# Provider/Administrator

# 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.

OMB No. 0930-0307
Expiration Date: xx/xx/xxxx

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 the last assessment in _____ (mo/yr), how 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 the last assessment in _____ (mo/yr), 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 <u>this</u> 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 the last assessment in _____ (mo/yr), 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 the last assessment in _____ (mo/yr), 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 <u>this</u> 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 the last assessment in _____ (mo/yr), 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 the last assessment in _____ (mo/yr), 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 outposting 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 the last assessment in _____ (mo/yr), 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 the last assessment in _____ (mo/yr), 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 the last assessment in _____ (mo/yr), 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?

OMB No. 0930-0307
Expiration Date: xx/xx/xxxx

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. Please briefly describe the overall goal and mission of *(name of grant program)*.

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 the last assessment in _____(mo/yr)? Please describe.

4. How **many children, youth, and families** have been served since the last assessment in _____(mo/yr)?

**(NOTE TO INTERVIEWER: Questions 5-7 skipped)**

## Outreach

8. Since the last assessment in _____(mo/yr), 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 the last assessment in _____(mo/yr), 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 the last assessment in _____(mo/yr), **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 the last assessment in _____(mo/yr), 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 the last assessment in _____(mo/yr), 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 the last assessment in _____(mo/yr), 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 the last assessment in _____(mo/yr), 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 the last assessment in _____(mo/yr), 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 outposting 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 the last assessment in _____(mo/yr), have **youth** been involved in **program operations***?* (B.2.a.)

*If yes, please tell me **all of the different way**s 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 the last assessment in _____(mo/yr), 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?*

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

[Data entry: code ways]

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
2 = Education
3 = Child Welfare
4 = Juvenile Justice
5 = Public Health
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
2 = Education
3 = Child Welfare
4 = Juvenile Justice
5 = Public Health
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 the last assessment in _____(mo/yr), 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 the last assessment in _____(mo/yr), what have been the **most effective** strategies or activities undertaken to develop and implement this system of care?

39. Since the last assessment in _____(mo/yr), what have been the **least effective** strategies or activities undertaken to implement this system of care?

**Achievement of Goals**

40. Since the last assessment in _____(mo/yr), 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?

OMB No. 0930-0307
Expiration Date: xx/xx/xxxx

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***
   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 the last assessment in _____(mo/yr), 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 the last assessment in _____(mo/yr), 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 <u>this</u> 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 the last assessment in _____(mo/yr), 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 <u>all</u> 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

**<u>(NOTE TO INTERVIEWER: If early childhood site, skip to Question 14)</u>**

13. Are there any mechanisms in place or have efforts been made to **involve youth in <u>program operations</u>** 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 <u>all</u> 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 the last assessment in _____(mo/yr), 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 the last assessment in _____(mo/yr), 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 the last assessment in _____(mo/yr), 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 the last assessment in _____(mo/yr), 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 the last assessment in _____(mo/yr), what have been the **most effective** strategies or activities undertaken to develop and implement the system/program?

30. Since the last assessment in _____(mo/yr), what have been the **least effective** strategies or activities undertaken to implement the system/program?

## Achievement of Goals

31. Since the last assessment in _____(mo/yr), 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?

OMB No. 0930-0307
Expiration Date: xx/xx/xxxx

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
2 = Education
3 = Child Welfare
4 = Juvenile Justice
5 = Public Health
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 the last assessment in _____(mo/yr), 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 the last assessment in _____(mo/yr), 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 the last assessment in _____(mo/yr), 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 the last assessment in _____(mo/yr), 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 the last assessment in _____(mo/yr), 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 the last assessment in _____(mo/yr), 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 the last assessment in _____(mo/yr), 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
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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?

OMB No. 0930-0307
Expiration Date: xx/xx/xxxx

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 the last assessment in _____(mo/yr), **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)*?

OMB No. 0930-0307
Expiration Date: xx/xx/xxxx

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 the last assessment in _____(mo/yr), 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 the last assessment in _____(mo/yr), **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 the last assessment in _____(mo/yr), **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 the last assessment in _____(mo/yr), 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 the last assessment in _____(mo/yr), **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 the last assessment in _____(mo/yr), 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 the last assessment in _____(mo/yr), 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 <u>family</u>** 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 the last assessment in _____(mo/yr), has the service planning process typically included **an assessment of the strengths of the <u>CHILD or YOUTH</u>?** (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 <u>FAMILY</u>?** (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 the last assessment in _____(mo/yr), 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 the last assessment in _____(mo/yr), 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
2 = Education
3 = Child Welfare
4 = Juvenile Justice
5 = Public Health
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
2 = Education
3 = Child Welfare
4 = Juvenile Justice
5 = Public Health
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 the last assessment in _____(mo/yr), 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 the last assessment in _____(mo/yr), 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 the last assessment in _____(mo/yr) 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 the last assessment in _____(mo/yr), **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 the last assessment in _____(mo/yr), 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 the last assessment in _____(mo/yr), 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 the last assessment in _____(mo/yr), 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*

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

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

OMB No. 0930-0307
Expiration Date: xx/xx/xxxx

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 the last assessment in _____(mo/yr)?

b. What is **your function?**

4. How many of the **children, youth, and families** you have worked with since the last assessment in _____(mo/yr) 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 the last assessment in _____(mo/yr), 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 the last assessment in _____(mo/yr), **what hours** have you typically worked? (G.7.b.)
   *Do you **typicall**y 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 the last assessment in _____(mo/yr), **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 **<u>several</u> 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 **<u>several</u> 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 the last assessment in _____(mo/yr), **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?

OMB No. 0930-0307
Expiration Date: xx/xx/xxxx

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 the last assessment in _____(mo/yr), 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 the last assessment in _____(mo/yr), 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 the last assessment in _____(mo/yr), 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 the last assessment in _____(mo/yr), 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
1None 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 __sufficien__t 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 the last assessment in _____(mo/yr), 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 the last assessment in _____(mo/yr), 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 the last assessment in _____(mo/yr), 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?

