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Student Identification and Referral Form

Question Numbers	Questions	Response Options
SECTION 1 – Demographics		
1.1	Student/Youth ID (<i>Assigned by site, matches NOMS ID where applicable</i>)	[Numeric Response]
1.2	Student/Youth Age (<i>in years</i>)	[Numeric Response]
1.3	Student/Youth Grade level	[Numeric Response]
1.4	Which of the following best represents how the youth currently describes their gender identity?	<input type="radio"/> Woman <input type="radio"/> Man <input type="radio"/> Transgender <input type="radio"/> Youth uses a different term (please specify): <input type="radio"/> Information missing <input type="radio"/> Prefer not to respond
1.5	What sex was the youth assigned at birth, on their original birth certificate?	<input type="radio"/> Female <input type="radio"/> Male
1.6	Which of the following does the youth consider themselves to be?	<input type="radio"/> Straight, that is not gay or lesbian <input type="radio"/> Gay or lesbian <input type="radio"/> Bisexual <input type="radio"/> Youth uses a different term (please specify): <input type="radio"/> Information missing <input type="radio"/> Prefer not to respond

Question Numbers	Questions	Response Options
1.7	Which of the following best represents how the youth identifies their race and/or ethnicity? <i>Select all that apply and enter additional details in the spaces below.</i>	<ul style="list-style-type: none"> <input type="radio"/> American Indian or Alaska Native <ul style="list-style-type: none"> <input type="radio"/> <i>Enter, for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.</i> <input type="radio"/> Asian – <i>Provide details below.</i> <ul style="list-style-type: none"> <input type="radio"/> Chinese <input type="radio"/> Asian Indian <input type="radio"/> Filipino <input type="radio"/> Vietnamese <input type="radio"/> Korean <input type="radio"/> Japanese <input type="radio"/> <i>Enter, for example, Pakistani, Hmong, Afghan, etc.</i> <input type="radio"/> Black or African American – <i>Provide details below.</i> <ul style="list-style-type: none"> <input type="radio"/> African American <input type="radio"/> Jamaican <input type="radio"/> Haitian <input type="radio"/> Nigerian <input type="radio"/> Ethiopian <input type="radio"/> Somali <input type="radio"/> <i>Enter, for example, Trinidadian and Tobagonian, Ghanaian, Congolese, etc.</i> <input type="radio"/> Hispanic or Latino – <i>Provide details below.</i> <ul style="list-style-type: none"> <input type="radio"/> Mexican <input type="radio"/> Puerto Rican <input type="radio"/> Salvadoran <input type="radio"/> Cuban <input type="radio"/> Dominican <input type="radio"/> Guatemalan <input type="radio"/> <i>Enter, for example, Colombian, Honduran, Spaniard, etc.</i> <input type="radio"/> Middle Eastern or North African – <i>Provide details below.</i> <ul style="list-style-type: none"> <input type="radio"/> Lebanese <input type="radio"/> Iranian <input type="radio"/> Egyptian <input type="radio"/> Syrian <input type="radio"/> Iraqi <input type="radio"/> Israeli <input type="radio"/> <i>Enter, for example, Moroccan, Yemeni, Kurdish, etc.</i> <input type="radio"/> Native Hawaiian or Pacific Islander – <i>Provide details below.</i> <ul style="list-style-type: none"> <input type="radio"/> Native Hawaiian <input type="radio"/> Samoan

