
 - 2 = Yes, Mexican, Mexican American, or Chicano
 - 3 = Yes, Puerto Rican
 - 4 = Yes, Cuban
 - 5 = Yes, another Hispanic, Latino, or Spanish origin—please specify _____
4. What is (*child's name*)'s race? [*Select one or more*]
- 1 = White
 - 2 = Black or African American
 - 3 = American Indian or Alaska Native—please specify enrolled or principal tribe _____
 - 4 = Asian Indian
 - 5 = Chinese
 - 6 = Filipino
 - 7 = Japanese
 - 8 = Korean
 - 9 = Vietnamese
 - 10 = Other Asian—please specify race (for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on) _____
 - 11 = Native Hawaiian
 - 12 = Guamanian or Chamorro
 - 13 = Samoan
 - 14 = Other Pacific Islander—please specify race (for example, Fijian, Tongan, and so on) _____
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, posttraumatic stress disorder)
- 4 = Hyperactive and attention-related problems (including hyperactive, impulsive, attentional difficulties)
- 5 = Conduct/delinquency-related problems (including physical aggression, extreme verbal abuse, noncompliance, 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, attachment disorder, 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 = Gender identity
- 15 = Feeding problems in young children (including failure to thrive)
- 16 = Disruptive behaviors in young children (including aggression, severe defiance, acting out, impulsivity, recklessness, and excessive level of overactivity)
- 17 = Persistent noncompliance (when directed by caregivers/adults)
- 18 = Excessive crying/tantrums
- 19 = Separation problems
- 20 = Non-engagement with people
- 21 = Sleeping problems
- 22 = Excluded from preschool or childcare program, not related to learning disabilities (including behavioral issues, repeated noncompliance)
- 23 = At risk for or has failed family home placement
- 24 = Maltreatment (child abuse and neglect)
- 25 = Other problems that are related to child's health (cancer, illness, or disease-related problems)
- 26 = High-risk environment: Maternal depression
- 27 = High-risk environment: Maternal mental health (other than depression)
- 28 = High-risk environment: Paternal mental health
- 29 = High-risk environment: Caregiver mental health (other than maternal or paternal)
- 30 = High-risk environment: Maternal substance abuse/use
- 31 = High-risk environment: Paternal substance abuse/use
- 32 = High-risk environment: Caregiver substance abuse/use (other than maternal or paternal)
- 33 = High-risk environment: Family health problems (maternal, paternal, caregiver, or other family member)
- 34 = High-risk environment: Other parent/caregiver/family problems
- 35 = High-risk environment: Problems related to housing (including homelessness)
- 36 = Other—please specify _____

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7. 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 _____

Children and youth may have diagnostic codes for more than one classification system. Section II addresses diagnostic classification for *DSM-IV-R* and/or ICD-9 only. Because all children and youth served in systems of care must have diagnostic information, diagnostic codes for younger children (i.e., codes for the **Revised** DC:0-3) may be entered in Section IV.

8. Does (*child's name*) have a *DSM-IV-R* or ICD-9 diagnosis?

- 1 = No [GO TO QUESTION #13]
- 2 = Yes

SECTION II. Child Diagnostic Information: *DSM-IV-R* and ICD-9

In this section, please record the *DSM-IV-R* or ICD-9 diagnostic codes in the indicated fields. When entering diagnostic codes, please use the following prefixes in front of the codes without spaces:

- *DSM-IV-R* — DSM
- ICD-9 — ICD

Examples: A *DSM-IV-R* diagnosis of Alcohol-Induced Anxiety Disorder should be entered as DSM291.89. An ICD-9 diagnosis of Drug-Induced Delirium should be entered as ICD292.81.

The entire list of **diagnostic codes** is available in PDF format for your reference.

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

- 1 = No
- 2 = Yes
- 666 = Not applicable
- 777 = Refused to answer
- 888 = Don't know
- 999 = Missing

10. Date of the most recent multiaxial diagnostic evaluation

(mm/dd/yyyy)

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11. Who provided the diagnosis?

- 1 = Child psychiatrist
- 2 = General psychiatrist
- 3 = Child psychologist
- 4 = General psychologist
- 5 = Licensed mental health staff (clinical social worker/professional counselor/therapist)
- 6 = Primary care physician
- 7 = Nurse practitioner/psychiatric nurse practitioner/physician's assistant
- 8 = Other licensed physical health staff
- 9 = Unlicensed staff (mental health assessment specialist)
- 10 = Other—please specify _____
- 666 = Not applicable
- 777 = Refused to answer
- 888 = Don't know
- 999 = Missing

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

12. AXIS I: Clinical Disorders

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

AXIS II: Personality Disorders and Mental Retardation

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

AXIS III: General Medical Condition (ICD-9-CM numeric code)

[Separate multiple codes with commas]

ICD-9-CM numeric code

axis 3 _____

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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
- 666 = Not applicable
- 777 = Refused to answer
- 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 system of care eligibility

(mm/dd/yyyy)

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 *[GO TO QUESTION #17]*
- 2 = Child has received a system of care service and is eligible for additional services but will NOT be receiving any additional services *[GO TO QUESTION #17]*
- 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 the child's first service (after assessment for system of care eligibility) received through the system of care

(mm/dd/yyyy)

[Questions #13c–13e are skipped, as they are not applicable at intake.]

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13f. If the child is younger than age 6, how was system of care eligibility determined?

- 1 = Child has an emotional, socio-emotional, behavioral, or mental disorder diagnosable under the *DSM-IV* or its ICD-9-CM equivalents, or subsequent revisions, or under the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood-Revised (DC:0-3R) [GO TO QUESTION #14]
- 2 = Child (aged birth through 3 years) has a DC:0-3R Axis II Relationship Disorder and a PIRGAS score of 40 or below indicating a Relationship Disorder in the "Disturbed" category. [GO TO QUESTION #14]
- 3 = Child (aged birth through 5 years) was assessed using a standardized instrument such as the BABES, Strengths and Difficulties Questionnaire, or Vineland Screener, and was judged by a licensed professional to be at "imminent risk" for developing a mental health or serious emotional disorder. [GO TO QUESTION #13g]
- 4 = Not applicable, as the child is aged 6 or older. [GO TO QUESTION #14]

13g. Which standardized instrument(s) were used to assess system of care eligibility? [Select all that apply]

- 1 = Behavioral Assessment of Baby's Emotional and Social Style (BABES)
- 2 = Strengths and Difficulties Questionnaire
- 3 = Family Resource Scale
- 4 = Vineland Screener
- 5 = Other—please specify _____

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/
wraparound specialist | 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 _____ |

[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
- 2 = Yes [GO TO QUESTION #17]

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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 start-up, local IRB delays, staffing issues)
- 11 = Other—please specify _____

SECTION IV. Additional Child Diagnostic Information: Revised DC:0–3 (DC:0–3R)17. Does (*child’s name*) have diagnostic information for the Revised DC:0–3 (DC:0–3R)?

[*Note: The DC:0–3R codes are intended for use with children up to age 4.*]
 [*Enter 666 if the child is aged 4 or older.*]

- 1 = No [*END OF QUESTIONNAIRE*]
- 2 = Yes
- 666 = Not applicable [*END OF QUESTIONNAIRE*]
- 777 = Refused to answer [*END OF QUESTIONNAIRE*]
- 888 = Don’t know [*END OF QUESTIONNAIRE*]
- 999 = Missing [*END OF QUESTIONNAIRE*]

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

- 1 = No
- 2 = Yes
- 666 = Not applicable
- 777 = Refused to answer
- 888 = Don’t know
- 999 = Missing

19. Date of the most recent DC:0–3R diagnostic evaluation

 (*mm/dd/yyyy*)

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20. Who provided the diagnosis?

- 1 = Child psychiatrist
- 2 = General psychiatrist
- 3 = Child psychologist
- 4 = General psychologist
- 5 = Licensed mental health staff (clinical social worker/professional counselor/therapist)
- 6 = Primary care physician
- 7 = Nurse practitioner/psychiatric nurse practitioner/physician's assistant
- 8 = Other licensed physical health staff
- 9 = Unlicensed staff (mental health assessment specialist)
- 10 = Other—please specify _____
- 666 = Not applicable
- 777 = Refused to answer
- 888 = Don't know
- 999 = Missing

21. AXIS I: Clinical Disorders [*Select from the attached list of DC:0–3R Axis I codes*]

21a. First/primary diagnosis _____

[If "800 = other disorders" selected, please specify the code with the appropriate prefix, e.g., DSM, ICD9, ICD10]

21b. Second diagnosis _____

[If "800 = other disorders" selected, please specify the code with the appropriate prefix, e.g., DSM, ICD9, ICD10]

21c. Third diagnosis _____

[If "800 = other disorders" selected, please specify the code with the appropriate prefix, e.g., DSM, ICD9, ICD10]

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DC:0–3R Axis I codes:

- 100 = Posttraumatic Stress Disorder
 150 = Deprivation/Maltreatment Disorder
 200 = Disorders of Affect
 210 = Prolonged Bereavement/Grief Reaction
 220 = Anxiety Disorders of Infancy and Early Childhood
 221 = Separation Anxiety Disorder
 222 = Specific Phobia
 223 = Social Anxiety Disorder (Social Phobia)
 224 = Generalized Anxiety Disorder
 225 = Anxiety Disorder NOS (Not Otherwise Specified)
 230 = Depression of Infancy and Early Childhood
 231 = Type 1 (type I) Major Depression
 232 = Type 2 (type II) Major Depression
 240 = Mixed Disorders of Emotional Expressiveness
 300 = Adjustment Disorder
 400 = Regulation Disorders of Sensory Processing
 410 = Hypersensitive
 411 = Hypersensitive—Type A: Fearful/Cautious
 412 = Hypersensitive—Type B: Negative/Defiant
 420 = Hyposensitive/Underresponsive
 430 = Sensory Stimulation-Seeking/Impulsive
 500 = Sleep Behavior Disorder
 510 = Sleep-Onset Disorder (Sleep-Onset Protodyssomnia)
 520 = Night-Waking Disorder (Night-Waking Protodyssomnia)
 600 = Feeding Behavior Disorder
 601 = Feeding Disorder of State Regulation
 602 = Feeding Disorder of Caregiver–Infant Reciprocity
 603 = Infantile Anorexia
 604 = Sensory Food Aversions
 605 = Feeding Disorder Associated With Concurrent Medical Condition
 606 = Feeding Disorder Associated With Insults to the Gastrointestinal Tract
 700 = Disorders of Relating and Communicating
 710 = Multi-System Developmental Disorder (MSDD)
 800 = Other Disorders (*DSM–IV–TR* or ICD10)
 666 = Not applicable
 777 = Refused to answer
 888 = Don't know
 999 = Missing

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22. AXIS II: Relationship Classification: Parent–Infant Relationship Global Assessment Scale (PIR–GAS)

22a. Parent–Infant Relationship Global Assessment Scale (PIR–GAS) Score

[Enter PIR–GAS score—valid scores range from 1 to 100]

_____ *[IF 1–100, GO TO QUESTION #23]*

666 = Not applicable *[GO TO QUESTION #22b]*

777 = Refused to answer *[GO TO QUESTION #22b]*

888 = Don't know *[GO TO QUESTION #22b]*

999 = Missing *[GO TO QUESTION #22b]*

22b. Parent–Infant Relationship Global Assessment Scale (PIR–GAS) Categories

[Choose one, only if numeric PIR–GAS score is not entered above]

1 = 91–100 = Well adapted

2 = 81–90 = Adapted

3 = 71–80 = Perturbed

4 = 61–70 = Significantly perturbed

5 = 51–60 = Distressed

6 = 41–50 = Disturbed

7 = 31–40 = Disordered

8 = 21–30 = Severely disordered

9 = 11–20 = Grossly impaired

10 = 1–10 = Documented maltreatment

666 = Not applicable

777 = Refused to answer

888 = Don't know

999 = Missing

23. AXIS II: Relationship Classification: Relationship Problems Checklist (RPCL)

[Choose one for each relationship feature]

23a. Overinvolved

1 = No evidence

2 = Some evidence, needs further investigation

3 = Substantive evidence

666 = Not applicable

777 = Refused to answer

888 = Don't know

999 = Missing

23b. Underinvolved

1 = No evidence

2 = Some evidence, needs further investigation

3 = Substantive evidence

666 = Not applicable

777 = Refused to answer

888 = Don't know

999 = Missing

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23c. Anxious/tense

- 1 = No evidence
- 2 = Some evidence, needs further investigation
- 3 = Substantive evidence
- 666 = Not applicable
- 777 = Refused to answer
- 888 = Don't know
- 999 = Missing

23d. Angry/hostile

- 1 = No evidence
- 2 = Some evidence, needs further investigation
- 3 = Substantive evidence
- 666 = Not applicable
- 777 = Refused to answer
- 888 = Don't know
- 999 = Missing

23e. Verbally abusive

- 1 = No evidence
- 2 = Some evidence, needs further investigation
- 3 = Substantive evidence
- 666 = Not applicable
- 777 = Refused to answer
- 888 = Don't know
- 999 = Missing

23f. Physically abusive

- 1 = No evidence
- 2 = Some evidence, needs further investigation
- 3 = Substantive evidence
- 666 = Not applicable
- 777 = Refused to answer
- 888 = Don't know
- 999 = Missing

23g. Sexually abusive

- 1 = No evidence
- 2 = Some evidence, needs further investigation
- 3 = Substantive evidence
- 666 = Not applicable
- 777 = Refused to answer
- 888 = Don't know
- 999 = Missing

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24. **AXIS III: General Medical Condition (ICD–9–CM/ICD–10 numeric code)**
[Separate multiple codes with commas]

ICD–9–CM/ICD–10 numeric code

25. **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/childcare 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
- 10 = Problems related to health of the child
- 666 = Not applicable
- 777 = Refused to answer
- 888 = Don't know
- 999 = Missing

26. **AXIS V: Emotional and Social Functioning: Capacities for Emotional and Social Functioning Rating Scale**

[Choose one functional rating for each emotional/functioning capacity]

- 26a. **Attention and regulation**

- 1 = Age-appropriate functioning, all conditions and full affect
- 2 = Age-appropriate functioning, vulnerable to stress or limited range of affect
- 3 = Functions immaturely (has the capacity but not at age-appropriate level)
- 4 = Functions inconsistently without special sensorimotor support
- 5 = Barely evidences the capacity, even with support
- 6 = Has not achieved this capacity
- 7 = N/A, child below age level
- 666 = Not applicable
- 777 = Refused to answer
- 888 = Don't know
- 999 = Missing

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26b. Forming relationships/mutual engagement

- 1 = Age-appropriate functioning, all conditions and full affect
- 2 = Age-appropriate functioning, vulnerable to stress or limited range of affect
- 3 = Functions immaturely (has the capacity but not at age-appropriate level)
- 4 = Functions inconsistently without special sensorimotor support
- 5 = Barely evidences the capacity, even with support
- 6 = Has not achieved this capacity
- 7 = N/A, child below age level
- 666 = Not applicable
- 777 = Refused to answer
- 888 = Don't know
- 999 = Missing

26c. Intentional two-way communication

- 1 = Age-appropriate functioning, all conditions and full affect
- 2 = Age-appropriate functioning, vulnerable to stress or limited range of affect
- 3 = Functions immaturely (has the capacity but not at age-appropriate level)
- 4 = Functions inconsistently without special sensorimotor support
- 5 = Barely evidences the capacity, even with support
- 6 = Has not achieved this capacity
- 7 = N/A, child below age level
- 666 = Not applicable
- 777 = Refused to answer
- 888 = Don't know
- 999 = Missing

26d. Complex gestures and problem-solving

- 1 = Age-appropriate functioning, all conditions and full affect
- 2 = Age-appropriate functioning, vulnerable to stress or limited range of affect
- 3 = Functions immaturely (has the capacity but not at age-appropriate level)
- 4 = Functions inconsistently without special sensorimotor support
- 5 = Barely evidences the capacity, even with support
- 6 = Has not achieved this capacity
- 7 = N/A, child below age level
- 666 = Not applicable
- 777 = Refused to answer
- 888 = Don't know
- 999 = Missing

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26e. Use of symbols to express thoughts/feeling

- 1 = Age-appropriate functioning, all conditions and full affect
- 2 = Age-appropriate functioning, vulnerable to stress or limited range of affect
- 3 = Functions immaturely (has the capacity but not at age-appropriate level)
- 4 = Functions inconsistently without special sensorimotor support
- 5 = Barely evidences the capacity, even with support
- 6 = Has not achieved this capacity
- 7 = N/A, child below age level
- 666 = Not applicable
- 777 = Refused to answer
- 888 = Don't know
- 999 = Missing

26f. Connecting symbols logically/abstract thinking

- 1 = Age-appropriate functioning, all conditions and full affect
- 2 = Age-appropriate functioning, vulnerable to stress or limited range of affect
- 3 = Functions immaturely (has the capacity but not at age-appropriate level)
- 4 = Functions inconsistently without special sensorimotor support
- 5 = Barely evidences the capacity, even with support
- 6 = Has not achieved this capacity
- 7 = N/A, child below age level
- 666 = Not applicable
- 777 = Refused to answer
- 888 = Don't know
- 999 = Missing

CHILD INFORMATION UPDATE FORM (CIUF)

CIUFDATE (Today's date) / /
Month Day Year

CHILDID (National evaluation ID)

TIMEFRAM (Assessment period) 2 = 6 months
3 = 12 months
4 = 18 months
5 = 24 months

A. 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 (staffperson 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
- 5 = Other

B. Agency that the child is currently 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 = Public child welfare
- 8 = Substance abuse agency/clinic/provider
- 9 = Family court
- 10 = Early care: Early Head Start program
- 11 = Early care: Head Start program
- 12 = Early care: Early intervention (Part C)
- 13 = Early care: Preschool special education program (Part B)
- 14 = Early care: Other early care and education programs/providers (including childcare/providers)
- 15 = Other—please specify

B1. Child welfare involvement

- 1 = Receiving child abuse and neglect investigation/assessment
- 2 = Court-ordered out-of-home placement—Foster care
- 3 = Court-ordered out-of-home placement—Kinship care
- 4 = Court-ordered out-of-home placement—Residential treatment
- 5 = Voluntary out-of-home placement—Foster care
- 6 = Voluntary out-of-home placement—Kinship care
- 7 = Voluntary out-of-home placement—Residential treatment
- 8 = Court-ordered in-home services
- 9 = Voluntary in-home services

[If 7 = Public child welfare not selected above, go to Question #5.]