OMB No. 0930-0307
Expiration Date: xx/xx/xxxx

System/Program_____ Interviewer_____

Site ID#_____ Date_____

Respondent Data Entry#_____ Assessment #_____

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

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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 the last assessment in _____(mo/yr), 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 the last assessment in _____(mo/yr), what **percentage of the children, youth, and families** you served have also been involved with *(name of grant program)*?

5. Since the last assessment in _____(mo/yr), 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 the last assessment in _____(mo/yr), **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
2 = Education
4 = Juvenile Justice
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 the last assessment in _____(mo/yr), 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 the last assessment in _____(mo/yr), 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 the last assessment in _____(mo/yr), 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 the last assessment in _____(mo/yr), 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 the last assessment in _____(mo/yr) **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 the last assessment in _____(mo/yr), 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*

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

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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
2=Education
3=Child Welfare
4=Juvenile Justice
5=Public Health
6=Other Health
7=Family Organization
8=Self Referral
9=Other (please describe)_____ ___
*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 |

| SERVICES | | 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 |

| SERVICES | | 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 |

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# 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 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 the last assessment in _____(mo/yr), 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 the last assessment in _____(mo/yr), what **percentage of children, youth, and families** served by your organization have also been involved with *(name of grant program)*?

5. Since the last assessment in _____(mo/yr), 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 the last assessment in _____(mo/yr), 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?*

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Respondent Data Entry#_____ Assessment #_____

# Q. Youth Coordinator

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**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 the last assessment in _____(mo/yr), 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 the last assessment in _____(mo/yr), 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 the last assessment in _____(mo/yr), 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 the last assessment in _____(mo/yr), 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 the last assessment in _____(mo/yr), 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 the last assessment in _____(mo/yr), 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 the last assessment in _____(mo/yr), 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 the last assessment in _____(mo/yr), 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 the last assessment in _____(mo/yr) 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 the last assessment in _____(mo/yr) 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?

OMB No. 0930-0307
Expiration Date: xx/xx/xxxx

System/Program_____ Interviewer_____

Site ID#_____ Date_____

Respondent Data Entry#_____ Assessment #_____

# R. Cultural and Linguistic Competence Coordinator

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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 the last assessment in _____(mo/yr), 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 the last assessment in _____(mo/yr), 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 the last assessment in _____(mo/yr), 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 the last assessment in _____(mo/yr), 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?

OMB No. 0930-0307
Expiration Date: xx/xx/xxxx

System/Program_____ Interviewer_____

Site ID#_____ Date_____

Respondent Data Entry#_____ Assessment #_____

# S. Social Marketing-Communications Manager

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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 the last assessment in _____(mo/yr), 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
2 = Education
3 = Child Welfare
4 = Juvenile Justice
5 = Public Health
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 the last assessment in _____(mo/yr), 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 the last assessment in _____(mo/yr), **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 the last assessment in _____(mo/yr), 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 the last assessment in _____(mo/yr), 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

**CHILDID** (National evaluation ID) ☐☐☐☐☐☐☐☐☐

**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

_____

*[If 7 = Public child welfare not selected above, go to Item C.]*

**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

**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? ☐☐/☐☐/☐☐☐☐
   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?

   _____

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 _____

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-TR* and/or ICD-9 system and for the *DSM-5* system. 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-TR*, ICD-9, or *DSM-5* diagnosis?

1 = No *[GO TO QUESTION #13]*
2 = Yes, a *DSM-IV-TR* or ICD-9 diagnosis *[GO TO SECTION II-A, Child Diagnostic Information:* DSM-IV-TR *and ICD-9]*
3 = Yes, a *DSM-5* diagnosis *[GO TO SECTION II-B, Child Diagnostic Information:* DSM-5*]*

## SECTION II-A. Child Diagnostic Information: *DSM-IV-R* and ICD-9

In this section, please record the *DSM-IV-TR* 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-TR* — DSM
- ICD-9 — ICD

Examples: A *DSM-IV-TR* 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-A. 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-A. Date of the most recent multiaxial diagnostic evaluation

_____
*(mm/dd/yyyy)*

11-A. 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-A. 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]* _____

*[GO TO SECTION III]*

**SECTION II-B. Child Diagnostic Information: *DSM-5***

In this section, please record the *DSM-5* diagnostic codes in the indicated fields. When entering diagnostic codes, please use the following prefix in front of the codes without spaces:

- *DSM-5* — DSM5

Example: A *DSM-5* diagnosis of Oppositional Defiant Disorder (313.81) should be entered as DSM5313.81.

The entire list of **diagnostic codes** is available in PDF format for your reference.

9-B. 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-B. Date of the most recent diagnostic evaluation

_____
*(mm/dd/yyyy)*

11-B. 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]*

12-B. Clinical Disorders

| Diagnostic code | *DSM-5* name |
|---|---|
| _____.____ | _____ |
| _____.____ | _____ |
| _____.____ | _____ |
| _____.____ | _____ |
| _____.____ | _____ |
| _____.____ | _____ |

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

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.]*

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, DSM-5* or the 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]*

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)*

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]*

**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

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

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

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

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

_____

*[If 7 = Public child welfare not selected above, go to Question #5.]*

**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

## 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)*

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]*

**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

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

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

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

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: Services and Costs Study

OMB No. 0930-0307
Expiration Date: xx/xx/xxxx

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. | GEN | 9 | 100000000 – 199999999<br>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 for additional clarification and examples of the different categories.)<br><br>If "22=Other" is selected, details should be provided in the "Expenditure Details/Notes/Comments" field.<br><br>Note: Code number 13 has been deleted. | GEN | 52 | 1=Housing<br>2=Utilities<br>3=Environmental modification<br>4=Furnishings/appliances<br>5=Supplies<br>6=Food/groceries<br>7=Clothing<br>8=Activities<br>9=Educational support<br>10=Daycare and support<br>11=Automobile<br>12=Transportation<br>14=Incentive<br>15=Legal<br>16=Medical<br>17=Mental health services (child/youth)<br>18=Mental health services (caregiver/family member)<br>19=Camp<br>20=Training (caregiver/family member)<br>21=Training (child/youth)<br>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." Do not include child or caregiver's actual name. | GEN | 70 | A–Z; 0–9 |
| EXPDATE | Expenditure Date. The date the flexible funds were disbursed. | DATE | 10 | mm/dd/yyyy<br>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. | GEN | 8.2 | 0.00–999,999.99 |

OMB No. 0930-0307
Expiration Date: xx/xx/xxxx

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.