Question Numbers	Questions	Response Options
1.8	Which of the following has the youth had in place or experienced in the past 3 months? <i>Select all that apply.</i>	<ul style="list-style-type: none"> <input type="radio"/> Individualized Education Plan (IEP) <input type="radio"/> 504 Plan <input type="radio"/> Economic disadvantage/low-income meal status (i.e., free or reduced-price lunch eligible) <input type="radio"/> Justice involvement (self) <input type="radio"/> Justice involvement (caregiver or parent) <input type="radio"/> Homelessness <input type="radio"/> Foster care <input type="radio"/> Chronic absenteeism (i.e., missed 10 or more days) <input type="radio"/> In-school suspension <input type="radio"/> Out-of-school suspension <input type="radio"/> Failed (or failing) a core subject course (i.e., Math, English/Language Arts, Social Sciences, Science)
SECTION 2: Identification Information		
2.1	Date of identification	<input type="radio"/> MM/DD/YYYY
2.2	Did this identification occur virtually or in person?	<ul style="list-style-type: none"> <input type="radio"/> Virtually <input type="radio"/> In person
2.3	ZIP code where the youth was identified	[Numeric Response]
2.4	How was this youth first identified as being at risk for trauma, mental health, or substance use concerns?	<ul style="list-style-type: none"> <input type="radio"/> Individual or gatekeeper <input type="radio"/> Screening [SKIP to 2.5] <input type="radio"/> Other, please specify: <input type="radio"/> I don't know
2.4a	At the time of identification, was the youth screened for trauma, mental health, or substance use risk using a screening tool?	<ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No [SKIP to 2.9] <input type="radio"/> I don't know [SKIP to 2.9]
2.5	Why was the youth screened for trauma, mental health, or substance use concerns?	<ul style="list-style-type: none"> <input type="radio"/> Individual or gatekeeper referred youth for screening <input type="radio"/> Youth self-referred for screening <input type="radio"/> Youth participated in routine or scheduled screening <input type="radio"/> Other, please specify: <input type="radio"/> I don't know
2.6	Was this youth identified through a group screening event or individual screenings (i.e., were multiple youths screened at one time as part of a screening event, or was the screening administered to one individual at a time)? <i>Select one.</i>	<ul style="list-style-type: none"> <input type="radio"/> Individual [SKIP to 2.7] <input type="radio"/> Group
2.6a	Who was screened? <i>Select one.</i>	<ul style="list-style-type: none"> <input type="radio"/> All youth in attendance (e.g., all youth coming to a primary care provider's office) [SKIP TO 2.7] <input type="radio"/> Youth meeting particular criteria [COMPLETE 2.6b] <input type="radio"/> I don't know [SKIP to 2.7]
2.6b	Please describe the criteria used (e.g., youth with behavioral health history, youth seeking school support services).	<input type="radio"/> [Text Response]

Question Numbers	Questions	Response Options
2.7	What screening tool was used? <i>If multiple screening tools were used, please select all that apply.</i>	<ul style="list-style-type: none"> <input type="radio"/> Patient Health Questionnaire (PHQ-9) <input type="radio"/> Generalized Anxiety Disorder (GAD-7) <input type="radio"/> Columbia Suicide Severity Rating Scale (CSSR-S) <input type="radio"/> Behavioral Health Screen (BHS) <input type="radio"/> Ask Suicide Screening Questions (asQ) <input type="radio"/> Beck Depression Inventory (BDI) <input type="radio"/> Alcohol Use Disorders Identification Test (AUDIT) <input type="radio"/> Drug Abuse Screening Tool (DAST) <input type="radio"/> Brief Screening Instrument for Tobacco, Alcohol, and Drug Use (BSTAD) <input type="radio"/> CAGE Questionnaire <input type="radio"/> CRAFTT Screening Tool <input type="radio"/> Trauma History Questionnaire (THQ) <input type="radio"/> Childhood Trauma Questionnaire (CTQ) <input type="radio"/> Traumatic Events Screening Inventory (TESI-C) <input type="radio"/> Trauma Symptom Checklist (TSC-C or TSC-YC) <input type="radio"/> Locally developed screening tool <input type="radio"/> Other, please specify: <input type="radio"/> I don't know
2.8	What were the results of the screening?	<ul style="list-style-type: none"> <input type="radio"/> The youth screened positive for trauma, mental health, or substance use risk <input type="radio"/> The youth self-identified as at risk for trauma, mental health, or substance use concerns during the screening process <input type="radio"/> The youth both self-identified as at risk and screened positive for trauma, mental health, or substance use risk <input type="radio"/> The youth screened negative <input type="radio"/> Other, please specify: <input type="radio"/> I don't know