SECTION I. Child Demographic Information

[Questions #1–4 are skipped, as they are not applicable at follow-up.]

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

[Question #6 is skipped, as it is not applicable at follow-up.]

7. 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 _____

Children and youth may have diagnostic codes for more than one classification system. Section II addresses diagnostic classification for *DSM-IV-R* and/or ICD-9 only. Because all children and youth served in systems of care must have diagnostic information, diagnostic codes for younger children (i.e., codes for the **Revised** DC:0-3) may be entered in Section IV.

8. Does (*child's name*) have a *DSM-IV-R* or ICD-9 diagnosis?

- 1 = No [GO TO QUESTION #13]
- 2 = Yes

SECTION II. Child Diagnostic Information: *DSM-IV-R* and ICD-9

[Question #9 is skipped, as it is not applicable at follow-up.]

In this section, please record the *DSM-IV-R* or ICD-9 diagnostic codes in the indicated fields.

10. Date of the most recent multiaxial diagnostic evaluation

(mm/dd/yyyy)

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11. Who provided the diagnosis?

- 1 = Child psychiatrist
- 2 = General psychiatrist
- 3 = Child psychologist
- 4 = General psychologist
- 5 = Licensed mental health staff (clinical social worker/professional counselor/therapist)
- 6 = Primary care physician
- 7 = Nurse practitioner/psychiatric nurse practitioner/physician's assistant
- 8 = Other licensed physical health staff
- 9 = Unlicensed staff (mental health assessment specialist)
- 10 = Other—please specify _____
- 666 = Not applicable
- 777 = Refused to answer
- 888 = Don't know
- 999 = Missing

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

12. AXIS I: Clinical Disorders

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

AXIS II: Personality Disorders and Mental Retardation

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

AXIS III: General Medical Condition (ICD-9-CM numeric code)

[Separate multiple codes with commas]

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
- 666 = Not applicable
- 777 = Refused to answer
- 888 = Don't know
- 999 = Missing

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

SECTION III. Child Enrollment Information

[Question #13 is skipped, as it is not applicable at follow-up.]

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 _____ *[GO TO QUESTION #17]*

[Question #13b is skipped, as it is not applicable at follow-up.]

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

(mm/dd/yyyy)

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

(mm/dd/yyyy)

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

(mm/dd/yyyy)

[Questions #13f–16 are skipped, as they are not applicable at follow-up.]

SECTION IV. Additional Child Diagnostic Information: Revised DC:0–3 (DC:0–3R)

17. Does (*child's name*) have diagnostic information for the Revised DC:0–3 (DC:0–3R)?

[Note: The DC:0–3R codes are intended for use with children up to age 4.]

[Enter 666 if the child is aged 4 or older.]

1 = No *[END OF QUESTIONNAIRE]*

2 = Yes

666 = Not applicable *[END OF QUESTIONNAIRE]*

777 = Refused to answer *[END OF QUESTIONNAIRE]*

888 = Don't know *[END OF QUESTIONNAIRE]*

999 = Missing *[END OF QUESTIONNAIRE]*

[Question #18 is skipped, as it is not applicable at follow-up.]

19. Date of the most recent DC:0–3R diagnostic evaluation

_____ *(mm/dd/yyyy)*

20. Who provided the diagnosis?

1 = Child psychiatrist

2 = General psychiatrist

3 = Child psychologist

4 = General psychologist

5 = Licensed mental health staff (clinical social worker/professional counselor/therapist)

6 = Primary care physician

7 = Nurse practitioner/psychiatric nurse practitioner/physician's assistant

8 = Other licensed physical health staff

9 = Unlicensed staff (mental health assessment specialist)

10 = Other—please specify _____

666 = Not applicable

777 = Refused to answer

888 = Don't know

999 = Missing

21. **AXIS I: Clinical Disorders** *[Select from the attached list of DC:0–3R Axis I codes]*

21a. First/primary diagnosis _____

[If "800 = other disorders" selected, please specify the code with the appropriate prefix, e.g., DSM, ICD9, ICD10]

21b. Second diagnosis _____

[If "800 = other disorders" selected, please specify the code with the appropriate prefix, e.g., DSM, ICD9, ICD10]

21c. Third diagnosis _____

[If "800 = other disorders" selected, please specify the code with the appropriate prefix, e.g., DSM, ICD9, ICD10]

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DC:0–3R Axis I codes:

- 100 = Posttraumatic Stress Disorder
- 150 = Deprivation/Maltreatment Disorder
- 200 = Disorders of Affect
- 210 = Prolonged Bereavement/Grief Reaction
- 220 = Anxiety Disorders of Infancy and Early Childhood
- 221 = Separation Anxiety Disorder
- 222 = Specific Phobia
- 223 = Social Anxiety Disorder (Social Phobia)
- 224 = Generalized Anxiety Disorder
- 225 = Anxiety Disorder NOS (Not Otherwise Specified)
- 230 = Depression of Infancy and Early Childhood
- 231 = Type 1 (type I) Major Depression
- 232 = Type 2 (type II) Major Depression
- 240 = Mixed Disorders of Emotional Expressiveness
- 300 = Adjustment Disorder
- 400 = Regulation Disorders of Sensory Processing
- 410 = Hypersensitive
- 411 = Hypersensitive—Type A: Fearful/Cautious
- 412 = Hypersensitive—Type B: Negative/Defiant
- 420 = Hyposensitive/Underresponsive
- 430 = Sensory Stimulation-Seeking/Impulsive
- 500 = Sleep Behavior Disorder
- 510 = Sleep-Onset Disorder (Sleep-Onset Protodyssomnia)
- 520 = Night-Waking Disorder (Night-Waking Protodyssomnia)
- 600 = Feeding Behavior Disorder
- 601 = Feeding Disorder of State Regulation
- 602 = Feeding Disorder of Caregiver–Infant Reciprocity
- 603 = Infantile Anorexia
- 604 = Sensory Food Aversions
- 605 = Feeding Disorder Associated With Concurrent Medical Condition
- 606 = Feeding Disorder Associated With Insults to the Gastrointestinal Tract
- 700 = Disorders of Relating and Communicating
- 710 = Multi-System Developmental Disorder (MSDD)
- 800 = Other Disorders (*DSM–IV–TR* or ICD10)
- 666 = Not applicable
- 777 = Refused to answer
- 888 = Don't know
- 999 = Missing

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22. AXIS II: Relationship Classification: Parent–Infant Relationship Global Assessment Scale (PIR–GAS)

22a. Parent–Infant Relationship Global Assessment Scale (PIR–GAS) Score

[Enter PIR–GAS score—valid scores range from 1 to 100]

_____ *[IF 1–100, GO TO QUESTION #23]*

666 = Not applicable *[GO TO QUESTION #22b]*

777 = Refused to answer *[GO TO QUESTION #22b]*

888 = Don't know *[GO TO QUESTION #22b]*

999 = Missing *[GO TO QUESTION #22b]*

22b. Parent–Infant Relationship Global Assessment Scale (PIR–GAS) Categories

[Choose one, only if numeric PIR–GAS score is not entered above]

1 = 91–100 = Well adapted

2 = 81–90 = Adapted

3 = 71–80 = Perturbed

4 = 61–70 = Significantly perturbed

5 = 51–60 = Distressed

6 = 41–50 = Disturbed

7 = 31–40 = Disordered

8 = 21–30 = Severely disordered

9 = 11–20 = Grossly impaired

10 = 1–10 = Documented maltreatment

666 = Not applicable

777 = Refused to answer

888 = Don't know

999 = Missing

23. AXIS II: Relationship Classification: Relationship Problems Checklist (RPCL)

[Choose one for each relationship feature]

23a. Overinvolved

1 = No evidence

2 = Some evidence, needs further investigation

3 = Substantive evidence

666 = Not applicable

777 = Refused to answer

888 = Don't know

999 = Missing

23b. Underinvolved

1 = No evidence

2 = Some evidence, needs further investigation

3 = Substantive evidence

666 = Not applicable

777 = Refused to answer

888 = Don't know

999 = Missing

--	--	--	--	--	--	--	--	--	--

23c. Anxious/tense

- 1 = No evidence
- 2 = Some evidence, needs further investigation
- 3 = Substantive evidence
- 666 = Not applicable
- 777 = Refused to answer
- 888 = Don't know
- 999 = Missing

23d. Angry/hostile

- 1 = No evidence
- 2 = Some evidence, needs further investigation
- 3 = Substantive evidence
- 666 = Not applicable
- 777 = Refused to answer
- 888 = Don't know
- 999 = Missing

23e. Verbally abusive

- 1 = No evidence
- 2 = Some evidence, needs further investigation
- 3 = Substantive evidence
- 666 = Not applicable
- 777 = Refused to answer
- 888 = Don't know
- 999 = Missing

23f. Physically abusive

- 1 = No evidence
- 2 = Some evidence, needs further investigation
- 3 = Substantive evidence
- 666 = Not applicable
- 777 = Refused to answer
- 888 = Don't know
- 999 = Missing

23g. Sexually abusive

- 1 = No evidence
- 2 = Some evidence, needs further investigation
- 3 = Substantive evidence
- 666 = Not applicable
- 777 = Refused to answer
- 888 = Don't know
- 999 = Missing

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24. **AXIS III: General Medical Condition (ICD–9–CM/ICD–10 numeric code)**
[Separate multiple codes with commas]

ICD–9–CM/ICD–10 numeric code

25. **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/childcare 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
- 10 = Problems related to health of the child
- 666 = Not applicable
- 777 = Refused to answer
- 888 = Don't know
- 999 = Missing

26. **AXIS V: Emotional and Social Functioning: Capacities for Emotional and Social Functioning Rating Scale**

[Choose one functional rating for each emotional/functioning capacity]

- 26a. **Attention and regulation**

- 1 = Age-appropriate functioning, all conditions and full affect
- 2 = Age-appropriate functioning, vulnerable to stress or limited range of affect
- 3 = Functions immaturity (has the capacity but not at age-appropriate level)
- 4 = Functions inconsistently without special sensorimotor support
- 5 = Barely evidences the capacity, even with support
- 6 = Has not achieved this capacity
- 7 = N/A, child below age level
- 666 = Not applicable
- 777 = Refused to answer
- 888 = Don't know
- 999 = Missing

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26b. Forming relationships/mutual engagement

- 1 = Age-appropriate functioning, all conditions and full affect
- 2 = Age-appropriate functioning, vulnerable to stress or limited range of affect
- 3 = Functions immaturity (has the capacity but not at age-appropriate level)
- 4 = Functions inconsistently without special sensorimotor support
- 5 = Barely evidences the capacity, even with support
- 6 = Has not achieved this capacity
- 7 = N/A, child below age level
- 666 = Not applicable
- 777 = Refused to answer
- 888 = Don't know
- 999 = Missing

26c. Intentional two-way communication

- 1 = Age-appropriate functioning, all conditions and full affect
- 2 = Age-appropriate functioning, vulnerable to stress or limited range of affect
- 3 = Functions immaturity (has the capacity but not at age-appropriate level)
- 4 = Functions inconsistently without special sensorimotor support
- 5 = Barely evidences the capacity, even with support
- 6 = Has not achieved this capacity
- 7 = N/A, child below age level
- 666 = Not applicable
- 777 = Refused to answer
- 888 = Don't know
- 999 = Missing

26d. Complex gestures and problem-solving

- 1 = Age-appropriate functioning, all conditions and full affect
- 2 = Age-appropriate functioning, vulnerable to stress or limited range of affect
- 3 = Functions immaturity (has the capacity but not at age-appropriate level)
- 4 = Functions inconsistently without special sensorimotor support
- 5 = Barely evidences the capacity, even with support
- 6 = Has not achieved this capacity
- 7 = N/A, child below age level
- 666 = Not applicable
- 777 = Refused to answer
- 888 = Don't know
- 999 = Missing

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26e. Use of symbols to express thoughts/feeling

- 1 = Age-appropriate functioning, all conditions and full affect
- 2 = Age-appropriate functioning, vulnerable to stress or limited range of affect
- 3 = Functions immaturely (has the capacity but not at age-appropriate level)
- 4 = Functions inconsistently without special sensorimotor support
- 5 = Barely evidences the capacity, even with support
- 6 = Has not achieved this capacity
- 7 = N/A, child below age level
- 666 = Not applicable
- 777 = Refused to answer
- 888 = Don't know
- 999 = Missing

26f. Connecting symbols logically/abstract thinking

- 1 = Age-appropriate functioning, all conditions and full affect
- 2 = Age-appropriate functioning, vulnerable to stress or limited range of affect
- 3 = Functions immaturely (has the capacity but not at age-appropriate level)
- 4 = Functions inconsistently without special sensorimotor support
- 5 = Barely evidences the capacity, even with support
- 6 = Has not achieved this capacity
- 7 = N/A, child below age level
- 666 = Not applicable
- 777 = Refused to answer
- 888 = Don't know
- 999 = Missing

Attachment E: Sector and Comparison Study

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0307. Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

COURT REPRESENTATIVE QUESTIONNAIRE (CRQ)

CRQDATE (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 (National evaluation 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"/>	<input type="text"/>	<input type="text"/>
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TIMEFRAM (Assessment period)

- 1 = Intake
- 2 = 6 months
- 3 = 12 months
- 4 = 18 months
- 5 = 24 months

CRQRESP (Respondent for interview)

- 1 = Probation officer
- 2 = Case worker
- 3 = Other court personnel

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1. Which, if any, of these activities was (*child's name*) required to complete as part of his/her court order or as part of participation in this program? [*Select all that apply*]
- 1 = Letter of apology
 - 2 = Restitution
 - 3 = Community service
 - 4 = Drug testing
 - 5 = Restorative justice
 - 6 = Meet with diversion officers
 - 7 = Obtain employment
 - 8 = Attend school
 - 9 = Other—please specify _____
2. Which, if any, of the following services was (*child's name*) referred to as part of his/her juvenile justice involvement? [*Select all that apply*]
- 1 = Individual counseling
 - 2 = Group counseling
 - 3 = Family counseling
 - 4 = Life skills classes
 - 5 = Educational plan
 - 6 = Assigned a mentor
 - 7 = Substance abuse counseling
 - 8 = Case management/treatment plan
 - 9 = Home visits/school visits
 - 10 = Anger management classes
 - 11 = MST
 - 12 = CBT
 - 13 = Other—please specify _____
3. In the past 6 months, which of the following services did (*child's name*) participate in as part of his/her juvenile justice involvement? [*Select all that apply*]
- 1 = Individual counseling
 - 2 = Group counseling
 - 3 = Family counseling
 - 4 = Life skills classes
 - 5 = Educational plan
 - 6 = Assigned a mentor
 - 7 = Substance abuse counseling
 - 8 = Case management/treatment plan
 - 9 = Home visits/school visits
 - 10 = Anger management classes
 - 11 = MST
 - 12 = CBT
 - 13 = Other—please specify _____
4. Was a representative from community mental health (non-court personnel) involved in developing the preliminary report for (*child's name*)?
- 1 = No [*GO TO QUESTION #5*]
 - 2 = Yes

CHILD ID:

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Court Representative Questionnaire (CRQ)

9a. What were the offenses for which (*child's name*) appeared in court in the past 6 months?
[Describe all offenses]

10. In the past 6 months, has (*child's name*) been found guilty or adjudicated of a crime or an offense in court?

1 = No [END OF QUESTIONNAIRE]
2 = Yes

10a. What were the offenses for which (*child's name*) was found guilty or adjudicated of in the past 6 months? [Describe all offenses]

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TEACHER QUESTIONNAIRE (TQ)

TQDATE (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
CHILID (National evaluation 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"/> <input type="text"/> <input type="text"/>
TIMEFRAM (Assessment period)	1 = Intake 2 = 6 months 3 = 12 months 4 = 18 months 5 = 24 months
TQRESP (Respondent for interview)	1 = Classroom teacher (child's primary instructor in a classroom setting) 2 = Inclusion teacher (child's special education teacher)
TQINTV (Who administered interview)	1 = Person providing services to child 2 = Data collector
TQMETH (Method of administering interview)	1 = In person, hard copy 2 = Telephone, hard copy 3 = In person, computer assisted 4 = Telephone, computer assisted
TQLANG (Language version of interview)	1 = English 2 = Spanish 3 = Other

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This set of questions deals with (*child's name*)'s experiences in school. Some questions may not apply to him/her, but we ask these questions of everyone.

[NOTE TO INTERVIEWER: "School" means preschool through post-secondary education (pre-K through post-high school education, e.g., college, university, vocational/trade school.) "Preschool" refers to a beginning group or class enrolling children 3 years or older that is organized to provide educational experience under professionally qualified teachers during the year or years immediately preceding kindergarten.]

1. How many years have you been in the teaching profession?

_____ year(s) and _____ month(s)

2. How many months have you known (*child's name*)?

_____ month(s)

[CARD 1]

3. How well would you say you know (*child's name*)?

1 = Not well

2 = Moderately well

3 = Very well

4. How much time does (*child's name*) spend in your classroom or service a week?

_____ hour(s)

5. What grade level(s) are the students in (*child's name*)'s class?

6. How many general education students are in (*child's name*)'s class?

_____ general education students

7. How many special education students are in (*child's name*)'s class?

_____ special education students

8. What is the academic subject that you teach (*child's name*)?

9. To your knowledge, has (*child's name*) been in school **at any time** in the past 6 months?

1 = No

2 = Yes [GO TO QUESTION #10]

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9a. Why was he/she not in school?

1 = Dropped out of school before reaching legal age to drop out

2 = Dropped out after reaching the legal age

3 = Expelled/suspended

4 = Graduated from high school/got GED

5 = Physical illness and/or injury

6 = Refuses to go to school

7 = In juvenile detention or jail (and schooling was not provided)

8 = Asked to leave school (e.g., due to behavior)

9 = No instruction provided while waiting for another placement

10 = Other—please specify _____

[GO TO QUESTION #11c]

10. Is (*child's name*) in school **now**?

1 = No *[GO TO QUESTION #11b]*

2 = Yes

11a. Which grade is (*child's name*) in now? If your school does not use grade levels, please estimate as best you can which grade he/she is in.