*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 |
|---|---|---|---|---|
| CHILDID* | 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. **This is a required field for all data records.* | GEN | 9 | 100000000–199999999<br>(range will be more specific to each community) |
| **SERVICE ENROLLMENT DATES** | | | | |
| ENROLL1 | Date the child was first enrolled in the 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 (second 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 (third 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 |

| Variable Name | Variable Description | Format | Field Length | Codes |
|---|---|---|---|---|
| DISCHRG3 | Date of third discharge from system of care services. This field may be left blank if there is no third episode of enrollment and discharge. | DATE | 10 | MM/DD/YYYY |
| **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. * *This is a required field for all data records.* | DATE | 10 | MM/DD/YYYY (may precede the child's first enrollment date into system of care by 1 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*** | * *This is a required field for all data records.* | | | |
| CPT | Current Procedural Terminology (CPT-4): Level I codes. Official definitions for CPT-4 codes commonly used for system of care services are provided in attachment A. | GEN | 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 system of care services are provided in attachment A. | GEN | 5 | A–Z; 0–9; i.e., H0002 |
| **or** | | | | |
| ICD9 | International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)—Procedure Codes. Official definitions for ICD-9-CM Procedure Codes commonly used for system of care services are provided in attachment A. ICD-9 Procedure Codes are not to be confused with ICD-9 Diagnostic Codes. | GEN | 5 | 0–9; 4 digits with an explicit decimal, i.e., 94.42 |
| **or** | | | | |
| SVCTYPE | Type of service. Further definitions of service types are provided in attachment B. | GEN | 2 | **General Community-Based/Episodic Services**<br>1=Intake/screening/diagnosis/assessment<br>2=Evaluation<br>3=Consultation/meeting<br>4=Case management/clinical coordination<br>5=Service planning<br>6=Crisis intervention/crisis stabilization/crisis hotline<br>7=Emergency room psychiatric service<br>8=Early intervention/prevention |

| Variable Name | Variable Description | Format | Field Length | Codes |
|---|---|---|---|---|
| | | | | 9=Caregiver support/family support<br>10=Respite care<br>11=Advocacy<br>12=Legal service<br>13=Recreational activity/recreational therapy<br>14=Afterschool program or childcare<br>15=Training/tutoring/education/mentoring<br>16=Behavioral/therapeutic aide service<br>17=Medication treatment/administration/monitoring<br>18=Medical care/physical health care/laboratory related to mental health<br>19=Day treatment/partial-day treatment<br>20=Individual therapy/counseling/psychosocial therapy/play therapy<br>21=Group therapy/group counseling<br>22=Family therapy/family counseling<br>23=Psychosocial rehabilitation/cognitive rehabilitation<br>24=Tribal healing service<br>25=Social work service<br>26=Vocational/life skills training/independent living skills/youth transition<br>27=Transportation<br><br>**Services Specific to Child Welfare**<br>28=Child protective service<br>29=Case evaluation and monitoring<br>30=Family preservation<br>31=Adoption service<br>32=Therapeutic foster care/therapeutic group home<br>33=Family foster care, with non-relative/non-therapeutic foster care<br>34=Group foster care<br>35=Relative care<br><br>**Services Specific to Juvenile Justice**<br>36=Diversion/prevention service<br>37=Court services<br>38=Juvenile detention<br>39=Jail or prison<br>40=Parole/aftercare service<br>41=Probation/monitoring<br><br>**Services Specific to Special Education and Early Care Programs**<br>42=Early Head Start Program support services<br>43=Early Intervention (Part C) support services<br>44=Head Start Program support services<br>45=Preschool Special Education Program (Part B)<br>46=Other Early Care and Education Programs |

| Variable Name | Variable Description | Format | Field Length | Codes |
|---|---|---|---|---|
| | | | | 47=Special education class, self contained<br>48=Special education resource service<br>49=Special education, inclusion<br>50=Physical therapy, occupational, speech, hearing, or language svc<br>51=Teacher aide service/other paraprofessional service<br><br>**Informal, Natural Support, In-Kind, Volunteer Services**<br>52=Self-help group/peer counseling/support group<br>53=Counseling from clergy<br>54=Informal transportation<br><br>**Inpatient and Residential Services (Other than Foster Care)**<br>55=Inpatient evaluation<br>56=Inpatient consultation<br>57=Inpatient behavioral health service<br>58=Residential therapeutic camp/wilderness program<br>59=Residential treatment service, non-hospital<br>60=Residential care/custodial care<br>61=Shelter placement<br><br>**Other Service Type**<br>62=Other service type, please specify |
| SVCOTH | Description of other service type in SVCTYPE=62. If other is unknown, enter **-999**. | GEN | 50 | A–Z; 0–9; or -999 Leave blank if not applicable. |
| **PROVIDER AGENCY/SERVICE SECTOR** | | | | |
| AGENCY | The service sector or type of agency providing the service. This might include both public agencies and private providers. | GEN | 2 | 1=Mental health<br>2=Child welfare/social services<br>3=Juvenile justice (juvenile court, corrections, probation)<br>4=Education/school/early childhood program/childcare organization<br>5=Pediatrician/physical health care provider<br>6=Family organization<br>7=Youth organization<br>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**. | GEN | 50 | A–Z; 0–9; or -999 Leave blank if not applicable. |
| **PROVIDER TYPE** | | | | |
| PROVIDER | Type of individual providing the service. Further definitions of provider categories are provided in attachment B. Leave blank if provider type is unknown. | GEN | 2 | 1=Case manager/care coordinator<br>2=Psychologist (Ph.D. or similar credential)<br>3=Mental health professional/licensed professional counselor<br>4=Social worker<br>5=Recreational therapist/behavioral aide/respite worker/other mental |