Question Numbers	Questions	Response Options
2.9	Who first identified the youth as being at risk for trauma, mental health, or substance use concerns? (e.g., Who first noticed that the youth was in need of assessment, or experiencing symptoms?) Select <i>one</i> .	<ul style="list-style-type: none"> <input type="radio"/> School-based mental health service provider (including college or university providers) (e.g., school counselor, social worker, guidance counselor) <input type="radio"/> Pupil personnel worker <input type="radio"/> Family member/foster family member/caregiver <input type="radio"/> Mental health service provider except school-based providers (e.g., clinician, private counselor) <input type="radio"/> Classroom teacher <input type="radio"/> Substitute teacher <input type="radio"/> Student teacher <input type="radio"/> Teacher’s aide <input type="radio"/> School administrative staff <input type="radio"/> School nurse <input type="radio"/> School support staff <input type="radio"/> Librarian <input type="radio"/> Extracurricular leader (e.g., coach, club sponsor, band director) <input type="radio"/> Community-based organization, recreation, religious or after school program staff <input type="radio"/> Child welfare or social service staff <input type="radio"/> Probation officer or other juvenile justice staff <input type="radio"/> Pediatrician or primary care provider <input type="radio"/> Police officer, security guard, or other law enforcement staff <input type="radio"/> Peer <input type="radio"/> Self (i.e., the youth themselves) <input type="radio"/> Other, please specify: <input type="radio"/> I don’t know
2.9a	Was this the same individual that screened or connected the youth for AWARE- and/or TISS-funded services? (e.g., Who first conducted the screening that identified the youth, or who enrolled the youth in grant-funded services?)	<ul style="list-style-type: none"> <input type="radio"/> Yes [SKIP TO 2.10] <input type="radio"/> No <input type="radio"/> I don’t know [SKIP TO 2.10]

Question Numbers	Questions	Response Options
2.9b	Who first screened or connected the youth for AWARE- or TISS-funded services? (e.g., Who first conducted the screening that identified the youth, or who enrolled the youth in grant-funded services?)	<ul style="list-style-type: none"> <input type="radio"/> School-based mental health service provider (including college or university providers) (e.g., school counselor, social worker, guidance counselor) <input type="radio"/> People personnel worker <input type="radio"/> Family member/foster family member/caregiver <input type="radio"/> Mental health service provider except school-based providers (e.g., clinician, private counselor) <input type="radio"/> Classroom teacher <input type="radio"/> Substitute teacher <input type="radio"/> Student teacher <input type="radio"/> Teacher’s aide <input type="radio"/> School administrative staff <input type="radio"/> School nurse <input type="radio"/> School support staff <input type="radio"/> Librarian <input type="radio"/> Extracurricular leader (e.g., coach, club sponsor, band director) <input type="radio"/> Community based organization, recreation, religious or after school program staff <input type="radio"/> Child welfare or social service staff <input type="radio"/> Probation officer or other juvenile justice staff <input type="radio"/> Pediatrician or primary care provider <input type="radio"/> Police officer, security guard, or other law enforcement staff <input type="radio"/> Peer <input type="radio"/> Self (i.e., the youth themselves) <input type="radio"/> Other, please specify: <input type="radio"/> I don’t know
2.10	Has the identifying individual received training to help recognize trauma, mental health, or substance use risk in students?	<ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No [SKIP TO SECTION 3] <input type="radio"/> I don’t know [SKIP TO SECTION 3]
2.11	Please select the type of training the identifying individual has received. <i>Select all that apply.</i>	<ul style="list-style-type: none"> <input type="radio"/> Adverse Childhood Experiences <input type="radio"/> Youth Mental Health First Aid <input type="radio"/> Applied Suicide Prevention Intervention Skills Training (ASIST) <input type="radio"/> QPR (Question, Persuade, Refer) <input type="radio"/> Lifelines <input type="radio"/> SafeTALK <input type="radio"/> SafeZONE <input type="radio"/> Signs of Suicide (SOS) <input type="radio"/> Locally Developed, please specify: <input type="radio"/> Other, please specify: <input type="radio"/> I don’t know
2.12	Please enter the approximate month and year this individual was most recently trained. <i>If the individual has received more than one training, please indicate the date of their most recent training.</i>	<ul style="list-style-type: none"> <input type="radio"/> MM/YYYY