1 = First grade

2 = Second grade

3 = Third grade

4 = Fourth grade

5 = Fifth grade

6 = Sixth grade

7 = Seventh grade

8 = Eighth grade

9 = Ninth grade

10 = Tenth grade

11 = Eleventh grade

12 = Twelfth grade

13 = Other—please specify _____

[GO TO QUESTION #11d]

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11b. Why is he/she not in school now?

- 1 = Dropped out of school before reaching legal age to drop out
- 2 = Dropped out after reaching the legal age
- 3 = Expelled/suspended
- 4 = Graduated from high school/got GED
- 5 = Physical illness and/or injury
- 6 = Refuses to go to school
- 7 = In juvenile detention or jail (and schooling is not provided)
- 8 = Asked to leave school (e.g., due to behavior)
- 9 = No instruction provided while waiting for another placement
- 10 = Other—please specify _____

11c. Which grade did (*child's name*) most recently complete? If your school does not use grade levels, please estimate as best you can which grade he/she completed.

- 1 = First grade
- 2 = Second grade
- 3 = Third grade
- 4 = Fourth grade
- 5 = Fifth grade
- 6 = Sixth grade
- 7 = Seventh grade
- 8 = Eighth grade
- 9 = Ninth grade
- 10 = Tenth grade
- 11 = Eleventh grade
- 12 = Twelfth grade
- 13 = Other—please specify _____

[GO TO QUESTION #27]

11d. In the past 6 months, has (*child's name*) repeated a grade in school?

- 1 = No
- 2 = Yes

For the following questions, please think about what happened while (*child's name*) was in school **during the past 6 months**.

12. When school was in session, did (*child's name*) ever miss school for **any reason** in the past 6 months? This includes excused **as well as** unexcused absences.

- 1 = No [GO TO QUESTION #13]
- 2 = Yes

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[CARD 2]

- 12a. How often was he/she usually absent in the past 6 months? This includes excused **and** unexcused absences.

- 0 = Less than 1 day per month [GO TO QUESTION #13]
- 1 = About 1 day a month [GO TO QUESTION #12b]
- 2 = About 1 day every 2 weeks [GO TO QUESTION #12b]
- 3 = About 1 day a week [GO TO QUESTION #12b]
- 4 = 2 days per week [GO TO QUESTION #12b]
- 5 = 3 or more days per week [GO TO QUESTION #12b]

[CARD 3]

- 12b. In the past 6 months, to what extent do you think (*child's name*)'s school attendance was affected by his/her behavioral or emotional problems?

- 1 = Not at all
- 2 = A little bit
- 3 = A moderate amount
- 4 = Quite a bit
- 5 = Extremely

- 12c. In the past 6 months, to what extent did the school provide support to help improve (*child's name*)'s attendance?

- 1 = Not at all
- 2 = A little bit
- 3 = A moderate amount
- 4 = Quite a bit
- 5 = Extremely

13. In the past 6 months, was a pre-referral intervention team (i.e., school team) initiated to assess the necessity of an Individualized Education Plan (IEP) for (*child's name*)?

- 1 = No
- 2 = Yes
- 3 = School does not have a pre-referral intervention team

14. In the past 6 months, did (*child's name*) have an Individualized Education Plan?

- 1 = No
- 2 = Yes [GO TO QUESTION #14b]

[NOTE TO INTERVIEWER: If necessary, clarify that special education may be provided to many different children for many different reasons. For example, children with developmental disabilities; mental retardation; hearing, vision, or speech difficulties; other physical disabilities; learning disabilities; emotional problems; and/or behavioral problems may receive special education.]

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14a. What was the reason that (*child's name*) did **not** have an IEP?

- 1 = Doing well and did not need an IEP
- 2 = Never referred, but needs to be
- 3 = Eligibility was under review
- 4 = Was assessed and found ineligible
- 5 = Was never assessed for special education
- 6 = Other special education plan (e.g., 504, behavior management, vocational training, or transition plans)
- 7 = Other—please specify _____

[GO TO QUESTION #15]

14b. Did you attend the IEP planning meeting for (*child's name*)?

- 1 = No
- 2 = Yes

14c. What form of modification do you use to meet (*child's name*)'s needs?

- 1 = General education curriculum without modification
- 2 = General education curriculum with some modification
- 3 = General education curriculum with substantial modification
- 4 = Specialized curriculum

14d. What was the main reason that (*child's name*) had an IEP?

- 1 = Behavioral and/or emotional problems
- 2 = Learning disability
- 3 = Physical disability (for example, an orthopedic disability such as a missing limb)
- 4 = Developmental disability and/or mental retardation
- 5 = Vision and/or hearing impairment
- 6 = Speech impairment
- 7 = Other—please specify _____

14d2. Were there other reasons that (*child's name*) had an IEP?

- 1 = No [GO TO QUESTION #15]
- 2 = Yes

14d3. What were the other reasons that (*child's name*) had an IEP? [Select all that apply]

- 1 = Behavioral and/or emotional problems
- 2 = Learning disability
- 3 = Physical disability (for example, an orthopedic disability such as a missing limb)
- 4 = Developmental disability and/or mental retardation
- 5 = Vision and/or hearing impairment
- 6 = Speech impairment
- 7 = Other—please specify _____

[NOTE TO INTERVIEWER: If necessary, please clarify for respondent that these classes may be co-taught by a regular education instructor and special education teacher, or by a teacher and an aide. A special education teacher may come to the class for part of the day to provide specialized instruction.]

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15. In the past 6 months, did (*child's name*) have a one-on-one classroom aide for *any* reason, for any part of the school day? For example, a child might have an aide to help him/her with schoolwork, to help manage the child's behavior, and/or to help the child develop behavioral and social skills.

[This does not include out-of-class visits to a counselor.]

- 1 = No
2 = Yes

[CARD 4]

16. Compared to typical pupils of the same age, how hard is (*child's name*) working?

- 1 = Much less
2 = Somewhat less
3 = Slightly less
4 = About average
5 = Slightly more
6 = Somewhat more
7 = Much more

17. Compared to typical pupils of the same age, how disruptive is (*child's name*) in class?

- 1 = Much less
2 = Somewhat less
3 = Slightly less
4 = About average
5 = Slightly more
6 = Somewhat more
7 = Much more

18. In the past 6 months, were any of the following disciplinary actions taken toward (*child's name*)?

- 1 = Suspended (in-school and out-of-school) [GO TO QUESTION #18a]
2 = Expelled [GO TO QUESTION #18a]
3 = Suspend AND expelled [GO TO QUESTION #18a]
4 = Neither suspended nor expelled [GO TO QUESTION #19]
3 = Other—please specify _____ [GO TO QUESTION #19]

- 18a. Did (*child's name*) have a school disciplinary hearing or tribunal?

- 1 = No
2 = Yes

- 18b. As a result of the suspension and/or expulsion, was a plan developed to manage or improve (*child's name*)'s behavior, or was an existing plan revised or changed?

- 1 = No
2 = Yes

- 18c. [IF SUSPENDED] During the past 6 months, approximately how many days was (*child's name*) in in-school suspension?

_____ days

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18d. *[IF SUSPENDED]* During the past 6 months, approximately how many days was (*child's name*) in out-of-school suspension?

_____ days

18e. *[IF EXPELLED]* During the past 6 months, approximately how many times was (*child's name*) expelled?

_____ times

19. Now I would like to ask you about (*child's name*)'s grades during this school year. Did he/she get grades?

1 = No *[GO TO QUESTION #19b]*

2 = Yes

19a. Overall, across all subjects, has he/she mostly gotten . . . *[READ CATEGORIES, CODE ONE]*

1 = A's *[GO TO QUESTION #20]*

2 = A's and B's *[GO TO QUESTION #20]*

3 = B's *[GO TO QUESTION #20]*

4 = B's and C's *[GO TO QUESTION #20]*

5 = C's *[GO TO QUESTION #20]*

6 = C's and D's *[GO TO QUESTION #20]*

7 = D's *[GO TO QUESTION #20]*

8 = D's and F's *[GO TO QUESTION #20]*

9 = F's *[GO TO QUESTION #20]*

10 = School does not give *these* grades? *[GO TO QUESTION #19b]*

[IF RESPONSE DOES NOT FIT CATEGORIES, e.g., A's AND F's, SPECIFY RESPONSE = 11]

11 = Other—please specify _____ *[GO TO QUESTION #20]*

[CARD 5]

19b. Overall, would you describe his/her work at school as . . .

1 = Excellent

2 = Above average

3 = Average

4 = Below average

5 = Failing

[CARD 3]

20. In the past 6 months, to what extent do you think (*child's name*)'s grades or school performance were affected by his/her behavioral or emotional problems?

1 = Not at all

2 = A little bit

3 = A moderate amount

4 = Quite a bit

5 = Extremely

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21. In the past 6 months, did you schedule a parent–teacher conference with (*child's name*)'s parent or guardian?
- 1 = No
2 = Yes
22. In the past 6 months, did you meet with (*child's name*)'s parent or guardian to discuss (*child's name*)'s progress in your class?
- 1 = No
2 = Yes
23. In the past 6 months, did you meet with (*child's name*)'s mental health services provider or care coordinator to discuss (*child's name*)'s progress in your class?
- 1 = No
2 = Yes
24. Which of the following supports, if any, have been provided to you because this student is in your class? [*Select all that apply*]
- 1 = Special equipment or materials to use with the student
2 = In-service training on the needs of this student
3 = Co-teaching/team teaching with special education and general education teachers
4 = Consultation services by special education or other staff
5 = Teacher aides or instructional assistants, or aides for individual students
6 = Smaller student load or class size
7 = Information about this student's needs or abilities
8 = Other—please specify _____
9 = None of the above have been provided
10 = None are needed

[CARD 6]

25. In your opinion, how adequate are the supports that have been provided to you because this student is in your class?
- 1 = Not applicable; none are needed
2 = Very inadequate
3 = Somewhat inadequate
4 = Somewhat adequate
5 = Very adequate

[CARD 7]

26. In your view, how appropriate is this student's placement in your class?
- 1 = Very inappropriate
2 = Somewhat inappropriate
3 = Somewhat appropriate
4 = Very appropriate

Please indicate the extent to which you agree or disagree with each of the following statements.

[CARD 8]

	Strongly disagree	Disagree	Undecided	Agree	Strongly agree
27. I have adequate training for teaching students with behavioral and emotional problems.	1	2	3	4	5
28. The school leadership has high expectations and standards for all students and teachers.	1	2	3	4	5
29. The principal promotes instructional improvement among staff.	1	2	3	4	5
30. This school is a safe place for students.	1	2	3	4	5
31. During the past 6 months, have you participated in any continuing professional development activities totaling 8 or more hours to help you in any of the following areas? [Select all that apply]					
1 = The subject matter content that you teach this student					
2 = Working with students who are considered to be "at risk" for behavioral and emotional disorders					
3 = Working with students with behavioral and emotional problems					
4 = Behavior management					
5 = Creating positive school environment, violence prevention					
6 = Collaborating with other educators					
7 = Working with parents of students with behavioral and emotional problems					
8 = Use of technology in instruction					
9 = Considering and building on the cultural diversity of students					
10 = Other—please specify _____					
11 = None					

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SCHOOL ADMINISTRATOR QUESTIONNAIRE (SAQ)

SAQDATE (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 (National evaluation 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"/>	<input type="text"/>	<input type="text"/>
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SCHOOLID (National evaluation school 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"/>	<input type="text"/>	<input type="text"/>
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TIMEFRAM (Assessment period)

- 1 = Intake
- 2 = 12 months
- 3 = 24 months
- 4 = 36 months
- 5 = 48 months

SAQRESP (Respondent for interview)

- 1 = School principal
- 2 = School vice principal
- 3 = Guidance counselor
- 4 = Expert teacher
- 5 = Other school official

SAQINTV (Who administered interview)

- 1 = Person providing services to child
- 2 = Data collector

SAQMETH (Method of administering interview)

- 1 = In person, hard copy
- 2 = Telephone, hard copy
- 3 = In person, computer assisted
- 4 = Telephone, computer assisted

SAQLANG (Language version of interview)

- 1 = English
- 2 = Spanish
- 3 = Other

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1. Which of the following *best* describes this school?

- 1 = Comprehensive school (not including magnet or school of choice)
- 2 = Magnet school without a specialized academic, career, or technical theme (e.g., whole school, magnet program, school within a school)
- 3 = Magnet school with a specialized academic, career, or technical theme (e.g., a high school for agricultural sciences)
- 4 = School of choice
- 5 = School that serves only students with disabilities
- 6 = Vocational–technical school
- 7 = Alternative/stay-in-school/dropout prevention school/continuation school
- 8 = Charter school
- 9 = Juvenile justice facility
- 10 = Military academy
- 11 = Hospital school
- 12 = Indian reservation school
- 13 = Other type of school serving an identified population or service need—please specify _____

2. Is this school a/an . . . [*Select all that apply*]

- 1 = Public school
- 2 = Private school
- 3 = Faith-based school
- 4 = Residential/boarding school
- 5 = Year-round school
- 6 = School serving a single gender of students
- 7 = Other type of school—please specify _____

3. What percentage of students in your school are identified as ESL (English as a Second Language)?

_____ % of students

4. What percentage of students in your school are identified as Students with Interrupted Formal Education (SIFE)?

_____ % of students

Note: These are students defined as immigrants who come from a home in which a language other than English is spoken and enter a United States school after the second grade, have had at least 2 years less schooling than their peers, function at least 2 years below expected grade level in reading and mathematics, and may be pre-literate in their first language.

5. What percentage of students in your school are identified as receiving Special Education due to their emotional or behavioral needs?

_____ % of students

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6. During the past 12 months, which, if any, of the following services, resources, or programs did your school have available to students, either as part of the regular curriculum or available on school grounds before or after school hours? *[Select all that apply]*

- 1 = Academic supports run by faculty or staff, such as homework club, tutoring or mentoring assistance outside of regular classes during school week
- 2 = Saturday academies run by faculty or staff
- 3 = Peer-tutoring programs
- 4 = Home visits by teachers
- 5 = Special programs for pregnant teens and teenage mothers
- 6 = Diagnostic and prescriptive services provided by professionals to identify learning problems and plan programs
- 7 = Supplemental instructional services in reading, language, arts, or math
- 8 = School-based health clinic
- 9 = Preventative mental health programs targeted at all students
- 10 = Targeted mental health services designed to assist students with one or more mental health disorders
- 11 = Substance abuse treatment services
- 12 = School-based or itinerant psychological services
- 13 = School based or itinerant social work services
- 14 = Other mental health services, resources, or programs—please specify

15 = Other services, resources, or programs —please specify

[IF 9, 10, 11, 12, 13, 14, GO TO QUESTION #7. OTHERWISE, END OF QUESTIONNAIRE.]

7. During the past 12 months, who provided mental health services in your school? *[Select all that apply]*

- 1 = School counselor
- 2 = School psychologist
- 3 = School social worker
- 4 = School nurse
- 5 = Other—please specify _____

8. During the past 12 months, what would best describe the mental health services delivery system in your school?

- 1 = School-financed student support services
- 2 = School district mental health unit
- 3 = Formal connections with community mental health services
- 4 = Classroom-based curriculum and special “pull-out” interventions
- 5 = Comprehensive, multi-faceted, and integrated approaches

9. During the past 12 months, what funding sources were utilized for mental health service provision in your school?

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9a. Local funding sources: *[Select all that apply]*

- 0 = None
- 1 = Property taxes
- 2 = General sales tax
- 3 = Public utility tax
- 4 = Individual/corporate income tax
- 5 = All other taxes
- 6 = Parent government contributions
- 7 = Revenue from cities/counties
- 8 = Revenue from other school systems
- 9 = Tuition from parents and pupils
- 10 = Transportation from parents and pupils
- 11 = Textbook sales and rentals
- 12 = School lunch revenues
- 13 = Student activity fees
- 14 = Other sales and revenues
- 15 = Interest earnings
- 16 = Other—please specify _____

9b. State funding sources: *[Select all that apply]*

- 0 = None
- 1 = General Assistance
- 2 = Staff improvement
- 3 = Special education programs
- 4 = Compensatory and basic skills attainment programs
- 5 = Bilingual education programs
- 6 = Gifted and talented programs
- 7 = Vocational education programs
- 8 = School lunch programs
- 9 = Capital outlay and debt service programs
- 10 = Transportation programs
- 11 = Other—please specify _____

9c. Federal funding sources: *[Select all that apply]*

- 0 = None
- 1 = Children with Disabilities Act (IDEA)
- 2 = Medicaid
- 3 = Title I
- 4 = Title V, Part A
- 5 = Vocational and technical education
- 6 = Math, science, and professional development grants
- 7 = Child Nutrition Act
- 8 = Impact Aid (P.L. 815 and 874)
- 9 = Bilingual education federal aid
- 10 = Indian education federal aid
- 11 = Safe Schools/Healthy Students
- 12 = Safe and Drug-Free Schools
- 13 = Other—please specify _____

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10. During the past 12 months, which of the following services were available to students in your school? *[Select all that apply]*

- 1 = Assessment for emotional or behavioral problems or disorders (including behavioral observation, psychosocial assessment, and psychological testing)
- 2 = Behavior management consultation (with teachers, students, family)
- 3 = Case management (monitoring and coordination of services)
- 4 = Referral to specialized programs or services for emotional or behavioral problems or disorders
- 5 = Crisis intervention
- 6 = Individual counseling/therapy
- 7 = Group counseling/therapy
- 8 = Substance abuse counseling
- 9 = Medication for emotional or behavioral problems
- 10 = Identification or school-based management of chronic or acute health conditions
- 11 = Referral for medication management
- 12 = Family support services (e.g., child/family advocacy, counseling)
- 13 = Pre-referral intervention team (i.e., school team to assess necessity of IEP)
- 14 = Other—please specify _____

11. During the past 12 months, which of the following interventions were available to students in your school? *[Select all that apply]*

- 1 = Positive Behavior Supports (PBS) or Positive Behavior and Intervention Supports (PBIS)
- 2 = Crisis Prevention and Intervention (CPI)
- 3 = Safe Passages to School Program
- 4 = Good Behavior Game
- 5 = Social and Emotional Learning (SEL)
- 6 = Other—please specify _____

7 = None

12. Does your school engage collaboratively with other child-serving agencies?

- 1 = No *[GO TO QUESTION #13]*
- 2 = Yes *[GO TO QUESTION #12a]*

12a. What agencies has your school collaborated with? *[Select all that apply]*

- 1 = Corrections
- 2 = Juvenile court
- 3 = Probation
- 4 = Other local schools
- 5 = Mental health agency/clinic/provider
- 6 = Physical health care agency/clinic/provider
- 7 = Public child welfare
- 8 = Substance abuse agency/clinic/provider
- 9 = Family court
- 10 = Other—please specify _____

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12b. Has this collaboration had a positive impact on the ability of students to function in the school environment?