| Variable Name | Variable Description | Format | Field Length | Codes |
|---|---|---|---|---|
| | | | | health staff<br>6=Tribal healer<br>7=Faith-based professional<br>8=Psychiatrist (M.D. or similar credential)<br>9=Physical health care physician/pediatrician<br>10=Nurse practitioner/physician's assistant<br>11=Nurse/psychiatric nurse<br>12=Alternative health care practitioner<br>13=Medical technician/laboratory/pharmacist<br>14=Child protective services worker/child protective investigator/foster care case worker<br>15=Foster family/foster parent<br>16=Teacher/special education teacher/resource teacher<br>17=School counselor/school psychologist<br>18=Speech, language therapist/audiologist/occupational or physical therapist<br>19=Teacher aide/educational paraprofessional<br>20=Tutor<br>21=Childcare provider<br>22=Court services worker<br>23=Detention/corrections staff<br>24=Probation/parole officer<br>25=Youth coordinator<br>26=Youth<br>27=Family member/relative/friend/neighbor/volunteer<br>28=Advocate/family advocate/education advocate/court advocate<br>29=Mentor<br>30=Program support staff<br>31=Driver<br>32=Other, please specify |
| PROVOTH | Description of other in PROVIDER=32. If other is unknown, enter **-999**. No actual provider names. | GEN | 50 | A–Z; 0–9; or -999 Leave blank if not applicable. |
| **SERVICE LOCATION** | | | | |
| LOCATION | Location where service was provided. Further definitions of location categories are provided in attachment B. Leave blank if service location is unknown. | GEN | 2 | 1=Office/independent clinic<br>2=Public health clinic/rural health clinic/federally qualified health center<br>3=Indian health service/Tribal 638 facility<br>4=Community mental health center<br>5=Social service center or agency<br>6=Ambulance<br>7=Mobile unit<br>8=Urgent care facility<br>9=Inpatient hospital<br>10=Outpatient hospital |

| Variable Name | Variable Description | Format | Field Length | Codes |
|---|---|---|---|---|
| | | | | 11=Emergency room – hospital<br>12=Inpatient psychiatric hospital/facility<br>13=Psychiatric facility-partial hospitalization<br>14=Residential psychiatric treatment center<br>15=Correctional facility<br>16=Homeless shelter/temporary lodging<br>17=School<br>18=Home<br>19=Group home/custodial care facility<br>20=Pharmacy<br>21=Independent laboratory<br>22=Other community location/public place (i.e., Boys/Girls Club, YMCA, library, place of worship)<br>23=Phone<br>24=Other place of service, please specify |
| LOCATOTH | Description of other in LOCATION=24. If other is unknown, enter **-999**. | GEN | 50 | A–Z; 0–9; or -999 Leave blank if not applicable. |
| **SERVICE UNITS** | | | | |
| NUMBER | Number of service units | GEN | 8.2 | 1.00–999999.99 Leave blank if unknown. |
| SVCUNIT | Unit of service | GEN | 1 | 1=Minute<br>2=Hour<br>3=Day<br>4=Week<br>5=Month<br>6=Year<br>7=Visit/session<br>8=Call/contact<br>9=Report<br>10=E-mail |
| **COSTS AND PAYMENT SOURCE** | | | | |
| | **Amounts Charged** | | | |
| CHGMEDCD | Total amount *charged* for this service to *Medicaid*. | GEN | 8.2 | 0.00–999999.99 Leave blank if unknown or not applicable. |
| CHGSCHIP | Total amount *charged* for this service to *SCHIP*. | GEN | 8.2 | 0.00–999999.99 Leave blank if unknown or not applicable. |
| CHGCMHI | Total amount *charged* for this service to *SAMHSA CMHI cooperative agreement.* | GEN | 8.2 | 0.00–999999.99 Leave blank if unknown or not applicable. |
| CHGMH | Total amount *charged* for this service to a *mental health agency or provider, at State or local level* | GEN | 8.2 | 0.00–999999.99 Leave blank if unknown or not applicable. |
| CHGCW | Total amount *charged* for this service to a *child welfare or social services agency* | GEN | 8.2 | 0.00–999999.99 Leave blank if unknown or not applicable. |
| CHGJJ | Total amount *charged* for this service to *juvenile* | GEN | 8.2 | 0.00–999999.99 Leave blank if unknown or not applicable. |

| Variable Name | Variable Description | Format | Field Length | Codes |
|---|---|---|---|---|
| | *justice (juvenile court, corrections, or probation)* | | | |
| CHGEDUC | Total amount *charged* for this service to *education, early childhood program, or childcare organization* | GEN | 8.2 | 0.01–999999.99 Leave blank if unknown or not applicable. |
| CHGTRIBE | Total amount *charged* for this service to a *Tribal government, agency, or organization* | GEN | 8.2 | 0.01–999999.99 Leave blank if unknown or not applicable. |
| CHGIHS | Total amount *charged* for this service to the *Indian Health Service* | GEN | 8.2 | 0.01–999999.99 Leave blank if unknown or not applicable. |
| CHGFAM | Total amount *charged* for this service to a *family organization* | GEN | 8.2 | 0.01–999999.99 Leave blank if unknown or not applicable. |
| CHGYOUTH | Total amount *charged* for this service to a *youth organization* | GEN | 8.2 | 0.01–999999.99 Leave blank if unknown or not applicable. |
| CHGFDTN | Total amount *charged* for this service to *a foundation or other private funding*. | GEN | 8.2 | 0.01–999999.99 Leave blank if unknown or not applicable. |
| CHGPRIV | Total amount *charged* for this service to *private insurance*. | GEN | 8.2 | 0.01–999999.99 Leave blank if unknown or not applicable. |
| CHGCLIEN | Total amount *charged* for this service to *client out-of-pocket*. | GEN | 8.2 | 0.01–999999.99 Leave blank if unknown or not applicable. |
| CHGOTHER | Total amount *charged* for this service to *other payer*. 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. | GEN | 8.2 | 0.01–999999.99 Leave blank if unknown or not applicable. |
| CHGOTH | Description of other payer in CHGOTHER. If other is unknown, enter **-999**. | GEN | 50 | A–Z; 0–9; or -999 Leave blank if not applicable. |
| | **Amounts Paid** | | | |
| PAYMEDCD | Total amount *paid* for this service by *Medicaid*. | GEN | 8.2 | 0.01–999999.99 Leave blank if unknown or not applicable. |
| PAYSCHIP | Total amount *paid* for this service by *SCHIP*. | GEN | 8.2 | 0.01–999999.99 Leave blank if unknown or not applicable. |
| PAYCMHI | Total amount *paid* for this service by *SAMHSA CMHI cooperative agreement.* | GEN | 8.2 | 0.01–999999.99 Leave blank if unknown or not applicable. |
| PAYMH | Total amount *paid* for this service by a *mental health agency or provider, at State or local level.* | GEN | 8.2 | 0.01–999999.99 Leave blank if unknown or not applicable. |
| PAYCW | Total amount *paid* for this service by a *child welfare or social services agency.* | GEN | 8.2 | 0.01–999999.99 Leave blank if unknown or not applicable. |
| PAYJJ | Total amount *paid* for this service by *juvenile justice (juvenile court, corrections, or probation).* | GEN | 8.2 | 0.01–999999.99 Leave blank if unknown or not applicable. |
| PAYEDUC | Total amount *paid* for this service by *education, early childhood program, or childcare organization.* | GEN | 8.2 | 0.01–999999.99 Leave blank if unknown or not applicable. |