Question Numbers	Questions	Response Options
SECTION 3: Referral Information		
3.1	Was the youth determined to be in need of a referral as a result of the identification process described in the previous section?	<ul style="list-style-type: none"> <input type="radio"/> Yes [SKIP to 3.2] <input type="radio"/> No [ANSWER 3.1a and then END FORM] <input type="radio"/> I don't know [SKIP to 3.2]
3.1a	Why not?	<ul style="list-style-type: none"> <input type="radio"/> Youth was already receiving services or supports <input type="radio"/> Youth or parent refused additional services <input type="radio"/> Other, please specify: <input type="radio"/> I don't know
3.2	Was the youth referred to a service or support as a result of the identification process described in the previous section?	<ul style="list-style-type: none"> <input type="radio"/> Yes [SKIP to 3.2b] <input type="radio"/> No [ANSWER 3.2a and then END FORM] <input type="radio"/> I don't know [ANSWER 3.2a and then END FORM]
3.2a	Why not?	<ul style="list-style-type: none"> <input type="radio"/> Youth was already receiving services or supports <input type="radio"/> Youth or parent refused referral/services <input type="radio"/> Unable to obtain information needed about youth to make a referral <input type="radio"/> Unable to obtain information needed about providers or resources to make a referral <input type="radio"/> Appropriate referral resources not available in area <input type="radio"/> Attempted to make a referral, but provider did not have capacity or youth wait-listed for at least 3 months <input type="radio"/> Other, please specify: <input type="radio"/> I don't know
3.2b	What was the date of the first referral received as a result of the identification process described in the previous section?	<ul style="list-style-type: none"> <input type="radio"/> MM/DD/YYYY
3.2c	How many total referrals were made for this youth following identification?	[Numeric Response]
3.3	How were referrals made?	<ul style="list-style-type: none"> <input type="radio"/> Appointment(s) set up for youth <input type="radio"/> Youth/parent given referral information, but must schedule their own appointment <input type="radio"/> Both <input type="radio"/> Other, please specify: <input type="radio"/> I don't know

Question Numbers	Questions	Response Options
3.4	To which of the following mental health or substance use services was the youth referred as a result of the identification process described in the previous section? <i>Select all that apply.</i>	<ul style="list-style-type: none"> <input type="radio"/> Public mental health agency or provider (e.g., tribal or state sponsored mental health agency) <input type="radio"/> Private mental health agency or provider <input type="radio"/> Psychiatric hospital/unit <input type="radio"/> Emergency department <input type="radio"/> Substance use treatment center <input type="radio"/> School counselor (e.g., any school-based mental health service provider, including school counselor, school social worker, school psychologist, or other school-based mental health clinician) <input type="radio"/> Mobile crisis unit <input type="radio"/> School-based health clinic <input type="radio"/> Tribal or cultural services (e.g., traditional healing practices, talking circles, sweat lodge) <input type="radio"/> Non-hospital crisis stabilization unit <input type="radio"/> Youth was not referred to mental health or substance use services, but was referred to other supports <input type="radio"/> Other, please specify: <input type="radio"/> I don't know
3.5	To which of the following other supports was the youth referred as a result of the identification process described in the previous section? <i>Select all that apply.</i>	<ul style="list-style-type: none"> <input type="radio"/> School or academic organization (e.g., school club, academic counseling, tutoring) <input type="radio"/> Family or extended family (e.g., parent, foster parent, grandparent, aunt, uncle) <input type="radio"/> Community based organization, recreation religious, afterschool program (e.g., Boys & Girls club, faith-based organization, Alcohol/Narcotics Anonymous, job training programs) <input type="radio"/> Physical health provider (e.g., pediatrician, primary care provider) <input type="radio"/> Law enforcement/Juvenile justice agency (e.g., pre-trial services, mental health court, police) <input type="radio"/> Social service agency (e.g., child welfare, supportive housing) <input type="radio"/> Crisis hotline (i.e., 988, local crisis hotline, text message hotline) <input type="radio"/> Other, please specify: <input type="radio"/> I don't know
SECTION 4: Mental Health and Support Service Information		
4.1	In the 3 months following the date of referral, did the youth receive mental health or other support services as a result of the referral?	<ul style="list-style-type: none"> <input type="radio"/> Yes [SKIP to 4.2] <input type="radio"/> No [ANSWER 4.1a then END FORM] <input type="radio"/> I don't know [ANSWER 4.1b then END FORM]

Question Numbers	Questions	Response Options
4.1a	Why did the youth not receive a mental health or other support service? [END FORM after responding]	<ul style="list-style-type: none"> <input type="radio"/> No action was taken following the referral (e.g., information sent to referral resource or parent/guardian but an appointment was not made directly) <input type="radio"/> Made an appointment but the youth did not attend the appointment <input type="radio"/> Attempted to make an appointment, but provider did not have capacity or youth was wait-listed for at least 3 months <input type="radio"/> Appropriate referral resources not available in area <input type="radio"/> Parent/caregiver refused service or could not be contacted <input type="radio"/> Other, please specify: <input type="radio"/> I don't know
4.1b	Why do you not know if the youth received services? [END FORM after responding]	<ul style="list-style-type: none"> <input type="radio"/> Parent/guardian permission for tracking required but not granted <input type="radio"/> No tracking system in place <input type="radio"/> Tracking system requires an agreement to share data but the agreement is not in place <input type="radio"/> Tracking system prohibits data sharing <input type="radio"/> Other, please specify: <input type="radio"/> I don't know
4.2	From which of the following mental health or substance use services/support agencies did the youth receive services in the 3 months following the date of the referral? <i>Select all that apply.</i>	<ul style="list-style-type: none"> <input type="radio"/> [Selected response options carried forward from 3.4 and 3.5, excluding "Other, please specify" and "I don't know" options. In addition, exclude "Youth was not referred to mental health or substance use services, but was referred to other supports" from 3.4 items] <input type="radio"/> Other, please specify: <input type="radio"/> I don't know