1 = No

2 = Yes

[CARD 1]

	Never	Rarely	Quarterly	Monthly	Weekly
13. How often does the following take place at your school?					
13a. Mental health staff/teacher planning	1	2	3	4	5
13b. Mental health staff/special education planning	1	2	3	4	5
13c. Mental health staff/school social worker planning	1	2	3	4	5
13d. Other mental health service planning meetings—please specify _____	1	2	3	4	5
13e. Training to help teachers identify needs related to a student's behavioral and emotional problems	1	2	3	4	5

The next set of items relates to the role of mental health service providers in your school. Please indicate the degree to which you agree or disagree with each statement.

[CARD 2]

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
14. The school mental health provider(s) has/have involved families to address their children's mental health needs.	1	2	3	4	5
15. The school mental health provider(s) has/have worked collaboratively with school staff to develop/strengthen the mental health program at this school.	1	2	3	4	5
16. Our school has benefitted from the services offered by the school mental health provider(s).	1	2	3	4	5
17. In general, students who receive services from the school mental health provider(s) improve their school grades.	1	2	3	4	5
18. In general, the behavior of students who receive services from the school mental health provider(s) improves.	1	2	3	4	5

CHILD ID:

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School Administrator Questionnaire (SAQ)

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
19. The services our students receive are of the best quality.	1	2	3	4	5

Child Welfare Sector Study Review Form (CWSR)

This instrument is to be completed by the field research coordinators in coordination with staff at the child welfare agencies. The field research coordinators employed by ICF will complete the form for each child after the baseline interview has been conducted, and will update the forms for all participants near the end of the study. The instrument will be completed for children in the SOC and comparison sites who are enrolled in the Child Welfare Sector Study. Information will be collected about the types of services the child, biological family, and/or foster family have been receiving from the public child welfare agency, placement history, current child welfare goal, existing service plans, and risk factors of the biological parent(s).

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0307. Public reporting burden for this collection of information is estimated to average 12 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

CHILD WELFARE SECTOR STUDY RECORD REVIEW FORM—Intake (CWSR-I)

CWSRQIDATE (Today's date) / /

Month Day Year

CHILDDID (National evaluation ID)

TIMEFRAM (Assessment period) 1 = Intake

Please use this form to record information located in the child's child welfare record. Follow these steps for each record:

- Begin by reviewing the entire record.
- Identify information pertaining to the most recent report of child welfare involvement, and use the information to answer questions 1A through 1O.
- Proceed to the next most recent report of child welfare involvement, and use the information to answer questions 2A through 2O.
- Repeat these steps for all additional child welfare reports.

Guidance for completing certain items on the form are included as embedded comments in separate document. Please refer to these comments while completing the form.

1. Please indicate the type of maltreatment that was alleged that led to (*child's name*)'s current involvement with the child welfare system. *[Select all that apply]*

- 1 = Neglect
- 2 = Medical neglect
- 3 = Physical abuse
- 4 = Sexual abuse
- 5 = Psychological maltreatment
- 6 = Other—please indicate the type of maltreatment or the reason for child welfare services _____

2. When did (*child's name*) begin receiving in-home or out-of-home placement services?

_____ month _____ year

3. Has (*child's name*) had previous episodes of involvement with a public child welfare agency?

- 1 = No *[GO TO QUESTION #4]*
- 2 = Yes

3a. Please list each previous episode of involvement with a public child welfare agency.

Episode	Dates (mo/yr – mo/yr)	Type of Involvement
1st episode	___/___ – ___/___	_____
2nd episode	___/___ – ___/___	_____
3rd episode	___/___ – ___/___	_____
4th episode	___/___ – ___/___	_____
5th episode	___/___ – ___/___	_____
6th episode	___/___ – ___/___	_____

4. Did (*child's name*) receive any of the following services in the past 6 months? [*Select all that apply*]

- 1 = Early Head Start services
- 2 = Head Start services
- 3 = Services through Part B of IDEA—Assistance for Education of All Children with Disabilities [*List and describe the services provided*]

4 = Services through Part C of IDEA for Infants and Toddlers with Disabilities [*List and describe the services provided*]

5 = Other early intervention services [*List and describe the services provided*]

6 = Primary health care [*List and describe the services provided*]

7 = Other [*List and describe the services provided*]

5. What services currently are being provided or were provided to the family in the past 6 months (e.g., substance abuse services, therapy, respite, home visitation, etc.)? [*List and describe each service*]

6. What training/parent education currently is being provided or was provided to the family in the past 6 months? *[List and describe each service]*

7. What is *(child's name)*'s current placement status?

- 1 = In-home placement *[GO TO QUESTION #13]*
- 2 = Out-of-home placement

8. What is *(child's name)*'s current out-of-home placement setting?

- 1 = Kinship care
- 2 = Foster care with unrelated adults
- 3 = Therapeutic foster care with unrelated adults
- 4 = Residential treatment
- 5 = Group home
- 6 = Other—please specify _____

9. For this current out-of-home placement, what was the date *(child's name)* began living in his/her current setting?

_____ month _____ year

10. For this current out-of-home placement, in how many different settings has *(child's name)* lived?

_____ placement settings

10a. If there has been more than one living setting in the current episode of out-of-home placement, please provide the dates and types of the previous placement settings.

Placement	Dates (mo/yr – mo/yr)	Type	Reason for Ending Placement
1st placement	___/___ – ___/___	_____	_____
2nd placement	___/___ – ___/___	_____	_____
3rd placement	___/___ – ___/___	_____	_____
4th placement	___/___ – ___/___	_____	_____
5th placement	___/___ – ___/___	_____	_____
6th placement	___/___ – ___/___	_____	_____

11. What services currently are being provided or were provided to the out-of-home placement resource in the past 6 months (e.g., substance abuse services, therapy, respite, home visitation, etc.)? *[List and describe each service]*

12. What training/education currently is being provided or was provided to the out-of-home placement resource in the past 6 months? *[List and describe each service]*

13. At the time that the current episode of child welfare involvement started, who was (*child's name*)'s primary caregiver?

- 1 = Biological mother
- 2 = Biological father
- 3 = Other—please specify _____

14. Risk factors of biological parents identified at start of current episode of involvement with the public child welfare agency: *[Indicate yes or no for each]*

Risk Factor	Mother		Father	
	No	Yes	No	Yes
a. Mental health issue: Mood disorder (e.g., depression, bipolar)	1	2	1	2
b. Mental health issue: Anxiety disorder	1	2	1	2
c. Mental health issue: Severe mental illness (e.g., schizophrenia, psychosis)	1	2	1	2
d. Mental retardation or borderline mental functioning	1	2	1	2
e. Substance abuse issues (drugs and/or alcohol)	1	2	1	2
f. Physical health problems	1	2	1	2
g. Domestic violence	1	2	1	2
h. Teen parent (19 years of age or younger when child was born)	1	2	1	2
i. Parental history of maltreatment	1	2	1	2
j. Child living with single parent	1	2	1	2
k. Incarcerated parent	1	2	1	2
l. Social isolation	1	2	1	2
m. Poverty	1	2	1	2

Risk Factor	Mother		Father	
	No	Yes	No	Yes
n. Unemployment	1	2	1	2
o. Other—please specify _____	1	2	1	2

15. What types of service plans does (*child's name*) have? [Select all that apply]

- 1 = Child welfare
- 2 = Early intervention
- 3 = System of care/mental health
- 4 = Head Start
- 5 = Other—please specify _____

16. Were any service planning meetings held in the past 6 months for (*child's name*)?

- 1 = No [END OF QUESTIONNAIRE]
- 2 = Yes

16a. How many meetings for each type of service plan were held?

<u>Type of Planning Meeting</u>	<u># of meetings held</u>
1 = Child welfare	_____
2 = Early intervention	_____
3 = System of care/mental health	_____
4 = Head Start	_____
5 = Other—please specify _____	_____

17. Please identify all who attended service planning meetings and how many meetings they attended.

Person Participating	Number of Meetings Attended
a. Biological parent(s)	_____
b. Non-relative foster parent(s)	_____
c. Kin providing foster care	_____
d. Child	_____
e. Other family member	_____
f. Friend(s) of the family	_____
g. Child welfare staff (e.g., social worker/case manager, supervisor, etc.)	_____
h. SOC care coordinator	_____
i. Early Head Start staff	_____
j. Early intervention services staff	_____
k. Mental health provider	_____
l. Other—please specify _____	_____

Child Welfare Sector Study Review Form (CWSR)

This instrument is to be completed by the field research coordinators in coordination with staff at the child welfare agencies. The field research coordinators employed by ICF will complete the form for each child after the baseline interview has been conducted, and will update the forms for all participants near the end of the study. The instrument will be completed for children in the SOC and comparison sites who are enrolled in the Child Welfare Sector Study. Information will be collected about the types of services the child, biological family, and/or foster family have been receiving from the public child welfare agency, placement history, current child welfare goal, existing service plans, and risk factors of the biological parent(s).

CHILD ID:

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1. Did (*child's name*) receive any of the following services in the past 6 months? [*Select all that apply*]

- 1 = Early Head Start services
- 2 = Head Start services
- 3 = Services through Part B of IDEA—Assistance for Education of All Children with Disabilities [*List and describe the services provided*]

- 4 = Services through Part C of IDEA for Infants and Toddlers with Disabilities [*List and describe the services provided*]

- 5 = Other early intervention services [*List and describe the services provided*]

- 6 = Primary health care [*List and describe the services provided*]

- 7 = Other [*List and describe the services provided*]

2. What services currently are being provided or were provided to the family in the past 6 months (e.g., substance abuse services, therapy, respite, home visitation, etc.)? [*List and describe each service*]

3. What training/parent education currently is being provided or was provided to the family in the past 6 months? *[List and describe each service]*

4. Is *(child's name)* currently involved with the child welfare system?

1 = No
2 = Yes *[GO TO QUESTION #5]*

- 4a. When did *(child's name)*'s involvement with the child welfare system end?

_____ month _____ year *[END OF QUESTIONNAIRE]*

5. Is this the same episode of involvement with child welfare indicated at the previous record review/interview?

1 = No
2 = Yes *[GO TO QUESTION #8]*

6. Please indicate the type of maltreatment that was alleged that led to *(child's name)*'s current involvement with the child welfare system. *[Select all that apply]*

1 = Neglect
2 = Medical neglect
3 = Physical abuse
4 = Sexual abuse
5 = Psychological maltreatment
6 = Other—please indicate the type of maltreatment or the reason for child welfare services _____

7. When did *(child's name)* begin receiving the current in-home or out-of-home placement services?

_____ month _____ year

8. At the time that the current episode of child welfare involvement started, who was *(child's name)*'s primary caregiver?

1 = Biological mother
2 = Biological father
3 = Other—please specify _____

9. What is *(child's name)*'s current placement status?

1 = In-home placement *[GO TO QUESTION #15]*
2 = Out-of-home placement

10. What is (*child's name*)'s current out-of-home placement setting?

- 1 = Kinship care
- 2 = Foster care with unrelated adults
- 3 = Therapeutic foster care with unrelated adults
- 4 = Residential treatment
- 5 = Group home
- 6 = Other—please specify _____

11. How many different settings has (*child's name*) had in the past 6 months?

- 1 = 1 placement setting [*GO TO QUESTION #12*]
- 2 = More than 1 placement setting

11a. Please indicate the number of placement settings (*child's name*) has had in the past 6 months.

_____ placement settings

11b. Please provide the dates and types of the previous placement settings.

Placement	Dates (mo/yr – mo/yr)	Type	Reason for Ending Placement
1st placement	___/___ – ___/___	_____	_____
2nd placement	___/___ – ___/___	_____	_____
3rd placement	___/___ – ___/___	_____	_____
4th placement	___/___ – ___/___	_____	_____
5th placement	___/___ – ___/___	_____	_____
6th placement	___/___ – ___/___	_____	_____

12. What is the current child welfare goal for (*child's name*)?

- 1 = Reunification
- 2 = Kinship guardianship
- 3 = Non-kin guardianship
- 4 = Adoption
- 5 = Other—please specify _____

13. What services currently are being provided or were provided to the out-of-home placement resource in the past 6 months (e.g., substance abuse services, therapy, respite, home visitation, etc.)? [*List and describe each service*]

14. What training/education currently is being provided or was provided to the out-of-home placement resource in the past 6 months? *[List and describe each service]*

15. Were any service planning meetings held in the past 6 months for *(child's name)*?

- 1 = No *[END OF QUESTIONNAIRE]*
- 2 = Yes

15a. How many meetings for each type of service plan were held?

<u>Type of Planning Meeting</u>	<u># of meetings held</u>
1 = Child welfare	_____
2 = Early intervention	_____
3 = System of care/mental health	_____
4 = Head Start	_____
5 = Other—please specify _____	_____

16. Please identify all who attended service planning meetings and how many meetings they attended.

<u>Person Participating</u>	<u>Number of Meetings Attended</u>
a. Biological parent(s)	_____
b. Non-relative foster parent(s)	_____
c. Kin providing foster care	_____
d. Child	_____
e. Other family member	_____
f. Friend(s) of the family	_____
g. Child welfare staff (e.g., social worker/case manager, supervisor, etc.)	_____
h. SOC care coordinator	_____
i. Early Head Start staff	_____
j. Early intervention services staff	_____
k. Mental health provider	_____
l. Other—please specify _____	_____

Attachment F: Services and Costs Study

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0307. Public reporting burden for this collection of information is estimated to average 20 minutes per record, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

FLEXIBLE FUNDS DATA DICTIONARY

Variable Name	Variable Description	Format	Field Length	Formats & Codes
CHILDID	National Evaluation Child ID. The child identification number assigned for the national evaluation. This number is 9 digits. The first 3 digits represent the program, the fourth and fifth digits are determined by local evaluators, and the final 4 digits are unique child identifiers.	NUM	9	10000000 – 199999999 Range will be more specific to each community.
CATEGORY	Expenditure Category. The numeric code and description for the expenditure for which the flexible funds were spent. (Refer to Appendix D: Flexible Funds Expenditure Category Definitions for additional clarification and examples of the different categories.) If "22=Other" is selected, details should be provided in the "Expenditure Details/Notes/Comments" field. Note: Code number 13 has been deleted.	TEXT	52	1=Housing 2=Utilities 3=Environmental Modification 4=Furnishings/Appliances 5=Supplies 6=Food/Groceries 7=Clothing 8=Activities 9=Educational Support 10=Day Care and Support 11=Automobile 12=Transportation 14=Incentive 15=Legal 16=Medical 17=Mental Health Services (Child) 18=Mental Health Services (Caregiver / Family Member) 19=Camp 20=Training (Caregiver / Family Member) 21=Training (Child) 22=Other (Specify)
DETAILS	Expenditure Details/Notes/Comments. A description of the specific item, service, or activity the flexible funds were used to purchase that would help clarify the expenditure. Use this field to describe any expenditure listed in the Expenditure Category field as "22=Other."	TEXT	70	A – Z; 0 – 9
EXPDATE	Expenditure Date. The date the flexible funds were disbursed.	DATE	10	mm/dd/yyyy A data validation rule requires that this date be between 10/01/2005 and 09/30/2016.
AMTPAID	Total Amount Paid by Flexible Funds. The total amount of flexible funds spent on this item, service, or activity.	NUM	8.2	0.00 – 999,999.99

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*National Evaluation of the Comprehensive Community Mental Health Services
for Children and Their Families Program*

SERVICES AND COSTS DATA DICTIONARY

Variable Name	Variable Description	Format	Field Length	Codes
CHILDDID*	Child/youth identification number assigned for the national evaluation. First three digits indicate the site number, fourth digits and fifth digits are determined by the local evaluation, final four digits are unique child identifiers. This is the same Child ID used for the national evaluation's Cross-Sectional Descriptive Study and Longitudinal Child and Family Outcome Study. <i>*This is a required field for all data records.</i>	NUM	9	100000000 – 199999999 (range will be more specific to each community)
SERVICE ENROLLMENT DATES				
ENROLL1	Date the child was first enrolled in system of care and eligible for services.	DATE	10	MM/DD/YYYY
DISCHRG1	Date of first discharge from system of care services.	DATE	10	MM/DD/YYYY
ENROLL2	Date the child was re-enrolled in system of care (2 nd enrollment) and again eligible for services. This field may be left blank if there is no second episode of enrollment and discharge.	DATE	10	MM/DD/YYYY
DISCHRG2	Date of second discharge from system of care services. This field may be left blank if there is no second episode of enrollment and discharge.	DATE	10	MM/DD/YYYY
ENROLL3	Date the child was re-enrolled in system of care (3 rd enrollment) and again eligible for services. This field may be left blank if there is no third episode of enrollment and discharge.	DATE	10	MM/DD/YYYY
DISCHRG3	Date of third discharge from system of care services. This field may be left blank if there is no third episode	DATE	10	MM/DD/YYYY