| Variable Name | Variable Description | Format | Field Length | Codes |
|---|---|---|---|---|
| PAYTRIBE | Total amount *paid* for this service by a *Tribal government, agency, or organization.* | GEN | 8.2 | 0.01–999999.99 Leave blank if unknown or not applicable. |
| PAYIHS | Total amount *paid* for this service by the *Indian Health Service.* | GEN | 8.2 | 0.01–999999.99 Leave blank if unknown or not applicable. |
| PAYFAM | Total amount *paid* for this service by a *family organization.* | GEN | 8.2 | 0.01–999999.99 Leave blank if unknown or not applicable. |
| PAYYOUTH | Total amount *paid* for this service by a *youth organization.* | GEN | 8.2 | 0.01–999999.99 Leave blank if unknown or not applicable. |
| PAYFDTN | Total amount *paid* for this service by a *foundation or other private funding*. | GEN | 8.2 | 0.01–999999.99 Leave blank if unknown or not applicable. |
| PAYPRIV | Total amount *paid* for this service by *private insurance*. | GEN | 8.2 | 0.01–999999.99 Leave blank if unknown or not applicable. |
| PAYCLIEN | Total amount *paid* for this service by *client out-of-pocket*. | GEN | 8.2 | 0.01–999999.99 Leave blank if unknown or not applicable. |
| PAYOTHER | Total amount *paid* for this service by *other payer*. 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. | GEN | 8.2 | 0.01–999999.99 Leave blank if unknown or not applicable. |
| PAYOTH | Description of other payer in PAYOTHER. If other is unknown, enter **-999**. | GEN | 50 | A–Z; 0–9; or -999 Leave blank if not applicable. |
| PAYESTIM | Flag to indicate whether any of the payment amounts represent an estimated amount, rather than actual amount. | GEN | 2 | 1=Actual<br>2=Estimated<br>Leave blank if no payment amount is entered. |
| **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. | GEN | 8.2 | 0.01–999999.99 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 20–30 minutes face-to-face with the patient |
| 90805 | Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20–30 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 45–50 minutes face-to-face with the patient |
| 90807 | Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45–50 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 75–80 minutes face-to-face with the patient |
| 90809 | Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75–80 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 20–30 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 20–30 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 45–50 minutes face-to-face with the patient |

| Code | Description |
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| 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 45–50 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 75–80 minutes face-to-face with the patient |
| 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 75–80 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 20–30 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 20–30 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 45–50 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 45–50 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 75–80 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 75–80 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 20–30 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 20–30 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 45–50 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 45–50 minutes face-to-face with the patient; with medical evaluation and management services |

| Code | Description |
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| 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 75–80 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 75–80 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 |
| 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 |

| Code | Description |
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| **Current Procedural Terminology (CPT-4): Level I – Health Behavior Assessment & Intervention (HBAI) Codes**<br>*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] | |
| 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 |
| 96110 | Developmental testing; limited (e.g., Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report |
| 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 |
| 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 |

| Code | Description |
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| 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) |
| 96372 | Therapeutic, prophylactic or diagnostic injection (specify drug or substance); subcutaneous or intramuscular |
| 97537 | Community/work reintegration training (e.g., shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact by provider, each 15 minutes |
| **Current Procedural Terminology (CPT-4): Level I - Evaluation & Management (EM) Codes**<br>*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.*[1] | |
| 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. |

| Code | Description |
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| 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) 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. |
| 99217 | Observation care discharge day management (This code is to be utilized by the physician to report all services provided to a patient on discharge from “observation status” if the discharge is on other than the initial date of “observation status.”) |
| 99218 | Initial observation care, per day, for the evaluation and management of a patient which requires these 3 key components: a detailed or comprehensive history, a detailed or comprehensive examination, and medical decision making that is straightforward. |
| 99219 | Initial observation care, per day, for the evaluation and management of a patient, which requires these 3 key components: a comprehensive history, a comprehensive examination, and medical decision making of moderate complexity. Counseling and/or coordination. |
| 99220 | Initial observation care, per day, for the evaluation and management of a patient, which requires these 3 key components: a comprehensive history, a comprehensive examination, and medical decision making of high complexity. Counseling and/or coordination. |
| 99221 | Initial hospital care, per day, for the evaluation and management of a patient which requires these 3 key components: a detailed or comprehensive history—a detailed or comprehensive examination—and medical decision making that is straightforward. |
| 99222 | Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: a comprehensive history, a comprehensive examination, and medical decision making of moderate complexity. Counseling and/or coordination. |