Question Numbers	Questions	Response Options
4.3	In the 3 months following the date of the referral, which of the following services did the youth receive as a result of the referral? <i>Select all that apply.</i>	<input type="checkbox"/> Mental health assessment (e.g., assessment of psychosocial needs and conditions) <input type="checkbox"/> Substance use assessment <input type="checkbox"/> Mental health counseling (e.g., outpatient group or individual counseling) <input type="checkbox"/> Substance use counseling (e.g., inpatient or outpatient, group or individual) <input type="checkbox"/> Inpatient or residential psychological services <input type="checkbox"/> Medication <input type="checkbox"/> Suicide risk assessment (e.g., initial risk assessment or re-assessment) or safety planning <input type="checkbox"/> Tribal or cultural services (e.g., traditional healing practices, talking circles, sweat lodge) <input type="checkbox"/> Case management <input type="checkbox"/> Crisis stabilization <input type="checkbox"/> Trauma-specific services <input type="checkbox"/> Medical care <input type="checkbox"/> Employment services <input type="checkbox"/> Family services <input type="checkbox"/> Legal services <input type="checkbox"/> Childcare <input type="checkbox"/> Transportation <input type="checkbox"/> Education services <input type="checkbox"/> Housing support <input type="checkbox"/> Social or recreational activities/supports <input type="checkbox"/> Peer services <input type="checkbox"/> Other, please specify: <input type="checkbox"/> I don't know [END FORM]
4.4	Were any of these services provided via telehealth or virtual appointments?	<input type="checkbox"/> Yes <input type="checkbox"/> No [SKIP to 4.5] <input type="checkbox"/> I don't know [SKIP to 4.5]
4.4a	Which of the services were provided via telehealth? <i>Select all that apply.</i>	<input type="checkbox"/> [Selected response options carried forward from 4.3] <input type="checkbox"/> Other, please specify: <input type="checkbox"/> I don't know
4.5	Were any of these services provided via in-person or hybrid appointments?	<input type="checkbox"/> Yes <input type="checkbox"/> No [SKIP to 4.6] <input type="checkbox"/> I don't know [SKIP to 4.6]
4.5a	Which of the services were provided via in-person or hybrid appointments? <i>Select all that apply.</i>	<input type="checkbox"/> [Selected response options carried forward from 4.3] <input type="checkbox"/> Other, please specify: <input type="checkbox"/> I don't know [SKIP to 4.6]
4.5b	What is the ZIP code where the first in-person service occurred after referral in each of the following categories? (Leave blank if ZIP code is not known)	<input type="checkbox"/> [Selected response options carried forward from 4.5a, with numeric responses] <input type="checkbox"/> EXAMPLE: ___ Mental Health Assessment <input type="checkbox"/> EXAMPLE: ___ Substance Use Assessment

Question Numbers	Questions	Response Options
4.6	In the 3 months following the date of the referral, approximately how many total appointments did the youth attend in each of the following categories as a result of referral? (Leave blank if the number of appointments is not known)	<ul style="list-style-type: none"> o [Selected response options carried forward from 4.3, with numeric responses] o EXAMPLE: ___ Mental Health Assessment o EXAMPLE: ___ Substance Use Assessment o EXAMPLE: ___ Other, please specify: <p>[If total number of appointments across all categories is 0, END FORM]</p> <p>[ANSWER 4.6a for all categories where the total number of appointments is 1, then END FORM]</p> <p>[ANSWER 4.6a and 4.6b for all categories where the total number of appointments two or greater, then END FORM]</p>
4.6a	What was the date of the first service related to [CATEGORY carried forward from 4.6] received as a result of the referral? (Leave blank if the date is not known)	<ul style="list-style-type: none"> o MM/DD/YYYY
4.6b	What was the date of the second service related to [CATEGORY carried forward from 4.6] received as a result of the referral? (Leave blank if the date is not known)	<ul style="list-style-type: none"> o MM/DD/YYYY