Variable Name	Variable Description	Format	Field Length	Codes
	of enrollment and discharge.			
DATE OF SERVICE				
START*	Start date of service. If length of service is 1 day or less, enter the date of service in START and leave END blank. * <i>This is a required field for all data records.</i>	DATE	10	MM/DD/YYYY (may precede the child's first enrollment date into system of care by one year)
END	End date of service. If length of service is more than 1 day, enter the first date of service in START and the last date of service in END. This field may be left blank if length of service is 1 day or less.	DATE	10	MM/DD/YYYY
SERVICE TYPE* * <i>This is a required field for all data records.</i>				
CPT	Current Procedural Terminology (CPT-4): Level I codes. Official definitions for CPT-4 codes commonly used for systems of care services are provided in Attachment A.	TEXT	5	0 – 9; i.e., 96150
or				
HCPCS	Healthcare Common Procedure Coding System (HCPCS): Level II codes. Official definitions for HCPCS codes commonly used for systems of care services are provided in Attachment A.	TEXT	5	A – Z; 0 – 9; i.e., H0002
or				
ICD9	International Classification of Diseases, 9 th Revision, Clinical Modification (ICD-9-CM)—Procedure Codes. Official definitions for ICD-9-CM procedure codes commonly used for systems of care services are provided in Attachment A.	NUM	5	0 - 9; 4 digits with an explicit decimal, i.e., 94.42
or				
SVCTYPE	Type of service. Further definitions of service categories are provided in Attachment B.	NUM	2	General Community-based / Episodic Services 1=Intake / screening / diagnosis / assessment 2=Evaluation 3=Consultation / meeting 4=Case management / clinical coordination 5=Service planning 6=Crisis intervention / crisis stabilization / crisis hotline 7=Emergency room psychiatric service 8=Early intervention / prevention 9=Caregiver support / family support 10=Respite care 11=Advocacy 12=Legal service 13=Recreational activity / recreational therapy

Variable Name	Variable Description	Format	Field Length	Codes
				<p>14=After-school program or childcare 15=Training / tutoring / education / mentoring 16=Behavioral / therapeutic aide service 17=Medication treatment / administration / monitoring 18=Medical care / physical health care / laboratory related to mental health 19=Day treatment / partial-day treatment 20=Individual therapy / counseling / psycho-social therapy / play therapy 21=Group therapy / group counseling 22=Family therapy / family counseling 23=Psycho-social rehabilitation / cognitive rehabilitation 24=Tribal healing service 25=Social work service 26=Vocational / life skills training / independent living skills / youth transition 27=Transportation</p> <p>Services Specific to Child Welfare 28=Child protective service 29=Case evaluation and monitoring 30=Family preservation 31=Adoption service 32=Therapeutic foster care / therapeutic group home 33=Family foster care, with non-relative / non-therapeutic foster care 34=Group foster care 35=Relative care</p> <p>Services Specific to Juvenile Justice 36=Diversion / prevention service 37=Court services 38=Juvenile detention 39=Jail or prison 40=Parole / aftercare service 41=Probation / monitoring</p> <p>Services Specific to Special Education and Early Care Programs 42=Early Head Start Program 43=Early Intervention (Part C) 44=Head Start Program 45=Preschool Special Education Program (Part B) 46=Other Early Care and Education Programs 47=Special education class, self contained 48=Special education resource service 49=Special education, inclusion</p>

Variable Name	Variable Description	Format	Field Length	Codes
				50=Physical, occupational, speech, hearing, or language service 51=Teacher aide service / other paraprofessional service Informal, Natural Support, In-Kind, Volunteer Services 52=Self-help group / peer counseling / support group 53=Counseling from clergy 54=Informal transportation Inpatient and Residential Services (Other than Foster Care) 55=Inpatient evaluation 56=Inpatient consultation 57=Inpatient behavioral health service 58=Residential therapeutic camp / wilderness program 59=Residential treatment service, non-hospital 60=Residential care / custodial care 61=Shelter placement Other Service Type 62=Other service type, please specify
SVCOTH	Description of other service type in SVCTYPE=62. If other is unknown, enter "-999".	TEXT	50	A – Z; 0 – 9; or -999
PROVIDER AGENCY / SERVICE SECTOR				
AGENCY	The service sector or type of agency providing the service. This might include both public agencies and private providers.	NUM	2	1=Mental health 2=Child welfare / social services 3=Juvenile justice (juvenile court, corrections, probation) 4=Education / school / early childhood program / childcare organization 5=Pediatrician / physical health care provider 6=Family organization 7=Youth organization 8=Other, please specify
AGENOTH	Description of other service sector or agency type providing the service in AGENCY=8. If other is unknown, enter "-999".	TEXT	50	A – Z; 0 – 9; or -999
PROVIDER TYPE				
PROVIDER	Type of individual providing the service. Further definitions of provider categories are provided in Attachment B.	NUM	2	1=Case manager / care coordinator 2=Psychologist (Ph.D. or similar credential) 3=Mental health professional / licensed professional counselor 4=Social worker 5=Recreational therapist / behavioral aide / respite worker / other mental health staff 6=Tribal healer

Variable Name	Variable Description	Format	Field Length	Codes
				7=Faith-based professional 8=Psychiatrist (M.D. or similar credential) 9=Physical health care physician / pediatrician 10=Nurse practitioner / physician's assistant 11=Nurse / psychiatric nurse 12=Alternative health care practitioner 13=Medical technician / laboratory 14=Child protective services worker / child protective investigator / foster care case worker 15=Foster family / foster parent 16=Teacher / special education teacher / resource teacher 17=School counselor / school psychologist 18=Speech, language therapist / audiologist / occupational or physical therapist 19=Teacher aide / educational paraprofessional 20=Tutor 21=Childcare provider 22=Court services worker 23=Detention / corrections staff 24=Probation / parole officer 25=Youth coordinator 26=Youth 27=Family member / relative / friend / neighbor / volunteer 28=Advocate / family advocate / education advocate / court advocate 29=Mentor 30=Program support staff 31=Driver 32=Other, please specify
PROVOTH	Description of other in PROVIDER=32. If other is unknown, enter "-999".	TEXT	50	A – Z; 0 – 9; or -999
SERVICE LOCATION				
LOCATION	Location where service was provided. Further definitions of location categories are provided in Attachment B.	NUM	2	1=Office / independent clinic 2=Public health clinic / rural health clinic / federally qualified health center 3=Indian health service / Tribal 638 facility 4=Community mental health center 5=Social service center or agency 6=Ambulance 7=Mobile unit 8=Urgent care facility 9=Inpatient hospital 10=Outpatient hospital 11=Emergency room – hospital

Variable Name	Variable Description	Format	Field Length	Codes
				12=Inpatient psychiatric hospital / facility 13=Psychiatric facility-partial hospitalization 14=Residential psychiatric treatment center 15=Correctional facility 16=Homeless shelter / temporary lodging 17=School 18=Home 19=Group home / custodial care facility 20=Pharmacy 21=Independent laboratory 22=Other community location / public place (i.e., Boys/Girls Club, YMCA, library, place of worship) 23=Phone 24=Other place of service, please specify
LOCATOTH	Description of other in LOCATION=24. If other is unknown, enter "-999".	TEXT	50	A – Z; 0 – 9; or -999
SERVICE UNITS				
NUMBER	Number of service units	NUM	8.2	1.00 – 999999.99
SVCUNIT	Unit of service	NUM	1	1=minute 2=hour 3=day 4=week 5=month 6=year 7=visit / session 8=call / contact 9=report
COSTS AND PAYMENT SOURCE				
	Amounts Charged			
CHGMEDCD	Total amount <i>charged</i> for this service to <i>Medicaid</i>	NUM	8.2	0.00 – 999999.99
CHGSCHIP	Total amount <i>charged</i> for this service to <i>SCHIP</i>	NUM	8.2	0.00 – 999999.99
CHGCMHI	Total amount <i>charged</i> for this service to <i>SAMHSA CMHI cooperative agreement</i>	NUM	8.2	0.00 – 999999.99
CHGMH	Total amount <i>charged</i> for this service to a <i>mental health agency or provider</i>	NUM	8.2	0.00 – 999999.99
CHGCW	Total amount <i>charged</i> for this service to a <i>child welfare or social services agency</i>	NUM	8.2	0.00 – 999999.99
CHGJJ	Total amount <i>charged</i> for this service to <i>juvenile justice (juvenile court, corrections, or probation)</i>	NUM	8.2	0.00 – 999999.99
CHGEDUC	Total amount <i>charged</i> for this service to <i>education, early childhood program, or childcare organization</i>	NUM	8.2	0.00 – 999999.99

Variable Name	Variable Description	Format	Field Length	Codes
CHGTRIBE	Total amount <i>charged</i> for this service to a <i>Tribal government, agency, or organization</i>	NUM	8.2	0.00 – 999999.99
CHGIHS	Total amount <i>charged</i> for this service to the <i>Indian Health Service</i>	NUM	8.2	0.00 – 999999.99
CHGFAM	Total amount <i>charged</i> for this service to a <i>family organization</i>	NUM	8.2	0.00 – 999999.99
CHGYOUTH	Total amount <i>charged</i> for this service to a <i>youth organization</i>	NUM	8.2	0.00 – 999999.99
CHGFDTN	Total amount <i>charged</i> for this service to a <i>foundation or other private funding</i>	NUM	8.2	0.00 – 999999.99
CHGPRIV	Total amount <i>charged</i> for this service to <i>private insurance</i>	NUM	8.2	0.00 – 999999.99
CHGCLIEN	Total amount <i>charged</i> for this service to <i>client out-of-pocket</i>	NUM	8.2	0.00 – 999999.99
CHGOTHER	Total amount <i>charged</i> for this service to <i>other payer</i> . Please specify type of other payer in CHGOTH. If charge data are available, but source of payment is not available, enter charge amounts in this CHGOTHER variable and enter “payment source unknown” in CHGOTH,	NUM	8.2	0.00 – 999999.99
CHGOTH	Description of other payer in CHGOTHER. If other is unknown, enter “-999”.	TEXT	50	A – Z; 0 – 9; or -999
	Amounts Paid			
PAYMEDCD	Total amount <i>paid</i> for this service by <i>Medicaid</i>	NUM	8.2	0.00 – 999999.99
PAYSCHIP	Total amount <i>paid</i> for this service by <i>SCHIP</i>	NUM	8.2	0.00 – 999999.99
PAYCMHI	Total amount <i>paid</i> for this service by <i>SAMHSA CMHI cooperative agreement</i>	NUM	8.2	0.00 – 999999.99
PAYMH	Total amount <i>paid</i> for this service by a <i>mental health agency or provider</i>	NUM	8.2	0.00 – 999999.99
PAYCW	Total amount <i>paid</i> for this service by a <i>child welfare or social services agency</i>	NUM	8.2	0.00 – 999999.99
PAYJJ	Total amount <i>paid</i> for this service by <i>juvenile justice (juvenile court, corrections, or probation)</i>	NUM	8.2	0.00 – 999999.99
PAYEDUC	Total amount <i>paid</i> for this service by <i>education, early childhood program, or childcare organization</i>	NUM	8.2	0.00 – 999999.99
PAYTRIBE	Total amount <i>paid</i> for this service by a <i>Tribal government, agency, or organization</i>	NUM	8.2	0.00 – 999999.99
PAYIHS	Total amount <i>paid</i> for this service by the <i>Indian Health Service</i>	NUM	8.2	0.00 – 999999.99
PAYFAM	Total amount <i>paid</i> for this service by a <i>family organization</i>	NUM	8.2	0.00 – 999999.99

Variable Name	Variable Description	Format	Field Length	Codes
PAYYOUTH	Total amount <i>paid</i> for this service by a <i>youth organization</i>	NUM	8.2	0.00 – 999999.99
PAYFDTN	Total amount <i>paid</i> for this service by a <i>foundation or other private funding</i>	NUM	8.2	0.00 – 999999.99
PAYPRIV	Total amount <i>paid</i> for this service by <i>private insurance</i>	NUM	8.2	0.00 – 999999.99
PAYCLIEN	Total amount <i>paid</i> for this service by <i>client out-of-pocket</i>	NUM	8.2	0.00 – 999999.99
PAYOTHER	Total amount <i>paid</i> for this service by <i>other payer</i> . Please specify type of other payer in PAYOTH. If payment data are available, but source of payment is not available, enter payment amounts in this PAYOTHER variable and enter “payment source unknown” in PAYOTH,	NUM	8.2	0.00 – 999999.99
PAYOTH	Description of other payer in PAYOTHER. If other is unknown, enter “-999”.	TEXT	50	A – Z; 0 – 9; or -999
PAYESTIM	Flag to indicate whether any of the payment amounts represent an estimated amount, rather than actual amount.	NUM	2	1=Actual 2=Estimated
UNPAID SERVICE ESTIMATES				
ESTIMATE	Total amount estimated as the value of the unpaid informal, natural support, in-kind, or volunteer service. If the service is not an unpaid service, enter “-666” in this field to identify it as not applicable.	NUM	8.2	0.00 – 999999.99 or -666

SERVICES AND COSTS DATA DICTIONARY— ATTACHMENT A

CODE DEFINITIONS FOR CPT-4 CODES, HCPCS CODES, AND ICD-9-CM PROCEDURE CODES

CPT-4 codes are assigned and maintained by the American Medical Association. HCPCS codes are assigned and maintained by the Centers for Medicare and Medicaid Services. ICD-9-CM procedure codes are maintained jointly by the National Center for Health Statistics (NCHS) and the Centers for Medicare & Medicaid Services (CMS).

Note: Procedure codes approved for reimbursement vary by State; not all procedure codes are approved for reimbursement through Medicaid in all States. The codes listed in this attachment are representative of most codes in use for behavioral health and related care, but are not intended to be exhaustive or definitive.

Code	Description
Current Procedural Terminology (CPT-4): Level I - Psychiatric Codes	
90801	Psychiatric diagnostic interview examination
90802	Interactive psychiatric diagnostic interview examination using play equipment, physical devices, language interpreter, or other mechanisms of communication
90804	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient
90805	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services
90806	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient
90807	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient; with medical evaluation and management services
90808	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient
90809	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient; with medical evaluation and management services
90810	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient
90811	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient with medical evaluation and management services
90812	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient
90813	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient; with medical evaluation and management services
90814	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient

Code	Description
90815	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient; with medical evaluation and management services
90816	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient
90817	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services
90818	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient
90819	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient; with medical evaluation and management services
90821	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face-to-face with the patient
90822	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face-to-face with the patient; with medical evaluation and management services
90823	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient
90824	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services
90826	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient
90827	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient; with medical evaluation and management services
90828	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face-to-face with the patient
90829	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face-to-face with the patient; with medical evaluation and management services
90845	Psychoanalysis
90846	Family psychotherapy (without the patient present)
90847	Family psychotherapy (conjoint psychotherapy) (with patient present)
90849	Multiple family group psychotherapy
90853	Group psychotherapy (other than of a multiple-family group)
90857	Interactive group psychotherapy
90862	Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy

Code	Description
90875	Individual psycho-physiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (e.g., insight oriented, behavior modifying or supportive psychotherapy); (approx. 20-30 minutes)
90876	Individual psycho-physiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (e.g., insight oriented, behavior modifying or supportive psychotherapy); (approx. 45-50 minutes)
90880	Hypnotherapy
90882	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions
90885	Psychiatric evaluation of hospital records, other psychiatric reports, psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes
90887	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient
90889	Preparation of report of patient's psychiatric status, history, treatment, or progress (other than legal or consultative purposes) for other physicians, agencies, or insurance carriers
90899	Unlisted psychiatric service or procedure
<p>Current Procedural Terminology (CPT-4): Level I - Health Behavior Assessment & Intervention (HBAI) Codes <i>These codes typically apply to mental health procedures used to identify the psychological, behavioral, emotional, cognitive, and social factors important to the prevention, treatment, or management of physical health problems. They are intended for use by specific mental health care professionals who provide mental health services related to a physical, not a mental health, diagnosis.¹</i></p>	
96101	Psychological testing (includes psycho-diagnostic assessment of emotionality, intellectual abilities, personality and psychopathology (e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report
96102	Psychological testing (includes psycho-diagnostic assessment of emotionality, intellectual abilities, personality and psychopathology (e.g., MMPI and WAIS), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face
96103	Psychological testing (includes psycho-diagnostic assessment of emotionality, intellectual abilities, personality and psychopathology (e.g., MMPI), administered by a computer, with qualified health care professional interpretation and report
96105	Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing (e.g., by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour
96111	Developmental testing; extended (includes assessment of motor, language, social, adaptive and/or cognitive functioning by standardized developmental instruments) with interpretation and report
96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment (e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report
96118	Neuropsychological testing (e.g., Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report
96119	Neuropsychological testing (e.g., Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face
96120	Neuropsychological testing (e.g., Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report
96150	Health and behavior assessment (e.g., health-focused clinical interview, behavioral observations, psycho-physiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; initial assessment

Code	Description
96151	Health and behavior assessment (e.g., health-focused clinical interview, behavioral observations, psycho-physiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; re-assessment
96152	Health and behavior intervention, each 15 minutes, face-to-face; individual
96153	Health and behavior intervention, each 15 minutes, face-to-face; group (2 or more patients)
96154	Health and behavior intervention, each 15 minutes, face-to-face; family (with the patient present)
96155	Health and behavior intervention, each 15 minutes, face-to-face; family (without the patient present)
<p>Current Procedural Terminology (CPT-4): Level I - Evaluation & Management (EM) Codes <i>These codes typically apply to services unique to medical management, such as laboratory results, medical diagnostic evaluations, and medication management, performed by physicians, nurse practitioners, clinical nurse specialists, and physician assistants, but not clinical psychologists and clinical social workers.[†]</i></p>	
99201	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: a problem focused history; a problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: an expanded problem focused history; an expanded problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 20 minutes face-to-face with the patient and/or family.
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: a detailed history; a detailed examination; medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 45 minutes face-to-face with the patient and/or family.
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family.
99211	Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a problem focused history; a problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity. Counseling and coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s)

Code	Description
	are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family.
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a detailed history; a detailed examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family.
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.
99241	Office consultation for a new or established patient, which requires these 3 key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 15 minutes face-to-face with the patient and/or family.
99242	Office consultation for a new or established patient, which requires these 3 key components: an expanded problem focused history; an expanded problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.
99243	Office consultation for a new or established patient, which requires these 3 key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.
99244	Office consultation for a new or established patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family.
99245	Office consultation for a new or established patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 80 minutes face-to-face with the patient and/or family.
99251	Inpatient consultation for a new or established patient, which requires these 3 key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 20 minutes at the bedside and on the patient's hospital floor or unit.
99252	Inpatient consultation for a new or established patient, which requires these 3 key components: an expanded problem focused history; an expanded problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Physicians typically spend 40 minutes at the bedside and on the patient's hospital floor or unit.
99253	Inpatient consultation for a new or established patient, which requires these 3 key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 55 minutes at the bedside and on the patient's hospital floor or unit.