| Code | Description |
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| 99223 | Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: a comprehensive history, a comprehensive examination, and medical decision making of high complexity. Counseling and/or coordination. |
| 99231 | Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: a problem-focused interval history, a problem-focused examination, medical decision making that is straightforward. |
| 99232 | Subsequent hospital care, per day, for the evaluation and management of a 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. |
| 99233 | Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: a detailed interval history, a detailed examination, medical decision making of high complexity. Counseling and/or coordination. |
| 99234 | Observation or inpatient hospital care, for the evaluation and management of a patient, including admission and discharge on the same date which requires these 3 key components; a detailed or comprehensive history; a detailed or comprehensive exam; & med decision making that is straightforward. |
| 99235 | Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date which requires these 3 key components: a comprehensive history, a comprehensive exam, and medical decision making of moderate complexity. Counseling and/or coordination. |
| 99238 | Hospital discharge day management; 30 minutes or less. |
| 99239 | Hospital discharge day management; more than 30 minutes. |
| 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. |

| Code | Description |
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| 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. |
| 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. |
| 99281 | Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: a problem-focused history, a problem-focused examination, and straightforward medical decision making. Counseling and/or coordination. |
| 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. |

| Code | Description |
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| 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 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. |

| Code | Description |
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| 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. |

| Code | Description |
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| 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. |
| 99354 | Prolonged physician service in the office or other outpatient setting requiring direct (face-to-face) patient contact beyond the usual service (e.g., prolonged care and treatment of an acute asthmatic patient in an outpatient setting); first hour. |
| 99361 | Medical conference by a physician with interdisciplinary team of health professionals or representatives of community agencies to coordinate activities of patient care (patient not present); approximately 30 minutes. |
| 99362 | Medical conference by a physician with interdisciplinary team of health professionals or representatives of community agencies to coordinate activities of patient care (patient not present); approximately 60 minutes. |
| 99371 | 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); 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) |
| 99383 | Initial preventive medicine evaluation and management of an individual including a comprehensive history, a comprehensive examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate laboratory/diagnostic procedures. |
| 99393 | Periodic preventive medicine reevaluation and management of an individual including a comprehensive history, comprehensive examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate laboratory/ diagnostic procedures. |

| Code | Description |
|---|---|
| 99394 | Periodic preventive medicine reevaluation and management of an individual including a comprehensive history, comprehensive examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate laboratory/ diagnostic procedures. |
| **Current Procedural Terminology (CPT-4): Level I - Other Codes** | |
| 36415 | Collection of venous blood by venipuncture |
| 71020 | Radiologic examination, chest, two views, frontal and lateral |
| 80048 | Basic metabolic panel (calcium, total) |
| 80050 | General health panel |
| 80053 | Comprehensive metabolic panel |
| 80061 | Lipid panel |
| 80076 | Hepatic function panel |
| 80100 | Drug, screen; multiple drug classes, each procedure |
| 80101 | Drug screen, qualitative; single drug class method (e.g., immunoassay, enzyme assay), each drug class |
| 80102 | Drug, confirmation, each procedure |
| 80164 | Dipropylacetic acid (valproic acid) |
| 80178 | Lithium |
| 80196 | Pathology, salicylate |
| 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 |
| 81001 | Pathology, urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; 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 |
| 81003 | Pathology, urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, without microscopy |
| 81025 | Pathology, urine pregnancy test, by visual color comparison methods |
| 82003 | Pathology, acetaminophen |
| 82043 | Albumin; urine, microalbumin, quantitative |
| 82055 | Alcohol (ethanol); any specimen except breath |

| Code | Description |
|---|---|
| 82487 | Chromatography, qualitative; paper, 1-dimensional, analyte not elsewhere specified |
| 82550 | Creatine kinase (CK), (CPK); total |
| 82565 | Creatinine; blood |
| 82570 | Creatinine; other source |
| 82803 | Gases, blood, any combination of pH, pCO2, pO2, CO2, HCO3 (including calculated O2 saturation) |
| 82947 | Glucose; quantitative, blood (except reagent strip) |
| 82977 | Glutamyltransferase, gamma (GGT) |
| 83036 | Hemoglobin; glycosylated (A1C) |
| 83525 | Insulin; total |
| 83605 | Lactate (lactic acid) |
| 83655 | Lead |
| 83721 | Lipoprotein, direct measurement; LDL cholesterol |
| 84146 | Prolactin |
| 84439 | Thyroxine; free |
| 84443 | Thyroid stimulating hormone (TSH) |
| 84520 | Urea nitrogen; quantitative |
| 84702 | Gonadotropin, chorionic (hCG); quantitative |
| 84703 | Gonadotropin, chorionic (hCG); qualitative |
| 85007 | Blood count; blood smear, microscopic examination with manual differential WBC count |
| 85014 | Blood count; other than spun hematocrit |
| 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) |
| 86038 | Antinuclear antibodies (ANA) |
| 86140 | C-reactive protein |
| 86592 | Syphilis test; qualitative (e.g., VDRL, RPR, ART) |
| 86703 | Antibody; HIV-1 and HIV-2, single assay |
| 87070 | Culture, bacterial, definitive; any other source |
| 87205 | Smear, primary source, with interpretation; routine stain for bacteria, fungi, or cell types |

| Code | Description |
|---|---|
| 88262 | Chromosome analysis; count 15-20 cells, 2 karyotypes, with banding |
| 89051 | Cell count, miscellaneous body fluids (e.g., CSF, joint fluid), except blood; with differential count. |
| 92014 | Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; comprehensive, established patient, one or more visits. |
| 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 |
| 92567 | Tympanometry (impedance testing) |
| 92579 | Visual reinforcement audiometry (VRA) |
| 92587 | Evoked otoacoustic emissions; limited (single stimulus level, either transient or distortion products) |
| 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 |

| Code | Description |
|---|---|
| 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 |
| 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. (2008). *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.