Code	Description
99254	Inpatient consultation for a new or established patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 80 minutes at the bedside and on the patient's hospital floor or unit.
99255	Inpatient consultation for a new or established patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 110 minutes at the bedside and on the patient's hospital floor or unit.
99282	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity.
99283	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity.
99284	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity, and require urgent evaluation by the physician but do not pose an immediate significant threat to life or physiologic function.
99285	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity and pose an immediate significant threat to life or physiologic function.
99324	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Physicians typically spend 20 minutes with the patient and/or family or caregiver.
99325	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 30 minutes with the patient and/or family or caregiver.
99326	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: a detailed history; a detailed examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 45 minutes with the patient and/or family or caregiver.
99327	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity. Physicians typically spend 60 minutes with the patient and/or family or caregiver.
99328	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: a comprehensive history; a

Code	Description
	comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant new problem requiring immediate physician attention. Physicians typically spend 75 minutes with the patient and/or family or caregiver.
99334	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a problem focused interval history; a problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Physicians typically spend 15 minutes with the patient and/or family or caregiver.
99335	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 25 minutes with the patient and/or family or caregiver.
99336	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a detailed interval history; a detailed examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 40 minutes with the patient and/or family or caregiver.
99337	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a comprehensive interval history; a comprehensive examination; medical decision making of moderate to high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Physicians typically spend 60 minutes with the patient and/or family or caregiver.
99341	Home visit for the evaluation and management of a new patient, which requires these three key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Physicians typically spend 20 minutes face-to-face with the patient and/or family
99342	Home visit for the evaluation and management of a new patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.
99343	Home visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 45 minutes face-to-face with the patient and/or family.
99344	Home visit for the evaluation and management of a new patient, which requires these three components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family.
99345	Home visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant new problem requiring immediate physician attention. Physicians typically spend 75 minutes face-to-face with the patient and/or family.
99371	Telephone call by a physician to patient or for consultation or medical management or for coordinating medical management with other health care

Code	Description
	professionals (e.g., nurses, therapists, social workers, nutritionists, physicians, pharmacists); simple or brief (e.g., to report on tests and/or laboratory results, to clarify or alter previous instructions, to integrate new information from other health professionals into the medical treatment plan, or to adjust therapy)
99372	Telephone call by a physician to patient or for consultation or medical management or for coordinating medical management with other health care professionals (e.g., nurses, therapists, social workers, nutritionists, physicians, pharmacists); intermediate (e.g., to provide advice to an established patient on a new problem, to initiate therapy that can be handled by telephone, to discuss test results in detail, to coordinate medical management of a new problem in an established patient, to discuss and evaluate new information and details, or to initiate new plan of care)
99373	Telephone call by a physician to patient or for consultation or medical management or for coordinating medical management with other health care professionals (e.g., nurses, therapists, social workers, nutritionists, physicians, pharmacists); complex or lengthy (e.g., lengthy counseling session with anxious or distraught patient, detailed or prolonged discussion with family members regarding seriously ill patient, lengthy communication necessary to coordinate complex services of several different health professionals working on different aspects of the total patient care plan)
Current Procedural Terminology (CPT-4): Level I - Other Codes	
36415	Collection of venous blood by venipuncture
80053	Comprehensive metabolic panel
80061	Lipid panel
80076	Hepatic function panel
80101	Drug screen, qualitative; single drug class method (e.g., immunoassay, enzyme assay), each drug class
80164	Dipropylacetic acid (valproic acid)
80178	Lithium
81000	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, with microscopy
81002	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, without microscopy
82043	Albumin; urine, microalbumin, quantitative
82055	Alcohol (ethanol); any specimen except breath
82565	Creatinine; blood
82570	Creatinine; other source
82947	Glucose; quantitative, blood (except reagent strip)
83036	Hemoglobin; glycosylated (A1C)
83655	Lead
83721	Lipoprotein, direct measurement; LDL cholesterol
84146	Prolactin

Code	Description
84439	Thyroxine; free
84443	Thyroid stimulating hormone (TSH)
84520	Urea nitrogen; quantitative
85007	Blood count; blood smear, microscopic examination with manual differential WBC count
85025	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count
85027	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)
88262	Chromosome analysis; count 15-20 cells, 2 karyotypes, with banding
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual
92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals
92588	Evoked otoacoustic emissions; comprehensive or diagnostic evaluation (comparison of transient and/or distortion product otoacoustic emissions at multiple levels and frequencies)
92700	Unlisted otorhinolaryngological service or procedure
93000	Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report
93005	Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report
93010	Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only
93303	Transthoracic echocardiography for congenital cardiac anomalies; complete
93320	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); complete
94664	Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler or IPPB device
94760	Noninvasive ear or pulse oximetry for oxygen saturation; single determination
97003	Occupational therapy evaluation
97110	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility
97150	Therapeutic procedure(s), group (2 or more individuals)
97530	Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes
98966	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion
98967	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion

Code	Description
98968	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion

¹ Kautz, C., Mauch, D., & Smith, S. A. *Reimbursement of mental health services in primary care settings* (HHS Pub. No. SMA-08-4324). Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, 2008.

Health Care Current Procedure Coding System (HCPCS): Level II Codes	
A0080	Non emergency transportation, per mile. Vehicle provided by volunteer (individual or organization), with no vested interest
A0090	Non emergency transportation, per mile. Vehicle provided by individual (family member, self, neighbor) with vested interest
A0100	Non emergency transportation services, taxi
A0110	Non-emergency transportation and bus, intra or interstate carrier
A0120	Non-emergency transportation: mini-bus, mountain area transports, or other transportation systems
A0130	Non emergency transportation: wheel-chair van
A0140	Non emergency transportation and air travel (private or commercial) intra or interstate
A0160	Non emergency transportation, per mile- case worker or social worker
A0170	Transportation ancillary: parking fees, tolls, other
A0425	Ground Mileage, per statute mile
A0426	Ambulance service, advanced life support, non-emergency transport, level 1 (Als1)
A0427	Ambulance service, advanced life support, emergency transport, level 1 (Als1_emergency)
A0428	Ambulance service, basic life support, non-emergency transport, (BlS)
H0001	Alcohol and/or drug assessment
H0002	Behavioral health screening to determine eligibility for admission to treatment program
H0003	Alcohol and/or drug screening; laboratory analysis of specimens for presence of alcohol and or drugs
H0004	Behavioral health counseling and therapy, per 15 minutes
H0017	Behavioral health; residential (hospital residential treatment program), without room and board, per diem
H0018	Behavioral health; short term residential (non-hospital residential treatment program), without room and board, per diem
H0019	Behavioral health; long term residential (non-medical, non-acute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem

H0023	Behavioral health outreach service (planned approach to reach a targeted population)
H0024	Behavioral health prevention information dissemination service (one-way direct or non-direct contact with service audiences to affect knowledge and attitude)
H0025	Behavioral health prevention education services (delivery of services with target population to affect knowledge, attitude and/or behavior)
H0030	Behavioral health hotline service
H0031	Mental health assessment by non-physician
H0032	Mental health service plan development by non-physician
H0033	Oral medication administration, direct observation
H0034	Medication training and support, per 15 minutes
H0035	Mental health partial hospitalization treatment, less than 24 hours
H0038	Self-help/ peer services per 15 minutes
H0039	Assertive community treatment, face to face, per 15 minutes
H0040	Assertive community treatment program, per diem
H0041	Foster care, child, non-therapeutic, per diem
H0042	Foster care, child, non-therapeutic, per month
H0045	Respite care services, not in the home, per diem
H0046	Mental health services, not otherwise specified
H2000	Comprehensive multidisciplinary evaluation
H2001	Rehabilitation program, per 1/2 day
H2010	Comprehensive medication services, per 15 minutes
H2011	Crisis intervention service, per 15 minutes
H2012	Behavioral health day treatment, per hour
H2014	Skills training and development, per 15 minutes
H2015	Comprehensive community support services, per 15 minutes
H2016	Comprehensive community support services, per diem
H2017	Psychosocial rehabilitation services, per 15 minutes

H2018	Psychosocial rehabilitation services, per diem
H2019	Therapeutic behavioral services, per 15 minutes
H2020	Therapeutic behavioral services, per diem
H2021	Community based wrap around services, per 15 minutes
H2022	Community based wrap around services, per diem
H2025	Ongoing support to maintain employment, per 15 minutes
H2026	Ongoing support to maintain employment, per diem
H2027	Psycho-educational service, per 15 minutes
H2030	Mental health clubhouse services, per 15 minutes
H2032	Activity therapy per 15 minutes
H2033	Multi-systemic therapy for juveniles, per 15 minutes
H2037	Developmental delay prevention activities, dependent child of client, per 15 minutes
J0515	Injection benzotropine mesylate, per 1 mg
J1200	Injection, diphenhydramine HCL injection up to 50 mg
J1630	Injection, haloperidol, up to 5 mg
J1631	Injection, haloperidol decanoate, per 50 mg
J2680	Injection, fluphenazine decanoate, up to 25 mg
J2794	Injection, risperidone, long acting, 0.5 mg
J3410	Injection, hydroxyzine HCL, up to 25 mg
M0064	Brief office visit for the sole purpose of monitoring or changing drug prescriptions used in the treatment of mental psychoneurotic and personality disorders
S0163	Injection, risperidone, Long Acting, 12.5 mg
S0201	Partial hospitalization services, less than 24 hours, per diem
S0215	Non emergency transportation, mileage per mile
S0316	Disease management program, follow-up/reassessment
S5110	Home care training, family; per 15 minutes
S5125	Attendant care services, per 15 minutes

S5126	Attendant care services, per diem
S5140	Foster care, adult, per diem
S5145	Foster care, therapeutic, child; per diem
S5146	Foster care, therapeutic, child; per month
S5150	Unskilled respite care, not hospice; per 15 minutes
S5151	Unskilled respite care, not hospice; per diem
S9445	Patient education, not otherwise classified, non-physician provider, individual, per session
S9446	Patient education, not otherwise classified, non-physician provider, group, per session
S9482	Family stabilization services, per 15 minutes
S9484	Crisis intervention, mental health services, per hour
S9485	Crisis intervention, mental health services, per diem
T1005	Respite care services, up to 15 minutes
T1013	Sign language or oral interpretive services, per 15 minutes
T1015	Clinic visit/encounter, all-inclusive
T1016	Case management, each 15 minutes
T1017	Targeted case management each 15 minutes
T1023	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter
T2001	Non-emergency transportation; patient attendant / escort
T2002	Non emergency transportation; per diem
T2003	Non emergency transportation; encounter/trip
T2004	Non emergency transportation; commercial carrier, multi pass
T2005	Non emergency transportation; stretcher van
T2007	Transportation waiting time, air ambulance and non-emergency vehicle, one-half (1/2) hour increments
T2034	Crisis intervention, waiver; per diem
T2036	Therapeutic camping overnight, waiver each session

T2037	Therapeutic camping day, waiver, each session
T2038	Community transition, waiver, per service
T2048	Behavioral health; long-term care residential (non-acute care in a residential treatment program where stay is typically longer than 30 days), with room and board, per diem
T2049	Non emergency transportation; stretcher van, mileage, per mile

International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)—Procedure Codes	
94.01	Administration of intelligence test designed primarily for school children to predict school performance and the ability to adjust to everyday demands or standardized tests that measure the present general ability of aptitude for intellectual performance (Stanford-Binet, Wechsler Adult Intelligence Scale, Wechsler Intelligence Scale for Children).
94.02	Administration of standardized psychologic test designed to measure abilities, aptitude, and achievement, or to evaluate personality traits (Bender Visual-Motor Gestalt Test, Benton Visual Retention Test, Minnesota Multiphasic Personality Inventory, Wechsler Memory Scale)
94.03	Character analysis
94.08	Other psychologic evaluation and testing
94.09	Psychologic mental status determination, not otherwise specified
94.11	Psychiatric mental status determination; clinical psychiatric mental status determination; evaluation for criminal responsibility; evaluation for testamentary capacity; medico-legal mental status determination; mental status determination NOS
94.12	Routine psychiatric visit, not otherwise specified
94.13	Psychiatric commitment evaluation; pre-commitment interview
94.19	Other psychiatric interview and evaluation; follow-up psychiatric interview NOS
94.21	Narcoanalysis; narcosynthesis
94.22	Lithium therapy
94.23	Neuroleptic therapy
94.24	Chemical shock therapy
94.25	Other psychiatric drug therapy
94.26	Sub-convulsive electroshock therapy
94.27	Other electroshock therapy; electroconvulsive therapy (ECT); EST
94.29	Other psychiatric somatotherapy (biologic treatment of mental disorders)
94.31	Psychoanalysis
94.32	Hypnotherapy; hypnodrome; hypnosis

94.33	Behavior therapy; aversion therapy; behavior modification; desensitization therapy; extinction therapy; relaxation training; token economy
94.34	Individual therapy for psychosexual dysfunction. Excludes that performed in group setting
94.35	Crisis intervention; actions performed to sustain a person dealing with a condition, event, or radical change in status. Brief therapeutic approach which is ameliorative rather than curative of acute psychiatric emergencies. Used in contexts such as emergency rooms of psychiatric or general hospitals, or in the home or place of crisis occurrence, this treatment approach focuses on interpersonal and intra-psychic factors and environmental modification.
94.36	Play psychotherapy
94.37	Exploratory verbal psychotherapy
94.38	Supportive verbal psychotherapy
94.39	Other individual psychotherapy; biofeedback
94.41	Group therapy for psychosexual dysfunction
94.42	Family therapy; a form of group psychotherapy. It involves treatment of more than one member of the family simultaneously in the same session.
94.43	Psychodrama; primarily a technique of group psychotherapy which involves a structure, directed, and dramatized acting out of the patient's personal and emotional problems.
94.44	Other group therapy; transactional group therapy; encounter group therapy
94.49	Other counseling; family counseling
94.51	Referral for psychotherapy
94.52	Referral for psychiatric aftercare: that in halfway house or outpatient (clinic) facility
94.53	Referral for alcoholism rehabilitation
94.54	Referral for drug addiction rehabilitation
94.55	Referral for vocational rehabilitation
94.59	Referral for other psychologic rehabilitation

SERVICES AND COSTS DATA DICTIONARY— ATTACHMENT B

GLOSSARY OF TERMS

Definitions for the services and concepts specified in this data dictionary are provided in the glossary provided in this attachment. For services that are associated with CPT-4, HCPCS codes, or ICD-9-CM—Procedure Codes, the specific codes associated with each service type are listed in this glossary. This glossary can be particularly helpful when information technology staff are recoding the data, and may not be as knowledgeable about mental health services as program staff may be.

Note: Definitions listed here are intended to provide guidance in coding data consistently across grant communities, but are not intended to provide definitive meanings to these concepts. If definitions listed here differ from those used locally, follow the definitions that are used locally. Procedure codes approved for reimbursement vary by State; not all procedure codes are approved for reimbursement through Medicaid in all States. Procedure codes provided here represent examples of codes that are possibly associated with each service type.

ENROLLMENT DATES	
Enrollment Date 1	The official date of the child or youth's first enrollment into system of care services.
Discharge Date 1	The definition of clinical discharge may be defined by the grantee. However, the child or youth can be considered discharged if he / she is lost to contact for 90 calendar days or more, or has died.
Enrollment Date 2	For children or youth who have re-enrolled into system of care services after previously being discharged. The official date of the child or youth's second enrollment into system of care services.
Discharge Date 2	For children or youth who have re-enrolled into system of care services after previously being discharged. The definition of clinical discharge may be defined by the grantee. However, the child or youth can be considered discharged if he / she is lost to contact for 90 calendar days or more, or has died.
Enrollment Date 3	For children or youth who have re-enrolled into system of care services after twice being previously discharged. The official date of the child or youth's third enrollment into system of care services.
Discharge Date 3	For children or youth who have re-enrolled into system of care services after twice being previously discharged. The definition of clinical discharge may be defined by the grantee. However, the child or youth can be considered discharged if he / she is lost to contact for 90 calendar days or more, or has died.
SERVICE TYPE – General Community-based / Episodic Services	
Intake / Screening / Diagnosis / Assessment	The process of gathering and documenting information about a child's psychological, social, learning, and behavioral strengths and challenges in order to determine the extent and nature of a child or youth's condition. These are typically performed by a psychologist, psychiatrist, or other clinical professional. Types of diagnostic assessment may include neurological, psychosocial, educational, and vocational. Includes CPT-4 codes: 90801 90802 90885 96101 96102 96103 96105 96111 96116 96118 96119 96120 96150 96151. Includes HCPCS codes: H0001 H0002 H0003 H0031 T1023.
Evaluation	The process of collecting and interpreting information about a child. An evaluation may include a variety of tests, observations, and background information and is typically conducted by a multi-disciplinary team of clinical or educational professionals. The purpose of an evaluation is to determine whether the child needs mental health treatment and, if so, what type of treatment, for preparing reports, or making recommendations for the most appropriate and least restrictive treatment for the child. Includes CPT-4 code: 97003 99205. 99201 99202 99203 99204 99205 99211 99212 99213 99214 99215 99341 99342 99343 99344 99345. Includes HCPCS codes: H2000. Includes ICD-9-CM Procedure Codes: 94.0 94.01 94.02 94.03 94.08 94.09 94.1 94.11 94.12 94.13 94.19

Consultation / Meeting	These services include providing information, education, and support on how to work more effectively with children and youth. Includes CPT-4 codes: 99241 99242 99243 99244 99245 99251 99371 99372 99373.
Case Management / Clinical Coordination	The procedures that a trained service provider uses to access and coordinate services for a child and the child's family. These services may include establishing and facilitating interagency treatment teams; preparing, monitoring, and revising individual service plans; and identifying and coordinating multiple treatment and support services. Includes CPT-4 codes: 90882 90889 98966 98967 98968. Includes HCPCS codes: G9007 H2021 H2022 T1016 T1017.
Service Planning	Service planning assists individuals and their families in planning, developing, choosing, or gaining access to needed services and supports. Services and supports that are planned may be formal (provided by the human services system) or informal (available through the strengths and resources of the family or community). Services and supports include discharge planning, advocacy and monitoring the well being of children, youth, and families, and supporting them to make their own service decisions. Includes HCPCS code: H0032.
Crisis Intervention / Crisis Stabilization / Crisis Hotline	Interventions designed to provide immediate, short-term help, and to stabilize a child or youth experiencing acute emotional or behavioral difficulties. Services may include the development of crisis plans, 24-hour telephone support, short-term counseling, mobile outreach services, intensive in-home support during crisis, and short-term emergency residential services. Includes HCPCS codes: H2011 S9484 S9485 T2034. Includes ICD-9-CM Procedure Code: 94.35
Emergency Room Psychiatric Service	Includes triage, psychiatric evaluation, and extended observation within an emergency room setting. Includes CPT-4 codes: 99282 99283 99284 99285.
Early Intervention / Prevention	Services used to recognize warning signs for mental health problems and to take early action against factors that put individuals at risk, aimed to help children get better more quickly and to prevent problems from becoming worse. Includes CPT-4 codes: 96152 96153 96154 96155. Includes HCPCS codes: H0023 H0024 H0025 H2037.
Caregiver Support / Family Support	Non-therapeutic and support services provided to caregivers or siblings. These may include family activities, behavior management training, parent classes, and support groups, but does not include respite care, recreational activities, or transportation services. Includes HCPCS codes: H2015 H2016 S5110.
Respite Care	A planned break for families who are caring for a child or youth with a serious emotional or behavioral disturbance, where trained parents or counselors assume the duties of care giving for a brief time to provide a break for the parent or caregiver. The service may be provided in the child's home or in other community locations. Includes HCPCS codes: H0045 S5150 S5151 T1005.
Advocacy	An individual or group acting on behalf of a child or youth. This can be a parent, friend, relative, or a concerned private or professional individual or group. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
Legal Service	Services provided to ensure the protection and maintenance of a child or family's legal rights. These services may include preparation of reports for court, representing a client in court, and providing follow-up documents to the court. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
Recreational Activity / Recreational Therapy	Use of recreational projects or community recreation resources, such as YMCA or other physical fitness activities, youth sports programs, karate classes, or summer camps (with no treatment component). Includes HCPCS codes: H2030 H2032 G0176 T2037.
After-school Program or Childcare	After-school programs are programs designed to provide care for and educational enhancement to children in the hours immediately following school classes. Childcare may occur at any time and is primarily for providing supervision of children. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
Training / Tutoring / Education / Mentoring	A range of child-focused educational services from basic literacy through the General Equivalency Diploma and college courses. Includes special education at the pre-primary, primary, secondary, and adult levels. Includes CPT-4 code: 90887.
Behavioral / Therapeutic Aide Service	Supervision of a child by trained adults in home, school, or other community locations. The treatment aide might provide support and may assist with behavior management or recreational activities. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
Medication Treatment /	Prescription of psychoactive medications by a physician or other qualified health care specialist to a child/youth designed to

Administration / Monitoring	alleviate symptoms and promote psychological growth. Treatment includes prescription, administration, assessment of drug effectiveness, and periodic assessment and monitoring of the child's reaction(s) to the drug. Includes CPT-4 code: 90862. Includes HCPCS codes: H2010 H0033 H0034 J0515 J1200 J1630 J1631 J2680 J2794 J3410 S0163 M0064. Includes ICD-9-CM Procedure Codes: 94.2 94.21 94.22 94.23 94.24 94.25 94.26 94.27 94.29
Medical Care / Physical Health Care/ Laboratory Related to Mental Health	Includes professional mental health medical services including physical health care or laboratory services in an inpatient or outpatient setting, specific to services required for direct support of mental health care or medication management. Includes CPT-4 codes: 36415 80053 80061 80076 80101 80164 80178 81000 81002 82043 82565 82570 82947 83036 83655 83721 84146 84439 84443 84520 85007 85025 85027 88262 90899 93000 93005 93010 93303 93320 94664 94760.
Day Treatment / Partial-Day Treatment	Intensive, non-residential service that provides an integrated array of counseling, education, and/or vocational training which involves a child or youth for at least 5 hours a day, for at least 3 days a week. Day treatment may be provided in a variety of settings including: schools, mental health centers, hospitals or in other community locations. Includes HCPCS code: H2012
Individual Therapy / Counseling / Psycho-social Therapy / Play Therapy	Therapeutic intervention with a child or youth that is administered one-on-one and that relies on interaction between therapist/clinician and child or youth to promote psychological and behavior change. Includes a variety of approaches (e.g., behavior, psychodynamic, cognitive, family systems) provided outside of the home. Includes CPT-4 codes: 90804 90805 90806 90807 90808 90809 90810 90811 90812 90813 90814 90815 90816 90817 90818 90819 90821 90822 90823 90824 90826 90827 90828 90829 90845 90875 90876 90880. Includes HCPCS codes: H0004 H0039 H0040 H2019 H2020 H2027 H2033 S9445. Includes ICD-9-CM Procedure Codes: 94.3 94.31 94.32 94.33 94.34 94.36 94.37 94.38 94.39
Group Therapy / Group Counseling	Therapeutic intervention with a child or youth that relies on interaction among a group of children or youth, facilitated by a clinician/therapist to promote psychological and behavior change. This form of therapy involves groups of usually 4 to 12 people who have similar problems and who meet regularly with a therapist. The therapist uses the emotional interactions of the group's members to help them get relief from distress and possibly modify their behavior. Includes CPT-4 codes: 90853 90857. Includes HCPCS code: S9446. Includes ICD-9-CM Procedure Codes: 94.41 94.43 94.44
Family Therapy / Family Counseling	Therapeutic family oriented services provided to caregivers and/or siblings with or without the child or youth present (e.g., individual/group therapy, family therapy, multi-family therapy). Includes CPT-4 codes: 90846 90847 90849. Includes ICD-9-CM Procedure Codes: 94.42 94.49
Psycho-Social Rehabilitation / Cognitive Rehabilitation	Therapeutic activities or interventions provided individually or in groups that may include development and maintenance of daily and community-living skills, self-care, skills training includes grooming, bodily care, feeding, social skills training, development of basic language skills, and management of specific problems in perception, memory, thinking and problem solving. Includes HCPCS codes: H2001 H2017 H2018.
Tribal Healing Service	Traditional tribal healing practices performed with or for a child or youth to support emotional and behavioral needs. Includes healing ceremonies, sweat lodges, herbal remedies, healing hands, prayer, cleansing, song and dance, traditional plant medicines, and culturally sensitive counseling. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
Social Work Service	Social work services include diagnostic or active clinical treatments provided with the intent to reasonably improve the child's physical or mental condition or functioning. Includes global evaluation to determine a child's developmental status and need for early intervention services, making home visits to assess a child's living conditions and patterns of parent-child interaction to determine the need for social work or other counseling services; preparing a social or emotional developmental assessment of the child within the family context to determine the need for social work or other counseling services; working with issues in the child's and family's living situation (e.g., home, community, etc.) and identifying, mobilizing, and coordinating community resources and services to enable the child and family to receive maximum benefit from early intervention services. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
Vocational / Life Skills Training / Independent Living Services / Youth Transition	Services designed to prepare older adolescents to live independently and reduce reliance on the family or service system. Services teach youth how to handle financial, medical, housing, transportation, and other daily living needs, as well as how to get along with others. Services may include social and community living skills development (e.g., look for job, pay bills), peer support

	and counseling. Designed for older adolescents to facilitate the move from the child system to the adult mental health system. Includes HCPCS codes: G0177 H2014 H2025 H2026 T2038.
Transportation	Transportation to appointments and other scheduled services and activities. Includes HCPCS codes: A0080 A0090 A0100 A0110 A0120 A0130 A0140 A0160 A0170 S0215 T2001 T2002 T2003 T2004 T2005 T2007 T2049.
SERVICE TYPE—Services Specific to Child Welfare	
Child Protective Service	Includes investigation of maltreatment allegations and validation of the child maltreatment report; assessment of child safety, early intervention and prevention, and alleged risk (alternative response). Develops a safety plan, if needed, to assure the child's protection and determines services needed. Includes removal and placement of child, court services, and reunification activities. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
Case Evaluation and Monitoring	Assessing the need for child welfare services; providing or arranging for services; and coordinating and evaluating child welfare services provided to a child and family. Includes referring a child and family to other services, as needed; documenting client progress and adherence to the plan; and providing casework contacts. Also includes measuring the extent to which treatment goals have been, or are being attained. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
Family Preservation	An intensive combination of therapeutic and support services provided to the child, youth, or family within the home to prevent out-of-home placement. These services may include 24-hour access to support services, intensive in-home support during crisis when a child is at risk of out-of-home placement or when the child is returning from out-of-home placement. These are distinct from crisis stabilization services as they may continue for several months during transition or crisis. Includes reunification services, family intervention, parent mentoring, therapy, enhancement of conflict resolution and communication skills, parenting skills, and visiting nurses. Includes HCPCS code: S9482
Adoption Service	Finding the adoptive family, supporting the child through the process, etc. Service to post-placement, pre-finalization adoptive family and post-adoption services. Could also include services to biological family to voluntarily terminate parental rights or open adoption agreement, etc. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
Therapeutic Foster Care / Therapeutic Group Home	A therapeutic foster care or group home is a 24-hour residential placement in a home or home-like setting with caregivers who are especially trained to care for children and youth with emotional and/or behavioral problems in behavior management and social and independent living skills development. These homes provide an environment conducive to learning social and psychological skills, and employ a variety of treatment approaches that includes supportive counseling, crisis back-up, behavior management, and social development. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
Family Foster Care, with Non-Relative / Non-Therapeutic Foster Care	Non-treatment oriented living arrangements with a non-relative for children and youth who cannot live with their families. Includes recruiting, training and licensing foster parents; placement; foster family assistance; family team meetings; periodic home visits. Includes HCPCS codes: H0041 H0042 S5140 S5145 S5146.
Group Foster Care	Non-treatment oriented living arrangements in a group foster care facility, where caregivers provide care to children and youth in a 24-hour residential setting. These facilities may be community residential facilities, comprehensive residential facilities, enhanced residential facilities, or highly structured residential facilities. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
Relative Care	24-hour care provided by the child or youth's relatives in the relative's home. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
SERVICE TYPE—Services Specific to Juvenile Justice (Juvenile Court, Corrections, and Probation)	
Diversion / Prevention Service	Alternatives to formal judicial processing and adjudication through the juvenile court. Those efforts that support youth who are "at risk" of becoming involved in the juvenile justice system through formal case processing and help prevent a juvenile from being labeled in the juvenile justice system as a delinquent. Prevention includes arbitration, diversionary or mediation programs, and community service work or other treatment available subsequent to a child committing a delinquent act. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.

Court Services	Includes the preparation of statutory required legal documents, court orders, and court docket entries; reviewing and processing professional vouchers, witness fees, victim/witness surcharges, restitution and recoupment; processing appeals; and preparing and maintaining the court and maintaining court files for these matters. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
Juvenile Detention	Temporary confinement (generally not more than 21 days) of a child/youth (under the age of 18) alleged to be delinquent pending pretrial release, juvenile court proceedings, or disposition. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
Jail / Prison	Jails and prisons are secure facilities. Jail refers to the confinement of persons accused of crimes and awaiting trial, serving short sentences (typically 365 days or less), or awaiting transfer to another State or Federal authority. Jails are managed and operated at the local or county level. Prison refers to the confinement of convicted criminals. Prisons are managed and operated by State or Federal authorities. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
Parole / Aftercare Service	Discretionary release of a convicted or adjudicated delinquent juvenile from detention or custody prior to the expiration of their sentence, upon a finding that the person is sufficiently rehabilitated and not a threat to society. The parole period is defined as a certain length of time and is subject to conditions imposed by the releasing authority and to its supervision, including a term of supervised release. Parole monitoring and re-integrative services that prepare out-of-home placed juveniles for re-entry into the community by re-establishing the necessary collaborative arrangements with the community to ensure the delivery of prescribed services and supervision. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
Probation / Monitoring	A juvenile disposition where the youth serves out his sentence through supervised community-release as opposed to being confined in juvenile detention. Monitoring youth who are placed on informal/voluntary or formal/court-ordered probation or supervision. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
SERVICE TYPE—Services Specific to Education and Early Care Programs	
Early Head Start Program	Early Head Start Program provides comprehensive, year-round, child and family development services to low-income families with children, prenatal to 3 years old. Program approaches for delivering services in Early Head Start include: center-based programs, home-based programs and mixed-approach programs. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
Early Intervention (Part C)	Part C of the Individuals with Disabilities Education Act (IDEA) authorizes the creation of early intervention programs for babies and toddlers with disabilities, and provides Federal assistance for States to maintain and implement statewide systems of services for eligible children, ages birth through 2 years, and their families. States and jurisdictions participating in Part C must provide early intervention services to any child below age 3 who is experiencing developmental delays, has a diagnosed physical or mental condition that has a high probability of resulting in a developmental delay, and some States serve children who are at-risk for serious developmental problems. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
Head Start Program	A federally-funded program for low-income children and their parents (preschoolers), designed to promote school readiness by enhancing the social and cognitive development of children through the provision of educational, health, nutritional, and other social services. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
Preschool Special Education Program (Part B)	Individuals with Disabilities Education Act (IDEA) provides Federal funds to States and local communities to assist in their efforts to provide a free appropriate public education to students with disabilities. Part B of IDEA contains provisions relating to the education of school-aged and preschool-aged children with disabilities. The preschool program is often referred to as the Section 619 program, referring to the section of the law describing services for this age group. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
Other Early Care and Education Programs	Special education and related services provided to children under the age of 5. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
Special Education Class, Self Contained	A segregated classroom only for special education students. Class sizes are usually very small, and students have severe disabilities. Some self-contained classes are for students classified as emotionally disturbed. No applicable CPT-4 codes, HCPCS

	codes, or ICD-9-CM Procedure Codes.
Special Education, Resource Service	This instructional arrangement/setting is for providing special education instruction and related services in a setting other than regular education for less than 50% of the regular school day. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
Special Education, Inclusion	Practice of educating children with special needs in regular education classrooms. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
Physical, Occupational, Speech, Hearing, or Language Service	Includes therapy to remediate gross motor skills, fine motor skills, or sensory processing disorders; identification and diagnosis of speech or language impairments; speech or language therapy. Includes CPT-4 codes: 92507 92508 92588 92700 97110 97150 97530. Includes HCPCS code: T1013.
Teacher Aide Service / Other Paraprofessional Service	Services provided by individuals who work either with individual students or a program to meet the requirements of individualized education plans (IEP). Teacher aides are often assigned to inclusion students. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
SERVICE TYPE—Informal / Natural Support Services	
Self-Help Group / Peer Counseling / Support Group	Self-help generally refers to groups or meetings that: involve people who have similar needs; are facilitated by a consumer, survivor, or other layperson; assist people to deal with a "life-disrupting" event, such as a death, abuse, serious accident, addiction, or diagnosis of a physical, emotional, or mental disability, for oneself or a relative; are operated on an informal, free-of-charge, and nonprofit basis; provide support and education; and are voluntary, anonymous, and confidential. Includes HCPCS code: H0038.
Counseling from Clergy	Include counseling services provided by pastoral counselors or counselors working within traditional faith communities to incorporate psychotherapy, and/or medication, with prayer and spirituality to effectively help some people with mental disorders. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
Informal Transportation	Transportation provided by family, friends, neighbors that is not paid or reimbursed. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
SERVICE TYPE—Inpatient and Residential Services	
Inpatient Evaluation	The process of collecting and interpreting information about a child in an inpatient or residential setting. An evaluation consists of a variety of tests, observations, and background information and is conducted by a multi-disciplinary committee or team of educational professionals. Examination or evaluation of a child for the purpose of determining whether the child needs mental health treatment and, if so, what type of treatment and for the purpose of preparing reports or making recommendations for the most appropriate and least restrictive treatment for the child. Includes CPT codes: 99324 99325 99326 99327 99328 99334 99335 99336 99337.
Inpatient Consultation	Provides psychiatric evaluation within an inpatient or residential setting, collaboration with medical specialists, and arrangement for follow-up behavioral health care when needed. Includes CPT codes: 99252 99253 99254 99255.
Inpatient Behavioral Health Service	Mental health treatment provided in a hospital setting 24 hours a day. Inpatient hospitalization provides: (1) short-term treatment in cases where a child is in crisis and possibly a danger to his/herself or others, and (2) diagnosis and treatment when the patient cannot be evaluated or treated appropriately in an outpatient setting. Placement of child/youth in inpatient hospital setting for observation, evaluation and/or treatment. This treatment is characterized by a strong medical orientation and 24-hour nursing supervision and is often used for short-term treatment and crisis stabilization or to conduct comprehensive evaluations where specialized medical tests are warranted. Includes HCPCS codes: H0017 H0035 S0201.
Residential Therapeutic Camp / Wilderness Program	Involves children or youth and staff living together in a wilderness or other camp environment often located outside of the community in which the child resides. Treatment focuses on group process and social skills development. Includes HCPCS code: T2036.
Residential Treatment Service,	Treatment provided in secure non-hospital residential facilities that typically serve 10 or more children or youth, provide 24-hour