| Code | Description |
|---|---|
| **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) |
| A0429 | Ambulance service, basic life support, emergency transport (Bls-emergency) |
| G0176 | Activity therapy, such as music, dance, art, or play therapies not for recreation, related to the care and treatment of patient's disabling mental health problems, per session (45 minutes or more) |
| 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) |

| Code | Description |
|---|---|
| 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 |
| H0036 | Community psychiatric supportive treatment, face to face, per 15 minutes |
| H0037 | Community psychiatric supportive treatment program, per diem |
| 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 ½ day |
| H2010 | Comprehensive medication services, per 15 minutes |
| H2011 | Crisis intervention service, per 15 minutes |
| H2012 | Behavioral health day treatment, per hour |
| H2013 | Psychiatric health facility service, per diem |
| 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 |

| Code | Description |
|---|---|
| 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 |
| H2023 | Supported employment, per 15 minutes |
| H2024 | Supported employment, 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 |
| H2028 | Sex offender treatment service, per 15 minutes |
| H2029 | Sex offender treatment service, per diem |
| H2030 | Mental health clubhouse services, per 15 minutes |
| H2031 | Mental health clubhouse service, per diem |
| 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 benztropine 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 |
| Q3014 | Telehealth originating site facility fee |
| S0163 | Injection, risperidone, Long Acting, 12.5 mg |
| S0201 | Partial hospitalization services, less than 24 hours, per diem |

| Code | Description |
|---|---|
| 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 |
| T1007 | Alcohol and/or substance abuse services, treatment plan development and/or modification |
| 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 |
| T1018 | School-based individualized education program (IEP) services, bundled |
| T1023 | Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter |
| T1024 | Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter |
| T2001 | Non-emergency transportation; patient attendant/escort |
| T2002 | Non-emergency transportation; per diem |
| T2003 | Non-emergency transportation; encounter/trip |

| Code | Description |
|---|---|
| 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 (½) hour increments |
| T2022 | Case management, per month |
| T2023 | Targeted case management, per month |
| 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 |

| Code | Description |
|---|---|
| **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 |

| Code | Description |
|---|---|
| 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 or youth'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.<br>Includes CPT-4 codes: 90801 90802 90885 96101 96102 96103 96105 96110 96111 96116 96118 96119 96120 96150 96151.<br>Includes HCPCS codes: H0001 H0002 H0003 H0031 T1023. |
| Evaluation | The process of collecting and interpreting information about a child or youth. An evaluation may include a variety of tests, observations, and background information and is typically conducted by a multidisciplinary team of clinical or educational professionals. The purpose of an evaluation is to determine whether the child or youth 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/youth.<br>Includes CPT-4 code: 97003 99205. 99201 99202 99203 99204 99205 99211 99212 99213 99214 99215 99341 99342 99343 99344 99345.<br>Includes HCPCS codes: H2000 T1024.<br>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.<br>Includes CPT-4 codes: 99241 99242 99243 99244 99245 99251 99361 99362 99371 99372 99373. |
| Case Management/Clinical Coordination | The procedures that a trained service provider uses to access and coordinate services for a child or youth and the child's/youth'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.<br>Includes CPT-4 codes: 90882 90889 98966 98967 98968.<br>Includes HCPCS codes: G9007 H2021 H2022 T1016 T1017 T2022 T2023. |
| 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.<br>Includes HCPCS codes: H0032 T1007. |

| | |
|---|---|
| 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.<br>Includes HCPCS codes: H2011 S9484 S9485 T2034.<br>Includes ICD-9-CM Procedure Code: 94.35. |
| Emergency Room Psychiatric Service | Includes triage, psychiatric evaluation, and extended observation within an emergency room setting.<br>Includes CPT-4 codes: 99281 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 and youth get better more quickly and to prevent problems from becoming worse.<br>Includes CPT-4 codes: 96152 96153 96154 96155.<br>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 do not include respite care, recreational activities, or transportation services.<br>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 or youth's home or in other community locations.<br>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.<br>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's, youth's, 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.<br>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).<br>Includes HCPCS codes: H2030 H2031 H2032 G0176 T2037. |
| Afterschool Program or Childcare | Afterschool 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.<br>No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes. |

| | |
|---|---|
| Training/Tutoring/Education/Mentoring | A range of child- and youth-focused educational services from basic literacy through the General Equivalency Diploma and college courses.<br>Includes special education at the pre-primary, primary, secondary, and adult levels.<br>Includes CPT-4 code: 90887. |
| Behavioral/Therapeutic Aide Service | Supervision of a child or youth 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.<br>No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes. |
| Medication Treatment/ Administration/Monitoring | 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 prescription, administration, assessment of drug effectiveness, and periodic assessment and monitoring of the child's/youth's reaction(s) to the drug.<br>Includes CPT-4 code: 90862.<br>Includes HCPCS codes: H2010 H0033 H0034 J0515 J1200 J1630 J1631 J2680 J2794 J3410 S0163 M0064.<br>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.<br>Includes CPT-4 codes: 36415 71020 80048 80050 80053 80061 80076 80100 80101 80102 80164 80178 80196 81000 81001 81002 81003 81025 82003 82043 82055 82487 82550 82565 82570 82803 82947 82977 83036 83525 83605 83655 83721 84146 84439 84443 84520 84702 84703 85007 85014 85025 85027 86038 86140 86592 86703 87070 87205 88262 89051 90899 92014 92567 92579 92587 93000 93005 93010 93303 93320 94664 94760 96372 99354 99383 99393 99394.<br>Includes HCPCS code: Q3014. |
| 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 other community locations.<br>Includes CPT-4 codes: 99217 99238 99239.<br>Includes HCPCS codes: H0037 H2012. |

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| Individual Therapy/Counseling/ Psychosocial 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.<br>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 96152.<br>Includes HCPCS codes:G0176 H0004 H0036 H0039 H0040 H2019 H2020 H2027 H2028 H2029 H2033 S9445.<br>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.<br>Includes CPT-4 codes: 90853 90857.<br>Includes HCPCS code: S9446.<br>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).<br>Includes CPT-4 codes: 90846 90847 90849.<br>Includes ICD-9-CM Procedure Codes: 94.42 94.49. |
| Psychosocial 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 including grooming, bodily care, and feeding; social skills training; development of basic language skills; and management of specific problems in perception, memory, thinking, and problem solving.<br>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.<br>No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes. |

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| Social Work Service | Social work services include diagnostic or active clinical treatments provided with the intent to reasonably improve the child's or youth's physical or mental condition or functioning. Includes global evaluation to determine a child's or youth's developmental status and need for early intervention services; making home visits to assess a child's/youth'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/youth within the family context to determine the need for social work or other counseling services; working with issues in the child's/youth's and family's living situation (e.g., home, community, etc.); and identifying, mobilizing, and coordinating community resources and services to enable the child/youth and family to receive maximum benefit from early intervention services.<br>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.<br>Includes CPT-4 code: 97537.<br>Includes HCPCS codes: G0177 H2014 H2023 H2024 H2025 H2026 T2038. |
| Transportation | Transportation to appointments and other scheduled services and activities.<br>Includes HCPCS codes: A0080 A0090 A0100 A0110 A0120 A0130 A0140 A0160 A0170 A0425 A0426 A0427 A0428 A0429 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/youth safety, early intervention and prevention, and alleged risk (alternative response). Develops a safety plan, if needed, to assure the child's or youth's protection and determines services needed. Includes removal and placement of child, court services, and reunification activities.<br>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/youth and family. Includes referring a child/youth 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.<br>No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes. |

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| 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, and intensive in-home support during crisis when a child or youth is at risk of out-of-home placement or when the child or youth 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.<br>Includes HCPCS code: S9482. |
| Adoption Service | Finding the adoptive family, supporting the child/youth 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.<br>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 include supportive counseling, crisis back-up, behavior management, and social development.<br>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.<br>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.<br>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.<br>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 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.<br>No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes. |

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| Court Services | Includes preparing statutory required legal documents, court orders, and court docket entries; reviewng 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.<br>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.<br>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.<br>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 his or her 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.<br>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.<br>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 Support Services | 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.<br>No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes. |

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| Early Intervention (Part C) Support Services | 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, aged 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; some states serve children who are at risk for serious developmental problems.<br>No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes. |
| Head Start Program Support Services | 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.<br>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.<br>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 years.<br>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.<br>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.<br>Includes HCPCS code: T1018. |
| Special Education, Inclusion | Practice of educating children and youth with special needs in regular education classrooms.<br>No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes. |
| Physical Therapy, 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.<br>Includes CPT-4 codes: 92507 92508 92588 92700 97110 97150 97530.<br>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 programs (IEP). Teacher aides are often assigned to inclusion students.<br>No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes. |

| SERVICE TYPE—Informal/Natural Support Services | |
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| 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.<br>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.<br>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.<br>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 or youth in an inpatient or residential setting. An evaluation consists of a variety of tests, observations, and background information and is conducted by a multidisciplinary committee or team of educational professionals. Examination or evaluation of a child or youth for the purpose of determining whether the child/youth 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/youth.<br>Includes CPT-4 codes: 99218 99219 99220 99221 99222 99223 99231 99232 99233 99234.<br>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.<br>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 or youth is in crisis and possibly a danger to himself/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.<br>Includes CPT-4 code: 99235.<br>Includes HCPCS codes: H0017 H0035 H2013 S0201. |

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| 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/youth resides. Treatment focuses on group process and social skills development.<br>Includes HCPCS code: T2036. |
| Residential Treatment Service, Non-Hospital | Treatment provided in secure non-hospital 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.<br>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.<br>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/youth and no regular contracted placement exists. Shelter placements generally do not exceed 30 days. During the placement a caseworker attempts to return the child/youth to the home, to foster care, or to other appropriate substitute care resource.<br>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, childcare, 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 children and youth at risk. |
| 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. |

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| 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, afterschool programs, independent living skills, literacy, mentoring, tutoring, workforce partnerships, health and fitness activities. |
| **PROVIDER TYPE** | |
| Case Manager/Care Coordinator | Organizes and coordinates services and supports for children and youth 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 | Health professionals trained in client-centered advocacy who assist clients with information, referral, and direct help in dealing with local, state, or Federal Government agencies. Helps individuals deal with a variety of mental health and daily living problems to improve overall functioning. 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 associate's 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 | 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. |

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| 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. A nurse practitioner focuses on health promotion, disease prevention, health education, and diagnosis and treatment of a wide range of health conditions; order, perform, and interpret diagnostic tests; prescribe medications; and manage patients' overall care. A physician assistant is a certified and licensed health professional who practices medicine as a member of a team with supervising physicians, delivers a broad range of medical and surgical services to diverse populations in rural and urban settings, conducts physical exams, diagnoses and treats illnesses, orders and interprets tests, counsels on preventive health care, assists in surgery, and prescribes medications. |
| Nurse/Psychiatric Nurse | A nurse can be either a licensed practical nurse (L.P.N.), a registered nurse (R.N.), or an advanced practice nurse. Nurses develop and implement nursing care plans, 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 diagnoses and treats individuals or families with psychiatric problems or disorders, or potential for such disorders. |
| Alternative Health Care Practitioner | 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 | 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 or youth in a referred family has been abused or neglected or is at risk of abuse or neglect, and initiate protective services for children and youth who need protection. Foster care case workers provide many services, including intake, assessment, behavioral management services, crisis intervention, referral, report writing, family reunification, emancipation, and discharge planning. They maintain case files, and recruit, certify, train, and provide ongoing 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 and youth learn daily life skills; are advocates for children and youth in their schools and communities; inform caseworkers about adjustments in the home, school, and community; provide positive role models for birth families; and participate with caseworkers' efforts to reunify the child or youth with the birth family. |

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| 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, daycare 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 and youth for the presence of learning and emotional problems, diagnoses, and treats children and youth 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; and 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. Serves 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 childcare 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. |

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| Youth | Child or youth aged 21 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 system 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 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, that 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. |

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| Community Mental Health Center | A facility that provides the following services: outpatient services, including specialized outpatient services for children,, youth, 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 psychosocial 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, that 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 that 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 that 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 a short-term accommodation such as a hotel, campground, hostel, ship, or resort where the patient receives care. |

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| 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 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 and youth 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 ***not*** 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, at the state or local level. |

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| 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 and youth's health and living conditions. |
| Juvenile Justice Agency | The service sector that is responsible for serving children and youth 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 childcare 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 M.O.V.E., 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.ffcmh.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