Non-Hospital	staff supervision, and can provide a full array of treatment interventions and approaches including individual therapy, group and family therapy, behavior modification, skills development, education and recreational services. Includes HCPCS codes: H0018 H0019 T2048.
Residential Care / Custodial Care	Supervision of a child or youth with serious emotional or behavioral challenges by trained adults out-of-home who offer supervision and support and may assist with other household chores, tutoring, or recreational activities where no treatment are provided. Includes HCPCS codes: S5125 S5126.
Shelter Placement	This placement, also known as an emergency shelter placement, is used for children or youth when an unanticipated placement need arises for a child and no regular contracted placement exists. Shelter placements generally do not exceed 30 days. During the placement a caseworker attempts to return the child home, to foster care, or other appropriate substitute care resource. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
PROVIDER AGENCY / SERVICE SECTOR	
Mental Health	Includes mental health agencies that provide leadership and collaboration for the planning, monitoring, managing, and provision of mental health related services to children, youth, and families. Also includes private or public offices, clinics, inpatient and residential organizations that provide mental health related services.
Child Welfare / Social Services	Child welfare and social services agencies that work to ensure the safety, protection, well-being, and self-sufficiency of children and youth. These agencies provide and manage an array of services including but not limited to child support, child protection, foster care, adoption, child care, family services, family assistance, and food assistance.
Juvenile Justice (Juvenile Court, Corrections, Probation)	Juvenile justice agencies, including courts, detention facilities, jails, and prison, that provide supervision, prevention, diversion, detention, probation, parole, aftercare services, and a wide range of treatment and educational services for at-risk children and youth.
Education / School / Early Childhood Program / Childcare Organization	Education, school, and early childhood organizations or agencies that promote student academic achievement and encourage students to learn under the supervision of teachers. Childcare organizations that provide care for and supervise children and youth.
Pediatrician / Physical Health Care Provider	Pediatricians and other physical health care providers, laboratories, physical health care clinics, hospitals, agencies or organizations that diagnose, treat, and help prevent children's diseases and injuries.
Family Organization	Family organizations at the national or local level that promote healthy families providing support particularly for families that include children and youth with emotional, behavioral, and mental health challenges. Family organizations typically provide crisis services, family supports, self-help groups, peer counseling, self-sufficiency programs, advocacy.
Youth Organization	Youth organizations at the national or local level that are devoted to improving or providing services and systems that support positive growth and development of youth with emotional, behavioral, and mental health challenges. Youth organizations typically provide services that support children and youth's positive mental health and development through a sense of competence. Services might include advocacy for youth rights, supports that empower youth to become equal partners in their care, after-school programs, independent living skills, literacy, mentoring, tutoring, workforce partnerships, health and fitness activities.
PROVIDER TYPE	
Case manager / care coordinator	An individual who organizes and coordinates services and supports for children with mental health problems and their families. (Alternate terms: service coordinator, advocate, and facilitator.)
Psychologist (Ph.D. or similar credential)	A professional with a doctoral degree in psychology who specializes in assessment and therapy. Includes Ph.D., or similar credential.
Mental Health Professional /Licensed Professional Counselor	A professional with an advanced degree in mental health or other social services trained in assessment and treatment.
Social worker	Social workers are health professionals trained in client-centered advocacy that assist clients with information, referral, and direct

	help in dealing with local, State, or Federal Government agencies. A social worker helps individuals deal with a variety of mental health and daily living problems to improve overall functioning. A social worker usually has a master's degree in social work and has studied sociology, growth and development, mental health theory and practice, human behavior/social environment, psychology, research methods.
Recreational Therapist /Behavioral Aide / Respite Worker / Other Mental Health Staff	A recreational therapist plans, directs, or coordinates medically-approved recreation programs for patients in hospitals or other institutions. Activities may include sports, trips, dramatics, social activities, and arts and crafts. May assess a patient's condition and recommend appropriate recreational activity. Behavioral aides address behavioral needs; help with life-style choices; assist children, youth, and families; provide group or individual counseling. Behavioral aides typically have an associates degree or bachelor's degree. Respite workers provide relief to caregivers and community-based emotional, practical, and social support to families in which mental illness has impacted family functioning.
Tribal Healer	A tribal healer is an individual who uses culturally traditional healing practices such as plant medicines and foods, prayer, ceremony and song healing hands, cleansing, and culturally sensitive counseling.
Faith-Based Professional	Counselors working within traditional faith communities to incorporate psychotherapy, and/or medication, with prayer and spirituality to effectively help some people with mental disorders. Some people prefer to seek help for mental health problems from their pastor, rabbi, or priest, rather than from therapists who are not affiliated with a religious community.
Psychiatrist (M.D. or similar credential)	A professional who completed both medical school and training in psychiatry and is a specialist in diagnosing and treating mental illness. Includes M.D., or similar credential.
Physical Health Care Physician / Pediatrician	A medical doctor who diagnoses, treats, and helps prevent diseases and injuries. Includes M.D., D.O., or similar credential.
Nurse Practitioner / Physician Assistant	A nurse practitioner is an advanced practice nurse who works in an expanded role and manages patients' medical conditions. They focus on health promotion, disease prevention, health education, diagnosis and treatment of a wide range of health conditions; order perform and interpret diagnostic tests; prescribe medications; and manage patients' over all care. A physician assistant is a certified and licensed health professional who practice medicine as members of a team with their supervising physicians, deliver a broad range of medical and surgical services to diverse populations in rural and urban settings, conduct physical exams, diagnose and treat illnesses, order and interpret tests, counsel on preventive health care, assist in surgery, and prescribe medications.
Nurse / Psychiatric Nurse	A nurse can be either a licensed practical nurse (L.P.N.), registered nurse (R.N.), or an advanced practice nurse. Nurses develop and implement nursing care plans, and maintain medical records, administer medications and therapeutic treatments to patients, and advise patients on health maintenance and disease prevention. A psychiatric nurse can be either R.N. or an advanced practice nurse who diagnose, treat individuals or families with psychiatric problems or disorders, or potential for such disorders.
Alternative Health Care Practitioner	An alternative health care practitioner is an individual who provides complementary and alternative health care services such as acupressure, aromatherapy, bodywork, massage and massage therapy, detoxification practices and therapies, homeopathy, and meditation. An alternative health care practitioner differs from a tribal healer in that the alternative health care practitioner does not necessarily provide services that are culturally relevant to the patient.
Medical Technician / Laboratory	An individual who performs routine medical laboratory tests for the diagnosis, treatment, and prevention of disease. May work under the supervision of a medical technologist.
Child Protective Services Worker / Child Protective Investigator / Foster Care Case Worker	Child protective services workers and investigators investigate reports of child abuse or neglect in order to determine whether any child in a referred family has been abused or neglected or is at risk of abuse or neglect, and initiate protective services for children who need protection. Foster care case workers provide many services including intake, assessment, behavioral management services, crisis intervention, referral, report writing, family reunification, emancipation, discharge planning, maintain case files, and recruits, certifies, trains and provides on-going support to foster parents.
Foster Family / Foster Parent	Foster families and parents provide daily care and nurturing of children and youth in foster care, help children learn daily life skills, are advocates for children in their schools and communities, inform caseworkers about adjustments in the home, school, and

	community, provide positive role model for birth families, and participates with caseworkers' efforts to reunify the child or youth with their birth families.
Teacher / Special Education Teacher / Resource Teacher	A teacher is an individual who teaches basic academic, social, and other formative skills to students in a preschool, day care center, or public or private school at the preschool, elementary, intermediate, or high school level. Special education teachers teach academic, social, and other formative skills to emotionally and behaviorally challenged students, educationally and physically handicapped students, audibly and visually handicapped students, and the mentally impaired. Special education resource teachers help teachers meet the needs of students with special needs while maintaining a traditional classroom atmosphere.
School Counselor / School Psychologist	An individual with an advanced degree in psychology who assesses children for the presence of learning and emotional problems, diagnoses, and treats children in the school system. Roles of school psychologists will vary by location.
Speech, Language Therapist / Audiologist / Occupational or Physical Therapist	Speech and language therapists and audiologists assess and treat persons with speech, language, voice, and fluency disorders; may select alternative communication systems for patients and teach their use; may perform research related to speech and language problems. Occupational therapists assess, plan, organize, and provide rehabilitative services that help restore vocational, homemaking, and daily living skills, as well as general independence, to disabled persons. Physical therapists assess, plan, organize, and provide rehabilitative services that improve mobility, relieve pain, increase strength, and decrease or prevent deformity of patients suffering from disease or injury.
Teacher Aide /Educational Paraprofessional	Performs duties that are instructional in nature or delivers direct services to students, under direct supervision of a teacher. Serve in a position for which a teacher or another professional has ultimate responsibility for designing and implementing educational programs and services.
Tutor	Provides professional academic or educational instruction in a given subject or field. Instruction may be given one-on-one or in a group setting.
Childcare provider	Attends to children at schools, businesses, private households, and child care facilities. Perform a variety of tasks, such as play supervision and custodial care.
Court Services Worker	Prepares statutory required legal documents, court orders, and court docket entries; reviews and processes professional vouchers, witness fees, victim/witness surcharges, restitution and recoupment; processes appeals; and prepares and maintains the court and maintains court files for these matters.
Detention / Corrections Staff	Guards detainees in detention, correctional, or rehabilitative institutions in accordance with established regulations and procedures. May guard prisoners in transit between jail, courtroom, prison, or other point.
Probation / Parole Officer	Provides monitoring of adjudicated youth who have been released to the community. Provides social services to assist in rehabilitation of offenders in custody or on probation or parole. Recommends actions for rehabilitation and treatment plans, including conditional release and education and employment stipulations.
Youth Coordinator	Provides services and general supervision specific to youth participating system of care programs. Coordinates and implements a wide variety of recreational activities for youth participants in group settings.
Youth	Child or youth, ages 22 years or younger, participating in system of care programs.
Family Member / Relative / Friend / Neighbor / Volunteer	A family member, relative, friend, or neighbor of a child or youth participating in systems of care programs; a volunteer providing services to a child, youth, or family who are participating in system of care programs.
Advocate / Family Advocate / Education Advocate / Court Advocate	These individuals provide a voice for a child or youth in general or more specifically in the context of their family, their education, or in situations where the child or youth is involved in the judiciary process.
Mentor	A trusted friend, counselor, or teacher, usually a more experienced person who serves as a role model or provides guidance and support to a child or youth.
Program Support Staff	Provides general administrative or program assistance to system of care programs.
Driver	Drives automobiles, vans, or buses to transport passengers.

SERVICE LOCATION	
Office / Independent Clinic	An office is a location, other than a hospital, skilled nursing facility, military treatment facility, community health center, State or local public health clinic, or intermediate care facility, where the health professional routinely provides health examinations, diagnosis, and treatment of illness or injury on an ambulatory basis. An independent clinic is a location, not part of a hospital and not described by any other service location, which is organized and operated to provide preventive, diagnostic, therapeutic, rehabilitative, or palliative services to outpatients only.
Public Health Clinic / Rural Health Clinic / Federally Qualified Health Center	A public health clinic is a facility maintained by either State or local health departments that provides ambulatory primary medical care under the general direction of a physician. A rural health clinic is a certified facility which is located in a rural medically underserved area that provides ambulatory primary medical care under the general direction of a physician. A federally qualified health center is a facility located in a medically underserved area that provides Medicare beneficiaries preventive primary medical care under the general direction of a physician.
Indian Health Service / Tribal 638 Facility	A facility or location, owned and operated by the Indian Health Service, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services rendered by, or under the supervision of, physicians to American Indians and Alaska Natives admitted as inpatients or outpatients. A tribal 638 facility is owned and operated by a federally recognized American Indian or Alaska Native tribe or tribal organization under a 638 agreement, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services to tribal members admitted as inpatients or outpatients.
Community Mental Health Center	A facility that provides the following services: outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically ill, and residents of the center's mental health services area who have been discharged from inpatient treatment at a mental health facility: 24 hour a day emergency care services; day treatment, other partial hospitalization services, or psycho-social rehabilitation services; screening for patients being considered for admission to State mental health facilities to determine the appropriateness of such admission; and consultation and education services.
Social Service Center or Agency	A center or agency that provides basic human aid to individuals with emergency needs or living in poverty. These centers make referrals to other agencies for additional support and to encourage children and youth toward self-sufficiency.
Ambulance	A land, air, or water vehicle specifically designed, equipped and staffed for lifesaving and transporting the sick or injured.
Mobile Unit	A facility/unit that moves from place-to-place equipped to provide preventive, screening, diagnostic, and/or treatment services.
Urgent Care Facility	Location, distinct from a hospital emergency room, an office, or a clinic, whose purpose is to diagnose and treat illness or injury for unscheduled, ambulatory patients seeking immediate medical attention.
Inpatient Hospital	A facility, other than psychiatric, which primarily provides diagnostic, therapeutic (both surgical and non-surgical), and rehabilitation services by, or under, the supervision of physicians to patients admitted for a variety of medical conditions.
Outpatient Hospital	A portion of a hospital which provides diagnostic, therapeutic (both surgical and non-surgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization.
Emergency Room-Hospital	A portion of a hospital where emergency diagnosis and treatment of illness or injury is provided.
Inpatient Psychiatric Hospital / Facility	A facility that provides inpatient psychiatric services for the diagnosis and treatment of mental illness on a 24-hour basis, by or under the supervision of a physician.
Psychiatric Facility-Partial Hospitalization	A facility for the diagnosis and treatment of mental illness that provides a planned therapeutic program for patients who do not require full time hospitalization, but who need broader programs than are possible from outpatient visits to a hospital-based or hospital-affiliated facility.
Residential Psychiatric Treatment Center	A facility or distinct part of a facility for psychiatric care which provides a total 24-hour therapeutically planned and professionally staffed group living and learning environment.
Correctional Facility	A secure facility that confines persons accused of crimes and awaiting trial or confines criminals convicted or adjudicated of crimes. This includes juvenile detention facilities, reformatories, work farms, jails, and prisons.
Homeless Shelter / Temporary Lodging	A homeless shelter is a facility or location whose primary purpose is to provide temporary housing to homeless individuals (e.g., emergency shelters, individual or family shelters). Temporary lodging is short term accommodation such as a hotel, camp ground,

	hostel, ship, or resort where the patient receives care.
School	A facility whose primary purpose is education.
Home	Location, other than a hospital or other facility, where the patient receives care in a private residence.
Group Home / Custodial Care Facility	A group home is a residence, with shared living areas, where clients receive supervision and other services such as social and/or behavioral services, custodial service, and minimal services (e.g., medication administration). A custodial care facility provides room, board, and other personal assistance services, generally on a long-term basis, and which does not include a medical component.
Pharmacy	A facility or location where drugs and other medically related items and services are sold, dispensed, or otherwise provided directly to patients.
Independent Laboratory	A laboratory certified to perform diagnostic and/or clinical tests independent of an institution or a physician's office.
Other Community Location / Public Place	Other community location or public place not included in any other service location definitions, including Boys/Girls Club, YMCA, library, place of worship, etc.
Phone	A conversation over the telephone between a child, youth, or family member and a service provider.
Costs And Payment Source	
Amount Charged	Amount originally charged by provider prior to any adjustments that may be applied.
Amount Paid	Amount actually paid to the provider for the service, not the amount the provider originally lists on the bill as the charge. If the amount actually paid is not known, but the value of that payment can be estimated, you may provide the estimated value of payment. The amount recorded should represent the payer's total payment for the service, not the payment per unit of service.
Medicaid	Includes Federal, State, and local Medicaid funds; includes the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program. EPSDT is Medicaid's comprehensive and preventive child health program for individuals under the age of 21.
SCHIP	State Children's Health Insurance Program (SCHIP) is a Federal Government program that gives funds to States in order to provide health insurance to families with children. The program was designed to cover uninsured children in families with incomes that are modest but too high to qualify for Medicaid.
SAMHSA CMHI Cooperative Agreement	Includes any service funded through, or provided by a staff funded through, the Cooperative Agreement for the Comprehensive Community Mental Health Services for Children and Their Families Program.
Other Government Funds	Includes other Federal, State, local funds, Temporary Assistance for Needy Families (TANF), and title funds, but does <u>not</u> include Medicaid, EPSDT, or SCHIP.
Mental Health Agency or Provider	The service sector that is responsible for the planning, monitoring, and managing of mental health care to children or youth and their families.
Child Welfare Agency	Includes child welfare agencies and social service agencies or organizations in the child service sector that focuses on child protection, foster care, and the overall care of children's health and living conditions.
Juvenile Justice Agency	The service sector that is responsible for serving children accused of or judged to have committed unlawful or delinquent acts.. Includes juvenile court, juvenile detention facilities, other corrections facilities, and probation organizations.
Education	Includes education, early childhood, or child care organizations.
Family Organization	Advocacy and support organizations that are led by family members with expertise / experience in the field of mental health. Includes Federation of Families for Children's Mental Health chapters and similar organizations.
Youth Organization	Includes any funding from youth organizations (e.g., Youth Move, YMCA, Big Brothers Big Sisters, Girl Scouts, Boys and Girls Club).
Foundation Funds	Includes any funding from private foundations (e.g., Annie E. Casey Foundation).
Private Insurance	A contract between an insurance company and an individual to pay for physical and mental health care services. Private health insurance includes managed care, preferred provider organization, point-of-service, and fee-for-service arrangements.
Client Out-of-Pocket	The portion of the service expenses that are paid for by the recipient or recipient's family.

Other Source of Payment	General category to be used when source of payment does not match other payment source categories or if payment source is unknown. If charge or payment data are available, but source of payment is not available, enter charge or payment amounts in this other category.
Estimate For Informal, Natural Support, In-Kind, or Volunteer Service	Cost estimates calculated to assign a value to informal, natural support, in-kind, or volunteer services for which no payment is actually made.

The following references represent primary resources that informed the definitions in Attachment B.

1. SAMHSA's National Mental Health Information Center. *Glossary of Terms Child and Adolescent Mental Health*. <http://mentalhealth.samhsa.gov/publications/allpubs/CA-0005/default.asp>.
2. SAMHSA's National Mental Health Information Center. *Mental Health Dictionary*. <http://mentalhealth.samhsa.gov/resources/dictionary.aspx>.
3. Bureau of Labor Statistics (BLS) <http://www.bls.gov>
4. Centers for Medicare and Medicaid's Place of Service Codes http://www.cms.hhs.gov/MedHCPCSGenInfo/Downloads/Place_of_Service.pdf
5. *The Free Dictionary* <http://legal-dictionary.thefreedictionary.com/Prison>
6. *Merriam Webster Dictionary* <http://www.merriam-webster.com/dictionary/jail>
7. National Federation of Families for Children's Mental Health <http://www.fcmh.org>
8. Youth Move <http://www.youthmove.us>
9. Testimony on Access to Medical Treatment Act <http://www.hhs.gov/asl/testify/t960730b.html>
10. American Association of Nurse Practitioners www.aanp.org
11. American Academy of Physician Assistants www.aapa.org
12. American Psychiatric Nurses Association www.apna.org